# Quality Improvement Program Annual Report and Evaluation

# 2022

*Quality Oversight Committee approval on* <u>2/28/2023</u>
*Compliance and Quality Committee approval on* <u>3/16/2023</u>

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## 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.

L.A. Care Health Plan continues its efforts to improve, attain and maintain excellent equitable 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 2022 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measureable goals. This 2022 Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2022 through December 31, 2022 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 (BoG) through the Compliance and Quality Committee (C&Q) and senior management, the 2022 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 but not limited to equitable quality of clinical care, safety of clinical care, 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, sub-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 Clinical 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), Health Education, Cultural and Linguistic Services (HECLS), Utilization Management (UM), Care 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 2022 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. Some highlights include:

**Membership Changes:**
Medi-Cal – increased by 245,504 members:
- Members 65 years or older increased from 10.5% to 11% of the population

Cal MediConnect – decreased by 1,527 members:
- 79.3% are 65 years of age and older

L.A. Care Covered (LACC) – increased by 10,017 members:
- 92.7% are 21-64 years of age

L.A. Care Covered Direct (LACCD) – decreased by 4 members
- 22.2% are under 21 years of age

PASC-SEIU – decreased by 1,128 members:
- 87.1% are 21-64 years of age

## Accreditation:

### National Committee for Quality Assurance (NCQA) Accreditation Status:
- NCQA uses a star rating system. L.A. Care can earn a rating of 0-5 stars (in 0.5-star increments) for the HEDIS/CAHPS portion of Accreditation.
  - Medi-Cal 3.5 Star
  - Medicare 3.0 Star
  - LACC Accredited (no star rating)
- L.A. Care Health Plan is "Accredited" for Medi-Cal, CMC and LACC lines of business (LOB).
  - Accredited status is the highest status achievable for Health Plan Accreditation
  - L.A. Care achieved its 3-year Health Plan Accreditation in 2020.
  - L.A. Care will be resurveyed in June of 2023.
- L.A. Care earned the 2021 Multicultural Health Care Distinction (MHCD). This Distinction was first awarded in 2013 and we have has since successfully earned distinction every two years.
- In 2021 NCQA changed the name from Multicultural Health Care to Health Equity (HE).
  - L.A. Care will be surveyed under the HE Standards in December of 2023.

## Member Experience:

### CAHPS Performance:
- Medi-Cal Adult scores remained low in 2022. Most scores saw increases from 2021 that were not statistically significant; however, all scores remained at or below the 25th percentile for Quality Compass.
- Medi-Cal Child scores saw some improvements from 2021 but L.A. Care performs lower in all ratings and composites compared to the 2021 NCQA Quality Compass National Averages except in Rating of Specialist Seen Most Often. Five of the ratings and composites performed statistically lower than the National Average. Rating of Personal Doctor decreased by the most percentage points between 2021 and 2022 indicating that parents of Medicaid members are not as satisfied with their doctors.
- L.A. Care Covered, over half of the ratings and composites increased from 2021 to 2022. L.A. Care is one-star plan for Enrollee Experience and a three-star plan for Plan Efficiency, Affordability, and Management. The star ratings point out that access to care and provider ratings should be the highest priorities, while members are somewhat more satisfied with service from L.A. Care as a health plan.
- Cal MediConnect, most scores declined from 2021 to 2022, with the only improvement in Getting Appointments and Care Quickly. Most measures fell statistically below but still close in raw score to the national average. The pandemic disrupted a trend of improvement for this line of business.

## Clinical Care:

### Clinical Initiatives:
- In 2022, 31 interventions were completed, ranging from social media, mailings, automated calls, live agent calls, and for the first time, text messages.

- Met with 12 PPGs for a total of 35 meetings to discuss quality improvement in their HEDIS and CAHPS scores.
- Conducted 16 provider training webinars that were part of the "Wednesday Webinar" series. This was the highest number of webinars in the last five years.
- Total of 14 Patient Experience Training webinars and 15 trainings for 11 IPAs/clinics provided by the SullivanLuallin Group. These trainings were offered to providers at no cost. Most of the trainings took place via webinar and some were in-person. There were over 500 attendees in these webinar trainings in 2022 and over 300 in the unique IPA/clinic trainings.
- 340,396 members received over one million text messages providing health information on diabetes, cervical cancer, child and adolescent well-care visits, controlling blood pressure and pre-natal and post-partum care.
- In response to COVID-19, conducted a social media campaign encouraging members to get "Back to Care." The campaign aimed to drive members to seek preventive primary care, with a focus on well visits. Anthem Blue Cross and Blue Shield of California Promise Health Plan partnered with L.A. Care to align messaging and maximizing reach across Los Angeles County.
- Telephonic health reminders, encouraging parents to take their children for their well-care visit, went out to 146,693 households.
- Evaluation of several campaigns that occurred 2021and 2022, showed that member IVR calls had an effect on Asthma management and diabetes related care. PPG meetings with the QI team improved overall gap closure. The prenatal care PIP should improvement in data capture of pregnant members.
- Presented at four different Community Advisory Committee meetings on topics ranging from adolescent health interventions to preventive health guidelines.
- Collaborated with various national, governmental and community-based organizations: The American Cancer Society, the American Heart Association, the Immunization Coalition of Los Angeles County, the Youth Advisory Board lead by the Department of Public Health California, The Childhood Lead Poisoning Prevention Program (CLPPP) within Department of Public Health, Los Angeles City Housing Department, and the Los Angeles HPV Vaccine Coalition. The L.A. Care Health Promoters and the Los Angeles LBGT Center. Additional work on performance improvement projects were done in collaboration with St John's Well Child and Family Center, QueensCare Health Centers, and T.HE. Clinic.
  - In 2022, our partnership with the American Cancer Society led to the development of social media videos featuring survivors.

## HEDIS Performance:

**DHCS Auto Assignment:**
- L.A. Care's allocation of auto-assigned Medi-Cal members is 67%, compared to 33% for Health Net.
- Due to COVID-19, DHCS used Year 15 percentages for Year 17 (Jan-Dec 2022).
- The error adjustment applied to Year 15 is not included in Year 16 or 17.
- For MY2021, L.A. Care met the Minimum Performance Level on 12 out of the 15 MCAS measures. Measures that were below the MPL were Childhood Immunization Status (CIS), Well Child Visits in the First 30 Months of Life (W30) for both the first 15 months and 15 to 30 months. These measures require multiple services missed due to COVID.
- DHCS Auto Assignment Percentage Allotment for 2023 (year 18):
  - L.A. Care – 59.4%
  - Health Net – 40.6%

## Population Health Management (PHM):

- Continues to address members' needs across the continuum of care and through transitions of care focusing on:
    - Using the findings from the annual population health assessment to identify gaps, and enhance existing programs and interventions and develop new initiatives.
    - Developing and tracking Population Health Management (PHM) goals through the PHM Index.
    - Meeting National Committee for Quality Assurance (NCQA) and California Advancing and Innovating Medi-Cal (CalAIM) requirements

## Care Management/Disease Management (DM):

- For the CMC line of business, 2 out of 3 goals for Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) were met; Health Risk Assessment (Core 2.3) reassessment rates exceeded goal at 67.3% and the Health Risk Assessment (Core 2.1) Initial compliance rate exceeded goal at 99.9%.
- A total of 2,908 cases were opened by the Care Management Department for FY 2022 with 667 to the Complex Case Management Program and 2,241 to the High Risk Case Management Program
- After a period of reduced field presence due to the COVID-19 pandemic, Care Management deployed Community Health Workers back into the field as part of the care model to ensure increased adherence to member needs.
- The Cardio Vascular Disease management program implemented changes in its second implementation year (FY 2022) including increased outreach and a streamlined process to connect members with a blood pressure monitoring device. The program was presented to the Consumer Health Equity Council in December of 2021 to elicit member input for meaningful changes to the program.

## Addressing Disparities:

Over fiscal year 2021-2022, L.A. Care has implemented a number of events and interventions that address health equity.

- L.A. Care strategically prioritized collection of Social Determinants of Health (SDOH) data by cross functionally collaborating and hosting meetings across internal departments, attending stakeholder partnership convening's, and drafting policy and procedures to support the efforts. In addition, provider communications were sent out which included a newsletter and a fax blast.
- L.A. Care prioritized the collection of Sexual Orientation and Gender Identity (SOGI) data. L.A. Care plans to submit for 2024 NCQA Health Equity Accreditation, which includes collection of SOGI data. DHCS and Covered California's new contracts require health plans to submit evidence of successful NCQA Health Equity Accreditation. Currently, we are collaborating across departments in an effort to identify and strategize the collection of member SOGI data.
- LGBTQ+ trainings - In efforts to understand and support the unique needs of members. L.A. Care hosted two LGBTQ trainings titled, "LGBTQ+ Health Training for Quality Improvement Staff" and "Gender Affirming Care".
- Introduced two new Community Health Investment Fund (CHIF) grants. They were **GAAINS – Generating African American Infant and Nurturers Survival Initiative I** are projects that will reduce structural barriers that impede medical treatment and social supports, and produce positive outcomes at the individual, community/clinic, and/or systems level. **Youth Empowerment in Public Health and Medicine Ad Hoc** provide academic development programs focusing on the medical/public health/healthcare fields for youth in middle school and/or high school was also

launched this year. Charles Drew University, Saturday Science Academy and the Social Justice Institute were awarded funds for their programs.
- COVID response: L.A Care collaborated with members, providers, community-based organizations (CBO) and other local partners about the COVID-19 vaccine to encourage vaccine uptake from all members. Partnered with over 40 community-based, education, public health, and faith-based organizations to sponsor over 50 vaccination events in vaccine-hesitant neighborhoods experiencing low vaccination rates, primarily targeting Black and Latinx communities. These events resulted in over 5,250 vaccines administered in the highest-need neighborhoods. In addition, collaborated with NFL Rams football team and Los Angeles Unified School District (LAUSD) to focus on vaccination for children. Included partnership with 15 LAUSD middle schools with an average of over 200 vaccines per event.
- Anti-Racism and Cultural Humility Training (ART) was launched this year for L.A. Care leaders and hosted by Dr. Murray-Jan Garcia and Dr. Ngo. All L.A. Care Directors and above were required to complete the training. The topics discussed were humility training including self-reflection and self-critique; acknowledging and striving to adjust power imbalances; and promoting advocacy, community partnership and institutional accountability.

## Provider Satisfaction:
- 2021 Provider Satisfaction Survey (PSS) measured satisfaction rates for 4 different provider types:
  - Primary Care Physicians (PCPs)
  - Specialty Care Physicians (SCPs)
  - Community Clinics
  - Participating Physician Groups (PPGs)
- Provider satisfaction rates decreased overall for PCP & SCPs.
- Clinic and PPGs had too few answering providers to allow for an adequate rate to be delivered.

## Provider Continuing Education (PCE) Program:
- L.A. Care Health Plan continue to be an accredited CME Provider by the California Medical Association (CMA) for MDs, DOs, PAs; accredited CE Provider by the California Board of Registered Nursing for NPs and RNs; and accredited CE Provider by the California Association of Marriage and Family Therapists (CAMFT) for LCSWs, LMFTs, LPCCs, and LEPs.
- Planned, developed, coordinated and implemented 14 CME/CE activities for L.A. Care Providers, L.A. Care staff and other healthcare professionals in FY 2021-2022 and offered a total of 22 CME/CE credits.
- Average webinar attendance of 173 healthcare professionals or more since June 2020.
- Average webinar attendance of 81 L.A. Care Providers or more since June 2020.
- Increase in average attendance of L.A. Care Providers from 33% in year 2020 to 42% in year 2021 and currently 47% in year 2022.

## Cultural and Linguistic Services:
Five out of six FY21-22 C&L goals were met.
- 90% of member are satisfied ("Very Happy or Somewhat Happy") with interpreting and translation services:
  - Face-to-face interpreting *Met (92.9%)*
  - Telephonic interpreting *Met (94.7%)*
  - Translation *Met (97.9%)*
- Fulfill 90% of in-person interpreting requests for member medical appointments. *Met (95.6%)*
- Deliver 90% of translation requests before or on the requested due date. *Met (95.9%)*

- Complete 90% of language service related grievance investigations in five business days. ***Not Met (85.6%)***

## Health Education:

Three out of four FY21-22 HE goals were met, while one goal was partially met.

1. **Increase referrals and enrollment in the DSME program. Met.** A total of 727 referrals for DSME were received during FY 2021-22, a 33.88% increase from the 543 referrals received during FY 2020-21. The targeted goal for DSME group sessions was to enroll 200 unique members. Two hundred eight unique members were enrolled, which exceeded the goal by 4%.
2. **Successfully implement the CalAIM Community Support Medically Tailored Meals (MTM) Program and enroll 1,000 members**. **Partially Met**. The MTM program was successfully launched in January 2022 and 307 members have been enrolled in the program. By the end of the FY 21-22, 45,215 meals have been distributed.
3. **Launch prenatal and postpartum text messaging campaigns for Medi-Cal members. Met.** The prenatal texting campaign launched in August 2022 for Black/African American members in response to the prenatal and maternal health disparities. The campaign reached 395 members with a 25% enrollment rate. The postpartum text campaign launched in July 2022 and reached 1,986 members with a 34% enrollment rate.
4. **Expand the scope of existing Health Education and Support Programs to include more chronic conditions. Met.** In April 2022, Health Education rolled out new health education and support programs in the areas of COPD and Kidney Health.

## Population Needs Assessment (PNA):

The 2022 PNA concluded with the following objectives and corresponding updates:

- Objective #1: By June 30, 2023, decrease the percent of members who report using tobacco (cigarettes, pipe/cigar or chewing tobacco) from 15% to 12%.
- Objective #2: By June 30, 2023, decrease the percentage of African American/Black members between the ages of 18-75 with an A1c level >9% among those diagnosed with diabetes at Bartz-Altadonna Community Health Center from 80.7% to 63.2%.

## Patient Safety:

## Potential Quality of Care Issues (PQI):

- There were 3,273potential quality issue referrals processed by the Provider Quality Review (PQR) team.
- In 2022, 3,143 (96.6%) PQIs were reviewed within the required timeframe (6 months or 7 months with extension), which exceeded the goal of 85%.
- During the 2021/2022 fiscal year, the PQR team experienced an influx of cases from Grievances due to a backlog. The result of the additional cases, were many cases being considered untimely. To rectify the untimely cases, the PQR team hired additional staff to help close the cases and expect to have all untimely cases closed by March, 2023.
- Monthly risk analysis and track and trend reports are completed to monitor work and progression of closed cases as well as any trends with providers and or vendors.
- The PQR team has been working on development of user stories and work flows in preparation for a new system to replace the current excel tracking logs. The projection for implementation is in 2023.

## Critical Incident Reporting (CMC only):

- Goal Met: 100% of PPGs and Vendors reported their critical incidents

**Patient Hospital Safety:**
- L.A. Care identified **six** hospitals that had lower than average performance on hospital acquired infections.
- Nine hospitals were identified with a relatively high volume utilization but comparatively high 30-day readmission rates that may indicate opportunities for improvement in discharge planning and coordination with outpatient providers.
- Twenty-four hospitals had Nulliparous, Term, Singleton, Vertex (NTSV) C-Section rates above the desired 23.9%.
- Overall hospital scores and ratings were reviewed aggregating scores from Hospital-CAHPS, NTSV C-Section rate, and Hospital Acquired Infections and twenty-three hospitals had an overall rating that was below average.
- Fourteen hospitals had an overall rating of "Above Average"
- Six hospitals had overall "Good" rating

**Facility Site Review (FSR):**
- Needle stick safety rate decreased from 95% to 73%. The goal of 80.0% was not met.
- Spore testing of autoclaves rate decreased from 95% to 80%. The goal of 85% was met.
- Due to the COVID public health emergency, FSR in-person site reviews were suspended per APL 20-011 (Executive Order) until January 2022. FSR conducted Virtual audits until June 2022 for relocations, periodic, focused and initials. FSR has conducted 785 audits using a hybrid of both virtual on-site audits to date.

**Pharmaceutical Safety Program:**
- Goal: at least 90% of the providers notified by mail of members who met the criteria for our Retrospective Drug Use Evaluation (RDUR) program. Goal met: 100% of the providers have been notified by mail.

**Appointment Availability Compliance Measurement Year (MY) 2021:**
The 2022 Accessibility Report evaluates the measurement year (MY) 2021 survey results for provider compliance with appointment wait times and after hours accessibility standards.
- L.A. Care did not meet its goal for:
    - 6 out of 9 PCP Appointment Availability Standards
    - 7 out of 7 SCP Appointment Availability Standards
    - 3 out of 3 After Hours Standards
- There was a decrease in the Specialist Provider Response rate and an increase in the Primary Care Provider response rate:
    - 45% of PCPs responded in 2021 compared to 35% in 2020
    - 34% of SCPs responded in 2021 compared to 56% in 2020

**Incentive Programs:**

**MY2021 Pay-Out (CY2022) Program Results:**
- Physician P4P paid out $20.6 million to over 900 physicians and over 60 clinics.
- Medi-Cal VIIP+P4P paid out $15.7 million to over 50 eligible participating provider groups.
- LACC VIIP+P4P performance scores and payments in January 2022.

- CMC VIIP+P4P performance scores and payments in January 2022.
- Plan Partner Incentive performance scores and payments in January 2022.
- Direct Network P4P performance scores and payments in January 2022.

**Member Incentive Programs (2022 Programs managed by Incentives team):**
- Follow-Up for Hospitalization after Mental Illness (CMC, LACC & PASC members) – $25 incentives for completing follow-up visit on or before 30-days of their initial visit.
  - 119 members were awarded as of October 2022. 58 for CMC, 60 for LACC and 1 for PASC.

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

**Barriers Identified:**
- The COVID-19 pandemic and public health measures taken to mitigate disease spread continues to negatively impact appointments and services delivered.
- Even after stay-at-home orders were lifted, many members remain hesitant to seek in-person care due to perceived risk of contracting COVID.
- Provider burnout and heavy workloads compromised their ability to improve HEDIS and CAHPS scores.
- During the pandemic, many providers and staff pivoted to focus on COVID testing, treatment and vaccination, resulting in workforce shortages for routine care.
- Mixed levels of engagement in quality improvement from IPAs and provider offices.
- Continually changing regulatory, compliance and other requirements.
- Many services require an in-person visit. DHCS requested for certain preventive care outreach to be paused due to COVID.
- 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 often incomplete and/or outdated. There are no current plans to improve collection of email addresses.
- 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 challenging to notify providers of relevant information.
- Outdated internal systems do not allow for adequate capture and management of member and provider data.
- 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 appointment availability, including outside of regular business hours when members may be more available.
- Data loss from the Plan Partners and providers.

Based upon the evaluation of the 2020 activity, regulatory requirements and needs of populations served, the committee/workgroup activities described in the 2021 work plan will continue.

**Overall Effectiveness and Opportunities:**
Overall, the 2022 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. QI leadership identified there was not sufficient resources committed to support committee activities and to complete projects detailed in the work plan. As a result, additional staff positions were requested, hired and trained for the Provider Quality Review team (Process Potential Quality Issues & Critical Incidents), Clinical Initiatives team (Develop interventions to improve

member care and experience), Accreditation team (Mange health plan & health equity accreditation and the provider appointment availability surveys). Additionally, a new Health Equity Medical Director will be hired to support Health Equity activities. There are still some open positions that need to be hired. Leadership and network physicians played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers, 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 2023 QI Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. In an effort to clearly integrate Quality Improvement and Health Equity the current physician quality committee will be restructure as the Quality Improvement and Health Equity Committee (QIHEC). The work for this restructure will occur in 2023. Member satisfaction rates remain low with most below the 25th percentile and enterprise efforts are underway to improve them. 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 2023 QI Work Plan and will be tracked through the QI committees, sub-committees, and the governance structure.

## A.1 POPULATION HEALTH MANAGEMENT PROGRAM (PHMP)

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**BACKGROUND**
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. Additionally, the PHM Index goals focus on gaps in care and disparities across the continuum of care and impact the following lines of business: Medi-Cal Direct (MCLA), L.A. Care Covered (LACC) and Cal MediConnect (CMC). Coordinating services through a PHMP helps meet the goals set by the PHM Index which include goals for the MCLA, LACC and CMC l lines of business, children and adults and health care measures and member satisfaction. The PHMP will use Thrasys' Syntranet system of record to display real time status updates and have readily accessible gaps in care reports for all member facing staff. Additionally, the new system of record will assist L.A. Care in coordinating programs across settings, streamline member assessments, provider referral and levels of care. This will create smoother hand-offs and minimize the multiple touches that could cause member abrasion. The PHMP is aligned with the Quadruple Aim healthcare model to provide evidence based quality care, improve the health and equity of populations, and offer cost effective member care.

After successfully meeting the initial **National Committee for Quality Assurance** (NCQA) cycle for accreditation in which PHM Standards were applied, the focus of 2022 was to build on the foundation set for L.A. Care's PHMP. The PHMP worked to enhance the PHM process and reports and track interventions to address meeting the PHM Index goals for 2022. This was done by addressing L.A. Care's results in the baseline assessment of the NCQA findings including adding Multi-cultural Healthcare Distinction (MHC) language data and documenting how L.A. Care's activities, resources and community partnerships are assessed based on the identified population needs to the Population Assessment.

The PHMP team's focus included improving the Initial Health Assessment (IHA) process for members within 120 days of enrollment, identifying gaps in Transition of Care between points of care to streamline the process and documentation of these transitions and an emphasis on closing the gaps in identified disparities. Another focus of 2022 was to plan and prioritize how to address the PHM California Advancing and Innovating Medi-Cal (CalAIM) requirements starting in 2023.

L.A. Care's population health management services are provided by teams that include wellness and prevention, care management, social services, behavioral health, managed long-term care services and supports, 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 the member's 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 and Cultural and Linguistic Services (HECLS) Program, Health Equity, Care Management (CM), Behavioral Health and Social Work, Utilization Management (UM),

Managed Long Term Services and Supports (MLTSS), the Quality Improvement (QI) Program, Pharmacy 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

### METHODOLOGY

The NCQA standards are used to guide the development of the PHMP into an overarching program to integrate Population Health care across the continuum of care for members. Additionally, in order to address needs identified through the annual population assessment and to ensure programs and services address the needs of members, a cross-functional team meets monthly to track goals in the areas listed below:

- **Keeping Members Healthy**
  - Initial Health Assessment potential completion rate
  - Percentage of members receiving a well-child visit in the First 30 Months of Life
  - Percentage of members who received an annual influenza vaccination
  - Percentage of members receiving colorectal screening
  - Percentage of members receiving breast cancer screening
- **Early Detection/Emerging Risk**
  - Percentage of Black/African American members receiving prenatal care
- **Chronic Condition Management**
  - Percentage of Black/African American members with an HbA1c <8%
  - Percentage of Black/African American members with blood pressure controlled
  - Percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit
  - Percentage of members who have been prescribed medication for blood pressure control, need to fill their prescriptions enough to cover 80% or more of the time they are supposed to be taking the medication. (Medication Adherence for Hypertension (RAS Antagonists)
  - Percent of members who have been prescribed medication for blood pressure control, need to fill their prescriptions enough to cover 80% or more of the time they are supposed to be taking the medication.
- **Care Transitions**
  - Percentage of eligible members completing a follow-up visit within 30 days (CMC) and within 7 days (LACC) of a mental health hospitalization.
  - Percentage of discharges for members 18 years of age and older who had each of the following:
    a. Patient Engagement After Inpatient Discharge
    b. Medication Reconciliation Discharge
- **Patient Safety**
  - The plan's readmission rate or ratio of the plan's observed (O) readmission rate to the plan's expected (E) readmission rate or O/E. The readmission rate is based on the percent of enrollees discharged from an acute care setting who were readmitted to an acute care setting within 30 days of discharge, either from the same condition as their recent hospital stay or for a different reason.

## Quantitative Analysis

The below tables demonstrate which 2022 PHM Index measures met or did not meet the goal based on Measurement Year 2021 data.

| PHMI Goal Category | Met |
|---|---|
| Keeping Members Healthy | 3 of 3 |
| Early Detection of Emerging Risk | 1 of 3 |
| Chronic Condition | 4 of 4 |
| Care Transitions | 2 of 3 |
| Patient Safety | 1 of 1 |
| **Total** | **11 of 14** |

### Keeping Members Healthy:

| Measure | MCLA 2022 Goal | CMC 2022 Goal | LACC 2022 Goal |
|---|---|---|---|
| *1. Initial Health Assessment:* Potential Completion Rate | ≥27% 31.60% | ≥60% 61.30% | N/A |
| *2. Well Child:* Percentage of members receiving well-child within 30 months | ≥33% (W30A) 37.91% / ≥60% (W30B) 58.74% | N/A | ≥33%(W30A) 37.74% / ≥82% (W30B) 81.11% |
| *3. Flu:* Percentage of members receiving flu vaccination | ≥18% 14.42% (16.00% POR) | ≥44% 38.66% (44.11% POR) | Baseline |

### Keeping Members Healthy/Early Detection:

| Measure | MCLA 2022 Goal | CMC 2022 Goal | LACC 2022 Goal |
|---|---|---|---|
| *4. Colorectal Screening* | N/A | ≥60% 60.69% | ≥50% 46.23% |
| *5. Breast Cancer Screening* | ≥54% 52.61% 46.24% (POR) | ≥65% 62.97% 57.41% (POR) | ≥68% 66.61% 58.22% (POR) |

| Measure | MCLA 2022 Goal | CMC 2022 Goal | LACC 2022 Goal |
|---|---|---|---|
| **6. Prenatal Care:** Black/African American members receiving prenatal care* | ≥70%<br>69.30%<br>66.30% (POR) | N/A | N/A |

## Chronic Condition Management:

| Measure | MCLA 2022 Goal | CMC 2022 Goal | LACC 2022 Goal |
|---|---|---|---|
| **7. Diabetes:** Percentage of Black or African American members with an HbA1c <8%. | ≥34%<br>41.14% | ≥61%<br>56.887% | ≥53%<br>53.40% |
| **8.** Percentage of Black or African American members with BP controlled | ≥31%<br>34.46% | ≥33%<br>49.28% | ≥25%<br>33.15% |
| **9. Emergency Department (ED) visits:** Members 18 years+ with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit. | N/A | ≥51%<br>52.41% | N/A |
| **10. Medication Adherence for Hypertension:** RAS Antagonists | N/A | ≥84%<br>90% | N/A |

## Care Transitions:

| Measure | MCLA 2022 Goal | CMC 2022 Goal | LACC 2022 Goal |
|---|---|---|---|
| **11.** Members completing follow-up visit within 30 days (CMC) and within 7 days (LACC) of mental health hospitalization. | N/A | ≥56%<br>63.43% | ≥42%<br>47.17% |
| **12. Transition of Care:** The percentage of discharges for members 18 years+ who had: Patient Engagement After Inpatient Discharge | N/A | ≥81%<br>81.27% | N/A |
| **13. Transition of Care:** The percentage of discharges for members 18 years+ who had: Medication Reconciliation Discharge | N/A | ≥57%<br>39.42%<br>22.57% (POR) | N/A |
| **14. Readmissions** | O/E <1<br>0.9847 | O/E <0.8<br>1.0874 | O/E <0.8<br>0.4419 |

*Qualitative Analysis*
Many of the PHM Index measures were met for 2022 (Measurement Year 2021 data). L.A. Care increased its effort and resources on disparity focused initiatives and met eleven of the fourteen goals for 2022. With the 2023 Index, the PHMP aims to continue focus on health equity, disparities, transition of care and measures in which we did not meet the goal, such as breast cancer screening and medication reconciliation. The measures will be addressed at workgroups and tracked through the cross-functional team to ensure a focus on efforts and interventions to reach success in meeting more of the PHM Index goals. Additionally, a measure will be added to focus on member experience and a new measure will be developed to track adult and child preventive visits, aligning with the CalAIM focus on providing basic population health services for all members.

**INTERVENTIONS**
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 the MCLA, LACC and CMC 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.

In 2022, the PHMP focused through an equity lens and had several goals within the index addressing disparities. In 2023, the PHMP will continue to emphasize identified disparities. Full descriptions and impact evaluation of each program and intervention are detailed throughout the Quality Improvement Evaluation and Population Health Management Impact Evaluation.

**OPPORTUNITIES FOR IMPROVEMENT**
L.A. Care's PHMP uses the annual population assessment as well as the PHM Index to best prioritize the needs of members and focus interventions. Below highlight the priorities for improvement identified in 2022:
1. As the public health emergency continued into 2022 some of the PHM goals continued to be impacted, particularly for preventive care. While 11 of 14 of the PHM Index goals were met by at least one line of business, there is still room for improving across the entire member population. The PHMP will focus efforts to work with providers and members to schedule preventive exams such as flu, breast cancer, colorectal and cervical cancer screenings this year. See section B.3 for interventions to impact the goals for these preventive care measures.
2. To improve coordination of care through integrating California Advancing and Innovating Medi-Cal (CalAIM)'s Enhanced Care Management (ECM) and Community Support efforts in Thrasys' Syntranet for Medi-Cal members launched January 1, 2022. CalAIM's Population Health Management Program will launch in January 2023. CalAIM is a multi-year initiative of the California Department of Health Care Services (DHCS). It aims to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, program, and payment reform across the Medi-Cal program. L.A. Care will focus on strengthening existing programs and developing new initiatives to meet all members' basic population healthcare needs. This includes preventive care visits, streamlining member assessments, encouraging Initial Health Appointments, identifying all members' admissions/discharges/transfers (ADT), and providing transition care services for all members and enhancing the use of Community Health Workers (CHWs). ECM is a Medi-Cal benefit available to members that meet specific eligibility criteria and opt-in to participate and will be a part of the PHMP at L.A. Care.

Additionally, the Community Support programs launched in January and July, 20222 and focus on addressing combined medical and social determinants of health needs and avoiding higher levels of care or other future health care costs. These Community Support programs include:

- Housing Transition Navigation Services and Housing Tenancy and Support Services (two Community Support and one program build) including grandfathering in Health Homes Program (HHP) and Whole Person Care (WPC) programs
- Recuperative Care (Medical Respite) including grandfathering in WPC program
- Medically Tailored Meals
- Housing Deposits
- Sobering Centers
- Personal Care and Homemaker Services
- Respite (for caregivers)

All service areas and vendors working with the members enrolled in these programs will have access to Thrasys' Syntranet, creating a fully integrated approach. This will be the footprint for integrating all PHMP programs enterprisewide.

**LOOKING FORWARD**

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. Additionally, L.A. Care's PHMP will evaluate the effectiveness using the new system of record, Thrasys' Syntranet, for the identification, stratification, segmentation, member engagement, interventions, and outcomes. The data reporting functions of Optum Symmetry Suite (IPro) and Thrasys' Syntranet will be focused on transitions between programs to coordinate member touchpoints for smooth transitions. This will allow all of the member and practitioner programs to be developed through a rigorous logic and configuration. This will also allow coordinated care, decrease in duplicative touchpoints and interventions. This will help us identify the needs of the member and to engage the member at the right time with the appropriate service to address their healthcare needs. Additionally, starting in January 2023, L.A. Care will be implementing the PHMP through CalAIM's 5-year waiver program and integrating the requirements throughout L.A. Care's overall PHMP to address the DHCS Bold Goals, which include:

- Closing racial/ethnic disparities in well-child visits and immunizations by 50%
- Closing maternity care disparity for Black and Native American persons by 50%
- Improving maternal and adolescent depression screening by 50%
- Improving follow-up for mental health and substance use disorder by 50%
- Ensuring L.A. Care exceeds the 50th percentile for all children's preventive care measures

## A.1.a INITIAL HEALTH ASSESSMENT (IHA)

**BACKGROUND**

L.A. Care Health Plan (L.A. Care) is responsible to ensure the provision of an Initial Health Assessment (IHA) or complete history and physical examination and an Individualized Health Education Behavioral Assessment (IHEBA) to each new Medi-Cal member within 120 calendar days of enrollment, either in person or virtually. PPGs/PCPs are responsible to cover and ensure the provision of an IHA. For new Plan members who choose their current PCP as their new plan PCP, an IHA still needs to be completed within 120 days of enrollment. Members are also encouraged to complete an IHA even if it has not been completed past the initial 120 calendar days of enrollment. The Staying Healthy Assessment covers the provision of the IHEBA for all existing members at their next non-acute care visit. The IHEBA is reviewed at least annually by the Primary Care Provider (PCP) with the members who present for scheduled visits and is re-administered by the PCP at the appropriate age-intervals.

**METHODOLOGY**

This section summarizes findings of the 2021 results of the Potential IHA completion rates. These rates are based on the ICD-10 codes that suggest completion of the IHA based on a completed History & Physical and an IHEBA (if available) within the appropriate timeframes for new enrollees. Note that without a file review there is no way to fully track a completed IHA; however, L.A. Care developed a dashboard to track the potential IHA completions to monitor expected completion rates for the IHA across the network.

*Quantitative Analysis*

Below details the results of the potential IHA completion rates as captured in L.A. Care's IHA Dashboard.

| Line of Business | 2021 Rate | 2020 Rate | 2019 Rate |
|------------------|-----------|-----------|-----------|
| Medi-Cal (MCLA) | 26.9% | 24.5% | 30.7% |
| Cal Medi Connect (CMC) | 62.7% | 61.0% | 64.1% |

The IHA potential completion rate increased by 2.4 percentage points from the previous year for L.A. Care Medi-Cal Direct program (MCLA) members and increased by 1.7 percentage points from the previous year for Cal MediConnect (CMC) members. This is statistically significant with $p<0.01$ for MCLA, but not statistically significant for the CMC population.

*Qualitative Analysis*

While the potential IHA completion rates increased slightly in 2021 for both MCLA and CMC lines of business, the full file reviews of the sampling of providers by Enterprise Performance Optimization (EPO) still yield low completion rates for the IHA. Many of the issues included not completing by the 120-day time frame, not completing all components (particularly the Staying Healthy Assessment). Starting in 2021 when the Public Health Emergency (PHE) hold on monitoring the IHA was lifted, L.A. Care communicated to all network providers and provider groups, listing of members with IHAs past due during the PHE and implemented a monthly process for sharing a list of members due for an IHA on the provider portal.

**INTERVENTIONS**

While the IHA components must be completed at the provider level, L.A. Care has been working on a comprehensive strategy to educate members and providers on the IHA requirements, timeframes and provide appropriate resources and have monitoring processes in place to track the completion of the IHA requirements. Quality Improvement leads a cross-functional workgroup, maintains QI Policy QI-047-IHA, reviewed and updated the IHA code set to best capture potential IHA completions, has developed newsletter education for members and providers, a robust provider training that was released in September, 2022 to all providers and all internal L.A. Care staff and regular provider monitoring through Enterprise Performance Optimization (EPO).

**OPPORTUNITIES FOR IMPROVEMENT**

2021 was a year to re-build the IHA process after the PHE hold. Several important opportunities for improvement were identified.

1) L.A. Care continues to work to enhance the monitoring process and utilize the IHA Dashboard to prioritize providers with low rates of completion of the IHA to encourage providers to prioritize completing newly enrolled members' IHA requirements within the required timeframes for newly enrolled members.
2) The Staying Healthy Assessment (SHA) continues to be a gap in the IHA completion process for providers. As part of the CalAIM initiative, the SHA will be retired in 2023, which will impact the completion rates for the IHA. Additional changes in the IHA requirements are expected in 2023.

**Priorities for 2022:**
- Educate providers on the newly developed provider training on IHA.
- Release the IHA incentive for providers. The 2022 Incentive will be reporting only to provide a baseline.
- Streamline the process for PPGs and the Direct Network to be a cohesive IHA monitoring process through the development of Key Performance Indicators (KPI) for IHA.
- Track IHA potential completion rates through the Population Health Management Index.

## LOOKING FORWARD
- The 2022 goal for the potential IHA completion rate for the PHM Index is ≥27% for MCLA and ≥60% for CMC. The IHA potential completion rate will continue to be tracked in 2023 based on new CalAIM requirements.
- Review of all new IHA CalAIM requirements and integrate requirements into policies, trainings, monitoring tools and cascade changes to internal staff and providers and provider groups.
- Continue delivery and education on the IHA training for new providers and annual refresher trainings for all providers.
- Continue member and provider education on IHA through newsletter notifications and inclusion in appropriate provider meetings and trainings (e.g. Quality Performance Management (QPM), Provider Quality Improvement Liaison (PQIL), and Initiatives teams).
- Continue assessment of the provider incentive for IHA completion that is integrated within the Pay-for-Performance (P4P) program.
- Development of the KPI for IHA Completions for PPGs and the Direct Network.
- Continue the IHA workgroup to work collaboratively across L.A. Care departments to streamline the process of monitoring completion of IHAs and utilizing Compliance and the Corrective Action Plan (CAP) process as appropriate.
- Participate in Local Health Plans of California (LHPC) Quality workgroups on advising the State on improvements to the IHA Policy.

## A.2 POPULATION DEMOGRAPHICS

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### MEMBERSHIP
The Quality Improvement Department documents a full Population Assessment with a full spectrum of segmentation, identification, and rankings for a complete set of population attributes. The content below is an excerpt of that document. For more information, the complete Population Assessment may be provided.

L.A. Care strives to make available easy-to-read, translated vital documents and health education material in threshold languages and alternative formats (audio, Braille, large print, accessible electronic format).

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

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

*Represents both L.A. Care Covered and L.A. Care Covered Direct*

### PRIORITY ISSUES
The top 15 diagnosis categories were identified using Clinical Classifications Software (CCS) Single Level Diagnosis categories by Line of Business (LOB) and by Inpatient and Outpatient setting (using primary diagnosis only), from July 1, 2021–June 30, 2022.

### MEDI-CAL MEMBERSHIP
As of October 1, 2022, L.A Care Health Plan had 2,524,149 Medi-Cal members. Of those 169,248 members are Senior and Persons with Disabilities (SPDs) (an increase from 151,924 at the end of 2021). L.A. Care's Medi-Cal membership profiles by age, gender, and race are shown below:

| Age | Number of Members | % of Membership |
|---|---|---|
| 0-11 | 495,711 | 19.7% |
| 12-20 | 431,743 | 17.1% |
| 21-64 | 1,318,283 | 52.2% |
| 65+ | 278,412 | 11.0% |
| **Total** | **2,524,149** | **100.0%** |

| Gender | Number of Members | % of Membership |
|---|---|---|
| **Female** | 1,349,156 | 53.4% |
| **Male** | 1,174,993 | 46.6% |

| Race | Number of Members | % of Membership |
|---|---|---|
| Caucasian/White | 1,796,761 | 71.2% |
| African American/Black | 288,134 | 11.4% |
| Asian | 173,913 | 6.9% |
| Native Hawaiian/Other Pacific Islander | 2,466 | 0.1% |
| American Indian Or Alaska Native | 4,789 | 0.2% |
| Declined & Unknown | 258,086 | 10.2% |

Approximately 36.8% of L.A. Care's Medi-Cal members are under 21 years of age. The percentage of members 65 and over increased from 10.5% in 2021 to 11.0% in 2022. Of the membership, approximately 53.4% are female and 46.6% are male.

92.6% 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 | 1,549,920 | 61.4% |
| Spanish | 786,293 | 31.2% |
| Armenian | 46,431 | 1.8% |
| Mandarin (Mandarin Chinese) | 27,015 | 1.1% |
| Cantonese (Yue Chinese) | 23,122 | 0.9% |
| Korean | 22,262 | 0.9% |
| Vietnamese | 16,433 | 0.7% |
| Farsi (Persian) | 9,895 | 0.3% |
| Russian | 10,666 | 0.4% |
| Tagalog | 6,712 | 0.3% |
| Arabic | 5,364 | 0.2% |
| Khmer | 4,840 | 0.2% |
| American Sign Language | 610 | 0.0% |
| Fula (Fulah) | 1 | 0.0% |
| Wolof* | 1 | 0.0% |
| Yiddish | 1 | 0.0% |
| Other, Including No Response | 14,566 | 0.6% |
| Other, Chinese Languages | 3 | 0.0% |
| Other, Non-English | 11 | 0.0% |
| Other, Sign Language | 3 | 0.0% |
| **Total:** | **2,524,149** | **100.0%** |

*Wolofis spoken in Senegal, Gambia, and Mauritania

**MEDI-CAL**

| Medi-Cal | |
|---|---|
| **The Top 15 Diagnosis Categories for Outpatient Visits** **(July 1, 2021– June 30, 2022)** | |
| 1 | Immunizations and screening for infectious disease |
| 2 | Spondylosis; intervertebral disc disorders; other back problems |
| 3 | Other upper respiratory infections/disease |
| 4 | Chronic kidney disease |
| 5 | Abdominal pain |
| 6 | Other non-traumatic joint disorders |
| 7 | Other connective tissue disease |
| 8 | Essential hypertension |
| 9 | Blindness and vision defects |
| 10 | Other skin disorders |
| 11 | Diabetes mellitus with complications |
| 12 | Contraceptive and procreative management |
| 13 | Nonspecific chest pain |
| 14 | Diabetes mellitus without complication |
| 15 | Other pregnancy and delivery including normal |

| Medi-Cal | |
|---|---|
| **The Top 15 Diagnosis Categories for Inpatient Visits** **(July 1, 2021 – June 30, 2022)** | |
| 1 | Septicemia (except in labor) |
| 2 | Liveborn |
| 3 | Hypertension with complications and secondary hypertension |
| 4 | Other complications of birth; puerperium affecting management of mother, other complications of pregnancy, other pregnancy and delivery including normal, prolonged pregnancy, and Polyhydramnios and other problems of amniotic cavity |
| 5 | Diabetes mellitus with complications |
| 6 | Alcohol-related disorders |
| 7 | Biliary tract disease |
| 8 | Respiratory failure; insufficiency; arrest (adult) |
| 9 | Skin and subcutaneous tissue infections |
| 10 | Fluid and electrolyte disorders |
| 11 | Urinary tract infections |
| 12 | Epilepsy; convulsions |
| 13 | Acute cerebrovascular disease |
| 14 | Acute and unspecified renal failure |
| 15 | Acute myocardial infarction |

The top three (3) outpatient diagnosis categories for Medi-Cal were Immunizations and screening for infectious disease, Spondylosis; intervertebral disc disorders; other back problems, and Other upper respiratory infections/disease. In terms of top three (3) diagnosis categories for Inpatient, the categories were Septicemia (except in labor), Liveborn, and Hypertension with complications and secondary hypertension.

| The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2021 – June 30, 2022) | | | |
|---|---|---|---|
| **Medi-Cal (SPD)** | | **Medi-Cal (Non-SPD)** | |
| 1 | Chronic kidney disease | 1 | Immunizations and screening for infectious disease |
| 2 | Disorders usually diagnosed in infancy childhood or adolescence | 2 | Other upper respiratory infections |
| 3 | Spondylosis; intervertebral disc disorders; other back problems | 3 | Spondylosis; intervertebral disc disorders; other back problems |
| 4 | Essential hypertension | 4 | Abdominal pain |
| 5 | Diabetes mellitus with complications | 5 | Other non-traumatic joint disorders |
| 6 | Other connective tissue disease | 6 | Other connective tissue disease |
| 7 | Other non-traumatic joint disorders | 7 | Chronic kidney disease |
| 8 | Abdominal pain | 8 | Blindness and vision defects |
| 9 | Diabetes mellitus without complication | 9 | Other skin disorders |
| 10 | Immunizations and screening for infectious disease | 10 | Contraceptive and procreative management |
| 11 | Other nervous system disorders | 11 | Essential hypertension |
| 12 | Nonspecific chest pain | 12 | Other upper respiratory disease |
| 13 | Blindness and vision defects | 13 | Diabetes mellitus with complications |
| 14 | Osteoarthritis | 14 | Other pregnancy and delivery including normal |
| 15 | Other skin disorders | 15 | Nonspecific chest pain |

| The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2021 – June 30, 2022) | | | |
|---|---|---|---|
| **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 mellitus with complications | 3 | Other complications of birth; puerperium affecting management of mother, Other complications of pregnancy, Other pregnancy and delivery including normal, prolonged pregnancy, and Polyhydramnios and other problems of amniotic cavity |
| 4 | Respiratory failure; insufficiency; arrest (adult) | 4 | Hypertension with complications and secondary hypertension |
| 5 | Fluid and electrolyte disorders | 5 | Alcohol-related disorders |
| 6 | Complication of device; implant or graft | 6 | Diabetes mellitus with complications |
| 7 | Urinary tract infections | 7 | Biliary tract disease |
| 8 | Chronic obstructive pulmonary disease and bronchiectasis | 8 | Skin and subcutaneous tissue infections |
| 9 | Epilepsy; convulsions | 9 | Respiratory failure; insufficiency; arrest (adult) |
| 10 | Acute and unspecified renal failure | 10 | Fluid and electrolyte disorders |
| 11 | Acute cerebrovascular disease | 11 | Other nutritional; endocrine; and metabolic disorders |

| The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2021 – June 30, 2022) | | | |
|---|---|---|---|
| **Medi-Cal (SPD)** | | **Medi-Cal (Non-SPD)** | |
| 12 | Skin and subcutaneous tissue infections | 12 | OB-related trauma to perineum and vulva |
| 13 | Other nervous system disorders | 13 | Asthma |
| 14 | Acute myocardial infarction | 14 | Urinary tract infections |
| 15 | Pneumonia (except that caused by tuberculosis or sexually transmitted disease) | 15 | Epilepsy; convulsions |

For Medi-Cal, the SPD vs. non-SPD top diagnosis category lists emphasize the different patient mix of these populations. The top three (3) outpatient diagnosis categories for Medi-Cal SPD were Chronic kidney disease, Disorders usually diagnosed in infancy childhood or adolescence; and Spondylosis; intervertebral disc disorders; other back problems; for Non-SPD members, the top three (3) diagnosis categories were Immunizations and screening for infectious disease, Other upper respiratory infections, and Spondylosis; intervertebral disc disorders; other back problems. The top three (3) diagnosis categories for Medi-Cal SPD members in the inpatient setting were Septicemia (except in labor), Hypertension with complications and secondary hypertension and Diabetes mellitus with complications; the top three (3) for Medi-Cal Non-SPD in the inpatient setting were Liveborn, Septicemia (except in labor), and Other complications of birth; puerperium affecting management of mother, Other complications of birth; puerperium affecting management of mother, Other complications of pregnancy, Other pregnancy and delivery including normal, prolonged pregnancy, and Polyhydramnios and other problems of amniotic cavity.

## Cal MediConnect Membership (Duals Demonstration Project)

As of October 1, 2022, L.A Care had 16,925 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 (CMC) membership profile is shown below:

| Age | Number of Members | % of Membership |
|---|---|---|
| **21-64** | 3,508 | 20.7% |
| **65-74** | 9,515 | 56.3% |
| **75-84** | 3,015 | 17.8% |
| **85+** | 887 | 5.2% |
| **Total** | **16,925** | **100.0%** |

| Gender | Number of Members | % of Membership |
|---|---|---|
| **Female** | 9,403 | 55.6% |
| **Male** | 7,522 | 44.4% |

| Race | Number of Members | % of Membership |
|---|---|---|
| Caucasian/White | 10,384 | 61.3% |
| African American/Black | 2,679 | 15.8% |
| Asian | 1,295 | 7.7% |
| Native Hawaiian/Other Pacific Islander | 31 | 0.2% |
| American Indian Or Alaska Native | 63 | 0.4% |

| Race | Number of Members | % of Membership |
|---|---|---|
| Declined & Unknown | 2,473 | 14.6% |

79.3% of L.A. Care Cal MediConnect members are 65 years and over. Of adult membership, 55.6% are female and 44.4% are male.

Approximately 94.1% of the L.A. Care Cal MediConnect members speak either English or Spanish as seen in the table below:

| CMC: Member Professed Spoken Language | | |
|---|---|---|
| **Language** | **Number of Members** | **% of Membership** |
| English | 7,847 | 46.4% |
| Spanish | 8,075 | 47.7% |
| Armenian | 30 | 0.2% |
| Mandarin (Mandarin Chinese) | 83 | 0.5% |
| Cantonese (Yue Chinese) | 100 | 0.6% |
| Korean | 22 | 0.1% |
| Vietnamese | 82 | 0.5% |
| Farsi (Persian) | 23 | 0.1% |
| Russian | 12 | 0.1% |
| Tagalog | 197 | 1.2% |
| Arabic | 29 | 0.2% |
| Khmer | 57 | 0.3% |
| American Sign Language | 20 | 0.1% |
| Other, Including No Response | 346 | 2.0% |
| Other, Non-English | 2 | 0.0% |
| **Total:** | **16,925** | **100.0%** |

| Cal MediConnect | |
|---|---|
| **The Top 15 Diagnosis Categories for Outpatient Visits<br>(July 1, 2021 – June 30, 2022)** | |
| 1 | Immunizations and screening for infectious disease |
| 2 | Spondylosis; intervertebral disc disorders; other back problems |
| 3 | Other non-traumatic joint disorders |
| 4 | Essential hypertension |
| 5 | Other connective tissue disease |
| 6 | Diabetes mellitus with complications |
| 7 | Abdominal pain |
| 8 | Other skin disorders |
| 9 | Diabetes mellitus without complication |
| 10 | Disorders of lipid metabolism |
| 11 | Other upper respiratory infections/ disease |
| 12 | Nonspecific chest pain |
| 13 | Anxiety disorders |
| 14 | Chronic kidney disease |
| 15 | Other nervous system disorders |

| | Cal MediConnect |
|---|---|
| | **The Top 15 Diagnosis for Inpatient Visits**<br>**(July 1, 2021 – June 30, 2022)** |
| 1 | Septicemia (except in labor) |
| 2 | Hypertension with complications and secondary hypertension |
| 3 | Diabetes mellitus with complications |
| 4 | Schizophrenia and other psychotic disorders |
| 5 | Acute cerebrovascular disease |
| 6 | Acute and unspecified renal failure |
| 7 | Respiratory failure; insufficiency; arrest (adult) |
| 8 | Fluid and electrolyte disorders |
| 9 | Osteoarthritis |
| 10 | Acute myocardial infarction |
| 11 | Cardiac dysrhythmias |
| 12 | Pneumonia (except that caused by tuberculosis or sexually transmitted disease) |
| 13 | Skin and subcutaneous tissue infections |
| 14 | Other nervous system disorders |
| 15 | Gastrointestinal hemorrhage |

The top three (3) outpatient diagnosis categories for CMC were, Immunizations and screening for infectious disease, Spondylosis; intervertebral disc disorders; other back problems, and Other non-traumatic joint disorders. In terms of top three (3) diagnosis categories for Inpatient, the categories were Septicemia (except in labor), Hypertension with complications and secondary hypertension, and Diabetes mellitus with complications.

**L.A. CARE COVERED™ MEMBERSHIP (MARKETPLACE)**
As of October 1, 2022, L.A Care had 110,418 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** | 2,546 | 2.3% |
| **12-20** | 3,664 | 3.3% |
| **21-64** | 102,365 | 92.7% |
| **65+** | 1,843 | 1.7% |
| **Total** | **110,418** | **100.0%** |

| Gender | Number of Members | % of Membership |
|---|---|---|
| **Female** | 55,045 | 49.9% |
| **Male** | 55,373 | 50.1% |

| Race | Number of Members | % of Membership |
|---|---|---|
| Caucasian/White | 47,516 | 43.0% |
| African American/Black | 4,291 | 3.9% |
| Asian | 16,829 | 15.2% |
| Native Hawaiian/Other Pacific Islander | 300 | 0.3% |
| American Indian Or Alaska Native | 236 | 0.2% |
| Declined & Unknown | 41,246 | 37.4% |

Approximately 5.6% of L.A. Care's L.A. Care Covered™ members are under 21 years of age. The largest age group is 21-64 years of age at 92.7%. Of the membership, approximately 49.9% are female and 50.1% are male.

83.9% of all L.A. Care Covered™ members speak either English or Spanish as seen in the table below:

| LACC: Member Professed Spoken Language | | |
|---|---|---|
| Language | Number of Members | % of Membership |
| English | 6,6692 | 60.4% |
| Spanish | 25,895 | 23.5% |
| Armenian | 1,071 | 0.9% |
| Mandarin (Mandarin Chinese) | 9,137 | 8.3% |
| Cantonese (Yue Chinese) | 2,559 | 2.3% |
| Korean | 1,621 | 1.5% |
| Vietnamese | 975 | 0.9% |
| Farsi (Persian) | 394 | 0.4% |
| Russian | 319 | 0.3% |
| Tagalog | 394 | 0.4% |
| Arabic | 142 | 0.1% |
| Khmer | 104 | 0.1% |
| American Sign Language | 452 | 0.4% |
| Slovenian | 1 | 0.0% |
| Other, Including No Response | 660 | 0.5% |
| Other, Non-English | 1 | 0.0% |
| Other, Sign Language | 1 | 0.0% |
| **Total:** | **110,418** | **100.0%** |

| | L.A. Care Covered™ |
|---|---|
| | **The Top 15 Diagnosis Categories for Outpatient Visits**<br>**(July 1, 2021 – June 30, 2022)** |
| 1 | Diabetes mellitus with complications |
| 2 | Spondylosis; intervertebral disc disorders; other back problems |
| 3 | Essential hypertension |
| 4 | Other non-traumatic joint disorders |
| 5 | Chronic kidney disease |
| 6 | Other connective tissue disease |
| 7 | Osteoarthritis |
| 8 | Diabetes mellitus without complication |
| 9 | Cataract |
| 10 | Blindness and vision defects |
| 11 | Other nervous system disorders |
| 12 | Abdominal pain |
| 13 | Mood disorders |
| 14 | Nonspecific chest pain |
| 15 | Other skin disorders |

| | L.A. Care Covered™ |
|---|---|
| | **The Top 15 Diagnosis Categories for Inpatient Visits**<br>**(July 1, 2021 – June 30, 2022)** |
| 1 | Septicemia (except in labor) |
| 2 | Liveborn |
| 3 | Biliary tract disease |
| 4 | Acute myocardial infarction |
| 5 | Acute cerebrovascular disease |
| 6 | Diabetes mellitus with complications |
| 7 | Other complications of birth; puerperium affecting management of mother |
| 8 | Hypertension with complications and secondary hypertension |
| 9 | Benign neoplasm of uterus |
| 10 | Acute and unspecified renal failure |
| 11 | Alcohol-related disorders |
| 12 | Osteoarthritis |
| 13 | Other nervous system disorders |
| 14 | Respiratory failure; insufficiency; arrest (adult) |
| 15 | Other nutritional; endocrine; and metabolic disorders |

The top three (3) outpatient diagnosis categories were Diabetes mellitus with complications, Spondylosis; intervertebral disc disorders; other back problems, and Essential hypertension. In terms of top three (3) diagnosis categories for Inpatient, they were Septicemia (except in labor), Liveborn, and Biliary tract disease.

As of October 1, 2022, L.A. Care had 72 L.A. Care Covered Direct™ members. L.A. Care's L.A. Care Covered Direct™ members speak English (81.9%) or Spanish (16.7%). Approximately 22.2% of L.A. Care's L.A. Care Covered Direct™ members are under 21 years of age. Of the adult membership, approximately 51.4% are female and 48.6% are male.

**PASC-SEIU MEMBERSHIP**

As of October 1, 2022, L.A Care had 49,160 PASC-SEIU members. The detail of L.A. Care's PASC-SEIU membership profile is shown below:

| Age | Number of Members | % of Membership |
|---|---|---|
| 0-11 | 0 | - |
| 12-20 | 98 | 0.2% |
| 21-64 | 42,802 | 87.1% |
| 65+ | 6,260 | 12.7% |
| **Total** | **49,160** | **100.0%** |

| Gender | Number of Members | % of Membership |
|---|---|---|
| Female | 34,425 | 70.0% |
| Male | 14,735 | 30.0% |

| Race | Number of Members | % of Membership |
|---|---|---|
| Caucasian/White | 23,694 | 48.2% |
| African American/Black | 4,837 | 9.9% |
| Asian | 3,653 | 7.4% |
| Native Hawaiian/Other Pacific Islander | 65 | 0.1% |
| American Indian Or Alaska Native | 65 | 0.1% |
| Declined & Unknown | 16,846 | 34.3% |

Approximately 0.2% of L.A. Care's PASC-SEIU members are under 21 years of age. The largest age group is 21-64 years of age at 87.1% %. Of the membership, approximately 70.0% are female and 30.0% are male.

72.8% of all PASC-SEIU members speak either English or Spanish as seen in the table below:

| Member Professed Spoken Language | | |
|---|---|---|
| Language | Number of Members | % of Membership |
| English | 27,559 | 56.1% |
| Spanish | 8,194 | 16.7% |
| Armenian | 6,318 | 12.9% |
| Mandarin (Mandarin Chinese) | 1,082 | 2.2% |
| Cantonese (Yue Chinese) | 1,093 | 2.2% |
| Korean | 1,239 | 2.5% |
| Vietnamese | 420 | 0.9% |
| Farsi (Persian) | 759 | 1.5% |
| Russian | 1,323 | 2.7% |
| Tagalog | 220 | 0.4% |
| Arabic | 161 | 0.3% |
| Khmer | 191 | 0.4% |
| American Sign Language | 3 | 0.0% |
| Other, Including No Response | 220 | 0.4% |
| Other, Chinese Languages | 33 | 0.1% |

| Member Professed Spoken Language | | |
|---|---|---|
| **Language** | **Number of Members** | **% of Membership** |
| Other, Non-English | 221 | 0.4% |
| Other, Sign Language | 124 | 0.3% |
| **Total:** | **49,160** | **100.0%** |

*Wolof is spoken in Senegal, Gambia, and Mauritania

| PASC_SEIU |
|---|
| **The Top 15 Diagnosis Categories for Outpatient Visits**<br>**(July 1, 2021 – June 30, 2022)** |

| | |
|---|---|
| 1 | Immunizations and screening for infectious disease |
| 2 | Diabetes mellitus without complication |
| 3 | Essential hypertension |
| 4 | Abdominal pain |
| 5 | Spondylosis; intervertebral disc disorders; other back problems |
| 6 | Other non-traumatic joint disorders |
| 7 | Other connective tissue disease |
| 9 | Nonspecific chest pain |
| 10 | Disorders of lipid metabolism |
| 11 | Other skin disorders |
| 12 | Chronic kidney disease |
| 13 | Other upper respiratory infections |
| 14 | Urinary tract infections |
| 15 | Genitourinary symptoms and ill-defined conditions |

| PASC_SEIU |
|---|
| **The Top 15 Diagnosis Categories for Inpatient Visits**<br>**(July 1, 2021 – June 30, 2022)** |

| | |
|---|---|
| 1 | Septicemia (except in labor) |
| 2 | Biliary tract disease |
| 3 | Hypertension with complications and secondary hypertension |
| 4 | Other nutritional; endocrine; and metabolic disorders |
| 5 | Acute myocardial infarction |
| 6 | Acute cerebrovascular disease |
| 7 | Nonspecific chest pain |
| 8 | Diabetes mellitus with complications |
| 9 | Other complications of birth; puerperium affecting management of mother |
| 10 | Cancer of breast |
| 11 | Abdominal hernia |
| 12 | Skin and subcutaneous tissue infections |
| 13 | Urinary tract infections |
| 14 | Fluid and electrolyte disorders |
| 15 | Coronary atherosclerosis and other heart disease |

The top three (3) outpatient diagnosis categories were Immunizations and screening for infectious disease, Diabetes mellitus without complication, and Essential hypertension. In terms of top three (3) diagnosis categories for Inpatient, they were Septicemia (except in labor), Biliary tract disease, and Hypertension with complications and secondary hypertension.

## A.3 HEALTH EQUITY

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### BACKGROUND

In July 2020, L.A. Care implemented the Equity Council Steering Committee to formally prioritize equity and social justice as an enterprise-wide principle. Three sub-committees were also created to focus on equity efforts including the Member Health Equity Council, Vendor and Provider Equity Council and L.A. Care Team Council (focused on equity at the L.A. Care workplace). The Member Health Equity Council is most pertinent to quality improvement efforts for members. There is also a Consumer Health Equity Council composed of members to provide feedback on equity and social determinants efforts at L.A. Care. The purpose of the Member Health Equity Council is to recommend and implement activities to promote health equity, which will ultimately reduce health disparities within L.A. Care's membership. Specifically, the Council will:

- Identify and prioritize actions, programs, interventions and investments to move closer to health equity.
- Review performance of equity efforts to enhance effectiveness and make corrections as appropriate.
- Solicit feedback including advice, recommendation and support from the Consumer Health Equity Council.

The Council goals are to:
1. Ensure that the services we provide to members promote equity and are free of explicit and implicit racism.
2. Implement programs that address the causes of inequity that our members and their communities experience, including racism and poverty.
3. Reduce health disparities among our members by implementing targeted quality improvement programs.

### MAJOR ACCOMPLISHMENTS

Over fiscal year 2021-2022, L.A. Care has accomplished a number of events and interventions that address health equity. Priorities this past year included strategizing and beginning implementation of Social Determinants Of Health (SDOH) and sexual orientation and gender identity (SOGI) member data collection, LGBTQ+ trainings, introducing two new Community Health Investment Fund (CHIF) grants focused on birthing outcomes and school to prison pipeline, addition of equity questions in CAHPS survey, COVID response, anti-racism trainings and HEDIS disparity analysis. Member Equity Council (MEC) goals continue to guide efforts around equity, MEC goals, and outcomes are noted in the results section.

### SOCIAL DETERMINANT OF HEALTH DATA COLLECTION

Regulatory agencies continue to see the benefits of member data collection on Social Determinants Of Health (SDOH). The Department of Health and Human Services (DHCS) All Plan Letter communicates the importance of screening for SDOH and collecting reliable SDOH data. DHCS highlighted 25 priority SDOH Codes based on the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) to be utilized. Furthermore, Covered California has issued a food security-screening requirement as well as ensuring an intervention has been completed with a positive food screening for all members enrolled in Marketplace options. L.A. Care is strategically prioritizing collection of SDOH data by cross functionally collaborating and hosting meetings across internal departments, attending stakeholder partnership convening's, and drafting policy and procedures to support the efforts. In addition, provider communications were sent out including newsletters and a fax blast.

## SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) DATA COLLECTION

L.A. Care is prioritizing the collection of Sexual Orientation and Gender Identity (SOGI) data. Collection of SOGI data is required by the recently introduced National Committee for Quality Assurance's (NCQA) Health Equity Accreditation. L.A. Care plans to submit for 2024 NCQA Health Equity Accreditation. Additionally, DHCS and Covered California's new contracts also require health plans to submit evidence of successful NCQA Health Equity Accreditation. Currently we are collaborating across the departments in an effort to identify and strategize the collection of SOGI data.

## LGBTQ+ TRAINING

In our efforts to understand and support the unique needs of our members, we have been hosting LGBTQ trainings. The below were hosted this year:

- **LGBTQ+ Health Training for Quality Improvement Staff:** This 90 minute webinar consisted of two subject matter experts that provided an overview of LGBTQ+ health disparities, gender pronouns, creating inclusive messaging and discussing the importance of collecting SOGI data. This was a required training targeting the Quality Improvement Department and was also open to external partners. In total, there were 205 attendees with the largest attendance being L.A. Care Health Plan employees and second leading being community clinics. There was overall positive qualitative attendee feedback on the content presented.
- **Gender Affirming Care Training:** Two Emergency Department physicians from University of California, Davis led this 60-minute webinar. Attendees learned terms commonly used and preferred with patients that self-identify as transgender and the role of trauma informed care. The intended audience for this training were physicians, frontline clinic office staff, as well as clinic and Independent Physician Association (IPA) leadership. This webinar engaged a great number of L.A. Care Health Plan employees, IPA/ management services organization (MSO) and community clinic representation.

## COMMUNITY HEALTH INVESTMENT FUND AND EQUITY

- **GAAINS – Generating African American Infant and Nurturers Survival Initiative I:**
  The Community Health Investment Fund (CHIF) launched its Close the Health Disparities Gap priority with a new initiative, Generating African American Infant and Nurturers Survival Initiative I (GAAINS I). Projects under this grant will reduce structural barriers that impede medical treatment and social supports, and produce positive outcomes at the individual, community/clinic, and/or systems level. The GAAINS initiative enhances the culturally congruent resources available to L.A. Care's Black/African American members. This year, there were eight final grantees for CHIF's GAAINS initiative. The eight finalists are listed in the results section.
- **Youth Empowerment in Public Health and Medicine Ad Hoc:** A CHIF grant for organizations providing academic development programs focusing on the medical/public health/healthcare fields for youth in middle school and/or high school was also launched this year. Charles Drew University, Saturday Science Academy and the Social Justice Institute were awarded funds for their programs.

## EQUITY CAHPS QUESTIONS

Consumer Assessment of Health Care Providers and Systems (CAHPS) survey ask consumers and patients to evaluate their experiences with health care. These surveys cover aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The CAHPS survey is one tool that will allow L.A. Care to assess and evaluate instances of discrimination experienced by members.

The questions added for next year's survey are:
1) In the last 12 months, how often have you been treated unfairly at this provider's office because of your race or ethnicity?
2) In the last 12 months, how often were you treated unfairly at this provider's office because you did not speak English very well?
3) Using any number from 0 to 10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, what number would you use to rate how much you trust this provider?

Next year, L.A. Care will analyze the results and create action plans as necessary based on results.

## MEMBER EQUITY COUNCIL GOALS
The Member Equity Council identified areas to improve equity at different leverage points across the continuum, which causes poor health outcomes. Member Equity Council goals focused on: ensuring effective member input (Component 1: Member Voice); focusing on social determinants of health (SDOH) (Component 2: SDOH All Plan Letter); maintaining resources to community partners (Component 3: Health Plan as a Community Partner); establishing and leveraging partnerships to advance equity (Component 4: Systemic Change); and health disparities (Component 5: Equitable Health).

## HEDIS DISPARITY DATA ANALYSIS
L.A. Care consistently stratifies HEDIS data by race and ethnicity. Every year L.A. Care Health Plan reports on the quality of care delivered to L.A. Care Health Plan members. Since Reporting Year (RY) 2018, L.A. Care's Quality Performance Management (QPM) Department has provided a dashboard that includes a functionality for users to view the final Health Effectiveness Data Information Set (HEDIS) rates broken down by various sub-areas. Direct line of business (DLOB), Service Planning Area (SPA), L.A. Care Regional Community Advisory Committee (RCAC) geographic areas, race/ethnicity, and both spoken and written language data can be viewed. As of October 2022, the overall DLOB membership are Medi-Cal (MCLA) – 1,451,512, L.A. Care Covered (LACC) – 113,479, and Cal MediConnect (CMC) – 17,101. This dashboard supports reporting requirements for the National Committee for Quality Assurance's (NCQA) Health Equity Accreditation, previously Multicultural Health Distinction. The dashboard also helps to identify health disparities and drives interventions for HEDIS improvement.

L.A. Care has posted evidence-based vaccine information in formats that engage followers on social media, such as videos and quizzes. L.A. Care also hosted multiple English and Spanish-language social media live events with medical experts and influencers to ensure maximum reach. The social media strategy included an "Ask the Doc" video series, featuring diverse medical experts dispelling common myths and answering the most common questions about the vaccine this is important to addressing health disparities because it helps to ensure diverse audiences receive information from experts they can identify with. L.A. Care ensures that any questions made in the comments are answered by our medical experts. L.A. Care will continue to post information shared by other trusted sources, such as the Los Angeles County Department of Public Health (LACDPH) and the California Department of Public Health (CDPH). L.A. Care operates 14 Community Resource Centers in collaboration with Plan Partner Blue Shield of California Promise Health Plan. The Centers disseminated evidence-based information about the vaccines, onsite and during community events.

In addition to the activities above, L.A. Care implemented and coordinated a multitude of successful activities for the Vaccination Response Plan. Below is a curated list of highlights.

## Partnerships
- Partnered with over 40 community-based, education, public health, and faith-based organizations to sponsor over 50 vaccination events in vaccine-hesitant neighborhoods experiencing low vaccination rates, primarily targeting Black and Latinx communities. These events resulted in over 5,250 vaccines administered in the highest-need neighborhoods.
- Collaborated with other Managed Care Plans including a monthly multi-Medi-Cal Managed Care Plan collaborative with the L.A. County Department of Public Health.
- Partnered with NFL Rams football team and Los Angeles Unified School District (LAUSD) to focus on vaccination for children. Included partnership with 15 LAUSD middle schools with an average of over 200 vaccines per event.

## Member Outreach
- Launched the member vaccine incentive on November 8, 2021. Over 176K MCLA and CMC members qualified for incentives.
- Initiated 7,000 live calls to high-risk adults ages 50 and over with one or more chronic conditions and/or homebound individuals.
- Conducted vaccinations for 130 homebound members during in-home health visits to high-risk members.
- Sent text messages to 205K unvaccinated members.
- Conducted over 10 vaccine clinics at Community Resource Centers located throughout L.A. County.

## Provider Outreach
- Developed Educate + Vaccinate program for providers to enhance their education and outreach of their unvaccinated L.A. Care members.
- Partnered with 10 pharmacies in under vaccinated communities in L.A. County to conduct outreach, education, and to set up vaccine appointments for 24,000 high risk beneficiaries.
- Provided ~$2M in grant support to federally qualified health centers.

## Social Media Campaign
- Launched a robust social media campaign starting in March 2020.
- Used Facebook and Instagram stories and social media live events to combat misinformation and build vaccine confidence garnering 3.5 million impressions and 405K+ engagements.

## ANTI-RACISM AND CULTURAL HUMILITY TRAINING (ART)
L.A. Care recognizes that racism is a root cause of inequities and disparities. As a result, an Anti-Racism and Cultural Humility training (ART) was launched this year for L.A. Care leaders. Hosted by Dr. Murray-Jan Garcia and Dr. Ngo, the purpose of ART is to reflect on the principle from cultural humility training including self-reflection and self-critique; acknowledging and striving to adjust power imbalances; and promoting advocacy, community partnership and institutional accountability. Additionally, staff are able to reflect on how equity can be interjected in current L.A. Care practices and services. This training aims to help staff practice and exemplify the principles of this training in their respective department. The ART provided L.A. Care leaders with a space to discuss issues and challenges regarding the current state of equity, and identify improvements for members and the community.

## RESULTS

### MEMBER EQUITY COUNCIL GOALS

Results for Member Equity Council goals are below.

### Component 1: Member Voice

a) Internal L.A. Care teams will bring at least 3 projects/programs to the Consumer Health Equity Council (CHEC) for feedback

**Progress – Complete**

- CHEC meeting dates were 3/17 6/16, and 9/21. Programs discussed included L.A. Care, Care Management department's cardiovascular disease program for Black/African American members, Call the Care, and the State's new pharmacy program/vendor.

b) Implement questions to assess and evaluate instances of discrimination (i.e. racism, sexism, ableism, ageism, etc.) in CAHPS survey.

**Progress – Completed**

- Three new questions added in this year's CAHPS survey, including:
  - In the last 12 months, how often have you been treated unfairly at this provider's office because of your race or ethnicity?
  - In the last 12 months, how often were you treated unfairly at this provider's office because you did not speak English very well?
  - Using any number from 0 to 10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, who number would you use to rate how much trust this provider?

c) Analyze Access to Care survey results by race/ethnicity, language and other sociodemographic data points.

**Progress – In progress/Not completed p**

- Survey tool not able to assist in this analysis. CG-CAHPS may be a better option. Potentially embed in Elevating Customer Experience (ECE) (i.e. member experience) efforts.

### Component 2: SDoH All Plan Letter

a) Increase the number of providers using Z-codes by 10% by FY 2021-22 end.

**Progress – Ongoing**

- SDoH CFT meeting launched. Finalized communications (fax blast, newsletter).

b) Hold one training/listening session to inform about new Z-code requirements by FY 2021-22 end.

**Progress – Ongoing**

- Meeting with CCALAC QI group about the Z-code updates scheduled.

c) Review and investigate a provider incentive for z-code use by FY 2021-22 end.

**Progress – Complete**

- Metric created for VIIP. Included in all LOBs and Direct Network-Physician level.

### Component 3: Health Plan as Community Partner

a) Launch new CHIF equity grant in FY 2021-22 focusing on dismantling school-to-prison pipeline.

**Progress – Complete**

- Changed to ad hoc application this year. Funded Charles Drew University (CDU) Saturday Science Academy and Social Justice Institute. In addition, to the Resilience and Equity Initiative.

b) Review and evaluate CHIF Housing Stability grant, focused on eviction prevention, by FY 2021-22.

**Progress – Did not complete**

- Not able to assess due to staff bandwidth. As a result, may not be a priority for next year's goals.

## Component 4: Systemic Change

a) Launch L.A. Care Rainbow Health training by FY 2021-22 end.

**Progress – In progress**

- Rainbow Health content being finalized, to be done by mid/late August. LGBTQ Health Disparities and SOGI collection webinar hosted 10/5/2022.
- Update as of 11/20/2022. Content finalized and posted on L.A. Care University. Metric complete.

b) Incorporate additional provider requirements for Provider Equity Award FY 2021-22 end. (i.e. Z-coding; implicit bias training for staff; designated "safe space" for LGBTQ+ populations; demonstrated ally to people with disabilities).

**Progress – Complete**

- Presented at MEC on 7/27. Launched 10/3/2022.

c) Review and evaluate Health Services policies and procedures and update to include DEI language where appropriate.

**Progress – In progress**

- White paper with landscape analysis drafted. Under review and will be presented at future MEC meeting.

## Component 5: Equitable Health

a) Percentage of Black/African American members receiving timely prenatal care. (MCLA: 70%).

**Progress – In progress/Ongoing**

- As of 9/30/22 PHM goal was at 69.3%. The tailored interventions will continue in 2023 to support the timely prenatal care measure for Black/African American members. .

b) Launch first Generating African American Infant and Nurturers' Survival Initiative I (GAAINS I) Initiative by FY 2021-22 end.

**Progress – Complete**

- Eight organizations funded including the following:
  o Breastfeeding Task Force of Greater Los Angeles – Long Beach, San Pedro, Carson, Downey
  o California Black Women's Health Project – Inglewood, Carson, San Fernando Valley, South Bay, Long Beach
  o Communities Lifting Communities-Cherished Futures – South L.A., South Bay, Antelope Valley
  o Eisner Health – Downtown L.A., South L.A., South Bay
  o Frontline Doulas, Diversity Uplifts Inc. – Los Angeles County
  o PHFE-CinnaMoms - South L.A., Bellflower, South Bay, Pomona
  o Project Joy – Antelope Valley, including Lake Los Angeles and Littlerock
  o St. John's Community Health – South L.A.

c) Connect and participate with at least one external collaborative in the Prenatal/Postpartum Care effort.

**Progress – Complete/Ongoing**

- Completed meetings with B-Core collaborative. 1:1 meeting with IMI Midwifery collaborative lead on 7/18.

d) Meet L.A. Care internal COVID vaccination rates: Overall vaccination rate goal for 12+ membership is 85%, Black/African Americans member vaccination rate goal is 72%, AI/AN member vaccination rate goal is 72% by FY 2021-22 end.

**Progress – In Progress/Ongoing**
- As of 7/31/2022 rates are: 70.3% for Overall vaccine rate for 12+ starting at 55.5%; 53.2% for Black/African American starting from 36.5%; and 63.6% for American Indian/Native Alaskan starting from 48.7%. Baseline data from start of COVID incentive vaccination program.

**HEDIS DISPARITY DATA ANALYSIS**

The data included in the appendix shows disparities among all racial/ethnic groups across a number of HEDIS measures. The sample varies across each of the population group. In addition, the sample varies across each lines of business (LOBs) MCLA, LACC, and CMC. For example, the American Indian and Alaska Native (AI/AN) population is lower in sample size per metric and had some of lowest rates across comprehensive diabetes care and colorectal cancer screening. Many of the metrics do not include AI/AN because of their smaller population sample size. Among Black and African Americans, they had lower reporting rates across all LOBs for comprehensive diabetes care, colorectal cancer screening, childhood immunization status - Combination 10, Well-Child Visits in the First 30 Months of Life, and Follow-Up after Emergency Department Visit for Mental Illness – 7-Days. Asian population groups had low rates of reporting across all LOBs for First 30 Months of Life (W30)-Well-Child Visits in the First 15 Months, Childhood Immunization Status, colorectal cancer screening, and comprehensive diabetes care. The White population had the lowest rates of Follow-Up after Emergency Department Visit for Mental Illness (FUM)-7-Days, breast cancer screening, and controlling blood pressure, Well Child Visits in the First 30 Months of Life, Childhood Immunization Status, Combination 10, and colorectal cancer screening across all LOBs. Among Latinos/Hispanics, there were lower rates of colorectal cancer screening, and comprehensive diabetes care across all LOBs. Specifically looking at language rates, among LACC members who speak Chinese, some of the lowest rates of controlling high blood pressure were noted. Spanish speakers had lower rates of Follow-Up after Emergency Department Visit for Mental Illness (FUM) 7-Days for MCLA members.

L.A. Care continues to prioritize addressing these disparities across population groups. Ongoing improvements to address disparities include targeted interventions that are culturally and linguistically appropriate to improve effectiveness, improved data collection and quality, systems improvements with providers and medical groups and iterative intervention implementation to increase effectiveness. For example, L.A. Care has interventions to address comprehensive diabetes control, timeliness of prenatal care and controlling blood pressure for the Black/African American population. The specific HEDIS measures focused on the Black/African American population have been included in L.A. Care's Enterprise-wide performance measures as improving these disparities are a priority at L.A. Care.

L.A. Care continues to strengthen innovation as we are still living through a pandemic, ensuring that intervention strategies align with health plan members preferred method of communication (i.e. text message, telehealth through video, telephone, equipment etc.) continue to help improve observed disparities. Equitable care for all members across race, ethnicity and language is an ongoing opportunity to continuously improve care and health outcomes for all members. As our departments continue to strive towards equity we believe, sharing relevant resources and tools are the most effective ways to spark innovation and creativity. Overall, we strive to spark conversation and collaboration internally and externally with our efforts to achieve health equity among L.A. Care members.

SUMMARY OF INTERVENTIONS

Health equity efforts at L.A. Care are dispersed throughout many L.A. Care departments, teams, policies, and processes.  Though some of those activities are captured in this section, much more health equity work takes place at the Population Health Management, Care Management, Pharmacy departments and QI workgroups, as well as other departments.  Services and efforts will continue to further improve member health equity.

OPPORTUNITIES FOR IMPROVEMENT

There is much work to be done for health equity.  Opportunities for improvement include obtaining additional member feedback in health equity efforts across the organization; additional collaboration with providers to advance health equity including support of implicit bias trainings at offices and collection of social determinants of health information in encounters information and greater partnership with community-based organizations.

APPENDIX- DISPARITY HEDIS METRIC GRAPHS

MCLA

- Comprehensive Diabetes Care (CDC), HbA1c Control (<8.0%)
- Colorectal Cancer Screening (COL)
- Childhood Immunization Status, Combination 10 (CIS 10)
- Well-Child Visits in the First 30 Months of Life (W30)
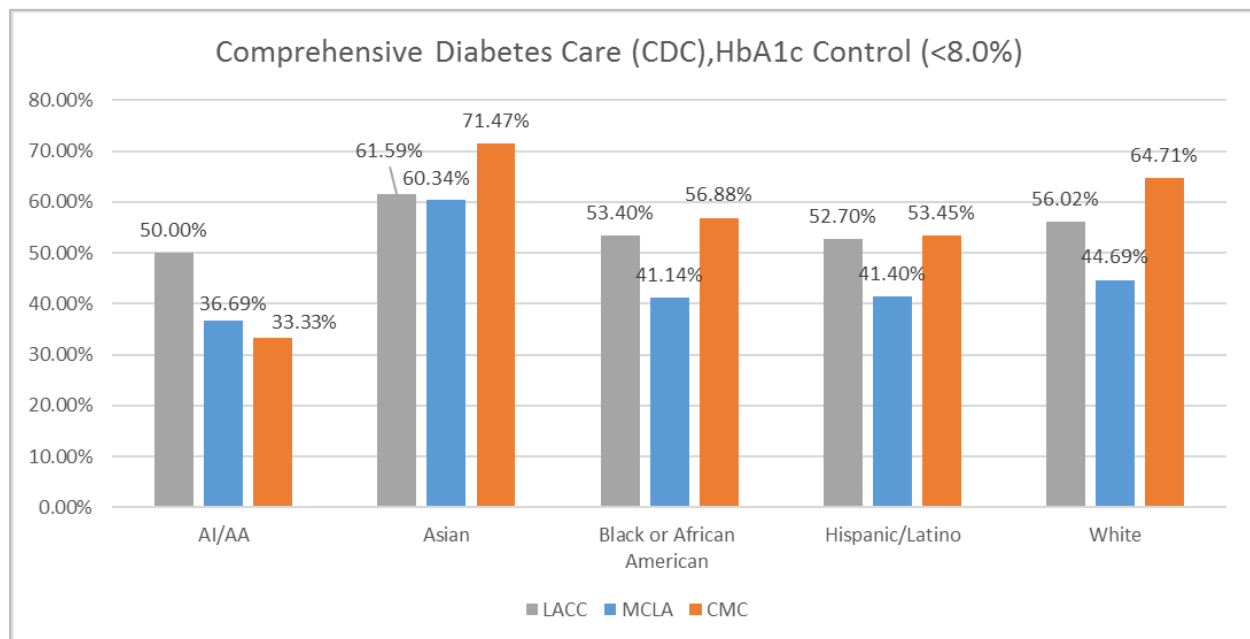


The lowest rate of comprehensive diabetes care (CDC), HbA1c control (<8.0%) occurred the among MCLA American Indian/Native Alaska (AI/NA) population (36.69%), followed by Black or African American (41.14%), Hispanic/Latino (41.40%), and White (44.69%), compared to Asian (60.34%) population.  The overall MCLA HEDIS administrative rate was 44.19%.  The internal Medi-Cal goal is 47%.

## Colorectal Cancer Screening
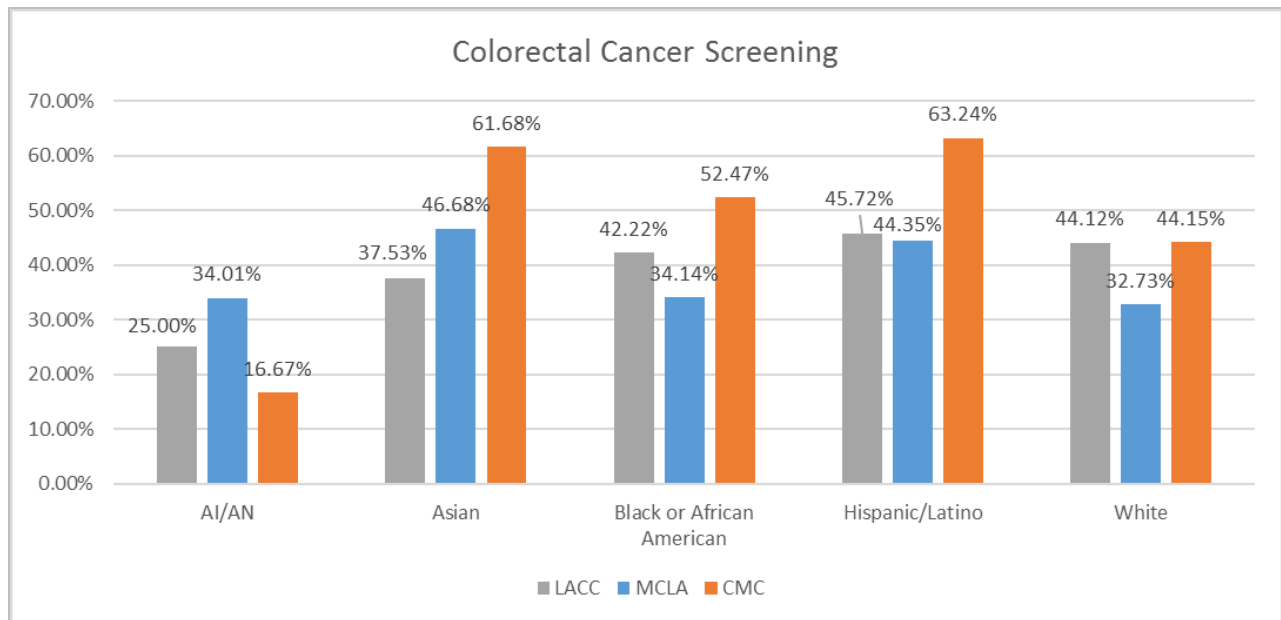


The lowest rate of colorectal cancer screening occurred among the MCLA White population (32.73%), followed by AI/AN (34.01%), Black or African American (34.14%) and Hispanic/Latino populations (44.35%). Asian population has the highest performing rate (46.68%) across MCLA members. The overall MCLA HEDIS administrative rate was 40.38%. The internal Medi-Cal goal was not established.

## Childhood Immunization Status, Combination 10
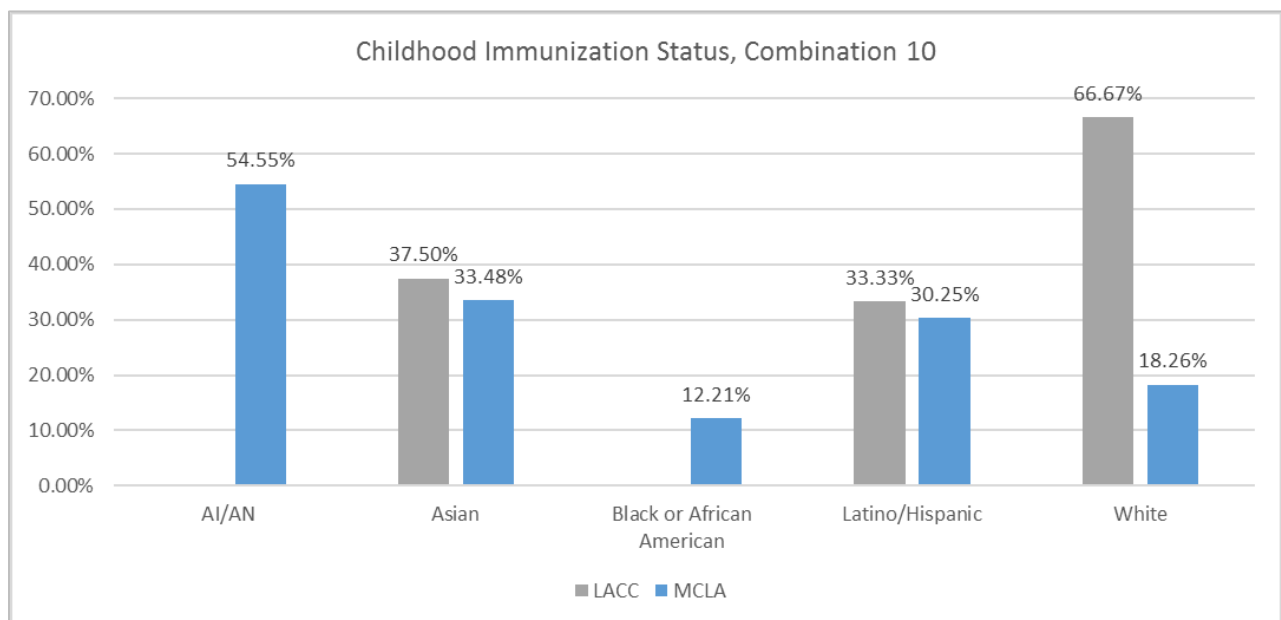


The rates of childhood immunization status, combination 10 were low among the MCLA Black or African American population (12.21%), followed by White (18.26%), Latino/Hispanic (30.25%), and Asian populations (33.48%). The American Indian and Alaska Native population was the highest reporting (54.55%) across MCLA members. The overall MCLA HEDIS administrative rate was 27.26%. The internal Medi-Cal goal was 32%.

**Well-Child Visits in the First 30 Months of Life**
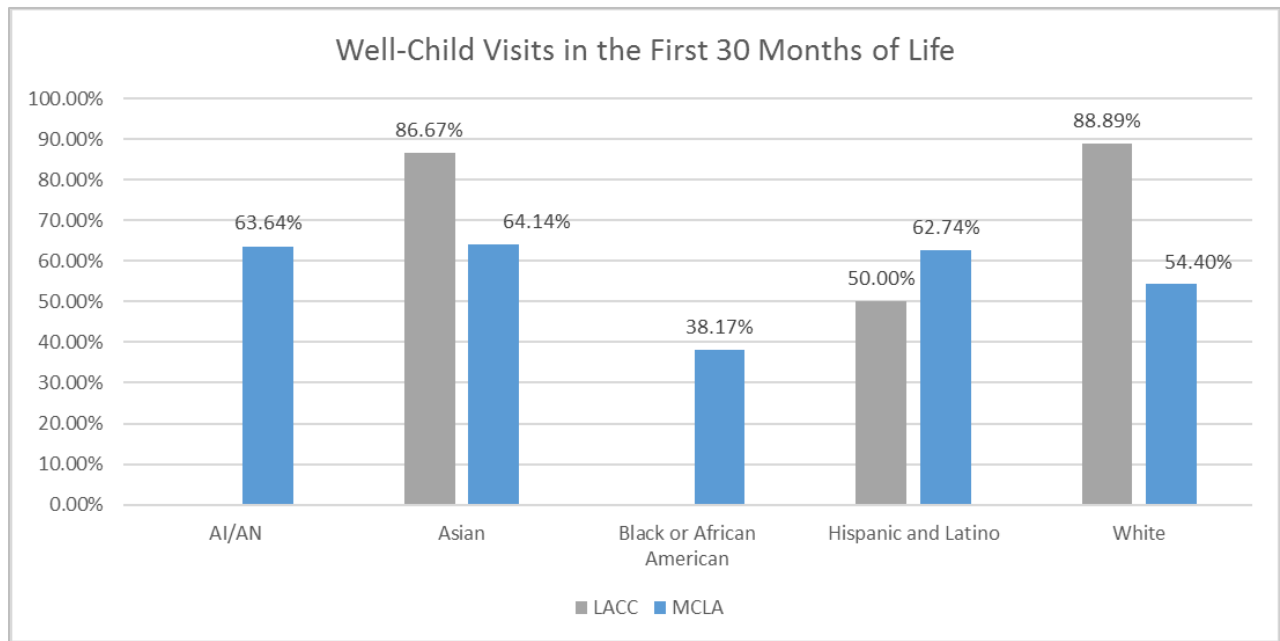
The rates for well child visits in the first 30 months of life were lower for the MCLA Black or African American population (38.17%). Asian population had the highest performing rate (64.14%) across MCLA members. The overall MCLA HEDIS administrative rate was 58.74%. The internal Medi-Cal goal was 60%.

**LACC**
- Controlling High Blood Pressure (CBP)
- Well-Child Visits in the First 30 Months of Life (W30)-Well-Child Visits in the First 15 Months



**Controlling High Blood Pressure**
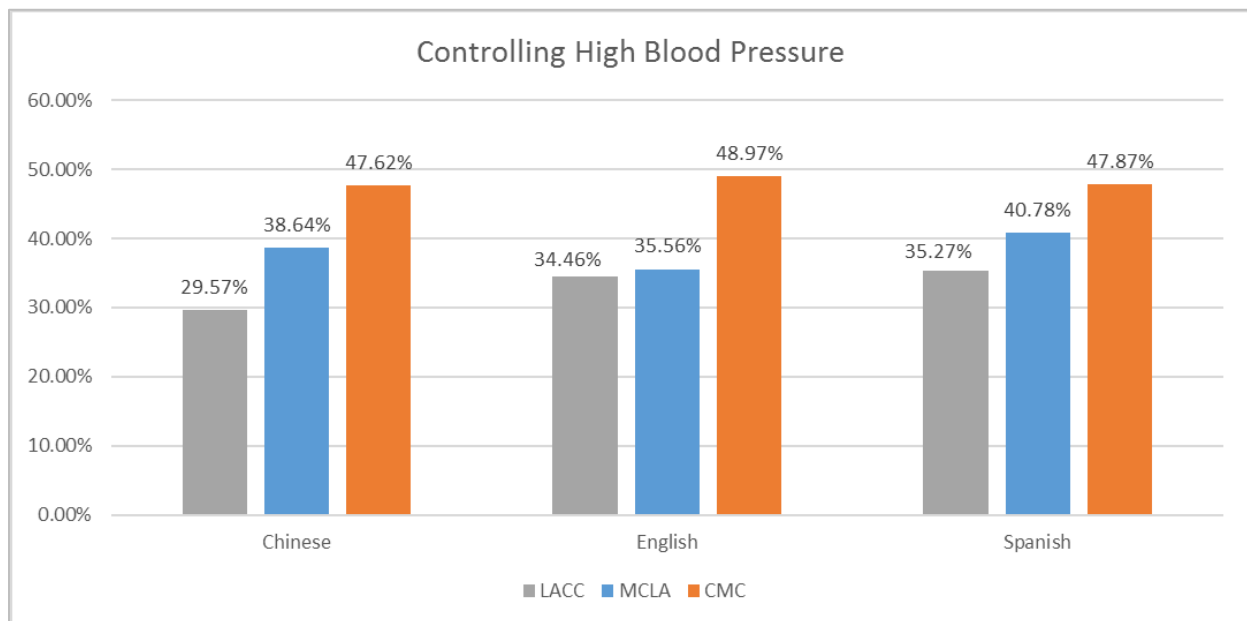
The lowest rates for controlling high blood pressure occurred among LACC Chinese speaking population (29.57%), followed by English (34.46%). The Spanish speaking population was highest performing

(35.27%) across LACC members.  The overall LACC HEDIS administrative rate was 34.25 %.  The internal overall LACC goal was 53%.
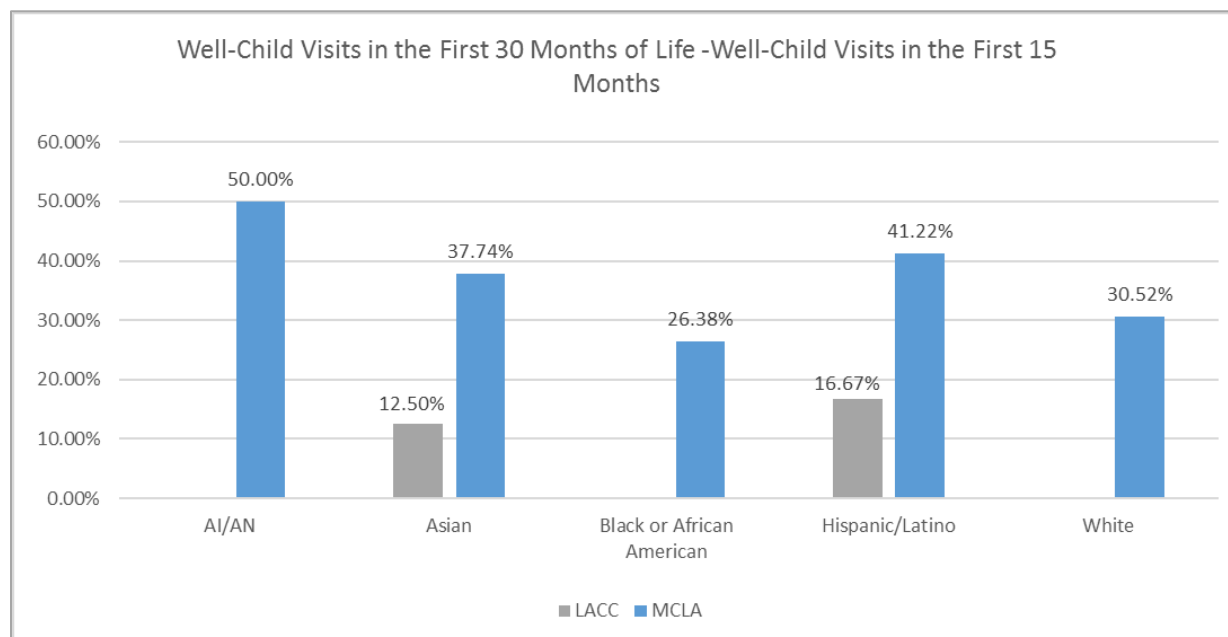


The rates for the first 30 months of life-well-child visits in the first 15 months were lower for the LACC Asian (12.50%) and Hispanic/Latino populations (16.67%).  The overall LACC HEDIS administrative rate was 37.74%.  The internal LACC goal was 33%.

**CMC**
- Breast Cancer Screening (BCS)
- Follow-Up After Emergency Department Visit for Mental Illness -7-Days (FUM)
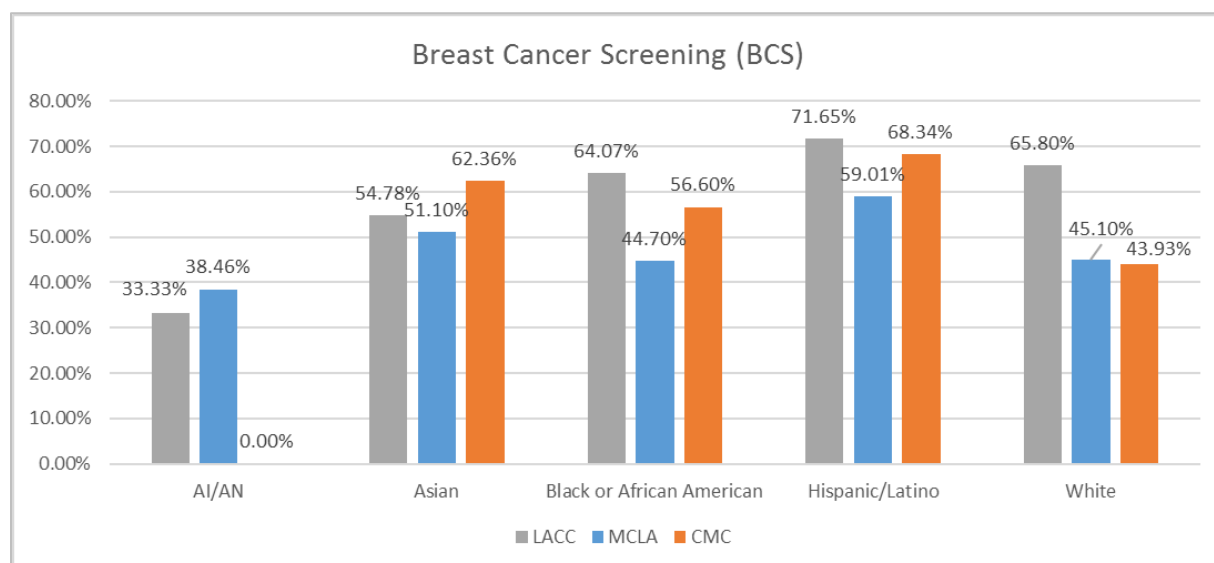


The lowest rates of reporting for breast cancer screening were for CMC was the White population (43.93%) followed by Black or African American (56.60%), and Asian populations (62.36%).  The Hispanic/Latino

population had the highest rate (68.34%) for CMC members.  The overall CMC HEDIS administrative rate was 62.97%.  The internal overall CMC goal was 65%.
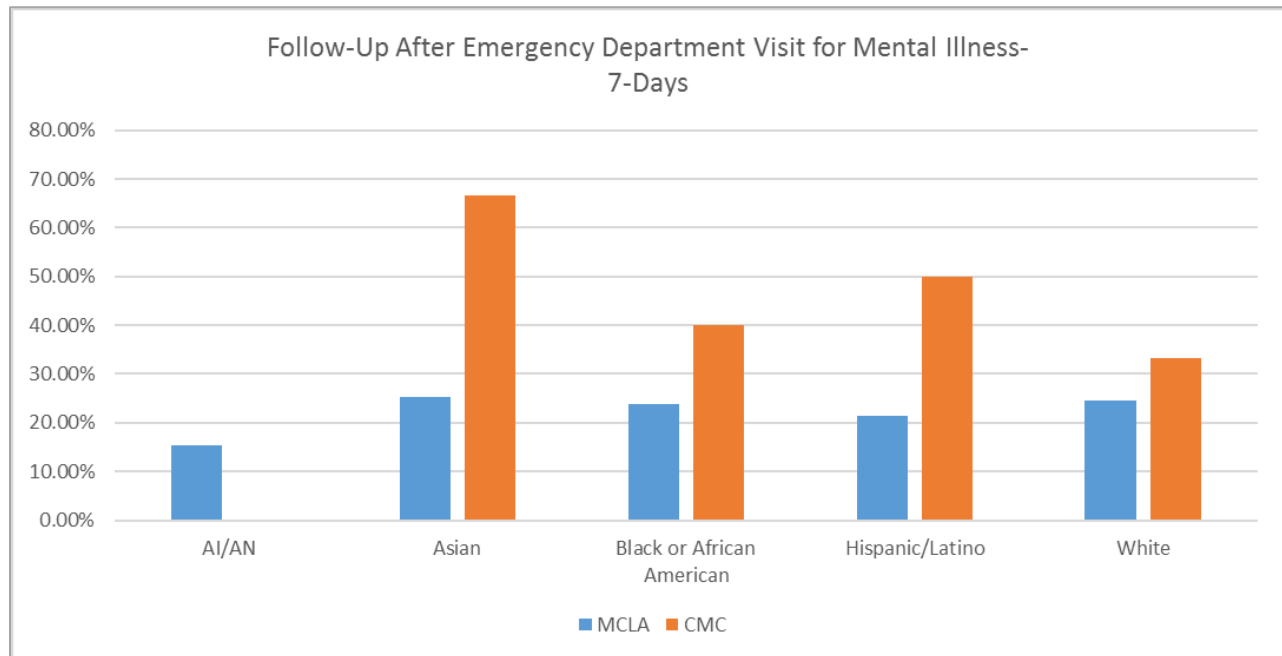


Follow-Up After Emergency Department Visit for Mental Illness-7-Days

The rates of follow-up after emergency department visit for mental illness-7-days were low among the CMC White population (33.33%), followed by Black or African American (40.00%), and Hispanic/Latino population. (50.00%).  The Asian population had the highest rate (66.67%) across CMC members.  The overall CMC HEDIS administrative rate was 41.33%.  The internal overall CMC goal was not a priority measure, therefore no goal was established.
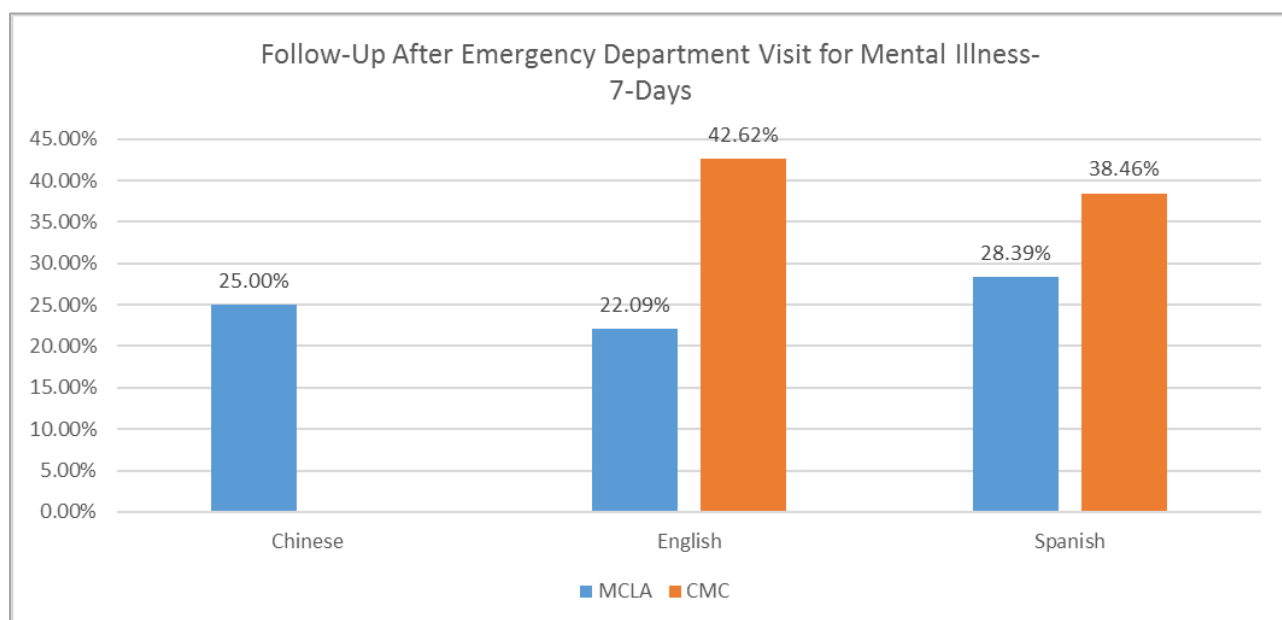


Follow-Up After Emergency Department Visit for Mental Illness-7-Days

The rates of follow-up after emergency department visit for mental illness-7-days were low among CMC Spanish speaking population (38.46%) compared to English (42.62%) across CMC members.  There is no language data for CMC Chinese population.

L.A. Care continues to prioritize addressing disparities.  Ongoing improvements to address disparities include targeted interventions that are culturally and linguistically appropriate to improve effectiveness, improved data collection and quality, systems improvements with providers and medical groups and iterative intervention implementation to increase effectiveness.  Additionally, greater focus on upstream root causes such as social determinants of health may lend improvements downstream.  Furthermore, continued dialogue and trust building with all members, including staff training in implicit bias and cultural humility are opportunities to improve.  During this period of innovation during the pandemic, ensuring that intervention strategies align with health plan members preferred method of communication (i.e. text message, telehealth through video, telephone, equipment etc.) will also improve observed disparities. Equitable care for all members across race, ethnicity and language is an ongoing opportunity to continuously improve care for all members.

**LOOKING FORWARD**

L.A. Care will continue to leverage the Provider Equity Award to advance equity at the provider point of care.  L.A. Care seeks to identify additional provider trainings that may be needed to properly implement disparities interventions.  L.A. Care will also look to use the award to create urgency around implicit bias trainings at provider offices, using tele-interpreter services and create LGBTQIA+ safe spaces.

Lastly, L.A. Care will add the new HEDIS MY 2021 rates data to the HEDIS disparity charts to identify gap closure or widening for prioritized measures.

## A.4 CULTURAL & LINGUISTIC (C&L) SERVICES

**AUTHOR: NAOKO YAMASHITA**
**REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA PARRISH, MD**

### BACKGROUND
The C&L Services Unit continuously evaluates the effectiveness of its C&L program for all product lines. This annual evaluation report is for all product lines, which includes a description of completed and ongoing C&L activities, trending of language services utilization, quantitative and qualitative analysis of initiatives, and evaluation of the overall effectiveness of the C&L Program. Moreover, the data in this report is from fiscal year 2021-2022 aggregated for all product lines. The report also includes community representatives' feedback on the C&L Program.

### METHODOLOGY
- Face-to-face interpreting and translation utilization data is based on the requests processed through two workflow management systems: Plunet and Language Vault. Telephonic interpreting utilization is based on the call report provided by the language vendor.
- Satisfaction surveys are sent to L.A. Care members and L.A. Care staff who utilized the language services. Member surveys are done by mail in threshold languages and staff surveys are administered electronically.
- Bilingual staff language proficiency assessment is administered to those who communicate directly with Limited English Proficient (LEP) members in a non-English language. The assessment results are captured in the online HR system.
- C&L trainings are made available as eLearning modules on the online learning management system, L.A. Care University. The training completion is tracked in the system and WebEx or Zoom for live webinars.
- The goals are established annually to continuously improve the access and quality of language services.

### ANALYSIS
- **Translation Services & Alternative Formats**
  - A total of 10,552 documents with 14.7 million words in 26 languages were translated.
  - The number of documents and words increased by 270% and 97% respectively when compared to the previous year. The non-standardized notice of action (NOA) and notice of appeal resolution (NAR) letters and letter templates for D-SNP contributed to the continued upsurge of translation requests in FY 21-22.
  - Top three translation languages were Spanish, Chinese and Armenian.
  - In order to better support UM and A&G to comply with the full and immediate NOA and NAR translation requirement of the DHCS APL21-011, C&L Services Unit implemented a new streamlined process to expedite delivery of the non-standardized letters. Based on a new executed vendor contract, business units can submit NOA and NAR translation requests in ten threshold languages directly to the vendor's online portal 24 hours a day, 7 days a week. The vendor delivers these letters in as short as four hours. A total of 6,038 requests with 1.5 million words were delivered through the new rapid translation process since March 2022.
  - DHCS issued APL22-002 in 2022, which requires the health plan to use the weekly DHCS Alternative Format Selection (AFS) data to provide vital documents in the members' preferred alternative format. The DHCS AFS data ingestion project is underway to make the AFS data readily accessible for business use and member mailings. The estimated project completion is February 2023.

- A total of 66 documents were converted in alternative formats in FY 21-22 with 47 documents in large print, 16 documents in audio and 3 documents in Braille.
● **Face-to-Face Interpreting**
  - A total of 7,544 face-to-face interpreting requests in 33 languages were processed (7,138 for medical appointments and 406 for administrative meetings and events).
  - There was a 42% increase in the overall face-to-face interpreting requests when compared to the previous year. The number of requests for medical appointments went up by 41% from the previous year, roughly back to the pre-pandemic level. This increase may be due to the eased COVID-19 restrictions and indicate that members have returned to in person office visits.
  - 96% of all medical appointments and 98% of administrative appointments were fulfilled successfully.
  - Top three languages for medical appointments were Spanish, American Sign Language (ASL), and Mandarin.
● **Telephonic Interpreting**
  - A total of 185,902 calls with 3.1 million minutes of telephonic interpreting services were provided in 77 languages.
  - The number of minutes and calls both decreased by 4% when compared to the previous year.
  - 93% of all calls were connected to an interpreter in less than 30 seconds, a key vendor performance indictor.
  - Top three languages for telephonic interpreting were Spanish, Mandarin and Armenian.
● **Language Proficiency Assessment of L.A. Care Bilingual Staff**
  - A total of 128 employees (120 non-clinical and 8 clinical) were assessed in six languages in FY 21-22. Of those assessed, 125 employees passed the test (118 non-clinical and 7 clinical).
  - L.A. Care has 296 (284 non-clinical and 12 clinical) qualified bilingual staff in eight threshold languages.
  - 94% of bilingual staff are Spanish speakers, followed by 3% Armenian and 2% Tagalog speakers.
● **C&L Training**
  - A total of 4,754 L.A. Care staff and 1,398 providers and provider office staff completed the online C&L trainings that include: Cultural Competency, Disability Sensitivity; C&L Requirements for CSC, CMC ICT training; Communication Strategies for Persons with Disabilities and Requirements for ADA Compliance; Strengthening Cultural Humility and Dismantling Implicit Bias in Healthcare Setting; and Strengthening Cultural Humility and Dismantling Implicit Bias in Maternal Health).
● **Annual Goals**

| FY21-22 Goals | | Benchmark | Results | |
|---|---|---|---|---|
| Member are satisfied ("Very Happy" or "Somewhat Happy") with translation and interpreting services | Translation | 90.0% | 97.9% | Met |
| | F2F Interpreting | 90.0% | 92.9% | Met |
| | Tele Interpreting | 90.0% | 94.7% | Met |
| Deliver translation requests before or on the requested due date. | | 90.0% | 95.9% | Met |
| Complete language service related grievance investigations in 5 business days. | | 90.0% | 86.6% | Not Met |

  - All goals were met except for "Complete 90% of language service related grievance investigations in 5 business days." Based on the root cause analysis, the delay was mostly due to missing case information required for investigation that was not submitted to C&L. In Q2, A&G implemented a standardized form to submit grievances to C&L, the new

process has helped improved the timely investigations with Q2 showing an increase of 6.8% in cases handled (83.9%) as compared to 77.1%. noted in Q1.  Although the overall annual rate did not meet the goal benchmark, it met and exceeded the benchmark in Q3 and Q4 (91.2% and 92.3%) respectively.

- **Member Feedback**

   The following comments and suggestions were provided from members at the ECAC meeting in April 2022.
   - Have the disability sensitivity training facilitated by individuals with a disability.
   - Allow more opportunities for Black/African-American members to share their thoughts/concerns in a confidential, respectful manner, as some Black/African-Americans are reluctant to share such issues with their doctors for fear of being judged, discriminated, or outright dismissed (e.g. an anonymous post-doctor visit survey or a hotline).

**RESULTS**

There were no notable changes in the requested languages for translation and interpreting services.  Top ten languages were mostly threshold languages except for American Sign Language for face-to-face interpreting services and Thai for telephonic interpreting services.  Spanish remained as the most requested language for all services.  The high utilization of language services, the positive member satisfaction level with language services, and the low number of C&L related grievances indicate that the L.A. Care's C&L Program was properly structured and was able to meet the applicable regulatory requirements and the current needs of L.A. Care members.  Therefore, the C&L Program will continue for the following year with no substantive changes.

## B.1 HEALTH EDUCATION SERVICES

AUTHOR: WENDY SASSER
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA PARRISH, MD

The Health Education Unit plans, implements, and evaluates health education and health promotion services for Direct Line of Businesses (DLOB) including L.A. Care Medi-Cal (MCLA), L.A. Care Covered (LACC/D), Homecare Workers Health Care Plan (PASC), and the Cal MediConnect Program (CMC). The Health Education Unit delivers member health education services via L.A. Care's Health In Motion™ and CalAIM Community Support Programs, 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 Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and Centers for Medicare & Medicaid Services (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™*, L.A. Care's member health education and wellness program suite is available in English and Spanish 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. Interpreters are available upon request for other languages.

The Health Education Unit maintains an online health and wellness site, My *Health In Motion*™, for DLOB members, which compliments existing over-the-phone health and wellness services. L.A. Care contracts with Cerner, an NCQA HIP-certified vendor, to offer the wellness portal to members and therefore receives auto credit for NCQA's Population Health Management (PHM) 4 Wellness and Prevention Standard.

In FY 21-22, Health in Motion™ received 1832 referrals and conducted 3894 health education encounters. Eighty percent of encounters were from individual telephonic consults and 20% were group appointments. Fifty-five percent of referrals came from network providers, a significant decrease from the previous year where providers accounted for 75% of referrals, but consistent with previous years. This may be due to provider's disposition to refer to virtual/telephonic services due to the COVID-19 limitations during FY 20-21. L.A. Care staff from multiple departments, including Care Management and Pharmacy, were the source of 14% of referrals, and member self-referrals were the source of an additional 31% of referrals. The Health Education staff was unable to contact 603 referred members due to incorrect phone numbers or members not responding to voice messages/Unable to Contact (UTC) letters, while 68 members declined services or preferred to receive educational materials only.

In addition to providing direct member services, in FY 2021-2022, the Health Education Unit made available a total of 383 health education material titles in California Department of Health Care Services (DHCS) required health topics and languages, as well as developed new health education materials on Black/African American Perinatal Health. Moreover, the Health Education Unit rebranded and updated tobacco cessation materials for the roll out of the California Department of Public Health (CDPH) new smoker's helpline, Kick It California. A total of 103 materials were reviewed using the DHCS required Readability & Suitability Checklist. To assist and support L.A. Care staff, the Health Education Unit also offered the *Writing in Plain Language and Readability Testing with Health Literacy Advisor* training four times in FY 2021-2022, attended by 270 participants representing Health Services departments. Ongoing technical assistance provided by the Health Education Unit includes, but is not limited to material development, presentations, trainings, and readability assessment/revision. In FY 2021-2022 there were 147 health education technical assistance requests received from 16 departments. The top four requesting

business units were the Community Resource Centers, Quality Improvement, Health Services, and Care Management. The most common request was for readability assessment/revision.

The Health Education Unit implemented multiple health education programs in FY 2021-2022 that directly support HEDIS, CAHPS, and CMS Five-Star Quality Ratings:

- The CalAIM Community Support Medically Tailored Meals (MTM) Program, launched in January 2022 is a therapeutic nutrition intervention aimed at improving health outcomes and reducing hospital readmission rates. Designed by Registered Dietitian Nutritionists (RDN), home-delivered meals support referring providers in treating chronic illness, targeting specific nutritional needs of the patient while reducing barriers associated with food insecurity and physical disability. Eligible members may receive two meals per day for up to 12 weeks, paired with nutrition education from a health educator or RD. Program extension up to 26 weeks possible upon review. To qualify, a member must be living with advanced congestive heart failure, chronic kidney disease (stages 3-4), or diabetes (A1c $\geq$ 9). A total of 476 referrals were received, resulting in 307 approvals (unique members).
- L.A. Care's "Healthy Mom" postpartum program, which provides assistance and support to members to schedule their postpartum visit, reached 2,777 members of which 2,132 attended their postpartum visit (76.77%) in MY 2021. The telephonic outreach also includes the coordination of interpreting and translation services for eligible members.
- Under the "Healthy Pregnancy" program, the Health Education Department sent out 854 trimester-specific prenatal education packets to all known pregnant MCLA members in CY 2022. The packet includes important trimester specific information to support a healthy pregnancy and positive birth outcomes. Non-trimester specific materials went out to 8,788 members in all LOBs in CY 2022.
- L.A. Care's Diabetes Self-Management Education program (DSME) assists DLOB members with diabetes achieve improved blood glucose control through structured education, skill building, and goal setting. Members have a choice to participate in a series of virtual group appointments provided by a contracted vendor or individual telephonic counseling sessions with L.A. Care diabetes educator/registered dietitian. L.A. Care DSME program options are recognized by the American Diabetes Association (ADA) as required by the Centers for Medicare and Medicaid (CMS).
- L.A. Care's annual "Fight the Flu" program spans from September to May of the following year. The Fight the Flu work plan activities continued to promote member safety in its program materials to reflect masked individuals, COVID-19 masking, and physical distancing guidelines. Program messaging stressing the importance of preventing a possible "twindemic" and its impact on the healthcare system. The Fight the Flu program's multipronged approach includes provider and member interventions such as: the distribution of member preventive health reminder mailers, emails, end of call reminders, updated information on L.A. Care's Fight the Flu webpage, a Flu Myth Busters educational video, and social media campaigns targeting high risk regions of the service areas. Provider education was delivered through provider newsletters, email and fax blasts, and updated information on the Providers Tools and Resources webpage.
- L.A. Care relaunched the flu vaccine incentive available to CMC members during the 2021 flu season. Over 18,000 CMC members received a flu postcard with incentive information and 7,283 members sent in their redemption information, resulting in a 384.88% increase from the 1,502 members who redeemed the incentive in 2020. Health Education was able to reinitiate the Fight the Flu Automated Reminder Calls for the 2021-2022 flu season. A total of 16,165 calls were made to CMC members, reminding them to get a flu shot, emphasizing the increased risk for flu complications for seniors and people with disabilities, and the availability of the shot at primary care provider offices as well as network pharmacies. In addition, the Pharmacy department leveraged outbound medication adherence calls to CMC members with chronic conditions as an opportunity to educate about the available incentive and provide flu shot reminders. Of the outreach

calls made by the Pharmacy department, 59% of CMC members were successfully educated on the flu vaccine. In January 2022 5,941 "Thank You" cards were mailed to CMC members who received the flu shot and served as a reminder to assist with their recollection of receiving a flu vaccine prior to completing the CAHPS.

- L.A. Care hosted 10 free countywide flu events where members and non-members alike could access no cost flu vaccinations at Community Resources Centers. A total of 2,302 flu shots were administered at these events, which is a slight decrease from flu shots administered at the 2020 flu events. The community flu events were organized in collaboration with the Community Resource Center and Pharmacy departments and were delivered through a drive-through model to comply with COVID-19 safety guidelines.

Table 4 reflects My HIM online wellness site FY 2021-2022 data. New users decreased in FY 2021-2022 compared to last fiscal year. This decrease could be attributed to two reasons; one being that the portals were shut down for maintenance and upgrade during the month of January 2022. The second reason is the inability to promote the site to Medi-Cal members, due to DHCS requesting L.A. Care to provide a program proposal on the My HIM platform. As a result, Health Education could not conduct the annual and targeted promotion of the MyHIM platform in Medi-Cal member newsletters, communications, and websites leading to the decrease in new users. The site's unavailability for the month of January also impacted the Health Appraisal (HA) completion numbers for LACC/LACC-D, a total of 2,709 members completed an online HA in 2022, a 39.32% decrease over FY 2020-2021. The MCLA HA completion numbers on the other hand showed an increase of 16.02%. LACC/LACC-D's high HA completion numbers can be attributed to the incentives LACC members receive as part of the Rewards for Healthy Living Program.

### TABLE 4: – MY HIM FY 2021 - 2022 THREE-YEAR TREND

| | Product Line | Average DLOB Membership | Total Number of New Accounts | Percent Change in New Accounts from Prior FY | Rate (Total New Accounts/Avg. Membership X 1000) | Completed HA | Rate (Completed HA/Avg. Membership X 1000) | Completed Workshops | Rate (Completed Workshops/Avg. Membership X 1000) |
|---|---|---|---|---|---|---|---|---|---|
| **FY2019-2020** | MCLA | 1,055,648 | 5081 | +47.0% | 4.81 | 637 | 0.60 | 6 | 0.006 |
| | LACC/D | 81,271 | 7946 | +26.5% | 97.77 | 4764 | 58.62 | 892 | 10.98 |
| | PASC | 51,366 | 427 | +30.2% | 8.31 | 59 | 1.15 | 0 | 0 |
| | CMC | 16,834 | 69 | +21.1% | 4.10 | 10 | 0.59 | 1 | 0.06 |
| | TOTAL | 1,205,119 | 13523 | +33.6% | 11.22 | 5470 | 4.54 | 899 | 0.75 |
| | Product Line | Average DLOB Membership | Total Number of New Accounts | Percent Change in New Accounts from Prior FY | Rate (Total New Accounts/Avg. Membership X 1000) | Completed HA | Rate (Completed HA/Avg. Membership X 1000) | Completed Workshops | Rate (Completed Workshops/Avg. Membership X 1000) |
| **FY2020-2021** | MCLA | 1,131,988 | 76,340 | +1404.2% | 67.43 | 955 | 0.84 | 7 | 0.006 |
| | LACC/D | 81,636 | 365 | -95.4% | 4.47 | 3398 | 41.62 | 717 | 8.78 |
| | PASC | 51,395 | 29 | -93.2% | 0.56 | 86 | 1.67 | 0 | 0 |
| | CMC | 18,256 | 1692 | +2352.2% | 92.68 | 26 | 1.42 | 4 | 0.21 |
| | TOTAL | 1,283,275 | 78156 | +477.9% | 60.90 | 4465 | 3.79 | 728 | 0.56 |

| | Product Line | Average DLOB Membership | Total Number of New Accounts | Percent Change in New Accounts from Prior FY | Rate (Total New Accounts/Avg. Membership X 1000) | Completed HA | Rate (Completed HA/Avg. Membership X 1000) | Completed Workshops | Rate (Completed Workshops/Avg. Membership X 1000) |
|---|---|---|---|---|---|---|---|---|---|
| FY2021-2022 | MCLA | 1,315,563 | 7,163 | +3.3% | 5.44 | 1,108 | 0.84 | 8 | 0.006 |
| | LACC/D | 112,182 | 3,493 | -40.1% | 31.14 | 1,552 | 13.83 | 373 | 3.32 |
| | PASC | 50,371 | 396 | -28.8% | 7.86 | 40 | 0.79 | 0 | 0 |
| | CMC | 17,958 | 77 | -28.7% | 4.29 | 9 | 0.50 | 4 | 0.22 |
| | TOTAL | 1,496,074 | 11,129 | -17.5% | 7.44 | 2,709 | 1.81 | 385 | 0.26 |

Members have the option to sign up for health coaching through My HIM as seen in Table 5. A total of 961 members opted into health coaching in FY 21-22 a decrease of 70% over the 1,361 members in FY 20-21, due to the same reasons stated above.

### TABLE 5: – HEALTH COACHING PARTICIPATION – THREE YEAR TREND

| Fiscal Year | Health Coaching Opt-in (All LOB) | Three-month Health Coaching Sign-Up (LACC ONLY) | Three-month Health Coaching Completion (LACC ONLY) | Avg. Membership | Rate (Health Coaching Opt-in/ Avg. Membership x 1,000) |
|---|---|---|---|---|---|
| **FY2019-2020** | **1,497** | **356** | **126** | **1,205,118** | **1.24** |
| LACC | 1,112 | 356 | 126 | 81,271 | 13.68 |
| All other LOB | 385 | Not Applicable | Not Applicable | 1,123,847 | 0.34 |
| **FY2020-2021** | **1,361** | **143** | **11** | **1,283,275** | **1.06** |
| LACC | 809 | 143 | 11 | 81,636 | 9.90 |
| All other LOB | 552 | Not Applicable | Not Applicable | 1,201,639 | 0.49 |
| **FY2021-2022** | **961** | **86** | **46** | **1,496,074** | **0.64** |
| LACC | 451 | 86 | 46 | 112,182 | 4.02 |
| All other LOB | 510 | Not Applicable | Not Applicable | 1,383,892 | 0.36 |

Looking forward, the Health Education Unit will further continue efforts to integrate with Population Health Management initiatives, increase member utilization of My Health In Motion™ online programs and resources, while working to leverage technology to increase member outreach strategy and streamline processes to achieve an integrated care management system. The Health Education Unit has moved forward with the goal to expand programming for pre-diabetes through the expansion of an existing partnership with a DSME vendor to increase the availability of DPP education services and virtual DPP programs by CDC DPP-recognized providers throughout Los Angeles County.

The Health Education Unit was successful in meeting objectives established for FY 2021-2022 as follows:
5. There was a significant increase in referrals for DSME. A total of 727 referrals for DSME were received during FY 2021-22, a 33.88% increase from the 543 referrals received during FY 2020-21. The targeted goal for DSME group sessions was to enroll 200 unique members. Two hundred eight unique members were enrolled, which exceeded the goal by 4% and an increase of 113.6% from FY 2020-21.
6. The CalAIM Community Support Medically Tailored Meals (MTM) Program launched in January 2022, distributed 45,215 meals by the end of FY 2021-2022. Diabetes was a dominant theme within the MTM offering. Of the chronic conditions served, 80% of enrollees had diabetes. This was followed by Congestive Heart Failure (6.5%) and Chronic Kidney Disease (4.2%). Members enrolled with multiple conditions accounted for 9.1% of the enrollment sample. Program enrollees may receive a referral to an additional supports program. Of the members referred to additional

services (n=127), an estimated 80% received a Diabetes Self-Management Education program referral, and 17% received a referral into social services.

7. L.A. Care launched a High-Risk Pregnancy Health Education Support Program in February of 2021. Since the implementation of the program, 8,408 members identified as having a high-risk pregnancy received a letter informing them about the availability of the Health in Motion™ (MyHIM) health and wellness platform, where they can access health education materials, videos, and self-paced workshops.

8. L.A. Care launched prenatal and postpartum text messaging campaigns for Medi-Cal members in CY 2022. The goal of the campaigns are to increase the rates of completed prenatal and postpartum appointments by educating members about the importance of prenatal care, inform them about available incentives for L.A. Care's postpartum program, and serve as a reminder to schedule and attend their appointments. The prenatal texting campaign launched in August 2022 for Black/African American members in response to the prenatal and maternal health disparities. The campaign reached 395 members with a 24.6% enrollment rate. The postpartum text campaign launched in July 2022 and reached 1,986 members with a 34.2% enrollment rate. Both the campaigns will continue into the next year.

9. The Health Education Unit expanded the scope and reach of current health education offerings to support members in achieving and maintaining healthier lifestyles. In April 2022, Health Education rolled out new health education and support programs in the areas of COPD and Kidney Health as part of Phase II of the program.

The Health Education Unit expanded the department by hiring additional Registered Dieticians, a Program Manager, and support staff. As part of Quality Improvement Business Unit, the Health Education Department seeks to further strengthen existing collaborations and pave the way for more opportunities to work together to improve members' health outcomes and address health disparities in Los Angeles County.

## B.1.a POPULATION NEEDS ASSESSMENT (PNA)

**AUTHOR: LYNNE KEMP**
**REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA PARRISH, MD**

### BACKGROUND

L.A. Care's 2022 Population Needs Assessment (PNA) fulfills APL 19-011 Health Education and Cultural and Linguistic (C&L) Population Needs Assessment requirements and is due annually to Department of Health Care Services (DHCS) on June 30th. The PNA identifies member health status and behaviors, member health education and cultural and linguistic needs, health disparities, and gaps in services related to these issues.

The goal of the PNA is to improve health outcomes for members and ensure the needs of L.A. Care Medi-Cal members are being met by:
- Identifying member health needs and health disparities;
- Evaluating health education, C&L, and Quality Improvement (QI) activities and available resources to address identified concerns;
- Implementing targeting strategies for health education, C&L and QI programs and services.

The PNA is a product of combined efforts from the following departments: Health Education and Cultural & Linguistic Services, Quality Improvement, Population Health Management, Pharmacy, Health Equity, and Community Outreach and Engagement.

**MAJOR ACCOMPLISHMENTS**

The PNA consists of five sections:

1. **PNA Overview** which provides a clear overview of the report including key components, data sources used, key findings, and major objectives in the work plan.
2. **Data Sources** used along with a brief description of each data source and the year of the data. Primary data sources include: member demographic data for FY 2020-2021 (October 1, 2020-September 30, 2021), MY 2020 Healthcare Effectiveness Data and Information Set (HEDIS) data, MY 2020 Consumer Assessment (CAHPS) data, language access services utilization data for FY 2020-2021, Health Appraisal aggregate data for calendar year 2021, claims and encounters from June 2020-May 2021, and Executive Community Advisory Committee (ECAC) member input from April 2022.
3. **Key Findings** broken down by subsection: Membership/Group Profile, Health Status and Disease Prevalence, Access to Care, Health Disparities, Health Education, and C&L and QI Gap Analysis.
4. **Action Plan and Action Plan Update** includes SMART objectives targeting key PNA findings with at least one objective targeting a health disparity. Objectives must be supported by identified data sources and strategies used to achieve stated objectives.
5. **Stakeholder Engagement** as solicited during L.A. Care's April 2022 ECAC meeting.

L.A. Care's 2022 PNA was submitted to DHCS on May 31, 2022 and accepted as is (without edits required) June 14, 2022.

**RESULTS**

Key findings from the above listed sections include:

- Blacks/African Americans have lower rates for many measures than other racial groups, most notably in the areas of Comprehensive Diabetes Care and Post-Partum care.
- Blacks/African Americans have the highest rate (65.13%) of uncontrolled A1c level, while Asians have the lowest rate at 44.53%.
- The most common adult outpatient chronic diagnoses remain consistent with previous PNAs and include diabetes (11%), heart disease (9%) and hypertension (8%).
- Top self-reported health conditions include anxiety (42%), depression (34%), back pain (29%), allergies (22%), headaches (19%), high blood pressure (17%), asthma (16%), high cholesterol (14%), and diabetes (10%).
- Current language assistance services are able to meet the existing needs of L.A. Care members.
- Noteworthy feedback from the April 2022 ECAC meeting included a desire for health education to be more "visible" in clinic waiting rooms considering some members may not be computer literate or have access to online resources. Members also expressed a desire to have more opportunities for Black/African-American and LGBTQ members to share their thoughts/concerns in a confidential, respectful manner.

**SUMMARY OF INTERVENTIONS**

The table below details the objectives and supporting strategies from L.A. Care's 2021 PNA. Interventions from the 2022 PNA are included in the "Looking Forward" section.

| Objective 1.) By December 31, 2022, decrease the percent of members reporting they consume less than one daily serving of fruits and vegetables from 31% to 26%.<br><br>**Data Source:** Online Health Appraisal Data from December 2020.<br><br>**L.A. Care will continue to promote the importance of fruits and vegetables to members, but this objective is not included in the 2022 PNA Action Plan and will no longer be tracked as part of the PNA.** | **Progress Measure:** The percent of members reporting they consume less than one daily serving of fruits and vegetables increased from 31% to 45%.<br><br>**Data source:** Online Health Appraisal Data for calendar year 2021. |
|---|---|
| | **Progress Toward Objective: Objective discontinued.** The percent of members reporting eating less than one daily serving of fruits and vegetables increased from 31% to 45% indicating the selected strategies are not effective. |

| **Strategies** | |
|---|---|
| **Strategy 1.)** Promote the importance of fruit and vegetable consumption in member newsletters. | **Progress Discussion:** Multiple articles have been published in L.A. Care's member newsletters as follows:<br><br>• **Fall 2021 – "Fall Harvest"**<br>• **Winter 2022 – "After the Holiday Indulgence", "Fruits and Vegetables Who's Eating Them?", "Population Needs Assessment"**<br>• **Spring 2022 – "Health Education Just for You"**<br>• **Summer 2022 – "Easy Fruity Frozen Summer Treats"** |
| **Strategy 2.)** Include the importance of fruit and vegetable consumption on member-facing webpages including L.A. Care's online health and wellness portal. | **Progress Discussion:** "Healthy Eating" webpage was added to the Health Library at https://www.lacare.org/healthy-living/health-resources/healthy-living-prevention/healthy-eating on 12/21/2021. |

| **Objective 2.)** By December 31, 2022, increase the percent of members reporting their doctor spoke with them about eating healthy foods from 51.2% to 56%.<br><br>**Data Source:** MY 2019/RY 2020 CAHPS<br><br>**L.A. Care will continue to encourage providers to discuss healthy eating with members, but this objective is not included in the 2022 PNA Action Plan and will no longer be tracked as part of the PNA.** | **Progress Measure:** The percent of members reporting their doctor spoke with them about eating healthy foods minimally increased from 51.2% to 51.4%.<br><br>**Data source:** MY 2020/RY 2021 CAHPS |
|---|---|
| | **Progress Toward Objective: Objective discontinued.** While the percent of members reporting their doctor spoke with them about eating health foods increased slightly (51.4% v. 51.2%), the increase was not substantial enough to justify the continuation of this objective. |

| Strategies | |
|---|---|
| **Strategy 1.)** Remind providers about the importance of talking with members about eating healthy foods via published hard copy and electronic provider newsletter article(s). | **Progress Discussion:** Multiple articles have been published in L.A. Care's provider newsletters as follows:<br><br>• **Winter 2022 – "Population Needs Assessment"**<br>• **Spring 2022 – "Health Education Supports Providers"**<br>• **Summer 2022 – "Support Your Patients with Medically Tailored Meals" and "Talking About Nutrition – Do's and Don't's"** |
| **Strategy 2.)** Add reminders about the importance of talking with members about eating healthy foods in existing provider toolkits and/or on provider facing webpages. | **Progress Discussion:** An overview of the Population Needs Assessment, including the finding related to fruits/vegetable consumption, was presented to contracted Participating Provider Groups (PPGs) and Independent Practitioner Associations (IPAs) on December 9, 2021. |

<br>

| | |
|---|---|
| **Objective 3.)** By December 31, 2022, decrease the percentage of Black/African American members between the ages of 18-75 with an A1c level >9% at Bartz-Altadonna Community Health Center from 80.7% to 63.2%.<br><br>**Data Source:** MY 2019/RY 2020 Admin HEDIS data was used to identify the PIP.<br><br>**The diabetes PIP will continue in 2022 and is included on the 2022 PNA Action Plan. Objective timelines will be adjusted to coincide with PNA submission cycles.** | **Progress Measure:** The percentage of Black/African American members between the ages of 18-75 with an A1c level >9% at Bartz-Altadonna Community Health Center remains unchanged as of May 2022.<br><br>**Data source: MY 2020/RY 2021 HEDIS data –** Specialized report pulled from Quality Performance Management (QPM). |
| | **Progress Toward Objective: Objective is ongoing.** |
| **Strategies** | |
| **Strategy 1.)** Increase the rate of participation among Black/African American members in the California Right Meds Collaborative from 40 to 60 members.<br><br>**Since the goal has been met, this strategy has been removed from the diabetes PIP.** | **Progress Discussion:  Goal met.**  As of February 2022, L.A. Care's California Rights Med Collaborative has 104 Black/African American members, two of which are assigned to Bartz-Altadonna.  Of these two members, one had a follow-up A1c test which fell below 9%.<br><br>This strategy is open to all L.A. Care lines of business (LOBs) but will continue to focus on Black/African American Bartz-Altadonna members. |

| Strategy 2.) Offer proper coding and data recording practices training to providers.<br><br>**Since the goal has been met, this strategy has been removed from the diabetes PIP.** | **Progress Discussion: Goal met.** This intervention was not specific to diabetes and/or Bartz-Altadonna providers. This intervention was expanded as part of a larger project targeting non-compliant hypertensive members. Six providers were given proper coding guidelines and data recording resources. |
|---|---|
| **Strategy 3.)** Mail A1c test kits to members, along with instructional and educational material.<br><br>**Strategy will continue as part of the Diabetes PIP and progress into cycle 2 for 2022. Strategy has also been broken into two for the 2022 PNA Action Plan – the health education outreach calls and the subsequent educational mailing consisting of A1c test kits and magnetic postcard of daily self-care reminders.** | **Progress Discussion:  First mailing cycle complete.** As of May 2022, out of 68 members identified, two agreed to participate in Diabetes Self-Management Education (DSME) and six requested education materials. One member was experiencing homelessness. There were four wrong numbers and the remaining 56 were "unable to contact" after two call attempts. |

**LOOKING FORWARD**

Looking forward, the tables below detail objectives and supporting strategies based on the current 2022 PNA report.

| **Objective #1:** By June 30, 2023 decrease the percent of members who report using tobacco (cigarettes, pipe/cigar or chewing tobacco) from 15% to 12%.  (Page 8)<br>**Data Source:** Self-reported, calendar year 2021 Health Appraisal data captured from L.A. Care's health and wellness portal, My *Health in Motion*<sup>TM</sup> (My HIM) |
|---|
| **Strategies** |
| **1.** Develop a monthly smoker's registry to improve identification of L.A. Care members who use tobacco products to provide referrals to cessation services. |
| **2.** Distribute a monthly mailer to identified tobacco users with updated tobacco cessation resources and services in LA County. |

| **Objective #2:** By June 30, 2023, decrease the percentage of Black/African American members between the ages of 18-75 with an A1c level >9% at Bartz-Altadonna Community Health Center from 80.7% to 63.2%.<br>**Data Source**: MY 2019/RY 2020 Admin HEDIS data was used to identify the PIP targets. |
|---|
| **Strategies** |
| 1. Registered dietitians will conduct initial outreach/education phone calls to Black/African American members between the ages of 18-75 with an A1c level >9% at Bartz-Altadonna Community Health Center. |
| 2. A1c test kits will be mailed to African American/Black members between the ages of 18-75 with an A1c level >9% at Bartz-Altadonna Community Health Center along with instructional and educational material including a diabetes magnet for tracking needed tests. |

**B.1.b DIABETES SELF-MANAGEMENT EDUCATION (DSME)**

**AUTHOR: JANINE SOUFFRONT & SUSAN ALVARADO**
**REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA PARRISH, MD**

**BACKGROUND**
L.A. Care Health Plan's (L.A. Care) Diabetes Self-Management Education program (DSME) assists direct line of business (DLOB) members who have diabetes achieve improved blood glucose control through structured education, skill building, and goal setting. Members have a choice to participate in a series of virtual group appointments provided by a contracted vendor or individual telephonic counseling sessions with an L.A. Care diabetes educator/registered dietitian. By participating in these sessions members are better able to make informed decisions, initiate self-care behaviors, problem solve challenges, and actively collaborate with their health care team to improve clinical outcomes, health status, and quality of life. L.A. Care DSME program options are recognized by the American Diabetes Association (ADA) as required by the Centers for Medicare and Medicaid (CMS).

**MAJOR ACCOMPLISHMENTS**
There was a significant increase in referrals for DSME. A total of 727 referrals for DSME were received during FY 2021-22, a 33% increase from the 543 referrals received during FY 2020-21. Of the referrals received, 219 were assigned to the group DSME with the remaining referrals assigned to the individual DSME. During the previous fiscal year only 56 referrals were assigned to the group DSME, hence efforts were placed on improving the utilization of the group DSME.

The targeted goal for DSME group sessions was to enroll 200 unique members and 208 unique members were enrolled, which exceeded the goal by 4% and is an increase of 13.6% from FY 2020-21, which had an enrollment of 183 members. Further, of the referrals to DSME group sessions, 95% of referred members enrolled in the program. Additionally, 84% of members completed the program with at least two sessions attended and 69% completed the program with all 3 sessions attended.

**RESULTS**
From the 727 referrals for DSME received, 192 were generated by health care providers, 216 from L.A. Care staff (mostly care managers, nurse advice line and pharmacy), 191 were self-referrals and 128 were from targeted recruitment. The proportion of referrals by source is consistent with previous years.

Individual telephonic delivery modality: A total of 401 unique members participated in individualized DSME, which resulted in 1,190 encounters. Based on member reports at the third core session, 73% of participants maintained their chosen behavior change "all the time" or "most of the time". Additionally, participants achieved an average A1C reduction of 1.1%. This is consistent with studies, which have indicated that DSME can improve A1C by as much as 1% (average 0.57%) in people with type 2 diabetes vs. customary care without DSME.

Group virtual delivery modality: DSME group sessions continue to be offered virtually to members monthly in both English and Spanish. A total of 208 unique members enrolled in the group sessions, which resulted in 519 encounters. In addition, 79% of members referred to group DSME enrolled in the program. Further, in the pre-program test, members scored 88.08% and after completing the program, a score of 93% in the post test, an increase of 5.59%. Satisfaction Surveys provided to members resulted in scores above 9 with 10 being the highest score (Refer to Table 1).

## TABLE 1: SATISFACTION SCORES*

| Question | Score |
|---|---|
| How likely are you to recommend our services? | 9.75 |
| How did you like the telehealth format? | 9.45 |
| Was the staff courteous and friendly? | 9.76 |
| Overall experience of the program | 9.70 |
| Did the educator answer all your questions? | 9.79 |
| Overall experience of the educator | 9.80 |

*Satisfaction Survey 1 being the lowest, 10 being the highest

Of the 726 members referred for DSME, 246 chose to receive only materials, declined services or were "unable to contact".

## SUMMARY OF INTERVENTIONS

The DSME program consists of three core sessions and a post-program follow up three months after the last core session. The program includes an initial assessment, individualized goal setting and education on the Association of Certified Diabetes Care and Education Specialists (ADCES) Seven Self-Care Behaviors: taking medicines, monitoring, problem-solving, healthy eating, physical activity, preventing complications and healthy coping.

The program proactively targets members with A1C >7% but encourages referrals to DSME at the four critical times outlined in the 2020 DSME Consensus Report: (1) at diagnosis, (2) annually and/or when not meeting treatment targets, (3) when complicating factors develop, and 4) when transitions in life and care occur.

## LOOKING FORWARD

It is a standing goal of the program to increase member participation, particularly to make better use of the group program, which has the capacity to serve a larger number of participants. The program is looking to implement a monthly member mailer to members identified as diabetic to raise awareness of individual and group DSME. The Health Education department is working with their DSME vendor, Diabetes Care Partners (DCP) to create a landing page for its members to access information about DSME and to use the landing page as a self-referral source. Further, with more relaxed COVID-19 restrictions such as social distancing, Health Education department is looking to re-start in-person group sessions utilizing the Community Resource Centers, especially for members that are more comfortable with this mode of delivery.

**B.2 CHILD AND ADOLESCENT HEALTH**

AUTHOR: LAURA GUNN, MPH, CHES
REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN

**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 periodic and annual well-care visits to monitor growth, assess development, and identify potential problems. 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 with 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 child[1]. The Healthcare Effectiveness Data and Information Set (HEDIS) measures health plan performance on several important dimensions of care and services including periodic and annual well-care visits to the primary care physician (Well-Child in the First 30 Months of Life W30 & Child and Adolescent Well-Care Visits WCV) and a number of childhood immunizations status (CIS). Other pediatric and adolescent measures focus on other preventive services, such as blood lead screenings (Lead Screening in Children LSC) and dental services (Fluoride Varnish). Providers must use codes specified by HEDIS when completing encounter forms as well as provide medical record documentation for hybrid measures upon request.

*MY 2021* WORK PLAN GOALS:

| HEDIS Acronym | HEDIS Measure | MY 2021 Medi-Cal Goal | MY 2021 Medi-Cal Rate | MY 2021 L.A. Care Covered Goal | MY 2021 L.A. Care Covered Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|---|
| CIS-10 | Childhood Immunization Status: Combination 10 | 32% | 33.6% | 36% | 54.6% | Medi-Cal: Met LACC: Met |
| IMA-2 | Immunizations for Adolescents – Combo 2 | 41% | 40.9% | 33% | 36.9% | Medi-Cal: Not Met LACC: Met |
| LSC | Lead Screening in Children | BASELINE | 52.5% | N/A | N/A | Medi-Cal: N/A LACC: N/A |
| W30 | Well-Child Visits in the First 30 months of Life - Well-Child Visits in the First 15 Months | 33% | 33.4% | 33% | 37.7% | Medi-Cal: Met LACC: Met |
| W30 | Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months | 60% | 59.5% | 82% | 81.1% | Medi-Cal: Not Met LACC: Not Met |
| WCV | Child and Adolescent Well-Care Visits | 41% | 48.1% | 40% | 40.6% | Medi-Cal: Met LACC: Met |
| N/A | Fluoride Varnish | Three provider notifications | N/A | --- | -- | Medi-Cal: N/A |

N/A: Not applicable

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[1] https://www.aappublications.org/news/2015/12/15/WellChild121515

**MAJOR ACCOMPLISHMENTS**

Outreach activities for Fiscal Year 2021-2022 for Medi-Cal L.A. Care Plan (MCLA) and L.A. Care Covered California (LACC) members included:

- Healthy Baby Mailer: Automation of the Healthy Baby Mailer with an average of 1,000 brochures mailed each month.
- Automated Calls: 146,693 members called in English and Spanish in September 2022 encouraging member to stay up-to-date with preventive services, such as well care visits and vaccines.
- Reminder Postcards: Well Care Visit Reminder postcards newly created for 18-21 year old members.
- Text Messaging Campaign: The Child Well Care text messaging campaign launched in March 2022 with a refresh campaign in September 2022 and outreached to a total of 56,439 members.
- Social Media Campaigns: Launch of the Preteen Vaccine Week Social Media Campaign in February 2022 and the Child Get Back to Care Social Media Campaign in August 2022. The Get Back to Care campaign included two short videos in English and Spanish about the Human Papillomavirus (HPV) vaccine for children 9-12 year old

Provider outreach included content in the provider newsletter, training webinars, and gap in care reports on the Provider Portal for lead screening and immunizations.

## *Description of Measures*

| HEDIS Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Childhood Immunization Status Combinations 10 (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. CIS-10 includes all the vaccines listed above. | Hybrid |
| Immunizations for Adolescents-Combo 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 13th birthday. The measure calculates a rate for each vaccine and two combination rates. | Hybrid |
| Lead Screening in Children (LSC) | The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. | Hybrid (Medi-Cal) |
| Well-Child Visits in the First 30 Months of Life (W30) | The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:<br><br>1. *Well-Child Visits in the First 15 Months (W30+6).* Children who turned 15 months old during the measurement year: Six or more well-child visits.<br><br>2. *Well-Child Visits for Age 15 Months–30 Months (W30+2).* Children who turned 30 months old during the measurement year: Two or more well-child visits. | Administrative |

| HEDIS Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Child and Adolescent Well-Care Visits (WCV) | The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. | Administrative |

**RESULTS**

The measures included here are for MY 2021/RY 2022. The data source for the above measures are from the final HEDIS rates for MY 2021.

**ANALYSIS**

*Quantitative Analysis*

The following Medi-Cal work plan goals were met: CIS-10, W30+6, and WCV. IMA-2 and W30+2 were not met.

The following LACC work plan goals were met: CIS-10, IMA-2, W30+6, and WCV. W30+2 was not meet.

CIS-10, WCV, and W30+6 were successful in meeting goals for both lines of business. W30+2 did not meet the goals for Medi-Cal nor LACC, but were narrowly missed. IMA-2 also narrowly missed the Med-Cal goal.

Lead Screening in Children (LSC) is new for the MY 2022/RY 2023 Managed Care Accountability Set (MCAS). The MY 2021 LSC final rate is baseline and a Medi-Cal work plan will be established for MY 2022. LACC does not require a work plan goal for LSC.

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. Measures that are part of Population Health Management (PHM), the goal was set to match PHM. Managed Care Accountability Set (MCAS) measures set at a minimum of the 50th percentile.

*Qualitative Analysis*

L.A. Care Health Plan and its network providers continue to see the negative effects from the COVID-19 pandemic that began in March 2020. In Quarter (Q4) 2020, provider offices continued to experience limited hours due to staffing issues, limited Personal Protective Equipment (PPE) at clinic sites, and overall burden on the health care system from COVID-19. Many clinics became testing centers while others shifted outpatient staff to assist in the inpatient setting which was heavily affected by the increasing numbers of hospitalized patients with COVID-19 surges within Los Angeles County. In Q1 2021, we saw the impact emergency approved vaccinations had on the health care system as a whole and the continued surge of COVID-19. Although the stay-at-home orders were eventually lifted in Los Angeles County and masking mandates eased, the healthcare system continued to be under stress from COVID-19 cases. Clinics continued to be testing centers and vaccine centers. As a result, children and adolescent preventive services continued to be missed or mistimed. The Second Annual Preventive Service Report even report how the COVID-19 public health emergency had a significant negative impact on provider visits, care treatment, and screenings in children, with communities of color experiencing the greater decline. In FY 2021, the QI department had decided to focus interventions on well care visits in order to address Child and Adolescent measures and continued this into FY 2022. The Get Back to Care Campaign #BacktoCareLA continued with messaging ensuring families that it is safe to visit the doctor's offices. Revised scripts for automated

calls, postcards revisions, and social media content focused on encouraging parents/guardians to schedule well care visits and on time preventive services, along with updated COVID-19 vaccine information for children ages 0-21 years of age. Preventive services includes immunizations and lead screening. Text messages were also approved in Q4 2021 and was implemented in March 2022 for child well care visits. The plan in the next year is to evaluate the interventions and continue to revise messaging content to guide L.A. Care's continued plan to improve Child and Adolescent care in Los Angeles County.

## Childhood Immunization Status, Combination 10 (CIS-10)

### RESULTS

The following graphs compare L.A. Care CIS-10 rates for HEDIS MY 2019-MY 2021 in the Medi-Cal and LACC product lines:
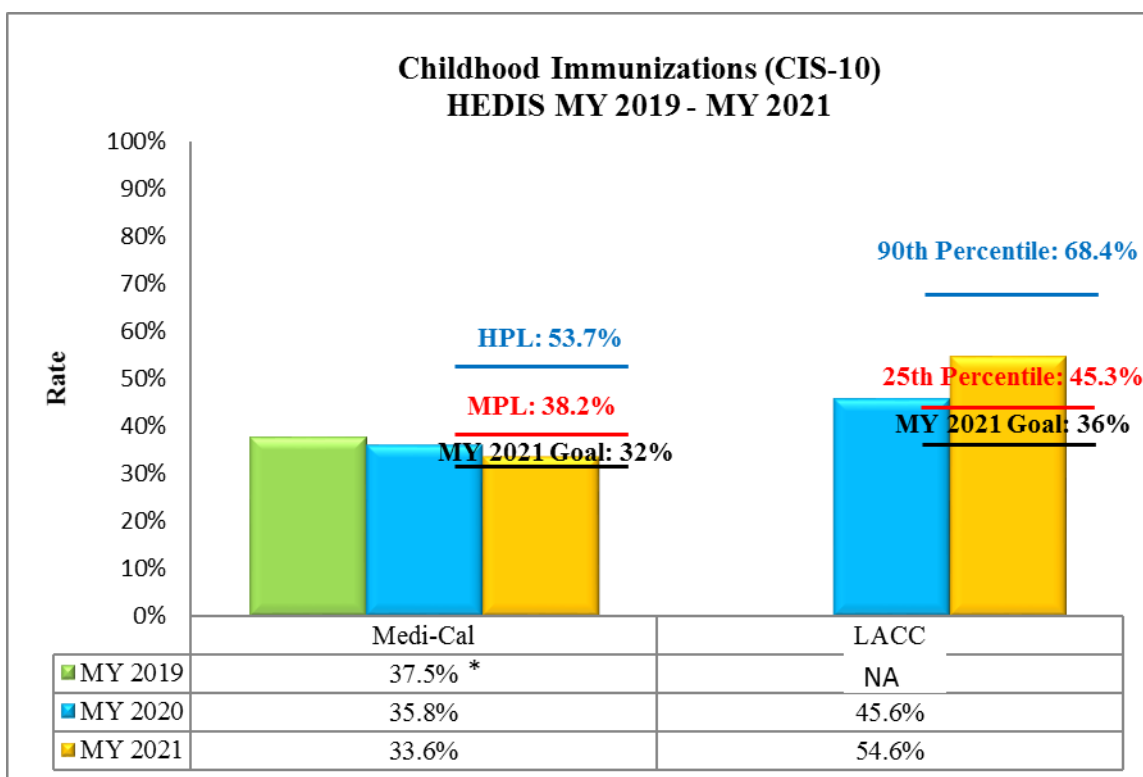


**Childhood Immunizations (CIS-10)**
**HEDIS MY 2019 - MY 2021**

| | Medi-Cal | LACC |
|---|---|---|
| MY 2019 | 37.5% * | NA |
| MY 2020 | 35.8% | 45.6% |
| MY 2021 | 33.6% | 54.6% |

90th Percentile: 68.4%
HPL: 53.7%
25th Percentile: 45.3%
MPL: 38.2%
MY 2021 Goal: 36%
MY 2021 Goal: 32%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles

### ANALYSIS

### Quantitative Analysis

### Medi-Cal
L.A. Care's MY 2021 Childhood Immunization Status Combination-10 rate for Med-Cal is 33.6%, a 2.2% drop from MY 2020. This difference is not statistically significant. The work plan goal of 33% was met, but the Minimum Performance Level (MPL) of 38.2% was not met.

*LACC*

L.A. Care's MY 2021 CIS-10 rate for LACC is 54.6%, a 9% increase from MY 2020. This difference is not statistically significant. The 25th percentile was met but the 90th percentile was not.

*Disparity Tables*

| **Childhood Immunization Status, Combination 10 (CIS-10) - Rates by Spoken Language and Race/Ethnicity** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | Spoken Language | | | | | | **\*\*Stat Sig** |
| | **Chinese** | | **English** | | **Spanish** | | |
| | \*Denom | Rate | \*Denom | Rate | \*Denom | Rate | |
| Medi-Cal | 428 | 26.4% | 24652 | 28.6% | 8,889 | 35.8% | Yes |
| MCLA | 185 | 21.6% | 11,960 | 24.7% | 4,404 | 34.8% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| **Line of Business** | **Race/Ethnicity** | | | | | | | | | | **\*\*Stat Sig** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | |
| | \*Denom | Rate | \*Denom | Rate | \*Denom | Rate | \*Denom | Rate | \*Denom | Rate | |
| LACC | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Medi-Cal | 18 | 61.1% | 1,913 | 37.5% | 3,137 | 15.7% | 7.531 | 33.1% | 2,679 | 21.2% | Yes |
| MCLA | 11 | 54.6% | 911 | 33.5% | 1,556 | 12.2% | 3,357 | 30.3% | 1,227 | 18.3% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal*

For race/ethnicity, the Black/African American population experienced the lowest rate at 15.7% compared to the Asian population, which had the highest rate at 37.5%. This difference showed statistical significance. For spoken language, the Chinese speaking population experience the lowest rate at 26.4%, compared to the Spanish speaking population, which had the highest rate at 35.8%. This difference showed statistical significance. At this time there are not unique interventions addressing these disparities.

*LACC*

LACC's denominator was too small to conduct any meaningful analysis.

*Qualitative Analysis*

L.A. Care has launched various interventions to increase the CIS-10 rate, despite the decrease in rates from MY 2020 to MY 2021. Some clinics continue to cite the hardships endured in getting children in for vaccines during the COVID-19 pandemic. This measure requires multiple visits and children's vaccines have been mistimed during the pandemic. This is evident from our Quality Performance Management (QPM) team, who noticed in the MY 2021 claims and encounter data that children were still getting vaccines, but the timing of them did not meet the CIS-10 HEDIS eligibility requirements. Interventions during the FY 2022 continued to encourage parents/guardians to bring children in on time for vaccines.

In February 2022, L.A. Care hosted a webinar open to the network around Immunization Hesitancy and L.A. Care's Missing Vaccine Reports. L.A. Care invited the Merck Vaccine Division to present. They spoke on learning how to discuss immunizations with parents and patients who express concerns about vaccines. L.A. Care staff in the final 15 minutes of the webinar demonstrated how to access and utilize child and adolescent Missing Vaccines Reports available to providers through the Provider Portal or by request to IncentiveOPS@lacare.org. These Missing Vaccines Reports became available monthly in May 2021 through the provider portal and at the request of providers. Since then, it has been generated monthly. These reports provide missing antigens for children who qualify for this measure in the current MY.

L.A. Care's Healthy Baby Program provides educational materials about childhood immunizations, developmental milestones by age and additional resources for parents to discuss with their child's primary care provider. As of December 2021, the mailer became automated with approximately 1,000 brochures mailed each month. The mailing is sent to newly enrolled members aged 0-6 months and newborn infants. The mailing is sent to parents/guardians of L.A. Care Medi-Cal Direct (MCLA) and L.A. Care Covered (LACC) members. The goal of the program is to improve L.A. Care members' childhood immunization measure outcomes and increase well-child visits. The Healthy Baby Mailing packets are in English and Spanish.

L.A. Care, in partnership with St. John's Well Child and Family Health Center – Frayser location continued to collaborate on a CIS-10 Performance Improvement Project (PIP). The PIP is scheduled to end December 2022. It focused on addressing and increasing vaccination rates for the two and under population. The clinic utilized L.A. Care's Missing Vaccine Report to identify members for outreach. St. John's Health Center would then scrub the data and proceed with reaching out to parents of members who are missing antigens for CIS-10 immunizations. Member incentive packets (L.A. Care lunch tote and coloring book) were given to those members who completed the assigned appointment. L.A. Care also provided St. John postage for reminder postcards to those families who were difficult to reach by telephone. Challenges identified through the PIP process to name a few were clinic staffing issues, clinic competing priorities and provider termed contract thus impacting the eligible population. The PIP will be evaluated in early MY 2023.

A Child Get Back to Care Social Media Campaign (#BacktoCareLA) launched in late August 2022. This as a paid campaign and launched on L.A. Care's Facebook and Instagram platforms. Ads were posted organically and paid ads targeted zip codes that had a high number of missing well care visits, immunizations, and lead screenings. This campaign included six posts in English and Spanish that ran for two weeks. Post encourage well care visits, but also included a vaccine specific message of, "Stay on time with vaccines! On time vaccines during checkups are the best way to keep your child safe and healthy." All the ads lead to a link on lacare.org for resources on Routine Care.

Automated calls were also conducted in late September 2022 for children 0-21 years of age. Call scripts for the 0-30 month old members included messaging for vaccine adherence. Calls were conducted to MCLA and LACC members in English and Spanish. The November 2021 automated calls for MCLA and LACC children 0-21 year old as a whole yielded an additional 1.3% increase in dates of service and is statistically significant. In addition, members 0-11 years old for the November 2021 calls had more live connect/voicemail reaches and more dates of service, compared to the 12-21 year old members. The September 2022 calls also show that members 0-11 years old had more live connect/voicemail reaches compared to the 12-21 years old members. Evaluation of the September 2022 calls will be done in CY 2023 to determine if similar results will be gained. In general, automated calls show to be a successful method in reaching members.

## Immunization for Adolescents, Combination 2 (IMA-2)

### RESULTS

The following graphs compare L.A. Care IMA-2 rates for HEDIS MY 2019-MY 2021 in the Medi-Cal and LACC product lines:
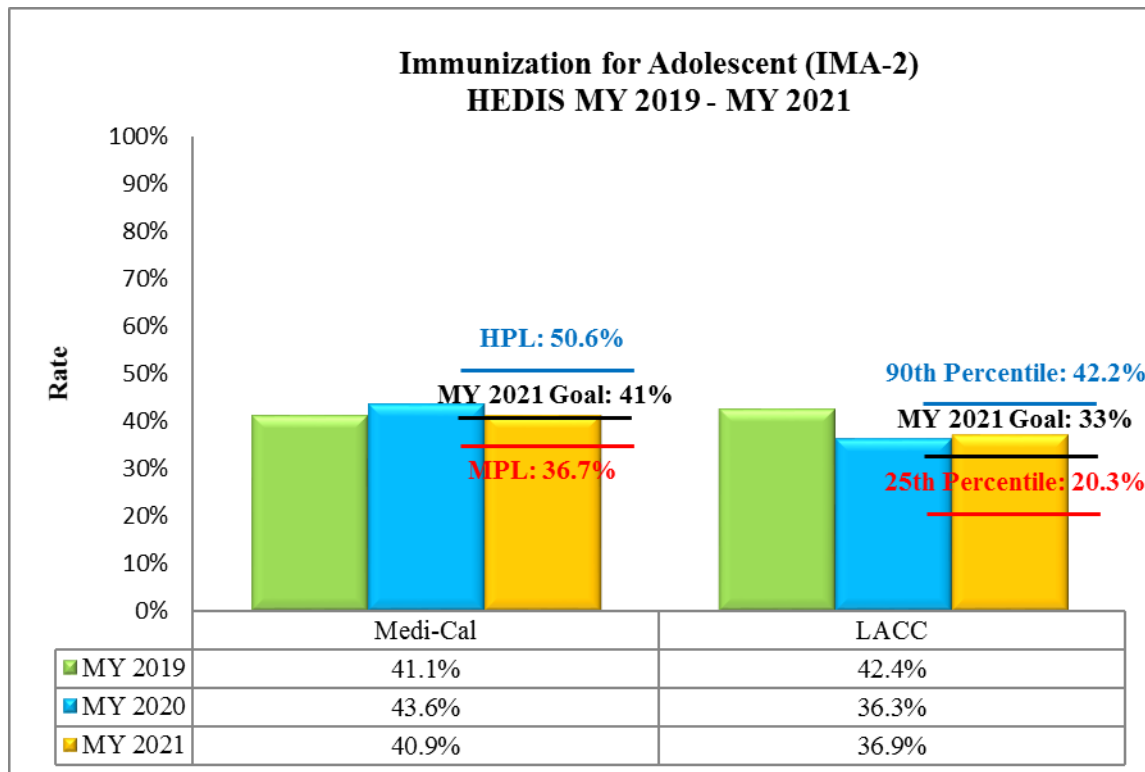
**Immunization for Adolescent (IMA-2)**
**HEDIS MY 2019 - MY 2021**

HPL: 50.6%
MY 2021 Goal: 41%
MPL: 36.7%

90th Percentile: 42.2%
MY 2021 Goal: 33%
25th Percentile: 20.3%

| | Medi-Cal | LACC |
|---|---|---|
| MY 2019 | 41.1% | 42.4% |
| MY 2020 | 43.6% | 36.3% |
| MY 2021 | 40.9% | 36.9% |

- Medi-Cal benchmarks are from the Quality Compass MY 2020 50th and 90th percentiles
- Covered California Quality Rating System MY 2020 25th and 90th percentiles

### ANALYSIS

### *Quantitative Analysis*

### *Medi-Cal*
L.A. Care's IMA rate is 36.7%, a 2.7% decrease from the MY 2020 rate of 43.6%. This difference is not statistically significant. The MY 2021 rate is also a decrease from the MY 2019 rate. The goal of 41% and HPL of 50.6% were not met; however, the MPL of 36.7% was exceeded.

