



Quality Improvement & Health Equity Program Annual Report and Evaluation

2024

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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 equitable quality and safety of care and services to members.

The Quality Improvement & Health Equity Program describes the infrastructure L.A. Care uses to coordinate quality improvement activities with quantifiable goals. The 2024 Quality Improvement & Health Equity Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measurable goals. This 2024 Quality Improvement & Health Equity Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2024 through December 31, 2024 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 Medicare Plus [Dual Eligible Special Needs Plan (D-SNP)].

Under the leadership and strategic direction established by the L.A. Care Health Plan Board of Governors (BoG) through the Compliance and Quality Committee (C&Q) and senior management, the 2024 Quality Improvement Plan was implemented. This report provides a detailed discussion of quality improvement activities and significant accomplishments during the past year, in the areas of but not limited to equitable quality of clinical care, safety of clinical care, quality of service, member experience/satisfaction, and access to care. The evaluation documents activities undertaken to achieve work plan goals and establishes the groundwork for future quality improvement activities.

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

Staff throughout L.A. Care contribute to activities to support the execution of the Quality Improvement Program. Most activities are coordinated and/or carried out by staff in two main service areas: Health Services and Clinical Operations. The Quality Improvement (QI) Department takes the lead in compiling this Annual Report, with support from staff in the following departments: Appeals & Grievances (A&G), Customer Solutions Center (CSC), Provider Network Management (PNM), Pharmacy, Community Outreach and Education (CO&E), 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 2024 Quality Improvement & Health Equity Program and the associated Work Plan activities focused on refining the quality of structure and process of care delivery with emphasis on member centric activity and consistency with regulatory and accreditation standards. All activities were undertaken in direct support of organizational changes and the Mission, Vision, and Strategic Priorities of the Board. Some highlights include:

Membership Changes:

Medi-Cal – decreased by 324,680 members:

- Members 65 years or older decreased from 12.30% to 11.98% of the population

Medicare Plus [Dual Eligible Special Needs Plan (D-SNP)] – increased by 1,700 members:

- 81.95% are 65 years of age and older

L.A. Care Covered (LACC) – increased by 62,726 members:

- 89.31% are 21-64 years of age

L.A. Care Covered Direct (LACCD) – increased by 3 members

- 21.79% are under 21 years of age

PASC-SEIU – increased by 867 members:

- 85.64% are 21-64 years of age

Outcomes and Accomplishments:

Accreditation:

National Committee for Quality Assurance (NCQA) Accreditation Status:

- NCQA uses a star rating system. L.A. Care can earn a rating of 0-5 stars (in 0.5-star increments) for the HEDIS/CAHPS portion of Health Plan Accreditation. L.A. Care received the below ratings for MY 2024.
 - Medi-Cal 3.5 Star
 - Medicare “Partial Data Reported” L.A. Care’s D-SNP rating was not calculated as this line of business is new and did not have eligible members for the CAHPS survey.
 - LACC Accredited (no star rating). The Exchange (LACC) line of business is scored solely on Health Plan Standards, because NCQA does not score Exchange Plans on HEDIS or CAHPS.
- L.A. Care Health Plan is NCQA surveyed every 3 years and is “Accredited” for Medicaid (MCLA), Medicare, (D-SNP), and Exchange (LACC) lines of business (LOB).
 - Accredited status is the highest status achievable for Health Plan Accreditation
 - L.A. Care achieved its 3-year Health Plan Accreditation in 2023.
 - L.A. Care will be resurveyed in June of 2026 and will bring forth the commercial (PASC-SEIU) line of business for accreditation.
- L.A. Care is NCQA surveyed for Health Equity every 3 years and is “Accredited” for Medicaid (MCLA), Medicare, (D-SNP), and Exchange (LACC) line of business (LOB).
 - L.A. Care achieved its first Health Equity Accreditation in 2024.
 - L.A. Care will be resurveyed in June of 2026 and will bring forth the commercial (PASC-SEIU) line of business for accreditation.

Member Experience:

CAHPS Performance:

- Medi-Cal Adult scores remained low in 2024. Despite remaining low, many scores across the various surveys increased from 2023, with the increase in “Ease of Getting Needed Care” being statistically significant. All scores remained at or below the 33rd percentile.
- Medi-Cal Child scores mostly experienced decreases from 2023. The majority of ratings and composites perform statistically significantly lower than the NCQA Quality Compass National Average.

- L.A. Care Covered experienced improvements in nearly every rating and composite. The only rating that decreased from 2023 was Rating of Specialist while every composite increased performance from 2023.
- MAPD sampled D-SNP members for the first time since the transition from the CMC product line to D-SNP. When compared to survey scores in 2022, it was an even split in terms of ratings and composites experiencing increases or decreases. The rate increase for the Customer Service composite was statistically significant while the decrease in Getting Needed Prescription Drugs was statistically significant.

Appeals & Grievances:

Non-Behavioral Health

- For CY 2024 42 out of the 48 Total Goals for all the LOBs were met (88%)
- A&G overall volume increased from CY 2023 to CY 2024 by 20%

Behavioral Health

- For CY 2024 40 out of the 40 Total Goals for all the LOBs were met (100%)
- A&G overall volume decreased from CY 2023 to CY 2024 by 3.31%

Clinical Care:

Clinical Initiatives:

- In 2024, 83 interventions were completed, ranging from text messages, social media, mailings, automated calls, live agent calls, and at-home test kits. This is a 43% increase from 2024.
- Evaluated 16 interventions that took place in 2023. Of the 16, 9 demonstrated statistically significant improvements in the HEDIS measure rate. Successful interventions included text campaigns, robocalls and a diabetes self-management magnet. Mailers and social media campaigns remain difficult to evaluate in a comprehensive manner due to the inability to determine who received the mailer/social media post.
- Launched monthly Joint Operations Meetings (JOMs) with 10 of the largest L.A. Care IPAs.
- Conducted 18 provider training webinars that were part of the “Wednesday Webinar” series.
- Total of 18 Patient Experience Training webinars and 16 trainings for 11 IPAs/clinics provided by the SullivanLuallin Group. These trainings were offered to providers at no cost. Most of the trainings took place via webinar and some were in-person.
- 583,735 members received close to six million text messages providing health information on diabetes, child and adolescent well-care visits, controlling blood pressure, preventive visits, flu, colorectal cancer screening, breast cancer screening and pre-natal and post-partum care.
- Telephonic health reminders, encouraging parents to take their children for their well-care visit, went out to over 200,000 households.
- Presented at six Community Advisory Committee meetings on topics ranging from adolescent health interventions to preventive health guidelines. Partnered with the L.A. Care Health Promoters and utilized member feedback sessions to gain community input on member interventions.
- 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 Los Angeles Department of Public Health Oral Health Department, The Childhood Lead Poisoning Prevention Program (CLPPP) within Department of Public Health, Los Angeles City Housing Department, and California HPV Vaccination Roundtable.

Pharmacy Clinical Programs:

- L.A. Care Pharmacy is actively working to improve medication adherence through various strategies, including prescriber scorecards, mailers, text campaigns, robocalls, and live agent outreach. Through these initiatives, we were able to conduct 5,903 successful interventions. These interventions included services such as 100-day supply conversions, medication synchronization, mail order referrals, transportation services, and connections to other internal L.A. Care departments (e.g. for new Primary Care Physicians or behavioral health referrals).
- L.A. Care Pharmacy continues to collaborate with the QI, Care Management, and Navitus to assist with medication reviews.
 - Care for Older Adults (COA) Medication Reviews
 - 4,352 reviews were completed by L.A. Care Pharmacy and Navitus combined
 - Medication Reconciliation Post-Discharge through November 2024
 - 418 medication reconciliations completed for high-risk MCLA members
 - 131 medication reconciliations completed for D-SNP members
- The California Right Meds Collaborative (CRMC) is a program in collaboration with the University of Southern California (USC) Mann Pharmacy and Pharmaceutical Sciences. This initiative comprises of a network of community pharmacies focused on providing comprehensive medication management for high-risk members with uncontrolled diabetes and cardiovascular disease.
 - Average reduction in hemoglobin A1c after 3 visits with the pharmacists was 2.6% from an average baseline of 11.4%.
 - Average reduction in systolic blood pressure after 3 visits with the pharmacist was 14.3 mmHg for those whose blood pressure was $\geq 140/90$ at baseline.

HEDIS Performance:

DHCS MCAS & Auto Assignment:

- For MY2023, L.A. Care met the Minimum Performance Level on 11 out of 15 MCAS measures. Of note, DHCS removed three additional measures from the original sanctions list of 18 measures -- Follow-Up after Emergency Department Visit for Mental Illness – 30 Day (FUM), Follow-Up After Emergency Department Visit for Substance Use – 30 Day (FUA) and Asthma Medication Ratio (AMR) –due to data problems.
- Measures that were below the MPL were Childhood Immunization Status – Combo 10 (CIS), Well Child Visits in the First 30 Months of Life (W30) for both the first 15 months and 15 to 30 months, and Cervical Cancer Screening (CCS).
- Substantial overall improvement across MCAS measures achieved a 76% reduction in MY 2023 financial sanctions from \$890,000 in MY 2022 down to \$214,000 in MY 2023.
- DHCS Auto Assignment Percentage Allotment for 2025:
 - L.A. Care – 59%
 - Health Net – 41%

Population Health Management (PHM):

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

Care Management/Disease Management (DM):

- For the D-SNP line of business, 0 out of 3 goals for Model of Care care coordination were met; goals are set at 100% per CMS requirement. Initial HRA goal was missed by a single member for a compliance rate of 99.9%.
- A total of 8,590 cases were opened by the Care Management Department for FY 2024 with 158 to the Complex Case Management Program, 7,005 to the High Risk Case Management Program, 791 to California Children's Services (CCS) Care Management Program, 576 to the Low-Risk Case Management Program, and 60 to other (Medium Risk and transplant). The program graduation rate increased from 9.2% in FY 2023 to 11.5% in FY 2024.
- Field visits completed by Care Management's Community Health Workers increased from 2,120 in FY 2023 to 3,689 in FY 2024.
- The Cardiovascular Disease Management Program met 1 out of 2 goals; 78.9% of members who graduated from the program achieved adequate blood pressure control of <140/90.

Addressing Disparities:

Over fiscal year 2023-2024, L.A. Care met twelve of its 16 Member Equity Council goals. Four are currently in progress but expected to be met in the next fiscal year. As of October 15, one of the goals (Component 4d) was met leaving three goals in progress.

The annual Quality Improvement HEDIS Health Disparities 2024 report was also prepared. The report analyzes final select Health Effectiveness Data Information Set (HEDIS) rates broken down by various sub-categories, including line of business, race/ethnicity, spoken and written language and sexual orientation. The report is for planning and regulatory purposes. Thirteen priority HEDIS measures were analyzed this year including a mix of preventive and chronic conditions, prenatal and postpartum and children measures. These measures are chosen based on focus from regulatory agencies and internal priorities. The full health disparity report is included in the Health Equity report section.

Population Needs Assessment (PNA):

The Population Needs Assessment (PNA) underwent a significant redesign by the Department of Health Care Services (DHCS) in 2023. As such, a 2023 PNA was not required. On August 15, 2023, DHCS released All Plan Letter (APL) 23-021 Population Needs Assessment and Population Health Management Strategy. APL 23-021 outlines requirements for a redesigned PNA as part of the Population Health Management (PHM) Program. DHCS' vision is for the PNA process to evolve and encompass stronger engagement with Local Health Departments and community stakeholders. Under the PHM Program, L.A. Care has started a multi-year process to collaborate with other Managed Health Care Plans and Los Angeles, Long Beach and Pasadena's Public Health Departments on their Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs). L.A. Care submitted their first annual PHM strategy to DHCS in November 2024.

Patient Safety:

Potential Quality of Care Issues (PQI):

The PQI timely processing goal was met. In Fiscal Year (FY) 2023-2024, the PQR team processed 8,262 PQI referrals, including cases carried over from the previous years. 8,183 (99%) cases were processed within the required timeframe of six or seven months with approved extension, which surpasses the goal of 90%.

This year, the Provider Quality Review team had some significant achievements, including exceeding timely processing goals, new process for quality-of-care identification, and development of a new provider quality review system, Kaizen.

Opportunities for upcoming year include more collaborative discussions with PPGs to enhance quality outcomes, continue to refine and expand Kaizen development, and streamline and optimize our medical request process.

Critical Incident (CI) Reporting (D-SNP only):

All 2024 reporting was timely to compliance and DHCS with the new reporting requirement.

QI department continues to emphasize the importance of critical incident reporting and provides annual training on procedures and best practices. A PQI investigation is completed for each critical incident reported.

Patient Hospital Safety:

- L.A. Care identified five hospitals that had lower than average performance on hospital acquired infections.
- Due to technical challenges with the readmission data, no hospitals have been identified as having high utilization or high 30-day readmission rates at this time. The resolution of these data issues is currently under review and will be addressed as soon as possible.
- Thirty-two hospitals had Nulliparous, Term, Singleton, Vertex (NTSV) C-Section rates above the desired 23.6%.
- Overall hospital scores and ratings were reviewed aggregating scores from Hospital-CAHPS, NTSV C-Section rate, and Hospital Acquired Infections and twenty-seven hospitals had an overall rating that was below average.
- Twenty-two hospitals had an overall rating of “Above Average”
- Sixteen hospitals had overall “Good” rating

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) 2023:

The 2024 Accessibility Report evaluates the measurement year (MY) 2023 survey results for provider compliance with appointment wait times and after hours accessibility standards.

- L.A. Care did not meet its goal for:
 - 8 out of 9 PCP Appointment Availability Standards
 - 6 out of 7 SCP Appointment Availability Standards
 - 2 out of 3 After Hours Standards
- There was a decrease in the Primary Care Physician (PCP) and an increase in the Specialty Care Physician (SCP) Response Rates for the Appointment Availability:
 - 61% of PCPs responded in 2023 compared to 65% in 2022
 - 48% of SCPs responded in 2023 compared to 45% in 2022
- There was a decrease in the Primary Care Physician (PCP) response rates for the After Hours:
 - 90% of PCPs responded in 2023 compared to 100% in 2022

L.A. Care Direct Network Appointment Availability Compliance Measurement Year (MY) 2023:

The 2024 Accessibility Report evaluates the measurement year (MY) 2023 survey results for provider compliance with appointment wait times and after hours accessibility standards.

