



L.A. Care
HEALTH PLAN®

Quality Improvement Program Annual Report and Evaluation

2020

Quality Oversight Committee approval on 2/23/2021
Compliance and Quality Committee approval on 3/18/2021



Quality Improvement Program
Annual Report and Evaluation
2020

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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.

EXECUTIVE SUMMARY

L.A. Care Health Plan continues its efforts to improve, attain and maintain excellent quality and safety of care and services to members. The Quality Improvement Program describes the infrastructure L.A. Care uses to coordinate quality improvement activities with quantifiable goals. The 2020 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measureable goals. This 2020 Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2020 through December 31, 2020 except where annotated otherwise. This Annual Report evaluates activities for L.A. Care's lines of business: Medi-Cal, PASC-SEIU Homecare Workers Health Care for In-Home Supportive Services Workers, L.A. Care Covered™ (Marketplace), L.A. Care Covered Direct™, and Cal MediConnect [(CMC) Duals Demonstration Project].

Under the leadership and strategic direction established by the L.A. Care Health Plan Board of Governors through the Compliance and Quality Committee (C&Q) and senior management, the 2020 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 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 Managed Care Operations. The Quality Improvement (QI) Department takes the lead in compiling this Annual Report, with support from staff in the following departments: Appeals & Grievances (A&G), Customer Solutions Center (CSC), Provider Network Management (PNM), Pharmacy, Community Outreach and Education (CO&E), Safety Net Initiatives (SNI), Medicare Operations (Med Ops), Health Education, Cultural and Linguistic Services (HECLS), Utilization Management (UM), Case Management (CM), Managed Long Term Services and Supports (MLTSS), Behavioral Health (BH), Facility Site Review (FSR) (Medical Record Review), and Credentialing (CR).

Activities in the 2020 Quality Improvement Program and the associated Work Plan activities focused on refining the quality of structure and process of care delivery with emphasis on member centric activity and consistency with regulatory and accreditation standards. All activities were undertaken in direct support of organizational changes and the Mission, Vision, and Strategic Priorities of the Board. Highlights include:

Regulatory Inquiry Management and Trend Analysis:

The Regulatory Affairs unit within the Compliance department implemented a quarterly report that provides a breakdown of types and volume of inquiries and non-compliance notices that L.A. Care receives from DHCS and CMS. The quarterly report notes top categories (i.e. member issues, data requests, claims issues, general requests) and further breaks down the top categories into top subcategories (i.e. appeals & grievances, authorization issues, coordination of care, access to care). Business owners are expected to investigate or remediate processes that may be contributing to particular trends in order to reduce avoidable member issues.

Enterprise-wide Compliance Monitoring Program:

During 2020, the Regulatory Affairs unit within the Compliance department further developed the enterprise-wide monitoring program. The framework and process uses best practices from regulatory audits and allows L.A. Care to see compliance performance across all lines of business, delegates, and functional areas. This year, we started with utilization management (UM). This involved the expansion of 2 measures for the Cal MediConnect line of business only to about 60 measures across all lines of business. We will continue to expand the monitoring program through 2021. In addition to performance monitoring, we also developed and implemented a Corrective Action Plan (CAP) Monitoring SharePoint and monthly process to ensure CAPs are implemented timely and effectively.

Audit Management and Preparedness:

Regulatory Affairs, Compliance managed and provided support for 6 regulatory audits, including 2 follow-up Department of Managed Health Care (DMHC) audits. This year, due to COVID-19, the Department of Healthcare Services (DHCS) annual audit was suspended and will continue next year. In lieu of the audit, the Regulatory Affairs team conducted CAP monitoring and internal audits/reviews to ensure the CAPs for the deficiencies identified in the 2019 audit were implemented and effective. Further, the Regulatory Affairs team also led a DHCS Audit Readiness Collaborative amongst all local health plan compliance leadership. This required the Analysis of all 2019 findings to facilitate an open discussion on best practices, remediation plans, and 2020 audit focus. The local health plan compliance leadership team is using the same methodology to facilitate a DMHC Audit Readiness session. We continue to prepare for our CMS Revalidation Audit (scheduled to begin January 2021) by conducting ongoing monitoring of service authorization request and grievance timeliness, correct classification and initiation of grievances, and care management.

Membership Changes:

Medi-Cal – increased by 95,733 members:

- Members 65 years or older increased from 10.6% to 11% of the population

Cal MediConnect – increased by 1,563 members:

- 76.3% are 65 years of age and older

L.A. Care Covered – increased by 1,587 members:

- 92.1% are 21-64 years of age

Member Experience:

COVID-19 Impact on 2020 CAHPS Survey:

- L.A. Care Covered: QHP EES 2020 were halted by CMS due to Covid-19 impact on the telephone survey process, and no official scores have been released. Covered Calif. is reporting L.A. Care Covered (LACC) as having 2 Stars for Member Experience for 2020, based on scores in 2019. Most Covered Calif. Plans were similarly rated based on 2019
- Cal MediConnect: CMS/HSAG halted Medicare CAHPS 2020 due to Covid-19 impact on telephone portion of survey; will not issue scores for the 2020 survey; and will use 2019 scores instead.

CAHPS Performance:

- Adult scores remained low in 2020. Several key composites and one rating declined by a significant margin.
- Child scores were statistically unchanged from 2019 to 2020, with the exception of Customer Service, which increased.
- For both adults and children, most ratings and composites remain below the 25th percentile. L.A. Care's opportunities to improve CAHPS performance are most persistent in measures of access.

Clinical Care:

Clinical Initiatives:

- In 2020, 26 interventions were completed, ranging from social media, mailings, automated calls, and live agent calls. The 26 initiatives did not include provider trainings noted below.
- There 12 provider training webinars that were part of the “Wednesday Webinar” series that spanned various topics from HEDIS updates to Lead Screening updates.
- There were 26 Patient Experience Trainings provided by the SullivanLuallin Group both in person and online. These trainings were offered to providers at no cost.
- In response to COVID-19, the Initiatives team supported the CRCs “Back to school Events” sharing the cost (\$10,000) and providing educational material for the events such as the Lead Screening Brochure and the L.A. Care important phones numbers card. Social Media ads were created to provide COVID-19 tips for people living with diabetes and asthma. Mailer inserts with COVID safety tips were created and added to wellness mailers that went out in Q4. As well as provider education on best practices during COVID-19.
- Evaluations on interventions and programs were completed for 25 initiatives and of those nine demonstrated a statistically significant increase in gap closure. Automated calls, provider mailings, and member mailers on depression screening were among the campaigns that showed effectiveness.
- Initiatives team presented at seven different Community Advisory Committees on various topics ranging from member experience to preventive health.
- Initiatives staff collaborates in six national, governmental and community-based organizations: The American Cancer Society, the American Heart Association, The Community Clinic Association of Los Angeles County, the Immunization Coalition of Los Angeles County, California Department of Public Health and the Los Angeles HPV Vaccine Coalition.

HEDIS Performance:

- HEDIS RY2020 (MY2019): L.A. Care’s allocation of auto-assigned Medi-Cal members is at 67%, compared to 33% for Health Net. Due to the COVID-19 pandemic, DHCS is using Year 15 default algorithm percentages in Year 16 (January 2021 to December 2021). The error adjustment applied to Year 15 is not included in Year 16.

DHCS AA Year	L.A. Care Health Plan			HealthNet		
	Final Rate	Adjustment	Adjusted Rate	Final Rate	Adjustment	Adjusted Rate
HEDIS 2015 Year 11	69%	-	-	31%	-	-
HEDIS 2016 Year 12	56%	-	-	44%	-	-
HEDIS 2017 Year 13	64%	-	-	36%	-	-
HEDIS 2018 Year 14	54%	-	-	46%	-	-
HEDIS 2019 Year 15*	67%	+9%	76%	33%	-9%	24%
HEDIS 2020 Year 16	67%	-	-	33%	-	-

*Year 13 error applied in Year 15

NCQA Accreditation Status:

- For L.A. Care’s 2020 Health Plan Accreditation Renewal Survey, L.A. Care achieved “Accredited” for all three LOBs (Medicaid/Medi-Cal, Medicare/Cal MediConnect, Exchange/LACC)
- Accredited status is now the highest status achievable for NCQA’s Health Plan Accreditation. L.A. Care will remain “Accredited” until June 2023
- L.A. Care was awarded the “Distinction in Multicultural Health Care” by NCQA in March 2019 for its Marketplace, Medicaid, and Medicare lines of business. L.A. Care has held the

Multicultural Health Care distinction since 2013. L.A. Care will be resurveyed for MHC in Q1 2021.

- NCQA did not release updated scores for 2020. Beginning with Health Plan Accreditation 2020 and the 2020 HEDIS reporting year, Health Plan Ratings and Accreditation will align. This will improve consistency between Health Plan Ratings and Accreditation and will simplify the scoring methodology for Accreditation. As a result, NCQA is eliminating the Excellent and Commendable status levels and will instead use the Health Plan Ratings to distinguish quality.
- Due to COVID-19, NCQA will not be releasing 2020–2021 Health Plan Ratings for any product line.

Population Health Management:

- L.A. Care continued to develop a coordinated Population Health Management Program (PHMP) addressing members' needs across the continuum of care and coordinating across departments and services throughout the organization. During 2020, the PHMP focused on:
 - Linking the 2019 population assessment findings to existing programs and identifying gaps to enhance programs or services. L.A. Care met 11/15 of the Population Health Management Index (PHMI) goals for 2020, meeting the middle score at 100%.
 - Information gathering on Transition of Care (TOC) initiatives across the organization.
 - Improving the Initial Health Assessment monitoring process and closing the Corrective Action Plans (CAPs).
- During 2021, the PHM program will continue work to coordinate services across the organization, add goals to the PHMI to address Transition of Care and focus on Star Measures and work on the implement of the new system of record.

Care Management/Disease Management:

- In 2020 L.A. Care (LAC) prepared for and successfully completed the National Committee for Quality Assurance (NCQA) accreditation audit.
- LAC revised the Disease Management (DM) program, the Asthma and Diabetes programs were transitioned to Health Education department. The Care management (CM) department continues to oversee the CVD/CCIP DM program implementation.
- LAC CM department revised and increased the scope of the training curriculum to address areas of improvement, regulatory adherence as well as effectiveness in working with members.
- LAC CM department developed a compliance and operational report to facilitate better monitoring of staff performance and regulatory adherence.

Clinical Practice Guidelines:

- Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC) approved new and revised clinical practice and preventive health guidelines. Guidelines were revised for the following categories: Behavioral Health, Cardiovascular, Respiratory, Endocrine, Infectious Diseases, Obstetrics and Perinatal Care, Pain Management, General Tools and Preventive Health. Links are now posted on our website for the 52 guidelines and 19 toolkits to support providers in their practice.

Provider Satisfaction:

- During fiscal year 2019-2020, we received the results from 2019 Provider Satisfaction Survey. The survey 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 increased overall for 3 out of the 4 provider types.

- PSS 2020 will be the first edition of the Provider Satisfaction Survey to have been reviewed via the PSS Survey Work Groups. We reviewed 134 possible questions from both instruments during 11 initial workgroup sessions.
- These workgroups were an innovative experiment designed to foster collaboration between L.A. Care domain experts and its survey statisticians to validate 2019 results and evaluate the survey instruments for 2020 enhancements.

IPA/Provider Webinars:

- QI hosted 12 webinars open to network IPAs, MSOs, community clinics, and providers.
- The 2020 program goal of an average attendance of 80 was met, with webinars totaling an average of 108 attendees. The Proposition 56 session had the highest attendance for any QI webinar in the last four years, totaling 261 external attendees.
- QI collected evaluations of the webinars from the attendees, allowing them to indicate if they would recommend the webinars and also submit comments and suggestions. The average Net Promoter Score (NPS) from these evaluations was 62 (generally, a score below 0 is low, between 0-30 is medium/good, and 30-100 is high/great). This met the 2020 program goal of an average NPS across all sessions of 40 or higher. Most of the feedback from attendees was very positive, continuing a several year trend.

Provider Continuing Education (PCE) Program:

- During fiscal year 2019-2020, L.A. Care Health Plan's Provider Continuing Education (PCE) Program continues to operate with the following CME and CE Provider Accreditations:
 - 1) Continuing Medical Education (CME) Provider for Physicians, Accreditation with Commendation by California Medical Association (CMA).
 - 2) Continuing Education (CE) Provider for Registered Nurses (RNs) and Nurse Practitioners (NPs) issued by California Board of Registered Nursing (CA BRN).
 - 3) Continuing Education (CE) Provider for Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs), and Licensed Education Psychologists (LEPs) by California Association of Marriage and Family Therapists (CAMFT).
- For FY 2019-2020, L.A. Care's PCE Program offered a total of twelve (12) directly provided CME/CE activities including six (6) live courses/In-Person CME/CE events and six (6) online courses and total of three (3) jointly provided CME/CE activities with LA County Department of Health Services (DHS), LA County Department of Mental Health (DMH) and Anthem Blue Cross.

Cultural and Linguistic Services:

- Top requested languages:
 - Telephonic interpreting: Spanish, Armenian, and Mandarin
 - Face-to-face interpreting: Spanish, American Sign Language, and Korean
 - Translation: Spanish, Chinese, and Khmer.
- Processed 5,590 face-to-face interpreting requests – 5,478 were for medical appointments
- Telephonic interpreting services provided – 200,275 calls for a total of 3,276,257 minutes.
- Three out of five FY19-20 C&L goals were met:

Met:

- Deliver 90% of translation requests within the requested turnaround time.
- 90% of telephonic interpreting connection time will be equal to or less than 30 seconds as indicated by the service level report.
- Decrease the rate of complaints/grievances by 10%.

Not met:

- 90% of individuals who requested interpreting and translation services from the C&L Services unit will be "satisfied" with the services.
- Decrease cancellations and member no-shows for face-to-face interpreting service by 10%.

Health Education:

- The *Healthy Moms* program reached out to 4,381 post-partum members to offer assistance scheduling their post-partum appointment. This program was determined to be effective in improving post-partum HEDIS measure.
- *Healthy Pregnancy* program mailed 3,011 trimester specific educational packets to pregnant members as well as member outreach calls were made to encourage women to schedule their first trimester visit. Unfortunately, the outreach calls impacted less than 0.02%. For this reason, member outreach will discontinue in FY202-21.
- *Healthy Baby* program mailed out 24,871 immunization packets to parents/guardians of members 0-6 months. Due to regulatory restriction to make reminder IVR calls to members and duplication of the member mailers which may increase member abrasion, the Health Baby program will discontinue in FY19-20.
- *The Youth Empowerment Screening Chlamydia Campaign* mailed 1,607 letters to increase awareness and improve chlamydia screening rates.
- One out of four FY19-20 HE goals was met:

Met:

- Increase the number of new online health and wellness portal users by 10%. Met. In FY 19-20, 13,523 DLOB members created an online health and wellness portal account. This represents an increase of 33.6% compared to last fiscal year.

Not Met:

- Increase health education encounters by 15% over the previous fiscal year. A total of 2,280 health education encounters were conducted in FY 19-20, representing a decrease in rate per 1,000 members from 2.51 in FY 18-19 to 1.89 in FY 19-20. This decrease is likely due to the California Governor's mandatory, statewide Shelter-In-Place orders.
- Partner with at least two community based organizations to implement a member referral process for community resources that address social determinants of health. Due to competing priorities, staffing challenges, and the unexpected COVID pandemic, this goal was not able to be completed this FY.
- Expand the scope, capacity and reach of current health education offerings to support members with achieving and maintaining healthier lifestyles. Due to competing priorities, staffing challenges, and the unexpected COVID pandemic, this goal was not able to be completed this FY.
- The Population Needs Assessment (PNA) concluded with the following objectives and corresponding updates:
 - Objective #1: By June 30, 2023, increase the percentage of members receiving their postpartum visit from 54.53% (< 25%) percentile to 65.69% (50th percentile). Goal was exceeded. The PPC postpartum HEDIS rate for Medi-Cal for RY 2020 increased from 54.53% to 73.48% (+18.95%). This increase is likely due to the change in HEDIS specification from 21-56 days postpartum to 7-84 days.
 - Objective #2: By June 30, 2023, decrease the percentage of people between the ages of 19-50 in Regional Community Advisory Committee (RCAC) 6 diagnosed with persistent asthma and who have not filled a prescription for a controller medication in the past twelve months from 30% to 26%. As of November 13, 2020, L.A. Care switched its disparity PIP from the AMR HEDIS measure to Comprehensive Diabetes Care of A1c >9% targeting Black members. The rationale for this is the change in pharmacy benefit administration to DHCS along with 2019 administrative HEDIS data which indicates members of the Black community have the highest rate of uncontrolled A1c level (52.6%) while Asian Americans had the lowest rate (31.5%), a statistically significant difference. This change will be incorporated into L.A. Care's 2021 PNA.

- Objective #3: By June 30, 2023, increase the percentage of adult members who report receiving their annual flu vaccination from 40.76% to 42%. Goal was exceeded. As per CAHPS RY 2020, the percentage of adult members who report receiving their annual flu vaccination from increased from 40.76% to 46.26%.

Patient Safety:

- Pharmaceutical safety programs include:
 - Concurrent Drug Utilization Review (CDUR)/Retrospective Drug Use Evaluation (RDUR)
 - 2020 Q1-Q2: Prescribers were mailed a letter as part of the RDUR program.
 - MCLA: 18,513 prescribers
 - CMC: 2,062 prescribers
 - LACC: 419 prescribers
 - PASC: 309 prescribers
 - 2020 Q1-Q2: Electronic rejects shown at point-of-sale in the pharmacy as part of the CDUR program
 - MCLA: 2,674,326 rejects
 - CMC: 220,691 rejects
 - LACC: 146,181 rejects
 - PASC: 109,743 rejects
 - Our goal was to have at least 90% of the providers notified by mail of members who met the criteria for our RDUR program. As of Q3 of 2020, 100% of the providers have been notified by mail.
 - Medication Adherence for Diabetes Medications, HTN (RAS Antagonists), & Statins
 - Pharmacy Technicians made calls to members, pharmacies and prescribers to investigate barriers to adherence and remedies.
 - L.A. Care reached 300+ members with Proportion of Days covered (PDC) of less than 85%, who are on a statin medication and/or non-insulin diabetes medications.
 - If the member is a newly diagnosed diabetes member, Pharmacy Technicians will also offer and send Diabetes Welcome Kits. As of 10/15/20, we have mailed out 230 Diabetes Welcome Kits.
 - Since July 2018, providers started receiving a scorecard letter by Navitus, which details all the members under respective provider's care that may be exhibiting non-adherence behaviors.
 - 2020 Q1-Q3: 8,021 CMC Prescribers were mailed a scorecard.
 - Our goals for 2020 for the adherence measures in our CMC population are as follows:
 - Diabetes Medications: 85% (Quality Withhold: 80%)
 - HTN (RAS Antagonists) Medications: 80%
 - Statins Medications: 74%
 - As of 12/10/20, we are on track to meet all of our goals for the adherence measures listed.
 - Medication Reconciliation Post-Discharge (MRP)
 - Since 5/1/20, L.A. Care pharmacists have been conducting medication reconciliation for members who were recently discharged from the hospital to prevent medication-related readmissions. As 10/26/20, L.A. Care pharmacists have conducted a total of 65 medication reconciliations.
 - Additionally, L.A. Care pharmacists have also been collaborating with Dr. Brodsky and Social Services to implement a new Transitions of Care program started in 10/15/20. As of 11/13/20, there have been 4 completed cases.
 - Our goal was to complete 50 medication reconciliations by the end of 2020. We surpassed our goal and completed 65 medication reconciliations by 10/26/20.

Potential Quality Issues (PQI):

- Quality Improvement (QI) Provider Quality Review (PQR) team processed 5,822 potential quality concerns that were reported from various sources within L.A. Care team as well as external network providers.
- In 2020, 4,840 of the 5,822 (83.1%) cases were processed within the required timeframe of six calendar months, which exceeded the goal of 65%.
- The PQI triage process was enhanced allowing the nurse reviewers to appropriately screen all referrals and assign the case review based on the urgency and the issue type. It enabled timely review of the concerns with the current staffing capacity.
- The annual PQI online self-paced training rolled out again in July 2020 included various scenarios to help staff's deciphering and identify PQI issues impacting members' health outcome.
- Provider Quality Nurse Reviewers conduct monthly oversight review of call texts from Customer Solution Center (CSC) and Appeal and Grievance (A&G) cases by random selection of 1% or 30 cases that were not referred to PQI to screen for potential miss label for PQIs. Total 300 CSC cases and 218 A&G cases were reviewed. Cases found to have potential quality of care concerns followed the PQI case review process and were shared with CSC and A&G for educational opportunity and individual staff coaching
- The PQR team also conduct stringent review of encounter data from deceased members by random section of 1% or 30 cases every month to proactively assess unusual care pattern and identify potential unexpected deaths. In 2020, total 131 cases were reviewed.

Critical Incident Reporting:

- Work with 26 delegates (PPG and Vendors) that had L.A. Care's Cal Medi-Connect members to ensure their timely reporting of critical incidents to appropriate authorities and to L.A. Care in a timely fashion.
- In 2020, compliance with quarterly submission at 100%.

Patient Hospital Safety:

- L.A. Care uses data from California Maternity Quality Care Collaborative (CMQCC) for Nulliparous, Term, Singleton, Vertex (NTSV)-C-Section rates. 15 of 45 (33%) Hospitals that met the goal of 23.9 percent or below for low risk, first birth cesarean delivery received the Maternity Honor Roll.
 - Data from L.A. Care's internal C-Section dashboard is also used. This internal dashboard differs from the reports sent by CMQCC, as CMQCC data looks at all individuals who have visited the hospitals whereas the internal dashboard allows L.A. Care to look at L.A. Care health plan member data. This internal dashboard allows us to track rates for L.A. Care Lines of Business, which include: L.A. Care Covered California, Cal Medi-Connect, and L.A. Care's subcontracted health plan (Plan Partners) Medi-Cal rates.
- L.A. Care uses data from California Department of Public Health (CDPH) for reports on Central line-associated bloodstream infection (CLABSI), Methicillin-resistant Staphylococcus aureus (MRSA), Surgical Site Infections-Colon (SSI-Colon) and Clostridioides difficile (C-Diff) rates to monitor hospital safety. Covered California's goals are that these measures have an SIR less than 1.0. For CLABSI, 41 of 72 (57%) facilities met this goal and 3 hospitals had no data available. For MRSA, 36 of 64 (56%) facilities met this goal and 2 hospitals had no data available. For SSI-Colon, 37 of 57 facilities (65%) facilities met this goal and 2 hospitals had no data available. For C-Diff, 56 of 67 (84%) of facilities met this goal and 1 had no hospital had no data available.
- L.A. Care also uses the Centers for Medicare and Medicaid Services (CMS) to measure Catheter-associated Urinary Tract Infections (CAUTI) rates. Covered California's goal is that this measure have an SIR less than 1.0. 34 of 53 (64%) of facilities met this goal and 7 hospitals had no data available.

- QI discusses hospital safety rates at inpatient workgroup meetings, where both Utilization Management (UM) and Provider Network Management (PNM) hospital managers attend, to develop intervention/plans. L.A. Care also reviews whether any of these metrics will be used as a quality based contract element for hospital contracts.

Facility Site Review:

- Compliance with needle stick safety rate decreased to 76% from 78%. This measure did not meet the goal of 80%.
- Spore testing of autoclaves rate decreased to 73% from 80%. This measure did not meet the goal of 85%.
- Due to the COVID public health emergency, FSR in-person site reviews were suspended per APL 20-011 (Executive Order).
- As an alternative, FSR has conducted Virtual Facility Site Review (FSR) audits for relocations, and initials.
- FSR has conducted 29 virtual audits.

Addressing Disparities:

- L.A. Care is committed to providing equitable, quality care. Addressing health disparities is one way to improve health equity.
- Each year the QI program completes an evaluation and analysis of HEDIS data to identify and address any disparities. This year's evaluation contains an analysis for each HEDIS measure by race and ethnicity.
- The following are L.A. Care data observations:
 - As in previous years, Black/African American (BAA) and Native Hawaiian populations have the lowest performing rates for the selected HEDIS measures.
 - The Native Hawaiian population, like last year, has the lowest rates for Comprehensive Diabetes Control HbA1c (<8.0%), followed by BAA members.
 - The Native Hawaiian population also performed lowest on the Antidepressant Medication Management metric for both Effective Acute Phase Treatment and Effective Continuation Phase Treatment.
 - As in previous years, the BAA population has the lowest rates among all demographic populations for Asthma Medication Ratio (AMR). Admissions for Asthma among Children and Younger Adults with Asthma was also highest for the BAA population.
 - BAA members had the lowest rates among the other race/ethnicities for complications with diabetes, including all four of the Diabetes Hospitalization Measures (i.e. Admissions for Short-term Complications and Admissions for Uncontrolled Diabetes, Admissions for Long-term Complications and Admissions for Lower-extremity Amputation, both among members with diabetes).
- 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 as well as the 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. The purpose the Council is to recommend and implement activities to promote health equity, which will ultimately reduce health inequities within L.A. Care's membership. To expand on this, specifically, the Council will:
 - Identify and prioritize actions, programs, and 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 Equity Council.

Access to Care, After Hours and Appointment Availability:

Measurement Year (MY) 2019 Appointment Availability Compliance

Appointment Type	Standard		Medi-Cal		CMC		PASC [^]		LACC	
			PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP
Urgent Appointment*	48 Hours (PCP)	96 Hours (SCP)	85%	78%	86%	76%	99%	88%	87%	76%
Non-Urgent Appointment*	10 Bus. Days (PCP)	15 Bus. Days (SCP)	96%	91%	96%	88%	99%	96%	97%	89%
Preventive Services (Adult)	30 Cal. Days		99%	N/A	98%	N/A	99%	N/A	98%	N/A
Preventive Services (Pediatric)	10 Bus. Days		97%	N/A	99%	N/A	100%	N/A	97%	N/A
Initial Prenatal Visit	10 Bus. Days		99%	94%	99%	91%	100%	100%	99%	94%
In Office Waiting Room Time	Within 30 Minutes		96%	93%	96%	94%	99%	99%	96%	92%
Call-Back During Normal Business Hours	Within 30 Minutes		66%	59%	64%	57%	67%	93%	65%	60%
Call-Back for Rescheduling	Within 48 Hours		94%	88%	94%	89%	96%	99%	94%	90%
Process for Rescheduling	Yes		99%	99%	99%	99%	100%	98%	99%	98%

*DMHC Required

[^]PASC is comprised of DHS and Citrus Valley providers

MY2019 Root-Cause Analysis (RCA): SCP Urgent Appointments

Overall, SCPs decreased in compliance from an average of 85% in MY2018 to an average of 77% in MY2019.

- Root-cause analysis of SCP urgent appointments to analyze the downward trend.
- Majority of responses: Providers and office staff are unaware of timely access to care standards.
- PPGs have submitted corrective action plans which will be monitored

Call-Back During Normal Business Hours was also considered.

- After-Hours Timeliness RCA was conducted for MY2018
- Call-back during normal business hours ties in with this measure; QI ruled this out.
- Based on responses received last year, several providers are concerned that stating calls will be returned in 30 minutes is a legal issue and would prefer that the language is changed to “ASAP.”
- This is a supplemental question added to the survey by L.A. Care, it is a requirement by the DMHC: **“If someone needs to call you back, they must call you within 30 minutes,”** so “ASAP” is not an option. This contributes to low compliance rates for call-back related measures.

MY2019 After-Hours Compliance

Appointment Type	Standard	Medi-Cal	CMC	PASC	LACC
		PCP	PCP	PCP	PCP
Access	After-Hours recording or answering service must state emergency instructions to address medical emergencies <u>and</u> state a way of contacting the provider	83%	84%	82%	83%
Timeliness	After-Hours recording or answering service must state a member can either be directly connected or receive a call-back from a PCP within thirty (30) minutes	64%	64%	67%	64%
Combined Access & Timeliness	Compliance for both Access and Timeliness measures combined	62%	61%	67%	62%

After-Hours Goal Calculation Methodology:

The goals are low for timeliness and combined measures based on current goal methodology.

- o For MY2020, a new methodology will be established to align with DMHC’s compliance expectation

The DMHC deems non-compliance as having fewer than 70% of network compliance for a specific network for a non-urgent or urgent appointment available within the established timeframe.

Member Participation, Community Outreach and Engagement:

The following information captures data for Fiscal Year 2019/2020:

Advisory members worked closely with L.A. Care Community Outreach and Engagement to align efforts with L.A. Care’s Board of Governors. The advisory committee identified food security and transportation as key social determinants of focus. A total of 15 community partnerships were funded.

Agencies benefiting from funding supported community feedings, purchase of COVID-19 reductions supplies, non-emergency and non-medical transportation, workforce development and resource development in low-income communities across Los Angeles County. During the summer of 2020, L.A. Care’s Community Outreach and Engagement conducted a digital divide survey of its consumer advisory members. The survey was disseminated to 220 members. A total of 189 members responded. The information was used to inform how best to disseminate important health education information. The survey also assisted staff to identify which virtual platforms are most widely used by consumers. Results from the survey were used understand best practices to receive recommendations and feedback as a means of continuous engagement of consumer advisory members.

Safety Net Programs and Partnerships

The Health Homes Program (HHP) is a high-touch care management and wraparound services program for Medi-Cal members that launched in July 2019, as authorized by DHCS. Between July and September, 2020, L.A. Care and its Plan Partners served 11,647 enrolled members. Of the 11,647 members served during that period, 7,429 were from L.A. Care’s directly managed Medi-Cal (MCLA) line of business.

L.A. County’s Whole Person Care Program (WPC) comprises many different high-touch programs for different high-risk Medi-Cal populations, including homeless members, criminal justice reentry members, members with MH or SUD needs, transition of care members, and perinatal members. As of May 2020, over 26,400 unique MCLA members have enrolled in 1 or more programs.

L.A. Care uses a variety of strategies to meet the needs of our large population of members experiencing homelessness, including a \$20M grant partnership with L.A. County Housing for Health and Brilliant

Corners that has provided permanent housing for 322 households, recuperative care pilot contracts, and housing navigation and tenancy support through Health Homes.

Community Partnerships - Social Determinants of Health – Food Security:

The Community Resource Centers (CRCs) collaborated with community-based organizations to host food distribution events to serve the most vulnerable across Los Angeles County during the public health crisis.

Food Pantry Initiative:

The CRCs collaborated and provided sponsorship funds to 15 community-based partners to operate 37 food distribution events throughout Los Angeles County from May 2020 to October 2020. In addition, three (3) Resource Centers incorporated a food pantry distribution as an auxiliary service during their annual Back-to-School events.

- The Food Pantry Initiative served 15,061 families and 46,376 individuals.
- Food was available via contactless drive-thru services, by walk-up or both.

Food Pantry Initiative Community-Based Partners:

- Seeds of Hope
- The Garage
- Food Finders
- East LA YMCA
- Downey First Christian Church – FOOD HELP
- Oaks of Righteousness Ministry’s dba 5 Breads 2 Fish
- Crenshaw Family YMCA
- FEAST
- MEND
- One Love Food Ministry
- Antelope Valley Dream Center
- Antelope Valley Partners in Health
- South Antelope Valley Emergency Services (SAVES)
- God’s Pantry
- Weingart YMCA Wellness & Aquatic Center

Marketing:

- Participation in workgroups to facilitate collateral materials in format, languages and reading levels.
- Collaborated with Marketing staff by product lines, health plan initiatives and utilization of Family Resource Centers (Antelope Valley, Lynwood, Inglewood, Boyle Heights and Pacoima).
- Worked in conjunction with the Editorial Board for the member and provider quarterly newsletters, *Be Well, Live Well, Stay Well and Progress Notes*. Provided input and contributed content to educate, inform and update regarding L.A. Care programs and services.
- Participation in workgroups to facilitate collateral materials in format, languages and reading levels.
- Collaborated with Marketing staff by product lines, health plan initiatives and utilization of Family Resource Centers (Antelope Valley, Lynwood, Inglewood, Boyle Heights and Pacoima).
- Worked in conjunction with the Editorial Board for the member and provider quarterly newsletters, *Be Well, Live Well, Stay Well and Progress Notes*. Provided input and contributed content to educate, inform and update regarding L.A. Care programs and services.

Provider Incentive Programs:

Pay-Out Program Results:

- L.A. Care's Physician P4P Program (MY 2019) – due to the impact of COVID-19 on providers, L.A. Care decided to advance P4P payments in April 2020, paying about \$20 million to over 900 physicians and over 60 clinics. L.A. Care decided to pay the difference to providers that earned more than the advanced payment once final MY 2019 scores were calculated. L.A. Care is paying an additional \$1.5 million to 46 clinics and an additional \$2.5 million to 507 physicians.
- L.A. Care's Medi-Cal VIIP+P4P Program (MY 2019) – paid out \$15.9 million to 53 eligible groups.
- L.A. Care's LACC VIIP+P4P Program (MY 2019) – performance scores and payments will be calculated in the month of December. Aim to distribute reports mid-January.
- L.A. Care's Plan Partner Incentive Program (MY 2019) – performance scores and payments will be calculated in the month of December. Distributed reports the end of December.

No Pay-Out Program:

- L.A. Care's CMC VIIP Program – sending out mock payment reports to groups by the end of December. This year (MY 2020, RY 2021) will be the first year of pay-outs for this program.

Member Incentive Programs (2020 Programs managed by Incentives team):

- Follow-Up for Hospitalization after Mental Illness (CMC, LACC & PASC members) – \$25 debit card for completing follow-up visit on or before 30 days of their initial visit.
- 114 members were awarded as of November 2020. 60 for CMC, 48 for LACC and 6 for PASC.

Committees:

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

Barriers Identified:

- Changes in TCPA halted robo call campaigns for Colorectal Cancer Screening, Healthy Pregnancy Calls, Cervical Cancer Screenings, Breast Cancer Screenings, and Fight the Flu Campaign.
- The L.A. Care Care Management (CM) team continues to be understaffed, posing case load bandwidth problems for the assignment of these members.
- CMC Medicare CAHPS 2020 was halted by CMS/HSAG due to COVID-19 impact.
- For the Primary or Secondary Preventive Behavioral Health Program, the Continuing Education Program (PCE)'s CME/CE activities were transitioned into webinars and no trainings on Substance Use Disorder were implemented due to COVID.
- REACH Program (Recovery, Education and Access to Community Health - a home-visit program focused on increasing follow-up visits within 30-days post-discharge) has paused their outreach on in house visits for Follow Up After Hospitalization for Mental Illness due to COVID.
- Chlamydia Screening in Women requires an in-person visit. DHCS requested for certain preventive care outreach to be paused which included Chlamydia Screening campaign 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 sometimes 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.
- 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.

- Continually changing regulatory, compliance and other requirements.

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 2020 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan. Leadership and network physicians played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization.

The 2021 QI Program will continue to focus on opportunities to improve clinical care, safety and service in the areas outlined in this report. Member satisfaction results have declined over the last three years and enterprise efforts are underway to improve 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 2021 QI Work Plan and will be tracked through the QI committees, sub-committees, and the governance structure.

A. Clinical Care and Patient Safety

A.1 POPULATION HEALTH MANAGEMENT PROGRAM (PHMP)

AUTHOR: JOHANNA KICHAVEN, MPH, ANNA HAMEDANI, RN & ELAINE SADCCHI-SMITH, FNP, MPH, CHES

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

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

After successfully meeting the initial NCQA cycle for accreditation in which PHM Standards applied, the focus of 2020 was to build on the foundation set for L.A. Care's PHMP. The PHMP team's focus included improving the Initial Health Assessment (IHA) process for members within 120 days of enrollment and identifying gaps in Transition of Care of members between points of care to streamline the process and documentation of these transitions.

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, a cross-functional team was formed and developed a Charter including:

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

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

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

- **Asthma**
 - Chronic Care Workgroup
 - Health Education Programs/Interventions (e.g., Asthma education, Flu Campaign)
 - Care Management Programs
 - Family/Community Resource Center Classes
- **Spondylosis: intervertebral disc disorders; other back problems**
 - Chronic Care Workgroup
- **Fall Prevention**
 - Care Management Programs (looking into expanding existing program)

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

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

The Population Health Management Program is conducted through coordination and collaboration with the following programs: Health Education (HE) Program, Care Management (CM), Behavioral Health and Social Work, Utilization Management (UM), 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

As L.A. Care's PHMP has established a strong foundation, the next step is to evaluate the programs, services and interventions across the continuum of care, and evaluate the effectiveness using the new system of record, Thrasys for the identification, stratification, segmentation, member engagement, interventions, and outcomes. The data reporting functions of Optum Symmetry Suite (IPro) and Syntranet/Thrasys, 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 allow coordinated care, decrease in duplicative touchpoints and interventions and 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.

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 Population Assessment may be provided.

The top 15 diagnoses, 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, 2019–June 30, 2020.

Medi-Cal Membership

As of October 1, 2020, L.A Care Health Plan had 2,097,680 Medi-Cal members. Of those 150,484 members are Senior and Persons with Disabilities (SPDs) (an increase from 149,011 at the end of 2019). There are 50,720 PASC-SEIU members. L.A. Care’s Medi-Cal membership profiles by age, gender, and race are shown below:

Age	Number of Members	% of Membership
0-11	482,451	23%
12-20	387,012	18%
21-64	1,006,420	48%
65+	221,797	11%
Total	2,097,680	100%

Gender	Number of Members	% of Membership
Female	1,127,450	54%
Male	970,230	46%

Race	Number of Members	% of Membership
Caucasian/White	1,515,051	72%
African American/Black	248,671	12%
Asian	158,347	8%
Native Hawaiian/Other Pacific Islander	1,327	0.1%
American Indian Or Alaska Native	3,640	0.2%
Declined & Unknown	170,644	8%

Approximately 41.4% of L.A. Care’s Medi-Cal members are under 21 years of age. The rate of members 65 and over increased from 10.6% in 2019 to 11% in 2020. Of the adult membership, approximately 54.0% are female and 46.0% are male. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

91.3% 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	1,271,274	61%
Spanish	644,661	31%
Armenian	49,926	2%
Mandarin (Mandarin Chinese)	23,068	1.1%
Cantonese (Yue Chinese)	22,012	1%
Korean	20,160	1%
Vietnamese	15,768	0.8%
Farsi (Persian)	9,810	0.5%
Russian	9,127	0.4%
Tagalog	6,075	0.3%
Arabic	5,343	0.3%
Khmer	4,623	0.2%
American Sign Language	457	0.02%
Other, Including No Response	15,376	0.7%
Total:	2,097,680	100%

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		
Korean		
Russian		
Tagalog		
Vietnamese		

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

MEDI-CAL

Medi-Cal	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2019– June 30, 2020)	
1	Spondylosis; intervertebral disc disorders; other back problems
2	Eye disorders
3	Non-traumatic joint disorders
4	Diabetes with and without complications
5	Diseases of the heart
6	Respiratory infections
7	Diseases of the urinary system
8	Other connective tissue disease
9	Other lower respiratory disease
10	Hypertension
11	Disorders usually diagnosed in infancy childhood or adolescence
12	Diseases of female genital organs
13	Ear conditions
14	Mood disorders
15	Other skin disorders

Medi-Cal	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2019 – June 30, 2020)	
1	Diseases of the heart
2	Diseases of the urinary system
3	Bacterial infection
4	Other lower respiratory disease
5	Respiratory failure; insufficiency; arrest (adult)
6	Cerebrovascular disease
7	Hypertension
8	Diabetes with and without complications
9	Respiratory infections
10	Liveborn
11	Other nervous system disorders
12	Complications mainly related to pregnancy
13	Pleurisy; pneumothorax; pulmonary collapse
14	Skin and subcutaneous tissue infections
15	Fractures

The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2019 – June 30, 2020)			
Medi-Cal (SPD)		Medi-Cal (Non-SPD)	
1	Spondylosis; intervertebral disc disorders; other back problems	1	Eye disorders
2	Diseases of the heart	2	Spondylosis; intervertebral disc disorders; other back problems
3	Diabetes with and without complications	3	Respiratory infections
4	Disorders usually diagnosed in infancy childhood or adolescence	4	Non-traumatic joint disorders
5	Diseases of the urinary system	5	Diabetes with and without complications
6	Non-traumatic joint disorders	6	Diseases of the heart
7	Eye disorders	7	Other connective tissue disease
8	Hypertension	8	Diseases of the urinary system
9	Other lower respiratory disease	9	Other lower respiratory disease
10	Other connective tissue disease	10	Diseases of female genital organs
11	Paralysis	11	Ear conditions
12	Other nervous system disorders	12	Complications mainly related to pregnancy
13	Chronic obstructive pulmonary disease and bronchiectasis	13	Mood disorders
14	Other gastrointestinal disorders	14	Other skin disorders
15	Respiratory infections	15	Normal pregnancy and/or delivery

The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2019 – June 30, 2020)			
Medi-Cal (SPD)		Medi-Cal (Non-SPD)	
1	Diseases of the heart	1	Diseases of the heart
2	Diseases of the urinary system	2	Diseases of the urinary system
3	Respiratory failure; insufficiency; arrest (adult)	3	Bacterial infection
4	Bacterial infection	4	Other lower respiratory disease
5	Other lower respiratory disease	5	Liveborn
6	Cerebrovascular disease	6	Complications mainly related to pregnancy
7	Hypertension	7	Normal pregnancy and/or delivery
8	Diabetes with and without complications	8	Respiratory failure; insufficiency; arrest (adult)
9	Respiratory infections	9	Cerebrovascular disease
10	Chronic obstructive pulmonary disease and bronchiectasis	10	Indications for care in pregnancy; labor; and delivery
11	Pleurisy; pneumothorax; pulmonary collapse	11	Hypertension
12	Other nervous system disorders	12	Respiratory infections
13	Anemia	13	Diabetes with and without complications
14	Fractures	14	Lower gastrointestinal disorders
15	Skin and subcutaneous tissue infections	15	Biliary tract disease

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 spondylosis, disease of the heart, and diabetes; for Non-SPD members, the top three (3) diagnosis categories were eye disorders, spondylosis, and respiratory infections. The top three (3) diagnosis categories for Medi-Cal SPD members in the inpatient setting were diseases of the heart, disease of the urinary system, and respiratory failure; the top three (3) for Medi-Cal Non-SPD in the inpatient setting were disease of the heart, disease of the urinary system, and bacterial infections.

Cal MediConnect Membership (Duals Demonstration Project)

As of October 1, 2020, L.A Care had 17,716 Cal MediConnect members. The population below 65 years of age qualifies for participation in the Duals Demonstration Project based on presence of a disabling condition and/or aid code designation. The detail of L.A. Care’s Cal MediConnect membership profile is shown below:

Age	Number of Members	% of Membership
21-64	4,191	24%
65-74	9,738	55%
75-84	2,873	16%
85+	914	5%
Total	17,716	100.0%

Gender	Number of Members	% of Membership
Female	9,760	55%
Male	7,956	45%

Race	Number of Members	% of Membership
Caucasian/White	10,958	61%
African American/Black	2,844	16%
Asian	1,237	7%
Native Hawaiian/Other Pacific Islander	31	0.2%
American Indian Or Alaska Native	64	0.4%
Declined & Unknown	2,582	15%

76.3% of L.A. Care Cal MediConnect members are 65 years and over. Of adult membership, 55% are female and 45% are male. The main preferred languages spoken are divided between Spanish and English with English being the predominant preferred language. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

Approximately 92.2% 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	8,216	46.3%
Spanish	8,311	47%
Armenian	37	0.2%
Mandarin (Mandarin Chinese)	79	0.4%
Cantonese (Yue Chinese)	124	0.7%
Korean	34	0.2%
Vietnamese	86	0.5%
Farsi (Persian)	21	0.1%
Russian	11	0.1%
Tagalog	228	1.3%
Arabic	29	0.2%
Khmer	52	0.3%
American Sign Language	23	0.1%
Other, Including No Response	465	2.6%
Total:	17,716	100%

Cal MediConnect	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2019 – June 30, 2020)	
1	Diabetes with and without complications
2	Eye disorders
3	Spondylosis; intervertebral disc disorders; other back problems
4	Non-traumatic joint disorders
5	Diseases of the heart
6	Hypertension
7	Diseases of the urinary system
8	Other connective tissue disease
9	Other lower respiratory disease
10	Ear conditions
11	Chronic obstructive pulmonary disease and bronchiectasis
12	Mood disorders
13	Other nervous system disorders
14	Other skin disorders
15	Other nutritional; endocrine; and metabolic disorders

Cal MediConnect	
The Top 15 Diagnosis for Inpatient Visits (July 1, 2019 – June 30, 2020)	
1	Diseases of the heart
2	Diseases of the urinary system
3	Bacterial infection
4	Respiratory failure; insufficiency; arrest (adult)
5	Other lower respiratory disease
6	Cerebrovascular disease
7	Hypertension
8	Respiratory infections
9	Other nervous system disorders
10	Diabetes with and without complications
11	Pleurisy; pneumothorax; pulmonary collapse
12	Other gastrointestinal disorders
13	Fractures
14	Lower gastrointestinal disorders
15	Chronic obstructive pulmonary disease and bronchiectasis

The top three (3) outpatient diagnosis categories for CMC were diabetes, eye disorders, and spondylosis. In terms of top three (3) diagnosis categories for Inpatient, the categories were diseases of the heart, diseases of the urinary system, and bacterial infections.

L.A. Care Covered™ Membership (Marketplace)

As of October 1, 2020, L.A. Care had 81,372 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	2,146	2.6%
12-20	3,389	4.2%
21-64	74,967	92.1%
65+	870	1.1%
Total	81,372	100%

Gender	Number of Members	% of Membership
Female	41,870	51.5%
Male	39,502	48.5%

Race	Number of Members	% of Membership
Caucasian/White	33,915	41.6%
African American/Black	2,907	3.6%
Asian	9,231	11.3%
Native Hawaiian/Other Pacific Islander	259	0.3%
American Indian Or Alaska Native	150	0.2%
Declined & Unknown	34,910	43%

Approximately 6.8% 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 92.1%. Of the adult membership, approximately 51.5% are female and 48.5% are male. The main preferred languages spoken are divided between Spanish and English with English being the predominant preferred language. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

87.3% 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	50,747	62.4%
Spanish	20,272	24.9%
Armenian	851	1%
Mandarin (Mandarin Chinese)	3,811	4.7%
Cantonese (Yue Chinese)	1,446	1.8%
Korean	1,065	1.3%
Vietnamese	644	0.8%
Farsi (Persian)	330	0.4%
Russian	191	0.2%
Tagalog	310	0.4%
Arabic	97	0.1%
Khmer	87	0.1%
American Sign Language	818	1%
Other, Including No Response	703	0.9%
Total:	81,372	100%

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2019 – June 30, 2020)	
1	Diabetes with and without complications
2	Non-traumatic joint disorders
3	Spondylosis; intervertebral disc disorders; other back problems
4	Hypertension
5	Diseases of the heart
6	Other connective tissue disease
7	Diseases of female genital organs
8	Eye disorders
9	Diseases of the urinary system
10	Mood disorders
11	Anxiety disorders
12	Disorders of lipid metabolism
13	Respiratory infections
14	Other skin disorders
15	Other lower respiratory disease

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2019 – June 30, 2020)	
1	Diseases of the heart
2	Diseases of the urinary system
3	Other lower respiratory disease
4	Bacterial infection
5	Cerebrovascular disease
6	Respiratory failure; insufficiency; arrest (adult)
7	Biliary tract disease
8	Lower gastrointestinal disorders
9	Hypertension
10	Liveborn
11	Pleurisy; pneumothorax; pulmonary collapse
12	Complications mainly related to pregnancy
13	Respiratory infections
14	Diabetes with and without complications
15	Other gastrointestinal disorders

The top three (3) outpatient diagnosis categories were diabetes, non-traumatic joint disorders, and spondylosis. In terms of top three (3) diagnosis categories for Inpatient, they were disease of the heart, disease of the urinary system, and other lower respiratory disease.

As of October 1, 2020, L.A. Care had 81 L.A. Care Covered Direct™ members. L.A. Care’s L.A. Care Covered Direct™ members speak English (79%) or Spanish (17.3%). Approximately 28.4% of L.A. Care’s L.A. Care Covered Direct™ members are under 21 years of age. Of the adult membership, approximately 58% are female and 42% are male.

B. KEEPING MEMBERS HEALTHY

B.1 HEALTH EDUCATION SERVICES

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

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

In FY 19-20, the Health Education Unit conducted 2,280 health education encounters¹. Telephone consults accounted for 89% of these encounters and group appointments contributed the remaining 14%. Diabetes Self-Management and Support (DSME-S) accounted for the most encounters in FY19-20 (49%), followed by Medical Nutrition Therapy (35%), and weight management, general nutrition, and other programs comprised the remaining percentage. (16%). The Health Education Unit also maintains an online health and wellness portal site, My *Health In Motion™*, which compliments existing in-person and over-the-phone health and wellness services and ensures compliance with NCQA Population Health Management 4: Wellness and Prevention Standard.

In addition to providing direct member services, in FY 19-20, the Health Education Unit did not develop any new materials but made available a total of 380 health education material titles in DHCS-required health topics and languages. There were 18 materials re-reviewed using the DHCS-required Readability & Suitability Checklist due to the release of APL 18-016 which extended the review period from three to five years. To assist and support L.A. Care staff, the Health Education Unit also offered several trainings in FY 19-20, including health literacy and motivational interviewing. Technical assistance provided by the Health Education Unit includes, but is not limited to material development, presentations, trainings, manning a booth, and readability assessment/revision. In FY19-20 there were 50 health education technical assistance requests received from 17 departments. The departments with the most requests were Quality Improvement, Managed Long Term Services and Support, Marketing, Social Services and Executive Directors Administration. The most common request was for readability assessment/revision.

The Health Education Unit implemented multiple health education programs in FY19-20 that directly support HEDIS, CAHPS, and CMS Five-Star Quality Ratings:

- The “Healthy Pregnancy” program seeks to improve pregnancy outcomes and rates for timely prenatal care visits by providing prenatal/postpartum education through monthly trimester specific mailing packets and live agent member outreach to members in their first trimester to assist with prenatal appointment scheduling and the coordination of interpreting and transportation services. Upon confirmation of a completed prenatal visit, members receive a “onesie” as an incentive. A total of 3,011 pregnant members were identified and sent a health education packet in FY19-20. A total of 103 members were called for first trimester prenatal appointment scheduling assistance. Of these, 50 members (48.5%) were successfully reached. For members that were successfully reached

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

90% already had an appointment scheduled and only one member was assisted in scheduling a prenatal appointment.

- The “Healthy Mom” Program targets MCLA, CMC, and LACC/D members who recently gave birth. The program seeks to improve HEDIS rates for timely postpartum visits through member and provider outreach and education. The member-facing intervention consists of live-agent telephonic outreach and education including the provision of scheduling assistance, transportation, and interpreting services, as needed. Upon confirmation, members are awarded a \$40 debit card for a completed postpartum visit with the 7-84 day timeframe. Members with recent live deliveries were identified via the eConnect platform, a real-time data exchange system with 44 participating network hospitals. In FY19-20, a total of 4,381 members were called for postpartum appointment scheduling assistance. Of those members contacted, 51.5% were successfully reached. For members that did not have a scheduled postpartum appointment, 6% were assisted in scheduling their postpartum appointment.
- The “Healthy Baby” Program seeks to reduce barriers to well child care and improve immunization rates among MCLA and LACC/D members under the age of 24 months. Program components include a monthly mailing to parents/guardians about regular and timely well child visits and childhood immunizations, and Interactive Voice Response Calls (IVR). In FY19-20, a total of 24,871 health education packets were mailed to parents/guardians of members 0-6 months. In FY 19-20, a total of 38,596 automated interactive voice response (IVR) immunization reminder calls were launched to parents/guardians of members at 0-6, 8, 11, and 14 months in English, Spanish, Cantonese and Mandarin.
- The Youth Empowerment for Screening “YES” Chlamydia Campaign was implemented in FY18-19 to improve chlamydia screening rates by increasing awareness among MCLA and LACC/D members, parents/guardians, and providers. The intervention consisted of three components: 1) a letter to parents of female members 16-17 years old, 2) a provider fax blast, and 3) a social media Facebook ad campaign. The activities reported below are representative of the HEDIS 2020 measurement year and took place between January 1, 2019 to December 31, 2019. A total of 2,017 faxes promoting the importance and ease of chlamydia screening were sent to pediatricians, general medicine, family practice and OB-GYN providers. A free webinar training series on chlamydia screening hosted by the California Prevention Center at UCSF was also distributed to 3,147 providers in a separate fax communication. An additional ad-hoc fax was sent to 673 provider offices located in Antelope Valley and the top 20 non-compliant zip codes identified through the Facebook data report pull. This fax informed providers that they were practicing in an area with low compliance for chlamydia screening. L.A. Care purchased a total of four different Facebook advertisements to drive traffic to L.A. Care’s chlamydia webpage. The advertisements yielded lower engagement rates compared to 2018 which led to the discovery that Facebook stopped running the ads after only spending \$240.00. There were 30 likes/comments/reaction and 23 unique link clicks (the number of people who performed a link click).
- For the eighth consecutive year, the Health Education team led the annual Fight the Flu program. This enterprise effort included cross-functional representatives from multiple Health Services areas, Operations, and Communications and Marketing Departments. The result of this multipronged approach included member reminders through educational mailings with a new incentive offering, email and automated phone calls, member/provider newsletter articles, provider fax blast, and a social media campaign. These interventions resulted in over 3 million touchpoints to providers and members. Over 15,000 CMC members received a flu postcard with incentive information and 744 members sent in their redemption information. Over 10,000 email reminders sent to LACC members and over 2 million automated flu shot reminder calls were placed to all lines of business before the peak of the flu season, with 64% of those calls resulting in a live connect with the member or voicemail. Flu shots were also promoted through newsletter publications and a social media campaign targeted at the high-risk groups for flu related complications. L.A. Care further hosted free flu events where members and non-members alike could access no cost flu vaccinations at Family Resources Centers.

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

As detailed in Table 4, MyHIM new users increased by 33.6% in FY 19-20 over last fiscal year. In addition, a total of 5,470 DLOB members completed an online Health Appraisal (HA) for the first time, a 30% increase over FY 18-19. 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: – MyHIM FY 19-20 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)
FY 17-18	MCLA	1,044,585	3626	-9.5%	3.47	455	0.44	4	0.004
	LACC/D	57,266	7664	+196.3%	133.83	4327	75.56	485	8.47
	PASC	49,741	321	+23.5%	6.45	29	0.58	0	0
	CMC	15,644	58	-8.0%	3.71	19	1.21	0	0
	TOTAL	1,167,236	11669	+68.9%	10.00	4830	4.14	489	0.42
FY 18-19	MCLA	1,034,834	3456	-4.7%	3.34	464	0.45	3	0.003
	LACC/D	74,504	6283	-18.0%	84.33	3691	49.54	686	9.21
	PASC	50,372	328	+2.2%	6.51	37	0.73	0	0
	CMC	16,229	57	-1.7%	3.51	9	0.55	0	0
	TOTAL	1,175,939	10124	-13.2%	8.61	4201	3.57	689	0.59
FY 19-20	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

Members have the option to sign up for health coaching as seen in Table 5 which details the three-year health coaching trend by LOB. Almost 1,500 members opted in to health coaching in FY 19-20 an increase of 24% over the 1,200 members in FY 18-19.

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)
FY 2017-2018	1,282	206	82	1,167,236	1.10
LACC	991	206	82	57,266	17.31
All other LOB	291	Not Applicable	Not Applicable	1,109,970	0.26
FY 2018-2019	1,205	224	61	1,175,939	1.02
LACC	929	224	61	74,504	12.47
All other LOB	276	Not Applicable	Not Applicable	1,101,435	0.25
FY 2019-2020	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

Each LACC/LACC-D member can earn up to \$290 in gift cards for completing various wellness activities. For the past three years, the number of LACC/LACC-D members participating in Health Coaching has steadily increased. This increase can be directly attributed to the gift card incentive program. In FY 19-20, 6,388 wellness activities were completed with 267,225 points earned, a 38% increase over last FY. The number of members who redeemed points for gift cards also increased by 32%.

In response to APL 19-011, the Health Education Unit submitted L.A. Care’s first Population Needs Assessment (PNA) to DHCS in June 2020. The purpose of the PNA is to identify member health needs and health disparities; evaluate health education, cultural and linguistics (C&L), and QI programs; and implement programs to address unmet needs. The PNA concluded with an Action Plan addressing postpartum visits, asthma medication, and adult flu vaccination. An update to this action plan was conducted in January 2021.

- **Objective #1:** By June 30, 2023, increase the percentage of members receiving their postpartum visit from 54.53% (< 25%) percentile to 65.69% (50th percentile). UPDATE: Goal exceeded. The PPC postpartum HEDIS rate for Medi-Cal for RY 2020 increased from 54.53% to 73.48% (+18.95%). This increase is likely due to the change in HEDIS specification from 21-56 days postpartum to 7-84 days. Further, wound checks for C-section deliveries now qualifies as a completed postpartum visit.
- **Objective #2:** By June 30, 2023, decrease the percentage of people between the ages of 19-50 in Regional Community Advisory Committee (RCAC) 6 diagnosed with persistent asthma and who have not filled a prescription for a controller medication in the past twelve months from 30% to 26%. UPDATE: As of November 13, 2020, L.A. Care switched its disparity PIP from the AMR HEDIS measure to Comprehensive Diabetes Care of A1c >9% targeting Black members. The rationale for this is the change in pharmacy benefit administration to DHCS along with 2019 administrative HEDIS data which indicates members of the Black community have the highest rate of uncontrolled A1c level (52.6%) while Asian Americans had the lowest rate (31.5%), a statistically significant difference. This change will be incorporated into L.A. Care’s 2021 PNA.
- **Objective #3:** By June 30, 2023, increase the percentage of adult members who report receiving their annual flu vaccination from 40.76% to 42%. UPDATE: Goal exceeded. As per CAHPS RY 2020, the percentage of adult members who report receiving their annual flu vaccination from increased from 40.76% to 46.26%.

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

1. Increase health education encounters by 25% over the previous fiscal year. This goal was met and exceeded. Health Education encounters increased by 28% from last year. In addition, staff resources increased with 5 FTE Registered Dietitian. The additional staff support enabled more proactive outreach and success with engaging members to understanding the benefit of the services.
2. Expand health education services offerings by implementing at least two new programs to support members with achieving and maintaining healthier lifestyles. This goal was met, the Health Education Unit offered two new programs in FY 18-19, including the CDC-recognized Diabetes
3. Prevention Program for eligible pre-diabetic members and a pediatric weight management two-session workshop for overweight or obese pediatric members and their parents/caregivers.
4. Increase the number of new online health and wellness portal users by 10%. This goal was met and exceeded. MyHIM new users increased by 33.6% over last fiscal year.

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

B.2 CHILD AND ADOLESCENT HEALTH

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Preventive services and well-care visits play an important role in preventing disease and managing health across the age spectrum. For children, the American Academy of Pediatrics clinical guidelines recommend annual well-care visits to monitor growth, assess development, and identify potential problems. According to the American Academy of Pediatrics well-child visits have many benefits for children. Some of these benefits include prevention which allows children to get immunized on time and prevent illness, track growth and development and raise concerns that might be occurring such as behavior and sleep. Additionally, well-child visits allow for a team approach which means that regular visits create strong, trustworthy relationships among pediatrician, parent and child². The Healthcare Effectiveness Data and Information Set (HEDIS) measures health plan performance on several important dimensions of care and services including annual visits to the primary care physician (CAP) and a number of childhood (CIS) immunizations. Other pediatric and adolescent measures focus on reducing antibiotic misuse among children with upper respiratory infections (URI), and making sure that children with pharyngitis were tested for streptococcus prior to receiving antibiotics (CWP). Providers must use codes specified by HEDIS when completing encounter forms as well as provide medical record documentation. For example, during a Well Child visit, the provider must document that all five mandatory visit components were completed in the medical record: health history; physical developmental history; mental developmental history; physical exam; and health education/anticipatory guidance.

Years mentioned hereafter refer to HEDIS (2020 Reporting) Year and not Measurement Year, unless indicated otherwise.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal	2020 Medi-Cal Rate	2020 L.A. Care Covered Goal	2020 L.A. Care Covered Rate	2020 Goal Met/ Not Met
Adolescent Well-Care Visits (AWC)	45%	59.1%	N/A	N/A	Medi-Cal: Met LACC: N/A
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	79%	73.2%	77%	54.5%	Medi-Cal: Not Met LACC: Not Met
Well-Child Visits in the First 15 Months of Life (W15)	66%	55.7%	34%	17.7%	Medi-Cal: Not Met LACC: Not Met
Childhood Immunization Status: Combination 3 (CIS-3)	75%	75.9%	85%	82.1%	Medi-Cal: Met LACC: Not Met
Childhood Immunization Status: Combination 10 (CIS-10)	35%	37.5%	85%	N/A	Medi-Cal: Met LACC: NA
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	92%	86.4%	93%	72.8%	Medi-Cal: Not Met LACC: Not Met
Appropriate Testing for Children with Pharyngitis (CWP)	34%	30.0%	67%	25.3%	Medi-Cal: Not Met LACC: Not Met

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

HEDIS Measure	2020 Medi-Cal Goal	2020 Medi-Cal Rate	2020 L.A. Care Covered Goal	2020 L.A. Care Covered Rate	2020 Goal Met/ Not Met
Immunizations for Adolescents – Combo 2 (IMA-2)	48%	41.1%	42%	42.4%	Medi-Cal: Not Met LACC: Met
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) <ul style="list-style-type: none"> BMI percentile Counseling for nutrition Counseling for physical activity 	BMI: 93% N: 88% PA: 86%	BMI: 85.8% N: 78.3 % PA: 78.8%	BMI: 86% N: 83% PA: 78%	BMI: 82.4% N: 78.9% PA: 77.3%	<u>Medi-Cal:</u> BMI: Not Met N: Not Met PA: Not Met <u>LACC:</u> BMI: Not Met N: Not Met PA: Not Met
Children and Adolescents’ Access to Primary Care Practitioners (CAP) (AGES 7-11 YEARS)	N/A	87.8%	N/A	N/A	Medi-Cal: N/A LACC: N/A
Lead Screening in Children (LSC)	N/A	64.0%	N/A	N/A	Medi-Cal: N/A LACC: N/A

N/A: Not applicable

MAJOR ACCOMPLISHMENTS

- In 2020 the Medi Cal goal was exceeded by 2.5 percentage points for Childhood Immunization Status 10 CIS-10. The 2020 goal was 35% and the 2020 rate was 37.5%.
- In 2020 the Medi Cal goal for AWC was exceeded by 14.1 percentage points. The 2020 goal was 45% and the 2020 rate was 59.1%.

DESCRIPTION OF MEASURES

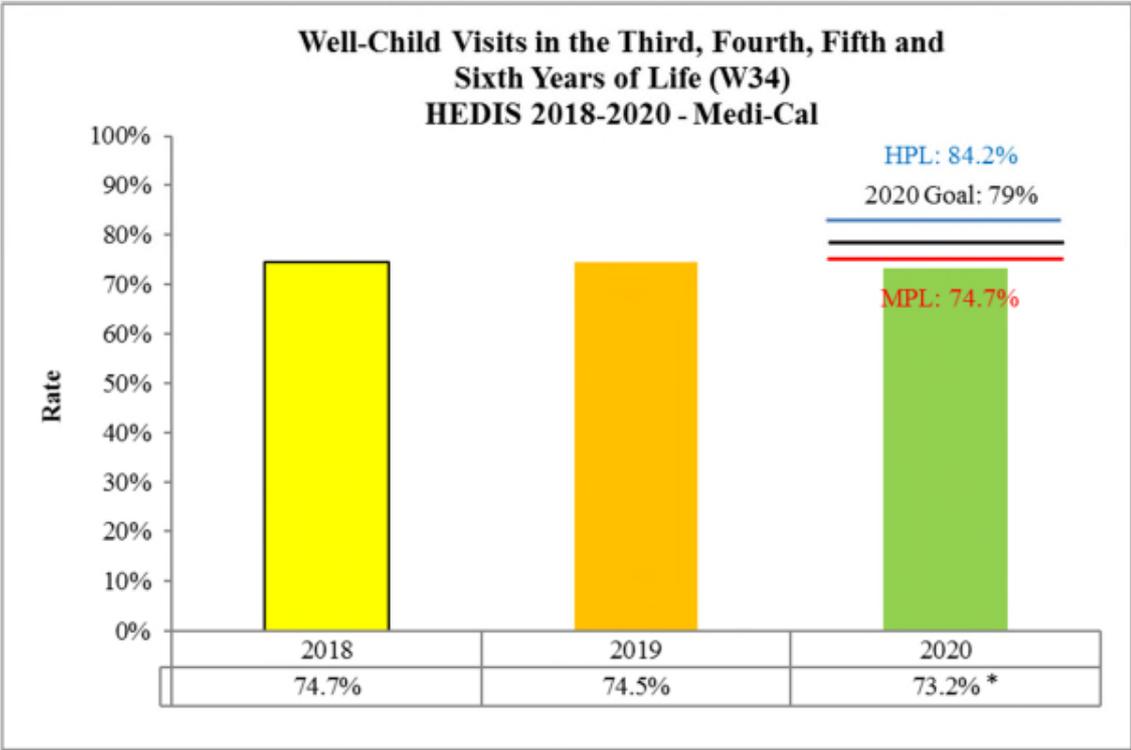
HEDIS Measure	Specific Indicator(s)	Measure Type
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Hybrid (Medi-Cal) Administrative (LACC)
Childhood Immunization Status Combinations 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
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	The percentage of children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. The measure is reported as an inverted rate; a higher rate indicates the proportion for whom antibiotics were not prescribed.	Administrative

HEDIS Measure	Specific Indicator(s)	Measure Type
Appropriate Testing for Children with Pharyngitis (CWP)	The percentage of children 3-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).	Administrative
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 13 th birthday. The measure calculates a rate for each vaccine and two combination rates.	Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<p>The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.</p> <ul style="list-style-type: none"> • BMI percentile documentation*. • Counseling for nutrition. • Counseling for physical activity. <p><i>*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</i></p>	Hybrid (Medi-Cal) Hybrid (LACC)
Children and Adolescents' Access to Primary Care Practitioners (CAP)	<p>The percentage of members 12 months-19 years of age who had a visit with a PCP:</p> <ul style="list-style-type: none"> • Children 12-24 months and 25 months-6 years who had a visit with a PCP during the MY. • Children 7-11 years and adolescents 12-19 years who had a visit with a PCP during the MY or the year prior to the MY. 	Administrative (Medi-Cal) N/R (LACC)
Adolescent Well-Care Visits (AWC)	The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Hybrid (Medi-Cal)
Well-Child Visits in the First 15 Months of Life (W15)	<p>The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first months of life:</p> <ul style="list-style-type: none"> • No well-child visits • One well-child visit. • Two well-child visits. • Three well-child visits. • Four well-child visits. • Five well-child visits. • Six or more well-child visits. 	Hybrid (Medi-Cal) Hybrid (LACC)
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)

RESULTS

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

The following graph compares L.A. Care’s Medi-Cal W34 HEDIS rates from HEDIS 2018-2020 to L.A. Care’s HEDIS 2020 goal. W34 is a hybrid rate which is based on chart retrieval.



*Statistically Significant Difference
 **Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

In 2020, the well-child visits rate for children between three and six years of age was 73.2%, this is a statistically significant decrease of 1.3 percentage points from the 2019 rate. The 2020 rate of 73.2% did not meet the 2020 goal of 79% it also did not meet the MPL of 74.7% and was below the HPL of 84.2%.

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.

Disparity Table

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	7534	69661	6055	7695	81	6029	60799	33423	1852	2670
Denominator	13148	96809	8208	12241	113	9512	92268	44328	2408	3860
Rate	57.3%	72.0%	73.8%	62.9%	71.7%	63.3%	65.9%	75.4%	76.9%	69.2%

Disparity Analysis

L.A. Care conducted an analysis based on claims and encounter data (administrative data) on race/ethnicity and language to examine whether disparities exist in getting well care visits for children between three and six years of age. The African American population had the lowest W34 rates out of all the races, with a 57.3% compliance rate; the Asian and Hispanic populations, however, yielded the highest W34 rates with 73.77% and 72.0% receiving a well-child care visit, respectively. There is a statistically significant difference between the highest and lowest rates for race/ethnicity. Also, the English-speaking population had the lowest W34 rates while Chinese-speakers had the highest (65.9% vs. 76.9%). This is a statistically significant difference for language.

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

Qualitative Analysis

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

It was identified that there are many children who are non-compliant with receiving their well check visit. As a result, L.A. Care identifies these members and provides the members’ guardian(s) with a robo call reminding them to visit their PCP for a Well Child visit. The robo calls are conducted in English and Spanish. At the end of April 2019 a robo call campaign was conducted for members in the W34 measure that were considered noncompliant. For English speaking members 24.60% had a live voice connect which amounts to 11,225 members out of 45,630 members that were called for English. 35.73% of members called which is 16,304 members were reached via answering machine or voicemail. For the Spanish speaking population contacted by this robo call 31.51% were reached via live voice connect which is 6,858 members out of 21,767. Additionally, for Spanish speaking members 33.12% were reached via answering machine or voicemail which is 7,209 members out of 21,767. This shows that in regard to percentage Spanish speaking members had a higher live voice connect rate compared to English speaking members.

In October of 2019, another W34 robo call campaign was conducted. The Spanish reach rate was 77.2% this includes LACC, MCLA DHS, MCLA and NDHS. The English reach rate was 75.4% and the total reach rate for both Spanish and English was 75.9%. A reach rate for this robo call campaign is defined as having a live connect call or a voicemail being left for the member.

The impact evaluation results showed of those that were reached from this call 12% went in for a service after receiving the call. The call occurred in October 2019 and any encounters through December 31, 2019 were attributed to this robo call. This means that after this call was received 8,260 members went in for a well check service this includes both W34 and AWC. We also evaluated members not reached by the robo call 3,381 (11.57%) members went in for a visit regardless during October 2019-December 31, 2019. The total number of unsuccessfully reached members was 29,225. Additionally, our results showed that regardless of time of year and receiving the robo call or not as a members age increases the percentage of members that go in for a well check/physical visit decreases.

In October- November 2019 L.A. Care utilized social media and had a paid advertisement that was launched in 15 zip codes that were considered low performing for well checks. This was aimed at both the W34 and AWC population (3-6 year olds and 12-21 year olds). The zip codes were as follows: 93535, 90044, 90221, 90011, 93550, 90047, 90037, 90003, 90059, 9000, 90280, 90057, 90201, 90255, and 90023. There were 249,599 people reached, 6,372 link clicks. 63% of link clicks were women and 37% link clicks were men. The ad reached 56% women and 44% men. This shows that more women than men clicked on the ad link and that more women were also reached by this ad. The main purpose of this ad was to bring awareness for parents and guardians of children who are in need of well check to schedule and take their child in for a well check before the end of the year.

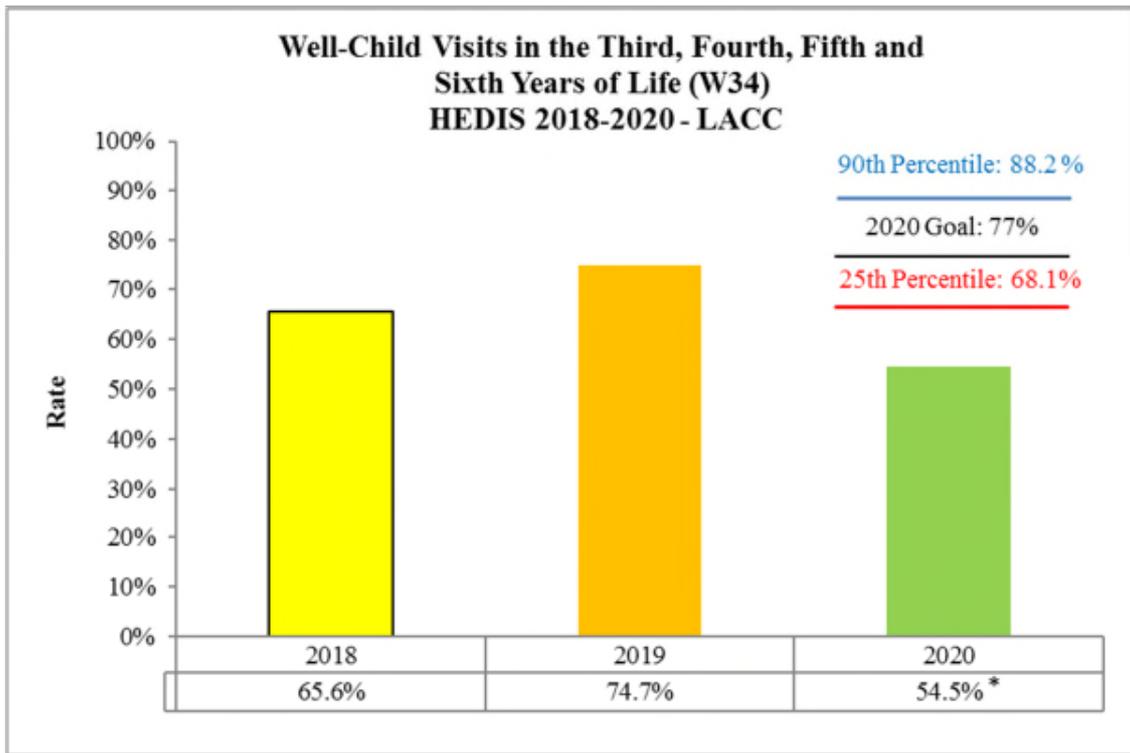
Additionally, in August 2019 a National Health Center Week campaign was launched. As a part of this campaign there were free social media posts on both Twitter and Facebook. One of the posts that was on both Twitter and Facebook related to the W34 HEDIS measure. On Facebook this post received 525 impressions. This means that 525 people viewed the post/message. On Twitter the potential reach was 3,280.

When conducting an analysis of three years (2017-2019) of encounters for W34 in the October and November 2019 when the paid social media campaign occurred in the specific zip codes encounters did not increase. October 2019 148 encounters and October 2018 217 encounters. Therefore, there was a drop of 69 encounters from 2019 compared to 2018 in the month of October when the social media campaign ran. Encounters during this time of year can be fewer as even though we had a free paid social media ad often times during the holiday season members seek preventive visit care less.

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

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

The following graph compares L.A. Care’s LACC W34 HEDIS rates from 2018-2020 to L.A. Care’s 2020 goal.



*Statistically Significant Difference

**Covered California Quality Rating System RY 2019 25th and 90th percentiles

Quantitative Analysis

In 2020, the well-child visits rate for the LACC population was 54.5% this is a statistically significant decrease of 20.2 percentage points from the 2019 rate of 74.7%. The 2020 goal of 77% was not met. Both the 25th percentile of 68.1% and the 90th percentile of 88.2% were not met.

Disparity Table

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	3	7	39	63	24	67	246	28	4	25
Denominator	7	9	86	119	47	122	453	49	13	41
Rate	42.9%	77.8%	45.4%	53.0%	51.1%	55.0%	54.3%	57.1%	30.8%	61.0%

Disparity Analysis

L.A. Care conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in getting well care visits for children between three and six years of age for members in LACC. It is worth noting that the population size for LACC is smaller than others. Hispanic had the highest rate with 77.8% (n=9) while African American had the lowest (42.9%; n=7). This difference is not statistically significant. For language, Chinese had the lowest at 30.8% (n=13) while Unknown was the highest at 61%. This difference is also not statistically significant.

Qualitative Analysis

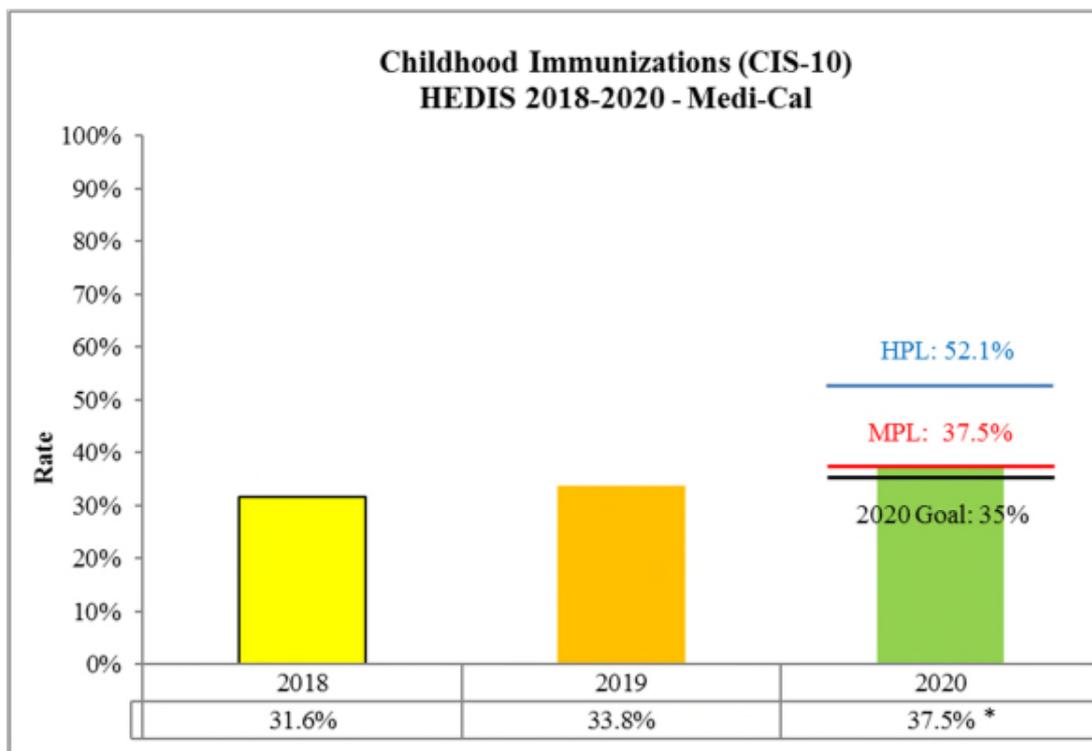
L.A. Care conducted robo calls in Spanish and English for non-compliant LACC members. In October 2019, the reach rate for calls in Spanish was 46.9%, while the reach rate for calls in English was 55.3%. The total LACC combined reach rate for both Spanish and English was 54.6%. Interventions were the same for Medi-Cal and LACC for this HEDIS measure.

Social media intervention listed above for Medi Cal line of business also pertains to LACC.

RESULTS

Childhood Immunization Status, Combination 10 (CIS-10)

The following graph compares L.A. Care’s Medi-Cal CIS-10 HEDIS rates from 2018-2020 to L.A. Care’s 2020 goal.



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

L.A. Care’s Childhood Immunization Status, Combination-10 rate in 2020 was 37.5%, this was a statistically significant decrease of 3.7 percentage points from the 2019 rate of 33.8%. The goal of 35% was not met; the goal of 35% was exceeded, the MPL of 37.5% was met and the HPL of 52.1% was not met.

Disparity Table

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	2279	21671	1785	1898	13	4164	21937	9680	345	480
Denominator	5392	40024	3698	4798	48	8774	44118	17900	970	1260
Rate	42.3%	54.1%	48.3%	39.6%	27.1%	47.5%	49.7%	54.1%	35.6%	38.1%

Disparity Analysis

L.A. Care conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in getting childhood immunizations (Combination 10) for children two years of age. American Indian/Alaskan Native (27.1%) were the most underperforming group compared to other ethnic groups. Hispanics were the highest performing group with 54.1% of the eligible population receiving all recommended vaccines by the second year of life. This difference is statistically significant for race/ethnicity. In regards to language, Chinese-speakers had the lowest rates at 35.6% and Spanish speakers had the highest rates at 54.1%. This difference is also statistically significant for language.

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

Qualitative Analysis

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

Another barrier is many physicians have not switched over to using CAIR-2 which would allow for tracking and documentation of the vaccinations provided to their patients. During L.A. Care’s Child and Adolescent Health workgroup meetings L.A. Care’s plan partners also expressed that they are facing the same barriers.

In regard to interventions L.A. Care has the following programs and interventions to promote immunizations.

L.A. Care’s Healthy Baby Program provides educational materials about childhood immunizations, appointment reminders, and assistance in appointment scheduling to parents/guardians of L.A. Care Medi-Cal Direct (MCLA) and L.A. Care Covered (LACC) members under the age of 24 months. The goal of the program is to improve L.A. Care members’ childhood immunization measure outcomes. Members also receive four interactive voice response (IVR) calls at two weeks after mailing drop date, at eight months, at 11 months, and at 14 months, which are key milestone periods to assure pediatric immunizations will be update to date for its measure. The IVR messaging included important milestones tailored to each time point

and provided an option for the member to connect to a live agent for appointment scheduling assistance. The Healthy Baby Mailing packets and IVR calls were made in English, Spanish, Mandarin, and Cantonese.

In summer of 2019 L.A. Care started a CIS-10 Performance Improvement Project (PIP). The PIP clinic partner was St. John's Well Child and Family Center locations that are within SPA 6. This PIP was focused on addressing and increasing vaccination rates for the 2 and under population. However, during the summer of 2020 (June 30, 2020) because of COVID-19 and other factors DHCS stopped this PIP. This PIP continued again Fall of 2020. The population and clinic partner remained the same.

Additionally, in April of 2019 there was a social media campaign in honor of Infant Immunization week. This campaign consisted of free posts in English and Spanish on Twitter, Facebook and Instagram. Results can be seen below. On Twitter each post averaged a potential reach of 3,150. On Facebook each post averaged 340 organic impressions and in Instagram each post averaged 220 organic impressions. This shows that at an awareness level many people in the community learned about and were informed about the necessity to get their infant and child vaccinated through this campaign.

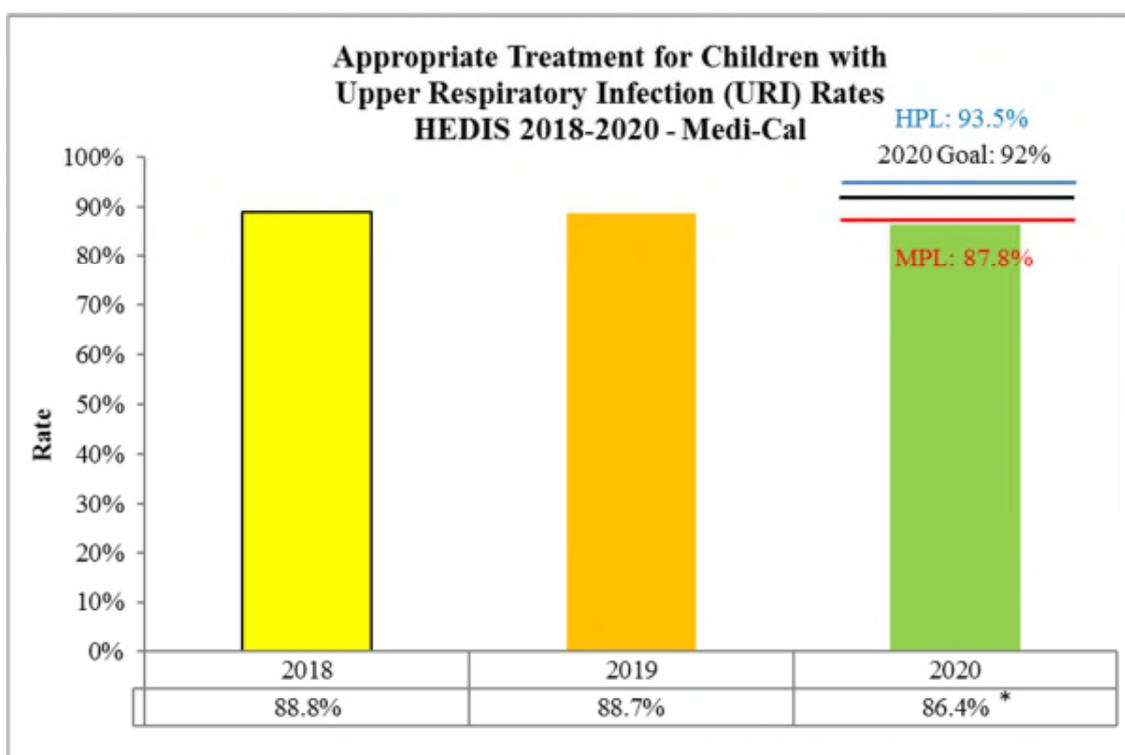
In August 2019 there was a free social media campaign regarding CIS-10 and infant immunizations. When comparing encounters for CIS from 2018 to 2019 encounters increased by 16,396 in August which was the month that the campaign occurred. August 2019 encounters 39,095 and August 2018 22,699. Therefore, encounters increased during the month of August when the social media campaign was run by 16,396.

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

RESULTS

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

The following graph compares L.A. Care's Medi-Cal URI HEDIS rates from 2018-2020 to L.A. Care's 2020 goal.



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

Quantitative Analysis

In 2020, the URI rate was 86.4% this was a statistically significant decrease of 2.3 percentage point decrease from the 2019 rate of 88.7%. The rate has stayed relatively stable the last 3 years. The goal of 92% was not met, and both the MPL of 87.8% and the HPL of 93.5% were not met.

Disparity Table

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	9516	12277	7348	946	13	2115	84671	8329	1828	521
Denominator	10302	109794	8379	10225	130	22030	92773	64319	2250	4198
Rate	92.4%	88.8%	87.7%	90.8%	90.0%	90.40%	91.3%	87.1%	81.2%	87.6%

Disparity Analysis

URI is an inverse measure. Therefore, a higher rate indicates appropriate treatment of children with URI (the proportion for whom antibiotics were not prescribed). The Asian population was the least compliant for this measure with a URI rate of 87.7%. While African Americans had the highest rate indicating appropriate treatment of children with URI (92.4%) the difference being statistically significant. English speakers had the highest URI rate 91.3% and Chinese with the lowest at 81.2%, which was also statistically significant.

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

Qualitative Analysis

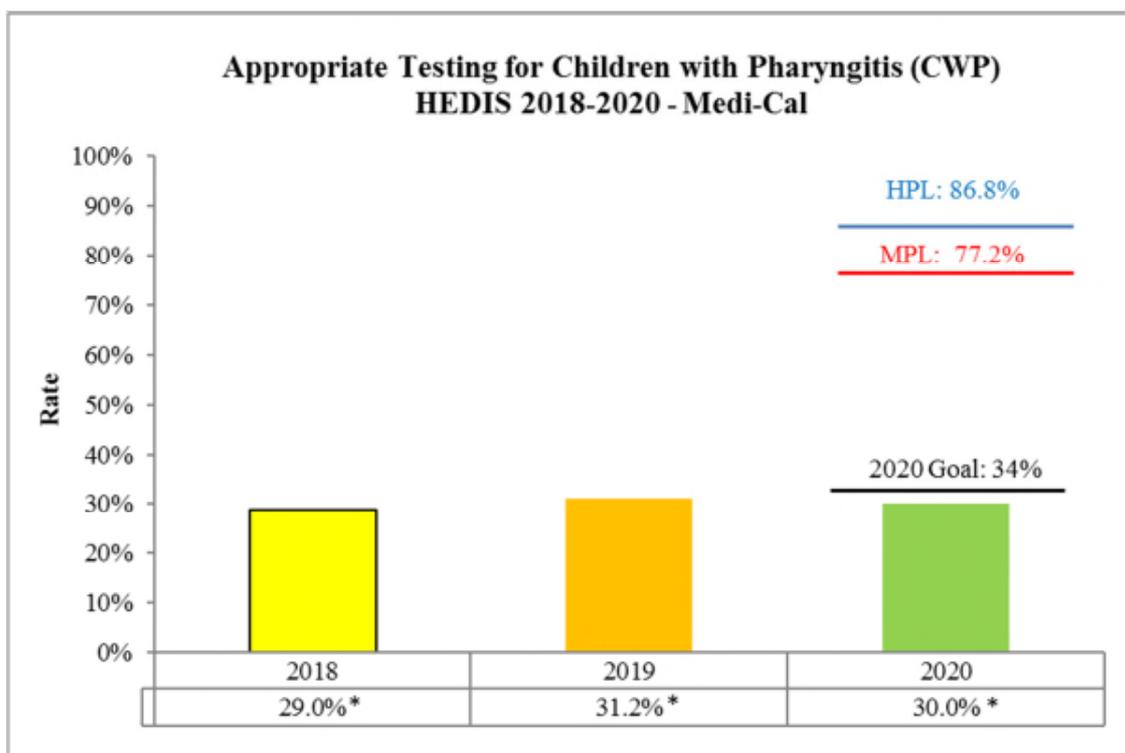
Barriers that were identified for this HEDIS measure was guidelines of testing have changed in the past 10 years and some physicians are still following the historical view that treatment can be conducted without testing. Additionally, during the Child and Adolescent Health Workgroups meetings L.A. Care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

In 2019 worked with Physicians for a Healthy California to AWARE toolkit was also shipped out to providers and clinics. AWARE sent the toolkit to 5,711 L.A. Care providers (excludes Plan Partners).

RESULTS

Appropriate Testing for Children with Pharyngitis (CWP)

The following graph compares L.A. Care’s Medi-Cal CWP HEDIS rates from 2018-2020 to L.A. Care’s 2020 goal.



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

L.A. Care’s CWP rate was 30.0%, a statistically significant decrease of 1.2 percentage points from 2019 (31.2%). L.A. Care did not meet its 2020 goal of 34% or the MPL for 74.8%.

Disparity Table

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1214	10806	848	2550	14	2852	11789	5815	149	924
Denominator	3637	38738	3911	5879	67	8944	33769	24536	1263	2668
Rate	33.4%	27.9%	21.7%	43.4%	20.1%	31.9%	34.9%	23.7%	11.8%	35.3%

Disparity Analysis

Whites had the highest CWP rate of 43.4%, while American Indian/Alaskan Native had the lowest rate of 20.1%. Chinese speakers had the lowest rate of 11.8% while unknown had the highest CWP rate of 35.3%. Both differences in race and language rates are statistically significant.

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

Qualitative Analysis

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

When a member has a sore throat they oftentimes are prescribed antibiotics without a culture or a rapid strep test being conducted first. This is detrimental as antibiotics will only be effective if the member has a virus and not a bacterial infection. Side effects from antibiotics are a common reason that children go to the emergency room. It is said that about 5 in 100 children have allergies to antibiotics. Additionally, the misuse and the overuse of antibiotics can lead to antibiotic resistance. It is therefore very important for providers to test a member before prescribing antibiotics³.

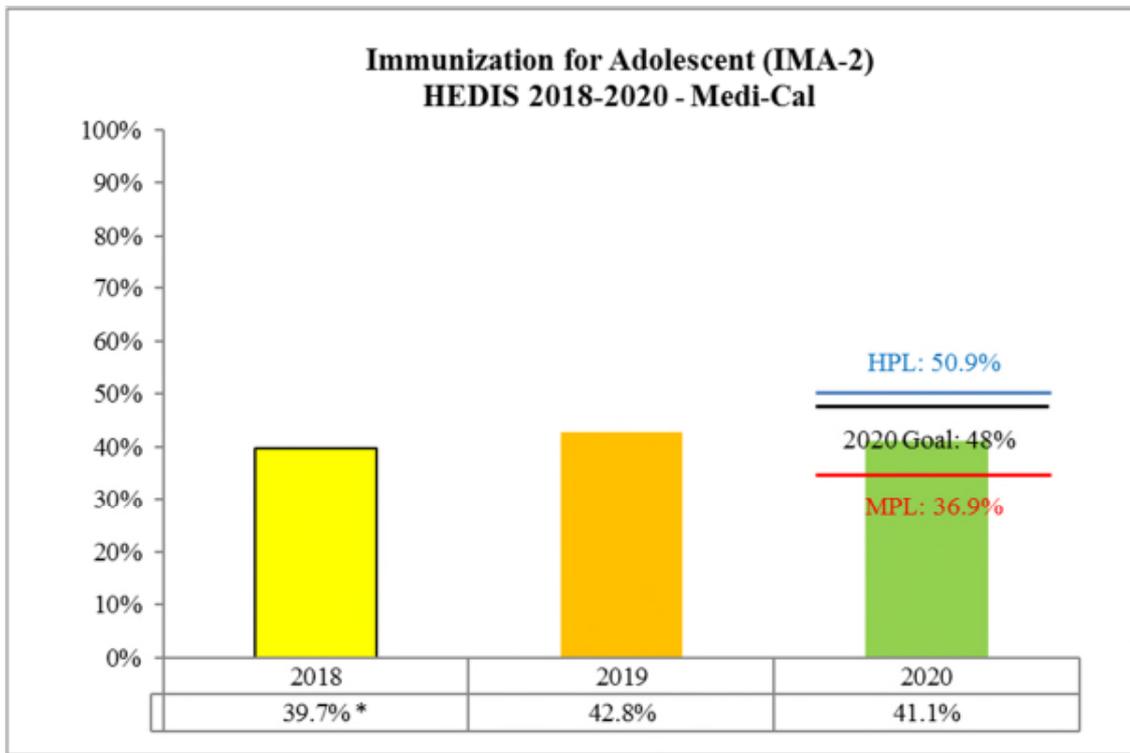
In 2019, L.A. Care had the same interventions for this measure as for URI.

³ <http://www.choosingwisely.org/patient-resources/antibiotics-for-respiratory-illness-in-children/>

RESULTS

Immunization for Adolescents, Combination 2 (IMA)

The following graph compares L.A. Care’s Medi-Cal IMA-2 HEDIS rates from 2018-2020 to L.A. Care’s 2020 goal.



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

L.A. Care’s IMA rate was 41.1%, a statistically significant decrease of 1.7 percentage points from 2019 rate of 42.8 %. The goal of 48 % was not met. The MPL of 36.9% was exceeded and the HPL of 50.9% was not met.

Disparity Table

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1021	12971	930	647	14	1242	7533	9034	183	286
Denominator	3209	28825	2316	2866	27	3475	20444	19233	496	1222
Rate	31.8%	45.0%	40.2%	22.6%	51.9%	35.7%	36.9%	47.0%	36.9%	23.4%

Disparity Analysis

American Indian/Alaskan Native had the highest percentage of adolescents who received the Combination 2 (Meningococcal, Tdap, HPV) immunizations (51.9%; n=27). Whites were the least compliant with this measure (22.6%). Spanish speakers had the highest rate of 47.0% and unknown had the lowest rate at 23.4%. Both the race and language rates are statistically significant.

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

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 influenza⁴. The HPV vaccine provides almost 100% protection from nine HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58. This is contingent upon the member receiving all doses and not being infected prior to receiving the vaccine⁵.

In 2019, L.A. Care conducted several interventions to address the percentage of adolescents age 13 who receive the IMA Combination 2 vaccines. L.A. Care partnered with the Los Angeles HPV Coalition to participate and share best practices with other organizations in Los Angeles that work to elevate healthcare and increase HPV vaccination rates. We learned that social media posts during pre-teen vaccine week is effective especially when posting hashtags that other organizations are also using. Learned that some states require the HPV vaccine before a student is able to enter school.

Furthermore, during the summer of 2019 specifically in June, L.A. Care invited Jennifer Sienko, MPH who is the Co-Director, National HPV Vaccination Roundtable which is affiliated with the American Cancer Society as a QI webinar speaker/presenter. The target audience of this webinar was providers that work with adolescents and provide the HPV vaccine. She spoke about how to address vaccine hesitancy as this can be an issue for some patients.

In regard to social media for the IMA-2 measure we launched a free social media campaign on Facebook and Twitter in March 2019 in honor of Pre-Teen Vaccine week. Posts were in both Spanish and English. Results were as can be seen below:

Another social media campaign that we had was National Health Center week August 2019. There were two free posts on Facebook and two free posts on Twitter. The first post on Facebook which launched on 8/10/20 had 923 impressions and the second free post on Facebook which launched on 8/15/20 had 4,646 impressions. The first free post on Twitter on 8/10/20 had a potential reach of 3,274 and the second post that launched on 8/15/20 also had a potential reach of 3,274.

Additionally, we conducted an evaluation of the social media campaign using OBIEE. The results showed that in March 2019 in honor of pre-teen vaccine a social media campaign occurred and in that month IMA-2 encounter increased. In March 2019 encounters for IMA-2 was 10468 and in March 2018, 3819 encounter and in March 2017 610. Therefore, from 2018 to 2019 there was an increase of 6,649 encounters in March. March 2017 to March there was an increase of 9,858. This shows that in the month that the preteen vaccine campaign occurred encounters increased.

⁴<https://www.healthpartners.com/hp/about/understanding-cost-and-quality/quality-improvement/adolescent-immunizations/index.html>

⁵ <http://www.hpvvaccine.org.au/the-hpv-vaccine/how-effective-is-the-vaccine.aspx>

August which was the month that the second free social media campaign occurred for IMA-2 was the peak number of encounters in the entire year of 2019. In August 2019 encounters for IMA-2 were 19378 in August 2018 11343 and in August 2017 1254. Therefore, encounters increased 8,035 from 2018 to 2019 and 18,124 from 2017 to 2019.

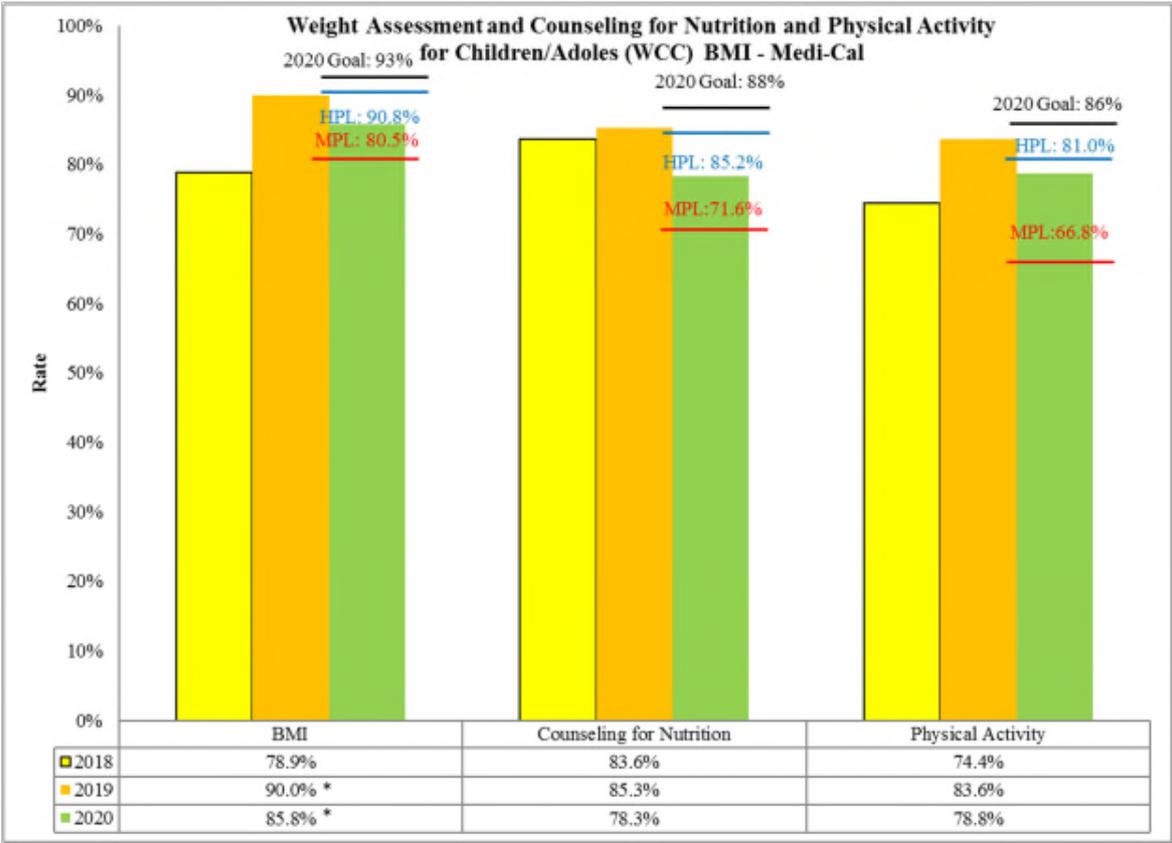
Both of these scenarios show that in the months that there were social media campaigns targeted at this HEDIS measure population more encounters were seen and more members went in for a visit.

RESULTS

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

Obesity is a rising health concerns for children and adolescents. Over the last three decades’ obesity has become one of the top concerns parents have in regard to their children and adolescents. The effects of childhood obesity can produce negative long term effects⁶.

The following graph compares L.A. Care’s Medi-Cal WCC HEDIS rates from HEDIS 2018-2020 to L.A. Care’s HEDIS 2019 goal.



*Statistically Significant Difference
**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

⁶ <https://www.ncqa.org/hedis/measures/weight-assessment-and-counseling-for-nutrition-and-physical-activity-for-children-adolescents/>

ANALYSIS

Quantitative Analysis – BMI Percentile

L.A. Care’s WCC BMI percentile rate was 85.8%. When comparing 2020 (85.8%) to 2019 (90.0%) the results there was statistically significant decrease of 4.2 percentage points. L.A. Care did not meet its goal of 93%. The MPL of 80.5% was exceeded the HPL of 90.8% was not met.

Qualitative Analysis – WCC

There were no specific interventions for this HEDIS measure.

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

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	14,504	124,369	9,664	10,888	114	9,321	101,049	64,308	2696	3,563
Denominator	19,999	185,623	14,144	19,835	175	14,065	147,857	98,868	3899	7,426
Rate	72.5%	67.0%	68.3%	54.9%	65.1%	66.3%	68.3%	65.0%	69.2%	48.0%

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

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	8,092	82,461	6,645	6,202	59	4,499	50,157	55,079	1694	2,500
Denominator	11,292	124,091	10,170	11,839	95	6,942	74,779	84,087	2472	5,338
Rate	71.7%	66.5%	65.3%	52.4%	62.1%	64.8%	67.1%	65.5%	68.5%	46.8%

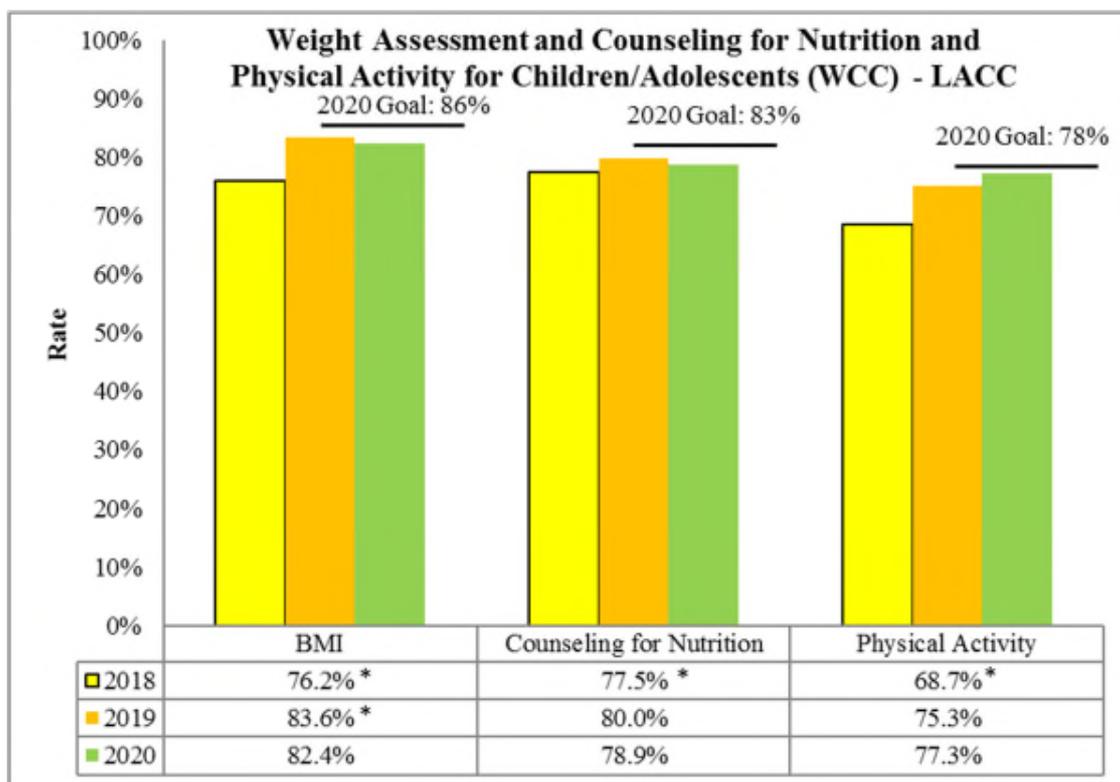
Disparity Analysis – BMI Percentile

African Americans had the highest rate of BMI percentile documentation for the 3-11 and 12-17 age range with a PCP or OB/GYN (72.5%% and 71.7%%, consecutively). The lowest documentation based on race/ethnicity happened amongst Whites for both age groups (54.9% and 52.4%). The differences are statistically significant in both age groups for race/ethnicity. Unknown language had the lowest documentation of BMI for both age groups (48.0% and 46.8%) while the highest documentation of BMI for both age groups were Chinese speakers (69.2% and 68.5%). The differences in both age ranges for language are statistically significant.

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

RESULTS

The following graph compares L.A. Care’s LACC WCC HEDIS rates from HEDIS 2017-2020 to L.A. Care’s HEDIS 2018 goal.



*Statistically Significant Difference

ANALYSIS

Quantitative Analysis – BMI Percentile

L.A. Care’s WCC BMI percentile rate was 82.4%. In 2019 the rate was 83.6%, compared to the previous year the rate went down 1.2 percentage point difference that was not statistically different. The goal of 86% was not met.

Counseling for nutrition

L.A. Care’s WCC counseling for nutrition rate was 78.9% compared to the 2019 rate of 80.0% there was a 1.1 percentage points the difference was not statistically significant. The 2020 goal of 82% was not met.

Counseling for physical activity

L.A. Care’s WCC counseling for physical activity rate was 77.3 compared to the rate in 2019 of 75.3% there was an increase of 2 percentage points. The difference was not statistically significant. The goal of 78% was not met.

Qualitative Analysis – WCC

There were no specific interventions for this HEDIS measure.

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

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	2	8	34	46	21	62	191	60	3	13
Denominator	6	11	65	132	50	161	468	133	6	39
Rate	33.3%	72.7%	52.3%	34.9%	42.0%	38.5%	40.8%	45.1%	50.0%	33.3%

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

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	4	10	46	49	40	81	234	60	8	38
Denominator	9	16	102	177	76	194	624	104	16	62
Rate	44.4%	62.5%	45.1%	27.7%	52.6%	41.8%	37.5%	57.7%	50.0%	61.3%

Disparity Analysis – BMI Percentile

Population sample sizes for this measure were small. African Americans had (N=6 and N=9) which were the smallest denominators. Hispanics had the highest rating of BMI documentation in the 12-17 and 3-11 age range with 72.7% and 62.5%. For ages 3-11, English speakers had the lowest rate at 37.5% and Chinese speakers had the highest rate at 50.0% (N=16). For ages 12-17, unknown had the lowest rate at 33.3% and Chinese had the highest at 50.0% (N=6). There is no statistically significant difference between the highest and lowest accounts for ages 12-17, however there is statistically significant difference for ages 3-11 for both race and language.

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

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

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	3	9	41	46	40	74	223	49	5	32
Denominator	9	16	102	177	76	194	624	104	16	62
Rate	33.3%	56.3%	40.2%	26.0%	52.6%	38.1%	35.7%	47.1%	31.3%	51.6%

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

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	2	7	27	34	18	52	154	55	3	11
Denominator	6	11	65	132	50	161	468	133	6	39
Rate	33.3%	63.6%	41.5%	25.8%	36.0%	32.3%	32.9%	41.3%	50.0%	28.2%

Disparity Analysis – Counseling for nutrition

Hispanics had the highest percentage of nutrition counseling in the 3-11 age range 56.3% additionally, Hispanics had the highest for the 12-17 age range 63.6%. Whites had the lowest for the 3-11 age range 26.0% as well as for age range 12-17 years old at 25.8%. For ages 3-11 unknown language spoken had the highest at 51.6% and Chinese speakers the lowest 31.3% (N=16). For ages 12-17 years old Chinese speakers had the highest at 50.0% (N=6) and unknown the lowest at 28.2%. Race in ages 3-11 is statistically significant while language is not. For ages 12-17, race is statistically significant while language was not.

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

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

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	2	6	36	38	37	68	197	43	5	32
Denominator	9	16	102	177	76	194	624	104	16	62
Rate	22.2%	37.5%	35.3%	21.5%	48.7%	35.1%	31.6%	41.4%	31.3%	51.6%

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

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	2	7	29	31	19	50	150	55	4	11
Denominator	6	11	65	132	50	161	468	133	6	39
Rate	33.3%	63.6%	44.6%	23.5%	38.0%	31.1%	32.1%	41.4%	66.7%	28.2%

Disparity Analysis – Counseling for Physical Activity

American Indian/Alaskan Native had the highest rate of counseling on physical activity in the 3-11 age range 48.7% while Whites had the lowest 21.5%, which was statistically significant. For the 12-17 age range, unknown had the highest rate of counseling on physical activity 31.06%, and Whites had the lowest 23.5%, which was also statistically significant. For ages 3-11 Chinese speakers had the lowest rate 31.3% (N=16) and unknown had the highest 51.61% - this was not statistically significant. For ages 12-17 unknown had the lowest rate 28.2% and Chinese had the highest at 66.7% (N=6) – not statistically significant.

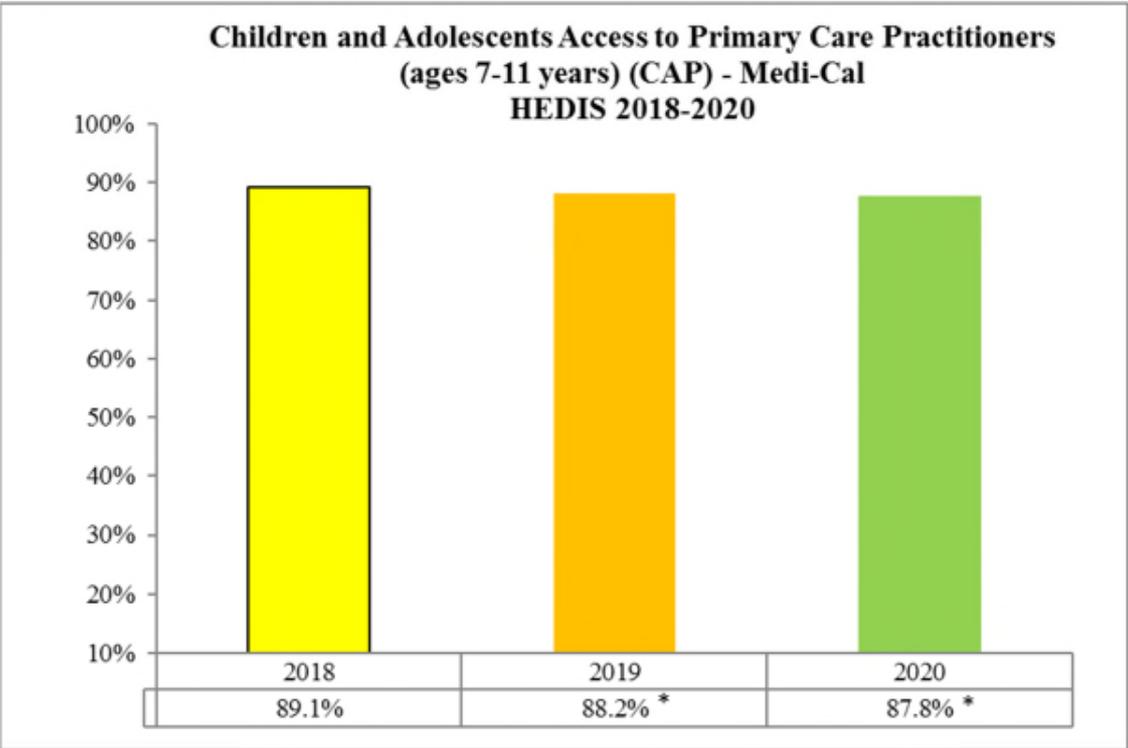
[Disparity analysis based on administrative data while graph utilized hybrid data.]

RESULTS

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

There is a myriad of reasons that it is important for a member to establish care with a primary care provider. Some of the benefits a member receives when establishing care with a primary care provider are: familiarity with the member’s intricacies of health and prevention and condition management⁷.

The following graph compares L.A. Care’s Medi-Cal CAP HEDIS rates from 2018-2020 to L.A. Care’s 2020 goal.



*Statistically Significant Difference

Quantitative Analysis

The CAP HEDIS rate for the 7-11-year-old population was 87.8, a decrease of 0.4 percentage points from 2019 rate of 88.2%, which was a statistically significant difference.

Qualitative Analysis

No specific interventions were conducted for this measure.

⁷ <https://mayoclinichealthsystem.org/hometown-health/speaking-of-health/the-importance-of-a-primary-care-provider>

Disparity Table, Age 7-11 years

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	12,701	113,590	7,848	11,156	95	7,250	82,602	65,984	1919	4,472
Denominator	16,193	126,426	9,167	13,210	115	8,562	97,686	71,651	2171	5,036
Rate	78.4%	89.9%	85.6%	84.5%	82.6%	84.7%	84.6%	92.1%	88.4%	88.8%

Disparity Analysis

African Americans had the lowest rate for children and adolescents access to primary care practitioners across all age groups (7-11 year olds). Spanish speakers also rated above English speakers across the age group 7-11 year old. Differences were statistically significant,

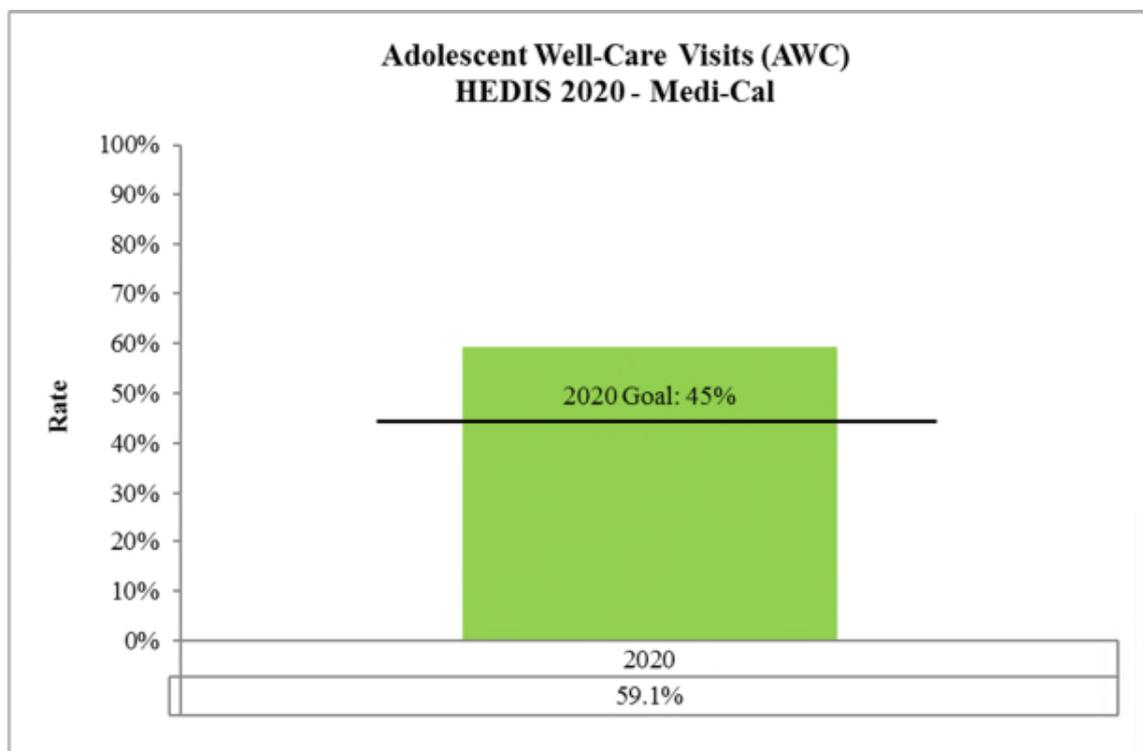
[CAP is not reported for the LACC population.]

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

There are no rates to report for this HEDIS measure.

Adolescent Well-Care Visits (AWC)

Adolescents ages 12-21 benefit from receiving yearly physical exams. These exams allow for patients to stay up to date on their vaccines and routine care.



ANALYSIS

Quantitative Analysis

L.A. Care’s Medi-Cal AWC HEDIS rate for 2020 was 59.1%. L.A. Care exceeded the goal of 45% by 14.1 percentage points. This is the baseline year.

Qualitative Analysis

In October 2019 L.A. Care conducted a robo call for both W34 and AWC. For this robo call campaign the reach rate for AWC English speakers was higher than for Spanish speakers with the English reach rate being 69.7% and the for Spanish 65.71%. There is therefore a 3.99 percentage point different in the reach rate between languages. This was the first time that a robo call was conducted for this measure. AWC is a new measure. As can be seen we only have a rate to report for 2020. It can be seen from the graph in the W34 section that as members age increases they are less likely to go in for a physical exam regardless if they are provided a robo call or not.

We also did an impact evaluation which showed us that that in the months of October and November 2019 which is when the paid social media occurred the encounters did not exceed previous years during the same months that did not have social media paid ads. This is being that in October 2019 the encounters were 141 and in October 2018 it was 201. Therefore, encounters decreased by 60 encounters. This can be due to the time of year as during the holiday season fewer members generally go in for a physical exam and preventive care.

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	10,653	120,320	11,002	10,855	77	7,086	70,506	83,547	2737	5,356
Denominator	29,281	249,065	23,497	27,588	254	17,797	172,602	162,823	5191	11,922
Rate	36.4%	48.3%	46.8%	39.4%	30.3%	39.8%	40.9%	51.3%	52.8%	44.9%

Disparity Analysis

American Indian/Alaskan Native had the lowest rate for AWC while Hispanics had the highest rate at 48.3%. Chinese had the highest rate at 52.8% while English had the lowest rate at 40.9%. Both in race/ethnicity and language are statistically significant.

RESULTS

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

Well Child visits with a primary care provider in the first 15 months of life are essential in assessing physical development, emotional development, and keeping the child on the appropriate vaccination schedule. The Well-Child Visits in the First 15 Months of Life assesses children who turned 15 months old during the measurement year and had 0–6 well-child visits with a primary care physician during their first 15 months of life.

ANALYSIS

Quantitative Analysis

There are no comparisons for this measure from previous years.

L.A. Care’s W15 rate was 55.72% which fell short of the goal of 66% by 10.28 percentage points. The HEDIS 2018 and 2019 rates are not available due to the small denominator.

L.A. Care’s W15 2020 HEDIS rate for the LACC population was 17.7% falling short of L.A. Care’s goal of 34% by 16 percentage points. This HEDIS 2018 and 2019 rates are not available due to the small denominator.

Medi-Cal:

2020 Goal: 66%

Rate: 55.72%

2018 & 2019: Not Required

LACC:

2020 Goal: 34%

Rate: 17.74%

2018 & 2019: Small Denominator

Qualitative Analysis

The intervention utilized for the W15 HEDIs measure based out of the L.A. Care Health Education department. L.A. Care’s Healthy Baby Program provides educational materials about childhood immunizations, appointment reminders, and assistance in appointment scheduling to parents/guardians of L.A. Care Medi-Cal Direct (MCLA) and L.A. Care Covered (LACC) members under the age of 24 months. The goal of the program is to improve L.A. Care members’ childhood immunization measure outcomes. Members also receive four interactive voice response (IVR) calls at two weeks after mailing drop date, at eight months, at 11 months, and at 14 months, which are key milestone periods to assure pediatric immunization will be update to date for its measure. The IVR messaging included important milestones tailored to each time point and provided an option for the member to connect to alive agent for appointment scheduling assistance. The Healthy Baby Mailing packets and IVR calls were made in English, Spanish, Mandarin, and Cantonese

Disparity Table

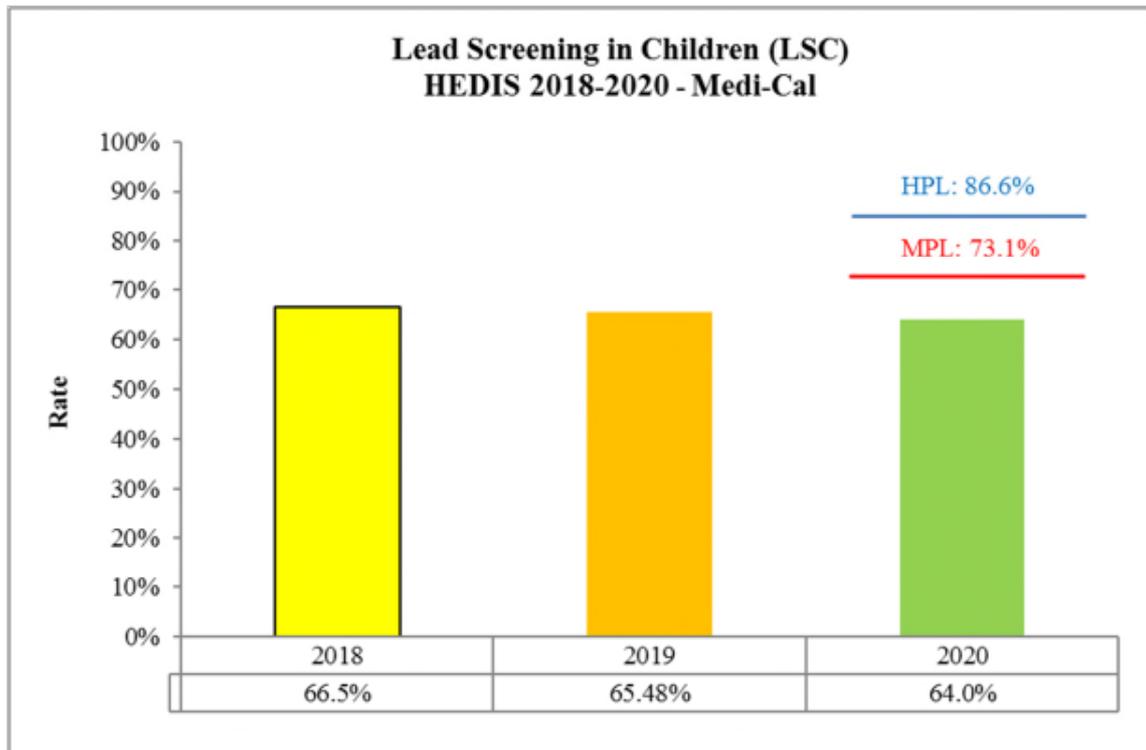
Admin	Race/Ethnicity						Language			
	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	0	1	2	3	0	2	10	0	0	1
Denominator	1	5	8	14	2	21	58	1	0	3
Rate	0.0%	20.0%	25.0%	21.4%	0.0%	9.5%	17.2%	0.0%	NA	33.3%

Since the LOB is LACC, the sample sizes are generally very small. Asians (N=8) had the highest rate at 25.0%, and African Americans (N=1) and American Indian/Alaskan Native (N=2) had the lowest at 0.0%. In regards to language, English had the highest rate at 17.2% and Spanish had the lowest at 0.0% (N=1). Both language and race/ethnicity are not statistically significant.

Lead Screening in Children (LSC)

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 for providers to conduct lead screening.



Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS:

Quantitative Analysis

In 2020 the rate for LSC was 64.0% this is 1.48 percentage point decrease, which is statistically significant difference from 2019 and a 2.5 percentage point decrease from 2018. Both the MPL of 73.1% and HPL of 86.6% were not met.

Disparity Table

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1304	13766	1275	1315	11	2524	13133	6726	355	388
Denominator	2705	20054	1851	2411	24	4395	22113	8968	485	631
Rate	48.2%	68.6%	68.9%	54.5%	45.8%	57.4%	59.39%	75.0%	73.2%	61.5%

Disparity Analysis

L.A. Care conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in lead screening for child members in Medi Cal. Asians had the highest rate with 68.9% while American Indian/Alaskan Native had the lowest at 45.8% (N=24) - which is statistically significant. Spanish speakers had the highest rate with 75% and Whites had the lowest with 59.39%, where this difference is also statistically significant.

Qualitative Analysis

In 2019 L.A. Care sent Preventive Health Guidelines (PHGs) to L.A. Care’s directly managed Medi-Cal members (MCLA) and direct network providers that included information regarding LSC. In January 2020 a State Auditors report was released which released information regarding low screening rates of Medi Cal members not only for all L.A. Care but across all of California. As a result, several interventions were planned and launched. On February 22, 2020 QI Project Manager presented at L.A. Care’s CME Pediatric Conference regarding lead screening and the importance. Audience included 200 or so attends which consisted of providers across L.A. County. In July 2020 LSC HEDIS measure was added to the Provider Opportunity Report (POR) this was in an effort to increase awareness to provider to start to conduct lead testing. Also in July 2020 two brochures/posters were rebranded and placed on the Health Education Portal so providers could access it regarding lead. In summer of 2020 QI was planning for social media paid ad on social media platforms regarding lead but due to COVID-19 this was delayed and was scheduled to launch September 2020 instead. Additionally, Dr. Jean Woo from CDPH was invited to speak as a QI webinar speaker regarding lead screening in Spring 2020 however due to COVID-19 this was rescheduled to occur October 2020. Additionally, in the spring of 2020 during the time of COVID-19 during the Community Resource Center (CRC) food pantry events lead screening material was distributed to members and the community that attended these events.

SUMMARY OF INTERVENTIONS FOR 2019

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

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

HEDIS Measure	Barrier	Actions	Effectiveness of Intervention/ Outcome
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	<ul style="list-style-type: none"> • Large eligible population. • Members/Caregivers do not perceive the importance of Well-Child visits. • While some Members/Caregivers do perceive the importance of Well Child visits, due to their work schedules they don't always have time to make an appointment during normal business hours. 	<ul style="list-style-type: none"> • Social media posts regarding this topic. – November and August 2019 • Auto dialed calls occurred to all members who were eligible and non-compliant for their well child visit. – April and October 2019. 	<ul style="list-style-type: none"> • When conducting an analysis of three years (2017-2019) of encounters for W34 in the October and November 2019 when the paid social media campaign occurred in the specific zip codes encounters did not increase. October 2019 148 encounters and October 2018 217 encounters. Therefore, there was a drop of 69 encounters from 2019 compared to 2018 in the month of October when the social media campaign ran. Encounters during this time of year can be fewer as even though we had a free paid social media ad often times during the holiday season members seek preventive visit care less. – Oct.-Nov. 2019 • Of those that were reached from this call 12% went in for a service after receiving the call. This means that after this call was received 8,260 members went in for a well check service this includes both W34 and AWC.- Oct. 2019 robo call
Childhood Immunization Status: Combination 10 (CIS-10)	<ul style="list-style-type: none"> • Due to the complexity of the immunization schedule, parents may not fully understand the recommended immunization schedule for their children. • Lack of education about the importance of adhering to the recommended vaccination schedule to parents of members. PCV protects against systemic pneumococcal infection during 	<ul style="list-style-type: none"> • CIS-10 Performance Improvement Project with St. John's Well Child and Family Center. July 2019- June 2020 • Healthy Baby IVR and mailers to parents. –year round in 2018-2020 • Social Media campaigns to bring 	<ul style="list-style-type: none"> • CIS-10 PIP was closed out by HSAG June 2020 before intervention could be conducted and evaluated. • Healthy Baby IVR to be provided input from HE. • In August 2019 there was a free social media campaign regarding CIS-10 and infant immunizations. When comparing encounters for CIS from

HEDIS Measure	Barrier	Actions	Effectiveness of Intervention/ Outcome
Childhood Immunization Status: Combination 10 (CIS-10) (cont.)	<p>the first 12 months of life, when most vulnerable.</p> <ul style="list-style-type: none"> • Parents may have difficulty taking time off from work to get their child immunized. • Missed opportunities - physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to keep children's immunizations current. • Incomplete/inaccurate coding of immunizations results. • Providers that the patient visits might not be using CAIR and tracking the immunizations. • Language and RCAC region disparity. <p>Some providers that have foreign born patients in their panel have the following barrier with CIS 10, "rotavirus shot can only can be given to children under seven months. Most of the patients in their clientele have transferred from other clinics, and China or when they come in them already over the age, in this case, they cannot get rotavirus after seven months old."</p>	<p>awareness. –April and August 2019</p>	<p>2018 to 2019 encounters increased by 16, 396 in August which was the month that that the campaign occurred. August 2019 encounters 39095 and August 2018 22699. Therefore, encounters increased during the month of August when the social media campaign was run by 16,396.</p> <ul style="list-style-type: none"> • Healthy Baby IVR and mailers to parents. • L.A. Care’s “Healthy Baby” childhood immunization program, provides educational mailing packets and reminder calls to keep children on schedule with their immunizations. In 2019, L.A. Care mailed out 27,930 educational packets to the parent /guardian of members aged 0-6 months and launch 54,287 IVR calls to members 0-6, 8, 11, and 14 months.
Appropriate Treatment for Children With Upper Respirator Infection (URI)	<ul style="list-style-type: none"> • Providers prescribing antibiotics (antibiotic misuse) to patients despite diagnosis of an upper respiratory infection 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
Immunization for Adolescents, Combination 2 (IMA)	<ul style="list-style-type: none"> • IMA-2 includes the HPV vaccine which is difficult for many members to receive for the various reasons listed reasons: 1. Parents have misconceptions regarding the vaccine. 2. It requires more than one dose which can be difficult for members to follow through on. 3. While minor consent 	<ul style="list-style-type: none"> • L.A. Care is part of the Los Angeles HPV Vaccine Coalition. This coalition meets quarterly and discusses ideas regarding the HPV vaccine for adolescents. –Year round 2018-2020 • Social Media Ads. – March 2019 and August 2019 • Webinar Speaker vaccine hesitancy- June 2019 	<ul style="list-style-type: none"> • Overall interventions are effective as IMA-2 rate is a high performing HEDIS score. Continuing to be part of the HPV Vaccine round table provides us with resources and best practices as well as ability to invite appropriate HPV and vaccine hesitancy speaker for webinar.

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
Immunization for Adolescents, Combination 2 (IMA) (cont.)	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.	<ul style="list-style-type: none"> HPV Vaccination Week was celebrated with Social media posts. – March 2019 	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A
Children and Adolescents' Access to Primary Care Practitioners (CAP) 7-11 Years of Age	<ul style="list-style-type: none"> Perceived lack of need to visit the primary care practitioners, especially when there aren't many recommended immunizations during this time period 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A
Well-Child Visits in the First 15 Months of Life (W15)	<ul style="list-style-type: none"> Parents might not have the time or ability to bring their child in for a provider visit. 	<ul style="list-style-type: none"> Healthy Baby immunization program 	<ul style="list-style-type: none"> L.A. Care's "Healthy Baby" childhood immunization program, provides educational mailing packets and reminder calls to keep children on schedule with their immunizations. In 2019, L.A. Care mailed out 27,930 educational packets to the parent /guardian of members aged 0-6 months and launch 54,287 IVR calls to members 0-6, 8, 11, and 14 months.
Lead Screening in Children (LSC)	<ul style="list-style-type: none"> Parents might not be aware that their child needs to receive this screening or not view the importance of the screening. 	<ul style="list-style-type: none"> CME LA Care Pediatric Conference Presentation on Lead screening.- February 2020 LSC added to POR- July 2020 Lead screening brochures updated 	<ul style="list-style-type: none"> Due to data lag will be able to view the effectiveness of social media paid ads that occurred several months after the paid ad has occurred. Such as how many members went in for a lead screening test after seeing the social media ad.

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
Lead Screening in Children (LSC) (cont.)		and available on the Health Education portal- July 2020 <ul style="list-style-type: none"> • Lead Screening Social media paid ads-September 2020 • Lead screening webinar-Dr. Jean Woo CDPH October 2020 	

LOOKING FORWARD

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

- L.A. Care will continue to utilize auto dialed calls for members who are non-compliant for W34 and in the future utilize text messaging.
- L.A. Care will continue to use social media to spread awareness to our members and providers regarding these HEDIS measures.
- L.A. Care will continue to implement a Performance Improvement Project (PIP) to improve CIS-10 rates.

2021 WORK PLAN GOALS:

HEDIS Measure	2021 Medi-Cal Goal	2021 L.A. Care Covered Goal
Childhood Immunization Status: Combination 3 (CIS-3)	N/A	86%
Childhood Immunization Status: Combination 10 (CIS-10)	39%	N/A
Well-Child Visits in the First 30 Months of Life (W30)	BASELINE	N/A
Child and Adolescent Well-Child Visits (WCV)	BASELINE	N/A
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	89%	87%
Appropriate Testing for Children with Pharyngitis (CWP)	34%	67%
Immunization for Adolescents – Combo 2 (IMA-2)	44%	44%
Lead Screening in Children (LSC)	N/A	N/A
Weight Assessment and Counseling for BMI, Nutrition and Physical Activity for Children and Adolescents (WCC)	BMI: 90% N: 81% PA: 81%	BMI: 86% N: 81% PA: 80%

FLUORIDE VARNISH

It is important to address dental cavities for young children as it is deemed as a public health issue. The untreated dental cavities process has the ability to result in progressive destruction of the crowns of the teeth. This often is accompanied by severe pain and suffering, affecting the quality of life of the young child. It is noted that fluoride varnish which is one of the most important materials to prevent early childhood cavities is easy to apply and well tolerated by children⁸.

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

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

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

All of the fluoride varnish rates for L.A. Care and plan partners are listed below for calendar year 2018, 2019, and 2020.

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.

⁸ doi:10.4103/1735-3327.208766

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

Plan Partner	Quarter	Measurement Year 2018 Fluoride Varnish Utilization			Measurement Year 2019 Fluoride Varnish Utilization			Measurement Year 2020* Fluoride Varnish Utilization		
		Total Treatments	Member Months	PTPY	Total Treatments	Member Months	PTPY	Total Treatments	Member Months	PTPY
BCSC	1	196	182889	12.86	226	174474	15.54	237	155176	18.33
	2	218	182428	14.34	204	170534	14.35	215	153407	16.82
	3	188	182343	12.37	238	165927	17.21	178	153613	13.91
	4	191	179242	12.79	269	160783	20.08	-	50483	-
	Total	793	726902	13.09	937	671718	16.74	630	512679	14.75
Blue Shield Promise	1	153	158185	11.61	198	144693	16.42	177	128674	16.51
	2	207	156782	15.84	174	140735	14.84	125	127226	11.79
	3	164	153343	12.83	153	136424	13.46	98	127026	9.26
	4	143	149147	11.51	138	132760	12.47	-	42007	-
	Total	667	617457	12.96	663	554612	14.35	400	424933	11.30
KAIS	1	637	83080	92.01	690	81703	101.34	80	77182	12.44
	2	620	84098	88.47	626	81339	92.35	77	76882	12.02
	3	707	84173	100.79	443	80067	66.39	81	76819	12.65
	4	562	82898	81.35	13	78624	1.98	-	25490	-
	Total	2526	334249	90.69	1772	321733	66.09	238	256373	11.14
MCLA	1	349	297344	14.08	321	283254	13.60	366	275374	15.95
	2	387	299191	15.52	355	283452	15.03	369	276160	16.03
	3	357	293731	14.58	333	281872	14.18	179	279321	7.69
	4	317	287647	13.22	385	279449	16.53	-	93361	-
	Total	1410	1177913	14.36	1394	1128027	14.83	914	924216	11.87
Medi-Cal	1	1335	721498	22.20	1435	684124	25.17	860	636406	16.22
	2	1432	722499	23.78	1359	676060	24.12	786	633675	14.88
	3	1416	713590	23.81	1167	664290	21.08	536	636779	10.10
	4	1213	698934	20.83	805	651616	14.82	0	211341	0.00
	Total	5396	2856521	22.67	4766	2676090	21.37	2182	2118201	12.36

The overall Medi-Cal fluoride varnish rate decreased from 2019 (21.37 PTPY) when compared to 2018 (22.67 PTPY). Anthem's rate has increased from 2019 (16.74 PTPY) compared to 2018 (13.09 PTPY). Blue Shield Promise's rate from 2019 increased (14.35 PTPY) to 2018 (12.96 PTPY). Kaiser's rate decreased from 2019 (66.09 PTPY) to 2018 (90.69 PTPY). MCLA's rate decreased from 2019 (14.83 PTPY) to 2018 (14.36 PTPY).

*Note that given that this data is for calendar year and the calendar year for 2020 is not year complete and there is a data lag all of the data for 2020 is not complete.

B.3 ADULT HEALTH

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BACKGROUND

The American Cancer Society (ACS) estimates 276,480 new cases of invasive breast cancer diagnosis in women in 2020. Of these 276,480 new cases, it is estimated that 48,530 are detected at an early stage and 42,170 women will die from breast cancer.⁹ 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.¹⁰ In 2020, ACS estimates 13,800 new cases of cervical cancer diagnosis and that 4,290 women will die from cervical cancer in 2020.⁹ 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.

Sexually Transmitted Diseases (STDs) in the United States have reached record highs; with chlamydia, remaining the most commonly reported infectious disease in the United States.¹¹ In 2018, there were 232,181 reported cases of Chlamydia in California, which is more than a 56% increase than 10 years ago according to California Department of Public Health.¹² Chlamydia can infect both men and women and may cause permanent damage to a women's reproductive system. Chlamydia can be easily cured, but if left untreated it may be detrimental to a women's health. The Centers for Disease Control and Prevention (CDC) recommends yearly testing for chlamydia for sexually active women younger than 25 years old.¹³

Inappropriate antibiotic use is very common in the United States. The CDC estimates that 30% of all antibiotic prescriptions are unnecessary, and for outpatient prescriptions for acute respiratory conditions such as bronchitis, about half are inappropriate.¹⁴ These causeless prescriptions pose risk to patients for allergic reactions and *Clostridium difficile* and exacerbates the growing issue of antibiotic resistance. While California's antibiotic use remains one of the lowest in the country, in 2018 518 prescriptions were issued per 1,000 individuals.¹⁵

Colorectal Cancer is the third most diagnoses cancer in both men and women in the United States. In 2020, there will be an estimate of 104,610 new cases of colon cancer and 43, 3240 new cases of rectal cancer according to the ACS.¹⁶

Research suggests that most men do not benefit from PSA-based screening, leading to men receiving an unnecessary procedure that may result in significant harm for the individual due to complications from biopsies.¹⁷ To eliminate unnecessary screening for prostate cancer, L.A. Care tracks the amount of men who were unnecessarily screened. Thus, a lower score for PSA indicates better performance.

Obesity is associated with serious health risks including diabetes, heart disease, and end stage renal disease. Between 2017-2018, the prevalence of obesity in adults was 42.4% in the United States according to the

⁹ <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>

¹⁰ <https://www.cancer.org/content/dam/CRC/PDF/Public/8599.00.pdf>

¹¹ <https://www.cdc.gov/std/stats18/infographic.htm>

¹² https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs_Reach_Epidemic_Levels_Infographic_2018.pdf

¹³ <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>

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

¹⁵ <https://www.cdc.gov/antibiotic-use/community/pdfs/Annual-Report-2018-H.pdf>

¹⁶ <https://www.cancer.org/cancer/colon-rectal-cancer/about.html>

¹⁷ <https://www.ncqa.org/hedis/measures/non-recommended-psa-based-screening-in-older-men/>

CDC.¹⁸ It is crucial to track Adult BMI assessment to ensure that our population remains healthy and provide interventions to help keep our members on track.

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.

2020 WORK PLAN GOALS:

This section reviews the goals and rates for RY HEDIS 2020. Interventions conducted in 2019 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.

HEDIS Measure	2020 Medi-Cal Goal	2020 Medi-Cal Rate	2020 Cal MediConnect Goal	2020 Cal MediConnect Rate	2020 L.A. Care Covered Goal	2020 L.A. Care Covered Rate	2020 Goal Met/ Not Met
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	39%	42.6%	N/A	N/A	27%	31.7%	Medi-Cal: Met CMC: N/A LACC: Met
Adult BMI Assessment (ABA)	98%	94.7%	98%	98.8%	98%	98.2%	Medi-Cal: Not Met CMC: Met LACC: Met
Breast Cancer Screening (BCS)	65%	62.5%	66%	66.0%	75%	68.7%	Medi-Cal: Not Met CMC: Met LACC: Not Met
Cervical Cancer Screening (CCS)	69%	66.9%	N/A	N/A	57%	64.5%	Medi-Cal: Not Met CMC: N/A LACC: Met
Chlamydia Screening (CHL)	73%	68.0%	N/A	N/A	62%	62.0%	Medi-Cal: Not Met CMC: N/A LACC: Met
Colorectal Cancer Screening (COL)	N/A	N/A	65%	66.1%	56%	53.4%	Medi-Cal: N/A CMC: Met LACC: Not Met
Non-Recommended PSA-Based Screening in Older Men (PSA)	N/A	N/A	28%	34.4%	N/A	N/A	Medi-Cal: N/A CMC: Not Met LACC: N/A

¹⁸ <https://www.cdc.gov/nchs/products/databriefs/db360.htm>

MAJOR ACCOMPLISHMENTS

- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
 - Medi-Cal rates increased from 2019 to 2020 for AAB by 7.0%. Medi-Cal goal was met for 2020.
- Adult BMI Assessment
 - CMC and LACC rates increased from 2019 to 2020 for ABA by 1.8% and 3.0%, respectively. The CMC and LACC goals were met for 2020.
- Breast Cancer Screening (BSC)
 - BCS rates for Medi-Cal and CMC went up by 1.5% and 2.4%, respectively. CMC BCS goal was met for 2020.
 - BCS reminder phone calls were made to CMC, LACC & MCLA noncompliant members in June and September 2019.
 - BCS educational mailers were sent to CMC, LACC & MCLA noncompliant members in RCAC 8 (South Bay) and RCAC 9 (Long Beach). Mailers were sent in August 2019.
- Cervical Cancer Screening
 - CCS rates went up for Medi-Cal and LACC from 2019 to 2020 by 0.8% and 11.0%, respectively.
 - CCS reminder phone calls were made to CMC, MCLA and LACC noncompliant members in July 2019.
 - CCS educational mailers were sent to CMC, LACC & MCLA noncompliant members in RCAC 5 (The Westside). Mailers were sent in August 2019.
- Chlamydia Screening
 - CHL rates went up for Medi-Cal and LACC from 2019 to 2020 by 1.2% and 3.0%, respectively.
 - The Youth Empowerment for Chlamydia Screenings (YES) Program ran from July 2019 to October 2019 to increase CHL rates amongst female L.A. Care Medi-Cal Direct (MCLA) and L.A. Care Covered (LACC) members ages 16-24.
- Colorectal Cancer Screening (COL)
 - COL rates went up for the CMC population from 2019 to 2020 by 5.0%. The CMC COL goal was met for 2020.
 - COL reminder phone calls were made to CMC, MCLA and LACC noncompliant members in July 2019.
 - COL educational mailers were sent to all noncompliant CMC members in August 2019.
- Other Accomplishments
 - Health Education’s My Health In Motion Portal was used to reach out to members in the CMC, MCLA and LACC LOBs and send a courtesy message to remind members to schedule their preventive screenings for BCS, CCS and COL.
 - 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:

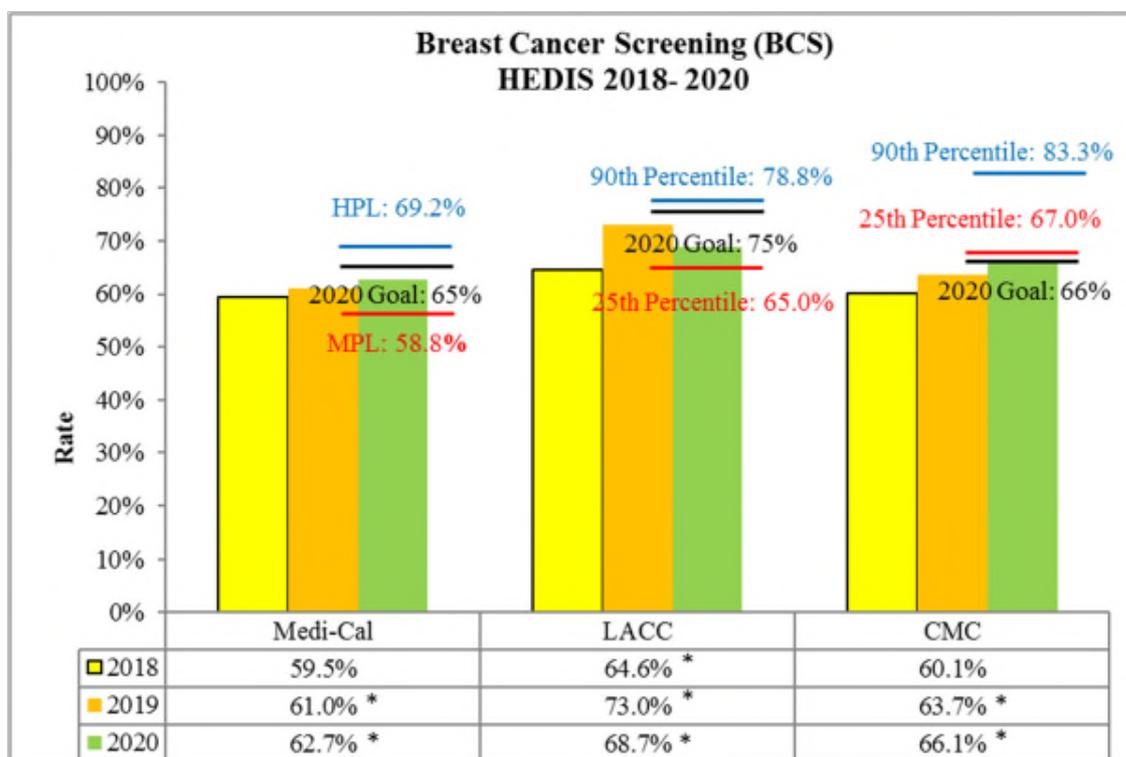
HEDIS Measure	Specific Indicator(s)	Measure Type
Avoidance of Antibiotic Treatment in adults with Acute Bronchitis	The percentage of adult members ages 18-64 with a diagnosis of acute bronchitis who were <i>not</i> dispensed an antibiotic prescription	Administrative
Adult BMI Assessment	Body mass index. A statistical measure of the weight of a person scaled according to height. The percentile ranking based on the Centers for Disease Control and Prevention’s (CDC) BMI-for-age growth charts,	Hybrid

HEDIS Measure	Specific Indicator(s)	Measure Type
	which indicate the relative position of a patient's BMI number among those of the same sex and age.	
Breast Cancer Screening	The percentage of members who are women aged 50-74 years and have received one or more mammograms on or between October 1 two years prior to the measurement year and December 31 of the measurement year.	Administrative
Cervical Cancer Screening	The percentage of women aged 21-64 years who received one or more screening tests for Cervical Cancer during or within the three years prior to the measurement year or 5 years for women 30-64 with HPV co-testing.	Hybrid
Chlamydia Screening in Women	The percentage of women aged 16-24 years who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	Administrative
Non-Recommended PSA-Based Screening in Older Men (PSA)	The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. Note: a lower rate indicates better performance.	Administrative CMC

BREAST CANCER SCREENING

RESULTS

The following graphs compare L.A. Care BCS rates for HEDIS 2018, 2019, and 2020:



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

***Covered California Quality Rating System RY 2019 25th and 90th percentiles

****CMC benchmarks are from Quality Compass RY2019

ANALYSIS

Medi-Cal

Quantitative Analysis

L.A. Care's HEDIS 2020 BCS rate for Medi-Cal was 62.7%. The rate increased by 1.7 percentage points from the prior year, which is a statistically significant increase. BCS is on a three-year upward trend, but did not meet the goal of 65.0%. However, the rate exceeded the MPL of 58.8%.

LACC

Quantitative Analysis

For HEDIS 2020, the Breast Cancer Screening rate for L.A. Care Covered (LACC) was 68.7%. This was a decrease of 4.3 percentage points over HEDIS 2019, and is statistically significant. BCS did not meet the 2020 LACC goal of 75.0% or the 50th percentile for the Quality Rating System (QRS).

CMC

Quantitative Analysis

HEDIS 2020 is the fifth year of official rates for CMC. For BCS, CMC members had a rate of 66.1%. This was an increase of 2.4 percentage points over HEDIS 2019, and is statistically significant. The rate met the goal of 66.0%, but did not meet the 25th percentile of 67.0%.

Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic or Latino	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	6,601	31,571	9,443	10,755	146	5,182	27,045	27,616	2,740	7,349
Denominator	12,196	45,511	15,045	19,018	234	9,447	49,146	38,334	4,180	11,411
Rate	54.1%	69.4%	62.8%	56.6%	62.4%	54.9%	55.0%	72.0%	65.6%	64.4%

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures, based on administrative data. Rates continue to be lower for Blacks/African Americans than all other ethnic groups (54.1%), although the rate for this group increased by 1.6 percentage points from the previous year (52.5% in the prior year). Hispanic members have the highest rates at 69.4%, up from 67.4% from the previous year. Rates for all racial/ethnic groups remained the same or increased. Rates for Asian population remained approximately the same (62.3% in HEDIS 2019 vs. 62.8% HEDIS 2020). Rates for the White population increased by 7.0 percentage points (63.6% in HEDIS 2019 vs. 56.6% in HEDIS 2020). Rates declined for Spanish speakers and English Speakers for HEDIS 2020, by 1.28 and 1.84 percentage points respectively. 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 Black/African American population having the lowest rates. Reporting for American Indian/Alaskan Natives and Chinese as a spoken language were analyzed this year and will be compared to HEDIS 2021 rates next year.

Qualitative Analysis

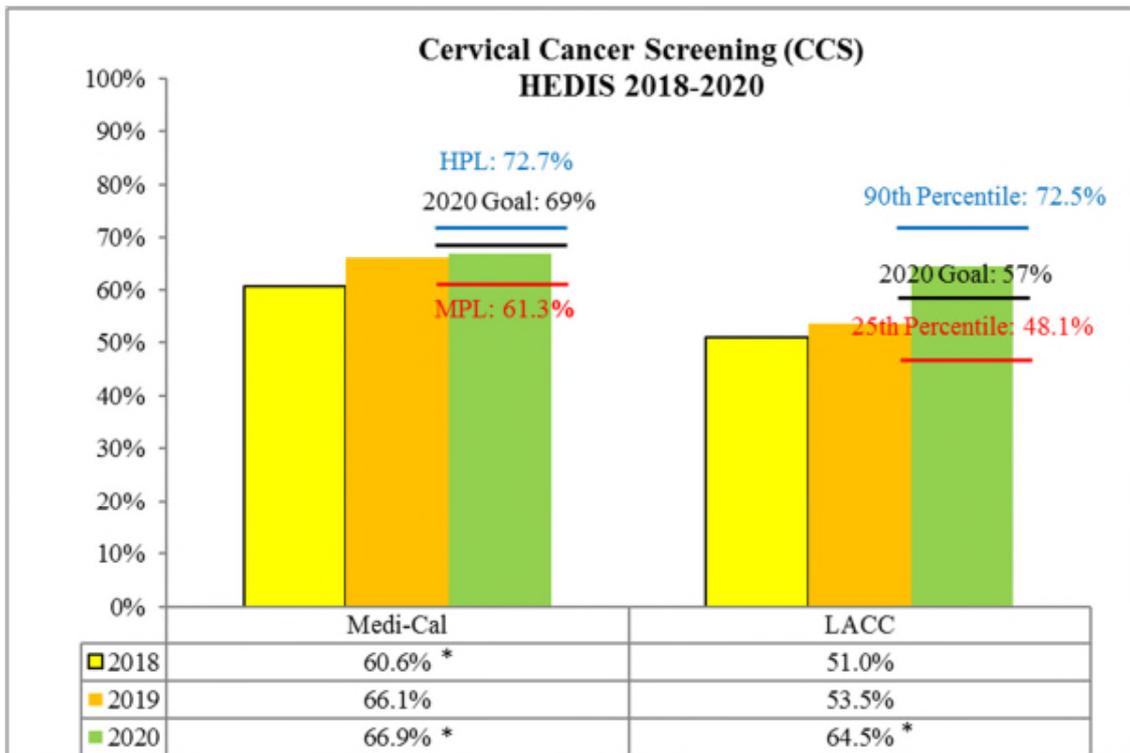
In June and September 2019, non-compliant CMC, MCLA, and LACC members due for a breast cancer screening received an automated phone call. 1,200 members who were successfully reached with a live connect or voicemail from the robo call received a breast cancer screening. The robo calls were most effective for the CMC and MCLA populations. The cost per member reached to go in for a breast cancer screening for the CMC LOB was \$0.28 and the cost per member in the MCLA population was \$1.06. The robo call did not seem effective for the LACC population, with a cost of \$6.90 per member successfully reached.

A reminder mailer was also sent to non-compliant CMC, MCLA, and LACC members due for a breast cancer screening in RCAC 8 (South Bay) and RCAC 9 (Long Beach). RCAC 8 and RCAC 9 were chosen to send mailers to because of the high noncompliance rates in those regions. While all other RCACs are above a 60.0% compliant rate, RCAC 8 (59.9%) and RCAC 9 (58.4%) fall below a 60.0% compliance rate. These two regions have had the highest noncompliant rate for the past three years. Thus, a targeted mailer was sent to 4,140 non-compliant members in these region in August 2019. Of the 4,140 mailers that were sent, 299 members in RCAC 8 and RCAC 9 (210 mailers in English and 89 in Spanish) received their breast cancer screening within 6 months of receiving the mailer. Thus, we see a 7.22% success rate from our mailer intervention (299/4,140). Moreover, additional outreach efforts were made in RCAC 9. In November 2019, a presentation on breast cancer screening awareness was given to RCAC 9 committee members in Long Beach. Outreach was also done to the CMC EAC population on breast cancer screening in December 2019.

CERVICAL CANCER SCREENING

RESULTS

The following graphs compare L.A. Care CCS results for HEDIS 2018, 2019, and 2020. The rates below are based on a hybrid sample augmented by chart review.



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

***Covered California Quality Rating System RY 2019 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

L.A. Care's Medi-Cal CCS rate was 66.9% for HEDIS 2020. This was an increase of 0.8 percentage points from the prior year, which is statistically significant. The rate met the MPL of 61.3%. However, the goal of 69.0% was not met.

LACC

Quantitative Analysis

L.A. Care's Cervical Cancer Screening rate for HEDIS 2020 was 64.5%. This was an increase of 11 percentage points from the previous year and is statistically significant. The rate met the 2019 goal of 57% and met the 50th percentile benchmark.

CMC

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

Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic or Latino	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	29,297	117,890	23,629	37,962	416	16,107	153,889	55,660	5,612	15,163
Denominator	49,697	187,711	40,469	67,753	758	29,713	269,360	82,633	8,669	23,994
Rate	59.0%	62.8%	58.4%	56.0%	54.9%	54.2%	57.1%	67.4%	64.7%	63.2%

L.A. Care also conducted an analysis based on ethnicity, language, and RCAC regions to examine whether disparities exist in getting cervical cancer screenings. Rates for women in the White population is the lowest for HEDIS 2020 at 56.0% followed by the Asian population with a rate of 58.4%. The screening in the White population decreased from 59.2% in HEDIS 2019 to drop by 3.2 percentage points. The rates in the African American, Hispanic or Latino, and Asian populations went up by 1.1, 1.8, and 2.4 percentage points respectively. The Hispanic population was the highest performing group for a second year in a row, with a rate at 62.8%. Spanish speakers had higher rates than English speakers (67.4% versus 57.1%) for a second year in a row. Both groups improved with the English speaking population improving by 1.6 and 2.1 percentage points, respectively.

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 having the lowest rates. Reporting for American Indian/Alaskan Natives and Chinese as a spoken language were analyzed this year and will be compared to HEDIS 2021 rates next year.

Qualitative Analysis

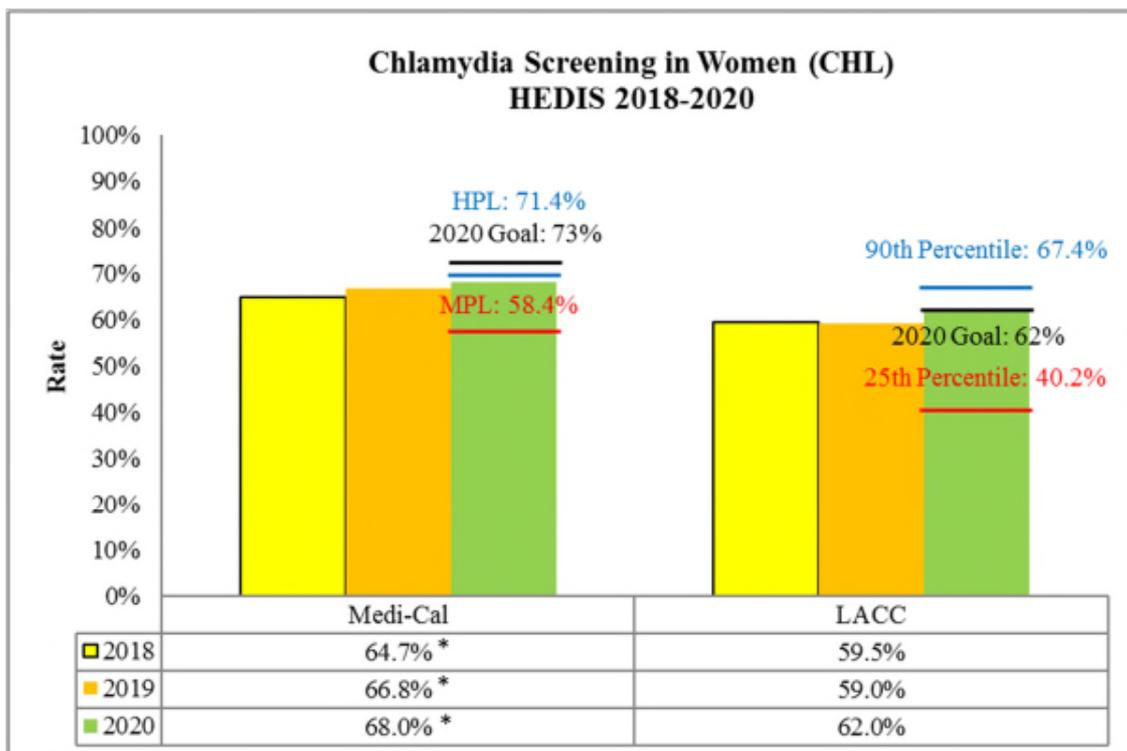
In July 2019, non-compliant MCLA and LACC members due for a cervical cancer screening received an automated phone call. 1,042 members who were successfully reached with a live connect or voicemail from the robo call received a cervical cancer screening. The robo calls were effective for the MCLA and LACC populations. The cost per member reached to go in for a cervical cancer screening for the MCLA LOB is \$1.24 and the cost per member in the LACC LOB is \$1.64.

A reminder mailer was also sent to non-compliant CMC, MCLA and LACC members due for a cervical cancer screening in RCAC 5 (The Westside). RCAC 5 was chosen to send mailers to because of the high noncompliance rates in this region. While all other RCACs are above a 55.0% compliant rate, RCAC 5 is at a 54.4% compliance rate in 2020 for the CCS measure. RCAC 5 has shown an increase by 0.8 percentage points from HEDIS 2019. Thus, a targeted mailer was sent to 5,945 non-compliant members in these regions in August 2019. Of the 5,945 mailers there were sent, 370 members (321 mailers in English and 49 in Spanish) received their cervical cancer screening within 6 months of receiving the mailer. Thus, we see a 6.22% success rate from our mailer intervention (370/5,945).

CHLAMYDIA SCREENING

RESULTS

The following graph compares L.A. Care for HEDIS 2018, 2019, and 2020:



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

***Covered California Quality Rating System RY 2019 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

Medi-Cal screening rate increased by 1.2 percentage points from 66.8% in 2019 to 68.0% in 2020, which is statistically significant. This is a three-year upward trend for all L.A. Care membership. The HEDIS rate change from 2019 to 2020 by Plan Partners is available below.

Plan Partner	HEDIS 2019	HEDIS 2020	Change
Anthem	62.2%	65.4%	+3.2%
Blue Shield of California	64.5%	64.0%	-0.5%
Kaiser	77.8%	75.8%	-2.0%
MCLA	66.9%	69.0%	+2.1%

While Kaiser continues to outperform other Plan Partners, including L.A. Care MCLA membership, for the past six years, MCLA has steadily increased its yearly rate since 2014 for this measure. 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, and 69.0% in 2020.

The Medi-Cal rate of 68.0% exceeds the MPL of 58.4% by 9.6 percentage points. It did not meet the internal L.A. Care Medi-Cal goal for this year, but only by 0.4%.

LACC

Quantitative Analysis

L.A. Care’s Chlamydia screening rate for LACC increased by 3.0 percentage points from 59.0% in 2019 to 62.0% in 2020, which was not statistically significant. The LACC rate met the 75th percentile benchmark.

CMC

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

Disparity Analysis

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic or Latino	Asian	White	American Indian/Alaskan Natives	Unknown	English	Spanish	Chinese	Unknown
Numerator	5,295	29,155	1,809	2,840	42	2,206	27,286	13,657	299	581
Denominator	6,929	42,746	2,857	4,814	52	3,319	39,239	26,665	462	1116
Rate	76.4%	68.2%	63.3%	59.0%	77.8%	66.5%	69.5%	66.1%	64.7%	52.1%

L.A. Care also conducted an analysis based on ethnicity, language, RCAC regions, and age to examine whether disparities exist in getting chlamydia screenings. The race and ethnicity breakdown indicates an increase in the rate of chlamydia screenings between HEDIS 2019 and HEDIS 2020 amongst the following race/ethnicities: Asian by 25.8 percentage points (37.5 in HEDIS 2019 vs 63.3 in HEDIS 2020); White by 8.6 percentage points (50.4% in HEDIS 2019 vs 59.0% in HEDIS 2020); African American by 13.2 percentage points (63.2% in HEDIS 2019 vs 76.4% in HEDIS 2020). For HEDIS 2020, the screening rate was highest amongst African Americans (76.4%) and lowest amongst Whites (59.0%). The chlamydia screening rate was higher for English speakers compared to Spanish speakers by 3.4 percentage points. Rates were consistent across RCAC regions and no disparities in geographic region were found. For HEDIS 2019, the disparity by ages 16-20 (58.8 %) and 21-24 (59.1%) was a 0.3 percentage point difference. For HEDIS 2020, the disparity by ages 16-20 (63.5%) and 21-24 (72.3%) was an 8.8 percentage point difference. Due to the large disparity in age ranges, it is necessary for the Youth Empowerment for Screening (YES) program to address this known gap. There was a statistically significant difference for language between the highest and lowest rates, English and Chinese, respectively. There was also a statistical significance observed between the American Indian Alaskan Native population having the highest rates and the White population having the lowest rates. Reporting for American Indian/Alaskan Natives and Chinese as a spoken language were analyzed this year and will be compared to HEDIS 2021 rates next year.

Qualitative Analysis

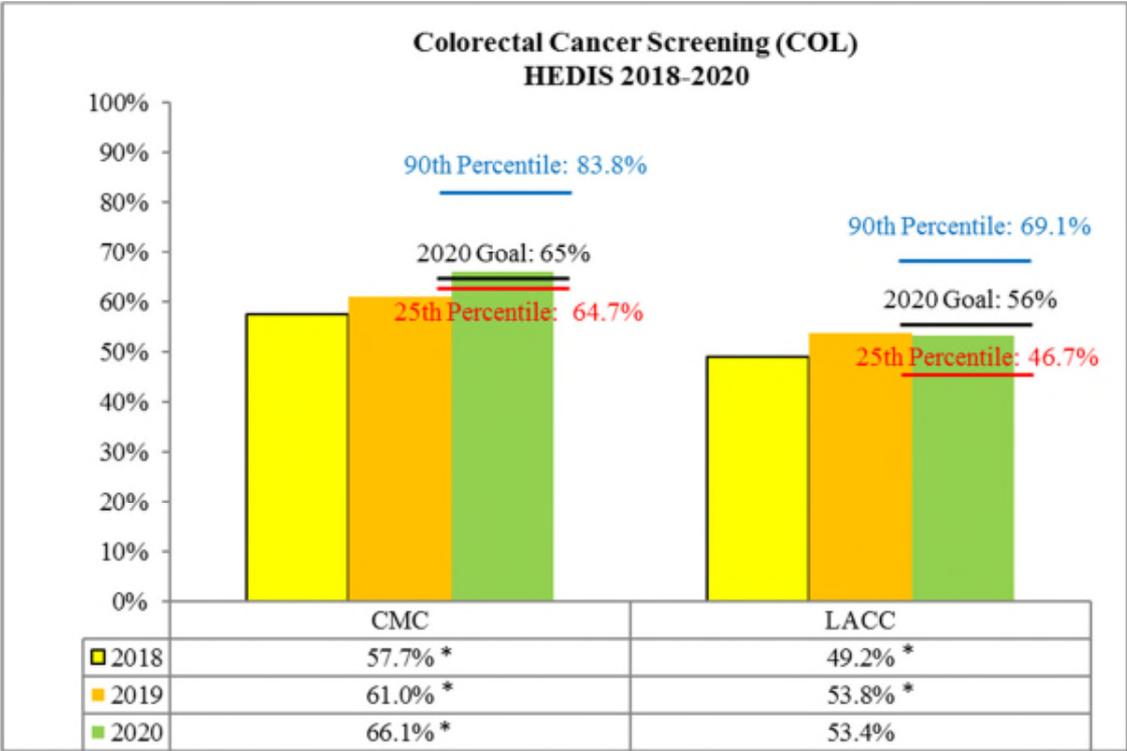
Multiple barriers still exist in members receiving Chlamydia screening, including a knowledge gap in the benefit of testing, inhibitions about discussing sexual health, fear of discovering a sexually transmitted disease (STD), and physicians’ non-adherence to recommended guidelines. As a result, L.A.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

are within the HEDIS measurement specifications. In addition, the Health Education Unit collaborated with the Provider Communications team to launch an ad-hoc fax blast about a free training webinar series aimed at increasing chlamydia screening rates for adolescent patients in the primary care setting. The YES campaign launched from July 2019 to November 2019.

COLORECTAL CANCER SCREENING

RESULTS

The following graph compares L.A. Care COL rates for HEDIS 2018, 2019, and 2020:



*Statistically Significant Difference
 **Covered California Quality Rating System RY 2019 25th and 90th percentiles
 ***CMC benchmarks are from Quality Compass RY2019

ANALYSIS

Quantitative Analysis

CMC

The CMC rate for COL was 66.1%. This was an increase of 5.1 percentage points, which is statistically significant. This measure met the 2020 goal of 65% and met the 50th percentile benchmark.

LACC

The LACC rate for COL was 53.4%. This was a decrease of 0.4 percentage points, which is not statistically significant. This measure met did not meet the goal of 56% and did not meet the 50th percentile benchmark by 1.8 percentage points.

Medi-Cal

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

Medi-Cal Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic or Latino	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	10,581	40,446	14,120	15,372	201	2,281	42,279	34,314	4,258	9,299
Denominator	27,097	83,872	28,981	41,069	513	5,347	108,440	67,194	7,948	20,700
Rate	39.1%	48.2%	48.7%	37.4%	39.2%	42.7%	39.0%	51.1%	53.6%	44.9%

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 African American population, which previously had the lowest rates among all races & ethnicities, has rates that increased by 3.1 percentage points (36.0% in HEDIS 2019 vs. 39.1% in HEDIS 2020). The White population now has the lowest rate among all races & ethnicity and rates for this population decreased by 4.9 percentage points (42.3% in HEDIS 2019 vs. 37.4% in HEDIS 2020). Hispanic and Asian members are higher performing for a second year in a row with a rate of 48.2% and 48.7%, respectively. Spanish speakers were much more likely to have been screened for colorectal cancer, compared to English speaking members (51.1% vs. 39.0%). There was a statistically significant difference for language between the highest and lowest rates, Chinese and English, respectively. There was also a statistical significance observed between the Asian population having the highest rates and the White population having the lowest rates. Reporting for American Indian/Alaskan Natives and Chinese as a spoken language were analyzed this year and will be compared to HEDIS 2021 rates next year.

Qualitative Analysis

The LACC rates is lower than the CMC rate by 12.7 percentage points. This may be because LACC members fear potential cost-sharing, despite COL being a preventive service not subject to cost-sharing.

In July 2019, noncompliant CMC, MCLA, and LACC members due for a colorectal cancer screening received an automated phone call. 433 members who were successfully reached with a live connect or voicemail from the robo call received a cervical cancer screening. The robo calls were effective for all lines of business, except for the LACC English speaking population, where a negative call impact was observed. The cost per member reached to go in for a colorectal cancer screening is as follows: \$0.86 for the CMC population, \$3.62 for the MCLA population and \$11.93 for the LACC population. This data shows that the calls were most effective for the CMC population.