### *LACC*
L.A. Care's IMA rate is 36.9%, a 0.6% increase from the MY 2020 rate of 36.3%. This difference is not statistically significant. MY 2021 rate is still below MY 2019 rate. The goal of 33% was met and 25th percentile was also met. The 90th percentile was not met.

## Disparity Tables

| Immunization for Adolescents, Combination 2 (IMA-2) – Rates by Spoken Language and Race/Ethnicity | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | **Spoken Language** | | | | | | |
| | **Chinese** | | **English** | | **Spanish** | | **\*\*Stat Sig** |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Medi-Cal** | 615 | 38.7% | 23,799 | 34.2% | 19,818 | 44.4% | Yes |
| **MCLA** | 239 | 37.7% | 8,698 | 28.3% | 8,048 | 41.2% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| **Line of Business** | **Race/Ethnicity** | | | | | | | | | | **\*\*Stat Sig** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Medi-Cal** | 26 | 30.8% | 2,651 | 39.5% | 3,935 | 25.9% | 33,020 | 41.8% | 3,325 | 22.1% | Yes |
| **MCLA** | 11 | 36.7% | 980 | 37.2% | 1,448 | 19.5% | 12,928 | 37.7% | 1,048 | 20.2% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

## Disparity Analysis

### Medi-Cal

For race/ethnicity, the White population experienced the lowest rate at 22.1% compared to the Hispanic/Latino population, which had the highest rate at 41.8%. This difference showed statistical significance. For spoken language, the English speaking population experience the lowest rate at 34.2%, compared to the Spanish speaking population, which had the highest rate at 44.4%. This difference showed statistical significance. At this time there are no unique interventions addressing these disparities.

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

### LACC

LACC's denominator was too small to conduct any meaningful analysis.

### Qualitative Analysis

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 influenza[2]. 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

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[2]https://www.healthpartners.com/hp/about/understanding-cost-and-quality/quality-improvement/adolescent immunizations/index.html

member receiving all doses and not being infected prior to receiving the vaccine[3]. Even though the influenza vaccine is recommended yearly, the IMA-2 only counts meningococcal, HPV, and Tdap.

L.A. Care conducted several interventions to address the percentage of adolescents age 13 who receive the IMA Combination 2 vaccines. Some were specific to IMA-2 or imbedded messaging within other interventions. L.A. Care continued to attend the Los Angeles HPV Coalition meetings to participate and learn best practices with other organizations in Los Angeles that work to elevate healthcare and increase HPV vaccination rates. During FY 2022, the coalition emphasized the benefits of administering the HPV vaccine starting at age 9 and the negative impact COVID-19 has had on driving down HPV vaccination and adolescent immunizations rates. L.A. Care encouraged this message to parents/guardians of preteens with social media campaigns.

L.A. Care launched two paid social media campaigns in 2022 to address adolescent immunizations. The campaign for Preteen Vaccine Week launched late February 2022 and targeted zip codes with low IMA-2 adherence. Ads encouraged parents/guardians to vaccinate 11 and 12 year olds against meningococcal, HPV, and Tdap. Campaign ran for one week and included three posts, with one post specific to the HPV vaccine. Analytics for this campaign were favorable with 206,556 impressions (counts the ad is displayed on social media) and 70,407 reaches (total number of people who have been exposed to the ad). The best performing ad was the HPV vaccine post with 99,746 impressions. The Child Get Back to Care campaign also included messages for preteen/teens. One post was specific for teens to get regular checkups and two HPV reels. In collaboration with the American Cancer Society and the L.A. Care Health Promoter Program, two parents spoke about the importance of vaccinating children against HPV in a short video or reel. The English reel included an American Cancer Society male staff member and the Spanish reel included a female health promoter volunteer. Among all the posts for the Child Get Back to Care social media campaign, the Spanish HPV reel did the best with over 1,000 views. Based on member feedback from the Executive Community Advisory Committee (ECAC) meeting on October 16, 2022, members enjoy social media and view it as a connection with the health plan. Social Media will continue to be utilized to educate members about HPV and other vaccines.

Other interventions conduced to increase IMA-2 rates have been the Missing Vaccine Report and the February 2022 Vaccine Hesitancy webinar presented by the Merck Vaccine Division. The Missing Vaccine Report also notes missing antigens for IMA-2, allowing more ease for provider offices to reconcile their records and bring in members who still need necessary vaccinations.

### LEAD SCREENING IN CHILDREN

Lead Poisoning is a sickness caused by swallowing lead or breathing lead dust. Lead is a metal that can harm a patient's health when it gets into his/her body. Lead poisoning is dangerous as it can cause the following: damage the brain and nervous system, slow down growth and development, cause speech and learning problems and make it hard for the patient to pay attention and behave. The way patients can be exposed to lead is through paint peels and paint dust, toys, candy pottery and home remedies. It is therefore important for providers to conduct lead screening.

In September of 2020, DHCS released an All Plan Letter (APL 20-016) requiring that health plans provide their network providers with report of members who are missing lead screenings ages from 12 months-6 years and requiring anticipatory guidance for those 6-12 months. In addition, health plans were notified in January 2022 that LSC would be part of the MY 2022/RY 2023 MCAS and held to the MPL during its baseline year. Interventions focused on meeting both the APL requirements and increasing the HEDIS LSC rate.

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[3] http://www.hpvvaccine.org.au/the-hpv-vaccine/how-effective-is-the-vaccine.aspx

## Lead Screening in Children

The following graph compares L.A. Care LSC rates for HEDIS MY 2019-MY 2021 in the Medi-Cal product line:
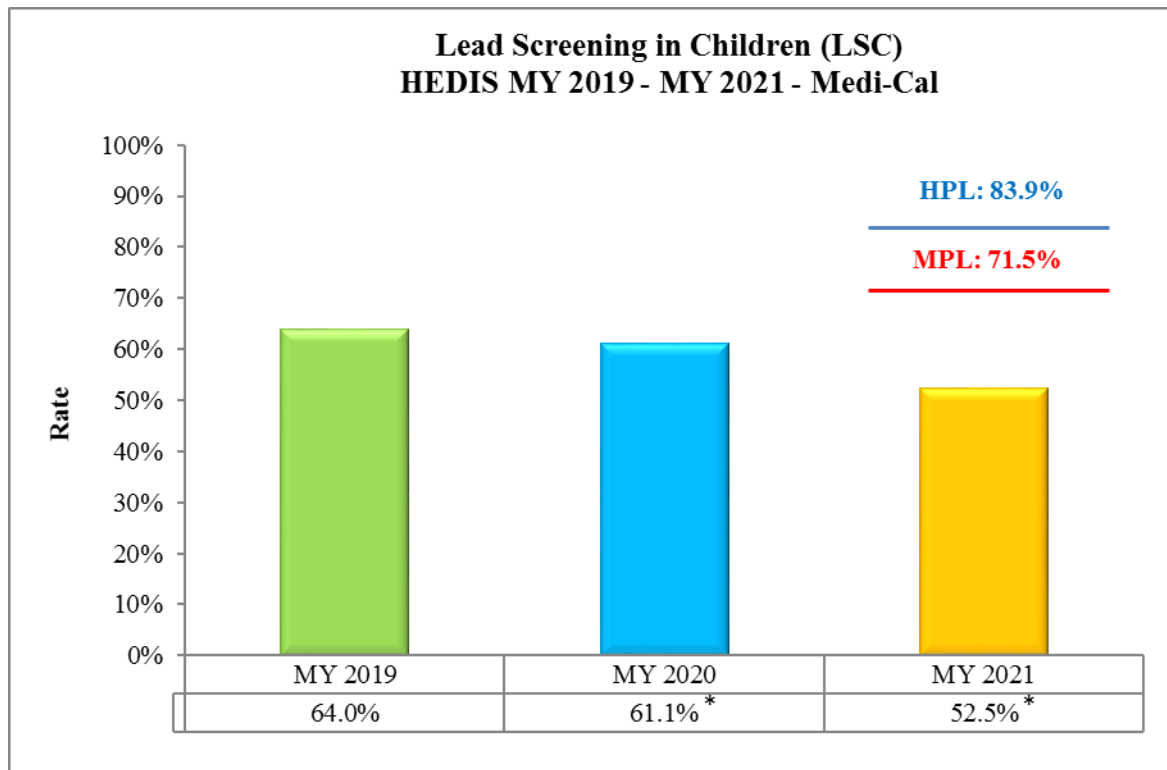
**Lead Screening in Children (LSC)**
**HEDIS MY 2019 - MY 2021 - Medi-Cal**

HPL: 83.9%

MPL: 71.5%

| MY 2019 | MY 2020 | MY 2021 |
|---------|---------|---------|
| 64.0% | 61.1%* | 52.5%* |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

**ANALYSIS:**

*Quantitative Analysis*
The Lead Screening (LSC) HEDIS measure has declined over the last three years. The rate is below the minimum performance of 71.5% and an 8.6% from the prior year. This difference is statistically significant.

*Disparity Tables*

| Lead Screening in Children (LSC) - Rates by Spoken Language and Race/Ethnicity | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | **Spoken Language** | | | | | | |
| | **Chinese** | | **English** | | **Spanish** | | **\*\*Stat Sig** |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **Medi-Cal** | 429 | 69.3% | 24,788 | 47.9% | 8,933 | 64.8% | Yes |
| **MCLA** | 185 | 71.9% | 12,078 | 47.9% | 4,442 | 64.9% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **\*\*Stat Sig** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Medi-Cal** | 18 | 61.1% | 1,922 | 62.0% | 3,162 | 35.4% | 22,830 | 56.5% | 2,692 | 43.5% | Yes |
| **MCLA** | 11 | 63.5% | 918 | 61.9% | 1,577 | 32.5% | 11,190 | 57.0% | 1,236 | 42.4% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal*
For race/ethnicity, the Black/African American population experienced the lowest rate at 35.4% compared to the Asian population, which had the highest rate at 62%. This difference showed statistical significance. For spoken language, the English speaking population experience the lowest rate at 47.9%, compared to the Chinese speaking population, which had the highest rate at 69.3%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

*Qualitative Analysis*
The change in the rate from MY 2020 to MY 2021 was likely a result of the pandemic. Measures like lead that require lab work have seen a decline overall. This is in line with the overall trend of fewer in-person medical visits. However, the LSC rate has been trending lower over the past three years and did not meet the MPL for MY 2021. Both member and provider interventions took place to increase the LSC rate and adhere to the lead screening APL.

One main intervention was lead screening reporting. In January 2021, L.A Care started posting monthly lead screening reports for each PPG and its Direct Network on the L.A. Care Provider Portal. These reports address gaps in care in order to schedule children in need of a lead screening. L.A. Care continued this report into FY 2022. A quarterly notification is also sent to the PPGs/Direct Network to serve as a reminder of this available report. In July 2021, DHCS began sending supplemental lead screening data to L.A. Care. These reports continue to be sent to L.A. Care on a quarterly basis and are incorporated into the monthly reports. QPM also ingests the DHCS report into the HEDIS engine. In addition, L.A. Care distributes the DHCS report to the Plan Partners (Anthem Blue Cross, Blue Shield Promise, and Kaiser Permanente). Plan Partners only receive information for their members and are sent via Secure File Transfer Protocol (SFTP) every quarter. The exchange originally was designed to be monthly, but was

changed to quarterly at the request of the Plan Partners. The Plan Partner data exchange started in January 2022. Plan Partners were asked to send an updated report of member lead screenings every quarter. The goal of this exchange was to capture missed lead screenings and obtain more real-time data. An impact report will be conducted in December 2022 to determine if the Plan Partner data exchange captured enough missed or mistimed data, thus proving to be beneficial. April 2022 marked the first year of submitting annual lead screening data to DHCS as written in the APL. L.A. Care will continue with the monthly reporting to PPGs/Direct Network, quarterly distribution of the DHCS report, and annual submission to DHCS.

The Initiatives Team launched a social media campaign in October of 2022 with paid ads directed towards members living in low performing zip codes for lead screenings. The Campaign educated members about lead poisoning prevention and reasons for lead screening. The L.A. Care Communications team also reshared posts from the L.A. County Public Health Lead Poisoning Prevention Program. In addition, the Child Get Back to Care Social Media Campaign included a lead specific ad. To encourage screening among providers, Dr. Jean Woo, from CDPH, was also invited to speak at a QI provider webinar regarding lead in November 2021 and November 2022. The presentation focused on lead screening and prevention and included medical education credits.

In 2021, the Initiatives Team conducted an analysis looking at blood lead values ≥5 by zip codes. This lead to continued meetings between the L.A. County Public Health Lead Poisoning Prevention Center and the Lead Free Homes in LA Program. These meetings resulted, in a collaboration between the Lead Abatement Program through the Los Angeles Housing Department. In November 2022, L.A. Care mailed members an educational flyer about lead poisoning prevention and another flyer about the city of Los Angeles lead abatement program for members who reside within the abatement services area. FY 2023 will include ongoing collaboration with community organizations.

## Well-Child Visits in the First 30 Months of Life (W30)

**RESULTS**

The following graphs compare L.A. Care W30 rates for HEDIS MY 2020-MY 2021 in the Medi-Cal and LACC product lines (these measures were new for MY 2020, therefore graphs do not show MY 2019):

## Well-Child Visits in the First 30 months of Life - Well-Child Visits in the first 15 Months (W30+6)



| | Medi-Cal | LACC |
|---|---|---|
| ■ MY 2020 | 36.6% | 20.3% |
| ■ MY 2021 | 33.4% * | 37.7% * |
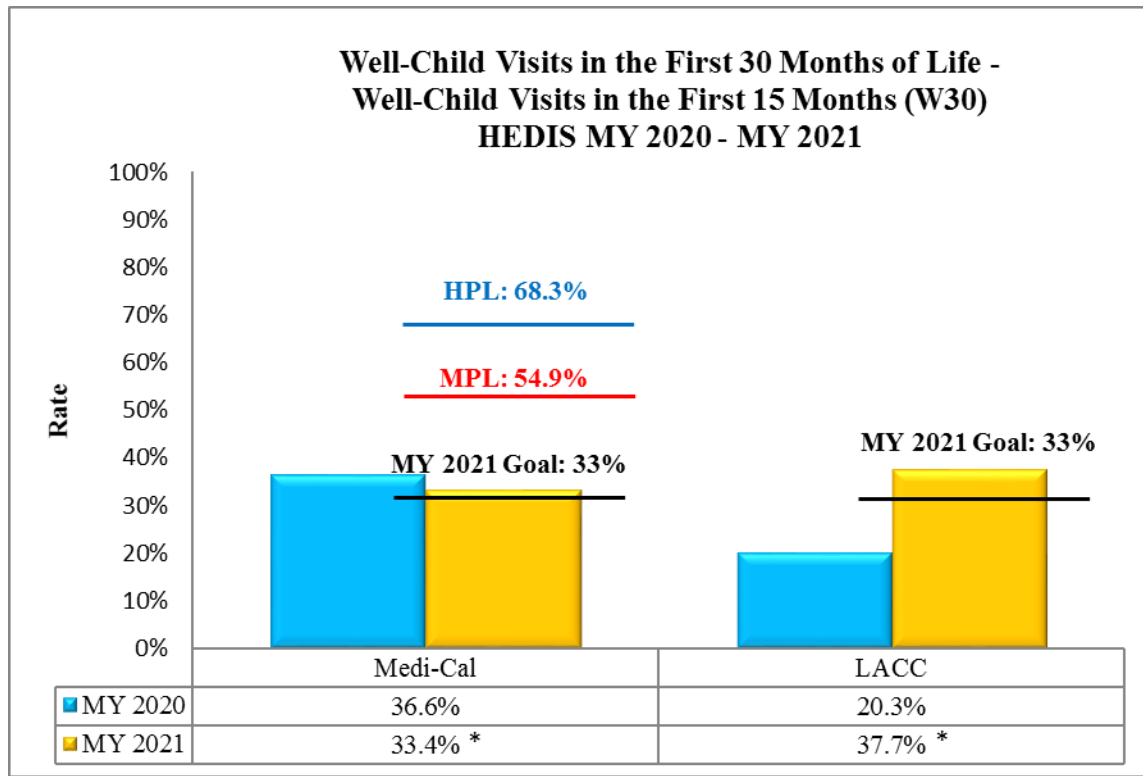
Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

**Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months (W30+2)**



**Well-Child Visits in the First 30 Months of Life - Well-Child Visits for Age 15 Months - 30 Months (W30) HEDIS MY 2020 - MY 2021**

| | Medi-Cal | LACC |
|---|---|---|
| MY 2020 | 65.5% | 67.8% |
| MY 2021 | 59.5% * | 81.1% * |

HPL: 82.8%
MPL: 70.7%
MY 2021 Goal: 60%
MY 2021 Goal: 82%

Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

**ANALYSIS**

*Quantitative Analysis*

*Medi-Cal*
- W30+6 - The MY 2021 rate is 33.4%, a 3.2% decrease from MY 2020. This difference is statistically significant. Both the MPL and work plan goal were met, but the HPL of 68.3% was not. QPM discovered a supplemental data error that most likely would have negatively affected this rate to be lower.
- W30+2 - The MY 2021 rate is 59.5%, a 6% decrease from MY 2020. This difference is statistically significant. The work plan goal, MPL, and HPL were not met.

*LACC*
- W30+6 - The MY 2021 rate is 37.7%, a 17.4% increase from MY 2020. This difference is statistically significant. The work plan goal of 33% was met.
- W30+2 - The MY 2021 rate is 81.1%, a 13.3% increase from MY 2020. This difference is statistically significant. The work plan goal of 82% was not met.

*Disparity Tables*

**Well-Child Visits in the First 30 months of Life - Well-Child Visits in the First 15 Months (W30+6) - Rates by Spoken Language and Race/Ethnicity**

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Medi-Cal | 204 | 33.8% | 11,330 | 30.1% | 3,184 | 44.8% | Yes |
| MCLA | 85 | 36.5% | 5,723 | 35.5% | 1,647 | 46.5% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | N/A | N/A | N/A | NA | N/A | N/A | NA | N/A | N/A | N/A | N/A |
| Medi-Cal | 8 | 37.5% | 804 | 35.7% | 1,461 | 22% | 9,180 | 36% | 1,117 | 28.6% | Yes |
| MCLA | 2 | 50.0% | 416 | 37.74% | 777 | 26.4% | 4,621 | 41.2% | 521 | 30.5% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

**Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months (W30+2) - Rates by Spoken Language and Race/Ethnicity**

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Medi-Cal | 397 | 61.2% | 24,049 | 56.1% | 8,842 | 68.5% | Yes |
| MCLA | 183 | 57.4% | 11,290 | 54.8% | 4,287 | 69.1% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Medi-Cal | 23 | 56.5% | 1,808 | 65.2% | 3,140 | 40.1% | 22,260 | 63.0% | 1,440 | 56.2% | Yes |
| MCLA | 11 | 63.6% | 845 | 64.1% | 1,522 | 38.2% | 10.537 | 62.7% | 618 | 54.4% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal*
W30+6 - For race/ethnicity, the Black/African American population experienced the lowest rate at 22% compared to the Asian population, which had the highest rate at 35.7%. This difference showed statistical significance. For spoken language, the English speaking population experience the lowest rate at 26.4%, compared to the Spanish speaking population, which had the highest rate at 68.5%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

W30+2 - For race/ethnicity, the Black/African American population experienced the lowest rate at 40.1% compared to the Asian population, which had the highest rate at 65.2%. This difference showed statistical significance. For spoken language, the English speaking population experience the lowest rate at 56.1%, compared to the Spanish speaking population, which had the highest rate at 68.5%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

*LACC*
LACC's denominators for W30+6 and W30+2 were too small to conduct any meaningful analysis.

*Qualitative Analysis*
Some of the interventions used to target CIS-10, were also used to target both W30+6 and W30+2. According to our QPM team, these three measures correlate with each other and these measures also require multiple visits. As a result, interventions were created to target all three measures. These interventions included the Healthy Baby Program, the Child Get Back to Care Social Media Campaign, and the automated calls. L.A.

The Healthy Baby Program provides educational materials about childhood immunizations but also information about developmental milestones by age and the number of well care visits recommended for children under the age of two. This education in a brochure format is mailed monthly to MCLA and LACC members newly enrolled up to 6 months old. The Child Get Back to Care Social Media Campaign (#BacktoCareLA) that launched in late August 2022 included a post specific to children under two years of age. The post stated, "Children under two need more well care visits to check for physical and developmental milestones." With the automated calls, there was a call script specific to members ages 0-30 months old. This script contained messaging about the need for more frequent visits and other preventives services such as vaccines and developmental screenings.

Another intervention specific to providers and PPGs, started in 2022. A W30 specific report was created and is starting the vetting process to be placed on the Provider Portal. This report is similar to the Missing Vaccine Report in that it will list children who are missing W30 visits as a means to help providers/PPGS prioritize the scheduling of W30 visits. The report will include information such as when the child will turn 15 and 30 months, age at last visit, number of W30 visits, and date of most recent visit. Race, ethnicity, and spoken language will also be included in the report. The inspiration for this report stems from past DHCS PDSA (Plan Do Study Act) projects and the Missing Vaccine Report.

Lastly, DHCS assigned L.A. Care a new Quality Improvement Project (QIP) to target the W30 measures and CIS-10 during Q4 2022. L.A. Care has elected to do a SWOT (Strengths, Weaknesses, Opportunities, and Threats), since the three measures needing to target are all within the childhood domain. The SWOT will require creating strategies and monitoring their progress over the course of the SWOT timeframe within FY 2023.
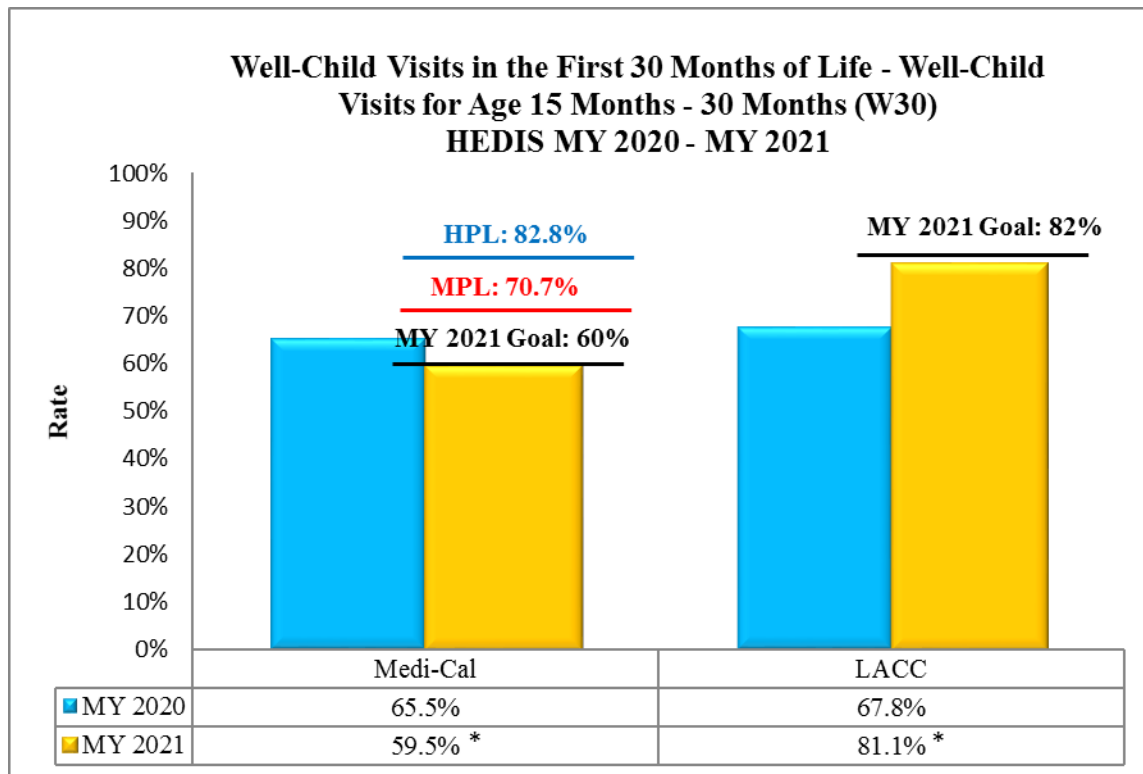
## Child and Adolescent Well-Care Visits (WCV)

**RESULTS**

The following graphs compare L.A. Care WCV rates for HEDIS MY 2019-MY 2021 in the Medi-Cal and LACC product lines (this measure was new for MY 2020, therefore graphs do not show MY 2019):
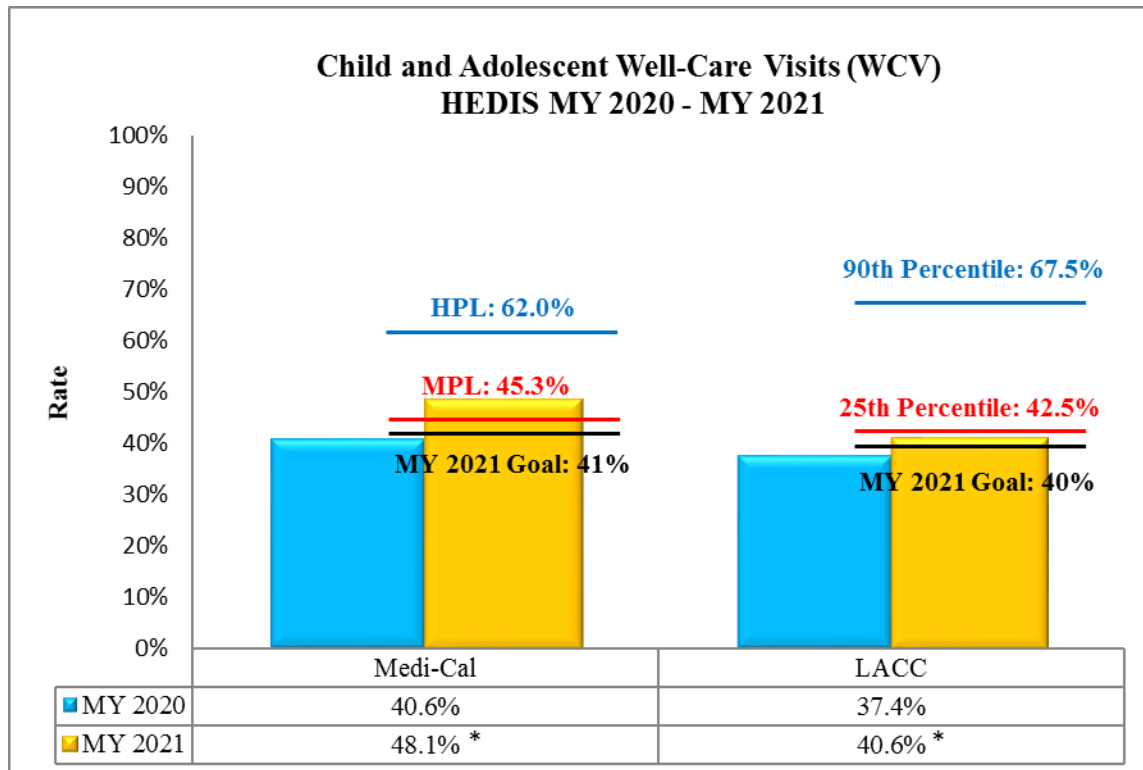


**Child and Adolescent Well-Care Visits (WCV)**
**HEDIS MY 2020 - MY 2021**

| | Medi-Cal | LACC |
|---|---|---|
| MY 2020 | 40.6% | 37.4% |
| MY 2021 | 48.1% * | 40.6% * |

- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles

**ANALYSIS**

*Quantitative Analysis*

*Medi-Cal*
The MY 2021 rate is 48%, a 7.5% increase from MY 2020.  This difference is statistically significant.  The work plan goal and the MPL were met.

*LACC*
The MY 2021 rate is 40.6%, a 3.2% increase from MY 2020.  This difference is statistically significant. The work plan goal was met but the 25th percentile was not.

## *Disparity Tables*

### Child and Adolescent Well-Care Visits (WCV) - Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 181 | 23.2% | 3,565 | 42.8% | 669 | 34.7% | Yes |
| Medi-Cal | 10,990 | 51.5% | 454,286 | 45.1% | 310,280 | 52.3% | Yes |
| MCLA | 4,391 | 50.0% | 177,224 | 42.1% | 127,946 | 51.0% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 1 | 100% | 1,044 | 35% | 24 | 33.3% | 369 | 40.4% | 331 | 48.9% | Yes |
| Medi-Cal | 648 | 45.8% | 48,619 | 48.5% | 70,349 | 38.6% | 571,115 | 50.0% | 64,457 | 43.3% | Yes |
| MCLA | 290 | 46.6% | 19,260 | 45.3% | 27,723 | 35.4% | 230,493 | 48.1% | 22,138 | 39.2% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

## *Disparity Analysis*

### *Medi-Cal*
For race/ethnicity, the Black/African American population experienced the lowest rate at 38.6% compared to the Hispanic/Latino population, which had the highest rate at 50%. This difference showed statistical significance. For spoken language, the English speaking population experience the lowest rate at 45.1%, compared to the Spanish speaking population, which had the highest rate at 52.3%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

### *LACC*
For race/ethnicity, the Asian population experienced the lowest rate at 35% compared to the White population, which had the highest rate at 48.9%. This difference showed statistical significance. The denominators for the American Indian/Alaskan Native and Black/African American populations were to low (below 30) to be included in the race/ethnicity analysis. For spoken language, the Chinese speaking population experience the lowest rate at 23.2%, compared to the English speaking population, which had the highest rate at 42.8%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

### *Qualitative Analysis*
Three interventions named the Get Back to Care Interventions were implemented for WCV in Q3 and Q4 2022: social media campaign, automated calls, and postcards. In addition, text messages launched in March 2022. The Child Get Back to Care Social Media Campaign (#BacktoCareLA) that launched in late August 2022 included posts encouraging parents/guardians of members to come in for well care visits and receive preventive services that are completed during these visits. One post, particularly noted that healthy teen

still need check-ups.  With the automated calls, there was a call script for members ages 3-17 and for ages 18-21.  These scripts emphasized the importance of a yearly well care visit.  The 18-21 year old members received the call directly instead of calling a parent/guardian.  Postcards were mailed in Q4 reminding members to come in for well care visits and vaccines.  The 18-21 year old postcard was newly designed in FY 2022 and was mailed in English and Spanish directly to MCLA and LACC members missing a well care visit.  Revisions were made to the FY 2021 postcards for ages 3-11 and ages 12-17.  These postcards mailed to the parents/guardians of MCLA and LACC members.  The 12-17 year old postcard was designed in English and Spanish and the 3-11 year old postcard was designed in English, Spanish, and Chinese.  Even though no specific disparity interventions were implemented in FY 2022, care was taken to mail postcards in Chinese to our 3-11 age group.  The postcards did experience delays in launching.  Due to changes in the non-discrimination statements, L.A.  Care Marketing had to redesign all the postcards.  As a result, the postcards were delayed and mailed in October and November 2022 instead of the intended launch date of August 2022.

A new intervention launched FY 2022 that was used to increase the WCV rate, text messaging.  Text messaging script approval from DHCS was given in Q4 2021 and the WCV campaign was not implemented until March 2022.  Text messages were sent only to the parents/guardians of MCLA members ages 3-17 who have noted consent.  The text messaging approval process started prior to the execution of the WCV HEDIS measure in MY 2020.  When DHCS approval was gained in late 2021, the original script intended for children ages 3 to 6, no longer applied to the entire WCV age range of 3-21 years old.  As a result, the Initiatives Team decided to exclude 18-21 WCV members from the text messaging campaign.  Also, one text message describing car seat use was excluded for WCV members ages 7-17.  The campaign launched in March 2022 and another refresh campaign with newly identified members was done in September 2022.  Outcome evaluation for the WCV text messaging campaign will be conducted in CY 2023.  So far, based on data from the text messaging vendor, mPulse Mobile, the enrollment rate (members continuing with the campaign and not opting-out) for March and September combined is 99.9%.  In addition, 93% of members enrolled in the March run completed the text messaging campaign in full.  These initial results show member reception is well received and member engagement is strong when it comes to text messages related to child well care visits.

## DENTAL HEALTH AND FLUORIDE VARNISH

It is important to address dental cavities for young children as tooth decay often is accompanied by severe pain and suffering, affecting the quality of life of the young child.  Fluoride varnish which is one of the most important materials to prevent early childhood cavities is easy to apply and well tolerated by children[4].  Fluoride treatment and dental checkups are recommended once a child has a tooth.  L.A. Care works to inform its members and providers of the importance of dental health.  L.A. Care also monitors the rate of fluoride varnish application among its network.

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[4] 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.  doi: 10.4103/1735-3327.208766 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5504868/#!po=10.0000

## RESULTS

### *FY 2022 Fluoride Varnish Rates by Health Plan*

| Plan Partner/ Medi-Cal | Quarter | Plan Partner Flouride Varnish Rates 2018 | | | Plan Partner Flouride Varnish Rates 2019 | | | Plan Partner Flouride Varnish Rates 2020 | | | Plan Partner Flouride Varnish Rates 2021 | | | Plan Partner Flouride Varnish Rates 2022 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Flouride Varnish Treatments | Denominator | 2018 FY Rate | Flouride Varnish Treatments | Denominator | 2019 FY Rate | Flouride Varnish Treatments | Denominator | 2020 FY Rate | Flouride Varnish Treatments | Denominator | 2021 FY Rate | Flouride Varnish Treatments | Denominator | 2022 FY Rate |
| BCSC | 1 | 196 | 61152 | 0.32% | 149 | 55228 | 0.27% | 212 | 50223 | 0.42% | 207 | 47523 | 0.44% | 248 | 46891 | 0.53% |
| | 2 | 192 | 60483 | 0.32% | 207 | 57522 | 0.36% | 182 | 51125 | 0.36% | 274 | 49337 | 0.56% | 281 | 52433 | 0.54% |
| | 3 | 205 | 58803 | 0.35% | 166 | 55297 | 0.30% | 193 | 50007 | 0.39% | 305 | 48543 | 0.63% | 312 | 51618 | 0.60% |
| | 4 | 173 | 57393 | 0.30% | 196 | 53053 | 0.37% | 224 | 49232 | 0.45% | 336 | 47878 | 0.70% | 215 | 46835 | 0.46% |
| | Total | 766 | 237831 | 1.29% | 718 | 221100 | 1.30% | 811 | 200587 | 1.62% | 1122 | 193281 | 2.32% | 1056 | 197777 | 2.13% |
| CFST | 1 | 115 | 49063 | 0.23% | 131 | 46492 | 0.28% | 135 | 41501 | 0.33% | 157 | 39700 | 0.40% | 136 | 37627 | 0.36% |
| | 2 | 149 | 50873 | 0.29% | 191 | 47358 | 0.40% | 175 | 42152 | 0.42% | 176 | 40854 | 0.43% | 179 | 40929 | 0.44% |
| | 3 | 200 | 50207 | 0.40% | 163 | 45472 | 0.36% | 129 | 41375 | 0.31% | 183 | 39913 | 0.46% | 205 | 40186 | 0.51% |
| | 4 | 162 | 48529 | 0.33% | 149 | 43483 | 0.34% | 168 | 40780 | 0.41% | 182 | 38935 | 0.47% | 183 | 39641 | 0.46% |
| | Total | 626 | 198672 | 1.26% | 634 | 182805 | 1.39% | 607 | 165808 | 1.46% | 698 | 159402 | 1.75% | 703 | 158383 | 1.77% |
| KAIS | 1 | 594 | 27305 | 2.18% | 539 | 26841 | 2.01% | 14 | 25480 | 0.05% | 232 | 25009 | 0.93% | 295 | 24877 | 1.19% |
| | 2 | 633 | 27714 | 2.28% | 687 | 27449 | 2.50% | 76 | 25935 | 0.29% | 323 | 25690 | 1.26% | 397 | 29133 | 1.36% |
| | 3 | 607 | 27868 | 2.18% | 601 | 27063 | 2.22% | 81 | 25547 | 0.32% | 341 | 25594 | 1.33% | 401 | 29294 | 1.37% |
| | 4 | 687 | 27560 | 2.49% | 425 | 26354 | 1.61% | 191 | 25415 | 0.75% | 327 | 25327 | 1.29% | 390 | 29373 | 1.33% |
| | Total | 2521 | 110447 | 9.13% | 2252 | 107707 | 8.34% | 362 | 102377 | 1.42% | 1223 | 101620 | 4.81% | 1483 | 112677 | 5.25% |
| MCLA | 1 | 139 | 93236 | 0.15% | 254 | 88766 | 0.29% | 341 | 85460 | 0.40% | 331 | 87546 | 0.38% | 313 | 87629 | 0.36% |
| | 2 | 254 | 96320 | 0.26% | 267 | 92460 | 0.29% | 354 | 88879 | 0.40% | 478 | 91238 | 0.52% | 492 | 102665 | 0.48% |
| | 3 | 285 | 95174 | 0.30% | 305 | 90615 | 0.34% | 371 | 88119 | 0.42% | 486 | 90475 | 0.54% | 478 | 102172 | 0.47% |
| | 4 | 260 | 92627 | 0.28% | 282 | 88407 | 0.32% | 370 | 88122 | 0.42% | 427 | 89225 | 0.48% | 420 | 105463 | 0.40% |
| | Total | 938 | 377357 | 0.99% | 1108 | 360248 | 1.23% | 1436 | 350580 | 1.64% | 1722 | 358484 | 1.92% | 1703 | 397929 | 1.70% |
| Medi-Cal | 1 | 1045 | 231021 | 0.45% | 1085 | 218591 | 0.50% | 758 | 211922 | 0.36% | 1046 | 215183 | 0.49% | 1143 | 218051 | 0.52% |
| | 2 | 1231 | 235693 | 0.52% | 1386 | 227383 | 0.61% | 875 | 219736 | 0.40% | 1414 | 225199 | 0.63% | 1349 | 225160 | 0.60% |
| | 3 | 1301 | 232322 | 0.56% | 1304 | 223122 | 0.58% | 888 | 217765 | 0.41% | 1502 | 223875 | 0.67% | 1396 | 223271 | 0.63% |
| | 4 | 1288 | 226611 | 0.57% | 1125 | 218198 | 0.52% | 1081 | 217686 | 0.50% | 1433 | 221488 | 0.65% | 1208 | 221314 | 0.55% |
| | Total | 4865 | 925647 | 2.10% | 4900 | 887294 | 2.21% | 2844 | 655187 | 1.30% | 5395 | 885745 | 2.43% | 3953 | 669745 | 1.77% |
| N/A | 1 | 1 | 265 | 0.38% | 12 | 1264 | 0.95% | 56 | 9258 | 0.60% | 120 | 15433 | 0.78% | 151 | 21027 | 0.72% |
| | 2 | 3 | 303 | 0.99% | 34 | 2594 | 1.31% | 88 | 11645 | 0.76% | 163 | 18080 | 0.90% | 0 | 2 | 0.00% |
| | 3 | 4 | 270 | 1.48% | 69 | 4675 | 1.48% | 114 | 12717 | 0.90% | 187 | 19350 | 0.97% | 0 | 1 | 0.00% |
| | 4 | 6 | 502 | 1.20% | 73 | 6901 | 1.06% | 128 | 14137 | 0.91% | 161 | 20123 | 0.80% | 0 | 2 | 0.00% |
| | Total | 14 | 1340 | 4.04% | 188 | 15434 | 4.79% | 386 | 47757 | 3.16% | 631 | 72986 | 3.45% | 151 | 21032 | 0.72% |

### *Quantitative Analysis:*

The Medi-Cal rate for the FY 2022 was 2.3%. The rate decreased by 0.6% compared to FY 2021 and the eligible members population also dropped by 216,674. The highest performer was Kaiser Permanente at 5.25% and the lowest performance was MCLA, L.A. Care's own Direct Network. Currently, there are no national benchmarks but the Health Service Advisory Group (HSAG) posted rates by health plan for the State of California in December 2020 as part of their Preventive Service report. In that report, the aggregate rate for the State was 23%. Based on their methodology (see below), L.A. Care was at 20.84%, just a few percentage points below the average State rate.

### *Qualitative Analysis*

The reason for low rates stated in FY 2021 may still hold true in FY 2022. This can be the result of coding and data capture such as the State using dental codes and this dental coding not being used by L.A. Care as previously stated in the July 2021 Quality Improvement Steering Committee. The investigation into these lower rates continued to be tabled in FY 2022 as the Clinical Initiatives team focused on increasing infant, child, and adolescent well care visits. With the Fluoride rates even lower than FY 2022, the Clinical Initiatives Team will return to this issue in FY 2023.

Interventions for Fluoride Varnish continue to focus on provider and member education. Annually, L.A. Care ensures that providers are aware of how to apply fluoride varnish and that members are aware of their dental benefits including fluoride varnish. The provider website includes a how-to video on the application of dental fluoride, tools for their practice, and the provider handbook that describes the dental fluoride benefit. Conversely, members are informed of this benefit via the member handbook and through the Preventive Health Guidelines available in print and online to member and providers. Providers are also

sent the Bright Futures Periodicity Schedule, emphasizing the importance of dental check-ups. Additionally, our Delegation and Oversight dept. also ensures that providers are making referrals to dental services as part of their annual audits.

Additional interventions included a provider communication and social media messaging for members. A provider communication was sent in February 2022 via the online provider newsletter, the Pulse. The article was titled "Children's Oral Health: The Latest Fluoride Recommendations" and stated the latest fluoride treatment for children under five from the United States Preventive Services Task Force (USPSTF). In addition, the Child Get Back to Care Social Media Campaign included an ad specific to oral health care.

## SUMMARY OF INTERVENTIONS FOR 2021-2022

The table below summarizes the barrier analysis with the actions for each measure for fiscal year 2021-2022:

| HEDIS Measure | Barrier | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Childhood Immunization Status: Combination 10 (CIS-10)** | • Due to the complexity of the immunization schedule, parents may not fully understand the recommended immunization schedule for their children.<br>• Lack of education about the importance of adhering to the recommended vaccination schedule to parents of members.<br>• Parents may have difficulty taking time off from work to get their child immunized.<br>• Missed opportunities - physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to keep children's immunizations current.<br>• Incomplete/inaccurate coding of immunizations results.<br>• Providers that the patient visits might not be using CAIR and tracking the immunizations.<br>• The COVID-19 pandemic caused major disruption in preventive care services, causing missed or mistimed vaccines due to the fact it requires multiple visits to meet the measure. | • Webinar hosted on February 9, 2022 titled "Pediatric Vaccine Confidence & Vaccine Reporting" by Merck.<br>• CIS-10 Performance Improvement Project with St. John's Well Child and Family Center – ends December 31st, 2022.<br>• Monthly Missing Vaccines Reports on L.A. Care Provider Portal.<br>• Monthly Healthy Baby mailers to parents of newly enrolled infants ages 0-6 months.<br>• Child Get Back to Care Social Media campaign- six posts for two weeks in August 2022.<br>• Automated calls ran for two weeks in September 2022. | • Evaluation for Health Baby mailers will be done in CY 2023.<br>• Evaluation of automated called will be conducted in CY 2023. |

| HEDIS Measure | Barrier | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Immunization for Adolescents, Combination 2 (IMA-2)** | • IMA-2 includes the HPV vaccine, which is difficult for many members to receive for the various reasons listed: 1. Parents have misconceptions regarding the HPV 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 have an 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. <br>• In addition, the COVID-19 pandemic caused major disruption in preventive care services, causing missed or mistimed adolescent vaccines. | • Social Media Campaigns- Preteen Vaccine Week ran for one week with three posts in February 2022, Get Back to Care Social Media Campaign <br>• Monthly Missing Vaccine Reports <br>• Webinar hosted on Pediatric Vaccine Confidence by Merck in February 2022. <br>• Automated calls were conducted for two weeks in September 2022. <br>• Reminder Well Care Visit Postcards redesigned for launch CY 2022 4th Quarter. | • Evaluation of automated calls and postcards will be conducted in CY 2023. |
| **Lead Screening in Children** | • Parents might not be aware that their child needs to receive this screening or not view the importance of the screening. <br>• COVID-19 has decreased lab related measures <br>• The COVID-19 pandemic caused major disruption in preventive care services, including lead screenings. <br>• Providers may not be aware of the recent change to DHCS requesting L.A. Care to report on Lead Screening Rates. | • Lead screening brochures distributed to Community Resource Centers. <br>• Monthly lead screening reports on Provider Portal. <br>• Child Get Back Care Social Media Campaign- August 2022 <br>• Lead Poisoning Prevention Social Media Campaign in October 2022. <br>• Lead screening webinar Dr. Jean Woo CDPH November 2021 and November 2022. | • Automated calls will be evaluated in CY 2023. <br>• Impact report will be generated in CY 2022 4th quarter for Plan Partner data exchange. |

| HEDIS Measure | Barrier | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Lead Screening in Children (cont.)** | | • Quarterly distribution of CLPPB report to Plan Partners<br>• QI lead screening data exchange between Plan Partners<br>• Automated Calls were conducted in September 2022- scripts for 0-30 month old members and 3-17 year old members included specific lead screening messaging. | |
| **Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months, Well-Child Visits for Age 15 Months – 30 Months (W30)** | • Large eligible population.<br>• Members/Caregivers do not perceive the importance of Well-Child visits.<br>• 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.<br>• The COVID-19 pandemic caused major disruption in preventive care services, causing missed or mistimed well care visits, due to the fact it requires multiple visits to meet the measures. | • Child Get Back to Care Social Media Campaign -August 2022.<br>Automated calls in September 2022.<br>• Monthly Healthy Baby Mailers sent to the parents of newborns and newly enrolled children between 0-6 months. | • Evaluation for Health Baby Mailer will be conducted in CY 2023.<br>• Automated calls will be evaluated in CY 2023. |
| **Child and Adolescent Well-Child Visits (WCV)** | • Perceived lack of need to visit the primary care practitioners, especially when there are not many recommended immunizations during this time period.<br>• The COVID-19 pandemic caused major disruption in preventive care services, causing missed or mistimed well care visits. | • Child Get Back to Care Social Media Campaign- August 2022.<br>• Automated calls to members ages 3-21 years old –September 2022.<br>• Postcards mailed October and November 2022 for members ages 3-21 years old.<br>• Text Messaging Campaign for well care visits for members ages 3-17 years old- March and September 2022. | • Evaluation of Postcards and robocalls will be coming in CY 2023.<br>• Evaluation of text messaging campaign will be conducted in CY 2023. |

| HEDIS Measure | Barrier | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Fluoride Varnish** | • Providers are unaware of benefit and service to children.<br>• Member unaware of benefit and service. | • Confirmed the following provider resources are available on the L.A. Care Website: 1) Video on how to apply Fluoride Varnish 2) Training resource by DHCS and 3) Fluoride resource sheet<br>• Provider communication through the Pulse Newsletter in March 2022.<br>• Child Get Back to Care Social Media Campaign in August 2022 had a dedicated post to oral health care. | N/A |

## LOOKING FORWARD

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

- L.A. Care will continue to utilize automated calls and mailers for members who are missing visits for W30 and WCV. Messaging will include other preventive services such as lead screening and oral health screening.
- L.A. Care will expand the use of social media such as additional posts or the use of short video to spread awareness to our members regarding these HEDIS measures.
- L.A. Care will conclude the CIS-10 Performance Improvement Project (PIP) in December 2022 and work on the W30/CIS-10 SWOT in FY 2023.
- L.A. Care will work and connect with local community organizations to provide members with additional health resources and collaborate on interventions.
- L.A. Care will continue to utilize the new text messaging intervention and expand to the W30 measures.

## MY 2022 WORK PLAN GOALS

| HEDIS Acronym | HEDIS Measure | MY 2022 Medi-Cal Goal | MY 2022 L.A. Care Covered Goal |
|---|---|---|---|
| CIS-10 | Childhood Immunization Status: Combination 10 | 33% | 60% |
| IMA-2 | Immunization for Adolescents – Combo 2 | 41% | 37% |
| LSC | Lead Screening in Children | 56% | N/A |
| W30 | Well-Child Visits in the First 30 months of Life - Well-Child Visits in the First 15 Months | 35% | 38% |

| HEDIS Acronym | HEDIS Measure | MY 2022 Medi-Cal Goal | MY 2022 L.A. Care Covered Goal |
|---|---|---|---|
| W30 | Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months | 63% | 82% |
| WCV | Child and Adolescent Well-Child Visits | 48% | 41% |
| N/A | Fluoride Varnish | Three provider notifications | -- |

## B.3 ADULT HEALTH

**AUTHOR: JOHANNA GONZALEZ**
**REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN**

### BACKGROUND

The COVID-19 pandemic impacted the public health system in numerous ways, including suspension of non-urgent health care like cancer screenings. Delays in cancer screening, diagnosis and treatment will likely result in a short-term decrease in cancer diagnosis followed by increases in late-stage diagnoses and preventable cancer deaths.[5] Screenings for breast, colorectal and cervical cancers were reported to be 80% to 90% lower in March and April 2020 compared to March and April 2019. By June 2020, screenings had risen but still down 29% to 36% from pre-pandemic levels.[6]

The American Cancer Society (ACS) estimates 281,550 new cases of invasive breast cancer diagnosis in women in 2021. Of these 281,550 new cases, it is estimated that 49,290 are detected at an early stage and 43,600 women will die from breast cancer.[7] ACS states that breast cancer is the second leading cause of cancer death in women. Cervical cancer, on the other hand, was once a common cause of cancer death, but death rates significantly dropped after the increased use of Pap tests.[8] In 2021, ACS estimates 14,480 new cases of cervical cancer diagnosis and that 4,290 women will die from cervical cancer in 2021.[9] 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.

Colorectal Cancer is the third most diagnoses cancer in both men and women in the United States, excluding skin cancers.[10] In 2021, there will be an estimate of 104,270 new cases of colon cancer and 45,230 new cases of rectal cancer according to the ACS.[11]

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.

### MY 2021 WORK PLAN GOALS

This section reviews the goals and rates for HEDIS MY 2021. Interventions conducted in 2020 are detailed, as this represents to the period in which services were rendered. 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. Measures that are part of Population Health Management (PHM), the goal was set to match PHM. Managed Care Accountability Set (MCAS) measures set at a minimum of the 50th percentile.

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[5] https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/special-section-covid19-and-cancer-2021.pdf

[6] Ibid.

[7] https://www.cancer.org/content/dam/CRC/PDF/Public/8577.00.pdf

[8] https://www.cancer.org/content/dam/CRC/PDF/Public/8599.00.pdf

[9] https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html

[10] https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html

[11] Ibid.

| HEDIS Acronym | HEDIS Measure | MY 2021 Medi-Cal Goal | MY 2021 Medi-Cal Rate | MY 2021 Cal MediConnect Goal | MY 2021 Cal MediConnect Rate | MY 2021 L.A. Care Covered Goal | MY 2021 L.A. Care Covered Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|---|---|---|
| BCS | Breast Cancer Screening | 54% | 54.7% | 65% | 63.0% | 68% | 66.6% | Medi-Cal: Met CMC: Not Met LACC: Not Met |
| CCS | Cervical Cancer Screening | 59% | 61.0% | N/A | N/A | 51% | 55.5% | Medi-Cal: Met CMC: N/A LACC: Met |
| CHL | Chlamydia Screening | 70% | 68.1% | N/A | N/A | 62% | 61.8% | Medi-Cal: Not Met CMC: N/A LACC: Not Met |
| COL | Colorectal Cancer Screening | N/A | N/A | 60% | 60.7% | 50% | 46.2% | Medi-Cal: N/A CMC: Met LACC: Not Met |

**MAJOR ACCOMPLISHMENTS**
- Breast Cancer Screening (BCS)
- In partnership with American Cancer Society, a breast Cancer Social Media Campaign launched in October 2021 as part of Breast Cancer Awareness month.  Cervical Cancer Screening
- Colorectal Cancer Screening (COL)
  - A robocall and mailer went out in June 2021.  A Colorectal Cancer Screening Social Media Campaign featured in July 2021 highlighting the importance of colorectal cancer screening.
  - In partnership with American Cancer Society, a Colorectal Cancer Instagram reel was developed.  The video featured a cancer survivor encouraging regular colorectal cancer screenings.  This was posted in September 2021.
- Other Accomplishments
  - L.A. Care distributed a memo to provider groups informing them that no prior authorizations are needed for obstetrical care, breast cancer screenings and cervical cancer screenings.
  - L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for BCS, CCS, CHL, and COL to PCPs and PPGs.

### *Description of Measures*

| HEDIS Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Breast Cancer Screening (BCS) | 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 (CCS) | 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 (CHL) | 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 (COL) | The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. | Hybrid |

## BREAST CANCER SCREENING

### RESULTS

The following graph compares L.A. Care BCS rates for HEDIS MY 2019-MY 2021 among different product lines:
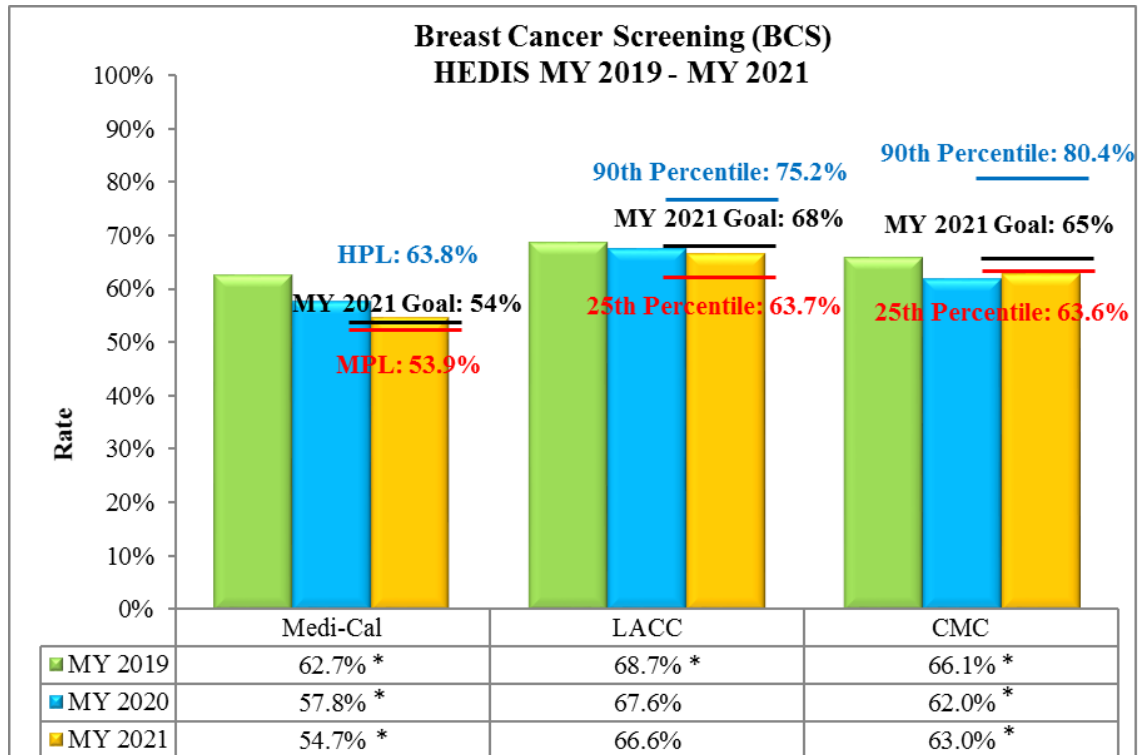
**Breast Cancer Screening (BCS)**
**HEDIS MY 2019 - MY 2021**

| | Medi-Cal | LACC | CMC |
|---|---|---|---|
| MY 2019 | 62.7% * | 68.7% * | 66.1% * |
| MY 2020 | 57.8% * | 67.6% | 62.0% * |
| MY 2021 | 54.7% * | 66.6% | 63.0% * |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles
- Covered California Quality Rating System MY 2020 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2020 25th and 90th percentiles

### ANALYSIS

#### *Quantitative Analysis*

#### *Medi-Cal*
L.A. Care's HEDIS MY 2021 BCS rate for Medi-Cal was 54.7%. The rate decreased by 3.1 percentage points from the prior year, which is a statistically significant decrease. BCS was on a three-year upward trend until MY 2020 due to the COVID-19 pandemic. The measure did meet the internal goal of 54%. The rate was also slightly above the MPL of 53.9%.

#### *LACC*
For HEDIS MY 2021, the Breast Cancer Screening rate for L.A. Care Covered (LACC) was 66.6%. This was a decrease of 1 percentage point from HEDIS MY 2020 and is not statistically significant. BCS did not meet the MY 2021 LACC internal goal of 68%; however, met the 25th percentile of 63.7% for the Quality Rating System (QRS).

*CMC*

HEDIS MY 2010 is the sixth year of official rates for CMC.  For BCS, CMC members had a rate of 63.0%.  This was a decrease of 1 percentage point from HEDIS MY 2020, and is statistically significant.  The rate did not meet the internal goal of 65% nor the 25th percentile rate of 63.6%.

*Disparity Tables*

| **Breast Cancer Screening (BCS) - Rates by Spoken Language and Race/Ethnicity** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | **Spoken Language** | | | | | | **\*\*Stat Sig** |
| | **Chinese** | | **English** | | **Spanish** | | |
| | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | |
| **LACC** | 453 | **47.90%** | 4,310 | 65.38% | 3,924 | **71.25%** | Yes |
| **Medi-Cal** | 4,618 | 48.70% | 56,139 | **48.49%** | 43,987 | **63.31%** | Yes |
| **Medicare-CMC** | 63 | **44.44%** | 2,383 | 56.44% | 2,879 | **69.05%** | Yes |
| **MCLA** | 3,057 | **47.92%** | 36,262 | 45.11% | 28,789 | **62.37%** | Yes |

\*Denom – Denominator
\*\*Stat Sig – Statistical Significance

| **Line of Business** | **Race/Ethnicity** | | | | | | | | | **\*\*Stat Sig** |
|---|---|---|---|---|---|---|---|---|---|---|
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | |
| | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | |
| **LACC** | 6 | 33.33% | 1,570 | 54.78% | 167 | 64.07% | 1,150 | 71.65% | 1,120 | 65.80% | Yes |
| **Medi-Cal** | 231 | 41.13% | 17,634 | 52.65% | 13,757 | 47.62% | 55,280 | 60.44% | 20,570 | 48.49% | Yes |
| **Medicare-CMC** | 1 | 0% | 433 | 62.36% | 477 | 56.60% | 2,941 | 68.34% | 173 | 43.93% | Yes |
| **MCLA** | 156 | 38.46% | 11,680 | 51.10% | 9,334 | 44.77% | 35,458 | 59.01% | 12,768 | 45.10% | Yes |

\*Denom – Denominator
\*\*Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal*

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures, based on administrative data.  Rates are lower for the American Indian/Alaskan Native population compared to all other ethnic groups (41.13%) and dropped by 21.26 percentage points from the previous year (62.39%).  Hispanic members have the highest rates at 60.44%, down from 69.4% from the previous year.  Rates for all racial/ethnic groups decreased.  This rate decrease was expected from the COVID-19 pandemic, limited scheduling appointments, and staff shortage from clinics.  Rates declined for all language speakers with the largest decline of 21.11 percentage points for Chinese speakers.  There was a statistically significant difference for language between the highest and lowest rates, Spanish and English, respectively.  There was also a statistical significance observed between the Hispanic/Latino population having the highest rates and the American Indian/Alaskan Native population experiencing the lowest rates.

*LACC*

Unlike the Medi-Cal line of business, the Asian population experience a lower rate compared to all racial/ethnic populations. Hispanic or Latino members have the highest rates at 71.65%, resulting in a 16.87 percentage point different between the Hispanic or Latino population and the Asian population. This percentage difference is statistically significant. The American Indian/Alaska Native population was not included in statistical analysis due to their denominator being less than 30. There was also a statistically significant difference between Spanish speaking members (71.25%) and Chinese speaking members (47.90%).

*CMC*

Unlike both Medi-Cal and LACC, the White population experienced a lower rate compared to all racial/ethnic populations. Aligned with the other lines of business though, the Hispanic or Latino population experienced the highest rate (68.34%). The 24.41 percentage point difference between the White and Hispanic or Latino populations is statistically significant. The American Indian/Alaska Native population was not included in statistical analysis due to their denominator being less than 30. Spanish speakers had the highest rates and the rate differences between Spanish speakers and both English and Chinese speakers were statistically significant.

*Qualitative Analysis*

L.A. Care members did not receive automated phone calls and mailers reminding them of their breast cancer screening due to restrictions on outreach calls during the COVID-19 pandemic. A social media campaign was launched in October 2021 in honor of Breast Cancer Awareness Month. The team assembled this campaign to encourage the community to be screened for breast cancer. There were two separate versions of the ad, and they were targeted by age, gender, and areas with low screening rates. As a result, there were 4,237 total engagements. Also, the boosting posts using money was a success. The use of an actual survivor of breast cancer in a stock photo helped create a positive conversation in the comment section. Due to capacity issues, an evaluation was not completed during this time.

## Cervical Cancer Screening

**RESULTS**

The following graph compares L.A. Care CCS rates for HEDIS MY 2019-MY 2021 in the Medi-Cal and LACC product lines:

The rates below are based on a hybrid sample augmented by chart review.

**Cervical Cancer Screening (CCS)**
**HEDIS MY 2019 - MY 2021**

| | Medi-Cal | LACC |
|---|---|---|
| MY 2019 | 66.9%* | 64.5%* |
| MY 2020 | 61.7% | 50.3%* |
| MY 2021 | 61.0% | 55.5% |

HPL: 68.0%
MPL: 59.1%
MY 2021 Goal: 59%
90th Percentile: 71.5%
MY 2021 Goal: 51%
25th Percentile: 50.1%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles
- Covered California Quality Rating System MY 2020 25th and 90th percentiles

**ANALYSIS**

*Quantitative Analysis*

*Medi-Cal*

L.A. Care's Medi-Cal CCS rate was 61.0% for HEDIS MY 2021. This was a decrease of 0.7 percentage points from the prior year, which was not statistically significant. The rate met the MPL of 59.1% by 1.9 percentage points. However, the internal goal of 59% was met.

*LACC*

L.A. Care's Cervical Cancer Screening rate for HEDIS MY 2021 was 55.5%. This was an increase of 5.2 percentage points from the previous year and is not statistically significant. The rate did meet the MY 2021 goal of 51%; also met the 25th percentile benchmark by 5.4%.

*CMC*

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

*Disparity Tables*

| Cervical Cancer Screening (CCS) - Rates by Spoken Language and Race/Ethnicity | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | **Spoken Language** | | | | | | |
| | **Chinese** | | **English** | | **Spanish** | | **\*\*Stat Sig** |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | 3,084 | **44.97%** | 20,693 | 49.11% | 8,662 | **58.16%** | Yes |
| **Medi-Cal** | 9,494 | 60.56% | 354,970 | **50.45%** | 98,716 | **60.06%** | Yes |
| **MCLA** | 5,959 | **59.52%** | 204,794 | 45.25% | 57,132 | **57.65%** | Yes |

*Denom – Denominator
\*\*Stat Sig – Statistical Significance

| **Line of Business** | **Race/Ethnicity** | | | | | | | | | | \*\*Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | 18 | 66.67% | 8,232 | 43.65% | 392 | 59.44% | 3,180 | 56.45% | 2,733 | 64.11% | Yes |
| **Medi-Cal** | 832 | 48.08% | 49,697 | 52.69% | 63,880 | 51.37% | 254,703 | 55.44% | 83,244 | 49.26% | Yes |
| **MCLA** | 526 | 43.92% | 30,809 | 50.21% | 37,527 | 45.77% | 141,851 | 51.46% | 50,056 | 44.72% | Yes |

*Denom – Denominator
\*\*Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal*
L.A. Care also conducted an analysis based on ethnicity and spoken language to examine whether disparities exist in getting cervical cancer screenings. The American Indian/Alaskan Native population experienced the lowest rates for HEDIS MY 2021 at 48.08% followed by the White population with a rate of 49.26%. The American Indian Alaska Native population was excluded from the analysis due to the small population size. The screening in the White population decreased by 6.77 percentage points from 56.03% in HEDIS MY 2020 to 49.26% in HEDIS MY 2021. The rates in the African American, Hispanic or Latino, Asian, and American Indian Alaska Native populations also decreased by 7.6, 7.4, and 2.19 percentage points, respectively. Rate decreases for all populations are statistically significant. Additionally, the rate difference between the Hispanic or Latino population (highest rate) and the American Indian/Alaskan Native population (lowest rate) is statistically significant. The Hispanic or Latino population was the highest performing group for a fourth year in a row, with a rate at 55.4%.

Spanish speakers had higher rates than English and Chinese speakers (67.4% versus 64.7%) for a fourth year in a row. Rates for all language groups decreased from HEDIS MY 2020 to HEDIS MY 2021 and all rate decreases are statistically significant. The rate difference between Chinese speakers (highest rate) and English speakers (lowest rate) is also statistically significant.

*LACC*
This is the second year that L.A. Care conducted a disparity analysis for the LACC line of business. The Asian population experience the lowest rates (43.65%) representing a 20.46 percentage point difference from the White population with the highest rate of 64.11%. This rate difference is statistically significant. This percentage difference is statistically significant. The American Indian/Alaska Native population was not included in statistical analysis due to their denominator being less than 30. There was also a statistically significant difference between Spanish speaking members (58.16%) and Chinese speaking members (44.97%).
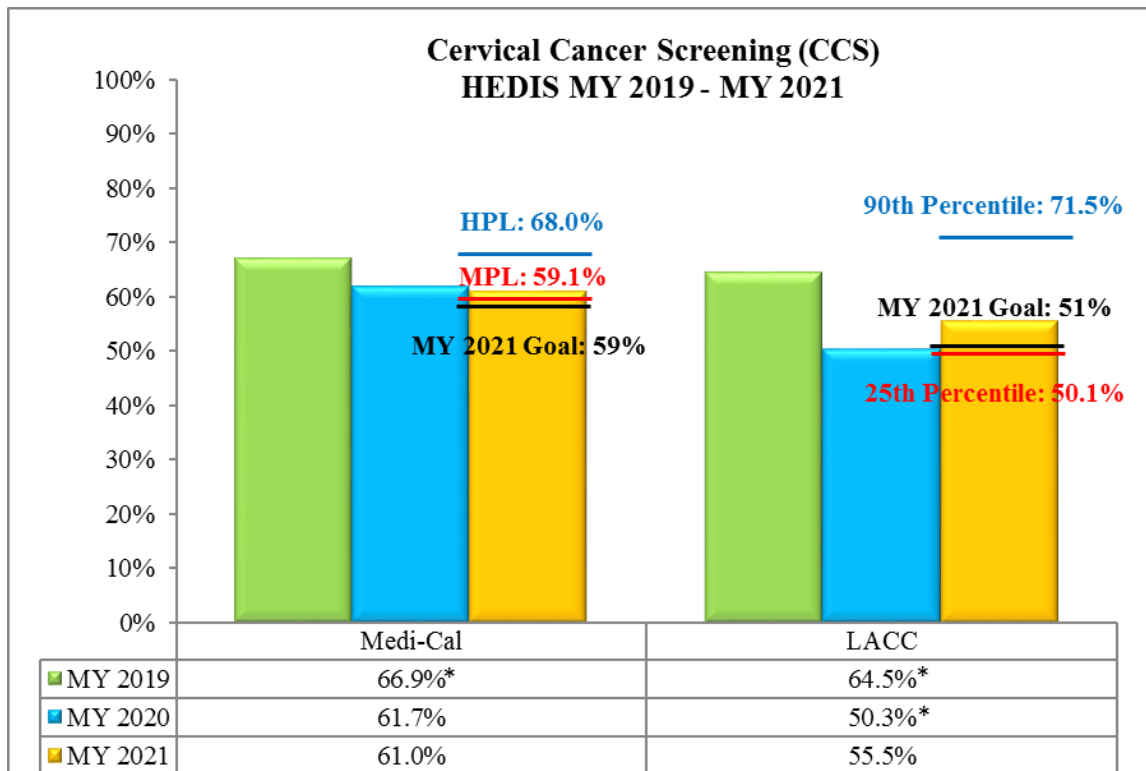
*Qualitative Analysis*
L.A. Care members did not receive an automated phone calls or mailers reminding them of their cervical cancer screening due to restrictions on outreach calls during the COVID-19 pandemic.

A Cervical Cancer Screening 2021 Social Media Campaign was assembled to encourage the community to get screened for cervical cancer. There were three separate versions of the ad, and they were targeted by age, gender, and areas with low screening rates. In September 2021, there were 12,697 CCS encounters and after six months (May 2022) there was increase of cervical cancers by 472 resulting in 13,169 cervical cancer screening encounter claims. In addition, this year our team worked collaboratively with the Los Angeles LGBT Center to create a gender inclusive letter ensuring that it does not exclude non-binary and transgender members.

## CHLAMYDIA SCREENING

### RESULTS

The following graph compares L.A. Care CHL rates for HEDIS MY 2019-MY 2021 in the Medi-Cal and LACC product lines:
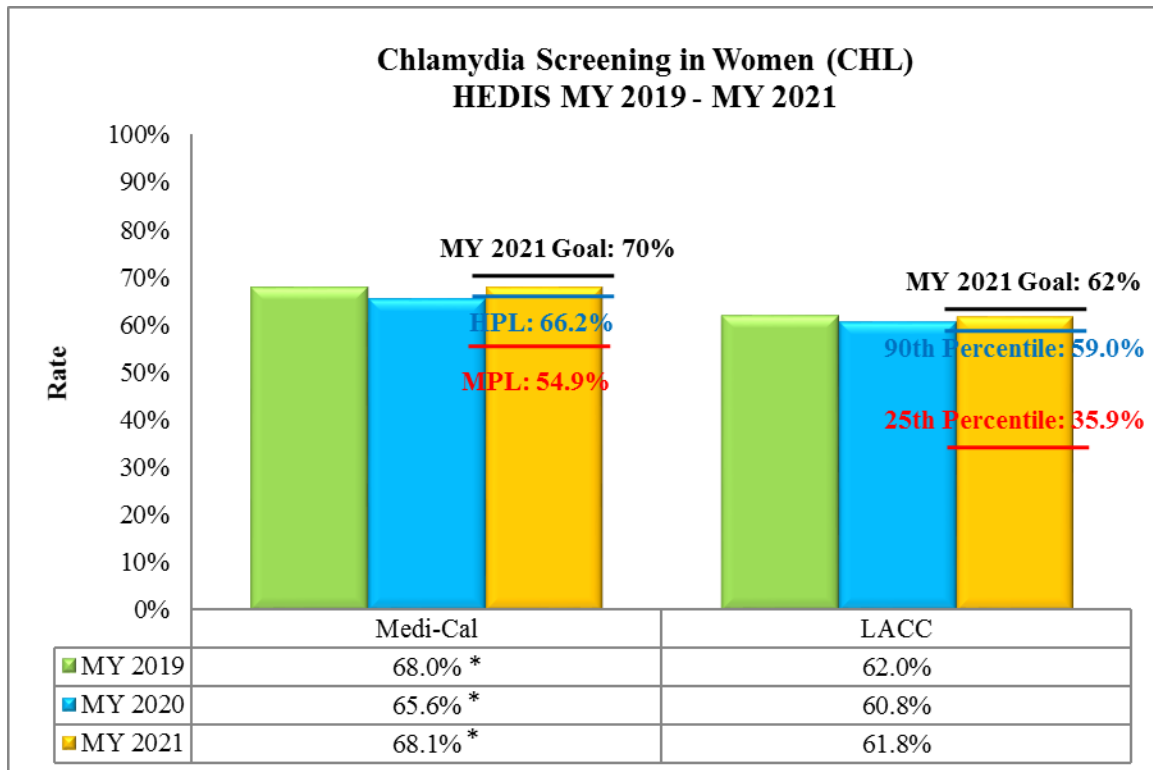


**Chlamydia Screening in Women (CHL)**
**HEDIS MY 2019 - MY 2021**

| | Medi-Cal | LACC |
|---|---|---|
| MY 2019 | 68.0% * | 62.0% |
| MY 2020 | 65.6% * | 60.8% |
| MY 2021 | 68.1% * | 61.8% |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass MY 2020 50th and 90th percentiles
- Covered California Quality Rating System MY 2020 25th and 90th percentiles

### ANALYSIS

#### Quantitative Analysis

#### Medi-Cal
Medi-Cal screening rate increased by 2.5 percentage points from 65.6% in MY 2020 to 68.1% in MY 2021, which is statistically significant. The HEDIS rate change from MY 2020 to MY 2021 by Plan Partners is available below.

| Plan Partner | HEDIS MY 2020 | HEDIS MY 2021 | Change |
|---|---|---|---|
| Anthem | 65.0% | 67.0% | +2.0% |
| Blue Shield of California | 62.2% | 64.3% | +2.1% |
| Kaiser | 63.7% | 70.3% | +6.6% |
| MCLA | 68.5% | 70.2% | +1.7% |

Kaiser line of business had the highest rate compared to all other Plan Partners.  MCLA has steadily increased its yearly rate since 2014.  The MCLA rates are as follows: 53.3% in 2014, 57.6% in 2015, 59.4% in 2016, 60.2% in 2017, 64.7% in 2018, 66.9% in 2019, 69.0% in 2020, and 70.2% in 2021.

The Medi-Cal rate of 68.1% exceeds the MPL of 54.9% by 13.2 percentage points.  It did not meet the internal L.A. Care Medi-Cal goal of 70%.

### *LACC*

L.A. Care's Chlamydia screening rate for LACC increased by 1 percentage point from 60.8% in MY 2020 to 61.8% in MY 2021, which was not statistically significant.  The LACC rate met the 90th percentile benchmark and met the internal goal of 62%.

### *CMC*

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

### *Disparity Tables*

**Chlamydia Screening in Women (CHL) - Rates by Spoken Language and Race/Ethnicity**

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 31 | **54.84%** | 725 | 61.66% | 174 | **63.22%** | No |
| Medi-Cal | 398 | 66.33% | 44,473 | **69.06%** | 23,613 | **66.88%** | No |
| MCLA | 160 | **60.00%** | 19,598 | 70.94% | 9,830 | **69.40%** | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 3 | 100.00% | 153 | 62.75% | 13 | 84.62% | 95 | 58.95% | 83 | 63.86% | No |
| Medi-Cal | 43 | 65.12% | 2,985 | 64.42% | 7,200 | 75.33% | 51,186 | 68.52% | 5,222 | 58.02% | Yes |
| Medicare - CMC | 18 | 55.56% | 1,301 | 65.33% | 3,128 | 76.57% | 22,129 | 70.89% | 2,166 | 59.83% | Yes |
| MCLA | 3 | 100.00% | 153 | 62.75% | 13 | 84.62% | 95 | 58.95% | 83 | 63.86% | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal*
L.A. Care also conducted an analysis based on ethnicity and spoken language to examine whether disparities exist in getting chlamydia screenings. The race and ethnicity breakdown indicates a decrease in the rate of chlamydia screenings between HEDIS MY 2020 and HEDIS MY 2021 amongst all the race/ethnicity categories. For HEDIS MY 2021, the screening rate was highest amongst African Americans (75.3%) and lowest amongst Whites (58.02%). This difference of 17.3 percentage points is statistically significant. The chlamydia screening rate was higher for English speakers compared to Spanish speakers by 2.2 percentage points.

*LACC*
Both the Black or African American and American Indian/Alaska Native populations are excluded from this analysis due to their small population sizes. The population experiencing the lowest rate is the White population (58.0%) with Hispanic or Latino members experiencing the highest rate (68.5%). This 10.5 percentage point difference is not statistically significant. Spanish speakers also experienced the highest rate (63.2%) with English speakers experiencing the lowest rate (61.6%). Chinese speakers were excluded from the analysis due to their small population size. This rate difference is also not statistically significant.

*Qualitative Analysis*
In MY 2021, there were no interventions implemented.

## COLORECTAL CANCER SCREENING

### RESULTS

The following graph compares L.A. Care COL rates for HEDIS MY 2019-MY 2021 in the CMC and LACC product lines:
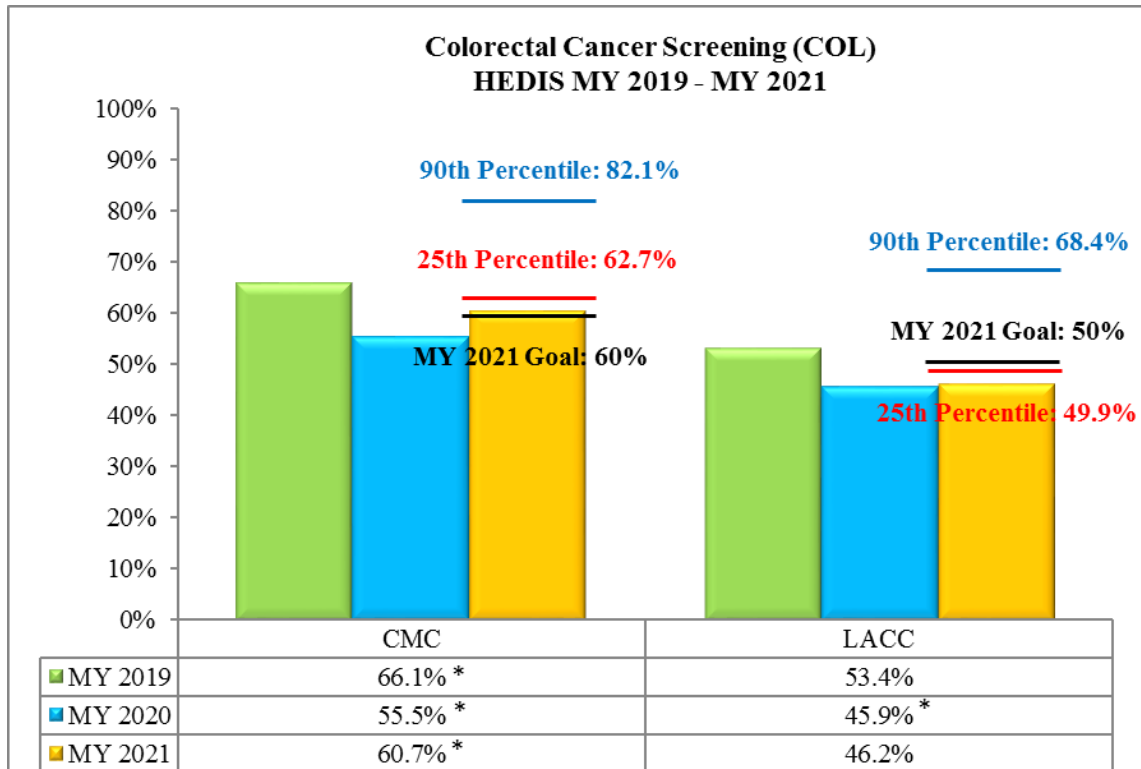


*Statistically Significant Difference
- Covered California Quality Rating System MY 2020 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2020 25th and 90th percentiles

### ANALYSIS

### *Quantitative Analysis*

### *CMC*
The CMC rate for COL was 60.7%. This was an increase of 5.2 percentage points, which is statistically significant. This measure did meet the internal MY 2021 goal of 60% and not the 25th percentile benchmark.

### *LACC*
The LACC rate for COL was 46.2%. This was an increase of 0.3 percentage points, which is not statistically significant. This measure met did not meet the internal goal of 50% nor the 25th percentile benchmark.

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

*Disparity Tables*

| Colorectal Cancer Screening (COL) - Rates by Spoken Language and Race/Ethnicity | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | **Spoken Language** | | | | | | **\*\*Stat Sig** |
| | **Chinese** | | **English** | | **Spanish** | | |
| | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | |
| **LACC** | 1,496 | 36.36% | 11,736 | 41.93% | 9,079 | **44.86%** | Yes |
| **Medi-Cal** | 8,770 | 52.05% | 125,342 | 36.94% | 77,207 | **48.12%** | Yes |
| **Medicare - CMC** | 135 | 53.33% | 5,005 | 53.53% | 5,291 | **64.13%** | Yes |
| **MCLA** | 5,801 | 52.34% | 85,678 | 34.52% | 50,830 | **48.14%** | Yes |

\*Denom – Denominator
\*\*Stat Sig – Statistical Significance

| Colorectal Cancer Screening (COL) - Rates by Race/Ethnicity | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Line of Business** | **Race/Ethnicity** | | | | | | | | | | **\*\*Stat Sig** |
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | |
| | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | |
| **LACC** | 16 | 25.00% | 4,373 | 37.53% | 360 | 42.22% | 2,664 | 45.72% | 2,552 | 44.12% | Yes |
| **Medi-Cal** | 479 | 34.24% | 33,927 | 47.08% | 30,687 | 36.21% | 102,821 | 45.08% | 45,556 | 35.29% | Yes |
| **Medicare - CMC** | 6 | 16.67% | 856 | 61.68% | 1,033 | 52.47% | 5,433 | 63.24% | 419 | 44.15% | Yes |
| **MCLA** | 344 | 34.01% | 22,479 | 46.68% | 22,462 | 34.14% | 67,265 | 44.35% | 29,449 | 32.73% | Yes |

\*Denom – Denominator
\*\*Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal*

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). The American Indian/Alaskan Native population experienced the lowest rates for HEDIS MY 2021 at 34.24% followed by the White population with a rate of 35.29%. The screening in the White population increased by 1.82 percentage points from 33.47% in HEDIS MY 2020 to 35.29% in HEDIS MY 2021. The rates in the African American, Hispanic or Latino, Asian, and American Indian Alaska Native populations also increased by 2.77, 3.51, and 1.21 percentage points, respectively. Rate decreases for all populations are statistically significant. Additionally, the rate difference between the Asian population (47.08%) and the American Indian/Alaskan Native population (34.24%) is statistically significant.

Chinese speakers had higher rates than English and Spanish speakers (36.94% versus 48.12%). Rates for all language groups increased from HEDIS MY 2020 to HEDIS MY 2021 and all rate increases are statistically significant. The rate difference between Chinese speakers (highest rate) and English speakers (lowest rate) is also statistically significant.

*LACC*

Asians experienced the lowest rate (37.5%), followed by Black or African American (42.2%), and White (44.1%). The American Indian/Alaska Native population was excluded due to their small sample size. The Hispanic or Latino population experience the highest rate of 45.7% and the rate difference of 8.2% with the White population is statistically significant. Spanish speakers had the highest rate of 44.9% and the difference between them and both English and Chinese speakers is statistically significant.

*CMC*

The Hispanic or Latino population experienced the highest rate of 63.2%. The White population experienced the lowest rate of 44.2% with the American Indian/Alaska Native population excluded due to their small population size. The 19% rate difference between the Hispanic or Latino population and the White population is statistically significant. Spanish speakers also had the highest rate compared to English and Chinese speakers.

*Qualitative Analysis*

The LACC rates is lower than the CMC rate by 16.3 percentage points. This may be because LACC members fear potential cost-sharing, despite COL being a preventive service not subject to cost-sharing.

In October 2021, CMC and MCLA members due for a colorectal cancer screening received an automated phone call. As a result, there was a 59.5% successful outreach call for CMC and 55.8% successful outreach call for MCLA members. Additionally, in July 2021 colorectal mailers were sent out to non-compliant members as a way to engage them to complete a colorectal cancer screening. In total, there were 6,868 mailers sent out. Before the mailer launched, there were 10,998 colorectal encounters completed. After six months, there were 9,045 colorectal encounters. Additionally, in August 2021 L.A. Care launched a colorectal cancer screening social media campaign both unpaid and paid post. This post further engaged members to complete a colorectal cancer test. As a result, this led to the following results: Reach – 55,351, Impressions – 191,284, Link Clicks-71, and Comments – 34. Due to capacity issues, an evaluation was not completed during this time. Also, in partnership with the American Cancer Society there was a series of Instagram reels that featured colorectal cancer survivors.

SUMMARY OF INTERVENTIONS FOR 2021

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Breast Cancer Screening** | • Members may disagree with the frequency guidelines for screening, especially after having undergone a previous screening with a negative result.<br>• Limited scheduling availability and staff shortage at the clinical-level.<br>• Discomfort associated with mammography<br>• Fear of the test and the test results.<br>• Member confusion with screening guidelines.<br>• Members unaware of direct access to imaging centers | • A social media campaign launched in October 2021 to further engage members the importance of breast cancer screening.<br>• Presentations were made to ECAC committee to educate members about the importance of breast cancer screening. Members stated they were contacted regarding screenings and shared that they appreciated the reminder call.<br>• 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. | • Rates decreased for all lines of business. These rate decreases are most likely due to the COVID-19 pandemic, limited scheduling availability and staff shortage at the clinical-level. |

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Breast Cancer Screening (cont.)** | and that no referral is needed.<br>• Providers unsure of screening guidelines and recommendations.<br>• Providers are unaware of when a patient is due for services.<br>• Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic. | Providers receive a list of members in need of services. | |
| **Cervical Cancer Screening** | • Lack of knowledge of the test itself.<br>• Fear of the test and the test results.<br>• Doctor insensitivity to invasiveness of the test.<br>• Cultural inhibitions.<br>• Personal modesty/ embarrassment.<br>• Discomfort associated with screening.<br>• Members may not understand the importance of getting the screening.<br>• Long wait times for appointments.<br>• Providers are unaware of who is in need of CCS screenings.<br>• PCPs often refer to specialists for services.<br>• Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic. | • A social media campaign launched in 2021 as a way to increase awareness in the community the importance of completing a pap smear. 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. | • The Medi-Cal rates decreased. This decrease was likely due to the COVID-19 pandemic and scheduling limits at the clinical level.<br>• The LACC rates increased by 5.21% percentage points. |
| **Chlamydia screening** | • 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.<br>• Members' lack of awareness and comfort level in | • L.A. Care offers LA P4P to primary care providers to complete chlamydia screenings. | • Medi-Cal and LACC rates increased. |

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Chlamydia screening (cont.)** | discussing sexual health, were unsure of the consequences of chlamydia infection, and lack of guidance.<br>• Members' concern that someone will know if they were tested or tested positive.<br>• Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic. | | |
| **Colorectal Cancer Screening** | • PCPs may refer COL out to specialists.<br>• Providers may not know about the multiple screening options and how to discuss them<br>• Improperly documented/ coded past colon cancer screenings<br>• Lab supply of iFOBT/FIT kits to provider offices may not be adequate to meet demand.<br>• Members may not be aware of the need or value of having regular colon cancer screenings.<br>• Discomfort associated with colonoscopy.<br>• Members may receive an iFOBT/FIT kit from their provider but then not complete and return the test.<br>• The long look back period results in difficultly of compiling complete administrative data for the COL measure.<br>• Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic. | • In October 2021, an automated reminder call was made to members due for a colorectal cancer screening.<br>• In May 2021, the CMC EAC and ECAC members received an educational presentation on colorectal cancer screenings. Members were engaged with the sessions and stated that they would share what they learned with their communities.<br>• In July 2021, a mailer was sent out to non-compliant members as a way to engage them to complete a colorectal cancer screening test.<br>• In August 2021, a social media post launched to the community.<br>• 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. | • CMC and LACC rates decreased. These rate decreases are likely due to the COVID-19 pandemic. |

**LOOKING FORWARD**

- L.A. Care plans to continue automated calls and mailers to increase awareness and the importance of cancer screening prevention for breast, cervical and colon cancers.
- L.A. Care is implementing social media campaigns for breast, cervical and colon cancers.
- L.A. Care and American Cancer Society will collaborate on an education webinar targeting providers and members in January 2023 that will highlight the importance of cervical cancer screenings.
- L.A. Care and American Cancer Society will partner on a series of Instagram videos telling cancer survivor videos and highlighting the importance of preventive screenings.
- L.A. Care will focus more on looking at disparity reports to have targeted interventions based on communities with highest needs.
- QI staff will work with the Quality Performance Management team to explore additional methods of evaluating the effectiveness of interventions.

**MY 2022 WORK PLAN GOALS**

| HEDIS Acronym | HEDIS Measure | MY 2022 Medi-Cal Goal | MY 2022 Cal MediConnect Goal | MY 2022 L.A. Care Covered Goal |
|---|---|---|---|---|
| BCS | Breast Cancer Screening | 58% | 68% | 68% |
| CCS | Cervical Cancer Screening | 62% | N/A | 57% |
| COL | Colorectal Cancer Screening | N/A | 63% | 61% |

## B.4 PERINATAL HEALTH

AUTHOR: KRISTIN SCHLATER, MBA
REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN

### BACKGROUND – TIMELINESS OF PRENATAL CARE AND POSTPARTUM CARE

Perinatal care visits are essential for a healthy pregnancy. Timely prenatal and postpartum care ensures the physical and mental health of pregnant/birthing people. Inadequate prenatal care may result in pregnancy-related complications that may lead to potentially serious consequences for both the parent and the baby[12]. Rates of infant and maternal mortality, especially among the Black and African American populations, are disparate and must be addressed. In LA County, Black/African Americans are 4 times more likely to die from pregnancy complications than their white counterparts. Black infants are 3 times more likely to die within their first year of life compared to white babies[13]. Additionally, seeking timely postpartum care, including mental health screening, can lead to early identification and prevention of post-delivery health issues.

Approximately 46% of L.A. Care's Medi-Cal line of business (LOB) members are assigned to Plan Partners Anthem Blue Cross, Blue Shield of California Promise, and Kaiser Permanente. Therefore, the provision of perinatal care services are delegated to our Plan Partners. L.A. Care is responsible for health care services for the remainder of Medi-Cal (DLOB-MCLA) members. This includes the mailing of trimester specific prenatal health education packets, conducting outreach call reminders for timely postpartum care, and aligning with the American College of Obstetricians and Gynecologists guidelines. Medi-Cal prenatal and postpartum care graphs depict aggregate data of L.A. Care and its Plan Partners.

Table 1 displays the L.A. Care multi line of business goals for Timeliness of Prenatal care (PPC), Postpartum Care (PPC) and Timeliness of Prenatal Care among Black/African American members for HEDIS MY 2021. These goals are set each year in accordance with healthcare standards as well as determining rates that are specific, measurable, timely and vital to LA care members.

### HEDIS MY 2021 WORK PLAN GOALS: TABLE 1

| HEDIS Acronym | HEDIS Measure | MY 2021 Medi-Cal Goal | MY 2021 Medi-Cal Rate | MY 2021 MCLA Goal | MY 2021 MCLA Rate | MY 2021 L.A. Care Covered Goal | MY 2021 L.A. Care Covered Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|---|---|---|
| PPC | Timeliness of Prenatal Care | 90.0% | 90.2% | 70.0% | 89.6% | 80.0% | 80.1% | Medi-Cal: Met MCLA: N/A LACC: Met |
| PPC | Postpartum Care | 80.0% | 80.0% | N/A | 78.7% | 75.0% | 71.7% | Medi-Cal: Met MCLA: N/A LACC: Not Met |
| PPC | Timeliness of Prenatal Care among Black/ African American Members | N/A | N/A | 70.0% | 69.3% | N/A | N/A | Medi-Cal: N/A MCLA: Not Met LACC: N/A |

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[12] http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html
[13] African American Infant and Maternal Mortality (AAIMM) - First 5 Los Angeles (first5la.org)

The timeliness of Prenatal Care HEDIS measure is defined as the percentage of eligible members who received a prenatal care visit in the first trimester, on, before, or within 42 days of enrollment if the member was pregnant at the time of enrollment. Qualifying visits must be with an obstetrician, family practitioner, general internist, or certified nurse practitioner. The Postpartum Care HEDIS measure is defined as the percentage of eligible members who received a postpartum visit on or between 7 days and 84 days after delivery during the measurement year. Both measures utilize hybrid healthcare data.

## MAJOR ACCOMPLISHMENTS

- L.A. Care's "Healthy Mom" postpartum program, which provides assistance and support to members to schedule their postpartum visit, reached 2,777 members of which 2,132 attended their postpartum visit (76.77 %) in MY 2021. The telephonic outreach also includes the coordination of interpreting and translation services for eligible members.
- Under the "Healthy Pregnancy" program, the Health Education Department sent out 854 trimester-specific prenatal education packets to all known pregnant MCLA members in CY 2022. The packet includes important trimester specific information to support a healthy pregnancy and positive birth outcomes. Non-trimester specific materials went out to 8,788 members in all LOBs in CY 2022. The non-trimester package includes information on the importance of timely prenatal care, maternal mental health, breastfeeding, WIC, Text4Baby program, and the "Healthy Mom" postpartum program.
- L.A. Care launched a High-Risk Pregnancy Health Education Support Program in February of 2021 for all LOBs. For CY 2022, 2,398 members identified as having a high-risk pregnancy received a letter informing them about the availability of the *Health in Motion*™ (MyHIM) health and wellness resource, where they can access health education materials, videos, and self-paced workshops.
- L.A. Care launched prenatal and postpartum text messaging campaigns for Medi-Cal members in CY 2022. The goal of the campaigns are to increase the rates of completed prenatal and postpartum appointments by educating members about the importance of prenatal care, inform them about available incentives for L.A. Care's postpartum program, and serve as a reminder to schedule and attend their appointments. The prenatal texting campaign launched in August 2022 for Black/African American members in response to the prenatal and maternal health disparities. The campaign reached 395 members with a 24.6% enrollment rate. The postpartum text campaign launched in July 2022 and reached 1,986 members with a 34.2% enrollment rate. Both the campaigns will continue into the next year.
- L.A. Care conducted a series of Implicit Bias trainings for health providers, in partnership with Health Net. The first training focused on foundational concepts of implicit bias and the second training highlighted Implicit bias in maternal health and focused on maternal health disparities. The training covered strategies that birthing professionals can incorporate to mitigate implicit bias and increase cultural humility. Over 600 participants attended the two trainings.
- 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 prenatal education packets and on the L.A. Care website.
- The L.A. Care Maternal Care webpage was updated to include additional educational materials and resources on perinatal health, maternal mental health, COVID-19 guidelines, community resources, and the Nurse Advice Line. New information was made available to members on the National Maternal Mental Health Hotline, No-Cost Doula Services flyer and in-home visitation programs.
- L.A. Care distributed a Fax and email blast in September 2022 regarding the Doula and home visitation programs. We reached 1,100 OB/GYNs, family practice doctors, and primary care

physicians in obstetrics and/or gynecology to inform them of these valuable resources for their patients.

- In an effort to support the Black maternal health disparities, a Pregnancy Resource Guide for Black Parents was produced. The guide was posted to the maternal care webpage and distributed to members through ongoing mailings.

**RESULTS:**

***Description of Measures: Table 2***

| 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, on, before, 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 7 days and 84 days after delivery during the measurement year. | Hybrid |

**Prenatal Care Timeliness and Postpartum Care – Medi-Cal: Chart 1**
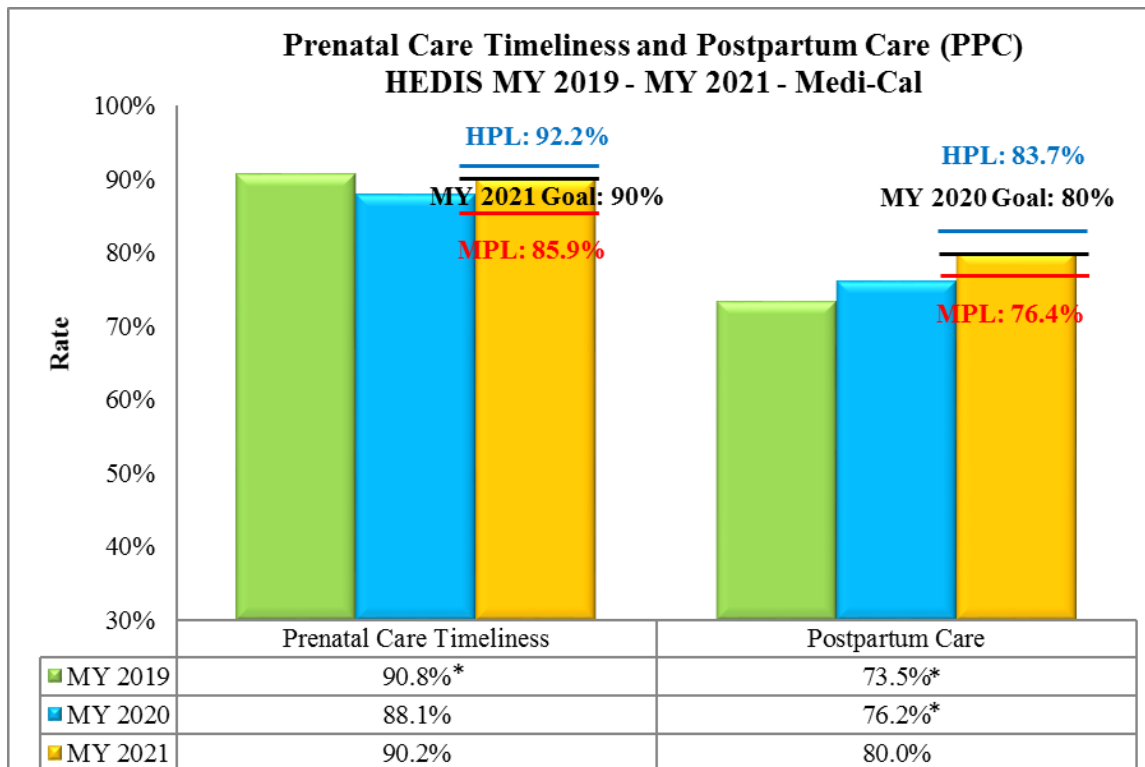


Prenatal Care Timeliness and Postpartum Care (PPC)
HEDIS MY 2019 - MY 2021 - Medi-Cal

| | Prenatal Care Timeliness | Postpartum Care |
|---|---|---|
| MY 2019 | 90.8%* | 73.5%* |
| MY 2020 | 88.1% | 76.2%* |
| MY 2021 | 90.2% | 80.0% |

HPL: 92.2%  MY 2021 Goal: 90%  MPL: 85.9%
HPL: 83.7%  MY 2020 Goal: 80%  MPL: 76.4%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

**Prenatal Care Timeliness and Postpartum Care – MCLA: Chart 2**
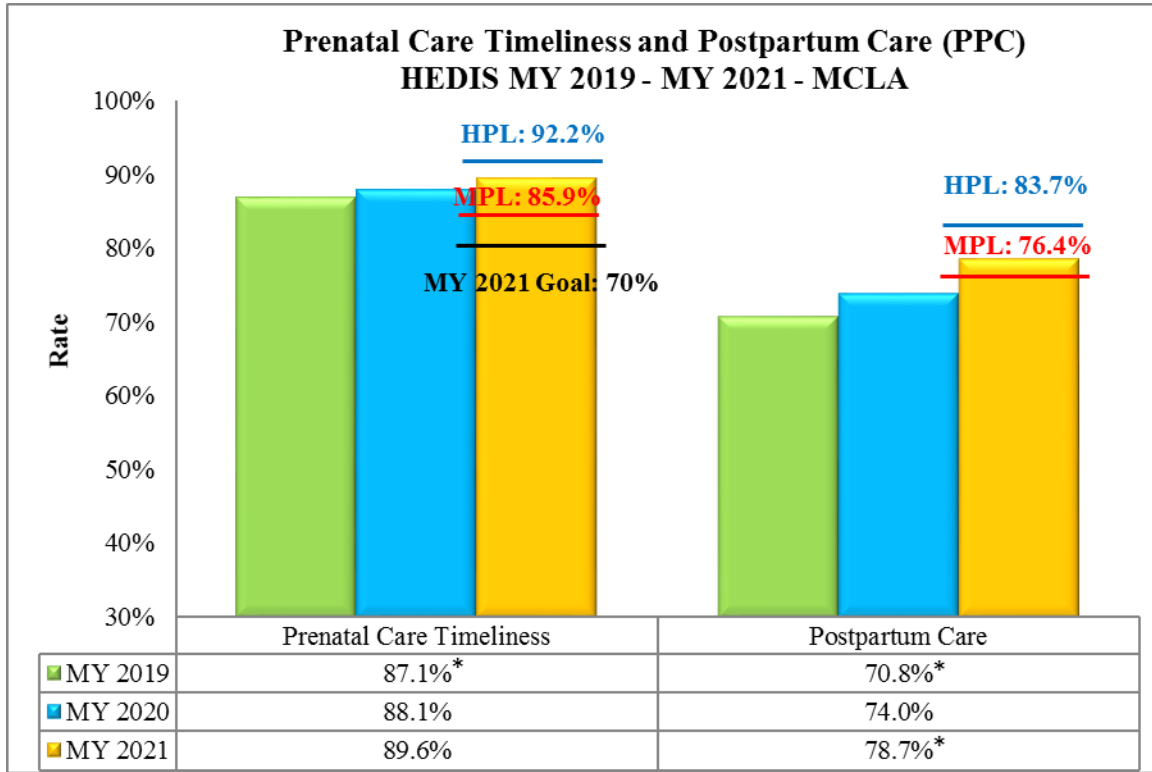
**Prenatal Care Timeliness and Postpartum Care (PPC)
HEDIS MY 2019 - MY 2021 - MCLA**

HPL: 92.2%

MPL: 85.9%

MY 2021 Goal: 70%

HPL: 83.7%

MPL: 76.4%

| Rate | Prenatal Care Timeliness | Postpartum Care |
|---|---|---|
| MY 2019 | 87.1%* | 70.8%* |
| MY 2020 | 88.1% | 74.0% |
| MY 2021 | 89.6% | 78.7%* |

Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

**Prenatal Care Timeliness and Postpartum Care – LACC: Chart 3**
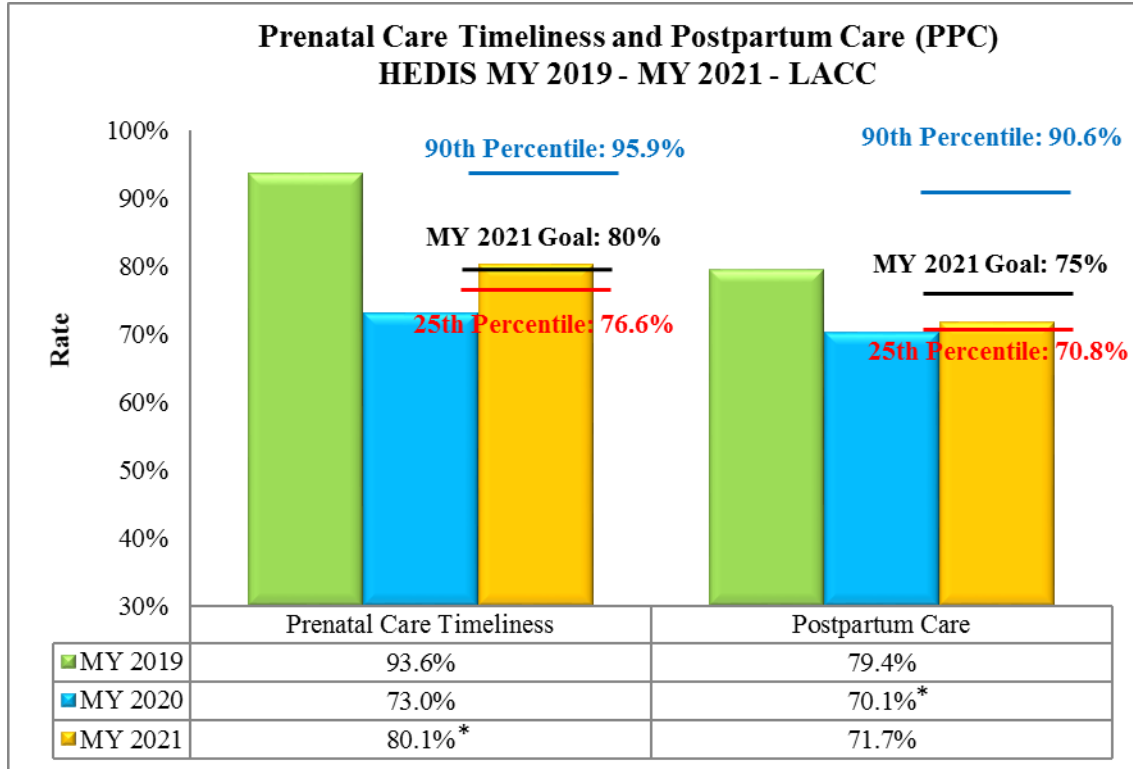


Prenatal Care Timeliness and Postpartum Care (PPC)
HEDIS MY 2019 - MY 2021 - LACC

90th Percentile: 95.9%

90th Percentile: 90.6%

MY 2021 Goal: 80%

MY 2021 Goal: 75%

25th Percentile: 76.6%

25th Percentile: 70.8%

| | Prenatal Care Timeliness | Postpartum Care |
|---|---|---|
| MY 2019 | 93.6% | 79.4% |
| MY 2020 | 73.0% | 70.1%* |
| MY 2021 | 80.1%* | 71.7% |

*Statistically Significant Difference
- Covered California Quality Rating System MY 2020 25th and 90th percentiles

**PRENATAL CARE**

**ANALYSIS**

*Quantitative Analysis*

Medi-Cal rates for prenatal care increased from HEDIS MY 2020 to HEDIS MY 202 as noted in Chart 1. The timeliness of prenatal care experienced a 2.4% rate increase from 88.1% in MY 2020 to 90.2% in MY 2021 and nearly reached the MY 2019 rate of 90.8%. This increase is not statistically significant. Medi-Cal also reached the MY 2021 prenatal goal of 90.0% and 85.9% MPL rate.

As illustrated in Chart 2, there has been a 3-year upward trend for prenatal care MCLA rates, with a percentage increase of 1.7% from 88.1% in MY 2020 to 89.6% in MY 2021, which is not statistically significant. The MCLA rate of 89.6% surpassed the Health Education goal of 70.0% and the MPL of 85.9%. Additionally, all Plan Partners (Anthem Blue Cross, Blue Shield of California Promise, and Kaiser) had increases within this measure and all met the 50.0% MPL rate. Anthem Blue Cross had a prenatal rate of 90.9%, Blue Shield of California Promise rate was at 87.5% and Kaiser at 94.7%. Prenatal rates appear to be gradually recovering from the decrease noted due to the pandemic impact in 2020.

LACC rates for prenatal care decreased from HEDIS MY 2019 to HEDIS MY 2020; however, the prenatal rate increased 9.7% from 73.0% MY 2020 to 80.1% for MY 2021 as indicated in Chart 3 above. This increase is statistically significant. The LACC prenatal rate of 80.1% reached the Health Education goal

of 80.0%. Plans are underway to include LACC members to the prenatal text campaign in 2023 in an effort to further boost prenatal care visit rates.

*Disparity Tables – HEDIS MY2021*

### Timeliness of Prenatal Care- Rates by Spoken Language and Race/Ethnicity

#### Table 3

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 25 | 56% | 258 | 67.44% | 23 | 82.61% | Yes |
| Medi-Cal | 141 | 62.79% | 18,980 | 77.11% | 3,467 | 77.44% | Yes |
| Medicare - CMC | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| MCLA | 80 | 67.5% | 9,901 | 73.58% | 1,928 | 76.14% | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

#### Table 4

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | N/A | N/A | 65 | 63.08% | 3 | 66.67% | 41 | 70.73% | 29 | 79.31% | No |
| Medi-Cal | 22 | 81.82% | 1,039 | 74.49% | 2,915 | 73.93% | 14,759 | 78.18% | 2,245 | 75.86% | Yes |
| Medicare - CMC | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| MCLA | 11 | 81.82% | 592 | 69.59% | 1,495 | 69.30% | 7,799 | 75.51% | 1,196 | 72.66% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

### Disparity Analysis (Administrative) - Prenatal

L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, region (RCAC and SPA), and language to examine if disparities exist in obtaining timely prenatal care. As shown in Table 4, HEDIS MY 2021 results indicate that Black/African American women in the Medi-Cal line of business had lower rates of prenatal care (73.93%) than other racial/ethnic groups. Compared to white Medi-Cal members (75.86%), Black/African American members had a percentage difference of 2.57%; while the Asian members had a 1.82%, difference; however, Hispanic/Latino members had a 3.14% increased rate difference when compared to their white counterparts. Black/African American prenatal care rates (73.93%) vs Hispanic/Latino (78.18%) resulted in a 5.58% difference, which is statistically significant.

American Indian/Alaskan Native Medi-Cal and MCLA members had the highest rate of prenatal care at 81.82%, which may be influenced by the small denominator of 22 for Medi-Cal and 11 for MCLA. Black/African American MCLA members had the lowest rate at 69.30% prenatal rate compared to 75.51% for Hispanic/Latino members. This percent difference of 8.57% is statistically significant.

Asian members in the LACC line of business had the lowest rate of timely prenatal care 63.08% when compared to Black/African American at 66.67%, Hispanic/Latino at 70.73% and White members at 79.31%. The denominator of Black/African American LACC members is very small (3), which may have influenced the rate. There is a notable 22.79% difference of prenatal rates amongst Asian LACC members at 63.08% compared to White members at 79.31%.

As noted in Table 3 above, members in all lines of business who indicated Chinese as their spoken language had lower rates of timely prenatal care when compared to English and Spanish speaking counterparts. The most notable difference within the LACC line of business is amongst Chinese language member prenatal rates at 56% versus their Spanish-speaking counterparts at 82.61%, reflecting a difference of 38.39%. This difference is statistically significant. Medi-Cal members who indicated Chinese as their spoken language had a 62.79% rate compared to Spanish speaking Medi-Cal members with 77.44% rate resulting in a 20.89% difference, which is statistically significant. Members who indicated Spanish as their spoken language had the highest timely prenatal care rates for all lines of business.

## POSTPARTUM CARE

### ANALYSIS

### *Quantitative Analysis*
The Medi-Cal rates for postpartum care have increased from HEDIS MY 2020 to HEDIS MY 2021as noted in Chart 1. Postpartum care had a 4.9% increase from 76.2% in MY 2020 to 80.0% in MY 2021, which is not statistically significant. The MY 2021 rate met the 76.4% MPL of the 50th percentile, and the MY 2021 goal of 80.0%.

For the past three years, the MCLA rates for postpartum care have increased illustrated in Chart 2. From HEDIS MY 2020 to HEDIS MY 2021, the timeliness of postpartum care experienced a rate increase of 6.4% from 74.0% in MY 2020 to in 78.7% MY 2021. This increase is statistically significant. There has been an upward trend starting from MY 2019 to HEDIS MY 2021 and during this timeframe, an overall percent increase of 11.6% has been noted. The MCLA rate also met the MPL of 76.4%.

MCLA's performance at 78.7% surpassed Plan Partner Blue Shield of California Promise rate of 72.9% but was below the Anthem Blue Cross rate of 85.6%. Kaiser's rate of 86.84% was above all plan partners postpartum rates. Blue Shield of California Promise had the highest rate increase from 66.1% in MY 2020 to 72.9% in MY 2021, a percent increase of 10.2%. Anthem Blue Cross had a 2% rate increase from 83.6% in MY 2020 to 85.5% in MY 2021. MCLA's rate also increased from 74.0% in MY 2020 to 78.7% in MY 2021, a 6.4% increase.

As noted in Chart 3, LACC rates for postpartum care decreased from HEDIS MY 2019 to HEDIS MY 2020. However, the postpartum rate slightly increased from 70.1% in MY 2020 to 71.7% in MY 2021, which is not statistically significant. Although, the LACC postpartum rate was above the 25th percentile rate of 70.8%, it failed to meet the MY 2021 goal of 75.0%.

The increase in the HEDIS MY 2021 postpartum rates are correlated to the changes made to the measure specifications. Including an incision wound check for members who had C-section deliveries as a complete postpartum visit has remedied one of the barriers to timely postpartum care. Additionally, the extension of the postpartum period from 21-56 days to 07-84 days also allows for higher postpartum visit completion rates.

*Disparity Tables – HEDIS MY 2021*

| Postpartum Care- Rates by Spoken Language and Race/Ethnicity | | | | | | |
|---|---|---|---|---|---|---|
| **Table 5** | | | | | | |
| **Line of Business** | **Spoken Language** | | | | | **\*\*Stat Sig** |
| | **Chinese** | | **English** | | **Spanish** | |
| | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | |
| **LACC** | 25 | 72% | 258 | **61.63%** | 23 | 69.57% | No |
| **Medi-Cal** | 141 | **78.72%** | 18,980 | **66.16%** | 3,467 | 72.48% | Yes |
| **Medicare - CMC** | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **MCLA** | 80 | **78.75%** | 9,901 | **64.91%** | 1,928 | 74.07% | Yes |

\*Denom – Denominator
\*\*Stat Sig – Statistical Significance

| **Table 6** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Line of Business** | **Race/Ethnicity** | | | | | | | | | | **\*\*Stat Sig** |
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | |
| | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | |
| **LACC** | N/A | N/A | 65 | 64.62% | **3** | **33.33%** | 41 | **73.17**% | 29 | 58.62% | No |
| **Medi-Cal** | 22 | **72.73**% | 1,039 | 70.36% | 2,915 | **57.53%** | 14,759 | 69.45% | 2,245 | 66.41% | Yes |
| **Medicare - CMC** | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **MCLA** | **11** | **72.73**% | 592 | 68.92% | 1,495 | **56.66%** | 7,799 | 68.85% | 1,196 | 66.47% | Yes |

\*Denom – Denominator
\*\*Stat Sig – Statistical Significance

### *Disparity Analysis (Administrative) - Postpartum*

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 obtaining postpartum care. The Medi-Cal HEDIS MY 2021 results in Table 6 indicate that African-American women had lower postpartum care rates for all LOBs than any other racial/ethnic group. There is a notable difference between the compliance rate of African American Medi-Cal members (57.53%) when compared to Asian members (70.36%), which are the highest performing group. This is a 20.06% difference, which is statistically significant. The percent difference amongst MCLA Black/African American members compared to Asian members is 19.52%, which is also statistically significant.

As noted in Table 5, Medi-Cal members who indicated English as their spoken language had lower rates (66.16%) of timely postpartum care when compared to Spanish speakers at (72.48%) and Chinese (78.72%) language group. The most notable percent difference was 17.33% between the Chinese language group and the English language group. This difference is statistically significant for both Medi-Cal and MCLA amongst these language groups.

Similarly, the LACC HEDIS MY 2021 results indicate that members who indicated English as their spoken language had lower rates (61.63%) of timely postpartum care when compared to Spanish (69.57%) and Chinese (72.00%) language groups.

*Qualitative Analysis (Prenatal and Postpartum)*
Prenatal and postpartum care rates, for all lines of business, were directly impacted by the COVID-19 pandemic during MY 2020. Temporary pauses in programs such as the Healthy Mom outreach calls and appointment scheduling reflected a decline in both prenatal and postpartum rates. However, prenatal and postpartum rates have shown an increase for all lines of business in MY 2021. The most notable increases included Medi-Cal Postpartum care rate jumped from 76.2% to 80.0% which is a 5.0% increase, MCLA Postpartum care rates rose from 74.0% to 78.7% which is a 6.40% increase, and lastly LACC Prenatal rates rose from 73.0% to 80.1% at a 9.7% increase. Ironically, Chinese-speaking members had the highest postpartum rates by spoken language for all LOBs ranging from 72.0% to 78.6% and conversely had the lowest prenatal rates by spoken language ranging from 56.0% to 67.5%, which may indicate more need to have this as a population of focus for future initiatives.

The prenatal and post-partum care rates for MCLA and Medi-Cal have been on an upward trend for the past three years as seen in Charts 1 and 2. The increase is likely due to changes in the 2019 HEDIS specifications, specifically the expanded prenatal care measure to including any prenatal visits completed before the member enrolled with L.A. Care. The postpartum care measure also changed from requiring a completed post-partum visit between 21 to 56 post-delivery to 07 to 84 days after delivery and aligns with the American College of Obstetricians and Gynecologists clinical guidelines. Additionally the inclusion of a C-section wound check as a qualifying postpartum appointment is also contributing to the increase in rates.

Additional barriers that continue to impact the perinatal programs and rates include, inaccurate phone numbers limiting member outreach, appointment availability and the complexity of L.A. Care's 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. Despite the overall increase in Medi-Cal and MCLA 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 and timely postpartum visits. 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 CY 2022, 9,642 pregnant members were identified and sent educational packets. The newly improved prenatal report will support in timely identification of pregnant members and provide an opportunity to include them in appropriate mailings and other maternal health improvement initiatives.

L.A. Care will continue to support its member's access to timely prenatal and postpartum care through the availability of the Healthy Pregnancy and Healthy Mom Programs.

**LOOKING FORWARD:**
- The DHCS new Medi-Cal doula benefit launch planned for January 2023. L.A. Care aims to implement the doula program to improve the prenatal and postpartum care rates for the Medi-Cal and MCLA lines of business, particularly for high-risk pregnant members. While awaiting the official launch, L.A. Care will continue to promote the L.A. County Department of Public Health's African American Infant and Maternal Mortality (AAIMM) doula services to members and providers.

- In response to the national and county-wide increase in sexually transmitted infections among pregnant people, L.A Care began to identify and track members who screen positive for chlamydia or syphilis during a prenatal care appointment. The early detection and treatment of prenatal syphilis and chlamydia during scheduled prenatal care appointments can prevent negative birth outcomes and health complications for the birthing individual and newborn. STI health education materials, specifically congenital syphilis materials, will be revised and added to pregnancy packets in 2023.
- The prenatal care and the postpartum texting campaigns will be continued in 2023 with inclusion of all LOBs. The texting campaigns offer a modality to help increase the rates of prenatal and postpartum appointments by educating members about the importance of perinatal care, informing 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 deployed an improved prenatal report on integrating additional prenatal identification sources such as HIE, CMT, prenatal data survey, HIF and other. The enhanced prenatal report helps in timely identification of pregnant members. Through this report, L.A. Care has the opportunity to reach additional pregnant members to educate them on the importance of prenatal care and connect them to additional educational materials, videos, health coaches, self-paced workshops, and resources such as the home visiting programs through L.A. Care's My Health in motion wellness site.
- The L.A. Care Maternal webpage offers numerous resources on perinatal topics, links to community resources such as No-Cost Doula Services, in-home visitation programs as well as behavioral support resources such as the National Maternal Mental Health Hotline. Health Education plans to update the maternal health webpage in 2023 to update the content as needed and make the access to resources and tools easy to manage and navigate.

**HEDIS MY 2022 WORK PLAN GOALS: TABLE 7**

| HEDIS Acronym | HEDIS Measure | MY 2022 Medi-Cal Goal | MY 2022 MCLA Goal | MY 2022 LACC Goal |
|---|---|---|---|---|
| PPC | Timeliness of Prenatal Care | 91.0% | N/A | 81.0% |
| PPC | Postpartum Care | 81.0% | N/A | 73.0% |
| PPC | Timeliness of Prenatal Care among Black/African American Members | N/A | 72.0% | N/A |

### C.1 CHRONIC CONDITION MANAGEMENT

### C.1.a REDUCING CARDIOVASCULAR RISK

**AUTHOR: AMANDA ASMUS, RN, MBA, MSN & ALISON PATSY, MHA**
**REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD**

**BACKGROUND**
In 2017, L.A. Care plan data revealed that Essential (Primary) Hypertension was the highest outpatient diagnosis for members, so the program expanded to include Cal MediConnect (CMC) as well as L.A. Care Covered (LACC) members. Across all metrics, significant health disparities exist in the prevalence and risk for HTN. The highest rates are among the African-American population and this group has the highest risk for adverse outcomes from HTN. This population is up to two times more likely to develop high blood pressure by age 55 compared to whites, with many of these differences developing before age 30.[14] Stroke risk is two-fold greater and end stage renal disease (ESRD) is five times as common. CVD was estimated to explain over one third of the mortality difference between black and white men[15].

Controlling Blood Pressure (CBP) is an outcomes measures assessing members 18-85 years of age who had a diagnosis of hypertension (HTN), on two separate dates of service, and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year. The National Committee for Quality Assurance (NCQA) cited as rationale for this measure, that one in three U.S. adults have high blood pressure which increases the risk of heart disease and stroke, two of the leading causes of death in the U.S. Hypertension was the primary cause of hospital outpatient visits and Emergency Department (ED) visits. Direct and indirect costs are in excess of $52 billion per year. All guidelines indicate that controlling hypertension significantly reduces the risks of cardiovascular disease mortality and leads to better health outcomes such as reduction of heart attacks, stroke and kidney disease. L.A. Care has interventions in place for members at different levels of risk. Rates and strategies for all members with hypertension are described below as well as those a part of the more high touch program known as the Chronic Care Improvement Program the CCIP. L.A. Care develops and implements interventions for members diagnosed with hypertension at different risk levels. The following evaluation incorporates rates and intervention strategies for all members with hypertension as well as the Chronic Care Improvement Program that is designed to target a significant health disparity within the overall population.

### MY 2021 WORK PLAN GOALS

| HEDIS Acronym | HEDIS Measure | MY 2021 Medi-Cal Goal | MY 2021 Medi-Cal Rate | MY 2021 Cal MediConnect Goal | MY 2021 Cal MediConnect Rate | MY 2021 L.A. Care Covered Goal | MY 2021 L.A. Care Covered Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|---|---|---|
| CBP | Controlling Blood Pressure | 55% | 61.5% | 66% | 61.8% | 53% | 58.5% | Medi-Cal: Met CMC: Not Met LACC: Met |

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[14] Cumulative Incidence of Hypertension by 55 Years of Age in Blacks and Whites: The CARDIA Study | Journal of the American Heart Association (ahajournals.org)
[15] Coronary Heart Disease and Stroke Deaths — United States, 2009 (cdc.gov)

**MAJOR ACCOMPLISHMENTS**
- The measure rate for Controlling Blood Pressure surpassed its MY 2021 goal for Medi-Cal & LACC lines of business.
- Between May 5, 2021 to June 18, 2021, a total of 12,424 members received and completed the interactive voice recognition (IVR) call on Diabetes that incorporated elements of controlling blood pressure, as the two chronic diseases are often correlated. The average length of script to members was five minutes and thirty seconds and included the importance of regular blood pressure checks, education on blood pressure reading and medication management.
- In 2021, L.A. Care partnered with 16 pharmacies participating in the California Right Meds Collaborative to provide comprehensive medication management to members diagnosed with Diabetes. As of September 2022, 513 members have been enrolled and data from February 2020-February 2022 reports that those members enrolled with a diagnosis of Essential Hypertension have an SBP/DBP of 132/80, with average 12 point SBD reduction for patients that had a blood pressure above 140/90 mmHg at baseline.

## *Description of Measures*

| HEDIS Measures | Specific Indicators | Measure Type |
|---|---|---|
| Controlling Blood Pressure (CBP) | The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year. | Hybrid |

## Controlling Blood Pressure (CBP)

**RESULTS**

The following graph compares L.A. Care CBP rates for HEDIS MY 2019-MY 2021 among the different product lines:
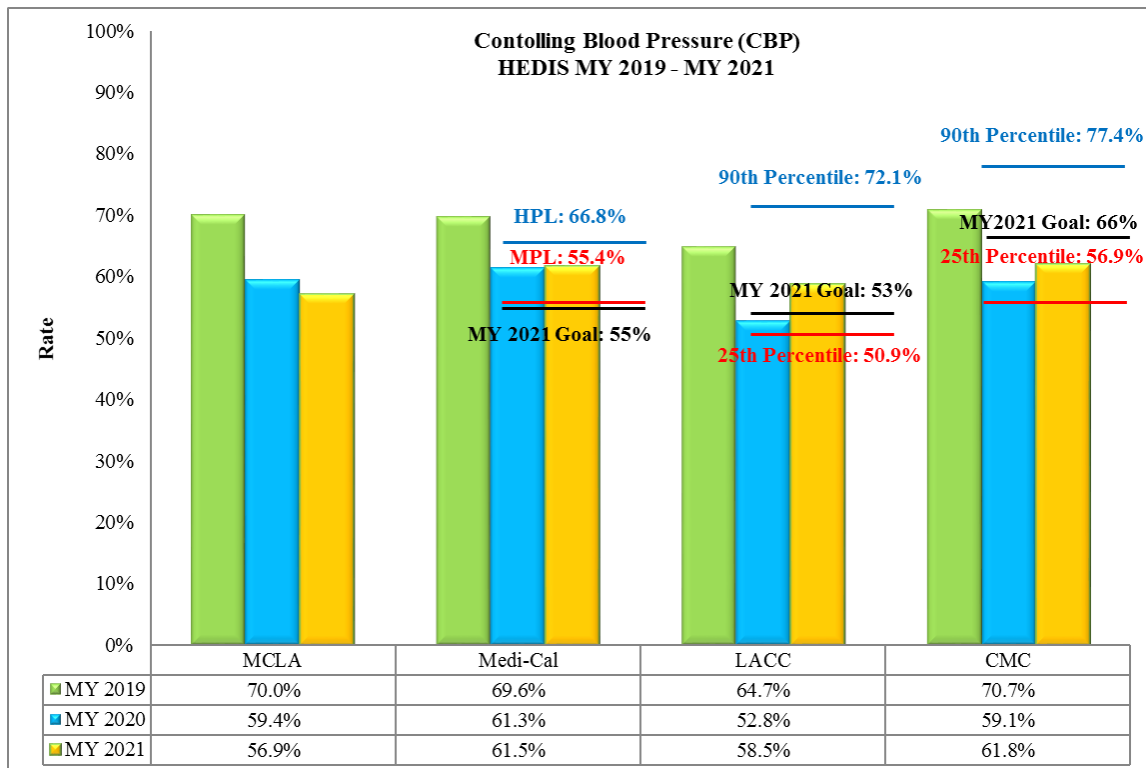


Controlling Blood Pressure (CBP)
HEDIS MY 2019 – MY 2021

|  | MCLA | Medi-Cal | LACC | CMC |
|---|---|---|---|---|
| MY 2019 | 70.0% | 69.6% | 64.7% | 70.7% |
| MY 2020 | 59.4% | 61.3% | 52.8% | 59.1% |
| MY 2021 | 56.9% | 61.5% | 58.5% | 61.8% |

\*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles
- Covered California Quality Rating System MY 2020 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2020 25th and 90th percentiles

## *Quantitative Analysis*

### *MCLA*
- Controlling Blood Pressure MY 2021 rate was 56.9%. This was a 2.5% decrease from MY 2020 and it was not found to be statistically significant. L.A. Care did not set a MY 2021 MCLA goal but instead focused solely on the Medi-Cal line of business and plans to set a future goal for RY 2023/MY 2022 by end of Q4 2022.

### *Medi-Cal*
- Controlling Blood Pressure MY 2021 rate was 61.5%. This was a 0.2% increase from MY 2020, and it was not found to be statistically significant. The MY 2021 rate met its goal of 55% and was higher than the Minimum Performance Level (MPL) of 55.4% but lower than the 90th percentile of 66.8%.

*LACC*

- Controlling Blood Pressure MY 2021 rate was 58.5%. This was a 5.7% increase from MY 2020, and it was not found to be statistically significant. The MY 2021 rate met the internal goal of 53% and was higher than the 25th percentile of 50.9% but lower than the 90th percentile of 72.1%.

*CMC*

- Controlling Blood Pressure MY 2021 rate was 61.8%. This was a 2.7% increase from MY 2020, and it was not found to be statistically significant. The MY 2021 rate did not meet the internal goal of 66% but still remained higher than 25th percentile of 56.9%. The difference between MY 2020 and MY 2021 was not statistically significant.

*Disparity Tables*

## Controlling Blood Pressure (CBP) - Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language MY 2021 | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 416 | **29.57%** | 4,599 | **34.46%** | 3,544 | 32.57% | Yes |
| Medi-Cal | 2,877 | 35.66% | 60,351 | **34.82%** | 35,672 | **40.40%** | Yes |
| Medicare -CMC | 63 | **47.62%** | 2,912 | **48.97%** | 3,729 | 47.87% | No |
| MCLA | 1,959 | 38.64% | 40,712 | **35.56%** | 24,605 | **40.78%** | Yes |
| *Denom – Denominator | | | | | | | |
| **Stat Sig – Statistical Significance | | | | | | | |

| Line of Business | Race/Ethnicity MY2020 | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 14 | 21.43% | 1,334 | **27.36%** | 220 | 21.82% | 2,054 | 26.87% | 888 | **20.05%** | No |
| Medi-Cal | 218 | **30.73%** | 15,221 | 28.82% | 18,094 | 25.90% | 53,592 | 32.93% | 17,230 | **23.44%** | Yes |
| Medicare - CMC | 8 | 37.50% | 586 | **40.10%** | 737 | 33.79% | 3,576 | 38.26% | 289 | **32.87%** | No |
| MCLA | 164 | 33.54% | 10,458 | 31.89% | 13,190 | 29.44% | 37,376 | **36.38%** | 11,645 | **26.10%** | Yes |
| Line of Business | Race/Ethnicity MY2021 | | | | | | | | | | **Stat Sig |
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 9 | **44.44%** | 1,598 | **32.60%** | 178 | 33.15% | 1,123 | 37.76% | 715 | 33.01% | Yes |
| Medi-Cal | 187 | 36.90% | 14,986 | 35.79% | 16,833 | 33.57% | 52,147 | **38.89%** | 15,571 | **30.66%** | Yes |
| Medicare - CMC | 4 | 50.00% | 636 | **53.30%** | 629 | 49.28% | 3,758 | 48.22% | 166 | **47.59%** | No |
| MCLA | 132 | 33.33% | 10,884 | 36.88% | 11,855 | 34.46% | 34,960 | **39.39%** | 10,096 | **31.38%** | Yes |
| *Denom – Denominator | | | | | | | | | | | |
| **Stat Sig – Statistical Significance | | | | | | | | | | | |

*Disparity Analysis*

*Quantitative Analysis*

*Medi-Cal*
Rates increased for all racial/ethnic groups from MY 2020-MY 2021. For race/ethnicity the population experiencing the lowest rate continued to be White members (30.66%) and the highest population continued to be among Hispanic/Latino members (38.89%). This difference showed statistical significance. A possible reason that members classified as White may have the lowest rates is the frequent inclusion of Hispanic/Latino members in the White category. For spoken language the population experiencing the lowest rate was among the Chinese speaking members (35.66%) and the highest population was among Spanish speaking members (40.40%). This difference showed statistical significance. L.A. Care continues to place importance on the translation of mailers, text messages and other communication channels into Spanish, which is likely the direct result of Spanish speaking and Hispanic/Latino population rates being amongst the highest.

*LACC*
Rates increased for all racial/ethnic groups from MY 2020-MY 2021. For race/ethnicity the population experiencing the lowest rate was among Asian members (32.60%) and the highest population continued to be Hispanic/Latino members (37.76%). This difference was statistically significant. The American Indian/Native population was not included in statistical analysis due to the denominator being less than 30. The most significant increase was in the Black/African American member population by 11.33 percentage points from 2020. This was likely due to the increase in disparity focused interventions for this population throughout L.A. Care. For spoken language the population experiencing the lowest rate was among Chinese speaking members (29.57%) and the highest was among Spanish speaking members (35.27%). The difference showed statistical significance.

*CMC*
Rates increased for all racial/ethnic groups from MY 2020-MY 2021. For race/ethnicity the population experiencing the lowest rate continued to be among White members (47.59%) and the highest population continued to be among Asian members (53.30%). This difference did not show statistical significance. For spoken language the population experiencing the lowest rate was among Chinese speaking members (47.62%) and the highest was among English speaking members (48.97%). The difference did not show statistical significance.

*Qualitative Analysis*
For the first time in MY 2020 NCQA is accepting member reported blood pressure readings as long as provider offices' document member reported results in the patient records. Many members and providers are still not aware of the HEDIS specification change and many members do not have working digital BP cuffs. A MY 2021 chart analysis revealed the primary reason for non-compliance was that members did not visit the providers' office and neither provider nor member was aware of the change to the NCQA specification. This becomes a barrier to collecting valid reporting data and impacts the outcome of this measure. Future interventions will ensure that providers have updated coding guidelines and resources to properly document vitals.

The MY 2020 Hybrid rate for the Medi-Cal Line of business did not meet the 50th percentile benchmark. However, in MY 2021 the Hybrid rate surpassed the 50th percentile by 6.1 percentage points. This could be due an increase in member education on the importance of medication adherence and access to resources on managing Essential Hypertension through the Eliza Interactive Voice Response (IVR) call intervention. Out of the 41,709 members for condition management, 12,424 members were successfully reached and

completed the call.  The intervention was originally designed to include a warm transfer option to a live call agent who could urge an in-person doctor visit and further re-inforce medication adherence.  The warm transfer option was placed on hold due to the inability of the Customer Solutions Center (CSC) team to take calls due to the burden on the healthcare system from the COVID-19 pandemic.  The call scripts were modified and the transfer option was removed. Quantitative analysis findings for Medi-Cal and LACC lines of business showed L.A. Care reached their goals while the CMC line of business fell 4.2% short.  Medicare is health insurance for people 65 or older who typically feel more comfortable and trusting speaking to a live representative.  The removal of this interventions transfer option could have been a potential barrier to why L.A. Care was not able to achieve their CMC MY 2021 goal.

In 2021, L.A. Care partnered with the California Right Meds Collaborative (CRMC) with a mission to provide optimal medication therapy for high-risk patients in the community.  L.A. Care identified eligible members diagnosed with uncontrolled Diabetes, a number of which also had a diagnosis of hypertension. Outreach was conducted to offer comprehensive medication management services that includes: Medication reconciliation and review, patient education/counseling, electronic health record access/chart review, collaborative practice agreements, and including the Pharmacist as part of the healthcare team. One-on-one appointments provide an opportunity to identify and overcome barriers to disease control, recommend medication changes to the provider and follow-up monitoring to reach treatment goals.  The program has been a success in helping members control their blood pressure, data from Feb 2020-Feb 2022 showed an average 12 point SBP reduction for patients with a BP above 140/90 mmHg at baseline.  The average blood pressure of members participating was reported to be 132/80.

In addition, L.A. Care's Pharmacy dept. has several initiatives to support CMC member is maintaining medication adherence with their cardiovascular medications.  Starting in June 2021, L.A. Care's pharmacy department continued the in-house adherence outreach program, the Comprehensive Adherence Solutions Program (CASP), to target Cal MediConnect (CMC) members.   The program involves a high-touch approach to ensure adherence is achieved and maintained throughout the calendar year.   Pharmacy technicians and pharmacists conducted outbound calls to members to encourage our members to be adherent by addressing any obstacle they may be facing and offering pharmacy services to help them.  If staff is unable to reach members, research is conducted to identify alternative working numbers not already listed in Navitus or L.A. Care systems, such as outreach to the member's provider or pharmacy.  Any working numbers are added to QMEIS to minimize the unable to contact (UTC) rate and make the updated contact information available to other departments and intervention efforts.   We utilize motivational interviewing techniques to listen to the members' concerns and offer the exact service they need from our list of available services, including patient education, transportation resources, 100-day supply conversion, mail order referral to Ralphs Pharmacy, medication synchronization (allowing members to pick up multiple chronic medications on the same day rather than going to the pharmacy multiple days in a month), and statin recommendation for eligible diabetic members to fulfill the SUPD measure. Additionally, we educate members to receive eligible vaccines including the flu, COVID-19, pneumonia, and shingles vaccines, if appropriate.  We also conduct survey questions to assess the member's experience with their prescription drug plan (in hopes of improving our performance in the Getting Needed Prescription Drugs CAHPS metric) and a Social Determinants of Health (SDOH) survey to address any social concerns.  If appropriate, referral to a service found on Community Link or to L.A. Care's Social Services Department was made. Lastly, we would refer members who are eligible for Medication Therapy Management (MTM) but have not completed a Comprehensive Medication Review (CMR) to Navitus CEC, the new MTM vendor for MY 2022.  Each intervention is tailored to specific members and would only be offered to those that need it.

Since July 2018, providers have been receiving a quarterly scorecard letter distributed by Navitus.  This letter and supplemental tables list members who may be exhibiting non-adherent behaviors for each respective provider.  Providers are able to quickly identify L.A. Care patients who may need encouragement

and counseling in continuing with regular administration of their chronic medications. The date and volume of mailers for the past year is noted below.

- 10/11/21: Q3 Prescriber Scorecards: 3,259 unique prescribers.
- 1/24/22: Q4 Prescriber Scorecards: 3,351 unique prescribers.
- 5/6/22: Q1 Prescriber Scorecards: 3,489 unique prescribers
- 7/22/22: Q2 Prescriber Scorecards: 4,255 unique prescribers.

Targeted Medication Reviews (TMR) are currently in place for 2022 with Navitus CEC. The TMRs utilize prescription claims data to identify lapses in therapy and involve quarterly interventions, which entail mailings to the members and/or providers.

- Cholesterol medication adherence
- RAS antagonist adherence
- Diabetes medication adherence
- High-risk medication identification
- Potentially harmful drug-disease interaction in the elderly
- Statin Use in Persons with Diabetes (SUPD)

Navitus has also been mailing 100-day supply conversion forms to providers on a quarterly basis to encourage prescribers to switch members' chronic medications to a 100-day supply. Starting on January 1, 2022, CMC members can fill up to 100-day supply of their chronic medications, increased from 90-day supply previously. Switching to 100-day supply has proven to help with improving medication adherence, especially for those who are physically burdened. Fewer trips to the pharmacy may result in higher adherence, and protect our more vulnerable CMC members from COVID-19 risk. The mailers are sent on a quarterly basis and the volume of letters sent to providers is noted below.

- 2021 Q3: 5,596 letters mailed
- 2021 Q4: 6,004 letters mailed
- 2022 Q1: 4,943 letters mailed
- 2022 Q2: 5,206 letters mailed

Starting January 2022, L.A. Care partnered with Navitus CEC (MTM vendor) to also launch a new medication adherence program called Pharmacoadherence, also known as Star Support. This new program is used to identify members who are currently non-adherent to their medications and utilizes a multimodal technique to address the issues they may be facing. Navitus CEC will first mail a letter to the members' prescriber and a letter to the member, then follow up with a phone to the member and prescriber, as necessary. Mailing and outreach will happen four times this calendar year. In September, we also expanded the criteria for outreach to members who only had one fill of STAR medications and those who have borderline Proportion of Days Covered (PDC). Navitus CEC has also expanded outreach to weekly and started targeting members who only need one more fill of a 100-day supply of their prescription to remain or become adherent by end of year. L.A. Care Pharmacy is assisting Navitus CEC by outreaching to Spanish-speaking members.

**INTERVENTIONS**

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/Outcome |
|---|---|---|---|
| Controlling Blood Pressure (CBP)- CMC, Medi-Cal, LACC | • Patients diagnosed with Essential Hypertension do not take their medication as prescribed (medication adherence issues).<br>• Lack of provider training around proper electronic health record documentation and as a result, L.A. Care does not receive valid data reporting around this measure and cannot accurately determine outcomes.<br>• Lack of medication education, medication management, and overall self-management of hypertension. | • In May 2022, Blood pressure monitor cuffs were given to 3 clinics to distribute to eligible L.A. Care members with hypertension.<br>• In May 2022, L.A. Care launched a hypertension text message campaign. Members with hypertension received up to 6 text messages providing education on medication adherence and controlling blood pressure.<br>• In Q2 2021 Eliza IVR calls were conducted, targeted at condition management patients (members diagnosed with Hypertension and/or Diabetes) – The IVR call script was designed to increase the adherence to prescribed medications and health education on controlling blood pressure.<br>• In Q4 2021 provider training for proper coding (i.e. telehealth visits), information for recording self-reported BP readings, and outreach calls were conducted from L.A. Care to review provider opportunity and gaps in care reports.<br>• L.A. Care continued its partnership with CRMC (California Right Meds Collaborative) to target members with uncontrolled diabetes, many of which were also diagnosed with essential hypertension. Comprehensive medication management was offered to conduct education while also identifying barriers. | • By September 2022, 200 blood pressure cuffs were delivered to three health centers in Los Angeles. Participating sites were provided with blood pressure resources, an eligible member list and an outreach tracking log. The team encountered barriers in outreach to members, tracking and distribution. Evaluation is pending.<br>• The blood pressure texting campaign concluded in November 2022. Of the 21,764 members outreached to, 25% (5,331) completed the texting campaign.<br>• 36% (12,424 members) were reached and participated in the interactive voice recognition calls educating members on controlling blood pressure.<br>• CRMC intervention is ongoing through 2022. As of Feb 2022 the program reports success in controlling BP with an average SPD/DBP of 132/80 (average 12 points SBP reduction for patients with BP above 140/90 mmHg at baseline). |

| CMS Cal MediConnect Medication Adherence Measures | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| Medication Adherence for Hypertension Medications (RAS Antagonist)<br><br>Medication Adherence for Statins | • Members experience difficulty in obtaining refills from the pharmacy or provider<br>• Members express forgetfulness<br>• Members identify transportation issues to getting to their pharmacy for provider<br>• Members express a lack of understanding of their medication indication or instructions<br>• Member has concerns of side effects from medications<br>• Lack of PPG/provider partnership/engagement in part due to COVID-19 | • Contact member's pharmacy or provider to request for 100-day supply of medications<br>• Assist member in obtaining refills for medications<br>• Provide counseling tips for adherence<br>• Provide Transportation Resources<br>• Offer to contact provider for 100-day supply prescription or mail-order pharmacy services<br>• Warm transfer to Clinical Pharmacist for consultation<br>• Encourage the use of mail order pharmacy to further assist in boosting adherence<br>• Address SDoH-related barriers via Community Link and/or CM/Social Services referrals | • Increase in PDC rate for Diabetes, RAS Antagonist, and Statin medication adherence measures<br>• Advance to estimated 2 Star for Statin medication adherence measure<br>• Increase in 100-day supply prescription count |

## C.1.b CHRONIC CARE IMPROVEMENT PROGRAM (CCIP)

### BACKGROUND

Effective chronic disease management is a national quality priority. The Centers for Medicare and Medicaid Services (CMS) has implemented a strategy to create a health care delivery system that creates healthier communities. The Chronic Care Improvement Program (CCIP) aims to promote effective chronic disease management and improve care and health outcomes for enrollees with chronic conditions.

Population health management is a systematic approach to improve the health of a population and empower members to not only manage disease, but holistically live a high-quality life. L.A. Care prioritizes chronic condition management as a component of Population Health Management to coordinate care across the continuum of care to improve members' quality of life and address members' diverse needs by proactively identifying populations with, or at risk for, established medical conditions. Disease management supports the provider-patient relationship through collaborative care in the treatment plan while emphasizing prevention and patient self-management.

When chronic diseases are managed effectively, the CCIP results in positive health outcomes. These outcomes include the slowing of disease progression and improvement in the overall quality of life. Aside from the positive health outcomes, a fiscal imperative is reached by providing the right level of care at the right time for the right patient. Some of the objectives are decreases in unwanted hospitalizations, reduced use of unnecessary medical technology and more patient centered care. As a result, high value care is reached by improved quality at decreased cost.

For CY 2021, in recognition of the information above and in alignment with enterprise goals to address healthcare disparity, the disease management program was redesigned through a close collaboration with the Medical Director of Care Management. The new program was intended to provide a more focused set of interventions for a smaller population with the hope that the focus would drive higher positive impact.

More specifically, the program shifted from addressing CVD in the overall membership to only addressing hypertension in African-American members.

**2022 PROGRAM OBJECTIVES:**
The CVD program to address hypertension in African-American members was developed as a pilot in CY 2021 with the intention of growing in scope over time after exploring effective interventions. The program was originally implemented in 1/2021 and had the following stated objectives:
1. Promote recording of blood pressure through home monitoring
2. Identify self-management goals for control of HTN
3. Provide members with education on healthy heart/lifestyle changes
4. Improve member engagement with PCP regarding CVD diagnoses

On a monthly basis, members with HTN are assessed for appropriateness to participate in the CVD program. Identification is based on ICD-10 codes, members' medical utilization, pharmacy claims, and lab data (when available). Identified members received a mailed invitation to join the program with the information below:
- How they were identified
- Explanation of the CVD program
- Invitation to join & how to self-refer to the CVD program (opt-in)
- How to access services
- CVD booklet

Members identified at a higher risk within this target population will receive telephonic outreach to encourage participation in the program.

**INTERVENTIONS**
The primary role of disease management is to improve members' understanding of their condition and enhance their ability to self-monitor, self-manage, and report changes in their condition to their health care provider. Focus is also placed on improving service delivery and coordination of care between a member and his/her provider. The program is designed to synchronize with provider interventions to enhance care. Members are encouraged to adhere to treatment plans from their provider and/or the disease management program including medication adherence, compliance with tests and exams, attending appointments, addressing knowledge deficits, lifestyle modifications, receiving preventive health care and referrals to external agencies and resources. Cultural differences, linguistic needs and health literacy are also major considerations in selection and implementation of member interventions.

**Enrolled Members**
Members who have opted in to the CVD program will receive disease management interventions to include: telephonic outreach, health education coaching and materials as well as other resources and information to encourage them to communicate with their provider about their health conditions and treatment. They may opt-out at any time by telephone or in writing. The program will include:
- Condition monitoring outreach by a Care Management Specialist
  - At least monthly with increased outreach based upon the member's care needs relative to their disease state
  - A Care Management specialist will work with the member to tailor an individualized disease management care plan to the members needs and preferences
- Educational materials covering heart health management (both print and website accessible resources)
- Options for obtaining a Blood Pressure Cuff

- Access to the L.A. Cares About Your Heart Resource Line
  (855-707-7852, TTY/TTD 711)

The primary interventions for the CVD program were decided through a review of current literature and established clinical practice guidelines to identify best-practices. The primary interventions for the FY 2021 CVD pilot year were unchanged in FY 2022 and included the following:

1. **Blood Pressure Monitoring**
   Home blood pressure management (HBPM) has been shown in conjunction with other interventions to reduce blood pressure at six months and at one year. Ambulatory blood pressure monitoring devices will be made available with appropriate education to members so they are able to accurately measure their blood pressures and record the readings.
   - Facilitation of obtaining BP monitoring cuffs
   - Educate members on how to use the blood pressure cuffs
   - Educate members on the importance of keeping a blood pressure log and how to properly log readings
   - Educate the member on the importance of sharing their results with their PCP regularly

2. **Lifestyle Modifications**
   Modifiable risk factors for members such as obesity, tobacco use, and poor diet will be addressed and review of educational materials and referrals will be provided and documented in a care plan within the system of record. The main lifestyle modifications that members will be educated on are:
   - Maintaining normal body weight – minimize weight gain through self-monitoring, physical activity and balancing calories (CDC.gov); obesity is a risk factor for HTN, stroke, coronary artery disease.
   - DASH (Dietary Approaches to Stop HTN) eating plan – eating plan proven approach to lower blood pressure through validated studies
   - Physical activity – current Health and Human Services (health.gov) guidelines call for 150 minutes of physical activity per week
   - Limit consumption of alcohol (AHA) – limit alcohol consumption (2 drinks for men, 1 for women)
   - Education on emergent complications of HTN
   - Refer members to health education and fitness classes at L.A. Care's Community Resource Center (CRC)
   - Referrals to L.A. Care dietician

3. **Education on Medication Access and Adherence**
   Medication review will be performed to identify medications the member needs to be educated on. These will be documented within the system of record to track adherence and progress. The main points of this exercise are:
   - Identifying hypertensive medication (medication review)
   - Assessing if the member understands his/her medications and is compliant (education)
   - Ensuring the member knows what to do if the medication is missed

## 1. Disease Management Assessments

### Health Behaviors

The Care Managers assigned to members in the program will identify and assess conditions in the home or outside the home that would make the member's condition worse (e.g. stress, diet, inactivity, smoking, etc.) through telephonic condition monitoring calls. Development of healthy behaviors is encouraged during the condition monitoring telephone calls (e.g. healthy eating, physical activity, and smoking cessation). Barriers to lifestyle modification will be identified to improve outreach efforts. The Care Managers will send health education materials addressing identified health behaviors. Additionally, the Care Managers may refer members to health education group appointments, a registered dietician, tobacco cessation programs and other resources, when appropriate.

### Social Drivers of Health

The CMs will address non-physical health barriers and social drivers of health important to success in the program. They will work with members to address identified barriers as well as preferences such as:

- Beliefs or concerns about the member's condition and treatment
- Transportation
- Financial means for obtaining and/or adhering to treatment
- Cultural, religious and ethnic beliefs
- Social support

Interventions may include, but are not limited to working with the member's PCP and/or pharmacist for treatment requirements (e.g. medication adherence, appointments), working with the member to resolve access barriers (e.g. arranging transportation). If needed, and with the member's consent, the member may be referred to L.A. Care's Social Services Department or a behavioral health vendor for additional mental health support services.

## 2. Culturally Appropriate Materials

In consultation with the Cultural and Linguistics department, materials are reviewed to ensure materials meet readability standards and are culturally and linguistically appropriate.

Additionally, the Cardiovascular Disease Management program was presented at the Consumer Health Equity Council in December of 2021 to elicit member input. Members were able to share their lived-experience that contributed to improving the program and ensuring member voice.

## KEY PERFORMANCE INDICATORS

### Participation Rate

Member active participation rates are measured to monitor the effectiveness of outreach and member engagement. For the active participation rate, the denominator is the number of members identified as eligible for the program. The numerator is the number of members who enrolled into the program.

In FY 2022, 2,043 mailer invitations were sent to 1,979 unique members who were identified as eligible for program participation. 151 members from LACC, CMC, and MCLA lines of business (LOB) were targeted for telephonic outreach for program participation. Year to date, 45 members have been successfully connected with a home blood pressure monitoring device for self-monitoring of blood

pressure, 12 more members reported receiving a blood pressure cuff prior to entry into the program, and efforts remain underway to connect additional members who are actively participating in the program with a device.

| October 2021 – September 2022 | | |
|---|---|---|
| **Number of Members Willing to Enroll in CVD Program** | **Number of Members Identified for Program Participation** | **Participation Rate** |
| 73 | 1979 | 3.7% |

In launch year FY 2021, the lesson learned was that a fully opt-in approach (asking members to call in to the CVD line to enroll in response to a mailer invitation) was ineffective and resulted in low enrollment during the pilot year. Batches of letters with information regarding the program and invitation to participate were mailed out each month to eligible members with very limited response. In FY 2022, the program continued to send mailer invites to eligible members within the target population on a monthly basis, however, a hybrid approach was adopted. Members who met program criteria and received a mailer were be reviewed in iPro to identify the members most appropriate for telephonic outreach each month. In total, 151 members received telephonic outreach.

It was expected that the hybrid approach to engagement for implementation year 2022 would result in dramatically improved member engagement rates from the pilot year 2021. The Care Management staff who complete outreach for the CVD program are very familiar with this approach as telephonic outreach is the primary approach to member engagement for L.A. Care's Care Management programs with relative success; however, engagement rates for the CVD program implementation year 2022 remained surprisingly low.

**Unable to Reach Rate**

| October 2021 – September 2022 | | |
|---|---|---|
| **Number of Members Unable to be Reached for Program Participation** | **Number of Members Outreached for Program Participation** | **Unable to Reach Rate** |
| 47 | 151 | 31.1% |

Out of the 151 members who received telephonic outreach, 44 members were unable to be reached and 3 members requested a delay in program engagement and were unable to be reached for continued discussion. An additional 40 members were willing to enroll in the program upon initial contact but at a later date were subsequently unable to be reached. The average length of program participation prior to becoming unable to be reached after engagement varied; however, many of the 40 members were unresponsive to outreach soon after initial outreach. In total, 87 members were unable to be reached for engagement or for ongoing participation after engagement. While the unable to reach rate (UTR) is a significant barrier to program effectiveness, it is not clear if the unexpectedly high rate is related to a process issue or other unknown factor. Efforts will need to be made to the FY 2023 program to reduce the UTR rate in order to drive program effectiveness as a whole.

The best practice of utilizing three outreach calls on different days and times followed by a letter has resulted in some success for other programs at L.A. Care and will be implemented in the coming year for the CVD program in hopes of increasing the number of successful member contacts.

## Refusal Rate

| October 2021 – September 2022 | | |
|---|---|---|
| **Number of Members Refused Program Participation** | **Number of Members Outreached for Program Participation** | **Participation Rate** |
| 31 | 151 | 20.5% |

Out of the remaining members who received telephonic outreach, 31 members declined to participate in the program upon initial outreach and an additional 5 members declined ongoing participation after they had engaged in the program for a certain amount of time. While the specific reasons for declining to participate in the program were variable, there were consistent recurring themes:

- Member reported their condition was well controlled already and were not in need of the support the program provided
- Member reported they already had a BP cuff and were able to self-manage on their own
- Member did not have time to participate in the program
- Member wished to engage with their PCP only
- Member was more concerned about other health issues and didn't want to focus on their blood pressure (dental was the most common)

The information gathered during evaluation of member refusal reasons is a valuable takeaway for ongoing process improvement; the lessons learned will be analyzed in depth to determine more effective interventions for the target population in FY 2023.

## Engagement Rate

| October 2021 – September 2022 | | |
|---|---|---|
| **Number of Members Willing to Enroll in CVD Program** | **Number of Members Outreached for Program Participation** | **Participation Rate** |
| 73 | 151 | 48.3% |

A total of 73 members targeted for telephonic outreach agreed to participate at some point during the fiscal year. While the initial program engagement rate was 48% (73/151), more than half of these members subsequently declined to participate or were unable to be reached for completion of the program. Despite being unable to graduate, many members lost to contact were still supplied with blood pressure monitoring devices, furnished with education and support for lifestyle change, and encouraged to take action to better self-manage their blood pressure and overall health.

**Barriers Encountered**
In the pilot year FY 2020-2021, the Cardiovascular Disease Management program experienced two significant barriers, which were challenges with eliciting engagement from members to participate in the program, and challenges with coordinating the acquisition of blood pressure monitoring devices for members enrolled in the program.

The FY 2021-2022 re-implementation of the program introduced new processes do address these barriers. First, a new workflow was worked out with the durable medical equipment company to streamline the request and delivery of home blood pressure monitoring devices. In an attempt to improve the program member engagement rate, the approach to engagement pivoted from an opt-in approach with a mailer/flyer invite to a combination opt-in approach coupled with active telephonic outreach.

During FY 2021-2022, the program continued to experience challenges with eliciting participation from members and unable to reach and refusal rates remained high, despite additional efforts to telephonically outreach members for program participation. Toward the close of the FY, additional coaching from supervisory staff and additional support for the care coordinator outreach team resulted in a late influx of engagement from members. Moving into the next implementation year, a deeper dive into the potential causes for high refusal and unable to reach rates will be completed in order to maximize outreach efforts. The second major barrier identified during the FY 2021-2022 was lack of PCP engagement. A core component of the program is connecting members with a blood pressure monitoring device to encourage members to self-monitor their blood pressure and maintain a blood pressure log. In order to facilitate the delivery of a device, a doctor or other prescribing provider must sign and return a referral form. Despite creating a new workflow to solve the fulfillment issues experienced with the durable medical equipment vendor during the previous year, the lack of PCP participation created a bottleneck in our process; many provider offices were difficult to reach after multiple attempts or refused to sign and return the form for a variety of reasons. A small supply of backup devices was available to send to members to bypass the provider, however, in order to scale the program to serve a larger number of members, this process gap will need to be reviewed and worked through. Outside of a lack of PCP participation with signing and returning the referral form, the process difficulties with connecting members with a blood pressure monitoring device from last year were much improved.

**Measuring Effectiveness**
L.A. Care intended to track and analyze the performance measure through comparisons of the blood pressure monitor readings in participating members. Upon assisting the member with receiving a blood pressure monitor, the baseline average reading was to be recorded in the member's electronic chart in Clinical Care Advance (CCA) using a tool called 'Blood Pressure Tracker'. Subsequent readings by the participating member were to be recorded and compared against the baseline reading as well as analyzed for trending patterns over time.
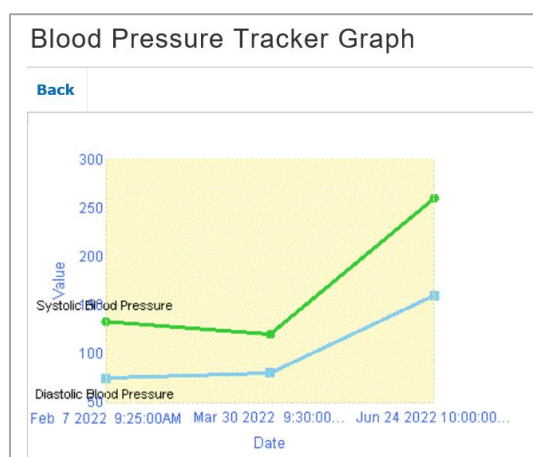


This performance measure failed to be a viable measure of effectiveness during FY 2022 due to two primary developments: (1) unexpectedly low rates of graduation despite changes to the engagement model, and (2) challenges with access to data. Upon review for program evaluation, one lesson that was learned was that

there was no reporting function available in CCA to access member self-reported blood pressure readings that were entered into the Blood Pressure Tracking tool by Care Managers over the course of the program. Furthermore, the Blood Pressure Tracker tool in CCA did not grant a non-Care Manager user to access the front-end member information including trending or blood pressure reading values entered by the Care Manager even upon manual review of each individual participant's file.

Of the 73 members who opted in to the program during FY 2022, four members have reached graduation. All four members have achieved blood pressure control, either through documented member self-report of home blood pressure readings or through CPT II codes 3074F (Systolic Blood Pressure < 130 mmHg) and 3078F (Diastolic Blood Pressure < 80mmHg). Ongoing evaluation of member progress will continue throughout the FY as members enrolled during FY 2022 continue to reach the point of graduation.

## Member Satisfaction
A new member satisfaction survey was created during FY 2022 in order to measure program effectiveness and elicit member feedback for ongoing quality improvement. Member satisfaction surveys were included with graduation letters at program completion beginning July 2022. No surveys have been received to date.

## Complaints
No complaints or grievances were reported.

## NEXT STEPS & ACTION PLAN – 2023:
- L.A. Care will be addressing the shortfalls of implementation years 2021 and 2022 through ongoing evaluation and process improvement.
- L.A. Care aims to continue to expand the program's reach through enrolling more members. Interventions aimed at improving the program participation rate will be implemented.
- The program delivery model will be revised to be able to deliver the intervention to a higher number of enrollees and to focus on connection to resources at the plan and within the community.
- Efforts to and improve member access to blood pressure monitoring devices for all LOB will continue into the next implementation year.
- L.A. Care will be reviewing and revising the program's scope, interventions, and approach in order to deliver a culturally responsive program that is effective in reducing a significant health disparity.

## 2023 PROGRAM GOALS:

- **Controlling High Blood Pressure 1:**
  At least 50% of adult African-American members who were eligible for and participated in the CVD program will report average BP that is adequately controlled (<140/90) by their graduation from the program during the measurement year. This will be measured through member self-report of blood pressure as documented in CCA, through medical record review, and/or through CPT codes submitted by provider(s).
- **Controlling High Blood Pressure 2:**
  The Cardiovascular Disease Management Program under the Care Management department will connect at least 100 members with a home blood pressure monitoring device in FY 2023.

The specific measure that the Cardiovascular Disease Management program targets is CBP. The DM CVD program focuses on a specific population with known disparities in both rate of hypertension and adverse health outcomes related to hypertension, and is a component of the overall enterprise strategy to improve blood pressure control for L.A. Care members diagnosed with hypertension.

### LOOKING FORWARD

L.A. Care continues to keep Controlling Blood Pressure a high priority chronic care measure to improve the overall health of members and increase HEDIS rates with successful interventions:

- Continue focus on improving the health education and self-management of hypertension in members through various communication channels.
- Continue with the successful CRMC program with a new cohort targeting members that have had two or more recent inpatient admissions with a cardiovascular disease-related diagnosis.
- Performance improvement projects focusing on disparities and tailoring interventions to reach subpopulations of members.

### MY 2022 WORK PLAN GOALS

| HEDIS Acronym | Measure | MY 2022 Medi-Cal Goal (Hybrid) | MY 2022 CMC Goal (Hybrid) | MY 2022 LACC Goal (Hybrid) |
|---|---|---|---|---|
| CBP | Controlling Blood Pressure | 62% | 67% | 62% |

### C.1.c ASTHMA MANAGEMENT

**AUTHOR: ALISON PATSY, MHA**
**REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD**

### BACKGROUND

Asthma is one of the most prevalent chronic conditions in the US, with roughly 25 million Americans living with it.[16] Specifically, there are roughly one million people living with Asthma in Los Angeles County, 118,769 of whom are L.A. Care members. Asthma can be treated with two groups of medication: controllers and relievers. Controller medication is recommended to be taken regularly as it works slowly over a long period of time. On the other hand, reliever medication is recommended to be taken upon acute symptom onset (such as an asthma attack) and works quickly.[16] Misconceptions behind controllers and relievers stem from a misunderstanding of the use of each type of medication. Simply treating acute symptoms with reliever medication is generally not enough to treat persistent asthma. Although an analysis on severity of symptoms needs to be conducted for each member, generally a combination of a fixed dose of controller medication with reliever medication used as needed can provide an efficient relief.