- L.A. Care did not meet its goal for:
 - 4 out of 9 PCP Appointment Availability Standards
 - 3 out of 7 SCP Appointment Availability Standards
 - 2 out of 3 After Hours Standards
- There was a decrease in the Primary Care Physician (PCP) and an increase in the Specialty Care Physician (SCP) Response Rates for the Appointment Availability:
 - 62% of PCPs responded in 2023 compared to 66% in 2022
 - 50% of SCPs responded in 2023 compared to 45% in 2022
- There was a decrease in the Primary Care Physician (PCP) response rates for the After Hours:
 - 91% of PCPs responded in 2023 compared to 100% in 2022

Incentive Programs:

MY2023 Pay-Out (RY2024) Program Results:

- Physician P4P paid out \$23 million to over 900 eligible physicians and clinics.
- Direct Network P4P paid out \$651k to 99 eligible physicians and clinics.
- Medi-Cal VIIP+P4P paid out \$18.1 million to 49 eligible participating provider groups.
- LACC VIIP+P4P paid out \$3 million to 22 eligible participating provider groups.
- D-SNP VIIP+P4P paid out \$573k to 5 eligible participating provider groups.
- Plan Partner Incentive paid out \$7.5 million to the two participating plan partners.

Committees:

The Quality Improvement (QI) committees regularly met to oversee the various functions of the QI Program.

Barriers Identified:

- Long lasting impacts of the COVID-19 pandemic, especially as HEDIS look-back periods continue to reflect disruptions in preventive care as well as changes/motivation in seeking in person care
- Vaccine hesitancy among members and guardians
- Members and Guardians of members only seeing a provider when sick and not prioritizing well care visits.
- Appointment access and provider burn out compromised clinic ability to improve HEDIS and CAHPS scores.
- Mixed levels of engagement in quality improvement from IPAs and provider offices.
- Complexity of data integration and the risk of data gaps impacting HEDIS measure scores.
- Lack of coding for services especially for survey-based screenings e.g. depression screening
- Data ingestion from other non-L.A. Care providers may not have the correct file layout or have missing data that may hinder or data quantity and quality.
- Outdated internal systems do not allow for adequate capture and management of member and provider data.
- Underutilization of health information exchange platforms to inform providers of hospital and ED admissions
- Lack of understanding of the HEDIS specifications and use of incorrect codes among providers.
- Member experience improvement efforts are scattered throughout the organization making ownership of interventions and programs difficult to track.
- Social determinants of health, such as economic stability, access to healthy foods, and transportation to appointments, impact the health and ability to seek care of L.A. Care membership.

POPULATION HEALTH AND SERVICES

A.1 POPULATION DEMOGRAPHICS

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MEMBERSHIP

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

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

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

Medi-Cal and Dual Eligible Special Needs Plan (D-SNP)	L.A. Care Covered*	PASC-SEIU
English	English	English
Spanish	Spanish	Spanish
Arabic	Chinese	Armenian
Armenian		
Chinese		
Farsi		
Khmer (Cambodian)		
Korean		
Russian		
Tagalog		
Vietnamese		

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

PRIORITY ISSUES

The top 15 diagnosis categories were identified using Clinical Classifications Software (CCS) Single-Level Diagnosis categories by Line of Business (LOB) and Inpatient and Outpatient setting (using primary diagnosis only) from July 1, 2023, to June 30, 2024.

MEDI-CAL MEMBERSHIP

As of October 1, 2024, the L.A. Care Health Plan had 2,338,363 Medi-Cal members. Of those, 160,504 members are Senior and Persons with Disabilities (SPDs) (a decrease from 175,132 at the end of 2023). L.A. Care's Medi-Cal membership profiles by age, gender, and race are shown below:

Age	Number of Members	% of Membership
0-11	400,066	17.11%
12-20	353,657	15.12%
21-64	1,304,597	55.79%
65+	280,043	11.98%
Total	2,338,363	100.00%

Gender	Number of Members	% of Membership
Female	1,236,750	52.89%
Male	1,101,613	47.11%

Race	Number of Members	% of Membership
Caucasian/White	833,312	35.64%
African American/Black	239,997	10.26%
Chinese	72,033	3.08%
Filipino	43,042	1.84%
Korean	35,713	1.53%
Other Asian	25,897	1.10%
Vietnamese	24,121	1.03%
Cambodian	10,250	0.44%
Asian Indian	10,074	0.43%
American Indian or Alaska Native	5,117	0.22%
Japanese	4,893	0.22%
Samoan	2,356	0.10%
Other Pacific Islander	1,303	0.05%
Laotian	826	0.04%
Native Hawaiian	684	0.03%
Guamanian or Chamorro	639	0.03%
Hmong	102	0.00%
Declined, Unknown, No Valid Data, & Other Race	1,028,004	43.96%
L.A. Care's internal systems are still transitioning from the previous race/ethnicity stratification to the new OMB race/ethnicity stratifications, and rates may continue to vary as systems and information update.		

Approximately 32.23% of L.A. Care's Medi-Cal members are under 21. The percentage of members 65 and over decreased from 12.3% in 2023 to 11.98% in 2024. Of the membership, approximately 52.89% are female and 47.11% are male.

91.90% 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	1,333,360	57.02%
Spanish	815,528	34.88%

MEDI-CAL

Medi-Cal	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2023– June 30, 2024)	
1	Residual codes: unclassified
2	Immunizations and screening for infectious disease
3	Medical examination/evaluation
4	Essential hypertension
5	Disorders are usually diagnosed in infancy, childhood, or adolescence
6	Administrative/social admission
7	Genitourinary symptoms and ill-defined conditions
8	Other lower respiratory disease
9	Other connective tissue disease
10	Diabetes mellitus with complications
11	Spondylosis; intervertebral disc disorders; other back problems
12	Chronic kidney disease
13	Nonspecific chest pain
14	Abdominal pain
15	Respiratory failure; insufficiency; arrest (adult)

Medi-Cal	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2023 – June 30, 2024)	
1	Septicemia (except in labor)
2	Liveborn
3	Hypertension with complications and secondary hypertension
4	Diabetes mellitus with complications
5	Respiratory failure; insufficiency; arrest (adult)
6	Skin and subcutaneous tissue infections
7	Fluid and electrolyte disorders
8	Biliary tract disease
9	Alcohol-related disorders
10	Urinary tract infections
11	Other pregnancy and delivery, including normal
12	Other nutritional, endocrine, and metabolic disorders
13	Other nervous system disorders
14	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
15	Other complications of birth: puerperium affecting the management of the mother

The top three (3) outpatient diagnosis categories for Medi-Cal were Residual codes, unclassified, Immunizations and screening for infectious disease, and Medical examination/evaluation. The top three (3) inpatient diagnosis categories were Septicemia (except in labor), Liveborn, and Hypertension with complications and secondary hypertension.

The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2023 – June 30, 2024)			
Medi-Cal (SPD)			Medi-Cal (Non-SPD)
1	Residual codes: unclassified	1	Residual codes: unclassified
2	Disorders usually diagnosed in infancy, childhood, or adolescence	2	Immunizations and screening for infectious disease
3	Immunizations and screening for infectious disease	3	Medical examination/evaluation
4	Administrative/social admission	4	Essential hypertension
5	Respiratory failure; insufficiency; arrest (adult)	5	Genitourinary symptoms and ill-defined conditions
6	Chronic kidney disease	6	Other lower respiratory disease
7	Essential hypertension	7	Other connective tissue disease
8	Other lower respiratory disease	8	Administrative/social admission
9	Paralysis	9	Spondylosis; intervertebral disc disorders; other back problems
10	Diabetes mellitus with complications	10	Diabetes mellitus with complications
11	Other connective tissue disease	11	Disorders usually diagnosed in infancy, childhood, or adolescence
12	Nonspecific chest pain	12	Abdominal pain
13	Other nervous system disorders	13	Nonspecific chest pain
14	Genitourinary symptoms and ill-defined conditions	14	Diabetes mellitus without complication
15	Other gastrointestinal disorders	15	Other non-traumatic joint disorders

The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2023 – June 30, 2024)			
Medi-Cal (SPD)			Medi-Cal (Non-SPD)
1	Septicemia (except in labor)	1	Liveborn
2	Hypertension with complications and secondary hypertension	2	Septicemia (except in labor)
3	Diabetes mellitus with complications	3	Hypertension with complications and secondary hypertension
4	Respiratory failure; insufficiency; arrest (adult)	4	Diabetes mellitus with complications
5	Fluid and electrolyte disorders	5	Other pregnancy and delivery, including normal
6	Other nervous system disorders	6	Biliary tract disease
7	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	7	Alcohol-related disorders
8	Urinary tract infections	8	Other complications of birth: puerperium affecting the management of the mother
9	Acute and unspecified renal failure	9	Skin and subcutaneous tissue infections
10	Chronic obstructive pulmonary disease and bronchiectasis	10	Other nutritional, endocrine, and metabolic disorders
11	Skin and subcutaneous tissue infections	11	Respiratory failure; insufficiency; arrest (adult)
12	Epilepsy; convulsions	12	Fluid and electrolyte disorders

The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2023 – June 30, 2024)			
Medi-Cal (SPD)			Medi-Cal (Non-SPD)
13	Complication of the device: implant or graft	13	Other complications of pregnancy
14	Acute cerebrovascular disease	14	Urinary tract infections
15	Nonspecific chest pain	15	Abdominal pain

For Medi-Cal, the SPD vs. non-SPD top diagnosis category emphasizes the different patient mix of these populations. The top three (3) outpatient diagnosis categories for Medi-Cal SPD were Residual codes, unclassified Disorders usually diagnosed in infancy, childhood, or adolescence, and Immunizations and screening for infectious disease; for Non-SPD members, the top three (3) diagnosis categories were Residual codes; unclassified, Immunizations and screening for infectious disease, and Medical examination/evaluation. The top three (3) diagnosis categories for Medi-Cal SPD members in the inpatient setting were Septicemia (except in labor), Hypertension with complications and secondary hypertension, and Diabetes mellitus with complications; the top three (3) for Medi-Cal Non-SPD in the inpatient setting were Liveborn, Septicemia (except in labor), and Hypertension with complications and secondary hypertension.

Dual Eligible Special Needs Plan (D-SNP) Membership

As of October 1, 2024, L.A. Care had 20,141 Dual Eligible Special Needs Plan (D-SNP) members. The population below 65 years of age qualifies for participation in the Duals Demonstration Project based on the presence of a disabling condition and/or aid code designation. The detail of L.A. Care's D-SNP membership profile is shown below:

Age	Number of Members	% of Membership
21-64	3,636	18.05%
65-74	11,719	58.19%
75-84	3,732	18.53%
85+	1,054	5.23%
Total	20,141	100.00%

Gender	Number of Members	% of Membership
Female	11,222	55.72%
Male	8,919	44.28%

Race	Number of Members	% of Membership
Caucasian/White	11,331	56.26%
African American/Black	2,969	14.74%
Filipino	866	4.30%
Chinese	360	1.79%
Other Asian	261	1.29%
American Indian or Alaska Native	120	0.60%
Vietnamese	116	0.58%
Cambodian	102	0.51%
Asian Indian	65	0.32%

Race	Number of Members	% of Membership
Korean	59	0.29%
Japanese	46	0.23%
Samoan	23	0.11%
Other Pacific Islander	22	0.11%
Native Hawaiian	10	0.05%
Guamanian or Chamorro	6	0.03%
Laotian	3	0.01%
Declined, Unknown, No Valid Data, & Other Race	3,782	18.78%
L.A. Care's internal systems are still transitioning from the previous race/ethnicity stratification to the new OMB race/ethnicity stratifications, and rates may continue to vary as systems and information update.		

81.95% of L.A. Care D-SNP members are 65 years and over. Of adult members, 55.72% are female and 44.28% are male.

Approximately 95.18% of the L.A. Care D-SNP members speak either English or Spanish, as seen in the table below:

D-SNP: Member Professed Spoken Language		
Language	Number of Members	% of Membership
English	9,432	46.83%
Spanish	9,738	48.35%

D-SNP	
The Top 15 Diagnosis Categories for Outpatient Visits (Jan 1, 2023 – June 30, 2024)	
1	Residual codes: unclassified
2	Immunizations and screening for infectious disease
3	Diabetes mellitus with complications
4	Respiratory failure; insufficiency; arrest (adult)
5	Other lower respiratory disease
6	Genitourinary symptoms and ill-defined conditions
7	Chronic obstructive pulmonary disease and bronchiectasis
8	Other nervous system disorders
9	Other connective tissue disease
10	Essential hypertension
11	Diabetes mellitus without complication
12	Spondylosis; intervertebral disc disorders; other back problems
13	Osteoarthritis
14	Congestive heart failure; nonhypertensive
15	Nonspecific chest pain

D-SNP	
The Top 15 Diagnosis for Inpatient Visits (Jan. 1, 2023 – June 30, 2024)	
1	Septicemia (except in labor)
2	Hypertension with complications and secondary hypertension
3	Diabetes mellitus with complications
4	Acute cerebrovascular disease
5	Fluid and electrolyte disorders
6	Urinary tract infections
7	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
8	Acute and unspecified renal failure
9	Other nervous system disorders
10	Respiratory failure; insufficiency; arrest (adult)
11	Cardiac dysrhythmias
12	Osteoarthritis
13	Acute myocardial infarction
14	Complication of device; implant or graft
15	Chronic obstructive pulmonary disease and bronchiectasis

The top three (3) outpatient diagnosis categories for D-SNP were Residual codes, unclassified, Immunizations and screening for infectious disease, and Diabetes mellitus with complications. The top three (3) inpatient diagnosis categories were Septicemia (except in labor), Hypertension with complications and secondary hypertension, and Diabetes mellitus with complications.

