



Quality Improvement Program Annual Report and Evaluation

2021

<i>Quality Oversight Committee approval on</i>	<u>2/22/2022</u>
<i>Compliance and Quality Committee approval on</i>	<u>3/17/2022</u>

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Mission

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

Vision

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

Values

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

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

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 2021 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measureable goals. This 2021 Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2021 through December 31, 2021 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 2021 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), Health Education, Cultural and Linguistic Services (HECLS), Utilization Management (UM), Care Management (CM), Managed Long Term Services and Supports (MLTSS), Behavioral Health (BH), Facility Site Review (FSR) (Medical Record Review), and Credentialing (CR).

Activities in the 2021 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:

Membership Changes:

Medi-Cal – increased by 180,965 members:

- Members 65 years or older decreased from 11% to 10.5% of the population

Cal MediConnect – increased by 736 members:

- 77.9% are 65 years of age and older

L.A. Care Covered – increased by 19,029 members:

- 92.9% are 21-64 years of age

PASC-SEIU – decreased by 432 members:

- 88.5% are 21-64 years of age

Accreditation:

National Committee for Quality Assurance (NCQA) Accreditation Status

- In 2021, NCQA eliminated the Excellent and Commendable status and moved from a numeric rating (1-5) to a “star” rating system (1-5 stars).
 - Medi-Cal 4 Star
 - Medicare 3 Star
 - LACC no NCQA rating
- L.A. Care Health Plan remains “Accredited” for its Medi-Cal, CMC and LACC lines of business (LOB).
 - Accredited status is the highest status achievable for Health Plan Accreditation
 - L.A. Care will remain Accredited until June 2023
- L.A. Care earned the 2021 Multicultural Health Care Distinction (MHCD). This Distinction was first awarded in 2013 and we have since successfully earned distinction every two years.
- In 2021 NCQA changed the name from Multicultural Health Care to Health Equity (HE).
 - L.A. Care will be surveyed under the HE Standards in 2023.

Member Experience:

CAHPS Performance

- Medi-Cal Adult scores remained low in 2021. Most scores saw increases from 2020 that were not statistically significant; however, Customer Service saw a considerable decline.
- Medi-Cal Child scores were statistically unchanged from 2020 to 2021, with the exception of Customer Service, which decreased, and Rating of Health Care, which increased. Rating of Specialist was scored for the first time in recent years, meeting the 50th percentile.
- For both adults and children in Medi-Cal, all composites, and all ratings for adults, remain below the 25th percentile. L.A. Care’s opportunities to improve CAHPS performance are most persistent in measures of access.
- L.A. Care Covered, all ratings and composites declined from 2019 to 2021. The plan is now rated one star for Marketplace. Rates are very low – three out of four ratings fell below the 5th percentile nationally. Considerable work is needed to improve scores for LACC in all areas, but most of all focused on access to care.
- Cal MediConnect, most scores declined from 2019 to 2021. Most measures fell statistically below but still close in raw score to the national average. The pandemic disrupted a trend of improvement for this line of business. Getting Needed Drugs increased noticeably, due to insufficient responses to score the ease of mail order question.

Clinical Care:

Clinical Initiatives

- In 2021, 25 interventions were completed, ranging from social media, mailings, automated calls, and live agent calls.
- Met with 13 PPGs to discuss quality improvement in their HEDIS and CAHPS scores.
- Conducted 11 provider training webinars that were part of the “Wednesday Webinar” series.
- Total of 35 Patient Experience Trainings provided by the SullivanLuallin Group to approximately 1200 unique providers. These trainings were offered to providers at no cost.

- In response to COVID-19, conducted a social media campaign encouraging members to get “Back to Care.” The campaign aimed to drive members to seek preventive primary care, with a focus on well visits. Health Net, Anthem Blue Cross, and Blue Shield of California Promise Health Plan partnered with L.A. Care to align messaging and maximizing reach across Los Angeles County.
- Telephonic health reminders, encouraging parents to take their children for their well-care visit, went out to 162,028 households.
- Interactive voice response phone calls targeting members with chronic conditions went out to 52,963 members. The calls provide education and resources to members with asthma, diabetes & hypertension.
- Evaluation of several campaigns in 2020, showed that member mailers for antidepressant medication management, asthma toolkits, colorectal cancer reminder calls, and birthday cards increases health screenings and medication management. Provider intervention targeting prescribers of ADHD medication also showed to be effective in ensuring members receive follow up care.
- Presented at seven different Community Advisory Committees on topics ranging from member experience to preventive health.
- Conducted a focus group to determine what barriers diabetes member face and what incentives they would find valuable.
- Collaborated with various national, governmental and community-based organizations: The American Cancer Society, the American Heart Association, the Immunization Coalition of Los Angeles County, the Youth Advisory Board lead by the Department of Public Health California, The Childhood Lead Poisoning Prevention Program (CLPPP) within Department of Public Health and the Los Angeles HPV Vaccine Coalition, The United American Indian Involvement (UAI), and Black Women for Wellness (BWW).
 - In 2021, our partnership with the American Cancer Society led to the development of social media videos featuring survivors and our Chief of Equity and Quality Medical Director Dr. Kyle.

HEDIS Performance:

DHCS Auto Assignment:

- L.A. Care’s allocation of auto-assigned Medi-Cal members is 67%, compared to 33% for Health Net.
- Due to COVID-19, DHCS is using Year 15 percentages for Year 17 (Jan-Dec 2022).
- The error adjustment applied to Year 15 is not included in Year 16 or 17.

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%	-	-
HEDIS 2021 Year 17	67%	-	-	33%	-	-

Population Health Management (PHM):

- Continues to address members' needs across the continuum of care focusing on:
 - Linking assessment findings to existing programs, identifying gaps to enhance programs and Transitions of Care.

Care Management/Disease Management (DM):

- Implementing the Cardio Vascular Disease management program.
- Relaunched Community Health Workers back into the field as part of the care model to ensure increased adherence to member needs.

Addressing Disparities:

- The QI department introduced additional health equity activities this year
 - Cultural humility training introduced to QI employees
 - Launched a new Provider Equity award. The award recognizes the provider that most demonstrated their commitment and efforts to reducing disparities among L.A. Care members and linking them to food resources.
- During the FY2020-2021 Quality Improvement analyzed the Medi-Cal, three year trends for eight select HEDIS measures stratified by race and ethnicity. The data showed that disparities were statistically significant between the highest and lowest performing race/ethnicity group for each of the eight HEDIS measures analyzed.
 - Black/African members had the lowest HEDIS rates for AMR, CDC-Poor Control (A1c>9%), CIS-10, PPC prenatal and postpartum, and WCV.
 - American Indian/Alaska Native members had the lowest HEDIS rate for CCS and White members had the lowest HEDIS rate for IMA-2.

Provider Satisfaction:

- 2020 Provider Satisfaction Survey (PSS) measured satisfaction rates for 4 different provider types:
 - Primary Care Physicians (PCPs)
 - Specialty Care Physicians (SCPs)
 - Community Clinics
 - Participating Physician Groups (PPGs)
- Provider satisfaction rates increased overall for PCP & PPGs out of the 4 provider types.

Provider Continuing Education (PCE) Program

- Offered 22 CME/CE activities
- Average webinar attendance of 127 healthcare professionals and 53 L.A. Care Providers.
- Increase in average attendance of L.A. Care Providers from 33% in year 2020 to 42% in year 2021.

Cultural and Linguistic Services:

Three out of four five FY20-21 C&L goals were met.

Health Education:

Two out of four FY20-21 HE goals were met.

Population Needs Assessment (PNA):

The 2021 PNA concluded with the following objectives and corresponding updates:

- Objective #1: Decrease the percent of members reporting they consume less than one daily serving of fruits and vegetables from 31% to 26%.

- Objective #2: Increase the percent of members reporting their doctor spoke with them about eating healthy foods from 51.2% to 56%.
- Objective #3: Decrease the percentage of African American/Black members between the ages of 18-75 with an A1c level >9% among those diagnosed with diabetes at Bartz-Altadonna Community Health Center from 80.7% to 63.2%.

Patient Safety:

Potential Quality of Care Issues (PQI)

- There were 3,901 potential quality issue referrals processed
- In 2021, 3,245 (97.8%) PQIs were reviewed within the required timeframe (6 months), which exceeded the goal of 85%.
- Review of encounter data from deceased members to assess unusual care pattern and identify potential unexpected deaths and oversight review of call texts from Customer Solution Center (CSC) and Appeal and Grievance (A&G) cases not referred to PQI, to screen for potential miss label for PQIs.
 - No CSC case nor mortality cases identified for PQI.
 - 20 (6%) of 294 grievances were found to have potential quality of care concerns. These were routed back to A&G for additional follow through.
- The PQI inter-rater reliability process was improved to include consistency and accuracy of review criteria in leveling and final reporting of the PQIs.

Critical Incident Reporting (CMC only)

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

Patient Hospital Safety

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

Facility Site Review (FSR)

- Needle stick safety rate increased from 76% to 78%. The goal of 80.0% was not met.
- Spore testing of autoclaves rate increased from 73% to 95%. The goal of 85% was met.
- Due to the COVID public health emergency, FSR in-person site reviews were suspended per APL 20-011 (Executive Order). As an alternative, FSR conducted Virtual audits for relocations, and initials. FSR has conducted 141 virtual audits to date.

Pharmaceutical Safety Program:

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

Appointment Availability Compliance Measurement Year (MY) 2020:

The 2021 Accessibility Report evaluates the measurement year (MY) 2020 survey results for provider compliance with appointment wait times and after hours accessibility standards.

- L.A. Care did not meet its goal for:
 - 10 out of 10 PCP Appointment Availability Standards
 - 7 out of 7 SCP Appointment Availability Standards
 - 3 out of 3 After Hours Standards

L.A. Care relooked and set new goals using a 2-tailed test at a 95% confidence level. This new methodology will be used for MY2021 Survey results.

- There was a decrease in the Provider Response rate:
 - 35% for PCPs versus 59%
 - 56% for SCPs versus 70%
 - A Root Cause Analysis was conducted, and it was determined that COVID was the reason for the decreased response rate.

Safety Net Programs and Partnerships:

Health Homes Program:

- Between April and June, 2021, L.A. Care and its Plan Partners served 15,894 enrolled members.

Whole Person Care Program:

- Approximately 16,200 MCLA members were enrolled across all WPC programs in March 2021, including some duplicate program enrollments.

Housing for a Healthy California (HHC):

- L.A. Care launched this program in early 2021 and as of October 2021, 89 households are actively enrolled in the grant and 83 of those have secured housing.

Incentive Programs:

MY2020 Pay-Out Program Results:

- Physician P4P paid out \$20.2 million to over 900 physicians and 60 clinics.
- Medi-Cal VIIP+P4P paid out \$14.9 million to over 50 eligible participating provider groups.
- LACC VIIP+P4P performance scores and payments were distributed in December.
- CMC VIIP+P4P performance scores and payments were distributed in December.
- Plan Partner Incentive performance scores and payments were distributed in December.
- L.A. Care's Direct Network P4P, this was the first year of the program. Performance scores and payments will be distributed in January 2022.

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

- Follow-Up for Hospitalization after Mental Illness (CMC, LACC & PASC members) – \$25 incentives for completing follow-up visit on or before 30-days of their initial visit.
 - 164 members were awarded as of November 2021. 85 for CMC, 72 for LACC and 7 for PASC.
- DHCS launched a new COVID-19 member incentive in the fourth quarter. Members are awarded a \$50 gift card for getting at least one vaccination. As of November 2021, 39,703 members have been awarded.

Committees:

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

Barriers Identified:

- The COVID-19 pandemic and public health measures taken to mitigate disease spread directly resulted in decreases in appointments and services delivered.
- Even after stay-at-home orders were lifted, many members remain hesitant to seek in-person care due to perceived risk of contracting COVID.
- Provider burnout and heavy workloads compromised their ability to improve HEDIS and CAHPS scores.
- During the pandemic, many providers and staff pivoted to focus on COVID testing, treatment and vaccination, resulting in workforce shortages for routine care.
- Mixed levels of engagement in quality improvement from IPAs and provider offices.
- Continually changing regulatory, compliance and other requirements.
- Many services require an in-person visit. DHCS requested for certain preventive care outreach to be paused due to COVID.
- The list of QI contacts for IPAs, MSOs, and community clinics is maintained in an Excel spreadsheet. Without a more sophisticated mechanism to manage contacts and communications preferences, contacts are often incomplete and/or outdated. There are no current plans to improve collection of email addresses.
- L.A. Care does not collect emails for provider offices in a formal manner; individual departments collect contacts and maintain their own databases that are typically not shared across the organization. Thus, it is challenging to notify providers of relevant information.
- Outdated internal systems do not allow for adequate capture and management of member and provider data.
- Lack of understanding of the HEDIS specifications and use of incorrect codes among providers.
- Members assigned to providers that do not see their age group.
- Limited appointment availability, including outside of regular business hours when members may be more available.

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 2021 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 2022 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 2022 QI Work Plan and will be tracked through the QI committees, sub-committees, and the governance structure.

A.1 POPULATION HEALTH MANAGEMENT PROGRAM (PHMP)

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BACKGROUND

The Population Health Management Program (PHMP) was launched in 2018 to establish a centralized program for member and practitioner programs and interventions. Each year the PHM strategy document is updated and the membership demographics assessed, segmented through population assessment and the programs evaluated through a PHM Impact Evaluation. Additionally, the PHM Index goals focus on gaps in care and disparities across the continuum of care and impact 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. The PHMP will use Tharsys' Syntranet system of record to display real time status updates and have readily accessible gaps in care reports for all member facing staff. Additionally, the new system of record will assist L.A. Care in coordinating programs across settings, providers and levels of care. This will create smoother hand-offs and minimize the multiple touches that could cause member abrasion due to members being contacted from multiple sources. The PHMP is aligned with the Triple Aim healthcare model to provide evidence based quality care, improve the health and equity of populations, and offer cost effective member care.

After successfully meeting the initial National Committee for Quality Assurance (NCQA) cycle for accreditation in which PHM Standards were applied, the focus of 2021 was to build on the foundation set for L.A. Care's PHMP. The PHMP worked to enhance the PHM process and reports. This was done by addressing L.A. Care's results in the baseline assessment of the NCQA findings including adding Multi-cultural Healthcare Distinction (MHC) language data and documenting how L.A. Care's activities, resources and community partnerships are assessed based on the identified population needs to the 2021 Population Assessment.

The PHMP team's focus included improving the Initial Health Assessment (IHA) process for members within 120 days of enrollment, identifying gaps in Transition of Care of members between points of care to streamline the process and documentation of these transitions and an emphasis on closing the gaps in identified disparities.

L.A. Care's population health management services are provided by teams 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 and Cultural and Linguistic Services (HECLS) Program, Health Equity, 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

METHODOLOGY

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

- **Keeping Members Healthy**
 - Initial Health Assessment completion rate
 - Percentage of members receiving colorectal screening
 - Percentage of members receiving breast cancer screening
- **Early Detection/Emerging Risk**
 - Percentage of Black/African American members receiving prenatal care
- **Chronic Condition Management**
 - Diabetes: L.A. Care has a Quality Improvement Project targeting Black or African American and American Indian Alaska Native members with a missing HbA1c or an HbA1c >8%. L.A. Care is working with Covered California on creating a disparity driven intervention
 - 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.
 - Increase the rate of participation among Black/African Americans in the California Rights Med Collaborative (CRMC) from 40 members to 60 members in 2021.
 - Medication Adherence for Hypertension (RAS Antagonists)
 - Percent of members who have been prescribed medication for blood pressure control, need to fill their prescriptions enough to cover 80% or more of the time they are supposed to be taking the medication.
- **Care Management**
 - Palliative care program will reduce ED and IP utilization (Establishing baseline)
- **Care Transitions**
 - Percentage of eligible members completing a follow-up visit within 30 days (CMC) and within 7 days (LACC) of a mental health hospitalization.
 - Transition of Care: The percentage of discharges for members 18 years of age and older who had each of the following:
 - a. Patient Engagement After Inpatient Discharge
 - b. Medication Reconciliation Discharge
- **Patient Safety**
 - The plan's readmission rate or ratio of the plan's observed (O) readmission rate to the plan's expected (E) readmission rate or O/E. The readmission rate is based on the percent of enrollees discharged from an acute care setting who were readmitted to an acute care setting within 30 days of discharge, either from the same condition as their recent hospital stay or for a different reason.

- **Satisfaction/Member Experience**
 - Medi-Cal and LACC:
 - Getting care quickly
 - Getting needed care
 - CMC:
 - Getting needed care
 - Getting needed prescription drugs

Quantitative Analysis

The below tables demonstrate which 2021 PHM Index measures met or did not meet the goal based on Measurement Year 2020 data.

Measures with a Focus on Disparities:

Measure	MCLA	CMC	LACC
Prenatal Care: Black/African American members receiving prenatal care	Met	N/A	N/A
Diabetes: Black or African American and American Indian Alaska Native members with a missing HbA1c or an HbA1c >8%.	Not Met	Met	Met
CVD: Percentage of Black or African American members with BP controlled	Not Met	Met	Not Met
Increase the rate of participation among Black /African Americans in the California Rights Med Collaborative (CRMC) from 40 members to 60 members in 2021	Met		

Keeping Members Healthy:

Measure	MCLA	CMC	LACC
Initial Health Assessment: Potential Completion Rate	Not Met	Met	N/A
Covid-19: 70% of members are immunized	N/A (prospective Not Met)	N/A (prospective Not Met)	N/A (prospective Not Met)
Well Child: Percentage of members receiving well-child within 30 months	Not Met	N/A	Not Met
Flu: Percentage of members receiving flu vaccination	Not Met	Not Met	Not Met

Qualitative Analysis

While many of the PHM Index measures were not met for 2021 (Measurement Year 2020 data), this may be due to COVID-19 barriers and delays in preventive care. However, it is worth highlighting that many of the goals met in the PHMI were with the disparity measures in which L.A. Care placed a lot of effort and resources. With the 2022 Index, the PHMP aims to have an even more targeted list of measures in which

the cross-functional team can focus efforts and interventions to reach success in meeting more of the PHM Index goals.

INTERVENTIONS

The PHMP strives to address health needs at all points along the continuum of health and wellbeing, through participation of, engagement with and targeted interventions for the member population across 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.

In 2021, the PHMP focused through an equity lens and had several goals within the index addressing disparities. The table below shows which goals in the 2021 index with a disparity focus met the goal. In 2022, the PHMP will continue to emphasize identified disparities. Full descriptions and impact evaluation of each program and intervention are detailed throughout the Quality Improvement Evaluation and Population Health Management Impact Evaluation.

OPPORTUNITIES FOR IMPROVEMENT

L.A. Care's PHMP uses the annual population assessment as well as the PHM Index to best prioritize the needs of members and focus interventions. Below highlight the priorities for improvement identified in 2021:

1. Since preventive exams were impacted by the public health emergency in 2020, the PHMP did not meet the goals set in the PHM Index for 2021 (Measurement Year 2020 data) for preventive care measures such as flu and breast cancer and colorectal cancer screenings. The PHMP will focus efforts to work with providers and members to schedule preventive exams such as flu, breast cancer, colorectal and cervical cancer screenings this year. See section B.3 for interventions to impact the goals for these preventive care measures.
2. To improve coordination of care through integrating California Advancing and Innovating Medi-Cal (CalAIM)'s Enhanced Care Management (ECM) and Community Support efforts in Thrasys' Syntranet for Medi-Cal members for the January 1, 2022 launch. CalAIM is a multi-year initiative of the California Department of Health Care Services (DHCS). It aims to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, program, and payment reform across the Medi-Cal program. ECM is a Medi-Cal benefit available to members that meet specific eligibility criteria and opt-in to participate and will be a part of the PHMP at L.A. Care. Community Support programs will focus on addressing combined medical and social determinants of health needs and avoiding higher levels of care or other future health care costs. These Community Support programs include:
 - Housing Transition Navigation Services and Housing Tenancy and Support Services (two Community Support and one program build) including grandfathering in Health Homes Program (HHP) and Whole Person Care (WPC) programs
 - Recuperative Care (Medical Respite) including grandfathering in WPC program
 - Medically Tailored Meals

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

LOOKING FORWARD

As L.A. Care's PHMP has established a strong foundation. The next step is to evaluate the programs, services and interventions across the continuum of care. Additionally L.A. Care's PHMP will evaluate the effectiveness using the new system of record, Thrasys' Syntranet, for the identification, stratification, segmentation, member engagement, interventions, and outcomes. The data reporting functions of Optum Symmetry Suite (IPro) and Thrasys' Syntranet, will be focused on transitions between programs to coordinate member touchpoints for smooth transitions. This will allow all of the member and practitioner programs to be developed through a rigorous logic and configuration. This will also allow coordinated care, decrease in duplicative touchpoints and interventions. This will help us identify the needs of the member and to engage the member at the right time with the appropriate service to address their healthcare needs. Additionally, starting in January 2022 L.A. Care will be implementing Enhanced Care Management (ECM) through CalAIM's 5-year waiver program and integrating the requirements throughout the PHMP.

A.1.a INITIAL HEALTH ASSESSMENT (IHA)

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan (L.A. Care) is responsible to ensure the provision of an Initial Health Assessment (IHA) or complete history and physical examination and an Individualized Health Education Behavioral Assessment (IHEBA) to each new member within 120 calendar days of enrollment (60 days for members 18 months or younger) either in person or virtually. PPGs/PCPs are responsible to cover and ensure the provision of an IHA. For new Plan members who choose their current PCP as their new plan PCP, an IHA still needs to be completed within 120 days of enrollment. Members are also encouraged to complete an IHA even if it hasn't been completed past the initial 120 calendar days of enrollment. The Staying Healthy Assessment covers the provision of the IHEBA for all existing members at their next non-acute care visit. The IHEBA is reviewed at least annually by the Primary Care Provider (PCP) with the members who present for scheduled visits and is re-administered by the PCP at the appropriate age-intervals.

METHODOLOGY

This section summarizes findings of the 2020 results of the Potential IHA completion rates. These rates are based on the ICD-10 codes that suggest completion of the IHA based on a completed History & Physical and an IHEBA (if available) within the appropriate timeframes for new enrollees. Note that without a file review there is no way to fully track a completed IHA; however, L.A. Care developed a dashboard to track the potential IHA completions to monitor expected completion rates for the IHA across the network.

Quantitative Analysis

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

Line of Business	2020 Rate	2019 Rate
<i>Medi-Cal (MCLA)</i>	24.5%	30.7%
<i>Cal Medi Connect (CMC)</i>	61.0%	64.1%

The IHA potential completion rate decreased by 6.2 percentage points from the previous year for L.A. Care Medi-Cal Direct program (MCLA) members and decreased by 3.1 percentage points from the previous year

for Cal MediConnect (CMC) members. This is statistically significant with $p < 0.01$ for MCLA, but not statistically significant for the CMC population.

Qualitative Analysis

While the potential IHA completion rates dropped in 2020 for both MCLA and CMC lines of business, it is difficult to tell if L.A. Care's enhanced training and monitoring processes have made an impact yet. For a majority of 2020 the monitoring of the IHA requirement was on hold due to the Public Health Emergency (PHE). L.A. Care continued to encourage providers to complete IHAs for members as able, especially utilizing tele-health. However, this was not the top priority during the PHE and until the PHE is lifted we won't see the impact of the new processes that have been developed in 2020 and will begin to be utilized in 2021. One barrier looking forward is that while the PHE put a hold on the IHA requirement, the IHAs from during the PHE will be required to be completed once the hold is lifted, which will be a large backlog for providers and may result in lower completion rates during the catch-up period.

INTERVENTIONS

While the IHA components must be completed at the provider level, L.A. Care has been working on a comprehensive strategy to educate members and providers on the IHA requirements, timeframes and provide appropriate resources and have monitoring processes in place to track the completion of the IHA requirements. Quality Improvement leads a cross-functional workgroup, maintains QI Policy QI-047-IHA, has developed newsletter education to members and providers, a robust provider training to be released at the end of 2021, and regular provider monitoring through Enterprise Performance Optimization (EPO) in addition to annual auditing through Delegation Oversight.

OPPORTUNITIES FOR IMPROVEMENT

2020 was a difficult year to monitor the IHA completion due to the IHA requirements being on hold for a majority of 2020 due to the Public Health Emergency. However, several important opportunities for improvement were still identified.

- 1) L.A. Care discovered Staying Healthy Assessment (SHA) ICD-10 codes that can be used to document the completion of the SHA for the IHEBA requirement. However, our analysis determined these codes are rarely used. There is a great opportunity to educate providers on these codes paired with a provider incentive for completion of the IHA components.
- 2) L.A. Care continues to work to enhance the monitoring process and utilize the IHA Dashboard to prioritize providers with low rates of completion of the IHA to encourage providers to prioritize completing newly enrolled members' IHA requirements within the required timeframes for newly enrolled members.

Priorities for 2021:

- Release and educate providers on the newly developed provider training on IHA.
- Investigate the most efficient and fair way to incentive providers on completing the IHA with their patients.
- Streamline the process for PPGs and the Direct Network to be a cohesive IHA monitoring process.
- Educate providers when the Public Health Emergency (PHE) hold is lifted and encourage the use of tele-health for completion of the IHA components as appropriate.

LOOKING FORWARD

- Starting in 2021 the "Initial Health Assessment completion rate" based on the potential completion rates was included in the IHA Dashboard are part of the Population Health Management Index goals. In 2022 the goal set was $\geq 27\%$ for MCLA and $\geq 60\%$ for CMC.

- Develop a plan to ensure providers are completing IHAs incomplete during the Public Health Emergency.
- Continue development and delivery of the IHA training for new providers and refresher trainings.
- Continue member and provider education on IHA through newsletter notifications and inclusion in appropriate provider meetings and trainings (e.g., Quality Performance Management (QPM), Provider Quality Improvement Liaison (PQIL) and Initiatives teams).
- Continue development of a potential provider incentive for IHA completion, likely integrated within the Pay-for-Performance (P4P) program.
- Continue development of the Direct Network process for notifying providers of their patients with IHAs due or past due.
- Continue the IHA workgroup to work collaboratively across L.A. Care departments to streamline the process of monitoring completion of IHAs and utilizing Compliance and the Corrective Action Plan (CAP) process as appropriate.
- Participate in Local Health Plans of California (LHPC) Quality workgroups on advising the State on improvements to the IHA Policy.

A.2 POPULATION DEMOGRAPHICS

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Membership

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

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).

PRIORITY ISSUES

The top 15 diagnosis categories were identified using Clinical Classifications Software (CCS) Single Level Diagnosis categories by Line of Business (LOB) and by Inpatient and Outpatient setting (using primary diagnosis only), from July 1, 2020–June 30, 2021.

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

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

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

Medi-Cal Membership

As of October 1, 2021, L.A. Care Health Plan had 2,278,645 Medi-Cal members. Of those 151,924 members are Senior and Persons with Disabilities (SPDs) (an increase from 150,484 at the end of 2020). There are 50,288 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	490,389	21.5%
12-20	414,188	18.2%
21-64	1,134,910	49.8%
65+	239,158	10.5%
Total	2,278,645	100%

Gender	Number of Members	% of Membership
Female	1,220,305	53.6%
Male	1,058,340	46.4%

Race	Number of Members	% of Membership
Caucasian/White	1,627,115	71.4%
African American/Black	268,965	11.8%
Asian	166,327	7.3%
Native Hawaiian/Other Pacific Islander	1,940	0.1%
American Indian Or Alaska Native	4,121	0.2%
Declined & Unknown	210,175	9.2%

Approximately 39.7% of L.A. Care's Medi-Cal members are under 21 years of age. The rate of members 65 and over decreased from 11% in 2020 to 10.5% in 2021. Of the adult membership, approximately 53.6% are female and 46.4% are male.

92.0% 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	1,419,161	62.3%
Spanish	676,084	29.7%
Armenian	48,878	2.2%
Mandarin (Mandarin Chinese)	24,592	1.1%
Cantonese (Yue Chinese)	22,353	1.0%
Korean	20,962	0.9%
Vietnamese	16,211	0.7%
Farsi (Persian)	9,839	0.4%
Russian	9,188	0.4%
Tagalog	6,288	0.3%
Arabic	5,292	0.2%
Khmer	4,709	0.2%
American Sign Language	605	0.0%
Slovenian	0	-

Medi-Cal: Member Professed Spoken Language		
Language	Number of Members	% of Membership
WOLOF*	1	0.0%
Other, Including No Response	14,482	0.6%
Total:	2,278,645	100%

*WOLOF is spoken in Senegal, Gambia, and Mauritania

MEDI-CAL

Medi-Cal	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2020– June 30, 2021)	
1	Eye disorders
2	Spondylosis; intervertebral disc disorders; other back problems
3	Diabetes
4	Non-traumatic joint disorders
5	Diseases of the heart
6	Other connective tissue disease
7	Hypertension
8	Diseases of the urinary system
9	Disorders of lipid metabolism
10	Other skin disorders
11	Other nervous system disorders
12	Other lower respiratory disease
13	Ear conditions
14	Complications mainly related to pregnancy
15	Other gastrointestinal disorders

Medi-Cal	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2020 – June 30, 2021)	
1	Diseases of the urinary system
2	Fluid and electrolyte disorders
3	Hypertension
4	Diabetes
5	Immunizations and screening for infectious disease
6	Anemia
7	Bacterial infection
8	Substance-related disorders
9	Other nervous system disorders
10	Disorders of lipid metabolism
11	Other gastrointestinal disorders
12	Upper gastrointestinal disorders
13	Respiratory infections
14	Diseases of arteries; arterioles; and capillaries
15	Other lower respiratory disease

The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2020 – June 30, 2021)			
Medi-Cal (SPD)			Medi-Cal (Non-SPD)
1	Spondylosis; intervertebral disc disorders; other back problems	1	Eye disorders
2	Diabetes	2	Spondylosis; intervertebral disc disorders; other back problems
3	Eye disorders	3	Non-traumatic joint disorders
4	Hypertension	4	Diabetes
5	Non-traumatic joint disorders	5	Diseases of the heart
6	Diseases of the heart	6	Other connective tissue disease
7	Other connective tissue disease	7	Diseases of the urinary system
8	Diseases of the urinary system	8	Hypertension
9	Disorders of lipid metabolism	9	Disorders of lipid metabolism
10	Other nervous system disorders	10	Other skin disorders
11	Other lower respiratory disease	11	Other nervous system disorders
12	Other skin disorders	12	Other lower respiratory disease
13	Ear conditions	13	Ear conditions
14	Mood disorders	14	Complications mainly related to pregnancy
15	Other gastrointestinal disorders	15	Anxiety disorders

The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2020 – June 30, 2021)			
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	Fluid and electrolyte disorders	3	Fluid and electrolyte disorders
4	Hypertension	4	Hypertension
5	Diabetes	5	Diabetes
6	Anemia	6	Anemia
7	Bacterial infection	7	Bacterial infection
8	Other nervous system disorders	8	Substance-related disorders
9	Substance-related disorders	9	Disorders of lipid metabolism
10	Disorders of lipid metabolism	10	Other nervous system disorders
11	Other gastrointestinal disorders	11	Other gastrointestinal disorders
12	Nutritional deficiencies	12	Upper gastrointestinal disorders
13	Upper gastrointestinal disorders	13	Respiratory infections
14	Chronic obstructive pulmonary disease and bronchiectasis	14	Other lower respiratory disease
15	Respiratory infections	15	Diseases of arteries; arterioles; and capillaries

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, diabetes, and eye disorders; for Non-SPD members, the top three (3) diagnosis categories were eye disorders, spondylosis, and non-traumatic joint disorders. 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 fluid

and electrolyte disorders; the top three (3) for Medi-Cal Non-SPD in the inpatient setting were diseases of the heart, disease of the urinary system, and fluid and electrolyte disorders.

Cal MediConnect Membership (Duals Demonstration Project)

As of October 1, 2021, L.A. Care had 18,452 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	4,086	22.1%
65-74	10,404	56.4%
75-84	3,036	16.5%
85+	926	5.0%
Total	18,452	100.0%

Gender	Number of Members	% of Membership
Female	10,196	55.3%
Male	8,256	44.7%

Race	Number of Members	% of Membership
Caucasian/White	11,362	61.6%
African American/Black	2,946	15.9 %
Asian	1,378	7.5%
Native Hawaiian/Other Pacific Islander	34	0.2%
American Indian Or Alaska Native	71	0.4%
Declined & Unknown	2,661	14.4%

77.9% of L.A. Care Cal MediConnect members are 65 years and over. Of adult membership, 55.3% are female and 44.7% are male.

Approximately 93.8% 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	8,595	46.6%
Spanish	8,709	47.2%
Armenian	37	0.2%
Mandarin (Mandarin Chinese)	79	0.4%
Cantonese (Yue Chinese)	127	0.7%
Korean	31	0.2%
Vietnamese	89	0.5%
Farsi (Persian)	22	0.1%
Russian	12	0.1%
Tagalog	224	1.2%
Arabic	25	0.1%

CMC: Member Professed Spoken Language		
Language	Number of Members	% of Membership
Khmer	59	0.3%
American Sign Language	23	0.1%
Slovenian	0	-
WOLOF*	0	-
Other, Including No Response	420	2.3%
Total:	18,452	100%

*WOLOF is spoken in Senegal, Gambia, and Mauritania

Cal MediConnect	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2020 – June 30, 2021)	
1	Diabetes
2	Eye disorders
3	Hypertension
4	Non-traumatic joint disorders
5	Spondylosis; intervertebral disc disorders; other back problems
6	Diseases of the heart
7	Other connective tissue disease
8	Disorders of lipid metabolism
9	Diseases of the urinary system
10	Other nervous system disorders
11	Other skin disorders
12	Other lower respiratory disease
13	Mood disorders
14	Ear conditions
15	Upper gastrointestinal disorders

Cal MediConnect	
The Top 15 Diagnosis for Inpatient Visits (July 1, 2020 – June 30, 2021)	
1	Diseases of the heart
2	Diseases of the urinary system
3	Hypertension
4	Diabetes
5	Fluid and electrolyte disorders
6	Disorders of lipid metabolism
7	Anemia
8	Bacterial infection
9	Other nervous system disorders
10	Diseases of arteries; arterioles; and capillaries
11	Substance-related disorders
12	Upper gastrointestinal disorders
13	Other gastrointestinal disorders
14	Chronic obstructive pulmonary disease and bronchiectasis
15	Other lower respiratory disease

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

L.A. Care Covered™ Membership (Marketplace)

As of October 1, 2021, L.A. Care had 100,401 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	2,275	2.3%
12-20	3,534	3.5%
21-64	93,305	92.9%
65+	1,287	1.3%
Total	100,401	100%

Gender	Number of Members	% of Membership
Female	50,490	50.3%
Male	49,911	49.7%

Race	Number of Members	% of Membership
Caucasian/White	43,894	43.7%
African American/Black	3,822	3.8%
Asian	14,332	14.3%
Native Hawaiian/Other Pacific Islander	293	0.3%
American Indian Or Alaska Native	190	0.2%
Declined & Unknown	37,870	37.7%

Approximately 5.8 % 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 92.9%. Of the adult membership, approximately 50.3% are female and 49.7% are male.

85.6% 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	61,633	61.4%
Spanish	24,276	24.2%
Armenian	1,002	0.9%
Mandarin (Mandarin Chinese)	6,615	6.6%
Cantonese (Yue Chinese)	2,100	2.1%
Korean	1,569	1.5%
Vietnamese	868	0.9%
Farsi (Persian)	359	0.4%
Russian	255	0.3%

LACC: Member Professed Spoken Language		
Language	Number of Members	% of Membership
Tagalog	366	0.4%
Arabic	121	0.1%
Khmer	95	0.1%
American Sign Language	594	0.6%
Slovenian	1	0.0%
WOLOF*	0	-
Other, Including No Response	547	0.5%
Total:	100,401	100%

*WOLOF is spoken in Senegal, Gambia, and Mauritania

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2020 – June 30, 2021)	
1	Diabetes
2	Non-traumatic joint disorders
3	Spondylosis; intervertebral disc disorders; other back problems
4	Hypertension
5	Disorders of lipid metabolism
6	Eye disorders
7	Other connective tissue disease
8	Diseases of the heart
9	Diseases of the urinary system
10	Other skin disorders
11	Other nervous system disorders
12	Ear conditions
13	Upper gastrointestinal disorders
14	Thyroid disorders
15	Anxiety disorders

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2020 – June 30, 2021)	
1	Mood disorders
2	Diseases of the heart
3	Alcohol-related disorders
4	Schizophrenia and other psychotic disorders
5	Complications mainly related to pregnancy
6	Bacterial infection
7	Lower gastrointestinal disorders
8	Diseases of the urinary system
9	Benign neoplasms
10	Biliary tract disease
11	Hypertension
12	Cancer of bronchus; lung
13	Substance-related disorders
14	Fractures
15	Diabetes

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 mood disorders, disease of the heart, and Alcohol-related disorders.

As of October 1, 2021, L.A. Care had 76 L.A. Care Covered Direct™ members. L.A. Care's L.A. Care Covered Direct™ members speak English (72.4%) or Spanish (23.7%). Approximately 28.9% 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.

PASC-SEIU Membership

As of October 1, 2021, L.A. Care had 50,288 PASC-SEIU members. The detail of L.A. Care's PASC-SEIU membership profile is shown below:

Age	Number of Members	% of Membership
0-11	0	-
12-20	99	0.2%
21-64	44,387	88.3%
65+	5,802	11.5%
Total	50,288	100%

Gender	Number of Members	% of Membership
Female	35,405	70.4%
Male	14,883	29.6%

Race	Number of Members	% of Membership
Caucasian/White	24,564	48.9%
African American/Black	4,980	9.9%
Asian	3,576	7.1%
Native Hawaiian/Other Pacific Islander	59	0.1%
American Indian Or Alaska Native	64	0.1%
Declined & Unknown	17,045	33.9%

Approximately 0.2% of L.A. Care's PASC-SEIU members are under 21 years of age. The largest age group is 21-64 years of age at 88.3%. Of the adult membership, approximately 70.4% are female and 29.6% are male.

71.7% of all PASC-SEIU members speak either English or Spanish as seen in the table below:

LACC: Member Professed Spoken Language		
Language	Number of Members	% of Membership
English	27,686	55.1%
Spanish	8,366	16.6%
Armenian	6,743	13.4%
Mandarin (Mandarin Chinese)	1,109	2.2%
Cantonese (Yue Chinese)	1,169	2.3%
Korean	1,270	2.5%
Vietnamese	445	0.9%
Farsi (Persian)	798	1.6%
Russian	1,398	2.8%
Tagalog	250	0.5%
Arabic	167	0.3%
Khmer	206	0.4%
American Sign Language	3	-
Slovenian	0	-
WOLOF*	0	-
Other, Including No Response	678	1.4%
Total:		100%

*WOLOF is spoken in Senegal, Gambia, and Mauritania

PASC_SEIU	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2020 – June 30, 2021)	
1	Non-traumatic joint disorders
2	Diabetes
3	Spondylosis; intervertebral disc disorders; other back problems
4	Diseases of the urinary system
5	Other connective tissue disease
6	Diseases of the heart
7	Eye disorders
8	Hypertension
9	Cancer of breast
10	Disorders of lipid metabolism
11	Other skin disorders
12	Thyroid disorders
13	Benign neoplasms
14	Ear conditions
15	Other lower respiratory disease

PASC_SEIU	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2020 – June 30, 2021)	
1	Diseases of the heart
2	Complications mainly related to pregnancy
3	Bacterial infection
4	Benign neoplasms
5	Lower gastrointestinal disorders
6	Biliary tract disease
7	Diseases of the urinary system
8	Hypertension
9	Fractures
10	Non-traumatic joint disorders
11	Cancer of breast
12	Diabetes
13	Cancer of uterus and cervix
14	Spondylosis; intervertebral disc disorders; other back problems
15	Fluid and electrolyte disorders

The top three (3) outpatient diagnosis categories were non-traumatic joint disorders, diabetes, and spondylosis. In terms of top three (3) diagnosis categories for Inpatient, they were diseases of the heart, complications mainly related to pregnancy, and bacterial infection.

A.3 HEALTH EQUITY

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BACKGROUND

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

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

The Council goals are, then to:

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

MAJOR ACCOMPLISHMENTS

Over fiscal year 2020-2021, L.A. Care has accomplished a number events and interventions that address health equity. Highlights include the Quality Improvement (QI) Department training on cultural humility and the introduction of the Provider Equity Award. Analysis of stratified data and measuring success are also paramount, hence we enhanced Healthcare Effectiveness Data and Information Set (HEDIS) Disparity analysis with stratified race/ethnicity data over three years and introduced other ways to measure equity besides HEDIS measures in the cross-collaborative Member Equity Council.

CULTURAL HUMILITY TRAINING

During the spring of 2021, L.A. Care's QI department held a series of Cultural Humility trainings. Cultural humility "incorporates a lifelong commitment to self-evaluation and self-critique, to redress the power imbalances in the patient-physician dynamic, and to develop mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations." This concept was created and introduced by Drs. Jann Murray-García and Melanie Tervalon.

Drs. Jann Murray-García and Victoria Ngo, both scholars at the University of California (U.C.), Davis, were invited to introduce the concepts of cultural humility and its applicability to QI efforts in front of approximately 100 QI employees. Overall, QI staff found the training relevant and helpful. QI staff recommended this training for all employees at L.A. Care. Staff also plan to apply the information they learned to their projects and/or interactions with members and with how they understand and work with their colleagues. Staff were overall grateful for acquiring new information they did not know. Areas of improvement include adding more structure to the presentation, smaller breakout groups and issues with audio and visuals over the video conferencing platform.

Additionally, this fiscal year, L.A. Care's Chiefs, referred to as CEO Cabinet, inclusive of the Chief Executive Officer, participated in the longer two day training program entitled *Anti-Racism & Cultural Humility Training for Healthcare Leaders* presented by Drs. Jann Murray-García and Victoria Ngo. L.A. Care's Chief of Equity and Quality Medical Director was also present. This was a serious commitment by the top leaders of the organization. As described by the facilitators, the training was meant to equip the chiefs in efforts to wisely finance and facilitate more equitable, high quality care, to eliminate racial and other inequities in workforce development, employee experiences and patient outcomes; and to improve the population health of the large, diverse region you all serve through L.A. Care.

PROVIDER EQUITY AWARD

The inaugural Provider Equity Award was established in September 2021. The Provider Equity Award measures and rewards provider performance on health equity efforts, which includes reducing health disparities and addressing the social determinants of health, specifically food security. Clinics, practitioners and Independent Physician Associations from all lines of business were able to participate. The Provider Equity Award this year was based on self-nominations from the health care entity. Participation in the award was not mandatory. The award includes acknowledgement at the annual L.A. Care provider recognition ceremony, publication in provider newsletters and other ways to publicly recognize the awardee. No payments are included for this inaugural year.

The measures selected, including HEDIS and food security efforts, were chosen for their clinical relevance, and opportunity for improvement, relevance to and broad impact on L.A. Care's patient population (the award includes measures targeting chronic diseases and birthing individuals). Additionally, the HEDIS measures selected were based on wide disparities exhibited in these measures. Food security is the focus for the social determinants of health domain due to its evidence-based impact on health outcomes and it being an L.A. Care priority.

MEMBER EQUITY COUNCIL GOALS

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

HEDIS DISPARITY DATA ANALYSIS

L.A. Care consistently stratifies HEDIS data by race and ethnicity. However, to better identify disparity gap closure, L.A. Care analyzed data by race and ethnicity over a three-year period for the full Medi-Cal (MCLA and Plan Partners) population. The three-year period of data was chosen as HEDIS measure specifications were considerably changed in the prior years and thus would not be helpful for a true picture of disparity gap changes. The HEDIS measures analyzed were Asthma Medication Ratio (AMR), Cervical Cancer Screening (CCS), Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC), Childhood Immunization Status: Combination 10 (CIS-10), Immunizations for Adolescents: Combination 2 (IMA-2), Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC – Prenatal), Prenatal and Postpartum Care: Postpartum (PPC – Postpartum) and Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34).

RESULTS

CULTURAL HUMILITY TRAINING

The trainings were well received by QI staff as evidenced by survey results. After the second training, employees were required to provide a write-up describing their overall feedback on the training and how they planned to incorporate information from the training in their work at L.A. Care.

Quantitative Results

Approximately 100 individuals attended both trainings. Ninety percent of post-survey respondents (n=82) responded they were *Extremely Likely* or *Likely* to recommend the training to other colleagues. The majority (89%) of survey respondents stated they would take a similar course in the next year without it being mandatory. Finally, ninety-five percent of respondents stated that the trainings were *Extremely Relevant* or *Relevant* to their job. Overall, a majority of staff (77%) rated the training *Excellent* or *Very Good* (note: the *Good* option was not included in this percentage). Table 1 shows full results.

Table 1: Cultural Humility Survey Results – Likert Scale Questions*

Questions	Extremely Likely/ Relevant/ Excellent (percent)	Likely/ Relevant/ Very Good (percent)	Neutral/Good (percent)	Unlikely/ Irrelevant/ Fair (percent)	Extremely Unlikely/ Irrelevant/ Poor (percent)
How likely are you to recommend the QI Department Cultural Humility Training to your colleagues?	55.4%	34.9%	7.2%	2.4%	0%
How likely are you to take a similar course like this in the next year without it being mandatory?	42.2%	47.0%	9.6%	1.2%	0%
How relevant do you feel the content in the QI Department Cultural Humility Training is to your job?	48.2%	47.0%	3.6%	1.2%	0%
Overall, how would you rate the QI Department Cultural Humility Training?	51.8%	25.3%	16.9%	6.0%	0%

*may not add to 100% due to rounding

Qualitative Results

The post-survey free response question was two-parts, asking participants to provide their overall feedback of the training and how they planned to incorporate information from the training in their work. Several themes from the survey's free response comments section emerged. Overall, feedback was positive in nature and exhibited a lot of self-reflection on the part of employees. Positive themes from the feedback included, gratitude for the training; examination of personal biases; commitment to apply training information in working with members and colleagues; and appreciation of learning of new information. Opportunities to improve the training included needing more structure in the presentation, audio and visual issues and sessions being too large thus making it difficult for more dialogue.

PROVIDER EQUITY AWARD

Overall, L.A. Care had five submissions scored for the inaugural Provider Equity Award. A grading rubric for each sub-category was used to enumerate the health care entity's points based on submitted evidence. This score was used to grade and rank the health care entities/providers. An L.A Care committee reviewed and discussed final scores to select the final awardee. Results are yet to be finalized to choose a winner.

MEMBER EQUITY COUNCIL GOALS

Results for Member Equity Council goals are below.

Component 1: Member Voice

- a) Newly implemented Consumer Health Equity Council (CHEC) will meet at least 4 times within FY2020-21.
- b) Identify up to 3 member equity concerns and create actionable plan to address concerns within FY2020-21.

Progress – Completed

- **Complete: Met 6 times**
 - **Orientation (Dec), 2 equity education sessions (Jan & Mar), Food Security (May), Telehealth (Jul), Updates and planning (Sep)**
- **Member Equity Concerns, Action Plan & Updates**
 - Food Security Information
 - Community Link Magnet, Community Garden sponsorships
 - Telehealth
 - Presenting telehealth information to ECAC members, met with Teladoc to discuss accessibility concerns, updated “How to Use” video to remove mention of co-pay to avoid confusion, CRC team working on accessibility of CRC telehealth spaces/equipment

Component 2: SDoH Response

- a) Provide 100,000 individuals/families with meals to L.A. Care members and non-members in the community by FY2021-22.

Progress – Completed

- **Served approximately 110,000 individuals from October 2020 to September 2021**

Component 3: Health Plan as a Community Partner

- a) At least 55% of Community Health Investment Funds (CHIF) grants are executed with organizations led by and serving BIPOC & other marginalized communities in FY2020-21.

Progress – Completed

- **72% of organizations receiving CHIF support are BIPOC led**

- b) At least 90% of L.A. Care sponsorships are provided to organizations or events focused on health equity in FY 2020-21. Health equity includes but isn’t limited to access to care, social determinants of health, and social justice issues.

Progress – Completed

- **93% of sponsorships are provided to organizations or events focused on health equity. Health equity includes, but isn’t limited to access to care, social determinants of health, and social justice issues.**

- c) Increase the number of Elevating the Safety Net programs through funded partnerships intended to promote equity by FY 2020-21 end.

Progress – Complete

- **During FY2020-21, L.A. Care’s BoG approved 3 new investments under our Elevating the Safety Net Initiative.**
 - **\$800,000 investment in the [Health Careers Internship Program](#)**
 - **4 interns. 3 with each equity council (member, provider/vendor and employee) and QI**
 - **\$5M grant to the Keck Graduate Institute School of Medicine to support a new [Master of Science in Community Medicine](#) program**

- \$5M grant to the Charles R. Drew University of Medicine and Science to support the development of [New Medical Education Program](#) in South Los Angeles.

Component 4: Systematic Change

- a) Establish 3 effective partnerships that promote and focus on equity issues by FY2020-21 end.

Progress – Not met/Ongoing

- **Partnerships created with LA Human Relations Commission & Advancing Asian American Justice**
- **Opportunity to pursue partnership based on CHEC member feedback**
- **Building strong, mutually beneficial partnerships takes time**

- b) Create and share internal equity priorities with L.A. Care leaders to leverage leadership position in non-equity focused committees by FY2020-21 end.

Progress – Complete

Component 5: Equitable Health

- a) Educate on and promote COVID-19 vaccination by amplify messaging from L.A. County and working with other trusted organizations on the importance of vaccinating through FY2021-22.

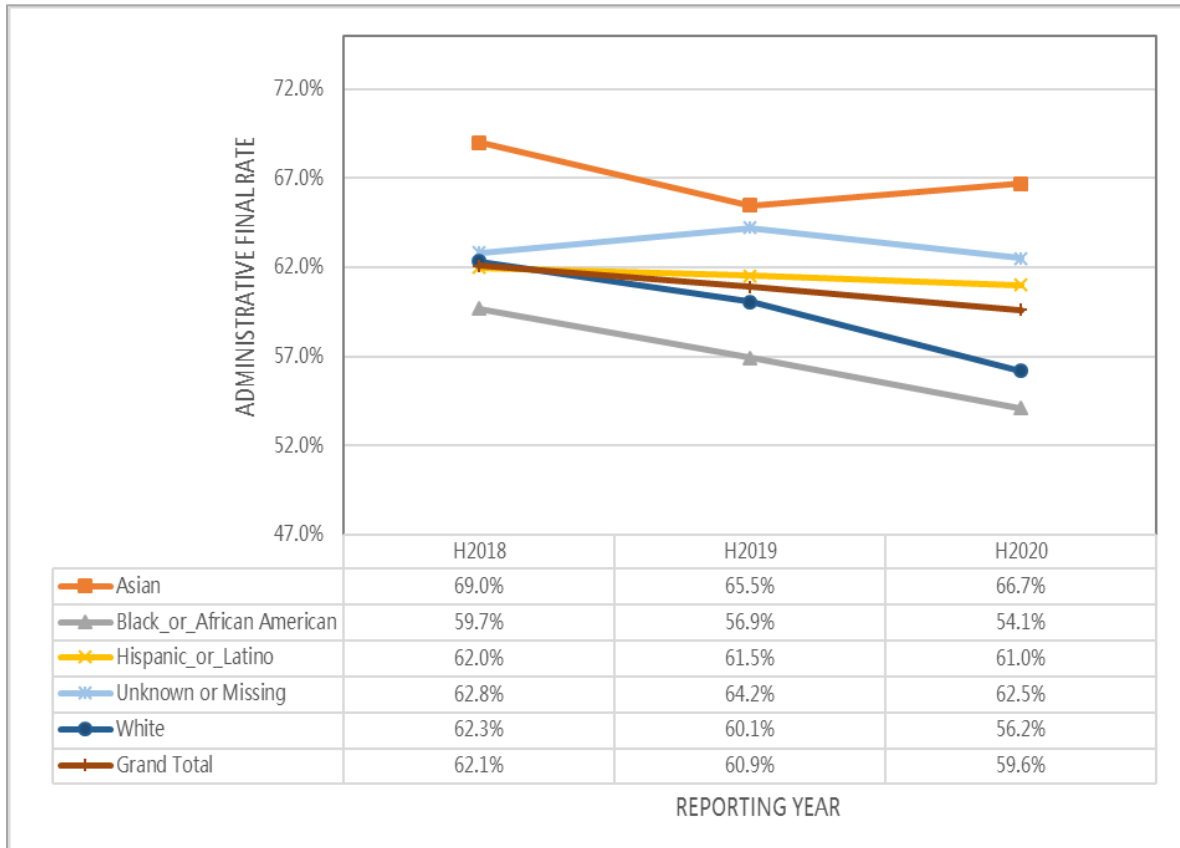
Progress – Completed/Ongoing

- **Organizational focus on DHCS COVID-19 Incentive Program**
 - **Increase vaccination among populations with low rates**
 - **Homebound**
 - **Ages 50-64 years with one or more chronic conditions**
 - **Persons of color**
 - **Ages 12-25 years**
 - **Focus and tailor strategies to targeted communities through outreach, direct member incentives, and partnerships**
 - **Use data and analytics to drive development of tactics**
 - **Data used to apply equity lens with specific investment and interventions needed for Black/African American and American Indian/Alaska Native populations**

HEDIS DISPARITY DATA ANALYSIS

Below are the HEDIS Disparity analyses over three years for the Medi-Cal population, inclusive of MCLA and Plan Partners. Overall, the analyses indicated that the average rate differences between highest and lowest performing race/ethnicity groups were all shown to be statistically significant. Also, disparities are most pervasive in the Black or African American population by race/ethnicity.

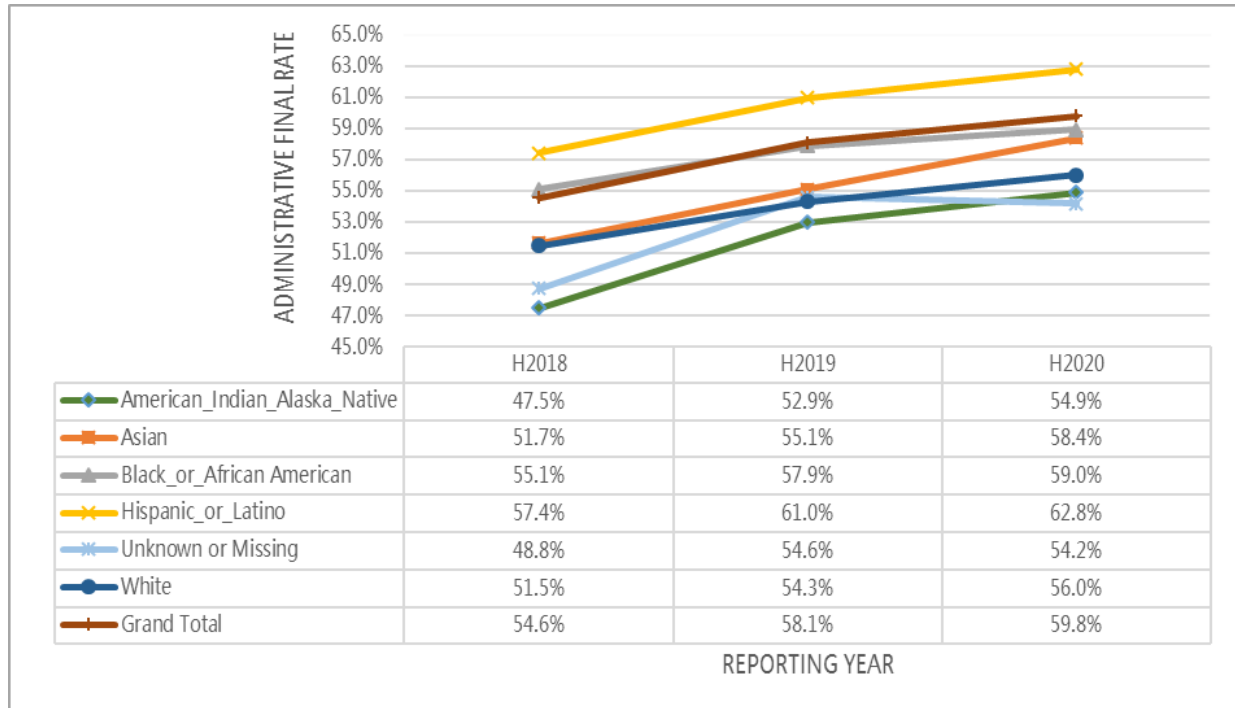
Asthma Medication Ratio (AMR), HEDIS H2018-H2020*



*Graph excludes the Some Other Race categories and American Indian/Alaska Native due to sample size limitations.

AMR analysis shows that based on the *three-year average*, Black/African American population had the lowest HEDIS rates for AMR. This was statistically significant (z-test), comparing between the average highest performing group (Asian) with the average lowest performing group (Black/African American). American Indian/Alaska Native was removed from the three- year analysis due to small sample size.

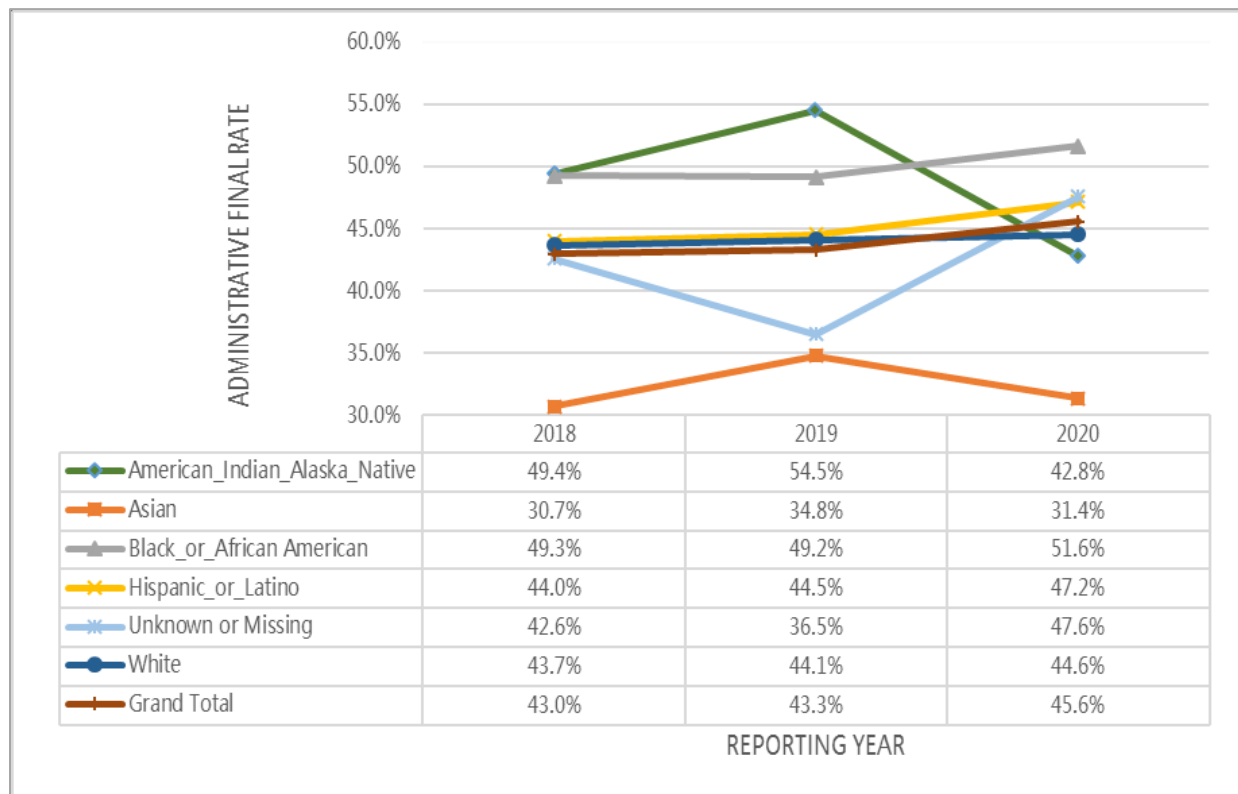
Cervical Cancer Screening (CCS), HEDIS H2018-H20*



*Graph excludes the Some Other Race categories due to sample size limitations.

CCS analysis shows that based on the three-year average, American Indian/Alaska Native population had the lowest HEDIS rates for CCS. This was statistically significant (z-test), comparing between the average highest performing group (Hispanic/Latino) with the average lowest performing group (American Indian/Alaska Native). American Indian/Native Alaska population was large enough to include for CSC analysis.

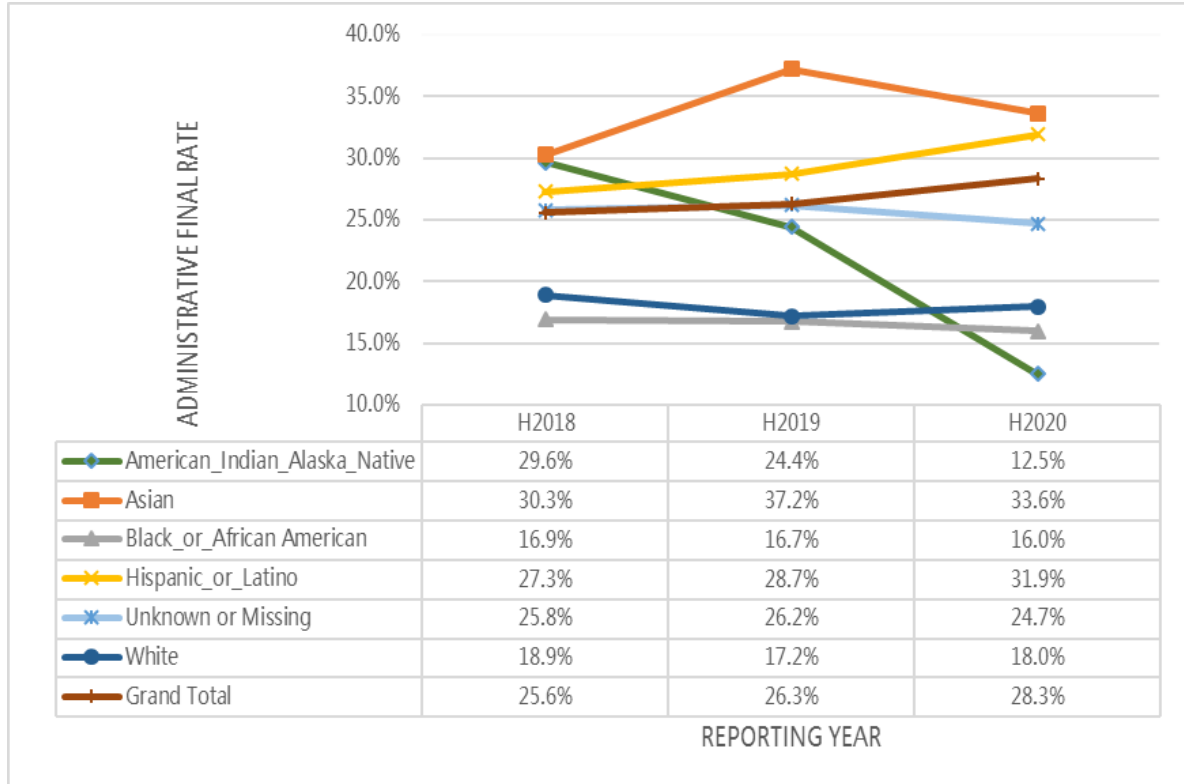
**COMPREHENSIVE DIABETES CARE – POOR CONTROL (A1c>9%) (CDC), HEDIS H2018-
H2020***
INVERSE MEASURE



*Graph excludes the Some Other Race categories due to sample size limitations.

CDC analysis shows that based on the three-year average, Black/African American population had the lowest HEDIS rates for CDC. This was statistically significant (z-test), comparing between the average highest performing group (Asian) with the average lowest performing group (Black/African American). The American Indian/Alaska Native population experienced a statistically significant rate decrease from H2019 to H2020. American Indian/Native Alaska population was large enough to include for CDC analysis.

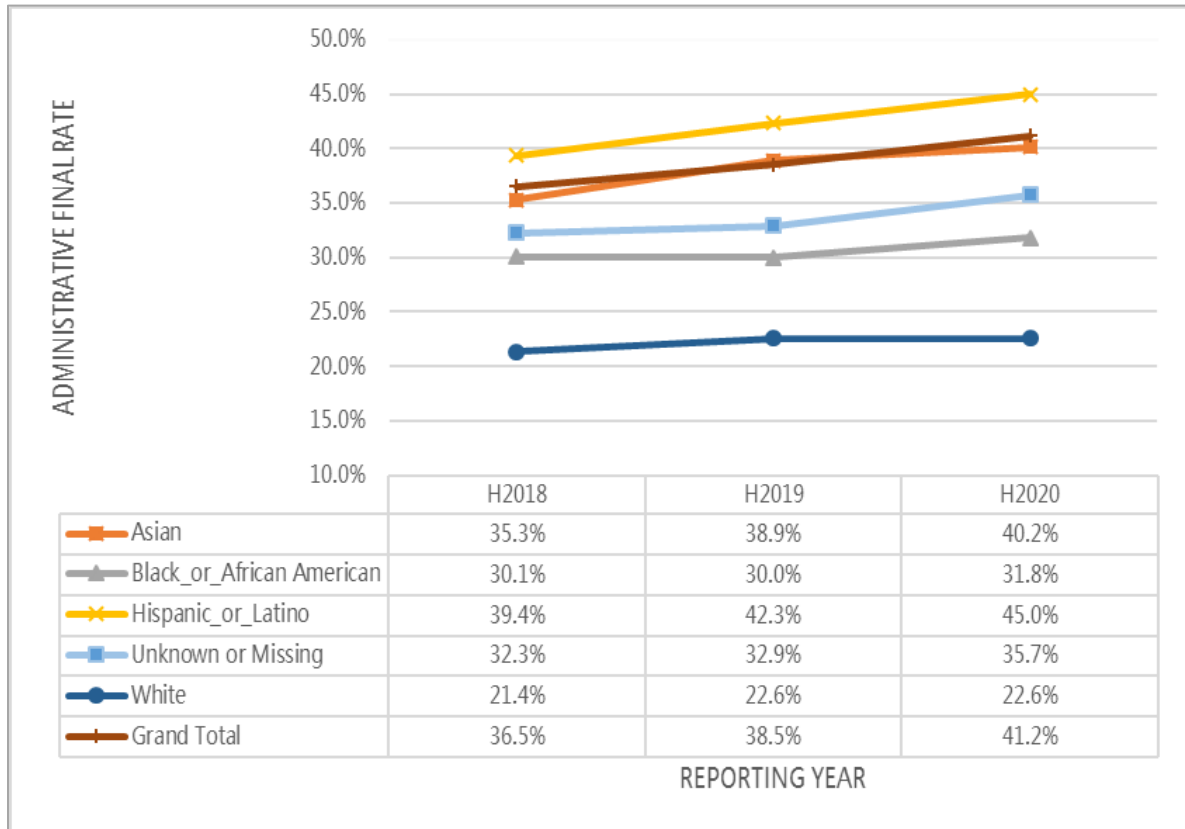
CHILDHOOD IMMUNIZATION STATUS – COMBINATION 10 (CIS-10), HEDIS H2018-H2020*



*Graph excludes the Some Other Race categories due to sample size limitations. AIAN population has denominator <30 for H2020.

CIS-10 analysis shows that based on the three-year average, Black/African American population had the lowest HEDIS rates for CDC. This was statistically significant (z-test), comparing between the average highest performing group (Asian) with the average lowest performing group (Black/African American). American Indian/Native Alaska population was large enough to include for CIS-10 analysis.

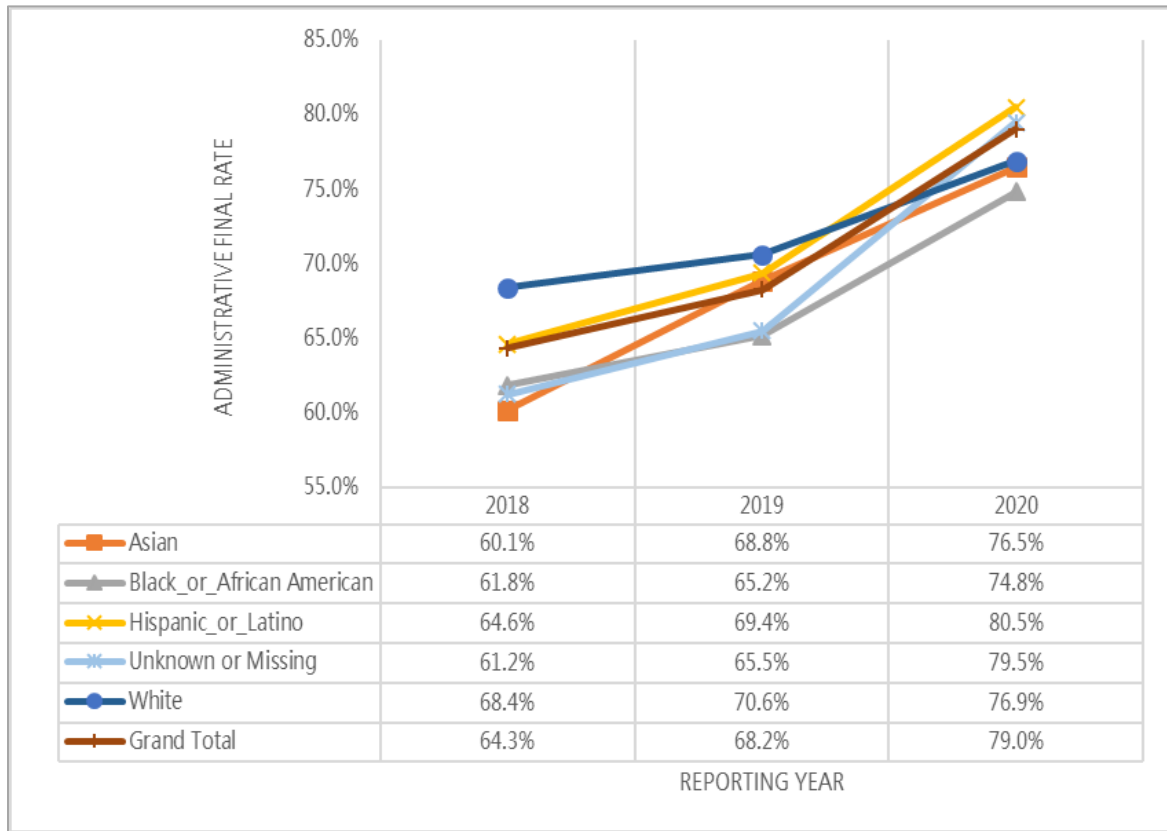
Immunizations for Adolescents – Combination 2 (IMA-2), HEDIS H2018-H2020*



*Graph excludes the Some Other Race categories due to sample size limitations. AIAN population consistently has denominator <30.

IMA-2 analysis shows that based on the three-year average, the White population had the lowest HEDIS rates for CDC. This was statistically significant (z-test), comparing between the average highest performing group (Hispanic/Latino) with the average lowest performing group (White). American Indian/Alaska Native were removed from the three-year analysis due to small sample size.

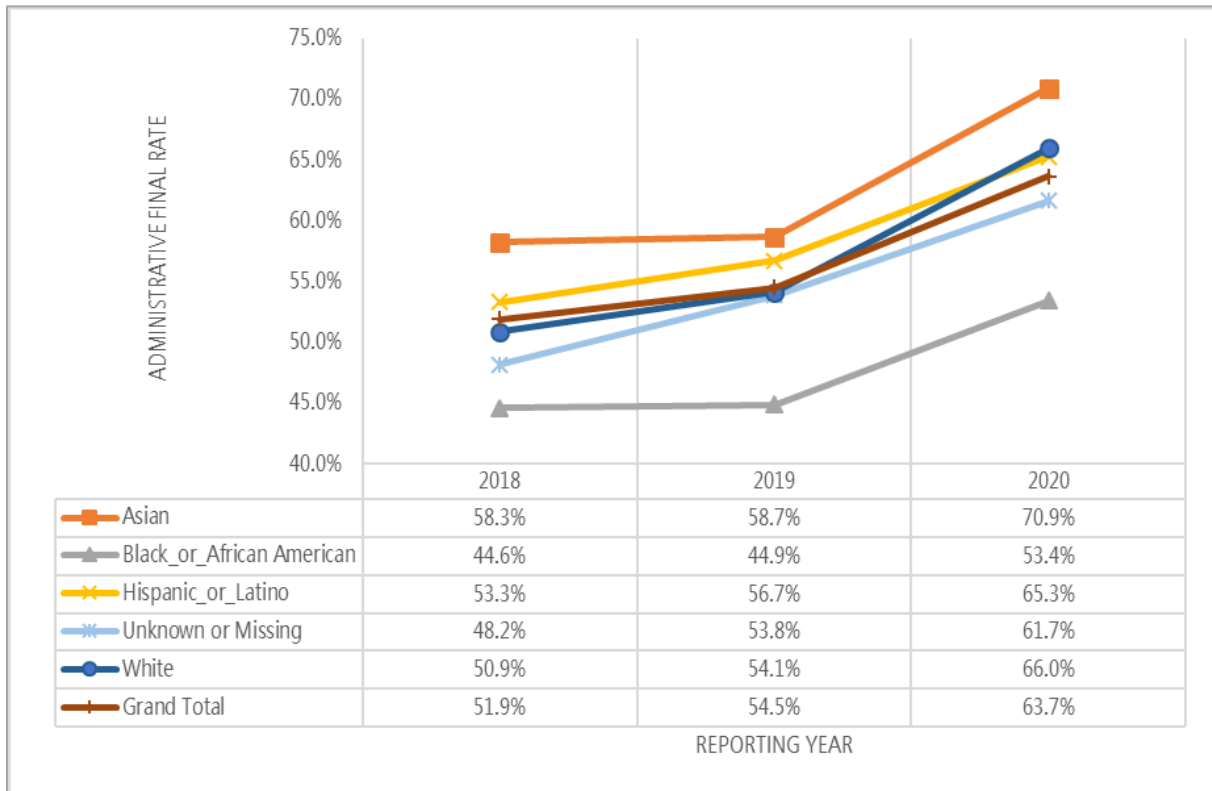
**PRENATAL AND POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE (PPC- PRENATAL),
HEDIS H2018-H2020***



*Graph excludes the Some Other Race categories due to sample size limitations. AIAN population consistently has denominator <30.

PPC - Prenatal analysis shows that based on the three-year average, Black/African American population had the lowest HEDIS rates for this measure. This was statistically significant (z-test), comparing between the average highest performing group (White) with the average lowest performing group (Black/African American). American Indian/Alaska Native were removed from the three-year analysis due to small sample size. American Indian/Native Alaska population was large enough to include for both PPC analyses.

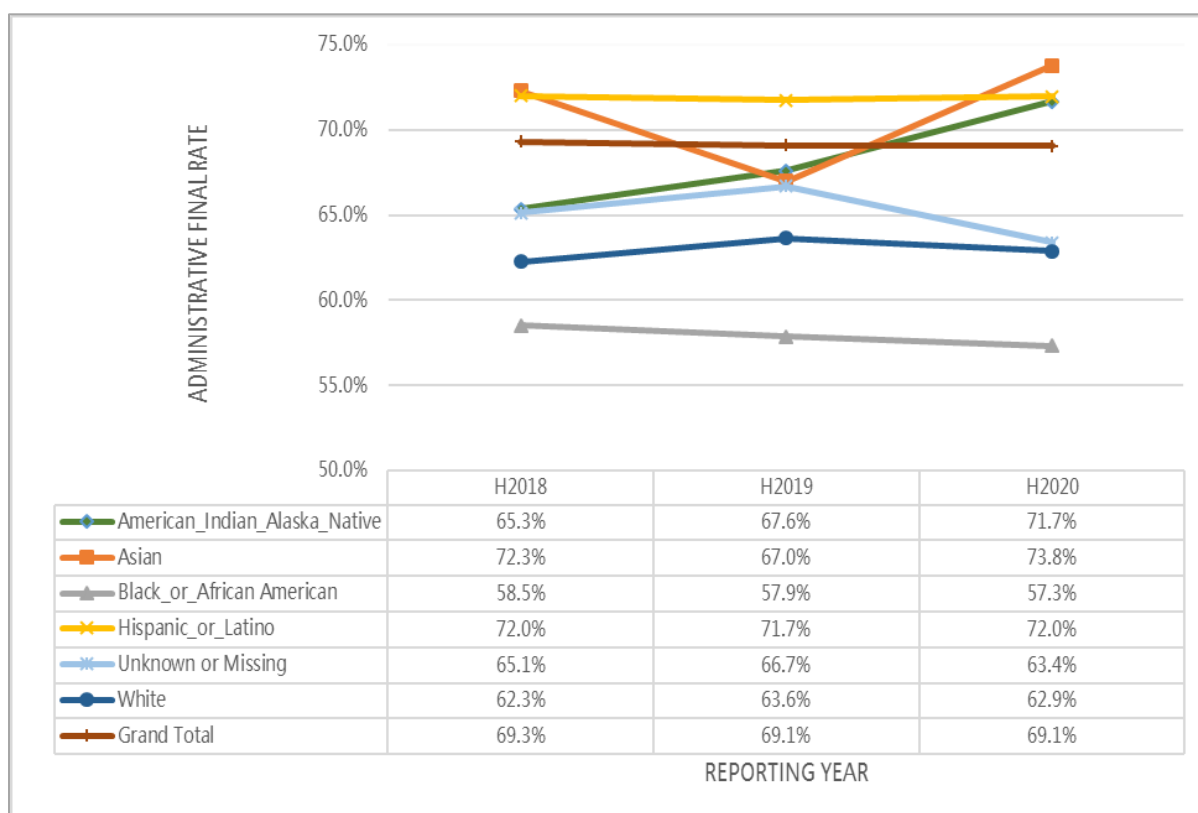
**PRENATAL AND POSTPARTUM CARE: POSTPARTUM (PPC - POSTPARTUM), HEDIS H2018-
H2020***



*Graph excludes the Some Other Race categories due to sample size limitations. AIAN population consistently has denominator <30.

PPC - Postpartum analysis shows that based on the three-year average, Black/African American population had the lowest HEDIS rates for this measure. This was statistically significant (z-test), comparing between the average highest performing group (Asian) with the average lowest performing group (Black/African American). American Indian/Alaska Native were removed from the three-year analysis due to small sample size.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34), HEDIS H2018- H2020*



*Graph excludes the Some Other Race categories due to sample size limitations.

W34 analysis shows that based on the three-year average, Black/African American population had the lowest HEDIS rates for this measure. This was statistically significant (z-test), comparing between the average highest performing group (Hispanic/Latino) with the average lowest performing group (Black/African American). American Indian/Native Alaska population was large enough to include for WCV analysis.

SUMMARY OF INTERVENTIONS

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

OPPORTUNITIES FOR IMPROVEMENT

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

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

LOOKING FORWARD

In the coming year, L.A. Care plans to spread the cultural humility training throughout the organization. For FY2021-2022, Directors and above will be prioritized. This will allow L.A. Care consultants the proper time to have small groups of about 20 employees for the 2.5-day training. The hope is the following year the remainder of the staff will be trained on cultural humility.

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

Lastly, L.A. Care will add new H2021 data to the HEDIS disparity charts to identify gap closure or widening for prioritized measures.

A.4 CULTURAL & LINGUISTIC SERVICES

AUTHOR: NAOKO YAMASHITA

REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

BACKGROUND

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

METHODOLOGY

- Face-to-face interpreting and translation utilization data is based on the requested submitted to C&L Services Unit. Telephonic interpreting utilization is based on the call report provided by the language vendor.
- Satisfaction surveys are sent to members and L.A. Care staff who utilized the language services. Member surveys are done by mail in threshold languages and staff surveys are administered electronically.
- Bilingual staff language proficiency assessment is administered to those who communicate directly with Limited English Proficient (LEP) Members in a non-English. The assessment results are captured in the online HR system.
- C&L trainings are made available as eLearning modules on the online learning management system. The training completion is tracked in the system.

- The goals are established annually to continuously improve the quality of language services.

ANALYSIS

- **Translation Services**
 - A total of 2,851 documents with 7.4 million words in 25 languages were translated.
 - An 8% increase in the number of words when compared to the previous year. Non-standardized A&G member letters contributed to the increase of translation requests in FY 20-21. This trend will continue next year as DHCS APL 21-011 requires immediate full translation of NOA and NAR letters.
 - The language assistance notice taglines were updated to include two additional languages, Mien and Ukrainian to comply with DHCS APL 21-004.
 - Top three translation languages were: Spanish, Chinese and Korean.
- **Face-to-Face Interpreting**
 - A total of 4,366 face-to-face interpreting requests in 40 languages were processed (4,209 for medical appointments and 157 for administrative meetings and events).
 - A 22% decrease was noted in comparison to the previous year due to the COVID-19 impact. However, the requests for medical appointments started to show an uptick in Q4 and has returned to 64% of the pre-pandemic level.
 - 98% of all medical appointments and 99% of administrative appointments were fulfilled successfully.
 - Top three languages for medical appointments were: Spanish, American Sign Language (ASL), and Korean.
- **Telephonic Interpreting**
 - A total of 193,764 calls with 3.2 million minutes of telephonic interpreting services were provided in 82 languages.
 - A 0.1% decrease in the number of minutes was seen when compared to the previous year. While the overall usage level was similar to the previous year, the utilization by providers continued to increase this year. This may indicate that providers continued to opt for telephonic interpreting instead of face-to-face interpreting even for in-person medical visits to minimize the spread of the COVID-19 and used telephonic interpreting services for telehealth visits.
 - Ninety-five percent (95%) of all calls were connected to an interpreter in less than 30 seconds.
 - Top three languages for telephonic interpreting were Spanish, Mandarin and Armenian.
- **Language Proficiency Assessment of L.A. Care Bilingual Staff**
 - A total of 124 employees (117 non-clinical and 7 clinical) assessed. Of those assessed, 114 employees passed the test (111 non-clinical and 3 clinical).
 - There are a total of 345 (337 non-clinical and 8 clinical) qualified bilingual staff in 10 threshold languages except for Khmer (Cambodian).
 - 87% of bilingual staff are Spanish speakers, followed by 4% Tagalog and 3% Armenian speakers.
- **C&L Training**
 - A total of 2,675 staff and 1,221 providers completed the online C&L trainings (cultural competency, disability sensitivity, C&L requirements for CSC, CMC ICT training, and Unnatural Causes).

- **Annual Goals**

FY20-21 Goals		Benchmark	Results	
“Satisfied” with translation and interpreting services (<i>Member</i>)	Translation	90.0%	97.0%	Met
	F2F Interpreting	90.0%	90.0%	Met
	Tel Interpreting	90.0%	95.3%	Met
“Satisfied” with translation and interpreting services (<i>Staff</i>)	Translation	90.0%	97.4%	Met
	F2F Interpreting	90.0%	79.2%	<i>Not Met</i>
	Tel Interpreting	90.0%	87.3%	<i>Not Met</i>
Deliver translation requests within the requested turnaround time		90.0%	97.9%	Met
Reduce the rate of chargeable cancellations to 8% of all face-to-face interpreting requests		8.0%	6.3%	Met
Reduce the rate of face-to-face interpreting grievances to 0.8% of all face-to-face requests		0.8%	0.5%	Met

- *Staff satisfaction with face-to-face interpreting services:* The staff satisfaction level with face-to-face interpreting in FY 20-21 decreased by 20.9% from the previous year. This was because the sample size of the staff satisfaction survey was very small (n=9). The result was heavily impacted by “neither satisfied or dissatisfied” responses. According to the open-ended comment, there was one meeting where only one simultaneous interpreter was available out of the two requested. This may have contributed to the lower satisfaction level. The C&L Services Unit will continue to closely monitor the satisfaction survey results going forward.
- *Staff satisfaction with telephonic interpreting services:* While the overall staff satisfaction level with telephonic interpreting in FY 20-21 did not meet the benchmark of 90%, the satisfaction level increased by 6% when compared to the previous year. The staff comments indicated that the issues were related to calls being disconnected, noise/static, and unsatisfactory interpreter performance (accuracy, attitude etc.) The C&L Services Unit will continue addressing these issues with the telephonic interpreting vendors on an ongoing basis.

- **Member Feedback**

The following comments and suggestions were provided from members at the ECAC meeting in April, 2021.

- The cultural competency training is important.
- The need for education regarding virtual medical visits/telehealth.
- Contact information for interpreting services that are easy to reference (e.g., a magnet, etc.)

RESULTS

There were no notable changes in the requested languages. The high usage of all language services, the high member satisfaction level with language services, and the relatively low number of C&L related grievances indicate that the L.A. Care’s C&L Program was properly structured and was able to meet the applicable regulatory requirements and the current needs of L.A. Care members.

B.1 HEALTH EDUCATION SERVICES

AUTHOR: WENDY SASSER

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

The Health Education Unit plans, implements, and evaluates health education, health promotion, and outreach for Direct Line of Business (DLOB) members, including L.A. Care Medi-Cal (MCLA), L.A. Care Covered (LACC/D), Homecare Workers Health Care Plan (PASC), and the Cal MediConnect Program (CMC). This is achieved through the delivery of 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 Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Ratings. Delivered by Registered Dietitians and Health Educators, health education services promote positive health behavior, wellness, and chronic disease self-management. *Health In Motion™*, L.A. Care's member health education and wellness program suite is available 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 FY2020-2021, the Health Education Unit conducted 3,674 health education encounters. Telephone consults accounted for 85% of these encounters and group appointments contributed the remaining 15%. Medical Nutrition Therapy accounted for the most encounters in FY2020-2021 (44%), followed by Diabetes Self-Management and Support (DSME-S) (40%), and Diabetes Prevention Program (DPP), weight management, general nutrition, and other programs comprised the remaining percentage (16%). The Health Education Unit also maintains the previously mentioned online health and wellness portal site, *My Health In Motion™*, which compliments existing over-the-phone health and wellness services and ensures compliance with National Committee for Quality Assurance (NCQA) Population Health Management 4: Wellness and Prevention Standard during the COVID pandemic.

In addition to providing direct member services, in FY2020-2021, the Health Education Unit made available a total of 380 health education material titles in California Department of Health Care Services (DHCS)-required health topics and languages, as well as developed six (6) new health education materials: Caregiving Tips To Protect Yourself And Others, four Cultural Recipes (African American, Latin American, Chinese, Middle Eastern) and a Food and Activity Log. Additional new materials were also adapted from California Department of Public Health (CDPH) smoker's helpline: Mood and Smoking, Health benefits of Quitting Smoking, and Top 10 Tips To Quit Smoking. There were 97 materials re-reviewed using the DHCS-required Readability & Suitability Checklist. To assist and support L.A. Care staff, the Health Education Unit also offered the *Writing in Plain Language and Readability Testing with Health Literacy Advisor* training was offered five times in FY2020-2021. Technical assistance provided by the Health Education Unit includes, but is not limited to material development, presentations, trainings, and readability assessment/revision. In FY2020-2021 there were 86 health education technical assistance requests received from 17 departments. The top five requesting business units were Safety Net Initiatives, Quality Improvement, Health Services, Enterprise Shared Services and Care Management. The most common request was for readability assessment/revision.

The Health Education Unit implemented multiple health education programs in FY2020-2021 that directly support HEDIS, CAHPS, and CMS Five-Star Quality Ratings:

- The Healthy Pregnancy Program seeks to increase timely prenatal care for L.A. Care Medi-Cal Direct program (MCLA) members by mailing trimester-specific educational packets and conducting telephonic outreach to members in their first trimester. In FY2020-2021 a total of 1,483 L.A. Care members were identified as pregnant and sent a health education packet. A total of 29 members identified as being pregnant and in their first trimester received outreach calls and were offered prenatal appointment scheduling assistance. Almost half of these members were successfully reached; however, 73% already had a scheduled appointment and none of the members requested scheduling assistance. The first trimester live agent outreach calls concluded as of January 2021. The decision to cancel the outreach component of the Healthy Pregnancy program was due to the less than 0.02% appointment scheduling assistance rate in members during FY2019-2020.
- The Healthy Mom Program goal is to increase postpartum visit rates for DLOB members through high touch member outreach and the availability of a \$40 debit card member incentive. To that end, L.A. Care's Health Education Advocate (HEA) outreaches to members who have had a live delivery and assists them with scheduling a post-partum visit within the newly determined time period, between 7-84 days after delivery. During the FY2020-2021, a total of 4,318 members were called by the Health Education Advocate (HEA) for postpartum appointment scheduling assistance with an offer of transportation and interpreting services, if needed. Of those calls, 44.6% were not reachable while 55.3% were offered assistance to schedule a post-partum visit. From the total number of eligible members, 46.5% already had appointments, while 7.6% refused any assistance, and 1.1% accepted help coordinating an appointment.
- The Youth Empowerment for Screening "YES" Program concluded in FY2020-2021. Factors which led to the discontinuation included chlamydia screening rates which exceeded the national benchmark despite DHCS request to cease outreach efforts from mid-March to June 2020 due to the Covid-19 pandemic and reprioritization of chlamydia screening as a level 3 measure for tracking purposes only.
- For the ninth consecutive year, the Health Education team led the annual Fight the Flu program. Program interventions varied by line of business (LOB) but included educational mailings with an incentive offering, postcard and email reminders, member/provider newsletter articles, end of call reminders, provider fax blast, social media campaign, and an updated Flu Myth Busters video. The 2020 flu season was particularly important as there was no approved Covid-19 vaccine and the flu season coincided with the resurgence of COVID-19 rates during the winter months. Modifications and enhancements were made to the Fight the Flu work plan activities in order to promote and ensure member safety during the pandemic including: program material images updated to reflect masked individuals, the addition of Covid-19 masking and physical distancing guidelines, and messages stressing the importance of preventing a possible "twindemic" and its impact on the healthcare system. These interventions resulted in over 3 million touchpoints to providers and members.
- L.A. Care relaunched the flu vaccine incentive available to Cal MediConnect (CMC) members during the previous flu season. Over 17,000 CMC members received a flu postcard with incentive information and 1,502 members sent in their redemption information, resulting in a 101% increase from the 744 members who redeemed the incentive in 2019. Due to Telephone Consumer Protection Act (TCPA) restrictions, Health Education was unable to launch the phone call campaign to re-enforce the importance of the flu shot and available member incentive. In January 2021, 6,537 thank you cards were mailed to those CMC members who received the flu shot as a reminder of flu shot receipt prior to completing the CAHPS survey. The steady upward trend for the LACC line of business can be attributed to over 36,000 email reminders sent to LACC members and flu shot reminder postcards mailed out to 57,215 households before the peak of the flu season.

- A total of 620,885 MCLA households received flu shot reminder postcards and additional reminders in the annual mailings. Flu shots were also promoted to all CMC, MCLA and LACC members through newsletter publications and a social media campaign targeted at the high-risk groups for flu related complications. Leveraging multiple member touchpoints, several departments implemented an end of call flu shot reminder for all inbound member calls and Customer Solution Center (CSC) added a flu shot reminder in the inbound call pre-screen message. Additional reminders were added to L.A. Care's My Health In Motion™ (My HIM) health and wellness platform.
- L.A. Care further hosted 10 free county wide flu events where members and non-members alike could access no cost flu vaccinations at Community Resources Centers. A total of 2,464 flu shots were administered at these events. The community flu events were organized in collaboration with the Community Resource Center and Pharmacy departments and were delivered through a drive-through model to comply with Covid-19 safety guidelines. The increase in flu shots administered at these events is due to the marketing of these events and overall availability of L.A. Care flu events countywide.
- 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, My HIM new users increased by 477.9% in FY2020-2021 over last fiscal year. However, only 4,465 members completed an online Health Appraisal (HA), a decrease of 18.4% over FY2019-2020. LACC/LACC-D's high HA completion numbers can be attributed to the incentives LACC members receive as part of the Rewards for Healthy Living Program.

Table 4: – My HIM FY2020-2021 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)
FY2018-2019	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
	TOTA	1,175,939	10124	-13.2%	8.61	4201	3.57	689	0.59
FY2019-2020	MCLA	1,055,648	5081	+47.0%	4.81	637	0.60	6	0.006
	LACC/D	81,271	7946	+26.5%	97.77	4764	58.62	892	10.98
	PASC	51,366	427	+30.2%	8.31	59	1.15	0	0
	CMC	16,834	69	+21.1%	4.10	10	0.59	1	0.06
	TOTAL	1,205,119	13523	+33.6%	11.22	5470	4.54	899	0.75

	Product Line	Average DLOB Membership	Total Number of New Accounts	Percent Change in New Accounts from Prior FY	Rate (Total New Accounts/Avg. Membership X 1000)	Completed HA	Rate (Completed HA/Avg. Membership X 1000)	Completed Workshops	Rate (Completed Workshops/Avg. Membership X 1000)
FY2020-2021	MCLA	1,131,988	76,340	+1404.2%	67.43	955	0.84	7	0.006
	LACC/D	81,636	365	-95.4%	4.47	3398	41.62	717	8.78
	PASC	51,395	29	-93.2%	0.56	86	1.67	0	0
	CMC	18,256	1692	+2352.2%	92.68	26	1.42	4	0.21
	TOTAL	1,283,275	78156	+477.9%	60.90	4465	3.79	728	0.56

Members have the option to sign up for health coaching as seen in Table 5. A total of 1,361 members opted in to health coaching in FY2020-2021 a slight decrease of 9% over the 1,497 members in FY2019-2020, but an increase of 12.9% over FY2018-2019.

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)
FY2018-2019	1205	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
FY2019-2020	1,497	356	126	1,205,118	1.24
LACC	1,112	356	126	81,271	13.68
All other LOB	385	Not Applicable	Not Applicable	1,123,847	0.34
FY2020-2021	1,361	143	11	1,283,275	1.06
LACC	809	143	11	81,636	9.90

Each LACC/LACC-D member can earn up to \$215 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 FY2020-2021, 4,385 wellness activities were completed with 192,180 points earned with the cash value of gift cards redeemed equaled to \$151,883.70 with a total budget of \$260,000.

The Health Education Unit was partially successful in meeting objectives established for FY2020-2021 as follows:

1. Increase health education encounters by 15% over the previous fiscal year. Met. A total of 3,674 health education encounters were conducted in FY2020-2021, representing an increase of 61.14% over the previous FY2019-2021 total of 2,280 encounters.
2. Partner with at least two community based organizations to implement a member referral process for community resources that address social determinants of health. Not met. Due to staffing challenges, department leadership changes and the COVID pandemic, this goal was not able to be completed this FY.
3. Expand the scope, capacity and reach of current health education offerings to support members with achieving and maintaining healthier lifestyles. Met. In January 2021, the Health Education Department rolled out new education and support programs in the areas of adult and pediatric asthma, diabetes and high-risk pregnancy. Program services will be expanded in Phase II of the program tentatively scheduled for first quarter 2022.

4. Increase the number of new online health and wellness portal users by 15%. Met. In FY2020-2021, 78,156 DLOB members created an online health and wellness portal account. This represents an increase of 477.9%% compared to last fiscal year.

In addition to meeting established Unit goals, the Health Education Unit and the *Health In Motion*™ program continued to grow and expand this fiscal year. The Health Education Unit along with the Cultural and Linguistics Unit is now part of Quality Improvement further strengthening existing collaborations and paving the way for more opportunities to work together to improve members' health outcomes and address health disparities in Los Angeles County. Three new education and support programs were launched in January 2021 in the areas of asthma, diabetes, and high-risk pregnancy. Initial process evaluation metrics indicate program welcome letters had the intended effect of driving members to the My HIM portal and external facing public website pages. The Unit will expand on initial program offerings in FY2021-2022 to further meet the needs of this member population. The Health Education Unit is moving forward with the goal to expand programming for pre-diabetes through the expansion of an existing partnership with a DSME vendor to increase the availability of DPP education services and virtual DPP programs by CDC DPP-recognized providers throughout Los Angeles County. The Health Education Unit will further continue efforts to increase member utilization of My *Health In Motion*™ online programs and resources, while working to leverage technology to increase member outreach strategy and streamline processes to achieve an integrated care management system.

B.1.a POPULATION NEEDS ASSESSMENT (PNA)

AUTHOR: LYNNE KEMP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care's 2021 Population Needs Assessment (PNA) fulfills APL 19-011 Health Education and Cultural and Linguistic (C&L) Population Needs Assessment requirements and is due annually to Department of Health Care Services (DHCS) on June 30th. The PNA identifies member health status and behaviors, member health education and cultural and linguistic needs, health disparities, and gaps in services related to these issues.

The goal of the PNA is to improve health outcomes for members and ensure the needs of L.A. Care Medical members are being met by:

- Identifying member health needs and health disparities;
- Evaluating health education, C&L, and Quality Improvement (QI) activities and available resources to address identified concerns;
- Implementing targeting strategies for health education, C&L and QI programs and services.

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

MAJOR ACCOMPLISHMENTS

The PNA consists of five sections:

1. **PNA Overview** which provides a clear overview of the report including key components, data sources used, key findings, and major objectives in the work plan.
2. **Data Sources** used along with a brief description of each data source and the year of the data. Primary data sources include: member demographic data from May 2019-June 2020, RY2020 Healthcare Effectiveness Data and Information Set (HEDIS) data, 2020 Consumer Assessment of

Healthcare Providers and Systems (CAHPS) data, language access services utilization data, Health Appraisal aggregate data from December 2020, claims and encounters from June 2019-May 2020, and Executive Community Advisory Committee (ECAC) member input from April 2021.

3. **Key Findings** as broken down by subsection: Membership/Group Profile, Health Status and Disease Prevalence, Access to Care, Health Disparities, Health Education, and C&L and QI Gap Analysis.
4. **Action Plan and Action Plan Update** which includes SMART objectives targeting key PNA findings with at least one objective targeting a health disparity. Objectives must be supported by identified data sources and strategies used to achieve stated objectives.
5. **Stakeholder Engagement** as solicited during L.A. Care’s April 2021 ECAC meeting.

L.A. Care’s 2021 PNA was accepted as is by DHCS with positive feedback including, “This is a well-done report – clear and concise, well-structured and included all of the required components.”

RESULTS

Key findings from the above listed sections include:

- African Americans/Blacks have lower rates for many HEDIS measures than other racial groups including in most Asthma Medication Ratio age groups, Breast Cancer Screening, Controlling High Blood Pressure, the Comprehensive Diabetes Care measures, and the Prenatal/Postpartum measures.
- African Americans/Blacks have the highest rate (52.6%) of uncontrolled A1c level, while Asians have the lowest rate 31.5%, a statistically significant difference (p-value <0.05).
- The most common chronic conditions among adult members are: high cholesterol (19%), anxiety (16%), high blood pressure (15%), depression (13%), asthma (9%) and diabetes (9%).
- Thirty-one percent of adult members report consuming less than one daily serving of fruits and vegetables and 66% percent of members exercise less than three days a week.
- Current language assistance services are able to meet the current needs of L.A. Care members.
- A primary concern expressed by members is ensuring overall awareness of how to access and navigate the delivery of health care services in a world now largely virtual due to the COVID-19 pandemic. Other issues included ensuring the availability of health education services across all populations, especially those who may not have access to computers or have language barriers, and ensuring members are made continuously aware of the availability of language access services.

SUMMARY OF INTERVENTIONS

The table below details the objectives and supporting strategies from L.A. Care’s 2020 PNA. Interventions from this year’s 2021 PNA are included in the “Looking Forward” section.

<p>Objective 1.) By June 30, 2023, increase the percentage of members receiving their postpartum visit from 54.5% (\leq25th percentile) to 65.7% (50th percentile).</p> <p>Data Source: RY 2019 HEDIS Data</p> <p>L.A. Care will continue to implement postpartum visit strategies but activities will no longer be tracked by the PNA at this time.</p>	<p>Progress Measure: RY 2020 PPC postpartum HEDIS Medi-Cal rate is 73.5% (+18.95%).</p> <p>Data source: RY 2020 HEDIS Data</p>
	<p>Progress Toward Objective: Objective met. Increase is likely due to the change in HEDIS specification from 21-56 days postpartum to 7-84 days. Additionally, wound checks for C-section deliveries now qualifies as a completed postpartum visit.</p>

Strategies	
Strategy 1.) Enhance member identification through health information exchange processes.	Progress Discussion: Through one more existing HIE vendor (Collective Medical Technology) we are now able to get real time hospital discharge records, thus enabling us to identify additional members with a recent live delivery. This data supplements E-Connect data. Strategy completed.
Strategy 2.) Conduct live agent member outreach calls to educate on the importance of postpartum care, provide appointment scheduling assistance, and provide assistance with arranging transportation and interpreting services as needed. Currently paused due to COVID-19; will resume when appropriate.	Progress Discussion: Calls resumed in June 2020. Calls will continue for the foreseeable future, but will be reevaluated in FY2021-2022.
Strategy 3.) Launch a new member outreach effort. Text message to members the importance of postpartum visit, appointment reminders and offer member incentive for visit completion.	Progress Discussion: On-hold until DHCS approval for texting is received. Texting campaign remains on-hold pending internal and regulatory review.
Strategy 4.) Offer member incentive for completing postpartum visit (\$40).	Progress Discussion: Incentive is currently active; 2,371 gift cards were awarded in FY2019-2020. Incentive will remain active.

<p>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%.</p> <p>Data Source: RY 2019 HEDIS Data – Health Disparity Objective</p> <p>L.A. Care will continue to implement Asthma Medication Ratio (AMR) strategies but activities will no longer be tracked by the PNA at this time.</p>	<p>Progress Measure: As advised by HSAG, this AMR PIP was discontinued due to the COVID-19 pandemic and as described below.</p> <p>Data source: RY 2020 HEDIS Data</p>
	<p>Progress Toward Objective: L.A. Care switched its disparity PIP as of November 13, 2020 from the AMR HEDIS measure to Comprehensive Diabetes Care of A1c >9% targeting African American/Black members. AMR became less of a priority due to AMR no longer being part of MCAS. The rationale for this is the change in pharmacy benefit administration to DHCS along with 2019 administrative HEDIS data which indicates members of the African American/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.</p>
Strategies	
Strategy 1.) Promote use of asthma controller medication and increase awareness of the difference between controller and reliever asthma medications. Mail educational material, stickers to label their inhaler(s), and magnetic postcards to identified members.	Progress Discussion: Mailing of educational material, inhaler labels, and magnetic postcards were sent to identified members in November 2020. Evaluation conducted four months after the intervention demonstrated that 47% of members filled <u>less rescue</u> inhalers and 27% of members filled <u>more controller</u> inhalers. Intervention complete.
Strategy 2.) Offer provider educational webinars on the latest asthma medication guidelines.	Progress Discussion: There were no provider educational webinars offered. There are no provider webinars scheduled for the future.

<p>Objective 3.) By June 30, 2023, increase the percentage of adult members who report receiving their annual flu vaccination from 40.76% to 42%.</p> <p>Data Source: 2019 CAHPS Data</p> <p>L.A. Care will continue to implement flu vaccination strategies but activities will no longer be tracked by the PNA at this time.</p>	<p>Progress Measure: Forty-six percent of adult members report receiving their annual flu vaccination.</p> <p>Data source: 2020 CAHPS Data</p>
	<p>Progress Toward Objective: Objective met.</p>
<p>Strategies</p>	
<p>Strategy 1.) Maintain current flu vaccination strategies: mailing reminder postcards, member newsletter articles, end of call flu reminders, community clinics.</p>	<p>Progress Discussion: All current flu vaccination strategies were maintained including mailing reminder postcards, member newsletter articles, end of call flu reminders, and community flu clinics. Additional strategies included development of a member flu myths buster video and a robust social media campaign. All flu vaccination strategies will continue.</p>
<p>Strategy 2.) Evaluate the possibility and effectiveness of offering a gift card (non-monetary member incentive) for getting the flu vaccine.</p>	<p>Progress Discussion: \$25 debit card is offered for CMC members. Member incentive for Medi-Cal members is not being considered at this time.</p>

LOOKING FORWARD

Looking forward, the tables below detail objectives and supporting strategies based on the current 2021 PNA report. L.A. Care will continue to submit an annual PNA report to DHCS, including updates on the below objectives. Ideally, DHCS and National Committee for Quality Assurance (NCQA) will align Population Needs Assessment and Population Health Assessment requirements in order to streamline these two reports.

<p>Objective #1: By December 31, 2022, decrease the percent of members reporting they consume less than one daily serving of fruits and vegetables from 31% to 26%.</p> <p>Data Source: Online Health Appraisal Data from December 2020 (page 8)</p>
<p>Strategies</p>
<p>1. Promote the importance of fruit and vegetable consumption in member newsletters.</p> <p>2. Include the importance of fruit and vegetable consumption on member-facing webpages including L.A. Care's online health and wellness portal.</p>
<p>Objective #2: By December 31, 2022, increase the percent of members reporting their doctor spoke with them about eating healthy foods from 51.2% to 56%.</p> <p>Data Source: 2020 CAHPS (pages 14-15)</p>
<p>Strategies</p>
<p>1. Remind providers about the importance of talking with members about eating healthy foods via published hard copy and electronic provider newsletter article(s).</p> <p>2. Add reminders about the importance of talking with members about eating healthy foods in existing provider toolkits and/or on provider facing webpages.</p>

Objective #3: Disparity Objective. By December 31, 2022, decrease the percentage of African American/Black members between the ages of 18-75 with an A1c level >9% among those diagnosed with diabetes at Bartz-Altadonna Community Health Center from 80.7% to 63.2%. Data Source: RY 2019/RY 2020 Admin HEDIS data (page 13)
Strategies
1. Increase the rate of participation among African Americans/Blacks in the California Right Meds Collaborative from 40 members to 60 members.
2. Offer proper coding and data recording practices training to providers.
3. Mail A1c test kits to members, along with instructional and educational material.

B.2 CHILD AND ADOLESCENT HEALTH

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REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, 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 periodic and annual well-care visits to monitor growth, assess development, and identify potential problems. According to the American Academy of Pediatrics well-child visits have many benefits for children. Some of these benefits include prevention which allows children to get immunized on time and prevent illness, track growth and development and raise concerns that might be occurring with behavior and sleep. Additionally, well-child visits allow for a team approach which means that regular visits create strong, trustworthy relationships among pediatrician, parent and child¹. The Healthcare Effectiveness Data and Information Set (HEDIS) measures health plan performance on several important dimensions of care and services including periodic and annual well-care visits to the primary care physician (Well-Child in the First 30 Months of Life W30 & Child and Adolescent Well-Care Visits WCV) and a number of childhood immunizations status (CIS). Other pediatric and adolescent measures focus on reducing antibiotic misuse among individuals with upper respiratory infections (Appropriate Testing for Upper Respiratory Infection URI), and making sure that individuals with pharyngitis were tested for streptococcus prior to receiving antibiotics (Appropriate Testing for Pharyngitis CWP). Providers must use codes specified by HEDIS when completing encounter forms as well as provide medical record documentation for hybrid measures upon request.

MY2020 WORK PLAN GOALS:

HEDIS Measure	MY2020 Medi-Cal Goal	MY2020 Medi-Cal Rate	MY2020 L.A. Care Covered Goal	MY2020 L.A. Care Covered Rate	MY2020 Goal Met/ Not Met
Well-Child Visits in the First 30 months of Life - Well-Child Visits in the First 15 Months (W30) – NEW	BASELINE	36.62%	BASELINE	20.34%	Medi-Cal: N/A LACC: N/A
Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months (W30) - NEW	BASELINE	65.49%	BASELINE	67.82%	Medi-Cal: N/A LACC: N/A

¹ <https://www.aappublications.org/news/2015/12/15/WellChild121515>

HEDIS Measure	MY2020 Medi-Cal Goal	MY2020 Medi-Cal Rate	MY2020 L.A. Care Covered Goal	MY2020 L.A. Care Covered Rate	MY2020 Goal Met/ Not Met
Child and Adolescent Well-Care Visits (WCV) - NEW	BASELINE	40.61%	BASELINE	37.44%	Medi-Cal: N/A LACC: N/A
Childhood Immunization Status: Combination 3 (CIS-3)	N/A	N/A	86%	82.22%	Medi-Cal: N/A LACC: Not Met
Childhood Immunization Status: Combination 10 (CIS-10)	39%	35.77%	N/A	N/A	Medi-Cal: Not Met LACC: N/A
Appropriate Treatment for Upper Respiratory Infection (URI)	89%	86.74%	87%	72.04%	Medi-Cal: Not Met LACC: Not Met
Appropriate Testing for Pharyngitis (CWP)	34%	30.41%	67%	26.97%	Medi-Cal: Not Met LACC: Not Met
Immunizations for Adolescents – Combo 2 (IMA-2)	44%	43.55%	44%	36.25%	Medi-Cal: Not Met LACC: Not 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: 90% N: 81% PA: 81%	BMI: 82.64% N: 77.78% PA: 76.39%	BMI: 86% N: 81% PA: 80%	BMI: 76.69% N: 70.95% PA: 68.24%	<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
Lead Screening in Children (LSC)	N/A	61.08%	N/A	N/A	Medi-Cal: N/A LACC: N/A
Fluoride Varnish	N/A	N/A	---	--	Medi-Cal: N/A

N/A: Not applicable

MAJOR ACCOMPLISHMENTS

All children and adolescents require well care visits regularly for preventive health care including immunizations at specific time periods, therefore, the quality improvement team decided to combine outreach activities with vaccination messaging for Calendar Year (CY) 2021. Outreach methods used included bus shelter ads, social media platforms with paid and unpaid ads, robocalls, member mailers (post cards/ brochures), and provider level reports. Members, missing a preventive visit or vaccines, from the Medi-Cal L.A. Care Plan (MCLA) and L.A. Care Covered California (LACC) plan were targeted for outreach purposes to educate and encourage parents and/or guardians of these members to go in for their routine care and vaccinations. In 2021, QI aimed to have messages be clear and consistent throughout the interventions, L.A. Care obtained input from internal and external partners including but not limited to Plan Partners and Youth Advisory Board. Beginning in May 2021 L.A. Care provided, to its network providers, a Missing Vaccine Reports via the Provider Portal and at the request of a provider for both CIS-10 and IMA-2 which identify missing antigens for both immunizations.

L.A. Care conducted bus shelter ads and social media campaigns throughout 2021. First bus shelter and premier ads with paid social media ads in Facebook and Instagram were conducted in November 2020 through February 2021. The second social media posts were for Pre-Teen Vaccination Week April 2021 to promote adolescents obtaining vaccinations required for IMA-2 and lastly paid Facebook ads posted in August 2021 to promote well-care visits and immunizations targeted age groups of children from 0-2 years

old, 3-11 years of age and 12-18 years. L.A. Care also posted unpaid Facebook ads in August 2021 for Lead Screening to bring awareness to the importance of lead screening.

In September of 2021, L.A. Care began a Health Baby mailer campaign to children ages 0-15 months who were missing a well-care visits for 2021. The brochure was sent to both MCLA and LACC with subsequent months to newly enrolled or newborns 0-6 months of age. This mailer was sent in both English and Spanish. A second set of mailers was sent to two age groups 4-11 years of age and 12-17 years of age. The mailing was a postcard sent to each member with a missing well-care visit for 2021 encouraging parents and/or caregiver to take their children to see their doctor for a check-up and necessary vaccinations. These were sent in English, Spanish and Chinese.

In October 2021, for both English and Spanish, robocalls were conducted to all members between 0-21 years of age for both MCLA and LACC, who were missing a preventive visit or vaccine(s). The message encourages parents to take their children in for checkups and immunizations.

DESCRIPTION OF MEASURES

HEDIS Measure	Specific Indicator(s)	Measure Type
Well-Child Visits in the First 30 Months of Life (W30) - NEW	<p>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</p> <p>1. <i>Well-Child Visits in the First 15 Months.</i> Children who turned 15 months old during the measurement year: Six or more well-child visits.</p> <p>2. <i>Well-Child Visits for Age 15 Months–30 Months.</i> Children who turned 30 months old during the measurement year: Two or more well-child visits.</p>	Administrative
Child and Adolescent Well-Care Visits (WCV) - NEW	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Administrative
Childhood Immunization Status Combinations 3 (CIS-3)	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) by their second birthday. CIS-3 includes all the vaccines listed above.	Hybrid
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 Upper Respiratory Infection (URI)	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. The measure is reported as an inverted rate; a higher rate indicates appropriate URI treatment.	Administrative

HEDIS Measure	Specific Indicator(s)	Measure Type
Appropriate Testing for Pharyngitis (CWP)	The percentage of episodes for members 3 years and older where the members was 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
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

The measures included here are for RY2021, the new measures for this year are Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV). Within the W30 measure, there are two submeasures, first Well-Child Visits in the First 15 months of Life and second, Well-Child Visits for Age 15 Months – 30 Months. The rates for these measures are baseline. We did not meet the goals for both Medi-Cal and LACC for RY2021 for the remainder of the measures. The data source for the above measures are from the final HEDIS rates for MY2020.

There are two measures above that had name and specification changes beginning in MY2019. Appropriate Treatment for Children with Upper Respiratory Infection (URI) to Appropriate Treatment with Upper Respiratory Infection and Appropriate Testing for Children with Pharyngitis (CWP) to Appropriate Testing for Pharyngitis. For both of these measures the final rates are based of the total of all age groups.

ANALYSIS

Quantitative Analysis

In 2021, CIS-3 had a rate of 82.2% for LACC, which did not meet the goal of 88%; however, the measure met the 75th percentile for the QRS benchmark of 80.5%. The Medi-Cal CIS-10 rate was 35.8%, this met the 33rd percentile of 33.3% for the NCQA Quality Compass (QC) Benchmark.

The LACC CIS-10 rate was 45.6%, MY2020 was the first year that LACC had enough in the denominator to provide a rate. This rate will be used as the baseline rate.

The LACC IMA-2 rate of 36.3% met the 75th percentile and Medi-Cal met the 75th percentile for NCQA QC Benchmark with a rate of 43.6%.

For Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents although L.A. Care did not meet its goal, LACC for BMI, nutrition and physical activity met the 25th percentile for QRS benchmark, at 76.7%, 71.0%, and 68.2% respectively. For Medi-Cal the BMI met the 50th percentile at a rate of 82.6% with both the nutrition and physical activity meeting the 75th percentile at 77.8% and 76.4% respectively.

Well-Child Visits for the First 30 Months of Life and Child and Adolescent Well-Care Visits are new measures as such they do not have any goals set for 2021. The rate for (W30) Well-Child Visits in the First 15 months of life for Medi-Cal was 36.6% and for LACC was 20.3%. For the (W30) Well-Child Visits for Age 15-30 Months for Medi-Cal was 65.5% and for LACC was 67.8%. Child and Adolescent Well-Care Visits (WCV) for Medi-Cal was 40.6% and for LACC was 37.4%. Therefore, this will be the baseline rate and a 2022 goal will be established.

For Appropriate Treatment for Upper Respiratory Infection (URI) for both Medi-Cal and LACC, L.A. Care did not meet the goal, 86.7% and 72.0% respectively. For Medical the 33rd benchmark was met and for LACC the 25th QRS benchmark was met. For Appropriate Testing for Pharyngitis (CWP) both Medi-Cal and LACC did not meet their goals nor their benchmarks at 30.4% and 27%, respectively.

If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly. Measures that are part of Population Health Management (PHM), the goal was set to match PHM. Managed Care Accountability Set (MCAS) measures set at a minimum of the 50th percentile.

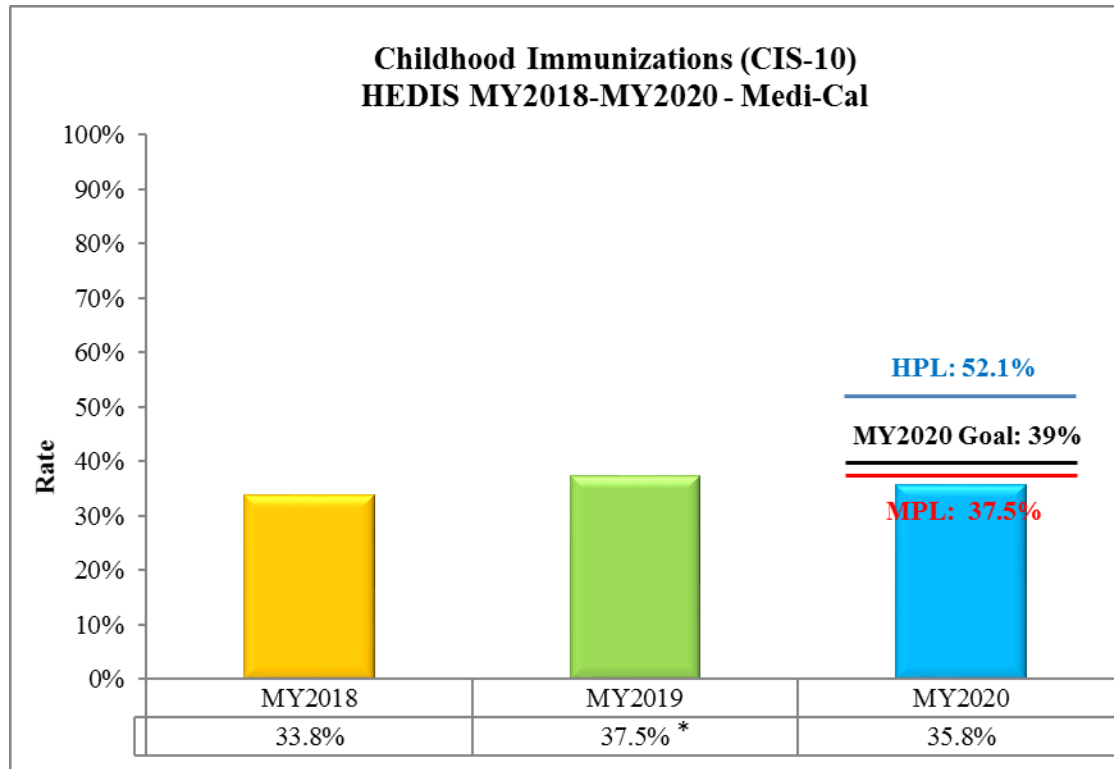
Qualitative Analysis

L.A. Care Health Plan and its network providers continue to see the negative effects from the COVID-19 pandemic that began in March 2020. In Q4 2020, provider offices continued to experience limited hours due to staffing issues, limited Personal Protective Equipment (PPE) at clinic sites, and overall burden on the health care system from COVID-19. Many clinics became testing centers while others shifted outpatient staff to assist in the inpatient setting which was heavily affected by the increasing numbers of hospitalized patients with COVID-19 surges within Los Angeles County. In Q1 2021, we saw the impact emergency approved vaccinations had on the health care system as a whole and the continued surge of COVID-19. Although the stay-at-home orders were lifted in Q1 in Los Angeles County, the healthcare system continued to be under stress from the high cases of COVID-19 and many clinics continuing to be testing centers and now vaccine centers. Interventions to address Child and Adolescent measures were heavily impacted and limited in ability to outreach and obtain support from the heavily burdened community. For these reasons, the QI department decided to complete a limited number of interventions and would cover a range of measures, for example the Bus Shelter ads were placed in areas with low rates of well-child visits to ensure families are taking their children in to see their doctor with messaging that notes it is safe to visit the doctor's offices. Secondly, using social media ads and posts with similar messaging also noting it is safe to see the doctor and the importance to continue well-child visits and obtain immunizations to keep children safe and healthy. The QI department also mailed information encouraging parents and/or caregivers to bring their children in to see their doctor for well-child visits and immunizations. Lastly, the QI department rolled out robocalls in Q4 of 2021 to continue to provide the same message to encourage well-child visits and immunizations. The plan in the next year is to evaluate the various modalities of intervention to guide L.A. Care's continued plan to improve Child and Adolescent care in Los Angeles county.

RESULTS

Childhood Immunization Status, Combination 10 (CIS-10)

The following graph compares L.A. Care CIS-10 rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

L.A. Care's MY2020 Childhood Immunization Status, Combination-10 rate was 35.8%, this was not a statistically significant decrease of 1.7 percentage points from the MY019 rate of 37.5%. The goal of 39%, the MPL of 37.5% and the HPL of 52.1% were not met.

Disparity Table – CIS-10 – Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	2,465	23,413	1,854	2,031	23	3,121	23,110	9,684	350	454
Denominator	5,748	42,244	3,522	4,780	46	6,220	44,922	17,196	824	1,148
Rate	42.9%	55.4%	52.6%	42.5%	50.0%	50.2%	51.4%	56.3%	42.5%	39.6%

Disparity Analysis

Hispanics had the highest rate at 55.4% of the eligible population receiving all recommended vaccines by the second year of life. Whites, at 42.5%, had the lowest rate. This difference was statistically significant for race/ethnicity. In regards to language, Spanish speakers had the highest rate at 56.3%. Chinese-speakers had the lowest rate at 42.5%. This difference was statistically significant for language. At this time there are not unique interventions addressing these disparities.

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

Qualitative Analysis

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

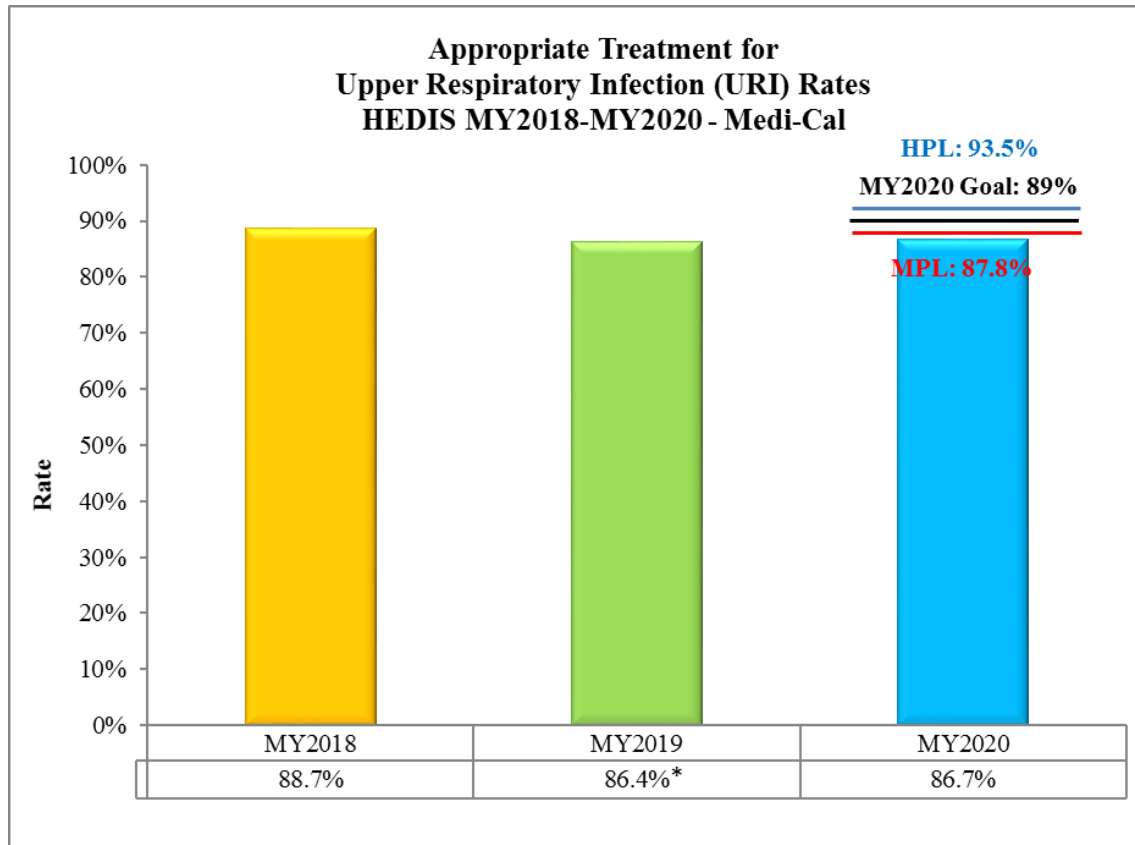
L.A. Care's Healthy Baby Program, which launched in September 2021 provides educational materials about childhood immunizations, developmental milestones by age and additional resources for parents to discuss with their child's primary care provider. The first round went to parents with children between 0-15 months of age who are missing well-child appointments for 2021. In subsequent months, the mailing will be sent to newly enrolled members aged 0-6 months and newborn infants. The mailing is sent to parents/guardians of L.A. Care Medi-Cal Direct (MCLA) and L.A. Care Covered (LACC) members. The goal of the program is to improve L.A. Care members' childhood immunization measure outcomes and increase well-child visits. The Healthy Baby Mailing packets were in English and Spanish.

L.A. Care, in partnership with St. John's Well Child and Family Health Center – Frayser location continues to collaborate on a CIS-10 Performance Improvement Project (PIP). This PIP is focused on addressing and increasing vaccination rates for the two and under population. In the first cycle of interventions, L.A. Care has provided the St. John- Frayser location the Missing Vaccine Report for their specifically assigned members. St. John's Health Center plans to scrub the data and proceed with reaching out to parents of members who are missing antigens for CIS-10 immunizations. For those members who complete the assigned appointment will be given a member incentive packet that includes: L.A. Care branded tote with a lunch bag and age appropriate reading and coloring book with crayons. L.A. Care provided to St. John postage for a reminder postcard for those families who were difficult to reach by telephone.

Additionally, in the summer of 2021 L.A. Care Health Plan launched paid social media campaigns on Facebook encouraging parents to take their children back to care for checkups and immunizations. The campaign was completed in English and Spanish the week of August 29th through September 3rd. The campaign targeted babies, children and teens. The babies' ad read: "One of the best ways to keep your child safe and healthy is by getting all their recommended shots. Don't wait, call your child's doctor to make an appointment. #backtocareLA." For children the ad read, "It's back to school session, which also means it's time for checkups and shots. Call your child's doctor to make an appointment to keep them safe and health. #backtocareLA." For the teens the ad read, "Your teenager is headed back to school and hanging out with friends more. Even healthy teens need a check-up each year. Call their doctor to make an appointment. #backtocareLA." All the ads lead to a link on lacare.org for resources on Routine Care.

Appropriate Treatment for Upper Respiratory Infection (URI)

The following graph compares L.A. Care URI rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

Quantitative Analysis

In MY2020, the URI rate was 86.7% this was not a statistically significant increase of 0.3 percentage point from the MY2019 rate of 86.4%. The rate has stayed relatively stable the last 3 years. The goal of 89% was not met, and both the MPL of 87.8% and the HPL of 93.5% were not met. Important to note that in MY2019 the measure expanded the age range to include members 3 months of age and older. The rates above are for the total measure for all age ranges.

Disparity Table – URI – Medi-Cal

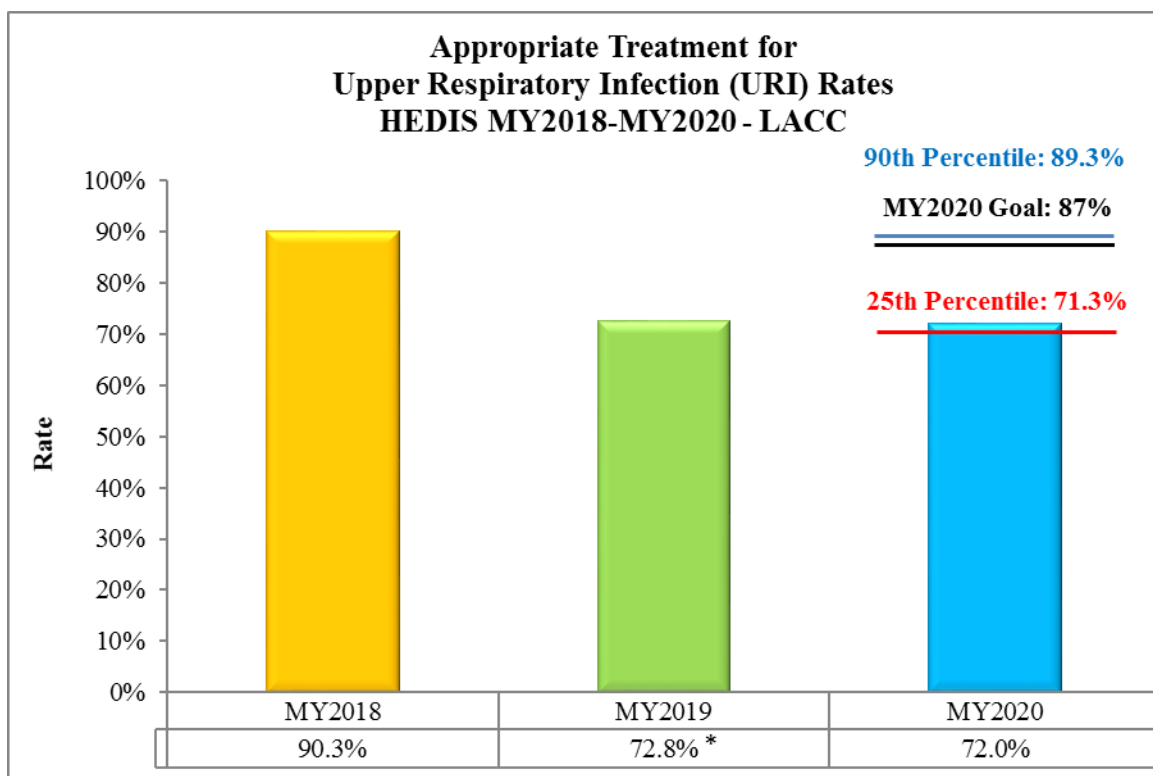
Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1,770	15,985	2,086	2,462	26	2,083	13,486	9,358	707	1,305
Denominator	14,483	124,765	12,117	15,352	174	17,383	113,709	64,678	2,959	6,255
Rate	91.9%	95.6%	89.5%	89.3%	89.1%	94.2%	93.9%	95.9%	85.6%	86.6%

Disparity Analysis

With URI a higher rate indicates appropriate treatment for members (the proportion for whom antibiotics were not prescribed). Hispanics had the highest rate indicating appropriate treatment with URI at 95.6%. American Indian/Alaskan Native population had the lowest rate for this measure with a URI rate of 89.1%. This difference of 6.5 percentage points is statistically significant. Spanish speakers had the highest URI rate of 95.9%. Chinese speakers with the lowest rate at 85.6%, which was statistically significant. At this time there are no unique interventions addressing these disparities.

RESULTS

The following graph compares L.A. Care URI rates for HEDIS MY2018-MY2020 in the LACC product line:



*Statistically Significant Difference

Covered California Quality Rating System MY2020 25th and 90th percentiles

Quantitative Analysis

In MY2020, the URI rate was 72.0% this was not a statistically significant decrease of 0.8 percentage points from the MY2019 rate of 72.8%. The goal of 87% was not met, however the 25th QRS benchmark was met. It is important to note that in MY2019 the measure expanded the age range to include members 3 months of age and older. The rates above are for the total measure for all age ranges.

Disparity Table - URI - LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	30	199	167	146	1	204	591	278	61	55
Denominator	69	809	498	485	6	788	2,110	1,116	147	152
Rate	56.5%	76.1%	67.9%	71.1%	83.3%	75.1%	73.5%	75.7%	61.2%	67.1%

Disparity Analysis

The African American ethnic group had the lowest rate for this measure with a URI rate of 56.5%. While the Hispanic population had the highest rate indicating appropriate treatment for upper respiratory infection of 76.1% a difference of 19.6 percentage points, statistically significant. For language, the Chinese speaking population had the lowest rate at 61.2%, compared to the Spanish speaking population for language which had the highest rate at 75.7%, a 14.5 percentage points difference which is statistically significant. At this time there are no unique interventions addressing these disparities.

