Updates to Quality Improvement

September 28, 2016
Welcome and Introductions

- Introduction of L.A. Care presenters
- This webinar is being recorded for future reference
- Attendance by PPG will be noted through the webinar sign-in
- You will receive a copy of the PowerPoint
- Submit questions via the Q&A function.
  - Will address questions at the end of the presentation
- Send a message to the presenter if you cannot hear or cannot see the slides
# Agenda

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Overview of Stars Program

Raheleh Barznia, MPH
Project Manager, Medicare Star
Overview of Stars Program

• Developed by Centers for Medicare and Medicaid Services (CMS)

• Allows beneficiaries to assess the quality of Medicare Advantage (MA) health plans

• Ratings are displayed on the Medicare Prescription Drug Plan Finder to facilitate beneficiary health plan selection

• Health plan Star ratings are updated annually during the annual enrollment period

• Quality bonus payments determined by Star ratings

• CMS will publicly post the numerical rates for each measure on Medicare Plan Finder (MPF)
  – Beneficiaries may consider both quality and cost in enrollment decisions
  – In lieu of posting Stars
Overview of Stars Program

• The Star Rating System is consistent with CMS’ Triple Aim of better care, healthier people/communities, and lower costs through improvements.

• Star measures include five broad categories:
  – **Outcomes** that focus on beneficiary health as a result of care provided
  – **Chronic Condition Outcomes** that assist in bringing members’ health closer to desired outcomes
  – **Patient experience** that gauges member perception of their interactions with the health care system
  – **Access** to receiving needed care
  – **Process** measures that assess the method in which health care is provided
Star Measure Data Sources

• **HEDIS**
  – Some of the measures in the national Star Ratings report card are calculated based on the collection of HEDIS data from claims and encounters and medical record review.

• **CAHPS**
  – Annual survey conducted in the spring.
  – Responses are collected from a sample of Medicare health plan members who receive the survey.
  – Some star rating measures are based on survey results, such as flu and pneumonia shot rates and satisfaction rates.
Star Measure Data Sources

• **Health Outcomes Survey (HOS)**
  – Annual survey of Medicare members
  – Some star ratings are based on survey results, such as questions related to falls risk, physical activity, and urine leakage

• **Health Plan Operational Data**
  – Some of the star ratings are also based on data reported to CMS by health plans
  – Examples include complaints and appeals rates
Part D Measures

• Domain I: Drug Plan Customer Service
• Domain II: Member Complaints, Problems Getting Services, and Improvement in the Drug Plan’s Performance
• Domain III: Member Experience with the Health Plan
• Domain IV: Patient Safety and Accuracy of Drug Pricing
2016 Performance Improvement Strategy

• Comprehensive inventory of current interventions
• Root cause analysis to identify barriers towards achieving goals
• Developed intervention(s) for each Star measure
  – Prioritized measures below the average threshold and related to health outcomes
• Develop a continuous improvement strategy
  – Short term interventions: address critical gaps, high priority
  – Long term interventions: system changes
  – Focused on members, providers, and systems
• Enhance tools and information given to physicians to assist in member outreach and monitoring
HEDIS 2016 Results

Grace Kim Crofton, MPH
Director, Quality Performance Management
HEDIS 2016

• HEDIS 2016 is first year of reporting
• Reflects dates of service from 2014-2015
## HEDIS 2016 Stars Ratings