### MY 2021 WORK PLAN GOALS

| HEDIS Acronym | HEDIS Measure | MY 2021 Medi-Cal Goal | MY 2021 Medi-Cal Rate | MY 2021 L.A. Care Covered Goal | MY 2021 L.A. Care Covered Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|---|
| AMR | Asthma Medication Ratio | 64% | 66.8% | 75% | 75.1% | Medi-Cal: Met LACC: Met |

### MAJOR ACCOMPLISHMENTS

- The measure rate for Asthma surpassed its MY 2021 goal for Medi-Cal line of business by 2.8% and met the MY 2021 goal for the LACC line of business. The measure also improved year over year from MY 2020 to MY 2021 in the Medi-Cal line of business.

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[16] Medication for people with asthma. (2017, November 30). Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK279519/

- Asthma medication mailer was renewed in August 2022 and expanded its reach to include the LACC line of business. Decision to renew was based off the evaluation of the 2020 mailer, which showed a statistically significant decrease in reliever/rescue usage and statistically significant increase in controller usage for proper asthma management.
- Between April 13, 2021 to May 25, 2021 362 members received and completed the interactive voice recognition call focusing on medication adherence and the regular use of controller medications in effort to reduce usage of rescue inhalers.

## *Description of Measures*

| HEDIS Measures | Specific Indicators | Measure Type |
|---|---|---|
| Asthma Medication Ratio (AMR) | The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. | Administrative |

## Asthma Medication Ratio (AMR)

### RESULTS

The following graph compares L.A. Care AMR rates for HEDIS MY 2019-MY 2021 among different product lines:
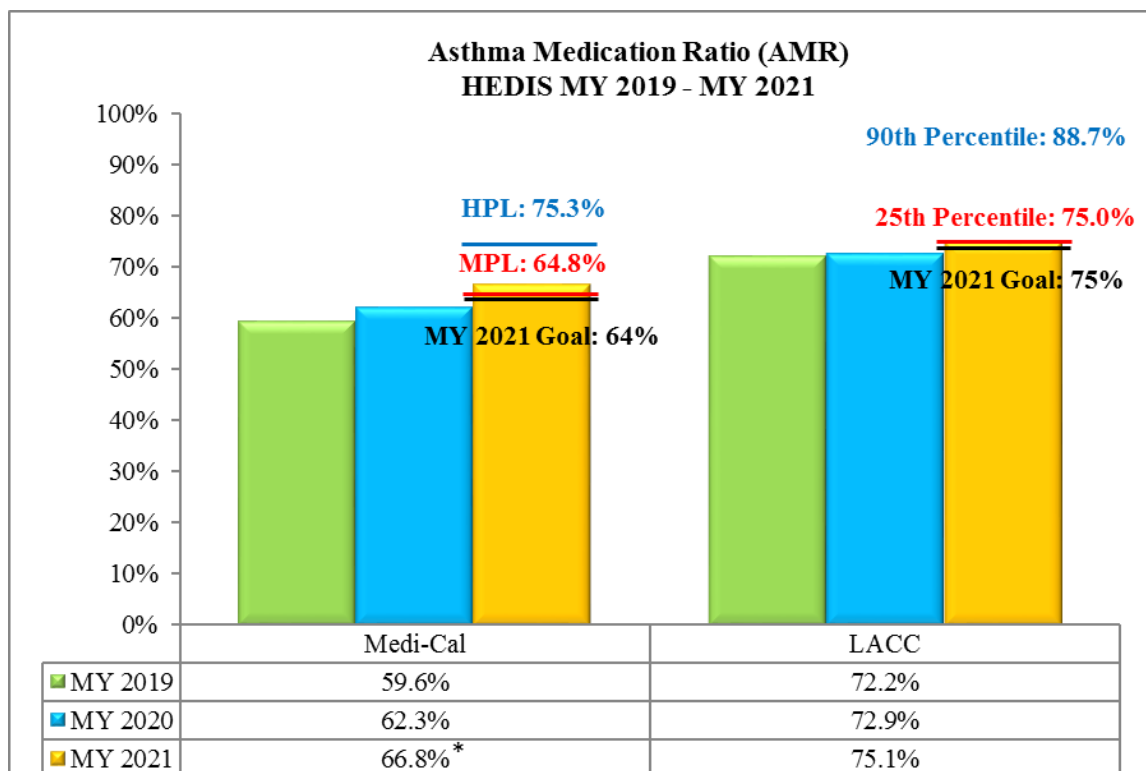


**Asthma Medication Ratio (AMR)**
**HEDIS MY 2019 - MY 2021**

90th Percentile: 88.7%
HPL: 75.3%
25th Percentile: 75.0%
MPL: 64.8%
MY 2021 Goal: 75%
MY 2021 Goal: 64%

| | Medi-Cal | LACC |
|---|---|---|
| MY 2019 | 59.6% | 72.2% |
| MY 2020 | 62.3% | 72.9% |
| MY 2021 | 66.8%* | 75.1% |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles

## Quantitative Analysis

### Medi-Cal

- Asthma Medication Ratio (AMR) MY 2021 rate was 66.8%. This was a 4.5% increase from the MY 2021 rate of 64%, and was statistically significant. The MY 2021 rate met its goal of 64.0% and surpassed the Minimum Performance Level of 64.8%, but was under the High Performance Level of 75.3%.

### LACC

- Asthma Medication Ratio (AMR) MY 2021 rate was 75.1%. This was a 2.2% increase from the MY 2020 rate of 72.9%, and was not statistically significant. The MY 2021 rate met its goal of 75.0% and met the 25th percentile of 75% but did not make the 90th percentile of 88.7%.

## Disparity Tables

### Asthma Medication Ratio (AMR) - Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language MY2021 | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | - | - | 272 | 74.6% | 55 | 81.8% | No |
| Medi-Cal | 84 | 72.6% | 11,194 | 65.5% | 4,198 | 71.3% | No |
| MCLA | 45 | 75.6% | 4,941 | 62.9% | 1,857 | 73.9% | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity MY2020 | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | - | - | - | - | - | - | 47 | 70.2% | 89 | 83.15% | No |
| Medi-Cal | 30 | 53.3% | 1,111 | 69.3% | 3,419 | 56.5% | 11,045 | 65% | 2,486 | 55.8% | Yes |
| MCLA | - | - | 550 | 65.1% | 1,600 | 43.8% | 4,750 | 60% | 1,253 | 48.1% | Yes |

| Line of Business | Race/Ethnicity MY2021 | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | - | - | 30 | 63.3% | - | - | - | - | 77 | 79.2% | No |
| Medi-Cal | 30 | 70% | 990 | 71.9% | 2,814 | 62.4% | 9,076 | 68.4% | 1,996 | 62.1% | Yes |
| MCLA | - | - | 506 | 72.1% | 1,261 | 56.8% | 3,872 | 69.0% | 964 | 60.4% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal*
Rates increased for all racial/ethnic groups from MY 2020-MY 2021, with the most significant improvement being among the American Indian/Alaskan Native population with an increase of 16.67%. For Race/Ethnicity the highest rate was among Asian members (71.9%) and the lowest rate was among White members (62.1%). This difference showed statistical significance. A low rate was also reported for the Black/African American member population (62.44%). For Language, the highest rate was among Chinese speakers (72.6%) and the lowest rate was among English speakers (65.4%). This difference did not show statistical significance. A possible reason that members classified as White may have the lowest rates is the frequent inclusion of Hispanic/Latinx members in the White category. Based on this analysis, the initiatives team will ensure that all Asthma calls including Eliza robocall outreach in the future will continue to be conducted in English and Spanish. Furthermore, in 2022, the Preventive and Chronic Care Work Group is planning to address disparity among members by gathering community feedback on all asthma controller usage mailer, postcard and member outreach.

*LACC*
For Race/Ethnicity the highest rate was among White members (79.2%) and the lowest rate was among Asian members (63.33%). This difference did not show statistical significance. For Language, the highest rate was among Spanish speakers (81.82%) and the lowest rate was among English speakers (74.63%). This difference showed statistical significance. Based on this analysis, the initiatives team will ensure that all Asthma call campaigns such as the HMS-Eliza outreach in the future will continue to be translated in threshold languages. Furthermore, in 2022, the Preventive and Chronic Care Work Group is planning to address disparity among members by gathering community feedback on all asthma mailers, postcards and outreach.

*Qualitative Analysis*
The AMR goal for MY 2021 was met for Medi-Cal and the rate increased from the previous year. During a Q2 2020 Joint PICC/PQC meeting, L.A. Care staff and network providers informed us that there had been far too many relievers used in place of controllers. Feedback from collaborative meetings and focus groups with L.A. County DHS providers, internal L.A. Care quality improvement and pharmacy led to the development of resources focusing on medication adherence, along with education about medication. L.A. Care incorporated this feedback through greater education of controllers vs. relievers, usage guidelines, and unique labels to distinguish between controllers and relievers. This included the 2020 launch of an asthma mailer kit including medication education and reminders. A one-year analysis of the mailer kit conducted in Q4 of 2021 concluded that the results were positive, members significantly increased their AMR ratio (0.45 vs 0.53, P<0.001) one year after receiving their mailer with 59% of the members having a higher AMR post-intervention compared to pre-intervention. It was also noted that members used more controllers (7.08 vs 7.18 p=0.2) and less rescue inhalers (8.40 vs 6.82 P<0.001) after the intervention, with 60% of the members using less rescue inhalers after receiving the inhaler. The Asthma mailers sent in Q4 of 2020 may have impacted medication adherence throughout 2021 and as result helped increase the MY 2021 Medi-Cal rate. With these concluding positive results, the intervention will be re-launched to MCLA and expanded to LACC members in Q4 2022.

The goal for LACC was met in MY 2021 possibly due to member outreach efforts. L.A. Care contracted with Health Management Services (HMS) Eliza to conduct a large scale phone outreach campaign. The campaign was slated to launch in summer of 2020 but was delayed due to changes in the Telephone Consumer Protection Act (TCPA). The L.A. Care team had to make significant changes to the call scripts and obtain permission to proceed from legal and regulatory channels. Ultimately, the campaign was launched in Quarter 2 of 2,021 and 362 members out of the 1,194 eligible members were successfully

reached (began listening to the call). These calls focused on medication adherence as well as education around regular use of controller medication and the reduced usage of rescue inhalers.

In collaboration with Pharmacy, an asthma packet was field tested to obtain member feedback regarding educational postcards, magnets, and other material. Due to COVID and the inability to host in-person focus groups, the team adapted its approach and materials were instead mailed to a sample of members. Members were given a follow-up survey to describe their reaction to the material. Feedback included language and format options, especially for those that may be visually impaired, brighter colors, greater emphasis on key points, and numerous other suggested changes. After a 1-year evaluation of the asthma packet, it was found to significantly increase controller usage among the members that received the packet and was approved for renewal in August 2022 with an expected mailing launch of November 2022.

**INTERVENTIONS**

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/Outcome |
|---|---|---|---|
| **Asthma Medication Ratio (AMR)** | • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members.<br>• Lack of knowledge regarding usage of controllers versus reliever usage.<br>• COVID-19 pandemic preventing members from visiting provider offices.<br>• Providers not adhering to clinical practice guidelines.<br>• Environmental triggers exacerbating asthma symptoms.<br>• 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.<br>• Members with multiple prescriptions for asthma inhalers may also affect the accuracy of the controller/reliever ratio.<br>• 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. | • L.A. Care's care managers provide multiple educational materials on an ongoing basis 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. These are developed for members with persistent asthma and discussed during monitoring calls.<br>• To provide resources to members diagnosed with persistent asthma and address barriers around the lack of knowledge of controllers versus relievers. A mailer will be sent out in Quarter 4 of 2022. The packet will contain: An introduction letter, magnetic postcard, medication stickers, instructional handouts (for stickers), and health education handouts. The magnets serve as reminders for those with persistent asthma to take their controller medication, and the stickers help members differentiate controllers and relievers (while also suggesting the use of green controller medication as opposed to red rescue medicine). The handouts explain how to label | • Based on a Q4 2021 data analysis done by L.A. Care Pharmacy team on the asthma educational kit with magnets and instructional handouts was found to be statistically significant in increasing the use of controller medication over reliever medication for members diagnosed with persistent asthma.<br>• Eliza interactive voice recognition (IVR) campaign reached 362 members diagnosed with persistent asthma. Calls were designed to increase medication adherence and allow for a warm transfer to schedule an appointment with a primary care physician. |

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/Outcome |
|---|---|---|---|
| **Asthma Medication Ratio (AMR) (cont.)** | • Translation barriers due to the diversity of cultures within L.A. Care's disease programs.<br>• Not all providers are using the Asthma Action Plan to help members with their medication compliance.<br>• Lack of patient education regarding asthma care, self-management, and decreased medication compliance. | medication and emphasize the importance of medication.<br>• In April 2021, L.A. Care contracted third party vendor Eliza through Health Management Services (HMS) to conduct calls to increase asthma medication adherence, promote controller use, and allow for warm transfer to schedule appointment for members. The calls were made to 1187 members with asthma in Q2 of 2021. | |

## LOOKING FORWARD

As of January 1, 2022, all MCLA members' pharmacy benefits became managed by DHCS in a new program called Medi-Cal Rx, shifting the responsibility of administrative services. L.A. Care will continue to be responsible for overseeing and managing the clinical aspects of asthma care and it will remain a priority two measure. The successful asthma education kit will be sent out to MCLA and LACC members Q4 of 2022 and an evaluation of its significance in increasing the use of controller medications and decreasing the use of reliever medications will be conducted by Q4 2023. Additionally, L.A. Care is in the process of partnering with SmartAirLA to a pilot a 12-month 'FightAsthma Tracker' campaign that will target Medi-Cal/MCLA members diagnosed with asthma in two LA Care Community Resource Center areas (Pomona and Wilmington). The cohort of members would receive a text alert when asthma danger levels are high, access to a website dashboard to check symptoms, detect triggers and connect with preventive resources. Along with the mentioned interventions the L.A. Care quality improvement team will continue its cross-collaboration efforts with pharmacy to ensure that priorities are aligned and focus continues on improvement of the Asthma Medication Ratio measure.

## MY 2022 WORK PLAN GOALS

| HEDIS Acronym | Measures | MY 2022 Medi-Cal Goal | MY 2022 LACC Goal |
|---|---|---|---|
| AMR | Asthma Medication Ratio | 72% | 78% |

## C.1.d DIABETES MANAGEMENT

**AUTHOR: ALISON PATSY, MHA**
**REVIEWER: MARIA CASIAS, RN & KATRINA PARISH, MD**

## BACKGROUND

According to the Centers for Disease Control and Prevention, there are 34.2 million people (roughly 10% of the population) living with Diabetes in the US.[17]  About 700,000 people living with Diabetes reside

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[17] Center for Disease Control and Prevention (CDC) statistics, 2020. https://www.cdc.gov/diabetes/data/index.html

specifically in L.A. County and roughly 200,000 are L.A. Care members.  Additionally, there are 88 million adults diagnosed as pre-diabetic, and a large portion of this group is unaware that they are pre-diabetic.

## MY 2021 WORK PLAN GOALS

| HEDIS Acronym | HEDIS Measure | MY 2021 Medi-Cal Goal | MY 2021 Medi-Cal Rate | MY 2021 Cal MediConnect Goal | MY 2021 Cal MediConnect Rate | MY 2021 L.A. Care Covered Goal | MY 2021 L.A. Care Covered Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|---|---|---|
| CDC | HbA1c Control <8% | 47% | 50.4% | 62% | 63.8% | 57% | 57.4% | Medi-Cal: Met CMC: Met LACC: Met |

### MAJOR ACCOMPLISHMENTS
- The measure rate for HbA1c Control <8% surpassed its MY 2021 goal for Medi-Cal, LACC, and CMC lines of business.  The measure also improved year over year from MY 2020 to MY 2021 in the three lines of business.
- Between May 5, 2021 to June 18, 2021, a total of 12,424 members received and completed the interactive voice recognition call on Diabetes.  The average length of this script to members was five minutes and thirty seconds and included the importance of regular A1c testing, medication management and the importance of controlling blood pressure, as the two chronic diseases are often correlated.
- In 2021 L.A. Care partnered with 16 pharmacies participating in the California Right Meds Collaborative to provide comprehensive medication management to members diagnosed with Diabetes.  As of September 2022, 513 members have been enrolled and data from February 2020-February 2022 reported an average A1c reduction of 2.2% in the cohort with an average baseline A1c of 11.6%.
- In May of 2022, L.A. Care launched the first MCLA texting campaign partnered with HealthCrowd to provide a mobile platform texting campaign for MCLA members.  The campaign will consist of six text messages spread out once a month for six consecutive months.  The campaign will focus on educating members on the importance of regular A1c testing, doctor visits, diabetic eye exams, healthy eating and the long-term effects and symptoms of uncontrolled diabetes.  As of October 2022, 18,374 members were sent a welcome message and 2,808 enrolled in receiving the campaign.

### Description of Measures

| HEDIS Measures | Specific Indicators | Measure Type |
|---|---|---|
| Comprehensive Diabetes Care (CDC) - HbA1c Control <8% | The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:<br>- HbA1c control (<8.0%). | Hybrid |

## Comprehensive Diabetes Care (CDC) - HbA1c Control <8%

### RESULTS

The following graph compares L.A. Care CDC HbA1c Control <8% rates for HEDIS MY 2019-MY 2021 among the different product lines:
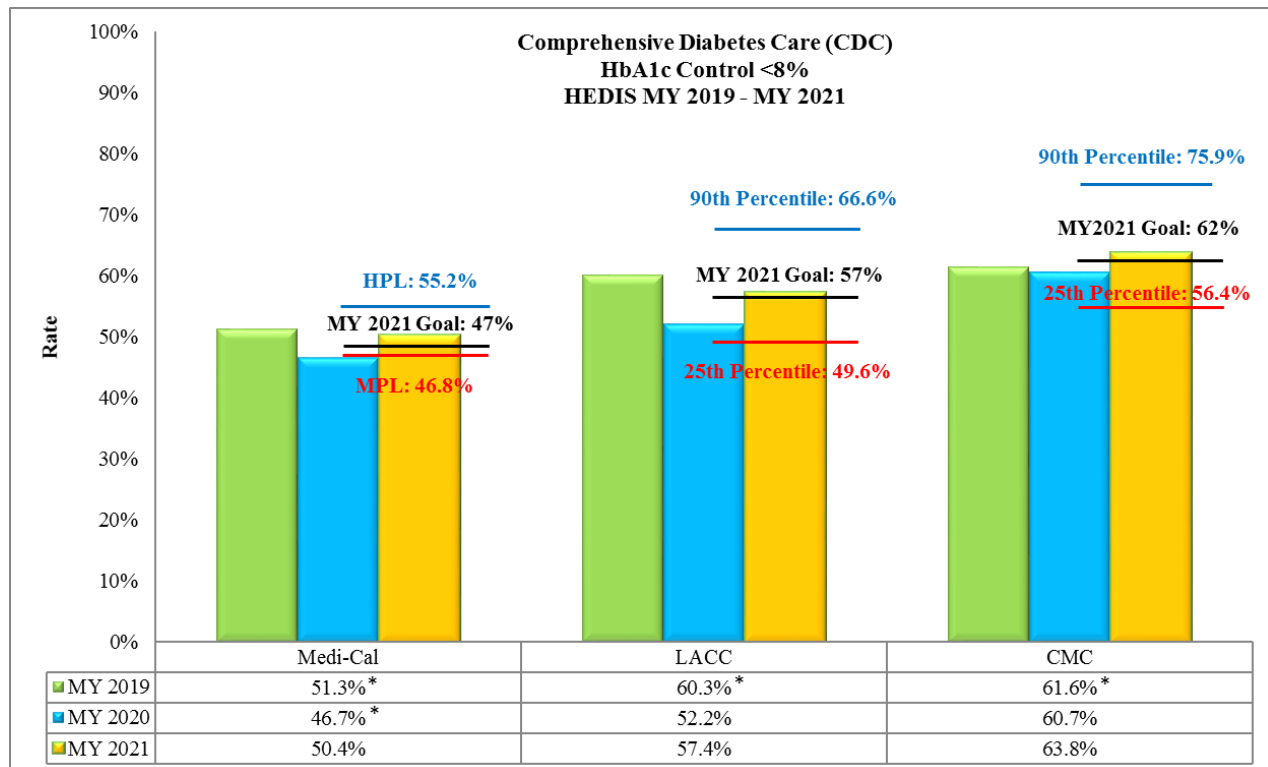


| | Medi-Cal | LACC | CMC |
|---|---|---|---|
| MY 2019 | 51.3%* | 60.3%* | 61.6%* |
| MY 2020 | 46.7%* | 52.2% | 60.7% |
| MY 2021 | 50.4% | 57.4% | 63.8% |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles   Covered California Quality Rating System MY 2020 25th and 90th percentiles
- Covered California Quality Rating System MY 2020 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2020 25th and 90th percentiles

### Quantitative Analysis

### Medi-Cal
- For HbA1c Control (<8%), MY 2021 the rate was 50.4%.  This was a 3.7 percent increase from MY 2020 rate of 46.7%, but was not found to be statistically significant.  The MY 2021 rate met its goal of 47% and was higher than the Minimum Performance Level of 46.8% but lower than the High Performance Level of 55.2%.

### LACC
- For HbA1c Control (<8%), MY 2021 the rate was 57.4%.  This was a 5.2 percent increase from MY2020, but was not found to be statistically significant.  The MY 2021 rate met its goal of 57% and was higher than the 25th percentile of 49.6% but lower than the 90th percentile of 66.6%.

*CMC*

- For HbA1c Control (<8%) Diabetes A1c good control the rate was 63.8%. This was a 3.1% increase from MY 2020, but was not found to be statistically significant. The MY 2021 rate met its goal 62%. And was higher than the 25th percentile of 56.4% but did not meet the 90th percentile of 75.9%

*Disparity Tables*

## HbA1c Control (<8%) - Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language MY2021 | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
|---|---|---|---|---|---|---|---|
| LACC | 324 | 68.5% | 3,856 | 53.2% | 3,463 | 50.1% | Yes |
| Medi-Cal | 1,837 | 67.9% | 59,108 | 42.4% | 38,332 | 45.0% | Yes |
| Medicare - CMC | 34 | 79.4% | 1,980 | 57.9% | 2,742 | 53.0% | Yes |
| MCLA | 1,254 | 69.6% | 39,025 | 41.4% | 26,072 | 44.9% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity MY2020 | | | | | | | | | | **Stat Sig |
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LACC | - | - | 907 | 63.3% | 135 | 51.1% | 1,882 | 51.2% | 547 | 53.7% | No |
| Medi-Cal | 194 | 36.08% | 11,299 | 48.5% | 13,977 | 30.58% | 59,418 | 34.8% | 13,316 | 38.1% | Yes |
| Medicare - CMC | - | - | 374 | 64.44% | 448 | 53.35% | 2,721 | 53.1% | 190 | 50.5% | Yes |
| MCLA | 144 | 34.7% | 7,930 | 50.6% | 10,488 | 32.3% | 40,977 | 36.2% | 9,248 | 38.3% | Yes |

| Line of Business | Race/Ethnicity MY 2021 | | | | | | | | | | **Stat Sig |
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LACC | - | - | 1,247 | 61.6% | 103 | 53.4% | 1,093 | 52.7% | 498 | 56.0% | Yes |
| Medi-Cal | 202 | 37.1% | 11,480 | 60.4% | 12,937 | 41.6% | 60,934 | 41.8% | 12,310 | 46.4% | Yes |
| Medicare - CMC | - | - | 389 | 71.5% | 385 | 56.9% | 2,861 | 53.5% | 119 | 64.7% | Yes |
| MCLA | 139 | 36.7% | 7,761 | 60.3% | 9,056 | 41.1% | 39,994 | 41.4% | 8,016 | 44.7% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

### Disparity Analysis

### Quantitative Analysis

### Medi-Cal
Rates increased for all racial/ethnic groups from MY 2020-MY 2021, with the most significant improvement being among the Asian member population with an increase of 11.84%. For Race/Ethnicity the highest rate continued to be among Asian members (60.4%) and the lowest rate continued to be Black/African American members (41.6%). This difference showed statistical significance. In 2022 L.A. Care has shifted efforts to tailor and create interventions that target the Black/African American population diagnosed with uncontrolled diabetes in an effort to address this ongoing disparity. For spoken language the population experiencing the highest rate was Chinese speaking members (67.9%) and the lowest was among English speaking members (42.4%). This difference showed statistical significance.

### LACC
Rates increased for all racial/ethnic groups from MY 2020-MY 2021, with the most significant improvement being among the Asian member population with an increase of 3.16%. For Race/Ethnicity the highest rate continued to be among Asian members (61.6%) and the lowest rate continued to be among Hispanic/Latino members (52.70%). This difference showed statistical significance. Lower rates were also reported for the Black/African American member population (53.40%). The clinical initiatives team has focused efforts in 2022 to serve the subpopulation of Black/African American members with medically tailored meals as well as education and assistance on healthy eating. For spoken language the population experiencing the highest rate was Chinese speaking members (68.5%) and lowest was among Spanish speaking members (50.1%). This difference showed statistical significance.

### CMC
The most significant improvement from MY 2020 to MY 2021 was among the White member population with an increase of 14.18%. For Race/Ethnicity the highest rate continued to be among Asian members (71.5%) and the lowest rate among Hispanic/Latino members (53.5%). The difference showed statistical significance. The disproportional increase between the White member population rate and members of other race/ethnicity between MY 2020-MY 2021 raised disparity concerns in the health between populations. As a result, L.A. Care has shifted efforts to focus on ensuring that health equity is being met across every line of business for 2022. For spoken language, the population experiencing the highest rate was Chinese speaking members (79.4%) and the lowest was among Spanish speaking members (53%). This difference showed statistical significance.

### Qualitative Analysis
Performance for HbA1C <8% increased across all lines of business for MY 2021. The most significant improvements were seen in the LACC line of business with a year-over-year increase of 5.2% and the Medicare CMC line of business with a year-over-year increase of 3.1%. Continued efforts from the care management team with outreach and engagement of the highest risk patients diagnosed with uncontrolled diabetes likely resulted in these improvements, particularly with the Medicare population. Outreach helps encourage patients to enroll in education programs and schedule follow-up appointments with their primary care physicians for A1c testing and medication management. In order to increase Diabetes Control (HbA1C <8%) among all lines of business, L.A. Care contracted with Health Management Services (HMS) Eliza to conduct a large scale interactive voice response (IVR) call outreach campaign. Members that received and successfully completed the call were presented with a script that included information on the importance of A1c testing, medication management, and elements of Hypertension. The campaign was slated to launch in summer of 2020 but was delayed due to changes in the Telephone Consumer Protection Act (TCPA). The L.A. Care team had to make significant changes to the call scripts and obtain permission in order to

proceed from legal and regulatory channels.  The campaign was launched in Quarter 2 of 2021 and 12,424 out of the 41,709 eligible members for condition management were successfully reached (began listening to the call).

To address medication management barriers L.A. Care partnered with 16 pharmacies throughout L.A County participating in the California Right Meds Collaborative.  The purpose is to have local community pharmacists perform in-person or telehealth appoints to provide comprehensive medication management (CMM) that individualizes care plans and education based on member needs.  Medication adherence continues to be one of the top barriers faced by providers in controlling A1c levels.  One-on-one appointments with pharmacists alleviates the burden off providers by providing dosing recommendations, drug safety assessments, point-of-care testing and self-management techniques.  From February 2020-February 2022 513 members have been enrolled and a reported average A1c reduction of 2.2% in cohort of patients with average baseline A1c of 11.6%.

An initial analysis highlighted various barriers for members and providers.  For members, there may have been reduced testing due to concerns of in-person visits during the COVID-19 pandemic.  This increased the number of members who did not have a recent A1c test and became a barrier to collecting valid data, impacting the outcome of this measure.  Access to care and technology have increasingly become barriers to care.  Often time members do not have the proper equipment adequate to conduct a telehealth visit for diabetes.  Future interventions are geared towards ensuring that members have proper equipment such as remote digital glucometers, and at-home A1c testing kits.  Provider data coding is an ongoing issue that affects valid data reporting and the performance of this measure.  Proper integration of laboratory information into the electronic health record and health information exchange is crucial to determine accurate outcomes.  Future interventions will aim to give providers updated coding guidelines and resources on how to properly chart and account for laboratory data.

**INTERVENTIONS**

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/Outcome |
|---|---|---|---|
| **A1c Good Control <8% (CDC)** | • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members.<br>• 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.<br>• 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.<br>• Translation barriers due to the diversity of cultures within L.A. Care's disease programs.<br>• Barriers to care (i.e., financial, transportation and access to care).<br>• Lack of knowledge on how to self-manage diabetes through behavioral/lifestyle changes, medication management, and the importance of A1c testing.<br>• Low practitioner adherence to clinical practice guidelines. | • In May 2021, calls were conducted to members with diabetes through a Health Management Services (HMS) ELIZA, a third party vendor to promote medication adherence and offer informational resources such as provider information and local addresses.<br>• On a monthly basis, 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.<br>• L.A. Care's Care Management department provides multiple educational materials on a monthly basis regarding diabetes care, lifestyle management, flu shots, and annual preventative guidelines, including mailings and a booklet that addresses diabetes management. | • Eliza interactive voice recognition (IVR) campaign reached 12,424 members diagnosed with diabetes. Calls were designed to educate members on the importance of A1c testing, medication management and controlling blood pressure. |

**LOOKING FORWARD**

L.A. Care continues to keep HbA1c Control <8% a high priority chronic care measure to improve the overall health of members and increase HEDIS rates with successful interventions:

- Texting-campaign targeting MCLA members with diabetes, focusing on improving the health education and self-management of their disease.
- Continue with the successful California Right Meds Collaborative program, partnering with pharmacies across L.A. County to help address medication adherence and diabetes self-management.
- The launch of a quality improvement project (QIP) focusing on disparities in the Black/ African American and American Indian Alaska Native community, offering medically tailored meal delivery to eligible members.

- Continue focusing on improving health education and importance of regular A1c testing through various communication channels and mailers.
- Educate providers on proper coding and laboratory data management in their electronic health record systems to ensure valid data reporting.

**MY 2022 WORK PLAN GOALS**

| HEDIS Acronym | Measure | MY 2022 Medi-Cal Goal (Hybrid) | MY 2022 CMC Goal (Hybrid) | MY 2022 LACC Goal (Hybrid) |
|---|---|---|---|---|
| HBD | Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control <8% | 50% | 65% | 60% |

## C.2 BEHAVIORAL HEALTH

AUTHOR: JOHANNA GONZALEZ
REVIEWER: HUMAIRA THEBA, MPH & MARIA CASIAS, RN

### 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 rest of the population.[18] Mental illness can also be costly. Mental health disorders top the list of the most costly conditions in the US.[19] 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 population and reduce costs.

L.A. Care aims to improve the care our members are receiving for mental health and/or substance use disorders services. In 2013, the Affordable Care Act set new benefits to provide treatment for members who meet the level of functional impairments ranging from mild to moderate. Prior to these benefits member only had the option of minimal services provided through their primary care doctor or had to be impaired severely to receive county benefits. 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 Medi-Cal and CMC lines of business with a serious mental illness, is carved out to the Los Angeles County Department of Mental Health (DMH). Substance use disorder services are also carved out to the L.A. County Department of Public Health, Substance Abuse Prevention and Control (DPH SAPC) for Medi-Cal and CMC members. All of these services provided by different organizations result in a fragmentation of care. As a result, 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, the Behavioral Health Work Group was established to create interventions that addressed 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.

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[18] https://www.who.int/mental_health/management/info_sheet.pdf
[19] https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.1659

**MY 2021 Work Plan Goals**

| HEDIS Acronym | HEDIS Measure | MY 2021 Medi-Cal Goal | MY 2021 Medi-Cal Rate | MY 2021 Cal MediConnect Goal | MY 2021 Cal MediConnect Rate | MY 2021 L.A. Care Covered Goal | MY 2021 L.A. Care Covered Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|---|---|---|
| ADD | Follow-Up for Children Prescribed ADHD Medication - Continuation and Maintenance Phase | 68% | 61.8% | N/A | N/A | N/A | N/A | Medi-Cal: Not Met CMC: N/A LACC: N/A |
| AMM | Antidepressant Medication Management - Acute Phase | N/A | N/A | N/A | N/A | 68% | 70.3% | Medi-Cal: N/A CMC: N/A LACC: Met |
| AMM | Antidepressant Medication Management - Continuation Phase | 41% | 45.2% | 57% | 57.9% | 50% | 51.2% | Medi-Cal: Met CMC: Met LACC: Met |
| APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | 44% | 51.7% | N/A | N/A | N/A | N/A | Medi-Cal: Met CMC: N/A LACC: N/A |
| FUH-7-day | Follow-Up After Hospitalization for Mental Illness – 7-day | NB | NB | 38% | 36.6% | 43% | 47.2% | Medi-Cal: NB CMC: Not Met LACC: Met |
| FUH-30-day | Follow-Up After Hospitalization for Mental Illness – 30-day | NB | NB | 56% | 63.4% | N/A | N/A | Medi-Cal: NB CMC: Met LACC: N/A |
| SMD | Diabetes Monitoring for People with Diabetes and Schizophrenia | N/A | 70.6% | N/A | 90.0% | N/A | 78.1% | Medi-Cal: N/A CMC: N/A LACC: N/A |
| SSD | Diabetes Screening for People with Schizophrenia/ Bipolar Disorder Who are Using Antipsychotic Medication | 77% | 78.9% | N/A | N/A | N/A | N/A | Medi-Cal: Met CMC: N/A LACC: N/A |

NB: Not Benefit          N/A: Not applicable

**MAJOR ACCOMPLISHMENTS**
- Medi-Cal surpassed their goals for AMM Continuation Phase; as well for APM, and SSD.
- LACC surpassed their goals for AMM Continuation Phase.
- CMC surpassed their goals for FUH-30 day rate; as well as for AMM Continuation Phase.

## *Description of Measures*

| HEDIS Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase | 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.<br>1. *Continuation and Maintenance (C&M) Phase*. The percentage of members 6–12 years of age as of the IPSD 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 |
| Antidepressant Medication Management (AMM), Acute Phase<br><br>Antidepressant Medication Management (AMM), Continuation Phase | 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:<br>1. *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).<br>2. *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). | Administrative |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:<br>1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.<br>2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.<br>3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing. | Administrative |
| Follow-Up After Hospitalization for Mental Illness, 7-day (FUH)<br><br>Follow-Up After Hospitalization for Mental Illness, 30-day (FUH) | The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:<br>1. The percentage of discharges for which the member received follow-up within 30 days after discharge.<br>2. The percentage of discharges for which the member received follow-up within 7 days after discharge. | Administrative |

| HEDIS Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year. | Administrative |
| 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, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. | Administrative |

## Follow-Up for Children Prescribed ADHD Medication (ADD)

### RESULTS

The following graph compares L.A. Care ADHD rates for HEDIS MY 2019-MY 2021 in the Medi-Cal product line:
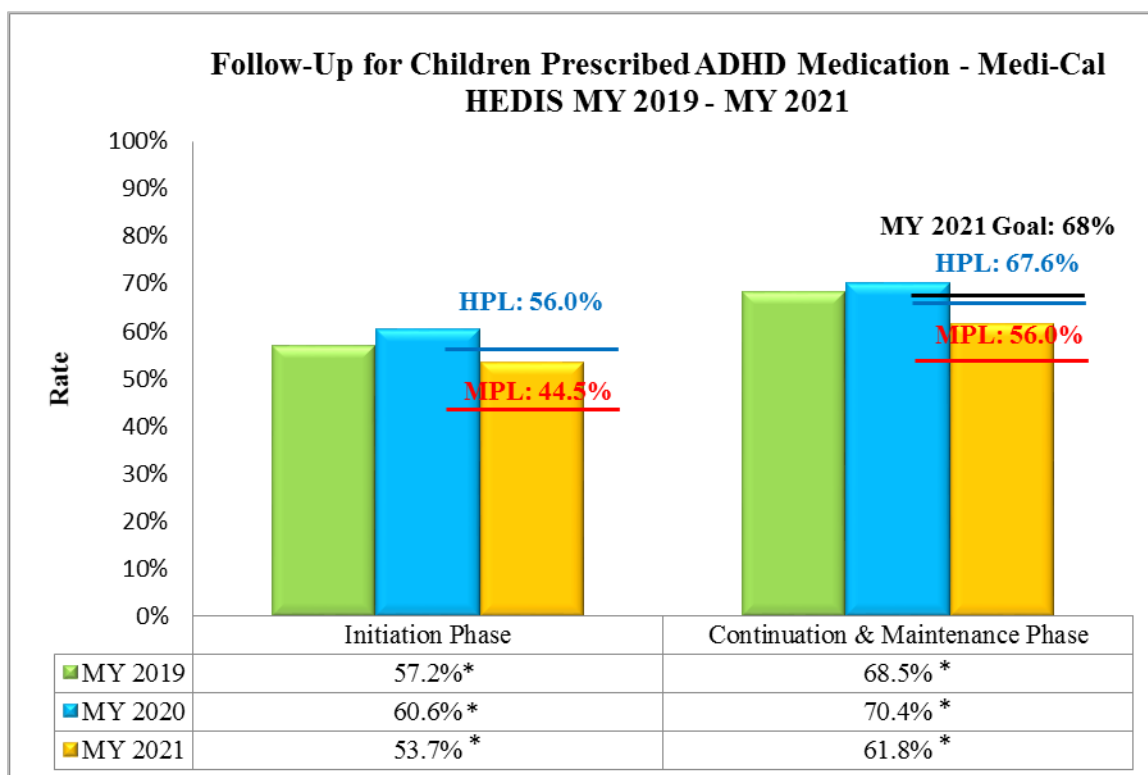


**Follow-Up for Children Prescribed ADHD Medication - Medi-Cal HEDIS MY 2019 - MY 2021**

MY 2021 Goal: 68%
HPL: 67.6%
MPL: 56.0%
HPL: 56.0%
MPL: 44.5%

| | Initiation Phase | Continuation & Maintenance Phase |
|---|---|---|
| MY 2019 | 57.2%* | 68.5% * |
| MY 2020 | 60.6%* | 70.4% * |
| MY 2021 | 53.7% * | 61.8% * |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

### ANALYSIS

*Quantitative Analysis*

*Medi-Cal*
The ADD Initiation Phase rate was 53.7% and decreased by 6.9 percentage points over the prior year (60.6%). We surpassed the MPL (53.7%). This decrease was statistically significant. The Continuation

& Maintenance Phase rate was 61.8%, a statistically significant decrease of 8.6% from the prior year (70.4%) which did not meet the established goal of 68%.

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

### Disparity Tables

**Follow-Up for Children Prescribed ADHD Medication (ADD) Initiation Phase – Rates by Spoken Language and Race/Ethnicity**

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **Medi-Cal** | 6 | 33.33% | 1,848 | **53.08%** | 607 | **56.67%** | No |
| **MCLA** | 16 | **37.50%** | 537 | 48.04% | 268 | **54.85%** | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **Medi-Cal** | 8 | 62.50% | 67 | 43.28% | 358 | 46.93% | 1,464 | 56.69% | 310 | 56.77% | Yes |
| **MCLA** | 2 | 100% | 26 | 30.77% | 100 | 41% | 510 | 55.88% | 90 | 44.44% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

**Follow-Up for Children Prescribed ADHD Medication (ADD) Continuation and Maintenance Phase - Rates by Spoken Language and Race/Ethnicity**

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **Medi-Cal** | 2 | 50% | 414 | **59.66%** | 119 | **69.75%** | Yes |
| **MCLA** | 0 | **N/A** | 124 | 54.84% | 47 | **59.57%** | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **Medi-Cal** | 3 | 66.67% | 13 | 53.85% | 75 | 62.67% | 308 | 63.96% | 92 | 61.96% | No |
| **MCLA** | 1 | 100% | 4 | 75% | 23 | 60.87% | 105 | 59.05% | 27 | 44.44% | N/A |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal -ADD*
For Medi-Cal-Initiation Phase, the highest rate was among Whites (56.7%) and the lowest rate was among Asians (43.3%). This was statistically significant. Language data segmentation reflected English speakers had a rate of 53.1% and Spanish speakers had the rate of 56.7%. Note that American Indian/Alaskan Native has the highest rate at 62.5%; however, is not included due to the small sample size (N=8). Chinese speakers had lower rates; however, the sample size were less than 30. As a result of these small sample sizes, no racial or linguistic disparities were noted for this measure.

For Race/ Ethnicity of the Medi-Cal- Continuation and Maintenance Phase, the highest rate was among Hispanic/Latino members (64.0%) and the lowest rate was among White members (62%). This was not statistically significant. For language, the highest rate was among Spanish speakers (69.8%) and the lowest rate was among English speakers (59.7%). This was statistically significant.

*Qualitative Analysis*
In the last three years there has been a steady upward trend in both the ADD rates. This year however, the ADD Initiation Phase rate decreased by 6.9%, while the Continuation and Maintenance Phase rate decreased by 6.8%, both of which are statistically significant. In 2021, there was a slight delay in mailing out prescriber mail but soon resumed on a weekly rollout. The decrease of ADD resulted due to COVID-related reasons. Given the specifications of the measure, it has a lookback period beginning March of 2020, which was the height of the pandemic. As a result, this led to many children not being able to be seen since clinic offices were closed.

The monthly ADD letters continue to be sent to prescribers whose patients have recently been prescribed an ADHD medication. This was launched in 2017 and is ongoing. A revision was made to the letter in summer 2021 that added in the quality email as a contact for providers in case the letter is incorrectly sent to the wrong address and/or prescriber. Prior evaluation has deemed this initiative a success and it will remain in place for the foreseeable future.

## Antidepressant Medication Management (AMM)

**RESULTS**

The following graphs compare L.A. Care AMM rates for HEDIS MY 2019 - MY 2021 in the LACC product line:
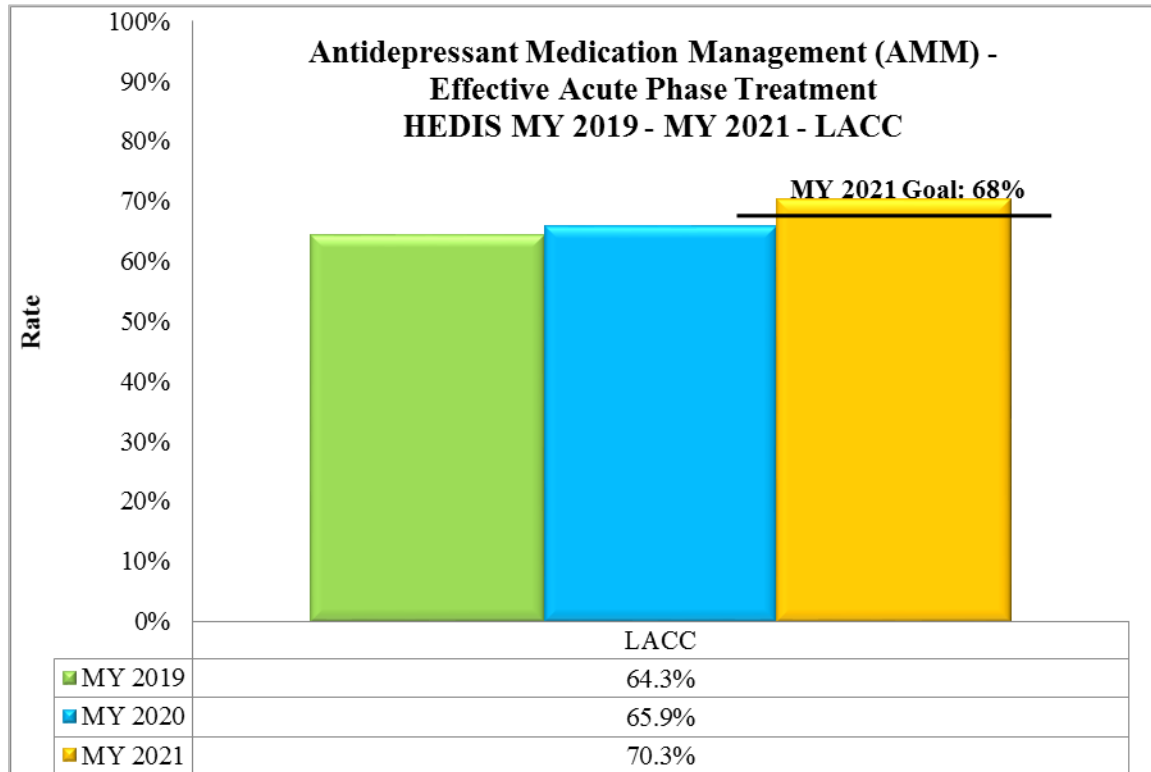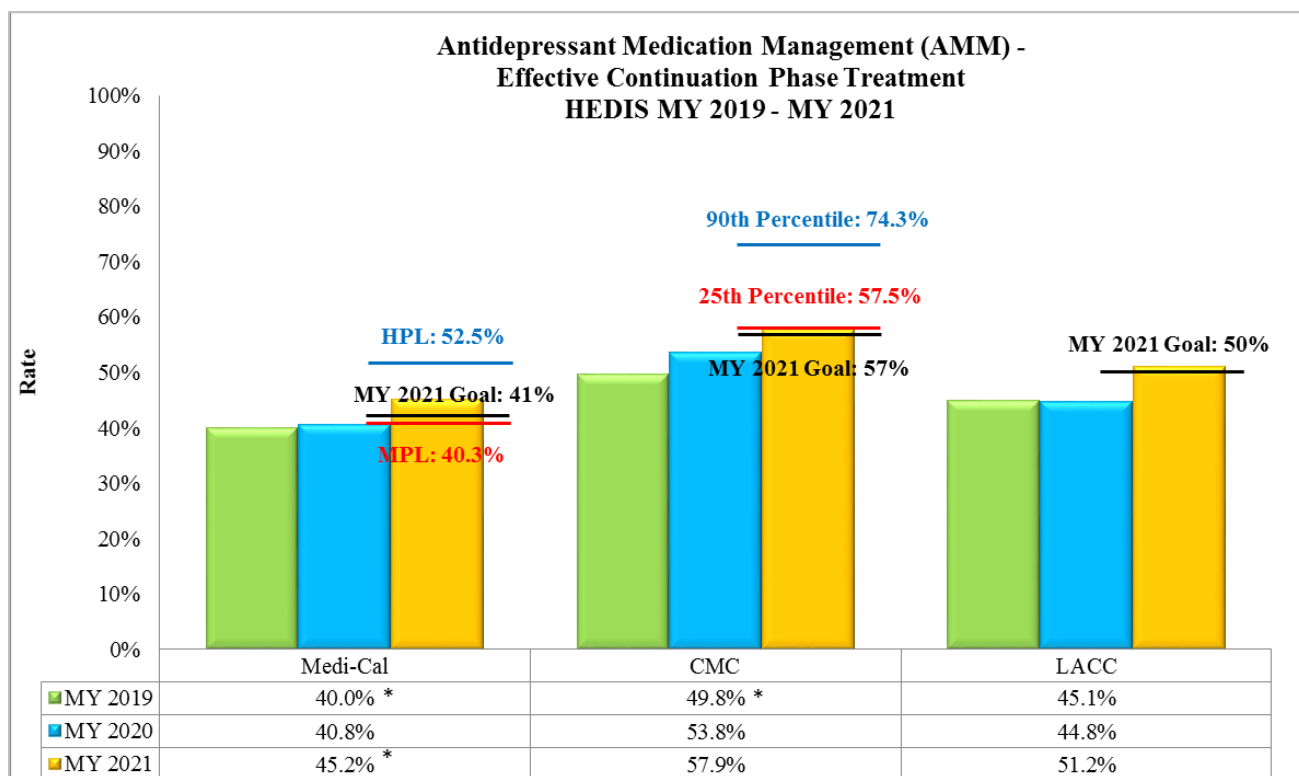


Antidepressant Medication Management (AMM) -
Effective Acute Phase Treatment
HEDIS MY 2019 - MY 2021 - LACC

MY 2021 Goal: 68%

| | LACC |
|---|---|
| ■ MY 2019 | 64.3% |
| ■ MY 2020 | 65.9% |
| ■ MY 2021 | 70.3% |

**Antidepressant Medication Management (AMM) -
Effective Continuation Phase Treatment
HEDIS MY 2019 - MY 2021**

90th Percentile: 74.3%

25th Percentile: 57.5%

HPL: 52.5%

MY 2021 Goal: 41%

MPL: 40.3%

MY 2021 Goal: 57%

MY 2021 Goal: 50%

| | Medi-Cal | CMC | LACC |
|---|---|---|---|
| MY 2019 | 40.0% * | 49.8% * | 45.1% |
| MY 2020 | 40.8% | 53.8% | 44.8% |
| MY 2021 | 45.2% * | 57.9% | 51.2% |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2020 25th and 90th percentiles

## ANALYSIS

### Quantitative Analysis

### Medi-Cal - AMM
The AMM- Acute measure is not reported here since it does not apply to this product line.

The Medi-Cal Effective Continuation Phase Treatment was 45.2%. There was a 4.4 percent increase from last year (40.8%). The increase was statistically significant. The measure did meet its goal of 41% but did exceed the minimum performance level (MPL) of 52.5%.

### CMC - AMM
The AMM- Acute measure is not reported here since it does not apply to this product line.

The rate for the Effective Continuation Phase Treatment was 57.9%. This increase is 4.1 percentage points higher than the prior year (53.8%) and is not statistically significant. The rate did meet the goal of 57%.

### LACC - AMM
The rate for Effective Acute Phase was 70.3%. This rate was 4.4 percentage points higher than the previous year (65.9%), but the increase was not statistically significant. The rate did meet the goal of 68%. The rate for the Effective Continuation Phase was 51.2% and was 6.4 percentage points lower than the prior year (45.1%). This decrease was not statistically significant. This rate did reach the goal of 50%.

*Disparity Tables*

<table>
<tr><td colspan="8" align="center"><b>Antidepressant Medication Management (AMM) Acute Phase –<br>Rates by Spoken Language and Race/Ethnicity</b></td></tr>
<tr><td rowspan="3"><b>Line of Business</b></td><td colspan="6"><b>Spoken Language</b></td><td rowspan="2"><b>**Stat Sig</b></td></tr>
<tr><td colspan="2"><b>Chinese</b></td><td colspan="2"><b>English</b></td><td colspan="2"><b>Spanish</b></td></tr>
<tr><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td></tr>
<tr><td><b>LACC</b></td><td>9</td><td><b>77.78%</b></td><td>557</td><td>72.89%</td><td>175</td><td><b>62.86%</b></td><td>Yes</td></tr>
<tr><td><b>Medi-Cal</b></td><td>145</td><td>61.38%</td><td>14,719</td><td><b>63.21%</b></td><td>3,662</td><td><b>65.32%</b></td><td>No</td></tr>
<tr><td><b>Medicare-CMC</b></td><td>5</td><td><b>80.00%</b></td><td>296</td><td>69.26%</td><td>272</td><td><b>82.72%</b></td><td>No</td></tr>
<tr><td><b>MCLA</b></td><td>100</td><td><b>64.00%</b></td><td>8,677</td><td>59.35%</td><td>2,239</td><td><b>66.28%</b></td><td>Yes</td></tr>
<tr><td colspan="8">*Denom – Denominator<br>**Stat Sig – Statistical Significance</td></tr>
<tr><td rowspan="3"><b>Line of Business</b></td><td colspan="10"><b>Race/Ethnicity</b></td><td rowspan="2"><b>**Stat Sig</b></td></tr>
<tr><td colspan="2"><b>American Indian/ Alaskan Native</b></td><td colspan="2"><b>Asian</b></td><td colspan="2"><b>Black/ African American</b></td><td colspan="2"><b>Hispanic/ Latino</b></td><td colspan="2"><b>White</b></td></tr>
<tr><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td></tr>
<tr><td><b>LACC</b></td><td>0</td><td>N/A</td><td>49</td><td>65.31%</td><td>14</td><td>57.14%</td><td>99</td><td>68.69%</td><td>134</td><td>75.37%</td><td>Yes</td></tr>
<tr><td><b>Medi-Cal</b></td><td>35</td><td>40.00%</td><td>1,111</td><td>54.28%</td><td>2,675</td><td>36.41%</td><td>9,576</td><td>41.93%</td><td>3,682</td><td>70.86%</td><td>Yes</td></tr>
<tr><td><b>Medicare-CMC</b></td><td>0</td><td>N/A</td><td>21</td><td>71.43%</td><td>61</td><td>49.18%</td><td>299</td><td>61.20%</td><td>19</td><td>78.95%</td><td>Yes</td></tr>
<tr><td><b>MCLA</b></td><td>20</td><td>60.00%</td><td>685</td><td>54.16%</td><td>1,737</td><td>50.6%</td><td>5393</td><td>60.71%</td><td>2,254</td><td>67.70%</td><td>Yes</td></tr>
<tr><td colspan="12">*Denom – Denominator<br>**Stat Sig – Statistical Significance</td></tr>
</table>

| Antidepressant Medication Management (AMM) Continuation and Maintenance Phase – Rates by Spoken Language and Race/Ethnicity | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | **Spoken Language** | | | | | | **\*\*Stat Sig** |
| | **Chinese** | | **English** | | **Spanish** | | |
| | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | |
| **LACC** | 9 | **66.67%** | 557 | 56.01% | 175 | **36.00%** | Yes |
| **Medi-Cal** | 145 | **47.59%** | 14,719 | 44.87% | 3,662 | **43.72%** | No |
| **Medicare -CMC** | 5 | **60.00%** | 296 | 50.68% | 272 | **65.44%** | No |
| **MCLA** | 100 | **53.00%** | 8,677 | 42.49% | 2,239 | **44.57%** | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

| **Line of Business** | **Race/Ethnicity** | | | | | | | | | | **\*\*Stat Sig** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | |
| | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | **\*Denom** | **Rate** | |
| **LACC** | 0 | N/A | 49 | 46.94% | 14 | 35.71% | 99 | 47.47% | 134 | 67.16% | Yes |
| **Medi-Cal** | 35 | 40.00% | 1,111 | 54.28% | 2,675 | 36.41% | 9,576 | 41.93% | 3,682 | 55.27% | Yes |
| **Medicare -CMC** | 0 | N/A | 21 | 71.43% | 61 | 49.18% | 299 | 61.20% | 19 | 73.68% | Yes |
| **MCLA** | 20 | 50.00% | 685 | 54.16% | 1,737 | 33.56% | 5,393 | 40.74% | 2,254 | 53.19% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

### Disparity Analysis

### Medi-Cal -AMM
For Race/Ethnicity of the Medi-Cal-Acute Phase, the highest rate was among White members (70.9%) and the lowest rate was among Black/African American members (55.0%). This was statistically significant. For Language, the highest rate was among Spanish speakers (65.3%) and the lowest rate was among Chinese speakers (61.4%). This was not statistically significant.

For Race/Ethnicity of the Medi-Cal-Continuation and Maintenance Phase, the highest rate was among White members (55.3%) and the lowest rate was among Black/African American members (36.4%). This was statistically significant. For Language, the highest rate was among Chinese speakers (47.6%) and the lowest rate was among Spanish speakers (43.7%). This was not statistically significant. Therefore, from available data, this year there is no linguistic disparity for this measure. Based on this analysis, the Initiatives team will translate the intervention materials into Chinese for MY 2023. Furthermore, in 2023, the Behavioral Health Work Group is planning to address disparity among African American members by addressing the depression screening rate to ensure there is a continuous loop between identification and engagement in care.

### CMC - AMM
For Race/Ethnicity of the CMC-Acute Phase, the highest rate was among Hispanic members (80.9%) and the lowest rate was among Black/African American members (65.6%). This was statistically significant. For Language, the highest rate was among Spanish speakers (82.7%) and the lowest rate was among English

speakers (69.3%). This was statistically significant. Chinese speakers had a very small sample (n<30), so we weren't able to include it for statistical analysis.

For Race/Ethnicity of the CMC-Continuation and Maintenance Phase, the highest rate was among White members (73.7%) and the lowest rate was among Black/African American members (49.2%). This was not statistically significant. For language, the highest rate was among Spanish speakers (65.4%) and the lowest rate was among English speakers (50.7%). This was statistically significant. Chinese speakers had a very small sample, so we were not able to include it for statistical analysis.

### *LACC - AMM*
For Race/Ethnicity of the LACC-Acute Phase, the highest rate was among White members (75.37%) and the lowest rate was among Black/African American members (57.14%). This was not statistically significant. For Language, the highest rate was among English speakers (72.9%) and the lowest rate was among Spanish speakers (62.9%). This was statistically significant. Note that African American (N=144) Chinese speakers (N=9), had low sample sizes and thus tests for statistical differences in these proportions were unreliable due to a low volume (n<30) of members.

For Race/Ethnicity of the LACC-Continuation and Maintenance Phase, the highest rate was among White members (67.2%) and the lowest rate was among Asian members (47.0%). This was statistically significant. For language, the highest rate was among English speakers (56.0%) and the lowest rate was among Spanish speakers (36.0%). This was statistically significant. Note that African American (N=14), AIAN (N=0), and Chinese speakers (N=9), had low sample sizes and thus tests for statistical differences in these proportions were unreliable due to a low volume of members. The current interventions in place are in Spanish.

### *Qualitative Analysis*
Across all LOBs, in general the Effective Acute Phase and Continuation Phase rates increased from the previous year. The increased use of telehealth may have helped maintain this measures performance.

Another possible contributor at maintaining the rate would be the AMM Mailer intervention that was done in October 2021. In September 2021, L.A. Care sent a one-time individualized mailer to members encouraging them to continue taking their medication(s) exactly as prescribed by their doctor while also reminding them to refill their antidepressant medication(s). The eligible population included those with a diagnosis of major depression and taking antidepressants. The AMM mailer continues to be effective and launched again in November 2022, which included additional focus measures such as cancer screening measures. There were 5,780 mailers sent in 2021 for all LOBs – Medical, LACC, and CMC.

Based on the key findings, L.A. Care decided to continue the AMM mailer in 2022 while improving upon the distribution strategy.

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The following graph compares L.A. Care APM rates for HEDIS MY 2019-MY 2021 in the Medi-Cal product line:
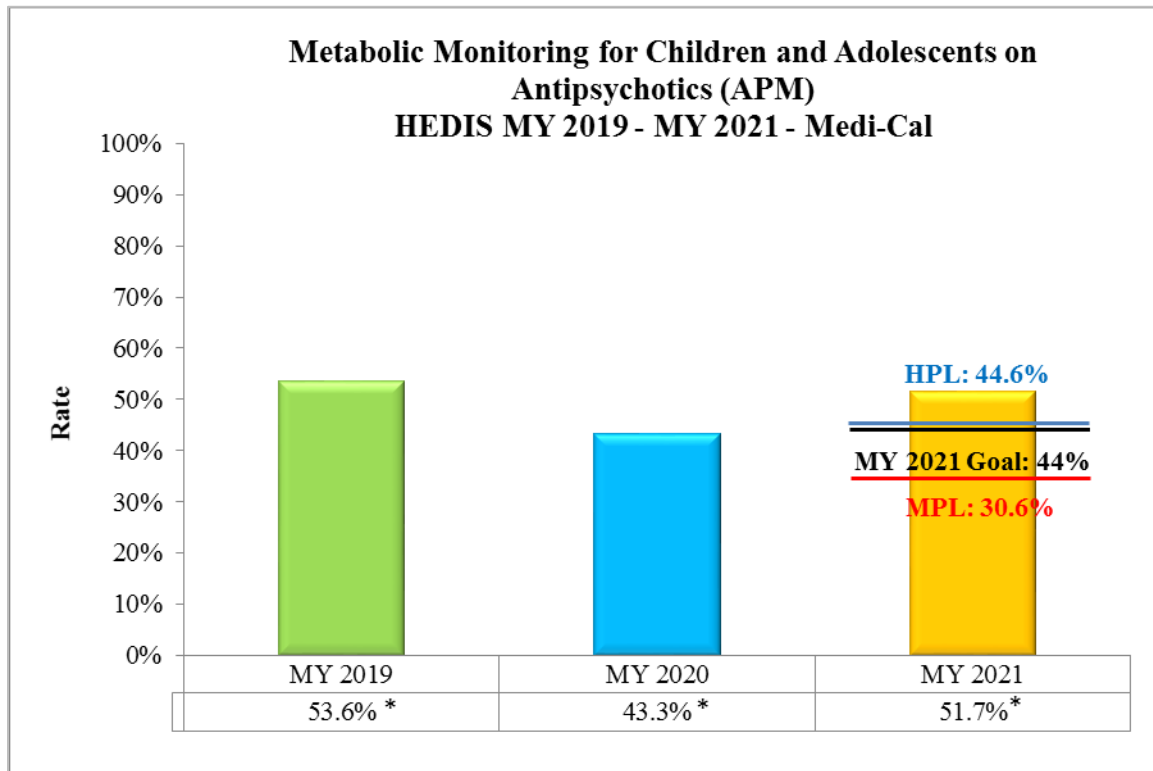
**Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)**
**HEDIS MY 2019 - MY 2021 - Medi-Cal**

| | MY 2019 | MY 2020 | MY 2021 |
|---|---|---|---|
| Rate | 53.6% * | 43.3% * | 51.7%* |

HPL: 44.6%
MY 2021 Goal: 44%
MPL: 30.6%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

**ANALYSIS**

*Quantitative Analysis*

*Medi-Cal - APM*
The APM rate was 51.7%, representing a 8.4 percentage point increase over the previous year (43.3%) that is statistically significant. The rate did meet the goal of 44% and surpassed the MPL of 30.6%.

*Disparity Tables*

| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) – Rates by Spoken Language and Race/Ethnicity | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | **Spoken Language** | | | | | | |
| | **Chinese** | | **English** | | **Spanish** | | **\*\*Stat Sig** |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **Medi-Cal** | 6 | 0.00% | 1,000 | **50.50%** | 455 | **55.82%** | Yes |
| **MCLA** | 1 | **0.00%** | 338 | 41.72% | 187 | **54.55%** | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

| **Line of Business** | **Race/Ethnicity** | | | | | | | | | | **\*\*Stat Sig** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **Medi-Cal** | 1 | 66.67% | 60 | 41.67% | 195 | 49.23% | 862 | 54.52% | 191 | 45.55% | No |
| **MCLA** | 1 | 0.00% | 26 | 42.31% | 57 | 36.84% | 320 | 51.56% | 61 | 37.70% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal - APM*

For Race/Ethnicity of Medi-Cal, the highest rate was among Hispanics members (54.5%) and the lowest rate was among Asians members (41.7%). This was not statistically significant. For language, the highest rate was among Spanish speakers (55.8%) and the lowest rate was among English speakers (50.5%). This was not statistically significant. Note that Chinese, and AI/AN, had unreliably small denominators at N=6, and N=1, respectively. Therefore, there was not a racial disparity noted but linguistic disparity was noted among Spanish speakers.

*Qualitative Analysis*

Historically, L.A. Care has performed well with regard to established APM regulatory benchmarks. Although APM is no longer part of the Managed Care Accountability Set (MCAS) under the California Department of Health Care Services (DHCS), it does factor into L.A. Care's accreditation score for the Medi-Cal line of business. In 2021, L.A. Care achieved a rate of 51.7%, which met the 90th percentile for the HEDIS NCQA Quality Compass benchmarks. The rate decrease is likely driven by the lack of care that has occurred due to COVID-19. Despite the decline, APM is still performing above the 50th percentile, however, the long-term health effects make the intervention worth undertaking as agreed upon in the workgroup.

L.A. Care developed a provider intervention which would address appropriate metabolic testing for children and adolescents on antipsychotics. L.A. Care will distribute notification letters to all MCLA primary care providers encouraging them to conduct appropriate metabolic testing for child and adolescent-aged patients on antipsychotic medications. The notification letters also include a list of their patients on the antipsychotic medications. In 2022, the APM letters were launched a little later – October 2022. As a result, an evaluation is planned to be done in early 2023.

## Follow-Up After Hospitalization for Mental Illness (FUH)

### RESULTS

The following graphs compare L.A. Care FUH rates for HEDIS MY 2019-MY 2021 for both 7 and 30-day follow-up among different product lines:
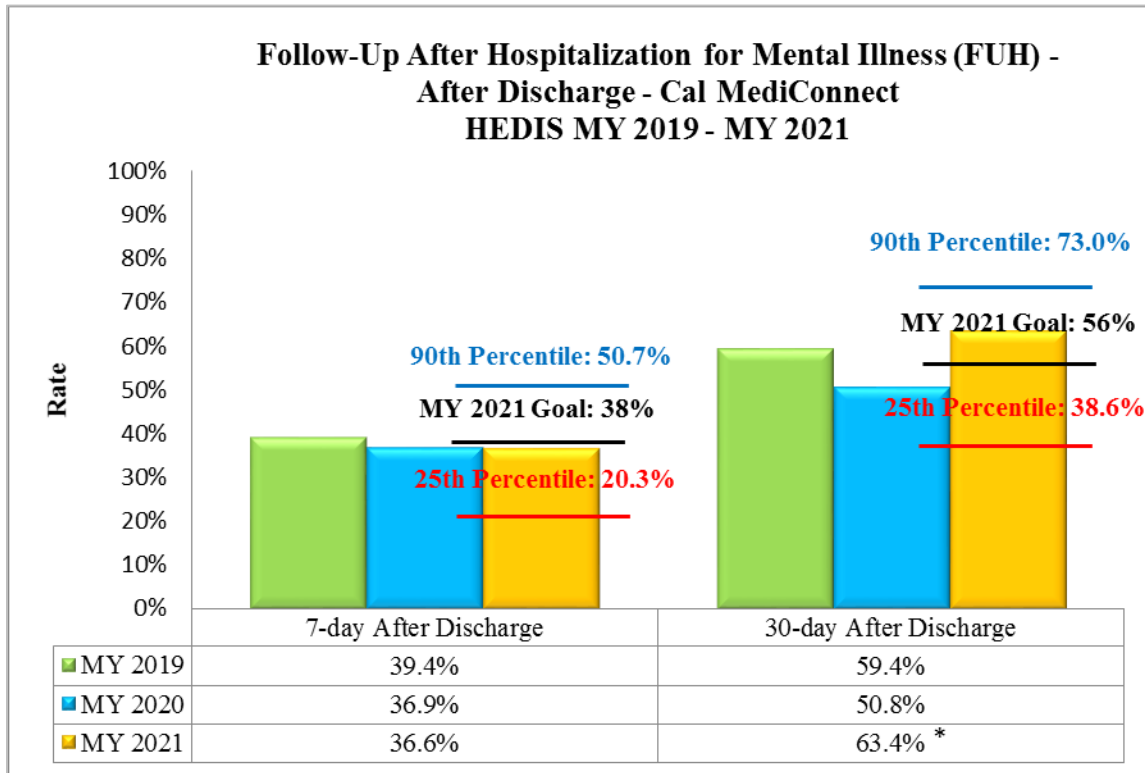
**Follow-Up After Hospitalization for Mental Illness (FUH) - After Discharge - Cal MediConnect HEDIS MY 2019 - MY 2021**



|  | 7-day After Discharge | 30-day After Discharge |
|---|---|---|
| MY 2019 | 39.4% | 59.4% |
| MY 2020 | 36.9% | 50.8% |
| MY 2021 | 36.6% | 63.4% * |

CMC benchmarks are from Quality Compass MY 2020 25th and 90th percentiles

**Follow-Up After Hospitalization for Mental Illness (FUH) - After Discharge - LACC**
**HEDIS MY 2019 - MY 2021**

| | 7-day After Discharge |
|---|---|
| ■ MY 2019 | 37.3% |
| ■ MY 2020 | 41.9% |
| ■ MY 2021 | 47.2% |
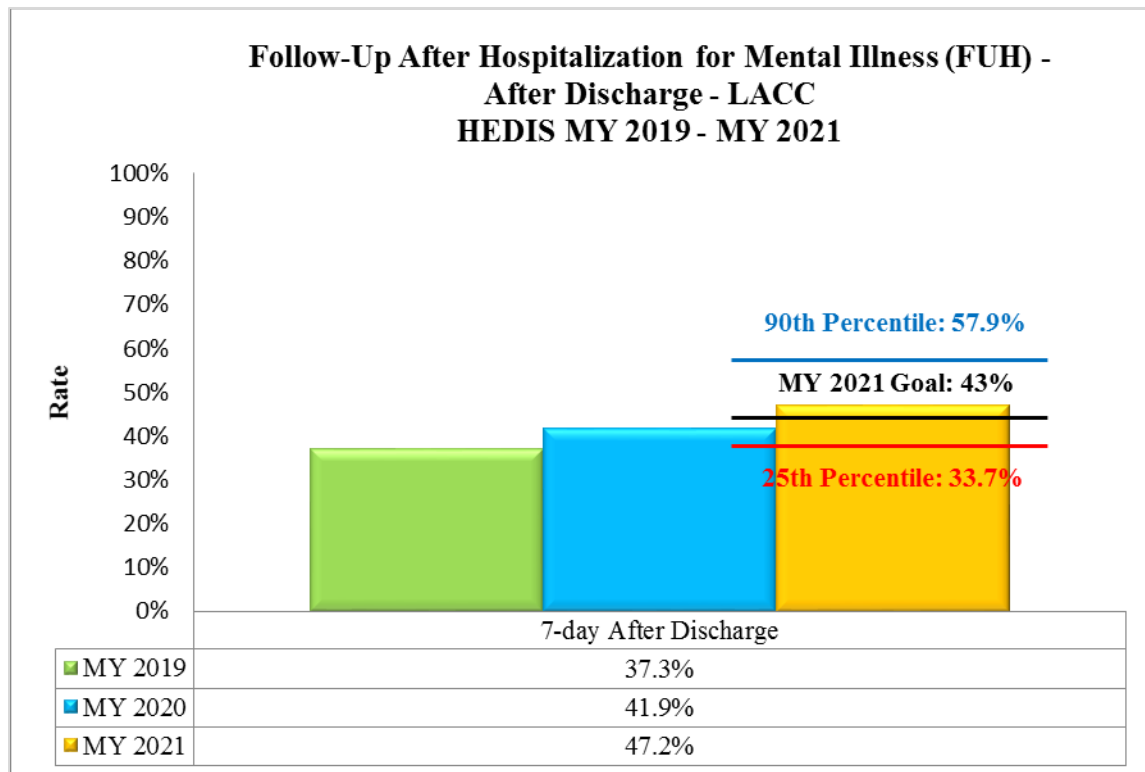
Covered California Quality Rating System MY 2020 25th and 90th percentiles

## ANALYSIS

### *Quantitative Analysis*

### *CMC – FUH-7 Day*
The FUH 7-Day rate was 36.6% and decreased by 0.3 percentage points from the prior year (36.9%). This decrease in the rate was not statically significant. The rate did not meet its goal of 38% for the year. The FUH 30-Day rate increased from the prior year, from 50.8% to 63.4%, which was statistically significant. This rate also met its goal of 56% for the year.

### *LACC – FUH-7 DAY*
The FUH 7-Day rate was 47.2% and was 5.3 percentage points high than the prior year's rate of 41.9%. This increase in the rate was not statically significant.

*Disparity Tables*

<table>
<tr><td colspan="8" align="center"><b>Follow-Up After Hospitalization for Mental Illness (FUH) 7-DAY –<br>Rates by Spoken Language and Race/Ethnicity</b></td></tr>
<tr><td rowspan="3"><b>Line of Business</b></td><td colspan="6"><b>Spoken Language</b></td><td rowspan="2"><b>**Stat Sig</b></td></tr>
<tr><td colspan="2"><b>Chinese</b></td><td colspan="2"><b>English</b></td><td colspan="2"><b>Spanish</b></td></tr>
<tr><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td></td></tr>
<tr><td><b>LACC</b></td><td>6</td><td><b>50.00%</b></td><td>93</td><td>46.24%</td><td>6</td><td><b>50.00%</b></td><td>N/A</td></tr>
<tr><td><b>Medi-Cal</b></td><td>45</td><td>20.00%</td><td>8,028</td><td><b>19.02%</b></td><td>1,154</td><td><b>19.84%</b></td><td>No</td></tr>
<tr><td><b>Medicare-CMC</b></td><td>N/A</td><td><b>N/A</b></td><td>120</td><td>39.17%</td><td>13</td><td><b>7.69%</b></td><td>N/A</td></tr>
<tr><td><b>MCLA</b></td><td>25</td><td><b>8.00%</b></td><td>5,332</td><td>17.64%</td><td>532</td><td><b>19.17%</b></td><td>No</td></tr>
</table>

*Denom – Denominator
**Stat Sig – Statistical Significance

<table>
<tr><td rowspan="3"><b>Line of Business</b></td><td colspan="10" align="center"><b>Race/Ethnicity</b></td><td rowspan="2"><b>**Stat Sig</b></td></tr>
<tr><td colspan="2"><b>American Indian/ Alaskan Native</b></td><td colspan="2"><b>Asian</b></td><td colspan="2"><b>Black/ African American</b></td><td colspan="2"><b>Hispanic/ Latino</b></td><td colspan="2"><b>White</b></td></tr>
<tr><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td><b>*Denom</b></td><td><b>Rate</b></td><td></td></tr>
<tr><td><b>LACC</b></td><td>-</td><td>-</td><td>16</td><td>50.00%</td><td>3</td><td>0.00%</td><td>14</td><td>57.14%</td><td>18</td><td>50.00%</td><td>N/A</td></tr>
<tr><td><b>Medi-Cal</b></td><td>19</td><td>15.79%</td><td>401</td><td>21.95%</td><td>1,871</td><td>19.29%</td><td>4,137</td><td>19.05%</td><td>1,686</td><td>19.45%</td><td>Yes</td></tr>
<tr><td><b>Medicare-CMC</b></td><td>-</td><td>-</td><td>4</td><td>50.00%</td><td>24</td><td>33.33%</td><td>35</td><td>37.14%</td><td>10</td><td>10.00%</td><td>N/A</td></tr>
<tr><td><b>MCLA</b></td><td>9</td><td>11.11%</td><td>231</td><td>19.48%</td><td>1,331</td><td>17.81%</td><td>2,446</td><td>17.74%</td><td>1,124</td><td>16.99%</td><td>Yes</td></tr>
</table>

*Denom – Denominator
**Stat Sig – Statistical Significance

## Follow-Up After Hospitalization for Mental Illness (FUH) 30-DAY – Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 6 | **50.00%** | 93 | 46.24% | 6 | **50.00%** | N/A |
| Medi-Cal | 45 | 20.00% | 8,028 | **19.02%** | 1,154 | **19.84%** | No |
| Medicare-CMC | N/A | **N/A** | 120 | 39.17% | 13 | **7.69%** | N/A |
| MCLA | 25 | **8.00%** | 5,352 | 17.64% | 532 | **19.17%** | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 2 | 50.00% | 16 | 50.00% | 3 | 0.00% | 14 | 57.14% | 18 | 50.00% | N/A |
| Medi-Cal | 19 | 15.79% | 401 | 21.95% | 1,871 | 19.29% | 4,137 | 19.05% | 1,686 | 19.45% | No |
| Medicare-CMC | N/A | N/A | 4 | 50.00% | 24 | 33.33% | 35 | 37.14% | 10 | 10.00% | N/A |
| MCLA | 9 | 11.11% | 231 | 19.48% | 1,331 | 17.81% | 2,446 | 17.74% | 1,124 | 16.99% | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

### Disparity Analysis

### CMC – FUH-30 Day
For Race/Ethnicity, statistical differences in these proportions were unreliable due to a low volume of members.

For language, the data for this measure were unreliable, as the majority had all small sample sizes.

### LACC - FUH-30 Day
For Race/Ethnicity, statistical differences in these proportions were unreliable due to a low volume of members.

### Qualitative Analysis
The CMC FUH 7-day and 30-Day rates have increased, which is impressive considering there was a significant interruption to health care services due to the COVID-19 pandemic. It was likely the switch to telehealth that helped maintain the HEDIS rate near prepandemic rates. During the pandemic, the REACH program was put on hold since in-person at home visits were not recommended and uptake of the program was very low. Additionally, FUH rates have increased due to the Transition of Care Program (TCM) program in 2021.

Currently pending a process evaluation of the FUH Incentives program for MY 2020 and MY 2021.

**Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)**

**RESULTS**

The following graph compares L.A. Care SMD rates for HEDIS MY 2019-MY 2021 among different product lines:



**Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)**
**HEDIS MY 2019-MY 2021**

HPL: 75.0%
MPL: 64.4%

| | Medi-Cal | LACC | CMC |
|---|---|---|---|
| MY 2019 | 79.1% * | 95.2% | 88.9% |
| MY 2020 | 65.8% * | 84.2% | 72.4% |
| MY 2021 | 70.6% * | 90.0% | 78.1% |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

**ANALYSIS**

*Quantitative Analysis*

*Medi-Cal - SMD*
The SMD rate was 70.6%, representing a 4.8 percentage point increase over the previous year (65.8%). The decrease is statistically significant, and the rate did meet the minimum performance level. No goal was established for the year.

*LACC - SMD*
The SMD rate was 90.0 % and declined 5.8 percentage points from the prior year (84.2%).

*CMC - SMD*
The SMD rate was 78.1% up from 72.4% or 5.7 percentage points from the prior year. This rate is not statistically significant.

*Disparity Tables*

| Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) – Rates by Spoken Language and Race/Ethnicity | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Line of Business** | **Spoken Language** | | | | | | |
| | **Chinese** | | **English** | | **Spanish** | | **\*\*Stat Sig** |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | 2 | **100.00%** | 13 | 84.62% | 4 | **100.00%** | N/A |
| **Medi-Cal** | 23 | 78.26% | 2,651 | **68.84%** | 304 | **80.92%** | Yes |
| **Medicare -CMC** | 1 | **100.00%** | 90 | 80.00% | 11 | **63.64%** | N/A |
| **MCLA** | 18 | **83.33%** | 2,050 | 69.41% | 211 | **79.15%** | Yes |

\*Denom – Denominator
\*\*Stat Sig – Statistical Significance

| **Line of Business** | **Race/Ethnicity** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **American Indian/ Alaskan Native** | | **Asian** | | **Black/ African American** | | **Hispanic/ Latino** | | **White** | | **\*\*Stat Sig** |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | N/A | N/A | 5 | 100.00% | N/A | N/A | 4 | 100.00% | 3 | 66.67% | N/A |
| **Medi-Cal** | 7 | 60.00% | 224 | 77.68% | 954 | 67.82% | 1037 | 72.61% | 546 | 68.50% | Yes |
| **Medicare -CMC** | N/A | N/A | 6 | 100.00% | 20 | 65.00% | 37 | 75.68% | 7 | 57.14% | N/A |
| **MCLA** | 6 | 66.67% | 159 | 81.13% | 755 | 69.40% | 779 | 70.99% | 405 | 68.40% | Yes |

\*Denom – Denominator
\*\*Stat Sig – Statistical Significance

*Disparity Analysis*

**Medi-Cal - SMD**
For Race/Ethnicity of Medi-Cal-SMD, the highest rate was among Asian members (77.7%) and the lowest rate was Black/African American (67.8%). This was statistically significant. For Language, the highest rate was among Spanish speakers (80.9%) and the lowest rate was among English speakers (68.8%). This was statistically significant. Note that American Indian/Alaskan Native (N=7) had a low sample size and thus tests for statistical differences in these proportions were unreliable due to a low volume (n<30) of members.

**LACC – SMD**
For Race/Ethnicity and language, statistical differences in these proportions were unreliable due to a low volume of members.

**CMC - SMD**
For Race/Ethnicity and language, statistical differences in these proportions were unreliable due to a low volume of members.
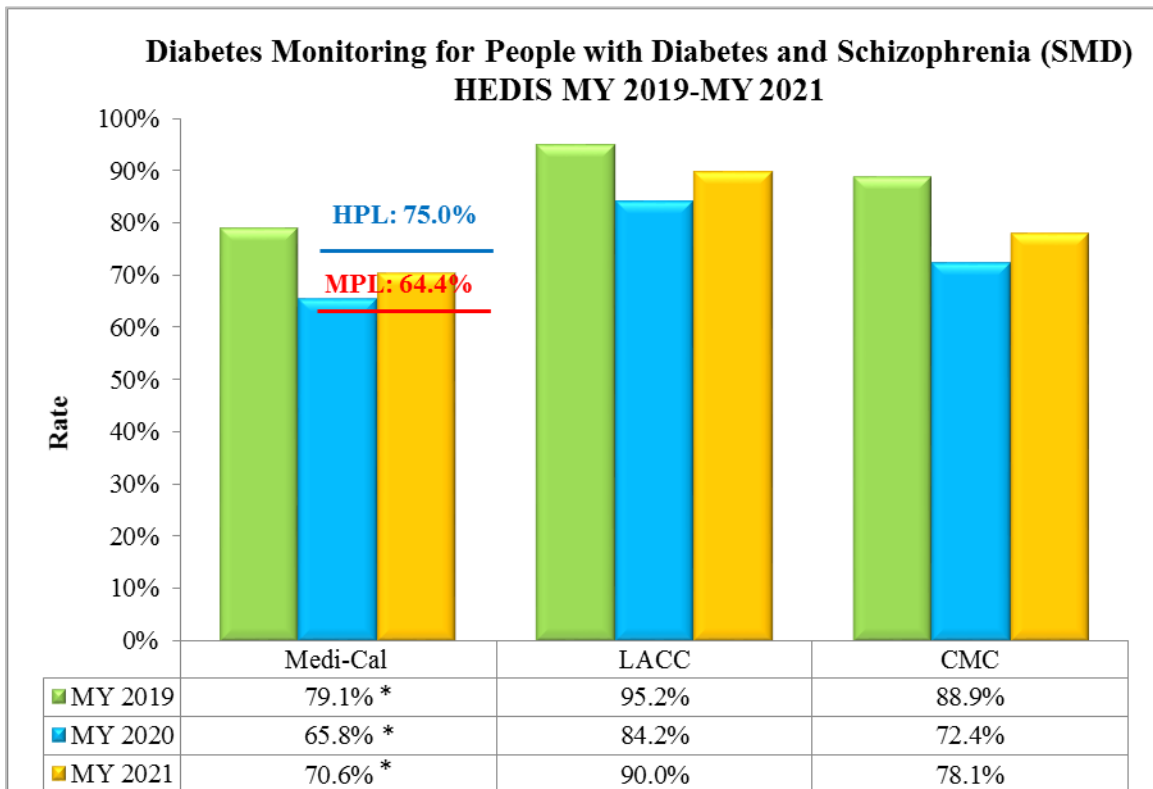
## Qualitative Analysis

As with the SSD measure, in 2019 L.A. Care also began including SMD non-compliance data in the PORs so that providers could conduct proactive member outreach to schedule needed services and close gaps in care for incentive payments. The upward trend in the prior year suggest that this form of provider communication is effective, however due to the COVID-19 pandemic, it is difficult to ensure effective interventions since rates have dropped significantly across all LOBs. Similarly, in 2021 the declines are being addressed by continuing to focus on provider education among the primary care network and the specialty care network, while also encouraging members to seek care regularly. High volume PPGs will also be met with to discuss this rate decline and request that members be sent lab orders for screening. These interventions collectively should help drive rates back to pre-pandemic levels.

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

### RESULTS

The following graph compares L.A. Care SSD rates for HEDIS MY 2019 - MY 2021 among different product lines:
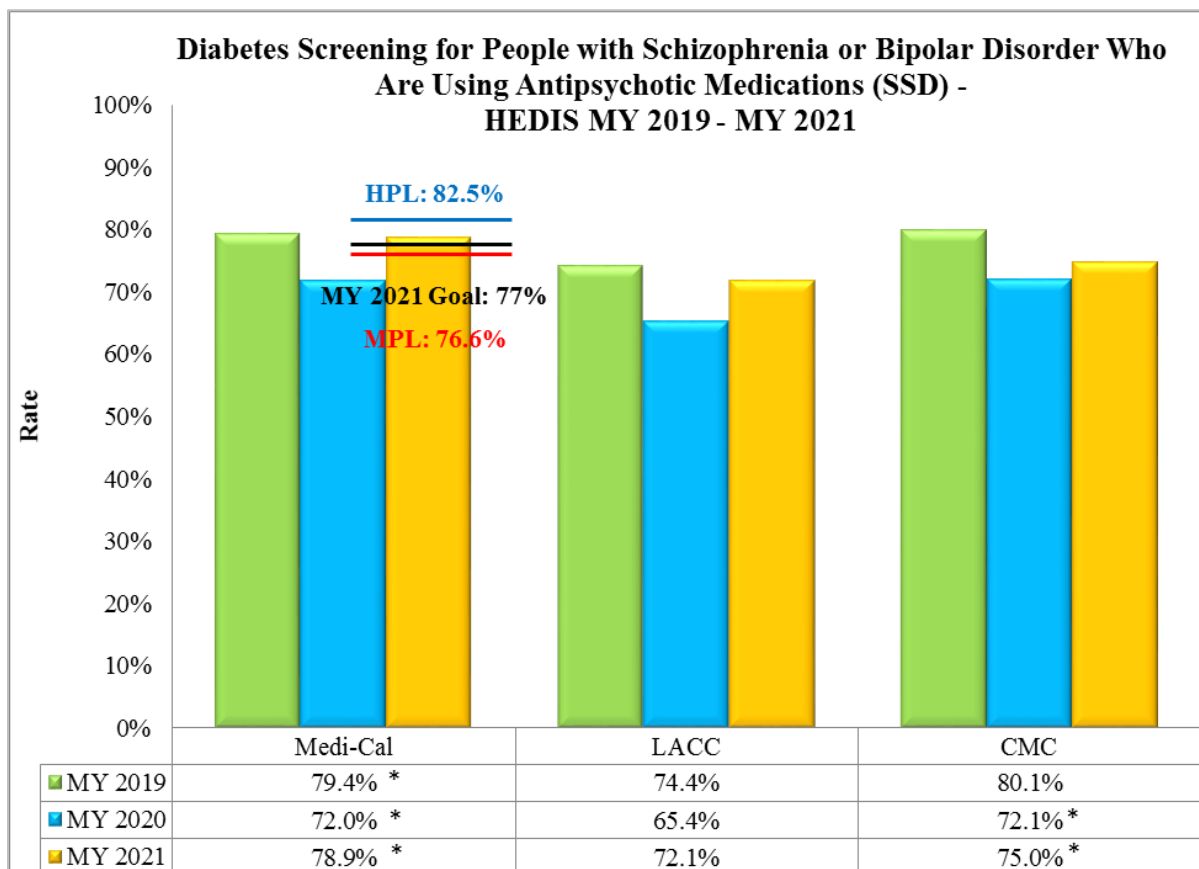


| | Medi-Cal | LACC | CMC |
|---|---|---|---|
| MY 2019 | 79.4% * | 74.4% | 80.1% |
| MY 2020 | 72.0% * | 65.4% | 72.1% * |
| MY 2021 | 78.9% * | 72.1% | 75.0% * |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

## Quantitative Analysis

### Medi-Cal - SSD

The SSD rate was 78.9%, representing a 6.9 percentage point increase over the previous year (72%). The increase is statistically significant. The rate did meet the goal of 77% for the year and did not exceed the minimum performance level of 82.5%

### CMC - SSD

The SSD rate was 75%. The rate does indicate a 2.9 percent increase over the prior year (72.1%). The increase is statistically significant.

### LACC - SSD

The SSD rate was 72.1%. There was a 6.7 percent increase over the prior year (65.4%). The decrease was not statistically significant.

## Disparity Tables

### Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who Are Using Antipsychotic Medication (SSD) - Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | 1 | 100.00% | 154 | 72.08% | 5 | 60.00% | N/A |
| Medi-Cal | 80 | 73.75% | 8,985 | 78.89% | 632 | 78.64% | No |
| Medicare -CMC | 2 | 50.00% | 399 | 74.69% | 42 | 78.57% | N/A |
| MCLA | 48 | 75.00% | 8,985 | 78.89% | 632 | 78.64% | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| LACC | | | 19 | 89.47% | 3 | 33.33% | 14 | 57.14% | 32 | 59.38% | N/A |
| Medi-Cal | 40 | 80.00% | 807 | 76.33% | 3,538 | 77.98% | 5,099 | 80.13% | 3,217 | 79.20% | Yes |
| Medicare -CMC | | | 33 | 87.88% | 76 | 69.74% | 124 | 76.61% | 30 | 66.67% | No |
| MCLA | 32 | 78.13% | 517 | 76.02% | 2,590 | 78.19% | 3,365 | 80.27% | 2,247 | 78.42% | Yes |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*

*Medi-Cal - SSD*
For Race/Ethnicity of the Medi-Cal product line, the highest rate was among Hispanic/Latino members (80.1%) and the lowest rate was among Asian members (76.3%). This was statistically significant. For language, the highest rate was among English speakers (78.9%) and the lowest rate was among Chinese speakers (73.8%). At this time there are no interventions geared toward addressing this disparity as this is not a high priority measure.

*LACC & CMC - SSD*
LACC and CMC data are not displayed since their denominators were too small to conduct any meaningful analysis.

*Qualitative Analysis*
To address diabetes screening and monitoring, L.A. Care in 2019 began including SSD gap data in the Provider Opportunity Report, or POR, that providers can use to conduct member outreach to schedule needed services and close gaps in care for incentive payments. The first year this metric was in the POR, there was a rate increase. The upward trend in the prior year suggested that this form of provider communication may have been effective. The rates for 2021 have declined since 2020, likely due to the COVID-19 pandemic. Across multiple measures, lab-based metrics declined and there has been a similar drop in A1C testing seen in Medi-Cal and LACC. This is not surprising, given the amount of care that was deferred due to COVID-19. To address this decline, we continue to educate providers on the need to screen these members in the various settings accessed, particularly in the primary care setting.

To improve coordination of care between provider settings, efforts focused on informing primary care providers on the need to screen and test members. As discussed in September BHQC meeting there were certain barriers identified such as providers being unaware patient is on medication and point of care testing not being documented or coded correctly. Due to the current rate decline, in addition to the noted interventions, QI will engage with high volume PPGs to educate and reinforce the need for screening in the primary care setting.

**SUMMARY OF INTERVENTIONS FOR MY 2020 – MY 2021**

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Antidepressant Medication Management (AMM), Acute Phase & Continuation Phase** | • Members may not want to take medication due to the perceived social stigma of having depression<br>• Members may stop taking medication if they experience any negative side effect<br>• Members may discontinue medication if they are feeling better and feel | • The initial member letter that encourages appropriate medication management to members on antidepressants was improved and revised in Spring of 2020. The mailers were distributed in October 2020.<br>• For 2021, it was decided to send out 2 mailers – one in Oct 2021 and one in Feb 2022. | • The intervention is continued in 2022.<br>• Evaluation of new mailers to be done in May 2023. |

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Antidepressant Medication Management (AMM), Acute Phase & Continuation Phase (cont.)** | they do not need medication<br>• PCPs do not encourage members to stay on medication for the appropriate length of time<br>• PCPs prescribe for 30 days<br>• Pharmacy reversals were removed from data | • Second AMM Mailer launched in November 2022. | |
| **Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)** | • Providers may be unaware patient is on medication<br>• Specialty mental health providers may not report diabetes screening.<br>• Point of care testing may not be documented or coded correctly | • Ongoing-POR/Gap in care list sent to the network. | • Continue sending out the provider opportunity report containing SSD<br>• Due to COVID, difficult to evaluate if program is effective. |
| **Follow-Up After Hospitalization for Mental Illness (FUH), 7-day & 30-day** | • Members refuse to attend after care appointments due to stigma or their mental illness or substance use<br>• Members may be experiencing homelessness and are difficult to contact for follow up | • Quality Performance Management Team working on MY 2020 and MY 2021 outcome evaluation.<br>• Member incentives continues in 2021 and 2022 using a new vendor | • REACH program has been on pause for about 3 years.<br>• An MY 2020 and MY2021 evaluation will be conducted in 2023. Due to capacity issues, an evaluation was not completed during this time. |
| **Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase** | • COVID-19 was at the peak resulting in medical offices being closed and limited capacity at the clinical level.<br>• Member care occurs outside of the primary care setting and not reported to the health plan<br>• Many providers are unaware that children may be receiving care through schools or specialty mental health providers. | • Mailers continue to be sent to providers on a bi-weekly basis informing them that member has been prescribed ADHD medication and advising follow up.<br>• A 2021 and 2022 Evaluation will be administered in 2023 to analyze impact of the program. | • Evaluation of ADD providers letters to be done in April 2023. |

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase (cont.)** | • Parents may not seek care for their children due to social stigma | | |
| **Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)** | • Members may not want to take medication since antipsychotic medications can cause weight gain, increased risk of high blood levels of cholesterol or triglyceride and increased risk for high blood sugar and diabetes, and low blood pressure<br>• Providers may not be aware patient is on medication | • Providers were sent APM notification letter in Sept 2021, which shows their members in need of metabolic testing | • Evaluation is planned to be done in Spring 2023. |

**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 next mailers will be sent in November 2022 and February 2023.
- L.A. Care will continue sending out ADD provider mailers encouraging providers to reach out to their members to see their provider and/or have a medication refill.
- L.A. Care will do an evaluation on the APM provider mailer to see if the program was effective or not in bringing in members to have their metabolic testing.
- L.A. Care will do an evaluation on the FUH incentives program to see if the program was effective or not in increasing follow-up after hospitalization.
- L.A. Care will be working collaboratively with Beacon Health Options to identify barriers for FUM and FUA. Upon identifying barriers, L.A. Care and Beacon will identify potential solutions to address these measures.
- L.A. Care will add the depression screening measure as a priority measures to help improve health disparities when it comes to depression screening.

**MY 2022 WORK PLAN GOALS**

| HEDIS Acronym | HEDIS Measure | MY 2022 Medi-Cal Goal | MY 2022 Cal MediConnect Goal | MY 2022 L.A. Care Covered Goal |
|---|---|---|---|---|
| ADD | Follow-Up for Children Prescribed ADHD Medication - Continuation and Maintenance Phase | 68% | N/A | N/A |
| AMM | Antidepressant Medication Management - Continuation Phase | 47% | 57% | 55% |
| APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | 45% | N/A | N/A |
| FUA | Follow-Up After Emergency Department Visit for Alcohols and Other Drug Abuse or Dependence | 21% | 18% | N/A |
| FUH-30 day | Follow-Up After Hospitalization for Mental Illness - 30-day | N/A | 56% | N/A |
| FUM | Follow-Up After Emergency Department Visit for Mental Illness 7-Days | 54% | N/A | N/A |
| SSD | Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication | 79% | N/A | 74% |
| SMD | Diabetes Monitoring for People with Diabetes and Schizophrenia | N/A | 78% | N/A |

N/A: Not applicable

### C.3 APPROPRIATE MEDICATION MANAGEMENT

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

The following programs are in place from 2021 to 2022 to address pharmacy specific **National Committee for Quality Assurance** (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) quality measures. These in-house initiatives were in collaboration with Quality Improvement (QI), Behavioral Health (BH), Navitus Clinical Engagement Center (CEC).

- Pharmacy Star Measures
  - Osteoporosis Management in Women Who Had a Fracture (OMW) – C08
  - Statin Therapy for Patients with Cardiovascular Disease (SPC) – C16
  - Medication Adherence for Diabetes Medications – D08
  - Medication Adherence for HTN (RAS Antagonists) – D09
  - Medication Adherence for Statins – D10
  - MTM Program Completion Rate for CMR – D11
  - Statin Use in Persons with Diabetes (SUPD) – D12
  - Rating of Drug Plan – D05
  - Getting Needed Prescription Drugs – D06

- Pharmacy NCQA Accreditation Measures
  - Statin Therapy for Patients with Diabetes (SPD)

- Pharmacy-assisted NCQA Accreditation Measures
  - Follow-Up Care for Children Prescribed ADHD Medication (ADD)
  - Asthma Medication Ratio (AMR)
  - Comprehensive Diabetes Care (CDC)
  - Controlling High Blood Pressure (CBP)
  - Flu Vaccinations for Adults Ages 18-64 (FVA)
  - Flu Vaccinations for Adults Ages 65 and Older (FVO)

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

- Medication Adherence for Diabetes Medications – D08
- Medication Adherence for HTN (RAS Antagonists) – D09
- Medication Adherence for Statins – D10
- Statin Use in Persons with Diabetes (SUPD) – D12
- Statin Therapy for Patients with Cardiovascular Disease (SPC) – C16

Starting in June 2021, L.A. Care's pharmacy department continued the in-house adherence outreach program, the Comprehensive Adherence Solutions Program (CASP), to target Cal MediConnect (CMC) members. The program involves a high-touch approach to ensure adherence is achieved and maintained throughout the calendar year. Pharmacy technicians and pharmacists conducted outbound calls to members to encourage our members to be adherent by addressing any obstacle they may be facing and offering pharmacy services to help them. If staff is unable to reach members, research is conducted to identify

alternative working numbers not already listed in Navitus or L.A. Care systems, such as outreach to the member's provider or pharmacy.  Any working numbers are added to QMEIS to minimize the unable to contact (UTC) rate and make the updated contact information available to other departments and intervention efforts.  We utilize motivational interviewing techniques to listen to the members' concerns and offer the exact service they need from our list of available services, including patient education, transportation resources, 100-day supply conversion, mail order referral to Ralphs Pharmacy, medication synchronization (allowing members to pick up multiple chronic medications on the same day rather than going to the pharmacy multiple days in a month), and statin recommendation for eligible diabetic members to fulfill the SUPD measure.  Additionally, we educate members to receive eligible vaccines including the flu, COVID-19, pneumonia, and shingles vaccines, if appropriate.  We also conduct survey questions to assess the member's experience with their prescription drug plan (in hopes of improving our performance in the Getting Needed Prescription Drugs CAHPS metric) and a Social Determinants of Health (SDOH) survey to address any social concerns.  If appropriate, referral to a service found on Community Link or to L.A. Care's Social Services Dept. was made.  Lastly, we would refer members who are eligible for Medication Therapy Management (MTM) but have not completed a Comprehensive Medication Review (CMR) to Navitus CEC, the new MTM vendor for MY 2022.  Each intervention is tailored to specific members and would only be offered to those that need it.

Since July 2018, providers have been receiving a quarterly scorecard letter distributed by Navitus.  This letter and supplemental tables list members who may be exhibiting non-adherent behaviors for each respective provider.  Providers are able to quickly identify L.A. Care patients who may need encouragement and counseling in continuing with regular administration of their chronic medications.  The date and volume of mailers for the past year is noted below.
- 10/11/21: Q3 Prescriber Scorecards: 3,259 unique prescribers.
- 1/24/22: Q4 Prescriber Scorecards: 3,351 unique prescribers.
- 5/6/22: Q1 Prescriber Scorecards: 3,489 unique prescribers
- 7/22/22: Q2 Prescriber Scorecards: 4,255 unique prescribers.

Targeted Medication Reviews (TMR) are currently in place for 2022 with Navitus CEC.  The TMRs utilize prescription claims data to identify lapses in therapy and involve quarterly interventions, which entail mailings to the members and/or providers.
- Cholesterol medication adherence
- RAS antagonist adherence
- Diabetes medication adherence
- High-risk medication identification
- Potentially harmful drug-disease interaction in the elderly
- Statin Use in Persons with Diabetes (SUPD)

Navitus has also been mailing 100-day supply conversion forms to providers on a quarterly basis to encourage prescribers to switch members' chronic medications to a 100-day supply.  Starting on January 1, 2022, CMC members can fill up to 100-day supply of their chronic medications, increased from 90-day supply previously.  Switching to 100-day supply has proven to help with improving medication adherence, especially for those who are physically burdened.  Fewer trips to the pharmacy may result in higher adherence, and protect our more vulnerable CMC members from COVID-19 risk.  The mailers are sent on a quarterly basis and the volume of letters sent to providers is noted below.
- 2021 Q3: 5,596 letters mailed
- 2021 Q4: 6,004 letters mailed
- 2022 Q1: 4,943 letters mailed
- 2022 Q2: 5,206 letters mailed

Starting January 2022, L.A. Care partnered with Navitus CEC (MTM vendor) to also launch a new medication adherence program called Pharmacoadherence, also known as Star Support. This new program is used to identify members who are currently non-adherent to their medications and utilizes a multimodal technique to address the issues they may be facing. Navitus CEC will first mail a letter to the members' prescriber and a letter to the member, then follow up with a phone to the member and prescriber, as necessary. Mailing and outreach will happen four times this calendar year. In September, we also expanded the criteria for outreach to members who only had one fill of STAR medications and those who have borderline Proportion of Days Covered (PDC). Navitus CEC has also expanded outreach to weekly and started targeting members who only need one more fill of a 100-day supply of their prescription to remain or become adherent by end of year. L.A. Care Pharmacy is assisting Navitus CEC by outreaching to Spanish-speaking members.

**MAJOR ACCOMPLISHMENTS**
- L.A. Care pharmacy now allows members to fill up to 100-day supply of their medications to promote medication adherence and eliminating potential barriers with refills.
- As of 8/11/22, L.A. Care's pharmacy team has made 7,298 attempts to reach members qualified under the medication adherence measures as part of our CASP adherence call campaign starting June 2021. We successfully reached 1,870 members and conducted 4,800 interventions, including member education, 100-day supply conversion, referral to various vendors, medication synchronization, and vaccine education. Outreach effort is currently ongoing.
- Starting in January 2022, L.A. Care pharmacy successfully launched a new medication adherence program, Pharmacoadherence, with Navitus CEC. We have also expanded outreach for Q4 2022 to target more at-risk members.
- We are on track to meet our Population Health Management (PHM) Index Goal of 84% for 2022 for the RAS Antagonists adherence measure.

**RESULTS**

The following graphs compare L.A. Care adherence performance at the end of year for 2020, 2021, and projected 2022:



CMS Cal MediConnect Adherence Rates 2020-2022

| | Diabetes Adherence | RAS Adherence | Statin Adherence |
|---|---|---|---|
| 2020 | 84% | 83% | 80% |
| 2021 | 85% | 82% | 79% |
| Projected 2022 | 86% | 84% | 81% |

QW: 80%    2022 Goal: 84%
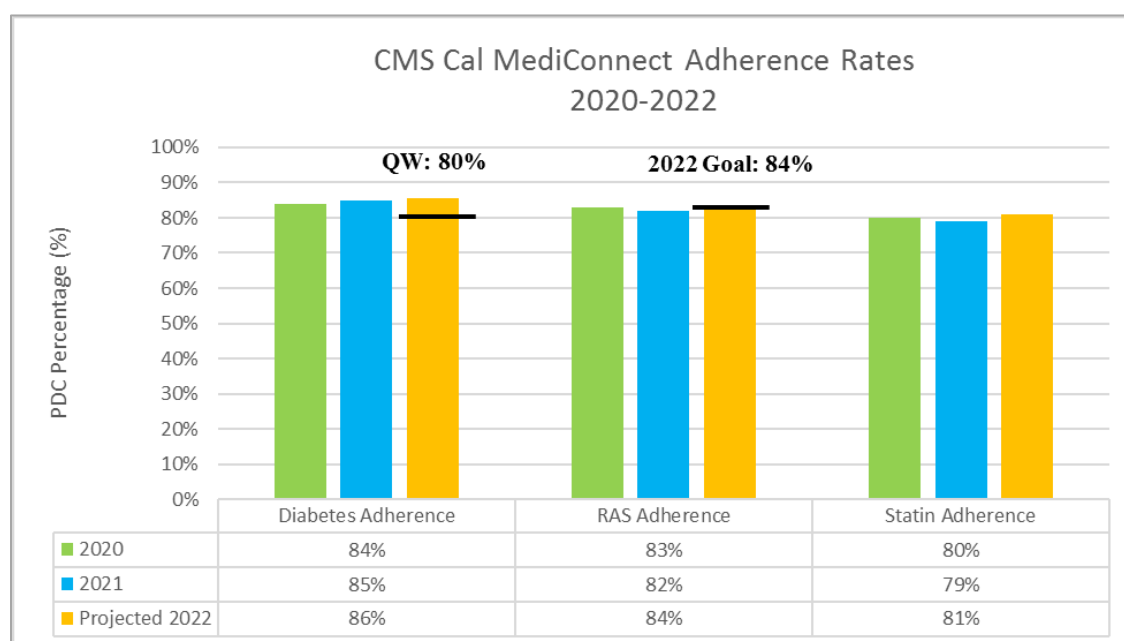
***Quantitative Analysis***
The Cal MediConnect (CMC) medication adherence rates from contract year (CY) 2020 to CY 2021 saw an improvement for the Diabetes adherence measure, but a slight decrease for RAS Antagonists and Statins, based upon monthly medication adherence data trends released by CMS via the Acumen Patient Safety Reports (Acumen, LLC; *Patient Safety Analysis 2021*). For CY 2021, the final medication adherence rates were 79%, 82%, and 85% for the Statins, RAS Antagonists, and Diabetes measures, respectively. The final 2022 rates listed above are calculated as a forecast for the end of 2022 based on previous year's trend, and may not be accurate to the true final rate for 2021. 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 2021. Based upon current projections, we will finish CY 2021 at 81%, 84%, and 86% for the Statins, RAS Antagonists, and Diabetes measures, respectively. Based on cut point projections, we will achieve a 3-star rating for the Diabetes and a 2-star rating for both Statins and RAS Antagonists adherence measures for this measurement year. We will also meet our Population Health Management (PHM) Index Goal of 84% for 2022 for the RAS Antagonists adherence measure.

***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. 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. CMS recently released the cut points for the CY 2021 medication adherence measures. As expected, CMS has raised the cut-points for all star cut points in every medication adherence measure. If our PDC trends as forecasted, we will remain at a 3-star rating for Diabetes adherence, increase to a 2-star rating for Statin adherence, and remain at a 2-star rating for RAS Antagonists adherence. This improvement is largely attributed to the pharmacy technician/pharmacist outreach call intervention.

Given the challenge of barriers to medication adherence, the pharmacy department targeted CMC members on the adherence medications and employed multiple interventions throughout the year as an attempt to improve their adherence. Live telephonic outreach calls with highly trained pharmacy technicians and pharmacists sought to resolve any issues that may prohibit the member from being adherent, such as a transportation issue or simply forgetting to take the medications. Pharmacy team has also implemented several marketing campaigns to display advertisement for our mail order pharmacy vendor. Another main focus of ours is to address any Social Determinant of Health (SDOH) issues by utilizing SDOH surveys and triaging to appropriate resources; 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, we restarted Interactive Voice Response (IVR) refill reminder call campaign as it was on pause for most of 2021 due to concerns with the Telephone Consumer Protection Act (TCPA). Nevertheless, our improvement/sustainment in both medication adherence rates and star ratings across all measures demonstrate the effectiveness of our interventions for 2022.

## INTERVENTIONS

| CMS Cal MediConnect Medication Adherence Measures | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Medication Adherence for Diabetes Medications**<br><br>**Medication Adherence for Hypertension Medications (RAS Antagonist)**<br><br>**Medication Adherence for Statins** | • Members experience difficulty in obtaining refills from the pharmacy or provider<br>• Members express forgetfulness<br>• Members identify transportation issues to getting to their pharmacy for provider<br>• Members express a lack of understanding of their medication indication or instructions<br>• Member has concerns of side effects from medications<br>• Lack of PPG/provider partnership/engagement in part due to COVID-19 | • Contact member's pharmacy or provider to request for 100-day supply of medications<br>• Assist member in obtaining refills for medications<br>• Provide counseling tips for adherence<br>• Provide Transportation Resources<br>• Offer to contact provider for 100-day supply prescription or mail-order pharmacy services<br>• Warm transfer to Clinical Pharmacist for consultation<br>• Encourage the use of mail order pharmacy to further assist in boosting adherence<br>• Address SDoH-related barriers via Community Link and/or CM/Social Services referrals | • Increase in PDC rate for Diabetes, RAS Antagonist, and Statin medication adherence measures<br>• Advance to estimated 2 Star for Statin medication adherence measure<br>• Increase in 100-day supply prescription count |

## LOOKING FORWARD

In addition to continuing the above interventions, L.A. Care Pharmacy also plans the following:
- Continue member outreach interventions to increase adherence.
- Continue to grow our partnership with Ralphs Mail Order Pharmacy to assist in adherence and 100-day supply prescription rates.
- 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.
- Expand our collaboration with Navitus CEC to timely identify and outreach members within the adherence measures, including (but not limited to) increasing frequency of outreach, beginning outreach (including outreach after the first fill) earlier in the year, and incorporating new outreach modalities (e.g. texting campaigns).
- Leverage our PPG/provider relationship and provide actionable member data on a monthly basis in tandem with the Provider Opportunity Reports from Incentives.
- Utilize our various Health Information Exchange (HIE) systems to find alternate phone numbers used for member outreach.

## 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 submitted targeted criteria for eligibility in the MTMP.

Navitus Clinical Engagement Center (CEC) currently administers MTM for L.A. Care CMC members. As part of the MTM program, members receive telephonic Comprehensive Medication Reviews (CMRs) conducted by Navitus CEC personnel. A CMR is an interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver.

For Contract Year 2022, each beneficiary may receive an MTM intervention based on the following criteria:
- 3 or more chronic diseases
- 8 or more covered Part D Chronic/Maintenance drugs
- Incurred annual cost of $4,696 in covered Part D drugs
  OR
- Member is enrolled in the L.A. Care Opioid Home Program, as a result of an opioid-related overdose

Beneficiary is allowed to Opt-Out of the MTM program.

As of September 2022, the CMR rate is reported at 58%. Started in June 2021, the pharmacy department has warm-transferred eligible MTM members during comprehensive medication solution calls, which is a telephonic outreach campaign to address adherence for diabetes, RAS antagonists, and statin medications.

## RESULTS



**CMS Cal MediConnect Comprehensive Medication Review (CMR) 2020-2022**

| | 2020 | 2021 | Projected 2022 |
|---|---|---|---|
| CMS Performance | 78% | 73% | 89% |

5 STAR: 89%
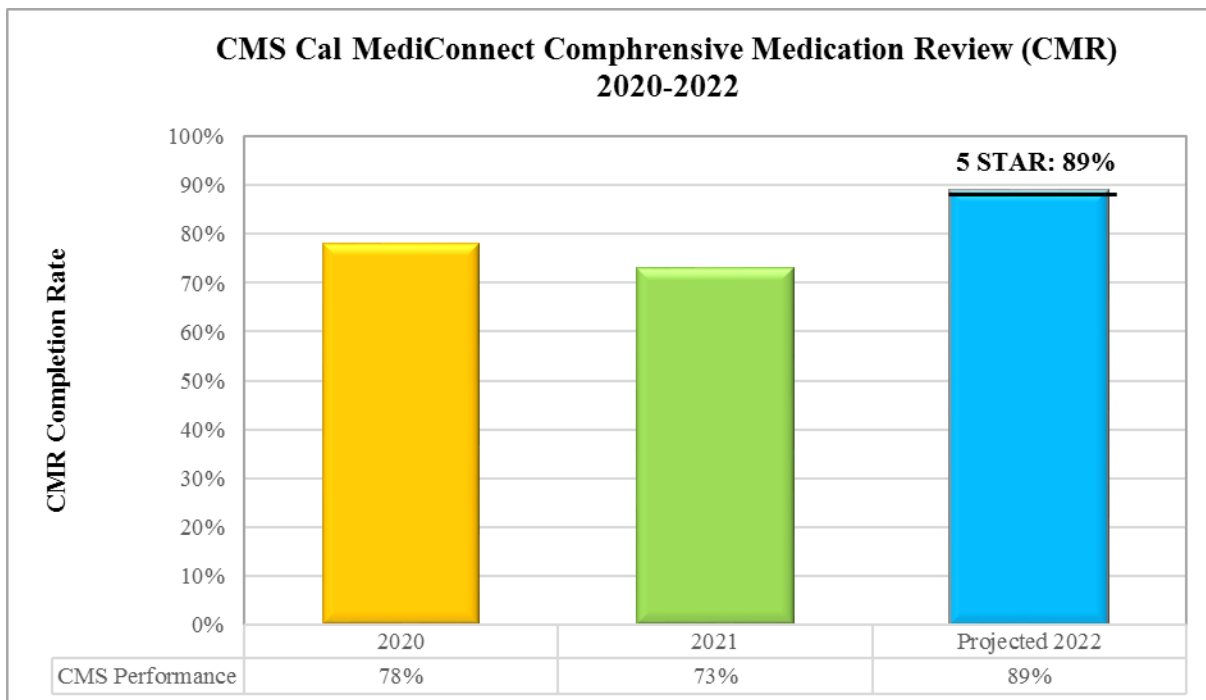
## Quantitative Analysis

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. Prior to 2022, L.A. Care partnered with MedWise Rx, formerly SinfoniaRx, to administer MTM services. In CY 2020, L.A. Care reached a CMR rate of 78%. In CY 2021, L.A. Care reached a CMR rate of 73%. As of 2022, L.A. Care has partnered with Navitus CEC to provide our CMC members MTM services. The projected CMR completion rate for CY 2022 will be 89%.

## Qualitative Analysis

The goal that was set for our previous MTM vendor, MedWiseRx, formerly SinfoniaRx, was to reach 89% for CY 2020 and CY 2021. However, MedWiseRx failed to reach goal year after year, despite the pharmacy department dedicating internal resources to assist in warm-transfer of MTM eligible members to MedWiseRx during outreach campaigns. Additionally, L.A. Care pharmacy department provided necessary files, such as alternate phone numbers and addresses, phone disposition reports, cognitive impairment diagnosis member files, and Long Term Institutional (LTI) reports/Long Term Care Reports (LTCRPT) to assist MedWiseRx with their outreach efforts. As a result, pharmacy has switched vendors from MedWiseRx to Navitus Clinical Engagement Center (CEC) in hopes of meeting the 5-star benchmark for CMR completion for CY 2022.

## INTERVENTIONS

| CMS Cal MediConnect Medication Adherence Measures | Barriers | Actions | Effectiveness of Intervention/Outcome |
|---|---|---|---|
| **Medication Therapy Management (MTM)** | <ul><li>Member engagement by MTM vendor.</li><li>Unable to reach the member due to inactive phone number.</li><li>Members who do not receive a Welcome Letter due to incorrect addresses.</li><li>Members not picking up their phone.</li><li>Language barriers.</li><li>Provider engagement for cognitively impaired members.</li></ul> | <ul><li>Employing multiple tactics, such as calling pharmacies and providers, to obtain new phone numbers.</li><li>Provide Long Term Institutionalized reports from CMS.</li><li>Making multiple attempts at different times of the day to reach members.</li><li>Engaging Care Management team to encourage MTM eligible members to utilize service.</li><li>Using telephonic translation services.</li><li>Additional staff support with subcontractor for non-English speaking members.</li><li>Identifying members with diagnosis of cognitive impairment for exclusion.</li><li>Sending communications to providers to assist with</li></ul> | <ul><li>Expanded methods of outreach to members for CMR completion.</li><li>CMR completion from various vendors.</li><li>Increased provider engagement for CMR completion in cognitively impaired members.</li></ul> |

| CMS Cal MediConnect Medication Adherence Measures | Barriers | Actions | Effectiveness of Intervention/Outcome |
|---|---|---|---|
| **Medication Therapy Management (MTM) (cont.)** | | CMR completion for cognitively impaired members.<br>• Leveraging Health Information Exchange systems to obtain alternate phone numbers and addresses.<br>• Implement text messaging to promote engagement and remind members of appointments.<br>• Send postcards to eligible members to notify them of MTM services<br>• Navitus CEC adopted L.A. County local area code for telephonic outreach and expanded hours of operation.<br>• Incorporate CMR completion into other pharmacy interventions such as the California Right Meds Collaborative and medication adherence pilot program. | |

**LOOKING FORWARD**
- The goal is to meet the 5-star goal for CY 2022 for CMR completion at 89%.
- Navitus CEC will continue to be the vendor for MTM completion for CY 2022 and CY 2023.
- A Podio-approved fax template will be used to ask providers to confirm cognitive impairment diagnosis and provide medical information in order to be able to conduct a CMR directly with the provider.
- Text messaging campaigns will be launched to invite eligible members to make an appointment to conduct a CMR or remind members of an upcoming CMR appointment.
- A co-branded postcard explaining their free MTMP benefit will be mailed out to eligible members.
- We hope to increase our outreach success rates by leveraging our various HIE systems for obtaining additional alternative phone numbers.

**HEDIS MEASURES**
L.A. Care Health Plan's pharmacy department has launched or assisted with several in-house pilot programs to target specific HEDIS measures, including ADD, AMR, CDC, CBP, statin measures (SPD, SPC, and SUPD), OMW, TRC, and the Flu vaccine measures. ART is no longer an accreditation measure.

## OSTEOPOROSIS MANAGEMENT IN WOMEN (OMW)

For the OMW intervention, pharmacists conduct outreach to prescribers to encourage reassessment for members who meet the specifications for the Osteoporosis measure. Outreach efforts to providers include phone calls and faxed clinical notices with recommendations and a fillable prescription template. As of 3/11/2022, upon identification of a fracture, a letter is sent to the member's home with education and recommendations to follow up with their provider. As of 11/18/2022, 71 member letters were sent. Members are also contacted telephonically, and the goal for conducting outreach is for the member to make an appointment to have a conversation with their provider, ultimately filling a prescription for an osteoprotective medication or receiving a DEXA scan. For MY 2022, 81 members were identified by QPM and HIE to potentially meet inclusion criteria, all of which have been reviewed. We have also been meeting with House Call Doctors (HCD) to perform in-home DEXA scans for homebound members who have difficulty with transportation. We have confirmed that HCD can provide this service, and the Scope Of Work (SOW) is in the process of being finalized. The plan is to implement this intervention starting 2023.

## ASTHMA MEDICATION RATIO (AMR)

Additionally, pharmacy team has created AMR education material for asthma members to help them remember to take their asthma inhaler. After the educational mailer kit was sent on 11/5/2020, pharmacy conducted a one-year analysis. We concluded that the results were positive, where members significantly increased their AMR ratio (0.45 vs 0.53, $P<0.001$) one year after receiving the mailer with 59% of the members having a higher AMR post-intervention compared to pre-intervention. We also noted that members used more controllers (7.08 vs 7.18, $P=0.2$) and less rescue inhalers (8.40 vs 6.82, $P<0.001$) after the intervention, with 60% of the members using less rescue inhalers after receiving the mailer. With these concluding positive results, this intervention will be re-launched to MCLA and expanded to LACC members. The mailer materials are in the process of being updated and approved for the next cycle of mailing in Q4 2022.

## COMPREHENSIVE DIABETES CARE (CDC), CONTROLLING BLOOD PRESSURE (CBP), STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC), STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD), STATIN USE IN PERSONS WITH DIABETES (SUPD)

## AMBULATORY CARE PROGRAMS

To address the chronic disease management measures (CDC, CBP, and statin measures) and the disparity within our diabetic members, L.A. Care Pharmacy Department has partnered with the California Right Meds Collaborative (CRMC) and launched its own an ambulatory care pharmacy program. Both initiatives were started in early 2020 and are currently ongoing. CRMC is an initiative from the University of Southern California (USC) School of Pharmacy. Our goal is to develop a network of pharmacies that will deliver Comprehensive Medication Management (CMM) services to address the high burden of chronic disease states in underserved areas of Los Angeles County. The program currently has three actively enrolling cohorts:

1.) Uncontrolled Diabetes Cohort: Members from all LOBs are eligible for the diabetes cohort if latest A1c $\geq$ 9% within the past 30 days or $\geq$ 11% within the past 90 days. Member are being stratified based on health disparities. High-risk members who have been recently discharged from the hospital with uncontrolled diabetes are also being targeted.
2.) Adherence Cohort: This cohort targets CMC members that are non-adherent to chronic medications. This cohort is new for 2022.
3.) Cardiovascular Disease (CVD) Cohort: This cohort targets members who have had recent CVD-related hospital admissions. This cohort is new for 2022.

As of 10/6/22, 531 L.A. Care members have received services from a CRMC clinical pharmacist since the inception of this program. As of 2/2022, we have seen an average A1c reduction was 2.2% in cohort of patients with average baseline A1c of 11.6%, with enhanced A1c reduction of 3.3% in patients with 5 or more CMM visits. We also saw an average 12 point SBP reduction for patients with BP above 140/90 mmHg at baseline. CRMC pharmacists are also faxing the blood pressure readings to providers to be counted towards our CDC and CBP measures. We are continuing to assist the CRMC pharmacies to provide blood pressure monitors to eligible members covered by their medical benefit. To date, sixteen pharmacies have joined our CRMC program. Additionally, L.A. Care Pharmacy Department also launched an ambulatory care pharmacy program, where a pharmacist has established a Collaborative Practice Agreement with three federally qualified health centers (FQHC) to provide clinical services to manage diabetes, hypertension, and hyperlipidemia for L.A. Care members. Our current clinic partners are Wilmington Community Clinic, APLA Health, and Watts Healthcare. As of 2/18/22, 212 members have enrolled in the program with an average A1c reduction of 3.1% among all members. Of note, this program was put on hold between 02/2022 – 09/2022 while L.A. Care Pharmacy Department hired a new ambulatory care manager.

Pharmacy team is also working with Quality Improvement (QI) on the Diabetes Performance Improvement Project (PIP) for MCLA/LACC. We are currently looking into members from Bartz-Altadonna who may qualify for our CRMC program. In 2022, one member has been warm transferred to a CRMC pharmacy and received clinical services. Pharmacy has also collaborated with QI and Health Ed. to create a fridge magnet, similar to the one created for the AMR mailer. The magnet was distributed as a part of a comprehensive educational mailer to a total of 327 MCLA members as of 6/22/22. The magnet has been approved for distribution to all LOBs.

## FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)
Pharmacy has also collaborated with other teams and departments for their measures as well. Pharmacy 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. Based on an analysis from QPM, the ADD intervention has significantly improved both ADD1 – initiation phase (difference = 8.35%, p-value < 0.001) and ADD2 – Continuation & Maintenance Phase (difference = 22.87%, p-value <0.001) when examining the providers who received a letter comparing to those that did not.

## TRANSITIONS OF CARE (TRC) MEDICATION RECONCILIATION POST DISCHARGE
The pharmacy team has also collaborated with Dr. Brodsky and the Social Services team on the Transitions of Care Program (TCP) since 4th quarter of 2020. As of 11/18/2022, 80 medication reconciliations were completed and sent to providers for review. Pharmacy team has also conducted a preliminary analysis on 30-day readmission rate for members who completed the TCP program in comparison to those who did not from October 2020 to March 2021 using readmission data from the Advanced Analytics Lab (AAL). The total number of members who were TCP-qualified are 101. It appears that the 30-day readmission rate for members who completed TCP was 14.3% (28 members), which is 19.9% less than the members who did not complete TCP (34.2%, 73 members).

## ANNUAL FLU VACCINE
The pharmacy team will be assisting with coordinating flu vaccine clinics at various Community Resource Centers (CRC). In 2021, 2,300 flu shots were administered among flu clinics at various locations in L.A. County. For 2022, flu clinic events will occur within CRCs, in contrast to previous years, where drive-through events were planned due to the COVID-19 pandemic. COVID vaccines will also be administered with USC Pharmacy during the clinics. CMC members are eligible for a $25 gift card if they receive the flu vaccine.

**INTERVENTIONS**

| NCQA Accreditation Measures | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Osteoporosis Management in Women Who Had a Fracture** | • Members not seeing PCP for follow-up related to their fracture.<br>• Homebound members who have difficulty going to obtain DEXA scan. | • Calling PCP offices of members identified as not meeting numerator of the measure.<br>• Faxing PCP offices of members identified as not meeting numerator of the measure.<br>• High-touch telephonic outreaches to members identified as not meeting numerator of the measure.<br>• Met with QI and HCD to implement in-home DEXA scans for MY 2023. | • For MY 2022, pharmacy reviewed to all 81 members and 28 members became compliant after outreach.<br>• MY2021 rate = 39% |
| **Comprehensive Diabetes Care** | • Due to data lag, opportunities for patient enrollment using the current criteria is fairly restrictive, thus limiting the scope of the program.<br>• More Primary Care Provider partnerships are needed. Improved program outcomes and continued expansion rely on primary care provider partnerships with our CRMC pharmacies throughout L.A. County.<br>• Although current pharmacies are located throughout L.A. County, more pharmacies are needed in high risk areas, South L.A. and Antelope Valley. | • L.A. Care Pharmacy Department has been collaborating with Transform LA to pursue additional partnerships with direct network providers for the CRMC program and facilitate improved health outcomes for members within out direct network.<br>• Given the clinical outcomes achieved with our pilot cohort, eligibility criteria have been expanded in 2022 to include members that are non-adherent to chronic disease medications or have had a recent CVD-related hospital admission.<br>• After conducting site visits and evaluations, the CRMC program will add 2 additional pharmacies into the next cohort of CRMC participating pharmacies this year, including one pharmacy located in South L.A. | • Two CRMC introductory presentations are scheduled in the month of September to Pico Women's Medical Group and Clinica Medica General. Discussions are in progress with White Memorial Community Health Center.<br>• A1c reduction of 3.3% in patients with 5 or more CMM visits. We will continue to track outcomes. |
| **Adult Vaccinations** | • Members not understanding pharmacy benefit and coverage of vaccinations.<br>• Members unwilling to receive influenza vaccine. | • High-touch telephonic outreach to members, during all member facing calls, educating them on importance of receiving vaccinations.<br>• Advertise to members on receiving flu vaccinations at CRCs and pharmacies.<br>• Host flu vaccine clinics in CRCs.<br>• Offer monetary incentives for receipt of flu vaccine. | • 2,300 community members received flu shot at the flu clinics in 2021.<br>• Effectiveness of interventions will be assessed after the conclusion of the flu campaign. |

**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 2022 clinical programs.

- Pharmacy will be continuing with its efforts to outreach to members and their providers for the OMW measure.
- Pharmacy and QI plan to partner with HCD to perform in-home DEXA scans for MY 2023.
- Pharmacy will be holding flu clinics in the upcoming months at various Community Resource Centers.
- Pharmacy will continue to enroll additional members to our CRMC program and our ambulatory care pharmacy program.
- Continue expanding pilot programs for provider outreach on various HEDIS measures through the pharmacy residency program.

**D.1 MANAGING MULTIPLE CHRONIC ILLNESS**

**AUTHOR: AMANDA ASMUS, RN**
**REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA PARRISH, MD**

**D.1.a   RISK STRATIFICATION PROCESS USING DATA**

L.A. Care utilizes a multi-step risk stratification process to help identify, categorize and develop member centric integrated service delivery.  The methods by which members are stratified are dependent upon the line of business and the plan designation.  Members in the CMC and MCLA-SPD lines of business will be stratified based upon their risk at the time of enrollment and periodically throughout enrollment.

Initial stratification for the Cal MediConnect (CMC) and MCLA-SPD line of business begins at enrollment and is accomplished through the analysis of member-specific information to include historical fee-for-service (FFS) utilization data provided to the plan electronically by DHCS at the time of enrollment. Members are categorized as either high or low to prioritize HRA outreach.

LACC, PASC/SEIU, MCLA – Non SPD Members in L.A. Care's direct lines of business are stratified using the Optum Impact Pro (IPro) tool.  This tool identifies the most complex members in L.A. Care's entire membership by applying algorithms to diagnoses and time-based utilization patterns.  This provides a picture of the member's risk by health status and severity level.  The membership is scored monthly and identifies members who may benefit from any of L.A. Care's programs or services, including Care Management.

**D.1.b   RISK STRATIFICATION AND CARE PLANNING USING THE HRA**

The initial stratification at the time of enrollment starts the regulatory clock for completion of a Health Risk Assessment (HRA).  HRA completion time frames are dependent upon LOB and initial stratification.  The table below represents the regulatory requirements for HRA outreach.  L.A. Care may choose to conduct outreach more aggressively than the regulatory requirements.

| Plan | High Risk | Low Risk |
|---|---|---|
| CMC | 45 days | 90 days |
| MCLA - SPD | 45 days | 105 days |

The HRA process provides a more complete picture of a member's health risk and re-stratifies each into a programmatic level of low, high, or complex.  In some instances, the member's programmatic level may be different than their initial stratification assignment.  The Health Risk Assessment survey is offered to members in the CMC and SPD lines of business and is administered telephonically by L.A. Care's Customer Solution Center or Care Management staff.  Face to face assessments for CMC members, which had been suspended during FY 2020 and 2021 due to the ongoing SARS CoV-2 public health emergency, resumed in May of 2022.  The Care Management Assessment Coordinator is a new position created to administer face-to-face assessments with members out in the community - a function that was previously delegated to vendors.

The survey contains 37 questions about the member's health status.  An overall score is obtained and this score guides placement into the complex, high, or low risk programmatic level as well as help identify eligibility for other programs and services offered by L.A. Care.  Six questions on the survey will trigger

automatic placement into a CM Program regardless of the member's total score. Members scoring 53 or greater will be placed in the Complex Case Management Program and members with a score between 34 and 53 (inclusive) will be placed in the High Risk Case Management Program. Members scoring 33 or less will be placed in the Low Risk Program.

High Risk and Complex members identified through the HRA process are currently aggregated in the Care Management electronic documentation system for assignment. A daily report is generated detailing the members who have completed the HRA process, their scores and corresponding risk level. In the next step of the stratification process, the member's accumulated risk data and available clinical information such as hospital claims, medications filled, and medical records are reviewed by a Case Manager and applied to an internal triage tool. This allows the department to make adjustments to the final programmatic determination, if warranted. In March of 2022, the Care Management department rolled out an improved triage tool for manual risk stratification.

CMC members identified as low risk following completion of the HRA are delegated to their Participating Physician Group (PPG) for care coordination and follow up. Members we cannot reach to complete the HRA or who decline participation in the process are also assigned to the PPG for management. Summary, detail and PDF versions of member's HRA scores and stratification details are posted per assignment on the Provider Portal.

### KEY PERFORMANCE INDICATORS

The Care Management Department uses a fiscal year (FY) reporting cycle. All data reported represent work effort and results for the FY beginning October 1, 2021 and ending September 30, 2022. For clarity, the quarterly data are labeled based on the calendar year and quarter being evaluated and presented in FY sequence. In the following tables Q4 calendar data represents Q1 for the new FY format and so on for each quarter presented.

### Individualized Care Plan Completion Rates: CMC+SPD Post-HRA:



**LA CARE CASE MANAGEMENT DEPARTMENT**
**CMC and SPD CASE MANAGEMENT MEMBERS, HRA as REFERRAL SOURCE**
**INDIVIDUALIZED CARE PLAN COMPLETION AND COMPLIANCE RATE**
**FY 2022 QUARTERLY TREND**

CASE SOURCE: HRA

- CMC CCM ICP
- CMC HR ICP
- SPD CCM ICP
- SPD HR ICP

Annual Compliance Rates:
CMC CCM 87.0% (68/77)
CMC HR 93.5% (378/408)
SPD CCM 89.4% (169/199)
SPD HR 92.0% (927/1021)

Black dotted line (---) represents 90% goal

| Item | Q1 FY 2022 | Q2 FY 2022 | Q3 FY 2022 | Q4 FY 2022 |
|---|---|---|---|---|
| Completed CMC CCM ICPs | 23 | 23 | 16 | 15 |
| Compliant CMC CCM ICPs | 21 | 20 | 14 | 13 |
| CMC CCM ICP Compliance Rate | 91.3% | 87.0% | 87.5% | 86.7% |
| Completed CMC HR ICPs | 85 | 94 | 107 | 122 |
| Compliant CMC HR ICPs | 76 | 91 | 104 | 107 |
| CMC HR ICP Compliance Rate | 89.4% | 96.8% | 97.2% | 87.7% |

## Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Cal MediConnect (CMC) Line of Business:

The standard time line for completing the ICT is within 30 days of the ICP creation. In FY 2022, the ICT meetings schedule remains at four (4) days per week with each session lasting two (2) hours. The care management team continues to schedule ICT meetings by utilizing a Share Point calendar function and segregating the presentation of engaged members from those who declined CM or were UTC.

**FY 2022 Cal MediConnect (CMC) CCMA/ICP/ICT Measures**
**Quarterly Compliant Completion Rate**
**Complex Case & High Risk Case Management**

### Complex Care Management

**CMC Complex Case Management (CCM) Program Members, FY 2022**
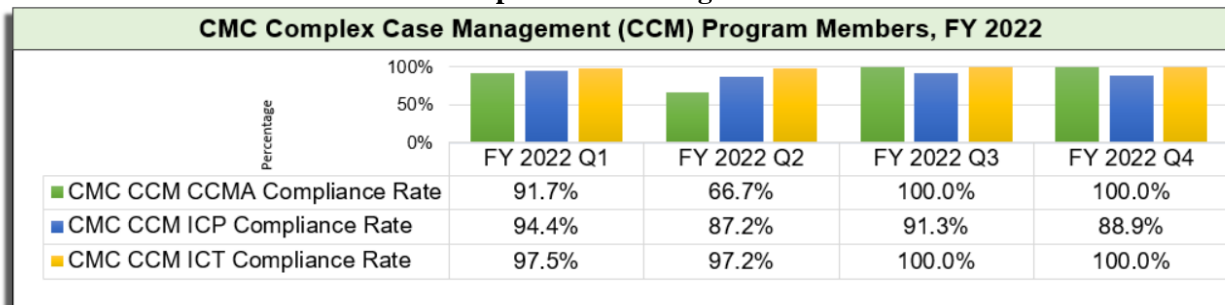


|  | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
|---|---|---|---|---|
| CMC CCM CCMA Compliance Rate | 91.7% | 66.7% | 100.0% | 100.0% |
| CMC CCM ICP Compliance Rate | 94.4% | 87.2% | 91.3% | 88.9% |
| CMC CCM ICT Compliance Rate | 97.5% | 97.2% | 100.0% | 100.0% |

|  | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
|---|---|---|---|---|
| CMC CCM CCMA Completed | 12 | 12 | 11 | 5 |
| CMC CCM ICP Completed | 36 | 39 | 23 | 18 |
| CMC CCM ICT Completed | 40 | 36 | 21 | 14 |

### High Risk Care Management

**CMC High Risk Case Management (HR) Program Members, FY 2022**
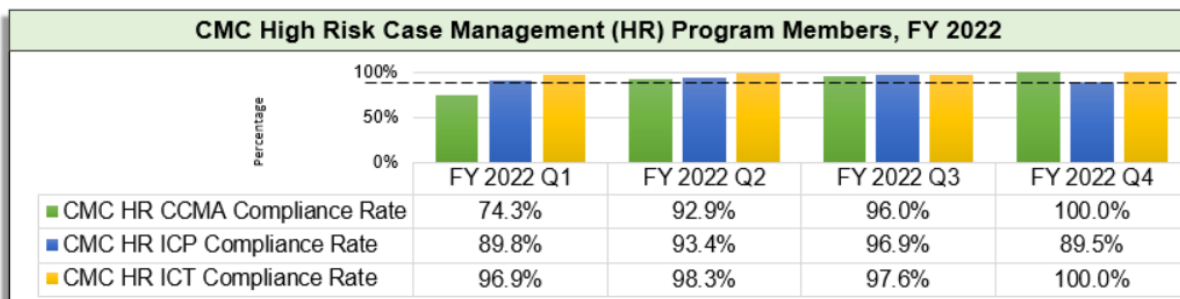


|  | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
|---|---|---|---|---|
| CMC HR CCMA Compliance Rate | 74.3% | 92.9% | 96.0% | 100.0% |
| CMC HR ICP Compliance Rate | 89.8% | 93.4% | 96.9% | 89.5% |
| CMC HR ICT Compliance Rate | 96.9% | 98.3% | 97.6% | 100.0% |

|  | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
|---|---|---|---|---|
| CMC HR CCMA Completed | 35 | 42 | 25 | 5 |
| CMC HR ICP Completed | 88 | 122 | 130 | 153 |
| CMC HR ICT Completed | 98 | 116 | 127 | 138 |

Initial CM Assessments (CCMA) 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 30 calendar days of ICP creation/Millestone creation.

Source: *CM COR Report* via SQL Report Server.

**Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Seniors and Persons with Disabilities (SPD):**

**FY 2022 Seniors & Persons w/ Disabilities (SPD) CCMA/ICP/ICT Measures**
**Quarterly Compliant Completion Rate**
**Complex Case & High Risk Case Management**

### Complex Case Management

**SPD Complex Case Management (CCM) Program Members, FY 2022**

| | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
|---|---|---|---|---|
| SPD CCM CCMA Compliance Rate | 84.6% | 85.7% | 81.8% | 100.0% |
| SPD CCM ICP Compliance Rate | 79.1% | 91.3% | 88.5% | 100.0% |
| SPD CCM ICT Compliance Rate | 100.0% | 100.0% | 100.0% | 100.0% |

| | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
|---|---|---|---|---|
| SPD CCM CCMA Completed | 26 | 28 | 11 | 6 |
| SPD CCM ICP Completed | 91 | 104 | 61 | 7 |
| SPD CCM ICT Completed | 28 | 23 | 9 | 4 |

The reduction in volume of members in Complex Case Management (CCM) seen in Q2 2022 and beyond was the result of two occurrences: the roll out of Enhanced Care Management (ECM) and the revision of the Care Management triage tool for manual risk stratification. With the overlap of CCM criteria and ECM populations of focus, a measurable segment of members who would have previously been enrolled in CCM is now being diverted to ECM. In March of 2022, the Care Management triage tool was revised to ensure only the highest complexity members were being stratified into CCM. Both the ECM program roll out and triage tool revision were factors that resulted in a reduction in overall CCM membership at L.A. Care, most noticeably of course in the MCLA and SPD populations.

### High Risk Case Management
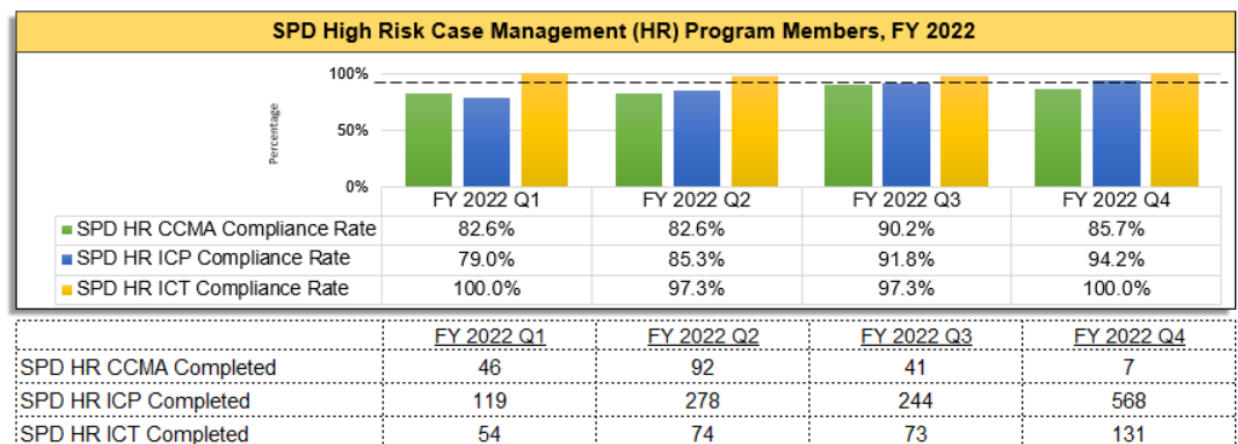
**SPD High Risk Case Management (HR) Program Members, FY 2022**

| | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
|---|---|---|---|---|
| SPD HR CCMA Compliance Rate | 82.6% | 82.6% | 90.2% | 85.7% |
| SPD HR ICP Compliance Rate | 79.0% | 85.3% | 91.8% | 94.2% |
| SPD HR ICT Compliance Rate | 100.0% | 97.3% | 97.3% | 100.0% |

| | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
|---|---|---|---|---|
| SPD HR CCMA Completed | 46 | 92 | 41 | 7 |
| SPD HR ICP Completed | 119 | 278 | 244 | 568 |
| SPD HR ICT Completed | 54 | 74 | 73 | 131 |

Initial CM Assessments (CCMA) 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 30 calendar days of ICP creation/Milestone creation.
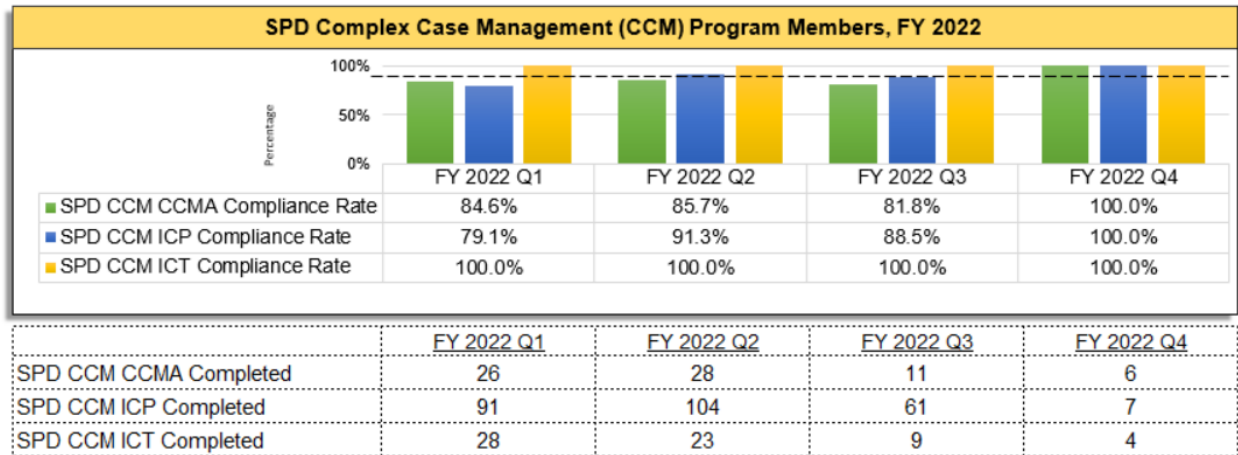Source: *CM COR Report* via SQL Report Server.

**<u>Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates:</u>**
**<u>Medi-Cal Plus (MC+) Lines of Business:</u>**

In FY 2021, the department experienced resource constraints coupled with hiring challenges. Consequently, Care Management had to prioritize CMC and SPD lines of business activities due to the higher levels of regulatory risks as well as the anticipated DHCS audit. These factors resulted in lower than desired capacity to actively manage other populations. In FY 2022, the department's focus on hiring and expansion of the team began to pay off during the second half of the year; increases in overall case volume and ICP/ICT activities were seen as well as the department's ability to expand its reach to manage more non-CMC and SPD members.

| FY 2022 Medi-Cal Plus (MC+) CCMA/ICP/ICT Measures |
| :---: |
| Quarterly Compliant Completion Rate |
| Complex Case & High Risk Case Management |

### Complex Care Management

**MC+ Complex Case Management (CCM) Program Members, FY 2022**
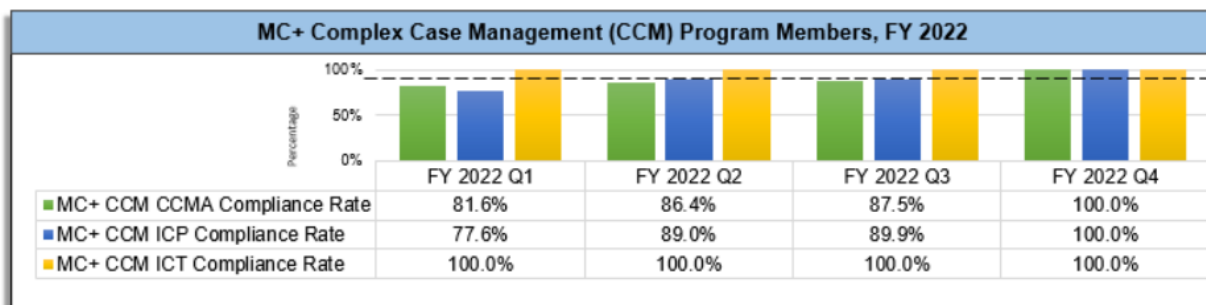
| | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
| :--- | :---: | :---: | :---: | :---: |
| ■ MC+ CCM CCMA Compliance Rate | 81.6% | 86.4% | 87.5% | 100.0% |
| ■ MC+ CCM ICP Compliance Rate | 77.6% | 89.0% | 89.9% | 100.0% |
| ■ MC+ CCM ICT Compliance Rate | 100.0% | 100.0% | 100.0% | 100.0% |

| | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
| :--- | :---: | :---: | :---: | :---: |
| MC+ CCM CCMA Completed | 49 | 44 | 16 | 9 |
| MC+ CCM ICP Completed | 143 | 136 | 69 | 14 |
| MC+ CCM ICT Completed | 38 | 28 | 12 | 5 |

### High Risk Care Management

**MC+ High Risk Case Management (HR) Program Members, FY 2022**
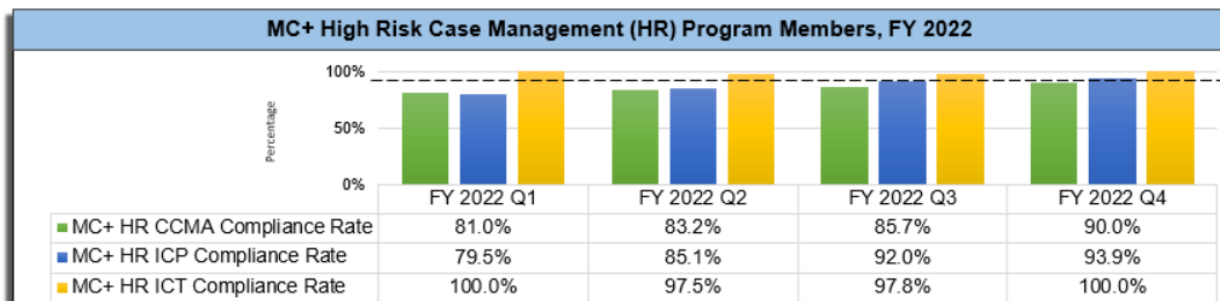
| | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
| :--- | :---: | :---: | :---: | :---: |
| ■ MC+ HR CCMA Compliance Rate | 81.0% | 83.2% | 85.7% | 90.0% |
| ■ MC+ HR ICP Compliance Rate | 79.5% | 85.1% | 92.0% | 93.9% |
| ■ MC+ HR ICT Compliance Rate | 100.0% | 97.5% | 97.8% | 100.0% |

| | FY 2022 Q1 | FY 2022 Q2 | FY 2022 Q3 | FY 2022 Q4 |
| :--- | :---: | :---: | :---: | :---: |
| MC+ HR CCMA Completed | 63 | 107 | 56 | 10 |
| MC+ HR ICP Completed | 151 | 302 | 300 | 656 |
| MC+ HR ICT Completed | 60 | 80 | 92 | 151 |

Note: MC+ (Medi-Cal Plus includes all non-CMC lines of business and SPD; excludes LACC/PASC).

Initial CM Assessments (CCMA) 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 30 calendar days of ICP creation/Milestone creation.
Source: *CM COR Report* via SQL Report Server.

### D.1.c COMPLEX CASE MANAGEMENT

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 unique needs of the member.
  After a period of reduced field based services because of the global pandemic caused by the SARS CoV-2 virus, community health workers were redeployed to the community in April of 2022. Significant efforts in the second half of the fiscal year were dedicated to increasing utilization of field-based services to the most vulnerable members and re-establishing relationships with community partners to increase the Care Management department's presence in in the community.

The Care Management program is designed to:

1. Minimize the risk of exacerbations or deterioration of medical conditions based on early assessment of physical, behavioral, cognitive, functional status and social determinates by the:
   a. Early assessment and identification of physical and behavioral health needs
   b. Early intervention for physical and behavioral health issues
   c. Early identification of and interventions for poly-pharmacy issues
   d. Early identification of and interventions for 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.

A total of 2,908 cases were opened by the Care Management Department for FY 2022 with 667 to the Complex Case Management Program and 2,241 to the High Risk Case Management Program.

**Member Satisfaction with the Case Management Program:**

The Case Management member satisfaction survey is administered telephonically with a live representative from the EvenMORE team on a monthly basis. Members eligible for survey are those enrolled in CCM for at least 60 days or enrolled in High Risk Case Management (HR) for at least 45 days. The survey consists of 12 total questions: 9 scaled questions with response options "Very Satisfied, Somewhat Satisfied, Neither Satisfied/Dissatisfied, Somewhat Dissatisfied, Very Dissatisfied", 2 close-ended (Yes/No) questions, and 2 open-ended questions.

Goal: Achieve 90% of members answering "satisfied" or "very satisfied" to L.A. Care Management Program for all lines of business. This goal is measured by question number 10 on the survey "Overall, how satisfied are you with L.A. Care's Care Management Program?" The Care Management department met or exceeded this goal in Q1, Q2, and Q3 of FY 2022. Data is not yet available for Q4 2022.



LA Care Case Management Department: Member Satisfaction with Case Management[1]
FY 2022

% Favorable = Very Satisfied + Somewhat Satisfied
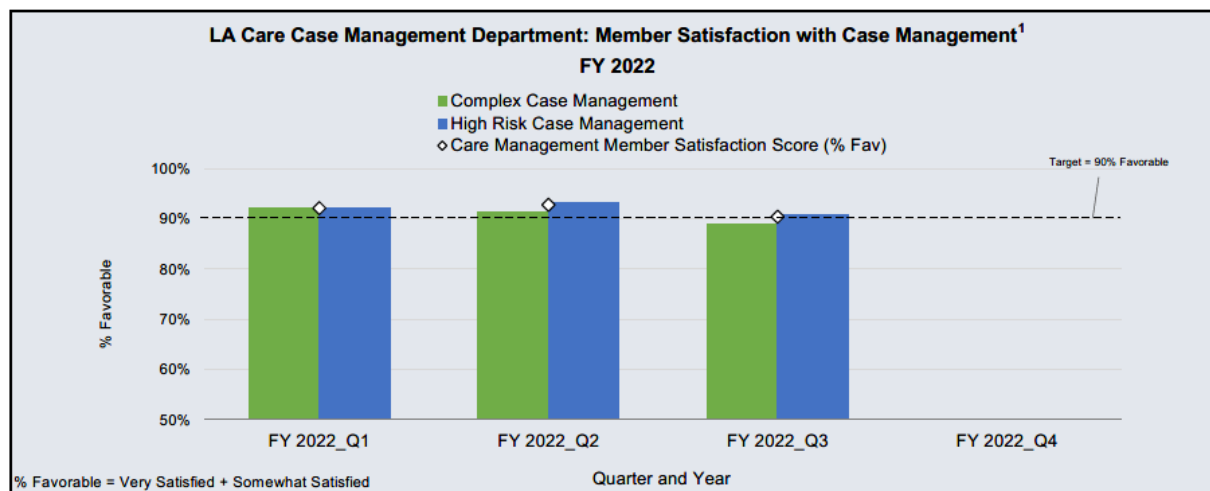
[1]Q10. Overall how satisfied are you with LA Care's Care Management Program?

| 10. Overall how satisfied are you with LA Care's Care Management Program | | | | |
|---|---|---|---|---|
| Measure | FY 2022_Q1 | FY 2022_Q2 | FY 2022_Q3 | FY 2022_Q4 |
| Number of respondents: Care Management (CM) Program | 143 | 129 | 116 | |
| Care Management Member Satisfaction Score (% Fav) | 92.1% | 92.8% | 90.4% | |
| Number of respondents: Care Management (CCM) Program | 50 | 35 | 28 | |
| Complex Case Management Member Satisfaction Score (% Fav) | 92.0% | 91.4% | 88.9% | |
| Number of respondents: Care Management (HR) Program | 93 | 94 | 88 | |
| High Risk Case Management Member Satisfaction Score (% Fav) | 92.2% | 93.3% | 90.8% | |

[1]Q10. Overall how satisfied are you with LA Care's Care Management Program?
Source(s): *CCM_HRMemberSatisfactionSurveyListsMMYYYY* file provided by MORE Supervisor on a monthly basis.
Data are analyzed by the Case Management Business/Data Analyst on a monthly, quarterly, and annual basis.

**ANALYZING MEMBER COMPLAINTS FINDINGS *from Appeals and Grievances***

During FY 2022, the Appeals and Grievances department received 30 complaints from 24 members that were classified under Care Management. There were 40 complaints from 37 members directly related to Care Management. Of those, 20 complaints were related to dissatisfactions with the Care Manager. See Table 1.

Member complaints data were reviewed as one indicator of member satisfaction. In collecting the data available from L.A. Care's Appeals & Grievances department, the volume and contact of the complaints were reviewed to inform operational enhancements. One challenge with the available grievance information is that it is difficult for the agents completing grievance intake and processing to determine when a grievance should be associated with Case Management at L.A. Care or at the PPG; however, the information still provides valuable insight into member pain points and concerns.

The volume of overall complaints classified under Care Management for FY 2022 were substantially fewer than FY 2021. The most likely factor contributing to the decrease was the extensive processing and closure of a large grievance backlog by the Appeals & Grievances team in CY 2021, creating an artificially high number of grievances reported for FY 2021. Now that the backlog of grievances is complete, the trend of overall grievances related to Case Management can be more effectively compared year-over-year.

## Table 1

| 2022 Complex Case Management Complaints | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 | Total |
|---|---|---|---|---|---|
| Case Management Access | 0 | 0 | 2 | 3 | 5 |
| Dissatisfaction with Case Manager | 2 | 3 | 7 | 8 | 20 |
| PPG or PPG Case Manager/Facility | 0 | 1 | 4 | 0 | 5 |
| **Total Complaints** | 2 | 4 | 13 | 11 | 30 |

Source: *Annual Member Experience - CM_Q4-2021 through Q3-2022* report prepared by Grievance and Appeals Department

## *Case Management Effectiveness: Impact on ED Visits, Inpatient Admissions/Readmissions, and Average Length of Stay*

The Care Management department used a tool developed by the Advanced Analytics Lab (AAL, formerly the Enterprise Data Strategy and Analytics department) to evaluate the frequency of utilization: emergency department visits, inpatient admissions, inpatient readmissions, and average length of stay, pre- and post-CM program participation.

The Care Management department used a tool developed by Enterprise Data Strategy and Analytics (EDSA) to evaluate 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 October 1, 2021:
- **Data Source:** SQL CM COR with parameter 10/1/2021 to 9/30/2022, case types CCM, HR, LR.
- **Plan Partners:** Cases transferred to Plan Partners are excluded from the study.
- **LOBs:** Covered California and PASC SEIU members are excluded from the study.
- **ICP Creation:** At least 6 months of enrollment before and after ICP Creation Date with 3 months IBNR maturity timeframe to account for utilization submission are required. Members enrolled in LA Care CM Program with an ICP created prior to 3/1/2022 are included in the study. Members without an ICP created or with an ICP created on or after 3/1/2022 are excluded from the study.
- **Acuity and Risk Level:**
  - **Low Risk:** members currently participating in LR program with original case acuity at low risk are excluded from the evaluation. Only members with Catastrophic or High case acuity levels are included in the study.
  - **CCM:** members currently participating in CCM program or originally assigned to Complex acuity level and are enrolled in CM program for at least 60 days are included in the study.

- **HR CM:** members currently participating in HR program or originally assigned to High acuity level and are enrolled in CM program for at least 45 days are included in the study.
- **Multiple Cases:** older case is excluded from the analysis if member has more than one case created during the reporting period. Cases older than 2018 are excluded from the study.
- **1299 members met the criteria mentioned above (n = 1299).**
- A case series study was completed and 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. If the respective t-test resulted in a p-value <= 0.05, then the results were deemed statistically significant.

## Study Cohort

After taking into consideration eligibility (i.e. they were still eligible 6 months before and after starting the program), and 3 months of claims IBNR, the study sample included 1,101 of the original 1,299 members.

While the impact of the global pandemic caused by the SARS COVID-19 virus decreased during FY 2021 compared to FY 2020, the data may still reflect potential trend in which members remain less likely to seek care in these settings.

## 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 3,086 to 2,178, or an average of 2.8 to 2.0 per member, an observed 29.4% reduction. If the same trend continues for a year, the projected decrease is 1,816 in total ED utilization for these 1,101 members. Based on the expectation that there should be a decrease in ED utilization if the program was effective, this result is statistically significant (p-value = 6.56e-09).

Average cost of total ED utilization decreased from $11,863 to $6,500 per member over the 6 months before/after comparison, an observed 45.2% reduction. If the same trend continues for a year, the total ED utilization projected savings are $11,809,224 for these 1,101 members. Based on the expectation that there should be a decrease in cost of total ED utilization if the program was effective, this result is statistically significant (p-value = 1.23e-06).

### *Inpatient admits from the ED only*

Total inpatient admits from the ED count decreased from 841 to 520, or an average of 0.8 to 0.5 per member, an observed 38.2% reduction. If the same trend continues for a year, the projected decrease is 642 in total inpatient admits from the ED for these 1,101 members. Based on the expectation that there should be a decrease in inpatient admits from the ED if the program was effective, this result is statistically significant (p-value = 6.56e-09).

Average cost of inpatient ED admits decreased from $11,085 to $5,845 per member over the 6 months before/after comparison, an observed 47.3% reduction. If the same trend continues for a year, the inpatient ED admits projected savings are $11,539,664 for these 1,101 members. Based on the expectation that there should be a decrease in cost of inpatient ED admits if the program was effective, this result is statistically significant (p-value = 2.02e-06).

*Outpatient ED Visits Only*
Total outpatient ED visits count decreased from 2,245 to 1,658, or an average of 2.0 to 1.5 per member, an observed 26.1% reduction. If the same trend continues for a year, the projected decrease is 1,174 in total outpatient ED visits for these 1,101 members. Based on the expectation that there should be a decrease in outpatient ED visits if the program was effective, this result is statistically significant (p-value = 5.99e-05).

Average cost of outpatient ED visits decreased from $778 to $655 per member over the 6 months before/after comparison, an observed 15.7% reduction. If the same trend continues for a year, the ED visits projected savings are $269,560 for these 1,101 members. Based on the expectation that there should be a decrease in cost of ED visits if the program was effective, this result is statistically significant (p-value = 0.01).

## IP Hospital Utilization & Total Cost of Care (TCOC)
Total inpatient admits count decreased from 1,108 to 657, or an average of 1.0 to 0.6 per member, an observed 40.7% reduction. If the same trend continues for a year, the projected decrease is 902 in total inpatient admits for these 1,101 members. Based on the expectation that there should be a decrease in inpatient admits if the program was effective, this result is statistically significant (p-value = 3.00e-07).

Average cost of inpatient admissions decreased from $14,488 to $7,477 per member over the 6 months before/after comparison, an observed 48.4% reduction. If the same trend continues for a year, the inpatient admissions projected savings are $15,438,730 for these 1,101 members. Based on the expectation that there should be a decrease in cost of inpatient admissions if the program was effective, this result is statistically significant (p-value = 3.45e-08).

## Hospital Readmissions
Total inpatient readmissions count decreased from 352 to 191, or an average of 0.3 to 0.2 per member, an observed 45.7% reduction. If the same trend continues for a year, the projected decrease is 322 in total inpatient readmissions for these 1,101 members. Based on the expectation that there should be a decrease in inpatient readmissions if the program was effective, this result is statistically significant (p-value = 3.30e-08).

## Study Cohort – Supplemental Studies
Two supplemental studies were performed on the same cohort by evaluating and comparing utilization pattern based on ICP creation date against utilization pattern based on Case closure date. This allows for additional analysis to understand program impact by comparing the utilization pattern before program intervention against when members are more stabilized while receiving program intervention and after discharge.

Due to evaluation tool limitation, utilization patterns are manually calculated at member level after data extraction with ICP Creation Date and Case Closure Date. Supplemental Study 1 reviewed member's utilization 6 months prior to ICP Creation Date against utilization 6 months *prior to* CM Case Closure Date. Supplemental Study 2 reviewed member's utilization 6 months prior to ICP Creation Date against utilization 6 months *after* CM Case Closure Date. Members are excluded from the manual evaluation if the tool is unable return utilization data based on the ICP Creation Date or Case Closure Date. The supplemental study sample included **331** of the original **495** members.

While the impact of the global pandemic caused by the SARS COVID-19 virus decreased during FY 2022 compared to FY 2021 and FY 2020, the results may still reflect potential trend in which members remain less likely to seek care in these settings. This factor may be reflected in the Supplemental Studies below.

**Supplemental Study 1**

**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 1181 to 914, or an average of 3.57 to 2.76 per member, an observed 22.6% reduction.
- Average cost of total ED utilization decreased from $14,534 to $8,833 per member over the 6 months before/after comparison, an observed 39.2% reduction.

*Inpatient admits from the ED only:*
- Total inpatient admits from the ED count decreased from 260 to 166, or an average of 0.79 to 0.50 per member, an observed 36.2% reduction.
- Average cost of inpatient ED admits decreased from $13,638 to $8153 per member over the 6 months before/after comparison, an observed 40.2% reduction.

*Outpatient ED visits only:*
- Total outpatient ED visits count increased from 921 to 748, or an average of 2.78 to 2.26 per member, an observed 18.8% decrease.
- Average cost of outpatient ED visits decreased from $896 to $680 per member over the 6 months before/after comparison, an observed 24.1% reduction.

*IP Hospital Utilization & Total Cost of Care (TCOC)*
- Total inpatient admits count decreased from 359 to 233, or an average of 1.08 to 0.70 per member, an observed 35.1% reduction.
- Average cost of inpatient admissions decreased from $18,564 to $10,838 per member over the 6 months before/after comparison, an observed 41.6% reduction.

*Hospital Readmissions*
- Total inpatient readmissions count decreased from 119 to 83, or an average of 0.36 to 0.25 per member, an observed 30.3% reduction.

**Supplemental Study 2**

**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 1,181 to 578, or an average of 3.57 to 1.75 per member, an observed 51.1% reduction.
- Average cost of total ED utilization decreased from $14,534 to $4,176 per member over the 6 months before/after comparison, an observed 71.3% reduction.

*Inpatient admits from the ED only:*
- Total inpatient admits from the ED count decreased from 260 to 102, or an average of 0.79 to 0.31 per member, an observed 60.8% reduction.
- Average cost of inpatient ED admits decreased from $13,638 to $3,720 per member over the 6 months before/after comparison, an observed 72.7% reduction.