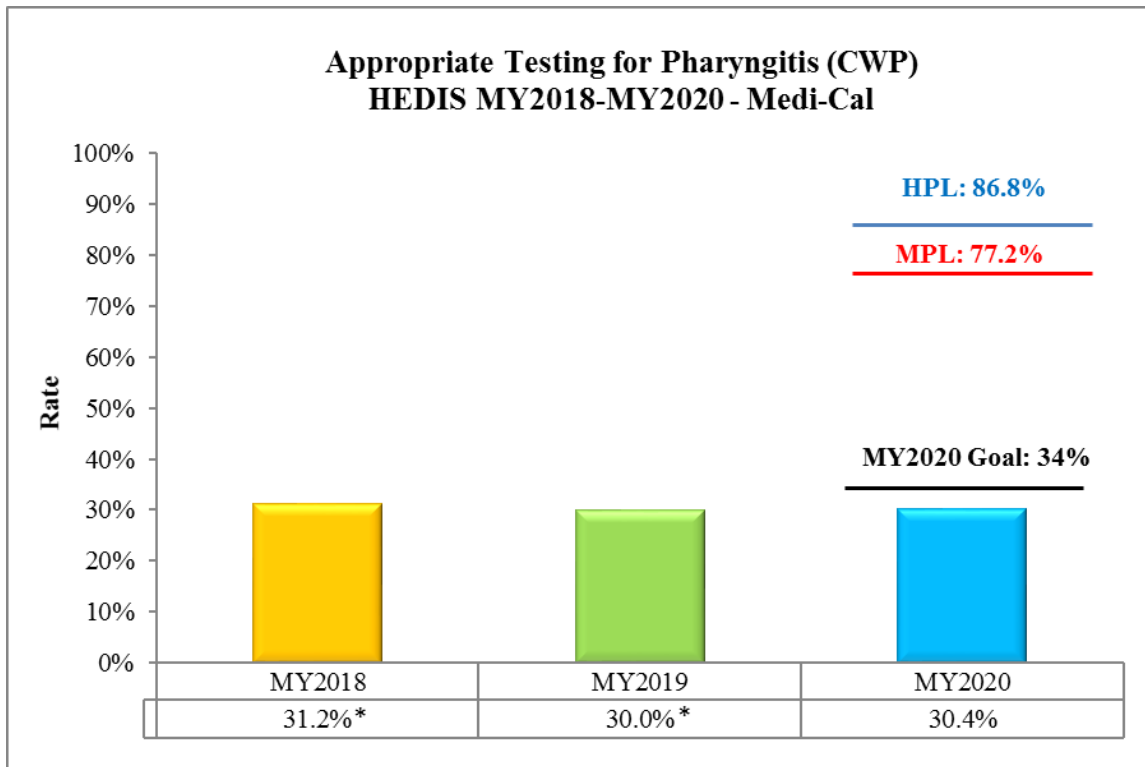
Qualitative Analysis

There were no specific interventions for this HEDIS measure. URI is not a priority measure as determined by the Child and Adolescent Workgroup due to the difficulty on impacting the overall measure includes all age ranges.

RESULTS

Appropriate Testing for Pharyngitis (CWP)

The following graph compares L.A. Care CWP rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

L.A. Care's CWP rate was 30.4%, was not a statistically significant increase of 0.4 percentage points from MY2019 (30.0%). L.A. Care did not meet its MY2020 goal of 34% or the MPL for 77.2%. It is important to note that in MY2019 the measure expanded the age range to include members 3 years and older. The rates for the above are for the total measure for all age ranges.

Disparity Table – CWP – Medi-Cal

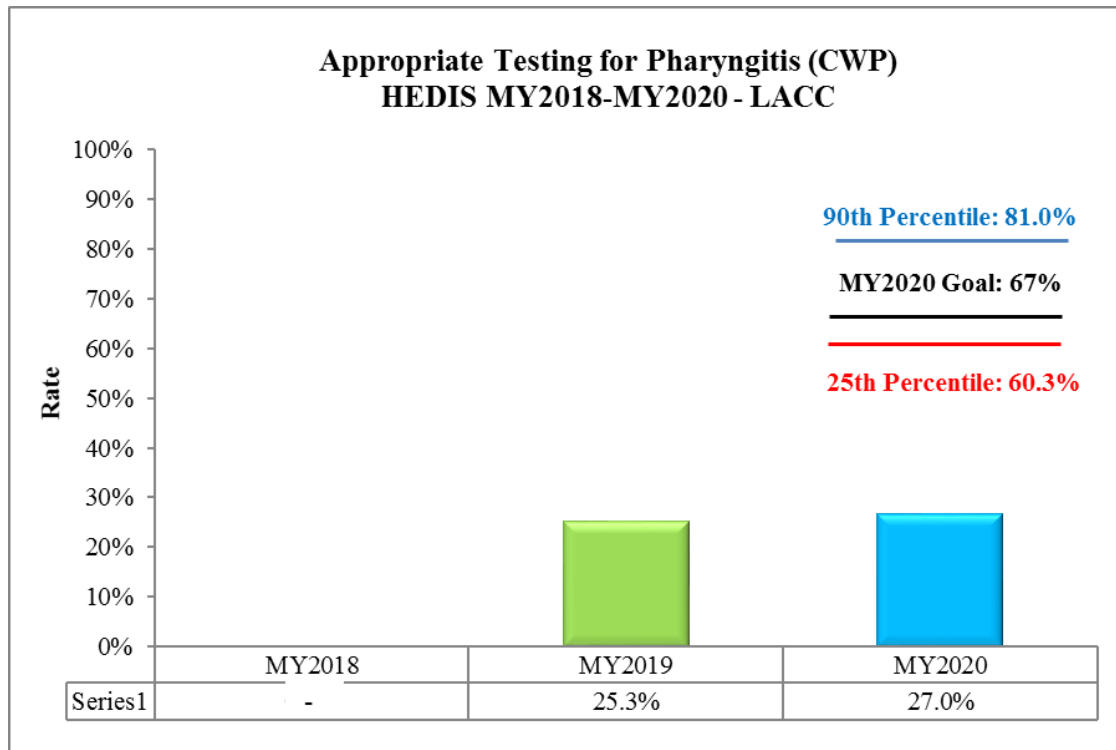
Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1,091	9,506	613	2,492	8	1,469	9,989	4,561	82	907
Denominator	3,352	33,662	3,246	5,601	21	4,313	28,753	18,930	1097	2,276
Rate	32.6%	28.2%	18.9%	44.5%	38.1%	34.1%	34.7%	24.1%	7.5%	39.9%

Disparity Analysis

Whites had the highest CWP rate at 44.5%. While Asians had the lowest rate at 18.9%. This is statistically significant for race/ethnicity. English speakers had the highest CWP rate at 34.7%. Chinese speakers had the lowest rate at 7.5%. This difference was statistically significant. At this time there are no unique interventions addressing these disparities.

RESULTS

The following graph compares L.A. Care CWP rates for HEDIS MY2018-MY2020 in the LACC product line:



-Denominator less than 30

Covered California Quality Rating System MY2020 25th and 90th percentiles

Quantitative Analysis

L.A. Care's CWP rate for MY2020 was 27.0%, a difference from MY2019 by 1.7 percentage points higher, which was not statistically significant. L.A. Care did not meet its goal of 76% nor did it meet any benchmark. It is important to note the in MY2019 the measure expanded the age range to include members 3 years and older. The rates above are for the total measure for all age ranges.

Disparity Table – CWP - LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	12	67	31	110	0	111	329	105	5	20
Denominator	29	383	196	255	1	378	989	568	72	73
Rate	41.4%	17.5%	15.8%	43.1%	0.0%	29.4%	33.3%	18.5%	6.9%	27.4%

Disparity Analysis

The White population had the highest CWP rate at 43.1%. The Asian population had the lowest rate at 15.8%, a statistical significant for race/ethnicity. English speaking population had the highest rate at 33.3%. Chinese speakers had the lowest rate at 6.9%. A statistically significant difference for language. At this time there are no unique interventions addressing these disparities.

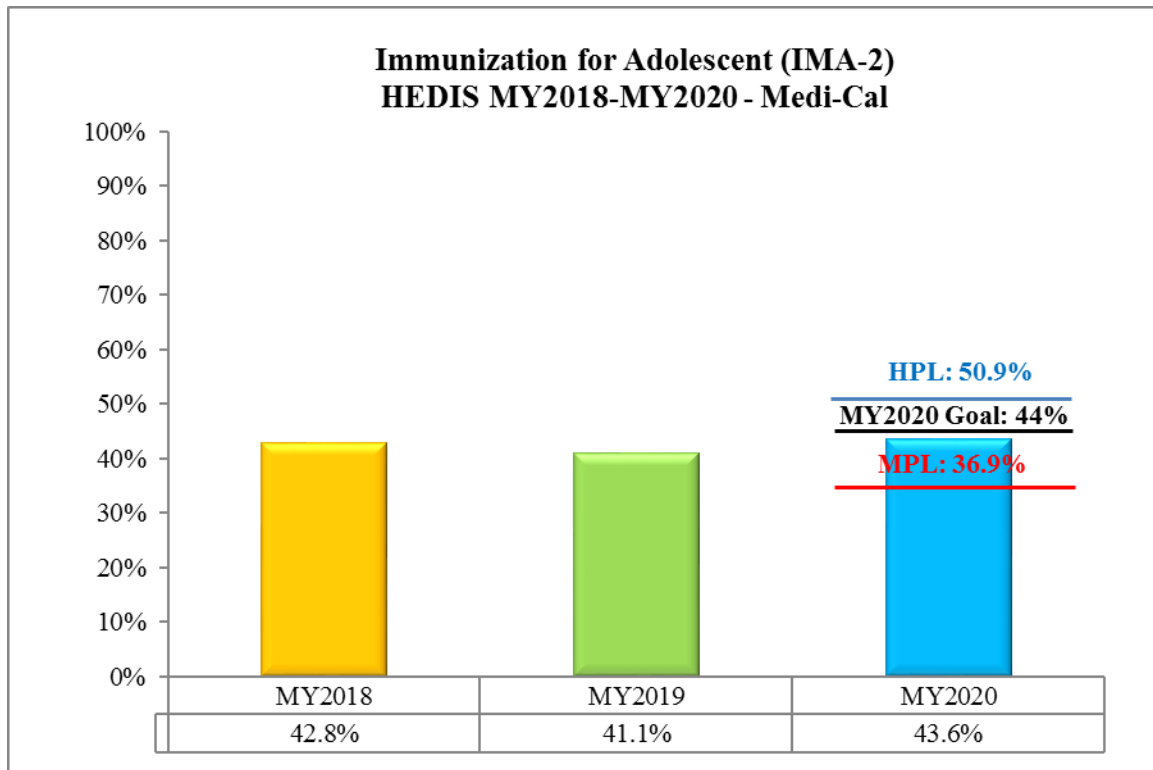
Qualitative Analysis

There were no specific interventions for this HEDIS measure. CWP is not a priority measure as determined by the Child and Adolescent Workgroup due to the difficulty on impacting the overall measure includes all age ranges.

RESULTS

Immunization for Adolescents, Combination 2 (IMA-2)

The following graph compares L.A. Care IMA-2 rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



Medi-Cal benchmarks are from the Quality Compass MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

L.A. Care's IMA rate was 43.6%, an increase of 2.5 percentage points which was not statistically significant from MY2019 rate of 41.1%. The goal of 44% and HPL of 50.9% were not met; however, the MPL of 36.9% was exceeded.

Disparity Table – IMA-2 – Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1,030	13,877	1020	648	9	685	7,884	9,049	245	290
Denominator	3,606	31,201	2,440	3,010	26	1,932	21,604	19,385	582	1,238
Rate	28.6%	44.5%	41.8%	21.5%	34.2%	35.5%	36.5%	46.7%	42.1%	23.4%

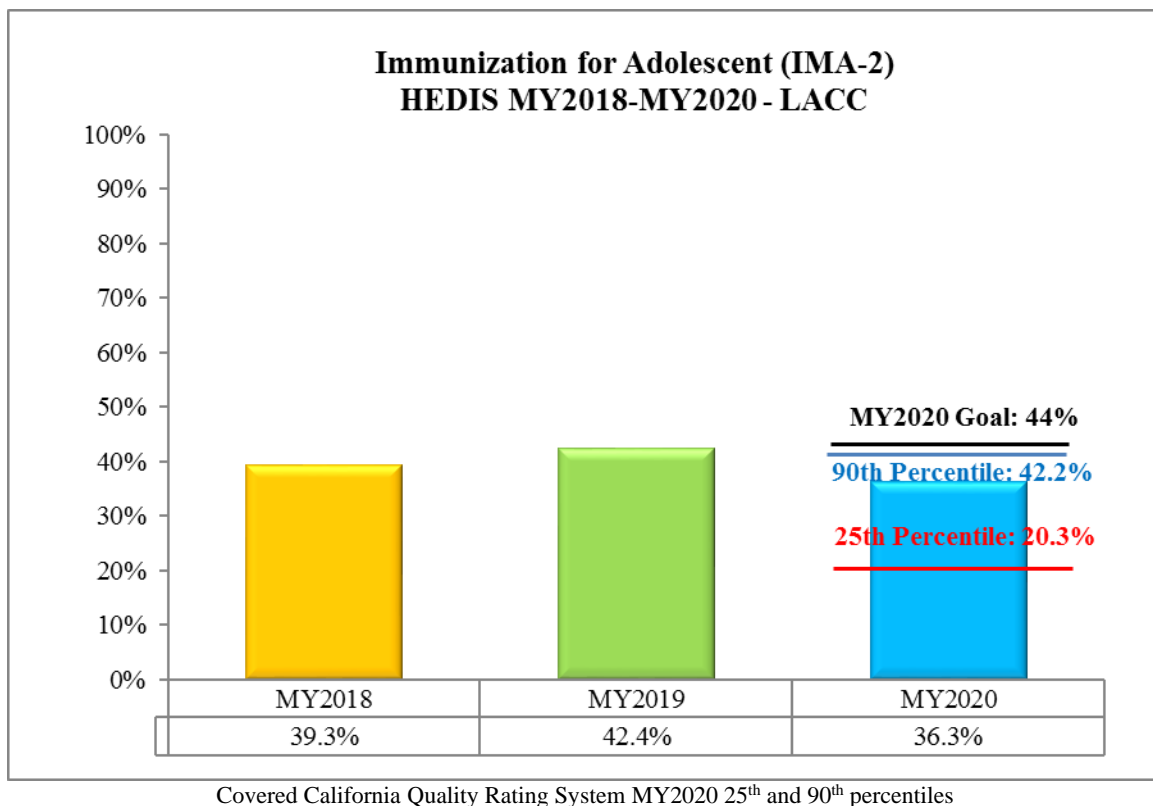
Disparity Analysis

Hispanics had the highest rate of adolescents who received the Combination 2 (Meningococcal, Tdap, HPV) immunizations at 44.5%. Whites had the lowest rate for this measure at 21.5%. The difference is statistically significant. Spanish speakers had the highest rate at 46.7%. English speakers had the lowest rate at 36.5%. Language rates are statistically significantly different. At this time there are no unique interventions addressing these disparities.

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

RESULTS

The following graph compares L.A. Care IMA-2 rates for HEDIS MY2018-MY2020 in the LACC product line:



Quantitative Analysis

L.A. Care's IMA rate was 36.3%, a decrease of 6.1 percentage points, which was not statistically significant from MY2019 rate of 42.4%. The 75th percentile for QRS benchmark of 33.3% was met. The goal of 44% was not met.

Disparity Analysis

LACC is not displayed since their denominator was too small to conduct any meaningful analysis.

Qualitative Analysis

It is important for adolescents to continue to keep up with receiving vaccines that are age appropriate. Vaccines are a cost effective and easy way to avoid serious and deadly diseases. Vaccines work with the

body's natural defenses to develop its resistance to illnesses. At ages 11 and 12 years old the following vaccines are recommended: meningococcal, HPV, Tdap and influenza². 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 vaccine³.

In 2020, 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 was effective especially when posting hashtags that other organizations are also using. We learned that some states require the HPV vaccine before a student is able to enter school. L.A. Care posted paid Facebook ads the week of April 19, 2021-April 26, 2021. The focus of the messaging was to prevent cancer, recommended age group for vaccines, and the illnesses the vaccine prevent. There were 92,913 impressions (counts the ad is displayed on social media), 49,286 reaches (total number of people who have been exposed to ad), 11,836 post reactions (reaction based off of emoji), 35 shares, 51 post comments, and cost per result is \$0.16. L.A. Care has also made available for providers through the provider portal and at the request of a provider monthly Missing Vaccine Reports for IMA-2, specifically noting missing antigens for ease in the provider office to reconcile their records and bring in members who still need their necessary vaccinations.

Furthermore, during the summer in August 2021, L.A. Care invited Shantha Chelliah, MD, from Merck Vaccine Division, 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 HPV vaccine protects against head and neck cancers and how to discuss HPV vaccination with pediatric and adult patients. The webinar reviewed a quality improvement case study on an early age initiation approach to HPV vaccination.

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

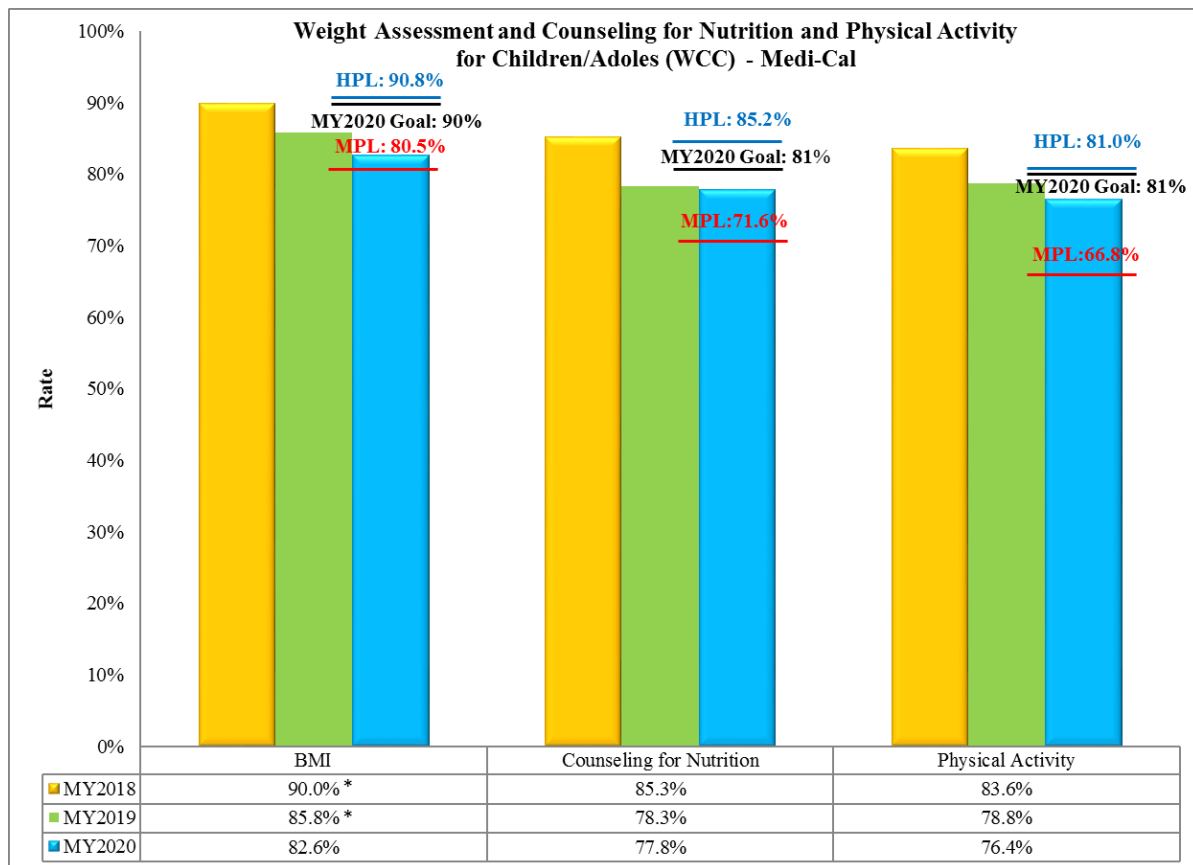
³ <http://www.hpvvaccine.org.au/the-hpv-vaccine/how-effective-is-the-vaccine.aspx>

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 effects⁴.

The following graph compares L.A. Care WCC rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

⁴ <https://www.ncqa.org/hedis/measures/weight-assessment-and-counseling-for-nutrition-and-physical-activity-for-children-adolescents/>

ANALYSIS

Quantitative Analysis

BMI Percentile – Medi-Cal

L.A. Care's WCC BMI percentile rate was 82.6%. When comparing MY2020 (82.6%) to MY2019 (85.8%) the results were a decrease of 3.2 percentage points, not statistically significant. L.A. Care did not meet its goal of 90%. The MPL of 80.5% was exceeded.

Counseling for nutrition – Medi-Cal

L.A. Care's WCC Counseling for Nutrition percentile rate was 77.8%. When comparing MY2020 (77.8%) to MY2019 (78.3%) the results demonstrate a decrease of 0.5 percentage points, not statistically significant. L.A. Care did not meet its goal of 81%, however the MPL 71.6% was exceeded.

Counseling for physical activity – Medi-Cal

L.A. Care's WCC Counseling for physical activity rate was 76.4%. When comparing MY2020 (76.4%) to MY2019 (78.8%) the results demonstrate a decrease of 2.4 percentage points, not statistically significant. The L.A. Care goal of 81% was not met, however the MPL of 66.8% was exceeded.

Qualitative Analysis – WCC

There were no specific interventions for this HEDIS measure. WCC is not a priority measure as determined by the Child and Adolescent Workgroup and is captured by WCV measures as anticipatory guidance are in well-child visits.

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	11,054	115,855	8,911	10,462	113	6,186	90,271	58,972	2,402	3,316
Denominator	16,369	166,172	12,552	18,443	185	6,548	132,108	84,544	3,384	6,548
Rate	67.5%	69.7%	71.0%	56.7%	61.1%	67.4%	68.3%	69.8%	71.0%	50.6%

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	6,511	78,222	6,102	6,077	58	2,616	45,376	51,438	1,420	2,605
Denominator	9,686	114,675	8,807	11,280	88	3,983	68,210	75,304	2,008	4,918
Rate	67.2%	68.2%	69.3%	53.9%	65.9%	65.7%	66.5%	68.3%	70.7%	53.0%

Disparity Analysis – BMI Percentile

Asians had the highest rate of BMI percentile documentation for the 3-11 and 12-17 age range with a PCP or OB/GYN (71.0% and 69.3%, consecutively). The lowest documentation based on race/ethnicity happened amongst Whites for both age groups (56.7% and 53.9%). The differences are statistically significant in both age groups for race/ethnicity. While the highest documentation of BMI for both age

groups for language was Chinese speakers (71.0% and 70.7%). English speakers had the lowest rate of BMI for both age groups (68.3% and 66.5%) The differences in both age ranges for language are statistically significant. At this time there are no unique interventions addressing these disparities.

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

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	11,054	115,855	8,911	10,462	113	6,186	90,271	58,972	2,402	3,316
Denominator	16,369	166,172	12,552	18,443	185	9,175	132,108	84,544	3,384	6,548
Rate	67.5%	69.7%	71.0%	56.7%	61.1%	67.4%	68.3%	69.8%	71.0%	50.6%

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	5,864	67,337	5,411	5,564	43	2,259	39,886	43,965	1,187	2,564
Denominator	9,686	114,675	8,807	11,280	88	3,983	68,210	75,304	2,008	4,918
Rate	60.5%	58.7%	61.4%	49.3%	48.9%	56.7%	58.5%	58.4%	59.1%	52.1%

Disparity Analysis – Counseling for nutrition

Asians had the highest rate among counseling for nutrition in the 3-11 age group at 71.0% while the lowest rate was Whites at 56.7%, a statistically significant difference. For language within the same age group Chinese speakers had the highest rate at 71.0% and the lowest rate were among English speakers at 68.3%, also statistically significant.

Asians in the 12-17 age group had the highest rate at 61.4% while the lowest rate for this age group was Whites at 49.3%, statistically significant. For language, Chinese speakers had the highest rate at 59.1% with the lowest rate being Spanish speakers at 58.4%, not a statistically significant difference. At this time there are no unique interventions addressing these disparities.

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	9,568	95,120	7,914	8,972	86	5,275	77,161	46,821	2,081	2,989
Denominator	16,369	166,172	12,552	18,443	185	9,175	132,108	84,544	3,384	6,548
Rate	58.5%	57.2%	63.1%	48.7%	46.5%	57.5%	58.4%	55.4%	61.5%	45.7%

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	6,694	65,602	5,669	4,903	41	3,759	41,401	43,100	1,462	1,953
Denominator	11,292	124,091	10,170	11,839	95	6,942	74,779	84,087	2,472	5,338
Rate	59.3%	52.9%	55.7%	41.4%	43.2%	54.2%	55.4%	51.3%	59.1%	36.6%

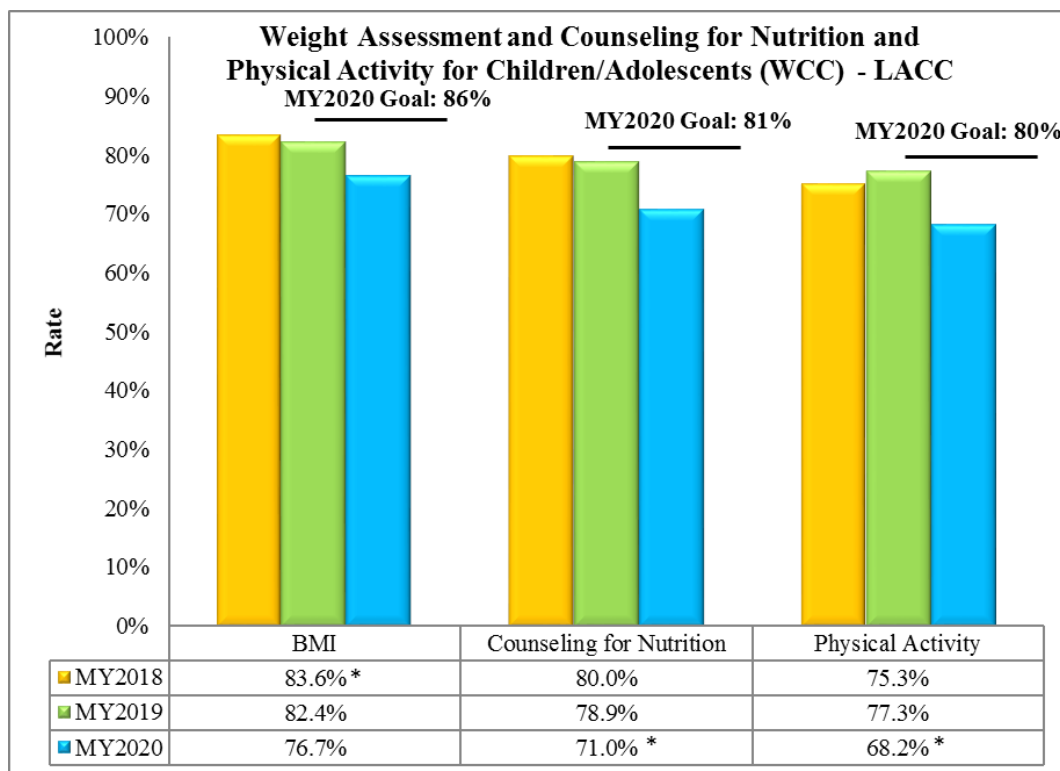
Disparity Analysis – Counseling for Physical Activity

Upon review within Counseling for Physical Activity in the 3-11 age group, Asians had the highest rate at 63.1% and the lowest rate was American Indian/Alaskan Native at 46.5% a statistically significant difference. For language, the highest rate was for Chinese speakers at 61.5% and the lowest rate being Spanish speakers at 55.4% a statistically significant difference.

As for the 12-17 age group, the highest rate was African Americans at 59.3% with the lowest rate being the Whites at 41.4%, a statistically significant. For language Chinese speakers had the highest rate at 59.1% and the lowest rate was Spanish speakers at 51.3%, also statistically significant. At this time there are no unique interventions addressing these disparities.

RESULTS

The following graph compares L.A. Care WCC rates for HEDIS MY2018-MY2020 in the LACC product line:



*Statistically Significant Difference

ANALYSIS

Quantitative Analysis – BMI Percentile - LACC

L.A. Care's WCC BMI percentile rate was 76.7%. In MY2019 the rate was 82.4%, compared to the previous year the rate went down 5.7 percentage point difference which was not statistically different. The goal of 86% was not met.

Counseling for nutrition - LACC

L.A. Care's WCC counseling for nutrition rate was 71.0% compared to the MY2019 rate of 78.9% there was a 7.9 percentage points decrease which was statistically significant. The goal of 81% was not met.

Counseling for physical activity - LACC

L.A. Care's WCC counseling for physical activity rate was 68.2% compared to the rate in MY2019 of 77.3% there was a decrease of 9.1 percentage points. The difference was statistically significant. The goal of 80% was not met.

Qualitative Analysis – WCC

There were no specific interventions for this HEDIS measure. WCC is not a priority measure as determined by the Child and Adolescent Workgroup and is captured by WCV measures as anticipatory guidance are in well-child visit

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	4	65	71	40	N/A	124	317	56	12	30
Denominator	5	128	107	113	N/A	253	646	77	14	59
Rate	80%	50.8%	66.4%	35.4%	N/A	49.0%	49.1%	72.7%	85.7%	50.9%

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	2	47	56	35	N/A	87	239	65	4	11
Denominator	9	94	88	82	N/A	216	529	106	6	26
Rate	22.2%	50.0%	63.6%	42.7%	N/A	40.3%	45.2%	61.3%	66.7%	42.3%

Disparity Analysis – BMI Percentile

Population sample sizes for this measure were small for African Americans which had (D=5 and D=9) and Chinese speakers (D=14 and D=6). Asians had the highest rate of BMI documentation in the 3-11 and 12-17 age range with 66.4% and 63.6%. The lowest rate for both age group 3-11 and 12-17 was the White population, at 35.4% and 42.7% respectively, both a statistically significant difference.

For ages 3-11 and 12-17, English speakers had the lowest rate at 49.1% and 45.2% respectively. In comparison the Spanish speakers for both age groups had the highest rate at 72.7% and 61.3%, both statistically significant. At this time there are no unique interventions addressing these disparities.

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

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	4	65	71	40	N/A	124	317	56	12	30
Denominator	5	128	107	113	N/A	253	646	77	14	59
Rate	80.0%	50.8%	66.4%	35.4%	N/A	49.0%	49.1%	72.7%	85.7%	50.9%

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1	39	49	31	N/A	76	205	54	3	10
Denominator	9	94	88	82	N/A	216	529	106	6	26
Rate	11.1%	41.5%	55.7%	37.8%	N/A	35.2%	38.8%	50.9%	50.0%	38.5%

Disparity Analysis – Counseling for nutrition

Population sample sizes for this measure were small for African Americans which had (D=5 and D=9) followed by Chinese speakers (D=14 and D=6). Asians had the highest rate of BMI documentation in the 3-11 and 12-17 age range with 66.4% and 55.7%. For ages 3-11 and 12-17, Whites have the lowest rate at 35.4% and 37.8%, a statistically significant difference.

For ages 3-11 and 12-17, English speakers had the lowest rate at 49.1% and 38.8% compared to Spanish speakers who had the highest rate at 72.7% and 50.9%, a statistically significant difference. At this time there are no unique interventions addressing these disparities.

[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						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	4	59	63	42	N/A	124	300	47	12	28
Denominator	5	128	107	113	N/A	253	646	77	14	59
Rate	80.0%	46.1%	58.9%	37.2%	N/A	49.0%	46.4%	61.0%	85.7%	47.5%

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

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	0	34	46	32	N/A	79	202	49	3	10
Denominator	9	94	88	82	N/A	216	529	106	6	26
Rate	0.0%	36.2%	52.3%	39.0%	N/A	36.6%	38.2%	46.2%	50.0%	38.5%

Disparity Analysis – Counseling for Physical Activity

Asians had the highest rate of counseling physical activity in the 3-11 age range at 58.9% while Whites had the lowest rate at 37.2%, a statistically significant difference. For the 12-17 age range, Asians had the highest rate of counseling on physical activity 52.3%, and Hispanics had the lowest rate at 36.2%, which was also statistically significant. For ages 3-11 and 12-17 English speakers had the lowest rate 46.4% and 38.2% while Spanish speakers had the highest rate at 61.0% and 46.2% which was statistically significant. At this time there are no unique interventions addressing these disparities.

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

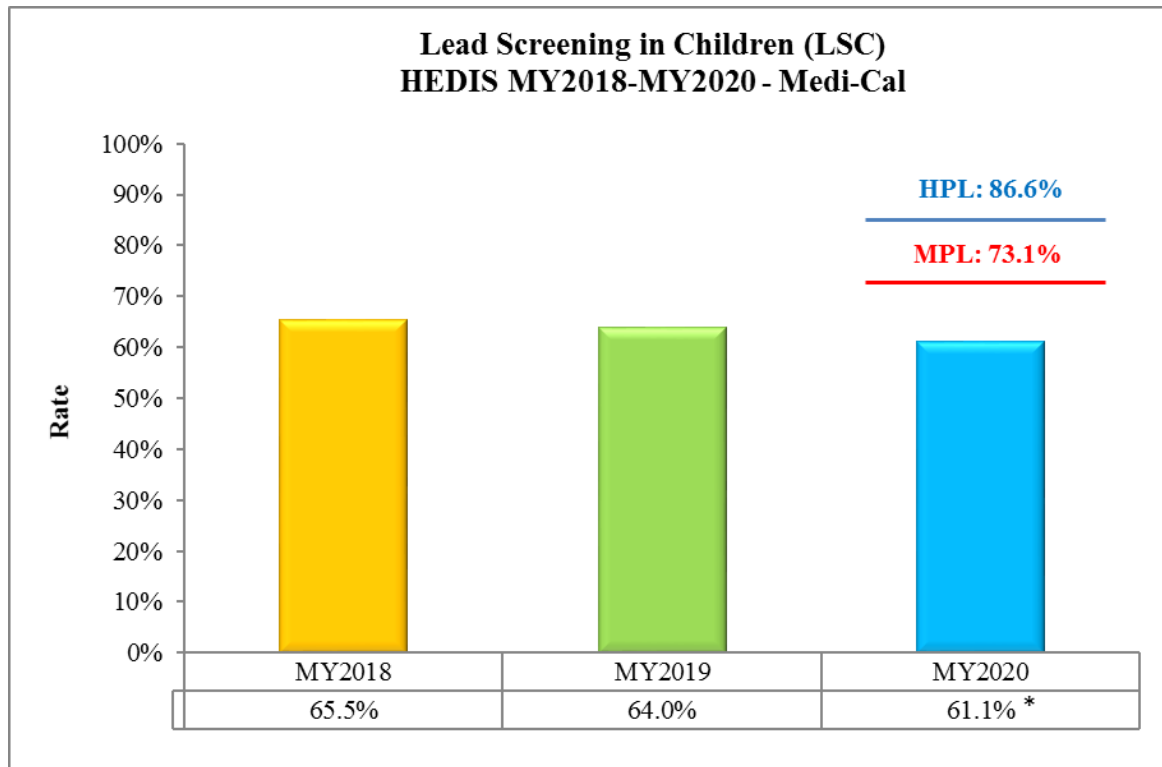
Lead Screening in Children

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

In September of 2020, DHCS released an All Plan Letter (APL 20-016) requiring that health plans provide their network providers with report of members who are missing lead screenings ages from 12 months-6 years and requiring anticipatory guidance for those 6-12 months. In January 2021, L.A Care started posting these reports for each PPG on a monthly basis including its Direct Network providers. L.A. Care had been distributing lead reports on the gap in care list as part of the Provider Opportunity Reports, but it was based on the HEDIS Lead screening measure and limited to children 2 years or younger. In July, DHCS began sending additional data to L.A. Care to supplement the provider reports. With this additional set of data, L.A. Care plans to start a monthly data exchange with our plan partners to ensure we have timely actionable data. The final rate for MY2021 will be report to the State in early 2022. Since there is currently no baseline data on the new methodology, the HEDIS rate will be used as proxy for the new state derived metric.

RESULTS

The following graph compares L.A. Care LSC rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS:

Quantitative Analysis

The Lead Screening (LSC) HEDIS measure has declined over the last three years. The rate is below the minimum performance of 73.1% and decline 3 percent from the prior year. The LSC measures shows a statistically significant decline which is likely driven by the COVID-19 pandemic.

Qualitative Analysis

The change in the rate from MY 2019 to MY2020 was likely a result of the pandemic. Measures like lead that require lab work have seen a decline overall. This is in line with the overall trend of fewer in-person medical visits. However, rates in general are lower compared to national rates over the last three years, as shown in the graph above we are still below the minimum performance level.

Results from the State's Preventive Services report were presented at the Joint Performance Improvement Collaborative Committee and Physician Quality Committee in January of 2021 and many providers were surprised by the finding stating they always request the labs for members. They felt like often times this might mean the parent did not follow up with their instructions or it's possible that lab values may not be accurately report from labs. Thus, interventions have been focused on member education along with the monthly reports to providers on members missing services.

In September 2020, the Initiatives team had paid social media messaging ads directed towards members living in low performing zip codes. The messages focused on the importance of lead testing and general lead preventions. Social media has also continued in 2021 with a campaign running in the month of August. To encourage screening among providers, Dr. Jean Woo, from CDPH, was also invited to speak at a QI provider webinar regarding lead in October of 2020 and in November 2021. The presentation focused on lead screening and prevention and included medical education credits.

Additionally, based on the data that we send to our network providers, QI conducted an analysis looking at blood lead values ≥ 5 by zip codes. This led to identifying a lead “hotspot” in the community. In reviewing the data, QI noticed a higher than average number in the 90011 zip code. The average number of children having a value ≥ 5 among all zip codes was four. Table 1. shows the top ten zip codes with the highest member counts in the county.

Based on the information, QI approached the department of public health’s Childhood Lead Poisoning Prevention (CLPPP) program’s director and staff. They currently run a lead abatement program and Lead case management and education program called Lead Free Homes in LA Program. In the near future, L.A. Care will be working with Public Health on social media content to promote their hotline and lead abatement program in particular zip codes. The Public Health Department will keep L.A. Care posted on lead abatement and hopefully prioritizing 90011 as first target.

Table 1. Top 10 Zip codes with Lead values ≥ 5 $\mu\text{g}/\text{dL}$ Among L.A. Care Members 6-72 Months of Age in 2020

ZIP	Unique Member Counts
90011	35
90044	24
90037	21
90001	18
90280	18
90003	17
90255	17
90201	16
90002	11
91331	10

DENTAL HEALTH AND FLUORIDE VARNISH

It is important to address dental cavities for young children as tooth decay often is accompanied by severe pain and suffering, affecting the quality of life of the young child. Fluoride varnish which is one of the most important materials to prevent early childhood cavities is easy to apply and well tolerated by children⁵. Fluoride treatment and dental checkups are recommended once a child has a tooth. L.A. Care works to inform its members and providers of the importance of dental health. L.A. Care also monitors the rate of fluoride varnish application among its network.

⁵ Mishra, P., Fareed, N., Battur, H., Khanagar, S., Bhat, M. A., & Palaniswamy, J. (2017). Role of fluoride varnish in preventing early childhood caries: A systematic review. Dental research journal, 14(3), 169-176. doi: 10.4103/1735-3327.208766 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5504868/#!po=10.0000>

RESULTS

FY 2021 Fluoride Varnish Rates by Health Plan

Plan Partner/ Medi-Cal	Quarter	Plan Partner Fluoride Varnish Rates 2018			Plan Partner Fluoride Varnish Rates 2019			Plan Partner Fluoride Varnish Rates 2020			Plan Partner Fluoride Varnish Rates 2021		
		Fluoride Varnish Treatments	Denominator	2018 FY Rate	Fluoride Varnish Treatments	Denominator	2019 FY Rate	Fluoride Varnish Treatments	Denominator	2020 FY Rate	Fluoride Varnish Treatments	Denominator	2021 FY Rate
BCSC	1	196	61152	0.32%	149	55228	0.27%	212	50223	0.42%	203	47482	0.43%
	2	192	60483	0.32%	207	57522	0.36%	182	51125	0.36%	273	49351	0.55%
	3	205	58803	0.35%	166	55297	0.30%	193	50007	0.39%	300	48611	0.62%
	4	173	57393	0.30%	196	53053	0.37%	224	49232	0.45%	300	48362	0.62%
	Total	766	237831	1.29%	718	221100	1.30%	599	150364	1.20%	873	146324	1.79%
CFST	1	115	49063	0.23%	131	46492	0.28%	135	41501	0.33%	159	39656	0.40%
	2	149	50873	0.29%	191	47358	0.40%	175	42152	0.42%	172	40830	0.42%
	3	200	50207	0.40%	163	45472	0.36%	129	41375	0.31%	180	39980	0.45%
	4	162	48529	0.33%	149	43483	0.34%	168	40780	0.41%	151	39284	0.38%
	Total	626	198672	1.26%	634	182805	1.39%	607	165808	1.46%	503	120094	1.26%
KAIS	1	594	27305	2.18%	539	26841	2.01%	14	25480	0.05%	226	24914	0.91%
	2	633	27714	2.28%	687	27449	2.50%	76	25935	0.29%	331	25693	1.29%
	3	607	27868	2.18%	601	27063	2.22%	81	25547	0.32%	339	25625	1.32%
	4	687	27560	2.49%	425	26354	1.61%	191	25415	0.75%	320	25559	1.25%
	Total	2521	110447	9.13%	2252	107707	8.34%	348	76897	1.36%	990	76877	3.86%
MCLA	1	139	93236	0.15%	254	88766	0.29%	341	85460	0.40%	329	87423	0.38%
	2	254	96320	0.26%	267	92460	0.29%	354	88879	0.40%	467	91399	0.51%
	3	285	95174	0.30%	305	90615	0.34%	371	88119	0.42%	466	90874	0.51%
	4	260	92627	0.28%	282	88407	0.32%	370	88122	0.42%	311	90046	0.35%
	Total	938	377357	0.99%	1108	360248	1.23%	1095	265120	1.24%	1573	359742	1.75%
Medi-Cal	1	1045	231021	0.45%	1085	218591	0.50%	758	211922	0.36%	1043	215133	0.48%
	2	1231	235693	0.52%	1386	227383	0.61%	875	219736	0.40%	1398	225086	0.62%
	3	1301	232322	0.56%	1304	223122	0.58%	888	217765	0.41%	1459	223783	0.65%
	4	1288	226611	0.57%	1125	218198	0.52%	1081	217686	0.50%	1213	222417	0.55%
	Total	4865	925647	2.10%	4900	887294	2.21%	2844	655187	1.30%	5113	886419	2.30%
N/A	1	1	265	0.38%	12	1264	0.95%	56	9258	0.60%	126	15658	0.80%
	3	303	0.99%	34	2594	1.31%	88	11645	0.76%	155	17813	0.87%	
	3	4	270	1.48%	69	4675	1.48%	114	12717	0.90%	174	18693	0.93%
	4	6	502	1.20%	73	6901	1.06%	128	14137	0.91%	131	19166	0.68%
	Total	14	1340	4.04%	188	15434	4.79%	330	38499	2.56%	586	71330	3.29%

Quantitative Analysis:

The Medi-Cal rate for the FY 2021 was 2.3%. The highest performer was Kaiser at 3.86% and the lowest performance was Blue Shield of California Promise Health Plan (CFST) at 1.26%. Currently, there are no national benchmarks but the Health Service Advisory Group (HSAG) posted rates by health plan for the State of California in December 2020 as part of their Preventive Service report. In that report, the aggregate rate for the State was 23%. Based on their methodology (see below), L.A. Care was at 20.84%, just a few percentage points below the average State rate.

Qualitative Analysis

The rates may be low due to coding and data capture. L.A. Care had previously measured data on Fluoride Varnish on a per member per month calculation which was difficult to compare amongst other plans in the State. After the posting of the Preventive Health services report, QI switched methodology to mirror the State's methodology using the CPT code 99188 but excluding dental codes (shown in the Graph above). However, our rates still appear lower than what was capture in the report this may be due to the State using dental codes and data available to them when a person transitions health plans or moves around the State. This was brought to the Quality Improvement Steering Committee in July of 2021 to try to understanding what may be causing the data discrepancy. It's possible that there may also be differences in how they manage the data that was not part of their reported methodology. This issue has been tabled due to the ongoing pandemic but will be an ongoing discussion in 2022.

Interventions for Fluoride Varnish continue to focus on provider and member education. Annually, L.A. Care ensures that providers are aware of how to apply fluoride varnish and that members are aware of their dental benefits including fluoride varnish. The provider website includes a how-to video on the application

of dental fluoride, tools for their practice, and the provider handbook that describes the dental fluoride benefit. Conversely, members are informed of this benefit via the member handbook and through the Preventive Health Guidelines available in print and online to member and providers. Providers are also sent the Bright Futures Periodicity Schedule, emphasizing the importance of dental check-ups. Additionally, our Delegation and Oversight dept. also ensures that providers are making referrals to dental services as part of their annual audits.

In September 2021, L.A. Care sent the Medi-Cal Dental Program Provider Toolkit through various channels of communication such as email, fax, and the provider newsletter. The toolkit includes one-page description of resources, helpful links, and materials from the Smile, California website. Additional resources within the toolkit include but are not limited to Medical Dental Education Pad for patient dental care reminders, dental training for physicians and medical staff, continuing education credit opportunities and websites with oral health guidelines. Quality Management Nurse Specialist presented to Plan Partners and participating providers at the September 21st, 2021 Joint Performance Improvement Collaborative Committee and the Provider Quality Committee on the Medi-Cal Dental Program Provider Toolkit by presenting the one-page description of resources, high touch review of the contents within the toolkit and the Medical Dental Education Pad for patient dental care reminders.

SUMMARY OF INTERVENTIONS FOR 2020-2021

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 First 30 Months of Life – Well-Child Visits in the First 15 Months, Well-Child Visits for Age 15 Months – 30 Months (W30) - NEW	<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. • Interventions were paused Q4 2020 due to spikes in COVID-19 rates and overwhelmed clinic/hospital settings. 	<ul style="list-style-type: none"> • Social media posts regarding this topic. – August 30th – September 3rd, 2021. • Auto dialed calls to members who were eligible and non-adherent for their well child visit in 2021 – October 2021 • Healthy Baby Mailers were sent to non-adherent household aged 0-15 months in September 2021 for MCLA and LACC. • Healthy Baby Mailers will be sent to newborns and newly enrolled children between 0-6 months of age beginning in October 2021. 	<ul style="list-style-type: none"> • Evaluation for Health Baby Mailers and robocalls will be completed 6-8 months after launch date.
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 the first 12 months of life, when most vulnerable. • Parents may have difficulty taking time off from work to get their child immunized. 	<ul style="list-style-type: none"> • Webinar hosted on February 24, 2021 on Immunization Hesitancy and L.A. Care's Missing Vaccine Reports by Dr. Shantha Chelliah of Merck Vaccine Division. • CIS-10 Performance Improvement Project with St. John's Well Child and Family Center. September 2021 – December 31st, 2022. 	<ul style="list-style-type: none"> • Evaluation for Health Baby mailers will be 6-8 months after launch data. • Evaluation for social media posts will be 6-8 months after launch of posts.

HEDIS Measure	Barrier	Actions	Effectiveness of Intervention/ Outcome
Childhood Immunization Status: Combination 10 (CIS-10) (cont.)	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Monthly Missing Vaccines Reports – May 2021 Healthy Baby mailers to parents in September 2021. Social Media campaigns to bring awareness to visit providers for checkups and shots – August 30th – September 3rd, 2021. 	
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	<ul style="list-style-type: none"> Providers prescribing antibiotics (antibiotic misuse) to patients despite diagnosis of an upper respiratory infection. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A
Immunization for Adolescents, Combination 2 (IMA-2)	<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: 1. Parents have misconceptions regarding the vaccine. 2. It requires more than one dose which can be difficult for members to follow through on. 3. While minor consent laws allow for members to receive this vaccine without their parents' consent very few opt to do this. 4. While the HPV vaccine is available at school based health centers/wellness centers many students/ members do not 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"> Social Media Ads. – April 2021 Monthly Missing Vaccine Reports – May 2021 Webinar hosted on Human Papillomavirus (HPV) Vaccine: Cancer Prevention, by Dr. Shantha Chelliah of Merck Vaccine Division in August 2021. 	<ul style="list-style-type: none"> Evaluation to be completed in future.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<ul style="list-style-type: none"> COVID-19 pandemic drove reduction of in person care including well-child visits for preventive and screening services. 	<ul style="list-style-type: none"> No intervention conducted due to low priority measure. 	<ul style="list-style-type: none"> N/A

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
Child and Adolescent Well-Child Visits (WCV)	<ul style="list-style-type: none"> Perceived lack of need to visit the primary care practitioners, especially when there are not many recommended immunizations during this time period. 	<ul style="list-style-type: none"> Social media posts regarding this topic. – August 30th – September 3rd, 2021. Auto dialed calls occurred to members eligible and missing their well child visit in October 2021. In September, postcards for well-child visits ages 3-11 and 12-17 encourage well-child visits and immunizations sent to households missing a well-child and/or vaccine(s). 	<ul style="list-style-type: none"> Evaluation of Postcards and robocalls will be coming in MY2022.
Lead Screening in Children	<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. COVID-19 has decreased lab related measures Providers may not be aware of the recent change to DHCS requesting L.A. Care to report on Lead Screening Rates. 	<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 and available on the Health Education portal- July 2020 Lead Screening Social media paid ads-September 2020 Lead screening webinar-Dr. Jean Woo CDPH October 2020 Started monthly provider reporting of missing lead values 2021 upload on the provider portal-On-going Social Media Campaign in 8/16/2021- 08/21/2021 Lead screening webinar Dr. Jean Woo CDPH November 10, 2021. 	N/A

Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
Fluoride Varnish	<ul style="list-style-type: none"> Providers are unaware of benefit and service to children Member unaware of benefit and service 	<ul style="list-style-type: none"> Posted video on how to apply Fluoride Varnish Member Manual lists it as an available service. Rates distributed to the Plan Partners 	N/A
Adverse Childhood Experience Screenings(ACEs)	<ul style="list-style-type: none"> Provider may not know to perform childhood screenings or did not go through training Members and parent (caregivers) are unaware that these screenings exist 	<ul style="list-style-type: none"> Created an ACEs flyer to add onto the Bright Futures mailing that will be sent out to all providers in Fall 2021. 	<ul style="list-style-type: none"> Evaluation will be done for the Bright Futures mailer in Spring 2022.

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 missing visits for W30 and WCV.
- 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.
- L.A. Care will work with local public health department to promote and inform members regarding lead abatement services.
- L.A. Care will evaluate 6-8 months after mailings and robocalls are complete to evaluate the effectiveness of each intervention.

MY2021 WORK PLAN GOALS:

HEDIS Measure	MY2021 Medi-Cal Goal	MY2021 L.A. Care Covered Goal
Childhood Immunization Status: Combination 10 (CIS-10)	32%	36%
Well-Child Visits in the First 30 months of Life - Well-Child Visits in the First 15 Months (W30)	33%	33%
Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months (W30)	60%	82%
Child and Adolescent Well-Child Visits (WCV)	41%	40%
Immunization for Adolescents – Combo 2 (IMA-2)	41%	33%

B.3 ADULT HEALTH

AUTHOR: BRIGITTE BAILEY, MPH, CHES & SIDDHARTH RAICH, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

The COVID-19 pandemic impacted the public health system in numerous ways, including suspension of non-urgent health care like cancer screenings. Delays in cancer screening, diagnosis and treatment will likely result in a short-term decrease in cancer diagnosis followed by increases in late-stage diagnoses and preventable cancer deaths.⁶ Screenings for breast, colorectal and cervical cancers were reported to be 80% to 90% lower in March and April 2020 compared to March and April 2019. By June 2020, screenings had risen but still down 29% to 36% from pre-pandemic levels.⁷

The American Cancer Society (ACS) estimates 281,550 new cases of invasive breast cancer diagnosis in women in 2021. Of these 281,550 new cases, it is estimated that 49,290 are detected at an early stage and 43,600 women will die from breast cancer.⁸ 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.⁹ In 2021, ACS estimates 14,480 new cases of cervical cancer diagnosis and that 4,290 women will die from cervical cancer in 2021.¹⁰ 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 2019, there were 65,431 reported cases of Chlamydia in Los Angeles, which is a rate increase of 4% compared with the 2018 rate.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 use of antibiotics 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 2019, there were roughly 600 prescriptions issued per 1,000 individuals.¹⁵

⁶ <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/special-section-covid19-and-cancer-2021.pdf>

⁷ Ibid.

⁸ <https://www.cancer.org/content/dam/CRC/PDF/Public/8577.00.pdf>

⁹ <https://www.cancer.org/content/dam/CRC/PDF/Public/8599.00.pdf>

¹⁰ <https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html>

¹¹ <https://www.cdc.gov/std/statistics/2019/overview.htm>

¹² http://publichealth.lacounty.gov/dhsp/Reports/STD/2019_LAC_STD_Letter_Snapshot.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-2019-H.pdf>

Colorectal Cancer is the third most diagnoses cancer in both men and women in the United States, excluding skin cancers.¹⁶ In 2021, there will be an estimate of 104,270 new cases of colon cancer and 45,230 new cases of rectal cancer according to the ACS.¹⁷

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

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.

MY2020 WORK PLAN GOALS:

This section reviews the goals and rates for HEDIS MY2020. Interventions conducted in 2020 are detailed, as this represents to the period in which services were rendered. If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly. Measures that are part of Population Health Management (PHM), the goal was set to match PHM. Managed Care Accountability Set (MCAS) measures set at a minimum of the 50th percentile.

HEDIS Measure	MY2020 Medi-Cal Goal	MY2020 Medi-Cal Rate	MY2020 Cal MediConnect Goal	MY2020 Cal MediConnect Rate	MY2020 L.A. Care Covered Goal	MY2020 L.A. Care Covered Rate	MY2020 Goal Met/ Not Met
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	46%	43.13%	N/A	N/A	35%	32.36%	Medi-Cal: Not Met CMC: N/A LACC: Not Met
Breast Cancer Screening (BCS)	65%	57.75%	67%	61.95%	71%	67.56%	Medi-Cal: Not Met CMC: Not Met LACC: Not Met
Cervical Cancer Screening (CCS)	69%	61.73%	N/A	N/A	67%	50.26%	Medi-Cal: Not Met CMC: N/A LACC: Not Met
Chlamydia Screening (CHL)	72%	65.56%	N/A	N/A	65%	60.80%	Medi-Cal: Not Met CMC: N/A LACC: Not Met
Colorectal Cancer Screening (COL)	N/A	N/A	70%	55.53%	56%	45.85%	Medi-Cal: N/A CMC: Not Met LACC: Not Met
Non-Recommended PSA-Based Screening in Older Men (PSA)	N/A	N/A	31%	28.56%	N/A	N/A	Medi-Cal: N/A CMC: Not Met LACC: N/A

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

¹⁷ [Ibid.](#)

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

MAJOR ACCOMPLISHMENTS

- Breast Cancer Screening (BSC)
 - 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 November and December 2020.
- Cervical Cancer Screening
 - CCS educational mailers were sent to CMC, LACC & MCLA noncompliant members in RCAC 5 (The Westside) and CCS educational letters were sent to CMC, LACC & MCLA noncompliant members in RCAC 9. Letters were sent in November 2020 and mailers were sent in December 2020.
- Colorectal Cancer Screening (COL)
 - COL reminder phone calls were made to CMC, MCLA and LACC noncompliant members in August 2020. The calls ended prior to completion due to the Telephone Consumer Protection Act (TCPA).
 - COL educational mailers were sent to all noncompliant CMC members in December 2020.
- Other Accomplishments
 - L.A. Care distributed a memo to provider groups informing them that no prior authorizations are needed for obstetrical care, breast cancer screenings and cervical cancer screenings.
 - L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for BCS, CCS, CHL, and COL to PCPs and PPGs.

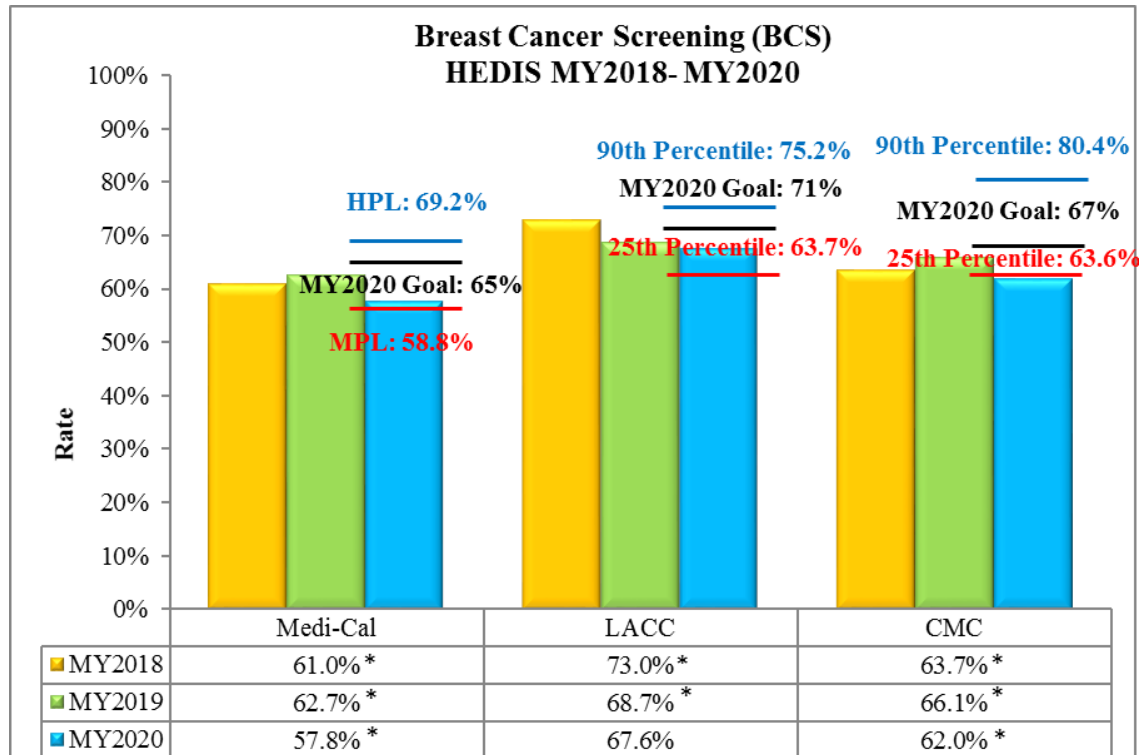
Description of measures:

HEDIS Measure	Specific Indicator(s)	Measure Type
Avoidance of Antibiotic Treatment in adults with Acute Bronchitis (AAB)	The percentage of adult members ages 18-64 with a diagnosis of acute bronchitis who were <i>not</i> dispensed an antibiotic prescription	Administrative
Breast Cancer Screening (BCS)	The percentage of members who are women aged 50-74 years and have received one or more mammograms on or between October 1 two years prior to the measurement year and December 31 of the measurement year.	Administrative
Cervical Cancer Screening (CCS)	The percentage of women aged 21-64 years who received one or more screening tests for Cervical Cancer during or within the three years prior to the measurement year or 5 years for women 30-64 with HPV co-testing.	Hybrid
Chlamydia Screening in Women (CHL)	The percentage of women aged 16-24 years who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	Administrative
Colorectal Cancer Screening (COL)	The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.	Hybrid
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 graph compares L.A. Care BCS rates for HEDIS MY2018-MY2020 among different product lines:



*Statistically Significant Difference

- Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)
- Covered California Quality Rating System MY2020 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

L.A. Care's HEDIS MY2020 BCS rate for Medi-Cal was 57.8%. The rate decreased by 4.9 percentage points from the prior year, which is a statistically significant decrease. BCS was on a three-year upward trend until MY2020 due to the COVID-19 pandemic. The measure did not meet the internal goal of 65%. The rate was also slightly below the MPL of 58.8%.

LACC

Quantitative Analysis

For HEDIS MY2020, the Breast Cancer Screening rate for L.A. Care Covered (LACC) was 67.6%. This was a decrease of 1.1 percentage points from HEDIS MY2019, and is not statistically significant. BCS did not meet the MY2020 LACC internal goal of 71%; however, met the 25th percentile of 63.7% for the Quality Rating System (QRS).

CMC

Quantitative Analysis

HEDIS MY2020 is the sixth year of official rates for CMC. For BCS, CMC members had a rate of 62.0%. This was a decrease of 4.1 percentage points from HEDIS MY2019, and is statistically significant. The rate did not meet the internal goal of 67% nor the 25th percentile rate of 63.6%.

Disparity Analysis

Rates by Ethnicity and Language

Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	6,428	32,247	9,242	10,216	106	3,341	26,278	27,227	2,535	6,827
Denominator	12,926	50,381	16,422	19,853	213	6,703	51,736	40,746	4,385	11,727
Rate	49.7%	64.0%	56.3%	51.5%	49.8%	49.8%	50.8%	66.8%	57.8%	58.2%

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 the Black or African American population compared to all other ethnic groups (49.7%) and dropped by 4.4 percentage points from the previous year (54.1%). Hispanic members have the highest rates at 64.0%, down from 69.4% from the previous year. Rates for all racial/ethnic groups decreased. This rate decrease was expected from the COVID-19 pandemic and national projections that cancer screening rates were declining. Rates declined for all language speakers with the largest decline of 7.8 percentage points for Chinese speakers. There was a statistically significant difference for language between the highest and lowest rates, Spanish and English, respectively. There was also a statistical significance observed between the Hispanic/Latino population having the highest rates and the Black/African American population experiencing the lowest rates.

LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	117	1358	762	687	4	1,209	2,533	2,643	196	285
Denominator	176	1,908	1,298	1,099	6	1,793	3,904	3,642	345	484
Rate	66.5%	71.2%	58.7%	62.5%	66.7%	67.4%	64.8%	72.6%	56.8%	58.9%

This is the first year that L.A. Care conducted a disparity analysis for the LACC line of business. Unlike the Medi-Cal line of business, the Asian population experience a lower rate compared to all racial/ethnic populations. Hispanic or Latino members have the highest rates at 71.2%, resulting in a 12.5 percentage point difference between the Hispanic or Latino population and the Asian population. This percentage difference is statistically significant. The American Indian/Alaska Native population was not included in statistical analysis due to their denominator being less than 30. There was also a statistically significant difference between Spanish speaking members (72.6%) and Chinese speaking members (56.8%).

CMC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	336	1,816	265	162	3	506	1,341	1,892	29	78
Denominator	579	2,728	419	305	4	924	2,371	2,806	58	126
Rate	58.0%	66.6%	63.3%	53.1%	75.0%	54.8%	56.6%	67.4%	50.0%	61.9%

This is the first year that L.A. Care conducted a disparity analysis for the CMC line of business. Unlike both Medi-Cal and LACC, the White population experienced a lower rate compared to all racial/ethnic populations. Aligned with the other lines of business though, the Hispanic or Latino population experienced the highest rate (66.6%). The 13.46 percentage point difference between the White and Hispanic or Latino populations is statistically significant. The American Indian/Alaska Native population was not included in statistical analysis due to their denominator being less than 30. Spanish speakers had the highest rates and the rate differences between Spanish speakers and both English and Chinese speakers were statistically significant.

Qualitative Analysis

L.A. Care members did not receive an automated phone calls reminding them of their breast cancer screening due to restrictions on outreach calls during the COVID-19 pandemic.

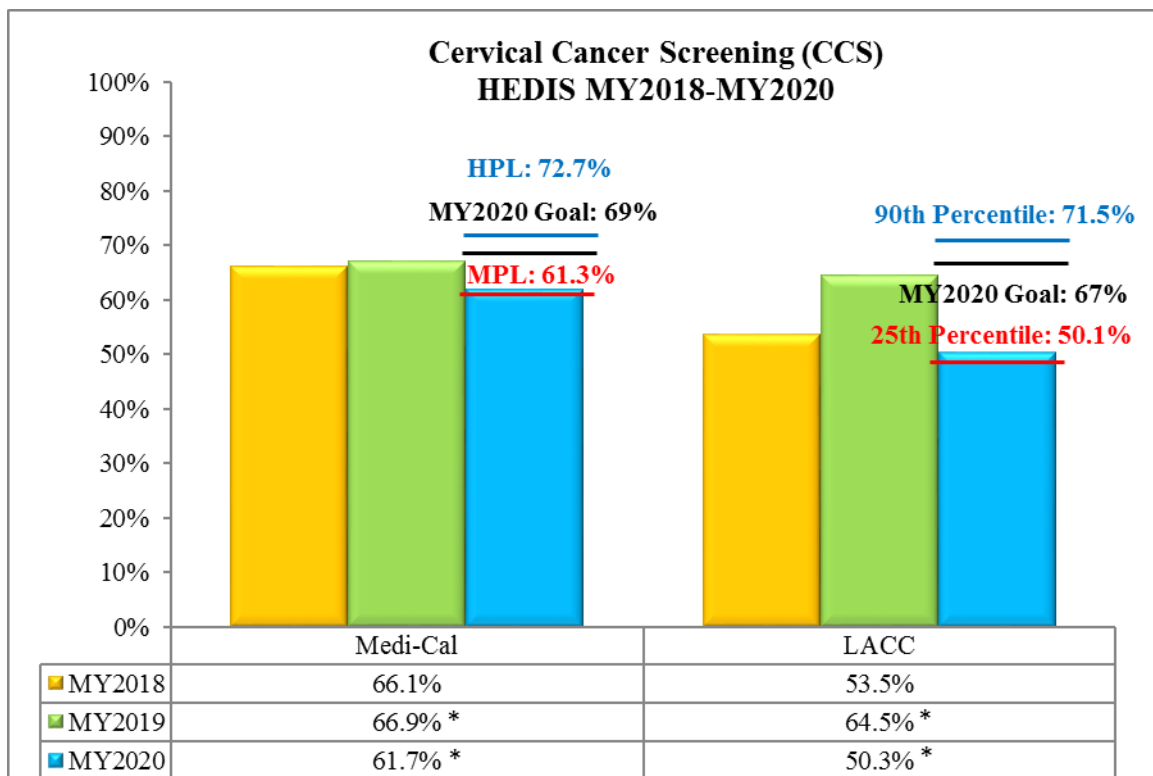
A reminder mailer was sent to non-compliant CMC, MCLA, and LACC members due for a breast cancer screening in RCAC 8 (South Bay) and RCAC 9 (Long Beach). RCAC 8 and RCAC 9 were chosen to send mailers to because of the high noncompliance rates in those regions. RCAC 8 and 9 demonstrated two of the lowest rates amongst all RCAC's for the MCLA line of business. These two regions have had the highest noncompliant rate for the past three years. Thus, a targeted mailer was sent to 3,868 non-compliant members in these region in November and December 2020. Of the 3,868 members who received a mailer, 245 received their breast cancer screening within 6 months of receiving the mailer. Thus, we see a success rate of 6.33% compared to a utilization rate of 5.60% for all other RCAC's who did not receive the mailer. This difference of 0.73% is not statistically significant, however this could be due to the small population in RCAC's 8 and 9 compared to all other RCAC's. When broken down by line of business, the utilization rate difference of 0.30% for MCLA and 1.11% for CMC lines of business were statistically significant. The rate difference of 1.82% for LACC was not statistically significant.

CERVICAL CANCER SCREENING

RESULTS

The following graph compares L.A. Care CCS rates for HEDIS MY2018-MY2020 in the Medi-Cal and LACC product lines:

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



ANALYSIS

Medi-Cal

Quantitative Analysis

L.A. Care's Medi-Cal CCS rate was 61.7% for HEDIS MY2020. This was a decrease of 5.2 percentage points from the prior year, which is statistically significant. The rate met the MPL of 61.3% by only 0.4 percentage points. However, the internal goal of 69% was not met.

LACC

Quantitative Analysis

L.A. Care's Cervical Cancer Screening rate for HEDIS MY2020 was 50.3%. This was a decrease of 14.2 percentage points from the previous year and is statistically significant. The rate did not meet the MY2020 goal of 67%; however, did meet the 25th percentile benchmark by only 0.2%.

CMC

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

Disparity Analysis

Rates by Ethnicity and Language

Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	30,210	123,772	23,496	38,012	362	10,281	156,691	54,488	5,462	14,561
Denominator	55,785	212,535	42,838	72,568	724	20,499	294,709	86,995	8,841	23,802
Rate	54.2%	58.2%	54.9%	52.3%	50.0%	50.2%	53.2%	62.6%	61.8%	61.2%

L.A. Care also conducted an analysis based on ethnicity and spoken language to examine whether disparities exist in getting cervical cancer screenings. The White population experienced the lowest rates for HEDIS MY2020 at 52.3% followed by the Black or African American population with a rate of 54.2%. The American Indian Alaska Native population was excluded from the analysis due to the small population size. The screening in the White population decreased by 3.7 percentage points from 56.0% in HEDIS MY2019 to 52.3% in HEDIS MY2020. The rates in the African American, Hispanic or Latino, Asian, and American Indian Alaska Native populations also decreased by 4.8, 4.6, 3.5 and 4.9 percentage points, respectively. Rate decreases for all populations, excluding the American Indian Alaska Native population, are statistically significant. Additionally, the rate difference between the Hispanic or Latino population (highest rate) and the White population (lowest rate) is statistically significant. The Hispanic or Latino population was the highest performing group for a third year in a row, with a rate at 58.2%.

Spanish speakers had higher rates than English and Chinese speakers (62.6% versus 53.2% and 61.8%) for a third year in a row. Rates for all language groups decreased from HEDIS MY2019 to HEDIS MY2020 and all rate decreases are statistically significant. The rate difference between Spanish speakers (highest rate) and English speakers (lowest rate) is also statistically significant.

LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	286	2,913	2,449	1,952	13	3,274	8,370	4,476	855	708
Denominator	476	5,415	5,869	3,440	27	6,853	17,233	7,768	1,993	1,495
Rate	60.1%	53.8%	41.7%	56.7%	56.5%	47.8%	48.6%	57.6%	42.9%	47.4%

This is the first year that L.A. Care conducted a disparity analysis for the LACC line of business. The Asian population experience the lowest rates (41.7%) representing a 18.35 percentage point difference from the Black or African American population with the highest rate of 60.1%. This rate difference is statistically significant. This percentage difference is statistically significant. The American Indian/Alaska Native population was not included in statistical analysis due to their denominator being less than 30. There was also a statistically significant difference between Spanish speaking members (57.6%) and Chinese speaking members (42.9%).

Qualitative Analysis

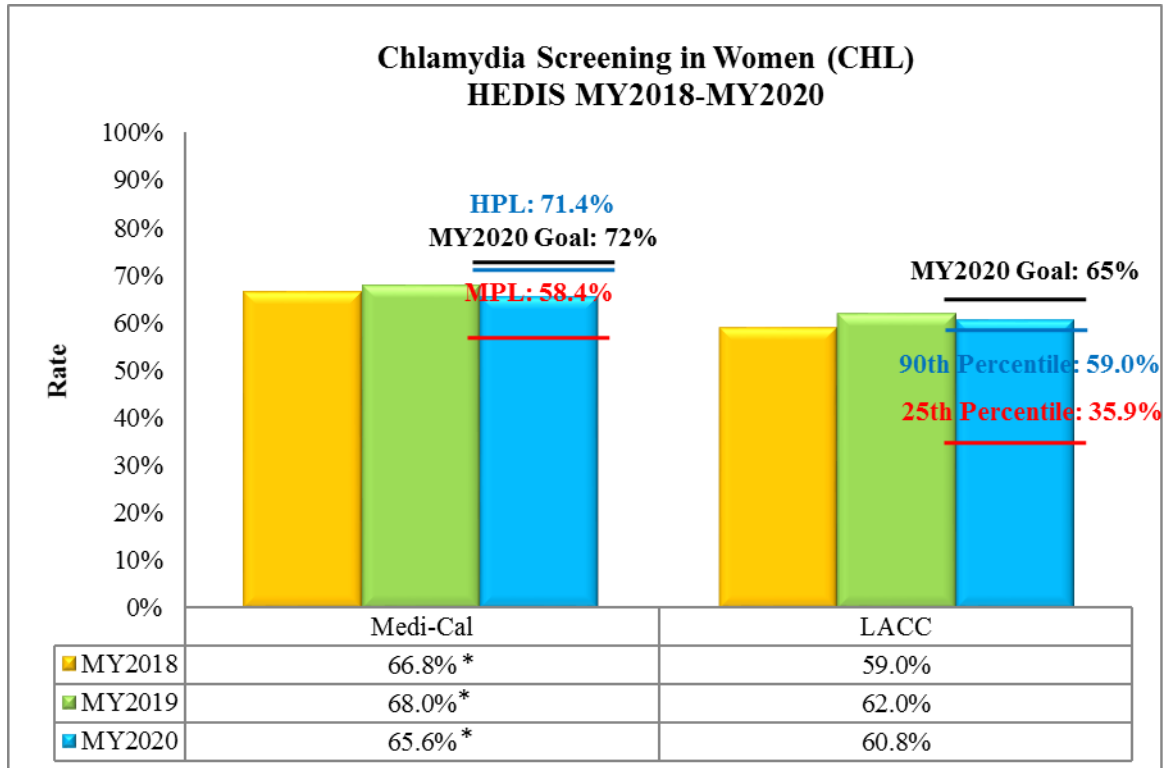
L.A. Care members did not receive an automated phone calls reminding them of their cervical cancer screening due to restrictions on outreach calls during the COVID-19 pandemic.

An experiment was conducted in 2020 to evaluate the efficacy of a mailer versus a letter. Mailers contain images, require a marketing specialist and are more costly to produce whereas a letter contains all the relevant information and is less costly to produce and mail. Members due for screenings in all three lines of business in RCAC 9 received a letter and members due for screening in all three lines of business in RCAC 5 received a mailer. There were 5,570 members in RCAC 9 who received a letter and 5,046 members in RCAC 5 received a mailer. Of the 5,570 letters sent, 645 members (74 LACC; 570 MCLA; 1 CMC) received their cervical cancer screening within 6 months of receiving a letter. This is an average success rate of 11.75% for the MCLA and LACC lines of business. Of the 5,046 members who received a mailer, 569 members (86 LACC; 483 MCLA; 4 CMC) received their cervical cancer screening within 6 months of receiving a letter. This is an average success rate of 12.66%. The difference between the two success rates is not statistically significant. The Preventive and Chronic Care Workgroup thus decided to move forward with a letter campaign in 2021 as the letter is less costly and produces similar results to the mailer.

CHLAMYDIA SCREENING

RESULTS

The following graph compares L.A. Care CHL rates for HEDIS MY2018-MY2020 in the Medi-Cal and LACC product lines:



*Statistically Significant Difference

- Medi-Cal benchmarks are from the Quality Compass MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)
- Covered California Quality Rating System MY2020 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

Medi-Cal screening rate decreased by 2.4 percentage points from 68.0% in MY2019 to 65.6% in MY2020, which is statistically significant. This is the first rate decrease following a three-year upward trend for all L.A. Care membership. The HEDIS rate change from MY2019 to MY2020 by Plan Partners is available below.

Plan Partner	HEDIS MY2019	HEDIS MY2020	Change
Anthem	65.4%	65.0%	-0.4%
Blue Shield of California	64.0%	62.2%	-1.8%
Kaiser	75.8%	63.7%	-12.1%
MCLA	69.0%	68.5%	-0.5%

Kaiser tends to outperform other Plan Partners for this measure; however, fell 12.1 percentage points from HEDIS MY2019 to HEDIS MY2020. The L.A. Care MCLA line of business had the highest rate compared to all other Plan Partners. MCLA has steadily increased its yearly rate since 2014 with 2021 seeing the first rate decrease of 0.5 percentage points 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, 69.0% in 2020, and 68.5% in 2021.

The Medi-Cal rate of 65.6% exceeds the MPL of 58.4% by 7.2 percentage points. It did not meet the internal L.A. Care Medi-Cal goal of 72%.

LACC

Quantitative Analysis

L.A. Care's Chlamydia screening rate for LACC decreased by 1.2 percentage points from 62% in MY2019 to 60.8% in MY2020, which was not statistically significant. The LACC rate met the 90th percentile benchmark but not the internal goal of 65%.

CMC

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

Disparity Analysis

Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Natives	Unknown	English	Spanish	Chinese	Unknown
Numerator	4,879	27,868	1,518	2,547	23	980	25,029	12,509	329	484
Denominator	6,668	42,076	2,536	4,656	35	1,598	37,724	19,285	197	956
Rate	73.2%	66.2%	59.9%	54.7%	65.7%	61.3%	66.4%	64.9%	59.9%	50.6%

L.A. Care also conducted an analysis based on ethnicity and spoken language to examine whether disparities exist in getting chlamydia screenings. The race and ethnicity breakdown indicates a decrease in the rate of chlamydia screenings between HEDIS MY2019 and HEDIS MY2020 amongst all the race/ethnicity categories. For HEDIS MY2020, the screening rate was highest amongst African Americans (73.2%) and lowest amongst Whites (54.7%). This difference of 18.5 percentage points is statistically significant. The chlamydia screening rate was higher for English speakers compared to Spanish speakers by 1.5 percentage points.

LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	14	129	58	53	1	120	361	135	10	23
Denominator	17	208	99	96	3	202	612	200	19	39
Rate	82.4%	62.0%	58.6%	55.2%	33.3%	59.4%	59.0%	67.5%	52.6%	59.0%

This is the first year that L.A. Care conducted a disparity analysis for the LACC line of business. Both the Black or African American and American Indian/Alaska Native populations are excluded from this analysis due to their small population sizes. The population experiencing the lowest rate is the White population (55.2%) with Hispanic or Latino members experiencing the highest rate (62.0%). This 6.8 percentage point difference is not statistically significant. Spanish speakers also experienced the highest rate (67.5%) with English speakers experiencing the lowest rate (59.0%). Chinese speakers were excluded from the analysis due to their small population size. This rate difference is also not statistically significant.

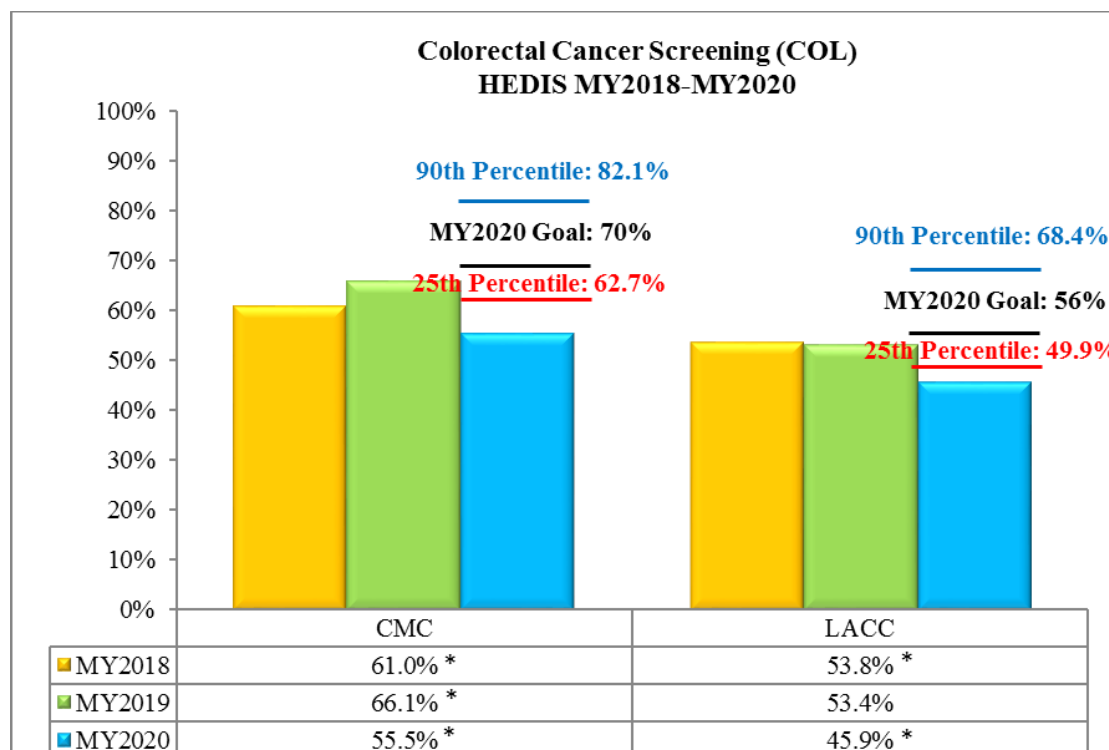
Qualitative Analysis

In MY2020, Chlamydia screening was moved from a priority level two to a priority level three. Priority level three measures only require monitoring and interventions in the Youth Empowerment for Screening (YES) program were put on hold due to the high performing nature of this measure. The YES program consisted of three components: 1) a letter to parents of female members 16-17 years old, 2) a provider fax blast, and 3) a Facebook ad campaign that targets zip codes with a high percentage of female members that are within the HEDIS measurement specifications. However, due to predictions that sexual health screenings will decrease and sexually transmitted infection rates will increase as a consequence of the COVID-19 pandemic, the Quality Improvement department will re-launch interventions targeting chlamydia screenings in CY2021-2022.

COLORECTAL CANCER SCREENING

RESULTS

The following graph compares L.A. Care COL rates for HEDIS MY2018-MY2020 in the CMC and LACC product lines:



*Statistically Significant Difference

- Covered California Quality Rating System MY2020 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

CMC

The CMC rate for COL was 55.5%. This was a decrease of 10.6 percentage points, which is statistically significant. This measure did not meet the internal MY2020 goal of 70% nor the 25th percentile benchmark.

LACC

The LACC rate for COL was 45.9%. This was a decrease of 7.5 percentage points, which is statistically significant. This measure did not meet the internal goal of 56% nor the 25th percentile benchmark.

Medi-Cal

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

Disparity Analysis

Rates by Ethnicity and Language

Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	9,544	38,329	13,674	14,381	146	5,015	38,942	31,148	3,951	8,748
Denominator	28,543	92,206	30,881	42,968	442	14,377	113,659	70,543	8,072	21,064
Rate	33.4%	41.6%	44.3%	33.5%	33.0%	34.9%	34.3%	44.2%	49.0%	41.5%

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). As witnessed in the other cancer screening measures, rates for all race/ethnicity groups decreased from MY2019 to MY2020. The Hispanic or Latino population experienced the largest rate decrease with 6.6 percentage points followed by the American Indian Alaska Native, Black or African American, Asian, and White populations. All rate decreases from MY2019 to MY2020 were statistically significant, except for the American Indian Alaska Native population. Spanish speakers were much more likely to have been screened for colorectal cancer, compared to English speaking members (44.2% vs. 34.3%), and this rate difference is statistically significant. There was a statistically significant difference for language between the highest and lowest rates, Chinese and English, respectively.

LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	155	1,965	1,293	1,087	6	1,771	3,982	3,669	387	439
Denominator	416	4,784	3,442	2,969	25	4,553	10,314	8,819	1,041	1,117
Rate	37.3%	41.1%	37.6%	36.6%	24.0%	38.9%	38.6%	41.6%	37.2%	39.3%

This is the first year that L.A. Care conducted a disparity analysis for the LACC line of business. Rates for all populations were low with Whites experiencing the lowest rate (36.6%), followed by Black or African American (37.3%) and Asian (37.6%). The American Indian/Alaska Native population was excluded due to their small sample size. The Hispanic or Latino population experience the highest rate of 41.1% and the rate difference of 4.5% with the White population is statistically significant. Spanish speakers had the highest rate of 41.6% and the difference between them and both English and Chinese speakers is statistically significant.

CMC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic or Latino	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	583	2,896	447	304	2	893	2,393	2,991	60	154
Denominator	1,217	5,081	785	679	9	1,823	4,914	5,152	122	255
Rate	47.9%	57.0%	56.9%	44.8%	22.2%	49.0%	48.7%	58.1%	49.2%	60.4%

This is the first year that L.A. Care conducted a disparity analysis for the CMC line of business. The Hispanic or Latino population experienced the highest rate of 57.0% with the Asian population closely behind at 56.9%. The White population experienced the lowest rate of 44.8% with the American Indian/Alaska Native population excluded due to their small population size. The 12.2% rate difference between the Hispanic or Latino population and the White population is statistically significant. The rate difference between the Asian and White populations is also statistically significant. Spanish speakers also had the highest rate compared to English and Chinese speakers.

Qualitative Analysis

The LACC rates is lower than the CMC rate by 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.

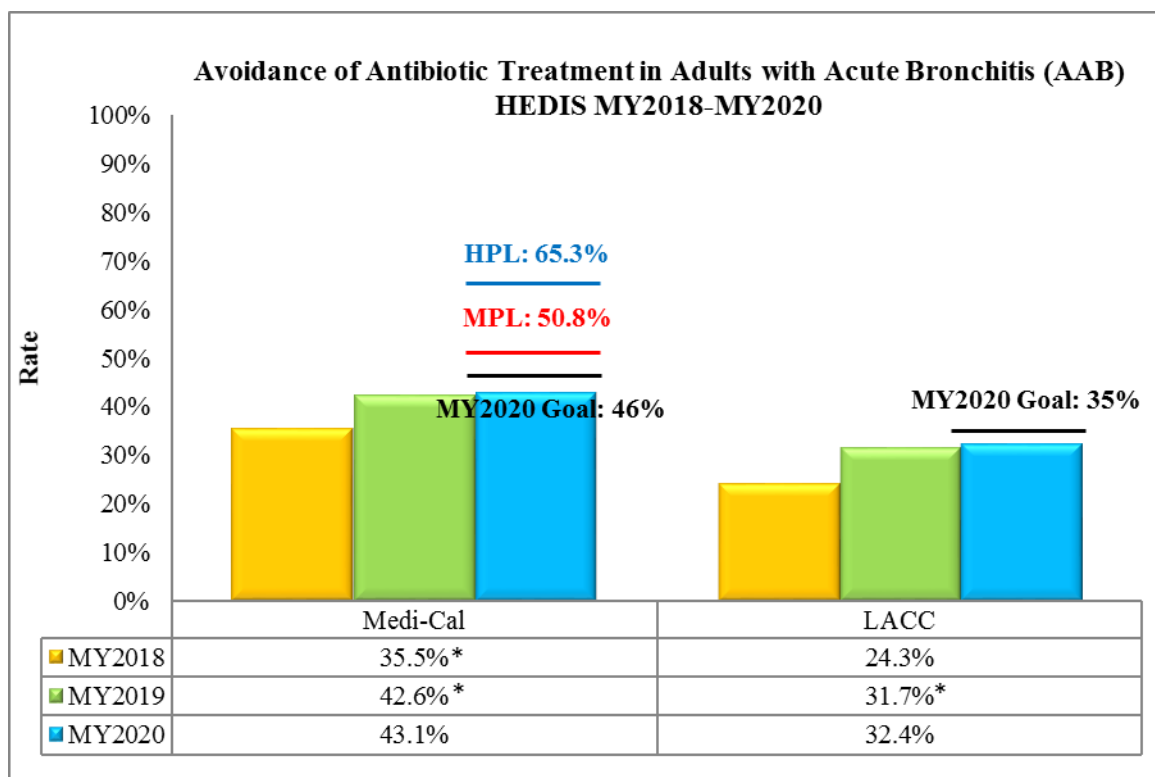
In August 2020, CMC, MCLA, and LACC members due for a colorectal cancer screening received an automated phone call. However, due to the COVID-19 pandemic and restrictions on outreach calls, this automated call campaign was suspended after one week and only a portion of the members due for a screening received a screening. Of the original 75,845 members who were supposed to receive a call, 59,351 members did receive a call (38,962 MCLA; 14,554 LACC; 5,835 CMC). This allowed for an experiment to be conducted comparing members who received the automated call to those who did not and evaluating if members received a colorectal screening after receiving the call. The utilization rate of members who were successfully outreached was 13.44% higher than those who were not successfully outreached. This 13.44% performance difference between outreach status was statistically significant.

A reminder mailer was also sent to all CMC members due for a colorectal cancer screening in December 2020. 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 6,025 (3,305 English; 2,720 Spanish) CMC members due for a colorectal cancer screening in all regions in December 2020. An evaluation of this campaign was not completed as there was no control group to compare to. This decision was agreed upon by the Quality Improvement and Quality Management Performance teams.

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

RESULTS

The following graph compares L.A. Care AAB rates for HEDIS MY2018-MY2020 in the Medi-Cal and LACC product lines:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

Medi-Cal

The Medi-Cal rate for AAB for MY2020 was 43.1%. This was an increase of 0.5 percentage from prior year and is not statistically significant. This measure did not meet the MPL of 50.8% by 7.7 percentage points, but it met the internal goal of 46%.

LACC

The LACC rate for AAB for MY2020 was 32.3%. This is an increase of 0.7 percentage points from the previous year, and is not statistically significant. This measure did not meet the goal of 35%.

CMC

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

Disparity Analysis

Too many unknowns to report.

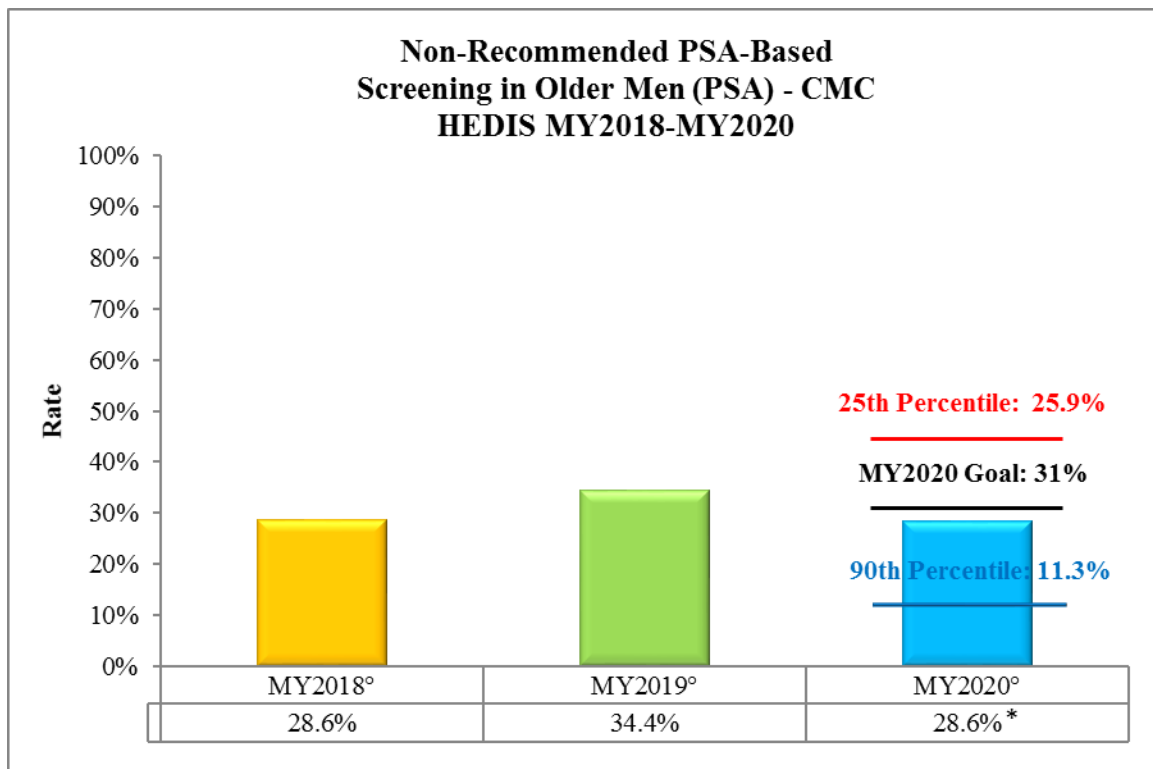
Qualitative Analysis

Avoidance of Antibiotics (AAB) measure has been placed on monitoring status. The workgroup had decided to prioritize efforts during the pandemic year. The Medi-Cal and LACC rates have shown a steady increase year over year.

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

RESULTS

The following graph compares L.A. Care PSA rates for HEDIS MY2018-MY2020 in the CMC product line:



^oInverse measure (lower number better)

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

ANALYSIS

Quantitative Analysis

Please note that for this measure, a lower rate indicates better performance. In MY2020, 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 a statistically significant decrease from the prior year. This met the internal goal of 31% and exceeded that goal by 2.44 percentage points. The measure did not meet the MPL.

Disparity Analysis

Too many unknowns to report.

Qualitative Analysis

There were no specific interventions for this HEDIS Measure. However, this measure demonstrated a rate decrease of 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 MY2020 to ensure that it does not follow an upward trend. If an upward trend is observed, interventions will be discussed to educate eligible members on when screening is recommended. Furthermore, provider interventions will be discussed if deemed necessary.

SUMMARY OF INTERVENTIONS FOR 2020

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	<ul style="list-style-type: none">Members may expect to be prescribed antibiotics when they are feeling sick not knowing that antibiotics does not help the common cold and flu.Providers may find it easier to prescribe antibiotics rather than educate on antibiotics overuse or may not have time to explain the difference between bacterial and viral infections	<ul style="list-style-type: none">There are no known interventions for AAB due to resource prioritization	<ul style="list-style-type: none">Rates improved for Medi-Cal and LACC for HEDIS MY2019.
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	<ul style="list-style-type: none">Members in high disparity regions also received an educational mailer in August 2019. These regions were RCAC 8 and RCAC 9 for BCS.Presentations were made to ECAC committee to educate members about the importance of breast cancer screening. Members stated they were contacted regarding screenings and	<ul style="list-style-type: none">Rates decreased for all lines of business. These rate decreases are most likely due to the COVID-19 pandemic.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> • Fear of the test and the test results • Member confusion with screening guidelines • Members unaware of direct access to imaging centers and that no referral is needed • Providers unsure of screening guidelines and recommendations • Providers are unaware of when a patient is due for services. • Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic. 	<p>shared that they appreciated the reminder call.</p> <ul style="list-style-type: none"> • 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. 	
Cervical Cancer Screening	<ul style="list-style-type: none"> • Lack of knowledge of the test itself. • Fear of the test and the test results. • Doctor insensitivity to invasiveness of the test. • Cultural inhibitions. • Personal modesty/ embarrassment. • 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. • Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic. 	<ul style="list-style-type: none"> • An experiment was conducted in 2020 to determine the efficacy of a letter versus a mailer. Eligible members in RCAC 9 received a letter while eligible members in RCAC 5 received a mailer. Both outreaches reminded eligible members that they were due for a cervical cancer screening. • 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. 	<ul style="list-style-type: none"> • The Medi-Cal and LACC rates decreased. This decrease was likely due to the COVID-19 pandemic.
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 	<ul style="list-style-type: none"> • L.A. Care offers LA P4P to primary care providers to complete chlamydia screenings. 	<ul style="list-style-type: none"> • Medi-Cal and LACC rates decreased. These rate decreases are most likely due to the COVID-19 pandemic.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<p>young members about sexually transmitted diseases and do not understand that there are available tests (i.e., urine test) that are easy to administer.</p> <ul style="list-style-type: none"> • 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. • Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic. 		
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 	<ul style="list-style-type: none"> • In August 2020, an automated reminder call was made to members due for a colorectal cancer screening. This outreach call campaign was shut down after one week due to regulations on outreach to members during the COVID-19 pandemic. • In December 2020, CMC members due for their colorectal cancer screening received an educational mailer discussing different testing options to encourage them to get their screening. • In May 2021, the CMC EAC and ECAC members received an educational presentation on colorectal cancer screenings. Members were engaged with the sessions and stated that they would share what they learned with their communities. • 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 and LACC rates decreased. These rate decreases are likely due to the COVID-19 pandemic.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	administrative data for the COL measure. <ul style="list-style-type: none"> Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic. 		
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 any 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 improved for HEDIS 2021.

LOOKING FORWARD

- L.A. Care plans to continue automated calls and mailers to increase awareness and the importance of cancer screening prevention for breast, cervical and colon cancers.
- L.A. Care is implementing social media campaigns for breast, cervical and colon cancers. A social media campaign for chlamydia screening will also take place.
- L.A. Care is partnering with American Cancer Society in a new Memorandum of Understanding allowing for more collaboration and co-branding on automated calls, mailers, and social media campaigns.
- L.A. Care and American Cancer Society will partner on a series of Instagram videos telling cancer survivor videos and highlighting the importance of preventive screenings.
- L.A. Care will focus more on looking at disparity reports to have targeted interventions based on communities with highest needs – particularly improving breast cancer screening in RCAC 9 (Long Beach).
- L.A. Care is refocusing on improving chlamydia screenings. The Preventive & Chronic Care Workgroup will determine if the YES campaign will continue or be restructured.
- 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.

MY2021 WORK PLAN GOALS:

HEDIS Measure	MY2021 Medi-Cal Goal	MY2021 Cal MediConnect Goal	MY2021 L.A. Care Covered Goal
Breast Cancer Screening (BCS)	54%	65%	68%
Cervical Cancer Screening (CCS)	59%	N/A	51%
Chlamydia Screening (CHL)	70%	N/A	62%
Colorectal Cancer Screening (COL)	N/A	60%	50%

B.4 PERINATAL HEALTH

AUTHOR: JACQUELINE KALAJIAN

REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

BACKGROUND

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 that may lead to potentially serious consequences for both the mother and the baby¹⁹. Rates of infant and maternal mortality, especially in the Black and African American populations are unacceptable and must be addressed. Additionally, not seeking postpartum care including mental health screening can result in the development of health issues post-delivery that could have been identified in early stages if a postpartum visit was completed.

Approximately 50% of L.A. Care's Medi-Cal line of business (LOB) members are assigned 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. This includes the mailing of trimester specific prenatal health education packets, conducting outreach call reminders for timely postpartum care, and aligning with the American College of Obstetricians and Gynecologists guidelines. Medi-Cal prenatal and postpartum care graphs depict aggregate data of L.A. Care and its Plan Partners.

MY2020 WORK PLAN GOALS:

HEDIS Measure	MY2020 Medi-Cal Goal	MY2020 Medi-Cal Rate	MY2020 MCLA Goal	MY2020 MCLA Rate	MY2020 L.A. Care Covered Goal	MY2020 L.A. Care Covered Rate	MY2020 Goal Met/ Not Met
Timeliness of Prenatal Care (PPC)	93%	88.08%	N/A	88.1%	96%	72.99%	Medi-Cal: Not Met MCLA: N/A LACC: Not Met
Postpartum Care (PPC)	77%	76.16%	73%	73.97%	83%	70.10%	Medi-Cal: Not Met MCLA: Met LACC: Not Met

MAJOR ACCOMPLISHMENTS

- L.A. Care's "Healthy Mom" postpartum program, which provides assistance and support to women to schedule their postpartum visit, reached 1,612 women of which 86% completed their postpartum visit in MY2020. The telephonic outreach also includes the coordination of interpreting and translation services for eligible members.
- L.A. Care's Health Education Unit sent out 3,011 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.

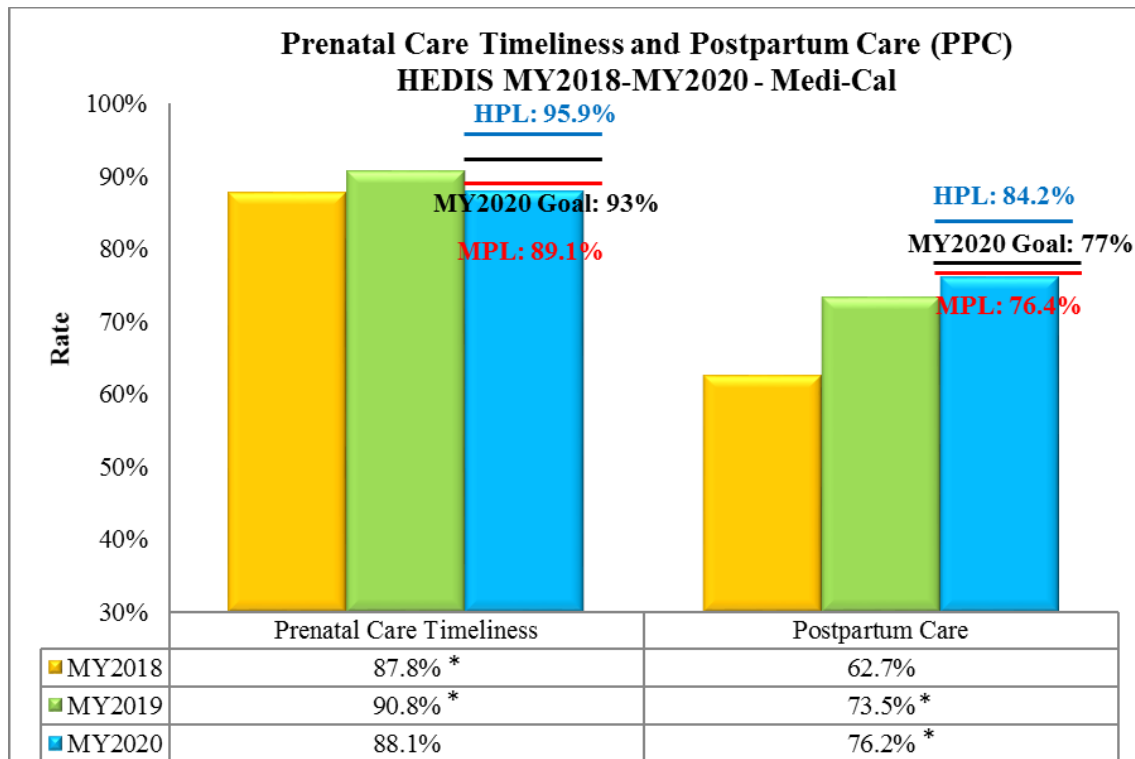
¹⁹ http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html

- L.A. Care launched a High-Risk Pregnancy Health Education Support Program in February of 2021. Since the implementation of the program, 8,408 members identified as having a high-risk pregnancy received a letter informing them about the availability of the *Health in Motion*™ (MyHIM) health and wellness platform, where they can access health education materials, videos, and self-paced workshops.
- In response to COVID-19, L.A. Care launched the Healthy Pregnancy Healthy Heart program which makes a blood pressure monitor and weight scale available to pregnant persons assigned to the Direct Network or Department of Health Services (DHS). The goal of the program is to support transition to telehealth by allowing for remote monitoring and reporting of blood pressure and weight. To date the program has awarded the durable medical equipment to 202 pregnant members and will be evaluated at the end of 2021 to determine if the pilot program should continue.
- L.A. Care contracted with CrowdCircle Inc. dba HealthCrowd Inc. and in December 2021 gained approval to launch prenatal and postpartum text messaging campaigns. The goal of the campaigns are 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.
- During the COVID-19 Stay At Home Order, L.A. Care sent out fax and email blasts to 758 OB/GYNs and family medicine practitioners with the DHCS COVID-19 guidelines about the continuation of prenatal and postpartum care. Additionally, Health Education in collaboration with Communications launched a COVID-19 perinatal health social media campaign, linking members and the community to the California Department of Public Health's website of COVID-19 resources. The social media campaign ran from 5/4/20-7/4/20 on Facebook and Instagram.
- 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 guidelines, community resources, and the Nurse Advice Line.

RESULTS

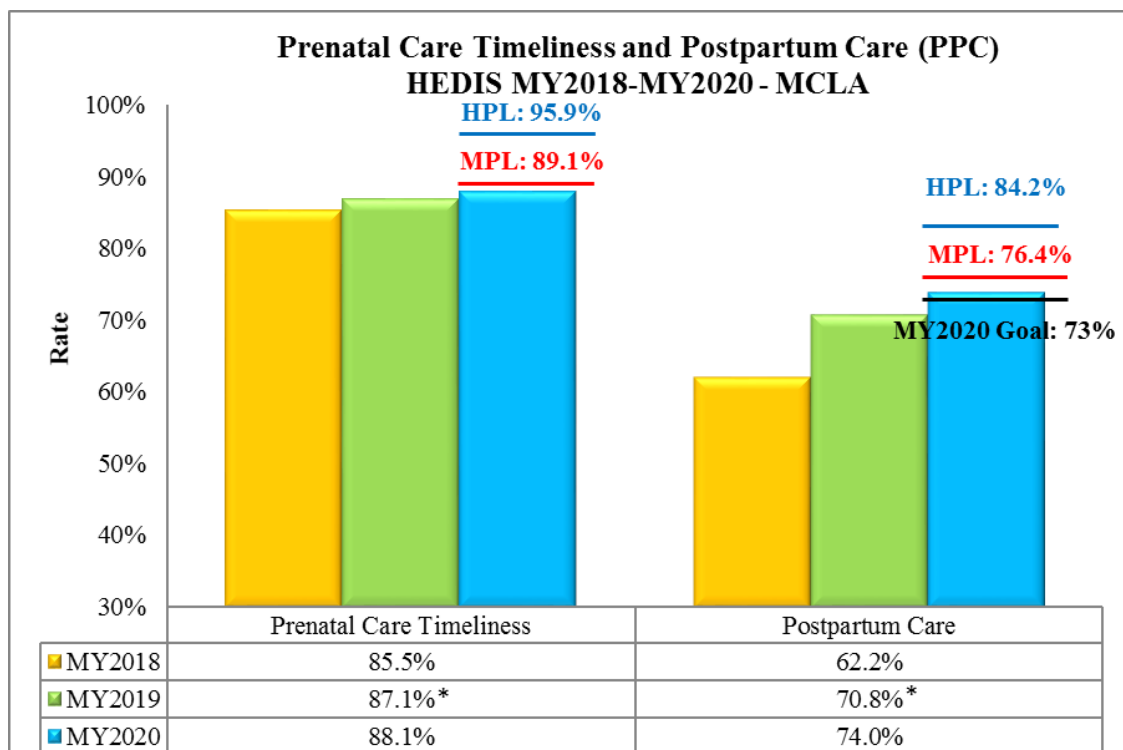
Description of measures:

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

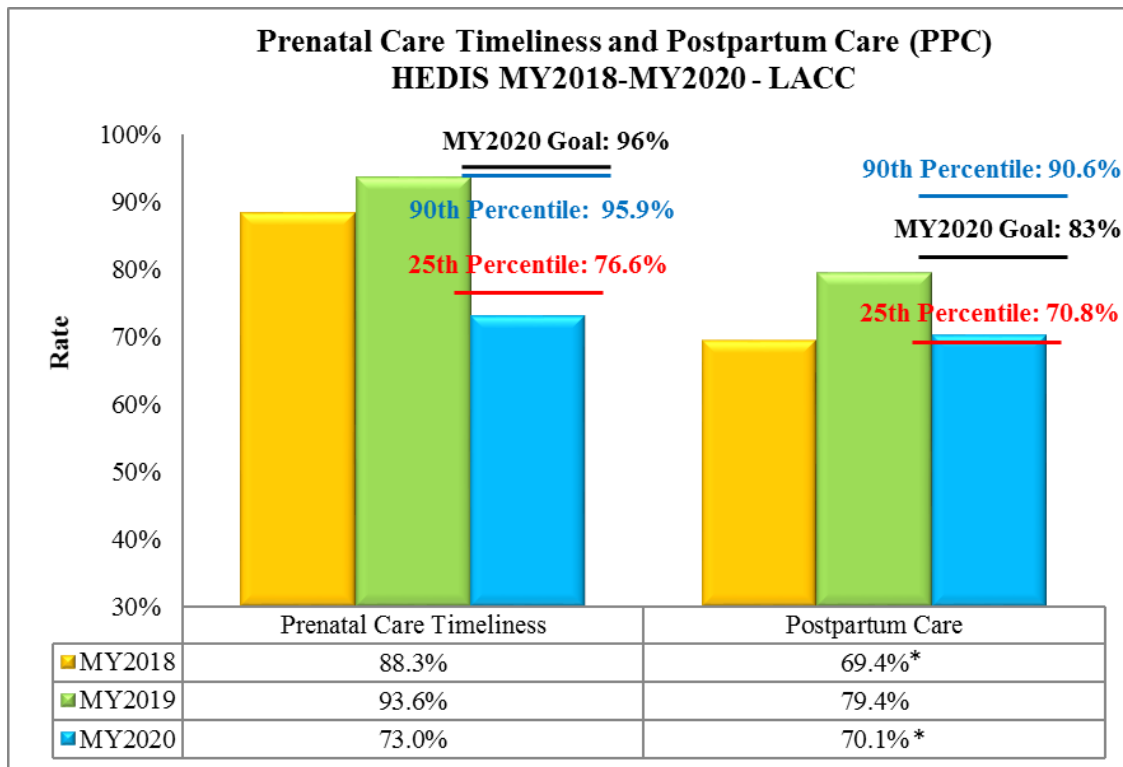


*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)



Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)



*Statistically Significant Difference
Covered California Quality Rating System MY2020 25th and 90th percentiles

PRENATAL CARE

ANALYSIS

Quantitative Analysis

Medi-Cal rates for prenatal care have decreased from HEDIS MY2019 to HEDIS MY2020. The timeliness of prenatal care rate decreased by 2.7 percentage points; from 90.8% in MY2019 to 88.1% in MY2020, and was not statistically significant. The overall decrease is attributed to all Plan Partners (Kaiser, Anthem Blue Cross, and Blue Shield of California Promise) experiencing decreases in the measure, with the exception of L.A. Care's MCLA line of business. Although MCLA's performance (88.13%) is lower when compared to Anthem Blue Cross (93.75%), the prenatal rates for all Plan Partners (Blue Shield of California Promise, Anthem Blue Cross and Kaiser Permanente (83.08%, 93.75% and 85.11% respectively) decreased in MY2020. Despite MCLA's rate increase, the timeliness of prenatal care rate for Medi-Cal did not meet the MY2020 goal of 93% and missed the MPL of the 50th percentile by one percentage point.

LACC rates for prenatal care have also decreased from HEDIS MY2019 to HEDIS MY2020. Although the LACC timeliness of prenatal care rates trended upwards from HEDIS MY2018 to MY2019, the MY2020 rate of 73% was a 20% decrease from the 93.6% reported in MY2019. The decrease was not statistically significant. The LACC rate of 73% fell below the 25th percentile and did not meet the MY2020 goal of 96%.

For the past three years, there has been an upward trend for the MCLA rates for prenatal care, with an overall increase of 2.6%. In the last year there was a 1% increase from 87.1% in MY2019 to in 88.1%

MY2020 points, the increase was not statistically significant. The MCLA rate of 88.1% fell one percentage point below the MPL of 89.1%.

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 MY2020 results indicate that Black/African American women in the Medi-Cal line of business had lower rates of prenatal care (71.12%) than other race/ethnic groups. Additionally, members who indicated Chinese as their spoken language had lower rates (71.76%) of timely prenatal care when compared to English (76.95%) and Spanish (79.76%) language groups. The difference between Spanish and Chinese speakers is statistically significant. The lowest rates of completed prenatal care among LACC's Black/African American, Hispanic, and Asian racial groups were all within one percentage points of one another. Asian women in the LACC line of business had the lowest rate of timely prenatal care (59.38%) when compared to Black/African American (60%) and Hispanic (60.94%) members. There is an almost 6% difference between rates of timely prenatal care between Asian women (59.38%) and White women (65.22%). Members who indicated Spanish as their spoken language had the lowest timely prenatal care rates at 51.85%, when compared to English (62.11%) and Chinese (72.22%) speakers. The difference between Spanish and Chinese speakers is not statistically significant.

Timeliness of Prenatal Care- Medi-Cal

Hybrid	Race/Ethnicity				Spoken Language		
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	English	Spanish	Chinese
Numerator	1,980	10,703	793	1,590	13,486	2,597	122
Denominator	2,784	13,506	1,049	2,068	17,525	3,256	170
Rate	71.12%	79.25%	75.60%	76.89%	76.95%	79.76%	71.76%

Timeliness of Prenatal Care - LACC

Hybrid	Race/Ethnicity				Spoken Language		
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	English	Spanish	Chinese
Numerator	3	39	38	30	159	14	13
Denominator	5	64	64	46	256	27	18
Rate	60%	60.94%	59.38%	65.22%	62.11%	51.85%	72.22%

POSTPARTUM CARE

ANALYSIS

Quantitative Analysis

The Medi-Cal rates for postpartum care have increased from HEDIS MY2019 to HEDIS MY2020. Postpartum care increased by 2.7% percentage points; from 73.5% in MY2019 to 76.2% in MY2020. The increase was statistically significant. The MY2020 rate was less than 1% away from meeting the MPL of the 50th percentile, and the MY2020 goal of 77%. The overall increase is attributed to Anthem Blue Cross, Blue Shield of California Promise and MCLA experiencing increases in the measure. Although there was an increase, MCLA's performance (74%) is lower when compared to Plan Partner Blue Shield of California Promise (66.15%) and Anthem Blue Cross (83.75%). Kaiser was the only Plan Partner to experience a

decrease in rates by 4.6% from 91.8% in 2020 to 87.2% in 2021 Anthem Blue Cross experienced the greatest increase in rate from 78% in 2020 to 83.8%, an increase by 5.73 percentage points. Blue Shield of California Promise also experienced an increase in rate from 61.3% in 2020 to 66.2% in 2021, an increase by 4.86 percentage points. MCLA's rate also increased from 70.8% in 2020 to 74% in 2021, an increase of 3.2 percentage points.

LACC rates for postpartum care decreased from HEDIS MY2019 to HEDIS MY2020. The timeliness of postpartum care rate decreased by 9.3 percentage points; from 79.4% in MY2019 to 70.1% in MY2020. The difference was statistically significant. Although, the LACC postpartum rate was above the 25th percentile rate of 65.8%, it failed to meet the MY2020 goal of 83%.

For the past three years, the MCLA rates for postpartum care have increased. From HEDIS MY2019 to HEDIS MY 2020, the timeliness of postpartum care rate increased by 3.2 percentage points from 70.8% in MY2019 to in 74.0% MY2020. There has been an upward trend starting MY2018 to HEDIS MY2020 and during this time period, an overall increase of 11.8 percentage points has been noted. The increase was not statistically significant. The MCLA rate met the MY2020 goal of 73%, but failed to meet the MPL of 76.4%.

The increase in the HEDIS MY2019 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 Medi-Cal HEDIS MY2020 results indicate that African-American women had lower rates of getting postpartum care (53.92%) than other race/ethnic groups. The difference between the compliance rate of African American members (53.92%) when compared to Asian members (73.12%), which are the highest performing group, is statistically significant. Additionally, members who indicated English as their spoken language had lower rates (63.86%) of timely postpartum care when compared to Spanish (70.64%) and Chinese (75.29%) language groups. The difference between Chinese and English is statistically significant. Similarly, the LACC HEDIS MY2020 results indicate that members who indicated English as their spoken language had lower rates (57.81%) of timely postpartum care when compared to Spanish (62.96%) and Chinese (61.11%) language groups. The difference between the Spanish and English speakers was not statistically significant. However, African-American women had higher rates of getting postpartum care (80%) than Hispanic (54.69%), Asian (53.13%) and White (69.57%) members.

Postpartum Care – Medi-Cal

Hybrid	Race/Ethnicity				Spoken Language		
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	English	Spanish	Chinese
Numerator	1,501	9,084	767	1,359	11,191	2,300	128
Denominator	2,784	13,506	1,049	2,068	17,525	3,256	170
Rate	53.92%	67.26%	73.12%	65.72%	63.86%	70.64%	75.29%

Postpartum Care- LACC

Hybrid	Race/Ethnicity				Spoken Language		
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	English	Spanish	Chinese
Numerator	4	35	34	32	148	17	11
Denominator	5	64	64	46	256	27	18
Rate	80.00%	54.69%	53.13%	69.57%	57.81%	62.96%	61.11%

Qualitative Analysis (Prenatal and Postpartum)

The prenatal and postpartum care rates for all lines of business were directly impacted by the COVID-19 pandemic including; members' safety concerns, confusion around the continuation of perinatal care during the Stay at Home Order, and pauses placed on member outreach calls between 3/18/20-6/1/20 as a result of COVID-19 pandemic and a subsequent pause between 8/12/20-9/15/20 while L.A. Care was seeking clarification from DHCS on its interpretation of Federal Communication Commission's Telephonic Consumer Protection Act (TCPA). The two pauses on the Healthy Mom outreach calls limited the Health Education Advocate's ability to successfully educate members about the importance of a postpartum visit and assist with appointment scheduling. To that end, L.A. Care experienced a decrease in prenatal care rates for the Medi-Cal and LACC lines of businesses and a decrease in postpartum rates for the LACC line of business. The decrease in the prenatal rate for the Medi-Cal and LACC lines of business could also be attributed to limitations in the timely identification of prenatal members. Currently L.A. Care is only able to capture prenatal data through the monthly 834 eligibility file, which is limited to newly enrolled MCLA members. Without timely identification of pregnant members, L.A. Care is unable to provide education about prenatal care through the Healthy Pregnancy program.

Additionally, the rate decrease, 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. The prenatal rates for MCLA and post-partum rates for MCLA and Medi-Cal 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 2019 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. Additionally the inclusion of a C-section wound check as a qualifying postpartum appointment is also contributing to the increase in rates.

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. Despite the overall increase in Medi-Cal and MCLA postpartum rates, issues such as member's perception of insignificance of the postpartum visits (particularly for multiparous women), transportation, and child care issues serve as barriers for women to complete the appropriate postpartum visits. Appointment availability may affect this measure as well.

In addressing perceived member barriers for prenatal and postpartum care, L.A. Care distributed several educational materials to members, notified providers of members needing these services and contacted postpartum women. In HEDIS MY2020, 3,011 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.

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

LOOKING FORWARD:

- L.A. Care submitted a Plan Do Study Act (PDSA) document to DHCS for the PPC prenatal measure based on its HEDIS 2021 performance. The PDSA intervention focuses on adding several prenatal identification sources to the monthly prenatal report. The projected increase in volume will result in increased reach of pregnant members and their participation in resultant interventions.
- L.A. Care anticipates that the 2022 roll out of the Medi-Cal doula benefit will improve the prenatal and postpartum care rates for the Medi-Cal and MCLA lines of business. In the meantime, L.A. Care will continue to promote the L.A. County Department of Public Health's African American Infant and Maternal Mortality (AAIMM) doula services to members and providers.
- L.A. Care is participating in a national effort to establish and maintain the role of midwives in the birthing process.
- In response to the national and county-wide increase in sexually transmitted infections among pregnant people, L.A. Care will begin to identify and track members who screen positive for chlamydia or syphilis during a prenatal care appointment. The early detection and treatment of prenatal syphilis and chlamydia during scheduled prenatal care appointments can prevent negative birth outcomes and health complications for the birthing individual and newborn.

MY2021 WORK PLAN GOALS:

HEDIS Measure	MY2021 Medi-Cal Goal	MY2021 MCLA Goal	MY2021 L.A. Care Covered Goal
Timeliness of Prenatal Care (PPC)	90%	N/A	80%
Postpartum Care (PPC)	80%	N/A	75%
Timeliness of Prenatal Care among Black/African American Members	N/A	70%	N/A

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

In 2017, Essential (Primary) Hypertension was the highest outpatient diagnosis for CMC members, so the program expanded to include Cal MediConnect (CMC) as well as L.A. Care Covered (LACC) members. Across all metrics, significant health disparities exist in the prevalence and risk for HTN. The highest rates are among the African-American population and this group has the highest risk for adverse outcomes from HTN. This population is up to two times more likely to develop high blood pressure by age 55 compared to whites, with many of these differences developing before age 30. (AHA 8/2019). Stroke risk is two-fold greater and end stage renal disease (ESRD) is five times as common. CVD was estimated to explain over one third of the mortality difference between black and white men (CDC).

For CY2021, in recognition of the information above and in alignment with enterprise goals to address healthcare disparity, the disease management program was redesigned through a close collaboration with the Medical Director of Care Management. The new program was intended to provide a more focused set of interventions for a smaller population with the hope that the focus would drive higher positive impact. More specifically, the program shifted from addressing CVD in the overall membership to only addressing hypertension in African-American members.

2021 PROGRAM GOALS:

The redesigned CVD program to address hypertension in African-American members was developed as a pilot with the intention of growing in scope over time after exploring effective interventions. The program was implemented in 1/2021 and had the following stated objectives:

1. Promote recording of blood pressure through home monitoring
2. Identify self-management goals for control of HTN
3. Provide members with education on healthy heart/lifestyle changes
4. Improve member engagement with PCP regarding CVD diagnoses

As a pilot program, the new CVD program lacked solid baseline benchmarks for comparison and concrete measures were not established at the onset. The preliminary goal as outlined was the establishment of trust and engagement with a steady number of participants in the program. The blood pressure of the participants would be assessed at different points in the pilot with the goal that the readings would improve over time through education and program interventions.

On a monthly basis, members with HTN are assessed for appropriateness to participate in the CVD program. Identification is based on ICD-10 codes, members' medical utilization, pharmacy claims, and lab data (when available). Identified members received a mailed invitation to join the program with the information below:

- How they were identified
- Explanation of the CVD program
- Invitation to join & how to self-refer to the CVD program (opt-in)
- How to access services
- CVD booklet

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

INTERVENTIONS

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

Enrolled Members

Members who have opted in to the CVD program will receive disease management interventions to include; telephonic outreach, health education coaching and materials as well as other resources and information to encourage them to communicate with their provider about their health conditions and treatment. They may opt-out at any time by telephone or in writing. The program will include:

- Condition monitoring outreach by a Care Management Specialist
 - At least monthly with increased outreach based upon the member's care needs relative to their disease state
 - A Care Management specialist will work with the member to tailor an individualized disease management care plan to the members needs and preferences

- Educational materials covering heart health management (both print and website accessible resources)
- Options for obtaining a Blood Pressure Cuff
- Access to the L.A. Cares About Your Heart Resource Line (855-707-7852, TTY/TTD 711)

Primary interventions for the CY2021 CVD pilot included the following:

1. Blood Pressure Monitoring

Home blood pressure management (HBPM) has been shown in conjunction with other interventions to reduce blood pressure at six months and at one year. Ambulatory blood pressure monitoring devices will be made available with appropriate education to members so they are able to accurately measure their blood pressures and record the readings.

- Facilitation of obtaining BP monitoring cuffs
- Educate members on how to use the blood pressure cuffs
- Educate members on the importance of keeping a blood pressure log and how to properly log readings
- Educate the member on the importance of sharing their results with their PCP regularly

2. Lifestyle Modifications

Modifiable risk factors for members such as obesity, tobacco use, and poor diet will be addressed and review of educational materials and referrals will be provided and documented in a care plan within the system of record. The main lifestyle modifications that members will be educated on are:

- Maintaining normal body weight – minimize weight gain through self-monitoring, physical activity and balancing calories (CDC.gov); obesity is a risk factor for HTN, stroke, coronary artery disease.
- DASH (Dietary Approaches to Stop HTN) eating plan – eating plan proven approach to lower blood pressure through validated studies
- Physical activity – current Health and Human Services (health.gov) guidelines call for 150 minutes of physical activity per week
- Limit consumption of alcohol (AHA) – limit alcohol consumption (2 drinks for men, 1 for women)
- Education on emergent complications of HTN
- Refer members to health education and fitness classes at L.A. Care's Community Resource Center (CRC)
- Referrals to L.A. Care dietician

3. Education on Medication Access and Adherence

Medication review will be performed to identify medications the member needs to be educated on. These will be documented within the system of record to track adherence and progress. The main points of this exercise are:

- Identifying hypertensive medication (medication review)
- Assessing if the member understands his/her medications and is compliant (education)
- Ensuring the member knows what to do if the medication is missed

ADDRESSING BARRIERS

1. Disease Management Assessments

Health Behaviors

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

Social Determinants of Health

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

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

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

2. Culturally Appropriate Materials

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

KEY PERFORMANCE INDICATORS

Participation Rate

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

Number of Members Willing to Enroll in CVD Program	Number of Members Outreached for CVD Program	Participation Rate
48	4765	1%

The unexpectedly low enrollment rate was a barrier to the success of the program in its launch year. Batches of letters with information regarding the program and invitation to participate were mailed out each month

to potentially eligible members. Over the course of nearly the entire year, monthly response rates were near zero. In the fourth quarter, the program explored more telephonic outreach directly to members and that resulted in higher rates of enrollment. However, challenges with assisting members to receive blood pressure monitors, further described in the next section, halted further telephonic outreach efforts until that barrier could be resolved.

Measuring Effectiveness

The proposed performance measure is:

- Controlling Blood Pressure (CBP)

L.A. Care intended to track and analyze the performance measure through comparisons of the blood pressure monitor readings in participating members. Upon assisting the member with receiving a blood pressure monitor, the baseline average reading was to be recorded. Subsequent readings by the participating member were to be recorded and compared against the baseline reading as well as analyzed for trending patterns. The readings were to include through to member graduation from the program with a subsequent series of post-graduation readings for comparison of post-program adhesion.

This performance measure failed to be viable during CY2021 due to two primary developments: (1) unexpectedly low rates of enrollment as previously described, and (2) challenges in assisting enrolling members to receive a blood pressure monitor. For a significant part of the year, there were almost no participants in the program despite a steady mail outreach. The majority of the participants were all engaged near the end of the year when direct telephonic outreach was implemented. Insufficient time has lapsed for those members to have fully completed the intake process into the program, receive a blood pressure monitor, and prepare baseline readings. More importantly, a process that was defined at the beginning of the pilot to directly deliver blood pressure monitors to participants proved to be ineffective, causing significant delays instead. Due to a lack of supplies as well as an internal miscommunication as to how the blood pressure monitors were to be delivered to the members, members willing to enroll in the program were not receiving their blood pressure monitors for long periods of time. The availability and regular use of a blood pressure monitor is a core component of the pilot. This delay consequently made it so that blood pressure readings were not available for tracking and meaningfully sidelined the overall program.

Average Participant BPM Readings							
Baseline SBP	Baseline DBP	Change in SBP: Period 1	Change in DBP: Period 1	Change in SBP: Period 2	Change in DBP: Period 2	Graduation SBP	Graduation DBP
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subsequent coordination with Quality Improvement has allowed access to a confirmed supply of blood pressure monitors for participants in CY2022 that should fully address the inability to gather blood pressure readings.

Member Satisfaction

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

Complaints

No complaints reported, likely due to the small size and limited scope of the program so far.

LOOKING FORWARD - 2022

- L.A. Care will be addressing the shortfalls of the pilot implementation in CY2021 and expanding the scope of the CVD program in collaboration with the Quality Improvement and Health Equity. Anticipated changes include:
 - Partnership with specific clinics and providers serving L.A. Care's African-American members
 - Additional resources such as Health Educators
 - Streamlined distribution of blood pressure monitors
 - Direct outreach to members to encourage participation in the program
- Improve provider outreach and engagement related to CVD
- Update the Member and Provider Portals to reflect the new CVD DM program goals

2022 PROGRAM GOALS:

- **Controlling High Blood Pressure 1:**
At least 60% of adult African-American CMC members eligible for and participated in the CVD program will report average SBP and/or DBP that decreased by >10 mm Hg over the course of the program during the measurement year.
- **Controlling High Blood Pressure 2:**
At least 40% of adult African-American CMC members eligible for and participated in the CVD program will report average BP that is adequately controlled (<140/90) by their graduation from the program during the measurement year.

C.1.b ASTHMA MANAGEMENT

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REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

BACKGROUND

Asthma is one of the most prevalent chronic conditions in the US, with roughly 25 million Americans living with it.²⁰ Specifically, there are roughly one million people living with Asthma in Los Angeles County, 118,769 of whom are L.A. Care members. Asthma can be treated with two groups of medication: controllers and relievers. Controller medication is recommended to be taken regularly as it works slowly over a long period of time. On the other hand, reliever medication is recommended to be taken upon acute symptom onset (such as an asthma attack) and works quickly.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.

²⁰ Medication for people with asthma. (2017, November 30). Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK279519/>

MY2020 WORK PLAN GOALS:

Measure	MY2020 Rates	MY2020 Goals	MY2020 Goals Met/ Not Met
Asthma Medication Ratio (AMR)	Medi-Cal: 62.27% LACC: 72.93%	Medi-Cal: 58% LACC: 74%	Medi-Cal: Met LACC: Not Met

MAJOR ACCOMPLISHMENTS

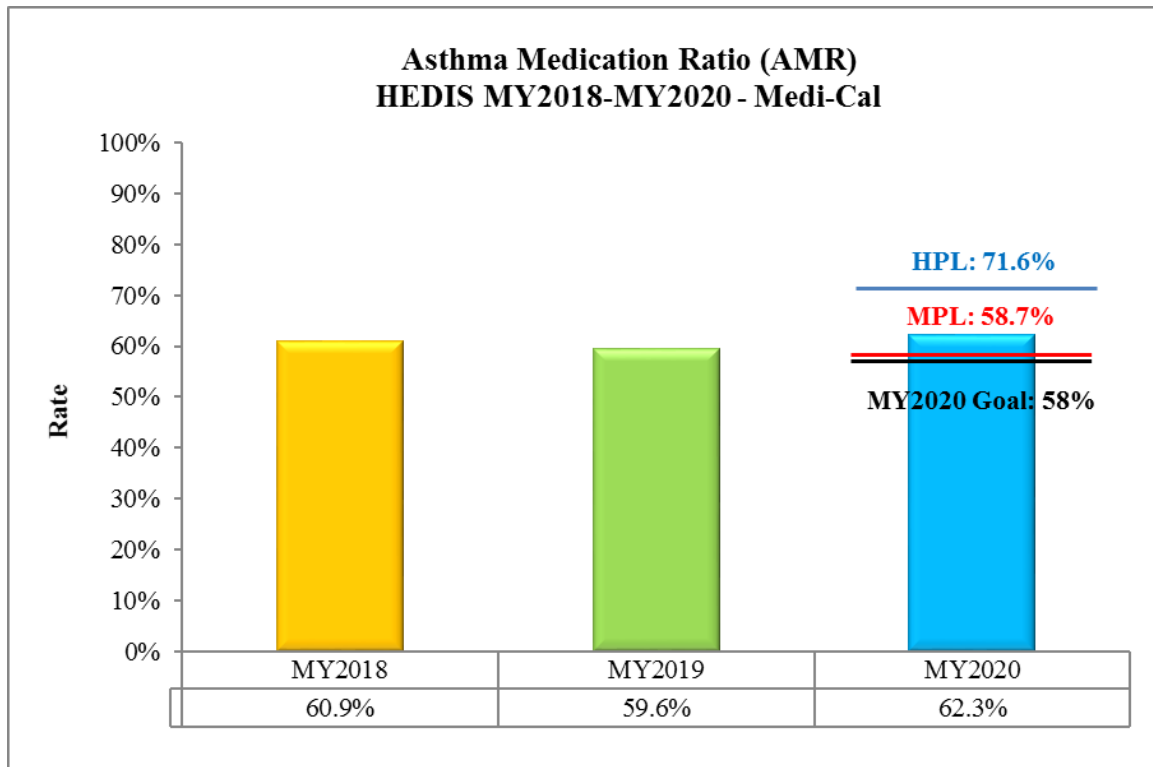
- The measure rate for Asthma surpassed its MY2020 goal for Medi-Cal line of business.
- A packet containing an introduction letter, magnetic postcards, medication stickers, instructional handouts (for stickers), and health education handouts were sent to 6276 L.A. Care's Direct line of business members identified with persistent asthma on November 4, 2020.
 - The magnets serve as reminders for those with persistent asthma to take their controller medication, and the red and green stickers help members differentiate controllers and relievers (suggesting the use of green controller medication as opposed to red rescue medicine). The instructional handouts explain how to label medication and emphasize the importance of medication.
- Additionally, Provider Opportunity Reports (PORs) starting from July 2020 were distributed to low performing providers based on key HEDIS measures including Asthma Medication Ratio scores. The objective was to highlight accomplishments, while also bringing awareness to areas of improvement. In order to facilitate service gap closures using key metrics, sites were first called, followed by a detailed report through fax, mail, or e-mail.