L.A. CARE COVERED™ MEMBERSHIP (MARKETPLACE)

As of October 1, 2024, L.A. Care had 203,649 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	6,484	3.18%
12-20	12,347	6.06%
21-64	181,886	89.31%
65+	2,932	1.45%
Total	203,649	100.00%

Gender	Number of Members	% of Membership
Female	10,5523	51.82%
Male	98,126	48.18%

Race	Number of Members	% of Membership
Caucasian/White	76,369	37.50%
Chinese	29,675	14.57%
African American/Black	8,508	4.18%
Filipino	7,050	3.46%
Korean	4,262	2.09%
Vietnamese	3,910	1.92%

Race	Number of Members	% of Membership
Other Asian	3,394	1.67%
Asian Indian	1,840	0.90%
Japanese	1,184	0.58%
Cambodian	815	0.40%
American Indian or Alaska Native	597	0.29%
Other Pacific Islander	206	0.10%
Samoan	93	0.05%
Laotian	73	0.04%
Guamanian of Chamorro	50	0.02%
Native Hawaiian	35	0.02%
Hmong	14	0.01%
Declined, Unknown, No Valid Data, & Other Race	65,574	32.20%
L.A. Care's internal systems are still transitioning from the previous race/ethnicity stratification to the new OMB race/ethnicity stratifications, and rates may continue to vary as systems and information update.		

Approximately 9.25% of L.A. Care's L.A. Care Covered™ members are under 21. The largest age group is 21-64, at 89.31%. Of the membership, approximately 51.82% are female, and 48.18% are male.

82.80% 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	125,633	61.69%
Spanish	42,992	21.11%

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2023 – June 30, 2024)	
1	Medical examination/evaluation
2	Residual codes: unclassified
3	Other screening for suspected conditions (not mental disorders or infectious diseases)
4	Immunizations and screening for infectious disease
5	Other upper respiratory infections
6	Abdominal pain
7	Other non-traumatic joint disorders
8	Other connective tissue disease
9	Other skin disorders
10	Spondylosis; intervertebral disc disorders; other back problems
11	Nonspecific chest pain
12	Other gastrointestinal disorders
13	Other lower respiratory disease
14	Genitourinary symptoms and ill-defined conditions
15	Urinary tract infections

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2023 – June 30, 2024)	
1	Septicemia (except in labor)
2	Liveborn
3	Biliary tract disease
4	Acute myocardial infarction
5	Diabetes mellitus with complications
6	Acute cerebrovascular disease
7	Hypertension with complications and secondary hypertension
8	Alcohol-related disorders
9	Benign neoplasm of the uterus
10	Diverticulosis and diverticulitis
11	Other nutritional, endocrine, and metabolic disorders
12	Osteoarthritis
13	Urinary tract infections
14	Skin and subcutaneous tissue infections
15	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)

The top three (3) outpatient diagnosis categories for LACC were Medical examination/evaluation, Residual codes, unclassified, and Other screening for suspected conditions (not mental disorders or infectious disease). The top three (3) inpatient diagnosis categories were Septicemia (except in labor), Liveborn, and Biliary tract disease.

As of October 1, 2024, L.A. Care had 78 L.A. Care Covered Direct™ members. L.A. Care's L.A. Care Covered Direct™ members speak English (84.62%) or Spanish (14.10%). Approximately 21.79% of L.A. Care's L.A. Care Covered Direct™ members are under 21. Of the adult membership, approximately 51.28% are female, and 48.72% are male.

PASC-SEIU MEMBERSHIP

As of October 1, 2024, L.A. Care had 49,517 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	0.0%
12-20	116	0.23%
21-64	42,406	85.64%
65+	6,995	14.13%
Total	49,517	100.00%

Gender	Number of Members	% of Membership
Female	34,236	69.14%
Male	15,281	30.86%

Race	Number of Members	% of Membership
Caucasian/White	23,696	47.85%

Race	Number of Members	% of Membership
African American/Black	4,778	9.65%
Chinese	2,050	4.15%
Korean	1,217	2.46%
%Filipino	805	1.63%
Vietnamese	476	0.96%
Cambodian	407	0.82%
Other Asian	378	0.76%
Asian Indian	138	0.28%
American Indian or Alaska Native	70	0.14%
Other Pacific Islander	38	0.08%
Japanese	29	0.06%
Laotian	19	0.04%
Samoan	17	0.03%
Guamanian or Chamorro	12	0.02%
Native Hawaiian/	4	0.01%
Hmong	1	0.00%
Declined, Unknown, No Valid Data, & Other Race	15,382	31.06%
L.A. Care's internal systems are still transitioning from the previous race/ethnicity stratification to the new OMB race/ethnicity stratifications, and rates may continue to vary as systems and information update.		

Approximately 0.23% of L.A. Care's PASC-SEIU members are under 21. The largest age group is 21-64, at 85.64%. Of the membership, approximately 69.14% are female, and 30.86% are male.

74.37% of all PASC-SEIU members speak either English or Spanish, as seen in the table below:

Member Professed Spoken Language		
Language	Number of Members	% of Membership
English	28,593	57.74%
Spanish	8,237	16.63%

PASC-SEIU	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2023 – June 30, 2024)	
1	Nonspecific chest pain
2	Residual codes: unclassified
3	Abdominal pain
4	Other lower respiratory disease
5	Spondylosis; intervertebral disc disorders; other back problems
6	Immunizations and screening for infectious disease
7	Other connective tissue disease
8	Other upper respiratory infections
9	Other screening for suspected conditions (not mental disorders or infectious diseases)
10	Other non-traumatic joint disorders

PASC-SEIU	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2023 – June 30, 2024)	
11	Urinary tract infections
12	Respiratory failure; insufficiency; arrest (adult)
13	Other nervous system disorders
14	Essential hypertension
15	Other injuries and conditions due to external causes

PASC-SEIU	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2023 – June 30, 2024)	
1	Septicemia (except in labor)
2	Hypertension with complications and secondary hypertension
3	Acute myocardial infarction
4	Other nutritional, endocrine, and metabolic disorders
5	Biliary tract disease
6	Acute cerebrovascular disease
7	Diabetes mellitus with complications
8	Residual codes: unclassified
9	Skin and subcutaneous tissue infections
10	Acute and unspecified renal failure
11	Liveborn
12	Cardiac dysrhythmias
13	Abdominal hernia
14	Coronary atherosclerosis and other heart disease
15	Nonspecific chest pain

The top three (3) outpatient diagnosis categories for PASC were Nonspecific chest pain, Residual codes, unclassified, and Abdominal pain. The top three (3) inpatient diagnosis categories were Septicemia (except in labor), Hypertension with complications and secondary hypertension, and Acute myocardial infarction.

A.2 POPULATION HEALTH MANAGEMENT PROGRAM (PHMP)

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BACKGROUND/SUMMARY

The Population Health Management Program (PHMP) is a centralized program that addresses members' needs across the continuum of care, focusing on gaps in care and disparities impacting the following lines of business: Medi-Cal Direct (MCLA), L.A. Care Covered (LACC), and Duals Eligible Special Needs Plan (D-SNP). Coordinating services through a PHMP helps meet the goals set by the PHM Index and addresses needs identified through the annual population health assessment. The PHMP is aligned with the Quadruple Aim healthcare model to provide evidence-based quality care, improve the health and equity of populations, and offer cost-effective member care. The PHMP meets the foundational requirements of **the National Committee for Quality Assurance (NCQA)** and the **PHM California Advancing and Innovating Medi-Cal (CalAIM)** standards.

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

MAJOR ACCOMPLISHMENTS FOR THE YEAR

- L.A. Care has successfully met the NCQA PHM requirements and is on track to meet the standards for the 2026 NCQA Audit.
- L.A. Care met eight of nine Focused PHMI goals for at least one line of business for the 2023-2024 cycle.

RESULTS

To address needs identified through the annual population assessment and to ensure programs and services meet the needs of members, the cross-functional team uses a PHM Index to track goals in the areas listed below:

The below tables demonstrate which 2023-2024 PHM Index measures met or did not meet the goal based on Measurement Year 2023- 2024 data.

PHMI Goal Category	Met
Keeping Members Healthy	3 of 5
Early Detection of Emerging Risk	0 of 1
Chronic Condition	3 of 6
Care Transitions	2 of 3

PHMI Goal Category	Met
Elevating Member and Provider Experience	3 of 3
Total	12 of 18 (Met at min-level)

Keeping Members Healthy:

Measure	LOB	2021-2022 Rate	2022-2023 Rate	2023-2024 Rate	2023-2024 Goal	Goal Met?	*Stat Sig (Yes/No)
1. Preventive Care: Percentage of adults and children seen for ambulatory or preventive care visits. (Includes AAP, WCV and W30A for MCLA and LACC. AAP only for D-SNP)	MCLA	55.29%	57.53%	54.43%	≥61%	NOT MET	No
	D-SNP	87.85%	88.38%	88.57%	≥90%	NOT MET	No
	LACC	N/A	65.18%	64.44%	≥68%	NOT MET	No
2. Flu: Percentage of members receiving flu vaccination.	MCLA	N/A	N/A	N/A (part of the above goal)	N/A (part of the above goal)	N/A	N/A
	D-SNP	N/A	44.89%	44%	≥48%	NOT MET	No
	LACC	N/A	N/A	N/A (part of the above goal)	N/A (part of the above goal)	N/A	N/A
3. Childhood Immunization: Percentage of Black/African American members 2 years of age who have had the combination 10 vaccine by their 2nd birthday - Equity Focus	MCLA	N/A	N/A	13.79%	≥13%	MET	No
	D-SNP	N/A	N/A	N/A	N/A	N/A	N/A
	LACC	N/A	N/A	N/A	N/A	N/A	N/A
4. Colorectal Screening: Percentage of members receiving colorectal screening	MCLA	N/A	N/A	N/A	N/A	N/A	N/A
	D-SNP	60.69%	64.23%	47.69%	≥71%	NOT MET	No
	LACC	46.23%	42.66%	63.14%	≥63%	MET	Yes
5. Cervical Cancer Screening: Percentage of members receiving cervical cancer screening	MCLA	55.95%	52.58%	51.03%	≥58%	NOT MET	No
	D-SNP	N/A	N/A	N/A	N/A	N/A	N/A
	LACC	55.48%	52.58%	55.85%	≥53%	MET	Yes

Keeping Members Healthy/Early Detection:

Measure	LOB	2021-2022 Rate	2022-2023 Rate	2023-2024 Rate	2023-2024 Goal	Goal Met?	*Stat Sig (Yes/No)
6. Prenatal Care: Black/African American members receiving prenatal care* - Equity Focus	MCLA	N/A	65.45%	70%	≥70%	MET	No
	D-SNP	N/A	N/A	N/A	N/A	N/A	N/A
	LACC	N/A	N/A	N/A	N/A	N/A	N/A

*Stat Sig – Statistical Significance

Chronic Condition Management:

Measure	LOB	2021-2022 Rate	2022-2023 Rate	2023-2024 Rate	2023-2024 Goal	Goal Met?	*Stat Sig (Yes/No)
7. Diabetes: Percentage of Black or African American members with an HbA1c <8% - Equity Focus	MCLA	N/A	59.66%	42.86%	≥43%	NOT MET	Yes
	D-SNP	N/A	59.07%	59.31%	≥65%	NOT MET	No
	LACC	N/A	55.00%	55.50%	≥57%	NOT MET	No
8. Cardiovascular: Percentage of Black or African American members with BP controlled - Equity Focus	MCLA	N/A	30.81%	45.40%	≥33%	MET	Yes
	D-SNP	N/A	48.14%	55.36%	≥53%	MET	Yes
	LACC	N/A	40.61%	45.44%	≥42%	MET	Yes
9. Emergency Department (ED) visits: Members 18 years + with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.	MCLA	N/A	N/A	N/A	N/A	N/A	N/A
	D-SNP	48.58%	48.68%	45.56%	≥54%	NOT MET	No
	LACC	N/A	N/A	N/A	N/A	N/A	N/A
10. Follow-up After Mental Illness Percentage of members 6 years and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 30 days.	MCLA	26.51%	28.38%	34.01%	≥35%	NOT MET	No
	D-SNP	N/A	N/A	N/A	N/A	N/A	N/A
	LACC	N/A	N/A	N/A	N/A	N/A	N/A

Measure	LOB	2021-2022 Rate	2022-2023 Rate	2023-2024 Rate	2023-2024 Goal	Goal Met?	*Stat Sig (Yes/No)
11. Medication Therapy Management: Percentage of members in the Medication Therapy Management (MTM) Program completing the Comprehensive Medication Review (CMR).	MCLA	N/A	N/A	N/A	N/A	N/A	N/A
	D-SNP	N/A	N/A	75%	≥61%	MET	
	LACC	N/A	N/A	N/A	N/A	N/A	N/A

*Stat Sig – Statistical Significance

Care Transitions:

Measure	LOB	2021-2022 Rate	2022-2023 Rate	2023-2024 Rate	2023-2024 Goal	Goal Met?	*Stat Sig (Yes/No)
12 Depression Screening: Percentage of eligible members with depression screening for adolescents and adults.	MCLA	1.46%	7.38%	11.05%	≥8%	MET	Yes
	D-SNP	36.10%	46.25%	68.41%	≥49%	MET	Yes
	LACC	N/A	N/A	N/A	N/A	N/A	N/A
13. Transition of Care: Percentage of members completing patient engagement after inpatient discharge.	MCLA	58.09%	57.55%	70.56%	≥62%	MET	Yes
	D-SNP	78.92%	77.53%	78.41%	≥77%	MET	No
	LACC	N/A	N/A	N/A	N/A	N/A	N/A
14. Transition of Care: Percentage of discharges for members 18 years+ who had Medication Reconciliation Discharge	MCLA	5.23%	6.37%	6.61%	≥9%	NOT MET	No
	D-SNP	43.55%	44.23%	35.41%	≥51%	NOT MET	Yes
	LACC	N/A	N/A	N/A	N/A	N/A	N/A

Measure	LOB	2021-2022 Rate	2022-2023 Rate	2023-2024 Rate	2023-2024 Goal	Goal Met?	*Stat Sig (Yes/No)
15. UPDATED: Admissions/Discharge/Transfer Data: Ingest ADT notifications from Health Information Exchanges (HIEs) in near real-time using Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface (API) into the Clinical Data Repository (CDR) by September 30, 2024.	All LOB	N/A	N/A	N/A	FHIR Admissions/Discharge/Transfer (ADT) data implemented in pilot FHIR by 9/30/2023	MET	N/A

*Stat Sig – Statistical Significance

Elevating Member and Provider Experience

Measure	LOB	2021-2022 Rate	2022-2023 Rate	2023-2024 Rate	2023-2024 Goal	Goal Met?	*Stat Sig (Yes/No)
16. Improvement of Member Unable to Contact (UTC) Rate: Improve UTC rate in the Individualized Care Plan (ICP) by 5% by August 2024HbA1c <8% - Equity Focus	MCLA	N/A	N/A	N/A	N/A	N/A	N/A
	D-SNP	N/A	N/A	Baseline from Quarter 1 2023 (48%); Q2: 38%; 10% improvement	5% over baseline established Q1 2023.	MET	N/A
	LACC	N/A	N/A	55.50%	≥57%	NOT MET	N/A
17. Elevating Provider Experience: Overall Provider Satisfaction for Direct Network Providers	All LOB	N/A	N/A	75.40%	≥ 75%	MET	N/A
18. Improving Member Experience: CAHPS Getting Needed Care" measure.	MCLA (Child)	N/A	N/A	76.24%	≥60%	MET	N/A
	MCLA (Adult)	N/A	N/A	74.97%	≥74%	MET	N/A
	D-SNP	N/A	N/A	75%	≥75%	MET	N/A
	LACC	N/A	N/A	62.78%	≥80%	NOT MET	N/A

*Stat Sig – Statistical Significance

Quantitative Analysis

As shown in the results tables above, 12 out of 18 PHMI measures met for at least one line of business for the 2023-2024 cycle (Measurement Year 2022 data).