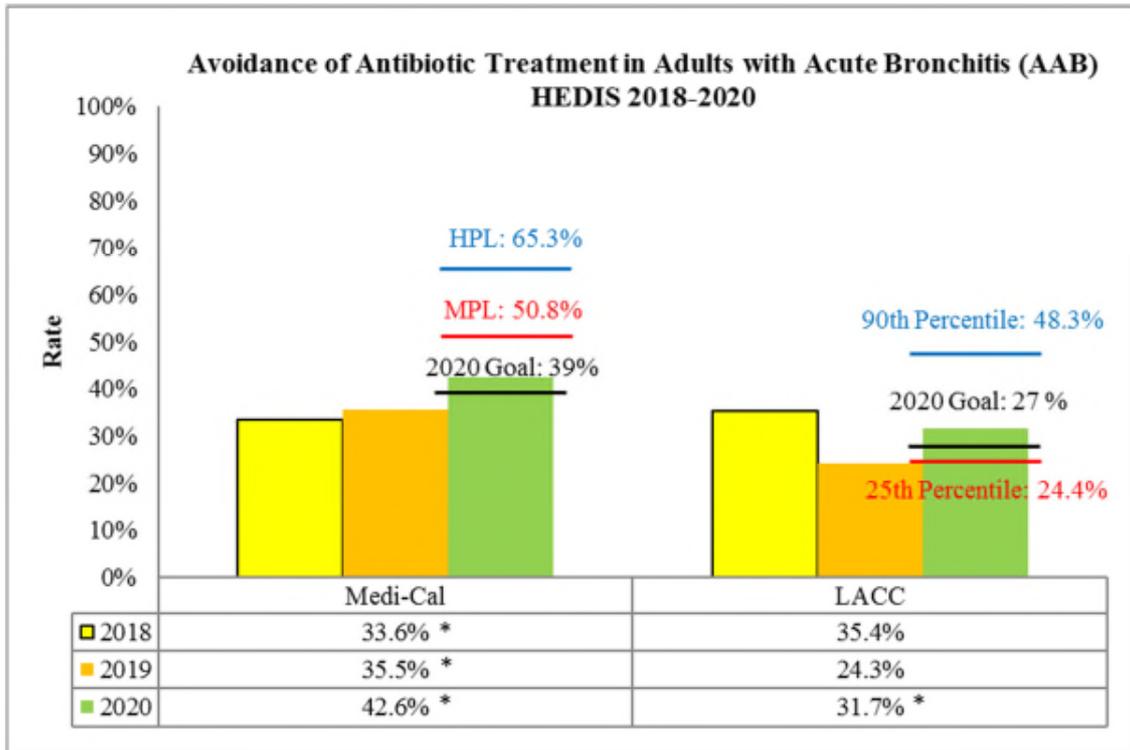
A reminder mailer was also sent to all non-compliant CMC members due for a colorectal cancer screening. The CMC population was chosen due to the large denominator of CMC members in the HEDIS denominator for colorectal cancer screenings. A targeted mailer was sent to 6,282 non-compliant CMC members in all regions in August 2019. Of the 6,282 mailers that were sent 721 mailers (341 in English and 380 in Spanish)

received their colorectal cancer screening within 6 months of receiving the mailer. Thus, we see an 11.48% success rate from our mailer intervention (721/6,282).

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

RESULTS

The following graph compares L.A. Care rates for AAB in HEDIS years 2018, 2019, and 2020:



*Statistically Significant Difference
 **Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles
 ***Covered California Quality Rating System RY 2019 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal

The Medi-Cal rate for AAB was 42.6%. This was an increase of 7.4 percentage points from HEDIS 2019 and is statistically significant. This measure did not meet the MPL of 50.8% by 8.2 percentage points, but it met the internal goal of 39.0%.

LACC

The LACC rate for AAB was 31.7%. This is an increase of 7.4 percentage points from HEDIS 2019, and is statistically significant. This measure met the goal of 31.7% and met the 50th percentile for the QRS.

CMC

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

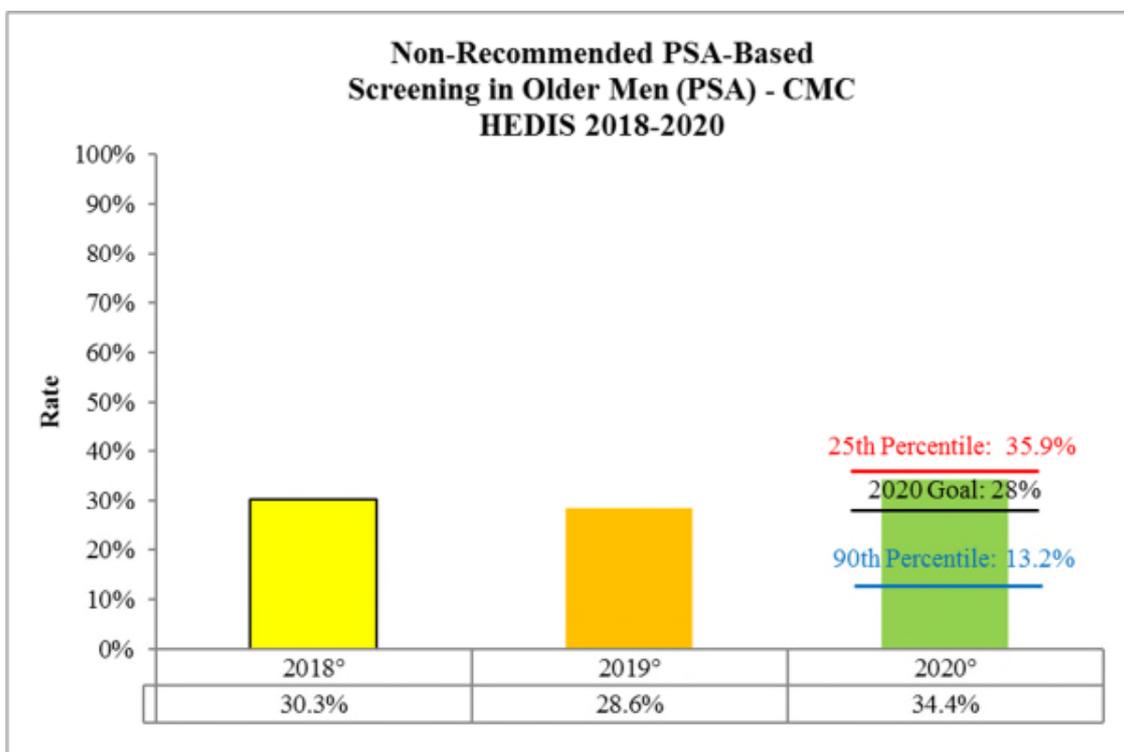
Disparity Analysis

Too many unknowns to report.

Qualitative Analysis

The Medi-Cal rate has had modest improvements for the past five years and the LACC rates have increased by 7.4 percentage points from the previous year.

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



^oInverse measure (lower number better)

CMC benchmarks are from Quality Compass RY2019

ANALYSIS

Quantitative Analysis

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

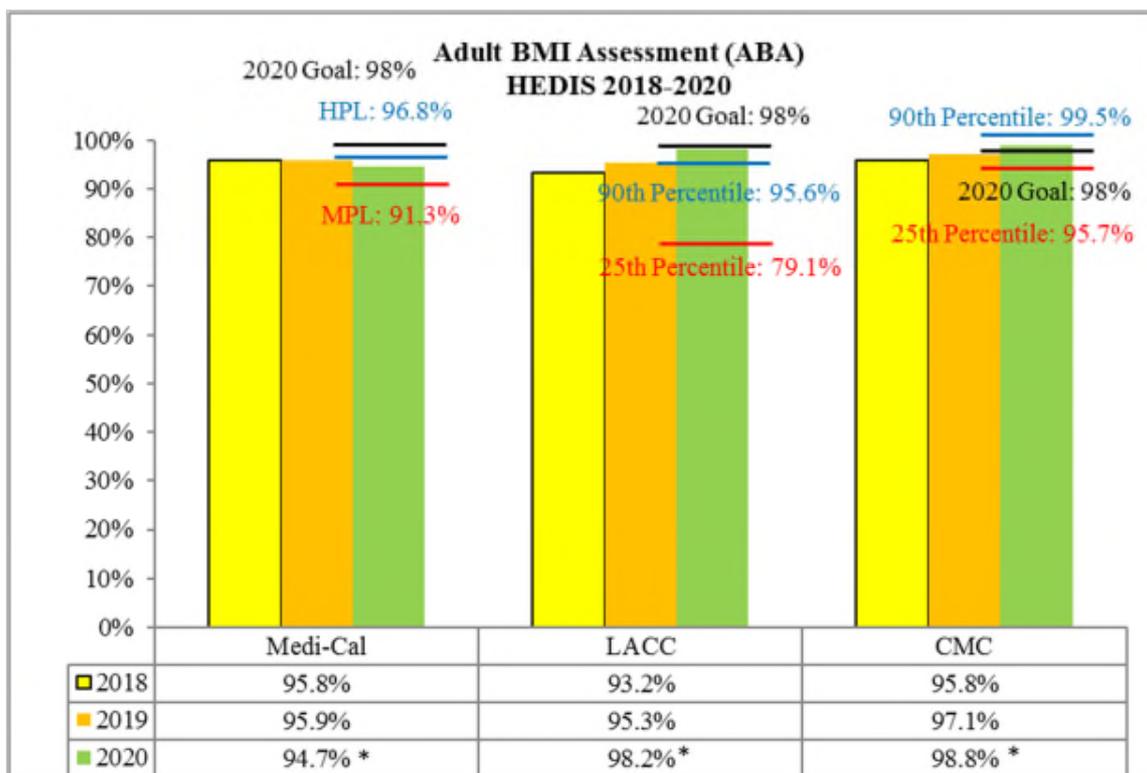
Disparity Analysis

Too many unknowns to report.

Qualitative Analysis

There were no specific interventions for this HEDIS Measure. However, this measure showed a decrease by 5.8 percentage points, indicating more older men had a PSA test to screen for prostate cancer. This test is not recommended for men, as mentioned in the background section, since it may lead to unnecessary complications. This rate will be tracked throughout HEDIS 2021 to ensure that it does not follow an upward trend. If an upward trend is observed, interventions will be discussed to educated members eligible for this measure about when screening is recommended. Furthermore, interventions will be discussed to educate providers on PSA if further interventions are determined necessary.

Adult BMI Assessment (BMI)



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

***Covered California Quality Rating System RY 2019 25th and 90th percentiles

****CMC benchmarks are from Quality Compass RY2019

Quantitative Analysis

Medi-Cal

The Medi-Cal rate for ABA was 94.7% and met the MPL of 91.3%. This was a decrease of 1.2 percentage points from HEDIS 2019 and is statistically significant.

LACC

The LACC rate for ABA was 98.2%. This was an increase of 2.9 percentage points from HEDIS 2019, which is statistically significant. This measure met the goal of 98.0% and met the 90th percentile of the QRS.

CMC

The CMC rate for ABA was 98.8%. This is an increase of 1.7 percentage points from HEDIS 2019, which is statistically significant. This met the goal of 98% and was 0.3 percentage points away from the 90th percentile benchmark.

Disparity Analysis

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic or Latino	Asian	White	Other	American Indian/Alaskan Native	English	Spanish	Chinese	Unknown
Numerator	47,555	172,417	34,731	53,142	8,005	684	226,381	87,604	8,182	19,254
Denominator	64,561	237,208	50,000	85,688	11,604	952	320,362	120,567	11,358	33,401
Rate	73.7%	72.7%	69.5%	62.0%	69.0%	71.9%	70.7%	72.7%	72.0%	57.6%

L.A. Care conducted an analysis based on ethnicity, language, and regions to examine whether disparities exist in adult BMI assessment, using administrative data. An analysis of the RCAC regions showcases that disparities exist in Central Los Angeles, RCAC 4, and in The West Side, RCAC 5, with rates at 64.1% and 63.9%, respectively. All other RCAC areas trend near or at a rate of 70%. We see increases across the board for all categories from 2019 for all race and ethnicities – 9.7 percentage point increases in the African American population, 8.37 increase in the Hispanic/Latino population, 10.45 increase in the Asian population, and a 0.64 percentage point increase in the white population. We similarly see increases in the English and Language speaking population ABA rates from the previous year with an increase of 8.54 percentage points in the English speaking population and an increase of 9.26 percentage points in the Spanish speaking population. 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 Black/African American population having the highest rates and the White population having the lowest rates. Reporting for American Indian/Alaskan Natives and Chinese as a spoken language were analyzed this year and will be compared to HEDIS 2021 rates next year.

Qualitative Analysis

There were no specific interventions for this HEDIS Measure. Interventions were not discussed for the ABA measure as it meets or nearly meets the 90th percentile benchmark for all lines of business.

SUMMARY OF INTERVENTIONS FOR 2019

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	<ul style="list-style-type: none"> Members may expect to be prescribed antibiotics when they are feeling sick not knowing that antibiotics does not help the common cold and flu. Providers may find it easier to prescribe antibiotics rather than educate on antibiotics 	<ul style="list-style-type: none"> There are no known interventions for AAB. 	<ul style="list-style-type: none"> Rates improved for Medi-Cal and LACC for HEDIS 2020.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<p>overuse or may not have time to explain the difference between bacterial and viral infections</p>		
Breast Cancer Screening	<ul style="list-style-type: none"> • Members may disagree with the frequency guidelines for screening, especially after having undergone a previous screening with a negative result. • Discomfort associated with mammography • Fear of the test and the test results • Member confusion with screening guidelines • Members unaware of direct access to imaging centers • Providers unsure of screening guidelines and recommendations • Providers are unaware of when a patient is due for services. 	<ul style="list-style-type: none"> • Two automated reminder calls were made to non-compliant members needing mammograms in June and September 2019. • Members in high disparity regions also received an educational mailer in August 2019. These regions were RCAC 8 and RCAC 9 for BCS. The same regions will be targeted again in October 2020 as they are still low performing regions. • Presentations were made to RCAC 9 (Long Beach) and the CMC EAC committee to educate members about the importance of breast cancer screening. Members brought up fear and discomfort for mammogram screenings, which were discussed during the presentation. • L.A. Care includes Breast Cancer screening as one of the clinical measures for both the Value Initiative for IPA performance (VIIP) incentive and the Physician P4P incentive programs. Providers receive a list of members in need of services. • LACC members were offered a \$50 gift card for completing a breast cancer screening from April to December 2018. • In May 2018, L.A. Care conducted a Women’s Wellness Week at the Inglewood FRC and promoted breast cancer awareness. Facebook advertisements were also used to promote the wellness week event & education women in Inglewood and surrounding areas of breast cancer screenings. 	<ul style="list-style-type: none"> • Rates improved for Medi-Cal and CMC, but decreased for LACC.
Cervical Cancer Screening	<ul style="list-style-type: none"> • Lack of knowledge of the test itself. • Fear of the test and the test results. 	<ul style="list-style-type: none"> • An automated reminder call was made to non-compliant members needing a Pap test in July 2019. 	<ul style="list-style-type: none"> • The Medi-Cal and LACC rates increased.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> • Doctor insensitivity to invasiveness of the test. • Cultural inhibitions. • Personal modesty/ embarrassment. • Discomfort associated with screening. • Members may not understand the importance of getting the screening. • Long wait times for appointments. • Providers are unaware of who is in need of CCS screenings • PCPs often refer to specialists for services. 	<ul style="list-style-type: none"> • In March 2018, women from Inglewood and surrounding zip codes were targeted on social media to increase awareness of the need for cervical cancer screening • In May 2018, L.A. Care held a Women’s Wellness Week at the Inglewood FRC and promoted cervical cancer awareness. • Non-compliant members in high disparity regions also received an educational mailer in August 2019. For CCS, this region was RCAC 5. In 2020, the lowest disparity regions are RCAC 5 and RCAC 9. Members will be contracted with a reminder mailer in September 2020. • L.A. Care includes Cervical Cancer screening as one of the clinical measures for both the LA P4P provider group incentive and the Physician P4P incentive programs. 	
Chlamydia screening	<ul style="list-style-type: none"> • Physicians do not adhere to recommended Chlamydia screening practices because they believe that the prevalence of Chlamydia is low, are uncomfortable testing and talking to young members about sexually transmitted diseases and do not understand that there are available tests (i.e. urine test) that are easy to administer. • Members’ lack of awareness and comfort level in discussing sexual health, were unsure of the consequences of chlamydia infection, and lack of guidance. • Members’ concern that someone will know if they were tested or tested positive. 	<ul style="list-style-type: none"> • L.A. Care offers LA P4P to primary care providers to complete chlamydia screenings. • L.A. Care has a Youth Empowerment for Chlamydia Screening (YES) program that does the following outreaches in Summer 2018 and Summer 2019: <ol style="list-style-type: none"> 1) A letter to parents of female members 16-17 years old, 2) A provider fax blast, and 3) A Facebook ad campaign that targets zip codes with a high percentage of female members that are within the HEDIS measurement specifications. 	<ul style="list-style-type: none"> • Medi-Cal and LACC rates increased.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Colorectal Cancer Screening	<ul style="list-style-type: none"> • PCPs may refer COL out to specialists. • Providers may not know about the multiple screening options and how to discuss them • Improperly documented/coded past colon cancer screenings • Lab supply of iFOBT/FIT kits to provider offices may not be adequate to meet demand. • Members may not be aware of the need or value of having regular colon cancer screenings. • Discomfort associated with colonoscopy • Members may receive an iFOBT/FIT kit from their provider but then not complete and return the test. • The long look back period results in difficulty of compiling complete administrative data for the COL measure. 	<ul style="list-style-type: none"> • In September 2018, an automated reminder call was made to members non-compliant for a colorectal cancer screening. Noncompliant colorectal cancer screening calls were also given to the CMC, MCLA and LACC populations in July 2019. • In May 2018, CMC non-compliant members received an educational mailer discussing different testing options to encourage them to get their screening. A mailer was also sent to this population in August 2019. The CMC population will also receive this mailer in December 2020. • In May 2018, L.A. Care conducted a Women’s Wellness Week at for the Inglewood Family Resource Center, which included educating members on Colorectal Cancer. • 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. 	<ul style="list-style-type: none"> • CMC rates have increased, but LACC rates have decreased.
Non-Recommended PSA-Based Screening in Older Men (PSA)	<ul style="list-style-type: none"> • L.A. Care tracks this rate but does not have many interventions that coincide with the measure. 	<ul style="list-style-type: none"> • There are no known interventions for PSA. 	<ul style="list-style-type: none"> • Lower means better. PSA has not improved for HEDIS 2020.
Adult BMI Assessment	<ul style="list-style-type: none"> • L.A. Care tracks this rate, but does not have many interventions that coincide with the measure 	<ul style="list-style-type: none"> • There are no known interventions for ABA. 	<ul style="list-style-type: none"> • ABA increased for LACC and CMC, but decreased for Medi-Cal.

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 will focus more on looking at disparity reports to have targeted interventions based on communities with highest needs – particularly improving breast cancer screening in RCAC 9 (Long Beach)
- L.A. Care plans to continue outreach to members and providers on chlamydia screening through the YES campaign.
- L.A. Care will continue to monitor AAB and PSA rates to see if further interventions are required to educate members and providers.

- QI staff will work with the Quality Performance Management team to explore additional methods of evaluating the effectiveness of interventions.
- QI staff will also work on running combined interventions, such as running Cervical Cancer Screening social media campaigns with HPV shots recommended for pre-teens.

2021 WORK PLAN GOALS:

HEDIS Measure	2021 Goal for Medi-Cal	2021 Goal for Cal MediConnect	2021 Goal for L.A. Care Covered
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	46%	N/A	35%
Breast Cancer Screening (BCS)	65%	67%	71%
Cervical Cancer Screening (CCS)	69%	N/A	67%
Chlamydia Screening (CHL)	72%	N/A	65%
Colorectal Cancer Screening (COL)	N/A	70%	56%
Non-Recommended PSA-Based Screening in Older Men (PSA)	N/A	31%	N/A

B.4 PERINATAL HEALTH

AUTHOR: JACQUELINE KALAJIAN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Prenatal visits and postpartum care ensure the health of the baby and women during her pregnancy and after delivery. Timely prenatal visits are essential for a healthy pregnancy and postpartum care ensures the physical and mental health of women after giving birth. Inadequate prenatal care may result in pregnancy-related complications and may lead to potentially serious consequences for both the mother and the baby¹⁹. Additionally, not seeking postpartum care can result in the development of health issues after delivery that could have been identified during the early stages if a postpartum visit was completed.

Approximately 50% of L.A. Care’s Medi-Cal line of business (LOB) members are delegated to Plan Partners Anthem Blue Cross, Blue Shield of California, and Kaiser Permanente. Therefore, the provision of perinatal care services is delegated to our Plan Partners. L.A. Care is responsible for health care services for the remainder of Medi-Cal (DLOB-MCLA) members and this includes conducting outreach call reminders for timely prenatal care and postpartum, 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.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal	2020 Medi-Cal Rate	2020 MCLA Goal	2020 MCLA Rate	2020 L.A. Care Covered Goal	2020 L.A. Care Covered Rate	2020 Goal Met/ Not Met
Timeliness of Prenatal Care (PPC)	92%	90.8%	N/A	87.1%	92%	93.6%	Medi-Cal: Not Met LACC: Met MCLA:N/A
Postpartum Care (PPC)	69%	73.5%	69%	70.8%	76%	79.4%	Medi-Cal: Met LACC: Met MCLA: Met

MAJOR ACCOMPLISHMENTS

- L.A. Care’s priority is to identify and encourage pregnant members to seek prenatal care during their first trimester and thereafter, as appropriate. To that end, L.A. Care outreaches to those who are eligible for Medi-Cal due to their pregnancy status. During MY 2018-2019 the Health Education Advocate outreached to 127 members to provide scheduling assistance of the first prenatal appointment.
- L.A. Care’s “Healthy Mom” postpartum program, which provides assistance and support to women to schedule their postpartum visit, reached 2,869 women of which 83% completed their postpartum visit in MY 2018-2019. The telephonic outreach also includes the coordination of interpreting and translation services for eligible members.
- L.A. Care’s Health Education Unit sent out 4,875 trimester-specific perinatal education packets to all known pregnant MCLA members. The packets include important trimester specific information to support a healthy pregnancy and positive birth outcomes. Materials include: information on the importance of timely prenatal care, maternal mental health, breastfeeding, WIC, Text4Baby program, and the “Healthy Mom” postpartum program.

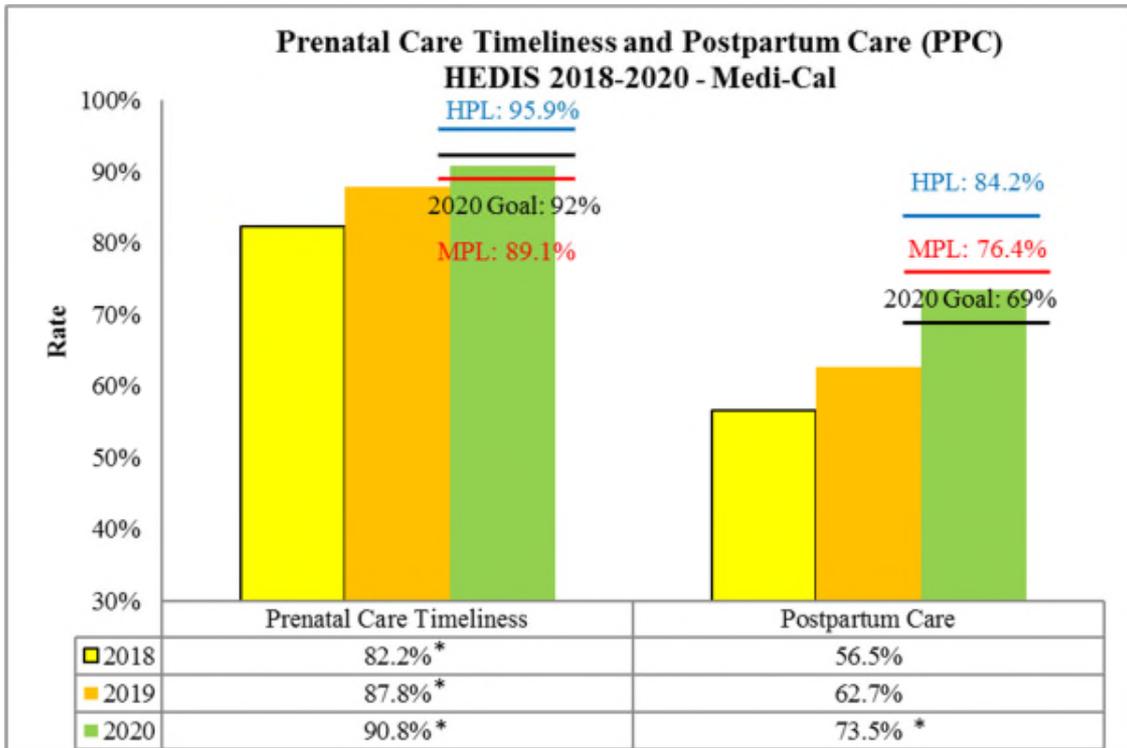
¹⁹ http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html

- L.A. Care contracted with CrowdCircle Inc. dba HealthCrowd Inc. and is in the process of launching prenatal and postpartum text messaging campaigns. The goal of the campaign is to increase the rates of completed prenatal and postpartum appointments by educating members about the importance of perinatal care, inform them about available incentives for L.A. Care’s perinatal programs, and serve as a reminder to schedule and attend their appointments.
- L.A. Care’s VIIP+P4P provider group incentive program includes timeliness of prenatal care as one of the clinical measures. The VIIP+P4P program also distributes performance and payment reports that inform groups of their performance on these measures.
- L.A. Care promoted Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. Text4Baby was promoted throughout the network in monthly perinatal education packets and on the L.A. Care website.
- Updates were made to the L.A. Care Maternal Care webpages to include additional access for members to educational materials and resources on perinatal health, maternal mental health, COVID-19, community resources, and the Nurse Advice Line.

RESULTS

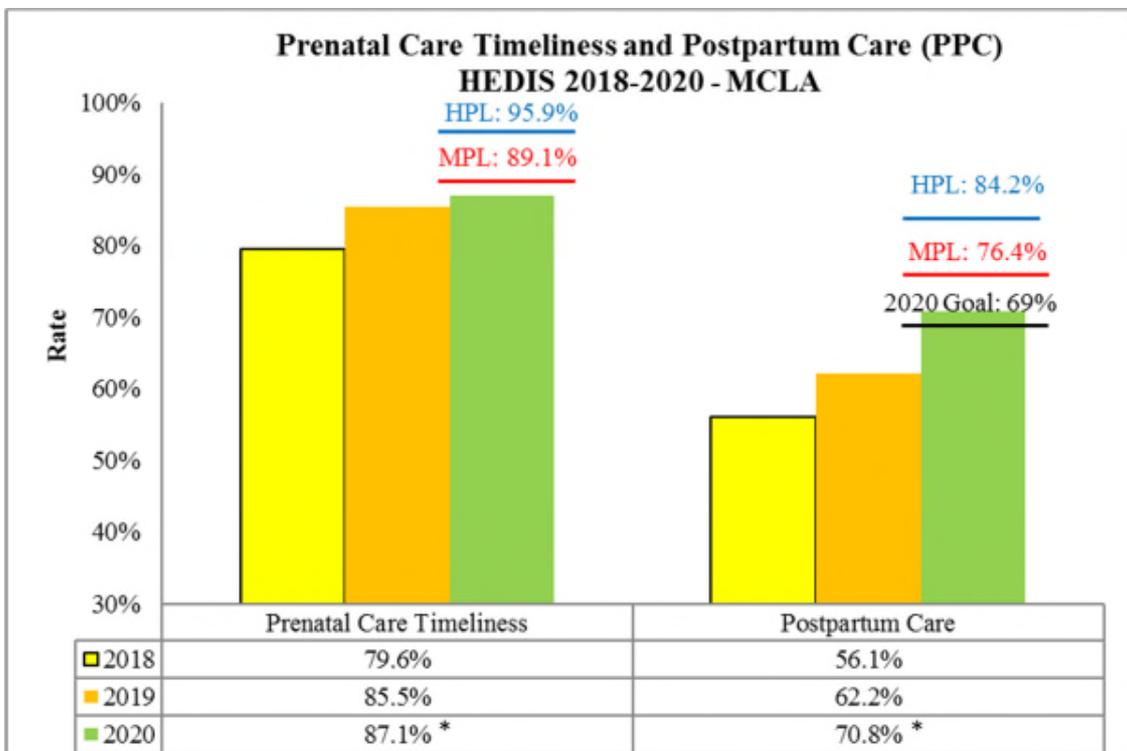
Description of measures:

HEDIS Measure	Specific Indicator(s)	Measure Type
Timeliness of Prenatal Care	Percentage of eligible members who received a prenatal care visit in the first trimester, 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

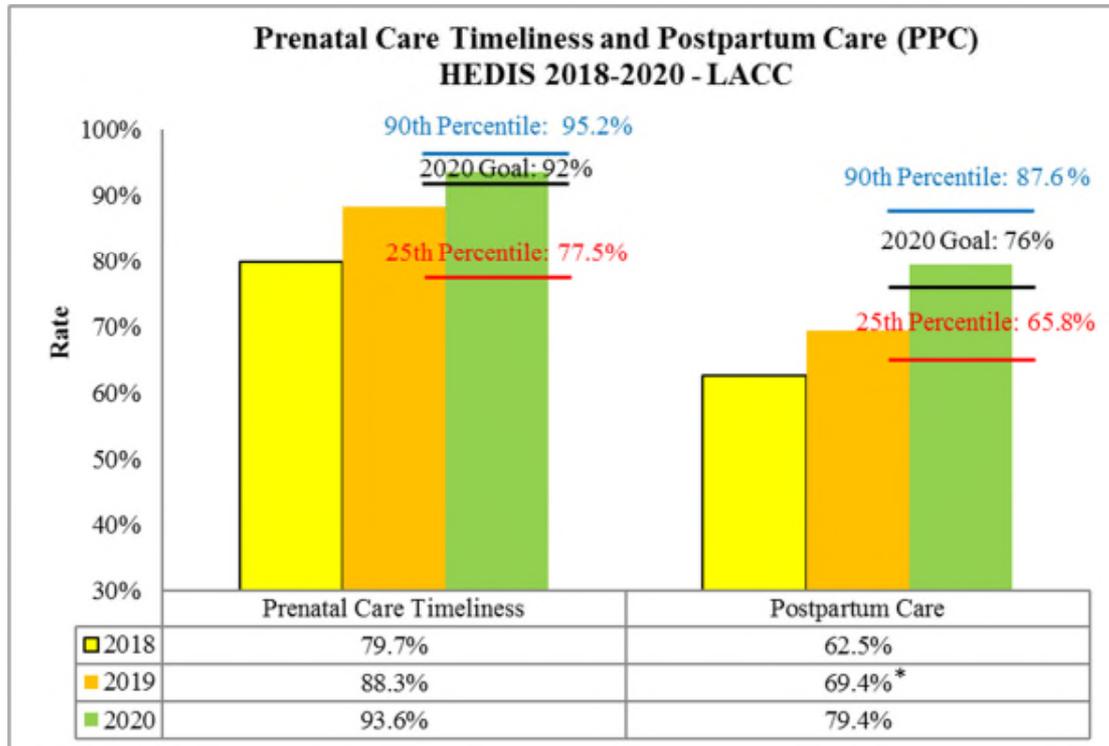


*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles



**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles



*Statistically Significant Difference

**Covered California Quality Rating System 25th and 90th percentiles

PRENATAL CARE

ANALYSIS

Quantitative Analysis

Medi-Cal rates for prenatal care have increased from HEDIS RY2019 to HEDIS RY 2020. The timeliness of prenatal care rate increased by 3 percentage points; from 87.8% in 2019 to 90.8% in 2020, and was statistically significant. There is an overall upward trend from RY 2018 resulting in an overall increase of 8.6 percentage points from RY2018 to RY2019. The overall increase is attributed to all Plan Partners (Kaiser, Anthem Blue Cross, and Blue Shield of California Promise) and MCLA experiencing increases in the measure. MCLA’s performance (87.08%) is slightly lower compared to Plan Partners Blue Shield of California Promise, Anthem Blue Cross and Kaiser Permanente (92%, 95.6% and 96% respectively). Despite the increase in rates the timeliness of prenatal care rate for Medi-Cal did not meet the 2020 goal of 92%, but reached the 66th percentile meeting the MPL of the 50th percentile

LACC rates for prenatal care have increased from HEDIS RY2019 to HEDIS RY 2020. The timeliness of prenatal care rate increased by 5.3 percentage points; from 88.3% in 2019 to in 93.6% 2020. There is an overall upward trend RY 2018 resulting in an overall increase of 13.9 percentage points. The increase was not statistically significant. The LACC rate of 77.5% was above the 50th percentile and met the 2020 goal of 92%.

For the past three years, the MCLA rates for prenatal care have increased. From HEDIS RY2019 to HEDIS RY 2020, the timeliness of prenatal care rate increased by 1.6 percentage points from 85.5% in 2019 to in 87.1% 2020. There has been an upward trend starting RY 2018 to HEDIS RY 2020 and during this time period, an overall increase of 7.5 percentage points. The increase was statistically significant. The MCLA rate of 87.1% was above the 66.67th percentile.

Disparity Analysis (Administrative)

L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, region (RCAC and SPA), and language to examine whether disparities exist in getting timely prenatal care. The HEDIS 2020 results indicate that Black/African American women had lower rates of prenatal care (74.80%) than other race/ethnic groups. Additionally, members who indicated Chinese as their written language had lower rates (71.43%) of timely prenatal care when compared to Spanish (79.57%) and English (79.01%) language groups. The difference between Spanish and Chinese speakers is statistically significant.

Timeliness of Prenatal Care

Hybrid	Race/Ethnicity				Written Language				
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Chinese	Other/Unknown
Numerator	1,998	10,316	894	1,679	2,977	14,703	2,618	140	468
Denominator	2,671	12,817	1,169	2,184	3,761	18,595	3,290	196	603
Rate	74.80%	80.49%	76.48%	76.88%	79.15%	79.01%	79.57%	71.43%	77.61%

POSTPARTUM CARE

ANALYSIS

Quantitative Analysis

The Medi-Cal rates for postpartum care have increased from HEDIS RY2019 to HEDIS RY 2020. Postpartum care increased by 10.8 percentage points; from 62.7% in 2019 to 73.5% in 2020. The increase was statistically significant. The 2020 rate exceeded the MPL of the 50th percentile, meeting the 66th percentile and exceeded the 2020 goal of 69% by 4.5 percentage points. The overall increase is attributed to all Plan Partners (Kaiser, Anthem Blue Cross, and Blue Shield of California Promise) and MCLA experiencing increases in the measure. MCLA’s performance (70.81%) is slightly higher compared to Plan Partner Blue Shield of California Promise (61.29%), but lower than Anthem Blue Cross (78.02%) and Kaiser Permanente (91.84%). Anthem Blue Cross experienced the greatest increase in rate from 57.83% in 2019 to 78.02% in 2020, an increase by 20.19 percentage points. Blue Shield of California Promise also experienced an increase in rate from 57.83% in 2019 to 61.29% in 2020, an increase by 3.46 percentage points. Kaiser’s rate increased by 9.23 percentage points from 82.61% in 2019 to 91.84% in 2020 and MCLA’s rate also increased from 62.18% in 2019 to 70.81% in 2020, an increase of 8.63 percentage points.

LACC rates for postpartum care have increased from HEDIS RY 2019 to HEDIS RY 2020. The timeliness of postpartum care rate increased by 10 percentage points; from 69.4% in 2019 to 79.4% in 2020. The difference was not statistically significant. The LACC rate was above the 25th percentile rate of 65.8%. The timeliness of postpartum care rate for LACC did meet the 2020 goal of 76%.

For the past three years, the MCLA rates for postpartum care have increased. From HEDIS RY2019 to HEDIS RY 2020, the timeliness of postpartum care rate increased by 8.6 percentage points from 62.2% in 2019 to in 70.8% 2020. There has been an upward trend starting RY 2018 to HEDIS RY 2020 and during this time period, an overall increase of 14.7 percentage points. The increase was statistically significant. The MCLA rate was above the 50th percentile rate and met the 2020 goal of 69%, but failed to meet the MPL of 76.4%.

The increase in the HEDIS 2020 postpartum rates are correlated to the changes made to the measure specifications. A barrier to completing a timely postpartum visit, during previous years, has been eliminated through the inclusion of an incision wound check for members who had C-section deliveries as a complete postpartum visit. Additionally, the extension of the postpartum period from 21-56 days to 7-84 days also allows for higher postpartum visit completion rates.

Disparity Analysis (Administrative)

L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, region (RCAC and SPA), and language to examine whether disparities exist in getting postpartum care. The HEDIS 2020 results indicate that African-American women had lower rates of getting postpartum care (53.43%) than other race/ethnic groups. The difference between the compliance rate of African American members (53.43%) when compared to Asian members (70.92%), which are the highest performing group, is statistically significant. Additionally, members who indicated English as their written language had lower rates (62.26%) of timely postpartum care when compared to Spanish (65.87%) and Chinese (74.49%) language groups. The difference between Chinese and English is statistically significant.

Postpartum Care

Hybrid HEDIS 2019	Race/Ethnicity				Written Language				
	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Chinese	Other/Unknown
Numerator	1,427	8,366	829	1,441	2,355	11,577	2,256	146	456
Denominator	2,671	12,817	1,169	2,184	3,761	18,595	3,290	196	603
Rate	53.43%	65.27%	70.92%	65.98%	62.08%	62.26%	68.57%	74.49%	75.62%

Qualitative Analysis (Prenatal and Postpartum)

The completion of prenatal and post-partum visit rates of both Medi-Cal and LACC members have been on an upward trend for the past three years as seen in the tables above. The increase is likely due to changes in the HEDIS specifications, specifically the prenatal care measure was expanded to include 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 7 to 84 days after delivery and align with the American College of Obstetricians and Gynecologists clinical guidelines. The new postpartum HEDIS specifications also qualify a C-section wound check, performed within a week after delivery, as a completed postpartum visit. In previous years, L.A. Care faced resistance from OB/GYN office staff to schedule an additional postpartum visit after a completed wound check and the new specifications eliminates this as a barrier. Falling short of the Medi-Cal prenatal measure 2020 goal could be due to an increase in the Medi-Cal auto-selection process, in that members who do not select a health plan may be less engaged and may not schedule appointments in a timely manner. Additional barriers include, inaccurate phone numbers limiting member outreach, appointment availability and the complexity of our delegated network and lingering confusion over the open access standard for women seeking routine women’s preventive health services from an in-network OB/GYN. Additionally, it is challenging to identify existing members who become pregnant due to data lags with claims data and lab data and the uncertain nature of initial pregnancy diagnosis with respect to possible termination or miscarriage. Despite the overall increase in Medi-Cal postpartum rates, issues such as member’s perception of insignificance of the postpartum visits (particularly for multiparous women), transportation, and child care issues serve as barriers for women to complete the appropriate postpartum visits. Appointment availability may affect this measure as well.

An outcomes evaluation was conducted for the Healthy Mom program to determine if program activities were impacting the HEDIS measure for postpartum care. Using Healthy Mom program data from HEDIS reporting years 2019, 2018, and 2017, members who received the Healthy Mom Program telephonic outreach were matched with the call outcomes codes (i.e. already had appointment, appointment made, refused service). The impact of the Healthy Mom program was calculated by identifying women who were

part of the program and in both the HEDIS numerator and denominator. Over the past three years, the average 5.1% difference in the administrative measure performance rate among MCLA members in the Healthy Mom program was significantly higher than the measure performance of the MCLA population not receiving Healthy Mom program outreach. The significant difference in the completion of a postpartum visit for members receiving Healthy Mom program outreach vs. not, demonstrates that the Healthy Mom program is effective in improving the rates of timely post-partum visits. The analysis concluded that members were more likely to have a complete postpartum visit if they had an appointment scheduled prior to the Healthy Mom program outreach. Health Education will explore ways to assist the member in scheduling the postpartum appointment before delivering.

In addressing perceived member barriers for prenatal and postpartum care, L.A. Care distributed several educational materials to members, notified providers of members needing these services and contacted postpartum women. In 2019, 4,875 pregnant members were identified and sent educational packets. Currently, efforts are being made to improve the identification of more pregnant women to improve overall rates. The Healthy Pregnancy program continued live agent calls to pregnant members within the first trimester (for continuously enrolled) on or within 42 days of enrollment (newly enrolled members). A live agent contacts the member and offers assistance to scheduling the next prenatal visit.

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.

2021 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal	2020 MCLA Goal	2020 L.A. Care Covered Goal
Timeliness of Prenatal Care (PPC)	93%	N/A	96%
Postpartum Care (PPC)	77%	73%	83%

C. MANAGING MEMBERS WITH EMERGING RISK

C.1 CHRONIC CONDITION MANAGEMENT

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REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD

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.

C.1.a REDUCING CARDIOVASCULAR RISK (CCIP)

BACKGROUND

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

2020 WORK PLAN GOALS:

Measures	Specific Indicators	2020 Goals	2020 Rates	Goals Met	Measure Type
Controlling High Blood Pressure (CBP, HEDIS)	Percent of adult members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled(<140/90) during the measurement year	Medi-Cal: 73% MCLA: 73% LACC: 70% CMC: 76%	Medi-Cal: 69.59% MCLA: 69.96% LACC: 64.72% CMC: 70.73%	Medi-Cal: Not Met MCLA: Not Met LACC: Not Met CMC: Not Met	Hybrid
Adult BMI Assessment (ABA, HEDIS)	Percent of adult members who had their body mass index (BMI) and weight documented during an outpatient visit either by a claim or as a medical record entry during the measurement year or year prior	Medi-Cal: 98% MCLA: 96% LACC: 98% CMC: 98%	Medi-Cal: 94.71% MCLA: 93.75% LACC: 98.24% CMC: 98.82%	Medi-Cal: Not Met MCLA: Not Met LACC: Met CMC: Met	Hybrid

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

Identification

L.A. Care identifies members for participation in the DM program by:

- L.A. Care runs a monthly campaign to apply an algorithm to population data to identify members who meet criteria for the DM program.
- Members have access to a health appraisal tool which can also identify members who could potentially benefit from a DM program.
- Members, Caregivers, Providers, and L.A. Care staff can submit referrals for members who could benefit from the DM program.

Eligibility criteria for program enrollment are L.A. Care Covered (LACC) and Cal MediConnect (CMC) members over the age of 18 who have been identified with hypertension, hypercholesterolemia and other cardiovascular risk factors based on specific ICD 10 codes. Members are excluded if they are in the L.A. Cares About Diabetes® program, enrolled at Level 3 or Level 4 or identified with end stage renal disease or renal failure. L.A. Cares About Your Heart® utilizes an opt-out enrollment method, which means that eligible members are enrolled unless they actively opt out.

Key Performance Indicators

In 2020 the Care Management Department transitioned from a calendar year (CY) reporting cycle to a fiscal year (FY) reporting cycle. All data reported represent work effort and results for the FY beginning October 1, 2019 and ending September 30, 2020. The Asthma and Diabetes Disease Management programs were transitioned to the Health Education Department beginning April 1, 2020. Data reported for those two programs is limited to the first two quarters of the fiscal year.

Outreach and interventions for the three DM programs was limited primarily to passive engagement of eligible members. Members identified for inclusion into each program received educational materials and information specific to their diagnoses (Asthma, Diabetes, or CVD) and the risks associated with the disease along with ways they can improve their health to prevent complications. In addition, Care Management enrolled 43 actively engaged members into the CVD program beginning in late September 2020. The low number of actively engaged members and their late onset enrollment were due to resource constraints related to the de-delegation of a large PPG coupled with hiring challenges resulting in a high staff vacancy rate. Consequently, Care Management had to prioritize CMC line of business activities due to the 2020 CMS CCQIPE re-validation audit. These factors resulted in lower than desired capacity to actively manage the CVD DM members.

2020 Fiscal Year-End CVD DM Membership				
LOB	MCLA	Cal Medi-Connect	L.A. Care Covered	Total 17,558
		15,677	645	
Stratification	Level 1		Level 2	Level 3
	6,795		805	9,958

2019/2020 Fiscal Year Q1 and Q2 Asthma DM Membership					
LOB	MCLA	Cal Medi-Connect	L.A. Care Covered	PASC-SEIU	Total 8,949
		8,222	89	327	
Stratification	Level 1		Level 2	Level 3	
	4,731		1,931	2,287	

2019/2020 Fiscal Year Q1 and Q2 Diabetes DM Membership					
LOB	MCLA	Cal Medi-Connect	L.A. Care Covered	PASC-SEIU	Total 48,628
		40,242	2,658	4,469	
Stratification	Level 0	Level 1	Level 2	Level 3	Level 4
	450	3,398	22,184	15,616	6,980

Member Satisfaction

Due to limited outreach and active engagement of the CVD DM population as a result of staffing constraints detailed above, no surveys were conducted for this program.

COMPLAINTS

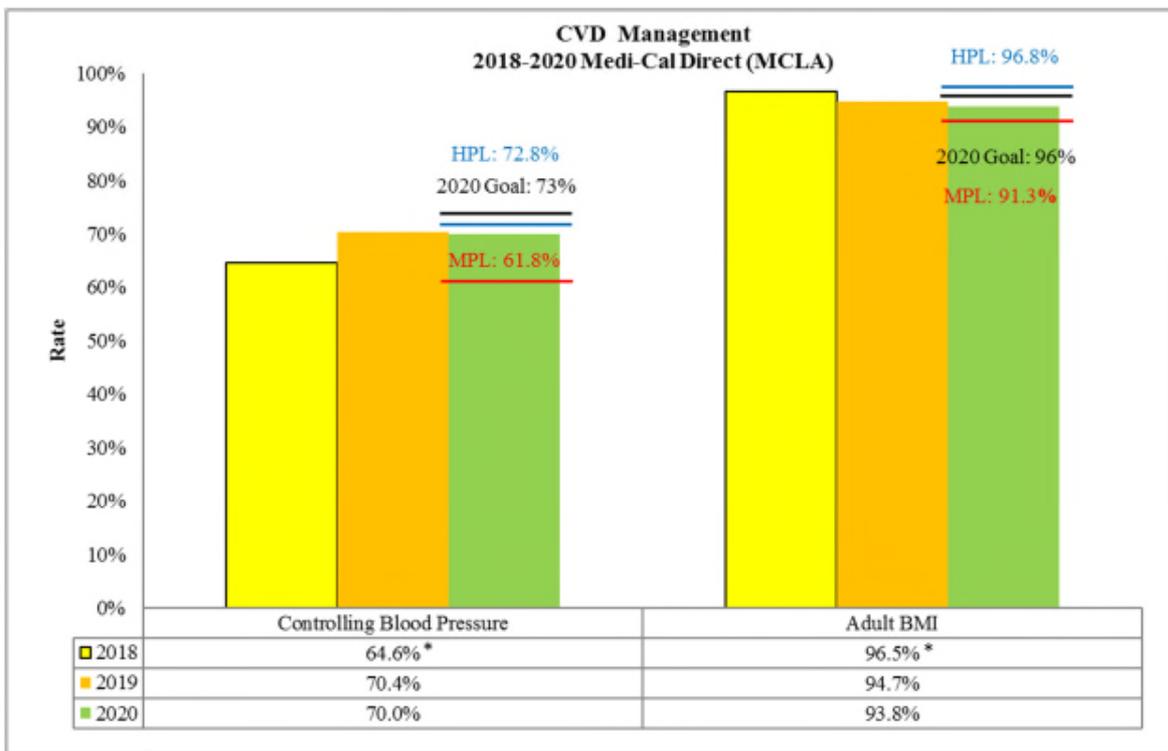
Member complaints are evaluated to identify opportunities to improve satisfaction with the disease management program. Complaints related to the disease management program are identified through each incoming and outgoing call to the Care Management Department. These complaints are tracked within the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

No complaints were received for the CVD Program in the measurement year.

RESULTS

As indicated above resource constraints prevented the Care Management Department from actively engaging identified members until late September 2020. However, all members identified as eligible for participation received educational materials and information about what CVD is and the risks associated with the disease along with ways they can improve their health and prevent complications associated with CVD.

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



*Baseline

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles. 2020 data converted to FY. 2018 and 2019 are reported in CY

Quantitative Analysis

2020 HEDIS Results:

- Controlling high blood pressure screening hybrid rate of 70.0% did not meet the 2020 HEDIS goal of 73% and was a slight 0.4% decrease over 2019’s hybrid rate of 70.4%.
- Adult BMI measurement screening hybrid rate of 93.8% did not meet the 2020 HEDIS goal of 96%, and was a 0.9% percentage point decrease from 2019’s hybrid rate of 94.7%.

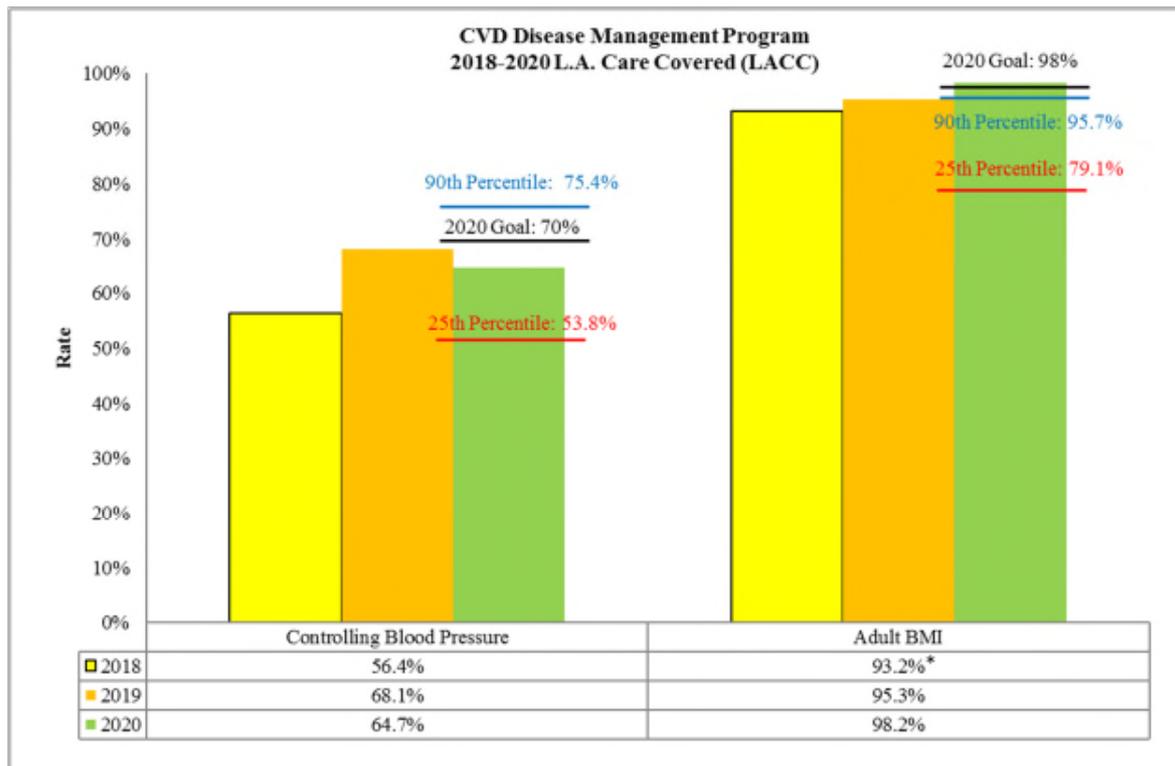
Qualitative Analysis

2020 was a time of transition for the Care Management Department. In Q2 the Asthma and Diabetes initiatives were transitioned to the Health Education Department and the team began revising the CVD DM program for 2021.

Other Considerations: Cultural, Linguistic, and Age Related Considerations

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

L.A. Care Covered (LACC):



*Statistically Significant Difference.

**Covered California Quality Rating System 25th and 90th percentiles. 2020 data converted to FY. 2018 and 2019 are reported in CY

Quantitative Analysis

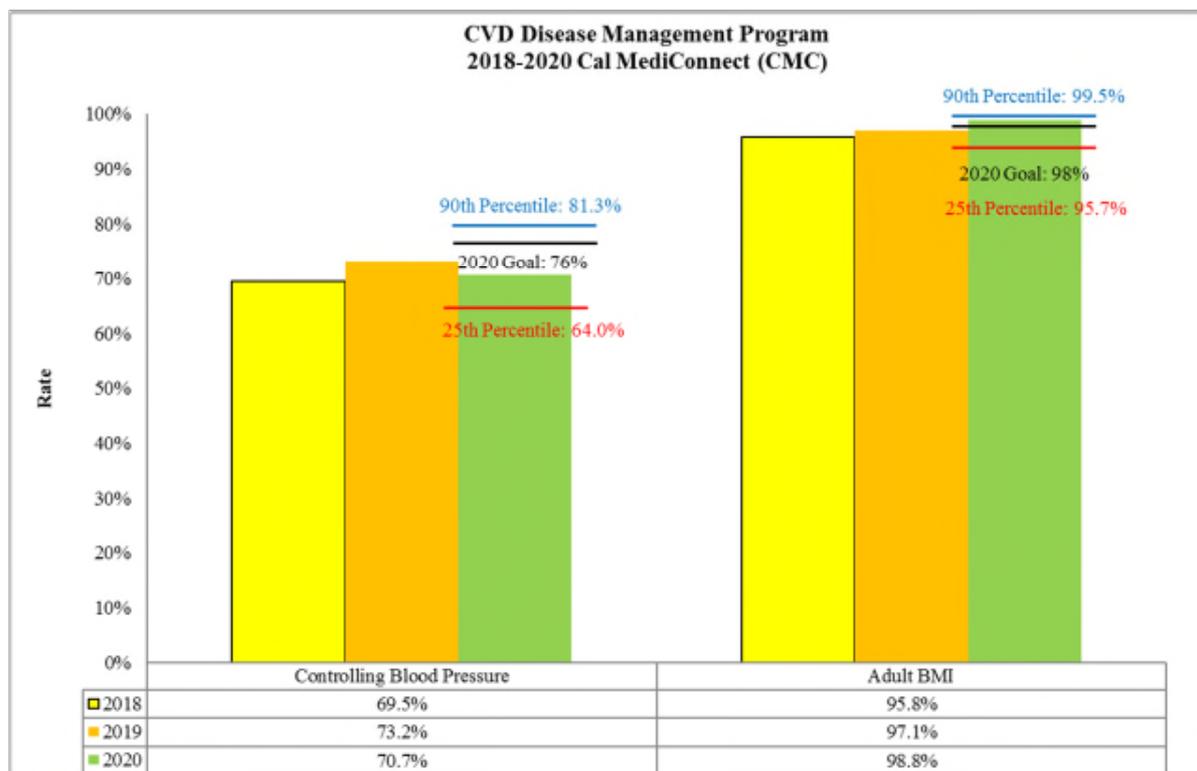
2020 HEDIS Results:

- Controlling high blood pressure of 64.7% did not meet the HEDIS measurement goal of 70%. The 2020 rate is above the 25th percentile of 53.8%, but below the 90th percentile of 75.4%, and is a decrease of 3.4 percentage points from 2019’s rate of 68.1%.
- Adult BMI measurement of 98.2% is above the HEDIS measurement goal of 98%. The 2020 rate is above the 25th percentile of 79.1%, and the 90th percentile of 95.7%, and was an increase of 2.9 percentage points from 2019’s rate of 95.3%. This was not a statistically significant increase.

Qualitative Analysis

Efforts to conduct out-reach to members eligible for the CVD program were limited to passive engagement until late Q4 when a limited number of members were engaged telephonically. Members were provided educational resources through the mail.

Cal MediConnect (CMC)



CMC benchmarks are from Quality Compass RY2019. 2020 data converted to FY. 2018 and 2019 are reported in CY

Quantitative Analysis

2020 HEDIS Results:

- Controlling high blood pressure hybrid rate of 70.7% did not meet the HEDIS measurement goal of 76%, but met the Quality Withhold Benchmark of 64% and is above the 25th percentile 64.0% but below the 90th percentile of 81.3% and was a decrease of 2.5 percentage points from 2019’s rate of 73.2%.
- Adult BMI assessment hybrid rate of 98.8% met the HEDIS measurement goal of 98%, but did not meet the 90th percentile of 99.5%, but was above the 25th percentile of 95.7% and was an increase of 1.7 percentage points from 2019’s rate of 97.1%. This increase was not a statistically significant increase.

Qualitative Analysis

Efforts to conduct out-reach to members eligible for the CVD program were limited to passive engagement until late Q4 when a limited number of members were engaged telephonically. Members were provided educational resources through the mail.

Opportunities

There remain opportunities to improve engagement in the CVD program and care management efforts. The Care Management department has completed a redesign of the CVD program for implementation in Q2 of FY 2020-2021 (January 2021). The redesign will allow CM to deploy limited RN resources to a targeted population most at risk for developing CVD and who develop more severe complications of the disease than do others with similar conditions.

Interventions are geared toward disease self-management through home BP monitoring and improved PCP engagement. Education efforts will focus on medication adherence, and lifestyle changes to reduce risk of disease progression.

INTERVENTIONS

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Controlling Blood Pressure (CBP)	<ul style="list-style-type: none"> • Low practitioner adherence to clinical practice guidelines. • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Needing to use translation services, especially with CMC members, due to the diversity of cultures within L.A. Care’s member population. • Barriers to care (i.e. financial, transportation and access to care). • Low-severity members who do not comply with CVD medication and have opted out of the program can affect compliance rates as they are still counted in the denominator. • Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member’s motivation and self-efficacy to change behavior. 	<ul style="list-style-type: none"> • L.A. Care’s Care Management department provides multiple educational materials regarding knowing their blood pressure and cholesterol numbers, healthy heart lifestyles and behaviors, flu shots, and annual preventative guidelines including mailings and a booklet that addresses CVD risk factors, medications and reminders and education to Level 2 and 3 members discussed during monitoring calls. • <i>L.A. Cares About Your Heart®</i> continued telephonic outreach condition monitoring to members to conduct a CVD assessment, inquire about member health status and questions as well as provide education and resources to members. • Posters on blood pressure monitoring were provided by L.A. Care’s Quality Improvement department to providers to encourage practicing clinical guidelines on blood pressure control by provider request and at special conferences throughout the year. • Continue notifying practitioners by mail and how to access on the LA 	As detailed above, outreach/interventions were limited to passive measures. Therefore, effectiveness of interventions could not be meaningfully measured.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> Lack of basic knowledge of the impact of the risk of heart disease. 	<p>Care website the clinical practice guidelines for the management and treatment of cardiovascular risks.</p> <ul style="list-style-type: none"> Continue the “Provider Opportunity Report.” L.A. Care quarterly sends this report to PCPs. The report contains their specific members’ detail of needed screenings or services (e.g. cholesterol screening, flu and pneumonia vaccine). 	
Adult BMI (ABA)	<ul style="list-style-type: none"> Low practitioner adherence to clinical practice guidelines. Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. Needing to use translation services, especially with CMC members, due to the diversity of cultures within L.A. Care’s member population. Barriers to care (i.e. financial, transportation and access to care). Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member’s motivation and self-efficacy to change behavior. 	<ul style="list-style-type: none"> L.A. Care’s Care Management department provides multiple educational materials regarding knowing their blood pressure and cholesterol numbers, healthy heart lifestyles and behaviors, flu shots, and annual preventative guidelines including mailings and a booklet that addresses CVD risk factors, medications and reminders and education to Level 2 and 3 members discussed during monitoring calls. <i>L.A. Cares About Your Heart®</i> continued telephonic outreach condition monitoring to members to conduct a CVD assessment, inquire about member health status and questions as well as provide education and resources to members. Continue notifying practitioners by mail and how to access on the LA Care website the clinical practice guidelines for the management and treatment of cardiovascular risks. Continue the “Provider Opportunity Report.” L.A. Care quarterly sends this report to PCPs. The report contains their specific members’ detail of needed screenings or services (e.g. cholesterol screening, flu and pneumonia vaccine). 	

LOOKING FORWARD - 2021

- L.A. Care’s Care Management department will implement a new more focused CVD program better suited to our changing membership.
- Expand RN CM education opportunities surrounding CVD, cultural awareness, and member engagement.
- Improve provider outreach and engagement related to CVD
- Update the Member and Provider Portals to reflect the new CVD DM program goals

2021 WORK PLAN GOALS:

Measure	2021 MCLA Goal	2021 CMC Goal	2021 LACC Goal
Controlling High Blood Pressure Percent of adult members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled(<140/90) during the measurement year	Medi-Cal 73% MCLA: 73%	CMC: 74%	LACC: 70%

C.1.b. ASTHMA MANAGEMENT

AUTHOR: SIDDHARTH RAICH, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Asthma is one of the most prevalent chronic conditions in the US, with roughly 25 million American living with it. Specifically, there are roughly 605,000 people living with Asthma in LA County, 118,769 of whom are L.A. Care members. Asthma can be treated through 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.²⁰ 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.

MEMBER AND PROVIDER COMMUNICATIONS

A packet containing an introduction letter, magnetic postcards, medication stickers, instructional handouts (for stickers), and health education handouts will be sent to MCLA members identified with persistent asthma in 2020. The magnets will serve as reminders for those with persistent asthma to take their controller medication, and the stickers will help members differentiate controllers and relievers (while also suggesting the use of green controller medication as opposed to red rescue medicine). The handouts will explain how to label medication and emphasize the importance of medication.

Additionally, Provider Opportunity Reports (POR) from July will be distributed to low performing providers based on key HEDIS measures including Asthma Medication Ratio scores. The objective is to highlight accomplishments, while also bringing awareness to areas of improvement. In order to facilitate service gap closures using key metrics, sites will first be called, followed by a detailed report through fax, mail, or e-mail.

Lastly, L.A. Care has contracted HMS-Eliza, an automated calling system, to reach up to 500,000 members. Eliza will assist with the Disenrollment Survey, a script for Asthma and a script for Diabetes. The QI team will provide call scripts, along with an option for a warm hand-off for roughly 153,000 members to assist in answering questions and scheduling appointments.

²⁰ <https://www.ncbi.nlm.nih.gov/books/NBK279519/>

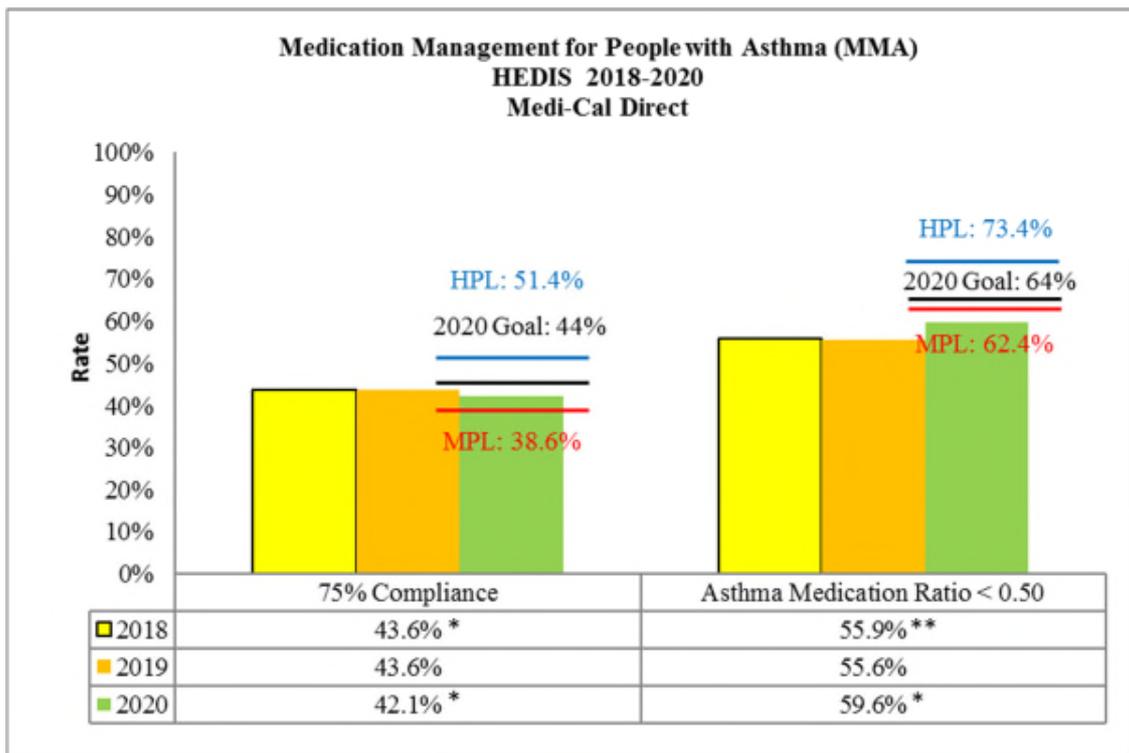
Medication for people with asthma. (2017, November 30). Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK279519/>

2020 WORK PLAN GOALS:

Measures	Specific Indicators	2020 Goals	2020 Rates	Goals Met/ Not Met	Measure Type
Medication Management for People with Asthma 75% compliance (MMA).	Percentage of eligible members with persistent asthma who remained on an asthma controller medication for at least 75% of their treatment period.	Medi-Cal: 44% LACC: 57%	Medi-Cal: 42.1% LACC: 49.5%	Medi-Cal: Met LACC: Not Met	Administrative
Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.	Ratio of eligible members with asthma with an AMR rate less than 0.50.	Medi-Cal: 64%	Medi-Cal: 59.6%	Medi-Cal: Not Met	Administrative

RESULTS

L.A. Care Medi-Cal Direct



*Statistically Significant Difference

**Baseline Year

***Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

Quantitative Analysis

Analysis of 2020 HEDIS for Medi-Cal results and findings:

- Medication Management for People With Asthma with 75% medication compliance (MMA) rate was 42.1%, which did not meet the 2020 goal of 44%. There was a statistically significant difference between 2019 and 2020.
- Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50 was 59.6%. This was a 4% statistically significant increase from the 2019 rate of 55.6%. The 2020 rate did not meet its goal of 64.0%.

Qualitative Analysis

Medi-Cal rates for MMA declined slightly from 2019 for people with asthma with 75% compliance, showing little change in medication compliance. 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 options, especially for those that may be visually impaired, brighter colors, greater emphasis on key points, and numerous other suggested changes.

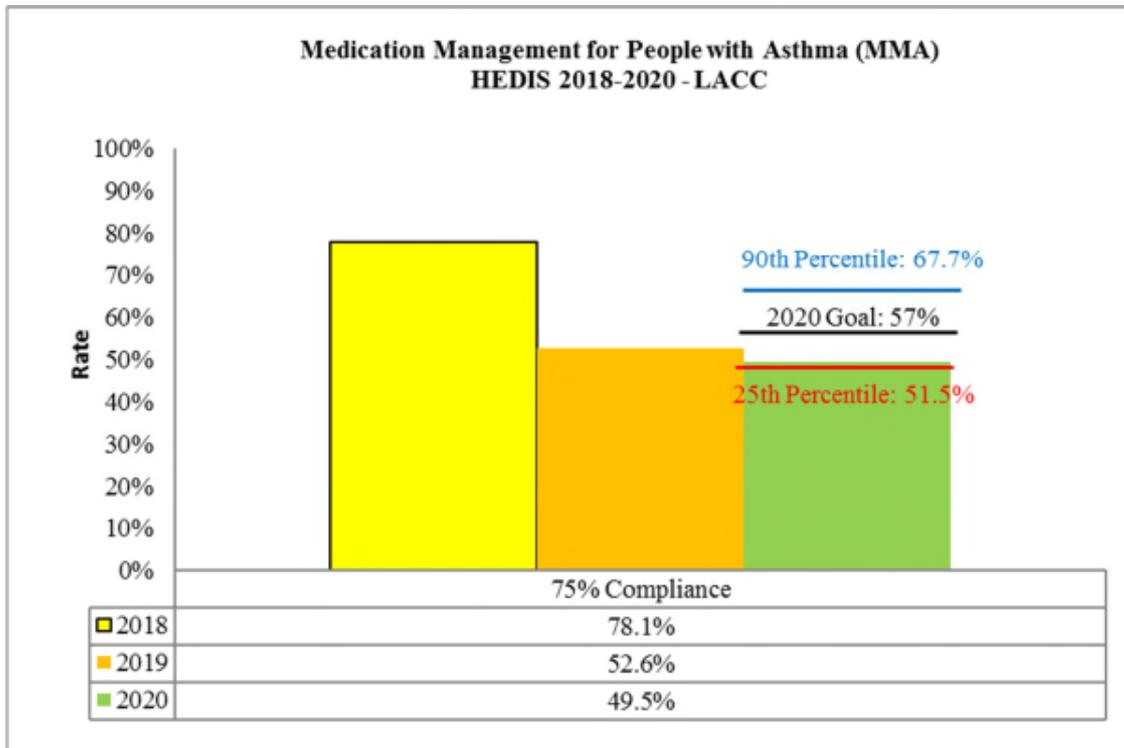
During Joint PICC/PQC meetings with L.A. Care staff, doctors informed us that there have been far too many relievers used in place of controllers. L.A. Care incorporated this feedback through greater education of controllers vs. relievers, usage guidelines, and unique labels to distinguish between controllers and relievers. Feedback from collaborative meetings and focus groups has led to the development of resources focusing on medication adherence, along with education about medication.

Other Considerations: Cultural and Linguistic and age related considerations

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

L.A. Care Health Plan is limited in its ability to reach members who require more education and monitoring, by phone or by mail due to incorrect addresses or no address (transient and homeless populations). Insufficient information to reach certain members contributes to member-related barriers.

L.A. Care Covered (LACC):



Covered California Quality Rating System RY 2019 25th and 90th percentiles

Quantitative Analysis

Analysis of 2019 Results and Findings:

Medication management for people with asthma with 75% medication compliance (MMA) was 49.5%, which did not meet the 2020 goal of 57%. The 75% compliance rate had dropped from 2018 to 2019 with a reduction from 78.1% to 52.6%, while 2020 rate was a slight reduction of 3.1% from 2019. The change was not statistically significant.

Qualitative Analysis

The MMA 75% compliance rate for LACC declined by 25.5% between 2018 and 2019, and again slightly between 2019 and 2020. Similar to Asthma Medication Ratio (AMR), we found that members experienced a lack of proper knowledge of medication compliance. Refill interventions during 2019 included Disease Management Care Managers calling members who showed gaps in refilling their controller medication, and developing care plans with individualized goals for medication refills. However, due to the transition between Disease Management to Care Management, many people did not receive calls to urge medication adherence in 2020.

Opportunities

There are opportunities to improve the use of appropriate medications for people with asthma through medication management initiatives for both the MMA measure and Asthma Medication Ratio (AMR) measure. Initiatives such as the asthma educational packet will serve to also increase MMA rates through greater medication adherence. Additionally, robocalls conducted through Health Management Services (HMS) Eliza will target members with asthma to promote appropriate medication.

INTERVENTIONS

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/Outcome
<p>Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.</p>	<ul style="list-style-type: none"> • Member education on appropriate use of controller vs. reliever medications • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • COVID-19 pandemic preventing members from visiting Provider offices. • Providers not adhering to clinical practice guidelines • Providers not completing Asthma Action Plans with members • Home environmental triggers exacerbating asthma symptoms • Asthma medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care. • Members with multiple prescriptions for asthma inhalers may also affect the accuracy of the controller/reliever ratio. 	<ul style="list-style-type: none"> • In 2019, Care managers participated in health education classes at the Community Resource Centers and were available to members to answer asthma management questions. • L.A. Care’s Care Managers provide multiple educational materials regarding asthma, allergies, flu shots, and annual preventative guidelines including mailings and a booklet that addresses asthma and allergy triggers, medications, reminders and care plan and goals. These are developed for members with persistent asthma and discussed during monitoring calls. • On November 5th, 2020, a packet containing an introduction letter, magnetic postcards, medication stickers, instructional handouts (for stickers), and health education handouts sent to members identified with persistent asthma. 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 medication and emphasize the importance of medication. • L.A. Care has contracted a third party through Health Management Services (HMS) known as Eliza to conduct calls to increase asthma medication adherence, promote controller use, and allow for warm transfer to schedule appointment for members. The calls are scheduled to go live in November 2020. • From July - October of 2020, low performing AMR providers are contacted by L.A. Care QI and QPM teams to highlight AMR incentives, and communicate safe COVID practices to encourage member visits. • To address the barrier of practitioner adherence to clinical 	<ul style="list-style-type: none"> • MCLA rates decreased for AMR from 2019 to 2020.
<p>Medication Management for People with Asthma 75% compliance (MMA)</p>	<ul style="list-style-type: none"> • Low-severity members who do not comply with asthma medication and have opted out of the program can affect compliance rates as they are still counted in the denominator. • Needing to use translation services for some members due to the diversity of cultures within L.A. Care’s disease programs. • Not all providers are using the Asthma Action Plan to help members with their medication compliance • Low practitioner adherence to clinical practice guidelines. • Lack of patient education regarding asthma care, self- 	<ul style="list-style-type: none"> • L.A. Care has contracted a third party through Health Management Services (HMS) known as Eliza to conduct calls to increase asthma medication adherence, promote controller use, and allow for warm transfer to schedule appointment for members. The calls are scheduled to go live in November 2020. • From July - October of 2020, low performing AMR providers are contacted by L.A. Care QI and QPM teams to highlight AMR incentives, and communicate safe COVID practices to encourage member visits. • To address the barrier of practitioner adherence to clinical 	<ul style="list-style-type: none"> • MCLA and LACC MMA rates decreased from 2019 to 2020.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/Outcome
	management, and decreased medication compliance.	<p>practice guidelines L.A. Care’s Disease Management department provides practitioners, the EPR-3 Guidelines for the diagnosis and management of asthma that emphasizes best practices, including use of the Asthma Action Plan on the Provider portal.</p> <ul style="list-style-type: none"> High severity members may require assistance such as a home visit by an L.A. Care Community Health Workers, but due to COVID this may not be possible in 2020. These visits should include: a review of medical history; asthma education; home environmental assessment, review and reinforcement of asthma treatment plan, identification of triggers, and counseling members on how to talk with their provider. 	

2021 WORK PLAN GOALS:

Measures	2021 Medi-Cal Goals	2021 LACC Goals
Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.	63%	74%

C.1.c DIABETES MANAGEMENT

BACKGROUND

According to the Center for Disease Control and Prevention, there are 34.2 million people (roughly 10% of the population) living with Diabetes in the US. About 685,000 people living with Diabetes reside specifically in LA County and 193,279 are L.A. Care members. Additionally, there are 88 million adults diagnosed as pre-diabetic, and a majority of this group, doesn't even know that they are pre-diabetic.

2020 WORK PLAN GOALS:

Measures	Specific Indicators	2020 Goal (Hybrid)	2020 Hybrid Rates	Goals Met/ Not Met	Measure Type
Hemoglobin A1c screening (HbA1c)	Percentage of eligible members 18-75 years of age with diabetes (type 1 and type 2) who had A1c testing.	Medi-Cal: 90% LACC: N/A CMC: N/A	Medi-Cal: 91.7% LACC: N/A CMC: N/A	Medi-Cal: Met LACC: N/A CMC: N/A	Hybrid
A1c good control (< 8%)	Percentage of eligible members 18-75 years of age with diabetes (type 1 and type 2) who had A1c control (<8.0%).	Medi-Cal: 51% LACC: 63% CMC: 64%	Medi-Cal: 51.3% LACC: 60.3% CMC: 61.6%	Medi-Cal: Met LACC: Not Met CMC: Not Met	Hybrid
A1c poor control (> 9%)*	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had A1c poor control (>9.0%)	Medi-Cal: 32% CMC: N/A	Medi-Cal: 36.7% CMC: N/A	Medi-Cal: Met CMC: N/A	Hybrid
Retinal eye exam	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had retinal eye exam performed.	Medi-Cal: 71% LACC: 63% CMC: 78%	Medi-Cal: 65.9% LACC: 52.9% CMC: 78.2%	Medi-Cal: Not Met LACC: Not Met CMC: Met	Hybrid
Medical Attention for Nephropathy	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy.	Medi-Cal: 93% LACC: 95% CMC: 98%	Medi-Cal: 92.9% LACC: 96.5% CMC: 96.9%	Medi-Cal: Met LACC: Met CMC: Not Met	Hybrid

*Lower rate indicates better performance

Qualitative Analysis

The Medi-Cal A1c members for A1c Screening, A1c Poor Control (>9%), and Retinal Eye Exam, all exceeded their goal for 2020. Medi-Cal members of A1c Good Control (<8%) had 50.7% for 2020, just shy of their 51% goal by 0.3%.

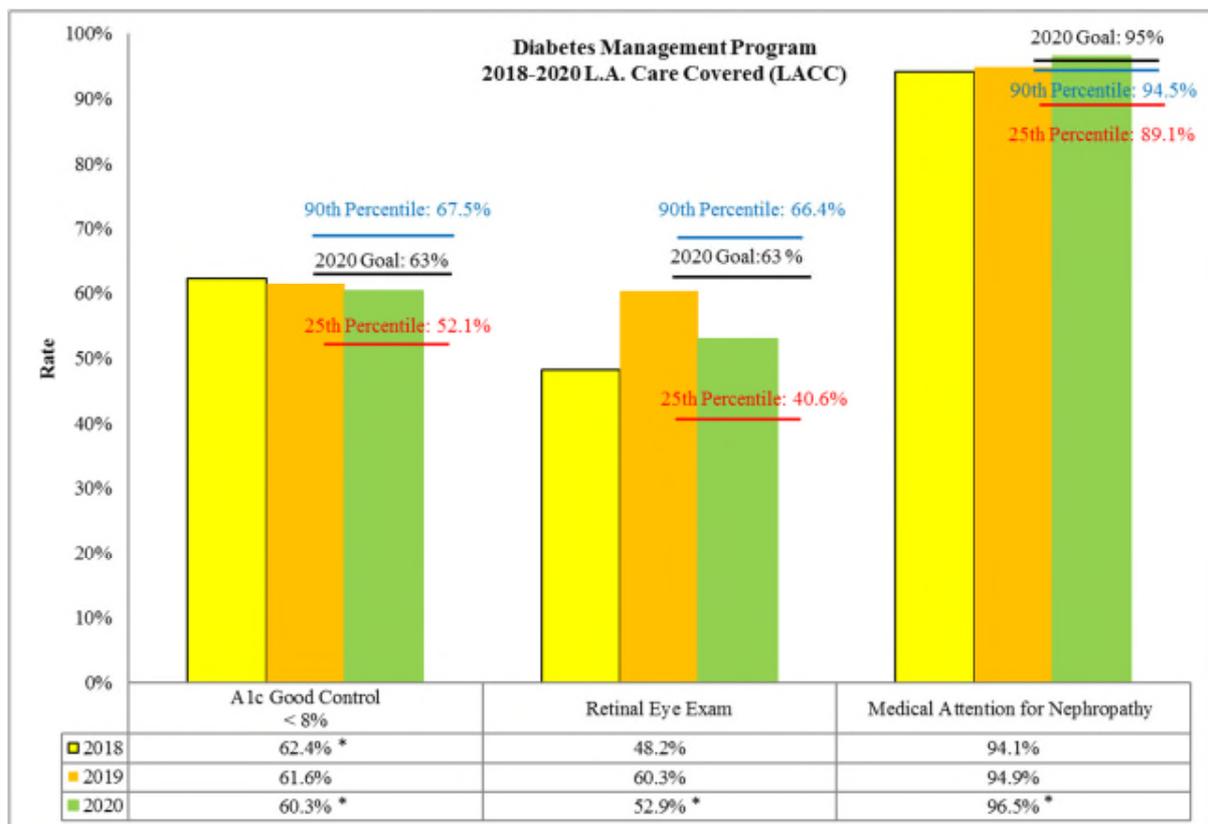
Other Considerations: Cultural, linguistic and age related considerations.

Materials, such as the HMS-Eliza calls are culturally and linguistically appropriate, and continue to be conducted in English, Spanish, and numerous other languages. Mailings include an attachment to the cover letter indicating that the information is available in sixteen (16) different languages, larger print, Braille, audio or TTY as requested.

L.A. Care Health Plan is limited in its ability to reach members who require more education and monitoring, by phone or by mail due to incorrect addresses or no address (transient and homeless populations). Insufficient information to reach certain members contributes to member-related barriers.

L.A. Care Covered (LACC):

Quantitative Analysis



*Statistically Significant Difference

**Covered California Quality Rating System RY 2019 25th and 90th percentiles

Analysis of 2020 LACC Hybrid results or findings:

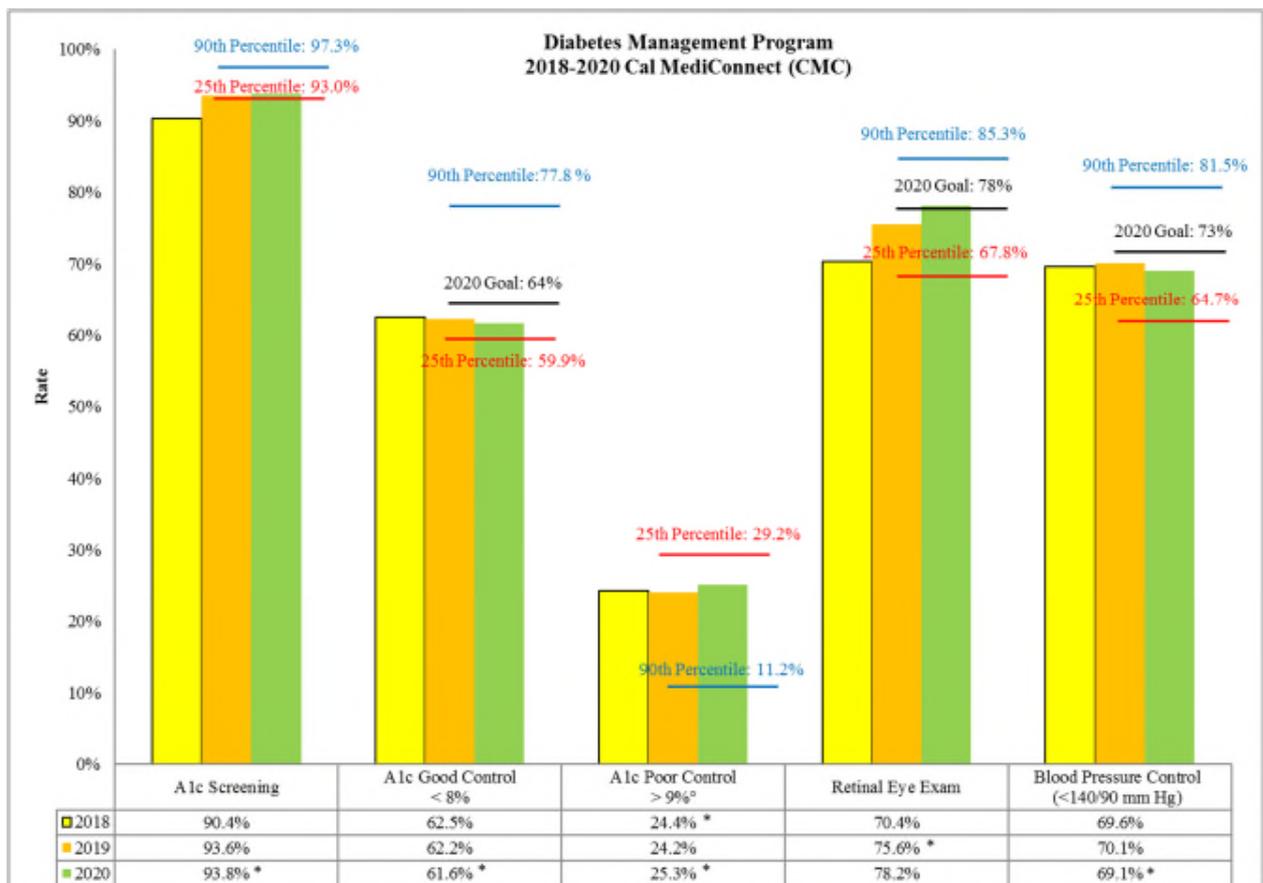
- Diabetes A1C screening hybrid rate was not reported in 2020.
- Diabetes A1C good control (< 8%) rate of 60.3% did not meet the 2020 HEDIS goal of 63%. The 2020 rate is a decrease of 0.7 percentage points from the 2019 rate of 61.6%. The difference between 2019 and 2020 was statistically significant.
- Diabetes A1C poor control > 9% was not reported in 2020.
- Retinal eye exam hybrid rate of 52.9% is below the 2020 HEDIS goal of 63%. The 2020 rate is a decrease of 8.4 percentage points from 2019’s rate of 60.3%. The difference between 2019 and 2020 was statistically significant.
- Medical Attention to Nephropathy hybrid rate of 96.5% met the goal of 95%. The difference between 2019 and 2020 was statistically significant.

Qualitative Analysis

Over the course of 2020, there was a slight decrease in A1c good control with the LACC population. A1c good control and retinal eye exams may have declined due to a transition of Disease Management services to Health Education, and a temporary discontinuation of calls to members with gaps. Health education is planning to launch several chronic condition campaigns in January of 2021.

Cal MediConnect (CMC)

Quantitative Analysis



*Statistically Significant Difference

•Inverse measure (lower number better)

**CMC benchmarks are from Quality Compass RY2019

Analysis of 2020 Hybrid results or findings:

- Diabetes A1c screening rate of 93.8% met the HEDIS goal of 92%. The 2020 rate was an increase of 0.2% from 2019. The difference between 2019 and 2020 was statistically significant.
- Diabetes A1c good control < 8% hybrid rate of 61.6% did not meet the 2020 HEDIS goal of 64%. The 2020 rate is a decrease of 0.6 percentage points from 2019’s rate of 62.2%. The difference between 2019 and 2020 was statistically significant
- Diabetes A1c poor control > 9% hybrid rate of 25.3% (an inverse measure in which a lower number is better) did not meet the 2020 HEDIS goal of 23%. The 2020 rate was 1.1% higher than 2019 rate. There was a statistically significant difference compared to 2019.
- Diabetes retinal eye exam hybrid rate of 78.2% met the 2020 HEDIS goal of 78%. The difference between 2019 and 2020 was not statistically significant.

Qualitative Analysis

Over the course of 2020, there was improvement in the A1c screening rate, A1c poor control, and retinal eye exam, with the CMC population, with statistically significant improvement in A1c retinal exams. This could be due to higher engagement rates with this population. This could also be due to increase in medication compliance and diabetic exam/test interventions.

Opportunities

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

INTERVENTIONS

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/Outcome
A1c Screening (CDC)	<ul style="list-style-type: none"> • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Diabetes medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care. • Low-severity members who do not comply with diabetes medication and have opted out of the program can affect compliance rates as they are still counted in the HEDIS denominator. • Needing to use translation services for some members due to the diversity of cultures 	<ul style="list-style-type: none"> • In 2019, L.A. Care offers various health education and program initiatives to address these barriers these include, “Healthier Living” which teaches skills to help individuals manage chronic conditions and “Weight Watchers” which helps individuals with weight management. • In January, 2020, L.A. Care contracted a third party through HMS, to conduct calls to increase diabetes medication adherence, and a warm transfer to schedule appointment for members. • In 2019, the Medical Nutrition Therapy (MNT) program used specific nutrition interventions to 	<ul style="list-style-type: none"> • Medi-Cal A1c Screening rates increase. CMC A1c rates also slightly increased from 2019 to 2020.
A1c Good Control <8% (CDC)			<ul style="list-style-type: none"> • Medi-Cal A1c <8% slightly increased while CMC and LACC rates decreased from 2019 to 2020.
A1c Poor Control >9% (CDC)			<ul style="list-style-type: none"> • CMC and Medi-Cal rates for A1c >9% increased from 2019 to 2020.
Retinal Eye Exam (CDC)			<ul style="list-style-type: none"> • CMC and Medi-Cal rates increased for Retinal Eye Exam, while LACC rates decreased from 2019 to 2020.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/Outcome
<p>Medical Attention for Nephropathy (CDC)</p>	<p>within L.A. Care’s disease programs.</p> <ul style="list-style-type: none"> • Barriers to care (i.e. financial, transportation and access to care). • Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member’s motivation and self-efficacy to change behavior. • Lack of basic knowledge of diabetes. • Low practitioner adherence to clinical practice guidelines 	<p>treat an illness, injury or condition. The program objectives are to optimize blood glucose levels, lipids and/or blood pressure, prevent and treat chronic complications such as retinopathy and medical attention to nephropathy, adapt dietary intake to individual’s differences (culture and willingness to change), and integrate insulin regimens into usual eating and physical activity habits.</p> <ul style="list-style-type: none"> • 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. • In 2019, L.A. Care’s Care Management department provides multiple educational materials regarding diabetes care, lifestyle management, flu shots, and annual preventative guidelines including mailings and a booklet that addresses diabetes management and reminders and education to Level 3 and 4 members discussed during monitoring calls. • The Quality Improvement Department conducted a member incentive program for members who completed the A1c screening, Retinal Eye Exam and Nephropathy test. 	<ul style="list-style-type: none"> • LACC rates for Medical Attention for Nephropathy increased from 2019 to 2020.

Members will receive support in the form of educational mailers and materials to manage their diabetes. L.A. Care has also contracted HMS-Eliza, an automated calling system, to reach up to 500,000 members. Eliza will assist with the Disenrollment Survey, a script for Asthma and a script for Diabetes. The QI team will provide call scripts, along with an option for a warm hand-off for roughly 153,000 members to assist in

answering questions and scheduling appointments. The calls aim to improve medication adherence and boost overall awareness of health awareness and resources for our members.

2021 WORK PLAN GOALS:

Measure	2021 Goal Medi-Cal (Hybrid)	2021 Goal LACC (Hybrid)	2021 Goal CMC (Hybrid)
A1c screening	93%	N/A	N/A
A1c good control (< 8%)	52%	63%	64%
A1c poor control (>9%)	33%	N/A	N/A
Retinal eye exam	70%	57%	80%
Medical Attention for Nephropathy	N/A	96%	N/A

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

AUTHOR: SIDDHARTH RAICH, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Chronic Obstructive Pulmonary Disease (COPD) was the third leading cause of death in the US in recent years.²¹ An estimated 15.7 million adults in the United States are living COPD.²² Furthermore, more than half of adults with low pulmonary function were unaware that they had COPD.²⁰ People with COPD are much more likely to visit the emergency room and have more overnight stays in the hospital. While COPD cannot be cured, it can be treated. Pharmacotherapy Management of COPD Exacerbation (PCE) measures COPD management of exacerbation events to ultimately reduce hospitalizations, readmission, and progression of the disease. L.A. Care monitors the rates of pharmacotherapy for COPD after an in-patient or emergency department admission. Though there is no profound cure for COPD, treatments controlling the progression of the disease may improve the quality of life for patients with COPD. Symptoms such as shortness of breath, cough and mucus build-up can be improved by taking the prescribed medication³. Infections like influenza and pneumonia tend to worsen COPD; with regular use of medication, the overall health can be improved²³.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal	2020 Medi-Cal Rate	2020 Cal MediConnect Goal	2020 Cal MediConnect Rate	2020 Goal Met/ Not Met
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	72%	64.0%	77%	63.7%	Medi-Cal: Not Met CMC: Not Met
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	86%	81.3%	86%	88.6%	Medi-Cal: Not Met CMC: Met

MAJOR ACCOMPLISHMENTS

In January, 2020, PCE mailers were sent out to members living with COPD to prevent hospital visits and encourage medication adherence to prevent worsening of health conditions. The packets contained a cover letter explaining MyHIM portal, flyer on MyHIM portal access and navigation, and a flyer about detecting and treating COPD.

On January 2, 2020, the Mailer was sent to a test population of 3,554 CMC members that are 40 years of age and older, have had an acute inpatient discharge or ED visit from January to November, qualify for the mailer. The discharge must have a principal diagnosis of COPD, Emphysema, or Chronic Bronchitis. Additionally, 3,554 CMC members were eligible, along with 31,213 Medi-Cal, non-DHS members.

²¹ CDC. National Vital Statistics Reports. Deaths: Leading Causes for 2017.

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

²² CDC. Basics of COPD. <https://www.cdc.gov/copd/basics-about.html>

²³ Restrepo, Ruben D, Melissa T Alvarez, Leonard D Wittnebel, Helen Sorenson, Richard Wettstein, David L Vines, Jennifer Sikkema-Ortiz, Donna D Gardner, and Robert L Wilkins. "Medication Adherence Issues in Patients Treated for COPD." *International Journal of Chronic Obstructive Pulmonary Disease* 3, no. 3 (September 2008): 371–84.^[1]

However, the smallest population of CMC members was chosen for a test run. Lastly, the CMC population was chosen as PCE is not a QRS measure and is not needed for LACC members.

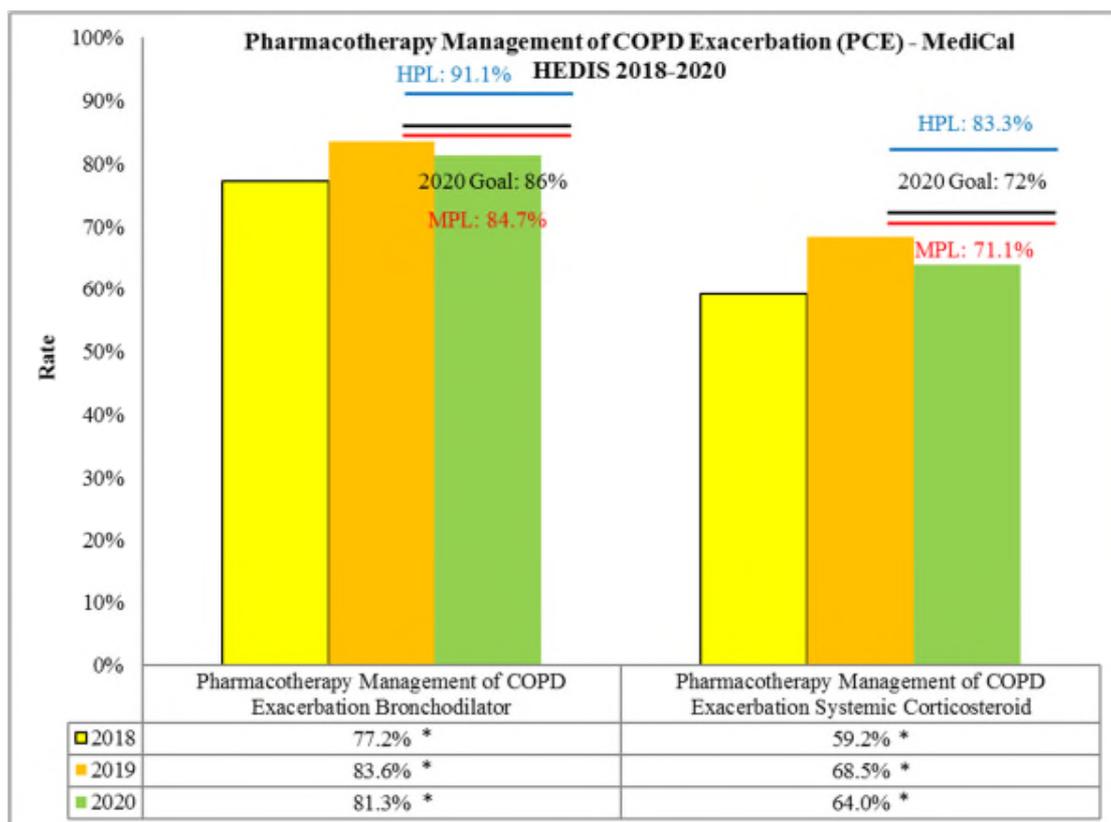
Description of measures:

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

RESULTS

The following graph compares L.A. Care rates in 2018, 2019, and 2020 among the different product lines:

Medi-Cal



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

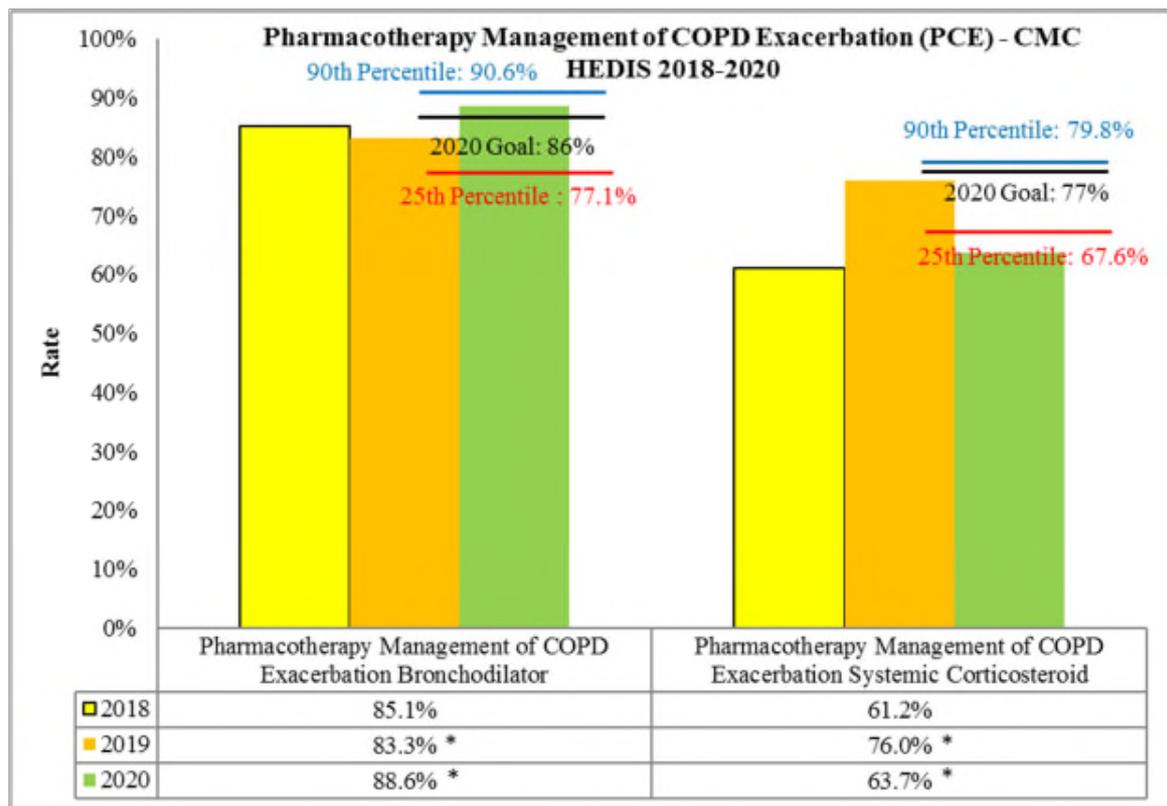
Quantitative Analysis

- For Pharmacotherapy Management of COPD Exacerbation Bronchodilator, there was a decrease from 2019’s rate of 83.6% to 81.3% in 2020, and the difference was statistically significant. The 2020 goal of 86% was not met.
- For Pharmacotherapy Management of COPD Exacerbation Corticosteroid, there was a decline from 68.5% in 2019 to 64.0% in 2020. The difference between 2019 and 2020 was statistically significant. The 2020 goal of 72% was not met.

Qualitative Analysis

QPM suggested looking at PCE in a holistic manner to incorporate pharmacy claims in order to optimize data. The team began data optimization in 2019 and continued through 2020, which led to a large increase for 2019 rates. While initiatives such as the mailer launched hope to increase member awareness of COPD, the criteria for the mailer may not boost PCE measure rates. The QI team plans to collaborate further with QPM and other teams to launch specialized initiatives targeting members with the lowest PCE scores.

Cal MediConnect



*Statistically Significant Difference
 **CMC benchmarks are from Quality Compass RY2019

Quantitative Analysis

The 2019 rate for Cal MediConnect (CMC) for Pharmacotherapy Management of COPD Exacerbation Bronchodilator was 83.3% while 2020 was 88.6%. This was an increase of 5.3 percentage points, which is statistically significant. The 2020 goal of 86% was met.

The 2020 rate for Cal MediConnect for Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid was 63.7%. This was a decrease of 12.3 percentage points from the 2019 rate and the difference is statistically significant. PCE Systemic Corticosteroid measure did not meet its goal for 2020.

Disparity Analysis

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

Qualitative Analysis

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

2021 WORK PLAN GOALS

HEDIS Measure	2021 Medi-Cal Goal	2021 Cal MediConnect Goal
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	66%	67%
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	84%	91%

C.1.e USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

AUTHOR: SIDDHARTH RAICH, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Roughly 3 out of 4 adults will experience lower back pain at some point in their lives.²⁴ Evidence suggests that routine imaging such as x-rays and MRIs for low back pain are not associated with improved health outcomes.²⁴ LBP initiatives aim to reduce imaging for patients without underlying conditions to prevent harm and reduce health care costs of unnecessary services.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal	2020 Medi-Cal Rate	2020 LACC Goal	2020 LACC Rate	2020 Goal Met/ Not Met
Use of Imaging Studies for Low Back Pain (LBP)	76%	78.3%	74%	78.2%	Medi-Cal: Met LACC: Met

MAJOR ACCOMPLISHMENTS

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

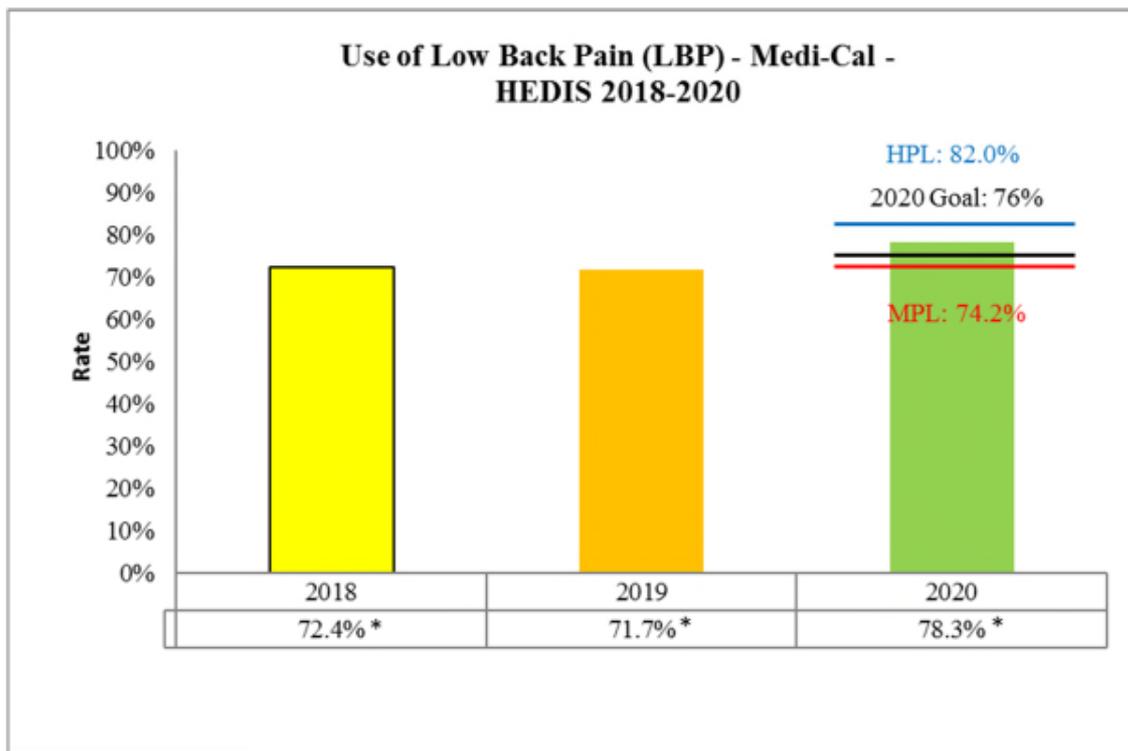
Description of measure:

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

²⁴ NCQA Use of Imaging Studies for Low Back Pain (LBP) at www.ncqa.org

RESULTS

The following graph compares L.A. Care in 2018, 2019, and 2020:



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

MEDI-CAL

Quantitative Analysis

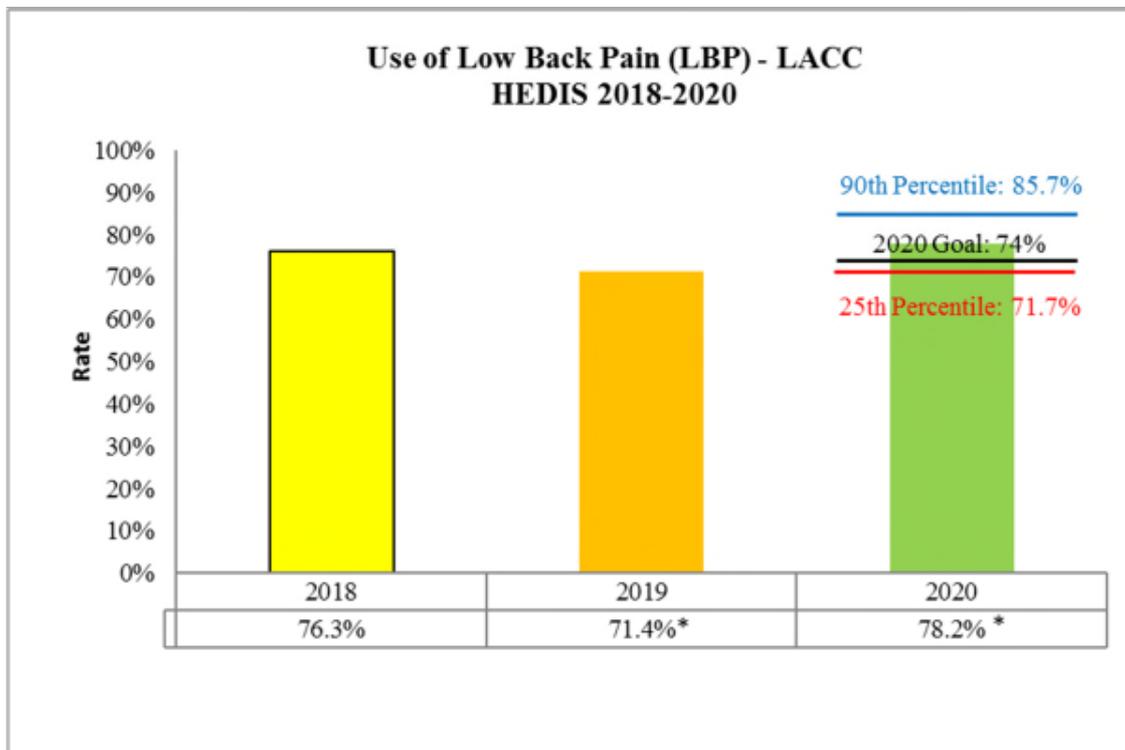
The 2020 rate for Medi-Cal for LBP was 78.3%. This was a statistically significant increase of 6.6 percentage points from the 2019 rate of 71.7%. The 2020 rate of 78.3 surpassed the goal of 76%.

Qualitative Analysis

Measurement of LBP measure is difficult due to few providers having a sufficient volume of patients that meet the criteria for the measure. Additionally, LBP experiences a data lag of up to 1 year as facilities such as hospitals submit claims that are several months old. In 2019, mailings were sent to 130 providers to provide information regarding imaging for low back pain. These mailings were sent to members with at least 10 or more members who scored below 80% in hopes to have an impact on the LBP measure over time. After discussions with various teams within L.A. Care, there is a fundamental shift in approaching chronic conditions to tackle them persistently over time.

RESULTS

The following graph compares L.A. Care in 2018, 2019, and 2020:



*Statistically Significant Difference

**Covered California Quality Rating System RY 2019

LACC

Quantitative Analysis

The LACC 2020 rate for LBP was 78.2%. This was a statistically significant increase of 6.8 percentage points from the 2019's rate of 71.4%. The 25th percentile of 71.7% was met and the goal of 74% was also met.

Qualitative Analysis

While this product line likely experience the same level of barriers as Medi-Cal such as low volumes and a large data lag, this product line may also be influenced by cost. LACC members pay co-pays unlike Medi-Cal members which may influence their health decisions to receive services. It is crucial to continue promotion of clinical practice guidelines and other tools offered by L.A. Care to ensure members are screened only when necessary.

2021 WORK PLAN GOALS

HEDIS Measure	2021 Medi-Cal Goal	2021 LACC Goal
Use of Imaging Studies for Low Back Pain	82%	82%

C.2 BEHAVIORAL HEALTH

AUTHOR: JOHN MADRIGAL, MPH AND SHANNON MARKIEWICZ, MHA

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Mental health, along with physical health, remains a priority for L.A. Care to ensure a holistic wellbeing for our members. About one third of adults in the United States suffer from some form of mental illness or substance abuse disorder. The life expectancy for someone with a mental health disorder can be 25 years shorter than the normal population.²⁵ Mental illness can also be costly. Mental disorders top the list of the most costly conditions in the US.²⁶ Mental health plays a role in a person’s ability to maintain their physical health. Providing appropriate behavioral health care can help reduce the burden of disease on a population and reduce costs.

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

In 2016, a Behavioral Health cross-functional work group was established to create interventions that 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.

2020 WORK PLAN GOALS

HEDIS Measure	2020 Medi-Cal Goal	2020 Medi-Cal Rate	2020 Cal MediConnect Goal	2020 Cal MediConnect Rate	2020 L.A. Care Covered Goal	2020 L.A. Care Covered Rate	2020 Goal Met/ Not Met
Antidepressant Medication Management (AMM), Acute Phase	63%	58.5%	N/A	69.0%	68%	64.3%	Medi-Cal: Not Met CMC: N/A LACC: Not Met
Antidepressant Medication Management (AMM), Continuation Phase	46%	40.0%	61%	49.8%	50%	45.1%	Medi-Cal: Not Met CMC: Not Met LACC: Not Met

²⁵ https://www.who.int/mental_health/management/info_sheet.pdf

²⁶ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.1659>

HEDIS Measure	2020 Medi-Cal Goal	2020 Medi-Cal Rate	2020 Cal MediConnect Goal	2020 Cal MediConnect Rate	2020 L.A. Care Covered Goal	2020 L.A. Care Covered Rate	2020 Goal Met/ Not Met
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	82%	79.4%	N/A	80.1%	N/A	74.4%	Medi-Cal: Not Met CMC: N/A LACC: N/A
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	76%	79.1%	N/A	N/A	N/A	N/A	Medi-Cal: Met CMC: N/A LACC: N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 7-day	36%	22.5%	35%	39.4%	30%	37.3%	Medi-Cal: Not Met CMC: Met LACC: Met
Follow-Up After Hospitalization for Mental Illness, (FUH) 30-day	NB	NB	56% (QUALITY WITHHOLD)	59.4%	N/A	N/A	Medi-Cal: NB CMC: Met LACC: N/A
Follow up for ER Dept. Visits for Mental Illness (FUM) (7-day rate) - Baseline Data	34%	30.3%	41.1%	34.2%	N/A	N/A	Medi-Cal: Not Met CMC: Not Met LACC: N/A
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	44%	57.2%	N/A	N/A	N/A (PRIOR YEAR DENOMINATOR <30)	N/A	Medi-Cal: Met CMC: N/A LACC: N/A
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	47%	68.5%	N/A	N/A	N/A (PRIOR YEAR DENOMINATOR <30)	N/A	Medi-Cal: Met CMC: N/A LACC: N/A
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Initiation Total	NB	NB	N/A	48.1%	36%	47%	Medi-Cal: NB CMC: N/A LACC: Met
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Engagement Total	8%	4.0%	6%	5.8%	7%	6.9%	Medi-Cal: Not Met CMC: Not Met LACC: Not Met
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	52%	53.6%	N/A	N/A	N/A	N/A	Medi-Cal: Met CMC: N/A LACC: N/A
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	4%	4.4%	7%	1.6%	N/A	N/A	Medi-Cal: Met CMC: Not Met LACC: N/A

NB: Not Benefit

N/A: Not applicable

MAJOR ACCOMPLISHMENTS

- Medi-Cal surpassed their goals for ADD Initiation, and ADD Continuation and Maintenance Phases. They also surpassed their goals for APM and SMD.
- CMC surpassed their goals for FUH 7- and 30-day rates, as well as for the IET Initiation, and IET Engagement measures.
- LACC surpassed their goals for FUH 7-day rate; as well as for the IET Initiation, and IET Engagement measures.

Description of Measures

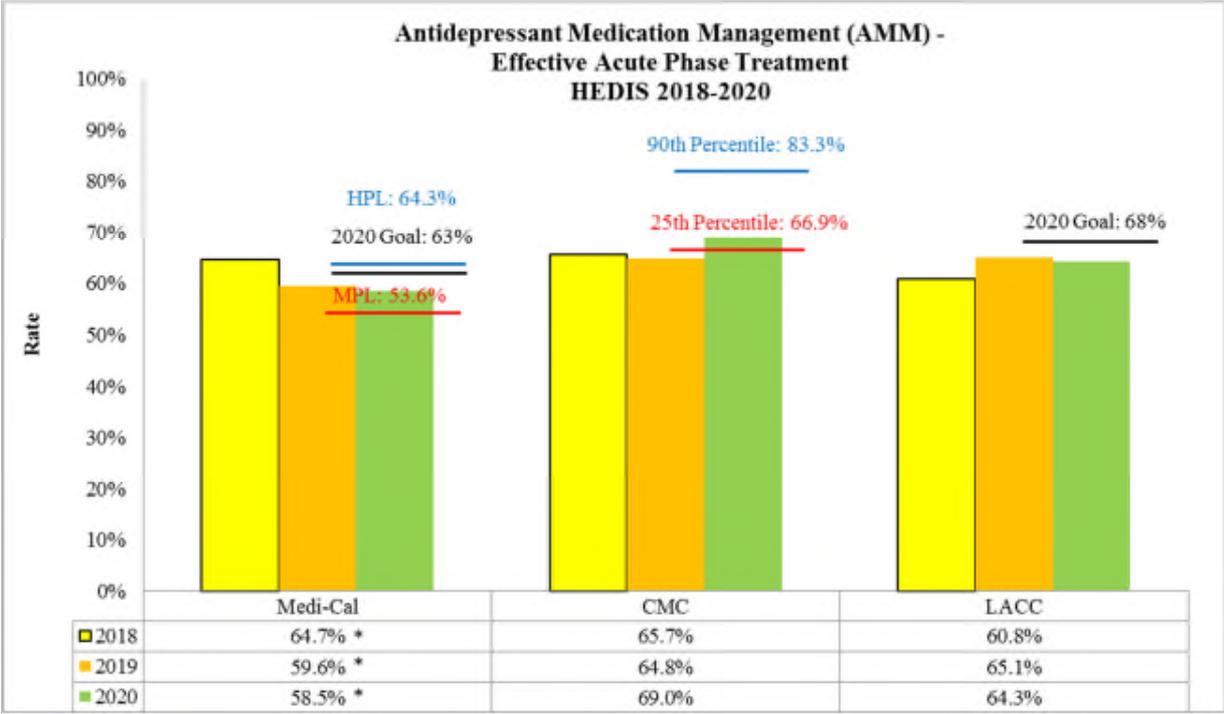
HEDIS Measure	Specific Indicator(s)	Measure Type
Antidepressant Medication Management (AMM), Acute Phase	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:</p> <ol style="list-style-type: none"> <i>Effective Acute Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). <i>Effective Continuation Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). 	Administrative
Antidepressant Medication Management (AMM), Continuation Phase		
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	Administrative
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
Follow-Up After Hospitalization for Mental Illness, 7-day (FUH)	<p>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:</p> <ol style="list-style-type: none"> The percentage of discharges for which the member received follow-up within 30 days after discharge. The percentage of discharges for which the member received follow-up within 7 days after discharge. 	Administrative
Follow-Up After Hospitalization for Mental Illness, 30-day (FUH)		
Follow up for ER Dept. Visits for Mental Illness (FUM) (7-day rate)	<p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:</p> <ol style="list-style-type: none"> The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). 	Administrative
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ol style="list-style-type: none"> <i>Initiation Phase.</i> The percentage of members 6–12 years of age as of the IPSP with an ambulatory 	Administrative

HEDIS Measure	Specific Indicator(s)	Measure Type
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	<p>prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.</p> <p>2. <i>Continuation and Maintenance (C&M) Phase.</i> The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET)	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.</p> <p>1. <i>Initiation of AOD Treatment.</i> The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis.</p> <p>2. <i>Engagement of AOD Treatment.</i> The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.</p>	Administrative
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	<p>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:</p> <p>1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.</p> <p>2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.</p> <p>3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.</p>	Administrative
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	<p>The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:</p> <p>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</p> <p>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</p>	Administrative

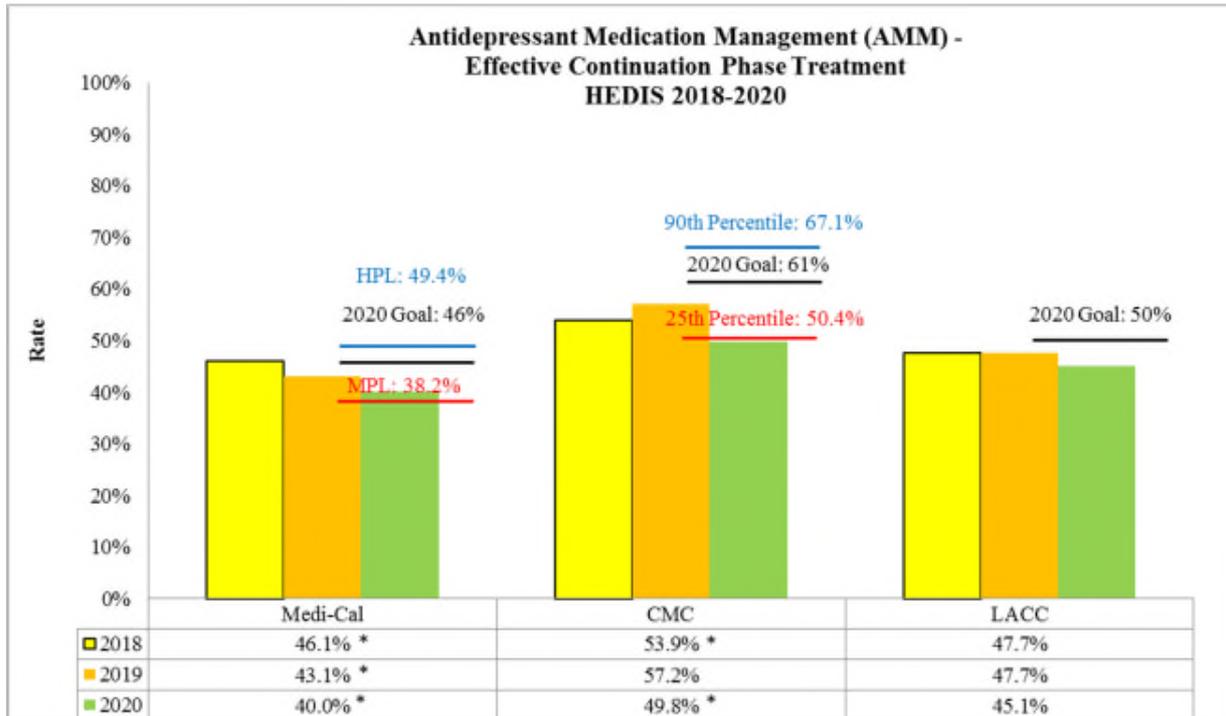
Antidepressant Medication Management (AMM)

RESULTS

The following graphs compare L.A. Care rates in 2018, 2019, and 2020 among the different product lines:



*Statistically Significant Difference
 **Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles
 ***CMC benchmarks are from Quality Compass RY2019



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

***CMC benchmarks are from Quality Compass RY2019

ANALYSIS

Quantitative Analysis

Medi-Cal

The rate for Effective Acute Phase was 58.5%. There was a one percent decrease from the previous year (59.6%), which was statistically significant ($p < 0.05$). The measure did not meet its goal of 63%, but did exceed the minimum performance level (MPL) of 53.6%.

The Medi-Cal Effective Continuation Phase Treatment was 40.0%. There was a three percent decrease from last year. The decline was statistically significant. The measure did not meet its goal of 46% but did exceed the minimum performance level (MPL) of 38.2%.

CMC

The rate for Effective Acute Phase was 69%. The rate increased by four percent from the previous year, but the increase was not statistically significant. No goal was established for this measure, but one will be set for 2021.

The rate for the Effective Continuation Phase Treatment was 49.8%. This decrease is 7.4 percentage points lower than the prior year and is statistically significant. The rate did not meet the goal of 61%.

LACC

The rate for Effective Acute Phase was 64.3%. This rate was 0.8 percentage points higher in the previous year, but the decrease was not statistically significant. The rate did not meet the goal of 68%.

The rate for the Effective Continuation Phase was 45.1% and was 2.6 percentage points lower than the prior year. This decrease was not statistically significant. This rate did not reach the goal of 53%.

Disparity Analysis

Medi-Cal – Acute Phase

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1515	4975	619	2445	26	1873	8677	2370	81	610
Denominator	2975	8615	1023	3777	62	3153	15008	4003	152	903
Rate	50.9%	57.8%	60.5%	64.7%	41.9%	59.4%	57.8%	59.2%	53.3%	67.6%

Medi-Cal – Continuation and Maintenance Phase

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	963	3255	471	1852	20	1274	5984	1506	53	492
Denominator	2975	8615	1023	3777	62	3153	15008	4003	152	903
Rate	32.4%	37.8%	46.0%	49.0%	32.3%	40.4%	39.9%	37.6%	34.9%	54.5%

Analysis of demographic data reveals disparities for this measure by race/ethnicity and language. For the Effective Acute Phase treatment, White members have the highest rate (64.7%) while American Indian/Alaskan Native members have the lowest rate of 41.9%, and Asian, Black/African American, and Hispanic/Latino members have rates of 60.5%, 50.9%, and 57.8%, respectively. All of these are statistically significant compared with White members. For language, Unknown language speakers (59.2%) have the highest rates, and Chinese speakers (53.3%) speakers have statistically significantly lower rates in comparison.

For the Effective Continuation Phase measure, disparities are present in many of the same groups as above. White members have a higher rate of 49.0% while the lowest rates are among American Indian/Alaskan Natives (32.3%) and Black/African American (32.4%), both of which are significantly lower compared to White members. Chinese speakers had the lowest rate (34.9%), and this was statistically significant compared to Unknown/Other-speaking members (54.5%), who are the most compliant.

CMC – Acute Phase

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	38	162	7	28	2	89	178	178	3	7
Denominator	62	219	14	37	4	141	280	237	3	9
Rate	61.3%	74.0%	50.0%	75.7%	50.0%	63.1%	63.6%	75.1%	100%	77.8%

CMC – Continuation and Maintenance Phase

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	24	104	5	23	2	75	144	114	1	6
Denominator	62	219	14	37	4	141	280	237	3	9
Rate	38.7%	47.5%	35.7%	62.2%	50.0%	53.2%	51.4%	48.1%	33.3%	66.7%

CMC

For the Effective Acute Phase Treatment measure, and in terms of racial/ethnic and language disparities, the lowest rates of compliance are found among African Americans at 61.3% and the highest are Whites at 75.7% - this difference is not statistically significant. Asians and American Indian/Alaskan Native have the lowest rates at 50%, however their sample size is too small to calculate statistical significance – N=14 and N=4. Respectively. Spanish speakers had the highest rates at 75.1% and English had the lowest at 63.6% - this difference is statistically significant. Unknown and Chinese speakers had highest rates but they also had small sample sizes at N=9 and N=3, respectively.

In the Effective Continuation Phase Treatment measure, compliance is lowest among Black/African American (38.7%) members while the highest is among Whites at 62.2% - this difference being statistically significant. For language groups the highest compliance is among English speakers at 51.4% while the lowest is Spanish-speaking members (48.1%) – this difference is not statistically significant. Chinese and Unknown speakers have very small sample data to calculate for significance – N=3 and N=9, respectively.

LACC – Acute Phase

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	15	29	21	149	64	85	335	135	4	14
Denominator	19	42	44	211	102	138	502	228	6	23
Rate	79.0%	69.1%	47.7%	70.6%	62.75%	61.6%	66.7%	59.2%	66.7%	60.9%

LACC – Continuation and Maintenance Phase

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	12	20	16	106	45	55	254	79	2	7
Denominator	19	42	44	211	102	138	504	228	6	23
Rate	63.2%	47.6%	36.4%	50.2%	44.1%	39.9%	50.6%	34.7%	33.3%	30.4%

LACC

For the Effective Acute Phase Treatment measure, rates were very low among Asian members (47.7%) and high among White members at 70.6% - this was a statistically significant difference. For language groups, Spanish-speaking members (59.2%) were the lowest while English speakers were the highest at 66.7% - this was not statistically significant. Note that African American (N=19), Chinese speakers (N=6), and Unknown speakers (N=23) had low sample sizes and thus tests for statistical differences in these proportions are unreliable due to a low volume (n<30) of members.

In the Effective Continuation Phase Treatment measure, rates were lowest among Asian members (36.4%) and highest among White members (50.2%) - this was not statistically significant difference. For language groups, Spanish-speaking members (34.7%) were the lowest while English speakers were the highest (50.6%) - this was statistically significant. Note that African American (N=19), Chinese speakers (N=6), and Unknown speakers (N=23) had low sample sizes and thus tests for statistical differences in these proportions are unreliable due to a low volume (n<30) of members.

Qualitative Analysis

Both Medi-Cal Effective Acute Phase and Continuation Phase rates decreased from the previous year. In the previous reporting year, L.A. Care’s HEDIS auditor required the plan to remove pharmacy reversals from the data – this was not required in prior years. A pharmacy reversal occurs when a prescription ordered by a physician is filled but not picked up by the member. In past years, these unattained prescriptions were counted towards compliance, artificially inflating HEDIS rates. Removing them last year may account for some of the decline of the AMM rate from the prior year.

While the CMC rate for Effective Acute Phase increased, the rate for Effective Continuation decreased. For the LACC line of business, the rate for Effective Acute Phase treatment increased while the Effective Continuation rate decreased. A possible underlying factor for the decreases may be filled prescriptions that are not picked up or unfilled prescriptions, especially for refills. This trend may contribute to the overall decrease in Continuation Phase rates.

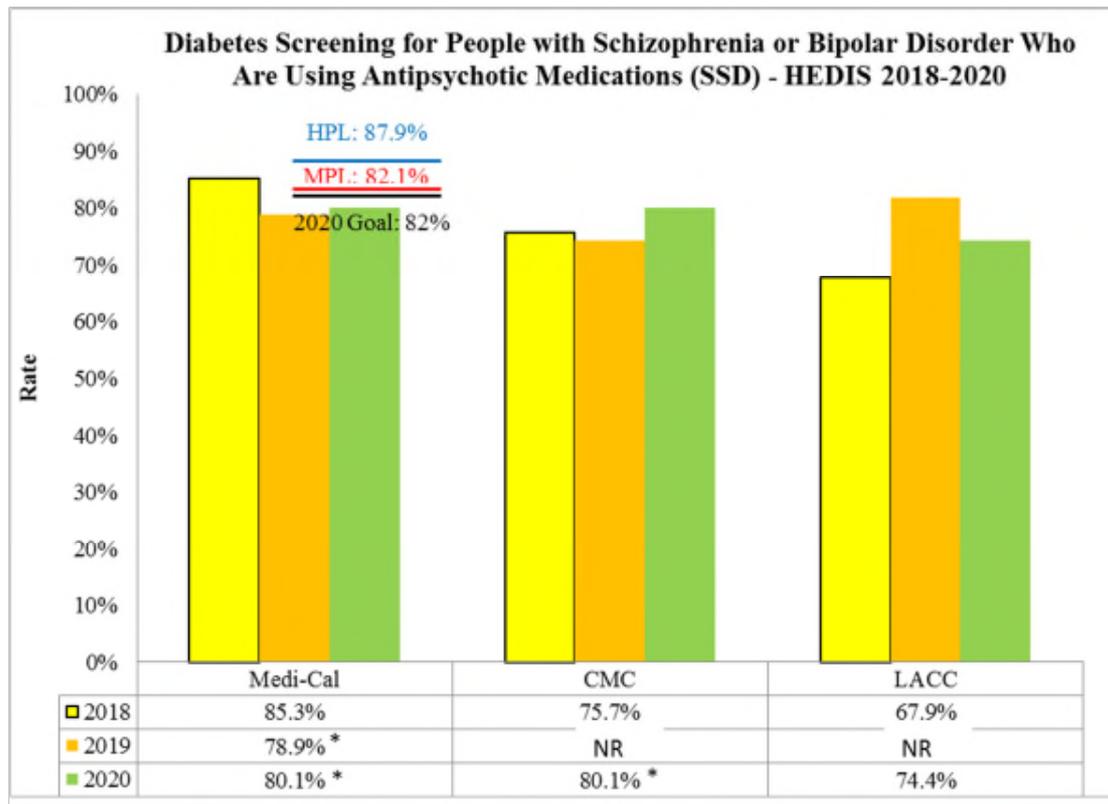
In September 2018, L.A. Care sent a one-time mailing to members who had filled an anti-depressant prescription educating them about the importance of maintaining their medication in order to maximize the effectiveness of their treatment. Analysis done in 2019 showed that compliance rates for the LACC, Medi-Cal, and CMC lines of business for the Effective Acute Phase Treatment measure were 22.9%, 9.4%, and 27.4% higher, respectively, for members who received the mailer than for members who had not. Additionally, compliance rates for the LACC, Medi-Cal, and CMC lines of business for the Effective Continuation Phase Treatment measure were 32.35%, 11.8%, and 47.31% higher, respectively, for members who received the mailer than for members who had not. While other variables may have affected member outcomes, it was ultimately decided that members that received the member mailer were prescribed their antidepressant medications at significantly higher rates than those who did not receive the mailer. As such, L.A. Care will resume the mailer in Fall of 2020 on a semi-annual basis to expand its reach and expects that this will improve the score for the AMM measures across lines of business. For the Fall 2020 distribution of mailers, it was decided that the mailers would go out to 2 groups: members who are qualified in the measure (control group) and randomly selected members who are not qualified for the measure, but have prescriptions for major depression (treatment group). After letters are sent, there is a plan to have another evaluation comparing the treatment and control groups to explore why members are prescribed medications for major depression, but are not diagnosed with major depression.

A separate intervention in Q3 of 2019 was a live agent call outreach by the Pharmacy team. This outreach focused to convert members on anti-depressants to a 90-day supply of their medications in order to increase compliance for the AMM measure. In February 2020, these calls passed on to the Behavioral Health clinical services team and were on pause until October 2020. In Q3, the Behavioral Health Team worked with QPM to perform data analysis that focused on a target CMC population outreach. The BH team plans to focus their phone outreach on the randomly selected members in the CMC population. An evaluation is planned to measure the effectiveness of the calls.

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

RESULTS

The following graphs compare L.A. Care rates in 2018, 2019, and 2020 for the Medi-Cal product line:



*Statistically Significant Difference

NR: Not required

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

The SSD rate was 80.1%, representing a 1.2 percentage point increase over the previous year. The increase is statistically significant. The rate did not meet the goal of 82% for the year and did not exceed the minimum performance level of 82.1%

CMC

The SSD rate was 80.1%. The rate was not reported in the previous year, but does indicate a four percent increase over the last two years. The increase is statistically significant. No goal was established for this measure.

LACC

The SSD rate was 74.4%. The rate was not reported in the previous year, but does indicate nearly a seven percent increase over the last two years. The increase was not statistically significant. No goal was established for this measure.

Disparity Analysis**Medi-Cal**

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	3024	3639	694	2569	35	1405	9890	874	82	341
Denominator	3864	4488	883	3243	41	1779	12436	1068	109	433
Rate	78.3%	81.1%	78.6%	79.2%	85.4%	79.0%	79.5%	81.8%	75.2%	78.8%

LACC

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	7	2	10	36	11	20	88	9	0	2
Denominator	7	3	16	50	14	27	119	9	1	4
Rate	100%	66.7%	62.5%	72.0%	78.6%	74.1%	74.0%	100%	0.0%	50.0%

CMC

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	67	93	21	48	3	94	338	39	2	5
Denominator	83	119	28	57	3	111	425	45	2	7
Rate	80.7%	78.2%	75.0%	84.2%	100%	84.7%	79.5%	86.7%	100%	71.4%

For Medi-Cal, based on race/ethnicity, American Indian/Alaskan Native had the highest rates at 85.4% while African Americans had the lowest rates at 78.3%. For language, Spanish speakers had the highest rates at 81.8% while Chinese speakers had lower rates at 75.2%. Both differences in rates for language and race were not statistically significant.

For LACC, nearly all stratifications had low sample sizes and thus tests for statistical differences in these proportions are unreliable due to a low volume (n<30) of members.

For CMC, rates were lowest among Hispanic members (78.2%) and highest among Unknown members (84.7%). For language groups, Spanish-speaking members (86.7%) were the highest while English speakers were the lowest (79.5%). Both race/ethnicity and language rates were not statistically significant. Note that Asian members (N=28), American Indian/Alaskan Native (N=3), Chinese speakers (N=2), and Unknown speakers (N=7) had low sample sizes and thus tests for statistical differences in these proportions are unreliable due to a low volume (n<30) of members.

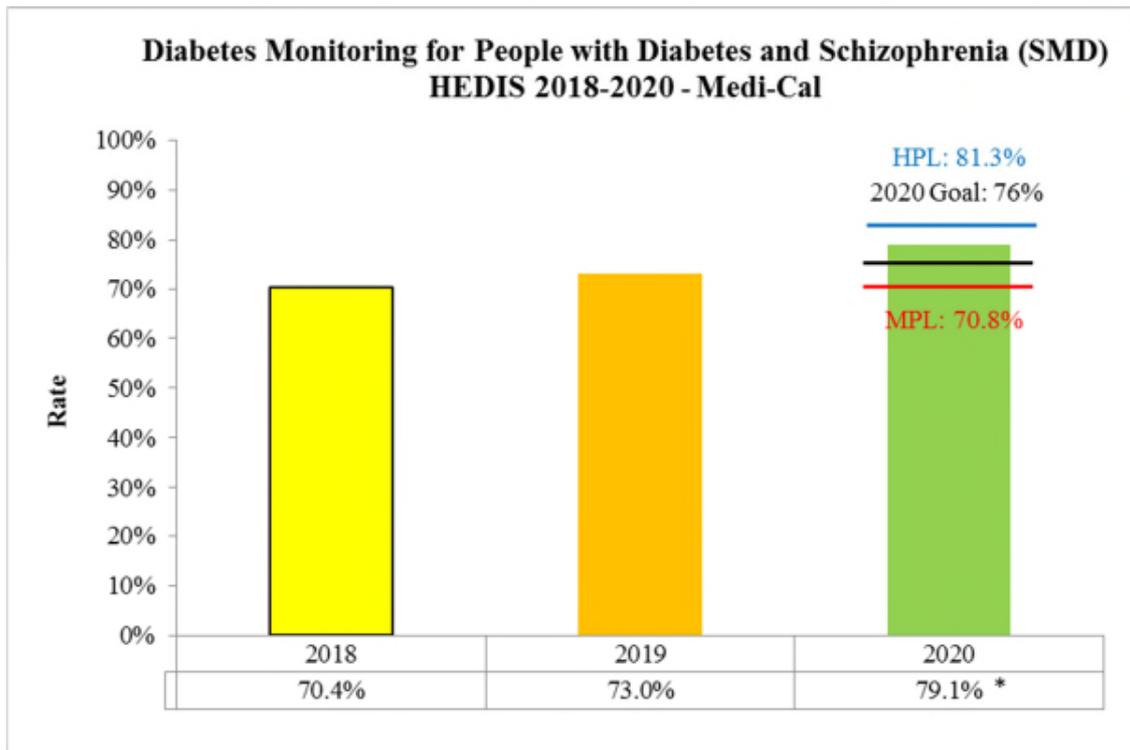
Qualitative Analysis

Medi-Cal members with serious and persistent mental illness are managed by the Department of Mental Health. Beginning in 2019, at the request of some large provider groups, L.A. Care began including pertinent SSD non-compliance 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 upward trend in the final HEDIS 2020 rates suggest that this form of provider communication is more effective than the mailings that had been completed for this measure in previous years.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

RESULTS

The following graphs compare L.A. Care rates in 2018, 2019, and 2020 for the Medi-Cal product line:



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal

The SMD rate was 79.1%, representing a 6.1 percentage point increase over the previous year. The increase is statistically significant, and the rate surpassed the minimum performance level of 70.8% while meeting the established goal of 76% for the year.

Medi-Cal

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	882	1066	247	500	8	344	2401	400	26	130
Denominator	1149	1291	292	640	13	471	3064	474	30	149
Rate	76.8%	82.6%	84.6%	78.1%	61.5%	73.0%	78.4%	84.4%	86.7%	87.3%

Disparity Analysis

Based on race/ethnicity, Asian had the highest rates at 84.6% while Unknown had the lowest rates at 73.0%. For language, Unknown speakers had the highest rates at 87.3% while English speakers had lower rates at 78.4%. Both differences in rates for language and race were statistically significant. Note that even though American Indian/Alaskan Native had the lowest rate at 61.5%, the sample size was too small at N=13.

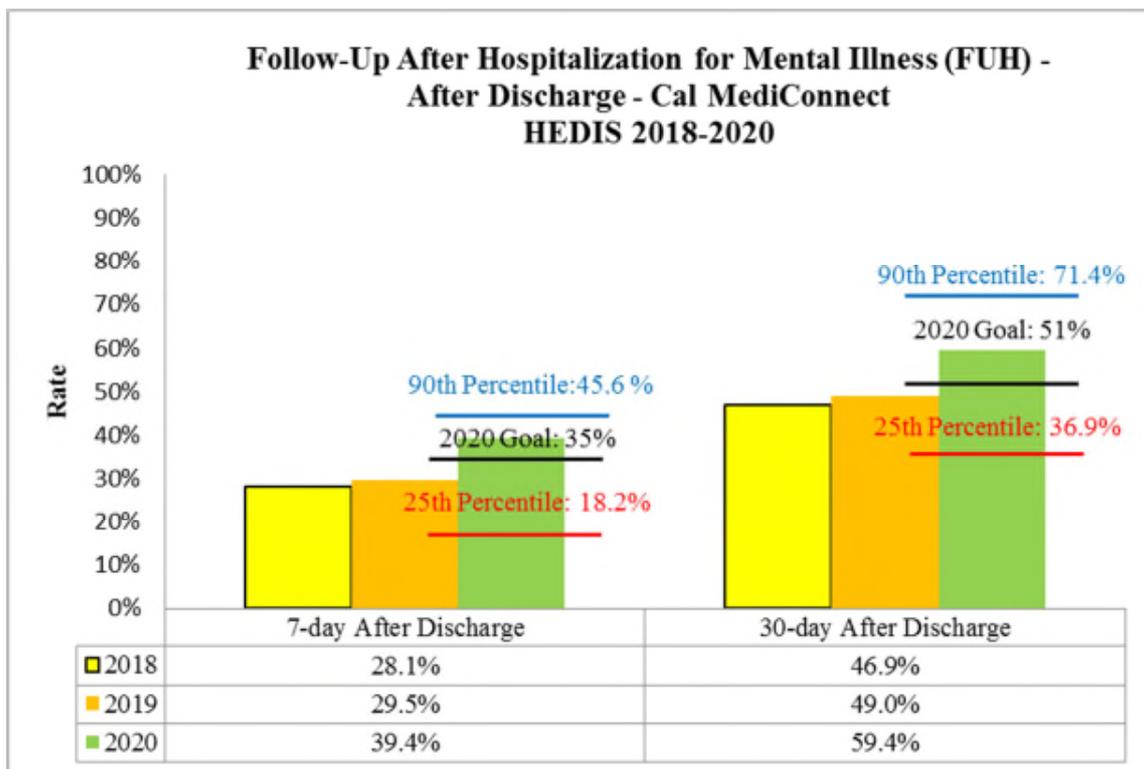
Qualitative Analysis

As mentioned previously, Medi-Cal members with serious and persistent mental illness are managed by the Department of Mental Health. As with the SSD measure, in 2019 L.A. Care also began including pertinent SMD non-compliance data in the POR 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 final HEDIS 2020 rate suggest that this form of provider communication is an effective intervention.

Follow-Up After Hospitalization for Mental Illness (FUH)

RESULTS

The following graph compares L.A. Care rates in 2018, 2019, and 2020 for both 7- and 30-day follow up in the CMC product line:



CMC benchmarks are from Quality Compass RY2019

ANALYSIS

Quantitative Analysis

CMC

The FUH 7-Day rate was 39.4% and improved by ten percentage points from the prior year. This increase in the rate was not statically significant (p<0.05). The rate met its goal of 35% for the year.

The FUH 30-Day rate also improved from the prior year, from 49.0% to 59.4%, though this was not found to be statistically significant. This rate also met its goal of 51% for the year.

CMC – 7-DAY

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	5	13	8	10	2	13	60	3	0	2
Denominator	17	28	18	24	2	43	151	9	0	5
Rate	29.4%	46.4%	44.4%	41.7%	100%	30.2%	39.7%	33.3%	NA	40.0%

CMC – 30-DAY

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	9	16	12	18	2	20	90	5	0	3
Denominator	17	28	18	24	2	43	151	9	0	5
Rate	52.9%	57.1%	66.7%	75.0%	100%	46.5%	59.6%	55.6%	NA	60.0%

Disparity Analysis

The race/ethnicity and language data for this measure were unreliable, as the majority had small sample sizes (N<30).

Qualitative Analysis

The CMC FUH 7-day and 30-Day rates showed 10-percent improvement over the previous year. The Behavioral Health workgroup continued to work with Beacon Health Options to ensure the capture of data not reflected in the standard claims process, as well as a more rigorous identification and mapping of provider specialties which were likely to be missing in claims and encounters. Both of these efforts likely played a contributing role in these rates' improvement.

In 2019, the Behavioral Health workgroup launched two initiatives to help continue the improvement in the rates for this measure. The first initiative is a home-based therapy program developed by Beacon Health Options. Called the Recovery, Education, and Access to Community Health (REACH) program, the initiative is a field-based treatment approach meant to increase 7-day and 30-day FUH rates, reduce readmissions, connect members with a behavioral health provider, ensure quick and successful transition back into the community after a hospitalization, and increase tenure in the community with sustained aftercare treatment. The program launched in July 2019, but only had one referral by the end of the year. Beacon and the Behavioral Health Workgroup have worked to mitigate barriers to the program's success, including expanding eligibility to include members who have an existing relationship with a clinician from the Department of Mental Health but no history of engagement, as well as increased effort to recruit providers into the network. By the end of July of 2020 only one of the 46 members who qualified for a referral to the program was referred. As the largest barriers to referral to the program appear to be members' unwillingness to participate or unresponsiveness to program outreach, it is hoped that the other initiative described below will help to recruit members into the program as well. However, in October 2020, the Behavioral Health workgroup decided to pause the REACH program based on to lack of participation and

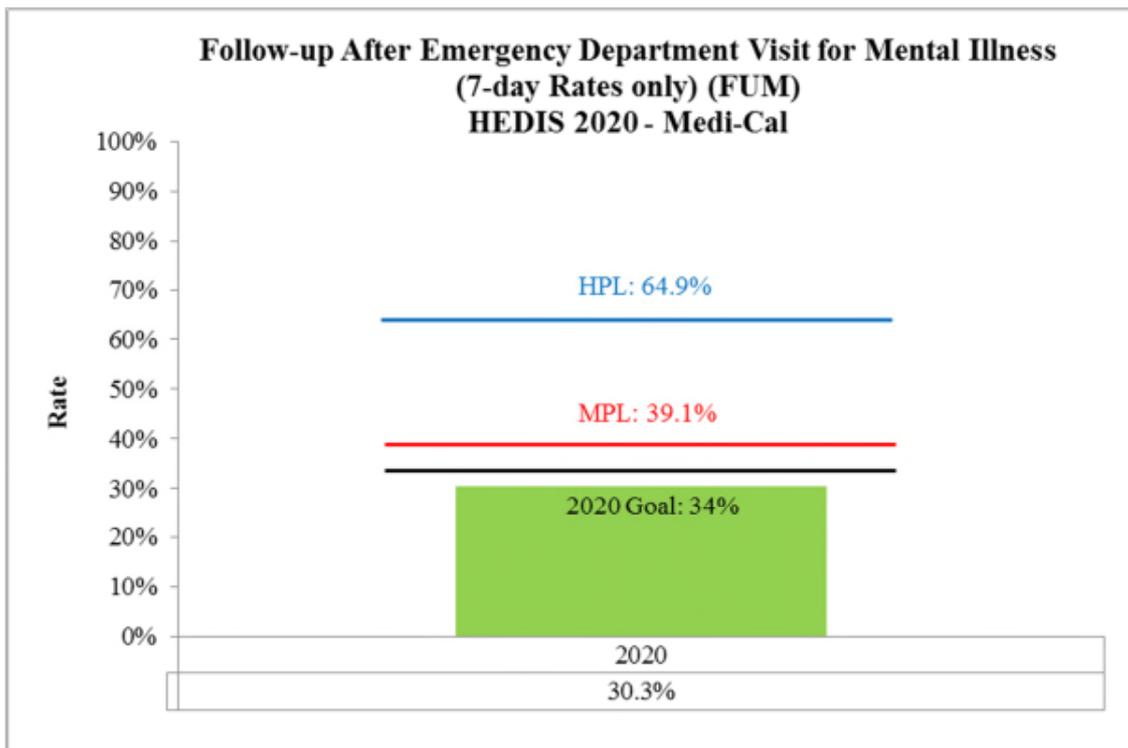
inability to do in-home outreach due to COVID-19. The workgroup decided that the program will be reinstated once it is considered reasonably safe to do in-home outreach.

This second initiative replaces the original incentive, i.e., emergency preparedness kits, that was launched in October 2017 with a \$25 debit card. This new incentive was initially planned for summer 2019, but issues with state approvals and coordinating with the vendor delayed the launch to mid November. Although the original emergency kit was seen as an appropriate incentive for a population in which 25% of members are experiencing homelessness, it is thought that the \$25 debit card provides a stronger incentive for both this subset and for the population as a whole. In 2020 across all lines of business, 35% of members who were eligible for the incentive received a gift card in Q1 and 29% in Q2. As of August 2020, 34 members in the CMC population have earned the \$25 debit card. A formal evaluation including a return on investment (ROI) analysis is underway and results on the intervention’s impact should be available by the first quarter of 2021.

Follow up for ER Department Visits for Mental Illness (FUM) (7-day rate)

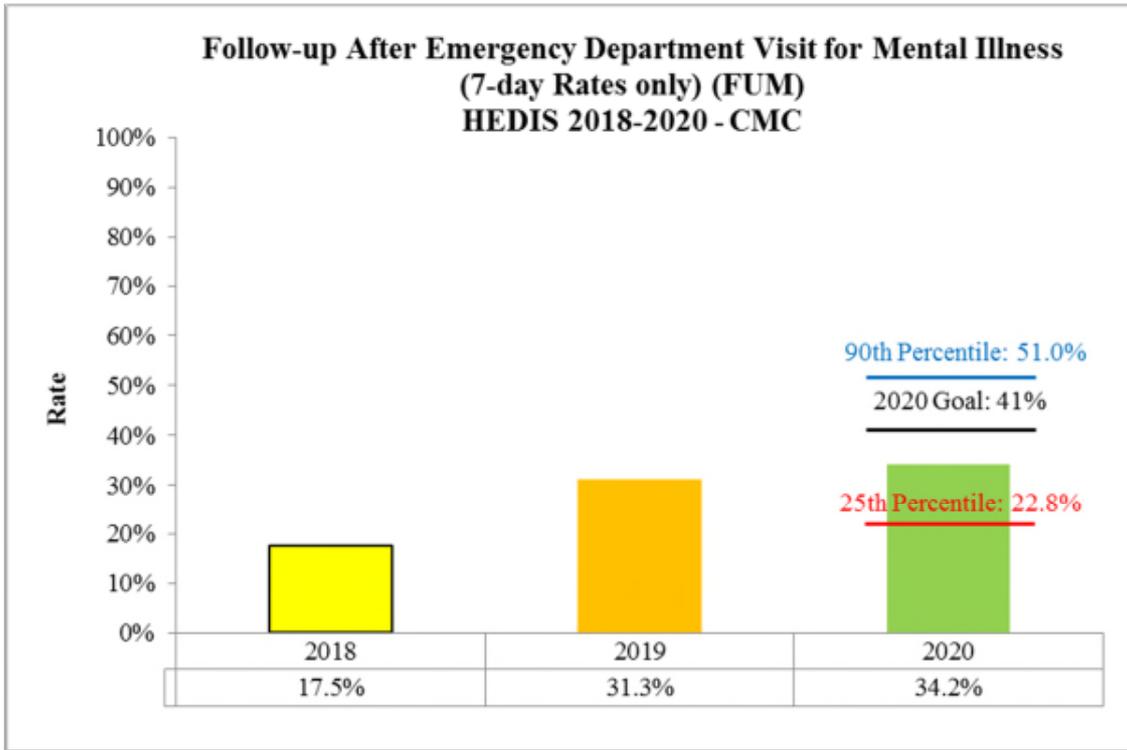
RESULTS

The following graphs display L.A. Care rates in 2020 in the Medi-Cal product line; and compare rates 2018, 2019, and 2020 in the CMC product line:



*NB: Not benefit (2018 & 2019)

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles



CMC benchmarks are from Quality Compass RY2019

ANALYSIS

Quantitative Analysis

Medi-Cal

The FUM 7-day rate was 30.3%. The measure was not recorded in 2018 and 2019 as it was not a plan benefit in those years. The rate did not meet the goal of 34% nor the MPL of 39.1%

CMC

The FUM 7-day rate was 34.2%, representing a 2.9% increase over the 2019 rate. The increase is not statistically significant, and the rate did not meet the established goal of 41%, but did surpass the 25th percentile of 22.8%.

Disparity Analysis

Medi-Cal – 7-DAY

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	609	1943	195	680	11	587	3052	932	19	76
Denominator	2255	5816	612	2374	32	2209	10434	2705	51	282
Rate	27.0%	33.4%	31.9%	28.6%	34.4%	26.6%	29.3%	34.5%	37.3%	27.0%

CMC – 7-DAY

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	4	4	1	3	0	9	24	4	0	0
Denominator	15	15	2	8	0	28	74	8	0	0
Rate	26.7%	26.7%	50.0%	37.5%	NA	32.1%	32.4%	50.0%	NA	NA

For Medi-Cal, based on race/ethnicity, American Indian/Alaskan Native had the highest rates at 34.4% while Unknown had the lowest rates at 26.6%. For language, Chinese speakers had the highest rates at 37.3% while Unknown speakers had lower rates at 27.0%. Both differences in rates for language and race were not statistically significant.

For CMC, nearly all stratifications had low sample sizes and thus tests for statistical differences in these proportions are unreliable due to a low volume (n<30) of members.

Qualitative Analysis

The Medi-Cal FUM 7-day rates did not reach the 2020 Goal of 34% nor did it reach the MPL of 39.1%. For CMC, the rate did pass MPL of 22.8%, but not the 2020 Goal of 41%. Medi-Cal only shows rates for 2020 since it is a relatively new measure. For CMC, there seems to be a generally upward trend with the largest jump from 2018 to 2019 at a 13.8% increase.

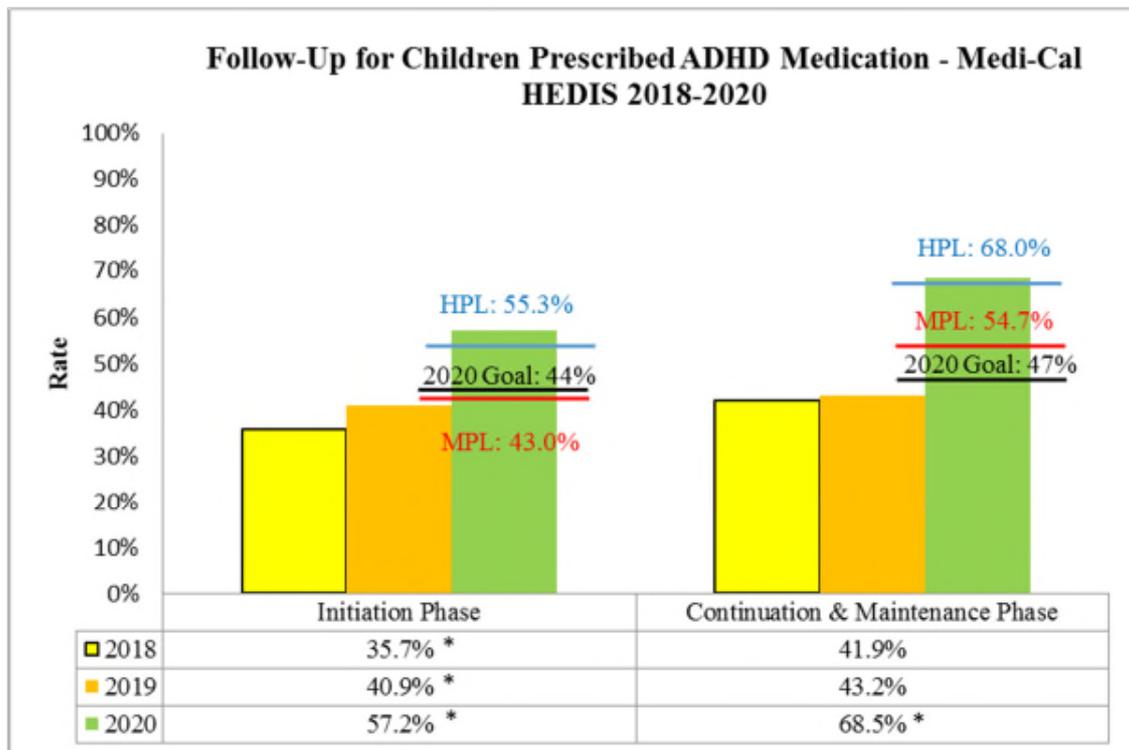
There are no current interventions for FUM, however the Behavioral Health workgroup is planning to do a deeper data dive of the measure. FUM is considered a difficult measure to have interventions for because not all Emergency Department visits are captured in the EDIE Premanage system. Additionally, a 7-day follow up is difficult to fulfill since providers may not have openings for appointments within the week. Ideas for interventions include:

- Expanding data capture such as eConnect (however possibility of eConnect phasing out)
- Engage with hospitals and their case managers/discharge planners
 - Handing out pamphlets and pertinent information on follow up services and contacts
 - Share BEACON referral form with hospitals

Follow-Up for Children Prescribed ADHD Medication (ADD)

RESULTS

The following graphs compare L.A. Care rates in 2018, 2019, and 2020 in the Medi-Cal product line:



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal

The ADD Initiation Phase rate was 57.2% and increased by 16 percentage points over the prior year, surpassing the established goal of 44% and the HPL of 55.3%. This increase was statistically significant ($p < 0.05$). The Continuation & Maintenance Phase rate was 68.5%, a statistically significant increase of 25.3% from the prior year and surpassing the established goal of 47% and the HPL of 68%.

CMC

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

LACC

The denominator for LACC was below 30 and was not reported in 2019.

Disparity Analysis

Medi-Cal – Initiation Phase

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	219	930	33	147	2	269	1142	463	6	12
Denominator	402	1565	68	276	3	478	2032	768	12	26
Rate	54.5%	59.4%	48.5%	53.3%	66.7%	56.3%	56.2%	60.3%	50.0%	46.2%

Medi-Cal – Continuation and Maintenance Phase

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	59	245	11	51	1	56	318	108	2	2
Denominator	97	342	19	79	1	80	475	145	3	5
Rate	60.8%	71.6%	57.9%	64.6%	100%	70.0%	67.0%	74.5%	66.7%	40.0%

An analysis of demographic data for the ADD Initiation Phase rate indicate higher rates in Hispanic members (59.4%) and lower rates in Asian (48.5%), and Black and African/American members (54.5%) – although these were not statistically significant. Note that American Indian/Alaskan Native is the highest at 66.7%, however is not included due to the small sample size (N=3). For language, Spanish speakers had the highest rates at 60.3% while English speakers had the lowest at 56.2% - this was also not a significant difference. Note that Chinese and Unknown speakers had lower rates, however their sample sizes were less than 30, at N=12 and N=26, respectively.

With regard to the Continuation and Maintenance Phase measures, the highest rates of compliance were Hispanics at 71.6% while the lowest rates were among Asian (57.9%, N=19) and Black/African American members (60.8%). For language groups, Spanish speakers had higher rates at 74.5% while lowest rates were English speakers at 67.0%. Note that Chinese and Unknown speakers have the lowest rates, but the sample size is small at N=3 and N=5, respectively. Overall, there were no statistically significant disparities across racial/ethnic and language groups for this rate.

Qualitative Analysis

In the previous three years, there was a slight, yet steady upward trend in both the ADD rates. This year, however, we saw dramatic improvements across the measures. The ADD Initiation Phase rate increased by 16%, while the Continuation and Maintenance Phase rate increased by 25%, both of which are statistically significant. While there were specific initiatives delivered at the member and provider levels designed to increase follow up care in the eligible population, the large improvements seen this year are owed to activities at the administrative level that changed reporting procedures to improve data capture.

First, with regard to the member level initiative, in February 2019 L.A. Care partnered with Beacon Health Options to conduct telephonic outreach to parents of child-aged members who had recently been prescribed ADHD medications to educate them on the importance of timely follow-up appointments for medication efficacy and safety concerns. The outreach also ensured that members had a scheduled appointment with a pediatric provider within 30 days of initiating medication, and if members had missed their follow-up appointments, separate outreach was done to assist with rescheduling. The Behavioral Health Workgroup planned and coordinated a formal evaluation in Spring of 2020 to assess the impact of this intervention. The evaluation analysis found that members that received outreach did not show significantly higher measure compliance compared to members that did not, which led the Behavioral Health Workgroup to discontinue the intervention in July 2020.

ADD Initiation and Continuation Phase Compliance among Member Outreach Status

Member Outreached	Denominator	Numerator	Rate
No			
ADD 1 (Initiation)	2,622	960	36.61%
ADD 2 (Continuation and Maintenance)	233	117	50.21%
Yes			
ADD 1 (Initiation)	105	33	31.43%
ADD 2 (Continuation and Maintenance)	17	6	35.29%

- No – categorization of “No” includes all members not part of the intervention as well as members from the Beacon call logs that were not successfully outreached during the entirety of the intervention.
- Yes – categorization of “Yes” includes all members that were a part of the Beacon Call logs that were successfully outreached during the entirety of the intervention.

In the provider-level initiative, a monthly letter to providers whose patients have recently been prescribed an ADHD medication was launched in 2017 and is ongoing. A revision was made to the letter in 2018 that adopts a more collaborative tone and reminds physicians that one of the two follow-up visits required by the measure may be conducted via telehealth. Due to intake period requirements and the associated technical specifications of the measure, the intervention was not eligible for evaluation until the release of HEDIS RY 2019 data. In January 2020, the provider letter was evaluated for effectiveness between the period of March 2017 through February 2018. Although the analysis found that the letters led to a 3% increase in the Initiation Phase Rate for members included in the mailer distribution list over those that were not, there are limitations in the methodology that make the conclusions unreliable. In Q2 of 2020, key stakeholders in the Behavioral Health Workgroup requested a follow-up evaluation to be completed to address some of these constraints for a more accurate picture of the intervention’s impact. In Q3 of 2020, the ADHD evaluation of the mailers was completed and showed a significant impact when comparing providers who did receive a letter versus those that did not receive a letter. For the Initiation Phase, it shows an 8.35% performance increase while for the Continuation and Maintenance Phase, it showed a 22.87% performance increase – both increases being statistically significant. The evaluation also removed the bias by separating out the provider mapping intervention that occurred simultaneously in order to have a more accurate depiction of the mailer’s impact. With this bias removed and with the mailer showing significant effectiveness, the workgroup decided to continue the ADHD Provider Mailers while making improvements to the distribution process.

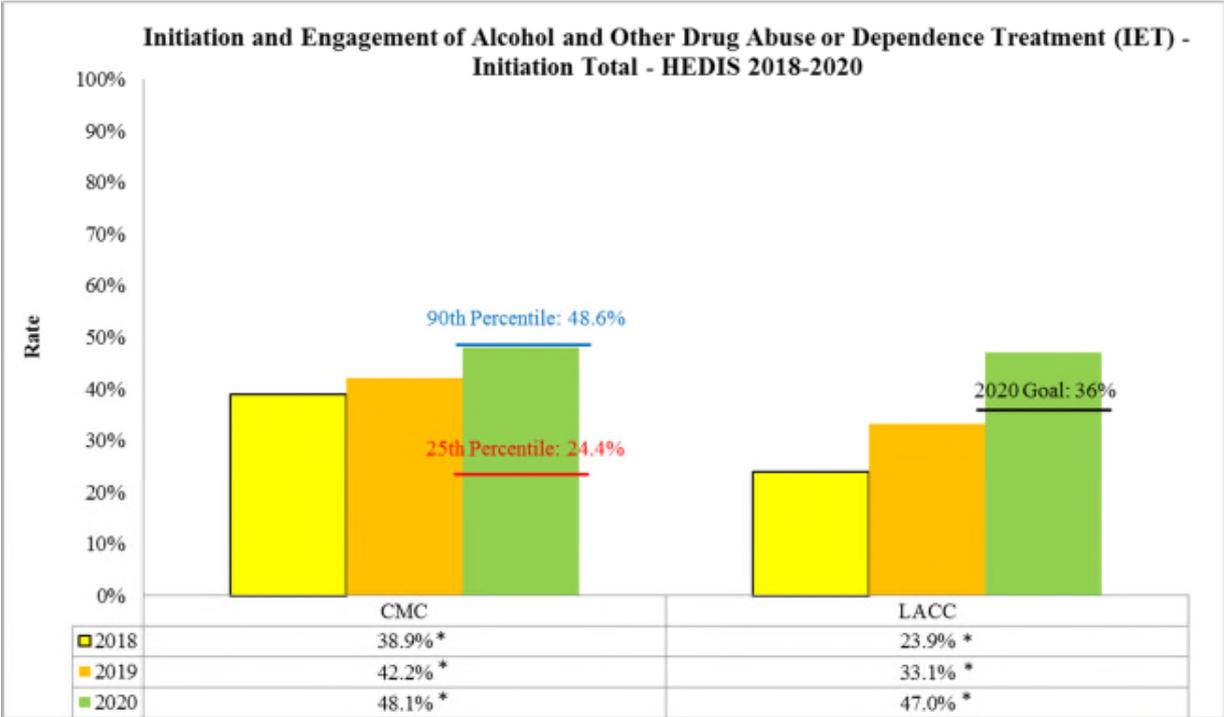
Finally, with respect to administrative level improvements, the Behavioral Health and Quality Performance Management teams worked collaboratively to reconcile data issues in the HEDIS engine. In this case, a deep data dive had revealed that DMH was submitting pertinent follow-up care data with NPI numbers registered to their system’s clinical sites as opposed to the prescribing providers who were caring for

members in the eligible population. As a result, these follow-up visits were not counted as numerator hits for both ADD rates. As a workaround, L.A. Care received special approval from its NCQA auditor to map the county clinics as “behavioral health” specialty sites with a “prescribing provider” flag, effectively allowing these reported follow-up visits to be captured in the final rate. It was these changes in data reporting procedures that brought L.A. Care well above its goals for the year. It is expected that maintenance of these administrative improvements will render continued success in the ADD measures in upcoming years.

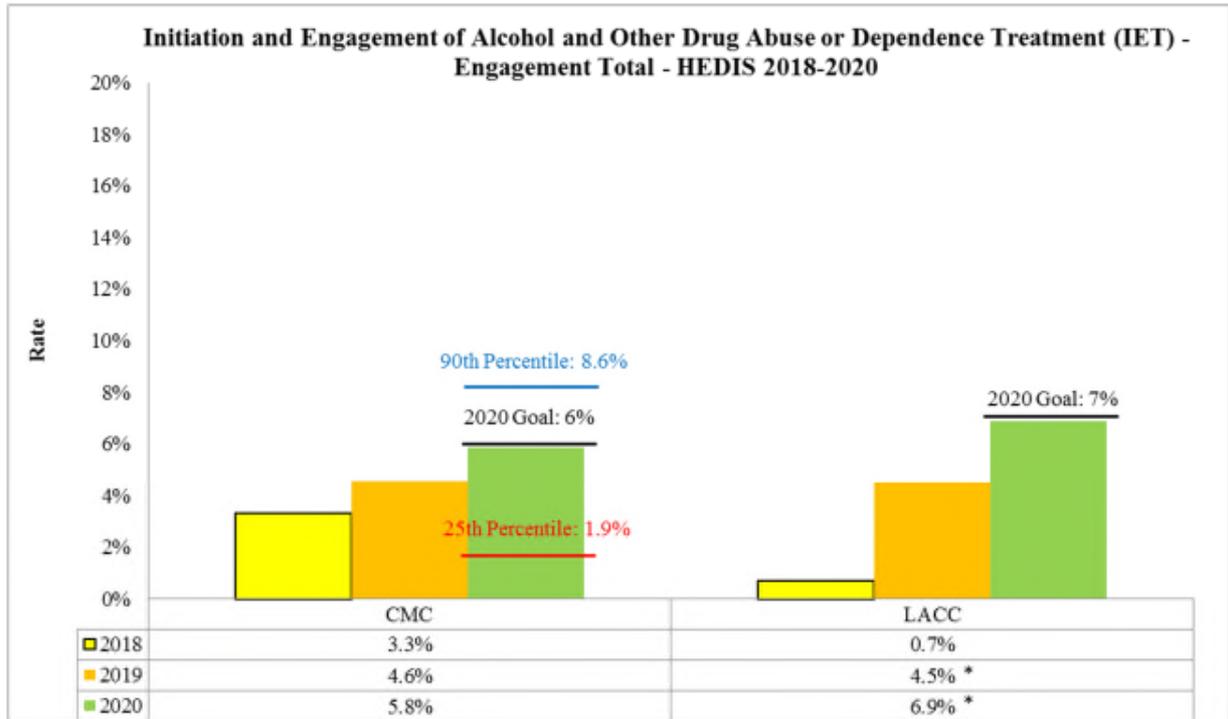
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET)

RESULTS

The following graphs compare L.A. Care rates in 2018, 2019, and 2020 for CMC and LACC.



*Statistically Significant Difference
 **CMC benchmarks are from Quality Compass RY2019



*Statistically Significant Difference

**CMC benchmarks are from Quality Compass RY2019

ANALYSIS

Quantitative Analysis

Medi-Cal

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

CMC

The Initiation rate for CMC was 48.1%. This is an improvement of nearly 6% over 2019 and was determined to be a statistically significant increase. There was no established goal for this rate, but did surpass the 25th percentile of 24.4%. The Engagement rate was 5.8%, an increase of 1.2% over 2019, which was not statistically significant. The rate missed its goal of 6% by 0.2%.

LACC

The Initiation rate for LACC was 33.1%, an increase of 9.8% over the 2018 rate which was found to be statistically significant. The rate met its goal of 36%. The Engagement rate was 4.5%, an increase of 3.8% over 2018 that was found to be statistically significant. The rate missed its goal of 7% by 2.5%.

Disparity Analysis

CMC - Initiation

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	137	155	17	55	8	148	464	134	2	4
Denominator	272	330	37	110	14	306	1005	239	14	4
Rate	50.4%	47.0%	46.0%	50.0%	57.1%	48.4%	46.2%	56.1%	14.3%	100%

CMC - Engagement

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	18	17	4	13	2	10	62	10	2	0
Denominator	272	330	37	110	14	306	1005	239	14	4
Rate	6.6%	5.2%	10.8%	11.9%	14.3%	3.3%	6.2%	4.2%	14.3%	0.0%

CMC

For the Initiation measure in the CMC line of business on disparities related to race/ethnicity, African Americans had the highest rates at 50.4% while Asians had the lowest at 46.0% - this was not statistically significant. For language, Spanish speakers had the highest at 56.1% while English speakers had the lowest at 46.2% - this difference was statistically significant. Note that American Indian/Alaskan Native (N=14), Chinese speakers (N=14), and Unknown speakers (N=4) could not be reliably calculated for significance due to a low numbers of members (n<30) within certain groups.

With regard to the Engagement measure, for race/ethnicity, White had the highest at 11.9% while Unknown had the lowest at 3.3% - this difference is statistically significant. For language groups, English speakers were the highest (6.2%) while Spanish speakers were the lowest (4.2%) – this difference is not statistically significant. Note that American Indian/Alaskan Native (N=14), Chinese speakers (N=14), and Unknown speakers (N=4) could not be reliably calculated for significance due to a low numbers of members (n<30) within certain groups.