DESCRIPTION OF MEASURES

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

RESULTS

The following graph compares L.A. Care AMR rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

Quantitative Analysis

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

- Asthma Medication Ratio (AMR) rate was 62.3%. This was a 2.7% increase from the MY 2019 rate of 59.6%, and was not statistically significant. The MY2020 rate met its goal of 58.0% and surpassed the Minimum Performance Level of 58.7%, but was under the High Performance Level of 71.6%

Disparity Analysis

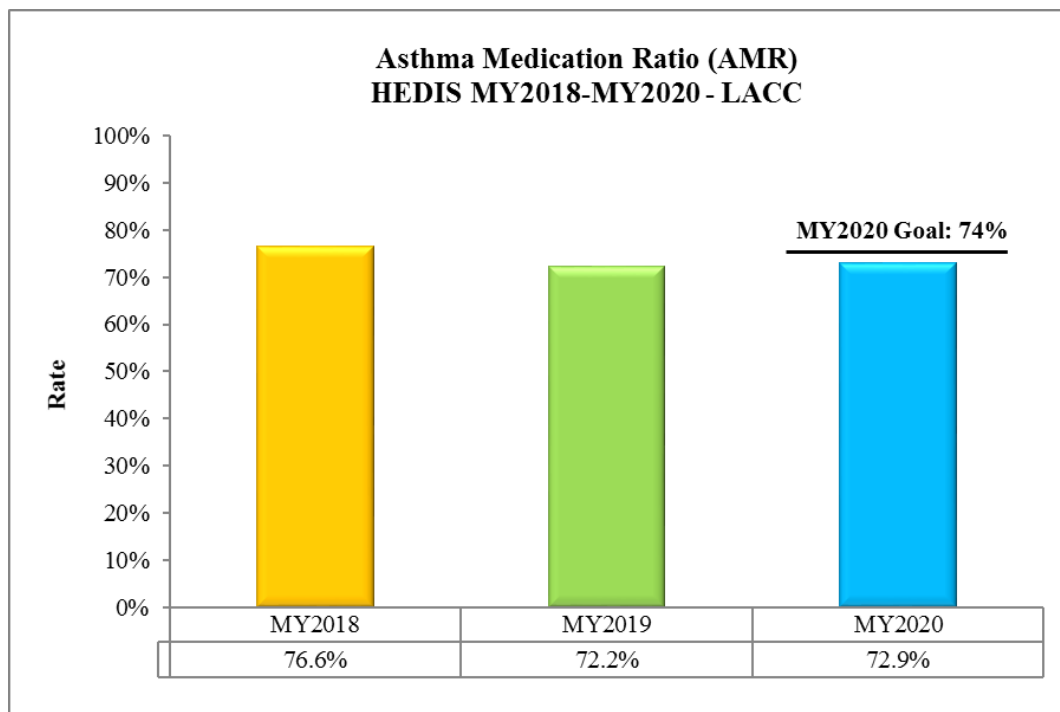
AMR - Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1,931	7,175	770	1,386	16	567	8,119	3,550	79	305
Denominator	3419	11,045	1,111	2,486	30	921	13,332	5,294	109	616
Rate	56.48	64.96%	69.31%	55.75%	53.33%	61.56%	60.90%	67.06%	72.48%	49.51%

For Race/Ethnicity of the Medi-Cal Asthma Medication ratio, the highest rate was among Asian members (69.31%) and the lowest rate was among White members (55.75%) and this was statistically significant. For Language, the highest rate was among Chinese speakers (72.48%) and the lowest rate was among English speakers (60.90%), and was statistically significant. A possible reason that members classified as White may have the lowest rates is the frequent inclusion of Hispanic/Latinx members in the White category. Based on this analysis, the Initiatives team will ensure that all Asthma calls including Eliza robocall outreach in the future will continue to be conducted in English and Spanish. Furthermore, in 2022, the Preventive and Chronic Care Work Group is planning to address disparity among members by gathering community feedback on all asthma controller usage mailer, postcard and member outreach.

RESULTS

The following graph compares L.A. Care AMR rates for HEDIS MY2018-MY2020 in the LACC product line:



Quantitative Analysis

- Asthma Medication Ratio (AMR) rate was 72.9%. This was a 0.7% increase from the MY2019 rate of 72.2%, and was not statistically significant. The MY2020 rate did not meet its goal of 74.0%.

AMR - LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	12	33	26	74	-	48	195	50	5	6
Denominator	20	47	29	89	-	76	270	68	5	8
Rate	60.00%	70.21%	89.66%	83.15%	-	63.16%	72.22%	73.53%	100%	75.00%

For Race/Ethnicity of the LACC Asthma Medication ratio, the highest rate was among White members (83.15%) and the lowest rate was among Hispanic members (70.21%) and this was statistically significant. For Language, the highest rate was among Spanish speakers (73.53%) and the lowest rate was among English speakers (72.22%), and was statistically significant. Based on this analysis, the Initiatives team will ensure that all Asthma call campaigns such as the HMS-Eliza outreach in the future will continue to be conducted in numerous Languages. Furthermore, in 2022, the Preventive and Chronic Care Work Group is planning to address disparity among members by gathering community feedback on all asthma mailers, postcards and outreach.

Qualitative Analysis

The AMR goal for MY2020 was met for Medi-Cal and the rate increased from previous year. The AMR Performance Improvement Project (PIP) to target disparities and increase controller medication usage was discontinued after Module 2 due to the onset of the Coronavirus pandemic and therefore no PIP interventions were conducted. A possible reason for rate increase may be reduced exposure to external environmental triggers for asthma such as smog, pollution, and smoke as many members remained indoors during the pandemic.

The goal for LACC was not met in MY2020 possibly due to delayed outreach to members due to the Coronavirus pandemic. L.A. Care contracted with Health Management Services (HMS) Eliza to conduct a large scale phone outreach campaign. The campaign was slated to launch in summer of 2020 but was delayed due to changes in the Telephone Consumer Protection Act (TCPA). L.A. Care team had to make significant changes to the call scripts and obtain permission to proceed from legal and regulatory channels. Ultimately, the campaign was launched in Quarter 2 of 2021 and for asthma, out of the 1194 eligible members, 362 members were successfully reached (began listening to the call).

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

During Joint PICC/PQC meetings with L.A. Care staff and network Providers, Providers 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.

INTERVENTIONS

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Asthma Medication Ratio (AMR)	<ul style="list-style-type: none"> • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Lack of knowledge regarding usage of controllers versus reliever usage. • COVID-19 pandemic preventing members from visiting Provider offices. • Providers not adhering to clinical practice guidelines • 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. • 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 	<ul style="list-style-type: none"> • L.A. Care's Care Managers provide multiple educational materials on an ongoing basis regarding asthma, allergies, flu shots, and annual preventative guidelines including mailings and a booklet that addresses asthma and allergy triggers, medications, reminders and care plan and goals. These are developed for members with persistent asthma and discussed during monitoring calls. • To address barriers around the lack of knowledge of controllers versus relievers, 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. • In April 2021, L.A. Care and a third party vendor 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 	<ul style="list-style-type: none"> • The Asthma packet with magnets and instructional handouts was deemed effective based on an evaluation of member controller fills.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<p>help members with their medication compliance</p> <ul style="list-style-type: none"> • Low practitioner adherence to clinical practice guidelines. • Lack of patient education regarding asthma care, self-management, and decreased medication compliance. 	<p>members. The calls were made to 1187 members with asthma.</p> <ul style="list-style-type: none"> • 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 ongoing barriers of practitioner adherence to clinical practice guidelines L.A. Care's Care Management team 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. • 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. 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. 	

MY2021 WORK PLAN GOALS:

Measures	MY2021 Medi-Cal Goal	MY2021 LACC Goal
Asthma Medication Ratio (AMR)	64%	75%

C.1.c DIABETES MANAGEMENT

BACKGROUND

According to the Centers for Disease Control and Prevention, there are 34.2 million people (roughly 10% of the population) living with Diabetes in the US.²¹ About 700,000 people living with Diabetes reside specifically in L.A. County and roughly 200,000 are L.A. Care members. Additionally, there are 88 million adults diagnosed as pre-diabetic, and a large portion of this group is unaware that they are pre-diabetic.

MY2020 WORK PLAN GOALS:

Measure	MY2020 Hybrid Rates	MY2020 Goal (Hybrid)	MY2020 Goals Met/ Not Met
Hemoglobin A1c screening (HbA1c)	Medi-Cal: 77.13% LACC: N/A CMC: N/A	Medi-Cal: 93%	Medi-Cal: Not Met
A1c good control (< 8%)	Medi-Cal: 46.72% LACC: 52.20% CMC: 60.71%	Medi-Cal: 52% LACC: 63% CMC: 64%	Medi-Cal: Not Met LACC: Not Met CMC: Not Met
A1c poor control (> 9%)*	Medi-Cal: 45.01% CMC: 28.57%	Medi-Cal: 34% CMC: 23%	Medi-Cal: Not Met CMC: Not Met
Retinal eye exam	Medi-Cal: 46.47% LACC: 44.63% CMC: 71.68%	Medi-Cal: 70% LACC: 57% CMC: 80%	Medi-Cal: Not Met LACC: Not Met CMC: Not Met
Blood Pressure Control (<140/90 mm HG)	Medi-Cal: 59.12% CMC: 58.67%	Medi-Cal: 77% CMC: 70%	Medi-Cal: Not Met CMC: Not Met
Medical Attention for Nephropathy	LACC: 90.95% CMC: 95.66%	LACC: 96% CMC: 99%	LACC: Not Met CMC: Not Met

*Lower rate indicates better performance

MAJOR ACCOMPLISHMENTS

- In May 2020, L.A. Care conducted a diabetes social media post to provide resources for healthy foods and general community resources. The social media post also focused on sheltering in place during the Coronavirus pandemic with chronic conditions.

DESCRIPTION OF MEASURES

HEDIS Measures Comprehensive Diabetes Care (CDC)	Specific Indicators	Measure Type
Hemoglobin A1c screening – (CDC A1c)	Percentage of eligible members 18-75 years of age with diabetes (type 1 and type 2) who had A1c testing.	Hybrid
A1c good control (CDC < 8%)	Percentage of eligible members 18-75 years of age with diabetes (type 1 and type 2) who had A1c control (<8.0%).	Hybrid

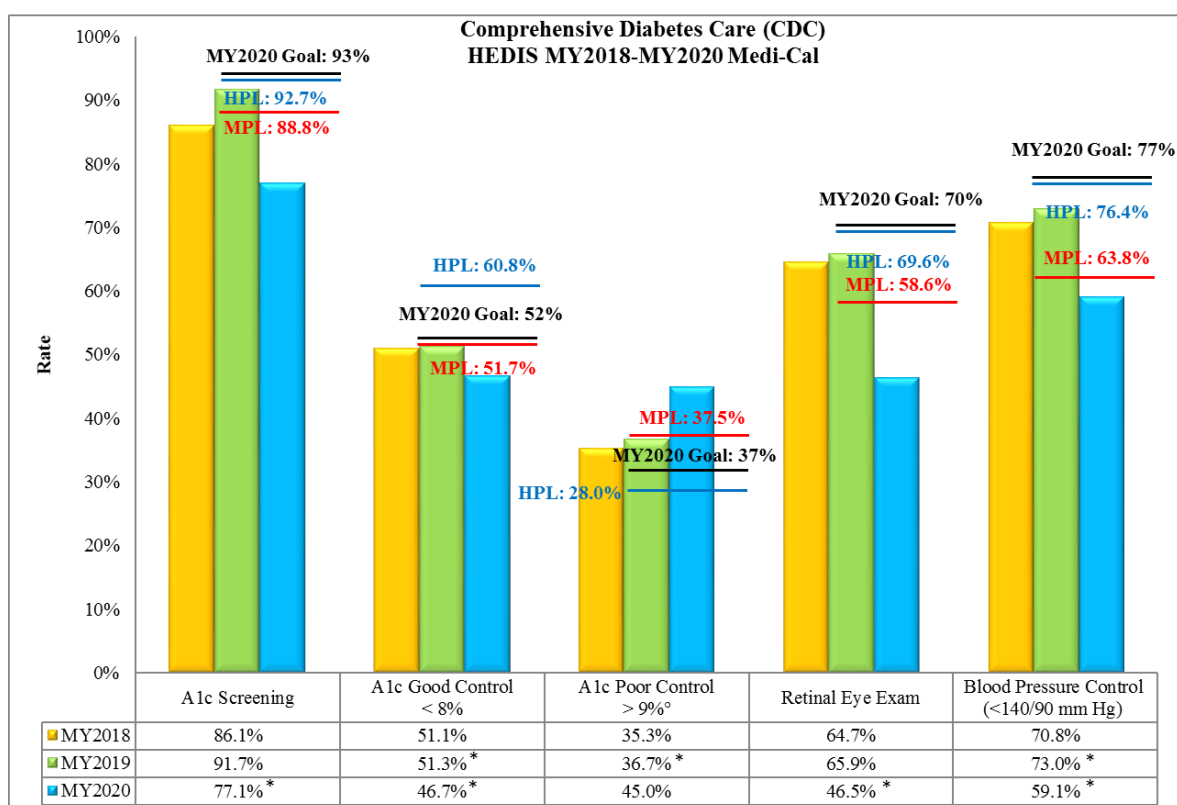
²¹ Center for Disease Control and Prevention (CDC) statistics, 2020. <https://www.cdc.gov/diabetes/data/index.html>.

HEDIS Measures Comprehensive Diabetes Care (CDC)	Specific Indicators	Measure Type
A1c poor control (CDC > 9%)*	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had A1c poor control (>9.0%)	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.	Hybrid
Blood Pressure Control (<140/90 mm Hg)	Percentage of members 18-75 years of age most recent BP level is <140/90 mm Hg	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.	Hybrid

RESULTS

The following graphs compare L.A. Care CDC rates for HEDIS MY2018-MY2020 among the different product lines:

Medi-Cal



*Statistically Significant Difference

•Inverse measure (lower number better)

- Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

Quantitative Analysis

Analysis of MY2020 Hybrid L.A. Care Medi-Cal results:

- Diabetes A1c screening rate of 77.1% was a 14.6 percentage point decrease from the MY2019 rate of 91.7%; this was a statistically significant difference. The MY2020 goal of 93% was not met and fell short of the Minimum Performance Level and High Performance Level of 88.8% and 92.7%, respectively.
- For A1c good control (<8%), MY2020 the rate was 46.7%. This was a 4.6 percent decrease from MY2019 rate of 51.3%. The MY2020 rate did not meet its goal of 37% and was higher than the Minimum Performance Level and High Performance Level of 37.5% and 28.0%, respectively. The difference between MY2019 and MY2020 was statistically significant.
- Diabetes A1c poor control > 9% is an inverse measure (lower rates are better) and the rate for MY 2020 was 45.0%. The MY 2020 rate increased by 8.3% from the MY 2019 rate of 36.7%. The MY2020 rate is also above the HEDIS measure goal of 37% and higher than the Minimum Performance Level and High Performance Level of 37.5% and 28.0%, respectively. The difference between MY2019 and MY2020 was not statistically significant.
- Retinal eye exam rate for MY 2020 was 46.5%. This is a 19.4% decrease from MY 2019 of 65.9%. The MY2020 rate did not meet its goal of 70% and fell short of the Minimum Performance Level and High Performance Level of 58.6% and 69.6%, respectively.. The difference between MY2019 and MY2020 was statistically significant.
- Blood Pressure Control (140/90 mm Hg) rate for MY2020 was 59.1%. The rate is 13.9% decrease from MY2019 of 73.0%. The MY2020 rate did not meet its goal of 77% and fell short of the Minimum Performance Level and High Performance Level of 63.8% and 76.4%, respectively. The difference between MY2019 and MY2020 was statistically significant.

Disparity Analysis

A1c Screening - Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	9,860	45,870	8,949	6,495	153	4,320	42,878	30,891	1,414	4986
Denominator	13,977	59,418	11,299	9,248	194	5,659	59,637	38,,179	1833	6,,040
Rate	70.54	77.20	79.20%	70.23%	78.87%	74.75%	71.90%	80.91%	77.14%	82.55%

For Race/Ethnicity of the Medi-Cal A1c Screening, the highest rate was among Asian members (79.20%) and the lowest rate was among White members (70.23%) and this was statistically significant. For Language, the highest rate was among Spanish speakers (80.91%) and the lowest rate was among English speakers (71.90%), and was statistically significant.

CDC <8 - Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	4,274	20,686	-	5,074	-	2,097	-	14,661	-	3,159
Denominator	13,977	59,418	-	13,316	-	5,659	-	38,179	-	6,040
Rate	30.58%	34.81%	-	38.10%	-	37.06%	-	38.40%	-	52.30%

For Race/Ethnicity of the Medi-Cal A1c <8, the highest rate was among White members (38.10%) and the lowest rate was among Black/African American members (30.58%) and this was statistically significant. For Language, there was not enough information for statistical analysis.

CDC >9 - Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	9,111	34,250	4,997	7,373	116	3,209	36634	20,,298	723	22,352
Denominator	13,977	59,418	11,299	13,316	194	5,659	59,637	38,179	1,833	6,040
Rate	65.19%%	57.64%	44.23%	55.37%	59.79%	56.71%	61.43%	53.17%	39.44%	38.94%

For Race/Ethnicity of the Medi-Cal A1c >9, the highest rate was among Black/African American members (65.19%) and the lowest rate was among Asian members (44.23%) and this was statistically significant. For Language, the lowest was Chinese (39.44%) and the greatest was English (61.43%), and was statistically significant.

Retinal Eye Exam - Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	4,705	26,492	5,401	4,985	75	2,365	22,301	18,818	906	2,868
Denominator	13,977	59,418	11,299	13,316	194	5,659	59,637	38,179	1,833	6,040
Rate	33.66%	44.59%	47.80%	37.44%	38.66%	41.79%	37.39%	49.28	49.43%	47.48

For Race/Ethnicity of the Medi-Cal Retinal Eye Exam, the highest rate was among Asian members (47.80%) and the lowest rate was among Black/African American members (33.66%) and this was statistically significant. For Language, the highest rate was Chinese (49.43%) and the lowest was English (37.39%) and the difference was statistically significant.

Blood Pressure Control - Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	3,475	18,134	3,020	3,231	56	1,485	15,592	12,400	519	1,403
Denominator	13,977	59,418	11,299	13,316	194	5,659	59,637	38,179	1,833	6,040
Rate	24.86%	30.52%	26.73%	24.26%	28.87%	26.24	26.14%	32.48%	28.31%	23.23%

For Race/Ethnicity of the Medi-Cal Blood Pressure Control, the highest rate was among Hispanic members (30.52%) and the lowest rate was among White members (24.26%) and this was statistically significant. For Language, the highest rate was Spanish (32.48%) and lowest was English (26.14%), a statistically significant difference. Given the analysis, all blood pressure interventions such as Eliza robocalls will be offered in numerous Languages and to members in all Service Planning Areas (SPAs). The initiatives team has also secured roughly 200 blood pressure cuffs that will be distributed to members with comorbidities, in underserved areas in Quarter 1 of 2022.

Based on the race/ethnicity analysis for Diabetes, the Initiatives team has launched a Performance Improvement Project (PIP) to serve African American members which aims to reduce the amount of members with A1c greater than 9 in underserved Service Planning Areas (SPAs) throughout Los Angeles County. Members will receive personalized outreach through phone calls and mailers by trained dietitians for education on medication management, healthy lifestyle, and local resources. Outreach materials have been field tested and approved through the use of community advisory boards.

The Quality Improvement team is tasked by Covered California to identify and address a disparity in the HEDIS measure Comprehensive Diabetes Care <8%. The Quality Improvement Project will focus on Black or African American (BAA) Covered CA members; American Indian Alaska Native (AIAN) Covered CA members (AIAN population will not be included in statistical analysis due to small population size). LACC members will be provided education and resources considering affordability and community barriers to improve A1c rates.

Qualitative Analysis

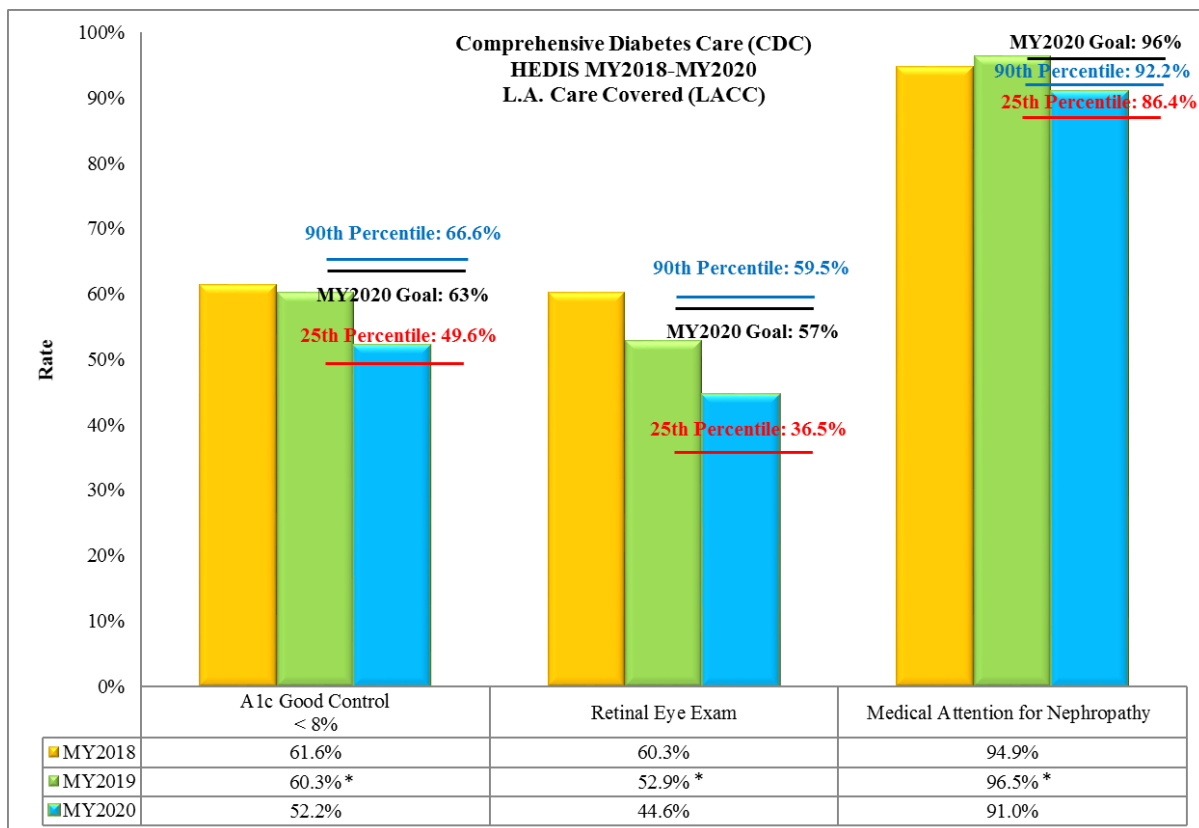
Performance dropped for all Diabetes submeasures. Diabetes testing, and A1c control submeasures decreased in performance therefore decreasing the overall Diabetes control measure. An initial barrier analysis highlighted various barriers for members and providers. For members, there may have been reduced testing due to concerns of visiting providers during the COVID-19 pandemic, therefore increasing the number of members that appear non-compliant for submeasures. COVID-19 also disproportionately impacts members of certain ethnic communities and those of low socio-economic status, further exacerbating disparities. For several diabetes submeasures, Black/African American and Hispanic members are among the lowest rates, therefore targeted projects towards this community are in development.

For providers, proper data coding was an issue that may be causing them not to receive credit for the work they are conducting. Future interventions will aim to give providers updated coding guidelines and resources. Members have faced barriers to visit their providers and often do not have the equipment for telehealth visits. Future interventions are geared towards ensuring that members have proper equipment such as digital glucometers at home. Members have also expressed difficulty with consistent healthy habits

to combat long term conditions, therefore future interventions will suggest a wider array of healthier food alternatives, medication reminders, and exercise options among other recommendations.

In order to increase diabetes control among all lines of business, L.A. Care contracted with Health Management Services (HMS) Eliza to conduct a large scale phone outreach campaign. The campaign was slated to launch in summer of 2020 but was delayed due to changes in the Telephone Consumer Protection Act (TCPA). L.A. Care team had to make significant changes to the call scripts and obtain permission to proceed from legal and regulatory channels. Ultimately, the campaign was launched in Quarter 2 of 2021 and out of the eligible 41,709 members for condition management, 12,424 members were successfully reached (began listening to the call).

L.A. Care Covered (LACC)



*Statistically Significant Difference

Covered California Quality Rating System MY2020 25th and 90th percentiles

Quantitative Analysis

Analysis of MY2020 LACC Hybrid results or findings:

- Diabetes A1C screening hybrid rate was not reported in MY2020.
- Diabetes A1C good control (< 8%) rate of 52.2% did not meet the MY2020 HEDIS goal of 63%, was higher than the 25th percentile of 52.1% and was under the 90th percentile of 67.5%. The MY2020 rate is a decrease of 8.1 percentage points from the MY2019 rate of 60.3%. The difference between MY2019 and MY2020 was not statistically significant.
- Diabetes A1C poor control > 9% was not reported in MY2020.
- Retinal eye exam hybrid rate of 44.6% is below the 2020 HEDIS goal of 63% was higher than the 25th percentile of 40.6 and was under the 90th percentile of 66.4%. The MY2020 rate is a decrease

of 8.3 percentage points from 2019's rate of 52.9%. The difference between MY2019 and MY2020 was not statistically significant.

- Medical Attention For Nephropathy hybrid rate of 91.0% did not meet the goal of 96% was higher than the 25th percentile of 89.1 and was under the 90th percentile of 94.5%. The difference between MY2019 and MY2020 was not statistically significant.

Disparities Analysis

A1c Good Control <8 - LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	69	963	530	293	4	776	3,233	1,611	114	153
Denominator	135	1,882	907	547	8	1,530	1,682	3,156	183	256
Rate	51.11%	51.17%	58.43%	53.56%	50.00%	50.72%	52.03%	51.05%	62.30%	59.77%

For Race/Ethnicity of LACC A1c Good Control <8, the highest rate was among Asian members (58.43%) and the lowest rate was among Black/African American members (51.11%) and this was not statistically significant. For language, the highest rate was Chinese (62.30%) and lowest was Spanish (51.05%), and was not a statistically significant difference. Future intervention planning is similar to Medi-Cal line of business, please refer to Medi-Cal section.

Retinal Eye Exam - LACC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	3,253	817	370	3,174	5	593	29,184	21,366	1,000	3,246
Denominator	10,488	1,882	907	9,248	8	1,530	42,209	26,894	1,288	3,940
Rate	31.02%	43.41%	40.79%	34.32%	62.50%	40.27%	69.14%	79.45%	77.64%	82.39%

For Race/Ethnicity of LACC Retinal Eye Exam, the highest rate was among Hispanic members (43.41%) and the lowest rate was among Black/African American members (31.02%) and this was statistically significant. For language, the highest rate was Spanish (79.45%) and lowest was English (69.14%), and was not a statistically significant difference. Future intervention planning is similar to Medi-Cal line of business, please refer to Medi-Cal section.

Medical Attention for Nephropathy - LACC

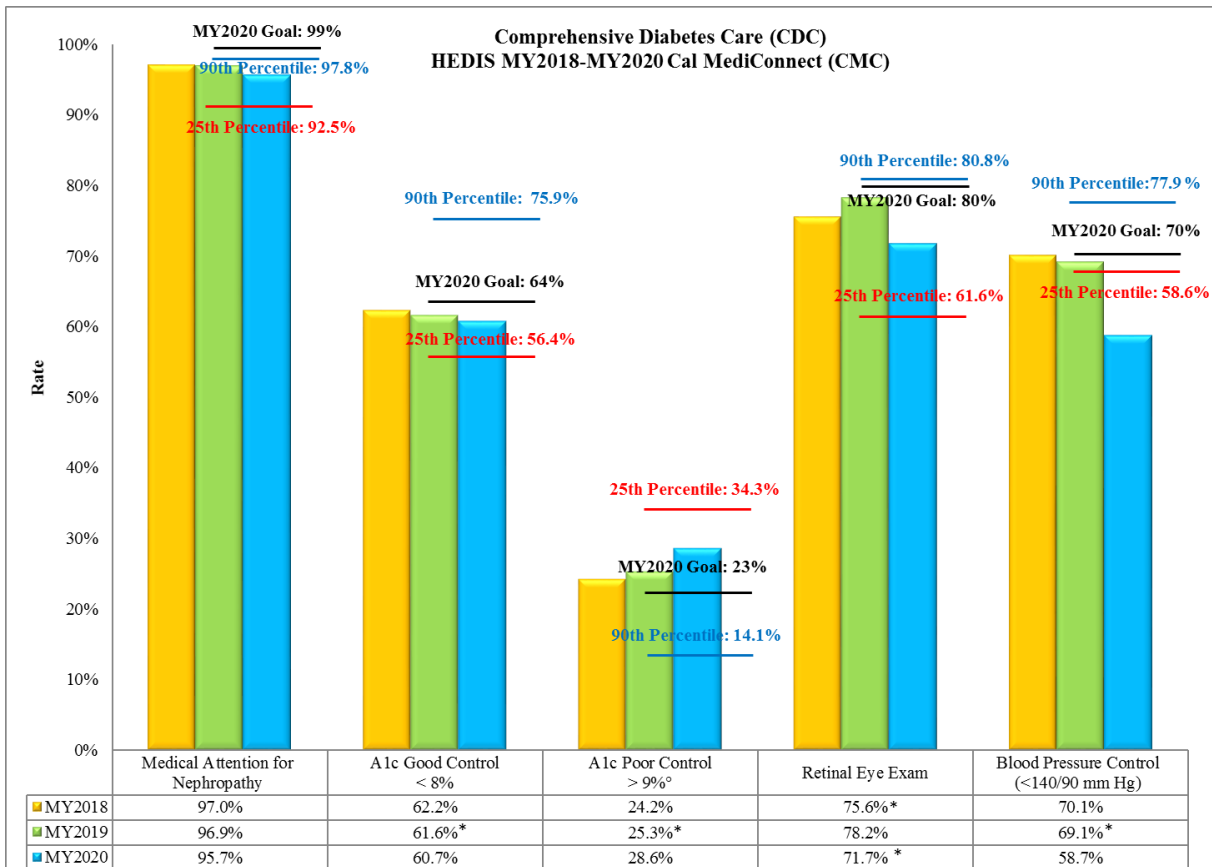
Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	122	1,728	842	489	5	1,371	2,922	2,890	165	233
Denominator	135	1,882	907	547	8	1,530	3,233	3,156	183	256
Rate	90.37%	91.82%	92.83%	89.4%	62.50%	40.27%	90.38%	91.57%	90.16%	91.02%

For Race/Ethnicity of LACC Nephropathy, the highest rate was among Asian members (92.83%) and the lowest rate was among White members (89.4%) and this was statistically significant. For language, the highest rate was Spanish (91.57%) and lowest was Chinese (90.16%), and was not a statistically significant difference. Future intervention planning is similar to Medi-Cal line of business, please refer to Medi-Cal section.

Qualitative Analysis

Over the course of MY2020, there was a slight decrease in A1c good control, and medical attention for nephropathy among 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 member health education during the transition. Health education is planning to launch several chronic condition campaigns in Quarter 1 of 2022. Based on community feedback, rates for LACC diabetes measures may have also declined due to fear among members of additional copays and added financial burdens when seeking care. These fears may have worsened during the pandemic leading fewer LACC members to seek care. Additionally, interventions in 2022 will focus on proper coding guidelines to assist providers to capture data more accurately. Furthermore, a robocall campaign through Health Management Services Eliza was launched in Quarter 2 of 2021 and out of the eligible 41,709 members for diabetes and hypertension, 12,424 members were successfully reached and began listening to the information on the call.

Cal MediConnect (CMC)



*Statistically Significant Difference

•Inverse measure (lower number better)

CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

Quantitative Analysis

Analysis of MY2020 Hybrid results or findings:

- Diabetes A1c good control < 8% hybrid rate of 60.7% did not meet the MY2020 HEDIS goal of 64%, was higher than the 25th percentile of 56.4% and was under the 90th percentile of 75.9%. The MY2020 rate is a decrease of 0.9 percentage points from MY2019 rate of 61.6%. The difference between MY2019 and MY2020 was not statistically significant
- Diabetes A1c poor control > 9% hybrid rate of 28.6% (an inverse measure in which a lower number is better) did not meet the MY2020 HEDIS goal of 23%, was higher than the 90th percentile of 14.1% and was under the 25th percentile of 34.3%. The MY2020 rate was 3.3% higher than MY2019 rate of 25.3%. There was not a statistically significant difference between MY2019 and MY2020.
- Diabetes retinal eye exam hybrid rate of 71.7% did not meet the MY2020 HEDIS goal of 80%, was lower than the 25th percentile of 58.6 and was under the 90th percentile of 77.9%. The difference between MY2019 and MY2020 was statistically significant.

Disparity Analysis

Medical Attention for Nephropathy - CMC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	405	2,558	350	171	6	670	29,184	21,366	1,000	3,246
Denominator	448	2,721	374	190	6	738	42,209	26,894	1,288	3,940
Rate	90.40%	94.01%	93.58%	90.00%	100.00%	90.79%	69.14%	79.45%	77.64%	82.39%

For Race/Ethnicity of CMC Medical Attention for Nephropathy, the highest rate was among Hispanic members (94.01%) and the lowest rate was among White members (90.00%) and this was not statistically significant. For language, the highest rate was Spanish (79.45%) and lowest was English (69.14%), and was not a statistically significant difference. Future outreach will continue to focus on racial and Language disparities including White members and ensure continuity of care among CMC members.

A1c Good Control <8 - CMC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	239	1,444	370	96	5	401	-	1,459	-	2,072
Denominator	448	2,721	907	190	8	738	-	2,723	-	3,940
Rate	53.35%	53.07%	40.79%	50.53%	62.50%	54.34%	-	53.58%	-	52.59%

For Race/Ethnicity of CMC A1c Good Control <8, the highest rate was among Black/African American members (53.35%) and the lowest rate was among Asian members (40.79%) and this was not statistically significant. For language, there was not sufficient data for statistical comparison. Future outreach will continue to include Asian members to ensure continuity of care.

A1c Poor Control >9% - CMC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	185	973	104	85	1	277	738	955	9	34
Denominator	448	2,721	374	190	6	738	1,951	2,723	35	111
Rate	41.29%	35.76%	40.79%	44.74%	16.67 %	37.53%	37.83%	35.07%	25.71%	30.63%

For Race/Ethnicity of CMC A1c Poor Control >9% the highest rate was among White members (44.74%) and the lowest rate was among Hispanic members (35.76%) and this was not statistically significant. For language, the highest rate was English (37.83%) and lowest was Spanish (35.07%), and was not a

statistically significant difference. Future outreach will continue to focus on racial and language disparities among Hispanic CMC members.

Retinal Eye Exam - CMC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	257	1,784	244	92	0	442	1,132	1,809	20	77
Denominator	448	2,721	374	190	6	738	1,951	2,723	35	111
Rate	57.37%	65.56%	65.24%	48.42%	0.00 %	59.89%	58.02%	66.43%	57.14%	69.37%

For Race/Ethnicity of CMC Retinal Eye Exam, the highest rate was among Hispanic members (65.56%) and the lowest rate was among White members (48.42%) and this was not statistically significant. For language, the highest rate was Spanish (66.43%) and lowest was English (58.02%), and was not a statistically significant difference. Future outreach will continue to focus on racial and language disparities including White CMC members.

Blood Pressure Control - CMC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	131	1,010	135	64	2	244	631	1,021	14	44
Denominator	448	2,721	374	190	6	738	1,951	2,723	35	111
Rate	29.24%	37.12%	36.10%	33.68%	33.33 %	33.06%	32.34%	37.50%	40.00%	39.64%

For Race/Ethnicity of CMC Blood Pressure Control, the highest rate was among Hispanic members (37.12%) and the lowest rate was among Black/African American members (29.24%) and this was not statistically significant. For language, the highest rate was Spanish (37.50%) and lowest was English (32.34%), and was not a statistically significant difference. Future outreach will continue to focus on racial and Language disparities among CMC members.

Qualitative Analysis

Over the course of MY2020, there was improvement in the A1c poor control with the CMC population, with statistically significant improvement in A1c retinal exams. This could be due to higher engagement rates with the high risk CMC population through phone outreach to providers and members by Care Management. The stability of CMC rates could also be due to an increase in medication compliance and diabetic exam/test interventions. Focus groups with community members uncovered several barriers among underserved communities. In terms of diabetes and hypertension management, many members stated they do that possess the necessary equipment to measure and control their chronic conditions at home. In response to community feedback, the Initiatives team will distribute roughly 200 blood pressure cuffs to members with comorbidities that have recently fallen out of compliance due to lack of proper equipment. Members received support in the form of educational mailers and materials to manage their diabetes. L.A. Care also contracted HMS-Eliza, an automated calling system, and outreached 51,706 members. The calls

aimed to improve medication adherence and boost overall awareness of health awareness and resources for our members. Roughly 80% of members stated that they found the call to be helpful.

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 within L.A. Care's disease programs. Barriers to care (i.e., financial, transportation and access to care). Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member's motivation and self-efficacy to change behavior. Lack of basic knowledge of diabetes. Low practitioner adherence to clinical practice guidelines 	<ul style="list-style-type: none"> In March 2020, L.A. Care contracted a third party through Health Management Services (HMS) Eliza, to conduct calls to increase diabetes medication adherence. In May 2021, calls were conducted to members with diabetes to promote medication adherence and offer informational resources such as provider information and local addresses. On a monthly basis, to address the barrier of practitioner adherence to clinical practice guidelines L.A. Care's Care Management department provides practitioners Diabetes Clinical Guidelines through the Provider Portal on an ongoing basis L.A. Care's Care Management department provides multiple educational materials on a monthly basis regarding diabetes care, lifestyle management, flu shots, and annual preventative guidelines including mailings and a booklet that addresses diabetes management and reminders and education to Level 3 and 4 members discussed during monitoring calls. In August 2020, 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"> The Eliza robocall campaign reached 12,424 members and 80% of the members found the call to be helpful.
A1c Good Control <8% (CDC)			
A1c Poor Control >9% (CDC)			
Retinal Eye Exam (CDC)			
Medical Attention for Nephropathy (CDC)			

LOOKING FORWARD

After an evaluation of the Asthma postcard, the Asthma mailer will be sent to eligible members again in Quarter 2 of 2022.

- The Diabetes PIP (Medi-Cal) and QIP (LACC) will continue with member interventions focused on underserved communities.
- In 2022, eligible members with hypertension will be provided with a blood pressure cuff to help control their blood pressure remotely.

MY2021 WORK PLAN GOALS:

Measure	MY2021 Medi-Cal Goal (Hybrid)	MY2021 LACC Goal (Hybrid)	MY2021 CMC Goal (Hybrid)
A1c good control (< 8%)	47%	57%	62%

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

AUTHOR: SIDDHARTH RAICH, MPH

REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

BACKGROUND

Chronic Obstructive Pulmonary Disease (COPD) was the third leading cause of death in the US in recent years.²² Roughly sixteen million adults in the United States are living with COPD.²³ Furthermore, more than half of adults with low pulmonary function were unaware that they had COPD.²³ 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 inpatient or emergency department admission. Though there is no 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 medication.²⁴ Infections like influenza and pneumonia tend to worsen COPD; with regular use of medication, overall health can be improved.²⁴

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

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

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

²⁴ 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.

MY2020 WORK PLAN GOALS:

HEDIS Measure	MY2020 Medi-Cal Goal	MY2020 Medi-Cal Rate	MY2020 Cal MediConnect Goal	MY2020 Cal MediConnect Rate	MY2020 Goal Met/ Not Met
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event) (PCE)	66%	67.55%	67%	56.79%	Medi-Cal: Met CMC: Not Met
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event) (PCE)	84%	85.64%	91%	78.40%	Medi-Cal: Met CMC: Not Met

MAJOR ACCOMPLISHMENTS

- Medi-Cal rates in Measurement Year 2020 increased compared to prior year and surpassed the Measurement Year 2020 goal.
- 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 packet 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 and had an acute inpatient discharge or ED visit from January to November. The discharge must have had a principal diagnosis of COPD, Emphysema, or Chronic Bronchitis. PCE is not an LACC measure; however, 3,554 CMC members were eligible, and 31,213 Medi-Cal, non-DHS members were eligible. The CMC line of business was chosen for the intervention due to the eligible sample size.

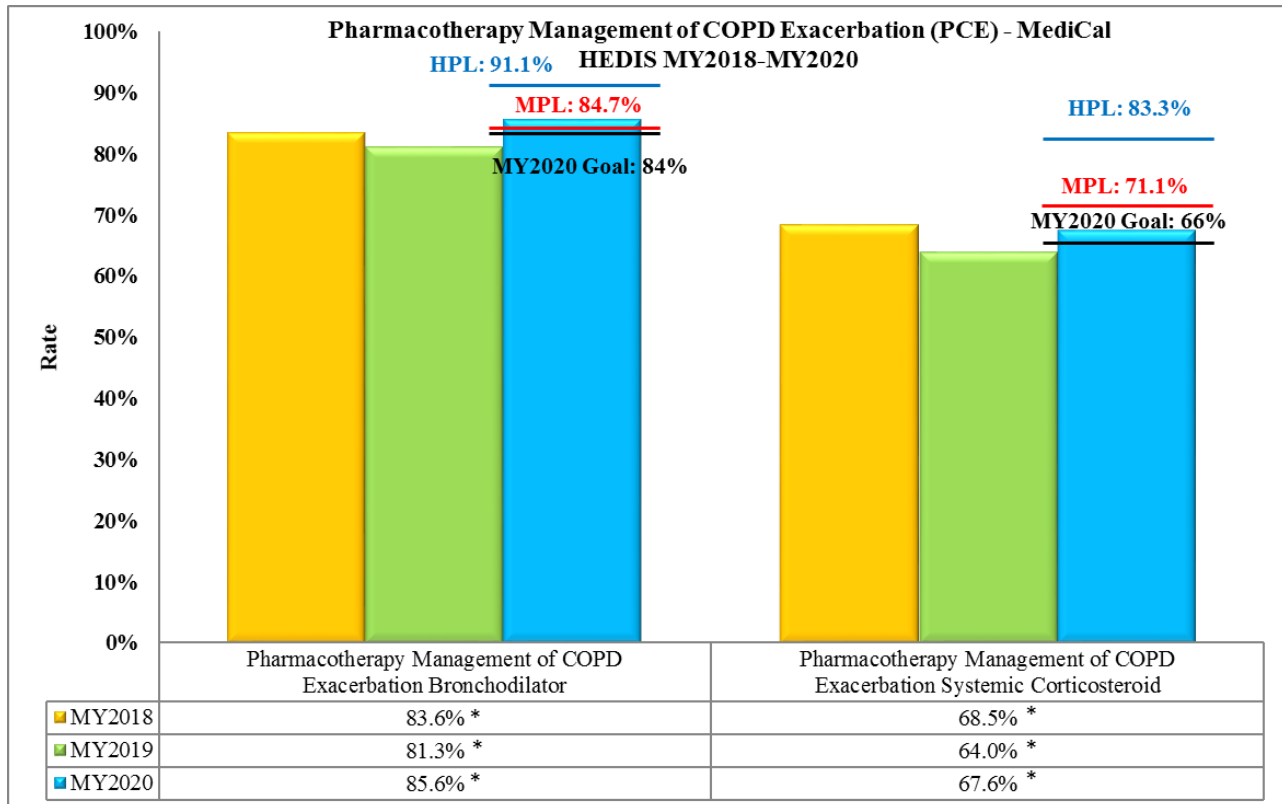
Description of measures:

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 through November 30 of the measurement year and who were dispensed appropriate medications. 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.	Admin
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)		

RESULTS

The following graphs compare L.A. Care PCE rates for HEDIS MY2018-MY2020 among the different product lines:

Medi-Cal



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

Quantitative Analysis

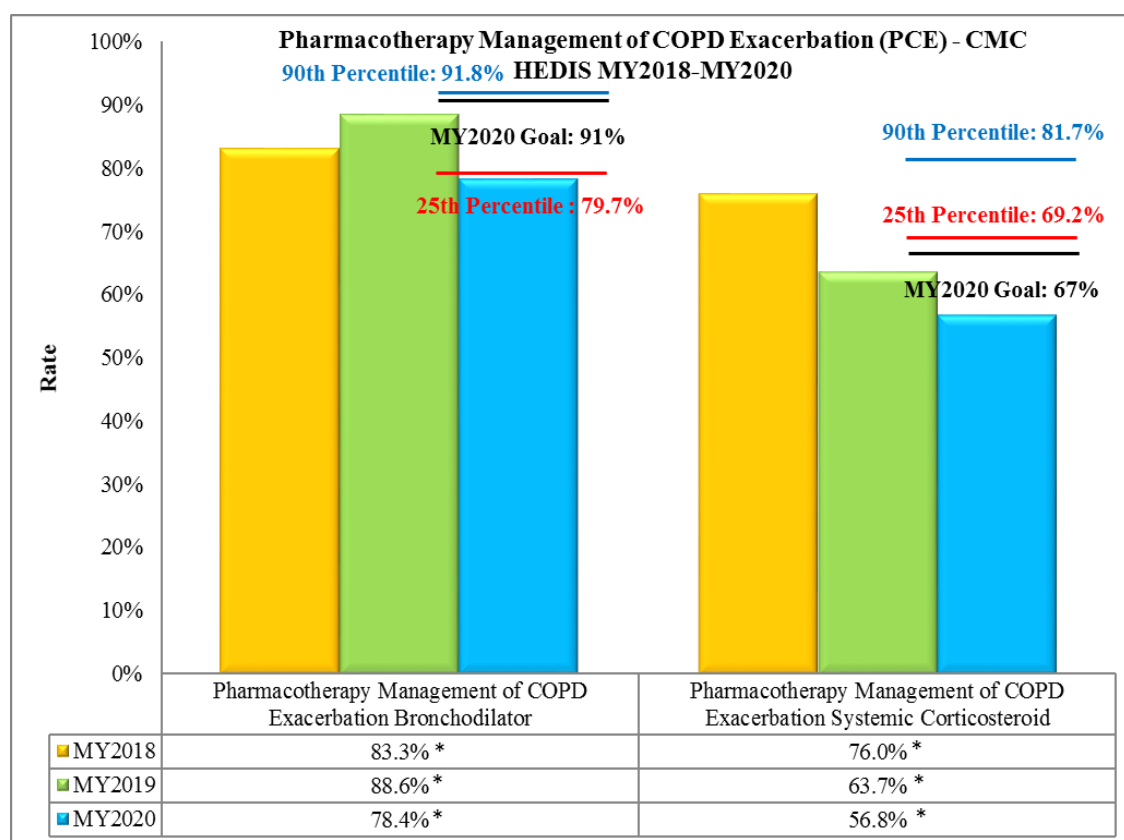
- For Pharmacotherapy Management of COPD Exacerbation - Bronchodilator, there was an increase of 4.3 percentage points from previous year's rate of 81.3% to 85.6% in MY2020, and the difference was statistically significant. The MY2020 goal of 84% was met.
- For Pharmacotherapy Management of COPD Exacerbation - Corticosteroid, there was an increase of 3.4 percentage points from 64.0% in MY2019 to 67.6% in MY2020. The difference between 2019 and 2020 was statistically significant. The MY2020 goal of 66% was met.

Qualitative Analysis - Medi-Cal

The improved performance may be due to several factors indirectly tied to the pandemic. The data team, Quality Performance Management (QPM), continued to gather pharmacy data from inpatient claims. The team began to collect and analyze more real time data due to the time sensitive nature of PCE medication measurement in 2019 and continued this approach through 2020, which led to an increase of rates. Initiatives including the mailer were launched to increase member awareness of COPD, but given the narrow focus of the PCE measure, the criteria for the mailer may not have boosted the overall PCE measure

rates. A possible explanation for an increase in PCE rates may be the masking of COPD exacerbations due to the COVID pandemic as COVID is a respiratory disease. The data team also suggested that due to the COVID pandemic, fewer people are going to see their provider for COPD, therefore the changes in rate may be due to fluctuations in the eligible population size. Additionally, as people remain largely indoors during the pandemic, fewer people may face COPD exacerbation due to reduced exposure to outdoor smog/pollution, smoke and other environmental factors. The QI team plans to collaborate further with QPM and other teams to launch specialized initiatives targeting members with the lowest PCE scores. PCE has been given lower priority by the Preventive and Chronic Workgroup in order to maximize use of resources and will remain on monitoring status.

Cal MediConnect (CMC)



*Statistically Significant Difference

CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

Quantitative Analysis

The MY2019 rate for Cal MediConnect (CMC) for Pharmacotherapy Management of COPD Exacerbation - Bronchodilator was 88.6% while MY2020 was 78.4%. This was a decrease of 10.2 percentage points, which is statistically significant. The MY2020 goal of 91% was not met.

The MY2020 rate for Cal MediConnect for Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid was 56.8%. This was a decrease of 12.3 percentage points from the MY2019 rate and the difference is statistically significant. PCE Systemic Corticosteroid measure did not meet its goal for MY2020 of 67%.

Qualitative Analysis - CMC

Rates for PCE among CMC decreased compared to prior year and may be due to less understanding of pharmacy mail order services among the older population. There may also be fear of going to see providers and pharmacies during the COVID-19 among CMC members. Lastly, older members may have less knowledge or ability to manage multiple medications and pharmacy benefits.

Disparity Analysis

For Medi-Cal the disparities are:

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1,206	489	71	764	5	224	2,774	147	-	114
Denominator	1,506	644	98	1,060	10	441	3,646	192	-	172
Rate	75.93	59.96%	72.45%	72.08%	50.00%	50.79%	76.08%	76.56%	-	66.28%

For Race/Ethnicity of Medi-Cal, the highest rate was among Black/African American members (75.93%) and the lowest rate was among Hispanic members (59.96%) and this was statistically significant. For language, the highest rate was Spanish (76.56%) and lowest was English (76.08%), and was not a statistically significant difference. Future outreach and data gathering will continue to focus on racial disparities among Medi-Cal members.

For CMC the disparities are:

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	90	37	15	25	8	25	3,098	1,540	42	151
Denominator	114	48	18	52	16	34	6,001	2,385	61	322
Rate	78.95%	77.08%	83.33%	48.08%	50.00%	73.53%	51.62%	64.57%	68.85%	46.89%

For Race/Ethnicity of CMC, the highest rate for groups with a sample greater than 30 was among Black/African American members (78.95%) and the lowest rate was among White members (48.08%) and this was statistically significant. For language, the highest rate was Spanish (64.57%) and lowest was English (51.62 %), and was a statistically significant difference. Due to lower priority of PCE for greater resource utilization, no intervention will address the health disparity for measures placed on monitoring status.

INTERVENTIONS

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/Outcome
PCE	<ul style="list-style-type: none">Fears of going into the Pharmacy during the COVID-19 pandemic.Limited knowledge of how to set up mail order services from local PharmaciesReduced ability to manage pharmacy benefits and multiple medications	<ul style="list-style-type: none">PCE mailers were sent in January 2020 to members living with COPD to prevent hospital visits and encourage medication adherence to prevent worsening of health conditions. The packet contained: a cover letter explaining MyHIM portal, flyer on MyHIM portal access and navigation, and a flyer about detecting and treating COPD.	<ul style="list-style-type: none">A one year evaluation of the mailer showed little impact on PCE measure rates following the mailer. With PCE assigned a lower priority, additional mailers for PCE are on hold until further notice.

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

AUTHOR: SIDDHARTH RAICH, MPH

REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

BACKGROUND

Approximately 7 out of 10 adults will experience low back pain at some point in their lives.²⁵ Evidence suggests that routine imaging such as x-rays and MRIs for low back pain are not associated with improved health outcomes. LBP initiatives aim to reduce imaging for patients without significant concern for underlying conditions to prevent harm and reduce health care costs of unnecessary services.

MY2020 WORK PLAN GOALS:

HEDIS Measure	MY2020 Medi-Cal Goal	MY2020 Medi-Cal Rate	MY2020 LACC Goal	MY2020 LACC Rate	MY2020 Goal Met/ Not Met
Use of Imaging Studies for Low Back Pain (LBP)	82%	79.66.%	82%	79.13%	Medi-Cal: Not Met LACC: Not Met

MAJOR ACCOMPLISHMENTS

- The rate demonstrated statically significant improvement over the prior year for Medi-Cal and LACC.
- Disparity analysis showed no statistical differences between race and language.

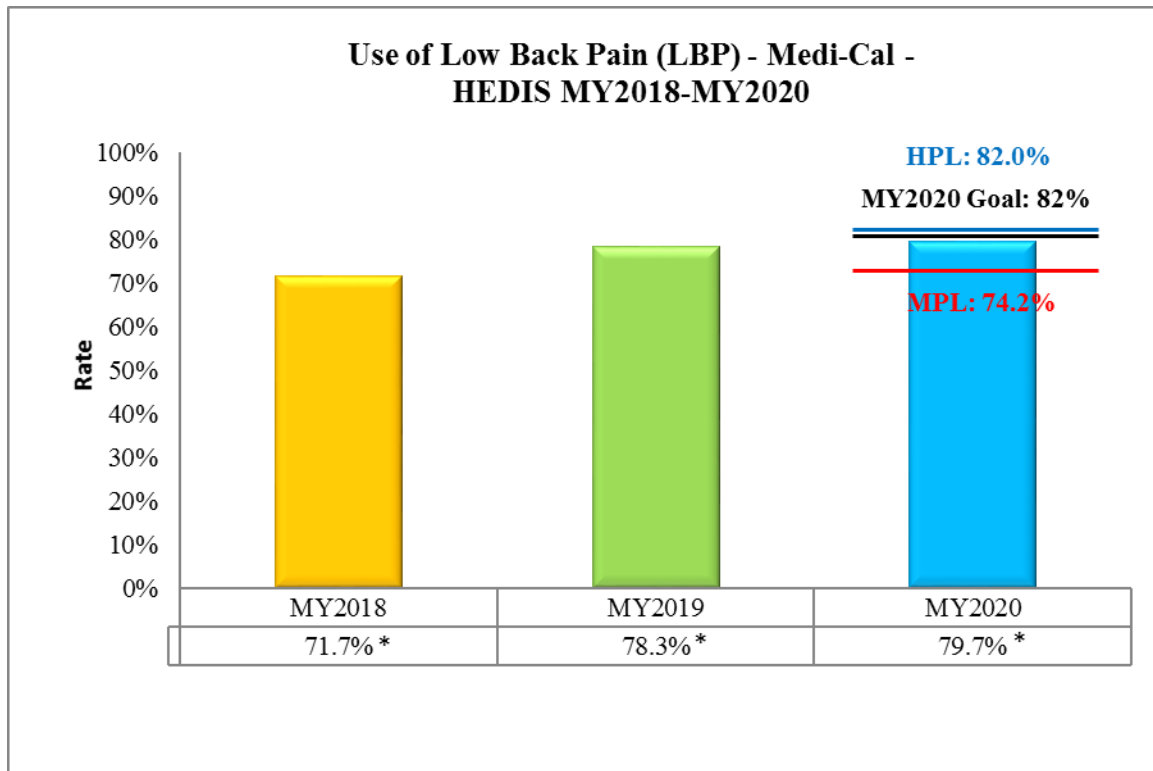
Description of measure:

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

²⁵ NCQA Use of Imaging Studies for Low Back Pain (LBP) at www.ncqa.org

RESULTS

The following graph compares L.A. Care LBP rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

MEDI-CAL

Quantitative Analysis

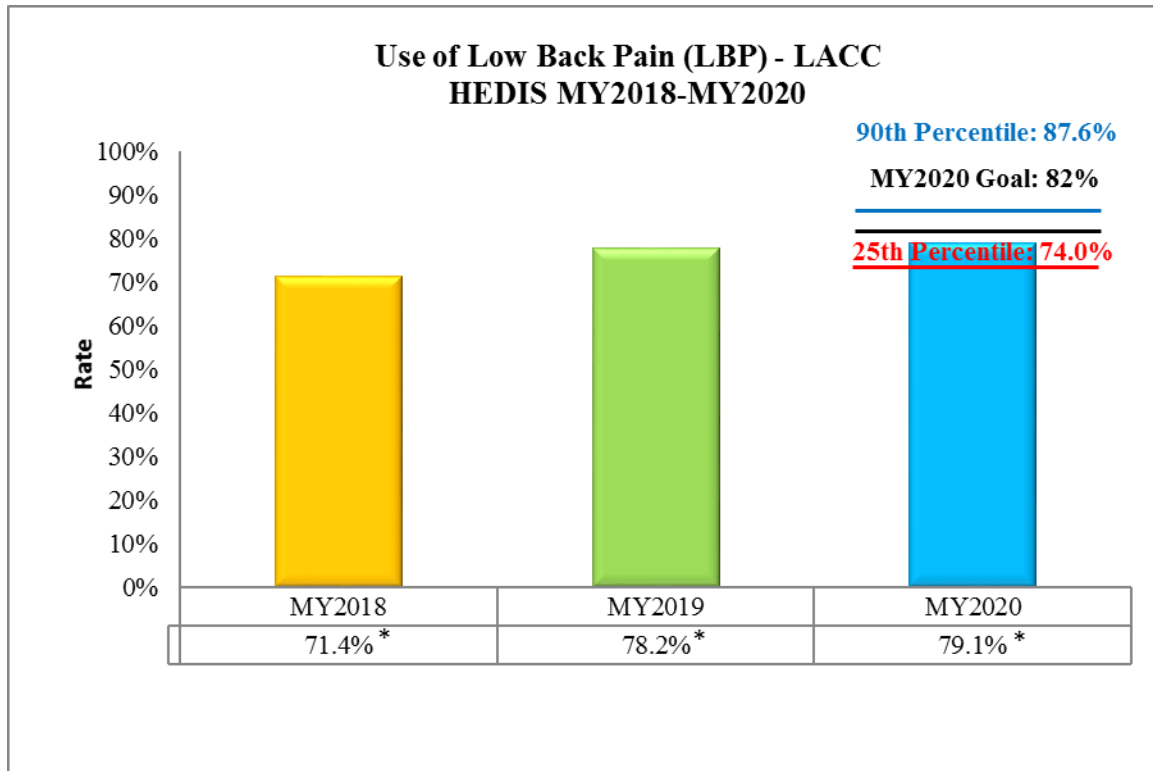
The MY2020 rate for Medi-Cal for LBP was 79.7%, which is below the HPL of 82.0% and above the MPL of 74.2%. This was a statistically significant increase of 1.4 percentage points from the MY2019 rate of 78.3%. The MY2020 rate did not meet the goal of 82%.

Qualitative Analysis

The rate increased slightly during the COVID-19 pandemic possibly due to changes in eligible population and a large data lag making it difficult to accurately measure rates until all data has been received. There were no interventions in MY2020, as this measure was listed a priority level 3 by the Chronic and Preventive Care Work Group.

RESULTS

The following graph compares L.A. Care LBP rates for HEDIS MY2018-MY2020 in the LACC product line:



*Statistically Significant Difference
Covered California Quality Rating System MY2020 25th and 90th percentiles

LACC

Quantitative Analysis

The LACC MY2020 rate for LBP was 79.1% which was under the 90th percentile of 87.6% and above the 25th percentile of 74.0%. This was a statistically significant increase of 0.9 percentage points from the MY2019's rate of 78.2%. The 25th percentile of 74.0% was met and the goal of 82% was not met.

Qualitative Analysis

The Measurement Year 2020 goal for LACC was not met. There was a slight increase in the rate from previous year possibly due to a decrease in the overall eligible population. While this product line likely experienced the same level of barriers as Medi-Cal such as low volumes and a large data lag, this product line may also be more influenced by cost. LACC members pay co-pays unlike Medi-Cal members which may influence their health decisions to receive services. While there is a toolkit available online for back pain resources, there were no active interventions in MY2020 as this measure was listed a priority level 3 by the Chronic and Preventive Care Work Group.

Disparities - Medi-Cal:

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	465	1,611	156	573	6	212	2,379	513	29	114
Denominator	2,346	8,222	754	2,533	17	1,015	11,807	2,562	101	172
Rate	80.18%	80.41%	79.31%	77.38%	64.71%	79.11%	79.98%	76.56%	71.29%	66.28%

For Race/Ethnicity of Medi-Cal, the highest rate was among Hispanic members (80.41%) and the lowest rate was among White members (77.38%) and this was not statistically significant. For language, the highest rate was English (79.98%) and lowest was Chinese (71.29%), and was not a statistically significant difference.

Disparities - LACC:

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1	20	20	28	-	30	99	18	9	114
Denominator	13	108	80	129	-	141	472	93	26	172
Rate	92.31%	81.48%	75.00%	72.08%	-	78.72%	79.03%	80.65%	65.38%	66.28%

For Race/Ethnicity of LACC with a sufficient sample size, the highest rate was among Hispanic members (81.48%) and the lowest rate was among White members (72.08 %) and this was not statistically significant. For language, the highest rate was Spanish (80.65%) and lowest was English (79.03%), and was not a statistically significant difference.

C.2 BEHAVIORAL HEALTH

AUTHOR: BETTSY SANTANA, MPH, SHANNON MARKIEWICZ, MHA, & MARLISA HALL
REVIEWER: MARIA CASIAS, RN, JAMES KYLE, MD, & KATRINA PARRISH, 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 rest of the population.²⁶ Mental illness can also be costly. Mental health disorders top the list of the most costly conditions in the US.²⁷ Mental health plays a role in a person's ability to maintain their physical health. Providing appropriate behavioral health care can help reduce the burden of disease population and reduce costs.

²⁶ https://www.who.int/mental_health/management/info_sheet.pdf

²⁷ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.1659>

L.A. Care aims to improve the care our members are receiving for mental health and/or substance use disorders services. In 2013 the Affordable Care Act set new benefits to provide treatment for members who meet the level of functional impairments ranging from mild to moderate. Prior to these benefits member only had the option of minimal services provided through their primary care doctor or had to be impaired severely to receive county benefits. Beacon Health Options (Beacon) is the Managed Behavioral Health Organization (MBHO) that is responsible for administering these benefits for Medi-Cal and CMC members with mild to moderate mental health conditions, and all mental health services for LACC and PASC-SEIU members. Specialty mental health services, for those members in the Medi-Cal and CMC lines of business with a serious mental illness, is carved out to the Los Angeles County Department of Mental Health (DMH). Substance use disorder services are also carved out to the L.A. County Department of Public Health, Substance Abuse Prevention and Control (DPH SAPC) for Medi-Cal and CMC members. All of these services provided by different organizations result in a fragmentation of care. As a result, many primary care providers are often unaware their patients are receiving mental health services. In addition, primary care providers may not know how to refer for these types of services. These barriers along with the social stigma of having a mental illness means there is ample opportunity to improve care.

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

MY2020 WORK PLAN GOALS:

HEDIS Measure	MY2020 Medi-Cal Goal	MY2020 Medi-Cal Rate	MY2020 Cal MediConnect Goal	MY2020 Cal MediConnect Rate	MY2020 L.A. Care Covered Goal	MY2020 L.A. Care Covered Rate	MY2020 Goal Met/ Not Met
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	66%	65.2%	N/A	N/A	N/A	N/A	Medi-Cal: Not Met CMC: N/A LACC: N/A
Antidepressant Medication Management (AMM), Acute Phase	61%	59.89%	N/A	73.04%	68%	65.85%	Medi-Cal: Not Met CMC: N/A LACC: Not Met
Antidepressant Medication Management (AMM), Continuation Phase	42%	40.80%	52%	53.75%	50%	44.76%	Medi-Cal: Not Met CMC: Met LACC: Not Met
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	82%	71.98%	N/A	72.13%	N/A	65.36%	Medi-Cal: Not Met CMC: N/A LACC: N/A
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	N/A	65.8%	N/A	72.4%	N/A	84.2%	Medi-Cal: N/A LACC: N/A CMC: N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 7-day	NB	NB	46%	36.90%	38%	41.90%	Medi-Cal: NB CMC: Not Met LACC: Met

HEDIS Measure	MY2020 Medi-Cal Goal	MY2020 Medi-Cal Rate	MY2020 Cal MediConnect Goal	MY2020 Cal MediConnect Rate	MY2020 L.A. Care Covered Goal	MY2020 L.A. Care Covered Rate	MY2020 Goal Met/ Not Met
Follow-Up After Hospitalization for Mental Illness, (FUH) 30-day	NB	NB	64%	50.80%	N/A	N/A	Medi-Cal: NB CMC: Not Met LACC: N/A
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	57%	60.62%	N/A	N/A	N/A	N/A	Medi-Cal: Met CMC: N/A LACC: N/A
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	69%	70.39%	N/A	N/A	N/A	N/A	Medi-Cal: Met CMC: N/A LACC: N/A
Follow up for ER Dept. Visits for Mental Illness (FUM) (7-day rate) - Baseline Data	34%	26.77%	38%	35.48%	N/A	N/A	Medi-Cal: Not Met CMC: Not Met LACC: N/A
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	NB	NB	3%	8.57%	N/A	N/A	Medi-Cal: NB CMC: Met LACC: N/A
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Initiation Total	NB	NB	N/A	N/A	50%	57.29%	Medi-Cal: NB CMC: N/A LACC: Met
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Engagement Total	NB	NB	7%	9.57%	9%	10.29%	Medi-Cal: NB CMC: Met LACC: Met
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	57%	43.25%	N/A	N/A	N/A	N/A	Medi-Cal: Not Met CMC: N/A LACC: N/A
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	39%	30.3%	N/A	N/A	N/A	N/A	Medi-Cal: Not Met CMC: N/A LACC: N/A

NB: Not Benefit

N/A: Not applicable

MAJOR ACCOMPLISHMENTS

- Medi-Cal surpassed their goals for ADD Initiation and Continuation and Maintenance Phases.
- CMC surpassed their goals for FUA, as well as for the IET Engagement and AMM Continuation 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"> 1. <i>Effective Acute Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. <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"> 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge. 	Administrative
Follow-Up After Hospitalization for Mental Illness, 30-day (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"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). 	Administrative

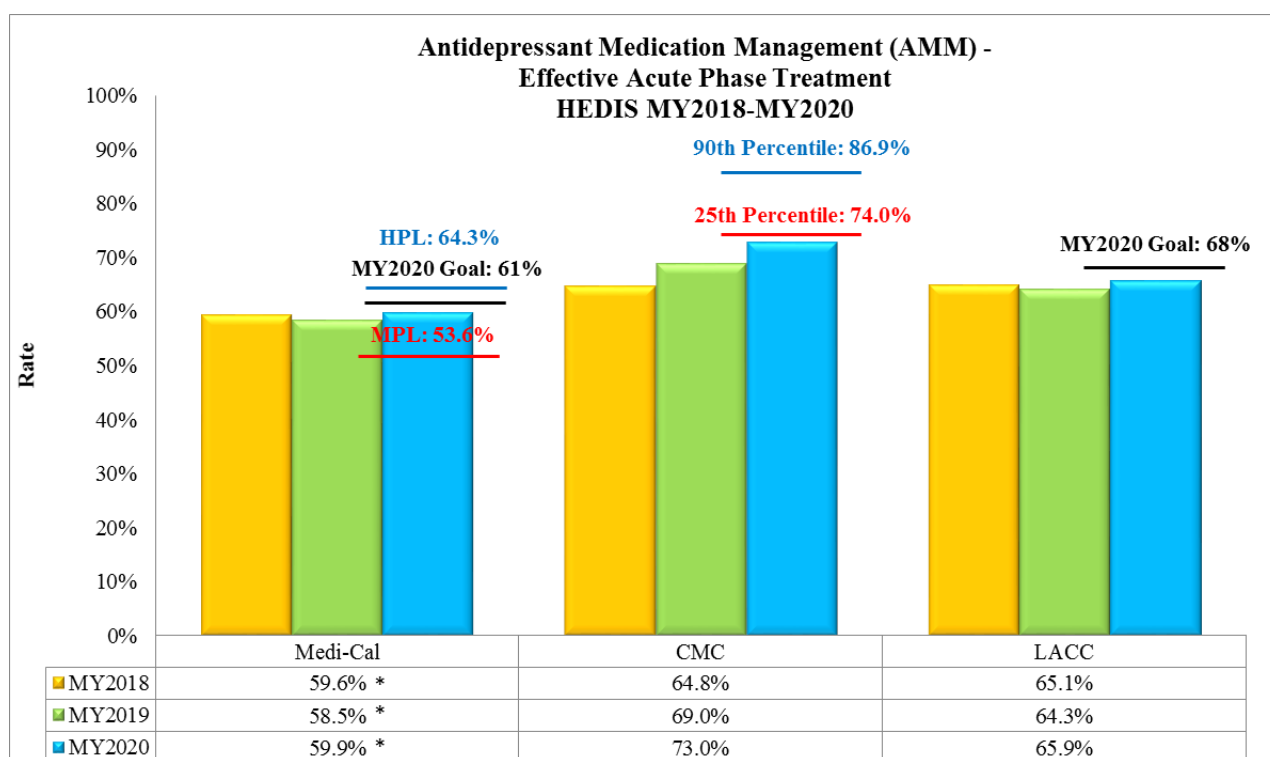
HEDIS Measure	Specific Indicator(s)	Measure Type
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one 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 IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. <i>Continuation and Maintenance (C&M) Phase.</i> The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	Administrative
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase		
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Administrative
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> <ol style="list-style-type: none"> <i>Initiation of AOD Treatment.</i> The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis. <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. 	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> <ol style="list-style-type: none"> The percentage of children and adolescents on antipsychotics who received blood glucose testing. The percentage of children and adolescents on antipsychotics who received cholesterol testing. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing. 	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> <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). 	Administrative

HEDIS Measure	Specific Indicator(s)	Measure Type
	2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Administrative

Antidepressant Medication Management (AMM)

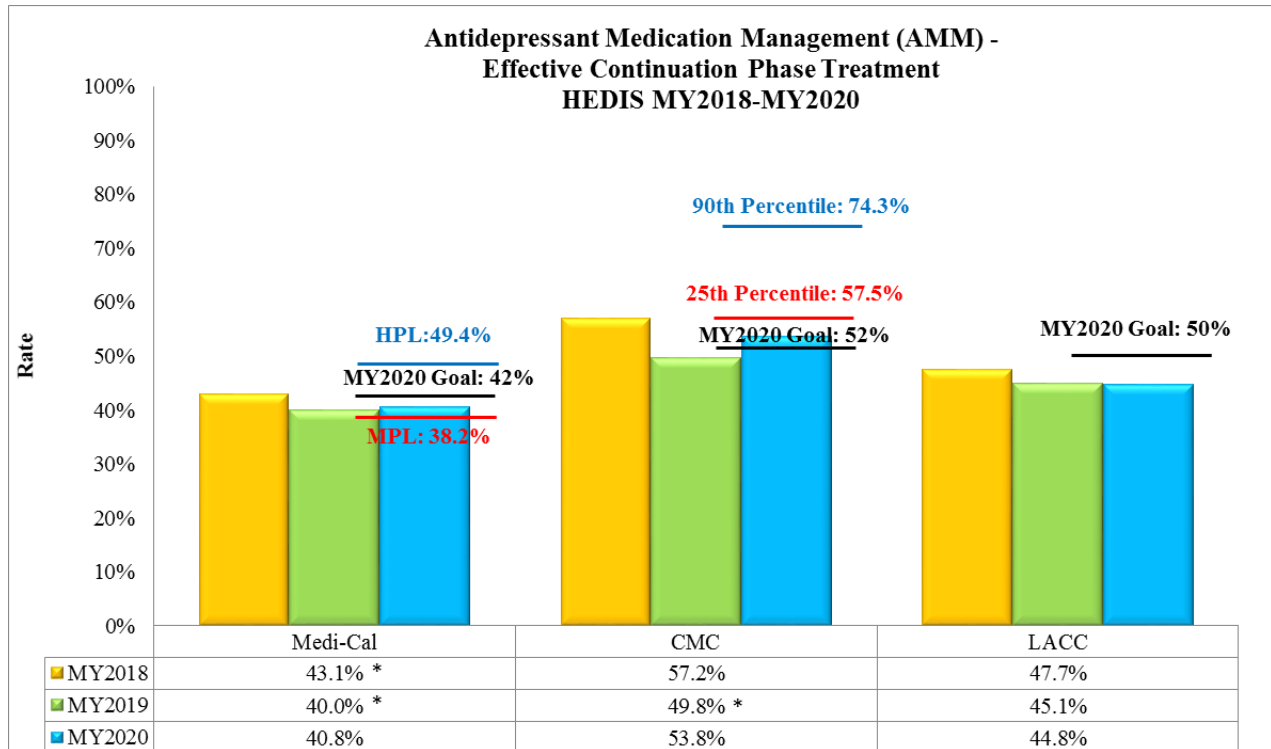
RESULTS

The following graphs compare L.A. Care AMM rates for HEDIS MY2018- MY2020 among the different product lines:



*Statistically Significant Difference

- Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)
- CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles



*Statistically Significant Difference

- Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)
- CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal

The rate for Effective Acute Phase was 59.9%. There was a 1.4 percent increase from the previous year (58.5%), which was statistically significant ($p < 0.05$). The measure did not meet its goal of 61%, but did exceed the minimum performance level (MPL) of 53.6%.

The Medi-Cal Effective Continuation Phase Treatment was 40.8%. There was a 0.8 percent increase from last year (40.0%). The increase was not statistically significant. The measure did not meet its goal of 42% but did exceed the minimum performance level (MPL) of 38.2%.

CMC

The rate for Effective Acute Phase was 73%. The rate increased by four percent from the previous year (69%), but the increase was not statistically significant. No goal was established for this measure, but one will be set for MY2022.

The rate for the Effective Continuation Phase Treatment was 53.8%. This increase is 4 percentage points higher than the prior year (49.8%) and is not statistically significant. The rate did meet the goal of 52%.

LACC

The rate for Effective Acute Phase was 65.9%. This rate was 1.6 percentage points higher than the previous year (64.3%), but the increase was not statistically significant. The rate did not meet the goal of 68%. The rate for the Effective Continuation Phase was 44.8% and was 0.3 percentage points lower than the prior year (45.1%). This decrease was not statistically significant. This rate did not reach the goal of 50%.

Disparity Analysis

Medi-Cal – AMM Acute Phase

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1,543	5,500	662	2,568	23	1,105	8,874	2,236	81	502
Denominator	2,983	9,276	1,058	3,864	40	1,866	14,894	3,747	168	731
Rate	51.7%	59.3%	62.6%	66.5%	57.5%	59.2%	59.6%	59.7%	48.2%	68.7%

Medi-Cal – AMM Continuation and Maintenance Phase

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	962	3,636	463	1,924	13	756	6069	1,463	56	381
Denominator	2,983	9,276	1,058	3,864	40	1,866	14,894	3,747	168	731
Rate	32.3%	39.2%	43.8%	49.8%	32.5%	40.5%	40.8%	39.0%	33.3%	52.1%

Medi-Cal - AMM

For Race/Ethnicity of the Medi-Cal-Acute Phase, the highest rate was among White members (66.5%) and the lowest rate was among Black/African American members (51.7%). This was statistically significant. For Language, the highest rate was among Spanish speakers (59.7%) and the lowest rate was among Chinese speakers (48.2%). This was statistically significant.

For Race/Ethnicity of the Medi-Cal-Continuation and Maintenance Phase, the highest rate was among White members (49.8%) and the lowest rate was among Black/African American members (32.3%). This was statistically significant. For Language, the highest rate was among English speakers (40.8%) and the lowest rate was among Chinese speakers (33.3%). This was not statistically significant. Therefore, from available data, this year there is no linguistic disparity for this metric. Based on this analysis, the Initiatives team will translate the intervention materials into Chinese. Furthermore, in 2022, the Behavioral Health Work Group is planning to address disparity among African American members by addressing the depression screening rate to ensure there is a continuous loop between identification and engagement in care.

CMC – Acute Phase

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	40	224	16	21	0	72	204	213	2	4
Denominator	75	288	21	30	0	100	308	266	3	4
Rate	53.3%	77.8%	76.2%	70.0%	NA	72.0%	66.2%	80.1%	66.7%	100%

CMC – Continuation and Maintenance Phase

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	31	170	10	16	0	46	149	160	2	3
Denominator	75	288	21	30	0	100	308	266	3	4
Rate	41.3%	59.0%	47.6%	53.3%	NA	46.0%	48.4%	60.2%	66.7%	75.0%

CMC - AMM

For Race/Ethnicity of the CMC-Acute Phase, the highest rate was among Hispanic members (77.8%) and the lowest rate was among Black/African American members (53.3%). This was statistically significant. For Language, the highest rate was among Spanish speakers (80.1%) and the lowest rate was among English speakers (66.2%). This was statistically significant. Chinese speakers had a very small sample (n<30), so we weren't able to include it for statistical analysis.

For Race/Ethnicity of the CMC-Continuation and Maintenance Phase, the highest rate was among Hispanic members (59.0%) and the lowest rate was among Black/African American members (41.3%). This was statistically significant. For language, the highest rate was among Spanish speakers (60.2%) and the lowest rate was among English speakers (48.4%). This was statistically significant. Chinese speakers had a very small sample, so we weren't able to include it for statistical analysis.

LACC – Acute Phase

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	11	83	31	119	2	122	355	113	8	8
Denominator	19	151	46	167	2	174	511	197	14	13
Rate	57.9%	55.0%	67.4%	71.3%	100%	70.1%	69.5%	57.4%	57.1%	61.5%

LACC – Continuation and Maintenance Phase

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	9	51	24	92	2	82	260	58	6	5
Denominator	19	151	46	167	2	174	511	197	14	13
Rate	47.4%	33.8%	52.2%	55.1%	100%	47.1%	50.9%	29.4%	42.9%	38.5%

LACC – AMM

For Race/Ethnicity of the LACC-Acute Phase, the highest rate was among White members (71.3%) and the lowest rate was among Hispanic members (55%). This was statistically significant. For Language, the highest rate was among English speakers (69.5%) and the lowest rate was among Spanish speakers (57.4%). This was statistically significant. Note that African American (N=19), AIAN (N=2), and Chinese speakers (N=14), had low sample sizes and thus tests for statistical differences in these proportions were unreliable due to a low volume (n<30) of members.

For Race/Ethnicity of the LACC-Continuation and Maintenance Phase, the highest rate was among White members (55.1%) and the lowest rate was among Hispanic members (33.8%). This was statistically significant. For language, the highest rate was among English speakers (50.96%) and the lowest rate was among Spanish speakers (29.43%). This was statistically significant. Note that African American (N=19), AIAN (N=2), and Chinese speakers (N=14), had low sample sizes and thus tests for statistical differences in these proportions were unreliable due to a low volume of members. The current interventions in place are in Spanish.

Qualitative Analysis

Across all LOBs, in general the Effective Acute Phase and Continuation Phase rates increased from the previous year. The LACC Continuation phase was the only one to decrease, and only decreased minutely by 0.3 percentage points. This minor decrease is surprising given that the COVID-19 pandemic impacted the delivery of health care in many other areas, such as laboratory and in-patient services. This was not the case for pharmaceutical services. The increase use of telehealth may have helped maintain this metrics performance.

Another possible contributor at maintaining the rate would be the AMM Mailer intervention that was done in October 2020. In October 2020, L.A. Care sent a one-time individualized mailer to members encouraging them to continue taking their medication(s) exactly as prescribed by their doctor while also reminding them to refill their antidepressant medication(s). The eligible population included those with a diagnosis of major depression and taking antidepressants. A second cohort was sampled and randomized and included only those taking antidepressant medication. Analysis done for the 2020 mailer showed there was improvement in effectiveness and cost. There were 8,102 mailers distributed in 2020 compared to the 63,159 mailers distributed in 2018; a volume reduction of more than 87%. The redesigned AMM mailer campaign launched on 10/29/2020 had a significantly higher effective reach rate (ERR) compared to the 2018 campaign across all LOBs:

- LACC ERR: 2020 campaign was ~25% more effective in reaching members that made it into our final AMM eligible population.
- MEDI-CAL ERR: 2020 campaign was ~30% more effective in reaching members that made it into our final AMM eligible population.

- MEDICARE CMC ERR: 2020 campaign was ~10% more effective in reaching members that made it into our final AMM eligible population.

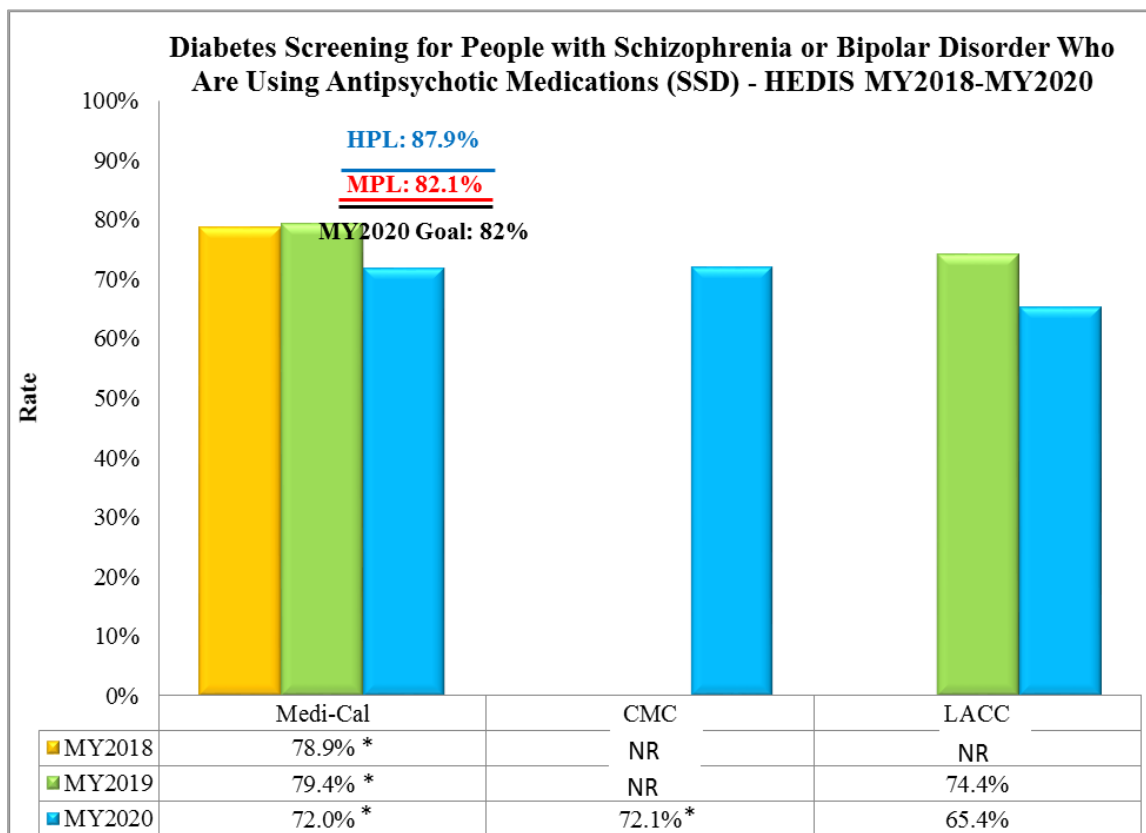
The results are statistically significant across all LOB's regardless of the volume of mailers distributed. The effectiveness of our mailer intervention does not appear to be dependent on the volume of mailers distributed. The strategic selection of the 8,102 mailers led to an efficacious intervention even though the volume of mailers was significantly lower than past intervention campaigns.

Based on the key findings, L.A. Care decided to continue the AMM mailer in 2021 while improving upon the distribution strategy.

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

RESULTS

The following graph compares L.A. Care SSD rates for HEDIS MY2018-MY2020 among different product lines:



*Statistically Significant Difference

- NR: Not required

- Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

Medi-Cal

The SSD rate was 72.0%, representing a 7.4 percentage point decrease over the previous year (79.4%). The decrease 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 72.1%. The rate was not reported in the previous year, but does indicate an 8 percent decrease over the prior year (80.1%). The decrease is statistically significant. No goal was established for this measure.

LACC

The SSD rate was 65.4%. There was a 9 percent decrease over the prior year (74.4%). The decrease was not statistically significant. No goal was established for this measure.

Disparity Analysis

Medi-Cal - SSD

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	2,613	3,494	619	2,363	29	1,126	9,158	738	57	268
Denominator	3,735	4,841	862	3,201	38	1,556	12,670	1,034	93	374
Rate	67.0%	72.2%	71.8%	73.8%	76.3%	72.4%	72.3%	71.4%	61.3%	71.7%

CMC - SDD

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	62	102	19	31	0	68	296	33	1	2
Denominator	85	127	27	51	0	91	415	39	2	6
Rate	72.9%	80.3%	70.4%	60.8%	NA	74.7%	71.3%	84.6%	50.0%	33.3%

Medi-Cal - SSD

For Race/Ethnicity of the Medi-Cal product line, the highest rate was among White members (73.8%) and the lowest rate was among Black/African American members (67.0%). This was statistically significant. For language, the highest rate was among English speakers (72.3%) and the lowest rate was among Chinese speakers (61.3%). This was statistically significant. At this time there are no interventions geared toward addressing this disparity.

LACC - SSD

For LACC, nearly all stratifications had low sample sizes and thus tests for statistical differences in these proportions were unreliable due to a low volume of members. At this time there are no interventions geared toward addressing this disparity.

CMC - SSD

For Race/Ethnicity of the CMC product line, the highest rate was among Hispanic members (80.3%) and the lowest rate was among White members (60.8%). This was statistically significant. For language, the highest rate was among Spanish speakers (84.6%) and the lowest rate was among English speakers (71.3%). This was not statistically significant. Note that Asian (N=27), AIAN (N=0), and Chinese speakers (N=2), had low sample sizes and thus tests for statistical differences in these proportions were unreliable due to a low volume of members. At this time there are no interventions geared toward addressing this disparity, as the population is relatively small.

Qualitative Analysis

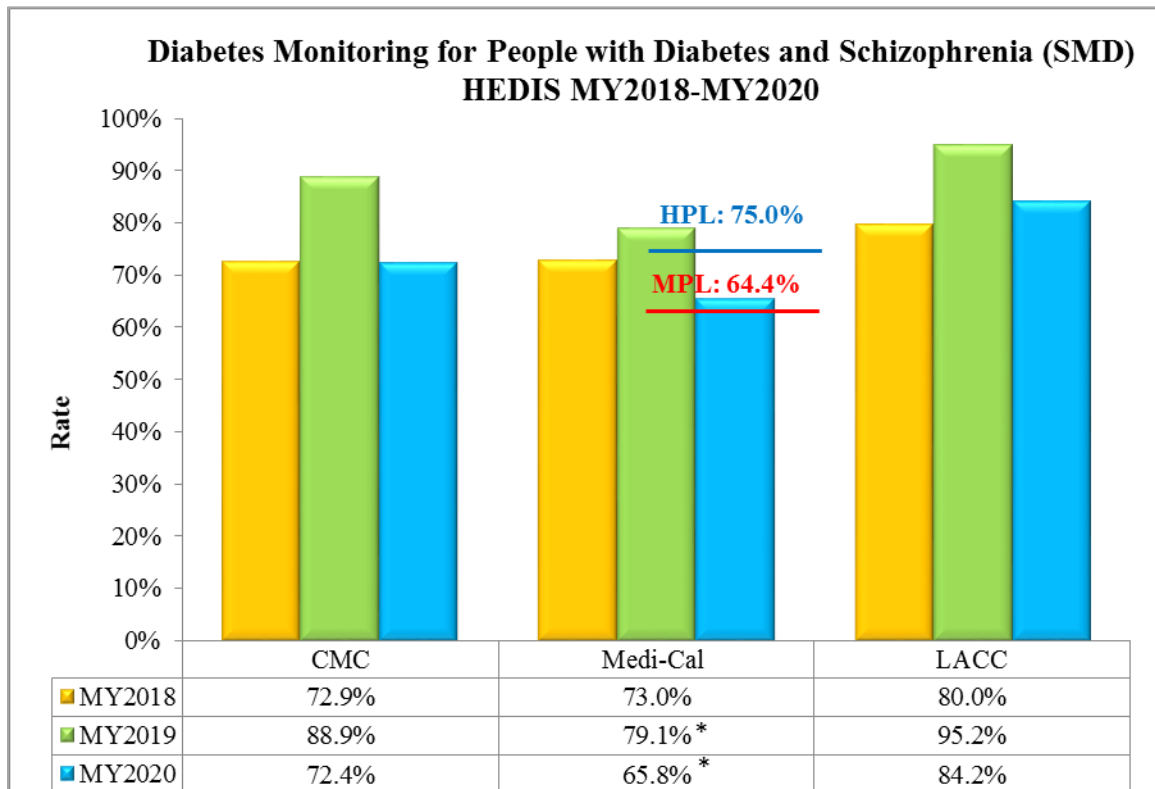
To address diabetes screening and monitoring, L.A. Care in 2019 began including SSD gap data in the Provider Opportunity Report, or POR, that providers can use to conduct member outreach to schedule needed services and close gaps in care for incentive payments. The first year this metric was in the POR, there was a rate increase. The upward trend in the prior year suggested that this form of provider communication may have been effective. The rates for 2021 have declined since 2020, likely due to the COVID-19 pandemic. Across multiple measures, lab-based metrics declined and there has been a similar drop in A1C testing seen in Medi-Cal and LACC. This is not surprising, given the amount of care that was deferred due to COVID-19. To address this decline, we continue to educate providers on the need to screen these members in the various settings accessed, particularly in the primary care setting. In September of 2021, the Initiatives team also began a social media campaign in collaboration with Anthem Blue Cross, Blue Shield of California Promise Health Plan, and Health Net to encourage people to go and see their primary physician since concerns about COVID-19 were one of the reasons the rate may have declined.

To improve coordination of care between provider settings, efforts focused on informing primary care providers on the need to screen and test members. By the end of 2020, an analysis was done comparing the list of members on the HEDIS measure list with the providers listed on the Provider Opportunity Reports and found that while LACC and CMC had close to a 100% coverage, Medi-Cal coverage was closer to 77%. This may be the result of lack of an affiliation to a medical group or provider or the volume of that provider's panel fell below 10 members. In December of 2020, these findings were brought to the Behavioral QI Collaborative meeting for discussion and education of the DMH leadership. The work group discussion that occurred in February of 2021 recommended keeping the POR report but also engaging in more education among the network to conduct testing/screening of members on antipsychotics. In addition, the POR reports switched to monthly reports to enable providers to have more real-time data. Due to the current rate decline, in addition to the noted interventions, QI will engage with high volume PPGs to educate and reinforce the need for screening in the primary care setting.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

RESULTS

The following graph compares L.A. Care SMD rates for HEDIS MY2018-MY2020 among different product lines:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

Medi-Cal

The SMD rate was 65.8%, representing a 13.3 percentage point decrease over the previous year (79.1%). The decrease is statistically significant, and the rate did meet the minimum performance level. No goal was established for the year.

LACC

The SMD rate was 84.2 % and declined 11 percentage points from the prior year (95.2%). Rates were not statistically significant using a Fisher's Exact Test. Rates are not available for the 2018 because the volume was below 30 members.

CMC

The SMD rate was 72.4% down from 88.8% or 16.5 percentage points from the prior year. This rate is not statistically significant.

Disparity Analysis

Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	706	747	195	364	4	238	1,816	250	25	101
Denominator	1,084	1,115	254	570	12	389	2,818	350	30	122
Rate	65.1%	67.0%	76.8%	63.9%	33.3%	61.2%	64.4%	71.4%	83.3%	82.8%

Disparity Analysis

Medi-Cal - SSD

For Race/Ethnicity of the Medi-Cal product line, the highest rate was among Asian members (76.8%) and the lowest rate was among White members (63.9%). This was statistically significant. For language, the highest rate was among Chinese speakers (83.3%) and the lowest rate was among English speakers (64.4%). This was not statistically significant. Note that AIAN (N=12) thus tests for statistical differences in these proportions were unreliable due to a low volume of members. At this time there are no interventions geared toward addressing this disparity as this is not a high priority measure.

LACC & CMC - SSD

LACC and CMC data aren't displayed since their denominators were too small to conduct any meaningful analysis.

Qualitative Analysis

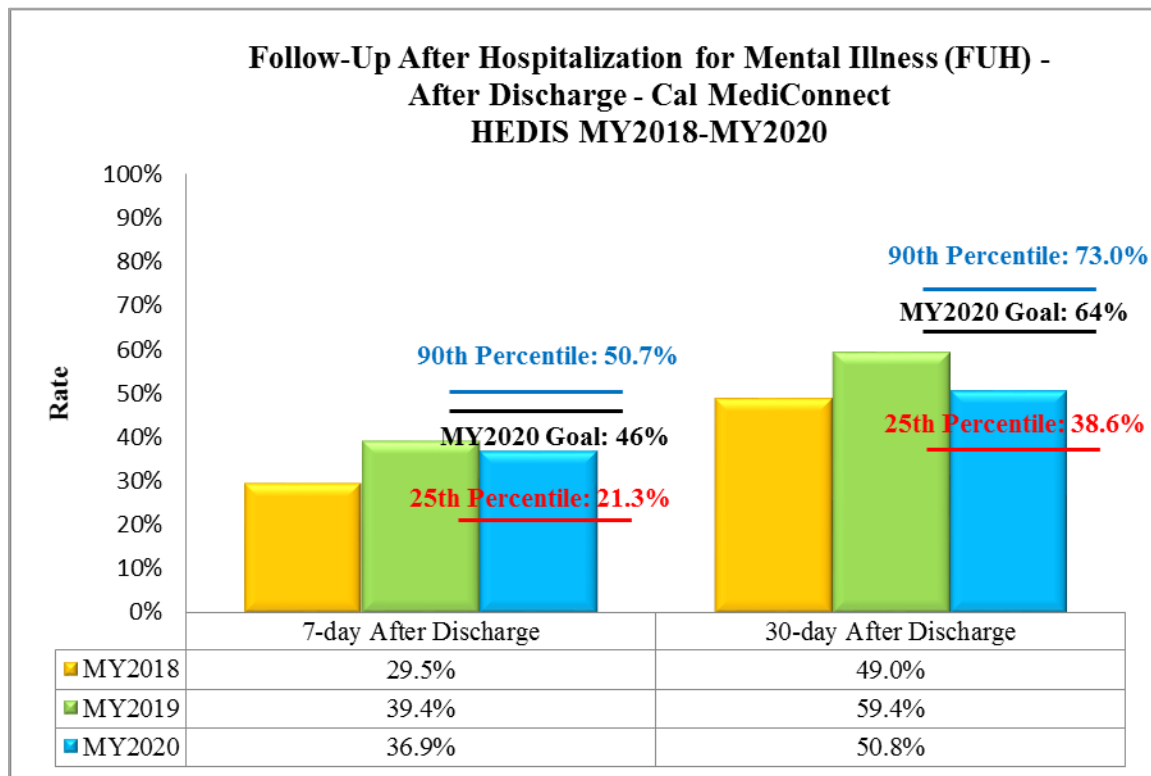
As with the SSD measure, in 2019 L.A. Care also began including SMD non-compliance data in the PORs so that providers could conduct proactive member outreach to schedule needed services and close gaps in care for incentive payments. The upward trend in the prior year suggest that this form of provider communication is effective, however due to the COVID-19 pandemic, it is difficult to ensure effective interventions since rates have dropped significantly across all LOBs. In addition, this measure has seen a drop in the total denominator for all product lines. Medi-Cal lost about a third of the denominator while CMC and LACC lost 2/3 of their denominators. This may be driving the rate changes as one can see that both LACC and CMC had big drops in the rate but it was not statistically significant. These findings are surprising in that SSD did not see a similar denominator decline. It's possible that even a diagnosis of diabetes did not occur as frequently due to the pandemic's effect on people seeking care. Similarly, in 2021 the declines are being addressed by continuing to focus on provider education among the primary care network and the specialty care network, while also encouraging members to seek care regularly. This has begun by discussing the need for testing in the Behavioral Health Committee in December of 2020. As noted in the 2/17/2021 minutes of the Behavioral health work group L.A. Care and DMH are working on a data exchange program for diabetes screening and monitoring. Moreover, L.A. Care has been engaging members via social media around Diabetes and seeking care in May of 2020 and in September of 2021.

High volume PPGs will also be met with to discuss this rate decline and request that members be sent lab orders for screening. These interventions collectively should help drive rates back to prepandemic levels.

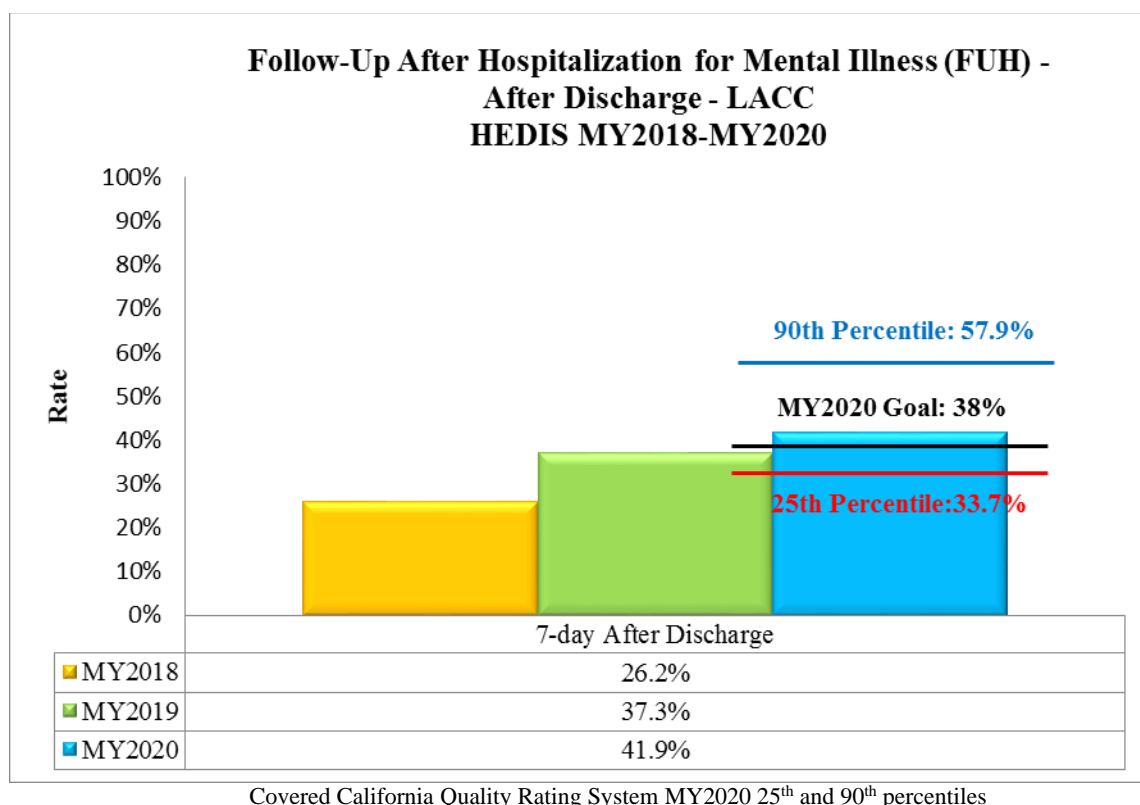
Follow-Up After Hospitalization for Mental Illness (FUH)

RESULTS

The following graphs compare L.A. Care FUH rates for HEDIS MY2018-MY2020 for both 7 and 30-day follow-up among different product lines:



CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles



ANALYSIS

Quantitative Analysis

CMC

The FUH 7-Day rate was 36.9% and decreased by 2.5 percentage points from the prior year (39.4%). This decrease in the rate was not statically significant. The rate did not meet its goal of 46% for the year. The FUH 30-Day rate also decreased from the prior year, from 59.4% to 50.8%, though this was not found to be statistically significant. This rate also did not meet its goal of 64% for the year.

LACC

The FUH 7-Day rate was 41.9% and was 4.5 percentage points high than the prior year's rate of 37.3%. This increase in the rate was not statically significant.

CMC – 7-DAY

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	11	22	2	7	0	12	62	5	2	0
Denominator	38	40	6	27	0	44	171	11	2	1
Rate	29.0%	55.0%	33.3%	25.9%	NA	27.3%	36.3%	45.5%	100%	0.0%

CMC – 30-DAY

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	16	27	2	9	0	22	85	7	2	0
Denominator	38	40	6	27	0	44	171	11	2	1
Rate	42.1%	67.5%	33.3%	33.3%	NA	50.0%	49.7%	63.6%	100%	0.0%

Disparity Analysis

CMC – FUH

For Race/ Ethnicity, the highest rate was among Hispanic members (55.04%) and the lowest rate was among Black/African American members (29.0%). This was statistically significant. For language, the data for this measure were unreliable, as the majority had all small sample sizes. Note that Asian (N=6), White (N=27) and AIAN (N=0) data sets had small denominators, thus tests for statistical differences in these proportions were unreliable due to a low volume of members.

For Race/Ethnicity of CMC 30-day rate, the highest rate was among Hispanic members (67.5%) and the lowest rate was among Black/African American members (42.1%). This was statistically significant. For language, the data for this measure were unreliable, as the majority had all small sample sizes. Note that Asian (N=6), White (N=27), AIAN (N=0) also had small denominators, thus tests for statistical differences in these proportions were unreliable due to a low volume of members.

LACC - FUH

LACC data is not displayed since the denominators were too small to conduct any meaningful analysis. At this time there are no interventions geared toward addressing this disparity. This issue will be brought up at the BHQC meeting in December of 2021.

Qualitative Analysis

The CMC FUH 7-day and 30-Day rates generally remain the same, which is impressive considering there was a significant interruption to health care services due to the COVID -19 pandemic. It was likely the switch to telehealth helped maintain the HEDIS rate near prepandemic rates. During the pandemic, the

REACH program was put on hold since in-person at home visits were not recommended and uptake of the program was very low.

In May 2021, a process evaluation of the FUM incentive program was conducted for MY2018 and MY2019. The FUM incentive is a \$25 debit card. The original incentive (emergency preparedness kits) was launched in October 2017. A \$25 debit card replaced the former incentive. This new incentive launched mid-November 2019. 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.

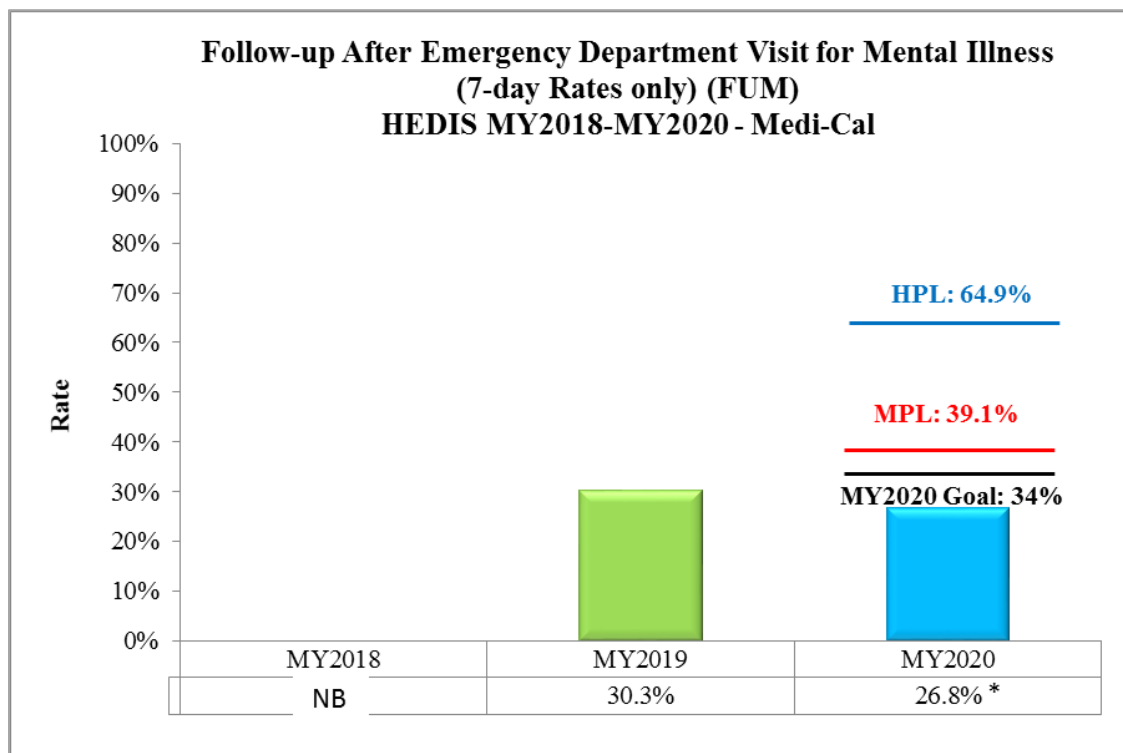
The process evaluation showed that the CMC population tends to complete their follow ups and receive the awards more than the LACC population. The MY2020 evaluation is underway and is planned to focus on an outcome evaluation since teams were able to track outcomes for 2020.

For members experiencing homelessness data submission continues to be a barrier. L.A. Care continues to work on the data capture for this measure working with both Beacon and DMH. DMH data does not contain the appropriate provider identification codes. Often data is provided with null provider codes and those are not acceptable. Data submission has improved over the last three years, but the ultimate goal is to receive accurate claims data from Beacon and DMH.

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

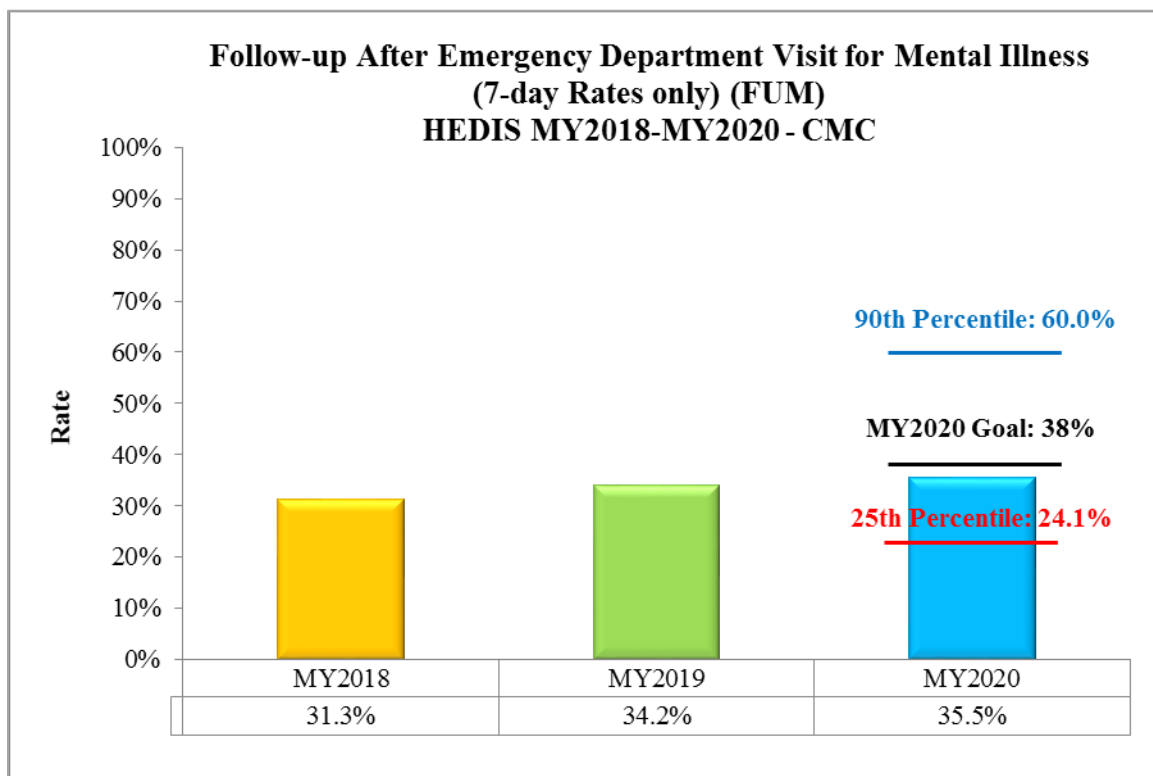
RESULTS

The following graphs compare L.A. Care FUM rates for HEDIS MY2019-MY2020 among different product lines:



- NB: Not benefit (2019)

- Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)



CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal

The FUM 7-day rate was 26.8%. The measure's rate last year was 30.3%. This was a decrease of 3.5 percentage points, which was statistically significant. The rate did not meet the goal of 34% nor the MPL of 39.1%

CMC

The FUM 7-day rate was 35.5%, representing a 1.3% increase over the 2019 rate (34.2%). The increase is not statistically significant, and the rate did not meet the established goal of 38%, but did surpass the 25th percentile of 22.8%.

Disparity Analysis

Medi-Cal – 7-DAY

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	471	804	85	477	3	259	1,807	265	6	50
Denominator	1,786	2,914	241	1,763	18	1,115	7,010	743	23	153
Rate	26.4%	27.6%	35.3%	27.1%	16.7%	23.2%	25.8%	35.7%	26.1%	32.7%

Medi-Cal - FUM

For Race/Ethnicity, the highest rate was among Asian members (35.3%) and the lowest rate was among Black/African American members (26.4%). This was statistically significant. For language, the highest rate was among Spanish speakers (35.7%) and the lowest rate was among English speakers (25.8%). This was statistically significant. Note that AIAN (N=18) and Chinese speakers (N=23) denominators were low and thus tests for statistical differences in these proportions were unreliable. At this time there are no interventions geared toward addressing this disparity as this is not a priority measure.

CMC - FUM

For CMC, nearly all stratifications had low segment sizes and thus tests for statistical differences in these proportions were unreliable due to a low volume of members.

Qualitative Analysis

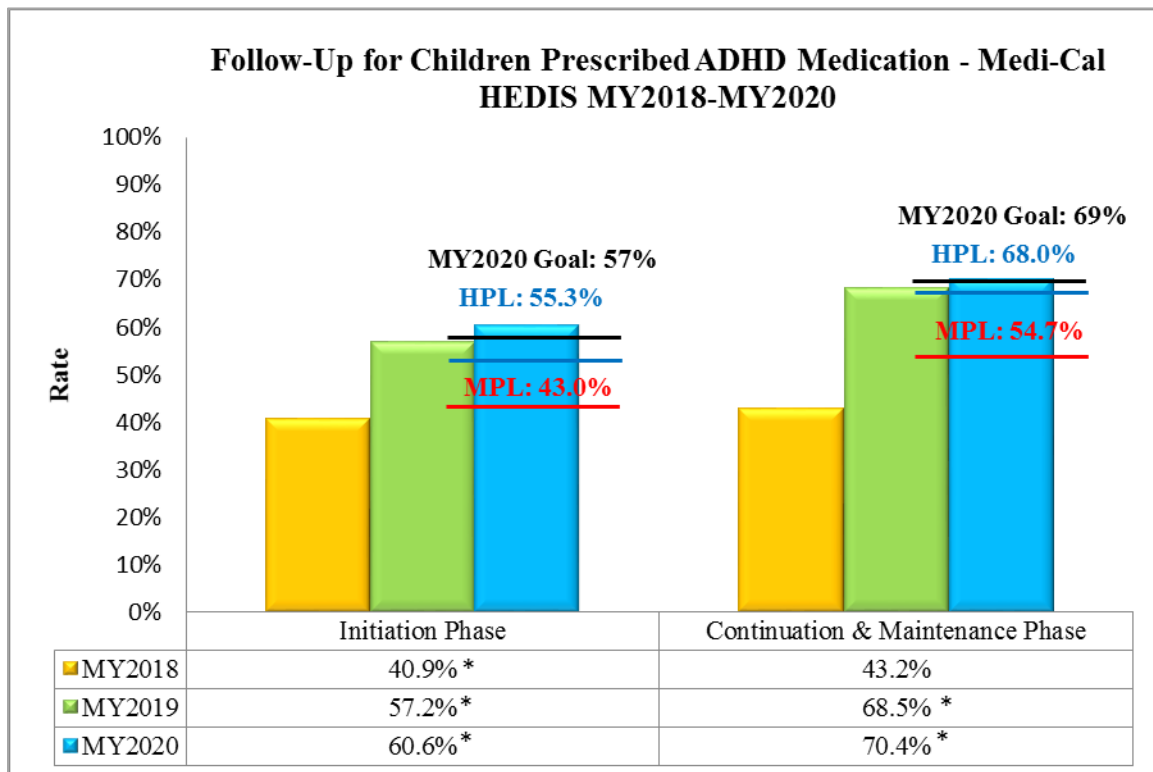
The Medi-Cal FUM 7-day rates did not reach the 2021 Goal of 34% nor did it reach the MPL of 39.1%. For CMC, the rate did pass MPL of 22.8%, but not the 2020 Goal of 38%. Medi-Cal rates decreased compared to the prior year while for CMC, there seems to be a generally upward trend with the largest jump from 2018 to 2019 at a 13.8% increase.

There are no current interventions for FUM and it is currently being monitored as it is not considered a priority measure. FUM is considered a difficult measure for interventions because not all Emergency Department visits are captured in a timely manner. Additionally, a 7-day follow up is difficult to fulfill since providers may not have openings for appointments within the week, especially during the COVID-19 pandemic.

Follow-Up for Children Prescribed ADHD Medication (ADD)

RESULTS

The following graph compares L.A. Care ADHD rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

Medi-Cal

The ADD Initiation Phase rate was 60.6% and increased by 3.4 percentage points over the prior year (57.2%), surpassing the established goal of 57% and the HPL of 55.3%. This increase was statistically significant. The Continuation & Maintenance Phase rate was 70.4%, a statistically significant increase of 1.9% from the prior year (68.5%) and surpassing the established goal of 69% 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						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	264	966	46	179	1	181	1,229	414	11	14
Denominator	437	1,553	73	310	1	327	2,022	681	19	28
Rate	60.4%	62.2%	63.0%	57.7%	100%	55.4%	60.8%	60.8%	57.9%	50.0%

Medi-Cal – Continuation and Maintenance Phase

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	74	230	12	60	1	45	332	92	2	2
Denominator	95	333	18	87	1	63	467	133	3	5
Rate	77.9%	69.1%	66.7%	69.0%	100%	71.4%	71.1%	69.2%	66.7%	40.0%

Medi-Cal - ADD

For Race/ Ethnicity of the Medi-Cal-Initiation Phase, the highest rate was among Asians (63.0%) and the lowest rate was among Black/African American (60.4%). This was not statistically significant. For language, both English and Spanish speakers had the same rate of 60.8%. The data for this measure were unreliable, as the other groups had all small sample sizes. Note that American Indian/Alaskan Native has the highest rate at 100%, however is not included due to the small sample size (N=1). Chinese speakers had lower rates, however the sample size were less than 30. As a result of these small sample sizes, no racial or linguistic disparities were noted for this measures.

For Race/ Ethnicity of the Medi-Cal- Continuation and Maintenance Phase, the highest rate was among Black/African American members (77.9%) and the lowest rate was among Hispanic members (69.1%). This was statistically significant. For language, the highest rate was among English speakers (71.1%) and the highest rate was among Spanish speakers (69.2%). This was not statistically significant. The current intervention does not address this racial disparity. This disparity will be discussed at the BHQC meeting in December of 2021 to understand some possible causes.

Qualitative Analysis

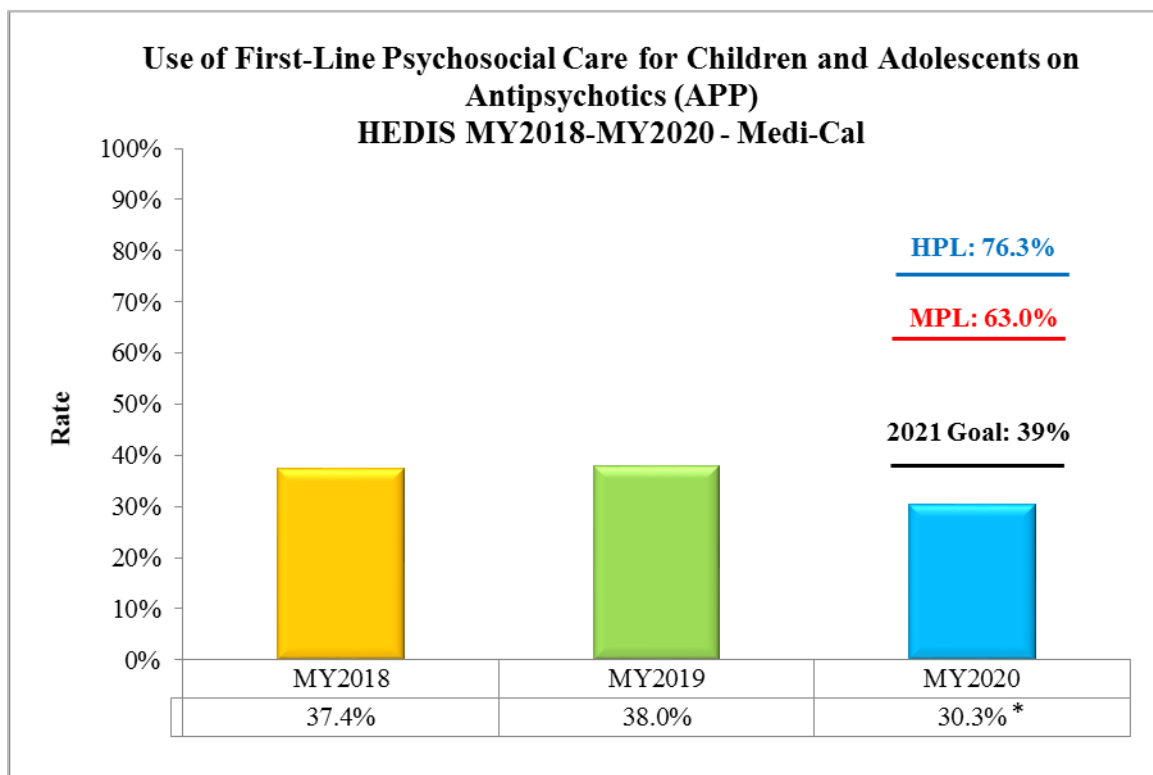
In the last three years there has been a steady upward trend in both the ADD rates. This year the ADD Initiation Phase rate increased by 3.4%, while the Continuation and Maintenance Phase rate increased by 1.9%, both of which are statistically significant. This is impressive considering the impact COVID-19 has had on in-person visits in the last year. This is likely due to our continued efforts notifying via mail, prescribers of the need to screening when a prescription is initiated.

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

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

RESULTS

The following graph compares L.A. Care APP rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

Medi-Cal

The APP rate 30.3%, representing a 7.7 percentage point decrease over the previous year (38.0%). This decrease was statistically significant. The rate did not meet the goal or MPL.

Disparity Analysis

Medi-Cal

Admin	Race/Ethnicity					Spoken Language		
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	English	Spanish	Chinese
Numerator	25	94	6	17	1	107	47	2
Denominator	79	312	16	47	2	343	171	2
Rate	31.65%	30.13%	37.5%	36.17%	50%	31.20%	27.49%	100%

Medi-Cal

For Race/Ethnicity of Medi-Cal, the highest rate was among White members (36.17%) and the lowest rate was among Hispanic members (30.13%). While Asians had the lowest rate, their denominator was below 30 members and therefore not a part of the analysis. The difference between White and Hispanic members was not statistically significant. For Language, there was also no disparity noted. Chinese speakers were not included in the analysis due to the denominator or small sample sizes. As a result of these small sample sizes, no racial or linguistic disparities were noted for this measure.

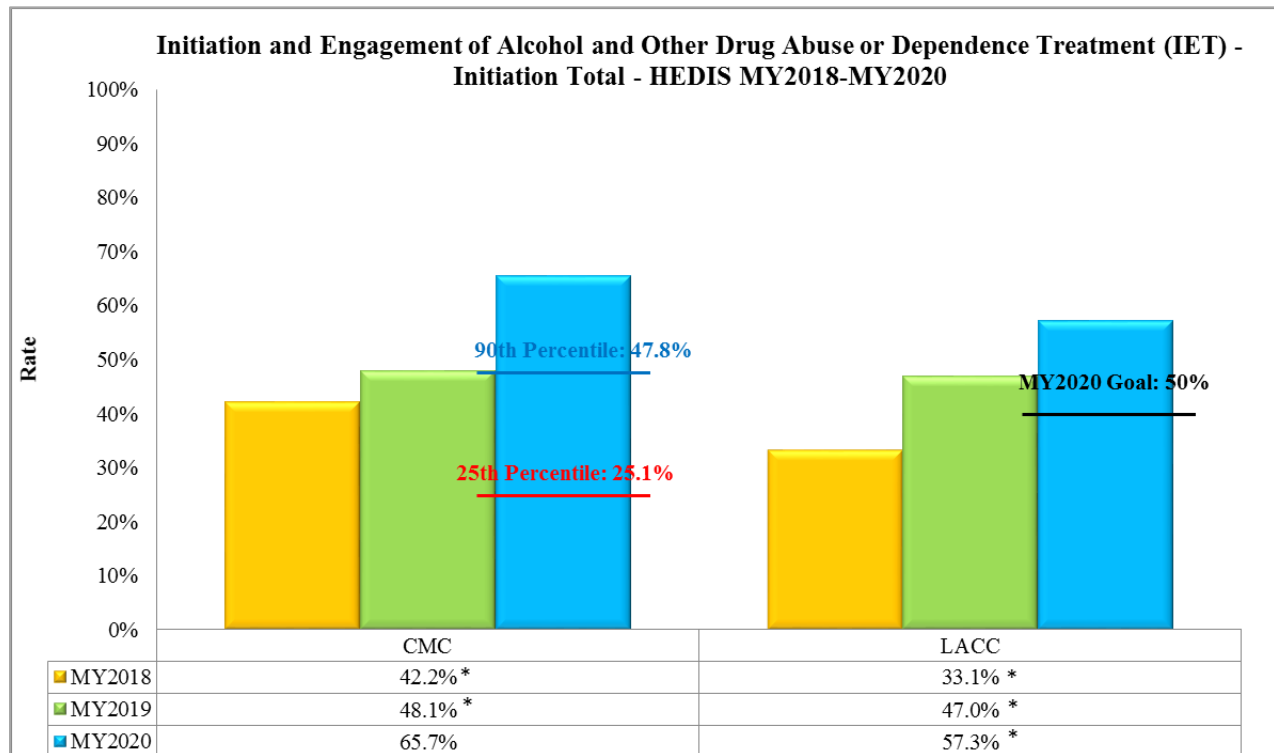
Qualitative Analysis

In the August 8/11/2021 Behavioral Health Work Group, this rate decline was noted as a concern but the consensus was that this was largely driven by COVID-19 pandemic and the limited in person office visits. The measure was kept on the list for monitoring only, or Level Three priority, and no interventions or actions were taken for the specific measure. However, L.A. Care does have interventions in place for returning back to care. Those broad campaigns should address the drop in rates. QI will continue to keep track of the prospective rate and monitor if the rate is trending higher in MY2021 before raising the priority level.

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

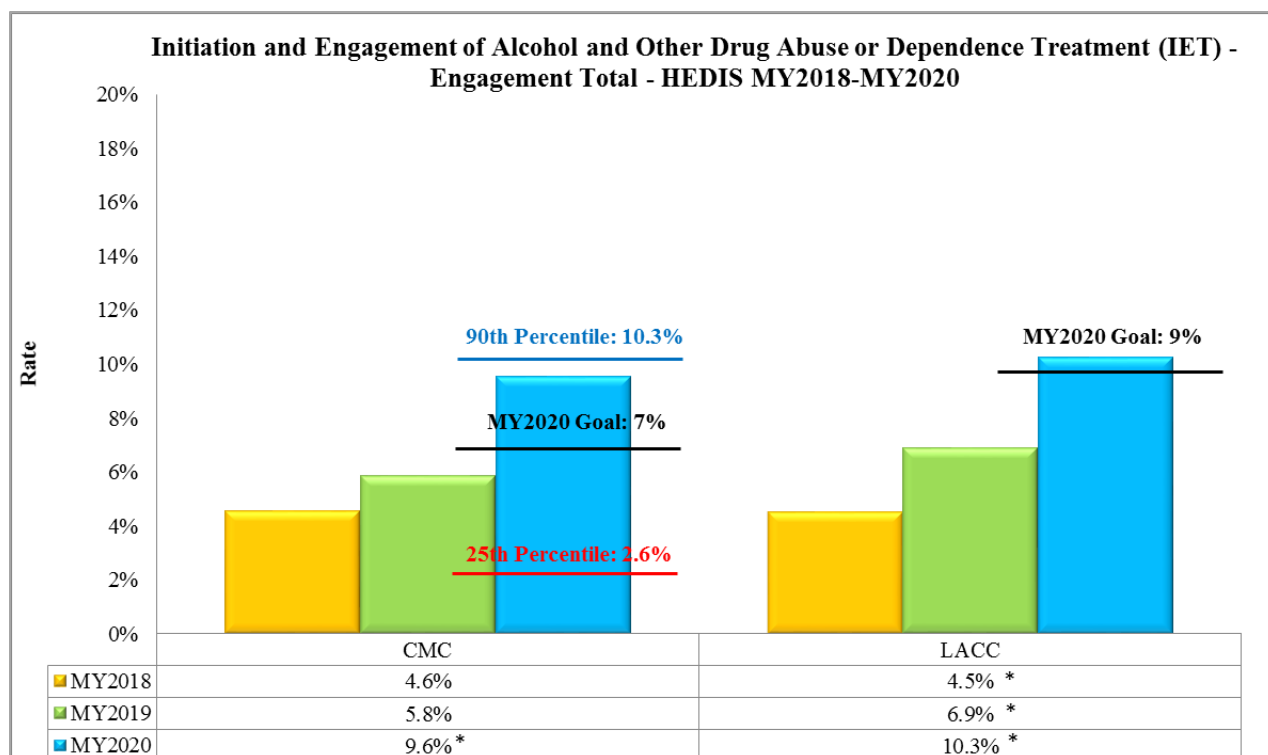
RESULTS

The following graphs compare L.A. Care IET rates for HEDIS MY2018-MY2020 among different product lines.



*Statistically Significant Difference

CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles



*Statistically Significant Difference

CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

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 65.7% and 17.6 percentage points higher than the prior year 48.1%. There was no established goal for this rate. The Engagement rate was 9.6%, an increase of 3.8% over 2019 (5.8%), which was statistically significant. The rate passed its goal of 7%.

LACC

The Initiation rate for LACC was 57.3%, an increase of 24.2% over the 2019 rate (33.1%) which was found to be statistically significant. The rate met its goal of 50%. The Engagement rate was 10.3% compared to last year's rate of 6.9%. The rate increase was statistically significant and surpassed the goal of 9%.

Disparity Analysis

CMC - Initiation

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	176	283	20	96	4	175	722	184	6	12
Denominator	284	386	38	150	4	312	1,124	248	8	20
Rate	62.0%	73.3%	52.6%	64.0%	100%	56.1%	64.2%	74.2%	75.0%	60.0%

CMC - Engagement

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	20	34	2	12	4	32	105	22	2	4
Denominator	284	386	38	150	4	312	1,124	248	8	20
Rate	7.0%	8.8%	5.3%	8.0%	100%	10.3%	9.3%	8.9%	25.0%	20.0%

CMC - IET

For Race/Ethnicity of the CMC-Initiation phase, the highest rate was among Hispanic members (73.3%) and the lowest rate was among Asian members (52.6%). This was statistically significant. For Language, the highest rate was among Spanish speakers (74.2%) and the lowest rate was among English speakers (64.2%). This was statistically significant. Note that American Indian/Alaskan Native (N=4), and Chinese speakers (N=8), could not be reliably calculated for significance due to a low numbers of members (n<30) in the denominator.

For Race/ Ethnicity of the CMC-Engagement, the highest rate was among Hispanic members (8.8%) and the lowest rate was among Asian members (5.3%). This was not statistically significant. For language, the highest rate was among English speakers (9.3%) and the lowest rate was among Spanish speakers (8.9%). This was not statistically significant. Note that American Indian/Alaskan Native (N=4) and Chinese speakers (N=8) could not be reliably calculated for significance due to a low numbers of members within certain groups. Therefore, there was not linguistic disparity noted for this measure.

LACC - Initiation

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	8	127	66	164	0	175	572	88	6	20
Denominator	30	212	104	269	0	330	969	178	18	26
Rate	26.7%	59.9%	63.5%	61.0%	NA	53.0%	59.0%	49.4%	33.3%	76.9%

LACC – Engagement

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	0	16	12	40	0	27	113	10	0	0
Denominator	30	212	104	269	0	330	969	178	18	26
Rate	0.0%	7.6%	11.5%	14.9%	NA	8.2%	11.7%	5.6%	0.0%	0.0%

LACC - IET

For the LACC line of business in the Initiation measure, the highest rate was among Asians members (63.5%) and the lowest rate was among Black/African American members (26.7%), this was statistically significant. For Language, the highest rate is English (59.0%) and the lowest rate is Spanish (49.4%), this was statistically significant. Note that Chinese speakers (N=18) and AIAN (N=0), could not be reliably calculated for significance due to low number of members.

For the Engagement measure with regard to race/ethnicity, the highest rate was among White members (14.9%) and the lowest rate was among African Americans (0.0%), which is statistically significant. For language, the highest rate is English (11.7%) and the lowest rate is Spanish (5.6%), which is statistically significant. Note that Chinese speakers (N=18) and AIAN (N=0) could not be reliably calculated for significance due to low number of members. At this time there are no interventions geared toward addressing this disparity as this is not a priority measure.

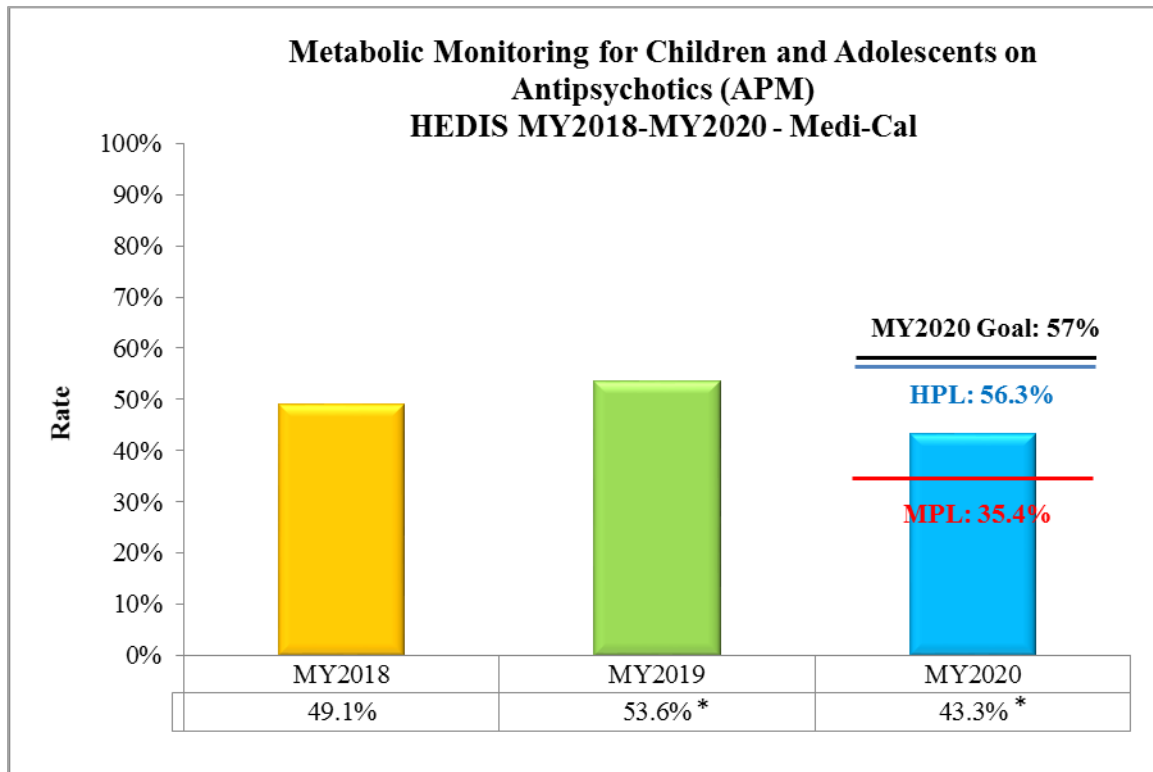
Qualitative Analysis

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. Despite this, as noted in the August 11, 2021 Behavioral Health Work Group minutes, thanks to a new data source-Cozeva, rates increased dramatically. For Both CMC and LACC, surpassing the 90th percentile for CMC on initiation. 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. Improving data capture continues to make

significant improvements in the rates. Engagements among Black/African Americans is another area that needs to be addressed.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The following graph compares L.A. Care APM rates for HEDIS MY2018-MY2020 in the Medi-Cal product line:



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

Medi-Cal

The APM rate was 43.3%, representing a 10.3 percentage point decrease over the previous year (53.6%) that is statistically significant. The rate did not meet the goal of 57% but surpassed the MPL of 35.4%.