Qualitative Analysis

L.A. Care emphasized health equity, disparities, transition of care, and measures in which we did not meet the goal, such as breast cancer screening and medication reconciliation. These measures were addressed at workgroups and tracked through the cross-functional teams to ensure a concerted focus on efforts and interventions to meet PHM Index goals successfully. Additionally, a measure was added to focus on member experience, and a new measure tracked adult and child preventive visits, aligning with the CalAIM's concentration on providing basic population health services for all members. The table below details the barriers, opportunities for improvement, and actions taken to address the 18 PHMI measures.

PHMI Measure	Root Cause Barrier	Opportunity for Improvement	Actions/ Interventions	Effectiveness of Intervention/ Outcomes
Preventive Care: Percentage of adults and children seen for ambulatory or preventive care visits. (Includes AAP, WCV and W30A for MCLA and LACC. AAP only for D-SNP)	<ul style="list-style-type: none"> Member education on the importance and timing of visits Access to appointments and/or difficulty in scheduling appointments Constraints with parents/guardians and adult members such as transportation, childcare, and other social/ environmental/ financial factors. Belief that if not sick, then a visit is not needed Well-care visit not tied to other preventive services, such as school-required vaccines 	<ul style="list-style-type: none"> Implement a W30 Reminder Postcard Implement a LACC W30 Member Incentive Continue partnering with other departments and their member outreach materials to emphasize the importance of seeing your doctor once a year. 	<p>W30 & WCV:</p> <ul style="list-style-type: none"> Reminder Robocalls W30 MCLA Member Incentive (LACC Fall 2024) WCV and W30 Postcard Reminders (Summer 2024) Healthy Baby Mailer and Robocalls 1 yr Birthday Card (Summer 2024) Social Media P4P for providers W30 reports Text Messaging Campaigns (W30 launched April, WCV launched 2/28, new script launched 9/18) Live CHW calls (under revision) <p>AAP:</p> <ul style="list-style-type: none"> Text message campaign Adult Birthday Cards 	<ul style="list-style-type: none"> 2021 and 2022 robocall evaluations have shown effectiveness. 2023 robocalls are currently being evaluated, and 2024 robocalls will be evaluated in 2025. The 2022 WCV text messaging campaign has proven effective. The 2023 W30 campaign is currently being evaluated. The 2024 W30 and WCV campaigns will be evaluated in 2025. 2024 W30 and WCV text messaging campaigns have had high member engagement. Analytics from the 2024 social media campaign has shown high member engagement. The 2023 AAP text campaign is currently being evaluated.

PHMI Measure	Root Cause Barrier	Opportunity for Improvement	Actions/ Interventions	Effectiveness of Intervention/ Outcomes
Flu: Percentage of members receiving flu vaccination	<ul style="list-style-type: none"> • Vaccine hesitancy • Misinformation • Member beliefs • Mis-timed vaccine 	<ul style="list-style-type: none"> • Implement a flu incentive. • Implement a flu-specific reminder touchpoint. • Increased promotion, awareness, and education with targeted multi-pronged with other business units. <p>*Hosting multiple events at the CRCs *Targeting members in low vaccination regions multiple times *Target providers in low-rate regions.</p>	<ul style="list-style-type: none"> • 1-year Flu Member Incentive (Fall 2024) • Pediatric Flu Text Messaging Campaign (Fall 2024) 	<ul style="list-style-type: none"> • 92.3% of members enrolled in the text campaign stayed enrolled throughout the campaign. • 1,061 flu shots were administered at the CRC flu clinics, a 237% increase from 2022. (n=315) • 72.68% of D-SNP members received the flu shot. • 90,116 emails in English and Spanish were sent to LACC members. • Over 1 million automated calls were launched to all LOBs in English and Spanish. • Flu shot education and awareness were promoted to DNSP, MCLA & LACC members through social media campaigns and member newsletters.
Diabetes: Percentage of Black or African American members with an HbA1c <8% - Equity Focus	<ul style="list-style-type: none"> • Inaccurate member contact information made it difficult to contact prospective medically tailored meals participants. • Identifying members within the LACC B/AA population and having them enroll in the program. • Inability to evaluate whether the member is improving their diabetic condition and habits. 	<ul style="list-style-type: none"> • Working with the Health Education team to build a workflow for using A1c test kits as indicators to see if members are improving in managing their diabetes. • Continue working with Enrollment Services and QPM team to have current and up-to-date member information. 	<ul style="list-style-type: none"> • Social Media Campaigns for awareness of preventative measures and proper management • Text Message Campaign • At-home test kits • Healthy Meals 	<ul style="list-style-type: none"> • LACC Medically Tailored Meals Program (MTM)—In 2023, cohort 1 identified 22 eligible members: 11 enrolled in the MTM program, and six enrolled in L.A. Care’s Diabetes Self-Management Education Program. • In 2024, Cohort 3 identified 19 eligible members. Eight members enrolled in the MTM Program. Seven cohort members enrolled in the L.A. Care Diabetes Self-Management Education Program.

PHMI Measure	Root Cause Barrier	Opportunity for Improvement	Actions/ Interventions	Effectiveness of Intervention/ Outcomes
Emergency Department (ED) visits: Members 18 years + with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit	<ul style="list-style-type: none"> Members not aware of the importance of timely follow-up Doctors are not notified (promptly) when their patients are admitted/discharged from the ED Access to timely appointments is difficult 	<ul style="list-style-type: none"> Informing members of the importance of follow-up Incentive for providers to actively engage patients after ED visits or other transitions of care 	<ul style="list-style-type: none"> Planning for member-facing text campaign for advocacy for patient f/u after ED or inpatient discharge 	<ul style="list-style-type: none"> Interventions will be released in 2025 and will be evaluated
Follow-up After Mental Illness: Percentage of members 6 years and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 30 days	<ul style="list-style-type: none"> The root cause for low follow-up rates after Emergency Department (ED) utilization within 30 days is mainly the lack of real-time data on ED discharges, making it challenging to track member outcomes and coordinate timely follow-up care. Without accurate ED discharge information on members with a primary diagnosis of mental illness, there are missed opportunities to intervene early to coordinate timely follow-up care for the member. 	<ul style="list-style-type: none"> One opportunity includes developing communication pathways between EDs and the Plan to improve notifications for ED discharges. By identifying and targeting high-volume EDs, where members frequently seek care, we can focus efforts on those locations to ensure greater impact and timelier follow-up for discharges. 	<ul style="list-style-type: none"> Carelon Behavioral Health has implemented the FUADA (follow-up after discharge assessment) as of 11/2023. This assessment aims to increase numerator compliance for follow-ups regarding the FUM measure and assesses barriers members may face when trying to obtain care. 	<ul style="list-style-type: none"> The intervention has been ineffective due to several issues. The outreach efforts are based on data that do not accurately match the members included in the FUM denominator, largely because the HIE system lists all diagnoses without identifying the principal diagnosis. As a result, members with any mental health diagnosis are contacted, only to be later identified as not being in the FUM denominator after the fact. Additionally, there is a high rate of unable to contact members. Together, these factors significantly reduce the intervention's impact.
Transition of Care: Percentage of discharges for members 18 years+ who had Medication Reconciliation Discharge	<ul style="list-style-type: none"> Difficulty contacting some members post-discharge to discuss or complete a medication reconciliation. Member may experience issues accessing their providers after discharge due to 	<ul style="list-style-type: none"> An opportunity for Improvement includes expanding the TCS Pilot with the Pharmacy team to support timely post-discharge medication reconciliations. Implement communication strategies beyond 	<ul style="list-style-type: none"> Planning for a member-facing text campaign to encourage members to follow up with their provider for post-discharge care. Working with the AAL Team 	<ul style="list-style-type: none"> The TCS Texting campaign is in the early design and development stages. The AAL Team reviewed the RRT Tool to include real-time data and additional ADT data sources, which gives staff more visibility

PHMI Measure	Root Cause Barrier	Opportunity for Improvement	Actions/ Interventions	Effectiveness of Intervention/ Outcomes
Transition of Care: Percentage of discharges for members 18 years+ who had Medication Reconciliation Discharge (cont.)	delays in appointment availability and/or transportation needs. <ul style="list-style-type: none"> Some ADT data is delayed, which prevents and/or delays access to a post-discharge medication reconciliation. 	phone calls and mailing letters to reach members. <ul style="list-style-type: none"> Opportunity to improve system automation to identify TOCs in a timelier manner. 	to improve staff access to real-time ADT data through the Readmission Risk Tool (RRT).	into members discharging from facilities. <ul style="list-style-type: none"> Care Managers can successfully complete post-discharge medication reconciliations for members enrolled in CM only when they can successfully be reached.

INTERVENTIONS

The PHMP strives to address health needs at all points along the health and wellbeing continuum through participation, engagement with, and targeted interventions for the member population across the MCLA, LACC, and D-SNP 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 healthcare spending.

For the 2023-2024 cycle, the above table details the interventions to address the 18 PHMI goals and how these addressed stated barriers to meeting the PHM goals.

OPPORTUNITIES FOR IMPROVEMENT

L.A. Care's PHMP uses the annual population assessment and the PHM Index and identifies barriers to best prioritize members' needs and focus interventions. For 2024-2025, L.A. Care found that having two PHM Indexes diluted focus and has decided to have only the Focused PHMI for the 2024-2025 cycle. The PHM Index will include many repeat measures to continue interventions and see trending results. Additionally, L.A. Care identified Depression Screening, Kidney Health Evaluation for Patients with Diabetes (KED), and All-Cause Readmissions as new focus areas.

CONCLUSION

As L.A. Care's foundational NCQA and CalAIM regulatory requirements are being met, L.A. Care's next step is to integrate PHM to meet strategic pillars, including following to meet members across the continuum of care from keeping members healthy, early detection of risk, managing chronic condition, high-risk members and complex members:

- Data Analytics and technology
- Provider Network Optimization and Engagement
- Effective Member Engagement
- Value-Based Improvement
- Care Coordination and Integration

A.2.a CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CalAIM): POPULATION HEALTH MANAGEMENT (PHM)

BACKGROUND/SUMMARY

The Department of Health Care Services PHM CalAIM initiative, launched in January 2023, set forth a comprehensive set of requirements applicable to all Medi-Cal Managed Care health plans (MCPs). The PHM Program is designed to ensure that all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, which leads to longer, healthier, and happier lives, improved outcomes, and health equity. Specifically, the PHM Program intends to:

- Build trust with and meaningfully engage members;
- Gather, share, and assess timely and accurate data to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
- Address upstream drivers of health through integration with public health and social services;
- Support all members in staying healthy;
- Provide care management services for members at higher risk of poor outcomes;
- Provide transitional care services (TCS) for members transferring from one setting or level of care to another;
- Reduce health disparities; and
- Identify and mitigate Social Drivers of Health (SDOH)

MAJOR ACCOMPLISHMENTS

L.A. Care has successfully built a framework to meet the CalAIM PHM requirements. To address the CalAIM requirements, the PHM team has focused on collaboration with the MCPS and Local Health Jurisdictions (LHJs) that serve LA County to develop a shared SMART goal and assist the LHJs in planning their Community Health Assessment (CHA) and Community Health Improvement Plans (CHIP), developing a comprehensive transitional care services (TCS) program to include pregnant individuals and other high-risk populations, integrating data by enhancing L.A. Care's Risk Segmentation and Stratification (RSS) and developing and measuring key performance indicators (KPIs).

MCP-LHJ Collaborative Work

L.A. Care leads the Community Partnership with Los Angeles, Pasadena, and Long Beach Health Departments (LHJs) and the Plan Partners to coordinate CalAIM goals and create a unified approach to addressing community needs as identified in LHJ's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The collaboration has agreed to work to meet the following SMART goal: Reduce maternal and infant mortality disparities for Black and Native American Persons by at least 5% annually in Los Angeles County to make progress towards the 50% bold goal. Additionally, the collaborative has created the following subgroups, data, planning, resource/funding, and steering committees to streamline the work and ensure requirements such as the annual PHM strategy are met.

Transitional Care Services (TCS)

DHCS released the Transitional Care Services (TCS) CalAIM requirements in a phased-in approach. For 2024, DHCS required all health plans to provide additional TCS to all risk levels, including lower-risk transitioning members. To ensure all levels are covered, L.A. Care has done the following:

Care Management Transitional Care Services:

- **Care Management Model**
 - Texting Campaign with mPulse: Exploring member texting solutions to decrease manual calls and increase timely engagement with high and low-risk TCS members.
 - Letter Automation: Working on developing automated faxed TCS Letter to Hospitals and PCPs
 - TCS Central Intake Line: Member and Provider calls seeking TCS services increase each Quarter
 - TCS Medication Reconciliation Pilot: L.A. Care Pharmacy supports TCS Community Health Workers with 10 weekly medication reconciliations.
- **ADT Data Improvements:**
 - Readmission Risk Tool (RRT) is used to identify eligible TCS members and the TCS Team assigned to the member
 - RRT was updated to include:
 - Real-time ADT data
 - SNF Admission Data
 - More accurate identification of responsible TCS Team to support member

TCS Pregnant Individuals Care Model:

- This model includes individuals who have been hospitalized during pregnancy, admitted during the 12-month period postpartum, and discharges related to delivery.
- All pregnant individuals are considered High Risk for TCS.
- The care manager/CHW assists members throughout their transition and ensures support in a culturally and linguistically appropriate manner.
- Care manager/CHW ensures all required care coordination and follow-up services are completed per the policy guide, including but not limited to:
 - coordination with discharge facility & post-discharge summary
 - Follow-up appointment with Provider within 7 days post-discharge
 - medication reconciliation
- Based on individual needs, eligible members are referred to various programs, such as Doula, medically tailored meals, WIC, lactation support, behavioral health support, etc.