LACC - Initiation

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	19	30	60	142	84	107	403	154	10	20
Denominator	57	54	115	325	163	215	864	321	20	43
Rate	33.3%	55.6%	52.2%	43.7%	51.5%	49.8%	46.6%	48.0%	50.0%	46.5%

LACC – Engagement

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	4	10	4	27	18	10	65	22	0	0
Denominator	57	54	115	325	163	215	864	321	20	43
Rate	7.0%	18.5%	3.5%	8.3%	11.0%	4.7%	7.5%	6.9%	0.0%	0.0%

LACC

For the LACC line of business in the Initiation measure, Hispanic/Latino members represented the highest rate (55.6%), which was significantly higher than the lowest rate representing Black/African American members (33.3%). For disparities related to language, Spanish speakers (48.0%) are the highest rates while the lowest rate represents Unknown speakers (46.5%) – this difference is not statistically significant. Note that Chinese speakers (N=20) could not be reliably calculated for significance due to low number of members (n<30).

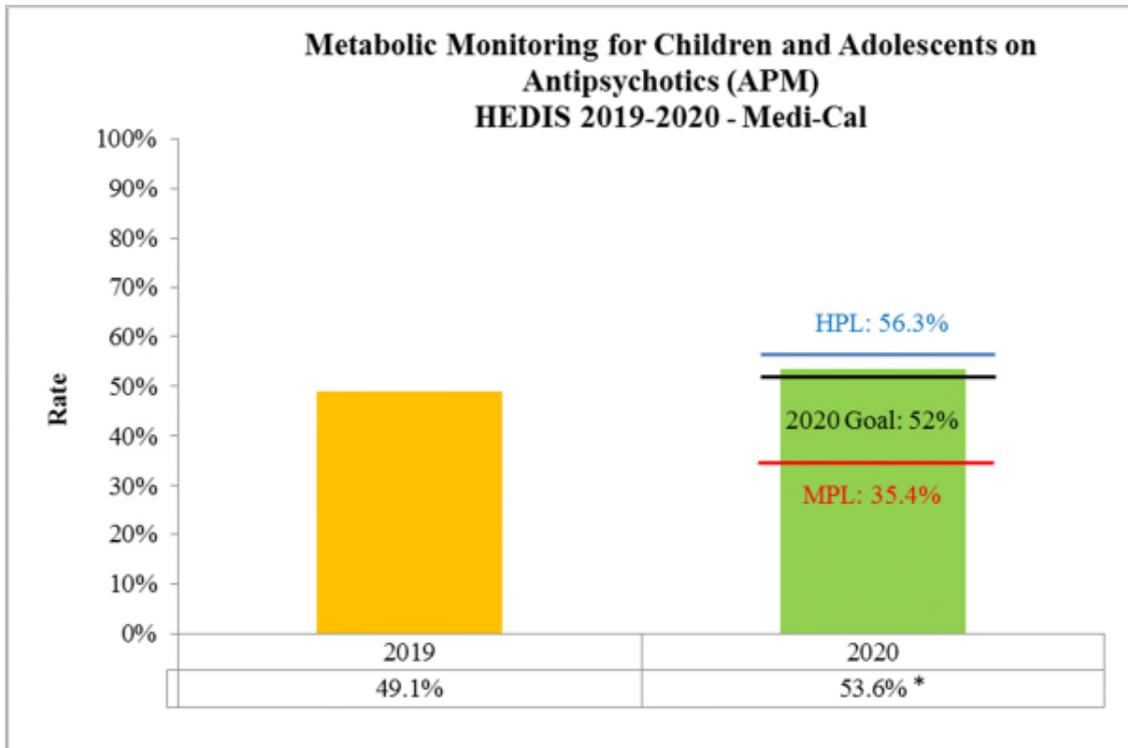
For the Engagement measure with regard to race/ethnicity, Hispanic/Latino members made up the highest rate of 18.5%, which was statistically significantly higher than the Asian (3.5%) members that made up the lowest rates. For language, Unknown speakers made up of the lowest rates at 0.0% while English speakers were the highest rate at 7.5% - this difference was not statistically significant. Note that Chinese speakers (N=20) could not be reliably calculated for significance due to low number of members (n<30).

Qualitative Analysis

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

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The following graphs compare L.A. Care rates in 2019, and 2020 in the Medi-Cal product line:



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal

The APM rate was 53.6%, representing a 4.5 percentage point increase over the previous year that is statistically significant (p=0.010). The rate met the goal of 52%.

Medi-Cal

Admin	Race/Ethnicity						Language			
	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	98	438	24	104	1	94	482	272	1	12
Denominator	194	811	47	194	1	165	954	455	3	22
Rate	50.5%	54.0%	51.1%	53.6%	100%	57.0%	50.5%	59.8%	33.3%	54.6%

Disparity Analysis

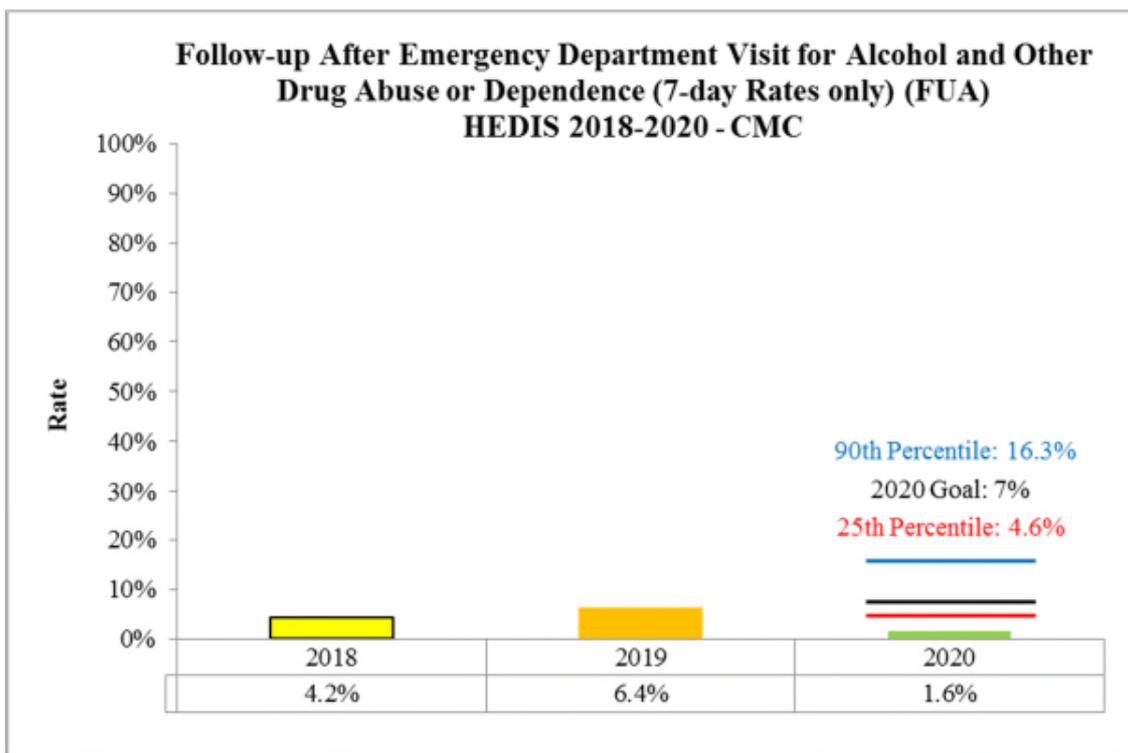
In terms of racial/ethnic disparities, the lowest rates were found among Black/African American members (50.5%) while the highest rates were among Unknown members at 57.0% - this difference is not statistically significant. While American Indian/Alaskan Native had the highest rate at 100%, the sample size is very small at N=1. For language groups, Spanish speakers had the highest rates at 59.8% while English speakers had lower rates at 50.5% - this difference is statistically significant. Note that Chinese and Unknown speakers had lower rates, however their sample sizes are unreliably small at N=3 and N=22, respectively.

Qualitative Analysis

As mentioned previously, Medi-Cal members with serious and persistent mental illness are managed by the Department of Mental Health. As with the SSD measure, in 2019 L.A. Care also began including pertinent SMD non-compliance data in the POR 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 final HEDIS 2020 rate suggest that this form of provider communication is an effective intervention.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) (7-Day Rate)

The following graphs compare L.A. Care rates in 2018, 2019, and 2020 in the CMC product line:



CMC benchmarks are from Quality Compass RY2019

ANALYSIS

Quantitative Analysis

CMC

The FUA rate was 1.6%, representing a 4.8 percentage point decrease over the previous year. The increase is not statistically significant, and the rate did not meet the established goal of 7% for the year. It also did not reach the 25th percentile of 4.6%.

CMC – 7-DAY

Admin	Race/Ethnicity						Language			
HEDIS 2020	African American	Hispanic	Asian	White	American Indian/Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1	0	0	0	0	0	1	0	0	0
Denominator	10	13	0	8	0	26	53	11	0	0
Rate	10.0%	0.0%	NA	0.0%	NA	0.0%	1.9%	0.0%	NA	NA

Disparity Analysis

Analysis of stratified data by racial/ethnic and language groups is considered unreliable due to the low numbers in samples sizes of N<30.

Qualitative Analysis

As mentioned previously, Medi-Cal members with serious and persistent mental illness are managed by the Department of Mental Health. As with the SSD measure, in 2019 L.A. Care also began including pertinent SMD non-compliance data in the POR 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 final HEDIS 2020 rate suggest that this form of provider communication is an effective intervention.

SUMMARY OF INTERVENTIONS FOR MY 2019

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Antidepressant Medication Management (AMM), Acute Phase & Continuation Phase	<ul style="list-style-type: none"> Members may not want to take medication due to the perceived social stigma of having depression Members may stop taking medication if they experience any negative side effect Members may discontinue medication if they are feeling better and feel 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The evaluation of the initial mailer released in September 2018 indicated that the mailer was effective; therefore the intervention will be continued in 2020.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<p>they do not need medication</p> <ul style="list-style-type: none"> • PCPs do not encourage members to stay on medication for the appropriate length of time • PCPs prescribe for 30 days • Pharmacy reversals were removed from data 		
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	<ul style="list-style-type: none"> • Providers may be unaware patient is on medication • Specialty mental health providers may not report diabetes screening. • Point of care testing may not be documented or coded correctly 	<ul style="list-style-type: none"> • In September, providers were sent an updated Provider Opportunity Report which included data for SSD through July 2020. • Data from the State on Antipsychotic drugs was included in HEDIS data collection process. 	<ul style="list-style-type: none"> • Increase from previous year
Follow-Up After Hospitalization for Mental Illness, 7-day & 30-day	<ul style="list-style-type: none"> • Members refuse to attend after care appointments due to stigma or their mental illness or substance use • Members may be experiencing homelessness and are difficult to contact for follow up 	<ul style="list-style-type: none"> • Improved identification of provider specialty. • Implemented REACH Program. • Revised incentive program to award \$25 debit card in lieu of emergency preparedness kit. 	<ul style="list-style-type: none"> • Impact of REACH and incentive program unclear, but both are currently undergoing evaluations planning with analysis ready by early 2021. • As of August 2020, 34 members in the CMC population have earned the \$25 debit card.
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	<ul style="list-style-type: none"> • Member care occurs outside of the primary care setting and not reported to the health plan • Many providers are unaware that children may be receiving care through schools or specialty mental health providers. • Parents may not seek care for their children due to social stigma 	<ul style="list-style-type: none"> • Mailer sent to providers in on a monthly basis informing them that member has been prescribed ADHD medication and advising follow up. • Beacon Health Options calls to parents of members taking ADHD medications 	<ul style="list-style-type: none"> • Statistically significant increase in Initiation Phase and Continuation Phase • Formal evaluation indicates Beacon calls are not effective, and the initiative was discontinued in July 2020.

LOOKING FORWARD

- L.A. Care will resume a mailer to members who have been prescribed an antidepressant advising them of the importance of maintaining treatment, as an evaluation demonstrated it was effective. The mailer will be done on a semi-annual basis beginning in Fall of 2020.
- L.A. Care will formalize an agreement with the Los Angeles County Department of Mental Health (DMH) to standardize data sharing and ensure all data elements necessary for compliance with behavioral health measures are included. This is expected to be finalized in mid-2020.
- L.A. Care will continue with a debit card incentive program for timely follow-up care for the FUH measure that began in late November 2019. It is expected that this incentive will increase participation in the REACH program and the rate of timely follow-up care overall. However, due to COVID-19, the REACH program is on pause until it is safe to continue. The incentive program's ROI analysis will show whether the program was effective or not.
- L.A. Care will continue with the distribution of SSD and SMD non-compliance information in the Provider Opportunity Report, which began in 2019 and which show improvement in the rates.
- L.A. Care will continue an effort launched by the Pharmacy in Q3 2019 to convert members on anti-depressants to a 90-day supply of their medications in order to increase compliance for the AMM measure.

2021 WORK PLAN GOALS:

HEDIS Measure	2021 Medi-Cal Goal	2021 Cal MediConnect Goal	2021 L.A. Care Covered Goal
Antidepressant Medication Management (AMM), Acute Phase	61%	N/A	68%
Antidepressant Medication Management (AMM), Continuation Phase	42%	52%	50%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	82%	N/A	N/A
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	82%	N/A	N/A
Follow up for ER Dept. Visits for Mental Illness (FUM) (7-day rate)	34%	38%	N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 30-day	N/A	64%	N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 7-day	29%	46%	38%
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	57%	N/A	N/A

HEDIS Measure	2021 Medi-Cal Goal	2021 Cal MediConnect Goal	2021 L.A. Care Covered Goal
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	69%	N/A	N/A
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Initiation Total	N/A	N/A	5%
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Engagement Total	6%	7%	9%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	57%	N/A	N/A
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	6% (NOT A BENEFIT)	3%	N/A

N/A: Not applicable

C.3 APPROPRIATE MEDICATION MANAGEMENT

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

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

The following programs were implemented in 2019 to address pharmacy specific NCQA/HEDIS quality measures. These in-house initiatives were in collaboration with Quality Improvement (QI), Behavioral Health (BH), Navitus and SinfoníaRx.

- Pharmacy Star Measures
 - Medication Adherence for Diabetes Medications (D10)
 - Medication Adherence for HTN (RAS Antagonists) (D11)
 - Medication Adherence for Statins (D12)
 - Comprehensive Medication Reviews (D13)
 - Statin Use in Persons with Diabetes (SUPD)
- Pharmacy NCQA Accreditation Measures
 - Osteoporosis Management in Women Who Had a Fracture (OMW)
 - Statin Therapy for Patients with Diabetes (SPD)
 - Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Pharmacy-assisted NCQA Accreditation Measures
 - Follow-Up Care for Children Prescribed ADHD Medication (ADD)
 - Antidepressant Medication Management (AMM)
 - Asthma Medication Ratio (AMR)
 - Flu Vaccinations for Adults Ages 18-64 (FVA)
 - Flu Vaccinations for Adults Ages 65 and Older (FVO)
 - Medication Reconciliation Post-Discharge (MRP)

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

- Medication Adherence for Diabetes Medications (D10)
- Medication Adherence for HTN (RAS Antagonists) (D11)
- Medication Adherence for Statins (D12)
- Statin Therapy for Patients with Diabetes (SPD)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)

L.A. Care's pharmacy department launched an in-house statin adherence program beginning of January 2020 targeting Cal MediConnect (CMC) members. The program involves a high-touch approach to ensure adherence is achieved and maintained throughout the calendar year. Pharmacy technicians conduct outbound calls to members to encourage switching to a 90-day supply of statin medications. Switching to 90-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 pharmacy technicians will also call pharmacies and prescribers to investigate and resolve any additional barriers to adherence. Over the past 7 months, attempts have been made for ~3,500 members. In addition, the pharmacy department continued our partnership with Kroger Health to service mail order for our members. Collaborating with Kroger Health will allow our members to benefit from having 90-day supplies of their maintenance medications delivered to their home.

Since July 2018, providers have been receiving a quarterly scorecard letter as distributed by Navitus. This letter and supplemental tables list members who may be exhibiting non-adherence 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.

Targeted Medication Reviews (TMR) have been in place for 2020 with SinfoníaRx. 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
- 90-day conversion program – Prescription faxes to the provider encouraging 90-day supplies
- Statin Therapy for Patients with Diabetes (SPD)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)

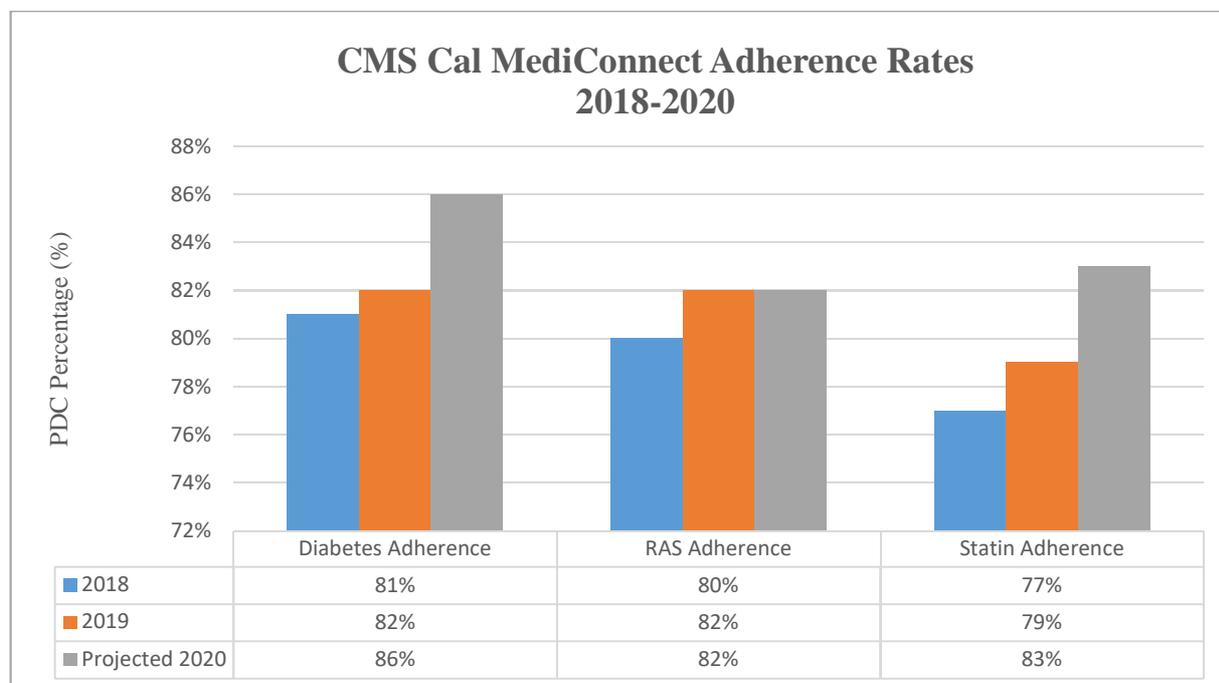
With these interventions, Proportion of Days Covered (PDC) rates improved overall in all three drug classes: Statins, RAS antagonists, and Diabetes, when compared to the previous year. The current PDC rate for all three drug classes is 93%, compared to PDC rates from last year were 90%, 92%, and 92% for Statins, RAS antagonists, and Diabetes, respectively. Statins showed the greatest improvement with a 3% increase.

MAJOR ACCOMPLISHMENTS

- L.A. Care's pharmacy team has attempted to reach ~3,500 members starting January 2020. Out of those members, 2,630 members have either already met goal of having a 90-day supply of their statin medication or were successfully converted to a 90-day supply. Additionally, over 160 Diabetes Welcome Kits were mailed to newly diagnosed members with diabetes.

RESULTS

The following graphs compare L.A. Care adherence performance at the end of year for 2018, 2019 and projected 2020:



Quantitative Analysis

The Cal MediConnect (CMC) medication adherence rates from contract year (CY) 2018 to CY 2019 saw a slight improvement based upon monthly medication adherence data trends released by CMS via the Acumen Patient Safety Reports (Acumen, LLC; *Patient Safety Analysis 2019*). For CY 2019, the final medication adherence rates were 79%, 82%, and 82% for the Statins, RAS Antagonists, and Diabetes measures, respectively. The final 2020 rates listed above are calculated as a forecast for the end of 2020 based on previous year's trend, and may not be accurate to the true final rate for 2020. 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 2020. Based upon current projections, we will finish CY 2020 at 83%, 82%, and 86% for the Statins, RAS Antagonists, and Diabetes measures, respectively. Based on cut point projections, we will achieve a 5-star rating for the Diabetes, 3-star rating for Statins adherence measure and 2-star rating for RAS Antagonist adherence measures for this measurement year. We will also exceed our original 2020 goals of 74% for the SPD 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. If our PDC trends as forecasted, we will advance to 5-star rating for Diabetes adherence, advance to a 3-star rating for Statin adherence, and remain at 2-star rating for RAS adherence. The greatest improvement observed in the Diabetes and Statin adherence members. This improvement is largely contributed by the pharmacy technician statin call intervention. Cut points for CMS Star measures are updated annually and typically shift upwards (meaning, rate thresholds for each Star level increase) due to changes in the specifications of the measure or changes in the average performance of health plans across the country. This year, with the implementation of the adherence initiatives early on, we anticipate on meeting these cut points.

Given the challenge of barriers to medication adherence, the pharmacy department targeted CMC members on statin medications and attempted to convert their medication supply to a 90-day supply. Employing live telephonic outreach calls with highly trained pharmacy technicians, they were able to resolve other issues that may prohibit the member from being adherent, such as transportation issue or simply forgetting to take the medications. The prescriber scorecard, mentioned above, has also contributed to an overall improvement this measurement year. With the continuation of the medication refill reminder program, we identified and targeted common barriers to medication adherence, such as transportation concerns, difficulty obtaining prescriptions or refills from the provider or pharmacy, side-effects, lack of understanding of a medication’s benefit or indication, forgetfulness, and more. Pharmacy team also implemented several interventions to triage members and provided the appropriate resources to best aid them in resolving their barriers to medication adherence; however, our department is limited to a finite amount of resources (e.g., staff and time to conduct calls) and cannot reach every eligible member for the Star adherence measures. To assist with these limitations, an IVR refill reminder call campaign is also currently in effect. An additional barrier includes members that state they are adherent with their therapies, though claims data may suggest non-adherence. Nevertheless, our improvement/sustainment in star ratings across all measures demonstrate the effectiveness of our interventions for 2020.

With the continuation of the Prescriber Scorecard in 2020, the hope to see a consistent increase in adherence performance for measurement year 2021. Some additional barriers identified with the scorecard include improper mailing address of the identified provider (as determined via HPMS and claims data), change in providers and coordination of care, misalignment of claims data before and after distribution of the letters, and providers feeling unable to contribute to improved adherence outcomes if members are unwilling to take medications. With these barriers in mind, pharmacy will continue to work with Navitus to find solutions to these problems and educate providers on how best to intervene with their patients’ adherence behaviors.

INTERVENTIONS

CMS Cal MediConnect Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Medication Adherence for Diabetes Medications	<ul style="list-style-type: none"> • Members experience difficulty in obtaining refills from the pharmacy or provider • Members express forgetfulness • Members identify transportation issues to getting to their pharmacy for provider • Members express a lack of understanding of their medication indication or instructions • Member has concerns of side effects from medications 	<ul style="list-style-type: none"> • Contact member’s pharmacy or provider to request for 90-day supply of medications • Assist member in obtaining refills for medications • Provide counseling tips for adherence • Provide Transportation Resources • Offer to contact provider for 90-day supply prescription or mail-order pharmacy services • Warm transfer to Clinical Pharmacist for consultation • Encourage the use of mail order pharmacy to further assist in boosting adherence 	<ul style="list-style-type: none"> • Increase in PDC rate for Diabetes and Statins medication adherence measures • Advance to estimated 3-Star Rating for Statin medication adherence measures • Increase in 90-day supply prescription count • Increase use of mail order pharmacy
Medication Adherence for Hypertension Medications (RAS Antagonist)			
Medication Adherence for Statins			

LOOKING FORWARD

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

- Continue member outreach interventions to increase adherence and expand our intervention to multiple drug classes.
- Continue to grow our partnership with Kroger Health to assist in driving adherence and 90-day supply prescription rates up.
- Continue collaborating with Navitus in refining the Provider Scorecard report to deliver provider-specific medication adherence data, measure their performance on each measure, and provide actionable recommendations to improve medication adherence.

MEDICATION THERAPY MANAGEMENT (CMR COMPLETION RATE)

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

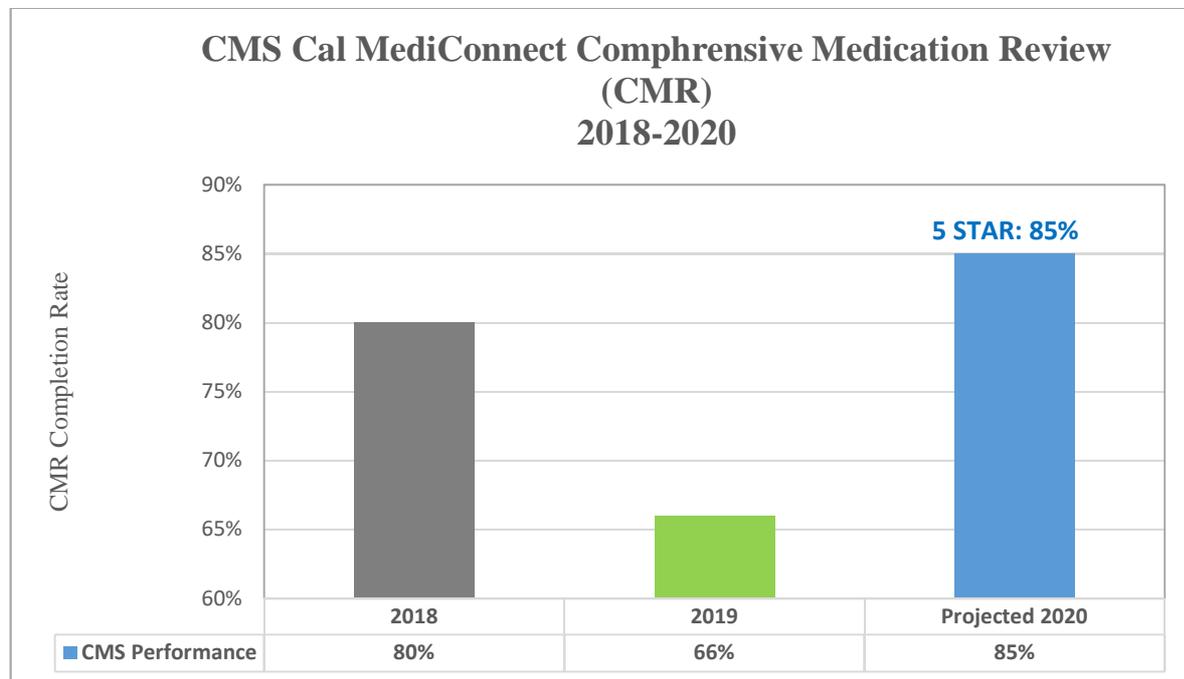
SinfoníaRx currently administers MTM for L.A. Care CMC members. As part of the MTM program, members receive a telephonic Comprehensive Medication Reviews (CMRs) conducted by SinfoníaRx personnel. A CMR is an interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver.

For Contract Year 2020, each beneficiary may receive MTM intervention based on the following criteria:

- 3 or more chronic diseases
- 8 or more covered Part D drugs
- Incurred annual cost of \$4,255 in covered Part D drugs
- Beneficiary is allowed to Opt-Out of the MTM program

As of August 2020, the CMR rate is reported at 60% and approaching goal of 85% by the end of this year. Started in May 2020, the pharmacy department has launched in-house MTM for members who are eligible for both MTM and Medication Reconciliation Post-Discharge (MRP). These members were discharged from the hospital within 30 days and have also met the MTM criteria, as mentioned above.

RESULTS



Quantitative Analysis

The Medication Therapy Management (MTM) Comprehensive Medication Review (CMR) Completion Rate measure was added by CMS as a part of the Star Rating in 2016 as a process measure. L.A. Care has partnered with SinfoniaRx to provide our CMC members MTM services. In CY 2018, L.A. Care reached a CMR rate of 80%. For CY 2019, CMR completion rate was initially 85%; however, CMRs completed with providers for members without cognitive impairment were retroactively removed by CMS. Thus, the resulting CMR completion rate was revised to 66%. The expected CMR completion rate for CY 2020 will be 85%. The pharmacy department has also launched the internal MTM program to ensure that the CMR completion rate will be met this year.

Qualitative Analysis

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

CMS Cal MediConnect Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/Outcome
Medication Therapy Management (MTM)	<ul style="list-style-type: none"> Member engagement by MTM vendor Unable to reach the member due to inactive phone number Members who do not receive a Welcome Letter due to incorrect addresses 	<ul style="list-style-type: none"> Employing multiple tactics, such as calling the pharmacy and provider, to obtain new phone numbers Making multiple attempts at different times of the day to reach the members Engaging Care Management team to encourage MTM eligible 	<ul style="list-style-type: none"> Increase in CMR rate

CMS Cal MediConnect Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/Outcome
	<ul style="list-style-type: none"> Members not picking up their phone Language barriers 	members to utilize service <ul style="list-style-type: none"> Using telephonic translation services 	

LOOKING FORWARD

- The goal is to meet the 5-star goal for 2020 for CMR completion at 85% and to conduct 50 CMRs with L.A. Care pharmacists.
- Pharmacy will be collaborating with Dr. Brodsky and the Behavior Health team for the Transitions of Care measure for MCLA members.

Cal MediConnect CMS Medication Adherence & MTM Measures	2020 Measurement Year Rate (July 2020)	Expected End of Year Rate	Projected Star Rating	2020 Goal Rate
Medication Adherence for Diabetes Medications	91%	86%	3	85%
Medication Adherence for Hypertension Medications (RAS Antagonists)	92%	82%	2	80%
Medication Adherence for Statins	91%	83%	3	74%
Medication Therapy Management (MTM)	54%	85%	5	85%

HEDIS MEASURES

L.A. Care Health Plan's pharmacy department has launched or assisted in several in-house pilot programs to target specific HEDIS measures, including ADD, AMM, AMR, OMW, and the Flu vaccine measures. ART is no longer an accreditation measure. For the OMW intervention, highly trained pharmacy interns have been conducting outreach calls to prescribers to encourage reassessment for members who met the specifications for the Osteoporosis measure. For MY2020, pharmacy interns outreached providers of 119 members. The pharmacy interns have also educated the affected members on the importance of receiving a DEXA scan or osteoprotective medication. The goal for conducting outreach to members is for the member to make the appointment and have the conversation with their provider, ultimately filling a prescription for an osteoprotective medication or receiving a DEXA scan.

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. The pharmacy team has also created a new intervention for BH to convert members' antidepressant medications to a 90-day supply in order to meet the Effective Continuation Phase Treatment, similar to the Statin adherence call intervention. Additionally, pharmacy team has created AMR education material for asthma members to help them remember to take their asthma inhaler. Lastly, the pharmacy team will be collaborating with Health Education to coordinate flu vaccine clinics at various Community Resource Centers (CRC). In 2019, 48 L.A. Care members attended the flu clinics and received a flu shot.

INTERVENTIONS

NCQA Accreditation Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Osteoporosis Management in Women Who Had a Fracture	<ul style="list-style-type: none"> Members not seeing PCP for follow-up related to their fracture 	<ul style="list-style-type: none"> Calling PCP offices of members identified as not meeting numerator of the measure Faxing PCP offices of members identified as not meeting numerator of the measure High-touch telephonic outreaches to members identified as not meeting numerator of the measure 	<ul style="list-style-type: none"> 17 of 119 providers outreached prescribed an osteoprotective agent H2020 rate = 32.3%, which is 2.9% higher than H2019
Adult Vaccinations	<ul style="list-style-type: none"> Members not understanding pharmacy benefit and coverage of vaccinations Members unwilling to receive influenza vaccine 	<ul style="list-style-type: none"> Created education presentation to be made into animated video for the public High-touch telephonic outreach to members, educating them on importance of receiving vaccinations Advertising to members on receiving flu vaccinations at CRCs and pharmacies 	<ul style="list-style-type: none"> 48 members received flu shot at the flu clinics in 2019 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 2021 clinical programs.

- Pharmacy will be continuing with its efforts to outreach to members and their providers for the OMW measure
- Pharmacy will be holding flu clinics in the upcoming months at various Community Resource Centers.
- Continue expanding pilot programs for provider outreach on various HEDIS measures through the pharmacy intern program or the pharmacy residency program.

D. PATIENT SAFETY OR OUTCOMES ACROSS SETTINGS

D.1 PHARMACY INITIATIVES AND MANAGEMENT

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BACKGROUND

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

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

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

<i>Drug Drug Interactions (DDI)</i>	<i>Claim history indicates fills of two or more drugs that when taken together, can cause unpredictable or undesirable effects</i>
<i>High Dose Alert (HD)</i>	<i>Dose prescribed is considered excessive or dangerous when compared to the recommended dosing</i>
<i>Low Dose Alert (LD)</i>	<i>Dose prescribed is considered low or ineffective when compared to the recommended dosing</i>
<i>Underuse (LR)</i>	<i>Member has not followed the expected refill schedule to ensure the recommended therapy duration</i>
<i>Insufficient Duration (MN)</i>	<i>The duration of the prescription may not be able to fulfill the adequate therapeutic effect</i>
<i>Excessive Duration (MX)</i>	<i>The period of time for the prescription is considered excessive or dangerous when compared to the recommended dosing</i>
<i>Patient Age (PA)</i>	<i>Medication is contraindicated, unintended, or untested for use by patients of this age</i>
<i>Drug Sex (SX)</i>	<i>Medication is contraindicated, unintended, or untested for use by patients of this sex</i>
<i>Therapeutic Duplication (TD)</i>	<i>This service identifies prescriptions that provide the same therapeutic effect.</i>
<i>Morphine Equivalent Dose (ER)</i>	<i>Detects members that have ≥ 90mg Morphine Equivalent Doses, two or more pharmacies and two or more doctors for active opioid claims</i>
<i>Dose Range (DR)</i>	<i>Identifies a member whose acetaminophen use was greater than 4 grams (4,000 mg) per day</i>
<i>Opioid Naïve (925)</i>	<i>Identifies members with an incoming fill of an opioid claim for greater than 7 days supply if had not filled an opioid claim in the past 108 days</i>

Medi-Cal

CDUR Edits	# of Claims with Safety Edit			
	Q3 2019	Q4 2019	Q1 2020	Q2 2020
DDI (<i>Drug-Drug Interaction</i>)	460,237	461,983	465,557	419,842
DDI (Benzo + Opioid)	16,473	15,819	8,026	7,421
<i>DDI Stayed Rejected</i>	5,316	5,451	4,380	3,997
HD (<i>High Dose</i>)	47,728	50,803	53,285	33,282
<i>HD Stayed Rejected</i>	1,486	1,724	1,754	1,428
LD (<i>Low Dose</i>)	71,031	66,290	66,516	51,705
LR (<i>Underuse</i>)	402,020	387,853	408,514	352,170
MN (<i>Insufficient Duration</i>)	7,812	7,704	8,035	6,016
MX (<i>Excessive Duration</i>)	37,115	26,284	18,192	16,369
SX (<i>Drug-Sex</i>)	760	623	598	405
PA (<i>Patient-Age</i>) Levels 1-3	137,727	144,792	151,967	139,062
PA Codeine/Tramadol & Cough & Cold	44	58	66	8
<i>PA Stayed Rejected</i>	30	40	44	2
TD (<i>Therapeutic Buprenorphine</i>)	-	1	3	-
TD (<i>Long Acting Opioids</i>)	192	160	169	140
TD (<i>Other Therapeutic Duplication</i>)	225,815	233,423	240,875	217,088
<i>TD (Other Therapeutic Duplication) Stayed Rejected</i>	51	41	55	29
DR (<i>Dose Range - APAP</i>)	2,285	2,610	3,246	2,893
<i>DR Stayed Rejected</i>	852	999	1,260	1,297

CDUR Edits	# of Claims with Safety Edit			
	Q3 2019	Q4 2019	Q1 2020	Q2 2020
HC (<i>Morphine Equivalent Dose</i>)	197	150	182	130
HC Stayed Rejected	85	59	73	57
Totals	1,409,436	1,398,553	1,427,795	1,246,531

The number of claims in our Medi-Cal population with a CDUR safety edit has remained stable with a slight decrease in Q2 2020. The most common type of CDUR edit across all LOBs is for Drug-Drug Interactions, which can result in either a message to the pharmacist or a soft reject depending on the severity level of the identified interaction, and would require the pharmacist to resolve the issue prior to dispensing the medication.

CMC

CDUR Edits	# of Claims with Safety Edit			
	Q3 2019	Q4 2019	Q1 2020	Q2 2020
925 – Opioid Naïve	292	331	319	354
Opioid Naïve Stayed Rejected	151	218	217	244
DDI (<i>Drug-Drug Interaction</i>)	39,435	40,293	39,897	38,978
DDI (Benzo + Opioid)	1,441	1,384	599	659
DDI Stayed Rejected	557	598	411	424
HD (<i>High Dose</i>)	2,206	1,821	1,651	1,572
HD Stayed Rejected	-	3	2	5
LD (<i>Low Dose</i>)	3,819	3,809	3,791	3,234
LR (<i>Underuse</i>)	17,153	17,609	18,672	16,603
MN (<i>Insufficient Duration</i>)	533	489	555	531
MX (<i>Excessive Duration</i>)	1,527	1,130	783	733

CDUR Edits	# of Claims with Safety Edit			
	Q3 2019	Q4 2019	Q1 2020	Q2 2020
SX (<i>Drug-Sex</i>)	35	22	24	15
PA (<i>Patient-Age Levels 1-3</i>)	24,139	25,160	25,915	28,315
PA Codeine/Tramadol & Cough & Cold	-	-	-	-
PA (<i>Stayed Rejected</i>)	-	-	-	-
TD (Buprenorphine)	32	25	23	29
TD (Long-acting Opioids)	9	6	9	16
TD (<i>Other Therapeutic Duplication</i>)	17,504	18,666	18,940	18,112
TD (<i>Stayed Rejected</i>)	7	4	6	12
DR (<i>Dose Range-APAP</i>)	80	85	128	102
DR <i>Stayed Rejected</i>	44	39	75	62
HC (<i>Morphine Equivalent Dose</i>)	10	12	12	8
HC <i>Stayed Rejected</i>	6	10	7	3
Totals	108,215	110,842	111,430	109,261

The CDUR edits for CMC members remained relatively stable while membership increased from 15,971 in Q3 2019 to 17,199 in Q2 2020.

Covered CA

CDUR Edits	# of Claims with Safety Edit			
	Q3 2019	Q4 2019	Q1 2020	Q2 2020
<i>DDI (Drug-Drug Interaction)</i>	27,447	27,826	23,674	21,915
<i>DDI (Benzo + Opioid)</i>	686	728	360	368
<i>DDI Stayed Rejected</i>	339	355	269	212
<i>HD (High Dose)</i>	1,847	2,044	2,001	1,524
<i>HD Stayed Rejected</i>	100	87	79	75
<i>LD (Low Dose)</i>	3,723	3,697	3,414	2,939
<i>LR (Underuse)</i>	29,100	29,521	23,288	21,695
<i>MN (Insufficient Duration)</i>	569	607	616	530
<i>MX (Excessive Duration)</i>	1,376	1,362	1,285	1,121
<i>SX (Drug-Sex)</i>	48	34	30	24
<i>PA (Patient-Age)</i>	7,675	7,775	7,544	7,654
<i>PA Codeine/Tramadol & Cough & Cold</i>	2	-	1	1
<i>PA Stayed Rejected</i>	1	-	-	1
<i>TD (Buprenorphine)</i>	10	24	27	25
<i>TD (Long-acting Opioids)</i>	8	6	1	1
<i>TD (Other Therapeutic Duplication)</i>	14,046	14,876	13,342	12,625
<i>TD (Stayed Rejected)</i>	2	12	5	3
<i>DR (Dose Range-APAP)</i>	30	32	25	16
<i>DR Stayed Rejected</i>	4	11	9	4
<i>HC (Morphine Equivalent Dose)</i>	7	4	8	2
<i>HC Stayed Rejected</i>	2	2	3	1
Totals	86,574	88,536	75,741	70,440

CDUR edits for LACC remained stable for Q3 2019 and Q4 of 2019, then began to decrease in Q4 2020. This result correlates with the number of prescriptions filled per month by LACC members, which has decreased from 59,878 in July 2019 to 52,465 in June 2020.

PASC

CDUR Edits	# of Claims with Safety Edit			
	Q3 2019	Q4 2019	Q1 2020	Q2 2020
<i>DDI (Drug-Drug Interaction)</i>	17,860	17,967	18,410	16,517
<i>DDI (Benzo + Opioid)</i>	682	656	271	254
<i>DDI Stayed Rejected</i>	221	238	174	165
<i>HD (High Dose)</i>	1,100	1,043	879	829
<i>HD Stayed Rejected</i>	57	47	36	44
<i>LD (Low Dose)</i>	1,761	1,800	1,862	1,633
<i>LR (Underuse)</i>	18,494	18,502	20,028	16,799
<i>MN (Insufficient Duration)</i>	285	294	299	256
<i>MX (Excessive Duration)</i>	685	654	645	582
<i>SX (Drug-Sex)</i>	11	16	11	4
<i>PA (Patient-Age) Levels 1-3</i>	6,825	6,964	7,475	7,632
<i>PA Codeine/Tramadol & Cough & Cold</i>	-	-	-	-
<i>PA Stayed Rejected</i>	-	-	-	-
<i>TD (Buprenorphine)</i>	25	22	28	33
<i>TD (Long-acting Opioids)</i>	20	11	12	7
<i>TD (Other Therapeutic Duplication)</i>	7,615	8,019	8,170	7,006
<i>TD Stayed Rejected</i>	18	9	12	7
<i>DR (Dose Range-APAP)</i>	8	10	17	7
<i>DR Stayed Rejected</i>	1	1	6	3
<i>HC (Morphine Equivalent Dose)</i>	8	8	3	4
<i>HC Stayed Rejected</i>	7	5	2	-
Totals	55,379	55,966	58,180	51,563

Similarly, number of CDUR edits for PASC members are similar to that of other LOBs where a decrease is seen in Q4 of 2020.

RETROSPECTIVE DUR (info from Navitus)

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

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

Product Name	Prescriber Message	Value for Member Identification /Inclusion
	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.	

Medi-Cal

Safety Intervention Name	November 2019 Look-Back Period: 7/1/2019 – 10/31/2019		March 2020 Look-Back Period: 11/1/2019 – 2/28/2020		July 2020 Look-Back Period: 3/1/2020 – 6/30/2020	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	726	17.1%	755	18.2%	693	363
Multi-Prescriber	282	54.6%	250	60.4%	246	2,108
Controlled Substance Monitoring	81	75.3%	59	67.8%	59	283
CSM Repeat Alert	17	52.9%	13	38.5%	9	63
Duplicate Therapy	530	54.3%	659	42.5%	718	831
Triple Threat	479	55.1%	443	53.1%	400	668
Triple Threat Repeat Alert	402	25.4%	376	21.5%	373	464
Multi-Prescription	2,529	30.8%	2,371	26.7%	2,442	4,138
Expanded Fraud, Waste & Abuse	79	69.6%	84	70.2%	90	262
Totals	5,125	35.8%	5,010	32.4%	5,030	9,180

RDUR safety interventions appear to have contributed to the reduction of controlled substance overutilization since a steady decline of members identified for controlled substance monitoring and repeat alerts over the last three quarters.

CMC

Safety Intervention Name	November 2019 Look-Back Period: 7/1/2019 – 10/31/2019		March 2020 Look-Back Period: 11/1/2019 – 2/28/2020		July 2020 Look-Back Period: 3/1/2020 – 6/30/2020	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	50	14.0%	43	11.6%	41	44
Multi-Prescriber	26	76.9%	20	65.0%	21	246
Controlled Substance Monitoring	4	75.0%	4	25.0%	2	6
CSM Repeat Alert	1	100.0%	0	N/A	2	6
Duplicate Therapy	37	48.7%	44	50.0%	51	75
Triple Threat	37	37.8%	35	31.4%	43	95
Triple Threat Repeat Alert	29	31.0%	27	14.8%	29	52
Multi-Prescription	148	31.1%	139	27.3%	163	563
Expanded Fraud, Waste & Abuse	1	100.0%	4	100.0%	6	16
Totals	333	35.7%	316	31.01%	357	1,103

The number of RDUR interventions appear to be stable over the course of 2019 into 2020. A trend is difficult to discern for CMC due to its smaller membership in comparison to Medi-Cal and resulting low volume of RDUR safety interventions.

Covered CA

Safety Intervention Name	November 2019 Look-Back Period: 7/1/2019 – 10/31/2019		March 2020 Look-Back Period: 11/1/2019 – 2/28/2020		July 2020 Look-Back Period: 3/1/2020 – 6/30/2020	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	21	23.8%	22	9.1%	27	28
Multi-Prescriber	0	N/A	0	N/A	4	40
Controlled Substance Monitoring	3	66.7%	1	100.0%	2	8
CSM Repeat Alert	0	N/A	0	N/A	0	0
Duplicate Therapy	16	56.3%	14	64.3%	37	51
Triple Threat	22	31.8%	24	37.5%	19	40
Triple Threat Repeat Alert	6	16.7%	9	0%	16	29
Multi-Prescription	15	33.3%	10	30%	15	53
Expanded Fraud, Waste & Abuse	1	0%	0	N/A	1	2
Totals	84	34.52%	80	30%	121	151

The increase o RDUR interventions in Covered CA can be attributed to the increase invoiced membership from 82,355 in July 2019 to 85,544 in June 2020.

PASC

Safety Intervention Name	November 2019 Look-Back Period: 7/1/2019 – 10/31/2019		March 2020 Look-Back Period: 11/1/2019 – 2/29/2020		July 2020 Look-Back Period: 3/1/2019 – 6/30/2020	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	27	7.4%	32	25%	33	29
Multi-Prescriber	4	75.0%	0	N/A	2	20
Controlled Substance Monitoring	2	50.0%	0	N/A	3	21
CSM Repeat Alert	0	N/A	1	100%	0	0
Duplicate Therapy	9	55.6%	24	54.2%	30	36
Triple Threat	17	58.8%	11	36.4%	14	22
Triple Threat Repeat Alert	15	13.3%	13	7.7%	13	17
Multi-Prescription	11	45.5%	6	33.3%	11	36
Expanded Fraud, Waste & Abuse	2	100.0%	0	N/A	0	0
Totals	87	34.48%	87	33.3%	106	181

The number of RDUR interventions for PASC have increased from November 2019 to June 2020; however, still remains incremental compared to the total PASC member population (51,812 members as of July 2020)

COVERAGE DETERMINATIONS

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

APPEALS

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

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

	# of Pharmacy Appeal Cases			
	Q3 2019	Q4 2019	Q1 2020	Q2 2020
MCLA	195	410	834	634
CMC	27	49	51	56
LACC	36	42	61	37
PASC	9	10	6	5
Totals	267	511	952	732

The appeal case volume has dramatically increased due to an audit finding from Department of Health Care Services. However, starting January 2021, the pharmacy benefit will be carved-out of managed care plans (MCP). In other words, all L.A. Care directly managed Medi-Cal (MCLA) appeal cases will be responsible to the state.

OPIOID MEASURES

- Use of Opioids at High Dosage (HDO)
- 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
 - Drug-Drug Interactions (Benzo + Opioid)
 - Therapeutic Duplication (Buprenorphine)
 - Therapeutic Duplication (Long-acting Opioids)
 - Morphine Milligram Equivalent
- Applicable RDURs
 - Morphine Milligram Equivalent (MME)
 - Controlled Substance Monitoring (CSM)
 - 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 MCLA, 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.

- **Inclusion Criteria** – Members will be considered for enrollment if they have met the following criteria during the most recent 6-month period:
 - Average daily MME greater than or equal to ninety (90) mg
 - Prescribed by 3 or more prescribers and 3 or more pharmacies
 - Prescribed by 5 or more opioid prescribers, regardless of the number of dispensing pharmacies.

For FY19-20 (Oct. 2019 to Sept. 2020), 132 new cases were referred/identified for potential enrollment in the Pharmacy Home Program. There are 2 members in the Warning Period and 1 member enrolled into 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. For FY 19-20 (Oct. 2019 to Sept. 2020), 6 new cases were identified and there is only one CMC member locked into the Opioid Home Program. Identification of members are through internal pharmacy reports, HPMS communications, and the MARx platform.

HIGH-RISK MEDICATIONS IN THE ELDERLY MEASURES

- Use of High Risk Medication in the Elderly (DAE)
- Potentially Harmful Drug-Disease Interaction in the elderly (DDE)
Clinical programs have been implemented by L.A. Care pharmacy to monitor and alert providers of potentially harmful medications in the elderly population. L.A. Care utilizes CDUR to monitor prescription claims and notify the pharmacy when a medication is dispensed for a member whose age may be inappropriate. The Medication Therapy Management (MTM) Program for eligible CMC members also incorporates Targeted Medication Reviews (TMRs) for members with claims history for high-risk medications. In 2019, the pharmacy team collaborated with the Risk Adjustment (RA) team to include High-Risk Medication (HRM) identification with the Annual Wellness Exam and the distribution of provider fliers to medical offices. In March of 2020, the pharmacy team updated the HRM provider notice to reflect changes to the Beers Criteria Medication List, which is a list of medications potentially inappropriate for elderly members that is updated by the American Geriatric Society. Lastly, the pharmacy team continues to update the Prior Authorization and Exception-to-Coverage criteria with the latest guideline recommendations and new emerging evidence.

LOOKING FORWARD

The pharmacy team is looking to launch a new clinical program to personalize medication alerts to the providers. A clinical notice will be sent to the providers that is responsible for prescribing potentially inappropriate medication for the elderly member. We will be monitor the effectiveness of this program in 2021.

D.2 PATIENT SAFETY

AUTHOR: CHRISTINE CHUEH, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

Patient Safety monitoring ensures protection for the welfare of those receiving care. The patient safety monitoring effort is accomplished through 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 venues. In 2020, the criteria for PQI referrals was reviewed in depth with L.A. Care Customer Solution Center (CSC) call center, Appeal and Grievances (A&G), Care Management/Utilization Management, as well as Behavioral Health Management Autism and Transgender Health Program. Ongoing staff education is important for the Patient Safety Program. The self-paced online PQI training developed in 2019 was also enhanced to refresh L.A. Care staff's understanding of appropriate identification and reporting of PQIs. This training was re-launched August 2020 to include both member facing teams as well as provider facing teams. The PQR team monitors appropriate submission of PQIs closely. In collaboration with CSC and A&G team, 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. Starting in 2020, the PQR team implemented a processes to conduct monthly random oversight review of calls handled by CSC and A&G cases that were not referred to PQI to identify and remediate any gaps in the process for identifying PQIs. Another means of ensuring Patient Safety is through a stringent review of monthly encounter data from deceased members to proactively assess pattern of encounters and assess potential unexpected deaths. Vetting for an electronic system started in 2018 and continued throughout 2020 with 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.

Critical Incident (CI) Reporting is another patient safety monitoring program in place to promote the health, safety and welfare of L.A. Care's Cal MediConnect members. All L.A. Care staff and network providers are trained to identify and report all Critical Incidents (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. Starting in 2018 and continuing in 2020, the QI department worked with Learning and Career Services to enhance the Critical Incident Training process and modules to better identify CI's as well as increase compliance with CI reporting from all contracted/delegated entities. The QI department takes every opportunity to educate L.A. Care internal departments about Critical Incident Reporting. The Critical Incident Reporting information is included in the self-paced online PQI training that was re-launched in August 2020. 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 2019 to 76% in 2020. Spore testing decreased from 80% in 2019 to 73% in 2020. Neither was statistically significant.

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

SECTION 1: POTENTIAL QUALITY ISSUES

AUTHOR: CHRISTINE CHUEH, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2020 WORK PLAN GOAL:

- 65% 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 be also reported by network providers. Provider Quality Review (PQR) team in the Quality Improvement Department (QI) conduct a thorough internal investigation on all potential quality issues, including a review of the incident as reported or alleged as well as responses from the provider group/practitioner and relevant medical records, when appropriate. The 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 Behavior Health Services. Plan Partners and SHP are required to comply with the PQI policy and procedure and close all investigations within six calendar months. The QI department conducts delegation oversight of PQI activities through quarterly report reviews and annual oversight audits.

MAJOR ACCOMPLISHMENTS

- In Fiscal Year 2019 – 2020, PQR received 5,036 PQI referrals for Provider Quality Review (PQR), which was a significant increase (123%) from 4,090 in 2019 and 242% increase from 2,084 in 2018. The increasing referrals continued to come from Appeal and Grievance (A&G) department. In 2020, the PQR team completed total 5,822 reviews, including backlog cases carried over from the previous years. 4,840 of the 5,822 (83.1%) cases were processed within the required timeframe of six calendar months, which exceeded the goal of 65%.
- The PQI triage process developed in 2019 continued to be optimized allowing PQR Nurses to appropriately screen all referrals and assign the case review based on urgency and type of issues. Upon initial review of the referral information and the available records, the PQR Nurses apply their clinical evaluation of the concern and select one of the triage codes: Triage 0 – Does not meet PQI

Referral Criteria/no additional clinical investigation is required, Triage 1 – PQR to conduct clinical review, Triage 2 – PQR to conduct additional clinical review, Triage 3 – PQR to request additional information for clinical review and Triage 4 – PQR to escalate the concern to Medical Director. In 2020, 3,390 (58.2%) of 5,822 cases were triaged 0. Examples of these triage 0 cases were provided to A&G for educational and training purpose. Efforts to align understanding of the PQI referral criteria will continue into 2021 as A&G referred PQI based on member allegation, despite the additional information collected from provider or provider group, while PQR will review both member and provider information to make final PQI decision.

- Continuous evaluation of PQI workflow were done to optimize the productivity, efficiency and accuracy of PQI review. The PQI workflow was divided into 4 main phases: intake, record collection, triage and clinical review. Each phase of the workflow was closely monitored by the Provider Quality Manager according to established desk level procedures and established quota. The clinical team continued to improve the consistency and accuracy of the application of review criteria in the leveling and final reporting of PQIs through quarterly InterRater Reliability (IRR) review process. The PQI IRRs were done quarterly at the end of each quarter. In 2020, the IRR review process was further enhanced to allow opportunities for all nurses to peer review each other, and additional PQI IRRs were done monthly for triage cases from September 2019 through end of June 2020. Through open discussion of 193 IRR cases reviewed in 2020, the clinical team shared and aligned the decision logic when selecting focus of PQI, issue code and severity levels. Issues that were not resolved in the PQI IRR session were escalated to QI Medical Director for final decision.
- Throughout the FY 2019-2020, L.A. Care Quality Improvement (QI) Provider Quality Review (PQR) team continued the collaborative work with Customer Solution Center Member Retention Unit, Appeal & Grievances (A&G) Unit to review and streamline PQI referrals. PQR escalated the concern of incomplete Provider Information Request (PIR) process to A&G leadership and unfortunately still noted it as a significant challenge impacting the productivity of PQR process. The large percentage of responses ranging from 11% to 30% on different months were either not received by A&G or had been received by A&G, but were not uploaded to A&G's database PCT. The productivity of PQR record collection process is greatly impacted by the amount of incomplete PIR passed on from A&G.
- Starting December 2019, PQR conducted monthly oversight review of random call text from Customer Solution Center (CSC) and A&G cases that were not referred to PQI by random selection screening for potential missed identification for PQI. PQI cases identified through this rigorous review process would be used for education and staff training purpose by A&G and CSC.
- Starting December 2019 the PQR team engaged with Population Health Informatics team to develop an encounter data report that allows the PQR team to conduct stringent reviews of encounter data monthly from deceased members to proactively assess unusual care pattern of encounters and identify potential unexpected deaths.
- On July 6, 2020, an online, self-paced PQI training was re-launched on L.A. Care University's Learning Management System (LMS). The online training was designed to help the staff deciphering PQI using various scenarios. This year, the PQI training was required by all staff in Customer Solution Center Call Center, Member Retention Unit, Member Grievance and Appeal Team, all Health Services Team (Behavioral Health, Care Management, Facility Site Review, Managed Long Term Services & Supports, Quality Improvement, Health Education, Culture Linguistics, Social Services, Safety Net Initiatives, and Utilization Management) and Community Outreach and Engagement and Delegation Support team. Each assigned staff must complete the course within 30 days of the assigned date with a pass rate of 80% or higher from the 20 questions in the exam section. The evaluation data provided by the Learning and Development (L&D) team recorded 752 (98%) of 766 completed and passed the exam. The data also included the questions with the highest mistakes, which would be used to further enhance the training for year 2021.
- Recruiting for qualified nurses and securing the staff's positions had been challenging in FY 2019-2020. Multiple requests were made to justified and secure staff positions. Since October 2019

through June 2020, three PQR RN were added to the team (one FTE, one at-limited-duration (ALD) for one year and 1 temp RN later was converted to ALD in November 2020). For project support, two temporary QI Project Specialists were hired and were converted to ALD a year later in September 2020. One more temporary QI Project Specialist was approved for conversion to ALD in October 2020. Starting FY 2020-2021, the team will be staffed with six RNs (four FTEs + two ALDs), four QI Project Specialists and two coordinators.

- In 2020, the PQR team participated in weekly meetings with the L.A. Care’s Care Catalyst development team working with the consulting Optum team and SyntraNet/Thrasys team and worked toward a launch schedule post UM rollout in March 2021.
- Expanding PQI referral sources by collaborating with all departments in Health Services is important to monitor patient safety at all service areas. In 2020, the QI PQR team continued to work with Behavioral Health Autism Spectrum Team to review potential quality issues in Applied Behavioral Analysis (ABA) Therapy as well as potential care concerns impacting transgender community for Transgender Health Program (THP). The collaborative work will continue to be enhanced in 2021.
- Collaboration with L.A. Care departments that handled Provider Preventable Reportable Conditions was noted as an opportunity to Delegation Oversight Team and Compliance Team who handled the data collection and review process. The collaborative work will continue to be reviewed and enhanced in 2021.

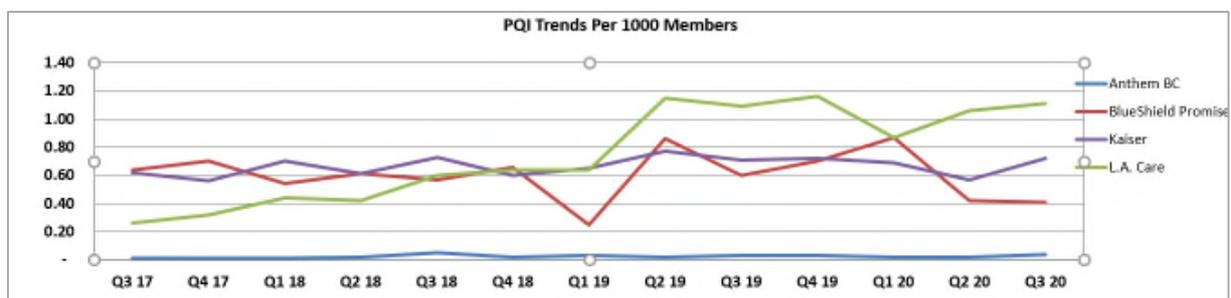
RESULTS

All Plans met the goal for 65% of PQIs to be closed within 6 months in 2020 despite of the increasing referral volume continued for L.A. Care Health Plan. The following table shows the total number of PQIs opened by L.A. Care, Plan Partners and Beacon Behavioral Options Health Plan, along with its compliance with PQI closure within 6 months:

	Total PQI Cases (Oct 2018 – Sept 2019)	Total PQI Cases (Oct 2019 – Sept 2020)	Compliance with timely processing of PQIs
L.A. Care*	4090	5036	83.1%
Anthem Blue Cross	42	38	100.0%
BlueShield Promise	772	750	99.9%
Kaiser	547	553	100.0%
Beacon	7	9	100.0%

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

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



L. A. Care QI PQR team started the year in January 2020 with 2,750 PQI cases in backlog that were accumulated since 2018 and continued in 2019 from the increased referrals. With the leadership support, the PQR team developed the triage process and added additional staffing to ensure timely processing of the

PQIs. By the end of FY2019-2020 on 9/30/2020, the team recovered the backlog with 78 cases remaining and reported 83.1% of the PQIs were closed within the 6-months timeframe. In addition to the continuous process improvement within the PQR process, the collaborative work with Customer Solution Center Member Retention Unit, Appeal & Grievance (A&G) to review and streamline PQI referrals according to referral criteria also started in 2019 and continued through 2020. These collaborative efforts will continue in 2021.

Anthem Blue Cross PQI volume remained small compared to other Plan Partners. During the annual delegation oversight audit in 2019, Anthem Blue Cross reported that PQI training was conducted as well as development of a decision tree allowing better capturing of potential quality of care issues in the 4th quarter of 2018. A small spike of increased referrals was evidenced by post training and the number continued to be noted throughout 2020. Anthem Blue Cross confirmed all clinical grievances were reviewed by the Plan Medical Director, who determined when a potential quality of care existed and reviewed all investigations done for the potential care issue. To date, Anthem reported 100% compliant with timely process of all PQIs.

Blue Shield of California Promise Health Plan reported no significant change in PQI processing since the merger process with Care 1st Health Plan on 1/1/2019, therefore no significant change in PQI volume was noted. In 2020, BSP reported 3 cases falling out of compliant due to additional information requested by the physician reviewer and peer review. Additional monitoring processes had been placed to ensure timely processing of the PQIs moving forward.

Kaiser reported no change in their PQI process and therefore the PQI volume was fairly consistent throughout this fiscal year. Kaiser also reported 100% compliant with timely processing of PQIs.

Beacon Health Options is delegated to conduct quality of care review as they oversaw 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 Improvement Committee. All quality of care issue identified was reviewed during the committee.

The annual delegation oversight of Beacon Health Options was completed in October 2020. No deficiency was noted for PQI. The annual delegation oversight audit of Plan Partners for 2020 were postponed to March-May 2021 due to COVID-19.

ANALYSIS

The PQI analysis included all PQI cases closed by L.A. Care Health Plan, Anthem Blue Cross and Blue Shield Promise Health Plan in the FY 2019 – 2020 from 4th quarter 2019 through 3rd quarter 2020 as the three plans contracted with similar provider groups and providers. In the FY 2019 - 2020, 77.2% of 3,278 cases reviewed were for Medi-Cal members including those done by the Plan Partners, 6.8% for L.A. Care Covered, 13.8% for Cal Medi-Connect and 2.1% for PASC-SEIU line of business. Though majority of case reviews were for Medi-Cal members, the ratio of numbers of cases in relations to the membership size per thousand members per month (PTMPM) show a higher ratio (26.9) for CMC product line, it is double from the previous years. The breakdown per line of business are noted in the table below:

LOB	Line of Business	#	%	Membership	PTMPM
CMC	Cal MediConnect	453	13.8%	16,834	26.9
LACC	L.A. Care Covered	224	6.8%	81,271	2.8
Medi-Cal	Medi-Cal	1685	51.4%	1,205,118	1.4
PASC-SEIU	PASC-SEIU	70	2.1%	51,366	1.1
Mcal-AnthemBC	Medi-Cal	45	1.4%	442,518	0.10
Mcal-BSP	Medi-Cal	801	24.4%	315,099	2.54
Grand Total		3,278	100%	2,112,206	1.55

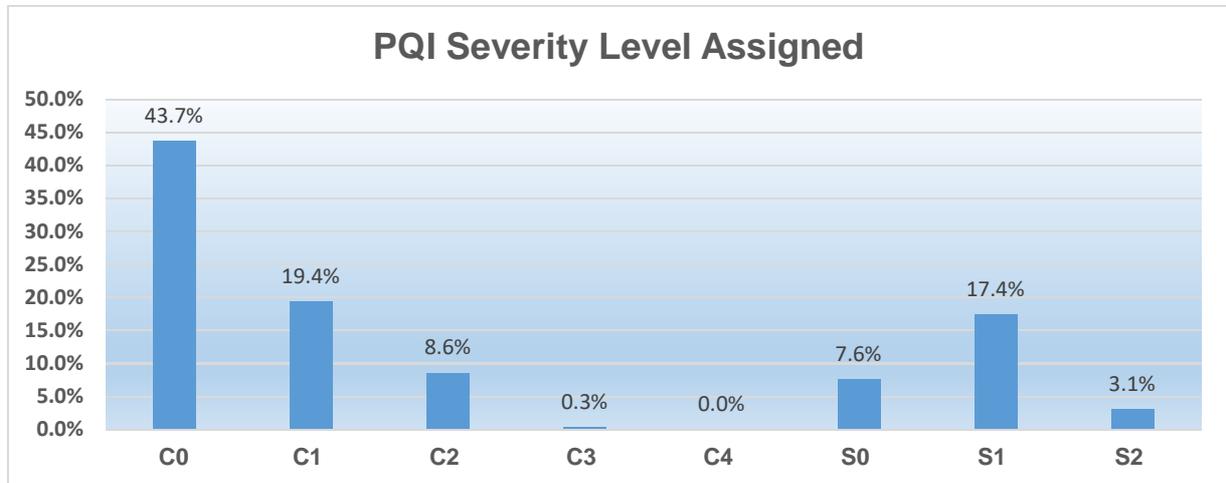
The top two issues were Treatment/Diagnosis/Inappropriate Care (34.8%), and Delay in Service (17.5%). These were consistently the top two issues in previous years. In 2019-2020, there were more cases noted with access to care issues from L.A. Care as well as from Blue Shield Promise Health Plan and therefore it was noted as the top 3rd issue. Majority of cases identified having access to care concern do not have quality of care/service finding at the end of the PQI review or care were found to be appropriate (total 65.6%). No trend was identified from any particular group except one practitioner met the threshold for having 3 PQIs in 2019. Further analysis was completed, action was taken.

Issue Code	Issue Description	#	%
PQ1	DME/ Supplies	90	2.7%
PQ2	Benefits	36	1.1%
PQ3	Delay in Service	573	17.5%
PQ4	Denial of Services	88	2.7%
PQ5	Refusal of Care/ Prescription by Provider	189	5.8%
PQ6	Refusal of Referral	56	1.7%
PQ7	Treatment/ Diagnosis/ Inappropriate Care	1140	34.8%
PQ8	Delay in Authorization	151	4.6%
PQ9	Access to Care	459	14.0%
PQ10	Continuity and Coordination of Care	166	5.1%
PQ11	Communication/Conduct	262	8.0%
PQ12	Physical Environment	14	0.4%
PQ13	Medical Records/Documentation	25	0.8%
PQ14	Non-Emergency Care Services rendered by non-credentialed provider	0	0.0%
PQ15	System Issue	29	0.9%
Grand Total		3,278	100%

Further review of 453 PQIs involving CMC members were studied. Besides the top two issues being Treatment/Diagnosis/Inappropriate Care and Delay in Services, DME (PQ1), Refusal of Prescription (PQ5), and Communication/Conduct (PQ11) were issues impacting CMC population more than other line of business. Based on clinical review of these concerns, no care impact was noted, CMC members were not satisfied with referral process with the Practitioners or PPG to processing for the referral of DME supplies, general dissatisfaction with schedule of appointments appeared to be a common theme. Most of these CMC members were assigned to Health Care LA IPA, Health Care Partners Medical Group and Regal Medical Group.

Similar to the previous year, large percentage (70.6%) of cases do not have quality of care/service issue or the care was deemed appropriate based on the clinical review. Out of 2,787 cases reviewed, 8.9% of cases had borderline or moderate quality of care concerns (leveled C2 or C3). 20.5% were noted having service

issues resulting inconvenience to a member. The severity level breakdown from all closed cases are showed in the graph and table below.



PQI Severity Level Assigned	Total	
C0/No Quality of Care concern	1431	43.7%
C1/Appropriate Quality of Care	635	19.4%
C2/Borderline Quality of Care concern	282	8.6%
C3/Moderate Quality of Care concern	10	0.3%
C4/Serious Quality of Care concern	0	0.0%
S0/No Quality of Service concern	248	7.6%
S1/Quality of Service identified	572	17.4%
S2/Quality of Service identified, member change provider or dis-enrolled	100	3.1%
Total	3,278	100.0%

A PQI could be identified from any department, yet 98.5% came from Grievances and Appeals in L.A. Care Health Plan. Over the year through PQI annual training, more staff were educated and learned 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 and QI process with Critical Incident Reporting. In 2020, the QI PQR team collaborated with Behavioral Health Autism and Transgender Health Program (THP) to review concerns with Applied Behavioral Analysis (ABA) Therapy and potential care concern impacting the transgender community. Starting December 2019, the QI PQR team also started monthly reviews of mortality report collectively developed by the Health Informatics Team and PQR team focusing on identifying potential issue from members' recent encounter data for those who recently deceased.

REFERRAL SOURCE	Count	%
MCAL-ABC	45	1.4%
APPEAL	36	1.1%
BH	16	0.5%
MCAL-BSP	801	24.4%
CI	14	0.4%
CM	10	0.3%
CSC	370	11.3%

REFERRAL SOURCE	Count	%
GRIEVANCE	1,973	60.2%
IPA/PPG	2	0.1%
MLTSS-LTC	1	0.0%
SIU	1	0.0%
UM	9	0.3%
Grand Total	3,278	

At the end of FY 2019-2020, all cases closed were tracked and trended to identify any outlier and/or trend of concerns. All Plan Partners and Specialty Health Plan adapted different trending methodology and calculation and which process and analysis are reviewed during the annual oversight audit. L.A. Care Health Plan QI PQR applied point system to all severity levels. Upon reaching the threshold of 5 points or more, further analysis was done to identify trends or patterns of issues. Additional review with the appropriate group/facility would follow to share the analysis finding and trended data to drive continuous quality improvement.

- Two (2) individual practitioner were identified meeting the threshold.

Provider Specialty	Analysis of Issues
Dr. M. Z. Plastic Surgery	Six PQI cases were identified, of which five cases resulted in the dissatisfaction of elected surgical procedure outcome provided by the Practitioner. One case was reviewed for inappropriate treatment, but no quality of care was identified.
Dr. V. K Internal Medicine	Three PQI cases were reviewed for access to care issues. Two of the cases were leveled with borderline quality of care with potential adverse impact if the concern continues. Further analysis noted based on MY 2018 Provider Access and Availability Survey, provider was compliant 50% of the times (Compliance was based on the Provider PPG stating the provider offered advanced access). Based on MY 2019 Provider Access and Availability Survey, the provider was marked to have Advanced Access at 100%. L.A. Care Provider Network Management was notified of the review and analysis finding. PQR continued to monitor the provider and noted no PQI in 2020.

- One Provider Group was identified meeting the threshold. QI PQR team engaged with Provider Network Management Account Managers to work with the medical group on process improvement.

Provider Group	Analysis of Issues
AltaMed Medical Group	18 PQI cases were viewed with the following findings: <ul style="list-style-type: none"> - Delay in processing referrals, tertiary care, DME due to system changes since April 2019. - Delay in authorization due to UM staffing issues or coordination with the requesting providers, such as Continuity of Care, recurrent DME supplies. - Members were not made aware of the denial decisions.

- Three Department of Health Services (DHS) facilities were identified meeting the threshold. QI PQR engaged with L.A. Care Safety Net Initiative Team to share the results and to work with DHS on process improvement.

DHS Facility	Analysis of Issues
Harbor UCLA	28 PQIs were reviewed with the following main findings: <ul style="list-style-type: none"> - Dissatisfaction for delays of communication regarding referral authorization decision and non-urgent MD office wait times, though there was no care impact. - Service issue resulting in convenience to a member when care was deemed appropriate.
LAC+USC Medical Center	42 PQIs were reviewed with the following main findings: <ul style="list-style-type: none"> - Service issue resulting in convenience to a member when care was deemed appropriate or no care concern. - Member dissatisfaction with scheduling availability to clinic. - Member dissatisfaction related to service delays for the submission and/or determination of referral authorizations.
Mid-Valley Comprehensive Health Center	17 PQIs were reviewed with the following main findings: <ul style="list-style-type: none"> - Delays and miscommunication with appointment scheduling beyond 15-day timeframe. - Lack of communication between clinic and pharmacy, resulting in delays of RX refill.

- Three vendors were identified meeting the threshold. QI PQR team engaged with Provider Network Management Account Managers and Pharmacy team to share the finding and work with the vendors on process improvement.

Vendor	Analysis of Issues
CVS	Seven PQI cases were viewed with the following findings: <ul style="list-style-type: none"> - Delayed processing medication due to prolong time to verify member eligibility with L.A. Care or formulary coverage. - Delayed processing medication due to prolong time to verify medication dosage with providers.
Wesley Health Center Clinic	Seven PQI cases were viewed with the following findings: <ul style="list-style-type: none"> - Concerns with scheduling services in Lancaster and Antelope Valley areas. - Communications issues lead to dis-satisfaction to the members. <p>QI PQR shared the Positive Patient Experience training opportunity with the facility.</p>
Western Drug Medical Supply	11 PQIs cases were reviewed with the following 2 main findings: <ul style="list-style-type: none"> - Delay in delivery due to either re-sizing or quality adjustment to GI or wound supplies or prolonged time to modify orders or get new approval from PPG - Prolonged processing time when the PPG is not at full risk and the request need to be re-routed to L. A. Care UM for processing. (i.e. CPAP) <p>Majority of cases were for Cal MediConnect (CMC) members. QI PQR team engaged with Provider Network Management Vendor Management to improve timely update to CMC members on DME delivery.</p>

- PQR also reviewed 73 cases alleging against L.A. Care Health Plan

Vendor	Analysis of Issues
L.A. Care Health Plan	<p>73 PQI cases were reviewed with the following 3 main findings:</p> <ul style="list-style-type: none"> - 38 cases (52%) had challenges with authorization. There was no specific trend of authorization issues. It was noted that request for out of network providers, the need to establish memorandum of understanding (MOU) and request for non-formulary medications required additional processing and therefore would require additional wait time that result in inconvenience to the members. - 8 cases (11%) had communication issues or information received from L.A. Care Customer Solution Center was incomplete. - 8 cases (11%) had dis-satisfaction about the denial of services and alleged L.A. Care was at fault for the denial. <p>Though 4 cases were deemed having borderline care impact to the member, the rest were found to be service issue without care impact that result in in convenience to the members.</p>

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS (SWOT) ANALYSIS

The QI PQR team conducted a self-evaluation of the team and the process using SWOT as followed:
STRENGTHS:

- The PQR team possesses effective communication and collaboration to best review PQI and identify any QOC/QOS with the resources provided to the department.
- The PQR has strong leadership and guidance under the direction of management and available mentors; creates opportunity for growth and development for team members.

WEAKNESSES:

- Manual process without an electronic system limited team capacity.
- Antiquated system of logging in data: Single person access to enter data can affect productivity and efficiency; room for error or data loss when entering/saving excel spreadsheet from multiple users.
- Half of the staff are either on temporary employment status or on one year limited duration (ALD) status.

OPPORTUNITIES:

- A secure and efficient electronic solution to achieve regulatory compliance and operational excellent of PQR review process.
- Continued interdepartmental partnerships and in-services to expand Identifying/ submitting PQI to monitor patient safety.
- Continue to offer the annual PQR training course in LAC University to help staff deciphering PQIs.

THREATS:

- Compliance with PQI timeliness processing.
- Loss of any staff in temporary or ALD status would jeopardize timely processing of PQIs.
- Further delay in new system rollout schedule would increase risk of noncompliance for timely processing of PQIs and security of the PHI/PQI documentation.
- Lack of cooperation from providers to submit the requested records for PQI review.

2020 WORK PLAN GOAL:

The Provider Quality Review process will continue to be enhanced in 2020, which will include but not limited to working collaboratively with all departments to identify PQIs appropriately, working collaboratively with internal and external stakeholders to improve efficiency of medial record and response collections and providing in-services and tools to improve clinical review process. The 2020 goal is to manage the remaining backlog carry over from 2019 and ensure timely process of PQI so 85% of Potential Quality Issues (PQIs) will be closed within 6 months.

SECTION 2: CRITICAL INCIDENT REPORTING AND TRACKING

2020 WORK PLAN GOAL:

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

BACKGROUND

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

MAJOR ACCOMPLISHMENTS

In Fiscal Year 2019 - 2020, 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 2020, all reports were submitted timely.

RESULTS

With all the collaborative work with CBAS and PNM teams, the compliance for quarterly submission achieved 96.9% by Q3 2020; all CMC delegates submitted critical incident quarterly report by Q3 2020

2021 WORK PLAN GOAL:

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

D.4 FACILITY SITE REVIEW/MEDICAL RECORDS INITIATIVES

AUTHOR: SONIA RICHARD, RN & ELAINE SADCCHI-SMITH, FNP, MPH, CHES

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care is committed to developing and implementing activities to enhance patient safety. L.A. Care'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%. This report provides an annual analysis of the measures on patient safety standards for the time period of October 1, 2019 – September 30, 2020 of primary care practitioner (PCP) sites (practitioner's office or clinic) to measure compliance with appropriate patient safety requirements.

As a result of the public health emergency (COVID-19 pandemic) in March, 2020 the FSR department stopped all on-site audit and continues to follow DHCS instructions for health plans to temporarily suspend the contractual requirement for in-person site reviews, Physical Accessibility Review (PARS) surveys, and similar monitoring activities that would require in-person reviews. This requirement will continue until the COVID-19 public health emergency has ended and for an additional six months following the end of the public health emergency. During this time, FSR nurse reviewers have been conducting virtual audits that meet the priority criteria of initial FSR (new locations), relocations, and Direct Network provider sites, or if it would compromise access to care to members and definitely cannot be postponed. All other types of FSR surveys are being deferred until after the COVID Stay at Home order is lifted.

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 will generate reports that are sent to our Plan Partners and DHCS. HDS is used by other health plans in LA County and state wide, allowing L.A. Care's FSR to work collaboratively in one system.

2020 WORK PLAN GOALS:

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

RESULTS

Needle stick Safety Precaution

2018 Results	2019 Results	2020 Results	Goal Met/Not Met	2020 Goal
73%	78%	76%	No	80%

ANALYSIS

Quantitative Analysis

The 2020 goal for needle stick safety precaution did not meet the goal of 80.0%. The compliance score for needle stick safety decreased by 2.00 percentage points from 2019. The difference in rates is not statistically significant (p value = 0.5073) compared to 2019 results. This measure did not meet the 80% standard.

Spore Testing of Autoclave/Sterilizer

2018 Results	2019 Results	2020 Results	Goal Met/Not Met	2020 Goal
79%	80%	73%	No	85%

Quantitative Analysis

The provider offices reviewed did not meet the 2020 goal for spore testing of autoclave/steam sterilizers. The compliance score decreased by 7.00 percentage point from 2019. The 2020 results decreased from previous years; however, the difference between 2019 and 2020 was not statistically significant (p value = 0.4227). This measure did not meet the 85% standard.

Qualitative Analysis (Needle stick Safety & Spore Testing)

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

- Reverting back to previous behaviors after an audit has been completed and the corrective action plan has been approved and closed by the Managed Care Plan (MCP).
- Cost of purchasing 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 or spore testing of autoclave/sterilizer.
- 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 our network are not knowledgeable of the requirements.

Upon in-depth review of the available data, it was noted that new provider offices that received an additional educational visit were compliant and most providers were slowly transitioning out of utilizing autoclave/steam sterilization equipment. If sites are not conducting autoclave or cold chemical sterilization sites are using disposable instruments. Some sites do not perform any invasive procedures so they would not have any instruments. For the audit period of 10/1/2019 to 9/30/2020 there were a total of 49 Primary Care Provider (PCP) sites utilizing an autoclave, in which 13 PCP sites were noted to be noncompliant.

LOOKING FORWARD

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

Once the COVID-19 public health emergency has ended, FSR will resume on-site audits and will use the revised FSR/MRR tools that have significant changes made to the criteria and scoring. The additional criteria required will be a challenge to provider sites, staff education and training will be critical to the provider sites successfully scoring > 80%. L.A. Care's FSR is collaboratively working with other health plan's FSR departments to develop webinar provider education on the new tools and requirements.

2021 WORK PLAN GOALS:

- Needle stick: 80%
- Spore Testing: 85%

MEDICAL RECORDS INITIATIVES

2020 WORK PLAN GOAL:

Aggregate network primary care practitioner (PCP) sites should score at least 80% in the following key facility site review areas:

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

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

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

BACKGROUND

L.A. Care Health Plan has established medical record standards to facilitate communication, coordination and continuity of care and to promote safe, efficient, and effective treatment. L.A. Care requires practitioners to maintain medical records in a manner that is current, detailed, and organized. L.A. Care assesses the site's compliance with regulations and L.A. Care policies by utilizing the *mandated* Department of Health Care Services (DHCS) survey tools. This report provides an annual analysis of medical record keeping standards for the time period of October 1, 2018 – March 15, 2020 of primary care practitioner (PCP) sites (practitioner's office, or clinic) to measure compliance with appropriate medical record documentation requirements. Medical Record Reviews have been pended due to 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 site's compliance with current documentation standards and develop interventions to make improvements. The use of electronic health record (EHR) improves documentation, coordination of care, and therefore, has a great impact on improving patient safety and care. In addition, conducting medical record reviews also provides L.A. Care the ability to identify potential quality of care concerns.

MAJOR ACCOMPLISHMENTS

- All standards met and/or exceeded the 2020 goal of 80% with the exception of one criteria noted below. Practitioners continue to be educated on site during the Facility Site Review (FSR) or Medical Record Review.

RESULTS

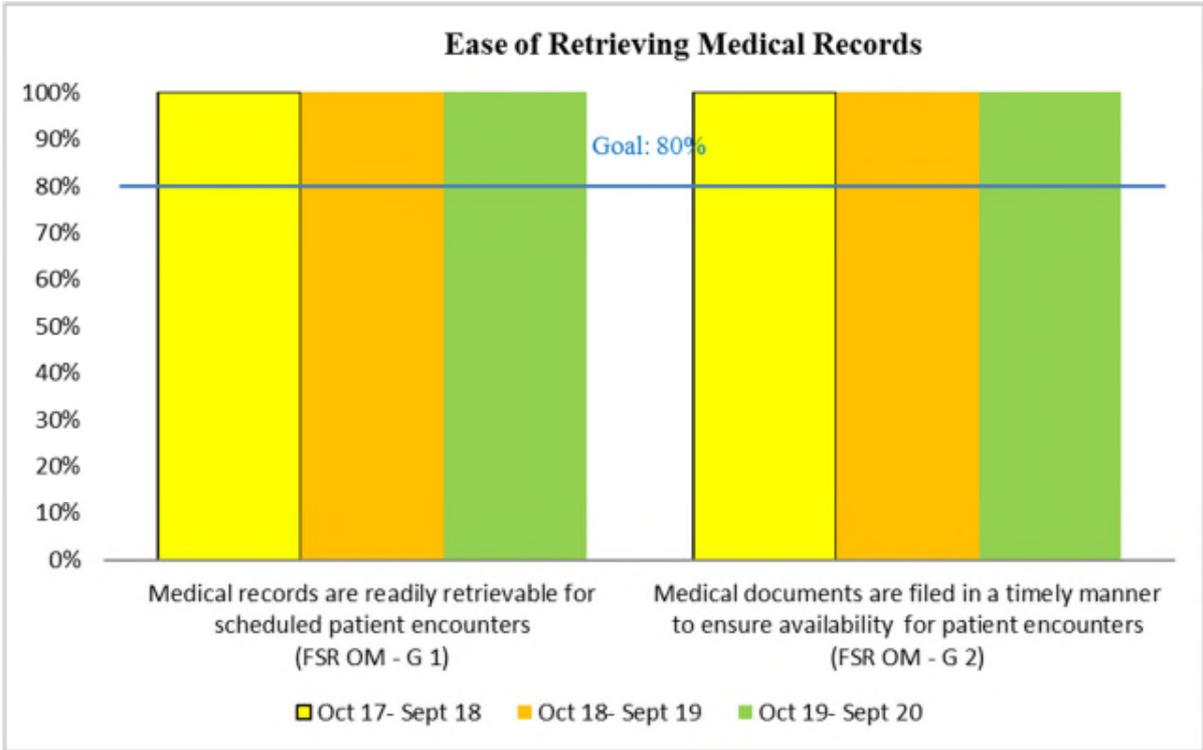
Fiscal Year	Site #	Total Number of Medical Records Reviewed
2018	661	6,048
2019	565	5,453
2020	275	2086

The following tables and graphs show the results of the FY 2018–2020 review of practitioner’s sites and medical records. These FY 2018 –2020 results are compared to the previous the previous year. During this period of time, the FSR Department experienced a shortage of staff (RN’s and PARs reviewers) and in March, 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”, which resulted in a decreased number of site and medical record reviews conducted, as compared to previous year.

Ease of Retrieving Medical Records

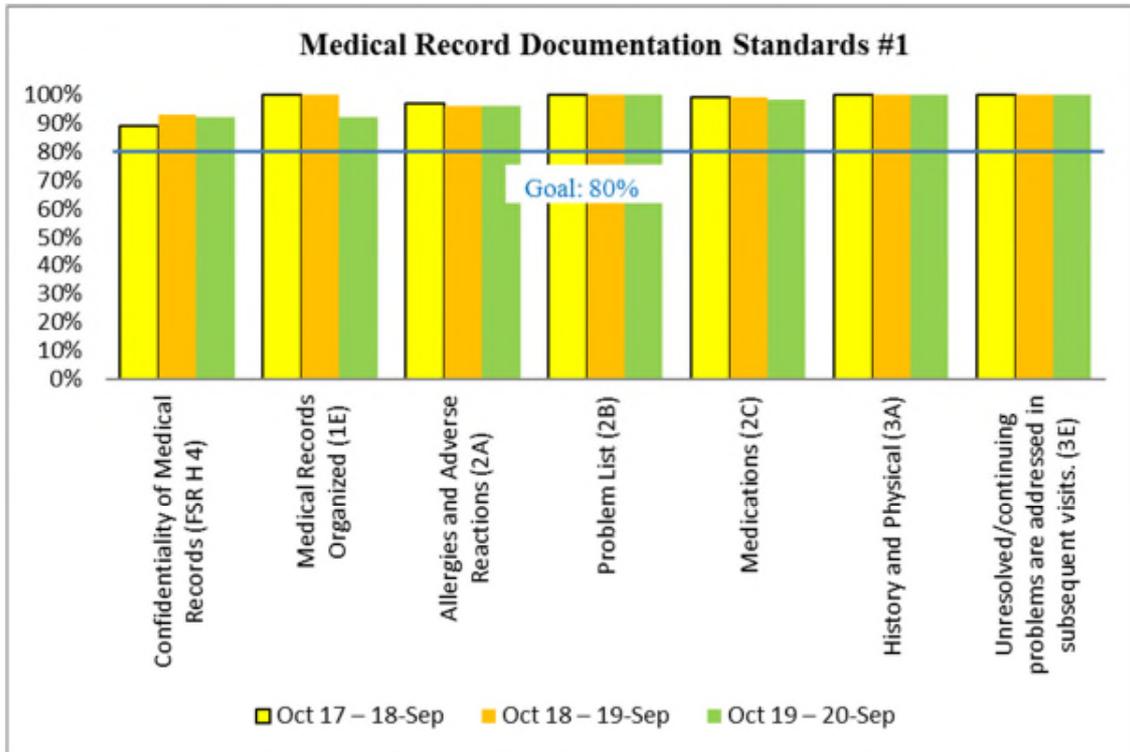
Criteria	Oct 17 - Sept 18	Oct 18 - Sept 19	Oct 19 - Sept 20	% change from Oct 18 to Sept 20	% from 80% Goal
Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1)	100%	100%	100%	0%	+20%

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



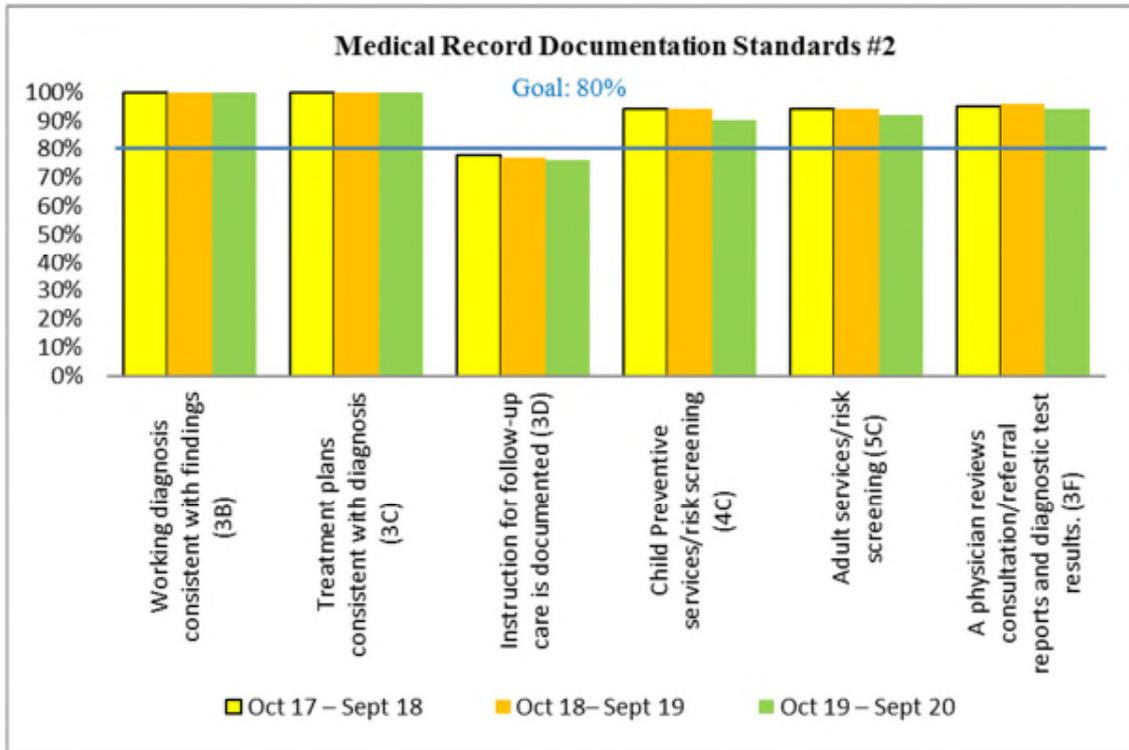
Medical Record Documentation Standards #1

Criteria	Oct 17 – Sept 18	Oct 18 – Sept 19	Oct 19 – Sept 20	% change from Oct 18 to Sept 20	% from 80% Goal
Confidentiality of Medical Records (FSR H 4)	89%	93%	92%	-1%	+12%
Medical Records Organized (1E)	100%	100%	92%	-8%	+12%
Allergies and Adverse Reactions (2A)	97%	96%	96%	0%	+16%
Problem List (2B)	100%	100%	100%	0%	+20%
Medications (2C)	99%	99%	98%	-1%	+18%
History and Physical (3A)	100%	100%	100%	0%	+20%
Unresolved/continuing problems are addressed in subsequent visits. (3E)	100%	100%	100%	0%	+20%



Medical Record Documentation Standards #2

Criteria	Oct 17 – Sept 18	Oct 18 – Sept 19	Oct 19 – Sept 20	% change from Oct 18 to Sept 20	% 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)	78%	77%	76%	-1%	-4%
Child Preventive services/risk screening (4C)	94%	94%	90%	-4%	+10%
Adult services/risk screening (5C)	94%	94%	92%	-2%	+12%
A physician reviews consultation/referral reports and diagnostic test results. (3F)	95%	96%	94%	-2%	+14%



ANALYSIS

Quantitative Analysis

The 2020 audits achieved and/or exceeded the 80% goal in all criteria selected for this study with the exception of “Instructions for follow-up care is documented” in the Medical Record Review Survey in the Coordination/Continuity of Care section with a score of 76%.

Qualitative Analysis

The 2020 goals have been achieved with decreases in seven compliance rates. Although compliance rates had decreased or remained the same the following ongoing barriers may need to be considered:

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

INTERVENTIONS

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

Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
All measures	<ul style="list-style-type: none"> • Medical record forms require time to complete and may not include all required elements. Forms vary among Participating Provider Groups, practitioner offices and state mandated forms. • There is an increase number of sites transitioning or have implemented an electronic health record (EHR). There are many choices of EHR vendors making the decision complex and puzzling for physicians. In addition, adding additional fields to accommodate medical record documentation standards may incur increase costs to physician offices. • Time needed to document patient services and care rendered may be limited depending on patient volume. • There are inconsistent or no processes in place to document care rendered to patients. 	<ul style="list-style-type: none"> • Medical Record Reviews are ongoing. • An established corrective action plan (CAP) process for provider offices that need to address deficiencies noted during a site review survey. • Provide technical assistance as appropriate and necessary. 	All measures met goal.

LOOKING FORWARD

Medical record review will recommence once the COVID-19 public health emergency has ended. During the review process, practitioner and office staff continue to be educated, and sample medical record documents and policies are distributed as necessary. If the provider falls below the California state requirement score of 80% for any section of the medical record review survey regardless of score, a corrective action plan will be requested from the PCP site. The 2021 goal is to meet or exceed 80% compliance goal and to implement use of the new Facility Site Review (FSR) and Medical Record Review (MRR) Tool that will be effective once the COVID-19 public health emergency has ended and for an additional six months following the end of the public health emergency.

Once the COVID-19 public health emergency has ended. FSR will resume on-site audits and will use the revised FSR/MRR tools that have significant changes made to the criteria and scoring. The additional

criteria required will be a challenge to provider sites, staff education and training will be critical to the provider sites successfully scoring > 80%.

2021 WORK PLAN GOAL:

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

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

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

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

D.5 HOSPITAL PATIENT SAFETY

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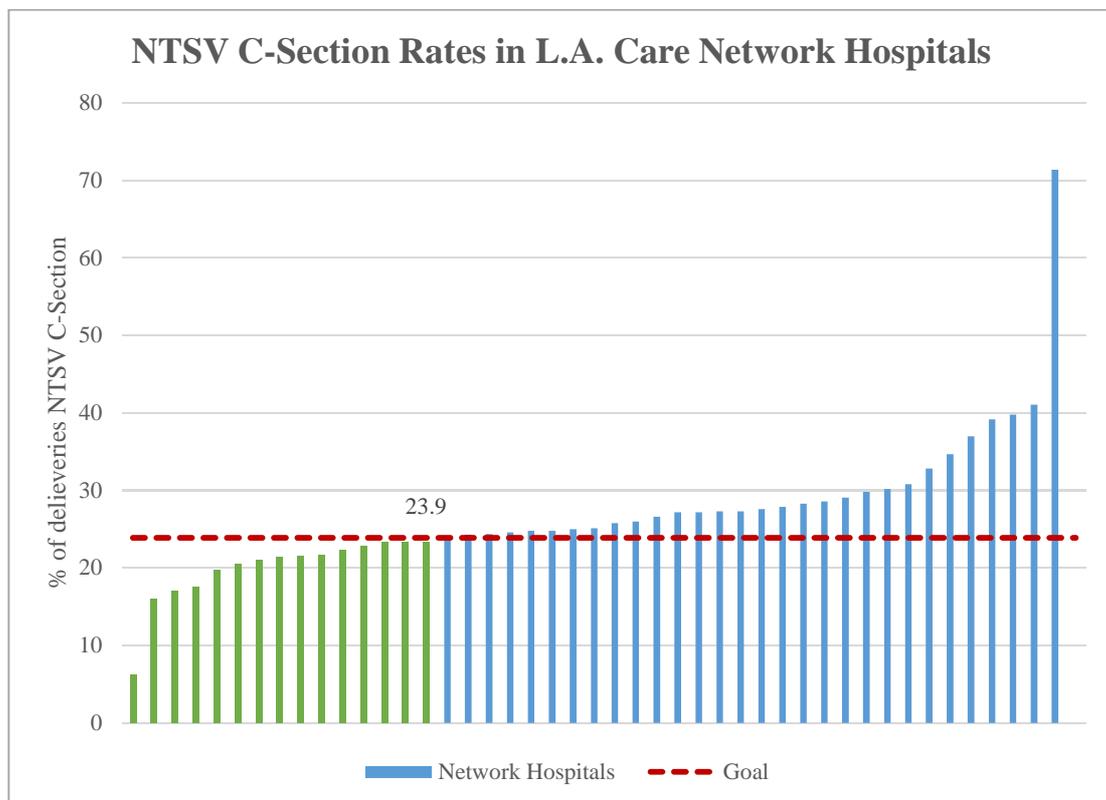
BACKGROUND

In Q3 2020, the L.A. Care Quality Improvement conducted a review of standardized infection ratios (SIRs) and Nulliparous, Term, Singleton, Vertex (NTSV) C-section rates for network hospitals. The results are presented annually to the Inpatient workgroup. Information presented is for Calendar Year 2018. All rates reviewed and presented below reflect data across all payers and are not limited to L.A. Care membership.

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

NTSV C-SECTIONS

The 2018 NTSV C-section rate, reported by the California Maternity Quality Care Collaborative (CMQCC) for each network hospital providing maternity care, was reviewed (see graph below).



Calendar Year 2018 data for each network hospital providing maternity care was provided from The California Maternity Quality Care Collaborative (CMQCC) and reviewed by L.A. Care. In 2018, 23 of 46 (50%) of in-network hospitals showed some improvement where as in 2017 30 of 46 (65%) of hospitals

showed some improvement. While less hospitals showed improvement this year, a total of 15 hospitals met the benchmark in Calendar Year 2018, which does not differ drastically from our 16 hospitals that met the benchmark in Calendar Year 2017. Six hospitals improved by five points or more, demonstrating a commitment to lowering C-Section rates. Thirty hospitals in network did not meet the goal, including six hospitals that were 10 or more percentage points above the goal. While there has been a slight decline in hospitals meeting the NTSV goal, the trend holds similar to our previous year, with the lowest performing hospitals having relatively few deliveries.

While Covered California has indicated that plans should not contract with hospitals who do not meet quality goals (unless there is justification for keeping these facilities in the network), most of the hospitals with high NTSV C-section rates are Essential Community Providers. In 2018, a C-Section dashboard was created on Tableau so that L.A. Care can monitor C-Section rates. This internal dashboard differs from the reports sent by the California Maternity Quality Care Collaborative, as CMQCC data looks at all individuals who have visited the hospitals whereas the internal dashboard allows L.A. Care to look at L.A. Care health plan member data. This internal dashboard allows us to track rates for L.A. Care Lines of Business, which include: L.A Care Covered California, Cal MediConnect, and L.A. Care’s subcontracted health plan (Plan Partners) Medi-Cal rates. Moreover, it allows L.A. Care to have up-to-date information on how our facilities and Plan Partner facilities are performing. The results are used in our quality conversations with hospitals and this tracking system is still being used to date.

Smart Care releases a C-Section Honor Roll from a data set provided by CMQCC. The honor roll is released annually and lists hospitals who scored below 23.9%.

Maternity Honor Roll is awarded to those hospitals who have an NTSV C-Section rate at or below 23.9%.

NTSV C-Section Rate by L.A. Care Network Hospital, MY 2018 Data		
Hospital	NTSV C-Section Rate ([%])	Rate Difference 2018 vs. 2017
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL	6.2	-5.7
GREATER EL MONTE COMMUNITY HOSPITAL	16	0.6
LAC/HARBOR-UCLA MEDICAL CENTER	17	-9.3
POMONA VALLEY HOSPITAL MEDICAL CENTER	17.6	-1.2
LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	19.8	-0.9
PRESBYTERIAN INTERCOMMUNITY HOSPITAL	20.5	1.1
CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	21.1	-2.3
PIH HOSPITAL - DOWNEY	21.4	-8.1
LAC+USC MEDICAL CENTER	21.5	0.7
SANTA MONICA - UCLA MEDICAL CENTER AND ORTHOPAEDIC HOSPITAL	21.7	0.1
CENTINELA HOSPITAL MEDICAL CENTER	22.3	0
CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	22.9	0
GARFIELD MEDICAL CENTER	23.3	-0.4
EARL AND LORAINIE MILLER CHILDRENS HOSPITAL	23.4	0.3
LONG BEACH MEMORIAL MEDICAL CENTER- MILLER'S CHILDREN'S HOSPITAL	23.4	0.3
SAN GABRIEL VALLEY MEDICAL CENTER	24	-0.2

NTSV C-Section Rate by L.A. Care Network Hospital, MY 2018 Data		
Hospital	NTSV C-Section Rate ([%])	Rate Difference 2018 vs. 2017
CEDARS SINAI MEDICAL CENTER	24.3	0.2
VALLEY PRESBYTERIAN HOSPITAL	24.4	-3.5
PROVIDENCE HOLY CROSS MEDICAL CENTER	24.6	-0.5
PROVIDENCE TARZANA MEDICAL CENTER	24.8	-6.3
HUNTINGTON MEMORIAL HOSPITAL	24.8	-4.8
PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	25	2.4
ST. FRANCIS MEDICAL CENTER	25.1	-2.6
ADVENTIST HEALTH WHITE MEMORIAL	25.8	-0.8
TORRANCE MEMORIAL MEDICAL CENTER	26	-0.6
ANTELOPE VALLEY HOSPITAL	26.6	-0.3
GOOD SAMARITAN HOSPITAL-LOS ANGELES	27.2	0.1
RONALD REAGAN UCLA MEDICAL CENTER	27.2	2.4
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	27.3	0
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER TORRANCE	27.3	1
ST. MARY MEDICAL CENTER - LONG BEACH	27.6	1.8
PROVIDENCE SAINT JOHN'S HEALTH CENTER	27.9	7.8
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	28.3	-1.4
MONTEREY PARK HOSPITAL	28.6	-3.8
ADVENTIST HEALTH GLENDALE	29.1	-7.7
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	29.8	-2
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	30.2	-0.4
WHITTIER HOSPITAL MEDICAL CENTER	30.8	0.3
EAST LOS ANGELES DOCTORS HOSPITAL	32.8	-13.2
FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	34.7	0
SAN DIMAS COMMUNITY HOSPITAL	37	0
USC VERDUGO HILLS HOSPITAL	39.2	-4.5
BEVERLY HOSPITAL	39.8	0
MEMORIAL HOSPITAL OF GARDENA	41.1	1.5
PACIFICA HOSPITAL OF THE VALLEY	71.4	0
LA PALMA INTERCOMMUNITY HOSPITAL	N/A	N/A

CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI)

2018 CLABSI rates, reported by the California Department of Public Health (CDPH), for network hospitals were reviewed and compared to rates from 2017.

Thirty-six hospitals in network for L.A. Care met or fell below the California Pooled Average SIR of 0.79, while 36 facilities exceeded the average. Three in-network hospitals had no data available. Forty-one facilities met Covered California’s goal of SIR less than 1.0. When compared to the predicted rate, which takes into account the size of the facility, only eight hospitals had SIRs statistically higher than their predicted rate.

Pacifica Hospital of the Valley was an outlier, with a SIR of 8.64, with an increase in the SIR from the previous year with a score of 2.58. Thirteen facilities reported zero CLABSIs for 2018. The rates overall represent an improvement from the previous year with fewer outliers.

CLABSI SIR By L.A. Care Network Hospital, 2018				
Facility	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Pacifica Hospital of the Valley	8.64	5	Worse	6.06
Olympia Medical Center	3.78	10	Worse	0.98
Southern California Hospital at Culver City	3.68	19	Worse	2.88
Garfield Medical Center	2.62	13	Worse	0.78
Hollywood Presbyterian Medical Center	2.4	16	Worse	1.18
West Hills Hospital & Medical Center	2.37	18	Worse	0.94
Saint Vincent Medical Center	2.27	17	Worse	1.03
College Medical Center	2.21	4	Same	0.17
PIH Health Hospital, Downey	1.98	6	Same	0.19
Antelope Valley Hospital	1.59	19	Same	0.7
St. Mary Medical Center, Long Beach	1.59	12	Same	0.93
California Hospital Medical Center, Los Angeles	1.55	15	Same	0.75
Monterey Park Hospital	1.55	3	Same	1.55
Southern California Hospital at Hollywood	1.53	2	Same	1.53
Whittier Hospital Medical Center	1.52	2	Same	0.94
Coast Plaza Hospital	1.44	2	Same	0.55
LAC+USC Medical Center	1.36	47	Worse	-0.27
Good Samaritan Hospital, Los Angeles	1.29	17	Same	0.29
Marina Del Rey Hospital	1.23	2	Same	-1.63
Lakewood Regional Medical Center	1.21	6	Same	-0.64
San Gabriel Valley Medical Center	1.21	4	Same	-0.35
Methodist Hospital of Southern California	1.19	10	Same	0.79
PIH Health Hospital, Whittier	1.19	12	Same	-0.01
Ronald Reagan UCLA Medical Center	1.18	94	Same	0.23
USC Kenneth Norris Jr. Cancer Hospital	1.13	6	Same	-0.53

CLABSI SIR By L.A. Care Network Hospital, 2018				
Facility	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
City of Hope Helford Clinical Research Hospital	1.12	66	Same	-0.06
Providence Little Company of Mary San Pedro	1.1	2	Same	0.6
Keck Hospital of USC	1.07	29	Same	0.01
Community Hospital Long Beach	1.06	1	Same	0.64
Palmdale Regional Medical Center	1.06	3	Same	0.27
Providence Holy Cross Medical Center	1.06	11	Same	-0.24
Sherman Oaks Hospital	0.96	2	Same	0.52
LAC/Harbor UCLA Medical Center	0.94	15	Same	-0.02
Memorial Hospital of Gardena	0.93	2	Same	-1.74
Torrance Memorial Medical Center	0.81	20	Same	0.43
Providence Saint Joseph Medical Center	0.8	10	Same	-0.25
Pomona Valley Hospital Medical Center	0.76	8	Same	-0.05
Adventist Health Glendale	0.73	8	Same	0.19
Martin Luther King Jr. Community Hospital	0.73	1	Same	0
Adventist Health White Memorial	0.66	6	Same	0.04
Earl & Loraine Miller Children's Hospital	0.65	9	Same	-0.05
Long Beach Memorial Medical Center	0.65	14	Same	-0.16
Cedars-Sinai Medical Center	0.62	40	Better	-0.08
Children's Hospital Los Angeles	0.59	41	Better	-0.21
Los Angeles Community Hospital	0.57	1	Same	-2.69
Alhambra Hospital Medical Center	0.55	1	Same	0.26
Northridge Hospital Medical Center	0.55	5	Same	-0.23
LAC/Olive View UCLA Medical Center	0.44	3	Same	0.3
USC Verdugo Hills Hospital	0.43	1	Same	-1.47
Valley Presbyterian Hospital	0.42	4	Same	-0.33
Saint Francis Medical Center	0.41	4	Better	-0.07
Glendale Memorial Hospital and Health Center	0.4	2	Same	-0.64
Centinela Hospital Medical Center	0.39	4	Better	-0.76
Providence Tarzana Medical Center	0.34	2	Same	-0.52
Mission Community Hospital	0.32	1	Same	-1.44
Henry Mayo Newhall Hospital	0.3	2	Same	0.1
Providence Little Company of Mary Torrance	0.3	2	Better	-0.54
Huntington Memorial Hospital	0.29	4	Better	-0.22
Providence Saint John's Health Center	0.13	1	Better	0.13
Beverly Hospital	0	0	Same	-1.31
Community Hospital of Huntington Park	0	0	Same	0

CLABSI SIR By L.A. Care Network Hospital, 2018				
Facility	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
East Los Angeles Doctors Hospital	0	0	Same	-0.49
Encino Hospital Medical Center	0	0	Same	0
Foothill Presbyterian Hospital - Johnston Memorial	0	0	Better	-0.71
Glendora Community Hospital	0	0	Same	-2.47
Greater El Monte Community Hospital	0	0	Same	0
La Palma Intercommunity Hospital	0	0	Same	0
Miracle Mile Medical Center	0	0	NA	NA
Norwalk Community Hospital	0	0	Same	0
San Dimas Community Hospital	0	0	Same	-0.77
Silver Lake Medical Center	0	0	Same	-0.86
West Covina Medical Center	0	0	0	NA
Citrus Valley Medical Center, IC Campus	NA	NA	NA	NA
Citrus Valley Medical Center, QV Campus	NA	NA	NA	NA
Pacific Alliance Medical Center	NA	NA	NA	NA

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

2018 MRSA rates, reported by CDPH, for network hospitals were reviewed and compared to rates from 2017.

Twenty-seven facilities met or fell below the state average SIR of 0.76, while 37 hospitals exceeded the average. Thirty-six facilities were above Covered California's goal of SIR less than 1.0. Four hospitals had SIRs statistically higher than their predicted rate. Monterey Park Hospital and Foothill Presbyterian Hospital – Johnston Memorial were outliers, with SIRs of 5.64 and 4.52, respectively. Sixteen facilities reported zero infections in 2018 and two hospitals had no data available. Overall, the MRSA rates were fairly similar to the prior year.

MRSA SIR By L.A. Care Network Hospital, 2018				
Facility	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Monterey Park Hospital	5.64	3	Worse	5.64
Foothill Presbyterian Hospital - Johnston Memorial	4.52	4	Worse	3.57
Sherman Oaks Hospital	2.75	2	Same	-1.64
Torrance Memorial Medical Center	2.74	10	Worse	1.56
Centinela Hospital Medical Center	2.67	7	Worse	-0.36
San Dimas Community Hospital	2.24	1	Same	2.24
Norwalk Community Hospital	2.21	1	Same	0.08
Encino Hospital Medical Center	1.63	1	Same	-0.1
Earl & Loraine Miller Children's Hospital	1.61	3	Same	0.61
Silver Lake Medical Center	1.49	1	Same	1.49

MRSA SIR By L.A. Care Network Hospital, 2018				
Facility	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Hollywood Presbyterian Medical Center	1.46	4	Same	-0.41
Lakewood Regional Medical Center	1.35	3	Same	-0.09
Southern California Hospital at Culver City	1.33	2	Same	-0.69
Providence Holy Cross Medical Center	1.32	6	Same	-1.08
Los Angeles Community Hospital	1.29	1	Same	-4.43
Beverly Hospital	1.27	2	Same	0
LAC/Harbor UCLA Medical Center	1.25	8	Same	0.63
West Hills Hospital & Medical Center	1.21	3	Same	-1.63
Antelope Valley Hospital	1.21	5	Same	0.09
LAC/Olive View UCLA Medical Center	1.2	5	Same	-0.22
Santa Monica - UCLA Orthopaedic Hospital	1.19	4	Same	-0.73
St. Mary Medical Center, Long Beach	1.18	4	Same	-0.14
Pomona Valley Hospital Medical Center	1.16	7	Same	0.4
Good Samaritan Hospital, Los Angeles	1.11	5	Same	0.64
City of Hope Helford Clinical Research Hospital	1.07	9	Same	0.2
Long Beach Memorial Medical Center	1.07	6	Same	0.25
Adventist Health Glendale	1.03	5	Same	-0.03
Valley Presbyterian Hospital	1.01	4	Same	0.3
Memorial Hospital of Gardena	0.94	1	Same	-0.51
Saint Vincent Medical Center	0.92	3	Same	-0.08
LAC+USC Medical Center	0.89	14	Same	0.04
Ronald Reagan UCLA Medical Center	0.89	9	Same	0.18
Saint Francis Medical Center	0.87	7	Same	0.49
Palmdale Regional Medical Center	0.87	1	Same	0.87
Martin Luther King Jr. Community Hospital	0.86	1	Same	-1.13
Cedars-Sinai Medical Center	0.84	13	Same	0.55
Providence Saint Joseph Medical Center	0.79	5	Same	-0.42
Mission Community Hospital	0.75	2	Same	0.24
PIH Health Hospital, Whittier	0.68	3	Same	0.17
Providence Tarzana Medical Center	0.64	2	Same	0.33
USC Kenneth Norris Jr. Cancer Hospital	0.58	1	Same	0.58
Garfield Medical Center	0.55	2	Same	0.26
Providence Saint John's Health Center	0.53	1	Same	0.53
California Hospital Medical Center, Los Angeles	0.52	2	Same	-0.26
Huntington Memorial Hospital	0.52	3	Same	-0.15
College Medical Center	0.5	1	Same	0.5
Adventist Health White Memorial	0.4	2	Same	0.18
Keck Hospital of USC	0.19	1	Better	-0.63

MRSA SIR By L.A. Care Network Hospital, 2018				
Facility	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Southern California Hospital at Hollywood	0	0	Same	-4.12
Coast Plaza Hospital	0	0	Same	-1.92
Glendale Memorial Hospital and Health Center	0	0	Same	-1.58
USC Verdugo Hills Hospital	0	0	Same	-1.25
Alhambra Hospital Medical Center	0	0	Same	-1.21
Methodist Hospital of Southern California	0	0	Better	-1.11
Whittier Hospital Medical Center	0	0	Same	-0.81
PIH Health Hospital, Downey	0	0	Same	-0.75
San Gabriel Valley Medical Center	0	0	Same	-0.67
Providence Little Company of Mary Torrance	0	0	Better	-0.54
East Los Angeles Doctors Hospital	0	0	Same	0
Greater El Monte Community Hospital	0	0	Same	0
La Palma Intercommunity Hospital	0	0	Same	0
Children's Hospital Los Angeles	0	0	Better	0
Providence Little Company of Mary San Pedro	0	0	Same	0
Community Hospital of Huntington Park	0	0	Same	0
Citrus Valley Medical Center, IC Campus	NA	NA	NA	NA
Citrus Valley Medical Center, QV Campus	NA	NA	NA	NA

SURGERY SITE INFECTION (SSI) – COLON

2018 SSI - Colon rates and confidence intervals, reported by CDPH, for network hospitals were reviewed and compared to rates from 2017.

Thirty-six facilities met or fell below the state average SIR of 0.96, while 21 hospitals exceeded the average. Three facilities had a SIR statistical higher than their predicted rate. Thirty-seven facilities exceeded Covered California’s goal of SIRs less than 1.0. Monterey Park Hospital and Good Samaritan Hospital Los Angeles were outliers, with SIRs of 6.77 and 4.13, respectively. West Hills and White Memorial, which were outliers last year with SIRs of 3.14 and 2.17, respectively showed major improvement with SIRs of 0 and 0.76 in 2018, respectively. Twenty-two facilities conducted at least one colon surgery but reported zero colon surgery site infections in 2018.

Colon Surgical Site SIR By L.A. Care Network Hospital, 2018					
Facility Name	Procedures Reported	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Monterey Park Hospital	21	6.77	3	Worse	6.77
Good Samaritan Hospital, Los Angeles	53	4.13	5	Worse	4.13
Palmdale Regional Medical Center	138	2.93	8	Worse	1.96
USC Verdugo Hills Hospital	27	1.92	1	Same	1.92
Glendale Memorial	78	1.86	3	Same	1.15

Colon Surgical Site SIR By L.A. Care Network Hospital, 2018					
Facility Name	Procedures Reported	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Long Beach Memorial Medical Center	238	1.86	9	Same	0.82
Torrance Memorial Medical Center	287	1.84	10	Same	1.1
Saint Vincent Medical Center	57	1.69	2	Same	1.69
Valley Presbyterian Hospital	59	1.44	2	Same	0.16
Hollywood Presbyterian Medical Center	68	1.39	2	Same	1.39
Pomona Valley Hospital Medical Center	167	1.39	6	Same	-0.14
Cedars-Sinai Medical Center	655	1.34	26	Same	0.13
Providence Holy Cross Medical Center	172	1.28	6	Same	-0.49
San Gabriel Valley Medical Center	40	1.23	1	Same	1.23
Antelope Valley Hospital	192	1.21	6	Same	0.49
Glendale Adventist Medical Center	119	1.16	3	Same	-0.55
Santa Monica - UCLA Orthopaedic Hospital	73	1.16	2	Same	0.61
Providence Little Company of Mary Torrance	177	1.15	4	Same	0.39
Saint Francis Medical Center	84	1.11	3	Same	-0.03
Garfield Medical Center	73	1.06	2	Same	1.06
Huntington Memorial Hospital	270	0.98	8	Same	0.27
St. Mary Medical Center, Long Beach	38	0.95	1	Same	0.95
PIH Health Hospital, Downey	48	0.93	1	Same	-0.38
PIH Health Hospital, Whittier	180	0.81	3	Same	0.53
California Hospital Medical Center, Los Angeles	81	0.79	2	Same	-0.5
Ronald Reagan UCLA Medical Center	286	0.76	7	Same	-0.62
White Memorial Medical Center	61	0.76	1	Same	-1.94
Keck Hospital of USC	341	0.73	8	Same	-0.25
LAC/Harbor UCLA Medical Center	117	0.71	3	Same	0.2
Providence Tarzana Medical Center	146	0.54	2	Same	-0.74
Henry Mayo Newhall Hospital	97	0.45	1	Same	0.45
LAC/Olive View UCLA Medical Center	66	0.41	1	Same	-1.3
Providence Saint John's Health Center	131	0.32	1	Same	0.03
LAC+USC Medical Center	232	0.12	1	Better	0.12
Alhambra Hospital Medical Center	58	0	0	Same	0
Beverly Hospital	18	0	0	Same	0
Centinela Hospital Medical Center	188	0	0	Same	0
Children's Hospital Los Angeles	6	0	0	0	0
Children's Hospital of Orange County	1	0	0	0	0
Coast Plaza Hospital	6	0	0	0	0
College Medical Center	4	0	0	0	0

Colon Surgical Site SIR By L.A. Care Network Hospital, 2018					
Facility Name	Procedures Reported	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Community Hospital of Huntington Park	4	0	0	0	0
Earl & Loraine Miller Children's Hospital	2	0	0	0	0
Foothill Presbyterian Hospital – Johnston	64	0	0	Same	-0.35
La Palma Intercommunity Hospital	15	0	0	Same	0
Lakewood Regional Medical Center	55	0	0	Same	0
Martin Luther King Jr. Community Hospital	1	0	0	0	0
Memorial Hospital of Gardena	14	0	0	Same	0
Methodist Hospital of Southern California	152	0	0	Same	-0.31
Mission Community Hospital	18	0	0	Same	0
Pacifica Hospital of the Valley	6	0	1	0	0
Providence Little Company of Mary of San Pedro	22	0	0	Same	0
Providence Saint Joseph Medical Center	178	0	0	Better	0
San Dimas Community Hospital	29	0	0	Same	0
Southern California Hospital at Culver City	3	0	0	0	0
West Hills Hospital & Medical Center	34	0	0	Same	-3.14
Whittier Hospital Medical Center	36	0	0	Same	0
Citrus Valley Medical Center, IC Campus	NA	NA	NA	NA	NA
Citrus Valley Medical Center, QV Campus	NA	NA	NA	NA	NA

CLOSTRIDIUM DIFFICILE (C. DIFF)

2018 C. diff rates, reported by CDPH, for network hospitals were reviewed and compared to rates from 2017.

Thirty-nine facilities met or fell below the state average SIR of 0.68, while 28 hospitals exceeded the average. Five hospitals had SIRs statistical higher than their predicted rate. Fifty-six facilities exceeded Covered California's goal of SIRs less than 1.0. There were no outliers this year. Only one facility, West Covina Medical Center, reported zero C. diff infections in 2018. Citrus Valley Medical Center, QV campus had no data available for 2018.

C. diff SIR By L.A. Care Network Hospital, 2018				
Facility Name	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Southern California Hospital at Culver City	1.93	49	Worse	0.95
Monterey Park Hospital	1.91	9	Same	0.6
City of Hope Helford Clinical Research Hospital	1.8	140	Worse	0.35
Children's Hospital Los Angeles	1.5	53	Worse	-0.09

C. diff SIR By L.A. Care Network Hospital, 2018				
Facility Name	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
West Hills Hospital & Medical Center	1.48	31	Worse	0.07
Saint Vincent Medical Center	1.47	59	Worse	0.63
USC Kenneth Norris Jr. Cancer Hospital	1.3	21	Same	0.47
Beverly Hospital	1.12	30	Same	-0.29
Children's Hospital of Orange County	1.12	25	Same	-0.26
PIH Health Hospital, Downey	1.08	20	Same	0.37
Ronald Reagan UCLA Medical Center	1	103	Same	-0.22
Santa Monica - UCLA Orthopaedic Hospital	0.97	53	Same	-0.16
Earl & Loraine Miller Children's Hospital	0.94	18	Same	0.24
Keck Hospital of USC	0.92	41	Same	-0.07
Huntington Memorial Hospital	0.9	83	Same	0.04
Silver Lake Medical Center	0.9	6	Same	0.13
Saint Francis Medical Center	0.88	60	Same	0.26
Long Beach Memorial Medical Center	0.85	47	Same	-0.24
Norwalk Community Hospital	0.85	4	Same	0.65
Los Angeles Community Hospital	0.81	7	Same	-0.28
Methodist Hospital of Southern California	0.81	26	Same	0.19
Palmdale Regional Medical Center	0.75	17	Same	-0.37
St. Mary Medical Center, Long Beach	0.75	25	Same	-0.06
USC Verdugo Hills Hospital	0.72	10	Same	-0.7
Foothill Presbyterian Hospital - Johnston Memorial	0.71	7	Same	-0.45
Antelope Valley Hospital	0.69	40	Better	-0.55
Good Samaritan Hospital, Los Angeles	0.69	21	Same	-0.35
La Palma Intercommunity Hospital	0.69	4	Same	0.09
California Hospital Medical Center, Los Angeles	0.68	30	Better	0.45
Valley Presbyterian Hospital	0.67	27	Better	-0.34
Providence Saint John's Health Center	0.65	16	Same	-0.74
Cedars-Sinai Medical Center	0.65	93	Better	-0.06

C. diff SIR By L.A. Care Network Hospital, 2018				
Facility Name	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
LAC/Harbor UCLA Medical Center	0.61	33	Better	-0.31
LAC/Olive View UCLA Medical Center	0.61	20	Better	-0.27
LAC+USC Medical Center	0.6	67	Better	0.24
Lakewood Regional Medical Center	0.59	12	Same	-0.47
Providence Little Company of Mary San Pedro	0.58	5	Same	0.14
San Dimas Community Hospital	0.56	3	Same	-0.28
Pacifica Hospital of the Valley	0.55	3	Same	-0.07
Memorial Hospital of Gardena	0.53	6	Same	-0.08
Glendale Adventist Medical Center	0.53	22	Better	-0.07
Adventist Health White Memorial	0.48	17	Better	-0.09
Pomona Valley Hospital Medical Center	0.47	30	Better	-0.64
Providence Little Company of Mary Torrance	0.45	13	Better	-0.69
East Los Angeles Doctors Hospital	0.45	2	Same	-0.05
PIH Health Hospital, Whittier	0.44	26	Better	-0.25
Mission Community Hospital	0.42	7	Better	-0.67
Garfield Medical Center	0.4	12	Better	-0.89
Glendale Memorial Hospital and Health Center	0.4	12	Better	-0.27
Hollywood Presbyterian Medical Center	0.4	8	Better	-0.25
Torrance Memorial Medical Center	0.39	23	Better	-0.55
Sherman Oaks Hospital	0.39	7	Better	-0.4
Community Hospital of Huntington Park	0.39	1	Same	-0.34
Coast Plaza Hospital	0.38	2	Same	-0.84
Greater El Monte Community Hospital	0.38	3	Same	0.02
Providence Tarzana Medical Center	0.37	8	Better	-0.55
Whittier Hospital Medical Center	0.34	3	Better	-0.25
College Medical Center	0.31	3	Better	-0.09
Alhambra Hospital Medical Center	0.29	3	Better	-0.46

C. diff SIR By L.A. Care Network Hospital, 2018				
Facility Name	SIR 2018	Infections Reported	Statistical Comparison	Rate Difference 2018 vs. 2017
Providence Holy Cross Medical Center	0.25	8	Better	-0.61
Martin Luther King Jr. Community Hospital	0.25	5	Better	-0.12
Encino Hospital Medical Center	0.24	2	Better	-0.54
Providence Saint Joseph Medical Center	0.2	8	Better	-0.68
San Gabriel Valley Medical Center	0.19	4	Better	-0.75
Southern California Hospital at Hollywood	0.14	1	Better	-0.04
Centinela Hospital Medical Center	0.11	4	Better	-0.61
West Covina Medical Center	0	0	Same	0
Citrus Valley Medical Center, QV Campus	NA	NA	NA	NA

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

CAUTI rates, from 10/1/2018 to 9/30/2019, as reported by CMS Hospital Compare, were reviewed for network hospitals and compared to a national benchmark.

Twenty-three hospitals had SIRs below the state average of 0.79. Thirty facilities' SIRs exceeded the California average of 0.79, three of which were statistical higher than national benchmark. Thirty-four facilities exceeded Covered California's goal of SIRs less than 1.0. Hollywood Presbyterian is an outlier with a SIR of 2.69. Torrance Memorial was an outlier in 2017 with a SIR of 2.33, but showed some improvement in 2018 with a SIR of 1.99. Mission Community Hospital, which previously had a SIR of 2.69 and was an outlier, has a SIR of 0.84 in 2018. Ten facilities reported zero CAUTIs in this time period. Seven hospitals did not have data available to report for 2018.

CAUTI SIR by L.A. Care Network Hospital, 10/1/2018-9/30/19			
Facility Name	SIR	Statistical Comparison	Rate Difference 2018 vs. 2017
Hollywood Presbyterian Medical Center	2.686	Worse	1.106
Torrance Memorial Medical Center	1.992	Worse	-0.338
Los Angeles Community Hospital	1.861	Same	0.801
USC Verdugo Hills Hospital	1.845	Same	1.425
Monterey Park Hospital	1.709	Same	0.349
Providence Saint Joseph Medical Ctr	1.585	Same	0.265
LAC+USC Medical Center	1.546	Worse	0.066
Good Samaritan Hospital	1.481	Same	-0.089
College Medical Center	1.325	Same	0.665

CAUTI SIR by L.A. Care Network Hospital, 10/1/2018-9/30/19			
Facility Name	SIR	Statistical Comparison	Rate Difference 2018 vs. 2017
West Hills Hospital & Medical Center	1.32	Same	0.65
PIH Health Hospital-Whittier	1.312	Same	0.572
San Gabriel Valley Medical Center	1.218	Same	0.128
Methodist Hospital Of Southern Ca	1.217	Same	0.757
California Hospital Medical Center LA	1.097	Same	0.507
Providence Little Company Of Mary Med Ctr Torrance	1.076	Same	-0.514
Lakewood Regional Medical Center	1.037	Same	1.037
St Mary Medical Center	1.015	Same	-0.365
Saint Vincent Medical Center	1.003	Same	0.413
Cedars-Sinai Medical Center	1.002	Same	0.302
LAC/Harbor-UCLA Med Center	0.994	Same	-0.816
Glendale Mem Hospital & Hlth Center	0.993	Same	0.813
Huntington Memorial Hospital	0.979	Same	0.169
LAC/Olive View-UCLA Medical Center	0.979	Same	0.289
Antelope Valley Hospital	0.961	Same	-0.149
Keck Hospital Of USC	0.925	Same	-0.645
Providence Tarzana Medical Center	0.924	Same	0.804
Saint Francis Medical Center	0.918	Same	0.088
Long Beach Memorial Medical Center	0.849	Same	-0.061
Mission Community Hospital	0.837	Same	-1.323
Ronald Reagan UCLA Medical Center	0.812	Same	-0.288
Garfield Medical Center	0.698	Same	-1.232
White Memorial Medical Center	0.683	Same	0.223
Pomona Valley Hospital Medical Center	0.626	Same	-0.314
Glendale Adventist Medical Center	0.597	Same	-0.343
Memorial Hospital Of Gardena	0.439	Same	0.439

CAUTI SIR by L.A. Care Network Hospital, 10/1/2018-9/30/19			
Facility Name	SIR	Statistical Comparison	Rate Difference 2018 vs. 2017
Valley Presbyterian Hospital	0.431	Same	0.281
Emanate Health Inter-Community Hospital	0.384	Better	-0.036
Beverly Hospital	0.372	Same	-1.338
Providence Saint John's Health Center	0.361	Same	0.361
PIH Hospital - Downey	0.356	Same	0.056
Palmdale Regional Medical Center	0.335	Same	-0.265
Providence Holy Cross Medical Center	0.287	Better	-0.693
Southern California Hospital At Hollywood	0.279	Better	-0.281
Providence Little Co Of Mary Med Ctr San Pedro	0	Same	-1.64
Whittier Hospital Medical Center	0	Same	-1.12
Sherman Oaks Hospital	0	Same	-0.4
Alhambra Hospital Medical Center	0	Same	0
Centinela Hospital Medical Center	0	Better	0
Coast Plaza Hospital	0	Same	0
Encino Hospital Medical Center	0	Same	0
Greater El Monte Community Hospital	0	Better	0
Martin Luther King, Jr. Community Hospital	0	Same	0
San Dimas Community Hospital	0	Same	0
Children's Hospital Of Los Angeles	NA	NA	NA
Santa Monica - UCLA Orthopaedic Hospital	NA	NA	NA
Foothill Presbyterian Hospital	NA	NA	NA
Memorial Care Miller Children's & Women's Hosp	NA	NA	NA
Community Hospital Of Long Beach	NA	NA	NA
Silver Lake Medical Center	NA	NA	NA
La Palma Intercommunity Hospital	NA	NA	NA

LOOKING FORWARD

2019 SIR and NTSV C-Sections rates should become available mid-2021. QI Initiatives will analyze the 2018 rates and determine intervention, if appropriate. QI will coordinate with Utilization Management and Provider Network Management (PNM) hospital managers for any intervention plans. We will also review whether any of these metrics will be used as a quality based contract element for hospital contracts.

D.5.a FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR PEOPLE WITH MULTIPLE HIGH RISK CHRONIC CONDITIONS (FMC) (7-DAY TOTAL RATE)

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BACKGROUND

Discharges from the Emergency Room (ED) visit or hospitalization for any reason is a complex process that many patients and families do not understand the complexities of that can result in a disconnect in coordination of medical services. Related to this complexity is a growing knowledge gap related to the coordination of medical services across settings in the community between inpatient and outpatient services. The complexities of coordinating a follow up visit to the Primary Care Provider (PCP) and reconciliation of medications are often missed opportunities to coordinate care across both the inpatient and outpatient settings. The inconsistent communication between settings not only affects the quality of care patients receive but includes a high cost to the community as a whole in expenditures. The cost of unplanned readmissions is 15-20 billion dollars annually²⁷. A priority for L.A. Care is to improve the care patients receive from the health care system regardless of where the patient is receiving these services. In order to monitor the quality of care received between settings the following HEDIS measures related to both an emergency room visit and/or hospitalization is reviewed. Improving and monitoring the utilization of these services in both settings has the potential to improve both the quality of life for patients and their families as well as the overall quality of care received across all settings in healthcare.

2020 WORK PLAN GOAL:

HEDIS Measure	2020 Cal MediConnect Goal	2020 Cal MediConnect Rate	2020 Goal Met/ Not Met
Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)	47%	48%	Met
Acute Hospitalization Utilization (AHU) New	O/E Ratio <1	0.9%	Met
Hospital for Potentially Preventable Conditions (HPC) New	O/E Ratio <1	1.6%	Not Met

²⁷ Alper, E., O'Malley, T. & Greenwald, J. (2020). Hospital discharge and readmission. UpToDate.

https://www.uptodate.com/contents/hospital-discharge-and-readmission?search=transition%20of%20care&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H1

(accessed 9/11/2020)

HEDIS Measure	2020 Cal MediConnect Goal	2020 Cal MediConnect Rate	2020 Goal Met/ Not Met
Transitions of Care - Receipt of Discharge information New	NA	0.2%	NA
Transitions of Care - Patient engagement after inpatient discharge New	NA	76.9%	NA
Transitions of Care - Notification of Inpatient Admission New	NA	11.2%	NA
Transitions of Care - All Four Rate (TRC) - Medication reconciliation post discharge New	NA	40.6%	NA
Emergency Department Utilization (EDU)	≤ 1%	1.1%	Not Met
Plan All-Cause Readmissions (PCR)	< 1%	0.9%	Met

HEDIS Measure	2020 L.A. Care Covered Goal	2020 L.A. Care Covered Rate	2020 Goal Met/ Not Met
Plan All-Cause Readmissions (PCR)	< 1%	0.4%	Met

MAJOR ACCOMPLISHMENTS

In July of 2020 the Inpatient Workgroup was transitioned from Utilization Management Department to the Quality Improvement Department with two leads. The Inpatient Workgroup is a cross functional workgroup with subject matter experts (SME) from various departments including: Case Management, Utilization Management, Population Health Management, Social Services, Pharmacy, Quality Performance Management and Quality Improvement. The goals of the workgroup include but are not limited to: improving the oversight and management of inpatient utilization and mitigating risks to patient care safety in the hospital setting through annual reports from Cal Hospital Compare. The workgroup plans to identify and implement best practices to facilitate communication and coordination between inpatient and outpatient providers.

DESCRIPTION OF MEASURES

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

HEDIS Measure	Specific Indicator(s)	Measure Type
Acute Hospitalization Utilization (AHU) New	For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharges during the measurement year reported by Surgery, Medicine and Total	Administrative
Hospital for Potentially Preventable Conditions (HPC) New	<p>Ambulatory care sensitive condition. An acute or chronic health condition that can be managed or treated in an outpatient setting. The ambulatory care conditions included in this measure are:</p> <ul style="list-style-type: none"> • <i>Chronic ACSC</i> <ul style="list-style-type: none"> – Diabetes short-term complications. – Diabetes long-term complications. – Uncontrolled diabetes. – Lower-extremity amputation among patients with diabetes. – COPD. – Asthma. – Hypertension. – Heart failure. • <i>Acute ACSC</i> <ul style="list-style-type: none"> – Bacterial pneumonia. – Urinary tract infection. – Cellulitis. – Pressure ulcer. <p>Members with three or more inpatient or observation stay chronic ACSCs during the measurement year.</p> <p>Members with two or less inpatient or observation stay chronic ACSCs during the measurement year.</p>	Administrative
Transitions of Care - All Four Rate (TRC) New	<p>The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:</p> <ul style="list-style-type: none"> • <i>Notification of Inpatient Admission.</i> Documentation of receipt of notification of inpatient admission on the day of admission or the following day. • <i>Receipt of Discharge Information.</i> Documentation of receipt of discharge information on the day of discharge or the following day. • <i>Patient Engagement After Inpatient Discharge.</i> Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. • <i>Medication Reconciliation Post-Discharge.</i> Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). 	Administrative

HEDIS Measure	Specific Indicator(s)	Measure Type
Emergency Department Utilization (EDU)	<p>The year prior to the measurement year.</p> <p>Predicted probability of a visit. The predicted probability of a member having an emergency department visit in the measurement year.</p> <p>Predicted unconditional count of visits. The unconditional count of emergency department visits for members during the measurement year.</p>	Administrative
Plan All-Cause Readmissions (PCR)	<p>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. Data are reported in the following categories:</p> <ol style="list-style-type: none"> 1. Count of Index Hospital Stays (IHS) (denominator). 2. Count of Observed 30-Day Readmissions (numerator). 3. Count of Expected 30-Day Readmissions. <p>Note: For commercial and Medicaid, report only members 18–64 years of age.</p>	Administrative

RESULTS

The measures included here are for RY2020, the new measures for this year are Transitions of Care (TRC), Acute Hospitalization Utilization (AHU) and Hospital for Potentially Preventable Conditions (HPC) the rates for these measures are baseline. TRC has four sub measures: Notification of Inpatient Admission, Receipt of Discharge Information, Patient Engagement After Inpatient Discharge, and Medication Reconciliation Post-Discharge. For the CMC product, we met the goals for FMC 7-day total rate, AHU and PCR. However, for HPC and EDU the goals were not met for CMC product. The goal for LACC PCR was met for this year. The data source for the above measures are from the final HEDIS rates for MY2019.

ANALYSIS

Quantitative Analysis

Cal MediConnect

In MY2019 the rate for FMC (7-day total rate) was 48% which is 1% higher than the goal of 47%. L.A. Care met the goal; however, the rate is at the 10th percentile for the NCQA Quality Compass benchmark. For AHU the goal was met of an O/E Ratio < 1 at 0.9%. HPC was 1.6% which did not meet the goal of O/E Ratio <1. EDU did not meet the goal of < or = 1% at 1.1%. PCR met the goal at 0.9% of < 1%.

TRC for Receipt of Discharge Information, Patient Engagement after Inpatient Discharge, Notification of Inpatient Admission, and Medications Reconciliation Post Discharge are new measures as such do not have any goals set for 2020; therefore, this will be the baseline rate and a 2021 goal will be established. The 2020 rates respectively are: 0.2%, 76.9%, 11.2% and 40.6%. The only measure to meet the NCQA Quality Compass (QC) benchmark is the Notification of Admission, which met 50th percentile. The other three TRC measures met the 10th percentile for the NCQA QC benchmark.

L.A Care Covered

PCR met the goal of 0.4067%. We plan to monitor this rate for all lines of business in the Inpatient workgroup.

Disparity Table

Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	5	13	8	10	14	60	3	N/A
Denominator	17	28	18	24	33	151	9	N/A
Rate	29.4%	46.4%	44.4%	41.7%	42.4%	39.7%	33.3%	N/A

Disparity Analysis

L.A. Care conducted an analysis based on claims and encounter data (administrative data) on race/ethnicity and language to examine whether disparities exist in Follow-up after Emergency Department Visits for People with Multiple High Risk Chronic conditions (FMC) (7-day total rate). African Americans have the lowest rate of follow-up at 29.4% compared to Hispanics with a rate of 46.4% this is 17 percentage point difference and not a statistically significant difference by z-test. The next highest rate is Asian members with a rate of 44.4%. English speaking members rated higher than Spanish speaking member by 6.4% with English rate at 39.7% and 33.3% for Spanish speaking members. This difference is not statistically different by z-test.

Qualitative Analysis

There is an opportunity to improve the quality of care patients receive between the inpatient and outpatient setting, transitions of care with medical services. Although L.A. Care has met the goal for the CMC line of business in three of the nine HEDIS measures. L.A. Care's Inpatient Workgroup with Population Health Management assistances has begun to collect the transitions of care programs being conducted throughout the organization. This information is being shared with the SMEs in the workgroup to identify potential opportunities for partnership and collaboration. A current identified barrier for transitions of care is L.A. Care's complex delegated model, specifically for the responsibility of concurrent review. In addition, there is inconsistent communication between facilities and members' primary care provider office. The workgroup leads working to help identifying the PPGs that have full risk for inpatient services and the delegation of concurrent review.

Additional transitions of care barriers are the difficulty in reaching members due to unable to contact, this is a common problem for not only the health plan but also PPGs and PCP offices. Furthermore, L.A. Care has had challenges retaining a Transition of Care Nurse in the UM department which has limited the resources to further assist with transitions of care between hospital and outpatient setting, transitions of care services. In addition, the COVID-19 pandemic and the state of emergency has limited the ability to begin interventions in person. Interventions have been restructured to be conducted via telehealth.

LOOKING FORWARD

The measures will be managed by the Inpatient workgroup where discussion, review and prioritization will take place. Currently under development is a Transition of Care Pilot program utilizing L.A. Care's Social Services department. This pilot will be for the Medi-Cal MCLA population and will involve multiple disciplines including care management and pharmacy. This program is planned to launch October 1, 2020,

and will involve three hospitals as a small cohort. In addition to this pilot, the Inpatient workgroup discussions are occurring amongst PNM and PPGs to identify potential partnerships to identify best practice for managing concurrent review amongst the PPGs.

2021 WORK PLAN GOAL:

HEDIS Measure	2021 Cal MediConnect Goal
Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate))	51%
Acute Hospitalization Utilization (AHU) New	O/E Ratio < 1
Hospital for Potentially Preventable Conditions (HPC) New	O/E Ratio < 1
Transitions of Care (TRC) - Receipt of Discharge information	0.50%
Transitions of Care (TRC) - Patient engagement after inpatient discharge	78%
Transitions of Care (TRC) - Notification of Inpatient Admission	14%
Transitions of Care (TRC) - Medication reconciliation post discharge	45%
Emergency Department Utilization (EDU)	O/E Ratio < 1%
Plan All-Cause Readmissions (PCR)	O/E Ratio < 1%

HEDIS Measure	2021 L.A. Care Covered Goal
Plan All-Cause Readmissions (PCR)	O/E Ratio < 1%

E. MANAGING MULTIPLE CHRONIC ILLNESS

E.1 MANAGING MULTIPLE CHRONIC ILLNESS

E.1.a RISK STRATIFICATION PROCESS USING DATA

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

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 they 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 Medi-Connect (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 3M Clinical Risk Grouper (CRG). 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. The CM team began working on the implementation of the Optum Impact Pro (IPro) tool in Q2 of the calendar year and will continue to expand its use to identify members for Care Management programs.

E.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 either telephonically by L.A. Care’s Customer Solution Center or face to face by contracted Vendors (for CMC members only). The member is provided with the option that best meets their needs. 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.

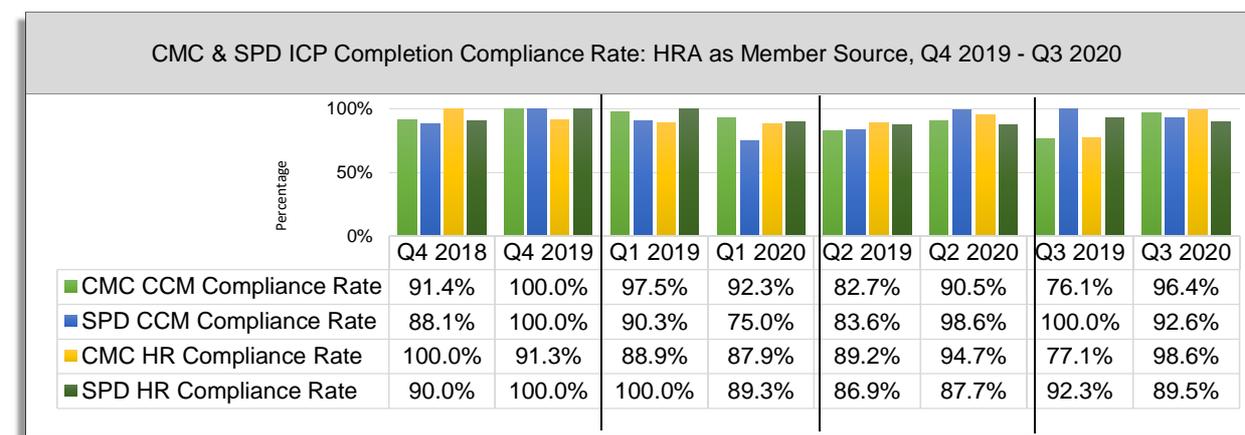
High and Complex members identified through the HRA process are currently aggregated in the Care Management electronic documentation system. A daily report is generated detailing the members who have completed the HRA process, their scores and corresponding risk level. In the next step of the stratification 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. Members identified as low risk following completion of the HRA are delegated to their Preferred Provider 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

In 2020 the Care Management Department transitioned from a calendar year (CY) reporting cycle to a fiscal year (FY) reporting cycle. All data reported represent work effort and results for the FY beginning October 1, 2019 and ending September 30, 2020. 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. It is important to note Q1 data reported here were presented and discussed in the last submission of this program evaluation as Q4. This change has impacted the adjusted rates of the performance measures detailed below.

Individualized Care Plan (ICP):

The graph below shows an adjusted compliance rate of 93% across both CM programs (CCM and HR) for 2020.



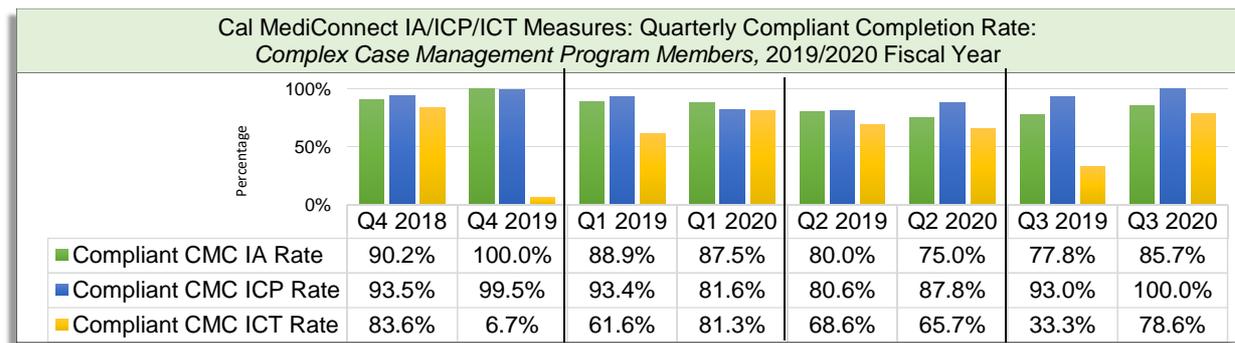
	Q4 2018	Q4 2019	Q1 2019	Q1 2020	Q2 2019	Q2 2020	Q3 2019	Q3 2020
CMC CCM ICPs Completed	163	43	79	13	75	21	46	28
SPD CCM ICPs Completed	84	21	103	20	116	216	9	27
CMC HR ICPs Completed	2	195	9	66	37	95	105	70
SPD HR ICPs Completed	10	64	2	121	61	138	13	38

Individualized Care Plans (ICPs) are considered to be compliant when completed within 30 days of case open date.
Data source: CM_COR report via SQL Report Server

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Cal MediConnect (CMC) Line of Business:

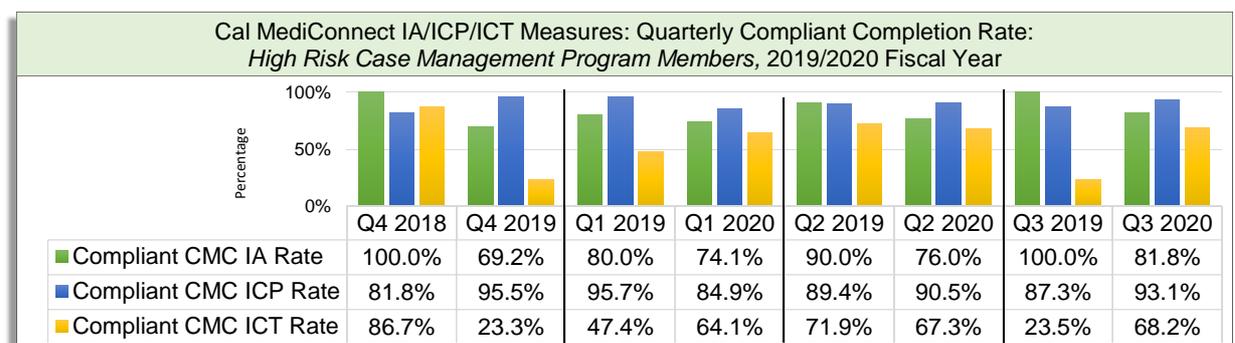
In 2020 the standard time lines for completing the ICT was changed from within 20 days of the ICP creation to within 30 days of the ICP creation. In the graphs below the Q4 data were scored with the 20-day standard and the remaining quarters were scored using the new standard.

Complex Care Management



	Q4 2018	Q4 2019	Q1 2019	Q1 2020	Q2 2019	Q2 2020	Q3 2019	Q3 2020
CMC CCM IAs Completed	51	6	18	16	20	16	9	7
CMC CCM ICPs Completed	186	196	121	38	124	41	128	20
CMC CCM ICTs Completed	73	15	99	32	86	35	12	14

High Risk Care Management



	Q4 2018	Q4 2019	Q1 2019	Q1 2020	Q2 2019	Q2 2020	Q3 2019	Q3 2020
CMC HR IAs Completed	6	13	5	27	10	25	12	11
CMC HR ICPs Completed	11	419	23	86	47	116	134	29
CMC HR ICTs Completed	15	43	19	78	32	107	17	22

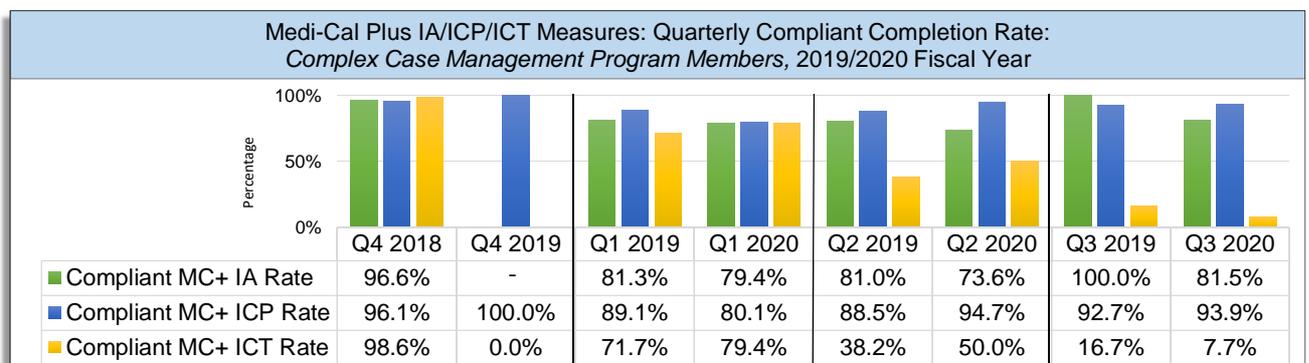
Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation (Q4 2018 and Q4 2019). Interdisciplinary Care Team (ICT) are considered compliant when completed within 30 calendar days of ICP creation

Source: *CM Case Type Report* via SQL Report Server and *CM_COR Report* via SQL Report Server for IA data starting 08 2020, retroactive to 01 2020

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Medi-Cal Plus (MC+) Lines of Business

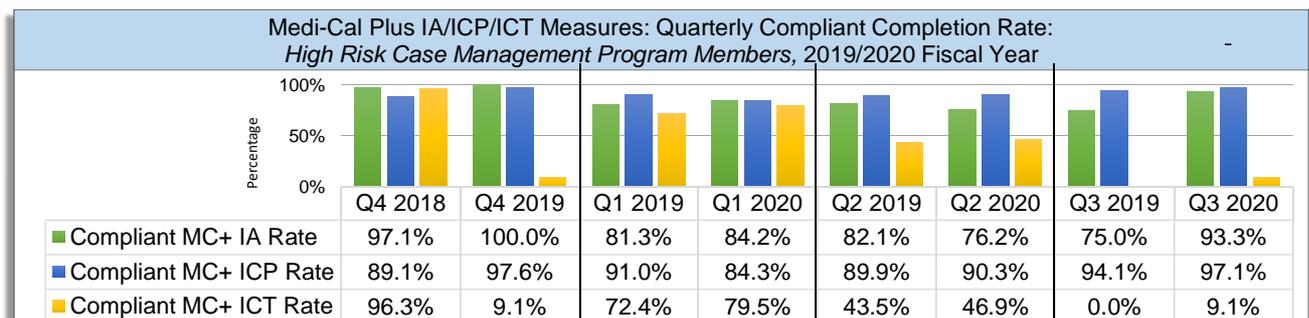
In Q1 2020, the de-delegation of low risk case management from a PPG in July 2019 continued to have an impact on this performance measure. In February of 2020 the ICT schedule was expanded from three (3) to four (4) days and from one and a half (1.5) hours per session to two (2) hours to alleviate the continued case backlog created by the PPG de-delegation. This expansion created an opportunity to improve the overall process of conducting ICT meetings. The care management team streamlined the scheduling of ICT by creating a Share Point calendar function and segregating the presentation of engaged members from those who declined CM or were UTC. This change freed members of the team not essential to discussions of the declined and UTC cases from participation. Staff training was improved and increased for outside participants.

Complex Care Management



	Q4 2018	Q4 2019	Q1 2019	Q1 2020	Q2 2019	Q2 2020	Q3 2019	Q3 2020
MC+ CCM IAs Completed	58	0	48	38	63	117	12	55
MC+ CCM ICPs Completed	232	37	304	136	32	587	55	181
MC+ CCM ICTs Completed	71	3	92	25	55	23	6	5

High Risk Care Management



	Q4 2018	Q4 2019	Q1 2019	Q1 2020	Q2 2019	Q2 2020	Q3 2019	Q3 2020
MC+ HR IAs Completed	35	3	16	38	28	84	4	30
MC+ HR ICPs Completed	129	85	89	197	158	380	34	102
MC+ HR ICTs Completed	27	11	29	44	23	64	3	11

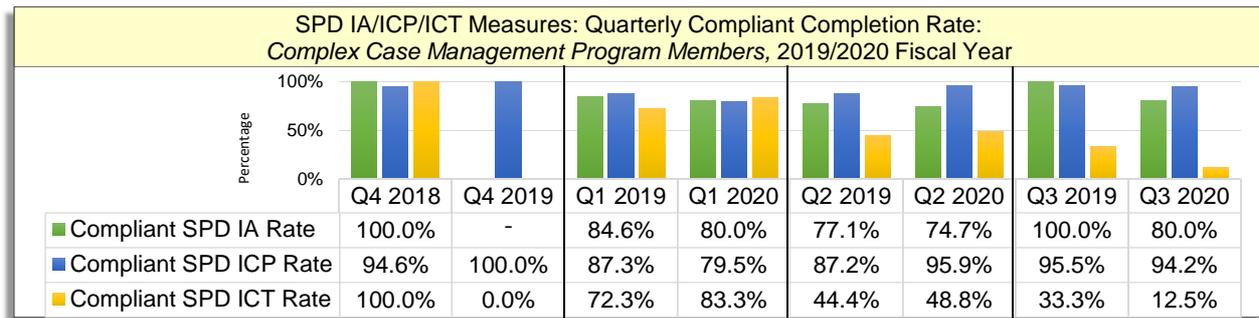
Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation (Q4 2018 and Q4 2019). Interdisciplinary Care Team (ICT) are considered compliant when completed within 30 calendar days of ICP creation

Source: *CM Case Type Report* via SQL Report Server and *CM_COR Report* via SQL Report Server for IA data starting 08 2020, retroactive to 01 2020

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Seniors and Persons with Disabilities (SPD)

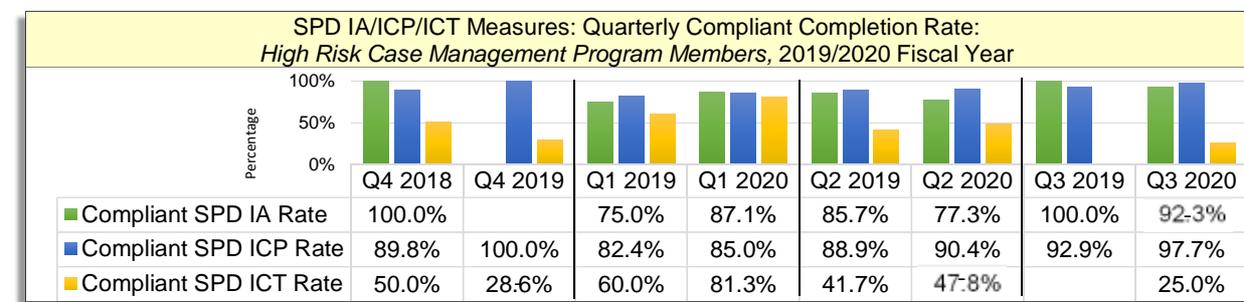
In 2020, the department experienced significant resource constraints related to the de-delegation of a large PPG coupled with hiring challenges resulting in a high staff vacancy rate. Consequently, Care Management had to prioritize CMC line of business activities due to the 2020 CMS CCQIPE re-validation audit. These factors resulted in lower than desired capacity to actively manage other populations.

Complex Case Management



	Q4 2018	Q4 2019	Q1 2019	Q1 2020	Q2 2019	Q2 2020	Q3 2019	Q3 2020
SPD CCM IAs Completed	25	0	26	25	35	84	6	29
SPD CCM ICPs Completed	112	24	165	70	188	442	22	86
SPD CCM ICTs Completed	33	2	47	18	36	17	3	3

High Risk Case Management



	Q4 2018	Q4 2019	Q1 2019	Q1 2020	Q2 2019	Q2 2020	Q3 2019	Q3 2020
SPD HR IAs Completed	17	0	4	36	14	61	1	20
SPD HR ICPs Completed	49	65	17	153	81	284	14	73
SPD HR ICTs Completed	2	9	5	27	12	22	0	5

Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation. creation (Q4 2018 and Q4 2019). Interdisciplinary Care Team (ICT) are considered compliant when completed within 30 calendar days of ICP creation Source: *CM Case Type Report* via SQL Report Server.

E.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 needs of the member.
- Increased utilization of field based services. In Q1 of the calendar year the emergence of the global pandemic caused by the SARS CoV-2 virus necessitated a realignment of departmental priorities in order to respond to the developing public health crisis. Our community based outreach and engagement were curtailed and community health workers were redeployed to their home offices for their and our members' health and safety. These resources were reassigned to complete telephonic outreach of the most vulnerable members in our population. The campaign began in mid - March and ran 16 weeks. The Care Management department reached out to a total of 3,112 members and were able to engage 1,516 to offer assistance and connect them with community based resources.

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

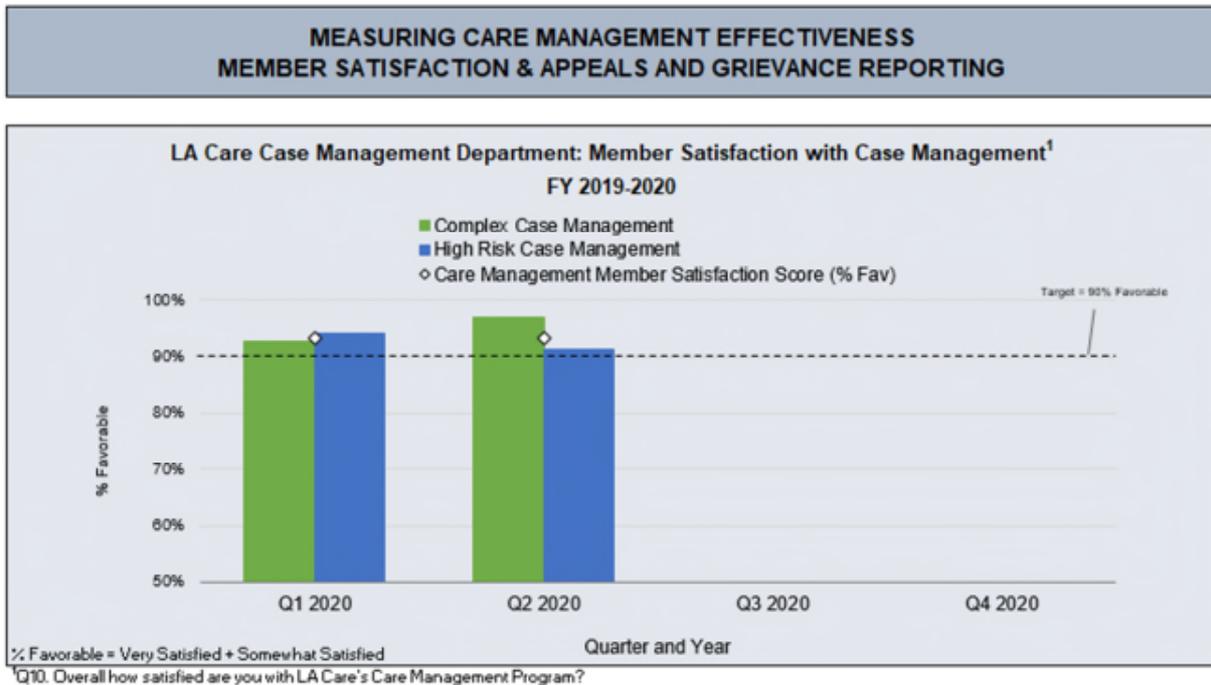
will make three (3) attempts to contact newly identified or referred members to engage the member in the care management program. Contacts will include at least three (3) telephone calls and one (1) letter.

A total of 5,647 cases were opened by the Care Management Department for the FY with 1618 to the Complex Case Management Program and 1817 to the High Risk Case Management Program.

Member Satisfaction with the Case Management Program

In 2020 L.A. Cares’ ability to conduct surveys was disrupted due to the emergence of the global pandemic and legal considerations surrounding “robo” calling. These disruptions prevented outreach for survey purposes and resulted in incomplete results reported below. The survey outreach resumed in the middle of Q4 though results were not available at the time of report submission.

Goal: Achieve 90% of members answering “satisfied” or “very satisfied” to L.A. Care Management Program for all lines of business. A 93% satisfaction rate was achieved for the two quarters measured.



10. Overall how satisfied are you with LA Care's Care Management Program				
Measure	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Number of respondents: Care Management (CM) Program	62	94		
Care Management Member Satisfaction Score (% Fav)	93.4%	93.3%		
Number of respondents: Care Management (CCM) Program	27	37		
Complex Case Management Member Satisfaction Score (% Fav)	92.6%	97.0%		
Number of respondents: Care Management (HR) Program	35	57		
High Risk Case Management Member Satisfaction Score (% Fav)	94.1%	91.2%		

Q10. Overall how satisfied are you with LA Care's Care Management Program?

Source(s): CCM_HRMemberSatisfactionSurveyListsMMYYYY file provided by L. Andrade, MORE Supervisor, on a monthly basis.

Data are analyzed by the Case Management Business/Data Analyst on a monthly, quarterly, and annual basis.

ANALYZING MEMBER COMPLAINTS FINDINGS

During the 2019/2020 fiscal year the Appeals and Grievances department received 12 complaints from 12 members classified under Case Management. Of the 12 complaints five were directly related to activities performed by L.A. Care's CM department. Three of the five complaints centered on timeliness of the care manager's communication with the member. The remaining two concerned CM processes of auto enrollment and unable to contact/decline letter. Seven involved PPG case management activities and one involved another L.A. Care department.

Member complaints data were reviewed separately as an indicative component of satisfaction. In collecting data from L.A. Care's Appeals & Grievances department, we are able to assess the volume and content of complaints to inform operational enhancements.

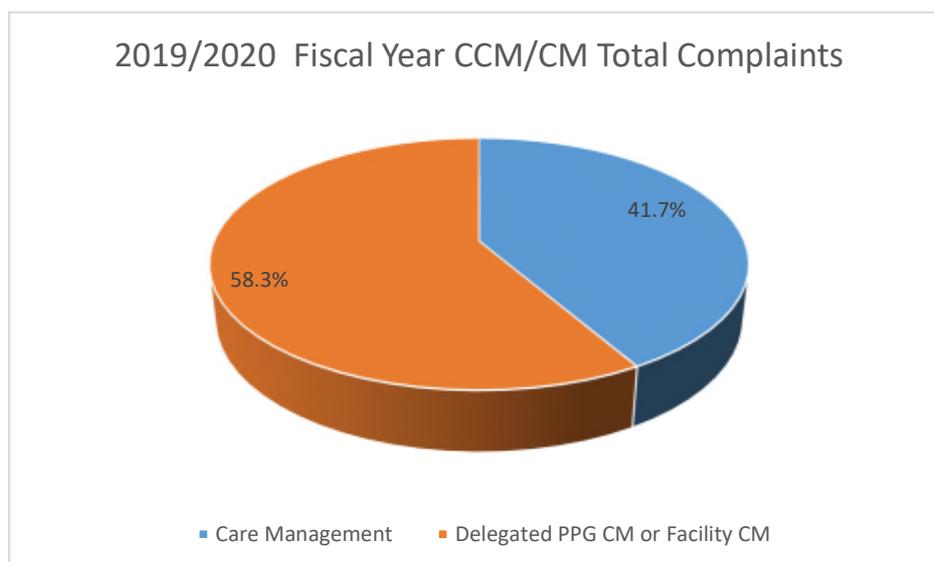


Table 2

Complex Case Management Complaints	FYQ1 2019 - 2020	FYQ2 2019 – 2020	FYQ3 2019 – 2020	FYQ4 2019 - 2020	Total FYQ1- FYQ4 2019-2020
Case Management Access	0	0	1	1	2
Dissatisfaction with Case Manager	0	0	0	2	2
PPG or PPG Case Manager/Facility	0	4	4	0	8
Total Complaints	0	4	5	3	12

Source: Annual Member Experience - CM_41-2019 through Q3 2020 report prepared by Grievance and Appeals Department

Case Management Effectiveness: Impact on ED visits, inpatient admissions/readmissions, and average length of stay

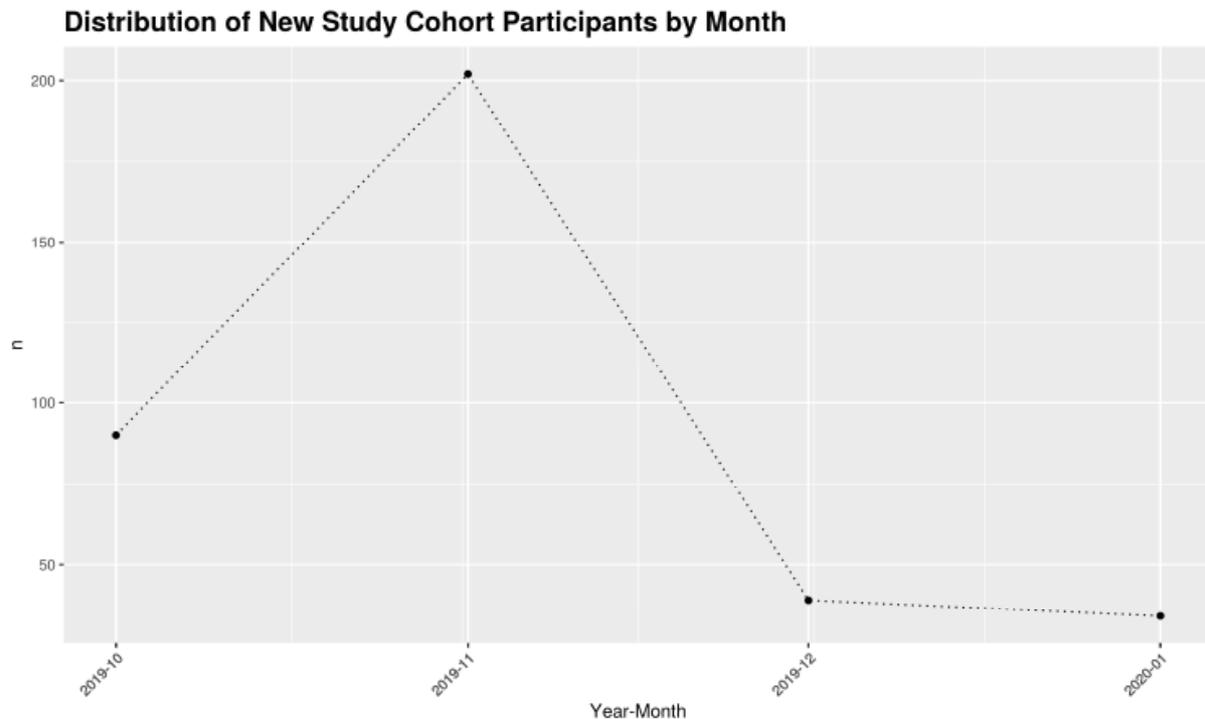
Enterprise Data Strategy and Analytics (EDSA) evaluated the frequency of utilization: emergency department visits, inpatient admissions, inpatient readmissions, and average length of stay, pre- and post-CM program participation.

Evaluation includes the following members that had an Individualized Care Plan (ICP) opened on or after October 1, 2019:

- Complex Care Management participants with at least 60 days in program OR High Risk participants with at least 45 days in program.
- At least 6 months of enrollment before and after the ICP open date, using a 6-month lag from the run date (November 4, 2020) to account for lag in utilization submission.
- 365 met the criterion mentioned above (n = 365).
- Paired t-tests have been used to evaluate whether or not a statistically significant change has occurred in Emergency Room and In-Patient utilization between the 6 months before and the 6 months after each member's ICP open date.

Study Cohort

After taking into consideration eligibility (i.e. they were eligible 6 months before and after starting the program), and 3 months of claims IBNR, the study sample included 365 of the original 1498 members.