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Name</th>
<th>Submeasure</th>
<th>Measure Type</th>
<th>Stars Wt</th>
<th>Stars Rating</th>
<th>Denominator</th>
<th>Reported Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABA</td>
<td>Adult BMI Assessment</td>
<td>Hybrid</td>
<td>1</td>
<td>3</td>
<td>411</td>
<td>87.10%</td>
<td></td>
</tr>
<tr>
<td>ART</td>
<td>Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</td>
<td>Admin</td>
<td>1</td>
<td>2</td>
<td>100</td>
<td><strong>71.00%</strong></td>
<td></td>
</tr>
<tr>
<td>BCS</td>
<td>Breast Cancer Screening</td>
<td>Admin</td>
<td>1</td>
<td>2</td>
<td>1616</td>
<td>61.20%</td>
<td></td>
</tr>
<tr>
<td>CBP</td>
<td>Controlling High Blood Pressure</td>
<td>Total</td>
<td>Hybrid</td>
<td>3</td>
<td>2</td>
<td>411</td>
<td>56.20%</td>
</tr>
<tr>
<td>CDC</td>
<td>Comprehensive Diabetes Care</td>
<td>Eye Exam</td>
<td>Hybrid</td>
<td>1</td>
<td>3</td>
<td>548</td>
<td>65%</td>
</tr>
<tr>
<td>CDC</td>
<td>Comprehensive Diabetes Care</td>
<td>HbA1c Poor Control (&gt;9)</td>
<td>Hybrid</td>
<td>3</td>
<td>2</td>
<td>548</td>
<td>47%</td>
</tr>
<tr>
<td>CDC</td>
<td>Comprehensive Diabetes Care</td>
<td>HBA1C Testing</td>
<td>Hybrid</td>
<td>548</td>
<td>85.22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC</td>
<td>Comprehensive Diabetes Care</td>
<td>Monitoring for Nephropathy</td>
<td>Hybrid</td>
<td>1</td>
<td>4</td>
<td>548</td>
<td>95%</td>
</tr>
<tr>
<td>COA</td>
<td>Care for Older Adults</td>
<td>Advance Care Planning</td>
<td>Hybrid</td>
<td>411</td>
<td>33.58%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COA</td>
<td>Care for Older Adults</td>
<td>Functional Status Assessment</td>
<td>Hybrid</td>
<td>1</td>
<td>2</td>
<td>411</td>
<td>38.44%</td>
</tr>
<tr>
<td>COA</td>
<td>Care for Older Adults</td>
<td>Medication Review</td>
<td>Hybrid</td>
<td>1</td>
<td>2</td>
<td>411</td>
<td>58.39%</td>
</tr>
<tr>
<td>COA</td>
<td>Care for Older Adults</td>
<td>Pain Assessment</td>
<td>Hybrid</td>
<td>1</td>
<td>2</td>
<td>411</td>
<td>57.91%</td>
</tr>
<tr>
<td>COL</td>
<td>Colorectal Cancer Screening</td>
<td></td>
<td>Hybrid</td>
<td>1</td>
<td>1</td>
<td>411</td>
<td>45.26%</td>
</tr>
<tr>
<td>FUH</td>
<td>Follow-Up after Hospitalization for Mental Illness</td>
<td>Follow Up within 30 Days</td>
<td>Admin</td>
<td>168</td>
<td><strong>11.90%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OMW</td>
<td>Osteoporosis Management in Women Who Had a Fracture</td>
<td>Osteoporosis Management in Women Who Had a Fracture</td>
<td>Admin</td>
<td>1</td>
<td>2</td>
<td>38</td>
<td><strong>28.95%</strong></td>
</tr>
<tr>
<td>PCR</td>
<td>Plan All Cause Readmission</td>
<td></td>
<td>Admin</td>
<td>3</td>
<td>2</td>
<td></td>
<td><strong>12.46%</strong></td>
</tr>
</tbody>
</table>
HEDIS Resources and Data Submission Timetable

Grace Kim Crofton, MPH
Director, Quality Performance Management
## Data Submission Timetable

### Data Submission Timetable:

<table>
<thead>
<tr>
<th>Date Due</th>
<th>Files - refer to “Direct Submission Guidelines”</th>
<th>Dates of Service</th>
</tr>
</thead>
</table>
| 9/30/2016 | • Visits (claims/encounters)  
• Lab service dates and RESULTS  
• Vision (if in-house)  
• Pharmacy (if in-house) | Include services rendered 1/1/2013 through 9/15/2016 (to date) |
| 11/30/2016 | • Visits (claims/encounters)  
• Lab service dates and RESULTS  
• Vision (if in-house)  
• Pharmacy (if in-house) | 1/1/2014 – 11/15/2016 (to date) |
| 1/7/2017 | • Visits (claims/encounters)  
• Lab service dates and RESULTS  
• Vision (if in-house)  
• Pharmacy (if in-house) | 1/1/2015 – 12/31/2016 (to date) |
| 3/15/2017 | • Visits (claims/encounters)  
• Lab service dates and RESULTS  
• Vision (if in-house)  
• Pharmacy (if in-house) | 1/1/2015 – 2/28/2017 (to date) |
| 4/30/2017 | • Visits (claims/encounters)  
• Lab service dates and RESULTS  
• Vision (if in-house)  
• Pharmacy (if in-house) | 1/1/2014 – 4/15/2017 (to date) |

|                     | • Provider Demographics  
|                     | • Provider Specialty  |
|                     | Include services rendered 1/1/2013 through 9/15/2016 (to date) |
|                     | 1/1/2014 – 11/15/2016 (to date) |
|                     | 1/1/2015 – 12/31/2016 (to date) |
|                     | 1/1/2015 – 2/28/2017 (to date) |
|                     | 1/1/2014 – 4/15/2017 (to date) |
Provider Resources