*Outpatient ED visits only:*
- Total outpatient ED visits count increased from 921 to 476, or an average of 2.78 to 1.44 per member, an observed 48.3% decrease.
- Average cost of outpatient ED visits decreased from $896 to $456 per member over the 6 months before/after comparison, an observed 49.1% reduction.

*IP Hospital Utilization & Total Cost of Care (TCOC):*
- Total inpatient admits count decreased from 359 to 132, or an average of 1.08 to 0.4 per member, an observed 63.2% reduction.
- Average cost of inpatient admissions decreased from $18,564 to $4,384 per member over the 6 months before/after comparison, an observed 76.4% reduction.

*Hospital Readmissions:*
- Total inpatient readmissions count decreased from 119 to 33, or an average of 0.36 to 0.1 per member, an observed 72.3% reduction.

## 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 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 care model 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.

## QUALITY IMPROVEMENTS/ACCOMPLISHMENTS
The Care Management Department made improvements during the course of the reporting year that will impact the departments' ability to efficiently and effectively provide case management services to L.A. Care members.

These improvements and accomplishments include:

1. Overall compliance performance.
   a. Individual level CCQIPE audit performance: The team improved from an average 73% compliance for May 2020 eligible cases to an average 90% compliance in the most recent audit of June 2022 eligible cases.
   b. Alignment of annual individual performance goals with compliance and productivity achievements. Introduction of new productivity measures, including use of telecom reports for phone utilization tracking and trending
2. Consistent use of the Compliance and Operations Report (COR) allowed the leadership team to monitor the team's performance on member cases by tracking frequency and timeliness of required activities and compliance with standard indicators such as ICP development, ICP updates and ICT performance.
3. Successful development of Dual Special Needs Plan (D-SNP) Model of Care (MOC) for Care Management
4. CM leadership team reviewed, revised, and created departmental policies and procedures, ensuring their compliance with new APLs, DSNP requirements, and other regulatory guidance issued during the year as well as alignment with current practices.
5. Expansion of the team and readiness efforts for a successful Direct Network insourcing
6. Successful preparations for and completion of the Performance Measure Validation (PMV) audit
7. First time deployment of the Assessment Specialist to the field to complete face-to-face assessments with members in their homes; completed 64 face-to-face HRAs with members
8. Redeployment of the Community Health Worker team to the field to expand their activities in the care model. The Care Management Community Health Workers completed 386 field visits with members during FY 2022.
9. Expansion of the scope of work for CM Coordinators to more effectively integrate member and provider outreach into the care model.
10. Revision of the Health Risk Assessment risk stratification logic and Care Management triage tool for manual risk stratification for better alignment with appropriate programmatic risk levels
11. Partnership with LANES and EDIE HIE teams to integrate available live ADT notifications into the Care Management process.

## LOOKING FORWARD: FY 2022
Based on the 2022 CM Program Evaluation, Care Management plans to focus on these areas in 2022:
1) Standardization for Work Processes and Documentation
   a. Continue to evaluate CM, CC and CHW processes and standardize documentation in order to streamline processes for efficiency.
   b. Decrease administrative load for the care plan development and documentation process in CCA.
   c. Increase the scope of work for CM Coordinators to more effectively integrate member and provider outreach into the care model.
2) Reports
   a. Continue to ensure all reports have documented logic and methodology.
   b. Continue to improve the accuracy of existing operational and compliance reports.
3) Technology
   a. Design and support the build of new CM SyntraNet software for execution in 2024.
4) Ongoing expansion and improvement of the CVD Disease Management Program for 2023.
5) Execution of processes to support successful implementation of DSNP.

6) Development of necessary operational structures and processes to support the expansion of the Direct Network.
7) Coordination and successful implementation and integration of CalAIM, including:
   a. New populations of focus for Enhanced Care Management (ECM)
   b. New Community Supports
   c. Population Health Management Strategy:
      i. Transitional Care Services (TCS)
      ii. New Risk Stratification and Segmentation (RSS) and Assessment approach
8) Enhancing Care Management's care transition program for members transitioning between healthcare settings and/or levels of care for all lines of business
9) Continue to expand Community Health Workers activities in the care model.

*Note: These goals are subject to change by senior leadership based on business or organizational needs*

# D.2 CARE COORDINATION AND QUALITY IMPROVEMENT PROGRAM EFFECTIVENESS (CCQIPE) FOR THE MEDICAID/MEDICARE DUAL DEMONSTRATION

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## 2022 WORK PLAN GOALS

| Measures | 2022 Goal | *2022 Rate | 2022 Goal Met/ Not Met |
|---|---|---|---|
| Health Risk Assessment (Core 2.1) Initial *Q3 2020 to Q2 2021 excluding unwilling and unable to contact | 90% | 100% | Met |
| Health Risk Assessment (Core 2.3) Reassessment *CY2021 | 63% | 68.2% | Met |
| Members with an ICP Completed CA 1.5 *Q2 2021 - Q1 2022 | At or above the CA national average for each quarter | See table below | [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 2021-Q2 2022 results and the status of the goal and recommendations for 2022 based on the 2021 results.

**HISTORY, 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. However, from CY 2017 through CY 2022, the completion rates were improved and are now being maintained.

Root cause analysis identified the following five factors that attributed to the decrease:
- Inadequate resources and support to complete the task effectively.
  - Untimely outreach to members.
  - Untimely assignment of cases due for reassessment.
  - Inability to obtain timely reassessment compliance reports to track performance.
- Outreach often resulted in members' requesting paper HRAs or requesting delays that were then never completed.

Interventions in June 2017 was established by implementing monthly monitoring as well as 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.

| 2022 Goal | 2020 Q3-2019 to Q2-2020 | 2021 Q3-2020 to Q2-2021 | 2022 Q3-2021 to Q2-2022 | Recommend for 2023 Work plan |
|---|---|---|---|---|
| Maintain the goal of 90% or greater compliance | 100% | 99.9% | 100% | Measure is being sunset with CMC program |

L.A. Care maintained a 100% compliance rate from Q3 2021 – Q2 2022. Care Management continued a close collaboration with EvenMORE on initial HRA oversight to proactively review compliance rates at 45D to improve compliance at 90D and overall Core 2.1 performance monitoring. Through the oversight process, additional opportunities for process improvement were identified and implemented to maximize efficiency and ensure continuous compliance:

- Revision of HRA training documents and desktop level procedures with EvenMORE
- Launch of the HRA Mail Attempt Automation initiative to streamline and automate mailer HRAs and attempt documentation
- Planned implementation of an HRA indicator in QMEIS in late 2022 to further improve HRA completion rate

Efforts were made to reduce unable to reach rates through a cross functional workgroup that resulted in an improved skip tracing process. L.A. Care was formally removed from the Core 2.1 PIP issued by CMS in September 2022.

### Health Risk Assessment, Core 2.3 (Reassessment)

| 2022 Goal At or above the CA Average | Annual Report | Percent of Currently Enrolled Members Who 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 | | | Goal for 2022 Work plan |
|---|---|---|---|---|---|
| | | CY 2019 | CY 2020 | CY 2021 | |
| CA Average 63.0% | Rate of HRA Reassessment Completion | 70.4% | 67.3% | 68.2% | Measure is being sunset with CMC program |

A gap in oversight of reassessment HRAs was identified during FY 2022. As part of resuming oversight for reassessment HRAs, a backlog of members overdue for reassessment was found. Remediation of the HRA reassessment backlog began in May of 2022 and closed out in July of 2022. The CY 2021 Core 2.1 goal of meeting or exceeding the CA average rate of HRA Reassessment Completion at 63% was met; the reassessment rate for CY 2021 was 68.2%, exceeding performance for CY 2020.

### 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 | | | Q2-Q4 2022 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 | Q2-Q4 2022 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 |
|---|---|---|---|---|---|---|---|---|
| | Q2-2019 to Q1-2020 | Q2-2020 to Q1-2021 | Q2-2021 to Q1-2022 | Q2-2019 to Q1-2020 | Q2-2020 to Q1-2021 | Q2-2021 to Q1-2022 | | |
| Percent of Members with ICP Completed | Q2 59.2%<br>Q3 59.2%<br>Q4 68. 7%<br>Q1 67.7% | Q2 67.6%<br>Q3 63.0%<br>Q4 61.4%<br>Q1 61.2% | Q2 60.7%<br>Q3 60.7%<br>Q4 60.1%<br>Q1 60.3% | Q2 70.8%<br>Q3 68.7%<br>Q4 71.7%<br>Q1 70.9% | Q2 71.7%<br>Q3 64.9%<br>Q4 62.0%<br>Q1 60.0% | Q2 55.2%<br>Q3 54.7%<br>Q4 54.9%<br>Q1 56.4% | 77.0% | 76.1% * |
| CA Average | Q2 67.7%<br>Q3 68.5%<br>Q4 65.8%<br>Q1 70.0% | Q2 75.6%<br>Q3 78.0%<br>Q4 78.5%<br>Q1 73.6% | Q2 74.3%<br>Q3 74.6%<br>Q4 77.3%<br>Q1 77.0% | Q2 69.5%<br>Q3 69.7%<br>Q4 65.6%<br>Q1 69.0% | Q2 75.6%<br>Q3 76.9%<br>Q4 78.0%<br>Q1 74.1% | Q2 73.4%<br>Q3 73.4%<br>Q4 76.0%<br>Q1 76.1% | *Goal based on last Q CA Avg. | |

- CMC Line of Business is sun setting and will only report until Q4 2022

*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 were unable to be contacted by the Care Management staff or unwilling to participate in the development of the ICP. While ICP *compliance* rate (complete ICP outreach attempts within regulatory timeline) remained high during this period, particularly for High Risk Members who were being managed by L.A. Care's Central Care Management team (99.0%), the actual ICP *completion* rate with full member participation decreased. Significant number of the members declined to participate in the care management program when contacted

and were therefore unable to complete an ICP.  Member abrasion from the high volume of outreach attempts members received to complete a health risk assessment were found to be a contributing factor why members declined to participate in the ICP engagement.

## INTERVENTIONS TO INCREASE ICP COMPLIANCE AND CARE GOALS DISCUSSIONS

- ICPs continue to be developed by Care Management staff regardless of whether the member is able to be contacted or willing to participate in their development. Compliance for this process is high both at the delegates as well as with L.A. Care's Central Care Management.  However, ICPs completed without the member's participation cannot be counted as completed ICPs, as per the technical specifications for the report.
- To combat high unable to reach and refusal rates, L.A. Care's internal Care Management team implemented the following interventions during CY 2022:
  - Improved alternate number search, including use of HIE data to identify viable contact information for members to reduce the number of unsuccessful member outreach attempts
  - Customer Service training by the SullivanLuallin Group and ongoing motivational interviewing training to improve member engagement techniques for Care Managers.
- Care Management and HRA operational reports that measure compliance timelines are shared with the Enterprise Performance Optimization team for oversight and tracking, including:
  - HRA Daily Activity Log
  - CMCC Log
  - Annual training continue to be provided to internal staff and delegates. In addition to the annual training, in July 2021, Persuasive training was provided to all CMC delegates.  The training includes tips/recommendations which goal is to help the staff when outreaching CMC members and ultimately increase the ICP Completion rates and decreasing refusal rates.

## LOOKING FORWARD

The CM 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, the Care Management team will continue to develop and implement staff training to improve ICP and ICT completion and documentation on an ongoing basis.  The Care Management team will also continue to improve outreach processes by:

- Encouraging member engagement and participation in care management programs, and
- Decreasing the number of unsuccessful outreach calls to members by expanding alternate number search techniques.

## 2022 CCQIPE 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 LOB.  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.

**Q2 TO Q4 2022 WORK PLAN GOALS**

| Measures | 2022 Goal |
|---|---|
| Health Risk Assessment (Core 2.1) Initial | Maintain the goal of 90% or greater |
| Health Risk Assessment (Core 2.3) Reassessment | 63.0% |
| Members with an ICP Completed CA 1.5 | 77.0%-76.1% |

**2023 WORK PLAN GOAL**

The 2023 Work Plan goals will be adjusted due to the sun setting of the Cal MediConnect program and the implementation of L.A. Care's Medicare Plus Dual Special Needs Plan on January 1, 2023. Core 2.1 and 2.3 will be replaced by a single measure: Special Needs Plan (SNP) Care Management. The measure is defined as the percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year.

| Measure | Description | MY 2023 |
|---|---|---|
| Special Needs Plan (SNP) Care Management | The percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year. | Proposed: >75% |

**E.1 CONTINUITY AND COORDINATION OF MEDICAL CARE**

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**REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN**

**BACKGROUND**
Continuity and coordination of care is important to ensure members receive the highest quality of care possible from the provider and office staff.  L.A. Care Health Plan monitors performance in areas affecting and reflecting coordination of care annually.  Although studies show that in most instances, practitioners are able to detect and bridge gaps in continuity of care, incidents can result from breakdown in communication.  L.A. Care uses information at its disposal and continues to build its network's ability to communicate effectively 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 continuity and coordination of care across transitions in management within the outpatient and at times inpatient settings. The table below summarizes the settings of care L.A. Care is focusing on.  The data collected is used to identify opportunities for improvement, and the goals are set based on the analysis of that data.

**2022 Summary:** Settings, Data Collection, and Goals

| Settings | Data Collection to Identify Opportunity for Improvement | 2022 Goals | 2022 Goal Met/ Not Met |
|---|---|---|---|
| Transitions in Management: Hospital to Outpatient | Postpartum Care Rates | Achieve a rate of 80% of new mothers receiving postpartum care within 7-84 days of delivery | Met |
| Outpatient Setting: Polypharmacy | Tracking members identified as having polypharmacy based on the following parameters:<br> - More than or equal to 13 unique medications in 3-4 months (Multi-Rx)<br> - From 7 or more unique prescribers during in 2 of 4 months (Multi-Prescriber)<br> -Receiving 2 or more prescriptions in the same drug class consistently in 3 or 4 months during look back period (Duplicative Therapy) | Achieve rates for the following:<br>Medi-Cal Multi-Prescriber – 55%<br>Medi-Cal Duplicative Therapy – 52%<br>Medi-Cal Multi-Prescription (Rx)– 29%<br>Cal MediConnect (CMC) Multi-Prescriber – 62%<br>CMC – Duplicative Therapy – 56%<br>CMC Multi-Rx – 29%<br>L.A. Care Covered (LACC) Multi-Prescriber – 100%<br>LACC Duplicative Therapy – 46%<br>LACC Multi-Prescription – 24% | Not  Met |
| Outpatient Setting: Specialist to PCP | Survey | Increase baseline rate (68%) to 73% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient | TBD |

| Settings | Data Collection to Identify Opportunity for Improvement | 2022 Goals | 2022 Goal Met/ Not Met |
|---|---|---|---|
| Outpatient Setting: Previous PCP | Survey | Increase baseline rate (49%) to 55% of PCPs rate the adequate clinical information from previous PCPs. | TBD |
| Outpatient Setting: PCP to Specialist | Survey | Increase baseline rate (59%) to 66% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred | TBD |

## SECTION I. CONTINUITY AND COORDINATION OF CARE - TRANSITIONS IN MANAGEMENT

### A. TRANSITIONS IN MANAGEMENT: HOSPITAL(INPATIENT) TO OUTPATIENT

### Postpartum Care (PPC)

L.A. Care monitors the Postpartum Care rate for Medi-Cal, Cal MediConnect (CMC) and L.A. Care Covered (LACC) in an effort to improve maternal health. Due to volume, L.A. Care 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) Healthcare Effectiveness Data and Information Set (HEDIS) metric measures the rate of members who receive postpartum care within 7-84 days of giving birth. Postpartum care is typically provided by an Obstetrician/Gynecologist (OB/GYN) in an outpatient setting.
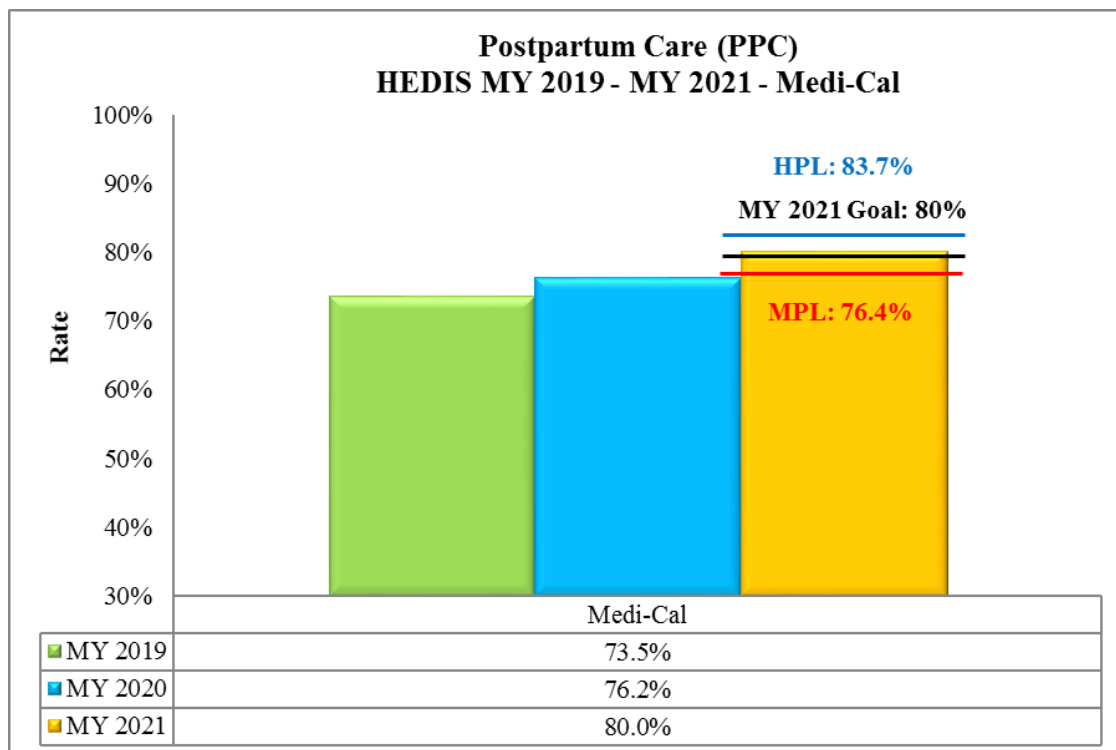


Postpartum Care (PPC)
HEDIS MY 2019 - MY 2021 - Medi-Cal

HPL: 83.7%
MY 2021 Goal: 80%
MPL: 76.4%

| | Medi-Cal |
|---|---|
| MY 2019 | 73.5% |
| MY 2020 | 76.2% |
| MY 2021 | 80.0% |

Medi-Cal benchmarks are from the Quality Compass (QC) MY2020 50th and 90th percentiles

*Quantitative Analysis*

The MY 2021 postpartum care rate was 80.0% an improvement of 3.8 percentage points from the MY 2020 rate of 76.2%, though not a statistically significant change. The 80% goal and the 50th percentile for the Department of Health Care Services (DHCS) for minimum performance level were met. In addition, L.A. Care met the 75th percentile for the Quality Compass Ratings. L.A. Care is currently working on finalizing the MY 2022 rates for postpartum care, as of 11/15/2022 the MY 2022 postpartum rate is at 57.6%. In MY 2021 at the same point in time L.A. Care was trending at 58.5%, a difference of 0.9 percentage points higher however not a statistically significant decline.

*Identifying Opportunities for Improvement*

Though the rate for PPC postpartum care is increasing year over year, it still needs to be determined how L.A. Care will perform related to this measure in future years. As part of L.A. Care's efforts to improve postpartum rates, L.A. Care has identified the following barriers and actions to take place:

| Barrier | Opportunity | Timeframe | Responsible Party |
|---|---|---|---|
| • OB/GYN that delivers for the member is not the assigned OB/GYN. The member attempts to schedule with their assigned provider; however, the assigned provider will not accept the member because the assigned provider did not deliver the baby.<br>• Potential transportation and child care issues.<br>• Long provider wait times with scheduling the postpartum appointment with outpatient provider. | • L.A. Care's "Healthy Mom" postpartum program, which provides assistance and support to persons after their live birth to assist with scheduling their postpartum visit with their assigned provider, if there are challenges the Health Educator will trouble shoot with the member to assist with seeing a provider. Members also receive a gift card for completing a postpartum visit 7-84 days after delivery. | Jan 2022 – Dec 2022 | Health Education Department |
| • Cultural issues/traditions.<br>• Members do not perceive the urgency for a postpartum check-up.<br>• Multi-gravida postpartum female may not perceive the importance of the postpartum visit. | • L.A. Care's "Healthy Pregnancy" distributes trimester-specific perinatal health education packages to identified MCLA pregnant persons with information about the importance of postpartum care.<br>• Postpartum Care Text Messaging Campaign is an opt-in campaign that includes 6 weekly text messages for all members who have recently delivered. The goal is to educate members on the importance of postpartum care, the available incentive, and connect them with L.A. Care for appointment scheduling. | Jan 2022 – Dec 2022<br><br><br>July 2022 – Dec 2022 | Health Education Department<br><br><br>Health Education Department |

| Barrier | Opportunity | Timeframe | Responsible Party |
|---|---|---|---|
| • Discharge notes are not sent to the outpatient provider by the inpatient facility. | • L.A. Care is conducting a pilot project with an Independent Physician Association (IPA) with a high volume of members. The pilot through secure email provides a bimonthly report on newly delivered pregnant people. The goal is to provide the IPA the most current data on deliveries for outreach for postpartum visits. | Oct 2022 – Dec 2022 | Quality Improvement |
| | • L.A. Care is developing a letter to send to OB/GYNs with information to increase postpartum rates such as scheduling appointments at the final prenatal appointment and/or ensuring the member has an appointment at discharge after delivery. | December 2022 | Quality Improvement |

**INTERVENTION**

L.A. Care's "Healthy Mom" postpartum program, aims to improve post-partum care by conducting live agent calls to educate members, who have recently delivered, about the importance of a completed post-partum visit, provide assistance in appointment scheduling, and coordination of interpreting and transportation services if necessary. Historically, females have had challenges with scheduling their postpartum visit due to the OB/GYN who delivers is not their assigned provider. Often, the assigned provider will not schedule with the member for this visit. Postpartum members at discharge can lose the connection with the provider and may not know how to follow up. L.A. Care's Health Educator reaches out to the person who has recently delivered to assist and trouble shoot barriers to scheduling a postpartum visit. Eligible members with a confirmed completed postpartum visit are awarded a $40 gift card. During 2022, the Healthy Mom Program was able to conduct 4,106 outreach calls to members who had recently delivered and awarded 6,379 incentive certificates to eligible members. The intervention is ongoing into 2023.

To help improve the postpartum visit rate, L.A. Care will mail a letter to OB/GYNs providing tips on scheduling postpartum visits, resources on how to accurately capture the visit through CPT and ICD-10 diagnosis codes as well as additional resources for best practice such as screening for postpartum depression. The mailing will be sent in December of 2022. L.A. Care will evaluate the outcome of the letter by comparing Quarter 2 Prospective MY 2023 rates to Quarter 2 Prospective MY 2022 rates.

**LOOKING FORWARD**

L.A. Care anticipates that the HEDIS post-partum rate will continue to increase due to the 2022 extension of the postpartum coverage period for Medi-Cal individuals. The current 60-day postpartum period will extend to 12 months of coverage, without requiring a mental health diagnosis. This will grant members coverage through the 84-day postpartum period, thus potentially eliminating the barrier for members who lose their Medi-Cal benefit to completing a postpartum visit.

There are several innovative strategies L.A. Care is exploring to improve postpartum completion including; text messaging reminders to seek regular perinatal care, implementing doula services through the Medi-Cal doula benefit set to launch in 2023, and the implementation of targeted interventions to improve perinatal care among L.A. Care's Black African American (BAA) members. L.A. Care will continue with the text messaging campaign for newly delivered pregnant people into 2023. Additional actions taken to address barriers include: L.A. Care continuing to promote the Text4Baby, a free program that provides education about prenatal and postpartum care to member via text messaging and L.A. Care distributing trimester-specific perinatal health educational packages to identified MCLA pregnant person with information about the importance of postpartum care. L.A. Care launched a new high-risk pregnancy program, which connects pregnant members to the MyHIM health and wellness portal where members can access health education materials, videos, and self-paced workshops.

L.A. Care is continuing to trend upwards and will carry forward the current interventions. In addition, L.A. Care has implemented a pilot project with a high volume IPA to assist their outreach to improve postpartum appointments. L.A. Care plans to send a letter in December 2022 to OB/GYN providers with tips on scheduling postpartum visits, resources on how to accurately capture the visit through CPT and ICD-10 diagnosis bodes as well as additional resources for best practice such as screening for postpartum depression.

## 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.

Starting in 2022, new exclusions were added to the Retrospective Drug Utilization Review (RDUR) safety program. Members with cancer (verified via claims and prescriber), or those in hospice or long-term care facilities are now excluded from the program.

#### 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 2022 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 consistently 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.*

### METHODOLOGY – POLYPHARMACY

Possible Polypharmacy is determined by using pharmacy claims data. Improvement is measured by comparing the number of members identified within one of the three categories of polypharmacy at the beginning of the quarter with the reduction of members by the next quarter (i.e. members that dropped out of the cohort for polypharmacy).

To establish the goal for 2022, L.A. Care reviewed the rates between 2019 and 2021. L.A. Care identified a fluctuation in these rates over the past three years, likely due to the COVID-19 pandemic and the challenges members were having to see their provider and the providers themselves overburden from the pandemic. L.A. Care decided to establish new goals based on overall trend of MY 2021 while review pre-pandemic rates to ensure on track with goals. Table 1. Quarterly Rates for March 2021 through March 2022.

This is a modest goal since the members included in the review varies across each span and rates have fluctuated during pre-pandemic and surges of COVID-19 pandemic, these surges have limited outpatient visits with providers thus affecting COC of polypharmacy.

### RESULTS - POLYPHARMACY

### Table 1. Quarterly Rates for March 2021 through March 2022

| LOB | Intervention | March 2021 11/1/2020- 2/29/2021 | July 2021 3/1/-2021- 6/30/2021 | November 2021 7/1/2021- 10/31/2021 | March 2022 11/1/2021- 2/28/2022 | 2022 Goal |
|---|---|---|---|---|---|---|
| **Medi-Cal** | **Multi-Prescriber** | 56.4% | 51.6% | 58.4% | 47% | 55% |
| | **Duplicate Therapy** | 47.9% | 49.3% | 78.8% | 72.7% | 52% |
| | **Multi-Prescription** | 24.6% | 26.1% | 33.3% | 23.1% | 29% |
| **Cal MediConnect** | **Multi-Prescriber** | 44.4% | 58.1% | 41.7% | 53.6% | 62% |
| | **Duplicate Therapy** | 41.7% | 52.9% | 44.8% | 74.2% | 56% |

| LOB | Intervention | March 2021 11/1/2020- 2/29/2021 | July 2021 3/1/-2021- 6/30/2021 | November 2021 7/1/2021- 10/31/2021 | March 2022 11/1/2021- 2/28/2022 | 2022 Goal |
|---|---|---|---|---|---|---|
| | Multi-Prescription | 26.9% | 26.4% | 27.2% | 24.8% | 29% |
| L.A. Care Covered | Multi-Prescriber | N/A | 50% | 100% | 66.7% | 100% |
| | Duplicate Therapy | 35.3% | 44.4% | 44.4% | 75% | 46% |
| | Multi-Prescription | 40% | 20% | 35.7% | 22.2% | 24% |

## Quantitative Analysis - Polypharmacy

Members were identified during 4 separate periods throughout 2021 through 2022 with a 4-month look back periods to identify polypharmacy patterns (see Table 1). For Medi-Cal in the Multi-Prescriber for July 2021 and March 2022, L.A. Care did not meet the goal of 55%, 51.6% and 47% respectively. However, L.A. Care did exceed the goal in March 2021 at 56.4% and in November 2021 at 58.4%. This is not sufficient for meeting the 2022 goal. For Duplicate Therapy, L.A. Care did meet its goal of 52% at 78.8% and 72.7% respectively for November 2021 and March 2022. For Multi-Prescription, L.A. Care did not meet its goal of 29% at 24.6% in March 2021, 26.1% in July 2021, and 23.1% in March 2022. However, in November 2021, L.A. Care did exceed the goal at 33.3%. Although not all goals were met, it is important to note that Medi-Cal has over two times the number of members identified than all other members per intervention per product line combined.

For the Cal MediConnect in the Multi-Prescriber, L.A. Care did not meet its goal of 62% at 44.4% in March 2021, 58.1% in July 2021, 41.7% in November 2021 and 53.6% in March of 2022. For Duplicate Therapy L.A. Care did not meet its goal of 56% for March 2021 at 41.7%, 52.9% in July 2021 and 44.8% in November 2021. For March 2022; however, L.A. Care did meet its goal at 74.2%; however, this is not sufficient for meeting the goal for MY 2022. Finally, for Multi-Prescription, L.A. Care did not meet its goal of 29% in all four quarters at 26.9%, 26.4%, 27.2% and 24.8% respectively.

For L.A. Care Covered in the Multi-Prescriber, L.A. Care did not met its goal of 100% for July 2021 at 50% and for March 2022 at 66.7%, although L.A. Care met the goal for November 2021 this is not sufficient for the 2022 goal. For Duplicate Therapy, L.A. Care did not meet the goal of 46% from March 2021, July 2021 and November 2021 at 35.3%, 44.4% and 44.4% respectively. For March 2022, L.A. Care did meet and exceeded the goal at 75%; however, this is not sufficient for meeting the MY 2022 goal for the year. Finally, for Multi-Prescription, L.A. Care did not meet its goal of 24% for July 2021 at 20% and March 2022 at 22.2%. However, L.A. Care did exceed the goal in March 2021 at 40% and in November 2021 at 35.7% this is not sufficient to meet the goal for MY2022.

## Qualitative Analysis - Polypharmacy

Polypharmacy as noted above for Multi-Prescriber, Duplicate Therapy and Multi-Prescription identifies an important barrier in the healthcare system. Providers are not communicating amongst each other due to a lack of awareness of all the providers a member has within their plan of care. One common issue is the inability of providers to have access to a universal Health Information Exchange platform so they can access care provided by their peers. Members do not voluntarily share all of their medications with each provider in the plan of care. Another reason why providers do not communicate amongst each other could be because members may not be knowledgeable about the importance of sharing all their medications and prescribers with each encounter with a provider. This is especially true for individuals with drug seeking behavior for

opioids.  Also, due to lack of time constraints providers may not ask each patient at each visit whether there has been a change in their prescriptions.  In one example a 62-year-old member is taking both Valsartan (Angiotensin II receptor blocker ARBs) and Lisinopril (Angiotensin-converting enzyme ACE inhibitor); these medications fall under the duplicative therapy program.  Their mechanism of action is similar to lower blood pressure and may not provide any additional benefit to the member.  However, both medications taken at the same time can in fact lead to more adverse drug-related events than each medication taken alone.[20]

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.  L.A. Care understands the importance of communicating with providers those members identified with having polypharmacy concerns.  L.A. Care also understands it is to the discretion of the prescribers to continue the polypharmacy prescriptions for coordination of care.  However, with multiple prescribers for one patient makes coordination of care more challenging to monitor.  Membership within L.A. Care is evolving and changing each month with members being allowed to dis-enroll and re-enroll each month.  Due to the COVID-19 pandemic, the health plan has seen significant fluctuations in membership by month, which can make meeting the goal challenging.  In addition, Navitus uses provider's addresses from the registered NPI number on file.  If a provider has changed their address and has not updated this with their NPI number, it will be challenging to reach all prescribers for the member.  Several limitations to the above measured effectiveness of the intervention include the following: exclusion of disenrolled members during subsequent mailing periods was not incorporated and difficulty in concluding the exact cause of decrease when examining lower drug utilization.

### 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 RDUR Safety Program.  In order to improve outpatient coordination of care among prescribers for each member.  Often time's members are unaware of all the prescribers involved in their care including the names of the medications.  Prescribers are very busy in patient care and prescribers may not be communicating amongst each other regularly.  As a result, Navitus' is able to identify all the prescribers for each member and sends the letter to each prescriber for the member.  This allows for better communication with not only the member but amongst the prescribers who otherwise may not be aware of all the medications the member is taking and all their prescribers.  The intent of this intervention was 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.

### 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:

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[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3183919/#:%7E:text=Avoid%20prescribing%20an%20angiotensin%2Dconverting,ACE%20inhibitor%20or%20ARB%20alone (accessed 2021)

- 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.

Based on the outcomes demonstrated in Table 1, the letter is effective at reducing poly pharmacy by 24% up to 100%. While our goal rates were not always met, the number of reductions in polypharmacy was still significant as hundreds of people were no longer identified as having polypharmacy.

### LOOKING FORWARD

This intervention will continue based on the rates of improvement. On January 1, 2022, L.A. Care Medi-Cal pharmacy benefit was carved-out to the state. L.A. Care will still continue post-claim adjudication Drug Utilization Review (DUR) activities such as Retrospective DUR (RDUR) for the Medi-Cal population. L.A. Care will also look to collaborate with pharmacy for a member newsletter article discussing medication reconciliation with providers and tips for visits with providers. L.A. Care will continue to monitor polypharmacy for its population. Within the article, L.A. Care plans to educate members on the importance of having a running list of medications, prescribers and tips to discuss medication management with their providers. This member article will be published in winter 2023.

## B. OUTPATIENT SETTING: PRIMARY CARE AND SPECIALIST

### 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). This survey is conducted in the Fall (September through December) of the current year and attains results in the Spring (April) of the following year. Providers are asked to respond to the following question measuring continuity of care:

How satisfied are you with the clinical information (e.g. notes, summaries, test results) that you received about your patients from:

a) Specialists to whom you have referred patients? (For PCPs only)
b) Their previous PCPs? (For PCPs only)
c) The referring PCP prior to your initial specialty visit? (For specialists only)

For all lines of business, L.A. Care has set a goal based on statistical significance using the z-test method, for (a) the goal is to increase by 5% to 73% from 68%, (b) to increase by 6% to 55% from 49% and for (c) to increase by 7% to 66% from 59%. The goals is to have both PCPs and SCPs reporting that they are "very satisfied" or "satisfied" with the clinical information received as an indicator of consistent and effective communication as well as coordination of care between practitioners.

### Provider Satisfaction Survey (2022)

Note the responses for the weighted data used for each table below are Providers responding as "very satisfied" or "satisfied" are grouped as "being satisfied with the clinical information that you received about your patients".

How satisfied are you with the clinical information (e.g. notes, summaries, test results) that you received about your patients from:

a) Specialists to whom you have referred patients? (For PCPs only)

| Percent of PCPs Responding Very Satisfied or Satisfied | | Denominator | Numerator | Goal 73% |
|---|---|---|---|---|
| 2021 | 68% | 664 | 453 | Not Met |
| 2022 | 71% | 562 | 400 | Not Met |

b) Their previous PCPs? (For PCPs only)

| Percent of PCPs Responding Very Satisfied or Satisfied | | Denominator | Numerator | Goal 55% |
|---|---|---|---|---|
| All Lines of Business 2021 | 49% | 694 | 343 | Not Met |
| 2022 | 61% | 521 | 320 | Met |

c) The referring PCP prior to your initial specialty visit? (For specialists only)

| Percent of SCPs Responding Very Satisfied or Satisfied | | Denominator | Numerator | Goal 66% |
|---|---|---|---|---|
| 2021 | 59% | 450 | 266 | Not Met |
| 2022 | 71% | 340 | 242 | Met |

## Quantitative and Qualitative Analysis – PCP/SCP Communication

### Quantitative Analysis
The percent of PCPs reporting that they are very satisfied or satisfied with the clinical information they received about their patients from specialists was 71% in 2022. This was 3 percentage points higher than in 2021; however, L.A. Care did not meet its goal of 73%. PCPs reported their satisfaction from the member's previous PCPs at 61% for 2022, which L.A. Care, met the goal of 55%. In comparison, SCPs were satisfied with the clinical information from the referring PCP prior to the initial specialty visit at 71% which L.A. Care met the 2022 goal of 66%. There continues to be a gap however for PCPs receiving adequate clinical information for patients from the referred SCPs.

### Qualitative Analysis
Adequate communication between PCPs and SCPs is 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 electronic system capabilities to communicate and exchange information in a timely manner nor resources to commit staff in an effort to improve continuity of care. Providers have different Electronic Medical Records EMR systems, which make coordination of medical care especially challenging. There continues to be providers in the network that are not on a Health Information Exchange platform and continue to use physical charts and fax machines to coordinate services for their member. It can also be challenging to input all the patient information into an EMR. Providers are under more pressure due to the increase in membership over the last few years into Managed Care. The Medi-Cal enrollment has increased due to the Affordable Care Act; however, the amount of Primary Care Providers has not matched this growth. Often times many of the new physicians entering into the marketplace are going into specialty care. The PCP with limited time and resources may not be reviewing the patients' medical history

can also be contributing to challenges with Coordination and Continuity of Medical Care. Over the past few years due to the strain the COVID-19 pandemic has had on the healthcare system has also increased provider burnout and strain thus affecting the ability of both providers and their staff to communicate effectively to coordinate medical care for member. These barriers in communication affect our patients' overall health and sometimes lead to unnecessary duplicative testing, delay in care or inconsistent plan of care.

## OPPORTUNITIES FOR IMPROVEMENT

In fielding these questions and soliciting open-ended response by providers, L.A. Care identified opportunities to put interventions in place to enhance PCP and SCP communication, coordination, and continuity around member's care. To do this, L.A. Care identified opportunities to communicate to providers through newsletter articles:

- Increase awareness for providers that patients are seeing multiple providers.
- Educate the PCP and SCP about the importance of sharing relevant information in a timely manner.

## INTERVENTION

Within the provider newsletter ePulse, Improving Communication between Providers was published September-October of 2022. Within the newsletter common recommendations suggested by respondents from the PSS survey were included: Ensure all clinical documents for referral include rationale for visit, pertinent examination findings, diagnosis or impression, treatment details and any further relevant information, send consultation notes immediately after seeing the patient, discuss with your patients the reason for the specialty care referral and steps to take if there are any further questions, for example difficulty in scheduling an appointment and reduce time spent on hold when providers call other offices with updates.

## MEASURING EFFECTIVENESS

L.A. Care repeated the survey in fall of 2022. The results will be available in spring of 2023. Note the responses for the weighted data used for each table below are Providers responding as "very satisfied" or "satisfied" are grouped as "being satisfied with the clinical information that you received about your patients".

How satisfied are you with the clinical information (e.g. notes, summaries, test results) that you received about your patients from:

d) Specialists to whom you have referred patients? (For PCPs only)

| Percent of PCPs Responding Very Satisfied or Satisfied | Denominator | Numerator | Goal 73% |
|---|---|---|---|
| 2021 | 68% | 664 | 453 | Not Met |
| 2022 | 71% | 562 | 400 | Not Met |
| 2023 | TBD | TBD | TBD | TBD |

e) Their previous PCPs? (For PCPs only)

| Percent of PCPs Responding Very Satisfied or Satisfied | Denominator | Numerator | Goal 55% |
|---|---|---|---|
| All Lines of Business 2021 | 49% | 694 | 343 | Not Met |
| 2022 | 61% | 521 | 320 | Met |
| 2023 | TBD | TBD | TBD | TBD |

f) The referring PCP prior to your initial specialty visit? (For specialists only)

| Percent of SCPs Responding Very Satisfied or Satisfied | | Denominator | Numerator | Goal 66% |
|---|---|---|---|---|
| **2021** | 59% | 450 | 266 | Not Met |
| **2022** | 71% | 340 | 242 | Met |
| **2023** | TBD | TBD | TBD | TBD |

*Quantitative Analysis*
For 2023, (the quantitative analysis will be completed in Spring of 2023 prior to the Year 2 deadline)

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.

*Qualitative Analysis*
Pending results of the PSS 2023 survey to determine if this section is needed depending on if L.A. Care meets its goals for 2023.

## 2023 WORK PLAN GOALS

| Settings | 2023 Goals |
|---|---|
| Transitions in Management: Hospital to Outpatient | Achieve a rate of 81% of new mothers receiving postpartum care within 7-84 days of delivery |
| Outpatient Setting: Polypharmacy | Achieve rates for the following: Medi-Cal Multi-Prescriber – 55% Medi-Cal Duplicative Therapy – 59% Medi-Cal Multi-Rx – 25% Cal MediConnect Multi-Prescriber – 50% Cal MediConnect Duplicative Therapy – 49% Cal MediConnect Multi-Rx – 27% L.A. Care Covered Multi-Prescriber – 100% L.A. Care Covered Duplicate Therapy – 40% L.A. Care Covered Multi-Prescription – 24% |
| Outpatient Setting: Specialist to PCP | 73% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient. |
| Outpatient Setting: Previous PCP to PCP | 55% of PCPs will rate their communication with previous PCPs as being adequate for patient in their care. |
| Outpatient Setting: PCP to Specialist | 66% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred. |

**Member Newsletter Article for the Winter 2023**
**Publication for Live Well, Be Well, and Stay Well**
**Readability for 6th grade with 214 word count**

What is Medication Reconciliation?
Medication Reconciliation is a review of all your medications and supplements.  This is done by your health care team and should happen at each visit.  Your doctor needs to know about new medications and changes to your current ones.  See your doctor within 30 days after you leave the hospital.

Here are some tips:
1. Always carry a list of all your current medications.  Have the name, dose, and how often you take them. Include how and why you are taking them.
2. Write over-the-counter (OTC) medications on your list.  Include vitamins and herbs.
3. Schedule a doctor's visit as soon as you leave the hospital.  Review this list with your doctor.

   Here is a case: Luke went to the hospital.  He had a heart attack and was given new medications to help with his heart.  After Luke went home, he saw his doctor the day after.  Luke shared his new medication list with his doctor.  His doctor reviewed the new list and stopped an old medication. The doctor did this to prevent possible side effects from two medications that work the same way. Luke's doctor and Luke worked together to keep him healthy.

   Make sure you are like Luke.  Talk with your doctor about your medications at each visit.

**Provider Newsletter Article for the Summer 2022**
**Publication in the Pulse**
**Titled: Improving Communication Between Primary Care and Specialty Care Physicians**

Every year, L.A. Care surveys Primary Care Physicians (PCPs) and Specialty Care Physicians (SCPs) about the quality of the clinical information they receive from one another.  The most recent survey results showed that PCPs and SCPs felt their communication with one another was lacking.  Lack of information can lead to delays in services or duplicative testing for our members, which may have a negative impact on a members' care experience and health.

Based on the survey results, here are a few tips we would like to share:
- *Ensure all clinical documents for referral include reason for visit, pertinent examination findings, diagnosis or impression, treatment details provided to patient thus far, and specific details on needs PCP is requesting from SCP if applicable,*
- *Send consultation notes immediately after seeing the patient,*
- *Discuss with your patients the reason for the specialty care referral, urgency of the visit and timeframe to expect an appointment and steps to take if there are any further questions, for example difficulty in scheduling an appointment, and*
- *Assign specific staff to monitor and track referrals, include in the staff's responsibility to be a point of contact for the patient for questions and assistance.*

For more tips, please email L.A. Care Quality Improvement team at quality@lacare.org.

## E.2 MANAGED LONG-TERM SERVICES & SUPPORTS (MLTSS)

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**REVIEWER: MATTHEW PIRRITANO, PH. D & MARIA CASIAS, RN**

### BACKGROUND

Service from L.A. Care's Managed Long Term Services and Supports (MLTSS) Department helps members remain living independently in the community. MLTSS also oversees custodial long-term care provided in a skilled nursing or intermediate care facility. Members also 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 utility or rental assistance programs, 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 2022 QUALITY OVERSIGHT GOALS AND ACHIEVEMENTS

Four goals continued to guide the MLTSS 2022 quality oversight strategy:

- **Goal #1**: Improve MLTSS member health through stronger partnerships.
- **Goal #2**: Enhance Member and Provider Satisfaction
- **Goal #3**: Establish strategies for effectiveness and efficiency.
- **Goal #4:** Improve LTC admission and discharge process through establishment of service agreements within cross-functional teams.

### *Improve MLTSS Member Health Through Stronger Partnerships*

*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 Nurse Specialists 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), Home and Community Based Alternatives (HCBA), Community Care Transition (CCT), Housing for Health (HFH), and Home and Community Based Alternatives (HCBA) programs.

*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 Long Term Care (LTC) members in some of the contracted Skilled Nursing Facilities (SNF). All CMC and MCLA members in a SNF have been assigned to a SNFist or designated physician to oversee their care. Weekly rounds with the SNFist group continues to improve member oversight and care coordination. Transition of Skilled Level of Care authorizations to MLTSS has improved members health oversight and care coordination.

*Palliative Care Program Expansion.* MLTSS continues to actively work with UM and Care Management (CM) to enhance L.A. Care's Palliative Care program. MLTSS continues to conduct WebEx trainings to internal and external partners to increase Palliative Care awareness. In FY 2022, MLTSS conducted 11 training events, which had a combined attendance of 321 staff and external stakeholders. The Palliative

Care Team continues to partner with MLTSS, CBAS and SNF teams and participate in continued education by way of quarterly webinars with both groups of providers.

With the guidance and support from the Care Management Medical Director whose expertise is Palliative Care medicine, MLTSS has developed and is refining a quality monitoring process. MLTSS established partnerships with other palliative care experts through the Coalition for Compassionate Care of California and California Health Care Foundation, which lent to collaborative efforts in development of training materials, member and provider references as well as a Universal Referral form used amongst other health plans. By equipping internal staff and our provider network with useful tools, MLTSS aims to increase the number of Palliative Care referrals and enrollment in alignment with the goals of SB 1004.

The pilot started in collaboration with Direct Network Medical Director, Care Management Medical Director, MLTSS SNF team, MLTSS Palliative Care team, Palliative Care providers and SNF management groups to identify members who can benefit from Palliative Care services. The goal is to provide Palliative Care service at SNFs, improve overall care coordination, overall utilization of ED, Inpatient and Skilled services and transition members appropriate to Hospice in a timely manner.

MLTSS continues to support our palliative care partners with training and routine teleconferences for oversight and monitoring of our palliative care members. The MLTSS Palliative Care team is working on evaluating the impact of Palliative Care as it relates to member utilization. A patient satisfaction survey was developed and mailed to members enrolled in the program.

- May 2022 – 126 surveys mailed
- July 2022 – 22 surveys mailed
- August 2022 – 18 surveys mailed

To date, MLTSS has not received any responses to the survey.

*Caregiver Support*. MLTSS continued partnership with Center for Caregiver Advancement (CCA). 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). The vendor shares MLTSS brochures with the IHSS providers for awareness of other MLTSS benefits for which their clients may be eligible. Likewise, the MLTSS team continues to share and promote this skills based training opportunity with members and providers.

In line with caregiver support services, MLTSS is the business owner for two CalAIM Community Supports programs: Personal Care and Homemaker Services (PCHS) and Respite Services for caregivers. These programs launched July 1, 2022 and provide supplemental services for members who are in the process of applying for IHSS and for caregivers who need respite to preempt burnout.

### 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.
- MLTSS implemented a monthly "MLTSS Overview" training for clinical and non-clinical staff. This recurring learning event is attended by staff new to Health Services and Customer Solutions Center (CSC) departments as well as existing staff who wish to have a refresher training in MLTSS. By creating this opportunity, MLTSS is able to teach and reach L.A. Care employees who may not

have otherwise been made aware how MLTSS helps members get access to long-term supports. In FY 2022, MLTSS successfully conducted 10 trainings, which had a combined attendance of 119 L.A. Care staff.

- MLTSS is working with PNM to add additional CBAS centers to ensure network adequacy. Currently there are 174 contracted CBAS centers.
- MLTSS coordinates with PNM to provide onboarding training for newly contracted CBAS centers regarding L.A. Care processes including submitting service authorization requests and the review of Member's Individualized Plan of Care (IPC).

*Strategies for Effectiveness and Efficiency*

MLTSS developed processes to enhance operating efficiency and meet organizational and regulatory requirements, including:

- In August 2021, management of Skilled Level of Care transitioned to MLTSS and is now part of the MLTSS Nurse Specialists scope of work. The goal of this transition is to improve care coordination as needed, divert LTC transition when appropriate, transition of appropriate members back to the community and to improve overall utilization of services. The SNF nurses' goal is to ensure proper utilization of members in order for them to receive the continuation of skilled services needed in order to return safely to the community. Partnered with Utilization Management (UM) on Post-Acute care coordination to improve transition of members through the continuum of care.
- Developed a more robust Vendor Oversight Reporting (VOR) process to monitor performance and quality of our contracted Vendors doing assessment work for Post HRA Outreach (PHO), and CBAS Eligibility Determination Tool (CEDT) assessment. 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.
- Added vendor outsourcing efforts to decrease costs. CEDT Face to Face assessments outsourcing to vendors has varied from 50% of CEDT assessments to no outsourced CEDTs based on MLTSS nurse staffing, volume of pending CEDT requests, and authorization requests. The CEDT assessments and authorization requests have regulatory turn around times, which must be met to maintain compliance.
- 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 caregivers; action plans to address unmet needs; and referrals to MLTSS and community based resources. In addition, MLTSS Coordinators share care plans completed by Vendors and MSSP providers with the member's Primary Care Physician (PCP) by fax. An initiative to automate this process using the sFTP to transmit care plans to Providers (PPG) has been vetted and assessed and pended due to IT resources. This will eliminate manual work of faxing hundreds of documents and will improve efficiency and capacity of MLTSS staff. The work was re-initiated in October 2021 and IT is currently working on the automation. Due to prioritization, this effort was stalled; however, implementation to occur in November 2022.
- 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. In May 2021, further structure was put in place to have a designated Clinical Support Team where a coordinator is assigned to support each clinical program (CBAS, SNF and Palliative Care) supporting MLTSS Nurses with referral intake and other administrative tasks so nurses can focus on clinical reviews and nursing functions. Since last fiscal year, the team has grown from 28 to 40 staff members.

- From a management structure, MLTSS moved away from non-clinical and clinical teams to Operations and Clinical teams, realigning MLTSS Coordinators and Specialists under one manager, rather than split between 3 managers by program. This change allowed for a more consistent and broader oversight of support staff. Also, a designated Program Team has been aligned to support current and new programs. This team consists of a MLTSS Program Manager, Program Analyst and Program Specialists. Due to the CalAIM initiatives and Community Supports programs to be owned by MLTSS, further evaluation of organizational structure is planned.

## MLTSS 2022 QUALITY OVERSIGHT GOALS

MLTSS will continue to focus on the three quality oversight goals:

- **Goal #1**: Improve MLTSS member health through stronger partnerships.
- **Goal #2**: Enhance member and provider satisfaction.
- **Goal #3**: Establish strategies for effectiveness and efficiency.

# E.3 CONTINUITY AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTHCARE

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**REVIEWER: MARIA CASIAS, RN**

## 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) and they are 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 Med-Cal members with severe and persistent mental illness who are experiencing moderate to severe functional impairments. Substance use disorder treatment and services are the carved out to 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 2021, 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.[21] To drive collaboration, L.A. Care collects data in 6 areas: (1) exchange of information between Primary Care Providers (PCPs) and Behavioral Health Practitioners (BHPs); (2) appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care; (3) appropriate uses of psychopharmacological medications; (4) management of treatment access and follow up for members with coexisting medical and behavioral disorders; (5) prevention programs for behavioral health; and (6) special needs of members with severe and persistent mental illness.

L.A. Care has continued meeting quarterly for the Behavioral Health Quality Committee (BHQC).

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[21] 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.

| Factors | Supported Evidence | Description |
|---|---|---|
| Exchange of Information | Provider Satisfaction Survey | 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* |
| Appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care | Antidepressant Medication Management (AMM) measures and American Psychiatric Association (APA) Clinical Practice Guideline (CPG) measures | CPG guidelines based on criteria: a) Percent of members aged 18 years and older with depressive diagnoses who received two or more outpatient therapy visits within 12 weeks of their diagnoses b) Percent of members aged 18 years and older with depressive diagnoses who received one or more medication visits within 12 weeks of the diagnosis c) Percent of members ages 18 years and older with depressive diagnoses who received one or more medication visits within 12 weeks (84 days) of the diagnosis and received an additional follow up visit within 12 weeks (84 days) of the initial medication visit |
| Psychotropic Medication Use | Antidepressant Medication Management (AMM) | 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:* 1. Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). |
| Management of treatment access and follow up for member with coexisting medical and behavioral disorders | Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | The percentage of members 18-64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year. |
| Primary or secondary preventive behavioral health program implementation | Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) interventions in Primary Care | Claims and encounter data for SABIRT utilization in Primary Care setting |
| Special needs of members with severe and persistent mental illness | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. |

## 2022 WORK PLAN GOALS

| Factors | Supported Evidence | Description | Goal | Product Line | Goal Met or Not Met |
|---|---|---|---|---|---|
| Exchange of Information | Provider Satisfaction Survey | 5% improvement from measurement year 2020 with providers being "always/usually satisfied" with the exchange of information between PCP and Behavioral Health Practitioners (BHPs) PCP and BHPs (with both DMH and Beacon) | | MCLA | Not Met |
| | | | | LACC | |
| | | | | CMC | |
| Appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care | AMM APA Clinical Practice Guideline (CPG) | (a) 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% of providers will meet clinical practice guidelines | MCLA | Met |
| | | | | LACC | Met |
| | | | | CMC | Not Met |
| | | (b) 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 | | MCLA | Not Met |
| | | | | LACC | |
| | | | | CMC | |
| | | (c) 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% | MCLA | Not Met |
| | | | | LACC | Not Met |
| | | | | CMC | Met |
| Psychotropic Medication Use | Antidepressant Medication Management (AMM) | *Acute*: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). | NA | MCLA | *NA* |
| | | | NA | LACC | *NA* |
| | | | 68% | CMC | Met |
| | | *Continuation*: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). | 41% | MCLA | Met |
| | | | 57% | LACC | |
| | | | 50% | CMC | |
| Management of treatment access and follow up for member with coexisting medical and behavioral | Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | *outcome goal to measure impact of intervention | | MCLA | Met |
| | | | | LACC | |
| | | | | CMC | |
| Primary or secondary preventive behavioral health program implementation | Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) interventions in Primary Care | 1% improvement from measurement year 2020 | | MCLA | Met |
| | | | | LACC | |
| | | | | CMC | |
| Special needs of members with severe and persistent mental illness | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | Notify providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring. | 77% | MCLA | Met |
| | | | NA | LACC | *NA* |
| | | | NA | CMC | *NA* |

| Factors | Supported Evidence | Description | Goal | Product Line | Goal Met or Not Met |
|---|---|---|---|---|---|
| Exchange of Information | Provider Satisfaction Survey | 80% of providers will be "always/usually satisfied" with the exchange of information between PCP and Behavioral Health Practitioners (BHPs) PCP and BHPs (with both DMH and Beacon) | | MCLA | Not Met |
| | | | | LACC | |
| | | | | CMC | |
| Appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care | AMM APA Clinical Practice Guideline (CPG) | (a) 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% of providers will meet clinical practice guidelines | MCLA | Met |
| | | | | LACC | Met |
| | | | | CMC | Not Met |
| | | (b) 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 | | MCLA | Not Met |
| | | | | LACC | |
| | | | | CMC | |
| | | (c) 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% | MCLA | Not Met |
| | | | | LACC | Not Met |
| | | | | CMC | Met |
| Psychotropic Medication Use | Antidepressant Medication Management (AMM) | *Acute*: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). | NA | MCLA | *NA* |
| | | | NA | LACC | *NA* |
| | | | 68% | CMC | Met |
| | | *Continuation*: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). | 41% | MCLA | Met |
| | | | 57% | LACC | |
| | | | 50% | CMC | |
| Management of treatment access and follow up for member with coexisting medical and behavioral disorders | Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | 100% of providers will be notified of members on diabetes and antipsychotic medication | | MCLA | Met |
| | | | | LACC | |
| | | | | CMC | Not Met |
| Primary or secondary preventive behavioral health program implementation | Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) interventions in Primary Care | 1% improvement from measurement year 2020 | | MCLA | Met |
| | | | | LACC | |
| | | | | CMC | |
| Special needs of members with severe and persistent mental illness | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | Notify providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring. | 77% | MCLA | Met |
| | | | NA | LACC | *NA* |
| | | | NA | CMC | *NA* |

## 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.

**METHODOLOGY**
In 2018, L.A. Care embedded these survey questions into the organization wide Provider Satisfaction Survey.  This ensured that the providers being surveyed are consistent across the organization, thus, providing more consistent results and ensures 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, beginning in 2018 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).  Beginning in 2019, the survey also included a question asking providers to identify barriers to exchanging information with mental health providers.

The Primary Care Physician and Specialty Care Providers survey included 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 | Provider Satisfaction Survey Question |

## Beacon Survey Results



| Year | Sufficent | Timely | Accurate | Clear |
|------|-----------|--------|----------|-------|
| 2019 | 63.8% | 62.2% | 66.8% | 70.2% |
| 2020 | 64.2% | 63.1% | 67.7% | 69.3% |
| 2021 | 62.0% | 59.2% | 67.1% | 67.0% |

## DMH Survey Results



| Year | Sufficent | Timely | Accurate | Clear |
|------|-----------|--------|----------|-------|
| 2019 | 61.4% | 59.4% | 63.4% | 65.3% |
| 2020 | 57.9% | 56.6% | 61.3% | 61.2% |
| 2021 | 53.6% | 53.4% | 57.6% | 58.0% |
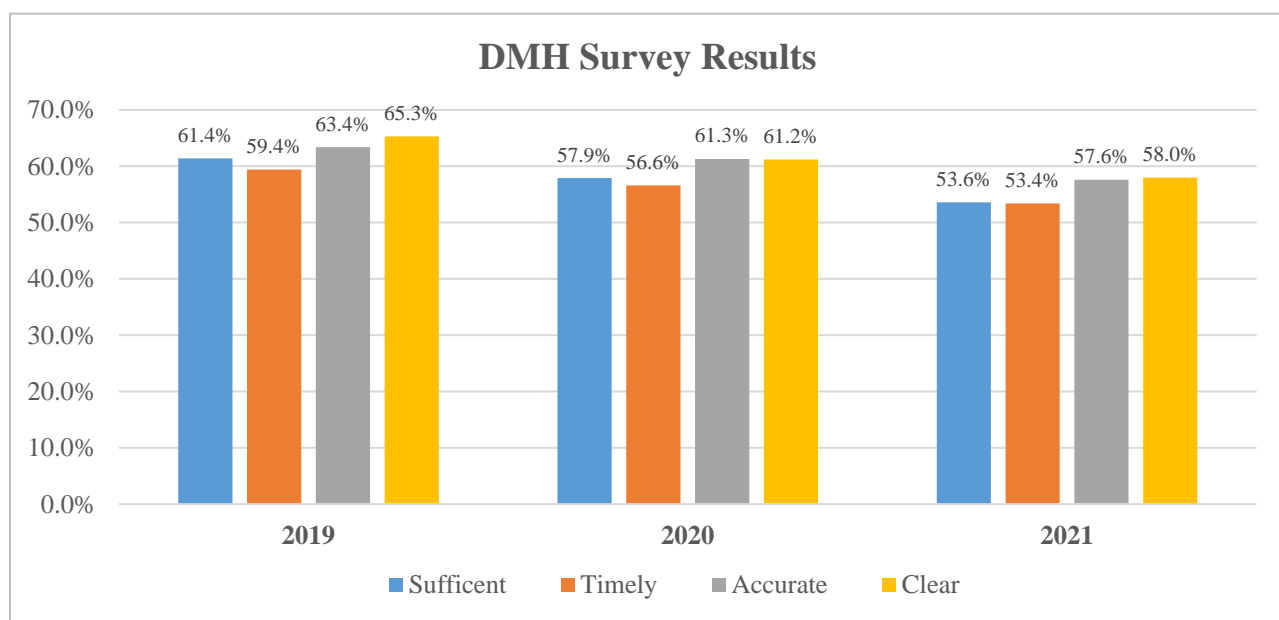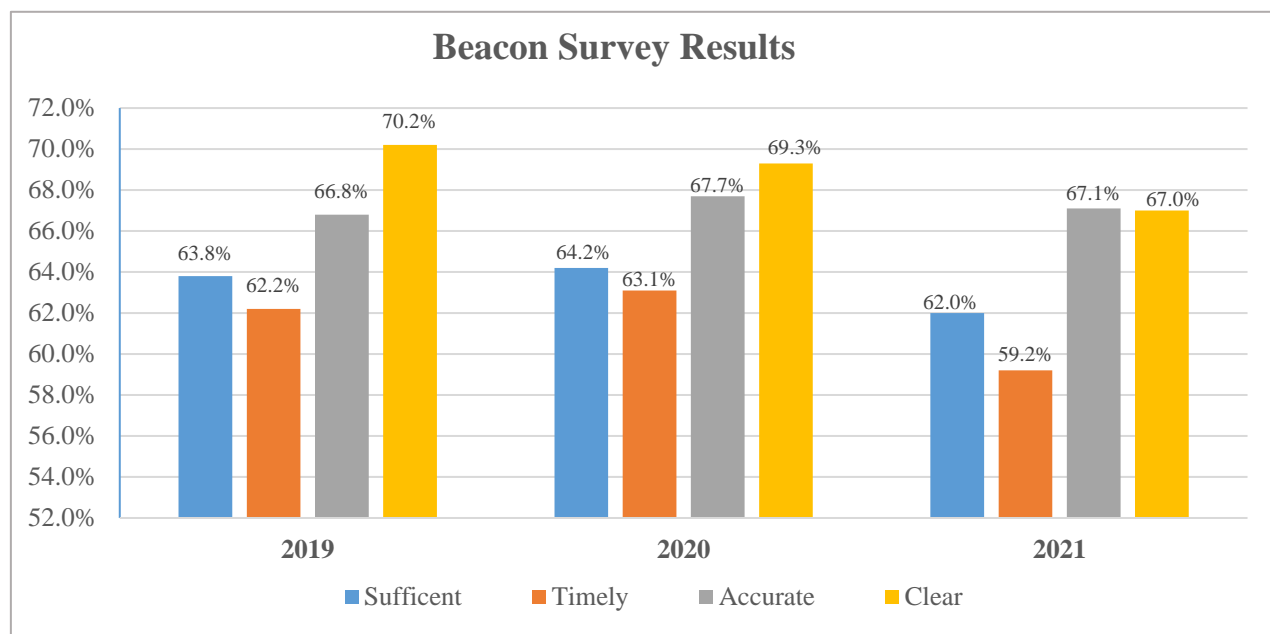
**ANALYSIS**

*Quantitative Analysis*

Behavioral Health Quality Committee discussed and re-evaluated the work plan goal related to exchange of information. Based on analysis of prior year's performance, committee agreed to modify the goal as such: 5% year over year improvement in all four categories. Results indicate that PCPs rated Beacon's feedback more favorably than DMH in all four information exchange categories. Still, none of the four categories met the goal of 5% year over year improvement. The overall results compared to the previous year are lower across both organizations and all categories. However, the 2021 results came from a smaller sample size.

Compared to the results from 2020, DMH's information exchange rates dropped in the areas of information sufficiency, timeliness, accuracy, and clarity by 4.3%, 3.2%, 3.7% and 3.2%, respectively. Although Beacon results were better than DMH, the exchange rates still dropped among all four categories: 2.2%, 3.9%, 0.6%, and 2.3% respectively.

| Survey Question | % |
|---|---|
| **Single biggest barrier** | |
| Lack of responsiveness from MH providers | 31.8% |
| Do not know how to contact MH providers | 22.4% |
| **How to encourage information exchange with mental health providers** | |
| Education | 27.1% |
| Improve systems | 25.9% |
| Educate patients | 23.8% |
| Does not apply | 10.7% |

*Qualitative Analysis for Beacon and DMH*

PCPs were also asked to identify the single biggest barrier to exchanging information. A majority of respondents indicated that lack of responsiveness from mental health providers was the largest barrier. This barrier is highly complex with multiple contributing factors ranging from individual providers without the bandwidth of larger clinics to a lack of understanding between providers regarding what constitutes PHI/HIPAA and what falls into the categories of shared members and exceptions from HIPAA (such as treatment, payment, and operations).

Approximately 27.1% of providers mostly recommended that L.A. Care can help with information exchange was to educate providers. A similar portion of providers, 25.9% suggested improving or standardizing health information about exchange systems. Finally, 23.8% of providers suggesting educating patients about the value of information exchange.

The data and its feedback were presented during the Behavioral Health Quality Committee meeting on 9/6/2022. Multiple licensed behavioral health practitioners from L.A. Care, Beacon, and Department of Mental Health (DMH) were present to provide feedback: Dr. Michael Brodsky (psychiatrist), Rose Kosyan (LMFT), Samantha Maeda (LCSW), Julie Flores (LMFT), and Josephine Roemhild (LCSW). Participants discussed findings and limitations of exchanging information based on privacy laws and consent. Both Beacon and DMH agreed to discuss findings internally within their agencies in order to increase better outcomes with information exchange.

| Barrier | Interventions | Implementation Date |
|---|---|---|
| Lack of knowledge from providers about information exchange<br><br>Providers do not know how to contact MH providers | Providers newsletter published on quarterly basis on how to refer members to BH services | March 2022 |

## II. APPROPRIATE DIAGNOSIS, TREATMENT, AND REFERRAL OF BEHAVIORAL HEALTH DISORDERS COMMONLY SEEN IN PRIMARY CARE

### GOAL
50% or more of members 18 years of age and older with a diagnosis of major depression who are newly treated with antidepressant medication, and who remain on antidepressant medication treatment (HEDIS Antidepressant Medication Management [AMM] measures and American Psychiatric Association [APA] Clinical Practice Guideline [CPG] measures).

### BACKGROUND
L.A. Care aims to improve the quality of clinical care of members prescribed antidepressants for the treatment of major depressive disorders through programs designed to improve medication adherence.

The National Alliance on Mental Illness (NAMI) reports that 21 million American adults—almost 8.4% of the population—had at least one major depressive episode in the last year.[22] There are a wide variety of symptoms associated with the illness, including sad mood, diminished interest in activities once considered enjoyable, weight loss or gain, psychomotor retardation or agitation, fatigue, inappropriate guilt, difficulty concentrating, and recurrent thoughts of death. The American Psychiatric Association (APA) requires that five or more of the previously mentioned symptoms be present for two weeks or more for someone to be diagnosed with depression.

Depression not only affects those suffering from the illness, but also those who are around them. Research has shown that interpersonal relationships tend to suffer for those experiencing symptoms of depression. Many families or friend groups are affected by their loved one's depression. Relationships outside of the home, such as those at school or in the workplace, can also be affected.[23] Effective treatment of depression can help to improve the health and functioning of someone who is suffering from depression, as well as improve broken interpersonal relationships.

As individuals with lower socioeconomic statuses have higher rates of depression than those in higher statuses[24], depression is a prevalent diagnosis among L.A. Care Medicaid members. Since it is of significance concern among L.A. Care's member population, Beacon has implemented interventions focusing on depression since 1999. In 1999, Beacon established and distributed the first Beacon-approved depression guideline with guideline monitoring beginning in 2000. Results of Beacon monitoring activities continue to indicate opportunities for improvement in the areas such as the number of psychotherapeutic and medication visits after initial diagnosis.

### MEASURES
    a) Percent of members aged 18 years and older with depressive diagnoses who received two or more outpatient therapy visits within 12 weeks of their diagnoses
    b) Percent of members aged 18 years and older with depressive diagnoses who received one or more medication visits within 12 weeks of the diagnosis

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[22] Depression. (n.d.). National Alliance on Mental Illness: https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Depression on September 7, 2022
[23] Major Depression. (n.d.). Retrieved from National Institute of Mental Health:
https://www.nimh.nih.gov/health/statistics/major-depression.shtml on May 29, 2018
[24] Wilkinson R, Pickett K. Inequality and Mental Illness. Lancet Psychiatry 2017; 4:512-3. Retrieved from
https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(17)30206-7/fulltext on May 29, 2018

c)  Percent of members ages 18 years and older with depressive diagnoses who received one or more medication visits within 12 weeks (84 days) of the diagnosis and received an additional follow up visit within 12 weeks (84 days) of the initial medication visit

**METHODOLOGY**

Based on Beacon's 2021 Quality Program Evaluation Report results, for CPG Measures, claims data was used to identify members who had two or more visits within 12 weeks of their initial diagnoses, members who had one medication visit within 84 days of their initial diagnoses, and members who received an additional follow up visit within 84 days of the initial medication visit.  Data from the measurement time period between January 1, 2021 to December 31, 2021, were used to garner results. Commercial product line includes PASC, LACC, and LACCD.

**RESULTS**

| Measures | Goal | Product Line | 2019 | 2020 | 2021 | Goal Met or Not Met |
|---|---|---|---|---|---|---|
| (a) 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% | Medicaid | 47.6% (2125/4501) | 46.6% (2479/5318) | 53.07% (2,728/5,140) | Met |
| | | Commercial | 50.0% (337/674) | 56.1% (369/658) | 63.29% (419/662) | Met |
| | | CMC | 43.4% (53/122) | 38.5% (40/104) | 44.74% (34/76) | Not Met |
| (b) 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 | 50% | Medicaid | 23.2% (1044/4501) | 35.5% (1875/5318) | 34.60% (1,783/5,140) | Not Met |
| | | Commercial | 35.3% (49/139) | 43.0% (283/658) | 34.60% (1,783/5,140) | Not Met |
| | | CMC | 26.2% (32/122) | 22.1% (23/104) | 19.74% (15/76) | Not Met |
| (c) 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% | Medicaid | 92.8% (969/1044) | 85.8% (1609/1875) | 92.82% (1,685/1,783) | Not Met |
| | | Commercial | 96.2% (227/236) | 93.3% (264/283) | 90.04% (253/281) | Not Met |
| | | CMC | 95.7% (227/236) | 87.0% (20/23) | 100.0% (15/15) | Met |

*Statistically significant change from the previous reporting period using z-test for proportions at p<0.05*

**ANALYSIS**

*Quantitative Analysis*

*Medi-Cal*

For 2021, 53.07% (2,728/5,140) of members newly diagnosed with depressive disorder had received two (2) or more outpatient BH visits within 84 days of diagnosis.  This measure exceeds the 50% performance goal in 2021, an increase of 6.33 percentage points from the 2020 rate of 46.6%.

Out of the 5,140 members diagnosed with depression, 1,783 (34.60%) of members received one (1) or more medication visit within 84 days. This measure did not meet the 50% performance goal in 2021 and is a slight decrease from 2020 performance

Moreover, of the 1,783 members, 1,685 (92.82%) of the members received another medication visit within the initial medication visit. This rate increased seven percentage points from 2020 and is the same from 2019. Although the points increased, this measure did not meet the 95% performance goal in 2021.

### Commercial
In 2021, 63.29% (419/662) of members newly diagnosed with depressive disorder had received two outpatient BH visits within 84 days of diagnosis. This measure exceeded the 50% performance goal in 2021 and is an increase of 7.19 percentage points compare to 2020.

Out of 662 members, 281 (42.45%) of them received one or more medication visits within 84 days of diagnosis. This measure did not meet the 50% performance goal in 2021 and experienced a very slight decrease from 43% in 2020.

Lastly, 90.04% (253/281) of the commercial members had another follow up appointment within 84 days of the first appointment with the prescriber, which was a 2.96 percentage point decrease from 2020. This measure did not met the 95% performance goal in 2021.

### Cal MediConnect
In 2021, 34 out of 76 members (44.74%) who were newly diagnosed with depressive disorder received two (2) or more outpatient BH visits within 84 days of diagnosis. This was a 6.24 percentage point increase from 2020 but did not met the 50% performance goal in 2021.

19.74% (15/76) of members newly diagnosed with depressive disorder received (one) or more. This measure did not meet the 50% performance goal in 2020. This measure did not meet the 50% performance goal in 2021 and slightly decreased in performance from 2020.

100% (15/15) members received one or more medication visits within 84 days of the first medication visit, which was a 13 percentage point increase from 2020 (87%). This measure met the 95% performance goal in 2020.

### Qualitative Analysis
For Depression Measure A, performance for Commercial line of business was met for members who received two or more outpatient therapy visits within 12 weeks of diagnosis.

For Measure B, performance for all lines of business were not met for members who received one or more medication visits within 12 weeks of diagnosis.

For Measure C, performance for Medicaid, CMC, and Commercial line of business were not met for members who received one or more medication visits within 12 weeks and received an additional follow up within 12 weeks of the initial medication visit. Performance goal of 95% was not met in 2020.

Measures that did not meet goals in 2021 were impacted due to timely accessibility of prescribers due to COVID-19 restrictions, especially in State of California, as well as not having enough prescriber in certain geographical areas.

The data and its feedback were presented during the Behavioral Health Quality Committee meeting on 12/6/2022. Multiple licensed behavioral health practitioners from L.A. Care, Beacon, and Department of Mental Health (DMH) were present to provide feedback: Dr. Michael Brodsky (psychiatrist), Rose Kosyan (LMFT), Samantha Maeda (LCSW), Julie Flores (LMFT), and Josephine Roemhild (LCSW). Participants discussed findings; Beacon reported to continually findings internally within their agency in order to increase better outcomes for next year's reporting.

### BARRIERS ANALYSIS, OPPORTUNITIES FOR IMPROVEMENT, AND NEXT STEPS

| Barrier | Opportunity | Next Steps |
|---|---|---|
| Continued COVID-19 restrictions affected access to follow up care. | Promote the use of virtual care to conduct follow-up visits | Continue to expand the telehealth provider network and provide educational resources that better enable them to utilize virtual care |
| Providers may have not reviewed the clinical practice guidelines on the Beacon website or reviewed the provider newsletter. For those without email addresses, the provider newsletter may have not reached the provider via mail. | Increase provider's awareness regarding clinical practice guidelines endorsed by Beacon and improve materials that are shared with providers to ensure understanding of guidelines. | Continue to raise awareness that clinical practice guidelines endorsed by Beacon are available on Beacon website. Make improvements to the external user guide shared with providers when records are requested for review to improve quality of record documentation and increase provider performance |
| Patient-specific barriers: transportation to attend visits and/or pick-up prescriptions, forgetfulness, side effects of medication, cost of medication, stigma, cultural beliefs, etc. | Address patient-specific barriers to depression treatment via Case Management program and educate providers on importance of addressing with members. | Case Management program and assigned providers to address patient-specific barriers to receiving depression treatment. |

## III.   PSYCHOTROPIC MEDICATION USE: ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

### BACKGROUND – ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

L.A. Care monitors the 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.

The following graph shows the rates for the HEDIS measure Antidepressant Medication Management (AMM):

### *Quantitative Analysis*
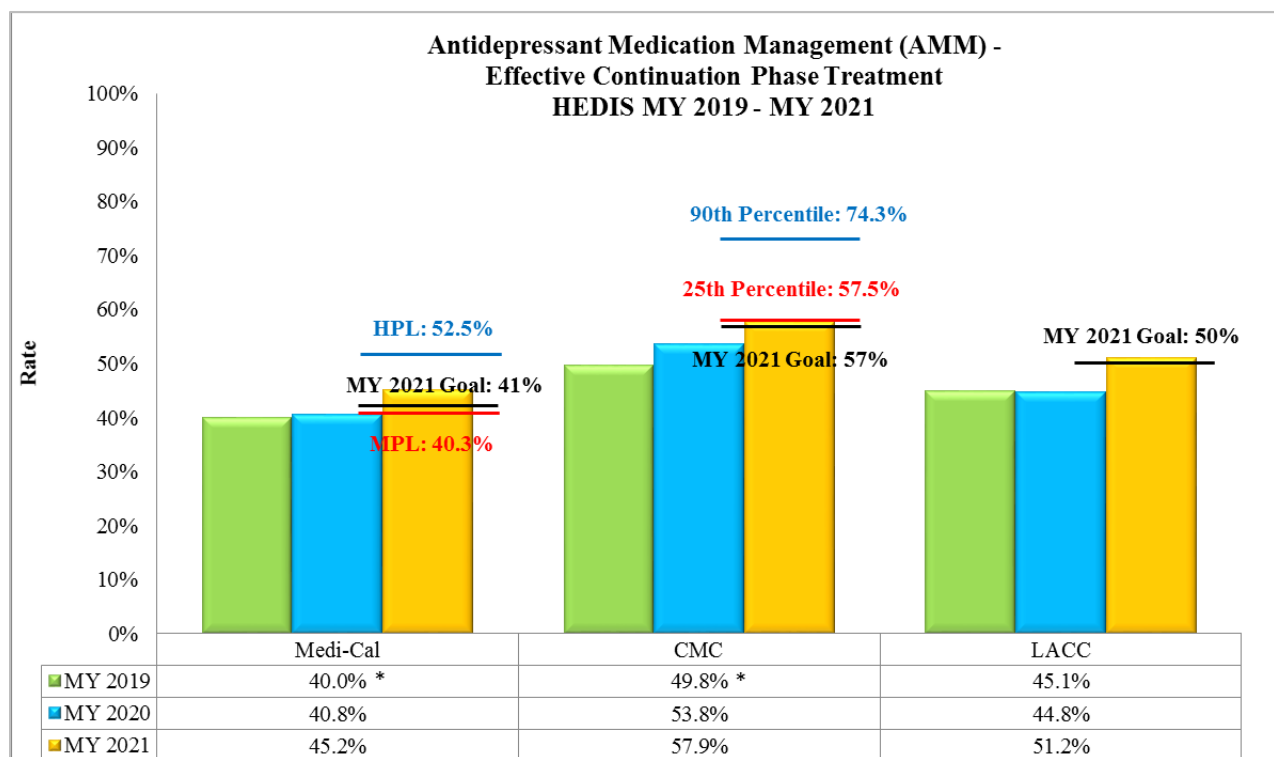


**Antidepressant Medication Management (AMM) -
Effective Continuation Phase Treatment
HEDIS MY 2019 - MY 2021**

| | Medi-Cal | CMC | LACC |
|---|---|---|---|
| MY 2019 | 40.0% * | 49.8% * | 45.1% |
| MY 2020 | 40.8% | 53.8% | 44.8% |
| MY 2021 | 45.2% | 57.9% | 51.2% |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

### *Quantitative Analysis*

### *Medi-Cal*

The rate for Effective Continuation Phase was 45.2%.  This rate was 4.4 percentage points higher than the previous year (40.8%), but the increase was not statistically significant.  The rate did meet the goal of 41%.

### *CMC*

The rate for Effective Continuation Phase was 57.9%.  This rate was 4.1 percentage points higher than the previous year (53.8%), but the increase was not statistically significant.  The rate did meet the goal of 57%.

**LACC**

The rate for Effective Continuation Phase was 51.2%. This rate was 6.4 percentage points higher than the previous year (44.8%), but the increase was not statistically significant. The rate did meet the goal of 50%.

*Qualitative Analysis*

| Barrier | Interventions | Implementation Date |
|---|---|---|
| Patient-specific barriers: challenges outreaching and getting a hold of CMC members compared to the other lines of business. | The AMM Mailer intervention sends individualized mailers to members encouraging them to continue taking their medication (s) exactly as prescribed by their doctor while also reminding them to refill their antidepressant medication (s). | November 2022 |
| Challenges with parents who were reluctant to bring their children to their needed care. | Another batch of AMM Mailers will be mailed out again to further outreach to CMC, MCLA, and LACC LOB.<br><br>Currently other interventions discussed during the BHQC meeting was texting as a potential form of further outreach to the members.<br><br>Currently discussing with Pharmacy team on identifying barriers and potential interventions to engage the CMC members. | February 2023 |

## 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.
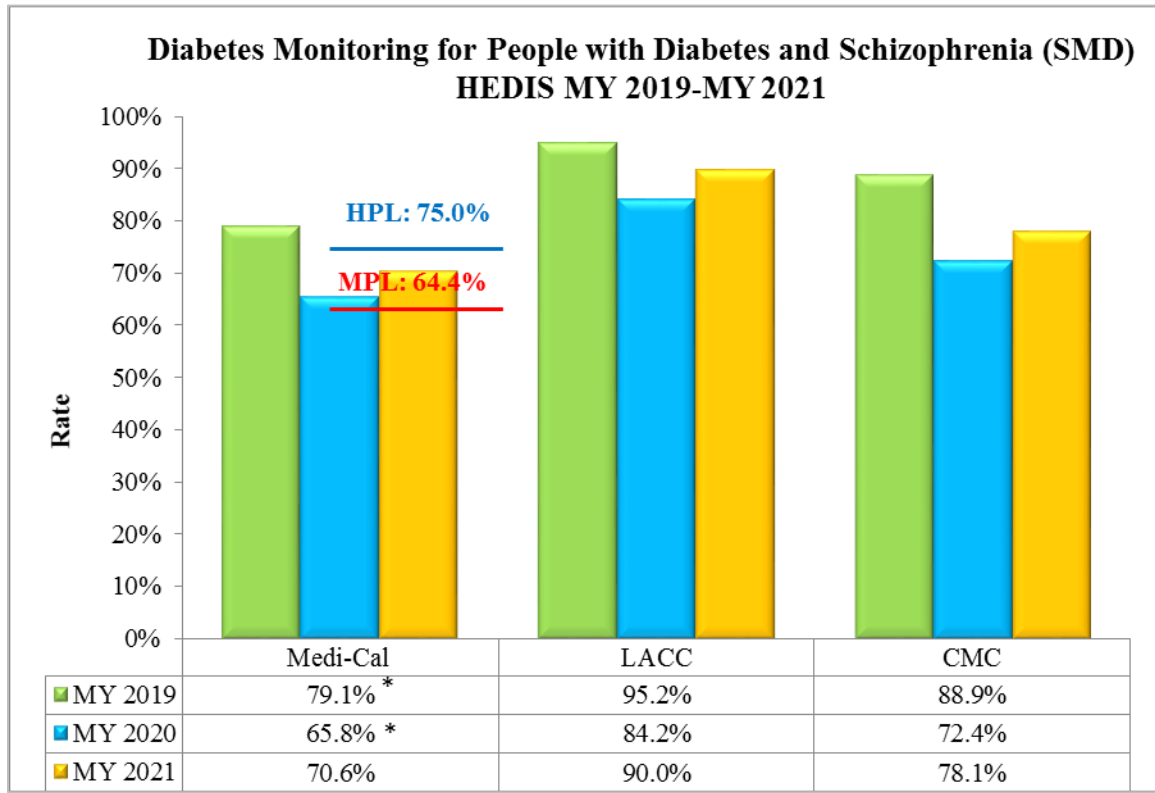
**Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)**
**HEDIS MY 2019-MY 2021**



| | Medi-Cal | LACC | CMC |
|---|---|---|---|
| ■ MY 2019 | 79.1% * | 95.2% | 88.9% |
| ■ MY 2020 | 65.8% * | 84.2% | 72.4% |
| ■ MY 2021 | 70.6% | 90.0% | 78.1% |

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2020 50th and 90th percentiles

## Quantitative Analysis

### Medi-Cal
The SMD rate was 70.6%, representing a 4.8 percentage point increase over the previous year (65.8%). The increase is not statistically significant, and the rate did meet the minimum performance level. No goal was established for the year.

### LACC
The SMD rate was 90 % and increase 5.8 percentage points from the prior year (84.2%). Rates were not statistically significant using a Fisher's Exact Test.

### CMC
The SMD rate was 78.1% up from 72.4% or 5.7 percentage points from the prior year. This rate is not statistically significant.

## Qualitative Analysis
The data on SSD and SMD and its feedback were presented during the Behavioral Health Quality Committee meeting on 12/6/2022. Multiple licensed behavioral health practitioners from L.A. Care, Beacon, and Department of Mental Health (DMH) were present to provide feedback: Dr. Richard Powell (physician), Dr. Michael Brodsky (psychiatrist), Rose Kosyan (LMFT), Samantha Maeda (LCSW), Julie Flores (LMFT), and Rachel Martinez. Participants discussed barriers include outreaching to members when

their numbers do not work. Intervention suggested include texting members about follow-up and obtaining consent to text members.

## 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 2022, L.A. Care continued collecting encounter data on the utilization of substance abuse screenings in the primary care setting to improve patient care. In 2021, the Department of Health Care Services released APL 21-014 which supersedes ALP 18-014 and as a result the AMSC (Alcohol Misuse: Screening and Behavioral Counseling) has been replaced with Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) interventions in Primary Care. This APL sets forth the State's expectation for providers to screen for alcohol and drug 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 | 2019 | 2020 | 2021 | Jan - June 2022 |
|---|---|---|---|---|
| Number of Unique PCPs Using SBIRT (Numerator) | 857 | 950 | 1,223 | 880 |
| Number of Unique L.A Care PCPs who served L.A. Care Members during the same time period as above (Denominator) | 5,441 | 5,539 | 5,763 | 5,746 |
| % Numerator/Denominator*100 | 15.75% | 17.15% | 21.22% | 15.32% |

### Quantitative Analysis
Since the SABIRT implementation, L.A. Care has seen an 5.5% increase in the number of unique providers using the screening tool as a part of their regular practice and preventative screenings since 2019 to 2021 with 2022 data pending.

### Qualitative Analysis
The SABIRT services continues to increase year over year. Attributions to the increase rates could include continuous education and trainings around SABIRT services and the benefits of implementation for members. Although the numbers continue to trend higher annually, the number of SABIRT screenings are still low compared to the denominator. Some PCPs reported time constraints in completing the screening, a perceived lack of effectiveness of brief intervention services, referrals to treatment, and lack of training in providing brief intervention were barriers to screening and brief intervention.

### INTERVENTION
In prior years, L.A. Care Health Plan addressed SABIRT through Provider Continuing Education (PCE) Program who planned, developed, and implemented CME/CE activities related to Substance Use Disorder (SUD). Provider newsletters were published educating providers about SABIRT and how members can access substance use treatment.

## INTERVENTION SUMMARY

| Barriers | Intervention | Implementation Date |
|---|---|---|
| Providers may have lack of clinical knowledge and training about SUD and maybe reluctant to screen for those areas. Additionally, providers may lack resources to complete the screening or may not know/unaware about how to access addiction treatment/think it's too difficult to access addiction treatment. | L.A. Care and Beacon published provider newsletters educating about SABIRT and how to access substance use treatment. | Ongoing |

## VI.    SPECIAL NEEDS OF MEMBERS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

### 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:



Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) - HEDIS MY 2019 - MY 2021

HPL: 82.5%
MY 2021 Goal: 77%
MPL: 76.6%

|  | Medi-Cal | LACC | CMC |
|---|---|---|---|
| MY 2019 | 79.4% * | 74.4% | 80.1% |
| MY 2020 | 72.0% * | 65.4% | 72.1%* |
| MY 2021 | 78.9% * | 72.1% | 75.0% * |
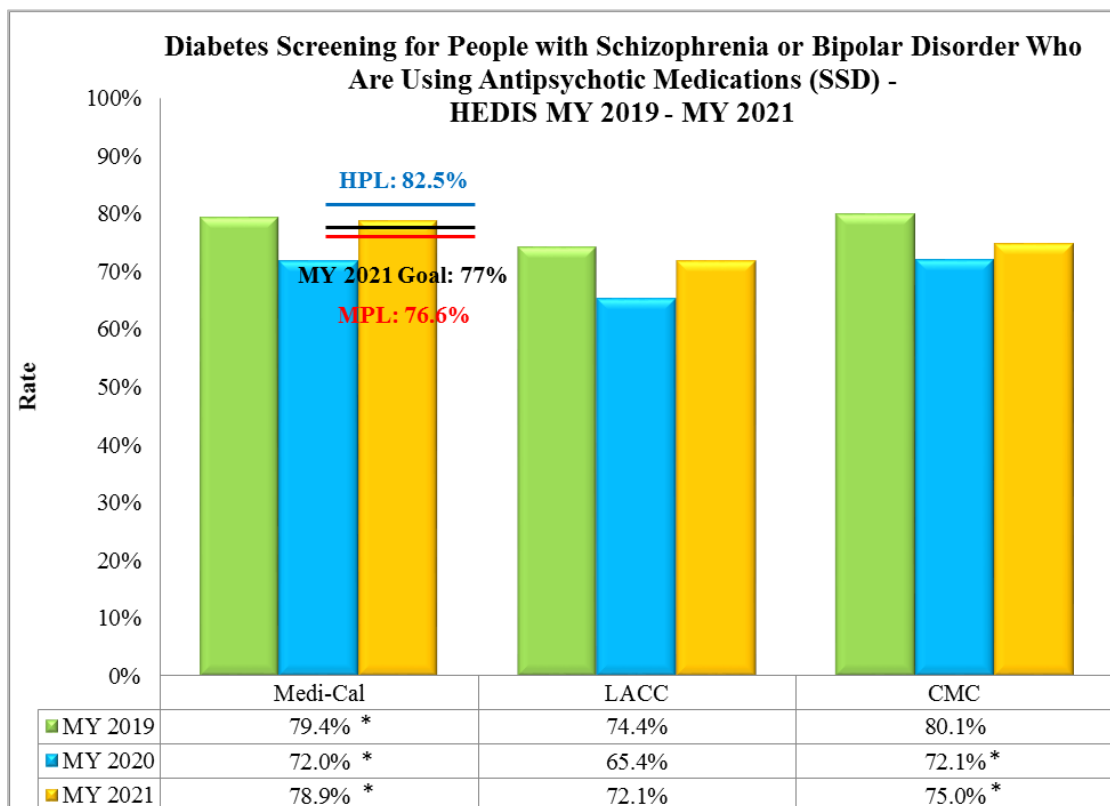
*Statistically Significant Difference
 NR: Not required
 - Medi-Cal benchmarks are from the Quality Compass (QC) MY2020 50th and 90th percentiles.

**ANALYSIS**

*Quantitative Analysis*

*Medi-Cal*
The SSD rate was 78.9%, representing a 6.9 percentage point increase over the previous year (72%). The increase is statistically significant. The rate did meet the goal of 77% for the year and did not exceed the minimum performance level of 82.5%

*CMC*
The SSD rate was 75%. The rate does indicate a 2.9 percent increase over the prior year (72.1%). The increase is statistically significant.

*LACC*
The SSD rate was 72.1%. There was a 6.7 percent increase over the prior year (65.4%). The decrease was not statistically significant.

*Qualitative Analysis*
As with the SSD measure, in 2019 L.A. Care also began including SMD non-compliance data in the PORs so that providers could conduct proactive member outreach to schedule needed services and close gaps in care for incentive payments. The upward trend in the prior year suggest that this form of provider communication is effective; however, due to the COVID-19 pandemic. Similarly, in 2021 the declines are being addressed by continuing to focus on provider education among the primary care network and the specialty care network, while also encouraging members to seek care regularly. BHQC Committee during the December 2022 meeting confirmed that many members were also hesitant to go back to their provider for their needed screenings.

**INTERVENTION EFFECTIVENESS:**
The table below highlights the barriers and opportunities for improvement targeting the SMD and SSD Measure. In September's 2022 BHQC meeting, QI Team presented these two core measures and confirmed with the committee that barriers from MY 2021 are still consistent from prior years. This measure was brought up to the BHQC Committee meeting on December 2022. The committee brainstormed on potential interventions such as other forms outreaching, which included a texting campaign. As a next step, the team will take this idea back and further fine tune the opportunity to conduct texting.

| Measure | Barrier | Opportunities for Improvement | Interventions | Implementation Date |
|---------|---------|-------------------------------|---------------|---------------------|
| SMD, SSD | Primary providers may be unaware patient is on medication.<br><br>Specialty mental health providers may not report diabetes screening.<br><br>Point of care testing may not be documented or coded correctly. | Explore different avenues of outreaching to members such as texting.<br><br>Provider education such as a newsletter to further aware providers of this screening. Also, bringing these measures during our Planned Partner Group meetings. | L.A. Care Health Plan currently provides a gap-in-care list to PCP's of members not meeting this measure so that providers could conduct proactive member outreach to schedule needed services and close gaps.<br><br>Rates among all product lines has increased over the prior year. The POR will continue and QI will continue to promote its use. | Ongoing |

| Factors | Supported Evidence | Description | Goal | Product Line |
|---|---|---|---|---|
| Exchange of Information | Provider Satisfaction Survey | 5% improvement from measurement year 2020 with providers being "always/usually satisfied" with the exchange of information between PCP and Behavioral Health Practitioners (BHPs) PCP and BHPs (with both DMH and Beacon) | | MCLA<br>LACC<br>CMC |
| Appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care | AMM APA Clinical Practice Guideline (CPG) | (a) 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% of providers will meet clinical practice guidelines | MCLA<br>LACC<br>CMC |
| | | (b) 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 | | MCLA<br>LACC<br>CMC |
| | | (c) 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% | MCLA<br>LACC<br>CMC |
| Psychotropic Medication Use | Antidepressant Medication Management (AMM) | *Acute*: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). | NA<br>NA<br>68% | MCLA<br>LACC<br>CMC |
| | | *Continuation*: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). | 47%<br>55%<br>52% | MCLA<br>LACC<br>CMC |
| Management of treatment access and follow up for member with coexisting medical and behavioral disorders | Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | *outcome goal is to measure impact of intervention | | MCLA<br>LACC<br>CMC |
| Primary or secondary preventive behavioral health program implementation | Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) interventions in Primary Care | 1% improvement from measurement year 2020 | | MCLA<br>LACC<br>CMC |
| Special needs of members with severe and persistent mental illness | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | Notify providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring. | 79%<br>NA<br>NA | MCLA<br>LACC<br>CMC |

**F.1 COVID QUALITY IMPROVEMENT PROJECT (QIP)**

AUTHOR: JOHANNA GONZALEZ
REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN

**BACKGROUND**
In October of 2020, the Department of Health Care Services (DHCS) requested that plan submit a COVID QIP that demonstrated actions taken by the plan to help address the COVDI-19 pandemic. Unlike other QIPs, this QIP's purpose was to demonstrate efforts to improve member accessibility to preventive health care services. Plans were also required to submit a progress report in March of 2022 and submit findings and lessons learned.

L.A. Care Health Plan has been working to ensure we are adhering to our quality of care standards and accessibility to preventive health care services during the COVID-19 pandemic. From 2020-2022, L.A. Care initiated several interventions to address preventive care and social determinants of health to ensure members are still getting needed care. The three projects that L.A. Care chose to focus on for the COVID QIP are as follows: behavioral health, women's health, and #BacktoCareLA encouraging adults and parents to bring their children for their vaccinations and well care visits. The QIP closed in March of 2022 after the completion of the second submission.

**PLANNED INTERVENTIONS**

**BEHAVIORAL HEALTH**

### Project Summary
The letter reminds members to take their prescribed depression medication while using the customized letters to provide them with necessary resources based on the member's needs during the COVID-19 pandemic. This letter included multiple measures taking into account the member's additional diagnosis and provided them with resources that can address other measures including:

- Screenings/Chronic Conditions (BCS, CCS, COL, CBP, CDC)
- Alcohol/Opioid Abuse (FUA)
- Follow Up for Mental Illness (FUM and FUH)

### Progress and Results/Outcomes
Due to the COVID19 surge and the complexity of the letter, implementation was delayed. Additionally, due to the AMM measurement time frame ending in May 2021, we changed measurement year to focus on the new cohort of members for 2022. Furthermore, including additional feedback in this process further delayed the letter. As a result, the start date was October 2022, and the letter was successfully mailed to close to 2500 members. As a next step, an evaluation will be conducted six months from October to assess the impact on the letters.

### Lessons Learned, Challenges, and Barriers Encountered
Some challenges and barriers included additional feedback that was needed from other team members. Also, our team realized that including all of the measures was too complex and decided to focus only on the following measures: BCS, CCS, COL, FUH, FUM, and FUA. Thus, this led the launch of this intervention be rescheduled until October 2022. Measurement timeframe of AMM began May 2022.

## WOMEN'S HEALTH

### Project Summary

In 2022, there were different outreach campaigns to further improve the following cancer screening measures: Cervical Cancer Screening (CCS), Breast Cancer Screening (BCS), and Colorectal Cancer Screenings (COL). These interventions included text, social media, and robocall campaigns.

### Progress and Results/Outcomes

For 2022, a cervical cancer text campaign launched in March 2022 reaching close to 35K members. A robocall launched in October 2022 with a successful reach of 70% for CMC and 65% reach to MCLA members. A social media campaign launched in January 2022 with the following results:

- Reach: 129,536
- Likes: 185
- Engagements: 2,683
- Link Clicks: 2,468

Further, a Breast Cancer Awareness Instagram Reel featured in October 2022. This reel highlighted a Breast Cancer Survivor sharing her story. As a result, this campaign had:

- Reach: 6,577
- Likes: 60
- Comments: 8
- Shares: 32

Additionally, a co-branding colorectal robocall campaign launched in November 2022 to further increase screening in colorectal cancer. As a result, this led to 62.8% success outreach.

### Lessons Learned, Challenges, and Barriers Encountered

One lesson learned is the importance in setting expectations and timelines in advance of project launch. Working in collaboration with another major organization presents challenges in getting team and legal approvals in a timely manner, along with signed releases.

## CHILD & ADOLESCENT HEALTH

### Project Summary

L.A. Care is in partnership with other Medi-Cal plans in Los Angeles to do a social media campaign (#BacktoCareLA) encouraging adults to return to care and parents to bring their children in for their vaccinations and well care visits. There is messaging for each of the following age groups:

1) 0-2 year olds
2) 3-11 year olds
3) 12-17 year olds
4) Adults 18+

### Progress and Results/Outcomes

For 2022, the following interventions launched: Robocalls, Postcards, and Social Media Campaign yielding the following results:

***Robocalls -*** 146,693 well care and immunization reminder calls were conducted by the Customer Solutions Call Center (CSC) to the parents of members ages 0-17 years old and members 18-21 years old. Calls started on 9/27/2022 and concluded on 10/7/2022. Calls were conducted in English and Spanish for our L.A. Care Medi-Cal Direct Program (MCLA) and L.A. Care Covered California (LACC) lines of business. The CSC was able to live connect with 77% of our members.

***Postcards*** - 273, 357 well care and immunization reminder postcards were mailed to the parents/guardians of MCLA and LACC members ages 3-21 and members 18-21 years old in October and November 2022. Postcards were custom designed for three age groups: 3-11, 12-17, and 18-21. Postcards were mailed in English and Spanish. The postcards for 3-11 year olds included Chinese postcards.

***Social Media Campaign -*** Paid Social Media ads were posted on Facebook and Instagram from 8/22/2022-9/2/2022. Customized ads for babies, children, and teens were created targeting areas with low rates of childhood vaccinations and well care visits with the main health message of "Get Back to Care." The campaign included five ads and a 30-second reel on Human papillomavirus (HPV) in both English and Spanish. Campaign analytics (paid and organic ads): Total Engagements- 4,804; Total Impressions-262,014; and Total Reaches-99,122.

***Text Messaging Campaign -*** Text messaging was a new intervention launched in 2022 to increase the WCV rate. Campaign targeted the parents/guardians of MCLA members 3-17 years old with a series of six text messages. The campaign launched in March 2022 and another refresh campaign with newly identified members was done in September 2022, thus outreaching to a total of 56,439 members. The enrollment rate for March and September combined is 99.9%. In addition, 93% of members enrolled in the March run completed the text messaging campaign in full. The September run is not yet complete.

## Lessons Learned, Challenges, and Barriers Encountered
Due to state requirements and different teams involved for approval, the launch of the interventions led to a delay. Additionally, our call center team faced a high volume of calls that led to a delay of the robocalls. Also, the printing vendor faced capacity which delayed the mail of the postcards. In the future, we will work closely with our call center to standardize launch dates for all of our robocall campaigns.

### LOOKING FORWARD
Final and last COVID QIP was submitted to DHS on March 22, 2022.

## F.2 DIABETES DISPARITY FOR A1C CONTROL (<8%) IN AFRICAN AMERICANS/NATIVE AMERICANS L.A. CARE COVERED DISPARITY QUALITY IMPROVEMENT PROJECT (QIP)

**AUTHOR: BRIGITTE BAILEY, MPH, CHES**
**REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN**

### 2022 LACC DISPARITY QUALITY IMPROVEMENT PROJECT (QIP) GOAL

| Measure | 2022 QIP Goal |
|---|---|
| Percentage of American Indian/Alaskan Natives (AIAN) and Black/African-Americans (BAA) adult members with diabetes with an HbA1c (<8%).* | 57.0% (BAA)** |

*Only the BAA population is included in the statistical analysis as the AIAN population is below 30.
**This goal aligns with Covered California requirement to improve baseline rate of 52.0% by at least 5%.

### 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, the AIAN population has the highest diabetes prevalence at 14.5%, followed by non-Hispanic Black people (12.1%), and people or Hispanic origin (11.8%)[25]. This is compared to a prevalence rate of 7.4% for non-Hispanic whites. In Los Angeles County, similar disparities are seen. The BAA population has the highest prevalence of diabetes (14.4%) compared to 8.8% for the White population and 11.3% for all of Los Angeles County.[26]

L.A. Care Healthcare Effectiveness Data and Information Set (HEDIS) data reflects disparities within the BAA and AIAN populations. HEDIS MY2021 HbA1c Control (<8%) aggregate results of L.A. Care Covered (LACC) combined show that the BAA population (53.4%) and AIAN population (50.0%) experience lower rates than the White population (56.0%) and Asian population (61.6%). It is important to note that the AIAN population's denominator is less than 30.

As a result, for the 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) population. This QIP was originally launched in 2018 with a provider, member and data intervention. However, those interventions were not successful and as a result, Covered California re-launched the disparities QIP with new guidelines and requirements. L.A. Care submitted disparity data to Covered California in March 2021 and attended five required learning sessions hosted by Covered California between April and June 2021. Two submissions documenting root cause analysis, stakeholder interviews, intervention design, and evaluation plan were due in July 2021 and September 2021 with a program update due in September 2022. Primarily provider interventions launched in 2022 with member interventions launching in 2023 due to contracting delays.

### 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%). See 2022 QIP Goal above.

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[25] https://nationaldppcsc.cdc.gov/s/article/CDC-2022-National-Diabetes-Statistics-Report
[26]http://www.publichealth.lacounty.gov/ha/docs/2018LACHS/MDT/Adult/M6_HealthStatusHealthConditions/M6_MedicalConditions_MED11DIA.xlsx

**PLANNED INTERVENTIONS**

To reduce uncontrolled diabetes in the target populations, L.A. Care will implement a multi-pronged intervention approach including member, provider, systems and community interventions. The interventions are given priority levels where a level one indicates implementation in phase one, a level two indicates implementation dependent upon effectiveness of the primary intervention and a level three indicates implementation dependent upon effectiveness of both primary and secondary interventions. A root cause analysis identified several main themes in answering the question "Why has the healthcare system been less successful in controlling HbA1c (<8%) for the Black or African American and American Indian Alaska Native populations?" Those themes include:

- Tools to manage diabetes are not affordable or accessible.
- Fear of diabetes diagnosis and lifestyle modifications.
- Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions.
- Lack of timely access to lab testing.
- Lack or provider knowledge (e.g. lab testing – cost, annual limit, frequency, guidelines, updates)

Below is a table documenting the various planned interventions stratified by level, priority, strategy, mode and root cause.

**TABLE 1: Planned Intervention Levels and Strategies**

| Level | Priority* | Strategy | Mode | Root Cause |
|---|---|---|---|---|
| Member | 1 | Provide at-home A1c testing kits to those in target population (BAA and AIAN Covered CA members who are in CDC <8% denominator without a current A1c lab value) | Contract with at-home testing vendor and mail kits to those in target population | Tools to manage diabetes are not affordable or accessible; Lack of access to timely lab testing. |
| | 1 | Conduct outreach to target population to provide information on all of the existing diabetes management programs (internal and external) | Letter/mailer and phone calls | Tools to manage diabetes are not affordable or accessible; Fear of diabetes diagnosis and lifestyle modifications. |
| | 1 | Provide medically tailored meals for up to 30 members. Enrolled members receive 8 weeks of meals, 2 meals a day, 7 days a week with the option to add-on one fresh produce box per member. | MTM vendor to conduct telephonic outreach. Letter outreach. | Tools to manage diabetes are not affordable or accessible; Fear of diabetes diagnosis and lifestyle modifications. |
| | 1 | Eligible members received a condition management Interactive Voice Response (IVR) call. The call includes information on important tests for diabetes, medication management/adherence, resources available, barriers they are experiencing and prompted members with questions where the response guided them to specific information. | IVR call | Tools to manage diabetes are not affordable or accessible. |
| | 1 | Eligible members receive a test message campaign with information on important tests for diabetes and medication management/adherence. | Text message | Tools to manage diabetes are not affordable or accessible. |

| Level | Priority* | Strategy | Mode | Root Cause |
|---|---|---|---|---|
| | 2 | Refer members in target population to programs that best suit their needs (i.e. if member is struggling with medication adherence, refer into pharmacy program) | Phone calls; create survey questions to ask member that will direct them into best program | Tools to support diabetes are not affordable or accessible; Fear of diabetes diagnosis and lifestyle modifications |
| Provider | 1 | Provide cultural sensitivity and/or anti-racist training for provider network | Virtual training | Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions |
| | 2 | Include race/ethnicity and disparities data to monthly Provider Opportunity Report (POR) to allow providers to better target disparity populations | Monthly report | Lack of provider knowledge (e.g., lab testing – cost, annual limit, frequency, guidelines, updates); Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions |
| | 2 | Inform providers of L.A. Care Community Link and encourage them to refer members to address SDoH. L.A. Care Community Link is an online platform where the public can search for free or reduced cost services like housing assistance, food, help with bills, and more. | Fax blast and/or email | Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions |
| | 3 | Educate providers of L.A. Care guidelines around diabetes testing for Covered CA population | Virtual training | Lack of provider knowledge (e.g., lab testing – cost, annual limit, frequency, guidelines, updates) |
| Systems | 1 | Investigate Covered CA providers in data set to determine if A1c tests are coded properly | Data Analysis | Lack of timely access to data |
| | 2 | Provide training to providers and office staff on how to code for diabetes and A1c correctly to improve quality of and access to data if investigation shows that majority of offices are coding incorrectly | Fax blast and/or email; Virtual training | Lack of timely access to data |
| Community | 3 | Social media campaign and PSA style reels addressing cultural fear of diabetes diagnoses for, at a minimum, diabetes awareness month (November); Partner with CBOs; Call to action: talk to your friends, family and community | Social media (Facebook and Instagram) | Fear of diabetes diagnosis and lifestyle modifications |

*Priority level 1: Primary intervention implemented in phase one.
*Priority level 2: Secondary intervention implemented upon assessment of effectiveness of primary intervention. May be implemented concurrently with priority level 1.
*Priority level 3: Tertiary intervention implemented upon assessment of effectiveness of primary and secondary intervention.

## INTERVENTION UPDATES

Various interventions launched in 2022. The L.A. Care Provider Opportunity Report (POR) includes member race/ethnicity information starting in November 2022. The 2023 POR webinar for providers will highlight this new change and provide training on how to use this information to better target disparities in

their patient population. Several webinars focusing on health equity and data submission also took place in 2022. There were 491 total attendees in the "Implicit Bias Training" and "Equity Oriented Primary Care in Action" webinars in August 2022. There were also 497 attendees in both the "HEDIS 101" and "HEDIS 201" webinars in 2022 that highlighted proper data submission for CDC (<8%).

Member interventions, including medically tailored meals and at-home testing kits, experienced delays in launch due to internal contracting processes. The MTM contract with GA Foods goes live on 1/1/2023 with outreach to begin in December 2022. At-home testing kits are expected to launch in Quarter Two or Three of 2023 dependent on the length of the contracting process. Eligible members did receive an IVR condition management call in 2021 though. Of the 8,457 members who began the call, 7 of them were in the most recent data refresh for this project cohort. The diabetes management text message campaign will also include LACC members in 2023.

### EVALUATION METHODS

The intervention strategies are evaluated using the Plan-Do-Study-Act (PDSA) method for pilot testing and refinement. Strategies are evaluated six months post implementation. The evaluation elements detailed below in Table 2 will be used to determine if a strategy is effective, if it requires refinement or if it will be retired. Dependent on that evaluation, priority level 2 or 3 strategies may be implemented.

**TABLE 2: Evaluation Elements**

| Evaluation Elements | Metric to be used in evaluation |
|---|---|
| Outreach attempts to engage members in intervention (e.g., # attempts/intervention population) | • % of members in CDC (<8%) denominator who are sent an at-home testing kit.<br>• % of members in CDC (<8%) denominator who are mailed a guide on available diabetes programs.<br>• % of members in CDC (<8%) denominator outreached to participate in the 8-week MTM program.<br>• % of members who received a condition management IVR call.<br>• % of providers engaged to participate in anti-racism training. |
| Engagement in intervention (e.g., n and % of members successfully engaged in intervention) | • % of members who are sent a test kit and return a complete kit.<br>• % of members in CDC (<8%) denominator who enlist in a diabetes program.<br>• % of members in CDC (<8%) who enroll in diabetes counseling with a L.A. Care Registered Dietitian.<br>• % of members in CDC (<8%) who sign up for the MTM program.<br>• % of providers who attended and participated in anti-racism training.<br>• Number of members who engaged in a condition management IVR call. |
| Retention in intervention (e.g., n and percent of members engaged in intervention that completed it) | • % of members who complete a diabetes program referred to (i.e., attends all 4 telephonic sessions with a Registered Dietitian).<br>• % of members who complete the six-week MTM program.<br>• % of providers who complete a post-training survey.<br>• % of providers who complete a 3-month post training survey. |

| Evaluation Elements | Metric to be used in evaluation |
|---|---|
| Key processes of care (e.g., # PCP visits, lab or BP measurement, medication adjustment, etc. that occurred for engaged intervention population vs unengaged.) | • # of new A1c values acquired as a result of at-home testing kits |

The baseline rate is documented in Table 3 below. The baseline took the average of MY 2018 and MY 2019 CDC (<8%) HEDIS measure of the Black or African American Covered California population. The baseline did not include the Medi-Cal population. The baseline score will be used to demonstrate meaningful improvement for purposes of the 2022 Performance Level. For purposes of 2022 Performance Level, a five percentage point difference between baseline and the performance period constitutes meaningful improvement. This goal carries into calendar year 2023.

**TABLE 3: Baseline Measurement Data**

|  | MY 2018 | MY 2019 | Baseline (MY 2018 and MY 2019) | 2022 Target |
|---|---|---|---|---|
| Numerator | 83 | 95 | 178 | N/A |
| Denominator | 154 | 190 | 344 | N/A |
| Rate | 54% | 50% | 52% | **57%** |

**LOOKING FORWARD**

Interventions continue through MY2022. As detailed above, interventions undergo evaluation throughout the measurement year to determine effectiveness. Additionally, Covered California is implementing a penalty for health plans that do not meet the required benchmarks.

## F.3 Reducing Rates of Hemoglobin A1c (>9%) for Black And African American Members Health Equity Performance Improvement Project (PIP)

**Author: Alison Patsy, MHA**
**Reviewer: Thomas Mendez & Maria Casias, RN**

### 2021 Medi-Cal Health Equity Performance Improvement Project (PIP) Goal

| Measure | 2021 PIP Goal |
|---|---|
| Comprehensive Diabetes Care (CDC) A1c >9.0% | Decrease percentage of African American members with an A1c >9% from 80.7% to 63.2%. |

### Background

Diabetes is a chronic condition that occurs when the blood sugar level (A1c) is higher than normal. Diabetes is caused by the body's inability to produce insulin, a hormone that helps digest sugar. There are 2 major types of diabetes, Type I diabetes and Type II diabetes. Type I diabetes occurs when the body does not make enough insulin. Type 2 diabetes, the most common type, occurs when the pancreas does not secrete enough insulin or the body becomes resistant to the insulin. According to the American Diabetes Association (ADA), diabetes is a chronic condition that affects the quality of life for roughly 11.3% Americans and the prevalence of diabetes in non-Hispanic Blacks is 11.7 percent, versus only 7.5 percent in non-Hispanic whites.[27] An increase in medication adherence can lead to decreases in A1c levels, while non-adherence is associated with higher rates of hospital admissions, poor health outcomes, higher morbidity, and increased health care costs. Diabetes can also affect nerves, mental health, and even oral health.[28] One in three adults with diabetes also has chronic kidney disease (CKD) which is often caused by high blood sugar damaging the blood vessels in the kidneys.[29] Another effect of diabetes is nerve damage, which can reduce sensations such as pain or temperature. Furthermore, poor blood circulation to the feet along with nerve damage can leave wounds unnoticed which may worsen over time[30]. According to the American Diabetes Association, people with Diabetes are also more likely to have serious complications from COVID-19.[31] Additionally, the current COVID-19 pandemic further reduced in-person provider visits, and has disproportionately affected minority groups. L.A. Care has chosen the Comprehensive Diabetes Care (CDC) A1c >9.0% HEDIS measure as its PIP topic, as it assesses and emphasizes the need for blood glucose management among members with diabetes. The sub-measure of A1c >9.0% focuses specifically on members with the greatest need for glucose management (A1c control). The A1c >9.0% measure is an inverse measurement; therefore, lower rates indicate better performance.

### Goal

Disparity analysis from measurement year 2020 indicated that members of the African American community from L.A. Care Medi-Cal Direct Program (MCLA) had the highest rate of uncontrolled A1c level at 52.6%, while Asian Americans had the lowest rate at 31.5%, which is a statistically significant difference. For this PIP, we focused on MCLA members within the African American community to help

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[27] *Statistics about diabetes*. Statistics About Diabetes | ADA. (n.d.). Retrieved January 11, 2023, from https://diabetes.org/about-us/statistics/about-diabetes

[28] Centers for Disease Control and Prevention. (2022, November 3). *Prevent diabetes complications*. Retrieved January 11, 2023, from https://www.cdc.gov/diabetes/managing/problems.html

[29] Centers for Disease Control and Prevention. (2021, May 7). *Diabetes and chronic kidney disease*. Retrieved January 11, 2023, from https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

[30] Centers for Disease Control and Prevention. (2022, June 20). *Diabetes and nerve damage*. Retrieved January 11, 2023, from https://www.cdc.gov/diabetes/library/features/diabetes-nerve-damage.html

[31] *Diabetes and coronavirus (COVID-19)*. Diabetes and Coronavirus (COVID-19) | ADA. (n.d.). Retrieved January 11, 2023, from https://diabetes.org/coronavirus-covid-19

bridge this ethnic rate gap.  Furthermore, the geographic areas with greatest health disparities in Los Angeles are Service Planning Area (SPA) 1: Antelope Valley and SPA 6: South Los Angeles (see Table 1).  Target Population: We further narrowed our focus to clinic level data and found numerous L.A. County Department of Health Services (DHS) sites and various independent clinics within SPA 1 and SPA 6.  DHS sites included a large volume of African American members with a high A1c; however, due to the current COVID crisis and staffing limitations, DHS was unable to support a partnership for the PIP.  Subsequently, we looked at satellite clinics within Antelope Valley and South Los Angeles to partner with a clinic in an area of high disparity.  We were able to narrow our focus to a handful of clinics that contained our target population and reached out to many contacts for possible collaboration.  Using relationships through consultants and clinic staff, we met with Bartz-Altadonna Community Health Center and explained the focus of our disparities PIP.  After numerous discussions with Bartz-Altadonna Community Health Center staff, they agreed to collaborate on the PIP.  As they are located in SPA 1, have staffing resources, and the ability to collaborate, we are working with Bartz-Altadonna Community Health Center to impact the lives of their African American members.

### Table 1. MY 2019 Rate by SPA for CDC A1c >9% (Lower rate indicates better performance)

| SPA | Rate of A1c >9% |
|---|---|
| Antelope Valley (1) | 53.03 |
| San Fernando (2) | 40.70 |
| San Gabriel (3) | 43.45 |
| Metro (4) | 47.74 |
| West LA (5) | 43.8 |
| South (6) | 50.59 |
| East (7) | 44.42 |
| South Bay Harbor (8) | 46.92 |

**PLANNED INTERVENTIONS**

**BARRIERS**
Cycle 1: Several changes had to be made throughout the course of the intervention to accommodate for the COVID pandemic and the limited bandwidth of clinic staff.  The initial point of contact to the member was originally planned to be clinic staff to further increase the legitimacy of the outreach.  However, given staff limitations at the clinic level, L.A. Care's health education team conducted the outreach and offered validation during the initial outreach.  Lastly, obtaining updated monthly lists from Bartz Altadonna was difficult as the clinic was faced with surges in the Corona virus pandemic and an influx of patients for prolonged periods of time.

Cycle 2: Obtaining member opt-in during the initial text outreach was a challenge.  Many members did not opt to receive health information via text.  The external vendor adapted the outreach to increase legitimacy of the data source and make it as seamless as possible to opt-in for messages.

**INTERVENTION(S)**
Our goal was to reduce rates of A1c poor control among members living with Diabetes, and assist African American members with Diabetes to improve their quality of life.  We worked with the entirety of the African American population at Bartz-Altadonna Community Health Center for a total of 57 members.

Bartz-Altadonna Community Clinic was chosen because it is located in an area where there is a large Black/ African American population and is identified in the targeted geographic region of SPA 1. Our aim was to reduce the number of members with an A1c >9% from 80.7% (46 members) to 63.2% (36 members), a statistically significant change using the Chi-squared Test without Yate's Correction. The PIP population size increased with further outreach by Bartz-Altadonna Community Health Center and collaboration with L.A. Care's Plan Partner members. We recognized that the total population size was relatively low; however, these members are among the most underserved members and require interventions to promote healthier outcomes. While designing the intervention we incorporated feedback from Bartz-Altadonna Community Health Center staff and specifically targeted the interventions for the African American community based on field observations.

## MEMBER INTERVENTIONS

Cycle 1 -L.A. Care Health Educators (HE) are conducting phone outreach to the PIP population of African American members at Bartz Altadonna Community Health Center with a missing A1c or an A1c >9%. Health Educators will provide information on medication instructions, medication efficacy, healthy lifestyle suggestions, and general resources for setting up appointments and picking up medication.

Cycle 2- In May 2022, L.A. Care launched a texting campaign in partnership with HealthCrowd consisting of six text messages spread out once a month for six consecutive months. The campaign will focus on educating members on the importance of regular A1c testing, doctor visits, diabetic eye exams, healthy eating and the long-term effects and symptoms of uncontrolled diabetes. The HealthCrowd Customer Success Manager will provide monthly reports detailing campaign progress. Following the completion of the texting campaign in November 2022 an outcome evaluation will be conducted based on member information of who completed the campaign and outcome on A1c levels and diabetic visits post-campaign.

## RESULTS
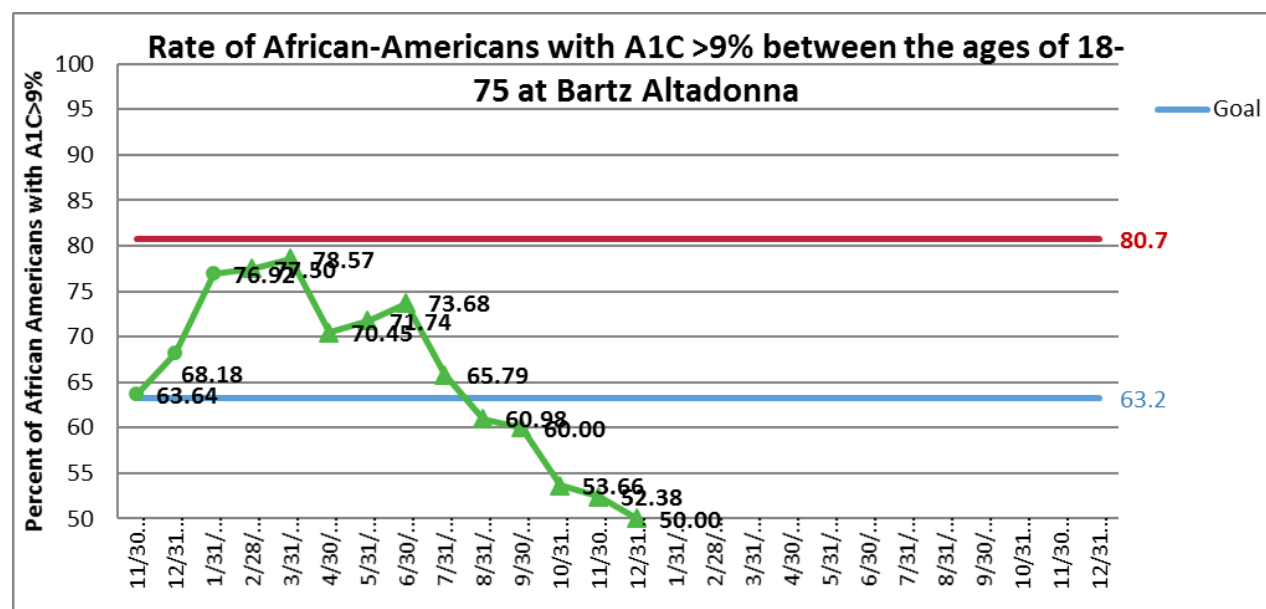


The smart aim is: By December 31st, 2022, use key driver diagram interventions to decrease the percentage of African American members with an A1c levels >9% between the ages of 18-75 diagnosed with diabetes at Bartz-Altadonna Community Health Center from 80.7% to 63.2%.

The goal was met by August 31, 2021. A1c <9% is an inverse measure, a decrease in the rate is an improvement and therefore a positive result. A process evaluation was conducted each month to analyze outreach parameters in terms of days and times of calls made. The Health Education team adjusted outreach parameters to maximize reach to members on a monthly basis

## EVALUATION METHODS
At the end of each month, the Health Education team will email the project lead who will update the chart with member information and outreach details. Subsequently, at the end of each month, the project lead with collect the health education report and compile the findings into a summary report. The project lead will also compare member self-reported A1c levels during the initial outreach calls and compare the A1c levels during follow-up calls made within 90 days by the health education team after intervention of initial calls and supplemental mailer was sent to members.

A total of 57 members received some form of outreach: A health education call, diabetes mailer, or a combination of both. The members receiving one or both of these interventions will be tracked and compared with the members that were not successfully reached at Bartz Altadonna. Member enrollment into the diabetes text-message campaign will be tracked on a monthly basis from HelathCrowd reporting. Monitoring of improvement in A1c levels of the members receiving any of these interventions will be compared and evaluated to determine impact on A1c levels and the rate of measure for targeted population.

## LOOKING FORWARD
Evaluate the outcome of text-message campaign on A1c levels of targeted population post-intervention November 2022.

## F.4 CHILDHOOD IMMUNIZATION STATUS COMBINATION-10 (CIS-10) PERFORMANCE IMPROVEMENT PROJECT (PIP)

**AUTHOR: RACHEL MARTINEZ, RN**
**REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN**

**2020-2022 CIS-10 PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL**

| Measure | PIP Goal |
|---|---|
| Childhood Immunization Status (CIS-10) | By December 31, 2022, use key driver diagram interventions to increase the percentage of CIS-10 rates among St. John's Frayser Clinic members, from 21.4% to 30.4% |

**BACKGROUND**

L.A. Care chose the Childhood Immunization Status Combo 10 (CIS-10) Healthcare Effectiveness Data and Information Set (HEDIS) measure for its PIP topic, as the vaccines within CIS-10 protect infants from serious diseases and potential death. Vaccines are a safe and effective way of protecting infants from harmful disease and the decline in vaccination rates has led to disease outbreaks, making it especially important to continue to promote and maintain high vaccination rates. This PIP will focus on improving the CIS-10 rate for St. John's Well Child and Family Center Clinic. Specifically, St. John's Well Child and Family Center – Dr. Louis C. Frayser Health Center. The global aim of the PIP is for all L.A. Care members to be fully vaccinated with all CIS-10 vaccinations.

## Description of Measures

| Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Childhood Immunization Status (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 (HepA); two or three rotovirus (RV); and two influenza (flu) vaccine by their second birthday. | Hybrid |

**METHODOLOGY**

L.A. Care used retrospective rate, historical data/pre-existing data, (measurement year 2019 and 2020) for the HEDIS CIS-10 measure. Rates used for this report are based on total eligible population of the measure. We have grouped the measure by months of children turning two to report on November 1, 2019 – October 31, 2020. The data was then pulled based on the members assigned to the Frayser location for St. John's Family and Well Child Center. L.A. Care used the retrospective rate (measurement year 2019 and 2020 for the CIS-10 measure) for the baseline rate of 21.4%. L.A. Care used the National Committee for Quality Assurance (NCQA) certified HEDIS software to generate these rates. We filtered based on members that were assigned to the Frayser clinic for services. The members were grouped based on the month they were turning two years old. Then, we added the members together for each month, which resulted in a denominator of 224 and a numerator of 48 or a 21.4% compliance rate. To determine the goal for the PIP, L.A. Care then conducted a two-tailed Fisher's exact test to reach a goal that would be statistically significant ($p<0.05$), while assuming a constant denominator and came to a goal of 30.4%. To reach this goal we would need to increase the number of members who receive a vaccine to 68 members out of a population size of 224. The goal was calculated based on the assumption that the membership would remain constant at 224 eligible members.

**INTERVENTIONS**

| HEDIS Measures | Barriers | Actions | Effectiveness of intervention/ Outcome |
|---|---|---|---|
| **Childhood Immunization Status (CIS-10)** | • Parent and child do not go to the appointment.<br>• Parent does not remember the appointment.<br>• Parent does not schedule an appointment for follow-up visit, leaving the child to be an "inactive" patient.<br>• Parent does not receive reminder due to incorrect or no updated contact information for parent on file.<br>• Missed appointments are not rescheduled due to lack of no-show outreach.<br>• Parent refuses for child to be vaccinated/ vaccine hesitancy.<br>• Staff have not been trained on how to motivate parents to receive vaccination after refusals.<br>• Child was assigned to Frayser, but parent of child never initiated a relationship with the location. Thus, the location does not have any procedure for scheduling this patient, since parent has never contacted location.<br>• An issue such as transportation, moving, or change in insurance arises that causes the child to miss the appointment.<br>• Incorrect outreach happens due to data lag issues. Electronic Health Record EHR is not compatible with California Immunization Registry (CAIR) system, which leads to inconsistent data pushes from CAIR to EHR system. The data is not being updated real time in a consistent manner.<br>• Members (child) assigned provider contract terms. Member is reassigned to a new physician not affiliated with Frayser Clinic.<br>• Staff turnover has made it difficult for clinic to dedicate staff to project.<br>• Labor intensive review of the medical records to ensure appropriate immunizations are provided to child. | • Reach out to members that missed appointments during COVID-19 or that have never gone to their assigned clinic.<br>• Utilize sick visits and well child visits to schedule an appointment for the child's vaccination.<br>• L.A. Care provides missing vaccines report to St. John's Frayser site and they provide vaccine-only appointments and well-child visits if needed.<br>• St. John Frayser expand intervention to all members assigned to St. John to extend outreach efforts for all members assigned to St. John regardless of clinic assignment.<br>• St. John has a dedicated staff that reviews the medical records against the CAIR to confirm appropriated vaccines needed. | L.A. Care is not on track to meet its PIP goal of 30.4%. St. John has faced many challenges: staffing turnover, provider termed contract, which reduced the members assigned to St. John and labor intensive review of the CAIR registry data against missing vaccine report. |

## INTERVENTION PLAN

L.A. Care will provide to St. John's Frayser Clinic a customized Missing Vaccine Report for outreach calls, addressing the appointment attendance/reminders and clinic accessibility. St. John may retrieve the current Missing Vaccine Report from the provider portal to identify members for outreach.

L.A. Care will send the customized report on an excel document through secure email. The Frayser location will review the Missing Vaccines Report excel sheet and filter for noncompliant members. St. John will assign a dedicated staff to review the medical records including CAIR for those identified members to ensure the need for an appointment. They will modify the spreadsheet to the appropriate fields. The staff at the Frayser location will conduct two outreach calls to parents of members and leave notes on the IZ Pilot Report Excel Sheet on call attempts and follow-up per member who was noncompliant for vaccinations. During these call attempts, Frayser staff will schedule appointments, conduct reminder calls and send postcards to those members who were unable to reach by telephone. L.A. Care will support Frayser staff by meeting as needed to review the status of the intervention and review records of members who are missing vaccines on the report for quality review.

## *Quantitative Analysis*

**CHART 1: RATE OF CHILDREN COMPLIANT WITH CIS-10 AT ST. JOHN'S FRAYSER CLINIC**
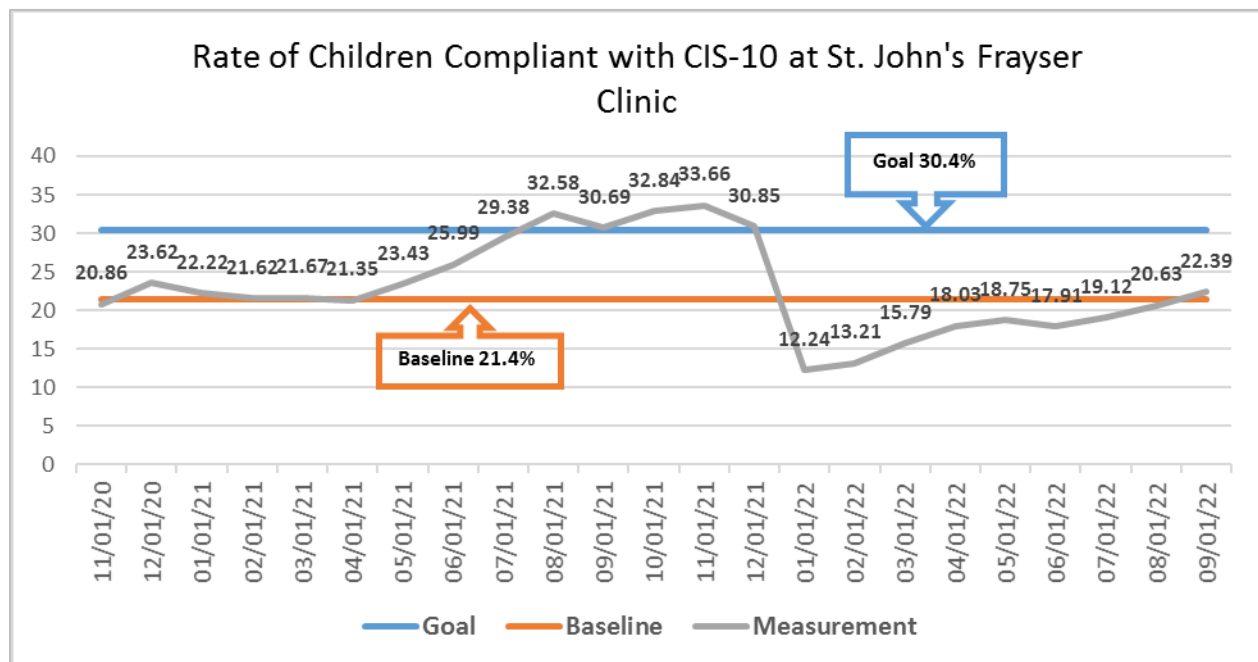


**TABLE 1: DENOMINATOR OF CHILDREN DURING THE DURATION OF THE PIP**

| Time | 11/30/2020 | 12/31/20 | 01/31/21 | 02/28/21 | 03/31/21 | 04/30/21 | 05/31/21 | 06/30/21 | 07/31/21 |
|------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
|      | 187       | 199      | 198      | 185      | 180      | 178      | 175      | 177      | 177      |
| Time | 08/31/21  | 09/30/21 | 10/31/21 | 11/30/21 | 12/31/21 | 01/31/22 | 02/28/22 | 03/31/22 | 04/30/22 |
|      | 178       | 189      | 201      | 205      | 201      | 49       | 53       | 57       | 61       |
| Time | 05/31/22  | 06/30/22 | 07/31/22 | 08/31/22 | 09/01/22 |          |          |          |          |
|      | 64        | 67       | 68       | 63       | 67       |          |          |          |          |

In 2021 L.A. Care was performing at baseline from 1/1/2021 through 7/1/2021. In August of 2021, L.A. Care provided to St. John the first Missing Vaccine Report, there begins to be an increase beginning in August through December 2021 where the goal of 30.4% is met each month. However, during the 4th quarter of 2021 a provider at St. John – Frayser site termed his contract. This provider maintained majority of the children assigned to St. John – Frayser. At the beginning of 2022 there is a drop in performance at 12.24% shown in Chart 1. In Table 1, we see a significant drop in denominator size from 201 in 12/1/2021 to 49 in 1/1/2022. This drop in membership is statistically significant by a two-tailed Fisher's exact test. Throughout 2022 we see the denominator remain below 70 making it challenging to maintain baseline and meet the overall PIP goal. Although 2022 progresses is trending upward, L.A. Care will not meet its PIP goal.

## QUALITATIVE ANALYSIS

L.A. Care and St. John have faced many hurdles during the process of this PIP. This PIP occurred during the COVID-19 pandemic making it difficult to have a large denominator for the PIP. As to not strain the healthcare system, L.A. Care and St. John planned to focus on one particular group of members assigned to St. John – Frayser without the idea that a provider would term his contract. Additionally, the healthcare system continues to experience burnout and high staff turnover. This affects the ability of the clinic to have a designated staff to carry out calls and visits. In addition, St. John staff express high rates of no-show and missed appointments, parents refuse to vaccinate their child or complete all the recommended vaccines. St. John is having greater success with bringing children in for vaccines by explaining to parents the importance of getting vaccinated over the incentive offering.

## LOOKING FORWARD

L.A. Care will continue to work with St. John as the project wraps up at the end of 2022. L.A. Care will continue to promote the Missing Vaccine Report MVR to the network to close gaps for CIS-10. L.A. Care has also developed a custom report based off of Well-Child Visits in the First 30 Months of Life (W30) that will support the MVR. There is a correlation between W30 rates improving, which will also bring up CIS-10 rates. L.A. Care will be working with Plan Partners; Blue Shield of California Promise and Anthem Blue Shield Medical Health Plans on a Strengths, Weaknesses, Opportunities, and Threats SWOT to address W30 and CIS-10 into 2023.

## F.5 TIMELINESS OF PRENATAL CARE (PPC-PRE) (PDSA)

AUTHOR: RACHEL MARTINEZ, RN
REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN

**2022 TIMELINESS OF PRENATAL CARE PLAN-DO-STUDY-ACT (PDSA) GOAL**

| Measure | 2022 PDSA Goal |
|---------|----------------|
| Timeliness of Prenatal Care (PPC-Pre) | By May 1, 2022 we will increase the HEDIS prenatal rate by 2%, increasing the rate to 73% from the baseline rate of 71%. |

**GLOBAL AIM**

The global aim is to improve the care and birth outcomes of birthing people in Los Angeles County.

**BACKGROUND**

L.A. Care's 2020 Medi-Cal Prenatal rate did not meet the minimum performance level (MPL) of 89.05% and dropped from 90.75% to 88.08%. While the rate did not significantly decline over the last year, it is still lower than the overall rate and below 50th percentile. Historically, L.A. Care has challenges in improving its Healthcare Effectiveness Data and Information Set for Timeliness of Prenatal Care (PPC-Pre) due to the data lag associated with encounter data. Encounter data can take up to three months to reach L.A. Care since it must go through several intermediaries (e.g. medical groups and clearinghouses). This is particularly challenging since a prenatal visit must occur either in the first trimester or within 42 days of enrollment, all before data is received. L.A. Care's current source for timely identification of pregnant members is limited to the monthly 834 Medi-Cal eligibility file, limiting the identification to those newly enrolled to L.A. Care's direct Medi-Cal line of business (MCLA) (i.e. members directly managed by L.A. Care Health Plan and not our Plan Partners). L.A. Care will focus only on its direct line members since we manage their care, as opposed to those assigned to our subcontracted health plans.

The lower rate of timely prenatal care may affect the health of the birthing person and baby, thus serving as a priority for L.A. Care. Accordingly to the Centers for Disease Control and Prevention (CDC), African American birthing people are disproportionately impacted by poor birth outcomes and by improving L.A. Care's rate of timely prenatal care, we can align with the national priority to reduce maternal mortality and morbidity, especially among our African American members. This PDSA will focus on the PPC prenatal administrative rate because we will not have access to medical record review during the year. Based on the analysis, L.A. Care currently receives timely data through the 834-eligibility file, for 5% (1,368) of all pregnancies (N-26,845). The denominator includes all encounters and claims records indicating the total number of pregnant L.A. Care members. Because the identification rate directly affects the rate of members L.A. Care is able to outreach to, we believe increasing the volume of members we have timely actionable data for is critical to the implementation of prenatal interventions.

### *Description of Measure(s)*

| Measure | Specific Indicator(s) | Measure Type |
|---------|----------------------|--------------|
| Timeliness of Prenatal Care (PPC-Pre) | The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facet of prenatal care.<br>• *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. | Hybrid |

**BARRIERS**

While the conducted barrier analysis included numerous barriers, L.A. Care decided to focus cycle one on the timely identification of newly enrolled and existing pregnant members in order to implement prenatal interventions. The need for more timely data is fundamental to the development of any interventions and timely outreach. Once all appropriate data sources has been identified, L.A. Care's Health Education Department will work with various internal and external partners to produce one comprehensive prenatal report used to execute member outreach efforts to promote timely access to prenatal care.

An additional barrier addressed in the second PDSA cycle was member knowledge, attitude, and motivation when seeking timely prenatal care. Within this cycle, L.A. Care decided to expand the Healthy Pregnancy program to the newly identified pregnant people. Most of these pregnant people did not have trimester specific detail, which lead to the development on a general letter to guide pregnant members to additional resources.

**INTERVENTION(S)**

In cycle one of the PDSA, L.A. Care added additional pregnancy identification data sources using an existing monthly prenatal report to increase the rate of identification of pregnant members. These sources included a prenatal survey conducted by L.A. Care's Customer Solution Center Representatives during inbound member calls, pregnancy status collected as part of the supplemental Health Information Form, which is completed by newly enrolled Medi-Cal members, and real-time hospital Emergency Department data that can identify pregnant members through ICD-10 codes indicating pregnancy. Through this cycle, L.A. Care's analyst identified a fourth source for pregnant members. The analyst identified claims and encounters data as an additional identification source by pulling diagnosis and procedure codes indicating pregnancy.

Once these sources are integrated, L.A. Care developed a process for creating an aggregate report for the new sources in addition to the existing monthly 834-eligibility file. This will include establishing an appropriate frequency for pulling data from multiple sources and ensuring all necessary fields are available to conduct L.A. Care's ongoing prenatal intervention, the Health Pregnancy program, which educates members about the importance of prenatal care. The report was reviewed to ensure all necessary data files were included across all sources. After review of the initial report, the decision was made to exclude members younger than 18 years old (sensitivity issues, such as parents not knowing about the pregnancy) and members older than 52 years (who no longer fell within the usual reproductive age range). The report excluded identified members within 30 days of their estimated delivery date because by the time the mail would arrive, they may have already delivered. Additionally, data fields for member race/ethnicity and additional phone numbers were included.

The final report will be used to determine the volume of members with a corresponding delivery data (EDD) and those members without. The project lead analyzed the data in November 2021 and launched cycle two in January 2022.

Through the enhanced identification of pregnant members, L.A. Care now has the opportunity to reach additional pregnant members to educate them on the importance of prenatal care and connect them to educational materials and resources to initiate prenatal care.

PDSA cycle 2 intervention tested the expansion of the Healthy Pregnancy program to include a general letter to be mailed to newly identify pregnant members without trimester information. This cycle began in January 2022. This intervention will improve member knowledge, attitude, and support by increasing compliance with prenatal care and in turn improving Prenatal HEDIS rates. The letter prompted members to seek prenatal care and connect them to L.A. Care's MyHIM health and wellness portal for educational

materials, videos, self-paced workshops, and resources on perinatal health.  The main goal of this letter is to refer pregnant people to MyHIM portal, the no Cost Doula program, and home visitation programs in their area.  Although the monthly prenatal report implemented for PDSA cycle 1 increased the prenatal identification rate by 28%, the majority of the identified members do not have corresponding accurate trimester information available to conduct the traditional Healthy Pregnancy program.  On average, the monthly data file includes only 10% of members with trimester information with 90% without.  To that end, the Healthy Pregnancy program requires an update to be able to outreach and educate pregnant members without corresponding trimester information.  The Health Education Advocate who is responsible for managing member identification data and ensuring the monthly mailers is completed.  Since the implementation of the monthly prenatal report in December 2021, 6,152 Health Pregnancy mailers were sent to pregnant members.  A total of 391 members received trimester specific mailing packets and 5,761 members received the general Health Pregnancy member letter.

## RESULTS

### CYCLE 1
Through the new integrated report, a new average of 800 pregnant members were identified per month and 9,600 annually, with the new rate of prenatal identification to 33%.  This is an increase of 28 percentage points from the baseline of 5%, statistically significant.  This intervention successfully increased the timely identification of L.A. Care pregnant members.

### TABLE 1: TIMELINESS OF PRENATAL CARE RATE (PPC) IN MAY OF 2021 AND MAY OF 2022

| Run Date | Reporting Population | Measure Acronym | Measure Description | Denominator | Numerator | Admin Rate |
|----------|----------------------|-----------------|---------------------|-------------|-----------|------------|
| **5/18/2021** | MCLA | PPC | Timeliness of Prenatal Care | 6,038 | 4,284 | 70.95% |
| **5/1/2022** | MCLA | PPC | Timeliness of Prenatal Care | 5,114 | 3,681 | 71.98% |

### *Quantitative Analysis*
The PPC rate for the first four months of the year in 2022 was 71.98%.  This rate was from January 1 of 2022 to May 1, 2022, known as the run date.  For comparison, the prior year's rate was 70.95% as of May 18, 2021 see Table 1.  The change in rates is not statistically significant and the SMART AIM was not achieved, but the rate improved by just over one percent from the prior year.

### *Qualitative Analysis*
The new data source was helpful in identifying pregnant members, but the mailers did not appear to be enough to help complete timely visits.  It is important to note that due to the trimester specific detail missing in the enhanced prenatal report, the mailing only had a general letter directing pregnant people to seek out resources, which may not have been enough to help the person schedule their prenatal visit.  Since the trimester information is unknown, and perhaps the member delivered early in the quarter, this made it very challenging to attain a statistically significant improvement.  While L.A. Care was able to improve the monthly prenatal report to reach more members through the Healthy Pregnancy program, this programmatic improvement did not lead to an improvement in the outcome.  Pregnant people may have too many barriers (knowledge, time, convenient transportation) to complete the visits.  It is possible that the pregnant people

of childbearing age are not viewing their mail either. Mailers in general are difficult to evaluate since it is not clear who has opened the letters or if they made it to the intended person.

### LOOKING FORWARD

- For programmatic purposes, L.A. Care will continue to send the useful information to members; however, we will abandon the intervention to improve the overall rates of prenatal visit.
- Since L.A. Care has been approved by the State to conduct text messaging, L.A. Care has begun a monthly texting campaign in August 2022. The PPC-prenatal care texting campaign will target Black/African American pregnant people who are disproportionately performing low in timely prenatal care. This is an opt-in campaign and will entail 6 weekly text messages educating members about the importance of prenatal care and connect members to L.A. Care for appointment scheduling. Texting is a much more interactive mode of communication and can be tracked by L.A. Care.
- L.A. Care will explore a trigger report for providers and medical groups so they are aware who is pregnant and can conduct outreach and schedule members for their appointments, especially for those members that refuse or opt-out of text messaging.

**F.6 CONTROLLING BLOOD PRESSURE (CBP) (PDSA)**

**AUTHOR: ALISON PATSY, MHCA**
**REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN**

**2022 CONTROLLING BLOOD PRESSURE PLAN-DO-STUDY-ACT (PDSA) GOAL:**

| Measure | 2022 PDSA Goal |
|---|---|
| Controlling High Blood Pressure (CBP) | By March 31st, 2022, increase the number of MCLA members in SPA 5 between the ages of 18-85 with an adequately controlled blood pressure with a statistically significant change from 338 to 395, 16.3% to 19.0%, respectively. |

**BACKGROUND**
The global aim is to improve the control of blood pressure to prevent future complications such as heart attacks and strokes in Los Angeles County.

**DESCRIPTION OF MEASURE(S)**

| Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Controlling High Blood Pressure (CBP) | The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year. | Hybrid |

**BARRIERS**
The priority barrier for this cycle is that providers are not aware of which members have high blood pressure and may be coding telehealth-obtained observations of blood pressure incorrectly. Discussions with numerous providers including Bartz Altadonna Community Health Center and Exceptional Care Medical Group revealed that providers are seeing members with controlled blood pressure but the visit data, including self-reported values from telehealth visits, are not coded correctly. Based on our analytics, there were numerous telehealth visits recorded in 2020 but few included blood pressure readings in the documentation and coding of the visit. The lack of valid data negatively impacts Healthcare Effectiveness Data and Information Set (HEDIS) rates due to the limitations of accurately reporting the volume of members that have a blood pressure reading of <140/90. Additionally, L.A. Care members may change primary care physicians during the year and without a proper health information exchange new providers may be unaware of a member's existing condition. The first step in eliminating this data barrier is provider outreach to members without a recent blood pressure value to be seen by their physician.

**INTERVENTION(S)**

## Cycle 1: Provider Outreach
The project lead conducted outreach calls to high volume providers in the underserved Service Planning Area (SPA) 5 as planned. Providers were chosen based on volume of eligible members in order to maximize impact of the intervention. Contact information was collected from providers that were successfully reached including: Email address, contact person and fax numbers. Venice Family Clinic and Westside Family Health Center contained multiple high volume providers and resources were provided to each provider and their respective staff. For the purpose of analyzing data, the May 2021 Provider Opportunity Report was used as a baseline and compared to the May 2022 Provider Opportunity Report for both Venice Family Clinic, Westside Family Health Center, and all other solo providers.

Feedback was gathered on specific provider barriers on the need for blood pressure resources, such as access to blood pressure cuffs and member education hypertension and how to properly conduct a blood pressure check. Additional information was gathered on provider issues with proper coding and valid data reporting. Specifically on the on the 2020 updated coding guidelines and education around how to use updated codes.

The intervention was modified due to low provider reach rates during initial phone outreach and the lack of data from providers. The project lead obtained updated data files highlighting providers with the greatest need to maximize the impact of the intervention. All providers were given their respective Gap in Care report to help identify members with uncontrolled blood pressure. Recorded feedback highlighted the estimated shortage of blood pressure cuffs to accommodate members to help planning for future interventions. Qualitative data was gathered and analyzed, focusing on provider need for adequate information and resources on proper coding and documentation. The providers that expressed concern regarding updated coding guidelines were sent a list of CPT 2 codes associated with hypertension, along with a coding tip sheet to answer frequently asked questions. The intervention was conducted from December 2021 to February 2022, with a total of 10 providers outreached. After three call attempts staggered at least 5 days apart, a total of 4 providers were successfully outreached and received the coding resources.

**Cycle 2: Distribution of Blood Pressure Cuffs**
We plan to equip MCLA members at St. John's, T.H.E. Clinic, and QueensCare with digital blood pressure cuffs to enable members with hypertension to co-manage their health with their provider. MCLA members will be identified using the following criteria in order to provide blood pressure cuffs to members that need it the most:

- Members with a co-morbidity of hypertension and diabetes.
- Members that were previously in control of their blood pressure in years 2019 and 2020, but had uncontrolled blood pressure in MY 2021. This adaptation is to make considerations for the COVID19 pandemic, where members may not have seen their providers in-person and access to care was an issue due to the decrease in number of providers available

As of MY 2020, NCQA relaxed specifications on the Controlling Blood Pressure for Hypertensive Members. For the first time, NCQA is accepting member reported blood pressure readings as long as provider office documents member reported results to the patient records. Remote monitoring/blue tooth transmission is NOT required; just working DIGITAL blood pressure cuff. Excerpt from NCQA's Technical Specification for MY 2022 for CBP: BP readings taken by the member and documented in the member's medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria). There is no requirement that there be evidence the BP was collected by a PCP or specialist.

Many members and providers are not yet aware of this change to the HEDIS specification and many members do not have working digital BP cuffs. Prior year (MY 2021) review of member charts revealed that the primary reason for non-compliance was that members were not seen in the office and neither provider nor member was aware of the change to the NCQA specification allowing member reported systolic and diastolic reading from a DIGITAL BP monitor.

QI Initiatives was able to purchase a total number of 200 digital BP cuffs (Omron Silver) for distribution in FY 2022. QI expanded the focus beyond Service Planning Area (SPA) 5 to include PPGs with a high volume of members with high blood pressure throughout Los Angeles County and the proposed sites are: MedPoint, Preferred, and Regal. Programmatically, the PPGs will have greater outreach and engage members at a higher rate compared to a health plan.

The QI team will outreach the chosen groups to provide a member list along with the blood pressure cuffs. QI Initiatives will work with Care Management, Health Education, Pharmacy, Risk Adjustment and network providers to identify target population, distribute BP monitors, and instruct members on appropriate reading and communicating of BP results to the provider office. In May 2022, 100 blood pressure cuffs were provided to St. John's clinic and 50 blood pressure cuffs were provided to T.H.E. Clinic. On June 16, 2022, 46 blood pressure cuffs were provided to QueensCare. All sites were provided respective member lists as well as Blood Pressure Monitor Tracking logs to track member outreach information. Sites are requested to return the Tracking log to QI on a monthly basis on the last Friday of each month.

## RESULTS

### *Quantitative Analysis*

**Cycle 1:** The prediction was an increase in the amount of members with adequately controlled blood pressure by 2.1%, a statistically significant change from 16.9% to 19.0%. Although the final year data does not meet the prediction, prospective data shows an increase in MCLA SPA 5 rates from a similar time frame of 2021 to 2022. Fluctuations in rates may be due to several factors including inadequate time for data capture, insufficient time for providers to act on gap closure, and provider schedules during the ongoing pandemic.

The denominator of CBP refreshes at the start of each year based on eligible members from the prior year. Rates may only include members based on blood pressure vitals from January 1st until the reporting end date. Therefore, when analyzing reports with data through April or May, we anticipate that only one-third of the full data would have come in. By August 2022, we also anticipate that providers will become familiar with the updated CPT 2 codes in order to allow for more accurate data capture and as a result more valid data will be captures to determine outcomes

## Table 1: Providers Outreached

| Provider Name | Reached Yes/No | May 2021 Denominator | May 2021 CBP Rate | May 2022 Denominator | May 2022 CBP Rate |
|---|---|---|---|---|---|
| Venice | Yes | 570 | 0.00% | 464 | 1.51% |
| Westside Family | Yes | 54 | 0.00% | 134 | 0.75% |
| Dr. Rodriguez | Yes | 11 | 0.00% | 24 | 0.00% |
| Dr. Golden | No | 50 | 10.00% | 90 | 0.00% |

### *Qualitative Analysis*
Although the intervention did not lead to an improvement based on the final data, prospective data through 4/30/2022 compared with prospective data from 2021 through 5/31/2021 showed improvement among MCLA SPA 5 rates for CBP. Given that the intervention was carried out in December 2021, there was insufficient time for providers to outreach members with uncontrolled hypertension. Given the ongoing pandemic, providers have expressed severe staff and time shortages as well as increased difficulty to bring members into the office. Many providers outreached were rolled up under Venice and Westside Family, and two solo providers were also outreached. Venice, Westside, and Dr. Rodriguez were successfully reached during the outreach, while Dr. Golden was not reached. Table 1 displays the reached status, May 2021 Denominator, May 2021 CBP Rate, May 2022 Denominator, and May 2022 CBP rates for each provider or clinic outreached.

**Cycle 2:** The Medi-Cal minimum performance level for controlling blood pressure was met in Q3 of 2022 shortly after the distribution of cycle 2 BP cuffs in June 2022 and the PDSA was closed thereafter. Initially

clinics were given a curated listed of members to distribute blood pressure cuffs to, but a barrier analysis identified that a number of patients could not be reached, or did not need the blood pressure cuff. A decision was made to allow clinics the distribution of cuffs to other L.A Care members that were not on the original list. The QI initiatives team will design and implement a tailored approach to the evaluation of this cycle now that members receiving BP cuffs will not be in the baseline cohort of Medi-Cal members originally assigned to the PDSA intervention.

**LOOKING FORWARD**
- The PDSA was closed in July 2022 after the completion of Provider outreach and distribution of 200 blood pressure cuffs to St. Johns (100), T.H.E. Clinic (50), and QueensCare (50).
- L.A. Care will continue to closely monitor the CBP measure and in Q4 of 2022 has started to design and plan future interventions to meet MPL and improve the health of members diagnosed with essential hypertension.

## G.1 PATIENT SAFETY

**AUTHOR: JOHANNA ACEVES, RN & RHONDA REYES**
**REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & MARIA CASIAS, RN**

Patient Safety monitoring ensures protection for the welfare of those receiving care. The patient safety monitoring effort is accomplished through identification and reporting of risk and events from the Potential Quality of Care Issue (PQI) investigation, peer review process and critical incident review process. Pharmaceutical safety is another area of focus for patient safety efforts, with different patient safety programs in place to help ensure pharmaceutical safety.

The Quality Improvement (QI) Provider Quality Review (PQR) team conducts a thorough internal investigation on all PQIs. The investigation and referral processes are continuously enhanced to ensure PQIs are appropriately captured from all possible avenues. Ongoing staff education is important for the Patient Safety Program. The self-paced online PQI training was an annual required training for member facing teams as well as provider facing teams. The criteria for PQI referrals was updated to include key words to identify PQIs. The PQR team closely monitors appropriate submission of PQIs. In collaboration with the CSC and A&G teams, all grievances with PQIs are flagged by CSC call center representatives at the time of the call, and appropriately routed to Appeal and Grievances to ensure member grievances and immediate needs are addressed and medical quality of care concerns are routed to PQR for PQI investigation.

In 2022, the PQR team further enhanced the PQI track and trend and corrective action plan process (CAP). A CAP form was developed to guide the CAP owner to conduct a root cause analysis, design, and implement a plan to address the findings within a specified timeframe.

Vetting for an electronic system started in 2018 and continued throughout 2022 with the Care Catalyst System Development team. The electronic system solution would improve efficiency of the PQI review process, enable decision making based on reliable tracking and trending of risks and events and further improve documentation overall. The PQR team is hopeful for a 2023 implementation but remain unsure of timeline or system as they are still in the process of identifying the best system for us.

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 (CMC) and Dual Eligible Special Needs Plan (D-SNP) members. All L.A. Care staff and network providers are trained to identify and report all Critical Incidents (e.g., abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) by member when identified. The QI department takes every opportunity to educate L.A. Care internal departments about Critical Incident Reporting. The annual self-paced online CI training was required for member facing teams as well as provider facing teams. The Quality Improvement department is responsible for tracking and trending 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 decreased from 78% in 2021 to 73% in 2022. Spore testing decreased from 95% in 2021 to 80% in 2022. The difference between 2021and 2022 for Needle stick safety and Spore testing were not statistically significant.

### G.2 POTENTIAL QUALITY ISSUES AND CRITICAL INCIDENT REPORTING AND TRACKING

### SECTION 1: POTENTIAL QUALITY ISSUES

**AUTHOR: JOHANNA ACEVES, RN & RHONDA REYES**
**REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & MARIA CASIAS, RN**

**2021-2022 WORK PLAN GOAL:**
- 85% of Potential Quality of Care 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 of Care Issue (PQI) 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, Behavioral Health staff, Long Term Support Services staff, Customer Solution Center staff, other physicians, member grievances and overturned appeals and any other department at L.A. Care Health Plan. PQI can also be reported by network providers. The Provider Quality Review (PQR) team in the Quality Improvement (QI) Department conducts 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 PQR nurses assign 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 calendar months. If a PQI investigation cannot be completed within six months, a one-month extension may be 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 Behavioral Health Services. Plan Partners and SHP are required to comply with L.A. Care's PQI policy and procedure and close all investigations within six calendar months. The QI department conducts delegation oversight of PQI activities through quarterly report review and annual oversight audits.

**MAJOR ACCOMPLISHMENTS**

- In Fiscal Year (FY) 2021-2022, the PQR team processed 3,273 PQI referrals, including cases carried over from the previous years.  3,143 of the 3,273 (96.6%) cases were processed within the required timeframe of six calendar months or within seven month with approved extension, which exceeded the goal of 85%.

- Continuous evaluations of PQI workflow and process improvement were done throughout the year. To ensure behavioral health related PQIs were reviewed timely and appropriately, the Provider Quality Review (PQR) team reviewed the workflow with L.A. Care's Grievance department and Beacon Health Options (Beacon) and mapped out the role and responsibilities.  The PQR team reviewed Beacon's quality of care review process, policies and procedures to ensure Beacon screened all grievances for quality of care concerns and a comprehensive quality review is completed and reported to the PQR team.

- Throughout the FY 2021-2022, L.A. Care's PQR team continued collaborating with Customer Solution Center (CSC) and Appeal & Grievances (A&G) teams to review and streamline PQI referrals.  The cross-functional team between Appeal and Grievance (A&G) department and Quality Improvement (QI) Provider Quality Review (PQR) team work collaboratively to ensure a seamless hand-off for transitioning the review of a member concern from the grievance process to quality of care review process.  The collaborative effort was developed to improve appropriate and timely record collection, real-time tracking and follow through with provider information requests (PIR) in support of the quality of care investigation and quality improvement activities.  The collaborative work with A&G included working closely to ensure PQI reviews are done for A&G backlog cases.

- The team improved the corrective action plan (CAP) process by (1) improving the CAP form to drive the CAP owner to perform a formal root cause analysis.  The CAP form included a four-step management tool, Plan-Do-Check-Act (PDCA) cycle, and the five Whys methodology to determine the root cause of an issue; (2) utilization of JIRA to track required actions and CAPs. For closed PQI cases with an action code greater than 1, a ticket is logged in JIRA documenting the action code assigned, severity level, issue date, due date, RN assigned to the case, extension granted and completion date.  These actions provide an opportunity for providers to identify any gaps, improve their processes and collaborate with L.A. Care, thereby contributing to continuous quality improvement and positive member outcomes.

- The PQR team began the year with 11 staff members: six nurses, three project specialists, and two coordinators.  To ensure the PQR team is staff adequately for the increased referrals received from Grievance department, the team worked diligently with the leadership and Human Resources to recruit additional resources, which included establishing special statement of work to hire contingency nurses.  By November 2022, the staff had increased to a total of 20 nurses, 10 project specialists, one program manager and one nurse supervisor for a total staff of 34.

- Starting in spring of 2022, the team track all cases by risk of aging from low risk to untimely aging. By the summer, the QI program manager further enhanced the monitoring system by adding formulas and calculations and a color coding system to provide a visual tool for the nurses so they could quickly identify which cases were a priority and close to falling out of timely closure.  The goal at the time was to complete as many high risk and highest risk cases and create a buffer to start tackling the red, backlogged cases.  To date, the team continues to focus on high risk/highest risk cases to avoid them falling out of timely closure while new cases come in every month.  Starting in October 2022, the nurses were asked to review cases from the backlog while working the front end cases and keeping those in timely closure status, we expect to close out the backlog by March 2023, if not sooner.

- The team started using the updated severity leveling system in 2022 with intentional efforts to drill down on quality concern.  A significant increase in C2 (borderline quality of care issue with potential for adverse health outcome) cases were identified this past year along with an increase in

Corrective Action Plans (CAPs). A change in the leveling of these cases was implemented this past fiscal year where the quality of service category was combined into the quality of care category as a level C1 (substantiated service issue causing member dissatisfaction, without evidence of impact to medical care and/or health outcome).

- The staff have been conducting comprehensive reviews on cases, some of which fall under the category of high risk and/or complex. Some of these cases require Action letters with a response, without a response, or a CAP. A significant increase in action notification letters to providers have caused a subsequent increase in the medical director's review of cases and notification letters. This has prompted an additional consultant medical director to support in reviewing C2 cases and aforementioned letters.

- Along with the PQR staff's monthly quota, a Spot Bonus Program began in October 2022 where nurses were incentivized to complete cases beyond their expected quota and will receive an extra financial incentive. This effort is being made to ensure the backlog of untimely cases is closed as soon as possible. This program will run October 2022 – February 2023. In the first month of the program, the nurses were able to close 730 cases, which had an average closed cases in the previous months between 400-500.

- Quality improvement policy and procedure QI-050-Escalation Process for all QI activities was developed to support the Provider Quality Review (PQR) team to address non-compliant providers who failed to submit medical record and relevant information for care investigation and/or refuse to submit a comprehensive corrective action plan for PQI finding. The collaborative efforts in this escalation process included a partnership with the Contract Relations Management team, Provider Network Management team and Enterprise Performance Optimization team. Additional regulatory and contractual requirements and consequences for noncompliance are added to all PQI requests and communications.

- Starting in summer of 2022, the team began meetings with internal departments for a system for the PQR department to track all activities relating to PQI's. User stories and system work flows have been documented in preparation for a new system in 2023.