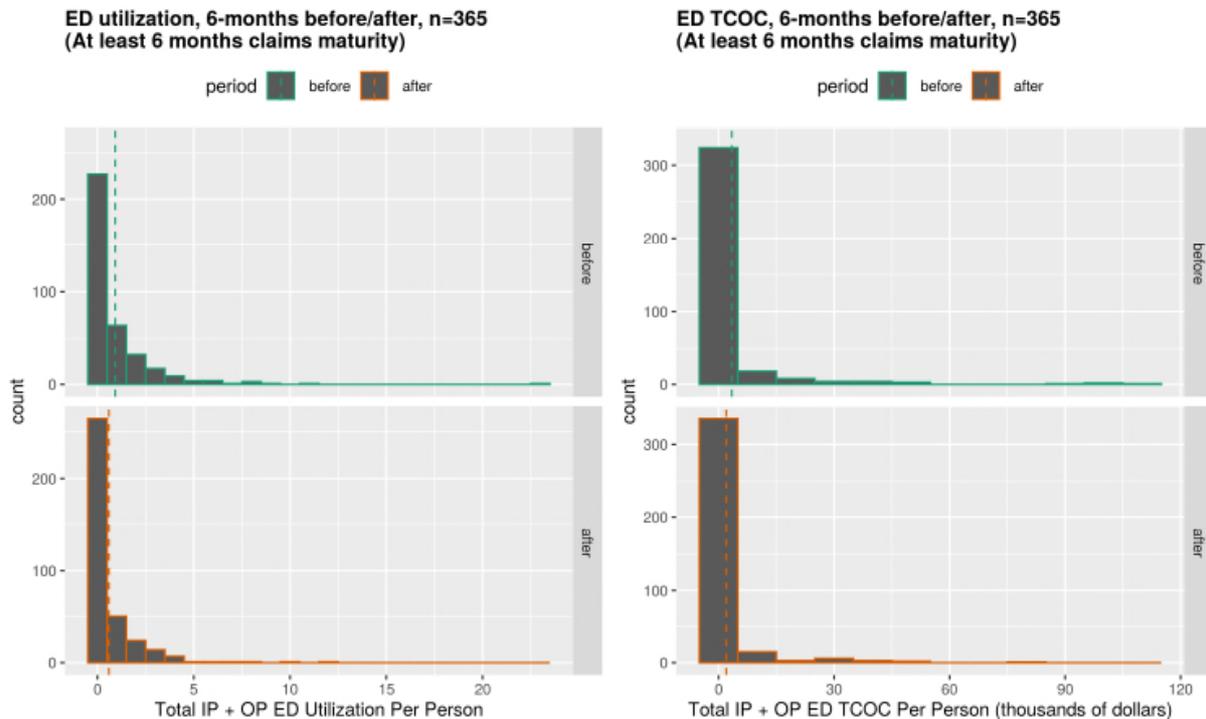
ED Utilization & Total Cost of Care (TCOC)

Overall ED utilization - inpatient admits from the ED + outpatient ED visits:

Total ED utilization (ED admits and visits) count decreased from 335 to 216, or an average of 0.9 to 0.6 per member, an observed 35.5% reduction. If the same trend continues for a year, the projected decrease is 238 in total ED utilization for these 365 members. This result is statistically significant. (p-value = 9.29e-05)

Average cost of total ED utilization decreased from \$3,421 to \$1,985 per member over the 6 months before/after comparison, an observed 42% reduction. If the same trend continues for a year, the total ED utilization projected savings are \$1,048,451 for these 335 members. This result is statistically significant. (p-value = 0.026)

The results may reflect impact of the global pandemic caused by the SARS COVID-19 virus and the resulting stay at home orders. The members may have been less likely to seek care in this setting, which reflects the general trend in the larger population.



Inpatient admits from the ED only:

Total inpatient admits from the ED count decreased from 93 to 63, or an average of 0.3 to 0.2 per member, an observed 32.3% reduction. If the same trend continues for a year, the projected decrease is 60 in total inpatient admits from the ED for these 365 members. This result is statistically significant (p-value = 9.29e-05).

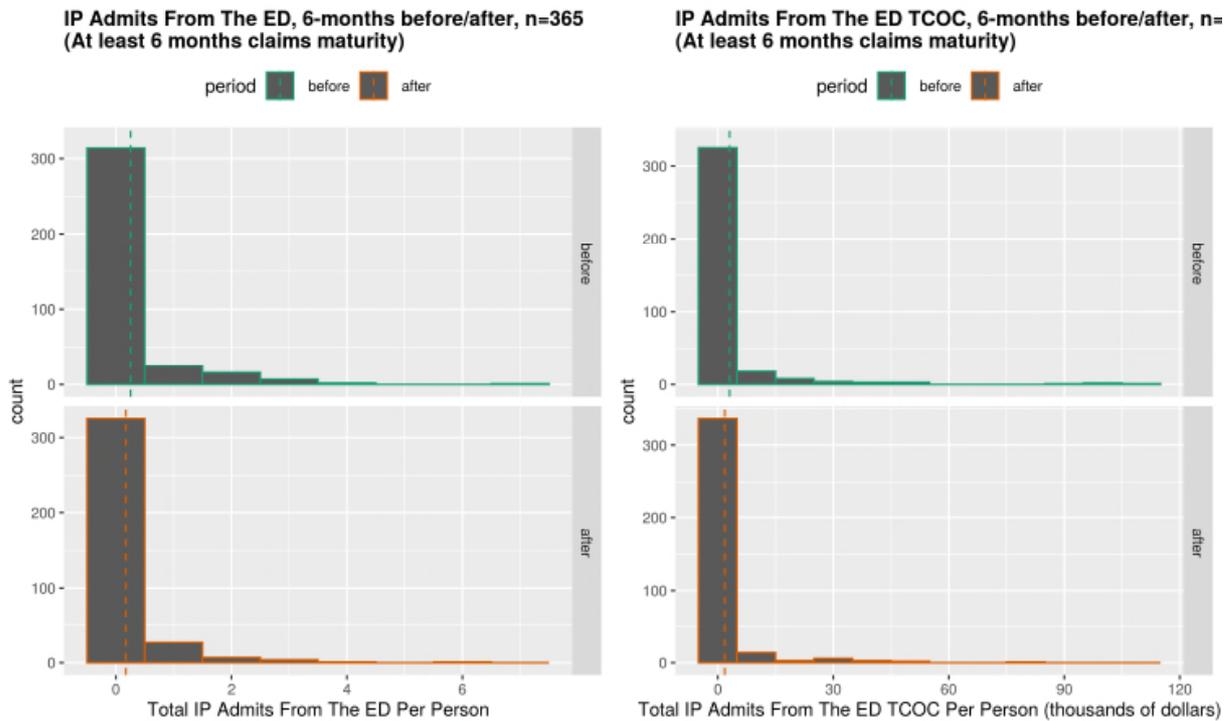
Average cost of inpatient ED admits decreased from \$3,082 to \$1,841 per member over the 6 months before/after comparison, an observed 40.3% reduction. If the same trend continues for a year, the inpatient ED admits projected savings are \$905,918 for these 335 members. This result is not statistically significant (p-value = 0.046).

Outpatient ED visits only:

Total outpatient ED visits count decreased from 407 to 333, or an average of 1.9 to 1.5 per member, an observed 18.2% reduction. If the same trend continues for a year, the projected decrease is 148 in total outpatient ED visits for these 218 members. This result is statistically significant. (p-value = 0.043)

Average cost of outpatient ED visits decreased from \$1,092 to \$1,001 per member over the 6 months before/after comparison, an observed 8.3% reduction. If the same trend continues for a year, the ED visits projected savings are \$39,511 for these 218 members. This result is not statistically significant. (p-value = 0.318)

The results may reflect impact of the global pandemic caused by the SARS COVID-19 virus and the resulting stay at home orders. The members may have been less likely to seek care in this setting, which reflects the general trend in the larger population.

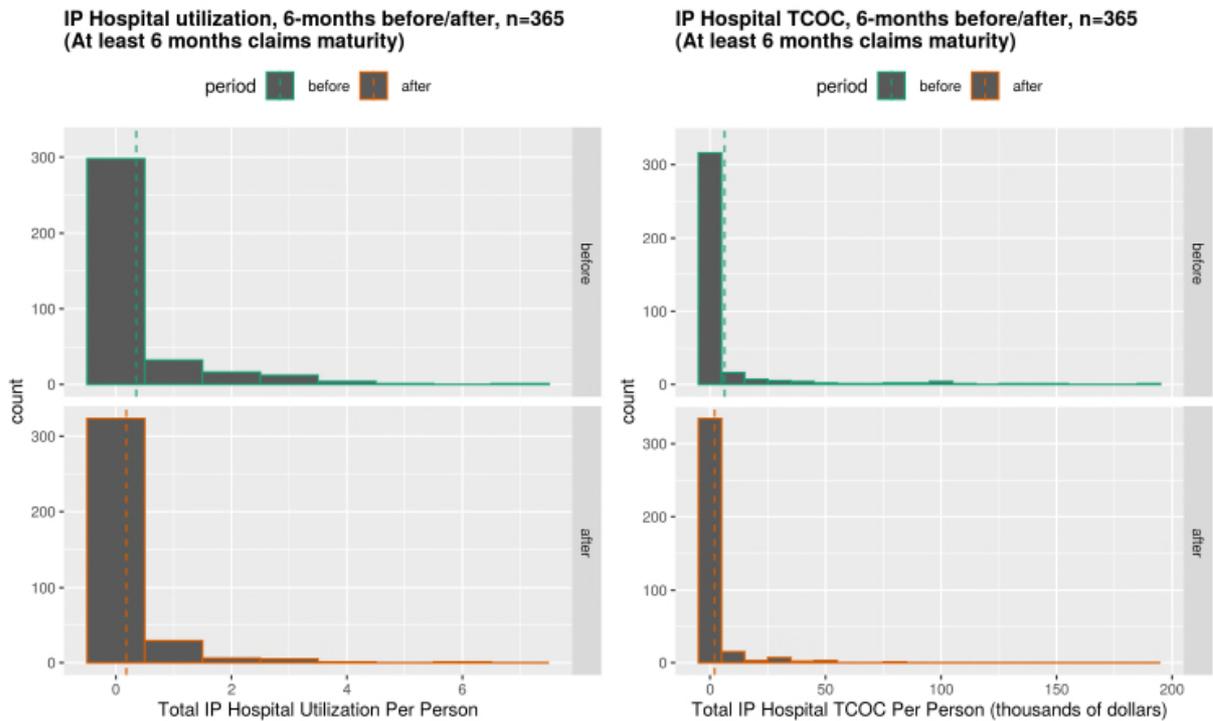


IP Hospital Utilization & Total Cost of Care (TCOC);

Total inpatient admits count decreased from 129 to 66, or an average of 0.4 to 0.2 per member, an observed 48.8% reduction. If the same trend continues for a year, the projected decrease is 126 in total inpatient admits for these 365 members. This result is statistically significant. (p-value = 7.19e-11).

Average cost of inpatient admissions decreased from \$6,295 to \$1,984 per member over the 6 months before/after comparison, an observed 68.5% reduction. If the same trend continues for a year, the inpatient admissions projected savings are \$3,147,661 for these 365 members. This result is statistically significant. (p-value = 2.75e-04)

The results may reflect impact of the global pandemic caused by the SARS COVID-19 virus and the resulting stay at home orders. The members may have been less likely to seek care in this setting, which reflects the general trend in the larger population.

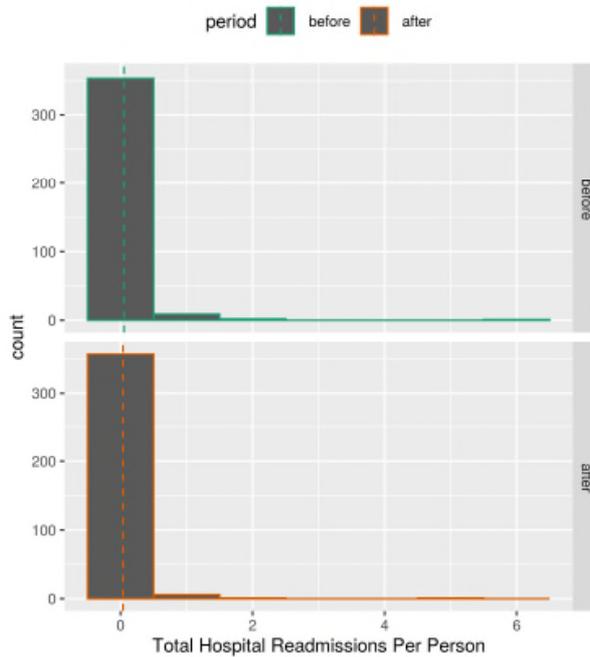


Hospital Readmissions:

Total inpatient readmissions count decreased from 19 to 13, or an average of 0.1 to 0.0 per member, an observed 31.6% reduction. If the same trend continues for a year, the projected decrease is 12 in total inpatient readmissions for these 365 members. This result is not statistically significant. (p-value = 0.249).

The results may reflect impact of the global pandemic caused by the SARS COVID-19 virus and the resulting stay at home orders. The members may have been less likely to seek care in this setting, which reflects the general trend in the larger population.

**Hospital Readmission, 6-months before/after, n=365
(At least 6 months claims maturity)**



Program Evaluation: Performance and Health Outcome Measurement

On an annual basis, an evaluation of the Care Management Program is documented in the CM Program evaluation to ensure that the scope, goals, performance measures and planned activities are consistent with the identified plans. The Health Services Leadership team is responsible for the monitoring and evaluation of the 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 significantly impact the departments' ability to efficiently and effectively provide case management services to L.A. Care members. These improvements touch on every aspect of the department's daily operations to include:

1. The following steps implemented to improve the team's overall compliance performance.

- a. Individual level audits were implemented for all staff in October 2019 for CCQIPE performance beginning with August eligible cases. The team improved from an average 58% compliance to an average 83% compliance in the most recent audit of July 2020 eligible cases.
 - b. Improved internal auditing process by developing new audit tools and increased frequency to monthly programmatic and individual performance audits to mitigate future audit risk.
 - i. Implemented monthly individual performance monitoring for all staff
 - ii. Implemented monthly review of departmental performance audits which is shared with the CM team
 - c. Tied annual individual performance goals to compliance and productivity
2. Developed Compliance and Operations Report (COR) with IT and Compliance departments. This report allows the leadership team to monitor the team's performance on member cases by tracking frequency of activity and standard compliance indicators such as ICP development, ICP updates and ICT performance.
3. Redesign of staff training curriculum and program.
 - a. New core training for all CM resources being on boarded to the CM team
 - b. New role specific curriculum
 - c. Weekly check ins with direct supervisor from the first week of on boarding
 - d. New tools better suited to support the learning process
 - i. Developed new QRG and Visio workflows
 - ii. Ride-alongs for CHWs
 - iii. Mentor assignment for new Case Managers
 - iv. Frequent follow up sessions/check ins with Training Team following initial onboarding
 - v. Retraining for staff with identified knowledge or skill gaps
4. Departmental letters reviewed and revised and re-submitted through PODIO
 - a. Tracking mechanism developed for PODIO submission
5. Pandemic Response
 - a. Rapid successful deployment of entire department to remote work – within a week of the decision by senior leadership team
 - b. Ensured operational responsibilities and care of members were not disrupted during transition
 - c. Implementation of staff performance monitoring measures to ensure operational effectiveness during remote deployment:
 - i. Submission of daily work logs
 - ii. Submission of monthly case load reports
 - iii. Development of CM COR report
6. Development of a new Disease Management Program model to be deployed in January 2021
 - a. Program focusing on cardiovascular disease management for the African American population 18 years of age and older
7. During FY 2019-2020, the CM leadership team reviewed and revised all departmental policies, bringing them to compliance with annual review cycles
8. Implemented a new care management referral and outreach process for members receiving Private Duty Nursing services in collaboration with the Utilization Management team – program went live on September 1, 2020
9. The Care Management Team participated in the 2020 NCQA Survey, successfully completing the case reviews with the auditor and receiving accolades for the good care provided for very complex

members. The CM team provisionally received only one finding, related to the timeliness of initial assessments upon identification of members for the Complex Case Management program.

LOOKING FORWARD 2021

Based on the 2020 CM Program Evaluation, Care Management plans to focus on these areas in 2021:

- 1) Regulatory and Accreditation Requirements
 - a. Hire full time auditor for the CM team to expand the current monitoring program
- 2) Standardization Process and Documentation
 - a. Continue to evaluate CM, CC and CHW processes and standardize documentation in order to streamline processes for efficiency
- 3) Reports
 - a. Continue to ensure all reports have documented logic and methodology
 - b. Continue to improve the accuracy of existing operational and compliance reports
 - c. Build new CVD DM member identification report
- 4) Technology
 - a. Design and support the build of new CM SyntraNet software for execution in 2021
- 5) Implementation of the new CVD Disease Management Program in January 2021
- 6) Development of necessary operational structures and processes to support the expansion of the Direct Network
- 7) Continue to support the delegation of Direct Network members' care management activities to Optum in partnership with Delegation Oversight and Compliance

Note: These goals are subject to change by senior leadership based on business or organizational needs

F. CONTINUITY AND COORDINATION OF CARE

F.1 CONTINUITY AND COORDINATION OF MEDICAL CARE

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Continuity of care is important to ensure that members receive the highest quality of care possible. L.A. Care Health Plan monitors performance areas affecting and reflecting coordination of care on an annual basis. Although studies show that in most instances, practitioners are able to detect and bridge gaps in continuity of care, incidents can result from breakdowns in communication. L.A. Care uses information at its disposal and continues to build its network’s ability to communicate effectively so as to facilitate continuity and coordination of medical care across its delivery system.

This report provides an overview and analysis of several key initiatives aimed at improving coordination of care across transitions in management and inpatient and outpatient settings. The table below summarizes the settings of care that L.A. Care is focusing on, the data collected that is used to identify opportunities for improvements, and the goals that are set based on the analysis of that data.

2020 Summary: Settings, Data Collection, and Goals

Settings	Data Collection to Identify Opportunity for Improvement	2020 Goals	2020 Goal Met/ Not Met
Transitions in Management: Hospital to Outpatient	Postpartum Care Rates	Achieve a rate of 69% 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: - More than 13 unique chronic medications - From 7 or more prescribers during a 4-month period -Receiving 2 or more prescriptions in the same drug class	Notify 90% of providers of members that meet criteria (Multi-Rx: 13 or more prescriptions in 3-4 months, Multi-Prescriber: 7 or more unique prescribers in 2 of 4 months, Duplicate Therapy: 2 or more Rx’s in same drug class consistently in 3 or 4 months during lookback period)	Met

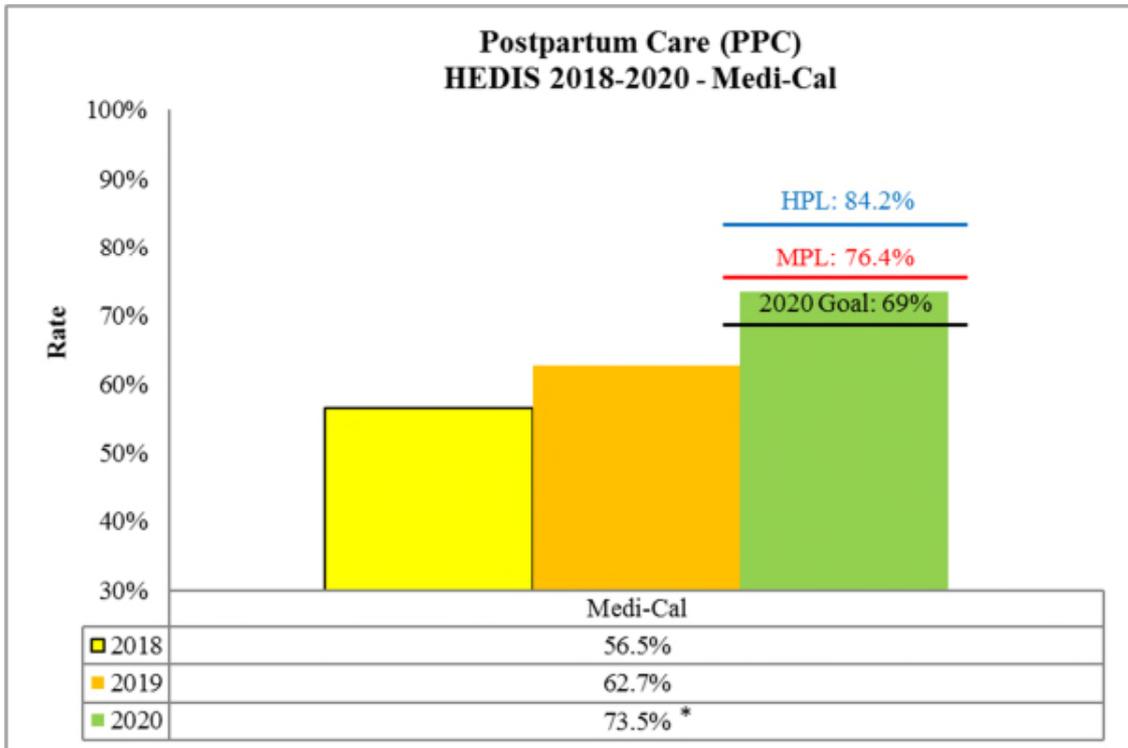
Settings	Data Collection to Identify Opportunity for Improvement	2020 Goals	2020 Goal Met/ Not Met
Outpatient Setting: Specialist to PCP	Survey	80% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred	Not Met
Outpatient Setting: PCP to Specialist	Survey	80% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient	Not Met
Transitions in Management: Hospital to Outpatient	Plan All Cause Readmission Rates	Achieve a rate for all lines of business PCR to be < 1%	Met

SECTION I. CONTINUITY AND COORDINATION OF CARE - TRANSITIONS IN MANAGEMENT

A. TRANSITIONS IN MANAGEMENT: HOSPITAL TO OUTPATIENT

Postpartum Care (PPC)

L.A. Care monitors the Postpartum Care rate for Medi-Cal, CMC and 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) 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 OB GYN in an outpatient setting.



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

Quantitative Analysis

The postpartum care rate was 73.5% statistically significant improvement of 10.8 percentage points from the 2019 rate of 62.7%. The 69% goal and the DHCS 75th percentile were both met. The increase in percentage points was expected as the measure technical specifications increased by 42 days from 21-56 days to 7-84 days of giving birth.

Identifying and Acting on an Opportunity for Improvement

Though the rate for PPC postpartum care is increasing year over year, with the recent technical specifications made to the measure has improved the rate, 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 scores, L.A. Care has identified the following barriers and actions to take place:

HEDIS Measure	Barriers	Actions
Postpartum care	<ul style="list-style-type: none"> • Incomplete identification of recent live births. • Cultural issues/traditions. • Members do not perceive the urgency for a postpartum check-up. • Potential transportation and child care issues. • Lack of OB/GYN availability, long provider wait times or member reaches voicemail. • Multi-gravida postpartum women may not perceive the importance of the postpartum visit. • Loss of member eligibility. 	<ul style="list-style-type: none"> • L.A. Care is exploring the implementation of additional sources to identify recent live births. • L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. • L.A. Care is exploring the implementation of a perinatal text messaging campaign and a mobile application to encourage postpartum care. • L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women. • L.A. Care’s “Healthy Mom” postpartum program, which provides assistance and support to women to schedule their postpartum visit. Members also receive a debit card for completing a postpartum visit 7-84 days after delivery.

METHODOLOGY & RESULTS

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 post-partum care, appointment scheduling, and coordination of interpreting services. Members with a confirmed completed postpartum visit are awarded a \$40 debit card. Reports are generated on a quarterly basis and member reach rates are reported below. The average number of calls and confirmed appointments varied this year due to DHCS’s directive to cease all preventive health reminder calls starting from 3/18/2020-6/1/2020. This was due to the COVID-19 pandemic, the lack of clear impact on patient’s safety, and the potential strain on the healthcare system. DHCS’s directive issued in March commiserates with Governor Newsom’s executive Stay-At-Home order. In addition, L.A. Care’s Legal and Compliance Departments placed a hold on all outreach campaigns from 8/12/2020-9/15/2020, due to the manner in which the state collects Medical beneficiaries’ phone numbers and its impact on TCPA rules. The two pauses on the member outreach calls resulted in a decrease in this year’s total number of member outreach calls.

2019 Quarter 4					
Total calls	2,458	Total # of debit cards sent	512	Total # of confirmed appointments	668
October	967	October	0	October	268
November	710	November	0	November	207
December	781	December	512	December	193

2020 Quarter 1					
Total calls	1,955	Total # of gift cards sent	740	Total # of confirmed appointments	588
January	783	January	289	January	206
February	727	February	130	February	194
March	445	March	321	March	188

2020 Quarter 2					
Total calls	680	Total # of gift cards sent	168	Total # of confirmed appointments	161
April	3	April	16	April	9
May	1	May	2	May	2
June	676	June	150	June	150

2020 Quarter 3					
Total calls	1,383	Total # of gift cards sent	342	Total # of confirmed appointments	378
July	719	July	152	July	209
August	239	August	131	August	74
September	425	September	59	September	95

LOOKING FORWARD

L.A. Care anticipates that the HEDIS post-partum rate will continue to increase as the post-partum measure specifications for a completed visit has expanded the time period from 21-56 days to 7-84 days after delivery. Also, there are several innovative strategies that L.A. Care is exploring. They include: text messaging reminders to seek regular perinatal care, working with community based agencies for home visits and doula services, and the use of technology such as mobile application to increase engagement, education, and access to data.

SECTION II. CONTINUITY AND COORDINATION OF CARE – OUTPATIENT SETTING

A. OUTPATIENT SETTING: PHYSICIAN’S OFFICE, POLYPHARMACY

Data Collection - Polypharmacy

L.A. Care collects and utilizes pharmacy claims data in partnership with L.A. Care’s contracted Pharmacy Benefits Manager (PBM). From the health plan perspective, administrative pharmacy claims data is utilized to support polypharmacy interventions as the data includes member, provider, and medication specific details that are vital to the intervention process.

Identification of Polypharmacy

Although the term polypharmacy has no single-source consensus definition, polypharmacy may be described as potentially inappropriate/excessive utilization of medication therapy within the context of population health management. As multiple aspects of drug utilization contribute to the pattern of polypharmacy, identification of polypharmacy in 2020 is based upon one or more of the following observations:

- **Multi-Prescriber** – Patients who have received prescriptions from 7 or more unique prescribers for at least 2 months during a 4-month period.
 - *The Multi-Prescriber Program identifies patients that have utilized multiple prescribers to obtain prescription medications during the last four months. Patients who seek prescriptions from multiple prescribers are at a higher risk for duplicate therapy and/or drug-to-drug interactions.*
- **Multi-Prescription** – Patients who have received 13 or more prescriptions per month for at least 3 months during a 4-month period.
 - *The Multi-Prescription Program identifies patients with a higher number of medications and that have demonstrated a consistent pattern of utilization during the last four months. Research has shown that as the number of medications used by a patient increases the potential for adverse drug events increases exponentially.*
- **Duplicate Therapy** – Patients who have received 2 or more prescriptions in the same drug class for at least 3 months during a 4-month period.
 - *The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently during the last four months. Duplicate therapy has the potential for additive toxicity, adverse effects and may cause therapeutic redundancy without increased benefit to the patient. Additionally, simplifying the patient's drug regimen to one drug may save the patient money and lead to greater adherence.*

Quantitative and Causal Analysis - Polypharmacy

The “Members Identified, Prescribers Mailed & Outcomes” table below highlights the number of members that were identified with pharmacy claims data as having met patterns of potentially inappropriate polypharmacy as described above (having multiple prescribers, multiple prescriptions, and/or duplication of therapy). Members were identified during 3 separate periods throughout 2019 and 2020 with 4 month look back periods to identify polypharmacy patterns. As seen on the table below, 100% of in network prescribers who have contributed towards the criteria above were mailed.

Opportunities for Improvement

Better understanding of processes and behaviors that impact rates of polypharmacy, L.A. Care has identified an opportunity to improve the exchange of L.A. Care's pharmacy data to providers so that providers are aware of which of their members meet the parameters for polypharmacy.

Members Identified, Prescribers Mailed and Outcomes

LOB	Intervention	November 2019 Look back period: 7/1/2019 - 10/31/2019		March 2020 Look back period: 11/1/2019- 2/29/2020			July 2020 Look back period: 3/1/2020-6/30/2020	
		Member Identified	% Improved	Member Identified	Prescribers Mailed	% Improved	Member Identified	Prescribers Mailed
Medi-Cal	Multi-Prescriber	282	54.6%	250	2,180	60.4%	246	2,108
	Duplicate Therapy	530	54.3%	659	705	42.5%	718	831
	Multi-Prescription	2,529	30.8%	2,371	4,068	26.7%	2,442	4,138

LOB	Intervention	November 2019 Look back period: 7/1/2019 - 10/31/2019		March 2020 Look back period: 11/1/2019- 2/29/2020			July 2020 Look back period: 3/1/2020-6/30/2020	
		Member Identified	% Improved	Member Identified	Prescribers Mailed	% Improved	Member Identified	Prescribers Mailed
Cal MediConnect	Multi-Prescriber	26	76.9%	20	219	65.0%	21	246
	Duplicate Therapy	37	48.7%	44	73	50.0%	51	75
	Multi-Prescription	148	31.1%	139	467	27.3%	163	563
L.A. Care Covered	Multi-Prescriber	0	N/A	0	0	N/A	4	40
	Duplicate Therapy	16	56.3%	14	19	64.3%	37	51
	Multi-Prescription	15	33.3%	10	39	30.0%	15	53

Intervention to act on Opportunity: Polypharmacy Provider Outreach

The intervention for identified members is a prescriber mailing campaign administered by Navitus on behalf of L.A. Care, known as the Retrospective Drug Utilization Review (RDUR) Safety Program. The goal is to provide notification to 90% of the providers with members that meet the polypharmacy criteria to help address polypharmacy, if needed. For each identified member, Navitus sends out mailings to all prescribers that have played a role in the member's identification for having multiple prescribers, multiple prescriptions, and/or duplication of therapy. The mailing to prescribers includes details on the history of prescriptions filled (fill date, drug name, prescriber information, pharmacy information, etc.). The mailings occur in conjunction with the identification periods described in the previous section. The mailings have a 100% reach rate since Navitus automatically sends the reports to prescribers when the system recognizes criteria mentioned above.

The prescriber letter informs a prescriber of a patient's medication utilization of which the prescriber may not be aware. Although letters are sent for all members identified with potential polypharmacy concerns, it is important to note that the prescriber must determine whether or not members truly have polypharmacy issues that need to be addressed. Certain identified members may be appropriately utilizing pharmacy services depending on factors such as the number of co-morbidities and complexity of their overall health status. The letter also includes a brief recommendation on steps to be taken, which is intended to aid prescribers in addressing polypharmacy issues, when applicable.

Measuring Intervention Effectiveness: Change in Polypharmacy Drug Utilization Patterns

While the main goal is to notify providers, an important outcome is to reduce polypharmacy among members. For the purposes of this evaluation, the prescriber letter is considered to have contributed to an improved outcome under the following circumstance:

- Member is identified for one or more interventions (Multi-Prescriber, Multi-Prescription, and/or Duplicate Therapy) during a given intervention period.
- Member no longer qualifies for the same intervention(s) during the next intervention mailing period.
- Example: Member has 8 different prescribers and meets criteria for Multi-Prescriber mailings in March. From March to June, the number of different prescribers for the member has decreased to four (4) and member no longer meets the criteria for Multi-Prescriber mailings in July.

Quantitative Analysis

In contrast to previous methods used to measure intervention effectiveness (monitoring provider response rates to mailings), the intervention effectiveness of the prescriber mailing campaign is based upon actual changes in drug utilization patterns related to polypharmacy. A prescriber letter intervention is considered to have made a contribution towards a positive outcome when members previously identified as having a polypharmacy issue no longer meet criteria in subsequent mailing periods. The mailing of the prescriber mailers may have led to a decrease in multi-prescriptions, duplicate therapy, and multiple prescribers.

November 2019 (Look back period 7/1/2019 - 10/31/2019)

For the Medi-Cal members, the letters may have contributed to a decrease of 30.8% for multi-prescriptions, 54.3% for duplicate therapy, and 54.6% for multiple prescribers. The CMC line of business saw greatest improvement with multiple prescriber, at a rate of 76.9%. Meanwhile, the LACC members had the most improvement for duplicate therapies, at a rate of 56.3%.

March 2020 (Look back period: 11/1/2019-2/29/2020)

For the Medi-Cal members, the letters may have contributed to a decrease of 26.7% for multi-prescriptions, 42.5% for duplicate therapy, and 60.4% for multiple prescribers. For the CMC line of business, there was a decrease of 27.3% for multi-prescriptions, 50.0% for duplicate therapy and 65.0% for multi-prescribers. LACC did not have any members with multiple prescribers and had an improvement of 64.3% for duplicate therapy and 30.0% for multiple prescriptions.

July 2020 (Look back period: 3/1/2020-6/30/2020)

For the Medi-Cal members, 4,138 prescribers were mailed a letter regarding multiple prescriptions, which is the most in comparison to multiple prescribers and duplicate therapy, 2,108 and 831, respectively. Similarly, multiple prescriptions letters continued to be the highest number of letters sent for both CMC and LACC lines of business, 563 and 53, respectively.

LACC members' rates were highly variable, likely due to low membership in the health plan. There are several limitations to the above measured effectiveness of the intervention including the following:

exclusion of disenrolled members during subsequent mailing periods was not incorporated and difficulty in concluding the exact cause of decrease when examining lower drug utilization.

This intervention will continue based on the rates of improvement.

B. OUTPATIENT SETTING: PRIMARY CARE AND SPECIALIST

1. Data Collection – PCP/SCP Communication

L.A. Care measures Specialty Care Provider/Specialist (SCP) and Primary Care Provider (PCP) communication through a yearly Provider Satisfaction Survey (PSS). Providers are asked to respond to the following question measuring continuity of care:

How satisfied are you with the frequency of adequate clinical information (e.g. notes, summaries) about your patients from:

- a) Primary Care Providers?
- b) Specialists?

For the 2019 year, the above question was reintroduced into the PSS. This questions had been removed in the 2018, PSS 2019. To account for this removal, the Quality Improvement team sent these questions to PCPs and SCPs using Survey Monkey for data collection purposes in 2019.

For all lines of business, L.A. Care has set a goal of having 80% of both PCPs and SCPs reporting that they are “very satisfied” or “satisfied” in receiving adequate clinical information as this would be an indicator of more consistent and effective communication and coordination of care between practitioners.

2. Provider Satisfaction Survey (2020)

Note that weighted data is used for each table below. Providers responding as “very satisfied” or “satisfied” are grouped as “being satisfied with the frequency of adequate clinical information about their patients”.

- (a) How satisfied are you with the frequency of adequate clinical information (e.g. notes, summaries) about your patients from PCP?

Percent of PCPs & SCPs Responding Very Satisfied or Satisfied from PCP 2020		
All Lines of Business	PCP	87.4%
	SCP	75.3%

- (b) How satisfied are you with the frequency of adequate clinical information (e.g. notes, summaries) about your patients from SCPs

Percent of PCPs & SCPs Responding Very Satisfied or Satisfied		
All Lines of Business	PCP	70.5%
	SCP	80.5%

3. Quantitative and Qualitative Analysis – PCP/SCP Communication

Quantitative Analysis

The percent of PCPs reporting that they are very satisfied or satisfied with the frequency of adequate clinical information from SCPs was 70.5%. The PCPs reported the satisfaction with PCPs to be 87.4%. In comparison, SCPs were satisfied with the frequency of adequate clinical information from PCPs to be 75.3% and from SCPs to be 80.5%. Both PCPs and SCPs rate communicating within their cohorts higher than receiving communication from their counterparts. There is a significant difference in how PCPs rate communication between themselves and SCPs, PCPs rate 17% higher amongst themselves. There is a clear gap in communication between PCPs and SCPs. In PSS 2021, the questions have been further clarified and will elicit a clearer picture on how PCPs and SCPs communicate amongst each other and their preference in communication.

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 system capabilities to communicate and exchange information in a timely manner nor resources to commit staff in an effort to improve continuity of care. These barriers in communication affect our patients' overall health and sometimes lead to unnecessary duplicative testing, delay in care or inconsistent plan of care. Moreover, analyzing comments submitted by PCPs and SCPs in the open ended responses from the 2020 PSS survey can lead to discovery of trends and barriers identified directly by the practitioner. It is worth noting that denominator for the survey is 1515, of this 994, 65.6% found no action needed to improve communication. The category with the highest room for improvement fall into three categories: Communication 10.9% (165 respondents), Access 7.7% (117 respondents), and Referral time 6.7% (102 respondents).

Best practices on sharing clinical notes were sent to providers in the quarterly newsletter for Winter 2020. Providers were informed to include reasons for current visit, the scope of examination, pertinent examination findings, diagnosis or impression, treatment details and future recommendations and clear documentation of oral communications (phone calls, in person conversations, etc.).

As such, the goal is not to provide conclusive evidence about PCP/SCP communication, but to open channels for further exploration on how L.A. Care can help strengthen these communication channels between PCPs and SCPs. In addition, due to the past two years having different surveys completed it is challenging to have comparison of scores and how truly PCPs and SCPs rate their communication.

OPPORTUNITIES FOR IMPROVEMENT

In fielding this question and soliciting an open-ended response by providers L.A. Care has identified opportunities to put interventions in place to enhance PCP and SCP communication, coordination, and continuity around member care. Results collected from PCPs and SCPs on how to strengthen communication were collected by L.A. Care and coded responses to identify areas to focus for process improvement in the coming year.

QI department has worked with QPM to revise the PSS Survey to PCPs and SCPs to further elicit information around communication between PCPs and SCPs. The survey is more specific in asking “when you as a PCP referred patients to specialist”, “from PCPs who cared for patients now in your care”, and “from PCP prior to the initial specialist visit”. There were two additional questions added, “How did you receive this information” and “How do you prefer to share this information”. This is to identify what the current process is for exchanging information and what is the preferred method of sharing information.

SECTION III. CONTINUITY AND COORDINATION OF CARE - TRANSITIONS IN MANAGEMENT

A. Transitions in Management: Hospital to Outpatient

Plan All Cause Readmission Rates: For members 18 years of age or 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. Unplanned readmission are associated with increased mortality and higher health care costs.²⁸ Costs can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management.²⁹ L.A. Care is monitoring the Plan All Cause Readmission (PCR) for all lines of business in the Inpatient Work Group.

	Plan All-Cause Readmissions (PCR)		
	Medi-Cal	L.A. Covered (LACC)	Cal MediConnect (CMC)
2018	NQ*	0.7%	0.8%
2019	0.9%	0.8%	0.8%
2020	0.8%	0.4%	0.9%

*NQ: Not Required

QUANTITATIVE ANALYSIS:

PCR for all lines of business met the 2020 goal of < 1%. For the Medi-Cal population the rate is 0.1 percentage points lower. For CMC however the rate increased from the prior year up 0.1 percentage points. For LACC the rate is 0.4 percentage points lower. Although we met our goal for this year, we plan to monitor the rates for all lines of business in the Inpatient Work group.

LOOKING FORWARD:

L.A. Care is in the process of developing a Transitional Care Program to improve care transitions by providing support to patients and their caregivers during transitions from hospital or other institutional settings to home. The L.A. Care Transitional Care Program (L.A. Care TCP) incorporates best practices from health services research for Care Transitions. This pilot is planned for October 1, 2020 launch by Social Services department.

Prior to discharge to a lower level of care, L.A. Care identified members who are at high risk of experiencing a readmission. L.A. Care utilizes an internally developed predictive model which incorporates the methodology of LACE index as well as L.A. Care utilization data analytics. The results of the predictive model are applied to current L.A. Care inpatients and are displayed in the Readmission Risk tool. Members who are risk-stratified as being at High Risk for readmission within 30 days are eligible for participation in the L.A. Care TCP. This pilot will first begin at three hospitals in the network, Antelope Valley Hospital, Martin Luther King Jr. Community Hospital, and Southern California Hospital at Culver City.

²⁸ NCQA Measuring quality improving Health Care. <https://www.ncqa.org/hedis/measures/plan-all-cause-readmissions/> (accessed on October 12, 2020)

²⁹ NCQA Measuring quality improving Health Care. <https://www.ncqa.org/hedis/measures/plan-all-cause-readmissions/> (accessed on October 12, 2020)

2021 WORK PLAN GOALS:

Settings	2021 Goals
Transitions in Management: Hospital to Outpatient	Achieve a rate of 69% of new mothers receiving postpartum care within 7-84 days of delivery
Outpatient Setting: Polypharmacy	Notify 90% of providers of members that meet criteria (Multi-Rx: 13 or more prescriptions in 3-4 months, Multi-Prescriber: 7 or more unique prescribers in 2 of 4 months, Duplicate Therapy: 2 or more Rx's in same drug class consistently in 3 or 4 months during lookback period)
Outpatient Setting: Specialist to PCP	80% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred
Outpatient Setting: PCP to Specialist	80% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient
Transitions in Management: Hospital to Outpatient	Achieve a rate for all lines of business PCR to be < 1%

F.2 MANAGED LONG-TERM SERVICES & SUPPORTS (MLTSS)

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Service from L.A. Care’s Managed Long Term Services and Supports (MLTSS) Department help members remain living independently in the community; MLTSS also oversees custodial long-term care provided in a skilled nursing or intermediate care facility. Members receive care through Community Based Adult Services (CBAS), Long Term Care (LTC) Nursing Facilities, Multipurpose Senior Services Program (MSSP), Care Plan Options (CPO) and In-Home Supportive Services (IHSS). Our Care Plan Options program also refers Cal MediConnect (CMC) members to “free” community-based services (such as 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 2020 QUALITY OVERSIGHT GOALS AND ACHIEVEMENTS

Four goals continued to guide the MLTSS 2020 quality oversight strategy for MLTSS:

- **Goal #1:** Build a “high touch” culture for members and providers.
- **Goal #2:** Improve MLTSS member health through stronger partnerships.
- **Goal #3:** Enhance member and provider satisfaction.
- **Goal #4:** Establish strategies for effectiveness and efficiency.

“High Touch” Culture for Members and Providers

MLTSS focused on three program initiatives to support a “high touch” culture that fosters member and provider engagement.

Community Approach. Created a member-focused neighborhood approach organized by Regional Consumer Advisory Council (RCAC) regions for serving frail elders and their caregivers. MLTSS aligned MLTSS providers and coinciding MLTSS Nurse liaisons by RCAC regions:

- Region 1 (Antelope Valley)
- Region 2 (San Fernando Valley)
- Region 3 (Pasadena, Alhambra)
- Region 4 (Central L.A., Hollywood, Glendale)
- Region 5 (Culver City, Venice, Santa Monica)
- Region 6 (Compton, Inglewood, Gardena)
- Region 7 (Huntington Park, Norwalk, Bellflower)
- Region 8 (Wilmington, San Pedro, Carson)
- Region 9 (Long Beach)
- Region 10 (East L.A., Highland Park, Whittier)
- Region 11 (Pomona, El Monte)

Expansion of MLTSS Nurse Specialist Role. Since the MLTSS Nurse Specialists transitioned to a field based role, all CBAS centers and LTC facilities have been visited at least once per the defined criteria. By conducting regular site visits, MLTSS Nurse Specialists have focused on managing both member and provider relationships. On-site presence provides additional support to both Care Management and members enrolled in the Care Management program. Identifying social determinants of health, improving care coordination as well as strengthening provider partnerships by in-person interactions continues to be

the Nurses' priority. Provide cross departmental support such as with Credentialing and Provider Network Management (PNM) in identification of preferred providers. Support Care Management in their community based care model through onsite collaboration at the Community Resource Centers (CRC). Partner with Utilization Management (UM) on Post-Acute care coordination to improve transition of members through the continuum of care.

Community Transitions. By helping dually-eligible individuals in nursing facilities transition back to the community, and those residing in the community to remain living safely there, MLTSS Nurses continue their efforts to divert placement of members *to LTC* and also help members transition *from LTC* settings. During the Interdisciplinary Care Team (ICT) and authorization process, our Nurses have identified members with the potential to return back to the community. Nurses work with the Nursing Facility staff, and Service Providers to refer members to the various state and waiver programs including the Assisted Living Waiver (ALW), Home and Community Based Alternatives (HCBA), Community Care Transition (CCT), Housing for Health (HFH), and Home and Community Based Alternatives (HCBA) programs.

In collaboration with our internal Social Services team, MLTSS continues to work on identification of members eligible for the Housing for Health program with a focus on transitions of LTC members who did not have other housing resources. Also under HFH, we engaged in training from Department of Health Services (DHS) on the Countywide Benefits Entitlement Services (CBEST), which helps qualified members apply for SSI/SSDI which would satisfy HFH resource requirements. We continue to work on relevant state waiver programs with Department of Health Care Services (DHCS) partners. Our goal is to further enhance our understanding of these programs and services needed (i.e., housing and supportive services) to return a Nursing Facility resident to community living.

Provider Network Quality. As a continued support to L.A. Care's Quality Improvement (QI) and Credentialing Departments, we share Nursing Facility information gathered from onsite visits that include our Nurses' observations and subjective recommendations as to the facility's performance. The Credentialing team may take the Nurses' feedback into consideration upon re-credentialing of a facility. Our LTC team is collaborating with QI on a Plan Do Study Act (PDSA) project focusing on prevention of admission and readmissions to institutional settings.

Caregiver Support. Continued partnership with California Long Term Care Education Center. The ongoing successful pilot's objective is to train IHSS providers to enhance their skills in caring for our members in order to decrease potential utilization (i.e. ED visits, hospital admissions and readmissions). Vendor shares. MLTSS brochures with the IHSS providers for awareness of other MLTSS benefits their clients may be eligible to. Likewise, the MLTSS team continue to share and promote these skills based training opportunity with members and providers.

Improve MLTSS member health through stronger partnerships

Skilled Nursing Facility (SNF) Direct Network. MLTSS in partnership with UM and PNM have developed a SNFist program, a Direct Network of physician providers to round on members in Skilled Nursing Facilities (SNF). Transitioning from the old Institutional Participating Provider Group (IPPG) to this new SNFist model eliminates multiple touch points within the organization and improves Nursing Facility members' care. All CMC and MCLA members have been assigned to a SNFist to oversee their care while in the LTC facility.

Palliative Care Program Expansion. MLTSS has been actively working with UM and Care Management (CM) to enhance L.A. Care's Palliative Care program. A collaboration with DHS to transition clinic members receiving Palliative Care to community based Palliative Care. MLTSS is conducting WebEx trainings to internal and external partners to increase Palliative Care awareness. With the guidance and support from Care Management Medical Director whose expertise is Palliative Care medicine, MLTSS is

developing a quality program. MLTSS also established partnerships with other palliative care experts through 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. MLTSS hosted a Palliative Care webinar, which was well attended with close to 400 attendees from the provider community including PPGs, Hospitals, DHS clinics, Skilled Nursing Facilities, CBAS Centers, MSSP agencies, Health Home CBCMEs, as well as our Palliative Care providers.

MLTSS now has a Palliative Care Nurse Specialist. This role is dedicated to MLTSS to support the program expansion, including oversight and support to the contracted palliative care providers. The team worked with Provider Network Management Contract Manager to amend the palliative care contract with a major revision of the provider's scope of work, which now includes clear expectations, procedures and quality and performance measures. MLTSS continues to support our palliative care partners with training routine teleconference for oversight and monitoring of our palliative care members. Looking ahead, MLTSS plans to evaluate the palliative care program to assess the impact of these services as it relates to member utilization.

Enhance Member and Provider Satisfaction

MLTSS offered training and gathered data to evaluate impact and guide innovation for member and provider satisfaction. Highlights include:

- Ongoing participation in Care Management's Interdisciplinary Care Teams (ICT) weekly to educate other Health Services care team members about MLTSS and community resources that support member access to MLTSS.
- Ongoing MLTSS staff education to help ensure member-focused care coordination and customer service. Monthly *All Staff* meetings offer focused training on a variety of topics including: L.A. Care's Provider Network Management (PNM) Contracting Process; MLTSS Refresher on all services; Health Homes, Waiver programs and other benefit and community resources.
- MLTSS implemented a monthly "MLTSS Overview" training that is offered in two sessions per month 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.
- Ongoing annual learning opportunities for care coordination staff at our contracted MLTSS vendors/MSSP providers (AltaMed Health Services, Human Services Association, Huntington Hospital Senior Care Network, Jewish Family Service, Partners in Care Foundation, Independence at Home-SCAN to learn more about L.A. Care's Health Services programs and how to access plan benefits with various L.A. subject matter experts.
- Ongoing collaboration with PNM for joint visits to CBAS and LTC facilities to engage providers in process improvement, education, resource awareness, and two-way feedback opportunities. MLTSS has reestablished hosting quarterly provider webinars for CBAS and LTC providers as a forum to train on various topics and improve communication and engagement.
- MLTSS has been working with Medicare Operations and Sales/Marketing teams to create better understanding and promotion of CPO services for CMC members. This includes being part of CMC member town halls and Broker network trainings. Through newly created member material, training and ongoing discussions, MLTSS will continue to review the program for improved referral pathways. Services such as home delivered meals, personal care, minor home modifications

and personal emergency response systems are examples of CPO when CMC members are otherwise unable to receive these services through plan benefits or free community resources.

Strategies for Effectiveness and Efficiency

MLTSS developed processes to enhance operating efficiency and meet organizational and regulatory requirements, including:

- Partnership with UM in Post-Acute care coordination to improve provider and patient satisfaction, and prevent hospital admissions, readmission emergency room visits, and grievances)
- Developed a more robust Vendor Oversight Reporting (VOR) process to monitor performance and quality of our contracted Vendors doing assessment work for Face to face Health Risk Assessment (F2F HRA), Post HRA Outreach (PHO), CBAS Eligibility Determination Tool (CEDT) assessment and Care Plan Options (CPO). Weekly monitoring activities by MLTSS Specialists ensures Vendors meet performance measures. Results are discussed on monthly Vendor calls for transparency and continued process improvement when needed.
- By updating and aligning the Scope of Work (SOW) in Vendor contracts for F2F HRA/PHO & CPO, MLTSS has been able to better manage the workflow, budget and accountability of our Vendors. Additional refinement of these vendor contracts include amendments that will streamline assessment process and minimize redundancies and costs.
- MLTSS is partnering on an initiative led by Provider Network Management (PNM) to transition Vendor reimbursement from invoice payment activities to claims based payments. The scope includes HRA, PHO, CEDT and CPO. This will alleviate the administrative work of invoice reconciliation, manual reporting and increases visibility through L.A. Care's systems.
- 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 services. Assessment Reviews are conducted on L.A. Care members receiving care in CBAS, IHSS or MSSP. In addition, MLTSS Coordinators share care plans completed by Vendors and MSSP providers with the member's Primary Care Physician (PCP) by fax. An initiative to automate this process using the Provider Portal to transmit care plans to Providers (PPG) has been vetted and assessed and is pending IT resources. This will eliminate manual work of faxing hundreds of documents and will improve efficiency and capacity of MLTSS staff.
- To allow for better systems accessibility, MLTSS worked with the CCA configuration team to implement the use of MLTSS case types in the Care Management module of CCA. By doing so, this will allow better visibility of members receiving MLTSS including documentation of care coordination activities by MLSS staff. The ability to view MLTSS referral information that is associated to a MLTSS case by program will allow for timely coordination of care amongst other care team staff. This improvement also enables management to capture productivity and program oversight through a newly developed Case Type report. As a phase 2 effort, MLTSS further continued CCA upgrade work to have all MLTSS member letters and 3 MLTSS forms configured into CCA for staff to access directly in the system while processing or documenting member cases. One of the 3 forms include the MLTSS Referral form which led to the creation of a MLTSS Referrals queue in CCA. This change eliminates the need for internal referrals to be completed on a pdf form then sent via email to MLTSS. Instead, staff will be able to complete the MLTSS Referral form in CCA and our Triage team monitors the referral queue for new incoming referral notifications.
- Integrating Field Visit Reports that MLTSS Nurses use into the MLTSS SharePoint eliminate paper forms and allowed the ability to capture trends more effectively. Continued process changes has provided an opportunity to further enhance the SharePoint tools for additional automation. All

information entered into the SharePoint forms can be extracted into an excel report for further analysis and productivity reporting.

- MLTSS continues to develop their team structure by defining roles of clinical and non-clinical staff, changing job titles to remove program specific titles (i.e. IHSS Coordinator, MSSP Coordinator, etc.) and reclassifying as either MLTSS Coordinator, MLTSS Specialist or MLTSS Nurse Specialist. This removes silos and creates a broader focus of staff roles and expectations throughout the department.

MLTSS 2020 QUALITY OVERSIGHT GOALS

For 2021, MLTSS will continue to focus on the four quality oversight goals:

- **Goal #1:** Build a “high touch” culture for members and providers.
- **Goal #2:** Improve MLTSS member health through stronger partnerships.
- **Goal #3:** Enhance member and provider satisfaction.
- **Goal #4:** Establish strategies for effectiveness and efficiency.

F.3 CONTINUITY AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTHCARE

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BACKGROUND

The Behavioral Health Services Department aims to ensure behavioral health and physical health care integration occurs for members with a range of mental health and substance use disorder conditions. In January 2014, mild to moderate behavioral health services were added as a benefit to Medi-Cal managed care to be administered by the health plan. Beacon Health Options (Beacon) is L.A. Care's Managed Behavioral Health Organization (MBHO) responsible for administering mental health services to Medi-Cal members who meet criteria for mild to moderate level of care. The Los Angeles County Department of Mental Health (DMH) is responsible for providing services to Medi-Cal members with severe and persistent mental illness who are experiencing moderate to severe functional impairments. Substance use disorder treatment and services are the responsibility of the Los Angeles County Department of Public Health/Substance Abuse Prevention and Control (DPH/SAPC). L.A. Care has a Memorandum of Understanding (MOU) with both entities to coordinate the appropriate level of care based on medical necessity.

In 2020, 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.³⁰ To drive collaboration, L.A. Care collects data in 6 areas: Exchange of information between Primary Care Providers (PCPs) and Behavioral Health Practitioners (BHPs); appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care; appropriate uses of psychopharmacological medications; management of treatment access and follow up for members with coexisting medical and behavioral disorders; prevention programs for behavioral health; and special needs of members with severe and persistent mental illness.

2020 WORK PLAN GOALS:

Measure	2020 Medi-Cal Goals	2020 Cal MediConnect Goals	2020 L.A. Care Covered Goals	Goal Met or Not Met
Exchange of information	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs	Not Met

³⁰ DE Hert M, Correll CU, Bobes J, et al. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*. 2011;10(1):52–77.

Measure	2020 Medi-Cal Goals	2020 Cal MediConnect Goals	2020 L.A. Care Covered Goals	Goal Met or Not Met
Appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	Medi-Cal: Not Met LACC: Not Met CMC: Not Met
Appropriate uses of Psychopharmacological medications	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	Medi-Cal: Met LACC: Met CMC: Met
Management of treatment access and follow up for member with coexisting medical and behavioral disorders	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication	Medi-Cal: Not Met LACC: Not Met CMC: Not Met
Primary or Secondary prevention behavioral health program implementation	Conduct provider education to improve substance abuse screening	Conduct provider education to improve substance abuse screening	Conduct provider education to improve substance abuse screening	Not Met
Special needs of members with severe and persistent mental illness	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Medi-Cal: Not Met LACC: Not Met CMC: Not Met

I. EXCHANGE OF INFORMATION

L.A. Care measures in-network providers' satisfaction with continuity and coordination of care they have experienced with behavioral health specialists (Beacon and DMH). The frequency and quality of communication is essential to the integration of medical and behavioral health care and ensures that members receive the highest quality of care and most appropriate level of care possible.

RESULTS

METHODOLOGY

In 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 help ensure the accuracy and quality of the data on information exchange.

The survey methodology used a combination of mail, email, fax, and phone outreach. One key change was how faxes were incorporated into fielding. Unlike in previous years, 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 PCP & SCP survey included new questions specific to PCPs about their experience with behavioral healthcare. Providers were asked to rate the feedback provided by Beacon and the Department of Mental Health (DMH). These questions used a Never-Sometimes-Usually-Always scale and the summary rates shown are the proportion of respondents choosing the Usually or Always options.

DESCRIPTION OF MEASURE

Measure	Specific Indicator(s)	Measure Type
Exchange of Information	Percentage of PCPs in L.A. Care's network that responded to the question, "Please Rate the Feedback Provided from the Behavioral Health Specialist to whom you refer most often (e.g. Treatment Plans, Consultation Reports, etc.)." The Feedback Was Sufficient, Timely, Accurate and Clear: Always, Usually, Sometimes, Never."	Survey Question

2018

Exhibit 9: Behavioral Health Program Feedback

Survey Item	% Always or Usually		Responses (n)	
	Beacon	DMH	Beacon	DMH
PCP's experience with behavioral health feedback				
The feedback was sufficient	64.9%	62.7%	441	420
The feedback was timely	64.9%	62.7%	442	422
The feedback was accurate	70.3%	64.8%	478	435
The feedback was clear	72.8%	66.0%	493	441

2019

Survey Item	% Always or Usually		Total Responses (n)	
	Beacon (Q13)	DMH (Q14)	Beacon (Q13)	DMH (Q14)
PCP's experience with behavioral health feedback				
The feedback was sufficient	63.8%	61.4%	767	756
The feedback was timely	62.2%	59.4%	777	753
The feedback was accurate	66.8%	63.4%	775	756
The feedback was clear	70.2%	65.3%	775	758

ANALYSIS

Quantitative Analysis

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 80% provider satisfaction. The overall results compared to the previous year are lower across both organizations and all categories. However, the 2019 results came from a larger sample size. As a result, none of the year over year changes are statistically significant.

Compared to the results from 2018, DMH's information exchange rates dropped in the areas of information sufficiency, timeliness, accuracy, and clarity by 1.3%, 3.4%, 1.5% and 0.7%, respectively. Beacon results were better than DMH but also declined across all categories. Information exchange sufficiency, timeliness, accuracy and clarity declined by 1.1%, 2.7%, 3.5%, and 2.6% respectively.

Qualitative Analysis for Beacon and DMH

PCPs were also asked to identify the single biggest barrier to exchanging information. About one third of respondents indicated that lack of responsiveness from mental health providers was the largest barrier.

The most frequently given suggestion for how L.A. Care can help with information exchange was to educate providers, the option selected by 77.2% of providers. A similar portion of providers, 75.2% suggested improving or standardizing health information about exchange systems. Finally, 70.7% of providers suggesting educating patients about the value of information exchange.

Exhibit 10: Barriers to Exchanging Information with Mental Health Providers

Survey Item	%
Single biggest barrier (Q15) n=421	
Time limitations	16.9%
HIPAA/legal restrictions	18.1%
Do not know how to contact the MH provider	22.6%
Lack of responsiveness from MH providers	34.2%
Other	8.3%
Ways L.A. Care can help (Q16) (n=641)	
Provide education about information exchange to providers	77.2%
Improve or standardize health information exchange systems	75.2%
Educate patients about the value of information exchange	70.7%
Other	4.5%

INTERVENTIONS

Measure	Identified Deficiency	Attributed Barriers	Opportunities for Improvement	Actions	Effectiveness of Intervention/ Outcome
Coordination of Care/Exchange of Information between PCPs and Behavioral Health Providers	Timeliness of Information	Time limitations HIPAA/Legal Restrictions	Providing education on information exchange to providers	9/27/19 Beacon bulletin regarding provider communication when PCP's submit referrals to foster care coordination Shared results of Provider Satisfaction Survey with Beacon, DMH during 9/3/2019 Behavioral Health Quality Committee meeting	Statistically insignificant decline
	Sufficiency of Information	Not knowing how to contact the MH provider	Improvement or standardization on health information exchange systems		Statistically insignificant decline
	Accuracy of Information	Lack of responsiveness from MH Providers	Educate patients on the value of information exchange		Statistically insignificant decline
	Clarity of Information				Statistically insignificant decline

II. APPROPRIATE DIAGNOSIS, TREATMENT, AND REFERRAL OF BEHAVIORAL HEALTH DISORDERS COMMONLY SEEN IN PRIMARY CARE

GOAL

Improve the percentage 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

Beacon Health Options (Beacon) 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) estimates that almost 7% of American adults had at least one major depressive episode in the past year³¹. There are wide varieties of symptoms associated with the illness. Symptoms include a sad mood, diminished interest in activities once considered enjoyable, weight loss or gain, psychomotor retardation or agitation, fatigue, inappropriate guilt, difficulty concentrating, and in more serious depression, recurrent thoughts of death. The American Psychiatric Association (APA) requires that five (5) or more previously mentioned symptoms to be present for two weeks or more for someone to be diagnosed with depression.

Depression not only affects persons suffering from the illness, but also those around them. Research shows that interpersonal relationships tend to suffer for those experiencing symptoms of depression. Very few families or friend groups are not affected by their loved one's depression. Relationships outside of the home, such as at school or in the workplace, can also be affected³². Effective treatment of depression can help improve the health of a Member who is suffering, as well as repair broken interpersonal relationships.

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
- 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

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 January 1, 2019, to December 31, 2019, the measurement time period, was used to garner results.

³¹ *What is Depression?* (n.d.). Retrieved from National Alliance on Mental Illness: <https://www.nami.org/learnmore/mental-health-conditions/depression> on May 25, 2018.

³² *Major Depression*. (n.d.). Retrieved from the National Institute of Mental Health: <https://www.nimh.nih.gov/health/statistics/major-depression.shtml> on May 29, 2018

RESULTS

Measures	Goal	2017	2018	2019	Goal Met or Not Met
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: 46.8%* (1998/4274) Commercial: 49.1%* (142/289) CMC: 47.3% (78/165)	Medicaid: 45.1% (1,867/4,136) Commercial: 47.1% (313/665) CMC: 39.3% (42/107)	Medicaid: 47.6% (2125/4501) Commercial: 47.5% (66/139) CMC: 43.4% (53/122)	Medicaid: Not Met Commercial: Not Met CMC: Not Met
Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received (one) 1 or more medication visits within 84 days of diagnosis	35%	Medicaid: 23.3%* (995/4272) Commercial: 35.3% (102/289) CMC: 23% (38/165)	Medicaid: 23.3% (963/4,136) Commercial: 34.9% (232/665) CMC: 16.8% (18/107)	Medicaid: 23.2% (1044/4501) Commercial: 35.3% (49/139) CMC: 26.2% (32/122)	Medicaid: Not Met Commercial: Met CMC: Not Met
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: 89.9% (895/995) Commercial: 92.2% (94/102) CMC: 91.2%* (35/38)	Medicaid: 93.8% (903/963) Commercial: 95.3% (221/232) CMC: 88.9% (16/18)	Medicaid: 92.8% (969/1044) Commercial: 98.0% (48/49) CMC: 100.0% (32/32)	Medicaid: Not Met Commercial: Met CMC: Met

*Statistically significant change from the previous reporting period using z-test for proportions at $p < 0.05$

ANALYSIS

Quantitative Analysis

Cal MediConnect: In 2019, 53 out of 122 members (43.4%) who were newly diagnosed with depressive disorder received two (2) or more outpatient BH visits within 84 days of diagnosis. 26.2% (32/122) of members newly diagnosed with depressive disorder received (one) or more medication visits within 84 days of diagnosis, a ten percentage point increase from 2018. 100.0% (32/32) members received one or more medication visits within 84 days of the first medication visit, which was an eleven percent increase from 2018, and an eight percent increase from 2017. Targets were met for only one of the measures.

Medi-Cal: For 2019, 47.6% (2,125/4,501) of members newly diagnosed with depressive disorder had received two (2) or more outpatient BH visits within 84 days of diagnosis. Out of the 4,501 members diagnosed with depression, 1,044 (23.2 %) of members received one (1) or more medication visit within 84 days. Moreover, of the 1,044 members, 969 (92.8%) of the members received another medication visit within the initial medication visit. This rate was which a one percent decrease from 2018 was but a three percent increase from 2017. Targets were not met for any of the measures.

L.A. Care Covered: In 2019, 47.5% (66/139) of members newly diagnosed with depressive disorder had received two outpatient BH visits within 84 days of diagnosis. Out of 139 members, 49 (35.3%) of them received one or more medication visits within 84 days of diagnosis. Lastly, 98.0% (48/49) of the commercial members had another follow up appointment within 84 days of the first appointment with the prescriber, which was a three percent (2.70%) increase from 2018 and a six percent increase from 2017. Targets were met for two of the measures.

Qualitative Analysis

As Beacon only has access to BH claims, we are unable to capture members that may have received BH services from their PCP. Because Beacon lacks access to medical and pharmacy data, measurement estimates may be artificially low. Although we do not attribute the low rates entirely to lack of data, we believe it is a contributing factor. Below are additional barriers believed to affect members' depression treatment:

- Members may not be engaging in treatment following initiation of depressive diagnoses
- Providers may not be aware of best practices for prescribing antidepressant medications
- Providers may give samples to supplement prescriptions which could hinder refills in a timely manner
- Providers may have inadequate follow up plans for newly prescribed members.
- Providers are not regularly informed of their HEDIS AMM performance, specifically when there are opportunities to improve their rates.
- Members may be resistant to treatment due to social stigma or cultural barriers.
- Members may not adhere to instructions for treating depression.
- Members may not be aware that it takes time for medication to take effect and may discontinue use if they do not experience changes or if they experience side effects.
- Members may discontinue therapy sessions if they do not experience immediate changes.
- Members may have chronic co-morbid medical conditions that make accessing outpatient care for depression difficult.
- Members have difficulty with transportation, childcare, and other resources that prevent them from keeping scheduled appointments.
- Deductibles and co-payments may impact member adherence.
- Generic medications may be cheaper to buy outright than to pay a co-payment.

INTERVENTIONS COMPLETED

- Implementation of Inovalon, initiate meetings with clients around onboarding them onto Inovalon, and encourage clients to share medical and pharmacy data with Beacon (Q2 2019).
- Continue to expand telehealth services to increase access to care (ongoing)
- Continued to educate providers (BH and PCPs) on Beacon's Quality Program through distribution of "Quality Packets" as well as through PCP Toolkit on Beacon's website (Ongoing, November 2019).
- Presented provider profiler to the providers (Quarterly):
 - Quarterly data for member utilization, average therapy visits, initial assessment rate, engagement rate

- Created strategic plan for every provider to improve clinical and operational performance (Quarterly).
- Continue to educate providers on the importance of PCP support and “peer-to-peer” support.
- Providers can call Beacon psychiatrists for advice on members and medication (Quarterly).
- In collaboration is Provider Quality Managers (PQMs) (formally known as Managers of Provider Partnership), continued to promote the PCP Toolkit which now links interactively with Achieve Solutions; Beacon’s health and wellness information library.
- Through provider bulletin, educate providers regarding HEDIS AMM measures and the importance of antidepressant medication (September 2019).
- Enhanced Beacon’s website to include link to Achieve Solutions health library, which includes articles, quizzes, resources and interactive self-assessment tools related to depression on member pages.
- PCP Toolkit webinar recording posted to Beacon’s website to make available to additional clients across Beacon’s network

NEXT STEPS

- Continue to collaborate with the health plan around onboarding to Inovalon in order to exchange of Medical and Pharmacy data for production of HEDIS® AMM and accurate production of CPG measures. Additionally, access to real time data will ensure real time and effective interventions.
- Expand telehealth network to provide increased access to therapy and medication management services to members with depressive disorder. (2020)
- Explore opportunities to promote best practices for treatment of members with chronic medical and BH conditions, such as complex care management models and initiatives for members with dual eligibility (Ongoing).
- Continue to educate Beacon providers and PCPs about information and updates to all depression management tools that are available on Beacon’s website via postcard and Provider Bulletin (Annual).
- Promote use of online resources to members and providers through plan newsletters Beacon Provider Bulletins, site visits and Provider Advisory Councils.
- Ensure depression materials and screening tools on website are up-to-date and easily available (Ongoing).

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
<p>Clinical Practice Guideline Measure Depression: Percent of members (18+) newly diagnosed with depressive disorder who received two or more OP BH visits within 84 days (12 weeks) of initial diagnostic Visit</p>	<ul style="list-style-type: none"> • Members may not be engaging in treatment following initiation of depressive diagnosis • Providers may not be aware of best practices for prescribing antidepressant medications • Providers may give samples to supplement prescriptions which could hinder refills in a timely manner • Providers may have inadequate follow up plans for newly prescribed members • Providers are not regularly informed of their HEDIS AMM performance, specifically when there are opportunities to improve their rates • Members may be resistant to treatment due to social stigma or cultural barriers • Members may not adhere to instructions for treating depression • Members may not be aware that it takes time for medication to take effect and may discontinue use if they do not experience change or if they experience side effects • Members may discontinue therapy sessions if they do not experience immediate changes • Members may have chronic co-morbid medical conditions that make accessing outpatient care for depression difficult • Members may have difficulty with transportation, childcare, and other resources that prevent them from keeping scheduled appointments • Deductibles and co-payments may impact member adherence • Generic medications may be cheaper to buy outright than to pay a copayment 	<ul style="list-style-type: none"> • Continue to collaborate with the health plan around onboarding to Inovalon in order to exchange Medical and Pharmacy data for production of HEDIS® AMM and accurate production of CPG measures Additionally, access to real time data will ensure real time and effective interventions. • Expand telehealth networks to provide increased access to therapy and medication management services to members with depressive disorder (2020) • Explore opportunities to promote best practices for treatment of members with chronic medical and BH conditions, such as complex care management models and initiatives for members with dual eligibility • Continue to educate Beacon providers and PCPs about information and updates to all depression management tools that are available on Beacon’s website via postcard and Provider Bulletin (Annual) • Promote use of online resources to members and providers through plan newsletters, Beacon Provider Bulletins, site visits and Provider Advisory Councils • Ensure depression materials and screening tools on website are up-to-date and easily available (Ongoing) 	<p>Increases of 2.5%, 0.4%, and 4.1% for Medi-Cal, LACC, and CMC respectively. Goal was not met for any LOB.</p>

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
<p>Clinical Practice Guideline Measure Depression: Percent Of Members (18+) newly diagnosed with depressive disorder who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit</p>	<ul style="list-style-type: none"> • Members may not be engaging in treatment following initiation of depressive diagnosis • Providers may not be aware of best practices for prescribing antidepressant medications • Providers may give samples to supplement prescriptions which could hinder refills in a timely manner • Providers may have inadequate follow up plans for newly prescribed members • Providers are not regularly informed of their HEDIS AMM performance, specifically when there are opportunities to improve their rates • Members may be resistant to treatment due to social stigma or cultural barriers • Members may not adhere to instructions for treating depression • Members may not be aware that it takes time for medication to take effect and may discontinue use if they do not experience change or if they experience side effects • Members may discontinue therapy sessions if they do not experience immediate changes 	<ul style="list-style-type: none"> • Continue to collaborate with the health plan around onboarding to Inovalon in order to exchange Medical and Pharmacy data for production of HEDIS® AMM and accurate production of CPG measures Additionally, access to real time data will ensure real time and effective interventions. • Expand telehealth networks to provide increased access to therapy and medication management services to members with depressive disorder (2020) • Explore opportunities to promote best practices for treatment of members with chronic medical and BH conditions, such as complex care management models and initiatives for members with dual eligibility • Continue to educate Beacon providers and PCPs about information and updates to all depression management tools that are available on Beacon’s website via postcard and Provider Bulletin (Annual) • Promote use of online resources to members and providers through plan newsletters, Beacon Provider Bulletins, site visits and Provider Advisory Councils • Ensure depression materials and screening tools on website are up-to-date and easily available (Ongoing) 	<p>Decrease of .1% for Medi-Cal. Increases of 0.4% and 9.4% for LACC and CMC, respectively. Goal was met for LACC. Goal not met for Medi-Cal or LACC.</p>

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> • Members may have chronic co-morbid medical conditions that make accessing outpatient care for depression difficult • Members may have difficulty with transportation, childcare, and other resources that prevent them from keeping scheduled appointments • Deductibles and co-payments may impact member adherence • Generic medications may be cheaper to buy outright than to pay a copayment 		

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
<p>Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received one (1) or more medication visits within 84 days of the first medication visit.</p>	<ul style="list-style-type: none"> • Members may not be engaging in treatment following initiation of depressive diagnosis • Providers may not be aware of best practices for prescribing antidepressant medications • Providers may give samples to supplement prescriptions which could hinder refills in a timely manner • Providers may have inadequate follow up plans for newly prescribed members • Providers are not regularly informed of their HEDIS AMM performance, specifically when there are opportunities to improve their rates • Members may be resistant to treatment due to social stigma or cultural barriers • Members may not adhere to instructions for treating depression • Members may not be aware that it takes time for medication to take effect and may discontinue use if they do not experience change or if they experience side effects • Members may discontinue therapy sessions if they do not experience immediate changes 	<ul style="list-style-type: none"> • Continue to collaborate with the health plan around onboarding to Inovalon in order to exchange Medical and Pharmacy data for production of HEDIS® AMM and accurate production of CPG measures Additionally, access to real time data will ensure real time and effective interventions. • Expand telehealth networks to provide increased access to therapy and medication management services to members with depressive disorder (2020) • Explore opportunities to promote best practices for treatment of members with chronic medical and BH conditions, such as complex care management models and initiatives for members with dual eligibility • Continue to educate Beacon providers and PCPs about information and updates to all depression management tools that are available on Beacon’s website via postcard and Provider Bulletin (Annual) • Promote use of online resources to members and providers through plan newsletters, Beacon Provider Bulletins, site visits and Provider Advisory Councils • Ensure depression materials and screening tools on website are up-to-date and easily available (Ongoing) 	<p>Decrease of 1% for Medi-Cal. Increases of 2.7% and 11.1% for LACC and CMC, respectively. Goal not met for Medi-Cal. Goal met for LACC and CMC.</p>

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> • Members may have chronic co-morbid medical conditions that make accessing outpatient care for depression difficult • Members may have difficulty with transportation, childcare, and other resources that prevent them from keeping scheduled appointments • Deductibles and co-payments may impact member adherence • Generic medications may be cheaper to buy outright than to pay a copayment 		

III. APPROPRIATE USE OF PSYCHOPHARMACOLOGICAL MEDICATIONS

L.A. Care collects and monitors prescription claims data in partnership with L.A. Care’s contracted Pharmacy Benefits Manager (PBM), Navitus, to assess appropriate use of psychopharmacological medications; in particular, tracking occurs on the utilization of controlled substance medications with abuse potential. Members identified as having potential overuse of controlled substances are subject to interventions that aim to reduce inappropriate overutilization.

CONTROLLED SUBSTANCES MONITORING (CSM) AND “TRIPLE THREAT” RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR) SAFETY PROGRAM

PROGRAM DESCRIPTION AND METHODOLOGY

One program for members identified as having potential overuse of controlled substances is a targeted prescriber mailing campaign administered by Navitus on behalf of L.A. Care, known as the Controlled Substances Monitoring (CSM) and the “Triple Threat” Retrospective Drug Utilization Review (RDUR) Safety Program. For identified members, Navitus sends out mailings to all prescribers that have played a role in the member’s identification (e.g., provided a controlled substance prescription filled by the member). Mailings occur in conjunction with the identification periods as described below:

- **Controlled Substance Monitoring Criteria** – Patients who have received a combination of 9 or more of the following for at least 2 months during a 4-month period:
 - Controlled substance (CII – CV) prescriptions
 - Unique prescribers
 - Unique pharmacies

Members who receive multiple prescriptions for controlled substances, have multiple prescribers, and/or visit multiple pharmacies may be at a higher risk of potential inappropriate use of controlled substance medications.

- **Triple Threat Criteria** – Patients who have received prescriptions for each of the following drug classes in a month for at least 2 months during a 4-month period:
 - Opioids
 - Skeletal muscle relaxants
 - Benzodiazepines/hypnotics (sleep aids)

Members who received prescriptions for opioids, skeletal muscle relaxants, and benzodiazepines/hypnotics may be at a higher risk of potential respiratory depression, overdose, and death.

Mailings occur 3 times a year (in March, July, and November) for members identified as meeting the above criteria in the 4-month measurement period prior to a mailing month. The main goal of the RDUR program is to leverage prescription claims information to inform prescribers regarding their patients' controlled substance utilization patterns and empower prescribers to make educated decisions when conducting follow-up assessments to determine the appropriateness of observed controlled substance utilization. Although mailings are sent for all members identified with potential controlled substance overutilization concerns, it is important to note that this is the only source of information that the prescriber must take into consideration when assessing whether or not there is truly an overutilization concern. There may be certain members who are identified for mailing where utilization may be appropriate.

RESULTS

CONTROLLED SUBSTANCES MONITORING (CSM) RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR)

Line of Business	November 2019 Look-Back Period: 7/1/2019-10/31/2019		March 2020 Look-Back Period: 11/1/2019-2/28/2020		July 2020 Look-Back Period: 3/1/2020-6/30/2020	
	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
MCLA	81	384	59	339	59	283
CMC	4	15	4	18	2	6
LACC	3	16	1	4	2	8
PASC	2	7	0	0	3	21

TRIPLE THREAT RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR)

Line of Business	November 2019 Look-Back Period: 7/1/2019-10/31/2019		March 2020 Look-Back Period: 11/1/2019-2/28/2020		July 2020 Look-Back Period: 3/1/2020-6/30/2020	
	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
MCLA	479	818	443	797	400	668
CMC	37	81	35	70	43	95
LACC	22	49	24	58	19	40
PASC	17	35	11	19	14	22

**Outcomes for mailings sent in July 2020 will be measured in November 2020. Please refer to description below of what is considered an improved outcome.*

OUTCOMES ANALYSIS

Measuring Intervention Effectiveness

For the purposes of this evaluation, the prescriber mailing intervention is considered to have contributed to an improved outcome under the following circumstances:

- Member is identified for the CSM/Triple Threat RDUR intervention during a given intervention period.
- Member no longer meets criteria to qualify for the intervention during the next intervention mailing period.

Quantitative Analysis

Medi-Cal: Three mailing periods have occurred since last year's evaluation (11/2019, 3/2020, and 7/2020). During this time, 1,006 mailings (CSM) and 2,282 mailings (Triple Threat) were sent to Medi-Cal providers to inform them of their patients' controlled substance medication utilization. The number of members identified during four-month measurement periods ranged from 59 to 81 for CSM and 400 to 479 for Triple Threat. Improvement in outcomes was 75.3% (CSM) and 55.1% (Triple Threat) for the November 2019 mailing period. In total, 100% of providers with members meeting the aforementioned CSM criteria were sent a mailing.

Cal MediConnect: 39 mailings (CSM) and 245 mailings (Triple Threat) were sent to providers. The number of members identified within a measurement period ranged from 2 to 4 for CSM and 35 to 43 for Triple Threat. The program showed outcome improvements of approximately 75.0% for CSM and 37.8% for Triple Threat.

L.A. Care Covered: During the measurement period shown above, 28 mailings (CSM) and 147 mailings (Triple Threat) were sent out to L.A. Care Covered providers. 1 to 3 members were identified for CSM and 29-34 members for Triple Threat per measurement period. The program showed outcome improvements of approximately 66.7% for CSM and 31.8% for Triple Threat.

PASC: During the measurement period shown above, 28 mailings (CSM) and 76 mailings (Triple Threat) were sent out to L.A. Care Covered providers. 2 to 3 members were identified for CSM and 11 to 17 members for Triple Threat per measurement period. The program showed outcome improvements of approximately 50.0% for CSM and 58.8% for Triple Threat.

Qualitative Analysis

Based on the results shown above, the CSM and Triple Threat RDUR Safety Programs appear to have an overall positive impact on controlled substance utilization patterns. For CSM-identified members that continue to meet criteria for mailing and are identified four or more times in the last two years, separate letters are also sent highlighting this fact to providers. There are several limitations to the above measured outcome improvements including the following: disenrollment of members during subsequent periods may not be fully incorporated into the measurement and we cannot rule out other contributions to decreases in controlled substance utilization patterns that may have occurred during this timeframe. Nevertheless, despite these limitations in perceived improvement for short-term outcomes from one mailing period to another, a sustained improvement in positive outcomes has also been observed over a longer timeframe as well and can arguably be attributed in part to the CSM and Triple Threat RDUR programs. This improvement is particularly evident in the Medi-Cal population (our largest population) where the total number of members who were identified for mailings has continued to decrease from mailing period to mailing period (from 384 to 283 for CSM, and 818 to 617 for Triple Threat), despite overall growth in membership size since 2015 (from around 900,000 members in 11/2015 to around 1,097,440 members in 7/2020). For the Cal MediConnect and L.A. Care Covered lines of business, small membership population sizes may preclude us from seeing the same level of impact as Medi-Cal; however, improvements are observed between mailing periods. In conclusion, the CSM and Triple Threat RDUR Safety Program appears to be an effective intervention for influencing controlled substance utilization patterns of identified members.

COLLABORATIVE ACTIVITY

PHARMACY HOME PROGRAM

PROGRAM DESCRIPTION AND METHODOLOGY

The Pharmacy Home Program is an effort to reduce drug abuse or injury from opioid overutilization for L.A. Care Covered, PASC-SEIU, and Medi-Cal lines of business. (Cal MediConnect members are monitored through the Overutilization Monitoring System [OMS] implemented by CMS. A CMS-regulated drug management program called the Opioid Home Program is offered to Cal MediConnect members.) Members enrolled into this program are limited to filling opioids and/or benzodiazepines at one designated pharmacy (known as a Pharmacy Home) and/or designated prescriber(s) (known as a Provider Home) for a 12-month period. Results of the program are reported to the quarterly Behavioral Health Quality Improvement Committee for comment and further collaboration.

- **Pharmacy Home Inclusion Criteria** – Members will be considered for enrollment into the Pharmacy Home Program if they have met the following criteria:
 - Member who has filled prescriptions for opioid medications with an average daily MME greater than or equal to ninety (90) mg for any duration during the most recent six (6) months and either prescribed by three (3) or more prescribers at three (3) or more pharmacies within the past six (6) months or prescribed by five (5) or more opioid prescribers, regardless of the number of dispensing pharmacies.

Members may also be referred from internally (e.g. L.A. Care Special Investigation Unit (SIU) team), the Navitus SIU team, or directly from our PPGs. Members are enrolled into the Pharmacy Home Program based on diagnosis, pharmacy claims data, review of the Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES) report, and discussion with the prescriber(s) regarding medical necessity. If warranted, members may alternatively be referred to Care Management. Members who are ineligible for the program may also be provided resources for substance abuse treatment programs and/or referred to Behavioral Health services.

- **Pharmacy Home Exclusion Criteria** – Members may be exempt from the Pharmacy Home Program if s/he:
 - Has a foster care aid code or is identified by the County of Los Angeles Social Services Agency as being in the foster care system;
 - Is being treated for active cancer-related pain;
 - Has elected to receive hospice care or is receiving palliative or end-of-life care;
 - Is a resident of a long-term care facility or another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy;
 - Is or has become a Medicare beneficiary;
 - Is no longer prescribed frequently abused drugs; or
 - Identifies, or if L.A. Care identifies, access or quality of care issues that affect the selected Member's ability to obtain needed covered services, or that subject the select Member to unnecessary medical risk.

Members enrolled into the Pharmacy Home Program are sent warning letters then monitored for continued opioid and benzodiazepine utilization for the next 90 days. Prior to receiving a warning letter, the L.A. Care Pharmacy team will contact the member's prescribers and pharmacies to ensure that they are aware of the member's overutilization of opioids and/or benzodiazepines. Members who continue to exhibit overutilization will be sent a Notice of Action (NOA) letter describing the program and how to select a Pharmacy Home and/or Provider Home. If the member does not select a pharmacy within 30 days of receipt

of the NOA letter, L.A. Care will assign a pharmacy based on claims history and geographical proximity to the member's residence. Navitus, the PCP, and the designated pharmacy will be notified upon enrollment. 57 new cases were identified and 2 cases are currently within the 12-month lock in period in 2019. To date, 218 members were referred/identified for potential enrollment in the Pharmacy Home Program. Since the inception of the program, 15 members enrolled into the program. 6 members were reviewed for a re-lock in for another 12 months, 7 members disenrolled, and 2 members improved in controlled substance utilization.

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/Outcome
<p>CSM RDUR Criteria – Patients who have received a combination of 9 or more of the following for at least 2 months during a 4 month period:</p> <ul style="list-style-type: none"> · Controlled substance (CII – CV) prescriptions + · Unique prescribers + · Unique Pharmacies· <p>Pharmacy Home Criteria – Members that have met the following criteria during a six-month period:</p> <ul style="list-style-type: none"> · ≥90 MME + · 3 or more providers and 3 or more pharmacies OR · 5 or more providers <p>Triple Threat Criteria – Patient who have received prescriptions for each of the following drug classes: in a month for 2 of 4 months:</p> <ul style="list-style-type: none"> - Opioids + - Skeletal muscle relaxants + - Benzodiazepines/ hypnotics (sleep aids) 	<ul style="list-style-type: none"> • Limited exchange of information between different providers for the same member. • Continued prescribing of controlled substances from multiple prescribers. • Emergency fills for controlled substances outside of the Pharmacy Home (e.g., fills at other pharmacies due to stocking issues, ED visits, etc.) 	<ul style="list-style-type: none"> • Additional interventions for members identified in the CSM RDUR criteria more than 2 times within a calendar year. For example, such members may be referred to Case Management or Behavioral Health. • Additional interventions to involve the prescriber. • Target members with repetitive ED visits. 	<ul style="list-style-type: none"> • The CSM RDUR program notifies providers of all members on 9 or more prescriptions. • Beacon will continue provider chart audits quarterly to review provider’s compliance with APA Clinical Practice Guideline for the Treatment of Patients with Substance Use Disorder. Within the audit tool, various questions pertain to Substance Use Disorder. If a provider scores “poorly” (score of <65%), the provider is given feedback, education and assistance toward means to improve. L.A. Care’s pharmacy department reviews eligible members per inclusion/exclusion criteria through review of claims data, CURES report, and prescriber outreach to access medical necessity. • Navitus implements lock-in program for enrolled members, thus limiting fills for controlled substances to one pharmacy. • L.A. Care’s pharmacy department refers excluded Pharmacy Home members to Care Management who may benefit from care coordination and case management. • Since July 2019, Pharmacy in collaboration with Navitus, sends out Triple Threat reports to notify providers of members on opioids, skeletal muscle relaxants, and 	<p>The outcomes of the interventions ranges depending on the line of business. Overall, the RDUR mailing program has shown positive outcomes within in each measurement period, as observed in the number of identified number of members and prescribers trending downwards (meaning, less members meet Triple Threat criteria as a result of the mailing program over the course of the year). The Pharmacy Home program demonstrated measurable results (2 members locked-in and 57 members reviewed for the program within 2019). Results for this program will be evaluated in the future.</p>

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IV. MANAGEMENT OF TREATMENT ACCESS AND FOLLOW-UP FOR MEMBERS WITH COEXISTING MEDICAL AND BEHAVIORAL DISORDERS AND THOSE WITH SEVERE AND PERSISTENT MENTAL ILLNESS

BACKGROUND – DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

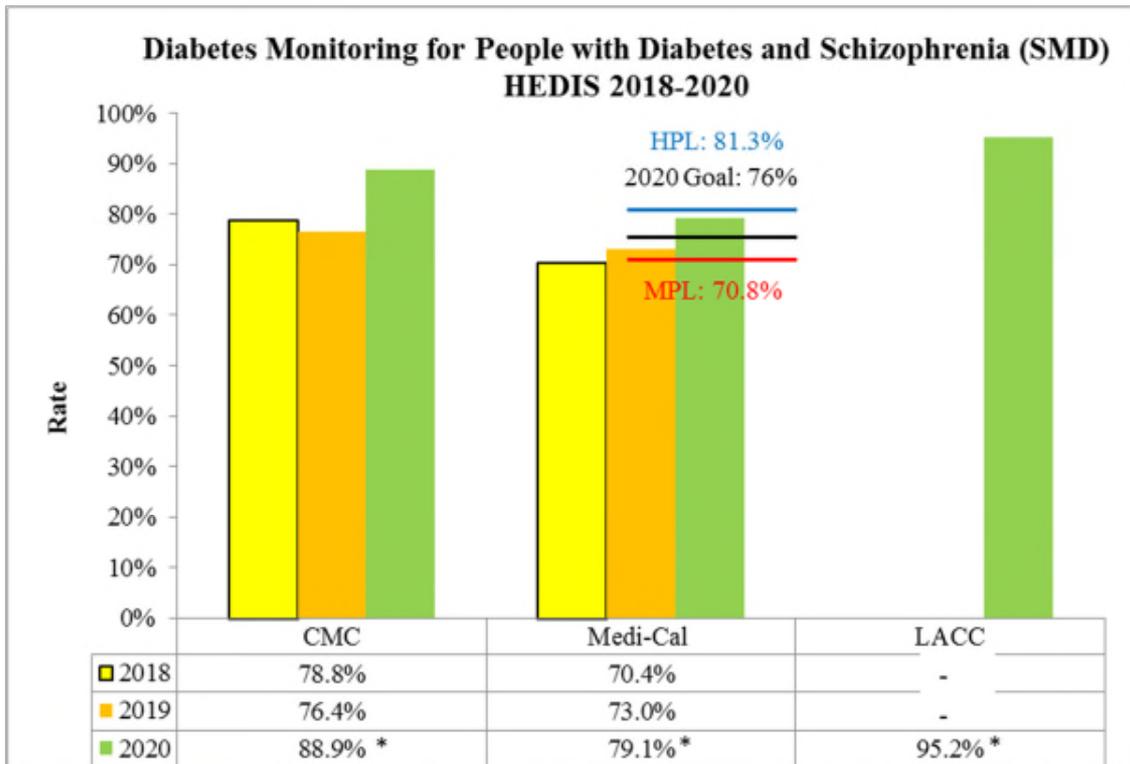
L.A. Care uses the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) to monitor care coordination for people with co-existing medical and behavioral disorders. The following table shows the rates for the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia. It reflects the rate of members taking antipsychotics who have received appropriate monitoring for their diabetes.

RESULTS

Diabetes Monitoring for People with Diabetes and Schizophrenia			
Line of Business	HEDIS 2020	HEDIS 2019	HEDIS 2018
CMC	88.9%*	76.4%	78.8%
Medi-Cal	79.1%*	73.0%	70.4%
LACC	95.2%*	-	-

*Statistically significant change

**The denominator for the SMD measure for the LACC line of business was less than 30 in 2018 and 2019, and so a rate was not generated.



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

- The denominator for the SMD measure for the LACC line of business was less than 30 in 2018 and 2019, and so a rate was not generated.

BACKGROUND – DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)

L.A. Care monitors the coordination of care for people with severe and persistent mental illnesses using the rate for the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) measure.

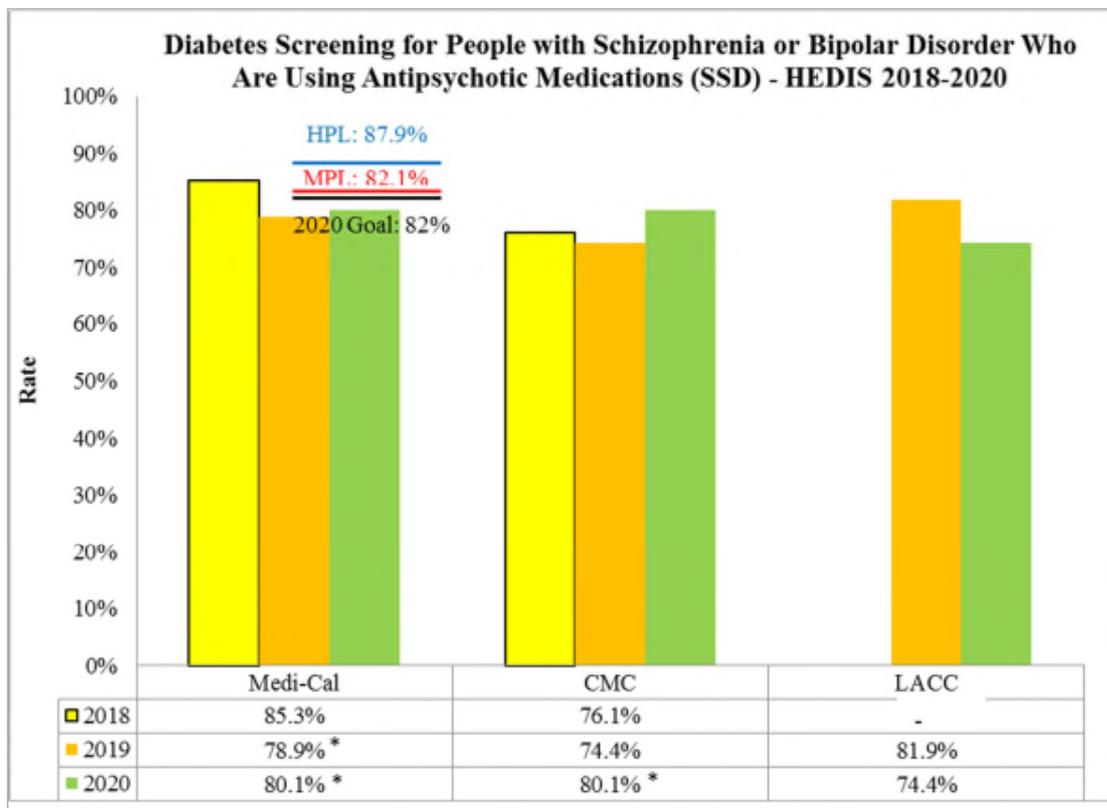
The following graph shows the rates for the HEDIS measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD), which shows the number of members on antipsychotics who received a screening for diabetes:

RESULTS

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications			
Line of Business	HEDIS 2020	HEDIS 2019	HEDIS 2018
CMC	80.1%*	74.4%	76.1%
Medi-Cal	80.1%*	78.9%	85.3%
LACC	74.4%	81.9%	-

*Statistically significant change

**The denominator for the SSD measure for the LACC line of business was less than 30 in 2018, and so a rate was not generated.



*Statistically Significant Difference

**Medi-Cal benchmarks are from the Quality Compass RY2020 50th and 90th percentiles

- The denominator for the SSD measure for the LACC line of business was less than 30 in 2018, and so a rate was not generated.

INTERVENTIONS

Measure	Barriers	Opportunities for Improvement	Action
<ul style="list-style-type: none"> SMD, SSD 	<ul style="list-style-type: none"> Antipsychotic is a carve out drug to the State. Carve out drug information receiving from the State has a 6-month lag. No medication reconciliation between different providers due to fear of HIPAA violation without member consent 	<ul style="list-style-type: none"> PCPs lack information on what type of medication their patients are receiving from behavioral health specialists. Members lack knowledge of how medications can affect their glucose levels. 	<ul style="list-style-type: none"> L.A. Care sent PCPs list of members on Antipsychotics and Antidiabetics.

L.A. Care uses pharmacy data to identify members with coexisting medical and behavioral disorders. The pharmacy data is used to identify members on antipsychotics and anti-diabetics. In 2018, L.A. Care adopted a new method of sharing this data with providers.

Beginning September 2019, members in all lines of business who are in the denominator for either SMD or SSD, and for whom L.A. Care has no data indicating a screening or appropriate monitoring for diabetes, were added to L.A. Care's Provider Opportunity reports. These reports are sent to PCPs on a quarterly basis to notify them of patients who are due for important tests and screenings. The efforts impact the SMD and SSD HEDIS rates. These efforts provide PCPs with information they may not receive from the behavioral health specialist(s) and it encourages them to conduct metabolic screening, and impact the SMD HEDIS rating.

Data on the number of providers notified between May 2019 and June 2020, and the number of providers with eligible members in each line of business included in the outreach effort, are shown below:

Measure	PCPs with Medi-Cal Members	PCPs Sent POR Report	Percentage of PCPs Notified
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	3148	2214	70%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	6383	4883	77%

Measure	PCPs with CMC Members	PCPs Sent POR Report	Percentage of PCPs Notified
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	335	328	98%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	1322	1206	91%

Measure	PCPs with LACC Members	PCPs Sent POR Report	Percentage of PCPs Notified
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	36	36	100%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	422	400	95%

Quantitative Analysis

The PORs went out each month from May of 2019 through June of 2020, and we notified doctors based on our internal data and that of the State. The rates for the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) and Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) for HEDIS 2020 reflect the results of this intervention.

The rate for SMD for CMC increased by 12.47% between 2019 and 2020 and was statistically significant. For Medi-Cal, the rate increased by 6.73% and was statistically significant as well. For LACC, the denominator was too small for a rate to be produced in 2019, and so no test of statistical significance can be conducted for the 2020 rate of 95.24%. For SSD, the CMC rate increased by 5.72% from 74.4% to 80.12%. This increase was statistically significant. For Medi-Cal, the SSD rate increased from 78.9% to 80.15%, which was statistically significant. For LACC, the SSD rate fell from 81.9% to 74.44%; however, this rate was not statistically significant.

Qualitative Analysis

L.A. Care's data demonstrates the effectiveness of the approach we undertook in 2019 and 2020, which was to send providers gap in care information for SMD and SSD via their POR reports. In spite of this success, our analysis shows that a significant number of Medi-Cal providers did not receive a POR report. Only 70% of eligible Medi-Cal providers received an SMD report, and only 77% of eligible Medi-Cal providers received an SSD report. For CMC, the rate of providers reached fell below the goal of 100%, as it did for LACC SSD-eligible providers.

There are several possible explanations for this shortcoming, all tied to the process for generating these reports:

- Providers must first be included in a Line of Business (LOB) level report before they can be included in another level of POR report. A higher percentage of providers were included in LOB-level reports in the period between when these measures were first included in the POR and May 2019 vs. May 2019 to June 2020. The drop-off in LOB counts led to a decrease in provider-level PORs.

- While members are assigned to Primary Care Physicians (PCPs) and Participating Physician Groups (PPGs) for a LOB, POR reports may not be generated for the PCP/PPG level of that LOB. POR generation is driven by a PPG crosswalk file generated by the QI Incentives team, and if an LOB is not marked for a given PPG, a POR will not be generated. There are a total of 204 PPGs included in the crosswalk, and only 116 are marked for an MCLA POR. If the PCPs belonging to the rest of the PPGs are not also “solo” providers, they will not have a POR generated.
- “Solo” PCP reports are only generated for PCPs with 10 or more members. This may have excluded some PCPs from the POR generating process.

Based on these issues, the Behavioral Health department and the Quality Performance Management team that generates the PORs believes that an approach that is more hands-on in coordinating care can build on the success demonstrated by the POR reports. Both teams have been involved in discussions with the Los Angeles County Department of Mental Health to learn more about their processes for treating members taking antipsychotics and what role specifically diabetic screening and monitoring plays in those processes.

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 2020, L.A. Care continued collecting encounter data on the utilization of substance abuse screenings in the primary care setting to improve patient care. In 2018 the Department of Health Care Services released APL 18-014 which supersedes ALP 17-016 and as a result the SBIRT (Screening, Brief Intervention, and Referral to Treatment) has been replaced with the AMSC (Alcohol Misuse: Screening and Behavioral Counseling) interventions in Primary Care. This APL sets forth the State’s expectation for providers for Medi-Cal patients to screen for alcohol use on an annual basis. Providers are expected to provide brief counseling and/or refer members to appropriate resources when necessary. L.A. Care tracks these screenings across all lines of business.

RESULTS

ALCOHOL MISUSE: SCREENING AND BEHAVIORAL COUNSELING INTERVENTIONS IN PRIMARY CARE

Measure	1/1/2018 12/31/2018	1/1/2019 12/31/2019	1/1/2020- 12/31/2020
Number of Unique PCPs Using SBIRT (Numerator)	734	857	950
Number of Unique L.A. Care PCPs who served L.A. Care Members during the same time period as above (Denominator)	5,431	5,441	5,539
% Numerator/Denominator*100	13.52%	15.75%	17.51%

Quantitative Analysis

Since the AMSC, formerly known as SBIRT, L.A. Care has seen a 1.76% increase in the number of unique providers using the screening tool as of this point in the year. These figures and the rate of SBIRT screening represent the complete data set for 1/1/20-12/31/20.

Qualitative Analysis

The AMSC has been difficult to track as a majority of PCP's do not regularly bill for this service as it not reimbursed under the current payment structure. However, it is believed that more PCP's do provide the service than those represented above despite the payment structure.

INTERVENTION

In prior years, L.A. Care Health Plan addressed SBIRT through Provider Continuing Education (PCE) Program planned, developed, and implemented CME/CE activities related to Substance Use Disorder (SUD). In 2020, these activities were transitioned to a truncated series of webinars to adapt to conditions surrounding COVID-19. Due to the smaller number of events, no trainings on substance abuse were included.

INTERVENTION SUMMARY

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/ Outcome
Substance use disorder (SUD) screening in primary care settings.	<ul style="list-style-type: none">• PCP reluctant to screen for substance use.• Limited substance use disorder treatment providers.	<p>Members are not adequately screened in the primary care setting.</p> <p>Providers are not familiar with what tools to use to screen members for SUD.</p> <p>Providers are not familiar with how to code/bill for SUD screening.</p>	L.A. Care typically provides sessions on who to conduct AMSC screening for providers. In 2020, this was not done due to changes in CME scheduling prompted by COVID 19.	No intervention in 2020. 1.76% increase in SBIRT rate.

2021 WORK PLAN GOALS:

Measure	2021 Medi-Cal Goals	2021 Cal MediConnect Goals	2021 L.A. Care Covered Goals
Exchange of information	80% of providers will be always/usually satisfied with the exchange of information between PCP and Behavioral Health Practitioners (BHPs)	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs
Appropriate Diagnosis, treatment, and referral of behavioral health disorders commonly see in primary care	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit
Appropriate uses of Psychopharmacological medications	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months

Measure	2021 Medi-Cal Goals	2021 Cal MediConnect Goals	2021 L.A. Care Covered Goals
Management of treatment access and follow up for member with coexisting medical and behavioral disorders	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication
Primary or secondary prevention behavioral health program	Continue to conduct provider education to improve substance abuse screening	Continue to conduct provider education to improve substance abuse screening	Continue to conduct provider education to improve substance abuse screening
Special needs of members with severe and persistent mental illness	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.

**F.4 CARE COORDINATION AND QUALITY IMPROVEMENT PROGRAM EFFECTIVENESS
(CCQIPE) FOR THE MEDICAID/MEDICARE DUAL DEMONSTRATION**

AUTHOR: DAN SALO & MARIE MARTIN

REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD

2020 WORK PLAN GOALS:

Measures	2020 Goal	*2020 Rate	2020 Goal Met/ Not Met
Health Risk Assessment (Core 2.1) Initial *Q3 2019 to Q2 2020 excluding unable to contact	90%	100%	Met
Health Risk Assessment (Core 2.3) Reassessment *2019	54%	70.4%	Met
Members with an ICP Completed CA 1.5 *Q2 2019 - Q1 2020	At or above the CA national average for each quarter	See table below	Varies by Quarter
Hospital Bed Days - Excluding OB delivery *Q2 2019 - Q1 2020	1134/K	1217.39	Not Met
Hospital Admissions - Excluding OB delivery *Q2 2019 - Q1 2020	220/K	251.26	Not Met
Hospital Average Length of Stay - Excluding OB delivery *Q2 2019 - Q1 2020	4.2/K	3.43	Met
Readmission rate (PCR) Quality Withhold-CW6 (based on Star rate calculation) *2019	O/E less than 1	0.87	Met
Emergency Room Visits- Excluding OB delivery *Q2 2019 – Q1 2020	688.86	785.23	Not Met
Medication Compliance Diabetes *2019	90%	91%	Met
Breast Cancer Screening (BCS) *Annual HEDIS	63.66%	50.44%	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 2019- Q2 2020- results and the status of the goal and recommendations for 2021 based on the 2020 results.

INTERVENTION AND LOOKING FORWARD

In March 2017, L.A. Care reported a large decline in percentages of completed reassessments from Calendar Year (CY) 2015 to CY 2016. In CY 2017 to CY 2020 the completion rates have increased and are being maintained.

Root cause analysis identified the following five factors that attributed to the decrease:

- Limited resources and support from Care Management.
- Untimely outreach to members.
- Untimely assignment of cases due for reassessment.
- Inability to obtain timely reassessment compliance reports to track performance.
- Outreach results-members requesting paper HRA or requesting delay in completion.

Intervention in June 2017 was established by monthly monitoring and the following improvement processes:

- Reassignment of annual HRA to Customer Solution Center Even MORE (CSC).
- Established a weekly monitoring process which includes identification of priority cases to ensure timely outreach.
- Weekly monitoring includes identifying unassigned cases by focusing on cases with zero attempts.
- Members due for reassessments are provided with a paper HRA and outreached 3 months prior to the due date to prevent delay in completion.
- Completion rate is now at 77% and maintaining this increase.

Health Risk Assessment, Core 2.1 New members with an assessment completed within 90 days of enrollment, excluding unwilling and unable to reach.

2020 Goal	2018 Q3-2017 to Q2-2018	2019 Q3-2018 to Q2-2019	2020 Q3-2019 to Q2-20	Recommend for 2021 Work plan
Maintain the goal of 90% or greater compliance	100%	100%	100%	Maintain goal of 90% or greater

Health Risk Assessment, Core 2.3 (Reassessment)

2019 Goal At or above the CA Average	Annual Report	Percent of Currently Enrolled Members That Had a Reassessment Completed During the Current Reporting Period that was Within 365 Days of the Most Recent Assessment Completed During the Previous Reporting Period		Recommend for 2021 Work plan
		CY 2018	CY 2019	
CA Average 54.0%	Rate of HRA Reassessment Completion	28%	70.4%	54.0%

Members with an ICP Completed, CA 1.5

	* Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed at of the End of the Reporting Period		Percent of Low Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period		2021 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	2021 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
	Q2-2018 to Q1-2019	Q2-2019 to Q1-2020	Q2-2018 to Q1-2019	Q2-2019 to Q1-2020		
Percent of Members with ICP Completed	Q2 59.6% Q3 57.6% Q4 57.4% Q1 59.4%	Q2 59.2% Q3 59.2% Q4 68.7% Q1 67.7%	Q2 58.0% Q3 65.9% Q4 67.0% Q1 73.0%	Q2 70.8% Q3 68.7% Q4 71.7% Q1 70.9%	70.0%*	69.0%*
CA Average	Q2 65.1% Q3 68.8% Q4 69.2% Q1 71.5%	Q2 67.7% Q3 68.5% Q4 65.8% Q1 70.0%	Q2 65.0% Q3 70.2% Q4 70.5% Q1 72.8%	Q2 69.5% Q3 69.7% Q4 65.6% Q1 69.0%	*Goal based on last Q CA Avg.	

*This measure reports on High Risk members separately from Low Risk members with each having a different time component for completion.

The decrease in this measure is attributed to an increase in members who are unable to be contacted by customer solutions center to complete a health risk assessment (HRA) or unwilling to participate in the ICP. For 2019 the HRA was the initial document utilized to develop an ICP; therefore, if a member refused to complete the HRA no ICP was completed.

Interventions to Increase ICP Compliance and Care Goals Discussions

- For 2019 forward care plans were be developed regardless if the member is unable to be contacted or unwilling to complete.
- Care Management uses a case management report and care coordination logs for compliance timelines and shares with Clinical Assurance.
 - Currently using the HRA Daily Activity Log
 - Care Management training for data input to allow for data mapping for report generation
 - Quarterly monitoring of compliance rate

LOOKING FORWARD

The CMC management staff will continue to monitor and oversee the key performance measures of internal staff on a monthly basis as a part of the audit process. In addition, care management leadership develop and deploy training to improve ICP and ICT completion and documentation on an on-going basis.

2020 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. 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.

		2020 Benchmark	Data Source	2018 Rate	2019 Rate	2020 Rate	2021 Goal
Hospital Utilization							
Hospital Bed Days Excluding OB delivery	Monitor bi-monthly; measure annually	10% reduction in total bed days/K Target: 1134/k	Claims/ Encounter Data	1144.25/ 1000 Q3.2017 – Q2.2018	1200.27/ 1000 Q3.2018 – Q2.2019	117.39/ 1000 Q2.2019 – Q1.2020	1134/k
Hospital Admissions Excluding OB delivery	Monitor bi-monthly; measure annually	10% reduction in total bed days/K Target: 220/K	Claims/ Encounter Data	235.15/ 1000 Q3.2017 – Q2.2018	235.15/ 1000 Q3.2018 – Q2.2019	251.26/ 1000 Q2.2019 – Q1.2020	220/K
Hospital Average Length of Stay Excluding OB delivery	Monitor bi-monthly; measure annually	10% reduction in length of stay Target: 4.2/K	Claims/ Encounter Data	4.87/1000 Q3.2017 – Q2.2018	4.63/1000 Q3.2018 – Q2.2019	3.43/1000 Q2.2019 – Q1.2020	4.2/1000
Readmission rate (PCR) QW-CW6 (based on Star rate calculation)	Monitor bi-monthly; measure annually	Target: O/E Ratio less than 1	HEDIS PCR	0.71 Final	0.87 Final	0.98 Trending	O/E Ratio less than 1

		2020 Benchmark	Data Source	2018 Rate	2019 Rate	2020 Rate	2021 Goal
Ambulatory Services							
Emergency Room Visits	Monitor bi-monthly; measure annually	10% reduction from the previous year Target	Claims Encounter	755.99/1000 Q3.2017 – Q2.2018	778.54/1000 Q3.2018 – Q2.2019	785.23/1000 Q2.2010 – Q1.2020	TBD
Medication Compliance							
Medication Compliance Diabetes	Monitor bi-monthly; measure annually	82% - 4 Star Rating	Navitus	81%	90%	91% Trending	85% 5 Star

2021 WORK PLAN GOALS:

Measures	2021 Goal
Health Risk Assessment (Core 2.1) Initial	Maintain the goal of 90% or greater
Health Risk Assessment (Core 2.3) Reassessment	51.0%
Members with an ICP Completed CA 1.5	67.7% - 69.5%
Hospital Bed Days - Excluding OB delivery	1134/k
Hospital Admissions - Excluding OB delivery	220/K
Hospital Average Length of Stay - Excluding OB delivery	4.2/1000
Readmission rate (PCR) Quality Withhold-CW6 (based on Star rate calculation) *2019 trending at	O/E Ratio less than 1
Emergency Room Visits- Excluding OB delivery	TBD
Medication Compliance Diabetes	85%
	5 Star
Breast Cancer Screening (BCS) Annual HEDIS	66%

G. QUALITY IMPROVEMENT PROJECTS (QIPs, PIPs, & PDSAs)

G.1 REDUCING AVOIDABLE INPATIENT AND EMERGENCY ROOM VISITS FROM THE LONG-TERM CARE SETTING (MEDICARE PDSA) – CMC

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019 PLAN DO STUDY ACT (PDSA) GOAL:

Measure	2019 PDSA Goal
Potentially Avoidable, or non-elective, Hospital Admissions	By 12/31/2019, reduce the rate of potentially avoidable hospital admissions based on a diagnoses based algorithm for nursing facility residents assigned to selected IPA by 10% or 0.04 from CY2018 baseline rate of 0.43.
Potentially Avoidable, or all, Outpatient ED visits	By 12/31/2019, reduce the rate of potentially avoidable ED visits (that did not result in inpatient admission) based on a diagnoses based algorithm for nursing facility residents assigned to selected IPA by 10% or 0.04 of CY2018 baseline rate of 0.43.

BACKGROUND

Center for Medicaid Medicare Services (CMS) defines dually eligible beneficiaries as low-income elderly and disabled Medicare beneficiaries who also received certain Medicaid benefits based on their income and states' eligibility standards and coverage provisions. Duals in general are higher utilizers than non-dual Medicare beneficiaries. Data as of 2012 found that 97.4% of duals access services compared to 85.5% of non-duals. 25.8% of duals have an inpatient hospitalization versus 14.8% of non-duals. Duals also rely on skilled nursing facilities at a higher rate than non-duals which results in higher spending. In 2012, the average skilled nursing facility payment for a dual beneficiary was \$1335 compared to \$521 for a non-dual beneficiary.³³

Many Long-Term Care (LTC) facility residents are enrolled in both the Medicare and Medicaid programs (Medicare-Medicaid enrollees) and rely on well-coordinated and consistent care management to stabilize their physical and emotional health. In 2010, CMS data showed that the rate of potentially avoidable hospitalizations for dually-eligible beneficiaries in LTC facilities was 227 per 1,000 beneficiaries.³⁴ Initiatives currently in place are targeting this area and have already shown some improvement, with a rate of 157 per 1,000 in 2015. Approximately 45% of hospital admissions among individuals receiving either Medicare skilled nursing facility services or Medicaid nursing facility services could have been avoided, accounting for 314,000 potentially avoidable hospitalizations and \$2.6 billion in Medicare expenditures in 2005.

³³ <http://www.medpac.gov/docs/default-source/data-book/june-2016-data-book-section-4-dual-eligible-beneficiaries.pdf?sfvrsn=0> (accessed 2017)

³⁴ <https://blog.cms.gov/2017/01/17/data-brief-sharp-reduction-in-avoidable-hospitalizations-among-long-term-care-facility-residents/> (accessed 2017)

Potentially avoidable inpatient hospitalizations are expensive, disruptive, and disorienting for frail, dual members. LTC facility residents are especially vulnerable to the risks that accompany hospital stays and uncoordinated transitions between LTC facilities and hospitals, including medication errors and hospital-acquired infections. A principal desired outcome of the PDSA is to reduce potentially avoidable inpatient hospitalizations and potentially avoidable ED visits for L.A. Care Cal MediConnect members residing in nursing facilities assigned to the selected IPA (AppleCare) during the duration of the time period measured, 1/1/2019-9/30/2019. The overall baseline rate changed from 2018 to 2019 due to changes in reporting structure methodology. Due to a claims lag from L.A. Care's end, it was decided that in 2019, IPA will report based on their claims.

L.A. Care and the selected IPA have been working on this PDSA for two years, over time, the cohort has become smaller related to contractual changes with L.A. Care's IPAs for members residing in a Long Term Care facility. In addition, March 27, 2020 L.A. Care Health Plan was notified by CMS liaison that PDSA requirements are on hold during the state of emergency executed by the President of the United States related to the COVID-19 pandemic so that plans may focus on ensuring their assigned members are receiving services through these difficult times.

MAJOR ACCOMPLISHMENTS

- L.A. Care developed a summary report of potentially avoidable hospitalizations and ER visits and distributed this to AppleCare to discuss with the facilities. The report includes diagnoses that occurred multiple times, where the patient discharged from the hospital to, the number of cases labeled with a secondary diagnosis that was different from the first, and the number of cases that were potentially avoidable based on the diagnoses based algorithm.
- L.A. Care collaborated with AppleCare to ensure on-call availability of a nurse practitioner or physician to provide timely triage advice when symptoms are identified for diagnostic and treatment interventions.
- AppleCare conducts daily inpatient rounds and weekly readmission rounds.
- L.A. Care provided to AppleCare the Interact Stop and Watch poster to distribute to the LTC Facilities as an early warning tool to assist with identifying changes in resident's condition.
- AppleCare continues to educate staff, administrators, and the Director of Nursing (DON) to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use "Stop and Watch" tool at LTC Facilities.
- L.A. Care's Managed Long Term Services and Supports (MLTSS) department provided a monthly census for CMC members residing at a LTC facility. This was created from approved authorizations for LTCs, and consists of member's CIN, name, assigned IPA, LTC facility and PPG assignment.
- L.A. Care in collaborative with the MLTSS department shared with AppleCare their monthly census report of their assigned CMC members residing at a LTC facility by coordinating secure data sharing through sFTP site. This has allowed AppleCare to identify their assigned members and LTC Facility location in order to potentially avoid hospitalizations and ED visits.

DESCRIPTION OF MEASURES

Measure	Specific Indicator(s)	Measure Type
Potentially Avoidable (Non-Elective) Hospital Admissions	Reduce the baseline rate of potentially avoidable hospital admissions for nursing facility residents assigned to select IPA by 10% or 0.04 from CY2018 baseline rate of 0.43.	Administrative
Potentially Avoidable Outpatient ED visits	Reduce the baseline rate of potentially avoidable outpatient ED visits (that did not result in inpatient admission) for nursing facility residents assigned to select IPA by 10% or 0.04 from CY2018 baseline rate of 0.43.	Administrative

RESULTS

Table 1.0 Rates of Potentially Preventable Hospitalizations per Thousand Members per Year (PTMPY)

	CY 2018	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Q1	Q2	Q3
AppleCare avoidable admission rate per 1,000 member per year (PTMPY)	0.43	0.77	0.00	0.00	0.00	0.98	1.15	0.00	0.00	0.00	0.26	0.71	0.00
Number of avoidable admissions	7	1	0	0	0	1	1	0	0	0	1	2	0
Total number of admissions	49	4	2	4	1	2	1	1	0	1	10	4	2

Table 2.0 Table Rates of Potentially Preventable ED Visits per Thousand Members per Year (PTMPY)

	CY 2018	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Q1	Q2	Q3
AppleCare avoidable ED rate per 1,000 member per year (PTMPY)	0.43	0.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.26	0.38	0.00
Number of avoidable ED visits	7	1	0	0	0	0	0	0	0	0	1	1	0
Total number of ED visits	43	4	3	5	2	1	1	2	3	2	12	5	7

METHODOLOGY

L.A. Care calculates the rates using data submitted directly by AppleCare to avoid a claims lag when reporting rates. AppleCare submit their admission data to L.A. Care. L.A. Care calculates rates for all hospitalizations and ED visits, uses Ambulatory Care Sensitive Conditions (ACSC) developed by AHRQ to determine “avoidable” admissions. L.A. Care provides rates based on this methodology back to AppleCare on a monthly basis.

Quantitative Analysis

The rates for 2019 are based on the ED Visits and Hospitalizations provided to L.A. Care by the IPA. The tables above are for Potentially Preventable Rates for Admissions and ED visits only as this is the focus of the PDSA. Due to the small sample size of members, less than 50, we have included the denominator for total admissions and ED visit reported by the AppleCare and the Numerator is the potentially avoidable admissions or ED visits. The results from both tables may appear to be similar because ED admission can lead to hospital admissions. However, as expected, there were more ED visits than hospital admission. The CY2018 rate for AppleCare for potentially preventable hospitalizations was 0.43 (PTMPY). AppleCare's potentially avoidable ED visits rate was 0.43 (PTMPY). The number of members in a long-term care facility are small. This makes it difficult to identify a statistically significant change and has led to the fluctuations in the month to the month rates.

In Q1 for AppleCare we can see that there is a decrease for both potentially avoidable admissions and ED visits from baseline of 0.26 from 0.43 which is a 0.17 decrease. However, in Q2 for potentially avoidable hospitalizations there is an increase from CY2018 from 0.43 to 0.71 which is a 0.28 increase. With potentially avoidable ED visits in Q2 the rate is 0.38 which continues to be less than CY2018 by 0.05. For Q3, there continues to show a drop from baseline as shown in both rates for potentially avoidable hospitalizations and ED visits with rate of 0.00 a drop of 0.43 from baseline. Overall there is an improvement from baseline. This improvement could be attributed to the implementation of the data sharing process with AppleCare which included the monthly summary of the avoidable ED and admission, and a census from MLTSS of AppleCare's assigned members with the LTC facility the member is residing. Through this PDSA, process improvements have been made to include better communication between IPA and the LTC facility, the IPA and L.A. Care Health Plan, and the data sharing through secure sFTP site.

Qualitative Analysis

L.A. Care worked to develop and continue interventions that address identified barriers to improve the rates of potentially avoidable hospital admissions and ED visits among nursing facility residents assigned to AppleCare for this project. To identify members at risk of hospital or ER admission, L.A. Care, along with AppleCare, continued to focus on timely identification and communication of changes in clinical status, using the INTERACT "Stop and Watch" tool and reinforcing use of the "Situation, Background, Assessment, Recommendation"(SBAR)³⁵ for effective communication of any pertinent changes to the on-call practitioner. These interventions build on existing one-page resource sheets that are placed in the patient's chart to identify the responsible IPA with on-call contact information and contracted hospitals. On-call availability of a nurse practitioner or physician to provide timely triage advice when symptoms are identified for diagnostic and treatment intervention. In order to better coordinate management of information to the AppleCare about potentially avoidable hospitalizations and ER visits, L.A. Care developed a summary report of information including diagnoses that occurred multiple times, where the patient discharged from the hospital to, the number of cases labeled with a secondary diagnosis that was different from the first diagnosis, and the number of cases that were potentially avoidable based on the diagnoses based algorithm. AppleCare conducts daily inpatient rounds and weekly readmission rounds. AppleCare continues to educate staff, administrators, and the DON to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use "Stop and Watch" tool at LTC Facilities.

AppleCare communicated to L.A. Care that they were unable to act on behalf of some of their assigned CMC members because they were unaware of the LTC location. L.A. Care in collaboration with MLTSS department shared with AppleCare their monthly census of their assigned CMC members residing at a LTC facility by coordinating secure data sharing through sFTP site. This allowed AppleCare to identify their

³⁵ <http://www.pathway-interact.com/wp-content/uploads/2017/04/Assisted-Living-Stop-and-Watch.pdf>

assigned members and LTC location to further assist in potentially avoidable admissions and ED visits. L.A. Care meets with AppleCare on a monthly basis or as needed.

INTERVENTIONS

Measures	Barriers	Actions
<p>Potentially Avoidable (Non-Elective) Hospital Admissions & Potentially Avoidable Outpatient ED visits</p>	<ul style="list-style-type: none"> • CMS asked that all Managed Care Organizations stop all interventions due to the COVID-19 pandemic and the state of emergency ordered by the President of the United States (notified on 3/27/2020 by Gretchen Nye). • Los Angeles County encompasses a widespread service area with a large number of LTC facilities and a disproportionate geographic distribution of LTC facilities. Some geographic areas have a sparse concentration of LTC facilities. This results in wide variation in care experienced by members residing in nursing facilities. • L.A. Care CMC members living in an institution who fall into the denominator for this project is now small population, given the departure of Prospect IPA. • The management of members residing in nursing facilities requires a collaboration among the medical group, nursing facility, hospital, and L.A. Care Health Plan. This partnership has been inconsistent and variable depending on the medical group, hospital, and nursing facility involved. • The availability of on-site practitioners varies depending on the nursing facility and IPA. A best practice is the availability of on-site medical practitioners at LTC facilities in addition to 24/7 on-call coverage. This allows for diagnosis and treatment of members in a facility and may reduce the need for a transition to another care setting. • Facilities have staff turnover thus affecting the consistency of staff contacting the appropriate NP on member's chart to identify potentially avoidable admissions and ED visits based on signs and symptoms from tool. • Due to encounter data lag, L.A. Care does not receive data timely enough to review during the PDSA cycle quarters from this data source. 	<ul style="list-style-type: none"> • L.A. Care held monthly meetings with IPA to improve consistency in collaboration. • L.A. Care confirmed that one-page resource sheets are placed in the patient's chart to identify the responsible IPA with on-call contact information and contracted hospitals. An on-call nurse practitioner or physician provide timely triage advice when symptoms are identified for diagnostic and treatment interventions. • AppleCare continue to educate staff, administrators, and the DON to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use "Stop and Watch" tool at LTC facilities. • L.A. Care provides to AppleCare information about all and potentially avoidable hospitalizations and ED visits, so that they may review with their facilities. The information will be in a summary report format and will include primary and secondary diagnoses, discharge outcome (back to LTC facility, other location or death), the number of cases labeled with a secondary diagnosis different from the primary diagnosis, and the number of cases that were potentially avoidable based on the diagnosis based algorithm.

Measures	Barriers	Actions
	<ul style="list-style-type: none"> • Data sharing between AppleCare and L.A. Care has been inconsistent. Initially the correspondence was done by secure email to protect PHI, however AppleCare correspondent has been unable to retrieve the data as of March 2019 and this has caused a delay in providing the monthly summary to AppleCare for potentially avoidable admissions and ED visits. • AppleCare shared with L.A. Care their lack of information regarding their assigned members and the LTC facility the member is residing at. This has delayed AppleCare’s ability to act on behalf of the members where the LTC facility is unknown. AppleCare has agreed to service CMC members at 80 LTC facilities that are within a geographical services area for their contracted providers, however for those CMC members who are assigned outside those facilities, AppleCare has a difficult time coordinating their care. • There is a bed shortage in Los Angeles County at LTC facilities - this makes it difficult to keep members within their PPG contracted LTC facilities. 	<ul style="list-style-type: none"> • AppleCare conducts daily inpatient rounds and weekly readmission rounds. • L.A. Care will utilize a sFTP site to coordinate secure data sharing with AppleCare. • L.A. Care obtained from its MLTSS department the census for CMC members residing at a LTC facility. This was created from approved authorizations for LTC, and consists of member’s CIN, name, assigned IPA, LTC facility and assignment. L.A. Care shares this census with AppleCare through sFTP site to further assist AppleCare in managing the members at the LTC.

LOOKING FORWARD

L.A. Care and AppleCare have been working on this PDSA for two years (1/1/2018-12/31/2019), due to the small sample size and changes with the IPAs contract for members in a LTC facility this PDSA was completed. CMS has placed a hold for any new PDSA in the current year due to the state of emergency issued by the President of the United States related to the COVID-19 pandemic as of March 27, 2020. L.A. Care plans to place an emphasis for All Plan Cause Readmissions (PCR) as a potential opportunity to develop interventions to improve L.A. Care’s PCR rate for all lines of business. PCR will be managed in the Inpatient Workgroup, a collaborative group of subject matter experts to discuss and plan goals and interventions for the coming year.

G.2 HSAG/DHCS: CAL MEDICONNECT MEDICARE-MEDICAID INDIVIDUALIZED CARE PLAN (ICP) (PIP) (2018-2020)

AUTHOR: KEREN MAHGEREFTEH, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

This performance improvement project aims at increasing the number of completed individualized care plans (ICP) for high risk and low risk Cal MediConnect (CMC) members. It also aims to increase the number of members who received an ICP and had care goals discussed. Individualized Care Plans are a crucial part of taking care of older adult/elderly CMC members. One of the most significant reasons to have an individualized care plan for CMC members is to decrease the possibility of illness or accidents.³⁶ It also allows for CMC members to have optimal functioning within their limitations. An individualized care plan consists of identifying a problem (or potential problem), outlining the steps to solve it, and re-evaluating those steps after a certain length of time, or when circumstances change³⁷.

The intervention for the ICP Performance Improvement Project (PIP) is a cross functional effort. It includes collaboration between Care Management, Quality Improvement, Clinical Assurance and Medicare Operations.

STUDY QUESTION

Do targeted interventions increase the percentage of eligible members with the ICP completed (CA 1.5) and the percentage of eligible members with documented discussion of care goals (CA 1.6).

GOAL OF THE PIP

Improve and implement new processes that will increase the completion rate of an Individualized Care Plans and the documented discussion of care goals for our beneficiaries that will lead to improved health outcomes and member experience.

State Designated Goal or Benchmark: To achieve statistically significant improvement over the prior year.

Measure 1.5:	
1. CMC members initially stratified as high risk, enrolled 90 days or longer at the end of the reporting period and had an Individualized Care Plan completed.	Baseline rate -2017 Q4 37.27% Remeasurement 1 Period Goal: 39% Q1 2018 59% Q2 2018 60% Q3 2018 58% **Q4 2018 57% Statistically significant results for 2018 Remeasurement 2 period goal 60% Q1 2019 58% Q2 2019 59% Q3 2019 59% Q4 2019 69%

³⁶ <https://blog.ioaging.org/home-care/individualized-care-plans-crucial-part-play-senior-homecare/>

³⁷ <https://blog.ioaging.org/home-care/individualized-care-plans-crucial-part-play-senior-homecare/>

Measure 1.5:	
2. CMC members initially stratified as low risk, enrolled 90 days or longer at the end of the reporting year and had an ICP completed.	Baseline rate- 2017 Q4 36.06% Remeasurement 1 Period Goal: 40% Q1 2018 57% Q2 2018 58% Q3 2018 66% **Q4 2018 67% Statistically significant results for 2018 Remeasurement 2 period goal 70% Q1 2019 73% Q2 2019 71% Q3 2019 69% Q4 2019 72%

Measure 1.6:	
1. CMC Members who had an Individualized Care Plan (ICP) and had at least one documented discussion of care goals in the initial ICP.	Baseline rate for 2017 100% Remeasurement 1 Period Goal: 100% Q1 2018 100% Q2 2018 96% Q3 2018 100% Q4 2018 100% Remeasurement 2 period goal 100% Q1 2019 100% Q2 2019 100% Q3 2019 100% Q4 2019 100%

INTERVENTION

Scorecard to be provided to delegates on a quarterly basis to all PPG’s. The scorecard will have their ICP completion rate and will rank them among peers. In addition, the Clinical Assurance team will review 30 cases quarterly to ensure that the ICP’s have at least one care goal discussed. Feedback will be provided to the delegates if care goals are not documented. This occurs through the use of scorecards which show the compliance rate for each delegate.

BARRIERS

Some of the identified barriers of the PPGs not receiving feedback is that L.A. Care’s Clinical Assurance team has been short staffed and has not had the bandwidth to provide the feedback to delegates in a timely manner. Another, a barrier that was identified in regard to the delegates is that they don’t always have a large population so their compliance rate can easily fluctuate. Additionally, some PPGs have undergone leadership changes and staff changes which can serve as a barrier to keep compliance rates up. If a PPG demonstrates continued poor performance L.A. Care will issue a corrective action plan.

ICP PIP RESULTS

For measure CA 1.5 CMC members initially stratified as high risk, enrolled for 90 days or longer at the end of the reporting period and had an ICP completed the baseline rate Q4 2017 was 37.27%. The Q4 2019 rate for this measure is 68.70%. This shows that L.A. Care’s rate was 31.43 percentage points above the Q4 2017 baseline rate and the increase is statistically significant (two tailed P-value 0.0001). Statistical analysis was determined by conducting a chi-squared without Yate’s correction. Additionally, the remeasurement 1 period goal was 39% whereas the Q4 2019 rate was 68.70%; therefore, L.A. Care’s rate was 29.7 percentage points above the remeasurement 1 period goal.

For measure CA 1.5 CMC members initially stratified as low risk, enrolled 90 days or longer at the end of the reporting year and had an ICP completed the baseline rate of 35.84%. The Q4 2019 rate for this measure is 71.73%. This shows that L.A. Care's was 35.89 percentage points above the Q4 2017 baseline rate and the increase is statistically significant (two tailed P-value <0.0001). Again, statistical significance was calculated using a chi-squared without Yates' correction. Additionally, the remeasurement 1 period goal was 40% whereas Q4 2019 rate was 71.73% L.A. Care's was 31.73 percentage points above the remeasurement 1 period goal.

For measure CA 1.6 CMC members who had an ICP and had at least one documented discussion of care goals in the initial ICP the baseline rate 2017 was 100%. The annual 2019 rate for this measure is 100%. This shows that L.A. Care reached the goal of maintaining the rate of 100%. Statistical testing is not applicable in this case.

Scorecard Timely ICP Based on HRA	Number of groups that were in the 72-100% compliant category
Q4 2017	8 groups out of 16=50%
Q1 2019	12 groups out of 15=80%
Q2 2019	9 groups out of 15=60%
Q3 2019	10 groups out of 14=71%
Q4 2019	9 groups out of 14=64%

The number of groups that participated and were therefore included in scorecards varied from Q4 2017 to Q4 2019. In Q4 2017 the group Citrus Valley Physicians Group (Coast) was part of this intervention. Their MSO changed and were therefore listed as Physicians Data Trust. Seoul (SLMG) had their contract termed on March 31, 2019 and Cedars Sinai Medical Group had their contract termed on April 30, 2019. Given that Seoul and Cedars Sinai had their contracts termed they were not included in the Q3 2019 scorecard. In Q3 2019 PPN changed MSO's to join PIH.

When viewing scorecards from Q1 2019-Q4 2019 the percentage of groups that were considered compliant exceeded the percentage of complaint groups in Q4 2017. As can be seen when comparing Q3 2019 to Q2 2019 the percentage of groups that were considered complaint increased. This can be due to the least complaint groups having their contracts termed.

The scorecard has been successful and effective intervention, allowing for engagement with the PPGs or MSOs and their leadership. L.A. Care provided feedback on a quarterly basis. This quarterly feedback allowed groups to see how they were trending and allowed them enough time to make any improvement or changes before the final quarterly rates were produced. The scorecard allowed L.A. Care to track the groups on a quarterly basis. This intervention aided in the L.A. Care having the rate for CA 1.5 high and low risk exceeding the remeasurement 1 period goal and had extremely statistically significant results using a chi squared without Yates' correction two tailed test, P value is less than 0.0001. For CA 1.6 L.A. Care reached their goal of maintaining 100%. The intervention for CA 1.6 was to conduct a random audit of charts to check if the L.A. Care was reaching its goal. In 2019, L.A. Care reached the goal for CA 1.6 to maintain the baseline rate of 100%

Overall, CA 1.5 high and low risk and CA 1.6 had statistically significant results from the baseline rates. While there were fluctuations in the group's performance, which could be seen in the scorecards, the final results show improvement and groups that were low performing had their contracts termed.

As part of the intervention, L.A. Care would call the groups and go over their results on a quarterly basis in addition to providing them with the scorecard. The calls did not continue past the September 2018 date. The reason that the calls did not continue was that L.A. Care had staffing challenges.

A lesson learned from this intervention is that when L.A. Care and/or the groups have staffing challenges it can be difficult to maintain the intervention exactly as is. The reason for this is that the knowledge of the project or intervention needs to be transferred to a new staff member and this can take time. This was transferred to a staff member at the start of Q1 2019. From Q1-Q3 2019 L.A. Care resumed the calls and had a staff member provide feedback to all groups. L.A. Care plans to continue this intervention past this final annual submission given the success of the intervention. Specifically, past the submission date L.A. Care will continue to provide scorecards; however, past this final annual submission L.A. Care will not continue to conduct the file review.

LOOKING FORWARD

ICP PIP received 100% validation from HSAG on the 2019 annual submission and on June 12, 2020 received notice from HSAG that L.A. Care had no further submissions needed for this PIP. The PIP has been officially closed out.

G.3 ASTHMA MEDICATION RATIO (AMR) DISPARITY PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: SIDDHARTH RAICH, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2020 ASTHMA DISPARITY PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL:

Measure	2020 PIP Goal
By June 30, 2021, decrease the percentage of people between the ages of 19-50 in SPA 6 diagnosed with persistent asthma and who have not filled a prescription for a controller medication in the past twelve months from 30% to 26%.	26%

BACKGROUND

Asthma is a chronic disease that causes inflammation and narrowing of the small airways, making it difficult for air to flow into and out of the lungs and causing symptoms that include wheezing, coughing, chest tightness and shortness of breath. There is no cure for asthma. However, people with asthma can manage this condition by avoiding environmental triggers (such as air pollution and allergens), taking rescue medication when symptoms arise, and taking controller medications to help manage the condition. Controller medications for persistent asthma such as inhaled corticosteroids, inhaled corticosteroid combinations, and leukotriene modifiers are taken daily on a long-term basis to manage persistent asthma.³⁸ Although asthma controller medications will not stop an asthma episode after it has begun, the daily use of long-acting asthma controller medications may be necessary in individuals with persistent asthma as a preventive measure.^{39 40} It is expected that populations with controller medications have better asthma control and fewer asthma-related hospitalizations and Emergency Department (ED) visits than those without controller medications.⁴¹ Additionally, collaborative relationships have the potential to promote testable interventions aimed at reducing asthma morbidity and reduce disparities.⁴² The measure Asthma Medication Ratio (AMR) taken into account types of asthma medication used along with medication adherence. LAC Service Planning Area's (SPA) 6 AMR rate of 57.65% falls short of the national Medicaid national AMR rate of 62.28%.

L.A. Care reviewed measurement year 2018 (reporting year 2019) Healthcare Effectiveness Data and Information Set (HEDIS) rates by race/ethnicity, language, age, gender, geographic region, and Seniors and People with Disabilities (SPD) status for HEDIS measures that were performing below the 50th percentile. While disparities were noted for Asthma Medication Ratio (AMR) in different categories, a statistically significant disparity was noted for Service Planning Area (SPA) 6, which had a rate of 57.65% compared to SPA 7 rate of 65.43%. This difference of 7.78 percentage points was identified using a two-tailed Z test. SPA 6 is located in South Los Angeles and consists of cities such as Compton, Crenshaw, Florence, Lynwood, Paramount and Watts. SPA 7 services cities such as Artesia, Bell Gardens, Cerritos, East Los Angeles and Huntington Park among others. Based on this clear disparity, we selected SPA 6 as our narrowed focus for the PIP. L.A. Care will further narrow its focus to those ages 19-50 within SPA 6 because this is the least compliant age group.

³⁸ <https://www.sciencedirect.com/science/article/pii/S095461115300834>

³⁹ <https://www.jmcp.org/doi/10.18553/jmcp.2017.23.11.1117>

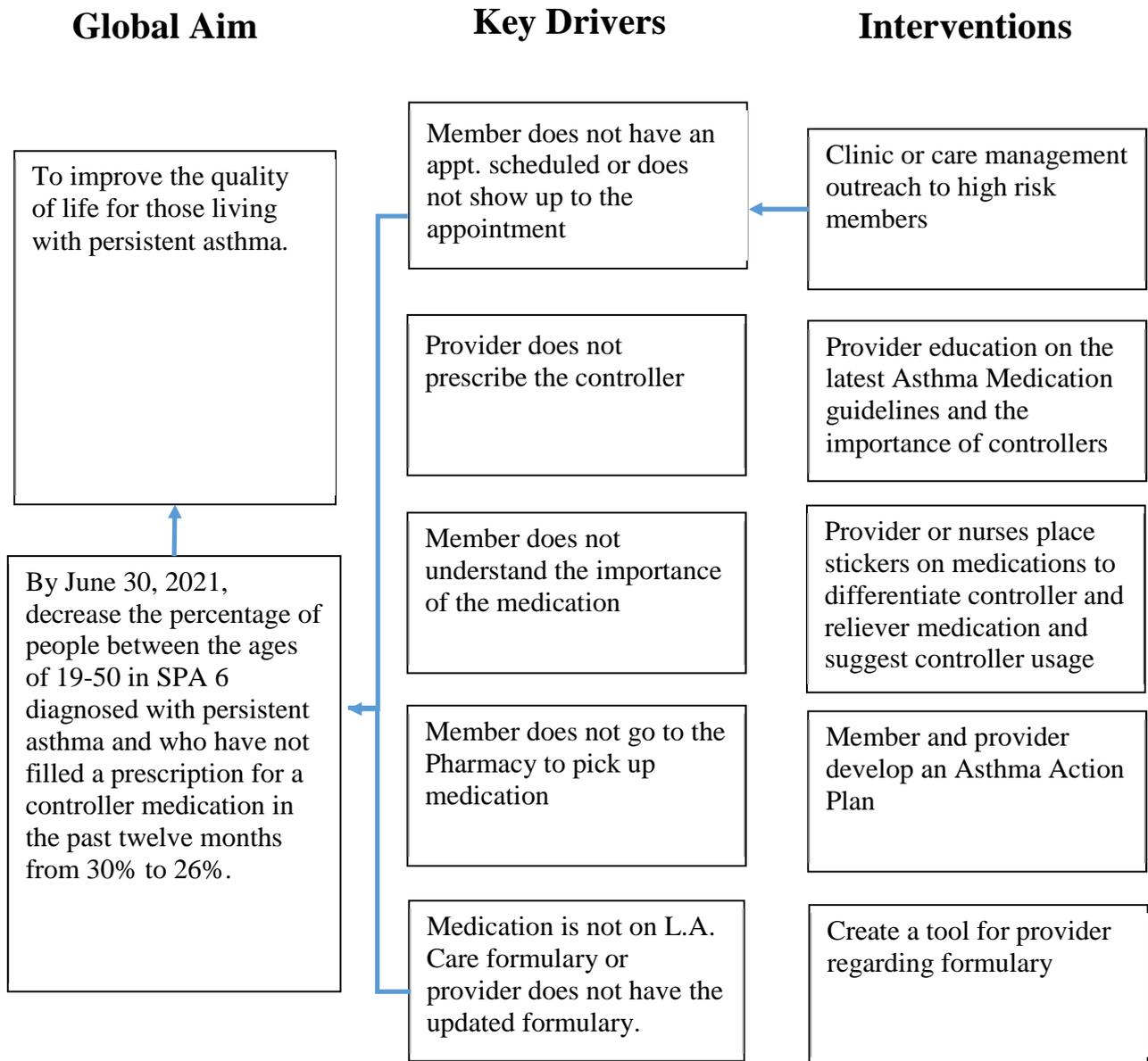
⁴⁰ <https://www.jmcp.org/doi/10.18553/jmcp.2015.21.11.1014>

⁴¹ <https://www.jmcp.org/doi/10.18553/jmcp.2017.23.11.1117>

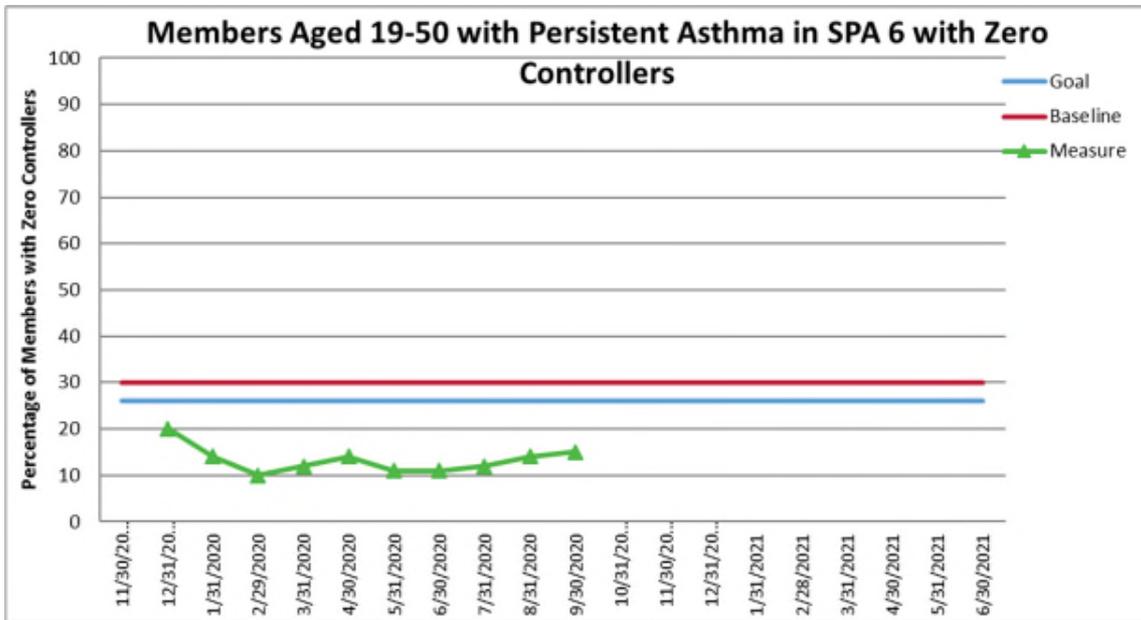
⁴² <https://pediatrics.aappublications.org/content/pediatrics/135/6/1009.full.pdf>

PLAN-DO-STUDY-ACT (PDSA) INTERVENTION

PDSA RESULTS



LOOKING FORWARD



The table above tracks the percentage of members with zero controllers during a look back period of 12 months. This information was incorporated into a mailing list for members to receive an educational asthma packet. The packet included instructional postcards, medication reminders, and labels to differentiate medication. The packet was sent to members without controllers, those who are non-compliant for the AMR measure (<0.5) and those at risk of non-compliance (0.5-0.6).

On March 18, 2020, DHCS placed the Asthma Disparity PIP on hold due to the COVID-19 pandemic. After further discussions with DHCS, the Asthma PIP was discontinued.

As Pharmacy benefits are transitioning back to the state, we are changing focus of the disparities PIP to Diabetes in African American members. The PIP will analyze African American members with Diabetes in SPA 6 with an A1c value between 6.5 and 12. The topic proposal for the Diabetes Disparity PIP was submitted to HSAG on November 12, 2020.

G.4 L.A. CARE COVERED (LACC) DISPARITY QUALITY IMPROVEMENT PROJECT (QIP)

AUTHOR: SHANNON MARKIEWICZ, MHA

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2020 LACC DISPARITY QUALITY IMPROVEMENT PROJECT (QIP) GOAL:

Measure	2021 QIP Goal
Percentage of American Indian/Alaskan Natives (AIAN) and Black/African-Americans (BAA) adult members with diabetes with an HbA1c (<8%).	46.53% (AIAN) 44.05% (BAA)

BACKGROUND

It is well established that diabetes disproportionately affects Black/African-Americans (BAA) and American Indian/Alaskan Natives (AIAN) nationally and in L.A. County. Nationally, AIAN population has the highest diabetes prevalence at 15.1%, and second is BAA at 12.7%; these figures are in comparison to White, non-Hispanic at 7.4%⁴³. In Los Angeles County, BAA and AIAN populations have the highest prevalence of diabetes (13.7% and 15.2% respectively) compared to the general population rate (9.8%)⁴⁴.

L.A. Care HEDIS data confirms the existence of disparities within the BAA and AIAN populations. HEDIS 2018 HbA1c (<8%) aggregate results of Medi-Cal and L.A. Care Covered (LACC) combined show that BAAs (43.26%) and AIANs (41.11%) are approximately 4% and 6% respectively lower than the overall population (47.00%) and the White population (47.40%).

As a result, for the new required Covered California Quality Improvement Plan (QIP) in which plans were required to identify a health disparity and prioritize a subgroup, L.A. Care selected the measure of improving uncontrolled diabetes due to the observed disparity of this measure among the L.A. Care Covered (LACC) population. The plan was implemented by January 2020. The interventions will be ongoing as measurement year 2020 will be used to evaluate the effectiveness of the interventions based on the annual data submission to Covered California.

GOAL

As a result of these identified racial/ethnic disparities, the goal of the Quality Improvement Project (QIP) is to implement interventions that will reduce disparities observed in uncontrolled diabetes for L.A. Care populations that indicate that they are BAA and AIAN as measured by HbA1c (<8.0%). See 2020 QIP Goal above.

PLANNED INTERVENTIONS

To reduce uncontrolled diabetes in the target populations, L.A. Care will implement a multi-pronged intervention approach including member, provider, and administrative interventions.

Member Interventions

L.A. Care promoted, encouraged and incentivized LACC BAA and AIAN participation through direct mail distribution of member postcards in an online American Diabetes Association-recognized Diabetes Self-Management Education (DSME) program available through L.A. Care's health and wellness portal, My Health in Motion™ (myHIM). The Program is six to eight weeks in duration and focuses on a new topic

⁴³ Centers for Disease Control. (2017). National Diabetes Statistics Report, 2017: Estimates of diabetes and its burden in the United States. Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

⁴⁴ County of Los Angeles Public Health. (2015) 2015 L.A. County Health Survey. Retrieved from <http://publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

related to diabetes education, which will increase members' awareness and self-efficacy. The content is designed to motivate members and their management of their blood sugar. Members have the ability to communicate directly with L.A. Care's Senior Health Educators and the vendor's Registered Dietitians through the portal. Members are eligible to receive an incentive, a \$75 gift card redeemable at a retailer of members' choice, upon receipt of post-programs (immediate and 3-months) self-reported behavior change and blood glucose or HbA1c levels.

Member postcards were sent to LACC-targeted members on a quarterly basis in January, April, and July of 2020. In October, robo-calls were planned in lieu of mailers. With new legislation, robo-calls are on hold until further notice. Over the course of these distributions, the mailers were successfully delivered to 99.2% of individuals on the finalized member data lists. Despite this high process rate, very few members have registered for a myHIM account where the DSME course is accessed, ultimately leading to low participation rates in the program. Initially, part of L.A. Care's mitigation efforts included supplementing the member postcard with a robocall campaign which would provide the same incentive information to members, however L.A. Care temporarily suspended these type of communications during Q3 of 2020, due to regulatory concerns. Additionally, in Q2 of 2020, targeted-members who did register for a health portal account but did not access the DSME course were sent personalized reminder messages to do so.

Provider Interventions

In parallel with the member intervention, L.A. Care will increase provider engagement by sending information in the form of letters about this disparity intervention, and provide a list of eligible patients to facilitate proactive outreach to members for follow up care. The letter also encourages clinicians to review and adhere to current clinical guidelines and include up-to-date medication list from L.A. Care's formulary and referrals information to L.A. Care's Registered Dietitians. The Pharmacy Department, Health Education and Health Services departments have worked collaboratively to operationalize this component of the program.

The provider letter was sent via direct mail distribution in November 2019 and was slated for distribution again in Spring of 2020. However, due to the COVID-19 pandemic, traditional, in-person provider interaction is a potential risk for infection. This has led to fewer office visits during 2020. To mitigate lack of follow-up care, which is suspected have impacted low health education referral rates and orders for health education materials, the provider letter was updated in June to include a number of telehealth resources to support providers in their provision of care to their chronic diabetic patients. The letter was redistributed in October 2020.

Administrative Interventions

In order to capture any missing lab data, L.A. Care is working to increase lab results capture for those members that already received services, but capture missing lab data from the measurement year. L.A. Care is continuously working to establish a file exchange system to receive lab data directly from a limited Participating Physician Groups (PPGs) contracted laboratories that currently do not have the ability. This will enable L.A. Care to capture better data for BAA and AIAN members. Additionally, Quality Improvement and Provider Network Management staff will track and update changes to PPG lab providers and serve as liaison to provider organizations and lab providers.

As of Q4 of 2020, no new data exchanges were added since the start of the QIP. Barriers limiting L.A. Care's progress include having dedicated resources to reach out to facilities, however, contracted vendors have started to take on a more proactive role in this initiative. This intervention is expected to take the most time for successful implementation as administrative, data-related processed can be difficult to change, however it is expected to yield positive long-term results.

Additionally, L.A. Care PCPs, participating physician groups (PPGs), providers, and their contracted lab providers received updated gaps-in-care reports with members' compliance status to the HEDIS HbA1c control (<8.0%) measure in February 2020. To monitor success of this component, L.A. Care is tracking the proportion of LACC members eligible for this project who are included in the gap in care reports. The most current rate is 98.4%, which has increased significantly as the project year progressed.

EVALUATION METHODS

This intervention will be evaluated by measuring HbA1C Control < 8.0% HEDIS rates as reported in the Covered California annual disparity report. The baseline rate will be compared to the final rates reported for MY 2021. The baseline data in the report comes from a combination of Medi-Cal and Covered California data therefore these rate will be different than the Covered California rates alone.

The following evaluation methods will also be utilized:

- DSME online program initiation, participation, and completion rates
- Post-DSME program survey results
- Blood glucose or HbA1c levels
- Enhancement of lab encounter/claims data (accuracy, timely or competence)
- HbA1c results reported annually to Covered California through 2022

EXPECTED YEAR OVER YEAR IMPROVEMENT

Table 1. LACC Disparity Report in Diabetes Care - Baseline Comparison

Metric Description						
Diabetes Care: A1C Control < 8.0% (NQF 0575)	Num: 255 Den: 409 Rate: 62.4%	Num: 253 Den: 411 Rate: 61.6%	Num: 238 Den: 395 Rate: 60.3%	0.609489	0.2711	NO
Diabetes Care: A1C Control < 8.0% (NQF 0575)	Num: 74 Den: 180 Rate: 41.1%	Num: 74 Den: 198 Rate: 37.4%	Num: 929 Den: 1876 Rate: 49.5%	2.15601	0.01554	YES
Diabetes Care: A1C Control < 8.0% (NQF 0575)	Num: 4364 Den: 10088 Rate: 43.3%	Num: 4917 Den: 11206 Rate: 43.9%	Num: 5717 Den: 13542 Rate: 42.2%	1.602696	0.05451	NO

The RY 2020 rate for HbA1c for AIAN (49.52%) and BAA (42.22%) was entered into a “z-test” calculator and identified as statistically significant based on comparing to the baseline rates for AIAN (37.37%) and BAA (43.88%). Through comparing MY 2017 to MY 2019, only AIAN had statistically significant changes while Black/African American and the overall total did not have statistically significant changes.

The member, provider and administrative interventions build upon each other to address HbA1c disparities in LACC, BAA, and AIAN populations. Members need to be educated and supported in behavior changes to effectively manage their chronic condition. Treatment of diabetes involves a healthy diet and physical activity, along with lowering blood glucose with oral medications and/or insulin.⁴⁵ Diabetes self-management education (DSME) provides members with education and tools to implement behavior changes, which can eventually lead to improved glycemic levels. DSME is a necessary component to prevent further complications from the disease.⁴⁶ Providers play an important role in assisting members control chronic conditions such as diabetes. They must clearly communicate to members the severity, necessity and actions to take in order to manage their diagnosis. Providers’ failure to stress disease management to members, also known as clinical inertia, may impact members’ reluctance or lack in acuity to control HbA1c levels. To avoid clinical inertia, interventions that educate, inform and remind providers of appropriate guideline therapies, especially for more impacted populations, will facilitate behavior change and hopefully improve HbA1c numbers.⁴⁷ Finally, there is an opportunity to streamline data collection process to increase efficiency and accuracy for quality reporting and monitoring. Thus, it is our belief with these combined activities L.A. Care will reach projected goals for disparities observed with HbA1c >8 for LACC BAA and AIAN populations.

LOOKING FORWARD

Currently all interventions efforts are being operationalized. This intervention will be ongoing as measurement year 2020 will be used to assess the performance guarantee for the intervention based on the annual data submission.

⁴⁵ World Health Organization. (2018). Diabetes. Retrieved from <https://www.who.int/en/news-room/fact-sheets/detail/diabetes>

⁴⁶ Hass, L. & Maryniuk, M. (2014). National Standards for Diabetes Self-Management Education and Support. Diabetes Care. DOI: 10.2337/dc14-S144

⁴⁷ Okemah, J., Peng, J. & Quiñones, M. (2018). Addressing Clinical Inertia in Type 2 Diabetes Mellitus: A Review. Advances in Therapy. DOI: 10.1007/s12325-018-0819-5

G.5 CHILDHOOD IMMUNIZATION STATUS COMBINATION-10 (CIS-10) PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: KEREN MAHGEREFTEH, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019-2020 CIS-10 PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL:

Measure	PIP Goal
By June 30, 2021, increase the CIS-10 rates among St. John's members, from 32.4% to 39.1%	39.1%

BACKGROUND

Vaccines continue to be one of the safest and most cost-effective ways to provide immunity and prevent illness, disability and death from vaccine-preventable diseases such as diphtheria, tetanus, pertussis, and pneumonia. The pediatric population are one of the most vulnerable populations to diseases; hence, it is important that vaccines are given to protect them.

L.A. Care conducts Performance Improvement Projects (PIPs) for the Medi-Cal population as mandated by the Department of Health Care Services (DHCS) in areas in need of improvement. The global aim of the PIP was to for all L.A. Care members to be fully vaccinated with all CIS-10 vaccinations. The Specific, Measureable, Achievable, Realistic, and Timely (SMART) Aim was to, by June 30, 2021, increase the rates among St. John's members, from 32.4% to 39.1%. The baseline rate was based on children who turn two years old in the measurement period; who are assigned to St. John's Clinics that are within SPA 6 with the baseline being 32.4%. 32.4% St. John's Well Child and Family Center in SPA 6 was selected as the narrowed focus because it is a low performing area, with a manageable denominator of approximately 404 members eligible for CIS-10.

PLAN-DO-STUDY-ACT (PDSA) INTERVENTION

There was no intervention selected for this PIP as only two modules were submitted to HSAG, which did not include intervention planning. Intervention planning was to occur in module 3. However, on June 30, 2020 DHCS closed out this PIP and said that new PIPs would be issued. This was due to COVID-19 as well as reasons related to DHCS not renewing their contract with HSAG. Prior to this PIP being closed out on June 30, 2020 L.A. Care was considering conducting a "curbside" vaccine drive at an St. John's Well Child and Family location in SPA 6. This would allow for members to receive their vaccines while sitting in their car and therefore speed up the process of receiving vaccines as well as having minimal person to person contact which is preferable during the times of COVID-19.

LESSONS LEARNED:

- While the PIP did not complete its full cycle, before being closed by DHCS, we realized that there is a great opportunity to continue to work with St. John's on QI CIS-10 work.
- Oftentimes members will forget to go to their scheduled appointment or something comes up and they are not able to attend their child's appointment.
- Vaccines for children under the age of 2 years old are still very pertinent and a high priority during the times of COVID-19. Although during COVID pandemic many routine visits were canceled, childhood vaccines continued to be deemed a priority and necessity.
- Some parents refuse to vaccinate their children regardless of the education the provider provides them.
- From time to time St. John's does not have the vaccine in stock.

LOOKING FORWARD

While the PIP could not complete its full cycle due to DHCS closing out the PIP on June 30, 2020 we are confident that we can continue to work with St. John's on this CIS-10 PIP once it is reassigned by DHCS. CIS-10 and childhood vaccines will continue to be a priority and the work will not stop during the pandemic.

H. SERVICE IMPROVEMENT ACTIVITIES

H.1. MEMBER EXPERIENCE

H.1.a APPEALS AND GRIEVANCES

AUTHOR: LISAMARIE GOLDEN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through an annual assessment of all complaints and appeals.

Appeals and grievance trends, barriers, and interventions are presented directly to Commercial & Group Product Management teams and other Operational business units as needed. Quarterly reports demonstrating barriers, trends and interventions are presented to the following internal cross-departmental multidisciplinary committees and public advisory board committees: Member Quality Service Committee (MQSC), Quality Improvement Committee (QOC), Utilization Management Committee (UMC), Behavioral Health Quality Committee (BHQC), Internal Compliance Committee (ICC), Compliance & Quality Committee (C&Q Committee), Executive Community Advisory Committee (ECAC) and Credentialing & Provider Network Management.

ACCOMPLISHMENTS

- Evaluated all registered member complaints and appeals
- Conducted a quantitative analysis from combined complaints and appeals

SECTION 1: GRIEVANCES AND APPEALS

L.A. Care Health Plan demonstrates its commitment to providing access to member-centric quality services. The Appeal and Grievance business unit works diligently with other departments in L.A. Care to identify, document, manage, resolve, and track & trend member concerns. The report contains priorities followed by opportunities identified for improvement and measured effectiveness.

CLINICAL AND ADMINISTRATIVE GRIEVANCES AND APPEALS

METHODOLOGY

L.A. Care Health Plan conducted an analysis of complaints and appeals for the 12-month period of October 1, 2019 – September 30, 2020. 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. The goal is to decrease our grievance rate/1000 during this measurement period.

The data provided below is reported in terms of rates defining the number of complaints by membership and in terms of actual grievance counts by product by category to allow for a drill down into the issues.

Grievance

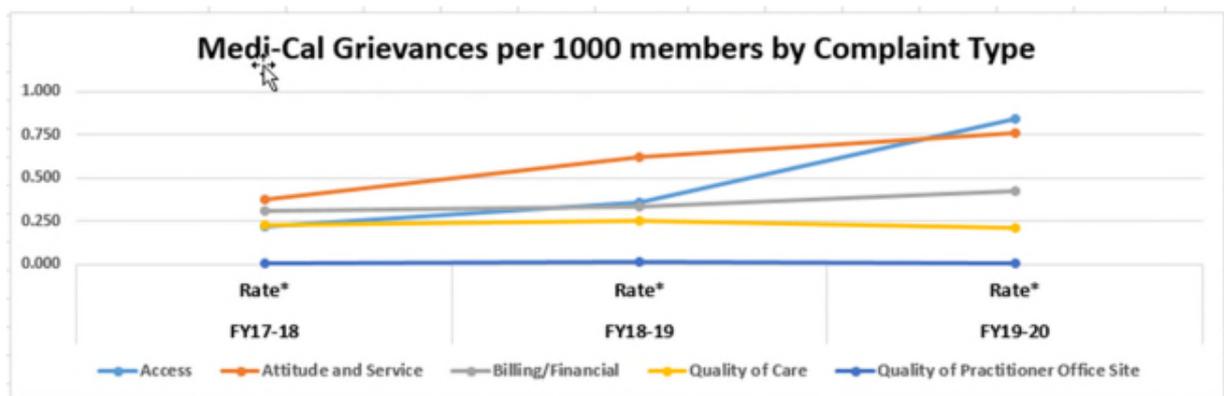
The Grievances data for this section are reflective of the fourth quarter of 2019 through the third quarter of 2020.

Grievances

Medi-Cal

Grievance	FY17-18			FY18-19			FY19-20		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	2,771	0.22	20%	4,529	0.36	23%	10,629	0.84	38%
Attitude and Service	4,651	0.37	33%	7,657	0.62	39%	9,615	0.76	34%
Billing/Financial	3,824	0.31	27%	4,053	0.33	21%	5,367	0.42	19%
Quality of Care	2,811	0.22	20%	3,084	0.25	16%	2,661	0.21	9%
Quality of Practitioner Office Site	79	0.01	1%	85	0.01	1%	31	0.00	0%
Grand Total	14,136	1.13	100%	19,408	1.57	100%	28,303	2.23	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the Medi-Cal complaint data reveals the following:

- Access: 2019-2020 Rate/1000 increased 133% compared to fiscal year 2018-2019
- Attitude and Service: 2019-2020 Rate/1000 increased 22% compared to fiscal year 2018-2019
- Billing/Financial: 2019-2020 Rate/1000 increased 28% compared to fiscal year 2018-2019
- Quality of Care: 2019-2020 Rate/1000 decreased 16% compared fiscal year 2018-2019
- Quality of Practitioner Office Site: 2019-2020 Rate/1000 decreased 76% compared to fiscal year 2018-2019
- Total Grievance Rate/1000: 2019-2020 increased 42% compared to fiscal year 2018-2019

Qualitative Analysis

Overall, the member's experience and measurement of satisfaction is based on the perceived delivery and quality of service provided by the treating practitioner, practitioner's office staff, and/or Plan staff (inclusive of our delegated entities). Grievance volume increased from prior measurement period. Based upon review of the data for this measurement period, Access related grievances demonstrated the most significant increase. The top three reasons for filing grievances are related to the following:

- Pharmacy – Unable to fill medication
- Transportation – Delay in Pick up
- Primary Care Physician – Unable to schedule an appointment

Attitude and Service related grievances increased during this measurement period. During this measurement period, members have expressed dissatisfaction with the service delivery by Customer Service staff and as well as the Plan’s level of service across the Plan. Dissatisfaction with the service delivery by our Transportation vendor is a trend during this measurement period.

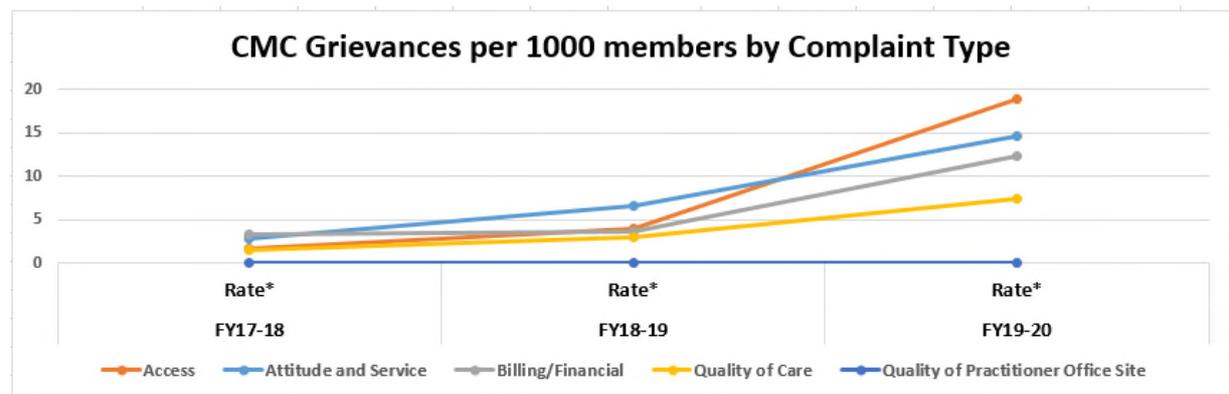
Billing/Financial grievances increased during this rating period. Based upon review of the data, members are dissatisfied with the claim processing and reimbursement related to Hospital, Emergency Professional Fees, and Specialty services.

The data also supports a decrease in the grievance rate/1000 for dissatisfaction related to Quality of Care and Quality of Practitioner Office site. The goal has been met for these categories

Cal MediConnect (CMC)

Grievances	FY17-18			FY18-19			FY19-20		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	319	1.70	18%	785	4.03	23%	3,809	18.86	35%
Attitude and Service	533	2.84	30%	1,290	6.62	38%	2,952	14.61	27%
Billing/Financial	631	3.36	35%	710	3.65	21%	2,485	12.30	23%
Quality of Care	301	1.60	17%	589	3.02	17%	1,495	7.40	14%
Quality of Practitioner Office Site	5	0.08	0%	8	0.06	0%	14	0.10	0%
Grand Total	1,789	9.58	100%	3,382	17.38	100%	10,755	53.28	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the Cal MediConnect (CMC) complaint data reveals the following:

- Access: 2019-2020 Rate/1000 increased 368% compared to fiscal year 2018-2019
- Attitude and Service: 2019-2020 Rate/1000 increased 121% compared to fiscal year 2018-2019
- Billing/Financial: 2019-2020 Rate/1000 increased 237% compared to fiscal year 2018-2019
- Quality of Care: 2019-2020 Rate/1000 increased 145% compared to fiscal year 2018-2019
- Quality of Practitioner Office Site: 2019-2020 Rate/1000 increased 73% compared to fiscal year 2018-2019
- Total Grievance Rate/1000: 2019-2020 increased 207% compared to fiscal year 2018-2019

Qualitative Analysis

Based upon review of the data for the Cal MediConnect product line, the goal was not met for all categories. Our grievance rate per 1000 members increased for each grievance category. The most significant increase is Access related grievances. Members are expressing dissatisfaction due to unable to fill their medication and/or inadequate supply of medication, dissatisfied due to Opioid limitations, and dissatisfied with Transportation services

The Plan added a new benefit this measurement period, Over-the-counter benefit card. We experienced systemic issues during January – March 2020 which contributed to the increase in grievances categories in the Billing/Financial category.

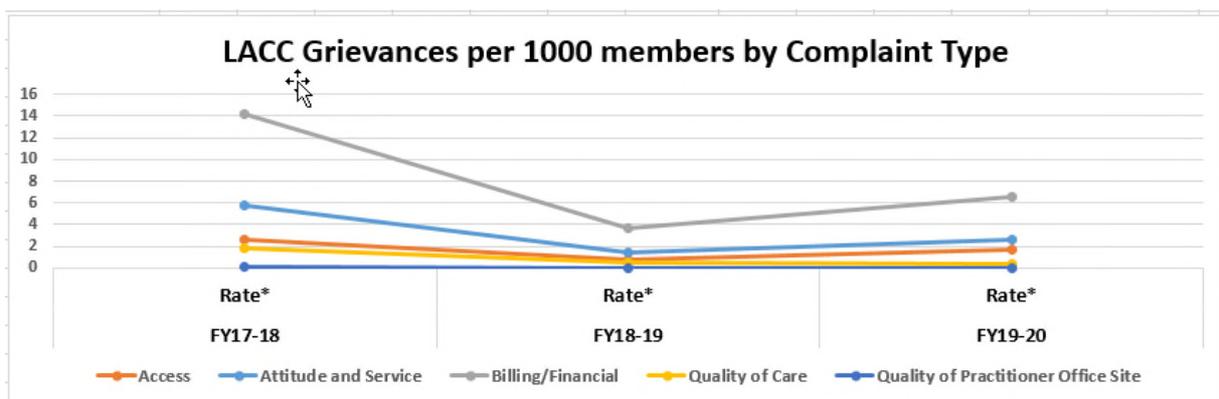
Due to audit engagement activities during this measurement period, we continued to conduct 100% audits for concerns related to Quality of Care matters. As a result, we continue to experience an increase in the number of cases classified as Quality of Care and referred through our quality assurance review process to investigate and rule out potential quality issues.

We continue to experience a high number of grievances related to Transportation service delivery during this rating period. Members are expressing dissatisfaction with the attitude of the drivers, No Shows, and/or delay in pick up times resulting in missed appointments.

L.A. Care Covered (LACC)

Grievances	FY17-18			FY18-19			FY19-20		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	500	2.66	18%	805	0.83	13%	1,679	1.72	15%
Attitude and Service	1,086	5.79	30%	1,418	1.46	23%	2,585	2.65	24%
Billing/Financial	2,668	14.21	35%	3,514	3.62	56%	6,370	6.53	58%
Quality of Care	354	1.89	17%	480	0.50	8%	356	0.37	3%
Quality of Practitioner Office Site	8	0.10	0%	28	0.03	0%	8	0.01	0%
Grand Total	4,616	24.65	100%	6,245	6.44	100%	10,998	11.28	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the LACC grievance data reveals the following:

- Access: 2019-2020 Rate/1000 increased 107% compared to fiscal year 2018-2019
- Attitude and Service: 2019-2020 Rate/1000 increased 82% compared to fiscal year 2018-2019
- Billing/Financial: 2019-2020 Rate/1000 increased 80% compared to fiscal year 2018-2019
- Quality of Care: 2019-2020 Rate/1000 decreased 27% compared to fiscal year 2018-2019
- Quality of Practitioner Office Site: 2019-2020 Rate/1000 decreased 53% compared to fiscal year 2018-2019
- Total Grievance Rate/1000: 2019-2020 increased 75% compared to fiscal year 2018-2019

Qualitative Analysis

Our Covered California product line demonstrates did not meet the goal for three categories; Access, Attitude and Service, and Billing/Financial matters. The top three reasons for initiating a grievance is related to the Plan, Pharmacy, and Primary Care Physician. Members are expressing dissatisfaction with the Plan due to Premium issues, Billing discrepancy and dissatisfaction with Plan staff.