Data and Key Performance Indicators (KPIs)

One of the major components of the CalAIM initiative is to expand the data sources used for risk stratification and segmentation. L.A. Care has expanded the criteria for identifying and stratifying members to match DHCS' defined levels of risk (low, medium-rising, and high risk). L.A. Care has continued expanding the data sources used for risk stratification and segmentation (RSS) and tiering functions to conduct robust analytics and reporting, identify gaps in care, perform other population health functions, and allow for multiparty data access.

L.A. Care has also been identified as a pilot organization to test the CalAIM Medi-Cal Connect integrated data system. This system will provide uniform data from the state to improve the RSS for all managed care plans.

The following are the KPIs that were submitted to DHCS in November 2023:

- Percentage of members who had more ED visits than primary care w/in 12 months
- Percentage of members who had at least one primary care visit w/in 12 months
- Percentage of members with no ambulatory or preventive visit w/in 12 months
- Percentage of members eligible for CCM who are successfully enrolled in the CCM program

- Care Management for High-Risk Members after Discharge
- Percentage of members who received CHW benefit
- Percentage of contracted acute care facilities from which the MCPs receive ADT notifications
- Percentage of contracted skilled nursing facilities from which MCPs receive ADT notifications
- Percentage of acute hospital stay discharges that had follow-up ambulatory visits within 7 days post-hospital discharge

Plan Reported PHM Monitoring KPIs	Mean (Standard Deviation)	Median (Range Across Plans)	L.A. Care Rates August (2023 Q2) Revised	L.A. Care Rates November (2023 Q3)
Percentage of members who had more ED visits than primary care w/in 12 months	10% (6%)	8% (1%-26%)	9.43%	8.716%
Percentage of members who had at least one primary care visit w/in 12 months	48% (18%)	49% (8%-77%)	43.76%	46.64%
Percentage of members with no ambulatory or preventive visit w/in 12 months	40% (18%)	40% (9%-93%)	43.69%	43.75%
Percentage of members eligible for CCM who are successfully enrolled in the CCM program	26% (29%)	12% (0%-100%)	20.82%	24.22%
CCM enrollment among eligible members who were not already enrolled during the previous reporting period	N/A	N/A	N/A	29.17%
Care Management for High-Risk Members After Discharge	12% (17%)	6% (0%-74%)	3.54%	3.32%
Percentage of members who received CHW benefit	0.06% (0.18%)	0.00% (0%-0.85%)	0.00027%	0.0008%
Percentage of contracted acute care facilities from which the MCPs receive ADT notifications	49% (31%)	50% (0%-100%)	76.70%	74.70%
Percentage of contracted skilled nursing facilities from which MCPs receive ADT notifications	19% (29%)	0% (0%-79%)	N/A	50.00%
Percentage of acute hospital stay discharges that had follow-up ambulatory visits within 7 days post-hospital discharge	36% (12%)	35% (14%-70%)	38.20%	N/A

The last submission of the KPIs was in November 2023, and DHCS has put them on hold while they work out new specifications. In the meantime, L.A. Care has been participating in the DHCS workgroup to finalize technical specifications for KPIs.

Quantitative Analysis

As part of the CalAIM PHM Program, DHCS requires a monitoring approach to assess the overall implementation, operations, and effectiveness of L.A. Care's PHM program to understand the impact on outcomes and health equity over time. Core aspects of the PHM program areas include basic population health, Risk Stratification and Segmentation and Tiering (RSST), Complex Care Management (CCM), Enhanced Care Management (ECM), and Transitional Care Services (TCS) covered through Healthcare Effectiveness Data and Information Set (HEDIS) and ECM tracking, monitoring and reporting. L.A. Care is tracking the following core Key Performance Indicators (KPIs) below. The August and November 2023 KPI results listed below are baseline results that will be collected quarterly for trending and analysis.

DHCS provided L.A. Care with the mean and median results for all health plans in California. These provide a benchmark for comparison. L.A. Care is above the median rate for the following measures:

- Percentage of members who have more ED visits than primary care within 12 months
- Percentage of members with no ambulatory or preventive visit w/in 12 months
- Percentage of members eligible for CCM who are successfully enrolled in the CCM program
- Percentage of members who received CHW benefit
- Percentage of contracted acute care facilities from which the MCPs receive ADT notifications
- Percentage of contracted skilled nursing facilities from which MCPs receive ADT notifications
- Percentage of acute hospital stay discharges that had follow-up ambulatory visits within 7 days post-hospital discharge

Qualitative Analysis

2023 was a baseline measurement year. L.A. Care provided data for August and November. Comparatively, the two months do not vary greatly. DHCS has paused the CalAIM KPIs; thus, a complete qualitative analysis is unavailable for 2024.

INTERVENTIONS

L.A. Care has developed various tailored interventions to address and improve the following metrics that DHCS is tracking through the KPIs.

Metrics	L.A. Care Results Q2 2023	Action Plan To Improve
Percentage of members who had more ED visits than primary care w/in 12 months	8.716%	<ul style="list-style-type: none"> • An after-hours care resource flyer for members educating them on options for care when the PCP office is closed—provides information on not only ED but also urgent care and virtual options such as Teladoc and Nurse Advice Line; it was mailed to members in zip codes with high ED utilization. • After-hours care options: An automated call campaign was sent to members in zip codes with high ED utilization; the call provided education on options for care outside of the ED.
Percentage of members who had at least one primary care visit w/in 12 months	46.64%	<ul style="list-style-type: none"> • Text campaign reminding members to see their doctor at least once a year and that they are due for their annual visit. • Various outreach interventions (text campaigns, mailers, automated calls) for different measures educating members on the importance of seeing their doctor at least once a year and reminding them to complete certain screenings/tests/appointments • Member surveys embedded in text campaigns to better understand why members are going in to see their doctor.
Percentage of members with no ambulatory or preventive visit w/in 12 months	43.75%	

Metrics	L.A. Care Results Q2 2023	Action Plan To Improve
Percentage of members eligible for CCM who are successfully enrolled in the CCM program	24.22%	<ul style="list-style-type: none"> Hired and trained new Care Managers to support CCM members. Retrained existing CMs who support CCM members. Use of Interdisciplinary Care Team meetings to identify members eligible for CCM. Use of alternative phone number searched for members with invalid phone numbers. <p>Mailing Unable to Contact Letters and CM flyers to educate members about CCM.</p>
Care Management for High-Risk Members After Discharge	3.32%	<p>Case Management:</p> <ul style="list-style-type: none"> Hired additional TCS CHWs and Care Coordinators to support eligible TCS members. Increased assigned daily case assignments for CHWs Ongoing refinement of operational processes to increase caseload capacity Added Care Coordinators to the TCS call queue to triage more member and provider calls. Developed call scripting to support staff with improving members' understanding of how TCS can benefit them. <p>Health Ed:</p> <ul style="list-style-type: none"> The TCS Birthing Individuals program moved to Health Education in Q2 2024. Resources allocated for integrating the TCS Birthing Individuals into existing prenatal and postpartum initiatives. Developed workflows and updated call scripts to support staff in improving members' engagement in the TCS and referring them to the appropriate resources. Hired TCS CHWs and Care Coordinators to support eligible TCS Birthing Individual populations. Newly hired staff are being trained to take on the TCS Birthing Individuals caseload and support the eligible member population.

OPPORTUNITIES FOR IMPROVEMENT

L.A. Care has identified the following opportunities for improvement in CalAIM:

- Through the collaborative with the LHJs and MCPs, the collaborative has identified a proposal for funding that needs to address the SMART goal of improving maternal and child outcomes among

Black African American and Native American Persons. The collaborative is working together to complete a shared cost-sharing contract to fund the LHJs' proposal.

- Data sharing should be added to the LHJ and L.A. Care's Memorandum of Understanding (MOU) to support the CHA/CHIP process.
- Working with PPGs to provide BPHM and TCS for lower-risk members.
- Delegated Prenatal and Postpartum TCS to L.A. Care's Health Education Team for focused attention to this subpopulation.
- Increasing resources for the internal L.A. Care CM department to meet CCM and TCS needs.
- Increase RSST criteria to include all data sources in the PHM Policy Guide.

CONCLUSION

L.A. Care will work to close the gaps in the opportunities listed above, working collaboratively in the PHM Cross-Functional Workgroup and LHJ/MCP collaborative. DHCS will be launching a statewide data tracking service, Medi-Cal Connect. Medi-Cal Connect will provide a wide range of Medi-Cal stakeholders with data access and availability for Medi-Cal members' health history, needs, and risks, including historical administrative, medical, behavioral, dental, social service data, and other program information from current disparate sources. Medi-Cal Connect will utilize this data to support risk stratification, segmentation, and tiering; assessment and screening processes; potential medical, behavioral, and social supports; and analytics and reporting functions. Medi-Cal Connect will also improve data accuracy, improve DHCS's ability to understand population health trends and the efficacy of various PHM interventions and strengthen oversight. DHCS is still determining the target data for the Medi-Cal Connect launch. In the interim, L.A. Care will continue to ramp up the data sources used by RSST to reach and target members for PHM services.

L.A. Care will continue to collaborate with the local health jurisdictions (LHJ) (Los Angeles, Pasadena, and Long Beach) and local managed care plans to identify member and community needs through the LHJ's community health assessment (CHA) and community health improvement plan (CHIP), meet the maternal and childcare goal to improve health outcomes, and identify downstream conditions and barriers impacting those health outcomes.

A.2.b INITIAL HEALTH APPOINTMENT (IHA)

BACKGROUND/SUMMARY

L.A. Care Health Plan (L.A. Care) is responsible for providing an Initial Health Appointment (IHA) to each new Medi-Cal member within 120 calendar days of enrollment, either in person or virtually. PPGs/PCPs are responsible for covering and ensuring the provision of an IHA. For new Plan members who choose their current PCP as their new plan PCP, an IHA still needs to be completed within 120 days of enrollment. Members are also encouraged to complete an IHA even if it has not been completed past the initial 120 calendar days of enrollment.

MAJOR ACCOMPLISHMENTS

L.A. Care has added many interventions for IHA to address member and provider needs to meet the IHA requirements. These included:

- Developing IHA scorecard and IHA due reports shared monthly in the Provider Portal
- Sharing IHA results at Joint Operating Meetings
- Enhancements in Provider Training
- Enhancement of member communication on IHA through newsletters, robocalls, etc.

Quantitative Analysis

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

Line of Business	2023 Rate	2022 Rate	2021 Rate	2020 Rate
Medi-Cal (MCLA)	30.8%	30.2%	26.9%	24.5%

The IHA potential completion rate increased by 0.6 percentage points from the previous year for L.A. Care Medi-Cal Direct program (MCLA) members and increased by 3.9 percentage points from 2021. These changes are statistically significant, with $p < 0.01$ for MCLA.

Qualitative Analysis

Potential IHA completion rates increased slightly in 2023. While the full file reviews of the sampling of providers by Corporate Compliance Monitoring (CCM) still yield low completion rates for the IHA, L.A. Care has implemented significant intervention updates throughout 2023 and 2024 to address member and provider barriers. DHCS released an updated All Plan Letter (APL) effective January 1, 2023. 2023 was focused on updating all procedures and policies to meet the new requirements.

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, provide appropriate resources, and have monitoring processes to track the completion of the IHA requirements. Quality Improvement leads a cross-functional workgroup and maintains QI Policy QI-047-IHA. The workgroup reviewed and updated the IHA code set to capture the best potential IHA completions. Provider Compliance Reports have been enhanced and include a monthly scorecard for top and bottom providers. These are posted monthly to the provider portal and shared with providers through the Joint Operating Meetings (JOMs). Members and providers also receive education through newsletters and an updated tip sheet on the lacare.org provider webpage. A robust provider training was updated in 2023 and reviewed. It is re-released annually for all providers and all internal L.A. Care staff and Corporate Compliance Monitoring (CCM) that regularly monitor providers. Additionally, IHA was added to the Incentive Pay for Performance (P4P) program for 2023.

OPPORTUNITIES FOR IMPROVEMENT

Several important opportunities for improvement were identified.

- 1) L.A. Care continues to work to enhance the monitoring process and utilize the IHA Dashboard to prioritize providers with low completion rates of the IHA to encourage providers to prioritize completing newly enrolled members' IHA requirements within the required timeframes for newly enrolled members.
- 2) The IHA Workgroup continues to address findings from DHCS audits and provide providers with the necessary resources and support to comply with IHA requirements.

Priorities for 2024:

- Update member interventions, including a member IHA reminder text campaign, reminder robocalls, and a live outreach call to members due for their IHA who have been to the emergency department or urgent care.
- Continue to enhance the compliance reports and scorecard, including adding trending data to track progress better.
- Develop a template for providers to document member outreach, no-shows, and refusals in the member's medical record.

CONCLUSION

- Continue encouraging cross-departmental and provider use of the compliance reports for member outreach, tracking the progress of IHA compliance, and identifying barriers to assist in improving IHA outreach and delivery for members.
- Continue delivery and education on the IHA training for new providers and annual refresher trainings for all providers.
- Continue member and provider education on IHA through newsletter notifications and inclusion in appropriate provider meetings and trainings (e.g., JOMs)
- Continue assessing the provider incentive for IHA completion integrated within the Pay-for-Performance (P4P) program.
- Continue the IHA workgroup to collaborate across L.A. Care departments to streamline the process of monitoring the completion of IHAs, utilize Compliance and the Corrective Action Plan (CAP) process as appropriate, and strengthen accountability through more stringent CAP escalation.
- Explore additional avenues to support providers in reaching all newly enrolled members and ensuring they complete their IHA within the required 120-day timeframe.