## RESULTS

The PQI activity is delegated to three Plan Partners (Anthem Blue Cross, Blue Shield Promise Health Plan and Kaiser) and a Specialty Health Plan (Beacon Health Options). L.A. Care conducted oversight review annually and quarterly monitoring of the delegated activities. In FY 2021-2022, all Plans met PQIs goal of timely processing 85% of PQIs. The following table shows the total number of PQIs opened by L.A. Care, Plan Partners and Beacon, along with its compliance with PQI closure within 6 months:

| | Total PQI Cases (FY 2020-2021) | Total PQI Cases (FY 2021-2022) | Compliance with timely processing of PQIs |
|---|---|---|---|
| **L.A. Care*** | 3,972 | 4,611 | 96% |
| **Anthem Blue Cross** | 239 | 156 | 100.0% |
| **Blue Shield Promise** | 928 | 1,144 | 97.6% |
| **Kaiser** | 472 | 692 | 97.4% |
| **Beacon Health Options** | 10 | 35 | 100.0% |

*Includes all lines of business (Medi-Cal, CMC, 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:



**PQI Trends Per 1000 Members**
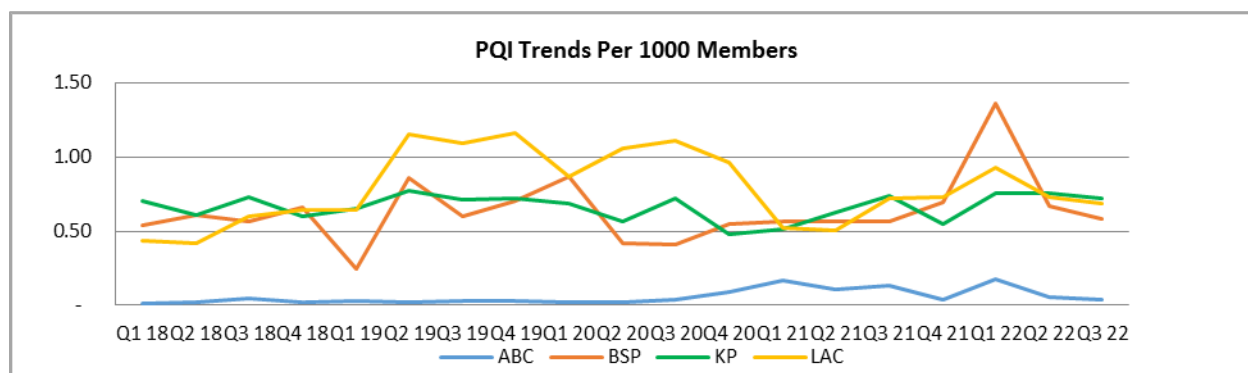
L.A. Care Quality Improvement Provider Quality Review (PQR) team reported another noticeable increasing PQI volume, including additional 1,560 referrals from Grievance between August 2021 and March 2022 while Grievance processed their backlog. The increased referral volume exceeded the capacity of the PQR team and therefore created a backlog of more than 1,000 cases not able to close timely. The backlog cases would carry over into FY 2022-2023.

Anthem Blue Cross reported 100% timely closure for all PQIs; however, their PQI volume remained small compared to other Plan Partners. The annual delegation oversight audit was conducted in November 1, 2021 with a passing score, which included evaluation of policies and procedure, program documents, peer review committee structure as well as random PQI case reviews.

Blue Shield Promised (BSP) Health Plan reported 97.6% timely closure for all PQIs. BSP informed that some Q1 and Q2 cases out of timeframe were related to a systemic issue identified in their PQI review process. PQI cases were not received in a timely manner, which resulted in the delay in processing cases. Issues were based on a manual process flow step that had been missed and had been since rectified in Q2 2022. Retraining of staff involved took place immediately, and the identified cases were processed as soon as possible in Q2 2022. All cases processed since then in Q3 2022 were reported timely.

Kaiser reported no change in their PQI process and therefore the PQI volume was fairly consistent throughout this fiscal year. No finding noted from the annual delegation oversight audit of Kaiser in August 2021. In 2022, Kaiser reported few (18) cases were processed untimely due to staffing shortage attributed to pandemic-related reassignment coverage. Processes have been implemented to prioritize aging cases to ensure timely review.

Beacon Health Options is delegated to conduct quality of care review as they performed oversight and monitored behavioral health network providers. L.A. Care Health Plan and Beacon met quarterly and reviewed quality improvement interventions and activities quarterly in L.A. Care Behavioral Health Quality Committee. All quality of care issues identified were reported to the committee. The 2021 & 2022 annual delegation oversight audit of Beacon was re-scheduled and conducted in September 2022. No deficiency was noted for PQI.

**ANALYSIS**
In the FY 2021-2022, a total of 3,273 PQI referrals were processed, 495 (15%) concerns were triaged 0 by the Quality Management Nurse reviewer as the concerns do not meet the PQI referral criteria and/or the concern had been addressed and do not present a care impact and therefore do not require additional clinical

care review.  This was a significant improvement as results of collaborative partnership with Appeals and Grievance team focusing on the review of quality concerns from grievance reviews and refining the PQI referral criteria to include key words.  From the remaining 2,778 PQI reviews, 1943 (69.9%) were from Medi-Cal members, 283 (10.2%) from L.A. Care Covered (LACC), 448 (16.1%) from Cal MediConnect (CMC) and 104 (3.7%) from PASC-SEIU members.  The breakdown per line of business are noted in the table below:

| LOB | FY 2020-2021 | | | FY 2021-2022 | | | |
|---|---|---|---|---|---|---|---|
| | Member Month | PQI | PTMPY | Member Month | PQI | PTMPY | |
| MCLA | 14,082,437 | 924 | 0.07 | 15,797,625 | 1943 | 0.12 | ▲ |
| LACC | 1,131,081 | 206 | 0.18 | 1,338,573 | 283 | 0.21 | ▲ |
| CMC | 224,214 | 772 | 3.44 | 214,780 | 448 | 2.09 | ▼ |
| PASC | 619,663 | 55 | 0.09 | 604,523 | 104 | 0.17 | ▲ |
| Total | 16,057,395 | 1,957 | 0.12 | 17,955,501 | 2,778 | 0.15 | ▲ |

Similar to the finding from previous years, though majority of case reviews were from Medi-Cal members, the ratio of numbers of cases in relations to the membership size per thousand members per year (PTMPY) show a higher ratio (2.09) for CMC product line.

448 CMC cases were identified in FY 2021-2022, with a breakdown of the following PQI focus areas; 50% (225 cases) practitioner focused, 11% (49 cases) IPA/PPG focused, 8% (36 cases) facility focused and 5% (21 cases) hospital focused.  Overall, 62% (277) of CMC related PQIs found no quality of care/service issues.  36% (160) of CMC related PQI cases had a recognized service issue (cases leveled S1 and S2) compared to 2% (11) of cases (cases leveled C2 and above) with a recognized clinical impact of care to CMC members.  Trending issues with CMC members is observed, primarily relating to treatment and diagnosis (PQ7) or delay in service (PQ3).

From all PQI cases, the top two issues were Treatment/Diagnosis/Inappropriate Care (28.3%) and Delay in Service (17.3%).  These were consistently the top two issues in previous years.  The breakdown of the issue codes is noted in the table below:

| Issue Code | Issue Description | FY 2020-2021 | | FY 2021-2022 | | |
|---|---|---|---|---|---|---|
| | | # | % | # | % | |
| PQ1 | DME/ Supplies | 89 | 4.5% | 61 | 2.2% | ▼ |
| PQ2 | Benefits | 45 | 2.3% | 50 | 1.8% | ▼ |
| PQ3 | Delay in Service | 338 | 17.3% | 480 | 17.3% | |
| PQ4 | Denial of Services | 47 | 2.4% | 63 | 2.3% | |
| PQ5 | Refusal of Care/ Prescription by Provider | 148 | 7.6% | 156 | 5.6% | ▼ |
| PQ6 | Refusal of Referral | 33 | 1.7% | 54 | 1.9% | |
| PQ7 | Treatment/ Diagnosis/ Inappropriate Care | 537 | 27.4% | 785 | 28.3% | |
| PQ8 | Delay in Authorization | 93 | 4.8% | 202 | 7.3% | ▲ |
| PQ9 | Access to Care | 179 | 9.1% | 345 | 12.4% | ▲ |
| PQ10 | Continuity and Coordination of Care | 107 | 5.5% | 88 | 3.2% | ▼ |
| PQ11 | Communication/Conduct | 259 | 13.2% | 369 | 13.3% | |
| PQ12 | Physical Environment | 13 | 0.7% | 31 | 1.1% | |

| Issue Code | Issue Description | FY 2020-2021 | | FY 2021-2022 | | |
|------------|-------------------|--------------|---|--------------|---|---|
| | | # | % | # | % | |
| PQ13 | Medical Records/Documentation | 19 | 1.0% | 16 | 0.6% | |
| PQ14 | Non-Emergency Care Services rendered by non-credentialed provider | 0 | 0.0% | 52 | 1.9% | |
| PQ15 | System Issue | 50 | 2.6% | 26 | 0.9% | ▼ |
| Total | | **1,957** | | **2,778** | | |

Similar to the previous years, large percentage (63.2%) of cases do not have quality of care/service issue or the care was deemed appropriate based on the clinical review and 33.1% were noted having service issues resulting inconvenience to a member. However, there was a significant increase of PQI cases (from 1.8% to 3.7%) found quality of care concerns (leveled C2 and above) from the previous year. The severity level breakdown for FY 2019-2021 from all closed cases are showed in the graph and table below:

| | Quality of Care (QOC) | FY 2020-2021 | | FY 2021-2022 | | |
|----|----------------------|--------------|---|--------------|---|---|
| | | PQI | % | PQI | % | |
| C0 | NO Quality of Clinical/Service Issue | 986 | 50.0% | 1755 | 63.2% | ▲ |
| C1 | Substantiated Service Issue | 932 | 48.0% | 920 | 33.1% | ▼ |
| C2 | Borderline Quality of Care | 30 | 2.0% | 90 | 3.2% | ▲ |
| C3 | Moderate Quality of Care | 5 | 0.0% | 11 | 0.4% | ▲ |
| C4 | Serious/Significant Quality of Care | 4 | 0.0% | 2 | 0.1% | ▲ |
| **Total** | | **1957** | | **2778** | | |
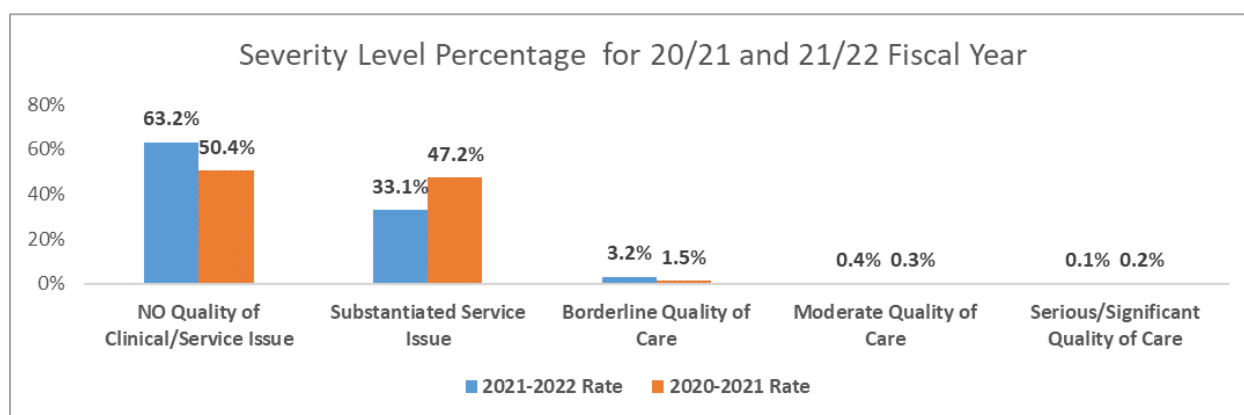


Quality improvement efforts continue to be enhanced through working closely with the involved providers to develop a comprehensive corrective action plan (CAP) for PQI findings. In FY 2021-2022, 98 actions were taken, including CAPs. 35 (36%) of the 98 were for Summary of Quality Review Findings (no response required). 37 (38%) included either a CAP or a request for response to quality review findings. The CAP owners were asked to perform formal root cause analysis using Plan-Do-Check-Act cycle and/or The 5 Why's methodology to determine the root cause of an issue. The team monitored CAP closely using JIRA by logging a ticket with the date action taken, the action code, severity level, due date, assigned RN and any extensions granted.

A PQI could be identified from any department, yet 95.9% were referred from Appeals and Grievance department throughout the year, PQI annual training from L.A. Care University online self-paced learning module, increased member-facing and provider-facing staff were educated and trained to be vigilant in identifying PQI using the criteria provided. The sources of PQI referrals continued to expand to more departments within the Plan every year, including Special Investigation Unit (SIU) and Credentialing Department, Case Management (CM), Behavioral Health (BH), Utilization Management (UM) Managed Long Term Support Service (MLTSS) as well as Social Services and Enterprise Performance Optimization (EPO) department.

| Referral Source | Count of PQI Case | % |
|---|---|---|
| Grievance | 2661 | 95.8% |
| CSC | 64 | 2.3% |
| CM | 25 | 0.9% |
| SIU | 14 | 0.5% |
| Appeals | 4 | 0.1% |
| BH | 3 | 0.1% |
| UM | 2 | 0.1% |
| CMO | 1 | 0.0% |
| MLTSS | 1 | 0.0% |
| EPO | 1 | 0.0% |
| CRM | 1 | 0.0% |
| Social Services | 1 | 0.0% |
| Total | 2778 | |

All PQI cases were tracked and trended to identify any outlier and/or trend of concerns. All Plan Partners and Specialty Health Plans adapted different trending methodology, calculation and identified which process and analysis are reviewed during the annual oversight audit. L.A. Care Health Plan QI PQR applied a point system to all severity levels. Upon reaching the threshold of more than 5, further analysis was done to identify trends or patterns of issues. Additional review with the appropriate group/facility would follow to share the analysis finding and trended data to drive continuous quality improvement.

- No individual practitioner was identified meeting the threshold.
- 7 Provider Groups were identified meeting the threshold. Additional review and analysis was performed as followed. The PQR team plans to meet with the groups to review PQI data/finding in FY2022-2023.

| PPG | Provider Group | Analysis of Issues |
|---|---|---|
| AMHSAMHN | AltaMed Health Network OmniCare Medical Group | 26 PQI cases were identified. 16 has no Quality or Service Issue and 10 had Substantiated Service Issue. The main issue with 8 PQI's was Delay in Authorization. |
| CFC | Community Family Care | 15 PQI cases were identified. 9 had no Quality or Service Issue, and 6 had a Substantiated Service Issue. The top two issues were Delay in Service and Delay in Authorization |
| HCLA | Health Care LA, IPA | 41 PQI cases were identified. 26 had no Quality or Service Issue and 15 had Substantiated Service Issue. The top three issues were due to Delay in Authorization, Delay in Service or Access to Care. |

| PPG | Provider Group | Analysis of Issues |
|---|---|---|
| HCPM | Optum Health Plan of CA | 18 PQI cases were identified. 11 had no Quality or Service Issue, 6 had Substantiated Service Issue and 1 had a Borderline Quality of Care Issue. The two main issues were Delay in Authorization and Access to Care |
| HMG | Lakeside Medical Group | 11 PQI cases were identified. 5 had no Quality or Service Issue and 6 had Substantiated Service Issue. No trend on issue types was identified |
| PIPA | Preferred IPA of CA | 45 PQI cases were identified. 22 had no Quality or Service Issue, 17 had Substantiated Service Issue and 6 had Moderate Quality of Care Issue. The main issue with 24 PQI was Delay in Authorization. 4 PQI cases were found having quality of care concerns, as result of the PQ8 delay in authorization issues.<br><br>It was noted that in June 2020, PIPA stopped being an extended delegate in which they were authorizing on our behalf. LAC had engaged OptumHealth (outsource vendor, not the PPG) to authorize items on our side of the DOFR instead of PIPA. (The PIPA DOFR did not change.) Unfortunately, OptumHealth was not able to handle the volume of work and during June-August of 2020 had a significant backlog authorizations, over 4K at the end of June. During this time, the LAC UM department issued many authorizations for critical services in order to mitigate the delays of Optum clearing their backlog. L. A. Care then terminated the agreement with OptumHealth effective August 31, 2022 due to these significant performance issues. As result, PIPA was once again delegated for authorization. The PQR team would continue to track and trend the issue impacted by the authorization process and monitored the trend with Preferred IPA of CA. |
| REMG | Regal Medical Group | 18 PQI cases were identified. 12 had no Quality or Service Issue, and 6 had Substantiated Service Issue. The main issue with 7 PQI was for Delay in Authorization. |

## 3 Vendors Were Identified Meeting The Threshold

| Vendor | Analysis of Issues |
|---|---|
| Call The Car | 315 PQI cases were reviewed with 17(5%) resulting in a quality of care (QOC) issue being identified with the majority issue for QOC being PQ9 (Access to Care). 224 (71%) had quality of service issues identified with the main issue being PQ3 (Delay in Service). The remaining 74 (23%) of cases had no issues identified with care or service. Overall, the main issue was for Delay in Service (PQ3).<br><br>Further analysis noted 115 (37%) of the 315 were dialysis rides and 10 (9%) of the 115 resulted in a quality of care issue being identified, 82 (71%) of the 115 had a service issue identified. 168 (53%) of the 315 total PQI were in the L.A. City restricted area. Of the 168, 116 (69%) of those resulted in a service issue and 9 (5%) of the 168 resulted in a quality of care issue.<br><br>The PQI trended data were reviewed at the Join Operation Meeting (JOM) with CTC and L.A. Care Vendor Management team at least quarterly, where the team monitored the initiatives taken to work with L.A. City to manage ride/driver capacity and CTC's efforts to monitor goal for zero missed dialysis rides. |
| MedZed | 8 PQIs were reviewed for care coordinator concerns provided by MedZed providers. All PQI review findings were addressed with MedZed leadership. The MedZed agreement was terminated, effective May 31, 2022. |
| Wesley Health Center Clinic | 15 PQI cases were identified. 7 had no Quality or Service Issue. 7 had a Substantiated Service Issue and 1 had a Borderline Quality of Care Concern. The primary issue was Access to Care. The clinic previously validated the issues and submitted a detailed CAP with evidence that appropriate actions were implemented on 09/30/2021. The cases referenced above appear to be received by Grievances prior to the CAP implementation. The PQR team will continue to monitor. |

There were 110 cases focused against L.A. Care Health Plan, and therefore a further review of these issues were conducted.

| L. A. Care | Analysis of Issues |
|---|---|
| L.A. Care Health Plan | 110 PQI cases were found mostly service issues resulting in member dis-satisfaction without care impact. Overall top issues were PQ8 (authorization), PQ3 (delay in service) followed by PQ11 (communication) of the 110 cases, 37 were for the UM department.<br><br>L.A. Care Utilization Management (UM) department confirmed experiencing a backlog, which occurred during transition from CCA to Syntranet in April 2021. Since the closure of the backlog in 2022, UM monitors compliance turn-around times by generating reports daily and monitoring UM queues several times daily to ensure cases are processed timely per regulatory requirement. L.A. Care Provider Quality Review (PQR) team also track and trend PQIs quarterly to monitor any re-emerging pattern. |

**OPPORTUNITY FOR FY2022-2023:**

Ensuring PQI Investigations are conducted comprehensively with all relevant medical records and cases are leveled appropriately and timely, the goals for FY 2022-2023 will continue to focus on improving medical record request workflow involving multiple disciplinary teams, such as the grievance department that initiated the record request upon receipt of a member grievance as well as making sure cases are processed as soon as possible within the timeline. More collaborative discussions with the PPGs, including Department of Health Services (DHS), on a regular basis to assist with streamline data request and record collection. To ensure record collections are received in a timely manner, the PQR team will continue to work closely with Contracts Relationship Management (CRM), Provider Network Management (PNM) and Account managers to improve the record collection to support PQI Reviews. Any fail to submit records will be escalated to Enterprise Performance Optimization (EPO) for non-compliance remediation efforts.

The PQR team has been meeting to develop system requirements, user stories and workflows for a new comprehensive integrated system and expect to implement during 2023. The new system will be able to assist with timely case processing and tracking of all dates and records as well as access to integrated timely accurate data.

**2023 WORK PLAN GOAL**

Due to a backlog of the 2021/2022 untimely aging cases, cases will carry over into 2022/2023. Because of the carry over, the PQR team is setting a goal for 2022/2023 for 80% of processed Potential Quality Issues (PQIs) to be closed within 6 months or 7 months with an extension. Additionally, to continue to ensure timely closure of all cases, the team will continue to monitor any open aging of cases and ensure open aging of untimely PQI cases does not exceed 15% of total open aging by the end of this fiscal year.

**SECTION 2: CRITICAL INCIDENT REPORTING AND TRACKING**

**2021-2022 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) 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. 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 Fiscal Year 2021-2022, 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 2022, 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 2022; all CMC delegates submitted critical incident quarterly report by Q3 2022.

## 2023 WORK PLAN GOAL:

Maintain 100% of Delegates of Dual-Special Needs Plan (D-SNP) line of business will submit quarterly critical incident tracking report.

## G.3 PHARMACY INITIATIVES AND MANAGEMENT

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REVIEWER: HUMAIRA THEBA, MPH & MARIA CASIAS, RN

### 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.

| | |
|---|---|
| **Drug-Drug Interactions (DDI)** | Claim history indicates fills of two or more drugs that when taken together, can cause unpredictable or undesirable effects |
| **High Dose Alert (HD)** | Dose prescribed is considered excessive or dangerous when compared to the recommended dosing |
| **Low Dose Alert (LD)** | Dose prescribed is considered low or ineffective when compared to the recommended dosing |
| **Underuse (LR)** | Member has not followed the expected refill schedule to ensure the recommended therapy duration |
| **Insufficient Duration (MN)** | The duration of the prescription may not able to fulfill the adequate therapeutic effect |
| **Excessive Duration (MX)** | The period of time for the prescription is considered excessive or dangerous when compared to the recommended dosing |
| **Patient Age (PA)** | Medication is contraindicated, unintended, or untested for use by patients of this age |
| **Drug-Sex (SX)** | Medication is contraindicated, unintended, or untested for use by patients of this sex |
| **Therapeutic Duplication (TD)** | This service identifies prescriptions that provide the same therapeutic effect |
| **TD (COVID VAC)** | Identifies when a member has their initial COVID vaccine dose from one manufacturer, but then their second dose is from a different manufacturer (Moderna to Pfizer, for example) |
| **Morphine Equivalent Dose (ER)** | Detects members that have ≥ 90mg Morphine Equivalent Doses, two or more pharmacies and two or more doctors for active opioid claims |
| **Dose Range (DR)** | Identifies a member whose acetaminophen use was greater than 4 grams (4,000 mg) per day |
| **Opioid Naïve (925)** | 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 |

**Medi-Cal**

| CDUR Edits | # of Claims with Safety Edit | | | |
|---|---|---|---|---|
| | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 |
| DDI *(Drug-Drug Interaction)* | 429,664 | 420,464 | - | - |
| DDI *(Benzo + Opioid)* | 6,139 | 5,872 | - | - |
| DDI *(Prenatal + Opioid)* | 99 | 95 | - | - |
| *DDI Stayed Rejected* | 4,194 | 4,163 | - | - |
| HD *(High Dose)* | 41,313 | 44,189 | - | - |
| *HD Stayed Rejected* | 1,886 | 1,856 | - | - |
| LD *(Low Dose)* | 46,919 | 57,081 | - | - |
| MN *(Insufficient Duration)* | 8,261 | 7,490 | - | - |
| MX *(Excessive Duration)* | 17,757 | 17,270 | - | - |
| PA *(Patient-Age) Levels 1-3* | 268,297 | 267,028 | - | - |
| PA *Codeine/Tramadol & Cough & Cold* | 12 | 17 | - | - |
| PA COVID | - | - | - | - |
| *PA Stayed Rejected* | 7 | 14 | - | - |
| TD *(Therapeutic Buprenorphine)* | 3 | 1 | - | - |
| TD *(COVID VAC)* | - | - | - | - |
| TD *(Long Acting Opioids)* | 148 | 164 | - | - |
| TD *(Other Therapeutic Duplication)* | 230,599 | 231,621 | - | - |
| *TD (Other Therapeutic Duplication) Stayed Rejected* | 35 | 48 | - | - |
| DR *(Dose Range - APAP)* | 2,891 | 3,028 | - | - |
| *DR Stayed Rejected* | 1,347 | 1,452 | - | - |

| CDUR Edits | # of Claims with Safety Edit | | | |
|---|---|---|---|---|
| | **Q3 2021** | **Q4 2021** | **Q1 2022** | **Q2 2022** |
| HC *(Morphine Equivalent Dose)* | 125 | 99 | - | - |
| *HC Stayed Rejected* | 59 | 50 | - | - |
| Totals | **1,431,468** | **1,434,312** | **-** | **-** |

The number of claims in our Medi-Cal population with a Concurrent Drug Utilization Review (CDUR) safety edit has remained stable though 2021. The most common type of CDUR edit across all lines of business (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. Medi-Cal line of business will no longer be reported due to the pharmacy benefit carve out that occurred on 01/01/2022.

## CMC

| CDUR Edits | # of Claims with Safety Edit | | | |
|---|---|---|---|---|
| | **Q3 2021** | **Q4 2021** | **Q1 2022** | **Q2 2022** |
| 925 – Opioid Naïve | 307 | 326 | N/A | N/A |
| Opioid Naïve *Stayed Rejected* | 265 | 272 | N/A | N/A |
| MX *(Excessive Duration)* Opioid Naïve | N/A | N/A | 517 | 528 |
| *MX Opioid Naïve Stayed Rejected* | N/A | N/A | 278 | 322 |
| DDI *(Drug-Drug Interaction)* | 44,038 | 43,453 | 92,005 | 132,977 |
| DDI *(Benzo + Opioid)* | 544 | 488 | 522 | 581 |
| DDI *(Prenatal + Opioid)* | - | - | - | - |
| *DDI Stayed Rejected* | 501 | 450 | 2,141 | 3,280 |
| HD *(High Dose)* | 1,680 | 1,851 | 2,479 | 2,666 |
| *HD Stayed Rejected* | 3 | 1 | 1 | 8 |
| LD *(Low Dose)* | 3,366 | 3,489 | 4,920 | 5,937 |

| CDUR Edits | # of Claims with Safety Edit | | | |
|---|---|---|---|---|
| | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 |
| MN *(Insufficient Duration)* | 573 | 326 | 208 | - |
| MX *(Excessive Duration)* | 799 | 927 | N/A | N/A |
| MX (Excessive Duration) Other | N/A | N/A | 1,363 | 4,541 |
| PA *(Patient-Age) Levels 1-3* | 50,049 | 50,558 | 49,599 | 49,405 |
| PA Codeine/Tramadol & Cough & Cold | - | - | - | - |
| PA COVID | - | - | - | - |
| PA *(Stayed Rejected)* | - | - | - | - |
| TD *(Buprenorphine)* | 37 | 49 | 49 | 31 |
| TD (COVID VAC) | - | - | - | - |
| TD (Long-acting Opioids) | 18 | 12 | 6 | 5 |
| TD *(Other Therapeutic Duplication)* | 20,599 | 20,411 | 20,638 | 20,911 |
| TD *(Stayed Rejected)* | 17 | 20 | 17 | 13 |
| DR *(Dose Range-APAP)* | 119 | 123 | 144 | 140 |
| DR *Stayed Rejected* | 82 | 72 | 95 | 98 |
| HC *(Morphine Equivalent Dose)* | 24 | 3 | 8 | 5 |
| HC *(Naloxone)* | N/A | N/A | 4 | 656 |
| HC *Stayed Rejected* | 7 | - | 4 | 3 |
| **Totals** | **141,468** | **141,900** | **196,521** | **239,114** |

The CDUR edits for Cal MediConnect (CMC) members remained relatively stable in 2021 with an increase in Q1 2022, which is primarily explained by the 112% increase in DDI safety edits from Q4 2021 to Q1 2022. Medi-span updated their DDI logic in February 2022, which is now including more drugs and caused an increase in DDI safety edits. Of note, the excessive duration edit had a 47% increase from Q4 2021 to Q1 2022. This increase is also due to the Medi-span updates. Medi-span is now including length of therapies for many drugs and as such, more excessive duration safety edits are occurring.

## Covered CA

| CDUR Edits | # of Claims with Safety Edit | | | |
|---|---|---|---|---|
| | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 |
| 925 - Opioid Naïve | N/A | N/A | - | - |
| *Opioid Naïve Stayed Rejected* | N/A | N/A | - | - |
| MX *(Excessive Duration)* Opioid Naïve | N/A | N/A | - | - |
| *MX Opioid Naïve Stayed Rejected* | N/A | N/A | - | - |
| DDI *(Drug-Drug Interaction)* | 27,099 | 29,058 | 61,367 | 90,601 |
| DDI *(Benzo + Opioid)* | 360 | 362 | 334 | 361 |
| DDI *(Prenatal + Opioid)* | - | 1 | 8 | 2 |
| *DDI Stayed Rejected* | 253 | 285 | 1,440 | 2,399 |
| HD *(High Dose)* | 2,185 | 2,251 | 2,800 | 2,964 |
| *HD Stayed Rejected* | 100 | 108 | 176 | 170 |
| LD *(Low Dose)* | 3,924 | 6,484 | 7,014 | 8,159 |
| MN *(Insufficient Duration)* | 651 | 647 | 302 | - |
| MX *(Excessive Duration)* | 1,406 | 1,399 | N/A | N/A |
| MX (Excessive Duration) Other | N/A | N/A | 5,516 | 7,721 |
| PA *(Patient-Age) Levels 1-3* | 11,832 | 12,007 | 12,821 | 13,713 |
| PA *Codeine/Tramadol & Cough & Cold* | 1 | 3 | 1 | 3 |
| PA COVID | - | - | - | - |
| *PA Stayed Rejected* | 1 | 3 | - | 2 |
| TD *(Therapeutic Buprenorphine)* | 9 | 10 | 12 | 22 |
| TD *(COVID VAC)* | 27 | 8 | - | - |
| TD *(Long Acting Opioids)* | 15 | 6 | 1 | 2 |
| TD *(Other Therapeutic Duplication)* | 15,421 | 15,956 | 16,174 | 17,479 |
| *TD (Other Therapeutic Duplication) Stayed Rejected* | 31 | 10 | 3 | 9 |

| CDUR Edits | # of Claims with Safety Edit | | | |
|---|---|---|---|---|
| | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 |
| DR (Dose Range - APAP) | 26 | 22 | 28 | 26 |
| DR Stayed Rejected | 8 | 6 | 13 | 12 |
| HC (Morphine Equivalent Dose) | 6 | 4 | 4 | 12 |
| HC (Naloxone) | N/A | N/A | 9 | 586 |
| HC Stayed Rejected | 5 | - | 1 | 5 |
| Totals | 91,449 | 97,142 | 137,414 | 172,340 |

CDUR edits for L.A. Care Covered (LACC) remained stable for Q3 2021 and Q4 of 2021, then increased in Q1 2022.  This is primarily explained by the 111% increase in DDI safety edits from Q4 2021 to Q1 2022. Medi-span updated their DDI logic in February 2022, which is now including more drugs and caused an increase in DDI safety edits.  Of note, the excessive duration edit had a 294% increase from Q4 2021 to Q1 2022.  This increase is also due to the Medi-span updates.  Medi-span is now including length of therapies for many drugs and as such, more excessive duration safety edits are occurring.

## PASC- SEIU

| CDUR Edits | # of Claims with Safety Edit | | | |
|---|---|---|---|---|
| | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 |
| 925 - Opioid Naïve | N/A | N/A | - | - |
| Opioid Naïve Stayed Rejected | N/A | N/A | - | - |
| MX (Excessive Duration) Opioid Naïve | N/A | N/A | - | - |
| MX Opioid Naïve Stayed Rejected | N/A | N/A | - | - |
| DDI (Drug-Drug Interaction) | 19,520 | 19,345 | 41,357 | 57,475 |
| DDI (Benzo + Opioid) | 275 | 246 | 209 | 211 |
| DDI (Prenatal + Opioid) | - | - | - | - |
| DDI Stayed Rejected | 208 | 178 | 830 | 1,354 |
| HD (High Dose) | 1,203 | 1,163 | 1,533 | 1,565 |
| HD Stayed Rejected | 46 | 54 | 92 | 113 |

| CDUR Edits | # of Claims with Safety Edit | | | |
|---|---|---|---|---|
| | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 |
| LD *(Low Dose)* | 2,019 | 3,253 | 4,071 | 4,559 |
| MN *(Insufficient Duration)* | 332 | 386 | 164 | - |
| MX *(Excessive Duration)* | 767 | 731 | N/A | N/A |
| MX (Excessive Duration) Other | N/A | N/A | 2,677 | 3,821 |
| PA *(Patient-Age) Levels 1-3* | 15,839 | 15,764 | 16,327 | 16,171 |
| PA *Codeine/Tramadol & Cough & Cold* | - | - | - | - |
| PA COVID | - | - | - | - |
| PA Stayed Rejected | - | - | - | - |
| TD *(Therapeutic Buprenorphine)* | 26 | 27 | 17 | 15 |
| TD *(COVID VAC)* | 8 | 1 | - | - |
| TD *(Long Acting Opioids)* | 1 | - | - | - |
| TD *(Other Therapeutic Duplication)* | 9,430 | 9,245 | 9,655 | 9,788 |
| TD *(Other Therapeutic Duplication) Stayed Rejected* | 22 | 14 | 2 | 5 |
| DR *(Dose Range - APAP)* | 10 | 8 | 11 | 8 |
| DR Stayed Rejected | 1 | 3 | 4 | 6 |
| HC *(Morphine Equivalent Dose)* | 5 | 3 | 7 | 2 |
| HC (Naloxone) | N/A | N/A | 7 | 405 |
| HC Stayed Rejected | 3 | - | 1 | 1 |
| **Totals** | **69,661** | **69,887** | **97,439** | **113,459** |

Correspondingly, number of CDUR edits for PASC members are similar to that of other LOBs where an increase is seen in Q1 of 2022. This is primarily explained by the 114% increase in DDI safety edits from Q4 2021 to Q1 2022. Medi-span updated their DDI logic in February 2022, which is now including more drugs and caused an increase in DDI safety edits. Of note, the excessive duration edit had a 266% increase from Q4 2021 to Q1 2022. This increase is also due to the Medi-span updates. Medi-span is now including length of therapies for many drugs and as such, more excessive duration safety edits are occurring.

## 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 |
|---|---|---|
| *Morphine Milligram Equivalent (MME)* | 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 ≥ 90** during timeframe **AND** has opioid fills from at least **2 prescribers** and **2 pharmacies**, excluding members with cancer, in hospice, or a long term care facility. |
| *Multi-Prescriber* | 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 *unique* **prescribers** per month in **2** of **4** months, excluding members with cancer, in hospice, or a long term care facility. |
| *Controlled Substance Monitoring (CSM)* | 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, excluding members with cancer, in hospice, or a long term care facility. |
| *CSM Repeat Alert + Repeat Alert* | 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, excluding members with cancer, in hospice, or a long term care facility. |
| *Duplicate Therapy* | The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently during the timeframe. 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 **overlapping fills** for 2 or more **different medications** in the **same drug class/category** for **75%** of the intervention timeframe, excluding members with cancer, in hospice, or a long term care facility. |
| *Multi-Prescription* | 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 prescription fills per month in previous **3** of **4** months, excluding members with cancer, in hospice, or a long term care facility. |
| *Expanded Fraud, Waste & Abuse* | 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 **prescription fills with abuse potential** + **Prescribers** + **Pharmacies** per month for **2** of **4** months, excluding members with cancer, in hospice, or a long term care facility. |
| *Triple Threat + Repeat Alert* | Navitus Health Solutions' Triple Threat program uses retrospective claims data to identify patients who have concurrent use of opioids, benzodiazepines/sleep aids and muscle relaxants in a specified timeframe. 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 **overlapping fills** for **opioids, benzodiazepines/sleep aids and muscle relaxants** in at least **50%** of the timeframe, excluding members with cancer, in hospice, or a long term care facility. |

**Medi-Cal**

| Safety Intervention Name | November 2021 Look-Back Period: 7/1/2021 – 10/31/2021 | | March 2022 Look-Back Period: 11/1/2021 – 2/28/2022 | | July 2022 Look-Back Period: 3/1/2022 – 6/30/2022 | |
|---|---|---|---|---|---|---|
| | Members Identified | % Improved | Members Identified | % Improved | Members Identified | Prescribers Mailed |
| Morphine Miligram Equivalent | 484 | 15.04% | 37 | 45.45% | 23 | 71 |
| Multi-Prescriber | 290 | 58.36% | 206 | 47.03% | 283 | 2,513 |
| Controlled Substance Monitoring | 39 | 79.49% | 47 | 59.57% | 55 | 221 |
| CSM Repeat Alert | 8 | 75% | 0 | N/A | 0 | 0 |
| Duplicate Therapy | 610 | 78.83% | 237 | 72.77% | 297 | 329 |
| Triple Threat | 330 | 85.05% | 196 | 33.16% | 221 | 309 |
| Triple Threat Repeat Alert | 319 | 51.94% | 0 | N/A | 0 | 0 |
| Multi-Prescription | 1,957 | 33.30% | 1,397 | 23.05% | 2,263 | 4,382 |
| Expanded Fraud, Waste & Abuse | 67 | 70.15% | 95 | 63.83% | 125 | 330 |
| **Totals** | **4,104** | **46.42%** | **2,215** | **34.51%** | **3,267** | **8,155** |

Retrospective Drug Utilization Review (RDUR) safety interventions appear to have contributed to the reduction of controlled substance overutilization since a steady decline of members identified for morphine milligram equivalent and triple threat over the last three quarters. The number of members identified in all RDUR interventions have also decreased year-to-year, from 4,267 in July 2021 to 3,267 in July 2022, which is a 23% reduction. This result is sustained throughout the year, demonstrating that the intervention is working and reducing the number of members with controlled substance overutilization. Of note, there was a discrepancy for March 2022, Navitus was working with bad data from Magellan and the numbers reported are likely lower than they should have been. For all lines of business, starting in March 2022, a new RDUR application was implemented with updated inclusion and exclusion rules and all termed members were not counted in the denominator. Please refer to the definitions above.

## CMC

| Safety Intervention Name | November 2022 Look-Back Period: 7/1/2021 – 10/31/2021 | | March 2022 Look-Back Period: 11/1/2021 – 2/28/2022 | | July 2022 Look-Back Period: 3/1/2022 – 6/30/2022 | |
|---|---|---|---|---|---|---|
| | Members Identified | % Improved | Members Identified | % Improved | Members Identified | Prescribers Mailed |
| Morphine Miligram Equivalent | 41 | 4.88% | 6 | 33.33% | 1 | 2 |
| Multi-Prescriber | 24 | 41.67% | 30 | 53.57% | 28 | 303 |
| Controlled Substance Monitoring | 4 | 100% | 2 | 50% | 3 | 11 |
| CSM Repeat Alert | 1 | 0% | 0 | N/A | 0 | 0 |
| Duplicate Therapy | 67 | 44.78% | 32 | 74.19% | 28 | 43 |
| Triple Threat | 29 | 41.38% | 26 | 56.52% | 23 | 50 |
| Triple Threat Repeat Alert | 23 | 13.04% | 0 | N/A | 0 | 0 |
| Multi-Prescription | 136 | 27.21% | 132 | 24.80% | 134 | 468 |
| Expanded Fraud, Waste & Abuse | 3 | 33.33% | 6 | 60% | 3 | 8 |
| **Totals** | **328** | **30.18%** | **234** | **40%** | **220** | **885** |

The number of RDUR interventions appear to be stable over the course of 2021 into 2022. 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. There was a decrease in CMC membership from 18,802 (July 2021) to 17,397 (June 2022), which equates to a 7.5% decrease.

## Covered CA

| Safety Intervention Name | November 2021 Look-Back Period: 7/1/2021 – 10/31/2021 | | March 2022 Look-Back Period: 11/1/2021 – 2/28/2022 | | July 2022 Look-Back Period: 3/1/2022 – 6/30/2022 | |
|---|---|---|---|---|---|---|
| | Members Identified | % Improved | Members Identified | % Improved | Members Identified | Prescribers Mailed |
| Morphine Miligram Equivalent | 19 | 5.26% | 1 | 0% | 0 | 0 |
| Multi-Prescriber | 1 | 100% | 3 | 66.67% | 4 | 45 |
| Controlled Substance Monitoring | 0 | N/A | 1 | 0% | 1 | 4 |
| CSM Repeat Alert | 0 | N/A | 0 | N/A | 0 | 0 |
| Duplicate Therapy | 50 | 44.44% | 12 | 75% | 21 | 33 |
| Triple Threat | 11 | 81.82% | 5 | 33.33% | 5 | 9 |
| | | | | | | |

| Safety Intervention Name | November 2021 Look-Back Period: 7/1/2021 – 10/31/2021 | | March 2022 Look-Back Period: 11/1/2021 – 2/28/2022 | | July 2022 Look-Back Period: 3/1/2022 – 6/30/2022 | |
|---|---|---|---|---|---|---|
| | Members Identified | % Improved | Members Identified | % Improved | Members Identified | Prescribers Mailed |
| Triple Threat Repeat Alert | 10 | 20% | 0 | N/A | 0 | 0 |
| Multi-Prescription | 14 | 35.71% | 9 | 22.22% | 6 | 16 |
| Expanded Fraud, Waste & Abuse | 0 | N/A | 1 | 100% | 0 | 0 |
| **Totals** | **105** | **38.10%** | **32** | **50%** | **37** | **107** |

A decrease of RDUR interventions in Covered CA is observed in the overall trend, however, membership increased from 100,019 (July 2021) to 116,667 (June 2022), which equates to 16.6% increase in membership.

## PASC

| Safety Intervention Name | November 2021 Look-Back Period: 7/1/2021 –10/31/2021 | | March 2022 Look-Back Period: 11/1/2021 – 2/28/2022 | | July 2022 Look-Back Period: 3/1/2022 – 6/30/2022 | |
|---|---|---|---|---|---|---|
| | Members Identified | % Improved | Members Identified | % Improved | Members Identified | Prescribers Mailed |
| Morphine Miligram Equivalent | 26 | 19.23% | 3 | 33.33% | 0 | 0 |
| Multi-Prescriber | 2 | 50% | 5 | 100% | 0 | 0 |
| Controlled Substance Monitoring | 0 | N/A | 2 | 50% | 2 | 7 |
| CSM Repeat Alert | 2 | 50% | 0 | N/A | 0 | 0 |
| Duplicate Therapy | 26 | 38.46% | 14 | 42.86% | 15 | 14 |
| Triple Threat | 20 | 65% | 7 | 57.14% | 6 | 10 |
| Triple Threat Repeat Alert | 16 | 6.25% | 0 | N/A | 0 | 0 |
| Multi-Prescription | 14 | 35.71% | 10 | 40% | 17 | 64 |
| Expanded Fraud, Waste & Abuse | 0 | N/A | 3 | 50% | 3 | 9 |
| **Totals** | **106** | **33.96%** | **44** | **50%** | **43** | **104** |

The number of RDUR interventions for PASC have decreased from November 2021 to July 2022; however, still remains incremental compared to the total PASC member population (50,592 members as of July 2022).

## ANALYSIS



**2018 to 2020 Triple Threat Analysis (All LOBs)**

Legend: Member Opportunities (Baseline), Unique Prescribers, Successful Interventions (Member Count), % Successful Intervention
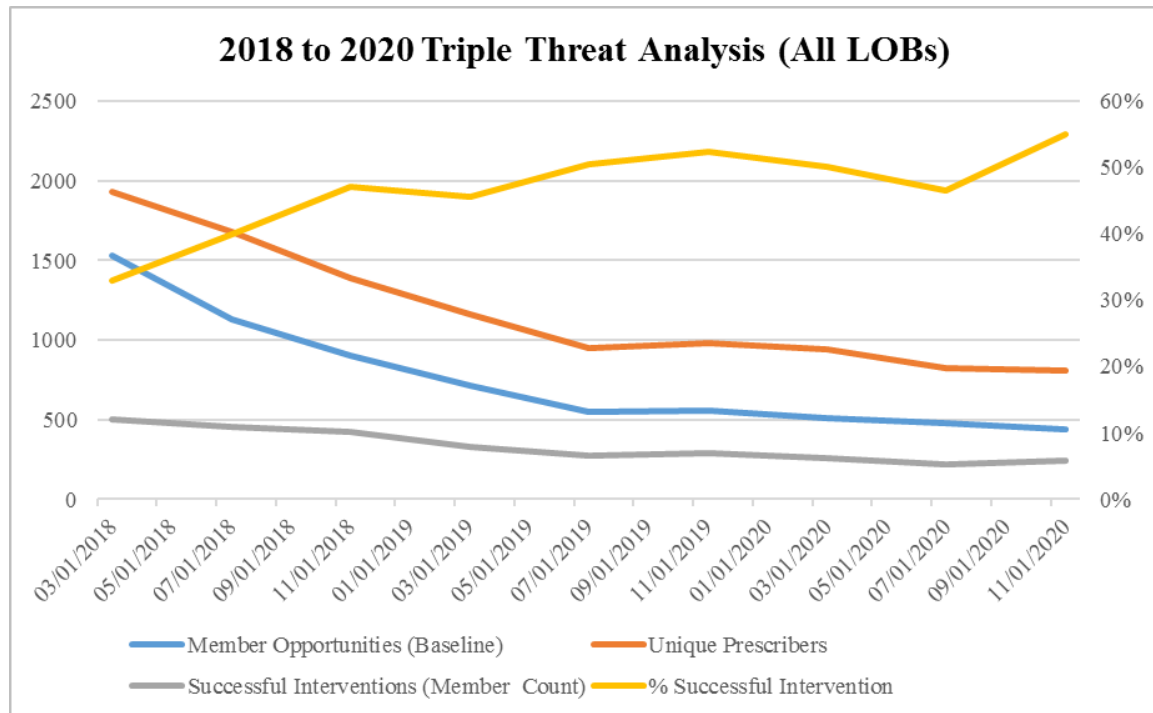
Graph above displays the overall trend with our RDUR intervention, specifically for the Triple Threat intervention that identifies members who have concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants in two of the past four months. Prescribers of the identified members will receive a mailer and are encouraged to take action since concurrent use of these medication therapies have shown to increase emergency room visits and death. The blue line represents the identified member opportunities, and the orange line represents the unique prescribers of the medications mentioned above. Both lines are showing a downward trend since 2018, which shows that prescribers are prescribing Triple Threat medications concurrently at a gradually lower rate. The gray line represents the number of successful interventions or the number of members that showed improvement by no longer being on all three of the high risk medications in the next measurement period. The gray line also shows a downward trend, but that is due to less members being identified so there is less opportunity for successful interventions. The yellow line represents the percentage of successful interventions, which is calculated by the number of successful interventions divided by total member opportunity. The yellow line is showing an upward trend, which highlights that the intervention is working since we are able to deter providers from prescribing opioids, benzodiazepines/hypnotics and skeletal muscle relaxants in combination.

## PRIOR AUTHORIZATIONS/COVERAGE DETERMINATIONS

Navitus is also delegated the prior authorization/coverage determination process for all LOBs. L.A. Care's Pharmacy and Formulary Department is monitoring Navitus' prior authorization/coverage determination process to ensure it meets state and federal regulations.

<u>**APPEALS**</u>

Pharmacists from L.A. Care's Pharmacy and Formulary Department act as clinical consultants for the Appeals and Grievances (A&G) department.

Pharmacists conduct a clinical review of pharmacy-related appeal cases by obtaining additional medical information and providing a complete report on the appeal request. This review is then sent to the medical director for a final review wherein a decision to overturn or uphold the appeal is rendered.

| | # of Pharmacy Appeal Cases | | | |
|---|---|---|---|---|
| | **Q3 2021** | **Q4 2021** | **Q1 2022** | **Q2 2022** |
| **MCLA** | 700 | 577 | 62 | N/A |
| **CMC** | 51 | 57 | 64 | 78 |
| **LACC** | 58 | 63 | 40 | 45 |
| **PASC** | 21 | 15 | 13 | 17 |
| **Totals** | **830** | **712** | **179** | **140** |

Of note, starting January 2022, the pharmacy benefit was carved-out of managed care plans (MCP). In other words, all L.A. Care managed Medi-Cal (MCLA) appeal cases will be reviewed by the state.

<u>**OPIOID MEASURES**</u>

> o Use of Opioids at High Dosage (HDO)
> o Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies Rate Only (UOP)

L.A. Care pharmacy team, in collaboration with our Pharmacy Benefit Manager (Navitus), monitors opioid prescription claims and track inappropriate use of controlled medications. One way L.A. Care monitors its members is by the use of CDURs and RDURs.

- Applicable CDURs
  - o Drug-Drug Interactions (Benzo + Opioid)
  - o Therapeutic Duplication (Buprenorphine)
  - o Therapeutic Duplication (Long-acting Opioids)
  - o Morphine Milligram Equivalent

- Applicable RDURs
  - o Morphine Milligram Equivalent (MME)
  - o Controlled Substance Monitoring (CSM)
  - o Triple Threat

In addition to the applicable CDURs and RDURs, the Pharmacy Home Program (PHP) and Opioid Home Program (OHP) were created to combat the overutilization of opioids. PHP targets LACC and PASC, and OHP targets Cal MediConnect. Both programs track opioid utilization and monitor for any member that

may be abusing opioids by "doctor/pharmacy shopping". Members enrolled into this program are locked in to a designated pharmacy (known as Pharmacy Home) and/or designated provider(s) (known as Provider Home) for a 12-month period. Members may be eligible for re-lock-in if their behavior does not improve.

As of January 1, 2022, the Medi-Cal Rx transition is in effect, and DHCS has decided not to implement a lock-in program as part of the Medi-Cal Rx full Assumption of Operations (AOO). MCLA members who were enrolled in PHP were disenrolled, but L.A. Care continues our drug management programs for all other LOBs. L.A. Care is still responsible for ongoing participation in post-claim adjudication Drug Utilization Review (DUR) activities such as Retrospective DUR (RDUR) for the Medi-Cal population.

- **Inclusion Criteria** – Members will be considered for enrollment if they have met the following criteria during the most recent 6-month period:
  - o Average daily MME greater than or equal to ninety (90) mg
  - o Prescribed by 3 or more prescribers and 3 or more pharmacies
  - o Prescribed by 5 or more opioid prescribers, regardless of the number of dispensing pharmacies
  - o History of opioid-related overdose (OHP only)

As of January 1, 2022, Sickle Cell Disease was added as exclusion criteria for both OHP and PHP.

For FY21-22 (Oct. 2021 to Sept. 2022), a total of 25 cases were referred/identified for potential enrollment in the Pharmacy Home Program. As of this year, there were no lock-in cases, and currently there are no members being tracked in the program.

The Opioid Home Program for CMC went into effect January 1, 2019. The Policy and Procedure for this intervention has been completed as per the CMS Final Rule. Per the final rule, OHP members participating in the drug management program will be eligible for MTM. In addition, history of opioid overdose from the past 12 months and non-MAT opioid use in the past 6 months is now an inclusion for OHP. For FY 21-2022 (Oct. 2021 to Sept. 2022), a total of 24 cases were reviewed, no members were locked-in to a pharmacy or provider, and there is currently one CMC member being tracked. Identification of members are through internal pharmacy reports, Navitus, HPMS communications, and the MARx platform.

<u>G.4 IMPROVING TRANSITIONS OF CARE AND HOSPITAL SAFETY</u>

**AUTHOR: KAVITHA DULIGUNTI & RODNEY TRUONG**
**REVIEWER: MATTHEW PIRRITANO, PH.D & MARIA CASIAS, RN**

<u>IMPROVING TRANSITION OF CARE: INPATIENT/EMERGENCY DEPARTMENT AND OUTPATIENT COORDINATION</u>

**BACKGROUND**
L.A. Care reviews and monitors in-patient quality metrics to ensure that patients are staying safe while in the hospital and also when they leave the hospital. Both are key to maintian patients' health, especially those members that are the sickest. Transitions from the inpatient setting to home often result in poor care coordination, including communication lapses between inpatient and outpatient providers, intentional and unintentional medication changes, incomplete diagnostic work-ups and inadequate beneficiary, caregiver and provider understanding of diagnoses, medication and follow-up needs.[32]

Poor hospital transitions are not only associated with poor health outcomes, but also increased health care utilization and cost, including duplicate medical services, medication errors and increased emergency department visits and readmissions.[33] In 2010, Medicare beneficiaries 65 years and older accounted for 11.9 million (approximately 34%) of all hospital discharges in the United States.[34] One study estimated that inadequate care coordination and poor care transitions resulted in $25 billion–$45 billion in unnecessary spending in 2011.[35] Other studies have found that care coordination programs that do not incorporate timely transitional care elements are unlikely to result in reduced hospitalizations and associated Medicare spending.[36] Current payment structures do not provide much incentive for the collaboration necessary to implement effective care coordination post-discharge.[37]

The Medicare population includes a large number of individuals and older adults with multiple high-risk chronic conditions (MCC) who often receive care from multiple providers and settings and, as a result, are more likely to experience fragmented care and adverse health care outcomes, including an increased likelihood of ED visits.[38,39] Medicare beneficiaries with MCCs require high levels of care coordination, particularly as they transition from the ED to the community. During these transitions, they often face communication lapses between ED and outpatient providers and inadequate patient, caregiver and provider

[32] Rennke, S., O.K. Nguyen, M.H. Shoeb, Y. Magan, R.M. Wachter and S.R. Ranji. 2013. "Hospital-Initiated Transitional Care as a Patient Safety Strategy: A Systematic Review." *Annals of Internal Medicine* 158(5, Pt. 2), 433–40.

[33] Sato, M., T. Shaffer, A.I. Arbaje and I.H. Zuckerman. 2011. "Residential and Health Care Transition Patterns Among Older Medicare Beneficiaries Over Time." *The Gerontologist* 51(2), 170–8.

[34] Centers for Disease Control and Prevention (CDC). 2010. *Number, Rate, and Average Length of Stay for Discharges From Short-Stay Hospitals, by Age, Region, and Sex: United States, 2010.* http://www.cdc.gov/nchs/data/nhds/1general/2010gen1_agesexalos.pdf (Accessed June 22, 2016)

[35] Health Affairs. 2012. *Health Policy Brief: Care Transitions.* September 13, 2012. http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_76.pdf (Accessed July 12, 2016)

[36] Peikes, D., A. Chen, J. Schore and R. Brown. 2009. "Effects of Care Coordination on Hospitalization, Quality of Care, and Health Care Expenditures Among Medicare Beneficiaries." *Journal of the American Medical Association* 301(3).

[37] Coleman, E.A. and R.A. Berenson. 2004. "Lost in Transition: Challenges and Opportunities for Improving the Quality of Transitional Care." *Annals of Internal Medicine* 141(7), 533–6.

[38] AHRQ. 2010. Multiple Chronic Conditions Chartbook. "2010 Medical Expenditure Panel Survey Data." https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf (Accessed January 11, 2017)

[39] Agency for Healthcare Quality and Research (AHRQ). 2012. "Coordinating Care for Adults with Complex Care Needs in the Patient-Centered Medical Home: Challenges and Solutions." https://pcmh.ahrq.gov/sites/default/files/attachments/coordinating-care-for-adults-with-complex-care-needs-white-paper.pdf

understanding of diagnoses, medication and follow-up needs.[40,41,42,43] This poor care coordination results in an increased risk for medication errors, repeat ED visits, hospitalization, nursing home admission and death.[44,45] Medicare beneficiaries with MCCs not only experience poorer health outcomes, but also greater health care utilization (e.g. physician use, hospital and ED use, medication use) and costs (e.g. medication, out-of-pocket, total health care).[46] Medicare beneficiaries with MCCs are some of the heaviest users of high-cost, preventable services such as those offered by the ED.[47,48] An estimated 75% of health care spending is on people with MCCs.[49,50] The cost of unplanned readmissions, often avoidable, is 15-20 billion dollars annually[51].

For reasons cited above, starting in 2020, L.A. Care has prioritized the implementation of effective coordination of care and monitoring of transition of care metrics that include:

- Hospital Acquired infections
- NTSV C-Section reduction

## MY 2021 Work Plan Goal

| HEDIS Acronym | HEDIS Measure | MY 2021 CMC Goal | MY 2021 CMC Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|
| FMC | Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (7-day total rate) | 53% | 52.4% | CMC: Not Met |

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| HEDIS Acronym | HEDIS Measure | MY 2021 CMC Goal | MY 2021 CMC Rate | MY 2021 Goal Met/ Not Met |
|---|---|---|---|---|
| TRC | Transitions of Care - Receipt of Discharge information | 8% | 3.9% | CMC: Not Met |
| TRC | Transitions of Care - Patient engagement after inpatient discharge | 79% | 81.3% | CMC: Met |
| TRC | Transitions of Care - Notification of Inpatient Admission | 11% | 5.1% | CMC: Not Met |
| TRC | Transitions of Care - Medication reconciliation post discharge | 54% | 39.4% | CMC: Not Met |
| EDU | Emergency Department Utilization | <1 | OE: 0.9 | CMC: Met |
| PCR | Plan All-Cause Readmissions | <1 | 1.1 | CMC: Not Met |

**MAJOR ACCOMPLISHMENTS**

In late 2021, L.A. Care implemented a STARS team to prepare for the D-SNP transition starting 2023. The STARS team, through the Workgroups and Project Team that have been established to monitor performance, has oversight of the measures tracked in the Inpatient Workgroup (FMC, TRC, and PCR).

## Description of Measure(s)

| HEDIS Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate) | The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit. | Administrative |
| Transitions of Care - All Four Rates (TRC) | The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:<br>• *Notification of Inpatient Admission*. Documentation of receipt of notification of inpatient admission on the day of admission or the following day.<br>• *Receipt of Discharge Information.* Documentation of receipt of discharge information on the day of discharge or the following day.<br>• *Patient Engagement After Inpatient Discharge*. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.<br>• *Medication Reconciliation Post-Discharge*. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). | Hybrid |

| HEDIS Measure | Specific Indicator(s) | Measure Type |
|---|---|---|
| Emergency Department Utilization (EDU) | For members 18years of age and older, the risk-adjusted ratio of observed-to-expected emergency department (ED) visits during the measurement year | Administrative |
| Plan All-Cause Readmissions (PCR) | For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. | Administrative |

## RESULTS

### FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR PEOPLE WITH MULTIPLE HIGH RISK CHRONIC CONDITIONS (FMC) (7-DAY TOTAL RATE)

The following graph compares L.A. Care FMC rates for HEDIS MY 2019-MY 2021 in the CMC, MCLA, and LACC product lines.  Please note that for MCLA and LACC, this measure is not reportable and there are no benchmarks from NCQA as such to evaluate against:



Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)
HEDIS MY 2019 - MY 2021 - CMC

90th Percentile: 68.0%

MY 2021 Goal: 53%

25th Percentile: 51.8%

| | MY 2019 | MY 2020 | MY 2021 |
|---|---|---|---|
| FMC CMC | 48.1% | 48.8% | 52.4% |
| FMC MCLA | N/A | 39% | 41% |
| FMC LACC | N/A | 53% | 50% |
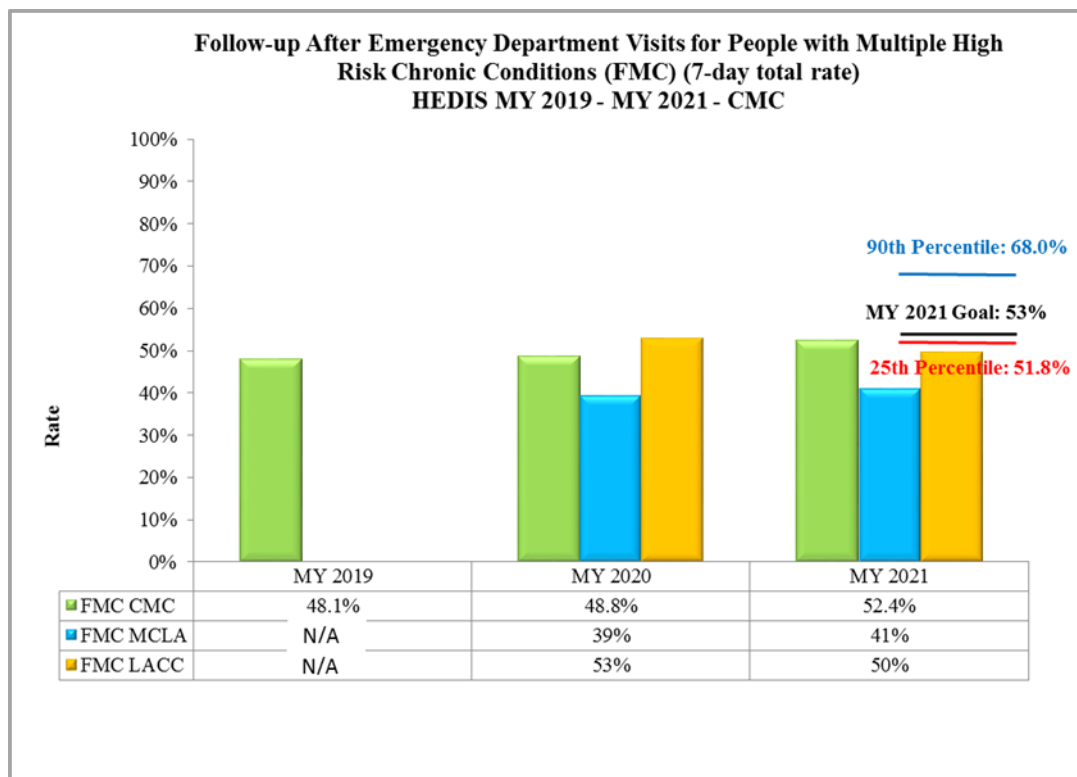
CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

## TRANSITION OF CARE (TRC)

### RESULTS

The following graph compares L.A. Care TRC rates for HEDIS MY 2019-MY 2021 in the CMC product line:

**Transition of Care (TRC)**
**HEDIS MY 2019 - MY 2021 - CMC**

| | Transitions of Care - Receipt of Discharge information - Total | Transitions of Care - Patient engagement after inpatient discharge - Total | Transitions of Care - Notification of inpatient admission - Total | Transitions of Care - Medication reconciliation post discharge - Total |
|---|---|---|---|---|
| MY 2019 | 0.2% | 76.4% | 11.2% | 40.6% |
| MY 2020 | 4.4% | 75.9% | 7.8% | 50.9% |
| MY 2021 | 3.9% | 81.3% | 5.1% | 39.4% |

MY 2021 Goal: 8%
MY 2021 Goal: 79%
MY 2021 Goal: 11%
MY 2021 Goal: 54%

The measures included here are for MY2021 for the CMC Line of Business. The goal for Patient Engagement After Inpatient Discharge was met. However, all other TRC goals were not met. Furthermore, the goals were not met for risk adjusted Emergency Department Utilization measures, Follow Up Within 7 Days of ED Visit for Patients with MCC, and 30 Day Unplanned Readmissions. This may be attributable to the pandemic with higher hospitalization rates and lower in person outpatient visits. While internal goals were not attained, rates did improve for TRC Patient Engagement and FMC, F/up within 7 days of ED visit for members with multiple high risk conditions. Compared to the prior year FMC improved by about 3.6% for members 65 years and older and for Patient Engagement, there was an improvement of about 5.4% for member 65 years and older.

**All Cause Readmission Rates (PCR) for Medi-Cal, LACC, and CMC**

| Performance Measures for Planned Activities for Objectives | HEDIS Acronym | MY 2019 Rates | MY 2020 Rates | MY 2021 Rates |
|---|---|---|---|---|
| Plan All Cause Readmission Rates **(Note lower Rates indicates better performance) (Priority 1)** | PCR (A) | **O/E Ratio:** Medi-Cal: 0.8005 LACC: 0.4067 CMC: 0.9367 | **O/E Ratio:** Medi-Cal: 0.9313 LACC: 0.5222 CMC: 1.0740 | **O/E Ratio:** Medi-Cal: 0.9657 LACC: 0.4419 CMC: 1.1134 |

*CMC*

The PCR Observed/Expected ratio has steadily increased over 3 years and is performing above 1, indicating that L.A. Care members are being re-admitted more often than their expected re-admission rates are.

*Medi-Cal*

The Observed/Expected Ratio for PCR has been increasing over the past 3 years; however, the Observed/Expected Ratio is still below 1.

*LACC*

Though far below the ratio of 1, the Observed/Expected Ratio for PCR has swung up, and then back down.

**ANALYSIS**

*Cal MediConnect*

Improvements for FMC, TRC (Patient Engagement) may be attributable to the inclusion in the CMC VIIP Incentive program for MY 2020 and subsequently FMC being added to the MY 2021 CMC VIIP Incentive. In addition, starting in MY 2020, the L.A. Care QI Team launched quarterly meetings with the eight PPGs with the largest number of duals membership and discussions were focused on Transition of Care metrics, inpatient and outpatient coordination and the importance of outpatient follow up visits for members recently discharged from an acute care setting. The increased use of Telehealth visits is also responsible for some of the TRC Patient Engagement improvement, as the convenience of a telehealth visit leads to member compliance. Conversely, medical record documentation for telehealth visits is often not as complete as in person visits which led to the decrease in the TRC Medication Reconciliation measure. Efforts are ongoing to educate providers on better documentation.

Plan All Cause Readmission (PCR) is a Risk Adjusted Utilization measure, where a score of one indicates performance is equal to the national average, results less than one are below average, and above one are above average results greater than expected. The measure results need to be monitored on an ongoing basis. Annually, NCQA releases reference data (i.e. the Hierarchical Condition Categories and Risk Weights that are applied to the measures) and those are subject to change each year. Expected re-admission rates are based on historically collected diagnoses for members, which speaks to the need to ensure accurate and complete data collection and ingestion of data into the NCQA certified HEDIS engine. L.A. Care has found that the Technical Specifications do not speak to the changes to these reference data, which can impact the results.

*Medi-Cal*

There are many factors that could contribute to more re-admissions than expected. However, the overarching theme for monitoring and improving this measure is accurate and complete data collection and

ingestion of data into the NCQA certified HEDIS engine. During 2020 and into 2021, NCQA engaged L.A. Care to supply L.A. Care member level PCR data to NCQA for the purposes setting risk weights for future iterations of the measure technical specifications. L.A. Care (by virtue of being the largest Medicaid plan in the country) taking part in this exercise helps to ensure that L.A. Care has a bigger say in the national results of this measure for Medicaid. That said, L.A. Care needs to continue monitoring and working on initiatives to ensure accurate and complete end to end data collection and measure calculation. The measure results need to be monitored on an ongoing basis. L.A. Care also must be a front runner in the HIE and FIHR initiatives and enable the provider network to be plugged into these electronic data exchanges.

## LACC

The results for LACC PCR need to be monitored over the upcoming years to recognize any trend. As L.A. Care's LACC Marketplace Exchange product continues to mature and members utilize services more often, the ratio could increase and as such the utilization of LACC members needs to be monitored.

## Disparity Analysis

Though the set measures being monitored by the Inpatient Workgroup include additional measures such as Transitions of Care (TRC) and Plan All-Cause Readmission (PCR), the only measure that results in viable data for disparity analysis is Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions, FMC, 7 Day Follow-up Visit ages 18+. Measures with administrative rate results are used for disparity analysis, and the two aforementioned measures (TRC and PCR) do not have administrative rate results across the measures (Two of the TRC indicators are Medical Record Only, and the PCR measure is risk adjusted with no risk adjusted rates available for subgroups).

## Disparity Tables

**Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions, FMC, 7 Day Follow-up Visit ages 18+ - Rates by Spoken Language and Race/Ethnicity**

| Line of Business | Spoken Language | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|
| | Chinese | | English | | Spanish | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | N/A | N/A | 232 | 46.98% | 73 | 56.16% | No |
| **Medi-Cal** | 106 | 48.11% | 28,113 | 39.05% | 5,431 | 49.92% | Yes |
| **Medicare -CMC** | N/A | N/A | 982 | 50.41% | 543 | 55.99% | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity | | | | | | | | | | **Stat Sig |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
| | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | *Denom | Rate | |
| **LACC** | N/A | N/A | N/A | N/A | N/A | N/A | 52 | 42.31% | 57 | 59.65% | N/A |
| **Medi-Cal** | 64 | 46.88% | 1,077 | 47.63% | 8,882 | 37.42% | 13,583 | 43.02% | 6,352 | 39.22% | Yes |
| **MCLA** | N/A | N/A | 49 | 44.90% | 257 | 49.03% | 715 | 55.57% | 54 | 44.44% | No |

*Denom – Denominator
**Stat Sig – Statistical Significance

*Disparity Analysis*
L.A. Care conducted an analysis administrative data to examine whether racial or ethnic disparities exist in Follow-up after Emergency Department Visits for People with Multiple High Risk Chronic (MRC) conditions (FMC). While this measure is not reportable for Medi-Cal it is included as part of our overall disparities reduction strategy.

**Medicare-CMC Line of Business Results**
For all ages, Whites had the lowest rate of follow-up at 44.44% compared to Asians with a rate of 44.90%, Black/African Americans at 49.03% and Hispanic/Latino with a rate of 55.57%.

**Medi-Cal Line of Business Results**
For all ages, Black/African Americans had the lowest rate of follow-up at 37.42% compared to Whites with a rate of 39.22%, American Indian/Alaskan Native with 46.88% and Asians with a rate of 47.63%.

**GENERAL QUALITATIVE ANALYSIS OF RESULTS ACROSS ALL LINE OF BUSINESSES**
Improving the transition of care between inpatient and outpatient settings including after visits to the ED, is still a work in progress. L.A. Care is making steady progress as evidenced by improvements in Medication Reconciliation, Patient Engagement Post IP Discharge and F/up visits for members with MCC. However, we need to review more closely the root cause for the significant disparities observed for African Americans ages 18-64 along with the disparity differences between Lines of Business for the groups (i.e. Black African Americans raking lowest for Medi-Cal but highest for Medicare-CMC). Although progress has been made in spotlighting the importance of transition of care and engaging practitioners and groups in enhancing operational infrastructure to improve timely notifications and follow up, there are still notable barriers to achieving our goals. The requirements set forth by the D-SNP transition for health plans to receive the notifications of admission/discharge will help spearhead the need for data exchange and care coordination, which will in turn help to enable real-time monitoring and interventions for the measures listed below.

**INTERVENTIONS**

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)** | Most medical groups/IPAs are not notified of ER visits. | Intervention not yet started. Added to MY 2021 CMC VIIP. Investigating potential solutions via HIE.<br><br>No changes, all rates indicated are final. July 2021, same as prior update. | N/A |

| HEDIS Measure | Barriers | Actions | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Transitions of Care (TRC)** | Inconsistent communication between facilities and members' primary care provider office still exist.  QI team continues to review TRC progress and challenges with the provider groups, difficulty in reaching members due to changes to contact information. This is a common problem for not only the health plan but also PPGs and PCP offices.<br><br>The scope of the CM department is limited to high risk/complex cases and as such is limited in the number of members that it can impact. | As groups have primary responsibility for managing TRC, we continue to engage PPG operational leadership to reconcile LAC reports and meet with the top PPGs on a quarterly basis to discuss barriers and challenges. | N/A |
| **Plan All-Cause Readmissions (PCR)** | Change to specifications over time (from one year to the next) - NCQA narrowed HCC list for Medicare PCR so expected readmission rate lowered. For Medicare CMC: Claims & encounters data accuracy and completeness: an accurate Expected Rate is dependent on receipt of historical claims and encounters data to substantiate the conditions that members have. Additionally, the process to obtain accurate Expected Rates is dependent on the proper and timely ingestion of data into the NCQA certified HEDIS engine that calculates rates. | We continue generating and distributing UM Provider Opportunity Reports that include a summary of the PCR rates and detail of the relevant inpatient admissions so that conditions can be managed by providers. For Medi-Cal: L.A. Care being a big national Medicaid plan, took part in a study with NCQA to submit our PCR data to NCQA so that NCQA can use those data to help set the Risk Adjusted Utilization weights.  We expect this exercise. | N/A |

## Hospital Safety

L.A. Care reviews hospital quality and safety indicators and identifies network hospitals that have a record of poor performance across domains of overall patient experience, maternity care, and hospital acquired infections.  To that end, L.A. Care subscribes to annual reports with a number of hospital patient safety and quality indicators from Cal Hospital Compare supplemented with data and reports for measurement year

2021 from Centers for Medicare and Medicaid Services (CMS), Leapfrog Group, California Department of Public Health (CDPH), and the California Maternity Quality Care Collaborative (CMQCC). Each of these entities provides performance comparisons across hospitals along with regional and national benchmarks of quality and safety. Based on these published reports, L.A. Care has identified high and low performing hospitals for overall and metric specific criteria. Hospitals that are highlighted in yellow are included in the list of hospitals identified by the Plan Hospital Collaborative (described below)

L.A. Care has identified **six** hospitals that had lower than average performance on <u>hospital acquired infections</u>: Methicillin-resistant staphylococcus aureus (MRSA), Catheter-associated Urinary Tract Infection (CAUTI), Central Line-associated Blood Stream Infection (CLABSI), Clostridium difficile (C.Diff), and Surgical Site Infection – Colorectal Surgery (SSI-Colon), along with Hospital Safety Grade (from the Leapfrog Group)

The following six hospitals had SIRs (Standard Infection Ratios) greater than 1. A high SIR means observed infections are higher than predicted infections. Due to high SIR these hospitals are on our poor performance watch list.

**(i) HAI Watchlist**

| |
|---|
| VALLEY PRESBYTERIAN HOSPITAL |
| LAC/HARBOR-UCLA MED CENTER |
| PACIFICA HOSPITAL OF THE VALLEY |
| WEST HILLS HOSPITAL & MEDICAL CENTER |
| OLYMPIA MEDICAL CENTER |
| COAST PLAZA HOSPITAL |

A total of nine hospitals were identified that had relatively high volume utilization but comparatively high <u>30-day readmission rates</u> that may indicate opportunities for improvement in discharge planning and coordination with outpatient providers.

**(ii) 30 Readmission Watchlist**

| |
|---|
| GLENDALE MEM HOSPITAL & HLTH CENTER |
| SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD |
| RONALD REAGAN UCLA MEDICAL CENTER |
| ALHAMBRA HOSPITAL MEDICAL CENTER |
| CITRUS VLY MC-QV |
| LAKEWOOD REGIONAL MEDICAL CENTER |
| LOS ANGELES COMMUNITY HOSPITAL |
| MISSION COMMUNITY HOSPITAL |
| L A DOWNTOWN MEDICAL CENTER, LLC |

The following twenty four hospitals had <u>NTSV C-Section rates above the desired 23.9%</u>:

**(iii) NTSV C-Section Watchlist**

| |
|---|
| ANTELOPE VALLEY HOSPITAL |
| BEVERLY HOSPITAL |
| CALIFORNIA HOSPITAL MEDICAL CENTER |
| EAST LOS ANGELES DOCTORS HOSPITAL |
| GARFIELD MEDICAL CENTER |
| ADVENTIST HEALTH GLENDALE |
| HOLLYWOOD PRESBYTERIAN MEDICAL CENTER |
| PROVIDENCE HOLY CROSS MEDICAL CENTER |
| HUNTINGTON HOSPITAL |
| KAISER PERMANENTE LOS ANGELES MEDICAL CENTER |
| KAISER PERMANENTE SOUTH BAY MEDICAL CENTER |
| PROVIDENCE CEDARS-SINAI TARZANA MEDICAL CENTE |
| GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER |
| CEDARS-SINAI MEDICAL CENTER |
| NORTHRIDGE HOSPITAL MEDICAL CENTER |
| SAN DIMAS COMMUNITY HOSPITAL |
| ST. FRANCIS MEDICAL CENTER |
| RONALD REAGAN UCLA MEDICAL CENTER |
| VALLEY PRESBYTERIAN HOSPITAL |
| ADVENTIST HEALTH WHITE MEMORIAL MEDICAL CENTE |
| WHITTIER HOSPITAL MEDICAL CENTER |
| LAC / HARBOR-UCLA MEDICAL CENTER |
| LAC / USC MEDICAL CENTER |
| LAC / OLIVE VIEW-UCLA MEDICAL CENTER |

Overall hospital safety and quality ratings were reviewed aggregating scores from Hospital-CAHPS, NTSV C-Section rate, and Hospital Acquired Infections and twenty-three hospitals had an overall rating that was below average:

**(iv) Overall Below Average Safety and Quality Watchlist**

| |
|---|
| LAC/OLIVE VIEW-UCLA MEDICAL CENTER |
| ANTELOPE VALLEY HOSPITAL |
| GLENDALE MEM HOSPITAL & HLTH CENTER |
| WHITE MEMORIAL MEDICAL CENTER |
| SAINT FRANCIS MEDICAL CENTER |
| VALLEY PRESBYTERIAN HOSPITAL |
| KAISER FOUNDATION HOSPITAL - PANORAMA CITY |
| CALIFORNIA HOSPITAL MEDICAL CENTER LA |
| PIH HEALTH HOSPITAL-WHITTIER |
| PROVIDENCE SAINT JOSEPH MEDICAL CTR |

| |
|---|
| METHODIST HOSPITAL OF SOUTHERN CA |
| GLENDALE ADVENTIST MEDICAL CENTER |
| RONALD REAGAN UCLA MEDICAL CENTER |
| PROVIDENCE HOLY CROSS MEDICAL CENTER |
| BEVERLY HOSPITAL |
| PROVIDENCE LITTLE COMPANY OF MARY MED CTR TORRANCE |
| LAC+USC MEDICAL CENTER |
| LAC/HARBOR-UCLA MED CENTER |
| EMANATE HEALTH INTER-COMMUNITY HOSPITAL |
| KAISER FOUNDATION HOSPITAL - SOUTH BAY |
| KAISER FOUNDATION HOSPITAL - WEST LA |
| KAISER FOUNDATION HOSPITAL - WOODLAND HILLS |
| WHITTIER HOSPITAL MEDICAL CENTER |

**The following fourteen hospitals had an overall rating of "Above Average"**

| |
|---|
| HOLLYWOOD PRESBYTERIAN MEDICAL CENTER |
| NORTHRIDGE HOSPITAL MEDICAL CENTER |
| SAN GABRIEL VALLEY MEDICAL CENTER |
| KAISER FOUNDATION HOSPITAL - LOS ANGELES |
| KAISER FOUNDATION HOSPITAL - DOWNEY |
| ST MARY MEDICAL CENTER |
| TORRANCE MEMORIAL MEDICAL CENTER |
| HUNTINGTON MEMORIAL HOSPITAL |
| GOOD SAMARITAN HOSPITAL |
| SAN DIMAS COMMUNITY HOSPITAL |
| HENRY MAYO NEWHALL  HOSPITAL |
| CEDARS-SINAI MEDICAL CENTER |
| GARFIELD MEDICAL CENTER |
| PROVIDENCE-CEDARS SINAI TARZANA MEDICAL CENTER |

**The following six hospitals had overall "Good" rating**

| |
|---|
| SANTA MONICA - UCLA MED CTR & ORTHOPAEDIC HOSPITAL |
| USC VERDUGO HILLS HOSPITAL |
| POMONA VALLEY HOSPITAL MEDICAL CENTER |
| PROVIDENCE SAINT JOHN'S HEALTH CENTER |
| KAISER FOUNDATION HOSPITAL - BALDWIN PARK |
| MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL |

**INTERVENTION**

## L.A. County Multi-Plan Collaborative

L.A. Care participates in a multi-plan hospital collaborative with Health Net, Molina, California Hospital Compare and Covered California. The intention is to engage poor performing hospitals with aligned and focused purpose. Through dialogue and review of data, we encourage the hospitals to initiate an action plan and provide suggestions and recommendations to improve performance. The L.A. County multi-plan collaborative resumed in April of 2021. In September, the poor performing hospitals received an email with their hospital infection rates and a request to report their current internal rates and what they are doing to addressing these rates. To date three out of the five hospitals have responded and the collaborative will be continuing to review responses, consider meetings and recommend improvement ideas. The following list of hospitals were identified by the collaborative as hospitals that have been underperforming year over year across the quality and safety measures described above:

### (v) Poor Performing Hospitals

- Beverly Hospital
- Good Samaritan Hospital– Los Angeles
- Hollywood Presbyterian Medical Center
- Los Angeles Community Hospital
- Monterey Park Hospital
- Harbor – UCLA
- Valley Presbyterian:
- Antelope Valley
- Glendale Memorial

### (VI) Hospital Performance Overview Dashboard

L.A. Care has developed a Hospital Performance Overview Dashboard. In this Dashboard, hospitals are ranked and rated based on the performance of their hospital compared to all other LA County Hospitals. The following six measures are included to access the hospital's performance and so that the team can closely monitor each measure rate and rank by hospital.

- Hospital Acquired Infections
- Patient Experience Measures
- C-Section
- Overall Rating
- Patient Safety
- Readmission

**GOALS FOR 2023**

L.A. Care will continue to work with the Hospital Collaborative to meet with hospital leadership in the Collaborative watch list. Agendas focus on improvement of safety and quality metrics.

In addition, the L.A. Care QI Team has developed hospital scorecards modeled after the template used by Health Net and, by early 2022, will develop a menu-driven dashboard of hospital comparison data based on both L.A. Care specific utilization data and community wide safety and quality metrics.

The team continues to engage the CMC provider groups, the eight to ten groups that have the highest proportion of duals membership, to identify ways to improve data sharing and reconciliation on the Transition of Care measures and 30 Day Unplanned Readmission rate, monitoring hospital notification of admissions, discharges.

The team will continue to monitor performance and evaluate trends on safety/quality performance along with related transition of care measures.
Goals for 2022 are:

- To improve on the number of hospitals with "Good" or "Above Average" overall rating, or >25 hospitals
- To have at least one of the nine underperforming hospitals identified by the Multi-Plan Collaborative, improve their safety/quality scores so that it is no longer included in one of the five watchlists above.

## LOOKING FORWARD

With L.A. Care's transition of the Medicare-CMC Line Of Business to D-SNP starting in 2023 the measures referenced in this evaluation (TRC, PCR, FMC) will carry higher visibility due to their inclusion in the Medicare STAR Ratings measure set. During 2022, L.A. Care began preparing for D-SNP/STARS reporting and has assigned measure owners to lead efforts to set up programs for monitoring and improvement. Also, as D-SNP requires L.A. Care to demonstrate that Hospital & SNF admission data is being received & stored, reporting mechanisms are being built during 2022 and into early 2023 to support the necessary functions of a D-SNP Health Plan. This effort will serve to support programs for the measures mentioned above (TRC, PCR, FMC). Development of a new format for distributing the Provider Opportunity Report will be geared towards highlighting the gap closures still needed to reach the cut point levels for STAR ratings. Member detail will also be distributed that includes the denominator qualifying event details that will guide providers towards managing member conditions.

## MY 2022 WORK PLAN GOAL

| HEDIS Measure | MY 2022 Medi-Cal Goal | MY 2022 LACC Goal | MY 2022 Cal MediConnect Goal |
|---|---|---|---|
| Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) Total Rate for 7 Day F/Up | N/A | N/A | 53% |
| Transitions of Care (TRC) - Receipt of Discharge information | N/A | N/A | 8% |
| Transitions of Care (TRC) - Patient engagement after inpatient discharge | N/A | N/A | 80% |
| Transitions of Care (TRC) - Notification of Inpatient Admission | N/A | N/A | 11% |
| Transitions of Care (TRC) - Medication reconciliation post discharge | N/A | N/A | 54% |
| Plan All-Cause Readmissions (PCR) | O/E Ratio < 0.9% | O/E Ratio < 0.6% | O/E Ratio < 0.9% |

| Hospital Safety MY2022 |
|---|
| Improve the number of hospitals with "Good" or "Above Average" overall rating, or >25 hospitals |
| Have at least one of the nine underperforming hospitals identified by the Multi-Plan Collaborative, improve their safety/quality scores so that it is no longer included in one of the five watchlists above. |

# G.5 FACILITY SITE REVIEW/MEDICAL RECORDS INITIATIVES

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**REVIEWER: MATTHEW PIRRITANO, PH. D & MARIA CASIAS, RN**

## BACKGROUND

L.A. Care is committed to developing and implementing activities to enhance patient safety. L.A. Care's Facility Site Review (FSR) process is one method of ensuring patient safety by monitoring elements on patient health/safety. In the FSR process, the two (2) measures that are monitored are: (a) Needle stick 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% or greater. This report provides an annual analysis of the measures on patient safety standards for the time period of October 1, 2021 – September 30, 2022 of primary care physician (PCP) sites (physician's office or clinic) to measure compliance with appropriate patient safety requirements.

As a result of the public health emergency (PHE COVID-19 pandemic), in March, 2020, DHCS allowed the FSR department to suspend the contractual requirement for in-person site reviews, Physical Accessibility Review (PARS) surveys, and similar monitoring activities that would require in-person reviews. With the PHE flexibility, DHCS allowed Health Plans the ability to conduct on-site audits and/or virtual audits until June 30, 2022. Starting January, 2022 L.A. Care's FSR department started conducting FSR and PARS reviews on-site. Medical record reviews (MRR) and Corrective Action Plan verification are conducted on-site or virtually.

FSR nurse reviewers have been conducting audits on sites that meet the priority criteria:
- Initial FSR (new locations)
- Relocations
- Periodic FSRs (current and deferred sites during PHE)
- Direct Network provider sites
- Sites in which postponing an audit would compromise access to care for members.

Upon request, providers' offices may defer FSR surveys if their offices are still being impacted by COVID.

As of July 2020, FSR implemented a new FSR platform Healthy Data Systems (HDS). The HDS system interfaces with L.A. Care's systems and generates reports that are sent to L.A. Care's Plan Partners and DHCS. HDS is used by other health plans in L.A. County and state wide, allowing L.A. Care's FSR to work collaboratively in one system.

## 2022 WORK PLAN GOALS:
- Needle stick safety precaution – 80%
- Spore testing of autoclave/sterilizer – 85%

## RESULTS

### Needle stick Safety Precaution

| 2020 Results | 2021 Results | 2022 Results | Goal Met/Not Met | 2022 Goal |
|---|---|---|---|---|
| 76% | 78% | 73% | No | 80% |

*Quantitative Analysis (Needle Stick Safety)*
The 2022 goal for needle stick safety precaution did not meet the goal of 80.0%. The compliance score for needle stick safety decreased by 6.4 percentage points from 2021. The difference in rates is not statistically significant (p value = 0.174) compared to 2021 results. This can be due to the small denominator in 2021 (D=166) vs 2022 (D=815).

*Qualitative Analysis (Needle Stick Safety)*
It is a continuous challenge to meet this goal and to change provider office behavior. The following barriers may contribute to this compliance score:

- Reverting 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 needle stick safety devices may cause a financial burden to provider offices/facilities.
- Staff, due to high office staff turnover, do not know the requirements for needle stick safety precautions.
- Staff are not properly trained upon hire to inform them of the requirements for needle stick 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 L.A. Care's network are not knowledgeable of the requirements.

## Spore Testing of Autoclave/Sterilizer

| 2020 Results | 2021 Results | 2022 Results | Goal Met/ Not Met | 2022 Goal |
|---|---|---|---|---|
| 73% | 95% | 80% | No | 85% |

*Quantitative Analysis (Spore Testing)*
The provider offices reviewed did not meet the 2022 goal of 85% for spore testing of autoclave/steam sterilizers. The compliance score decreased by 15.8 percentage points from 2021. The 2022 results increased from previous years; the difference between 2021 and 2022 is not statistically significant (p value = 1.108). This can be due to the small denominator in 2021 (D=20) vs 2022 (D=116).

*Qualitative Analysis (Spore Testing)*
Upon in-depth review of the available data, it was noted that new provider offices that received an additional educational session were compliant and most providers were slowly transitioning out of utilizing autoclave/steam sterilization equipment. If sites are not conducting autoclave or cold chemical sterilization, sites are using disposable instruments. For the audit period of 10/1/2021 to 9/30/2022 there were a total of 93 Primary Care Provider (PCP) sites utilizing an autoclave, in which twenty-three (23) PCP sites were noted to be non-compliant. The following reasons may contribute to this compliance score:

- Due to pandemic PCP many sites were not performing invasive procedures
- There has been a noticeable industry shift in smaller PCP sites moving away from reusable instruments to disposable instruments
- Certified Site Reviewers (CSR) educating sites on the need to be in compliance with monthly spore testing

- Smaller number of PCP sites were audited due to having an option to delay the FSR process due to PHE

**LOOKING FORWARD**

FSR 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.

Starting in January 2022 FSR resumed on-site audits and started using the revised 2022 FSR/MRR tools in July 2022. The new tools have made significant changes to the criteria and scoring. The additional criteria required will be a challenge to provider sites. Staff education and training will be critical to ensure the provider sites successfully score $\geq$ 80%. L.A. Care's FSR department have collaboratively worked with other health plans' FSR departments to develop a provider education webinar on the new tools and requirements. Provider communications and education has been conducted. Providers and their office staff are strongly encouraged to complete the training videos on the new FSR and MRR tools.

**2023 WORK PLAN GOALS:**
- Needle stick: 80%
- Spore testing of autoclave/sterilizer – 85%

**MEDICAL RECORDS INITIATIVES**

**2022 WORK PLAN GOAL**

Aggregate network primary care physician (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 (4C & 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 primary care physician (PCP) sites 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, 2021 – March 15, 2022 of PCP sites (physician's office, or clinic) to measure compliance with appropriate medical record documentation requirements. Medical Record Reviews (MRRs) were deferred until February 2021, when MRRs were completed virtually due the COVID-19 pandemic. At minimum, a three-year cycle is utilized to be consistent with the credentialing process. This analysis allows L.A. Care to measure a 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 MRRs also provides L.A. Care the ability to identify potential quality of care concerns.

## MAJOR ACCOMPLISHMENTS

- All standards met and/or exceeded the 2022 goal of 80%. Practitioners continue to be educated onsite during the Facility Site Review (FSR) or Medical Record Review (MRR)

## RESULTS

| Fiscal Year | Site # | Total Number of Medical Records Reviewed |
|---|---|---|
| 2020 | 275 | 2,086 |
| 2021 | 166 | 912 |
| 2022 | 785 | 8,659 |

The following tables and graphs show the results of the Fiscal Year (FY) 2020–2022 review of practitioners' sites and medical records. These FY 2021-2022 results are compared to the previous two years. Starting in March of 2020 DHCS permitted MCPs to temporarily suspend the contractual requirement for in-person site reviews, medical audits for MCP subcontractors and network providers, and similar monitoring activities that would require in-person reviews per APL 20-011 "Governor's Executive Order N-55-20 in Response to COVID-19". Virtual medical record reviews were resumed in March, 2021which resulted in a decreased number of site and medical record reviews conducted, as compared to the previous year. Starting in July of 2022 L.A. Care's FSR department has been conducting a hybrid approach of virtual and onsite MRR reviews. There has been a significant increase in the number of MMR reviews in 2021-2022.

## Ease of Retrieving Medical Records

| Criteria | Oct 19 - Sept 20 | Oct 20 - Sept 21 | Oct 21- Sept 22 | % change from Oct 19 to Sept 22 | % from 80% Goal |
|---|---|---|---|---|---|
| Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1) | 100% | 100% | 100% | 0% | +20% |

| Criteria | Oct 19 - Sept 20 | Oct 20 - Sept 21 | Oct 21- Sept 22 | % change from Oct 19 to Sept 22 | % 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% |

**Ease of Retrieving Medical Records**

Goal: 80%

Legend: Oct 19- Sept 20 | Oct 20- Sept 21 | Oct 21- Sept 22

Category 1: Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1)

Category 2: Medical documents are filed in a timely manner to ensure availability for patient encounters (FSR OM - G 2)
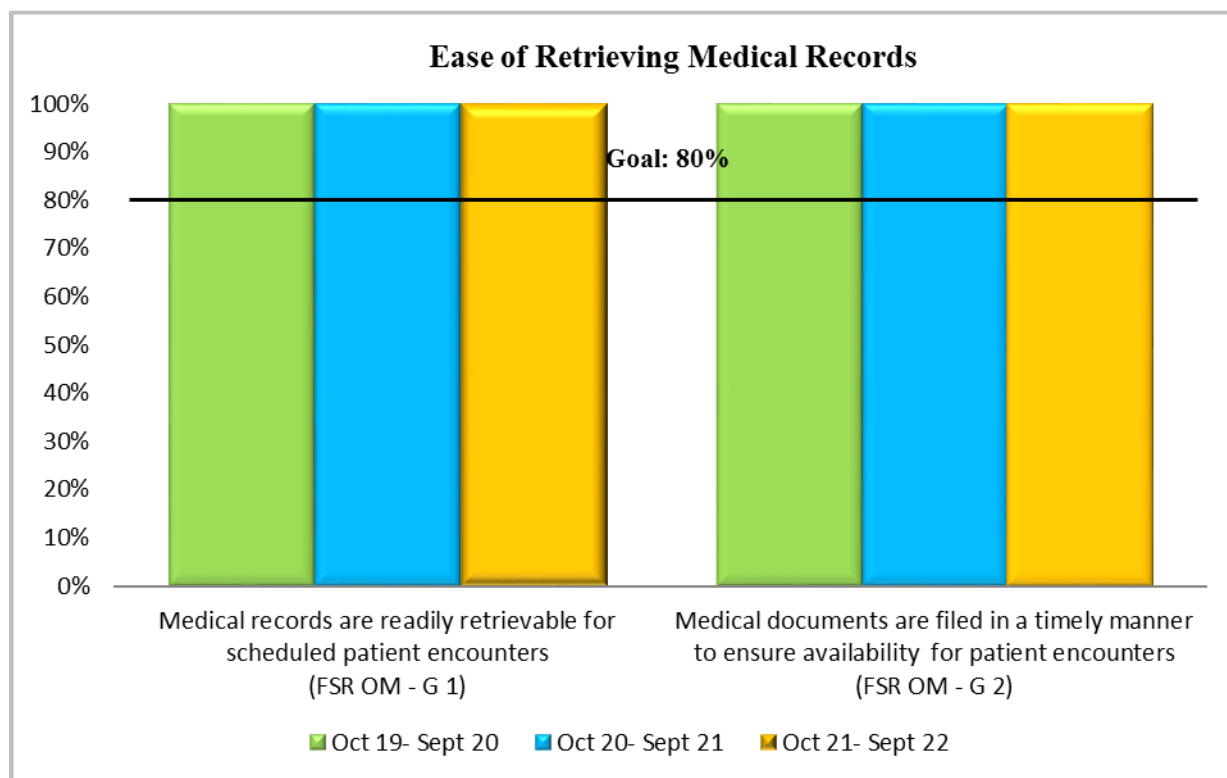
## Medical Record Documentation Standards #1

| Criteria | Oct 19 - Sept 20 | Oct 20- Sept 21 | Oct 21- Sept 22 | % change from Oct 20 to Sept 22 | % from 80% Goal |
|---|---|---|---|---|---|
| Confidentiality of Medical Records (FSR H 4) | 92% | 94% | 94% | 0% | +14% |
| Medical Records Organized (1E) | 92% | 99% | 99% | 0% | +19% |
| Allergies and Adverse Reactions (2A) | 96% | 98% | 95% | -3% | +15% |
| Problem List (2B) | 100% | 100% | 100% | 0% | +20% |
| Medications (2C) | 98% | 100% | 99% | -1% | +19% |
| History and Physical (3A) | 100% | 100% | 100% | 0% | +20% |
| Unresolved/continuing problems are addressed in subsequent visits. (3E) | 100% | 100% | 99% | -1% | +19% |

## Medical Record Documentation Standards #1



Bar chart titled "Medical Record Documentation Standards #1" showing percentages for Confidentiality of Medical Records (FSR H 4), Medical Records Organized (1E), Allergies and Adverse Reactions (2A), Problem List (2B), Medications (2C), History and Physical (3A), and Unresolved/continuing problems are addressed in subsequent visits. (3E) across three periods (Oct 19 - Sept 20, Oct 20 - Sept 21, Oct 21 - Sept 22), with a Goal line at 80%.

## Medical Record Documentation Standards #2

| Criteria | Oct 19 - Sept 20 | Oct 20- Sept 21 | Oct 21- Sept 22 | % change from Oct 20 to Sept 22 | % from 80% Goal |
|---|---|---|---|---|---|
| Working diagnosis consistent with findings (3B) | 100% | 100% | 100% | 0% | +20% |
| Treatment plans consistent with diagnosis (3C) | 100% | 100% | 100% | 0% | +20% |
| Instruction for follow-up care is documented (3D) | 76% | 82% | 80% | -2% | 0% |
| Child: Comprehensive History and Physical Exam completed at age-appropriate frequency (4B1) | 90% | 90% | 91% | +1% | +11% |
| Adult: Comprehensive History and Physical Exam completed at age-appropriate frequency (5B1) | 92% | 94% | 92% | -2% | +12% |
| A physician reviews consultation/referral reports and diagnostic test results. (3F) | 94% | 96% | 94% | -2% | +14% |

**Medical Record Documentation Standards #2**

Goal: 80%

Legend: Oct 19– Sept 20 | Oct 20 – Sept 21 | Oct 21 – Sept 22
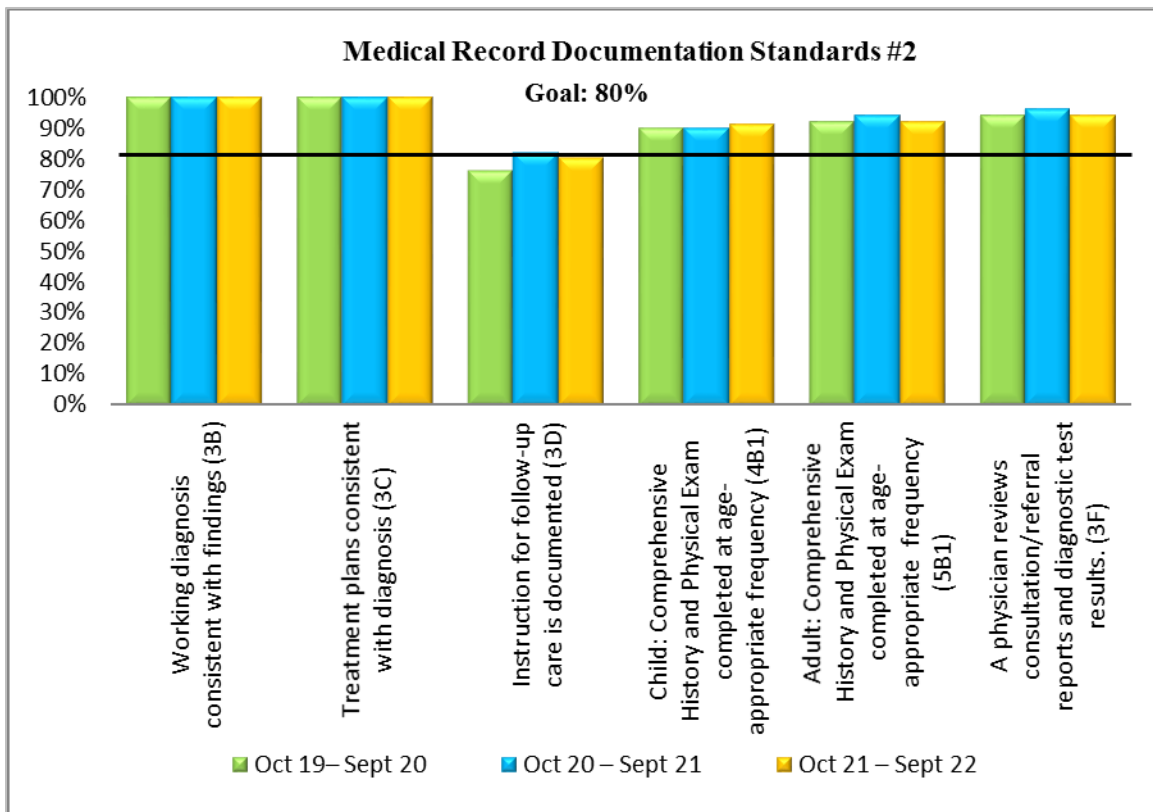
## ANALYSIS

### Quantitative Analysis

The 2022 audits achieved and/or exceeded the 80% goal in all criteria selected for this study. In Measurement Year (MY) 2021-2022, Medical Record Reviews were suspended per APL 20-011 "Governor's Executive Order N-55-20 in Response to COVID-19". Virtual medical record reviews were resumed in March 2021, which resulted in an increased number of site and medical record reviews conducted, as compared to previous year.

### Qualitative Analysis

The 2022 goals have been achieved in all criteria areas. Although compliance rates have been achieved, ongoing barriers may need to be considered:

- Perceived reimbursement issues leading PCPs to believe they will not be reimbursed for AAP/Bright Futures periodicity services.
- 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 causing confusion and duplicative work.
- There is an increased number of sites transitioning to or who have implemented an electronic health record (EHR) system. There are many choices of EHR vendors making the decision complex and puzzling for practitioners. In addition, adding additional fields to accommodate medical record documentation standards and requirements may incur increased costs to physician offices.
- Time needed to document patient services and care rendered may be limited depending on patient volume.

## 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 | • 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.<br>• 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 documentation standards may incur increase costs to physician offices.<br>• Time needed to document patient services and care rendered may be limited depending on patient volume. | • Medical Record Reviews are ongoing.<br>• An established corrective action plan (CAP) process for provider offices that need to address deficiencies noted during a site review survey.<br>• Provide technical assistance as appropriate and necessary. | All measures met goal. |

## LOOKING FORWARD

Virtual medical record review and CAP verification will continue to be offered to provider practices. In July 2022, DHCS' new FSR and MRR tools were implemented. This has required all provider offices to be trained on the new tools and will put some offices at risk for not passing their MRR reviews. During the review process, practitioner and office staff will be educated on the new tools and standards, and sample medical record documents and policies will be distributed as necessary. If the provider falls below the California state required 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 2022 goal is to meet or exceed 80% compliance goals and to implement use of the new Facility Site Review and Medical Record Review Tool.

The revised FSR/MRR tools that have made significant changes to the criteria and scoring. The additional criteria required will be a challenge for provider sites. Staff education and training will be critical to the provider sites successfully scoring > 80%.

**2023 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 of present illness or reason for visit is documented  (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 (4C & 5C)

## H.1. MEMBER EXPERIENCE

### H.1.a APPEALS AND GRIEVANCES

**AUTHOR: DEMETRA CRANDALL &EDWIN CORRALES**
**REVIEWER: MARIA CASIAS, RN**

**BACKGROUND**
L.A. Care Health Plan demonstrates our commitment to providing service excellence by ensuring our members have access to both its clinical and behavioral health quality care and services. The Appeal and Grievance business unit documents, resolves and tracks member dissatisfaction and disputes. The Appeal and Grievance business unit monitors the appeal and grievance data for emerging trends and/or patterns and collaborates with other departments in L.A. Care to drive continuous improvement. Data is first broken out into Non-Behavioral Health and Behavioral Health. The data it then is analyzed to identify gaps and to implement interventions that can better serve our membership. Appeals and grievance trends, barriers, and interventions are presented directly to Product Operations 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 Oversight Committee (QOC), Utilization Management Committee (UMC), Behavioral Health Quality Committee (BHQC), Internal Compliance Committee (ICC), Compliance & Quality Committee (C&Q ), Executive Community Advisory Committee (ECAC) and Credentialing & Provider Network Management.

**NON-BEHAVIORAL GRIEVANCES AND APPEALS**

L.A. Care Health Plan conducted an analysis of grievances and appeals for the 1-year period (CY 2022) of January 1, 2022 – December 31, 2022. The grievance analysis includes expressions of dissatisfaction resolved at the time of the call and exempt from the written notification requirements for acknowledgement and resolution of the grievance.

All grievances and appeals were then categorized into the following tiers:
- Access
- Attitude and Service
- Billing/Financial
- Quality of Practitioner Office
- Quality of Care

The data provided below is reported in terms of rates defining the number of grievances by 1000 member months and in terms of actual grievance counts by product and by category to allow for a drill down into the issues. However, L.A. Care implemented significant changes to its methodology compared to past years that makes comparisons to previous year rates inconclusive. Therefore, CY Q3 2022 data will serve as the new baseline for this study.

For both appeals and grievances, L.A. Care has set a goal for LACC/D, MCLA & PASC to have less than 5 cases/1000 member months for each category. Similarly, L.A. Care set a goal for less than 10/1000 members for the total cases received. For both appeals and grievances, L.A. Care has set a goal for CMC/DSNP to have less than 10 cases/1000 member months for each category. Similarly, L.A. Care set a

goal for less than 20/1000 members for the total cases received, due to the low membership volume and a higher usage rate from these members.

### RESULTS

The Grievances and Appeals data for this section are reflective of the cases received in the CY 2022, are from of January 1, 2022 – December 31, 2022.

## CMC/D-SNP

| CMC/DSNP Grievances | CY 2022 | | | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 3,594 | 41% | 17.08 | 10 | No |
| Attitude and Service | 2,508 | 29% | 11.92 | 10 | No |
| Billing and Financial Issues | 2,115 | 24% | 10.05 | 10 | No |
| Quality of Care | 515 | 6% | 2.45 | 10 | Yes |
| Quality of Practitioner Office Site | 11 | 0% | 0.05 | 10 | Yes |
| **Total** | **8,743** | **100%** | **41.55** | **20** | **No** |

*Quantitative Analysis - Grievances (*__CMC/D-SNP__*):*
- The goals for the Quality of Care and Quality of the Practitioner Site were met
- All other categories and the total rate did not meet the goal.
    - The rate for Access exceeded the goal by the largest margin, 7.08
    - The total grievance rate goal was exceeded by 21.55 grievances per 1000 member months
- Access is the leading cause of grievances with 41% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume.

| CMC/DSNP Appeals | CY 2022 | | | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 448 | 97% | 2.13 | 10 | Yes |
| Attitude and Service | 0 | 0% | 0.00 | 10 | Yes |
| Billing and Financial Issues | 15 | 3% | 0.07 | 10 | Yes |
| Quality of Care | 1 | 0% | 0.00 | 10 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 10 | Yes |
| **Total** | **504** | **100%** | **2.40** | **20** | **Yes** |

*Quantitative Analysis - Appeals (*__CMC/D-SNP__*):*
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 7.87 under the goal.

## LACC/D

| LACC/D Grievances | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 7,580 | 29% | 5.51 | 5 | No |
| Attitude and Service | 4,090 | 16% | 2.97 | 5 | Yes |
| Billing and Financial Issues | 13,577 | 53% | 9.88 | 5 | No |
| Quality of Care | 475 | 2% | 0.35 | 5 | Yes |
| Quality of Practitioner Office Site | 21 | 0% | 0.02 | 5 | Yes |
| **Total** | **25,743** | **100%** | **18.72** | **10** | **No** |

*Quantitative Analysis - Grievances (LACC/D):*
- The goals for Attitude and Service, Quality of the Practitioner Office Site and Quality of Care, were met.
- All other categories and the total rate did not meet the goal.
    - The rate for Billing and Financial Issues exceeded the goal by the largest margin, 4.88
    - The total grievance rate goal was exceeded by 8.72 grievances per 1000 member months
- Billing and Financial Issues is the leading cause of grievances with 53% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

| LACC/D Appeals | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 450 | 93% | 0.33 | 5 | Yes |
| Attitude and Service | 0 | 0% | 0.00 | 5 | Yes |
| Billing and Financial Issues | 30 | 6% | 0.02 | 5 | Yes |
| Quality of Care | 3 | 1% | 0.00 | 5 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 5 | Yes |
| **Total** | **483** | **100%** | **0.35** | **10** | **Yes** |

*Quantitative Analysis – Appeals (LACC/D):*
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.67 under the goal.

## MCLA

| MCLA Grievances | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 29,755 | 47% | 1.81 | 5 | Yes |
| Attitude and Service | 16,076 | 26% | 0.98 | 5 | Yes |
| Billing and Financial Issues | 13,022 | 21% | 0.79 | 5 | Yes |
| Quality of Care | 3,772 | 6% | 0.23 | 5 | Yes |
| Quality of Practitioner Office Site | 159 | 0% | 0.01 | 5 | Yes |
| **Total** | **62,784** | **100%** | **3.82** | **10** | **Yes** |

### *Quantitative Analysis – Grievances (MCLA):*
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 3.19 under the goal.
- Access is the leading cause of grievances with 47% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

| MCLA Appeals | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 1,103 | 94% | 0.07 | 5 | Yes |
| Attitude and Service | 0 | 0% | 0.00 | 5 | Yes |
| Billing and Financial Issues | 58 | 5% | 0.00 | 5 | Yes |
| Quality of Care | 8 | 1% | 0.00 | 5 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 5 | Yes |
| **Total** | **1,169** | **100%** | **0.07** | **10** | **Yes** |

### *Quantitative Analysis – Appeals (MCLA):*
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.93 under the goal.

## PASC

| PASC Grievances | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 1,506 | 39% | 2.50 | 5 | Yes |
| Attitude and Service | 767 | 20% | 1.28 | 5 | Yes |
| Billing and Financial Issues | 1,441 | 37% | 2.40 | 5 | Yes |
| Quality of Care | 181 | 5% | 0.30 | 5 | Yes |

| PASC Grievances | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Quality of Practitioner Office Site | 6 | 0% | 0.01 | 5 | Yes |
| **Total** | **3,901** | **100%** | **6.49** | **10** | **Yes** |

## *Quantitative Analysis – Grievances (PASC):*
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 2.50 under the goal.
- Access is the leading cause of grievances with 39% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

| PASC Appeals | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 120 | 94% | 0.20 | 5 | Yes |
| Attitude and Service | 0 | 0% | 0.00 | 5 | Yes |
| Billing and Financial Issues | 7 | 5% | 0.01 | 5 | Yes |
| Quality of Care | 1 | 1% | 0.00 | 5 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 5 | Yes |
| **Total** | **128** | **100%** | **0.21** | **10** | **Yes** |

## *Quantitative Analysis – Appeals (PASC):*
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.80 under the goal.

## *Qualitative Analysis (CMC/D-SNP, LACC/D, MCLA and PASC):*
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 and public policy committees. Additional recommendations made during the quarterly meetings have been included in the annual evaluation. Lastly, the annual evaluation was presented to the which includes representation from Quality Improvement, Provider Network Services, Product Operations, Member Services, Enrollment, Healthcare Analytics, and Claims. L.A. Care found similar causes of these lower rates across all 4 product lines, which are described below.

*Access*
- Over 67 percent of L.A. Care's access grievances have been resolved by the next business day.
- Delay in authorization at the Primary Care Physician office identified as the top access issues.
- Members continue to express their concerns with the accessibility of their primary physician office.
- Members are dissatisfied with the lack of providers contracted with plan to assist members.

*Attitude and Service*
- Attitude and service at Primary Care Physician office identified as the top issue, members state providers are not paying attention, rude and unprofessional.
- Members expressed concerns with L.A. Care's Customer Service Department.
- Miscommunication from L.A. Care continues to cause member abrasion, member stats they are receiving incorrect information and getting the run-around between different department/areas.

*Billing and Financial Issues*
- Billing Discrepancy identified as the top billing and financial issue along with balance billing has been the top concerns with L.A. Care members.
- Member education on benefit of premium, deductible and co-payment continue cause member abrasion.
- Although it is a top issue, over 49 percent of L.A. Care's billing and financial grievances have been resolved by the next business day.

*Grievance Data Collection*
- The overall volume of grievances can be contributed to the way grievances are collected.  It is very likely these complaints are not explicitly collected as a grievance; instead, they may be inquiries. This would also help explain the large difference in raw counts and rate per 1000 member months between grievances and appeals for all product lines.

## Non-Behavioral Health (BH)Barrier Analysis:

The above qualitative analysis was examined. Below is a summary of barriers L.A. Care identified.

- Lack of member knowledge regarding coverage benefit limits and managed care requirements.
- Member's expressing dissatisfaction with the volume of calls received from the Plan (Outbound campaigns, unable to identify who is calling and why).
- Large influxes of calls to the customer service department that leave members frustrated with the quality of service and hold times.

## Non-BH Opportunities Identified for Improvement:
- Process Improvements: Mazars, an international advisory firm, have been collaborating with the A&G team to provide a customized work plan for success.  The teams have been engaged to evaluate and improve department structure, staffing, and procedures that are integral to processing appeals and grievances.
- Cross-Functional JOM: A&G and Call Center has established a JOM to address cross-functional challenges, and enhance our members' service and experience.
- PCT (A&G system of record) Updates: Continued enhancement of grievance & appeal categories in PCT to support data analytics.
- New A&G System of Record: Implement new A&G system to allow for compliance with regulatory requirements & reporting and to improve overall efficiencies in workflow. The current implementation date for appeals is Nov 2023 with a grievance go live date pending.
- The A&G Case Audit Program Relaunch.  New audit scorecards have been updated in NICE effective 10/01/22.  The A&G Audit Program is in place to ensure that the department processes cases while remaining in regulatory compliance.

LOOKING FORWARD:
- L.A. Care will prioritize and implement interventions based on the above analysis.

**BEHAVIORAL GRIEVANCES AND APPEALS**

L.A. Care Health Plan conducted an analysis of grievances and appeals for the 1-year period (CY 2022) of January 1, 2022 – December 31, 2022. The grievance analysis includes expressions of dissatisfaction resolved at the time of the call and exempt from the written notification requirements for acknowledgement and resolution of the grievance.

All grievances and appeals were then categorized into the following tiers:
- Access
- Attitude and Service
- Billing/Financial
- Quality of Practitioner Office
- Quality of Care

The data provided below is reported in terms of rates defining the number of grievances by 1000 member months and in terms of actual grievance counts by product and by category to allow for a drill down into the issues. However, L.A. Care implemented significant changes to its methodology compared to past years that makes comparisons to previous year rates inconclusive. Therefore, CY Q3 2022 data will serve as the new baseline for this study.

For both appeals and grievances, L.A. Care has set a goal for LACC/D, MCLA & PASC to have less than 5 cases/1000 member months for each category. Similarly, L.A. Care set a goal for less than 10/1000 members for the total cases received. For both appeals and grievances, L.A. Care has set a goal for CMC/D-SNP to have less than 10 cases/1000 member months for each category. Similarly, L.A. Care set a goal for less than 20/1000 members for the total cases received, due to the low membership volume and a higher usage rate from these members.

**RESULTS**

The Grievances and Appeals data for this section are reflective of the cases received in the CY 2022, are from of January 1, 2022 – December 31, 2022.

**<u>CMC</u>**

| CMC/DSNP BH Grievances | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 19 | 48% | 0.09 | 10 | Yes |
| Attitude and Service | 9 | 23% | 0.04 | 10 | Yes |
| Billing and Financial Issues | 6 | 15% | 0.03 | 10 | Yes |
| Quality of Care | 6 | 15% | 0.03 | 10 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 10 | Yes |
| **Total** | **40** | **100%** | **0.19** | **20** | **Yes** |

## Quantitative Analysis – BH Grievances:

- All goals for each individual and total grievances were met
- Access was the category that had the most relative volume of grievances; the rate was still 9.91 under the goal
- There were no grievances that were submitted for the Quality of the Practitioner Office Site

| CMC/DSNP BH Appeals | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 5 | 83% | 0.02 | 10 | Yes |
| Attitude and Service | 0 | 0% | 0.00 | 10 | Yes |
| Billing and Financial Issues | 1 | 17% | 0.00 | 10 | Yes |
| Quality of Care | 0 | 0% | 0.00 | 10 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 10 | Yes |
| **Total** | **6** | **100%** | **0.03** | **20** | **Yes** |

## Quantitative Analysis - BH Appeals:

- All goals for each individual categories and total grievances were met.
- Access issues were the category that had the most relative volume of appeals; the rate was still 9.98 under the goal.

## Qualitative Results/Findings – BH Grievances and Appeals:

As all goals were met for behavioral health-related appeals and grievances, L.A. Care has not performed a root-cause analysis and identified any opportunities to be prioritized at this time.

## LACC/D

| LACC/D BH Grievances | | | CY 2022 | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 42 | 42% | 0.03 | 5 | Yes |
| Attitude and Service | 26 | 26% | 0.02 | 5 | Yes |
| Billing and Financial Issues | 22 | 22% | 0.02 | 5 | Yes |
| Quality of Care | 9 | 9% | 0.01 | 5 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 5 | Yes |
| **Total** | **99** | **100%** | **0.07** | **10** | **Yes** |

## Quantitative Analysis – BH Grievance:

- All goals for each individual and total grievances were met
- Access was the category that had the most relative volume of grievances; the rate was still 4.97 under the goal
- There were no grievances that were submitted for the Quality of the Practitioner Office Site

| LACC/D BH Appeals | CY 2022 | | | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 1 | 100% | 0.00 | 5 | Yes |
| Attitude and Service | 0 | 0% | 0.00 | 5 | Yes |
| Billing and Financial Issues | 0 | 0% | 0.00 | 5 | Yes |
| Quality of Care | 0 | 0% | 0.00 | 5 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 5 | Yes |
| **Total** | **1** | **100%** | **0.00** | **10** | **Yes** |

### Quantitative Analysis – BH Appeals:
- All goals for each individual categories and total grievances were met.

### Qualitative Results/Findings – BH Grievances and Appeals:
As all goals were met for behavioral health-related appeals and grievances, L.A. Care has not performed a root-cause analysis and identified any opportunities to be prioritized at this time.

## MCLA

| MCLA BH Grievances | CY 2022 | | | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 160 | 37% | 0.01 | 5 | Yes |
| Attitude and Service | 168 | 39% | 0.01 | 5 | Yes |
| Billing and Financial Issues | 56 | 13% | 0.00 | 5 | Yes |
| Quality of Care | 48 | 11% | 0.00 | 5 | Yes |
| Quality of Practitioner Office Site | 1 | 0% | 0.00 | 5 | Yes |
| **Total** | **433** | **100%** | **0.03** | **10** | **Yes** |

### Quantitative Analysis – BH Grievances:
- All goals for each individual and total grievances were met
- Attitude and Service was the category that had the most relative volume of grievances; the rate was still 4.99 under the goal

| MCLA BH Appeals | CY 2022 | | | | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 24 | 92% | 0.00 | 5 | Yes |
| Attitude and Service | 0 | 0% | 0.00 | 5 | Yes |
| Billing and Financial Issues | 2 | 8% | 0.00 | 5 | Yes |
| Quality of Care | 0 | 0% | 0.00 | 5 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 5 | Yes |
| **Total** | **26** | **100%** | **0.00** | **10** | **Yes** |

*Quantitative Analysis – BH Appeals:*
- All goals for each individual categories and total grievances were met.

*Qualitative Results/Findings – Grievances and Appeals:*
Root cause analysis was not performed, as all goals were met for behavioral health-related appeals and grievances. No opportunities for improvement were identified at this time.

## PASC

| PASC BH Grievances | | | | CY 2022 | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 5 | 36% | 0.01 | 5 | Yes |
| Attitude and Service | 4 | 29% | 0.01 | 5 | Yes |
| Billing and Financial Issues | 5 | 36% | 0.01 | 5 | Yes |
| Quality of Care | 0 | 0% | 0.00 | 5 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 5 | Yes |
| **Total** | **14** | **100%** | **0.02** | **10** | **Yes** |

*Quantitative Analysis – BH Grievances:*
- All goals for each individual and total grievances were met
- Access was the category that had the most relative volume of grievances; the rate was still 4.99 under the goal

| PASC BH Appeals | | | | CY 2022 | |
|---|---|---|---|---|---|
| Category | Count | % of Total Grievance | Rate | Rate Goal/1000 Member Months | Goal Met? |
| Access | 0 | 0% | 0.00 | 5 | Yes |
| Attitude and Service | 0 | 0% | 0.00 | 5 | Yes |
| Billing and Financial Issues | 0 | 0% | 0.00 | 5 | Yes |
| Quality of Care | 0 | 0% | 0.00 | 5 | Yes |
| Quality of Practitioner Office Site | 0 | 0% | 0.00 | 5 | Yes |
| **Total** | **0** | **0%** | **0.00** | **10** | **Yes** |

*Quantitative Analysis - Appeals:*
No Behavioral health appeal received for CY 2022

*Qualitative Results/Findings – Grievances and Appeals:*
Root cause analysis was not performed, as all goals were met for behavioral health-related appeals and grievances. No opportunities for improvement were identified at this time.

CONCLUSION
All product line goals were met. L.A. Care will continue monitoring grievances and appeals annually.

## H.1.b BEHAVIORAL HEALTH GRIEVANCES AND APPEALS ASSESSMENT, INTERVENTIONS, AND IMPROVEMENT

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

### BACKGROUND

L.A. Care Health Plan (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 members across all product lines based on level of care criteria. There are several administrative services, including the annual member experience survey, 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 product line only. L.A. Care's Appeal and Grievance department monitors the appeals and grievances data and collaborates with internal departments, including the Behavioral Health Department, Quality Improvement, and other Health Services Departments to drive continuous improvement.

By accessing appeal and grievance data, L.A. Care is able to address opportunities for improvement in member care across all product lines. The purpose of this report is to identify trends, areas for improvement, recognize barriers, develop interventions, and measure the effectiveness of those interventions.

This report provides an overview and analysis of the appeals and grievances data across Medi-Cal, Cal MediConnect and LACC/LACCD product lines. This report will outline interventions implemented should the appeal and grievance data not reach threshold performance goals and the collaborative efforts made with stakeholders during the Behavioral Health Quality Committee to further enhance and/or develop additional interventions.

### SUMMARY: DATA AND PERFORMANCE GOALS

| Complaint Type | Product Line | Performance Goal | Performance Goal Met? |
|---|---|---|---|
| Grievances | Medi-Cal | $4 \leq$ per 1000/member per month | Yes |
| | CMC | | Yes |
| | LACC + LACCD | | Yes |
| Appeals | Medi-Cal | $2 \leq$ per 1000/member per month | Yes |
| | CMC | | Yes |
| | LACC + LACCD | | Yes |

The following analysis is focused on Quarter 4 2021 – Quarter 3 2022 and hereon will be referred to as reporting period 2021-2022. Previous reporting period will be referred to as 2020-2021.

**Medi-Cal: Grievances**

| Grievances | RY2020-2021 | | | RY2021-2022 | | |
|---|---|---|---|---|---|---|
| | Total Grievances | Grievances per 1,000* | % of Grievances | Total Grievances | Grievances per 1,000* | % of Grievances |
| Access | 301 | 0.0211 | 65% | 159 | 0.0100 | 41.74% |
| Attitude and Service | 68 | 0.0048 | 15% | 125 | 0.0079 | 32.81% |
| Billing and Financial | 38 | 0.0027 | 8% | 50 | 0.0031 | 13.12% |
| Quality of Care | 21 | 0.0015 | 4% | 46 | 0.0029 | 12.07% |
| Quality of Practitioner Office Site | 38 | 0.0027 | 8% | 1 | 0.00006 | 0.26% |
| **Grand Total** | **466** | **0.0327** | **100%** | **381** | **0.02411** | **100%** |

*Rate per 1,000 members is calculated based on per member per month for the reporting period*

*Quantitative Analysis*
- *Access*: There were a total of 159 grievances for 2021-2022 reporting period, a rate of 0.01 grievances per 1,000 members. 41.74% of grievances were related to Access.
- *Attitude and Service*: There were a total of 125 grievances for 2021-2022 reporting period, a rate of 0.0079 grievances per 1,000 members. 32.81% of grievances were related to Quality of Care.
- *Billing and Financial*: There were a total of 50 grievances for 2021-2022 reporting period, a rate of 0.0031 grievances per 1,000 members. 13.12% of all grievances were related to Attitude and Service.
- *Quality of Care*: There were a total of 46 grievances for 2021-2022 reporting period, a rate of 0.0029 grievances per 1,000 members. 12.07% of all grievances were related to Billing and Financial.
- *Quality of Practitioner Office Site*: There were a total of 1 grievances for 2021-2022 reporting period, a rate of 0.00006 grievances per 1,000 members. 0.26% of all grievances were related to Quality of Practitioner Office Site.
- The total number of grievances filed for reporting period 2021-2022 were 381, a rate of 0.02411 grievances per 1,000 members, which is well below the performance goal of 4 or less grievances per 1,000 members. The overall Behavioral Health grievances across all lines of business are very low, suggesting that the complaints do not reflect a global problem across L.A. Care.

*Qualitative Analysis*
Based on the data, grievances in total has decreased from the previous year. The Attitude & Service and Quality of Care categories increased from the previous year with most of the grievances related to members reporting grievances against their mental health providers and Beacon phone number being unanswered or no callbacks from Beacon.

The Appeals and Grievances Department work closely with the Behavioral Health Department to identify trends. The Behavioral Health Department collaborate with Beacon to address access grievances, which Beacon then implements continuous strategies to help resolve identified trends within the grievances.

Beacon continues to work with their internal team to address the grievances in order to reduce the overall numbers.

The performance goal of 4 or less grievances per 1,000 members were met for Medi-Cal, Cal MediConnect and LACC product lines.  The total number of grievances for reporting period 2021-2022 were significantly less than the performance goal.

## Medi-Cal: Appeals

| Appeals | RY2019-2020 | | | RY2020-2021 | | | RY2021-2022 | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total Appeals | Appeals per 1,000* | % | Total Appeals | Appeals per 1,000* | % | Total Appeals | Appeals per 1,000* | % |
| Access | 3 | 0.0002 | 100% | 10 | 0.0007 | 91% | 22 | 0.0013 | 85% |
| Attitude and Service | 0 | 0 | 0% | 0 | 0.000 | 0% | 0 | 0 | 0% |
| Billing and Financial | 0 | 0 | 0% | 0 | 0.000 | 0% | 2 | 0.0001 | 8% |
| Quality of Care | 0 | 0 | 0% | 1 | 0.0001 | 9% | 2 | 0.0001 | 8% |
| Quality of Practitioner Office Site | 0 | 0 | 0% | 0 | 0.000 | 0% | 0 | 0 | 0% |
| Grand Total | 3 | 0.0002 | 100% | 11 | 0.0008 | 100% | 26 | 0.0016 | 100% |

*Rate per 1,000 members is calculated based on per member per month for the reporting period*

## Medi-Cal appeals per 1,000 members
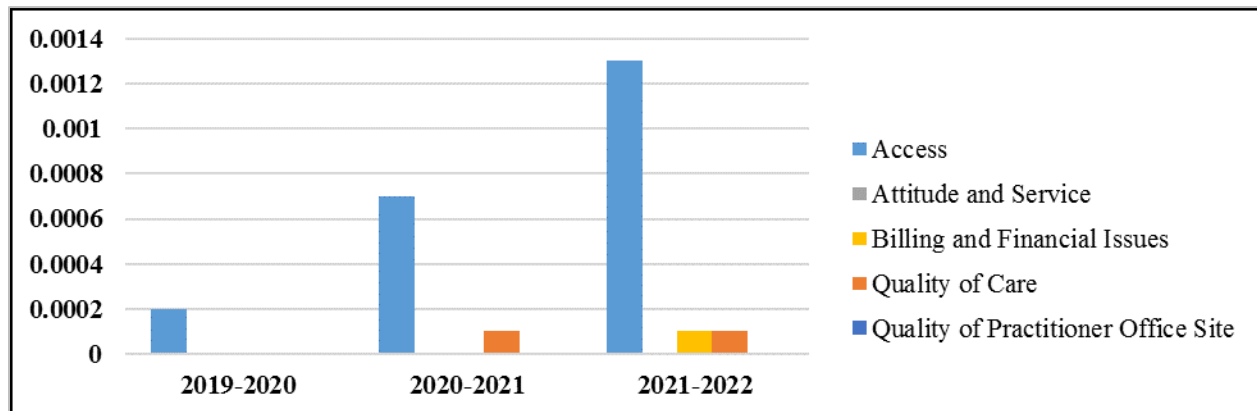


## Quantitative Analysis
- *Access*: There were a total of 22 appeals for Medi-Cal product line for 2021-2022 reporting period, an increase of 120% compared to previous reporting period.
- *Attitude & Service:* There was 0 appeals for Medi-Cal product line for both 2020-2021 and 2021-2022 reporting period.
- *Billing & Financial:* There were a total of 2 appeals for Medi-Cal product line for 2021-2022 reporting period, an increase of 100% compared to previous reporting period.
- *Quality of Care*: There were a total of 2 appeals for Medi-Cal product line for 2021-2022 reporting period, an increase of 100% compared to previous reporting period.
- The total appeals for 2021-2022 increased by 136% compared to 2020-2021 reporting period.
- The overall Behavioral Health appeals comparative to the membership of L.A. Care is significantly low, suggesting that the appeals do not reflect a global problem across L.A. Care despite the year over year increase.

- Although there was a year over year increase, the number of appeals reported are very small comparative of the entire product line population. When working with such low numbers, any fluctuation in the data will suggest a considerable difference, even when the difference is not statistically meaningful.

### *Qualitative Analysis*
Based upon the review of the data for this measurement period, Access related appeals demonstrated the most significant increase. Most of the appeals were related to denial of ABA services. However, during this reporting period, the rate of 0.0016 per thousand remains below the performance goal of 2 or less appeals per 1,000 members.

## Cal MediConnect: Grievances

| Grievances | RY2020-2021 | | | RY2021-2022 | | |
|---|---|---|---|---|---|---|
| | Total Grievances | Grievances per 1,000* | % of Grievances | Total Grievances | Grievances per 1,000* | % of Grievances |
| Access | 44 | 0.197 | 25% | 24 | 0.1113 | 39% |
| Attitude and Service | 27 | 0.121 | 15% | 9 | 0.0417 | 14% |
| Billing and Financial | 89 | 0.398 | 51% | 21 | 0.0974 | 34% |
| Quality of Care | 9 | 0.040 | 5% | 8 | 0.0371 | 13% |
| Quality of Practitioner Office Site | 7 | 0.031 | 4% | 0 | 0 | 0 |
| **Grand Total** | **176** | **0.786** | **100%** | **62** | **0.2877** | **100%** |

*Rate per 1,000 members is calculated based on per member per month for the reporting period*

### *Quantitative Analysis*
- *Access*: There were a total of 24 grievances for 2021-2022 reporting period, a rate of 0.1113 grievances per 1,000 members. 39% of the grievances were related to Access.
- *Attitude & Service*: There were a total of 9 grievances for 2021-2022 reporting period, a rate of 0.0417 grievances per 1,000 members. 14% of the grievances were related to Quality of Care.
- *Billing & Financial*: There were a total of 21 grievances for 2021-2022 reporting period, a rate of 0.0974 grievances per 1,000 members. 34% of all grievances were related to Attitude and Service.
- *Quality of Care*: There were a total of 8 grievances for 2021-2022 reporting period, a rate of 0.0371 grievances per 1,000 members. 13% of all grievances were related to Billing and Financial.
- *Quality of Practitioner Office* Site: There were a total of 0 grievances for 2021-2022 reporting period, a rate of 0 grievances per 1,000 members. 0% of all grievances were related to Quality of Practitioner Office Site.
- The total number of grievances filed for reporting period 2021-2022 were 62, a rate of 0.2877 per 1,000 members, which is well below the performance goal of 4 or less grievances per 1,000 members. The overall Behavioral Health grievances comparative to the Cal MediConnect product line membership of L.A. Care is low, suggesting that the complaints do not reflect a global problem across L.A. Care.

### *Qualitative Analysis*
Based on the data, grievances in total has decreased from the previous year. Appeals and Grievances Department work closely with the Behavioral Health Department to identify trends. The Behavioral Health

Department collaborate with Beacon to address access grievances, which Beacon then implements continuous strategies to help resolve identified trends within the grievances.

The performance goal of 4 or less grievances per 1,000 members were met for Medi-Cal, Cal MediConnect and LACC product lines. The total number of grievances for reporting period 2021-2022 were significantly less than the performance goal.

## Cal MediConnect: Appeals

| Appeals | RY2019-2020 | | | RY2020-2021 | | | RY2021-2022 | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total Appeals | Appeals per 1,000* | % of Appeals | Total Appeals | Appeals per 1,000* | % of Appeals | Total Appeals | Appeals per 1,000* | % of Appeals |
| Access | 0 | 0 | 0% | 0 | 0 | 0% | 6 | 0.0278 | 75% |
| Attitude and Service | 0 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| Billing and Financial | 0 | 0 | 0% | 0 | 0 | 0% | 2 | 0.0093 | 25% |
| Quality of Care | 0 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| Quality of Practitioner Office Site | 0 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| **Grand Total** | **0** | **0** | **0%** | **0** | **0** | **0%** | **8** | **0.0371** | **100%** |

*Rate per 1,000 members is calculated based on per member per month for the reporting period*

### Quantitative Analysis
- *Access*: There were a total of 6 appeals for CMC product line for 2021-2022 reporting period, an increase of 100% compared to previous reporting period.
- *Attitude & Service:* There was 0 appeals for CMC product line for both 2020-2021 and 2021-2022 reporting period.
- *Billing & Financial:* There were a total of 2 appeals for CMC product line for 2021-2022 reporting period, an increase of 100% compared to previous reporting period.
- *Quality of Care*: There was 0 appeals for CMC product line for both 2020-2021 and 2021-2022 reporting period.
- The total appeals for 2021-2022 increased by 100% compared to 2020-2021 reporting period.
- The overall Behavioral Health appeals comparative to the membership of L.A. Care is significantly low, suggesting that the appeals do not reflect a global problem across L.A. Care despite the year over year increase.
- Although there was an increase from the previous year, the number of appeals reported are very small comparative of the entire product line population. When working with such low numbers, any fluctuation in the data will suggest a considerable difference, even when the difference is not statistically meaningful.

### Qualitative Analysis
Based upon the review of the data for this measurement period, Access related appeals demonstrated the most significant increase. However, during this reporting period, the rate of 0.0371 per thousand remains below the performance goal of 2 or less appeals per 1,000 members.

**LACC (Commercial): Grievances**

| Grievances | RY2020-2021 | | | RY2021-2022 | | |
|---|---|---|---|---|---|---|
| | Total Grievances | Grievances per 1,000* | % of Grievances | Total Grievances | Grievances per 1,000* | % of Grievances |
| Access | 69 | 0.062 | 47% | 55 | 0.0408 | 49% |
| Attitude and Service | 16 | 0.014 | 11% | 27 | 0.0200 | 24% |
| Billing and Financial | 47 | 0.043 | 32% | 24 | 0.0178 | 21% |
| Quality of Care | 3 | 0.003 | 2% | 7 | 0.0052 | 6% |
| Quality of Practitioner Office Site | 11 | 0.010 | 8% | 0 | 0 | 0% |
| **Grand Total** | **146** | **0.132** | **100%** | **113** | **0.0839** | **100%** |

*Rate per 1,000 members is calculated based on per member per month for the reporting period*

## Quantitative Analysis

- *Access*: There were a total of 55 grievances for 2021-2022 reporting period, a rate of 0.0408 grievances per 1,000 members. 49% of the grievances were related to Access.
- *Attitude and Service*: There were a total of 27 grievances for 2021-2022 reporting period, a rate of 0.0200 grievances per 1,000 members. 24% of the grievances were related to Quality of Care.
- *Billing and Financial*: There were a total of 24 grievances for 2021-2022 reporting period, a rate of 0.0178 grievances per 1,000 members. 21% of the grievances were related to Attitude and Service.
- *Quality of Care*: There were a total of 7 grievances for 2021-2022 reporting period, a rate of 0.043 grievances per 1,000 members. 6% of the grievances were related to Billing and Financial.
- *Quality of Practitioner Office Site*: There were a total of 0 grievances for 2021-2022 reporting period, a rate of 0 grievances per 1,000 members. 0% of the grievances were related to Billing and Financial.
- The total number of grievances filed for reporting period 2021-2022 were 113, a rate of 0.0839 per 1,000 members, which is well below the performance goal. The overall Behavioral Health grievances comparative to the LACC membership of L.A. Care is very low, suggesting that the complaints do not reflect a global problem across L.A. Care.
- 

## Qualitative Analysis

Based on the data, grievances in total has decreased from the previous year. Based on the data, grievances in total has decreased from the previous year. The Attitude & Service and Quality of Care categories increased from the previous year with most of the grievances related to members reporting grievances against their mental health providers and Beacon phone number being unanswered or no callbacks from Beacon.

The Appeals and Grievances Department work closely with the Behavioral Health Department to identify trends. The Behavioral Health Department collaborate with Beacon to address access grievances, which Beacon then implements continuous strategies to help resolve identified trends within the grievances. Beacon continues to work with their internal team to address the grievances in order to reduce the overall numbers.

The performance goal of 4 or less grievances per 1,000 members were met for Medi-Cal, Cal MediConnect and LACC product lines. The total number of grievances for reporting period 2021-2022 were significantly less than the performance goal.

## LACC: Appeals

| Appeals | RY2020-2021 | | | RY2021-2022 | | |
|---|---|---|---|---|---|---|
| | Total Appeals | Appeals per 1,000* | % of Appeals | Total Appeals | Appeals per 1,000* | % of Appeals |
| Access | 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 | 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%** |

*Rate per 1,000 members is calculated based on per member per month for the reporting period*

## *Quantitative Analysis*
There were no LACC appeals during this reporting period or previous reporting year of 2019-2020.

### BEHAVIORAL HEALTHCARE OPPORTUNITIES FOR IMPROVEMENT
The performance goals established for reporting period 2021-2022 have been met. This includes all five categories for product lines Medi-Cal, Cal MediConnect and LACC. At this time, due to our low thresholds, no interventions were indicative.

### MEMBER EXPERIENCE SURVEY: 2021
L.A. Care Health Plan is committed to provide quality services to all its members. L.A. Care's MBHO, Beacon Health Options completes an annual member satisfaction survey and reports analysis to L.A. Care. The ME 7E section of this report (as it relates to member experience survey) has been delegated to Beacon Health Options and is an auto credit. Please refer to "2021 *Member Satisfaction Report*" for a detailed analysis of the member satisfaction surveys for Medi-Cal, Cal MediConnect and LACC product lines.

**H.1.c MEMBER SATISFACTION (CAHPS)**

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**REVIEWER: MARIA CASIAS, RN**

**CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS**

**BACKGROUND**

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through the 2022 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2022 Medicare MAPD CAHPS, and 2022 QHP Enrollee Experience Survey. The scores presented are the results of the surveys conducted by the Center for the Study of Services (CSS), a NCQA-certified vendor hired by L.A. Care. This section of the report contains a quantitative analysis, followed by a qualitative analysis, and the selection of the top priorities among opportunities identified for improvement. The tables below compare 2022 scores from 2021 as well as 2020 and 2019 to highlight pre-pandemic rates, as well as to benchmarks and goals. The Medi-Cal rates and goals reflect the Vendor report by Center for the Study of Services (CSS) for the 2022, 2021, and 2020 years. The 2019 Medicaid Adult and Child CAHPS surveys were conducted by a different vendor, DSS Research. The L.A. Care Covered and Medicare Advantage Prescription Drug rates and goals reflect the Centers for Medicare and Medicaid Services weighted adjusted scores. Moving forward, goals and rates will reflect the Vendor reports prepared by CSS because CMS adjusts the rates after submission making goal setting difficult.

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, the Customer Solution Center, Utilization Management, Care Management, Appeals and Grievances, Health Education, Cultural and Linguistic Services, 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 Elevating Customer Experience Cross-Functional Team (ECE CFT), Quality Oversight and Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) Committee.

| Survey Fielding Dates | | | |
|---|---|---|---|
| **Survey Year** | **Medi-Cal: HP-CAHPS** | **LACC: QHP Enrollee Survey** | **CMC: MAPD CAHPS** |
| **2022** | 2/17/2022 - 5/11/2022 | 2/24/2022 – 5/6/2022 | 3/8/2022 – 6/6/2022 |
| **2021** | 2/14/2021 – 5/13/2021 | 2/26/2021 – 5/15/2021 | 3/11/2021 – 5/28/2021 |
| **2020** | 2/14/2020 – 5/11/2020 | 2/26/2020 – 4/18/2020 Data collection scheduled to go through 6/18/2020 but was halted per CMS instructions | 3/11/2020 – 5/29/2020 Data collection scheduled to go through 6/18/2020 but was halted per CMS instructions |
| **2019** | 2/26/2019 – 5/13/2019 | 2/28/2019 – 5/15/2019 | 3/13/2019 – 5/31/2019 |

**METHODOLOGY**

This section summarizes findings of the 2022 Medicaid CAHPS 5.0 Child and Adult surveys, reviews rates over three years, and reviews performance relative to the 2022 National Committee for Quality Assurance (NCQA) percentiles published in the Quality Compass.[52] The survey results collected by CSS are reviewed. Accreditation percentiles are not available for 2020 due to COVID-19 and rates for the 2020 surveys are to be used for internal analysis only. Scores are examined for possible statistical significant changes from 2021 to 2022. Changes in score from 2020 to 2021 should be compared in a guarded way due to impacts from the COVID-19 pandemic.

The Child survey samples parents of pediatric members (17.9 years and younger) and the Adult survey samples members 18 years or older, as of the anchor date of December 31, 2021. Those sampled were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. During the survey fielding period, there were 717 completed Child surveys and 537 completed Adult surveys, reflecting response rates of 14.6% and 13.5%, respectively. This reflects a 12 and 7.3 percentage point decrease in the response rate compared to 2021 for children and adults, respectively. Based on the language preference, members received survey materials in either English, Spanish, or Chinese. In 2021 and 2022, NCQA did not impose any changes or restrictions due to COVID-19, so the survey was administered as planned. However, NCQA does not consider 2020 survey results suitable for trending.

**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 six 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 2022 scores to scores from 2021 and 2010, as well as to benchmarks and goals.

| Medicaid Child Ratings | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2021 | Quality Compass Percentile | 2022 Goal | Goal Met |
|---|---|---|---|---|---|---|---|---|
| Health Plan | 86.7% | 87.4% | 87.3% | 87.3% | 0.0 pp[53] | 50th | 88% | Not Met |
| All Health Care | 82.3% | 80.8% | 88.5% | 84.7% | -3.7 pp | <10th | 89% | Not Met |
| Personal Doctor | 84.2% | 86.1% | 86.6% | 87.6% | +1.0 pp | <25th | 88% | Not Met |
| Specialist Seen Most Often | N/A | N/A | 89.7% | 88.9% | -0.8 pp | 66th | 91% | Not Met |

N/A indicates that the measure had <100 respondents (not scored by NCQA)

- Indicates no goal was set

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[52] This report estimates what percentile L.A. Care would fall into for the Quality Compass. While NCQA published benchmarks for 2020, health plan scores were not published, so L.A. Care is not officially at any percentile. This is done for coarse internal analysis only.

[53] pp – percentage points

*Quantitative Analysis - Child*
- Health Plan: Remained the same rate as the previous year. L.A. Care's score remained at the 50th percentile for Quality Compass for the third year.
- All Health Care: Decreased 3.7 percentage points from the previous year. This decrease took L.A. Care below the 10th percentile. The prior years rate almost met the 50th percentile.
- Personal Doctor: Increased 1.0 percentage points from the previous year, but remained below the 25th percentile, although narrowly.
- Rating of Specialist: Decreased 0.8 percentage points from the prior year, however, is above the 66th percentile.
- None of the four internal goals for the Child ratings were met. Three of the four ratings decreased from 2021 to 2022 with Rating of Personal Doctor experiencing the only increase. None of the percentage changes from the prior year were statistically significant. Rating of Personal Doctor and Rating of All Health Care performed statistically lower than the NCQA Quality Compass National Average. Rating of Specialist was the highest scoring measure for a second year in a row.

| Medicaid Adult Ratings | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2021 | Quality Compass Percentile | 2022 Goal | Goal Met |
|---|---|---|---|---|---|---|---|---|
| Health Plan | 72.9% | 70.7% | 72.3% | 72.4% | +0.1 pp | <25th | 73% | Not Met |
| All Health Care | 71.8% | 71.3% | 73.5% | 73.9% | +0.4 pp | <25th | 75% | Not Met |
| Personal Doctor | 78.4% | 74.4% | 77.5% | 79.2% | +1.7 pp | <25th | 79% | Met |
| Specialist Seen Most Often | 75.2% | 74.8% | 79.2% | 82.7% | +3.5 pp | 25th | 80% | Met |

*Quantitative Analysis - Adult*
- Health Plan: Increased 0.1 percentage points from 2021. This Rating exactly met the 10th percentile for Quality Compass.
- All Health Care: Increased 0.4 percentage points from 2021. This Rating remained below the 25th percentile for Quality Compass.
- Personal Doctor: Increased 1.7 percentage points from 2021. This Rating rose above the 10th percentile for Quality Compass.
- Specialist Seen Most Often: Increased 3.5 percentage points from 2021. This Rating fell above the 25th percentile and even met the 33rd percentile, compared to last year when it fell below the 10th.
- All four Adult Ratings increased from the previous year, continuing a trend from 2021. Despite the improvements, all three out of the four Ratings fell below the 25th percentile for Quality Compass. Rating of Personal Doctor and Health Plan performed statistically lower than the 2021 NCQA Quality Compass national average. Rating of Personal Doctor and Rating of Specialist met the internal goals.

### 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 composites throughout this report reflect the percent of responses indicating "usually" or "always." The tables below compare 2022 scores to scores from 2021 and 2020, as well as to benchmarks and goals.

| Medicaid Child Composites | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2021 | Quality Compass Percentile | 2022 Goal | Goal Met |
|---|---|---|---|---|---|---|---|---|
| Getting Needed Care | 83.9% | 83.2% | 81.0% | 82.3% | +1.3 pp | <25th | 82% | Met |
| Getting Care Quickly | 80.4% | 82.3% | 78.9% | 80.3% | +1.4 pp | <25th | 80% | Met |
| How Well Doctors Communicate | 88.9% | 87.3% | 89.4% | 90.6% | +1.2 pp | <10th | - | - |
| Customer Service | 86.5% | 93.1% | 85.7% | 86.9% | +1.3 pp | 25th | - | - |
| Coordination of Care | N/A | N/A | 80.0% | 78.8% | -1.2 pp | <10th | 81% | Not Met |

N/A indicates that the measure had <100 respondents (not scored by NCQA).
- Indicates no goal was set or that no percentiles were available.

## Quantitative Analysis - Child

- Getting Needed Care: Increased by 1.3 percentage points from 2021. The rate remained below the 25th percentile for Quality Compass.
- Getting Care Quickly: Increased by 1.4 percentage points from 2021. The rate increased above the 10th percentile but remains below the 25th percentile for Quality Compass.
- How Well Doctors Communicate: Increased by 1.2 percentage points from 2021. The rate remains below the 10th percentile for Quality Compass.
- Customer Service: Increased by 1.3 percentage points from 2021 after a large percentage point decrease in the prior year. The rate improved above the 25th percentile.
- Coordination of Care: Decreased by 1.2 percentage points from 2021. The rate fell below the 10th percentile for Quality Compass.
- All Child composites, with the exception of Coordination of Care, increased from 2021 to 2022. This is an improvement considering four of the five composites decreased from 2020 to 2021. Despite these improvements, two of the composites fell below the 10th percentile, two fell below the 25th percentile and only one exceeded the 25th percentile for Quality Compass. None of these rate changes from 2021 were statistically significant. Getting Care Quickly, Coordination of Care and How Well Doctors Communicate were all statistically lower than the 2021 NCQA Quality Compass National Average. No composite performed above the average. Two of the three internal goals were met for Getting Needed Care and Getting Care Quickly while the internal goal for Coordination of Care was not met.

| Medicaid Adult Composites | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2021 | Quality Compass Percentile | 2021 Goal | Goal Met |
|---|---|---|---|---|---|---|---|---|
| Getting Needed Care | 76.6% | 71.6% | 74.4% | 77.5% | +3.1 pp | <25th | 75% | Met |
| Getting Care Quickly | 76.8% | 72.7% | 72.1% | 73.5% | +1.4 pp | <10th | 73% | Met |
| How Well Doctors Communicate | 89.1% | 85.5% | 85.8% | 88.3% | +2.5 pp | <10th | - | - |
| Customer Service | N/A | 88.8% | 80.6% | 84.1% | +3.5 pp | <10th | - | - |
| Coordination of Care | N/A | 72.7% | 77.3% | 78.4% | +1.2 pp | <10th | 78% | Met |

- Indicates no goal was set or that no percentiles were available.

*Quantitative Analysis - Adult*

- Getting Needed Care: Increased 3.1 percentage points from 2021. This composite was below the 25th percentile for Quality Compass.
- Getting Care Quickly: Increased 1.4 percentage points from 2021. This composite was below the 10th percentile for Quality Compass.
- How Well Doctors Communicate: Increased 2.5 percentage points from 2021. This composite was below the 10th percentile for Quality Compass.
- Customer Service: Increased 3.5 percentage points from 2021. This composite was below the 10th percentile for Quality Compass.
- Coordination of Care: Increased 1.2 percentage points from 2021. This composite was below the 10th percentile for Quality Compass.
- All five composites increased from the previous year and three out of the three internal goals were met. None of these rate changes were statistically significant. Despite these improvements, four out of the five composites fell below the 10th percentile for Quality Compass, with only Getting Needed Care falling above the 10th percentile but still below the 25th. All five composites performed statistically lower than the 2021 NCQA Quality Compass National Average, continuing a trend from the prior year.

## SECTION 2: L.A. CARE COVERED QHP ENROLLEE SURVEY RESULTS

The 2022 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2021, 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 surveys were available in English, Spanish, and Simplified Chinese.

Annual analysis is usually based exclusively on the official, adjusted results from CMS. Scores are compared to official scores from the prior two years. However, the 2020 survey was halted by CMS and scores were not calculated. Due to this disruption, the 2022 scores are compared to 2021 and 2019. Moving forward, goals and rates will reflect the Vendor reports prepared by CSS because CMS adjusts the rates after submission making goal setting difficult.

The QHP Survey was fielded February 24 through May 6. Responses were solicited via mail, phone, and email, when possible. There were a total of 231 responses which is a response rate of 18.7%. This represents a decrease from the prior years' response rate of 23.4% but an increase from the 2020 rate of 11.6% and more in line with the 2019 rate of 18.3%.

*RATINGS*

| QHP Rating* | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2021 | 2022 Goal | Goal Met | CMS National Average |
|---|---|---|---|---|---|---|---|---|
| Health Plan | 72.6% | N/A | 69.5% | 73.1% | +3.6 pp | 70% | Met | 73.1% |
| Health Care | 77.9% | N/A | 74.0% | 77.1% | +3.1 pp | 75% | Met | 80.3% |
| Personal Doctor | 82.5% | N/A | 81.8% | 82.6% | +0.8 pp | 83% | Met | 87.5% |
| Specialist | 82.7% | N/A | 80.4% | 79.0% | -1.4 pp | 81% | Not Met | 85.3% |

*Responses of 7, 8, 9, or 10

*Quantitative Analysis*
- The below rates changed from the previous survey (2021):
  - o Health Plan Overall: Increased by 3.6 percentage points.
  - o Health Care Rating: Increased by 3.1 percentage points.
  - o Personal Doctor: Increased by 0.8 percentage points.
  - o Specialist: Decreased by 1.4 percentage points
- Three of the four ratings increased from 2021 to 2022 with only Rating of Specialist decreasing. Similarly, three of the four internal goals were met with the only exception being Rating of Specialist. Rating of Health Plan and Health Care performed "Average" compared to other plans nationally while Rating of Personal Doctor and Specialist performed "Below" compared to other plans nationally.

*COMPOSITES*

| QHP Composites | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2021 | 2022 Goal | Goal Met | CMS National Average |
|---|---|---|---|---|---|---|---|---|
| Getting Care Quickly | 66.4% | N/A | 64.3% | 65.0% | +0.7 pp | 65% | Met | 72.3% |
| Getting Needed Care | 66.9% | N/A | 63.7% | 64.3% | +0.6 pp | 65% | Not Met | 71.2% |
| Access to Information | 50.2% | N/A | 47.6% | 51.8% | +4.2 pp | 49% | Met | 52.5% |
| Getting Information in a Needed Language/Format | 66.5% | N/A | 61.3% | 63.2% | +1.9 pp | - | N/A | 64.3% |
| How Well Doctors Coordinate Care and Keep Patients Informed | 76.7% | N/A | 76.1% | 75.3% | -0.8 pp | 77% | Not Met | 82.4% |
| Health Plan Customer Service | 74.8% | N/A | 73.6% | 72.1% | -1.5 pp | 75% | Not Met | 74.6% |
| Experience with Cost | 81.0% | N/A | 80.9% | 79.7% | -1.2 pp | - | N/A | 79.1% |
| How Well Doctors Communicate | 85.7% | N/A | 84.1% | 82.7% | -1.4 pp | - | N/A | 88.4% |

- Indicates no goal was set

*Quantitative Analysis*
- The below rates changed from the previous survey (2021):
  - o Getting Care Quickly: Increased by 0.7 percentage points.
  - o Getting Needed Care: Increased by 0.6 percentage points.
  - o Access to Information: Increased by 4.2 percentage points.
  - o Getting Information in a Needed Language/Format: Increased by 1.9 percentage points
  - o How Well Doctors Coordinate Care and Keep Patients Informed: Decreased by 0.8 percentage points.
  - o Health Plan Customer Service: Decreased by 1.5 percentage points.
  - o Experience with Costs: Decreased by 1.2 percentage points, but exceeded the CMS National Average.
  - o How Well Doctors Communicate: Decreased by 1.4 percentage points.
- Four of the composites increased from 2021 while the remaining four composites decreased from 2021. Of the five composites with internal goals, two were Met (Getting Care Quickly; Access to Information) while the remaining three were Not Met (Getting Needed Care; How Well Doctors Coordinate Care and Keep Patients Informed; Health Plan Customer Service). The only composite

to exceed the CMS National Average was Experience with Costs, which continues the trend from 2021.

## SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

The 2022 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 six months or longer.

Annual analysis is usually based exclusively on the official, adjusted results from CMS.  Scores are compared to official scores from the prior two years.  However, the 2020 survey was halted by CMS and scores were not calculated.  Due to this disruption, the 2022 scores are compared to 2021 and 2019. Moving forward, goals and rates will reflect the Vendor reports prepared by CSS because CMS adjusts the rates after submission making goal setting difficult

The 2022 survey had a response rate of 32.5%, which is a 6.1 percentage point decrease from 2021.  This response rate is higher than the average for all MMP contracts in California (29.5%) and nationally (23.6%).

### *RATINGS*

| MAPD Ratings* | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2021 | 2022 Goal | Goal Met | 2022 MMP Avg. |
|---|---|---|---|---|---|---|---|---|
| Health Plan | 69% | N/A | 68% | 66% | -2 pp | 69% | Not Met | 65% |
| Health Care Quality | 64% | N/A | 66% | 64% | -2 pp | 67% | Not Met | 61% |
| Personal Doctor | 78% | N/A | 75% | 75% | 0 pp | 76% | Not Met | 76% |
| Specialist | N/A | N/A | N/A | N/A | N/A | - | N/A | 73% |
| Drug Plan | 70% | N/A | 67% | 66% | -1 pp | 68% | Not Met | 68% |

*Responses 9 or 10
- Indicates no goal was set
N/A indicates measure was not scored due to low reliability

### *Quantitative Analysis*
- Health Plan: Decreased by two percentage points from 2021, failing to meet the internal goal.  The rating met the MMP average and was not statistically different from the national Medicare Advantage average.  The percentage of responses that were 0-6 increased by one percentage point.
- Health Care Quality: Decreased by two percentage points from 2021 and did not meet the internal goal.  The rating exceeded the MMP average and was not statistically different from the national Medicare Advantage average.
- Personal Doctor: The rating did not change from 2021.  This rating fell below the MMP average and was not statistically different from the national Medicare Advantage average.
- Specialist: The 2022 score was N/A.
- Drug Plan: Decreased by one percentage point from 2021, failing to meet the internal goal.  The rating was not statistically different from the Medicare Advantage national average.
- No goals were met in 2022, continuing a trend from 2021.  All the ratings also declined from 2021 to 2022.  Similar to 2021, Rating of Health Care Quality and Health Plan met or exceeded the MMP National Average while Rating of Personal Doctor and Drug Plan fell below.  The COVID-19 pandemic appears to continue to have an impact on scores.  Ratings in 2021 failed to meet the 2019 levels, after three years of rate increases of five or more percentage points.

| MAPD Composites* | 2019 | 2020 | 2021 | 2022 | 2021 vs. 2019 | 2022 Goal | Goal Met | 2022 MMP Avg. |
|---|---|---|---|---|---|---|---|---|
| Getting Needed Care | 88% | N/A | 85% | 82% | -3 pp | 86% | Not Met | 85% |
| Getting Appointments and Care Quickly | 81% | N/A | 77% | 80% | +3 pp | 78% | Met | 81% |
| Doctors Who Communicate Well | N/A | N/A | N/A | N/A | N/A | - | N/A | 95% |
| Customer Service | 94% | N/A | 91% | 89% | -2 pp | - | N/A | 93% |
| Care Coordination | 91% | N/A | 85% | 85% | 0 pp | 86% | Not Met | 89% |
| Getting Needed Prescription Drugs | 88% | N/A | 94% | 93% | -1 pp | 95% | Not Met | 94% |

*Represents responses of "Always" or "Usually"

- Indicates no goal was set

## *Quantitative Analysis*

- Getting Needed Care: Decreased by three percentage points from 2021, for the second year in a row. This composite was statistically below average from the national Medicare Advantage average, continuing a trend from 2021.
- Getting Appointments and Care Quickly: Increased by three percentage points from 2021, bringing the composite closer to pre-pandemic scores. This composite was slightly below the MMP average and was not statistically different from the national Medicare Advantage average.
- Doctors Who Communicate Well: The 2022 score was N/A.
- Customer Service: Decreased by two percentage points from 2021. This composite was statistically below average from the national Medicare Advantage average.
- Care Coordination: There was no change from the 2021 score. This composite was statistically below average from the national Medicare Advantage average.
- Getting Needed Prescription Drugs: Decreased by one percentage point from 2021. This composite remained statistically below average compared to Medicare Advantage plans nationally.
- Three of the composites showed decreases from 2021, with only Getting Appointments and Care Quickly showing an increase. All scored composites were statistically lower than the Medicare Advantage average in 2022, except for Getting Appointments and Care Quickly, and all failed to meet the MMP national average. The goal was only met for Getting Appointments and Care Quickly.

## SECTION 4: FLU AND MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION CAHPS RESULTS

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**REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN**

### *FLU RESULTS*

| Annual Flu Vaccine by LOB | 2022 Score | 2021 Score | 2020 Score | 2022 Goal | 2022 Goal Met/ Not Met |
|---|---|---|---|---|---|
| Medi-Cal | 40.87% | 37.38% | 46.26% | 43% | Not Met |
| CMC | 76.69% | 70% | N/A* | 71% | Met |
| LACC | 47.19% | 40.42% | N/A* | 41% | Met |

\* Not calculable: Medicare Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2020 were halted by Centers for Medicare & Medicaid Services (CMS)/Health Services Advisory Group (HSAG) and CMS/Booz Allen Hamilton (BAH) due to COVID-19

### *Quantitative Analysis*
The results of Cal MediConnect (CMC) and L.A. Care Covered (LACC) flu Consumer Assessment of Healthcare Providers & Systems (CAHPS) questionnaire are at an upward trend from 2020 to 2022. Although 2020 CAHPS results were not released for CMC and LACC, per CMS's decision to not distribute the 2020 survey due to the pandemic, L.A. Care projected an increase in the rates given the upward trend from the past three years.  The 2022 CMC flu rate was 76.69%, a 9.6% increase from 2021, meeting the goal of 71%.  Similarly, the LACC 2022 flu rate of 47.19% showed a 16.7% increase from the reported 40.42% in 2021.  With the increase in CAHPS score for 2022, LACC managed to meet the 2022 goal of 41%.  The 2022 Medi-Cal CAHPS reflects a 9.3% increase from 2021 score of 37.38%, but failing to meet the 43% goal.

### *Flu Vaccine Qualitative Analysis Across all LOB's*
L.A. Care's annual "Fight the Flu" program spans from September to May of the following year.  The goal of the program is to increase the number of Direct Line of Business (DLOB) members who receive the flu vaccine and to prevent hospitalization and death as a result of the flu infection.  The 2021 flu season continued to be a unique season given the ongoing risk and resurgence of COVID-19 rates during the winter months.  The Fight the Flu work plan activities continued to promote member safety in program materials to reflect masked individuals, COVID-19 masking and physical distancing guidelines, and messages stressing the importance of preventing a possible "twindemic" and its impact on the healthcare system.  The Fight the Flu program's multipronged approach includes provider and member interventions such as: the distribution of member preventive health reminder mailers, emails, end of call reminders, updated information on L.A. Care's Fight the Flu webpage, a Flu Myth Busters educational video, and social media campaigns targeting high risk regions of the service areas.  Provider education was delivered through provider newsletters, email and fax blasts, and updated information on the Providers Tools and Resources webpage.

L.A. Care relaunched the flu vaccine incentive available to CMC members during the 2021 flu season.  The incentive was first launched during the 2019 flu season in order to prevent the 2020 CAHPS rate from declining and possibly resulting in revenue loss associated with quality withhold measures.  The goal of the incentive was to increase and encourage members to get their shot prior to the peak of the Southern

California flu season. Over 18,000 CMC members received a flu postcard with incentive information and 7,283 members sent in their redemption information, resulting in a 384.8% increase from the 1,502 members who redeemed the incentive in 2020. Health Education expects for the total number of awarded incentives to increase as members become more familiar with the incentive program. Health Education was able to reinitiate the Fight the Flu Automated Reminder Calls for the 2021-2022 flu season. The calls were replaced with the Flu Shot Reminder postcards during the 2020-2021 flu season while L.A. Care was pursuing a clarification from DHCS on its interpretation of Federal Communication Commission's Telephonic Consumer Protection Act (TCPA). The 2021-2022 flu season scripts included a statement about the COVID-19 vaccine and were re-recorded by a vendor. A total of 16,165 calls were made to CMC members, reminding them to get a flu shot, emphasizing the increased risk for flu complications for seniors and people with disabilities, and the availability of the shot at primary care provider offices as well as network pharmacies. In addition, the Pharmacy department leveraged outbound medication adherence calls to CMC members with chronic conditions as an opportunity to educate about the available incentive and provide flu shot reminders. Of the outreach calls made by the Pharmacy department, 59% of CMC members were successfully educated on the flu vaccine. After the launch of the flu member incentive. L.A. Care has experienced an annual increase in the CMC CAHPS flu measure. L.A. Care will conduct an impact evaluation on the incentive in 2022-2023 after the third year of implementation. In January 2022 5,941 Thank You cards were mailed to CMC members who received the flu shot and served as a reminder to assist with their recollection of receiving a flu vaccine prior to completing the CAHPS survey.

The steady upward trend for the LACC line of business can be attributed to over 59,000 email reminders sent to LACC members, an increase of 163% from the previous year. Although MCLA flu score did not meet its goal, over 800,000 automated calls were launched to MCLA members to boost reminders on the flu vaccine. Flu shots were also promoted to all CMC, MCLA and LACC members through newsletter publications and a social media campaign targeted at the high-risk groups for flu related complications. Leveraging multiple member touchpoints, several departments implemented an end of call flu shot reminder for all inbound member calls and Customer Solutions Center (CSC) added a flu shot reminder in the inbound call pre-screen message. Additional reminders were added to L.A. Care's My *Health In Motion™* (MyHIM) health and wellness platform.