Disparity Analysis

Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	83	386	24	87	2	56	408	234	2	9
Denominator	209	860	56	214	3	131	1,006	469	6	29
Rate	39.7%	44.9%	42.9%	40.7%	66.7%	42.8%	40.6%	49.9%	33.3%	31.0%

Medi-Cal - APM

For Race/ Ethnicity of Medi-Cal, the highest rate was among Hispanics members (44.9%) and the lowest rate was among Asians members (42.9%). This was not statistically significant. For language, the highest rate was among Spanish speakers (49.9%) and the lowest rate was among English speakers (40.6%). This was statistically significant. Note that Chinese, and AIAN, had unreliably small denominators at N=6, and N=3, respectively. Therefore, there was not a racial disparity noted but there was a disparity among Spanish speakers.

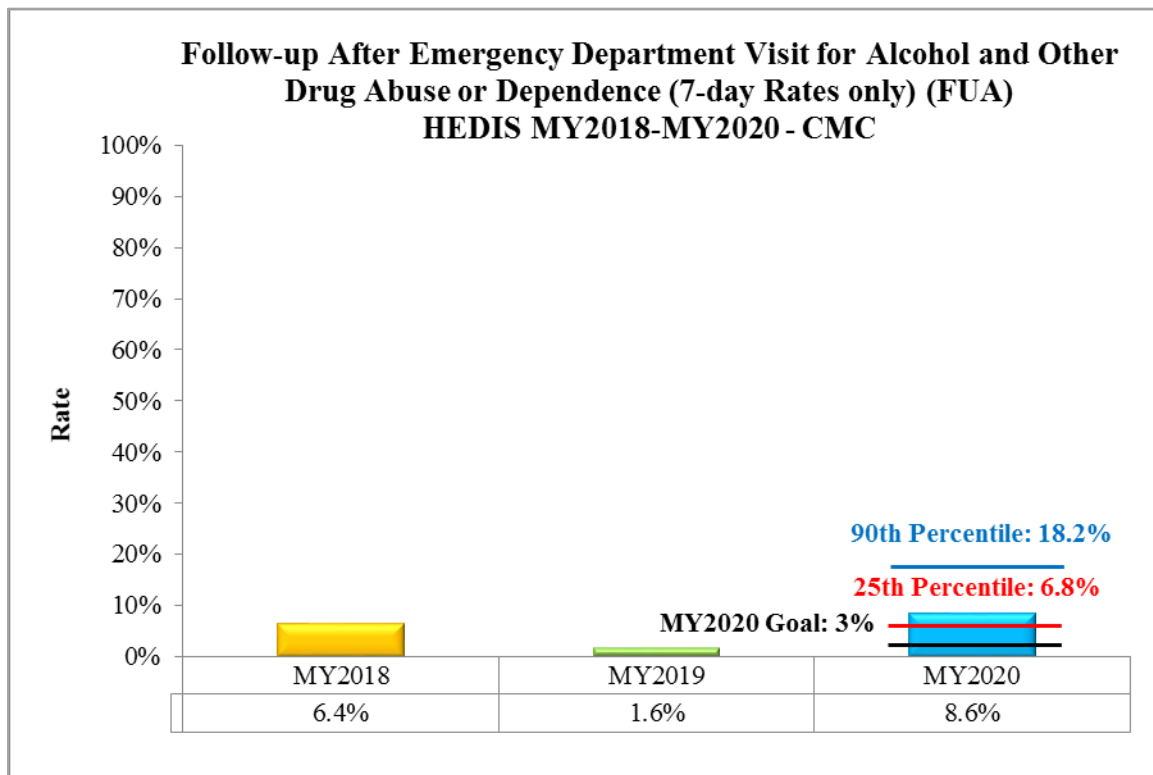
Qualitative Analysis

Historically, L.A. Care has performed well with regard to established APM regulatory benchmarks. Although APM is no longer part of the Managed Care Accountability Set (MCAS) under the California Department of Health Care Services (DHCS), it does factor into L.A. Care's accreditation score for the Medi-Cal line of business. In 2019, L.A. Care achieved a rate of 53.58% which met the 90th percentile for the HEDIS NCQA Quality Compass benchmarks. The rate decrease is likely driven by the lack of care that has occurred due to COVID-19. Despite the decline, APM is still performing above the 50th percentile, however, the long-term health effects make the intervention worth undertaking as agreed upon in the workgroup.

L.A. Care developed a provider intervention which would address appropriate metabolic testing for children and adolescents on antipsychotics. L.A. Care will distribute notification letters to all MCLA primary care providers encouraging them to conduct appropriate metabolic testing for child and adolescent-aged patients on antipsychotic medications. The notification letters also include a list of their patients on the antipsychotic medications. An evaluation is planned to be done in early 2022.

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

The following graph compares L.A. Care FUA rates for HEDIS MY2018-MY2020 in the CMC product line:



ANALYSIS

Quantitative Analysis

CMC

The FUA rate was 8.6%, representing a 7 percentage point increase over the previous year (1.6%). The increase is not statistically significant, and the rate met the established goal of 3% for the year. It also passed the 25th percentile of 6.8%.

Disparity Analysis

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

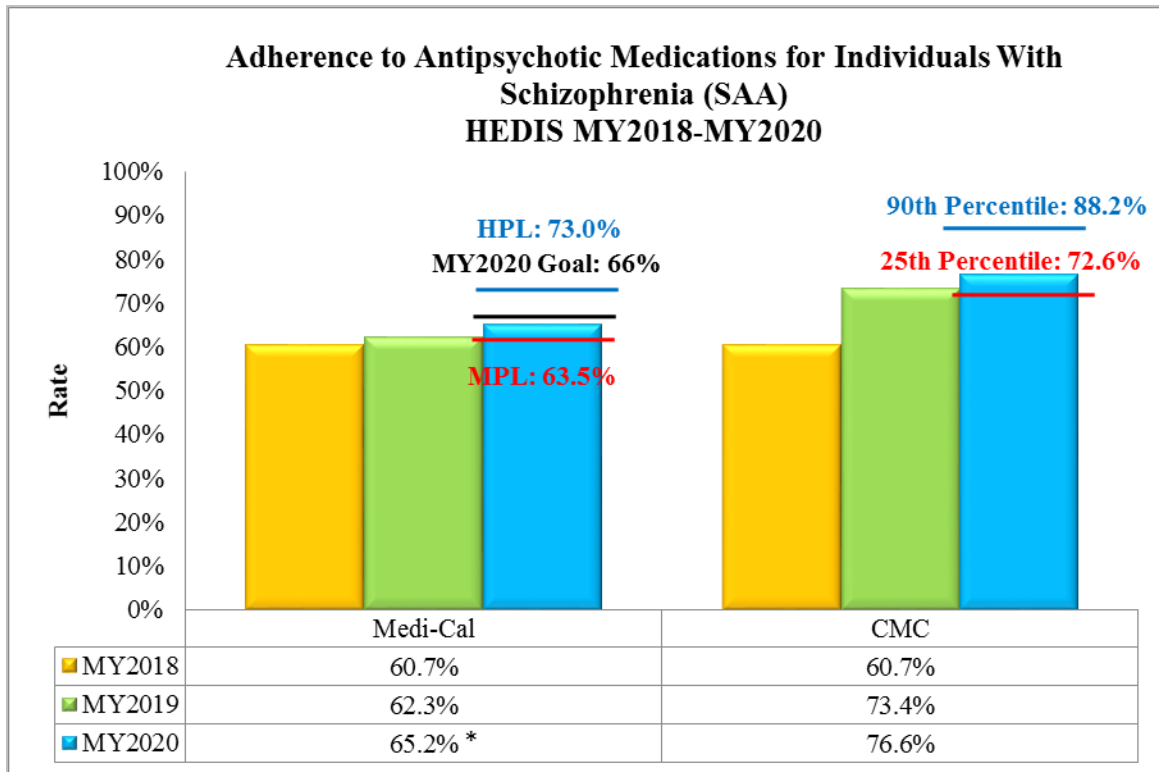
Qualitative Analysis

There are no current interventions for FUA and is currently being monitored as it is not considered a priority measure. FUA is considered a difficult measure to have interventions because not all Emergency Department visits are captured in our system. Additionally, a 7-day follow up is difficult to fulfill since providers may not have openings for appointments within the week, especially during the COVID-19

pandemic. However, the measure has increased dramatically over the past year – the reason may be that the measure has a small denominator which can contribute to higher increases.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

The following graph compares L.A. Care SAA rates for HEDIS MY2018-MY2020 among different product lines:



*Statistically Significant Difference

- Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)
- CMC benchmarks are from Quality Compass MY2020 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal

The SAA rate was 65.2%, representing a three percentage point increase over the previous year (62.3%), the increase is statistically significant. The rate did not meet the goal of 66% but surpassed the MPL of 63.5%.

CMC

The SAA rate was 76.6%. The rate increase by 3.2 percentage point increase over the previous year (73.4%), the increase was not statistically significant. The measure passed the 25th percentile.

Disparity Analysis

Medi-Cal

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	1,911	4,108	687	1,511	21	1,067	6,323	811	93	305
Denominator	3,381	2,635	869	2,178	32	1,480	10,187	1,104	110	395
Rate	56.5%	64.1%	79.1%	69.4%	65.6%	72.1%	62.1%	73.5%	84.5%	78%

CMC

Admin	Race/Ethnicity						Spoken Language			
HEDIS MY2020	Black/ African American	Hispanic	Asian	White	American Indian/ Alaskan Native	Unknown	English	Spanish	Chinese	Unknown
Numerator	76	136	27	33	1	73	332	54	3	5
Denominator	106	163	35	42	1	101	444	64	4	5
Rate	71.7%	83.4%	77.1%	78.6%	100%	72.3%	74.8	84.4%	75%	100%

Medi-Cal - SAA

For Race/ Ethnicity of the Medi-Cal product line, the highest rate was among Asian members (79.1%) and the lowest rate was among Black/African American members (56.5%). This was statistically significant. For language, the highest rate was Chinese speakers (84.5%) and the lowest rate was among English speakers (62.1%). This was statistically significant. Therefore, a disparity exists among Black/African American members and Chinese speakers. At this time there are no interventions geared toward addressing this disparity as this is not a priority measure.

CMC - SAA

For Race/ Ethnicity of the CMC product line, the highest rate was among Hispanic members (83.4%) and the lowest rate was among Black/African American (71.7%). This was statistically significant. For language, the highest rate was among Spanish speakers (84.4%) and the lowest rate was among English speakers (74.8%), this was statistically significant. Note that Chinese, and AIAN had lower rates, however their sample sizes were unreliably small. At this time there are no interventions geared toward addressing this disparity as this is not a priority measure.

Qualitative Analysis

Currently this is not a priority measure and there are no interventions for this measure.

SUMMARY OF INTERVENTIONS FOR MY2020 – MY2021

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 they do not need medication PCPs do not encourage members to stay on medication for the appropriate length of time PCPs prescribe for 30 days Pharmacy reversals were removed from data 	<ul style="list-style-type: none"> 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. For 2021, it was decided to send out 2 mailers – one in Oct 2021 and one in Feb 2022. The Oct mailing will imitate the 2020 mailing while the Feb mailing will have customized letters based on the member's diagnosis. 	<ul style="list-style-type: none"> The evaluation of the 2020 mailer showed the mailer was effective; therefore the intervention is continued in 2021. Evaluation of new mailers to be done in July 2022.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	<ul style="list-style-type: none"> Members may not want to take medication since antipsychotic medications can cause weight gain, increased risk of high blood levels of cholesterol or triglyceride and increased risk for high blood sugar and diabetes, and low blood pressure Providers may not be aware patient is on medication 	<ul style="list-style-type: none"> Providers were sent APM notification letter in Sept 2021 which shows which of their members are in need of metabolic testing 	<ul style="list-style-type: none"> Evaluation is planned to be done in Spring 2022
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. 	<ul style="list-style-type: none"> Ongoing- POR/Gap in care list sent to the network. In 5/2020 the POR frequency increased to monthly included in 	<ul style="list-style-type: none"> Continue sending out the provider opportunity report containing SSD Due to COVID, difficult to evaluate if

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> Point of care testing may not be documented or coded correctly 	<p>HEDIS data collection process.</p> <ul style="list-style-type: none"> 12/20 Meeting with DMH to encourage outreach to providers regarding the need to screening members 12/2021 Sent communication to high volume PPGs to review POR and screen members 	<p>program is effective</p>
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	<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"> Ongoing- POR/Gap in care list sent to the network. In 5/2020 the POR frequency increased to monthly 12/20 Meeting with DMH to encourage outreach to providers regarding the need to screening members 12/2021 Sent communication to high volume PPGs to review POR and screen members 	<ul style="list-style-type: none"> Continue sending out the provider opportunity report containing SMD Due to COVID, difficult to evaluate if program is effective
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"> REACH program on pause for MY2020 Incentives team working on MY 2020 outcome evaluation. Member incentives continues in 2021 using a new vendor MY 2018 and MY 2019 process evaluation completed in Q3 of 2021 	<ul style="list-style-type: none"> REACH program has been on pause for about 2 years. For the MY 2018 and 2019 process evaluation, it showed that CMC members tended to receive more rewards than LACC members for the \$25 debit card incentive program.
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. 	<ul style="list-style-type: none"> Mailers continue to be sent to providers on a bi-weekly basis informing them that member has been prescribed ADHD medication and advising follow up. 	<ul style="list-style-type: none"> Increase in Initiation Phase and Continuation Phase 2020 Evaluation showed ADD provider letters helped to improve scores

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> Parents may not seek care for their children due to social stigma 		

LOOKING FORWARD

- L.A. Care will resume a mailer to members who have been prescribed an antidepressant advising them of the importance of maintaining treatment, as an evaluation demonstrated it was effective. The next mailers will be sent in October 2021 and February 2022.
- L.A. Care will continue sending out ADD provider mailers encouraging providers to reach out to their members to see their provider and/or have a medication refill.
- L.A. Care will do an evaluation on the APM provider mailer to see if the program was effective or not in bringing in members to have their metabolic testing.
- L.A. Care will add the depression screening measure as a priority measures to help improve health disparities when it comes to depression screening.

MY2021 WORK PLAN GOALS:

HEDIS Measure	MY2021 Medi-Cal Goal	MY2021 Cal MediConnect Goal	MY2021 L.A. Care Covered Goal
Antidepressant Medication Management (AMM), Acute Phase	N/A	N/A	68%
Antidepressant Medication Management (AMM), Continuation Phase	41%	57%	50%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	77%	N/A	N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 7-day	N/A	38%	43%
Follow-Up After Hospitalization for Mental Illness (FUH), 30-day	N/A	56%	N/A
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	68%	N/A	N/A
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	44%	N/A	N/A

N/A: Not applicable

C.3 APPROPRIATE MEDICATION MANAGEMENT

AUTHOR: ANN PHAN, PHARM.D, ANDY HAN, PHARM.D, & CHRISTIAN ESCOBEDO, PHARM.D
REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

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

The following programs are in place from 2020 to 2021 to address pharmacy specific National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) quality measures. These in-house initiatives were in collaboration with Quality Improvement (QI), Behavioral Health (BH), Navitus and MedWiseRx (formerly 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)
 - Comprehensive Diabetes Care (CDC)
 - Controlling High Blood Pressure (CBP)
 - Flu Vaccinations for Adults Ages 18-64 (FVA)
 - Flu Vaccinations for Adults Ages 65 and Older (FVO)

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

- Medication Adherence for Diabetes Medications (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 adherence outreach program, the Comprehensive Adherence Solutions Program (CASP), to replace the statin adherence program implemented last year to target Cal MediConnect (CMC) members. CASP was successfully launched in June 2021. The program involves a high-touch approach to ensure adherence is achieved and maintained throughout the calendar year. The targeted medication category was expanded from statin-related measures (e.g., Statin Therapy for Patients with Diabetes [SPD] and Statin Therapy for Patients with Cardiovascular Disease [SPC]) to all three medication categories (statins, RAS antagonists, and diabetes medications) and statin recommendation to eligible diabetes members to fulfill the SUPD measure. Pharmacy technicians and pharmacists conducted outbound calls to members to encourage our members to be adherent by addressing

any obstacle they may be facing and offering pharmacy services to help them. We utilize Motivational Interviewing techniques to listen to the members' concerns and offer the exact service they need from our list of available services, including patient education, transportation resources, 90-day supply conversion, mail order referral to Ralphs Pharmacy, medication synchronization (allowing members to pick up multiple chronic medications on the same day rather than going to the pharmacy multiple days in a month), and statin recommendation for eligible diabetic members. Additionally, we educate members to receive eligible vaccines including the flu, COVID-19, pneumonia, and shingles vaccines, if appropriate. We also conduct survey questions to assess members experience with their prescription drug plan (in hopes of improving our performance in the Getting Needed Prescription Drugs CAHPS metric) and a Social Determinant of Health (SDOH) survey to address any social concerns. If appropriate, referral to a service found on Community Link or to L.A. Care's Social Services Dept. was made. Lastly, we would refer members who are eligible for Medication Therapy Management (MTM) but have not completed a Comprehensive Medication Reviews (CMR) to MedWiseRx. Each intervention is tailored to specific members and would only be offered to those that need it.

Our current preferred pharmacy partner for mail order is Ralphs pharmacy. Ralphs pharmacy mailed 2,500 postcards to members who were identified as non-complaint to our medication adherence measures in November 2020. We also placed mail order advertisement on our social media outlets, company website, and on-hold phone queues for all LOBs to encourage members to sign up for mail order. Mail order will allow members to receive their chronic medications on time and with ease as they're mailed or delivered directly to the members' doorstep. Ralphs pharmacy also has an option for members to automatically refill their chronic medications, also known as auto-refill (with confirmation of the member's consent for each auto-shipment), which is a benefit shown to improvement medication adherence.

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) are currently in place for 2021 with MedWiseRx. 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)

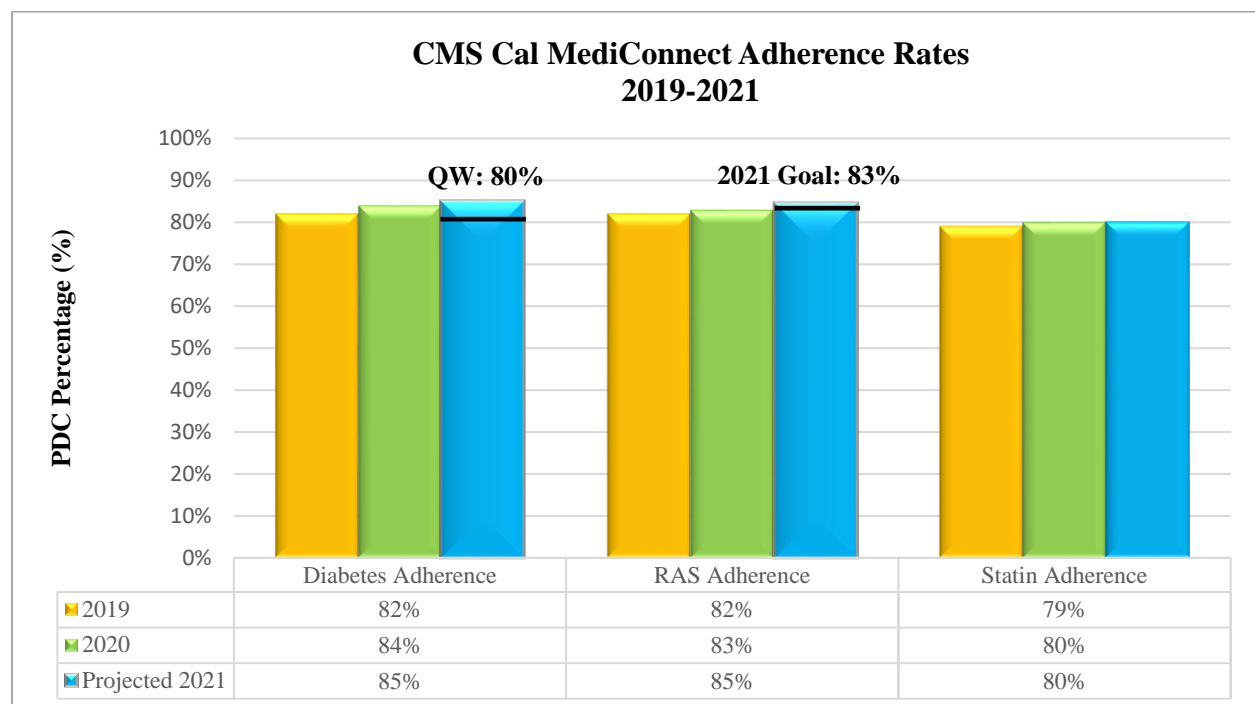
Navitus has also been mailing 90-day supply conversion forms to providers on a quarterly basis to encourage prescribers to switch members' chronic medications to a 90-day supply. Switching to 90-day supply has proven to help with improving medication adherence, especially for those who are physically burdened. Fewer trips to the pharmacy may result in higher adherence, and protect our more vulnerable CMC members from COVID-19 risk.

MAJOR ACCOMPLISHMENTS

- As of 9/30/21, L.A. Care's pharmacy team has made 1,643 attempts to reach members qualified under the medication adherence measures as part of our CASP adherence call campaign starting June 2020. We successfully reached 410 members and conducted 1,486 interventions, including member education, 90-day supply conversion, referral to various vendors, medication synchronization, and vaccine education. Outreach effort is currently ongoing.
- We are on track to meet our Population Health Management (PHM) Index Goal of 83% for 2021 for the RAS Antagonists adherence measure.

RESULTS

The following graphs compare L.A. Care adherence performance at the end of year for 2019, 2020, and projected 2021:



Quantitative Analysis

The Cal MediConnect (CMC) medication adherence rates from contract year (CY) 2019 to CY 2020 saw an improvement based upon monthly medication adherence data trends released by CMS via the Acumen Patient Safety Reports (Acumen, LLC; *Patient Safety Analysis 2020*). For CY 2020, the final medication adherence rates were 80%, 83%, and 84% for the Statins, RAS Antagonists, and Diabetes measures, respectively. The final 2021 rates listed above are calculated as a forecast for the end of 2021 based on previous year's trend, and may not be accurate to the true final rate for 2021. In addition, collaborating with Navitus and using the prior CMS Technical Specifications, the pharmacy department projected the medication adherence rates and cut-points for CY 2021. Based upon current projections, we will finish CY 2021 at 80%, 85%, and 86% for the Statins, RAS Antagonists, and Diabetes measures, respectively. Based on cut point projections, we will achieve a 3-star rating for the Diabetes, 2-star rating for Statins adherence measure and 3-star rating for RAS Antagonist adherence measures for this measurement year. We will also exceed our Population Health Management (PHM) Index Goal of 83% for 2021 for the RAS Antagonists adherence measure.

Qualitative Analysis

Pharmacy aimed to resolve barriers to medication adherence with the ultimate goal of increasing the quality of life for our members and moving the needle in the positive direction for our CMS 5-Star quality measures. Cut points for CMS Star measures are updated annually and typically shift upwards (meaning, rate thresholds for each Star level increase) due to changes in the specifications of the measure or changes in the average performance of health plans across the country. CMS recently released the cut points for the CY 2020 medication adherence measures. As expected, CMS has raised the cut-points to reach 4 stars for the Diabetes and Statins measure, while RAS Antagonists remained the same. If our PDC trends as forecasted, we have a 3-star rating for Diabetes adherence, remain at a 2-star rating for Statin adherence, and advance to a 3-star rating for RAS Antagonists adherence. The greatest improvement is observed in the RAS Antagonists adherence measure as it is one of our PHM Index Goals. This improvement is largely contributed by the pharmacy technician/pharmacist outreach call intervention.

Given the challenge of barriers to medication adherence, the pharmacy department targeted CMC members on the adherence medications and employed multiple interventions throughout the year as an attempt to improve their adherence. Live telephonic outreach calls with highly trained pharmacy technicians and pharmacists sought to resolve any issues that may prohibit the member from being adherent, such as a transportation issue or simply forgetting to take the medications. Pharmacy team has also implemented several marketing campaigns to display advertisement for our mail order pharmacy vendor. Another main focus of ours is to address any Social Determinant of Health (SDOH) issues by utilizing SDOH surveys and triaging to appropriate resources; however, our department is limited to a finite amount of resources (e.g., staff and time to conduct calls) and cannot reach every eligible member for the Star adherence measures. To assist with these limitations, we hope to restart the Interactive Voice Response (IVR) refill reminder call campaign soon as it was on pause for most of 2021 due to concerns with the Telephone Consumer Protection Act (TCPA). Nevertheless, our improvement/sustainment in both medication adherence rates and star ratings across all measures demonstrate the effectiveness of our interventions for 2021.

With the continuation of the Prescriber Scorecard in 2021, we hope to see a consistent increase in adherence performance for measurement year 2022. From an analysis done earlier this year, the prescriber scorecard has also contributed to an overall improvement to medication adherence since its implementation in 2018, though it is difficult to isolate the effect of this intervention alone. 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. Furthermore, the COVID-19 pandemic limited our collaboration with PPGs (such as the temporary hold on Joint Operations Meetings), thus limiting potential engagement and direct partnership from the providers. 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 Lack of PPG/provider partnership/engagement in part due to COVID-19 	<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 Address SDoH-related barriers via Community Link and/or CM/Social Services referrals 	<ul style="list-style-type: none"> Increase in PDC rate for Diabetes and RAS Antagonist medication adherence measures Advance to estimated 3-Star Rating for RAS Antagonist medication adherence measures Increase in 90-day supply prescription count
Medication Adherence for Hypertension Medications (RAS Antagonist)			
Medication Adherence for Statins			

LOOKING FORWARD

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

- Continue member outreach interventions to increase adherence.
- Continue to grow our partnership with Ralphs Mail Order Pharmacy to assist in adherence and 90-day supply prescription rates (100-day supply starting January 2022).
- 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.
- Leverage our PPG/provider relationship and provide actionable member data on a monthly basis in tandem with the Provider Opportunity Reports from Incentives.
- Assist with developing the StarSERV and Cozeva platforms to promote transparency and allow stakeholders to take action.
- Collaborate with Risk Adjustment to refer members eligible for the Annual Wellness Exam to House Call Doctors starting October 2021.
- Increase the maximum day supply from 90 days to 100-day supply for chronic medications for the CMC population. All 90-day supply programs will be switched to 100-day supply.
- Utilize our various Health Information Exchange (HIE) systems to find alternate phone numbers used for member outreach.

MEDICATION THERAPY MANAGEMENT (CMR COMPLETION RATE)

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

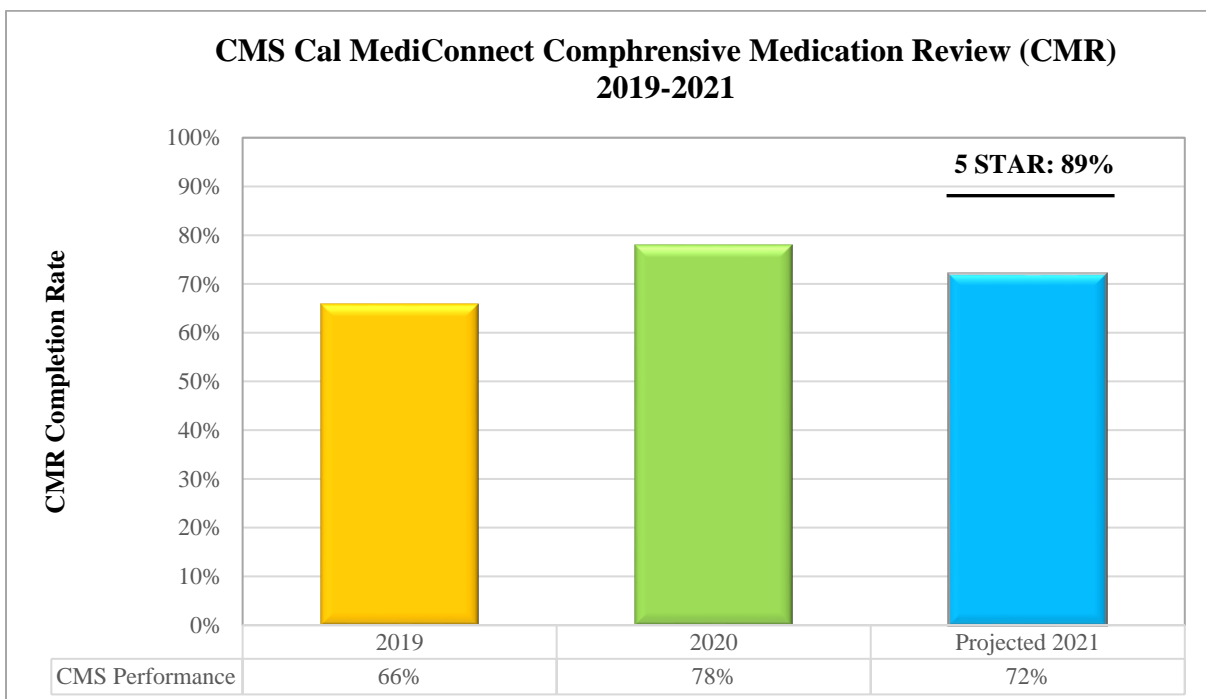
MedWiseRx, formerly SinfoníaRx, currently administers MTM for L.A. Care CMC members. As part of the MTM program, members receive a telephonic Comprehensive Medication Reviews (CMRs) conducted by MedWiseRx personnel. A CMR is an interactive person-to-person or telehealth medication review and consultation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

For Contract Year 2021, each beneficiary may receive MTM intervention based on the following criteria:

- 3 or more chronic diseases
- 8 or more covered Part D Chronic/Maintenance drugs
- Incurred annual cost of \$4,376 in covered Part D drugs
- Beneficiary is allowed to Opt-Out of the MTM program

As of September 2021, the CMR rate is reported at 61%. Started in June 2021, the pharmacy department has warm-transferred eligible MTM members during comprehensive medication solution calls which is a new telephonic outreach campaign to address adherence for diabetes, RAS antagonists, and statin medications.

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 MedWiseRx to provide our CMC members MTM services. 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%. In CY 2020, L.A. Care reached a CMR rate of 78%. The projected CMR completion rate for CY 2021 will be 72%.

Qualitative Analysis

The goal that was set for MedWiseRx was to reach 89% for CY 2020 and CY 2021. However, MedWiseRx has failed to reach goal year after year, despite the pharmacy department dedicating internal resources to assist in warm-transfer of MTM eligible members to MedWiseRx during outreach campaigns. Additionally, L.A. Care pharmacy department has also provided necessary files, such as alternate phone numbers and addresses, phone disposition reports, cognitive impairment diagnosis member files, and Long Term Institutional (LTI)/Long Term Care Report (LTCRPT) reports, to assist MedWiseRx with their outreach efforts. As a result, pharmacy will be switching vendors from MedWiseRx to Navitus Clinical Engagement Center (CEC) in hopes of meeting the 5-star benchmark for CMR completion for CY 2022.

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• Members not picking up their phone• Language barriers	<ul style="list-style-type: none">• Employing multiple tactics, such as calling the pharmacy and provider, to obtain new phone numbers• Provide Long Term Institutionalized reports from CMS• Provide updated addresses and phone numbers• Making multiple attempts at different times of the day to reach the members• Engaging Care Management team to encourage MTM eligible members to utilize service• Using telephonic translation services• Identifying members with diagnosis of Cognitive Impairment for exclusion• Leveraging Health Information Exchange systems to obtain alternate phone numbers	<ul style="list-style-type: none">• Expanded outreach to members for CMR completion

LOOKING FORWARD

- The goal is to meet the 5-star goal for CY 2022 for CMR completion at 89%.
- Navitus CEC will be the new vendor for MTM completion for CY 2022.
- We hope to obtain additional alternative phone numbers and increase our outreach success rates by leveraging our various HIE systems.

Cal MediConnect CMS Medication Adherence & MTM Measures	2021 Measurement Year Rate (August 2020)	Expected End of Year Rate	Projected Star Rating	2021 Goal Rate
Medication Adherence for Diabetes Medications	90%	85%	3	84%
Medication Adherence for Hypertension Medications (RAS Antagonists)	90%	85%	3	83%
Medication Adherence for Statins	88%	80%	2	80%
Medication Therapy Management (MTM)	53%	72%	3	89%

HEDIS MEASURES

L.A. Care Health Plan's pharmacy department has launched or assisted with several in-house pilot programs to target specific HEDIS measures, including ADD, AMR, CDC, CBP, statin measures (SPD, SPC, and SUPD), OMW, and the Flu vaccine measures. ART is no longer an accreditation measure. For the OMW intervention, highly trained pharmacy interns and pharmacists have been conducting outreach calls to prescribers to encourage reassessment for members who met the specifications for the Osteoporosis measure. For MY2021, pharmacy interns outreached providers of 43 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. We are also planning to partner with House Call Doctors to perform in-home DEXA scans for homebound members who have difficulty with transportation in 2022.

To address the chronic disease management measures (CDC, CBP, and statin measures) and the disparity within our diabetic members, L.A. Care Pharmacy Department has partnered with the California Right Meds Collaborative (CRMC) and launched its own an ambulatory care pharmacy program. Both initiatives were started in early 2020 and are currently ongoing. CRMC is an initiative from the University of Southern California (USC) School of Pharmacy. Our goal is to develop a network of pharmacies that will deliver Comprehensive Medication Management (CMM) services to address the high burden of chronic disease states in underserved areas of Los Angeles County. A new patient outreach strategy was developed to identify high-risk patients who have been recently discharged from the hospital with uncontrolled diabetes. Along with this, patients are also being stratified based on health disparities. As of 9/1/21, 295 L.A. Care members have received services from a CRMC clinical pharmacist since the inception of this program. As of 5/25/21, we have seen an average A1c reduction of 2.7% in members with 5 or more visits and 84% of these members reached a blood pressure less than 140/90. CRMC pharmacists are also faxing the blood pressure readings to providers to be counted towards our CDC and CBP measures. We are currently working with QI to provide blood pressure monitors to our direct network members, as well as assisting the CRMC pharmacies to provide blood pressure monitors to eligible members covered by their medical benefit. To date, seven pharmacies have joined our CRMC program. We also set our 2021 PHM Index Goal to increase enrollment of Black and African American members from 40 to 60 members. We have surpassed the goal and have enrolled more than 90 Black and African American members, as of 9/30/21. Additionally, L.A. Care Pharmacy Department also launched an ambulatory care pharmacy program, where a pharmacist has established a Collaborative Practice Agreement with three federally qualified health

centers (FQHC) to provide clinical services to manage diabetes, hypertension, and hyperlipidemia for L.A. Care members. Our current clinic partners are Wilmington Community Clinic, APLA Health, and Watts Healthcare. As of 7/26/21, 175 members have enrolled in the program with an average A1c reduction of 3% among all members.

Pharmacy has also collaborated with other teams and departments for their measures as well. Pharmacy worked closely with QI, BH, and Navitus to develop a program to target prescribers of ADHD medications with weekly letters and reports, encouraging re-evaluation of the member within a specified timeframe. Based on an analysis from QPM, the ADD intervention has significantly improved both ADD1 – initiation phase (difference = 8.35%, p-value < 0.001) and ADD2 – Continuation & Maintenance Phase (difference = 22.87%, p-value < 0.001) when examining the providers who received a letter comparing to those that did not. Additionally, pharmacy team has created AMR education material for asthma members to help them remember to take their asthma inhaler and it was mailed on 11/5/2020. Based on preliminary analysis done by the pharmacy team, 47% of members used less rescue inhalers in the 4 months after receiving the mailer compared to 4 months before. Furthermore, 20% of members used more controller medications and 53% of members used same amount of controller inhalers. Overall, the result of the intervention appears to look promising. We will re-evaluate one year after the intervention. The pharmacy team has also collaborated with Dr. Brodsky and the Social Services team on the Transitions of Care Program (TCP) since 4th quarter of 2020. As of 8/9/2021, 62 medication reconciliations were completed and sent to providers for review. Pharmacy team has also conducted a preliminary analysis on 30-day readmission rate for members who completed the TCP program in comparison to those who did not from October 2020 to March 2021 using readmission data from the Advanced Analytics Lab (AAL). The total number of members who were TCP-qualified are 101. It appears that the 30-day readmission rate for members who completed TCP was 14.3% (28 members), which is 19.9% less than the members who did not complete TCP (34.2%, 73 members). Lastly, the pharmacy team will be collaborating with Health Education to coordinate flu vaccine clinics at various Community Resource Centers (CRC). In 2020, 2500 community members attended the flu clinics and received a flu shot. Flu clinics for 2021 is currently ongoing. We hope to vaccinate more members than previous year.

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 Homebound members who have difficulty going to obtain DEXA scan 	<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 Met with QI and HCD to discuss implementation of in-home DEXA scans for MY 2022 	<ul style="list-style-type: none"> For MY 2020, pharmacy outreached to all 22 eligible members and 4 members became compliant after outreach. MY2020 rate = 20%

NCQA Accreditation Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
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 Advertised to members on receiving flu vaccinations at CRCs and pharmacies Presented flu vaccine presentations to ECAC and RCAC members Hosted flu vaccine clinics in L.A. county 	<ul style="list-style-type: none"> 2,500 community members received flu shot at the flu clinics in 2020 Effectiveness of interventions will be assessed after the conclusion of the flu campaign

LOOKING FORWARD

L.A. Care Health Plan's pharmacy department aims to build upon its current quality improvement initiatives and grow relationships with internal and external resources for our 2022 clinical programs.

- Pharmacy will be continuing with its efforts to outreach to members and their providers for the OMW measure.
- Pharmacy and QI plan to partner with HCD to perform in-home DEXA scans for MY 2022.
- Pharmacy will be holding flu clinics in the upcoming months at various Community Resource Centers.
- Pharmacy will continue to enroll additional members to our CRMC program and our ambulatory care pharmacy program.
- Continue expanding pilot programs for provider outreach on various HEDIS measures through the pharmacy intern program or the pharmacy residency program.

D. MANAGING MULTIPLE CHRONIC ILLNESS

D.1 MANAGING MULTIPLE CHRONIC ILLNESS

AUTHOR: STEVEN CHANG, LCSW, CCM

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

D.1.a RISK STRATIFICATION PROCESS USING DATA

L.A. Care utilizes a multi-step risk stratification process to help identify, categorize and develop member centric integrated service delivery. The methods by which 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 MediConnect (CMC) and MCLA-SPD line of business begins at enrollment and is accomplished through the analysis of member-specific information to include historical fee-for-service (FFS) utilization data provided to the plan electronically by DHCS at the time of enrollment. Members are categorized as either high or low to prioritize HRA outreach.

LACC, PASC/SEIU, MCLA – Non SPD Members in L.A. Care’s direct lines of business are stratified using the Optum Impact Pro (IPro) tool. This tool identifies the most complex members in L.A. Care’s entire membership by applying algorithms to diagnoses and time-based utilization patterns. This provides a picture of the member’s risk by health status and severity level. The membership is scored monthly and identifies members who may benefit from any of L.A. Care’s programs or services, including Care Management.

D.1.b RISK STRATIFICATION AND CARE PLANNING USING THE HRA

The initial stratification at the time of enrollment starts the regulatory clock for completion of a Health Risk Assessment (HRA). HRA completion time frames are dependent upon LOB and initial stratification. The table below represents the regulatory requirements for HRA outreach. L.A. Care may choose to conduct outreach more aggressively than the regulatory requirements.

Plan	High Risk	Low Risk
CMC	45 days	90 days
MCLA - SPD	45 days	105 days

The HRA process provides a more complete picture of a member’s health risk and re-stratifies each into a programmatic level of low, high, or complex. In some instances, the member’s programmatic level may be different than their initial stratification assignment. The Health Risk Assessment survey is offered to members in the CMC and SPD lines of business and is administered telephonically by L.A. Care’s Customer Solution Center or Care Management staff. Face to face assessments by contracted Vendors (for CMC members only) was suspended for FY2021 due to the ongoing SARS CoV-2 public health emergency.

The survey contains 37 questions about the member’s health status. An overall score is obtained and this score guides placement into the complex, high, or low risk programmatic level as well as help identify eligibility for other programs and services offered by L.A. Care. Six questions on the survey will trigger automatic placement into a CM Program regardless of the member’s total score. Members scoring 53 or greater will be placed in the Complex Case Management Program and members with a score between 34

and 53 (inclusive) will be placed in the High Risk Case Management Program. Members scoring 33 or less will be placed in the Low Risk Program.

High Risk and Complex members identified through the HRA process are currently aggregated in the Care Management electronic documentation system for assignment. A daily report is generated detailing the members who have completed the HRA process, their scores and corresponding risk level. In the next step of the stratification process, the member's accumulated risk data and available clinical information such as hospital claims, medications filled, and medical records are reviewed by a Case Manager and applied to an internal triage tool. This allows the department to make adjustments to the final programmatic determination, if warranted.

Members identified as low risk following completion of the HRA are delegated to their Participating Physician Group (PPG) for care coordination and follow up. Members we cannot reach to complete the HRA or who decline participation in the process are also assigned to the PPG for management. Summary, detail and PDF versions of member's HRA scores and stratification details are posted per assignment on the Provider Portal.

Key Performance Indicators

The Care Management Department uses a fiscal year (FY) reporting cycle. All data reported represent work effort and results for the FY beginning October 1, 2020 and ending September 30, 2021. For clarity, the quarterly data are labeled based on the calendar year and quarter being evaluated and presented in FY sequence. In the following tables Q4 calendar data represents Q1 for the new FY format and so on for each quarter presented.

Individualized Care Plan (ICP):

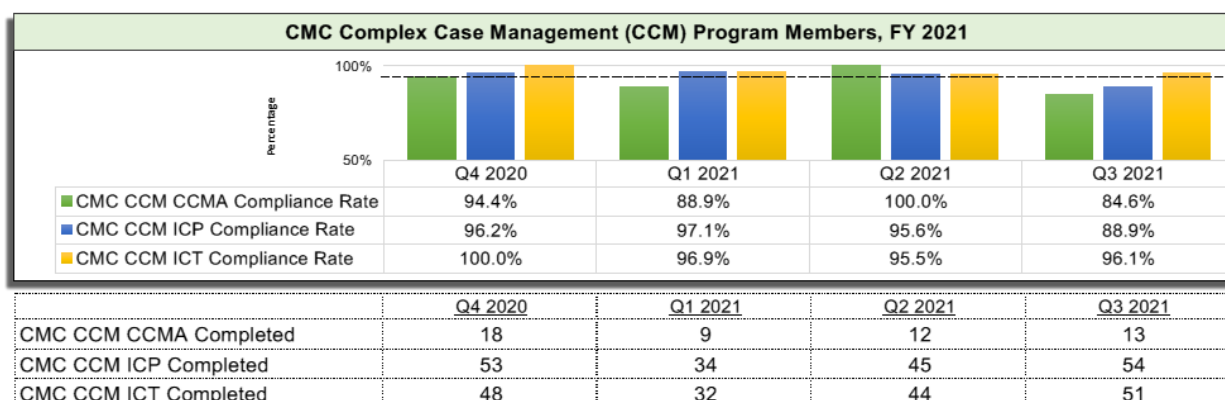
Adjusted compliance rate of 93.8% across both CM programs (CCM and HR) for 2021.

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Cal MediConnect (CMC) Line of Business:

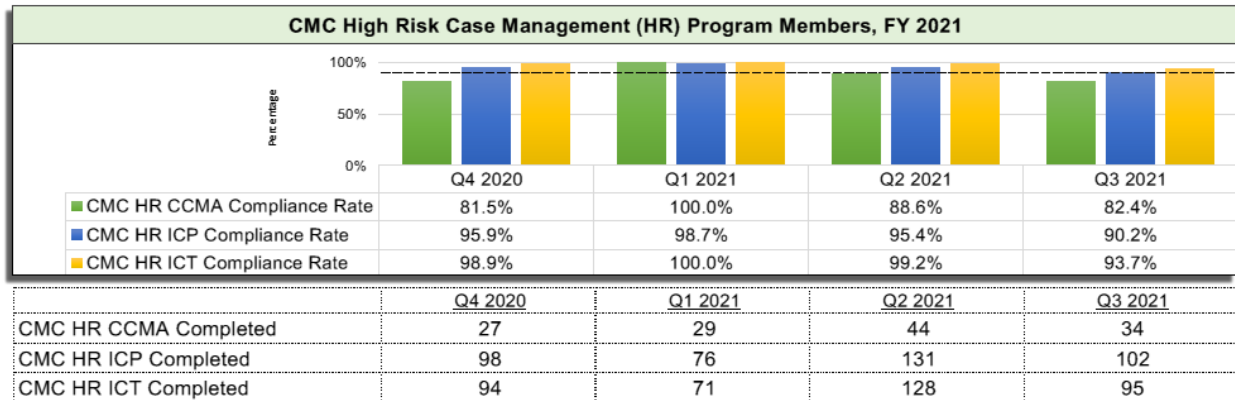
The standard time line for completing the ICT is within 30 days of the ICP creation.

FY2021 Cal MediConnect (CMC) CCMA/ICP/ICT Measures Quarterly Compliant Completion Rate Complex Case & High Risk Case Management

Complex Care Management



High Risk Care Management



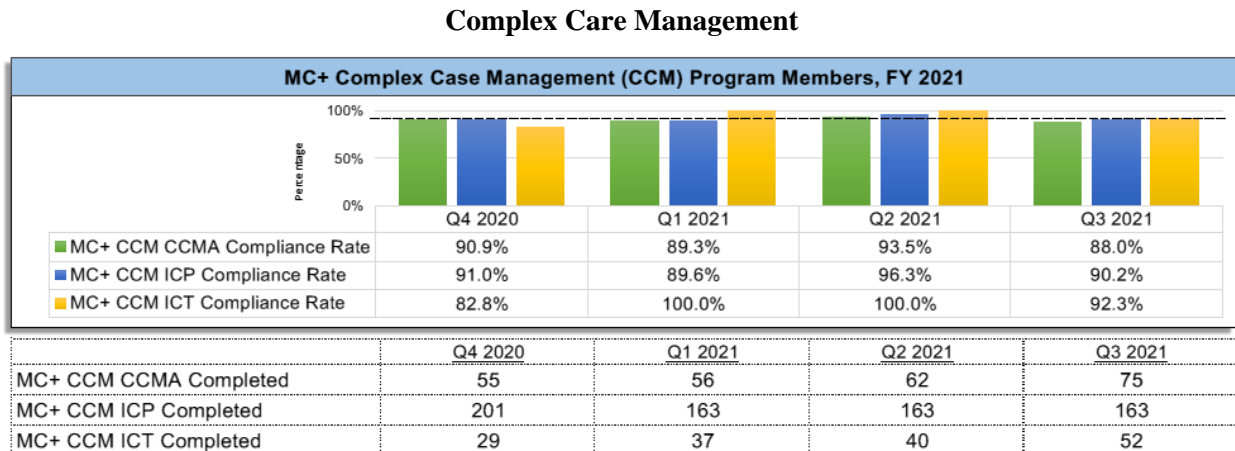
Initial CM Assessments (CCMA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 30 calendar days of ICP creation/Milestone creation.

Source: CM COR Report and CM Case Type Report via SQL Report Server.

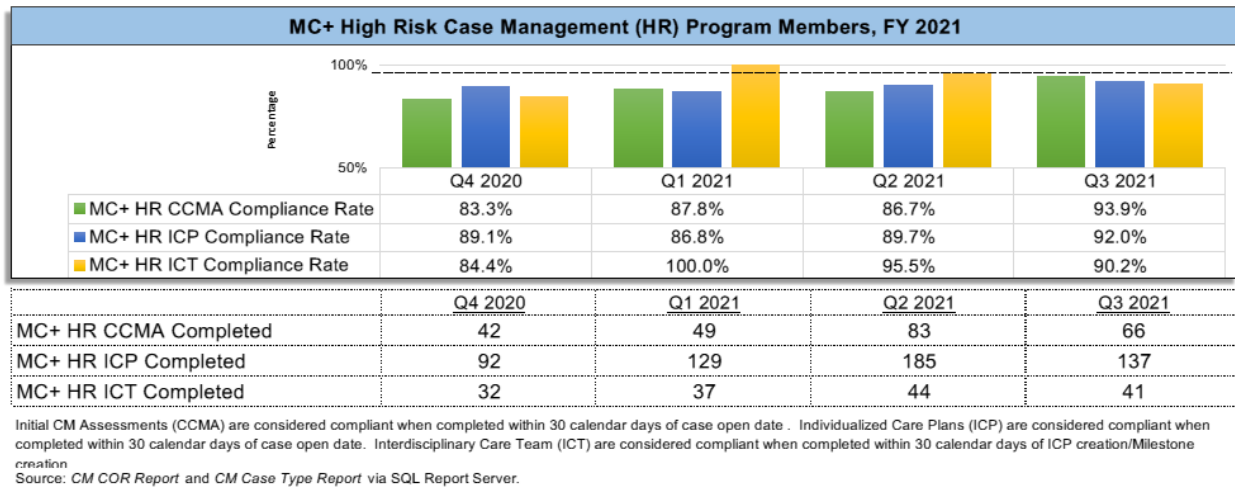
Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Medi-Cal Plus (MC+) Lines of Business

In FY2021, the ICT meetings schedule remains at four (4) days per week with each session lasting two (2) hours. The care management team continues to schedule ICT meetings by utilizing a Share Point calendar function and segregating the presentation of engaged members from those who declined CM or were UTC.

FY 2021 Medi-Cal Plus (MC+) CCMA/ICP/ICT Measures Quarterly Compliant Completion Rate Complex Case & High Risk Case Management



High Risk Care Management

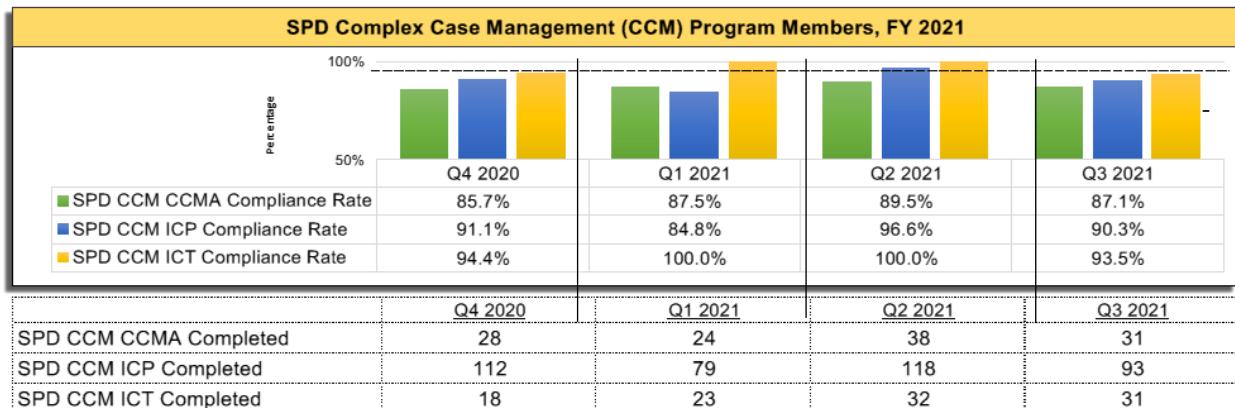


Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Seniors and Persons with Disabilities (SPD)

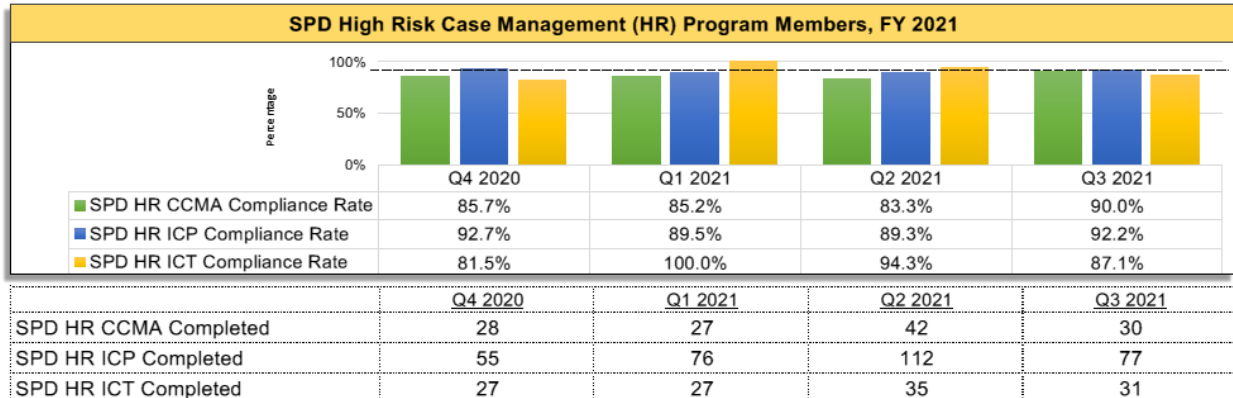
In FY2021, the department continued to experience resource constraints coupled with hiring challenges. Consequently, Care Management had to prioritize CMC and SPD lines of business activities due to the higher levels of regulatory risks as well as the anticipated DHCS audit. These factors resulted in lower than desired capacity to actively manage other populations.

FY 2021 Seniors & Persons w/ Disabilities (SPD) CCMA/ICP/ICT Measures Quarterly Compliant Completion Rate Complex Case & High Risk Case Management

Complex Case Management



High Risk Case Management



Initial CM Assessments (CCMA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 30 calendar days of ICP creation/Milestone creation.

Source: CM COR Report and CM Case Type Report via SQL Report Server.

D.1.c COMPLEX CASE MANAGEMENT

Once members are initially identified for care management via data or referral sources, they are further reviewed by L.A. Care's Care Management Department to research and review available member information (i.e. claims, PCP records, pharmacy profiles) to confirm the appropriate CM risk level. CM communication of the outcome of the referral, member's participation decision, and the updated ICP and/or ICT are sent via fax to the PPG and PCP. L.A. Care's Care Management Department has adopted a model and philosophy which includes:

- Member directed care through member engagement and activation in the care planning process.
- An integrated care management approach. This involves coordination of care which is inclusive of Behavioral Health (BH), Social Work (SW), Disease Management (DM), Managed Long Term Services and Supports (MLTSS), Utilization Management (UM) Home & Community Based Services (HCBS), and other supportive services as directed or needed by the member.
- The expanded care team with additional roles added to the team such as community health workers and enhanced role of the care coordinators to meet the needs of the member.
- Increased utilization of field based services. The ongoing 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. For the duration of FY2021, our community based outreach and engagement were curtailed and community health workers were deployed to their home offices for their and our members' health and safety. They continued to complete telephonic outreach of the most vulnerable members in our population.

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 4,123 cases were opened by the Care Management Department for FY2021 with 1824 to the Complex Case Management Program and 2109 to the High Risk Case Management Program.

Member Satisfaction with the Case Management Program

Goal: Achieve 90% of members answering "satisfied" or "very satisfied" to L.A. Care Management Program for all lines of business. A 91.1% satisfaction rate was achieved for the fiscal year measured.

ANALYZING MEMBER COMPLAINTS FINDINGS from Appeals and Grievances

During FY2021, Appeals and Grievances department received 103 complaints from 89 members that were classified under Care Management. Most complaints were in regards to the PPGs or the PPG/facility Case Manager. There were 40 complaints from 37 members directly related to Care Management. Of those, 24 complaints were related to dissatisfactions with the Care Manager. See Figure 3 and Table 2.

Member complaints data were reviewed as one indicator of member satisfaction. In collecting the data from L.A. Care's Appeals & Grievances department, the volume and content of the complaints were reviewed to inform operational enhancements.

The volume of overall complaints classified under Care Management for FY2021 was substantially higher than that of CY2020. The most likely factor contributing to the increase was the extensive processing and closure of a large grievances backlog by the Appeals & Grievances team in CY2021. That is, the volume of overall complaints related to Care Management in CY2020 was artificially low due to a general under-processing of grievances during that period. Those complaints were processed subsequently in CY2021 and considered part of the findings for FY2021.

Table 2

2021 Complex Case Management Complaints	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Total
Case Management Access	3	3	5	5	16
Dissatisfaction with Case Manager	3	4	8	9	24
PPG or PPG Case Manager/Facility	19	13	17	14	63
Total Complaints	25	20	30	28	103

Source: *Annual Member Experience - CM_Q4-2020 through Q3-2021* report prepared by Grievance and Appeals Department

Case Management Effectiveness: Impact on ED visits, inpatient admissions/readmissions, and average length of stay

The Care Management department used a tool developed by Enterprise Data Strategy and Analytics (EDSA) to evaluate the frequency of utilization: emergency department visits, inpatient admissions, inpatient readmissions, and average length of stay, pre- and post-CM program participation.

Evaluation includes the following members that had an Individualized Care Plan (ICP) opened on or after October 1, 2020:

- **Data Source:** SQL CM COR with parameter 10/1/2020 to 9/30/2021, case types CCM, HR, LR.
- **Plan Partners:** Cases transferred to Plan Partners are excluded from the study.
- **LOBs:** Covered California and PASC SEIU members are excluded from the study.
- **ICP Creation:** At least 6 months of enrollment before and after ICP Creation Date with 3 months IBNR maturity timeframe to account for utilization submission are required. Members enrolled in LA Care CM Program with an ICP created prior to 3/1/2021 are included in the study. Members without an ICP created or with an ICP created on or after 3/1/2021 are excluded from the study. *This includes 14 members whose ICP was created in or prior to 2018.
- **Acuity and Risk Level:**
 - **Low Risk:** members currently participating in LR program with original case acuity at low risk are excluded from the evaluation. Only members with Catastrophic or High case acuity levels are included in the study.
 - **CCM:** members currently participating in CCM program or originally assigned to Complex acuity level and are enrolled in CM program for at least 60 days are included in the study.
 - **HR CM:** members currently participating in HR program or originally assigned to High acuity level and are enrolled in CM program for at least 45 days are included in the study.
- **Multiple Cases:** older case is excluded from the analysis if member has more than one case created during the reporting period. Cases older than 2017 are excluded from the study.
- **1799 members met the criteria mentioned above (n = 1799).**
- 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.
- **Supplemental Studies:** Members with No Case Closure Date or with Case Closure Date on or after 3/1/2021 are excluded from the supplemental studies.
 - **457 members met criteria for the supplemental studies (n = 457).**

Study Cohort

After taking into consideration eligibility (i.e. they were still eligible 6 months before and after starting the program), and 3 months of claims IBNR, the study sample included 1,432 of the original 1,799 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 3,386 to 2,546, or an average of 2.4 to 1.8 per member, an observed 24.8% reduction. If the same trend continues for a year, the projected decrease is 1,680 in total ED utilization for these 1,432 members. Based on the expectation that there should be a decrease in ED utilization if the program was effective, this result is statistically significant ($p\text{-value} = 4.97\text{e-}10$).

Average cost of total ED utilization decreased from \$8,659 to \$6,672 per member over the 6 months before/after comparison, an observed 23.0% reduction. If the same trend continues for a year, the total ED utilization projected savings are \$5,691,589 for these 1,432 members. Based on the expectation that there should be a decrease in cost of total ED utilization if the program was effective, this result is statistically significant ($p\text{-value} = 0.011$).

While the impact of the global pandemic caused by the SARS COVID-19 virus decreased during FY2021 compared to FY2020, the results may still reflect potential trend in which members remain less likely to seek care in these settings.

Inpatient admits from the ED only:

Total inpatient admits from the ED count decreased from 978 to 679, or an average of 0.7 to 0.5 per member, an observed 30.6% reduction. If the same trend continues for a year, the projected decrease is 598 in total inpatient admits from the ED for these 1,432 members. Based on the expectation that there should be a decrease in inpatient admits from the ED if the program was effective, this result is statistically significant ($p\text{-value} = 4.97\text{e-}10$).

Average cost of inpatient ED admits decreased from \$7,772 to \$6,013 per member over the 6 months before/after comparison, an observed 22.6% reduction. If the same trend continues for a year, the inpatient ED admits projected savings are \$5,037,816 for these 1,432 members. Based on the expectation that there should be a decrease in cost of inpatient ED admits if the program was effective, this result is statistically significant ($p\text{-value} = 0.023$).

While the impact of the global pandemic caused by the SARS COVID-19 virus decreased during FY2021 compared to FY2020, the results may still reflect potential trend in which members remain less likely to seek care in these settings.

Outpatient ED visits only:

Total outpatient ED visits count decreased from 2,408 to 1,867, or an average of 1.7 to 1.3 per member, an observed 22.5% reduction. If the same trend continues for a year, the projected decrease is 1,082 in total outpatient ED visits for these 1,432 members. Based on the expectation that there should be a decrease in outpatient ED visits if the program was effective, this result is statistically significant ($p\text{-value} = 2.61\text{e-}06$).

Average cost of outpatient ED visits decreased from \$887 to \$659 per member over the 6 months before/after comparison, an observed 25.7% reduction. If the same trend continues for a year, the ED

visits projected savings are \$653,773 for these 1,432 members. Based on the expectation that there should be a decrease in cost of ED visits if the program was effective, this result is statistically significant (p-value = 7.47e-06).

While the impact of the global pandemic caused by the SARS COVID-19 virus decreased during FY2021 compared to FY2020, the results may still reflect potential trend in which members remain less likely to seek care in these settings.

IP Hospital Utilization & Total Cost of Care (TCOC)

Total inpatient admits count decreased from 1,258 to 867, or an average of 0.9 to 0.6 per member, an observed 31.1% reduction. If the same trend continues for a year, the projected decrease is 782 in total inpatient admits for these 1,432 members. Based on the expectation that there should be a decrease in inpatient admits if the program was effective, this result is statistically significant (p-value = 1.20e-10).

Average cost of inpatient admissions decreased from \$10,570 to \$7,445 per member over the 6 months before/after comparison, an observed 29.6% reduction. If the same trend continues for a year, the inpatient admissions projected savings are \$8,951,197 for these 1,432 members. Based on the expectation that there should be a decrease in cost of inpatient admissions if the program was effective, this result is statistically significant (p-value = 7.34e-04).

While the impact of the global pandemic caused by the SARS COVID-19 virus decreased during FY2021 compared to FY2020, the results may still reflect potential trend in which members remain less likely to seek care in these settings.

Hospital Readmissions

Total inpatient readmissions count decreased from 366 to 297, or an average of 0.3 to 0.2 per member, an observed 18.9% reduction. If the same trend continues for a year, the projected decrease is 138 in total inpatient readmissions for these 1,432 members. Based on the expectation that there should be a decrease in inpatient readmissions if the program was effective, this result is statistically significant (p-value = 0.037).

[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.]

Study Cohort – Supplemental Studies

Two supplemental studies were performed on the same cohort by evaluating and comparing utilization pattern based on ICP creation date against utilization pattern based on Case closure date. This allows for additional analysis to understand program impact by comparing the utilization pattern before program intervention against when members are more stabilized while receiving program intervention and after discharge.

Due to evaluation tool limitation, utilization patterns are manually calculated at member level after data extraction with ICP Creation Date and Case Closure Date. Supplemental Study 1 reviewed member's utilization 6 months prior to ICP Creation Date against utilization 6 months *prior to* CM Case Closure Date. Supplemental Study 2 reviewed member's utilization 6 months prior to ICP Creation Date against utilization 6 months *after* CM Case Closure Date. Members are excluded from the manual evaluation if the tool is unable return utilization data based on the ICP Creation Date or Case Closure Date. The supplemental study sample included 264 of the original 457 members.

While the impact of the global pandemic caused by the SARS COVID-19 virus decreased during FY2021 compared to FY2020, the results may still reflect potential trend in which members remain less likely to seek care in these settings. This factor may be reflected in the Supplemental Studies below.

Supplemental Study 1

ED Utilization & Total Cost of Care (TCOC)

Overall ED utilization - inpatient admits from the ED + outpatient ED visits:

- Total ED utilization (ED admits and visits) count decreased from 848 to 799, or an average of 3.2 to 3.0 per member, an observed 5.8% reduction.
- Average cost of total ED utilization decreased from \$11,856 to \$8,833 per member over the 6 months before/after comparison, an observed 25.5% reduction.

Inpatient admits from the ED only:

- Total inpatient admits from the ED count decreased from 257 to 190, or an average of 0.97 to 0.72 per member, an observed 26.1% reduction.
- Average cost of inpatient ED admits decreased from \$10,837 to \$7,865 per member over the 6 months before/after comparison, an observed 27.4% reduction.

Outpatient ED visits only:

- Total outpatient ED visits count increased from 591 to 609, or an average of 2.24 to 2.31 per member, an observed 3.0% increase.
- Average cost of outpatient ED visits decreased from \$1,019 to \$969 per member over the 6 months before/after comparison, an observed 4.9% reduction.

IP Hospital Utilization & Total Cost of Care (TCOC)

- Total inpatient admits count decreased from 315 to 252, or an average of 1.19 to 0.95 per member, an observed 20.0% reduction.
- Average cost of inpatient admissions decreased from \$13,984 to \$10,276 per member over the 6 months before/after comparison, an observed 26.5% reduction.

Hospital Readmissions

- Total inpatient readmissions count decreased from 109 to 106, or an average of 0.41 to 0.40 per member, an observed 2.8% reduction.

Supplemental Study 2

ED Utilization & Total Cost of Care (TCOC)

Overall ED utilization - inpatient admits from the ED + outpatient ED visits:

- Total ED utilization (ED admits and visits) count decreased from 848 to 552, or an average of 3.21 to 2.09 per member, an observed 34.9% reduction.
- Average cost of total ED utilization decreased from \$11,856 to \$7,182 per member over the 6 months before/after comparison, an observed 39.4% reduction.

Inpatient admits from the ED only:

- Total inpatient admits from the ED count decreased from 257 to 148, or an average of 0.97 to 0.56 per member, an observed 42.4% reduction.

- Average cost of inpatient ED admits decreased from \$10,837 to \$6,635 per member over the 6 months before/after comparison, an observed 38.8% reduction.

Outpatient ED visits only:

- Total outpatient ED visits count decreased from 591 to 404, or an average of 2.24 to 1.53 per member, an observed 31.6% reduction.
- Average cost of outpatient ED visits decreased from \$1,019 to \$547 per member over the 6 months before/after comparison, an observed 46.3% reduction.

IP Hospital Utilization & Total Cost of Care (TCOC)

- Total inpatient admits count decreased from 315 to 178, or an average of 1.19 to 0.67 per member, an observed 43.5% reduction.
- Average cost of inpatient admissions decreased from \$19,984 to \$7,541 per member over the 6 months before/after comparison, an observed 46.1% reduction.

Hospital Readmissions

- Total inpatient readmissions count decreased from 109 to 60, or an average of 0.41 to 0.23 per member, an observed 45.0% reduction.

Program Evaluation: Performance and Health Outcome Measurement

On an annual basis, an evaluation of the Care Management Program is documented in the CM Program Evaluation to ensure the scope, goals, performance measures and planned activities are consistent with the identified plans. The Health Services Leadership team is responsible for the monitoring and evaluation of the care model effectiveness which includes an aggregate data review of the measurable goals and program satisfaction results.

The evaluation included:

- Comparison of actual program e.g., data from member satisfaction survey reports, and complaints that are related to care management.
- Input on trends and action plans related to internal care management activities.

Identifying Opportunities for Improvement

Goals not met in the expected timeframe based on the results of measurements and analysis will prompt actions which include implementation of performance improvement measures. Opportunities for improvement will be re-evaluated at pre-determined timeframes using methods consistent with the initial measurement.

The annual Care Management Program evaluation is presented to the Utilization Management Committee and the Quality Oversight Committee prior to being presented to the Board of Directors.

Quality Improvements/Accomplishments

The Care Management Department made improvements during the course of the reporting year that will impact the departments' ability to efficiently and effectively provide case management services to L.A. Care members.

These improvements and accomplishments include:

1. Overall compliance performance.

- a. Individual level CCQIPE audit performance: The team improved from an average 73% compliance for May 2020 eligible cases to an average 91% compliance in the most recent audit of May 2021 eligible cases.
 - b. Aligning annual individual performance goals with compliance and productivity achievements.
2. Consistent use of the Compliance and Operations Report (COR) allowed the leadership team to monitor the team's performance on member cases by tracking frequency and timeliness of required activities and compliance with standard indicators such as ICP development, ICP updates and ICT performance.
3. Manual letter templates for members were reviewed, revised, submitted through PODIO, and fully integrated into CCA's automated Letters Module.
 - a. Increased efficiency for team to directly generate letters within CCA.
 - b. Decreased PHI errors due to few manual steps in entering and revising letters.
4. Implementation of the new Disease Management Program model.
 - a. Program focused on cardiovascular disease management for the African American population 18 years of age and older.
5. CM leadership team reviewed and revised all departmental policies and procedures, ensuring their compliance with new APLs and other regulatory guidance issued during the year as well as alignment with current practices.
6. A new full-time internal auditor position for the Care Management department was created, hired, trained, and implemented to comprehensively review and monitor the compliance and quality of the department's documentation.
7. Preparations for and completion of the DHCS audit.

LOOKING FORWARD: FY2022

Based on the 2021 CM Program Evaluation, Care Management plans to focus on these areas in 2022:

- 1) Standardization for Work Processes and Documentation
 - a. Continue to evaluate CM, CC and CHW processes and standardize documentation in order to streamline processes for efficiency.
 - b. Decrease administrative load for the care plan development and documentation process in CCA.
 - c. Increase the scope of work for CM Coordinators to more effectively integrate member and provider outreach into the care model.
- 2) Reports
 - a. Continue to ensure all reports have documented logic and methodology.
 - b. Continue to improve the accuracy of existing operational and compliance reports.
- 3) Technology
 - a. Design and support the build of new CM SyntraNet software for execution in 2022.
- 4) Revision and expansion of the CVD Disease Management Program for 2022.
- 5) Development of necessary operational structures and processes to support the expansion of the Direct Network.
- 6) Coordination and successful implementation of CalAIM, including
 - a. Enhanced Care Management (ECM)
 - b. Community Supports
 - c. Major Organ Transplants
- 7) Enhancing Care Management's care transition program for members transitioning between healthcare settings and/or levels of care.
- 8) Redeployment of the Community Health Workers to the field and expansion of their activities in the care model.

- 9) Deployment of LAC's Assessment Specialist to the field to complete face-to-face assessments with members in their homes.

Note: These goals are subject to change by senior leadership based on business or organizational needs

D.2 CARE COORDINATION AND QUALITY IMPROVEMENT PROGRAM EFFECTIVENESS (CCQIPE) FOR THE MEDICAID/MEDICARE DUAL DEMONSTRATION

AUTHORS: STEVEN CHANG, LCSW, CCM & CAGLA OZDEN

REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD

2021 WORK PLAN GOALS:

Measures	2021 Goal	*2021 Rate	2021 Goal Met/ Not Met
Health Risk Assessment (Core 2.1) Initial *Q3 2020 to Q2 2021 excluding unable to contact	90%	99.9%	Met
Health Risk Assessment (Core 2.3) Reassessment *2020	63%	67.3%	Met
Members with an ICP Completed CA 1.5 *Q2 2020 - Q1 2021	At or above the CA national average for each quarter	See table below	[Not Met]

*Rates calculated for consecutive year based on data availability for trending.

BACKGROUND

The Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) provides the structure for care management processes that enable the provision of coordinated care for our Dual Eligible population (Cal MediConnect). L.A. Care has designed its CCQIPE to meet the individualized needs of the population. The CCQIPE has goals and objectives for the targeted population, including a specialized provider network, uses nationally-recognized clinical practice guidelines, conducts health risk assessments to identify the needs of members and adds services for the most vulnerable members including, but not limited to those who are frail, disabled, or near the end-of-life. The initial CCQIPE developed as part of the Cal MediConnect (CMC) readiness review process was initially approved for the length of the demonstration until 12/31/17 and has been extended until 12/31/2022. In this QI evaluation, the following components of CCQIPE are evaluated: Clinical Practice Guideline compliance, Care Coordination, medication compliance and improving access to preventative health services. Other components of the CCQIPE evaluation are found in the Utilization Management/Care Management evaluation.

RESULTS

The Cal MediConnect program commenced in April 2014 and received first voluntary enrollment of members in May 2014. The performance of the Care Management/Care Coordination measures; Health Risk Assessment, Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT), are monitored on a monthly basis, compiled on a quarterly basis and reported through regulatory reporting requirements to Centers for Medicare and Medicaid Services (CMS) and Department of Health Care Services (DHCS) and shared with internal governing committees (Regulatory, Utilization, Quality).

HEALTH RISK ASSESSMENT (HRA) COMPLETION RATES:

The HRA completion rates for CMC were set as a part of the care management work plan goals. The table below reports Q3 2020-Q2 2021 results and the status of the goal and recommendations for 2022 based on the 2021 results.

HISTORY, INTERVENTION, AND LOOKING FORWARD

In March 2017, L.A. Care reported a large decline in percentages of completed reassessments from Calendar Year (CY) 2015 to CY2016. However, from CY2017 through CY2021, the completion rates have increased and are being maintained.

Root cause analysis identified the following five factors that attributed to the decrease:

- Inadequate resources and support to complete the task effectively.
 - Untimely outreach to members.
 - Untimely assignment of cases due for reassessment.
 - Inability to obtain timely reassessment compliance reports to track performance.
- Outreach often resulted in members' requesting paper HRAs or requesting delays that were then never completed.

Interventions in June 2017 was established by implementing monthly monitoring as well as the following improvement processes:

- Reassignment of annual HRA to Customer Solution Center Even MORE (CSC).
- Established a weekly monitoring process which includes identification of priority cases to ensure timely outreach.
- Weekly monitoring includes identifying unassigned cases by focusing on cases with zero attempts.
- Members due for reassessments are provided with a paper HRA and outreached 3 months prior to the due date to prevent delay in completion.

Health Risk Assessment, Core 2.1 New members with an assessment completed within 90 days of enrollment, excluding unwilling and unable to reach.

2021 Goal	2019 Q3-2018 to Q2-2019	2020 Q3-2019 to Q2-2020	2021 Q3-2020 to Q2-2021	Recommend for 2022 Work plan
Maintain the goal of 90% or greater compliance	100%	100%	99.9%	Maintain goal of 90% or greater

Health Risk Assessment, Core 2.3 (Reassessment)

2021 Goal At or above the CA Average	Annual Report	Percent of Currently Enrolled Members Who Had a Reassessment Completed During the Current Reporting Period that was Within 365 Days of the Most Recent Assessment Completed During the Previous Reporting Period		Recommend for 2022 Work plan
		CY 2019	CY 2020	
CA Average 63.0%	Rate of HRA Reassessment Completion	70.4%	67.3%	63.0%

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		2022 Goal Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period	2022 Goal Percent of Low Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period
	Q2-2019 to Q1-2020	Q2-2020 to Q1-2021	Q2-2019 to Q1-2020	Q2-2020 to Q1-2021		
Percent of Members with ICP Completed	Q2 59.2% Q3 59.2% Q4 68.7% Q1 67.7%	Q2 67.6% Q3 63.0% Q4 61.4% Q1 61.2%	Q2 70.8% Q3 68.7% Q4 71.7% Q1 70.9%	Q2 71.7% Q3 64.9% Q4 62.0% Q1 60.0%	73.6%*	74.1% *
CA Average	Q2 67.7% Q3 68.5% Q4 65.8% Q1 70.0%	Q2 75.6% Q3 78.0% Q4 78.5% Q1 73.6%	Q2 69.5% Q3 69.7% Q4 65.6% Q1 69.0%	Q2 75.6% Q3 76.9% Q4 78.0% Q1 74.1%	*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 were unable to be contacted by the Care Management staff or unwilling to participate in the development of the ICP. While ICP *compliance* rate (complete ICP outreach attempts within regulatory timeline) remained high during this period, particularly for High Risk Members who were being managed by L.A. Care's Central Care Management team (99.0%), the actual ICP *completion* rate with full member participation decreased. Significant number of the members declined to participate in the care management program when contacted and were therefore unable to complete an ICP.

Interventions to Increase ICP Compliance and Care Goals Discussions

- ICPs continue to be developed by Care Management staff regardless of whether the member is able to be contacted or willing to participate in their development. Compliance for this process is high both at the delegates as well as with L.A. Care's Central Care Management. However, ICPs completed without the member's participation cannot be counted as completed ICPs, as per the technical specifications for the report.
- Care Management and HRA operational reports that measure compliance timelines are shared with the Enterprise Performance Optimization team for oversight and tracking, including:
 - HRA Daily Activity Log
 - CMCC Log

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, the Care Management team will continue

to develop and implement staff training to improve ICP and ICT completion and documentation on an ongoing basis. The Care Management team will also continue to improve outreach processes by:

- Encouraging member engagement and participation in care management programs, and
- Decreasing the number of unsuccessful outreach calls to members by expanding alternate number search techniques.

2022 CCOIPE Performance and Outcome Measures

L.A. Care formally adopts and maintains goals against which performance is measured and assessed. Specific goals and health outcomes are included in the Quality Improvement (QI) Program and are monitored quarterly via the QI work plan. On an annual basis, a comprehensive review and analysis is conducted via the QI Program Annual Report and Evaluation. The Annual Report and Evaluation summarizes and highlights the key accomplishments of the quality improvement program for each calendar year specifically for the Cal MediConnect. The report provides a detailed discussion of quality improvement activities in the priority areas of clinical care, patient safety, member experience/satisfaction and access to care. The evaluation documents activities undertaken to achieve work plan goals and establishes the groundwork for future quality improvement activities.

2022 WORK PLAN GOALS:

Measures	2022 Goal
Health Risk Assessment (Core 2.1) Initial	Maintain the goal of 90% or greater
Health Risk Assessment (Core 2.3) Reassessment	63.0%
Members with an ICP Completed CA 1.5	73.6% - 74.1%

E.1 CONTINUITY AND COORDINATION OF MEDICAL CARE

AUTHOR: RACHEL MARTINEZ, RN

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

BACKGROUND

Continuity of care is important to ensure that members receive the highest quality of care possible from the provider and office who know them well. 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.

2021 WORK PLAN GOALS: Settings, Data Collection, and Goals

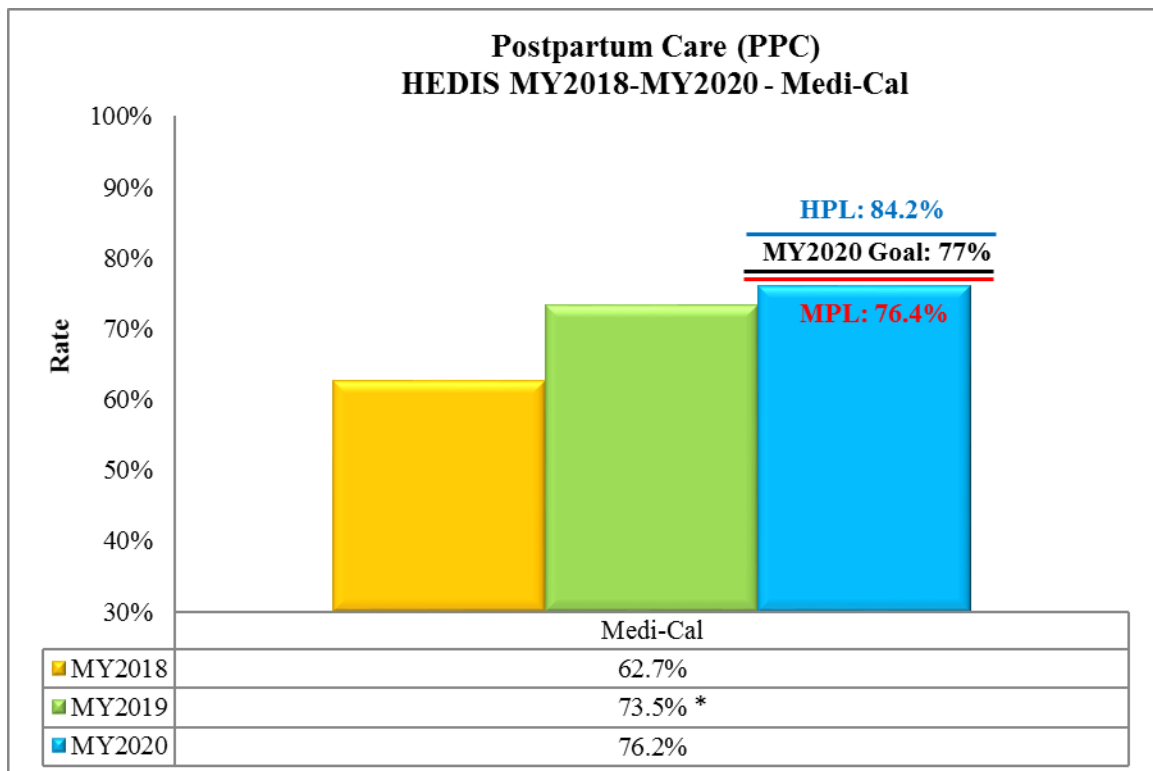
Settings	Data Collection to Identify Opportunity for Improvement	2021 Goals	2021 Goal Met/ Not Met
Transitions in Management: Hospital to Outpatient	Postpartum Care Rates	Achieve a rate of 77% of new mothers receiving postpartum care within 7-84 days of delivery	Not Met
Outpatient Setting: Polypharmacy	Tracking members identified as having polypharmacy based on the following parameters: - More than 13 unique chronic medications - From 7 or more prescribers during a 4-month period -Receiving 2 or more prescriptions in the same drug class	Notify 90% of providers of members that meet criteria (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
Outpatient Setting: Specialist to PCP	Survey	80% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred	Not Met
Outpatient Setting: PCP to Specialist	Survey	80% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient	Not Met

SECTION I. CONTINUITY AND COORDINATION OF CARE - TRANSITIONS IN MANAGEMENT

A. TRANSITIONS IN MANAGEMENT: HOSPITAL TO OUTPATIENT

Postpartum Care (PPC)

L.A. Care monitors the Postpartum Care rate for Medi-Cal, Cal MediConnect (CMC) and L.A. Care Covered (LACC) in an effort to improve maternal health. Due to volume, L.A. Care tracks the data for Medi-Cal and LACC but applies interventions across all product lines. The Postpartum Care portion of the Prenatal Care Timeliness and Postpartum Care (PPC) Healthcare Effectiveness Data and Information Set (HEDIS) metric measures the rate of members who receive postpartum care within 7-84 days of giving birth. Postpartum care is typically provided by an OB/GYN in an outpatient setting.



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

Quantitative Analysis

The MY2020 postpartum care rate was 76.2% an improvement of 2.7 percentage points from the MY2019 rate of 73.5%, though not a statistically significant change. The 77% goal was not met nor was the 50th percentile for the Department of Health Care Services (DHCS) for minimum performance level.

Qualitative Analysis

The continued increase in percentage points was expected as the measure technical specifications increased during MY2019 by 42 days from 21-56 days to 7-84 days of giving birth. This trend includes the increasing minimum and high performance benchmarks.

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 female may not perceive the importance of the postpartum visit.• OB/GYN that delivers for female is not the assigned OB/GYN. The female attempts to schedule with their assigned provider however the assigned provider will not accept the member because the assigned provider did not deliver the baby.	<ul style="list-style-type: none">• L.A. Care is exploring the implementation of additional data sources to identify recent live births.• L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging.• L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant persons with information about the importance of postpartum care.• L.A. Care's "Healthy Mom" postpartum program, which provides assistance and support to persons after their live birth to assist with scheduling their postpartum visit with their assigned provider, if there are challenges the Health Educator will trouble shoot with the member to assist with seeing a provider. Members also receive a gift card for completing a postpartum visit 7-84 days after delivery.• L.A. Care launched a new high-risk pregnancy program which connects pregnant members to the MyHIM, health and wellness portal where members can access health education materials, videos, and self-paced workshops.

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 a completed postpartum visit, provide assistance in appointment scheduling, and coordination of interpreting and transportation services. Historically, females have had challenges with scheduling their postpartum visit due to the OB/GYN who delivers is not their assigned provider. Often, the assigned provider will not schedule with the member for this visit. Postpartum members at discharge can lose the connection with the provider and may not know how to follow up. L.A. Care's Health Educator reaches out to the persons who have recently delivered to assist and trouble shoot barriers to scheduling a postpartum visit. Members with a confirmed completed postpartum visit are awarded a \$40 gift card. Reports are generated on a quarterly basis, and member outreach rates are reported below. During fiscal year 2020-2021, the Healthy Mom Program was able to conduct 7,153 outreach calls to members who had recently delivered. This was 677 more calls than fiscal year 2019-2020. The increase in the total number of calls this fiscal year is due to the two pauses placed on member outreach calls during FY2019-2020. The program pauses were DHCS's directive to cease all preventive health reminder calls (03/18/2020-06/01/2020) and L.A. Care's Legal and Compliance Departments' hold on all outreach campaigns (08/12/2020-09/15/2020), due to the manner in

which the state collects Medi-Cal beneficiaries' phone number and its impact on Telephone Consumer Protection Act (TCPA) rules. Since L.A. Care was able to resume outreach calls beginning 09/15/2020 without any pauses there was a 10% increase in the total number of outreach calls.

Quarter & Year	Calls	Debit Cards Sent	Confirmed Appointments
Q4 2020	913	166	220
Q1 2021	2,208	538	575
Q2 2021	2,273	600	597
Q3 2021	1,788	2	383
Grand Totals	7,182	1,306	1,555

LOOKING FORWARD

L.A. Care anticipates that the HEDIS post-partum rate will continue to increase due to the 2019 expansion of the post-partum measure specifications for a completed visit from 21-56 days to 7-84 days after delivery. Additionally, L.A. Care anticipates that the proposed 2022 extension of the postpartum coverage period for Medi-Cal individuals, from the current 60-day postpartum period to 12 months of coverage, without requiring a mental health diagnosis will grant members coverage throughout the 84-day postpartum period. Thus, potentially eliminating loss of member eligibility as a barrier to completing postpartum care.

There are several innovative strategies that L.A. Care is exploring including; text messaging reminders to seek regular perinatal care, implementing doula services through the Medi-Cal doula benefit set to launch in 2022, and the implementation of targeted interventions to improve perinatal care among L.A. Care's Black African American (BAA) members. L.A. Care is in the process of developing a letter to send to hospitals encouraging hospitals to assist birthing parents with scheduling their postpartum visits and asking hospitals share medical records with the members assigned provider to provide continuity of medical care between the inpatient setting with the outpatient setting. This is planned to launch in Q4 of 2021 with an attached flyer on the "Healthy Mom" program to assist members with assistance in scheduling their postpartum visit with L.A. Care's Health Educator.

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 2021 is based upon one or more of the following observations:

- **Multi-Prescriber** – Patients who have received prescriptions from 7 or more unique prescribers for at least 2 months during a 4-month period.

- *The Multi-Prescriber Program identifies patients that have utilized multiple prescribers to obtain prescription medications during the last four months. Patients who seek prescriptions from multiple prescribers are at a higher risk for duplicate therapy and/or drug-to-drug interactions.*
- **Multi-Prescription** – Patients who have received 13 or more prescriptions per month for at least 3 months during a 4-month period.
 - *The Multi-Prescription Program identifies patients with a higher number of medications and that have demonstrated a consistent pattern of utilization during the last four months. Research has shown that as the number of medications used by a patient increases the potential for adverse drug events increases exponentially.*
- **Duplicate Therapy** – Patients who have received 2 or more prescriptions in the same drug class consistently during a 4-month period.
 - *The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently during the last four months. Duplicate therapy has the potential for additive toxicity, adverse effects and may cause therapeutic redundancy without increased benefit to the patient. Additionally, simplifying the patient's drug regimen to one drug may save the patient money and lead to greater adherence.*

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 2020 and 2021 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 2020 Look back period: 7/1/2020 - 10/31/2020		March 2021 Look back period: 11/1/2020-2/29/2021			July 2021 Look back period: 3/1/2021-6/30/2021	
		Member Identified	% Improved	Member Identified	Prescribers Mailed	% Improved	Member Identified	Prescribers Mailed
Medi-Cal	Multi-Prescriber	290	56.9%	241	2,149	55.2%	285	2,425
	Duplicate Therapy	555	46.7%	580	643	47.4%	685	762
	Multi-Prescription	2,249	29.3%	1,910	3,340	23.9%	2,009	3,625

LOB	Intervention	November 2020 Look back period: 7/1/2020 - 10/31/2020		March 2021 Look back period: 11/1/2020-2/29/2021			July 2021 Look back period: 3/1/2021-6/30/2021	
		Member Identified	% Improved	Member Identified	Prescribers Mailed	% Improved	Member Identified	Prescribers Mailed
Cal MediConnect	Multi-Prescriber	27	59.3%	20	235	40.0%	31	332
	Duplicate Therapy	44	56.8%	62	85	40.3%	70	105
	Multi-Prescription	152	27.0%	138	467	25.4%	144	488
L.A. Care Covered	Multi-Prescriber	1	100%	0	0	N/A	2	16
	Duplicate Therapy	30	53.3%	18	30	33.3%	36	48
	Multi-Prescription	15	33.3%	17	58	35.3%	10	36

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. In order to improve outpatient coordination of care among prescribers for each member. Often times members are unaware of all the prescribers involved in their care including the names of the medications. Prescribers are very busy in patient care and prescribers may not be communicating amongst each other regularly. As a result, Navitus' is able to identify all the prescribers for each member and sends the letter to each prescriber for the member. This allows for better communication with not only the member but amongst the prescribers who otherwise may not be aware of all the medications the member is taking and all their prescribers. The 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.

In one example a 62-year-old member is taking both Valsartan (Angiotensin II receptor blocker ARBs) and Lisinopril (Angiotensin-converting enzyme ACE inhibitor); these medications fall under the duplicative therapy program. Their mechanism of action is similar to lower blood pressure and may not provide any additional benefit to the member. However, both medications taken at the same time can in fact lead to more adverse drug-related events than each medication taken alone.²⁸

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.

²⁸<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3183919/#:~:text=Avoid%20prescribing%20an%20angiotensin%2Dconverting,ACE%20inhibitor%20or%20ARB%20alone> (accessed 2021)

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 2020 (Look back period 7/1/2020 - 10/31/2020)

For the Medi-Cal members, the letters may have contributed to a decrease of 29.3% for multi-prescriptions, 46.7% for duplicate therapy, and 56.9% for multiple prescribers. The CMC line of business saw greatest improvement with duplicate therapy, at a rate of 56.8%. Meanwhile, the LACC members had the most improvement for multiple prescriber, at a rate of 100%. However, only one member was identified with multiple prescribers.

March 2021 (Look back period: 11/1/2020-2/29/2021)

For the Medi-Cal members, the letters may have contributed to a decrease of 23.9% for multi-prescriptions, 47.4% for duplicate therapy, and 55.2% for multiple prescribers. For the CMC line of business, there was a decrease of 25.4% for multi-prescriptions, 40.3% for duplicate therapy and 40.0% for multi-prescribers. LACC did not have any members with multiple prescribers and had an improvement of 33.3% for duplicate therapy and 35.3% for multiple prescriptions.

July 2021 (Look back period: 3/1/2021-6/30/2021)

For the Medi-Cal members, 3,625 prescribers were mailed a letter regarding multiple prescriptions, which is the most in comparison to multiple prescribers and duplicate therapy, 2,425 and 762, respectively. Similarly, multiple prescriptions letters continued to be the highest number of letters sent for CMC, 488 compared to multi-prescriber and duplicate therapy, 332 and 105. LACC line of business had the highest number of letters sent for duplicate therapy, 48 compared to multi-prescription and multi-prescriber, 36 and 16.

LACC member 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. On January 1st, 2022, L.A. Care Medi-Cal pharmacy benefit is scheduled to be carved-out to the state. L.A. Care will still continue post-claim

adjudication Drug Utilization Review (DUR) activities such as Retrospective DUR (RDUR) for the Medi-Cal population.

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 clinical information (e.g., notes, summaries, test results) that you received about your patients from:

- a) Specialists to whom you have referred patients? (For PCPs only)
- b) Their previous PCPs? (For PCPs only)
- c) The referring PCP prior to your initial specialty visit? (For specialists only)

For the 2020 year, the above questions are new for the PSS. The prior year's question was answered by both PCPs and SCPs as a bundled response. The question read: 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? This made it difficult to identify which provider was responding to the question as well as if the providers were responding for their own specialty instead of their counterparts.

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” with the clinical information received as an indicator of more consistent and effective communication and coordination of care between practitioners.

2. Provider Satisfaction Survey (2021)

Note the responses for the weighted data used for each table below are: Providers responding as “very satisfied” or “satisfied” are grouped as “being satisfied with the clinical information that you received about your patients”.

How satisfied are you with the clinical information (e.g., notes, summaries, test results) that you received about your patients from:

- a) Specialists to whom you have referred patients? (For PCPs only)

Percent of PCPs Responding Very Satisfied or Satisfied	
All Lines of Business	68%

- b) Their previous PCPs? (For PCPs only)

Percent of PCPs Responding Very Satisfied or Satisfied	
All Lines of Business	49%

- c) The referring PCP prior to your initial specialty visit? (For specialists only)

Percent of SCPs Responding Very Satisfied or Satisfied	
All Lines of Business	59%

3. Quantitative and Qualitative Analysis – PCP/SCP Communication

Quantitative Analysis

The percent of PCPs reporting that they are very satisfied or satisfied with the clinical information that they received about their patients from specialists to whom you have referred patients was 68%. The PCPs reported the satisfaction from their previous PCPs to be 49%. In comparison, SCs were satisfied with the clinical information from the referring PCP prior to the initial specialty visit to be 59%. There is an obvious gap between previous PCPs and their communication with a members' current PCP as well as information provided to the specialist prior to the initial visit.

Two additional questions were added to the PSS survey for 2021, "How do you receive this clinical information?" and "How do you prefer to send this clinical information?" The respondents for the majority of this question was null at 93.7% and 92.9% respectively, the second highest response for both questions was mail at 4.5% receive it currently and 5.9% would prefer the information by mail. Overall these two questions do not bring tangible evidence for how to share clinical information, especially the large network of providers L.A. Care supports.

Qualitative Analysis

Adequate communication between PCPs and SCs 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.

Within the provider newsletter ePulse, Improving Communication between Providers was published July-August of 2021. Within the newsletter common recommendations suggested by respondents was included: Ensure all clinical documents for referral include rationale for visit, pertinent examination findings, diagnosis or impression, treatment details and any further relevant information, send consultation notes immediately after seeing the patient, discuss with your patients the reason for the specialty care referral and steps to take if there are any further questions, for example difficulty in scheduling an appointment and reduce time spent on hold when providers call other offices with updates.

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 SCs. 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 SCs rate their communication.

OPPORTUNITIES FOR IMPROVEMENT

In fielding these questions and soliciting open-ended response by providers L.A. Care identified opportunities to put interventions in place to enhance PCP and SCP communication, coordination, and continuity around member's care.

The QI department worked with Quality Performance Management QPM to revise the PSS Survey to PCPs and SCs to further elicit information around communication between PCPs and SCs. The survey is now? 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". We look forward to the upcoming PSS 2022 survey to compare responses and identify new area for growth.

2022 WORK PLAN GOALS:

Settings	2022 Goals
Transitions in Management: Hospital to Outpatient	Achieve a rate of 80% 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

E.2 MANAGED LONG-TERM SERVICES & SUPPORTS (MLTSS)

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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 also receive care through Community Based Adult Services (CBAS), Long Term Care (LTC) Nursing Facilities, Multipurpose Senior Services Program (MSSP), Care Plan Options (CPO) and In-Home Supportive Services (IHSS). Our Care Plan Options program also refers Cal MediConnect (CMC) members to "free" community-based services (such as utility or rental assistance programs, meal delivery and transportation) and to "paid" CPO services (such as grab bars, personal emergency response systems, and home modifications) when eligible and all other resources have been exhausted.

MLTSS 2021 QUALITY OVERSIGHT GOALS AND ACHIEVEMENTS

Four goals continued to guide the MLTSS 2021 quality oversight strategy:

- **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 Specialists 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. MLTSS Nurse Specialists transitioned to a field based role with the goal of conducting CBAS centers and LTC facilities as defined by criteria. The expanded focus includes:

- 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.

Due to the Covid Public Health Emergency all field visits were suspended and replaced by telephonic outreach. By conducting telephonic outreach, MLTSS Nurse Specialists have focused on managing both member and provider relationships. Telephonic outreach 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 continues to be the Nurses' priority.

In August 2021, management of Skilled Level of Care transitioned to MLTSS and is now part of the MLTSS Nurse Specialists scope of work. The goal of transition is to improve care coordination as needed, divert LTC transition when appropriate, transition of appropriate members back to community and to improve overall utilization of services.

Community Transitions. By helping dually-eligible individuals in nursing facilities transition back to the community, and those residing in the community to remain living safely there, MLTSS Nurse Specialists continue their efforts to divert placement of members *to LTC* and also help members transition *from LTC* settings. During the Interdisciplinary Care Team (ICT) and authorization process, our Nurses have identified members with the potential to return back to the community. Nurses work with the Nursing Facility staff, and Service Providers to refer members to the various state and waiver programs including the Assisted Living Waiver (ALW), Home and Community Based Alternatives (HCBA), Community Care Transition (CCT), Housing for Health (HFH), and Home and Community Based Alternatives (HCBA) programs.

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 that include our Nurses' observations and subjective recommendations as to the facility's performance. The Credentialing team may take the MLTSS Nurses' feedback into consideration upon re-credentialing of a facility.

Caregiver Support. MLTSS continues partnership with Center for Caregiver Advancement (CCA). The ongoing successful pilot's objective is to train IHSS providers to enhance their skills in caring for our members in order to decrease potential utilization (i.e., ED visits, hospital admissions and readmissions). The vendor shares MLTSS brochures with the IHSS providers for awareness of other MLTSS benefits for which their clients may be eligible. Likewise, the MLTSS team continues to share and promote 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 some of the Skilled Nursing Facilities (SNF). All CMC and MCLA members in a SNF have been assigned to a SNFist or designated physician to oversee their care. Weekly rounds with the SNFist group were implemented to improve member oversight and care coordination. Transition of Skilled Level of Care to MLTSS will also improve members health oversight and improve care coordination.

Palliative Care Program Expansion. MLTSS continues to actively work with UM and Care Management (CM) to enhance L.A. Care's Palliative Care program. This is a collaboration with DHS to transition clinic members receiving Palliative Care to community based Palliative Care. MLTSS continues to conduct WebEx trainings to internal and external partners to increase Palliative Care awareness. In FY 2021, MLTSS conducted 5 training events which had a combined attendance of 110 staff and external stakeholders. The Palliative Care Team continues to partner with MLTSS, CBAS and SNF teams and participate in continued education by way of quarterly webinars with both groups of providers.

With the guidance and support from the Care Management Medical Director whose expertise is Palliative Care medicine, MLTSS has developed and is refining a quality monitoring process. MLTSS established partnerships with other palliative care experts through Coalition for Compassionate Care of California and California Health Care Foundation, which lent to collaborative efforts in development of training materials, member and provider references as well as a Universal Referral form used amongst other health plans. By equipping internal staff and our provider network with useful tools, MLTSS aims to increase the number of Palliative Care referrals and enrollment in alignment with the goals of SB 1004.

The pilot started in collaboration with Direct Network Medical Director, Care Management Medical Director, MLTSS SNF team, MLTSS Palliative Care team, Palliative Care providers and SNF management groups to identify members who can benefit from Palliative Care services. The goal is to provide Palliative Care service at SNFs, improve overall care coordination, overall utilization of ED, Inpatient and Skilled services and transition members appropriate to Hospice timely.

The MLTSS Palliative Care Nurse Specialist is dedicated 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 and routine teleconferences for oversight and monitoring of our palliative care members. The MLTSS Palliative Care team is working on evaluating the impact of Palliative Care as it relates to member utilization. A patient satisfaction survey and process is also under development.

Enhance Member and Provider Satisfaction

MLTSS offered training and gathered data to evaluate impact and guide innovation for member and provider satisfaction. Highlights include:

- Ongoing participation in Care Management's Interdisciplinary Care Teams (ICT) weekly to educate other Health Services care team members about MLTSS and community resources that support member access to MLTSS.
- MLTSS implemented a monthly "MLTSS Overview" training 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. In FY 2021, MLTSS successfully conducted 14 trainings which had a combined attendance of 89 L.A. Care staff.
- Ongoing collaboration with PNM for joint visits to CBAS and LTC facilities is currently on hold due to the PHE. However, telephonic collaboration is in place 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 is 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. This collaboration allowed MLTSS to participate in 2 CMC training events wherein an overview of CPO was conducted for nearly 90 attendees. 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.
- MLTSS is working with PNM to add additional CBAS centers to ensure network adequacy. Currently there are 171 contracted CBAS centers.

Strategies for Effectiveness and Efficiency

MLTSS developed processes to enhance operating efficiency and meet organizational and regulatory requirements, including:

- A partnership with UM in Post-Acute care coordination to improve provider and patient satisfaction, and prevent hospital admissions, readmissions, 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 & Palliative Care, 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 the assessment process and minimize redundancies and costs.

- Transitioned Vendor reimbursement from invoice payment activities to claims based payments. Continued to refine and monitor process. 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 sFTP to transmit care plans to Providers (PPG) has been vetted and assessed and pended due to IT resources. This will eliminate manual work of faxing hundreds of documents and will improve efficiency and capacity of MLTSS staff. The work was re-initiated in October 2021 and IT is currently working on the automation.
- MLTSS partnered with UM and consultants for the implementation of SyntraNet, a new system which replaced CCA for authorization processing. MLTSS continues to participate in efforts to enhance and improve the system's workflows and functionality as it relates to UM processes and reporting. Automation efforts for CBAS has been initiated. Goal is to minimize manual process and improve efficiency. Request submitted to load the CBAS Eligibility Determination Tool (CEDT) into SyntraNet. Additional automation requested to pre-populate CEDT form fields with information available from other sources. Current state this information is entered by the nurses manually.
- Integrating Field Visit Reports that MLTSS Nurses uploads into the MLTSS SharePoint eliminate paper forms and allowed the ability to capture trends more effectively. Continued process changes have 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. Implemented however put on hold due to suspension of on-site visits due to PHE.
- MLTSS continues to develop their team structure by defining roles of clinical and non-clinical staff, changing job titles to remove program specific titles (i.e., IHSS Coordinator, MSSP Coordinator, etc.) and reclassifying as either MLTSS Coordinator, MLTSS Specialist or MLTSS Nurse Specialist. This removes silos and creates a broader focus of staff roles and expectations throughout the department. In May 2021, further structure was put in place to have a designated Clinical Support Team where a coordinator is assigned to support each clinical program (CBAS, LTC and Palliative Care) supporting MLTSS Nurses with referral intake and other administrative tasks so nurses can focus on clinical reviews and nursing functions.
- From a management structure, MLTSS moved away from non-clinical and clinical teams to Operations and Clinical teams. Realignment MLTSS Coordinators and Specialists under one manager, rather than split between 3 managers by program. This change allowed for a more consistent and broader oversight of support staff.

MLTSS 2022 QUALITY OVERSIGHT GOALS

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.

E.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) and they are responsible for administering mental health services to Medi-Cal members who meet criteria for mild to moderate level of care. The Los Angeles County Department of Mental Health (DMH) is responsible for providing services to 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 2021, L.A. Care continued to collaborate with behavioral healthcare practitioners to monitor and improve coordination between medical care and behavioral healthcare. This coordination is vital, as people experiencing mental illness tend to have shorter life expectancies—13-30 years shorter than the general population, in the case of people with severe mental illness (SMI)—with mortality caused primarily by treatable physical conditions.²⁹ To drive collaboration, L.A. Care collects data in 6 areas: (1) exchange of information between Primary Care Providers (PCPs) and Behavioral Health Practitioners (BHPs); (2) appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care; (3) appropriate uses of psychopharmacological medications; (4) management of treatment access and follow up for members with coexisting medical and behavioral disorders; (5) prevention programs for behavioral health; and (6) special needs of members with severe and persistent mental illness.

L.A. Care has continued meeting quarterly for the Behavioral Health Quality Committee (BHQC). Addendum 1 includes the committee charter and addendum 2 includes the meeting notes for calendar year 2021.

2021 WORK PLAN GOALS:

Measure	2021 Medi-Cal Goals	2021 Cal MediConnect Goals	2021 L.A. Care Covered Goals	2021 Goal Met or Not Met
Exchange of information	80% of providers will be always/usually satisfied with the exchange of information between Primary Care Physician (PCP) and Behavioral Health Practitioners (BHPs)			Not Met

²⁹ 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	2021 Medi-Cal Goals	2021 Cal MediConnect Goals	2021 L.A. Care Covered Goals	2021 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			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			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			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			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.			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.

METHODOLOGY

In 2018, L.A. Care embedded these survey questions into the organization wide Provider Satisfaction Survey. This ensured that the providers being surveyed are consistent across the organization, thus, providing more consistent results and ensures the accuracy and quality of the data on information exchange.

The survey methodology used a combination of mail, email, fax, and phone outreach. One key change was how faxes were incorporated into fielding. Unlike in previous years, beginning in 2018 participants were not faxed actual surveys, but instead were sent a fax invitation with a link to complete the survey online. This was primarily due to the increased survey length which reduced the practicality of faxing longer surveys to providers.

The Behavioral Health portion of the survey consists of two Likert scale questions related to the sufficiency, timeliness, accuracy and clarity of the communication from the Los Angeles Department of Mental Health

(DMH) and Beacon Health Strategies (Beacon). Beginning in 2019, the survey also included a question asking providers to identify barriers to exchanging information with mental health providers.

The Primary Care Physician & Specialty Care Providers 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

2019

Survey Item	% Always or Usually		Total Responses (n)	
PCP's experience with behavioral health feedback	Beacon (Q13)	DMH (Q14)	Beacon (Q13)	DMH (Q14)
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

2020

Survey Item	% Always or Usually		Total Responses (n)	
PCP's experience with behavioral health feedback	Beacon	DMH	Beacon	DMH
The feedback was sufficient	64.2%	57.9%	604	549
The feedback was timely	63.1%	56.6%	605	544
The feedback was accurate	67.7%	61.3%	601	542
The feedback was clear	69.3%	61.2%	599	541

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 2020 results came from a smaller sample size.

Compared to the results from 2019, DMH's information exchange rates dropped in the areas of information sufficiency, timeliness, accuracy, and clarity by 3.5%, 2.8%, 2.1%, and 4.1%, respectively. Beacon results

were better than DMH with three improvements across categories and one decrease: information exchange sufficiency, timeliness, and accuracy increased by 0.4%, 0.9%, and 0.09%, respectively; however, clarity decreased by 0.09%.

Exhibit 12: Barriers to Exchanging Information with Mental Health Providers

Survey Item	%
Single biggest barrier (Q19) n=349	
Time limitations	19.8%
HIPAA/legal restrictions	17.2%
Do not know how to contact the MH provider	19.2%
Lack of responsiveness from MH providers	36.4%
Other	7.4%
Ways L.A. Care can help (Q20) (n=475)	
Provide education about information exchange to providers	68.6%
Improve or standardize health information exchange systems	66.7%
Educate patients about the value of information exchange	61.3%
Other	5.7%

Qualitative Analysis for Beacon and DMH

PCPs were also asked to identify the single biggest barrier to exchanging information. A majority of respondents indicated that lack of responsiveness from mental health providers was the largest barrier. This barrier is highly complex with multiple contributing factors ranging from individual providers without the bandwidth of larger clinics to a lack of understanding between providers regarding what constitutes PHI/HIPAA and what falls into the categories of shared members and exceptions from HIPAA (such as treatment, payment, and operations).

Approximately 68.6% of providers mostly recommended that L.A. Care can help with information exchange was to educate providers. A similar portion of providers, 66.7% suggested improving or standardizing health information about exchange systems. Finally, 61.3% of providers suggesting educating patients about the value of information exchange.

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 Not knowing how to contact the MH provider	Providing education on information exchange to providers	Provider Satisfaction Survey with Beacon, DMH during 12/2020 Behavioral Health Quality Committee meeting	Beacon: Not statistically significant increase (p > 0.05) DMH: Not statistically significant increase (p > 0.05)
	Sufficiency of Information	Lack of responsiveness from Mental Health Providers	Improvement or standardization on health information exchange systems		Beacon: Not statistically significant increase (p > 0.05) DMH: Not statistically significant increase (p > 0.05)
	Accuracy of Information		Educate patients on the value of information exchange		Beacon: Not statistically significant increase (p > 0.05) DMH: Not statistically significant increase (p > 0.05)
	Clarity of Information				Beacon: Not statistically significant increase (p > 0.05) DMH: Not statistically significant increase (p > 0.05)

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) reports that 16 million American adults—almost 7% of the population—had at least one major depressive episode in the last year.³⁰ There are a wide variety of symptoms associated with the illness, including sad mood, diminished interest in activities once considered enjoyable, weight loss or gain, psychomotor retardation or agitation, fatigue, inappropriate guilt, difficulty concentrating, and recurrent thoughts of death. The American Psychiatric Association (APA) requires that five or more of the previously mentioned symptoms be present for two weeks or more for someone to be diagnosed with depression.

Depression not only affects those suffering from the illness, but also those who are around them. Research has shown that interpersonal relationships tend to suffer for those experiencing symptoms of depression. Many families or friend groups are affected by their loved one's depression. Relationships outside of the home, such as those at school or in the workplace, can also be affected.³¹ Effective treatment of depression can help to improve the health and functioning of someone who is suffering from depression, as well as improve broken interpersonal relationships.

As individuals with lower socioeconomic statuses have higher rates of depression than those in higher statuses³², depression is a prevalent diagnosis among Beacon Medicaid members. Since it is of significance concern among Beacon's member population, Beacon has implemented interventions focusing on depression since 1999. In 1999, Beacon established and distributed the first Beacon-approved depression guideline with guideline monitoring beginning in 2000. Results of Beacon monitoring activities continue to indicate opportunities for improvement in the areas such as the number of psychotherapeutic and medication visits after initial diagnosis.

MEASURES

- a) Percent of members aged 18 years and older with depressive diagnoses who received two or more outpatient therapy visits within 12 weeks of their diagnoses
- b) Percent of members aged 18 years and older with depressive diagnoses who received one or more medication visits within 12 weeks of the diagnosis

³⁰ 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

³¹ Major Depression. (n.d.). Retrieved from National Institute of Mental Health: <https://www.nimh.nih.gov/health/statistics/major-depression.shtml> on May 29, 2018

³² Wilkinson R, Pickett K. Inequality and Mental Illness. *Lancet Psychiatry* 2017; 4:512-3. Retrieved from [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(17\)30206-7/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(17)30206-7/fulltext) on May 29, 2018

- c) Percent of members ages 18 years and older with depressive diagnoses who received one or more medication visits within 12 weeks (84 days) of the diagnosis and received an additional follow up visit within 12 weeks (84 days) of the initial medication visit

METHODOLOGY

For CPG Measures, claims data was used to identify members who had two or more visits within 12 weeks of their initial diagnoses, members who had one medication visit within 84 days of their initial diagnoses, and members who received an additional follow up visit within 84 days of the initial medication visit. Data from the measurement time period between January 1, 2020, to December 31, 2020, were used to garner results.

RESULTS

Measures	Goal	Product Line	2018	2019	2020	Goal Met or Not Met
(a) Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received 2 or more outpatient Behavioral Health visits within 84 days of diagnosis	50%	Medicaid	45.1% (1867/4136)	47.6% (2125/4501)	46.6% (2479/5318)	Not Met
		Commercial	47.1% (313/665)	50.0% (337/674)	56.1% (369/658)	Met
		CMC	39.3% (42/107)	43.4% (53/122)	38.5% (40/104)	Not Met
(b) Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received (one) 1 or more medication visits within 84 days of diagnosis	50%	Medicaid	23.3% (963/4,136)	23.2% (1044/4501)	35.5% (1875/5318)	Not Met
		Commercial	34.9% (232/665)	35.3% (49/139)	43.0% (283/658)	Not Met
		CMC	16.8% (18/107)	26.2% (32/122)	22.1% (23/104)	Not Met
(c) The percentage of members (18+) newly diagnosed with depressive disorder who received one (1) or more medication visits within 84 days of the first medication visit.	95%	Medicaid	93.8% (903/963)	92.8% (969/1044)	85.8% (1609/1875)	Not Met
		Commercial	95.3% (221/232)	96.2% (227/236)	93.3% (264/283)	Not Met
		CMC	88.9% (16/18)	95.7% (227/236)	87.0% (20/23)	Not Met

*Statistically significant change from the previous reporting period using z-test for proportions at $p < 0.05$

ANALYSIS

Quantitative Analysis

Medi-Cal: For 2020, 46.6% (2,479/5,318) of members newly diagnosed with depressive disorder had received two (2) or more outpatient BH visits within 84 days of diagnosis. This measure did not meet the 50% performance goal in 2020.

Out of the 5,318 members diagnosed with depression, 1,875 (35.5 %) of members received one (1) or more medication visit within 84 days. This measure did not meet the 50% performance goal in 2020.

Moreover, of the 1,875 members, 1,609 (85.8 %) of the members received another medication visit within the initial medication visit. This rate decreased seven percentage points from 2019 and eight percentage points from 2018. This measure did not meet the 95% performance goal in 2020.

Commercial: In 2020, 56.1% (369/658) of members newly diagnosed with depressive disorder had received two outpatient BH visits within 84 days of diagnosis. This measure exceeded the performance goal in 2020.

Out of 658 members, 283 (43.0%) of them received one or more medication visits within 84 days of diagnosis. This measure did not meet the 50% performance goal in 2020.

Lastly, 93.3% (264/283) of the commercial members had another follow up appointment within 84 days of the first appointment with the prescriber, which was a 3 percentage point decrease from 2019 and a 2% from 2018. This measure did not meet the 95% performance goal in 2020.

Cal MediConnect: In 2020, 40 out of 104 members (38.5 %) who were newly diagnosed with depressive disorder received two (2) or more outpatient BH visits within 84 days of diagnosis. This was a 4.9 percentage point decrease from 2019 and did not meet the 50% performance goal in 2020.

22.1% (23/104) of members newly diagnosed with depressive disorder received (one) or more. This measure did not meet the 50% performance goal in 2020.

87.0% (20/23) members received one or more medication visits within 84 days of the first medication visit, which was a 8.7 percentage point decrease from 2019 (95.7%). This measure did not meet the 95% performance goal in 2020.

Qualitative Analysis

For Depression Measure A, performance for Commercial line of business was met for members who received two or more outpatient therapy visits within 12 weeks of diagnosis.

For Measure B, performance for all lines of business were not met for members who received one or more medication visits within 12 weeks of diagnosis.

For Measure C, performance for Medicaid, CMC, and Commercial line of business were not met for members who received one or more medication visits within 12 weeks and received an additional follow up within 12 weeks of the initial medication visit. Performance goal of 95% was not met in 2020.

Measures that did not meet goals in 2020 were impacted due to timely accessibility of prescribers due to COVID-19 restrictions, especially in State of California, as well as not having enough prescriber in certain geographical areas.

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:

- Lack of prescribers in certain geographic areas
- The COVID-19 pandemic made it difficult to access follow up care
- Members may be resistant to treatment due to social stigma or cultural barriers

INTERVENTIONS COMPLETED

- Promoted use of online resources to members and providers through plan, newsletters, Beacon Provider Bulletins and Provider Advisory Councils. (Ongoing & Active)
- Through National newsletter, educated providers regarding HEDIS AMM measures and the importance of depression medication and best practices. (Annual & Active)
- Initiated multi-departmental ADD/AMM Workgroup to develop interventions in order to help increase ADD and AMM rates. (Monthly & New)

NEXT STEPS

- Share network gap analysis with Network and Contracting in order to increasing contracting efforts to bring new providers into network (Q1 2021)
- Promote telehealth among providers through sharing educational resources that better enable them to utilize virtual care.
- Ensure depression materials and screening tools on website are up-to date and easily available.

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
Clinical Practice Guideline Measure Depression: a 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; b The percentage of members (18+) newly diagnosed with depressive disorder who received (one) 1 or more medication visits within 84 days of diagnosis; c The percentage of members (18+) newly diagnosed with depressive disorder who received one (1) or more medication visits within 84 days of the first medication visit.	<ul style="list-style-type: none">• Lack of prescribers in certain geographic areas.• The COVID-19 pandemic made it difficult to access follow up care.• Members may be resistant to treatment due to social stigma or cultural barriers.• Analyze data for network gaps.• Promote the use of virtual care to conduct follow up visits.• Improve member and provider education strategies regarding best practices.	<ul style="list-style-type: none">• Share network gap analysis with Network and Contracting in order to increasing contracting efforts to bring new providers into network (Q1 2021)• Promote telehealth among providers through sharing educational resources that better enable them to utilize virtual care. (On going)• Ensure depression materials and screening tools on website are up-to date and easily available. (Ongoing)• on website are up-to-date and easily available (Ongoing)	Only one measure for one line of business was met for this year (measure a for Commercial)

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. Starting January 1, 2022, Medi-Cal Rx transition will occur. L.A. Care will still continue post-claim adjudication Drug Utilization Review (DUR) activities such as Retrospective DUR (RDUR) for the Medi-Cal population.

RESULTS

CONTROLLED SUBSTANCES MONITORING (CSM) RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR)

Line of Business	November 2020 Look-Back Period: 7/1/2020 – 10/31/2020			March 2021 Look-Back Period: 11/1/2020 – 2/28/2021			July 2021 Look-Back Period: 3/1/2021 – 6/30/2021		
	Members Identified	Prescribers Mailed	% Improved	Members Identified	Prescribers Mailed	% Improved	Members Identified	Prescribers Mailed	% Improved
MCLA	60	259	80.4%	30	146	62.1%	42	189	65.9%
CMC	3	11	66.7%	3	14	100%	2	8	100%
LACC	1	4	N/A*	3	10	33.3%	2	6	100%
PASC	2	5	50%	1	2	0%	3	8	33.3%

* N/A indicates that the one member who was identified disenrolled from our plan so % improved could not be determined.

TRIPLE THREAT RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR)

Line of Business	November 2020 Look-Back Period: 7/1/2020 – 10/31/2020			March 2021 Look-Back Period: 11/1/2020 – 2/28/2021			July 2021 Look-Back Period: 3/1/2021 – 6/30/2021		
	Members Identified	Prescribers Mailed	% Improved	Members Identified	Prescribers Mailed	% Improved	Members Identified	Prescribers Mailed	% Improved
MCLA	379	671	54.6%	318	570	46.8%	322	608	50.8%
CMC	37	80	64.9%	33	75	60.6%	31	79	35.5%
LACC	14	33	57.1%	16	26	65.5%	11	17	36.4%
PASC	11	26	45.5%	10	23	50%	13	23	53.9%

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 of a member under the following circumstances:

- Member is identified for the CSM/Triple Threat RDUR intervention during a given intervention period.
- Member is considered improved if he or she no longer meets criteria to qualify for the same intervention during the next intervention mailing period.
- $\% \text{ improved} = \frac{\text{Members that no longer qualifies for the same intervention (members improved)}}{\text{Total number of members that were identified - Disenrolled members}}$
- Members disenrolled from our plan are excluded from this evaluation.

Quantitative Analysis

Medi-Cal: Three mailing periods have occurred since last year's evaluation (11/2020, 3/2021, and 7/2021). During this time, 594 mailings (CSM) and 1,849 mailings (Triple Threat) were sent to Medi-Cal providers to inform them of their patients' controlled substance medication utilization. The number of mailers sent for CSM is 41% lower and Triple Threat is 19% lower than previous year. The number of members identified during four-month measurement periods ranged from 30 to 60 for CSM and 318 to 379 for Triple Threat, which follows a similar trend as the providers. Improvement in outcomes was 80.4% (CSM) and 54.6% (Triple Threat) for the November 2020 mailing period. Definition for improvement in outcomes is mentioned in the section above. Comparing the outcomes improvement from November 2019 to November 2020, the percent of members improved for CSM has increased while Triple Threat remains about the same. In total, 100% of providers with members meeting the aforementioned CSM and Triple Threat criteria were sent a mailing.

Cal MediConnect: 33 mailings (CSM) and 234 mailings (Triple Threat) were sent to providers. The number of mailers sent for CSM is 15.4% lower and Triple Threat is 4.9% lower than previous year. The number of members identified within a measurement period ranged from 2 to 3 for CSM and 31 to 37 for Triple Threat. The program showed outcome improvements of approximately 66.7% for CSM and 64.9% for Triple Threat for the November 2020 mailing period.

L.A. Care Covered: During the measurement period shown above, 20 mailings (CSM) and 76 mailings (Triple Threat) were sent out to L.A. Care Covered providers. The number of mailers sent for CSM is 28.6% lower and Triple Threat is 48.3% lower than previous year. 1 to 3 members were identified for CSM and 11-16 members for Triple Threat per measurement period. The program showed outcome improvements of approximately 57.1% for Triple Threat and no member improved for CSM for the November 2020 mailing period. For CSM, there were only two members identified in the previous mailing period so it would be difficult to denote any significance with this data.

PASC: During the measurement period shown above, 15 mailings (CSM) and 72 mailings (Triple Threat) were sent out to L.A. Care Covered providers. The number of mailers sent for CSM is 46.4% lower and Triple Threat is 5.3% lower than previous year. 1 to 3 members were identified for CSM and 10 to 13 members for Triple Threat per measurement period. The program showed outcome improvements of approximately 50.0% for CSM and 45.5% for Triple Threat for the November 2020 mailing period.

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. Disenrolled members are not included in the analysis to assess improved outcomes. 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. We cannot isolate the effect of this intervention since there could other contributions to decreases in controlled substance utilization patterns that may have occurred during this timeframe.

Nevertheless, despite 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 259 to 189 for CSM, and 671 to 608 for Triple Threat), despite overall growth in membership size from around 1,087,175 members in July 2020 to around 1,213,727 members in June 2021. The decrease in the number of

mailings shows an improvement in the intervention since providers are now cognizant of their prescribing behavior and have avoided prescribing medications as identified in the CSM and Triple Threat RDUR programs. 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. Starting January 1, 2022, Medi-Cal Rx transition will occur. At this time, DHCS has decided to not implement a lock-in program as part of the Medi-Cal Rx full Assumption of Operations (AOO). MCLA members who are enrolled in PHP will be disenrolled but L.A. Care will continue our drug management programs for all other LOBs.

- **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 the member:
 - 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.

For FY20-21 (Oct. 2020 to Sept. 2021), 45 new cases were referred/identified for potential enrollment in the Pharmacy Home Program. As of this year, 2 lock-in cases were closed due to meeting exclusion upon review. Currently, there are 3 members being monitored for 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 20-21 (Oct. 2020 to Sept. 2021), total of 7 cases were reviewed, and there is only one CMC member being monitored. As of this year, one lock-in case was closed after 12 months due to improvement. Identification of members are through internal pharmacy reports, Navitus, HPMS communications, and the MARx platform.

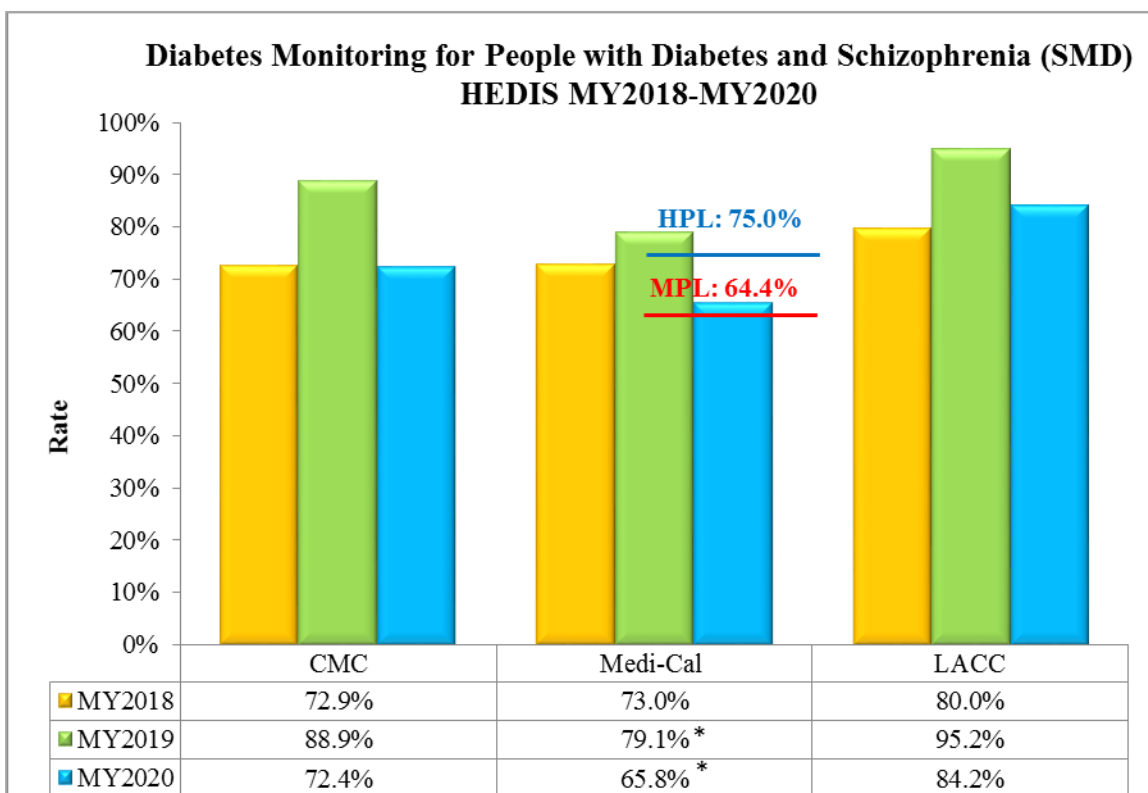
Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/Outcome
CSM RDUR Criteria – Patients who have received a combination of 9 or more of the following for at least 2 months during a 4 month period: · Controlled substance (CII – CV) prescriptions + · Unique prescribers + · Unique Pharmacies·	<ul style="list-style-type: none"> Limited exchange of information between different providers for the same member. Continued prescribing of controlled substances from multiple prescribers. Emergency fills for controlled substances outside of the Pharmacy Home (e.g., fills at other pharmacies due to stocking issues, ED visits, etc.) 	<ul style="list-style-type: none"> Additional interventions for members identified in the CSM RDUR criteria more than 2 times within a calendar year. For example, such members may be referred to Case Management or Behavioral Health. Additional interventions to involve the prescriber. Target members with repetitive ED visits. 	<ul style="list-style-type: none"> The CSM RDUR program notifies providers of all members on 9 or more prescriptions. Beacon will continue provider chart audits 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 benzodiazepines/hypnotics. 	<ul style="list-style-type: none"> 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). Refer to quantitative and qualitative analysis above. Pharmacy will continue to monitor members who qualify for PHP/OHP. There are no members currently enrolled.
Pharmacy/Opioid Home Criteria – Members that have met the following criteria during a six-month period: · ≥90 MME + · 3 or more providers and 3 or more pharmacies OR · 5 or more providers				
Triple Threat Criteria – Patient who have received prescriptions for each of the following drug classes: in a month for 2 of 4 months: - Opioids + - Skeletal muscle relaxants + - Benzodiazepines/hypnotics (sleep aids)				

IV. MANAGEMENT OF TREATMENT ACCESS AND FOLLOW-UP FOR MEMBERS WITH COEXISTING MEDICAL AND BEHAVIORAL DISORDERS AND THOSE WITH SEVERE AND PERSISTENT MENTAL ILLNESS

BACKGROUND – DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

L.A. Care uses the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) to monitor care coordination for people with co-existing medical and behavioral disorders. The following table shows the rates for the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia. It reflects the rate of members taking antipsychotics who have received appropriate monitoring for their diabetes.

RESULTS



*Statistically Significant Difference

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY2019 QC benchmarks for the 50th and 90th percentiles)

Quantitative Analysis

Medi-Cal

The SMD rate was 65.8%, representing a 13.3 percentage point decrease over the previous year (79.1%). The decrease is statistically significant, but the rate did not meet the minimum performance level. No goal was established for the year.

LACC

The SMD rate was 84.2 % and declined 11 percentage points from the prior year (95.2%). Rates were not statistically significant using a Fisher's Exact Test as the denominator was below 30 members. Rates are not available for the 2018 because the volume was below 30 members.

CMC

The SMD rate was 72.41% down from 88.89% or 16.5 percentage points from the prior year. This rate is not statistical significant.

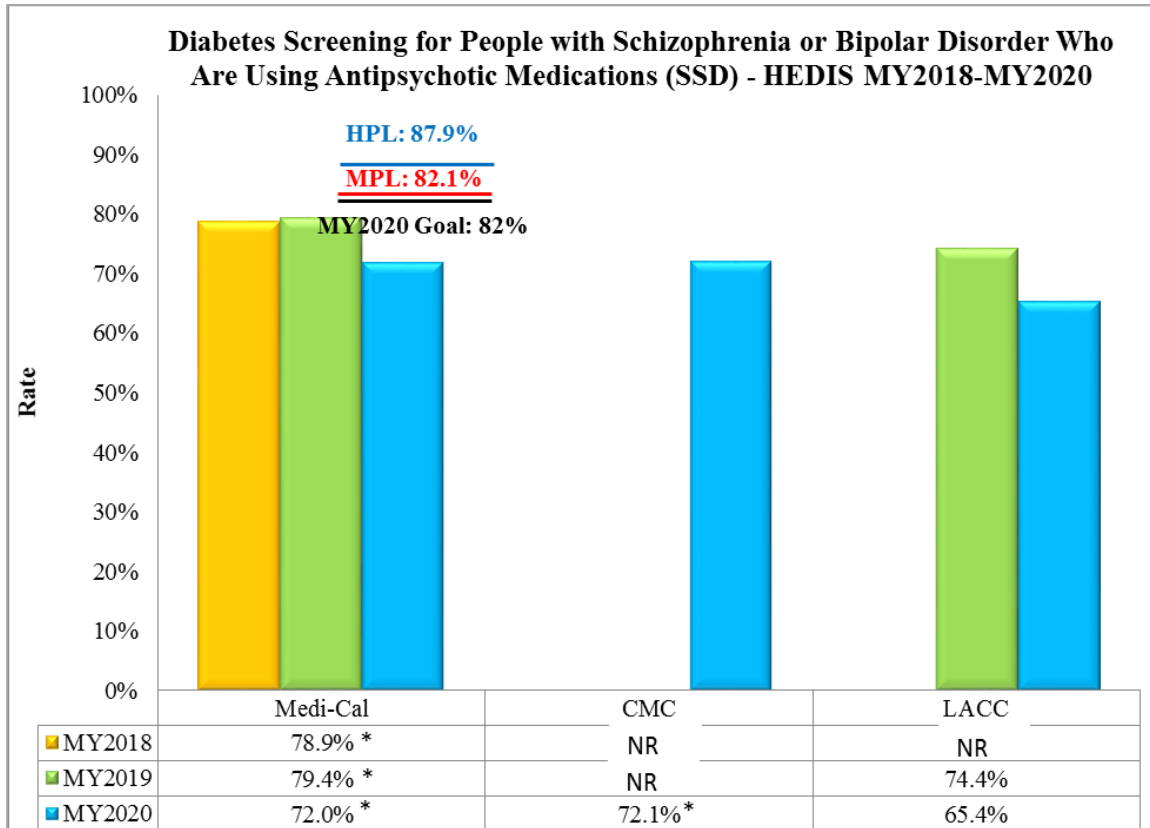
Qualitative Analysis

As with the SSD measure, in 2019, L.A. Care also began including SMD non-compliance data in the PORs so that providers could conduct proactive member outreach to schedule needed services and close gaps in care for incentive payments. The upward trend in the prior year suggest that this form of provider communication is effective; however, due to the COVID-19 pandemic, it is difficult to ensure if this is an effective intervention since rates have dropped significantly across all LOBs. In addition, this measure has seen a drop in the total denominator for all product lines. Medi-Cal lost about 1/3 of the denominator, CMC and LACC lost 2/3 of their denominators. This may be driving the rate changes as you can see that both LACC and CMC had big drops in the rate but it was not statistically significant. These finding are surprising as SSD did not see a similar denominator decline. It is possible that even a diagnosis of diabetes did not occur as frequently due to the pandemic's effect on members reducing utilization. Similarly, in 2021, the declines are being addressed by continuing to focus on provider education among the primary care network and the specialty care network, while also encouraging members to seek care regularly. This has begun by discussing the need for testing in the Behavioral Health Committee in December of 2020. As noted in the 2/17/2021 minutes of the Behavioral health work group, L.A. Care and DMH are working on a data exchange program for diabetes screening and monitoring. Moreover, L.A. Care has been engaging members via social media around diabetes and seeking care in May of 2020 and in September of 2021. High volume PPGs will also be met with to discuss this rate decline and request that members be sent lab orders for screening. These collective interventions should help drive rates back to pre-pandemic levels.