A.3 HEALTH EQUITY

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BACKGROUND/SUMMARY

Every year L.A. Care Health Plan reports on the quality of care delivered to L.A. Care Health Plan members. Since Reporting Year (RY) 2018, L.A. Care's Quality Performance Management (QPM) Department has provided a dashboard that includes functionality for users to view the final Health Effectiveness Data Information Set (HEDIS) rates broken down by various sub-categories. HEDIS rates can be viewed by direct line of business (DLOB), Los Angeles County Department of Public Health's Service Planning Area (SPA), , race/ethnicity, both spoken and written language and sexual orientation.

As of August 2023, the total L.A. Care membership, including PASC-SEIU, was 2,600,086. The total Medi-Cal beneficiaries was 2,336,458 with L.A. Care's direct Medi-Cal beneficiaries, denoted as MCLA, having 1,445,319 members and our Plan Partners, including Anthem Blue Cross and Blue Shield Promise with 891,139 members. The total Medi-Cal population below includes our MCLA and Plan Partner beneficiaries. Our other lines of business are L.A. Care Covered (LACC) with 194,010 members, L.A. Care Medicare Plus with 20,130 members, and PASC-SEIU with 49,488 members. This dashboard supports reporting requirements for the National Committee for Quality Assurance's (NCQA) Health Equity Accreditation. The dashboard also helps to identify health disparities and drives interventions for HEDIS improvement. L.A. Care now has a Health Equity Department that was formed in July 2021 that works closely with L.A. Care's QI team. L.A. Care created a 2023-25 Health Equity and Disparities Mitigation Plan.

This report represents an analysis of select HEDIS measures to highlight our commitment to review, analyze and identify opportunities to support our members and providers to achieve better and more equitable quality of care. These measures are pulled from the main HEDIS dashboard with all the measures and includes a summary of final measurement year 2023 HEDIS rates for those select measures stratified by race/ethnicity, language, and sexual orientation and gender identity (SOGI). The select measures include priority-overlapped measures from Department of Health Care Services (DHCS) Measure Accountability Set (MCAS), Department of Managed Health Care (DMHC), Covered California and National Committee for Quality Assurance. These measures are also internal priorities as well as those measures included in L.A. Care's Enterprise-Wide Population Health Management Index. A few of the measures are also in our 2023-25 Health Equity Disparities and Mitigation Plan. In this report, we will show some a few measures by line of business. The prioritized measures include:

1. Asthma Medication Ratio (AMR)
2. Breast Cancer Screening (BCS)
3. Child and Adolescent Well-Care Visits (WCV)
4. Childhood Immunization Status – Combination 10 (CIS-10)
5. Colorectal Cancer Screening (COL)
6. Controlling High Blood Pressure (CBP)
7. Depression Screening and Follow-Up for Adolescents and Adults (DSF)
8. Hemoglobin A1c Control for Patients With Diabetes (HBD)
9. Immunizations for Adolescents - Combination 2 (IMA-2)
10. Plan All-Cause Readmissions (PCR)
11. Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)
12. Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)
13. Well Child Visits in the first 30 Months of life-Well-Child Visits for age 15 months-30 (W30B)

The following HEDIS measures below have been graphed and analyzed per line of business. All other HEDIS stratified rates can be found in the Race/Ethnicity and SOGI dashboards at the end of this report.

MCLA Measures

- PPC-Pre – Prenatal and Postpartum Care: Timeliness of Prenatal Care
- PPC-Pst – Prenatal and Postpartum Care: Postpartum Care

Medi-Cal Measure

- CIS-10 – Childhood Immunization Status
- WCV – Child and Adolescent Well-Care Visits

LACC Measures

- CBP – Controlling High Blood Pressure
- HBD – Hemoglobin HbA1C Control (<8.0%) for Patients with Diabetes

D-SNP Measures

- BCS – Breast Cancer Screening
- HBD – Hemoglobin HbA1C Control (<8.0%) for Patients with Diabetes

PASC-SEIU Measures

- BCS – Breast Cancer Screening
- COL – Colorectal Cancer Screening

Language Measures

- COL – Colorectal Cancer Screening
- CBP – Controlling Blood Pressure

Sexual Orientation Measures

- CBP – Controlling High Blood Pressure
- HBD – Hemoglobin HbA1C Control (<8.0%)

This year's report utilizes the latest federal Office of Management and Budget's (OMB) race and ethnicity stratification requirement. However, we are awaiting updates from DHCS on adding a new "Middle Eastern and North African" minimum reporting category. Last year's report was the first to include Native Hawaiian and Other Pacific Islander, and American Indian and Alaska Native. To better align with regulatory agencies the analysis looks at populations greater than 100 members, except for the SOGI stratifications, which currently have lower data amounts.

Building upon the SOGI data collected in the previous year by L.A. Care's Customer Solution Center (CSC), this year's report presents a larger dataset, an increase of 14.7% from the previous year with approximately 310,000 distinct members with SOGI data collection. This increase in data allows L.A. Care to make more informed assumptions about the experiences of members based on their sexual orientation and gender identity. In a few HEDIS measures, the collected SOGI population are big enough to begin some preliminary stratification. However, because we are still actively collecting SOGI information, this is still a subpopulation of the fuller L.A. Care member population, i.e., members who have called in only. Thus, it would be too early to determine what our next steps should be. Additionally, we are still trying to understand the clinical relevance of these SOGI measures with HEDIS measures.

L.A. Care Workgroup and Committees Involved in Quantitative and Qualitative Analysis

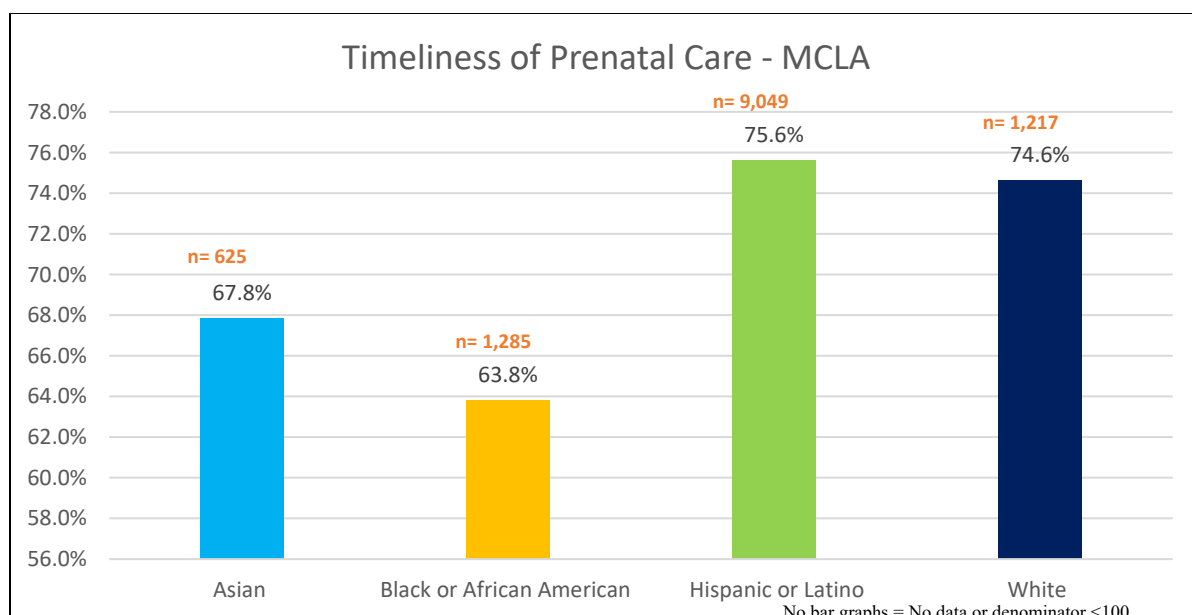
- Quality Improvement and Health Equity Committee: QIHEC is composed of L.A. Care Providers, staff and members. L.A. Care Staff includes providers, nurses, program and project management staff including representatives from Health Equity, QI, Care Management, Social Service and more. QIHEC ensures participation in L.A. Care's Quality Improvement and Health Equity programs through planning, designing, and reviewing quality improvement and health equity activities and interventions. QIHEC also ensures that clinical and preventive health guidelines designed to improve equitable member care and network performance are reviewed and approved.
- Quality Oversight Committee: The Quality Oversight Committee reports to the Board of Governors through the Compliance and Quality Committee. The committee is charged with aligning organization-wide quality improvement goals and efforts prior to program implementation and monitoring the overall performance of the L.A. Care quality improvement infrastructure. This committee is comprised of L.A. Care staff who are involved in improvement activities.
- Quality Performance Management Steering Committee: QPM is composed of L.A. Care QI (MD, nurses, program and project management staff) Product, representatives, Health Equity and Data Analytics staff. QPM reviews performance data and reviews and decides on recommended performance target goals and effectiveness of interventions.
- Preventive & Chronic Care Workgroup: L.A. Care QI staff (MD, nurses and program and project management staff), data analyst and health equity staff review the data to recommend performance target goals and interventions.
- Maternal and Child Health Workgroup: L.A. Care Health Education, QI and Health Equity program and project management staff review the timeliness prenatal and postpartum care data to identify opportunities and determine interventions.

MCLA

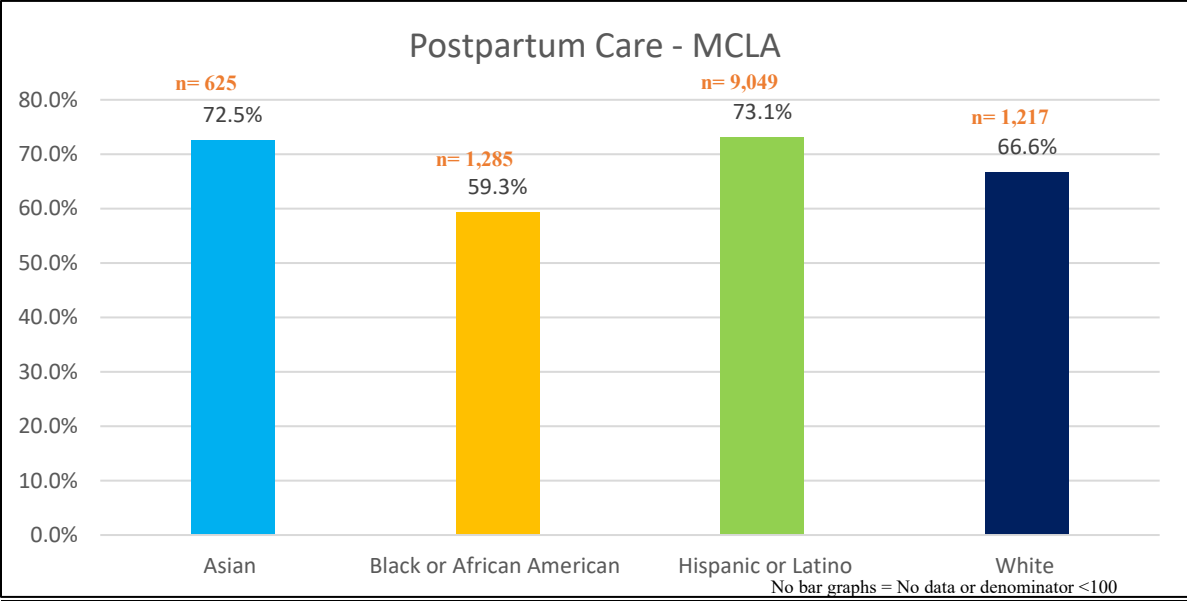
(Not Including Medi-Cal Members Assigned to Anthem Blue Cross and Blue Shield Promise)

Quantitative Analysis

For MCLA, the measures timeliness of prenatal care and postpartum care were chosen due to our focus on birthing individuals/moms in L.A. Care's Health Equity and Disparities Mitigation plan and part of our Population Health Index bundle. We have displayed below only the MCLA LOB for clearer illustration.



For timeliness of prenatal care, the lowest rate occurred among Black or African American (63.8%), followed by Asian (67.8%), White (74.6%), and highest for Hispanic or Latino (75.6%). The difference between the Black or African American population and Hispanic or Latino population showed statistical significance. This appears to demonstrate that the Black or African American population was less likely receive prenatal care than the Asian population and the White population was less likely to receive prenatal care than Hispanic or Latino population. The overall MCLA HEDIS administrative rate for timeliness of prenatal care was 73.5%.



The lowest rate for postpartum care occurred among Black or African American (59.3%), followed by White (66.6%), Asian (72.5%), and Hispanic or Latino (73.1%). The difference between the Black or African American population and Hispanic or Latino showed statistical difference. This appears to demonstrate that Black or African American population was less likely to receive postpartum care than the White population and the Asian population was less likely to receive postpartum care than the Hispanic or Latino population. The overall MCLA HEDIS administrative rate for postpartum care was 70.3%.

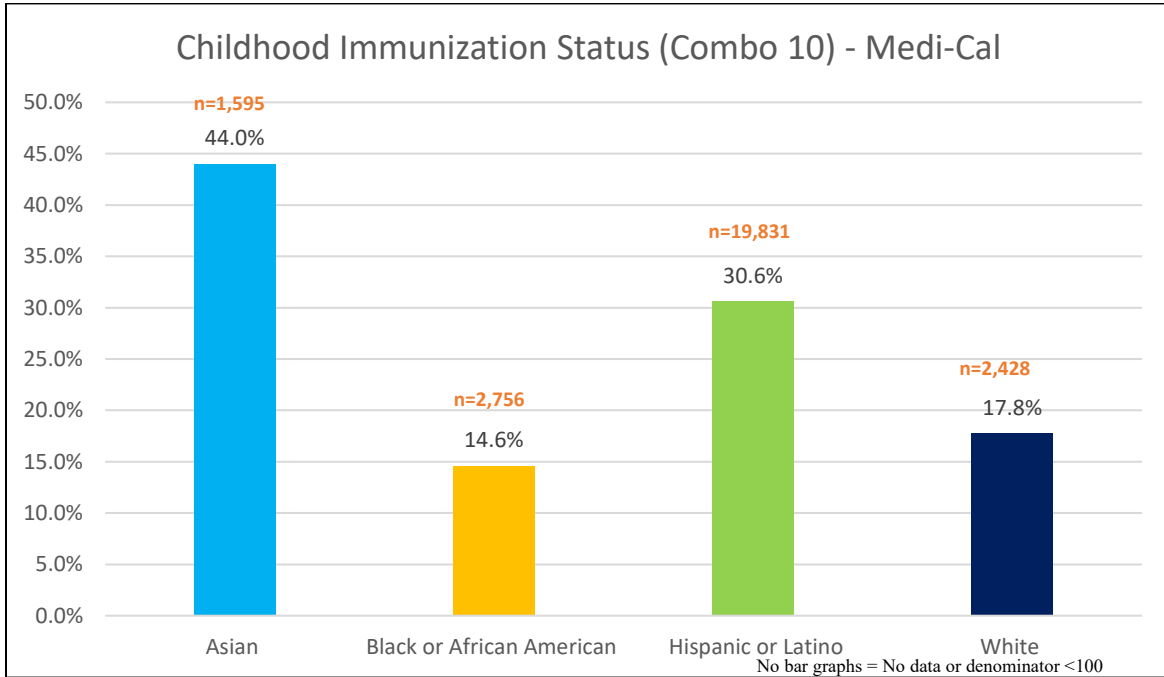
Qualitative Analysis

Among both the PPC measures, there was a trend in Black/African American birthing individuals having the lowest PPC rates. This is a trend seen nationally, statewide and locally in Los Angeles County. Reasons for these lower rates include lower number of primary care and obstetrician (OB) providers in geographic regions where we have a large number of Black/African American members. There is also a large body of documented research that noted institutional racism and mistrust by Black/African American birthing individuals of the health care system that contributes to this particular health disparity. Another thing to note is that when comparing to last year’s data, each population under the timeliness of prenatal care measure had a decrease in rates, while each population in the postpartum care measure had an increase in rates. This reason for this trend is unclear. Part of our hypothesis is that due to the unwinding of Medi-Cal after the public health emergency, it may be that our LA County Department of Public Social Services was swamped and their eligibility workers were unable to process the applications quickly enough for newly pregnant woman.