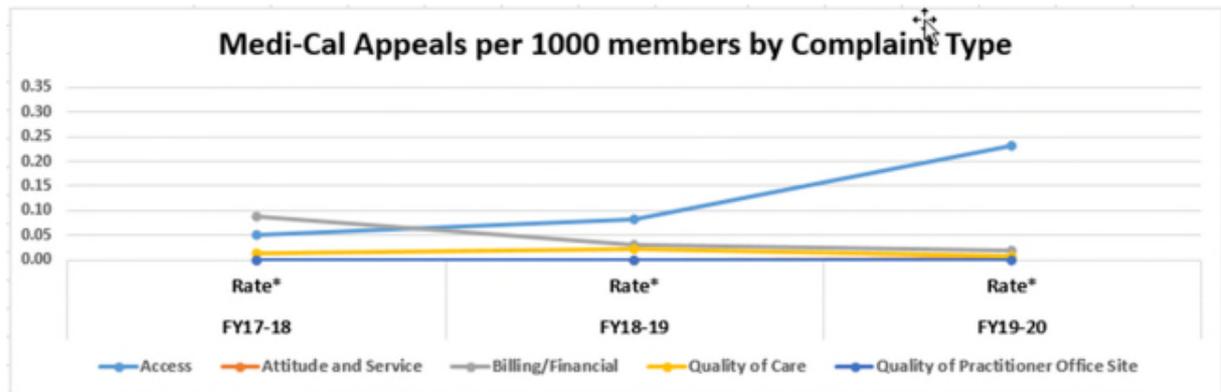
The data also supports member’s grievances are related to receipt of billing notice after a premium has been settled. The Plan continues to educate the members once the due date is missed a statement is triggered. The mailing date may occur after the premium has been settled. Billing discrepancy grievances are related to Out of Pocket Maximum accumulators. The Plan has identified there is a delay in encounter data and reconciliation at the time the claim is paid is based on encounter data on file. The Plan is working with delegates and internal departments to improve the timeframe to complete reconciliation of encounter data to ensure previously processed claims are reconsidered as appropriate.

APPEALS

Medi-Cal

Appeals	FY17-18			FY18-19			FY19-20		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	638	0.05	33%	960	0.08	57%	2,936	0.23	92%
Attitude and Service	0	0.00	0%	0	0.00	0	1	0.00	0%
Billing/Financial	1,118	0.09	58%	439	0.03	26%	182	0.02	6%
Quality of Care	170	0.01	9%	282	0.02	17%	63	0.01	2%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0	0	0.00	0%
Grand Total	1,926	0.03	100%	1,681	0.03	100%	3,182	0.26	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the Medi-Cal appeals data reveals the following:

- Attitude and Service: The plan did not receive any appeals for this category.
- Access: 2019-2020 Rate/1000 increased 186% compared to fiscal year 2018-2019
- Billing/Financial: 2019-2020 Rate/1000 decreased 38% compared to fiscal year 2018-2019
- Quality of Care: 2019-2020 Rate/1000 decreased 68% compared to fiscal year 2018-2019
- Total Grievance Rate/1000: 2019-2020 increased 874% compared to fiscal year 2018-2019
- Quality of Practitioner: The plan did not receive any appeals for this category.

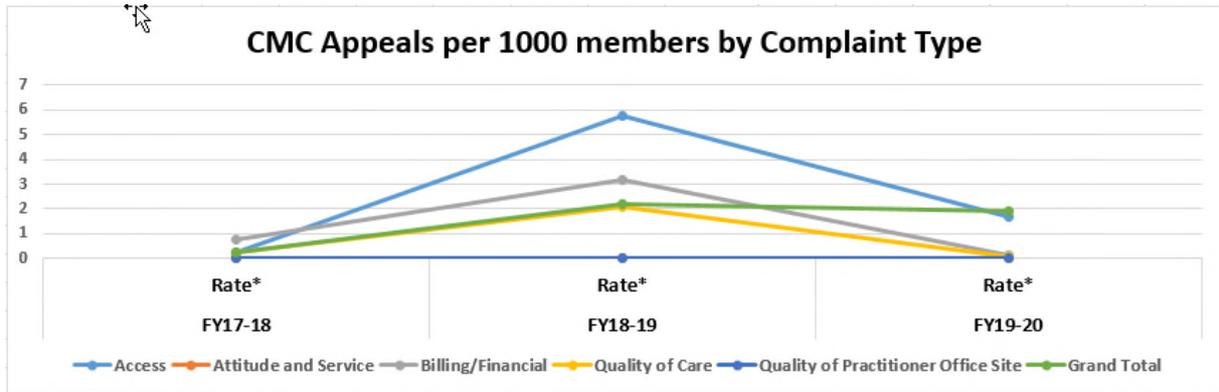
Qualitative Analysis

The goal was not met for this measurement period. An operational change in December 2019 directly contributed to the increase in Appeal volume, specific to Pharmacy appeals. Prior to December 2019, if a prescriber submitted additional evidence after a Notice of Adverse Benefit decision, the Pharmacy Benefit Manager completed a re-review. This process was non-compliant as the next level review required an Appeal review. This operational process resulted in an audit finding and an operational change. The operational change redirected new information, after a decision had been rendered, to the appeal process.

Cal MediConnect (CMC)

Appeals	FY17-18			FY18-19			FY19-20		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	51	0.27	22%	169	5.76	55%	341	1.69	93%
Attitude and Service	0	0.00	0%	0	0.00	0%	0	0.00	0%
Billing/Financial	146	0.78	63%	103	3.20	34%	21	0.14	6%
Quality of Care	36	0.23	15%	34	2.10	11%	3	0.09	1%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0%	0	0.00	0%
Grand Total	233	0.26	100%	306	2.21	100%	365	1.92	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the Cal MediConnect (CMC) appeal data reveals the following:

- Attitude and Service: The plan did not receive any appeals for this category.
- Access: 2019-2020 Rate/1000 decreased 71% compared to fiscal year 2018-2019
- Billing/Financial: 2019-2020 Rate/1000 decreased 96% compared to fiscal year 2018-2019
- Quality of Care: 2019-2020 Rate/1000 decreased 96% compared to fiscal year 2018-2019
- Total Grievance Rate/1000: 2019-2020 decreased 13% compared to fiscal year 2018-2019
- Quality of Practitioner: The plan did not receive any appeals for this category.

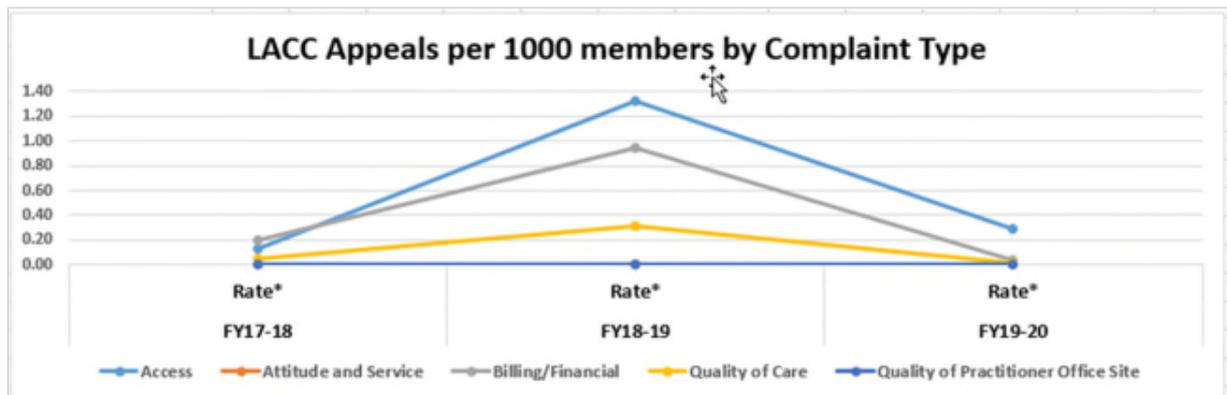
Qualitative Analysis

The goal has been met for this measurement period. Although the goal has been met, 45% of appeals are related to Pharmacy benefits and almost half of the appeals result in an overturn due to receipt of additional information.

L.A. Care Covered (LACC)

Appeals	FY17-18			FY18-19			FY19-20		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	82	0.13	18%	196	1.32	61%	281	0.29	95%
Attitude and Service	0	0.00	0%	0	0.00	0%	0	0.00	0%
Billing/Financial	137	0.20	35%	77	0.95	24%	11	0.03	4%
Quality of Care	27	0.05	17%	47	0.31	15%	4	0.02	1%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0%	0	0.00	0%
Grand Total	246	0.08	100%	320	0.52	100%	296	0.34	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the LACC appeals data reveals the following:

- Attitude and Service: The plan did not receive any appeals for this category.
- Access: 2019-2020 Rate/1000 decreased 78% compared to fiscal year 2018-2019
- Billing/Financial: 2019-2020 Rate/1000 decreased 96% compared to fiscal year 2018-2019
- Quality of Care: 2019-2020 Rate/1000 decreased 95% compared to fiscal year 2018-2019
- Total Grievance Rate/1000: 2019-2020 decreased 34% compared to fiscal year 2018-2019
- Quality of Practitioner: The plan did not receive any appeals for this category.

Qualitative Analysis

The goal has been met for this measurement period. Although the goal has been met, 52% of appeals are related to Pharmacy benefits and approximately 65% of the appeals result in an overturn due to receipt of additional information.

Appeal & Grievance Identified Barriers

In addition to the annual evaluation of the trends, barriers, and improvement activities, the Appeal & Grievance unit presents trends, barriers and improvement activities on a quarterly basis for discussion in collaborative forums. The committee discussions include representation from Member Services, Provider Network Services, Quality Improvement, Claims, Product, Compliance, Legal, Claims. The data is also presented to various governing body committees. Additional recommendations made during the quarterly meetings have been included in the annual evaluation. Lastly, the annual evaluation was presented to the Member Experience workgroup which includes representation from Quality Improvement, Provider Network Services, Product Operations, Member Services, Enrollment, Healthcare Analytics, and Claims. During this measurement period, the barriers impacting performance as it relates to quality of care and service can be attributed to the following:

- Lack of member knowledge regarding coverage benefit limits and managed care requirements
- Members submitting premium payments after the due date and after the past due notice is triggered
- System issues related to Maximum Out of Pocket Accumulators
- 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).
- Ancillary providers (radiologists) do not secure member insurance information resulting in billing notices being sent to members versus the plan
- Member's expressing dissatisfaction with the volume of calls received from the Plan (Outbound campaigns, unable to identify who is calling and why)

Appeal & Grievance Interventions

Based upon the barriers identified, the following interventions were initiated during this measurement period:

- Our Commercial Product team initiated a workgroup to identify the gaps associated with claim processing and out of pocket accumulators
- Participated in monthly business review meetings with cross functional leaders to share appeal and grievance outcomes and discuss potential interventions to drive improvement in member satisfaction
- Presentation of Appeal and Grievance data at Advisory Council meetings to expand member education
- Ongoing development/addition of codes to provide granular reporting capabilities
- Daily, weekly and monthly Joint Operations Meeting with transportation vendor.
- Weekly meetings with member advocacy groups to identify trends and/or barriers in service and care delivery system for transportation services
- Presented Pharmacy trends to the Member Experience workgroup for cross functional assistance to drive improvement and decrease grievances/appeals related to access to pharmacy benefits/medication
- Transportation vendor tasked with alternative solutions and actions to be taken to demonstrate a decrease in the grievance related to delay in pick up times. Vendor agreed to the following:
 - Member's filing a grievance due to Delay in Pick or No show will be designated VIP status to ensure timely future appointments
 - Add additional vehicles which will be dedicated to member's reporting delays
- Remediation efforts included refresher training and increased quality monitoring. Due to ongoing misclassification, effective March 2020, the Contact Center implemented 100% call log audit for Cal Medicconnect Product line, which resulted in a significant increase for Exempt Grievances.

Appeal & Grievance Proposed Next Steps

During the next measurement year, the Plan will need to continue to focus on improving the ability to capture actionable data and drive cross functional workgroups to share the outcomes based on appeal and grievance data. In support of this effort, the following actions will need to continue:

- Ongoing cross functional meetings to share appeal and grievance trends/barriers
- Ongoing enhancement of grievance resolution categories to support data analytics. Currently, an option to document the resolution is “Completed”. Further analysis of the outcomes associate with this resolution will need to be vetted in the development of new resolution code structure
- Ongoing enhancement of appeal categories to support reason for overturn
- Ongoing assessment of opportunities to educate members regarding their responsibilities to ensure appropriate benefit card is provided to servicing provider
- Focus group to discuss member experience as it relates to Access to Pharmacy benefits
- Interview Pharmacy staff at various locations for the three top utilizing pharmacies with the goal of understanding the Pharmacy experience and operational protocols the location to understand the operational procedures which may be delaying access to medication
- Ongoing call log monitoring to identify and remediate misclassification for all product lines

H.1.b BEHAVIORAL HEALTH SERVICES GRIEVANCES AND APPEALS ASSESSMENT, INTERVENTIONS, AND IMPROVEMENT

AUTHOR: NICOLE LEHMAN, MSW & ROSE KOSYAN
REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care provides Behavioral Health services through a Managed Behavioral Health Organization (MBHO), Beacon Health Options (Beacon). Since 2014, Beacon has been contracted to provide Behavioral Health Services to members across all lines of business 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 line of business only. L.A. Care's Grievance and Appeals department addresses incoming grievances and/or appeals with the applicable party within L.A. Care, including the Behavioral Health Department, the Behavioral Health Treatment team, Quality Improvement, and other Health Services Departments in addition to working directly with members accessing behavioral health services.

By accessing grievance and appeal data, L.A. Care is able to address opportunities for improvement in member care across all lines of business. The purpose of this report is to identify trends, areas for improvement, recognize barriers, develop interventions, and measure the effectiveness of those interventions.

The following report will address the data and analysis, and identified interventions addressed with the collaboration of the Behavioral Health Quality Improvement Committee.

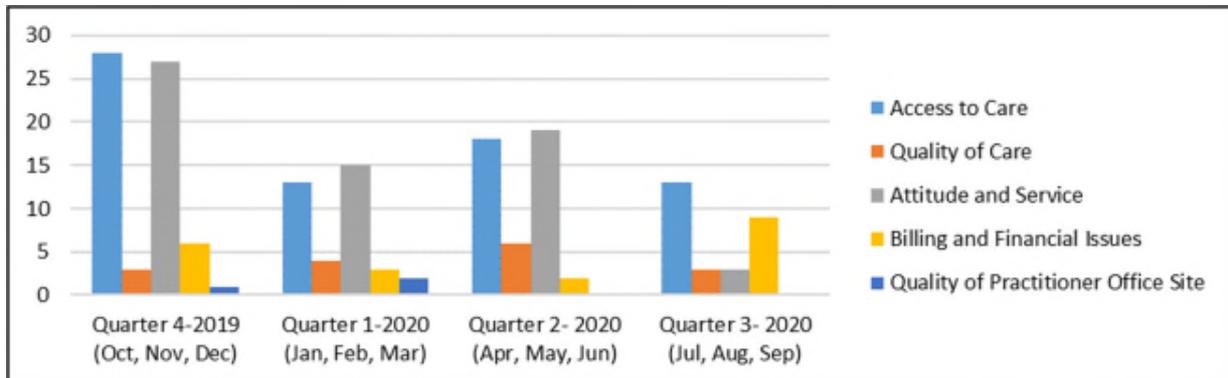
RESULTS

The following analysis is focused on Quarter 4 2019 - Quarter 3 2020 and hereon will be referred to as reporting period 2019/2020. References to the previous reporting period will be referring to the Quarter 4 2018 - Quarter 1 2019 and/or the 2018/2019 reporting period.

Medi-Cal: Grievances

Grievances	Q4 18- Q3 19	Quarter 4- 2019 (Oct, Nov, Dec)	Quarter 1- 2020 (Jan, Feb, Mar)	Quarter 2- 2020 (Apr, May, Jun)	Quarter 3- 2020 (Jul, Aug, Sep)	Q4 2019- Q3 2020 Total
Access to Care	66	28	13	18	13	72
Quality of Care	56	3	4	6	3	16
Attitude and Service	84	27	15	19	3	64
Billing and Financial Issues	42	6	3	2	9	20
Quality of Practitioner Office Site	0	1	2	6	0	3
Grand Total	248	65	37	49	28	175

Quantitative Analysis



- A total of 175 grievances were received during this reporting period, which is a 29% reduction from previous reporting year.
 - 15% of the grievances received were related to County level of care, either for LA County Department of Mental Health (DMH) or Department of Public Health, Substance Abuse Prevention and Control (DPH, SAPC). Grievances related to County services are processed by the Patient’s Rights Office within DMH or by the Contracts and Compliance Division at DPH SAPC.
 - Eight of the grievances were related to the Behavioral Health Treatment benefit.
- Access to Care was the most prevalent category of grievances filed for this year, which is up by 9% from last year. Quality of Practitioner Site also increased by three grievances compared to last year. All other grievances have decreased from previous reporting period.
- Quality of Care grievances was the most significant decrease seen, down by 71%.
- Billing and Financial Issues decreased by 52%.
- Attitude and service grievances decreased by 24%.
- Overall, the MCLA Line of Business had approximately one million members during this reporting period.

Qualitative Analysis

- Grievances related to issues with prescriptions are represented in Quality of Care, Attitude and Service and Access to Care categories.
- Each category included grievances related to County level of care, which are services covered by the Department of Mental Health (DMH) or Department of Public Health, Substance Abuse Prevention and Control (DPH SAPC).
 - Services provided by the Department of Mental Health or Department of Public Health are considered Medi-Cal Carve Out services, where grievances should be filed through the Patients’ Rights office through DMH or through the Contracts and Compliance Division for DPH SAPC.
 - However, these grievances were not redirected to the County, and are included in the grievances filed with the Health Plan.
- Under Billing and Financial issues, grievances were related to member being charged for services when services should be covered or member saw an out of network provider.
 - There were grievances filed for this same issue categorized as Access to Care issues.
- Grievances related to Beacon providers not accepting new members or no longer accepting L.A. Care/Beacon are represented in both Attitude and Services and Access to Care categories.

Medi-Cal: Appeals

Appeals	Q4 18- Q3 19	Quarter 4- 2019 (Oct, Nov, Dec)	Quarter 1- 2020 (Jan, Feb, Mar)	Quarter 2- 2020 (Apr, May, Jun)	Quarter 3- 2020 (Jul, Aug, Sep)	Q4 2019-Q3 2020 Total
Access to Care	4	1	2	0	0	3
Quality of Care	1	0	0	0	0	0
Attitude and Service	0	0	0	0	0	0
Billing and Financial Issues	3	0	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	8	1	2	0	0	3

Quantitative Analysis



- There were three total appeals during the reporting period, which is a 62% reduction from previous reporting period.
- All three appeals received were related to Behavioral Health Treatment Benefit/Applied Behavior Analysis and all three were in the Access to Care category.
 - One appeal was withdrawn, one was upheld as member selected an out of network provider and the last was a misunderstanding as the member did not have any denied services.

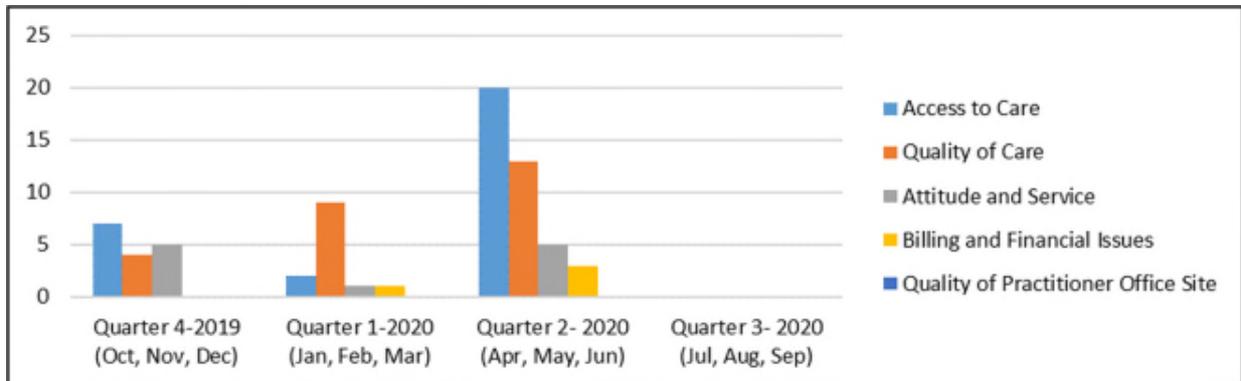
Qualitative Analysis

- Two of the appeals were retracted by member, one was a misunderstanding and the other was upheld due to out of network provider was selected.

Cal Medi-Connect: Grievances

Grievances	Q4 18- Q3 19 Total	Quarter 4- 2019 (Oct, Nov, Dec)	Quarter 1- 2020 (Jan, Feb, Mar)	Quarter 2- 2020 (Apr, May, Jun)	Quarter 3- 2020 (Jul, Aug, Sep)	Q4 2019- Q3 2020 Total
Access to Care	10	7	2	20	17	46
Quality of Care	9	4	9	12	5	30
Attitude and Service	10	5	1	7	8	21
Billing and Financial Issues	10	0	1	10	42	53
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	39	16	13	49	72	150

Quantitative Analysis



- A total of 150 grievances were received during this reporting period, which is a 284% increase from previous reporting period.
 - There has been a year over year increase in all grievance categories for this line of business.
 - The most significant increase seen is in the Billing and Financial Issues category, which is an increase of 430%.
 - Access to Care grievances increased by 360%.
 - Quality of Care grievances increased by 233%
 - Attitude and Service had the least percentage increase for this line of business, which is up by 110% from last reporting period.
- Quality of Practitioner Office site continues to have zero grievances filed year over year.
- 39% of the total grievances received were related to a letter that was issued to members required by CMS.
 - 79% of the grievances in Q3 alone were related to the letter.
- Overall, the CMC line of business on average had approximately 17,000 members during this reporting period.

Qualitative Analysis

- The Centers for Medicare and Medicaid Services (CMS) requires Medicare plans (including Cal Medi Connect plans) to issue a Notice of Medical Coverage or Integrated Denial Notice (IDN) when coverage is not authorized or is discontinued. Beacon began issuing IDN letters in Q3, which led to high volume of member concern that services would be interrupted. However, services were not interrupted, but an increase in grievances related to this issue was seen.
- Each category except for Quality of Practitioner included grievances related to IDN letters.
- Under Billing and Financial issues, grievances were largely related to IDN letters. Several other grievances in this category were related to members calling on behalf of their provider due to billing issues.
- Several grievances were related to a Department of Mental Health. Services provided by the Department of Mental Health are considered Medi-Cal Carve Out/Specialty Mental Health services where grievances should be filed through the Patients' Rights office through the Department of Mental Health.
- Issues related to Beacon included being provided numbers to providers who were unresponsive and/or were no longer accepting L.A. Care/Beacon.

Cal Medi-Connect: Appeals

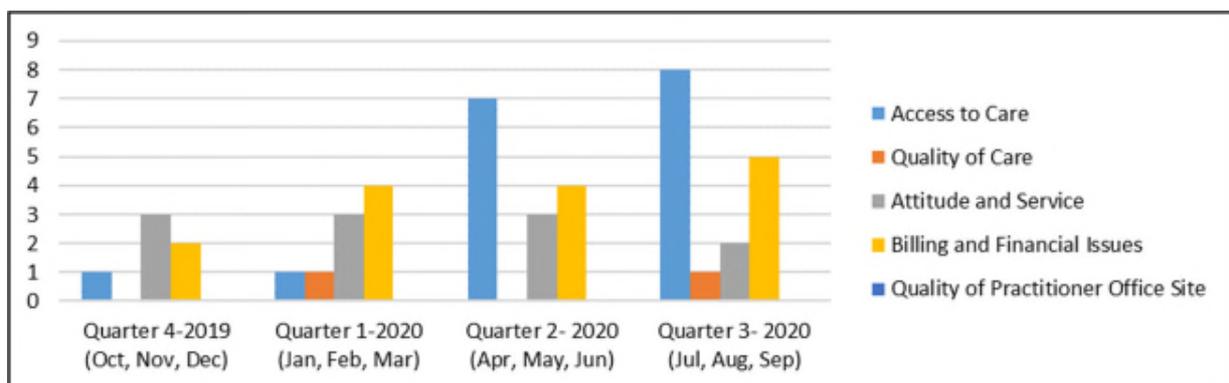
Appeals	Q4 18- Q3 19 Total	Quarter 4- 2019 (Oct, Nov, Dec)	Quarter 1- 2020 (Jan, Feb, Mar)	Quarter 2- 2020 (Apr, May, Jun)	Quarter 3- 2020 (Jul, Aug, Sep)	Q4 2019- Q3 2020 Total
Access to Care	0	0	0	0	0	0
Quality of Care	0	0	0	0	0	0
Attitude and Service	0	0	0	0	0	0
Billing and Financial Issues	0	0	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	0	0	0	0	0	0

There were no Cal Medi-Connect Appeals during this time period.

LACC (Commercial): Grievances

Grievances	Q3 18- Q3 19	Quarter 4- 2019 (Oct, Nov, Dec)	Quarter 1- 2020 (Jan, Feb, Mar)	Quarter 2- 2020 (Apr, May, Jun)	Quarter 3- 2020 (Jul, Aug, Sep)	Q4 2019- Q3 2020 Total
Access to Care	11	1	1	7	8	17
Quality of Care	3	0	1	0	1	2
Attitude and Service	14	3	3	3	2	11
Billing and Financial Issues	23	2	4	4	5	15
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	51	6	9	14	16	45

Quantitative Analysis



- A total of 45 grievances were filed during this reporting period. This is a 12% reduction compared to the previous reporting period.
- Billing and Financial Issues had the most significant drop from previous reporting year, down by 35%.
- Membership in the LACC line of business increased to approximately 81,000 members during this reporting period.

Qualitative Analysis

- A majority of the Billing and Financial grievances were attributed to members being erroneously billed after the service or being required to pay a higher co-payment than what was expected.
- LACC grievances related to Beacon staff, as well as other providers, often cited unresponsiveness and general customer service dissatisfaction.
- Grievances regarding being dissatisfaction with Beacon crossed over several categories, including Access to Care, Attitude and Service and Quality of Care.

LACC: Appeals

Appeals	Q4 18- Q3 19 Total	Quarter 4- 2019 (Oct, Nov, Dec)	Quarter 1- 2020 (Jan, Feb, Mar)	Quarter 2- 2020 (Apr, May, Jun)	Quarter 3- 2020 (Jul, Aug, Sep)	Q4 2019- Q3 2020 Total
Access to Care	1	0	0	0	0	0
Quality of Care	0	0	0	0	0	0
Attitude and Service	0	0	0	0	0	0
Billing and Financial Issues	0	0	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	1	0	0	0	0	0

Qualitative Analysis

- There are no appeals for LACC during this reporting period.

Behavioral Health Quality Committee: Barriers & Interventions

Identified Barriers:

Barriers and opportunities for improvement regarding member grievances:

- Delay in scheduling appointments.
- Providers do not always call back.
- Providers to whom members are referred may no longer be accepting Beacon/L.A. Care insurance.
- Members may become frustrated while waiting for psychotropic medication refills.

Barrier Analysis

Twenty-six grievances categorized as behavioral health/mental health were related to a member's Primary Care Physician (PCP) or other type of physical health specialist, such as a pain management or a Primary Physician Group (PPG). Beginning Q2, there was a significant increase in grievances noted, particularly in Cal Medi-Connect (CMC) line of business (LOB). Beginning Q2, Appeals and Grievances Department implemented a change in process where exempt grievances were captured and coded in the same category as grievances. An exempt grievance is when a member expresses a dissatisfaction at the time of the call that is not related to quality of care issue or coverage. The member also does not have to request a grievance, as long as they "sound" dissatisfied during the time of their call. This change in process was implemented in result of past audit findings by the Department of Managed Health Care (DMHC) and by the Department of Health Care Services (DHCS). Prior to this procedure update in Q2, exempt grievances were coded as inquiries. This change in process contributed to one-third of the grievances filed across all lines of business. Out of the 135 grievances in the Access to Care category, a portion of the total were not due to provider distance or time availability, but rather the issue continue to center around providers who are unresponsive

or no longer accept L.A. Care/Beacon. This is despite of the efforts Beacon Health Options implemented in response to the APL 17-019 Provider Credentialing/Re-credentialing and Screening/Enrollment, which began in 2018 and well into 2019. This All Plan Letter mandated providers to enroll in the state Medi-Cal system and was a new process for mental health and substance use disorder providers. This allowed a full revalidation of the network and the removal of inactive providers.

The barriers have been discussed in multiple forums and is generally seen as a systemic challenge for providers in the Behavioral Health field. Behavioral Health providers generally do not have office staff addressing phone calls, scheduling appointments and addressing other day-to-day activities generally handled by office staff in primary care settings.

There has been an internal discussion regarding the categorization of pharmaceutical grievances related to mental health related medications. It becomes difficult to identify which grievances are from L.A. Care's PCP's, who are responsible for mild medication management, and for those who fall under Beacon, who are responsible for mild to moderate level of care.

Appeals related to Behavioral Health have historically been very low (approximately less than 10 per year) and a majority of the appeals are generally related to the Behavioral Health Treatment benefit, which were overturned once the necessary documentation to determine medical necessity was provided. Very few behavioral health benefits require prior authorization, which ultimately results in a low number of appeals and therefore decreases the need to develop interventions around appeals category.

Continued Barrier Analysis: Miscategorization/incorrect identification of carved-out services

- Upon in depth review of the grievances and appeals data, there appears to be issues in how grievances are identified internally, which may influence the volume of grievances categorized as Behavioral Health/Mental Health for the Health Plan.
- Members may access Behavioral Health Services from various entities across Los Angeles County based on level of care and line of business.
 - Specialty Mental Health Services are carved-out to the Department of Mental Health for MCLA and CMC members.
 - Substance Use Disorder Treatment is a carved-out benefit to the Department of Public Health, Substance Abuse Prevention and Control for MCLA and CMC members.
 - Grievances and appeals related to DMH should be filed through the Patient's Rights Office and grievances and appeals related to DPH SAPC should be filed through the Contracts and Compliance Division.
 - However, due to the complexity of how benefits are delineated, members may not be aware which organization they are receiving their Behavioral Health Services and where grievances and appeals should be filed, leading to grievances filed through L.A. Care at fluctuating rates year over year.
 - In some cases it is not clear which system of care member is accessing behavioral health services and it is assumed it is through Beacon/L.A. Care.
- The previous reporting year's intervention focused on provider education regarding Billing and Finance. This intervention may have been effective for both Medi-Cal and LACC lines of business due to the reduction in grievances seen in this category for those two lines of business. The spike in grievances for CMC line of business was related to the IDN letters issued and not related to member being billed.

LACC Grievances	Previous Year (Q4 2018- Q3 2019)	Current Measurement Year (Q4 2019- Q3 2020)	Percentage Change
Access to Care	11	17	54.5%+
Quality of Care	3	2	33%-
Attitude and Service	14	11	21%-
Billing and Financial Issues	23	15	35%-
Quality of Practitioner Office Site	0	0	0

Interventions implemented 2020 Reporting Year:

1. Provider Education through provider bulletin, educated providers regarding access and availability standards. Access and availability standards were included in the June and July 2020 provider newsletters.
2. Provider Education through provider bulletin, educated providers about balance billing. Balance billing education were included in May and June 2020 provider newsletters.
3. Telehealth services added as a viable treatment options to improve access and availability.
 - Effective Q4, telehealth services became available for members who had difficulty accessing traditional face-to-face treatment. However, in response to COVID-19 pandemic, this benefit expanded, increasing the trajectory of utilization towards the end of Q1.

MEASURING EFFECTIVENESS

Quantitative Analysis

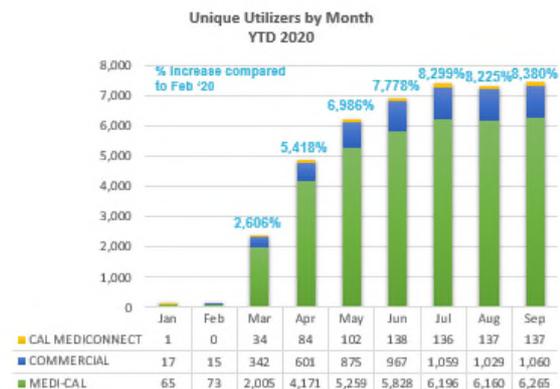
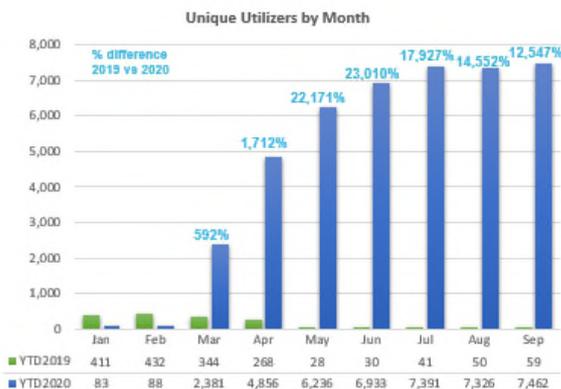
Medi-Cal Grievances	Previous Year (Q4 2018- Q3 2019)	Current Measurement Year (Q4 2019- Q3 2020)	Percentage Change
Access to Care	66	72	9%+
Quality of Care	56	16	71%-
Attitude and Service	84	64	24%-
Billing and Financial Issues	42	20	52%-
Quality of Practitioner Office Site	0	3	300%+

CMC Grievances	Previous Year (Q4 2018- Q3 2019)	Current Measurement Year (Q4 2019- Q3 2020)	Percentage Change
Access to Care	10	46	360%+
Quality of Care	9	30	233%+
Attitude and Service	10	21	110%+
Billing and Financial Issues	10	53	430%+
Quality of Practitioner Office Site	0	0	0

LACC Grievances	Previous Year (Q4 2018- Q3 2019)	Current Measurement Year (Q4 2019- Q3 2020)	Percentage Change
Access to Care	11	17	54.5%+
Quality of Care	3	2	33%-
Attitude and Service	14	11	21%-
Billing and Financial Issues	23	15	35%-
Quality of Practitioner Office Site	0	0	0

- Grievances concerning Access to Care increased across all lines of business. Medi-Cal by 9%, Cal MediConnect by 360% and L.A. Care Covered increased by 54.5%. Beacon published Access and Availability article in Beacon’s provider newsletter which is distributed to all contracted providers. The article reminded providers of the standards and the quarterly survey requirement sent for monitoring provider’s practice’s access and availability status.
- There was a 52% decrease in Billing and Financial Issues grievances for Medi-Cal line of business and 35% decrease for LACC lines of business. The 430% spike seen in CMC line of business was related to IDN letters.
 - Beacon published an article about balance billing in Beacon’s provider newsletter, which is distributed to all contracted providers. This was a reminder to providers to not bill members for covered services.
- Telehealth services were added as a viable treatment option to improve access and availability.
 - In Q1, telehealth utilization increased in response to COVID-19 pandemic. In the beginning of Q1, prior to the pandemic, there were on average 83 unique members who utilized telehealth services. At the end of Q1, in response to the pandemic, there were 2,381 unique members who utilized telehealth services. By the end of Q2, there was an increase of 6,933 unique utilizers. By end of Q3, there were a total of 7,462 unique member utilization. There has been a significant increase seen each quarter. The expansion of telehealth services amidst COVID-19 provided an opportunity for members to have access to care and avoid any disruption of services.

L.A. Care Unique Telehealth Utilizers



Claims for dates of service through 11/27/2020 and paid through 11/27/2020



Note: Providers may be delivering services via telehealth or audio without submitting a telehealth modifier or POS on their claims per guidance provided by many states, and therefore may be captured in the overall outpatient utilization metrics.

Qualitative Analysis

Access to Care Grievances across all lines of business increased. It is not clear that the article on Access and Availability Standards proved as an effective intervention. Several members continued to report providers no longer accept L.A. Care/Beacon. Although the data suggests an increase in the access to care grievances, the aforementioned issue related to exempt grievances captured only in Q2 and Q3, appears to skew the data. With the removal of exempt grievances, there is a significant drop in grievances. The biggest difference seen in the access to care category, particularly in Q2. The increase utilization of telehealth services may have contributed to the potential improvement to the access to care category.

There was a significant drop in the billing and financial grievances category for Medi-Cal and LACC lines of business, suggesting the newsletter regarding balance billing may have been an effective intervention to remind providers to not bill members for covered services. Beacon issued this article twice in Q2. The significant increase seen in this category for CMC line of business were related to the IDN letters. Beacon started issuing the letters in Q3 in order to be compliant with CMS requirements, which reflects the significant increase seen in this category during Q3.

Proposed Interventions for 2021:

1. Behavioral Health department will work with Grievance and Appeals department to implement ongoing training about Behavioral Health services and how services are delineated in Los Angeles County. Purpose of this intervention is to support with accurately coding Behavioral Health grievances.
 - Capturing grievances consistently in correct categories will not only support with accurate capturing of data, but may also support member with a timely resolution to their grievance.
2. Work with Behavioral Health vendor to increase utilization of appointment assistance program to ensure referrals are not being made to providers who are no longer accepting L.A. Care/Beacon.
 - Appointment Assistance 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 more assistance.
 - 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 a second time after initial referrals did not work out.

Beacon Health Options

Provider Relations

No Balance Billing

Participating providers may not balance bill members for covered services rendered. This means that the participating provider may not bill, charge or seek reimbursement or a deposit, from the member for covered services except for applicable member expenses, and non-covered services. Participating providers are required to comply with provisions of Beacon’s code of conduct where applicable, including, without limitation, cooperation with claims and billing procedures and participation in training and education.

Access and Availability Standards

As a reminder, if at any time your practice is not able to meet the requirements below for Beacon Health Options (“Beacon”) and Beacon Health Options of California (“Beacon of California”), please contact the Provider Relations department at provider.inquiry@beaconhealthoptions.com.

Access standards are as follows:

Emergency care (life threatening)	Available immediately
Emergency care (non-life threatening)	Available within six (6) hours
Urgent care appointments* that do not require prior authorization	Appointments available within 48 hours
Urgent care appointments* that do require prior - authorization	Appointments available within 96 hours
Routine MHSUD appointments* with a non-physician mental health care provider	Appointments available within ten (10) business days
Routine MHSUD appointments* with specialists	Appointments available within fifteen (15) business days
Routine EAP appointments*	Appointments available within seven (7) calendar days

After Hours: The provider should have a live telephone answering service or answering machine that specifically directs a member in crisis to a covering physician, agency-affiliated staff, crisis team, or hospital emergency room.

Provider Relations

Telehealth

Beacon is strongly committed to our members, clients and providers to ensure that mental health needs are being met during this stressful time.

We recognize that many of our members and providers are being encouraged or mandated to stay at home in order to prevent community spread of coronavirus. When clinically appropriate, telehealth can be an effective way for members to begin or continue their care through a mental health provider safely from their homes via phone, tablet or computer-enabled web cam.

During this national public health emergency Beacon will cover telehealth services including phone therapy, for most services. Additionally, in order to ensure access to care for our members we are waiving cost Sharing for in-network and out-of-network providers.

For more information please click on web link <https://www.beaconhealthoptions.com/coronavirus/provider-resources/>.

H.1.c MEMBER SATISFACTION (CAHPS)

AUTHOR: CAROLINA COLEMAN, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS

BACKGROUND

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through the 2020 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2020 Medicare MAPD CAHPS, and 2020 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 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 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
2020	2/14/2020 – 5/11/2020	2/26/2020 – 4/18/2020 Data collection scheduled to go through 5/15/2020 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
2018	2/27/2018 – 5/11/2018	3/9/2018 – 5/14/2018	3/13/2018 – 6/1/2018

SECTION 1: MEDICAID CAHPS RESULTS

METHODOLOGY

This section summarizes findings of the 2020 Medicaid CAHPS 5.0 Child and Adult surveys, reviews rates over three years, and reviews performance relative to the 2020 National Committee for Quality Assurance (NCQA) percentiles published in the Quality Compass.⁴⁸ Accreditation percentiles are not available in 2020 due to COVID-19. While scores were submitted, NCQA is not issuing official scores in 2020 due to COVID-19 impacts on survey processes. Rates for the 2020 surveys are to be used for internal analysis

⁴⁸ 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.

only. Scores are examined for possible statistical significant changes from 2019 to 2020, but these are estimates only since a direct calculation cannot be done due to the lack of official reporting by NCQA. Changes in score from 2019 to 2020 should be compared in a guarded way, per guidance from NCQA.

The Child survey sampled parents of pediatric members (17.9 years and younger) and the Adult survey sampled members 18 years or older, as of the anchor date of December 31, 2019, who were continuously enrolled in Medi-Cal (for at least five of the last six months of the measurement year, and who were still enrolled at the time of the survey). A total of 486 responses were received for the Child survey and 419 responses for the Adult survey, reflecting response rates of 18.4% and 19.5%, respectively. Members were surveyed in English and Spanish. While 2020 was the first year in which the survey was conducted entirely through mail and did not have phone outreach, little to no impact on the response rates was seen. NCQA did not impose any changes or restrictions due to COVID, so the survey was administered as planned. However, NCQA does not consider 2020 to be 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 2020 scores to scores from 2019 and 2018, as well as to benchmarks and goals.

Medicaid Child Ratings	2018	2019	2020	2020 vs. 2019	Quality Compass Percentile	2020 Goal	Goal Met
Health Plan	83.0%	86.7%	87.4%	0.7%	50th	89%	Not Met
All Health Care	84.1%	82.3%	80.8%	-1.5%	<25th	86%	Not Met
Personal Doctor	86.7%	84.2%	86.1%	1.9%	<25th	87%	Not Met
Specialist Seen Most Often	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Child

- **Health Plan:** Increased 0.7 percentage points from the previous year. L.A. Care’s score increased from the 25th percentile for Quality Compass to the 50th percentile.
- **All Health Care:** Decreased 1.5 percentage points from the previous year.
- **Personal Doctor:** Increased 1.9 percentage points from the previous year.
- None of the 2020 goals were met for Medicaid Child Ratings. Scores increased for two of the Ratings and decreased for one, but the changes were estimated to not be statistically significant. L.A. Care’s performance relative to Quality Compass benchmarks improved only for Rating of Health Plan. Performance for Rating of Health Care and Personal Doctor is very low compared to Quality Compass benchmarks.

Medicaid Adult Ratings	2018	2019	2020	2020 vs. 2019	Quality Compass Percentile	2020 Goal	Goal Met
Health Plan	74.0%	72.9%	70.7%	-2.2%	<25th	75%	Not Met
All Health Care	66.3%	71.8%	71.3%	-0.5%	<25th	74%	Not Met
Personal Doctor	80.2%	78.4%	74.4%	-4.0%	<25th	80%	Not Met
Specialist Seen Most Often	77.0%	75.2%	74.8%	-0.4%	<25th	78%	Not Met

Quantitative Analysis - Adult

- Health Plan: Decreased 2.2 percentage points from the previous year.
- All Health Care: Decreased 0.5 percentage points from the previous year.
- Personal Doctor: Decreased 4.0 percentage points from the previous year, likely a statistically significant change.
- Specialist Seen Most Often: Decreased 0.4 percentage points from the previous year.
- All four Adult ratings declined from the previous year and no goal was met, although only the decline for Rating of Personal Doctor was likely statistically significant. All ratings likely fell below the 25th percentile for Quality Compass, unchanged from the previous year.

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 2020 scores to scores from 2019 and 2018, as well as to benchmarks and goals.

Medicaid Child Composites	2018	2019	2020	2020 vs. 2019	Quality Compass Percentile	2020 Goal	Goal Met
Getting Needed Care	79.0%	83.9%	83.2%	-0.7%	<25th	86%	Not Met
Getting Care Quickly	84.0%	80.4%	82.3%	1.9%	<25th	83%	Not Met
How Well Doctors Communicate	88.3%	88.9%	87.3%	-1.6%	<25th	-	-
Customer Service	85.2%	86.5%	93.1%	6.7%	90th	-	-
Coordination of Care	N/A	N/A	N/A	N/A	N/A	-	-

N/A indicates that the measure had <100 respondents (not scored by NCQA).

- Indicates no goal was set.

Quantitative Analysis - Child

- Getting Needed Care: Decreased by 0.7 percentage points from 2019. The decline likely took the rate from the 25th percentile to below the 25th percentile.
- Getting Care Quickly: Increased by 1.9 percentage points from 2019.
- How Well Doctors Communicate: Decreased by 1.6 percentage points from 2019.
- Customer Service: Increased by 6.7 percentage points from 2019, a likely statistically significant change. L.A. Care’s score increased from below the 25th percentile for Quality Compass to likely meeting the 90th percentile.
- Two composites declined from the previous year, while two increased. Only one increase was statistically significant. While goals were established only for Getting Needed Care and Getting

Care Quickly, neither goal was met. All composites, other than Customer Service, likely fell below the NCQA 25th percentile. The increase in the Customer Service score is quite notable.

Medicaid Adult Composites	2018	2019	2020	2020 vs. 2019	Quality Compass Percentile	2020 Goal	Goal Met
Getting Needed Care	76.8%	76.6%	71.6%	-5.0%	<25th	79%	Not Met
Getting Care Quickly	72.1%	76.8%	72.7%	-4.1%	<25th	79%	Not Met
How Well Doctors Communicate	88.5%	89.1%	85.5%	-3.6%	<25th	-	-
Customer Service	87.5%	N/A	88.8%	N/A	25th	-	-
Coordination of Care	78.4%	N/A	72.7%	N/A	-	-	-

N/A indicates that the measure had <100 respondents (not scored by NCQA)

- Indicates no goal was set.

Quantitative Analysis - Adult

- Getting Needed Care: Decreased 5.0 percentage points from 2019.
- Getting Care Quickly: Decreased 4.1 percentage points from 2019.
- How Well Doctors Communicate: Decreased 3.6 percentage points from 2019.
- Customer Service: Increased 1.4 percentage points from 2018 (the 2019 survey did not have enough responses to report). This composite likely would have met the 25th percentile for Quality Compass.
- Three composites declined from the previous year. All of the declines were likely statistically significant, indicating that the declines are “real.” The same composites fell below the 25th percentile for Quality Compass. While goals were established only for Getting Needed Care and Getting Care Quickly, neither goal was met. Customer Service is the only composite not performing very low, although improvement is still needed.

SECTION 2: L.A. CARE COVERED OHP ENROLLEE SURVEY RESULTS

The 2020 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2019, who were continuously enrolled in L.A. Care Covered (LACC) for the last six months of the measurement year with no more than one 31-day break in coverage. The survey was offered in English and Spanish.

Annual analysis is usually based exclusively on the official, adjusted results from CMS; however, data submission to CMS did not occur and thus official scores are unavailable. Unofficial, non-adjusted scores are not comparable due to a change in vendor.

The survey was suspended by CMS on April 18, 2020. CSS did not submit the final response data file to the QHP Enrollee Survey Project Team because of the suspension of data collection and data submission by CMS because of COVID-19. For the QHP Survey, fielding was supposed to take place February 26, through May 15, but CMS ordered fielding halted on April 18. A total of 192 responses were received, a response rate of 11.6%, significantly lower than the 2019 rate of 24.3%.

SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

The 2020 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; however, data submission to CMS did not occur and thus official scores are unavailable. Unofficial, non-adjusted scores are not comparable due to a change in vendor.

CMS ordered MAPD CAHPS halted on April 29, 2020. Data collection continued to May 29, but was scheduled to continue through June 18. While the survey was halted early, the total number of responses received was higher than the previous year at 452, compared to 348 in 2019. The 2020 survey had a response rate of 26.16%, while the 2019 survey had a rate of 24.70%.

SECTION 4: FLU AND MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION CAHPS RESULTS

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FLU RESULTS

Annual Flu Vaccine by LOB	2020 Medi-Cal Score	2019 Medi-Cal Score	2018 Medi-Cal Score	2020 Goal	2020 Goal Met/Not Met
Medi-Cal	46.26%	40.46%	39.81%	43%	Met
CMC	N/A*	68%	65%	70%	N/A
LACC	N/A*	37.22%	36.25%	42%	N/A

* Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG and CMS/BAH due to Covid-19

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 virus infection. The multipronged approach includes provider and member interventions such as the distribution of member preventive health reminder mailers, emails and automated phone calls, along with social media campaigns in high risk regions of the service areas. Provider education through provider newsletters and provider fax blasts.

The results of Medi-Cal, Cal MediConnect (CMC), and LACC flu Consumer Assessment of Healthcare Providers & Systems (CAHPS) questionnaire are at an upward trend from 2018 to 2020. The 2020 CAHPS results were only released for Medi-Cal, with an increased rate of 6% from 40.46% in 2019 to 46.26% in 2020, meeting the goal of 43%. Although, CMS determined not to distribute the survey this year due to the pandemic, it is anticipated that the CAHPS results would have continued to trend upward for CMC and

LACC. CMS released this notice on 11/04/2020 under the Medicare Advantage and Part D Plans: CMS Flexibilities to Fight COVID-19 notice.

“CMS is removing the requirement for submission of 2020 Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey data for Medicare health and drug plans for similar concerns about the potential associated with activities to collect and submit the survey data. Both Part C and D plans can use any CAHPS survey data collected for their internal quality improvement efforts.”

During the 2019 flu season, an incentive was available to CMC members in order to address a steep decline in the 2018 CAHPS survey outcome. The goal was to increase and encourage members to get their shot prior to the peak of the Southern California flu season. Over 15,000 CMC members received a flu postcard with incentive information and 744 members sent in their redemption information. The results of this inaugural incentive year will serve as a benchmark for future years. Following the distribution of the postcard, CMC members received an automated phone call to re enforce the importance of the flu shot and available member incentive. This method has proven to be effective with member mailers. A thank you card mailed to those CMC members who received the flu shot 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 MCLA and LACC lines of business can be attributed to over 10,000 email reminders sent to LACC members and almost 2 million automated flu shot reminder calls before the peak of the flu season, with 64% of those calls resulting in a live connect with the member or voicemail. Flu shots were also promoted 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. L.A. Care further hosted free flu events where members and non-members alike could access no cost flu vaccinations at Family Resources Centers. In addition to member outreach, the 2019-2020 Fight the Flu campaign delivered education to providers about the importance of flu shot promotion and keeping the vaccine stocked throughout flu season. This message was delivered through a provider fax blast and publications in the winter edition of the provider newsletter, Progress Notes and digital newsletter, Progress Notes and was intended to encourage providers to reinforce the importance of the annual flu shot.

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION RESULTS

CAHPS Medi-Cal	2020 Score	2019 Score	2018 Score	2020 Goal	2020 Goal Met/Not Met
Percent Current Smokers	11.46%	11.9%	17%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	N/A*	N/A**	N/A**	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.

CAHPS CalMediConnect	2020 Score	2019 Score	2018 Score	2020 Goal	2020 Goal Met/Not Met
Percent Current Smokers	N/A*	13%	12%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	N/A*	54%	39%	58%	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.

CAHPS LACC	2020 Score	2019 Score	2018 Score	2020 Goal	2020 Goal Met/Not Met
Percent Current Smokers	N/A*	N/A**	12%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	N/A*	N/A**	39%	58%	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.

In 2020, the Medi-Cal CAHPS scores were released and the percentage of current smokers decreased by less than a percentage point from 11.9% to 11.46%. CAHPS 2020 Scores for LACC and CalMediConnect (CMC) were not released and unavailable. CMS released this notice on 11/04/2020 under the Medicare Advantage and Part D Plans: CMS Flexibilities to Fight COVID-19 notice.

“CMS is removing the requirement for submission of 2020 Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey data for Medicare health and drug plans for similar concerns about the potential associated with activities to collect and submit the survey data. Both Part C and D plans can use any CAHPS survey data collected for their internal quality improvement efforts.”

Due to the lack of available data for each of the product lines, it is inconclusive as to whether current member interventions are deemed to be effective. For this reason, these CAHPS questionnaire will be monitoring on on-going basis.

SECTION 5: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis

While scores increased for two out of three ratings and two out of four composites, most rates remain low. Getting Care Quickly remains the lowest scoring area, demonstrating that the parents of Medicaid members do not feel that their children have full access to all medically necessary services in a timely manner. However, this composite saw a modest increase in 2020, perhaps as a result of several L.A. Care initiatives to expand access to care, which are detailed in the Interventions section.

While COVID-19 did not disrupt the deployment of the mail survey itself, it is possible that scores were influenced by COVID-19's impacts on access to routine care. The survey was in the field during a time when many provider offices were closed and non-emergency services were postponed. It is also possible that scores were influenced by the change in methodology in 2020 by the vendor from phone and mail to mail only, and/or by the simultaneous change in vendor. There is no way to separate out the effects of the changes in methodology from any impact by COVID-19.

While access has been a longstanding area of weakness, the 2019 survey asked members about how long they waited for an appointment and the results were generally within the DMHC guidelines. More than 90% of children received non-urgent primary care and 82% for non-urgent specialty care within 10 days. Access to care may be more of an issue for urgent care – 82% of members indicated they received urgent primary care and 61% for urgent specialty care within two days. Based on the Getting Care Quickly results, members may interpret the DMHC timeframes as still too long of a wait. The specialty care findings should be considered carefully because the number of responses was low.

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. 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 PCP network may have also made improvements not seen in specialty practices, which would explain why their personal doctors score well but other domains are lower.

The area that saw a noticeable improvement was in customer service - L.A. Care's score increased from below the 25th percentile for Quality Compass to likely meeting the 90th percentile. The increase in the Customer Service composite may reflect the improvements L.A. Care's Customer Solutions Center (CSC) has implemented in the past three years. CSC is continuously enhancing its operational processes to improve our interactions and outcomes. Operational changes made to date include staffing optimization, creation of a claims IVR, improvements to call handling infrastructure, and the creation of member-only agent profiles to build agent expertise in managing member calls and concerns timely. Additionally, the rate increase may be attributable to the role customer service played during the early days of the pandemic – members may have found the CSC to be a source of useful information about how to access care during the unprecedented time.

There is also work in progress to implement improvements such as intelligent queuing, automated member authentication, integrated desktop application that will push the member data to the agent, integrated alerts, triggers and event notifications that will help with educating members on health related activities they need to complete and community based events that can help to improve their health and education. These are scheduled to be completed by the end of 2022.

Adult Medicaid Qualitative Analysis

Adult HP-CAHPS scores for Medi-Cal declined across the board and performance remains very low compared to benchmarks. All ratings and composites scored below the Quality Compass 25th percentile, with the exception of Customer Service. Getting Needed Care is the lowest rated composite, followed by Getting Care Quickly and Care Coordination, which should also be prioritized for improvement. As with children in Medicaid, Customer Service is scored the highest and thus is least in need of intervention, followed by Physician Communication.

While COVID-19 did not disrupt the deployment of the survey itself, it is possible that scores were influenced by COVID. The survey asks the member to reflect upon services received in the prior six months, but it is not unreasonable to expect that some members factored the state of health care services during the initial period after the outbreak of COVID, hallmarked by office closures and cancellation of non-emergency care, into 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 also possible that scores were influenced by the change in methodology in 2020 by the vendor from phone and mail to mail only. There was also a change in vendor this year – it is unclear if differences in fielding from one vendor to another result in differences in scores.

The adult population in Medi-Cal seeks specialty care more often than children, which may be driving down the overall perception of quality of health care. 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.

In Fall 2020, Optum, a health care technology and consulting company contracted with L.A. Care to build out the direct network and provide analytical services, completed an analysis on L.A. Care's behalf of CG-CAHPS scores from 2017-2019, using propensity scoring to link data from other sources including utilization data and that related to social determinants of health (SDoH). Some of the findings observed in CG-CAHPS can be extrapolated for HP-CAHPS. The analysis emphasized that interaction with the provider is key to overall scores and that member expectations play a strong role as well. Members with lower needs related to SDoH (such as housing) rate their healthcare lower, reinforcing the idea that individuals with more resources expect higher levels of quality and service in their care. Healthier members reported lower quality care, which echoes previous analyses of HP-CAHPS results. A positive finding was that members with conditions like diabetes, hypertension, obesity, and cancer rate their care higher than individuals who do not have those conditions, indicating they feel cared for. Optum recommended segmenting members into priority groups to execute different strategies for member experience improvement.

LACC Qualitative Analysis

CMS halted data submission of the LACC survey due to COVID-19. Scores were submitted voluntarily for research purposes. Additionally, no phone wave was conducted.

Given that 2020 scores are not available, 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

CMS halted data submission of the CMC survey due to COVID-19. Scores were submitted voluntarily for research purposes. Additionally, no phone wave was conducted.

Given that 2020 scores are not available, L.A. Care will continue to prioritize improving the office visit, access to pharmacy benefits, 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. QI leads the Member Experience Work Group and administers the VIIP program to improve member experience, while a number of other programs throughout the organization contribute to expanded access and quality interactions between the member and the plan.

The cross functional Member Experience Work Group has been the main driver of CAHPS-focused interventions. In 2020, the Work Group focused on executing four interventions: a patient experience training program for provider offices, accountability meetings with low-performing IPAs, action plans for improvement for IPAs and Plan Partners, and internal action plans for the Customer Service Center (CSC) and Product teams. The Customer Solution Center also deployed several changes that drive positive member experience.

Patient Experience Training Program

In 2019, the QI team hired a vendor, SullivanLuallin Group (SLG), to conduct customer service and patient experience trainings for a limited number of provider groups for a pilot project. SLG began training Healthcare LA IPA clinics in January 2020 and planned to train provider offices from two additional IPAs in FY 2019-2020; however in-person trainings were halted in mid-March due to COVID. The program was reworked into a web-based training series on patient experience that was launched in October 2020 and continued through the end of the year. Ten topics were offered during 14 sessions that were open to the entire L.A. Care network, with sessions targeting providers, managers, and office staff. Feedback has been overwhelmingly positive and attendance has been high.

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. In 2017 through 2019, QI sent weekly emails to IPAs and community clinics that contained tips on how to improve member experience. The tips were based on L.A. Care's research on CAHPS data and research published by AHRQ and other sources. In general, the tips were well-received with a high open rate. We planned to continue this initiative in 2020, but it was paused due to COVID-19 and competing priorities. QI expects to re-launch in early 2021.

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. In 2019, L.A. Care met with: Angeles, Preferred, Prospect, Heritage, and Exceptional Care and discussed CG-CAHPS results during reoccurring meetings with Healthcare LA and DHS. In 2020, L.A. Care met with Angeles, Preferred, Prospect, Allied Pacific, Crown City, Exceptional Care, Community Family Care, Superior Choice, DHS, and HCLA. 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

To drive performance among the network, the weight of the member experience domain, as measured by CG-CAHPS scores, was increased to 30% of the VIIP+P4P score for Medi-Cal IPAs in 2019, with Getting Care Quickly and Getting Needed Care now double-weighted. Medical groups receive incentive dollars for improving their scores. Annual CG-CAHPS reporting continues to serve as a resource to IPAs, community clinics, DHS, and Plan Partners in monitoring and improving member experience. In 2019, for the first time, IPAs received the open text comments submitted by their members. For the LACC and CMC VIIP programs, member experience is a domain; however, incentives have not yet been paid out in these programs.

In 2020, L.A. Care required low-performing IPAs in any line of business to submit action plans to improve member experience. A total of 56 groups were required to submit. For the first time, Plan Partners were asked to submit action plans as well. Additionally, Plan Partners reported meeting with low performing IPAs in their network about their performance, training them on best practices, and sharing resources.

Internal action plans for the Customer Service Center (CSC) and Product teams

At the request of QI, the CSC and Product teams submitted action plans to improve member experience. The CSC set a goal of improving call classification and documentation through a monitoring program that includes daily review of the call log for all product lines to identify potential misclassification and gain insight on process improvement opportunities. The CSC documented a baseline rate in February 2020 of 4.09%, and set a goal of reducing the error rate to 3.27% or lower by September 30, 2020. The goal was met in Spring 2020 and maintained through the rest of the fiscal year, reaching as low as 0.67%.

The Product team set a goal focusing on increasing member portal registration numbers by line of business by 5% from the baseline by September 30, 2020 through promotion to members. Unfortunately, the planned targeted promotion did not occur during the timeframe due to a shift in priorities from Product leadership and only passive promotion through the website and plan-informing materials occurred. As a result, the goal was not met. The Product team plans to continue working on a registration guide for members and promote the portal whenever possible.

CSC improvements

Beginning in 2017, the Customer Solutions Center has made improvements to the call center infrastructure with the launch of the Value Our Individual Customers Everyday (VOICE) program. VOICE is a multi-pronged approach at improving operational and systems integration such as improving software, improving IVR capacity, and adding a call back system to the call center experience. These enhancements may have led to the jump in customer service rates in the Child Medicaid CAHPS. While there are still opportunities for improvement, it appears these enhancements are working. In 2019, the team has focused on ensuring resolution of the member's issue during the first call by making more information available to the Call Center representative so fewer handoffs are necessary, while also making systems improvements to better document calls and streamline handoffs. The focus for 2021 will be on building out foundational capabilities and the enhancement of call processing capabilities to improve call routing and call response time. CSC will also introduce a member satisfaction survey and will automate provider change request processing to reduce errors in PCP assignment.

The Customer Solution Center launched the Personal Care Connector (PCC) Unit in 2018. The PCC team is a call center unit comprised of tenured customer service representatives who handle complex cases. Case work assigned to this group consists of remediation efforts, follow up with members and outside entities,

as well as other internal units. The overall goal is to improve member retention, avoid unnecessary escalations, and improve the overall experience. One example of these activities is the triaging of each member initiated Service Authorization Request (SAR). When a Cal MediConnect member contacts the plan or PPG to request a service, our PCCs are the sole gate keepers of the life cycle of every SAR. They do this by contacting PPGs and ensuring determinations are made within the required regulatory timelines. This team also assists with coordination of durable medical equipment and pharmacy needs as members transition into the plan.

The call center management team implemented an audit program where call logs from all lines of business are reviewed; this is in addition to the random monthly call recording evaluations. The intent is to identify potential misclassification, gain insight on process improvement opportunities, ensure adherence to regulatory standards, and improve the overall member experience. These activities play a significant role in preventing and remediating member dissatisfaction. Since the beginning of the program, the monthly error rates have improved, with the CMC rate reaching <1%. The CSC's goal is to maintain a monthly error rate of less than 2%.

Other interventions

In 2018 and 2019, the Safety Net Initiatives (SNI) department worked with a small group of community clinics to provide a post-encounter survey administered at the end of a visit on a tablet where patients can complete CAHPS like questions and provide the office with timely results. The Patient Experience Survey uses questions similar to those on the CAHPS surveys. The clinics were able to monitor their survey results in near real time via an online dashboard. Ultimately the project was phased out in early 2020 because it was challenging to continually engage clinics in using the surveys and results and the cost/benefit ratio was high.

Several L.A. Care programs aim to expand access to care. L.A. Care's Elevating the Safety Net program proactively addressed the access issues discussed above by expanding the supply of primary care providers. The program currently funds scholarships to medical school for 24 students, residency support for four institutions totaling \$4.5 million, loan repayment for 69 primary care physicians, and the hiring of 101 primary care physicians in safety net practices. Additionally, L.A. Care's sponsorship of Loma Linda's Community Health Worker (CHW) Training Program engages members in hospital transition, offers home visitation, and other services. L.A. Care funded the training of two cohorts in 2019-2020, each with up to 25 CHWs and 50 staff working in the Health Homes program.

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.

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 2020, a total of 254 primary care providers have direct contracts, an increase of 179 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. PNM has also increased oversight of IPAs to ensure they have adequate specialty networks.

The CMC line of business conducted member education on benefits and utilizing the health care system through the CMC Benefit Summit events in 2019 and 2020. 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 being denied a prescription due to not having their membership card.

SECTION 7: OPPORTUNITIES FOR IMPROVEMENT

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.

Based on the analysis above and building upon the priorities from the previous year, there are several areas of opportunity that L.A. Care can focus on to improve CAHPS and to help reduce appeals and grievances going forward. These areas are listed below, in no particular order, with the primary Ratings, Composites and/or Grievances/Appeals categories that are addressed and the opportunities available.

Priorities for 2021:

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
- 2021 plans: continue to offer patient experience training to the entire network and increase attendance

PRIORITY 2: *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 3: *Establish clear lines of accountability for Plan Partners and contracted provider groups.*

- Addresses: all Ratings and Composites
- Opportunities: ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 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.

PRIORITY 4: *Improve customer service at L.A. Care.*

- Addresses: Customer Service and Attitude and Service
- Opportunities: ensure that members' concerns are resolved quickly and they are treated with respect when contacting/contacted by L.A. Care.
- 2021 plans: continue implementing technical enhancements in the Call Center through VOICE initiatives, as well as staff training.

PRIORITY 5: *Develop product line-specific strategies.*

- Addresses: Billing and Finance (grievances category) and Rating of Health Plan
- Opportunities: identify and address product line specific rules, regulatory requirements, and common member issues, while identifying and addressing commonalities. This is not limited to

Billing and Finance issues but there are clear opportunities in this area including, but not limited to pharmacy, premium payments, and cost sharing.

- 2021 plans: Improve the premium payment process for LACC by bringing it in-house. Explore pharmacy benefit improvements for CMC. Focus on improving the member journey and experience in the direct network for Medi-Cal. Increase payment integrity and claims accuracy to reduce balance billing across product lines.

LOOKING FORWARD

- Continue collaborative meetings to discuss priority areas in the Member Experience Work Group.
- Continue interventions such as action plans, patient experience training, 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.

SECTION 8: CG-CAHPS ANALYSIS

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BACKGROUND

In 2019, 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 2019 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 6 months from February 1, 2019 to July 31, 2019. The survey began fielding in November 2019. 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 152,855 total sample members, 39,281 members responded to the survey for an overall response rate of 25.7%. 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 2019 survey asked patients to evaluate the following dimensions of quality:

- Access to care (primary and specialty, non-urgent and urgent)

- Interactions between doctors and patients
- Coordination of care
- Helpfulness of office staff
- Recommended counseling on preventive care topics (diet and exercise)
- Overall ratings of all care and provider

In addition to its primary purpose as an instrument for rating the above measures and utilizing scores for pay-for-performance, CGCAHPS was extended to include supplemental questions that further other continuous quality improvement purposes (CQI):

- Questions which permit comparing results to L.A. Care's annual Health Plan CAHPS (HP CAHPS) survey.
- Questions to explore specialist access in more detail.
- Questions to explore timely access to care in more detail.
- Questions that measure provider discussions with patients regarding health goals, behavioral health, and pain management.
- Questions on interpreter access, reflecting that English is not the dominant language preference among L.A. Care Medi-Cal members.
- Open-ended (verbatim response) questions asking how services and information can be improved.

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 2019 survey instrument only had a few changes in the questions from the 2018 instrument, which included adding questions regarding smoking cessation and flu vaccinations to align more closely with HP CAHPS.

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 was new for 2019, more interest of solo and small group provider results was garnered. Reports were generated and distributed to almost 300 individual physician practices for the first time. With Ad-Hoc requests from providers for training, this 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, 2018 and 2019, the trending shows significant increases in many of the core composite scores and a few key supplemental questions for both the adult survey and the child survey results, with only a few measures showing decreases. These results demonstrate and reflect the concerted enterprise- and network-wide efforts to improving member experience.

ADULT SURVEY RESULTS

Composite	Rate Change*	2019 Score	2018 Score
Overall Rating of All Healthcare	+4.8%	67.5%	62.7%
Overall Rating of Provider	+1.9%	65.2%	63.3%
Doctor Patient Interaction	+0.9%	71.1%	70.1%
Timely Care and Service	+2.3%	53.3%	51.0%
Coordination of Care	-2.4%	53.9%	56.3%
Office Staff	+0.9%	67.9%	67.1%
Health Promotion	-1.2%	47.5%	48.6%
Getting Needed Care	+1.1%	55.9%	54.8%
Visit Started w/in 15 min of Appt	+2.2%	31.3%	29.1%
Overall Rating of Health Plan	+3.4%	66.5%	63.1%

CHILD SURVEY RESULTS

Composite	Rate Change*	2019 Score	2018 Score
Overall Rating of All Healthcare	+2.0%	76.6%	74.7%
Overall Rating of Provider	+3.4%	73.7%	70.3%
Doctor-Patient Interaction	+3.0%	74.8%	71.8%
Timely Care and Service	-0.5%	58.5%	59.0%
Coordination of Care	+4.0%	66.0%	62.0%
Office Staff	+1.2%	68.0%	66.8%
Health Promotion	+3.0%	65.9%	62.9%
Child Development	+4.4%	55.0%	50.6%
Visit Started w/in 15 min of Appt	+3.4%	29.8%	26.4%
Overall Rating of Health Plan	+1.6%	76.5%	74.9%

*Statistically significant differences at the 95% confidence level are Bolded in **red** when the 2019 score is lower than 2018 or Bolded **green** when the 2019 score is higher than 2019.

H.1.d MEMBER SERVICES TELEPHONE ACCESSIBILITY

AUTHOR: ROBERT MARTINEZ & NICKI BROWN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

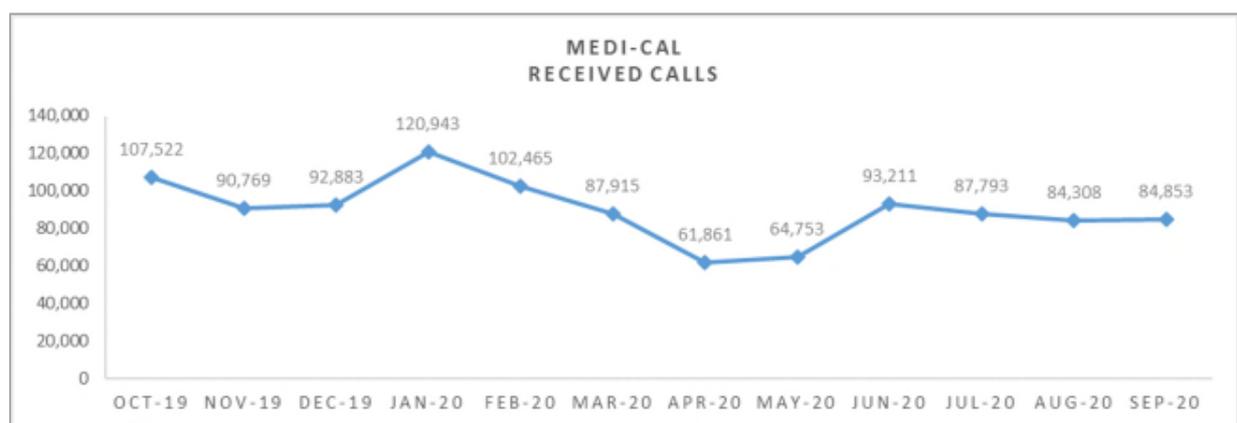
METHODOLOGY

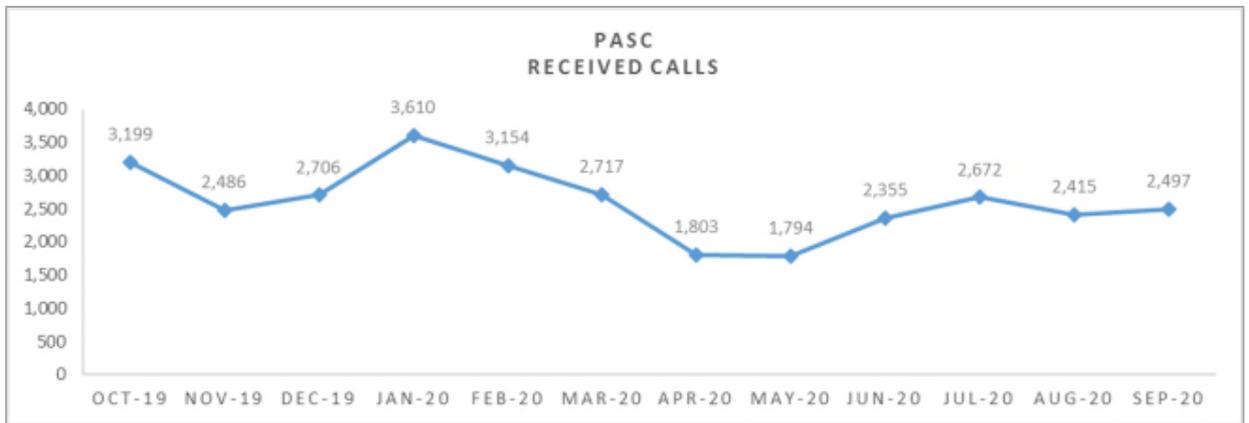
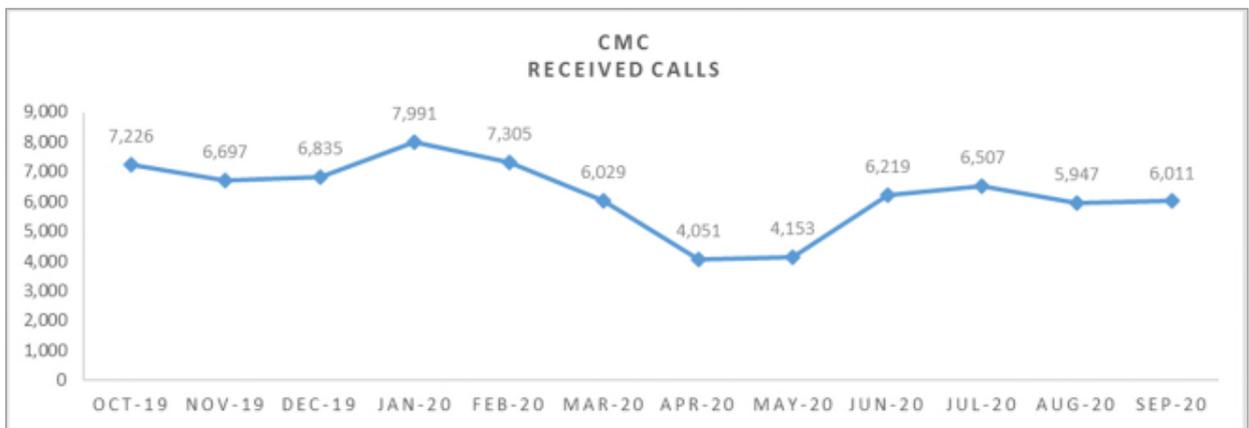
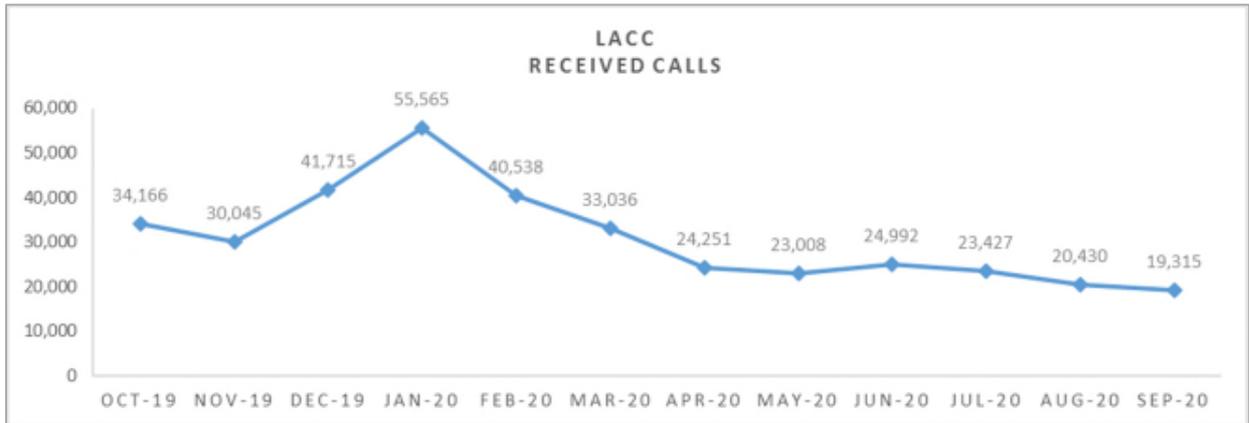
In order to measure member services telephone accessibility across all lines of business (Medi-Cal, PASC, Medicare and the Marketplace), L.A. Care uses a telephone system called CISCO. The system collects and reports telephone statistics that the Member Services Department uses to create reports. The system uses offered calls for each respective line of business as the denominator for calculating performance measures. The table and chart below compare L.A. Care's telephone accessibility for 2018, 2019 and 2020 performance goals.

RESULTS

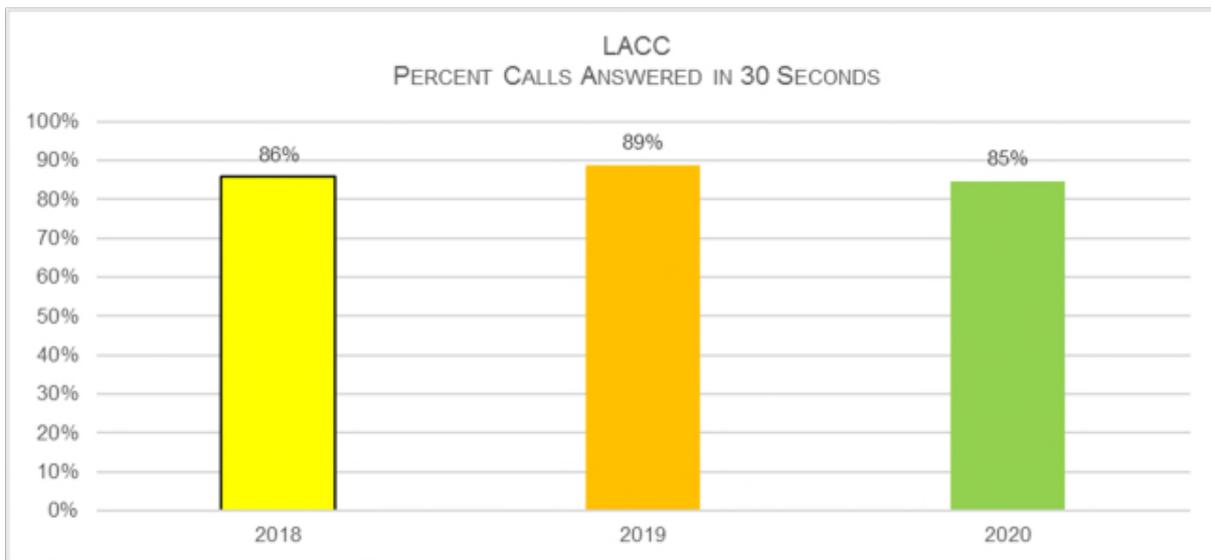
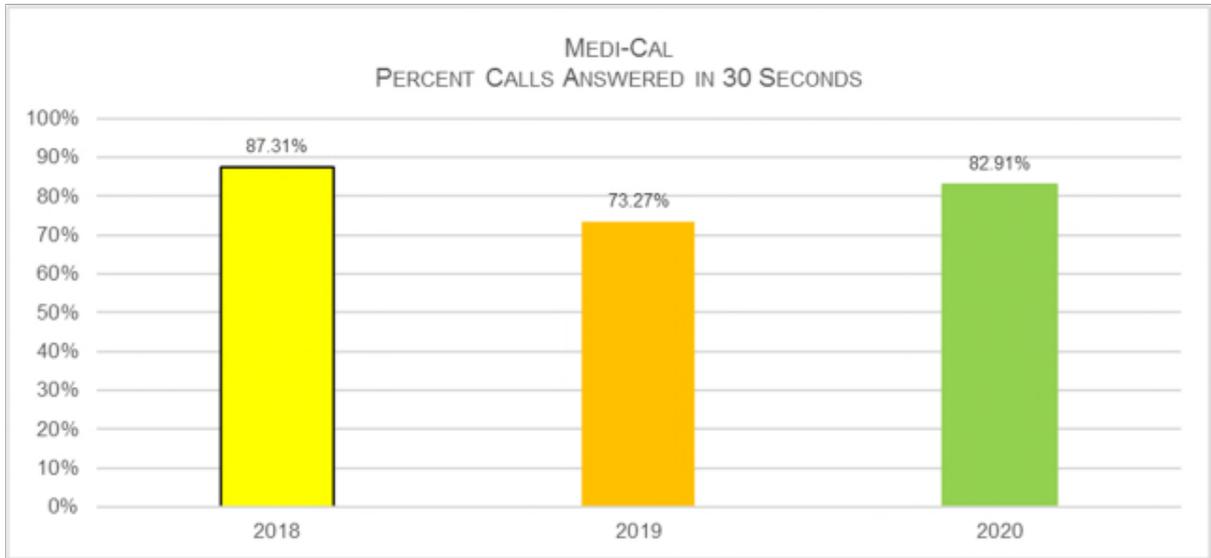
Member Services Telephone Accessibility Compliance Results					
Measure	2020 Goal	2018 Rate	2019 Rate	2020 Rate	2020 Goal Met
Medi-Cal Call Abandonment Rates	≤ 5 %	2.03%	7.52%	3.33%	Met
Medi-Cal Percent of Calls Handled within 30 Seconds	80%	87.31%	73.27%	82.91%	Met
LACC Call Abandonment Rates	< 3%	3.53%	3.36%	3.36%	Not Met
LACC Percent of Calls Handled within 30 Seconds	80%	85.78%	88.73%	84.56%	Met
CMC Call Abandonment Rates	≤ 5 %	1.31%	3.15%	3.47%	Met
CMC Percent of Calls Handled within 30 Seconds	80%	91.69%	84.52%	85.03%	Met
PASC Call Abandonment Rates	≤ 5 %	10.68%	1.86%	84.53%	Met
PASC Percent of Calls Handled within 30 Seconds	80%	91.01%	86.19%	1.86%	Met

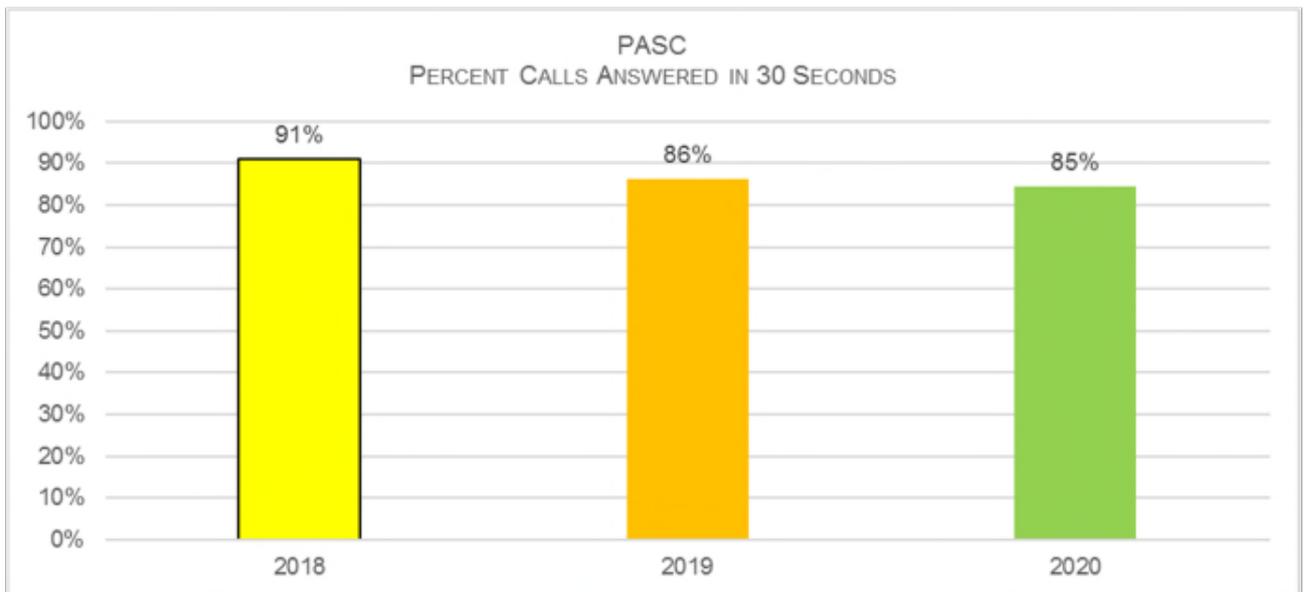
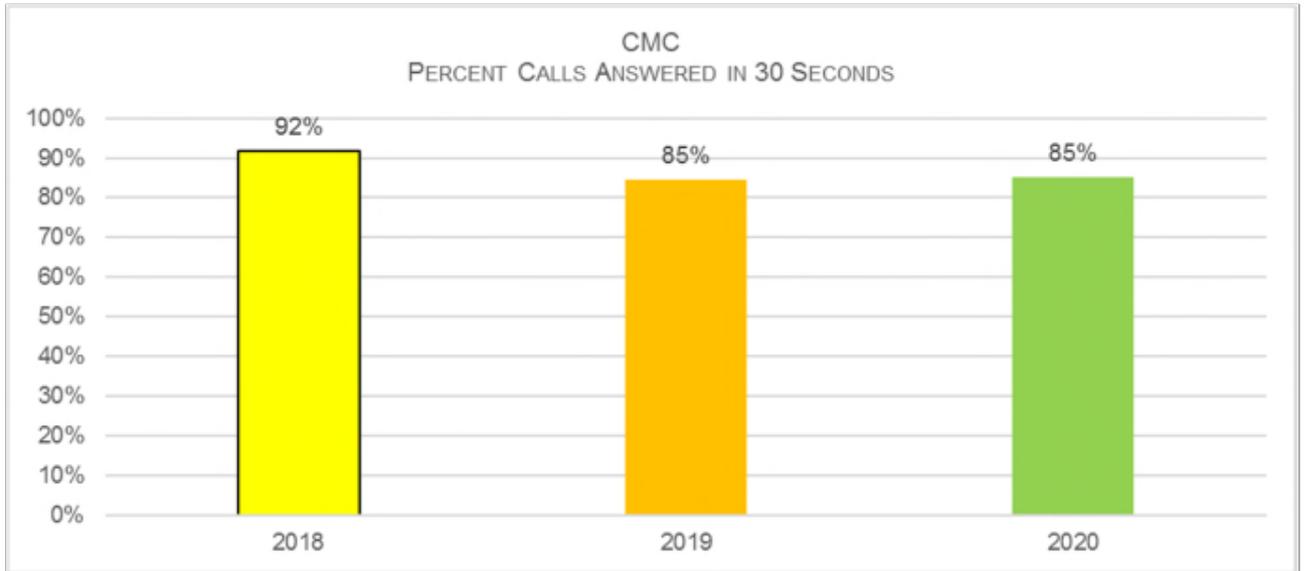
The charts below outline an overview of member services monthly call volume by Fiscal Year 19-20:



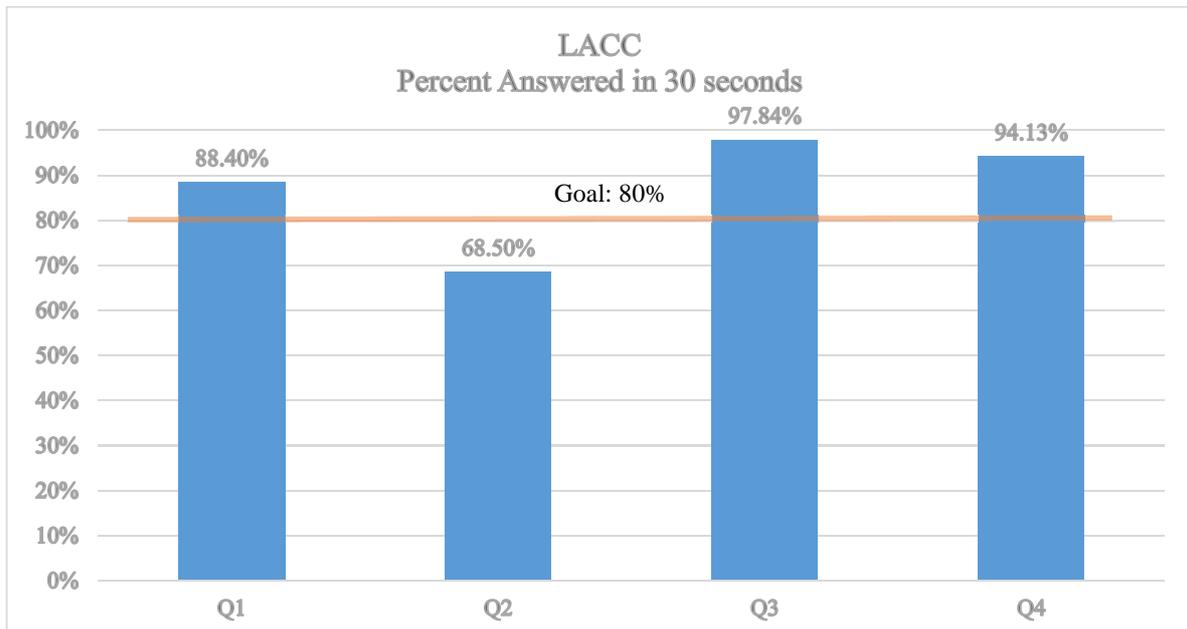
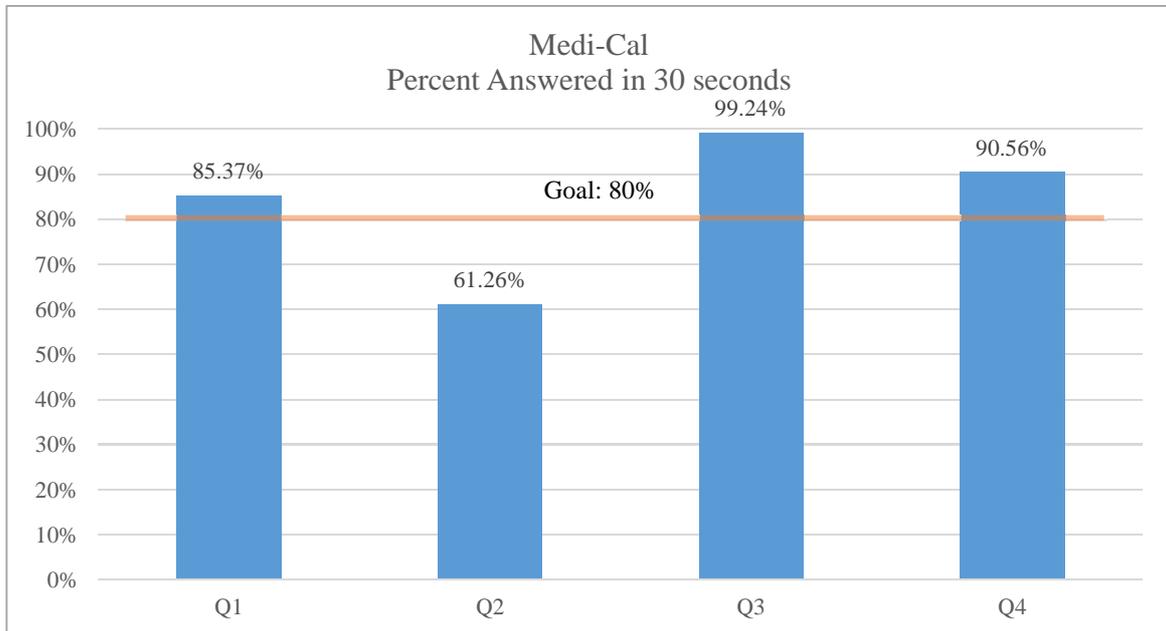


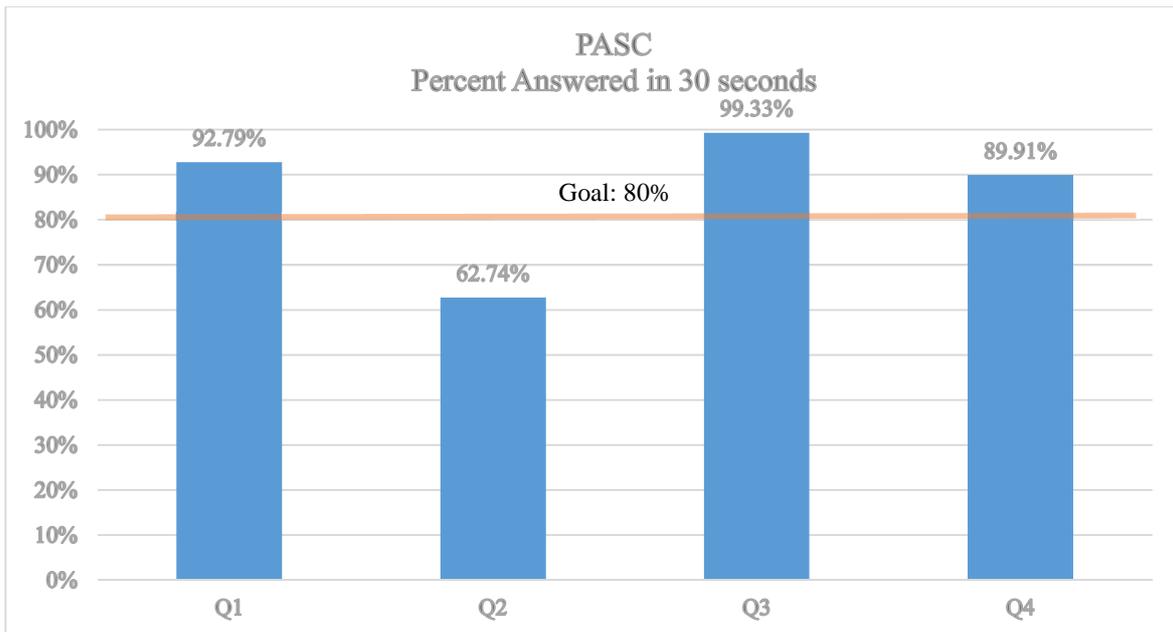
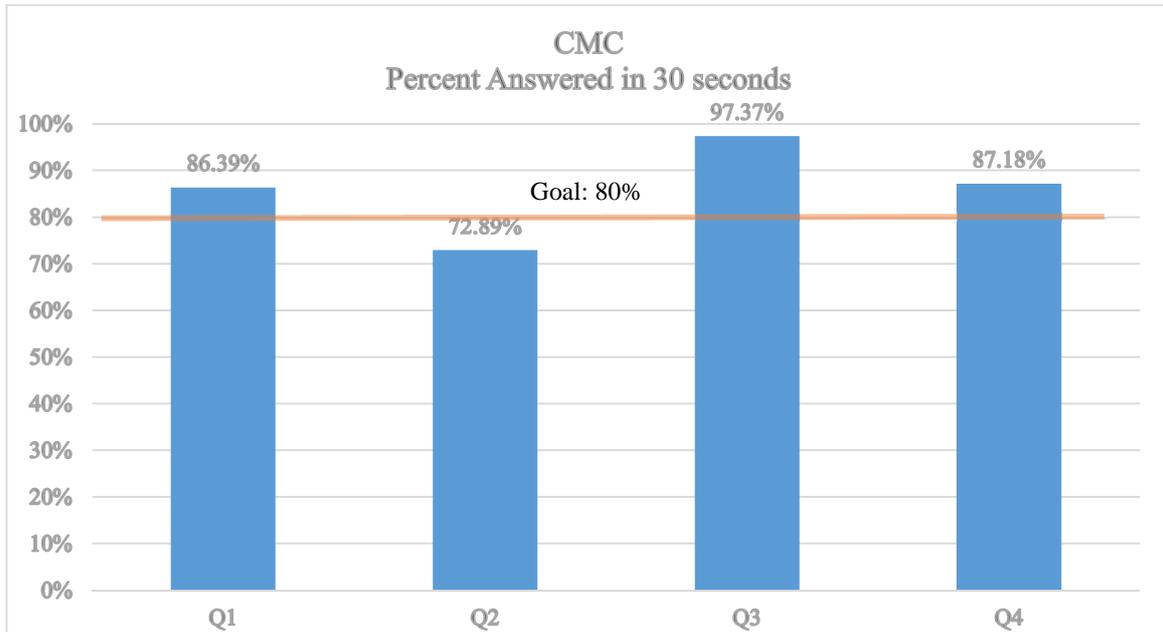
The charts below outline a compliance rate comparison of the calls answered within 30 seconds by Fiscal Year:





The charts below outline a compliance rate comparison of the calls answered within 30 seconds by Quarter for the 2019 Fiscal Year:





QUANTITATIVE ANALYSIS

- The member services call center met all the goals for FY19-20 with the exception of the call abandonment goals of less than 3% for LACC, which ended at 3.4%.
 - Call abandonment goal was met for Medi-Cal, CMC and PASC.
 - The goal of 80% of call handled within 30 seconds was met for Medi-Cal, LACC, CMC, and PASC in 2019.
- MCLA call volume in January 2020 increased by 30% when compared to January 2019

- Average talk time, excluding after call work, averaged 1.5 minutes higher than forecast, and 1 minute higher than average leading to a deficit in agents despite enforcing all hands on deck approach for the entire month.
- Unplanned absences and intermittent LOA exceeded the planned shrinkage and resulted in a staffing shortage across the board.
- Our Vendor failed to meet the required 135 FTEs and had significant turnover during the month.

QUALITATIVE ANALYSIS

The 2019/2020 L.A. Care Covered Open Enrollment period drove significantly higher call volumes in January and February 2020. The Call Center developed a strategic performance improvement plan to get staffing levels aligned in order to adequately support the volume. This improvement plan included a number of items, such as:

- Realignment of schedules based on call arrival patterns and seasonality.
- All hands on deck approach to staffing which pulled in call center trained resources from the Quality Assurance and Member Outreach teams.
- Temporary ramp at the vendor site to increase staffing by more than 60 percent going into January
- Mandatory Overtime for call center and vendor agents, to include weekends and holidays.
- Directed LACC payment calls to the IVR for immediate self-service and call resolution.
- Increased the number of analysts focused on real time adherence and agent support internally and at the vendor.

LOOKING FORWARD

Members have adapted well to the IVR self-service option for payments, and we will continue to expand these offerings to reduce member wait times, and increase the ability to focus on providing agent based service for more complex transactions. In addition, we are implementing additional provider self-service options such as a claims IVR which will provide status and payment information, thereby making more resources available for member volumes. The callback option which has been proven to be preferred by callers will be implemented in the 2020/2021 fiscal year, and will allow customers to choose the time at which they prefer to receive a return call.

Member Services Telephone Accessibility Compliance Results	
Measure	2020 Goal
Medi-Cal Call Abandonment Rates	≤ 5 %
Medi-Cal Percent of Calls Handled within 30 Seconds	80%
LACC Call Abandonment Rates	< 3%
LACC Percent of Calls Handled within 30 Seconds	80%
CMC Call Abandonment Rates	≤ 5 %
CMC Percent of Calls Handled within 30 Seconds	80%
PASC Call Abandonment Rates	≤ 5 %
PASC Percent of Calls Handled within 30 Seconds	80%

The VOICE of the customer program is well underway and will deliver several infrastructure changes that will increase agent efficiencies and accuracy. This addition will allow us to streamline customer transactions and interactions by creating a more organic environment for representatives to obtain member

information. The increase in efficiency will assist with meeting not only our performance targets, but will improve the agents' ability to focus on the customer interaction, thereby increasing customer satisfaction.

H.2 CULTURAL & LINGUISTIC SERVICES

AUTHOR: MARGARET MACIAS, MPH

REVIEWER: MARIA CASIAS & JAMES KYLE, MD

The Cultural & Linguistic (C&L) Services Unit provides language assistance services, including translation, telephonic interpreting, face-to-face interpreting, and cultural competency trainings for L.A. Care staff and network providers for all lines of business. In fiscal year 2019-2020, the C&L Services Unit received and processed 2,706 documents totaling 6.8 million words in 21 languages. The total number of words increased by 42.1% over the previous fiscal year. The increase was mostly due to three annual mailing material translations (2020 and 2021 CMC and 2020 Medi-Cal) took place during this year, and also 226% and 56% uptick in the number of letter templates and non-standardized Notice of Action letters. Spanish remained the top requested language which accounted for 46% of all translation, followed distantly by Chinese (7%) and Khmer (6%). 99% of all translation requested were delivered before or on the requested due date. According to the translation satisfaction survey, 99% of members stated that receiving materials in their language helped them take better care of their health and 100% of staff were satisfied with the translation services.

The C&L Services Unit provides face-to-face interpreters for medical appointments, meetings, and health education classes. In fiscal year 2019-2020, a total of 5,590 face-to-face interpreting requests were coordinated (5,478 medical appointments and 112 administrative meetings and events), a decrease of 25% over the previous year. Many routine medical visits and L.A. Care's committee meetings were cancelled due to the COVID pandemic which resulted in a decrease in the number of interpreting requests. The most drastic drop occurred in April when the number of requests went down by 76% for medical appointments and 92% for administrative appointments. Since then, the number of requests has bounced back to 46% (medical appointments) and 39% (administrative appointments) of the pre-COVID level. Face-to-face interpreting services for medical appointments were requested in 30 languages, with threshold languages accounted for 77% of all medical appointments. The top three languages were Spanish, American Sign Language (ASL), and Farsi. In fiscal year 2019-2020, 98% of all requests for medical appointments were successfully fulfilled. According to the member satisfaction survey results, 85% of the respondents were satisfied with the interpreting services. Face-to-face interpreting services for administrative appointments were requested in a total of four languages: Spanish, Khmer, Cantonese and ASL. 100% of face-to-face interpreting services requests for administrative appointments were successfully fulfilled. According to the staff satisfaction survey, 100% stated that they were satisfied with the service.

Telephonic interpreting services are offered to L.A. Care staff, network providers including Participating Provider Groups (PPGs) when communicating with members over the phone or when face-to-face interpreters are not available for medical appointments. In fiscal year 2019-2020, telephonic interpreting services were provided for a total of 200,275 calls and over 3.3 million minutes in 89 languages. The top three languages were Spanish (79%), Armenian (4%) and Mandarin (4%). The telephonic interpreting utilization increased when compared to the previous fiscal year; both the number of calls and minutes went up by 18% and 27% respectively. Notably the providers' usage increased after the onset of the COVID pandemic in March. During biannual Health Education and Cultural Linguistic Services (HECLS) meeting with PPGs in June, the C&L Services Unit informed them on how to use three-way telephonic interpreting calls for telehealth visits. This may explain a 68% usage increase among providers in Q4 of fiscal year 2019-2020. Additionally, it is possible that providers opted for telephonic interpreting instead of face-to-face interpreting even for in-person medical visits to minimize the spread of the COVID. In fiscal year 2019-2020, 96% of all calls were connected with an interpreter in less than 30 seconds. The results of satisfaction survey indicated that 95% of members and 82% of staff were satisfied with the telephonic interpreting services.

The C&L Services Unit conducted Video Remote Interpreting (VRI) pilot at Member Services walk-in area and three Community Resource Center (CRC) locations (Palmdale, Lynwood and Pomona) to evaluate the effectiveness of VRI in Q1 of fiscal year 2019-2020. Based on the evaluation, there were a total of 21 video calls and 721 minutes in six languages for all four locations combined. Five out of six languages were threshold languages and ASL. The VRI was used for encounters such as classes, member services, psychosocial assessment and other consultations. The usage was relatively low partially due to the delayed opening of Pomona CRC and qualified bilingual staff were able to assist Limited English Proficient (LEP) members and did not require interpreting services. According to the key performance indicator, the average connecting time to an interpreter was 16.3 seconds and 93% of all video calls were connected in less than 30 seconds. According to the satisfaction survey results, more than 80% of staff were satisfied with the ease of use, range of available languages, connection time, quality of audio/video, and quality of interpreters. The pilot has proven that VRI is an easy-to-access and effective mode of interpreting service. It was determined that it should be implemented at clinic sites to supplement telephonic and face-to-face interpreting services. The C&L Services Unit, in collaboration with Medi-Cal Plan Partners, proposed a joint VRI pilot at clinic sites to two of the Plan Partners, Anthem Blue Cross Health Plan and Blue Shield of California Promise Health Plan, and managed to secure their commitment in July, 2020. The project will standardize the VRI platform at the plan level to support clinics in making VRI more accessible to all three health plans' members. This should reduce the administrative complexity for providers and improves access to qualified interpreters for members. The C&L Services Unit will continue working with the Plan Partners to develop a plan and implement VRI at clinic sites in fiscal year 2020-2021.

The C&L Services Unit provides continuous education on C&L rights, requirements, services and resources, cultural competency, and disability sensitivity to all plan staff who have routine contact with members and network providers. The training titles included: C&L Requirements, Cultural Competency, Disability Sensitivity, Accessing Telephonic Interpreting Services and Communicating through Healthcare Interpreters [Continuing Medical Education (CME)]. To supplement these training titles, "Implicit Bias Within Medicine's Meritocracy (CME)" was offered to network providers as part of the Quality Improvement in Primary Care Conference in November, 2019. Due to the COVID, all other trainings were offered through L.A. Care's online Learning Management System. A total of 3,475 staff and 1,367 providers completed C&L trainings in this fiscal year. Additionally, the C&L Services Unit created a new educational resource page in an effort to address implicit bias and assist providers in delivering more equitable patient-center care. The resources include but are not limited to free online CME implicit bias training by Stanford University School of Medicine, the unconscious bias video by UCLA Health, and Implicit Association Test by Harvard University.

H.3 MARKETING AND ACTIVITIES

AUTHOR: MISTY DE LAMARE & JOHN COTA

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

L.A. Care provides support to multiple initiatives throughout the organization utilizing the services of the in-house Marketing Department, Health Plan Field Representatives, Community Outreach and Engagement Representatives, Health Educators and the Family Resource Centers. The Marketing department assists in guiding submitted projects to completion within Podio (inclusive of assuring proper submission, providing marketing feedback on collateral development, assisting with design process, print and fulfillment process, document filing and storage) an while participating in workgroups to consult, educate, collaborate and develop collateral materials, ad hoc health education campaigns, social media campaign asset development, in formats, languages and reading levels to support providers, the public, members and consumer understanding of the benefits, programs and services for which L.A. Care offers and provides.. Marketing staff are aligned by product lines; health plan initiatives and Resource Centers. Centers are now open and operating in East LA, Lynwood, Inglewood, Boyle Heights, Pacoima and the Antelope Valley. Centers provide free health education and healthy living services in underserved communities. L.A. Care is expanding existing Resource Centers over the coming years for a total of 14. Community and member awareness campaigns are developed and implemented throughout L.A. County in the form of marketing, educational events and advertising on health and insurance programs specifically targeted to communities where access to quality health care is limited.

The Health Plan Field Representatives and Community Outreach and Engagement Specialists conduct educational outreach and marketing events to extend the opportunity for consumers and members to learn more about L.A. Care programs, including Medi-Cal, Cal MediConnect, and L.A. Care Covered. Community based educational events, health fairs and open house events are prescheduled and are posted on L.A. Care’s website and promoted through social media to provide members and non-members with information on the conveniently located events that are conducted throughout L.A. County.

Educational outreach is provided to Enrollment Entities and their down-stream Certified Enrollment Counselors (CECs), Navigators, and Plan Based Enrollers (PBEs) to educate and update them on the programs that L.A. Care members receive, as well as on the eligibility criteria for L.A. Care’s product lines including Medi-Cal, Cal MediConnect and L.A. Care Covered. L.A. Care continually seeks opportunities to improve provider awareness and secure their commitment to L.A. Care through participation in joint operational meetings, physician quality improvement programs, incentive programs, health educational events and building and maintaining effective relationships.

Member-focused newsletters are distributed to our members four times a year (including our Plan Partners’ Medi-Cal enrollees) that focus on (a) helping members navigate the managed Medi-Cal system to obtain care; and (b) understanding the benefits and services available. Two newsletters are utilized to better focus the content based on the need to communicate to young and growing families as well as the members that we serve who are seniors and people with disabilities. *Be Well* addresses the interests of young and growing families, and *Live Well* is designed to address the interests of members who are seniors and people with disabilities.

L.A. Care offers a variety of benefit and health education information on its flagship website, www.lacare.org. Additionally, members can access personal health information and perform tasks such as changing a doctor, reprinting ID cards, paying a premium or checking a claim through L.A. Care Connect, our secure online member account.

H.4 MEMBER PARTICIPATION, COMMUNITY OUTREACH AND ENGAGEMENT

AUTHOR: AULERIA EAKINS ED, D

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

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 impacting vulnerable and low income residents and communities.

During the 2019/2020 fiscal year, all eleven Regional Community Advisory Committees (RCAC) completed community work projects. Transportation and Breast Cancer Awareness were chosen as the focus for advisory outreach efforts.

Transportation

Eleven community based organizations (CBO's) were granted \$5,000 each (totaling \$55,000) by LAC through its regional advisory committees. These sponsorships were granted to various organizations whose primary focus on addressing transportation gaps experienced by low-income vulnerable populations. RCAC members participated from the inception of the project by connecting LAC to health organizations in their immediate community and by working with staff to identify community based organizations in their respective regions for consideration.

As a result of COVID-19, LAC expanded agreements with community partners, this assisted partners to address issues beyond transportation and include COVID-19 related issues experienced by their member population. Funding supported but was not limited to transportation, food resources, housing, vouchers for the homeless, and work for development.

Breast Cancer Awareness

As a result of COVID-19 Regional Community Advisory Committee Breast Cancer Awareness Outreach was cancelled.

Legislative Affairs

In past years, L.A. Care's Government Affairs plans and coordinates Spring local and state legislative office visits with community advisory members. As a result of COVID-19 this year's office visits did not occur. Alternatively, LAC Government Affairs 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 People of Color.

H.4.a COMMUNITY PARTNERSHIPS AND ENGAGEMENT

AUTHOR: BETTSY SANTANA, MPH

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

L.A. Care works with multiple national and local organizations with the aim of improving the health of our members and the community. The Quality Improvement (QI) department works with agencies that promote cancer screenings, immunizations, 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 2020, several plan initiatives had to be placed on hold or be modified due to COVID-19. Our community partnerships have been helpful at providing feedback and guidance on how to continue with our initiatives during a challenging time.

Since 2015, L.A. Care has worked with the American Cancer Society (ACS) on the development of materials and content on Cervical and Colorectal Cancer (COL) screenings, as well as promoting Human Papilloma Virus (HPV) Immunization among preteens. In 2020, ACS made changes to their colorectal screening guidelines lowering the age of screening to 45 years of age. This means that they no longer align with the U.S. Preventive Services Task Force (USPSTF) and our materials are no longer co-branded as a result. Despite the difference in guidelines on all three cancer screenings, we continue to work with them on developing materials and in discussing how COVID-19 is impacting cancer screening. Their data on the decline of cancer screenings served as evidence for our continued need to address screenings in spite of the pandemic.

To help promote immunizations, L.A. Care is part of several community coalitions and organizations. L.A. Care is part of the Immunization Coalition of Los Angeles County (ICLAC). ICLAC is a community-based partnership of Los Angeles County hospitals, schools, clinics, health department programs, pharmacies, health plans, vaccine companies, and non-profit organizations with a mission to collaborate to improve access to the medically recommended immunizations for adults and adolescents, especially among groups at highest risk for vaccine preventable diseases in Los Angeles County. Thanks to this partnership, L.A. Care has been able to help support clinics who have questions on various vaccine related topics to help support their efforts with curbside vaccination set up. QI staff also serve on ICLAC's Adolescent Work Group which is dedicated exclusively to improving vaccination rates among teens. L.A. Care also participates in the Los Angeles HPV Vaccine Coalition. The lead of the Child and Adolescent work group has consulted with the group on developing social media messages and has linked or used messages from California Department of Public Health (CDPH's) Preteen Vaccine Week. QI will also make sure that we "hashtag" other organizations to help amplify our reach on our various social media platforms. Through our collaboration work, we also shared messaging from organizations like Vaccinate Your Family. The most recent example was "Call Don't Cancel," which encourages vaccination during COVID-19.

In addition to immunizations, new areas of children's health have received renewed focus due to poor rates of lead testing, developmental screening, and oral health care. QI has worked on developing education content for providers and has sought feedback from the Children's Health Consultant Advisory Committee Meeting (CHCAC). QI has also brought in experts from various organizations to conduct Continuing Medical Education (CME's). For example, on the topic of oral health experts from the UCLA School of Dentistry presented. For our lead screening provider webinar, we also had an expert from California Department of Public Health (CDPH).

L.A. Care also continues to be a part of the Target BP program from the American Heart Association (AHA) a partnership that started in 2018. As part of the Target BP program L.A. Care has pledged to help reduce blood pressure among its membership as well as provide blood pressure rates (HEDIS rates) to the AHA.

L.A. Care continues to share data with AHA and they provided materials and resources to help support on our efforts. This year we also provided aggregate data on diabetes. In 2020, materials were sent to our Direct Network providers that participate in the Transform LA project to support these clinics' in their efforts. Currently the team is exploring distributing blood pressure cuffs to high risk members in an effort to lower blood pressure rates while simultaneously supporting telehealth and keeping people safely at home.

QI, has also been working with the Community Clinic Association of Los Angeles County (CCALAC) on provider education and intervention development. The QI team has been working with CCALAC to help identify clinics that need support on diabetes management. This collaboration between the Health Education department and QI and CCLAC to provide and promote diabetes services. Services would include nutrition counseling, and connecting members with a pharmacist to help with medication therapy management. In addition, we have shared trainings such as the DHCS ECHO West training with their membership. Unfortunately, the therapy management program had to be placed on hold due to COVID-19. However, we continue to share and promote educational opportunities with the organization such as our customer service training for health care providers to help improve member experience. In addition, we hope to continue our work on disparity data. QI has worked closely with our new Health Equity Director to develop a useful disparities data set and she will soon be sharing our collaborative work with CCLAC and our community partners.

Finally, in August of 2020, the Initiatives team contributed \$10,000 to the food pantry events hosted by the Community Resource Centers to help provide food to LA County during the pandemic. Due to COVID-19, we cancelled several provider classes and we redistribute some of the monies to help support feeding the community at large. In addition, to money for food, the Initiatives team sent health education materials and information on L.A. Care services. Initiatives included materials on lead screening, the Healthy Baby Program with information on well care visits and immunizations, as well as an Important Phone Numbers card on how to reach various L.A. Care services including mental health support. These were provided to help tackle some social determinates of health while also providing education and support. QI plans to increase collaborations in the next year to help address health disparities and other issues that have been uncovered by the COVID-19 pandemic.

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 has been presenting at either ECAC or RCACs during the year. This fiscal year (2020), the QI team presented at seven different meetings on various topics ranging from member experience to preventive health. The QI team was on track to present at eight meetings but due to COVID two presentations were cancelled and six were completed.

In November of 2019, the Initiatives team presented on the importance of *Breast Cancer Screenings* at RCAC 9 meeting due to an identified health disparity in that region. Later, the same presentation was also given at the recently formed CMC Executive Advisory Committee (CMC EAC) since the measure mostly affects women over the age of 50. In December, there was also a presentation on *The Importance of Fluoride Varnish* to ECAC due to the importance of this benefit to Medi-Cal members. In January of 2020, the staff presented on the topic of *Attention Deficit/Hyper Activity Disorder (ADHD)* at RCAC 9 and requested feedback as to why member's rates were low when it came to follow up for this medication. This region, again, was chosen due to an identified health disparity. Many members expressed concerns about having children on these medications to begin with and were concerned about the lack of therapy available. This information was take back to the Behavioral Health work group and helped inform the group of the common perception of overmedication and often discounted use of medication as a barrier to stay up to date with their care. Dr. Kyle, the QI Medical Director discussed *COVID-19* which was requested by the

members. The purpose was to inform members of safety practices and lifestyle changes during the pandemic. In September QI presented on the *Preventive Health Guides*, at the ECAC Meeting. This presentation covered an updated guide of recommended tests and screenings for our health plan members.

The Quality Improvement Initiatives team plans to continue to meet with the Community Advisory Committees at least four times a year to share information on their work and to discuss any concerns or feedback members may have regarding our work.

LOOKING FORWARD

- Exploring collaborations with First 5 LA on oral health videos
- Exploring collaborations with Los Angeles Trust for Children’s Health to help develop initiatives to increase health services
- Sharing health disparity data with community partners
- Discussing health disparities in the presentations regarding preventive health screenings.

H.5 ACCESS TO CARE

AUTHOR: ISABELLA URBANO, MHA

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan monitors its provider network accessibility across all provider networks (Medi-Cal, PASC-SEIU Homecare Workers, Cal-MediConnect, L.A. Care Covered and L.A. Care Covered Direct) annually to ensure all members have adequate access to primary care, specialty care, non-physician mental health care, and ancillary services. In measurement year (MY) 2019, L.A. Care contracted with the vendor Center for the Study of Services (CSS) to conduct a Provider Appointment Availability Survey (as prescribed by the Department of Managed Health Care (DMHC) and the Provider After-Hours Access Survey. L.A. Care uses the results of these surveys to assess network compliance with provider appointment availability and after-hours access standards. L.A. Care also identifies opportunities for improvement by developing and prioritizing interventions to bring the network into compliance.

OBJECTIVES

- Measure appointment availability and after-hours accessibility of L.A. Care's Medi-Cal, PASC-SEIU, Cal-MediConnect, L.A. Care Covered, and L.A. Care Covered Direct practitioner network for members, including primary care physicians (PCPs), specialty care physicians (SCPs), and non-physician mental health providers and ancillary providers.
- Monitor supplemental data related to access to care, including CAHPS, CG-CAHPS and member grievances.
- Identify areas for improving provider appointment availability and after-hours accessibility.
- Develop, prioritize and implement interventions, as appropriate, for identified opportunities for improvement.

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SECTION 1: PROVIDER APPOINTMENT AVAILABILITY SURVEY

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY2019 Provider Appointment Availability Survey (PAAS) as prescribed by the MY2019 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 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 MY2019 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 2019 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 1c, display unique provider sample sizes by name of network and provider type. The original sample size was populated with providers that were in the L.A. Care network when the provider database was created. The response rate calculates the percentage of providers that responded to the survey out of the sum total of providers that responded, refused, and did not respond after the maximum call attempts.

	Provider Type	Original Sample Size	Eligible Provider Sample Size	Response Rate
Medi-Cal Aggregate	PCP	6,616	5,913	65%
MCLA	PCP	3,020	2,823	71%
Anthem Blue Cross	PCP	2,652	2,371	64%
Blue Shield Promise	PCP	2,047	1,760	60%
PASC-SEIU	PCP	304	291	97%
Cal MediConnect	PCP	2,375	2,206	70%
L.A. Care Covered	PCP	3,120	2,907	70%
L.A. Care Covered Direct	PCP	2,484	2,313	69%
Medi-Cal Aggregate	SCP	2,922	2,297	44%
MCLA	SCP	1,787	1,432	49%
Anthem Blue Cross	SCP	1,018	781	38%
Blue Shield Promise	SCP	365	304	46%
PASC-SEIU	SCP	284	257	62%
Cal MediConnect	SCP	2,050	1,729	49%
L.A. Care Covered	SCP	1,828	1,518	46%
L.A. Care Covered Direct	SCP	1,518	1,265	50%

Table 1b: Appointment Availability Provider Response Rate (Mental Health)^				
	Provider Type	Original	Eligible	Response
		Sample Size	Provider Sample Size	
MCLA	Non-MD Mental Health	2,649	485	18%
L.A. Care Direct Network (MCLA)	Non-MD Mental Health	39	0	0%
PASC-SEIU	Non-MD Mental Health	2,642	490	19%
Cal-MediConnect	Non-MD Mental Health	2,279	403	18%
L.A. Care Covered	Non-MD Mental Health	2,665	494	19%
L.A. Care Covered Direct	Non-MD Mental Health	2,364	468	20%
MCLA	Psychiatry	502	119	24%
PASC-SEIU	Psychiatry	581	124	21%
Cal MediConnect	Psychiatry	685	136	20%
L.A. Care Covered	Psychiatry	584	121	21%
L.A. Care Covered Direct	Psychiatry	436	114	26%

[^]Mental health providers in the plan partner networks are not included in the MY2019 survey.

Table 1c: Appointment Availability Provider Response Rate (Ancillary)^				
	Provider Type	Original	Eligible Provider	Response
		Sample Size	Sample Size	
MCLA	Physical Therapy	33	17	52%
MCLA	Mammogram	205	29	14%
PASC-SEIU	Physical Therapy	0	0	0%
PASC-SEIU	Mammogram	21	0	0%
Cal MediConnect	Physical Therapy	11	6	55%
Cal MediConnect	Mammogram	118	14	12%
L.A. Care Covered	Physical Therapy	33	17	52%
L.A. Care Covered	Mammogram	197	28	14%
L.A. Care Covered Direct	Physical Therapy	0	0	0%
L.A. Care Covered Direct	Mammogram	1	0	0%

[^]Ancillary providers in the plan partner networks are not included in the MY2019 survey. *Due to data challenges, PASC ancillary results are not available and there are minimal LACCD results.

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 MY2018 and MY2019 in each table.

Primary Care results are displayed by composite (all surveyed PCP types). Specialty results are displayed by Composite (all surveyed specialties excluding, mental health), DMHC required, High Impact, High Volume, and Mental Health. The compliance rates are compared to performance goals established by L.A. Care.

COMPLIANCE SUMMARIES: MEDI-CAL, MCLA, CMC, PASC, LACC, LACCD AGGREGATE

^Preventive Services for Adults and Pediatrics broken out in MY2019.

Table 2a: Aggregate Year-Over-Year Comparison – PCP and SCP Composite (ALL LOBs)														
Appointment Type	Standard		MEDI-CAL		MCLA		CMC		PASC		LACC		LACCD	
			PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP
Urgent Appointment	48 Hours	96 Hours	85%	78%	87%	77%	86%	76%	99%	88%	87%	76%	87%	76%
Routine Appointment	10 Bus. Days	15 Bus. Days	96%	91%	97%	91%	96%	88%	99%	96%	97%	89%	97%	89%
Preventive Services (Combined)	NA		98%	NA	98%	NA	98%	NA	99%	NA	98%	NA	98%	NA
Preventive Services (Adult)^	30 Cal. Days		99%	NA	99%	NA	98%	NA	99%	NA	98%	NA	98%	NA
Preventive Services (Pediatric)^	10 Bus. Days		97%	NA	98%	NA	99%	NA	100%	NA	97%	NA	97%	NA
Initial Prenatal Visit	10 Bus. Days		99%	94%	99%	94%	99%	91%	100%	100%	99%	94%	98%	94%
In-Office Waiting Room Time	30 Minutes		96%	93%	96%	93%	96%	94%	99%	99%	96%	92%	96%	91%
Normal Business Hours Call Back	30 Minutes		66%	59%	66%	59%	64%	57%	67%	93%	65%	60%	66%	60%
Process for Rescheduling Missed or Cancelled Appointments	Yes		99%	99%	99%	98%	99%	99%	100%	98%	99%	98%	99%	98%
Call-Back time to Reschedule Appointments	48 Hours		94%	88%	94%	89%	94%	89%	96%	99%	94%	90%	94%	90%

COMPLIANCE SUMMARIES: MEDI-CAL DIRECT (MCLA) & PLAN PARTNERS

The tables below display measurement year (MY) 2019 compliance rates by Medi-Cal direct (MCLA) and plan partners.

Table 3a: MCLA & Plan Partners - Aggregate PCP (Composite)		MCLA		BCSC		BSPHP	
Appointment Type	Standard	valid n	Compliance rate	valid n	compliance rate	valid n	Compliance rate
Urgent Appointment	Within 48 Hours	3,841	87%	2,631	83%	1,673	83%
Routine Appointment	Within 10 Business Days	3,901	97%	2,692	96%	1,698	97%
Preventive Services (Combined)	NA	3,184	98%	2,450	98%	1,577	99%
Preventive Services (Adult)^	30 Cal. Days	2,419	99%	1,783	99%	1,209	99%
Preventive Services (Pediatric)^	10 Bus. Days	765	98%	667	97%	368	98%
Initial Prenatal Visit	Within 10 Business Days	702	99%	650	99%	516	99%
In-Office Waiting Room Time	Within 30 Minutes	3,027	96%	2,411	96%	1,577	96%
Normal Business Hours Call Back	Within 30 Minutes	2,953	66%	2,292	65%	1,456	64%
Process for Rescheduling Missed or Cancelled Appointments	Yes	3,142	99%	2,513	99%	1,604	98%
Call-Back time to Reschedule Appointments	Within 48 Hours	3,099	94%	2,473	94%	1,584	94%

Table 3b: MCLA & Plan Partners - Aggregate SCP (Composite)		MCLA		BCSC		CFST	
Appointment Type	Standard	valid n	Compliance rate	valid n	Compliance rate	valid n	Compliance rate
Urgent Appointment	Within 96 Hours	1,268	77%	932	81%	469	79%
Routine Appointment	Within 15 Business Days	1,316	91%	961	90%	471	92%
Initial Prenatal Visit	Within 10 Calendar Days	214	94%	0	NR	0	NR
In-Office Waiting Room Time	Within 30 Minutes	1,262	93%	938	93%	463	94%
Normal Business Hours Call Back	Within 30 Minutes	1,221	59%	885	60%	397	58%
Process for Rescheduling Missed or Cancelled Reschedule Appointments	Yes	1,288	98%	953	99%	462	100%

Table 3b: MCLA & Plan Partners - Aggregate SCP (Composite)		MCLA		BCSC		CFST	
Appointment Type	Standard	valid n	Compliance rate	valid n	Compliance rate	valid n	Compliance rate
Call-Back time to Appointments	Within 48 Hours	1,230	89%	892	86%	413	90%

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 8 includes all PPGs surveyed in the 2019 PAAS across all lines of business. Compliance rates are representative of the Medi-Cal line of business.

Table 8: PPG Aggregate Compliance				
PPG Name	2019 PCP Urgent Goal: 95%	2019 PCP Routine Goal: 100%	2019 SCP Urgent Goal: 90%	2019 SCP Routine Goal: 94%
Access IPA	94%	100%	100%	100%
Accountable Health Care IPA	86%	97%	76%	93%
Advantage Health Network IPA	83%	100%	83%	100%
All Care Medical Group	67%	100%	NA	NA
Allied Pacific IPA	85%	96%	74%	91%
Alpha Care Medical Group	100%	100%	69%	85%
Altamed Health Services	86%	93%	72%	89%
Angeles IPA	87%	98%	71%	85%
Antelope Valley Medical Associates	NA	NA	NA	NA
Apollo Healthcare Inc	NA	NA	NA	NA
Applecare Medical Group	88%	97%	74%	87%
Associated Hispanic Physicians of Southern California	82%	95%	76%	82%
Axminster Medical Group	100%	100%	71%	71%
Beacon Health Strategies	NA	NA	77%	87%
Bella Vista IPA	87%	100%	93%	95%
Cal Care IPA	79%	98%	91%	92%
Children's Hospital Medical Group	NA	NA	33%	43%
Citrus Valley Physicians Group	83%	98%	80%	95%
Community Family Care	83%	97%	78%	96%
County of LA Dept of Health Services	100%	99%	91%	95%
Crown City Medical Group	87%	100%	93%	100%
Eastland Medical Group	77%	95%	85%	100%
El Proyecto Del Barrio	70%	90%	81%	92%
Exceptional Care Medical Group	84%	98%	73%	91%
Family Care Specialists Medical Group	96%	96%	75%	94%
Global Care IPA	83%	98%	76%	87%
Health Care LA IPA	78%	96%	79%	90%

Table 8: PPG Aggregate Compliance

PPG Name	2019 PCP Urgent Goal: 95%	2019 PCP Routine Goal: 100%	2019 SCP Urgent Goal: 90%	2019 SCP Routine Goal: 94%
Healthcare Partners Medical Group	74%	94%	67%	93%
Healthy New Life Med Corp	100%	100%	75%	100%
High Dessert	63%	100%	94%	100%
Imperial Health Holdings Medical Group	82%	89%	64%	91%
Karing Physicians Medical Group	100%	100%	100%	80%
LA Care Direct	89%	97%	75%	92%
La Salle Medical Associates	93%	100%	86%	86%
Lakeside Medical Group	85%	94%	67%	93%
Los Angeles Medical Center IPA	91%	94%	87%	100%
Memorial Children's Specialty Medical Group	NA	NA	0%	100%
Mission Community IPA	71%	100%	100%	100%
Noble Community Medical Associates	91%	99%	88%	93%
Northeast Community Clinic	NA	NA	NA	NA
Omnicare Medical Group	86%	100%	77%	97%
Pioneer Provider Network	69%	77%	100%	100%
Pomona Valley Medical Group	72%	98%	79%	88%
Preferred IPA of California	84%	96%	87%	90%
Premier Physician Network	NA	NA	NA	NA
Prospect Medical Group	84%	96%	79%	92%
Regal Medical Group	85%	96%	70%	93%
Regent Medical Group	85%	95%	88%	93%
San Judas Medical Group	100%	100%	80%	100%
San Miguel IPA	100%	100%	100%	100%
Seaside Health Plan	80%	95%	NA	NA
Seoul Medical Group	NA	NA	NA	NA
Serra Community Medical Clinic	NA	NA	72%	94%
Sierra Medical Group	78%	89%	90%	100%
So Ca Children Healthcare Network	100%	100%	100%	100%
South Atlantic Medical Group	92%	100%	88%	94%
Southland Advantage Medical Group	73%	91%	100%	100%
Southland San Gabriel Valley Medical Group	81%	88%	82%	82%
St. Vincent IPA	NA	NA	100%	100%
Superior Choice Medical Group	84%	99%	84%	96%
Talbert Medical Group	74%	94%	67%	93%
Universal Care Medical Group	83%	100%	100%	100%

COMPLIANCE SUMMARIES: AGGREGATE ANCILLARY RESULTS

Table 9 below displays the three-year trend in compliance rates for ancillary providers. Results are separated out by line of business.

Table 9: Ancillary Results							
Ancillary Type	Line of Business	2017	2018	2019	Variance	Performance Goal	Goal Met
Mammogram	Medi-Cal	100%	92%	97%	5%	100%	No
Physical Therapy	Medi-Cal	100%	87%	96%	9%	100%	No
Mammogram	Cal-MediConnect	100%	100%	100%	0%	100%	Yes
Physical Therapy	Cal-MediConnect	100%	90%	83%	-7%	100%	No
Mammogram	L.A. Care Covered	100%	92%	93%	1%	100%	No
Physical Therapy	L.A. Care Covered	100%	87%	94%	7%	100%	No
Mammogram	L.A. Care Covered Direct	100%	92%	NR	NR	100%	No
Physical Therapy	L.A. Care Covered Direct	100%	87%	NR	NR	100%	No
Mammogram	PASC-SEIU*	NR	NR	NR	NR	100%	No
Physical Therapy	PASC-SEIU*	NR	NR	NR	NR	100%	No

*Due to data challenges, PASC ancillary results are not available from 2017-2019.

Quantitative Analysis

Medi-Cal

An analysis of the Medi-Cal appointment availability survey results revealed the following:

- A majority of compliance rates did not meet L.A. Care goals but were relatively close.
- PCPs have increased compliance with several appointment availability measures from MY2018 to MY2019. Routine Appointments (+1%), Preventive Services (+3% combined), and In-Office Waiting Room Time (+1%) all increased. The appointment measures that decreased are Urgent Appointment (-3%), Normal Business Hours Call Back (-4%) and Call-Back Time to Reschedule Missed Appointment (-2%). The remaining appointment measures have remained stable with compliance.
- Overall, SCPs have decreased compliance with most of the appointment availability measures from MY2018 to MY2019. The only appointment measure that increased is In-Office Waiting Room Time (+3%). Urgent Appointment Availability (-9%), Call-Back Time to Reschedule Missed Appointments (-6%), and Normal Business Hours Call Back (-5%) displayed the largest decreases in compliance from MY2018 to MY2019. The remaining appointment measures have less significant decreases with compliance.
- Dermatology is the specialty type that displayed the largest decrease in compliance with both urgent appointments (-18%) and routine appointment (-37%). The Dermatology Urgent Appointment

compliance rate of 66% was well below the L.A. Care goal of 90%. The Routine Appointment compliance rate 63% also performed poorly against the L.A. Care goal of 94%.

- 0/11 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 90%), Normal Business Hours Call-Back (Goal: 73%), and Call-Back Time to Reschedule Missed Appointments (Goal: 97%).
- 3/11 DMHC required, high-impact, or volume specialty types met L.A. Care goals for Routine Appointments (Goal: 94%): Cardiology (94%), Oncology (96%), and Ophthalmology (100%).
- 5/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 100%): Oncology, Dermatology, Podiatry, Urology, and Non-Physician Mental Health.
- 4/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 100%): Oncology, Ophthalmology, Podiatry, and Urology.

Cal-MediConnect

An analysis of the Cal-MediConnect appointment survey results revealed the following:

- PCPs have increased compliance with several appointment availability measures from MY2018 to MY2019. Routine Appointments (+2%), Preventive Services (+4% combined), and In-Office Waiting Room Time (+1%) all increased. The appointment measures that decreased are Urgent Appointment (-1%), Normal Business Hours Call Back (-3%) and Call-Back Time to Reschedule Missed Appointment (-1%). The remaining appointment measures have remained stable with compliance.
- SCPs have decreased compliance with most of the appointment availability measures from MY2018 to MY2019. The only appointment measure that increased is In-Office Waiting Room Time (+4%). Urgent Appointment Availability (-9%), Initial Prenatal Visits (-5%), and Normal Business Hours Call Back (-7%) displayed the largest decreases in compliance from MY2018 to MY2019. The remaining appointment measures have less significant decreases with compliance.
- 0/11 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 90%), Normal Business Hours Call-Back (Goal: 74%), and Call-Back Time to Reschedule Missed Appointments (Goal: 97%).
- 2/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for Routine Appointments (Goal: 94%): Cardiology (95%) and Oncology (100%)
- 5/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 100%): Oncology, Neurology, Podiatry, Urology, and Non-Physician Mental Health.
- 5/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 100%): Endocrinology, Cardiology, Oncology, Neurology, and Podiatry.

PASC-SEIU

An analysis of the PASC-SEIU appointment survey results revealed the following:

- PCPs have increased compliance with almost all of the appointment availability measures from MY2018 to MY2019. The only appointment measures that remained the same is Process for Rescheduling Missed Appointments. Normal Business Hours Call Back (+11%), Urgent Appointment (+25%), and Routine Appointment (+13%) display the largest increases in compliance from MY2018 to MY2019.
- SCPs have increased compliance with most of the appointment availability measures from MY2018 to MY2019. The two appointment measures that decreased are for Process for Rescheduling Missed Appointments (-2%) and Call-Back Time for Rescheduling Missed Appointments (-1%).

Initial Prenatal Visit (+40%), Normal Business Hours Call-Back (+25%) and In-Office Waiting Room Time (+11%) all demonstrate significant increases in compliance. The remaining measures either have a slight increase in compliance or remained the same in comparison to the previous year.

- 2/11 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 94%): Oncology (100%) and Infectious Disease (97%).
- 4/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for Routine Appointments (Goal: 97%): Gastroenterology (100%), Oncology (100%), Podiatry (100%), and Infectious Disease (100%).
- 9/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 99%): Gastroenterology (100%), Cardiology (100%), Oncology (100%), Obstetrics/Gynecology (100%), Dermatology (100%), Ophthalmology (100%), Podiatry (100%), Infectious Disease (100%), and Non-Physician Mental Health (100%).
- 8/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Normal Business Hours Call-Back (Goal: 84%): Gastroenterology (100%), Cardiology (93%), Oncology (89%), Obstetrics/Gynecology (96%), Dermatology (100%), Ophthalmology (89%), Podiatry (100%), and Infectious Disease (97%).
- 7/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 100%): Endocrinology, Cardiology, Oncology, Dermatology, Ophthalmology, Podiatry, and Infectious Disease.
- 8/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Call-Back Time for Rescheduling Missed Appointments (Goal: 100%): Endocrinology, Gastroenterology, Oncology, Obstetrics/Gynecology, Dermatology, Ophthalmology, Podiatry, and Infectious Disease.

L.A. Care Covered

An analysis of the L.A. Care Covered appointment survey results revealed the following:

- PCPs have decreased compliance with three of the appointment availability measures from MY2018 to MY2019. The appointment measures that decreased are Normal Business Hours Call Back (-3%), Urgent Appointment (-1%), and Call-Back Time to Reschedule Missed or Cancelled Appointments (-1%). Routine Appointments (+3%), and Preventive Services Appointments (+4% combined) all increased in compliance. The remaining measures remained stable in compliance in comparison to the previous year.
- SCPs have decreased compliance with most of the appointment availability measures from MY2018 to MY2019. The only appointment measure with an increase is for In-Office Waiting Room Time (+2%). The remaining measures all decreased in compliance with the exception of Routine Appointments which remained the same in comparison to the previous year.
- 1/11 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 88%): Podiatry (89%)
- 2/11 DMHC required, high-impact, or volume specialty types met L.A. Care goals for Routine Appointments (Goal: 92%): Cardiology (95%) and Oncology (96%).
- 3/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 95%): Dermatology (98%), Podiatry (100%), and Non-Physician Mental Health (100%).
- 1/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Normal Business Hours Call-Back (Goal: 69%): Psychiatry (74%).
- 5/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 100%): Endocrinology, Cardiology, Oncology, Podiatry, and Urology.

- 1/11 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: 97%): Oncology (98%).

L.A. Care Covered Direct

An analysis of the L.A. Care Covered Direct appointment survey results revealed the following:

- PCPs have increased compliance with four of the appointment availability measures from MY2018 to MY2019. The appointment measures with the largest increase are Preventive Services (+4% combined). Normal Business Hours Call-Back Time (-2%), Urgent Appointment (-1%), Initial Prenatal Visit (-1%), and Call-Back Time to Reschedule Missed Appointments (-1%) all displayed decreases in compliance from MY2018 to MY2019. The remaining measures have increased or remained stable in compliance.
- SCPs have decreased compliance with most of the appointment availability measures from MY2018 to MY2019. The appointment measures with the largest decrease is for Urgent Appointment (-8%). Only two appointment availability measures increased for Routine Appointments (+1%) and In-Office Waiting Room Time (+1%). The remaining measures have slight decreases in compliance.
- 1/11 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 88%): Podiatry (88%)
- 3/11 DMHC required, high-impact, or volume specialty types met L.A. Care goals for Routine Appointments (Goal: 92%): Cardiology (95%), Oncology (96%), and Obstetrics/Gynecology (92%).
- 4/11 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 95%): Dermatology (97%), Podiatry (100%), Urology (100%), and Non-Physician Mental Health (100%).
- 2/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Normal Business Hours Call-Back (Goal: 72%): Ophthalmology (72%) and Psychiatry (73%).
- 5/11 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 100%): Endocrinology, Cardiology, Oncology, Podiatry, and Urology.
- 2/11 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: 97%): Oncology (98%) and Psychiatry (92%). Note, L.A. Care Behavioral Health goals differ from L.A. Care SCP goals (Behavioral Health goal for this standard is 72%).

Table 8 Medi-Cal PPG Appointment Availability Aggregate Compliance

Table 8 includes the Urgent and Routine Appointment survey results for PPGs across all lines of business.

- 10 of the PPGs met the L.A. Care goals for PCP Urgent Appointment Availability. 17 of the PPGs met goals for PCP Routine Appointment Availability.
- 15 of the PPGs met the L.A. Care goal for SCP Urgent Appointment Availability. 26 of the PPGs met the L.A. Care goal for SCP Routine Appointment Availability.

Qualitative Analysis

Medi-Cal

Overall, PCPs increased or remained stable in compliance with appointment measures. For MY2019, L.A. Care surveyed 11 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 Endocrinology, Gastroenterology, Psychiatry, Non-Physician Mental Health, and Cardiology (also an L.A. Care high-impact specialty). The two high-impact specialties are Cardiology, as mentioned previously, and

Oncology. The five L.A. Care high-volume specialties are Obstetrics/Gynecology, Ophthalmology, Dermatology, Podiatry, and Urology. Overall, SCPs displayed a decrease in compliance with appointment measures with urgent appointments demonstrating the largest decline for SCPs. While Quality Improvement's collaboration with Provider Data Management and Contracts & Relationship Management produced a more accurate number of contracted specialties for MY2019, the larger pool of providers may have contributed to the overall decline in compliance rates. Quality Improvement targeted the MY2019 root-cause analysis to cover SCP urgent appointments to analyze the downward trend. Based on results received back from PPGs, a vast majority of providers and office staff are not aware of appointment availability standards. Refer to Table 10 to review the primary barriers and corrective action plans that many PPGs have implemented in response to L.A. Care's root-cause analysis request.

Cal-MediConnect

PCPs increased in compliance with most of the appointment measures. Although there was an increase in PCP compliance, the compliance rates did not meet L.A. Care goals but were relatively close. For MY2019, 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 Endocrinology, Gastroenterology, Psychiatry, Non-Physician Mental Health, and Cardiology (also an L.A. Care high-impact specialty). The two high-impact specialties are Cardiology, as mentioned previously, and Oncology. The five L.A. Care high-volume specialties are Obstetrics/Gynecology, Ophthalmology, Neurology, Podiatry, and Urology. Overall, SCPs displayed a decrease in compliance with most appointment measures. OB/GYN displayed the largest decrease in compliance with urgent appointments (-25%) and Podiatry displayed the largest decrease in compliance with routine appointments (-7%). The OB/GYN Urgent Appointment compliance 67% did not meet the L.A. Care goal of 90%. The Podiatry Routine Appointment compliance rate of 93% was only 1% below the L.A. Care goal of 94%. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2020. Quality Improvement targeted the MY2019 root-cause analysis to cover SCP urgent appointments to analyze the downward trend. Based on results received back from PPGs, a vast majority of providers and office staff are not aware of appointment availability standards. Refer to Table 10 to review the primary barriers and corrective action plans that many PPGs have implemented in response to L.A. Care's root-cause analysis request.

PASC-SEIU

PCPs increased or remained stable across all appointment measures. Although there was an increase in PCP compliance, there were several measures that did not meet L.A. Care goals but were relatively close. For MY2019, L.A. Care surveyed 11 different specialty types for PASC-SEIU since they are either DMHC required specialties or L.A. Care high-volume or high-impact specialties. The DMHC required specialties are comprised of Endocrinology, Gastroenterology, Psychiatry, Non-Physician Mental Health, and Cardiology (also an L.A. Care high-impact specialty). The two high-impact specialties are Cardiology, as mentioned previously, and Oncology. The five L.A. Care high-volume specialties are Obstetrics/Gynecology, Ophthalmology, Dermatology, Podiatry, and Infectious Disease. Overall, SCPs displayed an increase in compliance with appointment measures. PASC-SEIU is the only line of business that demonstrated an increase in compliance rates, with the exception of Call-Back Time to Reschedule Missed Appointment and Process for Rescheduling. Urgent Appointment compliance remained stable at 88% and relatively close to meeting the L.A. Care goal of 94%. The Routine Appointment compliance rate of 96% was 1% point away from the L.A. Care goal of 97%. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2020. Quality Improvement targeted the MY2019 root-cause analysis to cover SCP urgent appointments to analyze the downward trend, although PASC was an exception in the observed decrease. Based on results received back from PPGs, a vast majority of providers and office staff are not aware of appointment availability standards. Refer to Table 10 to review the primary barriers and corrective action plans that many PPGs have implemented in response to L.A. Care's root-cause analysis request.

As opposed to L.A. Care's other lines of business, the Normal Business Hours Call Back appointment measure had a significant increase in compliance for both PCPs and SCPs. Rates have increased to 67% for PCPs and 93% for SCPs, which demonstrate an increase of 11% and 25% respectively in comparison to the previous year.

L.A. Care Covered

PCPs have increased or remained stable with most of the appointment measures. However, compliance rates did not meet L.A. Care goals but compliance rates were relatively close. For MY2019, L.A. Care surveyed 11 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 Endocrinology, Gastroenterology, Psychiatry, Non-Physician Mental Health, and Cardiology (also an L.A. Care high-impact specialty). The two high-impact specialties are Cardiology, as mentioned previously, and Oncology. The five L.A. Care high-volume specialties are Obstetrics/Gynecology, Ophthalmology, Dermatology, Podiatry, and Urology. Overall, SCPs displayed a decrease in compliance with appointment measures. Urology displayed the largest decrease in compliance with urgent appointment (-22%). The compliance rate 63% did not meet the L.A. Care goal of 88%. Dermatology displayed the largest decrease in routine appointment (-27%). The compliance rate 73% was well below L.A. Care goal of 92%. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2020. Quality Improvement targeted the MY2019 root-cause analysis to cover SCP urgent appointments to analyze the downward trend. Based on results received back from PPGs, a vast majority of providers and office staff are not aware of appointment availability standards. Refer to Table 10 to review the primary barriers and corrective action plans that many PPGs have implemented in response to L.A. Care's root-cause analysis request.

L.A. Care Covered Direct

PCPs increased in compliance or remained stable with most of the appointment measures. However, a majority of compliance rates did not meet L.A. Care goals but compliance rates were relatively close. For MY2019, L.A. Care surveyed 11 different specialty types for LACCD since they are either DMHC required specialties or L.A. Care high-volume or high-impact specialties. The DMHC required specialties are comprised of Endocrinology, Gastroenterology, Psychiatry, Non-Physician Mental Health, and Cardiology (also an L.A. Care high-impact specialty). The two high-impact specialties are Cardiology, as mentioned previously, and Oncology. The five L.A. Care high-volume specialties are Obstetrics/Gynecology, Ophthalmology, Dermatology, Podiatry, and Urology. Overall, SCPs displayed a decrease in compliance with most appointment measures. The Urgent Appointment compliance rate of 76% did not meet the L.A. Care goal of 88%. The Routine Appointment compliance rate 89% was relatively close to meeting the L.A. Care goal of 92%. The specialty type with the largest decline in urgent appointments is OB/GYN with a deficit of 27% and compliance rate of 73%. Dermatology displayed the largest decline in urgent appointment compliance with a deficit of 30% with a compliance rate of 70%. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2020. Quality Improvement targeted the MY2019 root-cause analysis to cover SCP urgent appointments to analyze the downward trend. Based on results received back from PPGs, a vast majority of providers and office staff are not aware of appointment availability standards. Refer to Table 10 to review the primary barriers and corrective action plans that many PPGs have implemented in response to L.A. Care's root-cause analysis request.

Overall Qualitative Analysis : Medi-Cal, PASC-SEIU, Cal MediConnect, L.A. Care Covered, L.A. Care Covered Direct

The MY2019 DMHC PAAS methodology that excludes allowing a covering physician or practitioner to provide the urgent or routine appointment to members did not have a significant impact on PCP

performance as initially predicted in the 2019 Access to Care Report. It was previously L.A. Care Health Plan's practice to allow a covering physician or practitioner offer urgent or routine appointments to members, if the primary physician is not available. Despite this change, rates have remained stable across most lines of business and increased substantially for PASC in comparison to the previous year. Following MY2018, the Normal Business Hours Call Back appointment measure continues to have a significant decline in compliance for both PCPs and SCPs with the exception of the PASC-SEIU line of business. 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 MY2018 to MY2019. In MY2019, while After-Hours Timeliness rates were low, a majority of PPGs had compliance rates that scored greater than or equal to L.A. Care's performance goals. Due to this information, Quality Improvement decided not to focus on an intervention for After-Hours Timeliness for this measurement year. L.A. Care will revisit After-Hours performance goals and continue to monitor rates when MY2020 results are released in 2021.

Measurement Year 2019 Root-Cause Analysis for SCP Appointments

The MY2019 Root-Cause Analysis targeted SCP Urgent Appointments. The initial areas we considered include Call-Back During Normal Business Hours, Gastroenterology SCP Urgent Appointments, and General SCP Urgent Appointments. Since After-Hours Timeliness was targeted for the MY2018 RCA and Call-Back During Normal Business Hours ties in with this measure, we ruled this out. In MY2018, the MCLA Timeliness compliance rate was 34% which increased to 64% in MY2019. L.A. Care's MCLA After-Hours Timeliness performance goal is 62%. In addition, based on responses received last year, several providers are concerned that stating calls will be returned in 30 minutes is a legal issue and would prefer that the language is changed to "ASAP." While this is a supplemental question added to the survey by L.A. Care, it is a requirement by the DMHC: "If someone needs to call you back, they must call you within 30 minutes," so "ASAP" is not an option. This contributes to low compliance rates although L.A. Care After-Hours Timeliness goals are still being met; in an effort to increase compliance, L.A. Care provided PPGs acceptable After-Hours messaging examples and an After-Hours What You Need to Know handout to promote provider awareness.

We then identified specific provider types with low compliance rates for urgent appointments – this narrowed the list down to Gastroenterology, Dermatology, and Urology. Gastroenterology urgent appointments were the main contender due to the large sample size, however, after analyzing eligible responses by PPG, the remaining provider pool was significantly smaller than originally thought (N=519 which is the number of gastroenterologists listed in the SCP Provider Contact List but the actual population surveyed n=175 which is the number surveyed in the SCP Raw Data). In an effort to reach a larger population we concluded on targeting General SCP Urgent Appointments since only 8 out of 34 PPGs met L.A. Care goals ($\geq 90\%$). The average compliance rate without the higher performing PPGs is 75%.

The table below summarizes the most common answers L.A. Care received in response to the root-cause analysis request regarding non-compliance with SCP urgent appointments. Overall, a majority of responses stated that providers and office staff are unaware of timely access to care standards. PPGs have submitted corresponding corrective action plans which will be continuously monitored through a collaboration with Quality Improvement, Compliance, and Delegation Oversight.

Table 10: PPG RCA & CAP for SCP Urgent Appointment Non-Compliance	
Root Cause Analysis	Corrective Action Plan
<ul style="list-style-type: none"> RCA for SCP Urgent Appointments sent to PPGs on July 16 -17, 2020; responses due August 21, 2020. Providers and office staff unaware of Timely Access Standards Office turnover; staff unfamiliar with processes Lack of escalation by IPA leadership Regional challenges (Antelope Valley) 	<p>PPGs:</p> <ul style="list-style-type: none"> Providers will be re-educated and re-surveyed until brought into compliance; provide L.A. Care educational materials, explain regulatory requirements and contractual obligations. Issue CAPs to providers with continued non-compliance in re-audit. Inclusion of materials in provider onboarding

SECTION 2: CAHPS & CG-CAHPS SURVEY RESULTS FOR ACCESS TO CARE

Table 11a displays the CAHPS results for getting needed care (routine appointments) and needed care quickly (urgent appointments) for the Medi-Cal, L.A. Care Covered, and Cal-MediConnect networks. These results reflect the member’s perception of access to care. Table 11b displays the Consumer Group (CG) CAHPS results for the same measures in the Medi-Cal network only.

Table 11a: CAHPS Access to Care Measures ^{^*}						
Access Measure	Line of Business	MY2017	MY2018	MY2019	Performance Goal	Goal Met
When you contacted this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Adult)	Medi-Cal	75.6%	72.0%	76.8%	76%	Yes
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	74.8%	76.8%	76.6%	80%	No
When you contacted this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Child)	Medi-Cal	86.1%	84.0%	80.4%	87%	No
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Child)	Medi-Cal	74.5%	79.0%	83.9%	82%	Yes

Table 11a: CAHPS Access to Care Measures ^{^*}						
Access Measure	Line of Business	MY2017	MY2018	MY2019	Performance Goal	Goal Met
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Adult)	L.A. Care Covered	71.7%	67.1%	66.4%	71%	No
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Adult)	L.A. Care Covered	75.4%	66.3%	66.9%	70%	No
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Adult)	Cal-MediConnect	73%	75%	81.0%	79%	Yes
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Adult)	Cal-MediConnect	80%	83%	88.0%	87%	Yes

[^]Child CAHPS results not reported in Cal-MediConnect and L.A. Care Covered network.

*source: Q4 2017, Q4 2018, and Q4 2019 QI Workplans.

Table 11b: CG-CAHPS Access to Care Measures ^{*^}				
Access Measure	Line of Business*	MY2017	MY2018	MY2019
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	52.7%	51.7%	52.6%
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	55.9%	53.7%	56.4%
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	61.8%	60.7%	57.6%

Table 11b: CG-CAHPS Access to Care Measures*^				
Access Measure	Line of Business*	MY2017	MY2018	MY2019
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Child)	Medi-Cal	64.0%	61.1%	60.9%

*CG-CAHPS performed for Medi-Cal network only.

^Source: 2017-2019 CG-CAHPS Adult and Child Reports

Quantitative Analysis

Medi-Cal

- CAHPS Adult member satisfaction with getting timely urgent appointments increased by 4.8% from 2018 to 2019.
- CAHPS Adult member satisfaction with getting timely routine appointments decreased by 0.2% from 2018 to 2019.
- CAHPS Child member satisfaction with getting urgent appointments decreased by 3.6% from 2018 to 2019.
- CAHPS Child member satisfaction with getting routine appointments increased by 4.9% from 2018 to 2019.
- CG-CAHPS Adult member satisfaction with getting timely urgent appointments increased by 6.8% from 2019 to 2020.
- CG-CAHPS Adult member satisfaction with getting timely routine appointments increased by 8.5% from 2019 to 2020.
- CG-CAHPS Child member satisfaction with getting timely urgent appointments decreased by 5.0% from 2019 to 2020.
- CG-CAHPS Child member satisfaction with getting timely routine appointments decreased by 0.5% from 2019 to 2020.

L.A. Care Covered

- CAHPS Adult member satisfaction with getting timely urgent appointments decreased by 0.7% from 2018 to 2019.
- CAHPS Adult member satisfaction with getting timely routine appointments increased by 0.6% from 2018 to 2019.

Cal-MediConnect

- CAHPS Adult member satisfaction with getting timely urgent appointments increased by 6.0% from 2018 to 2019.
- CAHPS Adult member satisfaction with getting timely routine appointments increased by 5.0% from 2018 to 2019.

Qualitative Analysis

Medi-Cal

Adult HP-CAHPS scores for Medi-Cal declined across the board and performance remains very low compared to benchmarks. All ratings and composites scored below the Quality Compass 25th percentile, with the exception of Customer Service. Getting Needed Care is the lowest rated composite, followed by

Getting Care Quickly and Care Coordination, which should also be prioritized for improvement. As with children in Medicaid, Customer Service is scored the highest and thus is least in need of intervention, followed by Physician Communication.

The adult population in Medi-Cal seeks specialty care more often than children, which may be driving down the overall perception of quality of health care. A prior study conducted by L.A. Care showed that members that 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 Teledoc for telemedicine. Therefore, a limited or taxed specialty network and regions with fewer providers may be some of the drivers causing the lower rates in Getting Care Quickly and 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 Teledoc.

In Fall 2020, Optum, a health care technology and consulting company contracted with L.A. Care to build out the direct network and provide analytical services, completed an analysis on L.A. Care's behalf of CG-CAHPS scores from 2017-2019, using propensity scoring to link data from linking data to other sources including utilization data and that related to social determinants of health (SDoH). Many Some of the findings observed in CG-CAHPS can be extrapolated for HP-CAHPS. The analysis emphasized that interaction with the provider is key to overall scores and that member expectations play a strong role as well. Members with lower needs related to SDoH (such as housing) rate their healthcare lower, reinforcing the idea that individuals with more resources expect higher levels of quality and service in their care. Healthier members reported lower quality care, which echoes previous analyses of HP-CAHPS results. A positive finding was that members with conditions like diabetes, hypertension, obesity, and cancer rate their care higher than individuals who do not have those conditions, indicating they feel cared for. Optum recommended segmenting members into priority groups to execute different strategies for member experience improvement.

L.A. Care Covered

Most Composites and two Ratings declined between the 2018 and 2019 measurement years. Rating of Personal Doctor and Rating of Specialist both decreased, but the Health Plan rating remained the same as the prior two years. L.A. Care performed in the 50th percentile or higher for Rating of Health Plan and Rating of Health Care. Enrollee Experience with Cost and Access to Information saw large declines, suggesting that members do not know where to find information on costs or have found that information to be inaccurate.

In the official results from CMS, L.A. Care is a three-star plan for Plan Efficiency, Affordability, and Management, as well as Plan Service and Enrollee Experience with the Plan. Doctor and Care and Efficiency and Affordability are rated two stars, while Enrollee Experience and Access and Coordination are rated one star. Unfortunately, the star estimates from DSS were higher than the official results from CMS. The star ratings point out that access to care should be the highest priority, while members are moderately satisfied with service from L.A. Care.

There was a very large increase in responses from members who reported having received specialty care (183 responses vs. 79). Also, more members responded who were in worse health, compared to previous years. Respondents were older (more likely to be 55+, less likely to be 18-34), less educated, more female, more Latino or White, more employed full time (so less time for visits) than the previous year. L.A. Care analyzed survey scores from 2018 and found that members with higher education levels and those who reported not seeing their provider rated the Health Plan and quality of Health Care lower.

This product performs differently than Medi-Cal and CMC in that a larger proportion of members report dissatisfaction with their provider(s). Rating of Personal Doctor, Rating of Specialist, and Doctor's communication all scored poorly in 2019 and showed declines over the prior year. It could be that our largely safety net provider network does not meet the expectations associated with the commercial consumer. Additionally, this group scored Health Plan Customer Service low and the rates declined from the prior year while the same rating for the child survey in Medi-Cal improved. Overall, LACC members seem unhappy with most of levels of service.

For this population there are several opportunities for improvement, but working on provider coaching and improving customer service both in the office and at the health plan level seem important for this population. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. Attitude and service continue to have the second highest level of grievances for this product line, so both the health plan and provider offices should continue to improve their systems and train staff.

Cal-MediConnect

CMC scores in 2019 improved for most Ratings and Composites and most measures met or exceeded the MMP Average. This shows considerable progress in member experience and satisfaction for this product line.

The primary exception to this progress is the Getting Needed Drugs composite. Interestingly, Rating of Drug Plan increased by five points and was statistically higher than Medicare Advantage plans on average. It is probable that L.A. Care CMC members rate the drug plan higher because of their access to no-cost drugs, while commercial Medicare Advantage members may have copays. The discrepancy between the high performing Rating of Drug Plan and the lower performer Getting Needed Drugs composite may be explained by the fact that the CMC formulary is more limited in choices compared to many commercial plans. Members can also be subject to step therapy, which may be a pain point. L.A. Care is hopeful that the Getting Needed Drugs rate will improve for the coming survey, as a result of a new protocol put into place in which new members who enrolled already prescribed a non-formulary drug received personalized outreach to the provider office to ensure a seamless transition to an alternative drug on the formulary.

Dual Eligible Medi-Cal and Medicare member have higher utilization and more complex health needs than other populations, so it was surprising that there were too few responses to score the Rating of Specialist. It is also generally assumed that Dual plans do not perform as well as non-Dual and other commercial plans; however, the 2019 results show that CMC generally performs at about the same level as Medicare Advantage plans on average.

The six percentage point increase in the Customer Service composite may reflect the improvements L.A. Care's Customer Solutions Center has implemented in the past two years.

It is possible that some dissatisfaction amongst these members is linked to billing, given the higher grievance rate for this category. Billing and Finance was one of our priorities for this year; the Grievances and Appeals Department analyzed data around members receiving bills and identified the top three causes:

1. The member did not show the provider/facility their L.A. Care ID Card when they obtained services – especially in the specialist office.
2. The provider/facility did not probe effectively to determine if there was other coverage beyond Medicare.
3. The coverage information is not getting to the radiologist provider in particular.

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
2016-2017	Medi-Cal	13,073	2,565	19.6%
2017-2018	Medi-Cal	14,136	2,771	19.6%
2018-2019	Medi-Cal	19,408	4,529	23.3%
Cal-MediConnect				
2016-2017	Cal-MediConnect	925	219	23.7%
2017-2018	Cal-MediConnect	1,789	319	17.8%
2018-2019	Cal-MediConnect	3,382	785	23.2%
L.A. Care Covered				
2016-2017	L.A. Care Covered	93	31	33.3%
2017-2018	L.A. Care Covered	4,616	500	10.8%
2018-2019	L.A. Care Covered	6,245	805	12.9%

*Rate per 1000 members is calculated based on the avg of member months for the measurement period.

^Source: 2020 NCQA Appeals & Grievances ME 7 Annual Report

Quantitative Analysis

- ***Medi-Cal***: The percentage of access complaints increased by 3.7% from fiscal years 2017-2018 to 2018-2019.
- ***Cal-MediConnect***: The percentage of access complaints increased by 5.4% from fiscal years 2017-2018 to 2018-2019.
- ***L.A. Care Covered***: The percentage of access complaints increased by 2.1% from fiscal years 2017-2018 to 2018-2019.

Qualitative Analysis

Medi-Cal:

Overall, the member's experience and measurement of satisfaction is based on the perceived delivery and quality of service provided by the treating practitioner, practitioner's office staff, and/or Plan staff (inclusive of our delegated entities). Based upon review of the data for this measurement period, the top two categories are Attitude and Service and Access. The data supports the top two reasons for dissatisfaction in these categories are related to the following:

- Dissatisfaction with their Transportation services
- Dissatisfaction with their Primary Care Physician and/or office staff

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:

- Dissatisfaction with transportation services

Due to ongoing issues with transportation services, the Plan transitioned transportation services for the Cal MediConnect line of business to a new vendor in March 2019. As a result, the Plan experienced an increase during the three months of the transition. The Plan conducted daily and weekly meetings with the new transportation vendor during the initial 90 days. The grievance rate decreased by June 2019 and continued to decrease each month for the remainder of the current measurement period.

The data also supports an increase for Quality of Care grievances when compared to the previous measurement period. This can be attributed to increased quality monitoring for grievances related to quality of care issues. As part of the Appeal and Grievance Quality Monitoring program, the quality scorecard was modified to include an element to measure appropriate referral of Potential Quality Issues (“PQIs”) to the Quality Department.

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 MY2019 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 2019. Provider offices were surveyed during closed office hours (early morning, evening, holiday or weekend hours). L.A. Care Health Plan requires PCPs or their designated on-call licensed practitioners, be available to coordinate patient care beyond normal business hours. To achieve after-hours compliance, PCPs must utilize one of the following systems and meet the requirements as outlined:

- A. Automated systems
 - Must provide emergency instructions
 - Offer a reasonable process to contact the PCP or their covering practitioner or other "live" party
 - If process does not enable the caller to contact the PCP or their covering practitioner directly, the "live" party must have access to a practitioner for both urgent and non-urgent calls.
- B. Professional exchange staff
 - Must provide process for emergency calls
 - Must have access to practitioner for both urgent and non-urgent calls.
- C. To achieve after-hours timeliness compliance, PCPs, their covering practitioner, or a screening/triage clinician (RN, NP or PA) must return a member's call within 30 minutes.

L.A. Care submitted to CSS a complete database of L.A. Care's network of PCPs. Using address and phone number, up to five practitioners were rolled up into one record. Based on the provider's response to each survey question and the established access standard, the provider is categorized as being either compliant or non-compliant.

RESPONSE RATES:

Table 13: After-Hours Response Rate

	Original Sample Size	Eligible Provider Size	Response Rate [^]
Medi-Cal Aggregate	6,616	5,955	99%
MCLA	3,020	2,742	99%
Anthem Blue Cross	2,652	2,418	99%
Blue Shield Promise	2,047	1,816	99%
PASC-SEIU	304	287	100%
Cal-MediConnect	2,375	2,150	99%
L.A. Care Covered	3,120	2,813	99%
L.A. Care Covered Direct	2,484	2,241	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	2017	2018	2019	Variance	Performance Goal	Goal Met
Access Compliance	Medi-Cal Aggregate	73%	85%	83%	-2%	80%	Yes
Timeliness Compliance	Medi-Cal Aggregate	55%	34%	64%	30%	62%	Yes
Combined Access & Timeliness Compliance	Medi-Cal Aggregate	49%	32%	62%	30%	55%	Yes
Access Compliance	MCLA	73%	86%	84%	-2%	80%	Yes
Timeliness Compliance	MCLA	57%	34%	64%	30%	62%	Yes
Combined Access & Timeliness Compliance	MCLA	50%	33%	62%	29%	55%	Yes

Table 14a: Medi-Cal Aggregate Year-over-Year Comparison							
After-Hours Measure	Line of Business	2017	2018	2019	Variance	Performance Goal	Goal Met
Access Compliance	CFST	69%	85%	82%	-3%	80%	Yes
Timeliness Compliance	CFST	51%	34%	63%	29%	62%	Yes
Combined Access & Timeliness Compliance	CFST	45%	33%	61%	28%	55%	Yes
Access Compliance	BCSC	73%	84%	82%	-2%	80%	Yes
Timeliness Compliance	BCSC	55%	35%	64%	29%	62%	Yes
Combined Access & Timeliness Compliance	BCSC	50%	34%	62%	28%	55%	Yes
Access Compliance	PASC	69%	83%	82%	-1%	76%	Yes
Timeliness Compliance	PASC	62%	18%	67%	49%	69%	No
Combined Access & Timeliness Compliance	PASC	58%	18%	67%	49%	65%	Yes
Access Compliance	Cal-MediConnect	73%	85%	84%	-1%	80%	Yes
Timeliness Compliance	Cal-MediConnect	57%	34%	64%	30%	64%	Yes
Combined Access & Timeliness Compliance	Cal-MediConnect	50%	32%	61%	29%	57%	Yes
Access Compliance	L.A. Care Covered	73%	86%	83%	-3%	80%	Yes
Timeliness Compliance	L.A. Care Covered	57%	33%	64%	31%	64%	Yes
Combined Access & Timeliness Compliance	L.A. Care Covered	50%	32%	62%	30%	57%	Yes
Access Compliance	L.A. Care Covered Direct	73%	86%	84%	-2%	80%	Yes
Timeliness Compliance	L.A. Care Covered Direct	57%	36%	64%	28%	64%	Yes
Combined Access & Timeliness Compliance	L.A. Care Covered Direct	50%	35%	62%	27%	57%	Yes

Table 14b: PPG Aggregate Compliance

PPG Name	2019		
	Access Goal ≥ 80%	Timeliness Goal ≥ 62%	Combined Goal ≥ 55%
Access IPA	76%	56%	56%
Accountable IPA	86%	65%	64%
Advantage Health Network	71%	71%	71%
Allied Pacific IPA	85%	69%	67%
Alpha Care Medical Group LA	100%	100%	100%
Altamed Health Services	70%	46%	44%
Angeles IPA	87%	71%	67%
Anthem	86%	73%	69%
Applecare Medical Group	89%	74%	73%
Associated Hispanic Physicians of So California	80%	60%	58%
Axminster Medical Group	80%	51%	47%
Bella Vista IPA	84%	72%	69%
Cal Care IPA	89%	73%	71%
Children's Hospital Medical Group	NA	NA	NA
Citrus Valley Physicians Group	84%	66%	65%
Community Family Care	85%	64%	64%
County of LA Dept of Health Services	81%	65%	65%
Crown City Medical Group	90%	63%	63%
Eastland Medical Group	82%	67%	64%
El Proyecto Del Barrio	79%	48%	48%
Exceptional Care Medical Group	84%	59%	58%
Family Care Specialists Medical Group	75%	55%	55%
Family Health Alliance Medical Group	NA	NA	NA
Global Care IPA	82%	64%	64%
Health Care LA IPA	75%	55%	52%
Healthy New Life Medical Corporation	88%	50%	50%
High Desert	88%	42%	42%
Hispanic Physicians IPA	77%	63%	63%
Imperial Health Holdings Medical Group	87%	77%	72%
Karing Physician Medical Group	95%	85%	85%
LA Care Direct	93%	76%	76%
La Salle Medical Associates	60%	55%	45%
Lakeside Medical Group	83%	64%	62%
Los Angeles Medical Center IPA	83%	68%	65%
Omnicare Medical Group	83%	67%	65%
Pioneer Provider Network	100%	77%	77%

Table 14b: PPG Aggregate Compliance			
PPG Name	2019		
	Access Goal ≥ 80%	Timeliness Goal ≥ 62%	Combined Goal ≥ 55%
Pomona Valley Medical Group	83%	62%	62%
Preferred IPA of California	83%	68%	65%
Premier Physician network	NA	NA	NA
Prospect Medical Group	88%	63%	63%
Regal Medical Group	85%	65%	62%
Regent Medical Group	79%	66%	58%
San Judas Medical Group	100%	55%	55%
Seaside Health Plan	80%	61%	61%
Seoul Medical Group	NA	NA	NA
Serra Community Medical Clinic	100%	100%	100%
Sierra Medical Group	72%	72%	72%
South Atlantic Medical Group	95%	80%	79%
Southland Advantage Medical Group	100%	60%	60%
Southland San Gabriel Valley Medical Group	94%	69%	69%
St. Vincent IPA	NA	NA	NA
Superior Choice Medical Group	83%	59%	58%
Talbert Medical Group	81%	50%	50%
Universal Care Medical Group	96%	64%	64%

Quantitative Analysis

Medi-Cal

- Access Compliance decreased by 2% but exceeded the L.A. Care goal of 80%.
- Timeliness Compliance increased by 30% and exceeded the L.A. care goal of 62%.
- Combined Access & Timeliness compliance increased by 30% and exceeded the L.A. Care goal of 55%.

Cal-MediConnect

- Access Compliance decreased by 1% and exceeded the L.A. Care goal of 80%.
- Timeliness Compliance increased by 30% and met the L.A. care goal 64%.
- Combined Access & Timeliness compliance increased by 29% and exceeded the L.A. Care goal of 57%.

PASC-SEIU

- Access Compliance decreased by 1% but exceeded the L.A. Care goal of 76%.
- Timeliness Compliance increased by 49% but did not meet the L.A. care goal 69%.
- Combined Access & Timeliness compliance increased by 49% and exceeded the L.A. Care goal of 65%.