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:



*Statistically Significant Difference

NR: Not required

Medi-Cal benchmarks are from the Quality Compass (QC) MY2019 50th and 90th percentiles (due to COVID-19 DHCS is requiring health plans to use the MY 2019 QC benchmarks for the 50th and 90th percentiles)

ANALYSIS

Quantitative Analysis

Medi-Cal

The SSD rate was 72.0%, representing a 7.4 percentage point decrease over the previous year (79.4%). The decrease is statistically significant ($p < 0.05$). The rate did not meet the goal of 82% for the year and did not meet the minimum performance level of 82.1%

CMC

The SSD rate was 72.1%. The rate was not reported in the previous year, but does indicate an 8 percent decrease over the prior year (80.1%). The decrease is statistically significant ($p < 0.05$). No goal was established for this measure.

LACC

The SSD rate was 65.4%. There was a 9 percent decrease over the prior year (74.4%). The decrease was not statistically significant. No goal was established for this measure.

Qualitative Analysis

To address diabetes screening and monitoring, L.A. Care in 2019 began including 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 first year the POR was implemented, the metric saw a rate increase. The upward trend in the prior year suggest that this form of provider communication may have been effective. The rates for 2021 have declined 2020 due to the COVID-19 pandemic, it is difficult to ensure if this is an effective intervention since rates have dropped significantly across all LOBs. Across multiple measure lab-based metrics declined and there has been a similar drop in A1C testing seen in Medi-Cal and LACC. This is not surprising, given the amount of care that was deferred due to COVID-19. To address this decline, we continue to educate providers on the need to screen these members in the various setting they be accessing but primarily in the primary care setting. In September of 2021, the Initiatives team also began a social media campaign in collaboration with various health plans to encourage people to go and see their primary physician since concerns about COVID-19 were one of the reasons the rate may have declined.

To improve coordination of care between provider settings efforts folks on informing primary care providers on the need to screen and test members. By the end of 2020, an analysis was done comparing the list of members on the HEDIS measure list with the providers listed on the Provider Opportunity Reports and found that while LACC and CMC had close to a 100% coverage, Medi-Cal coverage was closer to 77%. This may be the result of lack of an affiliation to a medical group or provider or the volume of that provider's panel fell below 10 members. In December of 2020, these findings were brought to the Behavioral QI collaborative meeting for discussion and education of the DMH leadership. The work group discussion that occurred in February of 2021 recommend keeping the POR report but also engaging in more education among the network to conduct testing/screening of members on antipsychotics. In addition, the POR reports switched to monthly reports to enable providers to have more real-time data. Due to the current rate decline, in addition to the noted interventions, QI will engage with high volume PPGs to educate and reinforce the need for screening in the primary care setting.

INTERVENTIONS

Measure	Barriers	Opportunities for Improvement	Actions
SMD, SSD	Primary 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	Increase provider notification rate Increase frequency of the POR Increase high touch notification for high volume providers	Continue sending Provider Opportunity Report –ongoing December 2020 BHQI Meeting with the Dept. of mental health to discuss improving screening In May of 2021 the POR reports were sent monthly vs 6 times a year to providers Meet with DMH and high volume PPGs to reeducate on the need for screening 12/2021

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 2021, L.A. Care continued collecting encounter data on the utilization of substance abuse screenings in the primary care setting to improve patient care. In 2021, the Department of Health Care Services released APL 21-014 which supersedes ALP 18-014 and as a result the AMSC (Alcohol Misuse: Screening and Behavioral Counseling) has been replaced with Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) interventions in Primary Care. This APL sets forth the State's expectation for providers to screen for alcohol and drug use on an annual basis. Providers are expected to provide brief counseling and/or refer members to appropriate resources when necessary.

RESULTS

ALCOHOL MISUSE: SCREENING AND BEHAVIORAL COUNSELING INTERVENTIONS IN PRIMARY CARE

Measure	1/1/2019 - 12/31/2019	1/1/2020 - 12/31/2020	1/1/2021 - 12/31/2021
Number of Unique PCPs Using SBIRT (Numerator)	857	950	1223
Number of Unique L.A. Care PCPs who served L.A. Care Members during the same time period as above (Denominator)	5441	5539	5763
% Numerator/Denominator*100	15.75%	17.15%	21.22%

Quantitative Analysis

Since the SABIRT implementation, L.A. Care has seen a 4.04% in the number of unique providers using the screening tool as a part of their regular practice and preventative screenings.

Qualitative Analysis

The SABIRT 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 PCPs do provide the service than those represented above despite the payment structure.

INTERVENTION

In prior years, L.A. Care Health Plan addressed SABIRT through Provider Continuing Education (PCE) Program who planned, developed, and implemented CME/CE activities related to Substance Use Disorder (SUD). In 2020 and 2021, 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.	PCP reluctant to screen for substance use. Limited substance use disorder treatment providers.	Members are not adequately screened in the primary care setting. Providers are not familiar with what tools to use to screen for SUD. Providers are not familiar with how to code/bill for SUD screening.	L.A. Care typically provides CMEs on SUD screening for providers. In 2021, this was not done due to changes in CME scheduling prompted by COVID 19.	No intervention in 2021. 4% increase in SBIRT rate.

2022 WORK PLAN GOALS:

Measure	2022 Medi-Cal Goals	2022 Cal MediConnect Goals	2022 L.A. Care Covered Goals
Exchange of information	80% of providers will be always/usually satisfied with the exchange of information between Primary Care Physician (PCP) and Behavioral Health Practitioners (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		
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		
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		
Primary or secondary prevention behavioral health program	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.		

QUALITY IMPROVEMENT PROJECTS (QIPs, PIPs, & PDSAs)

F.1 WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30) (PDSA)

AUTHOR: RACHEL MARTINEZ, RN

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

2021 PLAN-DO-STUDY-ACT (PDSA) GOAL:

Measure	2021 PDSA Goal
Well-Child Visits in the First 30 Months of Life (W30)	By February 28, 2021, increase the number of well-child visits for MCLA members born between 2/1/2019 and 8/31/2019 residing in SPA 1 in Los Angeles County (Denominator 629) to have one well-child visit in a given month between 11/01/2020-2/28/2021 from 1.43% to 5%.

BACKGROUND

There has been a dramatic decline in well-child visits and routine vaccinations for children during the COVID-19 pandemic which has been documented by the Centers for Disease Control and Prevention (CDC).³³ The decline results from a fear of contracting COVID-19 and the safety measures (or lack thereof) taken at provider offices. Within the Bright Futures Periodicity Schedule developed with the American Academy of Pediatrics, identifying health and developmental problems early is more easily identified when well-child visits are consistent and scheduled at the recommended intervals. The overall goal of this PDSA is to improve children's health by ensuring children are consistently visiting their provider for well-child visits to identify any health and development problems for early intervention. In response to the decline in well-child visits, L.A. Care chose to improve Well-Child Visits in the First 30 Months of Life (W30).

The W30 is a new measure; therefore, the Well-Child Visits in the First 15 Months of Life (W15) was used to establish a baseline and identify a target population. In Measurement Year (MY) 2020 the Medi-Cal rate was 26.6%. In 2019, the Medi-Cal (MY) 2019 administrative rate was 38.2%. This was a statistically significant decrease of 11.6 percentage points using the two proportions z-test. L.A. Care's Medi-Cal (MCLA) line of business was performing at 27.2%. To further narrow the focus for the PDSA, L.A. Care looked at W15 demographics by Service Planning Area (SPA) and found the lowest rate in SPA 1, Antelope Valley. The rate in SPA 1 for MY2019 was 24.2% compared to the highest performing region, SPA 4 at rate of 45.4%. SPA 1 and SPA 4 had a statistically significant difference of 21.2 percentage points found by two proportions z-test. The current prospective rate for W15 of children enrolled as MCLA residing in SPA 1 is 10.3%. L.A. Care chose this area to focus on and establish an intervention to address the low rate.

With W30 being a new measure with no baseline rate available, L.A. Care decided to look at well-child visits for children between April and August of 2019 and 2020. These children would be 15-21 months of age and would be the same age as the target population. The target population will have dates of birth (DOB) between 2/1/2019-8/31/2019, who will be 15-21 months at the beginning of the intervention period

³³ Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR). [Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020 | MMWR \(cdc.gov\)](#) (accessed October 5, 2021)

of 11/1/2020. The PDSA baseline rate of 1.4% will be based on the 2020 rate of 1.4% and the goal will be to get back to the pre-pandemic rate of 5%.

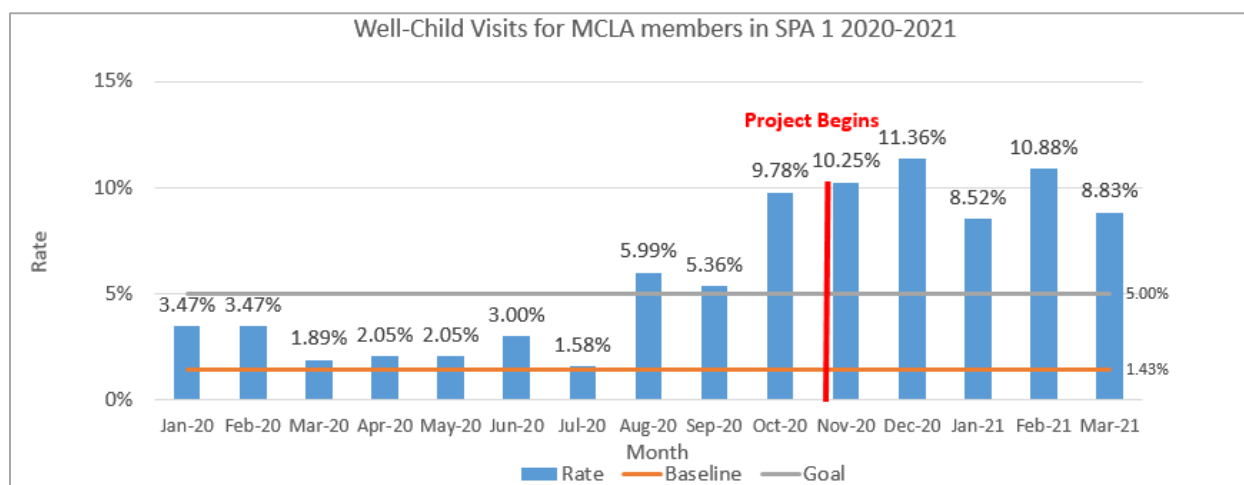
The intervention being tested were calls to parents from participating clinics: Department of Health Services (DHS), Bartz-Altadonna Health Center and Dr. Fabirborz Satey to schedule well-child visits to the target population. L.A. Care provided the clinics with a tailor made report, which included member and provider demographics, and the count of well-child visits to date, last date of service for a well-child visit, and columns for when the child will be 15 and 30 months, the timeframe for the measure.

DESCRIPTION OF MEASURES

Measure	Specific Indicator(s)	Measure Type
Well-Child Visits in the First 30 Months of Life (W30)	<p>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</p> <ol style="list-style-type: none"> Well-Child Visits in the First 15 months. Children who turned 15 months old during the measurement year: Six or more well-child visit. Well-Child Visits for Age 15 months-30months. Children who turned 30 months old during the measurement year. Two or more well-child visits. 	Administrative

RESULTS

GRAPH 1



Quantitative Analysis

Graph 1, displays the monthly rates of well-child visits from January 2020 through March 2021, the 1.4% baseline rate, and the 5% goal along with the timing of the intervention, November 2020. In graph 1 we can see that through January and July 2020 the rate of well-child visits is below the goal of 5%; there is a slight increase above the goal in August and September with October demonstrating a much larger increase. However, beginning in November there is an upward trend above the goal for the remainder of the year and through the beginning of 2021. Typically, in the winter months in prior years there is a decline in well-child visits however we see that L.A. Care met its goal consistently through this season and the COVID-19 winter surge. We can also see that the rates for months January through March of 2021 are higher than

those for 2020. The PDSA goal was met increasing the rate of well-child visits to 5% in November 2020 through March 2021, this demonstrated the PDSA intervention was effective.

INTERVENTIONS

HEDIS Measures	Barriers	Actions	Effectiveness of Intervention/Outcome
Well-Child Visits in the First 30 Months of Life (W30)	<ul style="list-style-type: none"> L.A. Care staff are unable to book and schedule well-child visits on behalf of the clinic. Parents have a knowledge deficit on the importance of well-child visits at a specific time frame to identify any behavioral or developmental problems. Safety measures, or lack thereof, at provider offices due to COVID-19 pandemic. 	<ul style="list-style-type: none"> L.A. Care at the discretion of the clinic provided reminder calls to members with scheduled appointments. Clinics booked and scheduled appointments for parents. L.A. Care mailed to valid addresses an educational packet containing: "Give Your Baby the Best Start," Important Phone Numbers – Medi-Cal, COVID-19 insert and cover letter with the rationale for the packet. 	<ul style="list-style-type: none"> Clinics had a higher success in reaching parents to schedule well-child visits. The educational packet was sent to parents as a resource for well-child visits, parents learn what developmental milestones their children should be experiencing and to provide information around COVID-19 and resources for parents should they have questions. The PDSA met its SMART objective goal throughout November 2020 through March 2021. Additionally, exceeded previous years' well-child visit rates.

MAJOR ACCOMPLISHMENTS

L.A. Care pivoted efforts to reach parents by enlisting three clinics to conduct outreach calls to parents. Clinics were able to book and schedule in real time whereas L.A. Care did not have the ability to see the clinics schedule. Additionally, clinics demonstrated interest in the member's care by reaching out to their parents further enhancing the success of scheduled well-child visits. A tailored report was developed for this intervention, the report assisted clinics in identifying children who are also behind on their immunizations. The report noted the most recent date of service, as well as columns noting when the child will be 15 months and 30 months to provide ease for clinics to identify where the child is on their well-child visits. The report also noted the amount of well-child visits to date. Many of the immunizations needed for children under two years of age occurs during these necessary well-child visits. Lastly, a rise in well-child visits occurred during the COVID-19 winter surge and holiday months when typically, there is a downward trend.

LOOKING FORWARD

- L.A. Care will use the success of this PDSA into other interventions to improve Child and Adolescent healthcare.

F.2 COVID QUALITY IMPROVEMENT PROJECT (QIP)

AUTHOR: BETTSY SANTANA, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

In October of 2020, the Department of Health Care Services (DHCS) requested that plan submit a COVID QIP that demonstrated actions taken by the plan to help address the COVID-19 pandemic. Unlike other QIPs, this QIP's purpose was to demonstrate efforts to improve member accessibility to preventive health care services. Plans were also required to submit a progress report in March of 2021 and submit findings and lessons learned.

L.A. Care Health Plan has been working to ensure we are adhering to our quality of care standards and accessibility to preventive health care services during the COVID-19 pandemic. During 2020 and into 2021, L.A. Care initiated several interventions to address preventive care and social determinants of health to ensure members are still getting needed care. The three projects that L.A. Care chose to focus on for the COVID QIP are as follows: Asthma Mailer Kits, the "Fight the Flu" campaign, and the "Meals to You" program. The QIP closed in March of 2021 after the completion of the second submission.

PLANNED INTERVENTIONS

Asthma Mailer Kits

Project Summary

The Asthma Mailer Kits, sent to L.A. Care members with persistent asthma, included an introduction letter, magnetic postcards, medication stickers, instructional handouts (for stickers), and health education handouts. The stickers were used to help members differentiate their controller vs. reliever medication while the magnet provided those with persistent asthma a reminder to take their controller medication.

Progress and Results/Outcomes

The Asthma Mailer Kits were mailed to 6,276 Medi-Cal members under L.A. Care with persistent asthma on November 4, 2020. The preliminary evaluation found them to be successful and the QI and Pharmacy team plan to resend the mailer out in 2022 once the final evaluation is conducted in November of 2021.

Lessons Learned, Challenges, and Barriers Encountered

Barriers encountered during this launch were logistics of having to shift from in-person field testing of the kits to virtual field testing. The kits were scheduled to have an in-person focus group to gain feedback before sending the kits to the larger cohort. However, due to the pandemic, this approach changed to individual phone interviews from members. This included challenges of having to schedule individual calls with members to conduct field testing of the material and logistics of compensating members for their feedback virtually. Members from our Regional Community Advisory Committees who had asthma or knew of a family member who presented with asthma were chosen to provide feedback for the mailer kits before the mailer was sent out to the larger cohort in November 2020. Of the members that were outreached, 17 members provided feedback and were awarded a \$25 gift card for their time by mail. Member feedback included having larger text sizes and brighter colors used in the mailer. This feedback was incorporated into the kits before sending out to the larger cohort.

Fight the Flu:

Project Summary

The Fight the Flu Campaign consisted of several outreach attempts to members across modalities to educate them on the importance of getting a flu shot. The campaign consisted of 1) member mailers and newsletters, 2) social media, 3) informational videos, and 4) free flu vaccine events.

Progress and Results/Outcomes

Since the initial submission, L.A. Care continued to expand its efforts to promote the importance of receiving and providing flu shots in the health plan service area. To that end, over 200,000 unique users saw at least one of the Facebook and Instagram promotional posts; over 1 million members received two reminder post cards, directing them to L.A. Care's Flu website³⁴ that contains educational materials, a flu myth busters video available in English and Spanish, and list of free flu shot events; and 9 flu events provided shots to 2,500 health plan and community members which is a nearly 1,000% increase from the previous year (266 individuals vaccinated in 2019-2020 vs. 2,500 vaccinated in 2020-2021 thus far).

L.A. Care convened and led series of bi-monthly Flu/COVID-19 meetings with all the Medi-Cal Managed Care Health Plans in Los Angeles County and the Los Angeles Department of Public Health (LAC DPH). The collaborative successfully shared, developed, and prioritized materials, aligning messaging to L.A. County residents and a shared network of providers. Projects developed by the collaborative group include co-branded vaccine hesitancy resources using motivational interviewing techniques developed by Health Net, a co-branded flu myth buster health education video developed by L.A. Care, and a clinician's flu guidance letter from LAC DPH. These resources were distributed in a coordinated manner to over 37,000 primary care providers in L.A. County.

Lessons Learned, Challenges and Barriers Encountered

Although these interventions were deemed successful and their impact will be measured through an annual evaluation at the end of the campaign, the biggest challenge L.A. Care faced was its inability to send interactive voice response calls to members due to DHCS restrictions/moratorium related to changes in the Telephone Consumer Protection Act (TCPA).

Meals to you:

Project Summary

The Meals to You program helps L.A. Care members who are homebound, and unable to safely leave home due to a medical or other high-risk condition, get food delivery to their home. The program was developed as a crisis response to the COVID-19 pandemic in May 2020 and is currently operating.

Progress and Results/Outcomes

334 unique members have been linked to home delivered meals and to a long term meal plan in order to ensure that members are connected to resources in the community from May 1, 2020 to January 31, 2021. This is an estimate of 11,000 meals provided to members. Of the \$479,000 program budget, roughly \$100,000 has been spent thus far. This program is still in effect with no current end date.

Lessons Learned, Challenges and Barriers Encountered

The Meals to You program was developed to address food insecurities caused by the pandemic and to provide a bridge to community resources. As a result, there was a sense of urgency to create a program

³⁴ <https://www.lacare.org/healthy-living/health-resources/healthy-living-prevention/fight-the-flu>

that would meet the need of L.A. Care members experiencing food insecurities. Due to the turnaround that was needed, L.A. Care had to quickly find solutions to the following challenges: getting help to coordinate food delivery, clarifying program criteria for program eligibility, and identifying caregivers who can assist those members that receive In-Home Support Services (IHSS) past the program eligibility window of 30 days.

To overcome these challenges L.A. Care partnered with the Partners in Care Foundation to help coordinate services between the members and the meal delivery vendor. Simultaneously, L.A. Care also worked on creating program eligibility criteria that would capture members that were in critical need of home delivered meals. Criteria is case by case dependent looking at the overall resources a member had. This included whether the member is home bound, high risk, has family or IHSS support, and looks at the member's income and Cal Fresh benefits to see if they need additional help.

LOOKING FORWARD

- A new COVID QIP was initiated in September 2021 focusing on return members “Back to Care” and new behavioral health strategies.

F.3 DIABETES DISPARITY FOR A1C CONTROL (<8%) IN AFRICAN AMERICANS/NATIVE AMERICANS L.A. CARE COVERED DISPARITY QUALITY IMPROVEMENT PROJECT (QIP)

AUTHOR: BRIGITTE BAILEY, MPH, CHES

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2021 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%).*	57.0% (BAA)**

*Only the BAA population is included in the statistical analysis as the AIAN population is below 30.

**This goal aligns with Covered California requirement to improve baseline rate of 52.0% by at least 5%.

BACKGROUND

It is well established that diabetes disproportionately affects Black/African-Americans (BAA) and American Indian/Alaskan Natives (AIAN) nationally and in L.A. County. Nationally, the AIAN population has the highest diabetes prevalence at 14.7%, followed by people of Hispanic origin (12.5%), and non-Hispanic Blacks (11.7%)³⁵. This is compared to a prevalence rate of 7.5% for non-Hispanic whites. In Los Angeles County, similar disparities are seen. The BAA population has the highest prevalence of diabetes (14.4%) compared to 8.8% for the White population and 11.3% for all of Los Angeles County.

L.A. Care Healthcare Effectiveness Data and Information Set (HEDIS) data confirms the existence of disparities within the BAA and AIAN populations. HEDIS MY2020 HbA1c (<8%) aggregate results of Medi-Cal and L.A. Care Covered (LACC) combined show that BAAs (40.84%) and AIANs (43.04%) are approximately 4% and 6% respectively lower than the overall population (47.00%) and the White population (45.83%).

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

³⁵ <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

improving uncontrolled diabetes due to the observed disparity of this measure among the L.A. Care Covered (LACC) population. This QIP was originally launched in 2018 with a provider, member and data intervention. However, those interventions did not show to be successful and as a result, Covered California re-launched the disparities QIP with new guidelines and requirements. L.A. Care submitted disparity data to Covered California in March 2021 and attended five required learning sessions hosted by Covered California between April and June 2021. Two submissions documenting root cause analysis, stakeholder interviews, intervention design and evaluation plan were due in July 2021 and September 2021. Interventions are in development with plans to launch in January 2022. Interventions will be continuously assessed for effectiveness and edited as needed.

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 2021 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, systems and community interventions. The interventions are given priority levels where a level one indicates implementation in phase one, a level two indicates implementation dependent upon effectiveness of the primary intervention and a level three indicates implementation dependent upon effectiveness of both primary and secondary interventions. A root cause analysis identified several main themes in answering the question “Why has the healthcare system been less successful in controlling HbA1c (<8%) for the Black or African American and American Indian Alaska Native populations?” Those themes include:

- Tools to manage diabetes are not affordable or accessible.
- Fear of diabetes diagnosis and lifestyle modifications.
- Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions.
- Lack of timely access to lab testing.
- Lack or provider knowledge (e.g., lab testing – cost, annual limit, frequency, guidelines, updates)

Below is a table documenting the various planned interventions stratified by level, priority, strategy, mode and root cause.

TABLE 1: Planned Intervention Levels and Strategies

Level	Priority*	Strategy	Mode	Root Cause
Member	1	Provide at-home A1c testing kits to those in target population (BAA and AIAN Covered CA members who are in CDC <8% denominator without a current A1c lab value)	Contract with at-home testing vendor and mail kits to those in target population	Tools to manage diabetes are not affordable or accessible; Lack of access to timely lab testing
	1	Conduct outreach to target population to provide information on all of the existing diabetes management programs (internal and external)	Letter/mailed and phone calls	Tools to support diabetes are not affordable or accessible; Fear of diabetes diagnosis and lifestyle modifications

Level	Priority*	Strategy	Mode	Root Cause
	2	Refer members in target population to programs that best suit their needs (i.e., if member is struggling with medication adherence, refer into pharmacy program)	Phone calls; create survey questions to ask member that will direct them into best program	Tools to support diabetes are not affordable or accessible; Fear of diabetes diagnosis and lifestyle modifications
Provider	1	Provide cultural sensitivity and/or anti-racist training for provider network	Virtual training	Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions
	2	Include race/ethnicity and disparities data to monthly Provider Opportunity Report (POR) to allow providers to better target disparity populations	Monthly report	Lack of provider knowledge (e.g., lab testing – cost, annual limit, frequency, guidelines, updates); Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions
	2	Inform providers of L.A. Care Community Link and encourage them to refer members to address SDoH. L.A. Care Community Link is an online platform where the public can search for free or reduced cost services like housing assistance, food, help with bills, and more.	Fax blast and/or email	Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions
	3	Educate providers of L.A. Care guidelines around diabetes testing for Covered CA population	Virtual training	Lack of provider knowledge (e.g., lab testing – cost, annual limit, frequency, guidelines, updates)
Systems	1	Investigate Covered CA providers in data set to determine if A1c tests are coded properly	Data Analysis	Lack of timely access to data
	2	Provide training to providers and office staff on how to code for diabetes and A1c correctly to improve quality of and access to data if investigation shows that majority of offices are coding incorrectly	Fax blast and/or email; Virtual training	Lack of timely access to data
Community	3	Social media campaign and PSA style reels addressing cultural fear of diabetes diagnoses for, at a minimum, diabetes awareness month (November); Partner with CBOs; Call to action: talk to your friends, family and community	Social media (Facebook and Instagram)	Fear of diabetes diagnosis and lifestyle modifications

*Priority level 1: Primary intervention implemented in phase one.

*Priority level 2: Secondary intervention implemented upon assessment of effectiveness of primary intervention. May be implemented concurrently with priority level 1.

*Priority level 3: Tertiary intervention implemented upon assessment of effectiveness of primary and secondary intervention.

EVALUATION METHODS

The intervention strategies will be evaluated using the Plan-Do-Study-Act (PDSA) method for pilot testing and refinement. Strategies will be evaluated six months post implementation. The evaluation elements detailed below in Table Two will be used to determine if a strategy is proving effective, if it requires refinement or if it will be retired. Dependent on that evaluation, priority level 2 or 3 strategies may be implemented.

TABLE TWO: Evaluation Elements

Evaluation Elements	Metric to be used in evaluation
Outreach attempts to engage members in intervention (e.g., # attempts/intervention population)	<ul style="list-style-type: none">• % of members in CDC (<8%) denominator who are sent an at-home testing kit• % of members in CDC (<8%) denominator who are mailed a guide on available diabetes programs• % of providers engaged to participate in anti-racism training
Engagement in intervention (e.g., n and % of members successfully engaged in intervention)	<ul style="list-style-type: none">• % of members who are sent a test kit and return a complete kit• % of members in CDC (<8%) denominator who enlist in a diabetes program• % of providers who attended and participated in anti-racism training
Retention in intervention (e.g., n and percent of members engaged in intervention that completed it)	<ul style="list-style-type: none">• % of members who complete a diabetes program referred to (i.e., attends all 4 telephonic sessions with a Registered Dietitian)• % of providers who complete a post-training survey• % of providers who complete a 3-month post training survey
Key processes of care (e.g., # PCP visits, lab or BP measurement, medication adjustment, etc. that occurred for engaged intervention population vs unengaged.)	<ul style="list-style-type: none">• # of new A1c values acquired as a result of at-home testing kits

The baseline rate is documented in Table Three below. The baseline took the average of MY2018 and MY2019 CDC (<8%) HEDIS measure of the Black or African American Covered California population. The baseline did not include the Medi-Cal population. The baseline score will be used to demonstrate meaningful improvement for purposes of the 2022 Performance Level. For purposes of 2022 Performance Level, a 5 percentage point difference between baseline and the performance period constitutes meaningful improvement.

TABLE THREE: Baseline Measurement Data

	MY2018	MY2019	Baseline (MY2018 and MY2019)	2022 Target
Numerator	83	95	178	N/A
Denominator	154	190	344	N/A
Rate	54%	50%	52%	57%

LOOKING FORWARD

Interventions are ongoing through MY2021. As detailed above, interventions will be evaluated throughout the measurement year to determine effectiveness. Additionally, Covered California is implementing a penalty for health plans that do not meet the required benchmarks.

F.4 REDUCING RATES OF HEMOGLOBIN A1C (>9%) FOR BLACK AND AFRICAN AMERICAN MEMBERS HEALTH EQUITY PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: SIDDHARTH RAICH, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2021 MEDI-CAL HEALTH EQUITY PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL:

Measure	2021 PIP Goal
Comprehensive Diabetes Care (CDC) A1c >9.0%	Decrease percentage of African American members with an A1c >9% from 80.7% to 63.2%.

BACKGROUND

Diabetes is a chronic condition that occurs when the blood sugar level (A1c) is higher than normal. Diabetes is caused by the body's inability to produce insulin, a hormone that helps digest sugar. There are 2 major types of diabetes, Type I diabetes and Type II diabetes. Type I diabetes occurs when the body does not make enough insulin. Type 2 diabetes, the most common type, occurs when the pancreas does not secrete enough insulin or the body becomes resistant to the insulin. According to the American Diabetes Association (ADA), diabetes is a chronic condition that affects the quality of life for roughly 1 in 10 Americans, and disproportionately affects 2 in 10 African Americans.³⁶ An increase in medication adherence can lead to decreases in A1c levels, while non-adherence is associated with higher rates of hospital admissions, poor health outcomes, higher morbidity, and increased health care costs.³² Diabetes can also affect nerves, mental health, and even oral health.³⁷ One in three adults with diabetes also has chronic kidney disease (CKD) which is often caused by high blood sugar damaging the blood vessels in the kidneys.³⁸ Another effect of diabetes is nerve damage which can reduce sensations such as pain or temperature.³⁹ Furthermore, poor blood circulation to the feet along with nerve damage can leave wounds unnoticed which may worsen over time.³⁵ According to the American Diabetes Association, people with

³⁶ California Department of Health Care Services. American Diabetes Association. Accessed March 15, 2021.

<https://clinical.diabetesjournals.org/content/30/3/130>

³⁷ Health Equity Considerations and Racial and Ethnic Minority Groups. Accessed February 1, 2021.

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

³⁸ American Diabetes Association. Accessed February 1, 2021. diabetes.org/coronavirus-covid-19/how-coronavirus-impacts-people-with-diabetes

³⁹ Center for Disease Control. Access March 18, 2021. <https://www.cdc.gov/diabetes/managing/problems.html>

Diabetes are also more likely to have serious complications from COVID-19.³⁴ Additionally, the current COVID-19 pandemic further reduced in-person provider visits, and has disproportionately affected minority groups.³³ L.A. Care has chosen the Comprehensive Diabetes Care (CDC) A1c >9.0% HEDIS measure as its PIP topic, as it assesses and emphasizes the need for blood glucose management among members with diabetes. The sub-measure of A1c >9.0% focuses specifically on members with the greatest need for glucose management (A1c control). The A1c >9.0% measure is an inverse measurement; therefore, lower rates indicate better performance.

GOAL

Disparity analysis from measurement year 2020 indicated that members of the African American community from L.A. Care Medi-Cal Direct Program (MCLA) had the highest rate of uncontrolled A1c level at 52.6%, while Asian Americans had the lowest rate at 31.5%, which is a statistically significant difference. For this PIP, we focused on members within the African American community to help bridge this ethnic rate gap. We worked with MCLA members to implement and monitor interventions. Furthermore, the geographic areas with greatest health disparities in Los Angeles are Service Planning Area (SPA) 1: Antelope Valley and SPA 6: South Los Angeles (see Table 1). We further narrowed our focus to clinic level data and found numerous L.A. County Department of Health Services (DHS) sites and various independent clinics within SPA 1 and SPA 6. DHS sites included a large volume of African American members with a high A1c, however due to the current COVID crisis and staffing limitations, DHS was unable to support a partnership for the PIP. Subsequently, we looked at satellite clinics within Antelope Valley and South Los Angeles to partner with a clinic in an area of high disparity. We were able to narrow our focus to a handful of clinics that contained our target population and reached out to many contacts for possible collaboration. Using relationships through consultants and clinic staff, we met with Bartz-Altadonna Community Health Center and explained the focus of our disparities PIP. After numerous discussions with Bartz-Altadonna Community Health Center staff, they agreed to collaborate on the PIP. As they are located in SPA 1, have staffing resources, and the ability to collaborate, we are working with Bartz-Altadonna Community Health Center to impact the lives of their African American members. We plan to work with the entirety of the African American population at Bartz-Altadonna Community Health Center for a total of 57 members. Our aim is to reduce the number of members with an A1c >9 from 80.7% (46 members) to 63.2% (36 members), a statistically significant change using the Chi-squared Test without Yate's Correction. The PIP population size may increase with further outreach by Bartz-Altadonna Community Health Center and collaboration to include Plan Partners members. We recognize that the total population size is relatively low; however, these members are among the most underserved members and require interventions to promote healthier outcomes. We plan to work with African-American members in the challenging geographic region of SPA1 that Bartz-Altadonna Community Health Center is located, in order to bridge the disparity among these members compared to all other members. Our goal is to reduce rates of A1c poor control among members living with Diabetes, and assist African American members with Diabetes to improve their quality of life. We plan to incorporate feedback from Bartz-Altadonna Community Health Center staff and provide specialized interventions for the African American community based on field observations.

Table 1. MY 2019 Rate by SPA for CDC A1c >9% (Lower rate indicates better performance)

SPA	Rate of A1c >9%
Antelope Valley (1)	53.03
San Fernando (2)	40.70
San Gabriel (3)	43.45

SPA	Rate of A1c >9%
Metro (4)	47.74
West LA (5)	43.8
South (6)	50.59
East (7)	44.42
South Bay Harbor (8)	46.92

PLANNED INTERVENTIONS

Member Interventions

L.A. Care Health Educators (HE) are conducting phone outreach to the PIP population of African American members at Bartz Altadonna Community Health Center with a missing A1c or an A1c >9%. Health Educators will provide information on medication instructions, medication efficacy, healthy lifestyle suggestions, and general resources for setting up appointments and picking up medication.

Provider Interventions

Planned provider trainings will occur in cycle 2 of the project regarding proper coding and other data recording practices to ensure accurate capture of member visits. Along with member interventions, later cycles will also focus on provider education through online trainings. Providers will also be given updated CPT II codes along with Frequently Asked Questions (FAQs) and answer sheet to assist with efficient coding and address frequent coding errors.

EVALUATION METHODS

At the end of each month, the Health Education team will email the Project Lead who will update the chart with member information and outreach details. Subsequently, at the end of each month, the Project Lead will collect the Health Education report and compile the findings into a summary report.

Project Lead will also compare member self-reported A1c levels during the initial outreach calls and compare the A1c levels during follow-up calls made within 90 days by the Health Education team after intervention of initial calls and supplemental mailer was sent to members. The self-reported A1c will be compared to the A1c level that L.A. Care receives electronically (i.e., claims data) to help reduce data lag and data discrepancies.

Evaluation will be conducted to measure improvement in self-reported A1c before and after the intervention.

LOOKING FORWARD

- Expansion of PIP interventions to other underserved sites
- Continued health education to members in underserved SPAs
- Continued outreach to providers in underserved SPAs with updated coding and data recording resources.

F.5 CHILDHOOD IMMUNIZATION STATUS COMBINATION-10 (CIS-10) PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: RACHEL MARTINEZ, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2020-2022 CIS-10 PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL:

Measure	PIP Goal
Childhood Immunization Status (CIS-10)	By December 31, 2022, use key driver diagram interventions to increase the percentage of CIS-10 rates among St. John's Frayser Clinic members, from 21.4% to 30.4%

BACKGROUND

L.A. Care has chosen the Childhood Immunization Status Combo 10 (CIS-10) Healthcare Effectiveness Data and Information Set (HEDIS) measure for its PIP topic, as the vaccines within CIS-10 protect infants from serious diseases and potential death. Vaccines are a safe and effective way of protecting infants from harmful disease and the decline in vaccination rates has led to disease outbreaks, making it especially important to continue to promote and maintain high vaccination rates especially during the COVID-19 pandemic. This PIP will focus on improving the CIS-10 rate for St. John's Well Child and Family Center Clinic. Specifically, St. John's Well Child and Family Center – Dr. Louis C. Frayser Health Center. The global aim of the PIP is for all L.A. Care members to be fully vaccinated with all CIS-10 vaccinations.

Description of Measures

Measure	Specific Indicator(s)	Measure Type
Childhood Immunization Status (CIS-10)	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccine by their second birthday.	Hybrid

METHODOLOGY

L.A. Care used retrospective rate, historical data/pre-existing data, (measurement year 2019 and 2020) for the HEDIS CIS-10 measure. Rates used for this report are based on total eligible population of the measure. We have grouped the measure by months of children turning two to report on November 1, 2019 – October 31, 2020. The data was then pulled based on the members assigned to the Frayser location for St. John's Family and Well Child Center. L.A. Care used the retrospective rate (measurement year 2019 and 2020 for the CIS-10 measure) for the baseline rate of 21.4%. L.A. Care used the National Committee for Quality Assurance (NCQA) certified HEDIS software to generate these rates. We filtered based on members that were assigned to the Frayser clinic for services. The members were grouped based on the month they were turning two years old. Then, we added the members together for each month which resulted in a denominator of 224 and a numerator of 48 or a 21.4% compliance rate. To determine the goal for the PIP, L.A. Care then conducted a two-tailed Fisher's exact test to reach a goal that would be statistically significant ($p < 0.05$), while assuming a constant denominator and came to a goal of 30.4%. To reach this goal we would need to increase the number of members who receive a vaccine to 68 members out of a

population size of 224. The goal was calculated based on the assumption that the membership would remain constant at 224 eligible members.

INTERVENTIONS

HEDIS Measures	Barriers	Actions	Effectiveness of intervention/ Outcome
Childhood Immunization Status (CIS-10)	<ul style="list-style-type: none"> • Parent and child do not go to the appointment. • Parent does not remember the appointment. • Parent does not schedule an appointment for follow-up visit, leaving the child to be an “inactive” patient. • Parent does not receive reminder due to incorrect or no updated contact information for parent on file. • Missed appointment are not rescheduled due to lack of no-show outreach. • Parent refuses for child to be vaccinated/ vaccine hesitancy. • Staff have not been trained on how to motivate patients to receive vaccination after refusals. • Child was assigned to Frayser, but parent of child never initiated a relationship with the location. Thus, the location does not have any procedure for scheduling this patient, since parent has never contacted location. • An issue such as transportation, moving, or change in insurance arises that causes the child to miss the appointment. • Incorrect outreach happens due to data lag issues. Electronic Health Record EHR is not compatible with CAIR system, which leads to inconsistent data pushes from CAIR to EHR system. The data is not being updated real time in a consistent manner. • Vaccine is not in stock at St. John’s Frayser on the appointment date. 	<ul style="list-style-type: none"> • Reach out to members that missed appointments during COVID-19 or that have never gone to their assigned clinic. • Utilize sick visits and well child visits to schedule an appointment for the child’s vaccination. • L.A. Care provides missing shots report to St. John’s Frayser site and they provide telehealth and vaccine-only appointments. 	Evaluation will be conducted in Q1 of 2022 to identify status of interventions.

INTERVENTION PLAN

L.A. Care will provide to St. John's Frayser Clinic a customized Missing Vaccine Report for outreach calls, addressing the appointment attendance/reminders and clinic accessibility.

L.A. Care will send the customized report on an excel document through secure email. The Frayser location will review the Missing Vaccines Report excel sheet and filter for noncompliant members. They will modify the spreadsheet to the appropriate fields. The staff at the Frayser location will conduct two outreach calls to parents of members and leave notes on the IZ Pilot Report Excel Sheet on call attempts and follow-up per member who was noncompliant for vaccinations. During these call attempts, Frayser staff will schedule appointments, conduct reminder calls and send postcards to those members who were unable to reach by telephone. L.A. Care will support Frayser staff by meeting as needed to review the status of the intervention and review records of members who are missing vaccines on the report for quality review.

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 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

L.A. Care will be working with clinic leadership to provide vaccine hesitancy in-service with the assistance of Merck. L.A. Care will continue to meet with St. John's Health Center to support the staff and identify progress of the PIP.

G.1 PATIENT SAFETY

AUTHOR: CHRISTINE CHUEH, RN

REVIEWER: MARIA CASIAS, RN, JAMES KYLE, MD, & KATRINA PARRISH, 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 avenues. Ongoing staff education is important for the Patient Safety Program. The self-paced online PQI training was refreshed in 2021 and launched September 2021 to include both member facing teams as well as provider facing teams. The criteria for PQI referrals was reviewed in depth in the training, as well as how to refer a concern for PQI review. The PQR team closely monitors appropriate submission of PQIs. In collaboration with the CSC and A&G teams, all grievances with PQIs are flagged by CSC call center representatives at the time of the call, and appropriately routed to Appeal and Grievances to ensure member grievances and immediate needs are addressed and medical quality of care concerns are routed to PQR for PQI investigation.

Starting in 2020 and continuing in 2021, the PQR team implemented a processes to conduct a monthly random oversight review of calls handled by CSC and A&G cases that were not referred to PQI to detect 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 patterns of encounters and potential unexpected deaths. In 2021, the PQR team further enhanced the PQI track and trend and corrective action plan process (CAP). A CAP form was developed to guide the CAP owner to conduct a root cause analysis, design and implement a plan to address the findings within a specified timeframe.

Vetting for an electronic system started in 2018 and continued throughout 2021 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. The QI department takes every opportunity to educate L.A. Care internal departments about Critical Incident Reporting. The Critical Incident Reporting information in the self-paced online training that was re-vamped in 2021. 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 increased from 76% in 2020 to 78% in 2021. Spore testing increased from 73% in 2020 to 95% in 2021. The difference between 2020 and 2021 for Needle stick safety was not statistically significant but was statistically significant for Spore testing.

G.2 POTENTIAL QUALITY ISSUES AND CRITICAL INCIDENT REPORTING AND TRACKING

SECTION 1: POTENTIAL QUALITY ISSUES

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2021 WORK PLAN GOAL:

- 85% of Potential Quality of Care Issues (PQIs) will be closed within 6 months.

BACKGROUND

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

MAJOR ACCOMPLISHMENTS

- In Fiscal Year 2020-2021, the PQR team processed 3,901 PQI referrals and completed a total of 3,317 reviews, including backlog cases carried over from the previous years. 3,245 of the 3,317 (97.8%) cases were processed within the required timeframe of six calendar months, which exceeded the goal of 85%.
- Continuous evaluation of PQI workflow and process improvement were done throughout the year. In Q1 2021, PQI Inter-Rater Reliability (IRR) was enhanced to ensure nurse reviewers selected the appropriate PQI action code to address the quality finding and such indicator was added to the PQI IRR review. The PQI IRRs were done quarterly. In Q3 2021, 2 additional criteria were added to ensure 1) sufficient and relevant records and/or responses were collected for each PQI review and 2) a comprehensive review was completed for all relevant documents addressing allegations.
- Throughout the FY2020-2021, L.A. Care's QI PQR team continued collaborating with Customer Solution Center (CSC) and Appeal & Grievances (A&G) teams to review and streamline PQI referrals. The teams reviewed the incomplete Provider Information Requests (PIRs) with A&G leadership as they continued to be a significant challenge impacting the productivity of the PQR medical record collection process. Though the progress to improve PIR was very slow due to their competing priorities, the A&G leadership acknowledged the issue and appreciated the collaborative discussion to drive improvement.
- Starting December 2019 and continuing into FY2020-2021, PQR conducted monthly oversight review of random call text from CSC and A&G cases that were not referred to PQI by random selection screening for potential missed identification of PQI. Throughout FY2020-2021, no CSC case (100% compliant) was identified for PQI from this oversight process and therefore PQI will be conducting quarterly monitoring of CSC calls starting FY2021-2022. PQI findings for A&G through this rigorous review process had been beneficial to identified staff needing individual coaching, additional education and staff training by the grievance department. Throughout FY2020-2021, 20 (6% noncompliant) grievance cases were flagged to have either care concerns or the cases were incomplete for evaluation of PQI. The case information was shared with A&G during the monthly review meetings and the oversight review will continue monthly.
- Starting December 2019 and continuing into FY2020-2021, the PQR team engaged with Population Health Informatics team to develop an encounter data report that allows the PQR team to conduct monthly, stringent reviews of encounter data from deceased members to proactively assess unusual care pattern of encounters and identify potential unexpected deaths. Further enhancement of the report was performed in 2021 allowing the nurse reviewer to query the sample by age ensuring random reviews spread out all age groups. Since December 2019 thru FY2020-2021, no unusual pattern of encounters was identified and therefore the PQR team will conduct the report quarterly starting FY2021-2022.
- Once again, the PQR team engaged with an architectural designer to develop a brand new online, self-paced PQI training, that was launched on L.A. Care University's Learning Management System (LMS) called "Getting to Know Potential Quality of Care Issues (PQI)" on September 20, 2021. The online training was designed to help the staff identify PQIs using various scenarios, as well as how to refer PQI when it's identified. This year, the PQI training was required by all member-facing and provider-facing staff throughout the organization. The assigned staff were given 90 days to complete the training and therefore the evaluation of the training will be done in FY2021-2022.
- Collaboration with L.A. Care departments that handled Provider Preventable Reportable Conditions (PPRC) was noted as an opportunity for Delegation Oversight Team and Compliance Team who handled the data collection and review process. In FY2020-2021, the PQR team reviewed the PPRC process with the Manager of Clinical Monitoring under Enterprise Performance Optimization (EPO) Department and the Clinical Compliance Consultant who conducts monthly

review of PPRC to ensure when a PQI concern is identified, it would be referred to PQR. To date, no PQI was identified from PPRC.

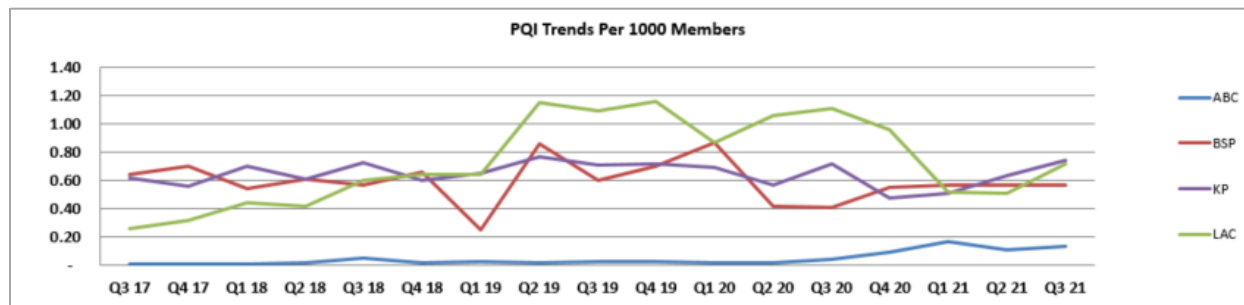
RESULTS

The PQI activity is delegated to 3 Plan Partners and the Specialty Health Plan. L.A. Care conducted oversight review annually and quarterly monitoring of the delegated activities. In FY2020-2021, all Plans met PQIs goal of timely processing 85% of PQIs in FY2020-2021. 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 (FY2019-2020)	Total PQI Cases (FY2020-2021)	Compliance with timely processing of PQIs
L.A. Care*	5,036	3,901	97.8%
Anthem Blue Cross	38	239	100.0%
BlueShield Promise	750	819	100.0%
Kaiser	553	542	100.0%
Beacon	9	10	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 Quality Improvement Provider Quality Review team recovered from the backlog of 2,750 PQI cases with 78 cases remaining by the end of FY2019-2020 on 9/30/2020, of which were all closed in January 2021. The collaborative efforts working with CSC and A&G departments continued in 2021 to review and streamline PQI referrals to reduce numbers of PQIs not requiring clinical review and to improve on PIR process to collect relevant medical records for PQI review. The monthly PQI referral volume in 2021 was on average 300 cases, which per thousand-member ratio were closer aligned with the Plan Partner Blue Shield Promised Health Plan and Kaiser Permanente in 2021.

Anthem Blue Cross PQI volume remained small compared to other Plan Partners. However, since the annual delegation oversight audit review in 2019 when 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, an increasing trend of referrals was evidenced throughout 2021. Due to the COVID pandemic, the annual delegation oversight audit of Anthem Blue Cross was re-scheduled to November 1, 2021. 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 2021. Due to the COVID pandemic, the annual delegation oversight audit of Blue Shield of California Promised Health Plan was rescheduled to August 30, 2021. Based on the preliminary review of the PQI documents, no deficiency was noted for PQI. To date, Blue Shield Promised Health Plan reported 100% compliant with timely processing of all PQIs.

Kaiser reported no change in their PQI process and therefore the PQI volume was fairly consistent throughout this fiscal year. Due to the COVID pandemic, the annual delegation oversight audit of Kaiser was re-scheduled and conducted on August 2, 2021. Based on the preliminary review the PQI documents, no deficiency was noted for PQI. To date, Kaiser also reported 100% compliant with timely processing of PQIs.

Beacon Health Options is delegated to conduct quality of care review as they performed oversight and monitored behavioral health network providers. L.A. Care Health Plan and Beacon met quarterly and reviewed quality improvement interventions and activities quarterly in L.A. Care Behavioral Health Quality Committee. All quality of care issues identified were reported to the committee. Due to the COVID pandemic, the annual delegation oversight audit of Beacon was re-scheduled and conducted on October 6, 2020. No deficiency was noted for PQI. No deficiency was noted for PQI.

ANALYSIS

In the FY 2020 - 2021, a total of 3,317 PQI referrals were processed, 1,360 (41.0%) concerns were triaged 0 by the Quality Management Nurse reviewer as the concerns do not meet the PQI referral criteria and/or the concern had been addressed and do not present a care impact and therefore do not require additional clinical care review. From the 1,957 PQI reviews, 924 (47.2%) were from Medi-Cal members, 206 (10.5%) from L.A. Care Covered (LACC), 772 (39.4%) from Cal MediConnect (CMC) and 55 (2.8%) from PASC-SEIU members. The breakdown per line of business are noted in the table below:

		FY2019-2020			FY2020-2021		
LOB	Line of Business	#	%	PTMPM	#	%	PTMPM
CMC	Cal MediConnect	453	13.8%	26.9	772	39.4%	41.4**
LACC	L.A. Care Covered	224	6.8%	2.8	206	10.5%	2.2**
Medi-Cal	Medi-Cal	1685	51.4%	1.4	924	47.2%	0.8**
PASC-SEIU	PASC-SEIU	70	2.1%	1.1	55	2.8%	1.1
Grand Total		3,278	100%	1.55	1,957	100%	1.4

**Statistically Significant

Similar to the finding from previous years, though majority of case reviews were from Medi-Cal members, the ratio of numbers of cases in relations to the membership size per thousand members per month (PTMPM) show a higher ratio (41.4) for CMC product line, it is again significantly higher from the previous years. 772 CMC cases were identified in FY2020-2021, with a breakdown of the following: 50.4% (389 cases) practitioner focused, 13.3% (103 cases) IPA/PPG focused, 12.3% (95 cases) facility focused and 3.6% (28 cases) hospital focused. Overall, 72.3% of CMC related PQIs found no quality of care/service issues. 31% of CMC related PQI cases had a recognized service issue (cases leveled S1 and S2) compared to 1.65% of cases (cases leveled C2 and above) with a recognized clinical impact of care to CMC members. 13.3% of CMC related PQI cases were IPA/PPG related. A service issue trend is observed with Health Care LA, mostly related to member's dissatisfaction due to a DME/Supply (PQ1) or delay in service (PQ3).

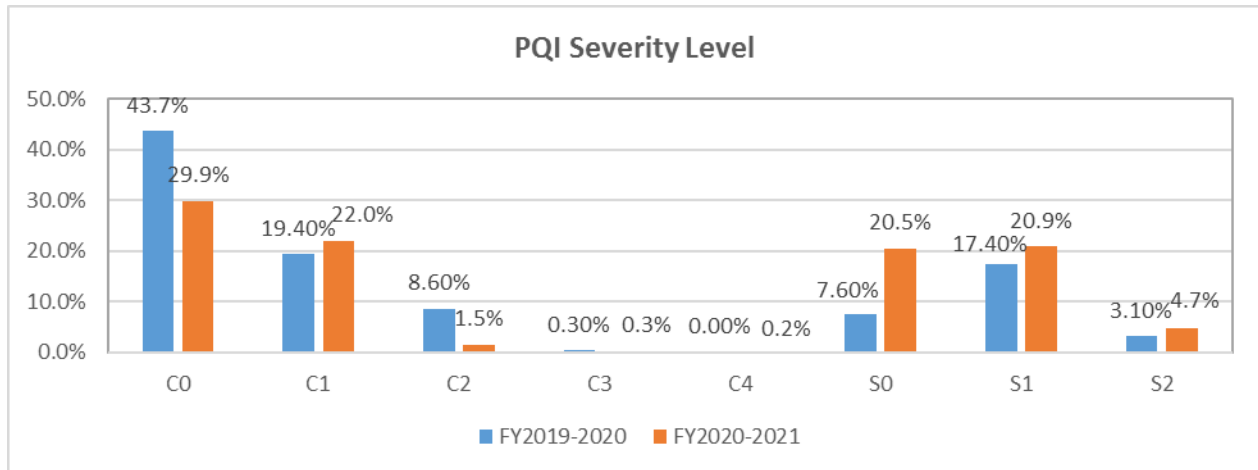
DME/supply member dissatisfaction is primarily due to redirection of authorizations, as a result of inventory unavailability from vendors. Although member dissatisfaction from a service related issue has been identified across Optum Health, Regal Medical Group, AltaMed, Community Family Care and Preferred IPA of California, there is no specific trending issue found. 50.4% (389 cases) of CMC related PQI cases are focused against the member's practitioner. 25.4% (99 cases) of these cases were service issues leading to member dissatisfaction, with a trending issue related to delay in service (PQ3), communication/conduct (PQ9), and access to care issues (PQ11). 51 out of the 772 CMC PQI cases involve L.A. Care. A trending service issue with CMC members is observed, primarily relating to Communication/conduct (PQ11) or system issue (PQ15). 23 out of 772 CMC PQI cases involve Call the Car. A trending issue in delay of service (PQ3) has been identified in this group. Further analysis of PQI cases involving L.A. Care and Call the Car were completed.

From all PQI cases, the top two issues were Treatment/Diagnosis/Inappropriate Care (27.4%) and Delay in Service (17.3%). These were consistently the top two issues in previous years. In 2020-2021, communication/conduct issues (13.2%) was the third highest issue followed by access to care (9.1%). The breakdown of the issue codes is noted in the table below:

Issue Code	Issue Description	FY2019-2020		FY2020-2021	
		#	%	#	%
PQ1	DME/ Supplies	90	2.7%	89	4.5%**
PQ2	Benefits	36	1.1%	45	2.3%**
PQ3	Delay in Service	573	17.5%	338	17.3%
PQ4	Denial of Services	88	2.7%	47	2.4%
PQ5	Refusal of Care/ Prescription by Provider	189	5.8%	148	7.6%**
PQ6	Refusal of Referral	56	1.7%	33	1.7%
PQ7	Treatment/ Diagnosis/ Inappropriate Care	1140	34.8%	537	27.4%**
PQ8	Delay in Authorization	151	4.6%	93	4.8%
PQ9	Access to Care	459	14.0%	179	9.1%*
PQ10	Continuity and Coordination of Care	166	5.1%	107	5.5%
PQ11	Communication/Conduct	262	8.0%	259	13.2%**
PQ12	Physical Environment	14	0.4%	13	0.7%
PQ13	Medical Records/Documentation	25	0.8%	19	1.0%
PQ14	Non-Emergency Care Services rendered by non-credentialed provider	0	0.0%	0	0.0%
PQ15	System Issue	29	0.9%	50	2.6%**
Grand Total		3,278	100%	1,957	100%

**Statistically Significant

Similar to the previous years, large percentage (72.4%) of cases do not have quality of care/service issue or the care was deemed appropriate based on the clinical review and 25.6% were noted having service issues resulting inconvenience to a member. However, there was a significant drop of PQI cases (from 8.9% to 1.8%) found having borderline or moderate quality of care concerns (leveled C2 or C3) from the previous year. The severity level breakdown for FY2019-2021 from all closed cases are showed in the graph and table below:



PQI Severity Level Assigned	FY2019-2020		FY2020-2021	
C0/No Quality of Care concern	1431	43.7%	585	29.9%
C1/Appropriate Quality of Care	635	19.4%	431	22.0%
C2/Borderline Quality of Care concern	282	8.6%	30	1.5%
C3/Moderate Quality of Care concern	10	0.3%	5	0.3%
C4/Serious Quality of Care concern	0	0.0%	4	0.2%
S0/No Quality of Service concern	248	7.6%	401	20.5%
S1/Quality of Service identified	572	17.4%	409	20.9%
S2/Quality of Service identified, member change provider or dis-enrolled	100	3.1%	92	4.7%
Total	3,278	100.0%	1957	100%

In 2021, DHCS issued a Special Focus Audit Report on September 16, 2021 noting 2 PQI deficiencies needing improvement: (1) L. A. Care failed to determine appropriate PQI severity level, refer cases to the Medical Director and Peer Review Committee (PRC) for additional review, and develop appropriate CAP when there were delays in specialty care, affecting member's health outcomes; (2) L.A. Care did not take effective action on the subcontractors to ensure quality of care improvements are implemented when PQI case files demonstrated quality problems. Since then, the PQR team updated the severity definitions, developed an algorithm to improve the severity level assignment based on the review findings as well as update the PQR's internal quality assurance tool, IRR validation, to ensure appropriate monitoring of PQI severity level assignment and to include high risk and complex cases in the IRR review. The evaluation and update of PQI severity level and IRR review will continue into FY2021-2022. The PQR team also developed a comprehensive corrective action plan (CAP) process requiring the CAP owner to perform a formal root cause analysis prior to completing a CAP for a PQI finding/deficiency. The PQR team will also review and monitor the CAP implementation to address all needed improvements.

A PQI could be identified from any department, yet 93.9% came from A&G. Throughout the year, PQI annual training from L.A. Care University online self-paced learning module, increased member-facing and provider-facing staff were educated and trained to be vigilant in identifying PQI using the criteria provided. The sources of PQI referrals continued to expand to more departments within the Plan every year, including Special Investigation Unit (SIU) and Credentialing Department, Facility Site Review (FSR), Case

Management (CM), Utilization Management (UM) as well as QI/PQI process with Critical Incident Reporting.

REFERRAL SOURCE	Count	%
Appeal	29	1.5%
BH	18	0.9%
CI	7	0.4%
CM	20	1.0%
CSC	52	2.7%
FSR	1	0.1%
Grievance	1808	92.4%
MLTSS	1	0.1%
Pharmacy	1	0.1%
PQI	3	0.2%
SIU	3	0.2%
SNI	1	0.1%
UM	13	0.7%
Grand Total	1,957	

All PQI cases were tracked and trended to identify any outlier and/or trend of concerns. All Plan Partners and Specialty Health Plans adapted different trending methodology, calculation and identified which process and analysis are reviewed during the annual oversight audit. L.A. Care Health Plan QI PQR applied a point system to all severity levels. Upon reaching the threshold of 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.

- No individual practitioner was identified meeting the threshold.
- 10 Provider Groups were identified meeting the threshold. Additional review and analysis was performed as followed:

Provider Group	Analysis of Issues
Health Care LA, IPA (MedPoint Mgmt)	13 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. There was no trend noted among these cases.
Preferred IPA of CA***	13 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. 5 of these 13 cases had delay in authorization issues.
Regal Medical Group***	8 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. There was no trend noted among these cases.
Prospect ***	6 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. There was no trend noted among these cases.
AltaMed Health Service (non-Medi-Cal) ***	6 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. There was no trend noted among these cases.
AltaMed Health Network (Medi-Cal only) ***	5 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. There was no trend noted among these cases.
Community Family Care***	5 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. Majority of issues impacted CMC members.
Applecare Medical Group	5 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. Majority of issues impacted CMC members.
Optum Health***	6 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. All issues impacted CMC members.

Provider Group	Analysis of Issues
Lakeside Medical Group	3 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. Mostly the coordination of care issues impacted CMC members.

***The PQR team plans to meet with the group to review PQI data/finding in FY 2021-2022

- Three Department of Health Service (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***	Analysis of Issues
LAC+USC Medical Center Mid-Valley CHC Olive View – UCLA Medical Center	109 PQI cases were reviewed. Majority of reviews (87) found no quality of care/service concern. Most of the issues identified were quality of service issues with Delay in Service (PQ3), Treatment/Diagnosis, Inappropriate Care (PQ7), Access to Care (PQ9) and Communication and Conduct (PQ11), but without care impact to the members. 2 quality of care issues were reviewed by L.A. Care Peer Review Committee with appropriate actions taken. The PQR team works with DHS to ensure all PQI findings were addressed with comprehensive corrective action plans (CAPs). The PQR team plans to meet with DHS quarterly to improve medical record collection from DHS, as well as monitoring the progress of CAPs.

***The PQR team plans to meet with the group to review PQI data/finding in FY2021-2022

6 vendors were identified meeting the threshold.

Vendor	Analysis of Issues
Wesley Health Center Clinic	Between October to December 2020, there were 11 PQI cases reviewed involving Wesley Health Center, with six cases identified mainly for quality of service issues related to access to care, communication and system delays. These issues involved challenges with the call center and scheduling of appointments, getting hold of an agent, or obtaining lab results. Although there is no clinical evidence with an adverse impact of care, these experiences had impacted member's satisfaction. A corrective action plan (CAP) from Wesley Health Center Clinic was requested and completed. The clinic validated the issues and submitted detailed CAP with evidence that appropriate actions were implemented by 9/30/2021.
Western Drug Medical Supplies	5 PQI cases had delay in processing DME authorization issues resulting in member dis-satisfaction, no care impact was noted. The coordination of DME supplies involved provider, provider group and the supplier and therefore all parties involved should be reminded to coordinate care. The QI PQR team plans to engage with Utilization Management, DME vendor and QI program manager to plan a webinar on coordination of DME supplies in FY 2021-2022.
United Medical Imaging	5 service issues related to miscommunication between the staff and the members regarding COVID testing requirement prior to the appointment, biopsy availability at different UMI locations and appointment availability due to an unexpected download of the company wide information system. No trend was noted in the 3-year data. A corrective action plan will be requested of United Medical Imaging addressing the trended miscommunication issues.

Vendor	Analysis of Issues
Call The Car	39 PQI cases had service issues resulting in member dis-satisfaction without care impact. The majority of reviews found members were not being dropped off at the correct location, delay in transporting members resulting in missed scheduled medical appointments and drivers could not find members and therefore noted the trip as no show. A corrective action plan will be requested from CTC to 1) improve member communication and 2) verification with the members on specific trip details and policies and 3) improve delay in transporting and reduce number of no show.
Navitus	8 service/system issues, mainly prior authorization issues, found resulting in member inconvenience and dis-satisfaction without care impact. Prior authorizations were required to continue with medications after the previous authorization ended, for brand name medication, or for medications not in the formulary. It was noted most issues impacted CMC members. The information was shared with L. A. Care Pharmacy Operations.
Synovation Medical Group	4 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact.

There were 62 cases focused against L.A. Care Health Plan, and therefore a further review of these issues were conducted.

L. A. Care	Analysis of Issues
L.A. Care Health Plan	<p>62 PQI cases were found mostly having service issues resulting in member dis-satisfaction without care impact. Overall top issues were PQ11 (communication) followed by PQ15 (system issues), and PQ3 (delay in service):</p> <p>PQ11 (communication): Around the end of 2020 there was mass transition of L.A. Care members from Heritage Provider Network and Regal and there were many member grievances related to PPG changes. There continues to be COC process misunderstanding, auto-enrollment confusion, unclear understanding of benefits including members filing grievances against L.A. Care instead of Denti-Cal, as well as benefits under LOB changes i.e., CMC vs. Medi-Cal. Other communication issues cited include incorrect listed phone numbers in benefit letters, fax form for prior authorization requests, and several dissatisfaction grievances against L.A. Care CSR regarding following through with plan change requests, provider changes, and follow through with phone calls, one of which led to a C2 leveling due to CSR not returning provider phone call to approve continued care. The information was again shared with CSC leadership for their follow through.</p> <p>PQ15 (system issues): Change of PCP/PPG, eligibility updates not processed or updated prior to member trying to obtain services. Other system challenges were claim issues and pharmacy prior authorization delays.</p> <p>PQ3 (delay in service): Delay in services due to coverage conversion, claims and reimbursement issues.</p>

Opportunity for FY2021-2022:

Ensuring PQI investigations are conducted comprehensively with all relevant medical records and PQI severity being appropriately leveled, based on the finding to drive process improvement are the team priorities. The PQR team will continue to improve medical record request workflow involving multiple disciplinary teams, such as the grievance department that initiated the record request upon receipt of a member grievance. More collaborative discussions with the PPGs, including Department of Health Services, on a regular basis will hopefully streamline data requests and record collection. The PQR team

works closely to include Contract Relationship Management (CRM), Provider Network Management (PNM) and account managers to improve medical record collection to support PQI reviews. The PQR team tracks provider/vendors/facilities that fail to submit medical records after 3+ attempts. When all reasonable attempts are exhausted, the concern will be escalated to the Enterprise Performance Optimization (EPO) team to appropriately address non-compliant providers. The development work will continue into FY2021-2022 to formalize the process of warning and possible sanctions.

With the newly developed corrective action plan and the template, the PQR team will be tracking and monitoring the provider performance closely either through regular meetings or regular check-ins.

2022 WORK PLAN GOAL:

The Provider Quality Review process will continue to be enhanced in FY2021-2022, 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 medical record and response collections and providing in-services and tools to improve clinical review process. The 2022 goal is to 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

2021 WORK PLAN GOAL:

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

BACKGROUND

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

MAJOR ACCOMPLISHMENTS

In Fiscal Year 2020 - 2021, 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 2021, all reports were submitted timely.

RESULTS

With all the collaborative work with CBAS and PNM teams, the compliance for quarterly submission achieved 100% by Q3 2021; all CMC delegates submitted critical incident quarterly report by Q3 2021.

2022 WORK PLAN GOAL:

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

G.3 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>

TD (COVID VAC)	<i>Identifies when a member has their initial COVID vaccine dose from one manufacturer, but then their second dose is from a different manufacturer (Moderna to Pfizer, for example).</i>
Morphine Equivalent Dose (ER)	<i>Detects members that have ≥ 90mg Morphine Equivalent Doses, two or more pharmacies and two or more doctors for active opioid claims</i>
Dose Range (DR)	<i>Identifies a member whose acetaminophen use was greater than 4 grams (4,000 mg) per day</i>
Opioid Naïve (925)	<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 2020	Q4 2020	Q1 2021	Q2 2021
DDI (<i>Drug-Drug Interaction</i>)	413,823	409,153	397,911	430,414
DDI (<i>Benzo + Opioid</i>)	7,136	6,751	6,228	6,368
DDI (<i>Prenatal + Opioid</i>)	N/A	N/A	17	84
<i>DDI Stayed Rejected</i>	3,454	3,638	3,512	4,170
HD (<i>High Dose</i>)	34,857	36,630	35,602	37,860
<i>HD Stayed Rejected</i>	1,518	1,561	1,597	1,658
LD (<i>Low Dose</i>)	47,901	45,733	45,199	46,016
LR (<i>Underuse</i>)	366,642	369,589	371,446	372,034
MN (<i>Insufficient Duration</i>)	6,668	6,582	6,559	7,263
MX (<i>Excessive Duration</i>)	17,276	17,614	16,943	17,014
SX (<i>Drug-Sex</i>)	152	157	186	173
PA (<i>Patient-Age</i>) Levels 1-3	169,800	226,035	224,481	239,833
PA <i>Codeine/Tramadol & Cough & Cold</i>	10	9	13	6
<i>PA Stayed Rejected</i>	5	6	6	3
TD (<i>Therapeutic Buprenorphine</i>)	3	-	1	2

CDUR Edits	# of Claims with Safety Edit			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
TD (<i>COVID VAC</i>)	N/A	N/A	-	-
TD (<i>Long Acting Opioids</i>)	143	124	128	171
TD (<i>Other Therapeutic Duplication</i>)	215,731	216,952	216,533	231,217
<i>TD (Other Therapeutic Duplication) Stayed Rejected</i>	29	29	34	54
DR (<i>Dose Range - APAP</i>)	2,531	2,772	2,852	2,866
<i>DR Stayed Rejected</i>	1,022	1,149	1,260	1,294
HC (<i>Morphine Equivalent Dose</i>)	99	141	121	127
<i>HC Stayed Rejected</i>	48	64	66	54
Totals	1,282,772	1,338,242	1,324,220	1,391,384

The number of claims in our Medi-Cal population with a Concurrent Drug Utilization Review (CDUR) safety edit has remained stable with a slight increase in Q2 2021, which is explained by the increase in membership from 1,087,175 in Q3 2020 to 1,213,727 in Q2 2021. The most common type of CDUR edit across all lines of business (LOBs) is for Drug-Drug Interactions, which can result in either a message to the pharmacist or a soft reject depending on the severity level of the identified interaction, and would require the pharmacist to resolve the issue prior to dispensing the medication.

CMC

CDUR Edits	# of Claims with Safety Edit			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
925 – Opioid Naïve	342	359	352	386
<i>Opioid Naïve Stayed Rejected</i>	232	288	298	324
DDI (<i>Drug-Drug Interaction</i>)	40,363	40,791	39,683	42,342
DDI (<i>Benzo + Opioid</i>)	604	587	622	611

CDUR Edits	# of Claims with Safety Edit			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
DDI (<i>Prenatal + Opioid</i>)	N/A	N/A	-	-
DDI Stayed Rejected	388	394	427	435
HD (<i>High Dose</i>)	1,564	1,726	1,691	1,630
HD Stayed Rejected	2	1	3	1
LD (<i>Low Dose</i>)	3,299	3,391	3,218	3,303
LR (<i>Underuse</i>)	18,459	18,596	18,615	19,015
MN (<i>Insufficient Duration</i>)	562	489	515	579
MX (<i>Excessive Duration</i>)	806	847	778	752
SX (<i>Drug-Sex</i>)	12	10	5	7
PA (<i>Patient-Age</i>) Levels 1-3	34,867	48,044	47,287	49,146
PA Codeine/Tramadol & Cough & Cold	-	-	-	-
PA (<i>Stayed Rejected</i>)	-	-	-	-
TD (<i>Buprenorphine</i>)	30	32	39	36
TD (COVID VAC)	N/A	N/A	-	-
TD (Long-acting Opioids)	19	15	16	9
TD (<i>Other Therapeutic Duplication</i>)	18,720	19,353	18,775	20,538
TD (<i>Stayed Rejected</i>)	14	11	8	14
DR (<i>Dose Range-APAP</i>)	121	119	126	126
DR Stayed Rejected	79	74	81	77
HC (<i>Morphine Equivalent Dose</i>)	21	8	13	12

CDUR Edits	# of Claims with Safety Edit			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
<i>HC Stayed Rejected</i>	12	4	4	5
Totals	119,789	134,367	131,735	138,492

The CDUR edits for Cal MediConnect (CMC) members remained relatively stable with an increase in Q2 2021, which is explained by the increase in membership increased from 17,478 in Q3 2020 to 18,812 in Q2 2021.

Covered CA

CDUR Edits	# of Claims with Safety Edit			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
DDI (<i>Drug-Drug Interaction</i>)	23,313	23,113	22,683	25,582
DDI (<i>Benzo + Opioid</i>)	338	318	291	327
DDI (<i>Prenatal + Opioid</i>)	N/A	N/A	-	-
DDI <i>Stayed Rejected</i>	237	209	215	234
HD (<i>High Dose</i>)	1,716	1,905	1,845	2,124
HD <i>Stayed Rejected</i>	100	82	85	117
LD (<i>Low Dose</i>)	3,165	3,305	3,638	3,767
LR (<i>Underuse</i>)	24,676	24,464	25,178	26,064
MN (<i>Insufficient Duration</i>)	610	539	559	701
MX (<i>Excessive Duration</i>)	1,218	1,315	1,320	1,336
SX (<i>Drug-Sex</i>)	12	14	18	14
PA (<i>Patient-Age</i>) Levels 1-3	8,237	8,921	10,055	10,612
PA <i>Codeine/Tramadol & Cough & Cold</i>	-	-	-	1
PA <i>Stayed Rejected</i>	-	-	-	-
TD (<i>Therapeutic Buprenorphine</i>)	20	18	20	10
TD (<i>COVID VAC</i>)	N/A	N/A	7	59
TD (<i>Long Acting Opioids</i>)	14	10	6	8
TD (<i>Other Therapeutic Duplication</i>)	13,081	12,643	12,286	14,369
TD (<i>Other Therapeutic Duplication</i>) <i>Stayed Rejected</i>	6	7	6	48
DR (<i>Dose Range - APAP</i>)	25	29	15	27
DR <i>Stayed Rejected</i>	4	10	5	5
HC (<i>Morphine Equivalent Dose</i>)	4	7	10	4
HC <i>Stayed Rejected</i>	1	3	7	1
Totals	76,429	76,601	77,779	84,988

CDUR edits for L.A. Care Covered (LACC) remained stable for Q3 2020 and Q4 of 2020, then increased in Q1 and Q2 of 2021. There was a total of 84,988 CDUR edits during Q2 2021, which is an 11.2% increase from Q3 2020. This result correlates with the number of LACC members and the number of utilizing members, which have both increased from 84,678 (membership) and 21,317 (utilizing members) in July 2020 to 98,963 (membership) and 27,037 (utilizing members) in June 2021, which represents a 16.9% and 26.8% increase, respectively. However, the percent of CDUR edits increase is much lower than the percent of membership and utilizing members increase, which shows that our members are not filling problematic medications.

PASC

CDUR Edits	# of Claims with Safety Edit			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
DDI (<i>Drug-Drug Interaction</i>)	17,649	18,084	17,681	18,969
DDI (<i>Benzo + Opioid</i>)	253	271	250	270
DDI (<i>Prenatal + Opioid</i>)	N/A	N/A	-	-
DDI <i>Stayed Rejected</i>	148	143	150	170
HD (<i>High Dose</i>)	902	1,016	1031	1,174
HD <i>Stayed Rejected</i>	48	41	45	55
LD (<i>Low Dose</i>)	1,811	1,977	2,004	1,984
LR (<i>Underuse</i>)	19,544	18,696	19,631	19,889
MN (<i>Insufficient Duration</i>)	312	313	308	339
MX (<i>Excessive Duration</i>)	715	737	814	653
SX (<i>Drug-Sex</i>)	9	8	14	16
PA (<i>Patient-Age Levels 1-3</i>)	9,682	13,330	14,635	14,714
PA <i>Codeine/Tramadol & Cough & Cold</i>	-	-	-	-
PA <i>Stayed Rejected</i>	-	-	-	-
TD (<i>Therapeutic Buprenorphine</i>)	23	24	18	30
TD (<i>COVID VAC</i>)	N/A	N/A	1	6
TD (<i>Long Acting Opioids</i>)	3	2	-	3

CDUR Edits	# of Claims with Safety Edit			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
TD (<i>Other Therapeutic Duplication</i>)	7,995	8,434	8,512	9,390
TD (<i>Other Therapeutic Duplication</i>) Stayed Rejected	4	8	4	15
DR (<i>Dose Range - APAP</i>)	10	18	10	13
DR Stayed Rejected	2	3	3	5
HC (<i>Morphine Equivalent Dose</i>)	4	6	9	8
HC Stayed Rejected	3	-	4	2
Totals	58,912	62,916	64,914	67,417

Similarly, number of CDUR edits for PASC members are similar to that of other LOBs where an increase is seen in Q2 of 2021. Although membership in PASC remained stable, the number of utilizing members increased from 10,699 in July 2020 to 11,592 in June 2021.

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 ≥ 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

Product Name	Prescriber Message	Value for Member Identification /Inclusion
<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 overdoses and emergency room visits in the past decade. The repeat alert identifies patients who have been included in the Triple Threat Program at least four times in the last two years.	Patient had 7 RXs for each of the following drug classes: opioids, muscle relaxants, and benzodiazepines/sleep aids in a month for 2 of 4 months

Safety Intervention Name	November 2020 Look-Back Period: 7/1/2020 – 10/31/2020		March 2021 Look-Back Period: 11/1/2020 – 2/28/2021		July 2021 Look-Back Period: 3/1/2021 – 6/30/2021	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	606	19.0%	647	28.8%	509	299
Multi-Prescriber	290	56.9%	241	55.2%	285	2,425
Controlled Substance Monitoring	60	75%	30	60%	42	189
CSM Repeat Alert	8	37.5%	8	50%	10	37
Duplicate Therapy	555	46.7%	580	47.4%	673	763
Triple Threat	379	54.4%	318	46.5%	322	610
Triple Threat Repeat Alert	344	22.1%	361	17.7%	330	438
Multi-Prescription	2,249	29.3%	1,910	23.9%	2,009	3,625
Expanded Fraud, Waste & Abuse	69	75.4%	75	73.3%	75	217
Totals	4,560	34.7%	4,170	32.1%	4,255	8,603

Medi-Cal

Retrospective Drug Utilization Review (RDUR) safety interventions appear to have contributed to the reduction of controlled substance overutilization since a steady decline of members identified for controlled substance monitoring and repeat alerts over the last three quarters. The number of members identified in all RDUR interventions have also decreased year-to-year, from 5,125 in November 2019 to 4,560 in November 2020, which is an 11% reduction. This result is sustained throughout the year, demonstrating that the intervention is working and reducing the number of members with controlled substance overutilization.

CMC

Safety Intervention Name	November 2020 Look-Back Period: 7/1/2020 – 10/31/2020		March 2021 Look-Back Period: 11/1/2020 – 2/28/2021		July 2021 Look-Back Period: 3/1/2021 – 6/30/2021	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	42	16.7%	53	16.7%	42	47
Multi-Prescriber	27	59.3%	20	40%	31	332
Controlled Substance Monitoring	3	66.7%	3	100%	2	8
CSM Repeat Alert	1	0%	1	0%	1	2
Duplicate Therapy	44	56.8%	62	40.3%	70	105
Triple Threat	37	64.9%	33	60.6%	31	79
Triple Threat Repeat Alert	28	10.7%	30	20%	26	54
Multi-Prescription	152	27%	138	25.4%	144	488
Expanded Fraud, Waste & Abuse	3	33.3%	2	0%	5	14
Totals	337	35.3%	342	31%	352	1,129

The number of RDUR interventions appear to be stable over the course of 2020 into 2021. A trend is difficult to discern for CMC due to its smaller membership in comparison to Medi-Cal and resulting low volume of RDUR safety interventions. There was an increase in CMC membership from 17,478 (July 2020) to 18,812 (June 2021), which equates to 7.6% increase.

Covered CA

Safety Intervention Name	November 2020 Look-Back Period: 7/1/2020 – 10/31/2020		March 2021 Look-Back Period: 11/1/2020 – 2/28/2021		July 2021 Look-Back Period: 3/1/2021 – 6/30/2021	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	24	4.2%	22	9.1%	17	17
Multi-Prescriber	1	100%	0	N/A	2	16
Controlled Substance Monitoring	1	0%	3	33.3%	2	6
CSM Repeat Alert	0	N/A	0	N/A	36	48
Duplicate Therapy	30	53.3%	18	33.3%	11	17
Triple Threat	14	57.1%	16	62.5%	12	28
Triple Threat Repeat Alert	16	25%	12	16.7%	10	36
Multi-Prescription	15	33.3%	17	35.3%	17	17
Expanded Fraud, Waste & Abuse	0	N/A	0	N/A	2	16
Totals	101	34.7%	88	30.7%	90	168

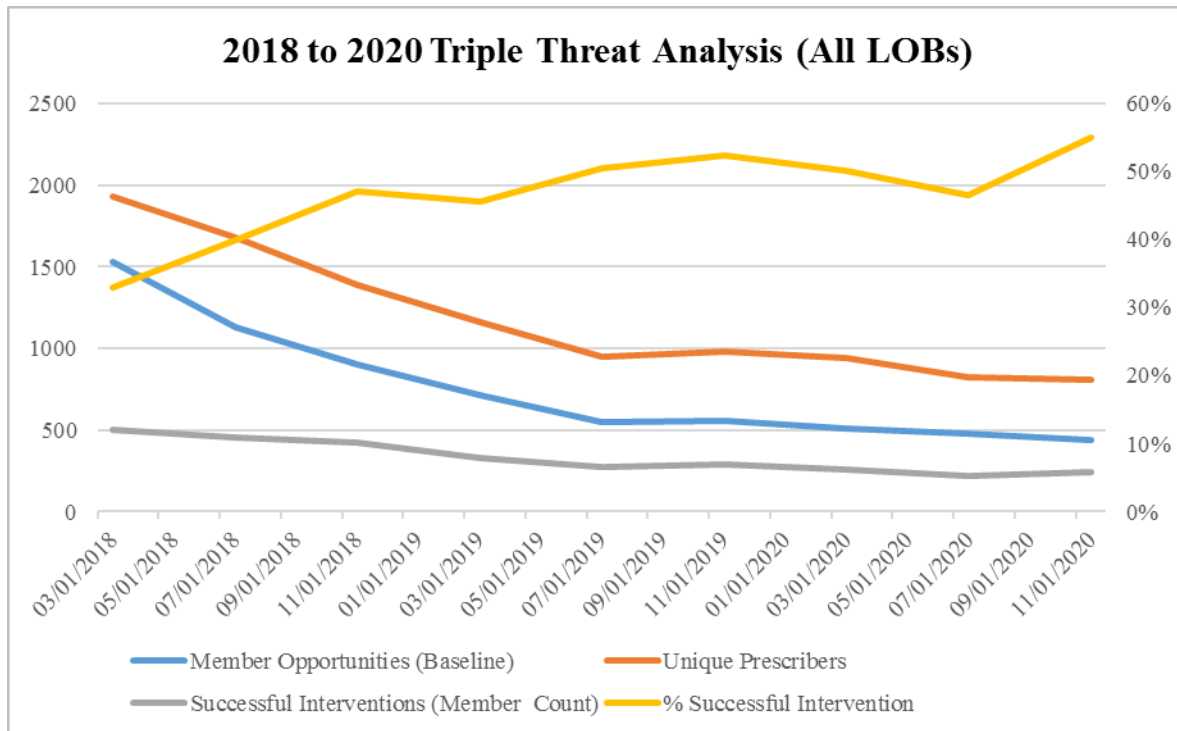
A decrease of RDUR interventions in Covered CA is observed in the overall trend, however, membership increased from 84,678 (July 2020) to 98,963 (June 2021), which equates to 16.9% increase in membership.

PASC

Safety Intervention Name	November 2020 Look-Back Period: 7/1/2020 – 10/31/2020		March 2021 Look-Back Period: 11/1/2020 – 2/28/2021		July 2021 Look-Back Period: 3/1/2021 – 6/30/2021	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	28	21.4%	27	25.9%	26	29
Multi-Prescriber	1	100%	1	0%	1	14
Controlled Substance Monitoring	2	50%	1	0%	3	8
CSM Repeat Alert	0	N/A	0	N/A	29	36
Duplicate Therapy	12	41.7%	27	55.6%	13	23
Triple Threat	11	45.5%	10	50%	11	15
Triple Threat Repeat Alert	12	0%	15	20%	12	53
Multi-Prescription	10	20%	7	28.6%	26	29
Expanded Fraud, Waste & Abuse	0	N/A	0	N/A	1	14
Totals	76	26.3%	88	36.4%	95	178

The number of RDUR interventions for PASC have increased from November 2020 to July 2021; however, still remains incremental compared to the total PASC member population (51,547 members as of July 2021).

ANALYSIS



Graph above displays the overall trend with our RDUR intervention, specifically for the Triple Threat intervention that identifies members who have concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants in two of the past four months. Prescribers of the identified members will receive a mailer and are encouraged to take action since concurrent use of these medication therapies have shown to increase emergency room visits and death. The blue line represents the identified member opportunities, and the orange line represents the unique prescribers of the medications mentioned above. Both lines are showing a downward trend since 2018, which shows that prescribers are prescribing Triple Threat medications concurrently at a gradually lower rate. The gray line represents the number of successful interventions or the number of members that showed improvement by no longer being on all three of the high risk medications in the next measurement period. The gray line also shows a downward trend, but that is due to less members being identified so there is less opportunity for successful interventions. The yellow line represents the percentage of successful interventions which is calculated by the number of successful interventions divided by total member opportunity. The yellow line is showing an upward trend, which highlights that the intervention is working since we are able to deter providers from prescribing opioids, benzodiazepines/hypnotics and skeletal muscle relaxants in combination.

PRIOR AUTHORIZATIONS/COVERAGE DETERMINATIONS

Navitus is also delegated the prior authorization/coverage determination process for all LOBs. L.A. Care's Pharmacy and Formulary Department is monitoring Navitus' prior authorization/coverage determination process to ensure it meets state and federal regulations.

APPEALS

Pharmacists from L.A. Care's Pharmacy and Formulary Department act as clinical consultants for the Appeals and Grievances (A&G) department.

Pharmacists conduct a clinical review of pharmacy-related appeal cases by obtaining additional medical information and providing a complete report on the appeal request. This review is then sent to the medical director for a final review wherein a decision to overturn or uphold the appeal is rendered.

	# of Pharmacy Appeal Cases			
	Q3 2020	Q4 2020	Q1 2021	Q2 2021
MCLA	666	633	687	654
CMC	48	44	39	56
LACC	55	34	56	51
PASC	14	23	8	20
Totals	783	734	790	781

Due to a new process that was implemented, the appeal case volume saw an increase in 2020. Of note, starting January 2022, the pharmacy benefit will be carved-out of managed care plans (MCP). In other words, all L.A. Care managed Medi-Cal (MCLA) appeal cases will be reviewed by the state.

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 FY20-21 (Oct. 2020 to Sept. 2021), 45 new cases were referred/identified for potential enrollment in the Pharmacy Home Program. As of this year, 2 lock-in cases were closed due to meeting exclusion upon review. Currently, there are 3 members being monitored for 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 FY2020-2021 (Oct. 2020 to Sept. 2021), total of 7 cases were reviewed, and there is only one CMC member being monitored. As of this year, one lock-in case was closed after 12 months due to improvement. Identification of members are through internal pharmacy reports, Navitus, HPMS communications, and the MARx platform.

Starting January 1, 2022, the Medi-Cal Rx transition will take place. At this time, DHCS has decided not to implement a lock-in program as part of the Medi-Cal Rx full Assumption of Operations (AOO). MCLA members who are enrolled in PHP will be disenrolled but L.A. Care will continue our drug management programs for all other LOBs. L.A. Care will still be responsible for ongoing participation in post-claim adjudication Drug Utilization Review (DUR) activities such as Retrospective DUR (RDUR) for the Medi-Cal population.

G.4 PATIENT HOSPITAL QUALITY AND SAFETY

AUTHOR: GRACE KIM CROFTON, MPH

REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

L.A. Care reviews hospital quality and safety indicators and identifies network hospitals that have a record of poor performance across domains of overall patient experience, maternity care, and hospital acquired infections. To that end, L.A. Care subscribes to annual reports with a number of hospital patient safety and quality indicators from Cal Hospital Compare supplemented with data and reports from Centers for Medicare and Medicaid Services (CMS), California Department of Public Health (CDPH), and the California Maternity Quality Care Collaborative (CMQCC). Each of these entities provides performance comparisons across hospitals along with regional and national benchmarks of quality and safety. Based on these published reports, L.A. Care has identified high and low performing hospitals for overall and metric specific criteria. Hospitals that are highlighted in yellow are included in the list of hospitals identified by the Plan Hospital Collaborative (described below)

L.A. Care has identified **six** hospitals that had lower than average performance on hospital acquired infections: Methicillin-resistant staphylococcus aureus (MRSA), Catheter-associated Urinary Tract Infection (CAUTI), Central Line-associated Blood Stream Infection (CLABSI), Clostridium difficile

(C.Diff), and Surgical Site Infection – Colorectal Surgery (SSI-Colon), along with Hospital Safety Grade (from the Leapfrog Group)

(i) HAI Watchlist

FOOTHILL PRESBYTERIAN HOSPITAL
LOS ANGELES COMMUNITY HOSPITAL - NORWALK
OLYMPIA MEDICAL CENTER
PACIFICA HOSPITAL OF THE VALLEY
PIH GOOD SAMARITAN HOSPITAL-LOS ANGELES
WEST HILLS HOSPITAL & MEDICAL CENTER

A total of eight hospitals were identified that had relatively high volume utilization but comparatively high 30-day readmission rates that may indicate opportunities for improvement in discharge planning and coordination with outpatient providers.

(ii) 30 Readmission Watchlist

WHITE MEMORIAL MEDICAL CENTER
ST. FRANCIS MEDICAL CENTER
NORTHRIDGE HOSPITAL MEDICAL CENTER
GLENDALE ADVENTIST MEDICAL CTR
PROVIDENCE LITTLE COMPANY OF MARY-TORRANCE
CEDARS-SINAI MEDICAL CENTER
LOS ANGELES COMMUNITY HOSPITAL & NORWALK COMMUNITY
MISSION COMMUNITY HOSPITAL
LA DOWNTOWN MEDICAL CENTER DOWNTOWN CAMPUS

The following twenty hospitals had NTSV C-Section rates above the desired 23.9%:

(iii) NTSV C-Section Watchlist

BEVERLY HOSPITAL
EAST LOS ANGELES DOCTORS HSP
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER
KAISER MORENO VALLEY MEDICAL CENTER
KAISER PERMANENTE LOS ANGELES MEDICAL CENTER
LAC/HARBOR-UCLA MED CENTER
LOMA LINDA UNIVERSITY MEDICAL CENTER - MURIETTA
LOS ROBLES HOSPITAL AND MEDICAL CENTER
MEMORIAL HOSPITAL OF GARDENA
MONTCLAIR HOSPITAL MEDICAL CENTER
MONTEREY PARK HOSPITAL

OLIVE VIEW - UCLA MEDICAL CENTER
PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER
PROVIDENCE ST JOSEPH
RIDGECREST REGIONAL HOSPITAL
SAN DIMAS COMMUNITY HOSPITAL
SAN GABRIEL VALLEY MEDICAL CENTER
USC VERDUGO HILLS HOSPITAL
WHITE MEMORIAL MEDICAL CENTER
WHITTIER HOSPITAL MEDICAL CENTER

Overall hospital scores and ratings were reviewed aggregating scores from Hospital-CAHPS, NTSV C-Section rate, and Hospital Acquired Infections and twenty-six hospitals had an overall rating that was below average:

(iv) Overall Below Average Safety and Quality Watchlist

ANTELOPE VALLEY HOSPITAL
BEVERLY HOSPITAL
COAST PLAZA HOSPITAL
COLLEGE MEDICAL CENTER
COMMUNITY HOSPITAL OF HUNTINGTON PARK
EAST LOS ANGELES DOCTORS HSP
EMANATE HEALTH FOOTHILL PRESBYTERIAN HOSPITAL
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER
KAISER PERMANENTE LOS ANGELES MEDICAL CENTER
KAISER PERMANENTE WEST LOS ANGELES MEDICAL CE
LAC/HARBOR-UCLA MED CENTER
LAC+USC MEDICAL CENTER
LAKEWOOD REGIONAL MEDICAL CTR
MONTEREY PARK HOSPITAL
OLIVE VIEW - UCLA MEDICAL CENTER
OLYMPIA MEDICAL CENTER
PACIFICA HOSPITAL OF THE VALLEY
PALMDALE REGIONAL MEDICAL CENTER
POMONA VALLEY HOSPITAL MEDICAL CENTER
SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD
ST. FRANCIS MEDICAL CENTER
ST. MARY MEDICAL CENTER LONG BEACH
USC VERDUGO HILLS HOSPITAL
VALLEY PRESBYTERIAN HOSPITAL
WEST HILLS HOSPITAL & MEDICAL CENTER

WHITE MEMORIAL MEDICAL CENTER

Following twelve hospitals had overall “Good” rating

ALHAMBRA HOSPITAL MEDICAL CTR
CEDARS-SINAI MEDICAL CENTER
GLENDALE ADVENTIST MEDICAL CTR
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER
GLENDORA OAKS BEHAVIORAL HEALTH HOSPITAL
GREATER EL MONTE COMMUNITY HOSPITAL
LA DOWNTOWN MEDICAL CENTER DOWNTOWN CAMPUS
MISSION COMMUNITY HOSPITAL
PRESBYTERIAN INTERCOMM HOSP
SHERMAN OAKS HOSPITAL
UCLA MEDICAL CENTER - SANTA MONICA
WHITTIER HOSPITAL MEDICAL CENTER

And following thirteen hospitals had an overall rating of “Above Average”

CASA COLINA HOSPITAL
CENTINELA HOSPITAL MEDICAL CENTER
ENCINO HOSPITAL MEDICAL CENTER
HUNTINGTON MEMORIAL HOSPITAL
KECK HOSPITAL OF USC
LOS ANGELES COMMUNITY HOSPITAL & NORWALK COMMUNITY
NORTHRIDGE HOSPITAL MEDICAL CENTER
PIH HOSPITAL - DOWNEY
PROVIDENCE SAINT JOHN'S HEALTH CENTER
PROVIDENCE-CEDARS SINAI TARZANA MEDICAL CENTER
RONALD REAGAN UCLA MEDICAL CENTER
SAN DIMAS COMMUNITY HOSPITAL
SAN GABRIEL VALLEY MEDICAL CENTER
SOUTH BAY MEDICAL CENTER

L.A. County Multi-Plan Collaborative

L.A. Care also participates in a multi-plan hospital collaborative with Health Net, Molina, and L.A. Care, California Hospital Compare and Covered California. The intention is to engage poor performing hospitals with aligned and focused purpose. Through dialogue and review of data we encourage the hospitals to initiate an action plan and provide suggestions and recommendations to improve performance. The L.A. County multi-plan collaborative will resume in April of 2022 and will develop strategies to drive improvements in key hospital quality and safety indicators referencing hospital scorecards based on the indicators listed above. The following list of hospitals were identified by the collaborative as hospitals that have been underperforming year over year across the quality and safety measures described above:

(v) Poor Performing Hospitals:

- Beverly Hospital
- Good Samaritan Hospital– Los Angeles
- Hollywood Presbyterian Medical Center
- Los Angeles Community Hospital
- Monterey Park Hospital

GOALS FOR 2022

L.A. Care will continue to work with the Hospital Collaborative to meet with hospital leadership in the Collaborative watch list. Agenda is focused around the safety and quality metrics.

In addition, QI Team has developed hospital scorecards that are modeled after the template used by the Hospital Collaborative and by early 2022, will develop a menu-driven dashboard of hospital comparison data based on both L.A. Care specific utilization data and community wide safety and quality metrics.

The QI Team continues to engage the CMC provider groups, the eight to ten groups that have the highest proportion of duals membership to identify ways to improve data sharing and reconciliation on the Transition of Care measures and 30 Day Unplanned Readmission rate, monitoring hospital notification of admissions, discharges, and 30 Day Readmission rates.

Team will continue to monitor performance and evaluate trends on safety/quality performance along with related transition of care measures. Goals for 2022 are:

- to improve on the number of hospitals with “Good” or “Above Average” overall rating, or >25 hospitals
- to have at least one of the six underperforming hospitals identified by the Multi-Plan Collaborative, improve their safety/quality scores so that it is no longer included in one of the five watchlists above.

G.4.a IMPROVING TRANSITION OF CARE: INPATIENT/EMERGENCY DEPARTMENT AND OUTPATIENT COORDINATION

AUTHOR: GRACE KIM CROFTON, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Citing excerpt from NCQA Technical Specifications, Volume 1, on Transition of Care and ED Visit Follow-up:

The Medicare population includes older adults and individuals with complex health needs who often receive care from multiple providers and settings, and thus experience highly fragmented care and adverse health care utilization patterns and outcomes. This population is at particular risk during transitions of care because of higher comorbidities, declining cognitive function and increased medication use.⁴⁰ Transitions from the inpatient setting to home often results in poor care coordination, including communication lapses between inpatient and outpatient providers, intentional and unintentional medication changes, incomplete

⁴⁰ Vognar, L., and N. Mujahid. 2015. “Healthcare Transitions of Older Adults: An Overview for the General Practitioner.” *Rhode Island Medical Journal* <http://www.rimed.org/rimedicaljournal/2015/04/2015-04-15-ltc-vognar.pdf> (Accessed July 12, 2016)

diagnostic work-ups and inadequate beneficiary, caregiver and provider understanding of diagnoses, medication and follow-up needs.⁴¹

Poor hospital transitions are not only associated with poor health outcomes, but also increased health care utilization and cost, including duplicate medical services, medication errors and increased emergency department visits and readmissions.⁴² In 2010, Medicare beneficiaries 65 years and older accounted for 11.9 million (approximately 34%) of all hospital discharges in the United States.⁴³ One study estimated that inadequate care coordination and poor care transitions resulted in \$25 billion–\$45 billion in unnecessary spending in 2011.⁴⁴ Other studies have found that care coordination programs that do not incorporate timely transitional care elements are unlikely to result in reduced hospitalizations and associated Medicare spending,⁴⁵ and current payment structures do not provide much incentive for the collaboration necessary to implement effective care coordination post-discharge.⁴⁶

Medicare population includes a large number of individuals and older adults with multiple high-risk chronic conditions (MCC) who often receive care from multiple providers and settings and, as a result, are more likely to experience fragmented care and adverse health care outcomes, including an increased likelihood of ED visits.^{47,48} Medicare beneficiaries with MCCs require high levels of care coordination, particularly as the transition from the ED to the community. During these transitions, they often face communication lapses between ED and outpatient providers and inadequate patient, caregiver and provider understanding of diagnoses, medication and follow-up needs.^{49,50,51,52} This poor care coordination results in an increased risk for medication errors, repeat ED visits, hospitalization, nursing home admission and death.^{Error! Bookmark not defined..53,54} Medicare beneficiaries with MCCs not only experience poorer health outcomes, but also

⁴¹ Rennke, S., O.K. Nguyen, M.H. Shoen, Y. Magan, R.M. Wachter and S.R. Ranji. 2013. "Hospital-Initiated Transitional Care as a Patient Safety Strategy: A Systematic Review." *Annals of Internal Medicine* 158(5, Pt. 2), 433–40.

⁴² Sato, M., T. Shaffer, A.I. Arbaje and I.H. Zuckerman. 2011. "Residential and Health Care Transition Patterns Among Older Medicare Beneficiaries Over Time." *The Gerontologist* 51(2), 170–8.

⁴³ Centers for Disease Control and Prevention (CDC). 2010. *Number, Rate, and Average Length of Stay for Discharges From Short-Stay Hospitals, by Age, Region, and Sex: United States, 2010*.
http://www.cdc.gov/nchs/data/nhds/1general/2010gen1_agesexualos.pdf (Accessed June 22, 2016)

⁴⁴ Health Affairs. 2012. *Health Policy Brief: Care Transitions*. September 13, 2012.
http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_76.pdf (Accessed July 12, 2016)

⁴⁵ Peikes, D., A. Chen, J. Schore and R. Brown. 2009. "Effects of Care Coordination on Hospitalization, Quality of Care, and Health Care Expenditures Among Medicare Beneficiaries." *Journal of the American Medical Association* 301(3).

⁴⁶ Coleman, E.A. and R.A. Berenson. 2004. "Lost in Transition: Challenges and Opportunities for Improving the Quality of Transitional Care." *Annals of Internal Medicine* 141(7), 533–6.

⁴⁷ AHRQ. 2010. Multiple Chronic Conditions Chartbook. "2010 Medical Expenditure Panel Survey Data."
<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf> (Accessed January 11, 2017)

⁴⁸ Agency for Healthcare Quality and Research (AHRQ). 2012. "Coordinating Care for Adults with Complex Care Needs in the Patient-Centered Medical Home: Challenges and Solutions."
<https://pcmh.ahrq.gov/sites/default/files/attachments/coordinating-care-for-adults-with-complex-care-needs-white-paper.pdf>

⁴⁹ Altman, R., J.S. Shapiro, T. Moore and G.J. Kuperman. 2012. "Notifications of Hospital Events to Outpatient Clinicians Using Health Information Exchange: A Post-Implementation Survey." *Journal of Innovation in Health Informatics* 20(4).

⁵⁰ Coleman, E.A., R.A. Berenson. 2004. "Lost in Transition: Challenges and Opportunities for Improving the Quality of Transitional Care." *Annals of Internal Medicine* 141(7).

⁵¹ Dunnion, M.E., and B. Kelly. 2005. "From the Emergency Department to Home." *Journal of Clinical Nursing* 14(6), 776–85.

⁵² Rowland, K., A.K. Maitra, D.A. Richardson, K. Hudson and K.W. Woodhouse. 1990. "The Discharge of Elderly Patients from an Accident and Emergency Department: Functional Changes and Risk of Readmission." *Age and Ageing* 19(6), 415–18.

⁵³ Hastings, S.N., E.Z. Oddone, G. Fillenbaum, R.J. Sloane and K.E. Schmader. 2008. "Frequency and Predictors of Adverse Health Outcomes in Older Medicare Beneficiaries Discharged from the Emergency Department." *Medical Care* 46(8), 771–7.

⁵⁴ Niedzwiecki, M., K. Baicker, M. Wilson, D.M. Cutler and Z. Obermeyer. 2016. "Short-Term Outcomes for Medicare Beneficiaries After Low-Acuity Visits to Emergency Departments and Clinics." *Medical Care* 54(5), 498–503.

greater health care utilization (e.g., physician use, hospital and ED use, medication use) and costs (e.g., medication, out-of-pocket, total health care).⁵⁵ Medicare beneficiaries with MCCs are some of the heaviest users of high-cost, preventable services such as those offered by the ED.^{56,57} An estimated 75% of health care spending is on people with MCCs.^{58,59} The cost of unplanned readmissions, often avoidable, is 15-20 billion dollars annually⁶⁰.

For reasons cited above, starting in 2020, L.A. Care has prioritized implementation of effective coordination of care and monitoring of transition of care metrics that include:

Close monitoring and follow up on underperforming trends in any of these measures can lead to improved outcomes and quality of life and significant cost savings.

HEDIS Measure	Specific Indicator(s)	Measure Type
Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)	The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.	Administrative
Transitions of Care - All Four Rates (TRC)	<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). 	Hybrid

⁵⁵ Lehnert, T., D. Heider, H. Leicht, S. Heinrich, S. Corrieri, M. Luppa, S. Riedel-Heller and H.H. König. 2011. "Review: Health Care Utilization and Costs of Elderly Persons With Multiple Chronic Conditions." *Medical Care Research & Review* 68(4), 387–420.

⁵⁶ CMS. 2012. *Chronic Conditions Among Medicare Beneficiaries, Chartbook*, 2012 Edition. Baltimore, MD. <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/chronic-conditions/downloads/2012chartbook.pdf> (Accessed July 19, 2016)

⁵⁷ Lochner, K.A., and C.S. Cox. 2013. *Prevalence of Multiple Chronic Conditions Among Medicare Beneficiaries, United States, 2010*. https://www.cdc.gov/pcd/issues/2013/12_0137.htm (Accessed January 11, 2017)

⁵⁸ CDC. 2009. *The Power of Prevention: Chronic Disease... the Public Health Challenge of the 21st Century*. <http://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf> (Accessed January 24, 2017)

⁵⁹ Care Innovations. 2013. "Cost Control for Chronic Conditions: An Imperative for MA Plans." The Business Case for Remote Care Management (RCM). <https://www.rmhpcommunity.org/sites/default/files/resource/The%20Business%20Case%20for%20RCM.pdf> (Accessed January 24, 2017)

⁶⁰ 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	Specific Indicator(s)	Measure Type
Emergency Department Utilization (EDU)	For members 18years of age and older, the risk-adjusted ratio of observed-to-expected emergency department (ED) visits during the measurement year	Administrative
Plan All-Cause Readmissions (PCR)	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	Administrative

MY2020 WORK PLAN GOAL:

HEDIS Measure	MY2020 CMC Goal	MY2020 CMC Rate	MY2020 Goal Met/ Not Met
Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)	51%	48.8%	Not Met
Transitions of Care - Receipt of Discharge information	0.5%	4.4%	Met
Transitions of Care - Patient engagement after inpatient discharge	78%	75.9%	Not Met
Transitions of Care - Notification of Inpatient Admission	14%	7.8%	Not Met
Transitions of Care - Medication reconciliation post discharge	45%	50.8%	Met
Emergency Department Utilization (EDU)	<1	OE: 0.87	Met
Plan All-Cause Readmissions (PCR)	<1	1.07	Not Met

MAJOR ACCOMPLISHMENTS

In July of 2020 the Inpatient Workgroup was transitioned from the Utilization Management Department to Quality Improvement. The Inpatient Workgroup is comprised of 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. The workgroup is charged with oversight and action plan to develop best practices leveraging tools and technology to facilitate communication and coordination between inpatient and outpatient providers and improving

RESULTS

The measures included here are for MY2020 for the CMC Line of Business. While goals were met for TRC Receipt of Discharge Information, TRC Medication Reconciliation, and risk adjusted Emergency Department Utilization measures, goals were not attained for Follow Up Within 7 Days of ED Visit for Patients with MCC, TRC Notification of Inpatient Admission, TRC Patient Engagement Within 30 Days of IP Discharge, and 30 Day Unplanned Readmissions. This may be attributable to the pandemic with higher hospitalization rates and lower outpatient visits. While internal goals were not attained, for TRC Patient Engagement and FMC, F/up within 7 days of ED visit for members with multiple high risk conditions, rates for each of these improved compared to prior year, for FMC, approximately 2% improvement for members 65 years and older and for Patient Engagement, there was about 3.6% improvement compared to prior year for member 65 years and older.

ANALYSIS

Cal MediConnect

Improvements for FMC, TRC (Patient Engagement and Medication Reconciliation) may be attributable to inclusion in the CMC VIIP Incentive program for MY2020 for Medication Reconciliation, and subsequently FMC was added to the MY2021 CMC VIIP Incentive. In addition, starting in MY2020, L.A. Care QI Team launched quarterly meeting with the eight PPGs with the largest number of duals membership and discussions were focused on Transition of Care metrics, inpatient and outpatient coordination and importance of outpatient follow up visits for members recently discharged from an acute care setting.

Disparity Review

Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions, FMC, 7 Day Follow-up Visit

Admin Data HEDIS MY 2020	Asian			Black_or_African American			Hispanic_or_Latino			Some_other_race			White		
Medicare_CMC	18-64 Yrs	65 Yrs +	Total	18-64 Yrs	65 Yrs +	Total	18-64 Yrs	65 Yrs +	Total	18-64 Yrs	65 Yrs +	Total	18-64 Yrs	65 Yrs +	Total
Denominator	12	70	82	127	139	266	205	414	619	68	86	154	34	57	91
Numerator	5	31	36	47	67	114	110	206	316	30	35	65	14	32	46
Rate	41.67%	44.29%	43.90%	37.01%	48.20%	42.86%	53.66%	49.76%	51.05%	44.12%	40.70%	42.21%	41.18%	56.14%	50.55%

L.A. Care conducted an analysis based on claims and encounter data (administrative data) on race/ethnicity to examine whether disparities exist in Follow-up after Emergency Department Visits for People with Multiple High Risk Chronic (MRC) conditions (FMC). For all ages, African Americans and Asians had the lowest rate of follow-up at 42.86% compared to Hispanics or Latinos with a rate of 51.05% and Whites at 50.55%. African American CMC members ages 18-64 years had the lowest rate of f/up visit at **37.01%** compared to all other groups.

Improving transition of care between inpatient and outpatient settings including visits to ED, is still work in progress. L.A. Care is making steady progress as evidenced by improvements in Medication Reconciliation, Patient Engagement Post IP Discharge and F/up visits for members with MRC. However, we need to review more closely root cause for the significant disparities observed for African Americans ages 18-64 along with total rates appreciably lower among Asians and African-Americans. Although progress has been made in spotlighting importance of transition of care and engaging practitioners and

groups in enhancing operational infrastructure to improve on timely notifications and follow up, there are still notable barriers to achieving our goals:

- Currently, L.A. Care does not have a dedicated functional team staffed with licensed clinicians to oversee and manage Transition of Care programs among the delegated provider network. While there is an internal transition of care program spearheaded by Behavioral Health and Social Services tapping Community Health Workers as liaison for members and IP and OP providers, this program is limited L.A. Care's MCLA population, and while the program is gaining traction, some drawbacks are that non-clinical staff are not able to accurately assess and document member health status and have restrictions on coordinating IP-OP handoffs.
- Inconsistent communication between facilities and members' primary care provider office still exist. QI team continues to review ToC progress and challenges with the provider groups, difficulty in reaching members due to changes to contact information. This is a common problem for not only the health plan but also PPGs and PCP offices.
- In addition, the COVID-19 pandemic and the state of emergency has limited the ability for in-person interaction. Interventions are still largely conducted via telehealth.

LOOKING FORWARD

Transition of Care and related measures will be managed by the Inpatient Workgroup where review, root cause, and prioritization will take place. All measures listed in the table above, with the exception of EDU, are included in the CMS Star rating set and it is critical that we push forward enhanced partnership with the top 8-10 provider groups to underscore importance of managing transition of care, ED Visit Follow Up, and 30 Day Unplanned Readmissions. Most of the TRC measures have now been added to the provider group incentive program, CMC VIIP and L.A. Care will monitor rates closely at the contract and provider group level.

MY2021 WORK PLAN GOAL:

HEDIS Measure	MY2021 Cal MediConnect Goal
Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) Total Rate for 7 Day F/Up	53%
Transitions of Care (TRC) - Receipt of Discharge information	8%
Transitions of Care (TRC) - Patient engagement after inpatient discharge	79%
Transitions of Care (TRC) - Notification of Inpatient Admission	11%
Transitions of Care (TRC) - Medication reconciliation post discharge	54%
Plan All-Cause Readmissions (PCR)	O/E Ratio < 0.9%

HEDIS Measure	MY2021 L.A. Care Covered Goal
Plan All-Cause Readmissions (PCR)	O/E Ratio < 0.6%

G.5 FACILITY SITE REVIEW/MEDICAL RECORDS INITIATIVES

AUTHOR: ELAINE SADOCCHI-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, 2020 – September 30, 2021 of primary care physician (PCP) sites (physician's office or clinic) to measure compliance with appropriate patient safety requirements.

As a result of the public health emergency (PHE COVID-19 pandemic), in March, 2020, DHCS allowed the FSR department to suspend the contractual requirement for in-person site reviews, Physical Accessibility Review (PARS) surveys, and similar monitoring activities that would require in-person reviews. This requirement continued until June, 30 2021 when DHCS rescinded the PHE flexibility, and allowed Health Plans the flexibility to conduct on-site audits and/or virtual audits until January, 1, 2022.

During this time, FSR nurse reviewers have been conducting virtual audits on sites that meet the priority criteria:

- Initial FSR (new locations)
- Relocations
- Periodic FSRs
- Direct Network provider sites
- Sites in which postponing an audit would compromise access to care to members.

Other providers' offices were given the option to defer FSR surveys if their offices are still being impacted by COVID, until January 1, 2022

As of July, 2020, FSR implemented a new FSR platform Healthy Data Systems (HDS). The HDS system interfaces with L.A. Care's systems and generates reports that are sent to L.A. Care's Plan Partners and DHCS. HDS is used by other health plans in L.A. County and state wide, allowing L.A. Care's FSR to work collaboratively in one system.

2021 WORK PLAN GOALS:

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

RESULTS

Needle stick Safety Precaution

2019 Results	2020 Results	2021 Results	Goal Met/Not Met	2021 Goal
78%	76%	78%	No	80%

ANALYSIS

Quantitative Analysis (Needle Stick Safety)

The 2021 goal for needle stick safety precaution did not meet the goal of 80.0%. The compliance score for needle stick safety increased by 2.6 percentage points from 2020. The difference in rates is not statistically significant (p value = 0.5073) compared to 2020 results. This measure did not meet the 80% standard.

Qualitative Analysis (Needle Stick Safety)

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

- Reverting 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 L.A. Care's network are not knowledgeable of the requirements.

Spore Testing of Autoclave/Sterilizer

2019 Results	2020 Results	2021 Results	Goal Met/Not Met	2021 Goal
80%	73%	95%	Yes	85%

Quantitative Analysis (Spore Testing)

The provider offices reviewed did meet the 2021 goal for spore testing of autoclave/steam sterilizers. The compliance score increased by 22.0 percentage points from 2020. The 2020 results increased from previous years; the difference between 2020 and 2021 is statistically significant at $p < 0.01$. This measure exceeded the 85% goal.

Qualitative Analysis (Spore Testing)

Upon in-depth review of the available data, it was noted that new provider offices that received an additional educational session were compliant and most providers were slowly transitioning out of utilizing autoclave/steam sterilization equipment. If sites are not conducting autoclave or cold chemical sterilization

sites are using disposable instruments. For the audit period of 10/1/2020 to 9/30/2021 there were a total of 20 Primary Care Provider (PCP) sites utilizing an autoclave, in which one PCP site was noted to be non-compliant. The following reasons may contribute to this compliance score:

- Due to pandemic PCP many sites were not performing invasive procedures
- There has been a noticeable industry shift in smaller PCP sites moving away from reusable instruments to disposable instruments
- Certified Site Reviewers (CSR) educating sites on the need to be in compliance with monthly spore testing
- Smaller number of PCP sites were audited due to having an option to delay the FSR process due to PHE

LOOKING FORWARD

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.

Starting in January, 2022 FSR will resume on-site audits and will use the revised 2022 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 ensure the provider sites successfully score > 80%. L.A. Care's FSR department is collaboratively working with other health plan's FSR departments to develop a webinar provider education on the new tools and requirements.

2022 WORK PLAN GOALS:

- Needle stick: 80%
- Lab Supplies (e.g., vacutainers, vacutainer tubes, culture swabs, test solutions) are inaccessible to unauthorized persons: 80%

MEDICAL RECORDS INITIATIVES

2021 WORK PLAN GOAL:

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

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

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

- Allergies and adverse reactions (2A)
- Problem list (2B)
- Current continuous medications are listed (2C)
- History and Physical (3A)
- Unresolved or continuing problems are addressed in subsequent visits (3E)
- Documentation of clinical findings and evaluation for each visit:
 - Working diagnosis consistent with findings (3B)
 - Treatment plans consistent with diagnosis (3C)

- Instruction for follow-up care is documented (3D)
- Preventive services or risk screening (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 primary care physician (PCP) sites to maintain medical records in a manner that is current, detailed, and organized. L.A. Care assesses the site's compliance with regulations and L.A. Care policies by utilizing the *mandated* Department of Health Care Services (DHCS) survey tools. This report provides an annual analysis of medical record keeping standards for the time period of October 1, 2020 – March 15, 2021 of PCP) sites (physician's office, or clinic) to measure compliance with appropriate medical record documentation requirements. Medical Record Reviews (MRRs) were deferred until February, 2021, when MRRs were completed virtually due the COVID-19 pandemic. At minimum, a three-year cycle is utilized to be consistent with the credentialing process. This analysis allows L.A. Care to measure a site's compliance with current documentation standards and develop interventions to make improvements. The use of electronic health record (EHR) improves documentation, coordination of care, and therefore, has a great impact on improving patient safety and care. In addition, conducting MRRs also provides L.A. Care the ability to identify potential quality of care concerns.

MAJOR ACCOMPLISHMENTS

- All standards met and/or exceeded the 2021 goal of 80%. Practitioners continue to be educated on site during the Facility Site Review (FSR) or Medical Record Review (MRR)

RESULTS

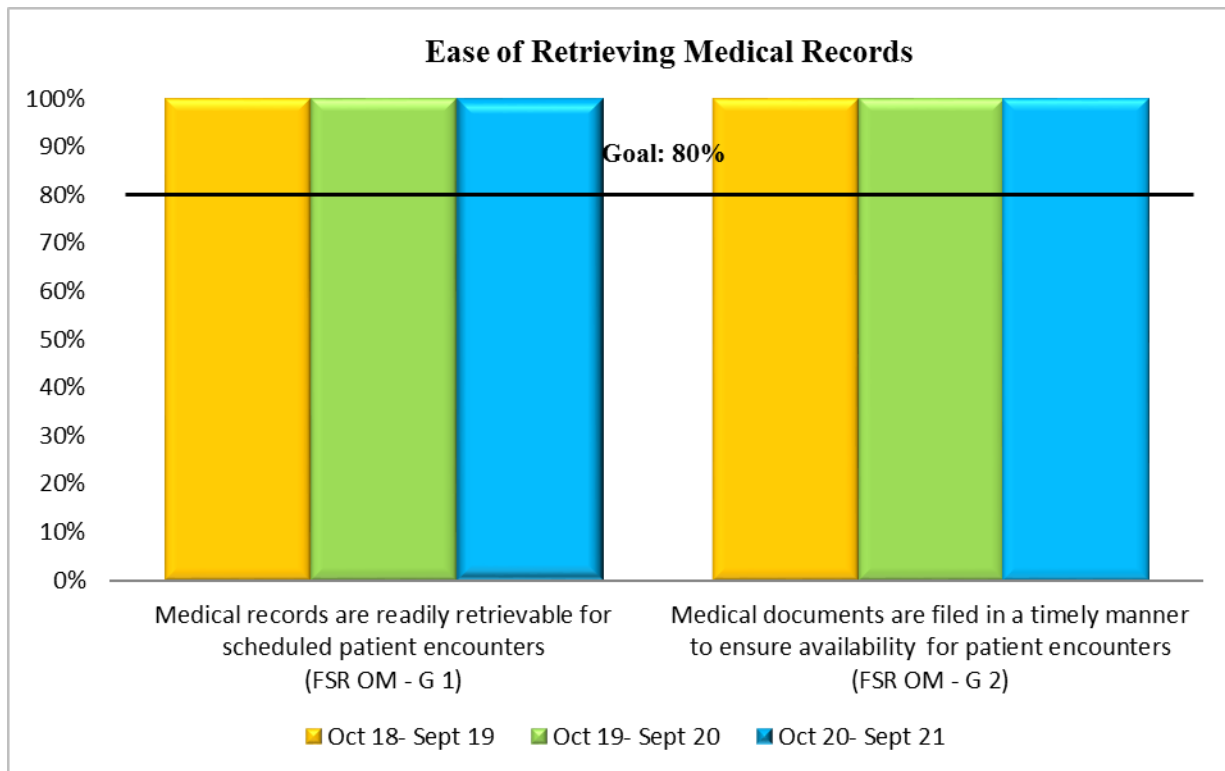
Fiscal Year	Site #	Total Number of Medical Records Reviewed
2019	565	5,453
2020	275	2,086
2021	166	912

The following tables and graphs show the results of the Fiscal Year (FY) 2019–2021 review of practitioners' sites and medical records. These FY2020-2021 results are compared to the previous two years. During this period of time, 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". Virtual medical record reviews were resumed in March, 2021 which resulted in a decreased number of site and medical record reviews conducted, as compared to previous year.

Ease of Retrieving Medical Records

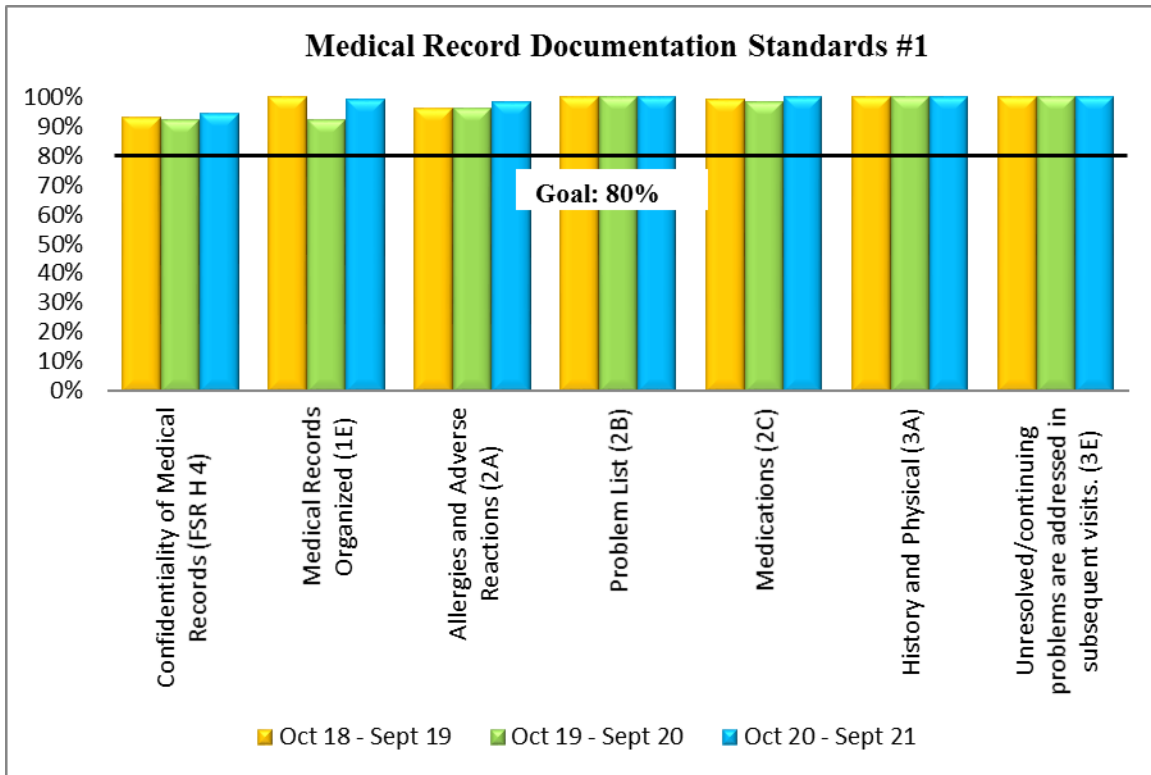
Criteria	Oct 18 - Sept 19	Oct 19 - Sept 20	Oct 20 - Sept 21	% change from Oct 18 to Sept 21	% from 80% Goal
Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1)	100%	100%	100%	0%	+20%

Criteria	Oct 18 - Sept 19	Oct 19 - Sept 20	Oct 20 - Sept 21	% change from Oct 18 to Sept 21	% 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%



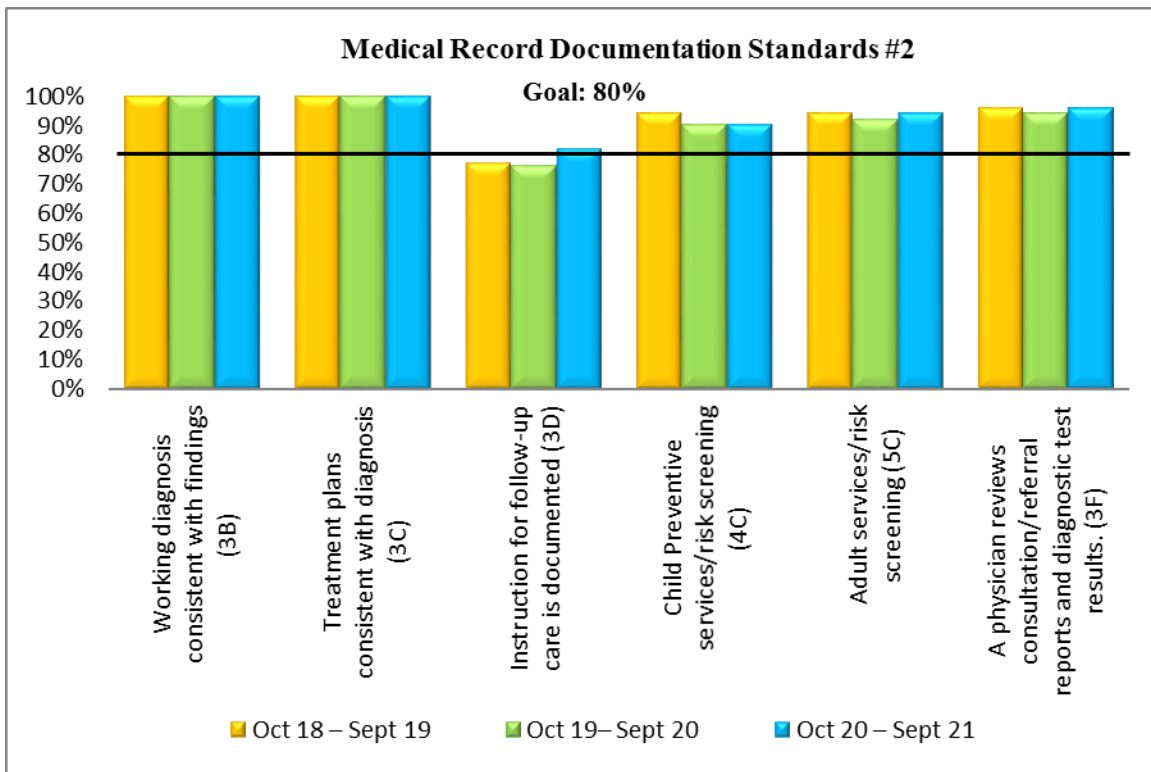
Medical Record Documentation Standards #1

Criteria	Oct 18 – Sept 19	Oct 19 – Sept 20	Oct 20- Sept 21	% change from Oct 18 to Sept 21	% from 80% Goal
Confidentiality of Medical Records (FSR H 4)	93%	92%	94%	+2%	+14%
Medical Records Organized (1E)	100%	92%	99%	+7%	+19%
Allergies and Adverse Reactions (2A)	96%	96%	98%	+2% %	+18%
Problem List (2B)	100%	100%	100%	0%	+20%
Medications (2C)	99%	98%	100%	+2%	+20%
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 18 – Sept 19	Oct 19 – Sept 20	Oct 20- Sept 21	% change from Oct 18 to Sept 21	% 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)	77%	76%	82%	+6%	+2%
Child Preventive services/risk screening (4C)	94%	90%	90%	0%	+10%
Adult services/risk screening (5C)	94%	92%	94%	+2%	+14%
A physician reviews consultation/referral reports and diagnostic test results. (3F)	96%	94%	96%	+2%	+16%



ANALYSIS

Quantitative Analysis

The 2021 audits achieved and/or exceeded the 80% goal in all criteria selected for this study. In Measurement Year (MY) 2020-2021, Medical Record Reviews were suspended per APL 20-011 “Governor’s Executive Order N-55-20 in Response to COVID-19”. Virtual medical record reviews were resumed in March, 2021 which resulted in a decreased number of site and medical record reviews conducted, as compared to previous year.

Qualitative Analysis

The 2021 goals have been achieved in all criteria areas. Although compliance rates have been achieved, with the decreased number of MRR audits due to the COVID-19 pandemic, ongoing barriers may need to be considered:

-
- Perceived reimbursement issues leading PCPs 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 causing confusion and duplicative work.
- There is an increased number of sites transitioning to or who have implemented an electronic health record (EHR) system. There are many choices of EHR vendors making the decision complex and puzzling for practitioners. In addition, adding additional fields to accommodate medical record documentation standards and requirements may incur increased costs to physician offices.
- Time needed to document patient services and care rendered may be limited depending on patient volume.

INTERVENTIONS

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

Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
All measures	<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	<ul style="list-style-type: none">• Medical Record Reviews are ongoing.• An established corrective action plan (CAP) process for provider offices that need to address deficiencies noted during a site review survey.• Provide technical assistance as appropriate and necessary.	All measures met goal.

Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
	<p>addition, adding additional fields to accommodate medical record documentation standards may incur increase costs to physician offices.</p> <ul style="list-style-type: none"> Time needed to document patient services and care rendered may be limited depending on patient volume. 		

LOOKING FORWARD

Virtual medical record review will continue to be offered to provider practices throughout 2022. In January, 2022, DHSC's new FSR and MRR tools will be implemented. This will require all provider offices to be trained on the new tools and will put some offices at risk for not passing their MRR reviews. During the review process, practitioner and office staff will be educated on the new tools and standards, and sample medical record documents and policies will be distributed as necessary. If the provider falls below the California state 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 2022 goal is to meet or exceed 80% compliance goals and to implement use of the new Facility Site Review (FSR) and Medical Record Review (MRR) Tool.

FSR will resume on-site audits in January, 2022 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%.

2022 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)

H. SERVICE IMPROVEMENT ACTIVITIES

H.1. MEMBER EXPERIENCE

H.1.a APPEALS AND GRIEVANCES

AUTHOR: DEMETRA CRANDALL & EDWIN CORRALES

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan demonstrates our commitment to providing service excellence by ensuring our members have access to quality care and services. The Appeal and Grievance business unit documents, resolves and tracks member dissatisfaction and disputes. The Appeal and Grievance business unit monitors the appeal and grievance data for emerging trends and/or patterns and collaborates with other departments in L.A. Care to drive continuous improvement. The report contains a qualitative and quantitative analysis, barriers and trends analysis, opportunities identified for improvement and measured effectiveness. Appeals and grievance trends, barriers, and interventions are presented directly to Product Operations Management teams and other Operational business units as needed. Quarterly reports demonstrating barriers, trends and interventions are presented to the following internal cross-departmental multidisciplinary committees and public advisory board committees: Member Quality Service Committee (MQSC), Quality 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.

CLINICAL AND ADMINISTRATIVE GRIEVANCE AND APPEALS

METHODOLOGY

L.A. Care Health Plan conducted an analysis of grievances 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.

BACKGROUND

The data provided can be used as baseline data to compare to moving forward however the data could be skewed due to the out of compliance cases being processed in 2021. Until we have cleaner data starting in 2022 this data can be used.

MCLA

MCLA Complaints	2020 – CY Qtr4			2021 – CY Qtr1			2021 – CY Qtr2			2021 – CY Qtr3			
	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	Grand Total
Access	6155	5.18	48.73%	6013	5.06	45.40%	9303	7.83	49.28%	10383	8.74	53.20%	31854
Attitude/Service	3652	3.07	28.91%	4227	3.56	31.91%	5710	4.80	30.25%	5330	4.48	27.31%	18919
Billing/Financial	1391	1.17	11.01%	1718	1.45	12.97%	2115	1.78	11.20%	2181	1.83	11.18%	7405
Quality of Care	1119	0.94	8.86%	1074	0.90	8.11%	1448	1.22	7.67%	1379	1.16	7.07%	5020
Benefit Package	142	0.12	1.12%	122	0.10	0.92%	139	0.12	0.74%	110	0.09	0.56%	513
Enrollment or Disenrollment	118	0.10	0.93%	44	0.04	0.33%	86	0.07	0.46%	61	0.05	0.31%	309
Marketing	45	0.04	0.36%	34	0.03	0.26%	66	0.06	0.35%	63	0.05	0.32%	208
Organizational Determination and Reconsideration Process	9	0.01	0.07%	13	0.01	0.10%	12	0.01	0.06%	9	0.01	0.05%	43
Grand Total	12631	10.63	100.00%	13245	11.14	100.00%	18879	15.88	100.00%	19516	16.42	100.00%	64271

MCLA Appeals	2020 – Qtr4	2021 – Qtr1	2021 – Qtr2	2021 – Qtr3	Grand Total
Membership Average	1188568	1188568	1188568	1188568	1188568
Total Appeals Received	1251	1168	1215	1201	4835
Rate per 1000 members	1	1	1	1	4
Overturned by the Plan	513	502	518	567	2100
% denial overturned	41.01%	42.98%	42.63%	47.21%	43.43%

*Reporting is based on calendar year

Grievance Analysis:

- 55% increase in grievance volume from 2020 - Q4 to 2021 - Q3
- 45% increase in grievance rate/1000 from 2020 - Q4 to 2021 - Q3
- Access is the leading cause of grievances with 50% of the total year's volume
 - Access 69% increase in grievance from 2020 - Q4 to 2021 - Q3

Appeal Analysis:

- 4% decrease in appeal volume from 2020 - Q4 to 2021 - Q3
- 11% increase in overturn rate 2020 - Q4 to 2021 - Q3
- Out of the 2100 case overturn, 62 case was sent to the IRE

Grievance Results/Findings:

- The two primary reasons for grievance Q4 - 2020 to Q3 - 2021 are:
 - Access
 - Billing/Financial

Appeals Results/Findings:

- Access is the leading cause of appeals with 50% of the total year's volume
 - The primary reasons for Access to Care issues is Prior Auth issues

Current and/or Past Interventions

- Participate in the Member Experience workgroup to drive improvement across key measures to decrease appeals and grievances.
- Enhance grievance resolution categories to support data analytics. Currently, an option to document the resolution is "Completed". Further analysis of the outcomes associated with this resolution will need to be vetted in the development of new resolution code structure.
- Enhance appeal categories to support reason for overturn.
- Complete assessment of opportunities to educate members regarding their responsibilities to ensure appropriate benefit card is provided to servicing provider.