L.A. Care hosted 10 free countywide flu events where members and non-members alike could access no cost flu vaccinations at Community Resources Centers. A total of 2,302 flu shots were administered at these events, which is a slight decrease from flu shots administered at the 2020 flu events. The community flu events were organized in collaboration with the Community Resource Center and Pharmacy departments and were delivered through a drive-through model to comply with COVID-19 safety guidelines.

*MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION RESULTS*

| CAHPS Medi-Cal | 2022 Score | 2021 Score | 2020 Score | 2022 Goal | 2020 Goal Met/Not Met |
|---|---|---|---|---|---|
| Percent Current Smokers | 10.33% | 13.13% | 11.46% | N/A | N/A |
| Advising Smokers and Tobacco Users to Quit | 61.54% | 68.38% | N/A* | N/A | N/A |
| Discussing Cessation Medications | 41.26% | 42.34% | N/A* | N/A | N/A |
| Discussing Cessation Strategies | 37.32% | 40.44% | N/A* | N/A | N/A |

*Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG and CMS/BAH due to COVID-19
**Not applicable due to the sample size being too small for reporting.

## Quantitative Analysis

The 2022 Medi-Cal CAHPS scores for the percentage of current smokers who reported smoking or using tobacco products "some days" or "every day" decreased by 21.32% from 13.13% in 2021 to 10.33% in 2022. Additionally, the Medi-Cal CAHPS rates indicates a drop of 10% from 2021 in members reporting that their provider advised smokers and tobacco smokers to quit, 41.26% discussed cessation medication, a slight drop from 2021 and 37.32% discussed cessation strategies, which also saw a 7.71% decline from 2021. The reporting of trends in performance are unavailable since the Medi-Cal CAHPS tobacco measure rates related to provider actions were not reported in 2019 and 2020.

| CAHPS Cal MediConnect | 2022 Score | 2021 Score | 2020 Score | 2022 Goal | 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|
| Percent Current Smokers | 11.78% | 12.1% | 13% | N/A | N/A |
| Advising Smokers and Tobacco Users to Quit | 43.86% | 58% | 54% | N/A | N/A |
| Discussing Cessation Medications | N/A* | N/A* | N/A** | N/A | N/A |
| Discussing Cessation Strategies | N/A* | N/A* | N/A** | N/A | N/A |

*Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG and CMS/BAH due to COVID-19
**Not applicable due to the sample size being too small for reporting.

## Quantitative Analysis

The 2022 CMC CAHPS scores for the percentage of current smokers who reported smoking or using tobacco products "some days" or "every day" continued to decrease from 12.1% to 11.78% in 2022. There has been an upward trend in the rate for "Advising Smokers and Tobacco Users to Quit" from 2020 to 2021. However, the 2022 rate of 43.86% is a 24.37% decrease from 2021. The other rates are unavailable because CMS does not consider tobacco cessation measures to be reportable. Additionally, there are no adjustments made to report official scores, the reported rates above are representative of the unofficial CAHPS data.

| CAHPS LACC | 2022 Score | 2021 Score | 2020 Score | 2021 Goal | 2021 Goal Met/ Not Met |
|---|---|---|---|---|---|
| Percent Current Smokers | 10.66% | 6.6% | N/A* | N/A | N/A |
| Advising Smokers and Tobacco Users to Quit | 63.41% | 61.9% | N/A* | N/A | N/A |
| Discussing Cessation Medications | 39.02% | 38.1% | N/A* | N/A | N/A |
| Discussing Cessation Strategies | 35.71% | 34.9% | N/A* | N/A | N/A |

*Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG and CMS/BAH due to COVID-19
**Not applicable due to the sample size being too small for reporting.

## Quantitative Analysis

The 2021 LACC CAHPS scores for the percentage of current smokers who reported smoking or using tobacco products "some days" or "every day" was 10.66%. Additionally for 2022, the LACC CAHPS rates indicate that 63.41% of members reported that their provider advised smokers and tobacco smokers to quit, an increase of 2.44% from the previous year. Another 39.02% LACC members discussed cessation medication, an increase of 2.41% from 2021 and 35.71% discussed cessation strategies also an increase of 2.32% from the previous year.

L.A. Care' Health Education department will launch the L.A. Care's Tobacco Free Program in late 2022, an enhancement of the previous tobacco program with updated and current resources for tobacco cessation available to L.A. Care Direct Line of Business members. Components of the program will include the new Kick it California helpline, formerly known as, California Smokers Helpline, an updated tobacco mailing packet with education materials and resources for tobacco cessation and counseling services for members that may need the additional support in their journey to quit smoking. Further, the program will implement an optimal tobacco registry to identify members who smoke or have used tobacco products in order to implement effective interventions and provide support, such as one on one counseling.

## SECTION 5: QUALITATIVE ANALYSES

### Child Medicaid Qualitative Analysis

Across the four ratings and five composites, one rating and four composites increased from 2021 to 2022. The remaining three ratings and one composite decreased. Despite the improvements, L.A. Care performs lower in all ratings and composites compared to the 2021 NCQA Quality Compass National Averages except in Rating of Specialist Seen Most Often. Five of the ratings and composites performed statistically lower than the National Average. Rating of Personal Doctor decreased by the most percentage points between 2021 and 2022 indicating that parents of Medicaid members are not as satisfied with their doctors.

While COVID-19 did not disrupt the deployment of the mail survey itself, it is possible that scores continue to be influenced by COVID-19's impacts on access to routine care. Provider offices in L.A. Care's network reported difficulties due to the pandemic – limited appointment availability, difficulties in implementing telehealth, and offices being short-staffed due to COVID-19 outbreaks or "The Great Resignation". As many offices and patients implemented telehealth care for the first time, technical issues were common and may have frustrated members, who for the first time in 2021 considered any phone and/or video visits in their responses. It is possible that the use of telehealth resulted in lower scores. It is also possible that the change in methodology in 2021 from exclusively mail (in 2020 only) to phone and mail influenced scores. It is not possible separate out the effects of the changes in methodology from any impact by COVID-19.

For Getting Care Quickly, the score for routine care was more than ten points lower than the score for urgent care. This gap decreased slightly as both the getting care quickly questions increased from 2021 to 2022. For Getting Needed Care, the score for prompt access to specialty care was 3.6 points lower than the general getting care, tests or treatment question. The specialty care question improved by 4 percentage points in 2021 while the general getting care, tests, or treatment question decreased by 1.4 points. This closed the gap between the two questions by 5 points between 2021 and 2022. Access to care has been a longstanding area of weakness, despite rate improvements from 2021 to 2022. All questions within the Getting Needed Care and Getting Care Quickly composites experience lower rates, four of which having a statistically significant differenced, when compared to the 2021 NCQA Quality Compass National Average.

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 in past surveys from children with disabilities, who require more specialty care. However, the relatively high score for Rating of Specialist on the Child survey for 2021 muddles this finding. The Children with Chronic Conditions Measures (CCC) have higher scores than the 2021 NCQA Quality Compass National Average for the Access to Prescription Medicines, Personal Doctor Who Knows Child and Coordination of Care for Children with Chronic Conditions questions. There were only lower scores in the Access to Specialized Services and Getting Needed Information questions, neither of which were statistically significant differences. Medi-Cal providers in Los Angeles County have cared for children for decades, while adults with more complex needs grew with the addition of Medicaid Expansion members beginning in 2014, who are more new to their panels.

The Customer Service composite increased by 1.3 percentage points from 2021 to 2022 after a decrease between 2021 and 2020.  In reviewing the scores for the questions that roll up to the Customer Service composite, the rate for courtesy and respect was high (93.5%) but the "customer service provided information or help" was much lower (80.3%).  Both questions improved from 2021 to 2022 and were only slightly lower than the 2021 NCQA Quality Compass National Average.  Members may feel that CSC agents are respectful but not able to resolve their issues or complete requests.  While there is work in progress to improve the experience of the member when calling L.A. Care, much of this focuses on technical improvements and communicating health services needed and community events scheduled.  This finding may be evidence of a need for better education and communication between the roles of the health plan, IPA, and primary care provider and which party to contact for various questions or concerns.

***Adult Medicaid Qualitative Analysis*** While all of the composites and ratings increased in 2022 compared to 2021, Adult HP-CAHPS scores for Medi-Cal remain very low compared to benchmarks.  All ratings and composites scored below the Quality Compass National Average, seven of which are statistically significant. Getting Needed Care and Getting Care Quickly are the lowest rated composites and require interventions for improvement.  Despite Physician Communication scoring the highest amongst the composites, it falls below the NCQA 10th percentile and requires improvement.

Although both questions in the Getting Care Quickly composite increased from 2021, the score for getting urgent care is seven points higher than for getting routine care.  This indicates issues for Medi-Cal members in accessing routine appointments and may result in them seeking higher cost, urgent care services when not necessary.

The Rating of Specialist Seen Most Often is 6.3 points higher than Rating of Personal Doctor.  It is also the only rating or composite to score above the Quality Compass 33rd percentile.  Rating of Specialist has a statistically significant improvement of 16.1 percentage points from 2020 and Ease of Seeing a Specialist has a statistically significant improvement of 11.4 percentage points from 2020.  Overall, Ease of Seeing a Specialist is still lower than Ease of Getting Needed Care, which may be driving down the overall perception of healthcare.  Members are rating their specialists highly and want to visit them, however encounter barriers when trying to access them, resulting in overall lower perceptions of care.

A prior study conducted by L.A. Care showed that members who 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 Teladoc for telehealth.  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 Rating of Healthcare.  This problem may become less of an issue over time as L.A. Care members become aware of and utilize services like MinuteClinic and Teladoc.

For Customer Service, the courtesy and respect rate was high at 90.6% while the agent provided information or help was much lower at 77.5%.  It is important to note that both scores improved from 2021 yet remain statistically lower than the Quality Compass National Average.  Members may feel that CSC agents are respectful but not able to resolve their issues or complete requests.  This finding is consistent with that of the Child survey, and indicates that members contact L.A. Care with issues that may need addressing by other parties, such as PCPs, IPAs, and the Department of Social Services.  To improve scores, the healthcare system will need to adapt to meet member expectations or L.A. Care will need to better educate members about what parties to contact for various issues.  This issue may be exacerbated by the carve-out of pharmacy benefits from managed care in Medi-Cal.

While COVID-19 did not disrupt the deployment of the survey itself, it is possible that scores were influenced by COVID. The climate of fear, widespread economic hardship and job loss, along with skyrocketing rates of depression and anxiety during the pandemic could very well have had a negative impact on scores. It is expected that COVID-19 will have a negative impact on access to routine care for the coming year(s).

### *LACC Qualitative Analysis*

Over half of the measures in the QHP survey improved from 2021 to 2022. Six of the measures performed "Average" compared to other plans while the remaining six performed "Below". Those that performed below other health plans centered on rating of personal doctor or specialist and composites in getting needed care and getting care quickly, how well doctors communicate and care coordination. The Average scores focus more on health care in general and the health plan. This could indicate that LACC members are content with the plan itself but struggle to get care and are not satisfied with the care they receive. This is not surprising as members may expect more from their care providers as they may be paying out-of-pocket for certain services in the form of co-pays or deductibles. In the preview of the official results from CMS, L.A. Care is a one-star plan for Enrollee Experience, but a three-star plan for Plan Efficiency, Affordability, and Management. The star ratings point out that access to care and provider ratings should be the highest priorities, while members are somewhat more satisfied with service from L.A. Care as a health plan.

This product preforms 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. Rating of Specialist and How Well Doctors Communicate show year over year declines and indicate a need for intervention. It could be that our largely safety net provider network does not meet the expectations associated with the commercial consumer. Additionally, like Medi-Cal, the Plan Customer Service issue is centered on members not getting the information or help they need (65.3%) rather than being treated with courtesy and respect (79%). The courtesy and respect question did fall by 4.3 percentage points from 2021. On top of that, nearly 36% of respondents indicated that it took longer to speak with customer service staff than they had expected. Overall, LACC members seem unhappy with most of levels of service.

Additional observations from the 2022 results include:
- Access to routine care (67.8 %) is more available than urgent (62.2 %).
- Fewer than half of respondents reported being able to find out the price of a prescription drug or health care service in advance.
- More than a quarter of respondents reported having to pay out of pocket for care they thought L.A. Care would cover.
- Nearly a quarter of respondents reported delaying care because they were worried about the cost.

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. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. L.A. Care will continue to prioritize improving the office visit, expanding access to care, and ensuring a smooth payment process for members.

### *Medicare CMC Qualitative Analysis*

The CMC survey performed below the Medicare Advantage national average on the following Star Rating measures(s): Getting Needed Care, Customer Service, Care Coordination and Getting Needed Prescription Drugs. There was no difference between L.A. Care and that national average for Getting Appointments and Care Quickly. The survey did not exceed the national average for Medicare Advantage for any Star

measure.  Most scores decreased from 2021 to 2022.  After promising scores in 2019, these declines are disappointing results, although an expected one given the harsh ongoing realities of the pandemic.

Ongoing uncertainties associated with COVID-19 continue to impact survey scores, such as staffing shortages in clinics.  Throughout this time, offices were offering telehealth appointments to all members for access and availability, which may not be as accessible to an older population.  L.A. Care was actively recruiting available providers to expand the network as the membership also continued to grow, while there was also no active disenrollment occurring.  This led to an increase in the ratio of members to providers and could impact appointment availability.

Dual Eligible Medi-Cal and Medicare members have higher utilization and more complex health needs than other populations, and their expectations are higher in terms of how soon they need appointments.  Member perception on delays in care can be a significant contributing factor for the decline and not meeting of the goals.  The Getting Care Quickly composite fell by three percentage points from 2021 and is attributed to not getting appointments as soon as needed.  Aligned with Medi-Cal and LACC, members felt that L.A. Care customer service treated them with courtesy and respect (95%) but did not always provide the information or help they needed (80%).  This indicates the need for an encompassing strategy around improving customer service scores in getting the help or information needed.

L.A. Care will continue to prioritize improving the office visit, access to pharmacy benefits, customer service and member education on benefits.

### SECTION 6: 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.  In 2022, the Member Experience Work Group merged into the Elevating Customer Experience Cross-Functional Team (ECE).  QI leads ECE and administers the VIIP programs 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 ECE team is the main setting to discuss member, provider and community experience and drives CAHPS-focused interventions.  In February 2022, the team was established and focused on learning more about the initiatives taking place throughout the organization and building a work plan to house these efforts for the 2022-2023 fiscal year.  The group also continued various efforts led by the Member Experience Work Group: a patient experience training program for provider offices, accountability meetings with low-performing IPAs, and action plans for improvement for IPAs and Plan Partners.  The Customer Solution Center also deployed several changes that drive positive member experience and the Elevating the Safety Net program expanded the long-term supply of primary care providers.

### *Patient Experience Training Program & Provider Education Efforts*
In a partnership between the Quality Improvement (QI) and Safety Net Initiatives (SNI) departments, L.A. Care successfully launched patient experience trainings for provider offices in Fall 2020.  Trainings mainly occur via webinar; however, in 2022, IPAs and clinics opted to host in-person trainings.  The program conducts two series of training webinars open to the public per year, presented by vendor SullivanLuallin Group (SLG), covering topics such as how to connect with patients, dealing with difficult patient situations, handling complaints, and managing for customer service.  Trainings are also available for IPAs and clinics to host for their staff.

Training series occurred in Spring and Fall 2022 for clinicians, office staff, IPA/MSOs, and Plan Partners. Fourteen trainings took place during these webinar series with two additional SullivanLuallin trainings focusing on pediatric care by a consultant, Dr. Thomas Page. In 2022, the QI team focused more efforts on clinic/IPA trainings and spent less resources on the webinar series. There were 15 trainings for 11 IPAs/clinics. Groups included DHS sites, White Memorial, and Global Care Medical Group. There were over 500 attendees in these webinar trainings in 2022 and over 300 in the unique IPA/clinic trainings. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The average NPS of the 2022 trainings was 79, which is considered an "Excellent" rating.

The QI team also collaborated with internal departments to launch patient experience trainings for member facing departments. Care Management hosted a training for managers and a training for the care management staff. There were 95 attendees with an average NPS of 79. Trainings are also in planning for the Customer Solutions Center and the Social Work departments. Trainings are planned for 2023.
.
The training program is coupled with the creation, promotion, and distribution of additional resources related to member experience improvement. This includes posters on top tips for patient satisfaction, lanyard cards with customer service protocols, and webpages with patient experience tips and resources. Resources are advertised during the trainings and instructions on how to access are sent out in the training follow-up email.

### *Accountability meetings with low-performing IPAs*

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. QI identified 10 PPGs based on their Clinician & Group Survey (CG-CAHPS) scores performance and volume. Groups include Angeles IPA, AltaMed Health Services, Allied Pacific IPA, Community Family Care, DHS, Exceptional Care Medical Group, Global Care IPA, Health Care LA IPA, Preferred IPA of California, Prospect Medical Group, and Superior Choice Medical Group. The original plan was to continue with these PPGs for three years (2020-2022) before reevaluating their performance and selecting a new cohort. In 2022, two new PPGs, AltaMed Health Services and Optum Care Network AppleCare, were added in preparation for the new Medicare Dual-eligible Special Needs Plan (D-SNP) product line. While Regal and Heritage were dropped from the cohort. The newly formed Stars team began meeting with some of the high volume Medicare PPGs. Meetings included discussion on plan requirements incentive programs and what the score cards would look like. Medi-Cal and Covered California (LACC) performance continued to be a topic of discussion as well member experience. Early in the year the meetings were interrupted at times due to the COVID-19 pandemic. Our largest groups still felt overwhelmed by the pandemic and cancelled several meetings with our teams. With the additions of the new PPGs and the changes in membership, the PPGS in the cohort now cover 89% of MCLA membership, 69% of our Cal MediConnect (CMC) membership, and 68% of LACC membership.

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 some conduct their own satisfaction surveys and basic provider trainings.

### *Working With IPAs And Plan Partners Through VIIP*

The Value Initiative for IPA Performance + Pay-for-Performance ('VIIP+P4P') Program measures, reports, and provides financial rewards for IPA performance across multiple domains and measures. To drive performance among the network, the weight of the member experience domain, as measured by CG-CAHPS scores, was increased to 30% for Medi-Cal VIIP in 2019, with Getting Care Quickly and Getting Needed Care now double-weighted. 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. Member Experience is

also a domain for the LACC and CMC VIIP Programs. The weighting of the domain is aligned with the Medi-Cal VIIP Program at 30% for both lines of businesses (LOB). However, the source of the data differs. LACC VIIP uses the Patient Assessment Survey (PAS) and CMC VIIP uses the off season PPG CAHPS-HOS Survey.

Annually, L.A. Care requires low-performing IPAs in any line of business to submit action plans for low-performing and high priority domains. Plan Partners are also asked to submit action plans. Additionally, Plan Partners reported meeting with low performing IPAs in their network about their performance, training them on best practices, and sharing resources.

### CSC Improvements

In 2017, The Customer Solution Center launched the VOICE (Value Our Individual Customers Everyday) Program to optimize the Call Center Infrastructure. The VOICE Program is a multi-faceted approach to integrate desktop applications, improve IVR (Interactive Voice Response) capacity and enhance system functionality to enrich the caller experience. In June of 2022, the functionality within the Intelligent Desktop (IDT) allowing approximately 400 call agents to perform provider assignment changes for all lines of business was deployed successfully. In addition, added to IDT in October 2022 was the D-SNP provider assignment change functionality to prepare for the launch of the new D-SNP line of business coming in January 2023. In late November of 2022, the VOICE Program is targeted to deploy the QI Provider Interaction tracker along with several system enhancements within IDT. In 2022, building of foundational capabilities to improve routing and response times within the IVR has continued. In 2023, the focus is to redesign call flows to include features, such as: self-service tools, post-call surveys and courtesy call-backs, this will reduce transaction times, improving accuracy and increase customer satisfaction. The goal of the VOICE Program is to improve, enhance and boost the customer experience by paving the way for standardization, flexibility and consistency of messaging to our customers across the enterprise for all lines of business.

### Other Interventions

Several L.A. Care programs aim to expand access to care. L.A. Care's Elevating the Safety Net (ESN) initiative proactively addresses the access issues discussed above by expanding the supply of primary care providers who express a commitment to practicing in L.A. County's safety net. Since launching in 2018, the ESN initiative has committed to funding 32 full tuition medical school scholarships; 101 educational loan repayment awards for primary care physicians; 143 provider recruitment awards for safety net employers who have hired primary care physicians; 38 resident slots and 4.0 FTE faculty across five teaching institutions; training for 54 community health workers who can serve members as part of multi-disciplinary care teams; training for over 3,800 in home care workers who can serve home bound members; 28 fellowship training slots for medical, nursing, and physician assistant students; 34 internship slots for students who seek careers in our safety net, including careers in medicine; 22 full tuition scholarships graduate students seeking a degree in community medicine at the Keck Graduate Institute; 4 key components in the development of a new medical education program to train 60 medical students annually at Charles R. Drew University.

Beginning in Summer 2019, L.A. Care members have access to minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This provides easier access for members to have basic needs met when their PCP is unavailable and/or traditional urgent care options are less desirable. Additionally, L.A. Care members have access to telehealth services through Teladoc as of January 2020, which serves as an additional convenient resource for some primary and specialty care services.

In 2016 L.A Care Health Plan addressed the access to care challenges in the Antelope Valley, with the establishment of the "L.A. Care Direct Network." This alternative to the delegated model is a network of

directly contracted primary and specialty care physicians to provide healthcare services for Medi-Cal members in the Antelope Valley.

The L.A. Care Direct Network has successfully closed network gaps in the Antelope Valley and expanded to cover Medi-Cal members across Los Angeles County. This is a long-term approach to improving member experience; direct contracts allow L.A. Care to control all aspects of the care experience. Additionally, L.A. Care is developing a virtual specialty care program for Direct Network members in an effort to provide timely access to specialty care.

The CMC line of business conducted member education on benefits and utilizing the health care system through the CMC Benefit Summit events in 2019, 2020, and 2021. The events transitioned to virtual sessions during the COVID-19 pandemic. The education provided during the Summits will set reasonable expectations and help CMC members avoid situations that commonly lead to dissatisfaction, such as denial of a prescription due to not having their membership card.

## SECTION 7: OPPORTUNITIES FOR IMPROVEMENT

Based on the above collection of member experience surveys there are multiple opportunities to expand the provider network for both primary care physicians and specialists. L.A. Care has been working on a long-term strategy to address some of the common issues in all the lines of business.

Members in all lines of business have two top areas of concern: *Getting Needed Care* and *Getting Care Quickly*. Given that these themes seem to arise in all product lines, they were selected as the focus in previous years and will remain so in 2021.

The survey vendor identified the below priorities for improvement for both the Adult and Child Medi-Cal surveys:
1. Improving health plan provider network – personal doctors
2. Improving access to care
3. Improving the ability of the health plan customer service to provide necessary information or help
4. Improving health plan provider network - specialists

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 listed below, in no particular order, with the primary Ratings, Composites and/or Grievances/Appeals categories that are addressed and the opportunities available.

## PRIORITIES FOR 2022

**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. Implement post-visit satisfaction survey.
- 2023 plans: Continue to offer patient experience training to the entire network and increase attendance. Pilot shadow coaching to low-performing providers.

**PRIORITY 2:** *Expand access to care.*
- Addresses: Getting Care Quickly, Getting Needed Care, and Access.
- Opportunities: Make new care options available to members

- 2023 plans: Outreach to members about the availability of MinuteClinic and Teladoc, as well as conduct targeted preventive care outreach for vaccinations, screenings, and wellness exams to encourage utilization. Continue the Elevating the Safety Net program to increase the supply of providers. Ensure members can access routine care. Encourage providers and PPGs to offer telehealth services. Continue to expand the Direct Network, including through access to telemedicine specialty care. Continue improving equitable outcomes for members and ensure L.A. Care interventions and programs are developed and implemented through an equity lens.

**PRIORITY 3:** *Ensure accountability for all network entities, inclusive of Plan Partners, IPAs/PPGs, clinics, and provider network, to prioritize customer experience.*
- Addresses: All Ratings and Composites.
- Opportunities: Ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 2023 plans: Base incentive payments partially on member survey results. Require that the Plan Partners and low-performing IPAs submit action plans for improvement, and advise them on how to best design interventions. Meet with low-performing IPAs to coach them on improvement and emphasize accountability for performance.

**PRIORITY 4:** *Improve the member, provider, and community experience when engaging with 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. Improve providers' experience with L.A. Care and ensure the community has a positive perception of the organization.
- 2023 plans: Continue implementing technical enhancements in the Call Center through VOICE initiatives, as well as staff training. Develop a real time mechanism for measurement of customer service touchpoints. Improve L.A. Care's member and provider data validity scores. Improve measures around how often the health plan's customer service treated members with courtesy and respect through implementation of a monthly workgroup meeting with quality monitoring and training teams.

**PRIORITY 5:** *Develop product line-specific strategies.*
- Addresses: Billing and Finance and Rating of Health Plan.
- Opportunities: Identify and address product line specific rules, regulatory requirements, and common member issues, while identifying and addressing commonalities. Focus on improving star ratings for the LACC and D-SNP lines of business and work to decrease the negative impact of Medi-Cal redetermination process on members.
- 2023 plans: Continue efforts to retain D-SNP members and launch various strategies to improve LACC and D-SNP star ratings. Partner with the EvenMORE outreach team on a member disenrollment survey to gain insights on disenrollment. Partner with the Direct Network team to improve DN responses in the Provider Satisfaction Survey (PSS). Partner with the Practice Transformation team to launch a Direct Network advisory board.

**LOOKING FORWARD**
- Continue collaborative meetings to discuss priority areas in the Elevating Customer Experience Cross-Functional Team and in other venues, such as a Quality Intra-team.
- Continue interventions such as action plans, patient experience trainings, and distribution of educational resources.
- Continue emphasis of member experience through the VIIP and Plan Partner Incentive programs.
- Utilize the VOICE program to make improvements to the Call Center.
- Prioritize member experience in product line STARS improvement strategies.

## SECTION 8: CG-CAHPS ANALYSIS

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### BACKGROUND

In 2021, 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 2021 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 on member experience, as part of its Value Initiative for IPA Performance plus Pay-for-Performance (VIIP+P4P) incentive program and other provider incentive programs.

Adult and child patients were eligible to be sampled for the survey if they had a visit with an enrolled provider in the 12 months from July 1, 2020 to June 30, 2021. The survey began fielding in January 2022. The target sample for providers 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 136,911 total sample members, 31,630 members responded to the survey for an overall response rate of 23.1%. Each sampled provider group that had statistically meaningful numbers of adult and child patient respondents to the survey received its own set of reports. CG-CAHPS reporting includes a summary report of high-level results and trending, banner tables with drill down cross-tabulations and the full reports showing key driver analyses.

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 2021 survey asked patients to evaluate the following dimensions of quality:
- o Access to care (primary and specialty, non-urgent and urgent)
- o Interactions between doctors and patients
- o Coordination of care
- o Helpfulness of office staff
- o Recommended counseling on preventive care topics (diet and exercise)
- o Overall ratings of all care and provider

In addition to its primary purpose as an instrument for rating the above measures and utilizing scores for pay-for-performance, CGCAHPS was extended to include supplemental questions that further other continuous quality improvement purposes (CQI):
- o Questions which permit comparing results to L.A. Care's annual Health Plan CAHPS (HP CAHPS) survey.
- o Questions to explore specialist access in more detail.
- o 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.

## SURVEY CHANGES FROM PRIOR YEAR

The survey instrument was based on the most current version of the Agency for Healthcare Research and Quality (AHRQ) CG-CAHPS survey – version 3.0, which had been used in the prior year. The 2021 survey instrument had no changes in the questions from the 2020 instrument.

## 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 members to a website inviting them to do the survey online. This invitation was in English with links to the survey website and options to complete the survey in either Spanish, Chinese, Korean, Armenian, Vietnamese, and Farsi. Mail and phone interviews were available in English and Spanish for all patients. 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 certain other threshold languages (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.

## INTERVENTIONS AND SUMMARY RESULTS

There have been continuous quality improvement interventions throughout the year for member experience. Provider outreach and training consisted of reaching out to individual physicians, clinics and providers groups that aren't performing as well as their peers. Education was provided and communicated through group and individual meetings with staff, as well as the dissemination of 'Best Practices' documents. Staff promoted L.A. Care's extensive webinar training series on member experience as well. With the sampling of physician-level CG-CAHPS, which began in 2019, more interest of solo and small group provider results was garnered. The 2021 reports were generated and distributed to almost 200 individual physician practices. With Ad-Hoc requests from providers for training, the overall trend reflects the recent efforts of providers and office staff to improve member experience within the healthcare setting.

Looking at the two most recent CG-CAHPS results, 2020 and 2021, the trending showed plateauing or decreases in performance for most measures, with three out of ten measures showing significant declines for the adult survey and six out of eleven measures showing significant declines for the child survey. We hypothesize that the cause of this was due to lingering effects from COVID-19, including burden on the health care system and potential staff burnout, etc. Even though most measures decreased from 2020 to 2021, there were improvements for the "Visit Started within 15 minutes of Appointment" measure for both the adult and child surveys, and improvement in the "Child Development" measure for the child survey.

However, comparing results from 2019, almost all of the core composite scores and a few key supplemental questions for the child survey results showed significant improvements in 2020, with no measures showing decreases. Even with the decreases from 2020 to 2021, when comparing rates in 2021 to 2019, most of the measures are still an improvement in the child survey. For the adult survey, comparing 2021to 2019 shows similar results in that the rates were relatively flat over the last 3 years, with the exception of a few that

showed significant changes. QI efforts will continue looking to improve access to care rates, but overall the results demonstrate and reflect the concerted enterprise - and network-wide efforts to improving member experience, even during the most difficult of times.

## ADULT SURVEY RESULTS

| Composite | 2019 Rate | 2020 Rate | 2021 Rate | Rate Change 2019-2020* | Rate Change 2020-2021* | Rate Change 2019-2021* |
|---|---|---|---|---|---|---|
| Coordination of Care | 53.9% | 54.4% | 54.2% | 0.5% | -0.2% | 0.3% |
| Doctor Patient Interaction | 69.4% | 69.2% | 68.9% | -0.2% | -0.3% | -0.5% |
| Getting Needed Care | 56.4% | 54.8% | 53.4% | -1.6% | -1.4% | -3.0% |
| Health Promotion | 44.4% | 42.9% | 42.4% | -1.5% | -0.5% | -2.0% |
| Office Staff | 65.5% | 65.5% | 65.0% | 0.0% | -0.5% | -0.5% |
| Overall Rating of All Healthcare | 64.3% | 64.7% | 63.4% | 0.4% | -1.3% | -0.9% |
| Overall Rating of Health Plan | 64.3% | 65.3% | 63.2% | 1.0% | -2.1% | -1.1% |
| Overall Rating of Provider | 64.0% | 65.9% | 64.2% | 1.9% | -1.7% | 0.2% |
| Timely Care and Service | 54.4% | 53.1% | 50.4% | -1.3% | -2.7% | -4.0% |
| Visit Started w/in 15 min of Appt | 27.8% | 29.9% | 30.2% | 2.1% | 0.3% | 2.4% |

*Statistically significant differences at the 95% confidence level are Bolded in red or Bolded green.

## CHILD SURVEY RESULTS

| Composite | 2019 Rate | 2020 Rate | 2021 Rate | Rate Change 2019-2020* | Rate Change 2020-2021* | Rate Change 2019-2021* |
|---|---|---|---|---|---|---|
| Child Development | 53.1% | 57.3% | 58.1% | 4.2% | 0.8% | 5.0% |
| Coordination of Care | 61.8% | 63.4% | 62.1% | 1.6% | -1.3% | 0.3% |
| Getting Needed Care | 57.4% | 58.8% | 54.4% | 1.4% | -4.4% | -3.0% |
| Doctor-Patient Interaction | 71.0% | 73.0% | 72.3% | 2.0% | -0.7% | 1.3% |
| Health Promotion | 63.2% | 67.3% | 67.2% | 4.1% | -0.1% | 4.0% |
| Office Staff | 65.3% | 67.0% | 65.3% | 1.7% | -1.7% | 0.0% |
| Overall Rating of All Healthcare | 74.5% | 75.9% | 73.7% | 1.4% | -2.2% | -0.8% |
| Overall Rating of Health Plan | 74.6% | 76.4% | 74.9% | 1.8% | -1.5% | 0.3% |
| Overall Rating of Provider | 70.4% | 72.7% | 70.3% | 2.3% | -2.4% | -0.1% |
| Timely Care and Service | 59.5% | 61.1% | 58.0% | 1.6% | -3.1% | -1.5% |
| Visit Started w/in 15 min of Appt | 26.8% | 29.3% | 30.6% | 2.5% | 1.3% | 3.8% |

*Statistically significant differences at the 95% confidence level are Bolded in red or Bolded green.

# H.1.d MEMBER SERVICES TELEPHONE ACCESSIBILITY

## AUTHOR: LILIANA BRAVO & ROBERT MARTINEZ
## REVIEWER: MATTHEW PIRRITANO, PH. D & ALEX LI, 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 CISCO, one of the industry leading consolidated telephone system and reporting tool. 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 2020, 2021 and 2022 performance goals.

### RESULTS

| Member Services Telephone Accessibility Compliance Results | | | | | |
|---|---|---|---|---|---|
| Measure | 2022 Goal | 2020 Rate | 2021 Rate | 2022 Rate | 2022 Goal Met |
| Medi-Cal Call Abandonment Rates | ≤ 5% | 3.33% | 6.10% | 37.88% | No |
| Medi-Cal Percent of Calls Handled within 30 Seconds | 80% | 82.91% | 74.42% | 29.41% | No |
| LACC Call Abandonment Rates | < 3% | 3.36% | 6.36% | 2.87% | Yes |
| LACC Percent of Calls Handled within 30 Seconds | 80% | 84.56% | 80.40% | 88.17% | Yes |
| CMC Call Abandonment Rates | ≤ 5% | 3.47% | 4.63% | 3.90% | Yes |
| CMC Percent of Calls Handled within 30 Seconds | 80% | 85.03% | 80.82% | 88.43% | Yes |

The charts below outline an overview of member services monthly call volume:



MEDI-CAL CALLS RECEIVED

Oct-21: 73,957; Nov-21: 74,277; Dec-21: 75,569; Jan-22: 95,865; Feb-22: 83,079; Mar-22: 84,447; Apr-22: 75,006; May-22: 78,914; Jun-22: 98,971; Jul-22: 98,914; Aug-22: 102,093; Sep-22: 90,610

**LACC
CALLS RECEIVED**



**CMC
CALLS RECEIVED**
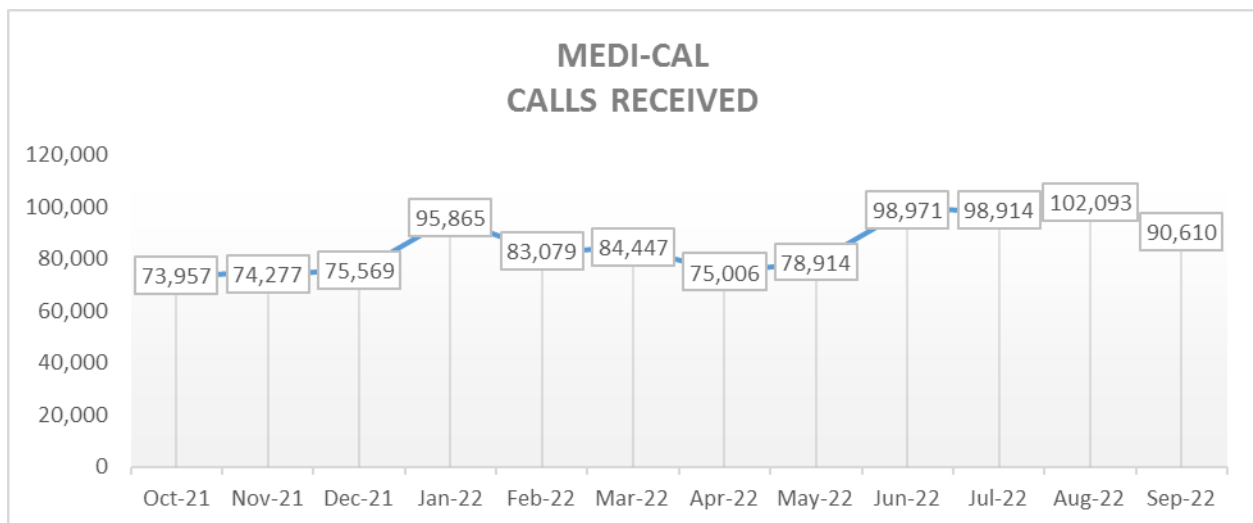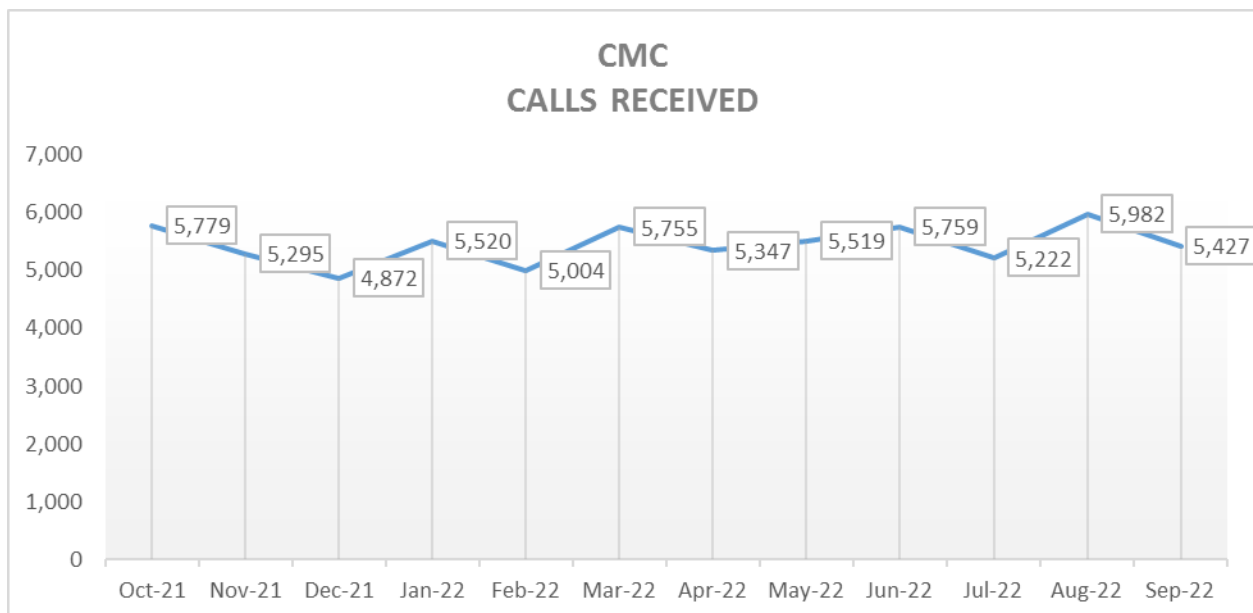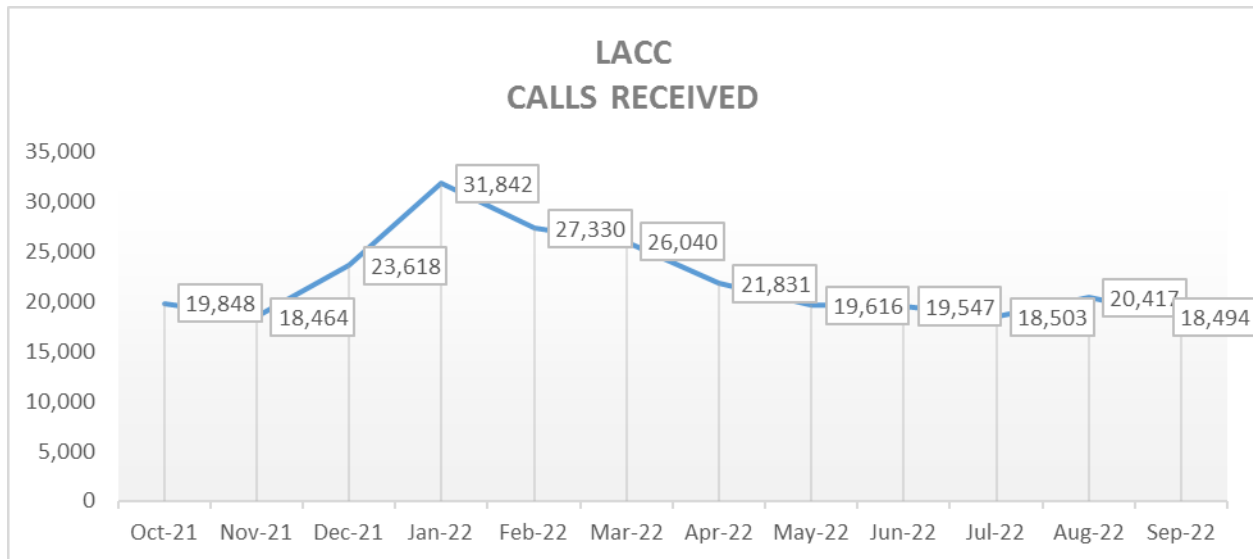


### Quantitative Analysis

The Customer Solution Call Center experienced challenges meeting all of the call performance metrics during the FY 21-22. The performance is outlined below:

Goals Met:
- Service Level was met for CMC at 88.43%
- Service Level was met for LACC at 88.17%
- Abandonment Rate was met for CMC at 3.90%
- Abandonment Rate was met for LACC at 2.87%

Goals Not Met:
- Abandonment Rate was not met for MCLA at 37.88%
- Service Level was not met for MCLA at 29.41%

## *Qualitative Analysis*

The staffing deficiency from 2021 was the leading contributing factor to not meeting the abandonment rate and service level goal for MCLA. The call center presented a request for staff augmentation to the Resource Review Board (RRB); the ask was partially approved in April 2022 and the remaining requested positions are still pending review and approval. The call center is experiencing challenges filling positions that were approved due to a shortage of viable candidates. MCLA has by far, the highest membership in comparison to other product lines with call volume exceeding the resources available. In addition, the call center is experiencing call patterns similar to pre-COVID volume. MCLA received over 36,000 more calls in FY 21/22, when compared to FY 20/21. The shortage in resources further impeded the ability to handle the increased volume.

## LOOKING FORWARD

We are awaiting approval for the aforementioned RRB incremental staff request in order to see a significant difference in available resources to handle the call volume and improve service levels and abandonment rates. In the interim, the call center continues to partner with Talent Acquisition to backfill any open positons as expeditiously as possible. In addition, collaboration with the call center vendor is ongoing to ensure they are meeting their required contractual headcount. Internally, efforts also included an All Hands on Deck Support (AHoD) approach, which requires ongoing supplemental support from other units to assist with phone time during high volume days and peak periods. Throughout the year, mandatory and/or voluntary overtime was applied to internal and external staff in an effort to help mitigate our staffing shortage.

<u>**H.2 ACCESS TO CARE**</u>

**AUTHOR: ANNETTE GARCIA**
**REVIEWER: HUMAIRA THEBA, MPH & ALEX LI, 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) 2021, 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. It is worthy to note, that this year's (MY 2021) Provider Appointment Availability Survey (PAAS) aka Access to Care Survey (ATC) occurred during the COVID 19 Pandemic.

**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

<u>**SECTION 1: PROVIDER APPOINTMENT AVAILABILITY SURVEY**</u>

**METHODOLOGY**
L.A. Care contracted with the survey vendor CSS to conduct the MY 2021 Provider Appointment Availability Survey (PAAS) as prescribed by the MY 2019[54] DMHC PAAS Methodology. L.A. Care provided CSS with a provider database. Before fielding began, L.A. Care sent out a postcard to Participating Provider Groups (PPGs) to inform them about the upcoming survey and emphasize the importance of participation. 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

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[54] 2019 DMHC Methodology is the most current DMHC Methodology available.

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, PPG or county, deceased, retired, listed with incorrect specialty, or an incorrect phone number (defined by the DMHC MY 2019 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 2021 include the following:
- Urgent Appointments
- Non-urgent or Routine Appointments
- Preventive Services
- Initial prenatal appointment
- In Office Waiting Room Time
- Normal Business Hours Call Back for Immediate Care
- Process for Rescheduling Missed Appointments
- Call Back for Rescheduling Missed Appointments
- Mental Health Follow-Up Appointments

### RESPONSE RATES

Tables 1a through 1b, 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 response after the maximum call attempts.

| Table 1a: Appointment Availability Provider Response Rate (Mental Health)^ | | | | |
|---|---|---|---|---|
| | Provider Type | Original Sample Size | Eligible Provider Sample Size | Response Rate |
| MCLA | Non-MD Mental Health & Psychiatry | 2,980 | 2,206 | 28% |
| PASC-SEIU | Non-MD Mental Health & Psychiatry | 3,103 | 2,285 | 29% |
| Cal-MediConnect | Non-MD Mental Health & Psychiatry | 2,642 | 1,950 | 28% |
| L.A. Care Covered | Non-MD Mental Health & Psychiatry | 3,425 | 2,520 | 30% |
| L.A. Care Covered Direct | Non-MD Mental Health & Psychiatry | 2,841 | 2,176 | 31% |

*^Mental health providers in the plan partner networks are not included in the MY 2021 survey.*

| Table 1b: Appointment Availability Provider Response Rate (Ancillary)^ | | | | |
|---|---|---|---|---|
| | **Provider Type** | **Original Sample Size** | **Eligible Provider Sample Size** | **Response Rate** |
| MCLA | Physical Therapy | 93 | 32 | 34% |
| MCLA | Mammogram | 63 | 16 | 25% |
| PASC-SEIU | Physical Therapy | 0 | 0 | 0% |
| PASC-SEIU | Mammogram | 2 | 1 | 0% |
| Cal MediConnect | Physical Therapy | 7 | 26 | 36% |
| Cal MediConnect | Mammogram | 16 | 7 | 44% |
| L.A. Care Covered | Physical Therapy | 2 | 0 | 0% |
| L.A. Care Covered | Mammogram | 18 | 7 | 39% |
| L.A. Care Covered Direct | Physical Therapy | 2 | 0 | 0% |
| L.A. Care Covered Direct | Mammogram | 18 | 7 | 39% |

## 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. Variance will compare the difference in compliance rates between MY 2020 and MY 2021 in the quantitative analysis.

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. – All results are compiled into a Specialty Compliance Summary for full specialty breakdowns for DMCH required, high volume, and high impact specialty types and available through the Quality Improvement business unit.

### COMPLIANCE SUMMARIES: MEDI-CAL, MCLA, CMC, PASC, LACC, LACCD AGGREGATE

| Table 2a: PCP and SCP Composite (All LOBs) | | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MC[55] | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| Urgent Appointment | PCP | 81% | 84% | 79% | 85% | 79% | 81% | 58% | 98% | 79% | 84% | 79% | 84% | 85% |
| | SCP | 67% | 77% | 67% | 78% | 63% | 74% | 81% | 83% | 65% | 76% | 65% | 76% | 80% |
| | | MC | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| Routine Appointment | PCP | 92% | 93% | 91% | 94% | 92% | 92% | 79% | 98% | 92% | 93% | 92% | 93% | 94% |
| | SCP | 77% | 87% | 78% | 86% | 75% | 83% | 90% | 92% | 76% | 84% | 76% | 84% | 87% |
| | | MC | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| Preventive Services (Adult) | PCP | 97% | 97% | 97% | 97% | 97% | 96% | 100% | 99% | 97% | 97% | 97% | 97% | 97% |
| | SCP | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| | | MC | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| Preventive Services (Pediatric) | PCP | 93% | 95% | 93% | 96% | 93% | 96% | 98% | 100% | 92% | 96% | 92% | 96% | 97% |
| | SCP | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

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[55] MC Line of business includes L.A. Care Medi-Cal, Anthem Blue Cross and Blue Shield Promise.

| Table 2a: PCP and SCP Composite (All LOBs) | | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MC[56] | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| Initial Prenatal Visit | PCP | 98% | 96% | 98% | 97% | 98% | 96% | 100% | 100% | 98% | 97% | 98% | 97% | 98% |
| | SCP | 93% | 90% | 93% | 90% | 100% | 88% | 90% | 100% | 92% | 75% | 92% | 75% | 98% |
| | | MC | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| In-Office Waiting Room Time | PCP | 98% | 98% | 98% | 98% | 97% | 98% | 100% | 99% | 97% | 98% | 97% | 98% | 99% |
| | SCP | 95% | 96% | 95% | 96% | 95% | 95% | 99% | 100% | 95% | 96% | 95% | 96% | 97% |
| | | MC | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| Normal Business Hours Call Back | PCP | 69% | 72% | 69% | 73% | 66% | 70% | 97% | 82% | 66% | 71% | 66% | 71% | 74% |
| | SCP | 56% | 63% | 59% | 66% | 58% | 60% | 88% | 96% | 53% | 63% | 53% | 63% | 67% |
| | | MC | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| Process for Rescheduling Missed or Cancelled Appointments | PCP | 95% | 99% | 99% | 99% | 99% | 99% | 100% | 100% | 99% | 99% | 99% | 99% | 99% |
| | SCP | 98% | 98% | 98% | 99% | 98% | 98% | 99% | 99% | 98% | 99% | 98% | 99% | 99% |
| | | MC | | MCLA | | CMC | | PASC | | LACC | | LACCD | | Goal |
| Call-Back time to Reschedule Appointments | PCP | 99% | 95% | 95% | 95% | 94% | 94% | 97% | 96% | 94% | 95% | 94% | 95% | 96% |
| | SCP | 88% | 93% | 91% | 93% | 89% | 92% | 96% | 97% | 91% | 93% | 91% | 93% | 94% |

Table 2a Source(s): [2021 AA Final Reports](#), [2020 AA Final Reports](#)

## COMPLIANCE SUMMARIES[57]: MEDI-CAL DIRECT (MCLA), ANTHEM BLUE CROSS (BCSC) AND BLUE SHIELD PROMISE (BSPHP)

The tables below display measurement year (MY) 2021 compliance rates by Medi-Cal direct (MCLA), Anthem Blue Cross (BCSC) and Blue Shield Promise (BSPHP)

| Table 3: Aggregate PCP & SCP (Composite), Plan Partners | | 2021 | 2020 | 2019 | 2021 | 2020 | 2019 | 2021 | 2020 | 2019 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| Urgent Appointment | PCP | 79% | 85% | 87% | 81% | 82% | 83% | 87% | 82% | 83% | 85% |
| | SCP | 67% | 78% | 77% | 70% | 73% | 81% | 64% | 72% | 79% | 80% |
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| Routine Appointment | PCP | 91% | 94% | 97% | 92% | 93% | 96% | 94% | 92% | 97% | 94% |
| | SCP | 78% | 86% | 91% | 75% | 88% | 90% | 74% | 86% | 92% | 87% |
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| Preventive Services (Adult) | PCP | 97% | 97% | 99% | 97% | 97% | 99% | 98% | 96% | 99% | 97% |
| | SCP | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| Preventive Services (Pediatric) | PCP | 93% | 96% | 98% | 93% | 96% | 97% | 94% | 93% | 98% | 97% |
| | SCP | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| Initial Prenatal Visit | PCP | 98% | 97% | 99% | 98% | 97% | 99% | 97% | 96% | 99% | 98% |
| | SCP | 93% | 90% | 94% | NR | NR | NR | NR | NR | NR | 98% |

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[56] MC Line of business includes L.A. Care Medi-Cal, Anthem Blue Cross and Blue Shield Promise.

[57] Compliance summaries do not include Kaiser. Due to Kaiser's scheduling process, LA. Care does not survey Kaiser network.

| Table 3: Aggregate PCP & SCP (Composite), Plan Partners | | 2021 | 2020 | 2019 | 2021 | 2020 | 2019 | 2021 | 2020 | 2019 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| In-Office Waiting Room Time | PCP | 98% | 98% | 96% | 97% | 98% | 96% | 97% | 97% | 96% | 99% |
| | SCP | 95% | 96% | 93% | 96% | 97% | 93% | 95% | 94% | 94% | 97% |
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| Normal Business Hours Call Back | PCP | 69% | 73% | 66% | 97% | 98% | 65% | 69% | 72% | 64% | 74% |
| | SCP | 59% | 66% | 59% | 48% | 53% | 60% | 58% | 58% | 58% | 67% |
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| Process for Rescheduling Missed or Cancelled Appointments | PCP | 99% | 99% | 99% | 99% | 99% | 99% | 99% | 99% | 98% | 99% |
| | SCP | 98% | 99% | 98% | 98% | 97% | 99% | 98% | 100% | 100% | 99% |
| | | MCLA | | | BCSC | | | BSPHP | | | Goal |
| Call-Back time to Reschedule Appointments | PCP | 95% | 95% | 94% | 94% | 95% | 94% | 94% | 94% | 94% | 96% |
| | SCP | 91% | 93% | 89% | 84% | 93% | 86% | 77% | 91% | 90% | 94% |

Table 3 Source(s): 2021 AA Final Reports - Aggregate & PP, 2020 AA Final Reports - Aggregate & PP

## 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. Table 4 includes all PPGs surveyed in the 2021 PAAS across all lines of business. Compliance rates are representative of the Medi-Cal line of business.

| Table 4: PPG Aggregate Compliance | | | | |
|---|---|---|---|---|
| **PPG Name** | **2021 PCP Urgent Goal: 92%** | **2021 PCP Routine Goal: 100%** | **2021 SCP Urgent Goal: 88%** | **2021 SCP Routine Goal: 97%** |
| Access IPA | 85% | 94% | 100% | 100% |
| Accountable Health Care IPA | 83% | 94% | 77% | 85% |
| Advantage Health Network IPA | 50% | 100% | 67% | 0% |
| All Care Medical Group | 100% | 100% | 33% | 67% |
| Allied Pacific IPA | 82% | 93% | 66% | 86% |
| Alpha Care Medical Group | 87% | 93% | 75% | 77% |
| Altamed Health Services | 81% | 94% | 69% | 74% |
| Angeles IPA | 83% | 96% | 70% | 84% |
| Apollo Healthcare Inc | NA | NA | NA | NA |
| Applecare Medical Group | 81% | 86% | 85% | 85% |
| Associated Hispanic Physicians of Southern CA | NA | NA | NA | NA |
| Axminster Medical Group | 67% | 79% | 83% | 82% |
| Beacon Health Strategies | NA | NA | NA | NA |
| Bella Vista IPA | 82% | 98% | 71% | 80% |
| Cal Care IPA | NR | NR | 67% | 71% |
| Children's Hospital Medical Group | NA | NA | 25% | 20% |
| Citrus Valley Physicians Group | 88% | 90% | 88% | 91% |
| Community Family Care | 80% | 90% | 70% | 89% |
| County of LA Dept of Health Services | 52% | 76% | 82% | 87% |
| Crown City Medical Group | NA | NA | NA | NA |

**Table 4: PPG Aggregate Compliance**

| PPG Name | 2021 PCP Urgent Goal: 92% | 2021 PCP Routine Goal: 100% | 2021 SCP Urgent Goal: 88% | 2021 SCP Routine Goal: 97% |
|---|---|---|---|---|
| Eastland Medical Group | 76% | 90% | 44% | 67% |
| El Proyecto Del Barrio | 64% | 62% | 61% | 77% |
| Exceptional Care Medical Group | 86% | 92% | 68% | 74% |
| Family Care Specialists Medical Group | 81% | 85% | 50% | 50% |
| Global Care IPA | 81% | 91% | 69% | 74% |
| Health Care LA IPA | 72% | 87% | 70% | 79% |
| Healthcare Partners Medical Group | NA | NA | NA | NA |
| Healthy New Life Med Corp | NA | NA | NA | NA |
| High Desert | 57% | 100% | 57% | 71% |
| Imperial Health Holdings Medical Group | 72% | 94% | 63% | 88% |
| Karing Physicians Medical Group | 100% | 100% | 100% | 100% |
| LA Care Direct | 80% | 95% | 68% | 81% |
| La Salle Medical Associates | NA | NA | NA | NA |
| Lakeside Medical Group | 79% | 93% | 72% | 78% |
| Los Angeles Medical Center IPA | NA | NA | NA | NA |
| Memorial Children's Specialty Medical Group | NA | NA | 50% | 0% |
| Mission Community IPA | 100% | 100% | NR | NR |
| Noble Community Medical Associates | 87% | 97% | NR | NR |
| Northeast Community Clinic | NA | NA | NA | NA |
| Omnicare Medical Group | 92% | 94% | 74% | 68% |
| Pioneer Provider Network | NA | NA | NA | NA |
| Pomona Valley Medical Group | 69% | 80% | 80% | 85% |
| Preferred IPA of California | 82% | 95% | 68% | 72% |
| Premier Physician Network | NA | NA | 100% | 100% |
| Prospect Medical Group | 83% | 96% | 64% | 85% |
| Regal Medical Group | 81% | 94% | 67% | 80% |
| Regent Medical Group | 80% | 94% | 71% | 63% |
| San Judas Medical Group | 100% | 100% | 100% | 100% |
| San Miguel IPA | NA | NA | NA | 100% |
| Seaside Health Plan | NA | NA | NA | NA |
| Serra Community Medical Clinic | NA | NA | NA | NA |
| Sierra Medical Group | 45% | 83% | 50% | 67% |
| So CA Children Healthcare Network | 75% | 94% | 100% | 100% |
| South Atlantic Medical Group | 72% | 96% | 79% | 81% |
| Southland Advantage Medical Group | 33% | 67% | 33% | 67% |
| Southland San Gabriel Valley Medical Group | NA | NA | 100% | 100% |
| St. Vincent IPA | NA | NA | NR | NR |
| Superior Choice Medical Group | 82% | 95% | 82% | 83% |

| Table 4: PPG Aggregate Compliance | | | | |
|---|---|---|---|---|
| **PPG Name** | **2021 PCP Urgent Goal: 92%** | **2021 PCP Routine Goal: 100%** | **2021 SCP Urgent Goal: 88%** | **2021 SCP Routine Goal: 97%** |
| Talbert Medical Group | NA | NA | NA | NA |
| Universal Care Medical Group | 82% | 92% | 50% | 100% |

| Table 5: Ancillary Results | 2021 | 2020 | 2019 | Goal |
|---|---|---|---|---|
| MC | | | | |
| Mammogram | 82% | 85% | 97% | 100% |
| Physical Therapy | 93% | 85% | 96% | 100% |
| CMC | | | | |
| Mammogram | 86% | 88% | 100% | 100% |
| Physical Therapy | 100% | 93% | 83% | 100% |
| LACC | | | | |
| Mammogram | 84% | 86% | 93% | 100% |
| Physical Therapy | 91% | 94% | 94% | 100% |
| LACCD | | | | |
| Mammogram | 84% | 86% | NR | 100% |
| Physical Therapy | 91% | NR | NR | 100% |
| PASC | | | | |
| Mammogram | 84% | 0% | NR | 100% |
| Physical Therapy | 92% | NR | NR | 100% |

Table 5 Source(s): 2021 AA Final Reports - Ancillary, 2020 AA Final Reports - Ancillary

## Quantitative Analysis

All results for high impact and high volume specialty types are compiled and available through the Quality Improvement business unit.

### Medi-Cal (MC)
An analysis of the Medi-Cal appointment availability survey results revealed the following:
- PCP rates: From 2020 to 2021, Urgent Appointments fell below goal in 2021 and down 3 percentage points; Routine Appointments fell below goal and down 1 percentage point; Preventive Services-Adult met goal and remained the same rate; Preventive Services-Pediatrics did not meet goal and decreased 2 percentage points; Initial Prenatal Visits met goal and increased 2 percentage points; In-Office Waiting Room Times did not meet goal and remained the same rate; Normal Business Hours Call Backs fell below goal and decreased 3 percentage points; Process for Rescheduling Missed or Cancelled Appointments missed goal and dropped by 4 percentage points; Call-back Time to Reschedule Appointments met goal and increased by 4 percentage points.
- SCP rates: From 2020 to 2021, Urgent Appointments fell below goal in 2021 and dropped 10 percentage points; Routine Appointments fell below goal and dropped 10 percentage points; Initial Prenatal Visits did not meet goal, but increased 3 percentage points; In-Office Waiting Room Times missed goal and went down 1 percentage point; Normal Business Hours Call Backs fell below goal and dropped 7 percentage points; Process for Rescheduling Missed or Cancelled Appointments missed goal and remained the same rate; Call-back Time to Reschedule Appointments fell below goal and dropped 5 percentage points.

- Endocrinology is the specialty type that displayed the largest decrease in compliance with both urgent appointments (-14%) and routine appointment (-16%). The Endocrinology Urgent Appointment
- Compliance rate of 60% was well below the L.A. Care goal of 88%. The Routine Appointment compliance rate 70% also performed poorly against the L.A. Care goal of 97%.
- 3/12 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 80%) Infectious Disease, Podiatry, and Rheumatology.
- 7/12 DMHC required, high-impact, or volume specialty types met L.A. Care goals for Routine Appointments (Goal: 87%) Cardiology, Infectious Disease, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology.
- 5/12 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 97%): Endocrinology, Infectious Disease, Nephrology, Oncology, and Rheumatology
- 3/12 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for Normal Business Hours Call Back (Goal: 67%): Infectious Disease, Nephrology and Podiatry.
- 9/12 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 99%): Cardiology, Endocrinology, Infectious Disease, Nephrology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology.
- 5/12 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Call-Back Time to Reschedule Missed Appointments (Goal: 94%): Infectious Disease, Nephrology, OB/GYN, Oncology, and Ophthalmology.

### *L.A. Care Medi-Cal Direct (MCLA)*
An analysis of the L.A. Care Medi-Cal Direct appointment survey results revealed the following:
- PCP rates: From 2020 to 2021, Urgent Appointments did not meet goal and dropped 6 percentage points; Routine Appointments fell below goal and down 3 percentage points; Preventive Services-Adult met goal and remained the same rate; Preventive Services-Pediatrics missed goal and dropped 3 percentage points; Initial Prenatal Visits met goal and went up 1 percentage point; In-Office Waiting Room Times missed goal and remained at the same rate; Normal Business Hours Call Backs fell below goal and decreased 3 percentage points; Process for Rescheduling Missed or Cancelled Appointments met goal and remained the same rate; Call-back Time to Reschedule Appointments fell below goal and remained the same rate.
- SCP rates: From 2020 to 2021, Urgent Appointments fell below goal and dropped 11 percentage points; Routine Appointments missed goal and dropped 8 percentage points; Initial Prenatal Visits did not meet goal, but increased 3 percentage points; In-Office Waiting Room Times missed goal and went down 1 percentage point; Normal Business Hours Call Backs fell below goal and dropped 7 percentage points; Process for Rescheduling Missed or Cancelled Appointments missed goal and decreased 1 percentage point; Call-back Time to Reschedule Appointments fell below goal and decreased 2 percentage points.

### *Cal MediConnect (CMC)*
An analysis of the Cal MediConnect appointment survey results revealed the following:
- PCP rates: From 2020 to 2021, Urgent Appointments fell below goal and decreased 2 percentage points; Routine Appointments fell below goal and remained the same rate; Preventive Services-Adult met goal and went up 1 percentage point; Preventive Services-Pediatrics missed goal and dropped 3 percentage points; Initial Prenatal Visits met goal and went up 2 percentage points; In-Office Waiting Room Times missed goal and decreased 1 percentage point; Normal Business Hours Call Backs fell below goal and dropped 4 percentage points; Process for Rescheduling Missed or

Cancelled Appointments met goal and remained the same rate; Call-back Time to Reschedule Appointments fell below goal and remained the same rates.
- SCP rates: From 2020 to 2021, Urgent Appointments fell below goal and dropped 11 percentage points; Routine Appointments missed goal and dropped 8 percentage points; Initial Prenatal Visits met goal and significantly increased by 12 percentage points; In-Office Waiting Room Times missed goal and went down 1 percentage point; Normal Business Hours Call Backs fell below goal and fell 2 percentage points; Process for Rescheduling Missed or Cancelled Appointments missed goal and remained the same rate; Call-back Time to Reschedule Appointments fell below goal and decreased 3 percentage points.
- 3/11 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 80%): Dermatology, OB/GYN, and Podiatry.
- 5/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for Routine Appointments (Goal: 87%): Cardiology, Dermatology, OB/GYN, Ophthalmology, and Podiatry.
- 5/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 97%): Dermatology, Endocrinology, Nephrology, OB/GYN, and Oncology.
- 2/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for Normal Business Hours Call Back (Goal: 67%): Oncology and Rheumatology.
- 8/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 99%): Dermatology, Endocrinology, Nephrology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology.
- 2/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Call Back Time to Reschedule Missed or Cancelled Appointments (Goal: 94%): Oncology and Ophthalmology.

## *PASC-SEIU*

An analysis of the PASC-SEIU appointment survey results revealed the following:
- PCP rates: From 2020 to 2021, Urgent Appointments fell below goal and significantly dropped by 40 percentage points; Routine Appointments fell below goal and significantly dropped by 19 percentage points; Preventive Services-Adult met goal and went up 1 percentage point; preventive Services-Pediatrics met goal and went down 2 percentage points; Initial Prenatal Visits met goal and remained at 100%; In-Office Waiting Room Times met goal and increased 1 percentage point; Normal Business Hours Call Backs met goal and significantly increased by 15 percentage points; Process for Rescheduling Missed or Cancelled Appointments met goal and remained the same rate; Call-back Time to Reschedule Appointments met goal and increased by 1 percentage point.
- SCP rates: From 2020 to 2021, Urgent Appointments met goal and had a slight drop by 2 percentage points; Routine Appointments met goal and had a slight drop by 2 percentage points; Initial Prenatal Visits PASC fell below goal and decreased by 10 percentage points; In-Office Waiting Room Times met goal and went down 1 percentage point; Normal Business Hours Call Backs met goal, but dropped 8 percentage points; Process for Rescheduling Missed or Cancelled Appointments met goal and remained the same rate; Call-back Time to Reschedule Appointments met goal and decreased by 1 percentage point.

## *L.A. Care Covered/L.A. Care Covered Direct*

An analysis of the L.A. Care Covered appointment survey results revealed the following:
- PCP rates: From 2020 to 2021, Urgent Appointments missed the goal and decreased 5 percentage points; Routine Appointments fell below goal and down 1 percentage point; Preventive Services-Adult met goal and remained the same rate; Preventive Services-Pediatrics did not meet goal and decreased 4 percentage points; Initial Prenatal Visits met goal and went up 1 percentage point; In-

Office Waiting Room Times missed goal and decreased 1 percentage point; Normal Business Hours Call Backs fell below goal and dropped 5 percentage points; Process for Rescheduling Missed or Cancelled Appointments met goal and remained the same rate; Call-back Time to Reschedule Appointments missed the goal and decreased by 1 percentage point.

- SCP rates: From 2020 to 2021, Urgent Appointments fell below goal and decreased 11 percentage points; Routine Appointments missed goal and decreased 8 percentage points; Initial Prenatal Visits did not meet goal; however, did increase by 17 percentage points;
- In-Office Waiting Room Times missed goal and went down 1 percentage point; Normal Business Hours Call Backs fell below goal and dropped 10 percentage points; Process for Rescheduling Missed or Cancelled Appointments missed goal and went down 1 percentage point; Call-back Time to Reschedule Appointments fell below goal and decreased 2 percentage points.
- 2/10 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 80%): Neurology and Podiatry.
- 4/10 DMHC required, high-impact, or volume specialty types met L.A. Care goals for Routine (Goal: 87%): Neurology, OB/GYN, Ophthalmology, and Podiatry.
- 3/10 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 97%): Endocrinology Neurology, and Oncology.
- 1/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Normal Business Hours Call-Back (Goal: 67%): Rheumatology.
- 7/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 99%): Endocrinology, Neurology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology.
- 4/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Call-Back Time for Rescheduling Missed or Cancelled Appointments (Goal: 94%): OB/GYN, Oncology, Ophthalmology, and Rheumatology.

### *Table 4 Medi-Cal PPG Appointment Availability Aggregate Compliance*
Table 4 includes the Urgent and Routine Appointment survey results for PPGs of the Medi-Cal line of business.
- 5 of the PPGs met the L.A. Care goals for PCP Urgent Appointment Availability. 6 of the PPGs met goals for PCP Routine Appointment Availability.
- 7 of the PPGs met the L.A. Care goal for SCP Urgent Appointment Availability. 8 of the PPGs met the L.A. Care goal for SCP Routine Appointment Availability.

### **Qualitative Analysis**

### *Medi-Cal*
There was a low variance in the PCPs compliance rates for appointment availability measures. There were slight decreases in Urgent and Routine Appointment rates (-3% and -1% respectively). Three of the nine appointment availability measures met goal. For MY 2021, L.A. Care surveyed 12 different specialty types for Medi-Cal since they are either DMHC required specialties or L.A. Care high-volume or high-impact specialties. The DMHC required specialties are comprised of Cardiology, Dermatology, Endocrinology, Gastroenterology, Infectious Disease, Nephrology, Neurology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology. Four of the high-volume or high-impact specialties—Infectious Disease, Oncology, Podiatry, and Rheumatology—met goal for 4 out of 5 appointment availability measures. The specialties with the lowest compliance rates, not meeting any goals, were Dermatology, Gastroenterology, and Neurology.

### *Cal MediConnect*

Overall, PCPs remained relatively stable in compliance with appointment availability measures but there was a slight decrease in Urgent Appointment rates (-2%). Three of the nine appointment availability measures met goal. For MY 2021, L.A. Care surveyed 11 different specialty types for Cal MediConnect since they are either DMHC required specialties or L.A. Care high-volume or high-impact specialties. The DMHC required specialties are comprised of Cardiology, Dermatology, Endocrinology, Gastroenterology, Nephrology, Neurology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology. Three of the high-volume or high-impact specialties—Dermatology, OB/GYN, and Oncology—met goal for 4 out of 5 appointment availability measures. The specialties with the lowest compliance rates, not meeting any goals, were Gastroenterology and Neurology.

### *PASC-SEIU*

PCPs had a number of variances for appointment availability measures. The PASC-SEIU LOB had a significant decrease in Urgent Appointments (-40%) and Routine Appointments (-19%) from 2020 to 2021. Seven of the nine appointment availability measures met goal.

### *L.A. Care Covered/L.A. Care Covered Direct*

PCPs for LACC had minimal variance from MY 2020 to MY 2021. Three of the nine appointment availability measures met goal. Urgent and Routine Appointments from MY 2020 to MY 2021 (-5% and -1%, respectively). For MY 2021, L.A. Care surveyed 10 different specialty types for LACC since they are either DMHC required specialties or L.A. Care high-volume or high-impact specialties. The DMHC required specialties are comprised of Cardiology, Dermatology, Endocrinology, Gastroenterology, Neurology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology. One of the high-volume or high-impact specialties—Neurology—met goal for 4 out of 5 appointment availability measures. The specialties with the lowest compliance rates, not meeting any goals, were Cardiology, Dermatology, and Gastroenterology.

### *Overall Qualitative Analysis: Medi-Cal, PASC-SEIU, Cal MediConnect, L.A. Care Covered, L.A. Care Covered Direct*

The MY 2021 PAAS demonstrated high rates of non-response and overall decreases in Urgent and Routine Appointment measures. The Preventive Services (Adult) performance remained stable from MY 2020 to MY 2021. The Initial Prenatal Visit compliance rate increased across 5 out of 6 LOB. In 2019, 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.

The challenges have remained and compliance rates continue to decrease despite an increase in call-back timeliness from MY 2018 to MY 2019. In MY 2020, there are significant decreases across all After-Hours measures. Quality Improvement conducted a root cause analysis. The root cause analysis responses for MY 2020 identified barriers the Network Providers faced such as high staff turnover, limited staffing, and providers closing offices due to quarantine restrictions and sick staff and providers. Additionally, providers faced difficulties in their office settings due to disruptions to phone lines, internet, and fax. The COVID-19 pandemic delayed response times from service providers (telephone and internet systems) to resolve provider office technical difficulties. Additionally, in NET-1B L.A. Care saw an increase in ratios for members to providers due an increase in membership over time. It is very likely the increase in membership caused providers to not comply with access to care standards as the providers have limited appointments and the increased membership will bring an increased demand for appointments.

Due to this information, Quality Improvement will not focus on After-Hours Timeliness for this measurement year. It is also difficult to discern if the 1% improvement in MCLA SCP Urgent Appointment

compliance rates can be attributed to the actions taken as result of the MY 2019 root-cause analysis that was issued in 2020. More research is required due to all of the impediments that were experienced in 2020.

***Measurement Year 2021 Corrective Action Plan (CAP for any ATC Measures which were not met.***

Beginning in 2022 based on MY2021 PAAS results, Quality Improvement implemented a standardized Correction Action Plan (CAP) Request which be sent to Provider Groups on September 9, 2022 for any access goals which are not met. Continued noncompliance or failure to produce evidence of remediation will be escalated to the Internal Compliance Committee (ICC). L.A. Care's Account and Communication Management team will manage CAP requests and submissions to L.A. Care. Historically, L.A. Care focused on one measure and requested that groups provide a root cause analysis for not meeting chosen measure. The shift to CAP groups for all unmet measures was to improve performance in all access measures.

L.A. Care received responses to the MY 2021 root-cause analysis request from Provider groups for all unmet measures. Some root causes provided included; Due to COVID-19 Provider Offices were overbooked, Physician hours reduced due to exposure to COVID-19, COVID-19 office restrictions/protocols and office staff changes. PPGs have submitted corresponding corrective action plans which will be continuously monitored through a collaboration with Quality Improvement, Enterprise Performance Office and Compliance. Additional details are captured in the CAP Tracker and available through the Quality Improvement business unit.

### SECTION 2: CAHPS & CG-CAHPS SURVEY RESULTS FOR ACCESS TO CARE

Table 11a displays the member survey (HP-CAHPS, QHP Enrollee Survey, and Medicare Advantage and Prescription Drug Plan Survey) results for questions related to timely access for the Medi-Cal, L.A. Care Covered, and Cal MediConnect networks. These results reflect the member's perception of access to care.

Table 11b displays the results for the Getting Care Quickly composite for each lines of business, with annual goals. The LACC and CMC results reflect official scores from CMS, which have been case mix adjusted. No scores are available for these lines of business for 2020, as CMS did not issue official scores and halted survey fielding early due to the COVID-19 pandemic.

Table 11c displays the Consumer Group (CG) CAHPS results for the equivalent survey questions shown in Table 11a for the Medi-Cal network only.

| Table 11a: CAHPS Access to Care Measures | | | | | |
|---|---|---|---|---|---|
| Access Question | Line of Business | 2019 | 2020 | 2021 | 2022 |
| In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? (Adult) | Medi-Cal | Not scored | 72.7% | 75.7% | 80.2% |
| In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? (Adult) | Medi-Cal | 70.6% | 72.8% | 68.6% | 70.0% |
| In the last 6 months, when your child needed care right away, how often did your child get care as soon as you needed? (Child) | Medi-Cal | 83.8% | 84.1% | 84.7% | 84.1% |
| In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed? (Child) | Medi-Cal | 76.9% | 80.5% | 73.2% | 75.2% |

| Table 11a: CAHPS Access to Care Measures | | | | | |
|---|---|---|---|---|---|
| Access Question | Line of Business | **2019** | **2020** | **2021** | **2022** |
| In the last 6 months, when you needed care right away, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed? Include in-person, telephone, or video appointments. | L.A. Care Covered | 65.8% | N/A | 61.4% | 69.8% |
| In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? Include in-person, telephone, or video appointments. | L.A. Care Covered | 66.9% | N/A | 67.2% | 66.2% |
| In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? | Cal MediConnect | Not scored | N/A | Not scored | 82.3% |
| In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? | Cal MediConnect | 89% | N/A | 85% | 76.5% |

*Source: 2019, 2020, and 2021 HP-CAHPS, QHP Survey, and MAPD reports
All years reflect the fielding and reporting year for the survey.
No Child survey is conducted for LACC. There are no child members enrolled in CMC.
N/A indicates no official score was issued by CMS
Not scored indicates CMS determined the score had low reliability and did not report it

| Table 11b: CAHPS Access to Care Measures | | | | | | | |
|---|---|---|---|---|---|---|---|
| Access Composite | Line of Business | **2019** | **2020** | **2021** | **2022** | **Performance Goal** | **Goal Met** |
| Getting Care Quickly (Adult) | Medi-Cal | 76.6% | 72.7% | 72.1% | 73.5% | 76% | **No** |
| Getting Care Quickly (Child) | Medi-Cal | 80.4% | 82.3% | 78.9% | 80.3% | 85% | **No** |
| Getting Care Quickly (Adult) | L.A. Care Covered | 66.4% | N/A | 64.3% | 65.0% | 68% | **No** |
| Getting Appointments and Care Quickly (Adult) | Cal MediConnect | 81% | N/A | 77% | 80.0% | 84% | **No** |

| Table 11c: CG-CAHPS Access to Care Measures | | | | |
|---|---|---|---|---|
| Access Question | Line of Business* | **2019** | **2020** | **2021** |
| In the last 12 months, 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 | 52.6% | 51.5% | 48.8% |
| In the last 12 months, 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 | 56.4% | 54.8% | 52.7% |
| In the last 12 months, 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 | 57.6% | 60.4% | 56.2% |

| Table 11c: CG-CAHPS Access to Care Measures | | | | |
|---|---|---|---|---|
| Access Question | Line of Business* | 2019 | 2020 | 2021 |
| In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed? (Child) | Medi-Cal | 60.9% | 62.4% | 58.7% |

*CG-CAHPS was implemented for the Medi-Cal network only.*
*Source: 2019-2021 CG-CAHPS Adult and Child Reports*
*The years for CG-CAHPS reflect the year that fielding began.*

## Quantitative Analysis

### Table 11a: CAHPS Access to Care Measures

#### Medi-Cal
- HP-CAHPS Adult member satisfaction with:
    - Getting timely urgent care increased by 4.5 percentage points from 2021 to 2022.
    - Getting timely routine appointments increased by 1.4 percentage points from 2021 to 2022.
    - Getting Care Quickly increased by 1.4 percentage points from 2021 to 2022.
- HP-CAHPS Child member satisfaction with:
    - Getting urgent care decreased by 0.6 percentage points from 2021 to 2022.
    - Getting routine appointments increased by 2 percentage points from 2021 to 2022.
    - Getting Care Quickly increased by 1.4 percentage points from 2021 to 2022.
- CG-CAHPS Adult member satisfaction with:
    - Getting timely urgent appointments decreased by 2.7 percentage points from 2020 to 2021.
    - Getting timely routine appointments decreased by 2.1 percentage points from 2020 to 2021.
- CG-CAHPS Child member satisfaction with:
    - Getting timely urgent appointments increased by 4.2 percentage points from 2020 to 2021.
    - Getting timely routine appointments increased by 3.7 percentage points from 2020 to 2021.

#### L.A. Care Covered
- QHP Enrollee Survey Adult member satisfaction with:
    - Getting timely urgent care increased by 8.4 percentage points from 2021 to 2022.
    - Getting timely routine appointments decreased by 1 percentage points from 2021 to 2022.
    - Getting Care Quickly increased by 0.7 percentage points from 2021 to 2022.

#### Cal MediConnect
- MAPD Adult member satisfaction with:
    - Getting timely urgent care was not scored due to low reliability in 2021; 82.3% in 2022.
    - Getting timely routine appointments decreased by 8.5 percentage points from 2021 to 2022.
    - Getting Care Quickly increased by 3 percentage points from 2021 to 2022.

While COVID-19 did not disrupt the deployment of the mail survey itself, it is possible that scores continue to be influenced by COVID-19's impacts on access to routine care. Provider offices in L.A. Care's network reported difficulties due to the pandemic – limited appointment availability, difficulties in implementing telehealth, and offices being short-staffed due to COVID-19 outbreaks or "The Great Resignation". As many offices and patients implemented telehealth care for the first time, technical issues were common and may have frustrated members, who for the first time in 2021 considered any phone and/or video visits in their responses. The climate of fear, widespread economic hardship and job loss, along with skyrocketing rates of depression and anxiety during the pandemic could very well have had a negative impact on scores.

It is expected that COVID-19 will have a negative impact on access to routine care for the coming year(s). It is quite possible that the use of telehealth resulted in lower scores. It is also possible that scores were influenced by the change in methodology in 2021 from exclusively mail (in 2020 only) to phone and mail. There is no way to separate out the effects of the changes in methodology from any impact by COVID-19.

## *Qualitative Analysis*

### *Medi-Cal*
HP-CAHPS scores for Medi-Cal remain very low compared to benchmarks. All ratings and composites for the adult and child surveys scored below the Quality Compass National Averages. Getting Care Quickly and Getting Needed Care are the lowest rated composites, which should be prioritized for improvement.

### *Child Medi-Cal*
For Getting Care Quickly, the score for routine care was more than ten points lower than the score for urgent care. This gap decreased slightly as both the getting care quickly questions increased from 2021 to 2022. For Getting Needed Care, the score for prompt access to specialty care was 3.6 points lower than the general getting care, tests or treatment question. The specialty care question improved by 4 percentage points in 2021 while the general getting care, tests, or treatment question decreased by 1.4 points. This closed the gap between the two questions by 5 points between 2021 and 2022. Access to care has been a longstanding area of weakness, despite rate improvements from 2021 to 2022. All questions within the Getting Needed Care and Getting Care Quickly composites experience lower rates, four of which having a statistically significant differenced, when compared to the 2021 NCQA Quality Compass National Average.

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 in past surveys from children with disabilities, who require more specialty care. However, the relatively high score for Rating of Specialist on the Child survey for 2021 muddles this finding. The Children with Chronic Conditions Measures (CCC) have higher scores than the 2021 NCQA Quality Compass National Average for the Access to Prescription Medicines, Personal Doctor Who Knows Child and Coordination of Care for Children with Chronic Conditions questions. There were only lower scores in the Access to Specialized Services and Getting Needed Information questions, neither of which were statistically significant differences. Medi-Cal providers in Los Angeles County have cared for children for decades, while adults with more complex needs grew with the addition of Medicaid Expansion members beginning in 2014, who are newer to their panels.

### *Adult Medi-Cal*
Although both questions in the Getting Care Quickly composite increased from 2021, the score for getting urgent care is seven points higher than for getting routine care. This indicates issues for Medi-Cal members in accessing routine appointments and may result in them seeking higher cost, urgent care services when not necessary.

The Rating of Specialist Seen Most Often is 6.3 points higher than Rating of Personal Doctor. It is also the only rating or composite to score above the Quality Compass 33rd percentile. Rating of Specialist has a statistically significant improvement of 16.1 percentage points from 2020 and Ease of Seeing a Specialist has a statistically significant improvement of 11.4 percentage points from 2020. Overall, Ease of Seeing a Specialist is still lower than Ease of Getting Needed Care, which may be driving down the overall perception of healthcare. Members are rating their specialists highly and want to visit them; however, encounter barriers when trying to access them, resulting in overall lower perceptions of care.

A prior study conducted by L.A. Care showed that members who 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 Teladoc for telehealth. 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 Rating of Healthcare. This problem may become less of an issue over time as L.A. Care members become aware of and utilize services like MinuteClinic and Teladoc.

## *L.A. Care Covered*

Over half of the measures in the QHP survey improved from 2021 to 2022. Six of the measures performed "Average" compared to other plans while the remaining six performed "Below". Those that performed below other health plans centered on rating of personal doctor or specialist and composites in getting needed care and getting care quickly, how well doctors communicate and care coordination. The average scores focus more on health care in general and the health plan. This could indicate that LACC members are content with the plan itself but struggle to get care and are not satisfied with the care they receive. This is not surprising as members may expect more from their care providers as they may be paying out-of-pocket for certain services in the form of co-pays or deductibles. In the preview of the official results from CMS, L.A. Care is a one-star plan for Enrollee Experience, but a three-star plan for Plan Efficiency, Affordability, and Management. The star ratings point out that access to care and provider ratings should be the highest priorities, while members are somewhat more satisfied with service from L.A. Care as a health plan.

This product preforms 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. Rating of Specialist and How Well Doctors Communicate show year over year declines and indicate a need for intervention. It could be that our largely safety net provider network does not meet the expectations associated with the commercial consumer. Additionally, like Medi-Cal, the Plan Customer Service issue is centered on members not getting the information or help they need (65.3%) rather than being treated with courtesy and respect (79%). The courtesy and respect question did fall by 4.3 percentage points from 2021. On top of that, nearly 36% of respondents indicated that it took longer to speak with customer service staff than they had expected. Overall, LACC members seem unhappy with most levels of service.

Additional observations from the 2022 results include:
- Access to routine care (67.8 %) is more available than urgent (62.2 %).
- Fewer than half of respondents reported being able to find out the price of a prescription drug or health care service in advance.
- More than a quarter of respondents reported having to pay out of pocket for care they thought L.A. Care would cover.
- Nearly a quarter of respondents reported delaying care because they were worried about the cost.

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. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. L.A. Care will continue to prioritize improving the office visit, expanding access to care, and ensuring a smooth payment process for members.

## *Cal MediConnect*

The CMC survey performed below the Medicare Advantage national average on the following Star Rating measures(s): Getting Needed Care, Customer Service, Care Coordination and Getting Needed Prescription

Drugs. There was no difference between L.A. Care and that national average for Getting Appointments and Care Quickly. The survey did not exceed the national average for Medicare Advantage for any Star measure. Most scores decreased from 2021 to 2022. After promising scores in 2019, these declines are disappointing results, although expected given the harsh ongoing realities of the pandemic.

Ongoing uncertainties associated with COVID-19 continue to impact survey scores, such as staffing shortages in clinics. Throughout this time, offices were offering telehealth appointments to all members for access and availability, which may not be as accessible to an older population. L.A. Care was actively recruiting available providers to expand the network as the membership also continued to grow, while there was also no active disenrollment occurring. This led to an increase in the ratio of members to providers and could impact appointment availability.

Dual Eligible Medi-Cal and Medicare members have higher utilization and more complex health needs than other populations, and their expectations are higher in terms of how soon they need appointments. Member perception on delays in care can be a significant contributing factor for the decline and not meeting of the goals. The Getting Care Quickly composite fell by three percentage points from 2021 and is attributed to not getting appointments as soon as needed. Aligned with Medi-Cal and LACC, members felt that L.A. Care customer service treated them with courtesy and respect (95%) but did not always provide the information or help they needed (80%). This indicates the need for an encompassing strategy around improving customer service scores in getting the help or information needed.

L.A. Care will continue to prioritize improving the office visit, access to pharmacy benefits, customer service and member education on benefits.

### 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 12: Complaints for Access to Care Trend*^ | | | | |
|---|---|---|---|---|
| **Fiscal Year** | **Line of Business** | **Total Complaints (N)** | **Access Complaints (N)** | **% of Access Complaints** |
| 2018-2019 | Medi-Cal | 19,408 | 4,529 | 23.3% |
| 2019-2020 | Medi-Cal | 28,303 | 10,629 | 37.6% |
| 2020-2021 | Medi-Cal | NA | NA | NA |
| | | | | |
| 2018-2019 | Cal MediConnect | 3,382 | 785 | 23.2% |
| 2019-2020 | Cal MediConnect | 10,755 | 3,809 | 35.4% |
| 2020-2021 | Cal MediConnect | 12,867 | 5,142 | 39.9% |
| | | | | |
| 2018-2019 | L.A. Care Covered | 6,245 | 805 | 12.9% |
| 2019-2020 | L.A. Care Covered | 10,998 | 1,679 | 15.3% |
| 2020-2021 | L.A. Care Covered | 38,182 | 10,249 | 26.8% |

*Rate per 1000 members is calculated based on the avg of member months for the measurement period.
^Source: 2020-21 NCQA Appeals & Grievances ME 7 Annual Report

## Quantitative Analysis

- *__Cal MediConnect__*: The percentage of access complaints increased by 4.5% from fiscal years 2019-2020 to 2020-2021.
- *__L.A. Care Covered__*: The percentage of access complaints increased by 11.5% from fiscal years 2019-2020 to 2020-2021.

## Qualitative Analysis

### Medi-Cal

Data was not available for the 2020-2021 reporting period; therefore, an analysis could not be completed. Note the following observations for the 2018-2020 data in Table 12.

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 supporting the top two reasons for dissatisfaction in these categories are related to the following:

- o Dissatisfaction with their Transportation services
- o Dissatisfaction with their Primary Care Physician and/or office staff

Due to L.A. Care's system changes, L.A. Care was not able to break out the data by PCP and SCP to further understand the dissatisfaction.

### Cal MediConnect

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:

- o 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. 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.

### 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:

- Lack of member knowledge regarding coverage benefit limits and managed care requirements
- Providers not following proper protocol for submitting claims and/or referrals for services

- Prescribing physicians prescribing non-formulary medication without appropriate supporting documentation and failing to respond/submit requested information timely (prior to adverse notification)
- Ongoing issues with delay in pick up times by our transportation vendor
- Misclassification of issues resolved at the time of the call as inquiries versus grievances identified during 2018 CMS Program Audit and 2019 Revalidation Audit, which resulted in an Immediate Corrective Action Required (ICAR).

Members in all lines of business have two top areas of concern: Getting Needed Care and Getting Care Quickly. 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 previous years and will remain so in 2021. Priorities in 2021 include improving the office visit experience, expanding access to care, establishing clear lines of accountability for Plan Partner and contracted provider groups, improving customer service at L.A. Care, and developing product line-specific strategies.

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 MY 2020 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 October of 2020. 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 meet all three requirements as outlined below:
   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 13: After-Hours Response Rate | | | |
| --- | --- | --- | --- |
| | **Original Sample Size** | **Eligible Provider Size** | **Response Rate^** |
| Medi-Cal Aggregate | 5,219 | 4,856 | 99% |
| MCLA | 4,151 | 3,954 | 99% |
| Anthem Blue Cross | 2,361 | 2,197 | 99% |
| Blue Shield Promise | 2,317 | 2,172 | 99% |
| PASC-SEIU | 586 | 569 | 100% |
| Cal MediConnect | 2,981 | 2,816 | 99% |
| L.A. Care Covered | 3,425 | 3,228 | 99% |
| L.A. Care Covered Direct | 3,401 | 3,212 | 99% |

**^**Response rates are rounded to the nearest whole percentage point

**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 14a: Medi-Cal Aggregate Year-over-Year Comparison | | | | | | | |
|---|---|---|---|---|---|---|---|
| After-Hours Measure | Line of Business | 2021 | 2020 | 2019 | Variance | Performance Goal | Goal Met |
| Access Compliance | Medi-Cal Aggregate | 80% | 75% | 83% | 5% | 89% | No |
| Timeliness Compliance | Medi-Cal Aggregate | 69% | 53% | 64% | 16% | 74% | No |
| Combined Access & Timeliness Compliance | Medi-Cal Aggregate | 65% | 47% | 62% | 18% | 72% | No |
| | | | | | | | |
| Access Compliance | MCLA | 80% | 76% | 84% | 4% | 89% | No |
| Timeliness Compliance | MCLA | 69% | 54% | 64% | 15% | 74% | No |
| Combined Access & Timeliness Compliance | MCLA | 65% | 49% | 62% | 16% | 72% | No |
| | | | | | | | |
| Access Compliance | BSPHP | 77% | 75 | 82% | 2% | 89% | No |
| Timeliness Compliance | BSPHP | 67% | 51 | 63% | 16% | 74% | No |
| Combined Access & Timeliness Compliance | BSPHP | 62% | 45 | 61% | 17% | 72% | No |
| | | | | | | | |
| Access Compliance | BCSC | 81% | 76 | 82% | 5% | 89% | No |
| Timeliness Compliance | BCSC | 70% | 54 | 64% | 16% | 74% | No |
| Combined Access & Timeliness Compliance | BCSC | 66% | 49 | 62% | 17% | 72% | No |
| | | | | | | | |
| Access Compliance | PASC | 71% | 81% | 82% | -10% | 89% | No |
| Timeliness Compliance | PASC | 75% | 62% | 67% | 13% | 74% | Yes |
| Combined Access & Timeliness Compliance | PASC | 71% | 61% | 67% | -10% | 72% | No |
| | | | | | | | |
| Access Compliance | Cal-MediConnect | 80% | 76 | 84% | 4% | 89% | No |
| Timeliness Compliance | Cal-MediConnect | 70% | 53 | 64% | 17% | 74% | No |
| Combined Access & Timeliness Compliance | Cal-MediConnect | 66% | 48 | 61% | 18% | 72% | No |
| | | | | | | | |
| Access Compliance | L.A. Care Covered | 80% | 76 | 83% | 4% | 89% | No |
| Timeliness Compliance | L.A. Care Covered | 70% | 53 | 64% | 17% | 74% | No |
| Combined Access & Timeliness Compliance | L.A. Care Covered | 66% | 48 | 62% | 18% | 72% | No |
| | | | | | | | |
| Access Compliance | L.A. Care Covered Direct | 80% | 76 | 84% | 4% | 89% | No |
| Timeliness Compliance | L.A. Care Covered Direct | 70% | 53 | 64% | 17% | 74% | No |
| Combined Access & Timeliness Compliance | L.A. Care Covered Direct | 66% | 48 | 62% | 18% | 72% | No |

| Table 14b: PPG Aggregate Compliance | 2021 | | |
| --- | --- | --- | --- |
| PPG Name | Access Goal ≥ 89% | Timeliness Goal ≥ 74% | Combined Goal ≥ 72% |
| Access IPA | 94% | 76% | 76% |
| Accountable IPA | 81% | 71% | 66% |
| Advantage Heath Network | 100% | 94% | 94% |
| Allied Pacific IPA | 77% | 72% | 67% |
| Alpha Care Medical Group LA | 92% | 83% | 79% |
| Altamed Health Services | 61% | 51% | 44% |
| Angeles IPA | 82% | 67% | 64% |
| Anthem | 84% | 72% | 68% |
| Applecare Medical Group | 87% | 74% | 72% |
| Associated Hispanic Physicians of So California | NA | NA | NA |
| Axminster Medical Group | 73% | 76% | 73% |
| Bella Vista IPA | 77% | 68% | 58% |
| Cal Care IPA | 0% | 61% | 0% |
| Children's Hospital Medical Group | NA | NA | NA |
| Citrus Valley Physicians Group | 79% | 71% | 70% |
| Community Family Care | 77% | 69% | 60% |
| County of LA Dept of Health Services | NA | NA | NA |
| Crown City Medical Group | NA | NA | NA |
| Eastland Medical Group | 87% | 68% | 67% |
| El Proyecto Del Barrio | 68% | 64% | 62% |
| Exceptional Care Medical Group | 90% | 63% | 63% |
| Family Care Specialists Medical Group | 100% | 98% | 98% |
| Family Health Alliance Medical Group | NA | NA | NA |
| Global Care IPA | 76% | 68% | 60% |
| Health Care LA IPA | 79% | 79% | 72% |
| Healthy New Life Medical Corporation | NA | NA | NA |
| High Desert | 22% | 44% | 22% |
| Hispanic Physicians IPA | NA | NA | NA |
| Imperial Health Holdings Medical Group | 77% | 70% | 64% |
| Karing Physician Medical Group | 94% | 94% | 94% |
| LA Care Direct | 81% | 62% | 58% |
| La Salle Medical Associates | NA | NA | NA |
| Lakeside Medical Group | 85% | 70% | 67% |
| Los Angeles Medical Center IPA | NA | NA | NA |
| Omnicare Medical Group | 84% | 69% | 65% |
| Pioneer Provider Network | NA | NA | NA |
| Pomona Valley Medical Group | 87% | 74% | 73% |

| Table 14b: PPG Aggregate Compliance | | | |
|---|---|---|---|
| | **2021** | | |
| **PPG Name** | **Access** **Goal ≥ 89%** | **Timeliness** **Goal ≥ 74%** | **Combined** **Goal ≥ 72%** |
| Preferred IPA of California | 83% | 73% | 71% |
| Premier Physician network | NA | NA | NA |
| Prospect Medical Group | 81% | 68% | 66% |
| Regal Medical Group | 84% | 70% | 67% |
| Regent Medical Group | 86% | 94% | 83% |
| San Judas Medical Group | 100% | 86% | 86% |
| Seaside Health Plan | NA | NA | NA |
| Serra Community Medical Clinic | NA | NA | NA |
| Sierra Medical Group | 88% | 81% | 81% |
| South Atlantic Medical Group | 78% | 58% | 58% |
| Southland Advantage Medical Group | 83% | 67% | 67% |
| Southland San Gabriel Valley Medical Group | NA | NA | NA |
| St. Vincent IPA | NA | NA | NA |
| Superior Choice Medical Group | 85% | 65% | 59% |
| Universal Care Medical Group | 827 | 53% | 53% |

## Quantitative Analysis

### Medi-Cal

- Access Compliance increased by 5% and did not meet the L.A. Care goal of 89%.
- Timeliness Compliance increased by 16% and did not meet the L.A. care goal of 74%.
- Combined Access & Timeliness compliance increased by 18% and did not meet the L.A. Care goal of 72%.

### MCLA

- Access Compliance increased by 4% and did not meet the L.A. Care goal of 89%.
- Timeliness Compliance increased by 15% and did not meet the L.A. Care goal of 74%.
- Combined Access & Timeliness Compliance increased by 16% and did not meet the L.A. Care goal of 72%.

### BSPHP

- Access Compliance increased by 2% and did not meet the L.A. Care goal of 89%.
- Timeliness Compliance increased by 16% and did not meet the L.A. Care goal of 74%.
- Combined Access & Timeliness Compliance increased by 17% and did not meet the L.A. Care goal of 72%.

### BCSC

- Access Compliance increased by 5% and did not meet the L.A. Care goal of 89%.
- Timeliness Compliance increased by 16% and did not meet the L.A. Care goal of 74%.
- Combined Access & Timeliness Compliance increased by 17% and did not meet the L.A. Care goal of 72%.

### *PASC-SEIU*
- Access Compliance decreased by 10% and did not meet the L.A. Care goal of 89%.
- Timeliness Compliance increased by 13% and met the L.A. care goal 74%.
- Combined Access & Timeliness compliance decreased by 10% and did not meet the L.A. Care goal of 72%.

### *Cal MediConnect*
- Access Compliance increased by 4% and did not meet the L.A. Care goal of 89%.
- Timeliness Compliance increased by 17% and did not meet the L.A. care goal of 74%.
- Combined Access & Timeliness compliance increased by 18% and did not meet the L.A. Care goal of 72%.

### *L.A. Care Covered*
- Access Compliance increased by 4% and did not meet the L.A. Care goal of 89%.
- Timeliness Compliance increased by 17% and did not meet the L.A. care goal 74%.
- Combined Access & Timeliness compliance increased by 18% and did not meet the L.A. Care goal of 72%.

### *L.A. Care Covered Direct*
- Access Compliance increased by 4% and did not meet the L.A. Care goal of 89%.
- Timeliness Compliance increased by 17% and did not meet the L.A. care goal 74%.
- Combined Access & Timeliness compliance increased by 18% and did not meet the L.A. Care goal of 72%.

### *Table 14b Medi-Cal PPG After-Hours Aggregate Compliance*
Table 14b includes the Access, Timeliness, Combined Access & Timeliness compliance survey results for PPGs across all lines of business. This survey only includes PCPs.
- 1 PPG met the L.A. Care goal for Access Compliance.
- 3 PPGs met the L.A. Care goal for Timeliness Compliance.
- 3 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 and survey findings. All of the provider network did not meet 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 MY 2021.

In MY 2020 both response rates and compliance rates for all After-Hours measures have declined across all lines of business in comparison to MY 2019. L.A. Care conducted a Root Cause Analysis to better understand Network Providers challenges with responding to L.A. Care's Access to Care Survey. The root cause analysis responses for MY 2020 identified barriers the Network Providers faced such as high staff turnover, limited staffing, and providers closing offices due to quarantine restrictions and sick staff and providers. Additionally, providers faced difficulties in their office settings due to disruptions to phone lines, internet, and fax. The COVID-19 pandemic delayed response times from service providers (telephone and internet systems) to resolve provider office technical difficulties. L.A. Care will continue to monitor after-hours access measures in MY 2021.

The conclusions in this report are based on analysis of available data, survey findings and discussions at the various quality committees, such as the Quality Improvement Steering Committee and Joint Performance Improvement Collaborative Committee & Physician Quality Committee. These committees include an internal cross-departmental representation from departments, such as Quality Improvement, Medical Management, Health Education and Cultural & Linguistic Services, Provider Network Management, 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 2018 to 2021 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. Due to impacts from COVID-19, in 2020 PPGs were required to submit three reports as opposed to the QI-030 policy mandated quarterly reporting beginning September 21, 2020 to May 17, 2021 for MY 2019 data. MY 2020 Oversight & Monitoring Workbooks were sent out to PPGs in Q3 2021 and will return to a quarterly reporting basis. PPGs are required to monitor their practitioners until they become compliant with L.A. Care's performance standards. 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 | Status (Complete, New, Ongoing) | Action(s) Taken | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Corrective Action Plan Request for all unmet Access measures in MY 2021.** | Ongoing | Beginning in 2022 based on MY 2021 PAAS results, Quality Improvement implemented a standardized Correction Action Plan (CAP) Request, which will be sent to Provider Groups annually for any access goals which are not met. CAP request was sent to PPGs on 9/9/2022 with a request for CAP submission on 10/10/2022. | Effectiveness to be determined in the MY 2022 Provider Appointment Availability Survey results. |
| **Oversight & Monitoring Workbooks** | Ongoing | L.A. Care identifies providers non-compliant with at least one of the appointment availability and after-hours access standards. In MY 2020 workbooks will be distributed to PPGs in Q3 2021. This year, non-responsive providers will be broken out due to high non-response rates. | Based on Oversight & Monitoring Workbook results, there was little to no impact with the identification of non-compliant providers for two or more consecutive years. |

| Opportunity | Status (Complete, New, Ongoing) | Action(s) Taken | Effectiveness of Intervention/ Outcome |
|---|---|---|---|
| **Root Cause Analysis Request for non-response in MY2020 Appointment Availability Survey.** | New | L.A. Care will implement a targeted intervention with PPGs to provide a root cause analysis and corrective action plan for non-response with the PAAS survey. Requests will be sent out Q3 2021. | Overall response rate for PCP **increased** in MY 2021 to 45%, compared to 35% in MY 2020. Overall response rate for SCP **decreased** in MY 2021 to 34% compared to 56% in MY 2020. |
| **Educate Members on timely access standards** | Ongoing | Newsletter article in the Member newsletter, *Be Well*, 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** | Ongoing | Beginning in MY 2019, L.A. Care began monitoring PCPs that offer advanced access. Provider Contracting & Relationship Management have responsibility of oversight & monitoring of PPG reports for PCPs that offer advanced access. This information is applied to the annual appointment availability surveys. | Advanced Access continued to be successfully incorporated into the MY 2021 Appointment Availability and After Hours surveys.  These providers received automatic compliance for PAAS and After-Hours measures. Exception; due to internal error, DHS was not granted AA. |
| **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. | PPGs attended the webinar and were attentive.  Quality Improvement will continue to host these webinars on an annual basis.  The 2022 Webinar was held on June 29, 2022. |

## 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 2023 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.
- Analysis of PPG compliance across all Appointment Availability and After-Hours Access measures to identify highest and lowest performing PPGs.

## *Goal Calculation*

Annually, the Quality Improvement Accreditation Team determines the goal for each appointment availability and after-hours access standard by the following methodology: Beginning in MY 2021 Goals will be set at the point where we would have achieved a statistically significant difference over prior year's result. To do so we started with the rate and sample size from the prior year. We assumed the same sample size for the current year and then estimated what the rate would have to be to demonstrate a statistically significant difference from the prior year. Statistical significance was determined using a two-tailed z-test of proportions where our critical alpha was 0.05. Exception: Goals will always be set to a minimum of 80%. Effective January 1, 2022, for the purpose of the Provider Appointment Availability Survey, the DMHC deems non-compliance as having fewer than 70% of network compliance for a specific network had a non-urgent or urgent appointment available within the established timeframe. Additional details on the MY 2021 Performance Goals are available through the Quality Improvement business unit.

### ACCESS TO BEHAVIORAL HEALTHCARE

The L.A. Care Direct Network is composed only of Qualified Autism Service Providers (QASP). Behavioral Health Treatment, also known as Applied Behavior Analysis, is a benefit provided by Qualified Autism Service Providers. These services are provided in the beneficiary's home, or a close community setting, with parent or guardian participation during the entire duration of treatment. This is a small subset in comparison to the behavioral health services performed by the NCQA accredited organization Beacon Health Strategies, which services 85.76% (N=22,255) of L.A. Care's MCLA members. The L.A. Care Direct Network QASP services are only used by 14.24% (N=3,694) of MCLA membership. Behavioral health is carved out to Beacon for all other lines of business, including LACC and CMC. Since Beacon is delegated to perform over 70% of services across all product lines, NET 1D is eligible for auto-credit. The table below demonstrates utilization for L.A. Care's Direct Network and Beacon behavioral health services.

| LOB | Members | |
|---|---|---|
| | N | % |
| BEACON | 22255 | **85.76%** |
| MCLA | 3694 | 14.24% |
| **Total** | **25949** | |

## H.3 AVAILABILITY OF PRACTITIONERS

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**REVIEWER: MARIA CASIAS, RN**

### BACKGROUND

L.A. Care Health Plan (L.A. Care) conducts an annual analysis of its Primary Care (PCP) high-volume and high impact specialty care practitioner networks to ensure there are sufficient numbers and types of practitioners to effectively meet the needs of its membership. This network adequacy analysis includes practitioners who participate in L.A. Care's Medi-Cal, L.A. Care Covered (LACC/LACCD), Cal MediConnect (CMC), and PASC-SEIU (PASC) 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.

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).

**2022 WORK PLAN GOALS:** Each section of this report contains specific quantifiable goals.

### SECTION 1: THE AVAILABILITY OF PRACTITIONERS

#### 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. L.A. Care analyzes the same specialty areas over the course of a full calendar year. These annually determined specialties are specific to each product line and line of business. L.A. Care also evaluates access to Obstetrics/Gynecology services and the high-impact specialties of Oncology and Cardiovascular Disease across all lines of business. Additional specialty areas may be assessed due to regulatory requirements and requests pertaining to geographic access and availability.

#### PERFORMANCE STANDARDS

Performance standards are based on regulatory requirements, external benchmarks, industry standards, and national and regional comparative data. Availability standards are established for:

- Primary Care to Member Ratio = Total number of primary care/Total Membership
- Specialist to Member Ratio = Total number of specialist for the specific specialty type (e.g. total number of ophthalmologists)/Total Membership
- Primary Care and Specialist Driving Distance: MapInfo software is used to measure performance.

#### PERFORMANCE ASSESSMENT

As of October 31, 2022, the total number of MCLA Medi-Cal members was 1,451,468. The report also measures practitioner and provider availability for 113,546 L.A. Care Covered members, 17,120 Cal MediConnect members, and 49,784 PASC members.

**PCP ASSESSMENT**

The following tables depict the level of provider network compliance with current physician-to-enrollee ratio standards across all primary care physician types.

*Primary Care Ratios by Product Line*

| Medi-Cal (MCLA) | | | | |
|---|---|---|---|---|
| Standard (1:2000) | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| FP/GP | 1:430 | 1:440 | 1:473 | 1:498 |
| IM | 1:213 | 1:223 | 1:245 | 1:258 |
| PED | 1:281 | 1:292 | 1:299 | 1:310 |

| LACC | | | | |
|---|---|---|---|---|
| Standard (1:2000) | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| FP/GP | 1:45 | 1:50 | 1:49 | 1:48 |
| IM | 1:40 | 1:45 | 1:45 | 1:43 |
| PED | 1:8 | 1:9 | 1:9 | 1:9 |

| CMC | | | | |
|---|---|---|---|---|
| Standard (1:2000) | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| FP/GP | 1:8 | 1:8 | 1:8 | 1:8 |
| IM | 1:7 | 1:7 | 1:7 | 1:6 |
| PED | 1:2 | 1:2 | 1:2 | 1:2 |

| PASC | | | | |
|---|---|---|---|---|
| Standard (1:2000) | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| FP/GP | 1:191 | 1:189 | 1:181 | 1:194 |
| IM | 1:192 | 1:193 | 1:188 | 1:184 |
| PED | 1:32 | 1:31 | 1:33 | 1:31 |

The following tables depict the level of provider network compliance with current member travel distance standards across all primary care physician types.

*Primary Care Provider to Member Geographical Distribution by Product Line*

| Medi-Cal (MCLA) | | | | |
|---|---|---|---|---|
| Standard: 10 miles<br>Compliance Target: 95% | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| FP/GP<br>Average Distance (Miles)<br>% of Members with Access | 1 mi<br>100% | 1mi<br>100% | 1mi<br>100% | 1mi<br>100% |
| IM<br>Average Distance (Miles)<br>% of Members with Access | 1 mi<br>99% | 1 mi<br>99% | 1 mi<br>99% | 1 mi<br>99% |
| PED<br>Average Distance (Miles)<br>% of Members with Access | 2 mi<br>96% | 2 mi<br>97% | 2 mi<br>99% | 2 mi<br>99% |

| LACC | | | | |
|---|---|---|---|---|
| **Standard: 10 miles** **Compliance Target: 95%** | **Q4 2021** | **Q1 2022** | **Q2 2022** | **Q3 2022** |
| **FP/GP** Average Distance (Miles) % of Members with Access | 1 mi 100% | 1 mi 100% | 1 mi 100% | 1 mi 100% |
| **IM** Average Distance (Miles) % of Members with Access | 1 mi 100% | 2 mi 100% | 1 mi 100% | 1 mi 100% |
| **PED** Average Distance (Miles) % of Members with Access | 2 mi 100% | 2 mi 100% | 2 mi 100% | 2 mi 100% |

| CMC | | | | |
|---|---|---|---|---|
| **Standard: 10 miles** **Compliance Target: 95%** | **Q4 2021** | **Q1 2022** | **Q2 2022** | **Q3 2022** |
| **FP/GP** Average Distance (Miles) % of Members with Access | 1 mi 99% | 1 mi 99% | 1 mi 99% | 1 mi 99% |
| **IM** Average Distance (Miles) % of Members with Access | 1 mi 99% | 1 mi 99% | 1 mi 99% | 1 mi 99% |
| **PED** Average Distance (Miles) % of Members with Access | 2 mi 98% | 2 mi 99% | 2 mi 98% | 2 mi 99% |

| PASC | | | | |
|---|---|---|---|---|
| **Standard: 10 miles** **Compliance Target: 95%** | **Q4 2021** | **Q1 2022** | **Q2 2022** | **Q3 2022** |
| **FP/GP** Average Distance (Miles) % of Members with Access | 5 mi 98% | 5 mi 98% | 6 mi 98% | 6 mi 98% |
| **IM** Average Distance (Miles) % of Members with Access | 5 mi 98% | 5 mi 98% | 5 mi 98% | 5 mi 98% |
| **PED** Average Distance (Miles) % of Members with Access | 8 mi 97% | 8 mi 97% | 8 mi 97% | 8 mi 97% |

*QUANTITATIVE ANALYSIS- PRIMARY CARE SERVICES*

**PROVIDER TO MEMBER RATIOS**
For Primary Care providers, the goal of 1 provider per 2000 members was met across all lines of business and all Primary Care specialty types.

**MEMBER DRIVE DISTANCE**
Member drive distance is determined using the average number of miles members must travel. L.A. Care meets the standards for all Primary Care specialty types (Family Practice, General Practice, Internal Medicine, and Pediatrics) for its Medi-Cal, L.A. Care Covered, Cal MediConnect, and PASC lines of business.

## HIGH VOLUME AND HIGH IMPACT ASSESSMENT

The following tables depict the level of provider network compliance with current physician-to-enrollee ratio standards across high volume and high impact areas of specialty care.

### *High Volume and High Impact Specialties Ratios by Product Line*

| | | Medi-Cal (MCLA) | | | |
|---|---|---|---|---|---|
| Specialty | Standards | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| OB/GYN | 1:1000 | 1:21 | 1:1205 | 1:1211 | 1:1320 |
| OPHTHALMOLOGY | 1:2500 | 1:3096 | 1:3179 | 1:3257 | 1:3506 |
| DERMATOLOGY | 1:4100 | 1:10480 | 1:10792 | 1:10692 | 1:11165 |
| PODIATRY | 1:5000 | 1:6523 | 1:6654 | 1:6834 | 1:7599 |
| UROLOGY | 1:4100 | 1:7892 | 1:8077 | 1:8235 | 1:8691 |
| CARDIOVASCULAR DISEASE | 1:2500 | 1:2487 | 1:2538 | 1:2620 | 1:2886 |
| ONCOLOGY | 1:5000 | 1:2792 | 1:2892 | 1:3055 | 1:3291 |

Note: Ratios appearing in red font do not meet the ratio standard in the quarter(s) noted

| | | LACC | | | |
|---|---|---|---|---|---|
| Specialty | Standards | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| OB/GYN | 1:1000 | 1:1 | 1:1 | 1:1 | 1:1 |
| OPHTHALMOLOGY | 1:2500 | 1:324 | 1:334 | 1:328 | 1:323 |
| DERMATOLOGY | 1:4100 | 1:922 | 1:931 | 1:912 | 1:880 |
| PODIATRY | 1:5000 | 1:777 | 1:769 | 1:750 | 1:757 |
| UROLOGY | 1:4100 | 1:810 | 1:824 | 1:814 | 1:788 |
| CARDIOVASCULAR DISEASE | 1:2500 | 1:247 | 1:255 | 1:254 | 1:254 |
| ONCOLOGY | 1:1000 | 1:318 | 1:329 | 1:332 | 1:314 |

| | | CMC | | | |
|---|---|---|---|---|---|
| Specialty | Standards | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| OB/GYN | 0.04:1000 | 1:27 | 1:26 | 1:26 | 1:26 |
| OPHTHALMOLOGY | 0.24:1000 | 1:50 | 1:50 | 1:48 | 1:47 |
| PODIATRY | 0.19:1000 | 1:101 | 1:97 | 1:93 | 1:93 |
| UROLOGY | 0.12:1000 | 1:132 | 1:131 | 1:127 | 1:123 |
| NEUROLOGY | 0.12:1000 | 1:55 | 1:53 | 1:51 | 1:49 |
| CARDIOVASCULAR DISEASE | 0.27:1000 | 1:41 | 1:40 | 1:39 | 1:39 |
| ONCOLOGY | 0.19:1000 | 1:55 | 1:55 | 1:54 | 1:50 |

| | | PASC | | | |
|---|---|---|---|---|---|
| Specialty | Standards | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| OB/GYN | 1:1000 | 1:10 | 1:9 | 1:10 | 1:1 |
| PODIATRY | 1:5000 | 1:3373 | 1:3318 | 1:3533 | 1:3556 |
| DERMATOLOGY | 1:4100 | 1:5622 | 1:5530 | 1:5496 | 1:5532 |
| OPHTHALMOLOGY | 1:2500 | 1:1807 | 1:1843 | 1:1832 | 1:1844 |
| INFECTIOUS DISEASES | 1:7000 | 1:1405 | 1:1345 | 1:1337 | 1:1383 |
| CARDIOVASCULAR DISEASE | 1:2500 | 1:1446 | 1:1310 | 1:1337 | 1:1383 |
| ONCOLOGY | 1:5000 | 1:2300 | 1:2370 | 1:2473 | 1:2371 |

The following tables depict the level of provider network compliance with current member travel distance standards across high volume and high impact areas of specialty care.

**HIGH VOLUME AND HIGH IMPACT SPECIALTIES GEOGRAPHICAL DISTRIBUTION BY PRODUCT LINE**

| Medi-Cal (MCLA) | | | | |
|---|---|---|---|---|
| **Standard: 15 Miles** <br> **Compliance Target: 95%** | **Q4 2021** | **Q1 2022** | **Q2 2022** | **Q3 2022** |
| **OB/GYN** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 99% |
| **Ophthalmology** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% |
| **Dermatology** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% |
| **Podiatry** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% |
| **Urology** <br> Average Distance (Miles) <br> % of Members with Access | <br> 3 mi <br> 99% | <br> 3 mi <br> 99% | <br> 3 mi <br> 99% | <br> 3 mi <br> 100% |
| **Cardiovascular Disease** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 2 mi <br> 99% | <br> 2 mi <br> 99% | <br> 2 mi <br> 100% |
| **Oncology** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 3 mi <br> 99% | <br> 3 mi <br> 99% | <br> 3 mi <br> 100% |

| LACC | | | | |
|---|---|---|---|---|
| **Standard: 15 Miles** <br> **Compliance Target: 95%** | **Q4 2021** | **Q1 2022** | **Q2 2022** | **Q3 2022** |
| **OB/GYN** <br> Average Distance (Miles) <br> % of Members with Access | <br> 3 mi <br> 99% | <br> 3 mi <br> 99% | <br> 2 mi <br> 99% | <br> 2 mi <br> 99% |
| **Ophthalmology** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 2 mi <br> 100 % | <br> 2 mi <br> 100 % | <br> 2 mi <br> 100 % |
| **Dermatology** <br> Average Distance (Miles) <br> % of Members with Access | <br> 3 mi <br> 100% | <br> 3 mi <br> 100% | <br> 3 mi <br> 100% | <br> 3 mi <br> 100% |
| **Podiatry** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% | <br> 2 mi <br> 100% |
| **Urology** <br> Average Distance (Miles) <br> % of Members with Access | <br> 3 mi <br> 100% | <br> 3 mi <br> 100% | <br> 3 mi <br> 100% | <br> 3 mi <br> 100% |
| **Cardiovascular Disease** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100 % | <br> 2 mi <br> 100 % | <br> 2 mi <br> 100 % | <br> 2 mi <br> 100 % |
| **Oncology** <br> Average Distance (Miles) <br> % of Members with Access | <br> 2 mi <br> 100% | <br> 2 mi <br> 100 % | <br> 2 mi <br> 100 % | <br> 2 mi <br> 100 % |

| CMC | | | | |
|---|---|---|---|---|
| **Standard: 15 Miles**<br>**Compliance Target: 95%** | **Q4 2021** | **Q1 2022** | **Q2 2022** | **Q3 2022** |
| **OB/GYN**<br>Average Distance (Miles)<br>% of Members with Access | <br>2 mi<br>98% | <br>2 mi<br>97% | <br>2 mi<br>97% | <br>2 mi<br>99% |
| **Ophthalmology**<br>Average Distance (Miles)<br>% of Members with Access | <br>2 mi<br>99% | <br>2 mi<br>99% | <br>2 mi<br>99% | <br>2 mi<br>99% |
| **Podiatry**<br>Average Distance (Miles)<br>% of Members with Access | <br>2 mi<br>99% | <br>2 mi<br>99% | <br>2 mi<br>99% | <br>2 mi<br>99% |
| **Urology**<br>Average Distance (Miles)<br>% of Members with Access | <br>3 mi<br>99% | <br>3 mi<br>99% | <br>3 mi<br>99% | <br>3 mi<br>99% |
| **Neurology**<br>Average Distance (Miles)<br>% of Members with Access | <br>2 mi<br>99% | <br>2 mi<br>99% | <br>2 mi<br>99% | <br>2 mi<br>99% |
| **Cardiovascular Disease**<br>Average Distance (Miles)<br>% of Members with Access | <br>2 mi<br>99% | <br>2 mi<br>99% | <br>2 mi<br>99% | <br>2 mi<br>99% |
| **Oncology**<br>Average Distance (Miles)<br>% of Members with Access | <br>3 mi<br>99% | <br>3 mi<br>99% | <br>3 mi<br>99% | <br>3 mi<br>99% |

| PASC | | | | |
|---|---|---|---|---|
| **Standard: 15 Miles**<br>**Compliance Target: 95%** | **Q4 2021** | **Q1 2022** | **Q2 2022** | **Q3 2022** |
| **OB/GYN**<br>Average Distance (Miles)<br>% of Members with Access | <br>6 mi<br>98 % | <br>6 mi<br>98% | <br>6 mi<br>98% | <br>8 mi<br>97% |
| **Podiatry**<br>Average Distance (Miles)<br>% of Members with Access | <br>7 mi<br>96% | <br>7 mi<br>96% | <br>8 mi<br>95% | <br>8 mi<br>95% |
| **Dermatology**<br>Average Distance (Miles)<br>% of Members with Access | <br>9 mi<br>95 % | <br>9 mi<br>95% | <br>10 mi<br>94% | <br>10 mi<br>94% |
| **Ophthalmology**<br>Average Distance (Miles)<br>% of Members with Access | <br>7 mi<br>96% | <br>8 mi<br>96% | <br>8 mi<br>95% | <br>8 mi<br>95% |
| **Infectious Disease**<br>Average Distance (Miles)<br>% of Members with Access | <br>9 mi<br>94% | <br>9 mi<br>94% | <br>9 mi<br>93% | <br>9 mi<br>93% |
| **Cardiovascular Disease**<br>Average Distance (Miles)<br>% of Members with Access | <br>6 mi<br>98% | <br>5 mi<br>99% | <br>6 mi<br>98% | <br>6 mi<br>98% |
| **Oncology**<br>Average Distance (Miles)<br>% of Members with Access | <br>7 mi<br>96% | <br>7 mi<br>96 % | <br>8 mi<br>95 % | <br>8 mi<br>95 % |

**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 during the October 2021 - September 2022 period. 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.

| Ancillary Provider to Member Geographical Distribution Standard and Results | | | |
|---|---|---|---|
| **October 2021 – September 2022** | **Medi-CAL** | **LACC** | **CMC** |
| | **% within 15 miles** | **% within 15 miles** | **% within 10 miles** |
| Skilled Nursing Facility | 99% | 100% | 98% |
| Home Health Agencies | 100% | 100% | 99% |
| Ambulatory Surgery Centers | 99% | 98% | 97% |
| Radiology Facilities | 100% | 100% | 99% |
| Dialysis Centers | 100% | 100% | 99% |

*Does not include services available at hospital facilities

**QUANTITATIVE ANALYSIS – HIGH IMPACT AND HIGH VOLUME PROVIDERS**

**PROVIDER TO MEMBER RATIOS**

High Volume Specialist and High Impact Specialist ratio standards were met for L.A. Care Covered and Cal MediConnect lines of business across the four quarters Q1 2021 through Q3 2022. However, Quarter 3, 2022, six specialties within the Medi-Cal network did not meet the ratio standards in effect during the time period evaluated in this report. These specialties are OB/GYN, Ophthalmology, Dermatology, Podiatry, Urology, and Cardiovascular Disease. Dermatology within the PASC line of business did not meet the ratio standards during all four quarters.

**MEMBER DRIVE DISTANCE**

L.A. Care also meets the standards for average drive distances for high volume and high impact (Oncology and Cardiovascular Disease) specialists for Medi-Cal, L.A. Care Covered and Cal MediConnect. PASC does not meet the standards for the look back period for the specialty Dermatology.

*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 for all lines of business. 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 MediConnect specialty networks have revealed minimal deficiencies and challenges in meeting established ratio standards, six high volume specialties of Medi-Cal enrollee-to-specialist ratios have not met the ratio requirements. These findings have been consistent across all reporting quarters.

On average, L.A. Care meets the enrollee travel distance standards for Primary Care, high volume and high impact specialists for the Medi-Cal, L.A. Care Covered California, CMC, and PASC lines of business.

L.A. Care is aware this annual analysis also relies on average calculations and overall ratio compliance as a method of assessing enrollees' access to needed care and 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.

## SECTION 2: INTERVENTIONS

### CURRENT AND/OR PAST INTERVENTIONS

- **Monitoring Delegates' Networks**: The organization is in the process of developing enhanced reporting mechanisms using Quest Analytics that will allow more meaningful assessments of our delegates' contracted networks. Data from these reports will provide a framework for interventional strategies designed to assist our delegates' provider networks with compliance around access and availability requirements where deficiencies have been identified. The PPGs whom are identified as not meeting adequacy standards will be required to submit documentation on outreach efforts until the PPG is within compliance.
- **Direct Contracting:** In addition to the establishment of a direct network 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. Internal reporting is conducted monthly to perform a geographical assessment of the sufficiency of L.A. Care's network. L.A. Care has identified county-wide opportunities to improve and expand the organization's specialty network. These results have led to aggressive direct contracting efforts of both Primary Care and specialty care 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.
- **Access to Care:** If an in network provider is not available within time and distance standards, L.A. Care has an established process to enter into immediate, short-term agreements that ensure access to care where the services are available, and the provider is willing to accept the out of network referral and authorization.
- **Minute Clinic:** Since 2019, L.A. Care members have access to minor non-emergent services at CVS Minute Clinic locations without a referral or authorization. This provides easier access for members to have their basic needs met when their Primary Care is unavailable and/or traditional urgent care options are less desirable. Minute Clinic may increase the access to care by allowing members to make timely appointments virtually or at a CVS location.
- **Telehealth/Teladoc:** L.A. Care members have access to telehealth services through Teladoc since January 2020. Minute Clinics serve as an additional convenient resource for non-emergent primary care services. As of 2022, the regulatory board DHCS is rolling out a new time or distance Telehealth allowance. This allowance may demonstrate that up to 85% of the Plans network's adequacy can be covered by a telehealth only provider. L.A. Care will receive its network analysis from DHCS by the end of calendar Quarter 4 2022
- **Elevating the Safety Net Initiative** L.A. Care Health Plan granted full scholarships to 8 Charles Drew Medical University students to help support the Safety Net. The Plan has dedicated 100 million dollars to help train and recruit diverse primary care physicians to work in communities to support local initiatives and provide dedicated resources.

## SECTION 3: PRACTITIONERS PROVIDERS BEHAVIORAL HEALTHCARE

The L.A. Care Direct Network is composed only of Qualified Autism Service Providers (QASP). Behavioral Health Treatment, also known as Applied Behavior Analysis, is a benefit provided by Qualified Autism Service Providers. These services are provided in the beneficiary's home, or a close community setting, with parent or guardian participation during the entire duration of treatment. This is a small subset in comparison to the behavioral health services performed by the NCQA accredited organization Beacon Health Strategies, which services 86.46% (N=1477) of L.A. Care's MCLA members. L.A. Care directly contracts for Behavioral Health Treatment for the Medi-Cal product line only and Beacon is carved out for all other product lines, including CMC and LACC. The L.A. Care Direct Network QASP services are only used by 13.54% (N=38) of MCLA membership. Since Beacon is delegated to perform over 70% of services across all product lines, NET 1D is eligible for auto-credit. The table below demonstrates utilization for L.A. Care's Direct Network and Beacon behavioral health services.

| Q4 2021 - Q3 2022 | | | | | |
|---|---|---|---|---|---|
| Provider Type | Members Utilizing Services | Total DN Members | % of DN Members Utilizing Services | Services | % of Total Services |
| BEACON | 1477 | 44325 | 3.33% | 13183 | 86.46% |
| QASP | 38 | 44325 | 0.09% | 2065 | 13.54% |

## SECTION 4: 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/ L.A. Care Covered Direct, Cal MediConnect, and PASC SEIU membership are illustrated below.

Across all four 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, Cal MediConnect, and PASC SEIU programs and Asians participating in the L.A. Care Covered/L.A. Care Covered Direct program.

The top 5 reported ethnicities within the Medi-Cal line of business represent 89.91% of all Medi-Cal membership and 85.20% of total CMC membership within the CMC line of business respectively. Based on reported data L.A. Care Covered/L.A. Care Covered Direct and PASC SEIU lines of business has the lowest reported percentage for self-identified ethnicity across the top 5 ethnic/racial groups, with PASC SEIU at 65.74% and L.A. Care Covered/L.A. Care Covered Direct at 62.51% of the total membership within each line of business.

## Medi-Cal- September 2022

| Race | Number of Members | % of Membership | Number of PCPs | % of PCPs | P:M Ratio |
|---|---|---|---|---|---|
| White Or Caucasian | 1,653,124 | 71.49% | 35 | 0.44% | 1:47232 |
| Black Or African American | 252,568 | 10.92% | 6 | 0.07% | 1:42095 |
| Asian | 159,985 | 6.92% | 59 | 0.73% | 1:2712 |
| American Indian Or Alaska Native | 4,403 | 0.19% | 1 | 0.01% | 1:4403 |
| Native Hawaiian/Other Pacific Islander | 2,129 | 0.09% | 16 | 0.20% | 1:133 |

## Cal MediConnect September 2022

| Race | Number of Members | % of Membership | Number of PCPs | % of PCPs | P:M Ratio |
|---|---|---|---|---|---|
| White or Caucasian | 10,446 | 61.09% | 27 | 1.16% | 1:387 |
| Black (African American) | 2,707 | 15.83% | 3 | 0.13% | 1:902 |
| Asian | 1,319 | 7.71% | 39 | 1.68% | 1:34 |
| American Indian or Alaskan Native | 64 | 0.37% | 1 | 0.04% | 1:64 |
| Native Hawaiian/Other Pacific Islander | 33 | 0.19% | 12 | 0.52% | 1:3 |

## L.A. Care Covered/L.A. Covered Direct September 2022

| Race | Number of Members | % of Membership | Number of PCPs | % of PCPs | P:M Ratio |
|---|---|---|---|---|---|
| White Or Caucasian | 48,690 | 42.90% | 32 | 1.06% | 1:1522 |
| Asian | 17,362 | 15.30% | 53 | 1.75% | 1:328 |
| Black Or African American | 4,327 | 3.81% | 7 | 0.23% | 1:618 |
| Native Hawaiian/Other Pacific Islander | 303 | 0.27% | 15 | 0.50% | 1:20 |
| American Indian Or Alaska Native | 239 | 0.21% | 1 | 0.03% | 1:239 |

**PASC SEIU September 2022**

| Race | Number of Members | % of Membership | Number of PCPs | % of PCPs | P:M Ratio |
|---|---|---|---|---|---|
| White Or Caucasian | 23,807 | 48.03% | 4 | 1:5952 | 1:1522 |
| Asian | 4,912 | 9.91% | 0 | 0:4912 | 1:328 |
| Black Or African American | 3,732 | 7.53% | 5 | 1:746 | 1:618 |
| Native Hawaiian/Other Pacific Islander | 75 | 0.15% | 2 | 1:38 | 1:20 |
| American Indian Or Alaska Native | 62 | 0.13% | 0 | 0:62 | 1:239 |

## SECTION 5: PRACTITIONER TO MEMBER RATIOS BY LANGUAGE

### METHODOLOGY
- 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.

The top five languages spoken by L.A. Care's Medi-Cal, L.A. Care Covered/L.A. Care Covered Direct Cal MediConnect, and PASC SEIU members are shown in the tables below.

## Medi-Cal September 2022:
The top five languages spoken by Medi-Cal members represent 97.13% 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.

| Language | Number of Members | % of Membership | Number of PCPs | % of PCPs | P:M Ratio |
|---|---|---|---|---|---|
| English | 1,381,248 | 59.74% | 8,086 | 100% | 1:171 |
| Spanish | 746,354 | 32.28% | 3,768 | 46.60% | 1:198 |
| Armenian | 49,904 | 2.16% | 997 | 12.33% | 1:50 |
| Cantonese, Mandarin and other Chinese | 46,611 | 2.02% | 505 | 6.25% | 1:92 |
| Korean | 22,017 | 0.95% | 280 | 3.46% | 1:79 |

**L.A. Care Covered/L.A. Care Covered Direct September 2022:**
The top five languages spoken by L.A. Care Covered/L.A. Care Covered Direct members comprise 96.81% of all languages spoken.  As in the Medi-Cal program, members who speak English and Spanish.

| Language | Number of Members | % of Membership | Number of PCPs | % of PCPs | P:M Ratio |
|---|---|---|---|---|---|
| English | 68,508 | 60.36% | 3,009 | 45.63% | 1:23 |
| Spanish | 26,444 | 23.30% | 1,419 | 21.52% | 1:19 |
| Cantonese, Mandarin, and other Chinese | 12,189 | 10.74% | 463 | 7.02% | 1:26 |
| Korean | 1,641 | 1.45% | 64 | 0.97% | 1:26 |
| Vietnamese | 1,099 | 0.97% | 153 | 2.32% | 1:7 |

**Cal MediConnect September 2022**:
The top five languages spoken by Cal MediConnect members represent 96.84% of the program's membership.  Consistent with Medi-Cal and L.A. Care Covered/L.A. Covered Direct, 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.

| Language | Number of Members | % of Membership | Number of PCPs | % of PCPs | P:M Ratio |
|---|---|---|---|---|---|
| Spanish | 8,129 | 47.54% | 1,097 | 21.02% | 1:7 |
| English | 7,968 | 46.60% | 2,323 | 44.50% | 1:3 |
| Tagalog | 195 | 1.14% | 178 | 3.41% | 1:1 |
| Cantonese, Mandarin and other Chinese | 188 | 1.10% | 397 | 7.61% | 1:1 |
| Vietnamese | 79 | 0.46% | 113 | 2.16% | 1:1 |

**PASC SEIU September 2022**:
The top five languages spoken by PASC members represent 97.70% of the program's membership. Consistent with Medi-Cal and L.A. Care Covered/L.A. Covered Direct, the majority of PASC SEIU 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 Korean have the lowest percentage of PCPs who speak their language.

| Language | Number of Members | % of Membership | Number of PCPs | % of PCPs | P:M Ratio |
|---|---|---|---|---|---|
| English | 27,937 | 56.36% | 303 | 53.25% | 1:92 |
| Spanish | 8,255 | 16.65% | 150 | 26.36% | 1:55 |
| Armenian | 6304 | 12.72% | 5 | 0.88% | 1:1261 |
| Cantonese, Mandarin, and other Chinese | 2205 | 4.45% | 21 | 3.69% | 1:105 |
| Korean | 1255 | 2.53% | 2 | 0.35% | 1:628 |

*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 32.28% of overall Medi-Cal membership, 23.30% of LACC/LACCD membership, 47.54% of CMC membership and 16.65 of PASC SEIU membership. These percentages are also derived from self-reported information.
- Spanish speaking practitioners comprise 46.60% of contracted PCPs in the Medi-Cal program, 21.52% of L.A. Care Covered/L.A. Care Covered Direct PCPs, 21.02% of Cal MediConnect PCPs, and 26.36% of PASC SEIU PCPs

*Qualitative Analysis*
The assessment of the cultural, racial, ethnic, and linguistic needs of L.A. Care members supports the adjustment of the practitioners' network as necessary to meet the members' diverse needs. 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.

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.

## SECTION 6: 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/L.A. Covered Direct, Cal MediConnect, and PASC SEIU lines of business.  These additions are calculated by practitioner languages spoken.  Across all four lines of business, English and Spanish speaking practitioners represented the majority of additions during the October 2021 – September 2022 timeframe.  This is consistent with the languages most prevalent among the member population across all lines of business.

### Medi-Cal: October 2021 – September 2022

| LANGUAGE | NUMBER OF PHYSICIANS |
|---|---|
| English | 424 |
| Spanish; Castilian | 92 |
| Vietnamese | 12 |
| Hindi | 10 |
| Arabic | 8 |
| Korean | 7 |
| Mandarin | 7 |
| Tagalog | 7 |
| Persian | 7 |
| Armenian | 5 |
| French | 4 |
| Urdu | 4 |
| Telugu | 3 |
| Gujarati | 3 |
| Kannada | 2 |
| German | 2 |
| Marathi | 2 |
| Malayalam | 2 |
| Burmese | 2 |
| Cantonese | 2 |
| Chinese | 2 |
| Indonesian | 2 |
| Thai | 2 |
| Russian | 2 |
| Samoan | 1 |
| Sindhi | 1 |
| Slovak | 1 |
| Portuguese | 1 |
| Tamil | 1 |
| Turkish | 1 |
| Italian | 1 |

| LANGUAGE | NUMBER OF PHYSICIANS |
|---|---|
| Japanese | 1 |
| Czech | 1 |
| Panjabi; Punjabi | 1 |

**L.A. Care Covered /L.A. Care Covered Direct: October 2021 – September 2022**

| LANGUAGE | NUMBER OF PROVIDERS |
|---|---|
| English | 232 |
| Spanish | 99 |
| Farsi | 20 |
| Mandarin | 15 |
| Tagalog | 13 |
| Armenian | 12 |
| Other | 9 |
| Arabic | 9 |
| French | 9 |
| Cantonese | 7 |
| Russian | 6 |
| Vietnamese | 6 |
| Persian | 5 |
| Burmese | 5 |
| INDIAN/HINDI | 5 |
| Other Chinese | 4 |
| Chinese | 4 |
| Not Invalid | 4 |
| Gujarati | 3 |
| Thai | 3 |
| Korean | 3 |
| Other Non-English | 2 |
| German | 2 |
| Hindi | 2 |
| Urdu | 2 |
| Yue Chinese | 2 |
| Hindi Tamil | 1 |
| HindiTelugu | 1 |
| Croatian | 1 |
| Hindi Telugu | 1 |
| Romanian-Russian- | 1 |
| Cambodian | 1 |
| Portuguese | 1 |

| LANGUAGE | NUMBER OF PROVIDERS |
|---|---|
| Hakka Malayalam | 1 |
| HindiPunjabiSpanish | 1 |
| Hindi Urdu | 1 |
| Swahili | 1 |
| Greek | 1 |
| Hebrew | 1 |
| Igbo | 1 |
| Japanese | 1 |
| Punjabi Hindi | 1 |
| Romanian Tagalog | 1 |
| Burmese Chinese | 1 |
| Samoan | 1 |
| Sindhi | 1 |
| Other Sign Language | 1 |
| Yoruba | 1 |
| Hindi Urdu | 1 |
| Romanian | 1 |
| Italian | 1 |
| Sinhala | 1 |
| Chinese Taiwanese | 1 |
| Hindi Punjabi Telugu | 1 |
| HindiTonganUrdu | 1 |
| Hmong | 1 |
| Punjabi | 1 |
| Taiwanese | 1 |
| American Sign Language | 1 |
| Serbian | 1 |

## Cal MediConnect October 2021 – September 2022

| LANGUAGE | NUMBER OF PHYSICIANS |
|---|---|
| English | 196 |
| Spanish | 91 |
| Farsi | 16 |
| Mandarin | 12 |
| Tagalog | 12 |
| Armenian | 11 |
| Arabic | 10 |
| Other | 7 |
| French | 7 |

| LANGUAGE | NUMBER OF PHYSICIANS |
|---|---|
| Other Chinese | 5 |
| Persian | 5 |
| Vietnamese | 5 |
| Russian | 4 |
| Korean | 4 |
| GUJARATI | 4 |
| Burmese | 4 |
| Cantonese | 3 |
| Hindi | 3 |
| Indian/Hindi | 2 |
| TAIWANESE | 2 |
| Thai | 2 |
| Yue Chinese | 2 |
| Yoruba | 1 |
| Urdu | 1 |
| Samoan | 1 |
| Serbian | 1 |
| Sranan | 1 |
| Swahili | 1 |
| Italian | 1 |
| Khmer | 1 |
| Gujarti | 1 |
| Hebrew | 1 |
| Punjabi Hindi | 1 |
| Romanian | 1 |
| Romanian-Russian- | 1 |
| Other Non English | 1 |
| Other Sign Language | 1 |
| Hindi Punjabi Telugu | 1 |
| Hindi Urdu | 1 |
| HindiPunjabiSpanish | 1 |
| HindiTonganUrdu | 1 |
| HindiUrdu | 1 |
| German | 1 |
| Greek | 1 |
| Chinese | 1 |
| Chinese Khmer | 1 |
| Chinese Taiwanese | 1 |
| Croatian | 1 |
| Burmese Chinese | 1 |

| LANGUAGE | NUMBER OF PHYSICIANS |
|---|---|
| American Sign Language | 1 |
| Amharic | 1 |

## PASC SEIU October 2021 – September 2022

| LANGUAGE | NUMBER OF PHYSICIANS |
|---|---|
| English | 24 |
| Spanish | 13 |
| French | 2 |
| Gujarati | 1 |
| Hindi | 1 |
| Mandarin | 1 |
| Marathi | 1 |
| Other | 1 |
| Polish | 1 |
| Russian | 1 |
| Vietnamese | 1 |
| Armenian | 1 |

### Languages Spoken by PCP Staff Offices

Across all four lines of business, English and Spanish are the primary staff languages spoken across PCP offices during the October 2021 – September 2022 timeframe. This is consistent with the languages most prevalent among the member population across all lines of business as well as the primary languages spoken by our Providers.

## MCLA October 2021 – September 2022

| STAFF LANGUAGE | NUMBER OF STAFF |
|---|---|
| ARABIC | 131 |
| ARMENIAN | 277 |
| BENGALI | 2 |
| BULGARIAN | 2 |
| BURMESE | 11 |
| CAMBODIAN | 26 |
| CANTONESE | 144 |
| CHINESE | 49 |
| CROATIAN | 3 |
| DUTCH | 1 |
| ENGLISH | 6428 |
| FARSI | 3 |
| FRENCH | 75 |

| STAFF LANGUAGE | NUMBER OF STAFF |
|---|---:|
| GERMAN | 24 |
| GREEK | 5 |
| GUJARATI | 5 |
| HEBREW | 37 |
| HINDI | 85 |
| HINDO | 2 |
| HUNGARIAN | 1 |
| IGBO | 1 |
| ILOCANO | 1 |
| INDONESIAN | 1 |
| ITALIAN | 21 |
| JAPANESE | 26 |
| KANNADA | 1 |
| KOREAN | 147 |
| LITHUANIAN | 3 |
| MANDARIN | 212 |
| MARATHI | 1 |
| PANJABI | 72 |
| PERSIAN | 1 |
| POLISH | 8 |
| PORTUGUESE | 19 |
| RUSSIAN | 146 |
| SAMOAN | 11 |
| SERBIAN | 1 |
| SPANISH | 2280 |
| TAGALOG | 282 |
| TAIWANESE | 8 |
| TAMIL | 13 |
| TELUGU | 1 |
| THAI | 9 |
| TURKISH | 7 |
| UKRAINIAN | 1 |
| URDU | 23 |
| VIETNAMESE | 150 |
| YIDDISH | 2 |

## LACC/LACCD October 2021 – September 2022

| STAFF LANGUAGE | NUMBER OF STAFF |
|---|---|
| ARABIC | 140 |
| ARMENIAN | 232 |
| BENGALI | 3 |
| BULGARIAN | 2 |
| BURMESE | 14 |
| CAMBODIAN | 13 |
| CANTONESE | 115 |
| CHINESE | 38 |
| CROATIAN | 3 |
| DUTCH | 1 |
| ENGLISH | 7065 |
| FRENCH | 88 |
| GERMAN | 29 |
| GREEK | 8 |
| GUJARATI | 5 |
| HEBREW | 40 |
| HINDI | 101 |
| HINDO | 2 |
| HUNGARIAN | 3 |
| ILOCANO | 2 |
| INDONESIAN | 1 |
| ITALIAN | 22 |
| JAPANESE | 25 |
| KANNADA | 1 |
| KOREAN | 137 |
| LITHUANIAN | 3 |
| MALAYALAM | 1 |
| MANDARIN | 188 |
| MARATHI | 1 |
| PANJABI | 85 |
| POLISH | 9 |
| PORTUGUESE | 16 |
| RUSSIAN | 122 |
| SAMOAN | 5 |
| SPANISH | 2176 |
| TAGALOG | 277 |
| TAIWANESE | 11 |
| TAMIL | 14 |
| TELUGU | 2 |

| STAFF LANGUAGE | NUMBER OF STAFF |
|---|---|
| THAI | 11 |
| TURKISH | 10 |
| UKRAINIAN | 2 |
| URDU | 24 |
| VIETNAMESE | 157 |
| YIDDISH | 2 |

## CMC October 2021 – September 2022

| STAFF LANGUAGE | NUMBER OF STAFF |
|---|---|
| ARABIC | 153 |
| ARMENIAN | 264 |
| BENGALI | 3 |
| BULGARIAN | 2 |
| BURMESE | 14 |
| CAMBODIAN | 14 |
| CANTONESE | 114 |
| CHINESE | 77 |
| CROATIAN | 3 |
| DUTCH | 1 |
| ENGLISH | 6921 |
| FRENCH | 90 |
| GERMAN | 31 |
| GREEK | 7 |
| GUJARATI | 6 |
| HEBREW | 39 |
| HINDI | 106 |
| HINDO | 2 |
| HUNGARIAN | 3 |
| ILOCANO | 1 |
| INDONESIAN | 1 |
| ITALIAN | 23 |
| JAPANESE | 40 |
| KANNADA | 1 |
| KOREAN | 179 |
| LITHUANIAN | 3 |
| MANDARIN | 199 |
| MARATHI | 1 |
| PANJABI | 86 |
| POLISH | 6 |
| PORTUGUESE | 21 |

| STAFF LANGUAGE | NUMBER OF STAFF |
|---|---|
| RUSSIAN | 141 |
| SAMOAN | 6 |
| SPANISH | 2316 |
| TAGALOG | 288 |
| TAIWANESE | 11 |
| TAMIL | 12 |
| TELUGU | 2 |
| THAI | 13 |
| TURKISH | 8 |
| UKRAINIAN | 2 |
| URDU | 27 |
| VIETNAMESE | 177 |
| YIDDISH | 2 |

## PASC October 2021 – September 2022

| STAFF LANGUAGE | NUMBER OF STAFF |
|---|---|
| ARABIC | 2 |
| ARMENIAN | 3 |
| BURMESE | 2 |
| CAMBODIAN | 7 |
| CANTONESE | 15 |
| CHINESE | 1 |
| ENGLISH | 1381 |
| FARSI | 3 |
| FRENCH | 1 |
| GERMAN | 1 |
| HINDI | 1 |
| IGBO | 1 |
| JAPANESE | 1 |
| KOREAN | 3 |
| MANDARIN | 14 |
| POLISH | 1 |
| RUSSIAN | 3 |
| SAMOAN | 2 |
| SPANISH | 105 |
| TAGALOG | 36 |
| VIETNAMESE | 10 |

Based on the number of bilingual practitioners and the high usage of interpreting services by practitioners (see Section A.4 Cultural & Linguistic Services for details), L.A. Care determined that the practitioner network meets the current cultural and linguistic needs of L.A. Care members. Therefore, the provider network does not need to be adjusted at this time. That said, L.A. Care continuously pursues initiatives to improve the C&L services, including implementation of video remote interpreting at high volume clinic sites to supplement face-to-face and telephonic interpreting services.

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. 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 will be presented at the next quarterly Member Quality Service Committee (MQSC) meeting held Q1 of 2023.

SECTION 7: SPECIALISTS ADDED TO THE NETWORK

The following table shows the specialists added to the Medi-Cal, L.A. Care Covered/L.A. Care Covered Direct, Cal MediConnect, and PASC SEIU networks from October 2021 through September 2022.

**Medi-Cal**

| Medi-Cal: Specialists Added October 2021 - September 2022 | |
|---|---|
| SPECIALTY | COUNT |
| Acupuncture | 4 |
| Agencies/Public Health or Welfare | 5 |
| Allergy | 2 |
| Allergy/Immunology | 3 |
| Allopathic & Osteopathic Physicians/Emergency Medicine | 14 |
| Allopathic & Osteopathic Physicians/Emergency Medicine, Sports Medicine | 1 |
| Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation | 10 |
| Allopathic & Osteopathic Physicians/Plastic Surgery | 10 |
| Allopathic & Osteopathic Physicians/Surgery | 26 |
| Allopathic & Osteopathic Physicians/Surgery, Vascular Surgery | 6 |
| Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery | 1 |
| Allopathic & Osteopathic Physicians/Surgery/Surgical Critical Care | 5 |
| Allopathic & Osteopathic Physicians/Surgery/Vascular Surgery | 6 |
| Anaplastologist | 1 |
| Anesthesiology | 99 |
| Behavioral Health & Social Service Providers/Psychologist | 5 |
| Behavioral Health & Social Service Providers/Psychologist, Addiction (Substance Abuse Disorder) | 3 |
| Behavioral Health & Social Service Providers/Social Worker, Clinical | 27 |

| Medi-Cal: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Cardiology | 13 |
| Cardiovascular Disease | 32 |
| Cardiovascular Disease (MD) | 18 |
| Child Development | 1 |
| Chiropractic Providers/Chiropractor | 4 |
| Chiropractor | 4 |
| Dermatology | 17 |
| Diagnostic Radiology | 63 |
| Dietary & Nutritional Service Providers/Dietician, Registered | 13 |
| Dietician, Registered | 12 |
| Emergency Medicine | 10 |
| Endocrinology | 21 |
| Gastroenterology | 23 |
| Gastroenterology (MD) | 30 |
| Acupuncture | 6 |
| Allergy | 6 |
| Allergy/Immunology | 7 |
| Allopathic & Osteopathic Physicians/Colon & Rectal Surgery | 1 |
| Allopathic & Osteopathic Physicians/Emergency Medicine | 11 |
| Allopathic & Osteopathic Physicians/Emergency Medicine, Sports Medicine | 1 |
| Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation | 2 |
| Allopathic & Osteopathic Physicians/Plastic Surgery | 4 |
| Allopathic & Osteopathic Physicians/Surgery | 20 |
| Allopathic & Osteopathic Physicians/Surgery, Surgical Oncology | 1 |
| Allopathic & Osteopathic Physicians/Surgery, Vascular Surgery | 2 |
| Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery | 2 |
| Allopathic & Osteopathic Physicians/Surgery/Surgical Oncology | 1 |
| Allopathic & Osteopathic Physicians/Surgery/Vascular Surgery | 2 |
| Allopathic & Osteopathic Physicians/Transplant Surgery | 1 |
| Ambulatory Health Care Facilities/Federally Qualified Health Center (FQHC) | 1 |
| Anesthesiology | 29 |
| Audiology | 1 |
| Behavioral Health & Social Service Providers/Psychologist | 2 |
| Behavioral Health & Social Service Providers/Social Worker, Clinical | 5 |
| Cardiology | 4 |
| Cardiovascular Disease | 22 |
| Cardiovascular Disease (MD) | 9 |
| Child Development | 2 |
| Chiropractic Providers/Chiropractor | 5 |

| Medi-Cal: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Chiropractor | 3 |
| Clinical Neurophysiology Physician | 2 |
| Critical Care Medicine | 8 |
| Dermatology | 32 |
| Diagnostic Radiology | 57 |
| Dietary & Nutritional Service Providers/Dietician, Registered | 3 |
| Dietician, Registered | 6 |
| Emergency Medicine | 10 |
| Endocrinology | 12 |
| Gastroenterology | 17 |
| Gastroenterology (MD) | 11 |
| Genetics | 2 |
| Geriatric Medicine | 3 |
| Group/Multi-Specialty | 14 |
| Hematology | 11 |
| Hepatology | 1 |
| Hospitalist | 25 |
| Infectious Disease | 13 |
| Interventional Cardiology | 1 |
| Maternal & Fetal Medicine | 2 |
| Medical Oncology | 2 |
| Medicine, Sports Medicine Allopathic & Osteopathic Physicians/Emergency Medicine, | 1 |
| Neonatal-Perinatal Medicine | 8 |
| Neonatology | 4 |
| Nephrology | 15 |
| Neurology | 61 |
| Neurology (MD) | 33 |
| Not Specified | 7 |
| Obstetrics and Gynecology | 21 |
| Obstetrics and Gynecology (MD) | 31 |
| Occupational Therapist | 1 |
| Oncology | 3 |
| Ophthalmology | 33 |
| Optometry | 15 |
| Orthopedics | 22 |
| Other | 4 |
| Otolaryngology | 9 |
| Pain Management | 2 |
| Pain Medicine | 1 |

| Medi-Cal: Specialists Added October 2021 - September 2022 | |
|---|---|
| SPECIALTY | COUNT |
| Pathologic Anatomy; Clinical Pathology (MD) | 2 |
| Pathology | 4 |
| Pathology (MD) | 1 |
| Pediatric Infectious Disease | 8 |
| Pediatric Allergy | 1 |
| Pediatric Cardiology (MD) | 7 |
| Pediatric Critical Care Medicine | 3 |
| Pediatric Endocrinology | 1 |
| Pediatric Gastroenterology | 8 |
| Pediatric Hematology/Oncology | 9 |
| Pediatric Hospice and Palliative Medicine Physician | 1 |
| Pediatric Nephrology | 4 |
| Pediatric Neurology | 3 |
| Pediatric Orthopedics | 2 |
| Pediatric Pulmonology | 4 |
| Pediatric Surgery | 1 |
| Physical Medicine and Rehabilitation | 7 |
| Physical Therapist | 4 |
| Plastic and Reconstructive Surgery Physician | 3 |
| Podiatric Medicine & Surgery Service Providers/Podiatrist | 11 |
| Podiatry | 26 |
| Psychiatry | 23 |
| Psychiatry Neurology | 1 |
| Psychologist | 2 |
| Pulmonology (MD) | 16 |
| Radiation Oncology | 5 |
| Radiology | 8 |
| Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Occupational Therapist | 1 |
| Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Physical Therapist | 4 |
| Rheumatology | 5 |
| Social Worker - Clinical (Licensed Clinical Social Worker) | 18 |
| Speech, Language and Hearing Service Providers/Audiologist | 1 |
| Sports Medicine | 5 |
| Suppliers/Pharmacy | 3 |
| Surgery | 11 |
| Surgery - Cardiothoracic | 2 |
| Surgery - General | 8 |
| Surgery - Hand | 1 |
| Surgery - Neurological | 10 |

| Medi-Cal: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Surgery - Orthopedic | 36 |
| Surgery - Plastic | 3 |
| Surgery - Surgery of the Hand | 1 |
| Surgery - Thoracic | 2 |
| Transplant Surgery Physician | 1 |
| Urology | 10 |
| Vascular & Interventional Radiology | 1 |
| Vascular Surgery | 6 |

## L.A. Care Covered/L.A. Care Covered Direct

| LACC/LACCD: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Acupuncture | 2 |
| Allergy | 6 |
| Anesthesiology | 23 |
| Audiology | 1 |
| Cardiology | 3 |
| Cardiovascular Disease (MD) | 9 |
| Child Development | 1 |
| Chiropractor | 2 |
| Clinical Neurophysiology Physician | 1 |
| Critical Care Medicine | 9 |
| Dermatology | 24 |
| Diagnostic Radiology | 18 |
| Dietician, Registered | 5 |
| Emergency Medicine | 8 |
| Endocrinology | 11 |
| Gastroenterology (MD) | 8 |
| Genetics | 2 |
| Geriatric Medicine | 2 |
| Gynecologic Oncology Physician | 2 |
| Hematology | 3 |
| Hepatology | 2 |
| Hospitalist | 16 |
| Infectious Disease | 9 |
| Interventional Cardiology | 3 |
| Maternal & Fetal Medicine | 3 |
| Medical Oncology | 2 |
| Neonatal-Perinatal Medicine | 8 |

| LACC/LACCD: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Nephrology | 10 |
| Neurology (MD) | 23 |
| Obstetrics and Gynecology (MD) | 25 |
| Occupational Therapist | 2 |
| Oncology | 4 |
| Ophthalmology | 24 |
| Optometry | 20 |
| Other | 4 |
| Otolaryngology | 5 |
| Pain Management | 3 |
| Pain Medicine | 1 |
| Pathologic Anatomy; Clinical Pathology (MD) | 1 |
| Pathology (MD) | 1 |
| Pediatric Infectious Disease | 5 |
| Pediatric Allergy | 1 |
| Pediatric Cardiology (MD) | 8 |
| Pediatric Critical Care Medicine | 1 |
| Pediatric Endocrinology | 2 |
| Pediatric Gastroenterology | 6 |
| Pediatric Hematology/Oncology | 7 |
| Pediatric Nephrology | 3 |
| Pediatric Neurology | 2 |
| Pediatric Pulmonology | 3 |
| Pediatric Sleep Medicine Physician | 1 |
| Pediatric Surgery | 1 |
| Physical Medicine and Rehabilitation | 6 |
| Physical Therapist | 4 |
| Podiatry | 24 |
| Psychiatry | 8 |
| Psychologist | 1 |
| Pulmonology (MD) | 19 |
| Radiation Oncology | 5 |
| Radiology | 7 |
| Rheumatology | 1 |
| Social Worker - Clinical (Licensed Clinical Social Worker) | 18 |
| Speech-Language Pathologist | 1 |
| Sports Medicine | 5 |
| Surgery | 1 |
| Surgery - Cardiothoracic | 2 |

| LACC/LACCD: Specialists Added October 2021 - September 2022 | |
|---|---|
| SPECIALTY | COUNT |
| Surgery - Colon/Rectal | 1 |
| Surgery - General | 12 |
| Surgery - Hand | 1 |
| Surgery - Neurological | 10 |
| Surgery - Orthopedic | 38 |
| Surgery - Plastic | 3 |
| Surgery - Surgery of the Hand | 2 |
| Surgery - Thoracic | 1 |
| Surgical Oncology | 1 |
| Urology | 8 |
| Vascular & Interventional Radiology | 1 |
| Vascular Surgery | 5 |

## Cal MediConnect

| CMC: Specialists Added October 2021 - September 2022 | |
|---|---|
| SPECIALTY | COUNT |
| Acupuncture | 2 |
| Allergy | 4 |
| Anesthesiology | 13 |
| Audiology | 1 |
| Cardiology | 3 |
| Cardiovascular Disease (MD) | 28 |
| Chiropractor | 14 |
| Clinical Cardiac Electrophysiology Physician | 3 |
| Clinical Neurophysiology Physician | 2 |
| Critical Care Medicine | 11 |
| Dermatology | 24 |
| Diagnostic Radiology | 20 |
| Dietician, Registered | 5 |
| Emergency Medicine | 7 |
| Endocrinology | 14 |
| Gastroenterology (MD) | 15 |
| Geriatric Medicine | 2 |
| Gynecologic Oncology Physician | 1 |
| Hematology | 3 |
| Hepatology | 2 |
| Hospitalist | 19 |
| Infectious Disease | 11 |

| CMC: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Interventional Cardiology | 6 |
| Maternal & Fetal Medicine | 2 |
| Medical Oncology | 5 |
| Neonatal-Perinatal Medicine | 8 |
| Nephrology | 31 |
| Neurology (MD) | 29 |
| Nuclear Medicine | 1 |
| Obstetrics and Gynecology (MD) | 26 |
| Occupational Medicine | 1 |
| Occupational Therapist | 2 |
| Oncology | 3 |
| Ophthalmology | 39 |
| Ophthalmology, Otolaryngology, Rhinology (DO) | 1 |
| Optometry | 31 |
| Other | 5 |
| Otolaryngology | 10 |
| Otology, Laryngology, Rhinology | 1 |
| Pain Management | 3 |
| Pain Medicine | 9 |
| Pathologic Anatomy; Clinical Pathology (MD) | 3 |
| Pediatric Infectious Disease | 4 |
| Pediatric Allergy | 1 |
| Pediatric Cardiology (MD) | 8 |
| Pediatric Critical Care Medicine | 2 |
| Pediatric Endocrinology | 2 |
| Pediatric Gastroenterology | 4 |
| Pediatric Hematology/Oncology | 5 |
| Pediatric Hospice and Palliative Medicine Physician | 1 |
| Pediatric Nephrology | 3 |
| Pediatric Neurology | 2 |
| Pediatric Pulmonology | 1 |
| Pediatric Surgery | 1 |
| Physical Medicine and Rehabilitation | 14 |
| Physical Therapist | 3 |
| Plastic and Reconstructive Surgery Physician | 2 |
| Podiatry | 58 |
| Psychiatry | 13 |
| Psychiatry Neurology | 2 |
| Psychologist | 14 |

| CMC: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Pulmonology (MD) | 26 |
| Radiation Oncology | 6 |
| Radiology | 6 |
| Rheumatology | 4 |
| Sleep Medicine (Psychiatry & Neurology) Physician | 1 |
| Social Worker - Clinical (Licensed Clinical Social Worker) | 25 |
| Speech-Language Pathologist | 1 |
| Sports Medicine | 4 |
| Surgery | 3 |
| Surgery - Cardiothoracic | 2 |
| Surgery - Colon/Rectal | 1 |
| Surgery - General | 20 |
| Surgery - Hand | 1 |
| Surgery - Neurological | 13 |
| Surgery - Orthopedic | 44 |
| Surgery - Plastic | 5 |
| Surgery - Surgery of the Hand | 1 |
| Surgery - Thoracic | 4 |
| Surgical Oncology | 1 |
| Urology | 12 |
| Vascular & Interventional Radiology | 3 |
| Vascular Surgery | 9 |

## PASC SEIU

| PASC: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Allergy/Immunology | 2 |
| Anesthesiology | 1 |
| Dermatology | 1 |
| Dietician, Registered | 1 |
| Infectious Disease | 1 |
| Neurology (MD) | 3 |
| Obstetrics and Gynecology (MD) | 6 |
| Ophthalmology | 1 |
| Pathologic Anotomy; Clinical Pathology (MD) | 1 |
| Pediatric Critical Care Medicine | 1 |
| Physical Therapist | 1 |
| Sports Medicine | 1 |

| PASC: Specialists Added October 2021 - September 2022 | |
|---|---|
| **SPECIALTY** | **COUNT** |
| Surgery | 1 |
| Surgery - Orthopedic | 2 |
| Urology | 1 |

# H.3.a ASSESSMENT OF NETWORK ADEQUACY FOR NON-BEHAVIORAL HEALTH SERVICES

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## BACKGROUND

Providers affiliated with L.A. Care Health Plan (L.A. Care) and its contracted delegates are required to adhere to Access to Care standards, which include, but are not limited to, member travel time and distance standards applicable to the following provider types.

- Primary Care Physicians
- Specialists
- Ancillary Providers
- Behavioral Health Care
- Pharmacy

L.A. Care analyzes non-behavioral health member experience data 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 to determine if these referrals indicate any inadequacies within L.A. Care's networks.