L.A. Care Covered

- Access Compliance decreased by 3% but exceeded the L.A. Care goal of 80%.
- Timeliness Compliance increased by 31% and met the L.A. care goal 64%.
- Combined Access & Timeliness compliance increased by 30% and exceeded the L.A. Care goal of 57%.

L.A. Care Covered Direct

- Access Compliance decreased by 2% but exceeded the L.A. Care goal of 80%.
- Timeliness Compliance increased by 28% and met the L.A. care goal 64%.
- Combined Access & Timeliness compliance increased by 27% and exceeded the L.A. Care goal of 57%.

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.

- 39 PPGs met the L.A. Care goal for Access Compliance.
- 33 PPGs met the L.A. Care goal for Timeliness Compliance.
- 41 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. A majority of the provider network met L.A. Care's goals for Access Compliance with the exceptions of AltaMed Health Services, El Proyecto del Barrio, Family Care Specialists Medical Group, Health Care L.A. IPA, and Sierra Medical Group (specifically for MCLA). L.A. Care will continue to monitor this measure and determine if additional intervention efforts are needed for MY2020. In MY2018, due to a significant decrease in compliance with Call-Back Timeliness, a root cause analysis and corrective action plan was requested from all PPGs for non-compliance with Call-Back Timeliness in 2019. The corrective action plan played a significant role; MY2019 results have demonstrated a notable increase in Call-Back Timeliness compliance rates and all lines of business meet L.A. Care goals with the exception of PASC-SEIU. L.A. Care will continue to monitor the progress of the action plans for each surveyed PPG and determine if additional interventions are required for MY2020.

SECTION 5: CONCLUSION AND PLAN OF ACTION

The conclusions in this report are based on analysis of available data, survey findings and discussions at the various quality committees, such as the 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, 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 2020 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, PPGs are required to submit three reports as opposed to the QI-030 policy mandated quarterly reporting beginning September 21, 2020 for MY2019 data. 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
Root Cause Analysis Request for after-hours call-back timeliness in MY2018 Appointment Availability Survey.	Complete	On 7/5/19, L.A. Care requested PPGs in the MY2018 Appointment Availability survey provide root cause analysis and corrective action plans for after-hours call back timeliness.	In MY2019 Appointment Availability, after-hours call back timeliness improved across all lines of business. Compliance rates for call back timeliness meet L.A. Care goals with the exception of PASC.
Oversight & Monitoring Workbooks	Ongoing	L.A. Care implemented identification of providers non-compliant with Appointment Availability and After-Hours Access measures for two consecutive years, in the Oversight & Monitoring Workbooks. Workbooks were distributed to PPGs on 8/7/20	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.
Root Cause Analysis Request for urgent appointment non-compliance in MY2019 Appointment Availability Survey.	New	L.A. Care implemented a targeted intervention with PPGs to provide a root cause analysis and corrective action plan for non-compliance with specialty care providers urgent appointment availability. Requests were sent 7/17/20 and a majority of responses were received on 8/21/20.	Effectiveness to be determined in the MY2020 Provider Appointment Availability Surveys.

Opportunity	Status (Complete, New, Ongoing)	Action(s) Taken	Effectiveness of Intervention/ Outcome
PPG Accountability for RCA and CAP Requests	New	Collaboration with Provider Network Management, Compliance, and QI to ensure changes are being implemented among PPGs after L.A. Care distributes RCA and CAP requests	Effectiveness to be determined during follow-up and monitoring of the MY2019 RCA for SCP urgent appointments.
Educate Members on timely access standards	Ongoing	Newsletter article in the Member newsletter, <i>Be Well</i> , educating members on the access to care standards and providing DMHC Help Center contact information.	Members obtain knowledge on their rights to provider Appointment Availability and After-Hours access.
Internal Access to Care Workgroup	Ongoing	Access & Availability Workgroup formed to collaborate and identify barriers and effective interventions to improve Access & Availability. Workgroup findings and recommendations report up to the QI Steering Committee.	Collaborative effort with stakeholders to improve identified deficiencies with Provider Appointment Availability and After-Hours compliance.
Advanced Access	Ongoing	For MY2019, 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 was successfully incorporated into the MY2019 Appointment Availability and After Hours surveys. These providers received automatic compliance for PAAS and After-Hours measures.
PPG Meetings with Quality Improvement Department	Ongoing	Quality Improvement collaborated with Provider Network Management to work with PPGs to improve Access to Care compliance.	This effort has been put on hold due to the impact from COVID-19.
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.

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 2020 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: Goals are calculated annually based on an average of the prior 2 years' performance rates and a 5% increase of that average, rounded up. However, there are some goals that do not match this methodology, for example: After-Hours. 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. In effort to standardize, QI is proposing to update current goal calculation methodology for timeliness and combined measures for After-Hours, which will be effective starting Measurement Year (MY) 2020. Due to insufficient compliance rates in previous years, the goal calculation is low for these measures based on current goal methodology. Since compliance rates for the After-Hours access measure have remained steady, goal calculation methodology will remain the same for this measure. The new methodology for timeliness and combined measures will be based off of the MY2019 compliance rates with an addition of ten percent. See table below for reference. The added standardization of ten percent for these measures meets the proposed DMHC Timely Access Regulation methodology and they demonstrate S.M.A.R.T (specific, measurable, attainable, relevant, and time bound) criteria. However, as the ten percent increase is not sustainable on an annual basis, goal calculation methodology will be re-evaluated for every measurement year.

Medi-Cal MY2020 Access to Care Goals		
Appointment Type	Standard	New MY2020 Goal
Urgent Appointment	PCP within 48 hours SCP within 96 hours Non-MDMH within 96 Hours	PCP: 92% SCP: 88% Non-MDMH: 82%
Routine Appointment	PCP within 10 business days SCP within 15 business days Non-MDMH within 10 business days Ancillary within 15 business days	PCP: 100% SCP: 97% Non-MDMH: 94% Ancillary: 100%
Preventive Services (Adult)	PCP within 30 calendar days	PCP: 100%
Preventive Services (Child)	PCP within 10 business days	PCP: 99%
Initial Prenatal Visit	PCP within 10 business days SCP within 10 business days	PCP: 100% SCP: 100%

Medi-Cal MY2020 Access to Care Goals		
Appointment Type	Standard	New MY2020 Goal
Patient In-Office Waiting Room	PCP: within 30 minutes SCP: within 30 minutes Non-MDMH: within 30 minutes	PCP: 100% SCP: 97% Non-MDMH: 100%
Patient Call-Back During Business Hours	PCP within 30 minutes SCP within 30 minutes Non-MDMH within 30 minutes	PCP: 73% SCP: 67% Non-MDMH: 60%
Process for Rescheduling Missed Appointments	PCP Non-MDMH Yes SCP Yes Non-MDMH Yes	PCP: 100% SCP: 100% Non-MDMH: 100%
Call Back for Rescheduling Missed Appointments	PCP within 48 hours SCP within 48 hours Non-MDMH within 48 hours	PCP: 100% SCP: 96% Non-MDMH: 100%
Follow Up Routine Visit	Psychiatry within 30 calendar days Non-MDMH within 90 calendar days	Psychiatry: 97% Non-MDMH: 100%
After Hours Access	PCP ER Ins & Provider Contact	PCP: 89%
After Hours Timeliness	PCP within 30 minutes	PCP: 74%
Combined Access & Timeliness	PCP compliance in Access and Timeliness	PCP: 72%

Cal-MediConnect MY2020 Access to Care Goals		
Appointment Type	Standard	New MY2020 Goal
Urgent Appointment	PCP within 48 hours SCP within 96 hours Non-MDMH within 96 Hours	PCP: 92% SCP: 100% Non-MDMH: 79%
Routine Appointment	PCP within 10 business days SCP within 15 business days Non-MDMH within 10 business days Ancillary within 15 business days	PCP: 100% SCP: 94% Non-MDMH: 93% Ancillary: 100%
Preventive Services (Adult)	PCP within 30 calendar days	PCP: 100%
Preventive Services (Child)	PCP within 10 business days	PCP: 100%
Initial Prenatal Visit	PCP within 10 business days SCP within 10 business days	PCP: 100% SCP: 99%
Patient In-Office Waiting Room	PCP: within 30 minutes SCP: within 30 minutes Non-MDMH: within 30 minutes	PCP: 100% SCP: 97% Non-MDMH: 100%
Patient Call-Back During Business Hours	PCP within 30 minutes SCP within 30 minutes Non-MDMH within 30 minutes	PCP: 71% SCP: 66% Non-MDMH: 66%
Process for Rescheduling Missed Appointments	PCP Non-MDMH Yes SCP Yes Non-MDMH Yes	PCP: 100% SCP: 100% Non-MDMH: 100%
Call Back for Rescheduling Missed Appointments	PCP within 48 hours SCP within 48 hours Non-MDMH within 48 hours	PCP: 100% SCP: 96% Non-MDMH: 100%
Follow Up Routine Visit	Psychiatry within 30 calendar days Non-MDMH within 90 calendar days	Psychiatry: 97% Non-MDMH: 99%
After Hours Access	PCP ER Ins & Provider Contact	PCP: 90%
After Hours Timeliness	PCP within 30 minutes	PCP: 74%
Combined Access & Timeliness	PCP compliance in Access and Timeliness	PCP: 72%

PASC-SEIU MY2020 Access to Care Goals		
Appointment Type	Standard	New MY2020 Goal
Urgent Appointment	PCP within 48 hours SCP within 96 hours Non-MDMH within 96 Hours	PCP: 92% SCP: 93% Non-MDMH: 80%
Routine Appointment	PCP within 10 business days SCP within 15 business days Non-MDMH within 10 business days Ancillary within 15 business days	PCP: 98% SCP: 100% Non-MDMH: 94% Ancillary: 100%
Preventive Services (Adult)	PCP within 30 calendar days	PCP: 100%
Preventive Services (Child)	PCP within 10 business days	PCP: 100%
Initial Prenatal Visit	PCP within 10 business days SCP within 10 business days	PCP: 100% SCP: 85%
Patient In-Office Waiting Room	PCP: within 30 minutes SCP: within 30 minutes Non-MDMH: within 30 minutes	PCP: 100% SCP: 99% Non-MDMH: 100%
Patient Call-Back During Business Hours	PCP within 30 minutes SCP within 30 minutes Non-MDMH within 30 minutes	PCP: 67% SCP: 86% Non-MDMH: 62%
Process for Rescheduling Missed Appointments	PCP Non-MDMH Yes SCP Yes Non-MDMH Yes	PCP: 100% SCP: 100% Non-MDMH: 100%
Call Back for Rescheduling Missed Appointments	PCP within 48 hours SCP within 48 hours Non-MDMH within 48 hours	PCP: 99% SCP: 100% Non-MDMH: 100%
Follow Up Routine Visit	Psychiatry within 30 calendar days Non-MDMH within 90 calendar days	Psychiatry: 97% Non-MDMH: 100%
After Hours Access	PCP ER Ins & Provider Contact	PCP: 88%
After Hours Timeliness	PCP within 30 minutes	PCP: 77%
Combined Access & Timeliness	PCP compliance in Access and Timeliness	PCP: 77%

L.A. Care Covered 2020 Access to Care Goals		
Appointment Type	Standard	New MY2020 Goal
Urgent Appointment	PCP within 48 hours SCP within 96 hours Non-MDMH within 96 Hours	PCP: 93% SCP: 85% Non-MDMH: 80%
Routine Appointment	PCP within 10 business days SCP within 15 business days Non-MDMH within 10 business days Ancillary within 15 business days	PCP: 100% SCP: 94% Non-MDMH: 93% Ancillary: 100%
Preventive Services (Adult)	PCP within 30 calendar days	PCP: 100%
Preventive Services (Child)	PCP within 10 business days	PCP: 100%
Initial Prenatal Visit	PCP within 10 business days SCP within 10 business days	PCP: 100% SCP: 100%
Patient In-Office Waiting Room	PCP: within 30 minutes SCP: within 30 minutes Non-MDMH: within 30 minutes	PCP: 100% SCP: 96% Non-MDMH: 100%
Patient Call-Back During Business Hours	PCP within 30 minutes SCP within 30 minutes Non-MDMH within 30 minutes	PCP: 72% SCP: 66% Non-MDMH: 63%
Process for Rescheduling Missed Appointments	PCP Non-MDMH Yes SCP Yes Non-MDMH Yes	PCP: 100% SCP: 100% Non-MDMH: 100%
Call Back for Rescheduling Missed Appointments	PCP within 48 hours SCP within 48 hours Non-MDMH within 48 hours	PCP: 100% SCP: 96% Non-MDMH: 100%
Follow Up Routine Visit	Psychiatry within 30 calendar days Non-MDMH within 90 calendar days	Psychiatry: 98% Non-MDMH: 100%
After Hours Access	PCP ER Ins & Provider Contact	PCP: 90%
After Hours Timeliness	PCP within 30 minutes	PCP: 74%
Combined Access & Timeliness	PCP compliance in Access and Timeliness	PCP: 72%

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	22,255	85.76%
MCLA	3,694	14.24%
Total	25,949	100%

H.6 AVAILABILITY OF PRACTITIONERS

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BACKGROUND

L.A. Care Health Plan (L.A. Care) conducts an annual analysis of its primary care and high-volume specialty care practitioner networks to ensure there are sufficient numbers and types of practitioners to effectively meet the needs and preferences of its membership. This network adequacy analysis includes practitioners who participate in L.A. Care's Medi-Cal, L.A. Care Covered (LACC), 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.

Primary care practitioners include those who practice in the areas of Family Practice/General Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics. High volume areas of specialty care are determined by the number of encounters within a specific timeframe. L.A. Care has identified Oncology and Cardiovascular Disease as high impact specialties across all lines of business.

Analyses of L.A. Care's Behavioral Health provider network are excluded from this report. The provision of Behavioral Health services and analysis of provider availability is delegated to an NCQA accredited Managed Behavioral Health Organization (MBHO)

2020 WORK PLAN GOALS: Each section of this report contains specific quantifiable goals.

SECTION 1: MEDI-CAL PRACTITIONERS' NETWORK AVAILABILITY

METHODOLOGY

Primary care practitioners include Family Practice/General Medicine, Internal Medicine, Obstetrics/Gynecology and Pediatrics. High volume areas of specialty care are determined by the number of encounters within a specific timeframe and have historically varied from quarter to quarter. However, L.A. Care has since revised this methodology in that it now analyzes the same specialty areas for the course of a calendar year. These annually determined specialties are specific to each product line. L.A. Care also evaluates access to Obstetrics/Gynecology services and the high-impact specialties of Oncology and Cardiovascular Disease for all lines of business. Additional specialty areas may be assessed as a result of any future regulatory requirements pertaining to access and availability or identification of deficiencies specific to particular specialties.

PERFORMANCE STANDARDS

Performance standards are based on regulatory requirements, external benchmarks, industry standards, and national and regional comparative data. Availability standards are established for:

- PCP to Member Ratio = Total number of PCPs/Total Membership
- SCP to Member Ratio = Total number of SCPs for the specific specialty type (e.g., total number of ophthalmologists)/Total Membership
- PCP and SCP Drive Distance: MapInfo software is used to measure performance.

PERFORMANCE ASSESSMENT

As of October 1, 2020 the total number of Medi-Cal members was 2,155,799. The 218,970 members assigned to Kaiser are excluded from these analyses as this reporting function is delegated to Kaiser. This report measures Medi-Cal practitioner and provider availability for 1,936,829 non-Kaiser members. The report also measures practitioner and provider availability for 80,131 L.A. Care Covered members, 18,634 Cal MediConnect members, and 51,487 PASC members.

The following tables depict the level of provider network compliance with current physician-to-enrollee ratio and member travel distance standards across all primary care physician types, high volume, and high impact areas of specialty care. While ratio standards were met for the LACC and Cal MediConnect lines of business, several Medi-Cal specialties did not meet the ratio standards in effect during the reporting period. Enrollee travel distance requirements were met for all four lines of business across all four reporting Quarters for high volume and high impact specialties. Enrollee travel distance requirements for primary care were met for Medi-Cal, L.A. Care Covered, and CMC. The travel distance standard for percentage of members with access to a primary care physician within 10 miles was not met for PASC.

Primary Care Ratios by Product Line

Medi-Cal (MCLA)				
Standard (1:2000)	Q4 2019	Q1 2020	Q2 2020	Q3 2020
FP/GP	1:296	1:304	1:344	1:337
IM	1:88	1:90	1:90	1:88
PED	1:175	1:184	1:178	1:168

LACC				
Standard (1:2000)	Q4 2019	Q1 2020	Q2 2020	Q3 2020
FP/GP	1:58	1:63	1:62	1:59
IM	1:43	1:48	1:47	1:46
PED	1:9	1:10	1:10	1:10

CMC				
Standard (1:2000)	Q4 2019	Q1 2020	Q2 2020	Q3 2020
FP/GP	1:9	1:9	1:9	1:9
IM	1:7	1:7	1:8	1:8
PED	1:2	1:3	1:3	1:3

PASC				
Standard (1:2000)	Q4 2019	Q1 2020	Q2 2020	Q3 2020
FP/GP	1:219	1:205	1:209	1:203
IM	1:207	1:198	1:208	1:203
PED	1:21	1:35	1:39	1:39

High Volume and High Impact Specialties Ratios by Product Line

Medi-Cal (MCLA)				
Standard (1:5000)	Q4 2019	Q1 2020	Q2 2020	Q3 2020
OB/GYN Standard (1:3000)				
Cardiovascular Disease	1:2423	1:2356	1:2067	1:2151
OB/GYN	1:13	1:13	1:13	1:13
Oncology	1:2458	1:2411	1:2338	1:2438
Ophthalmology	1:2435	1:2367	1:2576	1:2712
Dermatology	1:8935	1:8265	1:8493	1:8925
Urology	1:6760	1:6591	1:6670	1:7084

Note: Ratios appearing in red font do not meet the ratio standard in the quarter(s) noted

LACC				
Standard (1:5000)	Q4 2019	Q1 2020	Q2 2020	Q3 2020
OB/GYN Standard (1:3000)				
Cardiovascular Disease	1:184	1:184	1:175	1:171
OB/GYN	2:1	2:1	1:1	1:1
Oncology	1:232	1:241	1:231	1:224
Ophthalmology	1:229	1:235	1:232	1:227
Dermatology	1:731	1:696	1:671	1:653
Urology	1:589	1:612	1:599	1:592

CMC				
Standard (1:5000)	Q4 2019	Q1 2020	Q2 2020	Q3 2020
OB/GYN Standard (1:3000)				
Cardiovascular Disease	1:41	1:39	1:40	1:42
OB/GYN	1:24	1:24	1:25	1:26
Oncology	1:54	1:53	1:55	1:58
Ophthalmology	1:49	1:48	1:50	1:52
Urology	1:126	1:125	1:129	1:135

PASC				
Standard (1:5000)	Q4 2019	Q1 2020	Q2 2020	Q3 2020
OB/GYN Standard (1:3000)				
Cardiovascular Disease	1:1190	1:1260	1:1234	1:1287
OB/GYN	1:11	1:10	1:11	1:11
Oncology	1:1968	1:2067	1:2159	1:2340
Ophthalmology	1:1551	1:1667	1:1671	1:1775
Urology	1:3010	1:3039	1:3019	1:3027

Primary Care Provider to Member Geographical Distribution by Product Line

Medi-Cal (MCLA)				
Standard: 10 miles Compliance Target: 95%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
FP/GP				
Average Distance (Miles)	1 mi	1mi	1 mi	1 mi
% of Members with Access	100%	100%	100%	100%
IM				
Average Distance (Miles)	1 mi	1 mi	1 mi	1 mi
% of Members with Access	99%	99%	99%	99%
PED				
Average Distance (Miles)	1 mi	1 mi	1 mi	1 mi
% of Members with Access	99%	99%	100%	100%

LACC				
Standard: 10 miles Compliance Target: 95%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
FP/GP				
Average Distance (Miles)	.8 mi	.8 mi	.8 mi	.8 mi
% of Members with Access	99.7%	99.8%	99.9%	99.9%
IM				
Average Distance (Miles)	.8 mi	.8 mi	.8 mi	.8 mi
% of Members with Access	99.9%	99.9%	100%	100%
PED				
Average Distance (Miles)	1.1 mi	1.2 mi	1.3 mi	1.4 mi
% of Members with Access	99.8%	99.7%	99.8%	99.7%

CMC				
Standard: 10 miles Compliance Target: 95%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
FP/GP				
Average Distance (Miles)	1 mi	1 mi	1 mi	1 mi
% of Members with Access	100%	100%	99%	99%
IM				
Average Distance (Miles)	1 mi	1 mi	1 mi	1 mi
% of Members with Access	99%	99%	99%	99%
PED				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	99%	99%	98%	98%

PASC				
Standard: 10 miles Compliance Target: 95%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
FP/GP				
Average Distance (Miles)	5 mi	5 mi	5 mi	5 mi
% of Members with Access	93%	93%	98%	98%
IM				
Average Distance (Miles)	5 mi	4 mi	5 mi	5 mi
% of Members with Access	97%	97%	99%	99%
PED				
Average Distance (Miles)	7 mi	7 mi	7 mi	7 mi
% of Members with Access	77%	78%	97%	97%

High Volume and High Impact Specialties Geographical Distribution by Product Line

Medi-Cal (All)				
Standard: 15 Miles Compliance Target: 90%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Cardiovascular Disease				
Average Distance (Miles)	1 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	99%	99%	100%
OB/GYN				
Average Distance (Miles)	1 mi	1 mi	1 mi	1 mi
% of Members with Access	100%	100%	100%	100%
Oncology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	100%	100%	100%
Ophthalmology				
Average Distance (Miles)	2 mi	2 mi	1 mi	2 mi
% of Members with Access	100%	100%	100%	100%
Podiatry				
Average Distance (Miles)	2 mi	2 mi	1 mi	2mi
% of Members with Access	100%	100%	100%	100%
Dermatology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	100%	100%	100%
Urology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	100%	100%	100%

High Volume and High Impact Specialties Geographical Distribution by Product Line

LACC				
Standard: 15 Miles Compliance Target: 90%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Cardiovascular Disease				
Average Distance (Miles)	1.9 mi	1.9 mi	1.9 mi	1.9 mi
% of Members with Access	99.8%	99.8%	99.8%	99.8%
OB/GYN				
Average Distance (Miles)	2.4 mi	2.2 mi	2.2 mi	2.3 mi
% of Members with Access	96.8%	98.7%	98.2%	98.1%
Oncology				
Average Distance (Miles)	2.1 mi	2.2 mi	2.2 mi	2.2 mi
% of Members with Access	99.7%	99.7%	99.7%	99.7%
Ophthalmology				
Average Distance (Miles)	1.8 mi	1.8 mi	1.8 mi	1.8 mi
% of Members with Access	99.8%	99.8%	99.8%	99.8%
Podiatry				
Average Distance (Miles)	2.4 mi	2.1 mi	2.1 mi	2.1 mi
% of Members with Access	99.5%	99.8%	99.8%	99.8%
Dermatology				
Average Distance (Miles)	3 mi	3 mi	3 mi	3 mi
% of Members with Access	100%	100%	100%	100%
Urology				
Average Distance (Miles)	2.6 mi	2.6 mi	2.6 mi	2.7 mi
% of Members with Access	99.7%	99.7%	99.7%	99.7%

High Volume and High Impact Specialties Geographical Distribution by Product Line

CMC				
Standard: 15 Miles Compliance Target: 90%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Cardiovascular Disease				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	100%	99%	99%
OB/GYN				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	100%	100%	98%
Oncology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	99%	99%	99%
Ophthalmology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	100%	99%	99%
Podiatry				
Average Distance (Miles)	4 mi	2 mi	2 mi	2 mi
% of Members with Access	95%	99%	98%	98%
Urology				
Average Distance (Miles)	3 mi	3 mi	3 mi	3 mi
% of Members with Access	99%	99%	98%	98%

High Volume and High Impact Specialties Geographical Distribution by Product Line

PASC				
Standard: 15 Miles Compliance Target: 90%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
Cardiovascular Disease				
Average Distance (Miles)	6 mi	6 mi	6 mi	6 mi
% of Members with Access	98%	98%	98%	98%
OB/GYN				
Average Distance (Miles)	5 mi	5 mi	5 mi	5 mi
% of Members with Access	99%	99%	99%	99%
Oncology				
Average Distance (Miles)	7 mi	7 mi	8 mi	8 mi
% of Members with Access	93%	92%	92%	92%
Ophthalmology				
Average Distance (Miles)	6 mi	7 mi	7 mi	7 mi
% of Members with Access	98%	96%	96%	96%
Podiatry				
Average Distance (Miles)	8 mi	8 mi	8 mi	8 mi
% of Members with Access	92%	92%	92%	92%
Urology				
Average Distance (Miles)	7 mi	7 mi	7 mi	7 mi
% of Members with Access	97%	97%	97%	98%

Quantitative Analysis

Provider to Member Ratios:

All PCP, High Volume Specialist, and High Impact Specialist ratio standards were met for the L.A. Care Covered, Cal MediConnect, and PASC lines of business across the four quarters analyzed. However, two 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 Dermatology and Urology.

Member Drive Distance:

- When member drive distance is determined using the *average* number of miles members must travel, L.A. Care meets the standards for all PCP types for its Medi-Cal, L.A. Care Covered and Cal MediConnect lines of business. However, two PCP subspecialties within the PASC network did not meet the member drive distance standards during the time period evaluated in this report. These PCP subspecialties are FP/GP and Pediatrics.
- L.A. Care also meets the standards for average drive distances for high volume and high impact (Oncology and Cardiovascular Disease) SCPs for each of the four lines of business.

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. However, L.A. Care continues to closely monitor its *specialty networks* to gauge member access to highly utilized specialties as well as those determined to be high impact specialties. While historical analysis of the organization's L.A. Care Covered and Cal Medi-Connect specialty networks have revealed minimal deficiencies and challenges in meeting established ratio standards, two high volume of Medi-Cal enrollee-to-specialist ratios have not met the ratio requirements. These analyses have been consistent across all four reporting quarters. When a quarter over quarter assessment of Medi-Cal specialty network growth was performed, it showed no significant increase in the number of contracted Dermatologists or Urologists. Consequently, these two highly utilized specialties remained consistently out of compliance with the ratio standards in effect during the reporting period.

On average, L.A. Care meets the enrollee travel distance standards for PCPs and high volume and high impact specialists for the Medi-Cal, L.A. Care Covered California, and CMC lines of business. However, the percentage of members with access to a primary care physician within 10 miles is below the standard of 95% for FP/GP and Pediatrics for the PASC line of business. The organization acknowledges that these standards are not met in the county's more remote and rural locations where there is a scarcity of physicians in general and a dearth of Medi-Cal providers in particular. More granular analysis that includes the evaluation of the organization's contracted Participating Physician Groups' (PPGs) specialty networks is being developed to readily identify those PPGs whose networks of specialists do not meet established standards of adequacy. These PPG specific analyses will reveal instances in which contracted delegates will need to enhance their particular networks in order to adequately serve those enrollees assigned to them.

L.A. Care is also aware that this annual analysis which relies on average calculations and *overall* ratio compliance as a method of assessing enrollees' access to needed care is limited in its ability to gain insight into a broader range of access related member experience. Member disenrollment data, satisfaction survey results, and grievances and appeals data all have the potential for contributing to the organization's understanding of access barriers encountered by L.A. Care's members.

INTERVENTIONS

Direct Contracting: In addition to the establishment of a direct network in the Antelope Valley, L.A. Care continues to actively pursue direct contracts with primary and specialty care physicians and medical groups throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist. An external vendor was contracted to perform a geographical assessment of the sufficiency of L.A. Care's network. The vendor identified county-wide opportunities to improve and expand the organization's specialty network. These results have led to aggressive direct contracting efforts 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.

Monitoring Delegates' Networks: The organization is in the process of developing enhanced reporting mechanisms that will allow more meaningful assessments of delegates' contracted networks. Data from these reports will provide a framework for interventional strategies designed to bring delegates' provider networks into compliance with access and availability requirements where deficiencies have been identified.

Reassessment of Current Specialist to Enrollee Ratio Standards: The organization has performed an in-depth analysis of the reasonability of current specialist to enrollee ratio standards. This reassessment was driven by the awareness that there are multiple factors that both define and impact network adequacy. These include, but are not limited to, the correlation between population density and available specialists within specific geographical locations and variations in utilization of specific specialty types by enrollees affiliated with each of L.A. Care's managed care programs.

eConsult

With eConsult, PCPs can securely send patient-specific clinical information and care questions to specialists through a HIPAA compliant email. Specialists use the system to review the clinical information and provide “electronic consultations” back to the primary care physicians. eConsult started in 2009 when L.A. Care launched a pilot to test the effectiveness of the electronic consultation system. An evaluation found that using eConsult improved information sharing and dialogue among physicians, shortened the time to resolve clinical issues, and reduced the need for face-to-face specialty visits, which declined by 25 to 48 percent depending on the specialty, while developing capacities at the primary care level and improving overall specialty care access. Patients benefited from faster resolution of clinical issues and elimination of unnecessary specialist visits. In 2012, L.A. Care extended eConsult to Health Care L.A. IPA (HCLA) and to its network of community clinic safety net providers and to the L.A. County Department of Health Services. Since the beginning of the program, L.A. Care’s eConsult nearly 300,000 consultations submitted, involving 126 sites with 12 specialties and an estimated member base of over 500,000. Full results for 2020 are shown in the table below.

<i>eConsult – as of 9/30/2020</i>	
Totals	
Sites Live	126
Users Live	3329
Closed eConsults	293312
Sites Live	
HCLA	126
Total Sites Live	126
Users Live	
PCP	1842
Staff	1468
HCLA Specialty Reviewer (SR)	19
Total Users Live	3329
HCLA Specialty	
Allergy	7636
Cardio	19413
Derm	52103
Neurology	4995
Endo	13614
ENT	34769
Gastro	48060
Nephro	6746
Pain Mgmt	15137
Ped-Allergy/Asthma	218
Ped-Endo	2892
Ped-Neuro	3983
Rheum	9070

<i>eConsult – as of 9/30/2020</i>	
HCLA eConsults	223655
Increased by	276
HCLA % Change	12%
HCLA Closed	
Patient Needs Addressed (PNA)	6840
Face to Face	203677
Direct to Schedule (DTS)	70114
Specialty Change	5344
Cancelled	1117
Closed Other	6761
6 Month Expiration	223
Expired	112
Out of Network	52
Patient Deceased	1
Patient Declined Care	119
Patient Moved	3
Patient Out of County	19
PCP Unresponsive	1305
Pending Diagnostics	2430
Pending Therapeutic Trial	2497
Total Closed	293855
Closed as PNA	2%
Closed as F2F	69%
Closed as DTS	24%
Closed as Other	2%
Closed as Specialty Change	2%
Closed as Cancelled	1%
Total Closed	100%

SECTION 2: CULTURAL AND LINGUISTIC NEEDS AND PREFERENCES

L.A. Care's Cultural and Linguistic (C&L) Services Unit provides face-to-face interpreters upon request at medical appointments, meetings, health education classes and community events. A total of 5,590 face-to-face interpreting requests were processed in fiscal year 2019-2020 (5,478 for medical appointments and 112 for administrative meetings), which is a decrease of 25% when compared to the previous year. This is because many routine medical visits and L.A. Care's committee meetings were cancelled due to the COVID. Face-to-face interpreting services for medical appointments were requested in 21 languages with threshold languages accounted for 78% of all medical appointments. The top five languages for medical appointments were Spanish, American Sign Language, Korean, Farsi and Russian.

The C&L Services Unit continues its ongoing efforts to educate members on language assistance services through various materials including but not limited to tagline in 16 non-English languages, educational DVDs on interpreting services, language assistance brochures, member handbooks, newsletter articles, and language cards. Additionally, a satisfaction survey is administered upon fulfillment of an interpreting services request. Members received a mail-based survey for interpreting services provided at medical appointments. Internal staff received an electronic survey for interpreting services provided at administrative events. The survey results show that 85% of members and 100% of staff are satisfied with the services.

Telephonic interpreting services are offered to health plan staff, network providers, and PPGs to communicate with members over the phone or when face-to-face interpreters are not available. In fiscal year 2019-2020, telephonic interpreting services were provided for 200,275 calls totaling 3,276,257 minutes in 81 languages. Utilization of telephonic interpreting services went up when compared to the previous year with a 18% increase in the number of calls. This is partially because providers used telephonic interpreting services instead of face-to-face for medical visits as well as telehealth visits during the pandemic. 8,010 telephonic interpreting calls totaling 1,502,624 minutes were used by providers which accounted for 46% of the total number of minutes.

The C&L Services Unit provides on-going education and training on C&L rights, requirements, services and resources, cultural competency, and disability sensitivity to plan staff who have routine contact with members and network providers. C&L training topics included: C&L Requirements, Cultural Competency, Disability Sensitivity, Accessing Telephonic Interpreting Services, and Implicit Bias Within Medicine's Meritocracy (CME). Most trainings are made available through L.A. Care's Learning Management System. In fiscal year 2019-2020, a total of 3,457 staff and 1,367 providers completed C&L related trainings.

L.A. Care assesses the cultural, racial, ethnic, and linguistic needs of its members and adjusts availability of practitioners within its network if necessary.

METHODOLOGY

- Language needs and cultural background of members, including prevalent languages and cultural groups, are collected using individuals' race/ethnicity data collected when they apply for coverage.
- Language preference data for members is validated telephonically from eligible individuals using a standardized script during inbound member calls.
- L.A. Care uses census data for Los Angeles County to examine the languages spoken in the service area.
- Language and race/ethnicity of practitioners in the provider network is reported voluntarily through the practitioner credentialing application.

- L.A. Care uses mapping software to assess availability of PCPs to members for the five largest language groups of members.

Practitioner to Member Ratios By Race/Ethnicity:

The five most prevalent racial and ethnic groups that comprise L.A. Care’s Medi-Cal, L.A. Care Covered and Cal MediConnect membership are illustrated below.

Across all three lines of business, the largest number of L.A. Care enrollees who self-report their race/ethnicity identify themselves as White or Caucasian. This reporting trend is followed by Black or African American enrollees in the Medi-Cal and Cal MediConnect programs and Asians participating in the L.A. Care Covered program. The top 5 ethnic groups within the Medi-Cal line of business represent 91.7% of all Medi-Cal membership. Based on reported data, 58.0% of the L.A. Care Covered membership is comprised of the top 5 ethnic/racial groups. The top 5 reported ethnicities for the CMC line of business comprise 85.50% of total CMC membership.

Medi-Cal

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	1,402,061	72.40%	41	0.58%	1:34197
Black Or African American	220,873	11.41%	8	0.11%	1:27609
Asian	147,910	7.64%	66	0.94%	1:2241
American Indian Or Alaska Native	3,388	0.17%	1	0.01%	1:3388
Native Hawaiian/Other Pacific Islander	1,158	0.06%	18	0.26%	1:64

L.A. Care Covered

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	33,880	42.35%	35	1.18%	1:968
Asian	9,298	11.62%	62	2.10%	1:150
Black Or African American	2,819	3.52%	8	0.27%	1:352
Native Hawaiian/Other Pacific Islander	256	0.32%	16	0.54%	1:16
American Indian Or Alaska Native	145	0.18%	2	0.07%	1:73

Cal MediConnect

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White or Caucasian	11,498	61.74%	28	1.19%	1:411
Black (African American)	3,017	16.20%	4	0.17%	1:754
Asian	1,308	7.02%	45	1.92%	1:29
American Indian or Alaskan Native	66	0.35%	2	0.09%	1:33
Native Hawaiian/Other Pacific Islander	33	0.18%	11	0.47%	1:3

Practitioner to Member Ratios by Language

The top five languages spoken by L.A. Care's Medi-Cal, L.A. Care Covered, and Cal MediConnect members are shown in the tables below.

Medi-Cal: The top five languages spoken by Medi-Cal members represent 96.87% 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	1,153,576	59.57%	7,019	100%	1:164
Spanish	607,218	31.36%	3,317	47.26%	1:183
Armenian	48,895	2.52%	432	6.15%	1:113
Cantonese, Mandarin and other Chinese	46,269	2.39%	544	7.75%	1:85
Korean	19,988	1.03%	218	3.11%	1:92

L.A. Care Covered: The top five languages spoken by L.A. Care Covered members comprise 97.64% of all languages spoken. As in the Medi-Cal program, members who speak English and Spanish have the highest percentage of network PCPs speaking their language. Korean speaking members have the lowest number of PCPs able to speak their language.

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	52,621	65.77%	2,942	45.37%	1:18
Spanish	19,584	24.48%	1,415	21.82%	1:14
Cantonese, Mandarin, and other Chinese	4,356	5.44%	482	7.43%	1:9
Korean	989	1.24%	77	1.19%	1:13
Vietnamese	562	0.70%	138	2.13%	1:4

Cal MediConnect: The top five languages spoken by Cal MediConnect members represent 96.33% of the program's membership. Consistent with Medi-Cal and L.A. Care Covered, the majority of Cal MediConnect members speak English and Spanish, with these two member groups having the highest percentage of PCPs who speak their language. Of the top five languages spoken by this population, members who speak Vietnamese have the lowest percentage of PCPs who speak their language.

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
Spanish	8,713	46.79%	2,340	45.20%	1:4
English	8,687	46.65%	1,092	21.09%	1:8
Tagalog	238	1.28%	176	3.40%	1:1
Cantonese, Mandarin and other Chinese	212	1.14%	372	7.19%	1:1
Vietnamese	89	0.48%	125	2.41%	1:1

Quantitative Analysis

- Race/Ethnicity of practitioners should be viewed with caution as there is limited self-reported ethnicity data. L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners on a voluntary basis during the application process. As a result, the practitioners to member ratios are unreliable.
- Although data on practitioner self-reported languages is more robust and provides a more accurate view of the L.A. Care practitioner network, it should be noted that all physicians do not report English as a spoken language. Therefore, the percentages of English speaking physicians should also be viewed with caution.
- Spanish speaking members comprise 31.36% of overall Medi-Cal membership, 24.48% of LACC membership, and 46.79% of CMC membership. These percentages are also derived from self-reported information.

- Spanish speaking practitioners comprise 47.26% of contracted PCPs in the Medi-Cal program, 24.48% of L.A. Care Covered PCPs and 46.79% of Cal MediConnect PCPs

Qualitative Analysis

L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners on a voluntary basis during the application process. The response rate remains low and does not adequately reflect the race/ethnicity of the L.A. Care practitioner network.

During the application process, L.A. Care also requests practitioner language information from all potential network practitioners on a voluntary basis and identifies languages in which a practitioner is fluent when communicating about medical care. Physicians' language fluency is self-reported and is not validated by L.A. Care. The language categories for practitioner language on the application are the same as those used to collect member language. Any subsequent changes or updates to practitioner spoken language information are voluntarily self-reported to the Provider Network Management department for updating in the provider database.

L.A. Care continually monitors complaints and grievances related to cultural and linguistic issues. The rate of complaints related to culture and language are low and do not present any trends for the study period.

L.A. Care publishes practitioner language information both on-line through L.A. Care's website and via a hard copy Provider Directory to facilitate member selection of practitioners. L.A. Care's hard copy Provider Directory contains an index of practitioners by language. The on-line version of L.A. Care's Provider Directory is searchable by practitioner and office staff language capabilities.

New Practitioners Added to the Networks by Language Spoken

Over the study period, L.A. Care added the following practitioners to the Medi-Cal, L.A. Care Covered and Cal MediConnect lines of business. These additions are calculated by practitioner languages spoken. Across all three lines of business, English and Spanish speaking practitioners represented the majority of additions during the October 2019-September 2020 timeframe. This is consistent with the languages most prevalent among the member population across all lines of business.

Medi-Cal

LANGUAGE	NUMBER OF PHYSICIANS
English	550
Spanish; Castilian	59
Hindi	9
Chinese	8
Tagalog	7
Armenian	7
Arabic	6
French	6
Vietnamese	6
Korean	5
Portuguese	5
Persian	4
Polish	2
Italian	2
German	2
Urdu	2
Telugu	2
Samoan	2
Tamil	1
Thai	1
Gujarati	1
Hungarian	1
Japanese	1
Kannada	1
Marathi	1
Russian	1

L.A. Care Covered

LANGUAGE	NUMBER OF PHYSICIANS
English	232
Spanish	113
Tagalog	17
Farsi	14
French	14
Vietnamese	13
Arabic	12
Armenian	10
Not Invalid	9
Mandarin	9
INDIAN/HINDI	7
Korean	6
Russian	5
Hindi	5
Other Chinese	5
Other Non English	5
Thai	4
Other	4
Chinese	4
Samoan	3
Portuguese	3
FILIPINO	3
Cantonese	3
Italian	2
URDU	2
Cambodian	2
Laotian	2
Hebrew	2
Persian	2
Urdu Punjabi	1
UrduHindi	1
Malayalam	1
GREEK	1
Hindi Urdum Punjabi	1
Japanese	1
Khm	1
Other Sign Language	1
Punjabi Urdu	1

LANGUAGE	NUMBER OF PHYSICIANS
HUNGARIAN	1
BURMESE	1
Fujianese	1
Gujarati	1
HindiPunjabiUrd	1
HindiUrdu	1
Romanian Tagalo	1
Sinhala	1
Tamill	1
HindiPunjabi	1
TELUGU	1
Turkish	1
Chinese Cantonese	1
Hindi Telegu	1
Hindi Telugu	1
Romanian-Russian-	1
FarsiPersian	1
Yue Chinese	1
Hindi Punjabi Urdu	1
HindiTamilTelug	1
Indian Indonesian	1
MARATHI	1
Punjabi	1
Sinhalese	1
TAIWANESE	1
Tamil	1
Telegu	1
Urdu; Hindi	1

Cal MediConnect

LANGUAGE	NUMBER OF PHYSICIANS
English	207
Spanish	106
Tagalog	20
Vietnamese	15
Farsi	10
French	10
Mandarin	9
Arabic	8
Armenian	8
Not Invalid	6
INDIAN/HINDI	5
Other Chinese	4
Russian	4
Cantonese	4
FILIPINO	4
Korean	4
Chinese	3
Italian	3
Hindi	3
Other Non English	3
Thai	3
Other	2
TAIWANESE	2
Laotian	2
URDU	2
Portuguese	2
TELUGU	1
Turkish	1
Polish	1
Other Sign Language	1
Punjabi Urdu	1
Fujianese	1
Sinhala	1
Malayalam	1
Serbian	1
Urdu Punjabi	1
UrduHindi	1
GREEK	1

LANGUAGE	NUMBER OF PHYSICIANS
Hindi Urdu Punjabi	1
Japanese	1
Telegu	1
Urdu; Hindi	1
Punjabi	1
Sinhalese	1
Hindi Nepalese	1
Hindi Punjabi Urdu	1
Indian Indonesian	1
MARATHI	1
Chinese Cantonese	1
Hindi Telegu	1
Romanian-Russian-	1
Yue Chinese	1
Samoan	1
Cambodian	1
Gujarati	1
HindiPunjabiUrd	1
HindiUrdu	1
Hindi Gujarati	1
IRANIAN	1

L.A. Care makes no-cost interpreting services available to practitioners at medical and non-medical points of contact with L.A. Care members for all lines of business. Between October 2019 and September 2020, there were a total of 5,478 medical appointments where PCPs and specialists used a face-to-face interpreter and a total of 6,024 calls where practitioners used a telephonic interpreter. During the same period, a total of 1,367 providers completed trainings for language assistance services and cultural competency. In 2020, a new educational resource page to address implicit bias was added to the L.A. Care website to enhance practitioners' cultural responsiveness. The resources include the free online CME implicit bias training offered by the Stanford University School of Medicine, the unconscious bias video by UCLA Health, and Implicit Association Test (IAT) to evaluate the subconscious associations between concepts and stereotypes.

Based on the number of bilingual practitioners and the high usage of interpreting services by practitioners, 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.

SUMMARY

Through quarterly and annual quantitative monitoring and analysis, L.A. Care evaluates its network to determine if it has sufficient numbers and types of practitioners who provide primary care, specialty care, and behavioral healthcare services. More granular monitoring of delegates' provider networks will be performed in 2021. L.A. Care continues to engage in strategic efforts to develop a more robust directly contracted network throughout the Los Angeles County coverage area to ensure members' access to a full range of healthcare services.

The results of this analysis are presented at the Member Quality Service Committee (MQSC).

Specialists Added to the Network

The following table shows the specialists added to the Medi-Cal, L.A. Care Covered and Cal MediConnect networks from October 2019 through September, 2020.

Medi-Cal

SPECIALTY	COUNT
Accupuncture	9
Adolescent Medicine	1
Agencies/Public Health or Welfare	2
Allergy	12
Allergy/Immunology	6
Allopathic & Osteopathic Physicians/Colon & Rectal Surgery	1
Allopathic & Osteopathic Physicians/Emergency Medicine	18
Allopathic & Osteopathic Physicians/Oral & Maxillofacial Surgery	2
Allopathic & Osteopathic Physicians/Oral and Maxillofacial Surgery	2
Allopathic & Osteopathic Physicians/Pain Medicine, Pain Medicine	3
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation	5
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Pain Medicine	1
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Pediatric Rehabilitation Medicine	1
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Sports Medicine	1
Allopathic & Osteopathic Physicians/Plastic Surgery	8
Allopathic & Osteopathic Physicians/Surgery	22
Allopathic & Osteopathic Physicians/Surgery, Surgical Oncology	2
Allopathic & Osteopathic Physicians/Surgery, Vascular Surgery	6
Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery	1
Allopathic & Osteopathic Physicians/Surgery/Surgical Oncology	2
Allopathic & Osteopathic Physicians/Surgery/Vascular Surgery	6
Allopathic & Osteopathic Physicians/Transplant Surgery	4
Anesthesiology	158
Audiology	7
Behavioral Health & Social Service Providers/Psychologist	64

SPECIALTY	COUNT
Behavioral Health & Social Service Providers/Psychologist, Adult Development & Aging	1
Behavioral Health & Social Service Providers/Psychologist, Clinical	18
Behavioral Health & Social Service Providers/Psychologist, Clinical Child & Adolescent	5
Behavioral Health & Social Service Providers/Psychologist, Cognitive & Behavioral	2
Behavioral Health & Social Service Providers/Social Worker, Clinical	24
Cardiology	33
Cardiovascular Disease	53
Cardiovascular Disease (MD)	49
Certified Nurse Midwife	2
Certified Registered Nurse Anesthetist	1
Chiropractic Providers/Chiropractor	1
Chiropractor	1
Dermatology	49
Diagnostic Radiology	42
Dietary & Nutritional Service Providers/Dietician, Registered	1
Emergency Medicine	53
Endocrinology	52
Gastroenterology	31
Gastroenterology (MD)	78
General Dentist/Primary Care Dentist (DDS, DMD)	2
Genetics	5
Geriatric Medicine	21
Group/Multi-Specialty	10
Gynecology (DO)	5
Hematology	33
Hematology/Oncology (MHC Nurse Anesthetist)	51
Infectious Disease	36
Midwife (Licensed Midwife, non-nurse)	2
Miscellaneous Medicine	158
Neonatology	19
Nephrology	33
Neurology	104
Neurology (MD)	102
Not Specified	5
Nuclear Medicine	7
Nurse Practitioner - Psychiatric/Mental Health	1
Obstetrics &Gynecology - Critical Care Medicine	1
Obstetrics (DO)	2
Obstetrics and Gynecology	40
Obstetrics and Gynecology (MD)	72

SPECIALTY	COUNT
Occupational Medicine	5
Oncology	15
Ophthalmology	90
Ophthalmology, Otolaryngology, Rhinology (DO)	3
Optometry	27
Orthopedics	36
Other	278
Otolaryngology	8
Otology, Laryngology, Rhinology	24
Pathologic Anotomy; Clinical Pathology (MD)	33
Pathology	11
Pathology (MD)	7
Pediataric Infectious Disease	9
Pediatric Cardiology (MD)	20
Pediatric Critical Care Medicine	17
Pediatric Endocrinology	8
Pediatric Gastroenterology	11
Pediatric Hematology/Oncology	17
Pediatric Nephrology	9
Pediatric Neurology	6
Pediatric Orthopedics	1
Pediatric Psychiatry- Child	7
Pediatric Pulmonology	5
Pediatric Surgery	12
Perinatology	3
Peripheral Vascular Disease Or Surgery (DO)	1
Physical Medicine and Rehabilitation	10
Physical Therapist	10
Physical therapy	1
Podiatric Medicine & Surgery Service Providers/Podiatrist	19
Podiatry	21
Preventive (MD)	1
Psychiatry	120
Psychiatry Neurology	50
Pulmonology (MD)	48
Radiation Oncology	15
Radiology	95
Rehab Facility	2
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Occupational Therapist, Hand	1

SPECIALTY	COUNT
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Physical Therapist	8
Rheumatology	39
Social Worker - Clinical (Licensed Clinical Social Worker)	8
Speech Therapy	1
Speech, Language and Hearing Service Providers/Audiologist	5
Surgery - Cardiothoracic	8
Surgery - Cardiovascular	14
Surgery - Colon/Rectal	4
Surgery - General	43
Surgery - Hand	2
Surgery - Neurological	27
Surgery - Orthopedic	73
Surgery - Plastic	24
Surgery - Thoracic	12
Surgery- Traumatic	1
Urology	43

L.A. Care Covered

SPECIALTY	COUNT
Accupuncture	3
Adolescent Medicine	1
Allergy	13
Anaplastologist	2
Anesthesiology	173
Audiology	9
Cardiology	37
Cardiovascular Disease (MD)	47
Chiropractor	1
Dermatology	50
Emergency Medicine	64
Endocrinology	62
Gastroenterology (MD)	77
General Dentist/Primary Care Dentist (DDS, DMD)	2
Genetics	6
Geriatric Medicine	17
Gynecology (DO)	3
Hematology	17
Hematology/Oncology (MHC Nurse Anesthetist)	57
Infectious Disease	37
Licensed Vocational Nurse	1
Miscellaneous Medicine	170
Neonatology	34
Nephrology	28
Neurology (MD)	113
Nuclear Medicine	7
Obstetrics (DO)	3
Obstetrics and Gynecology (MD)	98
Occupational Medicine	5
Oncology	18
Ophthalmology	106
Ophthalmology, Otolaryngology, Rhinology (DO)	4
Optometry	30
Other	229
Otology, Laryngology, Rhinology	33
Pathologic Anotomy; Clinical Pathology (MD)	37
Pathology (MD)	9
Pediataric Infectious Disease	10

SPECIALTY	COUNT
Pediatric Allergy	4
Pediatric Cardiology (MD)	28
Pediatric Critical Care Medicine	29
Pediatric Endocrinology	12
Pediatric Gastroenterology	22
Pediatric Hematology/Oncology	38
Pediatric Nephrology	12
Pediatric Neurology	13
Pediatric Orthopedics	4
Pediatric Psychiatry- Child	10
Pediatric Pulmonology	16
Pediatric Surgery	12
Perinatology	4
Peripheral Vascular Disease Or Surgery (DO)	2
Physical Medicine and Rehabilitation	9
Physical Therapist	8
Podiatry	29
Preventive (MD)	1
Psychiatry	104
Psychiatry Neurology	52
Pulmonology (MD)	53
Radiation Oncology	18
Radiology	100
Rehab Facility	2
Rheumatology	43
Social Worker - Clinical (Licensed Clinical Social Worker)	11
Speech Therapy	2
Surgery - Cardiothoracic	10
Surgery - Cardiovascular	14
Surgery - Colon/Rectal	4
Surgery - General	57
Surgery - Hand	6
Surgery - Neurological	32
Surgery - Oral	2
Surgery - Orthopedic	89
Surgery - Plastic	31
Surgery - Thoracic	11
Surgery- Traumatic	1
Urology	48

Cal MediConnect

SPECIALTY	COUNT
Accupuncture	1
Allergy	13
Anesthesiology	151
Audiology	5
Cardiology	38
Cardiovascular Disease (MD)	59
Chiropractor	1
Dermatology	49
Emergency Medicine	54
Endocrinology	56
Gastroenterology (MD)	68
General Dentist/Primary Care Dentist (DDS, DMD)	2
Genetics	3
Geriatric Medicine	17
Gynecology (DO)	4
Hematology	11
Hematology/Oncology (MHC Nurse Anesthetist)	58
Infectious Disease	33
Licensed Vocational Nurse	1
Mental Health Facility	1
Miscellaneous Medicine	147
Neonatology	11
Nephrology	35
Neurology (MD)	105
Nuclear Medicine	6
Obstetrics (DO)	3
Obstetrics and Gynecology (MD)	93
Occupational Medicine	4
Oncology	17
Ophthalmology	100
Ophthalmology, Otolaryngology, Rhinology (DO)	4
Optometry	29
Orthotics/Prosthetics	1
Other	212
Otology, Laryngology, Rhinology	28
Pathologic Anotomy; Clinical Pathology (MD)	37
Pathology (MD)	7
Pediataric Infectious Disease	4

SPECIALTY	COUNT
Pediatric Cardiology (MD)	12
Pediatric Critical Care Medicine	10
Pediatric Endocrinology	4
Pediatric Gastroenterology	9
Pediatric Hematology/Oncology	12
Pediatric Nephrology	6
Pediatric Neurology	6
Pediatric Psychiatry- Child	3
Pediatric Pulmonology	3
Pediatric Surgery	4
Perinatology	2
Peripheral Vascular Disease Or Surgery (DO)	2
Physical Medicine and Rehabilitation	10
Physical Therapist	13
Podiatry	28
Preventive (MD)	1
Psychiatry	105
Psychiatry Neurology	55
Pulmonology (MD)	57
Radiation Oncology	17
Radiology	100
Rehab Facility	2
Rheumatology	37
Social Worker - Clinical (Licensed Clinical Social Worker)	10
Speech Therapy	1
Surgery - Cardiothoracic	8
Surgery - Cardiovascular	14
Surgery - Colon/Rectal	5
Surgery - General	58
Surgery - Hand	7
Surgery - Neurological	32
Surgery - Oral	2
Surgery - Orthopedic	84
Surgery - Plastic	25
Surgery - Thoracic	11
Surgery- Traumatic	1
Urology	47

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 2019 - September 2020 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			
	Medi-CAL	LACC	CMC
	% within 15 miles	% within 15 miles	% within 10 miles
Skilled Nursing Facility	99%	99%	98%
Home Health Agencies	100%	100%	99%
Ambulatory Surgery Centers	98%	96%	92%
Radiology Facilities	99%	97%	98%
Dialysis Centers	100%	95%	99%

*Does not include services available at hospital facilities

REVIEW OF COMPLAINTS

A review of complaints over a 12-month period shows there were 2,228 complaints (3.3%) regarding access to specialty care, and 2,170 complaints (9.4%) regarding access to PCP.

Access to Care Complaints by Complaint Description		
Complaint Description	Count	% Total
Specialty Access/Availability	778	3.3%
PCP Access/Availability	2,228	9.4%

ACCESS TO PUBLIC TRANSPORTATION

L.A. Care assessed public transportation from PCP, SCP, and total ancillaries to the nearest bus stop. As residents of the Los Angeles metro area have ample access to public transportation throughout the county producing a map of the locations from provider to bus stop would not be feasible.

There is no standard by which to evaluate this measurement. All providers and ancillaries are within 1 mile of a bus stop. In addition, L.A. Care provides up to 28 non-emergent one-way transports, without charge, to members through to approved locations. Members are notified of this supplemental benefit through their Evidence of Coverage (EOC) document.

H.6.a ASSESSMENT OF NETWORK ADEQUACY FOR NON-BEHAVIORAL HEALTH SERVICES

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Providers affiliated with L.A. Care Health Plan (L.A. Care) and its contracted delegates are required to adhere to Access to Care 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

On an annual basis, L.A. Care analyzes non-behavioral health member experience data as reported through complaints, grievances, appeals, and Consumer Assessment of Healthcare Providers and Systems (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.

L.A. Care 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.

GRIEVANCES AND APPEALS

All results and findings should be viewed with caution as the volume of Appeals and Grievances related to geographic access is insufficient to be statistically representative of the MCLA, L.A. Care Covered and Cal MediConnect member populations. To ensure that L.A. Care is not under-reporting geographic access related grievances, its Appeals and Grievances business unit is developing a training module specific to Time and Distance standards inclusive of accurate/appropriate coding methods.

Table 1.1 below shows Appeals and Grievance data related to enrollees' dissatisfaction with the distance required to receive care from Primary Care Physicians, Specialists, and Urgent Care/Hospital facilities. This data represents enrollees affiliated with L.A. Care's MCLA, L.A. Care Covered, and Cal MediConnect lines of business and was received within a time period covering the 4th Quarter of 2019 through the 3rd Quarter of 2020.

MEDI-CAL

Geography Related Complaints	2019 Q4		2020 Q1		2020 Q2		2020 Q3		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physician Office	7	37%	4	20%	8	36%	106	88%	125	69%
Specialist	9	47%	10	50%	12	55%	11	9%	42	23%
Urgent Care	1	5%	2	10%	2	9%	2	2%	7	4%
Hospital	2	11%	4	20%		0%	1	1%	7	4%
Grand Total	19	100%	20	100%	22	100%	120	100%	181	100%

Quantitative Analysis

- Primary Care Physician
 - 69% (125) of the overall volume is related to access to Primary Care Physician Office
 - 11.2% (11) specific to the following region:
 - Los Angeles Metro region
- Specialist
 - 23.2% (42) of the overall volume is related to access to Specialty services
 - 21.43% (9) can be attributed to these two specialty types
 - 14.29% (6) – Pain Management
 - 7.14% (3) – Obstetrics-Gynecology
 - 38.1% (16) specific to the following region:
 - Los Angeles Metro region

CAL MEDICCONNECT

Geography Related Complaints	2019 Q4		2020 Q1		2020 Q2		2020 Q3		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physician Office	3	100%	1	14%	5	56%	3	38%	12	44%
Specialist	0	0%	4	57%	4	44%	3	38%	11	41%
Urgent Care	0	0%	2	29%	0	0%	0	0%	2	7%
Hospital	0	0%	0	0%	0	0%	2	25%	2	7%
Grand Total	3	100%	7	100%	9	100%	8	100%	27	100%

Quantitative Analysis

- Primary Care Physician
 - 44% (12) of the overall volume is related to access to Primary Care services
 - 25% (3) specific to the following regions:
 - Los Angeles Metro region
- Specialist
 - 41% (11) of the overall volume is related to access to Specialty Care
 - There is no trend due to there were no more than 1 grievance per specialty
 - 45.4% (5) specific to the following regions:
 - San Fernando Valley

L.A. CARE COVERED

Geography related Complaints	2019 Q4		2020 Q1		2020 Q2		2020 Q3		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physician Office	4	44%	8	57%	6	75%	13	81%	31	66%
Specialist	2	22%	2	14%	2	25%	3	19%	9	19%
Urgent Care	2	22%	3	21%	0	0%	0	0%	5	11%
Hospital	1	11%	1	7%	0	0%	0	0%	2	4%
Grand Total	9	100%	14	100%	8	100%	16	100%	47	100%

Quantitative Analysis

- Primary Care Physician
 - 66% (31) of the overall volume is related to access to Primary Care services
 - 35% (11) specific to the following regions:
 - Los Angeles Metro region
- Specialist
 - 19% (9) of the overall volume is related to access to Specialty Care
 - 44% (4) can be attributed to these two specialty types:
 - 22.2% (2) – Obstetrics - Gynecology
 - 22.2% (2) – Physical Medicine and Rehabilitation
 - 22% (2) specific to the following regions:
 - Los Angeles Metro Region

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS - 2020

BACKGROUND

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through the 2020 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2020 Medicare MAPD CAHPS, and 2020 QHP Enrollee Experience Survey. Results are trended over a three-year period. The scores presented are the results of the surveys conducted by the Center for the Study of Services (CSS), a 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 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 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
2020	2/14/2020 – 5/11/2020	2/26/2020 – 4/18/2020 Data collection scheduled to go through 5/15/2020 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
2018	2/27/2018 – 5/11/2018	3/9/2018 – 5/14/2018	3/13/2018 – 6/1/2018

SECTION 1: MEDICAID CAHPS RESULTS

METHODOLOGY

This section summarizes findings of the 2020 Medicaid CAHPS 5.0 Child and Adult surveys, reviews rates over three years, and reviews performance relative to the 2020 National Committee for Quality Assurance (NCQA) percentiles published in the Quality Compass. Accreditation percentiles are not available in 2020 due to COVID-19. CSS conducts key driver statistical modeling to assist L.A. Care in selecting priority measures to target improvements. While scores were submitted, NCQA is not issuing official scores in 2020 due to COVID-19. The following rates are to be used for internal analysis only.

The Child survey sampled parents of pediatric members (17.9 years and younger) and the Adult survey sampled members 18 years or older, as of the anchor date of December 31, 2019, who were continuously enrolled in Medi-Cal (for at least five of the last six months of the measurement year, and who were still enrolled at the time of the survey). A total of 486 responses were received for the Child survey and 419 responses for the Adult survey, reflecting response rates of 18.4% and 19.5%, respectively. Members were surveyed in English and Spanish. While 2020 was the first year in which the survey was conducted entirely through mail and did not have phone outreach, little to no impact on the response rates was seen. NCQA did not impose any changes or restrictions due to COVID, so the survey was administered as planned. However, NCQA does not consider 2020 to be 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 2020 scores to scores from 2019 and 2018, as well as to benchmarks and goals.

L.A. Care did not meet the 2019 work plan goals for Child Medicaid for any composite or overall rating. Goals were based off of the next highest performing quartile in the NCQA Quality Compass.

Medicaid Child Ratings	2018	2019	2020	2020 vs. 2019	Quality Compass Percentile	2020 Goal	Goal Met
Health Plan	83.0%	86.7%	87.4%	0.7%	50th	89%	No
All Health Care	84.1%	82.3%	80.8%	-1.5%	<25th	86%	No
Personal Doctor	86.7%	84.2%	86.1%	1.9%	<25th	87%	No
Specialist Seen Most Often	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Child

- **Health Plan:** Increased 0.7 percentage points from the previous year. L.A. Care's score increased from the 25th percentile for Quality Compass to the 50th percentile.
- **All Health Care:** Decreased 1.5 percentage points from the previous year.

- Personal Doctor: Increased 1.9 percentage points from the previous year.
- None of the 2020 goals were met for Medicaid Child Ratings. Scores increased for two of the Ratings and decreased for one, but the changes were not statistically significant. L.A. Care’s performance relative to Quality Compass benchmarks improved only for Rating of Health Plan. Performance for Rating of Health Care and Personal Doctor is very low compared to Quality Compass benchmarks.

Medicaid Adult Ratings	2018	2019	2020	2020 vs. 2019	Quality Compass Percentile	2020 Goal	Goal Met
Health Plan	74.0%	72.9%	70.7%	-2.2%	<25th	75%	No
All Health Care	66.3%	71.8%	71.3%	-0.5%	<25th	74%	No
Personal Doctor	80.2%	78.4%	74.4%	-4.0%	<25th	80%	No
Specialist Seen Most Often	77.0%	75.2%	74.8%	-0.4%	<25th	78%	No

Quantitative Analysis - Adult

- Health Plan: Decreased 2.2 percentage points from the previous year.
- All Health Care: Decreased 0.5 percentage points from the previous year.
- Personal Doctor: Decreased 4.0 percentage points from the previous year, a statistically significant change.
- Specialist Seen Most Often: Decreased 0.4 percentage points from the previous year.
- All four Adult ratings declined from the previous year and no goal was met, although only the decline for Rating of Personal Doctor was statistically significant. All ratings fell below the 25th percentile for Quality Compass, unchanged from the previous year.

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 2020 scores to scores from 2019 and 2018, as well as to benchmarks and goals.

Medicaid Child Composites	2018	2019	2020	2020 vs. 2019	Quality Compass Percentile	2020 Goal	Goal Met
Getting Needed Care	79.0%	83.9%	83.2%	-0.7%	<25th	86%	No
Getting Care Quickly	84.0%	80.4%	82.3%	1.9%	<25th	83%	No
How Well Doctors Communicate	88.3%	88.9%	87.3%	-1.6%	<25th	-	-
Customer Service	85.2%	86.5%	93.1%	6.7%	90th	-	-
Coordination of Care	N/A	N/A	N/A	N/A	N/A	-	-

N/A indicates that the measure had <100 respondents (not scored by NCQA).

- Indicates no goal was set.

Quantitative Analysis - Child

- Getting Needed Care: Decreased by 0.7 percentage points from 2019. The decline took the rate from the 25th percentile to below the 25th percentile.
- Getting Care Quickly: Increased by 1.9 percentage points from 2019, a statistically significant increase.
- How Well Doctors Communicate: Decreased by 1.6 percentage points from 2019.
- Customer Service: Increased by 6.7 percentage points from 2019, a statistically significant change. L.A. Care’s score increased from below the 25th percentile for Quality Compass to meeting the 90th percentile.
- Two composites declined from the previous year, while two increased. Only the increases were statistically significant. While goals were established only for Getting Needed Care and Getting Care Quickly, neither goal was met. All composites, other than Customer Service, fell below the NCQA 25th percentile. The increase in the Customer Service score is quite notable.

Medicaid Adult Composites	2018	2019	2020	2020 vs. 2019	Quality Compass Percentile	2020 Goal	Goal Met
Getting Needed Care	76.8%	76.6%	71.6%	-5.0%	<25th	79%	No
Getting Care Quickly	72.1%	76.8%	72.7%	-4.1%	<25th	79%	No
How Well Doctors Communicate	88.5%	89.1%	85.5%	-3.6%	<25th	-	-
Customer Service	87.5%	N/A	88.8%	N/A	25th	-	-
Coordination of Care	78.4%	N/A	72.7%	N/A	-	-	-

N/A indicates that the measure had <100 respondents (not scored by NCQA)

- Indicates no goal was set.

Quantitative Analysis - Adult

- Getting Needed Care: Decreased 5.0 percentage points from 2019.
- Getting Care Quickly: Decreased 4.1 percentage points from 2019.
- How Well Doctors Communicate: Decreased 3.6 percentage points from 2019.
- Customer Service: Increased 1.4 percentage points from 2018 (the 2019 survey did not have enough responses to report). This composite met the 25th percentile for Quality Compass.
- Three composites declined from the previous year. All of the declines were statistically significant, indicating that the declines are “real.” The same composites fell below the 25th percentile for Quality Compass. While goals were established only for Getting Needed Care and Getting Care Quickly, neither goal was met. Customer Service is the only composite not performing very low, although improvement is still needed.

SECTION 2: L.A. CARE COVERED QHP ENROLLEE SURVEY RESULTS

The 2020 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2019, who were continuously enrolled in L.A. Care Covered (LACC) for the last six months of the measurement year with no more than one 31-day break in coverage. The survey was offered in English and Spanish.

Annual analysis is usually based exclusively on the official, adjusted results from CMS; however, data submission to CMS did not occur and thus official scores are unavailable. Unofficial, non-adjusted scores are not comparable due to a change in vendor.

The survey was suspended by CMS on April 18, 2020. CSS did not submit the final response data file to the QHP Enrollee Survey Project Team because of the suspension of data collection and data submission by CMS because of COVID-19. For the QHP Survey, fielding was supposed to take place February 26, through May 15, but CMS ordered fielding halted on April 18. A total of 192 responses were received, a response rate of 11.6%, significantly lower than the 2019 rate of 24.3%.

SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

The 2020 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; however, data submission to CMS did not occur and thus official scores are unavailable. Unofficial, non-adjusted scores are not comparable due to a change in vendor.

CMS ordered MAPD CAHPS halted on April 29, 2020. Data collection continued to May 29, but was scheduled to continue through June 18. While the survey was halted early, the total number of responses received was higher than the previous year at 452, compared to 348 in 2019. The 2020 survey had a response rate of 26.16%, while the 2019 survey had a rate of 24.70%.

SECTION 4: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis

While scores increased for two out of three ratings and two out of four composites, most rates remain low. Getting Care Quickly remains the lowest scoring area, demonstrating that the parents of Medicaid members do not feel that their children have full access to all medically necessary services in a timely manner. However, the increase in 2020 for this composite was statistically significant, perhaps as a result of several L.A. Care initiatives to expand access to care, which are detailed in the Interventions section.

While COVID-19 had little or no impact on the deployment of the survey itself, it is possible that scores were influenced by COVID. It is also possible that scores were influenced by the change in methodology in 2020 by the vendor from phone and mail to mail only, and/or by the simultaneous change in vendor. There is no way to separate out the effects of the changes in methodology from any impact by COVID-19.

While access has been a longstanding area of weakness, the 2019 survey asked members about how long they waited for an appointment and the results were generally within the DMHC guidelines. More than 90% of children received non-urgent primary care and 82% for non-urgent specialty care within 10 days. Access to care may be more of an issue for urgent care – 82% of members indicated they received urgent primary care and 61% for urgent specialty care within two days. Based on the Getting Care Quickly results, members may interpret the DMHC timeframes as still too long of a wait. The specialty care findings should be considered carefully because the number of responses was low.

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. Medi-Cal providers in Los Angeles County have cared for children for decades, while adults with more complex needs are much more new to their panels. The PCP network may have also made improvements not seen in specialty practices, which would explain why their personal doctors score well but other domains are lower.

The area that saw a noticeable improvement was in customer service - L.A. Care's score increased from below the 25th percentile for Quality Compass to meeting the 90th percentile. The increase in the Customer Service composite may reflect the improvements L.A. Care's Customer Solutions Center (CSC) has implemented in the past three years. CSC is continuously enhancing its operational processes to improve our interactions and outcomes. Operational changes made to date include staffing optimization, creation of a claims IVR, improvements to call handling infrastructure, and the creation of member-only agent profiles to build agent expertise in managing member calls and concerns timely.

There is also work in progress to implement improvements such as intelligent queuing, automated member authentication, integrated desktop application that will push the member data to the agent, integrated alerts, triggers and event notifications that will help with educating members on health related activities they need to complete and community based events that can help to improve their health and education. These are scheduled to be completed by the end of 2022.

Adult Medicaid Qualitative Analysis

Adult HP-CAHPS scores for Medi-Cal declined across the board and performance remains very low compared to benchmarks. All ratings and composites scored below the Quality Compass 25th percentile, with the exception of Customer Service. Getting Needed Care is the lowest rated composite, followed by Getting Care Quickly and Care Coordination, which should also be prioritized for improvement. As with children in Medicaid, Customer Service is scored the highest and thus is least in need of intervention, followed by Physician Communication.

While COVID-19 had little or no impact on the deployment of the survey itself, it is possible that scores were influenced by COVID. The survey asks the member to reflect upon services received in the prior six months, but it is not unreasonable to expect that some members factored the state of health care services during the initial period after the outbreak of COVID, hallmarked by office closures and cancellation of non-emergency care, into their responses. It is also possible that scores were influenced by the change in methodology in 2020 by the vendor from phone and mail to mail only. There was also a change in vendor this year – it is unclear if differences in fielding from one vendor to another result in differences in scores.

The adult population in Medi-Cal seeks specialty care more often than children, which may be driving down the overall perception of quality of health care. A prior study conducted by L.A. Care showed that members that had responded negatively to the Getting Needed Care and Getting Care quickly were from certain geographic areas such as Antelope Valley where there are known access issues due to a limited supply of providers. This has led to efforts to directly contract with providers in underserved regions, as well as with MinuteClinic for minor urgent care services and Teledoc for telemedicine. Therefore, a limited or taxed specialty network and regions with fewer providers may be some of the drivers causing the lower rates in Getting Care Quickly and 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 Teledoc.

In Fall 2020, Optum, a health care technology and consulting company contracted with L.A. Care to build out the direct network and provide analytical services, completed an analysis on L.A. Care's behalf of CG-CAHPS scores from 2017-2019, linking data to other sources including utilization data and that related to social determinants of health (SDoH). Many of the findings observed in CG-CAHPS can be extrapolated for HP-CAHPS. The analysis emphasized that interaction with the provider is key to overall scores and that member expectations play a strong role as well. Members with lower needs related to SDoH (such as

housing) rate their healthcare lower, reinforcing the idea that individuals with more resources expect higher levels of quality and service in their care. Healthier members reported lower quality care, which echoes previous analyses of HP-CAHPS results. A positive finding was that members with conditions like diabetes, hypertension, obesity, and cancer rate their care higher than individuals who do not have those conditions, indicating they feel cared for. Optum recommended segmenting members into priority groups to execute different strategies for member experience improvement.

LACC Qualitative Analysis

CMS halted data submission of the LACC survey due to COVID-19. Scores were submitted voluntarily for research purposes. Additionally, no phone wave was conducted.

Given that 2020 scores are not available, 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

CMS halted data submission of the CMC survey due to COVID-19. Scores were submitted voluntarily for research purposes. Additionally, no phone wave was conducted.

Given that 2020 scores are not available, L.A. Care will continue to prioritize improving the office visit, access to pharmacy benefits, and member education on benefits.

SECTION 5: INTERVENTIONS

L.A. Care has been working on a long-term strategy to address some of the common issues in all the lines of business such as attitude and service, access to care, and billing and financial issues. QI leads the Member Experience Work Group and administers the VIIP program to improve member experience, while a number of other programs throughout the organization contribute to expanded access and quality interactions between the member and the plan.

The cross functional Member Experience Work Group has been the main driver of CAHPS-focused interventions. In 2020, the Work Group focused on executing four interventions: a patient experience training program for provider offices, accountability meetings with low-performing IPAs, action plans for improvement for IPAs and Plan Partners, and internal action plans for the Customer Service Center (CSC) and Product teams. The Customer Solution Center also deployed several changes that drive positive member experience.

Patient Experience Training Program

In 2019, the QI team hired a vendor, SullivanLuallin Group (SLG), to conduct customer service and patient experience trainings for a limited number of provider groups for a pilot project. SLG began training Healthcare LA IPA clinics in January 2020 and planned to train provider offices from two additional IPAs in FY 2019-2020; however in-person trainings were halted in mid-March due to COVID. The program was reworked into a web-based training series on patient experience that was launched in October 2020 and continued through the end of the year. Ten topics were offered during 14 sessions that were open to the entire L.A. Care network, with sessions targeting providers, managers, and office staff. Feedback has been overwhelmingly positive and attendance has been high.

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. In 2017 through 2019, QI sent weekly emails to IPAs and community clinics that contained tips on how to

improve member experience. The tips were based on L.A. Care's research on CAHPS data and research published by AHRQ and other sources. In general, the tips were well-received with a high open rate. We planned to continue this initiative in 2020, but it was paused due to COVID-19 and competing priorities. QI expects to re-launch in early 2021.

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. In 2019, L.A. Care met with: Angeles, Preferred, Prospect, Heritage, and Exceptional Care and discussed CG-CAHPS results during reoccurring meetings with Healthcare LA and DHS. In 2020, L.A. Care met with Angeles, Preferred, Prospect, Allied Pacific, Crown City, Exceptional Care, Community Family Care, Superior Choice, DHS, and HCLA. 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

To drive performance among the network, the weight of the member experience domain, as measured by CG-CAHPS scores, was increased to 30% of the VIIP+P4P score for Medi-Cal IPAs in 2019, with Getting Care Quickly and Getting Needed Care now double-weighted. Medical groups receive incentive dollars for improving their scores. Annual CG-CAHPS reporting continues to serve as a resource to IPAs, community clinics, DHS, and Plan Partners in monitoring and improving member experience. In 2019, for the first time, IPAs received the open text comments submitted by their members. For the LACC and CMC VIIP programs, member experience is a domain; however, incentives have not yet been paid out in these programs.

In 2020, L.A. Care required low-performing IPAs in any line of business to submit action plans to improve member experience. A total of 56 groups were required to submit. For the first time, Plan Partners were asked to submit action plans as well. Additionally, Plan Partners reported meeting with low performing IPAs in their network about their performance, training them on best practices, and sharing resources.

Internal Action Plans for the Customer Service Center (CSC) and Product Teams

At the request of QI, the CSC and Product teams submitted action plans to improve member experience. The CSC set a goal of improving call classification and documentation through a monitoring program that includes daily review of the call log for all product lines to identify potential misclassification and gain insight on process improvement opportunities. The CSC documented a baseline rate in February 2020 of 4.09%, and set a goal of reducing the error rate to 3.27% or lower by September 30, 2020. The goal was met in Spring 2020 and maintained through the rest of the fiscal year, reaching as low as 0.67%.

The Product team set a goal focusing on increasing member portal registration numbers by line of business by 5% from the baseline by September 30, 2020 through promotion to members. Unfortunately, the planned promotion did not occur during the timeframe due to a shift in priorities from Product leadership. As a result, the goal was not met. The Product team plans to continue working on a registration guide for members.

CSC Improvements

Beginning in 2017, the Customer Solutions Center has made improvements to the call center infrastructure with the launch of the Value Our Individual Customers Everyday (VOICE) program. VOICE is a multi-pronged approach at improving operational and systems integration such as improving software, improving IVR capacity, and adding a call back system to the call center experience. These enhancements may have

led to the jump in customer service rates in the Child Medicaid CAHPS. While there are still opportunities for improvement, it appears these enhancements are working. In 2019, the team has focused on ensuring resolution of the member's issue during the first call by making more information available to the Call Center representative so fewer handoffs are necessary, while also making systems improvements to better document calls and streamline handoffs. The focus for 2021 will be on building out foundational capabilities and the enhancement of call processing capabilities to improve call routing and call response time. CSC will also introduce a member satisfaction survey and will automate provider change request processing to reduce errors in PCP assignment.

The Customer Solution Center launched the Personal Care Connector (PCC) Unit in 2018. The PCC team is a call center unit comprised of tenured customer service representatives who handle complex cases. Case work assigned to this group consists of remediation efforts, follow up with members and outside entities, as well as other internal units. The overall goal is to improve member retention, avoid unnecessary escalations, and improve the overall experience. One example of these activities is the triaging of each member initiated Service Authorization Request (SAR). When a Cal MediConnect member contacts the plan or PPG to request a service, our PCCs are the sole gate keepers of the life cycle of every SAR. They do this by contacting PPGs and ensuring determinations are made within the required regulatory timelines. This team also assists with coordination of durable medical equipment and pharmacy needs as members transition into the plan.

The call center management team implemented an audit program where call logs from all lines of business are reviewed; this is in addition to the random monthly call recording evaluations. The intent is to identify potential misclassification, gain insight on process improvement opportunities, ensure adherence to regulatory standards, and improve the overall member experience. These activities play a significant role in preventing and remediating member dissatisfaction. Since the beginning of the program, the monthly error rates have improved, with the CMC rate reaching <1%. The CSC's goal is to maintain a monthly error rate of less than 2%.

Other Interventions

In 2018 and 2019, the Safety Net Initiatives (SNI) department worked with a small group of community clinics to provide a post-encounter survey administered at the end of a visit on a tablet where patients can complete CAHPS like questions and provide the office with timely results. The Patient Experience Survey uses questions similar to those on the CAHPS surveys. The clinics were able to monitor their survey results in near real time via an online dashboard. Ultimately the project was phased out in early 2020 because it was challenging to continually engage clinics in using the surveys and results and the cost/benefit ratio was high.

Several L.A. Care programs aim to expand access to care. L.A. Care's Elevating the Safety Net program proactively addressed the access issues discussed above by expanding the supply of primary care providers. The program currently funds scholarships to medical school for 24 students, residency support for four institutions totaling \$4.5 million, loan repayment for 69 primary care physicians, and the hiring of 101 primary care physicians in safety net practices. Additionally, L.A. Care's sponsorship of Loma Linda's Community Health Worker (CHW) Training Program engages members in hospital transition, offers home visitation, and other services. L.A. Care funded the training of two cohorts in 2019-2020, each with up to 25 CHWs and 50 staff working in the Health Homes program.

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 telemedicine services through Teledoc as of January 2020, which serves as an additional convenient resource for some primary and specialty care services.

To further expand access to primary care, L.A. Care began contracting with providers directly in 2017 in areas with known access issues. As of October 2020, a total of 254 primary care providers have direct contracts, an increase of 179 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. PNM has also increased oversight of IPAs to ensure they have adequate specialty networks.

The CMC line of business conducted member education on benefits and utilizing the health care system through the CMC Benefit Summit events in 2019 and 2020. 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 being denied a prescription due to not having their membership card.

SECTION 6: OPPORTUNITIES FOR IMPROVEMENT

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.

Based on the analysis above and building upon the priorities from the previous year, there are several areas of opportunity that L.A. Care can focus on to improve CAHPS and to help reduce appeals and grievances going forward. These areas are listed below with the primary Ratings, Composites and/or Grievances/Appeals categories that are addressed and the opportunities available.

PRIORITIES FOR 2021:

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
- 2021 plans: continue to offer patient experience training to the entire network and increase attendance

PRIORITY 2: *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 Teledoc. Continue the Elevating the Safety Net program to increase the supply of providers.

PRIORITY 3: *Establish clear lines of accountability for Plan Partners and contracted provider groups.*

- Addresses: all Ratings and Composites
- Opportunities: ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 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.

PRIORITY 4: *Improve customer service at L.A. Care.*

- Addresses: Customer Service and Attitude and Service
- Opportunities: ensure that members' concerns are resolved quickly and they are treated with respect when contacting/contacted by L.A. Care.

- 2021 plans: continue implementing technical enhancements in the Call Center, as well as staff training.

PRIORITY 5: *Develop product line-specific strategies.*

- Addresses: Billing and Finance and Rating of Health Plan
- Opportunities: identify and address unique needs of different groups.
- 2021 plans: Continue improvements to the premium payment and out-of-pocket maximum/accumulator processes for LACC. Explore pharmacy benefit improvements for CMC. Implement outreach strategy around redeterminations for Medi-Cal.

LOOKING FORWARD

- Continue collaborative meetings to discuss priority areas in the Member Experience Work Group.
- Continue interventions such as action plans, patient experience training, 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.

SECTION 7: OUT-OF-NETWORK REQUESTS

Utilization Management examines the referrals to out-of-network specialists on an as-needed basis in order to ensure members’ needs are continually met.

MCLA

The table below is a summary report of out-of-network requests broken down by service planning area (SPA) regions from October 2019–September 2020 for MCLA.

Measurement Year Q4 2019 - Q3 2020 (Out of Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
ANTELOPE VALLEY	670	721	92.93%	1482486	5.84
EAST	438	489	89.57%	3021574	1.94
METRO	673	727	92.57%	2851410	3.06
SAN FERNANDO	837	954	87.74%	4908327	2.33
SAN GABRIEL	692	756	91.53%	3824439	2.37
SOUTH	659	734	89.78%	4434167	1.99
SOUTH BAY - LB	552	609	90.64%	2732654	2.67
WEST	150	189	79.37%	702698	3.23
Total	4671	5179	90.19%	23957755	2.59

Top 5 OON Requests by SPA Region				
SPA Region	Case Type	Approved	Total	Approval Rate
Antelope Valley	OFFICE VISIT	345	365	94.52%
	OUTPATIENT PROCEDURE	137	153	89.54%
	MEDICAL/SURGICAL	82	86	95.35%
	DURABLE MEDICAL EQUIPMENT	25	28	89.29%
	SHIFT CARE	9	12	75.00%
East	OFFICE VISIT	148	162	91.36%
	MEDICAL/SURGICAL	52	55	94.55%
	OUTPATIENT PROCEDURE	46	49	93.88%
	DURABLE MEDICAL EQUIPMENT	35	43	81.40%
	HOME HEALTH	29	32	90.63%
Metro	OFFICE VISIT	163	177	92.09%
	HOME INFUSION/SUPP	144	144	100.00%
	HOME HEALTH	82	85	96.47%
	MEDICAL/SURGICAL	71	73	97.26%
	OUTPATIENT PROCEDURE	31	41	75.61%
San Fernando Valley	OFFICE VISIT	323	365	88.49%
	MEDICAL/SURGICAL	73	93	78.49%
	DURABLE MEDICAL EQUIPMENT	68	87	78.16%
	OUTPATIENT PROCEDURE	78	87	89.66%
	DIALYSIS	45	46	97.83%
San Gabriel Valley	HOME INFUSION/SUPP	173	174	99.43%
	OFFICE VISIT	161	174	92.53%
	HOME HEALTH	77	78	98.72%
	MEDICAL/SURGICAL	49	59	83.05%
	OUTPATIENT PROCEDURE	53	59	89.83%
South	OFFICE VISIT	223	247	90.28%
	OUTPATIENT PROCEDURE	64	82	78.05%
	MEDICAL/SURGICAL	52	57	91.23%
	DIALYSIS	50	51	98.04%
	HOME INFUSION/SUPP	39	40	97.50%
South Bay - LB	OFFICE VISIT	214	232	92.24%
	MEDICAL/SURGICAL	57	63	90.48%
	OUTPATIENT PROCEDURE	52	57	91.23%
	DURABLE MEDICAL EQUIPMENT	42	49	85.71%
	HOME HEALTH	33	34	97.06%
West	OFFICE VISIT	48	60	80.00%
	MEDICAL/SURGICAL	15	26	57.69%
	DURABLE MEDICAL EQUIPMENT	15	18	83.33%

Top 5 OON Requests by SPA Region				
SPA Region	Case Type	Approved	Total	Approval Rate
	OUTPATIENT PROCEDURE	13	18	72.22%
	SKILLED NURSING FACILITY	11	12	91.67%

Quantitative Analysis

An analysis of the MCLA out-of-network request data reveals the following:

- Out-Of-Network (OON) requests in Q4 2019 to Q3 2020 for MCLA totaled 5179 with 90.19% (4671) of the requests being approved. This is insignificant in comparison to the 1,176,329 members in the MCLA network as of October 2020.
- Factoring in membership, per thousand members per year (PKPY) for total OON requests ranged from 1.94 (East) to 5.84 (Antelope Valley). An overall PKPY across all SPA regions of 2.59 was observed. Under L.A. Care’s scope, SPA regions comprise of Antelope Valley, San Fernando Valley, San Gabriel Valley, Metro LA, West, South, East, and South Bay.

Qualitative Analysis

508 of the out-of-network requests were denied during this period for the MCLA population. No trends were identified at the geographic or practitioner level since this is L.A. Care’s second OON evaluation for MCLA and CMC lines of business. However, there was a uniform increase in OON referrals from the previous year.

From Q4 2019 to Q3 2020, the top out-of-network requests consisted of medical/surgical, office visits, durable medical equipment, outpatient procedures, behavioral health, chiropractic, home health, and transplants across the eight SPA regions, to name a few. Office visits were the most prevalent out-of-network request.

Out of the approved requests, most requests stemmed from 1) San Fernando followed by 2) San Gabriel and 3) South Los Angeles. This is a shift from the previous year and L.A. Care will continue to monitor OON requests in these areas. Due to data issues, we are uncertain of the root cause of out-of-network requests in South Los Angeles and San Fernando Valley. More robust and detailed OON reporting is being developed and will soon be gathered by L.A. Care with an aim to provide insight into the root-cause of the OON requests in these SPAs.

CMC

The table below is a summary report of out-of-network requests broken down by service planning area (SPA) regions from October 2019–September 2020 for CMC.

Measurement Year Q4 2019 - Q3 2020 (Out of Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
Antelope Valley	1	1	100.00%	9051	1.33
East	19	19	100.00%	24504	9.30
Metro	20	21	95.24%	29501	8.54
San Fernando Valley	9	10	90.00%	33857	3.54

Measurement Year Q4 2019 - Q3 2020 (Out of Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
San Gabriel Valley	12	13	92.31%	28035	5.56
South	13	15	86.67%	39813	4.52
South Bay - LB	8	8	100.00%	24920	3.85
West	7	8	87.50%	5191	18.49
Total	89	95	93.68%	194872	5.85

Quantitative Analysis

An analysis of the CMC out-of-network request data reveals the following:

- OON requests in Q4 2019 to Q3 2020 for CMC totaled 95 with 96.68% (89) of the requests being approved. This is insignificant in comparison to the 18,484 members enrolled in L.A. Care’s CMC network (as of October 2020).
- Factoring in membership, per thousand members per year (PKPY) for total OON requests ranged from 1.33 (Antelope Valley) to 18.49 (West). An overall PKPY across all SPA regions of 5.85 was observed. The OON requests were comprised of office visits, medical/surgical, durable medical equipment, and outpatient procedure requests, to name a few. L.A. Care identified an increase in the volume of OON requests over the previous year, and will look to the coming year to identify any trends.

Qualitative Analysis

Six (6) of the out-of-network requests were denied during this period for the CMC population, continuing a trend of very few to no denials. L.A. Care will continue to monitor the data for out-of-network requests. No trends were identified at the geographic or practitioner level since this is L.A. Care’s second OON evaluation for MCLA and CMC lines of business. L.A. Care will look in year 3 of the OON evaluation for any possible trends.

As with MCLA, the number of CMC out-of-network requests are low despite the significant increase in membership during 2020.

LACC

The table below is a summary report of out-of-network requests broken down by service planning area (SPA) regions from October 2019–September 2020 for LACC.

Measurement Year Q4 2019 - Q3 2020 (Out of Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
Antelope Valley	3	4	75.00%	22920	2.09
East	11	13	84.62%	124642	1.25
Metro	13	14	92.86%	122288	1.37
San Fernando Valley	39	46	84.78%	253724	2.18
San Gabriel Valley	9	10	90.00%	254647	0.47

Measurement Year Q4 2019 - Q3 2020 (Out of Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
South	11	11	100.00%	88188	1.50
South Bay - LB	14	18	77.78%	142099	1.52
West	30	32	93.75%	39069	9.83
Total	130	148	87.84%	1047577	1.70

Quantitative Analysis

An analysis of the LACC out-of-network request data reveals the following:

- OON requests in Q4 2019 to Q3 2020 for LACC totaled 148 with 87.84% (130) of the requests being approved. This is insignificant in comparison to the 99,391 members enrolled in L.A. Care’s LACC network (as of October 2020).
- Factoring in membership, per thousand members per year (PKPY) for total OON requests ranged from 0.47 (Sab Gabriel Valley) to 9.83 (West). An overall PKPY across all SPA regions of 1.70 was observed. The OON requests were comprised of office visits, medical/surgical, durable medical equipment, and outpatient procedure requests, to name a few. L.A. Care identified an increase in the volume of OON requests over the previous year, and will look to the coming year to identify any trends.

Qualitative Analysis

18 of the out-of-network requests were denied during this period for the LACCC population, continuing a trend of very few to no denials. L.A. Care will continue to monitor the data for out-of-network requests. No trends were identified at the geographic or practitioner level since this is L.A. Care’s second OON evaluation for the LACC lines of business. L.A. Care will look in year 3 of the OON evaluation for any possible trends.

OPPORTUNITIES FOR IMPROVEMENT

There are several concerns about the data that may indicate that it is not complete or accurate, including missing fields, placeholders, data entry errors, and inconsistency in documentation. L.A. Care’s Utilization Management department has implemented some changes aimed at improving data quality and integrity and will continue to track cases and rates. There are two core measures in place to prevent discrepancies in future years. Measures include the following:

- Establishment of the Quality Review Team where the case would be reviewed by one of the leads in this team prior to closing the case and corrections with feedback would be done.
- Creation of an MOU team to streamline the MOU process which in turn would help improve the consistency of how the MOU cases were being documented in CCA.

LOOKING FORWARD

- Continue collaborative meetings to discuss priority areas in the Member Experience Work Group.
- Continue interventions such as tip post-encounter surveys, customer satisfaction training, and webinars.
- Continue emphasis of member experience through the VIIP and Plan Partner Incentive programs.
- Utilize the VOICE program to make improvements to the Call Center.

SECTION 8: NETWORK ADEQUACY:

Establishing unquestionable, data supported links between L.A. Care enrollees' grievances and appeals, CAHPS Survey results, and out-of-network referral requests continues to present challenges for several reasons. These include, but are not limited to, the following:

- Absence of data robust enough to be statistically representative of L.A. Care's membership populations.
- Data collection that lacks the level of granularity that would allow identification of possible network adequacy trends in specific delegates' networks, geographical locations, and provider types. Current out-of-network (OON) referral data provides insight into the volume of OON referrals, but other data as to the reason for the OON referral request are planned for collection in FY20-21. These will allow for the exclusion of OON referrals resulting from cases of Continuity of Care, which may inflate OON referral trends but which may not necessarily identify an inadequacy in the network.
- The grievance data reported represents the volume of enrollee complaints L.A. Care receives related to geographic access, but the findings of these enrollee complaints will offer more insight into potential network inadequacies.
- Broadly defined categorization of areas of enrollee dissatisfaction. For example, for those CAHPS' survey respondents who indicate dissatisfaction with the ability to "get care quickly" or to "get needed care", it is unclear whether the source of this dissatisfaction is:
 - Delays in Obtaining Prior Authorization
 - Delays in requesting the prior authorization by the referring provider or delays in obtaining approved prior authorization
 - Delayed Appointment Availability
 - In cases where appointment availability can be identified as a dissatisfaction driver, it cannot be concluded that network inadequacy is the primary factor.
 - Lengthy In-Office Wait Time
 - Excessive Travel Distance

L.A. Care is aware that there are geographical locations (e.g. Antelope Valley) known to present access barriers due to their rural locations and limited numbers of contracted providers. While it may be reasonable to assume the level of dissatisfaction among enrollees in these areas may be greater than in other locations, for the reasons noted above, it is difficult to statistically support conclusions of higher levels of enrollee dissatisfaction that are directly tied to network inadequacy.

Lastly, areas of high enrollee concentration such as the South and San Fernando Valley regions certainly have the *potential* to create conditions that would suggest and result in higher rates of grievances and other expressions of dissatisfaction. However, more granular data collection and analyses are required before enrollee dissatisfaction can be directly correlated with specific network inadequacies.

OPPORTUNITIES FOR IMPROVEMENT

To achieve its goal of using member experience data to draw valid conclusions concerning network adequacy, L.A. Care must implement data collection processes that will improve its ability to identify trends based on geographical locations, provider types, and delegate specific networks.

In addition, because L.A. Care's contracted Participating Physician Groups (PPGs) are authorized to refer assigned members to providers who are not within their contracted networks, L.A. Care should have a

systematic method of determining if these referrals are being made as a result of an inadequacy within the PPG’s provider network. L.A. Care is implementing a process to collect, make available, and analyze out-of-network referrals by PPG, which will allow L.A. Care to identify trends in out-of-network referrals as a result of network inadequacy.

H.6.b ASSESSMENT OF NETWORK ADEQUACY FOR BEHAVIORAL HEALTH SERVICES

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care provides Behavioral Health services through a Managed Behavioral Health Organization (MBHO). Since 2014, Beacon Health Options (Beacon) has been contracted to provide behavioral health services to all lines of business. Several administrative services are contractually delegated to Beacon. Per contractual requirement, Beacon submits an Appointment Accessibility and Provider Availability Trend Report on an annual basis. This report contains standards related to emergent, urgent and routine appointments.

In 2014, L.A. Care began to directly contract for Applied Behavioral Analysis (ABA) service for the Medi-Cal line of business only. L.A. Care’s Grievance and Appeals department addresses incoming grievances and/or appeals with the applicable party within L.A. Care, including the Behavioral Health Department, the Behavioral Health Treatment team, Quality Improvement, and other Health Services departments in addition to working directly with Beacon.

Beacon is not delegated to conduct grievance investigations for L.A. Care members. However, Beacon works in collaboration with L.A. Care’s Appeals and Grievance Department to resolve issues regarding the Beacon network of providers or Beacon operations. The data provided in this report only captures those complaints around Access to Care. L.A. Care’s Appeals and Grievances Department works diligently within L.A. Care to identify, document, manage, resolve, and track and trend both member and provider concerns.

The following analysis is focused on Quarter 4 2019 - Quarter 3 2020 and hereon will be referred to as reporting period 2019/2020. References made to the previous reporting period will be referred to Quarter 4 2018- Quarter 3 2019 and/or the 2018/2019 reporting period/previous reporting period.

Grievance & Appeal Data		Q3 18- Q3 19	Quarter 4 2019	Quarter 1 2020	Quarter 2 2020	Quarter 3 2020	Total
Medi-Cal	Grievance: Access to Care	66	28	13	18	13	72
Medi-Cal	Appeal: Access to Care	4	1	2	0	0	3
Cal Medi- Connect	Grievance: Access to Care	10	7	2	20	17	46
Cal Medi- Connect	Appeal: Access to Care	0	0	0	0	0	0
LACC	Grievance: Access to Care	11	1	1	7	8	17
LACC	Appeal: Access to Care	1	0	0	0	0	0

General Analysis

Fourteen grievances categorized as behavioral health/mental health were related to a member's Primary Care Physician (PCP) or other type of physical health specialist, such as a pain management or a Primary Physician Group (PPG). Beginning Q2, there was a significant increase in grievances noted, particularly in Cal Medi-Connect (CMC) and L.A. Care Covered (LACC) lines of business (LOB). Beginning of Q2, Appeals and Grievances Department implemented a change in process where exempt grievances were captured and coded in the same category as grievances. An exempt grievance is when a member expresses a dissatisfaction at the time of the call that is not related to quality of care issue or coverage. The member also does not have to request a grievance, as long as they "sound" dissatisfied during the time of their call. This change in process was implemented in result of past audit findings by the Department of Managed Health Care (DMHC) and by the Department of Health Care Services (DHCS). Prior to this procedure update in Q2, exempt grievances were coded as inquiries. Should the process have remained the same throughout the year, a significant decline in grievances would have been seen across all LOBs beginning of Q2.

A majority of the total were not due to provider distance or time availability, but rather the issue continues to center around providers who are unresponsive or state that they no longer accept Beacon/L.A. Care. This is despite of the efforts Beacon Health Options implemented in response to the APL 17-019 Provider Credentialing/Re-credentialing and Screening/Enrollment, which began in 2018 and well into 2019. This All Plan Letter mandated providers to enroll in the state Medi-Cal system and was a new process for mental health and substance use disorder providers. This allowed a full revalidation of the network and the removal of inactive providers.

Medi-Cal Grievances

Access to Care was the top identified categories of grievances. Access to Care grievances increased by six compared to the previous reporting period. Although, the aforementioned analysis provides further Grievances regarding psychiatric medication access or disagreement with Psychiatrist recommendations was the most cited reason for Access to Care Grievances. The second top trend relates to Beacon's Call center providing numbers for clinicians who were unresponsive and/ or no longer accepting Medi-Cal. Nine Access to Care issues are related to the Behavioral Health Treatment/Applied Behavior Analysis benefit citing lack of response from contract providers.

Medi-Cal Appeals

Two of the three of the appeals for Access to Care were for the Behavioral Health Treatment Benefit/Applied Behavior Analysis. One appeal was withdrawn. The other was upheld as the member had selected an out of network provider. The last was a misunderstanding as the member did not have any denied services.

Cal Medi-Connect Grievances

There were a total of 46 Access to Care grievances for the Cal Medi-Connect Line of Business. Access to Care grievances increased by 36 from previous reporting period. Similar to the Medi-Cal Line of Business, psychiatric medication access or disagreement with Psychiatrist recommendations were the most cited reason for Access to Care Grievances followed by to Beacon's Call center providing numbers for clinicians who were unresponsive and/ or no longer accepting Beacon/L.A. Care.

Cal Medi-Connect Appeals

Of the CMC appeals, none were related to Access to Care.

**Please note that few services require authorization for the Medi-Cal line of business and all higher levels of care are carved out to the Los Angeles County Department of Mental Health.*

LACC Grievances

There were a total of 17 grievances filed for LACC line of business. Access to care grievances increased by six from previous reporting period. Similar to the other lines of business, a majority of the grievances

filed were related to providers no longer accepting Beacon/L.A. Care. These grievances made up seven of the access to care grievances. The second top reason grievances were filed, were due to members wanting to access behavioral health services.

LACC Appeals

There were no appeals filed for LACC line of business during this reporting period.

Out of Network

For the Behavioral Health Treatment (BHT) benefit, the Out of Network (OON) process for provider differs from standard OON purposes. L.A. Care’s current BHT provider network is sufficient in terms of Access to Care and Access and Availability. During the last year, L.A. Care has continued 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 total, 32 members received BHT through 11 OON agencies. Twenty one of these members had more than one request during the reporting period. The OON services requested was not due to lack of network adequacy. A majority of the cases represented in the table below are a result of honoring continuity of care for members being transitioned from the Los Angeles County Regional Centers to the plan for their BHT services.

Out of Network Data		OON Requests	OON Approvals	OON Denials	OON Providers Total	Total Members
Medi-Cal	BHT Benefit	82	82	0	11	32

Prioritization of Opportunities:

WORK PLAN 2020

Priority	Category	Opportunities identified	Intervention	Measuring Effectiveness
1	Grievances	Expand number of access and availability of providers	Fully Implement Tele-Psychiatry/Tele-therapy	Decrease in grievances related to psychiatric medication services *(first year of specific measurement) Decrease in total access and availability grievances
2	Grievances	Ensure members are connected with providers currently accepting L.A. Care/Beacon members.	Increase the number of members provided appointment assistance	Decrease in the number of grievance filed citing provider access issues *(first year of specific measurement)

Measuring Effectiveness:

Intervention implemented:

Tele-Psychiatry and Tele-Therapy

In early 2019, L.A. Care amended the contract with Beacon to include Tele-Psych and Tele-Therapy services. During this role out, the number of referrals were kept under 30 per month until a baseline need was established. Tele-Psych and Tele-Therapy were also implemented as a temporary solution when an established network of clinics were no longer able to see Medi-Cal members. In response to the COVID-19 pandemic outbreak, this benefit expanded, increasing the trajectory of utilization towards the end of Q1 2020.

Access to Care Grievances	Previous Year (Q4 2018- Q3 2019)	Current Measurement Year (Q4 2019- Q3 2020)	Percentage Change
Medi-Cal	66	72	+9%
Cal Medi-Connect	10	46	+360%
LACC	11	17	+54.5%
TOTAL	87	135	+55%

Quantitative Analysis

Grievances concerning Access to Care increased across all lines of business. Medi-Cal increased by 9%, Cal MediConnect by 360% and LACC by 54.5%. These increases are difficult to pinpoint as being related to the intervention as previously discussed, due to system challenges for accurate categorization and further directions to members in order to receive services. As indicated previously, the process change to include exempt grievances in the data beginning Q2 increased the total number of grievances significantly. For Medi-Cal and LACC lines of business, without the inclusion of exempt grievances, a decline in grievances would have been seen compared to previous year. As for Cal MediConnect line of business, the increase in grievances would have been significantly less.

Qualitative Analysis

The overall increase in Grievances across all lines of business can be attributed towards internal organizational focus to improving the algorithm to ensure all Behavioral Health related calls were properly identified and coded. There continues to be challenges outside of the control of the interventions. The aforementioned inclusion of “exempt” grievances has been predicted as the main driver for the vast increase in Cal Medi-Connect Access to Care grievances, specifically.

Access to Care Grievances	Psychiatric RX	Providers Not Accepting	Total Sub Categories Access to Grievances	Total Access to Care Grievances	Percentage of Total Access to Care Grievances
Medi-Cal	11	20	31	72	43%
Cal Medi-Connect	9	16	25	46	54%
LACC	0	7	10	17	58%
TOTAL	20	43	66	135	49%

Intervention Implemented: Increase in Members Utilization of Appointment Assistance

Quantitative Analysis

The above numbers show a breakdown of the primary reasons for the grievances. As suspected from previous year’s analysis nearly 50% of all grievances are related to providers not accepting L.A. Care/Beacon and/or Psychiatric medication needs. Several grievances crossed into both categories.

Appointment Assistance

Quarter	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Total
Medi-Cal	305	287	244	319	1115
CMC	29	18	14	17	78
LACC	109	112	81	76	378

The appointment assistance utilization has fluctuated over the last year. Some of this has been related to the COVID-19 pandemic. However, L.A. Care has requested Beacon to offer the appointment assistance program to more members and to increase utilization of this service

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 more assistance.
- 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 a second time after initial referrals did not work out.

As this was the first year collecting and analyzing the data related to appointment assistance program, this will serve as a baseline to continue monitoring/increasing the utilization of this program. The objective of increasing utilization of appointment assistance program would be to decrease the grievances specific to both appointment assistance and psychiatric medication.

Prioritization of Opportunities:

WORK PLAN 2021

Priority	Category	Opportunities identified	Intervention	Measuring Effectiveness
1	Grievances	Internal coding for Grievances and Appeals to accurately identify and correctly categorize incoming Grievances	Internal training and tool development for the Grievance and Appeals Department	Increase accuracy in reporting in order to properly assess the effectiveness of future interventions
2	Grievances	Ensuring provider list is accurate and up to date	Provider Education	Decrease in grievances related to providers no longer accepting Beacon/unable to contact/etc.

H.7 PROVIDER DIRECTORY ACCURACY ASSESSMENT

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

This report analyzes findings of L.A. Care Health Plan's (L.A. Care) annual evaluation of physician data accuracy as reflected in its provider directories. More specifically, the report evaluates the accuracy of five data elements for primary care physicians (PCPs) and specialists participating within L.A. Care's direct lines of business which are L.A. Care Medi-Cal (MCLA), the Homecare Workers Health Plan (PASC-SEIU), L.A. Care Covered and L.A. Care Covered Direct (LACC) and (LACCD), and Cal MediConnect (CMC) plans. These data elements include:

- Physician Address
- Physician Phone number
- PCP Membership Panel Status (Open or Closed)
- Physician Hospital Affiliations
- Staff Awareness of Physician Line of Business

SURVEY METHODOLOGY

To confirm the accuracy of all five directory data elements, L.A. Care conducted a telephonic survey (July to August 2020) in which 1,982 randomly chosen primary care and specialist offices comprised the sample pool. Overall- and across all Lines of business L.A. Care attempted to contact each provider but only succeeded in attaining responses from a total of 1,056 unique providers via a live person who answered the call and provided responses to the survey questions; 441 calls reached a recording of which a small group of providers were able to confirm, phone number and provider name through a voicemail message. These providers were not counted as part of the sample, as survey could not be administered. 472 calls were not answered; and 54 calls failed due to a wrong or disconnected number. The accuracy for calls answered are 50.96% answered by a live person; 22.25% calls reached a recording; 23.81% did not answer; 2.72% were made to a wrong or disconnected number; and 0.25% calls were redirected to a different number. This sample pool represented approximately 22% of the organization's MCLA, LACC/D, PASC and CMC physician network. At the 95% confidence level, the margin of error for this survey is 2%. 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 (GP/FP, Internal Medicine, Pediatrics, 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, telephone number, membership panel status, and provider line of business, the number of physician offices contacted or attempted to be contacted served as the denominator while the numerator was determined by the number of calls that were answered by a live person.

For hospital affiliation the following methodology was used:

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 a National Provider Identification (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.

There were various reasons why data was not captured during some survey attempts. The most obvious and clear reason for this issue is the existing and persistent COVID-19 pandemic. Due to COVID-19, many provider offices may have reduced their hours of operations, including closing some of their office locations temporarily if a provider has multiple locations or offices, or providing Telehealth services to assess and treat their patients. This has led to a reduction of staff and a reduction in physician offices being open and available to members, but offices may have utilized or are currently utilizing Telehealth services in lieu of face to face visits. A year over year comparison of accuracy rates for 2018-2020 are located in a table I at the “Identifying Opportunities to Improve Directory Accuracy” section. Additional 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.

RESULTS/FINDINGS

(Overall)- Across all lines of business, 1,982 calls were attempted with 1,056 physician offices providing responses for location, 1,056 responded to the phone number inquiry, 1,065 to the hospital inquiry (Table B) and 1,056 to the line of business participation question (Table B); 352 PCPs provided panel status responses. Year over year comparisons can be found in Table I below.

Table A			
	Number of Physicians	Number of Accurate Records	Accuracy Rate
Physician Location	1,056	957	91%
Physician Phone No.	1,056	1,010	96%
Physician Panel Status*	352	295	84%

*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 91% and 96%, respectively. 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 84%.

Table B			
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	1,065	734	70%
Physician's Line of Business	1,056	862	82%

As depicted in Table B, across all product lines of business, the accuracy rates for Hospital Affiliations and Physician's Line of Business are 70% and 82%, respectively. There were a total of 674 providers with hospital 1 affiliation reported, 252 providers with hospital 2 affiliation reported, 110 providers with hospital 3 hospital affiliations reported and 29 providers with hospital 4 affiliation reported, for a total of 1,065 providers cumulatively combined, not individual or unique. Those providers who answered or confirmed YES for affiliations are as follows: hospital 1 is 456, hospital 2 is 186, hospital 3 is 70, and hospital 4 is 22, for a total of 734 providers cumulatively combined, not individual or unique. The same calculation for providers with hospital affiliations is applied to the different lines of business below.

RESULTS/FINDINGS BY LINE OF BUSINESS:

MCLA/PASC – Calls to 1,307 MCLA/PASC physicians were attempted with 812 physicians providing location, 812 responding to the phone number inquiry, 654 to the hospital inquiry, 812 to the line of business questions and 311 PCP offices responding to panel status inquiries. Year over year comparisons can be found in Table I below.

Accuracy rates as depicted in Table C for Medi-Cal/PASC physician locations and phone numbers are fairly consistent with Overall rates with MCLA/PASC both metrics showing a 91% and 96% accuracy rate for physician location and phone number and physician panel status drops 2 points to 82%. Table D shows hospital affiliations increases 1 point to 71%, and shows physicians' lines of business for MCLA/PASC remains the same at 82%.

Table C			
	MCLA/PASC		
	Number of Physicians	Number of Accurate Records	Accuracy Rate
Physician Location	812	740	91%
Physician Phone	812	780	96%
Physician Panel	311	256	82%

Accuracy rates as depicted in Table D: there were a total of 454 providers with hospital 1 affiliation reported, 139 providers with hospital 2 affiliation reported, 49 providers with hospital 3 hospital affiliations reported and 14 providers with hospital 4 affiliation reported, for a total of 654 providers. Those providers who answered or confirmed YES for affiliations are as follows: hospital 1 is 313, hospital 2 is 108, hospital 3 is 32, and hospital 4 is 11, for a total of 464 providers.

Table D	MCLA/PASC		
Hospital Affiliations	654	464	71%

LACC/D – Phone calls were placed to 1,475 LACC/D physicians with 867 providing location, 867 responding to the phone number inquiry, 614 to the hospital inquiry, 867 to the line of business questions and 292 PCP offices responding to the panel status survey question. Year over year comparisons can be found in Table I below.

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 91% the same as Overall and MCLA/PASC; physician phone number is at 96% the same as MCLA/PASC and the Overall rate; physician panel status is at 87%, 5-points higher than MCLA/PASC and 3-points higher than the Overall rate.

Table E	LACC/D		
	Number of Physicians		Accuracy Rate
Physician Location	867	786	91%
Physician Phone No.	867	832	96%
Physician Panel Status*	292	255	87%

*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 F, the LACC/D accuracy rates for Hospital Affiliations and Physician’s Line of Business are 77%, a 7-point increase from the Overall rate, and a 6-point increase compared to MCLA/PASC and 83%, a one-point increase compared to Overall and MCLA/PASC rates respectively. There were a total of 418 providers with hospital 1 affiliation reported, 147 providers with hospital 2 affiliation reported, 55 providers with hospital 3 hospital affiliations reported and 13 providers with hospital 4 affiliation reported, for a total of 633 providers. Those providers who answered or confirmed YES for affiliations are as follows: hospital 1 is 320, hospital 2 is 113, hospital 3 is 43, and hospital 4 is 11, for a total of 487 providers.

Table F		LACC/D	
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	633	487	77%
Physician's Line of Business	867	719	83%

CMC – CMC-Surveyors attempted to contact 943 physicians participating in the CMC line of business. Of this number, 599 provided location, 599 responded to the phone number inquiry, 555 to the hospital inquiry (Table H) and 599 to the line of business affiliations inquiry (Table H) and 218 PCP offices provided panel status responses. Year over year comparisons can be found in Table I below.

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 91% the same as Overall, MCLA/PASC and LACC/D; physician phone number is at 96% keeping in line with all other LOB's and the Overall rate; physician panel status is at 88%, a one-point increase over LACC/D; 4-points over MCLA/PASC; and 4-points over the Overall rate

Table G		CMC	
	Number of Physicians Surveyed	Number of Accurate Records	Accuracy Rate
Physician Location	599	545	91%
Physician Phone No.	599	575	96%
Physician Panel Status*	218	192	88%

*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 H, the CMC accuracy rates for Hospital Affiliations and Physician's Line of Business are 69%, a 1-point decrease compared to Overall rates, a 2-point decrease compared to MCLA/PASC, and an 8-point decrease compared to LACC/D; regarding physician LOB 83%, a one-point increase compared to Overall and MCLA/PASC rates and equal to LACC/D rates respectively. There were a total of 338 providers with hospital 1 affiliation reported, 145 providers with hospital 2 affiliation reported, 59 providers with hospital 3 hospital affiliations reported and 13 providers with hospital 4 affiliation reported, for a total of 555 providers. Those providers who answered or confirmed YES for affiliations are as follows: hospital 1 is 222, hospital 2 is 111, hospital 3 is 43, and hospital 4 is 10, for a total of 386 providers.

Table H		CMC		
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate	
Hospital Affiliations	555	386	69%	
Physician's Line of Business	599	495	83%	

IDENTIFYING OPPORTUNITIES TO IMPROVE DIRECTORY ACCURACY:

The results of the annual Provider Directory Accuracy Survey for 2020 depict the negative effects of the global pandemic and the strain it has placed on medical providers across the country which has evidently impacted L.A. Care Health Plan. Seeing that the physician phone number could only be verified with half of the providers, can be interpreted as providers either not being at their offices or the office has been closed. This could potentially increase access to care issues as the pandemic moves forward. Yet, not all data paints a grim picture. The rates for physician location and physician phone number has increased over the past year. The rates for physician panel status, hospital affiliations, and line of business dropped significantly from last year but they also show areas that must and will be improved moving forward. The results of this survey will be shared with our Provider Network Management partners and any gaps in our data or inaccuracies will be forwarded and addressed. Hopefully by next year, the COVID-19 pandemic will have subsided and the main issues we see today will remain in 2020. Table I depicts accuracy rates for MCLA/PASC, LACC and LACCD, and CMC year over year from 2018 to 2020 with green cells showing a positive improvement in accuracy from last year.

Table I – Trending Year-Over-Year Comparison of Rates										
	MCLA			LACC			CMC			Benchmark(s)
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2020
Physician Location	73%	84%	91%	73%	85%	91%	77%	86%	91%	90%
Physician Phone Number	78%	89%	96%	78%	89%	96%	85%	91%	96%	90%
Physician Panel Status	69%	91%	82%	68%	91%	87%	71%	92%	88%	90%
Hospital Affiliations	66%	73%	71%	65%	72%	77%	64%	70%	69%	90%
Physician Line of Business	82%	89%	82%	84%	91%	83%	78%	86%	83%	90%

**The green cells indicate a positive improvement in accuracy from last year.*

Qualitative Analysis

Table I, highlights all the rates shown in the previous tables for metrics surveyed, and for all LOB's. L.A. Care established a 90% benchmark for all provider data accuracy, and this table depicts whether the benchmark was met, exceeded or failed to meet. The 90% benchmark was exceeded for Physician Location and Physician Phone Number for calendar year 2020, and across all LOB's. The remaining metrics failed to meet the 90% benchmark in 2020. However, these gaps have been noted, and will be addressed moving forward. The accuracy of data significantly improved when comparing the current and past year to 2018. The 90% accuracy goal for provider data, and what is presented to L.A. Care members providers, potential members, and the general public is of utmost importance to instill a sense of trust and dependency of the L.A. Care brand and its programs.

A design defect in the survey itself is how responses are captured for hospital affiliations since the same provider could be counted up to four times and while it does not provide a clear analysis of the data, it can be used to further develop a cleaner survey with appropriate responses to attain a better count of the responses for hospital affiliations going forward.

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. 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.

ACTING ON OPPORTUNITIES:

- L.A. Care has also made a significant investment into the implementation of a multi-year, long-term solution to compliment and augment the current data validation processes in order to ensure provider data accuracy. The Total Provider Management program (TPM) focuses on improving provider data quality and management. TPM will allow for automated provider data collection, organization, and validation. All data collected through the TPM technology will be automatically validated against external databases (such as the State Licensing Board and the Office of the Inspector General (OIG) Exclusion List), and will also be accompanied by the providers' attestations to the accuracy of the submitted data. Data that are flagged as inaccurate or incomplete will be automatically omitted from L.A. Care's systems to preserve the accuracy and integrity of the data that have already been collected and verified. Although TPM is a long-term solution that will be fully implemented in the future, L.A. Care continues to devote significant amounts of resources to address the issue of data accuracy that is commonly experienced within the healthcare industry.
- LA Care has been effectively monitoring Plan Partners provider directories on a monthly basis for their availability and accessibility. L.A. Care applies the same benchmarks that are applied to L.A. Care's online and print directory requirements including those associated with the reporting of any inconsistencies. In July, CSC launched a new easy to use and versatile online provider directory to assist the public in searching our network for both providers and facilities available to our members with links to report inaccuracies and inconsistencies and processes are in place to report and address

the reported inaccuracies or inconsistencies found. A usability testing will be conducted by the end of 2020 year in order to assess new provider directory. 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.

H.8 PROVIDER SATISFACTION SURVEY

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REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care conducts the Provider Satisfaction Survey (PSS) annually during the fall to four different types of providers: Primary Care Physicians (PCPs), Specialty Care Physicians (SCPs), Licensed Community Clinics, and Participating Physician Groups (PPGs, where many authorization decisions are delegated and made).

In 2019, L.A. Care conducted a comprehensive review of the survey instruments to better meet the various entities served by the PSS results and simplify the survey process. We added new survey topics on Pay-For-Performance Incentive Programs and modified the items we asked in the Customer Solutions section. Due to this revamping and restructuring of the instruments, there are fewer possible direct year to year comparisons than in previous years. Items were trended where possible. We also added a net promoter question to calculate a Net Promoter Score (NPS) for each provider type. The score is used to gauge how likely the provider recommends a colleague to contract with L.A. Care.

This Narrative Summary describes how the current year's survey results compare with prior year's performance as rated by PCPs, SCPs, Clinics, and Participating Physician Groups. Information collected from these surveys allows the Plan to measure how well L.A. Care is meeting providers' expectations and needs. Results of the surveys are used to identify strengths and areas of improvement so that actionable interventions can be designed to improve the quality of programs and services.

Summary rates are calculated as the percent of respondents choosing "Very Satisfied" or "Satisfied" (collapsing variables with multiple responses into aggregate categories. For example, on a five point Likert scale the variables employed were: "Very Satisfied", "Satisfied", "Neither Satisfied nor Dissatisfied", "Dissatisfied", and "Very Dissatisfied." We total the "Very satisfied" and "Satisfied" responses.)

This summary report examines providers' overall level satisfaction with L.A. Care's Health Plan Programs, satisfaction with Utilization management processes that include pre-authorization, referral to mental health, and receiving timely clinical information reflect timeliness of members' appointments, and providers' feedback for health care services, and providers' overall level of satisfaction with L.A. Care's Care Management Program.

METHODOLOGY

PSS sampled Primary Care Physicians, Specialists, Clinics and Participating Provider Groups (PPGs) that are contracted with L.A. Care who serviced members for all lines of business in 2019.

SAMPLE DESIGN AND RESPONSE RATES

Exhibit 1. below compares the sample sizes, completed responses and response rates between PSS 2018 and PSS 2019. PSS 2019 has a larger sample size, more completed responses and a higher overall response rate.

Note that ineligible surveys (not shown) were removed from the sample sizes as the denominators. The overall response rate is higher in 2019 than in 2018.

Exhibit 1. Response Rates

Provider Type	Sample size 2019	Completes 2019	Response Rate 2019	Sample size 2018	Completes 2018	Response Rate 2018
PCP	1,700	873	53.9%	1,700	782	48.5%
SCP	2,000	642	34.9%	2,000	565	32.3%
Clinic	249	82	33.1%	189	65	34.6%
PPG	34	10	31.3%	35	11	31.4%
Total	3,983	1,607	43.0%	3,924	1,423	39.7%

PROVIDERS’ OVERALL SATISFACTION WITH L.A. CARE

PCPs and Clinic administrators had the highest satisfaction, 88.2% and 95.1%, respectively. Specialists (SCPs) were less satisfied with 81.1%, and PPG administrators were least satisfied at 60.0%.

Year-over-year trending did not show significant change. Satisfaction summary rate scores increased by 2.1% for PCPs, increased by 3.7% for Specialists and overall satisfaction rose 5.9% for Clinic respondents. PPGs satisfaction decreased dramatically by 12.7% (from 72.7% in 2018 to 60.0% in 2019). Despite the jump, the increase was not statistically significant due to small sample sizes of PPG providers in both years. None of the summary rate changes were statistically significant at $\alpha=0.05$.

Exhibit. 2. Overall Satisfaction – 3 Year Trend

L.A. Care’s managed care programs	2019	2018	2017
PCP	88.2%	86.1%	84.3%
SCP	81.1%	77.4%	75.8%
Clinic	95.1%	89.2%	85.7%
PPG	60.0%	72.7%	47.1%

PROVIDERS’ SATISFACTION WITH UTILIZATION MANAGEMENT (UM) PROCESSES

In 2019 PCPs’ satisfaction with UM processes was 83.0% compared to 79.7% in 2018. SCPs increased by 2.3% from 74.0% in 2018 to 76.3% in 2019. Clinics UM satisfaction increased 0.1%, from 87.1% in 2018 to 87.2% in 2019. PPGs reported 55.6% based on only 9 responses in 2018, identical to 55.6% from PSS 2018.

Exhibit. 3. Satisfaction of UM Processes – 3 Year Trend

L.A. Care’s UM processes	2019	2018	2017
PCP	83.0%	79.7%	83.7%
SCP	76.3%	74.0%	72.9%
Clinic	87.2%	87.1%	76.9%
PPG	55.6%	55.6%	40.0%

PROVIDERS’ OVERALL OF SATISFACTION WITH L.A. CARE’S CARE MANAGEMENT PROGRAM

PSS 2020 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 care management satisfaction. Complex care management is a new question, whereas care management satisfaction is not. Consequently, satisfaction with care management can be trended for Clinics and PPGs only. Care management satisfaction for Clinics was 87.3%, compared to 84.4% in PSS 2018. PPGs scored at 37.5% albeit with only 8 responses. PCPs and SCPs reported satisfaction of 85.0% and 89.4%, respectively, with L.A. Care’s Complex Care Management processes.

PROVIDERS’ SATISFACTION WITH PATIENTS’ ACCESS TO TIMELY AUTHORIZATIONS AND REFERRALS:

In 2019 the respondents were asked about their satisfaction with the statement.

- Timeliness of pre-authorization process
 - 1) PCPs’ satisfaction remained constant at 84.3% (n = 662) in 2018 and (n = 809) 2019.
 - 2) SCPs’ satisfaction increased from 75.5% (n = 372) in 2018 to 78.7% (n = 483) in 2019.
- Clinically reasonable decisions resulting from the pre-authorization process
 - 1) PCPs’ satisfaction increased from 84.0% (n=658) in 2018 to 84.4% (n = 802) in 2019.
 - 2) For SCPs, the satisfaction increased from 76.7% (n=374) in 2018 to 77.7% (n = 475) in 2019.
- Specialty Referrals
 - 1) PCPs’ satisfaction decreased from 73.3% (n=662) in 2018 to 72.6% (n=807) in 2019.
 - 2) SCPs’ satisfaction increased from 77.8% (n=374) in 2018 to 82.2% (n=477) in 2019.
- Urgent Care
 - 1) PCPs’ satisfaction increased from 86.8% (n=711) in 2018 to 87.3% (n=814) in 2019.
 - 2) SCPs’ satisfaction increased from 78.5% (n=367) in 2018 to 82.2% (n=416) in 2019.
- Non-urgent primary care
 - 1) PCPs’ satisfaction increased from 87.4% (n=728) in 2018 to 89.7% (n=826) in 2019.
 - 2) SCPs’ satisfaction increased from 79.3% (n=377) in 2018 to 82.4% (n=432) in 2019.
- Non-urgent specialty care
 - 1) PCPs’ satisfaction increased from 78.5% (n=726) in 2018 to 79.4% (n=815) in 2019.
 - 2) SCPs’ satisfaction increased from 75.4% (n=471) in 2018 to 79.9% (n=553) in 2019.
- Non-urgent ancillary diagnostic and treatment services
 - 1) PCPs’ satisfaction increased from 83.1% (n=716) in 2018 to 84.8% (n=809) in 2019.
 - 2) SCPs’ satisfaction increased from 74.7% (n=427) in 2018 to 78.7% (n=484) in 2019.

BEHAVIORAL HEALTH

In PSS 2019 PCPs were asked to rate the feedback by Beacon (BH providers) and the Department of Mental Health (DMH) providers. Declines were observed across the board for Beacon and DMH providers compared to 2018. These question are new and they use a *Never-Sometimes-Usually-Always* scale. We combine response Always and Usually to arrive at the Exhibit. 4.

Exhibit. 4

PCP feedback about behavioral health care	Beacon providers	DMH providers
The feedback was sufficient	63.8%	61.4%
The feedback was timely	62.2%	59.4%
The feedback was accurate	66.8%	63.4%
The feedback was clear	70.2%	65.3%

PCPs rate the feedbacks from Beacon providers more favorable compared to DMH providers. When asked about the barriers to exchanging information with mental health providers – lack of responsiveness from MH providers (34.2%) was the primary barrier, followed by time limitations.

PCPs were also asked about behavioral providers’ screening processes. Of these three screenings, PCPs’ complete depression screening was at a higher rate at 94.5%, followed by Alcohol abuse at 75.1% and developmental screening (including autism) at only 70.3%. When asked about the barriers to mental health screenings, Exhibit. 5 gives a breakdown of the reasons.

Exhibit. 5

Reasons screening are not completed	Alcohol Abuse	Depression	Developmental
Not enough time in appointments	18.9%	23.5%	19.1%
Screening tools not embedded in Electronic Health Records (EHR)	22.8%	27.5%	28.4%
Patient Refusal	43.9%	31.4%	28.4%
Not a reimbursable service	15.6%	13.7%	12.6%
Other	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.

For PSS 2019 separate priority matrices were created on two unique survey instruments. Three matrices were created for PCPs and SCPs population: Overall Satisfaction; Utilization Management; and Provider Support Services. For Clinic and PPGs population, matrices were created for Overall Satisfaction, Utilization Management, and Provider Group Satisfaction.

The correlations of other survey measures were calculated to identify if the measures are related to overall satisfaction and utilization management satisfaction. Measures with a correlation coefficient greater than or equal to 0.5 are considered to have a high degree of correlation with overall satisfaction with L.A. Care’s managed care programs

In Priority matrix of Overall Satisfaction, the following ten measures were plotted

1. Urgent care access
2. Non-Urgent primary care access
3. Non-urgent specialty care access
4. Non-urgent ancillary care access
5. Overall Utilization Management
6. Complex Care Management process
7. Pharmacy Services
8. Drug Formulary
9. Overall claims payment
10. Overall communications

In Priority matrix of Utilization Management, the following six measures were plotted

1. Provider Group referral process
2. Timely decisions
3. Clinically reasonable decisions
4. Timely appointments from specialty referrals
5. Timely care from mental health referrals
6. Timely care from regional centers for development

In Priority matrix of Provider Support Service, the following seven measures were plotted

7. Customer service training
8. Interpretation service training
9. Disease Management
10. Pay-For-Performance Incentive Program
11. Quality Improvement
12. Member Services
13. Provider Portal

When a measure scores high and has high impact (higher than 50% correlation) with the target measure we use the term “Sustain,” indicating we are doing a great job; on the other hand, when a measure scores low and has high impact on the target measure we use the term “Focus” to bring it to our attention that if we can improve the score the target measure is likely to be improved as well.

The Overall utilization management satisfaction rate score continue to have a moderate relationship with Overall Satisfaction. This gives us a direction to improve PCP and SCP satisfaction. Drug formulary and pharmacy services saw improvements in satisfaction rates compared to 2018, and there is still more progress that should be made in these domains.

For the PCP Utilization Management measure, Timely appointments from specialty Referrals and Timely Care from Mental Health Referrals are two measures that scored relatively low and had higher than 80% of correlation with the UM measure. Will review findings the L.A. Care Utilization Management leadership at QPM Survey Workgroup and at additional committees.

SUMMARY

PSS 2019 has gone through some significant changes: the survey instruments were consolidated, new items were added and survey administration simplified and streamlines. However, core items such as overall satisfaction, provider satisfaction with respect to UM process and care management are kept for trending purposes.

As L.A. Care continues to closely monitor the responses and results from Provider Satisfaction Survey we will fine tune the survey instruments to not only meet the regulatory requirements but also to make the best use of survey to improve business processes and fulfills DMHC TAR regulatory requirements.

Ultimately we believe that satisfied providers are likely to provide quality services to members, consequently improving the Health Plan experience.

I. SYSTEMS OF CARE, ADMINISTRATIVE AND OTHER QI ACTIVITIES

I.1 QI COMMITTEE SUMMARY

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

L.A. Care's quality committees oversee various functions of the QI program. The activities of the quality committees were formally documented in transcribed minutes, which summarize each agenda item, the discussion, action taken, and follow-up required. Draft minutes of the prior meeting were reviewed and approved at the next meeting. Minutes were then signed and dated. Minutes were also reported to their respective Committee as required. All activities and associated discussion and documentation by the committee participants were considered confidential and abide with L.A. Care policies and procedures for written, verbal, and electronic communications. The committees serve as the primary mechanism for intradepartmental collaboration for the Quality Program.

Compliance and Quality Committee (C&Q)

The Compliance and Quality Committee (C&Q) is a subcommittee of the Board of Governors (BoG). The C&Q monitors quality activities and reports its findings to the BoG. The Compliance and Quality Committee is charged with reviewing the overall performance of L.A. Care's quality program and providing direction for action based upon findings to the BoG. The C&Q met six (6) times in 2020. The Compliance and Quality Committee reviewed and approved the 2020 QI and UM program descriptions, 2020 QI and UM work plans, quarterly QI work plan reports, and 2019 evaluations of the QI and UM programs. The Committee also reviewed periodic reports on quality activities including but not limited to monitoring quality activities of the delegated entities (delegates and Plan Partners).

Quality Oversight Committee

The Quality Oversight Committee (QOC) is a cross functional staff committee of L.A. Care which reports to the Board of Governors through the Compliance and Quality Committee. The QOC is charged with aligning organization-wide quality improvement goals and efforts prior to program implementation and overseeing the analysis and evaluation for the QI program, assess the results, and monitoring the overall performance of L.A. Care's quality improvement achievement of QI program objectives and infrastructure. The QOC met five (5) times in 2020. The Quality Oversight Committee conducted the following activities:

- Made recommendations to the 2020 QI Program Structure and Operations
- Reviewed current projects and performance improvement activities to ensure appropriate collaboration and minimize duplication of efforts.
- Conducted as well as reviewed quantitative and qualitative analysis of performance data of reports and subcommittee reports.
- Identified opportunities for improvement based on analysis of performance data.
- Tracked and trended quality measures through quarterly updates of the QI work plan and other reports.
- Reviewed and made recommendations regarding quality delegated oversight activities such as reporting requirements on a quarterly basis.
- Reviewed, modified, and approved policies and procedures.
- Reviewed and approved the 2020 QI program description, 2020 QI work plan, quarterly QI work plan reports, and 2019 evaluations of the QI program.
- Reviewed the analysis and evaluation of QI activities of other QI committees, subcommittees and/or staff.

Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC)

The Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) membership includes Plan Partners, Provider Groups, and practitioner participation in the QI program through planning, design, and review of programs, quality improvement activities and interventions designed to improve performance. The committee provides an opportunity to dialogue with the provider community and gather feedback on clinical and administrative initiatives. The committee also provides an opportunity to improve collaboration between L.A. Care and delegated Plan Partners/Provider Groups and practitioners by providing a platform to discuss reports, report barriers, assess current interventions in place, and propose new interventions to improve HEDIS and CAHPS performance and other measures as defined. The Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) reports to the Quality Oversight Committee (QOC).

The Joint PICC and PQC met five (5) times in 2020. The Joint PICC and PQC contributions in 2020 included:

- Made recommendations to L.A. Care about barriers and causal analysis relating to quality improvement activities and administrative initiatives.
- Reviewed and approved updated clinical practice and preventive health guidelines.
- Provided input and made recommendations to L.A. Care's Quality Oversight Committee (QOC) on policy decisions, as well as quality, safety and service improvements.
- Discussed clinical report results and how to improve results based on their practice and experience with L.A. Care membership.
- Provided feedback and recommendations regarding the Behavioral Health program.
- Reviewed the 2019 QI Evaluation and proposed 2020 QI Program Description and work plan.
- Made recommendations to the 2020 QI Program Structure and Operations

Utilization Management Committee

The Utilization Management Committee (UMC) is responsible for overall direction and development of strategies to manage the UM Program. The UM Program seeks to provide a consistent delivery framework of appropriate and quality healthcare services to our members. Activities of the UM Program includes ensuring direct referrals, authorizations, concurrent review, retrospective review, discharge planning and transition of care are timely and in accordance with regulatory and accreditation requirements. The Committee meets on a quarterly basis every year; by the end of 2020, the Committee will have met a total of four (4) times. During these meetings, the UM Committee assesses the utilization of medical services amongst our PPGs and Plan Partners, which aids in making recommendations regarding UM program activities. The UMC is also responsible for the review, revision and approval of all policies and procedures, program descriptions, and program evaluations for departments that fall under Health Services, which include, but are not limited to Utilization Management, Care Management, Behavioral Health, Pharmacy and Formulary, Clinical Assurance, and Delegation Oversight.

Credentialing/Peer Review Committee

The Credentialing/Peer Review Committee is responsible for credentialing, recredentialing, peer review assessments and actions to improve the quality of care and demonstrated appropriate follow-up on all findings. The Committee met 12 times in 2020 including two Ad Hoc Committee meetings. Facility Site Reports and Fraud, Waste & Abuse reports were also included in order to coordinate these findings with Peer Review and credentialing. Policies and Procedures pertinent to this committee and department were updated as per appropriate changes in the industry, reviewed and approved.

Pharmacy Quality Oversight Committee (PQOC)

The PQOC Committee is responsible for oversight of the P&T process administered by the existing Pharmacy Benefit Manager (PBM) and review new medical technologies or new applications of existing technologies. This is for all L.A. Care direct lines of business. The PQOC's role is to review and evaluate drugs and drug therapies to be added to, or deleted from, the formulary and to review new medical technologies or new applications of existing technologies and recommend for benefit coverage, based on medical necessity.

Additionally, the PQOC provides a peer review forum for L.A. Care's clinical policies, provider communication strategies, pharmaceutical quality programs/outcomes, and specialty drug distribution options.

This Committee met four (4) times in 2020 and conducted the following activities:

Oversight/Advisory of PBM Vendor

- Review newly marketed drugs for potential placement on the formulary.
- Provides input on new drug products to Navitus P&T.
 - L.A. Care has the ability to overrule a Navitus P&T formulary and/or utilization control decision when required by regulation or unique member characteristics in the health plan.
- Develop protocols and procedures for the use, of and access to, non-formulary drug products.

L.A. Care Strategic and Administrative Operations

- Specialty pharmaceutical patient management and distribution strategies.
- Pharmaceutical care program selection and evaluation.
- Develop, implement and review policies and procedures that will advance the goals of improving pharmaceutical care and care outcomes.
- Serve the health plan in an advisory capacity in matters of medication therapy.
- Recommend disease state management or treatment guidelines for specific diseases or conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions.

Member Quality Service Committee (MQSC)

The Member Quality Service Committee (MQSC) is 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 six (6) times in 2020. 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, Grievances & Appeals Data, and Interface of Provider Satisfaction with Member Satisfaction. The committee also acts as a Steering Committee for member quality service issues.

QI Steering Committee

The Quality Improvement Steering Committee (QISC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This Committee is a collaborative workgroup that engages business units from multiple departments across the organization that are involved in

improvement of care, services, and provider and member satisfaction. This committee met six (6) times in 2020.

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 responsible for developing, implementing and monitoring interventions based on the analysis of collected data to result in improvement in continuity and coordination of medical and behavioral health care (for mental health and substance use disorders). L.A. Care's behavioral health services for PASC-SEIU Home Workers, Cal MediConnect, L.A. Care Covered, and Medi-Cal members are provided through an NCQA accredited Managed Behavioral Health Organization (MBHO). This committee met four (4) times in 2020. The Committee performed substantive review and analysis of quarterly reports from the MBHO; assessed exchange of information between BHPs and PCPs, assessed appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care settings, assessed appropriate use of psychopharmacological medications and consistent guidelines for prescribing by behavioral and medical practitioners. Using quantitative data and causal analysis, L.A. Care and MBHO identified and took action on areas of opportunity annually.

L.A. Care is collaboratively working with the MBHO as well as the County Department of Mental health (DMH) and Department of Public Health/Substance Abuse Prevention & Control (SAPC) to conduct interventions to improve coordination of behavioral healthcare and physical health care providers. Additionally, the committee reviews appeal and grievance data in order to identify any barriers to care and address them as soon as possible. The BHQC also reviews and contributes to relevant HEDIS measures. L.A. Care identified an opportunity to improve the Behavioral Health Quality Committee; therefore, enhanced the committee membership to include practitioners from the Los Angeles County DMH, SAPC, the UCLA Integrated Substance Abuse Program (UCLA ISAP), and Participating Provider Groups (PPGs). With the addition of the Autism Spectrum Disorder (ASD) Treatment Benefits to the health plans, L.A. Care has added a Manager for ASD to the Behavioral Health Department Leadership Team.

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 through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee met three (3) times in 2020.

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 through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee met ten (10) times in 2020. This Committee is a collaborative group that engages business units from multiple departments across the organization that are involved in the development, execution and monitoring and evaluation of programs for members and providers across the continuum of health. The PHM CFT is responsible for establishing a formal process to address gaps identified in the annual

Population Assessment and to provide oversight and strategic guidance and input to PHM programs across L.A. Care.

Continuing Medical Education Committee

The Continuing Medical Education (CME) Committee develops, implements, and evaluates L.A. Care's CME program and oversees the (re)application process for maintaining 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 convene on a quarterly basis or a minimum of three (3) meetings per calendar year through in-person and/or with teleconference communication capability. When applicable, the reports of these communications are provided to the QOC and Board of Governors.

I.2 NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTH PLAN ACCREDITATION

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

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 providing quality healthcare and accountability. L.A. Care achieved its first 3-year Health Plan Accreditation for the Medi-Cal product line in July 2008, July 2011, July 2014 and again in April 2017. In 2014, L.A. Care Covered (LACC) product line first achieved accreditation as an add on. In 2017, Cal MediConnect (CMC) product line was also successfully accredited through L.A. Care's efforts. Most recently, L.A. Care completed its fifth Health Plan Accreditation re-survey. Standards evidence was submitted to NCQA, as scheduled on April 7, 2020. File review was scheduled to occur at the end of May and rescheduled to August 3-4, 2020 due to COVID. Due to an error with the A&G Universe, the CMC and LACC File review occurred on August 17, 2020.

Beginning with Health Plan Accreditation 2020 and the 2020 HEDIS reporting year, NCQA was to align Health Plan Ratings and Accreditation in order to improve consistency and to simplify the scoring methodology for Health Plan Accreditation. NCQA is eliminating the Excellent and Commendable and moving from a numeric rating (1–5) to a “star” rating system (1–5 stars). Ratings were to be released in September 2020 (using the June 2020 HEDIS data) and annually thereafter. Due to COVID-19, NCQA will not release 2020–2021 Health Plan Ratings for any product line. Accredited Commercial and Medicaid plans must still submit the required HEDIS and CAHPS measures in order to meet annual reporting requirements; however, organizations will not be rated on measure results. NCQA will also review and score certain elements by product lines⁴⁹, this helps to clarify to plans, states and others where areas of concern lie, and helps plans better focus on areas that need improvement. The 2020 Health Plan Report Cards update will list all plans with Interim, Accredited or Provisional status, as applicable, based on existing status or standards performance for surveys on the HPA 2020 Standards.

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 LOBs (Medicaid/Medi-Cal, Medicare/Cal Medi-Connect, Exchange/LACC).

⁴⁹ Prior to 2020 NCQA used to average accreditation scores across product lines and provide one average score.

All three LOBs (Medicaid/Medi-Cal, Medicare/Cal Medi-Connect, Exchange/LACC) achieved Accredited and MHC Distinction status.

The image displays three accreditation cards, each for a different insurance type. Each card features a green 'YES' badge indicating 'This plan is NCQA Accredited'. Below the badge, a list of details is provided for each plan.

Insurance Type	Product Type	Accreditation Status	Evaluation Product	Distinctions	Next Review Date	Scored On
Medicaid	HMO	Accredited	Renewal Survey	Multicultural Health Care	06/06/23	Standards, HEDIS, CAHPS
Medicare	HMO	Accredited	Renewal Survey	Multicultural Health Care	06/06/23	Standards, HEDIS, CAHPS
Exchange	HMO	Accredited	Renewal Survey	Multicultural Health Care	06/06/23	Standards



Accreditation Scores/Status

The following tables are the 2019 and 2020 NCQA Accreditation Scores/Status for all 3 LOBs. In the past, Health Plans were scored based on total points from Standards (50 points) in combination with HEDIS/CAHPS (50 points). Starting in 2020, these two scores will be separated and Health Plans must earn 80% of applicable points in each standards category for HP Accreditation. In addition, plans must continue to report on HEDIS/CAHPS annually.

Previously, there were several elements for which plans would submit evidence to NCQA by product line, but the plan would be awarded a cumulative score across product lines instead of a score for each product line. Starting with Health Plan Accreditation 2020 standards, NCQA will review and score certain elements by product line. NCQA will report scores for standards by product line instead of averaged across product lines.

The current statuses for all three lines of business are valid through September 2023. L.A. Care will be submitting the three lines of business for Renewal Accreditation in June 2023.

Health Plan Accreditation Scoring					
Product/Line of Business	Available Points	2019 Score	2020 Score	Variance	Accreditation Status
Medicaid/Medi-Cal	50.00	49.47	49.51	-0.04	Accredited
Medicare/CMC	50.00	49.47	49.51	-0.04	Accredited
Exchange/LACC*	50.00	49.61	49.51	-0.10	Accredited

Medicaid/Medi-Cal Scoring				
	Available Points	2019 Score	2020 Score*	Variance
HEDIS	37.00	24.98	NA	NA
CAHPS	13.00	7.65	NA	NA

*NCQA did not rate health plans on HEDIS/CAHPS measures in 2020 due to COVID-19

Medicare/CMC Scoring				
	Available Points	2019 Score	2020 Score*	Variance
HEDIS	37.00	19.70	NA	NA
CAHPS	13.00	6.24	NA	NA

*NCQA did not rate health plans on HEDIS/CAHPS measures in 2020 due to COVID-19

NCQA Distinction in Multicultural Health Care

Cultural competency is a necessary component of a high quality health care system. L.A. Care’s Medi-Cal product was awarded with the National Committee for Quality Assurance (NCQA) Multicultural Health Care (MHC) Distinction for the first time in 2013. In 2015, Medi-Cal distinction was renewed and MHC distinction for L.A. Care Covered (LACC) was added. In 2017, L.A. Care’s Medi-Cal and L.A. Care Covered were renewed and Cal MediConnect (CMC) was added. Based on the 2 year MHC survey cycle, L.A. Care’s Medi-Cal, CMC, and LACC was surveyed and again received MHC distinction on March 25, 2019. The Distinction recognizes organizations as industry leaders that provide culturally and linguistically appropriate services while reducing health care disparities. This achievement is a testimony to L.A. Care’s commitment and dedication to providing accessible, high quality multicultural health care to our diverse membership. As a result of this distinction, Covered California publically acknowledged L.A. Care as a leader in this area. This year, L.A. Care Accreditation team is in the current re-survey look-back period as we prepare for the next renewal survey for MHC Distinction survey submission will take place in March 2021.

On August 14, 2020 NCQA announced changes impacting the MHC Distinction program which will be effective January 1, 2021.

Some changes include a look- back period for renewal surveys that is increasing from 12 months to 24 months, recognition of Health Plan Accreditation requirements to which organizations with MHC distinction, can convey Automatic Credit.

Note: L.A. Care will be going through our MHC survey in 2021 and will have a 12-month look-back period.

I.3 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.

PHYSICIAN PAY-FOR-PERFORMANCE (P4P) PROGRAM

2020 marked the tenth 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 - sixteen were included in 2020, and auto-assignment measures were double-weighted (these have a greater role in determining physician and clinic performance scores and incentive payments). Final performance reports and incentive payments for the Measurement Year (MY) 2020 Physician P4P Program are scheduled for the 4th quarter of 2021.

In response to the COVID-19 pandemic, L.A. Care made the decision to pass along an advance MY2019 P4P payments to eligible providers and community clinics early in 2020 as a means to support the network. MY2018 payment amounts were duplicated and sent to providers and community clinics. Once final MY2019 performance scores and incentive payments were calculated, providers and community clinics that earned an additional incentive above the amount that was advanced received the difference in December 2020. If the provider or community clinic was judged to have earned less than what was paid out in the advance, L.A. Care did not request for the difference back. L.A. Care paid out about \$4 million more than what would have normally been paid out, demonstrating a commitment to supporting its provider network during a trying time.

Summary Statistics for the Physician P4P MY 2019 Payments

L.A. Care made incentive payments to 921 physicians and 66 community clinics for the MY 2019 Physician P4P Program:

- Solo payments per member per month (PMPM): Minimum: \$0.00 Median: \$1.07 Maximum: \$3.28
- Clinic payments PMPM: Minimum: \$0.46 Median: \$1.37, Maximum: \$2.90

PHYSICIAN P4P PERFORMANCE TRENDS

1. Physician P4P Performance Score Trends

Solo practitioners and community clinics have been measured and scored on numerous HEDIS clinical quality measures over the years in the Physician P4P Program. For scoring reliability, providers are only scored on measures for which they hold sufficient membership, and a measure is scored if the provider has at least ten eligible members in the measure. Overall performance scores are assigned to providers if they have a minimum of three scored measures in the program year. Overall performance scores are an un-weighted average of all of a provider's scored measures and they can be interpreted as the proportion of the total possible points that were achieved.

a. Solo Physicians

Looking at the most recent three-year trends, the overall physician performance scores demonstrated some variation, decreasing from MY2017 to MY2018 and increasing from MY2018 to MY2019. Since the program's inception in 2011, the typical maximum performance score generally lands in the range of 95-100%. MY2019's max score remained the same as the previous year at 93.33%. The average (mean) and middle (median) performance scores between MY 2017 and MY 2019 showed a similar pattern of variation, again not significantly. Examining the mean and median scores for solo physicians from the program's inception, the scores range between 25-33%, with fluctuation from year to year. There can be a number of reasons for this variation including changes in the underlying measures providers are scored on, an increase in the number of providers that are new to the program, changes in the measure thresholds and benchmarks, etc. Further analyses will need to be conducted to fully understand the impact of such factors.

Solos		MY2017	MY2018	MY2019
Performance Sores	Average	33.71%	28.61%	33.32%
	Median	30.00%	25.47%	30.27%
	Max	97.50%	93.33%	93.33%

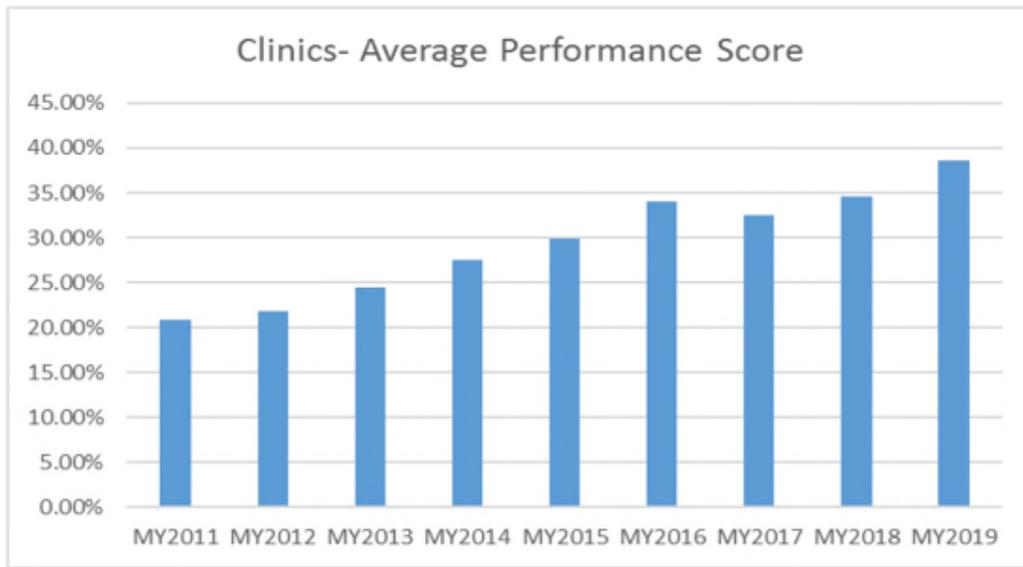
b. Community Clinics

The Physician P4P Program determines performance scores for community clinics at the clinic organization level, grouping clinic physicians with all of 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, with the same caveat that measures in the program change slightly from year-to-year, clinic performance scores have also varied. However, the mean and median scores slightly increased from MY2017 to MY2018, and then increased significantly from MY2018 to MY2019. The maximum performance scores showed significant increase from MY2017 to MY2018 which a smaller increase in MY2019.

Clinics		MY2017	MY2018	MY2019
Performance Sores	Average	32.51%	34.50%	38.63%
	Median	32.50%	32.75%	38.95%
	Max	63.81%	80.50%	82.63%

Looking at performance from the inception of the program, the Physician P4P Program has had a very positive impact on clinic performance, especially when observing how far they've come along from the beginning. The mean and median performance scores have gone from about 20% to 38%, demonstrating over a 15 percentage point increase. The maximum performance scores have gone 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.



2. Physician P4P Measure Thresholds and Benchmarks Trends

Another form of performance measurement tracking is analyzing measure-specific trends. The Physician P4P program monitors and tracks network-wide performance across the HEDIS measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology. The program's goal is for the thresholds and benchmarks to make steady increases and get closer together over time as performance is driven upward.

There were fifteen common HEDIS measures that were used in the last three program years. In comparing the thresholds and benchmarks between MY 2017 to MY 2019, even though the changes for most measures were not statistically significant, the trend indicates that most measures showed improvements, with very few showing decreases. The test for statistical significance did not determine the year-to-year changes to be significant for most measures due to the smaller denominator sizes at the physician/clinic level. However, these consistent upward trending data demonstrates that annual incremental improvements in the show significant improvements over time. 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. Rates demonstrating significant differences are bolded.

a. Benchmarks - 95th percentile (upper end of goal range)

Out of the fifteen measures for which comparisons from MY2017 to MY2019 were possible, **12 (80%)** benchmarks increased, and **3 (20%)** benchmarks decreased. **4** of the measures that improved were

statistically significant, while none of the measures that declined were deemed to be significant declines by the z-test because of the smaller average denominators.

Measure trends – Benchmarks (95th percentile):

Measure	Benchmark MY 2017	Benchmark MY2018	Benchmark MY2019	Rate Change (MY17 - MY19)
Appropriate Testing for Children with Pharyngitis (CWP)	84.21%	87.01%	78.04%	-6.17%
Asthma Medication Ratio (AMR) - 5-64 years of age	89.44%	82.22%	84.62%	-4.82%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	62.90%	60.00%	66.67%	3.77%
Breast Cancer Screening (BCS)	78.73%	80.00%	83.33%	4.60%
Cervical Cancer Screening (CCS)	70.00%	72.12%	75.00%	5.00%
Childhood Immunization (CIS) - Combo 10	44.74%	47.06%	53.94%	9.20%
Chlamydia Screening in Women (CHL)	85.71%	86.75%	87.80%	2.09%
Comprehensive Diabetes Care (CDC)- Eye Exams	74.19%	73.70%	76.09%	1.90%
Comprehensive Diabetes Care (CDC) - HbA1c Control (<8%)	66.92%	67.68%	71.20%	4.28%
Comprehensive Diabetes Care (CDC) - HbA1c Screening	96.09%	97.16%	100.00%	3.91%
Immunizations for Adolescents (IMA) - Combo 2	63.16%	63.36%	66.67%	3.51%
Prenatal & Postpartum Care (PPC) - Postpartum Care	72.65%	74.62%	87.00%	14.35%
Prenatal & Postpartum Care (PPC) - Timeliness of Prenatal Care	80.42%	83.33%	93.78%	13.36%
Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol (WCC) - BMI	82.10%	89.78%	93.03%	10.93%
Well-Child Visits 3-6 Years of Life (W34)	86.95%	86.67%	86.04%	-0.91%

b. Thresholds - 50th percentile (lower end of goal range)

Out of the fifteen measures for which comparisons from MY 2017 to MY 2019 were possible, **13 (86.67%)** thresholds increased, and **2 (13.33%)** thresholds decreased. **4** of the measures that improved were statistically significant, while none of the measures that declined were significant declines.

Measure trends – Thresholds (50th percentile):

Measure	Threshold MY 2017	Threshold MY2018	Threshold MY2019	Rate Change (MY17 - MY19)
Appropriate Testing for Children with Pharyngitis (CWP)	17.79%	21.05%	25.00%	7.21%
Asthma Medication Ratio (AMR) - 5-64 years of age	55.83%	57.14%	55.56%	-0.27%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	30.00%	30.67%	30.77%	0.77%
Breast Cancer Screening (BCS)	55.56%	57.50%	59.00%	3.44%
Cervical Cancer Screening (CCS)	48.26%	51.90%	55.29%	7.03%
Childhood Immunization (CIS) - Combo 10	11.76%	11.54%	13.92%	2.16%
Chlamydia Screening in Women (CHL)	59.09%	61.54%	63.16%	4.07%
Comprehensive Diabetes Care (CDC)- Eye Exams	50.00%	50.00%	51.92%	1.92%
Comprehensive Diabetes Care (CDC) - HbA1c Control (<8%)	43.75%	43.48%	44.44%	0.69%
Comprehensive Diabetes Care (CDC) - HbA1c Screening	83.33%	83.33%	86.21%	2.88%
Immunizations for Adolescents (IMA) - Combo 2	26.53%	27.27%	30.77%	4.24%
Prenatal & Postpartum Care (PPC) - Postpartum Care	42.86%	47.02%	60.85%	17.99%
Prenatal & Postpartum Care (PPC) - Timeliness of Prenatal Care	58.11%	63.46%	75.00%	16.89%
Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol (WCC) - BMI	19.06%	28.72%	57.14%	38.08%
Well-Child Visits 3-6 Years of Life (W34)	67.61%	66.73%	67.29%	-0.32%

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 2017, VIIP merged with P4P to align performance measurement and reporting, and to make the program stronger with value-based reimbursement. The new program, 'Medi-Cal VIIP+P4P', measures, reports, and provides financial rewards for provider group performance across multiple domains, including clinical quality, utilization, encounters and member experience. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of high performing IPAs. The program utilizes the Attainment and Improvement scores for payment. 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 2018 and 2019, with targeted areas of enhancement. One key enhancement is L.A. Care's decision to unblind IPA rankings in VIIP so that everyone in the network gets to see who and how everyone is ranked. L.A. Care is highly in favor of this transparency step and thinks it will be a very positive motivator of behavior. The first time the VIIP rankings were unblinded occurred when the Final Medi-Cal VIIP+P4P performance reports and incentive payments for the 2019 program were distributed during the 4th quarter of 2020.

Summary Statistics for the Medi-Cal VIIP+P4P MY 2019 Payments

L.A. Care paid out \$15.8 million in incentive payments to 53 eligible provider groups for the MY 2019 VIIP+P4P Program.

- Provider group payments PMPM: Minimum: \$0.29, Median: \$0.86, Maximum: \$1.93

1. VIIP+P4P Performance Score Trends

IPAs and medical groups have been measured and scored on numerous industry standard metrics, including HEDIS clinical quality measures, member experience, encounter data, etc. For scoring reliability, provider groups are only scored on measures for which they hold sufficient membership, 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 from MY 2017 to MY 2019. There is a significant decrease from MY 2017 to MY 2018, but MY 2018 to MY 2019 showed mixed results with a slight improvement in the mean and median, but a decline in the max IPA performance scores.

IPAs		MY2017	MY2018	MY 2019
Performance Scores	Average	46.92%	29.54%	33.36%
	Median	48.58%	26.85%	30.85%
	Max.	90.12%	77.97%	68.73%

Most of the substantial variation in performance scores from MY 2017 to MY 2018 can be attributed to the significant changes in the scoring and performance measurement methodology that occurred in the VIIP program from MY 2017 to MY 2018. One, due to some concerns with DMHC methodology and measurement, the Access & Availability domain was removed in MY 2018. Access and Availability was the highest performing domain in MY 2017 for IPAs as well as the joint highest weighted domain.

Subsequently, the weighting of the remaining domains of HEDIS, Clinical Quality, Member Experience, Utilization Management, and Encounters was adjusted to account for the removal of Access and Availability. HEDIS and in particular Member Experience had a higher proportion of the weighting than before. Secondly, CG-CAHPS scores plateaued a bit from MY 2017 to MY 2018, resulting in lower scores in that domain while at the same time being more heavily weighted than before.

Domains	Old Weighting	New Weighting
Access & Availability	25	
HEDIS	25	30
Member Experience	20	30
Utilization Management	15	20
Encounters	15	20
Total	100	100

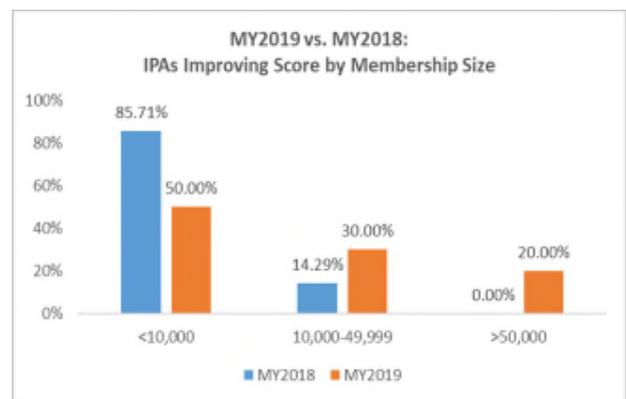
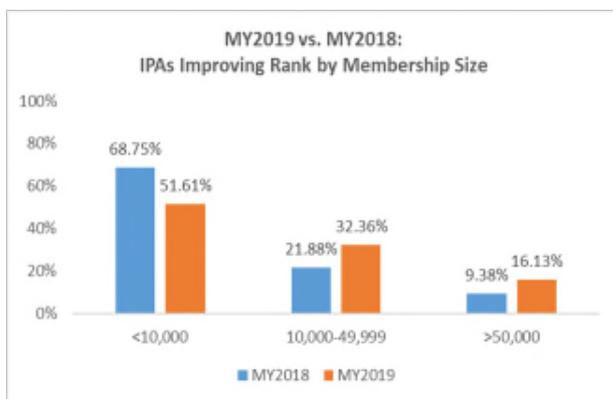
Thirdly, analyses uncovered that there were lower scores in the encounter domain specifically due to plan partner delays in encounter timeliness and volume that impacted IPA encounter performance. Further, each year there are some changes within domain with the removal and addition of measures. For example, four HEDIS measures were dropped and three HEDIS measures were added. This can also be a contributing factor to the variation in overall performance scores from year-to-year as better scoring measures are removed after topping out, and lower scoring measures are added in efforts to improve those specific measures. Additionally, analyses are being conducted to better understand how performance score changes shift around the changes in the measure threshold and benchmark targets, the influence of IPA membership size on performance, etc.

Although most performance scores for IPAs decreased from MY 2017 to MY 2018 as mentioned to the reasons above, the average IPA performance score turned around and improved from MY 2018 to MY 2019. The design of the program and the set of measures largely stayed the same for these two measurement years, therefore the improvement in scores under a stable program demonstrate a positive direction in the underlying performance of the groups.

Performance by IPA Membership Size

Compared to MY 2018, in MY 2019, IPAs were far more successful at improving their score from the prior measurement year. 40 IPAs improved their score in MY 2019 compared to 7 IPAs in MY 2018. Compared to MY 2018, when 85.71% of IPAs improving their score had fewer than 10,000 members, in MY2019, 50.00% of IPAs of the same size improved their score. Additionally, while 14.29% of IPAs improving their score had between 10,000-49,999 members in MY2018, in MY2019, 30.00% of IPAs improving their score were this size. Finally, in MY2019, 20.00% of IPAs improving their scores had >50,000 members. In MY 2018, 0.00% of IPAs improving their scores included IPAs of this size. The median IPA size in MY 2019 was 8,073 members.

Compared to MY2018, where 68.75% of IPAs improving rank had fewer than 10,000 members, in MY 2019, 51.61% of IPAs improving their rank were this size. Additionally, while 21.88% of IPAs improving their rank in MY 2018 had between 10,000-49,999 members, in MY 2019, 32.36% of IPAs improving their rank were this size. Finally, while 9.38% of IPAs improving their rank in MY 2018 had more than 50,000 members, in MY 2019, 16.13% of IPAs improving their rank were this size.



2. VIIP+P4P Measure Thresholds and Benchmarks Trends

Another form of performance measurement tracking is analyzing measure-specific trends. The VIIP+P4P program monitors and tracks IPA network-wide performance across all of the four VIIP domains and measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology.

In comparing the thresholds and benchmarks between MY 2017 and MY 2019, the trend indicates that a number of measures showed statistically significant improvements, with very few showing significant decreases. This is a very positive outlook of the impact of the program as well as the many QI interventions on critical metrics for L.A. Care.

The below tables show the results for each domain and measure. Green in the rate changes signifies an increase in the three-year time period. Red signifies a decrease. Bolded measures indicate whether those changes were significant during this time period.

a. Benchmarks - 95th percentile (upper end of goal range)

Out of all twenty-nine measures for which comparisons from MY 2017 (or MY 2018) to MY 2019 were possible, **27 (66%)** benchmarks increased, of which **8 (28%)** were statistically significant improvements. **10 (34%)** benchmarks decreased, of which only **5 (17%)** were significant declines.

Domains and Measure Results – Benchmarks (95th Percentile):

HEDIS

Measure	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 17-MY 19)
Appropriate Testing for Children with Pharyngitis (CWP)	78.38%	64.49%	67.19%	-11.19%
Asthma Medication Ratio - 5-64 years of age (AMR)	74.36%	80.00%	72.07%	-2.29%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	43.55%	46.95%	62.50%	18.95%
Breast Cancer Screening (BCS)	72.17%	75.00%	84.34%	12.17%
Cervical Cancer Screening (CCS)	69.90%	70.63%	70.88%	0.98%
Childhood Immunization - Combo 10 (CIS)	44.17%	49.10%	47.50%	3.33%
Chlamydia Screening in Women (CHL)	77.06%	77.25%	75.66%	-1.40%
Comprehensive Diabetes Care - Eye Exams (CDC)	73.68%	78.06%	70.83%	-2.85%
Comprehensive Diabetes Care - HbA1c Control (<8%) (CDC)	56.83%	53.85%	58.33%	1.50%
Comprehensive Diabetes Care - HbA1c Screening (CDC)	93.37%	92.58%	94.15%	0.78%
Immunizations for Adolescents - Combo 2 (IMA)	55.61%	55.91%	60.34%	4.73%
Prenatal & Postpartum Care - Postpartum Care (PPC)	66.17%	67.44%	81.02%	14.85%
Prenatal & Postpartum Care - Timeliness of Prenatal Care (PPC)	77.57%	80.41%	90.91%	13.34%
Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol - BMI (WCC)	84.43%	86.89%	93.89%	9.46%
Well-Child Visits 3-6 Years of Life (W34)	77.72%	77.28%	76.58%	-1.14%

MEMBER EXPERIENCE

Measure	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 17-MY 19)
Adult Getting Needed Care		66.32%	66.17%	-0.15%
Adult Rating of All Health Care Combined	68.63%	69.50%	72.68%	4.05%
Adult Rating of PCP	76.75%	73.11%	78.12%	1.37%
Adult Timely Care and Service for PCPs	60.58%	65.91%	62.03%	1.45%
Child Getting Needed Care		58.09%	70.12%	12.03%
Child Rating of All Health Care Combined	84.78%	84.18%	85.75%	0.97%
Child Rating of PCP	80.88%	80.21%	84.07%	3.19%
Child Timely Care and Service for PCPs	78.16%	70.20%	74.85%	-3.31%

UTILIZATION MANAGEMENT

Measure	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 18-MY 19)
Plan All-Cause Readmissions	8.07%	6.09%	1.98%
Emergency Department Utilization	570.36	495.03	75.33
Acute Hospitalization Utilization	29.64	21.61	8.03

*Lower is better for the Utilization Domain.

ENCOUNTERS

Measure	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 17-MY 19)
Encounters For MCLA	91.64%	92.95%	90.70%	-0.94%
Encounters For Plan Partners	86.55%	75.66%	65.00%	-21.55%
Encounter Volume (PMPY)		10.82	9.46	-1.36

c. Thresholds - 50th percentile (lower end of goal range)

Out of the twenty-nine measures for which comparisons from MY 2017 (or MY 2018) to MY 2019 were possible, **23 (79%)** thresholds increased, of which **11 (38%)** were statistically significant improvements. Only **6 (21%)** thresholds decreased, of which only **2 (7%)** significantly declined.

Domains and Measure Results – Thresholds (50th Percentile):

HEDIS

Measure	Threshold MY 2017	Threshold MY2018	Threshold MY2019	Rate Change (MY 17-MY 19)
Appropriate Testing for Children with Pharyngitis (CWP)	29.03%	26.55%	21.12%	-7.91%
Asthma Medication Ratio - 5-64 years of age (AMR)	55.95%	57.25%	55.56%	-0.39%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	33.09%	33.22%	36.11%	3.02%
Breast Cancer Screening (BCS)	56.81%	59.72%	58.31%	1.50%
Cervical Cancer Screening (CCS)	51.91%	54.37%	56.74%	4.83%
Childhood Immunization - Combo 10 (CIS)	17.42%	15.26%	18.58%	1.16%
Chlamydia Screening in Women (CHL)	60.29%	61.81%	63.64%	3.35%
Comprehensive Diabetes Care - Eye Exams (CDC)	50.80%	48.82%	51.00%	0.20%
Comprehensive Diabetes Care - HbA1c Control (<8%) (CDC)	43.08%	41.18%	42.40%	-0.68%
Comprehensive Diabetes Care - HbA1c Screening (CDC)	82.81%	82.05%	86.00%	3.19%
Immunizations for Adolescents - Combo 2 (IMA)	30.34%	34.29%	35.89%	5.55%
Prenatal & Postpartum Care - Postpartum Care (PPC)	42.68%	44.63%	58.42%	15.74%
Prenatal & Postpartum Care - Timeliness of Prenatal Care (PPC)	57.99%	62.15%	74.44%	16.45%
Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol - BMI (WCC)	34.29%	39.61%	60.74%	26.45%
Well-Child Visits 3-6 Years of Life (W34)	67.21%	66.30%	66.45%	-0.76%

MEMBER EXPERIENCE

Measure	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 17-MY 19)
Adult Getting Needed Care		54.70%	55.24%	0.54%
Adult Rating of All Health Care Combined	58.02%	60.24%	62.09%	4.07%
Adult Rating of PCP	59.90%	61.51%	61.02%	1.12%
Adult Timely Care and Service for PCPs	53.53%	53.55%	55.58%	2.05%
Child Getting Needed Care		44.86%	56.66%	11.80%
Child Rating of All Health Care Combined	73.41%	71.44%	74.80%	1.39%
Child Rating of PCP	67.33%	67.90%	69.94%	2.61%
Child Timely Care and Service for PCPs	63.65%	61.56%	60.70%	-2.95%

UTILIZATION MANAGEMENT

Measure	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 17-MY 19)
Plan All-Cause Readmissions	17.18%	13.28%	3.90%
Emergency Department Utilization	1261.8	1158.59	103.21
Acute Hospitalization Utilization	57.12	44.2	12.92

*Lower is better for the Utilization Domain.

ENCOUNTERS

Measure	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 17-MY 19)
Encounters For MCLA	78.36%	77.66%	80.43%	2.07%
Encounters For Plan Partners	72.34%	60.96%	46.55%	-25.79%
Encounter Volume (PMPY)		7.16	7.30	0.14

VIIP EXPANSION

Due to the overwhelming success of the VIIP Program in Medi-Cal, L.A. Care decided to expand the program to its Cal MediConnect (CMC) and L.A. Care Covered (LACC) lines of business. In 2018, the VIIP Workgroup in collaboration with product line stakeholders, worked together to discuss and develop a set of metrics that are important and relevant to the CMC and LACC products to include in their pertaining VIIP programs.