Identify Root Causes and Barriers

- Case Sub Category Classification
 - Identified misclassified categories in Access to Care and Quality of Care
 - Develop clear definitions for each Code Tier Level and increase review of the code subsets from once (at time of hire) to routine intervals (refresher training intervals TBD)

Recommended Interventions/Next Steps

- Decrease the amount of billing and financial grievances specifically related to radiology and professional fees
 - Strategize on how to educate members on bringing their ID cards
 - Educate facilities/providers to ensure member demographic information is distributed to all servicing providers during a member's episode of care

LACC

BACKGROUND

The data provided can be used as baseline data to compare to moving forward however the data could be skewed due to the out of compliance cases being processed in 2021. Until we have cleaner data starting in 2022 this data can be used.

LACC Complaints	2020 - CY Qtr4			2021 – CY Qtr1			2021 – CY Qtr2			2021 - CY Qtr3			
	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	Grand Total
Billing/Financial	3853	26.85	44.31%	4908	34.20	38.83%	4774	33.26	41.62%	3867	26.94	40.56%	17402
Access	1496	10.42	17.21%	2291	15.96	18.13%	2819	19.64	24.58%	2888	20.12	30.29%	9494
Attitude/Service	1433	9.98	16.48%	2688	18.73	21.27%	2270	15.82	19.79%	1810	12.61	18.98%	8201
Quality of Care	573	3.99	6.59%	759	5.29	6.00%	676	4.71	5.89%	564	3.93	5.92%	2572
Benefit Package	209	1.46	2.40%	211	1.47	1.67%	213	1.48	1.86%	163	1.14	1.71%	796
Marketing	68	0.47	0.78%	190	1.32	1.50%	118	0.82	1.03%	71	0.49	0.74%	447
Enrollment or Disenrollment	86	0.60	0.99%	100	0.70	0.79%	75	0.52	0.65%	59	0.41	0.62%	320
Organizational Determination and Reconsideration Process	0	-	0.00%	1	0.01	0.01%	2	0.01	0.02%	2	0.01	0.02%	5
Grand Total	7718	53.78	100.00%	11148	77.68	100.00%	10947	76.28	100.00%	9424	65.67	100.00%	39237

LACC Appeals	2020 – Qtr 4	2021 – Qtr1	2021 – Qtr2	2021 – Qtr 3	Grand Total
Membership Average	143516	143516	143516	143516	143516
Total Appeals Received	143	146	162	150	601
Rate per 1000 members	1	1	1	1	4
Overtured by the Plan	45	54	60	61	220
% denial overturned on appeals	31.47%	36.99%	37.04%	40.67%	36.61%

**Reporting is based on calendar year*

Grievance Analysis:

- 22% increase in grievance volume from 2020 - Q4 to 2021 - Q3
- 22% increase in grievance rate/1000 from 2020 - Q4 to 2021 - Q3
 - Billing/Financial is the leading cause of grievances with 44% of the total year's volume, however Billing/Financial grievances decreased 19% from 2021 – Q2 to 2021 - Q3

Appeal Analysis:

- 5% decrease in appeal volume from 2020 - Q4 to 2021 - Q3
- Overturn rate remains consistent from 2020 - Q4 to 2021 - Q3
- Out of the 220 case overturn, no cases were sent to the IRE

Grievance Results/Findings:

- The two primary reasons for grievances 2020 - Q4 to 2021 - Q3 are:
 - Billing/Financial
 - Access

Appeals Results/Findings:

- Access is the leading cause of appeals with 96% of the total year's volume
 - The primary reasons for Access to Care issues is Prior Auth issues

Current and/or Past Interventions

- Participate in the Member Experience workgroup to drive improvement across key measures to decrease pharmacy appeals and grievances.
- Enhance grievance categories to capture more information to support data analytics. Currently, the options to document the details are limited and/or not required.
- Enhance appeal categories to support reason for overturn and by which whom.

Identify Root Causes and Barriers

- Case Sub Category Classification
 - Identified misclassified categories in Access to Care and Quality of Care
 - Develop clear definitions for each Code Tier Level and increase review of the code sub sets from once (at time of hire) to routine intervals (refresher training intervals)

Recommended Interventions/Next Steps

- Decrease the amount of billing and financial grievances
 - Strategize on how to educate members on bringing their ID cards
 - Educate facilities/providers to ensure member demographic information is distributed to all servicing providers during a member's episode of care
- Decrease the overall appeal volume

CMC

BACKGROUND

The data provided can be used as baseline data to compare to moving forward however the data could be skewed due to the out of compliance cases being processed in 2021. Until we have cleaner data starting in 2022 this data can be used.

CMC Grievances	2020 - CY Qtr4			2021 – CY Qtr1			2021 – CY Qtr2			2021 - CY Qtr3			GrandTotal
	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	Count	Rate	% of Total Grievances	
Access	1369	73.39	36.35%	1152	61.75	33.43%	1203	64.49	37.21%	1217	65.24	40.17%	4941
Attitude/Service	866	46.42	23.00%	1105	59.24	32.07%	1115	59.77	34.49%	929	49.80	30.66%	4015
Quality of Care	926	49.64	24.59%	619	33.18	17.96%	486	26.05	15.03%	412	22.09	13.60%	2443
Billing/Financial	368	19.73	9.77%	322	17.26	9.34%	270	14.47	8.35%	338	18.12	11.16%	1298
Benefit Package	129	6.92	3.43%	182	9.76	5.28%	78	4.18	2.41%	64	3.43	2.11%	453
Marketing	69	3.70	1.83%	50	2.68	1.45%	58	3.11	1.79%	51	2.73	1.68%	228
Enrollment or Disenrollment	38	2.04	1.01%	16	0.86	0.46%	22	1.18	0.68%	18	0.96	0.59%	94
Organizational Determination and Reconsideration Process	1	0.05	0.03%		-	0.00%	1	0.05	0.03%	1	0.05	0.03%	3
Grand Total	3766	201.88	100.00%	3446	184.73	100.00%	3233	173.31	100.00%	3030	162.43	100.00%	13475

CMC Appeals	2020 – Qtr 4	2021 – Qtr1	2021 – Qtr2	2021 – Qtr 3	Grand Total
Membership Average	18654	18654	18654	18654	18654
Total Appeals Received	119	106	122	146	493
Rate per 1000 members	6	6	7	8	26
Overtured by the Plan	21	31	37	48	137
% denial overturned	17.65%	29.25%	30.33%	32.88%	27.79%

**Reporting is based on calendar year*

Grievances Analysis:

- 20% decrease in grievance volume from 2020 - Q4 to 2021 - Q3
- 20% decrease in grievance rate/1000 from 2020 - Q4 to 2021 - Q3
- Access is the leading cause of grievances with 37% of the total year volume
 - Access slightly increased from 2021 - Q2 to 2021 -Q3, however we had an overall decrease of 11% from 2020 - Q4 to 2021 - Q3
- Billing/Financial grievance has experienced an 25% increase from 2021 - Q2 to 2021 -Q3,however the 2021- Q3 grievance are slightly higher than the yearly average (325 grievance)

Appeals Analysis:

- 23% increase in appeal volume from 2020 - Q4 to 2021 - Q3
- 33% increase in appeal rate/1000 from 2020 - Q4 to 2021 - Q3

Grievances Results/Findings:

- The two primary reasons for grievance 2020 - Q4 to 2021 - Q3 are:
 - Access
 - Attitude/Service

Appeals Results/Findings:

- Access is the leading cause of appeals with 93% of the total year volume
 - The primary reasons for Access to Care issues is Prior Auth issues

Current and/or Past Interventions

- Participate in the Member Experience Workgroup to drive improvement across key measures to decrease appeals and grievances.
- Enhance 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.
- Enhance appeal categories to support reason for overturn.

Identify Root Causes and Barriers

- Case Sub Category Classification
 - Identified misclassified categories
 - Develop clear definitions for each Code Tier Level and increase review of the code subsets from once (at time of hire) to routine intervals (refresher training intervals TBD).

Recommended Interventions/Next Steps

- Decrease the amount of grievances
 - Strategize on how to educate members on bringing their ID cards
 - Educate facilities/providers to ensure member demographic information is distributed to all servicing providers during a member's episode of care
- Decrease the pharmacy appeal volume
- Reassess the initial review process to maximize timeframes allowed by regulatory agencies and optimize our member's access to needed medications
- Decrease the pharmacy grievance volume
 - Evaluate Eligibility File End to End transfer to identify potential gaps

H.1.b BEHAVIORAL HEALTH SERVICES GRIEVANCES AND APPEALS ASSESSMENT, INTERVENTIONS, AND IMPROVEMENT

AUTHOR: ROSE KOSYAN, LMFT & SAMANTHA MAEDA, LCSW

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan (L.A. Care) provides Behavioral Health services through a Managed Behavioral

Complaint Type	Product Line	Performance Goal	Performance Goal Met?
Grievances	Medi-Cal	$4 \leq$ per 1000/member	Yes
	CMC		Yes
	LACC		Yes
Appeals	Medi-Cal	$2 \leq$ per 1000/member	Yes
	CMC		Yes
	LACC		Yes

Health Organization (MBHO), Beacon Health Options (Beacon). Since 2014, Beacon has been contracted to provide Behavioral Health Services to members across all product lines based on level of care criteria. There are several administrative services, including the annual member experience survey, that are contractually delegated to Beacon; however, appeals and grievances are retained by L.A. Care. In 2015, L.A. Care began to directly contract for Applied Behavioral Analysis (ABA) services for the Medi-Cal product line only. L.A. Care's Appeal and Grievance department monitors the appeals and grievances data and collaborates with internal departments, including the Behavioral Health Department, Quality Improvement, and other Health Services Departments to drive continuous improvement.

By accessing appeal and grievance data, L.A. Care is able to address opportunities for improvement in member care across all product lines. The purpose of this report is to identify trends, areas for improvement, recognize barriers, develop interventions, and measure the effectiveness of those interventions.

This report provides an overview and analysis of the appeals and grievances data. This report will outline interventions implemented should the appeal and grievance data reach below threshold performance goals and the collaborative efforts made with stakeholders during the Behavioral Health Quality Committee to further enhance and/or develop additional interventions.

SUMMARY: DATA AND PERFORMANCE GOALS

The following analysis is focused on Quarter 4 2020 – Quarter 3 2021 and hereon will be referred to as reporting period 2020-2021. Previous reporting period will be referred to as 2019-2020.

Medi-Cal: Grievances

Grievance	RY2020-2021		
	Total Grievances	Grievances per 1,000*	% of Grievances
Access	301	0.0211	65%
Quality of Care	21	0.0015	4%
Attitude and Service	68	0.0048	15%
Billing and Financial	38	0.0027	8%
Quality of Practitioner Office Site	38	0.0027	8%
Grand Total	466	0.0327	100%

**Rate per 1,000 members is calculated based on per member per month for the reporting period*

Quantitative Analysis

- *Access*: There were a total of 301 grievances for 2020-2021 reporting period, a rate of 0.02 grievances per 1,000 members. 65% of grievances were related to Access.
- *Quality of Care*: There were a total of 21 grievances for 2020-2021 reporting period, a rate of 0.0015 grievances per 1,000 members. 4% of grievances were related to Quality of Care.
- *Attitude and Service*: There were a total of 68 grievances for 2020-2021 reporting period, a rate of 0.0048 grievances per 1,000 members. 15% of all grievances were related to Attitude and Service.
- *Billing and Financial*: There were a total of 38 grievances for 2020-2021 reporting period, a rate of 0.0027 grievances per 1,000 members. 8% of all grievances were related to Billing and Financial.
- *Quality of Practitioner Office Site*: There were a total of 38 grievances for 2020-2021 reporting period, a rate of 0.0027 grievances per 1,000 members. 8% of all grievances were related to Quality of Practitioner Office Site.
- The total number of grievances filed for reporting period 2020-2021 were 466, a rate of 0.0327 grievances per 1,000 members, which is well below the performance goal of 4 or less grievances per 1,000 members. The overall Behavioral Health grievances comparative to the Medi-Cal product line membership of L.A. Care is very low, suggesting that the complaints do not reflect a global problem across L.A. Care.

Qualitative Analysis

A trend analysis cannot be made with the appeals and grievances data due to the changes made in the methodology section beginning Q2 2020. Appeals and Grievances Department implemented a change in process where exempt grievances were included in the appeals and grievances data. An exempt grievance is when a member expresses a dissatisfaction at the time of the call. 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 update, exempt grievances were coded as inquiries.

2020-2021 reporting period will be the baseline year in which data can be trended since it is the first full reporting period that includes exempt grievances.

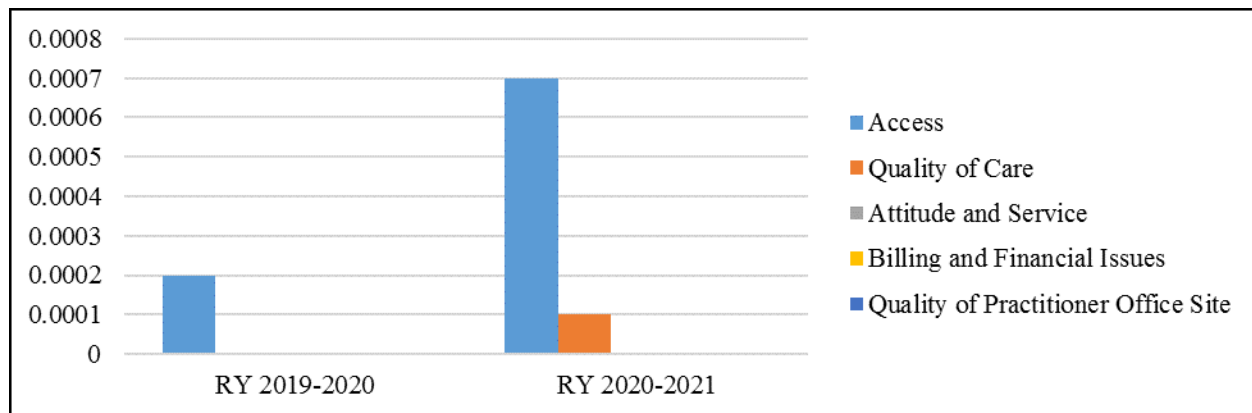
The performance goal of 4 or less grievances per 1,000 members were met for Medi-Cal product line. The total number of grievances for reporting period 2020-2021 were significantly less than the performance goal.

Medi-Cal: Appeals

Appeals	RY2019-2020			RY2020-2021		
	Total Appeals	Appeals per 1,000*	% of Appeals	Total Appeals	Appeals per 1,000*	% of Appeals
Access	3	0.0002	100%	10	0.0007	91%
Quality of Care	0	0	0%	1	0.0001	9%
Attitude and Service	0	0	0%	0	0.000	0%
Billing and Financial	0	0	0%	0	0.000	0%
Quality of Practitioner Office Site	0	0	0%	0	0.000	0%
Grand Total	3	0.0002	100%	11	0.0008	100%

*Rate per 1,000 members is calculated based on per member per month for the reporting period

Medi-Cal appeals per 1,000 members



Quantitative Analysis

- *Access*: There were a total of 10 appeals for Medi-Cal product line for 2020-2021 reporting period, an increase of 233% compared to previous reporting period.
- *Quality of Care*: There was 1 appeal for Medi-Cal product line for 2020-2021 reporting period, an increase of 100% compared to previous reporting period.
- All other categories each had 0 appeals for both 2019-2020 and 2020-2021 reporting periods.
- The total appeals for 2020-2021 increased by 267% compared to 2019-2020 reporting period.
- The overall Behavioral Health appeals comparative to the membership of L.A. Care is significantly low, suggesting that the appeals do not reflect a global problem across L.A. Care despite the year over year increase.
- Although there was a year over year increase, the number of appeals reported are very small comparative of the entire product line population. When working with such low numbers, any fluctuation in the data will suggest a considerable difference, even when the difference is not statistically meaningful.

Qualitative Analysis

Based upon the review of the data for this measurement period, Access related appeals demonstrated the most significant increase. However, during this reporting period, the rate of 0.008 per thousand remains below the performance goal of 2 or less appeals per 1,000 members.

Cal MediConnect: Grievances

Grievances	RY2020-2021		
	Total Appeals	Appeals per 1,000*	% of Appeals
Access	44	0.197	25%
Quality of Care	9	0.040	5%
Attitude and Service	27	0.121	15%
Billing and Financial	89	0.398	51%
Quality of Practitioner Office Site	7	0.031	4%
Grand Total	176	0.786	100%

**Rate per 1,000 members is calculated based on per member per month for the reporting period*

Quantitative Analysis

- *Access*: There were a total of 44 grievances for 2020-2021 reporting period, a rate of 0.197 grievances per 1,000 members. 25% of the grievances were related to Access.
- *Quality of Care*: There were a total of 9 grievances for 2020-2021 reporting period, a rate of 0.040 grievances per 1,000 members. 5% of the grievances were related to Quality of Care.
- *Attitude and Service*: There were a total of 27 grievances for 2020-2021 reporting period, a rate of 0.121 grievances per 1,000 members. 15% of all grievances were related to Attitude and Service.
- *Billing and Financial*: There were a total of 89 grievances for 2020-2021 reporting period, a rate of 0.398 grievances per 1,000 members. 51% of all grievances were related to Billing and Financial.
- *Quality of Practitioner Office Site*: There were a total of 7 grievances for 2020-2021 reporting period, a rate of 0.031 grievances per 1,000 members. 4% of all grievances were related to Quality of Practitioner Office Site.
- The total number of grievances filed for reporting period 2020-2021 were 176, a rate of 0.786 per 1,000 members, which is well below the performance goal of 4 or less grievances per 1,000 members. The overall Behavioral Health grievances comparative to the Cal MediConnect product line membership of L.A. Care is low, suggesting that the complaints don't reflect a global problem across L.A. Care.

Qualitative Analysis

- A trend analysis cannot be made with the grievances data due to the changes made in the methodology section beginning Q2 2020, as explained in detail above in the Medi-Cal Grievances section.
- The performance goal of 4 or less grievances per 1,000 members established per industry standard has been met.
- 2020-2021 reporting period will be used for trending purposes for 2021-2022 reporting period.

Cal MediConnect: Appeals

Appeals	RY2019-2020			RY2020-2021		
	Total Appeals	Appeals per 1,000*	% of Appeals	Total Appeals	Appeals per 1,000*	% of Appeals
Access	0	0	0%	0	0	0%
Quality of Care	0	0	0%	0	0	0%
Attitude and Service	0	0	0%	0	0	0%
Billing and Financial	0	0	0%	0	0	0%
Quality of Practitioner Office Site	0	0	0%	0	0	0%
Grand Total	0	0	0%	0	0	0%

*Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis

There were no Cal MediConnect appeals during this reporting period or previous reporting year of 2019-2020.

LACC (Commercial): Grievances

Grievances	RY2020-2021		
	Total Appeals	Appeals per 1,000*	% of Grievances
Access	69	0.062	47%
Quality of Care	3	0.003	2%
Attitude and Service	16	0.014	11%
Billing and Financial	47	0.043	32%
Quality of Practitioner Office Site	11	0.010	8%
Grand Total	146	0.132	100%

*Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis

- *Access*: There were a total of 69 grievances for 2020-2021 reporting period, a rate of 0.062 grievances per 1,000 members. 47% of the grievances were related to Access.
- *Quality of Care*: There were a total of 3 grievances for 2020-2021 reporting period, a rate of 0.003 grievances per 1,000 members. 2% of the grievances were related to Quality of Care.
- *Attitude and Service*: There were a total of 16 grievances for 2020-2021 reporting period, a rate of 0.014 grievances per 1,000 members. 11% of the grievances were related to Attitude and Service.
- *Billing and Financial*: There were a total of 47 grievances for 2020-2021 reporting period, a rate of 0.043 grievances per 1,000 members. 32% of the grievances were related to Billing and Financial.
- *Quality of Practitioner Office Site*: There were a total of 11 grievances for 2020-2021 reporting period, a rate of 0.010 grievances per 1,000 members. 8% of the grievances were related to Billing and Financial.
- The total number of grievances filed for reporting period 2020-2021 were 146, a rate of 0.132 per 1,000 members, which is well below the performance goal. The overall Behavioral Health grievances comparative to the LACC membership of L.A. Care is very low, suggesting that the complaints don't reflect a global problem across L.A. Care.

Qualitative Analysis

- A trend analysis cannot be made with the grievances data due to the changes made in the methodology section beginning Q2 2020, as explained in detail above in the Medi-Cal Grievances section.
- The performance goal of 4 or less grievances per 1,000 members established per industry standard has been met.
- 2020-2021 reporting period will be used for trending purposes for 2021-2022 reporting period.

LACC: Appeals

Appeals	RY2019-2020			RY2020-2021		
	Total Appeals	Appeals per 1,000*	% of Appeals	Total Appeals	Appeals per 1,000*	% of Appeals
Access	0	0	0%	0	0	0%
Quality of Care	0	0	0%	0	0	0%
Attitude and Service	0	0	0%	0	0	0%
Billing and Financial	0	0	0%	0	0	0%
Quality of Practitioner Office Site	0	0	0%	0	0	0%
Grand Total	0	0	0%	0	0	0%

**Rate per 1,000 members is calculated based on per member per month for the reporting period*

Quantitative Analysis

There were no LACC appeals during this reporting period or previous reporting year of 2019-2020.

Behavioral Healthcare Opportunities for Improvement

The performance goals established for reporting period 2020-2021 have been met. This includes all five categories for product lines Medi-Cal, Cal MediConnect and LACC. At this time, due to our low thresholds, no interventions were indicative.

Member Experience Survey: 2020

L.A. Care Health Plan is committed to provide quality services to all its members. L.A. Care's MBHO, Beacon Health Options completes an annual member satisfaction survey and reports analysis to L.A. Care. The ME 7E section of this report (as it relates to member experience survey) has been delegated to Beacon Health Options and is an auto credit. Please refer to "2020 Member Satisfaction Report" for a detailed analysis of the member satisfaction surveys for Medi-Cal, Cal MediConnect and LACC product lines.

H.1.c MEMBER SATISFACTION (CAHPS)

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 2021 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2021 Medicare MAPD CAHPS, and 2021 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
2021	2/14/2021 – 5/13/2021	2/26/2021 – 5/15/2021	3/11/2021 – 5/28/2021
2020	2/14/2020 – 5/11/2020	2/26/2020 – 4/18/2020 Data collection scheduled to go through 6/18/2020 but was halted per CMS instructions	3/11/2020 – 5/29/2020 Data collection scheduled to go through 6/18/2020 but was halted per CMS instructions
2019	2/26/2019 – 5/13/2019	2/28/2019 – 5/15/2019	3/13/2019 – 5/31/2019
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 2021 Medicaid CAHPS 5.0 Child and Adult surveys, reviews rates over three years, and reviews performance relative to the 2021 National Committee for Quality Assurance (NCQA) percentiles published in the Quality Compass.⁶¹ The survey results collected by CSS are reviewed. Accreditation percentiles are not available for 2020 due to COVID-19 and rates for the 2020 surveys are to be used for internal analysis only. Scores are examined for possible statistical significant changes from 2020 to 2021. Changes in score from 2020 to 2021 should be compared in a guarded way.

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, 2020, 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 1,298 responses were received for the Child survey and 739 responses for the Adult survey, reflecting response rates of 26.6% and 20.8%, respectively. This reflects a small increase in the response rate compared to 2020 for adults and a large increase for children. This may be a result of returning to mixed survey methodology including both mail and phone outreach after only

⁶¹ 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.

utilizing mail in 2020. Members were surveyed in English and Spanish. In 2021, 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 2021 scores to scores from 2020 and 2019, as well as to benchmarks and goals.

Medicaid Child Ratings	2019	2020	2021	2021vs. 2020	Quality Compass Percentile	2021 Goal	Goal Met
Health Plan	86.7%	87.4%	87.3%	-0.1 pp ⁶²	50th	90%	Not Met
All Health Care	82.3%	80.8%	88.5%	7.7 pp	25th	83.5%	Met
Personal Doctor	84.2%	86.1%	88.6%	2.5 pp	<25th	89%	Not Met
Specialist Seen Most Often	N/A	N/A	89.7%	N/A	50th	-	-

N/A indicates that the measure had <100 respondents (not scored by NCQA)

- Indicates no goal was set

Quantitative Analysis - Child

- **Health Plan:** Decreased 0.1 percentage points from the previous year. It is very unlikely that such a minor decrease is statistically significant. L.A. Care's score remained at the 50th percentile for Quality Compass for the second year.
- **All Health Care:** Increased 7.7 percentage points from the previous year. This increase took L.A. Care from below the 25th percentile to nearly meeting the 50th percentile.
- **Personal Doctor:** Increased 2.5 percentage points from the previous year, but remained below the 25th percentile, although narrowly.
- **Rating of Specialist:** Met the 50th percentile, but cannot be compared to past performance because typically there are too few responses to score this rating.
- The 2021 Ratings results for children were mostly positive, with two ratings demonstrating increases from 2020. Compared to pre-pandemic (2019) scores, all ratings improved. That being said, no rating performed statistically above the 2021 NCQA Quality Compass national average. Rating of Personal Doctor performed statistically lower than the average. None of the 2021 rates were statistically different from 2020. Only the goal for Rating of Health Care, which increased substantially from 2020 and increased in performance relative to Quality Compass benchmarks, was met. Although Rating of Health Care and Rating of Personal Doctor increased from 2020, both scores remain low compared to Quality Compass benchmarks. Rating of Specialist was the highest scoring measure, which is interesting given that it has not been scored in years past.

⁶² pp – percentage points

Medicaid Adult Ratings	2019	2020	2021	2021 vs. 2020	Quality Compass Percentile	2021 Goal	Goal Met
Health Plan	72.9%	70.7%	72.3%	1.6 pp	<25th	73%	Not Met
All Health Care	71.8%	71.3%	73.5%	2.2 pp	<25th	74%	Not Met
Personal Doctor	78.4%	74.4%	77.5%	3.1 pp	<25th	76%	Met
Specialist Seen Most Often	75.2%	74.8%	79.2%	4.4 pp	<25th	76.5%	Met

Quantitative Analysis - Adult

- Health Plan: Increased 1.6 percentage points from 2020. This Rating was below the 10th percentile for Quality Compass.
- All Health Care: Increased 2.2 percentage points from 2020. This Rating remained below the 25th percentile for Quality Compass.
- Personal Doctor: Increased 3.1 percentage points from 2020. This Rating was below the 10th percentile for Quality Compass.
- Specialist Seen Most Often: Increased 4.4 percentage points from 2020. This change was statistically significant, indicating that the increase was “real”. This Rating was below the 10th percentile for Quality Compass.
- All four Adult ratings increased from the previous year, an interesting result after all ratings declined in 2020. Despite the improvements, all ratings fell below the 25th percentile for Quality Compass, unchanged from the previous year. All of the Ratings performed statistically lower than the 2020 NCQA Quality Compass national average. Rating of Personal Doctor and Rating of Specialist met their goals.

COMPOSITES

The CAHPS survey asks respondents about their experience with various aspects of their care. Survey questions are combined into “composites.” Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never,” “sometimes,” “usually,” and “always.” The scores for composite scores throughout this report reflect the percent of responses indicating “usually” or “always.” The tables below compare 2021 scores to scores from 2020 and 2019, as well as to benchmarks and goals.

Medicaid Child Composites	2019	2020	2021	2021 vs. 2020	Quality Compass Percentile	2021 Goal	Goal Met
Getting Needed Care	83.9%	83.2%	81.0%	-2.2 pp	<25th	84.5%	Not Met
Getting Care Quickly	80.4%	82.3%	78.9%	-3.4 pp	<25th	85%	Not Met
How Well Doctors Communicate	88.9%	87.3%	89.4%	2.1 pp	<25th	-	-
Customer Service	86.5%	93.1%	85.7%	-7.4 pp	<25th	-	-
Coordination of Care	N/A	N/A	80.0%	N/A	-	-	-

N/A indicates that the measure had <100 respondents (not scored by NCQA).

- Indicates no goal was set or that no percentiles were available.

Quantitative Analysis - Child

- Getting Needed Care: Decreased by 2.2 percentage points from 2020. The rate remained below the 25th percentile for Quality Compass.
- Getting Care Quickly: Decreased by 3.4 percentage points from 2020. The rate fell below the 10th percentile for Quality Compass.
- How Well Doctors Communicate: Increased by 2.1 percentage points from 2020. The rate fell below the 5th percentile for Quality Compass.
- Customer Service: Decreased by 7.4 percentage points from 2019, a large yet not statistically significant change. L.A. Care's score decreased from the 90th percentile for Quality Compass to below the 25th percentile.
- All Child composites, with the exception of Doctor Communication, declined from 2020 to 2021 and failed to meet the 25th percentile for Quality Compass. None of the 2021 rates were statistically different from 2020 scores. Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Coordination of Care all performed statistically lower than the 2021 NCQA Quality Compass national average. No composite performed statistically above the average. While goals were established only for Getting Needed Care and Getting Care Quickly, neither goal was met. While the ratings for children all improved compared to pre-pandemic scores, that is not observed in the composites scoring.

Medicaid Adult Composites	2019	2020	2021	2021 vs. 2020	Quality Compass Percentile	2021 Goal	Goal Met
Getting Needed Care	76.6%	71.6%	74.4%	2.8 pp	<25th	73%	Met
Getting Care Quickly	76.8%	72.7%	72.1%	-0.6 pp	<25th	76%	Not Met
How Well Doctors Communicate	89.1%	85.5%	85.8%	0.3 pp	<25th	-	-
Customer Service	N/A	88.8%	80.6%	-8.2 pp	<25th	-	-
Coordination of Care	N/A	72.7%	77.3%	4.6 pp	-	74%	Met

N/A indicates that the measure had <100 respondents (not scored by NCQA)

- Indicates no goal was set or that no percentiles were available.

Quantitative Analysis - Adult

- Getting Needed Care: Increased 2.8 percentage points from 2020. This composite was below the 10th percentile for Quality Compass.
- Getting Care Quickly: Decreased 0.6 percentage points from 2020. This composite was below the 10th percentile for Quality Compass.
- How Well Doctors Communicate: Increased 0.3 percentage points from 2020. This composite was below the 10th percentile for Quality Compass.
- Customer Service: Decreased 8.2 percentage points from 2020. The decline was statistically significant. This composite fell from the 25th percentile for Quality Compass to below the 10th percentile.
- Coordination of Care: Increased 4.6 percentage points from 2020.
- Two composites declined from the previous year, although the decline for Getting Care Quickly was slight. The decline for Customer Service was statistically significant, indicating that the decline was “real.” All composites are now below the 25th percentile for Quality Compass. Getting Needed Care and Coordination of Care met the goals. All five composites performed statistically

lower than the 2021 NCQA Quality Compass national average. All scores fell below their 2019 pre-pandemic baselines.

SECTION 2: L.A. CARE COVERED QHP ENROLLEE SURVEY RESULTS

The 2021 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2020, 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 Scores are compared to official scores from 2019 and 2021, as the 2020 survey was halted by CMS and official scores were not calculated. Note that in 2020, the survey vendor changed from DSS to CSS, so comparing unofficial scores from 2019 or earlier is not feasible.

The QHP Survey was fielded February 26 through May 15. Responses were solicited via mail, phone, and email, when possible. A total of 287 responses were received, a response rate of 17.0%, considerably higher than the 2020 rate of 11.6% but lower than the 2019 rate of 18.3%.

RATINGS

QHP Rating*	2018	2019	2020	2021	2021 vs. 2019	2021 Goal	Goal Met	CMS National Average
Health Plan	72.6%	72.6%	N/A	69.5%	-3.1 pp	76%	Not Met	72.3%
Health Care	75.8%	77.9%	N/A	74.0%	-3.9 pp	80%	Not Met	81.1%
Personal Doctor	86.9%	82.5%	N/A	81.8%	-0.7 pp	85%	Not Met	88.1%
Specialist	84.9%	82.7%	N/A	80.4%	-2.3 pp	85%	Not Met	86.3%

*Responses of 7, 8, 9, or 10

Quantitative Analysis

- The below rates changed from the previous survey (2019):
 - Health Plan Overall: decreased by 3.1 percentage points
 - Health Care Rating: decreased by 3.9 percentage points
 - Personal Doctor: decreased by 0.7 percentage points
 - Specialist: decreased by 2.3 percentage points
- All ratings declined from 2019 to 2021. The goal was not met for any rating and all ratings fell below the CMS National Average. All ratings preformed “below average” compared to other plans nationally.

COMPOSITES

QHP Composites	2018	2019	2020	2021	2021 vs. 2019	2021 Goal	Goal Met	CMS National Average
Getting Care Quickly	67.1%	66.4%	N/A	64.3%	-2.1 pp	68%	Not Met	74.5%
Getting Needed Care	66.3%	66.9%	N/A	63.7%	-3.2 pp	68%	Not Met	73.5%
Access to Information	63.7%	50.2%	N/A	47.6%	-2.6 pp	63%	Not Met	51.8%
Getting Information in a Needed Language/Format	60.3%	66.5%	N/A	61.3%	-5.2 pp	-	N/A	64.6%
How Well Doctors Coordinate Care and Keep Patients Informed	77.8%	76.7%	N/A	76.1%	-0.6 pp	79%	Not Met	83.2%
Health Plan Customer Service	77.3%	74.8%	N/A	73.6%	-1.2 pp	77%	Not Met	75.5%
Costs	89.2%	81.0%	N/A	80.9%	-0.1 pp	-	N/A	79.8%
How Well Doctors Communicate	86.9%	85.7%	N/A	84.1%	-1.6 pp	-	N/A	88.9%

- Indicates no goal was set

Quantitative Analysis

- The below rates changed from the previous survey (2019):
 - Getting Care Quickly: decreased by 2.1 percentage points
 - Getting Needed Care: decreased by 3.2 percentage points
 - Access to Information: decreased by 2.6 percentage points, but exceeded the CMS National Average
 - Getting Information in a Needed Language/Format: decreased by 5.2 percentage points
 - How Well Doctors Coordinate Care and Keep Patients Informed: decreased by 0.6 percentage points
 - Health Plan Customer Service: decreased by 1.2 percentage points
 - Costs: decreased by 0.1 percentage points, but exceeded the CMS National Average.
 - How Well Doctors Communicate: decreased by 1.6 percentage points
- All composites declined from 2019. The goal was not met for any of the Composites. Customer Service, Access to Information, Cost, and Getting Information in a Needed Language/Format were “Average” performers compared to other plans nationally, while all other composites were below average. Only Enrollee Experience With Cost met or exceeded the CMS National Average.

SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

The 2021 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. In 2020, data submission to CMS did not occur due to COVID-19 and thus official scores are unavailable. Unofficial, non-adjusted scores are not comparable due to a change in vendor.

The 2021 survey had a response rate of 38.6%, considerably higher than the average rate for MMPs, as well as for previous years of the survey.⁶³

RATINGS

MAPD Ratings*	2018	2019	2020	2021	2021 vs. 2019	2021 Goal	Goal Met	2021 MMP Avg.
Health Plan	60%	69%	N/A	68%	-1 pp	72%	Not Met	68%
Health Care Quality	58%	64%	N/A	66%	2 pp	67%	Not Met	64%
Personal Doctor	N/A	78%	N/A	75%	-3 pp	81%	Not Met	78%
Specialist	N/A	N/A	N/A	N/A	N/A	-	N/A	75%
Drug Plan	65%	70%	N/A	67%	-3 pp	73%	Not Met	68%

*Responses 9 or 10

- Indicates no goal was set

N/A indicates measure was not scored due to low reliability

Quantitative Analysis

- Health Plan: decreased by one percentage point from 2019, failing to meet the goal. The rating met the MMP average and was not statistically different from the national Medicare Advantage average. The percentage of responses that were 0-6 increased.
- Health Care Quality: increased by two percentage points from 2019 but did not meet the goal. The rating exceeded the MMP average and was not statistically different from the national Medicare Advantage average.
- Personal Doctor: decreased by three percentage points from 2019, failing to meet the goal. This rating was statistically below average from the national Medicare Advantage average. The percentage of responses that were 0-6 increased.
- Specialist: The 2021 score was N/A.
- Drug Plan: decreased by three percentage points from 2019, failing to meet the goal. The rating was not statistically different from the Medicare Advantage national average.
- No goals were met. All the ratings that were scored declined from 2019 to 2021 except Health Care Quality. Only Rating of Health Care and Health Plan met or exceeded the MMP National Average. It is not surprising to see the first scores during the pandemic failing to meet the 2019 levels, after three of the ratings increased by five or more percentage points in 2019 from the previous year.

⁶³ The 2020 survey had a response rate of 26.16%, while the 2019 survey had a rate of 24.70%.

COMPOSITES

MAPD Composites*	2018	2019	2020	2021	2021 vs. 2019	2021 Goal	Goal Met	2021 MMP Avg.
Customer Service	90%	94%	N/A	91%	-3 pp	-	M/A	92%
Getting Needed Care	83%	88%	N/A	85%	-3 pp	91%	Not Met	87%
Getting Appointments and Care Quickly	75%	81%	N/A	77%	-4 pp	84%	Not Met	81%
Doctors Who Communicate Well	N/A	N/A	N/A	N/A	N/A	-	N/A	95%
Care Coordination	83%	91%	N/A	85%	-6 pp	94%	Not Met	89%
Getting Needed Prescription Drugs	92%	88%	N/A	94%	6 pp	62%	Met	95%

*Represents responses of “Always” or “Usually”

- Indicates no goal was set

Quantitative Analysis

- Customer Service: decreased by three percentage points from 2019. This composite was statistically below average from the national Medicare Advantage average.
- Getting Needed Care: decreased by three percentage points from 2019. This composite was statistically below average from the national Medicare Advantage average.
- Getting Appointments and Care Quickly: decreased by four percentage points from 2019. This composite was statistically below average from the national Medicare Advantage average.
- Doctors Who Communicate Well: The 2021 score was N/A.
- Care Coordination: decreased by six percentage points from 2019. This composite was statistically below average from the national Medicare Advantage average.
- Getting Needed Prescription Drugs: increased by six percentage points from 2019. However, this composite was statistically below average compared to Medicare Advantage plans nationally.
- Four of the composites showed decreases from 2019, after four of the composites showed increases of four or more percentage points in 2019 compared to the year prior. All scored composites were statistically lower than the Medicare Advantage average in 2021 and failed to meet the MMP national average. The goal was met only for Getting Needed Prescription Drugs.

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	2021 Score	2020 Score	2019 Score	2021 Goal	2021 Goal Met/Not Met
Medi-Cal	37.38%	46.26%	40.46%	49%	Not Met
CMC	70%	N/A*	68%	69%	Met
LACC	40.2%	N/A*	37.22%	42%	Not Met

* Not calculable: Medicare Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2020 were halted by Centers for Medicare & Medicaid Services (CMS)/Health Services Advisory Group (HSAG) and CMS/Booz Allen Hamilton (BAH) due to COVID-19

Quantitative Analysis

The results of Cal MediConnect (CMC) and L.A. Care Covered (LACC) flu Consumer Assessment of Healthcare Providers & Systems (CAHPS) questionnaire are at an upward trend from 2019 to 2021. Although 2020 CAHPS results were not released for CMC and LACC, per CMS's decision to not to distribute the 2020 survey due to the pandemic, L.A. Care projected an increase in the rates given the upward trend from the past three years. The CMC flu rate was 70%, a 2% increase from 2019, meeting the goal of 69%. Similarly, the LACC 2021 flu rate of 40.2% was an almost 3% increase from the reported 37.22% in 2019. However, LACC still failed to meet the 42% goal. The 2021 Medi-Cal CAHPS reflects an 8.88% decrease from 2020 score of 46.26%, failing to meet the 49% goal.

Flu Vaccine Qualitative Analysis Across all LOB's

L.A. Care's annual "Fight the Flu" program spans from September to May of the following year. The goal of the program is to increase the number of Direct Line of Business (DLOB) members who receive the flu vaccine and to prevent hospitalization and death as a result of the flu infection. The 2020 flu season was particularly important as there was no approved COVID-19 vaccine and the flu season coincided with the resurgence of COVID-19 rates during the winter months. Modifications and enhancements were made to the Fight the Flu work plan activities in order to promote and ensure member safety during the pandemic including: program material images updated to reflect masked individuals, the addition of COVID-19 masking and physical distancing guidelines, and messages stressing the importance of preventing a possible "twindemic" and its impact on the healthcare system. The Fight the Flu program's multipronged approach includes provider and member interventions such as: the distribution of member preventive health reminder mailers, emails, end of call reminders, updated information on L.A. Care's Fight the Flu webpage, a Flu Myth Busters educational video, and social media campaigns targeting high risk regions of the service areas. Provider education was delivered through provider newsletters, email and fax blasts, and updated information on the Providers Tools and Resources webpage.

L.A. Care relaunched the flu vaccine incentive available to CMC members during the 2020 flu season. The incentive was first launched during the 2019 flu season in order to prevent the 2020 CAHPS rate from declining and possibly resulting in revenue loss associated with quality withhold measures. The goal of the

incentive was to increase and encourage members to get their shot prior to the peak of the Southern California flu season. Over 17,000 CMC members received a flu postcard with incentive information and 1,502 members sent in their redemption information, resulting in a 101% increase from the 744 members who redeemed the incentive in 2019. Health Education expects for the total number of awarded incentives to increase as members become more familiar with the incentive program. Due to Telephone Consumer Protection Act (TCPA) restrictions, Health Education was unable to launch the phone call campaign to re-enforce the importance of the flu shot and available member incentive. However, the Pharmacy department leveraged outbound medication adherence calls to CMC members as an opportunity to educate about the available incentive and provide flu shot reminders. After launching the flu member incentive, L.A. Care has experienced an annual increase in the CMC CAHPS flu measure. L.A. Care will conduct an impact evaluation on the incentive in 2022 after its third year of implementation. In January 2021 6,537 thank you cards were mailed to those CMC members who received the flu shot and served as a reminder to assist with their recollection of receiving a flu vaccine prior to completing the CAHPS survey.

The steady upward trend for the LACC line of business can be attributed to over 36,000 email reminders sent to LACC members and flu shot reminder postcards mailed out to 57,215 households before the peak of the flu season. Although the MCLA flu rates decreased, 620,885 MCLA households received flu shot reminder postcards and an additional reminder in the annual mailings. Flu shots were also promoted to all CMC, MCLA and LACC members through newsletter publications and a social media campaign targeted at the high-risk groups for flu related complications. Leveraging multiple member touchpoints, several departments implemented an end of call flu shot reminder for all inbound member calls and Customer Solutions Center (CSC) added a flu shot reminder in the inbound call pre-screen message. Additional reminders were added to L.A. Care's *Health In Motion*TM (MyHIM) health and wellness platform.

L.A. Care hosted 10 free county wide flu events where members and non-members alike could access no cost flu vaccinations at Community Resources Centers. A total of 2,464 flu shots were administered at these events, which is a 826% increase from flu shots administered at the 2019 flu events. The community flu events were organized in collaboration by the Community Resource Center and Pharmacy departments and were delivered through a drive-through model to comply with COVID-19 safety guidelines. The increase in flu shots administered at these events is due to the marketing of these events and overall availability countywide.

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION RESULTS

CAHPS Medi-Cal	2021 Score	2020 Score	2019 Score	2021 Goal	2020 Goal Met/Not Met
Percent Current Smokers	13.13%	11.46%	11.9%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	68.38%	N/A*	N/A**	N/A	N/A
Discussing Cessation Medications	42.34%	N/A*	N/A**	N/A	N/A
Discussing Cessation Strategies	40.44%	N/A*	N/A**	N/A	N/A

*Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG and CMS/BAH due to COVID-19

**Not applicable due to the sample size being too small for reporting.

Quantitative Analysis

The 2021 Medi-Cal CAHPS scores for the percentage of current smokers who reported smoking or using tobacco products “some days” or “every day” increased by 1.67% from 11.46% in to 13.13%. Additionally, the Medi-Cal CAHPS rates indicate that 68.38% of members reported that their provider advised smokers and tobacco smokers to quit, 42.32% discussed cessation medication, and 40.44% discussed cessation strategies. The reporting of trends in performance are unavailable since the Medi-Cal CAHPS tobacco measure rates related to provider actions were not reported in 2019 and 2020.

CAHPS Cal MediConnect	2021 Score	2020 Score	2019 Score	2021 Goal	2021 Goal Met/Not Met
Percent Current Smokers	12.1%	13%	12%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	58%	54%	39%	N/A	N/A
Discussing Cessation Medications	N/A*	N/A**	N/A**	N/A	N/A
Discussing Cessation Strategies	N/A*	N/A**	N/A**	N/A	N/A

*Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG and CMS/BAH due to COVID-19

**Not applicable due to the sample size being too small for reporting.

Quantitative Analysis

The 2021 CMC CAHPS scores for the percentage of current smokers who reported smoking or using tobacco products “some days” or “every day” decreased by 0.9% from 13% to 12.1%. There has been an upward trend in the rate for “Advising Smokers and Tobacco Users to Quit” from 2019 to 2021. The 2021 rate of 58%, is a 4% increase from 2020, and a 19% increase from 2019. The other rates are unavailable because CMS does not consider the tobacco cessation measures to be reportable. Additionally, there are no adjustments made to report official scores and the reported rates above are representative of the unofficial CAHPS data.

CAHPS LACC	2021 Score	2020 Score	2019 Score	2021 Goal	2021 Goal Met/Not Met
Percent Current Smokers	6.6%	N/A*	8%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	61.9%	N/A*	72%	N/A	N/A
Discussing Cessation Medications	38.1%	N/A*	N/A**	N/A	N/A
Discussing Cessation Strategies	34.9%	N/A*	N/A**	N/A	N/A

* Not calculable: Medicare CAHPS 2020 was halted by CMS/HSAG and CMS/BAH due to COVID-19

**Not applicable due to the sample size being too small for reporting.

Quantitative Analysis

The 2021 LACC CAHPS scores for the percentage of current smokers who reported smoking or using tobacco products “some days” or “every day” was 6.6%. Although the 2020 rates were unavailable because of the COVID-19 halt of the CAHPS survey, the rate experienced a 1.4% decrease from the 2019 score of 8%. Additionally the LACC CAHPS rates indicate that 61.9% of members reported that their provider

advised smokers and tobacco smokers to quit, 38.1% discussed cessation medication, and 34.9% discussed cessation strategies.

L.A. Care will continue the “Smoke Free” Tobacco Cessation Health Education Program in 2022. Program components include providing tobacco cessation education, counseling, and resources for Direct Line of Business members identified as using tobacco products.

SECTION 5: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis

While scores increased for two ratings and one composite, most rates remain low. Getting Care Quickly remains the longstanding 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.

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. Provider offices in L.A. Care’s network have reported being stretched thin by the pandemic – limited appointments may be available, telehealth implementation was sometimes rocky, and offices were sometimes short-staffed due to COVID-19 outbreaks among staff. As many offices and patients implemented telehealth care for the first time, technical issues were common and may have frustrated members, who were asked for the first time to consider any phone and/or video visits in their responses. It is quite possible that the use of telehealth resulted in lower scores. It is also possible that scores were influenced by the change in methodology in 2021 from exclusively mail (in 2020 only) phone and mail. There is no way to separate out the effects of the changes in methodology from any impact by COVID-19.

For Getting Care Quickly, the score for routine care was more than eleven points lower than the score for urgent care. For Getting Needed Care, the score for prompt access to specialty care was 9 points lower than the general getting care, tests or treatment question. 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. However, this finding is muddled by the relatively high score for Rating of Specialist on the Child survey for 2021. Medi-Cal providers in Los Angeles County have cared for children for decades, while adults with more complex needs grew with the addition of Medicaid Expansion members beginning in 2014, who are more new to their panels.

The Customer Service composite saw a considerably decline in 2021 after a large increase in 2020. The increase may have been short lived if it was 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. In 2021, members may have been exhausted by the pandemic and frustrated by the procedures of the managed care system. In reviewing the scores for the questions that

roll up to the Customer Service composite, the rate for courtesy and respect was high (92%) but the “agent provided information or help” was much lower (79.3%). Members may feel that CSC agents are respectful but not able to resolve their issues or complete requests. While there is work in progress to improve the experience of the member when calling L.A. Care, much of this focuses on technical improvements and communicating health services needed and community events scheduled. This finding may be evidence of a need for better education and communication between the roles of the health plan, IPA, and primary care provider and which party to contact for various questions or concerns.

Adult Medicaid Qualitative Analysis

While three composites increased in 2021, Adult HP-CAHPS scores for Medi-Cal remain very low compared to benchmarks. All ratings and composites scored below the Quality Compass 25th percentile. Getting Care Quickly and Getting Needed Care are the lowest rated composites, which should be prioritized for improvement. Physician Communication scored the highest, but is still in need of intervention.

For Getting Care Quickly, the score for routine care was more than seven points lower than the score for urgent care. This clearly demonstrates an access issue for non-urgent appointments.

For Customer Service, the courtesy and respect rate was high at 88.1% but the agent provided information or help was much lower at 73.2%. Members may feel that CSC agents are respectful but not able to resolve their issues or complete requests. This finding is consistent with that of the Child survey, and indicates that members contact L.A. Care with issues that may need to be addressed by other parties, such as PCPs, IPAs, and the Department of Social Services. To improve scores, the healthcare system will need to adapt to meet member expectations or L.A. Care will need to better educate members about what parties to contact for various issues. This issue could be further exacerbated in the future by the upcoming carve-out of pharmacy benefits from managed care in Medi-Cal.

Of the questions that roll up to the Doctor Communication composite, “doctor spends enough time” is the lowest scoring by more than five percentage points. This suggests a need for providers to better connect with patients to ensure they feel heard, respected, and that their concerns were adequately addressed. Hopefully the patient experience training efforts described in the Interventions section will help to improve this issue.

While COVID-19 did not disrupt the deployment of the survey itself, it is possible that scores were influenced by COVID. The climate of fear, widespread economic hardship and job loss, along with skyrocketing rates of depression and anxiety during the pandemic could very well have had a negative impact on scores. It is expected that COVID-19 will have a negative impact on access to routine care for the coming year(s).

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. For Getting Needed Care, the score for prompt access to specialty care was 4.7 points lower than the general getting care, tests, or treatment question. This demonstrates an access issue with specialty 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

Unfortunately, all measures in the QHP Survey declined in 2021 and most performed below average compared to other plans. LACC has struggled with member experience in the past and this issue continues to get worse. The highest scoring areas are around costs, which is not surprising given Covered California's defined benefit structure, and doctor communication. In the preview of the official results from CMS, L.A. Care is a one-star plan for Enrollee Experience, but a three-star plan for Plan Efficiency, Affordability, and Management. The star ratings point out that access to care and provider ratings should be the highest priorities, while members are somewhat more satisfied with service from L.A. Care.

This product preforms differently than Medi-Cal and CMC in that a larger proportion of members report dissatisfaction with their provider(s). Rating of Personal Doctor, Rating of Specialist, and doctor's communication all scored poorly and showed multi-year declines. It could be that our largely safety net provider network does not meet the expectations associated with the commercial consumer. Additionally, like Medi-Cal, the Plan Customer Service issue is centered around members not getting the information or help they need (64%) rather than being treated with courtesy and respect (83.3%). On top of that, nearly 35% of respondents indicated that it took longer to speak with customer service staff than they had expected. Overall, LACC members seem unhappy with most of levels of service.

Additional observations from the 2021 results include:

- Access to routine care (67.2%) is more available than urgent (61.4%).
- Fewer than half of respondents reported being able to find out the price of a prescription drug or health care service in advance.
- Nearly a quarter of respondents reported having to pay out of pocket for care they thought would be covered.

For this population there are several opportunities for improvement, but working on provider coaching and improving customer service both in the office and at the health plan level seem important. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. L.A. Care will continue to prioritize improving the office visit, expanding access to care, and ensuring a smooth payment process for members.

Medicare CMC Qualitative Analysis

The CMC survey performed below the Medicare Advantage national average on the following Star Rating measures(s): Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Care Coordination, and Getting Needed Prescription Drugs. The survey did not exceed the national average for

Medicare Advantage for any Star measure. Most scores decreased from 2019 to 2021. After promising scores in 2019, these declines are a disappointing results, although an expected one given the harsh realities of the pandemic.

The primary bright spot to the CMC 2021 scores is the Getting Needed Drugs composite. This composite likely went up because the ease of mail order question, which has historically scored low, had too few responses to be scored. Counterintuitively, Rating of Drug Plan declined in 2021. 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.

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. The source of the decline in the Getting Care Quickly composite was focused on appointments for routine care, which is not surprising given the impact of the pandemic on doctors' offices. With Customer Service, the same finding was observed in all surveys – the issue is focused on the customer service representative solving the issue or providing helpful information, not on respectfulness or courtesy.

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 programs to improve member experience, while a number of other programs throughout the organization contribute to expanded access and quality interactions between the member and the plan.

The cross functional Member Experience Work Group has been the main driver of CAHPS-focused interventions. In 2021, 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 and the Elevating the Safety Net program expanded the long-term supply of primary care providers.

Patient Experience Training Program & provider education efforts

In a partnership between the Quality Improvement (QI) and Safety Net Initiatives (SNI) departments, L.A. Care successfully launched a webinar-based patient experience training series for provider offices in Fall 2020. The program conducts two series of training sessions per year, presented by vendor SullivanLuallin Group (SLG), covering topics such as how to connect with patients, dealing with difficult patient situations, handling complaints, and managing for customer service. Between Fall 2020 and Spring 2021, 36 trainings were hosted for providers, office staff, IPAs/MSOs, and Plan Partners, with more than 1,300 unique individuals from 218 organizations in attendance. The training program was originally designed for in-person sessions at provider offices as part of a pilot, but the program was redesigned as a webinar series open to the entire network in light of the COVID-19 pandemic.

Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). In a follow up survey of the 2020 series, 77% of respondents indicated that the trainings were very or extremely helpful in their daily work. As a result of the trainings, several IPAs and health systems have launched their own internal training programs with SullivanLuallin Group. Additionally, DHS requested four sessions for their providers. The program continued in Fall 2021 and maintains high attendance and positive feedback. It is L.A. Care's hope that the trainings result in higher CAHPS scores in the long run. 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. They have since been posted on the L.A. Care website and links are shared with providers and IPAs. We planned to continue this initiative in 2020 and 2021, but it was paused due to COVID-19 and competing priorities. QI expects to re-launch in early 2022.

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 2019-2021, L.A. Care met with the following groups: Allied Pacific, Angeles, Crown City, Community Family Care, DHS, Exceptional Care, Global Care, HCLA, Heritage, Preferred, Prospect, and Superior Choice. Additional meetings with Optum and Applecare occurred, focused on Medicare member experience. 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.

Annually, L.A. Care requires low-performing IPAs in any line of business to submit action plans for low-performing domains. Plan Partners are also asked to submit action plans. Additionally, Plan Partners reported meeting with low performing IPAs in their network about their performance, training them on best practices, and sharing resources.

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 in 2020 and 2021. 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. In 2021, this goal was expanded to include call center vendor C3. The CSC documented a baseline error rate in March 2021 of 2.49%, and set a goal of reducing the error rate to 2.21% or lower by September 30, 2021. The goal was met in Spring 2021 and maintained through most of the rest of the fiscal year, reaching as low as 0.48%.

The Product team set a 2021 goal of documenting the member journey for each line of business by September 30, 2021. Each member journey was successfully mapped by the deadline, allowing the Product teams and the entire organization to better understand how members perceive communications from L.A. Care. The journeys will be used to optimize future communications. The Product team plans to administer a member understanding survey in the future.

CSC improvements

The Customer Solution Center created a roadmap to optimize its call center infrastructure through the launch of the Value Our Individual Customers Everyday (VOICE) program in 2017. VOICE is a multi-pronged approach at improving operational and systems integration such as improving software, improving IVR capacity, and adding new functionality to enhance the caller experience. In 2021, VOICE had several successful deployments. In February, an upgrade happened to the Quality Assurance infrastructure that now provides more robust data, allowing our QA unit to identify areas of improvement and coaching opportunities. This will continue to keep us aligned with our commitment to providing optimal customer service. In March, system enhancements were deployed to better capture and maintain a member's contact consent including the option to opt-out of Automatic Health Care Coverage Enrollment (SB 260). And in July, VOICE successfully completed rebranding the voice of L.A. Care on both internal and external phone lines. The new official voice will improve the caller experience by using one unique voice across all product lines, and allow L.A. Care flexibility in the use of standard and interchangeable messages, updating messages, etc.

Work also continues on building out foundational capabilities and the enhancement of call processing to improve call routing and call response time – we are currently focused on the redesign of the Interactive Voice Response (IVR) call flows. The next phases will be to include features such as self-service tools, post-call surveys, and courtesy call backs. In addition, we are also working on the development and enhancements to our provider assignment/changes with the goal of capturing an array of member preferences, reducing transaction times, and improving transactional accuracy. These projects are set to deploy in 2022.

Other interventions

Several L.A. Care programs aim to expand access to care. L.A. Care's Elevating the Safety Net (ESN) initiative proactively addresses the access issues discussed above by expanding the supply of primary care providers who express a commitment to practicing in L.A. County's safety net. Since launching in 2018, the ESN initiative has committed to funding 32 full tuition medical school scholarships; 101 educational loan repayment awards for primary care physicians; 143 provider recruitment awards for safety net employers who have hired primary care physicians; 38 resident slots and 4.0 FTE faculty across five teaching institutions; training for 54 community health workers who can serve members as part of multi-disciplinary care teams; training for over 3,800 in home care workers who can serve home bound members; 28 fellowship training slots for medical, nursing, and physician assistant students; 34 internship slots for students who seek careers in our safety net, including careers in medicine; 22 full tuition scholarships graduate students seeking a degree in community medicine at the Keck Graduate Institute; 4 key components in the development of a new medical education program to train 60 medical students annually at Charles R. Drew University.

Beginning in Summer 2019, L.A. Care members have access to minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This provides easier access for members to have basic needs met when their PCP is unavailable and/or traditional urgent care options are less desirable. Additionally, L.A. Care members have access to telehealth services through Teladoc as of January 2020, which serves as an additional convenient resource for some primary and specialty care services.

To further expand access to primary care, L.A. Care began contracting with providers directly in 2017 in areas with known access issues. As of October 2021, a total of 309 primary care providers have direct contracts, an increase of 55 from a year prior. This is a long-term approach to improving member experience; direct contracts allow L.A. Care to control all aspects of the care experience. Additionally, L.A. Care is developing a virtual specialty care program for Direct Network members in an effort to provide timely access to specialty care. PNM has also increased oversight of IPAs to ensure they have adequate specialty networks.

The CMC line of business conducted member education on benefits and utilizing the health care system through the CMC Benefit Summit events in 2019, 2020, and 2021. The events transitioned to virtual sessions during the COVID-19 pandemic. The education provided during the Summits will set reasonable expectations and help CMC members avoid situations that commonly lead to dissatisfaction, such as 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, historically Attitude and Service has been 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 2022.

The survey vendor identified the below priorities for improvement for both the Adult and Child Medi-Cal surveys:

1. Improving health plan provider network – personal doctors
2. Improving access to care
3. Improving the ability of the health plan customer service to provide necessary information or help
4. Improving health plan provider network - specialists

Based on the analysis above and building upon the priorities from the previous year, there are several areas of opportunity that L.A. Care can focus on to improve CAHPS and to help reduce appeals and grievances going forward. These areas 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 2022:

PRIORITY 1: *Improve the office visit experience.*

- Addresses: Attitude and Service, Rating of Personal Doctor, and Coordination of Care
- Opportunities: offer training and tools for self-assessment
- 2022 plans: continue to offer patient experience training to the entire network and increase attendance. Pilot shadow coaching to low-performing providers.

PRIORITY 2: *Expand access to care.*

- Addresses: Getting Care Quickly, Getting Needed Care, and Access
- Opportunities: make new care options available to members
- 2022 plans: outreach to members about the availability of MinuteClinic and Teladoc, as well as conduct targeted preventive care outreach for vaccinations, screenings, and wellness exams to encourage utilization. Continue the Elevating the Safety Net program to increase the supply of providers. Ensure members can access routine care. Encourage providers and PPGs to offer

telehealth services. Continue to expand the Direct Network, including through access to telemedicine specialty care.

PRIORITY 3: *Establish clear lines of accountability for Plan Partners and contracted provider groups, while prioritizing provider satisfaction.*

- Addresses: all Ratings and Composites
- Opportunities: ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 2022 plans: base incentive payments partially on member survey results. Require that the Plan Partners and low-performing IPAs submit action plans for improvement, and advise them on how to best design interventions. Meet with low-performing IPAs to coach them on improvement and emphasize accountability for performance.

PRIORITY 4: *Improve 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.
- 2022 plans: continue implementing technical enhancements in the Call Center through VOICE initiatives, as well as staff training. Develop a real time mechanism for measurement of customer service touchpoints.

PRIORITY 5: *Develop product line-specific strategies.*

- Addresses: Billing and Finance and Rating of Health Plan
- Opportunities: identify and address product line specific rules, regulatory requirements, and common member issues, while identifying and addressing commonalities. 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. Analyze all available data to determine the root cause of issues and identify solutions.
- 2022 plans: Develop a Medicare customer retention team that reviews grievances and develops interventions to address common issues. Improve the premium payment process for LACC. Focus on improving the member journey and experience in the direct network for Medi-Cal. Ensure that the Medi-Cal redetermination process does not have a negative impact on members. 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 and in other venues, such as a Quality Intrateam.
- 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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REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

BACKGROUND

In 2020, 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 2020 Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) reflects L.A. Care's commitment to measure performance and identify opportunities for improvement on member experience, as part of its Value Initiative for IPA Performance plus Pay-for-Performance (VIIP+P4P) incentive program and other provider incentive programs.

Adult and child patients were eligible to be sampled for the survey if they had a visit with an enrolled provider in the 12 months from August 1, 2019 to July 31, 2020. The survey began fielding in December 2020. 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 126,395 total sample members, 33,369 members responded to the survey for an overall response rate of 26.4%. 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 2020 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 2020 survey instrument had no changes in the questions from the 2019 instrument.

SURVEY PROCESS

The standard survey protocol consisted of two mailed surveys, a reminder postcard, and a phone interview for those who did not respond to the mailed questionnaire. The mailed survey instrument also included a URL directing members to a website inviting them to do the survey online. This invitation was in English with links to the survey website and options to complete the survey in either Spanish, Chinese, Korean, Armenian, Vietnamese, and Farsi. Mail and phone interviews were available in English and Spanish for all patients. Patients who were identified in the plan data as Spanish speaking were sent a cover letter and survey in Spanish, with the option to request an English survey. Patients who were identified as English speaking were sent a cover letter and survey in English, with instructions on the back of the cover letter in Spanish regarding how to complete the survey in Spanish if needed. Patients who were identified as speaking certain other threshold languages (Armenian, Chinese, Korean, Vietnamese, or Farsi) were sent an English survey and cover letter with a translation of the cover letter in their preferred language describing the survey and how to take the survey in their preferred language online.

INTERVENTIONS AND SUMMARY RESULTS

There have been continuous quality improvement interventions throughout the year for member experience. Provider outreach and training consisted of reaching out to individual physicians, clinics and providers groups that aren't performing as well as their peers. Education was provided and communicated through group and individual meetings with staff, as well as the dissemination of 'Best Practices' documents. Staff promoted L.A. Care's extensive webinar training series on member experience as well. With the sampling of physician-level CG-CAHPS, which began in 2019, more interest of solo and small group provider results was garnered. The 2020 reports were generated and distributed to almost 300 individual physician practices. With Ad-Hoc requests from providers for training, the overall trend reflects the recent efforts of providers and office staff to improve member experience within the healthcare setting.

Looking at the two most recent CG-CAHPS results, 2019 and 2020, the trending shows significant increases in Overall Rating of Provider and Visit Started within 15 minutes of Appointment for the adult survey, with most of the measures showing non-significant changes. Many of the core composite scores and a few key supplemental questions for the child survey results show significant improvement, with no 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*	2020 Score	2019 Score
Overall Rating of All Healthcare	+0.4%	64.7%	64.3%
Overall Rating of Provider	+2.0%	65.9%	64.0%
Doctor Patient Interaction	-0.2%	69.2%	69.4%
Timely Care and Service	-1.2%	53.1%	54.4%
Coordination of Care	+0.5%	54.4%	53.9%
Office Staff	+0.0%	65.5%	65.5%
Health Promotion	-1.4%	42.9%	44.4%
Getting Needed Care	-1.6%	54.8%	56.4%
Visit Started w/in 15 min of Appt	+2.1%	29.9%	27.8%
Overall Rating of Health Plan	+1.0%	65.3%	64.3%

CHILD SURVEY RESULTS

Composite	Rate Change*	2020 Score	2019 Score
Overall Rating of All Healthcare	+1.4%	75.9%	74.5%
Overall Rating of Provider	+2.3%	72.7%	70.4%
Doctor-Patient Interaction	+2.0%	73.0%	71.0%
Timely Care and Service	+1.6%	61.1%	59.5%
Coordination of Care	+1.7%	63.4%	61.8%
Office Staff	+1.6%	67.0%	65.3%
Health Promotion	+4.2%	67.3%	63.2%
Child Development	+4.2%	57.3%	53.1%
Visit Started w/in 15 min of Appt	+2.5%	29.3%	26.8%
Overall Rating of Health Plan	+1.8%	76.4%	74.6%

*Statistically significant differences at the 95% confidence level are Bolded in **red** when the 2020 score is lower than 2019 or Bolded **green** when the 2020 score is higher than 2019.

H.1.d MEMBER SERVICES TELEPHONE ACCESSIBILITY

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

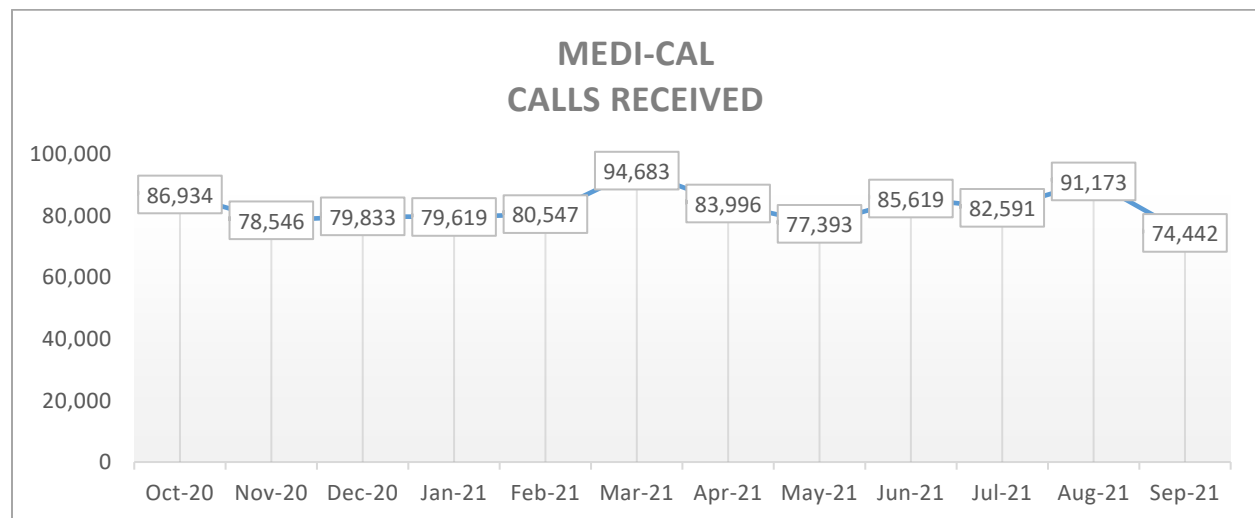
METHODOLOGY

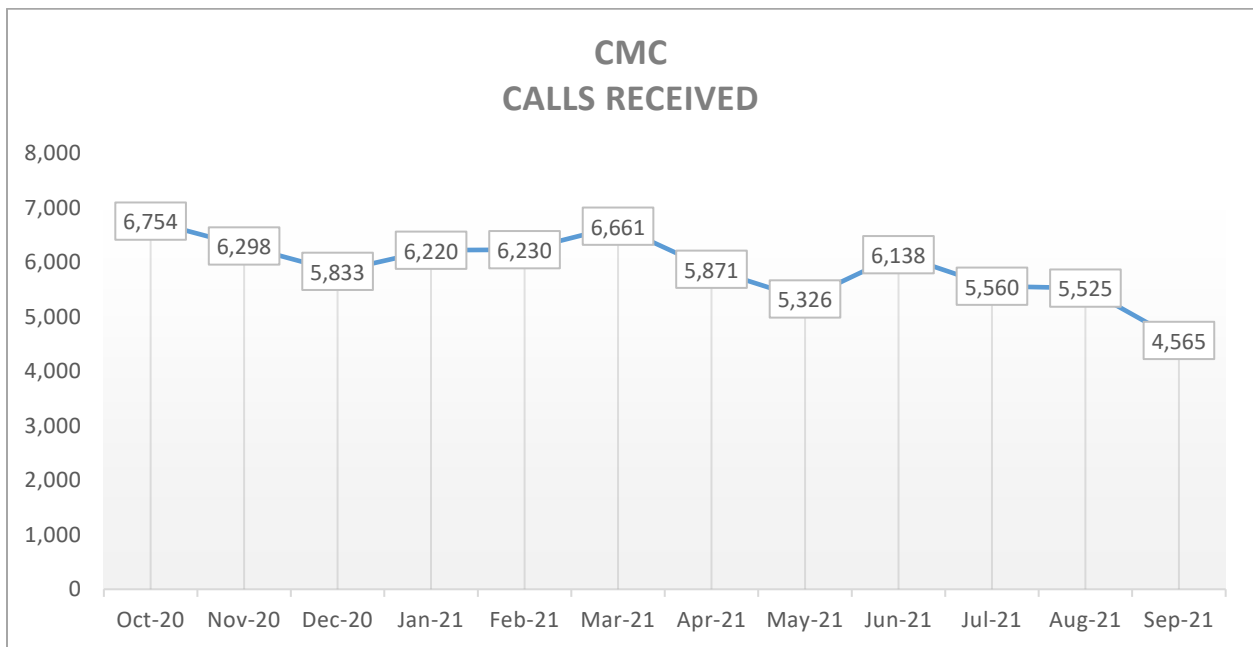
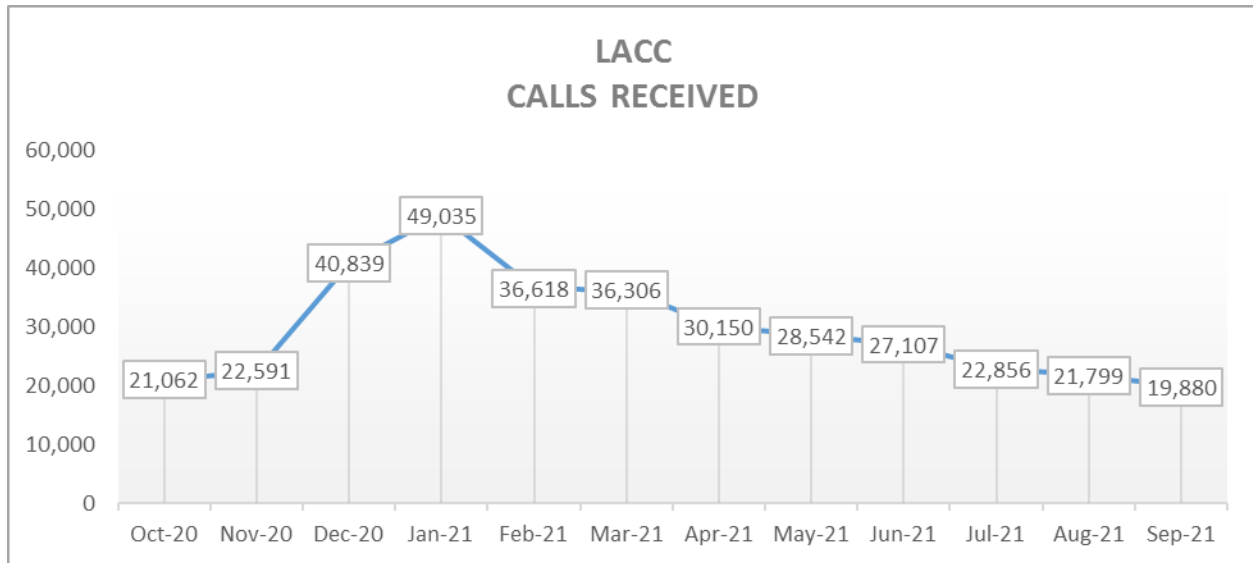
In order to measure member services telephone accessibility across all lines of business (Medi-Cal, PASC, Medicare and the Marketplace), L.A. Care uses a telephone system called CISCO. The system collects and reports telephone statistics that the Member Services Department uses to create reports. The 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 2019, 2020 and 2021 performance goals.

RESULTS

Member Services Telephone Accessibility Compliance Results					
Measure	2021 Goal	2019 Rate	2020 Rate	2021 Rate	2021 Goal Met
Medi-Cal Call Abandonment Rates	≤ 5 %	7.52%	3.33%	6.10%	No
Medi-Cal Percent of Calls Handled within 30 Seconds	80%	73.27%	82.91%	74.42%	No
LACC Call Abandonment Rates	< 3%	3.36%	3.36%	6.36%	No
LACC Percent of Calls Handled within 30 Seconds	80%	88.73%	84.56%	80.40%	Yes
CMC Call Abandonment Rates	≤ 5 %	3.15%	3.47%	4.63%	Yes
CMC Percent of Calls Handled within 30 Seconds	80%	84.52%	85.03%	80.82%	Yes
PASC Call Abandonment Rates	≤ 5 %	1.86%	1.86%	3.86%	Yes
PASC Percent of Calls Handled within 30 Seconds	80%	86.19%	84.53%	76.27%	No

The charts below outline an overview of member services monthly call volume:





Quantitative Analysis

The Customer Solution Call Center experienced challenges meeting all of the call performance metrics during the FY 20-21. The performance is outlined below:

Goals Met:

- Service Level was met for CMC at 80.82%
- Service Level was met for LACC at 80.40%
- Abandonment Rate was met for CMC at 4.63%
- Abandonment Rate was met for PASC at 3.86%

Goals Not Met:

- Abandonment Rate was not met for MCLA at 6.10%
- Abandonment Rate was not met for LACC at 6.36%
- Service Level was not met for MCLA at 74.72%
- Service Level was not met for PASC at 76.27%

Qualitative Analysis

January is the peak month of our L.A. Care Covered Open Enrollment Period (OEP). Although the Customer Solution Call Center does not staff to peak seasonality, we put forth best efforts to augment resource availability through an All Hands on Deck (AHoD) approach on heavy volume days and during peak periods. Despite these efforts, Q1 call performance was not met, and MCLA and PASC call performance metrics were not met between April and September.

The call center management team implemented several strategies throughout the year to increase resource availability whenever possible. Call center representatives were scheduled mandatory 6-day work weeks for the first 2 weeks of the month between July and September. In Q3, the call center provided 15 of its all hands on deck resources to assist the Appeals and Grievances department. In addition to these resource limitations, the call center vendor hit their lowest staffing levels in the month of August, with an average deficiency of 62 FTEs. This further impeded the ability to meet service levels in Q4 for MCLA and PASC, however, LACC and CMC exceeded Service Level goals.

LOOKING FORWARD

We continue working on process improvement opportunities, intended to reduce average handle time to lessen the demand for resources. Call center management identified that failed payment calls were being transferred from the IVR payment queue without giving callers the option. This resulted in an increase in abandoned calls coming from the payment system. A configuration change within the payment system, allowing for callers to have the option to speak to someone was implemented in late October. The anticipated benefit of this change is to drive down the abandonment rate for the LACC line of business.

The call center has continued to place focus on optimizing schedules and utilizing all hands on deck to mitigate some of this resource demand. We have partnered with Talent Acquisition to onboard part-time temporary staff that will be scheduled during peak periods in an effort to augment current staffing levels. Graduation of all part-time staff is anticipated by the end of November. In addition, our call center vendor has committed to meeting their required staffing levels by the third week of November.

H.2 ACCESS TO CARE

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BACKGROUND

Annually, L.A. Care monitors its provider networks for compliance with access and availability standards established by the Department of Managed Healthcare (DMHC), the Department of Health Services (DHS), the Center for Medicaid Services (CMS) and the National Committee of Quality Assurance (NCQA).

L.A. Care contracts with the vendor the Center for the Study of Services (CSS) to conduct the annual Provider Appointment Availability Survey (PAAS) and After-Hours Access Survey.

The 2021 Accessibility Report evaluates the measurement year (MY) 2020 survey results for provider compliance with appointment wait times and after hours accessibility standards.

Providers from all lines of business are surveyed.

The following are Surveyed:

- Appointment Availability (AA): Primary Care Physicians (PCPs), Specialist (SCPs), Behavioral Health Providers, and Ancillary Providers
- After Hours (AH): Primary Care Providers (PCPs)

STANDARDS

Provider Type (Appointment Availability)	Appointment Type	Time Standard
Primary Care Provider	Routine	Within 10 business days
Primary Care Provider	Urgent	Within 48 hours
Specialty Care Provider	Routine	Within 15 business days
Specialty Care Provider	Urgent	Within 96 hours
Ancillary	Routine	Within 15 business days
Behavioral Health Care Provider (MD)	Routine	Within 15 business days
Behavioral Health Care Provider (Non-MD)	Routine	Within 10 business days
Behavioral Health Care Provider (MD & Non-MD)	Urgent	Within 48 hours

After-Hours	Time Standard
Access	After Hours recording or answering service must state emergency instructions to address medical emergencies (e.g., "If this is an emergency, please dial 911 or go to your nearest emergency room.")
Access	After Hours recording or answering service must state a way of contacting the provider (e.g., connect directly to the provider, leave a message and the provider will call back, page provider, etc.)
Timeliness	Recording or live person must state that provider will call back within 30 minutes

MAJOR ACCOMPLISHMENTS

- Monitoring of L.A. Care's Direct Network Providers: L.A. Care internal collaboration between Enterprise Performance Optimization, Contracts & Relationship Management and Quality Improvement
- Combined 2019 and 2020 Oversight & Monitoring Workbooks for L.A. Care's Direct Network

Measurement Year 2020 Appointment Availability Compliance

Appointment Type	Standard		Compliance Rates							
			MCLA		CMC		PASC^		LACC	
			PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP
Urgent Appointment*	48 Hours (PCP)	96 Hours (SCP)	85%	78%	81%	74%	98%	83%	84%	76%
Non-Urgent Appointment*	10 Bus. Days (PCP)	15 Bus. Days (SCP)	94%	86%	92%	83%	98%	92%	93%	89%
Preventive Services	30 Cal Days		97%	N/A	96%	N/A	99%	N/A	97%	N/A
Initial Prenatal Visit	10 Bus. Days		97%	90%	96%	88%	100%	100%	97%	94%
In Office Waiting Room Time	Within 30 Minutes		98%	96%	96%	95%	99%	100%	98%	92%
Call-Back During Normal Business Hours	Within 30 Minutes		73%	66%	64%	60%	82%	96%	71%	60%
Call-Back for Rescheduling	Within 48 Hours		95%	93%	94%	92%	96%	97%	95%	90%
Process for Rescheduling	Yes		99%	99%	99%	98%	100%	99%	99%	98%

*DMHC Required via the Provider Appointment Availability Survey

^PASC is comprised of DHS and Citrus Valley Providers

Appointment Availability Compliance Trend

Note: Trends for MCLA only are displayed below as the finding for the other lines of business are similar

Appointment Availability Trend: MCLA **PCP** Measures

Appointment Type	Standard	2018	2019	2020	Variance±	Performance Goal	Goal Met
Urgent Appointment*	48 Hours	87%	87%	85%	-2%	95%	No
Non-Urgent Appointment*	10 Bus. Days	94%	97%	94%	-3%	100%	No
Preventive Services (Peds.)	10 Bus. Days	92%	98%	96%	-2%	100%	No
Preventive Services (Adult)	30 Cal Days	85%	99%	97%	-2%	97%	No
Initial Prenatal Visit	10 Bus. Days	99%	99%	97%	-2%	100%	No
In-Office Wait Room Time	30 Minutes	95%	96%	98%	2%	100%	No
Call-Back Wait Time	30 Minutes	68%	66%	73%	7%	82%	No
Time to Reschedule Missed Appointments	48 Hours	95%	94%	95%	1%	100%	No
Process for Rescheduling Missed Appointments	Yes	99%	99%	99%	0%	100%	No

Appointment Availability Compliance Trend

Appointment Availability Trend: MCLA **SCP** Additional Measures

Appointment Type	Standard	2018	2019	2020	Variance±	Performance Goal	Goal Met
Urgent Appointment*	96 Hours	85%	77%	78%	1%	88%	No
Routine Appointment*	15 Bus. Days	89%	91%	86%	-5%	97%	No
Initial Prenatal Visit	10 Bus. Days	96%	94%	90%	-4%	100%	No
In-Office Wait Time	30 Minutes	89%	93%	96%	3%	97%	No
Call-Back Wait Time	30 Minutes	64%	59%	66%	7%	67%	No
Time to Reschedule Missed Appointments	48 Hours	92%	89%	93%	4%	96%	No
Process for Rescheduling Missed Appointments	Yes	99%	98%	99%	1%	100%	No

* DMHC Required via the Provider Appointment Availability Survey

±Variance compares 2019 and 2020 scores

Measurement Year 2020 After Hours (AH) Compliance

AH Measure	Standard	Compliance Rates			
		MCLA	CMC	PASC	LAC C
		PCP	PCP	PCP	PCP
Access	ER Instructions or call 911	76%	76%	81%	76%
Timeliness	Directly connect or receive a call-back from clinician within 30 mins	54%	53%	62%	53%
Combined Access & Timeliness	Compliant for both Access & Timeliness measure	49%	48%	61%	48%

After-Hours (AH) Compliance Trend

After-Hours Trend: MCLA **PCP** Measures

AH Measure	2018	2019	2020	Variance±	Performance Goal	Goal Met
Access: ER Instructions or call 911	86%	84%	76%	-8%	89%	No
Timeliness: Directly connect or receive a call-back from clinician within 30 minutes	34%	64%	54%	-10%	74%	No
Combined Access & Timeliness: Compliant for both Access & Timeliness measure	33%	62%	49%	-13%	72%	No

Quantitative Analysis

- Appointment Availability: Overall stable PCP and SCP compliance rates
 - 2% in PCP Urgent appointment compliance rates
87%(MY18 and MY19) and 85%(MY20)
 - 5% Decrease in SCP Routine appointment compliant rates
89%(MY18), 91%(MY19) and 86%(MY20)
 - +7% Increase in PCP Call Back Wait time
68%(MY18), 66%(MY19), 73%(MY20)
 - +7% Increase in SCP Call Back Wait time
64%(MY18), 59%(MY19), 66%(MY20)
- After-Hours: Decrease in compliance rates
 - 11% in Timeliness compliance rates
34%(MY18), 64%(MY19), 53%(MY20)

BARRIER & ROOT CAUSE ANALYSIS (RCA)

- Concerns of access to care for members based on increase in non-participation rates. The overall PAAS MY2019 Medi-Cal non-response rate was 35% for PCPs versus 59% in MY2020 and 56% for SCPs versus 70% in MY2020. The increase in non-participation will be evaluated with a Root cause analysis focusing on increased non-participation.

- **MY2020: Decrease in Provider Survey Responses**
 - Notified L.A. Care risk management of potential access to care risk for members due to increased non-participation rates.
 - QI will continue to monitor and address with the PPGs thru the annual Root Cause Analysis (RCA).
 - QI requested PPGs to complete Root Cause Analysis on September 3rd, 2021 with due date of October 1, 2021.
- Participating Provider Groups trend in the root cause analysis responses:
 - Main issue was due to the COVID: PPGs faced high staff turnover, limited staffing, providers closing offices due to quarantine restrictions and sick staff and providers. Additionally, providers faced difficulties in their office settings due to disruptions to phone lines, internet, and fax. The COVID-19 pandemic delayed response times from service providers (telephone and internet systems) to resolve provider office technical difficulties.
- **MY2019: Participating Provider Groups RCA for low rate in Urgent Care appointment availability**
 - 5 Provider Groups exempt due to being compliant
 - Providers and office staff unaware of Timely Access Standards
 - Office turnover; staff unfamiliar with processes
 - Lack of escalation to IPA Leadership when non-compliance has not been remediated.
- Participating Provider Groups trend in Corrective Action Plans:
 - 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

INTERVENTIONS

Action(s) Taken	Effectiveness of Intervention or Outcome
Oversight & Monitoring Program for provider groups that participated in the surveys	<u>Appointment Availability:</u> <ul style="list-style-type: none"> ○ PCP steady trend rates from 2018-2020 ○ SCP steady trend rates from 2018-2020 <u>After-Hours</u> <ul style="list-style-type: none"> ○ Access decreased from 2018-2019 ○ Call-Back Timeliness and Combined Access & Timeliness increased from 2018-2019
Root Cause Analysis (RCA) issued to providers for Specialty Care Urgent Appointments in MY19.	<ul style="list-style-type: none"> • Improvement in MY2019 MCLA network • Increase in MCLA both SCP Urgent Care (77% → 78%)
Root Cause Analysis (RCA) was issued on September 3, 2021 to PPGs for low Provider Appointment Availability Response rates.	<ul style="list-style-type: none"> • Will evaluate based on MY2021 findings
Access to Care Webinar for PPGs to address: <ol style="list-style-type: none"> 1. Providers that are unaware of access standards; occurred on July 28, 2021 	<ul style="list-style-type: none"> • Will evaluate based on MY2021 findings occurred on July 28, 2021

Action(s) Taken	Effectiveness of Intervention or Outcome
Distributed MY2020 Oversight and Monitoring workbooks and Root Cause Analysis to PPGs on low response rate: September 3, 2021.	<ul style="list-style-type: none"> Will evaluate based on MY2021 findings

LOOKING FORWARD

- Collaboration with Provider Network Management, Enterprise Performance Optimization(EPO), and QI to validate that PPGs are implementing Actions Plans to address barriers identified in Causal/Barrier Analysis submitted to L.A. Care in response to request for Root Cause Analysis(RCA).

H.3 AVAILABILITY OF PRACTITIONERS

AUTHOR: KERSTIN MINASSIAN, LEAH LOWE, & KIMBERLY SNYDER

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan (L.A. Care) conducts an annual analysis of its primary care and high-volume and high impact specialty care practitioner networks to ensure there are sufficient numbers and types of practitioners to effectively meet the needs of its membership. This network adequacy analysis includes practitioners who participate in L.A. Care's Medi-Cal, L.A. Care Covered (LACC/LACCD), Cal MediConnect (CMC), and PASC-SEIU (PASC) lines of business and who provide services to members enrolled in these programs within defined geographic areas. L.A. Care has established quantifiable and measureable standards for both the number and geographic distribution of practitioners. Data that determines providers' compliance with these standards is collected, assessed and opportunities for improvement are identified and acted upon on an annual basis.

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).

2021 WORK PLAN GOALS: Each section of this report contains specific quantifiable goals.

THE AVAILABILITY OF PRACTITIONERS

METHODOLOGY

Primary care practitioners include Family Practice/General Medicine, Internal Medicine, Obstetrics/Gynecology and Pediatrics. High volume areas of specialty care are determined by the number of encounters within a specific timeframe 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 22, 2021 the total number of Medi-Cal members was 1,240,922. The report also measures practitioner and provider availability for 104,176 L.A. Care Covered members, 18,713 Cal MediConnect members, and 50,809 PASC members.

PCP ASSESSMENT

The following tables depict the level of provider network compliance with current physician-to-enrollee ratio standards across all primary care physician types.

Primary Care Ratios by Product Line

Medi-Cal (MCLA)				
Standard (1:2000)	Q4 2020	Q1 2021	Q2 2021	Q3 2021
FP/GP	1:366	1:367	1:388	1:387
IM	1:95	1:93	1:96	1:98
PED	1:181	1:181	1:189	1:194

LACC				
Standard (1:2000)	Q4 2020	Q1 2021	Q2 2021	Q3 2021
FP/GP	1:66	1:68	1:85	1:87
IM	1:53	1:55	1:72	1:77
PED	1:11	1:11	1:15	1:15

CMC				
Standard (1:2000)	Q4 2020	Q1 2021	Q2 2021	Q3 2021
FP/GP	1:9	1:10	1:10	1:10
IM	1:8	1:8	1:8	1:8
PED	1:2	1:2	1:2	1:3

PASC				
Standard (1:2000)	Q4 2020	Q1 2021	Q2 2021	Q3 2021
FP/GP	1:201	1:192	1:200	1:168
IM	1:196	1:194	1:198	1:195
PED	1:36	1:35	1:34	1:33

The following tables depict the level of provider network compliance with current member travel distance standards across all primary care physician types.

Primary Care Provider to Member Geographical Distribution by Product Line

Medi-Cal (MCLA)				
Standard: 10 miles Compliance Target: 95%	Q4 2020	Q1 2021	Q2 2021	Q3 2021
FP/GP				
Average Distance (Miles)	1 mi	1 mi	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	100%	99%	100%	100%

LACC				
Standard: 10 miles Compliance Target: 95%	Q4 2020	Q1 2021	Q2 2021	Q3 2021
FP/GP				
Average Distance (Miles)	.7 mi	.8 mi	.8 mi	.8 mi
% of Members with Access	99.9%	99.8%	99.9%	99.9%
IM				
Average Distance (Miles)	.8 mi	.8 mi	.8 mi	.8 mi
% of Members with Access	100%	99.9%	100%	100%
PED				
Average Distance (Miles)	1.2 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 2020	Q1 2021	Q2 2021	Q3 2021
FP/GP				
Average Distance (Miles)	1 mi	1 mi	1 mi	1 mi
% of Members with Access	99%	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 2020	Q1 2021	Q2 2021	Q3 2021
FP/GP				
Average Distance (Miles)	5 mi	5 mi	5 mi	5 mi
% of Members with Access	98%	98%	98%	98%
IM				
Average Distance (Miles)	5 mi	5 mi	5 mi	5 mi
% of Members with Access	99%	99%	99%	99%
PED				
Average Distance (Miles)	7 mi	7 mi	7 mi	7 mi
% of Members with Access	97%	97%	97%	97%

QUANTITATIVE ANALYSIS

PROVIDER TO MEMBER RATIOS

For PCP providers, the goal of 1 provider per 2000 members was met across all lines of business and all PCP specialty types.

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, Cal MediConnect, and PASC lines of business.

HIGH VOLUME AND HIGH IMPACT ASSESSMENT

The following tables depict the level of provider network compliance with current physician-to-enrollee ratio standards across high volume and high impact areas of specialty care.

High Volume and High Impact Specialties Ratios by Product Line

Specialty	Medi-Cal (MCLA)				
	Standards	Q4 2020	Q1 2021	Q2 2021	Q3 2021
OB/GYN	1:1000	1:14	1:15	1:16	1:17
OPHTHALMOLOGY	1:2500	1:2715	1:2780	1:2841	1:2833
DERMATOLOGY	1:4100	1:9288	1:9412	1:9471	1:9620
PODIATRY	1:5000	1:5851	1:5918	1:5709	1:5799
UROLOGY	1:4100	1:7269	1:7158	1:7272	1:7386
CARDIOVASCULAR DISEASE	1:2500	1:2183	1:2189	1:2250	1:2307
ONCOLOGY	1:5000	1:2479	1:2501	1:2540	1:2646

Note: Ratios appearing in red font do not meet the ratio standard in the quarter(s) noted

Specialty	LACC				
	Standards	Q4 2020	Q1 2021	Q2 2021	Q3 2021
OB/GYN	1:1000	1:1	1:1	1:1	1:1
OPHTHALMOLOGY	1:2500	1:251	1:266	1:275	1:288
DERMATOLOGY	1:4100	1:741	1:771	1:779	1:814
PODIATRY	1:5000	1:730	1:753	1:723	1:739
UROLOGY	1:4100	1:676	1:699	1:688	1:718
CARDIOVASCULAR DISEASE	1:2500	1:193	1:204	1:210	1:220
ONCOLOGY	1:1000	1:253	1:267	1:272	1:286

	CMC				
Specialty	Standards	Q4 2020	Q1 2021	Q2 2021	Q3 2021
OB/GYN	0.04:1000	1:26	1:26	1:26	1:26
OPHTHALMOLOGY	0.24:1000	1:52	1:52	1:52	1:52
PODIATRY	0.19:1000	1:140	1:138	1:130	1:128
UROLOGY	0.12:1000	1:138	1:136	1:133	1:133
NEUROLOGY	0.12:1000	1:50	1:49	1:49	1:49
CARDIOVASCULAR DISEASE	0.27:1000	1:42	1:43	1:43	1:43

	PASC				
Specialty	Standards	Q4 2020	Q1 2021	Q2 2021	Q3 2021
OB/GYN	1:1000	1:10	1:10	1:9	1:10
PODIATRY	1:5000	1:3232	1:3436	1:3407	1:3387
DERMATOLOGY	1:4100	1:6464	1:6443	1:6387	1:6351
OPHTHALMOLOGY	1:2500	1:1783	1:1777	1:1825	1:1815
INFECTIOUS DISEASES	1:7000	1:1398	1:1432	1:1381	1:1411
CARDIOVASCULAR DISEASE	1:2500	1:1293	1:1289	1:1310	1:1411
ONCOLOGY	1:5000	1:2351	1:2343	1:2323	1:2310

The following tables depict the level of provider network compliance with current member travel distance standards across high volume and high impact areas of specialty care.

HIGH VOLUME AND HIGH IMPACT SPECIALTIES GEOGRAPHICAL DISTRIBUTION BY PRODUCT LINE

Medi-Cal (MCLA)				
Standard: 15 Miles Compliance Target: 95%	Q4 2020	Q1 2021	Q2 2021	Q3 2021
OB/GYN				
Average Distance (Miles)	1 mi	1 mi	1 mi	2 mi
% of Members with Access	100%	100%	100%	100%
Ophthalmology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	100%	100%	100%
Dermatology				
Average Distance (Miles)	2 mi	2 mi	2 mi	3 mi
% of Members with Access	100%	100%	100%	98%
Podiatry				
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	2mi
% of Members with Access	100%	100%	100%	100%
Cardiovascular Disease				
Average Distance (Miles)	1 mi	2 mi	2 mi	2 mi
% of Members with Access	99%	99%	99%	100%
Oncology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	100%	100%	100%	100%

LACC				
Standard: 15 Miles Compliance Target: 95%	Q4 2019	Q1 2020	Q2 2020	Q3 2020
OB/GYN				
Average Distance (Miles)	2.7 mi	2.7 mi	2.5 mi	2.4 mi
% of Members with Access	98.9%	99.3%	99.1%	99.2%
Ophthalmology				
Average Distance (Miles)	1.8 mi	1.8 mi	1.8 mi	1.9 mi
% of Members with Access	99.8%	99.8 %	99.8%	99.8%
Dermatology				
Average Distance (Miles)	3 mi	3 mi	3 mi	3.1 mi
% of Members with Access	100%	100%	100%	99.8%
Podiatry				
Average Distance (Miles)	2.1 mi	2.1 mi	2.1 mi	2.1 mi
% of Members with Access	99.8%	99.8%	99.8%	99.8%
Urology				
Average Distance (Miles)	2.7 mi	2.6 mi	2.6 mi	2.6 mi
% of Members with Access	99.7%	99.7%	99.7%	99.7%
Cardiovascular Disease				
Average Distance (Miles)	2 mi	2 mi	1.9 mi	2.3 mi
% of Members with Access	99.8 %	99.8%	99.8%	99.8%
Oncology				
Average Distance (Miles)	2 mi	2.1 mi	2.1 mi	2.4 mi
% of Members with Access	99.7%	99.7%	99.7%	99.8%

CMC				
Standard: 15 Miles Compliance Target: 95%	Q4 2020	Q1 2021	Q2 2021	Q3 2021
OB/GYN				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	99%	97%	95%	96%
Ophthalmology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	99%	99%	99%	99%
Podiatry				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	99%	99%	99%	99%
Urology				
Average Distance (Miles)	3 mi	3 mi	3 mi	3 mi
% of Members with Access	98%	98%	98%	99%
Neurology				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	99%	99%	99%	99%
Cardiovascular Disease				
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi
% of Members with Access	99%	99%	99%	99%
Oncology				
Average Distance (Miles)	2 mi	2 mi	2 mi	3 mi
% of Members with Access	99%	99%	99%	99%

PASC				
Standard: 15 Miles Compliance Target: 95%	Q4 2020	Q1 2021	Q2 2021	Q3 2021
OB/GYN				
Average Distance (Miles)	5 mi	5 mi	5 mi	6 mi
% of Members with Access	98 %	98%	98%	99%
Podiatry				
Average Distance (Miles)	8 mi	8 mi	8 mi	7 mi
% of Members with Access	92%	92%	92%	96%
Dermatology				
Average Distance (Miles)	10 mi	10 mi	10 mi	10 mi
% of Members with Access	88%	88%	96%	91%
Ophthalmology				
Average Distance (Miles)	7 mi	7 mi	7 mi	7 mi
% of Members with Access	96%	96%	96%	96%
Infectious Disease				
Average Distance (Miles)	8 mi	10 mi	10	9 mi
% of Members with Access	94%	90%	90%	94%
Cardiovascular Disease				
Average Distance (Miles)	6 mi	6 mi	6 mi	6 mi
% of Members with Access	98%	98%	98%	98%
Oncology				
Average Distance (Miles)	8 mi	8 mi	8 mi	7 mi
% of Members with Access	92%	92%	92%	96%

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			
October 2020 – September 2021	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

QUANTITATIVE ANALYSIS – HIGH IMPACT AND HIGH VOLUME PROVIDERS

PROVIDER TO MEMBER RATIOS

When it came to High Volume Specialist and High Impact Specialist ratio standards were met for the L.A. Care Covered, and Cal MediConnect lines of business across the four quarters analyzed. However, four

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 Ophthalmology, Dermatology, Podiatry and Urology. There was one specialty within PASC that did not meet the ratio standards during the time period which was Dermatology.

MEMBER DRIVE DISTANCE

L.A. Care also meets the standards for average drive distances for high volume and high impact (Oncology and Cardiovascular Disease) SCPs for Medi-Cal, L.A. Care Covered and Cal MediConnect. PASC does not meet the standards for the look back period for the specialties Podiatry, Dermatology, Infectious Disease, or Oncology. However, during the most recent quarter Q3 2021, only two specialties dermatology and infectious disease were outside of the distance standards.

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, four 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, Podiatrists, Infectious Disease or Urologists. However, member growth has continued to increase making the ratios increase. Consequently, these four 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, high volume and high impact specialists for the Medi-Cal, L.A. Care Covered California, CMC, and PASC lines of business.

L.A. Care is 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 L.A. Care continues to actively pursue direct contracts with primary and specialty care physicians and medical groups throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist. Internal reporting is conducted monthly to perform a geographical assessment of the sufficiency of L.A. Care's network. L.A. Care has identified county-wide opportunities to improve and expand the organization's specialty network. These results have led to aggressive direct contracting efforts of both primary care and specialty care physicians.
- **Analysis of Provider Geographical Distribution:** L.A. Care's Provider Network Management department continues to perform detailed analyses of the geographical distribution of its network to better understand where coverage deficiencies exist and to utilize these results to guide its contracting strategies. L.A. Care has also requested and received regulatory approval from the Department of Health Care Services (DHCS) to use alternative access standards to determine levels

of access in those geographical locations where there is a dearth of providers and where more stringent, established geographical standards cannot be met.

- **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.
- **Access to Care:** If an in network provider is not available within time and distance standards, L.A. Care has an established process to enter into immediate, short-term agreements that ensure access to care where the services are available, and the provider is willing to accept the out of network referral and authorization.

PRACTITIONERS PROVIDERS BEHAVIORAL HEALTHCARE

The L.A. Care Direct Network is composed only of Qualified Autism Service Providers (QASP). Behavioral Health Treatment, also known as Applied Behavior Analysis, is a benefit provided by Qualified Autism Service Providers. These services are provided in the beneficiary's home, or a close community setting, with parent or guardian participation during the entire duration of treatment. This is a small subset in comparison to the behavioral health services performed by the NCQA accredited organization Beacon Health Strategies, which services 73.71% (N=1101) of L.A. Care's MCLA members. L.A. Care directly contracts for Behavioral Health Treatment for the Medi-Cal product line only and Beacon is carved out for all other product lines, including CMC and LACC. The L.A. Care Direct Network QASP services are only used by 26.29 % (N=121) of MCLA membership. Since Beacon is delegated to perform over 70% of services across all product lines, NET 1D is eligible for auto-credit. The table below demonstrates utilization for L.A. Care's Direct Network and Beacon behavioral health services.

Q4 2020 - Q3 2021					
Provider Type	Members Utilizing Services	Total DN Members	% of DN Members Utilizing Services	Services	% of Total Services
BEACON	1101	34034	3.24%	8216	73.71%
QASP	121	34034	0.36%	2930	26.29%

eConsult

BACKGROUND

In 2012, L.A. Care implemented a peer to peer communication and referral management system called eConsult in collaboration with Healthcare LA (HCLA), MedPOINT Management, and the Los Angeles County Department of Health Services (DHS). This web-based system was developed to allow Primary Care Physicians (PCPs) and specialists to securely share health information and discuss patient care through an online consultation process. Enrollment was initiated in a phased approach to solicit participation from Community Partner clinics contracted with the County of Los Angeles and/or Healthcare LA IPA/MedPOINT Management with the capacity to adopt eConsult with a high volume of referrals.

Enrolled clinics would have an opportunity to submit electronic consultations for a total of 12 specialties which included: Allergy, Cardiology, Dermatology, ENT, Endocrinology, Gastroenterology, Hepatology, Nephrology, Neurology, Ophthalmology/Optomety, Orthopedics, and Rheumatology. Healthcare LA IPA

also had imposed a mandate for its providers/clinics to be required to submit consults pertaining to any of the 12 specialties available using eConsult instead of its previous referral process. The collaborative efforts from both L.A. Care and DHS allowed each party to branch off during the program's early years and operate the eConsult program independently for their respective networks. DHS began managing all of DHS contracted clinics apart from L.A. Care who managed all HCLA IPA contracted clinics independently from one another.

With this implementation, the program was designed to improve care for Medi-Cal managed care and uninsured patients within Los Angeles County in four ways: (1) enhanced collaboration and co-management of patients between primary care providers (PCPs), specialists, and other healthcare professionals; (2) optimized first face-to-face specialty visits; (3) reduced avoidable specialty visits; and (4) reduction in no shows and cancellations.

eConsult addressed the common barriers of difficult access to specialists for patients, and for PCPs trying to deliver high-quality, coordinated care, especially for patients that are low income or uninsured which include:

Patient:

- Long wait times for approvals and appointments
- Need for multiple specialty visits
- Communication and transportation barriers

PCP:

- Partial or incomplete pre-visit work ups
- High "no show" rates
- Insufficient capacity to meet current demands for face-to-face visits
- Unnecessary or inappropriate referrals
- Difficult to use legacy referral system

2021 PROGRAM CLOSURE

On March 1, 2019, in its 7th year of the program, HCLA decided to remove the mandate for its contracted clinics to submit all specialty consult referral requests through the eConsult platform. Going forward, if any provider was interested in utilizing the platform they would be charged a fee on a per consult basis.

Unfortunately, due to the mandate being lifted, utilization decreased significantly with only 195 consults submitted in 2020 from 7 of the 124 clinic site locations enrolled. From March 2019 until February 2021, L.A. Care continued to provide management and technical assistance of the platform for those users still utilizing the platform for specialty services. The last consultation was received on October 5, 2020 and in February 2021 L.A. Care decided to sunset the program as it was no longer being used by our enrolled clinics.

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 90.63% of all Medi-Cal membership. Based on reported data, 58.00% 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 85.64% of total CMC membership.

Medi-Cal

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	1,484,146	71.56%	40	0.55%	1:37104
Black Or African American	236,051	11.38%	7	0.10%	1:33722
Asian	153,931	7.42%	64	0.87%	1:2405
American Indian Or Alaska Native	3,803	0.18%	1	0.01%	1:3803
Native Hawaiian/Other Pacific Islander	1,703	0.08%	18	0.25%	1:95

L.A. Care Covered

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	45,487	42.35%	35	1.18%	1:968
Asian	14,860	11.62%	62	2.10%	1:150
Black Or African American	4,049	3.52%	8	0.27%	1:352
Native Hawaiian/Other Pacific Islander	299	0.32%	16	0.54%	1:16
American Indian Or Alaska Native	212	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	11,579	61.49%	26	1.12%	1:445
Black (African American)	3,023	16.05%	4	0.02%	1:756
Asian	1,418	7.53%	47	2.02%	1:30
American Indian or Alaskan Native	72	0.38%	1	0.04%	1:72
Native Hawaiian/Other Pacific Islander	34	0.18%	13	0.56%	1:3

PRACTITIONER TO MEMBER RATIOS BY LANGUAGE

METHODOLOGY

- Language and race/ethnicity of practitioners in the provider network is reported voluntarily through the practitioner credentialing application.
- L.A. Care uses mapping software to assess availability of PCPs to members for the five largest language groups of members.

The top five languages spoken by L.A. Care's Medi-Cal, L.A. Care Covered, and Cal MediConnect members are shown in the tables below.

Medi-Cal: The top five languages spoken by Medi-Cal members represent 96.97% 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	1,263,751	60.78%	7,325	100%	1:173
Spanish	631,624	30.50%	3652	49.86%	1:173
Armenian	48,505	2.35%	499	6.81%	1:97
Cantonese, Mandarin and other Chinese	46,475	2.25%	1,226	16.74%	1:38
Korean	20,638	1.00%	272	3.71%	1:76

L.A. Care Covered: The top five languages spoken by L.A. Care Covered members comprise 96.82% of all languages spoken. As in the Medi-Cal program, members who speak English and Spanish.

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	64,030	61.62%	3,026	46.67%	1:21
Spanish	24,921	23.98%	1,439	22.19%	1:17
Cantonese, Mandarin, and other Chinese	9,023	8.68%	468	7.22%	1:19
Korean	1,591	1.53%	66	1.02%	1:24
Vietnamese	1,038	1.00%	149	2.30%	1:7

Cal MediConnect: The top five languages spoken by Cal MediConnect members represent 96.66% 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	8,886	47.19%	1,085	21.08%	1:8
English	8,792	46.69%	2,320	45.07%	1:4
Tagalog	224	1.19%	170	3.30%	1:1
Cantonese, Mandarin and other Chinese	211	1.12%	386	7.50%	1:1
Vietnamese	89	0.47%	125	2.43%	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 30.46% of overall Medi-Cal membership, 23.98% of LACC membership, and 47.19% of CMC membership. These percentages are also derived from self-reported information.
- Spanish speaking practitioners comprise 30.46% of contracted PCPs in the Medi-Cal program, 22.19% of L.A. Care Covered PCPs and 21.08% of Cal MediConnect PCPs

Qualitative Analysis

The assessment of the cultural, racial, ethnic, and linguistic needs of L.A. Care members supports the adjustment of the practitioners' network as necessary to meet the members' diverse needs. L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners on a voluntary basis during the application process. The response rate remains low and does not adequately reflect the race/ethnicity of the L.A. Care practitioner network.

During the application process, L.A. Care also requests practitioner language information from all potential network practitioners on a voluntary basis and identifies languages in which a practitioner is fluent when communicating about medical care. Physicians' language fluency is self-reported and is not validated by L.A. Care. The language categories for practitioner language on the application are the same as those used to collect member language. Any subsequent changes or updates to practitioner spoken language information are voluntarily self-reported to the Provider Network Management department for updating in the provider database.

L.A. Care continually monitors complaints and grievances related to cultural and linguistic issues. The rate of complaints related to culture and language are low and do not present any trends for the study period.

L.A. Care publishes practitioner language information both on-line through L.A. Care's website and via a hard copy Provider Directory to facilitate member selection of practitioners. L.A. Care's hard copy Provider Directory contains an index of practitioners by language. The on-line version of L.A. Care's Provider Directory is searchable by practitioner and office staff language capabilities.

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 2020 - September 2021 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 PROVIDERS
English	301
Spanish	108
Tagalog	18
Mandarin	15
Arabic	14
Farsi	13
Armenian	10
French	7
Other	7
Other Chinese	7
Chinese	6
Vietnamese	6
Hindi	5
Japanese	5
Korean	5
Persian	5
FaroesseFarsi	3
Cantonese	3
Thai	3
Russian	3
Samoan	3
Gujarati	3
Filipino	3
Not Invalid	3
Hebrew	3
Cambodian	2
Telugu	2
Laotian	2
Tamil	2
Chinese Taiwanese	2
Hindi Punjabi	2
Hindi Tamil	1
Hindi Urdu	1
Iranian	1
HindiTonganUrdu	1
Hmong	1
Sinhalese	1

LANGUAGE	NUMBER OF PROVIDERS
Taiwanese	1
Hindi Gurjrati	1
Greek	1
Hindi Telugu	1
Yue Chinese	1
Ilocano	1
Chinese (Family)	1
Italian	1
Sinhala	1
Tamill	1
Burmese Chinese	1
Yoruba	1
Mandingo	1
Turkish	1
Portuguese	1
Punjabi Hndi Urdu	1
HindiPunjabiUrd	1
HindiUrdu	1
Indian/Hindi	1

Cal MediConnect

LANGUAGE	NUMBER OF PHYSICIANS
English	179
Spanish	73
Mandarin	13
Tagalog	13
Armenian	9
Farsi	9
Arabic	8
Other	7
Other Chinese	6
Korean	6
Persian	5
Chinese	5
Vietnamese	4
Hindi	4
French	3
Hebrew	3

LANGUAGE	NUMBER OF PHYSICIANS
Cantonese	3
Japanese	3
Russian	3
Gujarati	3
HindiPunjabiUrd	2
Samoan	2
Hindi Punjabi	2
Thai	2
Not Invalid	2
Faroesefarsi	2
Chinese Taiwanese	2
HindiTonganUrdu	1
Hmong	1
Taiwanese	1
Chinese (Family)	1
Italian	1
Yue Chinese	1
Laotian	1
Yoruba	1
Burmese Chinese	1
Portuguese	1
Punjabi Hindi Urdu	1
Telugu	1
Turkish	1
FILIPINO	1
Mandingo	1
Hindi Urdu Punjabi	1
Greek	1
Hindi Urdu	1
Iranian	1
Hindi Gurjati	1
HindiUrdu	1
Indian/Hindi	1

Based on the number of bilingual practitioners and the high usage of interpreting services by practitioners (see Section A4 Cultural & Linguistic Services for details), L.A. Care determined that the practitioner network meets the current cultural and linguistic needs of L.A. Care members. Therefore, the provider network does not need to be adjusted at this time. That said, L.A. Care will continuously pursue initiatives to improve the C&L services this coming fiscal year, including implementation of video remote interpreting at clinic sites to supplement face-to-face and telephonic interpreting services.

SUMMARY

Through quarterly and annual quantitative monitoring and analysis, L.A. Care evaluates its network to determine if it has sufficient numbers and types of practitioners who provide primary care, specialty care, and behavioral healthcare services. L.A. Care continues to engage in strategic efforts to develop a more robust directly contracted network throughout the Los Angeles County coverage area to ensure members' access to a full range of healthcare services.

The results of this analysis 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 2020 through September, 2021.

Medi-Cal

Medi-CAL: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Acupuncture	4
Agencies/Public Health or Welfare	5
Allergy	2
Allergy/Immunology	3
Allopathic & Osteopathic Physicians/Emergency Medicine	14
Allopathic & Osteopathic Physicians/Emergency Medicine, Sports Medicine	1
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation	10
Allopathic & Osteopathic Physicians/Plastic Surgery	10
Allopathic & Osteopathic Physicians/Surgery	26
Allopathic & Osteopathic Physicians/Surgery, Vascular Surgery	6
Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery	1
Allopathic & Osteopathic Physicians/Surgery/Surgical Critical Care	5
Allopathic & Osteopathic Physicians/Surgery/Vascular Surgery	6
Anaplastologist	1
Anesthesiology	99
Behavioral Health & Social Service Providers/Psychologist	5
Behavioral Health & Social Service Providers/Psychologist, Addiction (Substance Abuse Disorder)	3
Behavioral Health & Social Service Providers/Social Worker, Clinical	27
Cardiology	13
Cardiovascular Disease	32
Cardiovascular Disease (MD)	18
Child Development	1
Chiropractic Providers/Chiropractor	4
Chiropractor	4

Medi-CAL: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Dermatology	17
Diagnostic Radiology	63
Dietary & Nutritional Service Providers/Dietician, Registered	13
Dietician, Registered	12
Emergency Medicine	10
Endocrinology	21
Gastroenterology	23
Gastroenterology (MD)	30
Genetics	3
Geriatric Medicine	1
Group/Multi-Specialty	18
Gynecology (DO)	1
Hematology	32
Home Infusion Agency	1
Infectious Disease	19
Laboratories/Clinical Medical Laboratory	1
Manipulative Therapy (DO)	1
Medicine, Sports Medicine Allopathic & Osteopathic Physicians/Emergency Medicine,	1
Miscellaneous Medicine	3
Neonatology	13
Nephrology	26
Neurology	77
Neurology (MD)	33
Not Specified	7
Obstetrics & Gynecology - Critical Care Medicine	3
Obstetrics and Gynecology	51
Obstetrics and Gynecology (MD)	43
Occupational Therapist	3
Oncology	2
Ophthalmology	51
Ophthalmology, Otolaryngology, Rhinology (DO)	1
Optometry	20
Orthopedics	41
Other	386
Otolaryngology	10
Otology, Laryngology, Rhinology	1
Pathologic Anatomy; Clinical Pathology (MD)	3
Pathology	13

Medi-CAL: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Pathology (MD)	1
Pediatric Allergy	2
Pediatric Cardiology (MD)	2
Pediatric Critical Care Medicine	1
Pediatric Endocrinology	2
Pediatric Gastroenterology	2
Pediatric Hematology/Oncology	19
Pediatric Nephrology	1
Pediatric Neurology	3
Pediatric Orthopedics	3
Pediatric Psychiatry- Child	2
Pediatric Pulmonology	9
Pediatric Surgery	20
Perinatology	1
Peripheral Vascular Disease Or Surgery (DO)	1
Pharmacology-Clinical	1
Physical Medicine and Rehabilitation	5
Physical Therapist	20
Podiatric Medicine & Surgery Service Providers/Podiatrist	23
Podiatric Medicine & Surgery Service Providers/Podiatrist, Foot & Ankle Surgery	1
Podiatric Medicine & Surgery Service Providers/Podiatrist, Primary Podiatric Medicine	1
Podiatry	29
Psychiatry	38
Psychiatry & Neurology - Neurocritical Care	1
Psychiatry Neurology	1
Pulmonology (MD)	17
Radiation Oncology	3
Radiology	4
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Physical Therapist	17
Rheumatology	10
Social Worker - Clinical (Licensed Clinical Social Worker)	30
Speech Therapy	1
Speech, Language and Hearing Service Providers	1
Suppliers/Pharmacy	2
Surgery - General	10
Surgery - Hand	4
Surgery - Neurological	9
Surgery - Orthopedic	45

Medi-CAL: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Surgery - Plastic	11
Surgery - Surgical Critical Care	1
Surgery - Thoracic	6
Urology	25

L.A. Care Covered

LACC: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Acupuncture	3
Allergy	2
Anesthesiology	12
Audiology	1
Cardiology	8
Cardiovascular Disease (MD)	9
Chiropractor	1
Dermatology	13
Dietician, Registered	4
Emergency Medicine	5
Endocrinology	8
Gastroenterology (MD)	18
Genetics	1
Gynecology (DO)	1
Hematology	7
Infectious Disease	8
Miscellaneous Medicine	3
Neonatology	2
Nephrology	11
Neurology (MD)	25
Obstetrics and Gynecology (MD)	27
Occupational Therapist	2
Oncology	1
Ophthalmology	26
Optometry	24
Other	238
Otology, Laryngology, Rhinology	1
Pathologic Anatomy; Clinical Pathology (MD)	3
Pathology (MD)	1

LACC: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Pediatric Cardiology (MD)	2
Pediatric Critical Care Medicine	1
Pediatric Endocrinology	1
Pediatric Hematology/Oncology	7
Pediatric Nephrology	1
Pediatric Orthopedics	4
Pediatric Pulmonology	1
Pediatric Surgery	6
Peripheral Vascular Disease Or Surgery (DO)	1
Physical Medicine and Rehabilitation	5
Physical Therapist	9
Podiatry	18
Psychiatry	9
Pulmonology (MD)	13
Radiation Oncology	5
Radiology	2
Rheumatology	5
Social Worker - Clinical (Licensed Clinical Social Worker)	29
Speech Therapy	1
Surgery - Colon/Rectal	1
Surgery - General	17
Surgery - Neurological	4
Surgery - Orthopedic	29
Surgery - Plastic	6
Surgery - Surgery of the Hand	1
Surgery - Thoracic	2
Urology	15

Cal MediConnect

CMC: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Acupuncture	3
Allergy	3
Anesthesiology	4
Cardiology	4
Cardiovascular Disease (MD)	10
Chiropractor	1

CMC: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Dermatology	11
Dietician, Registered	3
Endocrinology	7
Gastroenterology (MD)	15
Gynecology (DO)	1
Hematology	4
Infectious Disease	7
Neonatology	1
Nephrology	12
Neurology (MD)	23
Obstetrics and Gynecology (MD)	26
Occupational Therapist	1
Oncology	1
Ophthalmology	22
Optometry	21
Other	204
Otology, Laryngology, Rhinology	1
Pediatric Cardiology (MD)	3
Pediatric Endocrinology	1
Pediatric Hematology/Oncology	6
Pediatric Nephrology	1
Pediatric Orthopedics	4
Pediatric Surgery	2
Peripheral Vascular Disease Or Surgery (DO)	1
Physical Medicine and Rehabilitation	4
Physical Therapist	9
Podiatry	12
Psychiatry	9
Pulmonology (MD)	8
Radiation Oncology	3
Radiology	2
Rheumatology	4
Social Worker - Clinical (Licensed Clinical Social Worker)	30
Speech Therapy	1
Surgery - Colon/Rectal	1
Surgery – General	14
Surgery – Hand	1
Surgery - Neurological	5

CMC: Specialists Added October 2020 - September 2021	
SPECIALTY	COUNT
Surgery - Orthopedic	28
Surgery - Plastic	7
Surgery - Thoracic	2
Urology	12

H.3.a ASSESSMENT OF NETWORK ADEQUACY FOR NON-BEHAVIORAL HEALTH SERVICES

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BACKGROUND

Providers affiliated with L.A. Care Health Plan (L.A. Care) and its contracted delegates are required to adhere to Access to Care standards which include, but are not limited to, member travel time and distance standards applicable to the following provider types.

- Primary Care Physicians
- Specialists
- Ancillary Providers
- Behavioral Health Care
- Pharmacy

L.A. Care analyzes non-behavioral health member experience data as reported through complaints, grievances, appeals and CAHPS surveys. The results of these analyses are used to determine, where applicable, if there are gaps in the network specific to particular geographic areas or types of practitioners or providers. The organization also reviews requests for enrollees to receive care from Out-of-Network (OON) providers to determine if these referrals indicate any inadequacies within L.A. Care's networks.

SECTION 1: APPEALS & GRIEVANCES, CAHPS, AND OUT OF NETWORK REQUESTS

GRIEVANCES AND APPEALS

MEDI-CAL

Geography related Complaints	Quarter 4 2020	Quarter 1 2021	Quarter 2 2021	Quarter 3 2021
Membership Average	1,188,568	1,188,568	1,188,568	1,188,568
Total A&G Received	35	25	38	33
Rate per 1000 members	0	0	0	0
Goal of 2.5 out of 1000 met	Goal Met	Goal Met	Goal Met	Goal Met

Geography related Complaints	Quarter 4 2020		Quarter 1 2021		Quarter 2 2021		Quarter 3 2021		Annual Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physician Office	26	74%	20	80%	26	68%	23	70%	95	73%
Specialist	9	26%	5	20%	5	11%	6	18%	25	19%
Urgent Care	0	0%	0	0%	6	16%	4	12%	10	8%
Hospital	0	0%	0	0%	1	3%	0	0%	1	1%
Grand Total	35	100%	25	100%	38	100%	33	100%	131	100%

Quantitative Analysis

- Primary Care Physician
 - 73% (95) of the overall volume is related to access to Primary Care Physician Office
- Specialist
 - 19% (25) of the overall volume is related to access to Specialty services
 - 24% (6) can be attributed to these two specialty types
 - 12% (3) – Physical Medicine and Rehabilitation
 - 12% (3) – Rheumatology

COMMERCIAL (LACC/LACCD)

Geography related Complaints	Quarter 4 2020	Quarter 1 2021	Quarter 2 2021	Quarter 3 2021
Membership Average	143,516	143,516	143,516	143,516
Total A&G Received	8	13	11	21
Rate per 1000 members	0	0	0	0
Goal of 2.5 out of 1000 met	Goal Met	Goal Met	Goal Met	Goal Met

Geography related Complaints	Quarter 4 2020		Quarter 1 2021		Quarter 2 2021		Quarter 3 2021		Annual Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physician Office	7	88%	12	92%	8	73%	14	67%	41	77%
Specialist	0	0%	0	0%	1	9%	2	10%	3	6%
Urgent Care	1	13%	1	8%	2	18%	5	24%	9	17%
Hospital	0	0%	0	0%	0	0%	0	0%	0	0%
Grand Total	8	100%	13	100%	11	100%	21	100%	53	100%

Quantitative Analysis

- Primary Care Physician
 - 77% (41) of the overall volume is related to access to Primary Care Physician Office
- Specialist
 - 6% (3) of the overall volume is related to access to Specialty services
 - 67% (2) can be attributed to these two specialty types

- 30% (1) – Orthopedic Surgery
- 30% (1) – Other

CAL MEDICCONNECT

Geography related Complaints	Quarter 4 2020	Quarter 1 2021	Quarter 2 2021	Quarter 3 2021
Membership Average	18,654	18,654	18,654	18,654
Total A&G Received	10	6	5	5
Rate per 1000 members	1	0	0	0
Goal of 2.5 out of 1000 met	Goal Met	Goal Met	Goal Met	Goal Met

Geography related Complaints	Quarter 4 2020		Quarter 1 2021		Quarter 2 2021		Quarter 3 2021		Annual Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physician Office	6	60%	4	67%	5	100%	2	40%	17	65%
Specialist	3	30%	2	33%	0	0%	3	60%	8	31%
Urgent Care	1	10%	0	0%	0	0%	0	0%	1	4%
Hospital	0	0%	0	0%	0	0%	0	0%	0	0%
Grand Total	10	100%	6	100%	5	100%	5	100%	26	100%

Quantitative Analysis

- Primary Care Physician
 - 65% (17) of the overall volume is related to access to Primary Care Physician Office
- Specialist
 - 31% (8) of the overall volume is related to access to Specialty services
 - 38% (3) can be attributed to these two specialty types
 - 25% (2) – Urology, Urological Surgery
 - 13% (1) – Pain Medicine

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS – 2021

SECTION 1: COMPOSITES

The CAHPS survey asks respondents about their experience with various aspects of their care. Survey questions are combined into “composites.” Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never,” “sometimes,” “usually,” and “always.” The scores for composite scores throughout this report reflect the percent of responses indicating “usually” or “always.” The tables below compare 2021 scores to scores from 2020 and 2019, as well as to benchmarks and goals.

Medicaid Child Composites	2019	2020	2021	2021 vs. 2020	Quality Compass Percentile	2021 Goal	Goal Met
Getting Needed Care	83.9%	83.2%	81.0%	-2.2 pp	<25th	84.5%	Not Met
Getting Care Quickly	80.4%	82.3%	78.9%	-3.4 pp	<25th	85%	Not Met

Quantitative Analysis - Child

- Getting Needed Care: Decreased by 2.2 percentage points from 2020. The rate remained below the 25th percentile for Quality Compass.
- Getting Care Quickly: Decreased by 3.4 percentage points from 2020. The rate fell below the 10th percentile for Quality Compass.
- All Child composites declined from 2020 to 2021 and failed to meet the 25th percentile for Quality Compass. None of the 2021 rates were statistically different from 2020 scores. Getting Needed Care and Getting Care Quickly both performed statistically lower than the 2021 NCQA Quality Compass national average. No composite performed statistically above the average. While the ratings for children all improved compared to pre-pandemic scores, that is not observed in the composites scoring.

Medicaid Adult Composites	2019	2020	2021	2021 vs. 2020	Quality Compass Percentile	2021 Goal	Goal Met
Getting Needed Care	76.6%	71.6%	74.4%	2.8 pp	<25th	73%	Met
Getting Care Quickly	76.8%	72.7%	72.1%	-0.6 pp	<25th	76%	Not Met

Quantitative Analysis - Adult

- Getting Needed Care: Increased 2.8 percentage points from 2020. This composite was below the 10th percentile for Quality Compass.
- Getting Care Quickly: Decreased 0.6 percentage points from 2020. This composite was below the 10th percentile for Quality Compass.
- The decline for Getting Care Quickly from 2020 – 2021 was slight. Getting Needed Care met the goals. Both composites performed statistically lower than the 2021 NCQA Quality Compass national average. All scores fell below their 2019 pre-pandemic baselines.

SECTION 2: L.A. CARE COVERED QHP ENROLLEE SURVEY RESULTS

The 2021 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2020, 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 Scores are compared to official scores from 2019 and 2018. As the 2020 survey was halted by CMS and official scores were not calculated. Note that in 2020, the survey vendor changed from DSS to CSS, so comparing unofficial scores from 2019 or earlier is not feasible.

The QHP Survey was fielded February 26 through May 15. Responses were solicited via mail, phone, and email, when possible. A total of 287 responses were received, a response rate of 17.0%, considerably higher than the 2020 rate of 11.6% but lower than the 2019 rate of 18.3%.

QHP Rating*	2018	2019	2020	2021	2021 vs. 2019	2021 Goal	Goal Met	CMS National Average
Health Plan	72.6%	72.6%	N/A	69.5%	-3.1 pp	76%	Not Met	72.3%
Health Care	75.8%	77.9%	N/A	74.0%	-3.9 pp	80%	Not Met	81.1%
Personal Doctor	86.9%	82.5%	N/A	81.8%	-0.7 pp	85%	Not Met	88.1%
Specialist	84.9%	82.7%	N/A	80.4%	-2.3 pp	85%	Not Met	86.3%

*Responses of 7, 8, 9, or 10

SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

The 2021 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. In 2020, data submission to CMS did not occur due to COVID-19 and thus official scores are unavailable. Unofficial, non-adjusted scores are not comparable due to a change in vendor.

The 2021 survey had a response rate of 38.6%, considerably higher than the average rate for MMPs, as well as for previous years of the survey.⁶⁴

RATINGS

MAPD Ratings*	2018	2019	2020	2021	2021 vs. 2019	2021 Goal	Goal Met	2021 MMP Avg.
Health Plan	60%	69%	N/A	68%	-1 pp	72%	Not Met	68%
Health Care Quality	58%	64%	N/A	66%	2 pp	67%	Not Met	64%
Personal Doctor	N/A	78%	N/A	75%	-3 pp	81%	Not Met	78%

SECTION 4: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis

While scores increased for two ratings and one composite, most rates remain low. Getting Care Quickly remains the longstanding 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.

⁶⁴ The 2020 survey had a response rate of 26.16%, while the 2019 survey had a rate of 24.70%.

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. Provider offices in L.A. Care's network have reported being stretched thin by the pandemic – limited appointments may be available, telehealth implementation was sometimes rocky, and offices were sometimes short-staffed due to COVID-19 outbreaks among staff. As many offices and patients implemented telehealth care for the first time, technical issues were common and may have frustrated members, who were asked for the first time to consider any phone and/or video visits in their responses. It is quite possible that the use of telehealth resulted in lower scores. It is also possible that scores were influenced by the change in methodology in 2021 from exclusively mail (in 2020 only) phone and mail. There is no way to separate out the effects of the changes in methodology from any impact by COVID-19.

For Getting Care Quickly, the score for routine care was more than eleven points lower than the score for urgent care. For Getting Needed Care, the score for prompt access to specialty care was 9 points lower than the general getting care, tests or treatment question. 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. However, this finding is muddled by the relatively high score for Rating of Specialist on the Child survey for 2021. Medi-Cal providers in Los Angeles County have cared for children for decades, while adults with more complex needs grew with the addition of Medicaid Expansion members beginning in 2014, who are more new to their panels.

The Customer Service composite saw a considerably decline in 2021 after a large increase in 2020. The increase may have been short lived if it was 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. In 2021, members may have been exhausted by the pandemic and frustrated by the procedures of the managed care system. In reviewing the scores for the questions that roll up to the Customer Service composite, the rate for courtesy and respect was high (92%) but the “agent provided information or help” was much lower (79.3%). Members may feel that CSC agents are respectful but not able to resolve their issues or complete requests. While there is work in progress to improve the experience of the member when calling L.A. Care, much of this focuses on technical improvements and communicating health services needed and community events scheduled. This finding may be evidence of a need for better education and communication between the roles of the health plan, IPA, and primary care provider and which party to contact for various questions or concerns.

Adult Medicaid Qualitative Analysis

While three composites increased in 2021, Adult HP-CAHPS scores for Medi-Cal remain very low compared to benchmarks. All ratings and composites scored below the Quality Compass 25th percentile. Getting Care Quickly and Getting Needed Care are the lowest rated composites, which should be prioritized for improvement. Physician Communication scored the highest, but is still in need of intervention.

For Getting Care Quickly, the score for routine care was more than seven points lower than the score for urgent care. This clearly demonstrates an access issue for non-urgent appointments.

For Customer Service, the courtesy and respect rate was high at 88.1% but the agent provided information or help was much lower at 73.2%. Members may feel that CSC agents are respectful but not able to resolve their issues or complete requests. This finding is consistent with that of the Child survey, and indicates that members contact L.A. Care with issues that may need to be addressed by other parties, such as PCPs, IPAs, and the Department of Social Services. To improve scores, the healthcare system will need to adapt to meet member expectations or L.A. Care will need to better educate members about what parties to contact for various issues. This issue could be further exacerbated in the future by the upcoming carve-out of pharmacy benefits from managed care in Medi-Cal.

While COVID-19 did not disrupt the deployment of the survey itself, it is possible that scores were influenced by COVID. The climate of fear, widespread economic hardship and job loss, along with skyrocketing rates of depression and anxiety during the pandemic could very well have had a negative impact on scores. It is expected that COVID-19 will have a negative impact on access to routine care for the coming year(s).

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. For Getting Needed Care, the score for prompt access to specialty care was 4.7 points lower than the general getting care, tests, or treatment question. This demonstrates an access issue with specialty 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

Unfortunately, all measures in the QHP Survey declined in 2021 and most performed below average compared to other plans. LACC has struggled with member experience in the past and this issue continues to get worse. The highest scoring areas are around costs, which is not surprisingly given Covered California's defined benefit structure, and doctor communication. In the preview of the official results from

CMS, L.A. Care is a one-star plan for Enrollee Experience, but a three-star plan for Plan Efficiency, Affordability, and Management. The star ratings point out that access to care and provider ratings should be the highest priorities, while members are somewhat more satisfied with service from L.A. Care.