## SECTION 1: APPEALS & GRIEVANCES, CAHPS, AND OUT OF NETWORK REQUESTS

### GRIEVANCES AND APPEALS

### MEDI-CAL

| Geography related Complaints | Quarter 4 2021 | Quarter 1 2022 | Quarter 2 2022 | Quarter 3 2022 |
|---|---|---|---|---|
| Membership Average | 1,248,634 | 1,286,992 | 1,317,396 | 1,412,148 |
| Total A&G Received | 33 | 62 | 70 | 73 |
| Rate per 1000 members | 0.02 | 0.04 | 0.05 | 0.05 |
| Goal of 2.5 out of 1000 met | Goal Met | Goal Met | Goal Met | Goal Met |

| Geography related Complaints | Quarter 4 2021 | | Quarter 1 2022 | | Quarter 2 2022 | | Quarter 3 2022 | | Annual Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Count | % | Count | % | Count | % | Count | % | Count | % |
| Primary Care Physician Office | 24 | 73% | 49 | 79% | 43 | 11% | 49 | 67% | 165 | 70% |
| Specialist | 4 | 12% | 9 | 15% | 12 | 17% | 16 | 22% | 41 | 17% |
| Urgent Care | 4 | 12% | 4 | 6% | 14 | 20% | 3 | 8% | 25 | 11% |
| Hospital | 1 | 3% | 0 | 0% | 1 | 1% | 2 | 3% | 4 | 2% |
| **Grand Total** | **33** | **100%** | **62** | **100%** | **70** | **100%** | **73** | **100%** | **235** | **100%** |

*Quantitative Analysis*
- Primary Care Physician
  - 70% (165) of the overall volume is related to access to Primary Care Physician Office
- Specialist
  - 17% (41) of the overall volume is related to access to Specialty services
    - 24% of the annual total can be attributed to these three specialty types
      - 10% – Gastroenterology
      - 7% – Physical Medicine and Rehabilitation
      - 7% - Obstetrics –Gynecology

## COMMERCIAL (LACC/LACCD)

| Geography related Complaints | Quarter 4 2021 | Quarter 1 2022 | Quarter 2 2022 | Quarter 3 2022 |
|---|---|---|---|---|
| Membership Average | 102,937 | 114,311 | 116,137 | 115,049 |
| Total A&G Received | 15 | 27 | 25 | 19 |
| Rate per 1000 members | 0.14 | 0.23 | 0.21 | 0.16 |
| Goal of 2.5 out of 1000 met | Goal Met | Goal Met | Goal Met | Goal Met |

| Geography related Complaints | Quarter 4 2021 | | Quarter 1 2022 | | Quarter 2 2022 | | Quarter 3 2022 | | Annual Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Count | % | Count | % | Count | % | Count | % | Count | % |
| Primary Care Physician Office | 10 | 67% | 23 | 85% | 8 | 73% | 5 | 26% | 46 | 65% |
| Specialist | 2 | 13% | 1 | 4% | 1 | 9% | 6 | 32% | 10 | 14% |
| Urgent Care | 1 | 13% | 3 | 11% | 2 | 18% | 8 | 42% | 14 | 20% |
| Hospital | 1 | 7% | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 1% |
| Grand Total | 15 | 100% | 27 | 100% | 11 | 100% | 19 | 100% | 71 | 100% |

*Quantitative Analysis*
- Primary Care Physician
  - 65% (46) of the overall volume is related to access to Primary Care Physician Office
- Urgent Care
  - 20% (14) of the overall volume of grievances is related to Urgent Care services

## CAL MEDICONNECT

| Geography related Complaints | Quarter 4 2021 | Quarter 1 2022 | Quarter 2 2022 | Quarter 3 2022 |
|---|---|---|---|---|
| Membership Average | 18,815 | 18,038 | 17,636 | 17,524 |
| Total A&G Received | 8 | 8 | 8 | 3 |
| Rate per 1000 members | 0.43 | 0.44 | 0.45 | 0.17 |
| Goal of 2.5 out of 1000 met | Goal Met | Goal Met | Goal Met | Goal Met |

| Geography related Complaints | Quarter 4 2021 | | Quarter 1 2022 | | Quarter 2 2022 | | Quarter 3 2022 | | Annual Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Count | % | Count | % | Count | % | Count | % | Count | % |
| Primary Care Physician Office | 4 | 50% | 6 | 75% | 1 | 100% | 1 | 33% | 12 | 60% |
| Specialist | 1 | 13% | 2 | 25% | 0 | 0% | 2 | 67% | 5 | 25% |
| Urgent Care | 2 | 25% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 10% |
| Hospital | 1 | 13% | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 5% |
| **Grand Total** | **8** | **100%** | **6** | **100%** | **5** | **100%** | **3** | **100%** | **20** | **100%** |

*Quantitative Analysis*
- Primary Care Physician
  - 60% (12) of the overall volume is related to access to Primary Care Physician Office
- Specialist
  - 25% (5) of the overall volume is related to access to Specialty services
    - 67% (2) can be attributed to these two specialty types
      - 33% (1) – General Practice
      - 33% (1) – Ophthalmology

## CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS – 2021

### SECTION 1: 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 2022 scores from 2021 and 2020, as well as to benchmarks and goals. The Medi-Cal rates and goals reflect the Vendor report by Center for the Study of Services (CSS). The L.A. Care Covered and Medicare Advantage Prescription Drug rates and goals reflect the Centers for Medicare and Medicaid Services weighted adjusted scores. Moving forward, goals and rates will reflect the Vendor reports prepared by CSS because CMS adjusts the rates after submission making goal setting difficult.

### SECTION 2: MEDICAID – CHILD AND ADULT HEALTH CAHPS

| Medicaid Child Composites | 2020 | 2021 | 2022 | 2022 vs. 2021 | Quality Compass Percentile | 2022 Goal | Goal Met |
|---|---|---|---|---|---|---|---|
| Getting Needed Care | 83.2% | 81.0% | 82.3% | +1.3 pp | <33rd | 82% | Met |
| Getting Care Quickly | 82.3% | 78.9% | 80.3% | +1.4 pp | <33rd | 80% | Met |

*Quantitative Analysis - Child*
- Getting Needed Care: Increased by 1.3 percentage points from 2021. The rate remained below the 33rd percentile for Quality Compass. L.A. Care met the internal goal of 82%.
- Getting Care Quickly: Increased by 1.4 percentage points from 2021. The rate fell below the 33rd percentile for Quality Compass. L.A. Care met the internal goal of 80%.
- Both Getting Needed Care and Getting Care Quickly increased from 2021 to 2022 but neither were statistically significant. No composite performed statistically higher than the 2022 NCQA Quality Compass national average and Getting Care Quickly performed statistically lower than the national average.

| Medicaid Adult Composites | 2020 | 2021 | 2022 | 2022 vs. 2021 | Quality Compass Percentile | 2022 Goal | Goal Met |
|---|---|---|---|---|---|---|---|
| Getting Needed Care | 71.6% | 74.4% | 77.5% | +3.1 pp | <33rd | 75% | Met |
| Getting Care Quickly | 72.7% | 72.1% | 73.5% | +1.4 pp | <10th | 73% | Met |

*Quantitative Analysis - Adult*
- Getting Needed Care: Increased 3.1 percentage points from 2021. This composite was below the 33rd and above the 10th percentile for Quality Compass.
- Getting Care Quickly: Increased 1.4 percentage points from 2021. This composite was below the 10th percentile for Quality Compass.
- All Medicaid Adult composites increased from 2020-2021 but neither Getting Needed Care nor Getting Care Quickly were statistically significant. Getting Needed Care and Getting Care Quickly reported below the NCQA Quality Compass National Average.

### SECTION 3: L.A. CARE COVERED

| QHP Composites | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2021 | 2022 Goal | Goal Met | CMS National Average |
|---|---|---|---|---|---|---|---|---|
| Getting Care Quickly | 66.4% | N/A | 64.3% | 65.0% | +0.7 pp | 65% | Met | 72.2% |
| Getting Needed Care | 66.9% | N/A | 63.7% | 64.3% | +0.6 pp | 65% | Not Met | 71.2% |

*Quantitative Analysis*
- Getting Care Quickly: Increased by 0.7 percentage points. This composite performed below the CMS National Average and did meet the internal goal.
- Getting Needed Care: Increased by 0.6 percentage points. This composite performed below the CMS National Average and did not meet the internal goal.

## SECTION 4: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

| MAPD Composites* | 2019 | 2020 | 2021 | 2022 | 2022 vs. 2020 | 2022 Goal | Goal Met | 2022 MMP Avg. |
|---|---|---|---|---|---|---|---|---|
| Getting Needed Care | 88% | N/A | 85% | 82% | -3 pp | 86% | Not Met | 85 |
| Getting Appointments and Care Quickly | 81% | N/A | 77% | 80% | +3 pp | 78% | Met | 81% |

### Quantitative Analysis
- Getting Needed Care: Decreased by three percentage points from 2021. This composite was statistically below average from the national Medicare Advantage average.
- Getting Appointments and Care Quickly: Increased by three percentage points from 2021. This composite has no statistical difference from the national Medicare Advantage average.

### LACC Qualitative Analysis
Over half of the measures in the QHP survey improved from 2021 to 2022. Six of the measures performed "Average" compared to other plans while the remaining six performed "Below". Those that performed below other health plans centered on rating of personal doctor or specialist and composites in getting needed care and getting care quickly, how well doctors communicate and care coordination. The Average scores focus more on health care in general and the health plan. This could indicate that LACC members are content with the plan itself but struggle to get care and are not satisfied with the care they receive. This is not surprising as members may expect more from their care providers as they may be paying out-of-pocket for certain services in the form of co-pays or deductibles. In the preview of the official results from CMS, L.A. Care is a one-star plan for Enrollee Experience, but a three-star plan for Plan Efficiency, Affordability, and Management. The star ratings point out that access to care and provider ratings should be the highest priorities, while members are somewhat more satisfied with service from L.A. Care as a health plan.

This product preforms 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. Rating of Specialist and How Well Doctors Communicate show year over year declines and indicate a need for intervention. It could be that our largely safety net provider network does not meet the expectations associated with the commercial consumer. Additionally, like Medi-Cal, the Plan Customer Service issue is centered on members not getting the information or help they need (65.3%) rather than being treated with courtesy and respect (79%). The courtesy and respect question did fall by 4.3 percentage points from 2021. On top of that, nearly 36% of respondents indicated that it took longer to speak with customer service staff than they had expected. Overall, LACC members seem unhappy with most of levels of service.

Additional observations from the 2022 results include:
- Access to routine care (67.8 %) is more available than urgent (62.2 %).
- Fewer than half of respondents reported being able to find out the price of a prescription drug or health care service in advance.
- More than a quarter of respondents reported having to pay out of pocket for care they thought L.A. Care would cover.
- Nearly a quarter of respondents reported delaying care because they were worried about the cost.

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. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. L.A. Care will continue to prioritize improving the office visit, expanding access to care, and ensuring a smooth payment process for members.

*Medicare CMC Qualitative Analysis*

The CMC survey performed below the Medicare Advantage national average on the following Star Rating measures(s): Getting Needed Care, Customer Service, Care Coordination and Getting Needed Prescription Drugs. There was no difference between L.A. Care and that national average for Getting Appointments and Care Quickly. The survey did not exceed the national average for Medicare Advantage for any Star measure. Most scores decreased from 2021 to 2022. After promising scores in 2019, these declines are disappointing results, although an expected one given the harsh ongoing realities of the pandemic.

Ongoing uncertainties associated with COVID-19 continue to impact survey scores, such as staffing shortages in clinics. Throughout this time, offices were offering telehealth appointments to all members for access and availability, which may not be as accessible to an older population. L.A. Care was actively recruiting available providers to expand the network as the membership also continued to grow, while there was also no active disenrollment occurring. This led to an increase in the ratio of members to providers and could impact appointment availability.

Dual Eligible Medi-Cal and Medicare members have higher utilization and more complex health needs than other populations, and their expectations are higher in terms of how soon they need appointments. Member perception on delays in care can be a significant contributing factor for the decline and not meeting of the goals. The Getting Care Quickly composite fell by three percentage points from 2021 and is attributed to not getting appointments as soon as needed. Aligned with Medi-Cal and LACC, members felt that L.A. Care customer service treated them with courtesy and respect (95%) but did not always provide the information or help they needed (80%). This indicates the need for an encompassing strategy around improving customer service scores in getting the help or information needed.

L.A. Care will continue to prioritize improving the office visit, access to pharmacy benefits, customer service and member education on benefits.

**OUT OF NETWORK REQUESTS BY MEMBERS**

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 below tables show the out of network requests that were compiled during the lookback period for each line of business. The requests below are only a collection of total requests by members, at this time L.A. Care is working towards creating reporting and tracking for claims utilization data for out of network requests. In Quarter 2 2021, the Plan transitioned from our previous OON system CCA to Syntranet. We were previously submitting our OON via excel files to DHCS, now it is through technical guidelines, SFTP, and data quality rules implemented in previous months. Please note during our review of the OON report it was identified that there could be some data inaccuracies due to the algorithms used by IT, which may have led to our numbers being potentially overstated. L.A. Care is conducting an additional detailed review of the OON data that we are reporting to ensure that it is accurate we are currently in the process of resolving. This may decrease the total volume of OON and thereby increase our approval rate and improve the total requests per thousand members per year.

## MEDI-CAL

| MCLA Measurement Year Q4 2021-Q3 2022(out of Networ Requests) | | | | | |
|---|---|---|---|---|---|
| Spa Region | Approved | Total | Approval Rate | Member Month | Total Requests (PKPY) |
| Antelope Valley | 551 | 773 | 71.28% | 18618 | 3.46 |
| East | 2663 | 3307 | 80.53% | 42552 | 6.48 |
| Metro | 5160 | 7750 | 66.58% | 44976 | 14.36 |
| San Fernando | 5853 | 8363 | 69.99% | 70793 | 9.84 |
| San Gabriel | 3914 | 5007 | 78.17% | 53006 | 7.87 |
| South | 1027 | 1461 | 70.29% | 62097 | 1.96 |
| South Bay - LB | 2137 | 2951 | 72.42% | 46588 | 5.28 |
| West | 3085 | 5233 | 58.95% | 12475 | 34.96 |
| Total | 24390 | 34845 | 70.00% | 351104 | 8.27 |

## COMMERCIAL (LACC/LACCD)

| LACC/LACCD Measurement Year Q4 2021-Q3 2022(out of Networ Requests) | | | | | |
|---|---|---|---|---|---|
| Spa Region | Approved | Total | Approval Rate | Member Month | Total Requests (PKPY) |
| Antelope Valley | 8 | 11 | 72.73% | 721 | 1.27 |
| East | 52 | 95 | 54.74% | 3118 | 2.54 |
| Metro | 172 | 287 | 59.93% | 3132 | 7.64 |
| San Fernando | 168 | 282 | 59.57% | 6177 | 3.80 |
| San Gabriel | 86 | 145 | 59.31% | 8670 | 1.39 |
| South | 13 | 26 | 50.00% | 2025 | 1.07 |
| South Bay - LB | 138 | 205 | 67.32% | 3700 | 4.62 |
| West | 478 | 659 | 72.53% | 1189 | 46.20 |
| Total | 1115 | 1710 | 65.20% | 28732 | 4.96 |

## CAL-MEDI CONNECT

| CMC  Measurement Year Q4 2021-Q3 2022(out of Networ Requests) | | | | | |
|---|---|---|---|---|---|
| Spa Region | Approved | Total | Approval Rate | Member Month | Total Requests (PKPY) |
| Antelope Valley CMC Medi-Cal | 4 | 4 | 100.00% | 188 | 1.78 |
| Antelope Valley CMC Medicare | 18 | 29 | 62.07% | 188 | 12.88 |
| East CMC Medicare | 97 | 143 | 67.83% | 541 | 22.04 |
| East CMC Medi-Cal | 7 | 8 | 87.50% | 540 | 1.23 |
| Metro CMC Medi-Cal | 21 | 24 | 87.50% | 640 | 3.12 |
| Metro CMC Medicare | 123 | 228 | 53.95% | 640 | 29.67 |
| San Fernando CMC Medi-Cal | 44 | 51 | 86.27% | 750 | 5.67 |
| San Fernando CMC Medicare | 116 | 189 | 61.38% | 750 | 21.01 |
| San Gabriel CMC Medi-Cal | 10 | 12 | 83.33% | 631 | 1.58 |
| San Gabriel CMC Medicare | 161 | 217 | 74.19% | 631 | 28.65 |
| South CMC Medi-Cal | 4 | 4 | 100.00% | 776 | 0.43 |
| South  CMC Medicare | 20 | 31 | 64.52% | 775 | 3.33 |
| South Bay - LB CMC Medi-Cal | 21 | 22 | 95.45% | 666 | 2.75 |
| South Bay - LB CMC Medicare | 60 | 100 | 60.00% | 666 | 12.51 |
| West CMC Medi-Cal | 8 | 9 | 88.89% | 124 | 6.04 |
| West CMC Medicare | 94 | 154 | 61.04% | 124 | 103.43 |
| Total | 808 | 1225 | 65.96% | 4393 | 23.24 |

## SECTION 5: OPPORTUNITIES

### COMPLAINTS & APPEALS REGARDING NETWORK ADEQUACY

Based on the complaints and appeals above there are no opportunities identified as the goal of 2.5 appeals or grievances per 1000 members was met for all lines of business each quarter.

**MEMBER EXPERIENCE SURVEY (CAHPS)**

Based on the above collection of member experience surveys there are multiple opportunities to expand the provider network for both primary care physicians and specialists. L.A. Care has been working on a long-term strategy to address some of the common issues in all the lines of business.

Members in all lines of business have two top areas of concern: *Getting Needed Care* and *Getting Care Quickly*. Given that these themes seem to arise in all product lines, they were selected as the focus in previous years and will remain so in 2021.

The survey vendor identified the below priorities for improvement for both the Adult and Child Medi-Cal surveys:
5. Improving health plan provider network – personal doctors
6. Improving access to care
7. Improving the ability of the health plan customer service to provide necessary information or help
8. Improving health plan provider network - specialists

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 listed below, in no particular order, with the primary Ratings, Composites and/or Grievances/Appeals categories that are addressed and the opportunities available.

## *Priorities for All Lines of Business in 2022:*

**PRIORITY 1:** *Expand access to care.*
- Addresses: Getting Care Quickly, Getting Needed Care, and Access
- Opportunities: make new care options available to members
- 2021 plans: outreach to members about the availability of MinuteClinic and Teladoc, as well as conduct targeted preventive care outreach for vaccinations, screenings, and wellness exams to encourage utilization. Continue the Elevating the Safety Net program to increase the supply of providers. Ensure members can access routine care. Encourage providers and PPGs to offer telehealth services.

**PRIORITY 2:** *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.
- 2021 plans: base incentive payments partially on member survey results. Require that the Plan Partners and low-performing IPAs submit action plans for improvement. Meet with low-performing IPAs to coach them on improvement and emphasize accountability for performance.

## GEOGRAPHIC ANALYSIS, LINGUISTIC ANALYSIS, CULTURAL ANALYSIS, ETHNIC ANALYSIS

### *Geographic Analysis*
- L.A. Care did meet all provider to member ratios as well as travel distance standards that were set for PCPs. (see: *Net 1 B*)
- L.A. Care did not meet all provider to member ratios or travel distance standards for specialists. *(*see: *Net 1 C).* The focus on expanding the network is a goal across the enterprise and has led to the below interventions that are currently taking place.

### Direct Contracting

In addition to the establishment of a direct network 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. Internal reporting is conducted monthly to perform a geographical assessment of the sufficiency of L.A. Care's network. L.A. Care has identified county-wide opportunities to improve and expand the organization's specialty network. These results have led to aggressive direct contracting efforts of both primary care and specialty care 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.

### Linguistic Analysis

Based on the number of bilingual practitioners and the high usage of interpreting services by practitioners (see Section A4 Cultural & Linguistic Services for details), L.A. Care determined that the practitioner network meets the current cultural and linguistic needs of L.A. Care members. Therefore, the provider network does not need to be adjusted at this time. That said, L.A. Care will continuously pursue initiatives to improve the C&L services this coming fiscal year, including implementation of video remote interpreting at clinic sites to supplement face-to-face and telephonic interpreting services.

### NET-2ABC: APPOINTMENT AVAILABILITY

Member surveys on appointment wait times show that L.A. Care Health Plan did not meet the goals for *Getting Care Quickly*. L.A. Care is working to continuously increase its provider availability for both primary care and specialists by taking a multi-step approach.

### Virtual Services

Beginning in Summer 2019, L.A. Care members have access to minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This provides easier access for members to have basic needs met when their PCP is unavailable and/or traditional urgent care options are less desirable. Additionally, L.A. Care members have access to telehealth services through Teladoc as of January 2020, which serves as an additional convenient resource for some primary and specialty care services.

### Direct Contracting

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 2021, a total of 309 primary care providers have direct contracts, an increase of 55 from a year prior. This is a long-term approach to improving member experience; direct contracts allow L.A. Care to control all aspects of the care experience. Additionally, L.A. Care is developing a virtual specialty care program for Direct Network members in an effort to provide timely access to specialty care. PNM has also increased oversight of IPAs to ensure they have adequate specialty networks.

### Increased Monitoring of PPGs

PPGs are required to monitor their practitioners until they become compliant with L.A. Care's performance standards. 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.

OUT OF NETWORK ANALYSIS

Based on the out of network standard of 5 requests per 1000 members for all lines of business there are no opportunities identified the Commercial (LACC/LACCD) line of business. Medi-Cal and Cal MediConnect have not met the standard; however, please note during our review of the OON report it was identified that there could be some data inaccuracies due to the algorithms used by IT, which may have led to our numbers being potentially overstated. L.A. Care is conducting an additional detailed review of the OON data that we are reporting to ensure that it is accurate.

IMPLEMENTATION OF INTERVENTIONS

An intervention to increase access and availability for all lines of business across all geographic areas in Los Angeles County is the utilization of CVS Minute Clinic and Teladoc services. These services can help support members regardless of region in the Los Angeles area by helping to expand the pool of providers available to members for minor urgent care services. In theory, increasing the access to providers via a virtual service will allow members to make quicker appointments, have a larger array of non-emergency providers, and the availability to these providers will not be tied to geo-access.

The below tables show the claims and encounter utilization over the last four quarters by analyzing individual claims and encounter submissions by both calendar quarters and by regions in which members used MinueClinic and Teladoc services. The tracking of these claims started in January 2021 in order to view the trajectory of member utilization. All lines of business are combined in the table for the overall claims volume. Overall, the claims submissions for both CVS MinuteClinic and Teladoc have shown growth over majority of the quarters. Upon review of Quarter 2 for Minute clinics utilization, it appears there was an influx of members using the services for potential contact and suspected COVID-19 exposure. This is consistent with member trending found on the public health website. Additionally, Teladoc utilization has grown 100% from Q4 2021 to Q3 2022.

*Table 1: Overall Claims Utilization*

| Claim by Pay-to | Service by Quarter for Medi-Cal (Individual Claim and Encounter Count Per 1000 Member) | | | |
|---|---|---|---|---|
| | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| MinuteClinic | 3.43 | 5.10 | 6.95 | 4.93 |
| Teladoc | 2.40 | 3.98 | 4.20 | 4.37 |

| Claim by Pay-to | Service by Quarter for LACC/D (Individual Claim and Encounter Count Per 1000 Member) | | | |
|---|---|---|---|---|
| | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| MinuteClinic | 9.26 | 11.28 | 15.86 | 13.18 |
| Teladoc | 4.69 | 6.75 | 7.97 | 7.65 |

| Claim by Pay-to | Service by Quarter for Cal MediConnect (Individual Claim and Encounter Count Per 1000 Member) | | | |
|---|---|---|---|---|
| | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 |
| MinuteClinic | 3.67 | 4.77 | 8.45 | 8.27 |
| Teladoc | 3.19 | 3.27 | 4.99 | 3.54 |

*Table 2a: MinuteClinic Claims Utilization by RCAC Region (all lines of business)*

| MinuteClinic Claims by Quarter (Individual Claim and Encounter Count) | | | | | |
|---|---|---|---|---|---|
| Utilization by RCAC Region | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 | Grand Total |
| 1. Antelope Valley | 79 | 133 | 194 | 185 | 591 |
| 2. Van Nuys, Pacoima, West Hills, Arleta, Sepulveda | 987 | 1580 | 2516 | 1765 | 6848 |
| 3. Alhambra, Pasadena, Foothill | 746 | 1092 | 1423 | 1028 | 4289 |
| 4. Hollywood, Wilshire, Central LA, Glendale | 392 | 545 | 868 | 629 | 2434 |
| 5. Culver City, Venice, Santa Monica, Malibu, Westchester | 270 | 344 | 400 | 215 | 1229 |
| 6. Compton, Inglewood, Watts, Gardena, Hawthorne | 792 | 1215 | 1814 | 1437 | 5258 |
| 7. Huntington Park, Bellflower, Norwalk, Cudhay | 401 | 583 | 916 | 871 | 2771 |
| 8. Carson, Torrance, San Pedro, Wilmington | 494 | 745 | 805 | 567 | 2611 |
| 9. Long Beach | 203 | 298 | 447 | 363 | 1311 |
| 10. East Los Angeles, Whittier, Highland Park | 276 | 519 | 840 | 595 | 2230 |
| 11. Pomona, El Monte | 777 | 1072 | 1327 | 1229 | 4405 |
| 12. Null | 82 | 104 | 109 | 57 | 352 |
| Total | 5499 | 8230 | 11659 | 8941 | 34329 |

*Table 2b: Teladoc Claims Utilization by RCAC (all lines of business)*

| Teladoc Claims by Quarter (Individual Claim and Encounter Count) | | | | | |
|---|---|---|---|---|---|
| Utilization by RCAC Region | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 | Grand Total |
| 1. Antelope Valley | 255 | 466 | 518 | 574 | 1813 |
| 2. Van Nuys, Pacoima, West Hills, Arleta, Sepulveda | 643 | 1132 | 1357 | 1425 | 4557 |
| 3. Alhambra, Pasadena, Foothill | 234 | 359 | 396 | 448 | 1437 |
| 4. Hollywood, Wilshire, Central LA, Glendale | 550 | 792 | 946 | 1012 | 3300 |
| 5. Culver City, Venice, Santa Monica, Malibu, Westchester | 233 | 389 | 467 | 487 | 1576 |
| 6. Compton, Inglewood, Watts, Gardena, Hawthorne | 519 | 991 | 1001 | 1087 | 3598 |
| 7. Huntington Park, Bellflower, Norwalk, Cudhay | 174 | 341 | 362 | 447 | 1324 |
| 8. Carson, Torrance, San Pedro, Wilmington | 142 | 279 | 298 | 317 | 1036 |
| 9. Long Beach | 194 | 295 | 344 | 379 | 1212 |
| 10. East Los Angeles, Whittier, Highland Park | 287 | 481 | 504 | 504 | 1776 |
| 11. Pomona, El Monte | 377 | 570 | 567 | 663 | 2177 |
| 12. Null | 76 | 99 | 57 | 40 | 272 |
| Total | 3684 | 6194 | 6817 | 7383 | 24078 |

## H.3.b ASSESSMENT OF NETWORK ADEQUACY FOR BEHAVIORAL HEALTH SERVICES

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### BACKGROUND

L.A. Care provides Behavioral Health services through a Managed Behavioral Health Organization (MBHO) called Beacon Health Options (Beacon). Since 2014, Beacon has been contracted to provide Behavioral Health Services to members across all Medi-Cal, Cal MediConnect, and Commercial (LACC, LACCD, PASC) based on level of care criteria. Several administrative services are contractually delegated to Beacon. Per contractual requirement, Beacon submits an Appointment Accessibility and Provider Availability Trend Report to L.A. Care on an annual basis. This report contains standards related to emergent, urgent and routine appointments. Beacon submits their Member Experience Survey to L.A. Care on an annual basis. This report contains standards related to network adequacy.

In 2015, L.A. Care began to directly contract for Applied Behavioral Analysis (ABA) service for the Medi-Cal product line only. L.A. Care's Appeal and Grievance department monitors the appeals and grievances data and collaborates with internal departments, including the Behavioral Health Department, Quality Improvement, and other Health Services Departments to drive continuous improvement.

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. 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.

### Summary: Data and Performance Goals

The appeals and grievances processes are conducted within L.A. Care by the Appeals and Grievances department. The following analysis is focused on Quarter 4 2021 – Quarter 3 2022 and hereon will be referred to as reporting period 2021-2022.

| Complaint Type | Product Line | Performance Goal | Performance Goal Met? |
|---|---|---|---|
| Grievances | Medi-Cal | 4 ≤ per 1000/member | Yes |
| | CMC | | Yes |
| | LACC | | Yes |
| Appeals | Medi-Cal | 2 ≤ per 1000/member | Yes |
| | CMC | | Yes |
| | LACC | | Yes |

### *Grievances related to Access*

| Grievances | 2020-2021 | | 2021-2022 | |
|---|---|---|---|---|
| | Total Access Grievances | Total Access Grievances per 1,000* | Total Access Grievances | Total Access Grievances per 1,000* |
| **Medi-Cal** | 301 | 0.0211 | 159 | 0.0100 |
| **Cal MediConnect** | 44 | 0.197 | 24 | 0.111 |
| **LACC** | 69 | 0.062 | 55 | 0.040 |
| **Grand Total** | **414** | **0.280** | **238** | **0.161** |

*Rate per 1000 members is calculated based on per member per month for the reporting period*

## Quantitative Analysis
- *Medi-Cal*: There were a total of 159 grievances related to Access for 2021-2022 reporting period, a rate of 0.010 grievances per 1,000 members.
- *Cal MediConnect*: There were a total of 24 grievances related to Access for 2021-2022 reporting period, a rate of 0.111 grievances per 1,000 members.
- *LACC*: There were a total of 55 grievances related to Access for 22021-2022 reporting period, a rate of 0.040 grievances per 1,000 members.
- The overall Behavioral Health grievances comparative to the membership of L.A. Care is very low, suggesting there is no opportunity for improvement.

## Qualitative Analysis
Based on the data, grievances in total has decreased from the previous year. Appeals and Grievances Department work closely with the Behavioral Health Department to identify trends. The Behavioral Health Department collaborate with Beacon to address access grievances, which Beacon then implements continuous strategies to help resolve identified trends within the grievances.

The performance goal of 4 or less grievances per 1,000 members were met for Medi-Cal, Cal MediConnect and LACC product lines. The total number of grievances for reporting period 2021-2022 were significantly less than the performance goal.

## Appeals related to Access

| Appeals | 2019-2020 | | 2020-2021 | | 2021-2022 | |
|---|---|---|---|---|---|---|
| | Total Access Appeals | Appeals per 1,000* | Total Appeals | Appeals per 1,000* | Total Appeals | Appeals per 1,000* |
| Medi-Cal | 3 | 0.0002 | 10 | 0.0007 | 22 | 0.0013 |
| Cal MediConnect | 0 | 0 | 0 | 0 | 6 | 0.027 |
| LACC | 0 | 0 | 0 | 0 | 0 | 0 |

*Rate per 1000 members is calculated based on per member per month for the reporting period*

## Quantitative Analysis
- *Medi-Cal:* There were 22 appeals related to Access for 2021-2022 reporting period, an increase of 120% compared to previous reporting period.
  - The overall Behavioral Health appeals for Medi-Cal product line comparative to the membership of L.A. Care is significantly low, suggesting there is no opportunity for improvement.
- *Cal MediConnect:* There were 6 appeals related to Access for 2021-2022 reporting period, an increase of 100% compared to previous reporting period.
  - The overall Behavioral Health appeals for Cal MediConnect product line comparative to the membership of L.A. Care is significantly low, suggesting there is no opportunity for improvement.
- *LACC*: LACC had 0 appeals for both 2020-2021 and 2021-2022 reporting periods.

## Qualitative Analysis
Although there was a year over year increase for appeals related to Access, the number of appeals reported are very small comparative of the entire product line population. When working with such low numbers, any fluctuation in the data will suggest a considerable difference, even when the difference is not statistically meaningful.

The performance goal of 2 or less appeals per 1,000 members were met for Medi-Cal, Cal MediConnect and LACC product lines. The total number of appeals for reporting period 2021-2022 were significantly less than the performance goal established.

## Member Experience Survey Results

The Member Experience survey is delegated to Beacon Health Options. One way Beacon measures quality is through conducting and analyzing the Member Experience Survey on an annual basis. Beacon's Member Experience Survey is a standardized survey designed to collect members' rating of behavioral health treatment and satisfaction with services. Based on the opportunities for improvement identified in 2021, interventions implemented in 2022 focused on improvement of network adequacy to support in decreasing Access-to-Care complaints. Two of the categories measured in the Beacon Member Experience Survey includes:

- Appointment Access
- Appointment Availability

Members were randomly selected based on behavioral health claims data. Approximately 385 members responded to the survey. Beacon interventions continued into 2021, which focused on improvement of member satisfaction on five areas surveyed for all product lines. The following is a summary of the results:

| Appointment Access | | | | | |
|---|---|---|---|---|---|
| **Measures** | **Product Line** | **Goal** | **MY 2019** | **MY 2020** | **MY 2021** |
| Non-life-threatening Emergency Care is when you need treatment or services within 6 hours. In the last 12 months, did you need non-life-threatening Emergency Care? (answer key: yes)<br><br>*When you needed non-life-threatening Emergency Care, did you have to wait? (answer key: less than 6 hours)* | Medi-Cal | 85% | 80% (28/35) | 81.8% (27/33) | 73.5% (36/49) |
| | CMC | 85% | 100% (4/4) | 100% (3/3) | 100% (7/7) |
| | Commercial* | 85% | 100% (3/3) | 100% (2/2) | 71.4% (5/7) |
| | Overall | 85% | 83.3% (35/42) | 84.2% (32/38) | 76.2% (48/63) |
| Urgent Care is when you need counseling or treatment within 48 hours. In the last 12 months, did you need Urgent Care? (answer key: yes)<br><br>*When you needed Urgent Care, when was the earliest appointment that was offered to you? (answer key: an appointment within 24 hours or an appointment between 25 to 48 hours)* | Medi-Cal | 85% | 67.6% (25/37) | 66.7% (20/30) | 73.8% (31/42) |
| | CMC | 85% | 100% (2/2) | 100% (4/4) | 80% (4/5) |
| | Commercial* | 85% | 50% (1/2) | 100% (3/3) | 85.7% (6/7) |
| | Overall | 85% | 68.3% (28/41) | 73% (27/37) | 75.9% (41/54) |
| In the last 12 months, did you have a first-time appointment with a new counselor, therapist, psychologist or social worker? (answer key: yes)<br><br>*When you had a first-time appointment, when was the earliest appointment that was offered to you? (answer key: an appointment within 10 business days)* | Medi-Cal | 85% | 60.7% (74/122) | 69.9% (58/83) | 66.3% (65/98) |
| | CMC | 85% | 72.7% (8/11) | 75% (6/8) | 87.5% (7/8) |
| | Commercial* | 85% | 62.1% (18/29) | 50% (7/14) | 65.2% (15/23) |
| | Overall | 85% | 60.9% (92/151) | 67.6% (71/105) | 67.4% (87/129) |

| Member Experience Survey - Appointment Access | | | | | |
|---|---|---|---|---|---|
| **Measures** | **Product Line** | **Goal** | **MY 2019** | **MY 2020** | **MY 2021** |
| Non-life-threatening Emergency Care is when you need treatment or services within 6 hours. In the last 12 months, did you need non-life-threatening Emergency Care? (answer key: yes)<br><br>**When you needed non-life-threatening Emergency Care, did you have to wait? (answer key: less than 6 hours)** | Medicaid | 85% | 80% | 81.8% | 73.5% |
| | | | (28/35) | (27/33) | (36/49) |
| | Medicare | 85% | 100% | 100% | 100% |
| | | | (4/4) | (3/3) | (7/7) |
| | Commercial/Exchange | 85% | 100% | 100% | 71.4% |
| | | | (3/3) | (2/2) | (5/7) |
| | **Overall** | **85%** | **83.3%** | **84.2%** | **76.2%** |
| | | | **(35/42)** | **(32/38)** | **(48/63)** |
| Urgent Care is when you need counseling or treatment within 48 hours. In the last 12 months, did you need Urgent Care? (answer key: yes)<br><br>**When you needed Urgent Care, when was the earliest appointment that was offered to you? (answer key: an appointment within 24 hours or an appointment between 25 to 48 hours)** | Medicaid | 85% | 67.6% | 66.7% | 73.8% |
| | | | (25/37) | (20/30) | (31/42) |
| | Medicare | 85% | 100% | 100% | 80% |
| | | | (2/2) | (4/4) | (4/5) |
| | Commercial/Exchange | 85% | 50% | 100% | 85.7% |
| | | | (1/2) | (3/3) | (6/7) |
| | **Overall** | **85%** | **68.3%** | **73%** | **75.9%** |
| | | | **(28/41)** | **(27/37)** | **(41/54)** |
| In the last 12 months, did you have a first-time appointment with a new counselor, therapist, psychologist or social worker? (answer key: yes)<br>**When you had a first-time appointment, when was the earliest appointment that was offered to you? (answer key: an appointment within 10 business days)** | Medicaid | 85% | 60.7% | 69.9% | 66.3% |
| | | | (74/122) | (58/83) | (65/98) |
| | Medicare | 85% | 72.7% | 75% | 87.5% |
| | | | (8/11) | (6/8) | (7/8) |
| | Commercial/Exchange | 85% | 62.1% | 50% | 65.2% |
| | | | (18/29) | (7/14) | (15/23) |
| | **Overall** | **85%** | **60.9%** | **67.6%** | **67.4%** |
| | | | **(92/151)** | **(71/105)** | **(87/129)** |

*Commercial includes LACC, LACCD, PASC

| Appointment Availability | | | | | |
|---|---|---|---|---|---|
| **Measures** | **Product Line** | **Goal** | **MY 2019** | **MY 2020** | **MY 2021** |
| In the last 12 months, how often were treatment locations close enough for you? (answer key: always or usually) | Medi-Cal | 85% | 79.7% (161/202) | 83.8% (129/154) | 80.1% (153/191) |
| | CMC | 85% | 91.3% (21/23) | 68.4% (13/19) | 78.9% (15/19) |
| | Commercial | 85% | 66.7% (16/24) | 80% (24/30) | 76.9% (30/39) |
| | Overall | 85% | 31.3% (78/249) | 81.8%* (166/203) | 79.5% (198/249) |

### *Member Experience Survey Results as follows:*

2021 Member Satisfaction Report was thoroughly reviewed by L.A. Care and opportunities for improvement were discussed and agreed upon. The report was then presented to and discussed in Behavioral Health Quality Committee on 12/6/2022.

### *Barrier and Opportunities for Improvement*

In order to improve their rates, Beacon collaborated with their internal Quality, Clinical, Network and Provider Relations, and initiated monthly Timely Access workgroup to take deep dive efforts in order to (1) increase BHS network, (2) increase accessibility to prescriber and non-prescribers, (3) increase member satisfaction around appointment access and (4) decrease Access-to-Care complaints.

Beacon reported that low scoring appointment access results for emergency non-life-threatening (ENLT) services (within 6 hours) and urgent care services (within 48 hours) does not reflect performance on their internal Appointment Assistance data. The Appointment Assistance is an offered program where clinicians assist members in linking to a provider. Based on the Appointment Assistance data, identified emergent and urgent cases (determined through the Medi-Cal screening process) showed as 100% compliant with timely access standards.

The member experience scores may reflect member perception that may not fit an "emergent" or "urgent" definition as prescribed by the State. Beacon also refers to the local ER (not to a BH provider) or to a County partner, if appropriate when a member is presenting as ENLT or urgent; it is also common that members are unable to differentiate from Beacon and County services.

Beacon reported that since COVID-19, both member and providers faced many barriers, including the increase in mental health services. Beacon reported the main barrier is the lack of providers available throughout the nation, including California; the available providers who are providing services are also at maximum capacity due to high demand. Secondary component are Medi-Cal rates are not high in reimbursement; therefore, many providers moved to private self-pay in order to obtain preferable rate. The combination of providers being at maximum capacity and providers leaving to private pay contribute to low accessibilities to providers.

In areas where Beacon did not meet goal, a root-cause analysis was completed and interventions created to strengthen their scores around satisfaction.

| Root Cause | Barrier Identified | Barrier Date | Intervention (Implementation Date) regarding Root-Cause | Progress |
|---|---|---|---|---|
| Inaccurate Provider Directory | Providers may not update their availability or specialty information with Beacon regularly | 2020 | • Surveyed providers to capture their individual availability to see members within 6 hours, 48 hours, and 10 business days. Other survey questions are focused on provider language/cultural capabilities and specialties (Quarterly A&A surveys sent to Providers). (Q1 2021)<br>• Increase provider responsiveness by attempting to engage the network through email communication. Develop provider level report for each Health Plan, which includes providers email. (Q2 2021) | • Actively working on sending out a targeted E-Mail blast to facilities to promote routine updates to clinical specialties and other provider data elements<br>• Beacon has an approved and scheduled project for completion in 2023 to enhance systems for improved tracking and outreach capabilities encouraging providers re-confirm location specific data every 90 days in accordance with state and federal law. |
| Providers not offering timely appointment options | Ensuring providers understand their contractual obligations in regards to appointment availability timeframes | 2020 | • Surveyed providers to capture their individual availability to see members within 6 hours, 48 hours, and 10 business days. Other survey questions are focused on provider language/cultural capabilities and specialties (Quarterly A&A surveys sent to Providers). (Q1 2021)<br>• Opened up the entire network to telehealth. Setup provider weekly webinar education series on telehealth and topics related to ongoing COVID-19 restrictions. Sent communication to all our CA providers on the DHCS guidelines for providing telehealth. | Ongoing efforts remain in place |
| Members need help securing appointments | Members may be unaware that Beacon staff can assist with procuring appointments | 2020 | A. Continued 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). (Q1 2021)<br>B. Opened up the entire network to telehealth. Ongoing provider weekly webinar education series on telehealth and topics related to COVID-19 restrictions. Sent communication to all CA providers on the DHCS guidelines for providing telehealth. Completed a FAQ for providers by line of business that includes reimbursement, HIPAA, and documentation updates. (Q1 2021)<br>C. Surveying the Telehealth vendor appointment availability for therapy/prescriber access on a bi-weekly basis. Share the call<br>D. Utilize network adequacy reports and quality access report for targeting recruit and fill geo gaps. (Q1 2021)<br>E. Texting Follow-Up with members to ensure successful linkage. (Q2 2021) | Items B & E have been sunsetted due to improvements.<br>Items A, C & D are ongoing efforts. |

With the use of online resources, and further expansion of telehealth throughout their Network, Beacon will further continue to improve its access and availability scores for the following year.

*Qualitative Analysis*
Expanding telehealth services has provided the opportunity for members to continue accessing care throughout the pandemic and has ensured members have access to care. There has been a significant increase year over year, providing the opportunity for more members to have access to care.

## Appointment Assistance

|  | Jan-Dec 2021 | Jan-Oct 2022 |
|---|---|---|
| **Medi-Cal** | 1,299 | 1,429 |
| **Cal MediConnect** | 59 | 67 |
| **LACC + LACCD** | 372 | 473 |
| **PASC** | 96 | 99 |
| **Total** | **1,826** | **2,068** |

*Qualitative Analysis*
The below points outline the Appointment Assistance provided through Beacon Health Options during this reporting period. This process occurs when a member calls in to the Beacon call center and any of the following situations occur:

- Beacon offers appointment assistance when a clinician screens the member for appropriate level of care (County vs. Beacon network) and determines they need additional assistance to connect with a provider.
- If a member requests the appointment assistance, they will be transferred to that department for follow up.
- The clinicians at the call center may also determine that the member would be best served through Beacon case management based on additional needs they have (i.e. medical coordination, housing, multi-system issues, crisis call long term follow ups, etc.).
- Appointment assistance is offered when a member is calling in for the second time after initial referrals did not work out.

Appointment Assistance continues to be utilized by Beacon on a consistent basis to ensure members who are experiencing access to care issues are assisted.

## Beacon implemented interventions

| Date Implemented (MM/YY) or (Quarter/ Year) | Check if Ongoing | Intervention | Status |
|---|---|---|---|
| Q1 2021 | Quarterly | Opened up the entire network to telehealth. Setup provider weekly webinar education series on telehealth and topics related to ongoing COVID-19 restrictions. Sent communication to all our CA providers on the DHCS guidelines for providing telehealth. Scheduling telehealth vendor training on the referral process to link members to care. | Active |

| Date Implemented (MM/YY) or (Quarter/ Year) | Check if Ongoing | Intervention | Status |
|---|---|---|---|
| 2021 | Bi-Weekly | Surveying the Telehealth vendor appointment availability for therapy/prescriber access on a bi-weekly basis. Share the call center the timely access availability. | Active |
| Q2 2021 | Monthly | Increase provider responsiveness by attempting to engage the network through email communication. Develop provider level report for each Health Plan, which includes providers email. | Active |
| Q1 2021 | Ongoing | Utilize network adequacy reports and quality access report for target recruit and fill geo gaps. | Active |
| 2021 | Monthly | In collaboration with Quality, Clinical, Network and Provider Relations, initiated monthly Timely Access workgroup to take deep dive into efforts to increase BHS network, increase accessibility to prescriber and non-prescribers, increase member satisfaction around appointment access and decrease Access-to-Care complaints. Timely Access Workgroup will also work to decrease grievances around Access to Care, increase integration at FQHC level, increase timely access, increase member satisfaction rating around access and availability. | Active |
| 2021 | Daily | Webinars offered through Beacon website (Provider Resources): Managing challenging clinical situations via telehealth Emerging promising practices for Medication Assisted Treatment using telehealth Use of telehealth for applied behavioral analysis Compassion fatigue for providers and clinician Telehealth for IOP and PHP Crisis planning utilizing telehealth: Managing risk Telehealth 101: What you need to know to get started Triaging referrals to prioritize access | Active |

## Appointment Accessibility and Provider Availability

**Timely Access**

**Description:**
1. Routine Follow- Up: Percentage of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit.
2. Routine Follow- Up: Percentage of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit.

| Follow-up Routine Care (Claims Based): Cal MediConnect | | | | |
|---|---|---|---|---|
| Claims based measures | Goal | 2019 | 2020 | 2021 |
| *Routine Follow- Up:* Percentage of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit. | 59% | 37.98% (469/1,235) | 41.63% (353/848) | 38.77% (430/1,109) |
| *Routine Follow-Up:* Percentage of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit | 51% | 60.66% (384/633) | 52.11% (222/426) | 61.27% (348/568) |
| Follow-up Routine Care (Claims Based): Medi-Cal | | | | |
| Claims based measures | Goal | 2019 | 2020 | 2021 |
| *Routine Follow-Up:* Percentage of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit. | 59% | 59.54% (13,375/22,464) | 59.85% (13,049/21,804) | 62.50% (15,815/25,305) |
| *Routine Follow-Up:* Percentage of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit | 51% | 56.21% (3.344/5,949) | 54.89% (3,395/6,185) | 57.04% (3,961/6,944) |
| Follow-up Routine Care (Claims Based): Commercial | | | | |
| Claims based measures | Goal | 2019 | 2020 | 2021 |
| *Routine Follow-Up:* Percentage of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit. | 59% | 69.14% (1,956/2,289) | 7 0.81% (1,725/2,436) | 7 2.23% (2,086/2,888) |
| *Routine Follow-Up:* Percentage of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit | 51% | 52.86% (637/1,205) | 54.94% (645/1,174) | 58.92% (674/1,144) |

*Quantitative Analysis*

*Routine with Follow-up*

**CMC**: In 2021, 38.77 percent of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit. This was a 2.86% decrease from 2020.

61.27 percent of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit. This was a 9.16% percent increase from 2020.

**Medi-Cal:** In 2021, 62.50 percent of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit. This was a 2.65% increase from 2020.

57.04 percent of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit.  The rate increased by 2.15% from 2020.

*Commercial*: In 2021, 72.23 percent of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit.  This was a 1.42% increase from 2020.

58.92 percent of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit.  This was 3.98 percent increase from 2020.

## Access Overview

## Description:

Medi-Cal, LACC measures Non-Prescriber and Prescriber:
- Non-Prescribing Provider:  provider in 15 miles or 30 minutes
- Prescribing Provider: provider in 15 miles or 30 minutes

CMC measures Psychiatry and Inpatient Psychiatric Facility:
- Psychiatry: provider in 10 miles or 20 minutes
- Inpatient Psychiatric Facility: provider in 10 miles or 30 minutes

| 2021 Access & Availability | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **LOB** | **Q1** | | **Q2** | | **Q3** | | **Q4** | |
| | **Prescriber** | **Non-Prescriber** | **Prescriber** | **Non-Prescriber** | **Prescriber** | **Non-Prescriber** | **Prescriber** | **Non-Prescriber** |
| **LACC** | 99.9% | 99.9% | 99.9% | 100% | 99.9% | 100% | 99.9% | 100% |
| **Medi-Cal** | 99.8% | 99.9% | 99.9% | 99.9% | 100% | 99.9% | 99.9% | 99.9% |
| **PASC** | 99.8% | 99.9% | 99.9% | 100% | 99.9% | 100% | 99.9% | 100% |

| 2021 Access & Availability | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **LOB** | **Q1** | | **Q2** | | **Q3** | | **Q4** | |
| | **Psychiatry** | **Inpatient Psychiatric Facility** | **Psychiatry** | **Inpatient Psychiatric Facility** | **Psychiatry** | **Inpatient Psychiatric Facility** | **Psychiatry** | **Inpatient Psychiatric Facility** |
| **CMC** | 100% | 100% | 100% | 100% | 99.3% | 99.6% | 99.3% | 99.6% |

*Quantitative Analysis*
Throughout 2021, across Medi-Cal and LACC product lines, there is a 99%-100% rate of providers within 15 miles or 30 minutes of where members reside.  Throughout 2021, across CMC produce line, there is a 99-100% rate of psychiatry providers within 10 miles or 20 minutes of where members reside.  Throughout 2021, across CMC product line, there is a 99-100% rate of Inpatient Psychiatric Facilities within 10 miles or 30 minutes of where members reside.

*Qualitative Analysis*
Based on the data provided, Beacon reported a high rate of 99-100% of providers that are located within 15 or 30 minutes of where members reside, indicating no issues with providers location.  However, this high performance on access and availability may also be the effect of having telehealth being quickly adopted by the providers and our members.

## Measuring Effectiveness: Expansion of Telehealth

Beacon expanded their entire network to telehealth services since March 2020 (start of the COVID-19 pandemic Shelter in Place State order) in effort to accommodate members having access and availability to their behavioral health providers during the COVID-19 pandemic. Expanding the network to telehealth resulted in a direct increase in telehealth utilization where members were able to continue accessing their behavioral health services. The data for average visits of combined utilization of in person and telehealth behavioral health services indicate there was an increase.

## Below is the Telehealth Utilization

| 2021 Telehealth Utilization | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **LOB** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Total** |
| LACC | 2,028 | 2,116 | 2,538 | 2,165 | 2,192 | 2,456 | 2,324 | 2,427 | 2,508 | 2,509 | 2,466 | 2,309 | **28,038** |
| LACCD | - | - | - | - | 1 | 3 | 3 | 2 | - | - | 6 | 7 | **22** |
| Medi-Cal | 15,551 | 15,819 | 18,683 | 16,781 | 16,115 | 17,332 | 16,869 | 17,632 | 17,796 | 17,610 | 17,305 | 16,494 | **203,987** |
| PASC | 532 | 551 | 642 | 551 | 558 | 645 | 592 | 635 | 670 | 630 | 624 | 634 | **7,264** |
| CMC | 321 | 306 | 394 | 360 | 326 | 333 | 345 | 337 | 361 | 326 | 331 | 329 | **4,069** |
| **Total** | **18,432** | **18,792** | **22,257** | **19,857** | **19,192** | **20,769** | **20,133** | **21,033** | **21,335** | **21,075** | **20,732** | **19,773** | **243,380** |



2021 Telehealth Utilization Data
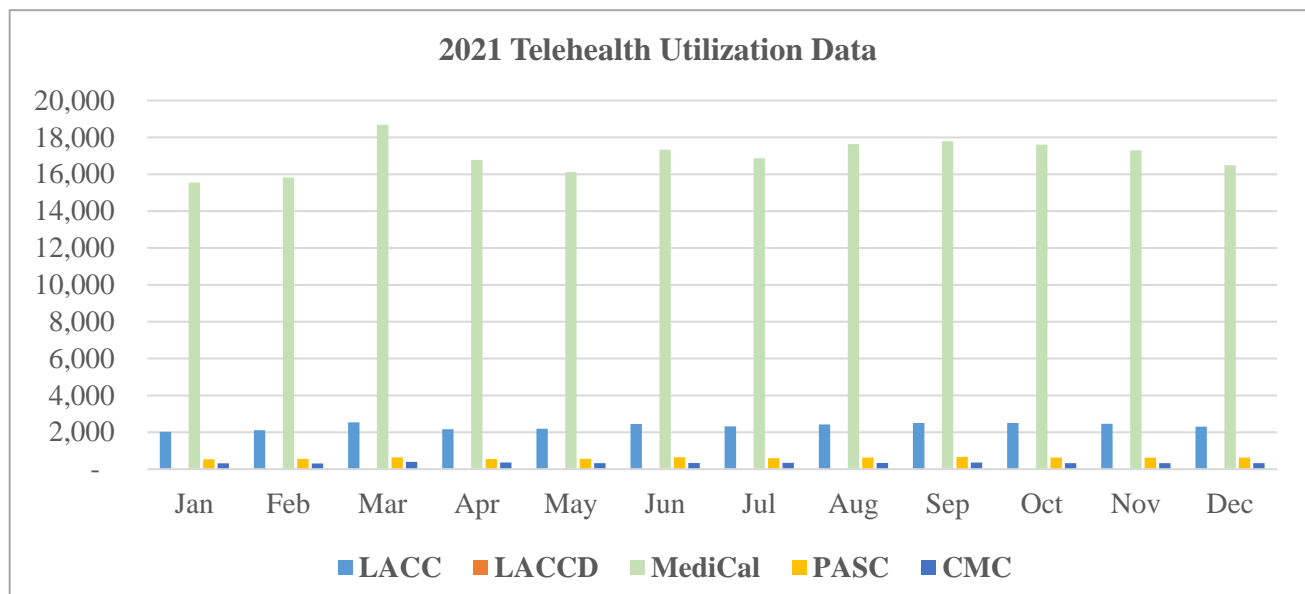
## Telehealth utilization breakdown by product line and year

| Telehealth utilization breakdown by product line and year: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Line of Business | Unique Utilizers | | | Visits | | | Avg. Visits | | |
| | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| *Medi-Cal* | 807 | 15,212 | 21,780 | 1,756 | 117,752 | 203,987 | 2.2 | 7.7 | 9.4 |
| *CMC* | 23 | 339 | 480 | 42 | 2,277 | 4,069 | 1.8 | 6.7 | 8.5 |
| *LACC only* | 63 | 1,914 | 2,639 | 147 | 17,636 | 28,038 | 2.3 | 9.2 | 10.6 |
| *LACCD* | 0 | 2 | 3 | 0 | 10 | 22 | 0.0 | 5.0 | 7.3 |
| *PASC* | 20 | 473 | 619 | 54 | 3,932 | 7,264 | 2.7 | 8.3 | 11.7 |

## In-person utilization breakdown by product line and year

| In Person Visits | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Line of Business | Unique Utilizers | | | Visits | | | Avg. Visits | | |
| | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| *Medi-Cal* | 24,442 | 18,399 | 13,404 | 195,654 | 116,382 | 94,809 | 8 | 6.3 | 7.1 |
| *CMC* | 968 | 722 | 633 | 8365 | 6,242 | 5,464 | 8.6 | 8.6 | 8.6 |
| *LACC only* | 2,530 | 2,005 | 1,077 | 24,297 | 14,181 | 9,451 | 9.6 | 7.1 | 8.8 |
| *LACCD* | 7 | 4 | 1 | 24 | 7 | 7 | 3.4 | 1.8 | 7.0 |
| *PASC* | 727 | 511 | 248 | 6,355 | 3,208 | 2,003 | 8.7 | 6.3 | 8.1 |

## Combined total of unique telehealth and in-person utilization

| Combined total of unique telehealth and in-person utilization: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Line of Business | Unique Utilizers | | | Visits | | | Avg. Visits | | |
| | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| *Medi-Cal* | 24,742 | 25,285 | 30,146 | 197,410 | 234,134 | 298,796 | 8.0 | 9.3 | 9.9 |
| *CMC* | 975 | 841 | 955 | 8,407 | 8,519 | 9,533 | 8.6 | 10.1 | 10.0 |
| *LACC only* | 2,548 | 2,815 | 3,194 | 24,444 | 31,817 | 37,489 | 9.6 | 11.3 | 11.7 |
| *LACCD* | 7 | 5 | 3 | 24 | 17 | 29 | 3.4 | 3.4 | 9.7 |
| *PASC* | 733 | 658 | 738 | 6,409 | 7,140 | 9,267 | 8.7 | 10.9 | 12.6 |

## Beacon Out of Network Utilizations

| 2021 Out of Network Utilization | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LOB | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
| LACC | 82 | 79 | 91 | 119 | 91 | 104 | 94 | 103 | 94 | 96 | 107 | 75 | **1,135** |
| LACCD | - | - | - | - | - | - | - | - | - | - | - | - | **-** |
| Medi-Cal | 247 | 223 | 293 | 267 | 252 | 282 | 257 | 273 | 281 | 297 | 343 | 305 | **3,320** |
| PASC | 14 | 10 | 12 | 10 | 7 | 2 | 4 | 8 | 10 | 15 | 9 | 14 | **115** |
| CMC | 10 | 10 | 19 | 12 | 10 | 13 | 13 | 14 | 10 | 15 | 13 | 10 | **149** |
| Total | 353 | 322 | 415 | 408 | 360 | 401 | 368 | 398 | 395 | 423 | 472 | 404 | **4,719** |

## 2021 Out of Network Utilization Data



Legend: LACC, LACCD, MediCal, PASC, CMC (monthly data Jan–Dec)
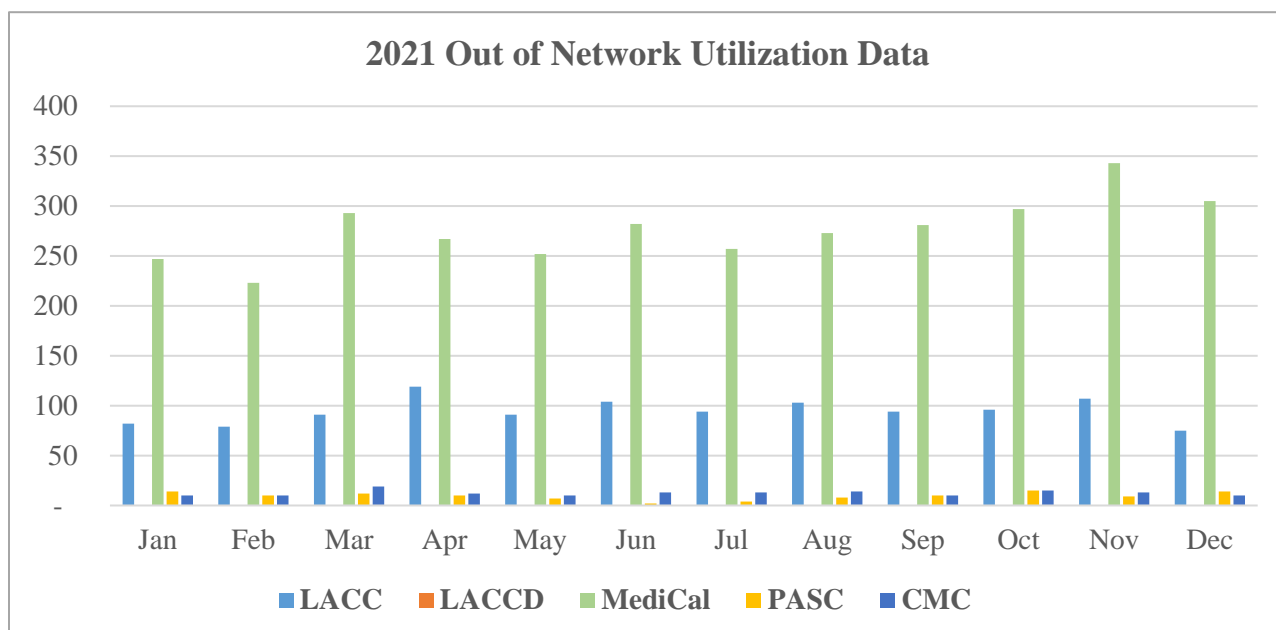
### Qualitative Analysis

One of the reasons why members use Out of Network (OON) providers, including Continuity of Care and OON providers are used for access to languages, specialties and geographical areas that cannot be met by the established network of existing providers. Beacon continues to work with several providers under continuity of care regulatory requirements and for situations in which the best clinical decision would be to continue care with a provider member has an established clinical relationship with to reduce disruption in care. In order to reduce OON utilization, Beacon contractors and Strong Customer Authentication (SCA) team members monitor internal reports, identifying OON providers and work to bring these providers into the network, if possible. Beacon review their geo access reports to identify potential gaps, and recruit as needed. Beacon contractors recruit certain provider specialties, languages and areas requested by their Clinical Team and Plans.

## H.4 PROVIDER DIRECTORY ACCURACY ASSESSMENT

**AUTHOR: GEOFFREY PAUL VITRANO**
**REVIEWER: ALEX LI, MD & MARIA CASIAS, RN**

### 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 L.A. Care Medi-Cal/Home Care Worker's Health Care Plan (MCLA/PASC), L.A. Care Covered and L.A. Care Covered Direct (LACC/D), and Cal MediConnect (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

### GOALS
The baseline goal for accuracy of all five data elements is at minimum eighty percent (80%). L.A. Care strives for a higher number, but the baseline goal to ensure proper data integrity displayed on the online provider directory is 80%. The analysis below will describe if a metric met or exceeded the baseline goal and if the goal was not met the metric along with all corresponding data will be sent to our Provider Network Management department for correction. A table (table I) has a visual breakdown of each individual line of business and a summary of the accuracy percentage that was found as a result of the survey data analysis for calendar years 2020, 2021, and 2022.

### Glossary of Commonly Used Terms and Acronyms
- **CMC**: Cal MediConnect – L.A. Care's product for members with Medicare Part A and B and Medi-Cal.
- **CSC**: Customer Solution Center. L.A. Care's customer service department that addresses the direct needs of L.A. Care's customers, including members, providers, facilities, and other entities.
- **LACC/D**: L.A. Care Covered and L.A. Care Covered Direct – L.A. Care's product for Commercial members who purchase medical coverage on California's Insurance Marketplace or who buy coverage directly from L.A. Care.
- **LOB**: Line Of Business. Used interchangeably with Product or Plan.
- **MCLA**: L.A. Care Medi-Cal – LA. Care's product for members who qualify for Medi-Cal.
- **NPI**: National Provider Identification. A unique identifying numerical code assigned to all healthcare providers.
- **PASC-SEIU**: L.A. Care's Homecare Worker Health Care Plan. PASC is an acronym for Personal Assistance Services Council and SEIU is an acronym for Service Employees International Union.
- **PCP**: Primary Care Provider/Physician. A provider assigned to a member of a health plan as the first point of contact for any and all treatments required by a member's medical condition.
- **PNM**: Provider Network Management
- **Site Code**: A unique identifier that consists of the provider license and a suffix that identifies the line of business or plan that the code is affiliated with. For example, a site code with suffix E, is affiliated with the LACC/D plan and is meant for LACC/D members.

**SURVEY METHODOLOGY**

To confirm the accuracy of all five directory data elements, L.A. Care conducted a telephonic survey in which **3,961** unique office locations, representing **3,067** unique primary care physicians and specialists, filtered by unique NPI, were called. A total of **3,070** provider records, both specialists and Primary Care Physicians were provided by Provider Network Management. The sample pool consists of records of the same provider with small differences in each record, such as line of business (LOB), site code, affiliated hospital, and so forth. This report will use the totals of unique providers identified by Site Code to determine the accuracy for PCP Membership Panel Status (Open or Closed), Physician Hospital Affiliations, and Staff Awareness of Physician Line of Business as all three elements are defined by Line of Business and providers may have multiple contracts with multiple lines of businesses at different locations; the total of unique office location by office address will be used to determine the accuracy for Physician Address and Physician Phone Number. The following is a breakdown of the questions asked:

1. May I please ask who I am speaking to? (Verify live person/staff at location)
   a. Free Form Text Field
2. May you please verify that this <Doctor's Name> office? (Verify provider name and phone number is correct for provider on provider record)
   a. YES or NO
3. May you please confirm the location of this office for <Doctor> is <recite address>. (Verify provider office location/address is correct)
   a. YES or NO
4. May you please confirm the correct provider address if applicable? (Attain correct provider address/location)
   a. Free Form Text Field
5. May you please confirm if Doctor A has admitting privileges with the following hospitals: <recite hospital names from the list>? (Verify affiliated hospitals shown in the data set)
   a. YES or NO
6. Are there any other hospitals that <doctor name> can admit L.A. Care patients?
   a. Free Form Text Field
7. Is <Doctor's Name> accepting new patients? (Verify PCP Panel Status)
   a. YES or NO
8. Which of the following L.A. Care insurance programs does <Doctor's Name> accept? (Verify affiliated LOB's)
   a YES or NO

When the office representative responds either YES or NO, the response is recorded and counted for a total of responses. Only the YES responses will be used to measure the accuracy of the data as found in the data set. Any discrepancy or inaccuracy will be reported to the Provider Data Services (PDS) department for further analysis and resolution.

Please note that the original data set may have addresses that are missing either the suite or office number or may have a street name spelled differently, for example 123 Main Plz versus 123 Main Plaza. This has led to addresses that may be counted twice, but has not impacted the margin of error of 5% in either a positive or negative direction.

L.A. Care was able to outreach to **3,961** office locations but only succeeded in attaining responses from a total of **2,446** unique office locations via a **live person**, a **redirected call** that reached a live person or a call that reached an **auto-attended or answering service**, but who was able to answer the call and provide responses to the survey questions. If a response was either UNKNOWN, NA, NOT SURE, or left BLANK, the response was captured but not tallied as part of the count to determine accuracy of a metric regardless of party or message reached. Responses of UNKNOWN, NA, NOT SURE, or left BLANK constitute an

INVALID response and cannot be used to measure accuracy as they are too ambiguous and do not inform if the provider address or phone number is either correct or incorrect.

The following offices were not counted as part of the sample, as the survey could not be administered: calls to **1,364** office locations were **not answered**; **214** office locations failed due to a **wrong or disconnected number**. All responses captured for calls not answered, disconnected or wrong number are either UNKNOWN, NA, or were left BLANK. Only valid responses of YES or NO were used for any totals to determine accuracy and WRONG or DISCONNECTED office locations were added to the phone number denominator.

This sample pool of unique providers contacted, **3,067**, represented approximately **99%** of the organization's MCLA, LACC/D, PASC and CMC physician network with a total of **3,070** unique providers both Primary Care Physicians and Specialists in the entire data set provided this year. At the 95% confidence level, the margin of error for this survey is 5%. Behavioral Health providers were not included in this sample as L.A. Care directs members to the delegated Behavioral Health vendor provider directory.

This year's survey asked specialists, who do not generally receive membership assignment but can see patients via referrals and authorizations, if they are seeing patients. If a specialist answered yes, the answer was documented but not counted in the verification of locations accepting new patients. This question is mainly directed at Primary Care Physicians to ensure that panel status of membership assignment is accurate. L.A. Care's current online provider directory now captures and displays the information of providers seeing new patients for both primary care physicians [General Practice/Family Practice (GP/FP)], Internal Medicine, Pediatrics, Obstetrics/Gynecology (OB/GYN) and specialists with information advising members that a particular specialist is seeing patients with a referral or authorization.

## **Methods of Analysis**
To determine the rate of accuracy for physician address and telephone number, the number of unique office locations that were contacted or attempted to be contacted and provided a response of YES, NO, and DISCONNECTED or WRONG NUMBER served as the denominator: of all offices contacted or attempted to be contacted, **1,927** were able to provide a YES or NO to the **office location** and **1,748** were able to provide a YES or NO to the **office phone number** question.

To determine the rate of accuracy for physician membership panel status and provider line of business, the number of unique Site Codes was used in capturing the responses rather than office location as an office location may have more than on provider employed or a provider may have one or more office locations. To ascertain an accurate number for panel status and LOB the providers were filtered by Physician Type (PCP) and Site Code. It is possible for a provider to accept patients or not accept patients with one LOB but is accepting or not accepting patients with another LOB. In order to not miscalculate the accuracy numbers, site code was used to determine the accuracy for both of these metrics. This led to the following totals: **5,870** site codes represented by 800 unique providers, provided a YES or NO response to the question "Are you currently accepting new patients?" If a provider responded either YES or NO, the response was captured and tallied as a response. The response was then compared to the YES or NO flag in the data set for "Accepting New Patients". Only responses that matched the data set and the response provided by the provider were used for Accurate Responses. If there was a mismatch between the data set and the response, for example, the data set has flag of NO for accepting new patients but the provider responded YES to accepting new patients, that scenario was not included in the Accurate Responses total. These discrepancies will be reported to PDS for further analysis and resolution.

The same method was used for provider line of business, although both Physician Types were counted (PCP and Specialists). Only YES or NO responses were recorded and counted for the question: "Which of the following L.A. Care insurance Programs does Provider XYZ accept?" The provider would either answer

YES or NO to the LOB's in the data set or would advise of the LOB's the provider is accepting. All responses were captured and counted for the total to determine accuracy unless the response was UNKNOWN, NA, NOT SURE or left BLANK. This question had a total of **5,398** site codes represented by 1,931 unique providers. Only providers that responded YES or NO and who provided responses of the LOB's accepted by the provider were used in counts to determine the total. The responses were matched to the data set and if a provider matched one or more LOB, the response was counted as an Accurate Record.

## For Hospital Affiliation the Following Methodology was Used

This report only shows hospital affiliations defined as a hospital where the provider being surveyed has admit privileges and/or privileges to administer treatment and care to the member if the member is admitted to the hospital shown. These hospitals are not capitated hospitals although depending on the LOB contract, they may also be capitated hospitals, but this survey does not identify the hospitals as capitated. L.A. Care used the total number of hospital affiliations for each PCP/Specialist respondent pool to determine the denominator. The numerator represents the number of hospital affiliations captured during the survey that were consistent or confirmed by a live person with provider directory data. Additionally, hospital affiliation values are expressed in the data by an NPI and presumed hospital affiliations up to four per NPI. Not every provider has a hospital affiliation and not every provider will have more than one hospital affiliations. Each hospital affiliation for a provider was marked as hospital 1, hospital 2, hospital 3 and hospital 4 in the data. If in the provider directory a specific NPI had a hospital affiliation, the hospital name would appear in any one of the four hospital columns. A tally was made of all providers who have an affiliation for each hospital column, creating the denominator, and then only YES responses were counted for the numerator. It is possible that a provider may be counted up to four times if the provider has four hospital affiliations and the provider responded YES to each hospital affiliation questions. The different totals for providers with a hospital affiliation in the data and those who responded or confirmed the affiliation with a YES answer are also shown in this report.

*Reasons for data not captured include provider office staff uncertainty regarding providing answers to questions asked and failure to reach a live party. These results are not included in any of the numerators used to calculate accuracy.*

### Quantitative Analysis
*(Overall)* – Across all lines of business, 1,954 unique providers were contacted at 2,446 office locations.

The responses were broken down as follows:
- **1,927** physician offices providing valid responses for **location**, including offices that have a wrong and/or disconnected phone number.
- **1,748** responded with valid responses to the **phone number** inquiry, including offices that have a wrong and/or disconnected phone number.
- **577** data points to the **hospital inquiry** question (Table B); providers have multiple hospital affiliations for either the same line of business or different lines of business they may be contracted with and each affiliation is considered a separate data point.
- **5,398** data points to **the line of business participation** question (Table B) – providers have multiple product lines for either the same line of business or different lines of business and office location and each product line is considered a separate data point. Thus, 3,082 data points for all 2,022 unique providers.
- **800** unique PCPs representing **5,870** site codes provided **panel status** responses. A site code is a unique identifier comprising of the provider license and a suffix affiliated with a specific line of business. For example, site code 12345A1 is a unique identifier identifying the practicing provider, the line of business and the office address; in this case, the MCLA line of business specified is located at 123 Main St. Suite 101. Providers may have multiple site codes per office address and

per line of business contracts.  Additionally, any mid-level practitioner will share a provider site code to assist with membership assignment to the provider office location.

| Table A | Number of Physicians | Number of Accurate Records | Accuracy Rate |
|---|---|---|---|
| Physician Location | 1,927 | 1,575 | 81.7% |
| Physician Phone No. | 1,748 | 1,519 | 86.9% |
| Physician Panel Status* | 800 | 729 | 91.5% |

*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 81.7% and 86.9%, respectively.  Both the physician location (office address) and physician phone numbers exceeded the 80% accuracy baseline goal.  Some calls were answered by a recording which the surveyor was able to confirm the provider location, phone number and provider name. These instances are counted in location and phone number rows. PCPs who positively confirmed panel status information consistent with what is reflected in the provider directories are recorded at 91.5%.  This metric exceeded the 80% accuracy baseline goal.

| Table B | Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool | Number of Accurate Records | Accuracy Rate |
|---|---|---|---|
| Hospital  Affiliations | 577 | 324 | 56.2% |
| Physician's Line of Business | 5,496 | 5,398 | 98.2% |

As depicted in Table B, across all product lines of business, the accuracy rates for all Hospital Affiliations is 56.2%, failing the baseline accuracy goal of 80%.  Physician's Line of Business is 98.2%, exceeding the baseline accuracy goal of 80%.  There were a total of **577** records with Hospital Affiliations reported. Providers were only asked if the hospitals found in the data set had granted the provider admitting privileges and if the provider answered YES, the reply was captured and recorded.  It is possible a provider may have two or more hospitals in the data set but may only have admitting privileges to one hospital.  The question did not capture this scenario nor was a reply recorded.

*Quantitative Analysis*

## MCLA/PASC
- **1,471** unique providers were contacted at **1,789** office locations ;
- **1,331** responded with valid responses to the phone number inquiry;
- **1,296** data points to the hospital inquiry question (Table C) as explained above;
- **2,710** data points to the line of business participation question (Table D) as explained above;
- **728** unique PCPs representing **1,761** site codes provided panel status responses and responded to the question, "Are you accepting new patients?". Site codes explained above.

Accuracy rates as depicted in Table C for Medi-Cal/PASC physician locations and phone numbers are better and worse than Overall rates with MCLA/PASC both metrics showing a 90.9% and 70.3% accuracy rate for physician location and phone number, only the provider location metric exceeds the baseline accuracy goal of 80%; the provider phone number fails to meet the 80% accuracy baseline goal physician panel status is calculated at 82.1% which meets the baseline accuracy goal of 80%. Table D shows hospital affiliations the same as OVERALL at 58.1% which does not meet the baseline accuracy goal of 80%, and physicians' lines of business accuracy for MCLA/PASC calculates to 58.3% failing to meet the baseline accuracy goal of 80%.

| Table C | | | |
|---|---|---|---|
| | **Number of Physicians** | **Number of Accurate Records** | **Accuracy Rate** |
| **Physician Location** | 1,789 | 1,626 | 90.9% |
| **Physician Phone No.** | 1,624 | 1,428 | 70.3% |
| **Physician Panel Status*** | 728 | 598 | 82.1% |

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

| Table D | | | |
|---|---|---|---|
| | **Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool** | **Number of Accurate Records** | **Accuracy Rate** |
| **Hospital Affiliations** | 1,296 | 753 | 58.1% |
| **Physician's Line of Business** | 2,710 | 1,580 | 58.3% |

There were a total of **1,296** provider records with Hospital Affiliation reported. Those providers who answered or confirmed YES for affiliations are **753** records. Providers were only asked if the hospitals found in the data set had granted the provider admitting privileges and if the provider answered YES, the reply was captured and recorded. It is possible a provider may have two or more hospitals in the data set but may only have admitting privileges to one hospital. The question did not capture this scenario nor was a reply recorded.

## LACC/D

- **1,393** unique providers were contacted at 1,686 office locations providing a valid responses for location;
- **1,527** responded with valid responses to the phone number inquiry;
- **1,636** data points to the hospital inquiry question (Table F) as explained above; and,
- **2,860** data points to the line of business participation question (Table F) as explained above; and **750** unique PCPs representing **2,258** site codes provided panel status responses. Site codes explained above.

| Table E | | | |
|---|---|---|---|
| | **Number of Physicians** | **Number of Accurate Records** | **Accuracy Rate** |
| **Physician Location** | 1,686 | 1,528 | 90.6% |
| **Physician Phone No.** | 1,527 | 1,341 | 87.8% |
| **Physician Panel Status*** | 750 | 674 | 89.9% |

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

Rates of accuracy, as depicted in Table E, for physician location, phone number and panel status survey questions vary slightly compared to *Overall* and *MCLA/PASC* rates. Physician location is 90.6%, exceeding the baseline accuracy goal of 80%; physician phone number is at 87.8%, exceeding the baseline accuracy goal of 80%; physician panel status is at 89.9%, exceeding the baseline accuracy goal of 80%.

| Table F | | | |
|---|---|---|---|
| | **Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool** | **Number of Accurate Records** | **Accuracy Rate** |
| **Hospital Affiliations** | 1,636 | 961 | 58.7% |
| **Physician's Line of Business** | 2,860 | 1,983 | 69.3% |

As depicted in Table F, the LACC/D accuracy rates for Hospital Affiliations Average is 58.7%, which did not meet the baseline accuracy goal of 80%. Physician's Line of Business is 69.3%, failing to meet the baseline accuracy goal of 80%. There were a total of **1,636** provider records with Hospital Affiliations reported. Those providers who answered or confirmed YES for affiliations are **961**. Providers were only asked if the hospitals found in the data set had granted the provider admitting privileges and if the provider answered YES, the reply was captured and recorded. It is possible a provider may have two or more hospitals in the data set but may only have admitting privileges to one hospital. The question did not capture this scenario nor was a reply recorded.

### CMC
- **1,162** unique providers were contacted at **1,392** office locations provided valid responses for location;
- **1,263** responded with valid responses to the phone number inquiry;
- **1,267** data points to the hospital inquiry question (Table G) as explained above;
- **2,335** data points to the line of business participation question (Table H) as explained above; and
- **579** unique PCPs representing **1,714** site codes provided panel status responses.

Rates of accuracy, as depicted in Table G, for all CMC survey questions vary slightly compared to *Overall, MCLA/PASC,* and *LACC/D* rates. Physician location is 90.7%, exceeding the baseline accuracy goal of 80%. Physician phone number is at 88.9%, exceeding the baseline accuracy goal of 80%. Physician panel status is at 88.8%, exceeding the baseline accuracy goal of 80%.

| Table G | | | |
|---|---|---|---|
| | **Number of Physicians** | **Number of Accurate Records** | **Accuracy Rate** |
| **Physician Location** | 1,392 | 1,263 | 90.7% |
| **Physician Phone No.** | 1,263 | 1,123 | 88.9% |
| **Physician Panel Status*** | 579 | 514 | 88.8% |

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

| Table H | | | |
|---|---|---|---|
| | **Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool** | **Number of Accurate Records** | **Accuracy Rate** |
| **Hospital Affiliations** | 1,267 | 735 | 58.0% |
| **Physician's Line of Business** | 2,335 | 1,538 | 65.9% |

As depicted in Table H, the CMC accuracy rates for Hospital Affiliations Average is 58%, which did not meet the baseline accuracy goal of 80%. Physician's Line of Business is 65.9%, which did not exceed the baseline accuracy goal of 80%. There were a total of **1,267** provider records with Hospital Affiliations reported. Those providers who answered or confirmed YES for affiliations are a total of **735** records. Providers were only asked if the hospitals found in the data set had granted the provider admitting privileges and if the provider answered YES, the reply was captured and recorded. It is possible a provider may have two or more hospitals in the data set but may only have admitting privileges to one hospital. The question did not capture this scenario nor was a reply recorded.

## Table I – Visual Reference Table of Summary of Metrics for each Line of Business/Plan

The following table represents a summary of the metrics for the five data categories the sample sought to verify for the past three years. It shows the different lines of business and their percentage of accuracy per data measure. With baseline limit of 80%, the table shows which metric exceeds the baseline and which metric falls below the baseline. Those metrics which fall below the baseline will be addressed by the Provider Network Management department for accuracy improvement. All L.A. Care Health Plans, were able to meet the 80% baseline for at least 2 of 5 metrics. All plans failed to meet the 80% accuracy baseline for Hospital Affiliations and Physician Line of Business; MCLA was also not able to meet the baseline for Physician Phone Number, Hospital Affiliations, and Physician Line of Business. This data will be delivered to Provider Network Management (PNM) for further review, analysis, and ultimately correction and publication.

| Table I | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MCLA | | | LACC | | | CMC | | |
| | 2020 | 2021 | 2022 | 2020 | 2021 | 2022 | 2020 | 2021 | 2022 |
| **Physician Location** | 91% | 92% | 91% | 91% | 91% | 91% | 91% | 94% | 91% |
| **Physician Phone Number** | 96% | 91% | 70% | 96% | 92% | 89% | 96% | 97% | 89% |
| **Physician Panel Status** | 82% | 66% | 82% | 87% | 82% | 90% | 88% | 84% | 89% |
| **Hospital Affiliations** | 71% | 78% | 58% | 77% | 78% | 59% | 69% | 74% | 58% |
| **Physician Line of Business** | 82% | 95% | 58% | 83% | 90% | 69% | 83% | 80% | 66% |

*Qualitative Analysis*

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. This main issue is currently being addressed by L.A. Care's Direct Network initiative where L.A. Care directly contracts with a provider and eliminates the PPG and Plan Partner bottleneck.

## Opportunities for Improvement

- Given the frequency and volume of provider data changes, CSC defers that a more consistent internal monitoring will provide guidance in developing more impactful interventions to be led by another business unit that can manage provider data and ensure its integrity.
- Educate PPGs on engaging with practitioners to update information on their directories.
- Share results of this survey with our Provider Network Management partners in order to address gaps in our data or inaccuracies.

## 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 Standardized Provider Format (SPF) reporting program focuses on improving provider data quality and management. SPF will allow for automated provider data collection, organization, and validation. All data collected through the SPF 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 SPF 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 participates in the Symphony Utility, which is an online platform for managing provider demographic data displayed in the provider directory. The purpose of the utility is to serve as a single comprehensive mechanism for validating, maintaining, and updating information about the health plan's contracted health care providers and provider organizations. The diagram below depicts how the Symphony vendor will collect data from all of L.A. Care's sources. The Symphony vendor will then cleanse and validate the information through verification of primary sources (e.g. NPPES, Breeze, state licensing boards, etc.) and user collaboration. L.A. Care will then receive a master data set of its network and remediate directory elements, as prescribed by the Symphony vendor's reporting. L.A. Care continues to implement the Symphony Utility and significant improvement in provider data accuracy, including contract-level information such as panel status, hospital affiliation, provider specialty and identifying providers that should be terminated from the network.



- 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 LA Care's online and print directory requirements including those associated with the reporting of any inconsistencies. CSC will continue to lead these efforts until the process is improved and changed to better address and mitigate any and all inconsistencies found in our provider directory and those of our Plan Partners.
- 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. CSC will continue to take the lead on this issue and ensure that all inaccuracies are reported to the correct business unit that can address inaccuracies and will seek to attain reports that confirm an inaccuracy has been corrected, the timeframe to correct, and the volume of inaccuracies reported to L.A. Care. As of August 2020, the current process involves an inaccuracy being reported via a web form found

on any of the online provider directories, which are directed to a specialized unit in the Customer Solution Contact Center for intake and then forwarded to a specialized unit in the Provider Network Management department for addressing and correcting.

- 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.

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**BACKGROUND**

L.A. Care conducts the Provider Satisfaction Survey (PSS) annually during the fall for four different types of providers: Primary Care Physicians (PCPs), Specialty Care Physicians (SCPs), Licensed (Federally Qualified Health Center) Community Clinics, and Participating Physician Groups (PPGs), where many authorization decisions are delegated and made.

In 2021, L.A. Care conducted additional comprehensive reviews of the survey instruments to better meet the various entities served by the PSS results and simplify the survey process. We met with different departments and reviewed the results and the questions to better align the survey instrument to provide more useful results. Questions were added, modified, and some were deleted to provide a more cohesive survey experience  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.

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". This will provide the level of satisfaction that the provider has in response to a specific question.

This summary report examines providers' overall level of satisfaction with L.A. Care's Health Plan Programs and Utilization management processes including pre-authorization, referrals to mental health, and receiving timely clinical information. Also reflected are the timeliness of members' appointments, 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 2021.

We sampled 2000 SCPs, and 1500 PCPs. These sample sizes have remained consistent from past years to be able to observe trending/patterns. Due to the smaller number of Clinics and PPGs, all Clinics and PPGs where surveyed.

**SAMPLE DESIGN AND RESPONSE RATES**

Exhibit 1. below compares the sample sizes, completed responses and response rates over three years: PSS 2019, PSS 2020 and PSS 2021. PSS 2019 has the largest sample size, more completed responses, and a higher overall response rate.

Note that ineligible surveys (not shown) were removed from the sample sizes. The overall response rate is higher in 2019 than in 2020 or 2021. Response rates for each provider type dropped by 2.6 to 14.3 percentage points from 2020 to 2021. While response rates for PCPs and SCPs had a decline in response rates, Clinics and PPGs had a significant decrease in response rates. Telephone participation was down

which may be related to the inability to contact provider offices in November to January as COVID-19 cases rose again in California.

### Exhibit 1. Response Rates

| Provider Type | Sample Size 2021 | Completes 2021 | Response Rate 2021 | Sample size 2020 | Completes 2020 | Response Rate 2020 | Sample size 2019 | Completes 2019 | Response Rate 2019 |
|---|---|---|---|---|---|---|---|---|---|
| PCP | 1,500 | 689 | 47.6% | 1,500 | 718 | 50.2% | 1,700 | 873 | 53.9% |
| SCP | 2,000 | 509 | 27.8% | 2,000 | 576 | 31.2% | 2,000 | 642 | 34.9% |
| Clinic | 218 | 33 | 15.10% | 381 | 111 | 29.4% | 249 | 82 | 33.1% |
| PPG | 38 | 6 | 15.80% | 32 | 9 | 30.0% | 34 | 10 | 31.3% |
| Total | 3,756 | 1237 | 35.0% | 3,913 | 1,414 | 38.4% | 3,983 | 1,607 | 43.0% |

### PROVIDERS' OVERALL SATISFACTION WITH L.A. CARE

The net promoter question continues to provide valuable information since being added to the survey. This question calculates a Net Promoter Score (NPS) for each provider type. The NPS is calculated using categories within a 10-point scale. Scores of 0-6 are categorized as Detractors, 7-8 are Passives and 9-10 are Promoters. The NPS then becomes the percent Promoters minus the percent Detractors for each provider type. The score is used to gauge how likely the provider recommends a colleague to contract with L.A. Care. We found that Clinics continue to be the largest promoters across all provider types with an NPS of 53 (65.6% Promoters – 12.5% Detractors) followed by PCPs with 34 (53.7% Promoters – 20.1% Detractors).

PCPs and Clinic administrators had the highest satisfaction, 83.3% and 78.8%, respectively. Specialists (SCPs) were least satisfied with 75.2%, and PPG administrators scored 83.3%; however, with a small sample of only six completed surveys.

Every PPG is sent a survey to complete and is part of the sample. Our rates of completions for this provider type are historically small and declining year over year – from 11 in 2018 to 6 in 2021. This makes trending very suspect as smaller movements of satisfaction (or dissatisfaction) scores among the PPGs may appear to be statistically significant.

Year-over-year trending did not show a significant change for PCPs. Satisfaction summary rate scores decreased by 2.0% for PCPs; however, Specialists decreased by 6.3% and overall satisfaction decreased 10.4% for Clinic respondents. This could be caused by the much lower completed survey response count (111 vs 33). PPG satisfaction increased by 5.5% (from 77.8% in 2020 to 83.3% in 2021). Despite the jump, the increase was not statistically significant due to the small sample sizes in both years. None of the summary rate changes were statistically significant at $\alpha < 0.05$.

### Exhibit. 2. Overall Satisfaction – 5 Year Trend

| L.A. Care's managed care programs | 2021 | 2020 | 2019 | 2018 | 2017 |
|---|---|---|---|---|---|
| PCP | 83.3% | 85.3% | 88.2% | 86.1% | 84.3% |
| SCP | 75.2% | 81.5% | 81.1% | 77.4% | 75.8% |
| Clinic | 78.8% | 89.2% | 95.1% | 89.2% | 85.7% |
| PPG | 83.3% | 77.8% | 60.0% | 72.7% | 47.1% |

### PROVIDERS' SATISFACTION WITH UTILIZATION MANAGEMENT (UM) PROCESSES

In 2021 PCPs' satisfaction with UM processes was 74.8% compared to 80.0% in 2020, a decrease of 5.2 percentage points SCPs decreased by 0.9 percentage points from 74.2% in 2020 to 73.3% in 2021. Clinic and PPG UM satisfaction questions were removed from the 2020 versions of the survey to provide greater value in other areas of the survey to these provider types.

## Exhibit. 3. Satisfaction of UM Processes – 5Year Trend

| L.A. Care's UM processes | 2021 | 2020 | 2019 | 2018 | 2017 |
|---|---|---|---|---|---|
| PCP | 74.8% | 80.0% | 83.0% | 79.7% | 83.7% |
| SCP | 73.3% | 74.2% | 76.3% | 74.0% | 72.9% |
| Clinic | N/A | N/A | 87.2% | 87.1% | 76.9% |
| PPG | N/A | N/A | 55.6% | 55.6% | 40.0% |

**PROVIDERS' OVERALL OF SATISFACTION WITH L.A. CARE'S CARE MANAGEMENT PROGRAM**

PSS 2021 has two instruments: PSS 1 (PCPs & SCPs) and PSS 2 (Clinics & PPGs). PCPs and SCPs were asked about their satisfaction with respect to complex care management, whereas Clinics and PPGs were asked about overall care management satisfaction, not limited to complex care. Our Care Management department reworded the question for PCPs and SCPs because this provider type would see the more complex, high risk patients. Consequently, satisfaction with care management can be trended for Clinics and PPGs only. Satisfaction with Complex Care Management can be trended for PCPs and SCPs. Overall Care management satisfaction for Clinics was 83.3%, compared to 84.0% in PSS 2020. PPGs scored at 100.0% albeit with only 6 responses in 2021. PPGs scored 62.5% with 9 responses in 2020. Given the low response numbers, these scores are not of value. PCPs reported satisfaction of 87.4%, a 3.9% increase from 2020 of 83.5% and SCPs reported satisfaction of 80.4%, an increase of 2.8% from 77.6% in 2020. The change in terminology to L.A. Care's Complex Care Management processes seems to have paid off given this modification to the question and the improved rates.

**PROVIDERS' SATISFACTION WITH PATIENTS' ACCESS TO TIMELY AUTHORIZATIONS AND REFERRALS:**

In 2021 the respondents were asked about their satisfaction with the statement.

- Timely decisions resulting from the pre-authorization process
  1) PCPs' satisfaction increased from 82.5% (n = 726) in 2020 to 83.5 % (n = 565) in 2021.
  2) SCPs' satisfaction increased from 74.9% (n = 584) in 2020 to 75.4% (n = 350) in 2021

- Clinically reasonable decisions resulting from the pre-authorization process
  1) PCPs' satisfaction increased from 81.9% (n=726) in 2020 to 83.3% (n = 563) in 2021.
  2) For SCPs, the satisfaction decreased from 75.8% (n=584) in 2020 to 73.8% (n = 347) in 2021.

- Timely appointments resulting from the specialty referral process
  1) PCPs' satisfaction decreased from 72.9% (n=726) in 2020 to 71.7% (n=566) in 2021.
  2) SCPs' satisfaction decreased from 76.5% (n=584) in 2020 to 74.6% (n=350) in 2021.

**BEHAVIORAL HEALTH**

In PSS 2021 PCPs were asked to rate the feedback by Beacon (BH providers) and the Department of Mental Health (DMH) providers. Decreases were observed for Beacon providers across all 4 measures compared to 2020. Declines were observed for DMH providers across the board as compared to 2020. These questions are now in their third year and they use a *Never-Sometimes-Usually-Always* scale. We combined responses of Always and Usually to arrive at the Exhibit. 4.

## Exhibit. 4

| PCP feedback about behavioral health care | Beacon providers 2021 | DMH providers 2021 | Beacon providers 2020 | DMH providers 2020 | Beacon providers 2019 | DMH providers 2019 |
|---|---|---|---|---|---|---|
| The feedback was sufficient | 62.0% | 53.6% | 64.2% | 57.9% | 63.8% | 61.4% |
| The feedback was timely | 59.2% | 53.4% | 63.1% | 56.6% | 62.2% | 59.4% |
| The feedback was accurate | 67.1% | 57.6% | 67.7% | 61.3% | 66.8% | 63.4% |
| The feedback was clear | 67.0% | 58.0% | 69.3% | 61.2% | 70.2% | 65.3% |

PCPs continue to rate the feedback questions from Beacon providers more favorably compared to DMH providers. When asked about the barriers to exchanging information with mental health providers – lack of responsiveness from MH providers (31.8%) was the primary barrier, followed by time limitations and not knowing how to contact the MH provider.

PCPs were also asked about behavioral providers' screening processes. Of these two screenings, (Depression Screening was retired as a question on the survey in 2019), PCPs' complete Alcohol Abuse screenings at a higher rate at 74.3% followed by developmental screening (including autism) at only 67.1%. 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 2021 | Developmental 2021 | Alcohol Abuse 2020 | Developmental 2020 | Alcohol Abuse 2019 | Depression 2019 | Developmental 2019 |
|---|---|---|---|---|---|---|---|
| Not enough time in appointments | 19.4% | 20.0% | 27.1% | 23.1% | 18.9% | 23.5% | 19.1% |
| Screening tools not embedded in Electronic Health Records (EHR) | 27.1% | 26.7% | 25.7% | 28.2% | 22.8% | 27.5% | 28.4% |
| Patient Refusal | 38.0% | 19.4% | 33.6% | 32.5% | 43.9% | 31.4% | 28.4% |
| Not a reimbursable service | 17.8% | 10.9% | 10.7% | 12.8% | 15.6% | 13.7% | 12.6% |
| Other | 30.2% | 46.7% | 39.3% | 47.0% | 35.6% | 29.4% | 45.6% |

## 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. These quadrants are:

    I. Sustain – High level of satisfaction and a high degree of correlation
    II. Focus – Low level of satisfaction and a high degree of correlation
    III. Improve – Low level of satisfaction and a low degree of correlation
    IV. Maintain – High level of satisfaction and a low degree of correlation

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 PSS 2021, separate priority matrices were created on two unique survey instruments. Three matrices were created for the PCP and SCP populations: Overall Satisfaction; Utilization Management; and Provider Support Services. For Clinic and PPGs population, matrices were created for Overall Satisfaction, Satisfaction with Account Manager, and Clinic Satisfaction with PPG.

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 the Priority matrix of Overall Satisfaction for PCP and SCP, the following nine measures were plotted:
1. Overall Utilization Management
2. Complex Care Management Process
3. Interdisciplinary Care Team
4. Communication with Nurse Care Manager
5. Pharmacy Services
6. Drug Formulary
7. Provider Portal
8. Overall Claims Payment
9. Overall Communication

In the Priority matrix of Utilization Management for PCP and SCP, the following five 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

In the Priority matrix of Provider Support Services for PCP and SCP, the following six measures were plotted:
1. P4P Support
2. CSC Representatives
3. Provider Call Center Customer Service Experience
4. Provider Portal
5. Overall Communications
6. Cultural Competency Training

Most measures in Overall Satisfaction require attention. All but the Interdisciplinary Care Team, and Communication with Nurse Care Manager measures fall into the Focus or Improve domains. Actions should be taken to improve these measures to positively impact our Overall Satisfaction scores.

For the PCP Utilization Management measure, Timely appointments from Specialty Referrals and Timely Care for Mental Health Referrals are two measures that continue to score relatively low and continued focus on these measures is necessary to see improvement in our Utilization Management scores over the next few years.

SCPs also scored lower on Clinically Reasonable Decisions.  Therefore, focus is necessary on this measure to help improve Utilization Management scores.

## SUMMARY

PSS 2021 went through some additional changes to help in gathering additional information from our providers to reduce burden and improve communications and ultimately patient care.  New items were added and survey administration was simplified and streamlined.  However, core items such as overall satisfaction, provider satisfaction with respect to the UM process, and Care Management are kept for trending purposes.

QPM met with respective departments to review and discuss the PSS 2021 findings pertinent to them so that action plans could be developed to take steps towards improving provider satisfaction.

Attached is a table showing the discussions held in 2021.

| Department | Discussions |
|---|---|
| **Medicare Product** | - Remediation of provider complaints needed<br>- Formation of a provider experience workgroup<br>- Improvement needed in access and quality of care in the Medicare Product Line |
| **Cultural & Linguistics** | - Need to assess provider cultural competency<br>- Language barriers between providers and members<br>- Access to information and language assistance needed in various additional languages<br>- Coordination of appointments and availability of interpreters needs improvement, short-staffed.<br>- Education for providers and members on interpreter availability and resources available<br>- Improved communication and empathy by interpreters |
| **P4P & VIIP** | - Care gap tools: need to know primary tool providers are using to close care gaps and explore satisfaction of provider tool used<br>- Reconciliation of internal care gap data<br>- Provider opportunity report: explore improvements suggested by providers<br>- Provider education needed for provider opportunity reports<br>- Increased communication and education needed to providers regarding incentives program |
| **Utilization Management & Care Management** | - Improvement in rating of complex care management process compared to prior year<br>- Decrease in rating of Utilization Management questions compared to prior year<br>- Barriers that prevent the use of care managers: communication, lack of availability, difficult to reach care managers, and language barriers. |
| **Provider Communications** | - Providers need increased communication overall<br>- PCPs and SCPs not contracted with L.A. Care receive communications via PPGs only<br>- Provider education on hotlines, trainings, webinars available to them<br>- Provider preferences on communication methods and frequency of communications<br>- Education to providers on difference between provider communications department and provider relations (handles provider issues and concerns)<br>- Direct Network providers are communicated with via fax only |
| **Customer Solution Center** | - Improvement of provider experience with CSC and PSC<br>- Wait times: Long hold times on the phone and/or don't receive callbacks<br>- Staff knowledge & customer service: providers are transferred to multiple people or feel that staff are unable to answer their questions<br>- Language barriers: Need for Spanish speaking staff to assist in the CSC<br>- Overall improvement in communication to providers |

As we met with these departments, we found that some of them already had action plans in the works to deal with some of the issues we planned for discussion  We continued discussions with QI, BH (Behavioral Health) and Communications around the need for collaborating with other departments.

These subjects will become a part of the ECE (Elevating Customer Experience) workgroup discussions.

As L.A. Care continues to closely monitor the responses and results from the 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 the survey to improve business processes and fulfill DMHC TAR regulatory requirements.

Modifications for the 2022 Provider Satisfaction Survey have been put in place for that fielding period. Next year's report will speak to those changes and enhancements.

Ultimately, satisfied providers are more likely to provide quality services to members, consequently improving the member experience and Health Plan Ratings.

<u>H.6 PROVIDER EDUCATION & ENGAGEMENT</u>

<u>H.6.a PROVIDER CONTINUING EDUCATION PROGRAM</u>

AUTHOR: LEILANIE MERCURIO
REVIEWER: MATTHEW PIRRITANO, PH. D & KATRINA PARRISH, MD

During fiscal year 2021-2022, L.A. Care Health Plan's Provider Continuing Education (PCE) Program continues to operate with the following Continuing Medical Education (CME) and Continuing Education (CE) Provider Accreditations:

1. Continuing Medical Education (CME) Provider for Physicians (MDs, DOs, PAs), accredited by the California Medical Association (CMA), May 6, 2022 – May 31, 2026.
2. Continuing Education (CE) Provider for Registered Nurses (RNs) and Nurse Practitioners (NPs), accredited by the California Board of Registered Nursing (CA BRN), September 30, 2022 – September 30, 2024.
3. Continuing Education (CE) Provider for Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs), and Licensed Educational Psychologists (LEPs), accredited by the California Association of Marriage and Family Therapists (CAMFT), December 1, 2020 – December 1, 2023.

October 1, 2021 through September 30, 2022, L.A. Care PCE Program continue to offer online courses/webinars via Cisco WebEx due to the current COVID-19 environment.

Some online courses are scheduled for one hour live webinar and some are one and a half hour webinars with an offering of one (1) CME credit or 1.50 CME credits to Doctors of Medicine (MDs), Doctors of Osteopathic Care (DOs), Physician Assistants (PAs), Psychologists (PsyDs), and one (1) or 1.50 CE credit offered to Nurse Practitioners (NPs), Registered Nurses (RNs), Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs), Licensed Educational Psychologists (LEPs) and other healthcare professionals.

<u>SUMMARY OF CME AND CE ACTIVITIES FOR FISCAL YEAR 2021-2022</u>

During Fiscal Year 2021-2022, October 1, 2021 to September 30, 2022, L.A. Care Health Plan's Provider Continuing Education (PCE) Program offered thirteen (13) online courses as directly provided CME/CE activities and one (1) jointly provided CME/CE activity with Health Net.

**PCE Program Live Webinars' Dates, Topics, Outcomes as Directly Provided CME/CE Activities FY 2021-2022:**

1. **October 28, 2021 Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Acceptance and Commitment Therapy (ACT) for Depression and Anxiety During COVID-19 Climate,** Presenter Dr. Katherine Bailey, Clinical Psychologist, West LA VA Healthcare Center, and Deputy Chief of the Substance Use Disorder (SUD) Section, VA Greater Los Angeles Healthcare System. Based on the final Attendance and Activity Report, we had a total of 163 webinar participants including 84 L.A. Care Providers which accounted for 52% of the total audience.

2. **November 10, 2021 QI Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Childhood Lead Poisoning Prevention**, Presenters Dr. Jean Woo from California Department of Public Health and

Bryan Barrios from Los Angeles County Department of Public Health.  Based on the final Attendance and Activity Report, we had a total of 168 webinar participants including 79 L.A. Care Providers which accounted for 47% of the total audience.

3.  **January 27, 2022 Webinar,** 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Cognitive Behavioral Therapy (CBT) for Chronic Pain**, Presenter Dr. Katherine Bailey from West LA VA Healthcare Center.  Based on the final WebEx Attendance and Activity Report, we had a total of 129 webinar attendees including 61 L.A. Care Providers which accounted for 47% of the total audience.

4.  **February 24, 2022 Webinar,** 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Osteopathic Care and Medicine in the Primary Care Setting**, Presenter Dr. Caitlin McAuley from USC Medical Center.  We had a total of 74 webinar attendees including 28 L.A. Care Providers which accounted for 38% of the total audience.

5.  **March 1, 2022 Webinar,** 12:00 pm – 1:00 pm PST, 1 CME/CE Credit, **COVID-19 Vaccine Hesitancy and Health Disparities**, Presenter Dr. Nava Yeganeh from Los Angeles County Department of Public Health (DPH).  We had a total of 134 webinar attendees including 50 L.A. Care Providers which accounted for 37% of the total audience.

6.  **March 24, 2022 Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Hypertension and Stroke Prevention** with Presenter Dr. Florian Rader from Cedars-Sinai Smidt Heart Institute.  We had a total of 205 webinar attendees including 97 L.A. Care Providers which accounted for 47% of the total audience.

7.  **April 28, 2022 Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Pulmonary Hypertension Prevention, Diagnosis and Management Strategies**, Presenter Dr. Dael Geft from Cedars-Sinai Smidt Heart Institute.  Based on the final WebEx Attendance and Activity Report, we had a total of 127 webinar attendees including 54 L.A. Care Providers which accounted for 43% of the total audience.

8.  **May 19, 2022 Virtual Half Day CME/CE Event via WebEx**, 9:00 am – 12:00 pm PST, 3 CME/CE Credits, **Children's Health Conference In Collaboration with First 5 LA and Los Angeles County Department of Public Health**.  Presenters Dr. Christine Mirzaian from Children's Hospital Los Angeles on Early, Periodic Screening, Diagnosis and Treatment (EPSDT), Dr. Douglas Vanderbilt from Children's Hospital Los Angeles on Developmental-Behavioral Pediatrics (DBP), and Dr. Adam Schickedanz from UCLA Department of Pediatrics on Adverse Childhood Experiences (ACEs).  Based on the final WebEx Attendance and Activity Report, we had a total of 314 webinar attendees including 183 L.A. Care Providers which accounted for 58% of the total audience.

9.  **June 30, 2022 Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Healthcare Provider Burnout Prevention and Wellness**, Presenter Dr. Karen Miotto from UCLA Physician Wellness Program.  Based on the Final WebEx Attendance and Activity Report, we had a total of 205 webinar attendees including 110 L.A. Care Providers which accounted for 54% of the total audience.

10. **July 14, 2022 Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Long COVID:  Primer for the PCP**, Presenters Dr. Sun Yoo from UCLA Department of Medicine and Dr. Nisha Viswanathan from UCLA Long COVID Program.  Based on the final WebEx Attendance and Activity Report, we had a total of 169 webinar attendees including 102 L.A. Care Providers which accounted for 60% of the total audience.

11. **July 28, 2022 Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Improving the Health of Diverse Older Adults: Geriatrics in Primary Care**, Presenter Dr. Heather Schickedanz from Los Angeles County Department of Health Services (DHS).  Based on the final WebEx Attendance and Activity Report, we had a total of 145 webinar attendees including 61 L.A. Care Providers which accounted for 42 % of the total audience.

12. **August 25, 2022 Webinar**, 12:00 pm – 1:30 pm, 1.50 CME/CE Credits, **Asthma Management in the Primary Care Setting**, Presenter Dr. Sande Okelo, Director of UCLA Pediatric Asthma Center of Excellence.  We had a total of 136 attendees including 80 L.A. Care Providers which accounted for 59% of the total audience.

13. **September 22, 2022 Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Acceptance and Commitment Therapy (ACT) for Depression and Anxiety**, Presenter Dr. Katherine Bailey, Clinical Psychologist, West LA VA Healthcare Center and Deputy Chief of the Substance Use Disorder (SUD) Section for the VA Greater Los Angeles Healthcare System.  We had a total of 88 attendees including 47 L.A. Care Providers which accounted for 53% of the total audience.

## Jointly Provided CME/CE Activity:

1. **August 31, 2022 Webinar**, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, **Strengthening Cultural Humility, Dismantling Implicit Bias in Healthcare and Social Services.**  Jointly Provided CME/CE Activity by L.A. Care Health Plan and Health Net, Presenter Dr. Sayida Peprah-Wilson, Founder, Executive Director, Diversity Uplifts.  We had a total of 244 attendees including 73 L.A. Care Providers which accounted for 30% of the total audience.

## L.A. Care Provider Continuing Education (PCE) Program FY 2021-2022:
- L.A. Care Health Plan continue to be an accredited CME Provider by the California Medical Association (CMA) for MDs, DOs, PAs; accredited CE Provider by the California Board of Registered Nursing for NPs and RNs; and accredited CE Provider by the California Association of Marriage and Family Therapists (CAMFT) for LCSWs, LMFTs, LPCCs, and LEPs.
- Planned, developed, coordinated and implemented 14 CME/CE activities for L.A. Care Providers, L.A. Care staff and other healthcare professionals in FY 2021-2022 with an offering of 22 CME/CE credits.
- Average webinar attendance of 173 healthcare professionals or more since June 2020.
- Average webinar attendance of 81 L.A. Care Providers or more since June 2020.
- Increase in average attendance of L.A. Care Providers from 33% in year 2020 to 42% in year 2021 and currently 47% in year 2022.
- The objectives of L.A. Care PCE Program for FY 2022-2023 are the following: (1) pass the CMA Accreditation Progress Report May 2023 Cohort by using the ACCME Financial Disclosure template with the verbatim definition of Ineligible Company and use the verbatim accreditation statement in all CME flyer invites and certificates, (2) have an online Learning Management System (LMS) to enhance L.A. Care CME Program, and (3) use HEDIS Measures and Population Health Management Index as reference for CME offerings of webinars and In-Person CME Events.

L.A. Care PCE Program Manager remains committed to offer PCE program with directly provided and jointly provided CME/CE activities to meet the learning needs of L.A. Care providers, L.A. Care staff, and other healthcare professionals.  The L.A. Care PCE program will continue its partnership with other providers during COVID-19 environment without sacrificing quality, in a planned and organized manner that optimizes learning for L.A. Care providers, other physicians, L.A. Care staff, and other healthcare professionals.

## H.6.b   PROVIDER TRAINING

**AUTHOR: THERESA MOORE**
**REVIEWER: MATTHEW PIRRITANO, PH.D & MARIA CASIAS, RN**

### BACKGROUND
As part of Regulatory Training, all newly contracted Direct Network providers must complete *New Provider Onboarding* within 10 days of their contract effective date.  The External Learning Unit of the Learning Experience Department is responsible for managing all provider training requests submitted by the Provider Network Management Department via Podio for the provider types listed below.

- PCP/Specialist
- Mid-Levels
- Ancillary
- Acupuncture/Chiropractic
- BH/Autism
- General Vendors (transportation, vision, dental)

Once a training request is received, External Learning will assign a delegated user to manage training session invites, facilitate training, and obtain required documentation and a completed DocuSign portfolio. Tracking of all training requests is documented in the corresponding Podio request.

### MAJOR ACCOMPLISHMENT
Created a solid Provider Training Program.  Provider Trainings are delivered via an Instructor-Led method using a WebEx platform:
1. **Cisco WebEx**: Provider training sessions facilitated through WebEx can be viewed, created and initiated by logging in using External Learning credentials.
2. **Learning Management Systems (LMS) (L.A. Care University):** Provider training sessions facilitated through LMS, can be viewed by logging in to L.A. Care University via Employee Central.  Sessions in LMS are managed (added/removed) by submitting a request to the LMS team.

### Training Sessions:
Regular Instructor-Led Training (ILT) sessions are hosted via WebEx and LMS systems based on provider type:
- **PCP/Specialist/Mid-Levels**: Combined session, facilitated via LMS and scheduled 2-4 sessions at the beginning of each month.
- **Ancillary**: Weekly Wednesday session facilitated via WebEx
- **BH/Autism**: Scheduled on an as needed basis and facilitated via WebEx
- **Acupuncture/Chiropractic**: Scheduled on an as needed basis and facilitated via WebEx
- **General Vendors:** Scheduled on an as needed basis and facilitated via WebEx

### RESULTS
External Learning captures provider's information (provider name, company name, NPI Number, email address and phone number) for providers that attend Onboarding Training on a particular date.  This effort tracks whether providers who are on boarded complete the Training within the 10 days of their contract effective date.  External learning runs an attendance report 48 hours after delivery of the Instructor-Led Training.  For the 2021 – 2022 Fiscal Year, External Learning delivered a total of 77 ILT New Provider Onboarding Training Sessions, there were 345 providers trained.  36 sessions for Primary Care Physicians where 330 individuals registered for training and 198 attended; 27 sessions for Ancillary Providers where

223 individuals registered and 133 attended; 14 sessions for Vendors, Acupuncture/Chiropractor and Behavioral Health Providers where 17 individuals registered and 14 attended. Our overall Compliance rate for the year was 60.5%.

## SUMMARY OF INTERVENTIONS

External Learning has been successful with the outreach of the direct network providers to invite them to attend an onboarding training. The Provider onboarding training is a regulatory requirement. There is a need to confirm that all providers meet this requirement. There is an allowable gap for enforce onboarding training participation of within 10 days of the provider contract effective date.

The enforcement of any penalty on providers who do not complete the training within the designated timeframe is nonexistent. External Learning is building a process (in collaboration with Provider Network Management and Enterprise Performance Optimization) for effective Compliance.

## LOOKING FORWARD

External Learning will create an On-Demand training to be delivered via L.A. Care University. Providers, of all types, will be able to take their training on-line at the provider's convenience. External Learning will continue to offer ILT for those provides who would prefer, but this new level of convenience for providers will be valuable. This should be ready for providers to take their training the beginning of 2023.

Our current Compliance rate is 60.5%. With this On-Demand training opportunity, compliance rates are expected to increase.

An improved work flow in provider onboarding has been established effective 12/1/22. This process will include a "FLAG" in the credentialing process to prevent providers from moving forward to the active status. This "FLAG" will engage once a provider completes 10-Day New Provider Onboarding Training and valid documentation is submitted. Once External Learning confirms valid documentation is received, the documentation will be attached to the DocuSign and the Provider can move forward in the credentialing process.

## H.6.c TRANSFORM L.A.

**AUTHOR: CATHY MECHSNER, MBA**
**REVIEWER: MATTHEW PIRRITANO, PH. D & KATRINA PARRISH, MD**

### BACKGROUND

Transform L.A. is a practice-level technical assistance program delivered through on-site and virtual practice coaching. The program began in FY 2018/2019 as a Direct Network offering modeled after the successful CMS grant Transforming Clinical Practice Initiative (TCPI). The Transform L.A. (TLA) team supports work that is "practice-centered", that is improving care delivery for all patients cared for by the practice, while focusing on patient-centered care. The framework for transformation has three primary drivers: (1) patient and family centered care design, (2) data-driven quality improvement and (3) business sustainability. To achieve these, the work of the practice coach is broad and inclusive of significant efforts around workflow redesign, sharing best practices (evidence based), building trust with the staff/care teams, and using data from practice EHRs to drive improvement, Plan-Do-Study-Act, (PDSA) cycles.

Direct Network (DN) practices are eligible to participate in Transform L.A. if they meet the following criteria (1) executed L.A. Care Direct Network contract, (2) provides primary care services, (3) *uses* an electronic health record (EHR), and (4) practice leadership is open to change and improvement. The TLA team enrolls and engages practices on a rolling basis annually, grouping them into cohorts. The Cohort 1

practices began engagement in the TLA program in FY 2018/2019, Cohort 2 practices began in FY 2019/2020 and Cohort 3 began in FY 2020/2021.

## GOALS

Program goals are to improve care delivery and health outcomes: "Better Care, Better Health," ultimately helping practices succeed in value-based care models. The program focus is on:

1. Achieving ongoing practice engagement and leadership buy-in/trust
2. Generating and sustaining improvements in practice-chosen Clinical Quality Measures (CQMs) over baseline
3. Incrementally attaining Transformation Milestones and moving through the "Phases of Transformation" as measured through a standardized Practice Assessment Tool (PAT).

The practice and the coach together complete the PAT during the initial baseline assessment period then conduct a reassessment thereafter approximately every six months. The practice and the coach identify and prioritize areas of improvement then plan, and implement interventions to achieve Transformation milestones and CQM improvement. The goal to transform into a high-performing Direct Network practice that is highly functioning in four foundational areas of Transformation:

1. Population Health Management
2. Culture of Quality Improvement (QI), Team Accountability
3. IT/EHR/Data Exchange
4. Community Partnerships

## SUMMARY OF INTERVENTIONS

The Transform L.A. program uses the Agency for Healthcare Quality and Research (AHRQ) Practice Facilitation Handbook as a guide for all transformation work with practices and employs a practice coach or facilitator. The practice coach helps providers and care teams to gain knowledge and skills in the science of quality improvement so that they have the capacity to engage in continuous improvement the coach is gone. The work of the coach specifically follows the Model for Improvement from the AHRQ and PDSA Cycles.

## OVERVIEW OF MAJOR ACCOMPLISHMENTS

As of September 30, 2022, Transform L.A. has generated the following results:
- Program Engagement and Reach:
  - 19 active Direct Network practices (39 physical sites)
  - 99 providers
  - 34% of DN members (12,431of 36,414)
- Measure of Transformation:
  - Cohort 1 (n=5), PAT assessment - % of completed PAT milestones (total = 44)
    - FY 2018/2019 Baseline assessment: 13.6%
    - 2022 Re-assessment: 51.4%
    - 278% Improvement from baseline assessment
  - Cohort 2 (n=7), PAT assessment - % of completed milestones (total = 44)
    - FY 2019/2020 Baseline assessment: 42.5%
    - 2022 Re-assessment: 50%
    - 17.1% Improvement from baseline assessment
  - Cohort 3 (n=3), N/A, measurement year in progress
- Practice Use of Data and Clinical Quality Measure Improvement: (Cohorts 1-3)
  - Data Reporting capability for CQMs:
    - Baseline assessment: 5 practices out of 15 were able to report data from the EMR.

- • <u>2022 measurement</u>: 15 out of 15 practices are able to report data from the EMR.
  - • 2022 CQM improvements over baseline measurement:
    - • <u>Controlling Blood Pressure</u>: 7.6% improvement
    - • <u>Diabetes Hemoglobin A1c Poor Control (>9%)</u>:  6.6% improvement
  - • Building QI Capacity – active, ongoing use of PDSA cycles

## RESULTS

### QUANTITATIVE ANALYSIS

### PROGRAM ENGAGEMENT AND REACH

### Table 1. Transform L.A. Program Reach – Practices, Providers, and Members

| Transform L.A. (TLA) Cohort Grouping | Practice Count | September 2022 Membership | | September 2022 Provider Counts | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | | DN Mem | LAC Mem | PCP | SCP | Mid-Level | # of Sites |
| Cohort 1 (Baseline FY 2018/2019) | 5 | 4341 | 20098 | 26 | 31 | 4 | 9 |
| Cohort 2 (Baseline FY 2019/2020) | 7 | 1944 | 19296 | 16 | 2 | 18 | 20 |
| Cohort 3 (Baseline FY 2020/2021) | 3 | 3091 | 24687 | 13 | 1 | 4 | 5 |
| Cohort 4 (Baseline FY 2021/2022) | 4 | 3055 | 13795 | 10 | 0 | 3 | 5 |
| | | | | | | | |
| **Total TLA Membership Assignment** | 19 | 12431 | 77876 | 65 | 34 | 29 | 39 |
| | | | | | 128 | | |
| Total Membership Assigned | | 36414 | 340255 | | | | |
| % TLA Reach | | 34% | 23% | | | | |
| | | | | | | | |

### MEASURE OF TRANSFORMATION

As noted earlier, Transform L.A. uses a standardized Practice Assessment Tool (PAT) to measure where a practice is on its transformation journey.  The tool is adapted from the Transforming Clinical Practice Initiative PAT and is used at the initial assessment to provide a baseline measurement.  Thereafter, the PAT is conducted at 6-month intervals to assess current levels of milestone achievement and to identify additional areas of focus.  The milestones and change concepts of the Practice Assessment Tool all map back to the Change Package, also developed as part of the TCPI program.  The Change Package provides a detailed framework supporting the three Primary Drivers: Patient Centered Care Delivery, Data Driven QI, and Sustainable Business Operations.  Figure 1 below depicts the framework of the primary drivers and supporting secondary drivers and the linkages to the 27 PAT milestones.  The secondary drivers are delineated into 44 change concepts, which are not shown in Figure 1.  The 44 change concepts comprise five progressive levels of transformation:  Phase 1 foundational concepts through Phase 5 concepts which addressing the end goal of the program, readiness for alternative payment models.  To achieve the highest level of transformation, practices must complete all 27 PAT milestones/44 change concepts.

*Figure 1. Transform L.A. Transformation Framework*
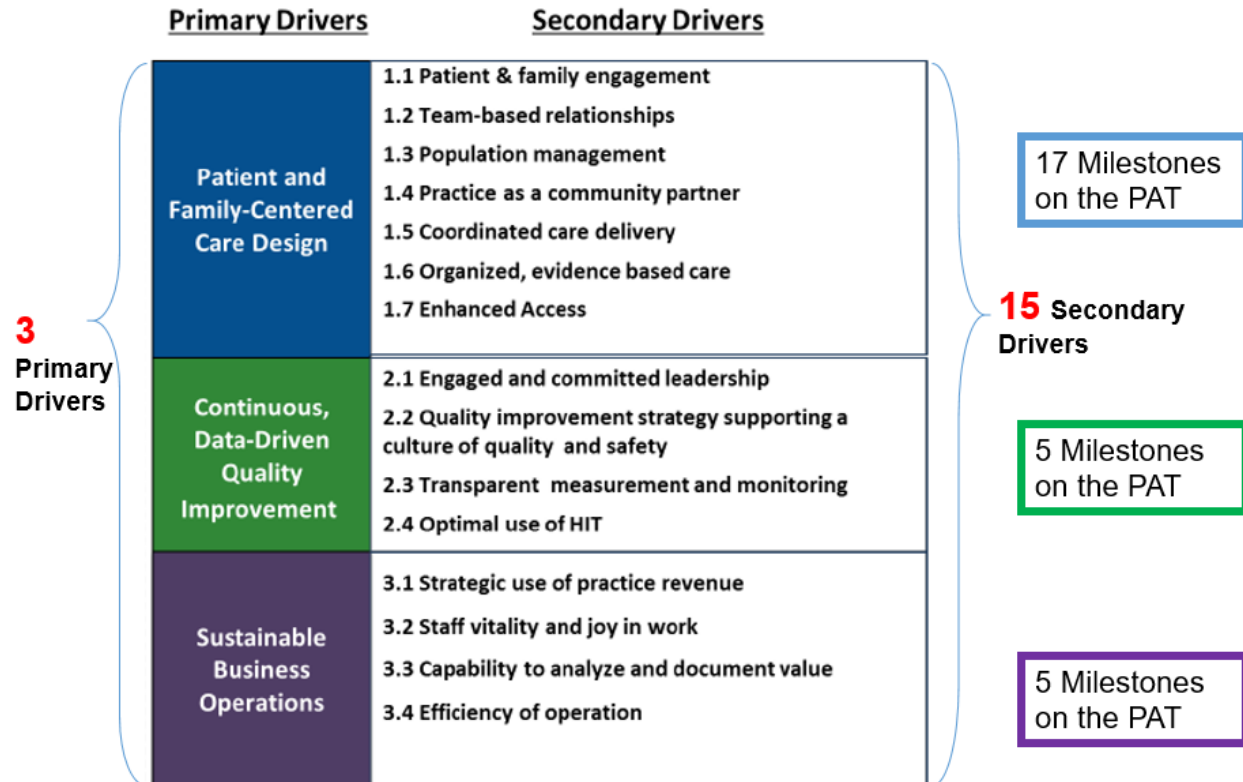


*Table 2.  Transformation Milestone Completion Tracking: Cohort 1 Baseline (FY 2018/2019) & Cohort 2 Baseline (FY 2019/2020) vs. September 2022 Assessment*

| | Baseline | | September 2022 | | |
| --- | --- | --- | --- | --- | --- |
| *Cohorts* | *Avg. Baseline Milestones Completed (x of 44):* | *Percentage of Milestones Completed* | *Avg.  Milestones Completed (x of 44):* | *Percentage of Milestones Completed* | *Improvement of Milestones Completed from Baseline* |
| **Cohort 1 (n= 5)** | 6 | 13.6% | 22.6 | 51.4% | 278% |
| **Cohort 2 (n=7)** | 18.7 | 42.5% | 21.9 | 50% | 17% |

Calculations:

[(Avg. Most Current Milestones completed – Avg. Baseline Milestones completed)]/Avg. Baseline Milestones completed = Avg. Improvement of Milestones completed from baseline.

- Cohort 1: [(22.6 – 6)=16.6]/6 = 278% Avg. improvement from baseline
- Cohort 2: [(21.9 – 18.7)=3.2]/18.7 = 17.1% Avg. improvement from baseline

A key point to consider in comparing Cohorts 1 and 2 is their respective baseline assessments.  The number of average completed milestones (6) for Cohort 1 versus that of Cohort 2 (18.7) shows a higher level of practice maturity for Cohort 2 practices.  The program focus for Cohort 2 was to actively recruit and engage DN practices that were at a higher level of readiness to engage in the program at their enrollment.

*PRACTICE USE OF DATA AND CLINICAL QUALITY MEASURE IMPROVEMENT*

As part of the data component of the program, practices are required to report CQM data in the format of numerator and denominator year-to-date totals directly from the practice electronic health records (EHR). The practice reports the CQM data monthly to the TLA team. Practices often encounter barriers to be able to document and report valid data from the EHR. The challenges include poor coding/mapping of CQM specifications. The coaches work extensively with practices to validate their measures reports and engage with EHR vendors to identify and problem solve data report issues.

The charts below summarize the two program required measures within the practice aims, Controlling Blood Pressure and Diabetes Hemoglobin A1c Poor Control (>9%). Practices have the option to select additional measures for improvement however; these two measures demonstrate the most meaningful patient outcome improvements.

- Controlling Blood Pressure (CBP): 10 practices are reporting an average 7.6% improvement from baseline.
- HbA1c Poor Control (<9%): 8 practices are reporting data with 5 showing an average decrease of 6.6% from baseline. This is an inverse measure where improvement is measured by a lower number from baseline. The majority of practices unable to report data are on Office Ally EHR, which cannot produce valid reports for this measure as of September 2022. Transform L.A. is working with Office Ally and Electronic Medical Systems to correct data reporting for this measure.

*Chart 1. Transform L.A. Practice Measures, Summary of Reporting: Controlling Blood Pressure (CBP)*
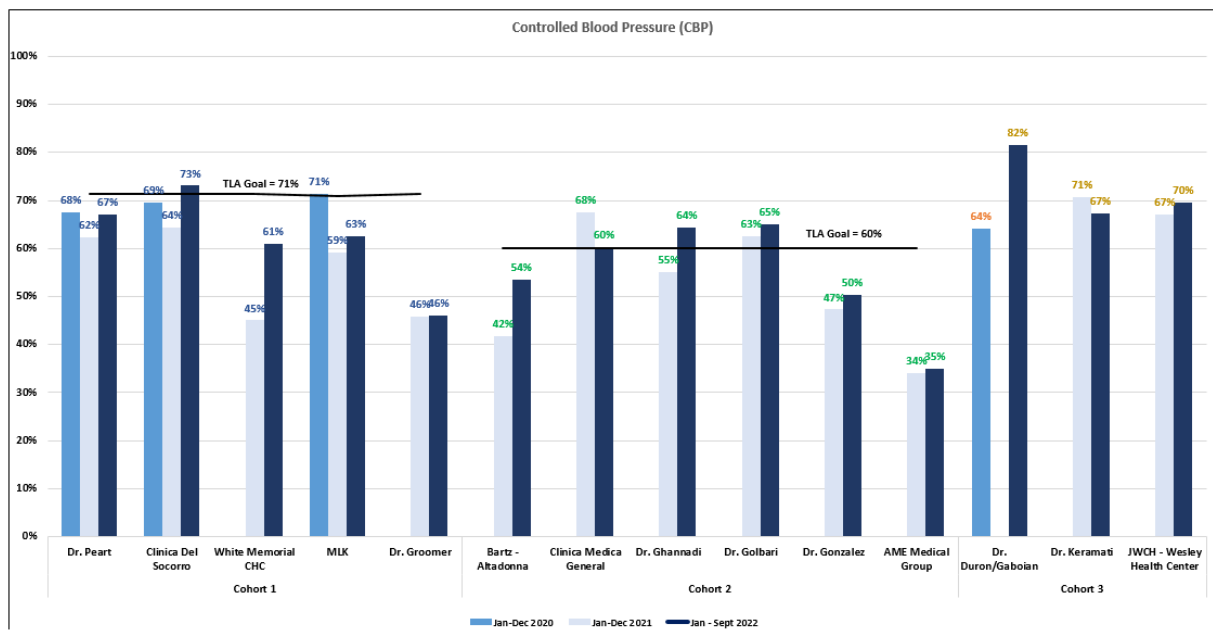


C1 - Dr. Groomer 2020 data not available due to DN contracting issues **and** EHR validation/transition.
C1 - White Memorial CHC 2020 data not available as program coaching began late 2020.
C3 - Program goal in development.
C3 – Dr. Duron/Gaboian's baseline is 2020 data; program enrollment was in late 2021.

### Chart 2.  Transform L.A. Practice Measures, Summary of Reporting:  HbA1c Poor Control (>9%)



HbA1C >9 Diabetes Poor Control
Inverse Measure
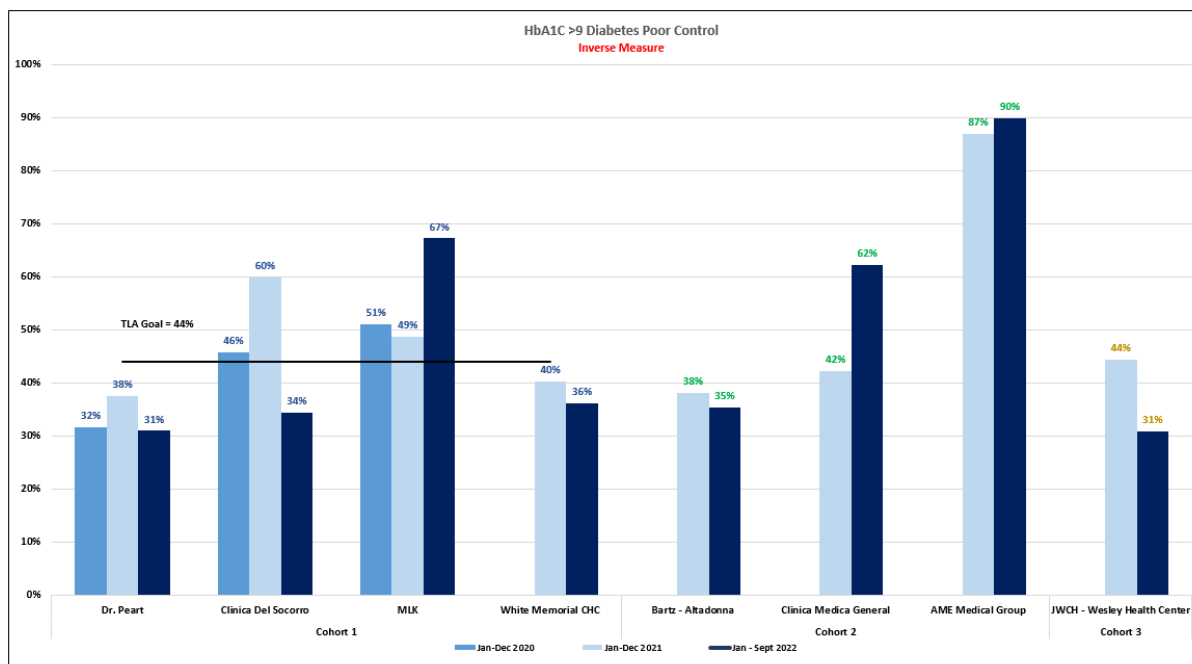
*HbA1c Poor Control (>9%) is an inverse measure where the practice improvement goal is to achieve a lower performance number.

### QUALITATIVE DATA

Many practices have expressed a high level of satisfaction with their participation in the program.  Practices appreciate the program's tailored support offerings and the engagement/relationship with their coach.  While it takes time and effort to build trust and buy-in with practice staff and providers, this foundational step is critical to each practice's ability to make meaningful progress on areas of transformation and quality improvement.  Below are selected quotes from practices:

- *Total Comprehensive Health, Lead CMA* - "Thank you so much.  All you're resources have been helpful and thank you for your help coordinating our efforts with our EMR."
- *Bartz-Altadonna CHC, Chief of Staff* - "You all have made such a difference in our quality program here and we are so grateful for the partnership."
- *Wesley/ JWCH, Chief Medical Officer* - "You guys are doing a great job.  Thank you for your excellent work in conducting a provider focus group and observation day."
- *Doctor/Owner* - "I really appreciate your work with [CMA 1] and [CMA 2] and getting them up to speed with their medical assistant responsibilities- measures, reporting, intake workflows, PDSAs, etc. - without it, we would be underwater."
- *Doctor/Owner* - "It's a blessing that L.A. Care is providing technical assistance through your program, because it is much needed for smaller practices like ours."
- *Doctor/Owner* -"The best part of LA Care are their Transform L.A. (practice) coaches."

### PROGRAM CHALLENGES

The program has encountered a variety of challenges both within practices and externally.  All of LA County as well as the worldwide community have been impacted by the public health emergency caused by COVID-19.  Since 2020, most practices in the program, like elsewhere, have been focused on surviving the PHE while trying to care for patients and their staff safely.  High staff turnover is continuing and can

impact negatively program continuity and the pace of transformation progress. Generally, the primary areas of programmatic challenges are:

1. <u>Practice readiness to change</u> – The program has experienced some practices who have started then subsequently decline to engage. Whether due to limited resources of staff, time or their ability to engage in a meaningful way with the practice coach, these practices have realized that they are not ready to move forward with transformation work. At a minimum, practices need to be at least "low functioning."
2. <u>Leadership and staff engagement</u> – Many practices have to balance a number of competing priorities however, when leadership does not engage in the program, there is a limit as to how much progress in the program the staff and practice coaches can achieve. The program aligns transformation work with existing practice/organizational goals to optimize practice staff and resources efficiently.
3. <u>Technological maturity</u> – Practice eligibility for the program includes use of an electronic medical record or software. Practice coaches focus on workflow redesign and building QI capacity, which includes documenting in the EHR and using data. A number of practices have challenges with reporting capabilities from their EHRs, either due to limited training for the staff to generate reports or limitations of the software itself including incorrect mapping for documentation, etc. Practice coaches have worked with EHR vendors to fix identified errors then retest to ensure data validity.

*EXAMPLES OF PRACTICE COACHING EFFORTS TO DATE*

The work of the practice coach is broad and inclusive – as long as their work touches on one of these three primary drivers, it is within scope of the program. There have been significant coaching efforts around workflow redesign, sharing best, evidence-based, practices, building trust with the staff/care teams, and using data from practice EHRs and PDSA cycles to drive improvement. Example interventions include:

- EHR optimization support (includes observation days and elbow support)
  - Basic training on EHR workflows
  - Reporting electronic clinical quality measures (eCQMs) + data validation
  - Decreasing reliance on paper
- Quality Improvement introductory trainings, PDSA cycles
- Medical Assistant (MA) trainings
  - Leveraging American Medical Association (AMA) Professional Development Modules and internally developed resources
- Workflow mapping & streamlining (includes observation days and elbow support)
- Linkages with L.A. Care Health Services/Quality Improvement resources
- COVID-19

**LOOKING FORWARD**

L.A. Care has committed to expanding the Transform L.A. program adding additional practice coaches and growing the number of participating practices from the Direct Network and thereby spreading the benefits of practice transformation and improvement of patient outcomes. The Transform L.A. team has been enrolling practices in Cohort 4 throughout 2022 and has a staff of three practice coaches and a program manager. Practices in Cohorts 1-3 and their coaches will continue to build QI and population health capacity with the goals of improving the practices' care delivery and impact on patients' health outcomes while increasing the financial benefits to support the practices through HEDIS/P4P, Proposition 56 incentives, etc. With the inclusion of the Transform L.A. team into L.A. Care's Quality Improvement department, there are a growing number of synergies and opportunities with corresponding teams and programs to further support and grow the practices' capacity for quality improvement.

## H.6.d IPA/PROVIDER WEBINARS

**AUTHOR: BRIGITTE BAILEY, MPH**
**REVIEWER: MATTHEW PIRRITANO, PH. D & KATRINA PARRISH, MD**

### BACKGROUND

Beginning in 2016, L.A. Care Quality Improvement (QI) began hosting webinars directed at Independent Physicians Associations (IPAs), Management Services Organizations (MSOs), Plan Partners (PPs), providers and clinicians and front and back office staff to provide education on key quality topics. In Fiscal Year October 1, 2021-September 30, 2022, 16 webinars were held using the administrative WebEx system.

### MAJOR ACCOMPLISHMENTS

- QI hosted 16 webinars open to network IPAs, MSOs, community clinics, and providers. This was the highest number of webinars in the last five years.
- The average attendance in webinars was 122. The highest attended webinar was HEDIS 101 with 299 attendees, which marks the highest attended webinar in the last five years.
- QI worked with the External Training team to host the webinars and maximize effectiveness. This was a valuable and successful partnership.
- QI collaborated with various organizations to bring new topics to attendees and provide education on important resources in the community. Organizations included: WIC, HealthLeads, Merck, California Department of Public Health and SullivanLuallin Group.
- QI partnered with HealthNet on the breastfeeding webinar with WIC. This partnership with HealthNet will continue into the 2022-2023 fiscal year.
- Continuing Education credits for providers were offered for one (lead poisoning) of the webinar sessions.
- Some 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 submit comments and suggestions. The average Net Promoter Score (NPS) from these evaluations was 71, which is one point lower than the prior year (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, continuing a several year trend.
- Majority of attendees identified as working at a Community Clinic or an IPA/MSO.

| Webinars Hosted in FY2020-2021 | | | | | |
|---|---|---|---|---|---|
| **Date** | **Topic** | **Target Audience** | **CME** | **Attendees\*** | **Net Promoter Score** |
| Oct 13 | Proposition 56 Payments | IPAs, PPs, Providers | - | 102 | 73 |
| Oct 20 | Applied Behavioral Analysis and Behavioral Health Benefits | IPAs, PPs, Providers | - | 50 | 89 |
| Nov 10 | Childhood Lead Poisoning Prevention | IPAs, PPs, Providers | Yes | 152 | 83 |
| Jan 26 | HEDIS 101 | IPAs, PPs, Providers | - | 299 | 75 |
| Feb 9 | Pediatric Vaccine Confidence and Vaccine Reports | IPAs, PPs, Providers | - | 157 | 72 |
| Mar 30 | Encounters for Clinical Quality | IPAs, PPs, Providers | - | 49 | 38 |
| Apr 6 | WIC 101 | IPAs, PPs, Providers | - | 153 | 87 |
| May 18 | Pediatric Care Cycle of Service | IPAs, PPs, Providers | - | 27 | 76 |
| June 8 | VIIP Action Plans and Member Experience Tips | IPAs, PPs, Providers | - | 94 | 82 |
| June 29 | Access to Care Standards | IPAs, PPs, Providers | - | 48 | 44 |
| July 20 | Pay for Performance Programs | IPAs, PPs, Providers | - | 196 | 71 |
| Aug 10 | CG-CAHPS Reports and Member Experience Tips | IPAs, PPs, Providers | - | 105 | 50 |
| Aug 24 | WIC: All Your Questions Answered: From Breastfeeding to Formula Updates to Making Referrals! | IPAs, PPs, Providers | - | 155 | 90 |
| Sept 7 | Equity Oriented Primary Care in Action | IPAs, PPs, Providers | - | 82 | 56 |
| Sept 14 | Provider Opportunity Reports | IPAs, PPs, Providers | - | 141 | 71 |
| Sept 21 | HEDIS 201: Health Plan Results, Updates, and Best Practices | IPAs, PPs, Providers | - | 142 | 76 |

**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. There are no current plans to improve collection of email addresses; however, Quality Improvement is in the process of adopting the Salesforce system to track provider outreach. This may have a positive long-term impact on reaching the network.

- 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, is it very challenging to reach out to providers about educational opportunities. QI has adapted by compiling as many sources of email contacts as possible, but this list is makeshift and cannot be updated frequently. L.A. Care asked IPAs to share promotional flyers for the webinars with providers, but they do not seem to do so consistently. Historically, blast faxes to provider offices through PNM did not result in increased registration or attendance.
- Approximately 20% of webinar invitations bounce back, and an unknown number 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.
- Sessions focused on topics that relate exclusively to children have much lower attendance rates. It seems to be more challenging to engage pediatricians compared to other providers using this modality.

## LOOKING FORWARD
QI plans to continue hosting webinars at least monthly in FY 2022-2023. QI is drafting a calendar of topics and engaging with potential speakers for the upcoming year.


## H.6.e PROVIDER ENGAGEMENT

AUTHOR: BETTSY SANTANA, MPH & LIDIA PALOMAREZ
REVIEWER: MATTHEW PIRRITANO, PH. D & MARIA CASIAS, RN


## BACKGROUND
The Quality Improvement Dept. continues to meet with Participating Provider Groups (PPGs) to help drive Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) improvement. The meetings have led to a better understanding of barriers, best practices, and resource sharing. Based on some of the success in the past, in 2020, Quality Improvement (QI) formalized these meetings. The QI department along with the Safety Net Initiatives department established an ongoing and consistent communication plan to help establish and maintain a relationship with our network in order to improve the quality of our care. The goals of the meetings are to improve PPG performance in the Value Initiative for IPA Performance (VIIP) program, and establish a relationship with the PPG to improve the transfer of information (i.e., develop a more collaborative approach to designing interventions). The meetings include staff from various teams within the Quality Improvement department such as Incentives, Quality Performance Management and Population Health Management. All applicable product lines are discussed, but the primary focus is Medi-Cal and Medicare.


## MAJOR ACCOMPLISHMENTS
- 35 Meetings were completed in the Measurement Year (MY) 2021

## INTERVENTION/OUTREACH PLAN
QI identified 10 PPGs to meet with based on their Clinician & Group Survey (CG-CAHPS) scores performance and membership size. The original plan was to continue with these PPGs for three years (2020-2022) before reevaluating their performance and selecting a new cohort. In 2022, two new PPGs, AltaMed Health Services and Optum Care Network AppleCare, were added in preparation for the new Medicare Dual-eligible Special Needs Plan (D-SNP) product line. Regal and Heritage were dropped from the cohort due to membership decreases. The newly formed Stars team began meeting with some of the high volume Medicare PPGs. Meetings included discussion on plan requirements, incentive programs, and what the score cards would look like. Medi-Cal and Covered California (LACC) performance continued to

be a topic of discussion as well as member experience. Early in the year, the meetings were interrupted at times due to the COVID-19 pandemic. Our largest groups still felt overwhelmed by the pandemic and cancelled several meetings with our teams. With the addition of the new PPGs and the changes in membership, the PPGS in the cohort now cover 89% of MCLA membership, 69% of our Cal MediConnect (CMC) membership, and 68% of LACC membership. (See Table 1.for membership volumes)

Table 1. 2022 Participating Physicians Groups that met with QI staff and their membership volumes as of September 16, 2022

| PPG Acronym | PPG Name | BCSC | CFST | MCLA | Medicare (CMC) | LACC |
|---|---|---|---|---|---|---|
| AIPA | ANGELES IPA | 25042 | 10729 | 31293 | 427 | 1014 |
| AMHS | ALTAMED HEALTH SERVICES | 7156 | 30378 | 118735 | 1186 | 6077 |
| APIA | ALLIED PACIFIC IPA | 47732 | 16095 | 59921 | 776 | 19779 |
| APPL | OPTUM CARE NETWORK APPLECARE | 998 | 0 | 18856 | 1690 | 5369 |
| CFC | COMMUNITY FAMILY CARE | 49022 | 30866 | 52179 | 594 | 5064 |
| DHS | L.A. COUNTY DEPT. OF HEALTH SERVICES | 0 | 0 | 312780 | 0 | 0 |
| ECMG | EXCEPTIONAL CARE MEDICAL GROUP | *8380* | *0* | *12597* | *0* | *0* |
| GCMG | GLOBAL CARE IPA | 16654 | 21400 | 42799 | 673 | 4174 |
| HCLA | HEALTH CARE LA, IPA | 98462 | 83774 | 296421 | 4046 | 9358 |
| PIPA | PREFERRED IPA OF CALIFORNIA | 85403 | 40472 | 115513 | 941 | 11347 |
| PROS | PROSPECT MEDICAL GROUP | 0 | 0 | 21240 | 206 | 6129 |
| SC | SUPERIOR CHOICE MEDICAL GROUP, INC | 2405 | 2637 | 8716 | 0 | 616 |
| Total Membership | Total Membership | 1,748,121 | | | | |

During the last fiscal year, the ongoing COVID pandemic led to changes in our meeting cadence and our goal of meeting quarterly was reduced to semi-annually. However, this year, PPGs have started to re-establish consistent meeting frequency. DHS has agreed to meet quarterly and HCLA will meet with QI on bi-monthly basis. Some PPGs like AltaMed have requested to meet monthly. By next fiscal year, we should meet our goal of meeting quarterly with each PPG.

**EVALUATION AND METHODOLOGY**

To measure the effectiveness of our meetings, QI compared the total number of gaps in MY 2020 and MY 2021 for seven HEDIS measures that existed in both measurement years. This year, only seven specific measures were selected because the measures in the Provider Opportunity Reports (PORs) had changed significantly from the prior year. There were two new measures that were added in 2021 that dramatically increase the overall eligible population and gaps. The Depression Screening and Follow-up (DSF) measure and the Well Care Visit for Children from 3-21 years of age were new measures in MY 2021 that dramatically increased the total number of care gaps among all providers. Thus, a new methodology had to be established looking at seven measures that have been a part of the program for several years. The seven measures were: Childhood Immunization Combination, Cervical Cancer Screening, Comprehensive Diabetes Care HbA1c Control (< 8.0%), Controlling Blood Pressure, and the Well Child visits before age 15 months (W30A or W15), and Prenatal and Postpartum Care. Then QI randomly selected PPGs they did not meet with but that had a total membership greater than 5000 members to assess their performance on the same seven measures. This way, QI could assess how the experimental cohort (i.e. the PPGS QI met with, were performing year over year and between a pseudo control group). The control group is not a true

control group, because as noted earlier QI had decided to select poor performing PPGs for regular meetings, as a result, those in the control group are higher performing PPGs. Furthermore, the PPGs in the comparison group had smaller volumes on average than the groups that QI meets with.

RESULTS

**TABLE 1. RATE COMPARISON BETWEEN MY 2020 AND MY 2021 FOR EACH PPG MEETING WITH THE QI DEPT.**

| PPG Acronym | PPG Name | MY2020 Rate | MY 2021 Rate | Change | Stat Sig P value <.05 | Number of Meetings in MY 2021 |
|---|---|---|---|---|---|---|
| APIA | ALLIED PACIFIC IPA | 46% | 48.29% | 2.06% | Y | 3 |
| AMHS | ALTAMED HEALTH SERVICES | 53.90% | 53.64% | -0.26% | N | 2 |
| AIPA | ANGELES IPA | 46.00% | 43% | -2.54% | Y | 2 |
| APPL | APPLECARE OPTUM NETWORK | 50.32% | 49% | -1.55% | Y | 6 |
| CFC | COMMUNITY FAMILY CARE | 41.70% | 43.47% | 1.77% | Y | 3 |
| ECMG | EXCEPTIONAL CARE MEDICAL GROUP | 40.79% | 42.26% | 1.47% | N | 1 |
| GCMG | GLOBAL CARE IPA | 45.56% | 49.21% | 3.65% | Y | 2 |
| HCLA | HEALTH CARE LA, IPA | 45.72% | 48.69% | 2.97% | Y | 2 |
| DHS | L.A. COUNTY DEPT. OF HEALTH SERVICES | 35.54% | 30.73% | -4.80% | Y | 5 |
| PIPA | PREFERRED IPA OF CALIFORNIA | 45.10% | 46.83% | 1.73% | Y | 3 |
| PROS | PROSPECT MEDICAL GROUP | 42.59% | 45.97% | 3.39% | Y | 3 |
| REMG | REGAL MEDICAL GROUP | 37.49% | 56.03% | 3.74% | Y | 1 |
| SC | SUPERIOR CHOICE MEDICAL GROUP, INC | 37.49% | 40.65% | 3.16% | Y | 2 |
| Group Total | | 43% | 44% | 1% | Y | |

**GRAPH 1. RATE COMPARISON FOR PPGS MEETING WITH QI**
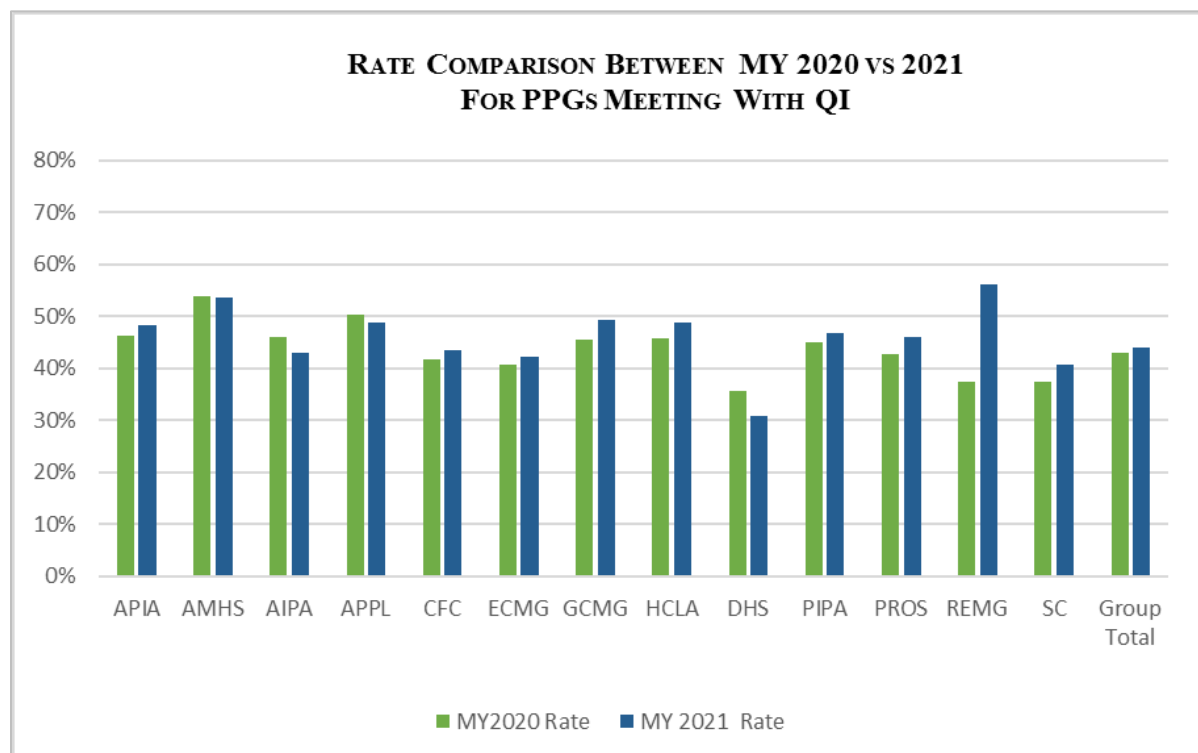
**TABLE 2. RATE COMPARISON BETWEEN MY 2021 AND MY 2020 OF RANDOMLY SELECTED PPGS WITH NO QI DEPT. MEETINGS**

| PPG Acronym | PPG Name | MY2020 Rate | MY 2021 Rate | Change | Stat Sig P value <.05 |
|---|---|---|---|---|---|
| ACCT | ACCOUNTABLE HEALTH CARE IPA | 45% | 47% | 1.88% | Y |
| AHPN | ADVENTIST HEALTH PYSICIANS NETWORK | 48% | 54% | 6.25% | N |
| AXMG | AXMINSTER MEDICAL GROUP | 57% | 56% | -0.50% | N |
| BVMG | BELLA VISTA IPA | 50% | 51% | 1.48% | N |
| CCI | CAL CARE IPA | 43% | 42% | -1.32% | N |
| CFDE | BLUE SHIELD PROMISE PRIMARY & URGENT CARE | 78% | 52% | -26.24% | Y |
| EMG | EASTLAND MEDICAL | 51% | 52% | 1.16% | N |
| EPDB | EL PROYECTO DEL BARRIO INC | 54% | 51% | -2.76% | Y |
| NCMA | NOBLE COMMUNITY MEDICAL ASSOCIATES | 48% | 51% | 3.26% | Y |
| SAMG | SOUTH ATLANTIC MEDICAL GROUP | 47% | 50% | 3.18% | Y |
| SEA | MEMORIALCARE SELECT HEALTH PLAN | 46% | 50% | 3.84% | Y |
| SJMG | SAN JUDAS MEDICAL GROUP | 43% | 46% | 2.82% | N |
| Group Total | | 52% | 51% | -0.88% | Y |

**GRAPH 2. RATE COMPARISON FOR RANDOMLY SELECTED PPGS WITH NO QI MEETINGS**



RATE COMPARISON BETWEEN MY 2020 VS 2021 FOR PPGS WITH NO QI MEETINGS
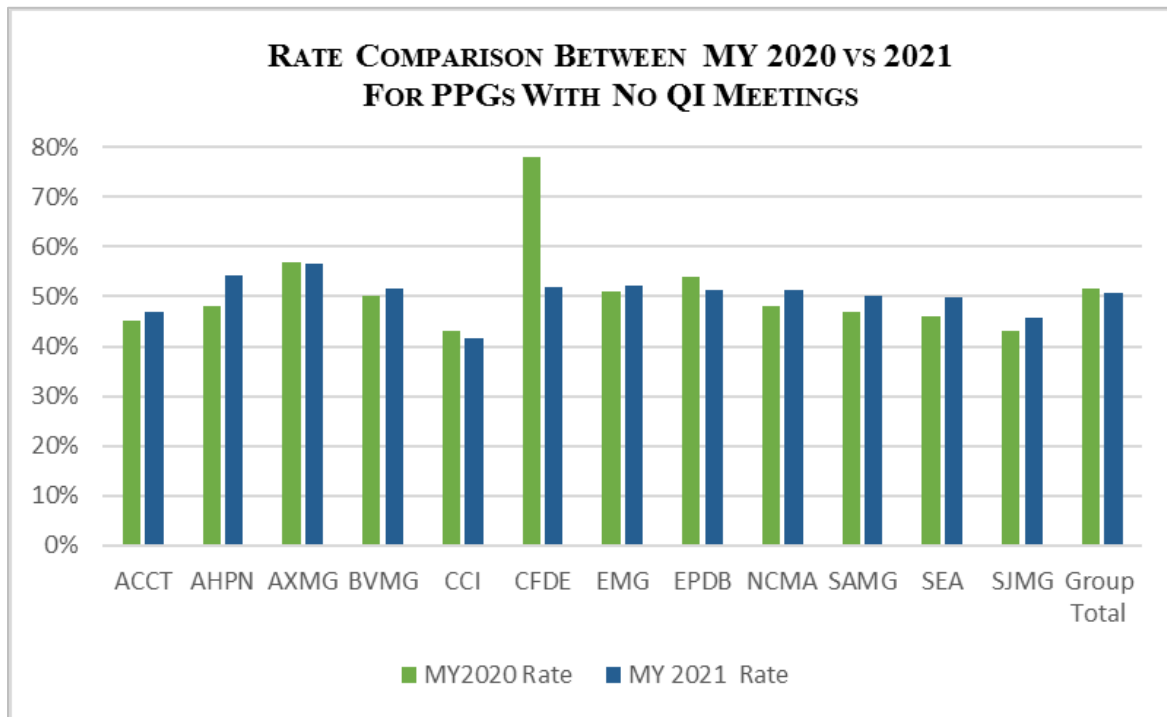
**ANALYSIS**

*Quantitative Analysis*
Out of the 12 PPGs that QI met with last year, seven showed statistically significant improvement. Two PPGs showed no change, and three showed a statistically significant decline in their gap closure rate. More than half the cohort improved. Overall, as noted in Table 1, the group's performance improved.

For the PPGs that QI did not meet with, four showed statistically significant improvement; six had no change and two had statistically significant declines. Approximately 2/3 of the group declined or did not improve. Overall, the group's performance declined (See Table 2 and Graph 2).

*Qualitative Analysis*
PPGs that L.A. Care meets with may be lower performing overall, but are improving. It is important to note that for the groups we met with all seven measures of focus improved despite the fact that MY 2021 was still significantly impacted by COVID-19. In addition, the Childhood measure that was included in the analysis spans two years and thus was heavily impacted by COVID-19. The groups that QI met with increased their gap closure rate over all by only one percent (See Table 1.). Due to their volume and the ongoing pandemic, we would have expected all groups to have rates at or below the prior year's rate, but these groups managed to improve.

Looking at the seven measures, we see a modest increase among almost 60% of the cohort QI has met with. AltaMed, a historically high performing group, saw a large increase in population due to them acquiring Crown City Medical Group. Crown City Medical Group has had a below average performance in prior years. This may explain the reason that AltaMed remained flat despite their various efforts to improve HEDIS rates. During their meetings, they mentioned that even in 2021, appointment availability for routine screenings was still an issue. They also pointed out that for the W15/W30A measure, most of these children were born during the pandemic and were not likely to complete all six visit on time. Parents, they pointed out, have been reluctant to return for in-person visits. Similarly DHS, our largest group, had been disproportionately impacted by COVID-19, which may explain their low rates of gap closure.

Another interesting observation is that those with the most number of meetings had more declines. APPL, a group with mostly Medicare members, had six meetings but had a statistically significant decline. This may be due to the fact that most of those meeting were with the Utilization Managed team and were focused mostly on transitions of care of members and other inpatient related measures. The Los Angeles County Department of Health Services (DHS) had several meetings but still had a significant decline. It may be that we tend to meet more often with PPGs that are struggling. During our meeting, DHS expressed they had been hit hard by the pandemic. In addition, they had QI leadership changes and their leadership was not always able to attend these meetings. While there may be several unrelated variables that impact meeting frequency, it's important to note that those with just two meetings had positive effects.

One of the most valuable aspects of these meetings is the information about the data and member challenges that are happening.  During these calls, our staff are often able to identify data gaps while reviewing their reports regularly.  This year, one of our staff members identified that the membership for one of the PPGs was undercounted and as a result, they were not receiving a CG-CAHPS score (i.e. their members were not being surveyed).  In addition, during our calls, the plans have let us know when they are launching text messaging and other interventions.  With AMHS, we shared who on their side received the text messages for cervical cancer screenings.  They also asked us to delay our texting campaigns by a month, due to the winter COVID-19 surge, as they were still struggling with appointment availability.  Furthermore, they have been sharing when and what type of reporting they want to see in our gap-in-care and member experience reports.  Lastly, we have started to share with the groups our plans to offer in home testing and services like DexaScans.  They have let us know that they want that information not just faxed but added to Cozeva, our data sharing application.

Based on the overall improvement and feedback from the groups, we plan to continue these meeting into 2023.  In the near future, we will be reassessing the groups that QI meets with based on volume and include more PPGs with Covered California and D-SNP membership.

**LOOKING FORWARD**
- Reevaluate the cohorts and consider removing PPGs with low volumes (e.g. SC)
- Meet at least quarterly with each PPG

## I.1 QUALITY IMPROVEMENT (QI) COMMITTEE SUMMARY

**AUTHOR: MARLA LUBERT**
**REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD**

**BACKGROUND**
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 and external 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 action based upon findings to the BoG. In 2022, the C&Q increased the frequency of meetings and met nine (9) times in 2022 compared to five (5) times in 2021. The Compliance and Quality Committee reviewed and approved the 2022 QI program descriptions, 2022 QI work plan quarterly QI work plan reports, and 2021 evaluation of the QI program. 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, assessing the results, and monitoring the overall performance of L.A. Care's quality improvement achievement of QI program objectives and infrastructure. The QOC met five (5) times in 2022. The Quality Oversight Committee conducted the following activities:
- Made recommendations for the 2022 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 with a focus on disparities.
- 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 2022 QI Program Description, 2022 QI Work Plan, quarterly QI work plan reports, and 2021 evaluations of the QI program.

- Reviewed the analysis and evaluation of QI activities of other QI committees, subcommittees with an equity lens, and/or appropriate staffing needs.

**Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC)**

The Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). Its membership includes Plan Partners, Provider Groups, and practitioners participating 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, report barriers, assess current interventions in place, and propose new interventions to improve Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) performance and other measures as defined.

The Joint PICC and PQC met five (5) times in 2022. The Joint PICC and PQC contributions in 2022 included:
- Made recommendations to L.A Care about barriers and causal analysis relating to quality improvement activities and administrative initiatives with a focus on disparities.
- 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, safety and service improvements.
- Discussed clinical report results and how to improve results based on Provider practice and experience with L.A. Care membership.
- Provided feedback and recommendations regarding the Behavioral Health program.
- Reviewed the 2021 QI Evaluation and proposed 2022 QI Program Description and work plan.
- Made recommendations to the 2022 QI Program Structure and Operations

**Utilization Management Committee**

The Utilization Management Committee (UMC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee 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 include ensuring referrals, authorizations, concurrent review, retrospective review, discharge planning and transitions 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 2022, 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, Social Services, Pharmacy and Formulary, Appeals & Grievances, and Delegation Oversight.

**Credentialing/Peer Review Committee**

The Credentialing/Peer Review Committee is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee

(C&Q) then to the Board of Governors (BoG). This committee is responsible for credentialing, recredentialing, Peer Review assessments and actions to improve the quality of care and services, demonstrating appropriate follow-up on all findings. The Committee met 10 times in 2022. Facility Site Review and Special Investigation Unit 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, reviewed and approved as per appropriate changes in the industry.

## Pharmacy Quality Oversight Committee (PQOC)

The PQOC Committee is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee is responsible for oversight of the P&T process administered by the existing Pharmacy Benefit Managers (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 2022 and conducted the following activities:

### Oversight/Advisory of the L.A. Care PBM Vendor

- Reviewed newly marketed drugs for potential placement on the formulary.
- Provided 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.
- Developed 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.
- Developed, implemented and reviewed policies and procedures that will advance the goals of improving pharmaceutical care and care outcomes.
- Served the health plan in an advisory capacity in matters of medication therapy.
- Recommended 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 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 responsible for improving and maintaining the L.A. Care member experience for all product lines. This Committee met four (4) times in 2022. The committee reviewed analysis of 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, 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 five (5) times in 2022.

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 Committee

The Behavioral Health Quality Committee (BHQC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). The BHQC is responsible for collecting and reviewing data, developing, implementing, and monitoring interventions based on the analysis of data to improve continuity and coordination of physical and behavioral health care needs. BHQC is attended by L.A. Care's Managed Behavioral Health Organization (MBHO), who is delegated for the mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder for Medi-Cal, LACC and PASC-SEIU beneficiaries, in addition to specified behavioral health services in accordance with the plan benefit package for L.A. Care Medicare Plus beneficiaries, which is L.A. Care's Dual Eligible Special Needs Plan (D-SNP). BHQC is also attended by stakeholders from Department of Mental Health (DMH) and Department of Public Health Substance Abuse Prevention and Control (DPH SAPC) due to carve out specialty mental health services and substance use disorder services to County Mental Health Plans, respectively. L.A. Care works closely with the MBHO and County Mental Health Plans in order to collaborate with behavioral health practitioners (BHPs) and use information collected to coordinate medical and behavioral health care needs. This committee met four (4) times in 2022.