CAL MEDICONNECT VIIP PROGRAM

L.A. Care launched the Cal MediConnect (CMC) Value Initiative for IPA Performance (VIIP) Program in 2018 to hold CMC participating provider groups accountable for member care using a multitude of industry standard metrics. The CMC VIIP Program measures and reports on provider group performance across six domains which include Care Management, Utilization, Encounters, HEDIS, Pharmacy and Member Experience. The program focuses on a core measure set that aims to achieve Quality Withhold targets and improve Stars ratings.

Incentive payments will begin in the CMC VIIP Program starting with MY 2020, RY 2021. The program may utilize funding from the CMS quality withhold payments in the future to augment the incentive pool.

1. CMC VIIP Measure Thresholds and Benchmarks Trends

In comparing the thresholds and benchmarks between MY 2017 and MY 2019, the trend indicates that a number of measures showed improvements, with very few showing significant decreases. This is especially true of the threshold values, signifying that the median provider group rates are improving in CMC. The benchmarks showed varied improvements, particularly in the HEDIS Domain. However, overall, there were more significant improvements than significant declines, which demonstrates the impact of the program as well as the many QI interventions on critical metrics for L.A. Care.

The below tables show the results for each domain and measure. Green in the rate changes signifies an increase in the three-year time period. Red signifies a decrease. Bolded measures indicate whether those changes were significant during this time period.

a. Benchmarks - 95th percentile (upper end of goal range)

Out of all twenty-nine measures for which comparisons from MY 2017 (or MY 2018) to MY 2019 were possible, **17 (59%)** benchmarks increased, of which **10 (34%)** were statistically significant improvements. **12 (41%)** benchmarks decreased, of which only **3 (10%)** were significant declines.

HEDIS Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 2017 - MY 2019)
Antidepressant Medication Management - Continuation Phase	63.75%	72.73%	65.38%	1.63%
Breast Cancer Screening	80.00%	80.11%	74.65%	-5.35%
Comprehensive Diabetes Care - Blood Pressure	69.44%	66.67%	64.81%	-4.63%
Comprehensive Diabetes Care - Control (A1c < 8)	67.19%	66.67%	74.07%	6.88%
Comprehensive Diabetes Care - Eye Exam	82.88%	85.83%	81.58%	-1.30%
Care for Older Adults - Advance Care Plan	69.39%	62.20%	67.15%	-2.24%
Care for Older Adults - Functional Assessment	73.06%	72.00%	81.36%	8.30%
Care for Older Adults - Medication Review	62.96%	61.90%	76.33%	13.37%
Care for Older Adults - Pain Screening	88.24%	80.00%	81.36%	-6.88%
Colorectal Cancer Screening	78.03%	68.33%	73.19%	-4.84%
High-Risk Medications in the Elderly - One Dispensing Event*	14.81%	18.77%	9.09%	5.72%

Lower is better

Member Experience Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 2017 - MY 2019)
Disenrollment*	19.10%	19.16%	1.75%	17.35%
Retention Over 90 Days	90.95%	98.31%	99.11%	8.16%
Getting Care Quickly		78.00%	81.00%	3.00%
Getting Needed Care		89.00%	88.00%	-1.00%
Rating of Personal Doctor		91.00%	95.00%	4.00%
Rating of Health Care Quality		95.00%	94.00%	-1.00%

Lower is better

Utilization Management Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 2017 - MY 2019)
Reduction in ED Use for Seriously Mentally Ill and Substance Use Disorder Members	542.27	677.53	235.29	306.98
Emergency Department Utilization	269.15	266.85	276.24	-7.09
Plan All Cause Readmission	3.57%	1.92%	2.73%	0.84%

Encounter Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 2017 - MY 2019)
Encounter Timeliness	85.46%	92.11%	86.19%	0.73%
Encounter Volume (Per Member Per Year)	31.68	25.91	27.15	-4.53

Pharmacy Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 2017 - MY 2019)
Part D Medication Adherence for Cholesterol (Statins)	82.84%	98.04%	88.46%	5.62%
Part D Medication Adherence for Oral Diabetes Medications	95.35%	97.14%	89.71%	-5.64%
Part D Medication Adherence for Hypertension	87.55%	96.00%	89.74%	2.19%

Care Management Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 2017 - MY 2019)
Annual Wellness Exams	42.17%	52.38%	75.71%	33.54%
Members Who Have a Care Coordinator and At Least One Care Team Contact	90.64%	95.86%	100.00%	9.36%
Case Management Care Coordination Log Accuracy and Completeness	99.62%	100.00%	99.24%	-0.38%
Members Who Have an Individualized Care Plan (ICP) Completed w/in 90 Days of Enrollment		88.24%	92.94%	4.70%

b. Threshold – 50th percentile (lower end of goal range)

Out of the twenty-nine measures for which comparisons from MY 2017 (or MY 2018) to MY 2019 were possible, **20 (69%)** thresholds increased, of which **9 (31%)** were statistically significant improvements. **7 (24%)** thresholds decreased, of which only **1 (3%)** were significant declines. **2 (7%)** thresholds did not change.

HEDIS Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 2017 - MY 2019)
Antidepressant Medication Management - Continuation Phase	54.73%	54.55%	49.21%	-5.52%
Breast Cancer Screening	64.43%	65.57%	67.53%	3.10%
Comprehensive Diabetes Care - Blood Pressure	43.48%	40.46%	48.06%	4.58%
Comprehensive Diabetes Care - Control (A1c < 8)	52.17%	56.93%	55.43%	3.26%
Comprehensive Diabetes Care - Eye Exam	66.67%	68.12%	71.47%	4.80%
Care for Older Adults - Advance Care Plan	25.80%	30.00%	35.08%	9.28%
Care for Older Adults - Functional Assessment	36.76%	45.72%	59.18%	22.42%
Care for Older Adults - Medication Review	18.94%	30.66%	44.90%	25.96%
Care for Older Adults - Pain Screening	57.35%	53.97%	55.79%	-1.56%
Colorectal Cancer Screening	54.31%	50.88%	56.99%	2.68%
High-Risk Medications in the Elderly - One Dispensing Event*	28.24%	30.00%	16.90%	11.34%

Lower is better

Member Experience Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 2017 - MY 2019)
Disenrollment*	33.51%	25.26%	17.15%	16.36%
Retention Over 90 Days	83.29%	91.53%	92.65%	9.36%
Getting Care Quickly		76.00%	77.00%	1.00%
Getting Needed Care		83.00%	83.00%	0.00%
Rating of Personal Doctor		85.00%	88.00%	3.00%
Rating of Health Care Quality		89.00%	91.00%	2.00%

Lower is better

Utilization Management Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 2017 - MY 2019)
Reduction in ED Use for Seriously Mentally Ill and Substance Use Disorder Members	950.11	937.44	954.25	-4.14
Emergency Department Utilization	441.38	489.4	523.82	-82.44
Plan All Cause Readmission	13.50%	12.07%	5.26%	8.24%

Encounter Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 2017 - MY 2019)
Encounter Timeliness	71.45%	74.01%	66.06%	-5.39%
Encounter Volume (Per Member Per Year)	20.29	18.41	20.29	0.00

Pharmacy Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 2017 - MY 2019)
Part D Medication Adherence for Cholesterol (Statins)	77.17%	89.89%	79.94%	2.77%
Part D Medication Adherence for Oral Diabetes Medications	79.63%	90.43%	82.35%	2.72%
Part D Medication Adherence for Hypertension	78.83%	90.54%	82.62%	3.79%

Care Management Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 2017 - MY 2019)
Annual Wellness Exams	25.26%	21.37%	36.18%	10.92%
Members Who Have a Care Coordinator and At Least One Care Team Contact	23.20%	35.06%	82.61%	59.41%
Case Management Care Coordination Log Accuracy and Completeness	92.82%	93.75%	92.68%	-0.14%
Members Who Have an Individualized Care Plan (ICP) Completed w/in 90 Days of Enrollment		67.31%	62.25%	-5.06%

L.A. CARE COVERED VIIP PROGRAM

L.A. Care launched the L.A. Care Covered (LACC) Value Initiative for IPA Performance (VIIP) in 2019 in collaboration with the Integrated Healthcare Association (IHA) to align IPA reimbursement with quality outcomes. IHA is a nonprofit organization that manages a state-wide value-based payment program, Align. Measure, Perform (AMP), and contracts with multiple provider groups and health plans. This partnership between L.A. Care and IHA supports data aggregation, standardized performance metrics and measurement design, public reporting and fulfills requirements related to L.A. Care's Covered CA contract.

MY 2018, RY 2019 of the LACC VIIP Program was a baseline year in which mock payment reports were distributed to IPAs to show them what potential future earnings could look like. MY 2019, RY 2020 was the first year incentive payments were distributed to IPAs.

For MY 2019, RY 2020, there were 25 participating groups and 4 domains which included HEDIS, Member Experience, Encounters & Utilization Management.

2. 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. One key difference is that IHA sets the low end of the range (threshold) at the 75th percentile while L.A. Care uses the 50th percentile for Medi-Cal and CMC. 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 comparing the thresholds and benchmarks between MY 2017 and MY 2019 from IHA, the trend indicates that a number of measures showed improvements, with only a few showing decreases. In fact, none of the decreases were significant as determined by the z test of significance.

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 2017 (or MY 2018) to MY 2019 were possible, **15 (71%)** benchmarks increased, of which **3 (14%)** were statistically significant improvements. **6 (29%)** benchmarks decreased, of which none **0 (0%)** were significant declines.

HEDIS Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 17 - MY 19)
Breast Cancer Screening	87.99%	87.84%	87.46%	-0.53%
Controlling High Blood Pressure	79.50%	81.05%	80.57%	1.07%
Cervical Cancer Screening	90.73%	90.10%	90.83%	0.10%
Comprehensive Diabetes Care: Eye Exam		80.90%	79.94%	-0.96%
Chlamydia Screening in Women	76.25%	74.04%	73.15%	-3.10%
Colorectal Cancer Screening	80.48%	80.72%	79.23%	-1.25%
Comprehensive Diabetes Care: HbA1c Control < 8.0%	72.51%	73.00%	73.60%	1.09%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	95.24%	95.48%	94.70%	-0.54%
Proportion of Days Covered by Medications: Renin Angiotensin System Antagonists	81.63%	82.30%	82.04%	0.41%
Proportion of Days Covered by Medications: Oral Diabetes Medicat	78.82%	79.08%	80.04%	1.22%
Proportion of Days Covered by Medications: Statins	76.79%	78.13%	79.59%	2.80%

Member Experience Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 17 - MY 19)
Access Composite	68.29%	67.56%	66.28%	-2.01%
Care Coordination Composite	70.16%	69.72%	71.17%	1.01%
Overall Ratings of Care Composite	79.18%	79.39%	80.14%	0.96%
Provider Communication Composite	87.89%	87.22%	88.08%	0.19%
Office Staff Composite	81.22%	81.36%	82.29%	1.07%

UM Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 17 - MY 19)
Acute Hospital Utilization	17.22	15.95	14.84	2.38
Emergency Department Utilization	100.04	98.05	91.1	8.94
All-Cause Readmissions	3.06%	0.00%	0.00%	3.06%

Encounter Measures	Benchmark MY 2017	Benchmark MY 2018	Benchmark MY 2019	Rate Change (MY 17 - MY 19)
Encounter Timeliness	90.53%	90.67%	91.00%	0.47%
Encounter Volume	9.56	9.04	10.32	0.76

d. Threshold – 75th percentile (lower end of goal range)*

Out of the twenty-one measures for which comparisons from MY 2017 (or MY 2018) to MY 2019 were possible, **15 (71%)** thresholds increased, of which **3 (14%)** were statistically significant improvements. **6 (29%)** thresholds decreased, of which none **0 (0%)** were significant declines.

HEDIS Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 17 - MY 19)
Breast Cancer Screening	84.05%	83.91%	84.16%	0.11%
Controlling High Blood Pressure	67.34%	68.29%	68.81%	1.47%
Cervical Cancer Screening	82.64%	83.57%	83.14%	0.50%
Comprehensive Diabetes Care: Eye Exam		58.58%	62.96%	4.38%
Chlamydia Screening in Women	69.12%	68.94%	67.27%	-1.85%
Colorectal Cancer Screening	74.48%	75.12%	74.32%	-0.16%
Comprehensive Diabetes Care: HbA1c Control < 8.0%	67.48%	66.53%	66.24%	-1.24%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	93.40%	92.64%	92.82%	-0.58%
Proportion of Days Covered by Medications: Renin Angiotensin System Antagonists	76.04%	77.49%	76.97%	0.93%
Proportion of Days Covered by Medications: Oral Diabetes Medications	72.86%	72.85%	74.00%	1.14%
Proportion of Days Covered by Medications: Statins	71.94%	72.96%	73.81%	1.87%

Member Experience Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 17 - MY 19)
Access Composite	64.17%	62.73%	61.73%	-2.44%
Care Coordination Composite	66.36%	65.97%	66.76%	0.40%
Overall Ratings of Care Composite	74.69%	74.49%	76.47%	1.78%
Provider Communication Composite	84.59%	84.89%	84.86%	0.27%
Office Staff Composite	77.88%	78.50%	78.46%	0.58%

UM Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 17 - MY 19)
Acute Hospital Utilization	21.51	23.54	20.51	1.00
Emergency Department Utilization	134.34	127.32	136.9	-2.56
All-Cause Readmissions	5.72%	5.10%	2.73%	2.99%

Encounter Measures	Threshold MY 2017	Threshold MY 2018	Threshold MY 2019	Rate Change (MY 17 - MY 19)
Encounter Timeliness	82.13%	85.56%	84.00%	1.87%
Encounter Volume	8.28	8.05	8.84	0.56

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 Medi-Cal VIIP+P4P domains. The methodology and number of IPAs required to submit an Action Plan have changed over the years based on organizational priorities. In 2019, L.A. Care requested IPAs that fell below the 25th percentile in two or more domains to submit an Action Plan using one of their lower performing domains to implement a performance improvement activity. However, the focus of the 2020 Action Plans shifted as the VIIP Workgroup decided to prioritize the Member Experience domain due to organizational priorities and feedback from the network. Starting in 2020, IPAs who fell at or below the 50th percentile were required to submit an Action Plan in the domain specified by L.A. Care. Domain focus was ranked as follows: Member Experience, HEDIS, Encounters & Utilization Management. This methodology was applied for Medi-Cal, Cal MediConnect and the newly added L.A. Care Covered line of business. Another addition to the 2020 Action Plan process was requesting Anthem Blue Cross and Blue Shield Promise to submit a Member Experience Action Plan for their network.

Medi-Cal

- **Action Plan Submission**

- IPAs were requested to submit an Initial Action Plan (June 2020), Update Action Plan (September 2020) and Final Action Plan (December 2020) during the year. Due to the change in our methodology, there were 47 IPAs and 2 Plan Partners asked to submit an Action Plan, which is significantly higher than the 18 IPAs requested to submit an Action Plan in 2019.
- Overall, Action Plan submission was successful with 73% of IPAs and Plan Partners submitting consistently during every cycle.
 - 44 out of 49 (90%) IPAs submitted their Initial Action Plan
 - 44 out of 49 (90%) IPAs submitted their Update Action Plan
 - 40 out of 49 (82%) IPAs submitted their Final Action Plan
 - 2 (4%) groups did not submit an Action Plan during any cycle.

- **Domains Assigned**

- The majority of IPAs and Plan Partners were assigned Member Experience due to L.A. Care prioritizing the domain. However, there were a couple IPAs that were performing well in Member Experience and were asked to focus on other domains instead.
 - 37 IPAs were assigned Member Experience
 - 11 IPAs were assigned HEDIS
 - 1 IPA was assigned Encounters

- **Overall Results**

- 22 out 49 (45%) of IPAs met their goal
 - HEDIS – 4 IPAs met their goal
 - Member Experience – 18 IPAs met their goal
- 27 out of 49 (55%) of IPAs did not meet their goal* or did not submit their Final Action Plan
 - HEDIS – 6 IPAs did not meet their goal
 - Member Experience – 11 IPAs did not meet their goal
 - HEDIS, Member Experience & Encounters – 10 IPAs goal status is unknown because they did not submit their Final Action Plan

*The unprecedented challenges brought on by COVID-19 attributed to many IPAs not being able to meet their goal.

Cal MediConnect

- **Action Plan Submission**
 - In alignment with Medi-Cal and LACC, 15 IPAs were requested to submit an initial, update and final Action Plan within the year. Overall, Action Plan submission was a success with 100% of IPAs submitting during each cycle.
- **Domains Assigned**
 - The IPAs were requested to submit Action Plans in the following domains:
 - 12 IPAs were assigned HEDIS
 - 1 IPA was assigned Member Experience
 - 1 IPA was assigned Care Management
 - 1 IPA was assigned Utilization Management
- **Overall Results**
 - 4 out of 15 (27%) of IPAs met their goal
 - HEDIS – 4 IPAs met their goal
 - 11 out of 15 (73%) of IPAs did not meet their goal*
 - HEDIS – 8 IPAs did not meet their goal
 - Member Experience – 1 IPA did not meet their goal
 - Care Management – 1 IPA did not meet their goal
 - Utilization Management – 1 IPA did not meet their goal

*The unprecedented challenges brought on by COVID-19 attributed to many IPAs not being able to meet their goal.

L.A. Care Covered

- **Action Plan Submission**
 - In alignment with Medi-Cal and CMC, 20 IPAs were requested to submit an initial, update and final Action Plan within the year.
 - Overall, Action Plan submission was successful with 95% of IPAs and Plan Partners submitting consistently during every cycle.
 - 19 out of 20 (95%) IPAs submitted their Initial Action Plan
 - 20 out of 20 (100%) IPAs submitted their Update Action Plan
 - 20 out of 20 (100%) IPAs submitted their Final Action Plan
- **Domains Assigned**
 - The IPAs were requested to submit an Action Plans in the following domains:
 - 15 IPAs were assigned Member Experience
 - 4 IPAs were assigned HEDIS
 - 1 IPA was assigned Encounters
- **Overall Results**
 - 11 out of 20 (55%) IPAs met their goal
 - HEDIS – 2 IPAS
 - Member Experience – 9 IPAs
 - 7 out of 20 (35%) IPAs did not meet their goal
 - HEDIS – 2 IPAs
 - Member Experience – 4 IPAs
 - Encounters – 1 IPA
 - 2 out of 20 (10%) IPAs were unsure if they met their goal because they are waiting for results from the survey they fielded
 - Member Experience – 2 IPAs

*The unprecedented challenges brought on by COVID-19 attributed to many IPAs not being able to meet their goal.

Action Plan Evaluation

- An evaluation of the MY 2019 Action Plans is being conducted in order to assess the success of the process, if it will be worthwhile to implement Action Plans moving forward and if so, how we should modify the methodology. The evaluation consists of comparing whether an IPA met their goal or not and if there was an improvement in their final MY 2019, RY 2020 VIIP performance for the measure(s) they chose to implement a performance improvement activity for. For this analysis, we primarily focused on the IPAs improvement as opposed to if they met their Action Plan goal. Further analysis still being conducted, but the current results are proving to be positive and have indicated that the Action Plans have a significant impact on the measure the IPAs selected to work on.
 - **Overall Results:**
 - 13 out of 18 IPAs (72%) showed an improvement in their MY 2019 VIIP rates
 - Improvements ranged from 1% to 23% from MY 2018 to MY 2019
 - 3 out of 18 IPAs (17%) showed a decline in their MY 2019 VIIP rates
 - 1 of the measure declines was significant at -18% for the encounter domain, 2 of the measure declines were not significant with both dropping by about -1% from MY 2018 to MY 2019
 - 2 out of 18 IPAs (11%) could not be evaluated due to the IPA picking an improvement performance activity in which their improvement could not be assessed based on the measures in the VIIP report.
 - **Improvement by Domain:**
 - 8 out of 8 (100%) IPAs who worked on the HEDIS domain saw an improvement in the measure(s) they selected.
 - 1 out of 3 (33%) of IPAs who worked on the Encounter domain saw an improvement in the measure they selected
 - 1 out of 1 (100%) IPAs who worked on the Utilization Management domain saw an improvement in the measure they selected.
 - 6 IPAs worked on the Member Experience domain, however for 2 of them CG-CAHPS results were not generated because of insufficient sample sizes, therefore the below is based on the 4 that we were able to assess their results:
 - 3 out of 4 (75%) who worked on the Member Experience domain saw an improvement in the measure(s) they selected.
 - **Challenges:**
 - The Member Experience and Encounter domains proved to be more challenging to assess for a couple reasons which included:
 - Member Experience:
 - Due to the nature of the CG-CAHPS survey being annual, results are also only received once a year. Therefore, IPAs were encouraged to utilize their internal member experience survey or pick an area within the domain they wanted to improve so our reviewers would be able to track their progress along the way. This resulted in us not being able to assess if there was an improvement due to Action Plan and VIIP payment report measures not aligning.
 - Encounters
 - 2019 was a challenging year for the Encounter domain due to varying issues with Encounters, including internal changes in the encounter processing system, changes in state methodology for accepting encounters and delays in plan partner encounter submissions. This resulted in Encounter Timeliness and Encounter Volume rates being lower than usual.

○ **Takeaway Points:**

- Based on the analysis, IPAs who picked the HEDIS domain were the most successful and showed a greater improvement when comparing their MY 2018 and MY 2019 results.

In conclusion, 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. The final results will guide our decision on which domains to focus on, how prescriptive L.A. Care should be in assigning domains/measures, etc.

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. A new component was also incorporated into the plan partner program that ties a significant proportion of the plan's incentive payment to how their contracted provider groups perform in the Medi-Cal VIIP+P4P program. The Plan Partner Incentive program will continue to utilize these metrics moving forward, although with targeted areas of modification. Final performance reports and incentive payments for the MY 2019 program were distributed in December 2020. The MY 2020 program is scheduled for final reports and payments for the 4th quarter of 2021.

Summary Statistics for the Plan Partner MY 2019 Payments

L.A. Care paid \$9.3 million in incentive payments to the participating plan partners for the MY 2019 plan partner incentive program. Plan partners earned a significantly higher proportion of their available incentive than the prior year program, demonstrating performance improvements in most domains.

- Plan Partner 1: earned 65.4% of the possible payment, which equates to \$1.10 PMPM
- Plan Partner 2: earned 47.5% of the possible payment, which equates to \$0.80 PMPM

Plan Partner Incentive Performance Trends

The plan partners have historically been measured on five administrative auto-assignment measures in their incentive program. Between MY 2015–MY 2017, both Plan Partners generally demonstrated steady improvement in their year-over-year administrative rates for each of the incentivized measures. Beginning with MY 2018, additional domains and measures were added to their incentive program, so the plan partners are now being tracked on 1) HEDIS, 2) member experience, 3) utilization management, and 4) encounter measures and 5) IPA VIIP scores, for performance measurement, performance scoring, and incentive payments. The below information and tables provide a view of their performance by each domain in MY 2019.

1) HEDIS Measures (15 measures)

In MY 2019, Plan Partner 1 attained the 75th percentile for NCQA on **1 (6.7%)** HEDIS measure, while Plan Partner 2 attained the 75th percentile for NCQA on **2 (13.3%)** HEDIS measures.

Between MY 2018 and MY 2019, Plan Partner 1 improved on **13 of 14 (92.9%)** HEDIS measures (1 new measure was introduced in MY 2019), with **12** of those improvements (**85.7%**) demonstrating statistical

significance. During the same timeframe, Plan Partner 2 improved on **8 (57.1%)** HEDIS measures, with **4** of those improvements (**28.6%**) demonstrating statistical significance. Both plans saw statistically significant improvements for the following 3 HEDIS measures: Childhood Immunization Status - Combo 10; Immunizations for Adolescents - Combo 2; and Prenatal and Postpartum Care - Postpartum Care.

Between MY 2018 and MY 2019, Plan Partner 1's performance declined on **1 (7.1%)** HEDIS measure, of which **0** declines (**0%**) were statistically significant. During the same timeframe, Plan Partner 2's performance declined on **6 (42.9%)** HEDIS measures, of which **2** declines (**14.3%**) were statistically significant.

In the tables below, improvements are in green text; declines are in red text; statistically significant changes are bolded.

Plan Partner 1			
HEDIS Measures	MY2018 Rate	MY2019 Rate	Rate Change
Antibiotic Avoidance in Adults with Acute Bronchitis	33.73%	36.02%	2.29%
Appropriate Testing for Children With Pharyngitis	25.74%	28.49%	2.75%
Asthma Medication Ratio - Ages 5-64	53.18%	55.03%	1.85%
Breast Cancer Screening	61.08%	61.67%	0.59%
Cervical Cancer Screening	58.40%	59.45%	1.05%
Childhood Immunization Status - Combo 10	20.36%	21.86%	1.50%
Chlamydia Screening in Women	61.88%	63.76%	1.88%
Comprehensive Diabetes Care - A1C Test	80.95%	85.31%	4.36%
Comprehensive Diabetes Care - Control (A1c < 8)	43.68%	45.89%	2.21%
Comprehensive Diabetes Care - Eye Exam	52.38%	54.07%	1.69%
Immunizations for Adolescents - Combo 2	35.85%	37.88%	2.03%
Prenatal and Postpartum Care - Postpartum Care	48.39%	61.05%	12.66%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	63.07%	78.66%	15.59%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	72.84%	72.40%	-0.44%

Plan Partner 2			
HEDIS Measures	MY2018 Rate	MY2019 Rate	Rate Change
Antibiotic Avoidance in Adults with Acute Bronchitis	35.53%	37.67%	2.14%
Appropriate Testing for Children With Pharyngitis	25.52%	25.13%	-0.39%
Asthma Medication Ratio - Ages 5-64	62.15%	55.00%	-7.15%
Breast Cancer Screening = BCS	58.98%	58.54%	-0.44%
Cervical Cancer Screening = CCS *	61.62%	61.69%	0.07%
Childhood Immunization Status - Combo 10	21.21%	24.97%	3.76%
Chlamydia Screening in Women = CHL	64.11%	65.16%	1.05%
Comprehensive Diabetes Care - A1C Test	83.35%	83.99%	0.64%
Comprehensive Diabetes Care - Control (A1c < 8)	35.39%	34.28%	-1.11%
Comprehensive Diabetes Care - Eye Exam	49.57%	48.04%	-1.53%
Immunizations for Adolescents - Combo 2	37.35%	39.92%	2.57%
Prenatal and Postpartum Care - Postpartum Care	50.15%	57.06%	6.91%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	68.49%	78.56%	10.07%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	62.94%	62.68%	-0.26%

2) Member Experience Measures (8 measures)

Between MY 2018 and MY 2019, Plan Partner 1 improved on **5 (62.5%)** measures in the Member Experience domain, 4 of which (50.0%) were statistically significant. Similarly, between MY 2018 and MY 2019, Plan Partner 2 improved on **5 (62.5%)** measures, 2 of which (25.0%) were statistically significant. Both plans saw statistically significant improvements in Child Getting Needed Care Combined. Additionally, none of the declines in the Member Experience domain for either plan were statistically significant.

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	MY2018 Rate	MY2019 Rate	Rate Change
Adult Timely Care and Service for PCPs	50.57%	66.84%	16.27%
Adult Getting Needed Care Combined	49.70%	60.44%	10.74%
Adult Rating of All Healthcare Combined	59.60%	68.07%	8.47%
Adult Rating of PCP	61.96%	66.89%	4.93%
Child Timely Care and Service for PCPs	58.61%	54.92%	-3.69%
Child Getting Needed Care Combined	39.23%	53.78%	14.55%
Child Rating of All Healthcare Combined	70.76%	70.52%	-0.24%
Child Rating of PCP	70.40%	69.68%	-0.72%

Plan Partner 2			
Member Experience Measures	MY2018 Rate	MY2019 Rate	Rate Change
Adult Timely Care and Service for PCPs	53.30%	51.87%	-1.43%
Adult Getting Needed Care Combined	53.32%	56.63%	3.31%
Adult Rating of All Healthcare Combined	59.55%	61.77%	2.22%
Adult Rating of PCP	50.97%	66.15%	15.18%
Child Timely Care and Service for PCPs	61.23%	59.33%	-1.90%
Child Getting Needed Care Combined	43.98%	56.36%	12.38%
Child Rating of All Healthcare Combined	70.08%	73.22%	3.14%
Child Rating of PCP	72.18%	65.04%	-7.14%

3) Utilization Management Measures (3 measures)

Between MY 2018 and MY 2019, both plan partners improved on the same **2 (66.7%)** Utilization Management measures: Acute Hospital Utilization and Plan All-Cause Readmission, with all improvements found to be statistically significant. During the same timeframe, both plan partners experienced declines on the same **1 (33.3%)** measure: Emergency Department Utilization.

In the tables below, improvements are in green text; declines are in red text; statistically significant changes are bolded. Lower scores are better in the Utilization Management domain.

Plan Partner 1			
Utilization Management Measures	MY2018 Rate	MY2019 Rate	Rate Change
Acute Hospital Utilization	1.19	0.93	0.26
Plan All-Cause Readmission	18.05%	5.32%	12.12%
Emergency Department Utilization	2.54	2.57	-0.03

Plan Partner 2			
Utilization Management Measures	MY2018 Rate	MY2019 Rate	Rate Change
Acute Hospital Utilization (O/E)	1.11	0.96	0.15
Plan All-Cause Readmission	17.40%	5.28%	12.73%
Emergency Department Utilization (O/E)	2.64	2.68	-0.04

4) Encounter Measures (2 measure)

Between MY 2018 and MY 2019, both plan partners saw decreases in their encounter volume and timeliness. Both plan partners had statistically significant declines for encounter timeliness.

In the tables below, declines are in red text; statistically significant changes are bolded.

Plan Partner 1			
Encounter Measure	MY2018 Rate	MY2019 Rate	Rate Change
Plan Partner Encounter Volume (PMPY)	8.68	7.90	-0.78
Plan Partner Encounter Timeliness	66.80%	66.78%	-0.02%

Plan Partner 2			
Encounter Measure	MY2018 Rate	MY2019 Rate	Rate Change
Plan Partner Encounter Volume (PMPY)	8.13	6.94	-1.19
Plan Partner Encounter Timeliness	67.17%	20.30%	-46.87%

5) IPA VIIP Score Improvement (1 measure)

Between MY 2018 and MY 2019, both plan partners saw improvements in their IPAs' performance for the VIIP+P4P program. This domain measures the percentage of the Plan Partner's contracted IPAs improving their overall scores in the VIIP+P4P program from the prior year.

In the tables below, improvements are in green text. This domain is not evaluated for statistically significance changes in rates for determining credit in the incentive program. However, both plan partners had a significantly higher proportion of IPAs that improved their VIIP scores from MY 2018. Both plans had less than 10% of their IPAs improve their VIIP score from MY 2017 to MY 2018, while a majority of their IPAs improved their VIIP score from MY 2018 to MY 2019, 74 percent and 60 percent respectively.

Plan Partner 1			
Encounter Measure	MY2018 Rate	MY2019 Rate	Rate Change
IPA VIIP Score Improvement	5.88%	79.41%	73.53%

Plan Partner 2			
Encounter Measure	MY2018 Rate	MY2019 Rate	Rate Change
IPA VIIP Score Improvement	8.57%	68.57%	60.00%

PROVIDER INCENTIVES: PROGRAM OPERATIONS AND MANAGEMENT IN 2019

- The VIIP and Incentives workgroups discussed, tested and determined the final list of metrics and scoring methodology for each of the 2020 programs. This included measure changes in HEDIS, Member Experience, Utilization and Encounters, as well as domain weighting changes. All updates were all captured in the program descriptions and announced to the network Q1 2020.
- 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 2020. 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 bi-monthly HEDIS/UM provider opportunity/gaps in care reports, quarterly encounter reports, 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 2020 (April, August and December), with L.A. Care and plan partner staff providing feedback to the IPAs after each submission.
- Top performing practitioners and community clinics from the MY 2018 Physician P4P Program were identified and recognized in an article published in L.A. Care's Spring 2020 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 2018. There were guest speakers, entertainment, speeches from awardees, dinner, and more.

FUTURE DIRECTION

Planning for the measurement year 2021 programs and future program years are currently ongoing. Domains, measures, weighting, scoring methodology, etc. are being discussed with targeted enhancements. We continue to seek ways to improve the programs so that they keep in line with industry standards, continue to drive quality care and outcomes, and challenge providers to meet high performance targets. Examples of potential program updates are provided below:

- **Introducing new metrics:**
 - California Immunization Registry (CAIR) sign up/usage
 - Medical record request
 - Compliance sanctions
- **The Action Plans Process:**
 - Future focus on member experience
 - Requiring the plan partners to complete action plans
- **Developing new and separate incentive program for our direct network providers.**
 - Utilizing the existing P4P structure for program development
 - Identifying additional process and outcome measures to support the direct network
- **Introduce new domains in the Physician P4P Program:**
 - Utilization
 - Member Experience
- **External benchmarking:**
 - Utilizing state or national benchmarks to get the network performing to the next level.
 - Using MPLs and HPLs
- **Additional analytics to support providers:**
 - Enhanced reporting to show missed opportunities
 - Improved education on data submission requirements and HEDIS specs
- **Enhanced investment in communications**
 - More face-to-face meetings with providers and office staff
 - More online/phone based meetings (webinars)
 - Simpler marketing collateral and messaging.
 - More program visibility on L.A. Care's website and provider newsletters (print-based, online, portal, etc.)
- **Continued alignment with the industry on value-based metrics:**
 - Collaborate with the Integrated Healthcare Association to align performance measures (e.g. Core Measure Set).
 - Monitor and adopt other Center for Medicare & Medicaid Services (CMS) & Department of Health Care Services (DHCS) Value-Based Program metrics and methodologies.
- **Public reporting and recognition events**
 - Expanding the recognition & rewarding of top performers.
 - Transparency of rankings within network to spur motivation.
 - Consider reporting results publicly in the future in addition to in-network transparency.
- **Survey all lines of business regarding the incentives programs**
 - Satisfaction with the program
 - Suggestions for improvement

MEMBER INCENTIVES

L.A. Care's member incentives are designed to encourage members to proactively seek needed care and offer eligible members an opportunity to be rewarded for health and wellness activities.

QI operated the following incentives in 2020 to improve member utilization of critical clinical services:

Follow-Up for Hospitalization After Mental Illness (CMC, LACC, PASC)

The goal of the FUH Member Incentive was to increase the 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. This incentive program intended to increase the HEDIS rate from 41.98% to 56% by the end of 2019. At the end of 2019, the incentive type changed from an emergency preparedness kit to a \$25 L.A. Care branded debit card for members who completed a follow-up visit with their mental health provider within 7 or 30 days of being discharged from the hospital, depending on the member's coverage.

There was an increase in L.A. Care's FUH compliance rate from MY2018 to MY2019. The rate increased to 48.99%, compared to the previous year's rate of 46.88%. While seeing a rate increase is always positive and an overarching goal, the specific goal of achieving a 56% compliance rate was not met. The team will review the data to determine whether there were specific barriers or factors that prohibited members from attending their follow-up visit, where outreach efforts may have fallen short, and if there were program eligibility criteria or external factors that we could have changed to help improve response rates.

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 member's 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 142 members were awarded in 2020:

- 74 CMC members
- 56 LACC members
- 8 PASC members

FUTURE DIRECTION

Further evaluation of the 2020 member incentive programs will be conducted after HEDIS 2021 results are completed June 2021. Final impact of these programs on both administrative and hybrid HEDIS rates will be determined, as well as other qualitative and quantitative analysis.

Member incentive programs for 2021 are being discussed and developed in the various QI workgroups, with a focus on high impact measures. Potential programs for specific health behaviors, program design, and incentive award type/amount are currently being discussed. Within QI, we are increasingly thinking of new innovative ways to design, launch and operate member incentive programs. This includes potentially partnering with our IPAs and clinics on programs, 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.

Starting in Q4 of 2019, we switched over to L.A. Care branded debit cards as our incentive option for all member incentive programs. The goal was to see if this would positively impact compliance rates, reinforce and tie to the reward back to healthy behaviors, utilize additional reward analytics, and more. We will continue to assess the impact of these program enhancements as the evolution of these programs are an ongoing process.

I.4 SAFETY NET PROGRAMS AND PARTNERSHIPS

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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 DHCS. Medi-Cal members with multiple chronic physical health and/or behavioral health conditions and high acuity (such as recent IP &/or ER history, or chronic homelessness) are eligible for the program. Members who opt-in to the program will receive varied services, including comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual & family support services, and referral to community & social supports (which includes individual housing transition & tenancy support services).

Major Accomplishments: L.A. Care delivers the Health Homes Program through a network of 34 contracted Community-Based Care Management Entities (CB-CMEs) across 176 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. At program launch in July 2019, L.A. Care and our Plan Partners CB-CME network had the capacity to serve 11,378 members; by September 2020, the network could serve 18,161 members. All CB-CME staff involved in Health Homes must complete DHCS required training. As of September 2020, more than 1,300 CB-CME staff had completed their Health Homes required training with L.A. Care.

Between July and September, 2020, L.A. Care and its Plan Partners served 11,647 enrolled members. Of the 11,647 members served during that period, 7,429 were from L.A. Care's directly managed Medi-Cal (MCLA) line of business. Roughly 9% of enrolled members (MCLA and Plan Partners) were at risk of homelessness or were experiencing homelessness.

Results: Data from the period January-September 2020, for L.A. Care's MCLA line of business, is included below.* 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. Note there is 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 January-September 2020. 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 a member opt-in rate near 20%, and that rate exceeded 25% for January-September of 2020.
- Chart 3 outlines the average duration of enrollment for MCLA members in Health Homes. As anticipated, the average length of enrollment increased throughout 2020.

Chart 1

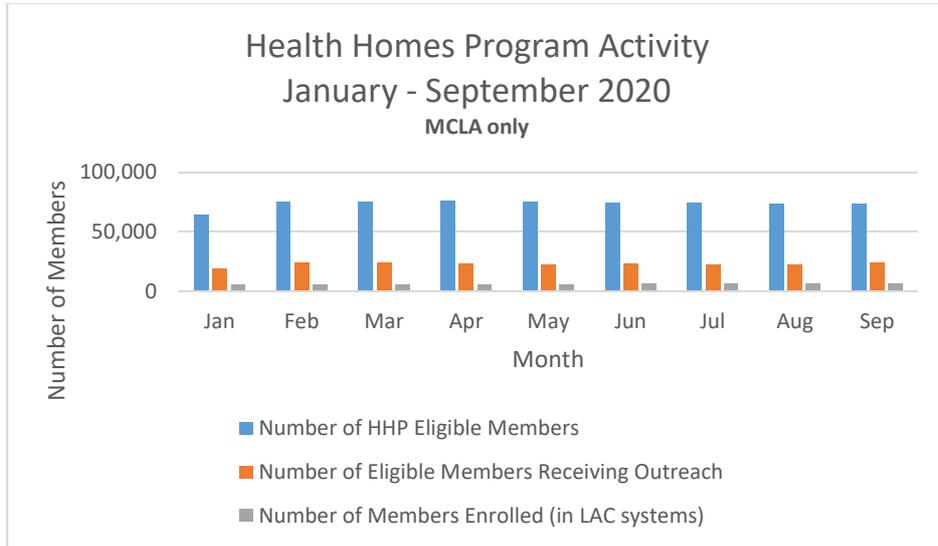


Chart 2

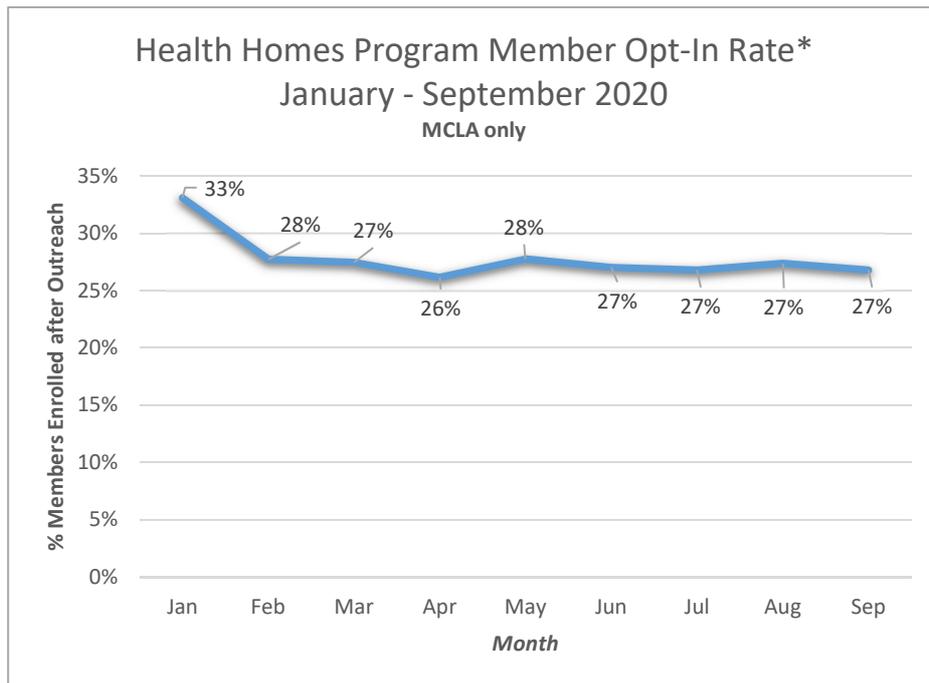
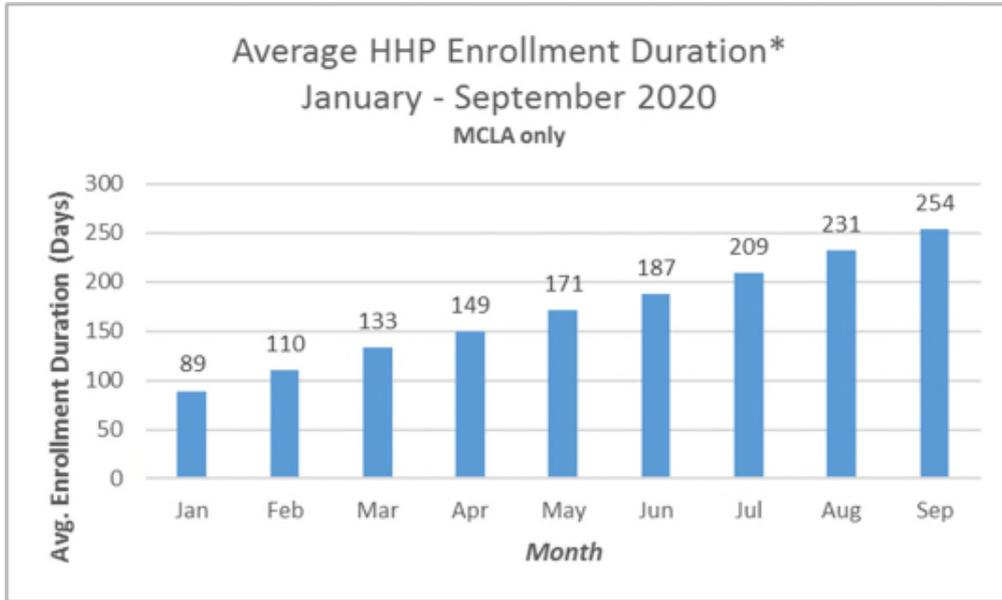


Chart 3



Charts 4 and 5 describe L.A. Care’s MCLA HHP-enrolled population as of September 2020, based on the required HHP chronic condition 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

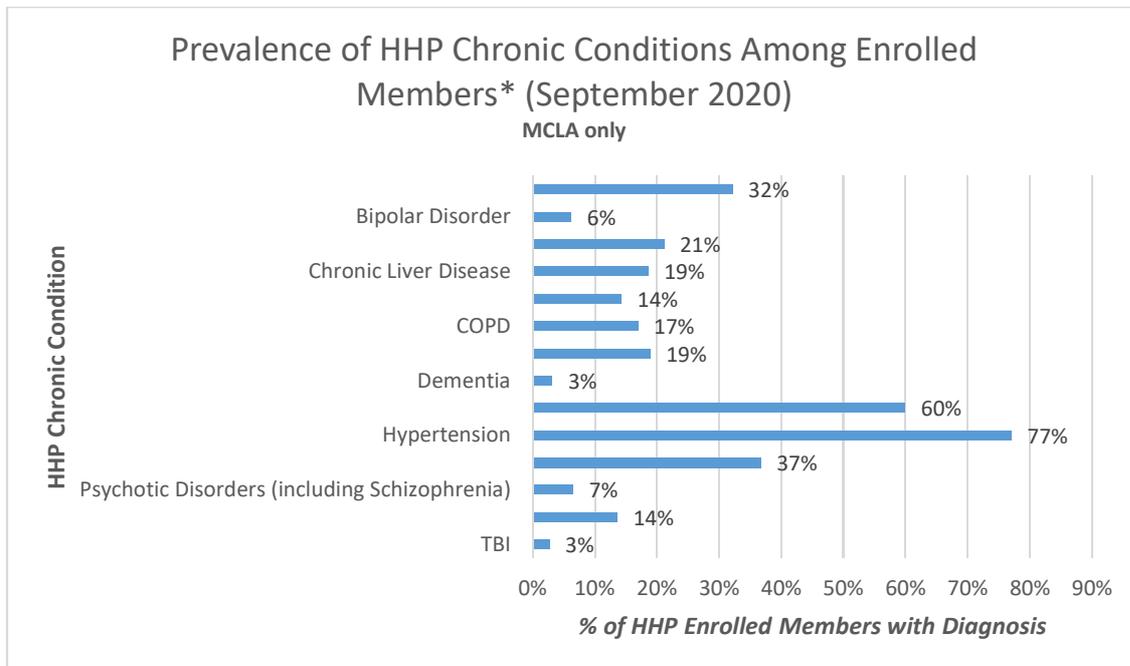
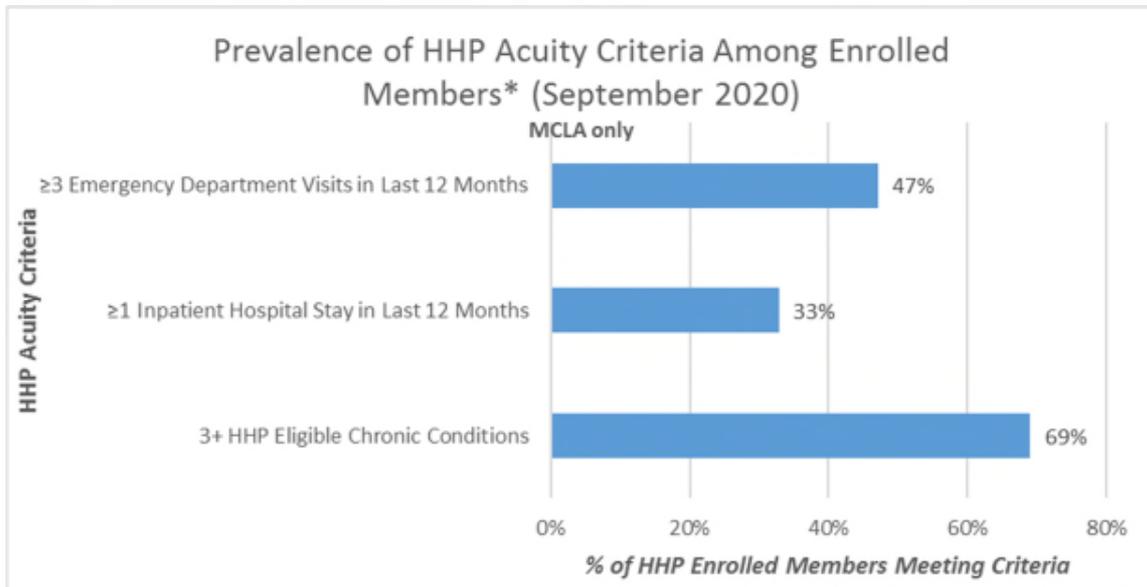


Chart 5



LOOKING FORWARD

Health Homes is developed on the belief that members will have improvement in health outcomes and resource utilization, including shifts from acute to primary/preventive care, with improved care management and care coordination. L.A. Care is in the process of evaluating the program, including examining changes in high-cost utilization amongst enrolled members, and Return on Investment (ROI), which will be based on 100% of Medi-Cal repricing. To evaluate progress toward the desired goals of the program, L.A. Care is conducting four longitudinal analyses to understand how enrolled members' utilization and cost of care for Emergency Department (ED) visits and inpatient admissions changed after a 6-month and 12-month enrollment period. Evaluation includes analysis of pre- and post-enrollment utilization trends for members; a comparison of utilization between program enrollees and members who are eligible but not yet enrolled into the program; and evaluated differences in utilization amongst members based on CB-CME service model. Data is currently under review, and results are forthcoming.

Whole Person Care: L.A. County's Whole Person Care Program (WPC) comprises many different high-touch programs for different vulnerable Medi-Cal populations, including high-risk homeless members, high-risk criminal justice reentry members, high risk members with Mental Health or Substance Use Disorder needs, high-risk transition of care members, and high risk perinatal members. Programs use housing navigators and community health workers as well as licensed clinical staff to provide care management and wraparound services for varied program lengths (1 month to multi-year programs). The core focus is on addressing the social determinants of health as well as the member's health needs and engaging difficult-to-reach members. Over 26,423 unique MCLA member enrollments across all programs have occurred as of May 2020.

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 August 2020, a total of 284 households are still actively enrolled in the grant and 264 of those have secured housing, and 208 of those housed (79%) are L.A. Care members. Over 320 households have been housed by the grant so far, and the 12-month housing retention rate is 90%.

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. We plan on launching this program starting in January 2021.

L.A. Care also maintains recuperative care contracts with five local providers, and is providing technical assistance to Health Homes contractors to build their housing navigation & tenancy supports capacity. In addition, L.A. Care refers members to the local Coordinated Entry System and recuperative care/interim housing process through the Los Angeles Homeless Services Authority (LAHSA) and collaborates closely with health plan and county partners on homeless pandemic response activities.

Reentry Programs: L.A. Care and the California HealthCare Foundation (CHCF) jointly funded a project with the Transitions Clinic Network (TCN) to build Community Clinic capacity to serve individuals reentering the community from criminal justice settings. TCN provided technical assistance and support to help two cohorts with 5 local clinic organizations each to hire and integrate Community Health Workers (CHW) focused on the reentry population. TCN's April 2020 evaluation focused on the value of CHW accompaniment and support to clinic patients. Clinic leaders were surveyed as part of the evaluation and a majority of respondents stated that TCN's model helped them shift their interdisciplinary care model to better serve the reentry health population. TCN continues to provide reentry CHW mentorship, support and retention services to clinics through CHCF funding through the end of 2020, which is particularly critical to sustaining this work during the ongoing Covid-19 pandemic.

I.5 QUALITY PERFORMANCE MANAGEMENT ACTIVITIES RELATED TO HEDIS IMPROVEMENT

AUTHOR: RONALD MAKITA/RODNEY TRUONG

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

BACKGROUND

In addition to completing the annual Healthcare Effectiveness Data Information Set (HEDIS) submission cycle, Quality Performance Management (QPM) also engages in activities to improve HEDIS rates through data collection, enhancement of data mapping, data validation, member and practitioner outreach, internal departmental education on HEDIS, process improvements on data flow, and research using predictive models. The objective of these activities not only looks to improve data capture, but also aims at reducing care gaps by rendering health services that are recommended for the population.

- L.A. Care (LAC) practitioners are very conscientious of providing outstanding quality and service to our members but are often not aware of resources available to close quality gaps and to improve member satisfaction. L.A. Care Quality Performance Management and Plan Partner HEDIS staff have been conducting HEDIS and member experience (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) education to providers and their staff since 2016. This education has been welcomed by the providers as it helps them to improve their awareness of the quality of service they provide to their patients. Many were not aware of how to access and use reports or of the resources available to them on the LAC provider portal and website.
- Medical Record Project- internal focused pursuit of chases was conducted by QPM staff on hybrid measures; this effort started in January and ran until the May 8 National Committee for Quality Assurance (NCQA) deadline. QPM staff collected 3,000 of the 13,000 chart requests.
- HEDIS 2020 largely represented a transition year; new reporting requirements were presented but LAC is not getting scored on all of our results due to the COVID-19 pandemic. Nevertheless, LAC has put in substantial efforts during 2019 to drive sustainable initiatives and data collection activities. Due to this, LAC did not opt to rotate Hybrid measures as was allowed by NCQA and Department of Healthcare Services (DHCS) due to COVID-19.
 - Summary of changes in reporting that impacted HEDIS 2020:
 - DHCS MCAS 50th percentile MPL measure set was introduced for Measurement Year 2019, and was a big change from the previous External Accountability Set. L.A. Care's team put our focus towards monitoring performance of these measures.
 - NCQA shifted the Accreditation methodology to score based on Health Plan Ratings. Due to COVID-19, the scoring will not take place but L.A. Care reported rates for all product lines and completed the audits as such.
 - L.A. Care completed the 2nd 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 2020 was Cognizant ClaimSphere (CTS). LAC has collaborated with Cognizant to continue producing the Provider Opportunity Reports (POR) and Gap In Care Reports (GIC) while continuing to enhance processes and discuss improvement strategies by meeting with IPAs, Clinics, and Providers.
- For HEDIS 2020, L.A. Care's contracted NCQA audit firm (Advent Advisory) had an internal change which led to a change to L.A. Care's HEDIS auditor. The new auditor was very thorough and stringent in having LAC meet the audit requirements and placed forward-looking recommendations for LAC to streamline and optimize data collection projects and HEDIS Roadmap activities.

- HEDIS resources: In 2020, QPM staff released the MY2020 HEDIS Measure Guide, Measure Coding Guide to HEDIS MY 2020 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 what gives guidance to providers to submit HEDIS services to reduce the need for medical record collection for hybrid measures. The Telehealth Guide is new this year and 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 2020 is targeting 2944 providers. The total membership of those providers was 1,500,000, or 72% of the total LAC membership. This was a significant increase over 2019, which included 2414 providers and 1,400,000 members (66% of total membership). Outreach was conducted by L.A. Care QPM/HEDIS and Anthem staff.
- Nearly all of the offices were appreciative of the education as the visits helped them to better understand HEDIS, CAHPS, data submission and how it affects their overall performance.
- Staff 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 the office 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.
- Many offices asked for training in improving customer service.
- HEDIS 2020 data optimization and cross functional initiatives contributed to improvement in specific measures:
 - The Initiation Phase and Continuation Phase indicators for the Follow-up care for children prescribed ADHD Medication (ADD) saw improvements for Medi-Cal. Our percentiles jumped from <25th percentile for both indicators (Initiation and Continuation) to the 90th and 75th percentiles, respectively. This improvement was the result of LAC obtaining auditor approval to map Community Mental Health Clinics as BH Providers with Prescribing Provider flags.
 - The 30-Day follow up indicator for the Follow up after Hospitalization for Mental Illness (FUH) saw improvements for Medicare. This is a Medicare Duals Quality Withhold Performance measure and LAC has not previously met the benchmark rate of 56%. For measurement year 2019, our rate increased ~ 10% and allowed LAC to exceed the Quality Withhold benchmark. This improvement was a result of the cross functional collaborative program between L.A. Care's HEDIS team, Behavioral Health department, Beacon and Department of Mental Health.
 - The Controlling Blood Pressure (CBP) Administrative Rate improved by ~16% year over year. This improvement was a result of the collaboration with the Department of Health Services to receive supplemental data to support blood pressure related measures.
- Clinical Data Integration, an Enterprise Project designed to support the data collection that drives HEDIS performance, was launched in March 2020 and was instrumental towards the completion of HEDIS 2020 data collection and reporting.

- Health Information Exchange data was incorporated into the L.A. Care data collection process and helped towards the reporting of several Electronic Clinical Data Systems (ECDS) measures.

BARRIERS

- Several offices have technology challenges, such as no email, internet, EMR, etc. which limits their ongoing access to reports and resources on the LAC portal.
- A number of offices (approximately 17%) are extremely busy and short staffed due to COVID-19 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.
- Expected Rates for the Risk Adjusted Utilization measure results were impacted negatively due to a large amount of members (i.e. ~1/2 of the measure eligible population for Plan All-Cause Re-Admission (PCR)) not having discharge conditions in their inpatient claims. Discharge conditions not being populated caused the Expected rates to be lower which then caused the Observed / Expected Ratio to increase year over year. This impacted the results of the Medicare Plan All-Cause Re-admission (PCR) measure. Although LAC still met the benchmark (ratio < 1.0), our results are getting closer to the benchmark: PCR ratio increased ~ 16% year over year from 0.7114 (H2019) to 0.8726 (H2020).
- Shifts in Medi-Cal Utilization metrics caused LAC to supply additional documentation for the HEDIS Audit than was needed in past reporting years: large declines in Inpatient Visits year over year and increases in ED visits/1000 member month's year over year. While these metrics do not impact HEDIS results on the whole, specific measures incorporate Inpatient or ED visits to identify Eligible Population.
- Limited data collection and visibility for carved out Substance Abuse & Dependency services caused L.A. Care to experience shifts in rates year over year that could not be fully accounted for/explained during the HEDIS Audit. Limitations due to Federal Regulation 4.2 CFR has caused LAC to continue not receiving data from SAPC. As such, data driven interventions cannot be launched or evaluated for the IET measure.
- NCQA Medication list for Opioids increased from ~2,000 NDCs to ~10,000 NDCs between HEDIS 2019 and HEDIS 2020 resulting in increased rates across all Opioid related measures (which are all lower-is-better).

CHIEF COMPLAINTS

- Nearly all offices expressed frustration with claims/encounters issues and delays stating that Gap in Care reports are often not up to date making reconciling the reports time-consuming. Some offices stated that they prefer to use reports from their IPA since those reports are generally more up to date. However, these reports usually include members from all health plans, not just L.A. Care's. Staff conducting the visits explained data lags and encouraged the providers to work with their IPAs to minimize the lags. Many providers are 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 LAS when calling for assistance. Calls often get passed around, have long wait times, or calls do not get returned. Providers were given a contact list of key departments (including phone extensions) and department email addresses. In addition, the staff members conducting the visits notify providers that they are available to assist with all 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 (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.
- i2i & Cozeva: New HEDIS Supplemental clinical data collection tools to be made available for use by L.A. Care's provider network.
- Medical Record Project-internal focused pursuit of chases will be conducted by QPM staff on hybrid measures; this effort will start in October 2020 and run until the May 2021 NCQA deadline.
- Technical Specification changes due to COVID-19 and the introduction of new measures present opportunities to improve and enhance interventions: Telehealth allowances, Remote BP Monitoring, Well-Care measure changes for children & adolescents.

I.6 IPA/PROVIDER WEBINARS

AUTHOR: CAROLINA COLEMAN, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, 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), and providers to provide education on key quality topics. In 2020, 12 webinars were held using the administrative WebEx system.

MAJOR ACCOMPLISHMENTS

- QI hosted 12 webinars open to network IPAs, MSOs, community clinics, and providers.
- The 2020 program goal of an average attendance of 80 was met, with webinars totaling an average of 108 attendees. The Proposition 56 session had the highest attendance for any QI webinar in the last four years, totaling 261 external attendees.
- QI worked with the External Training team to host the webinars and maximize effectiveness. This was a valuable and successful partnership.
- Continuing Education credits for providers were offered for two 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 also submit comments and suggestions. The average Net Promoter Score (NPS) from these evaluations was 62 (generally, a score below 0 is low, between 0-30 is medium/good, and 30-100 is high/great). This met the 2020 program goal of an average NPS across all sessions of 40 or higher. Most of the feedback from attendees was very positive, continuing a several year trend.
- Several sessions were hosted in partnership with and featured speakers from external partners, such as the California Department of Public Health and More LA Smiles.
- One session that was cancelled due to the COVID-19 pandemic was instead distributed as a recording. The ADA Standards for Diabetes video was viewed 92 times.
- Many sessions saw increased attendance from solo and small group practices due to the utilization of email contacts obtained through Quality Performance Management provider outreach, provider portal contacts, and Provider Data Unit information. The Proposition 56 session had the highest participation rates from solo and small group providers, indicating an interest in learning more about financing opportunities from this group.

Webinars Hosted in 2020					
Date	Topic	Target Audience	CME	Attendees*	NPS Score
Jan 29	Your Guide to Success in CMC	IPAs (CMC only)	-	123	21
Feb 26	VIIP UM Domain, Reporting, & Risk Adjustment Methodology	IPAs, PPs	-	90	38
July 15	Pharmacotherapy of Diabetes	IPAs, PPs, Providers	-	80	56
July 22	Pay for Performance Programs	IPAs, PPs, Providers	-	117	58
Aug 5	Encounters for Clinical Quality	IPAs, PPs	-	98	69
Aug 19	HEDIS Updates and Strategies for Improvement	IPAs, PPs, Providers	-	117	80
Aug 26	Timely Access to Care: Oversight & Monitoring	IPAs, PPs, Providers	-	143	55
Sept 16	Oral Health for Children	IPAs, PPs, Providers	Yes	50	58
Oct 14	Lead Screening	IPAs, PPs, Providers	Yes	53	77
Oct 28	End of Year HEDIS Strategies and Data	IPAs, PPs, Providers	-	94	66
Nov 18	Proposition 56 Payments	IPAs, PPs, Providers	-	261	78
Dec 9	CMC Risk Adjustment	IPAs, Providers (CMC only)	-	74	83

*Attendee counts do not include L.A. Care staff attendance.

BARRIERS

- Due to the COVID-19 pandemic, webinars in March-June were cancelled to allow IPAs and providers to focus on the pandemic response. These topics were rescheduled for later in the year and resulted in similar registration totals to pre-pandemic levels.
- 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.
- L.A. Care does not collect emails for provider offices in a formal manner; individual departments collect contacts and maintain their own databases that are typically not shared across the organization. Thus, it is very challenging to reach out to providers about educational opportunities and webinar registration from provider offices other than community clinics has been very low, with the exception of the Proposition 56 webinar. 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 2021. A calendar has been drafted and speakers are being pursued.

I.7 PROVIDER CONTINUING EDUCATION PROGRAM

AUTHOR: LEILANIE MERCURIO

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

During fiscal year 2019-2020, L.A. Care Health Plan's Provider Continuing Education (PCE) Program continues to operate with the following CME and CE Provider Accreditations:

1. Continuing Medical Education (CME) Provider for Physicians.
2. Continuing Education (CE) Provider for Registered Nurses (RNs) and Nurse Practitioners (NPs).
3. Continuing Education (CE) Provider for Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs), and Licensed Education Psychologists (LEPs).

In mid-March 2020, all indoor activities were shut down in California as the result of the COVID-19 pandemic, scheduled in-person Saturday Conferences and dinner events were canceled. Instead, PCE program offerings have transitioned to online courses/live webinars.

Each online course was a one hour live webinar and offered one (1) CME credit to Doctors of Medicine (MDs), Doctors of Osteopathic Care (DOs), Physician Assistants (PAs), Psychologists (PsyDs), and one (1) 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 Education Psychologists (LEPs) and other healthcare professionals.

During this fiscal year, PCE Program secured a list of L.A. Care's contracted network providers' email addresses from Provider Data Services Department. Starting November 2019, program invitations were prioritized and emailed to nearly 1,300 L.A. Care Direct Network physicians. As the result of using newly secured provider email address list, there have been an increase of physicians that have attended the PCE program with an average of 23 L.A. Care providers for In-Person CME/CE events and a higher average of 54 L.A. Care providers as online webinar attendees since June 2020 until September 2020. An average of 15% of the total audience were L.A. Care providers at In-Person CME/CE events versus 33% of the total audience were L.A. Care providers at online courses/live webinars.

For year 2020, L.A. Care Health Plan's CE Provider accreditation by the California Board of Registered Nursing was successfully renewed September 30, 2020 until September 30, 2022.

Successfully passed 3 Year Renewal Accreditation by CAMFT with Effective date December 1, 2020 until December 1, 2023.

Summary of CME and CE Activities for Fiscal Year 2019-2020

During Fiscal Year 2019-2020, October 1, 2019 to September 30, 2020, L.A. Care Health Plan's Provider Continuing Education (PCE) Program offered six (6) live courses/ In-Person events as directly provided CME/CE activities prior to mid-March 2020 Stay Home Order by Los Angeles County Public Health Officials due to COVID-19 climate.

The live courses/In-Person CME/CE events as Directly Provided CME/CE activities were as follows:

1. October 10, 2019 Advanced Motivational Interviewing Training (live course)
2. October 16, 2019 HIV Diagnosis and Treatments (CME/CE Dinner Event)
3. November 9, 2019 Quality Improvement Conference

4. December 14, 2019 Transgender Health Conference
5. January 29, 2020 Pediatric Asthma (CME/CE Dinner Event)
6. February 22, 2020 Children's Health Conference

One online course was offered January 17, 2020 in collaboration with L.A. Care's and L.A. County's Health Homes Program with the title Working with Persons with Severe Mental Illness. In addition, five (5) online courses/live webinars via Cisco WebEx were held June 2020 until September 2020.

Live Webinars' Dates, Topics as Directly Provided CME/CE Activities:

1. January 17, 2020 Working with Persons with Severe Mental Illness (SMI) in the L.A. County Health Homes Program (HHP) Webinar
2. June 17, 2020 Acceptance and Commitment Therapy (ACT) for Depression and Anxiety During COVID-19 Climate
3. July 21, 2020 Trauma Informed Care in the Medical Home: A Population Based Approach to Caring for Communities in the Context of COVID-19, Presenter Dr. Brian Prestwich
4. August 13, 2020 Developmental Screening and Early Periodic Screening, Diagnosis and Treatment (EPSDT) for Children, Presenter Dr. Kelly Schifsky
5. August 27, 2020 Managing Depression in Primary Care, Presenter Dr. Christopher Benitez
6. September 18, 2020 Hypertension and Stroke Prevention, Presenter Dr. Florian Rader

August 2020 through September 2020, live webinars were webinars with HEDIS measures priorities topics and L.A. Care PCE Program's collaborative work with Health Net.

For ***FY 2019-2020***, L.A. Care's PCE Program offered a ***total of twelve (12) directly provided CME/CE activities including six (6) live courses/In-Person CME/CE events and six (6) online courses and total of three (3) Jointly Provided CME/CE activities*** with the following dates, titles and healthcare organizations:

1. October 1, 2019 LA County DHS 4th Annual Case Management Workshop - Providing Integrated Care to Enhance Outcomes for our Complex Populations, by Los Angeles County Department of Health Services (DHS) (live course).
2. December 19, 2019 18th Annual Collaboration in Mental Health Care. Technology and Mental Health Care of Older Adults, by Los Angeles County Department of Mental Health (DMH) (live course).
3. May 8, 2020 Live Webinar (online course) on Postpartum Depression by Anthem Blue Cross.

For FY 2019-2020, L.A. Care PCE Program and its CME/CE activities provided a **total of 34 CME credits** which were offered to L.A. Care providers and other physicians and **a total of 40 CE credits** were offered to NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs and other healthcare professionals. The discrepancy in CME and CE credits are due to the Advanced Motivational Interview Training that was held on October 10, 2019 offered only for RNs and LCSWs and provided six (6) CE credits.

During FY 2019-2020 with COVID-19 pandemic, L.A. Care's PCE Program had an average of 159 attendees from our Live Courses/In-Person CME/CE events with an average of 23 L.A. Care network providers as attendees, which accounted for an average of 15% of our total audience with the last six directly provided CME/CE activities. For the online courses/ live webinars June 2020 until September 2020, our PCE Program had an average of 164 webinar attendees and an average of 54 L.A. Care providers as attendees, which accounted for an average of 33% of our total audience. The number of L.A. Care providers who participated through the online live webinars are higher due to the convenience of virtual CME/CE events. PCE Program received 95% positive feedback from webinar attendees regarding the timely medical topics being offered as CME/CE activities, however, several participants commented that they preferred

multiple hour program and some stated their interest in the In-Person Saturday Conferences that offered up to six (6) CME/CE credits.

Lastly, PCE Program has a landing site on lacare.org website as of June 12, 2020 with the assistance and support of our Digital Specialist Team and hyperlink at <https://www.lacare.org/providers/provider-central/provider-programs/classes-seminars>

L.A. Care's PCE staff 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 and other healthcare professionals. PCE program will continue its partnership with other providers during COVID-19 pandemic without sacrificing quality, in a planned and organized manner that optimizes learning for L.A. Care providers, other physicians and other healthcare professionals.

Provider Continuing Education (PCE) Program FY 2019-2020

- L.A. Care Health Plan continues to be an accredited CME Provider by California Medical Association (CMA) for MDs, DOs, PAs; accredited CE Provider by California Board of Registered Nursing for NPs and RNs; and accredited CE Provider by California Association of Marriage and Family Therapists (CAMFT) for LCSWs, LMFTs, LPCCs, and LEPs.
- Offered 15 CME/CE activities in FY 2019-2020 (8 In-Person CME/CE Events including Directly Provided and Jointly Provided CME/CE activities and 7 online courses).
- Average attendance of 130 healthcare professionals or more.
- Increase in average attendance of L.A. Care Providers from 15% to 33% in year 2020 compared to 2019.
- CME/CE Webinar Topics in Year 2020 were the following: Acceptance and Commitment Therapy (ACT) for Depression and Anxiety During COVID-19 Climate, Trauma Informed Care in the Medical Home, Developmental Screening and EPSDT for Children, Managing Depression in Primary Care, Hypertension and Stroke Prevention, Postpartum Depression and Maternal Well-Being, Pediatric and Adult Asthma, Controlling Diabetes via Telehealth, and Cognitive Behavioral Therapy (CBT) for Chronic Pain.

I.8 HEALTH SERVICES TRAINING (HST)

AUTHOR: BYRON NATÉ, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Training and Development within an organization presents a prime opportunity to expand the knowledge base of all employees. This unique opportunity for Health Services Training (HST) is having the responsibility to be the training department focused entirely on the training needs of its Health Service departments. The main intent is to educate new and existing Health Services staff on their core job functions, improve department functionality and productivity, increase employee engagement and retention, and as a result to reduce Health Services staff turnover. By establishing these goals in mind, it allows HST to thoroughly analyze, research, develop and implement much needed training programs for Health Services.

2020 enters the 2nd year as a department, HST has seen tremendous progress and growth since our inception back in Spring 2018. The goal of our second year was to focus on enhancements and improvements within the department based on results from the first year.

The overarching goal for the HST Team has still been to develop a standardized, technical training program to support the areas in Health Services. Consequently, HST's main focus took a multi-pronged approach: 1) Provide new hires within Health Services an orientation and onboarding experience to acclimate them to current Health Services processes and provide instructions in their everyday tasks. 2) Centralize all training efforts into one location by tracking and monitoring activity within all Health Service departments and 3) Collaborate and Facilitate training efforts for all Health Services Departments by creating cross vertical partnerships within L.A. Care.

FUNCTIONS

For FY19-20, the main functions of HST allowed for the department to continue to focus on (3) main key areas; the onboarding of New Hires, training for current existing staff, and a centralized area for training efforts among all Health Services departments. Moreover, a key accomplishment established in HST this fiscal year was partnership with thirteen (13) Health Services departments in support of training efforts around their initiatives and the initiation of our detailed evaluation design building a framework in establishing metrics around staff satisfaction,

It was determined that during FY 2018-2019, the Health Services Training Unit would conduct a gap analysis to determine: 1) existing training programs from all health services departments, 2) assess training needs from the health services management team, and 3) identifying and prioritizing training needs for the current fiscal year. Upon this analysis, HST was able to incorporate the following strategies into its program: 1) Evaluation Design restructure for our HST NHO (New Hire Onboarding) program. This included revamp of the NHO program to transition to virtual learning platform due to the global pandemic. 2) Updates to our training material and WebEx format. HST incorporated more features to allow for a more engaging and interactive experience. 3) Incorporate a 30 and 60-day check-in to gather feedback from staff and answer any questions or issues they may have during this crucial time period of onboarding.

Upon our gap analysis conducted, HST was able to focus on certain areas that will capture identified gaps in collecting data primarily in our approach to evaluation design. The purpose was to strategize & create evaluation design to enhance NHO program by addressing gaps between staff satisfaction & engagement, return on investment (ROI) & knowledge comprehension.

For our evaluation design, HST focused on these key areas:

- Conduct monthly scheduled NHO sessions
- Conduct data analysis based on reports generated from Poll Everywhere and L.A. Care University's Learning Management System
- Provide quarterly high level report on NHO
- Implement project deliverables/ objectives
- Archive all data from Poll Everywhere onto HST's SharePoint after each session

From this evaluation design, the activities were:

- Implement Poll Everywhere in NHO program to increase audience interaction, receive live data, and generate accurate and timely reports.
- Health Services New Hire 30-60 Check-In utilizing Poll Everywhere
- Quarterly high level report (# of new hires per department, attendance rates, etc.)
- Debrief after each NHO session and discuss how to enhance program by updating the training materials & activities where necessary
- Reintroduce and launch LMS monthly registration by end of Q2.
- Each HST PM had to conduct/lead a portion of the 3- day HST NHO program on a monthly basis. (Data collected: January 2020 – August 2020)

The results of this evaluation designed gathered the following data:

- 111 new hires in Health Services on boarded through HST NHO (3-day Program)
- Created a Medical Director Onboarding Curriculum (1 new Medical Director completed)
- 13 NHO Sessions completed, Avg. 312 classroom hours of curriculum
- 25 completed the 30 Day Check-In Survey (8 Sessions, Jan. – Aug. 2020, Total: 59)
- 18 completed the 60 Day Check-In Survey (8 Sessions, Jan. – Aug. 2020, Total: 59)
- 30/60 Day Check-In: Avg. Engagement rate 81.0%
- Provided quarterly reports to leadership for FY19-20 Quarter 1-3 (to date)
- Transitioned our NHO Program onto the LMS System with collaboration with HRIS
- Turnover Rate for Health Service departments (2018) avg. 27.24%, (2019) avg. 21.73%
- Decrease in turnover rate (-5.51%) among all Health Services departments

Through education and awareness, HST was able to promote its programs and services to all Health Services department in assisting HST-lead and coordinated trainings based on requests by departments. Below is a list of completed trainings requested by different Health Services departments for the fiscal year 2019-2020. A total of twenty-four (24) training requests were assigned and coordinated. Additionally, below is a list of areas where we completed enhancements to the program.

MAJOR ACCOMPLISHMENTS

Completed Trainings	Learning Format	Requesting Department	# Of Staff Trained
1. HST NHO	<i>Monthly 3-day 13 Sessions TOTAL (Classroom/WebEx)</i>	All Health Services Departments	111 *to date
2. CCA System Demonstration/Training	<i>1 onsite session (Classroom)</i>	Health Education	4
3. PQR Training on Documentation on CCA	<i>1 Virtual session (WebEx)</i>	Quality Improvement, PQR	20
4. CCA Training for Pharmacy	<i>2 Virtual sessions (WebEx)</i>	Pharmacy	14
5. HS Medical Director New Hire Onboarding	<i>1 Virtual session (WebEx)</i>	Utilization Management	1
6. LGBTQ Cultural Competency Training	<i>Monthly during HST NHO (Classroom/WebEx)</i>	Behavioral Health	111 *to date
7. Writing in Plain Language	<i>Virtual session (WebEx)</i>	Health Education	N/A
8. Re-Rollout of PQI Training	<i>LMS Module (eLearning)</i>	Quality Improvement, PQR	In Progress
9. LGBTQ LMS Cultural Competency Training	<i>TBD</i>	Behavioral Health	In Progress
10. Compliance 360 Training	<i>Recorded Trainings via L.A. Care University</i>	Health Services Compliance	In Progress
11. Cisco Meraki Training UM	<i>TBD</i>	Utilization Management	In Progress
12. Diabetes Update Training	<i>1 Virtual Session (WebEx)</i>	CM, UM, Pharmacy, Quality Improvement	59
13. CCA Training	<i>2 Virtual Sessions (WebEx)</i>	Pharmacy	14
14. Concur Training	<i>3 Virtual Sessions (WebEx)</i>	CM, HE, UM Pharmacy, QI, FSR SNI, BH HS Admin Staff	55
15. Optum Outsourcing for HECLS	<i>1 Virtual Session (WebEx Recording)</i>	Health Education, Cultural & Linguistics	~20
16. HEDIS 101	<i>TBD</i>	All Health Services Departments	In Progress
17. FSR Training	<i>TBD</i>	Facility Site Review	In Progress

18. Educational Fall Video Series	<i>~6 Virtual Sessions (WebEx)</i>	All Health Services Departments	In Progress
20. Community Link (Aunt Bertha) Platform	LMS	Social Services	In Progress
22. Therefore Training	WebEx	MLTSS	28
24. MS Word Training	<i>In progress</i>	Medical Management based Project	In Progress

ENHANCEMENTS TO HST

Completed Projects	Impact on Health Services	Goal for Project
2. HST SharePoint Site		Update SP Site for better utilization of materials, calendar of trainings, testimonials, training request and general HST information
3. Training Materials	<i>Updated materials to enhance training experience</i>	Provide a centralized area for materials after completion of training created by HST and HS departments
4. HST 2020 Annual Event	<i>Other HS departments can learn more about the functions and services of HST.</i>	Plan and execute department annual event to increase HST's exposure and show how we can server other HS departments.
5. Jan 2019-Oct 2019 HST NHO Annual Summary Report	<i>Provides HS leadership relevant data about new health services staff that were onboard last FY18-19</i>	Will help HST to establish trends in regards to retention, turn-over rate, and employee satisfaction and comprehension
6. HST Branding & Marketing	<i>Logo design, Branding to enhance Identity and department engagement. Work with marketing to order more promo items</i>	
7. MI Training Contract Extension	<i>Contract with new Vendor, MINT-certified</i>	Provide Motivational Interview Trainings by licensed MI Instructors to health services staff who speak to our members directly

LOOKING FORWARD

The Health Services Training (HST) Department have made major accomplishments in the arena of Training and Development that meets the needs of our L.A. Care staff within Health Service Departments. With major upgrades in our evaluation structure to make improvements within training and our learning opportunity experiences, we have established a system to collect data and feedback from staff on trainings, but have also created tools to check in with our newly hired staff within the first 60 days of joining the company. Given the recent global pandemic, HST has started the process to create a more engaging and interactive experience via virtual learning and providing staff with the tools and resources needed to enhance our interaction through a web-based environment. The FY20-21 goal is to provide ongoing learning opportunities to meet the needs of our staff as well as provide identified trainings that will assist the staff in the our web-based platforms and LMS (Learning Management System) portal.

In FY20-21, we plan to enhance our WebEx presence and experience, embed and constantly update our 30-day and 60-day check-in for newly hired staff into our LMS system and take a driver seat approach to guide the new systems that are going to be launched this year, specifically Thrasys (Syntranet). Additionally, as we work towards providing quality training opportunities and programs for Health Services, one key area is to work closely with Human Resources to establish a streamline process for the tenure of an L.A. Care staff that provides training support and feedback for the full cycle of an employee. This will start from new hire onboarding to checking in when a staff leaves the organization. Results and data provided will be used to improve and optimize training and development and provide support and assistance to our multiple Health Service departments. Another joint venture is to establish a close working relationship with HRIS (Human Resources Information Systems in centralizing a standard process to guide training request through HST first and establish a relationship with Health Service departments on a workflow that will streamline the request process when departments initiate training opportunities.

HST will continue to monitor and oversee training needs and requirements as it pertains to any regulatory and compliance issues. The current training request system in place has allowed for HST to track and document training opportunities on an ongoing basis. As you can see with the table provided above, the department has covered many identified topics of concern with a solid partnership from multiple Health Service departments.

I.9 DELEGATION OVERSIGHT

AUTHOR: JENNY LI, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2020 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 Plan, 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 Delegation Oversight (DO) departments. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care DO 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 oversight reports, meetings, and collaboration to continually assess compliance with standards and requirements. At L.A. Care's discretion, or in the event that L.A. Care determines that significant deficiencies are occurring related to performance by the Delegate and are without remedy, additional on-site audits can be initiated and/or Corrective Action Plans (CAPs) can be implemented as stipulated in the written Delegation Agreement. Failure to perform can result in additional audits by L.A. Care and may include revocation of the Delegation agreement. The Quality Improvement department works in conjunction with Compliance and Delegation Oversight unit that oversees the annual audit process.

QI DELEGATION OVERSIGHT

ANALYSIS

On March 24, 2020, L.A. Care Health Plan issued an Audit Moratorium temporarily suspending all 2020 annual audits due to COVID-19 State of Emergency. Suspension of audits were to allow all Delegates: Management Service Organizations (MSOs), Participating Physicians Groups (PPGs), Specialty Health Plans (SHPs), and Plan Partners (PPs) to focus on their COVID-19 priorities according to their business continuity plans. In September 2020, L.A. Care Delegation Oversight announced they have resume all regular audit activities with 2020 Annual Audits being rescheduled between September 2020 through May 2021. A total of 40 annual audits had to be rescheduled and due to the large number of delegates that L.A. Care has, it was found that a few audits fall out of the NCQA's 16-month grace period. QI Accreditation team and DO/Compliance are proactively working together with NCQA to understand how to mitigate or document this impact due to COVID-19. Goal is to have all barriers documented and addressed in a universal L.A. Care Disaster Management Plan.

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 on-site. Below are the 2020 Annual Audit results for Plan Partners and Beacon:

RESULTS

Beacon Health Strategies

Beacon's 2020 Annual Audit was rescheduled to 10/6/2020-10/7/2020 with a lookback period of 5/1/2019-2/29/2020 which is in compliance with NCQA's 16-month grace period.

On 11/13/2020, Delegation Oversight team hosted a conference call with Beacon to discuss preliminary audit results. On QI's sections, Beacon had only one area that was Not Met. This was also a repeat finding per last year's 2019 annual audit. Finding was presented to Beacon during conference call with a note that reminded them they had added an Exhibit B to their contracts to meet compliance for affirmative statements. Beacon is currently working on addressing preliminary results before LAC moves onto the final findings phase.

Kaiser Permanente

Kaiser's 2020 Annual Audit was rescheduled to 5/24/2021- 5/28/2021 with a lookback period of 5/01/2019-4/30/2020, which is currently not compliant with NCQA's 16-month grace period. QI Team is working with DO Team to address this barrier.

Anthem Blue Cross

Anthem's 2020 Annual Audit was rescheduled to 3/22/2021- 3/26/2021 with a lookback period of 6/01/2019- 5/31/2020, which is currently not compliant with NCQA's 16-month grace period. QI Team is working with DO Team to address this barrier.

Blue Shield of CA Promise Health Plan (Blue Shield)

Blue Shield's 2020 Annual Audit was rescheduled to 4/26/2021- 4/30/2021 with a lookback period of 3/22/2019- 2/29/2020, which is currently not compliant with NCQA's 16-month grace period. QI Team is working with DO Team to address this barrier.

QUARTERLY AND SEMI-ANNUAL MONITORING

The Plan Partners and Beacon submit reports quarterly and/or semi-annually and their results are shared to Quality Oversight Committee (QOC) and Beacon Joint Operation Meetings. This year, all QI Delegates showed improvement with reporting requirements due to increased effective communication on gaps to quickly address issues identified. Some of the Plan Partners did struggle with a lag in obtaining data for reports due to COVID-19 (i.e. Kaiser's diabetes data were delayed) but overall were able to maintain updated Quality Improvement Work plans. In comparison to the previous year, Delegates showed a significant improvement in their distribution of member rights and responsibility reports. This was due to numerous productive discussions on correct formatting and inclusion of specific data required. QI Team

also introduced an improved tracking log tool to assist with oversight and monitoring that implemented best practices in capturing regulatory submission requirements.

MAJOR ACCOMPLISHMENTS

- In the past year, the distribution of member rights and responsibility reports were mostly delayed or absent for most delegates because traditionally this requirement has been an annual requirement and most have struggled to produce distribution logs with the exception of Beacon. To help address these monitoring issues, QI worked with delegates to review their reports for correct tracking and formatting; explain the requirements; how they will be scored; and frequency to help bring clarity to these reporting requirements and ensure timely submission. QI Team produced a new Delegation Oversight Tracking Log that was launched for 2020 in order to create a standardized platform for tracking all QI Delegated activities. This new audit tool proved effective in establishing clear oversight results as well as barriers to be presented at committees and shared with Delegates for performance review.
- After numerous discussions throughout the span of a year, QI will move forward with continuing to accept Kaiser's Asthma and Diabetes Quarterly Reports in lieu of a quarterly Quality Work Plan. After extensive review, QI determined the reports meet DHCS requirements. This update has been reflected in the 2020 PPSA updates and was subsequently accepted by Kaiser. As of the latest PPSA discussions, Kaiser has again asked to revise quarterly reports sent to LAC for review. Kaiser discontinued the Asthma and Diabetes reports and requested that L.A. Care accept in their place the Clinical Strategic Goals (CSG) report to meet this requirement. L.A. Care QI Team accepted new report and reviewed the first report in Q3 2020.
- QI Team worked in collaboration with Beacon to streamline reporting requirements in order to enhance the efficiency of our delegation oversight partnership. Redundant reports were identified and removed. Platform for sharing delegation oversight results between L.A. Care and Beacon was switched from the quarterly Behavioral Health Quality Committee (BHQC) to the monthly Beacon Joint Operations Meeting as it was identified by both parties to be better suited.

RESULTS

- 25% of all delegates who need an audit will receive an annual audit.
 - Of the four QI Delegates, only Beacon completed a successful 2020 annual audit due to Delegation Oversight team delaying annual audits as a response to COVID-19.
- 100% of all delegates will report quarterly as specified in contract.
 - With the exception of delayed reports from Kaiser, all other Delegates submitted their quarterly reports in a timely manner (Q4 2019- Q3 2020)

LOOKING FORWARD

- QI Team will continue collaborative efforts to improve working relations with all Delegates.
- QI Team will prepare for the rescheduled 2020 Annual Audits of all three Plan Partners that will occur in 2021.

I.9.a DELEGATION OVERSIGHT DEPARTMENT

AUTHOR: MARITA NAZARIAN, PHARM.D. & BILL BITTNER, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care may delegate selected Quality Improvement (QI) activities to Plan Partners, Specialty Health Plan, and First Tier, Downstream or Related Entities with established quality improvement programs and policies consistent with regulatory and NCQA accreditation requirements and standards. The activities delegated to Participating Provider Groups are limited to utilization management, credentialing activities, and transition of care and coordination of care, which are monitored by credentialing and clinical assurance departments. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care performs a pre-delegation audit to assess if the delegate is capable of managing the delegated activities and compliance with L.A. Care, current NCQA standards and state and federal regulatory requirements. L.A. Care retains accountability and ultimate responsibility for all components of the Program. On an annual basis, L.A. Care evaluates the delegates' performance against NCQA, DMHC/DHCS, and CMS standards for the delegated activities. L.A. Care analyzes audit results and reports, and identifies opportunities for performance improvement. A corrective action may be required to address deficiencies. In addition, L.A. Care provides ongoing monitoring through oversight reports, meetings, and collaboration to continually assess compliance with standards and requirements. At L.A. Care's discretion, or in the event that L.A. Care determines that significant deficiencies are occurring related to performance by the Delegate and are without remedy, additional on-site audits can be initiated and/or Corrective Action Plans (CAPs) can be implemented as stipulated in the written Delegation Agreement. Failure to perform can result in additional audits by L.A. Care and may include revocation of the Delegation agreement. The Quality Improvement department works in conjunction with Compliance and Delegation Oversight unit that oversees the annual audit process.

DELEGATION OVERSIGHT DEPARTMENT

Delegation Oversight Department conducts annual audits of PPGs, Plan Partners, and Specialty Health Plans. As part of the annual audits, the Delegation Oversight (DO) manages a variety of audit functions that are performed by subject matter expert Auditors across the organization including: Compliance Program Effectiveness, Credentialing, Critical Incidents, Cultural & Linguistic Services, Facility Site Review, Financial Solvency & Claims Processing Compliance, Health Education, Information Security, Managed Long Term Services, Managed Care Services, Member Rights, Member Services, Pharmacy, Privacy, Provider Network Operations, Provider Network Services, Quality Improvement, and Utilization Management. At the close of each annual audit, Delegation Oversight works with the Delegate and 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.

Delegation Oversight reports are reviewed in the following committees:

- Utilization and Complex Case Management: Utilization Management Committee
- Credentialing: Credentialing Committee
- Internal Compliance Committee
- Delegation Oversight Committee

MAJOR ACCOMPLISHMENTS

- Updated the Annual Audit Tool for 2020.
- Updated the Annual Audit Work Plan to include Audit Entrance Conferences, Exit Conference, Technical Calls, and Mitigation Steps for all delegates.
- Updated the Annual Audit Policy and Procedure.
- Added Virtual Audit to the audit Work Plan in lieu of onsite audits during coronavirus emergency.
- Performed Pre-Delegation Assessments for all potential delegates prior to finalizing contracts.
- Created weights for each audit standard to be able to create a score card for delegates based on their annual audit performance.
- Created a new monitoring program framework to increase monitoring frequency, standardize process, and increase data-driven oversight
- Implemented a Monitoring Pilot Program and successfully conducted two quarters of service authorization request monitoring for the CMC line of business using the new monitoring framework
- Began expansion of the Monitoring Pilot Program to include additional functional areas and lines of business

LOOKING FORWARD

- Delegation Oversight will expand the monitoring program to encompass additional functional areas and lines of business in order to monitor key risk areas and drive regulatory compliance
- Delegation Oversight will work with Compliance to issue CAP(s) for reports that are part of the monitoring activities e.g. work plans and distribution of member rights and responsibility. Delegation Oversight's audit unit will utilize the monitoring activity results to conduct risk based audits.

I.10 CREDENTIALING

AUTHOR: TAHAREE LEWIS AND SUSAN WILLIAMS

REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

The Credentialing Department develops and adheres to credentialing and recredentialing policies and procedures, including a process to evaluate and document the mechanism for the credentialing and recredentialing of licensed independent practitioners and health delivery organizations (HDOs) with whom it contracts. Following initial credentialing, the Credentialing Department reassesses its practitioners and HDOs every three years to ensure they are in compliance with regulatory standards and L.A. Care's policies and procedures. Ongoing monitoring of L.A. Care's entire network is conducted on an ongoing basis throughout the year. The Credentialing Department reports regularly to the Quality Oversight Committee with an update from the Credentialing/Peer Review Committee. The coverage of information in this report is October 1, 2019 through September 30, 2020.

MAJOR ACCOMPLISHMENTS

- The Credentialing Department successfully passed all regulatory and accreditation audits for 2019/2020 fiscal year. This includes the NCQA Audit Survey in August in which Credentialing was acknowledged for having timely submission of documents and for having a robust credentialing program.
- In line with the direction of DHCS, outlined in APL 20-011 regarding COVID-19, managed plans were encouraged to consider an alternative to onsite reviews, the Credentialing/Peer Review Committee made the decision to allow providers to be approved for credentialing and recredentialing when an Facility Site Review (FSR) had expired as long as a virtual FSR would be conducted in a year or sooner. Likewise, and also in relation to COVID-19, NCQA implemented exceptions between March 1 to December 31, 2020, such as extending the practitioner and provider recredentialing cycle 2 months. Credentialing adjusted their procedures accordingly.
- In response to the Pandemic, L.A. Care moved to remote work environment in March 2020. Within the matter of 1 week, Credentialing changed our process from paper to electronic. This included scanning all paper files, set up an electronic cross functional process between various business units and move the Credentialing Committee to a virtual meeting. To date, Credentialing has achieved moving to a full time remote environment, remains 100% compliant with no instances of break in process.
- In collaboration with Contracts and Relationship Management (CRM), Provider Data Services (PDS), and Provider Data Unit (PDU), Credentialing will continue to monitor the provider network and collaborate with other business units on the screening and enrollment process for complying with DHCS' APL 19-004 Provider Credentialing/Recredentialing Screening and Enrollment.
- Through the Credentialing Department's continued collaboration with CRM, the Direct Network continues to expand and includes dieticians, transportation providers, Telemedicine, SNFists and family planning services. To date 1,412 practitioners have been credentialed 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.
- In support of the *Elevating the Safety Net Provider Recruitment Program*, the Credentialing Department is collaborating with the Community Benefits and Safety Net Initiatives Departments to credential health home providers. This Program is designed to increase health care access to low-income populations in Los Angeles County.
- The Credentialing Department credentialed and/or recredentialed 485 HDOs which includes Hospitals, Skilled Nursing Facilities, ADHC, Audiology, and for this fiscal year, expanded to

birthing centers, retail clinics (Minute Clinics) to meet the network requirements for Cal MediConnect along with our regular core business. To further meet the needs of our members and to comply with regulatory requirements, Credentialing collaborated with CRM in 2019 to expand the direct network to contract and credential Congregate Living, Surgical Centers, Urgent Care, Recuperative Care, Transitional Care and Physical Therapists.

- Credentialing continues to meet DHCS health homes program requirements for serving Medi-Cal beneficiaries with complex medical needs and chronic conditions who may benefit from enhanced care management and coordination. To assist the Organization in meeting compliance with the requirements outlined in NET6 standards for hospitals and the directory, Credentialing continues to provide current CACTUS (Computer Assisted Credentials Tracking and Update System) ancillary data which includes hospital accreditation, quality links and expiration dates and notifying the Provider Data Systems Department when changes occur.
- In order to more fully integrate Managed Long-Term Services and Supports (MLTSS) into our quality system, we enhanced our Policy and our internal process, PNMCRD-014, “Assessment of Organizational Providers” for credentialing and recredentialing SNF and Community-Based Adult Services (CBAS) facilities to identify and address quality concerns. This includes modifying our process for how we collect and review sanctions and citations issued by the California Department of Public Health or Department of Aging and Medicare Compare ratings of less than 3 stars. Publically available quality measures (e.g. Nursing Home Compare) continue to be leveraged in the peer review process for SNF/LTC facilities with identified issues. Credentialing consistently conducts primary source verification of this information and it is included in the adverse summaries that are reviewed at the Credentialing/Peer Review Committee meeting each month.
- L.A. Care’s Special Investigation Unit (SIU) identified and reported 12 cases to the Credentialing/Peer Review Committee. The Credentialing/Peer Review Committee and SIU identified, monitored and took appropriate action, when necessary. One provider was summarily suspended by the Committee which resulted in an 805 and a report to the NPDB.
- For ongoing monitoring, we monitor the network on a monthly basis for expired license sanctions issues, Hot Sheets, Suspended and Ineligible List (S&I) and excluded providers to ensure they are eligible for participation and payment.
- The Credentialing and Provider Network Management Departments continues to collaborate and develop the Standardized Provider File (SPF) to support the Total Provider Management (TPM) project. The goal of this project is to standardize intake of provider data, build the data architecture to support the intake, validation, mastering and transmission to downstream applications, databases, and users, establish appropriate and efficient workflows leveraging cross-functionality collaborative teams to manage the provider data; and to the greatest extent possible, automate processes to enable appropriate and timely use of provider information for all downstream uses with the objective of ensuring its members receive the right care at the right time, at the right place, and for the right price. TPM will utilize a standard intake data process, known as, Standardized Provider File, to accomplish this goal. This project and process has also been created to improve and enhance the Adds, Changes, Terminations process.

DELEGATION OVERSIGHT AUDITS COMPLETED

	Goal	2018 Results	2019* Results	2020* Results	Goal Met
Credentialed	100%	100%	100%	52%	**N/A
Recredentialed	100%	100%	100%	52%	**N/A
HDO Assessment	100%	100%	100%	52%	**N/A

*The information in this report covers October 1, 2019 through September 30, 2020.

**All Audits were suspended in March due to COVID-19 pandemic.

- The Credentialing Department continues to work collaboratively with the new Delegation Oversight Department to ensure the continued compliance with the delegated network. Credentialing created a Charter concerning cross functions and communications was memorialized in the Credentialing/Peer Review Committee for preliminary review. A workgroup was convened to review and finalize the Charter and Credentialing Staff will attend regularly scheduled Delegation Oversight Committee meetings. The Credentialing Department conducted a combined total of 19 audits of delegated entities between October 2019 and March 2020. In April of 2020 the Compliance Officer, Tom Mapp, made the decision to suspend all delegation oversight audits in response to COVID-19. Audits are expected to resume beginning the first week of September 2020. In addition, DHCS suspended all regulatory audits for the remainder of 2020. However, DHCS requires Plans to comply with timeframes for submission of any open CAPs, to date, Credentialing does not have any CAPs. To support business needs of the Organization, 2 pre-delegation audits were conducted in July and August. Credentialing worked in conjunctions with Delegation Oversight and CRM to pre-assess new delegated entities to ensure compliance with State, Federal, Regulatory and NCQA requirements.
- The Credentialing Department conducted a combined total of 19 audits of delegated entities between October 2019 and March 2020. DHCS suspended all audits in March for the rest of the year, however; Credentialing continued to comply with open CAPs. There are no open CAPs at this time. In addition, 2 pre-delegation audits were conducted in July and August. Audits will resume beginning the first week of September 2020.

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 PCDW for any provider identified as not enrolled in Medi-Cal or when a 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 is following APL 20-011, which is the Governor's Executive Order N-55-20 in Response to COVID-19, by temporarily implementing relaxed procedures concerning credentialing, recredentialing and in-person facility site reviews, as noted above.

LOOKING FORWARD

The Credentialing Department is actively participating as a member with the DNA Work Group and supporting the DNA Steering Committee for the implementation of the 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 adding new provider types to the network and working closely with PNM's CRM, PDU and PDS Departments to create new, automated and streamline processes for onboarding and monitoring the provider network. Credentialing is also collaborating with PDM/PDS implementation of Symphony to clean L.A. Care's provider data.

CONCLUSION

Overall Effectiveness and Opportunities

Overall, the 2020 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan. Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The Chief Executive Officer, Chief Medical Officer, and Chief Quality and Information Executive were integral participants in activities of the Compliance and Quality Committee of the Board. The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization. The work plan was updated and reviewed by the Quality Oversight Committee on a quarterly basis.

In line with the strategic direction undertaken by the Leadership Team and the Board of Governors the Chief Executive Officer has continued to refine the reorganization of L.A. Care. The intent of the reorganization continues to align the business processes and foster accountability internally and externally; eliminate duplicate functions; to clarify communication with internal and external stakeholders; and add new functions in internal auditing, enterprise risk assessment, and single source for data management and analytics. An ongoing component of the restructuring is to clearly organize the population served into segments based on risk, reimbursement, and enrollment challenges.

L.A. Care Health Plan was successfully evaluated by regulators and accrediting bodies, with particular emphasis on quality and safety of care, coordination and integration of services, and provision of effectiveness and efficacy of processes.

The Chief Medical Officer, as the senior physician or designee serves as the Chairperson of all standing committees. The assignment of a subject matter expert physician to each committee and subcommittee is dependent on the scope and role of the committee.

Practicing physicians provided input through the Joint Performance Improvement Collaborative (PICC) and Physician Quality Committee (PQC). L.A. Care members and consumer advocates provided input through the eleven Regional Community Advisory Committees and the Executive Community Advisory Committee. Other external experts provided input through the Children's Health Consultant Advisory Committee and the Technical Advisory Committee.

Review of the scope, composition and business of the individual committees has led management to review the existing committee structure and has resulted in a redesign of subcommittees to be working committees recommending actions to the Quality Oversight Committee. The refinement of the committee structure and reporting is an ongoing performance improvement initiative and is expected to continue in 2021. 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.

In addition to demonstrating improvements in clinical care, staff made process improvements in integrating the DM and CM programs, programs that promote clinical practice guideline adherence, such as pharmacy notifications indicating controller and reliever medication use for members with asthma. Potential quality of care processes were revamped to be more efficient and potential quality issues were better identified, tracked and monitored through the Credentialing/Peer Review Committee. Patient safety was addressed through the monitoring of potential quality issues, facility site reviews, and pharmacy management

programs. Coordination and collaboration among departments, such as between A&G and PQI supported more effective clinical and service improvements.

Improvements were made in several HEDIS areas. Better provider record abstraction and encounter data capture led to improved scores. Quality Improvement staff conducted focused site visits with provider offices discussing HEDIS process, and using Provider Opportunity Reports. Providers and groups were also invited to multiple CME opportunities as well as webinars mentioning constant access to online materials. These activities are expected to continue and be enhanced in 2021.

There remain opportunities to improve medication management for chronic issues and Diabetes in particular, including the disparity in control of Diabetes medication adherence with African Americans. Several other clinical measures have been identified for improvement, such as, breast cancer screenings, cervical cancer screening, colorectal cancer screenings, annual wellness exams and avoiding the use of opioids. There were several member satisfaction measures as well that continue to be in need of improvement: getting needed care, getting care quickly, and overall rating of health plan.

The QI Program will continue to focus on opportunities to improve clinical care, safety and service in the areas outlined in this report. Member satisfaction results have declined over the last three years and enterprise efforts are underway to improve 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 2021 QI Work Plan and will be tracked through the QI committees and the governance structure.

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Service - Access												
Member Services Department Telephone Abandonment Rate			<p>Medi-Cal: Q1: 8.40% Q2: 11.28% Q3: 5.70% Q4: 2.50%</p> <p>CMC: Q1: 3.08% Q2: 3.53% Q3: 3.98% Q4: 3.40%</p> <p>LACC: Q1: 4.37% Q2: 2.56% Q3: 2.80% Q4: 2.33%</p>	<p>Medi-Cal: Q1: 7.80% Q2: 6.26% Q3: 3.9% Q4: 3.47%</p> <p>CMC: Q1: 6.42% Q2: 1.23% Q3: 1.90% Q4: 3.13%</p> <p>LACC: Q1: 4.31% Q2: 1.29% Q3: 1.25% Q4: 6.88%</p>	<p>2020 Goal</p> <p>Medi-Cal & CMC: Total incoming calls abandoned ≤ 5%</p> <p>LACC: Total incoming calls abandoned ≤ 3%</p>	<p>Medi-Cal: Q1: Not Met Q2: Met Q3: Met Q4: Met</p> <p>CMC: Q1: Not Met Q2: Met Q3: Met Q4: Not Met</p> <p>LACC: Q1: Not Met Q2: Met Q3: Met Q4: Not Met</p>	Robert Martinez (CSC) Michael Nguyen (CSC)	Quarterly	Member Quality Service Committee (MQSC): Feb 11, April 14, Aug 11, Oct 20	<p>Q1: There are several factors contributed to the failure to achieve the call performance measures put in place for the lines of business during Q1. Medi-Cal call volume is ramped up 30% higher (Jan) and 14% higher (Feb) when compared to last year. Average talk time, excluding after call work, averaged 1.5 to 2.5 minutes higher than forecast, and 1 minute higher than average which led to a deficit in agents despite our All Hands on Deck (AHD) approach. Unplanned absences and intermittent LOA exceeded the planned shrinkage and resulted in a staffing shortage across the board. Our Vendor failed to meet the required 135 Full-Time Equivalent and had significant turnover during the month of January. Other factors such as adherence to schedule, internal transfer rates, internal processes for vendor (-) credentialing, and call arrival patterns created additional challenges on the ability to manage calls within the Call Center. The Workforce Management (WFM) and Contact Center management teams worked together to implement several remediation steps in efforts to help mitigate the aforementioned challenges. All Hands on Deck was extended through the end of February to increase available agents on the phones. We utilized overtime hours to help mitigate weekend and evening coverage gaps. Optimization of schedules happened daily to distribute available staff to the heaviest intervals of the day. Vendor and internal supervisors monitored real-time agent adherence to schedules. Increased supervisor mobility on the floor helped with the management of Average Handle Time. Other Customer Solution Center supporting units assisted with All Hands on Deck, and were scheduled for phone time when most needed. To reduce the impact of the Average Handle Time increase in the L.A. Care Covered and Cal MediConnect lines of business, we isolated those calls to our internal specialty agents and dedicated the vendor agents to primarily handle Medi-Cal calls. Other factors such as member mailings around medical group movements, system downtime on the busiest day of the month, and wait times while reaching out to medical groups impacting average handle time and adherence to schedule created additional challenges in our ability to manage call performance. Practices that extended call times were reviewed and revised as appropriate. A full revamp of schedules was done at the vendor to pull staff into our busiest hours, as we identified new call arrival pattern trends.</p> <p>Q2: All goals were met in Q2</p> <p>Q3: All goals were met in Q3</p> <p>Q4: The Medi-Cal abandonment rate goal was met in Q4. Cal MediConnect had a rough month in October, and missed the Q4 goal by 0.13%. L.A. Care Covered entered the open enrollment period in mid October and as a result experienced an increase in call volume. The Q4 goal was missed by 3.88%. We continue to enforce All Hands on Deck during peak days, as well as overtime when needed.</p>		Y
Member Services Department Telephone Wait Time- Service Level			<p>Medi-Cal: Q1: 62.27% Q2: 64.32% Q3: 78.52% Q4: 83.36%</p> <p>CMC: Q1: 84.34% Q2: 81.26% Q3: 81.25% Q4: 86.36%</p> <p>LACC: Q1: 85.88% Q2: 89.89% Q3: 85.92% Q4: 88.40%</p>	<p>Medi-Cal: Q1: 61.20% Q2: 69.24% Q3: 90.56% Q4: 83.63%</p> <p>CMC: Q1: 72.89% Q2: 97.37% Q3: 87.18% Q4: 83.06%</p> <p>LACC: Q1: 68.49% Q2: 97.80% Q3: 94.15% Q4: 84.26%</p>	<p>2020 Goal</p> <p>ALOB: 90% of total incoming calls answered ≤ 30 seconds</p>	<p>Medi-Cal: Q1: Not Met Q2: Met Q3: Met Q4: Met</p> <p>CMC: Q1: Not Met Q2: Met Q3: Met Q4: Met</p> <p>LACC: Q1: Not Met Q2: Met Q3: Met Q4: Met</p>	Robert Martinez (CSC) Michael Nguyen (CSC)	Quarterly	MQSC: Feb 11, April 14, Aug 11, Oct 20	<p>Q1: There are several factors contributed to the failure to achieve the call performance measures put in place for the lines of business during Q1. Medi-Cal call volume is ramped up 30% higher (Jan) and 14% higher (Feb) when compared to last year. Average talk time, excluding after call work, averaged 1.5 to 2.5 minutes higher than forecast, and 1 minute higher than average which led to a deficit in agents despite our All Hands on Deck approach. Unplanned absences and intermittent leaves of absence exceeded the planned shrinkage and resulted in a staffing shortage across the board. Our Vendor failed to meet the required 135 Full-Time Equivalent and had significant turnover during the month of January. Other factors such as adherence to schedule, internal transfer rates, internal processes for vendor (-) credentialing, and call arrival patterns created additional challenges on the ability to manage calls within the call center. The Workforce Management and Contact Center management teams worked together to implement several remediation steps in efforts to help mitigate the aforementioned challenges. All Hands on Deck was extended through the end of February to increase available agents on the phones. We utilized overtime hours to help mitigate weekend and evening coverage gaps. Optimization of schedules happened daily to distribute available staff to the heaviest intervals of the day. Vendor and internal supervisors monitored real-time agent adherence to schedules. Increased supervisor mobility on the floor helped with the management of Average Handle Time. Other Customer Solution Center supporting units assisted with All Hands on Deck, and were scheduled for phone time when most needed. To reduce the impact of the Average Handle Time increase in the L.A. Care Covered and Cal MediConnect lines of business, we isolated those calls to our internal specialty agents and dedicated the vendor agents to primarily handle Medi-Cal calls. Other factors such as member mailings around medical group movements, system downtime on the busiest day of the month, and wait times while reaching out to medical groups impacting average handle time and adherence to schedule created additional challenges in our ability to manage call performance. Practices that extended call times were reviewed and revised as appropriate. A full revamp of schedules was done at the vendor to pull staff into our busiest hours, as we identified new call arrival pattern trends.</p> <p>Q2: All goals were met in Q2</p> <p>Q3: All goals were met in Q3</p> <p>Q4: All goals were met in Q4</p>		Y
Member Services Department Initial Call Resolution		LACC ONLY	<p>LACC: Q1: 100% Q2: 100% Q3: 100% Q4: 100%</p>	<p>LACC: Q1: 100% Q2: 100% Q3: 100% Q4: 100%</p>	<p>80% of Covered California enrollee issues will be resolved within one (1) business day of receipt of the issue. Does not include appeals or grievances.</p>	<p>LACC: Q1: Met Q2: Met Q3: Met Q4: Met</p>	Robert Martinez (CSC) Michael Nguyen (CSC)	Quarterly	MQSC: Feb 11, April 14, Aug 11, Oct 20	Goals were met	The BU monitors this closely so will not be included in the 2021 Q1 Work Plan.	N
ID Card Processing Time		LACC ONLY	<p>LACC: Q1: 100% Q2: 100% Q3: 100% Q4: 100%</p>	<p>LACC: Q1: 100% Q2: 100% Q3: 100% Q4: 100%</p>	<p>99% of LACC ID cards issued within 10 business days of receiving complete and accurate enrollment information and binder payment for a specific connecta)</p>	<p>Q1: Met Q2: Met Q3: Met Q4: Met</p>	Aurora Cabrera Cabellon (CSC) Maira Buresano (CSC)	Quarterly	MQSC: Feb 11, April 14, Aug 11, Oct 20		The BU monitors this closely so will not be included in the 2021 Q1 Work Plan.	N
Non-Emergent Ancillary Services- within 15 business days of request, for appointment	DMHC DHCS CMS NQQA		<p>2019 MY2018 ATC Survey Results:</p> <p>Medi-Cal: Mammogram 92% Physical Therapy 87%</p> <p>CMC: MRI 100% Mammogram 100% Physical Therapy 90%</p> <p>LACC: MRI 100% Mammogram 92% Physical Therapy 87%</p> <p>LACCD: MRI 100% Mammogram 92% Physical Therapy 87%</p> <p>PASC: No ancillary rates reported for PASC due to data challenges.</p>	<p>2020 MY2019 ATC Survey Results:</p> <p>Medi-Cal: Mammogram 97% Physical Therapy 96%</p> <p>CMC: Mammogram 100% Physical Therapy 83%</p> <p>LACC: Mammogram 93% Physical Therapy 94%</p> <p>LACCD and PASC: No ancillary rates reported for LACCD and PASC due to data challenges.</p>		<p>Medi-Cal: Mammogram: Not Met Physical Therapy: Not Met</p> <p>CMC: Mammogram: Met Physical Therapy: Not Met</p> <p>LACC/LACCD: Mammogram: Not Met Physical Therapy: Not Met</p> <p>PASC: NA</p>	Isabella Urbani (OJ) Anette Garcia (OJ)	Annually: Sept 20	Joint PCC PQC: July 7 C&Q: Sept 17	<p>Q1: The vendor completed the MY2019 Access to Care Survey. Results will be available Q2.</p> <p>Q2: No ancillary compliance rates reported for both LACCD and PASC due to data challenges. While there was a larger pool of providers for MY2019, there were no eligible results. Accreditation is working to develop a detailed communication plan and attention for the MY2020 access to care surveys, announcing the start of the 2020 surveys and the importance of PPG/PCP participation.</p> <p>Q3: The Accreditation Team drafted a detailed communication letter and attention to PPG contacts that announced the start of the 2020 Access to Care Survey. Due to data challenges, it was decided for survey fielding to be pushed back from Q3 to Q4. Accreditation worked with the survey vendor the Center of the Study of Services (CSS) to prepare for the survey which began on October 7, 2020.</p> <p>Q4: The vendor completed the MY2020 Access to Care Survey. Results will be available Q2 2021.</p>	There was no response from ancillary providers in the PASC network for 3 consecutive years (measurement years 2017-2019). The volume of eligible ancillary providers is low relative to the other networks.	Y
After Hour Care - Practitioners surveyed have after-hour care process such as exchange service, automated answering/paging system, or directly accessible, in order to respond to member call with live person within 30 minutes.	DMHC DHCS CMS NQQA		<p>2019 MY2018 ATC Survey Results:</p> <p>Medi-Cal: PCP Access 85% Timeliness 34% Combined Access & Timeliness 32%</p> <p>CMC: PCP Access 85% Timeliness 34% Combined Access & Timeliness 32%</p> <p>LACC: PCP Access 86% Timeliness 33% Combined Access & Timeliness 32%</p> <p>LACCD: PCP Access 86% Timeliness 36% Combined Access & Timeliness 35%</p> <p>PASC: PCP Access 85% Timeliness 18% Combined Access & Timeliness 18%</p>	<p>2020 MY2019 ATC Survey Results:</p> <p>Medi-Cal: PCP Access 83% Timeliness 64% Combined Access & Timeliness 62%</p> <p>CMC: PCP Access 84% Timeliness 64% Combined Access & Timeliness 62%</p> <p>LACC: PCP Access 83% Timeliness 64% Combined Access & Timeliness 62%</p> <p>LACCD: PCP Access 84% Timeliness 64% Combined Access & Timeliness 57%</p> <p>PASC: PCP Access 82% Timeliness 67% Combined Access & Timeliness 67%</p>		<p>Medi-Cal: PCP Access: Met Timeliness: Met Combined Access & Timeliness: Met</p> <p>CMC: PCP Access: Met Timeliness: Met Combined Access & Timeliness: Met</p> <p>LACC: PCP Access: Met Timeliness: Met Combined Access & Timeliness: Met</p> <p>LACCD: PCP Access: Met Timeliness: Met Combined Access & Timeliness: Met</p> <p>PASC: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Met</p>	Isabella Urbani (OJ) Anette Garcia (OJ)	Annually: Sept 20	Joint PCC PQC: July 7 C&Q: Sept 17	<p>Q1: Q1 identified delinquent PPG MY2018 Oversight & Monitoring Workbook submissions from both Q1 2019 and Q4 2019 and presented findings at the Access and Availability Workgroup on February 6, 2020. PNM has been assisting Q1 in contacting PPGs and obtaining missing workbooks.</p> <p>Q2: Collaboration with PNM to assist Q1 in contacting PPGs to obtain missing Oversight & Monitoring (O&M) Workbooks has been put on hold due to COVID. In addition, Q1 has made the decision to shift to 3 O&M Workbook submissions in lieu of 4 quarterly submissions for MY2019. Accreditation is working to develop a detailed communication plan and attention for the MY2020 access to care surveys, announcing the start of the 2020 surveys and the importance of PPG/PCP participation.</p> <p>Analysis of the MY 2019 After Hours Access survey results identified an increase in both Timeliness and Combined Access & Timeliness measures across all lines of business. Last year, Q1 Accreditation issued PPG requests for root cause analysis (RCA) and action plans to bring non-compliant providers into compliance with the call-back Timeliness measure. It is evident that the Oversight & Monitoring process, RCA request, and PPG vendor played a role in increasing these measures.</p> <p>Q3: The Accreditation Team held a successful Access to Care training webinar on August 26, 2020 that taught PPGs about access standards and the Oversight & Monitoring (O&M) process since workbooks were distributed August 7, 2020. PPGs submitted Appointment Availability and After Hours O&M Workbooks for Submission #1 on September 21, 2020. Q1 will identify deficient PPGs and present findings at the Access and Availability Workgroup on November 5, 2020. Due to data challenges, it was decided for survey fielding to be pushed back from Q3 to Q4. Accreditation worked with the survey vendor the Center of the Study of Services (CSS) to prepare for the survey which began on October 7, 2020.</p> <p>Q4: The vendor completed the MY2020 Access to Care Survey. Results will be available Q2 2021.</p> <p>The Accreditation Team reviewed Submission #1 Appointment Availability and After Hours Oversight & Monitoring Workbooks and presented findings at the Access and Availability (A&A) Workgroup on December 3, 2020.</p>	Q3: The L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks have not been completed since July 27, 2018 due to issues with ownership. The responsibility for O&M Workbooks and timely access requests for LAAV was assigned to Raffie Buranman and his team on April 30, 2020; however, there is a lack of resources that allow completion of necessary deliverables. Q1 is requesting direction from Compliance and Raffie has raised this issue with Noah Paley. <p>Q4: There is still a gap with L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks. The process will potentially be shifted to Q1-Q4 working with the Direct Network Administration to streamline the Oversight & Monitoring process. A working session is scheduled for 1/27/21 to discuss.</p> <p>There are several data issues in the Oversight & Monitoring workbook submissions inclusive of termed providers, deceased providers, and incorrect contact numbers listed in the workbooks. There are also hundreds of unresponsive providers which contribute to low response rates. These issues are in the process of being reviewed by A&A Workgroup attendees.</p>	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Routine Primary Care (Non-Urgent) - Practitioners surveyed have routine primary care available within 10 business days.		DMHC DHCS CMS NCQA	2019 MY2018 ATC Survey Results: Medi-Cal 95% LACC 94% LACCD 94% CMC 94% PASC 86%	2020 MY2019 ATC Survey Results: Medi-Cal 96% LACC 97% LACCD 97% CMC 96% PASC 90%	LACC/LACCD: 100% LACC: 100% LACCD: 100% CMC: 100% PASC: 96%	Medi-Cal: Not Met LACC: Not Met LACCD: Not Met CMC: Not Met PASC: Met	Isabella Urbano (OJ) Annette Garcia (OJ)	Annually: Sept 20	Joint PCCC PQC: July 7 C&Q: Sept 17	<p>Q1: QI identified delinquent PPG MY2018 Oversight & Monitoring Workbook submissions from both Q3 2019 and Q4 2019 and presented findings at the Access and Availability Workgroup on February 6, 2020. PNM has been assisting QI in contacting PPGs and obtaining missing workbooks.</p> <p>Q2: Collaboration with PNM to assist QI in contacting PPGs to obtain missing Oversight & Monitoring Workbooks has been put on hold due to COVID. In addition, QI has made the decision to shift to 3 O&M Workbook submissions in lieu of 4 quarterly submissions for MY2019.</p> <p>After further review of L.A. Care's performance goals, QI noted that several goals did not align with goal calculation methodology. Goals were recalculated and updated; new goals have been reflected in Column F, "2020 Goal." An analysis of the MY2019 Provider Appointment Availability Survey results identified relatively stable compliance rates with PCP routine measures. QI Accreditation is preparing to distribute PPGs Oversight & Monitoring workbooks, PPG specific appointment availability and after hours report cards, and a targeted root-cause analysis request in Q3. There will also be a PPG webinar to address providers unaware of access standards and to inform PPGs about the O&M process on August 26, 2020.</p> <p>Q3: The Accreditation Team held a successful Access to Care training webinar on August 26, 2020 that taught PPGs about access standards and the Oversight & Monitoring (O&M) process since workbooks were distributed August 7, 2020. PPGs submitted Appointment Availability and After Hours O&M Workbooks for Submission #1 on September 21, 2020. QI will identify deficient PPGs and present findings at the Access and Availability Workgroup on November 5, 2020. Due to data challenges, it was decided for survey fielding to be pushed back from Q3 to Q4. Accreditation worked with the survey vendor the Center of the Study of Services (CSS) to prepare for the survey which began on October 7, 2020.</p> <p>Q4: The vendor completed the MY2020 Access to Care Survey. Results will be available Q2 2021.</p> <p>The Accreditation Team reviewed Submission #1 Appointment Availability and After Hours Oversight & Monitoring Workbooks and presented findings at the Access and Availability (AA&A) Workgroup on December 3, 2020.</p>	<p>Q2: It was brought to attention at PDMOC that L.A. Care appointment availability goals may not be reasonable; acceptable compliance rates for PCPs and SCPs are closer to 70%. QI is researching the validity of this statement and the potential impact on future goals.</p> <p>Q3: It was discovered that there is a gap with Advanced Access data; PQHCs are not accurately captured and were left out of both MY2019 and MY2020 provider contact data. Provider Data Management will update for PQHCs in future surveys; however, this is a missed opportunity that can potentially impact compliance rates.</p> <p>The L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks have not been completed since July 27, 2018 due to issues with ownership. The responsibility for O&M Workbooks and timely access requests for LAAV was assigned to Raffie Barsaman and his team on April 30, 2020; however, there is a lack of resources that allow completion of necessary deliverables. QI is requesting direction from Compliance and Raffie has raised this issue with Noah Paley.</p> <p>Q4: There is still a gap with L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks. The process will potentially be shifted to QI: QI working with the Direct Network Administration to streamline the Oversight & Monitoring process. A working session is scheduled for 1/27/21 to discuss.</p> <p>There are several data issues in the Oversight & Monitoring workbook submissions inclusive of termed providers, deceased providers, and incorrect contact numbers listed in the workbooks. There are also hundreds of unresponsive providers which contribute to low response rates. These issues are in the process of being reviewed by AA&A Workgroup attendees.</p>	Y
Routine Specialty Care (Non-Urgent) - Specialist practitioners surveyed have routine specialty care visits available within 15 business days of request.		DMHC DHCS CMS NCQA	2019 MY2018 ATC Survey Results: Medi-Cal 92% LACC 89% LACCD 88% CMC 90% PASC 93%	2020 MY2019 ATC Survey Results: Medi-Cal 91% LACC 89% LACCD 89% CMC 88% PASC 96%	LACC/LACCD: 94% LACC: 92% LACCD: 94% CMC: 94% PASC: 97%	Medi-Cal: Not Met LACC: Not Met LACCD: Not Met CMC: Not Met PASC: Not Met	Isabella Urbano (OJ) Annette Garcia (OJ)	Annually: Sept 20	Joint PCCC PQC: July 7 C&Q: Sept 17	<p>Q1: QI identified delinquent PPG MY2018 Oversight & Monitoring Workbook submissions from both Q3 2019 and Q4 2019 and presented findings at the Access and Availability Workgroup on February 6, 2020. PNM has been assisting QI in contacting PPGs and obtaining missing workbooks.</p> <p>Q2: Collaboration with PNM to assist QI in contacting PPGs to obtain missing Oversight & Monitoring Workbooks has been put on hold due to COVID. In addition, QI has made the decision to shift to 3 O&M Workbook submissions in lieu of 4 quarterly submissions for MY2019. Accreditation is working to develop a detailed communication plan and attestation for the MY2020 access to care surveys, announcing the start of the 2020 surveys and the importance of PPG/PCP participation.</p> <p>After further review of L.A. Care's performance goals, QI noted that several goals did not align with goal calculation methodology. Goals were recalculated and updated; new goals have been reflected in Column F, "2020 Goal." An analysis of the MY2019 Provider Appointment Availability Survey results identified relatively stable compliance rates with PCP routine measures. QI Accreditation is preparing to distribute PPGs Oversight & Monitoring workbooks, PPG specific appointment availability and after hours report cards, and a targeted root-cause analysis request in Q3. There will also be a PPG webinar to address providers unaware of access standards and to inform PPGs about the O&M process on August 26, 2020.</p> <p>Q3: The Accreditation Team held a successful Access to Care training webinar on August 26, 2020 that taught PPGs about access standards and the Oversight & Monitoring (O&M) process since workbooks were distributed August 7, 2020. PPGs submitted Appointment Availability and After Hours O&M Workbooks for Submission #1 on September 21, 2020. QI will identify deficient PPGs and present findings at the Access and Availability Workgroup on November 5, 2020. Due to data challenges, it was decided for survey fielding to be pushed back from Q3 to Q4. Accreditation worked with the survey vendor the Center of the Study of Services (CSS) to prepare for the survey which began on October 7, 2020.</p> <p>Q4: The vendor completed the MY2020 Access to Care Survey. Results will be available Q2 2021.</p> <p>The Accreditation Team reviewed Submission #1 Appointment Availability and After Hours Oversight & Monitoring Workbooks and presented findings at the Access and Availability (AA&A) Workgroup on December 3, 2020.</p>	<p>Q2: It was brought to attention at PDMOC that L.A. Care appointment availability goals may not be reasonable; acceptable compliance rates for PCPs and SCPs are closer to 70%. QI is researching the validity of this statement and the potential impact on future goals.</p> <p>Q3: The L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks have not been completed since July 27, 2018 due to issues with ownership. The responsibility for O&M Workbooks and timely access requests for LAAV was assigned to Raffie Barsaman and his team on April 30, 2020; however, there is a lack of resources that allow completion of necessary deliverables. QI is requesting direction from Compliance and Raffie has raised this issue with Noah Paley.</p> <p>Q4: There is still a gap with L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks. The process will potentially be shifted to QI: QI working with the Direct Network Administration to streamline the Oversight & Monitoring process. A working session is scheduled for 1/27/21 to discuss.</p> <p>There are several data issues in the Oversight & Monitoring workbook submissions inclusive of termed providers, deceased providers, and incorrect contact numbers listed in the workbooks. There are also hundreds of unresponsive providers which contribute to low response rates. These issues are in the process of being reviewed by AA&A Workgroup attendees.</p>	Y
Urgent Care (PCP) - Urgent care appointments available within 48 hours.		DMHC DHCS CMS NCQA	2019 MY2018 ATC Survey Results: Medi-Cal 88% LACC 88% LACCD 88% CMC 87% PASC 74%	2020 MY2019 ATC Survey Results: Medi-Cal 87% LACC 88% LACCD 87% CMC 86% PASC 89%	LACC/LACCD: 95% LACC: 95% LACCD: 95% CMC: 95% PASC: 90%	Medi-Cal: Not Met LACC: Not Met LACCD: Not Met CMC: Not Met PASC: Met	Isabella Urbano (OJ) Annette Garcia (OJ)	Annually: Sept 20	Joint PCCC PQC: July 7 C&Q: Sept 17	<p>Q1: QI identified delinquent PPG MY2018 Oversight & Monitoring Workbook submissions from both Q3 2019 and Q4 2019 and presented findings at the Access and Availability Workgroup on February 6, 2020. PNM has been assisting QI in contacting PPGs and obtaining missing workbooks.</p> <p>Q2: Collaboration with PNM to assist QI in contacting PPGs to obtain missing Oversight & Monitoring Workbooks has been put on hold due to COVID. In addition, QI has made the decision to shift to 3 O&M Workbook submissions in lieu of 4 quarterly submissions for MY2019. Accreditation is working to develop a detailed communication plan and attestation for the MY2020 access to care surveys, announcing the start of the 2020 surveys and the importance of PPG/PCP participation.</p> <p>After further review of L.A. Care's performance goals, QI noted that several goals did not align with goal calculation methodology. Goals were recalculated and updated; new goals have been reflected in Column F, "2020 Goal." An analysis of the MY2019 Provider Appointment Availability Survey results identified a slight decline in compliance rates with PCP urgent appointment measures with the exception of PASC. QI Accreditation is preparing to distribute PPGs Oversight & Monitoring workbooks, PPG specific appointment availability and after hours report cards, and a targeted root-cause analysis request in Q3. There will also be a PPG webinar to address providers unaware of access standards and to inform PPGs about the O&M process on August 26, 2020.</p> <p>Q3: The Accreditation Team held a successful Access to Care training webinar on August 26, 2020 that taught PPGs about access standards and the Oversight & Monitoring (O&M) process since workbooks were distributed August 7, 2020. PPGs submitted Appointment Availability and After Hours O&M Workbooks for Submission #1 on September 21, 2020. QI will identify deficient PPGs and present findings at the Access and Availability Workgroup on November 5, 2020. Due to data challenges, it was decided for survey fielding to be pushed back from Q3 to Q4. Accreditation worked with the survey vendor the Center of the Study of Services (CSS) to prepare for the survey which began on October 7, 2020.</p> <p>Q4: The vendor completed the MY2020 Access to Care Survey. Results will be available Q2 2021.</p> <p>The Accreditation Team reviewed Submission #1 Appointment Availability and After Hours Oversight & Monitoring Workbooks and presented findings at the Access and Availability (AA&A) Workgroup on December 3, 2020.</p>	<p>Q2: It was brought to attention at PDMOC that L.A. Care appointment availability goals may not be reasonable; acceptable compliance rates for PCPs and SCPs are closer to 70%. QI is researching the validity of this statement and the potential impact on future goals.</p> <p>Q3: The L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks have not been completed since July 27, 2018 due to issues with ownership. The responsibility for O&M Workbooks and timely access requests for LAAV was assigned to Raffie Barsaman and his team on April 30, 2020; however, there is a lack of resources that allow completion of necessary deliverables. QI is requesting direction from Compliance and Raffie has raised this issue with Noah Paley.</p> <p>Q4: There is still a gap with L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks. The process will potentially be shifted to QI: QI working with the Direct Network Administration to streamline the Oversight & Monitoring process. A working session is scheduled for 1/27/21 to discuss.</p> <p>There are several data issues in the Oversight & Monitoring workbook submissions inclusive of termed providers, deceased providers, and incorrect contact numbers listed in the workbooks. There are also hundreds of unresponsive providers which contribute to low response rates. These issues are in the process of being reviewed by AA&A Workgroup attendees.</p>	Y
Urgent Care (SCP) - Urgent care appointments available within 90 hours.		DMHC DHCS CMS NCQA	2019 MY2018 ATC Survey Results: Medi-Cal 87% LACC 84% LACCD 84% CMC 88% PASC 74%	2020 MY2019 ATC Survey Results: Medi-Cal 78% LACC 76% LACCD 76% CMC 86% PASC 88%	LACC/LACCD: 88% LACC: 88% LACCD: 88% CMC: 90% PASC: 94%	Medi-Cal: Not Met LACC: Not Met LACCD: Not Met CMC: Not Met PASC: Not Met	Isabella Urbano (OJ) Annette Garcia (OJ)	Annually: Sept 20	Joint PCCC PQC: July 7 C&Q: Sept 17	<p>Q1: QI identified delinquent PPG MY2018 Oversight & Monitoring(O&M) Workbook submissions from both Q3 2019 and Q4 2019 and presented findings at the Access and Availability Workgroup on February 6, 2020. PNM has been assisting QI in contacting PPGs and obtaining missing workbooks.</p> <p>Q2: Collaboration with PNM to assist QI in contacting PPGs to obtain missing O&M Workbooks has been put on hold due to COVID. QI shifted to 3 O&M Workbook submissions in lieu of 4 for MY2019. Accreditation is developing a detailed communication plan and attestation for the MY2020 Access to Care(ATC) surveys, announcing the start of the 2020 surveys and importance of PPG/PCP participation. After further review of L.A. Care's performance goals, QI noted that several goals did not align with goal calculation methodology. Goals were recalculated and updated; new goals reflected in Column F, "2020 Goal." Analysis of the MY2019 Provider Appointment Availability Survey results identified a decline in compliance with SCP urgent appointment measures with the exception of PASC. Accreditation is preparing to distribute PPGs O&M workbooks, PPGs specific AA and after hours(AH) report cards, and a targeted root-cause analysis(RCA) request in Q3.</p> <p>Q3: Accreditation held ATC training webinar on 8/26/2020 that taught PPGs about access standards and the (O&M) process. Workbooks distributed 8/7/2020 and Submission #1 was due on 9/21/2020. QI will identify deficient PPGs and present findings at the Access and Availability Workgroup on 11/5/2020. Due to data challenges, survey fielding moved from Q3 to Q4 and began 10/7/2020. The targeted RCA request for non-compliance with urgent SCP appointments was sent out to PPGs via the Delegation Oversight(DO) ACM process on 7/17/2020; most responses received 8/21/2020. Many PPGs indicated that providers are unaware of access standards and noted difficulties implementing standards due to staff turnover. L.A. Care required PPGs fill out an action plan and timeline for remediation. Accreditation Team collaborating with Compliance and DOJ for monitoring and oversight to ensure PPG accountability that remediation is taking place. Four PPGs were given exemption status from the RCA request: Pioneer Provider Network, Seaside Health Plan, South Atlantic Medical Group, and Universal Care Medical Group. PPGs either met or exceeded L.A. Care's related goals.</p> <p>Q4: The vendor completed the MY2020 ATC Survey. Results will be available Q2 2021. The Accreditation Team reviewed Submission #1 AA and AH O&M Workbooks and presented findings at the Access and Availability (AA&A) Workgroup on 12/5/2020.</p>	<p>Q2: It was brought to attention at PDMOC that L.A. Care appointment availability goals may not be reasonable; acceptable compliance rates for PCPs and SCPs are closer to 70%. QI is researching the validity of this statement and the potential impact on future goals.</p> <p>Q3: The L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks have not been completed since July 27, 2018 due to issues with ownership. The responsibility for O&M Workbooks and timely access requests for LAAV was assigned to Raffie Barsaman and his team on April 30, 2020; however, there is a lack of resources that allow completion of necessary deliverables. QI is requesting direction from Compliance and Raffie has raised this issue with Noah Paley.</p> <p>Q4: There is still a gap with L.A. Care Direct Network Appointment Availability and After Hours Oversight & Monitoring Workbooks. The process will potentially be shifted to QI: QI working with the Direct Network Administration to streamline the Oversight & Monitoring process. A working session is scheduled for 1/27/21 to discuss.</p> <p>There are several data issues in the Oversight & Monitoring workbook submissions inclusive of termed providers, deceased providers, and incorrect contact numbers listed in the workbooks. There are also hundreds of unresponsive providers which contribute to low response rates. These issues are in the process of being reviewed by AA&A Workgroup attendees.</p> <p>The collaboration for root-cause analysis follow-up with Compliance and Delegation Oversight to ensure PPG accountability that remediation is taking place was put on hold due to COVID-19 priorities. Responses were initially due 12/18/20.</p>	Y
Service - Availability												
Drive Distance to PCP (Geomapping, Optum Reports)			<p>Q1 2019 Medi-Cal: 99.3% LACC: 99.7% CMC: 99.0%</p> <p>Q2 2019 Medi-Cal: 99.0% LACC: 99.7% CMC: 99.0%</p> <p>Q3 2019 Medi-Cal: 99.3% LACC: 99.7% CMC: 99.0%</p> <p>Q4 2019 Medi-Cal: 99.3% LACC: 99.8% CMC: 99.3%</p>	<p>Q1 2020 Medi-Cal: 99.3% LACC: 99.8% CMC: 99.3%</p> <p>Q2 2020 Medi-Cal: 99.7% LACC: 99.9% CMC: 98.7%</p> <p>Q3 2020 Medi-Cal: 99.7% LACC: 99.9% CMC: 99.7%</p> <p>Q4 2020 Medi-Cal: 99.7% LACC: 99.9% CMC: 98.0%</p>	<p>95% of members have access to a PCP within 10 miles radius of their primary residence</p> <p>Q1: Met Q2: Met Q3: Met Q4: Met</p>	Christopher Leggett (PNM) Eddie Cules (PNM)	Quarterly	MQSC: Oct 20	<p>Q1: PNM has requested for Akermatic Access Standards in specific regions. These requests are pending approval from DHCS and DMHC. PPG specific GeoAccess reports are being generated and a process for systematic outreach to PPGs with deficiencies is being developed by PNM.</p> <p>Q2: PNM has requested for Akermatic Access Standards in specific regions. These requests are pending approval from DHCS and DMHC. PPG specific GeoAccess reports are being generated and a process for systematic outreach to PPGs with deficiencies is being developed by PNM.</p> <p>Q3: PNM has requested for Akermatic Access Standards in specific regions. These requests are pending approval from DHCS and DMHC. PPG specific GeoAccess reports are being generated and a process for systematic outreach to PPGs with deficiencies is being developed by PNM.</p> <p>Q4: PNM has requested for Akermatic Access Standards in specific regions. These requests are pending approval from DHCS and DMHC. PPG specific GeoAccess reports are being generated and a process for systematic outreach to PPGs with deficiencies is being developed by PNM.</p>		Y	

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan	
Drive Distance to all SCP, including identified high volume SCP (Geomapping, Opium Reports)			<p>Q1 2019 Medi-Cal: 100 % LACC: 99.7% CMC: 99.1%</p> <p>Q2 2019 Medi-Cal: 100% LACC: 99.7% CMC: 98.8%</p> <p>Q3 2019 Medi-Cal: 99.8 LACC: 99.7% CMC: 99.25%</p> <p>Q4 2019 Medi-Cal: 99.8% LACC: 99.4% CMC: 99.25%</p>	<p>Q1 2020 Medi-Cal: 99.9% LACC: 99.7% CMC: 99.6%</p> <p>Q2 2020 Medi-Cal: 99.9% LACC: 99.6% CMC: 98.9%</p> <p>Q3 2020 Medi-Cal: 99.9% LACC: 99.6% CMC: 98.6%</p> <p>Q4 2020 Medi-Cal: 99.9% LACC: 99.7% CMC: 98.7% PASC: 94.0%</p>	90% of members have access to specialty care practitioners within 15 miles radius of their primary residence	Q1: Met Q2: Met Q3: Met Q4: Met	Christopher Legasi (PNM) Eddie Calles (PNM)	Quarterly	MQSC: Oct 20	<p>Q1: PNM has submitted requests for Alternative Access Standards in geographic regions where travel distance standards cannot be met. DHCS approval is pending for 2020.</p> <p>Q2: PNM has submitted requests for Alternative Access Standards in geographic regions where travel distance standards cannot be met. DHCS approval is pending for 2020.</p> <p>Q3: PNM has submitted requests for Alternative Access Standards in geographic regions where travel distance standards cannot be met. DHCS approval is pending for 2020.</p> <p>Q4: PNM has submitted requests for Alternative Access Standards in geographic regions where travel distance standards cannot be met. DHCS approval is pending for 2020.</p>		Y	
Ratio - PCP (excludes mid-level providers) (Geomapping, Opium Reports)			<p>Q1 2019 Medi-Cal: 1:284 LACC: 1:115 CMC: 1:7</p> <p>Q2 2019 Medi-Cal: 1:288 LACC: 1: 29 CMC: 1: 9</p> <p>Q3 2019 Medi-Cal: 1:283 LACC: 1:27 CMC: 1: 8</p> <p>Q4 2019 Medi-Cal: 1:267 LACC: 1:37 CMC: 1: 6</p>	<p>Q1 2020 Medi-Cal: 1:258 LACC: 1:29 CMC: 1: 8</p> <p>Q2 2020 Medi-Cal: 1:265 LACC: 1:29 CMC: 1:9</p> <p>Q3 2020 Medi-Cal: 1:275 LACC: 1:28 CMC: 1:9</p> <p>Q4 2020 Medi-Cal: 1:276 LACC: 1:30 CMC: 1:9 PASC: 1:164</p>	1:2000 members	Q1: Met Q2: Met Q3: Met Q4: Met	Christopher Legasi (PNM) Eddie Calles (PNM)	Quarterly	MQSC: Oct 20	<p>Q1: Contracts and Relationship Management continues the development of the Direct Network throughout L.A. County.</p> <p>Q2: Contracts and Relationship Management continues the development of the Direct Network throughout L.A. County.</p> <p>Q3: Contracts and Relationship Management continues the development of the Direct Network throughout L.A. County.</p> <p>Q4: Contracts and Relationship Management continues the development of the Direct Network throughout L.A. County.</p>		Y	
Ratio - High Volume Specialist (Note the top 5 specialists can vary year to year)			<p>Q1, Q2, Q3, and Q4 Pending</p>	<p>Q1 2020: Medi-Cal: OB/GYN: 1:17; Dermatology: 1:1,038; Ophthalmology: 1:3,035; Otolaryngology: 1:1,661; Podiatry: 1:6,236; Urology: 1:4,279; Orthopedics: 1:4,620; LACC & LACCB: OB/GYN: 2:1; Dermatology: 1:496; Ophthalmology: 1:2,537; Podiatry: 1:764; Urology: 1:612; Orthopedics: 1:238; CMC: OB/GYN: 1:36; Neurology: 1:71; Ophthalmology: 1:48; Podiatry: 1:138; Urology: 1:125; Orthopedics: 1:68</p> <p>Q2 2020: Medi-Cal: OB/GYN: 1:17; Ophthalmology: 1:3,463; Dermatology: 1:1,128; Podiatry: 1:678; Urology: 1:108; LACC & LACCB: OB/GYN: 1:1; Ophthalmology: 1:332; Dermatology: 1:671; Podiatry: 1:706; Urology: 1:599; CMC: OB/GYN: 1:28; Ophthalmology: 1:50; Podiatry: 1:142; Urology: 1:129; Neurology: 1:47</p> <p>Q3 2020: Medi-Cal: OB/GYN: 1:17; Ophthalmology: 1:1,659; Dermatology: 1:1,616; Podiatry: 1:738; Urology: 1:1,901; LACC & LACCB: OB/GYN: 1:26; Ophthalmology: 1:227; Dermatology: 1:653; Podiatry: 1:642; Urology: 1:592; CMC: OB/GYN: 1:26; Ophthalmology: 1:52; Podiatry: 1:140; Urology: 1:135; Neurology: 1:50</p> <p>Q4 2020: Medi-Cal: OB/GYN: 1:19; Ophthalmology: 1:1,875; Dermatology: 1:1,321; Podiatry: 1:730; Urology: 1:536; LACC & LACCB: OB/GYN: 1:1; Ophthalmology: 1:251; Dermatology: 1:74; Podiatry: 1:730; Urology: 1:676; CMC: OB/GYN: 1:26; Ophthalmology: 1:52; Podiatry: 1:140; Urology: 1:138; Neurology: 1:50; PASC: OB/GYN: 1:10; Ophthalmology: 1:1783; Cardiovascular Disease: 1:1293</p>	1:5000 members for high-volume specialists	Q1 2020 Medi-Cal: Not Met for Dermatology, Otolaryngology, Rhinology, Podiatry, and Urology LACC & LACCB: Met CMC: Met	Christopher Legasi (PNM) Eddie Calles (PNM)	Annual	MQSC: Oct 20	<p>Q1: Contracts and Relationship Management continues the development of the Direct Network throughout L.A. County.</p> <p>Q2: Contracts and Relationship Management continues the development of the Direct Network throughout L.A. County.</p> <p>Q3: Contracts and Relationship Management continues the development of the Direct Network throughout L.A. County.</p> <p>Q4: Contracts and Relationship Management continues the development of the Direct Network throughout L.A. County.</p>	Q1-Q4: Revised ratios for specialists are under review by Provider Network Management leadership.	Y	
Service - Complaints and Appeals													
Appeals Resolution (all Lines of Business)			<p>Q1: 98% Q2: 97% Q3: 96% Q4: 95%</p>	<p>FYQ1: 96% FYQ2: 92% FYQ3: 99% FYQ4: 77%</p>	95% appeal resolution within 30 days	FYQ1: Met FYQ2: Not Met FYQ3: Not Met FYQ4: Not Met	Joshua Guffad (A&G)/ Angelica Vargas (A&G)	Quarterly Reports	MQSC: Feb 11, April 14, Aug 11, Oct 20			<p>Q1-Q4: 1. Loss of Production during transition from office to telecommute set up in response to COVID a. Staff required internet access set-up b. Equipment needed to be replaced c. Staff challenges coping with the social and daily living changes due to the Pandemic</p>	Y
Complaint Resolution (all Lines of Business)			<p>Q1: 99% Q2: 95% Q3: 92% Q4: 97%</p>	<p>FYQ1: 97% FYQ2: 88% FYQ3: 80% FYQ4: 78%</p>	95% complaint resolution within 30 days	FYQ1: Met FYQ2: Not Met FYQ3: Not Met FYQ4: Not Met	Joshua Guffad (A&G)/ Angelica Vargas (A&G)	Quarterly Reports	MQSC: Feb 11, April 14, Aug 11, Oct 20			<p>Q1-Q4: 1. Loss of Production during transition from office to telecommute set up in response to COVID a. Staff required internet access set-up b. Equipment needed to be replaced c. Staff challenges coping with the social and daily living changes due to the Pandemic</p>	Y
Grievance Resolution (LACC Only)			<p>Q1: 99% Q2: 95% Q3: 96% Q4: 98%</p>	<p>FYQ1: 99% FYQ2: 97% FYQ3: 98% FYQ4: 96%</p>	95% of Covered California enrollee grievances resolved within 30 calendar days of initial receipt	FYQ1: Met FYQ2: Met FYQ3: Met FYQ4: Met	Joshua Guffad (A&G)/ Angelica Vargas (A&G)	Quarterly Reports	MQSC: Feb 11, April 14, Aug 11, Oct 20			Y	
Complaint & Appeals Analysis - Complaint categories based on the following categories: Quality of Care, Access, Attitude/Service, Billing/Financial, and Quality of Practitioner Office Site (all Lines of Business)			<p>Q1: 100% - Report reviewed during July 2019 MQSC Q2: 100% - Report will be reviewed November 2019 MQSC Q3: 100% - Report reviewed during January 2020 MQSC Q4: 100% - Report will be reviewed January 2020 MQSC</p>	<p>FYQ1: 100% - Report reviewed during April 2020 MQSC FYQ2: 100% - Report reviewed during Oct 2020 MQSC FYQ3: 100% - Report reviewed during Oct 2020 MQSC FYQ4: 100% - Report reviewed during Dec 2020 MQSC</p>	100% of complaints & appeals will be analyzed quarterly to identify top 5 complaint categories	FYQ1: Met FYQ2: Met FYQ3: Met FYQ4: Met	Joshua Guffad (A&G)/ Angelica Vargas (A&G)	Quarterly Reports	MQSC: Feb 11, April 14, Aug 11, Oct 20			Y	
Access-Related Grievances at PPG Level			<p>Q1: Report reviewed during July 2019 MQSC Q2: Report will be reviewed November 2019 MQSC Q3: Report reviewed during January 2020 MQSC Q4: Report will be reviewed January 2020 MQSC</p>	<p>FYQ1: NA FYQ2: NA FYQ3: NA FYQ4: NA</p>	Baseline for 2017 with Tentative Goal #2 Access-Related Grievances per 1000 members per month for Medi-Cal	FYQ1: NA FYQ2: NA FYQ3: NA FYQ4: NA	Joshua Guffad (A&G)/ Angelica Vargas (A&G)	Quarterly Reports	MQSC: Feb 11, April 14, Aug 11, Oct 20	For 2021 Q1 Work Plan, modified the PPG measure to align with the FY20-21 Enterprise Goals. Changed to "Direct Network Specialty Care Access-Related Grievances for the following categories: Appointment too far out Unable to schedule an appointment Line of Business (MCLA) "		Y	
Service - Provider Satisfaction													
PCP satisfaction with UM process (timely decisions for pre-auth)			2018 Rate: 84.3%	2019 Rate: 84.3%	80% of PCPs will be overall satisfied with timely decisions for pre-auths.	Met	Jean Giggers (UM)	Annually: Sept '20	UMC: Dec 8	Q2: <u>Timeliness of pre-authorization process:</u> PCPs' satisfaction remained constant from 84.3% (n = 662) in 2018 to 84.3% (n=809) in 2019.		Y	
PCP satisfaction with UM process (clinically reasonable decisions for pre-auth)			2018 Rate: 84.0%	2019 Rate: 84.4%	80% of PCPs will be overall satisfied with clinically reasonable decisions for pre-auths.	Met	Jean Giggers (UM)	Annually: Sept '20	UMC: Dec 8	Q2: <u>Clinically reasonable decisions resulting from the pre-authorization process:</u> PCPs' satisfaction increased from 84.0% (n=658) in 2018 to 84.4% (n=802) in 2019 for PCPs.		Y	
SCP satisfaction with UM process (timely decisions for pre-auths)			2018 Rate: 75.5%	2019 Rate: 78.7%	80% of SCPs will be overall satisfied with timely decisions for pre-auths.	Not Met	Jean Giggers (UM)	Annually: Sept '20	UMC: Dec 8	Q2: <u>Timeliness of pre-authorization process:</u> SCPs' satisfaction increased from 75.5% (n = 372) in 2018 to 78.7% (n = 483) in 2019.		Y	

This work plan addresses Q4 performance measures defined by the 2020 Q4 PPG and is consistent with Q4 QIP objectives.