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 and showed multi-year declines. It could be that our largely safety net provider network does not meet the expectations associated with the commercial consumer. Additionally, like Medi-Cal, the Plan Customer Service issue is centered around members not getting the information or help they need (64%) rather than being treated with courtesy and respect (83.3%). On top of that, nearly 35% of respondents indicated that it took longer to speak with customer service staff than they had expected. Overall, LACC members seem unhappy with most of levels of service.

Additional observations from the 2021 results include:

- Access to routine care (67.2%) is more available than urgent (61.4%).
- Fewer than half of respondents reported being able to find out the price of a prescription drug or health care service in advance.
- Nearly a quarter of respondents reported having to pay out of pocket for care they thought would be covered.

For this population there are several opportunities for improvement, but working on provider coaching and improving customer service both in the office and at the health plan level seem important. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. L.A. Care will continue to prioritize improving the office visit, expanding access to care, and ensuring a smooth payment process for members.

Medicare CMC Qualitative Analysis

The CMC survey performed below the Medicare Advantage national average on the following Star Rating measures(s): Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Care Coordination, and Getting Needed Prescription Drugs. The survey did not exceed the national average for Medicare Advantage for any Star measure. Most scores decreased from 2019 to 2021. After promising scores in 2019, these declines are a disappointing results, although an expected one given the harsh realities of the pandemic.

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. The source of the decline in the Getting Care Quickly composite was focused on appointments for routine care, which is not surprising given the impact of the pandemic on doctors' offices.

L.A. Care will continue to prioritize improving the office visit, access to pharmacy benefits, and member education on benefits.

OUT OF NETWORK REQUESTS BY MEMBERS

Utilization Management examines the referrals to out-of-network specialists on an as-needed basis in order to ensure members' needs are continually met. The below tables show the out of network requests that were compiled during the lookback period for each line of business. The requests below are only a collection of total requests by members, at this time L.A. Care is working towards creating reporting and tracking for claims utilization data for out of network requests.

MEDI-CAL

Measurement Year Q4 2019 - Q3 2020 (Out-of-Network Requests)					
Standard 5 out of 1000					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
ANTELOPE VALLEY	135	146	92.47%	780407	2.24
EAST	888	951	93.38%	1647348	6.93
METRO	3684	4077	90.36%	1755937	27.86
SAN FERNANDO	2091	2651	78.88%	2879065	11.05
SAN GABRIEL	1036	1128	91.84%	2141609	6.32
SOUTH	358	625	57.28%	2465000	3.04
SOUTH BAY - LB	1412	1568	90.05%	1861713	10.11
WEST	436	481	90.64%	506885	11.39
Total	10040	11627	85.61%	14037964	9.94

COMMERCIAL (LACC/LACCD

Measurement Year Q4 2019 - Q3 2020 (Out-of-Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
ANTELOPE VALLEY	2	2	100.00%	27299	0.88
EAST	16	18	88.89%	127806	1.69
METRO	87	101	86.14%	120837	10.03
SAN FERNANDO	59	63	93.65%	251323	3.01
SAN GABRIEL	10	11	90.91%	321827	0.41
SOUTH	1	1	100.00%	76485	0.16
SOUTH BAY - LB	42	50	84.00%	154762	3.88
WEST	35	40	87.50%	42585	11.27
Total	252	286	91.39%	1122924	3.06

CAL-MEDI CONNECT

Measurement Year Q4 2019 - Q3 2020 (Out-of-Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
ANTELOPE VALLEY - CMC Medicare	2	2	100.00%	10660	2.25
East - CMC Medicare	15	16	93.75%	27679	6.94
East - CMC Medi-Cal	4	4	100.00%	27675	1.73
Metro - CMC Medicare	66	67	98.51%	33323	24.13
Metro - CMC Medi-Cal	11	11	100.00%	33323	3.96
San Fernando - CMC Medicare	25	27	92.59%	39219	8.26
San Fernando - CMC Medi-Cal	2	2	100.00%	39219	0.61
San Gabriel - CMC Medicare	7	7	100.00%	31619	2.66
San Gabriel - CMC Medi-Cal	1	1	100.00%	31619	0.38
South - CMC Medicare	3	3	100.00%	40551	0.89
South - CMC Medi-Cal	2	2	100.00%	40552	0.59
South Bay - CMC Medicare	10	11	90.91%	33723	3.91
South Bay - CMC Medi-Cal	4	4	100.00%	33723	1.42
West - CMC Medicare	7	9	77.78%	6042	17.87
West - CMC Medi-Cal	1	1	100.00%	6042	1.99
Total	160	167	96.90%	434969	4.61

SECTION 2: OPPORTUNITIES

COMPLAINTS & APPEALS REGARDING NETWORK ADEQUACY

Based on the complaints and appeals above there are no opportunities identified as the goal of 2.5 appeals or grievances per 1000 members was met for all lines of business each quarter.

MEMBER EXPERIENCE SURVEY (CAHPS)

Based on the above collection of member experience surveys there are multiple opportunities to expand the provider network for both primary care physicians and specialists. L.A. Care has been working on a long-term strategy to address some of the common issues in all the lines of business.

Members in all lines of business have two top areas of concern: *Getting Needed Care* and *Getting Care Quickly*. Given that these themes seem to arise in all product lines, they were selected as the main focus in previous years and will remain so in 2021.

The survey vendor identified the below priorities for improvement for both the Adult and Child Medi-Cal surveys:

5. Improving health plan provider network – personal doctors
6. Improving access to care
7. Improving the ability of the health plan customer service to provide necessary information or help
8. Improving health plan provider network - specialists

Based on the analysis above and building upon the priorities from the previous year, there are several areas of opportunity that L.A. Care can focus on to improve CAHPS and to help reduce appeals and grievances going forward. These areas 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: *Expand access to care.*

- Addresses: Getting Care Quickly, Getting Needed Care, and Access
- Opportunities: make new care options available to members
- 2021 plans: outreach to members about the availability of MinuteClinic and Teladoc, as well as conduct targeted preventive care outreach for vaccinations, screenings, and wellness exams to encourage utilization. Continue the Elevating the Safety Net program to increase the supply of providers. Ensure members can access routine care. Encourage providers and PPGs to offer telehealth services.

PRIORITY 2: *Establish clear lines of accountability for Plan Partners and contracted provider groups.*

- Addresses: all Ratings and Composites
- Opportunities: ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 2021 plans: base incentive payments partially on member survey results. Require that the Plan Partners and low-performing IPAs submit action plans for improvement. Meet with low-performing IPAs to coach them on improvement and emphasize accountability for performance.

GEOGRAPHIC ANALYSIS, LINGUISTIC ANALYSIS, CULTURAL ANALYSIS, ETHNIC ANALYSIS.

Geographic Analysis

- L.A. Care did meet all provider to member ratios as well as travel distance standards that were set for PCPs. (see: *Net 1 B*)
- L.A. Care did not meet all provider to member ratios or travel distance standards for specialists. (see: *Net 1 C*) The focus on expanding the network is a goal across the enterprise and has led to the below interventions that are currently taking place.

Direct Contracting

In addition to the establishment of a direct network L.A. Care continues to actively pursue direct contracts with primary and specialty care physicians and medical groups throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist. Internal reporting is conducted monthly to perform a geographical assessment of the sufficiency of L.A. Care's network. L.A. Care has identified county-wide opportunities to improve and expand the organization's specialty network. These results have led to aggressive direct contracting efforts of both primary care and specialty care physicians.

Analysis of Provider Geographical Distribution

L.A. Care's Provider Network Management department continues to perform detailed analyses of the geographical distribution of its network to better understand where coverage deficiencies exist and to utilize these results to guide its contracting strategies. L.A. Care has also requested and received regulatory approval from the Department of Health Care Services (DHCS) to use alternative access standards to determine levels of access in those geographical locations where there is a dearth of providers and where more stringent, established geographical standards cannot be met.

Linguistic Analysis

Based on the number of bilingual practitioners and the high usage of interpreting services by practitioners (see Section A.4 Cultural & Linguistic Services for details), L.A. Care determined that the practitioner network meets the current cultural and linguistic needs of L.A. Care members. Therefore, the provider network does not need to be adjusted at this time. That said, L.A. Care will continuously pursue initiatives to improve the C&L services this coming fiscal year, including implementation of video remote interpreting at clinic sites to supplement face-to-face and telephonic interpreting services.

NET-2ABC: APPOINTMENT AVAILABILITY

Member surveys on appointment wait times show that L.A. Care Health Plan did not meet the goals for *Getting Care Quickly*. L.A. Care is working to continuously increase its provider availability for both primary care and specialists by taking a multi-step approach.

Virtual Services

Beginning in Summer 2019, L.A. Care members have access to minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This provides easier access for members to have basic needs met when their PCP is unavailable and/or traditional urgent care options are less desirable. Additionally, L.A. Care members have access to telehealth services through Teladoc as of January 2020, which serves as an additional convenient resource for some primary and specialty care services.

Direct Contracting

To further expand access to primary care, L.A. Care began contracting with providers directly in 2017 in areas with known access issues. As of October 2021, a total of 309 primary care providers have direct contracts, an increase of 55 from a year prior. This is a long-term approach to improving member experience; direct contracts allow L.A. Care to control all aspects of the care experience. Additionally, L.A. Care is developing a virtual specialty care program for Direct Network members in an effort to provide timely access to specialty care. PNM has also increased oversight of IPAs to ensure they have adequate specialty networks.

Increased Monitoring of PPGs

PPGs are required to monitor their practitioners until they become compliant with L.A. Care's performance standards. L.A. Care will continue to require PPGs to report their findings until their network is in compliance with the standards and meet L.A. Care performance goals.

OUT OF NETWORK ANALYSIS

Based on the out of network standard of 5 requests per 1000 members for all lines of business there are no opportunities identified for Exchange or Cal MediConnect lines of business. Medi-Cal has not met the standard; however, please note during our review of the OON report it was identified that there could be some data inaccuracies due to the algorithms used by IT which may have led to our numbers being potentially overstated. L.A. Care is conducting an additional detailed review of the OON data that we are reporting to ensure that it is accurate.

IMPLEMENTATION OF INTERVENTIONS

An intervention to increase access and availability for all lines of business across all geographic areas in Los Angeles County is the utilization of CVS Minute Clinic and Teladoc services. These services can help support members regardless of region in the Los Angeles area by helping to expand the pool of providers available to members for minor urgent care services. In theory, increasing the access to providers via a virtual service will allow members to make quicker appointments, have a larger array of non-emergency providers, and the availability to these providers will not be tied to geo-access.

The below tables show the increase in claims utilization over the last three quarters by analyzing individual claims submissions by both calendar quarters and by regions in which members used the services. The tracking of these claims started in January 2021 in order to view the trajectory of member utilization. All lines of business are combined in the table for the overall claims volume. Overall the claims submissions for both CVS MinuteClinic and Teladoc have shown growth over each quarter. Breaking out the claims utilization into each region where the members are located also shows an increase across most regions in the usage of both medical services.

Table 1: Overall Claims Utilization

Service by Quarter for All Lines of business (Individual Claim and Encounter Count)			
Claim by Pay-to	Q1 2021	Q2 2021	Q3 2021
MinuteClinic	5,819	6,699	8,125
Teladoc	3,030	5,323	5,420
Grand Total	8,849	12,022	13,545

Table 2a: MinuteClinic Claims Utilization by RCAC Region

MinuteClinic Claims by Quarter (Individual Claim and Encounter Count)				
Utilization by RCAC Region	Q1 2021	Q2 2020	Q3 2021	Grand Total
1. Antelope Valley	158	196	205	559
2. Van Nuys, Pacoima, West Hills, Arleta, Sepulveda	1,144	1,351	1,435	3930
3. Alhambra, Pasadena, Foothill	742	762	1,010	2514
4. Hollywood, Wilshire, Central LA, Glendale	403	451	183	1037
5. Culver City, Venice, Santa Monica, Malibu, Westchester	201	360	344	905
6. Compton, Inglewood, Watts, Gardena, Hawthorne	821	990	1,281	3092
7. Huntington Park, Bellflower, Norwalk, Cudahy	398	480	694	1572
8. Carson, Torrance, San Pedro, Wilmington	473	603	691	1767
9. Long Beach	238	265	354	857
10. East Los Angeles, Whittier, Highland Park	299	365	427	1091
11. Pomona, El Monte	806	738	1,105	2649
12. Null	136	138	96	370

Table 2b: Teladoc Claims Utilization by RCAC

Teladoc Claims by Quarter (Individual Claim and Encounter Count)				
Utilization by RCAC Region	Q1 2021	Q2 2020	Q3 2021	Grand Total
1. Antelope Valley	266	378	386	1030
2. Van Nuys, Pacoima, West Hills, Arleta, Sepulveda	721	948	1,114	2783
3. Alhambra, Pasadena, Foothill	198	332	310	840
4. Hollywood, Wilshire, Central LA, Glendale	561	784	738	2083
5. Culver City, Venice, Santa Monica, Malibu, Westchester	250	377	350	977
6. Compton, Inglewood, Watts, Gardena, Hawthorne	560	784	825	2169
7. Huntington Park, Bellflower, Norwalk, Cudahy	215	267	277	759
8. Carson, Torrance, San Pedro, Wilmington	166	217	248	631
9. Long Beach	309	265	285	859
10. East Los Angeles, Whittier, Highland Park	278	371	357	1006
11. Pomona, El Monte	301	428	410	1139
12. Null	105	172	110	387

H.3.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 members across all product lines based on level of criteria. Several administrative services are contractually delegated to Beacon. Per contractual requirement, Beacon submits an Appointment Accessibility and Provider Availability Trend Report to L.A. Care on an annual basis. This report contains

standards related to emergent, urgent and routine appointments. Beacon submits their Member Experience Survey to L.A. Care on an annual basis. This report contains standards related to network adequacy.

In 2015, L.A. Care began to directly contract for Applied Behavioral Analysis (ABA) service for the Medi-Cal product line only. L.A. Care's Appeal and Grievance department monitors the appeals and grievances data and collaborates with internal departments, including the Behavioral Health Department, Quality Improvement, and other Health Services Departments to drive continuous improvement.

Beacon is not delegated to conduct grievance investigations for L.A. Care members. However, Beacon works in collaboration with L.A. Care's Appeals and Grievance Department to resolve issues regarding the Beacon network of providers or Beacon operations. The data provided in this report only captures those complaints around Access. L.A. Care's Appeals and Grievances Department works diligently within L.A. Care to identify, document, manage, resolve, and track and trend both member and provider concerns.

Summary: Data and Performance Goals

Complaint Type	Product Line	Performance Goal	Performance Goal Met?
Grievances	Medi-Cal	$4 \leq$ per 1000/member	Yes
	CMC		Yes
	LACC		Yes
Appeals	Medi-Cal	$2 \leq$ per 1000/member	Yes
	CMC		Yes
	LACC		Yes

The following analysis is focused on Quarter 4 2020 – Quarter 3 2021 and hereon will be referred to as reporting period 2020-2021.

Grievances Related to Access:

Grievances	Total Access Grievances	Total Access Grievances per 1,000*	Overall Grievance Rate
Medi-Cal	301	0.0211	0.0327
Cal MediConnect	44	0.197	0.786
LACC	69	0.062	0.132
Grand Total	414	0.280	0.9507

**Rate per 1000 members is calculated based on per member per month for the reporting period*

Quantitative Analysis

Grievances:

- *Medi-Cal*: There were a total of 301 grievances related to Access for 2020-2021 reporting period, a rate of 0.02 grievances per 1,000 members.
- *Cal MediConnect*: There were a total of 44 grievances related to Access for 2020-2021 reporting period, a rate of 0.197 grievances per 1,000 members.
- *LACC*: There were a total of 69 grievances related to Access for 2020-2021 reporting period, a rate of 0.062 grievances per 1,000 members.
- The overall Behavioral Health grievances comparative to the membership of L.A. Care is very low, suggesting there is no opportunity for improvement.

Qualitative Analysis

A trend analysis cannot be made with the appeals and grievances data due to the changes made in the methodology section beginning Q2 2020. Appeals and Grievances Department implemented a change in process where exempt grievances were included in the appeals and grievances data. An exempt grievance is when a member expresses a dissatisfaction at the time of the call. 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 update, exempt grievances were coded as inquiries.

2020-2021 reporting period will be the baseline year in which data can be trended since it is the first full reporting period that includes exempt grievances.

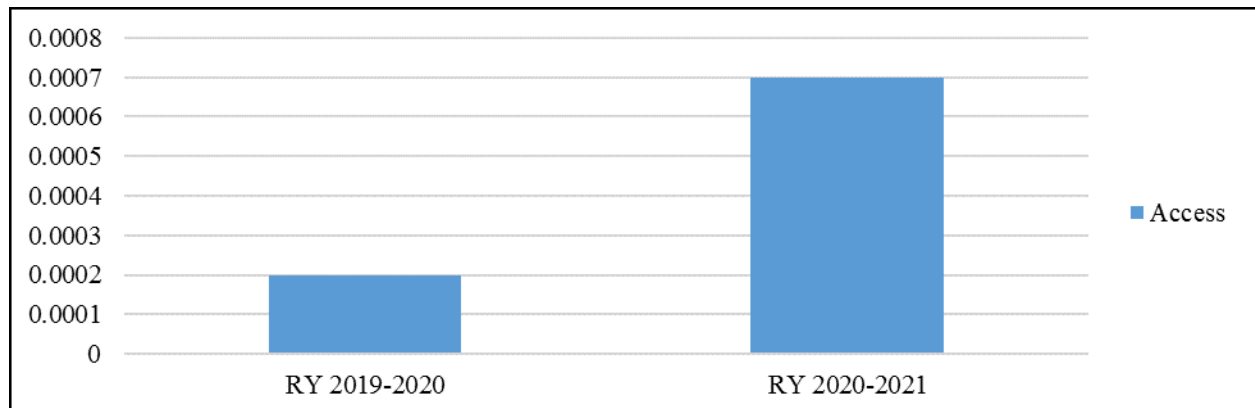
The performance goal of 4 or less grievances per 1,000 members were met for Medi-Cal, Cal MediConnect and LACC product lines. The total number of grievances for reporting period 2020-2021 were significantly less than the performance goal.

Appeals Related to Access:

Appeals	RY2019-2020		RY2020-2021		
	Total Access Appeals	Appeals per 1,000*	Total Appeals	Appeals per 1,000*	Overall Appeals Rate per 1,000
Medi-Cal	3	0.0002	10	0.0007	0.0008
Cal MediConnect	0	0	0	0	0
LACC	0	0	0	0	0

*Rate per 1000 members is calculated based on per member per month for the reporting period

Medi-Cal appeals per 1,000 members



Quantitative Analysis

Appeals:

- *Medi-Cal:* There were a total of 10 appeals related to Access for 2020-2021 reporting period, an increase of 233% compared to previous reporting period.

- The overall Behavioral Health appeals for Medi-Cal product line comparative to the membership of L.A. Care is significantly low, suggesting there is no opportunity for improvement.
- *Cal MediConnect and LACC*: Each had 0 appeals for both 2019-2020 and 2020-2021 reporting periods.

Qualitative Analysis

Appeals:

- Although there was a year over year increase for appeals related to Access, the number of appeals reported are very small comparative of the entire product line population. When working with such low numbers, any fluctuation in the data will suggest a considerable difference, even when the difference is not statistically meaningful.
- There were no Cal MediConnect or LACC appeals during this reporting period or previous reporting year of 2019-2020.
- The performance goal of 2 or less appeals per 1,000 members were met for Medi-Cal, Cal MediConnect and LACC product lines. The total number of appeals for reporting period 2020-2021 were significantly less than the performance goal established.

Member Experience Survey Results:

One way Beacon Health Options measures quality is through conducting and analyzing the Member Experience Survey on an annual basis. Beacon's Member Experience Survey is a standardized survey designed to collect members' rating of behavioral health treatment and satisfaction with services. Based on the opportunities for improvement identified in 2019, interventions implemented in 2020 focused on improvement of network adequacy to support in decreasing Access-to-Care complaints. Two of the categories measured in the Beacon Member Experience Survey includes:

- Appointment Access
- Appointment Availability

Members were randomly selected based on behavioral health claims data. Upon 4,600 surveys distributed, 268 members responded. Beacon interventions continued into 2020, which focused on improvement of member satisfaction on five areas surveyed for all product lines. The following is a summary of the results:

Appointment Access					
Measures	Product Line	Goal	Survey Year 2018	Survey Year 2019	Survey Year 2020
Emergent care, non-life threatening, is when you need treatment or services within 6 hours. In the last 12 months, did you need Emergent Care? <i>(answer key: yes)</i> <i>(2018 question: When you needed Emergent Care, did you have to wait? (answer key: less than 6 hours))</i>	Medi-Cal	85%	NA	80.0% (28/35)	81.8% (27/33)
	CMC	85%	NA	100.0% (4/4)	100.0% (3/3)
	LACC	85%	NA	100.0% (3/3)	100.0% (2/2)
	Overall	85%	NA	83.3% (35/42)	84.2% (32/38)

Appointment Access					
Measures	Product Line	Goal	Survey Year 2018	Survey Year 2019	Survey Year 2020
Urgent Care is when you need counseling or treatment within 48 hours. In the last 12 months, did you need Urgent Care? (answer key: yes). (2018 question: When you needed Urgent Care, when was the earliest appointment that was offered to you? (answer key: within 48 hours)	Medi-Cal	85%	64.7% (33/51)	67.57% (25/37)	66.7% (20/30)
	CMC	85%	33.3% (1/3)	100% (2/2)	100.0% (4/4)
	LACC	85%	80.0% (4/5)	50.0% (1/2)	100.0% (3/3)
	Overall	85%	64.4% (38/59)	68.29% (28/41)	73.0% (27/37)
In the last 12 months, did you have a first time appointment with a new counselor, therapist, psychologist or social worker? (answer key: yes) When you had a first-time appointment, when was the earliest appointment that was offered to you? (answer key: within 10 business days) (2018 question: Were you offered your first appointment within 10 business days of your call?)	Medi-Cal	85%	74.6% (94/126)	60.66% (74/122)	69.9% (58/83)
	CMC	85%	60.0% (3/5)	73.73% (8/11)	75.0% (6/8)
	LACC	85%	68.4% (13/19)	55.56% (18/29)	50.0% (7/14)
	Overall	85%	73.3% (110/150)	60.93% (92/151)	67.6% (71/105)
In the last 12 months, how often were treatment locations close enough for you? (answer key: always or usually)	Medi-Cal	NA	79.8% (201/252)	79.70% (161/202)	83.8% (129/154)
	CMC	NA	78.6% (11/14)	91.30% (21/23)	68.4% (13/19)
	LACC	NA	70.3% (26/37)	66.67% (16/24)	80.0% (24/30)
	Overall	NA	78.5% (238/303)	31.33% (78/249)	81.8% (166/203)

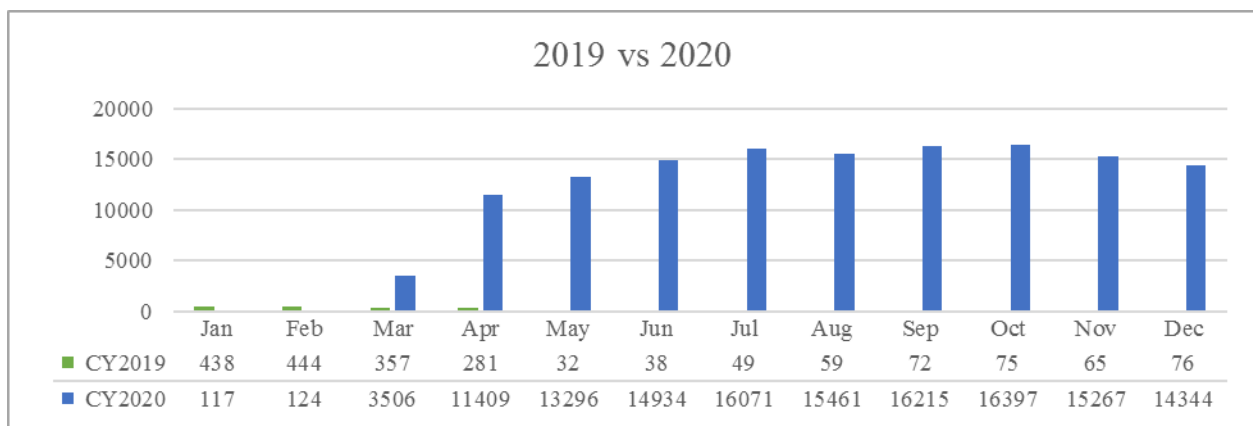
Member Experience Survey Results as follows:

2020 Member Satisfaction Report was thoroughly reviewed by L.A. Care and opportunities for improvement were discussed and agreed upon. The report was then presented to and discussed in Behavioral Health Quality Committee.

Barrier and Opportunities for Improvement

Beacon collaborated with their internal Quality, Clinical, Network and Provider Relations, initiated monthly Timely Access workgroup to take deep dive into efforts to increase BHS network, increase accessibility to prescriber and non-prescribers, increase member satisfaction around appointment access and decrease Access-to-Care complaints. Beacon also opened up the entire network to telehealth to accommodate members during the COVID-19 pandemic. Beacon reported that due to COVID-19, both member and providers faced many barriers, including the transition towards Telehealth, which have impacted scores, especially when it comes to Member Satisfaction. In areas where Beacon did not meet goal, a root cause analysis will be done and further interventions will be created to strengthen their scores around satisfaction. With the use of online resources, and further expansion of telehealth throughout their Network, Beacon will further continue to improve its access and availability scores in 2021.

Below Is The Telehealth Utilization



Telehealth utilization breakdown by product line and year:

Line of Business	Unique Utilizers		Visits		Avg. Visits	
	2019	2020	2019	2020	2019	2020
Medi-Cal	807	15,212	1,756	117,752	2.2	7.7
CMC	23	339	42	2,277	1.8	6.7
LACC	77	2,334	172	21,062	2.2	9.0

Qualitative Analysis

Expanding telehealth services has provided the opportunity for members to continue accessing care throughout the pandemic and has ensured members have access to care. There has been a significant increase year over year, providing the opportunity for more members to have access to care.

Appointment Assistance

	RY2019-2020	RY2020-2021
Medi-Cal	1,115	1,278
Cal MediConnect	78	64
LACC	378	348
Grand Total	1,571	1,685

Qualitative Analysis

The below points outline the Appointment Assistance provided through Beacon Health Options during this reporting period. This process occurs when a member calls in to the Beacon call center and any of the following situations occur:

- Beacon offers appointment assistance when a clinician screens the member for appropriate level of care (County vs. Beacon network) and determines they need additional assistance to connect with a provider.
- If a member requests the appointment assistance, they will be transferred to that department for follow up.
- The clinicians at the call center may also determine that the member would be best served through Beacon case management based on additional needs they have (i.e., medical coordination, housing, multi-system issues, crisis call long term follow ups, etc.).
- Appointment assistance is offered when a member is calling in for the second time after initial referrals did not work out.

Appointment Assistance continues to be utilized by Beacon on a consistent basis to ensure members who are experiencing access to care issues are assisted.

Beacon identified barriers with their provider network and provided solutions to improve:

Barriers	Opportunities for Improvement	Next Steps
Providers' availability in providing appointments within 10-business	Leverage Telehealth to expand access / availability.	In collaboration with Quality, Clinical, Network and Provider Relations, initiate monthly Timely Access Workgroup to take deep dive into efforts to expand network, increase accessibility to prescriber and non-prescribers, increase member satisfaction around appointment access and decrease Access-to-care complaints
Providers' reluctance to do third party scheduling with the appointment assistance team and instead request that the member calls to self-schedule.	Educate providers regarding importance of coordinating with the appointment assistance team.	Conduct provider education through webinars, newsletters, Provider Advisory Committee, provider manual, orientation packet, etc. regarding Beacon's appointment assistance team.
Providers' availability to accept new members due to members cancelling appointments or "no show."	Leverage Telehealth to expand access / availability.	Create workflows which make accessing Telehealth services easier for staff, members and providers.

Barriers	Opportunities for Improvement	Next Steps
COVID-19 pandemic created barriers to accessing care, which also impacted measures like: emergent, urgent, and routine.	Support providers through transition to providing services via telehealth	Continue to work with the Network team to further expand and improve access to service Continue to offer Webinars and provide COVID-19 related resources on Beacon website
Providers may not update their availability or specialty information with Beacon regularly	Remind providers about their responsibility to update their appointment availability status with Beacon.	Continue quarterly provider access and availability survey to ensure providers are available to take members within the 6-hour, 48-hour, and 10 business day timeframes and Beacon directory is updated with real time data.
Ensuring providers understand their contractual obligations in regards to appointment availability timeframes	Educate providers on appointment availability timeframe requirements.	Continue publishing articles in the Provider Bulletin around Beacon's access standards and conduct targeted education for providers who appear to be non-compliant with standards.
Members may be unaware that Beacon staff can assist with procuring appointments	Provide education to members on their Rights and Responsibilities, including the availability of Beacon to assist in obtaining appointments.	Promote use of online resources to members and providers through plan newsletters Beacon Provider Bulletins, site visits and Provider Advisory Councils.

Appointment Accessibility and Provider Availability

Quantitative Analysis

1. Routine with Follow-up

CMC: In 2020, 41.63 percent of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit. This was a 3.74% increase from 2019.

52.11 percent of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit. This was an 8.55% percent decrease from 2019.

Medi-Cal: In 2020, 59.85 percent of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit. This was a 0.31% increase from 2019.

54.8 percent of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit. The rate decrease by 1.32% from 2019.

Commercial: In 2020, 70.81 percent of members with an initial outpatient therapy service visit within the reporting period who consequently had a second outpatient therapy services visit within 30 days of the initial visit. This was a 1.67% increase from 2019.

54.94 percent of members with an initial outpatient psychopharmacology service visit within the reporting period who consequently had a second outpatient psychopharmacology services visit within 90 days of the initial visit. This was an 2.08 percent increase from 2019.

2. *Appointment Assistance*

Cal MediConnect: In 2020, there were no appointment requests for emergent (6 hours) or urgent (48 hours) BH care for CMC line of business.

100 percent of requests for non-prescriber routine (10 BD) assistance and 94.1 percent of prescriber routine (10 BD) assistance were received. Overall, 97.1 percent, 67 of 69 members were able to see a provider within 10 business days of request. It did exceed the performance benchmark of 85% for 2020.

Medi-Cal: In 2020, there were no appointment requests for emergent (6 hours) for Medicaid line of business.

100 percent (2/2) of requests for non-prescriber (urgent request) assistance and 100 percent (8/8) of prescriber (urgent request) assistance were received. Overall, 100 percent, 10 of 10 members were able to see a provider within 48 hours of request. It met the performance benchmark of 85% for 2020.

Internal L.A. Care BHT Benefit: Out of Network

BHT Benefit: Medi-Cal

Year	Performance Goal	Performance Goal Met?
RY2019-2020	5 ≤ per 1000/member	Yes
RY2020-2021	5 ≤ per 1000/member	Yes

	OON Requests	OON Approvals	OON Denials	OON Provider Total	Total Members	Overall Services Rate per 1000*
RY2019-2020	82	82	0	11	32	0.00224
RY2020-2021	12	12	0	6	12	0.00084

*Rate per 1000 members is calculated based on per member per month for the reporting period.

Qualitative Analysis

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. 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, 12 members received BHT through 6 OON agencies. 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. The following analysis is focused on Quarter 4 2020 – Quarter 3 2021.

The performance goal of 5 or less grievances per 1,000 members were met for Medi-Cal product line.

Practitioner Providing 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. L.A. Care directly contracts for Behavioral Health Treatment for the Medi-Cal product line only and Beacon is carved out for all other product lines, including CMC and LACC. The L.A. Care Direct Network QASP services are only used by 14.24% (N=3,694) of MCLA membership. Since Beacon is delegated to perform over 70% of services across all product lines, NET 1D is eligible for auto-credit. The table below demonstrates utilization for L.A. Care's Direct Network and Beacon behavioral health services.

BHT Delegation	Members	
	N	%
Beacon	22255	85.76%
MCLA: L.A. Care Direct Network	3694	14.24%
Total	25949	100%

H.4 PROVIDER DIRECTORY ACCURACY ASSESSMENT

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BACKGROUND

This report analyzes findings of L.A. Care Health Plan's (L.A. Care) annual evaluation of physician data accuracy as reflected in its provider directories. More specifically, the report evaluates the accuracy of five data elements for primary care physicians (PCPs) and specialists participating in the L.A. Care Medi-Cal/Home Care Worker's Health Care Plan (MCLA/PASC), L.A. Care Covered and L.A. Care Covered Direct (LACC/D), and Cal MediConnect (CMC) lines of business. These data elements include:

- Physician Address
- Physician Phone number
- PCP Membership Panel Status (Open or Closed)
- Physician Hospital Affiliations
- Staff Awareness of Physician Line of Business

GOALS

The baseline goal for accuracy of all five data elements is at minimum eighty percent (80%). L.A. Care strives for a higher number, but the baseline goal to ensure proper data integrity displayed on the online provider directory is 80%. The analysis below will describe if a metric met or exceeded the baseline goal and if the goal was not met, the metric along with all corresponding data will be sent to our Provider Network Management department for correction. A table (table I) has a visual breakdown of each individual line of business and a summary of the accuracy percentage that was found as a result of the survey data analysis.

Glossary of Commonly Used Terms and Acronyms

- **CMC:** Cal MediConnect – L.A. Care’s product for members with Fee-For-Service Medicare Part A and B and Medi-Cal.
- **CSC:** Customer Solution Center. L.A. Care’s customer service department that addresses the direct needs of L.A. Care’s customers, including members, providers, facilities, and other entities.
- **LACC/D:** L.A. Care Covered and L.A. Care Covered Direct – L.A. Care’s product for Commercial members who purchase medical coverage on California’s Insurance Marketplace or who buy coverage directly from L.A. Care.
- **LOB:** Line Of Business. Used interchangeably with Product or Plan.
- **MCLA:** L.A. Care Medi-Cal – L.A. Care’s product for members who qualify for Medi-Cal.
- **NPI:** National Provider Identification. A unique identifying numerical code assigned to all healthcare providers.
- **PASC-SEIU:** L.A. Care’s Homecare Worker Health Care Plan. PASC is an acronym for Personal Assistance Services Council and SEIU is an acronym for Service Employees International Union.
- **PCP:** Primary Care Provider/Physician. A provider assigned to a member of a health plan as the first point of contact for any and all treatments required by a member’s medical condition.
- **PNM:** Provider Network Management
- **Site Code:** A unique identifier that consists of the provider license and a suffix that identifies the line of business or plan that the code is affiliated with. For example, a site code with suffix E, is affiliated with the LACC/D plan and is meant for LACC/D members.

SURVEY METHODOLOGY

To confirm the accuracy of all five directory data elements, L.A. Care conducted a telephonic survey in which **1,385** unique office locations, filtered by unique office addresses, representing **1,345** unique primary care physicians and specialists, filtered by unique NPI, were called. A total of **9,823** provider records, both specialists and Primary Care Physicians are represented in this sample pool. The sample pool consists of records of the same provider with small differences in each record, such as line of business (LOB), site code, affiliated hospital, and so forth. This report will use the totals of unique providers identified by Site Code to determine the accuracy for PCP Membership Panel Status (Open or Closed), Physician Hospital Affiliations, and Staff Awareness of Physician Line of Business as all three elements are defined by Line of Business and providers may have multiple contracts with multiple lines of businesses at different locations; the total of unique office location by office address will be used to determine the accuracy for Physician Address and Physician Phone Number. The following is a breakdown of the questions asked:

1. May you please verify that this is Provider XYZ office? (Verify phone number)
 - a. YES or NO
2. May you please confirm the location of this office for Provider XYZ is 123 Main St Suite 101? (Verify office location/address)
 - a. YES or NO
3. May you please confirm if Provider XYZ has admitting privileges with the following hospitals? (Verify affiliated hospitals shown in the data set)
 - a. YES or NO
4. Is Provider XYZ accepting new patients at this location? (Verify PCP panel status)
 - a. YES or NO
5. Which of the following L.A. Care insurance programs does Provider XYZ accept? (Verify affiliated LOB’s)
 - a. YES or NO

When the office representative responds either YES or NO, the response is recorded and counted for a total of responses. Only the YES responses will be used to measure the accuracy of the data as found in the data set. Any discrepancy or inaccuracy will be reported to the Provider Data Services (PDS) department for further analysis and resolution.

Please note that the original data set may have addresses that are missing either the suite or office number or may have a street name spelled differently, for example 123 Main Plz versus 123 Main Plaza. This has led to addresses that may be counted twice, but has not impacted the margin of error of 5% in either a positive or negative direction.

L.A. Care was able to outreach all **1,385** office locations but only succeeded in attaining responses from a total of **831** unique office locations via a **live person**, a **redirected call** that reached a live person or a call that reached an **auto-attended or answering service**, but who was able to answer the call and provide responses to the survey questions; calls to **295** office locations reached a recording of which a small group of providers were able to confirm or answer the following: phone number and provider name through a voicemail message. If a response was either UNKNOWN, NA, NOT SURE, or left BLANK, the response was captured but not tallied as part of the count to determine accuracy of a metric regardless of party or message reached. Responses of UNKNOWN, NA, NOT SURE, or left BLANK constitute an INVALID response and cannot be used to measure accuracy as they are too ambiguous and do not inform if the provider address or phone number is either correct or incorrect.

The following offices were not counted as part of the sample, as the survey could not be administered: calls to **177** office locations were **not answered**; **82** office locations failed due to a **wrong or disconnected number**. All responses captured for calls not answered, disconnected or wrong number are either UNKNOWN, NA, or were left BLANK. Only valid responses of YES or NO were used for any totals to determine accuracy and WRONG or DISCONNECTED office locations were added to the phone number denominator.

The ratio for calls answered are **60%** answered by a live person; **21.3%** calls reached a recording; **12.8%** did not answer; **5.9%** were made to a wrong or disconnected number.

This sample pool of actual providers, **1,345**, represented approximately **12.2%** of the organization's MCLA, LACC/D, PASC and CMC physician network with a total of **10,998** unique providers both Primary Care Physicians and Specialists in the data set. At the 95% confidence level, the margin of error for this survey is 5%. Behavioral Health providers were not included in this sample as L.A. Care directs members to the delegated Behavioral Health vendor provider directory.

This year's survey asked specialists, who do not generally receive membership assignment but can see patients via referrals and authorizations, if they are seeing patients. If a specialist answered yes, the answer was documented but not counted in the verification of locations accepting new patients. This question is mainly directed at Primary Care Physicians to ensure that panel status of membership assignment is accurate. L.A. Care's current online provider directory now captures and displays the information of providers seeing new patients for both primary care physicians (General Practice/Family Practice (GP/FP)), Internal Medicine, Pediatrics, Obstetrics/Gynecology (OB/GYN) and specialists with information advising members that a particular specialist is seeing patients with a referral or authorization.

Methods of Analysis

To determine the rate of accuracy for physician address and telephone number, the number of unique office locations that were contacted or attempted to be contacted and provided a response of YES, NO, and DISCONNECTED or WRONG NUMBER served as the denominator: of all offices contacted or attempted to be contacted, **893** were able to provide a YES or NO to the **office location** and **963** were able to provide a YES or NO to the **office phone number** question.

To determine the rate of accuracy for physician membership panel status and provider line of business, the number of unique Site Codes was used in capturing the responses rather than office location as an office location may have more than one provider employed or a provider may have one or more office locations. To ascertain an accurate number for panel status and LOB the providers were filtered by Physician Type (PCP) and Site Code. It is possible for a provider to accept patients or not accept patients with one LOB but is accepting or not accepting patients with another LOB. In order to not miscalculate the accuracy numbers, site code was used to determine the accuracy for both of these metrics. This led to the following totals: **1,439** site codes represented by 376 unique providers, provided a YES or NO response to the question “Are you currently accepting new patients?” If a provider responded either YES or NO, the response was captured and tallied as a response. The response was then compared to the YES or NO flag in the data set for “Accepting New Patients”. Only responses that matched the data set and the response provided by the provider were used for Accurate Responses. If there was a mismatch between the data set and the response, for example, the data set has flag of NO for accepting new patients but the provider responded YES to accepting new patients, that scenario was not included in the Accurate Responses total. These discrepancies will be reported to PDS for further analysis and resolution.

The same method was used for provider line of business, although both Physician Types were counted (PCP and Specialists). Only YES or NO responses were recorded and counted for the question: “Which of the following L.A. Care insurance Programs does Provider XYZ accept?” The provider would either answer YES or NO to the LOB’s in the data set or would advise of the LOB’s the provider is accepting. All responses were captured and counted for the total to determine accuracy unless the response was UNKNOWN, NA, NOT SURE or left BLANK. This question had a total of **3,641** site codes represented by 484 unique providers. Only providers that responded YES or NO and who provided responses of the LOB’s accepted by the provider were used in counts to determine the total. The responses were matched to the data set and if a provider matched one or more LOB, the response was counted as an Accurate Record.

For Hospital Affiliation the Following Methodology was Used

This report only shows hospital affiliations defined as a hospital where the provider being surveyed has admit privileges and/or privileges to administer treatment and care to the member if the member is admitted to the hospital shown. These hospitals are not capitated hospitals although depending on the LOB contract, they may also be capitated hospitals, but this survey does not identify the hospitals as capitated. L.A. Care used the total number of hospital affiliations for each PCP/Specialist respondent pool to determine the denominator. The numerator represents the number of hospital affiliations captured during the survey that were consistent or confirmed by a live person with provider directory data. Additionally, hospital affiliation values are expressed in the data by an NPI and presumed hospital affiliations up to four per NPI. Not every provider has a hospital affiliation and not every provider will have more than one hospital affiliations. Each hospital affiliation for a provider was marked as hospital 1, hospital 2, hospital 3 and hospital 4 in the data. If in the provider directory a specific NPI had a hospital affiliation, the hospital name would appear in any one of the four hospital columns. A tally was made of all providers who have an affiliation for each hospital column, creating the denominator, and then only YES responses were counted for the numerator. It is possible that a provider may be counted up to four times if the provider has four hospital affiliations and the provider responded YES to each hospital affiliation questions. The different totals for providers with a

hospital affiliation in the data and those who responded or confirmed the affiliation with a YES answer are also shown in this report.

There were various reasons why data was not captured during some survey attempts. The most obvious and clear reason for this issue is the continued existence of the 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. 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 – Quantitative Analysis

(Overall) – Across all lines of business, 1,345 unique providers were contacted at 1,385 office locations.

The responses were broken down as follows:

- **893** physician offices providing valid responses for location, including offices that have a wrong and/or disconnected phone number.
- **963** responded with valid responses to the phone number inquiry, including offices that have a wrong and/or disconnected phone number.
- **2,069** data points to the hospital inquiry question (Table B); providers have multiple hospital affiliations for either the same line of business or different lines of business they may be contracted with and each affiliation is considered a separate data point. Thus 2,069 data points for all 1,345 unique providers.
- **3,641** data points to the line of business participation question (Table B) – providers have multiple product lines for either the same line of business or different lines of business and office location and each product line is considered a separate data point. Thus, 3,641 data points for all 1,345 unique providers.

197 unique PCPs representing **1,439** site codes provided panel status responses. A site code is a unique identifier

	Number of Physicians	Number of Accurate Records	Accuracy Rate
Physician Location	893	748	83.8%
Physician Phone No.	963	813	84.4%
Physician Panel Status*	1,439	1,118	77.7%

*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 83.8% and 84.4%, respectively. Both the physician location (office address) and physician phone numbers exceeded the 80% accuracy baseline goal. Some calls were answered by a recording which the surveyor was able to confirm the provider location, phone number and provider name. These instances are counted in location and phone number rows. PCPs who positively confirmed panel status information consistent with what is reflected in the provider directories are recorded at 77.7%. This metric failed to meet the baseline accuracy goal of 80%.

Table B			
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	2,069	1,860	90%
Physician's Line of Business	3,641	3,224	88.6%

As depicted in Table B, across all product lines of business, the accuracy rates for all Hospital Affiliations is 90%, exceeding the baseline accuracy goal of 80%. Physician's Line of Business is 88.6%, exceeding the baseline accuracy goal of 80%. There were a total of **2,069** records with Hospital Affiliations reported. Providers were only asked if the hospitals found in the data set had granted the provider admitting privileges and if the provider answered YES, the reply was captured and recorded. It is possible a provider may have two or more hospitals in the data set but may only have admitting privileges to one hospital. The question did not capture this scenario nor was a reply recorded.

Results/Findings by Line of Business – Quantitative Analysis

MCLA/PASC – Quantitative Analysis

- **417** unique providers were contacted at **605** office locations with **365** physician offices providing valid responses for location;
- **396** responded with valid responses to the phone number inquiry;
- **846** data points to the hospital inquiry question (Table C) as explained above;
- **1,209** data points to the line of business participation question (Table D) as explained above;
- **21** unique PCPs representing **431** site codes provided panel status responses. Site codes explained above

Accuracy rates as depicted in Table C for Medi-Cal/PASC physician locations and phone numbers are better than Overall rates with MCLA/PASC both metrics showing a 92.6% and 90.9% accuracy rate for physician location and phone number, a 6-point increase for phone number and an 8-point increase for office location, both metrics exceeding the baseline accuracy goal of 80%, yet physician panel status drops 11.8 points to 65.9% which did not meet the baseline accuracy goal of 80%. Table D shows hospital affiliations the same as OVERALL at 78% a 1-point decrease and which did not meet the baseline accuracy goal of 80%, and physicians' lines of business accuracy for MCLA/PASC increased 6 points to 94.7% exceeding the baseline accuracy goal of 80%.

Table C			
	MCLA/PASC		
	Number of Physicians	Number of Accurate Records	Accuracy Rate
Physician Location	365	338	92.6%
Physician Phone No.	396	360	90.9%
Physician Panel Status	431	284	65.9%

Table D	MCLA/PASC		
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	846	660	78%
Physician's Line of Business	1,209	1,145	94.7%

There were a total of **846** provider records with Hospital Affiliation reported. Those providers who answered or confirmed YES for affiliations are **660** records. Providers were only asked if the hospitals found in the data set had granted the provider admitting privileges and if the provider answered YES, the reply was captured and recorded. It is possible a provider may have two or more hospitals in the data set but may only have admitting privileges to one hospital. The question did not capture this scenario nor was a reply recorded.

LACC/D–Quantitative Analysis

- **744** unique providers were contacted at **555** office locations with **303** physician offices providing valid responses for location;
- **331** responded with valid responses to the phone number inquiry;
- **751** data points to the hospital inquiry question (Table F) as explained above; and,
- **1,332** data points to the line of business participation question (Table F) as explained above; and,
- **249** unique PCPs representing **1,048** site codes provided panel status responses. Site codes explained above.

Table E		LACC/D	
	Number of Physicians	Number of Accurate Records	Accuracy Rate
Physician Location	303	276	91.1%
Physician Phone No.	331	303	91.5%
Physician Panel Status*	562	459	81.7%

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

Rates of accuracy, as depicted in Table E, for physician location, phone number and panel status survey questions vary slightly compared to *Overall* and *MCLA/PASC* rates. Physician location is 7 points higher at 91.1%, exceeding the baseline accuracy goal of 80%, greater than *Overall* and 1 point lower than *MCLA/PASC*; physician phone number is at 91.5%, exceeding the baseline accuracy goal of 80%, one point higher than *MCLA/PASC* and seven points lower than the *Overall* rate; physician panel status is at 81.7%, exceeding the baseline accuracy goal of 80%, 16-points higher than *MCLA/PASC* and 4-points higher than the *Overall* rate.

Table F		LACC/D	
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	751	585	78%
Physician's Line of Business	1,332	1,197	90%

As depicted in Table F, the LACC/D accuracy rates for Hospital Affiliations Average is 77.9%, which did not meet the baseline accuracy goal of 80%, twelve points lower than *OVERALL* and the same compared to *MCLA/PASC*. Physician's Line of Business is 89.9%, exceeding the baseline accuracy goal of 80%, a 1-point increase from the *OVERALL* rate, and a 5-point decrease compared to *MCLA/PASC*. There were a total of **458** provider records with Hospital Affiliations reported. Those providers who answered or confirmed YES for affiliations are **585**. Providers were only asked if the hospitals found in the data set had granted the provider admitting privileges and if the provider answered YES, the reply was captured and recorded. It is possible a provider may have two or more hospitals in the data set but may only have admitting privileges to one hospital. The question did not capture this scenario nor was a reply recorded.

CMC – Quantitative Analysis

- **184** unique providers were contacted at **225** office locations with **143** physician offices providing valid responses for location;
- **154** responded with valid responses to the phone number inquiry;
- **823** data points to the hospital inquiry question (Table G) as explained above;
- **1,100** data points to the line of business participation question (Table H) as explained above; **and** **106** unique PCPs representing **446** site codes provided panel status responses. Site codes explained above.

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 93.7%, exceeding the baseline accuracy goal of 80%, a 1-point decrease compared to *Overall*, a 1-point increase compared to *MCLA/PASC* and a 2-point increase compared to *LACC/D*; physician phone number is at 97.4%, exceeding the baseline accuracy goal of 80%, a 3-point increase compared to *Overall*; a 1-point increase compared to *MCLA/PASC*; and a 6-point increase compared to *LACC/D*. Physician panel status is at 84%, exceeding the baseline accuracy goal of 80%, a 4-point decrease over *OVERALL*; a 19-point increase compared to *MCLA/PASC*; and a 3-point increase to *LACC/D*.

Table G		CMC	
	Number of Physicians Surveyed	Number of Accurate Records	Accuracy Rate
Physician Location	143	134	93.7%
Physician Phone No.	154	150	97.4%
Physician Panel Status*	446	367	84.1%

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

Table H		CMC	
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	823	612	74.4%
Physician's Line of Business	1,100	882	80.2%

As depicted in Table H, the CMC accuracy rates for Hospital Affiliations Average is 74.4%, which did not meet the baseline accuracy goal of 80%, a 16-point decrease compared to *OVERALL*; a 4-point decrease compared to *MCLA/PASC*; and a 4-point decrease compared to *HBEX*. Physician's Line of Business is 80.2%, exceeding the baseline accuracy goal of 80%, an 8-point decrease compared to Overall rates, a 14-point decrease compared to *MCLA/PASC*, and a 9-point decrease compared to *LACC/D*. There were a total of **823** provider records with Hospital Affiliations reported. Those providers who answered or confirmed YES for affiliations are a total of **612** records. Providers were only asked if the hospitals found in the data set had granted the provider admitting privileges and if the provider answered YES, the reply was captured and recorded. It is possible a provider may have two or more hospitals in the data set but may only have admitting privileges to one hospital. The question did not capture this scenario nor was a reply recorded.

Table I – Visual Reference Table of Summary of Metrics for Each Line of Business/Plan

The following table represents a summary of the metrics for the five data categories the sample sought to verify. It shows the different lines of business and their percentage of accuracy per data measure. With baseline limit of 80%, the table shows which metric exceeds the baseline and which metric falls below the baseline. Those metrics which fall below the baseline will be addressed by the Provider Network Management department for accuracy improvement. With the exception of *MCLA*, all L.A. Care Health Plans, were able to meet the 80% baseline for 4 of 5 metrics. All plans failed to meet the 80% accuracy baseline for Hospital Affiliations and *MCLA* was also not able to meet the baseline for Physician Panel Status. This data will be delivered to Provider Network Management (PNM) for further review, analysis, and ultimately correction and publication.

Table I									
	MCLA			LACC			CMC		
		2021			2021			2021	
Physician Location		92%			91%			94%	
Physician Phone Number		91%			92%			97%	
Physician Panel Status		66%			82%			84%	
Hospital Affiliations		78%			78%			74%	
Physician Line of Business		95%			90%			80%	

Qualitative Analysis

- The complexity of L.A. Care's contracting/sub-contracting structure limits, to some degree, the amount of control the organization has over ensuring that current, accurate data is consistently maintained in its directories. L.A. Care's Participating Physician Groups' (PPG's) and Plan Partners' failure to communicate physician updates to L.A. Care in a timely manner directly affects L.A. Care ability to maintain current data. This communication process is further hindered when PPGs and Plan Partners do not receive updates from their directly contracted physicians within acceptable timeframes. Because the accuracy of L.A. Care's provider directories relies so heavily upon the timeliness of PPG's/Plan Partners' data submission, there is a need to develop strategies requiring more accountability/consequences for those partners showing patterns of noncompliance with timely provider data submission requirements. This main issue is currently being addressed by L.A. Care's Direct Network initiative where L.A. Care directly contracts with a provider and eliminates the PPG and Plan Partner bottleneck.

Opportunities for Improvement

- Given the frequency and volume of provider data changes, CSC defers that a more consistent internal monitoring will provide guidance in developing more impactful interventions to be led by another business unit that can manage provider data and ensure its integrity.
- Educate PPGs on engaging with practitioners to update information on their directories
- Share results of this survey with our Provider Network Management partners in order to address gaps in our data or inaccuracies.

Acting on Opportunities

- L.A. Care has also made a significant investment into the implementation of a multi-year, long-term solution to compliment and augment the current data validation processes in order to ensure provider data accuracy. The Standardized Provider Format (SPF) reporting program focuses on improving provider data quality and management. SPF will allow for automated provider data

collection, organization, and validation. All data collected through the SPF technology will be automatically validated against external databases (such as the State Licensing Board and the Office of the Inspector General (OIG) Exclusion List), and will also be accompanied by the providers' attestations to the accuracy of the submitted data. Data that are flagged as inaccurate or incomplete will be automatically omitted from L.A. Care's systems to preserve the accuracy and integrity of the data that have already been collected and verified. Although SPF is a long-term solution that will be fully implemented in the future, L.A. Care continues to devote significant amounts of resources to address the issue of data accuracy that is commonly experienced within the healthcare industry.

- L.A. Care participates in the Symphony Utility, which is an online platform for managing provider demographic data displayed in the provider directory. The purpose of the utility is to serve as a single comprehensive mechanism for validating, maintaining, and updating information about the health plan's contracted health care providers and provider organizations. The diagram below depicts how the Symphony vendor will collect data from all of L.A. Care's sources. The Symphony vendor will then cleanse and validate the information through verification of primary sources (e.g., NPPEs, Breeze, state licensing boards, etc.) and user collaboration. L.A. Care will then receive a master data set of its network and remediate directory elements, as prescribed by the Symphony vendor's reporting. L.A. Care continues to implement the Symphony Utility and significant improvement in provider data accuracy, including contract-level information such as panel status, hospital affiliation, provider specialty and identifying providers that should be terminated from the network.



- L.A. Care has been effectively monitoring Plan Partners provider directories on a monthly basis for their availability and accessibility. L.A. Care applies the same benchmarks that are applied to L.A. Care's online and print directory requirements including those associated with the reporting of any inconsistencies. CSC will continue to lead these efforts until the process is improved and changed to better address and mitigate any and all inconsistencies found in our provider directory and those of our Plan Partners.

- The organization is developing improved processes across business units to ensure that all reports of directory inaccuracies received from external or internal sources are investigated and any confirmed inaccuracies are corrected in an efficient and as specified by regulations. CSC will continue to take the lead on this issue and ensure that all inaccuracies are reported to the correct business unit that can address inaccuracies and will seek to attain reports that confirm an inaccuracy has been corrected, the timeframe to correct, and the volume of inaccuracies reported to L.A. Care. As of August 2020, the current process involves an inaccuracy being reported via a web form found on any of the online provider directories which are directed to a specialized unit in the Customer Solution Contact Center for intake and then forwarded to a specialized unit in the Provider Network Management department for addressing and correcting.
- L.A. Care has effectively used Geographical Information Systems (GIS) to map all providers, claims and member locations across all lines of business to produce cross functional dashboards which are used in daily operations, monitoring and prospective planning.

H.5 PROVIDER SATISFACTION SURVEY

AUTHORS: LINDA CARBERRY

REVIEWERS: THOMAS MENDEZ, MARIA CASIAS, RN, JAMES KYLE, MD, & KATRINA PARRISH, MD

BACKGROUND

L.A. Care conducts the Provider Satisfaction Survey (PSS) annually during the fall for four different types of providers: Primary Care Physicians (PCPs), Specialty Care Physicians (SCPs), Licensed Community Clinics, and Participating Physician Groups (PPGs), where many authorization decisions are delegated and made).

In 2020, 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 NPS is calculated using categories within a 10-point scale. Scores of 0-6 are categorized as Detractors, 7-8 are Passives and 9-10 are Promoters. The NPS then becomes the percent Promoters minus the percent Detractors for each provider type. To explain further, Clinics tend to be the largest promoters across all provider types with a NPS of 56 (67% Promoters – 11% Detractors) followed by PCPs with 46 (61.2% Promoters – 15.5% Detractors). 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". This will provide the level of satisfaction that the provider has in response to a specific question.

This summary report examines providers' overall level of satisfaction with L.A. Care's Health Plan Programs, and with Utilization management processes including pre-authorization, referrals to mental health, and receiving timely clinical information. Also reflected are the timeliness of members' appointments, providers' feedback for health care services, and providers' overall level of satisfaction with L.A. Care's Care Management Program.

METHODOLOGY

PSS sampled Primary Care Physicians, Specialists, Clinics and Participating Provider Groups (PPGs) that are contracted with L.A. Care who serviced members for all lines of business in 2020.

We sampled 2000 SCPs, and 1500 PCPs. PCPs were reduced from 1700 to a 1500 sample size because they have the greatest response rate. These sample sizes have remained consistent from past years to be able to observe trending/patterns. Due to the smaller number of Clinics and PPGs, a census is used. This means we send a survey to all providers of these types.

SAMPLE DESIGN AND RESPONSE RATES

Exhibit 1. below compares the sample sizes, completed responses and response rates over three years: PSS 2018, PSS 2019 and PSS 2020. PSS 2019 has the largest sample size, more completed responses and a higher overall response rate.

Note that ineligible surveys (not shown) were removed from the sample sizes as the denominators. The overall response rate is higher in 2019 than in 2018 or 2020. Response rates for each provider type dropped by 3.1 to 3.7 percentage points from 2019 to 2020. Telephone participation was down which may be related to the availability of provider offices in November – January as COVID-19 cases rose in California.

Exhibit 1. Response Rates

Provider Type	Sample Size 2020	Completes 2020	Response Rate 2020	Sample size 2019	Completes 2019	Response Rate 2019	Sample size 2018	Completes 2018	Response Rate 2018
PCP	1,500	718	50.2%	1,700	873	53.9%	1,700	782	48.5%
SCP	2,000	576	31.2%	2,000	642	34.9%	2,000	565	32.3%
Clinic	381	111	29.4%	249	82	33.1%	189	65	34.6%
PPG	32	9	30.0%	34	10	31.3%	35	11	31.4%
Total	3,913	1,414	38.4%	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, 85.3% and 89.2%, respectively. Specialists (SCPs) were less satisfied with 81.5%, and PPG administrators were least satisfied at 77.8%.

Every PPG is sent a survey to complete and is part of the sample. Our rates of completions for this provider type are historically small and declining year over year – from 11 in 2018 to 9 in 2020. This makes trending very suspect as smaller movements of satisfaction (or dissatisfaction) scores among the PPGs may appear to be statistically significant. They are not due to the extremely small sample size available to us as survey completions.

Year-over-year trending did not show significant change. Satisfaction summary rate scores decreased by 2.9% for PCPs, increased by 0.4% for Specialists and overall satisfaction decreased 5.9% for Clinic respondents. PPGs satisfaction increased dramatically by 17.8% (from 60.0% in 2019 to 77.8% in 2020).

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 – 4 Year Trend

L.A. Care's managed care programs	2020	2019	2018	2017
PCP	85.3%	88.2%	86.1%	84.3%
SCP	81.5%	81.1%	77.4%	75.8%
Clinic	89.2%	95.1%	89.2%	85.7%
PPG	77.8%	60.0%	72.7%	47.1%

PROVIDERS' SATISFACTION WITH UTILIZATION MANAGEMENT (UM) PROCESSES

In 2020 PCPs' satisfaction with UM processes was 80.0% compared to 83.0% in 2019, a decrease of 3.0%. SCPs decreased by 2.1% from 76.3% in 2019 to 74.2% in 2020. Clinic and PPG UM satisfaction questions were removed from the 2020 versions of the survey to provide greater value in other areas of the survey to these provider types.

Exhibit. 3. Satisfaction of UM Processes – 4 Year Trend

L.A. Care's UM processes	2020	2019	2018	2017
PCP	80.0%	83.0%	79.7%	83.7%
SCP	74.2%	76.3%	74.0%	72.9%
Clinic	N/A	87.2%	87.1%	76.9%
PPG	N/A	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. Our Care Management department reworded the question for PCPs and SCPs because this provider type would see the more complex, high risk patients. Complex care management is a new question, whereas care management satisfaction is not. Consequently, satisfaction with care management can be trended for Clinics and PPGs only. Care management satisfaction for Clinics was 84.0%, compared to 87.3% in PSS 2019. PPGs scored at 62.5% albeit with only 9 responses. PCPs reported satisfaction of 83.5%, a slight decrease from 2019 of 85% and SCPs reported satisfaction of 77.6%, a steep decrease of 11.8% from 89.4% in 2019. Regarding L.A. Care's Complex Care Management processes.

PROVIDERS' SATISFACTION WITH PATIENTS' ACCESS TO TIMELY AUTHORIZATIONS AND REFERRALS:

In 2020 the respondents were asked about their satisfaction with the statement.

- Timely decisions resulting from the pre-authorization process
 - 1) PCPs' satisfaction decreased from 84.3% (n = 809) in 2019 to 82.5 % (n = 726) in 2020.
 - 2) SCPs' satisfaction decreased from 78.7% (n = 483) in 2019 to 74.9% (n = 584) in 2020
- Clinically reasonable decisions resulting from the pre-authorization process
 - 1) PCPs' satisfaction decreased from 84.4% (n=802) in 2019 to 81.9% (n = 726) in 2020.
 - 2) For SCPs, the satisfaction decreased from 77.7% (n=475) in 2019 to 75.8% (n = 584) in 2020.

- Timely appointments resulting from the specialty referral process
 - 1) PCPs' satisfaction increased slightly from 72.6% (n=807) in 2019 to 72.9% (n=726) in 2020.
 - 2) SCPs' satisfaction decreased from 82.2% (n=477) in 2019 to 76.5% (n=584) in 2020.

BEHAVIORAL HEALTH

In PSS 2020 PCPs were asked to rate the feedback by Beacon (BH providers) and the Department of Mental Health (DMH) providers. Increases were observed for Beacon providers with the exception of “Feedback was clear” compared to 2019. Declines were observed for DMH providers across the board as compared to 2019. These questions are now in their second year and they use a *Never-Sometimes-Usually-Always* scale. We combined responses of Always and Usually to arrive at the Exhibit. 4.

Exhibit. 4

PCP feedback about behavioral health care	Beacon providers 2020	DMH providers 2020	Beacon providers 2019	DMH providers 2019
The feedback was sufficient	64.2%	57.9%	63.8%	61.4%
The feedback was timely	63.1%	56.6%	62.2%	59.4%
The feedback was accurate	67.7%	61.3%	66.8%	63.4%
The feedback was clear	69.3%	61.2%	70.2%	65.3%

PCPs continue to rate the feedback questions from Beacon providers more favorably compared to DMH providers. When asked about the barriers to exchanging information with mental health providers – lack of responsiveness from MH providers (36.4%) was the primary barrier, followed by time limitations.

PCPs were also asked about behavioral providers' screening processes. Of these two screenings, (Depression Screening was retired in 2020), PCPs' complete Alcohol Abuse screenings at a higher rate at 76.7% followed by developmental screening (including autism) at only 68.9%. When asked about the barriers to mental health screenings, Exhibit. 5 gives a breakdown of the reasons.

Exhibit. 5

Reasons screening are not completed	Alcohol Abuse 2020	Developmental 2020	Alcohol Abuse 2019	Depression 2019	Developmental 2019
Not enough time in appointments	27.1%	23.1%	18.9%	23.5%	19.1%
Screening tools not embedded in Electronic Health Records (EHR)	25.7%	28.2%	22.8%	27.5%	28.4%
Patient Refusal	33.6%	32.5%	43.9%	31.4%	28.4%
Not a reimbursable service	10.7%	12.8%	15.6%	13.7%	12.6%
Other	39.3%	47.0%	35.6%	29.4%	45.6%

PRIORITY MATRICES

A Priority Matrix helps analyze a target measure affected by many elements of service. The objective of a Priority Matrix is to aid in identifying synergies – instances where an improvement in one measure lifts another separate measure.

The priority matrix consists of four quadrants populated by plotting the summary rates of measures on the x-axis against their correlations with a target measure on y-axis. Measures are reported in one of the four quadrants based on their satisfaction rate and their correlation with the target measure. These quadrants are:

- I. Sustain – High level of satisfaction and a high degree of correlation
- II. Focus – Low level of satisfaction and a high degree of correlation
- III. Improve – Low level of satisfaction and a low degree of correlation
- IV. Maintain – High level of satisfaction and a low degree of correlation

When a measure scores high and has high impact (higher than 50% correlation) with the target measure we use the term “Sustain,” indicating we are doing a great job; on the other hand, when a measure scores low and has high impact on the target measure we use the term “Focus” to bring it to our attention that if we can improve the score the target measure is likely to be improved as well.

For PSS 2020 separate priority matrices were created on two unique survey instruments. Three matrices were created for the PCP and SCP populations: Overall Satisfaction; Utilization Management; and Provider Support Services. For Clinic and PPGs population, matrices were created for Overall Satisfaction, 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 the Priority matrix of Overall Satisfaction, the following nine measures were plotted:

1. Overall Claims Payment
2. Interdisciplinary Care Team
3. Complex Care Management process
4. Communication with Nurse Care Manager
5. Overall Communication
6. Pharmacy Services
7. Provider Portal
8. Overall Utilization Management
9. Drug Formulary

In Priority matrix of Utilization Management, the following five measures were plotted:

1. Provider Group referral process
2. Timely decisions
3. Clinically reasonable decisions
4. Timely appointments from specialty referrals
5. Timely care from mental health referrals

In Priority matrix of Provider Support Services, the following six measures were plotted:

1. P4P Support
2. CSC Representatives
3. PSC Customer Service Experience
4. Provider Portal
5. Overall Communications
6. Cultural Competency Training

Most measures in Overall Satisfaction require attention. All but the Provider Portal measure fall into the Focus or Improve domains. Actions should be taken to improve these Overall Satisfaction measures.

For the PCP Utilization Management measure, Timely appointments for Specialty Referrals and Timely Care for Mental Health Referrals are two measures that continue to score relatively low and continued focus on these measures is necessary to see improvement in scores over the next few years.

SUMMARY

PSS 2020 has gone through some significant changes: New items were added and survey administration was simplified and streamlined. However, core items such as overall satisfaction, provider satisfaction with respect to the UM process and Care Management are kept for trending purposes.

QPM met with respective departments to review and discuss the PSS 2020 findings pertinent to them so that action plans could be developed to take steps towards improving provider satisfaction.

Department	Discussions
Customer Solution Center	- Wait times: Long hold times on the phone
Pharmacy	- Drug Formulary: Need for expansion/improvement
Transportation	- Improvement of transportation services - After-hours transportation takes too long
Behavioral Health	- Closing the loop: Mental health notes are not being received by the PCPs - Referrals review: Review of referrals that should not need a referral. - Alcohol Abuse Screening: Patients refusing to complete the screening - Brochures for Mental Health
Direct Network	- Provider Portal: Increase access to the portal - Specialist availability: Expansion of the specialist panel - Claims: Need for processing claims and returning payments faster - Shared list of providers interested in joining the Direct Network
Cultural & Linguistics	- Cultural Competency Training: Need write-in feedback from providers - Interpreter wait times - Access to Spanish-speaking providers - Requests for referrals in alternate languages
Communications	- Need for strategic direction and collaboration with other departments to streamline communications/messaging to providers
P4P & VIIP	- Extensive list of feedback on the open-ended questions for the incentives team to review
Quality Improvement	- Closing the loop: PCPs are not receiving notes from specialists - Streamlining of authorization process - Improving provider portal navigation/portal access - Prioritization and planning for tackling referral process feedback - Need to train provider staff on the patient portal - Collaboration with Communications to focus on engagement strategies and mass communications to providers

As we met with these departments, we found that some of them already had action plans in work to deal with some of the issues we planned for discussion. Direct Network was one of these areas. The Communications team attended every team debrief to work towards better quality materials for the providers. QI, BH (Behavioral Health) and Communications discussed action planning around the need for collaborating with other departments. We are not sure if initiative was taken by these departments and

perhaps we were not made aware of any progress. There was also discussion with Elaine in regards to adding this content to meetings she manages.

As L.A. Care continues to closely monitor the responses and results from the Provider Satisfaction Survey, we will fine tune the survey instruments to not only meet the regulatory requirements but also to make the best use of the survey to improve business processes and fulfill DMHC TAR regulatory requirements.

Ultimately satisfied providers are more likely to provide quality services to members, consequently improving the member experience and Health Plan Ratings.

H.6 PROVIDER EDUCATION & ENGAGEMENT

H.6.a PROVIDER CONTINUING EDUCATION PROGRAM

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During fiscal year 2020-2021, L.A. Care Health Plan's Provider Continuing Education (PCE) Program continues to operate with the following Continuing Medical Education (CME) and Continuing Education (CE) Provider Accreditations:

1. Continuing Medical Education (CME) Provider for Physicians (MDs, DOs, PAs), accredited with commendation by the California Medical Association (CMA).
2. Continuing Education (CE) Provider for Registered Nurses (RNs) and Nurse Practitioners (NPs), accredited by the 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 Educational Psychologists (LEPs), accredited by the California Association of Marriage and Family Therapists (CAMFT).

October 1, 2020 through September 30, 2021, L.A. Care PCE Program continue to offer online courses/webinars via Cisco WebEx due to the COVID-19 pandemic, In-person Saturday Conferences and dinner events will be scheduled for year 2022.

Some online courses are scheduled for one hour live webinar and some are one and a half hour webinars with an offering of one (1) CME credit or 1.50 CME credits to Doctors of Medicine (MDs), Doctors of Osteopathic Care (DOs), Physician Assistants (PAs), Psychologists (PsyDs), and one (1) or 1.50 CE credit offered to Nurse Practitioners (NPs), Registered Nurses (RNs), Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs), Licensed Educational Psychologists (LEPs) and other healthcare professionals.

Summary of CME and CE Activities for Fiscal Year 2020-2021

During Fiscal Year 2020-2021, October 1, 2020 to September 30, 2021, L.A. Care Health Plan's Provider Continuing Education (PCE) Program offered fifteen (15) online courses as directly provided CME/CE activities and seven (7) jointly provided CME/CE activities with other healthcare organizations.

PCE Program Live Webinars' Topics, Outcomes as Directly Provided CME/CE Activities:

- 1) Postpartum Depression and Maternal Well-Being. Total of 136 webinar attendees including 50 L.A. Care providers which accounted for 37% of the total audience.
- 2) Assessment, Diagnosis and Treatment of Pediatric and Adult Asthma, based on the final report, we had a total of 161 webinar participants including 60 L.A. Care providers in attendance which accounted for 37% of the total audience.
- 3) Controlling Diabetes via Telehealth, we had a total of 183 webinar participants including 74 LAC Providers which accounted for 40% of the total audience.
- 4) Cognitive Behavioral Therapy (CBT) for Chronic Pain, based on the final report, we had a total of 134 webinar participants including 63 L.A. Care providers in attendance which accounted for 47% of the total audience.
- 5) Youth Substance Use Disorder (SUD) and Mental Health Treatments, based on the final report, we had a total of 149 webinar participants including 45 L.A. Care Providers in attendance which accounted for 30% of the total audience.
- 6) Adverse Childhood Experiences (ACEs), Trauma, and Resilience, based on the final report, we had a total of 152 webinar participants including 58 L.A. Care Providers in attendance which accounted for 38% of the total audience.
- 7) Medication Assisted Treatment (MAT) for Alcohol and Opioid Use Disorders, based on the final report, we had a total of 109 webinar participants including 41 L.A. Care Providers in attendance which accounted for 38% of the total audience.
- 8) COVID-19 Vaccine Hesitancy, Public Health, and Practice Perspectives on Equity, based on the final report, we had a total of 116 webinar participants including 58 L.A. Care Providers which accounted for 50% of the total audience.
- 9) Improving the Health of Individuals Released from Incarceration, we had a total of 87 webinar attendees including 38 L.A. Care Providers which accounted for 44% of the total audience.
- 10) Link Between Cardiovascular Disease and Diabetes, based on the final report, we had a total of 121 webinar attendees including 42 L.A. Care Providers which accounted for 35% of the total audience.
- 11) Children and Adolescents Well Care, based on the final report, we had 167 webinar participants including 78 LA Care Providers which accounted for 47% of the total audience.
- 12) Perinatal Mood and Anxiety Disorders (PMADs), we had a total of 95 webinar participants including 33 L.A. Care Providers which accounted for 35% of the total webinar audience.
- 13) Post COVID, we had a total of 173 webinar participants including 72 L.A. Care Provider in attendance which accounted for 42% of the total audience.
- 14) Women's Reproductive Health and Cancer Screenings, we had a total of 37 webinar participants including 17 L.A. Care Providers in attendance which accounted for 46 % of the total audience.
- 15) Pediatric and Adult Asthma, we had a total of 123 webinar participants including 61 L.A. Care Providers in attendance which accounted for 50 % of the total audience.

May 2021 through September 2021, live webinars were webinars with HEDIS measures as CME topics and L.A. Care PCE Program's collaborative work with Health Net, except for August 12, 2021 Webinar on Post COVID Care.

For ***FY2020-2021***, L.A. Care's PCE Program offered a ***total of 15 directly provided CME/CE activities and total of seven (7) Jointly Provided CME/CE activities*** with the following dates, titles and healthcare organizations:

3-Part Webinar Series from Viet Rainbow of Orange County (VROC) with main theme of LGBTQ Health Disparities and Suicide Prevention were offered as Jointly Provided CME/CE Activities by L.A. Care and VROC as follows:

- 1) LGBTQ 101: What Providers & Allies Need to Know.
- 2) LGBTQ Youth Suicide Prevention.
- 3) Trans and Gender Non-conforming Youth Suicide.

Webinars via Zoom were hosted by VROC for the entire LGBTQ Health Disparities and Suicide Prevention Webinar Series.

L.A. Care and Health Net Implicit Bias Trainings were offered as Jointly Provided CME / CE Activities. 2 Sets of a 2-Part Implicit Bias Webinar Series via Zoom hosted by Health Net and in collaboration with L.A. Care as the accredited CME/CE Provider of 2 CME/CE credits per webinar. Total of 4 Sessions and choice of one date for Part 1 and one date for Part 2. Health Net recruited and confirmed the Presenters.

For FY2020-2021, L.A. Care PCE Program's CME/CE activities provided a **total of 30 CME credits** which were offered to L.A. Care providers and other physicians and **a total of 35 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 were held on July and August 2021 offered only for RNs and LCSWs and provided a total of five (5) CE credits.

During FY2020-2021 with COVID-19 climate, L.A. Care's PCE Program had an **average of 127 webinar participants** from our CME/CE virtual/distance learning via Cisco WebEx including an **average of 53 L.A. Care network providers** as attendees, which accounted for an **average of 42% of our total audience were L.A. Care Providers** with the last fifteen (15) directly provided CME/CE activities and seven (7) jointly provided CME/CE activities. The number of L.A. Care providers who participated through the online live webinars continue to steadily increase due to the convenience of virtual CME/CE events. L.A. Care PCE Program received 96% positive feedback from webinar attendees regarding the timely medical topics being offered as CME/CE activities.

L.A. Care's PCE Program remains committed to offer directly provided and jointly provided CME/CE activities to meet the learning needs of L.A. Care network providers, L.A. Care staff and other healthcare professionals. The PCE program will continue its partnership with Human Resources (HR) Learning and Development Team, internal L.A. Care Departments, external stakeholders, and other healthcare organizations during COVID-19 pandemic without sacrificing quality, in a planned and organized manner that optimizes learning for L.A. Care providers, other physicians, L.A. Care staff, and other healthcare professionals.

Provider Continuing Education (PCE) Program FY2020-2021

- 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 a **total of 22 CME/CE activities** in FY2020-2021 including **15 Directly Provided CME/CE Activities** via online courses/ webinars and **7 Jointly Provided CME / CE activities** with other healthcare organizations.

- **For FY2020-2021**, L.A. Care PCE Program's CME/CE activities offered a **total of 30 CME credits** to L.A. Care providers and other physicians and a **total of 35 CE credits** were offered to NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs and other healthcare professionals
- Average webinar attendance of 127 healthcare professionals or more.
- Average webinar attendance of 53 L.A. Care Providers or more.
- Increased total audience average attendance of L.A. Care Providers from 33% in year 2020 to 42% in year 2021.

H.6.b PROVIDER TRAINING

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REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

As part of Regulatory Training, all newly contracted Direct Network providers must complete *New Provider Onboarding* within in 10 days of their contract effective date. The External Learning Unit of the Learning Experience Department is responsible for managing all provider training requests submitted by Provider Network via Podio for the provider types listed below.

- PCP/Specialist
- Mid-Levels
- Ancillary
- Acupuncture/Chiro
- BH/Autism
- General Vendors (transportation, vision, dental)

Once training request is received, Learning Experience will assign a delegated user to manage training session invites, facilitate training, obtain required documentation and completed DocuSign portfolio. Tracking of all training requests are documented in the corresponding Podio request.

MAJOR ACCOMPLISHMENT

Created a solid Provider Training Program. Provider Trainings are delivered via an Instructor-Led method using a WebEx platform:

1. **Cisco WebEx:** Provider training sessions facilitated through WebEx can be viewed, created and initiated by logging in using External Learning credentials.
2. **Learning Management Systems (LMS) (L.A. Care University):** Provider training sessions facilitated through LMS, can be viewed by logging in to L.A. Care University via Employee Central. Sessions in LMS are managed (added/removed) by submitting a request to the LMS team.

Training Sessions:

Regular training sessions are hosted via WebEx and LMS systems based on provider type:

- **PCP/Specialist/Mid-Levels:** Combined session, facilitated via LMS and scheduled 4-6 times at the beginning of each month.
- **Ancillary:** Weekly Wednesday session facilitated via WebEx
- **BH/Autism:** Scheduled on an as needed basis and facilitated via WebEx
- **Acupuncture/Chiro:** Scheduled on an as needed basis and facilitated via WebEx
- **General Vendors:** Scheduled on an as needed basis and facilitated via WebEx

RESULTS

External Learning captures provider's information (provider name, company name, email address and phone number) for providers that attend Onboarding Training on a particular date. This effort tracks whether providers who are on boarded complete the Training within the 10 days of their contract effective date. External learning will run an attendance report 48 hours after delivery of the Instructor-Led Training.

SUMMARY OF INTERVENTIONS

External Learning has been successful with the outreach of the direct network providers to invite them to attend an onboarding training. The Provider onboarding training is a regulatory requirement and it is needed to confirm that all providers meet this requirement. There is a gap to enforce onboarding training participation within 10 days of the provider contract effective date.

The enforcement of any penalty on providers who do not complete the training within the designated timeframe is nonexistent. External Learning is building a process (in collaboration with Provider Network Management and Enterprise Performance Optimization) for effective Compliance.

LOOKING FORWARD

External Learning will create an On-Demand training to be delivered via L.A. Care University. Providers, of all types, will be able to take their training on-line at the provider's convenience. External Learning will continue to offer ILT for those providers who would prefer, but this new level of convenience for providers will be valuable. This should be ready for providers to take their training the beginning of 2022.

With this On-Demand training opportunity, it is believed that Compliance will increase.

H.6.c TRANSFORM L.A.

AUTHOR: WHITNEY FRANZ, MPH

REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

BACKGROUND

Transform L.A. is a practice-level technical assistance program delivered through on-site and virtual practice coaching. The program began in FY 2018/2019 as a Direct Network offering modeled after the successful federal grant (Transforming Clinical Practice Initiative – TCPI). The Transform L.A. (TLA) team focuses on being “practice-centered” (i.e., supporting work that will improve care for any patient that is cared for by the practice) to support patient-centered care. The framework for transformation has 3 primary drivers: (1) patient and family centered care design, (2) data-driven quality improvement and (3) business sustainability. To achieve these, the work of the practice coach is broad and inclusive of significant efforts around workflow redesign, sharing best (evidence-based) practice, building trust with the staff/care teams, and using data from practice EHRs to drive improvement (Plan-Do-Study-Act) cycles.

Direct Network (DN) practices are eligible to participate in Transform L.A. if they meet the following criteria (1) executed L.A. Care Direct Network contract, (2) provides primary care services, (3) *uses* an electronic health record (EHR), and (4) practice leadership is open to change and improvement. Practices are enrolled and engaged in a somewhat rolling basis annually and grouped into cohorts. The practices remaining active from Cohort 1 began TLA program engagement in FY 2018/2019 and with Cohort 2, practices began TLA program engagement in FY 2019/2020.

GOALS

Program goals are to improve care delivery and health outcomes: “Better Care, Better Health,” ultimately helping practices succeed in value-based care models. Specifically, the program is focused on:

1. Achieving ongoing practice engagement and leadership buy-in/trust
2. Generating and sustaining improvements in practice-chosen Clinical Quality Measures (CQMs) over baseline
3. Incrementally attaining Transformation Milestones and moving through the “Phases of Transformation” as measured through a standardized Practice Assessment Tool (PAT).

The Practice Assessment Tool is done at baseline and then every ~6 months with the practice to identify areas of priority, plan, and implement interventions to achieve Transformation milestones and CQM improvement. The “goal product” is a high-performing Direct Network practice that is high functioning in 4 foundational areas of Transformation:

1. Population Health Management
2. Culture of QI, Team Accountability
3. IT/EHR/Data Exchange
4. Community Partnerships

SUMMARY OF INTERVENTIONS

The Transform L.A. program leverages the Agency for Healthcare Quality and Research (AHRQ) Practice Facilitation Handbook to guide all the work being done with practices as far as the program intervention of “practice coaching”, also known as “practice facilitation”. The practice coach helps providers and their staff gain knowledge and skills in the science of improvement so that they can continue to improve long after the coach is gone. The work of the coach is based in the Model for Improvement and Plan-Do-Study-Act (PDSA) Cycles.

MAJOR ACCOMPLISHMENTS

As of September 30, 2021, the following major program accomplishments have been achieved

- Program Engagement and Reach:
 - 13 active Direct Network practices (24 physical sites)
 - 91 providers
 - 17% of DN members (4,400 of 26,000)
- Measure of Transformation
 - Cohort 1 (n=6, baseline FY 2018/2019):
 - 221% improvement from baseline; from 14% to 45% milestones completed
 - Cohort 2 (n=7, baseline FY 2019/2020):
 - 87% improvement from baseline; from 39% to 73% milestones completed
- Practice Use of Data and Clinical Quality Measure Improvement
 - Baseline 4 of 13 practices reporting electronic clinical quality measures (eCQMs) from EHR, increasing to 12 of 13 practices reporting with the support of the Transform L.A. program
 - Building Quality Improvement (QI) Capacity – active, ongoing use of Plan-Do-Study-Act (PDSA) cycles
 - Of practices showing improvement for any of the selected measures, there is on average an 8.7% improvement from baseline (see details in quantitative data section)

RESULTS - QUANTITATIVE ANALYSIS

PROGRAM ENGAGEMENT AND REACH

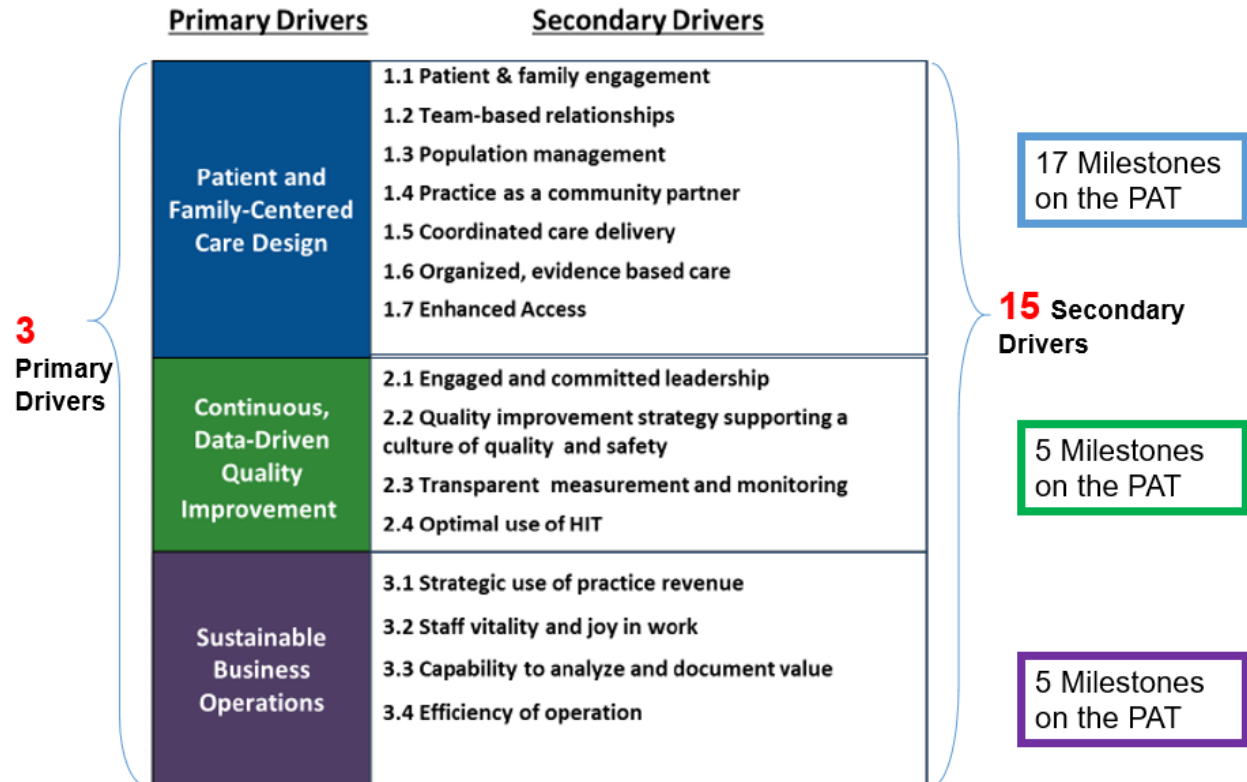
Table 1. Transform L.A. Program Reach – Active Practices, Providers, and Members

Transform L.A. (TLA) Cohort Grouping	Practice Count	September 2021 Membership		Physician Counts		# Sites
		DN Mem	Total LAC Mem	PCP	SCP	
Cohort 1 (Baseline FY 2018/2019)	6	3002	16178	27	33	12
Cohort 2 (Baseline FY 2019/2020)	7	1365	14763	16	15	12
Total TLA Active/Enrolled PCP Membership Assignment	13	4367	30941	43	48	24
				91		
Total Membership Assigned to All Direct Network PCPs		25914	280443			
% TLA Reach		16.85%	11.03%			

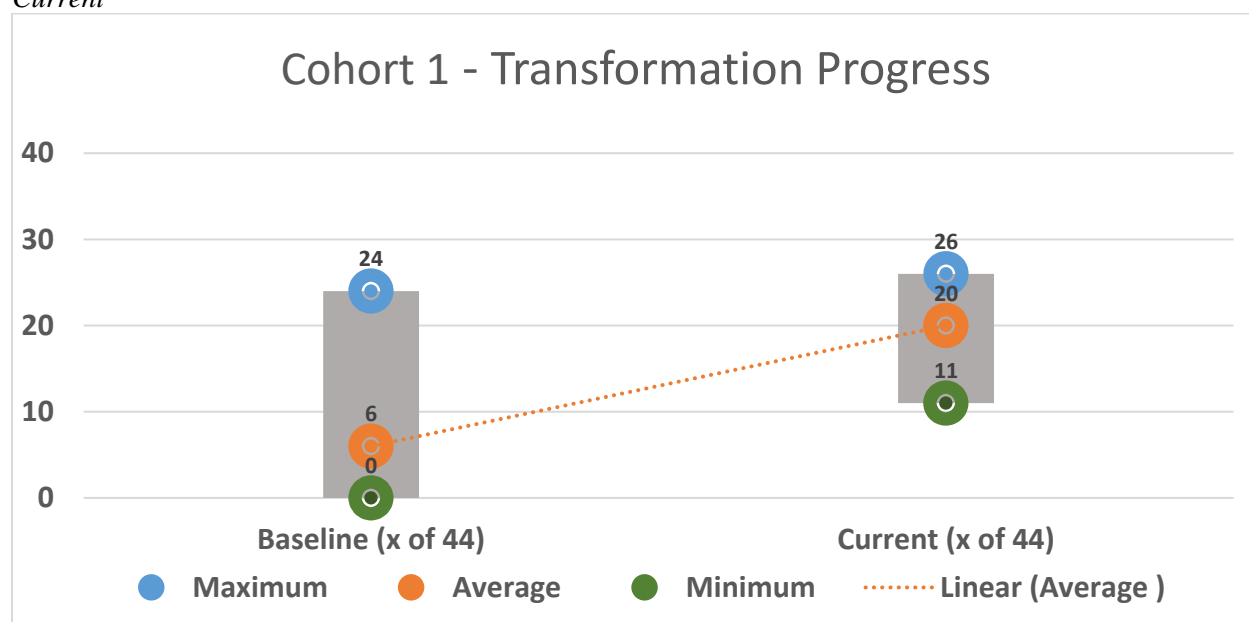
MEASURE OF TRANSFORMATION

The Transform L.A. program uses a standardized Practice Assessment Tool (PAT) to measure where a practice is on their transformation journey. The tool is adapted from the Transforming Clinical Practice Initiative PAT and is used at baseline and then ideally about every 6 months to assess achievement of milestones and identify areas of focus the next 6 months. The milestones and change concepts of the Practice Assessment Tool all map back to the Change Package which contains a detailed framework based on 3 Primary Drivers – Patient Centered Care Delivery, Data Driven QI, and Sustainable Business Operations. See figure below with depiction of the Transform L.A. framework - primary drivers, secondary drivers, and linkage to the 27 PAT milestones. To meet the highest level of transformation, practices must complete 27 milestones/44 change concepts which are staged from Phase 1 foundational concepts through Phase 5 concepts that address the end goal of the program – that practices can succeed in alternative payment models (i.e., pay-for-value). For tracking purposes, Transform L.A. monitors progress of transformation at the change concept level (n=44) – the below graphs 1 and 2 show baseline min/median/max compared to the most recent PAT score for each active Transform L.A. practice by cohort.

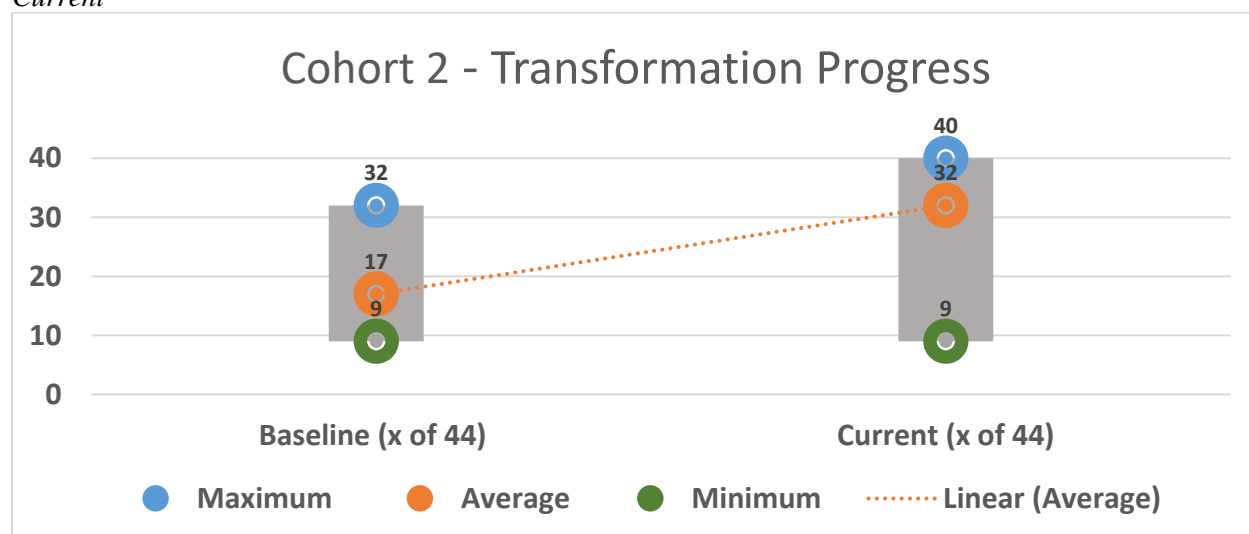
Figure 1. Transform L.A. Transformation Framework



Graph 1. Transform L.A. Cohort 1 Transformation Milestone Tracking, Baseline (FY 2018/2019) vs. Current



Graph 2. Transform L.A. Cohort 2 Transformation Milestone Tracking, Baseline (FY 2019/2020) vs. Current



Comparing Cohort 1 and Cohort 2 Transformation baselines, there is high variation in starting point and level of transformation/practice maturity. This is due to the TLA program, for Cohort 2, focusing on recruiting and engaging DN practices that were at a higher level of “readiness” to engage with the program at baseline.

Cohort 1 (n=6):

- Average Baseline Milestones completed (x of 44): 6 (14%)
- Average Most Current Milestones completed (x of 44): 20 (45%)
- 221% improvement from baseline; from 14% to 45% milestones completed

Cohort 2 (n=7):

- Average Baseline Milestones completed (x of 44): 17 (39%)
- Average Most Current Milestones completed (x of 44): 32 (73%)
- 87% improvement from baseline; from 39% to 73% milestones completed

PRACTICE USE OF DATA AND CLINICAL QUALITY MEASURE IMPROVEMENT

As part of TLA, practices are coached to collect clinical quality measure (CQM) numerator and denominator totals directly from the practice electronic health records (EHR), use this data to inform PDSA cycles, and share monthly with the TLA team in year-to-date format. There are many barriers for practices to be able to document and report valid data; most often related to the EHR being used and poor coding/mapping of quality measures specifications. There is a high level of ongoing practice and coach effort to validate measure reports and work with EHR vendors to produce reports as [annual] updates to the software can lead to changes in mapping and thus validity of the reports.

The below table summarizes all measures identified in the practice aims as desired measures for improvement, the number of practices that are actually able to report these measures, and of those that are reporting, the number of practices showing CQM improvement. Of 9 CQMs selected by practices, 3 of the 9 are not showing improvement. Six CQMs are showing improvement from baseline; most notably the two measures with the most practices reporting are showing meaningful patient outcome improvements.

- For Controlling High Blood Pressure, 8 of 12 practices reporting are showing improvements (on average 11% increase from baseline)
- For A1C Poor Control (>9%), 6 of 8 practices reporting are showing improvements (on average -10% decrease from baseline – note lower is better for the A1C Poor Control (<9%) CQM). For those practices unable to report this measure (n=5) they are all on Office Ally EHR which cannot produce valid reports for this measure as of December 2021.

Table 2. Transform L.A. Practice Measures, Summary of Reporting and Improvements

N = 13 Total TLA engaged DN Practices				
Measure Name	Selected measures per practice Aims	# of Practices reporting	# of Practices improving from baseline as of September 2021	Average % improvement from Baseline (of the practices who are improving)
<i>Controlling High Blood Pressure</i>	13	12	8	11.22%
<i>Hemoglobin A1C Poor Control (>9%)</i>	13	8	6	-10.19%*
<i>Depression Follow-Up Plan Patient Report</i>	2	2	0	No improvement
<i>Breast Cancer Screening</i>	1	1	1	8.67%
<i>Childhood Immunization Status</i>	2	1	0	No improvement
<i>Cervical Cancer Screening</i>	1	1	1	0.25%

N = 13 Total TLA engaged DN Practices				
Measure Name	Selected measures per practice Aims	# of Practices reporting	# of Practices improving from baseline as of September 2021	Average % improvement from Baseline (of the practices who are improving)
<i>Body Mass Index (BMI)</i>	2	1	1	8.09%
<i>Prenatal and Postpartum Care</i>	1	1	1	13.60%
<i>Well-Child Care Visits (3-6 Yrs)</i>	1	1	0	No improvement

*For A1C Poor Control, Lower is better

QUALITATIVE DATA

Of participating practices, there is high level of satisfaction with the Transform L.A. program, specifically the program's tailored support offerings and the practice's engagement/relationship with their coach. Though it takes time and effort to build trust and buy-in with practice staff and providers, without this foundational step, the coaching team cannot otherwise make meaningful progress on other areas of transformation and quality improvement. Below are some selected quotes from participating practices:

- "I am glad that we are doing PDSAs now because I am actually utilizing them after just learning about them in my Masters program a week ago." (*Population Health Coordinator at MLK Community Healthcare*)
- "I am really glad that your program is connecting different clinics (WMCHC & Bartz-Altadonna) together so we can learn from each other, especially in behavioral health." (*White Memorial Health, Director of Behavioral Health*)
- "You all have made such a difference in our Quality Program here and we are so grateful for the partnership." (*Bartz-Altadonna, Chief of Staff*)
- "The program works well for us. It moves at our pace of speed and [Coach 1's] coaching has been a big help, especially working with [our Health Educator] and our reports." (*Office Manager*)
- "Reggie, I really appreciate your work with [CMA 1] and [CMA 2] and getting them up to speed with their medical assistant responsibilities- measures, reporting, intake workflows, PDSAs, etc. - without it, we would be underwater." – *Doctor/Owner*
- "It's a blessing that L.A. Care is providing technical assistance through your program, because it is much needed for smaller practices like ours." – *Doctor/Owner*

TRANSFORM L.A. PROGRAM CHALLENGES

The program's offering of practice coaching support is hindered by many things and experiences. In 2020/2021 COVID remained a primary focus and factor in practice allocation of resources/time and desired goals of working with the program. High staff turnover was and continues to be another issue experienced by practices that limits program continuity and thus pace of transformation progress. Generally, the primary areas of programmatic challenge are:

1. Practice Readiness/capacity for change – At times, practices who begin in the program have subsequently declined to engage further as they are not ready/able to engage in a meaningful way with the practice coach. Often these practices are "survival level" practices who do not want to engage in improvement activities; it is best if participating practices are minimally "low functioning."

2. Leadership and staff engagement – when leadership is not engaged, there is a limit of how far the coaching team can make movement on transformation efforts. There is always a balance of competing priorities so the program works to align the efforts of Transform L.A. with organizational goals already set so as to minimize duplicate efforts and use staff bandwidth/resources most effectively. Distrust of L.A. Care based on past experiences can also be a barrier to building trust and engagement, but the TLA coaching team shows commitment and open communication, slowly moving past this barrier/mistrust and proving that leadership and staff can trust their coach.
3. Technological maturity – this is another area of challenge for the program as there are many PCPs within the Direct Network who do not use an EHR (i.e., paper charting) and thus do not qualify to participate in the program, narrowing the potential reach of the program. Additionally, the efforts of the coach focus on workflow redesign and building QI capacity (i.e., documenting and using data) and many EHRs being used by participating practices do not have consistent valid EHR reporting capabilities. Many EHRs have been found to not map documentation workflows effectively into the measure specifications for reporting and thus reported measures are incorrect. Practice coaches regularly have to meet with EHR vendors to fix identified errors and retest/chart audit to ensure validity of numerator and denominator calculations.

EXAMPLE TRANSFORM L.A. PRACTICE COACHING EFFORTS TO DATE

The framework for transformation has 3 primary drivers: (1) patient and family centered care design, (2) data-driven quality improvement and (3) business sustainability. To achieve these, the work of the practice coach is broad and inclusive – as long as their work touches on one of these three primary drivers, it is within scope of the program. There have been significant coaching efforts around workflow redesign, sharing best (evidence-based) practice, building trust with the staff/care teams, and using data from practice EHRs to drive improvement (Plan-Do-Study-Act) cycles. Specific example interventions include:

- EHR optimization support (includes observation days and elbow support)
 - Basic training on EHR workflows
 - Reporting electronic clinical quality measures (eCQMs) + data validation
 - Decreasing reliance on paper
- QI intro trainings, Plan-Do-Study-Act (PDSA) cycles
- Medical Assistant (MA) trainings
 - Leveraging American Medical Association (AMA) Professional Development Modules and internally developed resources
- Workflow mapping & streamlining (includes observation days and elbow support)
- Linkages with L.A. Care & medical neighborhood resources
- COVID-19 & Telehealth Resources/Best Practices

LOOKING FORWARD

As the program builds its coaching team capacity, more Direct Network practices can be offered and engaged with this tailored support resource, thus expanding the reach of the program and its beneficial impact on practice transformation and patient outcomes. Cohort 3 outreach occurred in FY 2020/2021 and engagement of Cohort 3 practices will begin with the onboarding of an addition coach FTE in January 2022. For those practices already engaged, the practice coaching team will continue to build QI and Population Health capacity. Internally at L.A. Care, there is significant opportunity to better align and develop an interdepartmental support network to decrease provider/practice abrasion and “amplify” and match [L.A. Care] resources/offerings. The team will continue to tailor work for different maturity level practices (i.e., differing readiness and resources) and target support of practice performance that will improve patient

outcomes as well as impart financial benefits to the practice (HEDIS/P4P, encounters, funding opportunities, HIE, Prop 56, etc.).

H.6.d 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 Fiscal Year October 1, 2020-September 30, 2021, 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 2020-2021 program goal of an average attendance of 100 was met, with webinars totaling an average of 134 attendees. This was also an improvement from the previous year (108). 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 one (lead poisoning) of the webinar sessions.
- Some of the webinar sessions included interactive polling of attendees to collect information on practices and understanding of the material.
- QI collected evaluations of the webinars from the attendees, allowing them to indicate if they would recommend the webinars and also submit comments and suggestions. The average Net Promoter Score (NPS) from these evaluations was 72 (generally, a score below 0 is low, between 0-30 is medium/good, and 30-100 is high/great). This met the 2020-21 program goal of an average NPS across all sessions of 40 or higher and was an improvement from the previous year (62). 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 Merck.
- 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 FY2020-2021					
Date	Topic	Target Audience	CME	Attendees*	Net Promoter Score
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
Jan 20	HEDIS 101	IPAs, PPs, Providers	-	242	78
Feb 24	Immunization Hesitancy	IPAs, PPs, Providers	-	144	74
Apr 28	California Right Meds Collaborative	IPAs, PPs, Providers	-	50	67
May 26	Provider Opportunity Reports	IPAs, PPs, Providers	-	134	58
June 23	Pay for Performance Programs	IPAs, PPs, Providers	-	217	64
July 28	Timely Access to Care: Oversight & Monitoring	IPAs, PPs, Providers	-	109	66
Aug 18	HPV vaccination	IPAs, PPs, Providers	-	83	82
Sept 22	HEDIS Visionaries, Trailblazers, and the Path Forward - Where Do We Go From Here?	IPAs, PPs, Providers	-	146	73

*Attendee counts do not include L.A. Care staff attendance.

BARRIERS

- The list of QI contacts for IPAs, MSOs, and community clinics is maintained in an Excel spreadsheet. Without a more sophisticated mechanism to manage contacts and communications preferences, contacts are sometimes incomplete and/or outdated. There are no current plans to improve collection of email addresses; however, Quality Improvement is in the process of adopting the Salesforce system to track provider outreach. This may have a positive long-term impact on reaching the network.
- L.A. Care does not collect emails for provider offices in a formal manner; individual departments collect contacts and maintain their own databases that are typically not shared across the organization. Thus, 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 FY2021-2022. A calendar has been drafted and speakers are being pursued.

H.6.e PROVIDER ENGAGEMENT

AUTHOR: BETTSY SANTANA, MPH & LIDIA PALOMAREZ

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

BACKGROUND

The Initiatives team has periodically met with Participating Provider Groups (PPGs) over the years to help drive Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) improvement. The meetings have led to a better understanding of barriers, best practices, and resource sharing. Based on some of the success in the past, in 2020 Quality Improvement (QI) formalized these meetings. The QI department along with the Safety Net Initiatives department established an ongoing and consistent communication plan to help establish and maintain a relationship with our network in order to improve the quality of our care. The goals of the meetings are to improve performance in the Value Initiative for IPA Performance (VIIP) program performance of the PPGs and establish a relationship with the PPG to improve the transfer of information (i.e., communication and develop a more collaborative approach to designing interventions). All applicable product lines are discussed but the primary focus is Medi-Cal.

In 2021, the meetings were interrupted at times due to the COVID-19 pandemic. In 2021 we had planned three meetings with IPAs but the summer COVID surged coupled with staffing shortages in the QI department reduced those meetings to two meetings for the year. Although a handful of groups continued to meet as needed.

MAJOR ACCOMPLISHMENTS

- Results show that PPGs that attended the QI meetings had higher performance rates.

INTERVENTION/OUTREACH PLAN

QI identified 10 PPGs based on their Clinician & Group Survey (CG-CAHPS) scores performance and volume. The following providers were identified as priority PPG groups in 2019: The Department Health Services Los Angeles County (DHS), Health Care LA (HCLA), Allied Pacific IPA (APIA), Prospect Medical Group (PROS), Preferred IPA of California (PIPA), Global Care IPA (GCMG), Heritage Medical Group (HMG), Exceptional Care Medical Group (ECMG), Angeles IPA (AIPA), and Superior Care (SC). The plan is to continue with these PPGs for three years (2020-2022) before reevaluating their performance and selecting a new cohort. These groups covered 771, 716 MCLA members which accounts for 66% of the total MCLA membership.

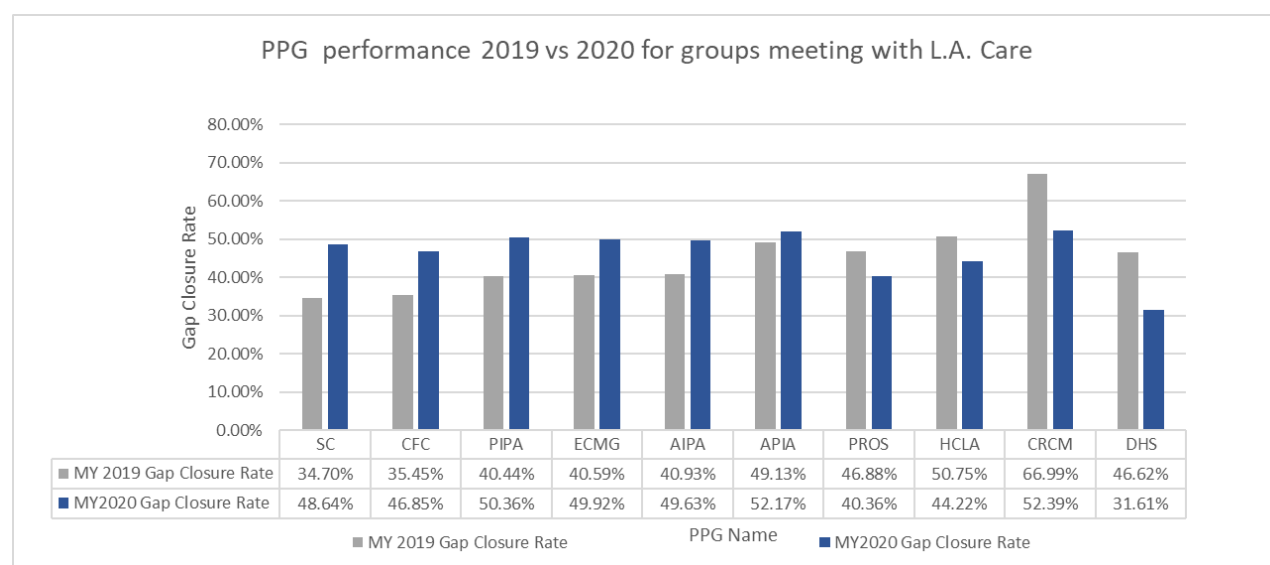
During the last fiscal year, the ongoing COVID pandemic, led to changes in our meeting cadence and our goal of meeting quarterly was reduced to semi-annually. We continue to send PPGs communication on important notices and any updates that are pertinent to them. This was in addition to emails they normally receive from L.A. Care's Communications department.

In 2020, Global Care declined to participate in the PPG meetings. Crown City moved under AltaMed (effective 7/20/2021) and opted out of the meetings. Heritage Provider Network was among the IPAs that stopped meeting with us because they no longer provided services for Medi-Cal members. However, in 2021, Heritage participated in the meetings due to their Medicare membership.

QI Initiatives also meet with designated PPG to address Star Measures and Cal MediConnect (CMC) Quality Ratings. In 2023, L.A. Care will transition the CMC membership into the Dual Eligible Special Needs Plans (D-SNP): Optum (AppleCare), MedPoint Management, Superior Choice, Heritage, Preferred IPA, HCLA and Regal Medical Group have been added to these meetings. The goal is to obtain a higher Stars rating by sharing encounter data, reports and collaborating together to improving our measures.

The results below show the preliminary evaluation of the groups that participated in PPG meetings with our team.

RESULTS



ANALYSIS

Quantitative Analysis

For the analysis, QI measured the total number of gaps closed at the end of the year. QI compared the 2019 performance to the 2020 performance. The rates changes were all statistically significant ($p < .05$). Six out of the ten groups had statistically significant improvement. Four PPGs had significantly lower rates: DHS, CRCM, HCLA, and PROS.

Qualitative Analysis

More than half of the PPGs had statistically significant increase in their gap closure rate. In addition to monitoring the gap closure rate the Initiatives team also sent out an online survey to measure satisfaction. Most found the meeting helpful and the average score was 8.6 out of 10.

COVID -19, data issues and engagement in the sessions may have led to the lower rates in the four groups noted above. DHS and HCLA, two of the groups that had lower rates reported being impacted by COVID-19. Those quality meeting focused on resources around COVID-19 and mitigating the impact on quality. Data submission was also noted as an issue for Prospect and they requested to have more data analyst from our organization meet with them to try to identify the issues and that is currently underway. Lastly Crown City, sent their managed service organization to the meetings held that year, but never sent IPA staff. Engagement and fixing outstanding data submission issues seems key to improving overall performance. For those that continue to have poor performance the QI team is considering some type of corrective action. However, this is challenging, as barriers for 2021 and 2021 have included staffing issues and the issues around the pandemic which ranged from having difficulty meeting with us, to priorities around supplying resources like PPE. Turnover was also a common issues and often the progress on activities or actions items was delayed or hampered by PPG contacts leaving and having to reengage new staff. Moreover, many cited issues with data loss in which it was not clear what occurred between the PPG MSO and the clearing houses.

In 2021, meetings have continued during the first and second quarter of the year. In preparation for the transition to a D-SNP plan, Optum, Heritage, Apple Care, and Regal were added to the group. The Advisor Quality Performance Informatics, has been meeting with these group to discuss inpatient admissions as well as other Medicare focused topics. In addition, this group receives information that is applicable to all product lines such as gap in care reports and how to best submit data.

Based on the overall improvement and feedback from the groups we plan to continue these meeting into 2022.

LOOKING FORWARD

- Based on the evaluation we will continue to meet with our cohorts
- The Incentives team is considering increasing the threshold and requiring low performing PPGs to conduct actions plans

L.1 QUALITY IMPROVEMENT (QI) COMMITTEE SUMMARY

AUTHOR: MARLA LUBERT

REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, 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 five (5) times in 2021. The Compliance and Quality Committee reviewed and approved the 2021 QI program descriptions, 2021 QI work plan quarterly QI work plan reports, and 2020 evaluation of the QI program. The Committee also reviewed periodic reports on quality activities including but not limited to monitoring quality activities of the delegated entities (delegates and Plan Partners).

Quality Oversight Committee

The Quality Oversight Committee (QOC) is a cross functional staff committee of L.A. Care which reports to the Board of Governors through the Compliance and Quality Committee. The QOC is charged with aligning organization-wide quality improvement goals and efforts prior to program implementation and overseeing the analysis and evaluation for the QI program, 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 2021. The Quality Oversight Committee conducted the following activities:

- Made recommendations to the 2021 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 2021 QI Program Description, 2021 QI Work Plan, quarterly QI work plan reports, and 2020 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) 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). Its membership includes Plan Partners, Provider Groups, and practitioners participating in the QI program through planning, design, and review of programs, quality improvement activities and interventions designed to improve performance. The committee provides an opportunity to dialogue with the provider community and gather feedback on clinical and administrative initiatives. The committee also provides an opportunity to improve collaboration between L.A. Care and delegated Plan Partners/Provider Groups and practitioners by providing a platform to discuss reports, report barriers, assess current interventions in place, and propose new interventions to improve Healthcare Effectiveness Data and Information Set (HEDIS) and *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) performance and other measures as defined.

The Joint PICC and PQC met five (5) times in 2021. The Joint PICC and PQC contributions in 2021 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 2020 QI Evaluation and proposed 2021 QI Program Description and work plan.
- Made recommendations to the 2021 QI Program Structure and Operations

Utilization Management Committee

The Utilization Management Committee (UMC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee is responsible for overall direction and development of strategies to manage the UM Program. The UM Program seeks to provide a consistent delivery framework of appropriate and quality healthcare services to our members. Activities of the UM Program 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 2021, 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 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 credentialing, recredentialing, peer review Quality of Care assessments and actions to improve the quality of care and demonstrated appropriate follow-up on all findings. The Committee met 11 times in 2021 including one Ad Hoc Committee meetings. Facility Site Review 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, reviewed and approved as per appropriate changes in the industry.

Pharmacy Quality Oversight Committee (PQOC)

The PQOC Committee is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee is responsible for oversight of the P&T process administered by the existing Pharmacy Benefit 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 2021 and conducted the following activities:

Oversight/Advisory of PBM Vendor

- Reviewed newly marketed drugs for potential placement on the formulary.
- Provided input on new drug products to Navitus P&T.
 - L.A. Care has the ability to overrule a Navitus P&T formulary and/or utilization control decision when required by regulation or unique member characteristics in the health plan.
- Developed protocols and procedures for the use, of and access to, non-formulary drug products.

L.A. Care Strategic and Administrative Operations

- Specialty pharmaceutical patient management and distribution strategies.
- Pharmaceutical care program selection and evaluation.
- Developed, implemented and reviewed policies and procedures that will advance the goals of improving pharmaceutical care and care outcomes.
- Served the health plan in an advisory capacity in matters of medication therapy.
- Recommended disease state management or treatment guidelines for specific diseases or conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions.

Member Quality Service Committee (MQSC)

The Member Quality Service Committee (MQSC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee is responsible for improving and maintaining the L.A. Care member experience for all product lines. This Committee met four (4) times in 2021. 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 five (5) times in 2021.

The objective of the QI Steering Committee is to establish a formal process for providing oversight and strategic guidance to individual QI workgroups. The committee serves as a platform for workgroup leads to present current and prospective initiatives/interventions for approval as well as provide updates regarding workgroup activities. In addition, the QI Steering Committee promotes inter-departmental coordination and alignment of L.A. Care's member and provider initiatives.

Behavioral Health Quality Committee

The Behavioral Health Quality Committee (BHQC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This committee 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 a National Committee for Quality Assurance (NCQA) accredited Managed Behavioral Health Organization (MBHO). This committee met four (4) times in 2021. The Committee performed substantive review and analysis of quarterly reports from the MBHO; assessed exchange of information between Behavioral Health Providers (BHPs) and Primary Care Physicians (PCPs), reviewed CMC readmissions, including reason for admission and primary diagnosis on a quarterly basis. NCQA Quality Improvement reports were reviewed and approved annually, which includes quantitative and qualitative analysis on Behavioral Health Services Grievances and Appeals; Assessment, Interventions & Improvement, Assessment of Behavioral Health Network Adequacy and Continuity and Coordination between Medical and Behavioral Healthcare..

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 (DPH/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 Behavioral Health NCQA HEDIS and State Regulatory measures. Furthermore, drug management program findings, including opioid home program and pharmacy home program are reported by pharmacy team and reviewed

by committee for additional input. 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, DPH SAPC, and Participating Provider Groups (PPGs) to further enhance and improve care coordination efforts.

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 five (5) times in 2021. 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 nine (9) times in 2021. 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 established a formal process to address gaps identified in the annual Population Assessment and provided oversight and strategic guidance and input to PHM programs across L.A. Care.

Continuing Medical Education Committee

The Continuing Medical Education (CME) Committee plans, develops, implements, and evaluates L.A. Care's CME program's activities and oversees the (re)application process for maintaining L.A. Care Health Plan's CME Provider 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 virtual meetings via WebEx. When applicable, the reports of these communications are provided to the QOC and Board of Governors.

Equity Steering Committee

The Equity Council Steering Committee is an internal committee that reports to the CEO cabinet. The Steering Committee will oversee the efforts of the three councils – The Member Equity Council focused on members, the Provider & Vendor Equity Council focused on the provider network and contracted vendors, and the L.A. Care Team Council focused on L.A. Care employees. The Steering Committee will provide strategic guidance and thought-partnership to the councils and ensure their accountability. The Steering committee will meet weekly. Meeting frequency and schedule subject to change.

National Committee for Quality Assurance (NCQA) Steering Committee

L.A. Care is a National Committee for Quality Assurance (NCQA) Accredited Health Plan as well as holding a Distinction in Multicultural Health Care (MHC) as awarded by NCQA. The Accreditation Team supports L.A. Care Accreditation efforts by conducting the NCQA Steering Committee to provide all internal departments with NCQA standards and updates, survey readiness management and NCQA survey process management for L.A. Care. This committee serves as a platform for stakeholders to assess their

NCQA survey readiness and an opportunity for all to ask questions. The NCQA Steering Committee may meet quarterly or as frequently as necessary.

Committee Summary

Overall, the 2021 Quality Improvement Program committee structure had sufficient resources committed to support committee activities and to complete projects detailed in the work plan. However, as L.A. Care prepares to bring on the D-SNP population, to integrate Health Equity into the QI Program, and to ensure meeting regulatory requirements for processing potential quality issues, additional resources will be needed for the upcoming year to meet work plan goals.

Review of the scope, composition and business of the individual committees 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 2022. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving overall quality and safety of care and efficiency of process thereof.

Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The current level of leadership involvement in the QI Program was adequate this past year and no additional leadership involvement is needed for the upcoming year. The Chief Executive Officer, Chief Medical Officer, Chief of Equity and Quality Medical Director, and Chief Quality and Information Executive were integral participants in activities of the Compliance and Quality Committee of the Board. The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization. The work plan was updated and reviewed by the Quality Oversight Committee on a quarterly basis.

In line with the strategic direction undertaken by the Leadership Team and the Board of Governors the Chief Executive Officer has continued to refine the reorganization of L.A. Care. The intent of the reorganization continues to align the business processes and foster accountability internally and externally; eliminate duplicate functions; to clarify communication with internal and external stakeholders; and add new functions in internal auditing, enterprise risk assessment, and single source for data management and analytics. An ongoing component of the restructuring is to clearly organize the population served into segments based on risk, reimbursement, and enrollment challenges.

I.2 MEMBER PARTICIPATION, COMMUNITY OUTREACH AND ENGAGEMENT (CO&E)

AUTHOR: AULERIA EAKINS, ED, D, MPA

REVIEWER: 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 2020/2021 fiscal year, all eleven Regional Community Advisory Committees (RCAC) completed community partnership projects. Aligning efforts with L.A. Care's social determinate efforts, advisory committees focused their efforts on Food Security and Technology Justice.

Food Security 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 to include, senior housings developments, youth centers, faith based organizations and community food banks, whose primary focus are to distribute food to individuals and families seeking food resources. RCAC members participated from the inception of the project by connecting LAC to community based organizations in their immediate community and by working with staff to identify community based organizations in their respective regions for consideration.

As result of COVID-19, LAC expanded agreements with all community partners CO&E allowed organizations to be innovative in how to distribute food in a safe and responsible manner. Organizations reported utilizing sponsorship funds to conduct food drive-thru's, volunteer food drop off to seniors, community food distributions and more. Community Partnerships assisted partners to expand their food distribution efforts as well increase the number of community members served through their current programs.

Technology Justice In response to data collected from our 2020 technology survey completed by L.A. Care consumer advisory members, it was determined that over sixty- two percent of our member population lacked access to some type of technology to include but not limited to computers, laptops, smart phones and or Wi-Fi. This data was believed to be representative of our larger member population.

To address the digital divide, Community Outreach & Engagement granted Human IT \$25,000 in support of their work to provide low cost/no cost access to laptops, desk tops, Wi-Fi, and computer literacy classes. Services were targeted to eligible low-income residents throughout Los Angeles County. Human IT also partnered with Community Outreach and Engagement staff to conduct a "2021 Tech Awareness Program" to educate community members on services and resources technology related.

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 result of COVID-19, in-person office visits continued to be suspended. 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.

I.2.a COMMUNITY PARTNERSHIPS AND ENGAGEMENT

AUTHOR: BETTSY SANTANA, MPH & FELICIA GRAY

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, child health 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 2021, we continued to work with our existing partners but worked with a few new organization to help drive some of our disparity related interventions. Our community partnerships have been helpful at providing feedback and guidance on how to continue with our initiatives during the COVID-19 Pandemic.

Since 2015, L.A. Care has worked with the American Cancer Society (ACS) on the development of materials and content on Breast, Cervical and Colorectal Cancer (COL) screenings, as well as promoting Human Papilloma Virus (HPV) Immunization among preteens. In 2021, the U.S. Preventive Services Task Force (USPSTF) updates its recommendations on colorectal screenings and lowered screening age which aligned with the American Cancer Society. This led to a social media campaign in September of 2021, featuring a colorectal cancer survivor that was posted on the L.A. Care's Instagram and Facebook page, reposted on the American Cancer Society California Instagram page and had a hashtag that linked both of our organizations. Results showed that it reached 782 people and had 718 plays, making this one of the more successful post that the Initiatives team has launched. In the near future, similar social media campaigns will occur to encourage breast cancer screening and general cancer screening awareness. L.A. Care is also partnering with ACS on a general automated call campaign encouraging cancer screenings for the Covered California eligible population. ACS also continues to provide feedback on our messaging content for our member materials and automated calls for breast, cervical and colorectal cancer.

In developing interventions for our diabetes quality improvement projects, the lead of the Preventive and Chronic Care workgroup, sought out subject matter experts in the community to help with developing a root cause analysis. Two Community Based Organizations who were engaged in the root cause analysis and L.A. Care members. The CBO's are United American Indian Involvement (UAI) and Black Women for Wellness (BWW) to help address health disparities among Black or African American (BAA) or American Indian or Alaska Natives (AIAN) members. L.A. Care met with UAI on September 29th to discuss the intervention strategy and determine if there are diabetes programs specific to the AIAN population that members could be referred to. L.A. Care met with BWW to learn more of their Kitchen Divas program, a program in partnership with L.A. Care that teaches healthy cooking, preventive lifestyle practices, eating habits and physical activity. Their feedback and suggestions will be incorporated into the intervention design and allow them to be better tailored to the target populations.

To help promote immunizations and adolescent care, L.A. Care partner with the Youth Advisory Board lead by the Department of Public Health. These youth leaders, that represent the various Service Planning Areas (SPAs) from around the county met with the lead of the child health work group to help design a social media campaign to encourage well care visits. The Social Media Campaign launched in September of 2021 and was tied to the "Back to Care L.A." campaign. Some of their comments included wanting to see teens in positive interactions with friends and getting back to normal activities with COVID -19 vaccinations. QI has also worked with Merck, the pharmaceutical company, to speaking on addressing vaccine hesitancy (2/2021) and on the recommendations and guidelines on the HPV vaccinations (8/18). Based on the provider feedback, we are currently working with them to set up motivational interview training as it relates to vaccines hesitancy for one of the clinics that is a part of the CIS-10 Performance Improvement Project. We plan to continue to work with them as vaccine hesitancy has been popular topic due to hesitancy related to COVID-19.

In addition to well care, 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) on current interventions and our actions on non HEDIS measures QI has also brought in experts from various organizations to conduct Continuing Medical Education (CME's). For example, on the topic of Lead screening in October of 2020 and in November of 2021 expert from the California Department of Public Health (CDPH). In addition, we are collaborating with the local Department of Public Health to help link up members with high values of lead with local services that provide lead abatement.

L.A. Care also continues to be a part of the Blood Pressure Strategic Alliance Award for Western States from the American Heart Association (AHA) a partnership that started in 2018. As part of the program L.A. Care has pledge to help reduce blood pressure among its membership as well as provide blood pressure rates (HEDIS rates) to the AHA. L.A. Care continues to share data with AHA on blood pressure rates and they provided materials and resources to help support on our efforts. Rates among L.A. Care members had been improving but during the pandemic rates declined. Likely, this was due to the drop in-person visits. In this fiscal year, we also received blood pressure cuffs that will in the near future be used to give to members who are at high risk and allow them to report their values via telehealth. Their staff have been helpful in providing us with feedback on what types of monitors to purchase and educational materials.

This last fiscal year L.A. Care has worked more closely with our various partners. They have been good sources of information. Moreover, they also linked our organization with spokespersons and even supplies for our members. Their efforts have been particularly helpful in helping the organization tackle the pandemic while continue to focus on quality improvement. These partnerships are incredibly valuable as we continue to tackle COVID-19 and health disparities and we plan to continue to expand our efforts with them in the coming years.

QI ACTIVITIES WITH THE ECAC/RCAC/CMC EAC:

The Quality Improvement (QI) team works closely with L.A. Care's community advisory groups since 2018 with the goal of increasing member feedback and input into quality improvement interventions and sharing information and data on what we do. To that end, Quality Improvement Initiatives staff has been presenting at either Executive Advisory Committee (ECAC), CMC ECAC or RCACs during the year. This fiscal year (2020-2021), the QI team presented at seven different meetings on various topics ranging from member experience to preventive health. Due to the ongoing pandemic, all meetings were virtual and the RCAC did not meet due to COVID restrictions.

In October of 2020, the Initiatives team presented on the topic of Breast Cancer Screening to the ECAC advisory group. The advisory group confirmed they had been contacted by L.A. Care regarding screenings and shared that they appreciated receiving a reminder call. Additionally, they requested a contact name and number for questions. In February of 2021, the Initiatives team presented on L.A. Care's Healthy Moms and Babies program to the ECAC advisory group. This program highlighted resources available for high risk mothers and pregnancies. The manager of the CO&E department shared she had a friend that received information regarding Doula services but she did not receive information regarding this service. The Initiatives team noted this inconsistency to ensure all pregnant mothers receive information regarding Doula services in the future.

The QI staff presented to the ECAC advisory group and the CMC ECAC on the topic of Colorectal Cancer Screening in May of 2021. The group members shared personal stories regarding how colorectal cancer screenings have saved their life or a family member. The group was also very appreciative of the information provided during the presentation and said they would share the information with their communities. The group also suggested that we educate people before they turn 45 so they have the information they need before they are scheduled to start screenings and to utilize more personal stories from members. The group asked the staff to consider, some people may not feel comfortable doing at-home testing and members should have a choice to receive the test in a provider office or home. The group suggested using empowering messaging, "you're in charge", targeting men of color, and provide messaging in Spanish, when organizing future campaigns. Some of these ideas, were then used in the colorectal cancer social media messages that feature a male voice advocating for colorectal cancer screening. At the CMC EAC advisory group, the members suggested running the campaign in Spanish and other threshold languages and developing ads specifically for men. The group also suggested that QI come back to the

group for feedback and provide information regarding next steps for the campaign. QI plans to report back the intervention outcomes in early 2022.

The following July and August, QI staff presented to the ECAC advisory group and the CMC EAC advisory group respectively, on the topic of Controlling High Blood Pressure. The presentation highlighted the importance of monitoring your blood pressure regularly and provided the group with resources to help members be successful managing their blood pressure. The staff encouraged the group to read food labels to identify hidden salt in food. The QI staff also suggested that the group check their blood pressure in the morning before breakfast for a more accurate reading. Members were interested in learning more about the risk for high blood pressure and alternatives to medication to lower blood pressure. The CMC EAC advisory group asked questions regarding the normal range for blood pressure and if it was the same across all ages. They also asked if a person can take more than one blood pressure medicine at the same time. The QI staff encourage the group to speak with their doctor regarding specific issues or concerns.

In the month of September 2021, the QI staff presented on the topic of Diabetes Program Updates to the CMC EAC advisory group. The presentation was providing the results of the IVR calls administered by the vendor Eliza and to gain insight from the members on how they perceived the calls. Several members did receive the call, a member did not pick up the phone due to out of state phone number on caller ID. Members suggested future calls contain information on finding doctors. Members expressed interest in receiving a call with Diabetes and Hypertension information and resources, preferably with a live agent transfer. Their feedback is already being worked into the new scope of work with the vendor to ensure we have a local number and that the calls have a live agent transfer option available.

Based on the member feedback received, QI plans to continue to meet with the advisory council members at a minimum of 4 times a year. In the coming months QI will be conduct more key informant interview with those advisory group members for more one on one feedback about their health care needs and preferences.

LOOKING FORWARD

- Increase collaboration with community groups to increase social media engagement
- Work more closely with ACS on branded materials for our members
- Implementing the ECAC and other advisory groups feedback into our initiatives
- Report back the outcomes of the interventions presented
- Discussing health disparities in the presentations regarding preventive health screenings.

L.3 SAFETY NET PROGRAMS AND PARTNERSHIPS

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REVIEWER: MARIA CASIAS, RN & KATRINA PARRISH, MD

Health Homes Background: The Health Homes Program (HHP) is a high-touch care management and wraparound services program for Medi-Cal members that launched in July 2019, as authorized by Department of Health Care Services (DHCS). Medi-Cal members with multiple chronic physical health and/or behavioral health conditions and high acuity (such as recent Inpatient (IP) &/or Emergency Room (ER) history, or chronic homelessness) are eligible for the program. Members who opt-in to the program will receive varied, relevant services, including comprehensive care management, care coordination, health

promotion, comprehensive transitional care, individual & family support services, and referral to community & social supports (which includes individual housing transition & tenancy support services).

Program Growth: L.A. Care delivers the Health Homes Program through a network of 34 contracted Community-Based Care Management Entities (CB-CMEs) across 179 sites/locations in L.A. County. L.A. Care's CB-CME network is comprised of primary care providers, community clinics, federally qualified health centers, behavioral health, hospitals, Community-Based Adult Services, community based organizations, and other care management providers. The contracting and onboarding of new CB-CME organizations, as well as the hiring of additional staff at existing CB-CMEs, contributed to the expansion of L.A. Care's CB-CME network throughout 2020 and 2021. At program launch in July 2019, L.A. Care and our Plan Partners CB-CME network had the capacity to serve 11,378 members; by June 2021, the network could serve 21,956 members. All CB-CME staff involved in Health Homes must complete DHCS required training.

Between April and June, 2021, L.A. Care and its Plan Partners served 15,894 enrolled members. Of the members served during that period, 11,334 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 October 2020 through June 2021, for L.A. Care's MCLA line of business, is included below.⁶⁵ Charts 1 through 3 depict overall Health Homes Program outreach and enrollment activity.

- Chart 1 details the total number of eligible members, members receiving outreach in that month, and the number of members enrolled in L.A. Care's systems. The asterisk notes that there may be a lag in counting members enrolled in L.A. Care's systems due to a multi-step enrollment process.
- Chart 2 illustrates the HHP member opt-in rate for October 2020 – June 2021. Prior to program start, opt-in rate was estimated to be approximately 10% based on member opt-in rates in other counties and states operating HHP prior to Los Angeles County. Since July 2019, L.A. Care's MCLA line of business has consistently had an average member opt-in rate of 20%. The opt-in rate exceeded 30% for Quarter 2 of 2021.
- Chart 3 outlines the average duration of enrollment for MCLA members in Health Homes. As anticipated, the average length of enrollment increased throughout 2020 and 2021. By June 2021, the average length of enrollment approached 300 days, indicating sustained member interest and engagement.