HEDIS Resources:

lacare.org/providers/provider-resources/hedis-resources

• Videos:
  – 6 Steps to HEDIS Success
  – HEDIS Made Easy

• HEDIS 2016 Handout & Office Manager’s Guide
• HEDIS-at-a Glance
• CCS Algorithm

• Coming soon!
  – CPT2 Tip Sheet
  – HEDIS Tip Sheet for Hospital Care
  – HEDIS 2017 Updates and Value Set

Additional Resources:

lacare.org/providers/provider-resources/cmc-provider-resources
Provider Opportunity Report

• 2016 Schedule: 9/2016, 11/2016, 2/2017
• How to get gaps in care lists
  – Log on to L.A. Care’s Provider Portal at: https://external.lacare.org/provportal/ and visit the “Reports” section OR Email lacarestars@lacare.org
• For virtually all measures, the POR can be used:
  – To monitor progress during the year (and compare to year prior)
  – To check for missed data capture, particularly later in the year
• For most measures, the POR is effective for member outreach
# Provider Opportunity Report

## L.A. Care Provider Opportunity Report (Cal MediConnect)

**Provider Group Summary - January - July 2016**

<table>
<thead>
<tr>
<th>HEDIS and Part-D Measures</th>
<th>Data Received (Count)</th>
<th>Eligible Population (Count)</th>
<th>Rate to Date</th>
<th>4 Star Threshold</th>
<th>5 Star Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PartC-HEDIS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>343</td>
<td>1278</td>
<td>26.84 %</td>
<td>&gt;= 71% to &lt; 78%</td>
<td>&gt;= 78%</td>
</tr>
<tr>
<td>Adult BMI Assessment</td>
<td>462</td>
<td>1101</td>
<td>41.96 %</td>
<td>&gt;= 90% to &lt; 96%</td>
<td>&gt;= 96%</td>
</tr>
<tr>
<td>Care for Older Adults- Medication Review</td>
<td>66</td>
<td>2124</td>
<td>3.11 %</td>
<td>&gt;= 77% to &lt; 87%</td>
<td>&gt;= 87%</td>
</tr>
<tr>
<td>Care for Older Adults- Functional Status Assessment</td>
<td>98</td>
<td>2124</td>
<td>4.61 %</td>
<td>&gt;= 67% to &lt; 86%</td>
<td>&gt;= 86%</td>
</tr>
<tr>
<td>Care for Older Adults- Pain Assessment</td>
<td>104</td>
<td>2124</td>
<td>4.90 %</td>
<td>&gt;= 62% to &lt; 78%</td>
<td>&gt;= 95%</td>
</tr>
<tr>
<td>Osteoporosis Management in Women who had a Fracture</td>
<td>2</td>
<td>8</td>
<td>--</td>
<td>&gt;= 51% to &lt; 75%</td>
<td>&gt;= 75%</td>
</tr>
<tr>
<td>Diabetes Care- Eye Exam</td>
<td>190</td>
<td>533</td>
<td>35.65 %</td>
<td>&gt;= 75% to &lt; 82%</td>
<td>&gt;= 82%</td>
</tr>
<tr>
<td>Diabetes Care- Kidney Disease Monitoring</td>
<td>410</td>
<td>533</td>
<td>76.92 %</td>
<td>&gt;= 93% to &lt; 97%</td>
<td>&gt;= 97%</td>
</tr>
<tr>
<td>Diabetes Care- Blood Sugar Control (&lt;=9%)</td>
<td>8</td>
<td>533</td>
<td>1.50 %</td>
<td>&gt;= 71% to &lt; 84%</td>
<td>&gt;= 84%</td>
</tr>
<tr>
<td>Rheumatoid Arthritis Management</td>
<td>11</td>
<td>16</td>
<td>68.75 %</td>
<td>&gt;= 82% to &lt; 86%</td>
<td>&gt;= 86%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>193</td>
<td>431</td>
<td>44.78 %</td>
<td>&gt;= 74% to &lt; 80%</td>
<td>&gt;= 80%</td>
</tr>
<tr>
<td><strong>PartD-Pharmacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Adherence for Diabetes Medications</td>
<td>412</td>
<td>506</td>
<td>81.42 %</td>
<td>&gt;= 75% to &lt; 82%</td>
<td>&gt;= 82%</td>
</tr>
<tr>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
<td>847</td>
<td>1079</td>
<td>78.50 %</td>
<td>&gt;= 77% to &lt; 81%</td>
<td>&gt;= 81%</td>
</tr>
<tr>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>711</td>
<td>955</td>
<td>74.45 %</td>
<td>&gt;= 73% to &lt; 79%</td>
<td>&gt;= 79%</td>
</tr>
<tr>
<td>High Risk Medication</td>
<td>1676</td>
<td>1712</td>
<td>97.90 %</td>
<td>&gt; 6% to &lt;= 8%</td>
<td>&lt;= 6%</td>
</tr>
</tbody>
</table>
Key 2016 Interventions