The Committee performed substantive review and analysis of quarterly reports from the MBHO; assessed exchange of information between Behavioral Health Providers (BHPs) and Primary Care Physicians (PCPs), reviewed Cal MediConnect (CMC) readmissions, including reason for admission and primary diagnosis on a quarterly basis. NCQA Health Plan Standards as it relates to behavioral health were discussed and reviewed. Quality Improvement reports were presented and approved annually, which includes quantitative and qualitative analysis on Behavioral Health Services Grievances and Appeals: Assessment, Interventions & Improvement, Assessment of Behavioral Health Network Adequacy and Continuity and Coordination between Medical and Behavioral Health. The BHQC also reviewed and contributed to relevant Behavioral Health NCQA HEDIS and State Regulatory measures. Furthermore, drug management program findings, including opioid home program and pharmacy home program were reported by pharmacy team and reviewed by committee for additional input.

L.A. Care is collaboratively working with the MBHO as well as the DMH and DPH/SAPC to conduct interventions to improve coordination between behavioral health and physical health providers. L.A. Care continues to identify opportunities for improvement and the Behavioral Health Quality Committee

continues to work collaboratively with internal and external stakeholders to improve overall quality, safety and equity of care and services for members accessing behavioral health services.

## Quality Performance Management (QPM) Steering Committee

The Quality Performance Management (QPM) Steering Committee is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee met five (5) times in 2022. This Committee is a collaborative group that engages business units from multiple departments across the organization that are involved in the monitoring and improvement of HEDIS and CAHPS scores across all measures for the Medi-Cal, Cal MediConnect and LACC lines of business.

## Population Health Management Cross Functional Team Committee

The Population Health Management (PHM) Cross-Functional Team (CFT) is an internal committee of L.A. Care which reports to the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee met seven (7) times in 2022. This Committee is a collaborative group that engages business units from multiple departments across the organization that are involved in the development, execution, monitoring and evaluation of programs for members and providers across the continuum of health. The PHM CFT addresses requirements for the NCQA PHM requirements, DHCS CalAIM PHM requirements, addresses gaps identified in the annual Population Assessment and tracks annual PHM goals. The PHM CFT provides oversight and strategic guidance and input to PHM programs across L.A. Care.

## Continuing Medical Education Committee

The Continuing Medical Education (CME) Committee plans, develops, implements, and evaluates L.A. Care's CME program's activities and oversees the (re)application process for maintaining L.A. Care Health Plan's CME accreditation status. The Continuing Medical Education Committee reviews CME applications, policies and procedures, and receives pertinent updates from California Medical Association (CMA), state accrediting Board, and Accreditation Council for Continuing Medical Education (ACCME), national accrediting Board, as necessary. The Continuing Medical Education Committee convenes on a quarterly basis or a minimum of three (3) meetings per calendar year through in-person and/or virtual meetings via WebEx. When applicable, the reports of these communications are provided to the QOC and Board of Governors.

## Equity Steering Committee

The Equity Council Steering Committee is an internal committee that reports to the CEO cabinet. The Steering Committee will oversee the efforts of the three councils – The Member Equity Council focused on members, the Provider & Vendor Equity Council focused on the provider network and contracted vendors, and the L.A. Care Team Council focused on L.A. Care employees. The Steering Committee will provide strategic guidance and thought-partnership to the councils and ensure their accountability. The Steering committee will meet weekly. Meeting frequency and schedule subject to change.

## National Committee for Quality Assurance (NCQA) Steering Committee

L.A. Care is a National Committee for Quality Assurance (NCQA) Accredited Health Plan as well as holding a Distinction in Multicultural Health Care (MHC) as awarded by NCQA. The Accreditation Team supports L.A. Care Accreditation efforts by conducting the NCQA Steering Committee to provide all internal departments with NCQA standards and updates, survey readiness management and NCQA survey process management for L.A. Care. This committee serves as a platform for stakeholders to assess their NCQA survey readiness and an opportunity for all to ask questions. The NCQA Steering Committee may meet quarterly or as frequently as necessary.

**Stars Steering Committee**

The Stars Steering Committee is an internal committee of L.A. Care, which reports to the L.A. Care Quality Oversight Committee (QOC) and Chief Executive Officer (CEO) Cabinet. This committee has met six (6) times in 2022; however, going forward the committee will meet monthly. This Committee is a collaborative group that provides vision, support and guidance for those who are directly responsible for executing Stars improvement projects and activities for L.A. Care Covered and Medicare and Medi-Cal eligible duals (D-SNP) membership. The Committee oversees direction and strategies to implement programs and initiatives to optimize Star ratings and drive continuous improvements in the areas of member health, care experience, appropriate utilization of services and care coordination. The Committee monitors overall and individual performance across the Quality Rating System (QRS) and Centers for Medicare & Medicaid Services (CMS) Star ratings measures.

**Committee Summary**

Overall, the 2022 Quality Improvement Program committee structure initially had sufficient resources committed to support committee activities and to complete projects detailed in the work plan. However, as L.A. Care prepared to bring on the D-SNP population, to integrate Health Equity into the QI Program, to meet the additional regulatory requirements, and to ensure meeting regulatory requirements for processing potential quality issues, additional resources were required and added to meet work plan goals.

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 2023. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving overall quality, equity and safety of care and efficiency of process thereof.

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 current level of leadership involvement in the QI Program was adequate this past year, however, the addition of a Chief Health Equity Officer is needed this upcoming year to continue integration of healthy equity and quality improvement. The Chief Executive Officer, Chief Medical Officer, Medical Director, Quality, 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.

## I.2 MEMBER PARTICIPATION, COMMUNITY OUTREACH AND ENGAGEMENT (CO&E)

**AUTHOR: AULERIA EAKINS, ED, D, MPA**
**REVIEWER: MATTHEW PIRRITANO, PH. D & MARIA CASIAS, RN**

L.A. Care (LAC) continues to support its Regional Community Advisory Committees (of which there are 11) throughout Los Angeles County. These committees work collaboratively to address health disparities affecting vulnerable, low income, residents and communities.

The focus of LAC Community Outreach and Engagement efforts for the 2021-2022 fiscal year was Technology Justice, Legislative Affairs and Health Education. All eleven Regional Community Advisory Committees (RCAC) assisted L.A. Care in identifying regional community partners who serve low- income families and who are committed to addressing the digital divide. Aligning efforts with L.A. Care's social determinants of health efforts, advisory committees focused their efforts on digital literacy, Wi-Fi access and access to laptops for consumers who met the qualifying income criteria.

### Technology Justice
In response to data collected from our 2020 technology survey completed by L.A. Care consumer advisory members, it was determined that over sixty-two percent of our member population lacked access to some type of technology including but not limited to computers, laptops, smart phones, and Wi-Fi. This data is believed to be representative of our larger member population.

To address the digital divide, Community Outreach & Engagement granted the vendor Human IT $55,000 in support of their work to provide no cost access to laptops, desktops, Wi-Fi, and computer literacy classes. Services targeted eligible low-income residents throughout Los Angeles County. Human IT also collaborated with Community Outreach and Engagement staff to conduct a "2022 Tech Awareness Program" to educate community members on technology related services and resources.

### Legislative Affairs
In past years, L.A. Care's Government Affairs department has planned and coordinated local and state legislative office visits with community advisory members. As result of COVID-19, in-person office visits were suspended. Alternatively, the LAC Government Affairs department provided continued updates on issues impacting our target population to include access to care, health policy updates, changes to benefits and other issues impacting Black, Indigenous, and People of Color.

### Health Education
CO&E operations continue to be 100% remote. CO&E ensured continuous engagement with members via Zoom with focus on educations and dialogue on emerging health issues impacting marginalized communities. The CO&E health series focused on key topics such as: Diabetes in communities of color, adopting a plant based diet, Mental health, Mental health and youth, homelessness and immigration and access to care. These webinars had participation from consumers, community based organization, researchers and providers over 8 weeks of programing.

I.2.a COMMUNITY PARTNERSHIPS AND ENGAGEMENT

AUTHOR: BETTSY SANTANA, MPH & FELICIA GRAY
REVIEWER: MATTHEW PIRRITANO, PH. D & MARIA CASIAS, RN

The Quality Improvement (QI) department works with various agencies and organizations that promote cancer screenings, child health, 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. During the Fiscal Year 2021-2022, we continued to work with our existing partners but worked with a few new organizations to help drive some of our disparity related interventions. In total we have worked with eight different organizations and 3 community clinics. Our community partnerships have been helpful at providing feedback and guidance on how to continue with our initiatives during the COVID-19 Pandemic and improve health equity.

Since 2015, L.A. Care has worked with the American Cancer Society (ACS) on the development of materials and content on Breast, Cervical and Colorectal Cancer (COL) screenings, as well as promoting Human Papilloma Virus (HPV) Immunization among preteens. This fiscal year, L.A. Care formalized the relationship with ACS and developed a contract that included the use of their name and logo on our colorectal cancer materials and automated calls. There were also several social media posts that were co-branded with ACS including messaging targeting LGBTQI+ members. New this year were videos/Instagram reels. They featured survivors of cancer recruited by ACS, an L.A. Care parent promoting HPV vaccination, and our Medical Director promoting colorectal cancer screenings. The video content has gotten a lot attention. The HPV reel, for example, was highly successful and garnered over 11K impressions.

In developing interventions the work group leads worked with L.A. Care Health Promoters and the Los Angeles LGBT Center. The leads of the Preventive and Chronic Care workgroup and the Child and Maternal Health work group shared materials and interviewed L.A. Care Health Promoters in July of 2022 to gain some insight into what members would want to see in our materials. Overall, Health Promoters recommended adding friendlier language and adding more icons or images to represent our messaging. The Los Angeles LBGT Center also contacted to L.A. Care to discuss adding more gender inclusive language to our breast and cervical cancer screening materials. The preventive health work group lead also met with the staff at the clinic to review changes in our mailer and call scripts. Breast and cervical cancer materials were updated as a result. This also has led to the start of a Diversity Equity and Inclusion Media Style guide which is currently underway.

To help promote and improve child and adolescent care, L.A. Care has engaged with several organizations. The Child and Adolescent work group lead participates in the California HPV Vaccination Roundtable to develop strategies to improve vaccination rates with other health professionals in Los Angeles. The workgroup lead has also continued to work with the Youth Advisory Board lead by the Department of Public Health. These youth leaders, represent the various Service Planning Areas (SPAs) from around the county. The youth leaders met with the lead of the child health work group to help design messaging for postcard geared at getting young people to see a provider.

As a response to low blood lead screening rates, QI staff met with the Los Angeles Department of Public Health, Childhood Lead Poisoning Prevention Program (CLPPP) to discuss collaborations. L.A. Care shared data on zip codes with a high volume of high lead levels and also our social media content. Not only did the CLPPP work on social media content but they connected us with a hazardous lead remediation program sponsored by the Los Angeles City Housing Department. The program works on removing lead paint from homes at no cost. The Los Angeles City Housing lead abatement program was about to get

started and was unsure about which areas to start with. They agreed to start with an area we had identified as having high lead levels. We shared that members east of the 110 freeway south of downtown Los Angles were showing up as having much higher lead values than in the rest of the county. Thus the lead abatement program from the Los Angeles City Housing Department offered to start promoting their services in that area and allowed us to mail their flyer to those members living in the affected zip codes where they could provide their services. That mailer went out in November of 2022. This November we will also continue to offer a Continuing Medical Education (CME) on the topic of Lead screening. An expert panel from the California Department of Public Health (CDPH) will be presenting.

This year we also worked closely with three clinics to support cardiovascular care. We worked with St John's Well Child and Family Center, QueensCare Health Centers, and T.HE. Clinic. We provided them with blood pressure cuffs to give to L.A. Care members identified as having diabetes and hypertension starting in June of 2022. Since then they have been providing feedback on how they are integrating the cuffs into their cardiovascular program. This project is helping us learn how to best offer resources to those in need of basic health equipment. That project will be evaluated in early 2023.

This last fiscal year L.A. Care has worked with a variety of organizations. They have been good sources of information feedback and support. Moreover, they also linked our organization with spokespersons and even supplies for our members. Their efforts have been particularly helpful in helping the organization tackle the pandemic while continuing to focus on quality improvement. These partnerships are incredibly valuable as we continue to tackle COVID-19 and health disparities and we plan to continue to expand our efforts with them in the coming years.

**QI ACTIVITIES WITH THE ECAC/RCAC/CMC EAC:**
The Quality Improvement (QI) team works closely with L.A. Care's community advisory groups since 2018 with the goal of increasing member feedback and input into quality improvement interventions and sharing information and data on what we do. To that end, Quality Improvement Initiatives staff have been presenting at either the Executive Community Advisory Committee (ECAC) or Cal MediConnect (CMC) advisory committee. This fiscal year (2021-2022), the QI team presented at three different meetings on various topics ranging from member experience to preventive health. Due to the ongoing COVID restrictions, RCAC meetings have been discontinued until further notice.

In November of 2021, the Initiatives team presented on the topic of Member Experience to the ECAC advisory group. The advisory group was engaged and appreciative of the information received. Members described experiencing poor customer service, limited access to specialty care offices, and lengthy in-office wait times. Additionally, members described being unable to schedule appointments after hours and in general feeling as if they were not important or respected by the provider offices. Members encouraged us to further monitor specialty care offices. Other members praised L.A. Care's efforts and customer service/ member service department and indicated that they will reach out to L.A. Care if they have an issue with a provider.

In May of 2022, the QI team collaborated with the Pharmacy Department to provide a presentation regarding Osteoporosis to the CMC EAC advisory group. Members asked questions regarding what to do about lower back pain, wrist and spine care. Additionally, members requested Osteoporosis educational materials regarding where to seek services or referrals for specialists.

In July of 2022, the Initiatives team presented on Preventive Health Guides (PHGs) to the ECAC advisory group. Board members asked to include more photos of people of color, photos that include outdoor activities, and smiling faces. Additionally, members suggested we include the number for interpreting and transportation services. In reference to the online Preventive Health Guide brochure, members suggested we create interactive platform that includes multiple images, tailored to user needs. Members shared they

do use the PHG for doctor appointments and they have found them very helpful and encouraged L.A. Care to send the PHG to provider offices in both English and Spanish. ECAC members requested a copy of the current PHG and QI staff is scheduled to present during the November ECAC meeting for feedback.

Unfortunately, the QI department was unable to present to the ECAC advisory group during the month of August because of staffing and we did not meet our goal of meeting with the advisory groups four times a year. Two staff members left L.A. Care right before they were scheduled to present on Diabetes and the D-SNP Transition. QI plans to continue to meet with the advisory council members at a minimum of four times per year. This next fiscal year we are already planning to present at six meetings because there is a lot of activity scheduled in the coming year.

### LOOKING FORWARD
- Presenting and collaborating with the member equity councils to increase more Black Indigenous and People of Color (BIPOC) feedback into our intervention work.
- Increase collaboration with community groups to increase social media engagement.
- Work more closely with ACS on branded materials for our members.
- Implement feedback from ECAC, CMC EAC, Equity Councils and other advisory groups into our initiatives campaigns and interventions.
- Report back the outcomes of the interventions presented.
- Discussing health disparities and barriers in our presentations regarding preventive health screenings.

## I.3 SAFETY NET PROGRAMS AND PARTNERSHIPS

AUTHOR: MARY ZAVALA, LCSW, MPP, MA & MELISSA WANYO
REVIEWER: MATTHEW PIRRITANO, PH. D & MARIA CASIAS, RN

Health Homes Background: 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 Department of Health Care Services (DHCS). Medi-Cal members with multiple chronic physical health and/or behavioral health conditions and high acuity (such as recent Inpatient (IP) &/or Emergency Room (ER) history, or chronic homelessness) are eligible for the program. Members who opt-in to the program will receive varied, relevant 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).

Program Growth: L.A. Care delivers the Health Homes Program through a network of 34 contracted Community-Based Care Management Entities (CB-CMEs) across 204 sites/locations in L.A County. L.A. Care's CB-CME network is comprised of primary care providers, community clinics, federally qualified health centers, behavioral health, hospitals, Community-Based Adult Services, community based organizations, and other care management providers. The contracting and onboarding of new CB-CME organizations, as well as the hiring of additional staff at existing CB-CMEs, contributed to the expansion of L.A. Care's CB-CME network throughout 2020 and 2021. At program launch in July 2019, L.A. Care and our Plan Partners CB-CME network had the capacity to serve 11,378 members; through December 2021, the network could serve 24,100 members. All CB-CME staff involved in Health Homes must complete DHCS required training.

Between July and December 2021, L.A. Care and its Plan Partners served 16,744 enrolled members. Of the members served during that period, 11,174 were from L.A. Care's directly managed Medi-Cal (MCLA) line of business. Roughly, 8.02% of enrolled members (MCLA and Plan Partners) were at risk of homelessness or were experiencing homelessness.

### RESULTS

Data from the period July 2021 through December 2021, for L.A. Care's MCLA line of business, is included below.[58] Charts 1 through 3 depict overall Health Homes Program outreach and enrollment activity.

- Chart 1 details the total number of eligible members, members receiving outreach in that month, and the number of members enrolled in L.A. Care's systems. The asterisk notes that there may be a lag in counting members enrolled in L.A. Care's systems due to a multi-step enrollment process.
- Chart 2 illustrates the HHP member opt-in rate for July 2021 – December 2021. Prior to program start, opt-in rate was estimated to be approximately 10% based on member opt-in rates in other counties and states operating HHP prior to Los Angeles County. Since July 2019, L.A. Care's MCLA line of business has consistently had an average member opt-in rate of 20%. The opt-in rate exceeded 35% for Quarter 3 and exceeded 33% of Quarter 4 of 2021.
- Chart 3 outlines the average duration of enrollment for MCLA members in Health Homes. As anticipated, the average length of enrollment increased throughout 2020 and 2021. By December 2021, the average length of enrollment approached 363 days, indicating sustained member interest and engagement.

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[58] Data included on the tables is specific to L.A. Care's MCLA Health Homes program only; data is not inclusive of Plan Partner Health Homes enrollees.
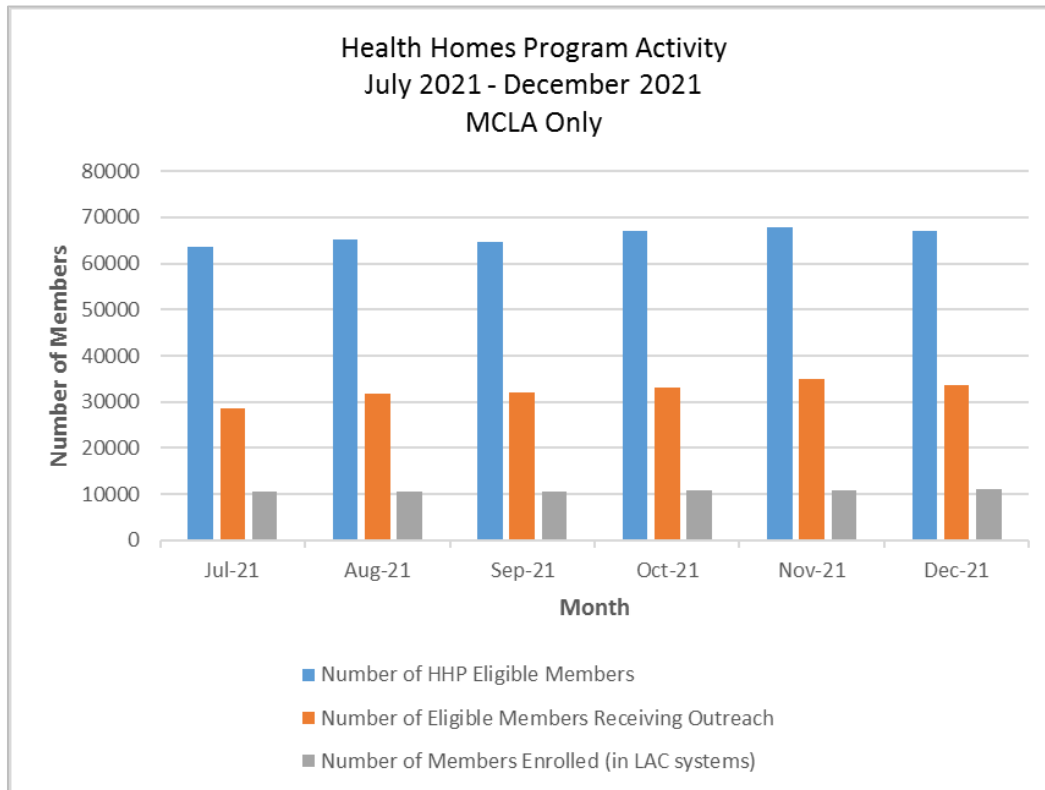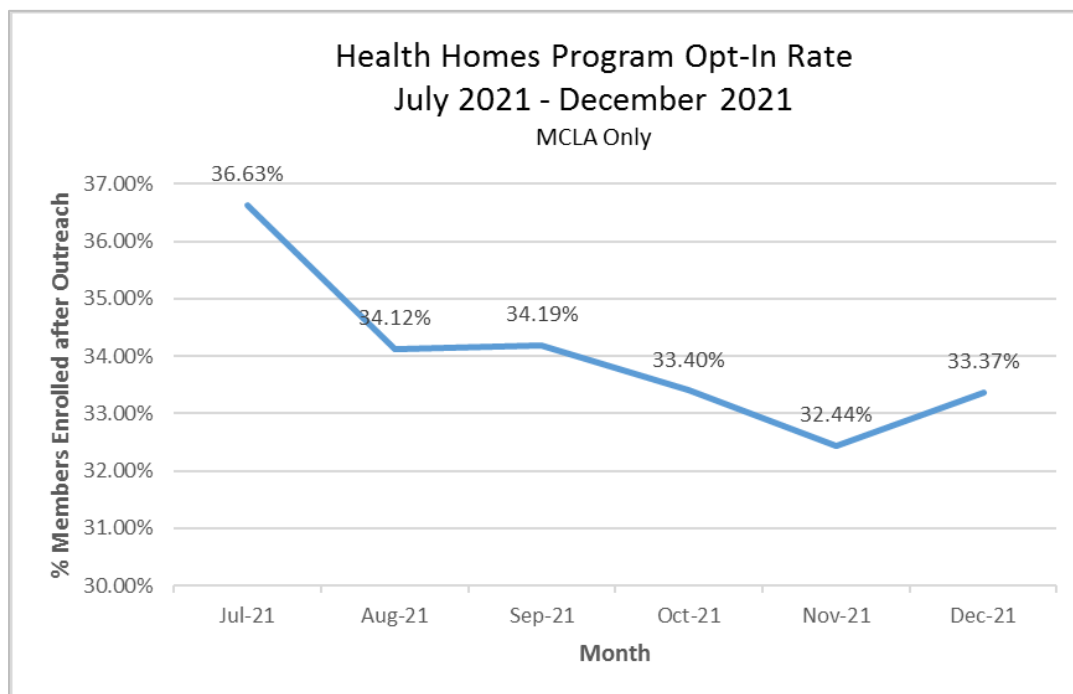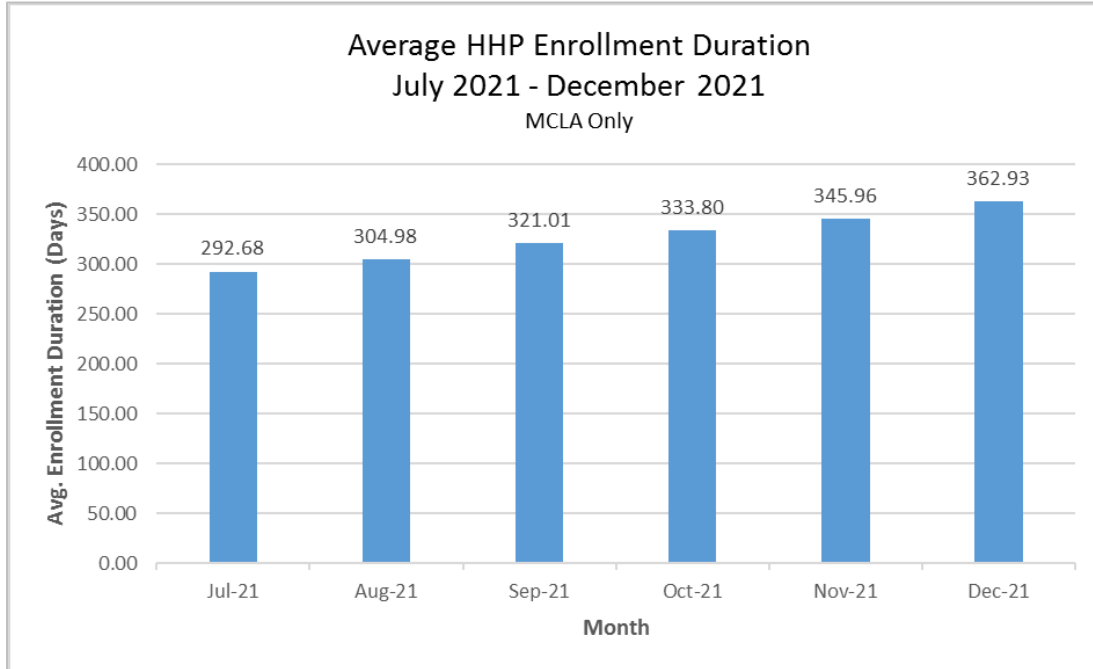
**Chart 1**



Health Homes Program Activity
July 2021 - December 2021
MCLA Only

■ Number of HHP Eligible Members
■ Number of Eligible Members Receiving Outreach
■ Number of Members Enrolled (in LAC systems)

**Chart 2**



Health Homes Program Opt-In Rate
July 2021 - December 2021
MCLA Only

36.63%  34.12%  34.19%  33.40%  32.44%  33.37%

**Chart 3**

**Average HHP Enrollment Duration**
**July 2021 - December 2021**
MCLA Only



Charts 4 and 5 describe L.A. Care's MCLA HHP-enrolled population through December 2021, based on the required HHP chronic condition (detailed in Chart 4) and acuity criteria. Many members may have more than one chronic condition diagnosis, and may meet more than one acuity factor. The data demonstrates that our HHP enrolled members suffer from multiple comorbid conditions, with a combination of both physical and behavioral health diagnoses.

**Chart 4**

**Prevalence of HHP Chronic Conditions Among Enrolled Members**
**(December 2021)**
MCLA Only

**Chart 5**



**Prevalence of HHP Acuity Criteria Among Enrolled Members (December 2021)**
MCLA Only

| HHP Acuity Criteria | % |
|---|---|
| ≥3 Emergency Department Visits in Last 12 Months | 49.96% |
| ≥1 Inpatient Hospital Stay in Last 12 Months | 28.92% |
| 3+ HHP Eligible Chronic Conditions | 64.28% |

% of HHP Enrolled Members Meeting Criteria

### HEALTH HOMES MEMBER OUTCOMES – EARLY ANALYSES AND RESULTS

With the triple aim of the Health Homes Program being better care, better health, and lower costs, L.A. Care seeks to answer the following evaluation questions to understand the impact of HHP:

1. How did health care utilization and cost of care among HHP enrollees change before after participation in the program?
2. How did health care utilization and cost of care among HHP enrollees differ compared to HHP non-participants?

### METHODS

To answer these questions, we compiled data on members' utilization and cost of care into the following metrics:

- Inpatient ED (Emergency Department) visits – *ED visit resulting in admission*
- Outpatient ED visits – *ED visit not resulting in an inpatient admission*
- Overall ED (Total, Inpatient ED and Outpatient ED) visits
- Inpatient hospital stays
- Primary Care Physician (PCP) visits

We obtained utilization data using claims and encounters. For each category, the number of visits/admissions were capped at 1 per member per day to prevent over counting and to account for different billing practices. Costs, captured as the actual amount paid by L.A. Care, were obtained from claims. (Note that this methodology cannot be applied for members with an Independent Physician Association (IPA) submitting outpatient and/or inpatient encounters instead of claims, due to the absence of cost amounts.)

Using data from members with a minimum HHP enrollment period, we conducted four analyses to study changes in member utilization.

### Analysis 1: Comprehensive Group of HHP Members
For cohorts enrolled for 6 months and 12 months, we measured and compared the above five metrics using case series style analyses in the months before and after members' enrollment in the program to evaluate whether utilization and cost changed after enrollment. This study included only HHP enrollees continuously enrolled in Medi-Cal both before and after study periods, as well as continuously enrolled in HHP in the after-study period. The member's HHP opt-in date defines the before and after study periods.

### Analysis 2: HHP Participants vs. HHP Non-Participants
To study differences in utilization and cost between HHP participants and HHP non-participants, the team measured and compared these metrics between the two populations using case-cohort style analyses. HHP participants included in this analysis were continuously enrolled in Medi-Cal and HHP in the study period (6 months and 12 months), which begins on the date of their enrollment. HHP non-participants included in this analysis were continuously enrolled in Medi-Cal in the study period, which begins on the date they were identified as eligible for the program. Cohorts were matched based on clinical acuity at the time of initial program eligibility.

HHP non-participants that actively declined enrollment into the program were excluded from the study to avoid selection bias.

We used paired T-tests to evaluate the statistical significance of the Case Series analyses examining changes in utilization between the pre-HHP enrollment and HHP enrollment periods. To study the statistical significance of the Case-Control analyses, we used Welch's T-tests to evaluate whether or not the difference between the average of the cases is significantly less than the average of the controls.

### Early Results – Summary Data
*Analysis 1: Comprehensive Group of HHP Members*
*N=3,026 members for 6-month cohort*
*N=1,394 members for 12-month cohort, 4.95% of which are confirmed to have COVID in the study period*

Although no results are statistically significant at 6-month program enrollment, the analysis shows that overall ED visits, including both inpatient and outpatient ED visits, as well as inpatient hospitalizations, have a downward trend. All of these achieved a statistically significant decrease for the 12-month cohort. At six months, results indicate a trend of increased overall ED total cost of care and inpatient cost of care. While these trends hold for the 12-month cohort, the difference in costs remains relatively narrow and not statistically significant.

*Analysis 2: HHP Participants vs. HHP Non-Participants*
*N=470 enrolled members (case) for the 6-month cohort, 4.89% of which are confirmed to have COVID in the study period*
*N=2,404 eligible members (control) for the 6-month cohort, 3.12% of which are confirmed to have COVID in the study period*
*N=500 enrolled members (case) for the 12-month cohort, 5.6% of which are confirmed to have COVID in the study period*
*N=2,780 eligible members (control) for the 12-month cohort, 4.39% of which are confirmed to have COVID in the study period*

When comparing members enrolled in HHP to HHP-eligible, but not yet enrolled, members at 6-months, we found a statistically significant decrease in overall ED utilization, outpatient ED utilization, and outpatient ED total cost of care for the cohort of HHP enrolled members. Results for the 12-month cohort demonstrated ongoing statistically significant decrease in overall ED and outpatient ED utilization.

Outpatient ED total cost of care continued to trend downward, but did not achieve statistical significance at the 12-month mark. The HHP enrolled cohort was also noted to have a greater frequency of PCP visits, which is a desired outcome, and was statistically significant for the 6-month and 12-month cohorts.

At 6 months, we found the cohort of HHP enrolled members had a statistically significant increase in inpatient ED utilization and inpatient hospitalizations. This trend remained statistically significant at 12 months, though the gap began to narrow, suggesting a possible future downward trend.

We also identified trends of increasing total cost of care for overall and inpatient ED visits, and total cost of care for inpatient admissions in both the 6-month and 12-month cohorts. Though not statistically significant, it is noteworthy that the directional change for total cost of care in these domains is the inverse of the directional change for utilization in the same domains. This could suggest HHP-enrolled members are utilizing ED and inpatient services less frequently over time, but for more acute and costly services than before. Ongoing study is needed to fully evaluate trends and implications.

CONCLUSION

Although the findings from our preliminary evaluation are not fully conclusive, several analyses demonstrated statistically significant decreases in utilization and/or indicate potential trends in utilization and cost amongst the HHP membership and merit ongoing study. For example, decreases in outpatient ED utilization for cohorts enrolled for 6 months and 12 months (with the converse trend of increasing inpatient and inpatient ED utilization) may indicate HHP enrollees are more effectively utilizing emergency departments.

It is important to note that HHP is an opt-in program designed around changing member behavior through the provision of comprehensive care management, care coordination and other services. Especially with such a medically complex population, significant change in the way this population utilizes health services and interacts with the health care system may take time. Higher than expected member enrollment, opt-in rates and sustained participation; provider engagement and rapid network expansion; and an emphasis on quality care and continuous improvement are important components of HHP's successes.

HHP's second year offers L.A. Care the opportunity to further study cohorts with extended HHP enrollment periods and build on our early analyses with the aim to solidify trends and further quantify benefits of participation in the HHP program via member outcomes and utilization, as well as better understand areas for ongoing need and improvement. In Year 2, L.A. Care has continued to invest in learning opportunities for CB-CMEs focused on quality improvement, including a renewed focus on care management and care coordination skill-strengthening, and best practices for supporting members experiencing homelessness.

We anticipate our successes in Health Homes will better position L.A. Care, its providers and members for ongoing success as Health Homes transitions to Enhanced Care Management in January 2022. We look forward to continued collaboration with our CB-CME network and partners as we continue our work to improve member outcomes, to reduce avoidable healthcare costs through the provision and coordination of core services for our members, and develop best practices that can be used in future community-based work with additional populations.

Whole Person Care: L.A. County's Whole Person Care Program (WPC) comprises many different high-touch programs for different vulnerable and high-risk Medi-Cal populations, including homeless members,

criminal justice reentry members, members with Mental Health or Substance Use Disorder needs, transition of care members, and 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. Approximately 16,200 MCLA members were enrolled across all WPC programs in March 2021, including some duplicate program enrollments.

Homeless Programs: Given the immense scale of the homeless crisis in LA, it is not surprising that L.A. Care has a large homeless population, estimated to be over 60,000 members using 2018 & 2019 data. We use multiple strategies to meet the needs of our homeless members.

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 over 300 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. As of October 2021, a total of 253 households are actively enrolled in the grant and 241 of those have secured housing, and 191 of those housed (79%) are L.A. Care members. The total number of households ever housed via this grant is 331 and the 12-month housing retention rate is 90%. All enrolled participants have also been connected to services through the Housing for Health (HFH) Division at the Los Angeles Department of Health Services (DHS).

In 2020, the state Housing and Community Development Department awarded L.A. County Department of Health Services Housing for Health (HFH) and L.A. Care nearly $20 million to house approximately 250 additional L.A. Care members experiencing homelessness. Housing for a Healthy California (HHC) is a statewide initiative that allows counties to receive five years of rental assistance to provide permanent supportive housing for people experiencing homelessness who are recipients of or eligible for Medi-Cal, with a focus on care management programs. L.A. Care is committing over $7 million to fund intensive case management services over the same period for each program participant. L.A. Care launched this program in early 2021 and as of October 2021, 89 households are actively enrolled in the grant and 83 of those have secured housing. All households are L.A. Care members. The total number of households ever housed via this grant is 88. All enrolled participants have also been connected to services through the Housing for Health (HFH) Division at the Los Angeles Department of Health Services (DHS).

L.A. Care maintains recuperative care contracts with six local providers to provide short-term housing for homeless members requiring ongoing health and treatment services post-discharge. L.A. Care is also 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 on homeless pandemic response activities.

## I.4 NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTH PLAN ACCREDITATION

**AUTHOR: PRISCILLA LOPEZ , MPH**
**REVIEWER: THOMAS MENDEZ & MARIA CASIAS, RN**

### BACKGROUND
The National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA) is considered the gold standard in the health care industry that demonstrates a plan's commitment to provide quality healthcare, accountability, and to improve the quality and service provided to members. L.A. Care achieved its first 3-year Health Plan Accreditation for the Medi-Cal product line in July 2008, followed by subsequent 3-year Accreditations in July 2011, July 2014, April 2017, and April 2020. In 2014, L.A. Care Covered (LACC) product line was added and achieved accreditation. In 2017 the Cal MediConnect (CMC) product line was accredited through L.A. Care's efforts and commitment to delivering equitable care to its members. L.A. Care's next Accreditation Survey will be in June of 2023. NCQA accreditation requirements and standards are followed across all L.A. Care departments and incorporated into all applicable operations.

NCQA aligns Health Plan Ratings and Accreditation for consistency, and to simplify the scoring methodology for Health Plan Accreditation. To earn Accreditation, L.A. Care must submit annual HEDIS/ CAHP measures, and meet at least 80% of applicable points in each standards category. NCQA releases the HEDIS/CAHP ratings in September of each year. L.A. Care can earn a rating of 0-5 stars (in 5-star increments) for the HEDIS/CAHPS portion of Accreditation.

NCQA publicly reports 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 line of business is scored solely on Health Plan Standards, because NCQA does not score Marketplace Plans on HEDIS or CAHPS. The following report lists the overall accreditation status for the three lines of business (Medicaid/Medi-Cal, Medicare/Cal Medi-Connect, and Exchange/L.A. Care Covered). NCQA released the 2022 Health Plan Ratings and Medicaid received 3.5 stars and Medicare received 3.0 stars.

### NCQA DISTINCTION IN MULTICULTURAL HEALTH CARE
L.A. Care has earned the 2021 Multicultural Health Care Distinction (MHCD) from NCQA. This Distinction was first awarded in 2013 and has been successfully earned every two years. The Distinction recognizes organizations as industry leaders that provide culturally and linguistically appropriate services while reducing health care disparities. The overall goal is to improve the quality of health care and to reduce bias and improve diversity, equity, and inclusion for L.A. Care's multicultural populations. 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.

Starting with July 2022 surveys, MHCD will become Health Equity Accreditation (HEA), with an additional evaluation option, Health Equity Accreditation Plus. Two levels of Health Equity Accreditation programs provide a comprehensive framework that organizations can use to elevate and measure health equity goals, deliver culturally and linguistically appropriate services and reduce disparities. Health Equity Accreditation incorporates MHC's existing standards and raises the bar to a higher degree of equity. L.A. Care is now MHC Accredited through March 2024. L.A. Care will be resurveyed in December 2023.

All three LOBs (Medicaid/Medi-Cal, Medicare/Cal Medi-Connect, and Exchange/LACC) achieved Accredited and MHC Distinction status.

## I.5 PROVIDER AND MEMBER INCENTIVE PROGRAMS

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### 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.

In 2020, all provider incentive programs managed by L.A. Care experienced a decline in performance rates due to the ongoing COVID-19 pandemic. Key indicators witnessed were a decrease in members seeking both mandatory and elective services and provider offices and Community Clinics closing or reducing their hours. For 2021, overall performance rates did improve; however, some measures continued to experience the impact of COVID-19, which will be explained in subsequent sections. L.A. Care did also revert to using prior year thresholds and benchmarks for its performance scoring methodology in measurement year (MY) 2021.

### PHYSICIAN PAY-FOR-PERFORMANCE (P4P) PROGRAM

2021 marked the eleventh 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 - thirteen were included in 2021, 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 MY 2022 Physician P4P Program are scheduled for distribution in the 4th quarter of 2023.

### Summary Statistics for the Physician P4P MY 2021 Payments

L.A. Care made incentive payments to 899 solo and small group physicians and 71 community clinics for the MY2021 Physician P4P Program, totaling $$20.9 million:

- Solo payments Per Member Per Month (PMPM): Minimum: $0.00 Median: $1.00 Maximum: $3.67
- Clinic payments PMPM: Minimum: $0.17 Median: $1.00 Maximum: $2.57

## 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, determined as at least ten eligible members in the measure. Overall performance scores are calculated if providers have a minimum of three scored measures in the program year. Overall performance scores are an un-weighted average of all of a providers scored measures and they can be interpreted as the proportion of the total possible points that were achieved.

### a. Solo Physicians

Overall physician performance scores have shown variability between MY2019 and MY2021. The mean decreased from MY 2019 to MY 2020, which can likely be attributed to the COVID-19 pandemic. The mean performance score slightly increased in MY 2021 as more members returned to their provider's office for care, but the mean rate is still lower than before the pandemic. Since the program's inception in 2011, the typical maximum performance score generally lands in the range of 95-100%. MY 2021's max score considerably increased from the previous year's score of 94.00% to 98.33%. The mean and median performance scores between MY 2019 and MY 2021 showed a similar pattern of variation, with a decrease from MY 2019 to MY 2020, and an increase from MY 2020 to MY 2021. Examining the mean and median scores for solo physicians from the program's inception, the scores range between 25-33%, with fluctuation from year to year. There can be a number of reasons for this variation including changes in the measures from regulators- for example measures being retired, combined, or split; an increase in the number of eligible providers; changes in the measure thresholds and benchmarks, etc. Further analyses will be conducted to fully understand the impact of such factors.

| Solos | | MY 2019 | MY 2020 | MY 2021 |
|---|---|---|---|---|
| **Performance Scores** | Mean | 33.32% | 28.05% | 29.38% |
| | Median | 30.27% | 23.68% | 26.67% |
| | Max | 93.33% | 94.00% | 98.33% |

### b. Community Clinics

The Physician P4P Program determines performance scores for Community Clinics at the Clinic organization level, grouping Clinic physicians across all of the 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, Clinic performance scores have also varied with the same caveats that measures in the program change slightly from year-to-year the measure threshold and benchmarks vary. However, the mean and median scores radically decreased from MY 2019 to MY 2020, which can likely be attributed to the COVID-19 pandemic. The mean almost doubled for MY 2021, whereas the median increased only slightly. The maximum performance scores also decreased significantly from MY 2019 to MY 2020, followed by an increase from MY 2020 to MY 2021.

| Clinics | | MY2019 | MY 2020 | MY 2021 |
|---|---|---|---|---|
| **Performance Scores** | Mean | 38.63% | 14.00% | 27.36% |
| | Median | 38.95% | 22.73% | 23.33% |
| | Max | 82.63% | 57.73% | 68.89% |

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 have come along from the beginning. Prior to COVID-19, the mean and median performance scores went from around 20% to 38%, demonstrating over a 15 percentage point increase. The maximum performance scores went from about 45% to 83%, demonstrating an almost 40 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, with the exception of MY 2020 (COVID year), and then rebounding in MY 2021. We anticipate scores continuing to increase in MY 2022.
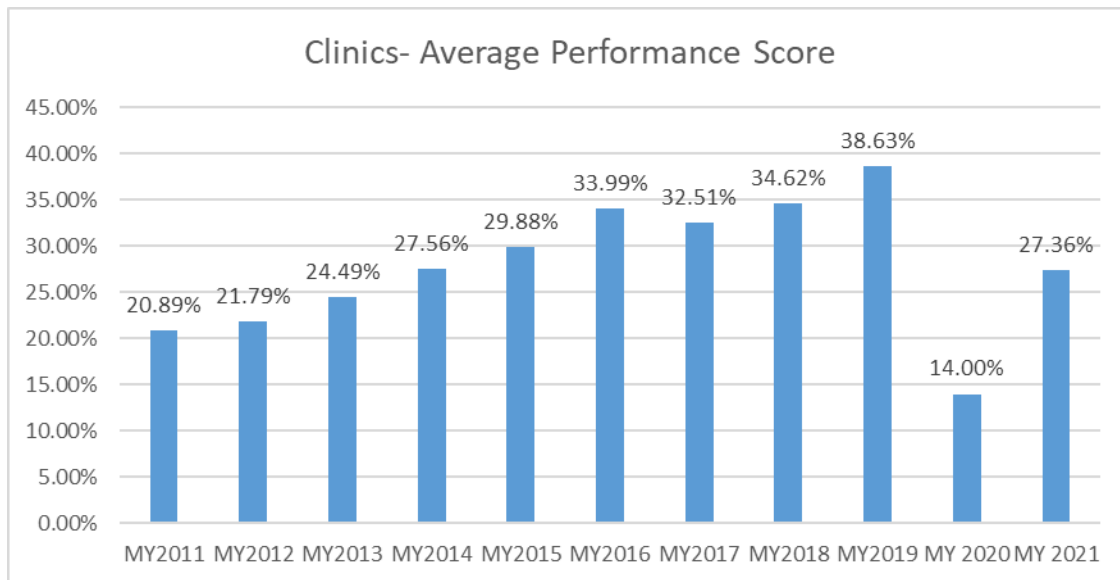


2. **Physician P4P Measure Thresholds and Benchmarks Trends**

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 network performance is driven upward.

There were nine common HEDIS measures that were used in the last three program years. In comparing the thresholds and benchmarks between MY 2019 to MY 2021 for these measures, even though the changes for most were not statistically significant, the trend indicates the majority of measures showed improvement, with only two decreasing. 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. However, consistent upward trending data

demonstrates that annual incremental improvements in the program show significant improvements over time, even taking the effect of COVID-19 into account. The P4P program, in conjunction with many other QI efforts (clinical initiatives, data capture improvements, provider trainings, etc.) have 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 and red signifies a decrease.

a. **Benchmarks - 95th Percentile (upper end of goal range)**

Out of the nine measures for which comparisons from MY2019 to MY2021 were possible, 3 (33%) benchmarks increased, 6 (67%) benchmarks decreased. 0 of the measures that improved were statistically significant, while 1 of the measures that declined were deemed to be statistically significant declines by the z-test.

**Measure trends – Benchmarks (95th percentile):**

| Measure | MY2019 | MY 2020 | MY 2021 | Rate Change (MY19-MY21) |
|---|---|---|---|---|
| Asthma Medication Ratio- 5-64 years of age (AMR) | 84.62% | 90.50% | 91.33% | 6.71% |
| Breast Cancer Screening (BCS) | 83.33% | 79.17% | 75.81% | -7.52% |
| Cervical Cancer Screening (CCS) | 75.00% | 72.98% | 71.43% | -3.57% |
| Childhood Immunization Status- Combo 10 (CIS-10) | 53.94% | 53.69% | 56.84% | 2.90% |
| Chlamydia Screening in Women (CHL) | 87.80% | 85.71% | 86.69% | -1.11% |
| Comprehensive Diabetes Care- HbA1c Control (<8%) (CDC-lt8) | 71.20% | 65.15% | 69.75% | -1.45% |
| Immunizations for Adolescents- Combo 2 (IMA-2) | 66.67% | 67.47% | 64.48% | -2.19% |
| Prenatal & Postpartum Care- Postpartum Care (PPC-Post) | 87.00% | 84.15% | 88.10% | 1.10% |
| Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre) | 93.78% | 92.45% | 92.31% | -1.47% |

b. **Thresholds - 50th Percentile (lower end of goal range)**

Out of the nine (9) measures for which comparisons from MY 2019 to MY 2021 were possible, **6 (67%)** thresholds increased, and **2 (22%)** thresholds decreased, and **1 (11%)** did not change. **0** of the measures that improved were statistically significant, while **0** of the measures that declined were statistically significant declines.

**Measure trends – Thresholds (50th percentile):**

| Measure | MY 2019 | MY 2020 | MY 2021 | Rate Change (MY 19-21) |
|---|---|---|---|---|
| Asthma Medication Ratio- 5-64 years of age (AMR) | 55.56% | 57.14% | 62.68% | 7.12% |
| Breast Cancer Screening (BCS) | 59.00% | 54.72% | 51.43% | -7.57% |
| Cervical Cancer Screening (CCS) | 55.29% | 53.85% | 52.57% | -2.72% |
| Childhood Immunization Status- Combo 10 (CIS-10) | 13.92% | 15.50% | 17.65% | 3.73% |
| Chlamydia Screening in Women (CHL) | 63.16% | 62.70% | 64.71% | 1.55% |
| Comprehensive Diabetes Care- HbA1c Control (<8%) (CDC- lt8) | 44.44% | 40.91% | 44.44% | 0.00% |
| Immunizations for Adolescents- Combo 2 (IMA-2) | 30.77% | 32.79% | 31.58% | 0.81% |
| Prenatal & Postpartum Care- Postpartum Care (PPC-Post) | 60.85% | 61.54% | 63.16% | 2.31% |
| Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre) | 75.00% | 77.97% | 76.47% | 1.47% |

**C.  New measures trends**

Some new measures were included in the MY2021 program based on the splitting of measures by NCQA or an internal decision to add the measure to the program.  As these measures were newly implemented in MY2021 there is no ability to track and trend over previous program years.  MY2021 will serve as the first year L.A. Care tracks these measures and the network performance and report them out to the network with no payment attached. Organizational direction and regulatory directives will help inform whether these measures are included in future P4P program years.

**DIRECT NETWORK PAY-FOR-PERFORMANCE (P4P) PROGRAM**

2021 marked the second year that L.A. Care offered a provider incentive specifically crafted for its Direct Network providers.  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 directly contracted Community Clinics and physicians. The Direct Network is L.A. Care's effort to contract directly with providers and perform the administrative services associated with an IPA or Medical Group.  The program was developed as an added bonus for providers contracted with L.A. Care as the program eligibility rules differ from the Physician P4P provider incentive program.  The Direct Network program removed the Medi-Cal membership minimum to allow providers with smaller Direct Network panels to be able to earn an incentive.  Similar to the Physician P4P program, this is an opportunity for providers to earn additional revenue above the provider's agreed upon compensation rates with L.A. Care.

The Direct Network P4P program operates similar to L.A. Care's VIIP+P4P program in that it measures and pays out on multiple domains (HEDIS, Member Experience and Utilization Management).  The program utilizes the Attainment and Improvement scores for payment. Encounter data is a vital component of the Direct Network P4P program and is the basis of performance scoring and payments, as encounters affects HEDIS performance, utilization data and member experience results.  L.A. Care is currently developing encounter volume and timeless metrics specific for the Direct Network, the Encounters domain will be added to the program once the logic and methodology is finalized.  The measures included in the program align with both the Physician P4P program and the Medi-Cal VIIP+P4P programs.

Current Domains and Weighting

| Program Domain | Weight of Domain (points) |
|---|---|
| HEDIS | 30 |
| Member Experience | 30 |
| Utilization Management | 20 |
| Encounters | 0 |
| Total | 80 |

Future Domains and Weighting

| Program Domain | Weight of Domain (points) |
|---|---|
| HEDIS | 30 |
| Member Experience | 30 |
| Utilization Management | 20 |
| Encounters | 20 |
| Total | 100 |

## Summary Statistics for the MY2020 Direct Network P4P Program

L.A. Care paid out $520k in incentive payments to 60 providers (52 solo practitioners and 8 Community Clinics) for the MY2021 Direct Network P4P program.

- Provider group payment PMPM statistics:
  - Maximum: $8.89
  - Mean: $3.74
  - Median: $3.30
  - Minimum: $0.11

1. ## Direct Network P4P Performance Score Trends

   As the Direct Network P4P program is in the first few years of operation it does not allow for statistically significant measure tracking. The HEDIS and Utilization Management domains only considered those members who are assigned to L.A. Care's Direct Network, which provided the ability to narrow the focus on the provider's specific performance. However, the decision was made to include the provider's entire Medi-Cal panel for Member Experience because otherwise the response rate would be too low to calculate the requisite scores, thresholds and benchmarks.

   For scoring reliability, providers are only scored on measures for which they hold sufficient membership, which is defined by having at least 10 eligible members in the HEDIS domain. Domain scores are then created as an un-weighted average of the scored measures within the domains. Overall performance scores are assigned to providers if they meet a minimum number of scored measures per domain. Final performance scores are given to the providers after weighting the domain scores and then dividing the total achieved points by the total possible points that could have been earned.

2. ## Direct Network P4P Threshold and Benchmark 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 network performance is driven upward.

   a. **Direct Network P4P Program Threshold Trends (Lower end of goal range)**
      The below tables displays the thresholds (50th percentile) that were used in scoring the MY2021 Direct Network P4P program:

HEDIS Domain:

| Measure | MY2020 | MY2021 | Rate Change (MY21-MY20) |
|---|---|---|---|
| Asthma Medication Ratio- 5-64 years of age (AMR) | 57.14% | 62.68% | 5.54% |
| Breast Cancer Screening (BCS) | 54.72% | 51.43% | -3.29% |
| Cervical Cancer Screening (CCS) | 53.85% | 52.57% | -1.28% |
| Child & Adolescent Well-Care Visits (WCV) | 30.81% | 37.70% | 6.89% |
| Childhood Immunization Status- Combo 10 (CIS-10) | 15.50% | 17.65% | 2.15% |
| Chlamydia Screening in Women (CHL) | 62.70% | 64.71% | 2.01% |
| Controlling High Blood Pressure (CBP) | 20.61% | 24.04% | 3.43% |
| Immunizations for Adolescents- Combo 2 (IMA-2) | 32.79% | 31.58% | -1.21% |
| Prenatal & Postpartum Care- Postpartum Care (PPC-Post) | 61.54% | 63.16% | 1.62% |
| Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre) | 77.97% | 76.47% | -1.50% |
| Weight Assessment & Counseling for Child/Adolescents- Physical Activity (WCCC) | 45.63% | 56.20% | 10.57% |
| Well-Child Visits in the First 30 Months of Life- First 15 Months of Life (W30a) | 30.00% | 32.14% | 2.14% |
| Well-Child Visits in the First 30 Months of Life- 15-30 Months of Life (W30b) | 54.95% | 62.03% | 7.08% |

Utilization Management Domain*:

| Measure | MY2020 | MY2021 | Rate Change (MY21-MY20) |
|---|---|---|---|
| Acute Hospital Utilization | 1.14 | 1.13 | 0.01 |
| Emergency Department Utilization | 1.42 | 1.47 | -0.05 |
| Plan All-Cause Readmission | 0.85 | 0.86 | -0.01 |

*Lower is better in the UM Domain*

Member Experience Domain:

| Measure | MY2020 | MY2021 | Rate Change (MY21-MY20) |
|---|---|---|---|
| Adult Getting Needed Care | 59.82% | 47.81% | -12.01% |
| Adult Overall Rating of All Health Care | 50.51% | 61.20% | 10.69% |
| Adult Overall Rating of Doctor | 58.74% | 60.38% | 1.64% |
| Adult Timely Care and Service | 49.13% | 45.35% | -3.78% |
| Child Getting Needed Care | 77.30% | 55.89% | -21.41% |
| Child Overall Rating of All Health Care | 62.52% | 74.16% | 11.64% |
| Child Overall Rating of Doctor | 74.30% | 70.73% | -3.57% |
| Child Timely Care and Service | 62.92% | 59.33% | -3.59% |

b. **Direct Network P4P Program Benchmark Trends (Upper end of goal range)**
The below table displays the benchmarks (95th percentile) that were used in scoring the MY2021 Direct Network P4P program:

HEDIS Domain:

| Measure | MY2020 | MY2021 | Rate Change (MY21-MY20) |
|---|---|---|---|
| Asthma Medication Ratio- 5-64 years of age (AMR) | 90.50% | 91.33% | 0.83% |
| Breast Cancer Screening (BCS) | 79.17% | 75.81% | -3.36% |
| Cervical Cancer Screening (CCS) | 72.98% | 71.43% | -1.55% |
| Child & Adolescent Well-Care Visits (WCV) | 64.29% | 70.36% | 6.07% |
| Childhood Immunization Status- Combo 10 (CIS-10) | 53.69% | 56.84% | 3.15% |
| Chlamydia Screening in Women (CHL) | 85.71% | 86.89% | 1.18% |
| Controlling High Blood Pressure (CBP) | 68.09% | 74.71% | 6.62% |
| Immunizations for Adolescents- Combo 2 (IMA-2) | 67.47% | 64.48% | -2.99% |
| Prenatal & Postpartum Care- Postpartum Care (PPC-Post) | 84.15% | 88.10% | 3.95% |
| Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre) | 92.45% | 92.31% | -0.14% |
| Weight Assessment & Counseling for Child/Adolescents- Physical Activity (WCCC) | 88.34% | 91.81% | 3.47% |
| Well-Child Visits in the First 15 Months of Life (W15) | 60.33% | 64.26% | 3.93% |
| Well-Child Visits in the First 30 Months of Life (W30) | 77.78% | 87.44% | 9.66% |

Utilization Management Domain*:

| Measure | MY2020 | MY2021 | Rate Change (MY21-MY20) |
|---|---|---|---|
| Acute Hospital Utilization | 0.53 | 0 | 0.53 |
| Emergency Department Utilization | 0 | 0.35 | -0.35 |
| Plan All-Cause Readmission | 0 | 0 | 0 |

*Lower is better in the UM Domain*

Member Experience Domain:

| Measure | MY2020 | MY2021 | Rate Change (MY21-MY20) |
|---|---|---|---|
| Adult Getting Needed Care | 69.86% | 66.74% | -3.12% |
| Adult Overall Rating of All Health Care | 78.31% | 77.95% | -0.36% |
| Adult Overall Rating of Doctor | 68.73% | 80.31% | 11.58% |
| Adult Timely Care and Service | 75.10% | 65.13% | -9.97% |
| Child Getting Needed Care | 79.41% | 72.58% | -6.83% |
| Child Overall Rating of All Health Care | 90.59% | 74.16% | -16.43% |
| Child Overall Rating of Doctor | 84.87% | 86.78% | 1.91% |
| Child Timely Care and Service | 90.60% | 79.91% | -10.69% |

## 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.

In 2018, VIIP merged with P4P to align performance measure performance 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. Encounter data is 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.

The Medi-Cal VIIP+P4P program continued in 2020 and 2021, with targeted areas of enhancement. L.A. Care continued to unblind IPA rankings in VIIP so that everyone in the network gets to see who and how everyone is ranked. In addition, performance from 2021 was the first time that L.A. Care started to post the rankings of it's IPAs publicly on it's website, modeling it's public posting methodology after the Office of the Patient Advocate's. L.A. Care is highly in favor of this transparency step and thinks it will be a very positive motivator of behavior.

**Summary Statistics for the Medi-Cal VIIP+P4P MY2020 Payments**

L.A. Care paid out $15.5 million in incentive payments to 54 eligible provider groups for the MY2021 VIIP+P4P Program.
- Provider group payments PMPM: Minimum: $0.16, Median: $0.88, Maximum: $1.82

## 3. 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, which is defined by having at least 30 eligible members in the measure. Domain scores are then created as 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 then dividing the total achieved points by the total possible points that could have been earned.

Looking at the most recent three-year trends, the overall IPA performance scores demonstrated some variation between MY 2019, MY 2020 and MY 2021. While performance scores for the mean, median and max have declined overall, there is not a huge drop in the average performance when comparing MY 2020 and MY 2021.

| IPAs | | MY 2019 | MY 2020 | MY 2021 |
|---|---|---|---|---|
| **Performance Scores** | Mean | 33.11% | 32.41% | 29.40% |
| | Median | 30.48% | 30.27% | 26.34% |
| | Max | 68.73% | 81.61% | 67.74% |

Variation in performance scores are expected as changes were made to the thresholds and benchmarks in MY 2020 to adjust for the COVID-19 impact. As a reminder, current year (MY 2020) threshold and benchmarks were used instead of prior year (MY 2019) for the HEDIS domain which contributed to higher scores for the IPAs. However, for MY 2021, the VIIP team went back to using prior year targets.

## 4. 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.

In comparing the thresholds and benchmarks between MY 2019 and MY 2021, 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 - 95<sup>th</sup> percentile (upper end of goal range)**

Out of all twenty-four measures for which comparisons from MY 2019 to MY 2021 were possible, **13 (54%)** benchmarks increased, of which **7 (29%)** were statistically significant improvements. **11 (46**%) benchmarks decreased, of which only **3 (13%)** were significant declines.

**Domains and Measure Results – Benchmarks (95<sup>th</sup> Percentile):**

**HEDIS**

| HEDIS Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY19 - MY21) |
|---|---|---|---|---|
| Asthma Medication Ratio - Ages 5-64 | 80.00% | 71.26% | 83.33% | 3.33% |
| Breast Cancer Screening | 75.00% | 72.61% | 69.23% | -5.77% |
| Cervical Cancer Screening | 70.63% | 68.73% | 66.67% | -3.96% |
| Childhood Immunization Status - Combo 10 | 49.10% | 43.81% | 55.22% | 6.12% |
| Chlamydia Screening in Women | 77.25% | 71.69% | 72.66% | -4.59% |
| Comprehensive Diabetes Care: Control (<8.0%) | 53.85% | 60.00% | 56.67% | 2.82% |
| Controlling High Blood Pressure | 61.83% | 52.30% | 62.76% | 0.93% |
| Immunizations for Adolescents - Combo 2 | 55.91% | 59.00% | 58.06% | 2.15% |
| Prenatal & Postpartum Care: Postpartum Care | 67.44% | 81.58% | 83.17% | 15.73% |
| Prenatal & Postpartum Care: Timeliness of Prenatal Care | 80.41% | 85.57% | 86.10% | 5.69% |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity | 87.25% | 74.79% | 86.84% | -0.41% |

**MEMBER EXPERIENCE**

| Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Adult Getting Needed Care | 66.17% | 64.48% | 61.49% | -4.68% |
| Adult Rating of All Health Care Combined | 72.68% | 74.83% | 75.53% | 2.85% |
| Adult Rating of PCP | 78.12% | 79.16% | 74.80% | -3.32% |
| Adult Timely Care and Service for PCPs | 62.03% | 61.40% | 56.45% | -5.58% |
| Child Getting Needed Care | 70.12% | 69.74% | 64.46% | -5.66% |
| Child Rating of All Health Care Combined | 85.75% | 85.38% | 82.62% | -3.13% |
| Child Rating of PCP | 84.07% | 87.50% | 81.05% | -3.02% |
| Child Timely Care and Service for PCPs | 74.85% | 71.87% | 65.98% | -8.87% |

**UTILIZATION MANAGEMENT**

| Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Plan All-Cause Readmissions | 6.09% | 2.65% | 2.71% | 3.38% |
| Emergency Department Utilization | 495.03 | 383.04 | 361.33 | 133.70 |
| Acute Hospitalization Utilization | 21.61 | 15.62 | 9.86 | 11.75 |

*Lower is better for the Utilization Domain.*

**ENCOUNTERS**

Encounter Volume rate trends are not shown due to a change in the specs in our measurement from MY2019 to MY2021.

| Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Encounters Timeliness for MCLA | 90.70% | 87.62% | 94.83% | 4.13% |
| Encounters Timeliness for Plan Partners | 65.00% | 71.63% | 94.65% | 29.65% |

**c.** <u>**Thresholds - 50<sup>th</sup> percentile (lower end of goal range)**</u>

Out of the twenty-four measures for which comparisons from MY2019 to MY2021 were possible, **16 (67%)** thresholds increased, of which **12 (50%)** were statistically significant improvements. Only **8 (33%)** thresholds decreased, of which only **2 (8%)** significantly declined.

## Domains and Measure Results – Thresholds (50<sup>th</sup> Percentile):

### HEDIS

| HEDIS Measures | Threshold MY2019 | Threshold MY2020 | Threshold MY2021 | Rate Change (MY19 - MY21) |
|---|---|---|---|---|
| Asthma Medication Ratio - Ages 5-64 | 57.25% | 58.17% | 63.76% | 6.51% |
| Breast Cancer Screening | 59.72% | 55.38% | 51.75% | -7.97% |
| Cervical Cancer Screening | 54.73% | 54.63% | 52.97% | -1.76% |
| Childhood Immunization Status - Combo 10 | 15.26% | 20.07% | 22.49% | 7.23% |
| Chlamydia Screening in Women | 61.81% | 63.09% | 65.78% | 3.97% |
| Comprehensive Diabetes Care: Control (<8.0%) | 41.18% | 40.58% | 42.18% | 1.00% |
| Controlling High Blood Pressure | 25.23% | 23.05% | 29% | 3.58% |
| Immunizations for Adolescents - Combo 2 | 34.29% | 36.00% | 34.92% | 0.63% |
| Prenatal & Postpartum Care: Postpartum Care | 44.63% | 58.50% | 62.71% | 18.08% |
| Prenatal & Postpartum Care: Timeliness of Prenatal Care | 62.15% | 77.25% | 75.62% | 13.47% |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity | 46.35% | 51.74% | 65.17% | 18.82% |

### MEMBER EXPERIENCE

| Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Adult Getting Needed Care | 55.24% | 53.52% | 53.03% | -2.21% |
| Adult Rating of All Health Care Combined | 62.09% | 62.86% | 62.20% | 0.11% |
| Adult Rating of PCP | 61.02% | 64.87% | 61.26% | 0.24% |
| Adult Timely Care and Service for PCPs | 55.58% | 50.44% | 47.50% | -8.08% |
| Child Getting Needed Care | 56.66% | 59.18% | 54.79% | -1.87% |
| Child Rating of All Health Care Combined | 74.80% | 76.24% | 74.40% | -0.40% |
| Child Rating of PCP | 69.94% | 72.41% | 70.65% | 0.71% |
| Child Timely Care and Service for PCPs | 60.70% | 62.04% | 59.58% | -1.12% |

### UTILIZATION MANAGEMENT

| Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Plan All-Cause Readmissions | 13.28% | 5.87% | 6.52% | 6.76% |
| Emergency Department Utilization | 1158.59 | 755.29 | 771.20 | 387.391 |
| Acute Hospitalization Utilization | 44.20 | 48.09 | 50.96 | -6.764 |

*Lower is better for the Utilization Domain.*

### ENCOUNTERS

Encounter Volume rate trends are not shown due to a change in the specs in our measurement from MY 2019 to MY 2021.

| Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Encounters Timeliness for MCLA | 90.70% | 87.62% | 94.83% | 4.13% |
| Encounters Timeliness for Plan Partners | 65.00% | 71.63% | 94.65% | 29.65% |

**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. The program focuses on a core measure set that aims to achieve Quality Withhold targets and improve Stars ratings.
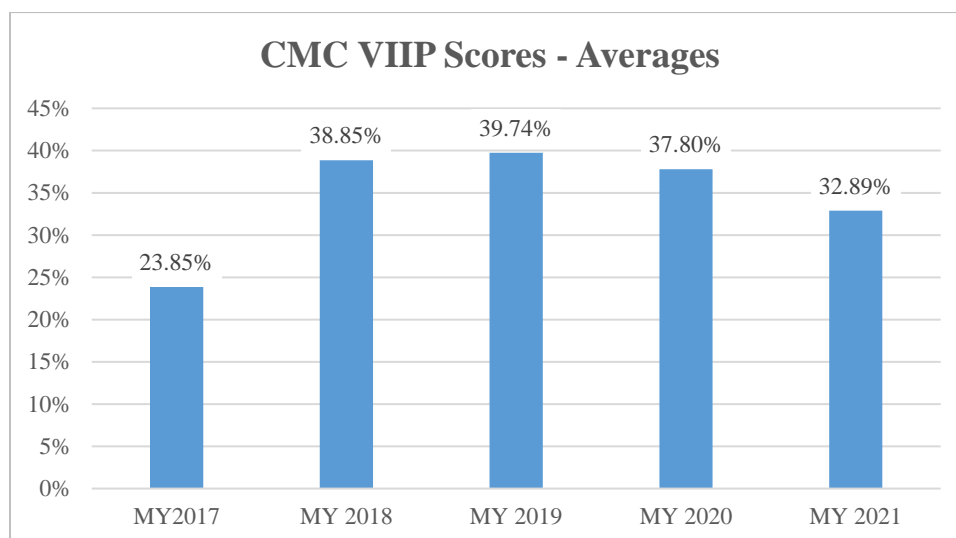
**Summary Statistics for the Cal MediConnect VIIP+P4P MY2021 Payments**

In MY2021/RY2022 L.A. Care paid out $436,500 in incentive payments to 18 eligible provider groups for the CMC VIIP Program.
- Provider group payments PMPM:
  - Minimum: $0.97
  - Median: $1.83
  - Average: $1.92
  - Maximum: $3.04

1. **CMC VIIP Performance Score Trends**
   Over the past 5 years, performance scores peaked pre-pandemic in MY 2019. The COVID-19 pandemic has posed quite a challenge to healthcare service delivery in the past two years and it is reflected in the downward trend of performance scores. The incentive program can optimize its impact by leveraging gains in Annual Wellness Exams and encouraging the return to routine care and services through emphasis on screening and chronic disease management and renewed outreach projects.



**CMC VIIP Scores - Averages**

| Year | Average |
|------|---------|
| MY2017 | 23.85% |
| MY 2018 | 38.85% |
| MY 2019 | 39.74% |
| MY 2020 | 37.80% |
| MY 2021 | 32.89% |

2. **CMC VIIP Measure Thresholds and Benchmarks Trends**
   In comparing the thresholds and benchmarks between MY 2019 and MY 2021, the trend indicates about as many measures declined as improved, with significant improvements occurring more frequently than significant declines - a trend that offers some optimism in an otherwise difficult period in healthcare service delivery impacted by the ongoing global COVID-19 pandemic. MY 2021 saw the tightening of the range of scores in cancer screenings, and control of chronic disease conditions-the thresholds improved while benchmarks declined; decreases in medication adherence, member experience, and utilization management; slight improvements in Annual Wellness Exam, and related screenings; and continued outstanding performance in care coordination.

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.

a. **Benchmarks - 95$^{th}$ percentile (upper end of goal range)**

Out of all twenty-four measures for which comparisons from MY 2019 (or MY 2020) to MY 2021 were possible, **12 (50%)** benchmarks increased, of which **7 (29%)** were statistically significant improvements based on one-tailed z-tests.  **12 (50**%) benchmarks decreased, of which only **5 (21%)** showed significant declines based on one-tailed z-tests.

## HEDIS

Improvements were significant in all Care for Older Adults measures, Medication Reconciliation Post Discharge, and Flu Vaccine. Decline was significant in A1c control.

| HEDIS Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Breast Cancer Screening | 74.65% | 73.91% | 70.05% | -4.60% |
| **Controlling High Blood Pressure** | 65.66% | 55.71% | 62.76% | -2.90% |
| **Comprehensive Diabetes Care - Control (A1c < 8)** | 74.07% | 68.33% | 65.22% | -8.85% |
| Comprehensive Diabetes Care - Eye Exam | 81.58% | 71.76% | 82.61% | 1.03% |
| Care for Older Adults - Functional Assessment | 81.36% | 80.60% | 93.55% | 12.19% |
| Care for Older Adults - Medication Review | 76.33% | 76.12% | 93.55% | 17.22% |
| Care for Older Adults - Pain Screening | 81.36% | 80.60% | 93.55% | 12.19% |
| Colorectal Cancer Screening | 73.19% | 64.96% | 68.33% | -4.86% |
| Medication Reconciliation Post Discharge | 42.38% | 63.46% | 76.97% | 34.59% |
| Flu Vaccine |  | 80.95% | 87.50% | 6.55% |

## MEMBER EXPERIENCE

Decline was significant in Disenrollment.

| Member Experience Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Disenrollment* | 1.75% | 4.31% | 8.02% | -6.27% |
| Getting Care Quickly | 81.00% | 86.27% | 81.47% | 0.47% |
| Getting Needed Care | 88.00% | 89.55% | 84.30% | -3.70% |
| Rating of Health Care Quality | 94.00% | 92.72% | 91.20% | -2.80% |
| *Lower is better | | | | |

## UTILIZATION MANAGEMENT

Decline was significant in Reduction in ED Use for Seriously Mentally Ill and Substance Use Disorder Members.

| Utilization Management Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Reduction in ED Use for Seriously Mentally Ill and Substance Use Disorder Members | 235.29 | 129.38 | 500 | -264.71 |
| **Plan All Cause Readmission** | 2.73% | 5.37% | 4.54% | -1.81% |

## ENCOUNTERS

Improvement was significant in Encounter Volume. Decline was significant in Encounter Timeliness.

| Encounter Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Encounter Timeliness | 86.19% | 84.24% | 75.68% | -10.51% |
| Encounter Volume (Per Member Per Year) | 27.15 | 20.41 | 32.57 | 5.42 |

## PHARMACY

Decline was significant in Med Adherence for Cholesterol.

| Pharmacy Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Part D Medication Adherence for Cholesterol (Statins) | **88.46%** | **91.18%** | 84.48% | -3.98% |
| Part D Medication Adherence for Oral Diabetes Medications | **89.71%** | **94.44%** | 88.73% | -0.98% |
| Part D Medication Adherence for Hypertension | 89.74% | 86.27% | 87.07% | -2.67% |

## CARE MANAGEMENT

Improvement was significant in Timely ICP.

| Care Management Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 2020 - MY 2021) |
|---|---|---|---|---|
| Annual Wellness Exams | 75.71% | 17.50% | 78.43% | 2.72% |
| Members Who Have a Care Coordinator and At Least One Care Team Contact | 100.00% | 100.00% | 100.00% | 0.00% |
| Members Who Have an Individualized Care Plan (ICP) Completed w/in 90 Days of Enrollment | 92.94% | 100.00% | 100.00% | 7.06% |

## b. Threshold – 50th percentile (lower end of goal range)

Out of the twenty-four measures for which comparisons from MY 2019 (or MY 2020) to MY 2021 were possible, **13 (54%)** thresholds increased, of which **6 (25%)** were statistically significant improvements. **11 (46**%) thresholds decreased, of which **2 (8%)** were significant declines.

## HEDIS

Improvement was significant in Medication Reconciliation Post Discharge. Declines were significant in Care for Older Adults Functional Assessment and Pain Screening.

| HEDIS Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Breast Cancer Screening | 67.53% | 61.82% | 61.47% | -6.06% |
| **Controlling High Blood Pressure** | 40.34% | 42.45% | 47.34% | 7.00% |
| **Comprehensive Diabetes Care - Control (A1c < 8)** | 55.43% | 57.30% | 57.23% | 1.80% |
| Comprehensive Diabetes Care - Eye Exam | 71.47% | 64.86% | 68.07% | -3.40% |
| Care for Older Adults - Functional Assessment | 59.18% | 42.19% | 47.32% | -11.86% |
| Care for Older Adults - Medication Review | 44.90% | 45.02% | 48.05% | 3.15% |
| Care for Older Adults - Pain Screening | 55.79% | 50.00% | 48.21% | -7.58% |
| Colorectal Cancer Screening | 56.99% | 54.68% | 60.09% | 3.10% |
| Medication Reconciliation Post Discharge | 8.42% | 15.48% | 27.97% | 19.55% |
| Flu Vaccine | | 64.71% | 70.00% | 5.29% |

## MEMBER EXPERIENCE

| Member Experience Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Disenrollment* | 17.15% | 9.38% | 20.16% | -3.01% |
| Getting Care Quickly | 77.00% | 74.53% | 75.13% | -1.87% |
| Getting Needed Care | 83.00% | 80.35% | 79.40% | -3.60% |
| Rating of Health Care Quality | 91.00% | 87.56% | 86.43% | -4.57% |
| *Lower is better | | | | |

## UTILIZATION MANAGEMENT

Improvement was significant in Reduction in ED Use for Seriously Mentally Ill and Substance Use Disorder Members

| Utilization Management Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Reduction in ED Use for Seriously Mentally Ill and Substance Use Disorder Members | 954.25 | 745.8 | 699.1543 | 255.10 |
| **Plan All Cause Readmission** | 5.26% | 8.20% | 9.36% | -4.10% |

## ENCOUNTERS

Improvements were significant in both Encounter Timeliness and Volume.

| Encounter Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 2019 - MY 2021) |
|---|---|---|---|---|
| Encounter Timeliness | 66.06% | 73.95% | 68.11% | 2.05% |
| Encounter Volume (Per Member Per Year) | 20.29 | 18.64 | 23.47 | 3.18 |

## PHARMACY

| Pharmacy Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 2019- MY 2021) |
|---|---|---|---|---|
| Part D Medication Adherence for Cholesterol (Statins) | 79.94% | 79.80% | 78.76% | -1.18% |
| Part D Medication Adherence for Oral Diabetes Medications | 82.35% | 85.07% | 84.11% | 1.76% |
| Part D Medication Adherence for Hypertension | 82.62% | 83.47% | 81.65% | -0.97% |

## CARE MANAGEMENT

Improvements were significant in both Care Coordinator Team Contacts and Timely ICP.

| Care Management Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 2020 - MY 2021) |
|---|---|---|---|---|
| Annual Wellness Exams | 36.18% | 4.21% | 39.98% | 3.80% |
| Members Who Have a Care Coordinator and At Least One Care Team Contact | 82.61% | 96.41% | 98.82% | 16.21% |
| Members Who Have an Individualized Care Plan (ICP) Completed w/in 90 Days of Enrollment | 62.25% | 98.09% | 96.43% | 34.18% |

**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.

For MY 2021/RY 2022 there were 24 participating groups and 4 pay-out domains which included HEDIS, Member Experience, Encounters & Utilization Management.

**LACC VIIP Measure Thresholds and Benchmarks Trends**

With the collaboration with IHA, L.A. Care shares performance data for its LACC contracted groups, for which the data is aggregated across Commercial HMO membership for each of their payers. L.A. Care then uses the performance targets that are generated through the IHA A.M.P. program for its LACC VIIP+P4P Program. IHA also utilizes thresholds and benchmarks to compare performance among IPAs statewide. The thresholds that are displayed below are from IHA and are based on all participating groups in their A.M.P. Program, which L.A. Care's LACC membership and performance helped contribute to the ratings.

In the prior years, L.A. Care used to set the low end of the range (threshold) at the 75th percentile. However, in MY 2020, IHA shifted from the 75th to the 50th percentile in order to account for the COVD-19 impact. After further analysis, the IHA Governance Committee decided to shift to the 50th percentile permanently because this shift would most benefit PPGs performing about the median, but below the 75th percentile. This shift now aligns with the targets set for L.A. Care's Medi-Cal and CMC VIIP Programs.

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.

c.  **Benchmarks - 95th percentile (upper end of goal range)**

Out of all twenty one measures for which comparisons from MY 2019 to MY 2021 were possible, **8 (38%)** benchmarks increased, of which **2 (10%)** were statistically significant improvements. **13 (62**%) benchmarks decreased, of which **3 (14%)** were significant declines.

| HEDIS Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Breast Cancer Screening | 87.46% | 83.37% | 82.28% | -5.18% |
| Controlling High Blood Pressure | 80.57% | 70.28% | 75.34% | -5.23% |
| Cervical Cancer Screening | 90.83% | 88.70% | 85.87% | -4.96% |
| Comprehensive Diabetes Care: Eye Exam | 79.94% | 68.93% | 73.30% | -6.64% |
| Chlamydia Screening in Women | 73.15% | 67.54% | 69.38% | -3.77% |
| Colorectal Cancer Screening | 79.23% | 75.84% | 77.98% | -1.25% |
| Comprehensive Diabetes Care: HbA1c Control < 8.0% | 73.60% | 69.94% | 72.79% | -0.81% |
| Comprehensive Diabetes Care - Medical Attention for Nephropathy | 94.70% | 92.78% | 94.10% | -0.60% |
| Proportion of Days Covered by Medications: Renin Angiotensin System Antagonists | 82.04% | 83.28% | 81.98% | -0.06% |
| Proportion of Days Covered by Medications: Oral Diabetes Medications | 80.08% | 82.26% | 80.84% | 0.76% |
| Proportion of Days Covered by Medications: Statins | 79.57% | 81.79% | 80.20% | 0.63% |

| Member Experience Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Access Composite | 66.28% | 67.59% | 64.58% | -1.70% |
| Care Coordination Composite | 71.17% | 71.78% | 71.32% | 0.15% |
| Overall Ratings of Care Composite | 80.14% | 83.00% | 81.83% | 1.69% |
| Provider Communication Composite | 88.08% | 88.56% | 87.50% | -0.58% |
| Office Staff Composite | 82.29% | 82.65% | 80.73% | -1.56% |

| UM Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Acute Hospital Utilization | 20.07 | 19.61 | 16.37 | 3.7 |
| Emergency Department Utilization | 86.69 | 101.42 | 72.46 | 14.23 |
| All-Cause Readmissions | 0.00% | 2.58% | 0.00% | 0 |

| Encounter Measures | Benchmark MY 2019 | Benchmark MY 2020 | Benchmark MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Encounter Timeliness | 81.29% | 88.90% | 87.27% | 5.98% |
| Encounter Volume | 10.32 | 9.03 | 10.23 | -0.09 |

### d. Threshold –50th (percentile (lower end of goal range)*

Out of the twenty-one measures for which comparisons from MY 2020 to MY 2021 were possible, **9(38%)** thresholds increased, of which **4 (19%)** were statistically significant improvements. **13 (62**%) thresholds decreased, of which none **2 (10%)** were significant declines.

| HEDIS Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Breast Cancer Screening | 77.88% | 72.88% | 72.93% | -4.95% |
| Controlling High Blood Pressure | 56.79% | 47.23% | 53.80% | -2.99% |
| Cervical Cancer Screening | 73.62% | 71.21% | 71.71% | -1.91% |
| Comprehensive Diabetes Care: Eye Exam | 49.12% | 45.58% | 49.02% | -0.10% |
| Chlamydia Screening in Women | 58.33% | 53.08% | 56.35% | -1.98% |
| Colorectal Cancer Screening | 61.48% | 58.88% | 58.29% | -3.19% |
| Comprehensive Diabetes Care: HbA1c Control < 8.0% | 61.76% | 56.92% | 60.15% | -1.61% |
| Comprehensive Diabetes Care - Medical Attention for Nephropathy | 91.49% | 88.71% | 90.49% | -1.00% |
| Proportion of Days Covered by Medications: Renin Angiotensin System Antagonists | 72.81% | 75.45% | 76.45% | 3.64% |
| Proportion of Days Covered by Medications: Oral Diabetes Medications | 69.73% | 72.76% | 73.78% | 4.05% |
| Proportion of Days Covered by Medications: Statins | 68.46% | 72.37% | 72.26% | 3.80% |

| Member Experience Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Access Composite | 59.26% | 60.51% | 57.08% | -2.18% |
| Care Coordination Composite | 63.49% | 64.02% | 63.46% | -0.03% |
| Overall Ratings of Care Composite | 73.21% | 74.99% | 72.64% | -0.57% |
| Provider Communication Composite | 82.08% | 82.92% | 81.85% | -0.23% |
| Office Staff Composite | 75.69% | 77.00% | 75.98% | 0.29% |

| UM Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Acute Hospital Utilization | 29.61 | 25.61 | 24.41 | 5.2 |
| Emergency Department Utilization | 138.56 | 118.07 | 125.08 | 13.48 |
| All-Cause Readmissions | 4.43% | 3.99% | 3.76% | 0.67% |

| Encounter Measures | Threshold MY 2019 | Threshold MY 2020 | Threshold MY 2021 | Rate Change (MY 19 - MY 21) |
|---|---|---|---|---|
| Encounter Timeliness | 69.04% | 75.78% | 74.65% | 5.61% |
| Encounter Volume | 8.00 | 6.41 | 7.31 | -0.69 |

### IPA Action Plan Engagement and Results

Starting in 2017, the "Action Plan" process was developed by the VIIP Workgroup collaborative, which 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 VIIP+P4P domains. The methodology and number of IPAs required to submit an Action Plan vary from year to year based on organizational priorities.

In 2021, Action Plans were required for those IPAs that fell at the middle and/or bottom thirds from MY 2017 through MY 2019 based on VIIP performance. IPAs were provided with their two lowest performing domains and had the option to pick one domain they wanted to focus on. Additionally, L.A. Care implemented IPA feedback and moved the Final Action Plan deadline to Q1 2022 as opposed to Q4 2021 to give IPAs more time for evaluation and completion. In 2022, the Action Plan methodology was modified to be more prescriptive. All IPAs were required to submit an Action Plan for two domains with one of them being Member Experience. The other domain was either HEDIS, Utilization Management or Encounters, ranked in this order. Additionally, measures within each domain were also ranked based on importance and lower performance. For Member Experience, the measures were ranked as follows: Adult Getting Needed Care, Adult Timely Care and Service, Adult Ratings of Healthcare, Adult Ratings of PCP, Child Getting Needed Care, Child Timely Care and Service, Child Ratings of Healthcare and Child Ratings of PCP. For the HEDIS domain, any IPAs that fell below the MCAS 50th percentile in Childhood Immunization Status, Well Child Visits in the First 30 Months of Life, Timeliness of Prenatal Care or Comprehensive Diabetes Care HbA1c Control (<8.0%) were asked to submit an Action Plan for one of the four measures. IPAs that did not fall below the 50th percentile for any HEDIS measure were required to submit an Action Plan for a lower performing Utilization Management or Encounters VIIP measure as applicable. Lastly, IPAs who were not lower performing in any measure only needed to submit one Action Plan for the Member Experience domain.

**Medi-Cal**

- **Action Plan Submission**
  - IPAs were requested to submit an Initial Action Plan (July 202) Update Action Plan (October 2022 ) and Final Action Plan (January 2023) during the year.It's too early to state the Action Plan success because IPAs and the Plan Partners are still sending in their Final Action Plans, but thus far 65(37/52) of IPAs and Plan Partners submitted consistently during every cycle.
    - 50 out of 52 (96%) IPAs submitted their Initial Action Plan
    - 48 out of 52 (92%) IPAs submitted their Update Action Plan
    - 35 out of 52 (67%) IPAs submitted their Final Action Plan*
    - 2 (4%) groups did not submit an Action Plan during any cycle.
- **Domains Selected**
  - IPAs and Plan Partners were assigned the following domains:
    - Domain 1: 52 IPAs were assigned Member Experience
    - Domain 2: 50 IPAs were assigned HEDIS & 2 IPAs were assigned Utilization Management
- **Overall Results**
- Since we extended the timeline for action plan completion, the final 2022 Action Plans results are still coming in, and therefore we are not able to evaluate the success rate of IPAs achieving their goals. The full results will be provided in next year's evaluation. However, here is a summary based on what we have received thus far:
  - 4 out of 8* (50%) of IPAs met their goal
    - HEDIS – 1 IPA met their goal
    - Encounters – 3 IPAs met their goal
  - 4 out of 8 (50%) of IPAs did not meet their goals
    - Encounters – 2 IPAs did not meet their goals
    - Member Experience – 1 IPA did not meet their goal
    - Utilization Management – 1 IPA did not meet their goal

*This number is subject to change because IPAs are still submitting their Final Action Plan

**Cal MediConnect**

- **Action Plan Submission**
  - In addition to Medi-Cal, 10 IPAs were assigned Action Plans for CMC and LACC as well.
    - 70%* of IPAs submitted their Action Plan in each cycle.
    - 1* IPA did not submit an Action Plan in any cycle.

*This number is subject to change because IPAs are still submitting their Final Action Plan

- **Domains Assigned**
  - The IPAs were assigned the following domains:
    - Domain 1:
      - 10 IPAs were assigned Member Experience
    - Domain 2:
      - 5 IPAs were assigned HEDIS
      - 2 IPAs were assigned Medication Management
      - 2 IPAs were assigned Utilization Management
      - 1 IPA was assigned Encounters
- **Overall Results**
  - Out of the 5* Final Action Plans received, 2 out 5 (40%) IPAs met their goal
    - Medication Management – 1 IPA met their goal
    - Utilization Management – 1 IPA met their goal
  - 3 out of 5 (60%) of IPAs did not meet their goal*

- o HEDIS – 1 IPA did not meet their goal
- o Encounters – 1 IPA did not meet their goal
- o Utilization Management – 1 IPA did not meet their goal

*This number is subject to change because IPAs are still submitting their Final Action Plan

## L.A. Care Covered

- **Action Plan Submission**
  - o In addition to Medi-Cal, 13* IPAs were assigned Action Plans for CMC and LACC as well. 79% of IPAs submitted their Actin Plan in each cycle.
  - o 1 IPA did not submit an Action Plan in any cycle.

*This number is subject to change because IPAs are still submitting their Final Action Plan

- **Domains Assigned**
  - The IPAs were assigned the following domains:
    - o Domain 1:
      - o 7 IPAs were assigned Member Experience
      - o 6 IPAs were assigned HEDIS
    - o Domain 2:
      - o 6 IPAs were assigned HEDIS
      - o 4 IPAs were assigned Utilization Management –
      - o 3 IPAs were assigned Encounters
- **Overall Results**
  - Out of the 3* Final Action Plans received, 2 out of 3 (67%) IPAs met their goal
    - o HEDIS – 1 IPA
    - o Member Experience – 1 IPA
  - 1 out of 3 (33%) IPAs did not meet their goal
    - o Member Experience – 1 IPAs

*This number is subject to change because IPAs are still submitting their Final Action Plan

## Action Plan Evaluation

Based on the MY2019 analysis, we believe the Action Plan process is a valuable component of the VIIP Program because it has shown to help drive improvement, keeps the IPAs actively engaged with the VIIP+P4P program and creates a basis for collaboration with the L.A. Care and Plan Partner staff.

An evaluation of the MY 2021 Action Plans was conducted this year in order to assess the success of the process and determine how we should modify the methodology. For this analysis, we will primarily focus on the IPAs improvement as opposed to if they met their Action Plan goal.

Action Plan methodology has shifted since MY 2019. In 2020, L.A. Care assigned IPAs an Action Plan domain based on network priorities. However, some IPAs requested that we allow them to pick their own domain because they already have interventions in place by the beginning of the year. In 2021, IPAs that scored at the middle and/or bottom thirds from MY 2017 through MY 2019 based on VIIP performance data were provided with their two lowest performing domains and have the option to pick the domain they want to focus on.

We designed the MY 2021 evaluation of the Action Plan program to assess three questions:
1. Did those PPGs assigned to complete an Action Plan in MY 2021, show improvement in their assigned domains over their scores in MY 2019?
2. For groups that were not assigned Action Plans for MY 2021, did their domain scores show improvement over scores in MY 2019?

3.  PPGs assigned to complete and Action Plan in MY 2021 that showed improvements in their domain scores for MY 2021 over MY 2019, did other domain scores improve?

Answering these questions will ultimately help us determine whether participation in Action Plans promotes greater improvements than not participating.

**METHODS**
Analysts used Medi-Cal, LACC and CMC VIIP final scoring tables to obtain domain scores calculated during MY 2019 and MY 2021. The difference was taken between the program years to determine if scores increased or decreased.

**RESULTS**

**Medi-Cal**
Question 1:
- 13 PPGs were assigned Encounters domain, all 13 showed improvement. 100%
- 6 PPGs were assigned the HEDIS domain, 2 PPGs improved. 33%
- 4 PPGs were assigned Utilization Management domain, no improvements were made. 0%
- 3 PPGs were assigned the Patient Satisfaction domain, 1 improved. 33%
Question 2:
- Out of 48 PPGs not assigned an Action Plan, 38 showed improvements in the Encounters domain, 79%
- Out of 48 PPGs not assigned an Action Plan, 10 showed improvements in the HEDIS domain, 21%
- Out of 48 PPGs not assigned an Action Plan, 3 showed improvements in the Utilization Management domain (6%)
- Out of 48 PPGs not assigned an Action Plan, 6 showed improvements in the Patient Satisfaction domain, 13%
Question 3:
- Groups assigned Encounters and HEDIS (6) that showed improvement in both (2) did not show improvement in PS and UM. Of the 4 groups that did not show improvement in both Enc and HEDIS, only 1 group showed improvement in UM and none in PS.
- Groups assigned Encounters and PS (3) that showed improvement in both (1) also showed improvements in both HEDIS and UM. Of those that did not improve in both assigned categories 1 improved in HEDIS and 1 improved in UM.
- Groups assigned to Encounters and UM (4) all showed improvement in Encounters but none in UM. Only one group also showed improvements in HEDIS, none in PS.
- 2 groups improved in 3 domains, 4 groups improved in 2 domains, and 7 improved in just one domain.

**LACC**
Question 1:
- 4 PPGs were assigned HEDIS domain, all 4 improved (100%)
- 5 PPGs were assigned UM domain, 4 of 5 showed improvement (80%), 1 decreased.
- 7 PPGs were assigned ME domain, 0 improved (0%), 1 group decreased.
- 0 PPGs were assigned Encounters, 1 improved, 4 decreased, 2 remained the same
- 
Question 2:
- 15 no AP PPGS for HEDIS, 9 improved (60%), 6 decreased
- 15 no AP PPGS for UM domain, 9 improved (60%), 6 decreased

- 15 no AP PPGs for ME domain, 0 improved (0%), 7 decreased, and 8 remained the same
- 15 no AP PPGs for Encounters, 2 improved (13%), 11 decreased, 2 remained the same

Question 3:
- 1 PPG assigned HEDIS and UM, did not improve in ME or ENC
- 3 PPG assigned HEDIS and ME, none improved in ME, and only 1 PPG improved in UM and ENC as well
- 4 PPG assigned ME and UM, 3 improved in UM, none in ME, only 2 PPG improved in HEDIS and none in ENC
- 1 AP PPG improved in 3 domains, 3 improved in 2 domains, 4 improved in 1 domain

**CMC**
Question 1:
- 1 PPG assigned HEDIS, 1 improved (100%)
- 3 PPGs assigned encounters 2 improved (67%), 1 decreased
- 5 PPGs assigned Rx, 0 improved (0%), 5 decreased
- 1 PPG assigned UM, 0 improved (0%), 1 decreased

Question 2:
- 12 PPGs in HEDIS, 5 improved (42%), 7 decreased
- 12 PPGs in Enc, 11 improved (92%), 1 decreased
- 12 PPGs in RX, 9 improved (75%), 3 decreased
- 12 PPGs in UM, 5 improved (42%), 7 decreased

Question 3:
- 3 PPGs assigned encounters and improved, also improved in UM, and 2 of 3 improved in CM
- 1 PPG assigned HEDIS and improved, also improved in UM, ENC and CM
- 1 PPG improved in 4 of 6 domains, 3 PPG improved in 3 of 6 domains, 1 PPG improved in 2 of 6 domains

## DISCUSSION

### Medi-Cal
While the groups not completing an Action Plan followed a similar pattern of improvement as those who completed the Action Plans, the Action Plan group outperformed the non- Action Plan group in 3 domains: Encounters, HEDIS, and Patient Satisfaction. Utilization Management was the only domain that saw no improvements among those groups assigned the domain, whereas the non-AP group had a rate of improvement of 6%. However, because of the small size of the cohort, it is difficult to assess whether the pattern of improvement was due to chance or not.

Improving in the Action Plan assigned domains was not consistently seen as a driver of improvement in other domains, as 7 of the 13 PPGs assigned an Action Plan improved in only 1 domain (54%).

### LACC
Groups assigned to complete Action Plans for the HEDIS and Utilization Management domains outperformed those who did not complete Action Plans. Both the AP and non-AP cohorts showed no improvement in the Member Experience domain. Although no group was assigned the Encounters domain, 1 PPG in the Action Plan cohort did improve (14%), while 2 PPGs improved in the non-Action Plan cohort (13%). Participating in the Action Plan process did not substantially improve other domains as the majority of Action Planned assigned PPGs (4 of 7, 57%) only improved in 1 domain.

**CMC**
The non-Action Plan cohort outperformed the Action Plan assigned cohort in all domains except HEDIS where 1 PPG was assigned the HEDIS domain and that group improved (100%), and only 5 of 12 (42%) groups who were not assigned an Action Plan improved. Those assigned Action Plans did improve in more domains than they were assigned, though a similar pattern was observed in the non-Action Plan cohort. The cohort size makes it difficult to assess if any of these results are due to chance, however, it does not appear that participation in the Action Plan for CMC produced better outcomes than not participating.

**LIMITATIONS**
All three lines of business represent small cohorts, too difficult to run tests for significance leaving outcomes difficult to interpret. A new method for assigning Action Plans was implemented in 2021, allowing for PPGs to choose their measures within assigned domains. The PPGs did not necessarily choose a measure within the domain that was a VIIP incentive measure, therefore, measure based conclusions could also not be drawn. Another analysis to include changes across more years may reveal trends or patterns not seen between MY 2019 and 2021 and provide stronger evidence for methodologies that promoted improvements.

As was seen in many of the trends in the VIIP programs themselves, the health emergency brought on by the COVID-19 pandemic created many challenges for health systems to overcome, even when directing their focus to low performing domains and measures for improvement. The success or failure of Action Plans as a means of improvement should not be solely judged on these health emergency years. An analysis that includes a wider span of years might better assess the value of the Action Plan program and its methodology.

**CONCLUSION**
Ultimately the results are inconclusive, for Medi-Cal and LACC larger improvements were seen in the Action Plan cohort, but not so for CMC. The differences between cohorts may or may not be significant.

**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. Performance on these metrics also impact the proportion of members who are auto-assigned to each plan partner. In MY 2019, an additional component was incorporated into the plan partner program to tie a significant proportion of the plan's incentive payment to how their contracted provider groups perform in the Medi-Cal VIIP+P4P program. The Plan Partner Incentive program will continue to utilize these metrics moving forward with targeted areas of modification. Final performance reports and incentive payments for the MY 2021 program were distributed in January 2023. The MY 2022 program is scheduled for final reports and payments for the 4th quarter of 2023.

**Summary Statistics for the Plan Partner MY2021 Payments**
L.A. Care paid $6.7 million in incentive payments to the participating plan partners for the MY2021 plan partner incentive program.
- Plan Partner 1: earned 40.69% of the possible payment, which equates to $0.68 PMPM
- Plan Partner 2: earned 41.41% of the possible payment, which equates to $0.70 PMPM

**Plan Partner Incentive Performance Trends**

The plan partners have historically been measured on five administrative auto-assignment measures in their incentive program. Between MY2015–MY2017, both Plan Partners generally demonstrated steady improvement in their year-over-year administrative rates for each of the incentivized measures. Beginning with MY2018, additional domains and measures were added to their incentive program, so the plan partners are now being tracked on (1) HEDIS, (2) member experience, (3) utilization management, (4) encounter measures and (5) IPA Performance Improvement, for performance measurement, performance scoring, and incentive payments. In MY2020, an additional measure was added to the IPA Performance Improvement domain for IPA rank improvement based on Plan Partner-contracted IPA performance in the Medi-Cal VIIP Program. The below information and tables provide a view of their performance by each domain in MY2021.

1. **HEDIS Measures (13 measures)**

   In MY 2021, both Plan Partners attained the 75th percentile for NCQA on **1 (7.7%)** HEDIS measure, Chlamydia Screening in Women.

   Between MY 2019 and MY 2021, Plan Partner 1 improved on **5 of 10 (50.0%)** HEDIS measures with **4** of those improvements (**40.0%**) demonstrating statistical significance. During the same timeframe, Plan Partner 2 improved on **6 of 10 (60.0%)** HEDIS measures, with all **6** of those improvements demonstrating statistical significance. Both plans saw statistically significant improvements for the following 3 HEDIS measures: Asthma Medication Ratio, Childhood Immunization Series, and Prenatal & Postpartum Care – Postpartum Care.

   Between MY 2019 and MY 2021, Plan Partner 1's performance declined on **5 of 10 (50.0%)** HEDIS measures, of which **4** declines (**40.0%**) were statistically significant. During the same timeframe, Plan Partner 2's performance declined on **4 of 10 (40.0%)** HEDIS measures, of which **3** declines (**30.0%**) were statistically significant.

   *There were an additional 3 HEDIS measures for which MY2019 data was not available. Of those 3 measures, both Plan Partner 1 and 2 improved on **2 of 3 (66.7%)** measures between MY 2020 and 2021, with both of those improvements for both Plans demonstrating statistical significance. Those two measures were: Child & Adolescent Well-Care Visits and Controlling High Blood Pressure. Both plans also saw statistically significant declines on **1 of 3 (33.3%)** measure between MY 2020 and MY 2021: Well Child Visits in the First 30 Months of Life.

   In the tables below, improvements are in green text; declines are in red text; statistically significant changes are bolded.

| Plan Partner 1 | | | |
|---|---|---|---|
| **HEDIS Measures** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Asthma Medication Ratio - Ages 5-64 | 55.03% | 59.92% | 60.94% | **5.91%** |
| Breast Cancer Screening | 61.67% | 56.72% | 53.69% | **-7.98%** |
| Cervical Cancer Screening | 59.45% | 56.65% | 54.77% | **-4.68%** |
| Child & Adolescent Well-Care Visits | N/A | 44.56% | 50.18% | **5.62%*** |
| Childhood Immunization Status - Combo 10 | 21.86% | 25.83% | 26.03% | **4.17%** |
| Chlamydia Screening in Women | 63.76% | 62.06% | 64.05% | 0.29% |
| Comprehensive Diabetes Care - Control (A1c < 8) | 45.89% | 44.36% | 44.47% | **-1.42%** |
| Controlling High Blood Pressure | N/A | 22.56% | 30.77% | **8.21%*** |
| Immunizations for Adolescents - Combo 2 | 37.88% | 37.68% | 35.90% | **-1.98%** |

| Plan Partner 1 | | | | |
|---|---|---|---|---|
| **HEDIS Measures** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Prenatal and Postpartum Care - Postpartum Care | 61.05% | 63.63% | 64.50% | **3.45%** |
| Prenatal and Postpartum Care - Timeliness of Prenatal Care | 78.66% | 78.49% | 77.87% | -0.79% |
| Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity | 58.59% | 54.25% | 61.09% | **2.50%** |
| Well-Child Visits in the First 30 Months of Life | N/A | 61.14% | 55.14% | **-6.00%*** |

| Plan Partner 2 | | | | |
|---|---|---|---|---|
| **HEDIS Measures** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Asthma Medication Ratio - Ages 5-64 | 55.00% | 60.88% | 59.01% | **4.01%** |
| Breast Cancer Screening | 58.54% | 54.77% | 52.33% | **-6.21%** |
| Cervical Cancer Screening | 61.69% | 58.24% | 54.74% | **-6.95%** |
| Child & Adolescent Well-Care Visits | N/A | 36.66% | 45.58% | **8.92%*** |
| Childhood Immunization Status - Combo 10 | 24.97% | 27.85% | 27.29% | **2.32%** |
| Chlamydia Screening in Women | 65.16% | 64.80% | 66.67% | **1.51%** |
| Comprehensive Diabetes Care - Control (A1c < 8) | 34.28% | 36.88% | 39.98% | **5.70%** |
| Controlling High Blood Pressure | N/A | 24.43% | 34.65% | **10.63%** |
| Immunizations for Adolescents - Combo 2 | 39.92% | 39.23% | 36.96% | **-2.96%** |
| Prenatal and Postpartum Care - Postpartum Care | 78.56% | 58.22% | 61.11% | **4.05%** |
| Prenatal and Postpartum Care - Timeliness of Prenatal Care | 59.80% | 76.87% | 78.06% | **-0.50%** |
| Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity | N/A | 48.92% | 61.21% | **1.41%*** |
| Well-Child Visits in the First 30 Months of Life | 55.00% | 55.71% | 49.11% | **-6.60%** |

## 2. Member Experience Measures (8 measures)

Between MY 2019 and MY2 021, both Plan Partner 1 and 2 improved on **4 (50.0%)** measures in the Member Experience domain, and both had **0 (0.0%)** statistically significant improvements. Both plans improved on the following 3 measures: Child Timely Care and Service for PCPs, Child Rating of All Healthcare Combined, and Child Rating of PCP.

Between MY 2019 and MY 2021, Plan Partner 1 declined on **4 (50.0%)** Member Experience measures, **4** of which 8 **(50.0%)** were statistically significant. During the same timeframe, Plan Partner 2's performance also declined on **4 (50.0%)** Member Experience measures, **0** of which **(0.0%)** were statistically significant. Both plans declined on the following 3 measures: Adult Timely Care and Service for PCPs, Adult Rating of All Healthcare Combined, and Adult Rating of PCP.

In the tables below, improvements are in green text; declines are in red text; statistically significant changes are bolded.

| Plan Partner 1 | | | |
|---|---|---|---|
| **Member Experience Measures** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Adult Timely Care and Service for PCPs | 66.84% | 55.05% | 46.71% | **-20.13%** |
| Adult Getting Needed Care Combined | 60.44% | 53.67% | 49.63% | **-10.81%** |
| Adult Rating of All Healthcare Combined | 68.07% | 59.37% | 58.42% | **-9.65%** |
| Adult Rating of PCP | 66.89% | 62.31% | 54.19% | **-12.70%** |
| Child Timely Care and Service for PCPs | 54.92% | 61.02% | 62.38% | 7.46% |
| Child Getting Needed Care Combined | 53.78% | 58.62% | 56.24% | 2.46% |
| Child Rating of All Healthcare Combined | 70.52% | 70.96% | 75.61% | 5.09% |
| Child Rating of PCP | 69.68% | 70.98% | 75.37% | 5.69% |

| Plan Partner 2 | | | |
|---|---|---|---|
| **Member Experience Measures** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Adult Timely Care and Service for PCPs | 51.87% | 48.32% | 44.27% | -7.60% |
| Adult Getting Needed Care Combined | 56.63% | 55.52% | 57.81% | 1.18% |
| Adult Rating of All Healthcare Combined | 61.77% | 66.58% | 61.70% | -0.07% |
| Adult Rating of PCP | 66.15% | 70.65% | 65.06% | -1.09% |
| Child Timely Care and Service for PCPs | 59.33% | 56.16% | 60.94% | 1.61% |
| Child Getting Needed Care Combined | 56.36% | 54.63% | 52.09% | -4.27% |
| Child Rating of All Healthcare Combined | 73.22% | 74.91% | 75.29% | 2.07% |
| Child Rating of PCP | 65.04% | 74.67% | 69.39% | 4.35% |

3. **Utilization Management Measures (3 measures)**

Between MY 2019 and MY 2021, both Plan Partner 1 and 2 improved on **1 (33.3%)** measure in the Utilization Management (UM) domain, Emergency Department Utilization, and both had statistically significant improvements.

Between MY 2019 and MY 2021, both Plan Partner 1 and 2 declined on the same **2 (66.7%)** UM measures, Acute Hospital Utilization and Plan All-Cause Readmissions, and both had statistically significant declines for the two measures.

In the tables below, improvements are in green text; declines are in red text; statistically significant changes are bolded. Rates are displayed on an observed over expected ratio. Lower scores are better in the Utilization Management domain.

| Plan Partner 1 | | | |
|---|---|---|---|
| **Utilization Management Measures** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Acute Hospital Utilization (O/E) | 0.93 | 1.31 | 1.29 | **-0.36** |
| Plan All-Cause Readmission (O/E) | 0.74 | 0.93 | 0.89 | **-0.15** |
| Emergency Department Utilization (O/E) | 2.57 | 1.60 | 1.66 | **0.91** |

| Plan Partner 2 | | | | |
|---|---|---|---|---|
| **Utilization Management Measures** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Acute Hospital Utilization (O/E) | 0.96 | 1.12 | 1.36 | **-0.40** |
| Plan All-Cause Readmission (O/E) | 0.74 | 0.87 | 0.83 | **-0.09** |
| Emergency Department Utilization (O/E) | 2.68 | 1.67 | 1.73 | **0.95** |

### 4. Encounter Measures (2 measure)

Between MY 2019 and MY 2021, both plan partners saw statistically significant improvements in their encounter timeliness. *For encounter volume, the MY 2019 data was excluded as it does not apply Contract Type = 05 and is inconsistent with MY 2020 and MY 2021 data. However, both saw statistically significant improvements on their encounter volume between MY 2020 and MY 2021.

In the tables below, improvements are in green text; statistically significant changes are bolded. .

| Plan Partner 1 | | | | |
|---|---|---|---|---|
| **Encounter Measure** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Plan Partner Encounter Volume (PMPY) | N/A | 5.75 | 6.37 | **0.62*** |
| Plan Partner Encounter Timeliness | 66.78% | 63.91% | 70.84% | **4.06%** |

| Plan Partner 2 | | | | |
|---|---|---|---|---|
| **Encounter Measure** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| Plan Partner Encounter Volume (PMPY) | N/A | 5.23 | 5.49 | **0.26*** |
| Plan Partner Encounter Timeliness | 20.30% | 54.71% | 74.46% | **54.16%** |

### 5. IPA Performance Improvement (2 measures)

Between MY 2019 and MY 2021, both Plan Partners saw declines in both the percentage of their IPAs' scores improving year over year for the Medi-Cal VIIP+P4P program, although Plan Partner 2 did see an improvement in the percentage of their IPAs' ranks improving year over year.

In the tables below, improvements are in green text; declines are in red text. This domain is not evaluated for statistically significance changes in rates for determining credit in the incentive program.

| Plan Partner 1 | | | | |
|---|---|---|---|---|
| **IPA Performance Improvement Measure** | **MY 2019 Rate** | **MY 2020 Rate** | **MY 2021 Rate** | **Rate Change** |
| IPA VIIP Score Improvement | 79.41% | 38.71% | 32.35% | -47.06% |
| IPA VIIP Rank Improvement | 58.82% | 41.94% | 41.18% | -17.64% |

| Plan Partner 2 | | | | |
|---|---|---|---|---|
| **IPA Performance Improvement Measure** | **MY2019 Rate** | **MY2020 Rate** | **MY2021 Rate** | **Rate Change** |
| IPA VIIP Score Improvement | 68.57% | 52.94% | 41.18% | -27.39% |
| IPA VIIP Rank Improvement | 45.71% | 58.82% | 52.94% | 7.23% |

**PROVIDER INCENTIVES: PROGRAM OPERATIONS AND MANAGEMENT IN 2022**

- The VIIP and Incentives workgroups discussed, tested and determined the final list of metrics and scoring methodology for each of the 2022 programs. This included measure changes in HEDIS, Member Experience, Utilization, Encounters, Care Management, and Medication Management, as well as domain weighting changes. All updates were all captured in the program descriptions and announced to the network Q1 2022.

- 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 2022. 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 and MSOs, 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, and more.

- 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 monthly HEDIS/UM provider opportunity/gaps in care reports, quarterly encounter reports, annual CG-CAHPS reporting, 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 2022 (July, October and January 2023), 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 2020 Physician P4P Program were identified and recognized in an article published in L.A. Care's Spring 2022 Progress Notes newsletter. These providers were also sent a plaque of recognition in addition to their incentive payments.

- L.A. Care held its annual Provider Recognition Event. The event was used as a platform to formally recognize the top performing practitioners, community clinics and IPAs for MY 2020. The event was a weeklong online celebration, including articles, website posting, and setting up billboards for the winners.

**FUTURE DIRECTION**

Planning for the measurement year 2023 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:**
    - Medical record request
    - Compliance sanctions

- **The Action Plans Process:**
  o Future focus on member experience
  o Requiring the plan partners to complete action plans
  o Implementing an action plan escalation process to ensure IPAs complete action plans
- **Developing new and separate incentive program for our direct network providers.**
  o Utilizing the existing P4P structure for program development
  o Identifying additional process and outcome measures to support the direct network
- **Introduce new domains in the Physician P4P Program:**
  o Utilization
  o Member Experience
- **External benchmarking:**
  o Utilizing state or national benchmarks to get the network performing to the next level.
  o Using MPLs and HPLs
- **Additional analytics to support providers:**
  o Enhanced reporting to show missed opportunities
  o Improved education on data submission requirements and HEDIS specs
- **Enhanced investment in communications**
  o More face-to-face meetings with providers and office staff
  o More online/phone based meetings (webinars)
  o Simpler marketing collateral and messaging.
  o 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:**
  o Collaborate with the Integrated Healthcare Association to align performance measures (e.g. Core Measure Set).
  o 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**
  o Expanding the recognition & rewarding of top performers.
  o Transparency of rankings within network to spur motivation.
  o Reporting results publicly in the future in addition to in-network transparency.
- **Survey all lines of business regarding the incentives programs**
  o Satisfaction with the program
  o 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. L.A. Care runs member incentive programs for postpartum care, flu vaccinations, and other health and wellness activities that are managed by other teams within L.A. Care. Those program evaluations are covered in our sections of the QI Evaluation, including final impact of those programs on both administrative and hybrid HEDIS rates, return on investment, as well as other qualitative and quantitative analysis.

The QI Incentives team operated the following incentive in 2022 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 is to increase the 7-day and 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.

L.A. collaborated with Beacon Health Options (Beacon) to promote this member incentive program to the eligible population. Beacon conducted multiple outreach efforts which included:

- Beacon staff met with members post-discharge when possible
- Care Managers and Aftercare Coordinators called members three times each to inform them about the incentive
- Letters about the incentive were mailed out to members who could not be reached.

In total, there were 119 members were awarded in 2022:

- 58 CMC members
- 60 LACC members
- 1 PASC member

**FUTURE DIRECTION**

Member incentive programs for 2023 are being discussed and developed in the various QI workgroups, with a focus on high impact measures. Potential programs for specific health behaviors as well as 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, targeting specific disparities, thinking of alternative ways to communicate and market the programs, enhancements in how we determine eligibility, determine awarding, facilitate the award transactions, etc.

2022 marked a full year of Customer Motivators acting as L.A. Care's contracted member incentive fulfillment vendor. Customer Motivators fulfills awarding for members in five member incentive programs managed by various departments. An in-depth review of key performance metrics such as members awarded, total program costs, and member grievances is underway.

## I.6 QUALITY PERFORMANCE MANAGEMENT ACTIVITIES RELATED TO HEDIS IMPROVEMENT

**AUTHOR: THOMAS MENDEZ**
**REVIEWER: HUMAIRA THEBA, MPH & MARIA CASIAS, RN**

**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, practitioner outreach, internal departmental education on HEDIS, process improvements on data flow, and research using predictive models. The objective of these activities not only look to improve data capture and analysis, but also aim 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 improve member satisfaction. L.A. Care Quality Performance Management and Plan Partner HEDIS staff have been conducting HEDIS and member experience survey (e.g. Consumer Assessment of Healthcare Providers and Systems (CAHPS), education to providers and their staff since 2016). The education helps improve provider awareness on 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 LAC provider portal and website. In addition, the National Committee for Quality Assurance (NCQA) made changes to many of the HEDIS measure specifications due to COVID19, allowing services provided during Telehealth visits to count. Education was focused on those changes along with changes to measures that now allow member reported services.

- Medical Record Project - for Measurement Year (MY) 2021, the Medical Record Review project was again conducted completely with QPM internal staff. In years prior to MY 2020, the project was performed by a combination of vendor and internal staff. This change resulted in a 76% cost reduction for the project. This effort included record collection, abstraction and additional pursuit of noncompliant samples. This started in January and ran until the May 8 NCQA deadline. QPM staff collected 8,000 chart requests.

- HEDIS MY 2021 largely represented a year of getting back to normal. For MY 2020, new reporting requirements were presented but LAC was not scored on all of our results due to the COVID-19 pandemic. Nevertheless, LAC has put in substantial efforts to drive sustainable initiatives and data collection activities.
  - Summary of changes in reporting that impacted HEDIS MY 2021:
    - DHCS announced that plans would be held to the Managed Care Accountability Set (MCAS) 50th percentile for the Minimum Performance Level (MPL) measure set and would be financially penalized for measures that do not meet the MPL. L.A. Care team puts their focus towards monitoring performance of these measures.
    - NCQA returned to the Accreditation methodology to score based on Health Plan Ratings in MY 2021. Due to COVID-19, NCQA allowed plans to report the higher of their 2019 or 2020 scores. Due to this allowance, the LAC rating was reported as a 4 but the earned rating for MY 2020 was a 3.5. L.A. Care earned a rating of 3.5 for MY2021 with the raw score being slightly higher than MY 2020.
    - L.A. Care completed the 4th year of data reporting for the LACC VIIP Program in collaboration with the Integrated Healthcare Association (IHA) reporting for the Marketplace product line.

- The HEDIS software vendor for HEDIS MY 2021 was the Cognizant ClaimSphere Engine. LAC has collaborated with Cognizant to continue producing: (1) Provider Opportunity Reports (POR), a high-level summary on the open gaps in care by measure/group/provider, (2) Gap In Care Reports

(GIC), member level details used to identify and target members by measure, while continuing to enhance processes and discuss improvement strategies by meeting with IPAs, Clinics, and Providers.

- For HEDIS MY 2021, L.A. Care successfully completed the HEDIS project and passed audits with both the contracted NCQA audit firm (Advent Advisory) and the State DHCS audit firm (HSAG (Health Services Advisory Group).

- HEDIS resources: Annually, QPM staff updates HEDIS guides based on the Technical Specifications released by NCQA. Included are the HEDIS Measure Guide, Measure Coding Guide to HEDIS, HEDIS Hybrid Measure Pocket Guide, and Telehealth Guide. HEDIS Measure Guide provides information about the eligible population, codes for compliance, and documentation needed in the medical record for each of the measures. The Measure Coding Guide details guidance to providers to submit HEDIS services to reduce the need for medical record collection for hybrid measures. The Pocket Guide gives providers quick tips at a glance, the Telehealth Guide was created to give providers guidance on the newly released changes to the HEDIS specifications due to COVID-19. All guides are distributed as QPM staff conducts practitioner outreach to offices providing HEDIS/CAHPS education and review of HEDIS gaps in care reports.

**MAJOR ACCOMPLISHMENTS**

- Outreach in 2022 targeted 3,360 primary care providers—all PCPs except for Kaiser and DHS. Outreach was conducted by L.A. Care QPM/HEDIS, Blue Shield Promise 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 conducted only telephonic and WebEx meetings with providers due to COVID-19 where in previous years, most visits were onsite. QPM staff has forged positive relationships with the provider office staff and have become a resource to them for all issues with LAC. 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 further issues.

- Several offices had previous issues logging into the LAC portal that were resolved with the visits giving them access to member gap in care reports and HEDIS/CAHPS resources.

- Several offices asked for training in improving customer service.

- HEDIS MY2021 data optimization and cross functional initiatives contributed to integration of new data sources for HEDIS reporting such as:
  - Collaboration with the Health Information Technology team to integrate new data sources for Depression and Alcohol use screening (E-Management).
  - Health Information Exchange data from LANES was incorporated into the L.A. Care data collection process and helped towards the reporting of several Electronic Clinical Data Systems (ECDS) measures.
  - Addition of LANES data completed the data integration of all L.A. Care HIE systems into HEDIS reporting (CMT and E-Connect were integrated in the prior year).
  - New supplemental data sources as result of pilot projects.
  - Cozeva – Pilot project to set up gap in care closure tool. While the gap in care process with L.A. Care was not yet fully implemented for MY 2021 reporting, several providers utilizing Cozeva were able to close HEDIS gaps by uploading medical record documentation to the portal. Additional providers are continually being added as Cozeva users as the project transitions from pilot to production.
  - Collaboration with Risk Adjustment—QPM reviewed medical records collected by the L.A. Care Risk Adjustment team for HEDIS gaps. Through this review, 4,460 CMC gaps were closed, mainly for Care for Older Adults (COA), Controlling High Blood

Pressure (CBP, Breast Cancer Screening (BCS) and Colorectal Cancer Screening (COL).

**BARRIERS**
- Several offices have technology challenges, such as no email, internet, EMR, Microsoft Office, etc. which limits their ongoing access to reports and resources on the LAC portal.
- A number of offices (approximately 16%) declined outreach due to being extremely busy and/or short staffed 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 or were no-shows to the appointment. Offices that declined were still provided with HEDIS resources as reference materials.
- Staff was unable to contact approximately 5% of offices due to bad phone numbers, offices closed or offices not returning phone messages.

**PROVIDER FEEDBACK**
- 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. Report frequency has increased from bi-monthly to monthly to reduce, but not eliminate the lag.
- Many providers continue to be concerned that their P4P incentives and HEDIS rates will be low due to members not scheduling or refusing services due to COVID-19 especially services for children (well checks and immunizations) and Cancer Screenings.
- Several providers expressed difficulty in reaching a live person from LAC when calling for assistance. Calls often are 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 LAC issues. The staff members coordinated issue resolution with the appropriate L.A. Care departments.
- Some offices stated that LAC 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 of outreach and communication (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 LAC 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 will continue Provider outreach in collaboration with plan partners along with other LAC departments. It is expected that the visits will continue to have a positive impact on the HEDIS and CAHPS rates.
- Cozeva gap in care closure process going live for additional providers to access and submit data; new data sources integrated in 2022 as a result of these efforts. The Cozeva platform allows providers to close gaps while the member is in the office along with historical data.

- Medical Record Project-internal record collection and focused pursuit of chases will be conducted by QPM staff on hybrid measures; this effort will start in November 2022 and run until the May 2023 NCQA deadline.
- Covered CA will require in Measurement Year (MY) 2022 80% Race/Ethnicity member self-reported data collection; L.A. Care needs to ensure that systems and processes are in place to collect this data; 10% penalty from Covered CA for not meeting 80% member reported data threshold.
- NCQA is continuing to push to eliminate measures that require Medical Record review in order to reduce the burden on Health Plan staff. Measures requiring Medical Record review are being phased out and/or transitioned to Data-only measures.

## I.7 HEALTH SERVICES TRAINING (HST)

**AUTHOR: BYRON NATÉ, MPH**
**REVIEWER: MATTHEW PIRRITANO, PH.D & MARIA CASIAS, RN**

### BACKGROUND

Training and Development, especially within a healthcare organization presents a special opportunity to expand the knowledge base of all employees. Learning and development can increase employee retention, job satisfaction, and productivity. This puts the Health Services Training (HST) team in a unique position by having the responsibility to be the training department focused to support and assist the training needs of its Health Service departments. In FY 2021-2022, our aim was to continue our services with this goal in mind, allowing HST to thoroughly analyze, research, develop and implement much-needed training programs for Health Services.

In our fourth year as a department, Health Services Training (HST) has placed a major focus on the technological landscape and evaluation methods within its programs and services. We are now placing more focus on our technical and virtual platform. After nearly two years of the COVID-19 pandemic, placing staff in a remote setting at L.A. Care has given rise to many challenges. One way to combat these challenges was to place an emphasis on our communication of information through training opportunities. In 2022, due to the ongoing pandemic protocols, we have strengthened our focus on the transition of trainings primarily to a mainly web-based virtual training format. These unforeseen circumstances have forced our department to shift its focus and plan for a workplace that will steadily offer remote learning as its main line of communication.

### 2022 WORK PLAN GOAL

The overarching goal for the HST Team has been to develop, improve, and maintain a standardized technical training program to support the areas in Health Services. HST took a multi-pronged approach:

1) Continue to provide new hires within Health Services an orientation and onboarding experience to acclimate them to current Health Services processes and build their skill sets to ramp up their productivity quickly.
2) Transition learning and training opportunities to an all-virtual platform due to the recent pandemic. In addition, to centralize all training efforts into one location by tracking and monitoring activity within all Health Service departments and
3) Continue to collaborate and facilitate training efforts for all Health Services departments by creating cross vertical partnerships within L.A. Care. This allowed HST to strengthen our ongoing relationship with cross-functional teams by strategically planning for more communication and efficiency.

For FY 21-22, HST focused on three key areas; the onboarding of new hires, trainings for current existing staff, and a centralized area for training efforts among all Health Services departments. It was key to maintain our relationships with Health Services stakeholders on training needs this year. Based on their feedback we developed trainings for multiple departments. In the creation of those trainings, HST provided project management oversight of trainings. The development of trainings included an assessment of training needs, and the identification of a Subject Matter Expert (SME) or training speaker. HST also provided the management of logistics, technological support, and evaluation methodologies. To aid evaluation efforts surveys are collected for each training to assess any increase in knowledge and participants' feedback.

From our needs assessment analysis in FY 2021-2022, HST was able to maintain support:
1) For existing training programs from all health services departments
2) To assess training needs from the health services management team, and
3) To identify and prioritize training needs for the current fiscal year.

As a result of this analysis, HST incorporated the following strategies into its program:
1) An Evaluation Design restructure for our HST NHO (New Hire Onboarding) program. This included a revamp of the NHO program to transition to a virtual learning platform due to the global pandemic.
2) Future training program needs with specific topics that multiple departments requested. Examples include, Health Equity, Cultural Competency and an increase in employee skill sets.
3) We also conducted 30 and 60-day new hire check-in meetings. These meetings allowed our team to check-in with newly hired employees. HST has plans to develop a 6-month onboarding follow up plan to touch base with new employees during the first 6 months specifically aimed at assessing training needs and access to resources.

Below is a list of completed trainings requested by different Health Services departments for the fiscal year.

## MAJOR ACCOMPLISHMENTS
- 12 completed trainings launched to Health Services Staff and Enterprise-Wide
  1. HST NHO Health Services Training New Hire Onboarding
  2. Motivational Interviewing (MI) Training Sessions
  3. Health Education Medically Tailored Meals Training
  4. LANES (Los Angeles Network for Enhanced Services)
  5. Writing in Plain Language
  6. L.A. Care Community Link New Function and Enhancements
  7. Magellan Rx (Pharmacy Benefits Manager)
  8. LGBTQ Cultural Competency Training
  9. CalAIM Enhanced Care Management (ECM)
  10. MLTSS Department – Personal Care/Home Maker Services
  11. Getting to Know Critical Incidents (CI)
  12. Getting to Know Potential Quality of Issues (PQI)
- Conducted 86 sessions of training via WebEx
- Developed and launched 5 e-learning courses with Learning & Development
  1. Getting to Know Critical Incidents (CI)
  2. Getting to Know Potential Quality of Issues (PQI)
  3. HEDIS
  4. LGBTQ Cultural Competency Training
  5. LANES (Los Angeles Network for Enhanced Services)
- 6 trainings currently in progress: 5 e-learning courses and 1 self-paced course
  1. LGBTQ
  2. HEDIS
  3. LANES Upgrade Training
  4. Facility Site Review Training Automation
  5. OBIIEE/Optum Symmetry
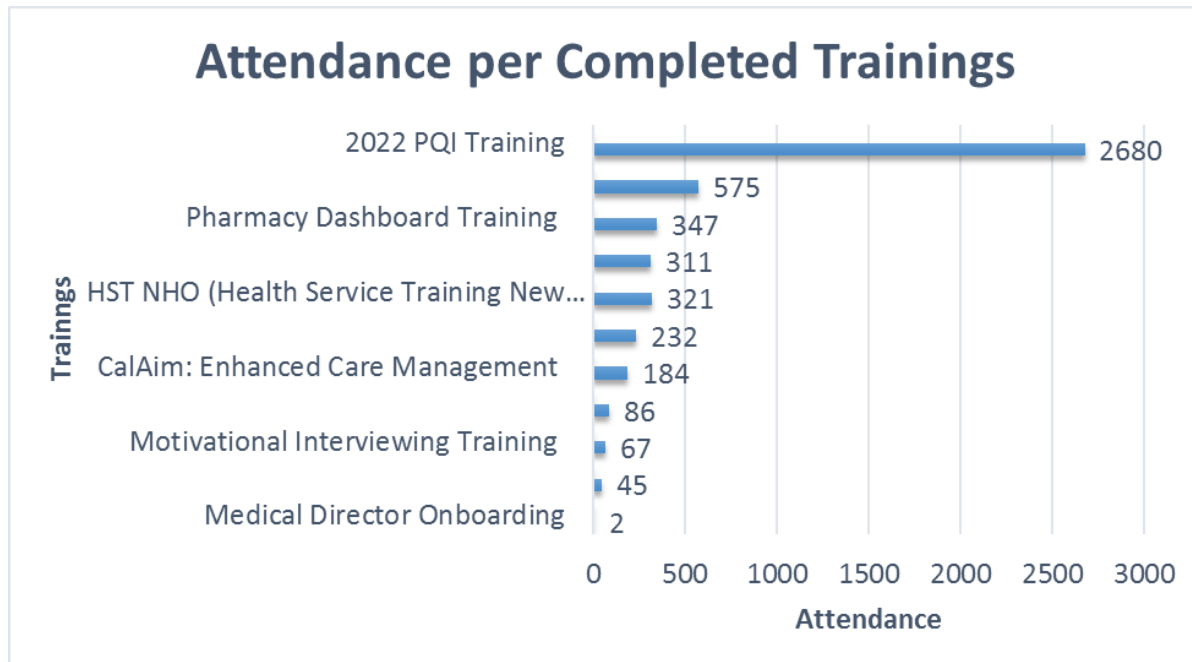  6. Collective Medical Technologies (CMT) Training

# DESCRIPTION OF THE TRAININGS

| Completed Trainings | Learning Format | Requesting Department |
|---|---|---|
| 1. **HST NHO Health Services Training New Hire Onboarding** | *Monthly 3 Day 12 Sessions Virtual WebEx* | All Health Services Departments |
| 2. **Motivational Interviewing (MI)** | *20 sessions Virtual WebEx 2x a year* | Health Education |
| 3. **Medically Tailored Meals (MTM)** | *6 sessions Virtual WebEx* | Health Education |
| 4. **LANES Training** | *E-Learning Self-Paced* | HST Health Services |
| 5. **Writing in Plain Language** | *4 sessions Virtual WebEx* | Enterprise-wide |
| 6. **LA Care Community Link New Function and Enhancements** | *6 sessions Virtual WebEx* | Social Services Compliance |
| 7. **Magellan Rx (Pharmacy Benefits Manager)** | *6 sessions Virtual WebEx* | All Health Services Departments |
| 8. **LGBTQ Cultural Competency Training** | *E-learning course Recorded WebEx Offered Monthly* | Behavioral Health |
| 9. **CALAIM ECM (Enhanced Care Management)** | *8 sessions Virtual WebEx* | Enterprise-wide |
| 10. **MLTSS (Managed Long Term Support Services) Personal Care/Home Maker Services** | *4 sessions Virtual WebEx* | MLTSS |
| 11. **LA Care Community Link New Function and Enhancements** | *6 sessions Virtual WebEx* | Social Services Compliance |
| 12. **LGBTQ Cultural Competency Training** | *E-learning course Recorded WebEx* | BH |
| 13. **Getting to Know Critical Incidents (CI)** | *E-learning course Launched on 9/21/21* | PQR CSC |
| 14. **Getting to Know Potential Quality of Issues (PQI)** | *E-learning course Launched on 9/21/21* | PQR CSC |
| 15. **LANES Upgrade Training** | *E- Learning Course* | HIE |
| 16. **Facility Site Review (FSR) Training Automation\*\*** | *E-Learning Course* | BH |
| 17. **OBIIEE/Optum Symmetry\*\*** | *Virtual WebEx* | QI |
| 18. **Collective Medical Technologies (CMT)\*\*** | *E-learning Course TBD* | QI |

\*All data and numbers provided are up to date as of 11/11/2022.
\*\* Currently in progress

**RESULTS (*HIGHLIGHTS*):**

## Attendance per Completed Trainings



Bar chart titled "Attendance per Completed Trainings" (x-axis: Attendance, y-axis: Trainings):

- 2022 PQI Training: 2680
- 575
- Pharmacy Dashboard Training: 347
- 311
- HST NHO (Health Service Training New...): 321
- 232
- CalAim: Enhanced Care Management: 184
- 86
- Motivational Interviewing Training: 67
- 45
- Medical Director Onboarding: 2

### Writing in Plain Language Training

| Session | Registered | Attended | Did Not Attend | Attendance Rate % | No Show Rate % |
|---|---|---|---|---|---|
| **Session 1 (November 2021)** | 23 | 12 | 11 | 52% | 21% |
| **Session 2 (November 2021)** | 24 | 18 | 6 | 75% | 4% |
| **Session 1 (May 2022)** | 118 | 118 | 0 | 99% | 1% |
| **Session 2 (May 2022)** | 84 | 84 | 0 | 99% | 1% |
| **Total:** | 249 | 232 | 17 | 81% | 7% |

### CAL AIM ECM (Enhanced Care Management) Training

| Session | Registered | Attended | Did Not Attend | Attendance Rate | No Show Rate |
|---|---|---|---|---|---|
| All 8 ECM Sessions | 225 | 216 | 8 | 96% | 3% |

### Motivational Interviewing (MI) Training

| Sessions | Registered | Attended | Did Not Attend | Attendance Rate | No Show Rate % |
|---|---|---|---|---|---|
| **All 6 MI Sessions** | 61 | 31 | 30 | 51% | 49% |
| **All 5 MI Sessions** | 44 | 36 | 8 | 81% | 18% |
| **Total** | 105 | 67 | 38 | 66% | 34% |

**Enhancements To HST**

| Completed Projects | Impact on Health Services | Goal for Project |
|---|---|---|
| 1. **HEDIS Training** | *Spearhead a new e-learning course for automation that will be self-paced* | Offer Health Service departments a self-paced, online training tool for more awareness of HEDIS |
| 2. **Training Materials** | *Updated materials to enhance training experience* | Provide a centralized area for materials after completion of training |
| 3. **Jan 2021-Oct 2022 HST NHO Annual Summary Report** | *Provides HS leadership relevant data about new health services staff that were onboard last FY21-22* | Will help HST to establish trends in regards to retention, turn-over rate, and employee satisfaction and comprehension |
| 4. **HST Newly Hired Staff onboarding experience** | *Allow HST to provide more hands-on involvement with newly hired staff in HS to engage on the needs of a newly hired employee* | Establish a presence and become more involved with new hires by have a plan to engage for the first 6-months on what resources, trainings and challenges they face during their first year of employment |
| 5. **MI Training (up to 2x a year)** | *Establish reoccurring MI Trainings 2x a year for staff who are member-facing to enhance their coordination of care* | Provide Motivational Interview Trainings For health services staff and other member-facing staff at LA Care |

**LOOKING FORWARD**

The Health Services Training (HST) Department continues to make major steps to meet the needs of our L.A. Care staff within Health Service Departments. We continue to enhance our evaluation structure to make improvements within training and learning opportunity experiences. We have established a system to collect feedback from staff, and have created tools to check in with our newly hired staff within the first 60 days of joining the company. One of the goals this fiscal year is to extend our reach to our new hires from 60 days to up to 6 months. This will allow help gather more information about what learning gaps exist, and what resources new hires need. As a result of our transition to remote learning, HST has worked to create a more engaging and interactive experience virtual learning experience. The FY 21-22 goal is to provide ongoing learning opportunities, resources, and existing online trainings to meet the needs of our staff as well as provide identified trainings that will assist the staff within our web-based platforms and LMS (Learning Management System) portal. Our continued partnership with the Learning & Development department will be vital in connecting our new hires to training initiatives that are planned this year.

## I.8 DELEGATION OVERSIGHT

## I.8.a ENTERPRISE PERFORMANCE OPTIMIZATION

**AUTHOR: MARITA NAZARIAN, PHARM.D, ANN MARIE MILLER, RN, & CAGLA OZDEN, JD, MPH**
**REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & MARIA CASIAS, RN**

### 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 Physician Groups are limited to utilization management, credentialing activities, and transition of care and coordination of care, which are monitored by credentialing and Enterprise Performance Optimization 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 assessment 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 plan may be required to address deficiencies. In addition, L.A. Care's Enterprise Performance Optimization (EPO) department works across the Enterprise in order to establish performance criteria. EPO utilizes alerting metrics, leverages analytic engines, and performs systematic review of delegate performance in order to measure, track and trend, and report performance against these criteria. 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 Enterprise Performance Optimization unit that oversees the annual audit process.

### ENTERPRISE PERFORMANCE OPTIMIZATION DEPARTMENT

The following updates are applicable to Calendar Year 2022:

Enterprise Performance Optimization (EPO) Department conducts annual audits of PPGs, Plan Partners, and Specialty Health Plans. As part of the annual audits, EPO manages a variety of audit functions that are performed by subject matter expert Auditors within EPO or across the organization including: Compliance Program Effectiveness, Credentialing, Critical Incidents, Cultural & Linguistic Services, Facility Site Review, 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, EPO works with the Delegate and 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.

Enterprise Performance Optimization reports are reviewed in the following committees:
- Credentialing: Credentialing Committee
- Internal Compliance Committee

## MAJOR ACCOMPLISHMENTS

**Audit Program**: In 2022, The Enterprise Performance Optimization Audit Team implemented Risk Based Annual Audits. The Risk Based Annual Audits are customized for each delegate based on deficiencies that had been identified through: (a) Previous Annual Audits, (b) Monitoring Activities, (c) Regulatory Audits, (d) Case File Reviews. Total of Forty Five Annual Audits have been scheduled from March 2022 to February 2023. Four of the audits are completed and are closed, Twenty-two audits are in progress, and thirteen audits are on schedule to start from November 2022 to February 2023. The audit team also performed one (1) pre-delegation assessments to ensure that providers meet standards required to serve L.A. Care members.

**Oversight and Monitoring Program**: L.A. Care Health Plan's Enterprise Performance Optimization (EPO) Department has also developed a comprehensive Oversight and Monitoring Framework designed to ensure performance excellence for the Plan and all entities in L.A. Care's Service Delivery Model including but not limited to its Provider Networks (directly contracted and delegated) and Vendors. A key element of this Framework is a robust process to ensure that all detected performance deficiencies are timely and fully remediated.

Through the Joint Compliance Monitoring Program, L.A. Care monitors and oversees the delegate's performance of the delegated UM and CM activities/functions by conducting quarterly case file reviews and reviewing monthly reports submitted by the delegates. L.A. Care assures that the delegated activities are being performed in compliance with L.A. Care's standards, policies and procedures. The table below shows the different qualitative monitoring activities that are currently scored. These measures below apply all delegates with SAR, IHA and CCS activities based on reports received by EPO. The results of which are shared to the delegate in the form of quarterly compliance scorecards and monitoring tools. L.A. Care Health Plan requires appropriate interventions to address deficiencies identified through monitoring activities. Two consecutive quarters of non-compliance potentially triggers a corrective action plan.

**Table of Qualitative Monitoring Activities**

| Functional Area | Report Name | Measure Description | LOB | Method of Evaluation | Frequency measure is evaluated | Target Compliance Threshold | Minimum Compliance Threshold | Measure Start Date |
|---|---|---|---|---|---|---|---|---|
| Utilization Management | SAR Log | Appropriate clinical decision making | All LOBs | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2020 |
| Utilization Management | SAR Log | Appropriate letter content denials | All LOBs | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2020 |
| Utilization Management | SAR Log | Appropriate delay | All LOBs | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2020 |
| Utilization Management | SAR Log | Appropriate letter content for deferrals | All LOBs | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2020 |
| Utilization Management | SAR Log | Appeal Rights | All LOBs | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2020 |
| Care Management | IHA Report | IHA completion and outreach timeliness | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 3/1/2021 |
| Care Management | IHA Report | IHA age-specific components | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 3/1/2021 |
| Care Management | MCP Report | CCS eligibility | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 3/1/2021 |
| Care Management | MCP Report | CCS care coordination | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 3/1/2021 |

During the last 4 quarters (Q3 2021 to Q2 2022), there were 729 CAPs identified under qualitative review. A quarterly average of 33 delegates were reviewed for SAR qualitative monitoring, 30 for CCS and 27 for IHA. EPO team completed and closed 182 CAPs as of October 2022.

In addition, L.A. Care monitors OptumHealth for conducting certain UM and CM activities for the Direct Network. OptumHealth is monitored for the same UM qualitative measures as above, and the CM measures specified in the table below. There were 187 CAPs reviewed for OptumHealth for UM and CM deficiencies incurred since Q3 2021, all of which were reviewed, and three were closed. Although L.A. Care afforded OptumHealth the opportunity to provide CAPs for deficiencies, the delegate is required to remediate within 15 business days of learning the deficiency. OptumHealth is expected to continue to do so, until all members are transitioned back to L.A. Care by the end of 2022.

| Functional Area | Report Name | Measure Description | LOB | Method of Evaluation | Frequency measure is evaluated | Target Compliance Threshold | Minimum Compliance Threshold | Measure Start Date |
|---|---|---|---|---|---|---|---|---|
| Care Management | Optum CM Log | CM Member Outreach for Non-SPDs | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2021 |
| Care Management | Optum CM Log | Individual Care Plan (ICP) for Non-SPDs | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2021 |
| Care Management | Optum CM Log | Member Assessment for Non-SPDs | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2021 |
| Care Management | Optum CM Log | CM Member Outreach for SPDs | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2021 |
| Care Management | Optum CM Log | Individual Care Plan (ICP) for SPDs | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2021 |
| Care Management | Optum CM Log | Interdisciplinary Care Team (ICT) for SPDs | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2021 |
| Care Management | Optum CM Log | Member Assessment for SPDs | MCLA | Qualitative | Quarterly | 100.0% | 95.0% | 9/1/2021 |

## LOOKING FORWARD

EPO anticipates that successful implementation of the department's Enterprise Performance Optimization Program (EPOP) and Network Performance Optimization Program (NPOP) will result in multiple performance related achievements for the organization, its network participants, and the members who will ultimately benefit from Plan performance which meets the highest standards of care. These programs are intended to remain responsive to regulatory, market, structural, and policy changes, and are tailored to accelerate the realization of L.A. Care's Enterprise goals, and compliance, and quality standards. More specifically, the programs are designed to:

➢ Report on the performance of all entities in L.A. Care's Service Delivery Model
➢ Report on the performance of non-delegated functions to enable early detection and remediation of performance deficiencies through evidence-based decisions
➢ Report on the performance of Case Management monitoring activity to ensure ICP, ICT, & Care Transitions are documented in alignment with the CalAIM Dual Eligible Special Needs Plans and the Model of Care

In summary, the goal of EPO's monitoring efforts is to ensure that the Plan and its providers meet healthcare quality and administrative compliance standards for the delivery of safe, timely, effective, efficient, equitable, and patient-centered care to L.A. Care's members.

## I.8.b DELEGATION OVERSIGHT

**AUTHOR: RACHEL MARTINEZ, RN**
**REVIEWER: HUMAIRA THEBA, MPH & MARIA CASIAS, RN**

**2022 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 select Quality Improvement (QI) activities to Plan Partners, Specialty Health Plans (SHP), and First Tier, Downstream or Related Entities with established quality improvement programs and policies consistent with regulatory and National Committee for Quality Assurance (NCQA) accreditation requirements and standards. Currently, QI activities are only delegated to Plan Partners and Beacon. 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 Enterprise Performance Optimization Organization (EPO). L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care's EPO team 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, identifying opportunities for performance improvement. A corrective action may be required of delegates to address any deficiencies. In addition, L.A. Care provides ongoing monitoring through substantive review of 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 the EPO unit that oversees the annual audit process.

**QI DELEGATION OVERSIGHT**

L.A. Care Quality Improvement (QI) Team assesses 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 were 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 submit regular reports as defined in the delegation agreement for desktop review. The review of some reports and file samples are conducted virtually at this time. Below are the 2020, 2021 and 2022 Annual Audit results for Plan Partners and Beacon:

**RESULTS**

**Beacon Health Strategies**

Beacon's 2020 & 2021 Annual Audit lookback period was from 3/1/2020-12/31/2021. In the preliminary findings, Beacon had deficiencies within Sub-Delegation of QI, Standards 3.3 – Annually reviews QI program, evaluates performance and semiannually evaluates reports and 3.4 – Organization identified and followed up on opportunities for improvement. These deficiencies were minimal as Beacon noted the documents were not available on the due date, and both deficiencies have been resolved with Beacon passing the Annual Audit for 2020 & 2021.

**Kaiser Permanente**

Kaiser's 2020 & 2021 Annual Audit was completed by 2/11/2022. Kaiser was issued a CAP due to not meeting the Minimum Performance Level (MPL) for two measures: Comprehensive Diabetes Care HbA1c control and Timeliness of Prenatal Care. Through the CAP process, Kaiser began to provide L.A. Care quarterly data feeds to capture lab data more consistently throughout the year to ensure quality performance in meeting the MPLs.

Kaiser's 2022 Annual Audit continues through the end of 2022. The lookback period for the audit is 5/01/2021-4/30/2022. The preliminary findings identified 13 deficiencies. The deficiencies identified were for the following standards: 2.1-2.3 Continuity & Coordination of Medical Care, 3.1-3.3 Continuity & Coordination of Behavioral Care, 4.2 Sub-Delegation of QI, 10.4 Availability of Practitioners for Behavioral Health, 12.1-12.3 Assessment of Network Adequacy, 14.2 Meeting MPL for MCAS measures and 15.1 Blood Lead Screening. These deficiencies were minimal and required updated documents. The deficiencies were resolved and completed as of 11/22/2022. Kaiser did not meet the MPL for two measures: Well-Child Visits in the First 30 Months of Life (W306+ and W302+), a CAP was issued for both. L.A. Care completed its review of the CAP response by Kaiser on December 1, 2022. Kaiser identified the root cause of the deficiency to be missing supplemental data. Kaiser plans to send L.A. Care supplemental data three times a year, the first to contain data from 1/1/xx through 6/30/xx, a second time at the end of the year and a third time in Quarter 1 of the new year, 2/28/xx. L.A. Care has also requested Kaiser submit with their quarterly updates their Clinical Strategic Goals (CSG) which includes rates for L.A. Care denominator and numerator parceled out.

**Anthem Blue Cross**

Anthem's 2020 & 2021 Annual Audit lookback period was 6/01/2019-5/31/2021. For this audit period, Anthem was issued a CAP due to poor performance on Healthcare Effectiveness Data and Information Set (HEDIS) measures. Anthem provided their CAP responses and L.A. Care accepted both Plan-Do-Study-Acts (PDSAs) on 3/23/2022 for two measures Comprehensive Diabetes Care (CDC) and Asthma Medication Ratio (AMR).

Anthem's 2022 Annual Audit lookback period is from 6/01/2021-5/31/2022. This audit is in the beginning stages and the Preliminary findings are due on 12/6/2022.

**Blue Shield of CA Promise Health Plan (Blue Shield)**

Blue Shield's 2020 & 2021 Annual Audit lookback period was 3/22/2019-2/28/2021. Blue Shield's final audit findings were met for most Standards; however, a CAP was issued for not meeting the MPL for the following MCAS measures: Antidepressant Medication Management-Continuation, Breast Cancer Screening (BCS), Childhood Immunization Status Combination 10 (CIS-10), Comprehensive Diabetes Care HbA1c poor control (CDC–poor control), Timeliness of Prenatal Care (PPC-Pre), Postpartum Care (PPC-Post), and Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescent – BMI percentile documentation (WCC-BMI). Blue Shield completed their CAP response to L.A. Care, which was accepted on 2/07/2022. Blue Shield has hired additional resources to focus specifically on L.A. Care membership to allow for intervention planning and outreach.

Blue Shield's 2022 Annual Audit is currently in process with the lookback period between 3/01/2021-2/28/2022. Preliminary findings found the following Standards were out of the audit period for QI2–QI Work Plan, QI3–2021 QI Program Evaluation and Analysis of QI Work Plan and 14.1 Clinical Practice Guidelines & Performance. L.A. Care is requesting Blue Shield provide evidence they are sharing with their network, on a quarterly basis, blood lead screening reports for Standard 15.1. These deficiencies were minimal. In addition, Blue Shield has been issued CAPs for not meeting the MPL for the following measures: Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), CDC HbA1c Poor Control, Childhood Immunization Status Combination 10 (CIS-10), Prenatal and Postpartum Care (PPC)-Postpartum Care, W306+ and W302+. L.A. Care is awaiting both the mitigation responses and CAPs from Blue Shield.

## QUARTERLY AND SEMI-ANNUAL MONITORING
The Plan Partners and Beacon submit reports quarterly and/or semi-annually and the results of QI's substantive review and analysis are shared with the Quality Oversight Committee (QOC), and Beacon reports are presented and reviewed at the Behavioral Health Quality Committee. Kaiser, Blue Shield and Beacon are compliant. Anthem's Work Plan was missing a few elements such as HEDIS rates and any tracking of clinical and member experience measures. Anthem is working to resolve this issue.

## BARRIER
This year communication has been challenging due to changes in L.A. Care's auditing team. The auditing team is new to the process and the delegates various communication channels have made receiving reports in a timely manner challenging. In order to resolve this issue QI has requested delegates to send emails to the quality@lacare.org inbox for subsequent communications as well as the sFTP site.

## MAJOR ACCOMPLISHMENTS
- In the past year, Kaiser has begun to provide L.A. Care quarterly lab data feeds to ensure performance for HEDIS measures are performing at MPL.
- Blue Shield Promise has hired additional staffing to support QI efforts for L.A. Care members to improve performance in HEDIS measures to ensure ability to perform at the MPL.

## RESULTS
- 50% of all delegates who needed an audit received an annual audit.
  - Of the four QI Delegates, Kaiser and Beacon completed a successful 2022 annual audit.
- 100% of all delegates reported quarterly as specified in contract.

## LOOKING FORWARD
- QI Team will continue collaborative efforts to improve working relations with all Delegates.
- QI Team will prepare for the 2022 & 2023 Annual Audits of all Plan Partners and SHP that will occur in 2023.

## 2023 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.

## I.9 CREDENTIALING

AUTHOR:  TASHAREE WHITE & XAVIER GOODEN
REVIEWER: MATTHEW PIRRITANO, PH. D & MARIA CASIAS, RN

### 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.  Credentialing maintains a comprehensive ongoing monitoring process of sanctions, complaints, and adverse issues between credentialing cycles to ensure appropriate action is taken when instances of poor quality are identified or the professional conduct of a Practitioner/Provider is, or is reasonably likely to be, detrimental to patient safety.  Ongoing monitoring of L.A. Care's entire network is conducted on a monthly and quarterly basis to ensure quality and continued compliance.  The Credentialing Department reports regularly to the Quality Oversight Committee with an update from the Credentialing/Peer Review Committee.  The information outlined in this report covers is October 1, 2021 through September 30, 2022.

### MAJOR ACCOMPLISHMENTS

- Regulatory, National Committee for Quality Assurance (NCQA) and Compliance Audits - The Credentialing Department successfully submitted all documents requested for all regulatory and accreditation audits for the 2021/2022 fiscal year.  In addition, credentialing implemented the new NCQA required Credentialing System Controls which requires the organization to develop policies and procedures describing how credentialing information is received, dated, stored, tracked, reviewed, modified, deleted and security controls in place to protect the information from unauthorized modification.
- Credentialing continues to thrive in a full time work from home environment, which includes maintaining a 100% paperless credentialing process with monthly and quarterly quality, metric and performance reports.  The department successfully held 10 Credentialing Committee meetings during the fiscal year, which included full participation from external voting physicians.
- Credentialing received a Team Awesome Award from Enterprise Leadership for exceeding network adequacy goals for the L.A. Care Direct Network.  The Team Awesome Award recognizes outstanding cross-functional team achievement for consistent performance demonstrating our core competencies.   This is a quarterly award that places greater emphasis on collaboration, communication, and accountability and decision quality.
- In collaboration with Contracts and Relationship Management (CRM) and Provider Data Reporting (PDR), Credentialing continues to ensure that 100% of the Medi-Cal contracted network is enrolled in DHCS Fee For Service (FFS) or DHCS Ordering Referring and Prescribing (ORP).  As part of the ongoing requirements outlined in DHCS' APL22-013, credentialing continues to monitor the provider network and report network compliance on a monthly basis to Credentialing Committee.
- Through the Credentialing Department's continued collaboration with CRM, the Direct Network (DN) continues to expand.  From October 2021 to September 2021, approximately 959 practitioners were processed for the Direct Network and the Credentialing Department will continue to focus our efforts in supporting the expansion of the Direct Network, including ensuring all practitioners and providers are properly vetted.
- January 1, 2022. In support of this new policy, for the 2021/2022 fiscal year Credentialing continued collaborating with Safety Net, CRM and PDU to streamline the workflow process

credentialing requirements and completed the second phase of uploading a total of 80 Enhanced Care Management (ECM) and Community Supports (CS) contracted providers.

- The Credentialing Department processed approximately 727 HDOs which includes Hospitals, Skilled Nursing Facilities (SNF), Long Term Care (LTC) Facilities, Adult Day Health Care (ADHC), Audiology, Dialysis, Durable Medical Equipment (DME), Surgery Centers, recuperative care, Health homes, urgent care, Enhanced Care Management and Community Supports and for this fiscal year, expanded to meal services and emergency response services, to meet the network requirements for CMC and D-SNP.

- In collaboration with Managed Long-Term Services and Supports (MLTSS) and Quality Improvement, Credentialing continues to monitor the practitioner and HDO network for quality and safety related concerns. This includes assessing L.A. Care's quality criteria against the California Department of Public Health or Department of Aging (CDPH) site visits, and review of Medicare Compare ratings of less than 3 stars in conjunction with MLTSS reporting. Credentialing conducts primary source verification of information and it is included in the adverse summaries that are reviewed by the Medical Director and reported to the Credentialing/Peer Review Committee for recommendation.

- Credentialing referred approximately 15 potential fraud, waste and abuse (FWA) cases to the Credentialing/Peer Review Committee. Cases that have potential for quality or safety concerns were reviewed by the Medical Director and presented to the Credentialing/Peer Review Committee for action. Instances involving overprescribing of narcotics are reported to Pharmacy and include quarterly pharmacy reports to trend prescribing activity.

- In collaboration with Medical Director, Credentialing enhanced the Medicare Compare Plan of Action (MCPOA) process to identify root cause analysis of low scores and require the facility's plan of action. Plan of actions are reviewed in the monthly Credentialing/Peer Review Committee Meetings and copies of the MCPOA are forwarded to Quality Improvement (QI) for review.

- As part of L.A. Care's Target State and to comply with the state mandated Symphony reporting process, Provider Network Management continued with its initiatives to remediate provider data and develop standardized provider data and reporting. The goal of this project is to standardize the intake of provider data in all downstream systems, build the data architecture and governance, establish data hierarchy within all systems 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 automate processes to enable appropriate and timely use of provider information for all downstream systems with the objective of improving timely access to quality and affordable care. This project and process will also support standardizing provider data for the implementation of the new provider data platform.

| Fiscal Year(s) | 2019/2020 | 2020/2021 | 2021/2022 |
|---|---|---|---|
| DN/Non Del Practitioners | 1322* | 1381* | 634 |
| Autism | 792 | 736* | 652 |
| DN Facilities | 692* | 781* | 727 |
| Adverse Cases | - | 77 | 92 |
| SIU Case Referrals | - | 33 | 15 |

**DELEGATION OVERSIGHT AUDITS COMPLETED**

|  | Goal | 2019/2020 Results | 2021/2022* Results | Goal Met |
|---|---|---|---|---|
| **Due Diligence Review** | 100% | 100% | 100% | 100% |
| **Annual Oversight Audit** | 100% | 52% | 100%** | 100%** |
| **Focus Audits** | 100% | N/A** | 100% | N/A |

*The information in this report covers October 1, 2021 through September 30, 2022.
**All Audits were suspended in March 2020 and the suspension was extended thru due to COVID-19 pandemic. Audits were postponed and later rescheduled in 2021; EPO reported that all annual delegation credentialing audits are on track and compliant as of the end of the 2022 fiscal year.

## ANALYSIS

### Quantitative and Qualitative Analysis

The Credentialing Department continues to lead the organization in its effort to track and trend provider screening and enrollment, expired license, suspensions and exclusions. This includes identifying and flagging all provider types to identify those that are no longer meeting contractual or legal requirements to remain in the network and providers not eligible for payment. In addition, we continue to work with Provider Data Services (PDS), Provider Data Unit and Contracts and Relationship Management (CRM) to monitor the network providers that are not enrolled by denying Provider Change Delete Workflow (PCDW) for any provider identified as not enrolled in Medi-Cal or when a Participating Physician Group (PPG) does not provide evidence of enrollment in process. To monitor and identify compliance with requirements for ongoing monitoring of our network, monthly reports are presented to the Credentialing/Peer Review Committee. In addition, Credentialing continues to follow APL 20-011, which is the Governor's Executive Order N-55-20 in Response to COVID-19, by temporarily allowing for extensions, when applicable, concerning credentialing, recredentialing and in-person facility site reviews (FSRs).

|  | Total Confirmed | Total Denied or Termed | Goal Met |
|---|---|---|---|
| **DHCS Enrollment Validation** | 9389* | 1* | 100% |
| **Expired License** | 238 | 238 | 100% |
| **Suspended/Ineligible/Excluded Providers** | 0* | 0* | 100% |
| **FSR Deferred Audits (including Plan Partners)** | 606 | N/A* | N/A* |

*All onsite FSRs were suspended in response to COVID-19 pandemic, virtual audits were conducted, when applicable. Committee reviews and approves FSRs required to comply with credentialing or recredentialing for 1 yr.

## LOOKING FORWARD

The Credentialing Department is actively in Collaboration with Regulatory Analysis and Communication, and Product Solutions to review, discuss, and implement or update credentialing policies and/or processes. This will ensure adherence to the new regulatory requirements mandated by the State. New requirements include, but not limited to the credentialing of: Community Health Workers (CHW), Doula's and Street Medicine Providers.

**Direct 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 continuing to develop new requirements for adding new provider types to the network and working closely with key stakeholders to create new, automated and streamline processes for onboarding and monitoring L.A. Care's network.

Credentialing continues its collaborative effort with the current-state/future-state workflow functionality for the new Direct Network PIF (Provider Information Form) process in Therefore. This process includes automating the PIF process and supports many facets of provider enrollment and provider maintenance, including provider contracting, credentialing, claims validation, system configuration, and provider communication. This project will modify the current PIF process to enhance routing features as well as enable tracking, reporting features, and to streamline the PIF process. The PIF is the only approved process for enrolling and maintaining Direct Network providers, PPGs, and facilities.

**Member Complaints** – Credentialing met with Appeals & Grievances (A&G) and Compliance to discuss L.A. Care's non-compliance with NCQA CR 005: Collecting and reviewing member complaints to identify trends and address quality and/or safety issues. Effective 1st quarter of 2021, A&G complaint reports were identified as containing significant data discrepancies. One of the focused concerns referenced is the source used to identify the contracted PPG/PP (Plan Partner) information listed on the report. To date, data discrepancies have not been corrected and Compliance is working on developing a corrective action plan timeline with A&G.

**Credentialing System** – Goal for 2023 is to continue with the framework of identifying and delineating the credentialing capabilities that are required to move forward with purchasing one integrated provider data management system.

**The Target State Initiative** – Goal for 2023 is to continue efforts on improving L.A. Care's provider data quality and management, including enhancements to data intake, standardization, validation, storage, and reporting processes. As part of this initiative, Provider Data Management in collaboration with its business partner will:
- Establish a new data governance framework to ensure better data quality.
- Continue to engage a vendor in a pre-implementation engagement to guide the conversion and integration of L.A. Care's provider data in preparation for the implementation of a new provider data management platform.
- Expand the data integration and workflow requirements for a new provider data management platform as part of the pre-implementation engagement.
- Evaluate and assess alternate provider data management solutions that are capable of accommodating L.A. Care's expanded list of requirements.
- Enhance due diligence for selecting an optimal provider data management platform by identifying an alternate application, the data integration and workflow capabilities of which are being vetted against the capabilities of the vendor platform under evaluation as part of the pre-implementation engagement noted above.

CONCLUSION

## Overall Effectiveness and Opportunities

Overall, the 2022 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. However, as L.A. Care prepares to bring on the D-SNP population, to integrate Health Equity into the QI Program, and to ensure meeting regulatory requirements for processing potential quality issues, additional resources will be needed for the upcoming year to meet work plan goals.

Review of the scope, composition and business of the individual committees remains an ongoing process. The refinement of the committee structure and reporting is an ongoing performance improvement initiative and is expected to continue in 2023 as new committees to address health equity will be added. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving overall quality and safety of care and efficiency of process thereof.

Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers, develop, and implement effective approaches to achieve improvements. The current level of leadership involvement in the QI Program was adequate this past year and no additional leadership involvement is needed for the upcoming year. The Chief Executive Officer, Chief Medical Officer, Chief of Equity and Quality Medical Director, and Chief Quality and Information Executive were integral participants in activities of the Compliance and Quality Committee of the Board. 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.

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. The Quality Oversight Committee also oversaw policy updates aimed at incorporating new D-SNP program and health equity requirements.

Practicing physicians provided input through the Joint Performance Improvement Collaborative (PICC) and Physician Quality Committee (PQC). Practitioner participation in the QI Program was deemed adequate for this past year. In an effort to enhance practitioner participation in the QI Program, QI staff will meet with select high volume provider groups and directly contracted practitioners. 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.

L.A. Care Health Plan was successfully evaluated by regulators and accrediting bodies, with particular emphasis on quality and safety of care, coordination and integration of services, and provision of effectiveness and efficacy of processes.

In addition to demonstrating improvements in equitable clinical care, staff made process improvements in integrating the physical health and behavioral health and programs that promote clinical practice guideline adherence, such as an antidepressant medication reminder that included a reminder to complete physical health screenings. 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.

HEDIS rates overall showed improvement over the prior but were still not as high as 2019 levels. For Medi-Cal, 13 out of 17 HEDIS goals were met. For MY 2021 MCAS measures, 12 out of the 15 measures met the 50th percentile Minimum Performance Level (MPL). This is a significant improvement over MY 2020 where 11 out of 19 measures reached the MPL. For LACC HEDIS rates, all 12 reportable hybrid numerators increased over MY 2020 and met 15 out of 21of HEDIS goals. For the CMC line of business 11 of the 16 reportable hybrid numerators increased Medicare rates; however, only 7 out 18 HEDIS goals were met. Improvements were made in several HEDIS areas. 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 2023.

The Quality Improvement Work Groups, which includes other departments, collectively had 67 interventions or programs actively addressing our member experience and/or health outcomes. Each work group determined their priorities for the year and created initiatives to improve those metrics. The initiatives included both member and providers. This year the work groups launched text messaging for the first time to Medi-Cal members. The test messages reached 340,396 members received over one million text messages providing health information on diabetes, cervical cancer, child and adolescent well-care visits, controlling blood pressure and pre-natal and post-partum care.

The evaluation and review of HEDIS and disparity data showed that opportunities remain in testing and screenings as well as medication management for chronic issues. Black and African Americans, had lower rates across all LOBs for diabetes care, colorectal cancer screening, childhood immunization status - Combination 10, Well-Child Visits in the First 30 Months of Life, and Follow-Up after Emergency Department Visit for Mental Illness - 7 Months. Diabetes in particular, including the disparity in control of Diabetes among African Americans will continue to be an issue of focus for L.A. Care. Several other clinical measures have been identified for improvement, such as, breast cancer screenings, colorectal cancer screenings, annual wellness exams and avoiding the use of opioids.

Member experience remains L.A. Care's biggest opportunity. Across all product lines there were several member satisfaction measures that continue to be in need of improvement: getting needed care, getting care quickly, and overall rating of health plan. The organization developed a new cross-functional work group to develop interventions to address these opportunities. The primary interventions to improve member experience in 2022 are the patient experience training program for provider offices and accountability meetings with low-performing IPAs. The Customer Solution Center also deployed several changes that drive positive member experience and the Elevating the Safety Net program expanded the long-term supply of primary care providers.

The QI Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. Member satisfaction have not significantly improved over the last three years and enterprise efforts are underway to improve them. 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, well care visits for children and immunizations under the age of 3, lead screening, breast and colorectal cancer screenings, and immunizations. These and other QI activities are detailed in the 2023 QI Work Plan and will be tracked through the QI committees and the governance structure.