⁶⁵ Data included on the tables is specific to L.A. Care's MCLA Health Homes program only; data is not inclusive of Plan Partner Health Homes enrollees.

Chart 1

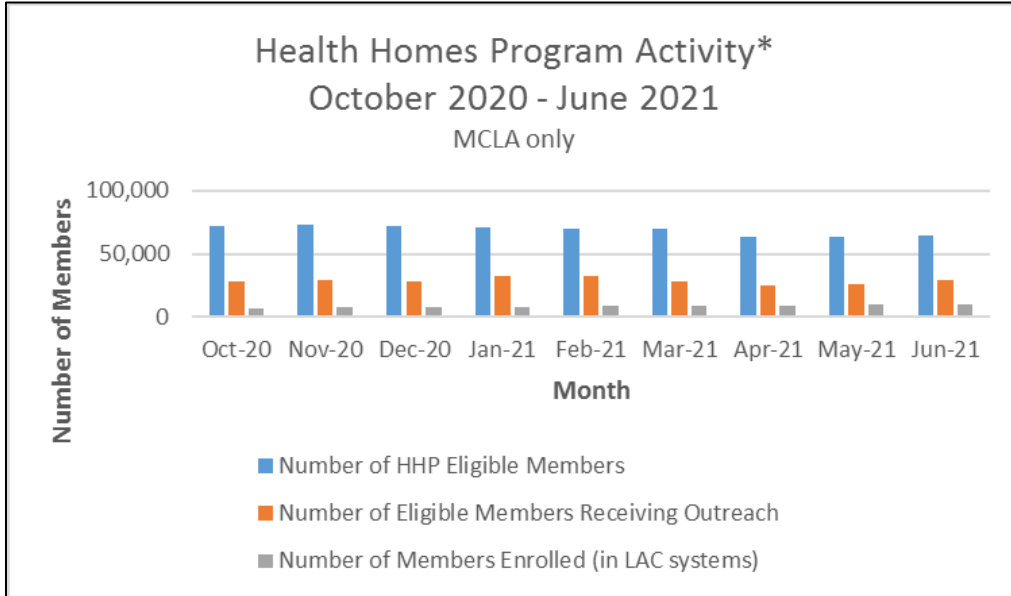


Chart 2

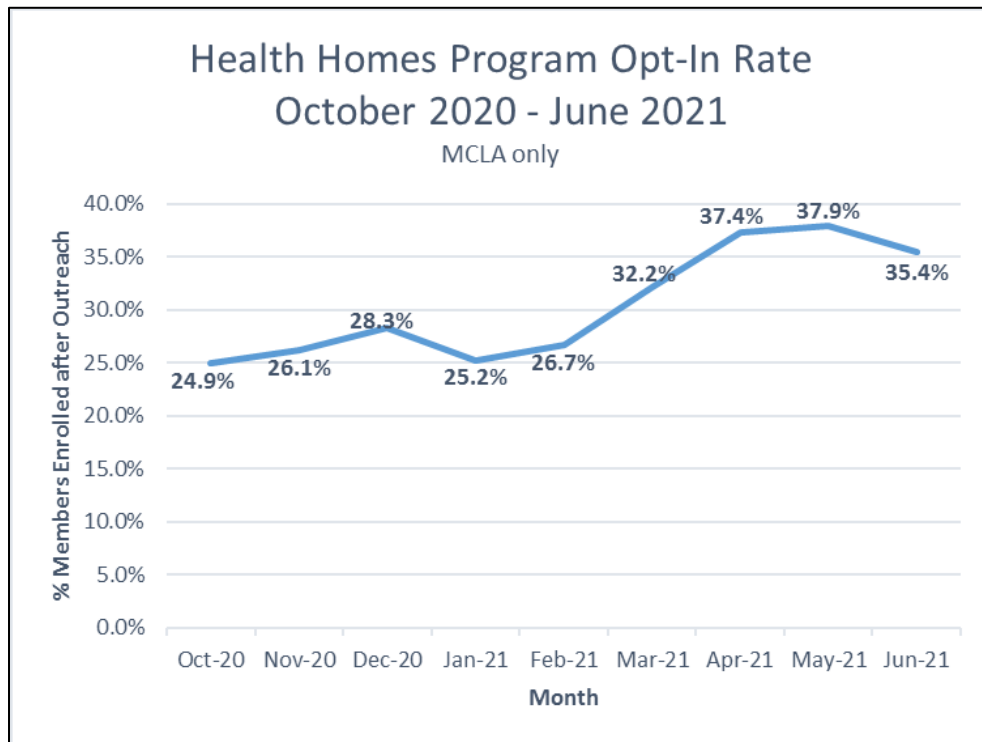
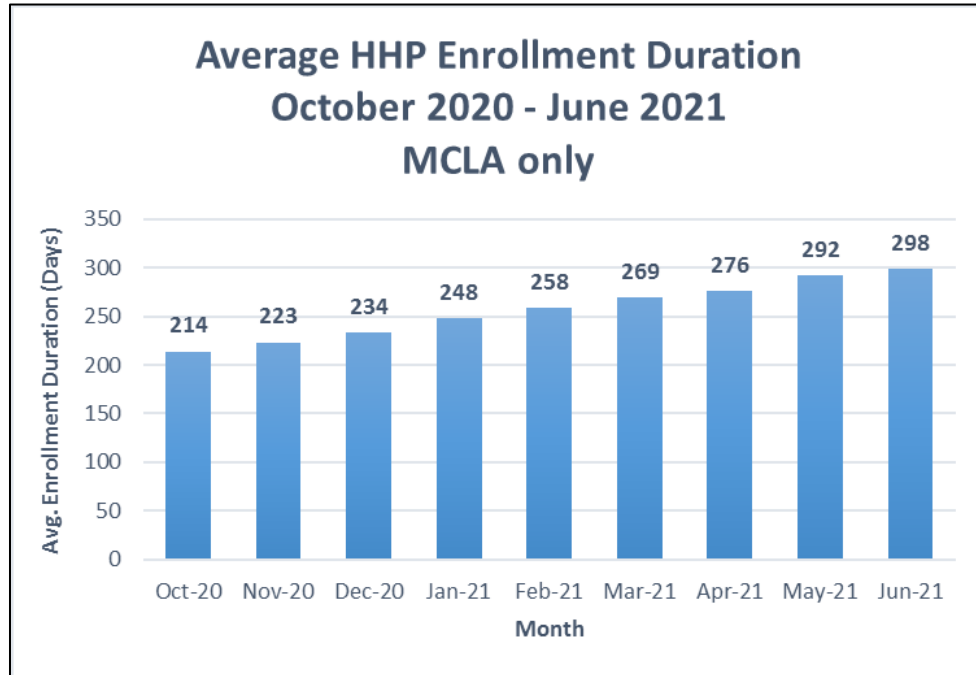


Chart 3



Charts 4 and 5 describe L.A. Care’s MCLA HHP-enrolled population as of June 2021, based on the required HHP chronic condition (detailed in Chart 4) and acuity criteria. Many members may have more than one chronic condition diagnosis, and may meet more than one acuity factor. The data demonstrates that our HHP enrolled members suffer from multiple comorbid conditions, with a combination of both physical and behavioral health diagnoses.

Chart 4

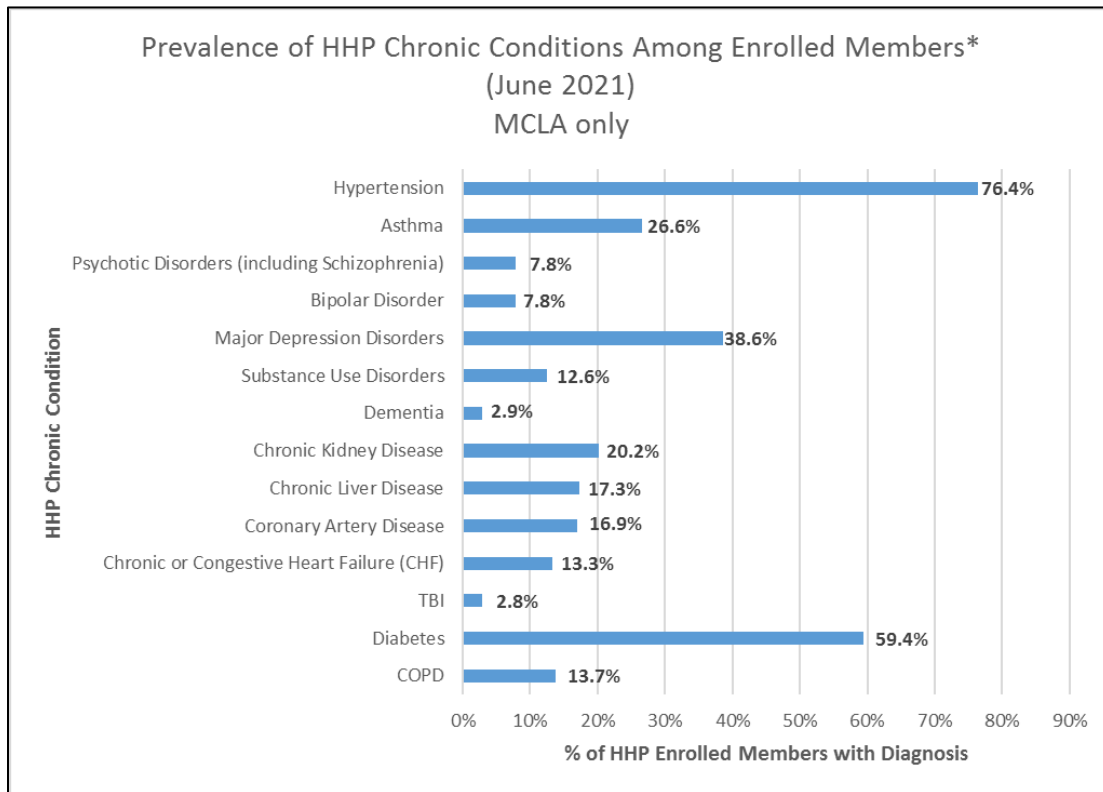
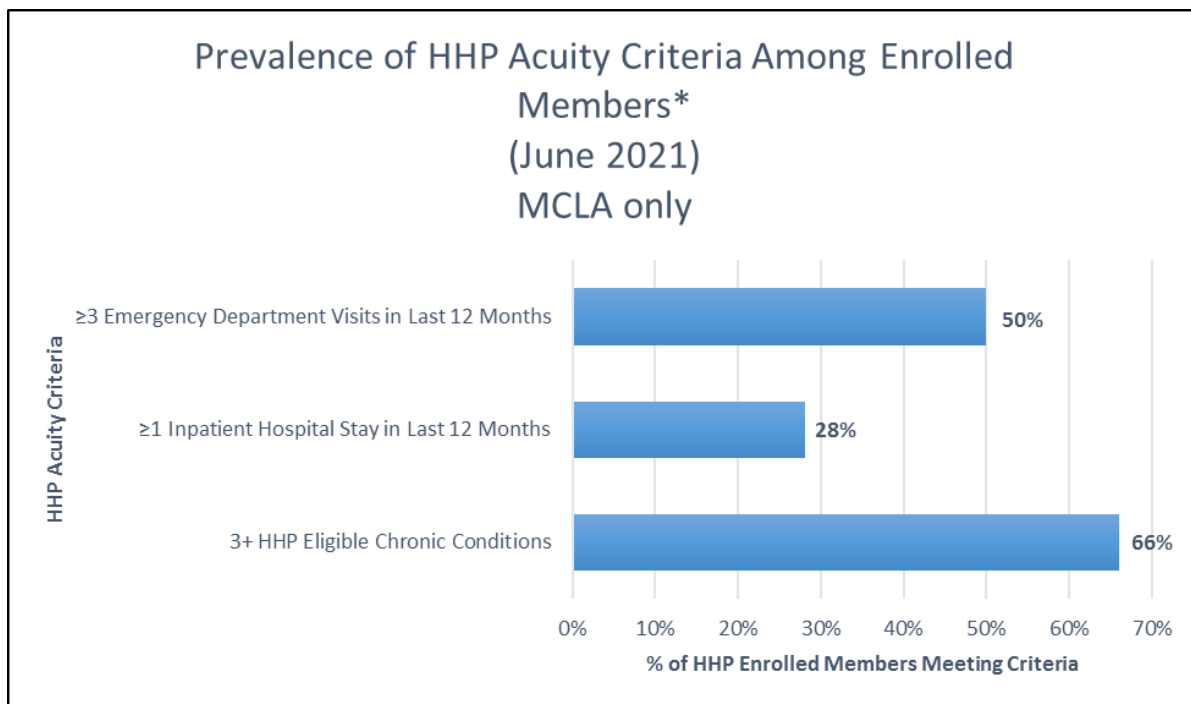


Chart 5



HEALTH HOMES MEMBER OUTCOMES – EARLY ANALYSES AND RESULTS

With the triple aim of the Health Homes Program being better care, better health, and lower costs, L.A. Care seeks to answer the following evaluation questions to understand the impact of HHP:

1. How did health care utilization and cost of care among HHP enrollees change before after participation in the program?
2. How did health care utilization and cost of care among HHP enrollees differ compared to HHP non-participants?

METHODS

To answer these questions, we compiled data on members' utilization and cost of care into the following metrics:

- Inpatient ED (Emergency Department) visits – *ED visit resulting in admission*
- Outpatient ED visits – *ED visit not resulting in an inpatient admission*
- Overall ED (Total, Inpatient ED and Outpatient ED) visits
- Inpatient hospital stays
- Primary Care Physician (PCP) visits

We obtained utilization data using claims and encounters. For each category, the number of visits/admissions were capped at 1 per member per day to prevent over counting and to account for different billing practices. Costs, captured as the actual amount paid by L.A. Care, were obtained from claims. (Note that this methodology cannot be applied for members with an Independent Physician Association (IPA) submitting outpatient and/or inpatient encounters instead of claims, due to the absence of cost amounts.) Using data from members with a minimum HHP enrollment period, we conducted four analyses to study changes in member utilization.

Analysis 1: Comprehensive Group of HHP Members

For cohorts enrolled for 6 months and 12 months, we measured and compared the above five metrics using case series style analyses in the months before and after members' enrollment in the program to evaluate whether utilization and cost changed after enrollment. This study included only HHP enrollees continuously enrolled in Medi-Cal both before and after study periods, as well as continuously enrolled in HHP in the after-study period. The member's HHP opt-in date defines the before and after study periods.

Analysis 2: HHP Participants vs. HHP Non-Participants

To study differences in utilization and cost between HHP participants and HHP non-participants, the team measured and compared these metrics between the two populations using case-cohort style analyses. HHP participants included in this analysis were continuously enrolled in Medi-Cal and HHP in the study period (6 months and 12 months), which begins on the date of their enrollment. HHP non-participants included in this analysis were continuously enrolled in Medi-Cal in the study period, which begins on the date they were identified as eligible for the program. Cohorts were matched based on clinical acuity at the time of initial program eligibility.

HHP non-participants that actively declined enrollment into the program were excluded from the study to avoid selection bias.

We used paired T-tests to evaluate the statistical significance of the Case Series analyses examining changes in utilization between the pre-HHP enrollment and HHP enrollment periods. To study the statistical significance of the Case-Control analyses, we used Welch's T-tests to evaluate whether or not the difference between the average of the cases is significantly less than the average of the controls.

Early Results – Summary Data

Analysis 1: Comprehensive Group of HHP Members

N=3,026 members for 6-month cohort

N=1,394 members for 12-month cohort, 4.95% of which are confirmed to have COVID in the study period

Although no results are statistically significant at 6-month program enrollment, the analysis shows that overall ED visits, including both inpatient and outpatient ED visits, as well as inpatient hospitalizations, have a downward trend. All of these achieved a statistically significant decrease for the 12-month cohort. At six months, results indicate a trend of increased overall ED total cost of care and inpatient cost of care. While these trends hold for the 12-month cohort, the difference in costs remains relatively narrow and not statistically significant.

Analysis 2: HHP Participants vs. HHP Non-Participants

N=470 enrolled members (case) for the 6-month cohort, 4.89% of which are confirmed to have COVID in the study period

N=2,404 eligible members (control) for the 6-month cohort, 3.12% of which are confirmed to have COVID in the study period

N=500 enrolled members (case) for the 12-month cohort, 5.6% of which are confirmed to have COVID in the study period

N=2,780 eligible members (control) for the 12-month cohort, 4.39% of which are confirmed to have COVID in the study period

When comparing members enrolled in HHP to HHP-eligible, but not yet enrolled, members at 6-months, we found a statistically significant decrease in overall ED utilization, outpatient ED utilization, and outpatient ED total cost of care for the cohort of HHP enrolled members. Results for the 12-month cohort demonstrated ongoing statistically significant decrease in overall ED and outpatient ED utilization.

Outpatient ED total cost of care continued to trend downward, but did not achieve statistical significance at the 12-month mark. The HHP enrolled cohort was also noted to have a greater frequency of PCP visits, which is a desired outcome, and was statistically significant for the 6-month and 12-month cohorts.

At 6 months, we found the cohort of HHP enrolled members had a statistically significant increase in inpatient ED utilization and inpatient hospitalizations. This trend remained statistically significant at 12 months, though the gap began to narrow, suggesting a possible future downward trend.

We also identified trends of increasing total cost of care for overall and inpatient ED visits, and total cost of care for inpatient admissions in both the 6-month and 12-month cohorts. Though not statistically significant, it is noteworthy that the directional change for total cost of care in these domains is the inverse of the directional change for utilization in the same domains. This could suggest HHP-enrolled members are utilizing ED and inpatient services less frequently over time, but for more acute and costly services than before. Ongoing study is needed to fully evaluate trends and implications.

CONCLUSION

Although the findings from our preliminary evaluation are not fully conclusive, several analyses demonstrated statistically significant decreases in utilization and/or indicate potential trends in utilization and cost amongst the HHP membership and merit ongoing study. For example, decreases in outpatient ED utilization for cohorts enrolled for 6 months and 12 months (with the converse trend of increasing inpatient

and inpatient ED utilization) may indicate HHP enrollees are more effectively utilizing emergency departments.

It is important to note that HHP is an opt-in program designed around changing member behavior through the provision of comprehensive care management, care coordination and other services. Especially with such a medically complex population, significant change in the way this population utilizes health services and interacts with the health care system may take time. Higher than expected member enrollment, opt-in rates and sustained participation; provider engagement and rapid network expansion; and an emphasis on quality care and continuous improvement are important components of HHP's successes.

HHP's second year offers L.A. Care the opportunity to further study cohorts with extended HHP enrollment periods and build on our early analyses with the aim to solidify trends and further quantify benefits of participation in the HHP program via member outcomes and utilization, as well as better understand areas for ongoing need and improvement. In Year 2, L.A. Care has continued to invest in learning opportunities for CB-CMEs focused on quality improvement, including a renewed focus on care management and care coordination skill-strengthening, and best practices for supporting members experiencing homelessness.

We anticipate our successes in Health Homes will better position L.A. Care, its providers and members for ongoing success as Health Homes transitions to Enhanced Care Management in January 2022. We look forward to continued collaboration with our CB-CME network and partners as we continue our work to improve member outcomes, to reduce avoidable healthcare costs through the provision and coordination of core services for our members, and develop best practices that can be used in future community-based work with additional populations.

Whole Person Care: L.A. County's Whole Person Care Program (WPC) comprises many different high-touch programs for different vulnerable and high-risk Medi-Cal populations, including homeless members, criminal justice reentry members, members with Mental Health or Substance Use Disorder needs, transition of care members, and perinatal members. Programs use housing navigators and community health workers as well as licensed clinical staff to provide care management and wraparound services for varied program lengths (1 month to multi-year programs). The core focus is on addressing the social determinants of health as well as the member's health needs and engaging difficult-to-reach members. Approximately 16,200 MCLA members were enrolled across all WPC programs in March 2021, including some duplicate program enrollments.

Homeless Programs: Given the immense scale of the homeless crisis in LA, it is not surprising that L.A. Care has a large homeless population, estimated to be over 60,000 members using 2018 & 2019 data. We use multiple strategies to meet the needs of our homeless members.

In 2016, L.A. Care made a \$20M, 5-year grant commitment to the Housing for Health Program via fiscal intermediary, Brilliant Corners. Under the grant, L.A. Care is funding rental subsidies for over 300 homeless individuals/families to move into permanent supportive housing, with supportive services provided in-kind by L.A. County as part of the Whole Person Care program. L.A. Care partnered with hospitals, PPGs, and clinics to identify homeless individuals with high health needs for the program, as well as identifying formerly homeless members in Long-Term Care who could safely step down to community placements. As of October 2021, a total of 253 households are actively enrolled in the grant and 241 of those have secured housing, and 191 of those housed (79%) are L.A. Care members. The total number of households ever housed via this grant is 331 and the 12-month housing retention rate is 90%. All enrolled participants have also been connected to services through the Housing for Health (HFH) Division at the Los Angeles Department of Health Services (DHS).

In 2020, the state Housing and Community Development Department awarded L.A. County Department of Health Services Housing for Health (HFH) and L.A. Care nearly \$20 million to house approximately 250 additional L.A. Care members experiencing homelessness. Housing for a Healthy California (HHC) is a statewide initiative that allows counties to receive five years of rental assistance to provide permanent supportive housing for people experiencing homelessness who are recipients of or eligible for Medi-Cal, with a focus on care management programs. L.A. Care is committing over \$7 million to fund intensive case management services over the same period for each program participant. L.A. Care launched this program in early 2021 and as of October 2021, 89 households are actively enrolled in the grant and 83 of those have secured housing. All households are L.A. Care members. The total number of households ever housed via this grant is 88. All enrolled participants have also been connected to services through the Housing for Health (HFH) Division at the Los Angeles Department of Health Services (DHS).

L.A. Care maintains recuperative care contracts with six local providers to provide short-term housing for homeless members requiring ongoing health and treatment services post-discharge. L.A. Care is also providing technical assistance to Health Homes contractors to build their housing navigation & tenancy supports capacity. In addition, L.A. Care refers members to the local Coordinated Entry System and recuperative care/interim housing process through the Los Angeles Homeless Services Authority (LAHSA) and collaborates closely with health plan and county partners on homeless pandemic response activities.

I.4 NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTH PLAN ACCREDITATION

AUTHOR: ROXANA PALACIOS

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 provide quality healthcare, accountability, and to improve the quality and service provided to members. L.A. Care achieved its first 3-year Health Plan Accreditation for the Medi-Cal product line in July 2008, July 2011, July 2014 April 2017, and April 2020. In 2014, L.A. Care Covered (LACC) product line was added on and achieved accreditation. In 2017, Cal MediConnect (CMC) product line was accredited through L.A. Care's efforts and commitment to member satisfaction. L.A. Care's next Accreditation Survey will be in June of 2023. NCQA accreditation requirements and standards are followed across all L.A. Care departments and incorporated into all applicable operations.

Beginning with Health Plan Accreditation 2020 and the 2020 HEDIS reporting year, NCQA aligned Health Plan Ratings and Accreditation in order to improve consistency and to simplify the scoring methodology for Health Plan Accreditation. Ratings were to be released in September 2020 (using the June 2020 HEDIS data) and annually thereafter. Due to COVID-19, NCQA did not release 2020–2021 Health Plan Ratings for any product line. Accredited Commercial and Medicaid plans were still required to submit the HEDIS and CAHPS measures in order to meet annual reporting requirements; however, organizations were not rated on measure results.

In 2021, NCQA eliminated the Excellent and Commendable status and moved from a numeric rating (1–5) to a “star” rating system (1–5 stars). *For 2021 only (MY 2020 data):* As a response to COVID-19's potential impact on scores, NCQA implemented a Special Overall Rating policy:

- 2021 ratings display the better of the Overall Rating score between Health Plan Ratings 2019 (MY 2018 data) and Health Plan Ratings 2021 for plans with Accredited, Provisional and Interim status as of June 30, 2021.
- Individual measures, subcomposites and composites will continue to be scored and displayed using Health Plan Ratings 2021 performance data (MY 2020 data) for all plans.
- Medicare Health Plan Ratings will use 2019 CAHPS® and HOS data (MY 2018).

The final rating score is the result of the Special Overall Rating policy for eligible plans.

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, and Exchange/LACC). In September of 2021 NCQA released the Health Plan Ratings and Medicaid received 4 stars and Medicare received 3 stars.

NCQA Distinction in Multicultural Health Care

L.A. Care has earned the 2021 Multicultural Health Care Distinction (MHC) from the National Committee for Quality Assurance (NCQA). This Distinction was first awarded in 2013 and has since successfully earned this distinction every two years. The Distinction recognizes organizations as industry leaders that provide culturally and linguistically appropriate services while reducing health care disparities. The overall goal is to improve the quality of health care and to reduce bias and improve diversity equity and inclusion for L.A. Care's multicultural populations. This achievement is a testimony to L.A. Care's commitment and dedication to providing accessible, high quality multicultural health care to our diverse membership. As a result of this distinction, Covered California publically acknowledged L.A. Care as a leader in this area.

Starting with July 2022 surveys, Distinction in Multicultural Health Care (MHC) will become Health Equity Accreditation (HEA), with an additional evaluation option, Health Equity Accreditation Plus. Two levels of Health Equity Accreditation programs provide a comprehensive framework that organizations can use to elevate and measure health equity goals, deliver culturally and linguistically appropriate services and reduce disparities. Health Equity Accreditation incorporates MHC's existing standards and raises the bar to a higher degree of equity. Health Equity Accreditation Plus includes an evaluation option that includes the core HEA requirements and "Plus" standards focused on social determinants of health (SDOH). NCQA is developing "Plus" Standards with a multi-stakeholder Advisory Panel and expects to release standards in March 2022. In 2022 L.A. Care will be vetting Plus Standards to determine if "plus" voluntary option will be pursued. Another change includes a look-back period for renewal surveys that is increasing from 12 months to 24 months, with resurvey occurring every 3 years vs. 2 years, as has been the case to date with MHC Distinction. NCQA provided plans the following three options:


- 1) Purchase a one-year extension to their current MHC 2021 contract.
- 2) Renew into Health Equity Accreditation - Seamless transition from MHC to Health Equity Accreditation.
- 3) Undergo a Transition Survey that includes a one-year extension and maintain both MHC Distinction status and Health Equity Accreditation status for one year after original expiration of MHC Distinction status.

After assessing the options L.A. Care opted for Option 1 and is now MHC Accredited through March 2023. L.A. Care will be resurveyed in December 2023.

All three LOBs (Medicaid/Medi-Cal, Medicare/Cal Medi-Connect, and Exchange/LACC) achieved Accredited and MHC Distinction status.

Local Initiative Health Authority, dba L.A. Care Health Plan

California



Health Plan Rating
★★★★☆ 4.0 of 5

Other Accreditations, Certifications, and Distinctions

- ✓ Multicultural Care (MHC)
- ✓ Electronic Clinical Data

INSURANCE TYPE
Medicaid

PRODUCT TYPE
HMO

NEXT REVIEW DATE
06/06/2023

MEMBERS ENROLLED
2,173,904

EVALUATION PRODUCT
Renewal Survey

WEBSITE
<http://www.lacare.org>

SPECIAL AREA
None


SPECIAL PROJECT
None

Accredited

Last update: 10/15/2021
Ratings are updated annually (September)

Local Initiative Health Authority, dba L.A. Care Health Plan

California



Health Plan Rating
★★★★☆ 3.0 of 5

Other Accreditations, Certifications, and Distinctions

- ✓ Multicultural Care (MHC)
- ✓ Electronic Clinical Data

INSURANCE TYPE
Medicare

PRODUCT TYPE
HMO

NEXT REVIEW DATE
06/06/2023

MEMBERS ENROLLED
18,889

EVALUATION PRODUCT
Renewal Survey

WEBSITE
<http://www.lacare.org>

CMS CONTRACT
H8258

SPECIAL AREA
None


SPECIAL PROJECT
CMS

Accredited

Last update: 10/15/2021
Ratings are updated annually (September)

Local Initiative Health Authority, dba L.A. Care Health Plan

California



Health Plan Rating
No Data Required

Other Accreditations, Certifications, and Distinctions

- ✓ Multicultural Care (MHC)

INSURANCE TYPE
Exchange

PRODUCT TYPE
HMO

NEXT REVIEW DATE
06/06/2023

MEMBERS ENROLLED
78,323

EVALUATION PRODUCT
Renewal Survey

WEBSITE
<http://www.lacare.org>

Accredited

Last update: 10/15/2021
Ratings are updated annually (September)

I.5 PROVIDER AND MEMBER INCENTIVE PROGRAMS

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PROVIDER INCENTIVES

L.A. Care's Quality Improvement (QI) Department operates Pay-for-Performance (P4P) incentive programs for providers designed to improve clinical quality as measured by Healthcare Effectiveness Data Information Set (HEDIS), member experience measured through the Clinicians and Groups Consumer Assessment of Healthcare Providers and Systems (CG CAHPS), access to care, auto-assignment, National Committee for Quality Assurance (NCQA) accreditation, and utilization management.

Incentive programs provide a highly visible platform to engage providers in quality improvement activities; increase provider accountability for performance; provide peer-group benchmarking and actionable performance reporting; and deliver value-based revenue tied to quality. Incentives for physicians, community clinics, provider groups, and health plan partners are aligned wherever possible so that L.A. Care's partners pursue common performance improvement priorities and goals. Additionally, these programs incorporate best practices of organizations that provide leadership at the local, state and national levels, including the Integrated Healthcare Organization (IHA), Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid (CMS).

HEDIS performance in the P4P programs is based on Administrative data, which includes the HEDIS measure's entire eligible population. Hybrid data, which is based on a smaller subset of the eligible population, is not utilized in the programs due to smaller denominators. Therefore, the P4P programs are designed to improve L.A. Care's administrative data capture via encounters and claims, labs, pharmacy and other allowable supplemental admin data sources.

All provider incentive programs managed by L.A. Care experienced a decline in rates due to the ongoing COVID-19 pandemic. Key indicators witnessed were a decrease in members seeking both mandatory and elective services and provider offices and Community Clinics closing or reducing their hours. When reviewing the Administrative rates for MY 2020 across all incentive programs, the QI Department decided to implement some changes in order to account for the decline in rates seen due to COVID-19. For Physician P4P and Medi-Cal VIIP, current year (MY2020) thresholds (50th percentile) and benchmarks (95th percentile) were used for the HEDIS domain and prior year (MY2019) thresholds and benchmarks were used for the other domains (does not apply to Physician P4P). This differs from the usual methodology as prior year thresholds and benchmarks are always used for scoring (i.e., MY2019 thresholds and benchmarks for MY2020 payments).

For the CMC VIIP Program, benchmarks and thresholds were chosen according to network performance on a given domain or measure. MY2020 thresholds and benchmarks were utilized for HEDIS, Utilization Management and Encounters and MY2019 thresholds and benchmarks were used for Medication Adherence. Care Management and Member Experience used a combination of MY2019 and MY2020 threshold and benchmarks. LACC VIIP also utilized MY2020 thresholds and benchmarks for HEDIS and MY2019 thresholds and benchmarks for other domains. Additionally, the threshold was changed from the 75th to the 50th percentile and 7 measures impacted by COVID-19 (6 HEDIS & 1 Member Experience) were dropped from the scoring in order to align with the Integrated Healthcare Associations recommendation.

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) 2021 Physician P4P Program are scheduled for the 4th quarter of 2022.

Summary Statistics for the Physician P4P MY 2020 Payments

L.A. Care made incentive payments to 884 physicians and 67 community clinics for the MY2020 Physician P4P Program:

- Solo payments Per Member Per Month (PMPM): Minimum: \$0.00 Median: \$0.97 Maximum: \$3.97
- Clinic payments PMPM: Minimum: \$0.03 Median: \$0.96, Maximum: \$2.44

PHYSICIAN P4P PERFORMANCE TRENDS

1. Physician P4P Performance Score Trends

Solo practitioners and community clinics have been measured and scored on numerous HEDIS clinical quality measures over the years in the Physician P4P Program. For scoring reliability, providers are only scored on measures for which they hold sufficient membership, and a measure is scored if the provider has at least ten eligible members in the measure. Overall performance scores are assigned to providers if they have a minimum of three scored measures in the program year. Overall performance scores are an un-weighted average of all of a provider's scored measures and they can be interpreted as the proportion of the total possible points that were achieved.

a. Solo Physicians

Looking at the most recent three-year trends, the overall physician performance scores demonstrated some variation, increasing from MY2018 to MY2019 and decreasing from MY2019 to MY2020. Since the program's inception in 2011, the typical maximum performance score generally lands in the range of 95-100%. MY2020's max score increased slightly from the previous year's score of 93.33% to 94%. The average (mean) and middle (median) performance scores between MY2018 and MY2020 showed a similar pattern of variation, with a decrease in both the average and median performance scores. 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		MY2018	MY2019	MY2020
Performance Scores	Mean	28.61%	33.32%	28.05%
	Median	25.47%	30.27%	23.68%
	Max	93.33%	93.33%	94.00%

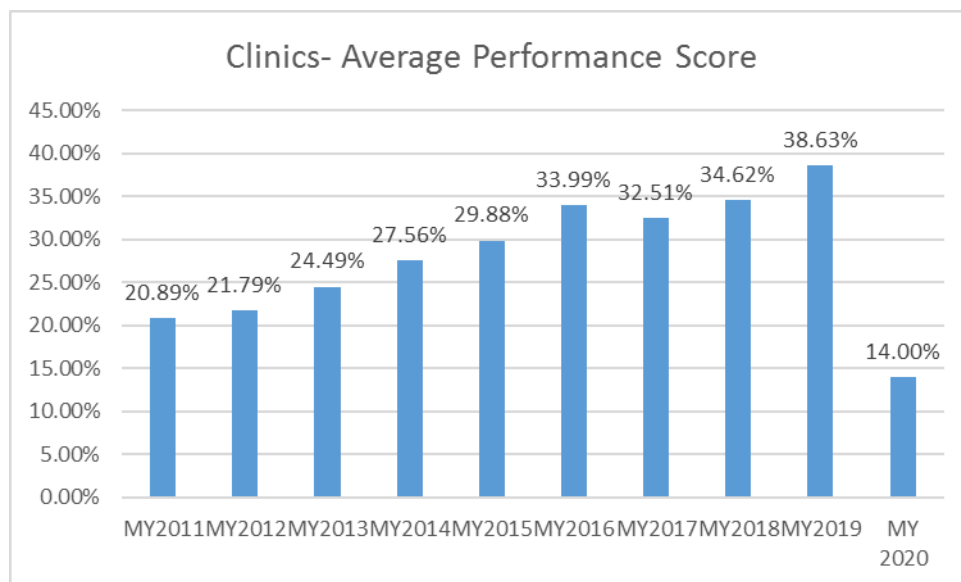
b. Community Clinics

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 caveats that measures in the program change slightly from year-to-year, and changes in the measure threshold and benchmarks, Clinic performance scores have also varied. However, the mean and median scores slightly increased from MY2018 to MY2019, and then significantly decreased from MY2019 to MY2020. The maximum performance scores showed significant increase from MY2018 to MY2019, with a subsequent decrease from MY2019 to MY2020.

Clinics		MY2018	MY2019	MY2020
Performance Scores	Mean	34.50%	38.63%	14.00%
	Median	32.75%	38.95%	22.73%
	Max	80.50%	82.63%	57.73%

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 around 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, with the exception of MY2020.



2. Physician P4P Measure Thresholds and Benchmarks Trends

Another form of performance measurement tracking is analyzing measure-specific trends. The Physician P4P program monitors and tracks network-wide performance across the HEDIS measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology. The program's goal is for the thresholds and benchmarks to make steady increases and get closer together over time as network performance is driven upward.

There were twelve common HEDIS measures that were used in the last three program years. In comparing the thresholds and benchmarks between MY2018 to MY2020, even though the changes for most measures were not statistically significant, the trend indicates the majority of measures showed improvement, with very few decreasing. The test for statistical significance did not determine the year-to-year changes to be significant for most measures due to the smaller denominator sizes at the physician/clinic level. However, consistent upward trending data demonstrates that annual incremental improvements in the program show significant improvements over time. The P4P program, in conjunction with many other QI efforts (clinical initiatives, data capture improvements, provider trainings, etc.) have had a very positive effect on L.A. Care's HEDIS scores. The thresholds and benchmarks and network performance will continue to be monitored closely as the program evolves.

The below tables show the results for each measure. Green in the rate changes signifies an increase in the three-year time period and red signifies a decrease.

a. Benchmarks - 95th Percentile (upper end of goal range)

Out of the twelve measures for which comparisons from MY2018 to MY2020 were possible, **6 (50%)** benchmarks increased, and **6 (50%)** benchmarks decreased. **0** of the measures that improved were statistically significant, while **1** of the measures that declined were deemed to be statistically significant declines by the z-test.

Measure trends – Benchmarks (95th percentile):

Measure	MY2018	MY2018 Denom	MY2019	MY2019 Denom	MY 2020	MY2020 Denom	Rate Change (MY18-MY20)
Asthma Medication Ratio- 5-64 years of age (AMR)	82.22%	10237	84.62%	11154	90.50%	12542	8.28%
Breast Cancer Screening (BCS)	80.00%	10045	83.33%	10205	79.17%	11384	-0.83%
Cervical Cancer Screening (CCS)	72.12%	10096	75.00%	10216	72.98%	11403	0.86%
Childhood Immunization Status- Combo 10 (CIS-10)	47.06%	10491	53.94%	11895	53.69%	12999	6.63%
Chlamydia Screening in Women (CHL)	86.75%	10092	87.80%	10525	85.71%	11924	-1.04%
Comprehensive Diabetes Care- Eye Exams (CDC- REE)	73.70%	10098	76.09%	10225	70.00%	11395	-3.70%
Comprehensive Diabetes Care- HbA1c Control (<8%) (CDC- It8)	67.68%	10098	71.20%	10225	65.15%	11395	-2.53%
Immunizations for Adolescents- Combo 2 (IMA-2)	63.36%	10400	66.67%	11157	67.47%	12436	4.11%
Prenatal & Postpartum Care- Postpartum Care (PPC-Post)	74.62%	10123	87.00%	11048	84.15%	12191	9.53%
Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre)	83.33%	10123	93.78%	11048	92.45%	12191	9.12%
Weight Assessment and Counseling for Child/Adol - Physical Activity	89.78%		93.03%		88.34%	12134	-1.44%
Well-Child Visits 3-6 Years of Life (W34)	86.67%	10173	86.04%	10932	78.18%	12201	-8.49%

b. Thresholds - 50th Percentile (lower end of goal range)

Out of the twelve measures for which comparisons from MY2018 to MY2020 were possible, **7 (58%)** thresholds increased, and **4 (33%)** thresholds decreased, and **1 (8%)** did not change. **2** of the measures that improved were statistically significant, while **0** of the measures that declined were statistically significant declines.

Measure trends – Thresholds (50th percentile):

Measure	MY2018	Y2018 Deno	MY2019	Y2019 Deno	MY2020	MY2020 Denom	Rate Change (MY18-20)
Asthma Medication Ratio- 5-64 years of age (AMR)	57.14%	10237	55.56%	11154	57.14%	12542	0.00%
Breast Cancer Screening (BCS)	57.50%	10045	59.00%	10205	54.72%	11384	-2.78%
Cervical Cancer Screening (CCS)	51.90%	10096	55.29%	10216	53.85%	11403	1.95%
Childhood Immunization Status- Combo 10 (CIS-10)	11.54%	10491	13.92%	11895	15.50%	12999	3.96%
Chlamydia Screening in Women (CHL)	61.54%	10092	63.16%	10525	62.70%	11924	1.16%
Comprehensive Diabetes Care- Eye Exams (CDC- REE)	50.00%	10098	51.92%	10225	46.01%	11395	-3.99%
Comprehensive Diabetes Care- HbA1c Control (<8%) (CDC- It8)	43.48%	10098	44.44%	10225	40.91%	11395	-2.57%
Immunizations for Adolescents- Combo 2 (IMA-2)	27.27%	10400	30.77%	11157	32.79%	12436	5.52%
Prenatal & Postpartum Care- Postpartum Care (PPC-Post)	47.02%	10123	60.85%	11048	61.54%	12191	14.52%
Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre)	63.46%	10123	75.00%	11048	77.97%	12191	14.51%
Weight Assessment and Counseling for Child/Adol - Physical Activity (WCCC)	28.72%		57.14%		45.63%	12134	16.91%
Well-Child Visits 3-6 Years of Life (W34)	66.73%	10173	67.29%	10932	50.50%	12201	-16.23%

c. New measures trends

MY2020 saw the retirement of some measures previously included in L.A. Care's P4P program and the inclusion of new measures based on direction from NCQA. As these measures were newly implemented in MY2020 there is no ability to track and trend over previous program years. MY2020 will serve as the first year L.A. Care tracks these measures and the network performance, along with organizational direction and regulatory directives will help inform whether these measures are included in future P4P program years.

DIRECT NETWORK PAY-FOR-PERFORMANCE (P4P) PROGRAM

2020 marked the first year that L.A. Care offered a provider incentive specifically crafted for its Direct Network providers. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of directly contracted Community Clinics and providers. The Direct Network is L.A. Care's effort to contract directly with providers and perform the administrative services associated with an IPA or Medical Group. The program was developed as an added bonus for providers to contract with L.A. Care as the program rules differ from the Physician P4P provider incentive program. The Direct Network program removed the Medi-Cal membership minimum to allow providers with smaller Direct Network panels to be able to earn an incentive. Similar to the Physician P4P program, this is an opportunity for providers to earn additional revenue above the provider's agreed upon rates with L.A. Care.

The Direct Network P4P program operates similar to L.A. Care's VIIP+P4P program in that it measures and pays out on multiple domains (HEDIS, Member Experience and Utilization Management). The program utilizes the Attainment and Improvement scores for payment. Encounter data is a vital component of the Direct Network P4P program and is the basis of performance scoring and payments. The ability to properly measure Encounters is underway and this domain will be added to the program once the logic and methodology is finalized. The measures included in the program align with both the Physician P4P program and the Medi-Cal VIIP+P4P programs.

Program Domain	Weight of Domain (points)
HEDIS	30
Member Experience	30
Utilization Management	20
Encounters	0
Total	80

Summary Statistics for the MY2020 Direct Network P4P Program

L.A. Care paid out \$300,000 in incentive payments to 59 providers (52 solo practitioners and 7 Community Clinics) for the MY2020 Direct Network P4P program.

- Provider group payment PMPM statistics:
 - Maximum: \$8.39
 - mean: \$2.75
 - median: \$2.19
 - minimum: \$0.26

1. Direct Network P4P Performance Score Trends

As this is the first year for the Direct Network P4P program it is not possible to track measure performance across multiple program years. In scoring the HEDIS domain the program only considered those members who are assigned to L.A. Care's Direct Network which provided the ability to narrow the focus on the provider's specific performance. However, for the Member Experience and Utilization Management domains the decision was made to include the provider's entire Medi-Cal panel.

For scoring reliability providers are only scored on measures for which they hold sufficient membership, which is defined by having at least 10 eligible members in the HEDIS domain. Domain scores are then created as an un-weighted average of the scored measures within the domains. Overall performance scores are assigned to providers if they meet a minimum number of scored measures per domain and at least 2 scored domains overall. Final performance scores are given to the providers after weighting the domain scores and then dividing the total achieved points by the total possible points that could have been earned.

2. Direct Network P4P Threshold and Benchmark Trends

Another form of performance measurement tracking is analyzing measure-specific trends. The Physician P4P program monitors and tracks network-wide performance across the HEDIS measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology. The program's goal is for the thresholds and benchmarks to make steady increases and get closer together over time as network performance is driven upward.

a. Direct Network P4P Program Threshold Trends (Lower end of goal range)

The below tables displays the thresholds (50th percentile) that were used in scoring the MY2020 Direct Network P4P program:

Measure	MY2020
Adolescent Well-Care Visits (WCVA)	28.57%
Antidepressant Medication Management - Continuation (AMM)	39.02%
Asthma Medication Ratio- 5-64 years of age (AMR)	57.14%
Breast Cancer Screening (BCS)	54.72%
Cervical Cancer Screening (CCS)	53.85%
Childhood Immunization Status- Combo 10 (CIS-10)	15.50%
Chlamydia Screening in Women (CHL)	62.70%
Comprehensive Diabetes Care- Eye Exams (CDC- REE)	46.01%
Comprehensive Diabetes Care- HbA1c Control (<8%)	40.91%
Controlling High Blood Pressure (CBP)	20.61%
Immunizations for Adolescents- Combo 2 (IMA-2)	32.79%
Prenatal & Postpartum Care- Postpartum Care (PPC-Post)	61.54%
Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre)	77.97%
Weight Assessment and Counseling for Child/Adol - Physical Activity (WCCC)	45.63%
Well-Child Visits 3-6 Years of Life (W34)	50.50%
Well-Child Visits in the First 15 Months of Life (W15)	30%

b. Direct Network P4P Program Benchmark Trends (Upper end of goal range)

The below table displays the benchmarks (95th percentile) that were used in scoring the MY2020 Direct Network P4P program:

Measure	MY 2020
Adolescent Well-Care Visits (WCVA)	61.22%
Antidepressant Medication Management - Continuation (AMM)	63.22%
Asthma Medication Ratio- 5-64 years of age (AMR)	90.50%
Breast Cancer Screening (BCS)	79.17%
Cervical Cancer Screening (CCS)	72.98%
Childhood Immunization Status- Combo 10 (CIS-10)	53.69%
Chlamydia Screening in Women (CHL)	85.71%
Comprehensive Diabetes Care- Eye Exams (CDC- REE)	70.00%
Comprehensive Diabetes Care- HbA1c Control (<8%) (CDC- It8)	65.15%
Controlling High Blood Pressure (CBP)	68.09%
Immunizations for Adolescents- Combo 2 (IMA-2)	67.47%
Prenatal & Postpartum Care- Postpartum Care (PPC-Post)	84.15%
Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre)	92.45%
Weight Assessment and Counseling for Child/Adol - Physical Activity	88.34%
Well-Child Visits 3-6 Years of Life (W34)	78.18%
Well-Child Visits in the First 15 Months of Life (w30a)	60.33%

VALUE INITIATIVE FOR IPA PERFORMANCE

MEDI-CAL VIIP+PAY-FOR-PERFORMANCE (VIIP+P4P) PROGRAM

The Medi-Cal Value Initiative for IPA Performance (VIIP) was developed as a strategic tactic guided by L.A. Care's Enterprise Goal 2.2, "...quality performance in the provider network." Utilizing test data from 2013 and 2014, an interdisciplinary collaborative drafted the Measurement Year 2015/Report Year 2016 version of the scoring tool. Domains and measures were developed into separate scores using the CMS recommended methodology of the "Attainment Score," which is also used in the L.A. Care P4P/Incentives programs. Many domains and measures were tested including Pharmacy, Compliance and Network Adequacy. After various iterations, the tool was finalized in February, 2016 with a final list of metrics selected for HEDIS, Member Experience with Clinical Groups, Utilization and Encounter Timeliness.

In 2018, VIIP merged with P4P to align performance measure performance and reporting, and to make the program stronger with value-based reimbursement. The new program, 'Medi-Cal VIIP+P4P', measures, reports, and provides financial rewards for provider group performance across multiple domains, including clinical quality, utilization, encounters and member experience. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of high performing IPAs. The program utilizes the Attainment and Improvement scores for payment. Encounter data is a vital component of the Medi-Cal VIIP+P4P program and is the basis of performance scoring and payments. Encounter volume was added as a measure in the Encounters domain of the program, which reinforces the organization's efforts to increase administrative data capture. The encounter volume metric measures an IPA's overall submission rates, adjusted for membership case-mix and utilizes observed rates vs. expected encounters.

The Medi-Cal VIIP+P4P program continued in 2019 and 2020, 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 2020 program were distributed during the 4th quarter of 2021.

Summary Statistics for the Medi-Cal VIIP+P4P MY2020 Payments

L.A. Care paid out \$14.7 million in incentive payments to 52 eligible provider groups for the MY2020 VIIP+P4P Program.

- Provider group payments PMPM: Minimum: 40.35, Median: \$0.85, Maximum: \$1.79

3. VIIP+P4P Performance Score Trends

IPAs and medical groups have been measured and scored on numerous industry standard metrics, including HEDIS clinical quality measures, member experience, encounter data, etc. For scoring reliability, provider groups are only scored on measures for which they hold sufficient membership, which is defined by having at least 30 eligible members in the measure. Domain scores are then created as an un-weighted average of the scored measures within the domains. Overall performance scores are assigned to provider groups if they meet a minimum number of scored measures per domain and at least 2 scored domains overall. Final performance scores are given to the IPAs after weighting the domain scores and then dividing the total achieved points by the total possible points that could have been earned.

Looking at the most recent three-year trends, the overall IPA performance scores demonstrated some variation from MY2018 to MY2020. There is an increase from MY2019 to MY2020 for the mean and median, but a decline for the max. Surprisingly, there is an improvement from MY2018 to MY2020 inside of the COVID-19 impact.

IPAs		MY 2018	MY 2019	MY 2020
Performance Scores	Mean	29.54%	33.11%	32.41%
	Median	26.85%	30.48%	30.27%
	Max	77.97%	68.73%	81.61%

The increase in scores from MY2019 to MY2020 can be attributed to the threshold and benchmark adjustments made due to the COVID-19 impact. Utilizing current year (MY2020) threshold and benchmarks instead of prior year (MY2019) for the HEDIS domain contributed to higher scores for the IPAs.

4. **VIIP+P4P Measure Thresholds and Benchmarks Trends**

Another form of performance measurement tracking is analyzing measure-specific trends. The VIIP+P4P program monitors and tracks IPA network-wide performance across all of the four VIIP domains and measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology.

In comparing the thresholds and benchmarks between MY2018 and MY2020, 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-five measures for which comparisons from MY2018 to MY2020 were possible, **10 (40%)** benchmarks increased, of which **8 (32%)** were statistically significant improvements. **15 (60%)** benchmarks decreased, of which only **6 (24%)** were significant declines.

Domains and Measure Results – Benchmarks (95th Percentile):

HEDIS

Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Asthma Medication Ratio - Ages 5-64	80.00%	72.07%	71.26%	-8.74%
Breast Cancer Screening	75.00%	84.34%	72.61%	-2.39%
Cervical Cancer Screening	70.63%	70.88%	68.73%	-1.90%
Childhood Immunization Status - Combo 10	49.10%	47.50%	43.81%	-5.29%
Chlamydia Screening in Women	77.25%	75.66%	71.69%	-5.56%
Comprehensive Diabetes Care: Control (<8.0%)	53.85%	58.33%	60.00%	6.15%
Comprehensive Diabetes Care: Eye Exams	78.06%	70.83%	70.73%	-7.33%
Immunizations for Adolescents - Combo 2	55.91%	60.34%	59.00%	3.09%
Prenatal & Postpartum Care: Postpartum Care	67.44%	81.02%	81.58%	14.14%
Prenatal & Postpartum Care: Timeliness of Prenatal Care	80.41%	90.91%	85.57%	5.16%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	77.28%	76.58%	68.29%	-8.99%

MEMBER EXPERIENCE

Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Adult Getting Needed Care	66.32%	66.17%	64.48%	-1.84%
Adult Rating of All Health Care Combined	69.50%	72.68%	74.83%	5.33%
Adult Rating of PCP	73.11%	78.12%	79.16%	6.05%
Adult Timely Care and Service for PCPs	65.91%	62.03%	61.40%	-4.51%
Child Getting Needed Care	58.09%	70.12%	69.74%	11.65%
Child Rating of All Health Care Combined	84.18%	85.75%	85.38%	1.20%
Child Rating of PCP	80.21%	84.07%	87.50%	7.29%
Child Timely Care and Service for PCPs	70.20%	74.85%	71.87%	1.67%

UTILIZATION MANAGEMENT

Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Plan All-Cause Readmissions	8.07%	6.09%	2.65%	-5.42%
Emergency Department Utilization	570.36	495.03	383.04	-187.33
Acute Hospitalization Utilization	29.64	21.61	15.62	-14.03

*Lower is better for the Utilization Domain.

ENCOUNTERS

Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Encounters for MCLA	92.95%	90.70%	87.62%	-5.33%
Encounters for Plan Partners	75.66%	65.00%	71.63%	-4.03%
Encounter Volume (PMPY)	10.82	9.46	8.57	-2.25

c. Thresholds - 50th percentile (lower end of goal range)

Out of the twenty-five measures for which comparisons from MY2018 to MY2020 were possible, **12 (48%)** thresholds increased, of which **6 (24%)** were statistically significant improvements. Only **13 (52%)** thresholds decreased, of which only **8 (32%)** significantly declined.

Domains and Measure Results – Thresholds (50th Percentile):

HEDIS

Measures	Threshold MY 2018	Threshold MY 2019	Threshold MY 2020	Rate Change (MY 18 - MY 20)
Asthma Medication Ratio - Ages 5-64	57.25%	55.56%	58.17%	0.92%
Breast Cancer Screening	59.72%	58.31%	55.38%	-4.34%
Cervical Cancer Screening	54.37%	56.74%	54.63%	0.26%
Childhood Immunization Status - Combo 10	15.26%	18.58%	20.07%	4.81%
Chlamydia Screening in Women	61.81%	63.64%	63.09%	1.28%
Comprehensive Diabetes Care: Control (<8.0%)	41.18%	42.40%	40.58%	-0.60%
Comprehensive Diabetes Care: Eye Exams	48.82%	51.00%	43.58%	-5.24%
Immunizations for Adolescents - Combo 2	34.29%	35.89%	36.00%	1.71%
Prenatal & Postpartum Care: Postpartum Care	44.63%	58.42%	58.50%	13.87%
Prenatal & Postpartum Care: Timeliness of Prenatal Care	62.15%	74.44%	77.25%	15.10%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	66.30%	66.45%	52.80%	-13.50%

MEMBER EXPERIENCE

Measures	Threshold MY 2018	Threshold MY 2019	Threshold MY 2020	Rate Change (MY 18 - MY 20)
Adult Getting Needed Care	54.70%	55.24%	53.52%	-1.18%
Adult Rating of All Health Care Combined	60.24%	62.09%	62.86%	2.62%
Adult Rating of PCP	61.51%	61.02%	64.87%	3.36%
Adult Timely Care and Service for PCPs	53.55%	55.58%	50.44%	-3.11%
Child Getting Needed Care	44.86%	56.66%	59.18%	14.32%
Child Rating of All Health Care Combined	71.44%	74.80%	76.24%	4.80%
Child Rating of PCP	67.90%	69.94%	72.41%	4.51%
Child Timely Care and Service for PCPs	61.56%	60.70%	62.04%	0.48%

UTILIZATION MANAGEMENT

Measures	Threshold MY 2018	Threshold MY 2019	Threshold MY 2020	Rate Change (MY 18 - MY 20)
Plan All-Cause Readmissions	17.18%	13.28%	5.87%	-11.31%
Emergency Department Utilization	1261.80	1158.59	755.29	-506.51
Acute Hospitalization Utilization	57.12	44.20	48.09	-9.03

**Lower is better for the Utilization Domain.*

ENCOUNTERS

Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Encounters for MCLA	92.95%	90.70%	87.62%	-5.33%
Encounters for Plan Partners	75.66%	65.00%	71.63%	-4.03%
Encounter Volume (PMPY)	10.82	9.46	8.57	-2.25

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 for the CMC VIIP Program were made for the first time this year for MY2020/RV2021. In the future the program may utilize funding from the CMS quality withhold payments to augment the incentive pool.

1. CMC VIIP Measure Thresholds and Benchmarks Trends

In comparing the thresholds and benchmarks between MY2018 and MY2020, the trend indicates there were more measures which declined than improved - a trend that was expected due to the global COVID-19 pandemic and its impact on healthcare service delivery. However, there were several significant increases suggesting that when patients accessed services during this crisis, quality improvement efforts were impactful. This year's performance points the Quality Improvement program to specific measures for recovery and returning patients to preventive care services, even as the COVID-19 pandemic continues.

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 thirty measures for which comparisons from MY2018 (or MY2019) to MY2020 were possible, **13 (43%)** benchmarks increased, of which **8 (27%)** were statistically significant improvements. **17 (57%)** benchmarks decreased, of which only **10 (33%)** were significant declines.

HEDIS Measures	Benchmark MY2018	Benchmark MY2019	Benchmark MY2020	Rate Change (MY2018 - MY2020)
Antidepressant Medication Management - Continuation Phase	72.73%	65.38%	64.86%	-7.87%
Breast Cancer Screening	80.11%	74.65%	73.91%	-6.20%
Controlling High Blood Pressure		65.66%	55.71%	-9.95%
Comprehensive Diabetes Care - Blood Pressure	66.67%	64.81%	59.72%	-6.95%
Comprehensive Diabetes Care - Control (A1c < 8)	66.67%	74.07%	68.33%	1.66%
Comprehensive Diabetes Care - Eye Exam	85.83%	81.58%	71.76%	-14.07%
Care for Older Adults - Advance Care Plan	62.20%	67.15%	61.13%	-1.07%
Care for Older Adults - Functional Assessment	72.00%	81.36%	80.60%	8.60%
Care for Older Adults - Medication Review	61.90%	76.33%	76.12%	14.22%
Care for Older Adults - Pain Screening	80.00%	81.36%	80.60%	0.60%
Colorectal Cancer Screening	68.33%	73.19%	64.96%	-3.37%
Medication Reconciliation Post Discharge		42.38%	63.46%	21.08%

**Lower is better*

Member Experience Measures	Benchmark MY2018	Benchmark MY2019	Benchmark MY2020	Rate Change (MY2018 - MY2020)
Disenrollment*	19.16%	1.75%	4.31%	-14.85%
Retention Over 90 Days	98.31%	99.11%	85.19%	-13.12%
Getting Care Quickly	78.00%	81.00%	86.27%	8.27%
Getting Needed Care	89.00%	88.00%	89.55%	0.55%
Rating of Personal Doctor	91.00%	95.00%	94.01%	3.01%
Rating of Health Care Quality	95.00%	94.00%	92.72%	-2.28%

Lower is better

Utilization Management Measures	Benchmark MY2018	Benchmark MY2019	Benchmark MY2020	Rate Change (MY2018 - MY2020)
Reduction in ED Use for Seriously Mentally Ill and Substance Use Disorder Members	5.65%	1.96%	1.49%	-4.16%
Emergency Department Utilization	2.22%	2.30%	2.02%	-0.20%
Plan All Cause Readmission	1.92%	2.73%	5.37%	3.45%

Encounter Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 2018 - MY 2020)
Encounter Timeliness	92.11%	86.19%	84.24%	-7.87%
Encounter Volume (Per Member Per Year)	215.92%	226.25%	170.08%	-45.84%

Pharmacy Measures	Benchmark MY2018	Benchmark MY2019	Benchmark MY2020	Rate Change (MY2018 - MY2020)
Part D Medication Adherence for Cholesterol (Statins)	98.04%	88.46%	91.18%	-6.86%
Part D Medication Adherence for Oral Diabetes Medications	97.14%	89.71%	94.44%	-2.70%
Part D Medication Adherence for Hypertension	96.00%	89.74%	86.27%	-9.73%

Care Management Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 2018 - MY 2020)
Annual Wellness Exams	52.38%	75.71%	17.50%	-34.88%
Members Who Have a Care Coordinator and At Least One Care Team Contact	95.86%	100.00%	100.00%	4.14%
Case Management Care Coordination Log Accuracy and Completeness	100.00%	99.24%	90.70%	-9.30%
Members Who Have an Individualized Care Plan (ICP) Completed w/in 90 Days of Enrollment	88.24%	92.94%	100.00%	11.76%

b. Threshold – 50th percentile (lower end of goal range)

Out of the thirty measures for which comparisons from MY2018 (or MY2019) to MY2020 were possible, **14 (47%)** thresholds increased, of which **6 (20%)** were statistically significant improvements. **16 (53%)** thresholds decreased, of which **5 (17%)** were significant declines.

HEDIS Measures	Threshold MY2018	Threshold MY2019	Threshold MY2020	Rate Change (MY2018 - MY2020)
Antidepressant Medication Management - Continuation Phase	54.55%	49.21%	54.05%	-0.50%
Breast Cancer Screening	65.57%	67.53%	61.82%	-3.75%
Controlling High Blood Pressure		40.34%	42.45%	2.11%
Comprehensive Diabetes Care - Blood Pressure	40.46%	48.06%	33.94%	-6.52%
Comprehensive Diabetes Care - Control (A1c < 8)	56.93%	55.43%	57.30%	0.37%
Comprehensive Diabetes Care - Eye Exam	68.12%	71.47%	64.86%	-3.26%
Care for Older Adults - Advance Care Plan	30.00%	35.08%	37.50%	7.50%
Care for Older Adults - Functional Assessment	45.72%	59.18%	42.19%	-3.53%
Care for Older Adults - Medication Review	30.66%	44.90%	45.02%	14.36%
Care for Older Adults - Pain Screening	53.97%	55.79%	50.00%	-3.97%
Colorectal Cancer Screening	50.88%	56.99%	54.68%	3.80%
Medication Reconciliation Post Discharge		8.42%	15.48%	7.06%

Lower is better

Member Experience Measures	Threshold MY2018	Threshold MY2019	Threshold MY2020	Rate Change (MY2018 - MY2020)
Disenrollment*	25.26%	17.15%	9.38%	-15.88%
Retention Over 90 Days	91.53%	92.65%	69.39%	-22.14%
Getting Care Quickly	76.00%	77.00%	74.53%	-1.47%
Getting Needed Care	83.00%	83.00%	80.35%	-2.65%
Rating of Personal Doctor	85.00%	88.00%	90.45%	5.45%
Rating of Health Care Quality	89.00%	91.00%	87.56%	-1.44%

Lower is better

Utilization Management Measures	Threshold MY2018	Threshold MY2019	Threshold MY2020	Rate Change (MY2018 - MY2020)
Reduction in ED Use for Seriously Mentally Ill and Substance Use Disorder Members	7.81%	7.95%	6.49%	-1.33%
Emergency Department Utilization	4.08%	4.37%	3.32%	-0.76%
Plan All Cause Readmission	13.50%	12.07%	8.20%	-5.30%

Encounter Measures	Threshold MY2018	Threshold MY2019	Threshold MY2020	Rate Change (MY2018 - MY2020)
Encounter Timeliness	74.01%	66.06%	73.95%	-0.06%
Encounter Volume (Per Member Per Year)	153.42%	169.08%	155.33%	1.91%

Pharmacy Measures	Threshold MY2018	Threshold MY2019	Threshold MY2020	Rate Change (MY2018 - MY2020)
Part D Medication Adherence for Cholesterol (Statins)	89.89%	79.94%	79.80%	-10.09%
Part D Medication Adherence for Oral Diabetes Medications	90.43%	82.35%	85.07%	-5.36%
Part D Medication Adherence for Hypertension	90.54%	82.62%	83.47%	-7.07%

Care Management Measures	Threshold MY2018	Threshold MY2019	Threshold MY2020	Rate Change (MY2018 - MY2020)
Annual Wellness Exams	21.37%	36.18%	4.21%	-17.16%
Members Who Have a Care Coordinator and At Least One Care Team Contact	35.06%	82.61%	96.41%	61.35%
Case Management Care Coordination Log Accuracy and Completeness	93.75%	92.68%	58.03%	-35.72%
Members Who Have an Individualized Care Plan (ICP) Completed w/in 90 Days of Enrollment	67.31%	62.25%	98.09%	30.78%

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.

MY2018/RY2019 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. MY2019/RY2020 was the first year incentive payments were distributed to IPAs.

For MY2020/RY2021, there were 25 participating groups and 4 pay-out domains which included HEDIS, Member Experience, Encounters & Utilization Management.

LACC VIIP Measure Thresholds and Benchmarks Trends

With the collaboration with IHA, L.A. Care shares performance data for its LACC contracted groups, for which the data is aggregated across Commercial HMO membership for each of their payers. L.A. Care then uses the performance targets that are generated through the IHA A.M.P. program for its LACC VIIP+P4P Program. IHA also utilizes thresholds and benchmarks to compare performance among IPAs statewide. 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. However, as stated above, the threshold has been shifted from the 75th to the 50th percentile for MY2020 payments in order to account for the COVID-19 impact.

Based on the Integrated Health Care Association's recommendation, L.A. Care dropped 6 HEDIS (Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening in Women, Controlling High Blood Pressure, Comprehensive Diabetes Care – Medication Attention for Nephropathy and Comprehensive Diabetes Care: Eye Exam) and 1 Member Experience (Office Staff Composite) measures from the scoring due to the COVID-19 impact. However, these measures were included in the tables below in order to keep the trending data consistent. In comparing the thresholds and benchmarks between MY2018 and MY2020 from IHA, the trend indicates that the majority of measures that showed a decline in the HEDIS domain were the measures that were impacted due to COVID-19. For the most part, the other domains showed an increase in the rate change.

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 three measures for which comparisons from MY2018 to MY2020 were possible, **12 (52%)** benchmarks increased, of which 0 (0%) were statistically significant improvements. **9 (39%)** benchmarks decreased, of which none2 (**9%**) were significant declines.

HEDIS Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Breast Cancer Screening	87.84%	87.46%	83.37%	-4.47%
Controlling High Blood Pressure	81.05%	80.57%	70.28%	-10.77%
Cervical Cancer Screening	90.10%	90.83%	88.70%	-1.40%
Comprehensive Diabetes Care: Eye Exam	80.90%	79.94%	68.93%	-11.97%
Chlamydia Screening in Women	74.04%	73.15%	67.54%	-6.50%
Colorectal Cancer Screening	80.72%	79.23%	75.84%	-4.88%
Comprehensive Diabetes Care: HbA1c Control < 8.0%	73.00%	73.60%	69.94%	-3.06%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	95.48%	94.70%	92.78%	-2.70%
Proportion of Days Covered by Medications: Renin Angiotensin System Antagonists	82.30%	82.04%	83.28%	0.98%
Proportion of Days Covered by Medications: Oral Diabetes Medications	79.08%	80.04%	82.25%	3.17%
Proportion of Days Covered by Medications: Statins	78.13%	79.59%	81.79%	3.66%
Childhood Immunization Status			76.93%	
Immunizations for Adolescents: Combination 2 All Antigens			64.46%	

Member Experience Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Access Composite	67.56%	66.28%	67.59%	0.03%
Care Coordination Composite	69.72%	71.17%	71.77%	2.05%
Overall Ratings of Care Composite	79.39%	80.14%	83%	3.61%
Provider Communication Composite	87.22%	88.08%	88.56%	1.34%
Office Staff Composite	81.36%	82.29%	82.65%	1.29%

UM Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Acute Hospital Utilization	15.95	14.84	14.01	1.94
Emergency Department Utilization	98.05	91.1	66.66	31.39
All-Cause Readmissions	0.00%	0.00%	0.00%	0.00%

Encounter Measures	Benchmark MY 2018	Benchmark MY 2019	Benchmark MY 2020	Rate Change (MY 18 - MY 20)
Encounter Timeliness	90.67%	91.00%	88.44%	-2.23%
Encounter Volume	9.04	10.32	9.16	0.12

d. Threshold – 75th & 50th (50th for MY 2020) percentile (lower end of goal range)*

Out of the twenty-three measures for which comparisons from MY2018 to MY2020 were possible, **11 (48%)** thresholds increased, of which **4 (17%)** were statistically significant improvements. **10 (43%)** thresholds decreased, of which none **7 (30%)** were significant declines.

HEDIS Measures	Threshold MY 2018	Threshold MY 2019	Threshold MY 2020	Rate Change (MY 18 - MY 20)
Breast Cancer Screening	83.91%	84.16%	77.70%	-6.21%
Controlling High Blood Pressure	68.29%	68.81%	60.70%	-7.59%
Cervical Cancer Screening	83.57%	83.14%	79.27%	-4.30%
Comprehensive Diabetes Care: Eye Exam	58.58%	62.96%	57.31%	-1.27%
Chlamydia Screening in Women	68.94%	67.27%	58.86%	-10.08%
Colorectal Cancer Screening	75.12%	74.32%	69.47%	-5.65%
Comprehensive Diabetes Care: HbA1c Control < 8.0%	66.53%	66.24%	64.34%	-2.19%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	92.64%	92.82%	90.49%	-2.15%
Proportion of Days Covered by Medications: Renin Angiotensin System Antagonists	77.49%	76.97%	79.11%	1.62%
Proportion of Days Covered by Medications: Oral Diabetes Medications	72.85%	74.00%	76.69%	3.84%
Proportion of Days Covered by Medications: Statins	72.96%	73.81%	76.97%	4.01%
Childhood Immunization Status			70.32%	
Immunizations for Adolescents: Combination 2 All Antigens			50.00%	

Member Experience Measures	Threshold MY 2018	Threshold MY 2019	Threshold MY 2020	Rate Change (MY 18 - MY 20)
Access Composite	62.73%	61.73%	63.67%	0.94%
Care Coordination Composite	65.97%	66.76%	66.95%	0.98%
Overall Ratings of Care Composite	74.49%	76.47%	78.95%	4.46%
Provider Communication Composite	84.89%	84.86%	85.12%	0.23%
Office Staff Composite	78.50%	78.46%	79.87%	1.37%

UM Measures	Threshold MY 2018	Threshold MY 2019	Threshold MY 2020	Rate Change (MY 18 - MY 20)
Acute Hospital Utilization	23.54	20.51	19.45	4.09
Emergency Department Utilization	127.32	136.9	102.25	25.07
All-Cause Readmissions	5.10%	2.73%	2.96%	2.14%

Encounter Measures	Threshold MY 2018	Threshold MY 2019	Threshold MY 2020	Rate Change (MY 18 - MY 20)
Encounter Timeliness	85.56%	84.00%	81.64%	-3.92%
Encounter Volume	8.05	8.84	7.6	-0.45

IPA Action Plan Engagement and Results

Starting in 2017, the “Action Plan” process was developed by the VIIP Workgroup collaborative, which requested that all IPAs submit Specific, Measureable, Attainable, Relevant and Time-Bound (S.M.A.R.T.) Action Plan goals for improvement in each one of the VIIP+P4P domains. The methodology and number of IPAs required to submit an Action Plan have changed over the years based on organizational priorities. In 2020, IPAs in the Medi-Cal, Cal Medi-Connect and/or the L.A. Care Covered line of businesses 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 based on organizational priorities and were as follows: Member Experience, HEDIS, Encounters & Utilization Management. This was also the first year L.A. Care requested Anthem Blue Cross and Blue Shield Promise to submit a Member Experience Action Plan for their network. In 2021, the Action Plan methodology was modified and Action Plans were required for those IPAs that fell at the middle and/or bottom thirds from MY2017 through MY2019 based on VIIP performance. IPAs were provided with their two lowest performing domains and had the option to pick one domain they wanted to focus on. Additionally, L.A. Care implemented IPA feedback and moved the Final Action Plan deadline to Q1 2022 as opposed to Q4 2021 to give IPAs more time.

Medi-Cal

- **Action Plan Submission**

- IPAs were requested to submit an Initial Action Plan (July 2021) Update Action Plan (September 2021) and Final Action Plan (January 2022) during the year. For the Medi-Cal line of business, 13 IPAs and 2 Plan Partners were asked to submit an Action Plan.
- It's too early to state the Action Plan success because IPAs and the Plan Partners are still sending in their Final Action Plans, but thus far 47% of IPAs and Plan Partners submitted consistently during every cycle.
 - 9 out of 15 (60%) IPAs submitted their Initial Action Plan
 - 9 out of 15 (60%) IPAs submitted their Update Action Plan
 - 8 out of 15 (53%) IPAs submitted their Final Action Plan
 - 3 (20%) groups did not submit an Action Plan during any cycle.

- **Domains Selected**

- The Plan Partners were assigned Member Experience, but the IPAs had the option to pick from their two lowest performing domains. The IPAs selected the following domains:
 - 2 Plan Partners were assigned Member Experience
 - 1 IPA selected Member Experience
 - 1 IPA selected Utilization Management
 - 2 IPAs selected HEDIS
 - 6 IPAs selected Encounters

- **Overall Results**

- Based on the Action Plans L.A. Care has received thus far, here is the success rate:
 - 4 out of 8* (50%) of IPAs met their goal
 - HEDIS – 1 IPA met their goal
 - Encounters – 3 IPAs met their goal
 - 4 out of 8 (50%) of IPAs did not meet their goals
 - Encounters – 2 IPAs did not meet their goals

- Member Experience – 1 IPA did not meet their goal
- Utilization Management – 1 IPA did not meet their goal

*This number is subject to change because IPAs are still submitting their Final Action Plan

Cal MediConnect

- **Action Plan Submission**

- In alignment with Medi-Cal and LACC, 7 IPAs were requested to submit an Initial, Update and Final Action Plan within the year.
 - 71%* of IPAs submitted their Action Plan in each cycle.
 - 1* IPA did not submit an Action Plan in any cycle.

*This number is subject to change because IPAs are still submitting their Final Action Plan

- **Domains Assigned**

- The IPAs selected the following domains for their Action Plans:
 - 1 IPA selected HEDIS
 - 1 IPA selected Medication Management
 - 1 IPA selected Utilization Management
 - 3 IPAs selected Encounters

- **Overall Results**

- Out of the 5* Final Action Plans received, 2 out 5 (40%) IPAs met their goal
 - Medication Management – 1 IPA met their goal
 - Utilization Management – 1 IPA met their goal
- 3 out of 5 (60%) of IPAs did not meet their goal*
 - HEDIS – 1 IPA did not meet their goal
 - Encounters – 1 IPA did not meet their goal
 - Utilization Management – 1 IPA did not meet their goal

*This number is subject to change because IPAs are still submitting their Final Action Plan

L.A. Care Covered

- **Action Plan Submission**

- In alignment with Medi-Cal and CMC, 8 IPAs were requested to submit an initial, update and final Action Plan within the year.
 - 38%* of IPAs submitted their Actin Plan in each cycle.
 - 3 IPAs did not submit an Action Plan in any cycle.

*This number is subject to change because IPAs are still submitting their Final Action Plan

- **Domains Assigned**

- The IPAs selected the following domains for their Action Plans:
 - 2 IPAs selected HEDIS
 - 3 IPAs selected Member Experience

- **Overall Results**

- Out of the 3* Final Action Plans received, 2 out of 3 (67%) IPAs met their goal
 - HEDIS – 1 IPA
 - Member Experience – 1 IPA
- 1 out of 3 (33%) IPAs did not meet their goal
 - Member Experience – 1 IPAs

*This number is subject to change because IPAs are still submitting their Final Action Plan

Action Plan Evaluation

An evaluation of the MY2020 and MY2021 Action Plans will be conducted again this year in order to assess the success of the process and determine 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 MY2020 and MY2021 VIIP performance for the measure(s) they chose to implement a performance improvement activity for. For this analysis, we will primarily focus on the IPAs improvement as opposed to if they met their Action Plan goal.

Based on the MY2019 analysis, we believe the Action Plan process is a valuable component of the VIIP Program because it has shown to help drive improvement, keeps the IPAs actively engaged with the VIIP+P4P program and creates a basis for collaboration with the L.A. Care and Plan Partner staff.

PLAN PARTNER INCENTIVE PROGRAM

The Plan Partner Incentive program aligns the efforts of L.A. Care with those of its strategic health plan partners as a critical point for improving the outcomes and satisfaction of members. The program formerly consisted of two domains, with a focus on the five administrative auto-assignment HEDIS measures and their largest IPAs' encounter data performance. In 2018, the program was redesigned to more closely mirror the Medi-Cal VIIP+P4P program, to create a stronger platform for shared quality improvement strategies between plans and provider groups. The program now measures and rewards plan partners for performance on a broader set of metrics, including clinical quality, utilization, encounters and member experience. Performance on these metrics also impact the proportion of members who are auto-assigned to each plan partner. In MY2019, an additional component was incorporated into the plan partner program to tie a significant proportion of the plan's incentive payment to how their contracted provider groups perform in the Medi-Cal VIIP+P4P program. The Plan Partner Incentive program will continue to utilize these metrics moving forward with targeted areas of modification. Final performance reports and incentive payments for the MY2020 program were distributed in December 2021. The MY2021 program is scheduled for final reports and payments for the 4th quarter of 2022.

Summary Statistics for the Plan Partner MY2020 Payments

L.A. Care paid \$7.5 million in incentive payments to the participating plan partners for the MY2020 plan partner incentive program.

- Plan Partner 1: earned 43.2% of the possible payment, which equates to \$0.73 PMPM
- Plan Partner 2: earned 54.7% of the possible payment, which equates to \$0.92 PMPM

Plan Partner Incentive Performance Trends

The plan partners have historically been measured on five administrative auto-assignment measures in their incentive program. Between MY2015–MY2017, both Plan Partners generally demonstrated steady improvement in their year-over-year administrative rates for each of the incentivized measures. Beginning with MY2018, additional domains and measures were added to their incentive program, so the plan partners are now being tracked on 1) HEDIS, 2) member experience, 3) utilization management, and 4) encounter measures and 5) IPA Performance Improvement, for performance measurement, performance scoring, and incentive payments. In MY2020 an additional measure was added to the IPA Performance Improvement domain for IPA rank improvement based on Plan Partner-contracted IPA performance in the Medi-Cal VIIP Program. The below information and tables provide a view of their performance by each domain in MY2020.

1. HEDIS Measures (16 measures)

In MY2020, both Plan Partners attained the 50th percentile for NCQA on **4 (25.0%)** HEDIS measures. The NCQA benchmark for attainment in the Plan Partner Incentive Program is normally the 75th percentile. However, for MY2020, this benchmark was reduced to the 50th percentile to account for the impacts of the COVID-19 pandemic on the Plans and their providers.

Between MY2019 and MY2020, Plan Partner 1 improved on **3 of 16 (18.8%)** HEDIS measures (2 new measures were introduced in MY2020), with **3** of those improvements **18.8%** demonstrating statistical significance. During the same timeframe, Plan Partner 2 improved on **6 of 16 (37.5%)** HEDIS measures, with **4** of those improvements **(25.0%)** demonstrating statistical significance. Both plans saw statistically significant improvements for the following 3 HEDIS measures: Asthma Medication Ratio – Ages 5-64, Childhood Immunization Status – Combo 10, and Prenatal and Postpartum Care – Postpartum Care.

Between MY2019 and MY2020, Plan Partner 1's performance declined on **13 of 16 (81.3%)** HEDIS measures, of which **9 declines (56.3%)** were statistically significant. During the same timeframe, Plan Partner 2's performance declined on **10 of 16 (62.5%)** HEDIS measures, of which **8 declines (50.0%)** 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	MY2019 Rate	MY2020 Rate	Rate Change
Adolescent Well-Care Visits	50.15%	39.98%	-10.17%
Antidepressant Medication Management - Continuation	39.24%	38.10%	-1.14%
Asthma Medication Ratio - Ages 5-64	55.03%	59.92%	4.89%
Breast Cancer Screening	61.67%	56.72%	-4.95%
Cervical Cancer Screening	59.45%	56.65%	-2.80%
Childhood Immunization Status - Combo 10	21.86%	25.83%	3.97%
Chlamydia Screening in Women	63.76%	62.06%	-1.70%
Comprehensive Diabetes Care - Control (A1c < 8)	45.89%	44.36%	-1.53%
Comprehensive Diabetes Care - Eye Exam	54.07%	46.91%	-7.16%
Controlling High Blood Pressure	27.27%	22.56%	-4.71%
Immunizations for Adolescents - Combo 2	37.88%	37.68%	-0.20%
Prenatal and Postpartum Care - Postpartum Care	61.05%	63.63%	2.58%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	78.66%	78.49%	-0.17%
Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	58.59%	54.25%	-4.34%
Well-Child Visits in the First 15 Months of Life	37.31%	37.26%	-0.05%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	72.40%	57.28%	-15.12%

Plan Partner 2			
HEDIS Measures	MY2019 Rate	MY2020 Rate	Rate Change
Adolescent Well-Care Visits	42.40%	31.90%	-10.50%
Antidepressant Medication Management - Continuation	33.31%	37.16%	3.85%
Asthma Medication Ratio - Ages 5-64	55.00%	60.88%	5.88%
Breast Cancer Screening = BCS	58.54%	54.77%	-3.77%
Cervical Cancer Screening = CCS *	61.69%	58.24%	-3.45%
Childhood Immunization Status - Combo 10	24.97%	27.85%	2.88%
Chlamydia Screening in Women	65.16%	64.80%	-0.36%
Comprehensive Diabetes Care - Control (A1c < 8)	34.28%	36.88%	2.60%
Comprehensive Diabetes Care - Eye Exam	48.04%	43.68%	-4.36%
Controlling High Blood Pressure	24.02%	24.43%	0.41%
Immunizations for Adolescents - Combo 2	39.92%	39.23%	-0.69%
Prenatal and Postpartum Care - Postpartum Care	57.06%	58.22%	1.16%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	78.56%	76.87%	-1.69%
Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	59.80%	48.92%	-10.88%
Well-Child Visits in the First 15 Months of Life	38.51%	35.74%	-2.77%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	62.68%	48.02%	-14.66%

2. Member Experience Measures (8 measures)

Between MY2019 and MY2020, Plan Partner 1 improved on **4 (50.0%)** measures in the Member Experience domain, **0** of which (**0.0%**) was statistically significant. During the same timeframe, Plan Partner 2 improved on **4 (50.0%)** measures, **1** of which (**12.5%**) was statistically significant. Both plans improved on Child Rating of All Healthcare Combined and Child Rating of PCP.

Between MY2019 and MY2020, Plan Partner 1 declined on **4 (50.0%)** Member Experience measures, **3** of which (**37.5%**) were statistically significant. During the same timeframe, Plan Partner 2's performance also declined on **4 (50.0%)** Member Experience measures, **0** of which (**0.0%**) was statistically significant. Both Plans declined on Adult Timely Care and Service for PCPs and Adult Getting Needed Care Combined.

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	MY2019 Rate	MY2020 Rate	Rate Change
Adult Timely Care and Service for PCPs	66.84%	55.05%	-11.79%
Adult Getting Needed Care Combined	60.44%	53.67%	-6.77%
Adult Rating of All Healthcare Combined	68.07%	59.37%	-8.70%
Adult Rating of PCP	66.89%	62.31%	-4.58%
Child Timely Care and Service for PCPs	54.92%	61.02%	6.10%
Child Getting Needed Care Combined	53.78%	58.62%	4.84%
Child Rating of All Healthcare Combined	70.52%	70.96%	0.44%
Child Rating of PCP	69.68%	70.98%	1.30%

Plan Partner 2			
Member Experience Measures	MY2019 Rate	MY2020 Rate	Rate Change
Adult Timely Care and Service for PCPs	51.87%	48.32%	-3.55%
Adult Getting Needed Care Combined	56.63%	55.52%	-1.11%
Adult Rating of All Healthcare Combined	61.77%	66.58%	4.81%
Adult Rating of PCP	66.15%	70.65%	4.50%
Child Timely Care and Service for PCPs	59.33%	56.16%	-3.17%
Child Getting Needed Care Combined	56.36%	54.63%	-1.73%
Child Rating of All Healthcare Combined	73.22%	74.91%	1.69%
Child Rating of PCP	65.04%	74.67%	9.63%

3. Utilization Management Measures (3 measures)

Between MY2019 and MY2020, both plan partners experienced statistically significant improvements on the same **1 (33.3%)** Utilization Management measure: Emergency Department Utilization. During the same timeframe, both plan partners also experienced declines on the same **2 (66.7%)** measures: Acute Hospital Utilization and Plan All-Cause Readmission. While all declines for Plan Partner 1 were found to be statistically significant, for Plan Partner 2, only the decline for Plan All-Cause Readmission was statistically significant.

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	MY2019 Rate	MY2020 Rate	Rate Change
Acute Hospital Utilization (O/E)	0.93	1.31	0.38
Plan All-Cause Readmission	5.32%	8.15%	2.83%
Emergency Department Utilization (O/E)	2.57	1.60	-0.97

Plan Partner 2			
Utilization Management Measures	MY2019 Rate	MY2020 Rate	Rate Change
Acute Hospital Utilization (O/E)	0.96	1.12	0.38
Plan All-Cause Readmission	5.28%	7.62%	2.83%
Emergency Department Utilization (O/E)	2.68	1.67	-0.97

4. Encounter Measures (2 measure)

Between MY2019 and MY2020, both plan partners saw statistically significant improvements in their encounter volume. While Plan Partner 1 experienced a statistically significant decline in encounter timeliness, Plan Partner 2 experienced a statistically significant improvement on this measure.

In the tables below, improvements are in green text; declines are in red text; statistically significant changes are bolded. .

Plan Partner 1			
Encounter Measure	MY2019Rate	MY2020 Rate	Rate Change
Plan Partner Encounter Volume (PMPY)	7.90	7.92	0.02
Plan Partner Encounter Timeliness	66.78%	63.91%	-2.87%

Plan Partner 2			
Encounter Measure	MY2019 Rate	MY2020 Rate	Rate Change
Plan Partner Encounter Volume (PMPY)	6.94	7.49	0.55
Plan Partner Encounter Timeliness	20.30%	54.71%	34.41%

5. IPA Performance Improvement (2 measures)

In MY2020, the Plan Partner Incentive Program introduced a new measure - IPA Rank Improvement – to the IPA Performance Improvement Domain. This domain measures the percentage of the Plan Partner’s contracted IPAs improving their overall scores and rank in the VIIP+P4P program from the prior year.

Between MY2019 and MY2020, both plan partners saw declines in their IPAs’ score for the VIIP+P4P program. Additionally, while Plan Partner 1 experienced a decline in the percentage of their IPAs improving their rank from the prior year, Plan Partner 2 improved on this measure.

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.

Plan Partner 1			
IPA Performance Improvement Measure	MY2019 Rate	MY2020 Rate	Rate Change
IPA VIIP Score Improvement	79.41%	38.71%	-40.70%
IPA VIIP Rank Improvement	58.82%	41.94%	-16.88%

Plan Partner 2			
IPA Performance Improvement Measure	MY2019 Rate	MY2020 Rate	Rate Change
IPA VIIP Score Improvement	68.57%	52.94%	-15.63%
IPA VIIP Rank Improvement	45.71%	58.82%	13.11%

PROVIDER INCENTIVES: PROGRAM OPERATIONS AND MANAGEMENT IN 2020

- The VIIP and Incentives workgroups discussed, tested and determined the final list of metrics and scoring methodology for each of the 2021 programs. This included measure changes in HEDIS, Member Experience, Utilization, Encounters, Care Management, and Medication Management, as well as domain weighting changes. All updates were all captured in the program descriptions and announced to the network Q1 2021.
- 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 2021. These meetings included subject matter experts from Anthem Blue Cross and Blue Shield Promise to discuss VIIP operational issues, data and reporting, and program planning. Larger quality improvement efforts were also shared and discussed.
- Ad-hoc meeting requests from plan partners, IPAs and MSOs, clinics and physicians were fulfilled by Incentives staff over the phone and in-person by visiting practices to discuss the intricacies of the P4P program, discuss best practices, discuss QI interventions, provider general support, and more.
- QI staff participated in Joint Operations Meetings (JOMs) with IPAs to discuss quality, reporting, and performance. In addition to participating in JOMs, QI staff met with select IPAs for formal QI-IPA specific meetings, working with them in-depth on performance in specified domains from VIIP, as well as other issues and concerns. All of these occurred throughout the first half of the year and as need throughout the second half of the year.
- Mid-year reporting to support the network included monthly HEDIS/UM provider opportunity/gaps in care reports, quarterly encounter reports, 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 2021 (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 MY2019 Physician P4P Program were identified and recognized in an article published in L.A. Care's Spring 2021 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 MY2019. There were guest speakers, entertainment, speeches from awardees, dinner, and more.

FUTURE DIRECTION

Planning for the measurement year 2022 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
 - Implementing an action plan escalation process to ensure IPAs 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 2021 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. At the end of 2021, the incentive type changed from a \$25 L.A. Care branded debit card to a gift 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.

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 164 members were awarded in 2021:

- 85 CMC members
- 72 LACC members
- 7 PASC members

COVID-19 Vaccine Incentive Program

In response to the COVID-19 pandemic, the Department of Health Care Services (DHCS) allotted Medi-Cal managed Health Plans funds in order to launch an incentive program in order to get members vaccinated.

In Q1 2021, L.A. Care launched the COVID-19 Vaccine Incentive Program. The main goal of the program is to close the COVID-19 vaccination gap between the general population in the State of California with Medi-Cal and Cal MediConnect (CMC) beneficiaries. L.A. Care has developed and implemented a broad range of outreach, education and vaccination strategies and community partnerships to increase vaccination rates among Medi-Cal target groups (e.g., 12 years and older, homebound, individuals 50-64 with chronic conditions, American Indian/Alaska Native, African American, etc.). Any qualifying member who gets vaccinated will receive a \$50 gift card.

As of January 2022, 62,501 members have been awarded a gift card.

FUTURE DIRECTION

Further evaluation of the 2021 member incentive programs will be conducted after HEDIS 2022 results are completed June 2022. 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 2022 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 2021, we switched over to Customer Motivators, a new gift card vendor as our incentive option for all member incentive programs. Customer Motivators fulfills awarding for members in five member incentive programs managed by various departments.

L6 QUALITY PERFORMANCE MANAGEMENT ACTIVITIES RELATED TO HEDIS IMPROVEMENT

AUTHOR: THOMAS MENDEZ

REVIEWER: MARIA CASIAS, RN, JAMES KYLE, MD, & KATRINA PARRISH, 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, 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 and analysis, 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 survey (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. In addition, the National Committee for Quality Assurance (NCQA) made changes to many of the HEDIS measure specifications due to COVID19, allowing services provided during Telehealth visits to count. Education was focused on those changes along with changes to measures that now allow member reported services.
- Medical Record Project- for Measurement Year 2020, the Medical Record Review project was conducted completely with QPM internal staff. In prior years, the project was performed by a combination of vendor and internal staff. This change resulted in a 76% cost reduction for the project. This effort included record collection, abstraction and additional pursuit of noncompliant samples. This started in January and ran until the May 8 NCQA deadline. QPM staff collected 8,000 chart requests.
- HEDIS MY2020 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 to drive sustainable initiatives and data collection activities.
 - Summary of changes in reporting that impacted HEDIS MY2020:
 - DHCS announce that plans would be held to the Managed Care Accountability Set (MCAS) 50th percentile for the Minimum Performance Level (MPL) measure set however plans are not being financially penalized for measures that do not meet the MPL. L.A. Care's team puts their focus towards monitoring performance of these measures.

- NCQA shifted the Accreditation methodology to score based on Health Plan Ratings in MY2019. Due to COVID-19, NCQA allowed plans to report the higher of their 2019 or 2020 scores. Due to this allowance, the LAC rating is reported as a 4 but the earned rating for MY2020 was a 3.5.
 - L.A. Care completed the 3rd 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 MY2020 is Cognizant ClaimSphere Engine. LAC has collaborated with Cognizant to continue producing: (1.) Provider Opportunity Reports (POR), a high level summary on the open gaps in care by measure/group/provider, (2.) Gap In Care Reports (GIC), member level details used to identify and target members by measure, while continuing to enhance processes and discuss improvement strategies by meeting with IPAs, Clinics, and Providers.
- For HEDIS MY2020, L.A. Care successfully completed the HEDIS project and passed audits with both the contracted NCQA audit firm (Advent Advisory) and the State DHCS audit firm (HSAG (Health Services Advisory Group)).
- HEDIS resources: Annually, QPM staff updates HEDIS guides based on the Technical Specifications released by NCQA. Included are the HEDIS Measure Guide, Measure Coding Guide to HEDIS, HEDIS Hybrid Measure Pocket Guide, and Telehealth Guide. HEDIS Measure Guide provides information about the eligible population, codes for compliance, and documentation needed in the medical record for each of the measures. The Measure Coding Guide details what gives guidance to providers to submit HEDIS services to reduce the need for medical record collection for hybrid measures. The Pocket Guide gives providers quick tips at a glance, The Telehealth Guide was created to give providers guidance on the newly released changes to the HEDIS specifications due to COVID-19. All guides are distributed as QPM staff conducts practitioner outreach to offices providing HEDIS/CAHPS education and review of HEDIS gaps in care reports.

MAJOR ACCOMPLISHMENTS

- Outreach in 2021 is to target 3,375 providers with total membership 1,700,000, or 78% of the total LAC membership. This was a significant increase over 2020, which included 2,944 providers and 1,500,000 members (72% 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 again 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 MY 2020 data optimization and cross functional initiatives contributed to integration of new data sources for HEDIS reporting such as:
 - Collaboration with the Health Information Technology team to integrate new data sources for Depression and Alcohol use screening (E-Management).

- Health Information Exchange data from LANES was incorporated into the L.A. Care data collection process and helped towards the reporting of several Electronic Clinical Data Systems (ECDS) measures.
- Addition of LANES data completed data integration of all L.A. Care HIE systems into HEDIS reporting (CMT and E-Connect were integrated in the prior year).
- New supplemental data sources as result of pilot projects:
- i2i – Data exchange process focused on collection of data from specific clinics. The integration of the data allowed for evaluation of pilot project.
- Cozeva – Pilot project to set up gap in care closure tool. While the gap in care process with L.A. Care wasn't yet implemented for MY2020 reporting, Cozeva was able to extract and send any historical data they had collected as part of data exchange with provider groups.

BARRIERS

- Several offices have technology challenges, such as no email, internet, EMR, Microsoft Office, etc. which limits their ongoing access to reports and resources on the LAC portal.
- A number of offices (approximately 13%) declined outreach due to being extremely busy and/or 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 or were no-shows to the appointment.
- Staff was unable to contact approximately 5% of offices due to bad phone numbers, offices closed or offices not returning phone messages.
- The barrier of NCQA Risk Weight changes impacting Risk Adjustment Utilization measures identified during HEDIS 2020 has persisted and was found to be the root cause of changes affecting different metrics/measures for HEDIS MY2020. L.A. Care discussed with Advent auditing firm to put a request out to NCQA about documenting Risk Weight changes in the "measure summary of changes" documentation going forward, so that rate changes can be reviewed/explained in a more efficient way. The documentation below pertains to PCR, but the Risk Weight barrier was found to have impacted all Risk Adjusted Utilization measures for HEDIS MY2020 (i.e., HPC, AHU, EDU, PCR).
- Remediation of erroneous Department of Health Services (DHS) data files: We had to back out 2 DHS data files from being used to calculate our final rates. This event impacted our Admin EP rates as it removed some denominators and compliant numerators. Additionally, due to this issue, some Hybrid sample members were excluded and had to draw from the oversample to complete the reporting of our Hybrid measures.
- Missing lab data found to have impacted A1C Result Administrative rates, thereby requiring more reliance on Medical Records
- Nonstandard data sources failed Primary Source Verification, therefore could not be loaded for HEDIS MY2020 reporting:
 - i2i A1c data.
 - Blue Shield Promise HIE, Inovalon's Clinical Data Extraction as a Service (CDEaaS) solution.

PROVIDER FEEDBACK

- Nearly all offices expressed frustration with claims/encounters issues and delays stating that Gap in Care reports are often not up to date making reconciling the reports time-consuming. Some offices stated that they prefer to use reports from their IPA since those reports are generally more up to date. However, these reports usually include members from all health plans, not just

L.A. Care's. Staff conducting the visits explained data lags and encouraged the providers to work with their IPAs to minimize the lags. Report frequency has increased from bi-monthly to monthly to reduce, but not eliminate the lag

- Many providers continue to be concerned that their P4P incentives and HEDIS rates will be low due to members not scheduling or refusing services due to COVID-19 especially services for children (well checks and immunizations) and Cancer Screenings.
- Several providers expressed difficulty in reaching a live person from LAC when calling for assistance. Calls often 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.
- Cozeva gap in care closure process going live for providers to access and submit data; new data sources to integrate in 2022 as a result of these efforts.
- Medical Record Project-internal record collection and focused pursuit of chases will be conducted by QPM staff on hybrid measures; this effort will start in November 2021 and run until the May 2022 NCQA deadline.
- Recent 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.
- NCQA/Covered CA will require in Measurement Year (MY) 2022 80% Race/Ethnicity collection; L.A. Care needs to ensure that systems and processes are in place to collect; 10% penalty from Covered CA for not meeting 80% member reported data threshold.

I.7 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. By establishing our presence with this goal in mind, it allows HST to thoroughly analyze, research, develop and implement much needed training programs for Health Services.

Entering our 3rd year as a department, Health Services Training (HST) has placed a major focus on the technical landscape and evaluation component within its programs and services. Within the changes, we placed focus within our technical and virtual platform. Due to the recent pandemic, another key area was our focus on the transition of trainings from in-person to primarily a web-based, virtual training format. With these unforeseen circumstances, this has made our department shift its focus and prepare for a workplace that will bring us back to both an in-office and remote learning environment.

The overarching goal for the HST Team has been to develop and maintain a standardized, technical training program to support the areas in Health Services. Consequently, HST's main focus took a multi-pronged approach: (1) Continue to provide new hires within Health Services an orientation and onboarding experience to acclimate them to current Health Services processes and build their skills sets to ramp up their productivity quickly. (2) Transition learning and training opportunities to an all virtual platform due to the recent pandemic. In addition to centralizing all training efforts into one location by tracking and monitoring activity within all Health Service departments and (3) Continue to Collaborate and Facilitate training efforts for all Health Services departments by creating cross vertical partnerships within L.A. Care. This allowed HST to strengthen our ongoing relationship with cross functional teams by strategically our planning for more communication and efficiency. This would allow for all learning verticals to extend partnerships across the organization.

FUNCTIONS

For FY2020-2021, by following the overarching goals, the main functions of HST allowed for the department to continue to focus on (3) main key areas; the onboarding of New Hires, trainings for current existing staff, and a centralized area for training efforts among all Health Services departments. Moreover, a key accomplishment was the initiation and launch of the new Syntranet System within Health Services. This allowed our department to establish a cross-functional approach to complete training efforts in Utilization Management (UM) and future departments that have been phased out. By coordinating these efforts to usher in a completely new system, there were logistics that needed to be established to make sure the training was efficient and well planned. This allowed outreach to existing staff with the intent to include stakeholders on training topics they did not receive. Survey results yielded responses that existing staff did not feel were included since they were already in their roles. Post training evaluations from our HST reboot trainings found that the information was useful and would recommend the trainings to others.

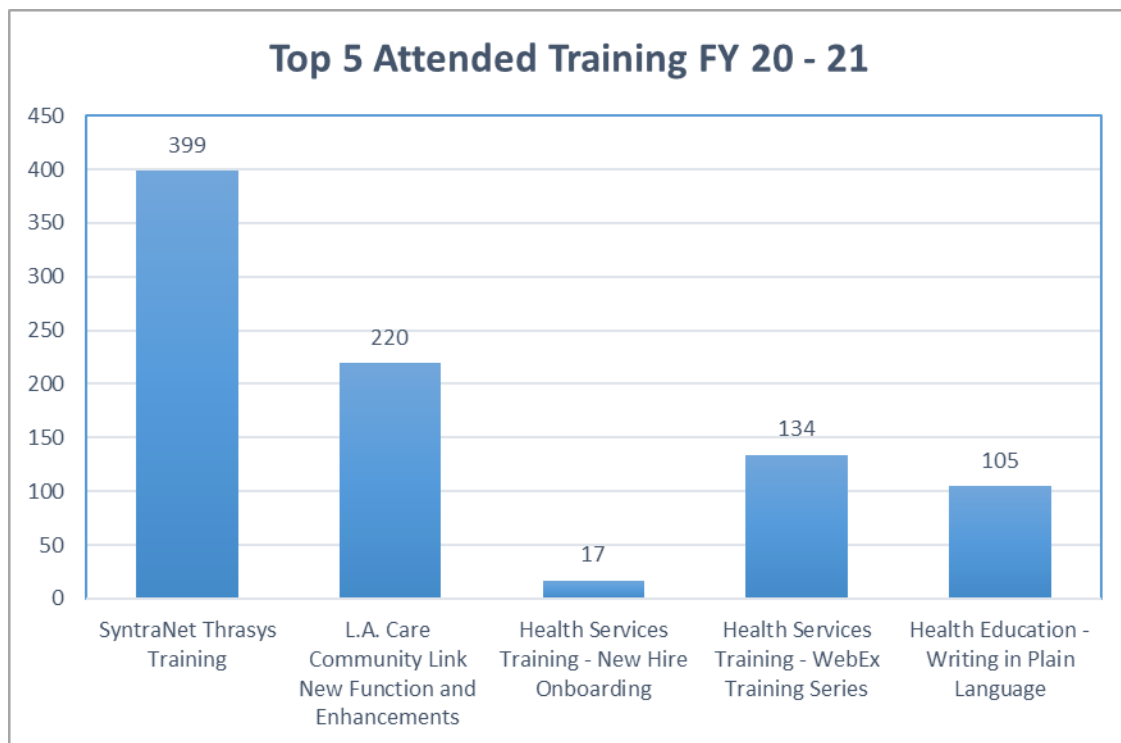
From our gap analysis in FY 2018-2019, HST was able to maintain support for: (1) existing training programs from all health services departments, (2) assess training needs from the health services management team, and (3) identifying and prioritizing training needs for the current fiscal year. Upon this analysis, HST incorporated the following strategies into its program: (1) an Evaluation Design restructure for our HST NHO (New Hire Onboarding) program. This included a revamp of the NHO program to transition to virtual learning platform due to the global pandemic. (2) updates to our training material and WebEx format. HST incorporated more features within the curriculum to allow for a more engaging and interactive experience in this virtual environment. (3) On top of our 30 and 60 day which allows our team to check-in with newly hired employees, it allowed HST to gather feedback from staff and answer any questions or issues they may have during this crucial time period of onboarding. This positioned our team to be proactive on initiating training opportunities and get a snapshot of the current issues faced by new hires immediately after they were on boarded.

Based on the results from discussions and assessment data, HST garnered requests from departments to provide training opportunities to respective Health Services departments. Below is a list of completed trainings requested by different Health Services departments for the fiscal year. Lastly, below is a list of areas where we completed enhancements to the program.

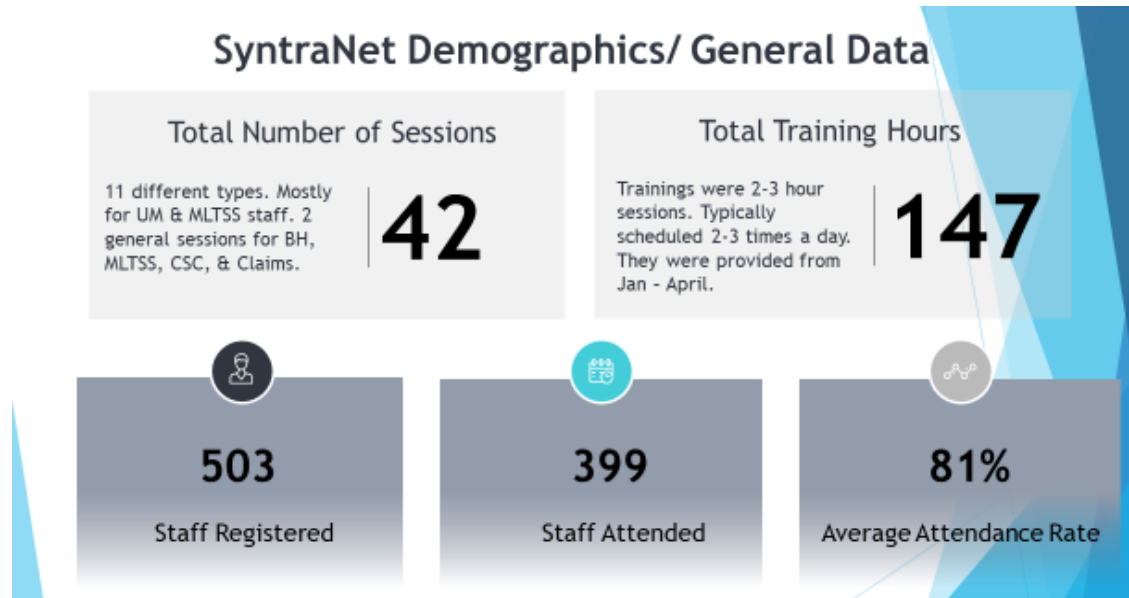
MAJOR ACCOMPLISHMENTS

- 14 completed trainings launched to Health Services staff
- Conducted 86 sessions of training via WebEx
- Developed and launched 4 e-learning courses with Learning & Development
- 6 trainings currently in progress: 5 e-learning courses and 1 self-paced course
 1. Pharmacy Dashboard Training
 2. Rainbow Health
 3. LANES Upgrade Training
 4. Facility Site Review Training Automation
 5. HEDIS 101
 6. Collective Medical Technologies (CMT) Training

STATISTICS (TRAINING DATA)



SYNTRANET THRASYS TRAINING DATA:



WEBEX TRAINING SERIES DATA:

Session Title	Registered	Attended	Did Not Attend	Attendance Rate %	No Show Rate %
Your Guide to a Productive Meeting (Wednesday) Oct 7, 2020, 10am	33	18	15	54.5%	45.45%
Your Guide to a Productive Meeting (Friday) Oct 9, 2020, 10am	40	31	9	77.5%	22.5%
Boosting Engagement with WebEx (Wednesday) Oct 14, 2020, 10am	37	21	16	56.7%	43.2%
Boosting Engagement with WebEx (Friday) Oct 16, 2020, 10am	36	25	11	69.4%	30.5%
Mastering the WebEx Experience (Wednesday) Oct 28, 2020, 10am	36	18	18	50%	50%
Mastering the WebEx Experience (Friday) Oct 30, 2020, 10am	40	21	19	52.5%	47.5%
Total:	222	134	88	60.1% (Avg)	38.8% (Avg)

HEALTH EDUCATION WRITING IN PLAIN LANGUAGE TRAINING DATA

Session	Registered	Attended	Did Not Attend	Attendance Rate %	No Show Rate %
Session 1 (December 2020)	38	30	8	79%	21%
Session 2 (December 2020)	32	31	1	96%	4%
Session 1 (March 2021)	32	27	5	84%	16%
Session 2 (March 2021)	21	17	4	81%	19%
Total:	123	105	18	85% (Avg)	15% (Avg)

L.A. CARE COMMUNITY LINK NEW FUNCTION & ENHANCEMENTS TRAINING DATA

6 Sessions	Registered	Attended	Did Not Attend	Attendance Rate %	No Show Rate %
Total:	258	220	38	85%	15%

ENHANCEMENTS TO HST

Completed Projects	Impact on Health Services	Goal for Project
1. Syntranet Training	<i>Implement a new database system to replace CCA</i>	Fully train Health Service departments in phase 1 to prepare employees on a new system
2. Training Materials	<i>Updated materials to enhance training experience</i>	Provide a centralized area for materials after completion of training
3. 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
4. HST Branding & Marketing	<i>Logo design, Branding to enhance Identity and department engagement. Work with marketing to order more promo items</i>	Establish a presence within the organization to identify Training & Development within Health Services and market our programs & services to all HS departments
5. MI Training Contract Extension	<i>Contract with new Vendor</i>	Provide Motivational Interview Trainings For health services staff

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 FY2020-2021 goal was to provide ongoing learning opportunities to meet the needs of our staff as well as provide identified trainings that will assist the staff in our web-based platforms and LMS (Learning Management System) portal.

In FY21-22, we plan to continue to enhance the WebEx learning experience, embed our 30-day and 60-day check-in for newly hired staff onto our LMS system, and take a driver seat approach to continue to guide the new systems that was launched this year, in Thrasys (Syntranet). Additionally, we are working collaboratively with Human Resources and their associated departments within learning & development 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. Our plans are to create a Training Committee composed of training-centric staff across the enterprise to establish a communication plan, process improvements, department transparency and become a central location for Health Services and training units to shift the culture of learning here at L.A. Care. This will start from new hire onboarding to checking in when a staff exit 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.

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, our department has covered many areas of concern with partnership from multiple Health Service departments.

L.8 DELEGATION OVERSIGHT

AUTHOR: ROXANA PALACIOS

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2021 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 (SHP), and First Tier, Downstream or Related Entities with established quality improvement programs and policies consistent with regulatory and National Committee for Quality Assurance (NCQA) accreditation requirements and standards. Currently, QI activities are only delegated to Plan Partners and Beacon. The activities delegated to Participating Provider Groups are limited to utilization management, credentialing activities, and transition of care and coordination of care, which are monitored by credentialing and Enterprise Performance Optimization Organization (EPO). L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care's EPO team performs a pre-delegation audit to assess if the delegate is capable of managing the delegated activities and compliance with L.A. Care, current NCQA standards and state and federal regulatory requirements. L.A. Care retains accountability and ultimate responsibility for all components of the Program. On an annual basis, L.A. Care evaluates the delegates' performance against NCQA, DMHC/DHCS, and CMS standards for the delegated activities. L.A. Care analyzes audit results and reports, identifying opportunities for performance improvement. A corrective action may be required of delegates to address any deficiencies. In addition, L.A. Care provides ongoing monitoring through 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 the EPO unit that oversees the annual audit process.

QI DELEGATION OVERSIGHT

ANALYSIS

L.A. Care's Regulatory Flexibilities Strike Team approved a moratorium on Delegation Oversight Annual Audits due to the surge of COVID cases in L.A. County and to ensure Managed Service Organizations, Participating Provider Groups, SHP and Plan Partners remain focused on their COVID priorities according to their business continuity plan.

- Moratorium communication was sent to all delegates notifying them effective March 24, 2020 all Delegation Oversight Annual Audits would be suspended until further notice. The moratorium was lifted and the annual audits resumed in September 2020. However, due to surge of COVID cases in L.A. County, Delegation Oversight issued a second moratorium on December 23, 2020 to all delegates and suspended Delegation Oversight Annual Audits for three months.
- The second Audit moratorium was lifted in three months, and Delegation Oversight Annual Audits resumed in April 2021.
- To compensate for the time lost during the two moratoriums, Delegation Oversight decided to conduct 2020 and 2021 audits together for some of the delegates, including the three Plan Partners, by extending the look-back period of the audits.

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 where the Plan Partner was given auto-credit. Beacon Health Strategies (Beacon), an NCQA accredited Managed Behavioral Health Organization (MBHO) is delegated behavioral health services for Medi-Cal (except special mental health services), Cal MediConnect, L.A. Care Covered™, and PASC-SEIU Home Workers.

Delegates 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 & 2021 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 & 2021 Annual Audit was scheduled for 8/2/2021-8/6/2021 with a lookback period of 5/01/2019- 4/30/2021, which is currently not compliant with NCQA's 16-month grace period. Preliminary Annual Audit findings were provided to the EPO team on September 27th. There were 22 factors reported as "Not Met" during the preliminary annual audit findings for which one CAP was issued for the Clinical Practice Guidelines section. On October 26th QI received Kaiser's mitigation response and after completing a thorough review of these responses along with reviewing the new evidence provided, QI identify only four factors as not met for which four CAPs were issued as a response on November 4th. EPO is working with Kaiser to collect CAP documentation.

Anthem Blue Cross

Anthem's 2020 & 2021 Annual Audit scheduled for 11/01/2021-11/05/2021 with a lookback period of 6/01/2019- 5/31/2021, which is currently not compliant with NCQA's 16-month grace period. QI Team is working with Delegation Oversight (DO) Team to address this barrier. The QI Accreditation team is currently reviewing Anthem's evidence. Preliminary Annual Findings are due to EPO team on November 29th.

Blue Shield of CA Promise Health Plan (Blue Shield)

Blue Shield's 2020 & 2021 Annual Audit scheduled for 8/30/2021-9/3/2021 with a lookback period of 3/22/2019- 2/28/2021, which is currently not compliant with NCQA's 16-month grace period. QI Team is working with DO Team to address this barrier. The Preliminary Annual Audit findings were provided to EPO on September 27th; eighteen factors were identified as "Not Met" for which one CAP was issued for the Clinical Practice Guidelines section. L.A Care received Blue Shield's mitigation response on November 2nd and after reviewing the response along with the new evidence files submitted, QI submitted a response to EPO on November 9th and reported that five sections still remained as "Not Met" for which five CAPs were issued. EPO is working with Blue Shield to collect CAP documentation.

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, QI has received the distribution of member rights and responsibility reports from: Anthem, Blue Shield, Beacon, Teladoc, and Liberty Dental this is a significant improvement as in the past most delegates have struggled to produce distribution logs with the exception of Beacon.

RESULTS

- 25% of all delegates who needed an audit received 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.

2022 WORK PLAN GOALS:

- 100% of all delegates who need an audit will receive an annual audit.
- 100% of all delegates will report quarterly as specified in contract.
- 100% submission of timely delegate oversight reporting for each department.

L8.a ENTERPRISE PERFORMANCE OPTIMIZATION

AUTHOR: MARITA NAZARIAN, PHARM.D

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 Physician Groups are limited to utilization management, credentialing activities, and transition of care and coordination of care, which are monitored by credentialing and Enterprise Performance Optimization departments. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care performs a pre-delegation assessment to assess if the delegate is capable of managing the delegated activities and compliance with L.A. Care, current NCQA standards and state and federal regulatory requirements. L.A. Care retains accountability and ultimate responsibility for all components of the Program. On an annual basis, L.A. Care evaluates the delegates' performance against NCQA, DMHC/DHCS, and CMS standards for the delegated activities. L.A. Care analyzes audit results and reports, and identifies opportunities for performance improvement. A corrective action plan may be required to address deficiencies. In addition, L.A. Care's Enterprise Performance Optimization (EPO) department works across the Enterprise in order to establish performance criteria. EPO utilizes alerting metrics, leverages analytic engines, and performs systematic review of delegate performance in order to measure, track and trend, and report performance against these criteria. At L.A. Care's discretion, or in the event that L.A. Care determines that significant deficiencies are occurring related to performance by the Delegate and are without remedy, additional on-site audits can be initiated and/or Corrective Action Plans (CAPs) can be implemented as stipulated in the written Delegation Agreement. Failure to perform can result in additional audits by L.A. Care and may include revocation of the Delegation agreement. The Quality Improvement department works in conjunction with Compliance and Enterprise Performance Optimization unit that oversees the annual audit process.

ENTERPRISE PERFORMANCE OPTIMIZATION DEPARTMENT

The following updates are applicable to Calendar Year 2021:

Enterprise Performance Optimization (EPO) Department conducts annual audits of PPGs, Plan Partners, and Specialty Health Plans. As part of the annual audits, EPO manages a variety of audit functions that are performed by subject matter expert Auditors within EPO or across the organization including: Compliance Program Effectiveness, Credentialing, Critical Incidents, Cultural & Linguistic Services, Facility Site Review, Health Education, Information Security, Managed Long Term Services, Managed Care Services, Member Rights, Member Services, Pharmacy, Privacy, Provider Network Operations, Provider Network Services, Quality Improvement, and Utilization Management. At the close of each annual audit, EPO works with the Delegate and Auditors to create Corrective Action Plans for any findings. Corrective Action Plans include a root cause analysis, steps to fix the identified deficiency, identification of who will be responsible for implementing the Corrective Action, and a due date for implementation.

Enterprise Performance Optimization reports are reviewed in the following committees:

- Credentialing: Credentialing Committee
- Internal Compliance Committee

MAJOR ACCOMPLISHMENTS

Audit Program: Due to COVID-19, annual audits were placed on hold from 3/24/2020 to 8/31/2020 and again from 12/23/2020 to 3/31/2021. The audits resumed in April of 2021. To make up for the eight months of time lost due to the moratorium, the Enterprise Performance Optimization Audit Team has been conducting both 2020 and 2021 annual audits simultaneously. To date, the Team has completed twenty-two annual audits, and has also performed five pre-delegation assessments to ensure that providers meet standards required to serve L.A. Care members. The Team has initiated fifteen annual audits which are still in progress, and will be adding five more before the year is out. Despite the challenges posed by the public health emergency, the Team has achieved a significant reduction in the lifecycle of annual audits from twelve to eighteen months down to four to nine months, with most audits taking approximately six months in total.

Oversight and Monitoring Program: L.A. Care Health Plan's Enterprise Performance Optimization (EPO) Department has also developed a comprehensive Oversight and Monitoring Framework designed to ensure performance excellence for the Plan and all entities in L.A. Care's Service Delivery Model including but not limited to its Plan Partners, Provider Networks (directly contracted and delegated), and Vendors. A key element of this Framework is a robust process to ensure that all detected performance deficiencies are timely and fully remediated.

LOOKING FORWARD

EPO anticipates that successful implementation of the department's Enterprise Performance Optimization Program (EPOP) and Network Performance Optimization Program (NPOP) will result in multiple performance related achievements for the organization, its network participants, and the members who will ultimately benefit from Plan performance which meets the highest standards of care. More specifically, the programs are designed to:

- Report on the performance of all entities in L.A. Care's Service Delivery Model

- Report on the performance of non-delegated functions to enable early detection and remediation of performance deficiencies through evidence-based decisions

In summary, the goal of EPO's monitoring efforts is to ensure that the Plan and its providers meet healthcare quality and administrative compliance standards for the delivery of safe, timely, effective, efficient, equitable, and patient-centered care to L.A. Care's members.

I.9 CREDENTIALING

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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. Credentialing maintains a comprehensive ongoing monitoring process of sanctions, complaints, and adverse issues between credentialing cycles to ensure appropriate action is taken when instances of poor quality are identified or the professional conduct of a Practitioner/Provider is, or is reasonably likely to be, detrimental to patient safety. Ongoing monitoring of L.A. Care's entire network is conducted on a monthly and quarterly basis to ensure quality and continued compliance. The Credentialing Department reports regularly to the Quality Oversight Committee with an update from the Credentialing/Peer Review Committee. The information outlined in this report covers is October 1, 2020 through September 30, 2021.

MAJOR ACCOMPLISHMENTS

- Regulatory, National Committee for Quality Assurance (NCQA) and Compliance Audits - The Credentialing Department successfully passed all regulatory and accreditation audits for 2020/2021 fiscal year. This includes achieving 100% compliance with the 2021 Department of Health Care Services (DHCS) Audit Survey in which Department of Health Care Services (DHCS) Medical Director Auditor, Dr. Steff, acknowledged L.A. Care's Credentialing team for consistently maintaining a successful credentialing program and for effective collaboration with Special Investigation Unit (SIU) Department to address fraud and quality related cases. In addition to successfully passing the credentialing portion to the DHCS audit, Credentialing also successfully supported the PQI team in providing Peer Review minutes and provided the policy required to support the Continuity of Care (COC)/Medi-Cal Members (MER) team's compliance with APL 18-008, Continuity of Care for Medi-Cal Members Who Transition into Medi-Cal Managed Care.
- 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.
- Credentialing continues to thrive in a full time work from home environment which includes maintaining a 100% paperless credentialing process with monthly quality, metric and performance

reports. The department successfully held 12 Credentialing Committee meetings during the fiscal year which included full participation from external voting physicians.

- Credentialing hosted several remote virtual training sessions with external clients and internal staff including Managed Long Term Services and Supports (MLTSS), Contracts and Relationship Management (CRM) and Provider Data Unit (PDU) to identify roadblocks and provide training on credentialing requirements. These sessions resulted in the successful reduction in the number of PIFs rejected, number of providers and facilities denied, reduction in the timeframe for onboarding of new providers from 180 days to 90 days or less and resulted in a 74% decrease in turn-around times. The department achieved 100% compliance in recredentialing the autism, direct and HDO network with an overall total of >50% reduction in the number of providers and facilities terminated for non-responsiveness
- In collaboration with Contracts and Relationship Management (CRM) and Provider Data Reporting (PDR), Credentialing confirmed 100% of the contracted network is enrolled in DHCS Fee For Service (FFS) or DHCS Ordering Referring and Prescribing (ORP). As part of the ongoing requirements outlined in DHCS' APL 19-004, Provider Credentialing/Recredentialing and Screening/Enrollment, Credentialing continues to monitor the provider network and report network compliance on a monthly basis to Credentialing Committee.
- Through the Credentialing Department's continued collaboration with CRM, the Direct Network (DN) continues to expand. From October 2020 to December 2020, approximately 190 Optum MOUs were converted to DN agreements which included full credentialing and Committee approval. Credentialing identified an increase in the number of nurse practitioners, physical therapy, children's specialists, Telemedicine, and expanded family planning services and virtual specialty care. To date 1509 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.
- On September 9, 2021, DHCS released its ECM Policy Guide and ILOS Policy Guide, providing a comprehensive overview of Enhanced Care Management (ECM) and Community Supports (ILOS) as well as additional operational guidance for Managed Care Plans (MCPs) as they prepare to offer ECM and Community Supports beginning in 2022. In support of this new policy, Credentialing collaborated with Safety Net and CRM to establish policies, procedures, credentialing requirements and provided overview of the onboarding process and credentialing training to prospective ECM/ILOS providers to support services.
- The Credentialing Department credentialed and/or recredentialled 685 HDOs which includes Hospitals, Skilled Nursing Facilities (SNF), Long Term Care (LTC) Facilities, Adult Day Health Care (ADHC), Audiology, Dialysis, Durable Medical Equipment (DME), Surgery Centers, recuperative care, Health homes, urgent care, and for this fiscal year, expanded to meal services and emergency response services, to meet the network requirements for CMC and D-SNP.
- 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 collaboration with Managed Long-Term Services and Supports (MLTSS) and Quality Improvement, Credentialing continues to monitor the practitioner and HDO network for quality and safety related concerns. This includes assessing L.A. Care's quality criteria against the California Department of Public Health or Department of Aging (CDPH) site visits, and review of Medicare Compare ratings of less than 3 stars in conjunction with MLTSS reporting. Credentialing

conducts primary source verification of information and it is included in the adverse summaries that are reviewed by the Medical Director and reported to the Credentialing/Peer Review Committee for recommendation.

- L.A. Care's Special Investigation Unit (SIU) identified and reported 12 fraud, waste and abuse (FWA) cases to the Credentialing/Peer Review Committee. Cases that have potential for quality or safety concerns were reviewed by the Medical Director and presented to the Credentialing/Peer Review Committee for action. Instances involving overprescribing of narcotics are reported to Pharmacy and include quarterly pharmacy reports to trend prescribing activity.
- For ongoing monitoring, Credentialing monitors the network on a monthly basis for expired license sanctions, accusations, suspended and ineligible providers, debarment, precluded and excluded providers to ensure they are eligible for participation and payment. For this year, Credentialing streamlined and automated its verification process to use the Cactus License Expiration Monitoring Module (LEMM) to monitor and obtain primary source verification of providers' DEAs and licensure.
- The Credentialing and Provider Network Management Departments continues to validate and remediate data to support the Standardized Provider File (SPF) and 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.

Fiscal Year(s)	2018/2019	2019/2020	2020/2021	Increase in Volume of Practitioners and HDOs Processed Since 2018 FY
DN/Non Del Practitioners	589*	1322*	1381*	75%
Autism	772	792	736*	NA
DN Facilities	496*	692*	781*	34%
Adverse Cases	-	-	77	NA
SIU Case Referrals	-	-	33	NA

- Increase in the number PIFs submitted to credentialing for review/approval
- Increase in Initial credentialing applications for onboarding of DN
- Increase in number of providers that required credentialing verifications.
- Increase in the number of providers reviewed by Medical Directors and Committee for adverse issues.
- Increase in the number of recredentialing applications due within FY.
- Increase in number of nurse practitioners joining network.

DELEGATION OVERSIGHT AUDITS COMPLETED

	Goal	2018/2019 Results	2019/2020* Results	2020/2021* Results	Goal Met
Due Diligence Review	100%	100%	100%	100%	100%
Annual Oversight Audit	100%	100%	52%**	52%**	**N/A
Focus Audits	100%	100%	N/A**	N/A**	**N/A

*The information in this report covers October 1, 2020 through September 30, 2021.

**All Audits were suspended in March 2020 and the suspension was extended thru due to COVID-19 pandemic.

- The Credentialing Department continues to work collaboratively with the Enterprise Performance Optimization (EPO) Department as the credentialing delegation SME to ensure credentialing compliance with the delegated network for evaluating, assessing, monitoring and developing compliance criteria for delegates. The Charter concerning cross functions, communications, collaborative efforts and remediation plans for delegates identified as a non-compliance with review of adverse cases is presented to the Credentialing/Peer Review Committee for preliminary review and recommendation with updates to EPO's Delegation Oversight Committee for further corrective action. Due diligence reviews were completed prior to the execution of agreements and annual audits suspended in response to the Pandemic resumed beginning the first week of September 2020 but were subsequently suspended again in December 2020 for 90 days. In addition, DHCS suspended all regulatory audits for the remainder of 2020. To support business needs of the Organization, 5 pre-delegation audits were conducted and reported to the Credentialing Committee during the fiscal year. Credentialing worked in collaboration with EPO and CRM to conduct credentialing quality checks for onboarding of over 1200 new delegated providers to ensure compliance with State, Federal, Regulatory and NCQA requirements.

ANALYSIS

Quantitative and Qualitative Analysis

The Credentialing Department continues to lead the organization in its effort to track and trend provider screening and enrollment, expired license, suspensions and exclusions. This includes identifying and flagging all provider types to identify those that are no longer meeting contractual or legal requirements to remain in the network and providers not eligible for payment. In addition, we continue to work with Provider Data Services (PDS), Provider Data Unit and Contracts and Relationship Management (CRM) to monitor the network providers that are not enrolled by denying Provider Change Delete Workflow (PCDW) for any provider identified as not enrolled in Medi-Cal or when a Participating Physician Group (PPG) does not provide evidence of enrollment in process. To monitor and identify compliance with requirements for ongoing monitoring of our network, monthly reports are presented to the Credentialing/Peer Review Committee. In addition, Credentialing 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 (FSRs), as noted above.

Fiscal Year 2021/2021	Total Confirmed	Total Denied or Termed	Goal Met
DHCS Enrollment Validation	9,855*	4*	100%
Expired License	141	141*	100%
Suspended/Ineligible/Excluded Providers	11*	11*	100%
FSR Deferred Audits (PCP Recred Sites Due)	36	N/A*	N/A*

*All onsite FSRs were suspended in response to COVID-19 pandemic, virtual audits were conducted, when applicable. Committee reviews and approves FSRs required to comply with credentialing or recredentialing for 1 yr.

LOOKING FORWARD

The Credentialing Department is actively participating as a member with the Direct Network Administration (DNA) Work Group and supporting the DNA Steering Committee and the Provider Data Management Operations Committee (PDMOC) for the expansion and data maintenance 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 continuing to develop new requirements for adding new provider types to the network and working closely with key stakeholders to create new, automated and streamline processes for onboarding and monitoring L.A. Care's network.

Direct Network - Credentialing is part of a collaborative effort to enhance our systematic process for onboarding and changing information for direct network contracted providers and facilities. This process includes automating the Provider Information Form (PIF) process supports many facets of provider enrollment and provider maintenance, including provider contracting, credentialing, claims validation, system configuration, and provider communication. Purpose of this project is to modify the current PIF process to enhance routing features as well as enable tracking, reporting features, and streamline the PIF process. The PIF is the only approved process for enrolling and maintaining Direct Network providers, PPGs, and facilities. Additionally, the organization is lacking a centralized PIF documentation repository accessible to all stakeholders as well as a notable audit trail deficiency to track any modifications or deletions of files. This change is applicable for all add, change, and termination transactions in the PIF process.

Delegated Network – Credentialing is looking to partner with EPO to develop a streamlined process that will ensure all updates concerning changes in credentialing requirements are updated in EPO's delegation oversight plan, audits, tools and contract agreements. In addition, we are looking to establish clear metrics for identifying delegate trends of non-compliance with delegated adverse and sanctioned providers.

Member Complaints – Credentialing met with Appeals & Grievances (A&G) and Compliance to discuss L.A. Care's non-compliance with NCQA CR 005: Collecting and reviewing member complaints to identify trends and address quality and/or safety issues. Effective 1st quarter of 2021, A&G complaint reports were identified as containing significant data discrepancies. One of the focused concerns referenced is the source used to identify the contracted PPG/PP (Plan Partner) information listed on the report. To date, data discrepancies have not been corrected and Compliance is working on developing a corrective action plan timeline with A&G.

New NCQA and Regulatory Requirements – Credentialing is working on developing a policy and process to comply with the new NCQA element for standard CR1, C, which must describe how credentialing information is received, stored, reviewed tracked and dated. In addition, the new process

must also demonstrate that at least annually, the Credentialing Department identifies all modifications to credentialing and recredentialing information that did not meet the organization's policies and procedures outlined in CR 1, Element C.

Credentialing System (CACTUS) – Goal for 2022 is to utilize Cactus interface and modules to develop reports that may be used to demonstrate credentialing metrics, automate additional credentialing verifications, compliance with timeframes and support staff performance.

CONCLUSION

Overall Effectiveness and Opportunities

Overall, the 2021 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan. However, as L.A. Care prepares to bring on the D-SNP population, to integrate Health Equity into the QI Program, and to ensure meeting regulatory requirements for processing potential quality issues, additional resources will be needed for the upcoming year to meet work plan goals.

Review of the scope, composition and business of the individual committees 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 2022. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving overall quality and safety of care and efficiency of process thereof.

Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The current level of leadership involvement in the QI Program was adequate this past year and no additional leadership involvement is needed for the upcoming year. The Chief Executive Officer, Chief Medical Officer, Chief of Equity and Quality Medical Director, and Chief Quality and Information Executive were integral participants in activities of the Compliance and Quality Committee of the Board. The 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). Practitioner participation in the QI Program was deemed adequate for this past year. In an effort to enhance practitioner participation in the QI Program, QI staff will meet with select high volume provider groups and directly contracted practitioners. L.A. Care members and consumer advocates provided input through the eleven Regional Community Advisory Committees

and the Executive Community Advisory Committee. Other external experts provided input through the Children's Health Consultant Advisory Committee and the Technical Advisory Committee.

In addition to demonstrating improvements in equitable 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 2022.

The Quality Improvement Work Groups, which includes other departments, collectively had 77 interventions or programs actively addressing our member experience and/or health outcomes. The quality improvement workgroup structure was not working at the start of the year as it resulted in too many meetings that were not proving to be effective. As a result, the workgroups were restructured to combine the Chronic Care workgroup and Preventive Health workgroup into 1 workgroup (Preventive & Chronic workgroup), and combined the Child/Adolescent workgroup and the Prenatal/Post-Partum workgroup into 1 workgroup (Maternal & Child Health workgroup), in doing this the workgroup structure was adequate in meeting QI Program Goals. Each work group determined their priorities for the year and created initiatives to improve those metrics. The initiatives included both member and providers. One of the newest efforts this year was meeting with our Direct Network (LAAV) providers to discuss quality requirements and overall HEDIS and CAHPS improvement. The department met with 15 clinics representing 30 providers.

This year the work groups relaunch automated health reminder calls and reach out to over 160,000 households. IVR calls went out to those with more complex health care needs such as asthma, hypertension and diabetes. Calls went out to 51,357 members with diabetes & hypertension and 1,606 members with asthma. Social media collaborations with the American Cancer society this year include videos featuring survivors and the Chief of Equity & Quality Medical Director. In addition, the Initiatives team launched the "Back to Care" social media campaign. This campaign aims to drive members to seek preventive primary care, with a focus on well visits. Health Net, Anthem Blue Cross, and Blue Shield Promise are also collaborating with L.A. Care to align messaging and maximizing reach. This campaign will continue in 2022 as it has reached over three million individuals in L.A. County, making social media ads one of the most cost effective tools for reaching the community.

The evaluation and review of HEDIS and disparity data showed that opportunities remain in testing and screenings as well as medication management for chronic issues. Diabetes in particular, including the disparity in control of Diabetes medication adherence with African Americans will continue to be an issue of focus for L.A. Care. In addition, testing for Diabetes along with other lab related health measures saw a significant decline. This is like due to the pandemic's effect on in-person care which continue to persist. 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.

Member experience remains L.A. Care's biggest opportunity. Across all product lines there were several member satisfaction measures that continue to be in need of improvement: getting needed care, getting care quickly, and overall rating of health plan. The organization and the work group continue to develop interventions to address these opportunities.

The Member Experience Work Group executed four primary interventions in 2021: 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 and the Elevating the Safety Net program expanded the long-term supply of primary care providers.

The QI Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. Member satisfaction 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 2022 QI Work Plan and will be tracked through the QI committees and the governance structure.