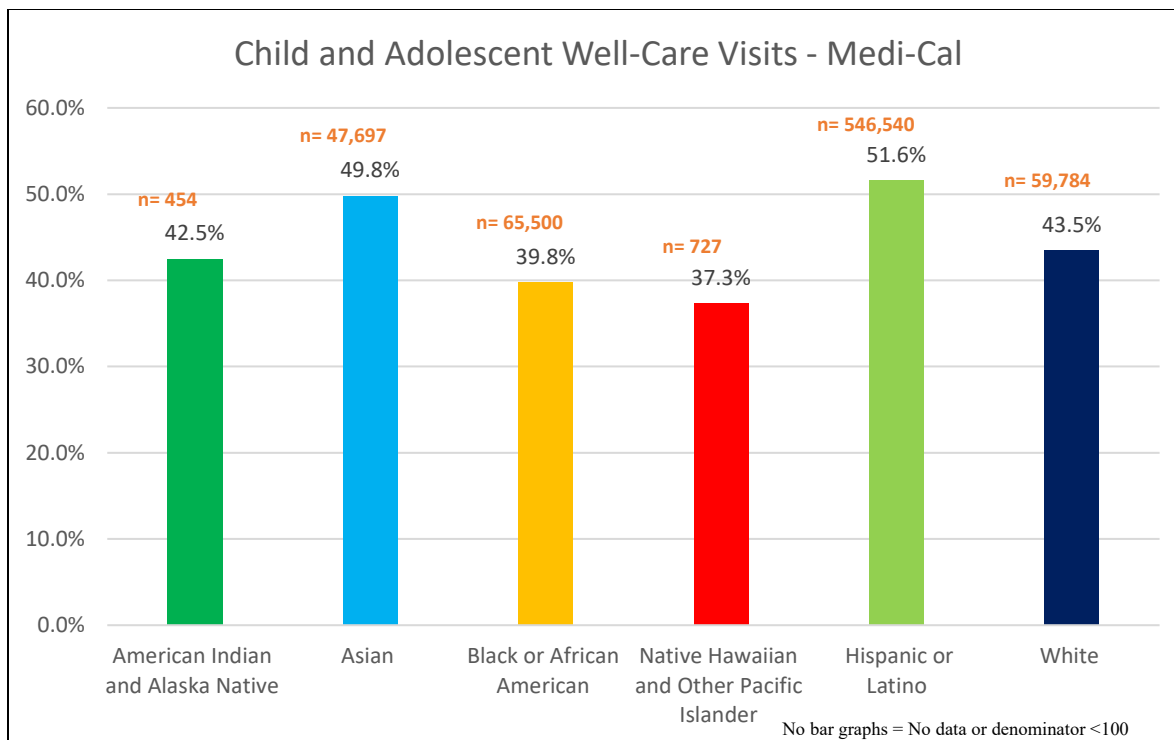
Medi-Cal
(Including Medi-Cal Members Assigned to Anthem Blue Cross and Blue Shield Promise)

Quantitative Analysis

For this Medi-Cal section, we will focus on Childhood Immunization Status (Combo 10) and Child and Adolescent Well-Care Visits.



Due to the number of required vaccines, timeframes, and now mis and disinformation, Combo 10 is one of the hardest measure to achieve. The lowest rate for Childhood Immunization Status (Combo 10) occurred among Black or African American (14.6%), followed by White (17.8%), Hispanic or Latino (30.6%) and Asian (44.0%). The difference between the Black or African American population and Asian population showed statistical significance. The data shows that the Black or African American population was likely to have lower rates of childhood immunizations than the White population, and the Hispanic or Latino population was likely to have lower rates of childhood immunizations than the Asian population. The overall Medi-Cal HEDIS CIS-10 administrative rate was 27.9%.



The lowest rate for Child and Adolescent Well Child Visit (WCV) was among Native Hawaiian and Other Pacific Islander (37.3%), followed by Black or African American (39.8%), American Indian and Alaska Native (42.5%), White (43.5%), Asian (49.8%), and highest was among the Hispanic or Latino population (51.6%). The difference between the Native Hawaiian and Other Pacific Islander population and Hispanic or Latino population showed statistical significance data appears to demonstrate that the Native Hawaiian and Other Pacific Islander and Black or African American population are less likely to attend their child and adolescent well-care visits than the American Indian and Alaska Native and White populations. Also, the Asian population was less likely to have child and adolescent well-care visits than the Hispanic or Latino population. The overall Medi-Cal HEDIS WCV administrative rate was 48.7%.

Qualitative Analysis

For the HEDIS CIS- 10 measure, the data shows that Black or African American and White populations are experiencing significantly lower rates of childhood immunizations. The Hispanic or Latino and Asian populations are experiencing higher rates. Misinformation and hesitancy around immunizations increased since the COVID-19 pandemic, resulting in more mistimed and missed vaccines. Coupled with the existing historical mistrust of the medical system by Black or African American populations, all this may be contributing to the decrease in the CIS-10 rate. We need to further dive into the data and gain member feedback to get a better understanding of why these populations are experiencing lower rates. We also need to ensure we are providing appropriate promotion and education about immunizations to both member and providers that may dispel any myths or misinformation, remove any barriers to access, and work with existing L.A. Care and community resources that engage parents/guardians.

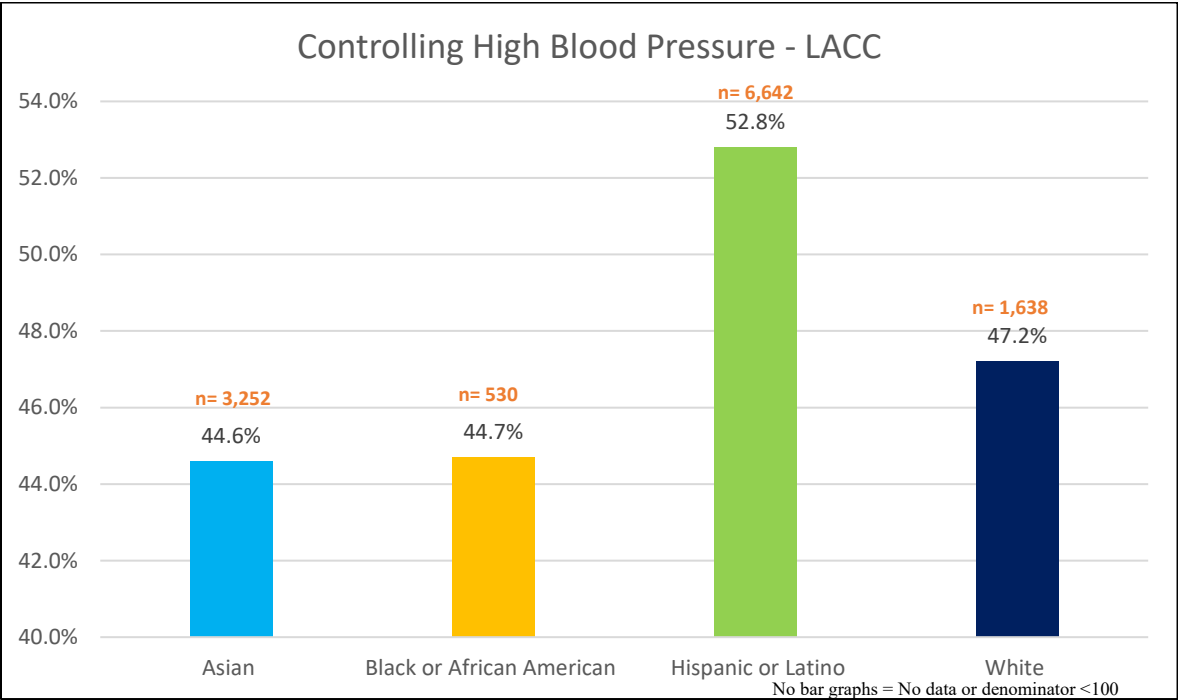
For the HEDIS WCV, we are still investigating why our indigenous and Black or African American populations are experiencing low rates of WCV. This may be due to a couple of factors including a very small number of individuals in this cohort in comparison of the other populations. Also, potentially the Native American population may be seeking and accessing Indian Health Services for the well child visits, which is data we do not have access to Common barriers we have seen include lack of cultural congruence

in medical providers, and appointment availability. We will need to examine further and learn what are some the key drivers are for this community in the future.

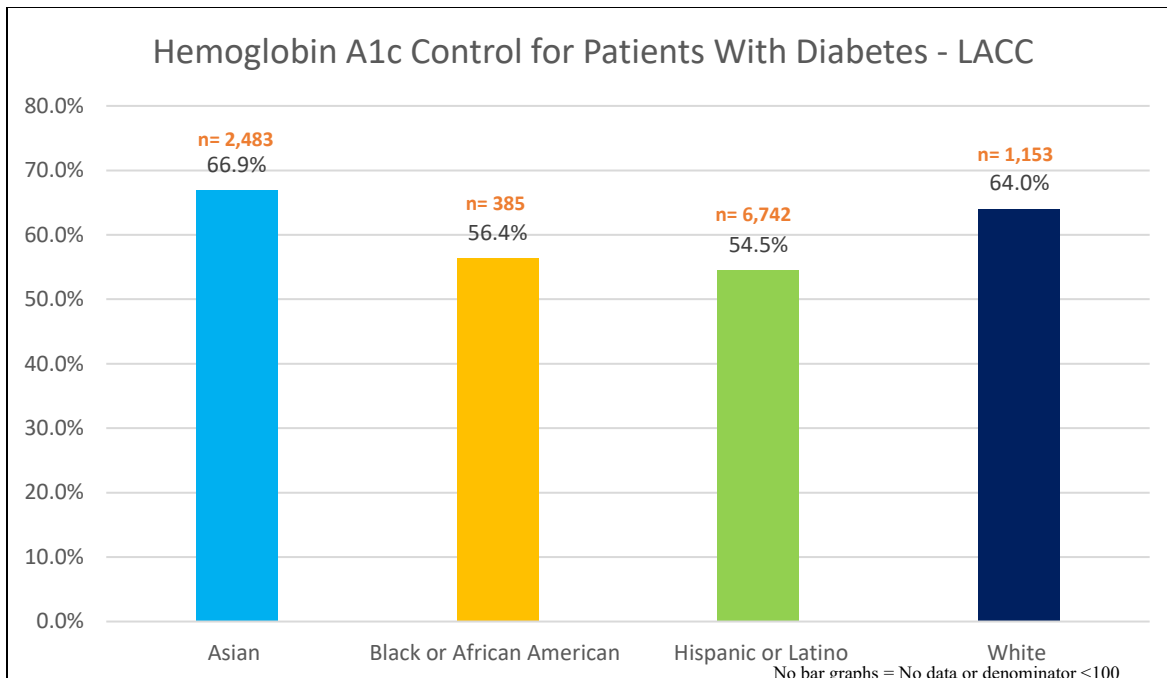
For both CIS-10 and WCV, L.A Care is implementing a number of initiatives to address the overall low rates in these areas. For example, L.A. Care will be working with Quality Health Partners, a vendor, to set-up Well Care Child Visit appointments on the weekend, where gift cards are provided as incentives to families.

LACC

Quantitative Analysis



The lowest rate for CBP occurred among the Asian population (44.6%), followed by the Black or African American population (44.7%), White (47.2%), and Hispanic or Latino (52.8%). The difference between the Asian population and Hispanic or Latino population showed statistical significance. Based on the data, the Asian population was less likely to have controlled high blood pressure than the Black or African American population and the White population was less likely to have controlled high blood pressure than the Hispanic or Latino population. The overall LACC HEDIS CBP administrative rate was 49.2%.



The lowest rate for HBD occurred among Hispanic or Latino (54.5%), Black or African American (56.4%), followed by White (64.0%), and Asian (66.9%). The difference between the Hispanic or Latino population and Asian population showed statistical significance. Based on the data, the Hispanic or Latino population was less likely to have controlled HBA1c under 8% than the Black or African American population and the White population was less likely to have controlled HBA1c under 8% than the Asian. The overall LACC HEDIS HBD administrative rate was 58%.