Raheleh Barznia
Project Manager, Medicare Star
Improvement Focus

• Areas of focus for Part C improvement:
  – Breast Cancer Screening
  – Colorectal Cancer Screening
  – Osteoporosis Management
  – Rheumatoid Arthritis
  – Plan All-Cause Readmission

• Areas of focus for Part D improvement:
  – Members Choosing to Leave the Plan
  – Getting Needed Prescription Drugs
  – TTY/TDD Call Center Foreign Language Interpreter
  – Medication Adherence
2016 Priority Interventions

• **Current**
  – Robocalls for BCS, COL, CDC, and medication adherence
  – Open access letter to OB/GYNs stating referral/prior authorization is not needed for preventive care
  – Member mailer in collaboration with ACS for Colorectal Cancer Screening

• **Planned for Q4**
  – Annual in-home AWEs performed by vendor
  – Provider-to-provider outreach for OMW and ART
  – Provider group collaboration
  – Off-season chart retrieval (Sept-Dec 2016)
Annual Wellness Exam (AWE) Incentive Program

• Designed to incentivize PCPs to:
  – Complete AWE and the Patient Health Questionnaire (PHQ-9) for each member
  – Determine members’ health risk status and appropriate care plan
  – Promote members’ involvement in their own care
  – Maintain compliance with CMC Model of Care
• Captures STARS/HEDIS measures for members with missing data
• Opportunity to conduct a comprehensive assessment of a member’s historical and current health status
MMP Quality Withhold for Demonstration Year (DY) 2 and 3

Raheleh Barznia, MPH
Project Manager, Medicare Star
MMP Quality Withhold

- Medicare-Medicaid plans (MMP) are subject to core and state-specific quality withhold measures
- CMS releases withhold methodology and benchmarks for measures on a rolling basis
- The Demonstration Year (DY) 2 and 3 measures mainly consist of Star measures
- Demonstration Year Reporting Timeline:
  - DY1: 4/1/14 to 12/31/15
  - DY2: 1/1/16 to 12/31/16
  - DY3: 1/1/17 to 12/31/16
## DY 2 & 3 Quality Withhold Measures

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan all-cause readmissions</td>
<td>% of enrollees discharged from a hospital stay who were readmitted within 30 days either from the same condition as their recent hospital stay or for a different reason</td>
<td>NCQA/HEDIS Star Measure</td>
</tr>
<tr>
<td>Annual flu vaccine</td>
<td>% of enrollees who got a flu shot</td>
<td>AHRQ/CAHPS Star Measure</td>
</tr>
<tr>
<td>Follow-up after hospitalization for mental illness</td>
<td>% of discharges for enrollees who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner</td>
<td>NCQA/HEDIS Display Measure</td>
</tr>
<tr>
<td>Screening for clinical depression and follow-up care</td>
<td>% of enrollees ages 18 years and older screened for clinical depression using a standardized tool and follow-up plan documented</td>
<td>CMS-defined process measure</td>
</tr>
</tbody>
</table>
## DY 2 & 3 Quality Withhold Measures

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing the risk of falling</td>
<td>% of enrollees with a problem falling, walking, or balancing who discussed it with their doctor and received treatment</td>
<td>NCQA/HOS Star Measure</td>
</tr>
<tr>
<td>Controlling blood pressure</td>
<td>% of enrollees 18-85 years of age with a diagnosis of hypertension whose blood pressure was adequately controlled (&lt;140/90)</td>
<td>NCQA/HEDIS Star Measure</td>
</tr>
<tr>
<td>Part D medication adherence for oral diabetes medications</td>
<td>% of enrollees with a prescription for oral diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication</td>
<td>CMS Star Measure</td>
</tr>
<tr>
<td>Encounter Data</td>
<td>MMPs are required to submit encounter data at a frequency determined by the number of enrollees, with the exception of PDE data</td>
<td>CMS/State defined process measure CW4 – Encounter Data</td>
</tr>
</tbody>
</table>
Transition of Care: Reducing Readmissions