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
SCP satisfaction with LM process (clinically reasonable decisions for pre-auth)			2018 Rate: 76.7%	2019 Rate: 77.7%	80% of SCPs will be overall satisfied with clinically reasonable decisions for pre-auth.	Not Met	Jean Giggers (LM)	Annually: Sept '20	UMC: Dec 8	Q2: Clinically reasonable decisions resulting from the pre-authorization process. For SCPs, the satisfaction increased from 76.7% (n=374) in 2018 to 77.7% (n=475) in 2019.		Y
Overall Satisfaction with LM			2018 Rate: PCP: 79.7% SCP: 74.0%	2019 Rate: PCP: 83.0% SCP: 76.3%	80% of PCPs & SCPs will be overall satisfied with LM	PCP: Met SCP: Not Met	Jean Giggers (LM)	Annually: Sept '20	UMC: Dec 8	Q2: Providers' Satisfaction with Utilization Management (UM) Processes. In 2019 PCPs' satisfaction with UM processes was 83.0% compared to 79.7% in 2018. SCPs increased by 2.3% from 74.0% in 2018 to 76.3% in 2019.		Y
Clinical Improvements and Initiatives												
Clinical - Continuity and Coordination of Medical Care												
Coordination of Care: PCP/SCP Communication	NCQA		2019 Rates: PCP: 25%	2020 Rates: PCP: 70.5%	80% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient.	Not Met	Rachel Martinez (QI) Betty Sumana (QI) Maria Casias (QI) PNM	Annually: Sept '20	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 28, 2020	Q2: Rachel worked with QPM on PSS 1 survey to ensure language for the question is in alignment with Q3. Q3: QPM and Rachel worked together to code the responses from the open-ended question in PSS survey 2020. Information will be provided in the Q3 report. Q4: Rachel presented at the Member Quality Services Committee on December 8, 2020 and received approval from committee for the Q3 report. To address not meeting the goal: For the PSS 2021 survey, two questions were included to better identify the preferred method of communication between PCP and SCP. "How did you receive this information?" and "How do you prefer to share this information?" Also, the questions within the PSS 2021 survey to each the PCP and SCP was modified to clearly ask, "When you as a PCP referred patients to specialist", "from PCPs who cared for patients now in our care," and "from PCP prior to the initial specialist visit."	Q3: The 2019 survey and results are based off a survey monkey completed in 2019; however, the 2020 rates are based of the PSS survey completed for 2020. In the coming PSS survey 2021 the question was reworded to better suit the Q3 standard question. The challenge is not being able to compare year over year results until 2022.	Y
Coordination of Care: SCP/PCP Communication	NCQA		2019 Rates: SCP: 60%	2020 Rates: SCP: 75.3%	80% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred	Not Met	Rachel Martinez (QI) Betty Sumana (QI) Maria Casias (QI) PNM	Annually: Sept '20	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 28, 2020	Q2: Rachel worked with QPM on PSS 1 survey to ensure language for the question is in alignment with Q3. Q3: QPM and Rachel worked together to code the responses from the open-ended question in PSS survey 2020. Information will be provided in the Q3 report. Q4: Rachel presented at the Member Quality Services Committee on December 8, 2020 and received approval from committee for the Q3 report. To address not meeting the goal: For the PSS 2021 survey, two questions were included to better identify the preferred method of communication between PCP and SCP. "How did you receive this information?" and "How do you prefer to share this information?" Also, the questions within the PSS 2021 survey to each the PCP and SCP was modified to clearly ask, "When you as a PCP referred patients to specialist", "from PCPs who cared for patients now in our care," and "from PCP prior to the initial specialist visit."	Q3: The 2019 survey and results are based off a survey monkey completed in 2019; however, the 2020 rates are based of the PSS survey completed for 2020. In the coming PSS survey 2021 the question was reworded to better suit the Q3 standard question. The challenge is not being able to compare year over year results until 2022.	Y
Coordination of Care: Movement Across Settings	NCQA CMS		Postpartum Care (PPC): MCLA: 62.18%	Postpartum Care (PPC): MCLA: 70.81%	Postpartum Care (PPC): MCLA: 69%	Postpartum Care (PPC): Met	Rachel Martinez (QI) Jacqueline Kalujan (Health Ed) Maricela Rojas (Health Ed)	Annually: Sept '20	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 28, 2020	Q2: Rachel met with Sasha regarding the upcoming report and evaluation for this section. Rachel will reach out to team members for data. Q3: Rachel is process of completing the report for Q3. Rachel will reach out to Jacqueline for any missing data for the report. Q4: Rachel presented at the Member Quality Services Committee on December 8, 2020 and received approval from committee for the Q3 report. L.A. Care continues to support HealthyMoms, a free program that provides education about prenatal and postpartum care to members via text messaging. L.A. Care's Healthy Moms' postpartum program provides assistance and support to women to schedule their postpartum visits. Members also receive a debit care for completing the postpartum visit 7-84 days after delivery.	Incomplete identification of recent live births. Members do not see the urgency for postpartum check ups. Potential transportation and child care issues. Lack of OB-GYN availability, long provider wait times or member reaches voicemail. Loss of member eligibility. DHCS placed a directive hold on calls due to the pandemic, between 3/18/2020-6/1/2020. L.A. Care's Legal and Compliance Departments placed a hold on outreach campaigns from 8/12-2020-9/15/2020. The two pauses resulted in a decrease for this year's total number outreach calls.	Y
Appropriate Use of Medications-Polypharmacy			Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Q1: 100% Q2: 100% Q3: 100% Q4: 100%	90% of providers will be notified of members who meet criteria (Multi-Rx: 13 or more prescriptions in 3 of 4 months, Multi Prescriber: 7 or more unique prescribers in 2 of 4 months, Duplicate Therapy: 2 or more Rx's in same drug class consistently in 3 of 4 months during lookback period)	Q1: Met Q2: Met Q3: Met Q4: Met	Andy Han (Pharm)/ Ann Phan (Pharm)	Quarterly	QOC: 4/28/20, 7/28/20, 11/24/20 4th Qtr. Attached to QI Eval	Intervention mailings for polypharmacy with 3 initiatives through the RDUR Program (Multi-Rx, Multi-Prescriber, and Duplicate Therapy). Mailings occur 3x year (March, July, November). Pharmacy PBM Collaborative: 100% of identified providers were sent a RDUR letter Interventions by SinofarmaRx in the form of TMRs for CMC members began Jan 2019 and are on-going for polypharmacy measures (Poly-ACH & Poly-CNS) Q3: Poly-ACH - HR258 Rate: 6% as of 08/2020 / Poly-CNS - HR258 Rate: 4% as of 08/2020 Q4: Poly-ACH - HR258 Rate: 7% as of 11/2020 / Poly-CNS - HR258 Rate: 4% as of 11/2020 * the lower the percentage, the better the rate		Y
Clinical - Continuity and Coordination of Medical and Behavioral Care												
Exchange of Information between PCPs and Behavioral Health Providers (BHPs)	NCQA		DMH Sufficient - 61.4% Timely - 59.6% Accurate - 63.4% Clear - 65.3% Beacon Sufficient - 63.8% Timely - 62.2% Accurate - 66.8% Clear - 70.2%	Not available until March 2021	80% of providers will be always/usually satisfied with the exchange of information between PCPs and BHPs (ALOB)		Nickie Lehman (BH)/ Michael Brodsky (BH)/ Beacon	Annual: Due Oct 20	Behavioral Health Quality Improvement Committee Dec 1	Q3: intervention: Survey of providers satisfaction of exchange of information between PCP and Behavioral Health Practitioners (BHPs) from both the Department of Mental Health and Beacon Health Options.	Q3: PCPs continue to lack knowledge on how to refer members and what information can be shared between providers. Lack of shared medical record platform for real time data sharing.	Y
Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care: Appropriate Treatment of Depression	NCQA: Medi-Cal ONLY QRS		AMM (Acute Phase): Medi-Cal: 64.79% LACC: 65.13% CMC: 64.79% AMM (Continuation Phase): Medi-Cal: 57.16% LACC: 47.69% CMC: 57.16%	AMM (Acute Phase): Medi-Cal: 58.50% LACC: 64.30% CMC: 68.96% AMM (Continuation Phase): Medi-Cal: 40.04% LACC: 45.06% CMC: 49.81%	LACC: 50% of providers will meet clinical practice guidelines for members with depression. Percent of members (18) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	AMM (Acute Phase): Medi-Cal: Not Met LACC: Not Met CMC: NA AMM (Continuation Phase): Medi-Cal: Not Met LACC: Not Met CMC: Not Met	Ron Makin (QPM) / Michael Brodsky (BH)/ Andrew Gay (QI) Beacon	Annual: Due Oct 20	BHQIC: Dec 1	Q3: • Implementation of Inovalon, initiate meetings with clients around onboarding them onto Inovalon, and encourage clients to share medical and pharmacy data with Beacon (Q2 2019). • Continue to expand telehealth services to increase access to care (ongoing). • Continued to educate providers (BH and PCPs) on Beacon's Quality Program through distribution of "Quality Packets" as well as through PCP Toolkit on Beacon's website (Ongoing, November 2019). • Presented provider profiler to the providers (Quarterly). • Quarterly data for member utilization, average therapy visits, initial assessment rate, engagement rate • Created strategic plan for every provider to improve clinical and operational performance (Quarterly). • Continue to educate providers on the importance of PCP support and "peer-to-peer" support. • Providers can call Beacon psychiatrists for advice on members and medication (Quarterly). • In collaboration with Provider Quality Managers (PQM) (formerly known as Managers of Provider Partnership), continued to promote the PCP Toolkit which now links interactively with Achieve • Solutions: Beacon's health and wellness information library. • Through provider bulletin, educate providers regarding HEDIS AMM measures and the importance of antidepressant medication (September 2019). • Enhanced Beacon's website to include link to Achieve Solutions health library, which includes articles, queries, resources and interactive self-assessment tools related to depression on member pages. • PCP Toolkit webinar recording posted to Beacon's website to make available to additional clients across Beacon's network		Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Management of treatment access and follow-up for members with coexisting medical and behavioral disorders	SMD	NCQA	SMD: Medi-Cal: 99.8% CMC: 100% LACC: 100%	SMD: Medi-Cal: 70% CMC: 98% LACC: 100%	100% of providers will be notified of members on diabetes and antipsychotic medication	SMD: Medi-Cal: Not Met CMC: Not Met LACC: Met	Nicole Lehman (BH)/ Michael Brodsky (BH)/ Shannon Markiewicz (QD)	Annual	BHQIC: Dec 1	<p>Q3: Members in all lines of business who are in the denominator for either SMD or SSD, and for whom L.A. Care has no data indicating a screening or appropriate monitoring for diabetes, were added to L.A. Care's Provider Opportunity reports. These reports are sent to PCPs on a quarterly basis to notify them of patients who are due for important tests and screenings.</p> <p>For SMD, a total of 989 providers were reached for Medi-Cal members, 98 providers for CMC members, and 13 providers for LACC members. For SSD, a total of 386 providers were reached for Medi-Cal members, 325 for CMC members, and 98 for LACC members. This is not a guarantee that all providers were reached since the POR is not sent out to providers that have 10 members or less.</p> <p>Q4: POR Outreach analysis was completed and suggestions were to provide a separate outreach for those providers that were not reached. Another recommendation would be to lower the goal rate from 100%. This is to be discussed at the next Behavioral Health workgroup.</p> <p>For SMD, a total of 2214 out of 3148 providers were reached for Medi-Cal members, 328 out of 335 providers for CMC members, and 36 out of 36 providers for LACC members. For SSD, a total of 4883 out of 6383 providers were reached for Medi-Cal members, 1206 out of 1322 for CMC members, and 400 out of 422 for LACC members. This is not a guarantee that all providers were reached since the POR is not sent out to providers that have 10 members or less in addition to other factors. It is suggested to develop a hands-on care coordination intervention to reach more providers.</p>	<p>* Providers must first be included in a Line of Business (LOB) level report before they can be included in another level of POR report. A higher percentage of providers were included in LOB-level reports in the period between when these measures were first included in the POR and May 2019 vs. May 2019 to June 2020. The drop-off in LOB counts led to a decrease in provider-level PORs.</p> <p>* While members are assigned to Primary Care Physicians (PCPs) and Participating Physician Groups (PPGs) for a LOB, POR reports may not be generated for the PCP/PPG level of that LOB. POR generation is driven by a PPG crosswalk file generated by the QI Incentives team, and if an LOB is not marked for a given PPG, a POR will not be generated. There are a total of 204 PPGs included in the crosswalk, and only 116 are marked for an MCLA POR. If the PCPs belonging to the rest of the PPGs are not also "solo" providers, they will not have a POR generated.</p> <p>* "Solo" PCP reports are only generated for PCPs with 10 or more members. This may have excluded some PCPs from the POR generating process.</p> <p>Q3: Not all providers can be reached due to data lag and mailing distribution timeline thus may need to update the goal.</p>	Y
Primary or secondary preventive behavioral health program		NCQA	15.75% (AMSC)	12.07% (AMSC) YTD	Substance Abuse Screening (AMSC)	Not Met (YTD)	Nicole Lehman (BH)/ Michael Brodsky (BH)	Annual	BHQIC: Dec 1	<p>Q3: Members in all lines of business who are in the denominator for either SMD or SSD, and for whom L.A. Care has no data indicating a screening or appropriate monitoring for diabetes, were added to L.A. Care's Provider Opportunity reports. These reports are sent to PCPs on a quarterly basis to notify them of patients who are due for important tests and screenings.</p> <p>For SMD, a total of 989 providers were reached for Medi-Cal members, 98 providers for CMC members, and 13 providers for LACC members. For SSD, a total of 386 providers were reached for Medi-Cal members, 325 for CMC members, and 98 for LACC members. This is not a guarantee that all providers were reached since the POR is not sent out to providers that have 10 members or less.</p> <p>Q4: POR Outreach analysis was completed and suggestions were to provide a separate outreach for those providers that were not reached. Another recommendation would be to lower the goal rate from 100%. This is to be discussed at the next Behavioral Health workgroup.</p>	<p>Q3: In prior years, L.A. Care Health Plan addressed SBIRT through Provider Continuing Education (PCE) Program planned, developed, and implemented CME/CE activities related to Substance Use Disorder (SUD). In 2020, these activities were transitioned to a truncated series of webinars to adapt to conditions surrounding COVID-19. Due to the smaller number of events, no trainings on substance abuse were included. While it is too soon to say whether there was an absolute decrease in the number of providers using SBIRT in 2020, if it is confirmed that there was, it may be the result of this lack of intervention.</p>	Y
Special needs of members with severe and persistent mental illness	SSD	NCQA; Medi-Cal	SSD: Medi-Cal: 99.9% CMC: 100% LACC: 100%	SSD: Medi-Cal: 77% CMC: 91% LACC: 95%	100% of providers will be notified of members needing Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	SSD: Medi-Cal: Not Met CMC: Not Met LACC: Not Met	Ron Makita (QPM)/ Nicole Lehman (BH)/ Michael Brodsky (BH)/ Shannon Markiewicz (QD)	Annual	BHQIC: Dec 1	<p>Q3: Members in all lines of business who are in the denominator for either SMD or SSD, and for whom L.A. Care has no data indicating a screening or appropriate monitoring for diabetes, were added to L.A. Care's Provider Opportunity reports. These reports are sent to PCPs on a quarterly basis to notify them of patients who are due for important tests and screenings.</p> <p>For SMD, a total of 989 providers were reached for Medi-Cal members, 98 providers for CMC members, and 13 providers for LACC members. For SSD, a total of 386 providers were reached for Medi-Cal members, 325 for CMC members, and 98 for LACC members. This is not a guarantee that all providers were reached since the POR is not sent out to providers that have 10 members or less.</p> <p>Q4: POR Outreach analysis was completed and suggestions were to provide a separate outreach for those providers that were not reached. Another recommendation would be to lower the goal rate from 100%. This is to be discussed at the next Behavioral Health workgroup.</p> <p>For SMD, a total of 2214 out of 3148 providers were reached for Medi-Cal members, 328 out of 335 providers for CMC members, and 36 out of 36 providers for LACC members. For SSD, a total of 4883 out of 6383 providers were reached for Medi-Cal members, 1206 out of 1322 for CMC members, and 400 out of 422 for LACC members. This is not a guarantee that all providers were reached since the POR is not sent out to providers that have 10 members or less in addition to other factors. It is suggested to develop a hands-on care coordination intervention to reach more providers.</p>	<p>* Providers must first be included in a Line of Business (LOB) level report before they can be included in another level of POR report. A higher percentage of providers were included in LOB-level reports in the period between when these measures were first included in the POR and May 2019 vs. May 2019 to June 2020. The drop-off in LOB counts led to a decrease in provider-level PORs.</p> <p>* While members are assigned to Primary Care Physicians (PCPs) and Participating Physician Groups (PPGs) for a LOB, POR reports may not be generated for the PCP/PPG level of that LOB. POR generation is driven by a PPG crosswalk file generated by the QI Incentives team, and if an LOB is not marked for a given PPG, a POR will not be generated. There are a total of 204 PPGs included in the crosswalk, and only 116 are marked for an MCLA POR. If the PCPs belonging to the rest of the PPGs are not also "solo" providers, they will not have a POR generated.</p> <p>* "Solo" PCP reports are only generated for PCPs with 10 or more members. This may have excluded some PCPs from the POR generating process.</p>	Y
Member Satisfaction with Disease Management Programs- CVD	None	None	Member Satisfaction Survey not fielded in 2019.	Member Satisfaction Survey not fielded in 2020.	90% for all lines of business for all programs	Not Met	Izaro Ekorody (CM)/ Steven Chang (CM)/ Ana Dominguez (CM)	Annual: By Oct. '20	QOC: Nov 24	<p>Q3: The LAC CM team has continued to conduct CVD member mailers through 2020. CVD DM case assignments to the team was only resumed in late September 2020, which would be captured in 2021's survey data. Therefore, 2020 member satisfaction surveys are not feasible at this time. The member satisfaction survey is not part of our new CVD program description, therefore, will be removed from 2021 work plan.</p> <p>Q4: The LAC CM team has continued to conduct CVD member mailers through 2020. CVD DM case assignments to the team was only resumed in late September 2020. Therefore, 2020 member satisfaction surveys are not feasible at this time. The member satisfaction survey is not part of our new CVD program description to be implemented January 2021, therefore, will be removed from 2021 work plan.</p>	<p>Q3: The LAC CM team continues to be understaffed, posing caseload bandwidth problems for the assignment of these members for CVD DM. Member satisfaction surveys unable to be conducted due to lack of enrollment into the CVD DM program.</p> <p>Q4: Survey may not yield useful feedback for only the four months this program was active in 2020 due to the transition to a new program implemented in January 2021.</p>	N
Other Measures												
Topical Fluoride Varnish Utilization		DHCS	Medi-Cal: Final 2019 Medi-Cal rate: 22.80 PTPY Q1 2019 FY- 20.83 Q2 2019 FY- 25.17 Q3 2019 FY- 24.12 Q4 2019 FY- 21.08 22.80 PTPY individuals received fluoride treatment in FY 2019 compared to 22.34 PTPY in FY 2018 (-5.9%).	Medi-Cal: Final 2020 Medi-Cal rate is 16.29 PTPY (fiscal year) Q1 2020 FY- 14.86 Q2 2020 FY- 16.19 Q3 2020 FY- 15.36 Q4 2020 FY- 18.79 16.29 PTPY individuals received fluoride treatment in FY 2020 compared to 22.80 PTPY in FY 2019 (-5.9%).	16.29 PTPY individuals received fluoride treatment in FY 2020 compared to 22.80 PTPY in FY 2019 (-5.9%).	Monitoring Info: Rates are monitored with the help of HIM analysts that pull all fluoride varnish rates per quarter for each plan partner and Medi-Cal as well as for PPGs. Additionally, rates are shared with Plan Partners and they are asked to report NA any interventions they are working on to work on. Topical Fluoride Varnish Utilization Act Captured Using Procedure Codes: 'D1202', 'D1204', 'D1206', 'D1208', 'D0145', 'D1251', '99188'	Keren Mahgerefeth (QI)/ Maia Lubert (QD)	Annual: By June '20	QOC: July 28	<p>On February 22, 2020 L.A. Care invited Dr. James Crall from UCLA School of Dentistry and More L.A. Smiles to present regarding childhood oral health at the L.A. Care Pediatric CME conference in Woodland Hills. This conference was geared towards pediatric providers in L.A. County which serve Medi-Cal and the safety net. In April 2020 Dr. James Crall was invited again by L.A. Care to conduct a webinar through our QI Webinar Series to discuss and educate providers regarding oral health care. Due to COVID-19 this webinar was rescheduled and is now occurring September 2020. During the pandemic L.A. Care together with Blue Shield Promise Health Plan has launched a community resource page which includes education on various topics as well as prerecorded exercise classes. In association with Liberty Dental one of these videos is about oral health and educating members regarding the importance taking care of their oral health. In the August 2020 Child and Adolescent Health WG fluoride varnish rates will be reviewed and shared with our plan partners.</p> <p>During the pandemic it has been recommended that members do not visit their doctors' offices as to not overwhelm the health care system as well as to keep themselves and their families safe. As part of this effort only certain services have continued to be prioritized. Oral health and fluoride varnish have not been deemed as one of the prioritized services during the pandemic.</p> <p>In September 2020 Dr. James Crall from UCLA presented on the QI webinar regarding the importance of oral health. This webinar had attendance from clinic and PPG staff as well as providers.</p>		Y
Health Information Management (HIM) department runs aggregate BIA report on the BIA completion rate			Medi-Cal: 26.5% CMC: 54.2%	Medi-Cal (MCLA): 20.0% (1st quarter); 17.7% (2nd quarter); 12.0% (3rd quarter); 16.6% (4th quarter). CMC: 56.7% (1st quarter); 46.7% (2nd quarter); 27.6% (3rd quarter); 55.7% (4th quarter).	Medi-Cal: 27% CMC: 50%	Medi-Cal (MCLA): Q1-Q4: Not Met CMC: Q1-Q4: Met	Johanna Kicharen (PHM)/ Anni Hamedani (PHM)	Quarterly	QI Steering Committee 5/20/20, 7/15/20, 11/18/20	<p>Q2: BIA Policy approved 4/28/2020. BHAs on hold during Covid Emergency, but continuing to improve process for tracking and monitoring BIA completions and training providers on their responsibilities for BIA completion.</p> <p>Q3 & Q4: BIA Policy submitted for annual approval for November, 2020 approval at QOC. BHAs still on hold during Covid Emergency, but continuing to improve process for tracking and monitoring BIA completions including training providers in DMs for completion or documentation of skipping or member refusal of the BIA.</p>		Y
State Quality Improvement Projects												
Childhood Immunization Status-10 PIP	CIS-10	DHCS	2019 Rate: Medi-Cal: 33.82%	2020 rate: St. John's rate reported in Module Two: 32.4% New module 1 is due to HSAG beginning of March 2021 at that time new data will become available.	Medi-Cal: 35%		Keren Mahgerefeth (QI)/ Betsy Sammu (QI)	2019-2021	QOC: September 22 PCC & PQC: Nov 3	<p>Q1: Submitted the CIS-10 Module 1 PIP and received feedback. Worked with the clinic Partner St. John's and submitted module 2 to HSAG as well. There is no intervention as of now as intervention planning is part of module 3.</p> <p>Q2: In Q2 we received a 100% validation on module 2. We worked on brainstorming ideas for module 3 which was intervention planning. On June 22, 2020 we were notified that the PIP would be put on Hold by DHCS and would resume soon and to end of summer.</p>	<p>Q2: In module 1 and 2 there were no barriers with working with the Clinic partner. However, for module 3 there will be due to COVID-19 timeline will be delayed. HSAG is aware of possible delay and has granted an ok to this delay. Exact delay is contingent on when COVID-19 ends/get better.</p>	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Asthma Medication Ratio (AMR) Disparity PIP	AMR	DHCS	2019 Rates: 30%		Smart Aim: By June 30, 2021, decrease the percentage of people between the ages of 19-50 in SPA 6 diagnosed with persistent asthma and who have not filled a prescription for a controller medication in the past 12-months from 30% to 26%.	In Progress	Siddharth Raich (Q1) Betty Santana (Q)	11/22/2019	QOC: September 22 PICC & PQC: Nov 3	Q1: Module 2 has been resubmitted on April 3, 2020. Q2: Module 3 was accepted by HSAG and DHS has agreed to collaborate for the PIP Q3: Discussion with DHCS regarding resubmission of Modules. Q4: The Asthma Medication Ratio (AMR) Disparities PIP has been discontinued due to the ongoing Pandemic and will be replaced with a Diabetes Disparities PIP in 2021.	Q5: Met with DHCS regarding the PIPs and they have instructed us that we will be re-submitting starting with Module 1. However, they assured us that the resubmission will be expedited if the Modules are largely unchanged. PIP team is following up with QPM team regarding reporting of AMR to confirm resubmission of the Asthma PIP in November.	N
Diabetes Disparity for A1c Control (<8% in African Americans/Naive Americans (QIP)	CDC	LACC ONLY	AA1A: 37.77% BAA: 43.88%	AA1A: 49.52% BAA: 42.44%	AA1A: 46.53% BAA: 44.46%	AA1A: Met BAA: Not Met	Sirish Kumar (Q)	12/31/2020	QOC: September 22 PICC & PQC: Nov 3	Q5: The L.A. Care Covered (LACC) quality improvement project targeting members with diabetes, specifically African American/Black (BAA) and American Indian/Alaskan Native (AIAN) populations is set to have a second round of provider outreach in October. Providers will be notified of high risk members and resources available to members. Members received a mailer in July describing the services available via telehealth along with an incentive for signing up for classes. 2020 Rates are 49.52% for AA1A and 42.44% for BAA. OPM is double checking AIAN rates as we noticed a discrepancy in population size. Q6: ELIZA calls will be made to members in this denominator. Still waiting on QPM updates on AIAN rates, as we noticed a discrepancy in population size.	Q6: A follow up call was meant to go out in September but due to regulatory changes automated calls were put on hold. Q7: ELIZA delay; missing AIAN data makes it hard to plan an intervention without knowing how many members we need to target.	Y
PDSA: Well-Child Visits in the First 30 Months of Life (W3)	W3	DHCS		NA	By February 28, 2021, increase the number of well-child visits for MCLA members born between 2/1/2019-8/31/2019 residing in SPA 1 in Los Angeles County (Denominator 629) to have one well-child visit in a given month between 11/1/2020-2/28/2021 from 1.43% to 5%.		Rachel Martinez (Q1) Betty Santana (Q)	Cycle 1 due 2/23/2021 Cycle 2 due 6/23/2021 Drop Date is 8/2/2021	QOC: September 22 PICC & PQC: Nov 3	Q6: PDSA W30 has piloted its intervention to having clinics book and schedule Well-Child visits. L.A. Care staff at the request of clinics will conduct reminder calls for scheduled appointments. The QI team is currently working with three clinics and are on track with the Cycle 1 submission due on February 3, 2021.		Y
QIP: COVID-19		DHCS		NA	NA		Sirish Kumar (Q)	Due: March 1, 2021	QOC: September 22 PICC & PQC: Nov 3	Q6: QI is performing evaluation collection on the following projects for the March 1st submission of the second portion of the COVID QIP: - Asthma Mailer Kios - "Fight the Flu" Campaign - "Meals to You" Program		Y
Medicare/Medicaid Quality Improvement Projects												
CMS MMP: Individualized Care Plan (PIP) (Enterprise Goal)		CMS	2019 Rates: Measure 1.5 High Risk: Q1: 28% Q2: 29% Q3: 29% Q4: 29% Measure 1.5 Low Risk: Q1: 73% Q2: 71% Q3: 69% Q4: 72% Measure 1.6: Q1: 100% Q2: 100% Q3: 100% Q4: 100%	N/A: This project is projected to not continue into 2020 data. In June 2020 received final validation from HSAG that the project was complete and all results were stat. sig. No further submissions are needed. This can be removed at this point as this project has successfully closed out.	By March 15, 2020: Measure 1.5: CMC members initially stratified as high risk, enrolled 90-days or longer at the end of the reporting period and had an Individualized Care Plan (ICP) completed. To achieve statistically significant improvement over the prior year. Baseline rate 2017 Q4: 37.2%. Measure 1.5: CMC members initially stratified as low risk, enrolled 90-days or longer at the end of the reporting period and had an ICP completed. To achieve statistically significant improvement over the prior year. Baseline rate 2017 Q4: 36.06%. Measure 1.6: CMC members who has an ICP and had at least one documented discussion of care goals in the initial ICP. To maintain the baseline rate of 100%.	Goal was met. Results for CA 1.5 high and low risk are stat. sig.	Karen Midgeerath (Q1) Betty Santana (Q)	Due to CMS/DHCS: April 17, 2020	5/17/19 and 7/18/2019 and 4/17/20	Intervention: Scorecard to be provided to delegates on a quarterly basis to all PPG's. The scorecard will have their ICP completion rate and will rank them among peers. In addition, the Clinical Assurance team will review 30 cases quarterly to ensure that the ICP's have at least one care goal discussed. Feedback will be provided to the delegates if care goals are not documented. If a PPG demonstrates continued poor performance L.A. Care will issue a corrective action plan. Q1: The next annual submission is due to HSAG on 4/17/20 Q2: The ICP PIP was submitted to HSAG and then need resubmissions before June 1, 2020. Q3: The ICP was officially closed out on 6/12/20 with a 100% validation and no further resubmissions needed. All results completed as extremely stat. sig. results over the baseline rate.	PIP Closed 6/12/2020 so will not be included in the 2021 Q1 Work Plan.	N
Clinical - Patient Safety												
Potential Quality Issues			Q4 2018 - Q1 2019: 887 out of 890 (99.7%) were processed timely. 3 cases fell out of compliance with 6-month processing time. Q2 2019: 488 out of 489 (99.8%) were processed timely. 1 case fell out of compliance with 6-month processing time despite of one month extension. Q3 2019: 466 out of 634 (73.5%) were processed timely. 168 cases fell out of compliance with 6-month processing time. Q4 2019: 820 out of 1042 (78.7%) were processed timely. 222 cases fell out of compliance with 6-month processing time. Q1 2020: 1305 out of 1524 (85.6%) were processed timely. 219 cases fell out of compliance with 6-month processing time. Q2 2020: 1573 out of 1853 (84.9%) were processed timely. 280 cases fell out of compliance with 6-month processing time. Q3 2020: 1142 out of 1409 (81.1%) were processed timely. 267 cases fell out of compliance with 6-month processing time. Q4 2020: 1310 out of 1378 (95.1%) were processed timely. 68 cases fell out of compliance with 6 months processing time.	65% of PQI investigation will be completed in 6 months	Q1: Met Q2: Met Q3: Met Q4: Met	Christine Church (Q)	Annually and end of FY	QOC: April 22 Nov 24	Q1: PQR and A&G are committed to review and discuss all issues regarding the A&G/PQR Team handoff. PQR produces weekly report of cases that do not require additional clinical review and shares examples with A&G for educational opportunity. 2 PQR coordinators previously approved by RRB subsequently started in February and in March to provide administrative support. In January, RRB approved 3 additional positions (1 Temp QI Project Specialist and 2 Temp Provider Quality Specialists) to support clinical quality of care review. PQR team has been working with HR to recruit for these positions. The Temp QI Project Specialist has been filled, the other 2 Temp Provider Quality Specialist RN positions are still open. Due to the COVID-19 Safer-at-home period, the recruiting process has been placed on hold. Q2: PQR team continues processing both 2019 aging cases as well as 2020 cases to maximize the best review output. PQR process is further enhanced to ensure all review processes are streamlined and able to reduce waste/redundant steps to the minimal. Q3: PQR Triage Review continues to screen and review all appropriate cases requiring clinical quality of care review. PQR started monthly oversight review of A&G and CSC cases (those cases that were not referred to PQI), to assess any potential missed identification of PQIs. PQR also started reviewing mortality report monthly to assess any potential issue from encounter data review. Q4: PQR closed all back log cases from 2019 and work diligently to ensure all 2020 cases are processed timely within the required timeframe of 6 months. One clinical nurse reviewer was assigned to support triage review. The re-assignment will be done ad hoc in 2021 to ensure PQI cases are processed timely.	Q3: Recruiting for qualified nurses and securing the staff's positions had been challenging in FY2019-2020. Multiple requests were made to justify and secure staff positions. Since October 2019 through June 2020, 3 RNs were added (1 FTE, 1 ALD and 1 temp RN later was converted to ALD in November 2020). For administrative support, 2 temp QI Project Specialists were converted from temp to ALD in September 2020. One more temp QI Project Specialist was approved to convert in October 2020. Starting FY 2020-2021, the team will be staff with 6 RNs (4 FTEs-2ALDs, 4 QI Project Specialists (1 FTE+3ALDs) and 2 coordinators (1 FTE+ 1 temp). Throughout the FY 2019-2020, PQR escalated the concern of incomplete Provider Information Request (PIR) process to A&G leadership and unfortunately still noted it as a significant challenge impacting the productivity of PQR process. The large percentage of responses ranging from 17% to 30% on different months are either not received by A&G or had been received by A&G, but are not posted onto A&G's database PCT. The productivity of PQR record collection process is greatly impacted by the amount of incomplete PIR passed on from A&G. Q4: A&G staff education will be scheduled to review cases that were referred to PQI inappropriately as they do not have any care concerns. A&G and PQR will review the referral pattern after the staff meeting has been conducted in January 2021.	Y	
Critical Incidents Reporting and Tracking			Q4 2018: 100% Q1 2019: 96.4% (27 out of 28 groups) All groups except LightCare submitted the Q1 2019. Q2 2019: 100% Q3 2019: 100% Q4 2019: 22 (91.7%) of 24 groups submitted the quarterly report. All except AltaMed Medical Group and Pioneer Provider Network submitted the quarterly report. Q1 2020: 25 (96%) of 26 groups submitted the quarterly report. All except Healthcare Partners Medical Group. Q2 2020: 100% of 26 groups submitted the quarterly report. Q3 2020: 23 (92%) of 26 groups submitted the quarterly report. All except AltaMed Medical Group and Pioneer Provider Network submitted the quarterly report. Q4 2020 report due 2/15/2021	100% of Critical Incidents Reported and Tracked	Q1: Not Met Q2: Met Q3: Not Met Q4: Report due 2/15/2021	Christine Church (Q)	Annually and end of FY	QOC: April 28 Nov 24	Q1: vent few reminders to all delegates one week before the due date, then follow up with the delegates if report is not received by the due date. PNM account manager were notified of the non-compliance. Q2: Q1 will engage PNM as soon as the report is not received on the due date to ensure all quarterly reports are received. Q3: Q1 engaged PNM and Vendor Management Team early on to help making sure all quarterly reports are submitted from the delegates/vendor Q4: Q1 PQR engaged PNM to remind the groups of reporting requirements and due dates. Q5: Q1 PQR reviewed and updated all groups contact information and will continue to send reminder a week before the report due date.	CI Reporting tracking and reporting process is done manually. It requires frequent update of PPGs with CMC membership as well of PPG's contact list for CI reporting. Q1 will be working closely with PNM Account Manager to remind all delegates of reporting requirement as well as submission of quarterly reports before and after due dates.	Y	
FSR: needlestick safety			Q1: Compliance Rate = 79 % Q2: Compliance Rate = 76% Q3: Compliance Rate = 84% Q4: Compliance Rate = 74%	Q1: Compliance Rate = 76% Q2: Compliance Rate = 100% [Based on 4 applicable sites/Virtual Audits] Q3: Compliance Rate = 90% [Based on 20 applicable sites/Virtual Audits] Q4: Compliance Rate = 88 [Based on 24 applicable sites/Virtual Audits]	80%	Q1: Not Met Q2: Met Q3: Met Q4: Met	Sonia Richard (FSR) Elaine Sadocshi-Smith (PHM)	Quarterly	QOC: 4/28/20, 7/28/20, 11/24/20 4th Qtr. Attached to Q1 Eval	Q1: Continue to monitor PCP compliance with DHCS medical record review guidelines. Continue to provide technical assistance and resources when necessary. Conduct focused medical record reviews as necessary. Provide a corrective action plan (CAP) for deficiencies identified during a site review based on DHCS requirements. Continue to discuss with the L.A. Care FSR Task Force the low scoring criteria and opportunities to improve compliance rates. Include discussions with the L.A. County FSR Collaborative Health Plans low scoring criteria and opportunities to improve compliance rates. Continue to reinforce education and training to PCP sites on needle stick safety. Q2, Q3 and Q4: APT 20-011 DHCS is permitting MCPs to temporarily suspend the contractual requirement for in-person site reviews and medical record audits of MCP during the COVID public health emergency.	Q2 & Q3 & Q4: No onsite visits conducted during Q2 and Q3, due to COVID public Health Emergency. However, FSR conducted virtual audits as an alternative. Q1: 4 audits were conducted virtually. Q2, Q3 and Q4: 4 audits were conducted virtually. Q5: 22 audits were conducted virtually. Q6: 21 audits were conducted virtually.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
FSR: spore testing of autoclave/sterilizer			Q1: Compliance Rate = 83% Q2: Compliance Rate = 87% Q3: Compliance Rate = 83% Q4: Compliance Rate = 71%	Q1: Compliance Rate = 67% Q2: Compliance Rate = 100% [Based on 1 applicable site/Virtual Audit] Q3: Compliance Rate=100% [Based on 2 applicable sites / Virtual Audits] Q4:Compliance Rate=100% [Based on 2 applicable Sites/Virtual Audits]	85%	Q1: Not Met Q2: Met Q3: Met Q4: Met	Sonia Richard (FSR) / Elaine Sadoschi-Smith (PHM)	Quarterly	QOC: 4/28/20, 7/28/20, 11/24/20 4th Qtr. Attached to Q1 Eval	Q2: Continue to monitor PCP compliance with DHCS medical record review guidelines. Continue to provide technical assistance and resources when necessary. Conduct focused medical record reviews as necessary. Provide a corrective action plan (CAP) for deficiencies identified during a site review based on DHCS requirements. Continue to discuss with the L.A. Care FSR Task Force the low scoring criteria and opportunities to improve compliance rates. Include discussions with the L.A. County FSR Collaborative Health Plan low scoring criteria and opportunities to improve compliance rates. Continue to reinforce education and training to PCP sites on spore testing of autoclave/sterilizer. Q3, Q3 and Q4: APL 20-011 DHCS is permitting MCPs to temporarily suspend the contractual requirement for in-person site reviews and medical record audits of MCP during the COVID public health emergency.	Q2 & Q3 & Q4: No onsite visits conducted during Q2, Q3 and Q4 due to COVID public Health Emergency. However, FSR conducted virtual audits as an alternative. Spore testing compliance rate of 100% based off of one (1) applicable site. Q3 Spore testing compliance rate of 100% was based off of two (2) virtual audits. Q4 Spore testing compliance rate of 100% was based off of two (2) virtual audits	Y
Facility Site Review (FSR) HIA Completion Rate per chart review (HEBA and H&P complete in chart)			Medi-Cal Adult: 51% (2018 46%) Medi-Cal Child: 71% (2018 61%) CMC Adult: 50% (2018 46%) CMC Child: 73% (2018 64%)	Q1: Medi-Cal Adult: 51% Q1: Medi-Cal Child: 71% Q1: CMC Adult: 49% Q1: CMC Child: 68% Q2: No information available for 2nd Quarter 2020 Q3: No information available for 3rd Quarter 2020 Q4: No information available for 4th Quarter 2020	Medi-Cal Adult: 50% Medi-Cal Child: 68% CMC Adult: 50% CMC Child: 70%	Q1: Medi-Cal Adult: Met Medi-Cal Child: Met CMC Adult: Not Met CMC Child: Not Met Q2: No information available Q3: No information available Q4: No information available	Sonia Richard (FSR) / Jana Melon (FSR) / Johanna Kichaven (PHM) / Anni Hamedani (PHM)		Q1 Steering Committee: 5/20/20, 7/15/20, 11/18/20	Q2 & Q3: Continue to monitor PCP compliance with DHCS medical record review guidelines. Continue to provide technical assistance and resources when necessary. Conduct focused medical record reviews as necessary. Provide a corrective action plan (CAP) for deficiencies identified during a site review based on DHCS requirements. Continue to discuss with the L.A. Care FSR Task Force the low scoring criteria and opportunities to improve compliance rates. Include discussions with the L.A. County FSR Collaborative Health Plan low scoring criteria and opportunities to improve compliance rates. Continue to reinforce education and training to PCP sites on medical record documentation of HEBA for pediatric and adults. Q2, Q3 and Q4: APL 20-011 DHCS is permitting MCPs to temporarily suspend the contractual requirement for in-person site reviews and medical record audits of MCP during the COVID public health emergency.	Q2 & Q3 & Q4: No information available for 2nd QTR, QTR 3, and 4th QTR 2020. No MDR audits are being conducted due to on-site audits being suspended by the COVID pandemic.	Y
Appropriate Use of Medications - Controlled Substances			Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Retrospective Drug Utilization Review (RDUR): Controlled Substance Monitoring 90% of providers will be notified via mail of members who meet criteria (9 or more of the following: Rx's for controlled substances + unique prescribers + unique pharmacies for at least 2 of 4 months). Mailing occurs three times a year. Repeat Alert will also occur for patients identified in above mailing 4 or more times over 2-year period.	Q1: Met Q2: Met Q3: Met Q4: Met	Andy Han (Pharm) / Ann Pham (Pharm)	Quarterly	QOC: 4/28/20, 7/28/20, 11/24/20 4th Qtr. Attached to Q1 Eval	Q1-Q4: Intervention mailings for Controlled Substance Monitoring through the RDUR Program occur 3x year (March, July, November). Pharmacy PBM Collaborative: 100% of identified providers were sent a RDUR letter. Pharmacy Team identifies members for LA Care's Pharmacy Home Program (MCLA + Commercial Only) and outreach to providers if appropriate. Criteria: Members who received prescriptions for opioid medications with an average daily morphine milligram equivalent (MME) greater than or equal to ninety (90) mg for any duration during the most recent six (6) months AND one of the following: prescriptions for opioid medications from three (3) or more providers within the past six (6) months AND you filled prescriptions for opioid medications at three (3) or more pharmacies within the past six (6) months, OR received prescriptions for opioid medications from five (5) or more providers within the past six (6) months. Outcome: Members will have to select one network pharmacy and/or one network provider for opioids and benzodiazepines.		Y
Appropriate Use of Medications - Triple Threat			Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Retrospective Drug Utilization Review (RDUR)- Triple Threat Criteria 90% of providers will be notified via mail of members who had Rx's for each of the following drug classes: opioids, skeletal muscle relaxants, and benzodiazepines/hypnotics (sleep aids) in a month for at least 2 of 4 months. Mailing occurs three times a year.	Q1: Met Q2: Met Q3: Met Q4: Met	Andy Han (Pharm) / Ann Pham (Pharm)	Quarterly	QOC: 4/28/20, 7/28/20, 11/24/20 4th Qtr. Attached to Q1 Eval	Q1-Q4: Pharmacy PBM Collaborative: 100% of identified providers received an RDUR letter		Y
Potentially Inappropriate Medication (PIM)			Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Concurrent DUR edits in place for members with Potential medication overutilization	Q1: Met Q2: Met Q3: Met Q4: Met	Andy Han (Pharm) / Ann Pham (Pharm)	Quarterly	QOC: 4/28/20, 7/28/20, 11/24/20 4th Qtr. Attached to Q1 Eval	Q3 & Q4: The Concurrent Drug Utilization Review (CDUR) Program aids pharmacists in protecting member health and safety by ensuring patients receive the appropriate medications through hard and soft electronic rejects. The CDUR edit in place detects members that have greater than 100mg morphine equivalent dose, two or more pharmacies AND two or more doctors for active opioid claims.		Y
Medication Therapy Management (MTM) program			CMR Completion rate: CMC 2019: Q1: 45% Q2: 42% Q3: 58% Q4: 55%	CMR Completion rate: CMC 2020: Q1: 22% Q2: 42% Q3: 68% Q4: 78%	CMC only: MTM program with SinfoniaRx, for 2019: Comprehensive Medication Review (CMR): phone intervention by pharmacist or other qualified clinician. Goal of 80% by the end of the year.	Not Met	Andy Han (Pharm) / Ann Pham (Pharm)	Quarterly	QOC: 4/28/20, 7/28/20, 11/24/20 4th Qtr. Attached to Q1 Eval	Intervention: Vendor, SinfoniaRx, conducts outreach to member and/or provider to conduct review. Q3-Q3: Pharmacy conducted additional internal MTM Program internally on 5/1/2020. L.A. Care pharmacist completed our goal of 50 Comprehensive Medication Reviews (CMRs) by 9/30/2020. Q4: Pharmacy assisted SinfoniaRx in outreaching members then warm transferring the calls to SinfoniaRx to complete CMR. Contributing factor that our rate is lower this year was CMS's determination that provider outreach no longer qualifies (see Barriers). Our plan for improving our rate going forward will be to work closely with our vendor (i.e. monthly meetings and L.A. Care assisted outreach) earlier in 2021. Measure applies to CMC only	In 2020, CMS determined that provider outreach no longer qualifies for CMR in members without cognitive impairment.	Y
Clinical- Clinical Practice & Preventive Guidelines												
Clinical Practice Guidelines			N/A	N/A	100% review and approval at least every 2 years/updates as required.	Met	Betty Santana/ Dr. Kyle (Q1) Rachel Martinez (Q)	Annual and as needed for updates	PICC & PQC: July 7	Q1: Plan to present Clinical Practice Guidelines at the July 7, 2020 Joint PICC/ PQC meeting for review and approval. June 2020: minutes for the direct membership of members with L.A. Care (LAAV) a copy per household of the revised PHG will be mailed. Q2: Presented QOC to the July 7th Joint PICC/ PQC. Received approval for all changes. The changes are currently in Podio for review and approval. Q4: Rachel presented Joint PICC/PQC meeting for updates to USPST and DHCS QI postcard tools to be added to Provider Resources under Tools and Toolkits, approval received by committee.		Y
Clinical Practice Guidelines			N/A	N/A	Measure at least 2 guidelines (i.e. Depression Screening and Follow-up for Adolescents and Adults (DSP) & Use of Imaging Studies for Low Back Pain (LBP))	Met	Betty Santana/ Dr. Kyle (Q1) Rachel Martinez (Q)	Annual	PICC & PQC: July 7		No longer a NQA requirement to Measure at least 2 guidelines (i.e., Depression Screening and Follow-up for Adolescents and Adults (DSP) & Use of Imaging Studies for Low Back Pain (LBP))	N
Preventive Health Guidelines (PHGs)			N/A	N/A	100% Review and approval at least annually or as needed, distribute as requested and made available online for both providers and members to access.	Met	Betty Santana (Q1)/ Rachel Martinez (Q)	Annual	PICC & PQC: July 7	Q1: Preventive Health Guidelines have been reviewed by leadership and Plan Partners. The revisions will be presented at the April 21, 2020 Joint PICC/PQC meeting for review and approval. June 2020: minutes for the direct membership of members with L.A. Care (LAAV) a copy per household of the revised PHG will be mailed. Q2: PHG are currently in Podio in design phase. The PHG will be made available this month, goal is 7/17/2020. Anthem Blue Cross has approved both brochures, awaiting approval from Blue Shield. The plan is to have the PHG available to provide to members at food pantry drive. The data is pending for the direct membership mailing to go out August. Blue Shield Promise have approved both brochures. Q3: LAAV member mailing is on hold. Medi-Cal products is planning to send to the Medi-Cal population the Child/Adolescent and Adult brochure to all members in annual member mailing. Rachel has been supporting Medi-Cal products in the requested changes by DHCS for the brochures. Q4: Medi-Cal product mailed to all Medi-Cal products the Preventive Health Brochures, Child/Adolescent and Adult where applicable beginning 11/23/2020. This mailing included the LAAV membership.	Q3: Delay in completing the PHG due to the logo change from Blue Shield of California Promise Health Plan. Verified logo, currently with Blue Shield Health Ed to approve the PHG. The brochures have been approved by both Plan Partners Blue Shield Promise and Anthem Blue Cross. The PHG were sent to DHCS for review and edits were requested. 12 point form throughout document and at "These services are at no cost to you." The materials will need to be updated in threshold languages. This is a delay in sharing with Plan Partners. Q4: Due to multiple delays internally updating the website on both member and provider with the location of updated materials and the Health ED order form needing to be updated with the correct brochures the brochures were shared with Plan Partners on 1/8/2021.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
LACC Measures												
Quality Rating System Clinical Effectiveness Rating (QS 3.1)			3 stars	3 stars	Achieve four stars for HEDIS measures in QRS	Not Met	Katrina Miller (QI) Ron Makita (QPM) Srinika Kumar (QI)	Annual	QOC: Nov. 24	Q3: Clinical effectiveness is given 3 stars on 2019 QRS Benchmark sheet. Measures that did not meet the 50th percentile on the QRS include W34, CCS, COL, PFC, LBP and behavioral health measures. Interventions are discussed in respective workgroups.	Duplicated because it represents the summary of the performance of the individual measures so will not be included in the 2021 QI Work Plan.	N
Quality Rating System QHP Enrollee Survey Summary Rating (QS 3.2)			1 star	2 star	Achieve four stars for EES/CAHPS measures in QRS	Not Met	Katrina Miller (QI) Ron Makita (QPM) Carolina Coleman (QI)	Annual	QOC: Nov. 24	Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs. Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 Meetings with low performing PPGs actor. Also secured commitment from Plan Partners to work with their low performers. Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelmingly positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. Meetings with low performing PPGs will resume when 2020 CG/CAHPS reports are available in Spring 2021.	Duplicated because it represents the summary of the performance of the individual measures so will not be included in the 2021 QI Work Plan.	N
Proportion of Days Covered - Medication Adherence for Diabetes Medications (LACC VIII)		QRS	LACC: 70.64%	LACC: 73.43%	LACC: 74%	LACC: Not Met	Siddharth Raich (QI) Ann Phan (Pharm) Andy Han (Pharm) Reedney Tsoung (QPM)	Annual: By June '20	QOC: September 22 PCC & PQ: Nov 3	Pharmacy Intervention: Q4: On 11/23/2020, 2500 members received postcards encouraging them to join our Ralphs Pharmacy mail order program. Eligible LACC members will also be able to participate in our CRMC program. Diabetes QIP will include LACC.		Y
Proportion of Days Covered - Medication Adherence for Cholesterol (Statins) (LACC VIII)		QRS	LACC: 63.16%	LACC: 68.54%	LACC: 66%	LACC: Met	Siddharth Raich (QI) Ann Phan (Pharm) Andy Han (Pharm) Reedney Tsoung (QPM)	Annual: By June '20	QOC: September 22 PCC & PQ: Nov 3	Pharmacy Intervention: Q4: On 11/23/2020, 2500 members received postcards encouraging them to join our Ralphs Pharmacy mail order program. Eligible LACC members will also be able to participate in our CRMC program. Diabetes QIP will include LACC.		Y
Other Population Health Management (PHM) Enterprise Goals												
Percentage of members with care plan completed within 90 days of enrollment (excluding unable to contact and refusal) (Core Measure 3.2) (Tier 1)			Q1: 11% Q2: 12% Q3: 13% Q4: 13%	ICP Completion Rate: Q1: 22% Q2: 25% Q3: 25% (tentative) Q4: 20% (tentative) Compliance Rate for (includes completed ICP, Refusals, and UTCs): Q1 2020: 90% Q2 2020: 97% Q3 2020: 98% we met PIP: 60% and QW: 80%	CMC: 60% (QW: 80%) PIP threshold: 60% and QW: 80% are for the Compliance Rates which include unable to contact and refusals	Q1-Q4: Not Met We are in process of meeting the 2020 Goal which consists of Completed ICP, Refusals, and UTCs.	Vanesa Rodriguez (CA) Cynthia Angiano(CM) Barry Eldredge (CM) Steven Chang (CM)	Quarterly	QOC: September 22 PCC & PQ: Nov 3	Q3: CMS and Compliance implemented the Monthly Core 3.2 PIP submissions starting Nov. 2019 and since then the compliance rate has increased. Q4: D.O. - CA Compliance created a monitoring dashboard scorecard to be provided to the Delegates every month. D.O. - CA Compliance created a Core 3.2 DV Audit Tool, Data Validation Methodology to conduct Core 3.2 data validation monitoring on a quarterly basis. This will be utilized for calendar year 2021. D.O. - CA Compliance are creating training material for staff who will conduct review. This will be utilized for calendar year 2021.	Please note the numbers reported respond to the total number of members who had a care plan developed with member's or member representative's input within 90 days of enrollment (Measure ID of Core 3.2). This data is inclusive of the PPGs and LACC CM contract. Q3: 7/28/20 update: CM and Clinical Assurance are reviewing the Core 3.2 Universe in preparation for the PAV audit. Updated numbers will be available once the updated Universe has been reviewed and validated. Q4: UTC Rates are still high due to PPGs staffing issues.	Y
Percent of gaps identified and addressed based on Health Risk Assessment (HRA) responses with MLTSS needs and Successful Post HRA Outreach results in SPD and CMC (AHL/DLE) (Does not include members unable to contact or declined services)			MCLA: 100% CMC: 100%	Available March 2021	MCLA: 70% CMC: 70%		July Cus-Razorable	Annual: By June '20	QOC: September 22 PCC & PQ: Nov 3	Q3: This is an annual goal. 2020 rates will be submitted after Q4 and will include January - December 2020 results. Q4: MLTSS will not have the 2020 rates updated until beginning of March. For this metric, there will be a 2 month lag in getting the results. Our process and vendor contracts allows for up to a 60 day outreach. For referrals received in December 2020, we have through the end of February 2021 to report the outcomes.	Q3: COVID-19 impacts: - Suspension of Face to Face HRA due to pandemic precautions - Decrease in overall HRAs completed	N
The Utilization Management Department will achieve 90% compliance with denial letters for all lines of business for nine or more months (New 2020)			N/A		MCLA: 90% LACC: 90% CMC: 90%		David Kagan, MD (LM)	Annual: By June '20	QOC: September 22 PCC & PQ: Nov 3		The BU is monitors this closely so will not be included in the 2021 QI Work Plan.	N
The Utilization Management Department will achieve 95% compliance turn around time with outpatient service requests for all lines of business for nine or more months (New 2020)			N/A		MCLA: 95% LACC: 90% CMC: 95%		David Kagan, MD (LM)	Annual: By June '20	QOC: September 22 PCC & PQ: Nov 3		The BU is monitors this closely so will not be included in the 2021 QI Work Plan.	N
Cal MediConnect - Medicare-Medicaid Plans (MMP) Measures			Rate 2019 Rate (MY 2018)	Rate 2020 Rate (MY 2019)		Goal Methodology: 2019 rates used to determine an attainable % increase. If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly. Measures that are part of PDM, the goal was set to match PDM. QW: Quality Withhold Measure						
Medication Adherence for Diabetes Medications (Tier 1) Quality Withhold Measure: CW12 - Medication Adherence for Diabetes Medications		CMS QW	Q1: 93.85% Q2: 90.23% Q3: 87.80% Q4: 82%	Q1: 95% Q2: 93% Q3: 88% Q4: 84%	CMC: 85% (QW 80%)	Q1: Met Q2: Met Q3: Met Q4: Not Met	Ann Phan (Pharm) Andy Han (Pharm) Eather Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	Pharmacy Intervention: Q1: Since 1/20/20 the pharmacy team conducts high-touch telephonic outreach to CMC members identified through the Statin Therapy in Persons with Diabetes (SPD)/Statin Therapy in Persons with Cardiovascular Disease (SPC) initiative to educate on statin and diabetes medication adherence with high focus on converting members' statin and/or diabetes medication therapy to a 90-days' supply. Q3: Due to concerns with Telephone Consumer Protection Act (TCPA), member calls were paused from 8/26/20 to 9/9/20. Member outreach is currently ongoing. As of 10/15/20, 190 members successfully accepted conversion to a 90-days' supply of a statin and 232 newly diagnosed/new to L.A. Care with diabetes were given the Diabetes Welcome Kit (DM Welcome Kit). Q4: Postcards to promote our mail order pharmacy was sent to CMC and LACC members.	Prescriber Scorecards for medication adherence for RAS, diabetes medication and statins plus compliance with statin therapy in patients with diabetes. Navitus mailed the Prescriber Scorecards to 2,883 unique prescribers in July 2020 and 3,124 unique prescribers in November 2020. Rx Refill Reminder (IVRR Calls) - currently paused Pharmacy's Ambulatory Care pilot program targets CMC and MCLA members with diabetes and conducts education while also identifying barriers members may face at partner clinics & pharmacies.	Y
Medication Adherence for Hypertension (RAS antihypertensives) (Tier 2)		CMS QRS	Q1: 92.72% Q2: 90.37% Q3: 88.30% Q4: 82%	Q1: 95% Q2: 93% Q3: 87% Q4: 83%	CMC: 80 %	Q1: Met Q2: Met Q3: Met Q4: Met	Ann Phan (Pharm) Andy Han (Pharm) Eather Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	Pharmacy Intervention: Q2: Prescriber Scorecards for medication adherence for RAS, diabetes medication and statins plus compliance with statin therapy in patients with diabetes. Navitus mailed the Q2 Prescriber Scorecards to 2,883 unique prescribers in July 2020. Q4: Prescriber Scorecards sent to 3,124 unique prescribers in November 2020. Rx Refill Reminder (IVRR Calls) - currently paused Pharmacy's Ambulatory Care pilot program targets CMC and MCLA members with diabetes and conducts education while also identifying barriers members may face at partner clinics & pharmacies.		Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Medication Adherence for Cholesterol (Statins) (Tier 2)		CMS QBS	Q1: 91.87% Q2: 89.45% Q3: 87.40% Q4: 79%	Q1: 94% Q2: 93% Q3: 85% Q4: 80%	CMC: 74%	Q1: Met Q2: Met Q3: Met Q4: Met	Ann Phan (Pharm) Andy Han (Pharm) Eshler Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	Pharmacy Intervention: Q1: Since 1/20/2020 the pharmacy team conducts high-touch telephonic outreach to CMC members identified through the Statin Therapy in Persons with Diabetes (SPD)/Statin Therapy in Persons with Cardiovascular Disease (SPC) initiative to educate on statin and diabetes medication adherence with high focus on covering members' statin and/or diabetes medication therapy to a 90-day supply. Q2: Due to concerns with Telephone Consumer Protection Act (TCPA), member calls were paused from 8/26/20 to 9/9/20. Member outreach is currently ongoing. As of 10/15/20, 190 members successfully accepted conversion to a 90-day supply of a statin and 232 newly diagnosed to L.A. Care with diabetes were given the Diabetes Welcome Kit (DM Welcome Kit). Q3: Prescriber Scorecards for medication adherence for RAS, diabetes medication and statins plus compliance with statin therapy in patients with diabetes. Navitus mailed the Prescriber Scorecards to 2,883 unique prescribers in July 2020 and 3,124 unique prescribers in November 2020. Rx Refill Reminder (IVRR Calls) - currently paused Pharmacy's Ambulatory Care pilot program targets CMC and MCLA members with hyperlipidemia and conducts education while also identifying barriers members may face at partner clinics & pharmacies.		Y
MTM Program Completion Rate for CMR (Tier 2)		CMS	CMR Completion rate: CMC: 200% Q1: 15% Q2: 42% Q3: 57.40% Q4: 85%	CMR Completion rate: CMC: 200% Q1: 22% Q2: 54% Q3: 80% Q4: 78%	CMC: 85% CMC only: MTM program with SinfoniaRx for 2019 Comprehensive Medication Review (CMR)- phone intervention by pharmacist.	Not Met	Ann Phan (Pharm) Andy Han (Pharm)	Annually: Sept 20	MQSC: Oct 20	Intervention: Vendor, SinfoniaRx, conducts outreach to member and/or provider to conduct review. Q2-Q3: Pharmacy conducted additional internal MTM Program internally on 5/1/2020. L.A. Care pharmacist completed our goal of 50 Comprehensive Medication Reviews (CMR) by 9/30/2020. Q4: Pharmacy assisted SinfoniaRx in outreach members then warm transferring the calls to SinfoniaRx to complete CMR. Contributing factor that our rate is lower this year was CMS's determination that provider outreach no longer qualifies (see Barriers). Our plan for improving our rate going forward will be to work closely with our vendor (i.e. monthly meetings and L.A. Care assisted outreaches) earlier in 2021. Measure applies to CMC only.	In 2020, CMS determined that provider outreach no longer qualifies for CMR in members without cognitive impairment.	Y
CAW-7 California Quality Withhold & CA 4.1: Reduction in emergency department use for seriously mentally ill and substance use disorder members (Tier 1)	CA 4.1 CA QW - CAW 7	CMS QW	CA 4.1 = 77.50 Rate per 1,000 member months	Final report not available until after 04/2021	CMC: CAW 7: 10% (QW) decrease in the performance rate for the measurement year compared to the performance rate for the baseline year (2019)	NA	Rose Koyan (BH) / Betty Santana (QI)	Annually	QOC Nov 24	Stratifying members who have utilized the ED 5+ times within calendar year. * After stratifying the ED visits, CPT codes will be reviewed to determine if the ED visit was related to a medical condition or an SMI and/or SUD condition. Both case management and behavioral health teams will manage members with both comorbidities to ensure member's health care needs are addressed. * Members with only ED visits suggesting a physical health condition will be referred to case management. At the same time, BH teams will outreach to LMHP (Local Mental Health Plan) LAC DMH (Los Angeles County Department of Mental Health) and Beacon Health Option (LA Care BH vendor) to determine if member is connected with BH services. If member is not connected to BH services, LA Care BH teams will work collaboratively with case management to link member to services. * Based on the member's level of need, member will be referred to an appropriate program within DMH. * Shall the ED admission suggest only a BH condition, BH will engage member telephonically to attempt in connecting member to BH services. LA Care BH team will also provide information about BH urgent care centers and make any additional referrals member may need. * These interventions are member-centric and member will be enrolled in case management and referred to BH services if member consents. Documentation in CCA logs.	* Lag in data, not informed of member's admission until after following month * High UTC rate, specifically for high utilizers	Y
CA 1.6 (CAW8)-Percent of members with documented discussions of care goals [For DY2 through DY5] (Tier 1)		CMS QW	CA 1.6 = 100% of sampled members	Final report not available until after 04/2021	CMC: CA 1.6 ≥ National Average QW 95%	NA	Betty Santana (QI)/ Diana Cuevas-McIntyre (CA)	Annually	QOC Nov 24	Q4: Needs Assessment submitted on 10/01/2020 for the following: Per review and validation performed on Q2 2020 Aggregated CA 1.6 Report, findings indicated Elements A and D (in-house data) did not evidence CA Reporting requirement of "Initial KCP should have member involvement" and "Revised KCP should have member involvement", respectively. Due to these findings, IT will adjust the current logic in CCA for Element A and Element D. An addendum on the Needs Assessment was submitted on 12/10/2020 to include Elements B and E data indicate elections of member sampling. For CY 2020, member sampling is not elected.		Y
CA 1.12 (CAW9)-Percent of members who have a care coordinator and live at least one care team contact during the reporting period [For DY2 through DY5] (Tier 1)		CMS QW	86%	Final report not available until after 04/2021	CMC: CA 1.12 ≥ National Average QW 95%	NA	Diana Cuevas-McIntyre (CA)	Annually	QOC Nov 24	Q4: Monitored Delegates Compliance Rates on a quarterly basis. Immediately after calculating compliance rates for Q3 (74.87%), generated reports for Delegates with low compliance rates. These reports were forwarded to the Delegates complete with a follow-up discussion on the importance of increasing their compliance rates by contacting the members in 2020. The Delegates confirmed understanding of the need to increase their compliance rates and agreeable in reaching the goal. Delegates stated they will contact members before year end.		Y
CW 13 Encounter Data - Encounter data for all services covered under the demonstration, with the exception of Prescription Drug Event (PDE) data, submitted in compliance with demonstration requirements. (Tier 1)		CMS QW	84.50%	Q1: 89.87% Q2: 90.1% Q3: 93.49% Q4: 95.63% Overall Score for 2020: 92.36%	CMC QW: 80%	Q1: Met Q2: Met Q3: Met Q4: Met	Suprabha Ray (Encounters)	Annually	QOC Nov 24	The following files are submitted to CMS by L.A. Care: * CMC Medicare Institutional * CMC Medicare Professional * CMC Medicare DME * CMC Medicaid Institutional * CMC Medicaid Professional * CMC Medicaid DME * CMC Medicaid Dental Note: The 2020 rates are only for submissions managed by the Encounter Team. Pharmacy encounters are directly submitted to CMS by Navitus and the Encounters Team does not have visibility into their submissions and rates do not include Pharmacy encounter submissions.		Y
CW 11 Controlling Blood Pressure- Percent of plan members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (≤140/90) for members 18-59 years of age and 60-85 years of age with diagnosis of diabetes or (150/90) for members 60-85 without a diagnosis of diabetes during the measurement year. (Tier 1)		CMS NQQA: Medicare QW	73.24%	CMC: 70.73%	CMC QW: 71%	Met	Thomas Mendez (QPM)/ Betty Tsang (QPM)/ Betty Santana (QI)	Annually	QOC Nov 24	Q4: ELRA calls will also target this measure. We technically used CIP as the metric but it should still cover this with calls going out in 11/30/2020.		Y
Hospital Utilization												
Hospital Bed Days Per 1000 - Excluding OB delivery (VIP) (Tier 2)			Q1: 1393.4 Q2: 1332.4 Q3: 1276.0 Q4: 1226.6 Subject to change as claims adjudicate Data source moved from Tableau to Optum	Q1: 1263.1 Q2: 1065.5 Q3: 639.3 Subject to change as claims adjudicate Data source moved from Tableau to Optum	CMC: 1134K	Q1: Not Met Q2: Met Q3: Met	Mat Pirritano/ John Choe	Quarterly	QOC: Feb 12, April 28, Sept 28, Nov 24	The Hospital Utilization measures will not be included in the 2021 Q4 Work Plan and will be converted to inpatient work group measures. Decision made by Leadership: Dr. Parrish, Dr. Balm, Dr. Kagan, Maria Casias, RN, and Grace Crofton, MPH. Inpatient Work Group Measures: - Acute Hospitalization Utilization - Emergency Department Utilization - Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (7-day total Rates) - Hospital for Potentially Preventable Conditions - Plus All Case Readmission Rates - Transitions of Care - All Four Rates		N
Hospital Admissions - Excluding OB delivery (VIP) (Tier 1)			Q1: 280.2 Q2: 278.4 Q3: 269.8 Q4: 257.3 Subject to change as claims adjudicate Data source moved from Tableau to Optum	Q1: 255.3 Q2: 199.0 Q3: 143.2 Subject to change as claims adjudicate Data source moved from Tableau to Optum	CMC: 220K	Q1: Not Met Q2: Met Q3: Met	Mat Pirritano/ John Choe	Quarterly	QOC: Feb 12, April 28, Sept 28, Nov 24	The Hospital Utilization measures will not be included in the 2021 Q4 Work Plan and will be converted to inpatient work group measures. Decision made by Leadership: Dr. Parrish, Dr. Balm, Dr. Kagan, Maria Casias, RN, and Grace Crofton, MPH. Inpatient Work Group Measures: - Acute Hospitalization Utilization - Emergency Department Utilization - Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (7-day total Rates) - Hospital for Potentially Preventable Conditions - Plus All Case Readmission Rates - Transitions of Care - All Four Rates		N

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Hospital Average Length of Stay - Excluding OB delivery (Tier 2)			Q1: 4.0 Q2: 3.8 Q3: 3.6 Q4: 3.6 Subject to change as claims adjudicate Data source moved from Tableau to Optum	Q1: 3.6 Q2: 3.8 Q3: 2.3 Subject to change as claims adjudicate Data source moved from Tableau to Optum	CMC: 4.2/1000	Q1: Met Q2: Met Q3: Met	Mat Pirritano/ John Choe	Quarterly	QOC: Feb 12, April 28, Sept 28, Nov 24		The Hospital Utilization measures will not be included in the 2021 Q1 Work Plan and will be converted to inpatient work group measures. Decision made by leadership: Dr. Parrish, Dr. Balm, Dr. Kagan, Maria Casias, RN, and Grace Crofton, MPH. Inpatient Work Group Measures: - Acute Hospitalization Utilization - Emergency Department Utilization - Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (7-day total Rates) - Hospital for Potentially Preventable Conditions - Plan All Cause Readmission Rates - Transitions of Care - All Four Rates	N
Ambulatory Services												
Emergency Room Visits (VIP)			Q1: 790.1 Q2: 833.8 Q3: 824.1 Q4: 762.8 Subject to change as claims adjudicate Data source moved from Tableau to Optum	Q1: 756.0 Q2: 533.0 Q3: 484.2 Subject to change as claims adjudicate Data source moved from Tableau to Optum	CMC: 688.86	Q1: Not Met Q2: Met Q3: Met	Mat Pirritano/ John Choe	Quarterly	QOC: Feb 12, April 28, Sept 28, Nov 24		This measure will not be included in the 2021 Q1 Work Plan and will be converted to inpatient work group measures. Decision made by leadership: Dr. Parrish, Dr. Balm, Dr. Kagan, Maria Casias, RN, and Grace Crofton, MPH. Inpatient Work Group Measures: - Acute Hospitalization Utilization - Emergency Department Utilization - Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (7-day total Rates) - Hospital for Potentially Preventable Conditions - Plan All Cause Readmission Rates - Transitions of Care - All Four Rates	N
HRA Compliance Rate (Core 2.1) Completed HRAs/ CMC Population who reached 60th day until the last day of the reporting period - Unable to Contact members - Members who declined (Tier 1)			Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Q1: 100% Q2: 100% Q3: 100% Q4: Data unavailable Excludes unable to reach	CMC: 90% of all Medicare enrollees within 90 days	Q1-Q3: Met	Ananda Ghattas (Compliance)/ Sarah Abawaf (Compliance)/ Irene Elendy (CM) Steven Chang (CM) Kumherly Scully (CM) Ben Valladares (CSC) Rebecca Crateria (CSC)	Quarterly	QOC: Feb 12, April 28, Sept 28, Nov 24			Y
Administrative												
Annual Review of Policies & Procedures	DHCS CMC		NA	NA	100% Annual Review of P&Ps		Each Department Head	Each QOC as needed and by specific committee reported to QOC	QOC: Feb 12, April 28, Sept 28, Nov 24	Q1: Q1-047: Initial Health Assessment (IHA) policy approved at QOC on Feb. 12, 2020. Q2: Revised Q1 Policy and Procedure "Q1-047: Initial Health Assessment (IHA)" & IHA within Long Term Care Facilities, IMDs, and SNFs "LTSS 013: Transition to Long Term Care" policies approved at QOC on April 28, 2020. Q3: No policy approved at QOC in Q3. Q4: Q1 policies approved at QOC on Nov. 24, 2020.		Y
Departmental Oversight Reporting Requirements	DHCS CMC		NA	NA	100% submission of timely delegate oversight reporting for each department		Q1: Jenny Li (Q) M&S: Geoffrey Vitano (CSC) A&G: Lisa Marie Golden (G&A) NAL: Brigitte Bailey (HE)	QOC & MSQC quarterly	QOC: Feb 12, April 28, Sept 28, Nov 24 MSQC: Feb 11, May 12, Aug 11, Oct 20	Q1: 2019 A&G Direct Line of Business (DLOB) Reports: Q1-Q3 approved at MQSC Jan. 14, 2020, 2019 Q4 Customer Solutions Center (CSC) Call Metrics DLOB & CSC Delegation Oversight Plan Partner Reports approved at MQSC Feb. 11, 2020, 2019 Q4 Nurse Advice Line (NAL) Metrics DLOB & Delegation Report approved at MQSC Feb. 11, 2020. Q2: FY Q1 2020 Oct. - Dec. 2019 (CY Q4 2019) A&G Direct Line of Business (DLOB) Report approved at MQSC April 14, 2020. Q1 2020 Customer Solutions Center (CSC) Delegation Oversight Plan Partner & Q1 2020 Nurse Advice Line (NAL) Metrics DLOB & Delegation Report approved at MQSC June 16, 2020. Q4 2019 Plan Partner Delegation Oversight Reporting approved at QOC on April 28, 2020. Q3: Q1 2020 Plan Partner Delegation Oversight Reporting approved at QOC on July 28, 2020 and Q2 2020 Plan Partner Delegation Oversight Reporting approved at QOC on September 22, 2020. No MSQC meeting in Q3. Q4: FY Q2 & Q3 2020 A&G DLOB Jan - Mar & Apr - Jun (CY Q1 & Q2 2020) approved at MQSC Oct. 20, 2020. Q2 & Q3 2020 CSC Call Metrics DLOB & Delegation Oversight Plan Partner Reports & Annual A&G DLOB Report FY Q1-Q4 (Oct. 2019-Sept. 2020) approved at MQSC Dec. 8, 2020. Q3 2020 Plan Partner Delegation Oversight Reporting approved at QOC Nov. 24, 2020.		Y
Q1 Program Description & Work Plan	DHCS CMS NCQA Standard: Q1 Element A		NA	NA	2020 Q1 Program Description & Work Plan approval		Maria Casias (Q)	QOC: 2/12/20 C & Q: 3/19/20	QOC: 2/12/20 C & Q: 3/19/20	2020 Q1 Program Description & Work Plan Approval: Approved: QOC: 2/12/20 Approved: C&Q: 3/19/20		Y
Q1 Evaluation	DHCS CMS NCQA Standard: Q1 Element B		NA	NA	2019 Q1 Evaluation approval		Maria Casias (Q)	QOC: 2/12/20 C & Q: 3/19/20	QOC: 2/12/20 C & Q: 3/19/20	2019 Q1 Evaluation Approval: Approved: QOC: 2/12/20 Approved: C&Q: 3/19/20		Y
Q1 Work Plan Updates	DHCS		NA	NA	Review and Update of Q1 Work Plan		Maria Labert (Q)/ Maria Casias (Q)	Biannually/ Final attached to Q1 eval	QOC: 7/28/20, 11/24/20	Q1 & Q2: QOC: 7/28/20 Q3: QOC: 11/24/20 Q4: QOC: 2/23/21		Y
Q1 Reports to Board			NA	NA	Update Board (C&Q) on Q1 activities		Richard Seidman (CMO)/ Katerina Miller (CME)/ Maria Casias (Q)	At least quarterly	C & Q: 1/16/20, 3/19/20, 5/21/20, 8/20/20, 9/17/20, 11/19/20	Q1: C&Q 1/16/20 & 3/19/20 Q2: C&Q 5/21/20 Q3: C&Q 8/20/20 & 9/17/20 Q4: C&Q 11/19/20		Y
UM Program Documents			NA	NA	2020 Annual UM Program Description & UM Work Plan, & 2019 UM Evaluation approval		Jean Giggers (UM)/ Alex Li (UM)	UMC: 3/24/20 C & Q: 5/21/20	UMC: 3/24/20 C & Q: 5/21/20	2020 Annual UM Program Description Approved: UMC - 12/17/19 2019 UM Evaluation Approved: UMC 4/23/2020		Y
CM Program Documents			NA	NA	2020 Annual CM Program Description & 2019 CM Evaluation approval	On Track	Bruno Elendy (CM)/ Steven Chang (CM)	UMC: 3/24/20 C & Q: 5/21/20	UMC: 3/24/20 C & Q: 5/21/20	Q1: 2019 Program Evaluation has been submitted to the Quality Team on 2/20 and 2/27. The 2020 Program Description writing is underway. Our target would be to present it to the UMC during the third quarter to finalize the writing and vetting during the second quarter. Q2: 2020 Program Description will be developed some time in the third quarter of this year. Target to present 2019 Program Evaluation on UMC Q3. Q3: 2020 Care Management Program approved at UMC on Sept. 22, 2020 Q4: This measure has been completed	LAC CM team continues to be understaffed - this poses a lack of resources to tackle all projects and deliverables. At this time, the Optum outsourcing project is taking up all the time of the resources that would be assigned to work on the Program Description. The LAC CM team is collaborating with Dr. Parrish's team to kick start the process and have some resources from her team help editing the 2020 PD under CM Leadership guidance. Q3: 7/28/20 update: On track to present updated CM Program Description in Q3 UMC. On track to present 2019 Program Evaluation on Q1 UMC. LAC CM team remains understaffed and this continues to pose a challenge to tackle all projects and deliverables, which included the completion of the Program Description revisions. Q4: 10/26/2020 update: On track to present updated 2021 CM Program Description at Q4 UMC. On track to present 2019 Program Evaluation at Q4 UMC.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory/Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Clinical Improvements <i>Note that HEDIS measure goals are not ensuring that MPLAs are met.</i>	Hybrid (H)/ Admin (A)/ Electronic Clinical Data Systems (ECDS)	Auto-Assignment/ Accreditation (NCQA)/ MCAS (DHCS)/ QRS (LACC)/ Quality Withhold (QW)	2019 HEDIS Rates (MY 2018)	2020 HEDIS Rates (MY 2019)								
					Goal Methodology: 2019 Rates used to determine an attainable % increase If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly. Measures that are part of PDEM, the goal was set to match PDEM. MCAS measures set at a minimum of the 80th percentile. QW: Quality Withhold Measure							
Clinical Improvement												
Avoidance of Antibiotic Treatment for Acute Bronchitis-Bronchiolitis	AAB (A)	QRS NCQA: Medi-Cal	2019 Rates: Medi-Cal: 35.54% LACC: 24.32%	2020 Rates: Medi-Cal: 42.55% LACC: 31.65%	Medi-Cal: 39% LACC: 27%	Medi-Cal: Met LACC: Met	Betty Santana (QI) Sudhu Kumar (QI) Rohney Truong (QPM)/ Andy Han (Pharm)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q2 & Q3: Adult Screening Workgroup decided this was a low priority measure. No current interventions. Decision was made during the January workgroup meeting on January 16, 2020. Q4: Low priority measure; no current interventions	N/A	Y
Colorectal Cancer Screening (Tier 1)	COL (H)	NCQA: Medicare QRS	2019 Rates: CMC: 61.04% LACC: 53.77%	2020 Rates: CMC: 66.07% LACC: 53.41%	CMC: 65% LACC: 56%	CMC: Met LACC: Not Met	Sudhu Kumar (QI) Rohney Truong (QPM) Med Ops Reporting: Dan Sato Amit Kazaryan Marie Martin	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q2: Robo call and mailer will launch in August 2020. Robo calls will go to MCLA, CMC and LACC. Mailers will go to the CMC population only. Q3: Robocalls launched for CMC and LACC population in August. A halt in robo calls was in effect in the middle of the MCLA call campaign due to changes in the TCPA. Mailer will be sent in December to not overwhelm members by sending all cancer screening mailers at the same time. Q4: Intervention planning include social media, robo call and mailer. However, launch dates are undecided due to recent spikes in COVID-19 rates.	Q2: In Light of COVID-19, CMC plans are not required to report. QPM plans to report to NCQA based on the data/medical records we have. Q3: Changes in TCPA halted robo call campaigns. Q4: Intervention planning include social media, robo call and mailer. However, launch dates are undecided due to recent spikes in COVID-19 rates.	Y
Adult BMI Assessment	ABA (H)	NCQA: Medi-Cal MCAS QRS	2019 Rates: Medi-Cal: 95.88% LACC: 95.29% CMC: 97.06% MCLA: 94.74%	2020 Rates: Medi-Cal: 94.71% LACC: 98.24% CMC: 98.82% MCLA: 95.75%	Medi-Cal: 98% LACC: Met CMC: Met MCLA: 96%	Medi-Cal: Not Met LACC: Met CMC: Met MCLA: Not Met	Ezra Elorohy (CM) Steven Chang (CM) Betty Santana (QI) Rohney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Adult BMI Assessment is no longer a Medi-Cal measure.	For RY 2021 Medi-Cal Adult BMI Assessment will be retired for NCQA accreditation and QRS.	N
Children's Health/Well Visits												
Adolescent Well-Care Visits New MCAS Measure (Medi-Cal) (Retired for MY2020) (Enterprise Goal)	AWC (H)	MCAS	N/A	2020 Rates: Medi-Cal: 59.12%	Medi-Cal: 45%	Medi-Cal: Met	Betty Santana (QI) Rohney Truong (QPM) Keren Mahgarehch (QI)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1: Preparing for bus shelter ads and social media paid ads that will focus on this measure and well care visits. These are to launch in the summer 2020. Q2: Due to COVID-19 it was decided to change the bus shelter and social media paid ads to occur in Nov. 2020 instead of summer 2020. All of the messages need to be placed into pods by Sept. 2020. Q3: In June 2020 the QI Initiatives team and the Child and Adolescent Health WG decided that due to Medi-Cal Product conducting state mandated calls to this member population QI initiatives will launch these robo calls launch Oct. 2020 tentatively. This robo call was placed on hold due to liability issues with robo calls there will not be robo calls occurring at this time. Q4: On Nov. 16, 2020 bus shelter ads and paid social media launched in zip codes with low compliance for well check visits. This includes South LA and East LA as well as the Antelope Valley. These bus shelter ads and paid social media will be closed out campaign will be completed towards the beginning of Feb. 2021. On Dec. 8, 2020 email was sent out to the workgroup regarding priority measures for the year. On Dec. 23, 2020 even more info about priority info was sent. The information is as follows: note that for this ranking we took into consideration how the rates are trending as well as prioritizing well check HEDIS measures and vaccine HEDIS measures (given that DMA-2 is trending well it is not a priority one but a 2). Ranking Legend: 1) High priority - High touch/multiple interventions 2) Med priority - Passive intervention(s) e.g. mailers 3) Low priority - Monitoring the measure e.g. high performing measure CIS-3 and CIS-10 Priority 1 CWP priority 3 DMA-2 priority 2 W30 priority 1 WCC priority 3 WCV priority 1	Can't promote preventative visits to members while COVID-19 is a threat. This was originally the case but now Medi-Cal Product will be making the robo call to all kids ages 0-20. AWC age range: date of call is TBD. For MY2020, measure incorporated into WCV.	N
Well Child Visits First 15 Months of Life (Plan Partner Incentive, Medi-Cal VHP-PAP and Physician PAP) (Retired for MY2020)	W15 (H)	MCAS QRS	2019 Rates: LACC: Denominator <30 Medi-Cal: 29.93% MCLA: 31.20%	2020 Rates: Medi-Cal: 55.72% LACC: 17.74% MCLA: 48.09%	Medi-Cal: 66% LACC: 34%	Medi-Cal: Not Met LACC: Not Met MCLA: NA	Betty Santana (QI) Rohney Truong (QPM) Keren Mahgarehch (QI)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1: Preparing for bus shelter ads and social media paid ads that will focus on this measure and well care visits. These are to launch in the summer 2020. Q2: Due to COVID-19 it was decided to change the bus shelter and social media paid ads to occur in Nov. 2020 instead of summer 2020. All of the messages need to be placed into pods by Sept. 2020. Q3: In June 2020 the QI Initiatives team and the Child and Adolescent Health WG decided that due to Medi-Cal Product conducting state mandated calls to this member population QI initiatives will launch these robo calls launch Oct. 2020 tentatively. Q4: On Nov. 16, 2020 bus shelter ads and paid social media launched in zip codes with low compliance for well check visits. This includes South LA and East LA as well as the Antelope Valley. These bus shelter ads and paid social media will be closed out campaign will be completed towards the beginning of Feb. 2021. On Dec. 8, 2020 email was sent out to the workgroup regarding priority measures for the year. On Dec. 23, 2020 even more info about priority info was sent. The information is as follows: Note that for this ranking we took into consideration how the rates are trending as well as prioritizing well check HEDIS measures and vaccine HEDIS measures (given that DMA-2 is trending well it is not a priority one but a 2). Ranking Legend: 1) High priority - High touch/multiple interventions 2) Med priority - Passive intervention(s) e.g. mailers 3) Low priority - Monitoring the measure e.g. high performing measure CIS-3 and CIS-10 Priority 1 CWP priority 3 DMA-2 priority 2 W30 priority 1 WCC priority 3 WCV priority 1	Can't promote preventative visits to members while COVID-19 is a threat. This was originally the case but now Medi-Cal Product will be making the robo call to all kids ages 0-20. Ages 0-2 will receive the robo call from Medi-Cal Product in Aug. 2020. For MY2020, measure incorporated into W30.	N

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory/Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Well-Child Visits in the First 30 months of Life (New measure for MY2020)	W30 (A)	MCAS ORS	NA	Medi-Cal Baseline TBD	TBD		Betty Santana (QI) Rodney Truong (QPM) Keren Mahgareheth (QI)	Annual: By June '20	OOQ: September 22 PICC & PQG: Nov 3	Q4: On Nov. 16, 2020 bus shelter ads and paid social media launched in zip codes with low compliance for well check visits. This includes South LA and East LA as well as the Antelope Valley. These bus shelter ads and paid social media will be closed out/campaign will be completed towards the beginning of Feb. 2021. On Dec. 8, 2020 email was sent out to the workgroup regarding priority measures for the year. On Dec. 23, 2020 even more info about priority info was sent. The information is as follows: note that for this ranking we took into consideration how the rates are trending as well as prioritizing well check HEDIS measures and vaccine HEDIS measures (given that IMA-2 is trending well it is not a priority one but a 2). Ranking Legend: 1) High priority -High touch/multiple interventions 2) Med priority -Passive intervention(s) e.g. mailers 3) Low priority- Monitoring the measure e.g. high performing measure CIS-3 and CIS-10 Priority 1 CWP priority 3 IMA-2 priority 2 W30 priority 1 WCC priority 3 WCV priority 1		Y
Child and Adolescent Well-Care Visits (New measure for MY2020)	WCV (A)	MCAS ORS	NA	Medi-Cal Baseline TBD	TBD		Betty Santana (QI) Rodney Truong (QPM) Keren Mahgareheth (QI)	Annual: By June '20	OOQ: September 22 PICC & PQG: Nov 3	Q4: On Nov. 16, 2020 bus shelter ads and paid social media launched in zip codes with low compliance for well check visits. This includes South LA and East LA as well as the Antelope Valley. These bus shelter ads and paid social media will be closed out/campaign will be completed towards the beginning of Feb. 2021. On Dec. 8, 2020 email was sent out to the workgroup regarding priority measures for the year. On Dec. 23, 2020 even more info about priority info was sent. The information is as follows: note that for this ranking we took into consideration how the rates are trending as well as prioritizing well check HEDIS measures and vaccine HEDIS measures (given that IMA-2 is trending well it is not a priority one but a 2). Ranking Legend: 1) High priority -High touch/multiple interventions 2) Med priority -Passive intervention(s) e.g. mailers 3) Low priority- Monitoring the measure e.g. high performing measure CIS-3 and CIS-10 Priority 1 CWP priority 3 IMA-2 priority 2 W30 priority 1 WCC priority 3 WCV priority 1		Y
Well-Child Visits 3-6 yrs of age (Plan Partner Incentive, Medi-Cal VIP+P4P and Physician P4P - Retired for MY2020)	W34 (H)	Auto-Assignment MCAS ORS	2019 Rates: Medi-Cal: 74.45% LACC: 74.71%	2020 Rates: Medi-Cal: 73.21% LACC: 54.50%	Medi-Cal: 79% LACC: 77%	Medi-Cal: Not Met LACC: Not Met	Betty Santana (QI) Rodney Truong (QPM) Keren Mahgareheth (QI)	Annual: By June '20	OOQ: September 22 PICC & PQG: Nov 3	Q1: Preparing for bus shelter ads and social media paid ads that will focus on this measure and well care visits. These are to launch in the summer 2020. Q2: Conducted field testing with members of new messages for bus shelter ads. Messages include COVID-19 language. Q3: Bus shelter ads and paid social media submitted to Adobe. Passed through compliance review, readability and going through design. Q4: On Nov. 16, 2020 bus shelter ads and paid social media launched in zip codes with low compliance for well check visits. This includes South LA and East LA as well as the Antelope Valley. These bus shelter ads and paid social media will be closed out/campaign will be completed towards the beginning of Feb. 2021. On Dec. 8, 2020 email was sent out to the workgroup regarding priority measures for the year. On Dec. 23, 2020 even more info about priority info was sent. The information is as follows: Note that for this ranking we took into consideration how the rates are trending as well as prioritizing well check HEDIS measures and vaccine HEDIS measures (given that IMA-2 is trending well it is not a priority one but a 2). 1) High priority -High touch/multiple interventions 2) Med priority -Passive intervention(s) e.g. mailers 3) Low priority- Monitoring the measure e.g. high performing measure CIS-3 and CIS-10 Priority 1 CWP priority 3 IMA-2 priority 2 W30 priority 1 WCC priority 3 WCV priority 1	Can't promote preventative visits to members while COVID-19 is a threat. This was originally the plan but Medi-Cal Products will be conducting robo calls for ages 0-20 and for ages 3-6 the date of completion of the robo call is planned for by Sept. 30th. For MY2020, measure incorporated into WCV.	N
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents (Plan Partner Incentive, Medi-Cal VIP+P4P and Physician P4P - BMI Total)	WCC (H)	BMI: NCQA: Medi-Cal MCAS (RY2021) ORS Nutrition & Physical Activity: ORS	2019 Rates: Medi-Cal: BMI: 50.00% Nutrition: 85.28% Physical Activity: 83.61% LACC: BMI: 83.61% Nutrition: 80.00% Physical Activity: 77.28%	2020 Rates: Medi-Cal: BMI: 85.83% Nutrition: 88% Physical Activity: 78.75% LACC: BMI: 82.43% Nutrition: 78.91% Physical Activity: 77.82%	Medi-Cal: BMI: 93% Nutrition: 88% Physical Activity: 86% LACC: BMI: 86% Nutrition: 83% Physical Activity: 78%	Medi-Cal: BMI: Not Met Nutrition: Not Met Physical Activity: Not Met LACC: BMI: Not Met Nutrition: Not Met Physical Activity: Not Met	Betty Santana (QI) Rodney Truong (QPM) Keren Mahgareheth (QI)	Annual: By June '20	OOQ: September 22 PICC & PQG: Nov 3	No intervention		Y
Childhood Immunizations - Combo 3 (Enterprise Goal)	CIS-3 (H)	ORS	2019 Rates: Medi-Cal: 72.20% LACC: 82.00%	2020 Rates: Medi-Cal: 75.91% LACC: 82.14%	Medi-Cal: 75% LACC: 85%	Medi-Cal: Met LACC: Not Met	Betty Santana (QI) Keren Mahgareheth (QI) Rodney Truong (QPM)	Annual: By June '20	OOQ: September 22 PICC & PQG: Nov 3	Q1: Worked with QPM to create a special report called Missing Vaccine(s) Report which provides providers a chance to see how many and which antigens their patients are missing. Intervention: Health Education's Healthy Baby program is an ongoing intervention that sends 0-6 month old members health education materials including a childhood immunization schedule and conducts IVR reminder calls at 0-6, 8, 11, and 14 months. FY Q1 (CY Q1): Mailing Packets: 7,283 packets mailed; 13,809 IVR calls made FY Q2 (CY Q1): Mailing Packets: 6,679 packets mailed; 4,367 IVR calls made. FY Q3 (CY Q1): Mailing Packets: 6,097 packets mailed; 9,486 IVR calls made. Q2: Start of social media campaigns focused on immunizations Q3: Social media campaigns continued mix of paid and unpaid ads. FY Q4 (CY Q1): Mailing Packets: 3,555 packets mailed; 0 IVR calls made. FY Q1 (CY Q1): Mailing Packets: Health Education's Healthy Baby program concluded as of 9/30/20	Q1: As of 3/5/20 the Healthy Baby program IVR calls were paused per DHCS's COVID-19 guidelines, to stop the promotion of preventive appointments and prioritize medically necessary appointments. In April, DHCS updated the guidelines to continue the promotion of the scheduled childhood immunizations and the IVR calls were relaunched for the Month of May. The Healthy Baby mailers continuously sent to members during this time.	Y
Childhood Immunizations- Combo 10 (Enterprise Goal) (Plan Partner Incentive, Medi-Cal VIP+P4P and Physician P4P)	CIS-10 (H)	Auto Assignment NCQA: Medi-Cal MCAS	2019 Rates: Medi-Cal: 33.82% LACC: NA MCLA: 39.20%	2020 Rates: Medi-Cal: 37.43% LACC: NA MCLA: 35.00%	Medi-Cal: 35% LACC: 85% MCLA: 33%	Medi-Cal: Met LACC: NA MCLA: Met	Betty Santana (QI) Rodney Truong (QPM)	Annual: By June '20	OOQ: September 22 PICC & PQG: Nov 3	Q1: Intervention: Health Education's Healthy Baby program is an ongoing intervention that sends 0-6 month old members health education materials including a childhood immunization schedule and conducts IVR reminder calls at 0-6, 8, 11, and 14 months. FY Q1 (CY Q1): Mailing Packets: 7,283 packets mailed; 13,809 IVR calls made FY Q2 (CY Q1): Mailing Packets: 6,679 packets mailed; 4,367 IVR calls made. FY Q3 (CY Q1): Mailing Packets: 6,097 packets mailed; 9,486 IVR calls made. FY Q4 (CY Q1): Mailing Packets: 3,555 packets mailed; 0 IVR calls made. FY Q1 (CY Q1): Mailing Packets: Health Education's Healthy Baby program concluded as of 9/30/20	Q1: As of 3/5/20 the Healthy Baby program IVR calls were paused per DHCS's COVID-19 guidelines, to stop the promotion of preventive appointments and prioritize medically necessary appointments. In April, DHCS updated the guidelines to continue the promotion of the scheduled childhood immunizations and the IVR calls were relaunched for the Month of May. There was no hold on the Healthy Baby mailers during this time.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory/Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Immunization for Adolescents - Combination 2 (Plan Partner Incentive, Medi-Cal VIP/P4P and Physician P4P)	DMA-2 (H)	NQQA: Medi-Cal MCAS QRS	2019 Rates: Medi-Cal: 42.32% LACC: 39.29%	2020 Rates: Medi-Cal: 41.12% LACC: 42.37%	Medi-Cal: 48% LACC: 42%	Medi-Cal: Not Met LACC: Met	Betsy Santana (QI) Keren Marghereth (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1: Worked with QPM to create a special report called Missing Vaccine(s) Report which provides providers a chance to see how many and which antigens their patients are missing. Had three paid Social Media Ads during the first week of March 2020 which was pre-teen vaccine week. These ads promoted both the HPV vaccine and Pap Smears. Q2: Start of social media campaigns focused on immunization. Q3: Social media campaigns continued mix of paid and unpaid ads. The new Missing Vaccine(s) Report was first available in July 2020 N Q4: In December 2020 reached out to Merck to see if they can conduct a Vaccine Hesitancy QI Webinar. We are planning to have this webinar with Merck to occur Feb. 2021. At the end of webinar Keren and Peter will present on the Missing Vaccine(s) Report.	Report creation of Missing Vaccine(s) Report continued during COVID-19	Y
Appropriate Testing for Pharyngitis	CWP (A)	NQQA: Medi-Cal QRS	2019 Rates: Medi-Cal: 31.19% LACC: 64.29%	2020 Rates: Medi-Cal: 30.02% LACC: 25.29%	Medi-Cal: 34% LACC: 67%	Medi-Cal: Not Met LACC: Not Met	Betsy Santana (QI) Keren Marghereth (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	No intervention. There is no intervention since it is a low priority measure.		Y
Appropriate Rx for Upper Respiratory Infections	URI (A)	NQQA: Medi-Cal QRS	2019 Rates: Medi-Cal: 88.74% LACC: 90.28%	2020 Rates: Medi-Cal: 86.74% LACC: 72.76%	Medi-Cal: 92% LACC: 93%	Medi-Cal: Not Met LACC: Not Met	Betsy Santana (QI) Keren Marghereth (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	No intervention		Y
Metabolic Monitoring for Children and Adolescent on Antipsychotics (Total) (NEW MCAS Measure RY 2021)	APM (A)	MCAS (RY2021)	2019 Rates: Medi-Cal: 49.08%	2020 Rates: Medi-Cal: 53.58%	Medi-Cal: 52%	Medi-Cal: Met	Betsy Santana (QI) Shannon Markewicz (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1, Q2, & Q3: There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Q4: There are no planned interventions for this measure at this time.		Y
Women's Health Initiatives												
Prenatal Visits (Plan Partner Incentive, Medi-Cal VIP/P4P and Physician P4P)	PPC (H) (Prenatal)	Auto Assignment NQQA: Medi-Cal MCAS QRS	2019 Rates: Medi-Cal: 87.80% LACC: 88.27%	2020 Rates: Medi-Cal: 90.75% LACC: 93.63%	Medi-Cal: 92% LACC: 92%	Medi-Cal: Not Met LACC: Met	Margaret Marcia (HECLS) Wendy Sasser (HECLS) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1: Intervention: MCLA, LACC, & CMC Member Incentive: Members identified as pregnant are sent educational materials and members in their first trimester are contacted for support with scheduling their prenatal visit. Members receive a once upon appointment confirmation. FY Q1 (CY Q4): Mailings: 1,061 total, Q1 Live Agent Calls: 35 total FY Q2 (CY Q1): Mailings: 996 total, Q2 Live Agent Calls: 32 total FY Q3 (CY Q2): Mailings: 461 total, Q3 Live Agent Calls: 10 total FY Q4 (CY Q3): Mailings: 493 total, Q4 Live Agent Calls: 31 total FY Q1 (CY Q4): Mailings: 420 total, Q1 Live Agent Calls: 26 total Based on the overall results of the past three years of HF prenatal app. scheduling of a visit, at a rate less than 0.62% of those reached members, the Health Education Department will cease to make outreach calls to newly enrolled pregnant health plan members starting January 1, 2021.	Q1: As of 3/18/20 The Healthy Pregnancy Calls were passed per DHCS's COVID-19 guidelines, to stop the promotion of preventive appointments and prioritize medically necessary appointments. Although the calls have been placed on hold, the monthly trimester mailings were not and were continued to be mailed to members. Q2: The Healthy Pregnancy Calls resumed on 6/1/20. The Healthy Pregnancy report was updated to ensure members are captured once per trimester, which has resulted in a 30% decrease in members identified for the monthly trimester mailings. Q3: Per TCPA, the Healthy Pregnancy Calls were placed on hold from 8/12. Q4: Healthy Pregnancy calls resumed on 9/15/20. No longer a barrier.	Y
Postpartum Care (Plan Partner Incentive, Medi-Cal VIP/P4P and Physician P4P) (Enterprise Goal)	PPC (H) (Postpartum)	NQQA: Medi-Cal MCAS QRS	2019 Rates: Medi-Cal: 62.72% LACC: 69.39%	2020 Rates: Medi-Cal: 73.48% LACC: 76.40% MCLA: 70.81%	Medi-Cal: 69% LACC: 79% MCLA: 69%	Medi-Cal: Met LACC: Met MCLA: Met	Margaret Marcia (HECLS) Wendy Sasser (HECLS) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Intervention: The Healthy Mom program includes the agent telephonic outreach to provide education around the importance of a completed postpartum visit, assist with appointment scheduling, and coordinate interpreting and transportation services if requested. \$40 debit card incentive is awarded to members who have a confirmed complete post partum visit (7-84 days after delivery). FY Q1 (CY Q4) Live Agent Calls: 2,458 total, Q1 App's Confirmed: 668 total, Debit Cards Issued: 512 total. FY Q2 (CY Q1) Live Agent Calls: 1,955 total, Q2 App's Confirmed: 588 total, Debit Cards Issued: 740 total. FY Q3 (CY Q2) Live Agent Calls: 670 total, Q3 App's Confirmed: 161 total, Debit Cards Issued: 179 total. FY Q4 (CY Q3) Live Agent Calls: 1,383 total, Q4 App's Confirmed: 378 total, Debit Cards Issued: 342 total. FY Q1 (CY Q4) Live Agent Calls: 960 total, Q1 App's Confirmed: 229 total, Debit Cards Issued: 332 total.	Q1: As of 3/18/20, the Healthy Mom Calls were passed per DHCS's COVID-19 guidelines, to stop the promotion of preventive appointments and prioritize medically necessary appointments. Although the calls have been placed on hold, the Health Education Advocate continues to confirm that members have attended past appointments. Q2: The Healthy Mom Calls resumed on 6/1/20. There has been a transition from scheduling in person apps. to telephonic/remote apps. QPM has confirmed that the telephonic appointments are HEDIS compliant. Q3: Per TCPA, the Healthy Pregnancy Calls were placed on hold from 8/12. Q4: Healthy Pregnancy calls resumed on 9/15/20. No longer a barrier.	Y
Prenatal Immunization Status (Total)	PRS (ECDS)	Prop 56 Measure		2020 Rates: Medi-Cal: 21.49%	TBD	Medi-Cal: NA	Margaret Marcia (HECLS) Wendy Sasser (HECLS) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q2: Information/Resources about prenatal immunizations were added to the L.A. Care Healthy Pregnancy webpage.		Y
Breast Cancer Screenings (Tier 1) (Plan Partner Incentive, Medi-Cal VIP/P4P, CMC VIP, LACC VIP and Physician P4P)	BCS (A)	MCAS NQQA: Medi-Cal & Medicare	2019 Rates: Medi-Cal: 60.98% LACC: 72.99% CMC: 63.66%	2020 Rates: Medi-Cal: 62.52% LACC: 68.73% CMC: 66.09%	Medi-Cal: 65% LACC: 75% CMC: 66%	Medi-Cal: Not Met LACC: Not Met CMC: Met	Sinhu Kumar (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1: Dependent upon state of COVID crisis, goal is to implement parent letters, provider fax blast and Instagram campaign in July 2020. Dates are still being set and will be updated once determined. Q2: Per DHCS request to cease the distribution of preventive health reminders for this measure, the parent letter, social media campaign, and provider blast fax will not be implemented. Q3: Robo call campaign halted due to changes in the TCPA. Mailer is scheduled to launch late October. Q4: Intervention planning include social media, robo call and mailer. However, launch dates are undecided due to recent spikes in COVID-19 rates.	Q1: Campaign may need to be put on hold dependent upon COVID crisis and ability/appropriateness of member outreach. Q2: DHCS directive dated 3/18/2020 requests that health plans to cease all preventive health reminder campaigns until further notice. Q3: Changes in TCPA halted robo call campaigns. Q4: Interventions on pause due to spikes in COVID-19 rate and overwhelmed clinic/hospital settings. Interventions will be released when COVID cases decline (TBD).	Y
Cervical Cancer Screenings (Plan Partner Incentive, Medi-Cal VIP/P4P and Physician P4P)	CCS (H)	Auto-Assignment EAS QRS NQQA: Medi-Cal	2019 Rates: Medi-Cal: 66.08% LACC: 53.53%	2020 Rates: Medi-Cal: 69.61% LACC: 64.48%	Medi-Cal: 69% LACC: 57%	Medi-Cal: Not Met LACC: Met	Sinhu Kumar (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q2: There were initially two robo calls and one mailer scheduled for member interventions. The first round of robo calls, scheduled in June, are cancelled for COVID-19 messaging. The second round of robo calls and mailer will go out to members in September 2020. For the mailer, the workgroup has decided to try a mailer vs. letter intervention for CY 2020. The mailer will be sent to RCAC 5 (control group) and the letter will be sent to RCAC 9 (experimental group). If the letter has the same effectiveness as the mailer, we can cut costs and reach out to more members by using letters for the campaign in CY 2021. Q3: Mailers set to go out in September. Robo call campaign halted due to changes in the TCPA. Q4: Intervention planning include social media, robo call and mailer. However, launch dates are undecided due to recent spikes in COVID-19 rates.	Q2: COVID-19 outbreak has led to some shifts in intervention. Please refer to column K for a detail of shifts. Q3: Changes in TCPA halted robo call campaigns. Q4: Interventions on pause due to spikes in COVID-19 rate and overwhelmed clinic/hospital settings. Interventions will be released when COVID cases decline (TBD).	Y
Chlamydia Screening in Women (Total) (Plan Partner Incentive, Medi-Cal VIP/P4P and Physician P4P)	CHL (A)	NQQA: Medi-Cal MCAS QRS	2019 Rates: Medi-Cal: 66.77% LACC: 59.04%	2020 Rates: Medi-Cal: 68.01% LACC: 62.04%	Medi-Cal: 73% LACC: 62%	Medi-Cal: Not Met LACC: Met	Betsy Santana (QI) Rodney Truong (QPM) Margaret Marcia (HECLS) Wendy Sasser (HECLS)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1: Dependent upon state of COVID crisis, goal is to implement parent letters, provider fax blast and Instagram campaign in July 2020. Dates are still being set and will be updated once determined. Q2: Per DHCS request to cease the distribution of preventive health reminders for this measure, the parent letter, social media campaign, and provider blast fax will not be implemented. Q3: Per DHCS request to cease the distribution of preventive health reminders for this measure, the parent letter, social media campaign and provider blast fax will not be implemented. Q4: Per DHCS request to cease the distribution of preventive health reminders for this measure, the parent letter, social media campaign and provider blast fax will not be implemented.	Q1: Campaign may need to be put on hold dependent upon COVID crisis and ability/appropriateness of member outreach. Q2: DHCS directive dated 3/18/2020 requests that health plans to cease all preventive health reminder campaigns until further notice. Q3: Continued to cease all preventive health reminder campaigns during the COVID pandemic. (Calls resumed on 6/1/20). During the month of August, MCLA members were removed from the mailing data as they received the information about childhood immunizations as part of a DHCS required preventive care call campaign.) Q4: Due to COVID, this campaign was not implemented in CY2020.	Y
Chronic Condition Measures (Plan Wide)												
Diabetes: Eye Exam (retinal) performed (Tier 2) (Plan Partner Incentive, Medi-Cal VIP/P4P, CMC VIP, LACC VIP and Physician P4P)	CDC: (H) Eye Exam	NQQA: Medi-Cal & Medicare QRS	2019 Rates: Medi-Cal: 64.72% MCLA: 63.07% LACC: 60.34% CMC: 75.89%	2020 Rates: Medi-Cal: 65.94% MCLA: 66.30% LACC: 63.99% CMC: 78.22%	Medi-Cal: 71% MCLA: 66% LACC: 69% CMC: 78%	Medi-Cal: Not Met MCLA: Met LACC: Not Met CMC: Met	Betsy Santana (QI) Sidharth Raich (QI) Izaro Etxebarria (CM) Steven Chang (CM) Ana Dominguez (CM) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1: Team is working with HSM entity ELIZA to launch calls for Diabetes and Hypertension with an option for live transfers. Q2: The call scripts are currently in Podio and calls are projected to go live in Q3. Q3: The ELIZA Call scripts have been approved by C&I, and are currently being recorded by the ELIZA team. The launch date for the calls is set for November 4th, 2020. Q4: It was determined that the transfer option will be removed from the ELIZA calls scripts as Call Center staff is currently unavailable to accept transfer calls. The scripts will be edited, and calls will be launched in January of 2021.		Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory/Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Diabetes: A1C Screening (Tier 2)	CDC: (H) A1C Screening	Auto-Assignment MCAS (Remove RY2021)	2019 Rates: Medi-Cal: 86.13% MCLA: 83.90%	2020 Rates: Medi-Cal: 91.73% MCLA: 91.85%	Medi-Cal: 90% MCLA: 86%	Medi-Cal: Met MCLA: Met	Betty Santana (OJ)/ Sidharth Raich (OJ)/ Izaro Elexby (CM) Steven Chang (CM) Ana Dominguez (CM)/ Rodney Truong (QPM)/ Andy Han (Pharm)/ Ann Phan (Pharm)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Pharmacy Intervention: Since 01/27/2020, the Diabetes Welcome Kit initiative was incorporated into the Statins (SPD/SPC) Calls. The purpose of the Diabetes Welcome Kit is to educate newly diagnosed or new to the health plan with diabetes and offer identified members a Welcome Kit. Diabetes Welcome Kit will be suspended in 2021. Newly identified members will be referred to Health Education for the Diabetes Self-Management Program. L.A. Care Pharmacy team launched both the California Right Med Collaborative (CRMC) and the Ambulatory Care Pharmacy Pilot in 2020. As of 1/7/21, 154 L.A. Care members have received this service from a CRMC clinical pharmacist. Currently, we have seen an average A1c reduction of 0.8%, and 66% of L.A. Care members achieving the blood pressure goal of less than 140/90. As of 12/28/20, our ambulatory care pharmacist is actively seeing 93 members from 3 clinics (Whittington Community Clinic, APLA Health, and Wats Healthcare Corporation). Q3: Member outreach is currently ongoing. As of 10/15/20, 190 members successfully accepted conversion to a 90-days' supply of a statin and 232 newly diagnosed/new to L.A. Care with diabetes were given the Diabetes Welcome Kit (DM Welcome Kit).	Pharmacy: The Diabetes Welcome Kit is now incorporated into the SPD/SPC Calls Q3: Due to concerns with Telephone Consumer Protection Act (TCPA), member calls were paused from 8/26/20 to 9/9/20.	N
Diabetes: A1C Poor Control (<9.0%) (Tier 2) (A lower Rates indicates better performance)	CDC: (H) A1C Poor Control (<9.0%)	MCAS	2019 Rates: Medi-Cal: 35.28% MCLA: 35.58%	2020 Rates: Medi-Cal: 36.74% MCLA: 35.52%	Medi-Cal: 32% MCLA: 31%	Medi-Cal: Not Met MCLA: Not Met	Betty Santana (OJ)/ Sidharth Raich (OJ)/ Izaro Elexby (CM) Steven Chang (CM) Ana Dominguez (CM)/ Rodney Truong (QPM)/ Mary Anne Choi (Pharm)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: Team is collaborating with HSM entity ELIZA to launch calls for Diabetes and Hypertension with an option for live transfers. Q2: The call scripts are currently in Podio and calls are projected to go live in Q3. Q3: The ELIZA Call scripts have been approved by C&L and are currently being recorded by the ELIZA team. The launch date for the calls is set for November 4th, 2020. Q4: It was determined that the transfer option will be removed from the ELIZA calls scripts as Call Center staff is currently unavailable to accept transfer calls. The scripts will be edited, and calls will be launched in January of 2021.		Y
Diabetes: A1C Good Control (<8.0%) (Tier 2) (Enterprise Goal) (Plan Partner Incentive, Medi-Cal VHP-P4P, CMC VHP, LACC VHP and Physician P4P)	CDC: (H) A1C Good Control (<8.0%)	NCQA: Medi-Cal & Medicare QRS	2019 Rates: Medi-Cal: 51.69% MCLA: 49.99% LACC: 61.56% CMC: 62.2%	2020 Rates: Medi-Cal: 51.24% MCLA: 50.74% LACC: 60.25% CMC: 61.60%	Medi-Cal: 51% MCLA: 51% LACC: 63% CMC: 64%	Medi-Cal: Met MCLA: Met LACC: Not Met CMC: Not Met	Betty Santana (OJ)/ Sidharth Raich (OJ)/ Izaro Elexby (CM) Steven Chang (CM)/ Ana Dominguez (CM)/ Rodney Truong (QPM)/ Andy Han (Pharm)/ Ann Phan (Pharm)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: Program description is in progress for current project with South Bay Health Center-Ingwood. SBHC-Ingwood have received two staff training around Diabetes education to the staff. HEDIS referral form has been sent and received by SBHC for providers to refer members to DSME with L.A. Care dietitian. Q1: Pharmacy Intervention: Since 01/27/2020, the Diabetes Welcome Kit initiative was incorporated into the Statins (SPD/SPC) Calls. The purpose of the Diabetes Welcome Kit is to educate newly diagnosed or new to the health plan with diabetes and offer identified members a Welcome Kit. Q3: Member outreach is currently ongoing. As of 10/15/20, 190 members successfully accepted conversion to a 90-days' supply of a statin and 232 newly diagnosed/new to L.A. Care with diabetes were given the Diabetes Welcome Kit (DM Welcome Kit). L.A. Care Pharmacy team launched both the California Right Med Collaborative (CRMC) and the Ambulatory Care Pharmacy Pilot in 2020. As of 1/7/21, 154 L.A. Care members have received this service from a CRMC clinical pharmacist. Currently, we have seen an average A1c reduction of 0.8%, and 66% of L.A. Care members achieving the blood pressure goal of less than 140/90. As of 12/28/20, our ambulatory care pharmacist is actively seeing 93 members from 3 clinics (Whittington Community Clinic, APLA Health, and Wats Healthcare Corporation).	Due to the COVID-19 pandemic there is a hold on any further interventions. Pharmacy: The Diabetes Welcome Kit is now incorporated into the SPD/SPC Calls Q3: Due to concerns with Telephone Consumer Protection Act (TCPA), member calls were paused from 8/26/20 to 9/9/20.	Y
Diabetes: Medical Attention for Nephropathy (May be included for LACC VHP)	CDC: (H) Nephropathy	QRS	2019 Rates: Medi-Cal: 93.51% MCLA: 91.01% LACC: 96.40% CMC: 97.64%	2020 Rates: Medi-Cal: 92.59% MCLA: 92.59% LACC: 96.40% CMC: 96.91%	Medi-Cal: 93% MCLA: 92% LACC: 98% CMC: 98%	Medi-Cal: Met MCLA: Met LACC: Met CMC: Not Met	Betty Santana (OJ)/ Sidharth Raich (OJ)/ Izaro Elexby (CM) Steven Chang (CM)/ Ana Dominguez (CM)/ Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: As the measure concerns adults with Diabetes, they will be included in educational ELIZA calls. Additionally, a Diabetes PIP is underway to address vulnerable populations. Q2: The call scripts are currently in Podio for approval and launch date is projected to be in Q3. Q3: The ELIZA Call scripts have been approved by C&L and are currently being recorded by the ELIZA team. The launch date for the calls is set for November 4th, 2020. Q4: It was determined that the transfer option will be removed from the ELIZA calls scripts as Call Center staff is currently unavailable to accept transfer calls. The scripts will be edited, and calls will be launched in January of 2021.		Y
Diabetes: Blood Pressure Control (<140/90 mm Hg) (Tier 2)	CDC: (H) Blood Pressure Control (<140/90 mm Hg)	NCQA: Medi-Cal & Medicare	2019 Rates: Medi-Cal: 70.80% MCLA: 70.12%	2020 Rates: Medi-Cal: 72.99% MCLA: 69.07%	Medi-Cal: 73% MCLA: 73%	Medi-Cal: Met MCLA: Not Met	Betty Santana (OJ)/ Sidharth Raich (OJ)/ Izaro Elexby (CM) Steven Chang (CM)/ Ana Dominguez (CM)/ Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: Staff is working with HSM entity ELIZA to produce calls with live transfers for members with Diabetes and/or Hypertension. The calls plan to encourage medication adherence and provider visits. Q2: The call scripts are currently in Podio for approval and launch date is projected to be in Q3. Q3: The ELIZA Call scripts have been approved by C&L and are currently being recorded by the ELIZA team. The launch date for the calls is set for November 4th, 2020. Q4: It was determined that the transfer option will be removed from the ELIZA calls scripts as Call Center staff is currently unavailable to accept transfer calls. The scripts will be edited, and calls will be launched in January of 2021.	The call scripts are currently pending Podio approval.	Y
Statin Therapy for Patients with Cardiovascular Disease (Tier 2)	SFC (A)	NCQA: Medi-Cal & Medicare	2019 Rates: Medi-Cal: Total Statin Therapy: 80.53% Total Adherence: 70.60% CMC: Total Statin Therapy: 77.03% Total Adherence: 72.67%	2020 Rates: Medi-Cal: Total Statin Therapy: 79.36% Total Adherence: 72.05% CMC: Total Statin Therapy: 79.03% Total Adherence: 72.45%	Medi-Cal: Total Statin Therapy: 83% Total Adherence: 75% CMC: Total Statin Therapy: 79% Total Adherence: Not Met	Medi-Cal: Total Statin Therapy: Not Met LACC: Met CMC: Total Statin Therapy: Met Total Adherence: Not Met	Ann Phan (Pharm)/ Andy Han (Pharm)/ Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Pharmacy Intervention: Since 1/20/2020 the pharmacy team conducts high-touch telephonic outreach to CMC members identified through the Statin Therapy in Persons with Diabetes (SPD) Statin Therapy in Persons with Cardiovascular Disease (SPC) initiative to educate on statin and diabetes medication adherence with high focus on converting member's statin and/or diabetes medication therapy to a 90-days' supply. Q3: Due to concerns with Telephone Consumer Protection Act (TCPA), member calls were paused from 8/26/20 to 9/9/20. Member outreach is currently ongoing. As of 10/15/20, 190 members successfully accepted conversion to a 90-days' supply of a statin and 232 newly diagnosed/new to L.A. Care with diabetes were given the Diabetes Welcome Kit (DM Welcome Kit). Q4: Outreach campaign for SPD/SPC is currently paused as we shifted our effort to California Right Med Collaborative (CRMC) enrollment and MTM outreach calls.		Y
Statin Therapy for Patients with Diabetes (Tier 2) (Enterprise Goal - Adherence 80% - Goal)	SPD (A)	NCQA: Medi-Cal & Medicare	2019 Rates: Medi-Cal: Received Statin Therapy: 69.20% Statin Adherence: 65.99% CMC: Received Statin Therapy: 74.06% Statin Adherence: 72.13%	2020 Rates: Medi-Cal: Received Statin Therapy: 68.12% Statin Adherence: 66.85% CMC: Received Statin Therapy: 78.48% Statin Adherence: 74.27%	Medi-Cal: Received Statin Therapy: 73% Statin Adherence: 69% CMC: Received Statin Therapy: 77% Statin Adherence: 74%	Medi-Cal: Received Statin Therapy: Not Met LACC: Met CMC: Received Statin Therapy: Met Statin Adherence: Met	Ann Phan (Pharm)/ Andy Han (Pharm)/ Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Pharmacy Intervention: Since 1/20/2020 the pharmacy team conducts high-touch telephonic outreach to CMC members identified through the Statin Therapy in Persons with Diabetes (SPD) Statin Therapy in Persons with Cardiovascular Disease (SPC) initiative to educate on statin and diabetes medication adherence with high focus on converting member's statin and/or diabetes medication therapy to a 90-days' supply. Q3: Due to concerns with Telephone Consumer Protection Act (TCPA), member calls were paused from 8/26/20 to 9/9/20. Member outreach is currently ongoing. As of 10/15/20, 190 members successfully accepted conversion to a 90-days' supply of a statin and 232 newly diagnosed/new to L.A. Care with diabetes were given the Diabetes Welcome Kit (DM Welcome Kit). Q4: Outreach campaign for SPD/SPC is currently paused as we shifted our effort to California Right Med Collaborative (CRMC) enrollment and MTM outreach calls.	Q3: Due to concerns with Telephone Consumer Protection Act (TCPA), member calls were paused from 8/26/20 to 9/9/20.	Y
Controlling High Blood Pressure (Tier 1) (Plan Partner Incentive, Medi-Cal VHP-P4P, LACC VHP and Physician P4P)	CBP (H)	Auto-Assignment MCAS QRS QW	2019 Rates: Medi-Cal: 71.08% LACC: 68.13% CMC: 73.24% MCLA: 70.40%	2020 Rates: Medi-Cal: 69.69% LACC: 64.72% CMC: 70.73% MCLA: 69.96%	Medi-Cal: 73% LACC: 70% CMC: 70% (QW 71%) MCLA: 73%	Medi-Cal: Not Met LACC: Not Met CMC: Not Met (QW: Met) MCLA: Not Met	Izaro Elexby (CM) Steven Chang (CM) Betty Santana (OJ) Rodney Truong (QPM) Sidharth Raich (OJ)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: Planned presentation to CMC EAC has been postponed to June 23rd. Q2: All in-person presentations have been postponed, cancelled or converted to electronic mediums due to COVID. Call scripts for Hypertension are in Podio, and members will receive informational calls with an option for live transfer in Q3.	Delay in presenting to CMC EAC committee due to COVID-19 pandemic and the stay at home order for social distancing.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory/Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Asthma Medication Ratio (Total) (Enterprise Goal) (Plan Partner Incentive, Medi-Cal VIP/P4P, LACC VIP and Physician P4P)	AMR (A)	NCQA: Medi-Cal MCAS QRS	2019 Rates: Medi-Cal: 60.90% MCLA: 55.64%	2020 Rates: Medi-Cal: 59.68% LACC: 72.24% MCLA: 53.10%	Medi-Cal: 64% LACC: 79% MCLA: 58%	Medi-Cal: Not Met LACC: Not Met MCLA: Not Met	Betty Santana (QI) Sukhshant Raich (QI) Rodney Truong (QPM) Anh Han (Pharm) Ann Puan (Pharm)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: A packet containing an introduction letter, magnetic postcards, medication stickers, instructional handouts (for stickers), and health education handouts will be sent to MCLA members identified with persistent asthma in 2020. The magnets will serve as reminders for those with persistent asthma to take their controller medication, and the stickers will help members differentiate controllers and relievers (while also suggesting the use of green controller medication as opposed to red rescue medicine). The handouts will explain how to label medication and emphasize the importance of medication. Q2: All educational materials are currently being field tested. Materials in testing include asthma labels/stickers, and magnetic postcards. The AMR PIP is in intervention phase, and DHS has agreed to collaborate. Due to the COVID crisis, work with DHS has slowed as they make COVID a high priority. Q3: Due to COVID-19, the education packet has been delayed. It is now projected to be mailed in mid-October. Mailing will be sent to ~6400 MCLA members. Q4: The mailers were sent to 6277 MCLA members on 11/7/2020. We will be evaluating the effectiveness of this intervention in March 2021.	Due to COVID19 and need to field test, the packet is now projected to be sent out in October 2020 at the latest. AMR team is working with Health Education, Pharmacy, and other teams to coordinate field testing during the COVID19 crisis conducted via phone.	Y
Medication Management for People with Asthma (MMA) - 75% Compliance	MMA - 75% (A)	75% Compliance Rates NCQA: Medi-Cal QRS	2019 Rates: Medi-Cal: 42.44% LACC: 52.55% MCLA: 43.69%	2020 Rates: Medi-Cal: 42.10% LACC: 49.54% MCLA: 38.08%	Medi-Cal: 44% LACC: 57% MCLA: 46%	Medi-Cal: Not Met 75% compliance: LACC: 75% compliance: Not Met MCLA: 75% compliance: Not Met	Betty Santana (QI) Izaro Ekechay (CM) Steven Chang (CM) Ann Dominguez (CM) Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q3: Asthma Packets were mailed to members containing educational pamphlets and instructions to increase medication adherence. Packets were sent to members that were non-compliant as well as a risk of non-compliance to help boost medication adherence awareness.	For FY 2021 Medi-Cal Medication Management for People with Asthma (MMA) - 75% Compliance will be retired for NCQA accreditation and QRS.	N (Medi-Cal)
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	PCE-(A) (dispensed a systemic corticosteroid within 14 days of the event)	NCQA: Medi-Cal & Medicare	2019 Rates: Medi-Cal: 68.47% CMC: 76.02%	2020 Rates: Medi-Cal: 63.95% CMC: 63.68%	Medi-Cal: 72% CMC: 77%	Medi-Cal: Not Met CMC: Not Met	Betty Santana (QI) Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: PCE mailers were sent out to members living with COPD to prevent hospital visits and encourage medication adherence to prevent worsening of health conditions. The packets contained a cover letter explaining MyHIM portal, flyer on MyHIM portal access and navigation, and a flyer about detecting and treating COPD. Q2: The team made a collective decision not to evaluate the Q1 Mailer as it was a passive intervention. Q3: QI is working with Rodney and others to determine a more direct approach to address PCE, possibly using LANES and other real time interventions. Q4: PCE was discussed during the Chronic Care Workgroup meeting and assigned a Level 2 Priority. Agun will continue to work on a comprehensive PCE report to determine interventions.	Given that the PCE sub-measures are time sensitive, it is possible that the timing of the mailer may not provide enough time for the member to take action. The first sub-measure dictates that the systemic corticosteroid is dispensed within 14 days of the event, while the second measure includes a dispensed bronchodilator within 30 days of the event. Additionally, HEDIS measurement does not capture hospital visits.	Y
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	PCE-(A) (dispensed a bronchodilator within 30 days of the event)	NCQA: Medi-Cal & Medicare	2019 Rates: Medi-Cal: 83.61% CMC: 83.20%	2020 Rates: Medi-Cal: 81.30% CMC: 88.56%	Medi-Cal: 86% CMC: 86%	Medi-Cal: Not Met CMC: Met	Betty Santana (QI) Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: PCE mailers were sent out to members living with COPD to prevent hospital visits and encourage medication adherence to prevent worsening of health conditions. The packets contained a cover letter explaining MyHIM portal, flyer on MyHIM portal access and navigation, and a flyer about detecting and treating COPD. Q2: The team made a collective decision not to evaluate the Q1 Mailer as it was a passive intervention. Q3: QI is working with Rodney and others to determine a more direct approach to address PCE, possibly using LANES and other real time interventions. Q4: PCE was discussed during the Chronic Care Workgroup meeting and assigned a Level 2 Priority. Agun will continue to work on a comprehensive PCE report to determine interventions.	Given that the PCE sub-measures are time sensitive, it is possible that the timing of the mailer may not provide enough time for the member to take action. The first sub-measure dictates that the systemic corticosteroid is dispensed within 14 days of the event, while the second measure includes a dispensed bronchodilator within 30 days of the event. Additionally, HEDIS measurement does not capture hospital visits.	Y
Use of Imaging Studies for Low Back Pain	LBP (A)	NCQA: Medi-Cal QRS	2019 Rates: Medi-Cal: 71.74% LACC: 71.39%	2020 Rates: Medi-Cal: 78.14% LACC: 74.18%	Medi-Cal: 76% LACC: 74%	Medi-Cal: Met LACC: Met	Betty Santana (QI) Sukhshant Raich (QI) Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1: Collection of data for LBP mailer from 2019. Q2: As final data comes in from QPM and other sources, initial evaluation will begin to measure efficacy of LBP mailer. Q3: The Evaluation of LBP will begin in Q4 after comprehensive data is received, including any data lag from 2020. Additionally, measure prioritization process during the Chronic Care Workgroup meeting will determine level of focus given to LBP. Q4: LBP was given low prioritization of focus for the workgroup and will remain on monitoring status.		Y
Behavioral Health			QW: Quality Withhold Measure									
Antidepressant Medication Management (Acute Phase)	AMM-(A) Acute Phase	MCAS QRS	2019 Rates: LACC: 65.13%	2020 Rates: Medi-Cal: 58.50% LACC: 64.30%	Medi-Cal: 63% LACC: 68%	Medi-Cal: Not Met LACC: Not Met	Betty Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	BHQIC: Sept. 1	Q1 & Q2: AMM Member mailer will be implemented Summer 2020 to impact AMM 2 and AMM3. Decision is based on evaluation of initial 2018 member mailer, which yielded statistically significant improvements in the AMM measure in members that received the mailer compared to those that did not. A program description has been developed to guide mailer planning, execution and evaluation. Q3: AMM Member mailer's distribution strategy was determined and it will be sent out in Fall 2020. There will be a control and a treatment group to do an evaluation on the mailer. There is also a separate intervention done by the Behavioral Health team that will do phone outreach to randomly selected CMC members. An evaluation is planned to be done to measure the effectiveness and impact. Q4: AMM Member mailers are planned to be sent out quarterly. This will be discussed at the next Behavioral Health Workgroup meeting. There are no updates currently on the CMC phone outreach.		Y
Antidepressant Medication Management (Continuation Phase) (Tier 2) (Plan Partner Incentive, Medi-Cal VIP/P4P, CMC VIP and Physician P4P)	AMM-(A) Continuation Phase	NCQA: Medi-Cal & Medicare MCAS QRS	2019 Rates: Medi-Cal: 43.14% LACC: 47.09% CMC: 57.16%	2020 Rates: Medi-Cal: 40.04% LACC: 45.09% CMC: 49.81%	Medi-Cal: 46% LACC: 50% CMC: 61%	Medi-Cal: Not Met LACC: Not Met CMC: Not Met	Betty Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	BHQIC: Sept. 1	Q1 & Q2: AMM Member mailer will be implemented Summer 2020. Decision is based on evaluation of initial 2018 member mailer, which yielded statistically significant improvements in the AMM measure in members that received the mailer compared to those that did not. Q3: AMM Member mailer's distribution strategy was determined and it will be sent out in Fall 2020. There will be a control and a treatment group to do an evaluation on the mailer. There is also a separate intervention done by the Behavioral Health team that will do phone outreach to randomly selected CMC members. An evaluation is planned to be done to measure the effectiveness and impact. Q4: AMM Member mailers are planned to be sent out quarterly. This will be discussed at the next Behavioral Health Workgroup meeting. There are no updates currently on the CMC phone outreach.		Y
Follow-Up for Children Prescribed ADHD Medication-Initiation Phase	ADD-(A) Initiation Phase	MCAS (Reportable Only)	2019 Rates: Medi-Cal: 40.88% LACC: NA (Denominator less than 30)	2020 Rates: Medi-Cal: 57.18%	Medi-Cal: 44%	Medi-Cal: Met	Betty Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Two interventions were implemented in 2019 to impact ADD measure. These include (1) Beacon Outreach Calls to remind families of follow-up care for ADHD medication, and to assist with appointment scheduling; and (2) Provider Letters encouraging clinicians to provide follow-up care for their ADHD patients. An evaluation analysis of the Beacon Outreach calls indicated that members that were outreached did not show significantly higher ADD measure compliance (Initiation and Continuation) compared to members that were not outreached. In result, the Behavioral Health Department instructed Beacon to discontinue the ADD calls effective 7/14/20. Q3: Evaluation of the ADD Provider Mailing intervention showed statistically significant improvements in the ADD measure when comparing providers that received the mailer versus those that did not. Thus, the intervention will continue while making improvements to the distribution process. Q4: ADD Provider mailing planned to be continued. This will be discussed at next Behavioral Health Workgroup meeting.	Concerns about switching to a pharmacy vendor that will not be able to distribute the ADD mailers.	Y
Follow-Up for Children Prescribed ADHD Medication - Continuation and Maintenance Phase (Enterprise Goal)	ADD-(A) Continuation and Maintenance Phase	MCAS NCQA: Medi-Cal	2019 Rates: Medi-Cal: 43.30% LACC: NA	2020 Rates: Medi-Cal: 68.47% MCLA: 71.45%	Medi-Cal: 47% MCLA: 30%	Medi-Cal: Met MCLA: Met	Betty Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Two interventions were implemented in 2019 to impact ADD measure. These include (1) Beacon Outreach Calls to remind families of follow-up care for ADHD medication, and to assist with appointment scheduling; and (2) Provider Letters encouraging clinicians to provide follow-up care for their ADHD patients. An evaluation analysis of the Beacon Outreach calls indicated that members that were outreached did not show significantly higher ADD measure compliance (Initiation and Continuation) compared to members that were not outreached. In result, the Behavioral Health Department instructed Beacon to discontinue the ADD calls effective 7/14/20. Q3: Evaluation of the ADD Provider Mailing intervention showed statistically significant improvements in the AMM measure when comparing providers that received the mailer versus those that did not. Thus, the intervention will continue while making improvements to the distribution process. Q4: ADD Provider mailing planned to be continued. This will be discussed at next Behavioral Health Workgroup meeting.	Concerns about switching to a pharmacy vendor that will not be able to distribute the ADD mailers.	Y
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	APP (A)	NCQA: Medi-Cal	2019 Rates: Medi-Cal: 37.36%	2020 Rates: Medi-Cal: 37.96%	TBD	NA	Betty Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	OOC: September 22 PICC & PQC: Nov 3	Q3: There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Q4: There are no planned interventions for this measure at this time.		Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory/Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Follow-Up After Hospitalization for Mental Illness (in 7 days) (Tier 2)	FUIB7 (A)	QRS NCQA: Medi-Cal & Medicare	2019 Rates: Medi-Cal: 30.54% LACC: 26.23% CMC: 29.93%	2020 Rates: Medi-Cal: 22.50% LACC: 37.33% CMC: 39.99%	Medi-Cal: 36% LACC: 30% CMC: 35%	Medi-Cal: Not Met LACC: Met CMC: Met	Betsy Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Two interventions were implemented in 2019: (1) Gift Card Incentive Program; and (2) REACH program. An evolution plan for the Gift Card Incentive is currently underway. Currently exploring how to use HIE capabilities to improve data capture. Q3: The evaluation for the Gift Card Incentive is currently underway and is expected to be completed by the end of the year. REACH program has been decided on 10/22 that it will be on pause until we can resume prior to pandemic times. Q4: The evaluation for the Gift Card Incentive is currently underway and is expected to be completed by the end of January. REACH program remains on pause.	Due to COVID-19, the REACH program has paused their outreach on in house visits.	Y
Follow-Up After Hospitalization for Mental Illness (in 30 days) (Tier 1)	FUIB30 (A)	QW	2019 Rates: CMC: 48.99%	2020 Rates: CMC: 59.39%	CMC: 51% (QW 56%)	CMC: Met	Betsy Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Two interventions were implemented in 2019: (1) Gift Card Incentive Program; and (2) REACH program. An evolution plan for the Gift Card Incentive is currently underway. Currently exploring how to use HIE capabilities to improve data capture. Q3: The evaluation for the Gift Card Incentive is currently underway and is expected to be completed by the end of the year. REACH program has been decided on 10/22 that it will be on pause until we can resume prior to pandemic times. Q4: The evaluation for the Gift Card Incentive is currently underway and is expected to be completed by the end of January. REACH program remains on pause.	Due to COVID-19, the REACH program has paused their outreach on in house visits.	Y
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	SAA (A)	NCQA: Medi-Cal	2019 Rates: Medi-Cal: 60.67%	2020 Rates: Medi-Cal: 62.25%	TBD	NA	Betsy Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q3: There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Q4: There are no planned interventions for this measure at this time.		Y
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications	SSD (A)	NCQA: Medi-Cal MCAS CMC & LACC: NCQA Report	2019 Rates: Medi-Cal: 78.85%	2020 Rates: Medi-Cal: 79.42% LACC: 73.44% CMC: 80.12%	Medi-Cal: 82% Cal MediConnect & LACC: MPL	Medi-Cal: Not Met Cal MediConnect: LACC:	Betsy Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Currently exploring how to use HIE capabilities to improve data capture. Q3: In September, providers were sent an updated POR which included data for SSD through July 2020. Additionally, data from the State on antipsychotic drugs was included in the HEDIS data collection process which may have contributed to the positive increase compared to the previous year. Q4: POR Outreach analysis was completed and suggestions were to provide a separate outreach for those providers that were not reached. Another recommendation would be to lower the goal rate from 100%. This is to be discussed at the next Behavioral Health Workgroup.		Y
Diabetes Monitoring for People with Diabetes and Schizophrenia	SMD (A)	NCQA Report	2019 Rates: Medi-Cal: 73.02%	2020 Rates: Medi-Cal: 79.12%	Medi-Cal: 76%	Medi-Cal: Met	Betsy Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Q3: In September, providers were sent an updated POR which included data for SMD through July 2020. Additionally, data from the State on antipsychotic drugs was included in the HEDIS data collection process which may have contributed to the positive increase compared to the previous year. Q4: POR Outreach analysis was completed and suggestions were to provide a separate outreach for those providers that were not reached. Another recommendation would be to lower the goal rate from 100%. This is to be discussed at the next Behavioral Health Workgroup.		Y
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation Total	IET(A) Initiation Total	QRS	2019 Rates: LACC: 33.14%	2020 Rates: LACC: 46.97%	LACC: 36%	LACC: Met	Betsy Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Currently exploring how to use HIE capabilities to improve data capture. Q3: There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Q4: There are no planned interventions for this measure at this time.	Lack of data due to consent laws	Y
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement Total (Not a Medi-Cal benefit)	IET(A) Engagement Total	NCQA: Medi-Cal & Medicare QRS	2019 Rates: Medi-Cal: 5.93% LACC: 4.51% CMC: 4.55%	2020 Rates: Medi-Cal: 5.96% LACC: 6.87% CMC: 5.84%	Medi-Cal: 8% LACC: 7% CMC: 6%	Medi-Cal: Not Met LACC: Met CMC: Met	Betsy Santana (QI) Shannon Markiewicz (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: There are no planned interventions for this measure at this time. Currently exploring how to use HIE capabilities to improve data capture. Q3: There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Initiation and Engagement of Alcohol and Other Drug Dependence (IET) Treatment - Engagement Total - Not a benefit for Medi-Cal therefore not reportable (removed from workplan)	Lack of data due to consent laws	N (Medi-Cal)
Cal MediConnect - Medicare-Medicaid Plans (MMP) Measures			Rates 2019 Rates (MY 2018)	Rates 2020 Rates (MY 2019)	Goal Methodology: 2019 Rates used to determine an attainable % increase. If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly. Measures that are part of PDM, the goal was set to match PDM. QW: Quality Withhold Measure							
Follow-up After Emergency Department Visit for Alcohol and other Drug Abuse or Dependence (7-day Rates only) (Tier 2) (New Accreditation Measure RY2020)	FUA (A)	NCQA: Medi-Cal & Medicare	2019 Rates: CMC: 6.41% Medi-Cal: 2.99%	2020 Rates: CMC: 1.56% Medi-Cal: Not a benefit	CMC: 7% Medi-Cal: 4%	CMC: Not Met Medi-Cal: NA	Rodney Truong (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	This is a new accreditation measure and QI team is currently reviewing priority stratification of the measure. There are no planned interventions for this measure at this time.	Not a benefit for Medi-Cal so there for not reportable.	N (Medi-Cal)
Follow-up After Emergency Department Visit for Mental Illness (7-day Rates only) (Tier 2) (New Accreditation Measure RY2020)	FUM (A)	NCQA: Medi-Cal & Medicare	2019 Rates: CMC: 31.25% Medi-Cal: 20.91%	2020 Rates: CMC: 34.15% Medi-Cal: 20.28%	CMC: 41% Medi-Cal: 34%	CMC: Not Met Medi-Cal: Not Met	Rodney Truong (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	This is a new accreditation measure and QI team is currently reviewing priority stratification of the measure. There are no planned interventions for this measure at this time. Currently exploring how to use HIE capabilities to improve data capture.		Y
Osteoporosis Management in Older Women who had a Fracture (Tier 1)	OMW (A)	NCQA: Medicare	2019 Rates: CMC: 29.41%	2020 Rates: CMC: 32.31%	CMC: 32%	CMC: Met	Rodney Truong (QPM) Ann Phan (Pharm) Andy Han (Pharm) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Pharmacy Intervention: The OMW Initiative is led by the intern pharmacist. The intern pharmacist will outreach to providers of identified members with a fracture and recommend providers to conduct a DEXA scan or prescribe an osteoprotective medication for the member. Q3: As of 8/31/20, intern pharmacists have made outreach to 22 providers for this calendar year. Q4: The Pharmacy team met with House Call Doctors (HCD) to discuss the possibility of incorporating DEXA scans into one of the services they can provide. HCD can provide this service. Our plan is to implement the intervention towards the end of 2021.		Y
Non-Recommended PSA-Based Screening in Older Men (Note: Lower Rates indicates better performance)	PSA (A)	CMS NCQA: Medicare	2019 Rates: CMC: 28.64%	2020 Rates: CMC: 34.40%	CMC: 28%	CMC: Not Met	Betsy Santana (QI) Sasha Kumar (QI) Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q2 & Q3: Adult Screening Workgroup decided this was a low priority measure. No current interventions. Q4: Low priority measure; no current interventions.	Q2: In Light of COVID-19, CMC plans are not required to report. QPM plans to report to NCQA based on the data/medical records we have.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory/Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Potentially Harmful Drug-Disease Interactions in Older Adults - Combination Rates (Note lower Rates signify better performance)	DDE (A)	NCQA: Medicare	2019 Rates: CMC: 40.47%	2020 Rates: CMC: 40.20%	CMC: 40%	CMC: Not Met	Andy Han (Pharm)/ Ann Phan (Pharm)	Annually: Sept '20	QOC: September 22 PICC & PQC: Nov 3	MTM vendor SunionRx provides Targeted Medication Reviews (TMR) algorithm to include elderly CMC members who are taking various High Risk Medications Since 2/2020, pharmacy team collaborates with Risk Adjustment to distribute HRM flyers to provider offices that serve the CMC line of business.		Y
Use of High Risk Medication in Older Adults - two drugs (Note lower Rates signify better performance)	DAE (A)	NCQA: Medicare	2019 Rates: CMC: 12.99%	2020 Rates: CMC: 13.99%	CMC: 12%	CMC: Not Met	Andy Han (Pharm)/ Ann Phan (Pharm)	Annually: Sept '20	QOC: September 22 PICC & PQC: Nov 3	MTM vendor SunionRx provides Targeted Medication Reviews (TMR) algorithm to include elderly CMC members who are taking various High Risk Medications Since 2/2020, pharmacy team collaborates with Risk Adjustment to distribute HRM flyers to provider offices that serve the CMC line of business.		Y
Medication Reconciliation Post-Discharge (Tier 1) (New Accreditation Measure RY2020)	MRP (H)	Medicare EAS (MLTSS)	2019 Rates: CMC: 34.55% MLTSS: 24.09%	2020 Rates: CMC: 42.34% MLTSS: Not Reportable Measure	CMC: 37% MLTSS: 27%	CMC: Met MLTSS: NA	Betsy Santana (QI)/ Rodney Truong (QPM)	Annual: Due June '20	QOC: September 22 PICC & PQC: Nov 3		For RY 2021 Medicare Medication Reconciliation Post-Discharge will be retired for NCQA accreditation	N
Appropriate Medication Management												
Risk of Continued Opioid Use—15 day rate (New Accreditation Measure RY2021) (Note lower Rates signify better performance)	COU (A)	NCQA: Medi-Cal & Medicare	NA	2020 Rates: Medi-Cal: 3.95% CMC: 15.10%	NA	NA	Andy Han (Pharm)/ Ann Phan (Pharm)	Annually: Sept '20	QOC: September 22 PICC & PQC: Nov 3	Pharmacy Intervention: Point of Sale (POS) Safety Edits -Hard reject for opioid naive members that were dispensed greater than 7 days supply of opioids -The Pharmacy team will continue to monitor members who have had a new episode of opioid use. The Pharmacy team is currently discussing with Navitas to strategize and plan for a new intervention later this year or early 2021. -Pharmacy benefit carve-out has been postponed to April 2021. Future alerts will be handled by Magellan Rx.	Pharmacy benefit will be carved out starting April 2021. L.A. Care pharmacy will no longer have control over the formulary and safety edits for opioids. DHCS will not be continuing any drug management programs.	Y
Use of Opioids at High Dosage (Tier 2) (New Accreditation Measure RY2020) (Note lower Rates signify better performance)	HDO (A)	NCQA: Medi-Cal, LACC, & Medicare	2019 Rates: Medi-Cal: 3.13% LACC: NA CMC: 2.79%	2020 Rates: Medi-Cal: 3.95% CMC: 4.19%	Medi-Cal: 0% CMC: 0%	Medi-Cal: Not Met CMC: Not Met	Andy Han (Pharm)/ Ann Phan (Pharm)	Annually: Sept '20	QOC: September 22 PICC & PQC: Nov 3	MCLA & Commercial Plans Pharmacy Home Programs In-house opioid program strictly for MCLA, LACC, and PASC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>3) within the past 6 months. Q4: As of 1/5/21, there are currently 2 members in Lock-In and 1 member in Re-Lock-In stages for PHP. Retrospective Drug Utilization Review (RDUR) Replaced internal high dose prescriber report. RDUR Identifies members receiving prescriptions from high number of prescribers, high utilization of controlled medications, high utilization of medications that have a potential for overdose/abuse, high MME utilization, and/or if member has demonstrated concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants. Prescribers are notified of these members and encouraged to take appropriate action (e.g. education on opioid overdose, naloxone prescriptions, etc.) to optimize the drug regimen of each patient. CMC: Opioid Home Program In-house opioid program strictly for CMC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>3) within the past 6 months. Q4: As of 1/5/21, 1 CMC member is enrolled in the OHP. Retrospective Drug Utilization Review (RDUR): see above Navitas: Hard edits to limit initial fill for 7 days supply for acute pain. Formulary-level safety edit will trigger if members exceed 90MME/day cumulatively (CDUR)	Pharmacy benefit will be carved out starting April 2021. L.A. Care pharmacy will no longer have control over the formulary and safety edits for opioids. DHCS will not be continuing any drug management programs.	Y
Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies Rates (Tier 2) (New Accreditation Measure RY2020) (Note lower Rates signify better performance)	UOP (A)	NCQA: Medi-Cal, LACC, & Medicare	2019 Rates: Medi-Cal: 0.10% LACC: NA CMC: NA	2020 Rates: Medi-Cal: 3.01% CMC: 1.53%	Medi-Cal: 0% LACC: 0% CMC: 0%	Medi-Cal: Not Met LACC: Not Met CMC: Not Met	Andy Han (Pharm)/ Ann Phan (Pharm)	Annually: Sept '20	QOC: September 22 PICC & PQC: Nov 3	MCLA & Commercial Plans Pharmacy Home Programs In-house opioid program strictly for MCLA, LACC, and PASC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>3) within the past 6 months. Q4: As of 1/5/21, there are currently 2 members in Lock-In and 1 member in Re-Lock-In stages for PHP. Retrospective Drug Utilization Review (RDUR) Replaced internal high dose prescriber report. RDUR Identifies members receiving prescriptions from high number of prescribers, high utilization of controlled medications, high utilization of medications that have a potential for overdose/abuse, high MME utilization, and/or if member has demonstrated concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants. Prescribers are notified of these members and encouraged to take appropriate action (e.g. education on opioid overdose, naloxone prescriptions, etc.) to optimize the drug regimen of each patient. CMC: Opioid Home Program In-house opioid program strictly for CMC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>3) within the past 6 months. Q4: As of 1/5/21, 1 CMC member is enrolled in the OHP. Retrospective Drug Utilization Review (RDUR): see above Navitas: Hard edits to limit initial fill for 7 days supply for acute pain. Formulary-level safety edit will trigger if members exceed 90MME/day cumulatively (CDUR)	Pharmacy benefit will be carved out starting April 2021. L.A. Care pharmacy will no longer have control over the formulary and safety edits for opioids. DHCS will not be continuing any drug management programs.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory/Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Inpatient												
Acute Hospitalization Utilization (Tier 2) (New Accreditation Measure RY2020)	AHU (A)	NCQA: Medicare	2019 Rates: CMC: 1.02 (Total O/E Ratio)	2020 Rates: CMC: 0.9332% (Total O/E Ratio)	CMC: O/E Ratio <1	CMC: Met	Rodney Truong (QPM)/ Betty Santana (QI)/ Rachel Martinez (QI)/ Grace Crofton (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annual: Due June 20	QOC: September 22 PICC & PQC: Nov 3	Q2: Grace and Rachel co-lead Inpatient Work Group for which this measure will be monitored. Q3: Measure continues to be monitored in the Inpatient Work Group. Q4: Measure continues to be monitored in the Inpatient Work Group.		Y
Emergency Department Utilization (VHP) (Tier 1)	EDU (A)	NCQA: Medicare	2019 HEDIS: Total Observed Rates: 460.29 Total Expected Rates: 444.23 Ratio of Observed/Expected: 1.04% - needs to be 1 or under	2020 HEDIS: Ratio of Observed/Expected: 1.0763% - needs to be 1 or under	CMC: ≤ 1%	CMC: Not Met	Rodney Truong (QPM)/ Betty Santana (QI)/ Rachel Martinez (QI)/ Grace Crofton (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annual: Due June 20	QOC: September 22 PICC & PQC: Nov 3	Q2: Grace and Rachel co-lead Inpatient Work Group for which this measure will be monitored. Q3: Measure continues to be monitored in the Inpatient Work Group. Q4: Measure continues to be monitored in the Inpatient Work Group.		Y
Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (7-day total Rates) (Tier 2) (New Accreditation Measure RY2020)	FMC (A)	NCQA: Medicare CMS	2019 Rates: CMC: 44.09%	2020 Rates: CMC: 48.11%	CMC: 47%	CMC: Met	Rachel Martinez (QI)/ Betty Santana (QI)/ Maria Casias (QI)/ PNM	Annually: Sept 20	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 28, 2020	There are no planned interventions for this measure at this time. Behavioral Health Workgroup is exploring priority stratification and intervention planning during 2020. Currently exploring how to use HIE capabilities to improve data capture.		Y
Hospital for Potentially Preventable Conditions (New Accreditation Measure RY2020) (Tier 2)	HPC (A)	NCQA: Medicare	2019 Rates: CMC: 1.3702 (Total O/E Ratio)	2020 Rates: CMC: 1.6079% (Total O/E Ratio)	CMC: O/E Ratio <1	CMC: Not Met	Rodney Truong (QPM)/ Betty Santana (QI)/ Rachel Martinez (QI)/ Grace Crofton (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annual: Due June 20	QOC: September 22 PICC & PQC: Nov 3	Q2: Grace and Rachel co-lead Inpatient Work Group for which this measure will be monitored. Q3: Measure continues to be monitored in the Inpatient Work Group. Q4: Measure continues to be monitored in the Inpatient Work Group.		Y
Plan All Cause Readmission Rates (Note lower Rates = better performance) (Enterprise Goal) (Tier 1)	PCR (A)	NCQA: Medicare MCAS QRS QW	2019 Rates: Observed Readmission Rates CMC: 16.32% Medi-Cal: 21.50% LACC: 9.36% Expected Readmission Rates CMC: 21.58% Medi-Cal: 21.71% LACC: 11.19% O/E Ratio: CMC: 0.7563 Medi-Cal: 0.9904 LACC: 0.7976	2020 Rates: Observed Readmission Rates CMC: 8.17% Medi-Cal: 7.74% LACC: 4.14% Expected Readmission Rates CMC: 8.72% Medi-Cal: 9.66% LACC: 11.19% O/E Ratio: CMC: 0.5907% Medi-Cal: 0.8005% LACC: 0.4067%	Medi-Cal & LACC: <1% CMC: <1% (QW 29.88% (O/E))	O/E Ratio: CMC: Met Medi-Cal: Met LACC: Met	Rodney Truong (QPM)/ Eidher Bae (QPM)/ Rachel Martinez (QI)/ Grace Crofton (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annual: Due June 20	QOC: Nov 24	Q2: Grace and Rachel co-lead Inpatient Work Group for which this measure will be monitored. This is an outcomes measure and will be explored throughout departments to identify current transition of care processes to improve the rates across all lines of business. Q3: This measure continues to be a focus and being discussed regularly in workgroup meeting. Currently reviewing CMC PCR rates and meeting with the PPGs with the most membership to identify current TOC process. Transition of Care Pilot program launched 10/1/2020 by Social Services team with Dr. Michael Brodsky and the MD overseeing the program. TCP Pilot is being discussed in the Inpatient Work Group.	Q4: TCP Pilot led by Dr. Michael Brodsky and Social Services team have been unable to begin program in-person due to COVID-19 surge. Conducting the pilot via phone.	Y
Transition of Care - All Four Rates (Tier 2) (New Accreditation Measure RY2020)	TRC (B)	NCQA: Medicare CMC	2019 Rates: CMC: Receipt of Discharge Information: 0.73% Patient engagement after inpatient discharge: 76.89% Notification of Inpatient Admission: 7.09% Medication reconciliation post discharge: 34.31%	2020 Rates: CMC: Receipt of Discharge Information: 0.24% Patient engagement after inpatient discharge: 74.94% Notification of Inpatient Admission: 11.19% Medication reconciliation post discharge: 40.63%	TBD	NA	Rachel Martinez (QI)/ Betty Santana (QI)/ Maria Casias (QI)/ Grace Crofton (QPM)/ PNM	Annually: Sept 20	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 28, 2020	Q2: Grace and Rachel co-lead Inpatient Work Group for which this measure will be monitored. This measure is a process measure and will be monitored to identify potential interventions to impact PCR. Q3: This measure is being monitored and reviewed with PCR and discussion are occurring with PPGs to identify current TOC and concurrent review process for CMC. Transition of Care Pilot program launched 10/1/2020 by Social Services team with Dr. Michael Brodsky and the MD overseeing the program. TCP Pilot is being discussed in the Inpatient Work Group.	Q4: TCP Pilot led by Dr. Michael Brodsky and Social Services team have been unable to begin program in-person due to COVID-19 surge. Conducting the pilot via phone.	Y

Performance Measures for Planned Activities for Objectives	Measure Acronym	Regulatory/ Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Managed Care Accountability Set (MCAS) Measures	Admin (A)	MCAS (DHCS)	2019 HEDIS Rates (MY 2018)	2020 HEDIS Rates (MY 2019)								
Ambulatory Care: ED Visits	AMB-ED (A)	MCAS	2019 Rates Medi-Cal: 41.56%	2020 Rates Medi-Cal: 46.45%	TBD	NA	Rodney Truong (QPM)/ Betsy Santana (QI) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annual: Due June 20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and decided to monitor only.		Y
Contraceptive Care - Postpartum Women: LARC - 3 Days	CCP-LARC3 (A)	MCAS	NA	2020 Rates: Ages 15-20: 0.60% Ages 21-44: 0.47%	TBD	NA	Rodney Truong (QPM)/ Margaret Marcia (HECLS)	Annual: By June 20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and decided to discuss further at Postpartum Work Group. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019		Y
Contraceptive Care - Postpartum Women: LARC - 60 Days	CCP-LARC60 (A)	MCAS	NA	2020 Rates: Ages 15-20: 1.48% Ages 21-44: 5.76%	TBD	NA	Rodney Truong (QPM)/ Margaret Marcia (HECLS)	Annual: By June 20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and decided to discuss further at Postpartum Work Group. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019		Y
Contraceptive Care - Postpartum Women: Most or Moderately Effective Contraception - 3 Days	CCP-MMEC3 (A)	MCAS	NA	2020 Rates: Ages 15-20: 1.48% Ages 21-44: 3.30%	TBD	NA	Rodney Truong (QPM)/ Margaret Marcia (HECLS)	Annual: By June 20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and decided to discuss further at Postpartum Work Group. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019		Y
Contraceptive Care - Postpartum Women: Most or Moderately Effective Contraception - 60 Days	CCP-MMEC60 (A)	MCAS	NA	2020 Rates: Ages 15-20: 22.82% Ages 21-44: 22.33%	TBD	NA	Rodney Truong (QPM)/ Margaret Marcia (HECLS)	Annual: By June 20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and decided to discuss further at Postpartum Work Group. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019		Y
Contraceptive Care - All Women: Long Acting Reversible Contraception (LARC)	CCW-LARC (A)	MCAS	NA	2020 Rates: Ages 15-20: 1.74% Ages 21-44: 3.94%	TBD	NA	Rodney Truong (QPM)/ Margaret Marcia (HECLS)	Annual: By June 20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and decided to discuss further at Postpartum Work Group. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019		Y
Contraceptive Care - All Women: Most or Moderately Effective Contraception	CCW-MMEC (A)	MCAS	NA	2020 Rates: Ages 15-20: 12.36% Ages 21-44: 22.49%	TBD	NA	Rodney Truong (QPM)/ Margaret Marcia (HECLS)	Annual: By June 20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and decided to discuss further at Postpartum Work Group. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019		Y
Screening for Depression and Follow-Up Plan	CDF (A)	MCAS	NA	2020 Rates: Ages 12 to 17: 14.53% Ages 18 to 64: 6.09% Ages 65 and Older: 7.30%	TBD	NA	Betsy Santana (QI)/ John Madrigal (QI)/ Rodney Truong (QPM)	Annual: By June 20	BHQIC: Sept 1	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and decided to monitor only.		Y
Concurrent Use of Opioids and Benzodiazepines	COB (A)	MCAS		2020 Rates: Ages 18 to 64: 14.80% Ages 65 and Older: 12.53%	TBD	NA	Andy Han (Pharm)/ Ann Phan (Pharm)	Annually: Sept 20	QOC: September 22 PICC & PQC: Nov 3	MCLA & Commercial Plans: Pharmacy Home Program In house opioid program strictly for MCLA, LACC, and PASC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>5) within the past 6 months. Q4: As of 1/5/21, there are currently 2 members in Lock-In and 1 member in Re-Lock-In stages for PHP. Retrospective Drug Utilization Review (RDUR) Replaced internal high dose prescriber report. RDUR Identifies members receiving prescriptions from high number of prescribers, high utilization of controlled medications, high utilization of medications that have a potential for overuse/abuse, high MME utilization, and/or if member has demonstrated concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants. Prescribers are notified of these members and encouraged to take appropriate action (e.g. education on opioid overdose, naloxone prescriptions, etc.) to optimize the drug regimen of each patient. Number of soft rejects for members attempting to fill both an opioid and a benzodiazepine: Q1: 8,026 Q2: 7,423 Q3: 7,134 Q4: Pending March 2021 CMC: Opioid Home Program In house opioid program strictly for CMC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>5) within the past 6 months.	Pharmacy benefit will be carved out starting April 2021. L.A. Care pharmacy will no longer have control over the formulary and safety edits for opioids. DHCS will not be continuing any drug management programs.	Y

Performance Measures for Planned Activities for Objectives	Measure Acronym	Regulatory/ Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Managed Care Accountability Set (MCAS) Measures	Admin (A)	MCAS (DHCS)	2019 HEDIS Rates (MY 2018)	2020 HEDIS Rates (MY 2019)								
Developmental Screening in the First Three Years of Life	DEV (A)	MCAS	NA	2020 Rates: Medi-Cal: 15.14%	TBD	NA	Betsy Santana (QI)/ Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	<p>MCLA & Commercial Plans: Pharmacy Home Program In house opioid program strictly for MCLA, LACC, and PASC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>5) within the past 6 months.</p> <p>Q4: As of 1/5/21, there are currently 2 members in Lock-In and 1 member in Re-Lock-In stages for PHP.</p> <p>Retrospective Drug Utilization Review (RDUR) Replaced internal high dose prescriber report. RDUR Identifies members receiving prescriptions from high number of prescribers, high utilization of controlled medications, high utilization of medications that have a potential for overuse/abuse, high MME utilization, and/or if member has demonstrated concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants. Prescribers are notified of these members and encouraged to take appropriate action (e.g. education on opioid overdose, naloxone prescriptions, etc.) to optimize the drug regimen of each patient.</p> <p>CMC: Opioid Home Program In house opioid program strictly for CMC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>5) within the past 6 months.</p> <p>Q4: As of 1/5/21, 1 CMC member is enrolled in the OHP.</p> <p>Retrospective Drug Utilization Review (RDUR): see above</p> <p>Navitus: Hard edits to limit initial fill for 7 days supply for acute pain. Formulary-level safety edit will trigger if members exceed Discussed at QI Steering Committee 7/15/2020 and decided to monitor only.</p>	Pharmacy benefit will be carved out starting April 2021. L.A. Care pharmacy will no longer have control over the formulary and safety edits for opioids. DHCS will not be continuing any drug management programs.	
Human Immunodeficiency Virus (HIV) Viral Load Suppression	HVL (A)	MCAS	NA	2020 Rates: Ages 18-64: 3.34% Ages 65 and Older: 1.96%	TBD	NA	Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	<p>Both DHCS and HSAG have received MCP concerns regarding the HIV Viral Load Suppression (HVL) measure. MCPs have indicated that they may not have the ability to acquire this sensitive information from external sources, including lab vendors and community programs and clinics. Additionally, longstanding data feeds from lab vendors may not routinely include the necessary HVL data. On the other hand, we understand there are MCPs that receive HIV lab data routinely from their vendors and that these MCPs have established data use agreements with other data sources such as their local community programs.</p> <p>QPM looked into this question of HIV Viral Load lab data collection. While we do get the HIV Viral Load lab tests in our data feeds, the volume is very minimal. We analyzed our lab data collected by Costas HS for the following labs since 2014 (Costas HS pulls data for Quest, Labcorp, ABC, Sun, Foundation, Primex). This is our main lab data feed. We counted 2,007 HIV Viral Load tests throughout the 5 years, only coming from Foundation and Primex which are 2 of our smaller labs. This volume makes up 0.00082% of our total lab data collected during the same time frame.</p> <p>To get this data from other labs as well, we would need to review the LOINC mapping of their tests, re-map, and then have them retrospectively pull lab results from past years just so we could capture these HIV Viral Load tests. The effort would still not guarantee a complete data capture for numerator compliance for the measure. In addition to our analysis, we reached out to COSTAS Health Care Solutions and were informed that there is a state law prohibiting labs from sharing HIV related lab results which supports our analysis above and hinders the ability to report this measure in the future.</p> <p>Our data capture for the numerator of this measure will be very incomplete.</p>		
Use of Opioids at High Dosage in Persons Without Cancer	OHD (A)	MCAS		2020 Rates: Ages 18 to 64: 4.11% Ages 65 and Older: 1.87%	TBD	NA	Andy Han (Pharm)/ Ann Phan (Pharm)	Annually: Sept '20	QOC: September 22 PICC & PQC: Nov 3	<p>MCLA & Commercial Plans: Pharmacy Home Program In house opioid program strictly for MCLA, LACC, and PASC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>5) within the past 6 months.</p> <p>Q4: As of 1/5/21, there are currently 2 members in Lock-In and 1 member in Re-Lock-In stages for PHP.</p> <p>Retrospective Drug Utilization Review (RDUR) Replaced internal high dose prescriber report. RDUR Identifies members receiving prescriptions from high number of prescribers, high utilization of controlled medications, high utilization of medications that have a potential for overuse/abuse, high MME utilization, and/or if member has demonstrated concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants. Prescribers are notified of these members and encouraged to take appropriate action (e.g. education on opioid overdose, naloxone prescriptions, etc.) to optimize the drug regimen of each patient.</p> <p>CMC: Opioid Home Program In house opioid program strictly for CMC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>5) within the past 6 months.</p> <p>Q4: As of 1/5/21, 1 CMC member is enrolled in the OHP.</p> <p>Retrospective Drug Utilization Review (RDUR): see above</p> <p>Navitus: Hard edits to limit initial fill for 7 days supply for acute pain. Formulary-level safety edit will trigger if members exceed 90MME/day cumulatively (CDUR)</p>	Pharmacy benefit will be carved out starting April 2021. L.A. Care pharmacy will no longer have control over the formulary and safety edits for opioids. DHCS will not be continuing any drug management programs.	Y

Performance Measures for Planned Activities for Objectives	Measure Acronym	Regulatory/ Reporting Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Managed Care Accountability Set (MCAS) Measures	Admin (A)	MCAS (DHCS)	2019 HEDIS Rates (MY 2018)	2020 HEDIS Rates (MY 2019)								
Children and Adolescents' Access to Primary Care Practitioners: 12-24 Months	CAP (A)	MCAS	2019 Rates: Medi-Cal: 91.93%	2020 Rates: Medi-Cal: 92.35%	TBD	NA	Betsy Santana (QI)/ Keren Mahgerefteh (QI)/ Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and are no longer reportable required measures for 2021. The data is being included in other HEDIS measures. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019	For RY 2021 Medi-Cal Children and Adolescents' Access to Primary Care Practitioners will be retired for NCQA accreditation	N
Children and Adolescents' Access to Primary Care Practitioners: 25 Months-6 Years	CAP (A)	MCAS	2019 Rates: Medi-Cal: 83.97%	2020 Rates: Medi-Cal: 83.66%	TBD	NA	Betsy Santana (QI)/ Keren Mahgerefteh (QI)/ Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and are no longer reportable required measures for 2021. The data is being included in other HEDIS measures. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019	For RY 2021 Medi-Cal Children and Adolescents' Access to Primary Care Practitioners will be retired for NCQA accreditation	N
Children and Adolescents' Access to Primary Care Practitioners: 7-11 Years	CAP (A)	MCAS	2019 Rates: Medi-Cal: 88.22%	2020 Rates: Medi-Cal: 87.77%	TBD	NA	Betsy Santana (QI)/ Keren Mahgerefteh (QI)/ Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and are no longer reportable required measures for 2021. The data is being included in other HEDIS measures. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019	For RY 2021 Medi-Cal Children and Adolescents' Access to Primary Care Practitioners will be retired for NCQA accreditation	N
Children and Adolescents' Access to Primary Care Practitioners: 12-19 Years	CAP (A)	MCAS	2019 Rates: Medi-Cal: 85.61%	2020 Rates: Medi-Cal: 85.43%	TBD	NA	Betsy Santana (QI)/ Keren Mahgerefteh (QI)/ Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q1 & Q2: Discussed at QI Steering Committee 7/15/2020 and are no longer reportable required measures for 2021. The data is being included in other HEDIS measures. Q3: For now we will continue to monitor annually. "Quality Improvement in Primary Care Conference" - CME/CE Credits occurred on November 9, 2019	For RY 2021 Medi-Cal Children and Adolescents' Access to Primary Care Practitioners will be retired for NCQA accreditation	N
Quality Rating System (QRS)												
Annual Monitoring for Persons on Long-term Opioid Therapy (New measure)	AMO (A)	QRS	NA	NA	TBD	NA	Betsy Santana (QI)/ Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q3: Take to QI Steering Nov.18, 2020.	Non-HEDIS Measure - No current work group assigned Per Pharmacy 9/30/20: Measure asks for members to receive a drug test (similar to a lab test for INR) while being on long-term opioid therapy. We also think this measure isn't pertinent to Pharmacy.	Y
International Normalized Ratio Monitoring for Individuals on Warfarin	INR (A)	QRS	NA	2020 Rates: LACC: 55.34%	TBD	NA	Betsy Santana (QI)/ Rodney Truong (QPM)	Annual: By June '20	QOC: September 22 PICC & PQC: Nov 3	Q3: Take to QI Steering Nov.18, 2020.	Non-HEDIS Measure - No current work group assigned. Per Pharmacy: Measure asks for members to receive a drug test (a lab test). We also think this measure isn't pertinent to Pharmacy.	Y
Proportion of Days Covered (PDC)	PDC (A)	QRS	LACC: Renin Angiotensin System (RAS) Antagonists: 72.67% Diabetes All Class: 70.64%	LACC: Renin Angiotensin System (RAS) Antagonists: 74.87% Diabetes All Class: 73.43% Statins: 68.54%	Diabetes All Class: 74% Statins: 66%	LACC: Diabetes All Class: Not Met Statins: Not Met	Andy Han (Pharm)/ Ann Phan (Pharm)	Annually: Sept '20	QOC: September 22 PICC & PQC: Nov 3	Q3: Pharmacy will discuss the metric at the next pharmacy work group meeting. Discuss at QI Steering on 11/18/20. Q4: Postcards to promote our mail order pharmacy was sent to CMC and LACC members. Pharmacy will now be taking ownership of this measure. This measure is similar to other adherence measures that are part of CMS Star Ratings measures. We will be deploying interventions and strategies in the future to meet our goal.		Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Service Improvements					Goal Methodology: 2019 rates used to determine an attainable % increase If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly. Measures that are part of PHM, the goal was set to match PHM. QW: Quality Withhold Measure							
Service - Member Satisfaction (Experience) ADULT												
ADULT - Rating of Health Plan (Medi-Cal: Rating of 8, 9, or 10 of 10) (CMC: Rating of 9 or 10 of 10 Usually/Always) (Tier 1)	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal Stars & CMC Stars	Medi-Cal: 72.88% CMC: 69%	Medi-Cal: 70.72% CMC: Not available due to Covid-19 shutdown of survey by CMS/HSAG.	Medi-Cal: 75% CMC: 72%	Medi-Cal: Goal not met. (Interpret cautiously due to Covid-19 impact on survey process.) CMC: Not determinable.	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept 20	MQSC: Oct 20	Q1 & Q2: Interventions that will re-launch post COVID: -Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs Q3: Patient Experience Training for Provider Offices now available to entire network -Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers. Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.	Applicable for all CAHPS measures: Medi-Cal CAHPS 2020 was fielded, completed, submitted to NCQA and scored. Responses rates were unharmed; Adult access scores were lower, and responding population may have been affected. CMC Medicare CAHPS 2020 was halted by CMS/HSAG due to COVID-19 impact.	Y
ADULT - Rating of Health Care (Medi-Cal: Rating of 8, 9, or 10 of 10) (CMC: Rating of 9 or 10 of 10 Usually/Always) (Tier 1)	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal Stars & CMC Stars	Medi-Cal: 71.84% CMC: 64%	Medi-Cal: 71.33% CMC: Not available due to Covid-19 shutdown of survey by CMS/HSAG.	Medi-Cal: 74% CMC: 67%	Medi-Cal: Goal not met. (Interpret cautiously due to Covid-19 impact on survey process.) CMC: Not determinable.	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept 20	MQSC: Oct 20	Q1 & Q2: Interventions that will re-launch post COVID: -Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs Q3: Patient Experience Training for Provider Offices now available to entire network -Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers. Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.	Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VHP-P4P, CMC VHP	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
ADULT - Rating of Personal Doctor (Medi-Cal: Rating of 8, 9, or 10 of 10) (CMC: Rating of 9 or 10 of 10 Usually/Always)	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal Stars & CMC Stars	Medi-Cal: 78.43% CMC: 78%	Medi-Cal: 71.44% CMC: Not available due to Covid-19 shutdown of survey by CMS/HSAG.	Medi-Cal: 80% CMC: 81%	Medi-Cal: Goal not met. (Interpret cautiously due to Covid-19 impact on survey process.) CMC: Not determinable.	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept 20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: -Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: -Patient Experience Training for Provider Offices now available to entire network. Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: -Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP-P4P & CMC VIP. Name of measure is "Rating of PCP". Training of network is limited by poor contact information for provider offices	Y
ADULT - Rating of Specialist Seen Most Often (Medi-Cal: Rating of 8, 9, or 10 of 10) (CMC: Rating of 9 or 10 of 10 Usually/Always)	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal Stars & CMC Stars	Medi-Cal: 75.22% CMC: NA	Medi-Cal: 74.81% CMC: Not available due to Covid-19 shutdown of survey by CMS/HSAG.	Medi-Cal: 78% CMC: NA (No rate prior year)	Medi-Cal: Goal not met. (Interpret cautiously due to Covid-19 impact on survey process.) CMC: Not determinable.	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept 20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: -Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: -Patient Experience Training for Provider Offices now available to entire network. Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: -Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Training of network is limited by poor contact information for provider offices	Y
ADULT - Getting Care Quickly (Medi-Cal: Always+Usually) (CMC: Rating of 9 or 10 of 10 Usually/Always) (Tier 1)	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal Stars & CMC Stars	Medi-Cal: 76.78% CMC: 81%	Medi-Cal: 72.73% CMC: Not available due to Covid-19 shutdown of survey by CMS/HSAG.	Medi-Cal: 79% CMC: 84%	Medi-Cal: Goal not met. (Interpret cautiously due to Covid-19 impact on survey process.) CMC: Not determinable.	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept 20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: -Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: -Patient Experience Training for Provider Offices now available to entire network. Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: -Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP-P4P, & CMC VIP. Name of measure is "Getting Timely Care".	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
<p>ADULT - Getting Needed Care</p> <p>(Medi-Cal: Always+Usually)</p> <p>(LACC: Mean-scored 0-100 -- not comparable to NCQA %s.)</p> <p>(CMC: Rating of 9 or 10 of 10 Usually/Always) (Tier 1)</p>	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal Stars & CMC Stars	Medi-Cal: 76.62% CMC: 88%	Medi-Cal: 71.58% CMC: Not available due to Covid-19 shutdown of survey by CMS/HSAG.	Medi-Cal: 79% CMC: 91%	Medi-Cal: Goal not met. (Interpret cautiously due to Covid-19 impact on survey process.) CMC: Not determinable.	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP-PAP & CMC VIP.	Y
<p>ADULT - Coordination of Care</p> <p>(Medi-Cal: Always+Usually)</p> <p>(CMC: Rating of 9 or 10 of 10 Usually/Always) (Tier 1)</p>	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal Stars & CMC Stars	Medi-Cal: NA CMC: 91%	Medi-Cal: 72.73% CMC: Not available due to Covid-19 shutdown of survey by CMS/HSAG.	Medi-Cal: NA (No rate prior year) CMC: 94%	Medi-Cal: No 2020 goal set. CMC: Not determinable.	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>		Y
<p>ADULT - Flu Vaccination Ages 18-64 (Enterprise Goal)</p> <p>(Medi-Cal vaccinated)</p> <p>(CMC - Annual Flu Vaccine 65 and Older - Rating of 9 or 10 of 10 Usually/Always) (Tier 1)</p> <p>CV7 Quality Withhold - Annual Flu Vaccine (Tier 1)</p>	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal & CMC QRS QW	Medi-Cal: 40.46% CMC: 68% MCLA: 31%	Medi-Cal: 46.26% MCLA: Scores not yet available until fall 2020. CMC: Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG and CMS/BAH due to Covid-19 impact on the telephone survey process, and no official scores have been released.	Medi-Cal: 43% (QW 69%) MCLA: 34%	Medi-Cal goal was met. MCLA: Scores not yet available until fall 2020. CMC: Not determinable due to shut-down of surveys by CMS/HSAG.	Sinthu Kumar (QI)/ Rodney Truong (QPM)/ Jackie Kalajian (HE)	Annually: Sept '20	MQSC: Oct 20	<p>Q1: The Fight the Flu CMC Incentive program concluded on 1/17/20 and the Annual Fight the Flu campaign concluded on 3/7/20. The evaluations for both the CMC Flu Incentive and the program are being conducted.</p> <p>Q2: The annual program evaluation and incentive evaluation have been completed. The incentive will relaunch for the 2020-2021 annual campaign, which is planned to launch in CY03/FYQ4.</p> <p>Q3: The annual Fight the Flu campaign began in September 2020 and activities such as reminder mailers, newsletter publications, scheduled flu events, a flu health education video, member webpage, and a social media campaign. The campaign will continue until May 2021 (CY 2021 Q2).</p> <p>Q4: This flu season a collaborative Flu/Covid-19 Committee led by L.A. Care with participation from LAC DPH and several MCPs developed co-branded provider communication pieces and flu myth buster video (produced by LAC). In Q4 health education launched winter editions of member and provider newsletters, a second set of provider fax blasts, flu and covid provider tools and toolkits webpage, reminder emails, and reminder postcards. CMC incentive deadline is 12/31/20.</p>	<p>Q1: Fight the Flu social media campaign efforts were to continue until May 2020. The efforts had to stop in March 2020 to clear communication channels for COVID-19 related news. Additionally, members have expressed misconceptions about the flu shot causing members to get sick. It is difficult to change, even with the appropriate education about the flu shot.</p> <p>Q2: COVID-19 related messaging will be added to all appropriate flu campaign materials. Flu campaign interventions will proceed as normal.</p> <p>Q3: Per TCPA, the automated flu shot reminder calls have been canceled for all LOBs. The calls have been replaced with reminder postcards.</p> <p>Q4: N/A</p>	Y
<p>ADULT - Medical Assistance with Tobacco Cessation - Advising Smokers and Tobacco Users to Quit</p> <p>(Medi-Cal: % Yes)</p> <p>(CMC: Always, Usually, and Sometimes - CAHPS - Medicare)</p>	CAHPS (Medi-Cal & CMC)	NCQA: Medi-Cal Stars & CMC Stars	Medi-Cal: NA CMC: 54%	Medi-Cal: NA CMC: Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG due to Covid-19 impact on the telephone survey process, and no official scores have been released.	Medi-Cal: NA (No rate prior year) CMC: 58%	Medi-Cal goal was met. MCLA: Scores not yet available until fall 2020. CMC: Not determinable due to shut-down of surveys by CMS/HSAG.	Margaret Marcia (HECLS)/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1: Monthly mailers with community resources on tobacco cessation sent to members 18 yrs and older. Live calls made by Health Educator to members to assess tobacco use and provide referrals to Smokers Helpline for more support and counseling to quit smoking.</p> <p>Q2: Monthly mailers on tobacco cessation with community resources sent to members 18 yrs and older. Live calls placed on hold at end of Q2 (June).</p> <p>Q3: Monthly mailers on tobacco cessation with community resources sent to members 18 yrs and older. Live calls placed on hold at end of Q2 (June).</p> <p>Q4: Monthly mailers with community resources on tobacco cessation sent to members 18 yrs and older. RESUMED: Live calls made by Health Educator to members to assess tobacco use and provide referrals to Smokers Helpline for more support and counseling to quit smoking. For the Great American SmokeOut, message sent via MYHIM with a referral to the Smokers Helpline.</p>	<p>Q1: N/A</p> <p>Q2: For RY 2021 Medicare Medical Assistance with Tobacco Cessation - Advising Smokers and Tobacco Users to Quit will be retired for NCQA accreditation</p> <p>Q3: Per DHCS and TCPA, live agent calls were placed on hold for all LOBs. Tobacco Cessation mailers continued to go out.</p> <p>Q4: N/A</p>	N (CMC)

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Overall ADULT NCQA Score (Medi-Cal & LACC) (Enterprise Goal)	CAHPS	NCQA	Medi-Cal: 4.08 points out of 13 LACC: 3 Stars	Medi-Cal: 2.600 points LACC: Presumably 3 Stars based on 2019 scores. 2020 scores not calculable: QHP EES 2020 was halted by CMS/BAH due to Covid-19 impact on the telephone survey process, and no official scores have been released.	Medi-Cal: 4.38 points out of 13 LACC: 3 Stars or greater	Goal not met, based on estimate using 2019 scoring methodology.	Betsy Santana (QI)	Annually: Sept '19	MQSC: Oct 14	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>		N
Overall ADULT NCQA Score (CMC) (Enterprise Goal)	CAHPS	NCQA	CMC: 6.24%	Not calculable: MAPD CAHPS 2020 was halted by CMS due to Covid-19 impact on the telephone survey process, and no official scores have been released.	CMC: 6.54%	Not determinable due to Covid-19 shutdown of Medicare CAHPS 2020 survey.	Betsy Santana (QI)	Annually: Sept '19	MQSC: Oct 14	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>		N
QRS -Enrollee Experience Survey												
Rating of Health Plan (LACC: Mean-scored 0-100 -- not comparable to NCQA %s)	QHP EES (LACC)	LACC QRS Stars	LACC: 72.55%	NA	LACC: 76%	NA	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	<p>Applicable for all CAHPS measures: LACC QHP EES 2020.</p> <p>LACC: Not available due to Covid-19 shutdown of survey by CMS/BAH.</p> <p>Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.</p>	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Rating of Health Care (LACC: Mean-scored 0-100 -- not comparable to NCQA %s)	QHP EES (LACC)	LACC QRS Stars	LACC: 77.89%	NA	LACC: 80%	NA	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	<p>Applicable for all CAHPS measures: LACC QHP EES 2020.</p> <p>LACC: Not available due to Covid-19 shutdown of survey by CMS/BAH.</p> <p>Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.</p>	Y
Rating of Personal Doctor (LACC: Mean-scored 0-100 -- not comparable to NCQA %s)	QHP EES (LACC)	LACC QRS Stars	LACC: 82.52%	NA	LACC: 85%	NA	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	<p>Applicable for all CAHPS measures: LACC QHP EES 2020. Training of network is limited by poor contact information for provider offices</p> <p>LACC: Not available due to Covid-19 shutdown of survey by CMS/BAH.</p> <p>Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.</p>	Y
Rating of Specialist Seen Most Often (LACC: Mean-scored 0-100 -- not comparable to NCQA %s)	QHP EES (LACC)	LACC QRS Stars	LACC: 82.65%	NA	LACC: 85%	NA	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	<p>Applicable for all CAHPS measures: LACC QHP EES 2020. Training of network is limited by poor contact information for provider offices</p> <p>LACC: Not available due to Covid-19 shutdown of survey by CMS/BAH.</p> <p>Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.</p>	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
ADULT - Flu Vaccination Ages 18-64 (Enterprise Goal) (LACC % vaccinated)	CAHPS (QHP EES (LACC))	LACC QRS Stars	LACC: 39.66%	Medi-Cal: 46.26% MCLA: Scores not yet available until Fall 2020. CMC and LACC: Not calculable: Medicare CAHPS 2020 and QHP EES 2020 were halted by CMS/HSAG and CMS/BAH due to Covid-19 impact on the telephone survey process, and no official scores have been released.	LACC: 42%	NA	Sinhu Kumar (QI)/ Rodney Truong (QPM)/ Jackie Kalajian (HE)	Annually: Sept '20	MQSC: Oct 20	Q1: The Fight the Flu CMC Incentive program concluded on 1/17/20 and the Annual Fight the Flu campaign concluded on 3/7/20. The evaluations for both the CMC Flu Incentive and the program are being conducted. Q2: The annual program evaluation and incentive evaluation have been completed. The incentive will relaunch for the 2020-2021 annual campaign, which is planned to launch in FY04. Q3: The annual Fight the Flu campaign began in September 2020 and activities such as reminder mailers, newsletter publications, scheduled flu events, a flu health education video, member webpage, and a social media campaign. The campaign will continue until May 2021 (CY 2021 Q2)	Q1: Fight the Flu social media campaign efforts were to continue until May 2020. The efforts had to stop in March 2020 to clear communication channels for COVID-19 related news. Additionally, members have expressed misconceptions about the flu shot causing members to get sick. It is difficult to change, even with the appropriate education about the flu shot. Q2: COVID-19 related messaging will be added to all appropriate flu campaign materials. Flu campaign interventions will proceed as normal. Q3: Per TCPA, the automated flu shot reminder calls have been canceled for all EOBs. The calls have been replaced with reminder postcards. Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.	
ADULT - Medical Assistance with Tobacco Cessation - Advising Smokers and Tobacco Users to Quit (LACC: Always-Usually)	QHP EES (LACC)	LACC QRS Stars	LACC: NA	Medi-Cal: NA CMC and LACC: Not calculable: Medicare CAHPS 2020 and QHP EES 2020 were halted by CMS/HSAG and CMS/BAH due to Covid-19 impact on the telephone survey process, and no official scores have been released.	LACC: NA	NA	Margaret Marcia (HECLS)/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20		For RY 2021 Medicare Medical Assistance with Tobacco Cessation - Advising Smokers and Tobacco Users to Quit will be retired for NCQA accreditation Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.	N (CMC)
ADULT - Access to Care (Getting Care Quickly & Needed Care)	QHP EES (LACC)	Covered California and CMS/BAH	LACC: 66.62%	Not calculable: QHP EES 2020 was halted by CMS/BAH due to Covid-19 impact on the telephone survey process, and no official scores have been released.	LACC: NA	NA	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept '19	MQSC: Oct 14	Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs Q3: Patient Experience Training for Provider Offices now available to entire network. Patient satisfaction tips emails will re-launched early 2021. Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers. Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.	Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.	Y
ADULT - Access to Information (Plan Information on Costs)	QHP EES (LACC)	Covered California and CMS/BAH	LACC: 50.22%	Not calculable: QHP EES 2020 was halted by CMS/BAH due to Covid-19 impact on the telephone survey process, and no official scores have been released.	LACC: NA	NA	Betsy Santana (QI)/ Esther Bae (QPM)	Annually: Sept '19	MQSC: Oct 14	Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs Q3: Patient Experience Training for Provider Offices now available to entire network. Patient satisfaction tips emails will re-launched early 2021. Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers. Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.	Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
ADULT - Care Coordination (Coordination of Members' Health Care Services)	QHP EES (LACC)	Covered California and CMS/BAH	LACC: 76.68%	Not calculable: QHP EES 2020 was halted by CMS/BAH due to Covid-19 impact on the telephone survey process, and no official scores have been released.	LACC: NA	NA	Betsy Santana (OJ/ Esther Bae (QPM)	Annually: Sept '19	MQSC: Oct 14	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Member Experience (CG-CAHPS) measure in LACC VIP. Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.	Y
ADULT - Plan Administration (Customer Service)	QHP EES (LACC)	Covered California and CMS/BAH	LACC: 69.79%	Not calculable: QHP EES 2020 was halted by CMS/BAH due to Covid-19 impact on the telephone survey process, and no official scores have been released.	LACC: 77%	NA	Betsy Santana (OJ/ Esther Bae (QPM)	Annually: Sept '19	MQSC: Oct 14	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Goal - Not determinable due to Covid-19 shutdown of QHP EES CAHPS 2020 survey.	Y
Service - Member Satisfaction (Experience) CHLD												
CHLD - Rating of Health Plan (Medi-Cal: Rating of 8, 9, or 10 of 10)	CAHPS	NCQA: Medi-Cal	Medi-Cal: 86.65%	Medi-Cal: 87.42%	Medi-Cal: 89%	Not Met (Interpret cautiously due to Covid-19 impact on survey process.)	Betsy Santana (OJ/ Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>		Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
CHILD - Rating of Health Care (Medi-Cal: Rating of 8, 9, or 10 of 10)	CAHPS	NCQA: Medi-Cal	Medi-Cal: 82.26%	Medi-Cal: 80.76%	Medi-Cal: 86%	Not Met (Interpret cautiously due to Covid-19 impact on survey process.)	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept 20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: -Patient Experience Training for Provider Offices now available to entire network -Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: -Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP-P4P.	Y
CHILD - Rating of Personal Doctor (Medi-Cal: Rating of 8, 9, or 10 of 10)	CAHPS	NCQA: Medi-Cal	Medi-Cal: 84.23%	Medi-Cal: 86.15%	Medi-Cal: 87%	Not Met (Interpret cautiously due to Covid-19 impact on survey process.)	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept 20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: -Patient Experience Training for Provider Offices now available to entire network -Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: -Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP-P4P. Name of measure is "Rating of PCP". Training of network is limited by poor contact information for provider offices	Y
CHILD - Rating of Specialist Seen Most Often (Medi-Cal: Rating of 8, 9, or 10 of 10)	CAHPS	NCQA: Medi-Cal	Medi-Cal: NA	Medi-Cal: NA	Medi-Cal: NA (No rate prior year)	NA	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept 20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) -Patient satisfaction tips emails pilot -Meetings with low performing PPGs</p> <p>Q3: -Patient Experience Training for Provider Offices now available to entire network -Patient satisfaction tips emails will re-launched early 2021 -Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: -Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. -Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021. -Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Training of network is limited by poor contact information for provider offices	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
CHILD - Getting Care Quickly (Enterprise Goal) (Medi-Cal: Always+Usually)	CAHPS	NCQA: Medi-Cal	Medi-Cal: 80.37%	Medi-Cal: 82.33%	Medi-Cal: 83%	Not Met (Interpret cautiously due to Covid-19 impact on survey process.)	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network. Patient satisfaction tips emails will re-launched early 2021. Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2-Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP-PAP. Name of measure is "Getting Timely Care".	Y
CHILD - Getting Needed Care (Enterprise Goal) (Medi-Cal: Always+Usually)	CAHPS	NCQA: Medi-Cal	Medi-Cal: 83.91%	Medi-Cal: 83.16%	Medi-Cal: 86%	Not Met (Interpret cautiously due to Covid-19 impact on survey process.)	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network. Patient satisfaction tips emails will re-launched early 2021. Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2-Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>	Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP-PAP.	Y
CHILD - Coordination of Care (Medi-Cal: Always+Usually)	CAHPS	NCQA: Medi-Cal	Medi-Cal: NA	Medi-Cal: NA	Medi-Cal: NA (No rate prior year)	NA	Betsy Santana (QI) Esther Bae (QPM)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot. (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.) Patient satisfaction tips emails pilot Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network. Patient satisfaction tips emails will re-launched early 2021. Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021. Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2-Q3 2021. Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>		Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2019 Rates	2020 Rates	2020 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2020 unless otherwise noted)	Interventions/Updates/Comments	Barriers	Recommend for 2021 Work Plan
Overall CHLD NCOA Score (Medi-Cal) (Enterprise Goal)	CAHPS	NCOA: Medi-Cal	Medi-Cal: 7.65 points out of 13 available	Medi-Cal: 7.6268 points out of 13 available – derived using NCOA CAHPS 2019 scoring methodology.	Medi-Cal: 7.95%	Goal not met, based on estimate using 2019 scoring methodology.	Betty Santana (QI)	Annually: Sept '20	MQSC: Oct 20	<p>Q1 & Q2: Interventions that will re-launch post COVID: Customer Service Training for Provider Offices Pilot (Note that Customer Service is no longer a scored measure. However, Customer Service training likely lifts other CAHPS measures.)</p> <p>-Patient satisfaction tips emails pilot</p> <p>-Meetings with low performing PPGs</p> <p>Q3: Patient Experience Training for Provider Offices now available to entire network</p> <p>-Patient satisfaction tips emails will re-launched early 2021</p> <p>-Meetings with low performing PPGs active. Also secured commitment from Plan Partners to work with their low performers.</p> <p>Q4: Patient Experience Training series completed 12/17. More than 650 individuals attended at least one of the fourteen training sessions offered. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The program plans to re-launch in Spring 2021.</p> <p>-Due to the profound surge in COVID-19 and strain on the healthcare system, the patient satisfaction tip emails will be delayed until Q2/Q3 2021.</p> <p>-Meetings with low performing PPGs will resume when 2020 CG-CAHPS reports are available in Spring 2021.</p>		N
Cal MediConnect												
Overall Rating of Drug Plan (Rating 9 or 10, out of 10) (Usually/Always) (Tier 1)		CMS	CMC: 70%	CMS/HSAG halted Medicare CAHPS 2020 due to Covid-19 impact on telephone portion of survey; might not issue scores from the 2020 survey and might use 2019 scores instead.	CMC: 73%	NA	Ann Phan (Pharm)/ Esther Bae (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annually: Sept '20	MQSC: Oct 20	<p>Pharmacy Interventions:</p> <p>Pharmacy team is advertising and improving pharmacy mail order experience to CMC members. Preferred mail order pharmacy service is provided by Ralphis.</p>	Goal - Not determinable due to Covid-19 shutdown of Medicare CAHPS 2020 survey.	Y
Getting Needed Drugs (RX) (Usually/Always) (Tier 1)		CMS	CMC: 59%	CMS/HSAG halted Medicare CAHPS 2020 due to Covid-19 impact on telephone portion of survey; might not issue scores from the 2020 survey and might use 2019 scores instead.	CMC: 62%	NA	Ann Phan (Pharm)/ Esther Bae (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annually: Sept '20	MQSC: Oct 20	<p>Pharmacy Interventions:</p> <p>Pharmacy team is advertising and improving pharmacy mail order experience to CMC members. Preferred mail order pharmacy service is provided by Ralphis. In addition, pharmacy team to encourage members during outreach calls to convert to 90DS of therapy.</p>	Goal - Not determinable due to Covid-19 shutdown of Medicare CAHPS 2020 survey.	Y
Pneumococcal Vaccination Status for Older Adults (Tier 2)	PNU	A CAHPS Medicare	CMC: 60%	CMS/HSAG halted Medicare CAHPS 2020 due to Covid-19 impact on telephone portion of survey; might not issue scores from the 2020 survey and might use 2019 scores instead.	CMC: 63%	NA	Betty Santana (QI)/ Esther Bae (QPM) Med Ops Reporting: Dan Salo Anna Kazaryan Marie Martin	Annually: Sept. '20	QOC: September 22 PICC & PQC: Nov 3	<p>Pharmacy Interventions:</p> <p>Pharmacy team incorporated pneumococcal vaccination education into the Statin (SPD/SPC) Calls since 1/27/2020. Education placed on HOLD due to COVID-19 since 3/16/2020.</p>	Goal - Not determinable due to Covid-19 shutdown of Medicare CAHPS 2020 survey.	Y