Matthew Emons, MD, MBA
Medical Director, Quality Improvement
Update on Transition of Care (TOC) QIP

• Received 10 responses to the TOC Readiness Assessment Tool from MSOs or PPGs, including all major CMC groups
  – Six are using Readmission Risk Screeners
  – Nine include a social worker or pharmacist on the team
  – Nine contact patients prior to or within 48 hours post discharge to coordinate care

• For Action Plans:
  – Two groups added a Readmission Risk Screen to work flow
  – Other reported interventions included dedicated TOC team, enhancements to medication reconciliation, increased use of social services, facilitation of document transfer to receiving clinicians, and increased NP and MD rounds on patients in SNF/LTC

• We identified a key resource to reduce readmissions and unnecessary hospitalizations for patient in SNF/LTC: http://interact2.net/
  – Includes a number of tools, including order sets, transfer forms, transfer logs, pocket guides, as well as an implementation guide

• A follow-up analysis of data by group will be performed and shared
Earn 6 CME/CE Credits!

Transition of Care Conference

Hosted by:
L.A. Care and Health Services Advisory Group

Topics for this conference:
- Care Transition from Community Approach
- Communication between Providers
- Role of Medication Management in Care Transition
- Patient Centered Medical Home
- Population Management
- Care Coordination Community Coalitions

Date:
Saturday, November 5, 2016

Agenda:
Registration & Breakfast: 7:30 AM – 8:30 AM
Program & Lunch: 8:30 AM - 4:00 PM

Location:
Almansor Court
Lakeview Room
700 South Almansor Street
Alhambra, CA 91801

RSVP by November 1st

Register Online: [https://Nov52016cmeconf.eventbrite.com](https://Nov52016cmeconf.eventbrite.com) or
[http://events.constantcontact.com/register/event2llr=rgr4fxab&oeidk=a07ed2yn5ad9d0f490d](http://events.constantcontact.com/register/event2llr=rgr4fxab&oeidk=a07ed2yn5ad9d0f490d)

Open to MDs, DOs, PAs, NPs, RNs, LCSWs

L.A. Care Health Plan is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. L.A. Care Health Plan designates this live educational activity for a maximum of 6 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

L.A. Care Health Plan takes responsibility for the content, quality and scientific integrity of this CME/CE live activity.

L.A. Care Health Plan is an approved Continuing Education Provider by the California Board of Registered Nursing (CEP13731). This program is approved for 6 contact hours.

L.A. Care Health Plan is an approved provider of continuing education credits by the California Board of Behavioral Sciences (provider PCE503). This program is approved for 6 contact hours.
PPG Call to Action

• Remind PCPs that no referral or prior authorization is needed for preventive care services, including mammography
• Promote partnership with imaging centers
• Collaborate with gastroenterologists if member opts for colonoscopy
• Ensure PCPs are completing annual preventive care visits (AWE) and vaccinations (flu and pneumonia) for members
• POR collaboration between L.A. Care and PPGs/PCP sites
# L.A. Care Contacts

<table>
<thead>
<tr>
<th>Department</th>
<th>What do we do?</th>
<th>FAQs this team could help you with</th>
</tr>
</thead>
</table>
| HEDIS Operations                          | Submits to NCQA the overall performance measurement rates to all reporting entities. | • What are the specifications for HEDIS Measures?  
• What is Supplemental data and how do we submit?  
• Where can I get sources for HEDIS info?  
• How do I get access to HEDIS related codes? |
| HedisOps@lacare.org                       |                                                                               |                                                                                                                                                                  |
| Medicare Operations                       | Manage CMC performance measures                                               | • What are best practices can improve Star ratings?  
• Where can I access the CMC POR?           | |
| lacarestars@lacare.org                    |                                                                               |                                                                                                                                                                  |
| Quality Improvement (QI)                  | Develops and implements interventions to improve preventive health screenings and treatment of chronic conditions. | • What best practices can improve HEDIS scores?  
• What member and/or provider initiatives is L.A. Care implementing?  
• How can I partner with L.A. Care on initiatives?  
• What are L.A. Care’s clinical practice guidelines and preventive health guidelines? |
| Clinical Initiatives                      |                                                                               |                                                                                                                                                                  |
| Quality@lacare.org                        |                                                                               |                                                                                                                                                                  |
| Potential Quality Issues (PQI)            | Investigate submitted PQIs and prepare them for Medical Director review and referral to Peer Review, if indicated. | • How do I submit a PQI or critical incident to L.A. Care?                                                                                                       |
| pqi@lacare.org                            |                                                                               |                                                                                                                                                                  |
Questions/Discussion