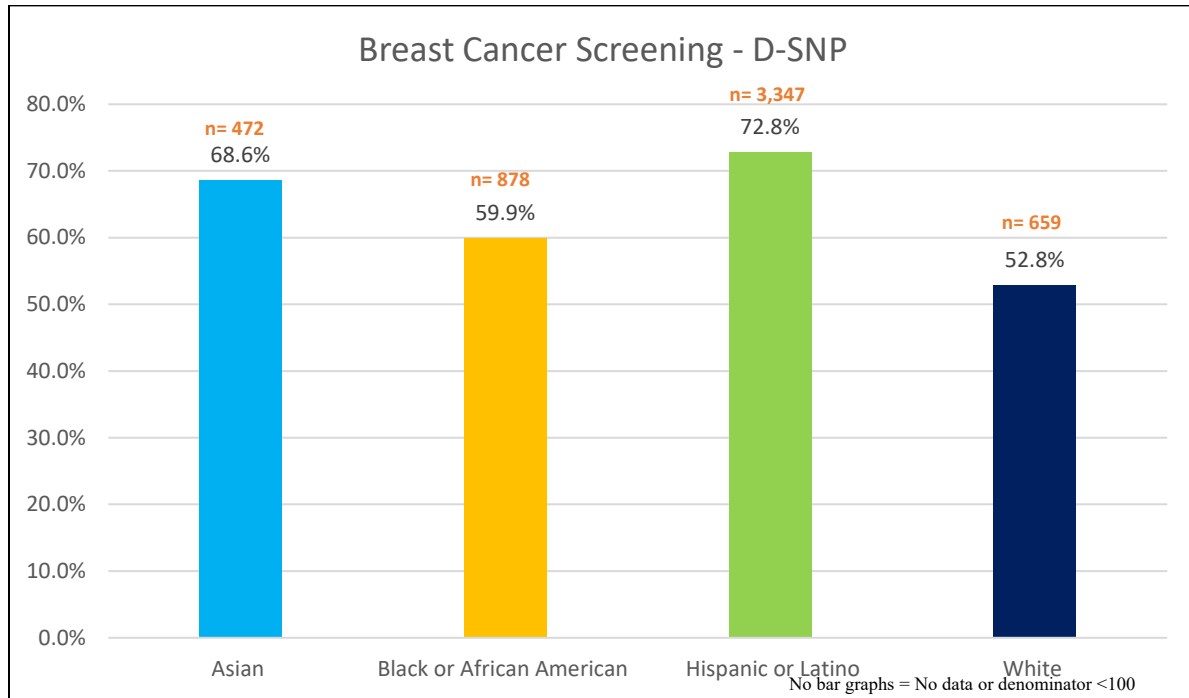
Qualitative Analysis

In the HEDIS CBP measure, the Asian population experienced the lowest rates, closely followed by the Black or African American population. The Black or African American total population was significantly smaller than the other populations. Hispanic or Latino experienced the highest rates, which may be due to having access to bilingual providers and translated health promotion materials and health education.

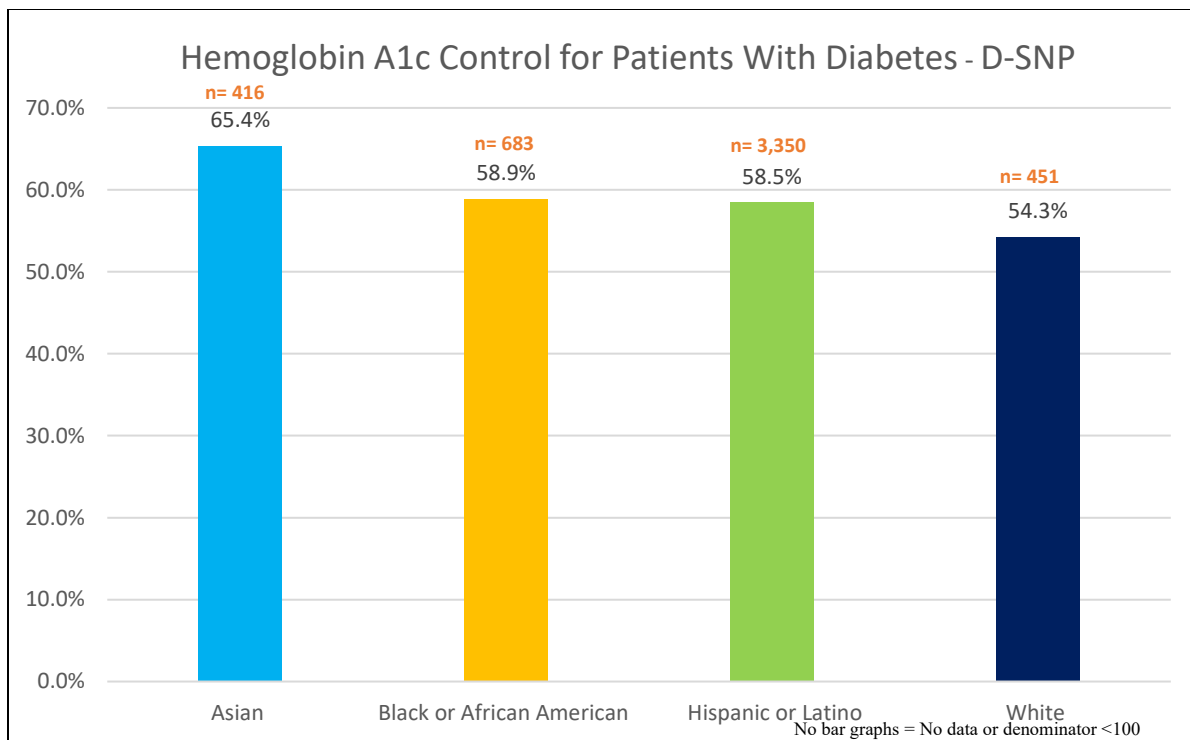
For the HEDIS HBD measure, the Hispanic or Latino population experienced the lowest rate, closely followed by Black or African American. L.A. Care conducted a survey to members. Our Spanish speaking members indicated there are challenges getting appointments and that they do not feel sick or that they need to go to see a provider. As a result, Hispanic or Latino members may have more uncontrolled rates as they are unaware they need to or unable to see their provider. This may be impeding opportunities for health education and ways to effectively self-manage as well as medication adjustments that may be needed. Reasons for this lower rate includes lower number of primary care providers in regions where we have a large number of Black or African American members as well as documented lower level of trust of the Black or African American community with our health care system because they are unable to relate and connect with the provider. Additional factors that impact both communities include in lower access to fresh food and less processed food and lower access to green and shaded community spaces to exercise consistently or safely.

D-SNP

Quantitative Analysis



The lowest rate for BCS occurred among the White population (52.8%) followed by Black or African American (59.9%), Asian (68.6%), and Hispanic or Latino (72.8%). The difference between the White population and the Hispanic or Latino population showed statistical significance. Based on the data, the White population was less likely to be screened for breast cancer than the Black or African American population and the Asian population was less likely to be screened for breast cancer than the Hispanic or Latino population. The overall D-SNP HEDIS BCS administrative rate was 66.9%.



The lowest rate for HBD occurred among the White population (54.3%), followed by Hispanic or Latino (58.5%), Black or African American (58.9%), and Asian (65.4%). The difference between the White population and Asian population showed statistical significance. This appears to demonstrate that the White population was less likely to have controlled HBA1c under 8% than the Hispanic or Latino population and the Black or African American population was less likely to have controlled HBA1c under 8% than the Asian population. The overall D-SNP HEDIS HBD administrative rate was 58.6%.

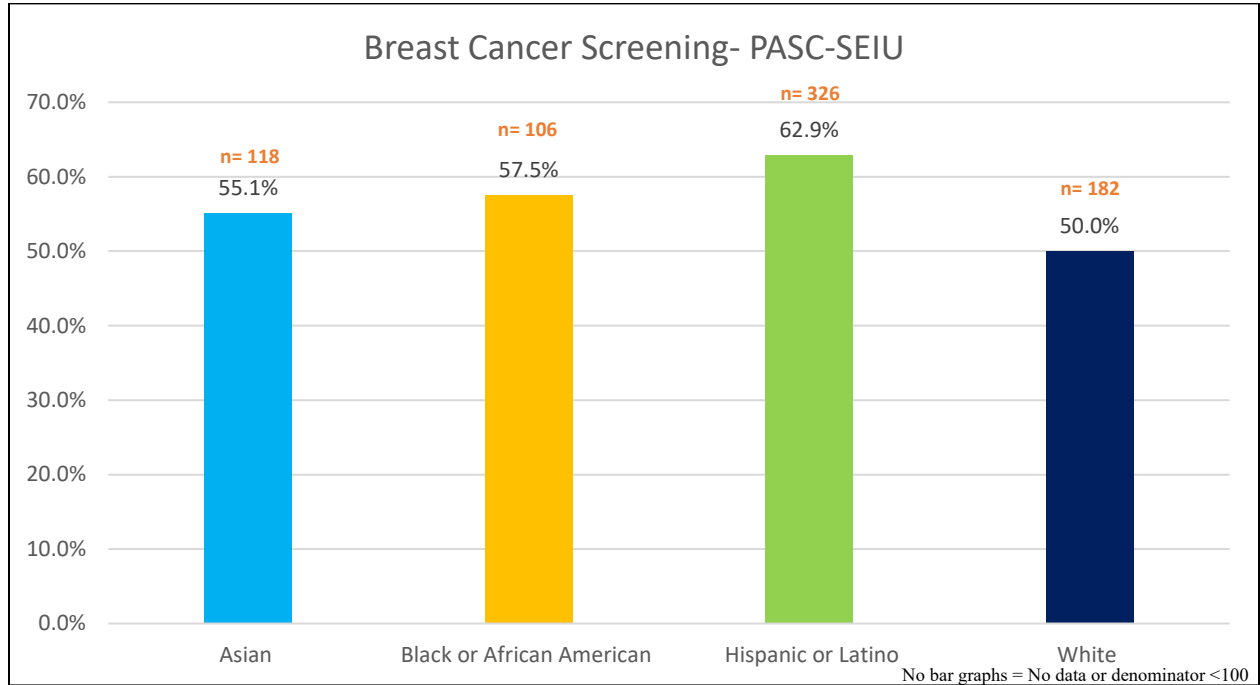
Qualitative Analysis

For the HEDIS BCS measure, the White population experienced the lowest rates followed by the Black or African American population. Hispanic or Latino and Asian populations were two with the highest rates. This can be due to targeted outreach and programs implemented by community health centers that prioritize preventive screenings. These public health initiatives tend to focus on communities that historically have higher rates of late-stage breast cancer diagnosis. There are continuous efforts to address barriers such as language, fear, and access to services.

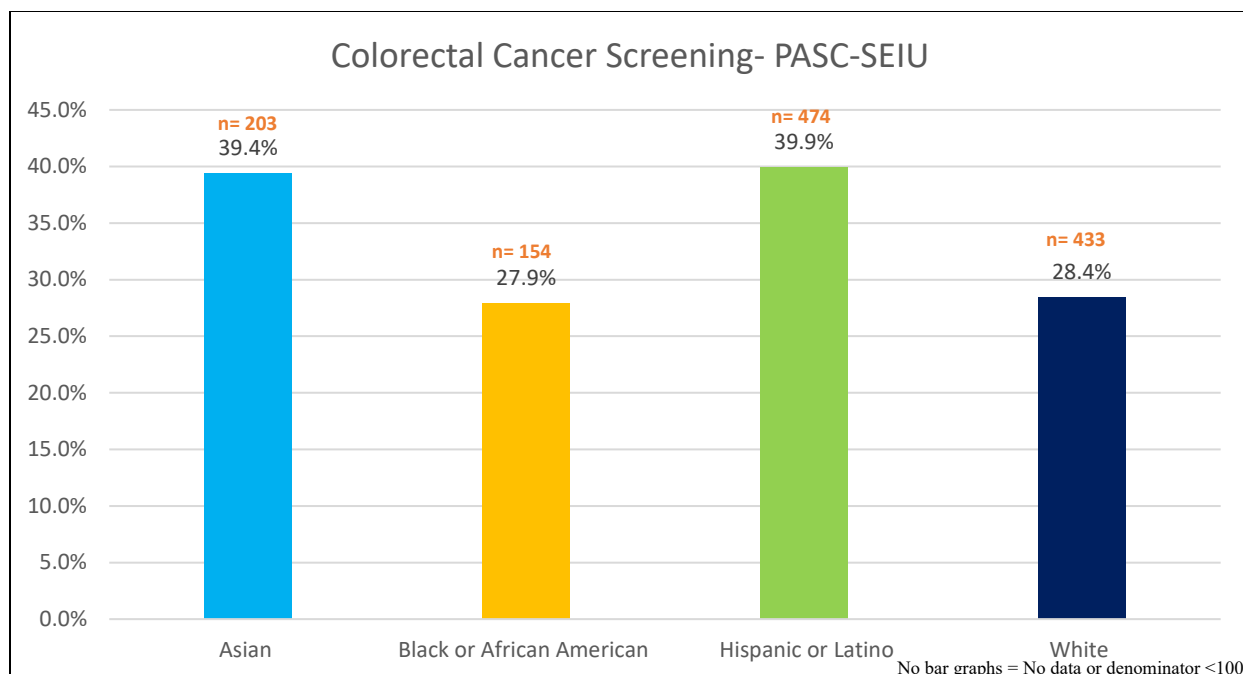
For the HEDIS HBD measure, the White population experienced the lowest rates but was still relatively close to Hispanic or Latino and Black or African American. The Asian population experienced the highest rates. There have been targeted campaign efforts for Black, Indigenous, and People of Color (BIPOC) communities in managing chronic diseases, which may be a reason for the similar rates. We will continue to monitor the D-SNP White populations to ensure our campaigns are targeting populations with low rates that are statistically significant. Additionally, anecdotally we are also seeing distrust and hesitancy among our older, White population. This may be related to misinformation that was pervasive during the COVID pandemic.

PASC-SEIU

Quantitative Analysis



The lowest rate for BCS occurred among the White population (50.0%) followed by Asian (55.1%), Black or African American (57.5%), and Hispanic or Latino (62.9%). The difference between the White population and the Hispanic or Latino population showed statistical significance. Based on the data, the White population was less likely to be screened for breast cancer than the Black or African American population and the Asian population was less likely to be screened for breast cancer than the Hispanic or Latino population. The overall PASC-SEIU HEDIS BCS administrative rate was 55.3%.



The lowest rate for COL occurred among the Black or African American (27.9%), White population (28.4%), followed by Asian (39.4%), and Hispanic or Latino (39.9%). The difference between the Black or African American population and the Hispanic or Latino population showed statistical significance. Based on the data, the Black or African American population was less likely to be screened for colorectal cancer than the White population and the Asian population was less likely to be screened for colorectal cancer than the Hispanic or Latino population. The overall PASC-SEIU HEDIS COL administrative rate was 38.5%.

Qualitative Analysis

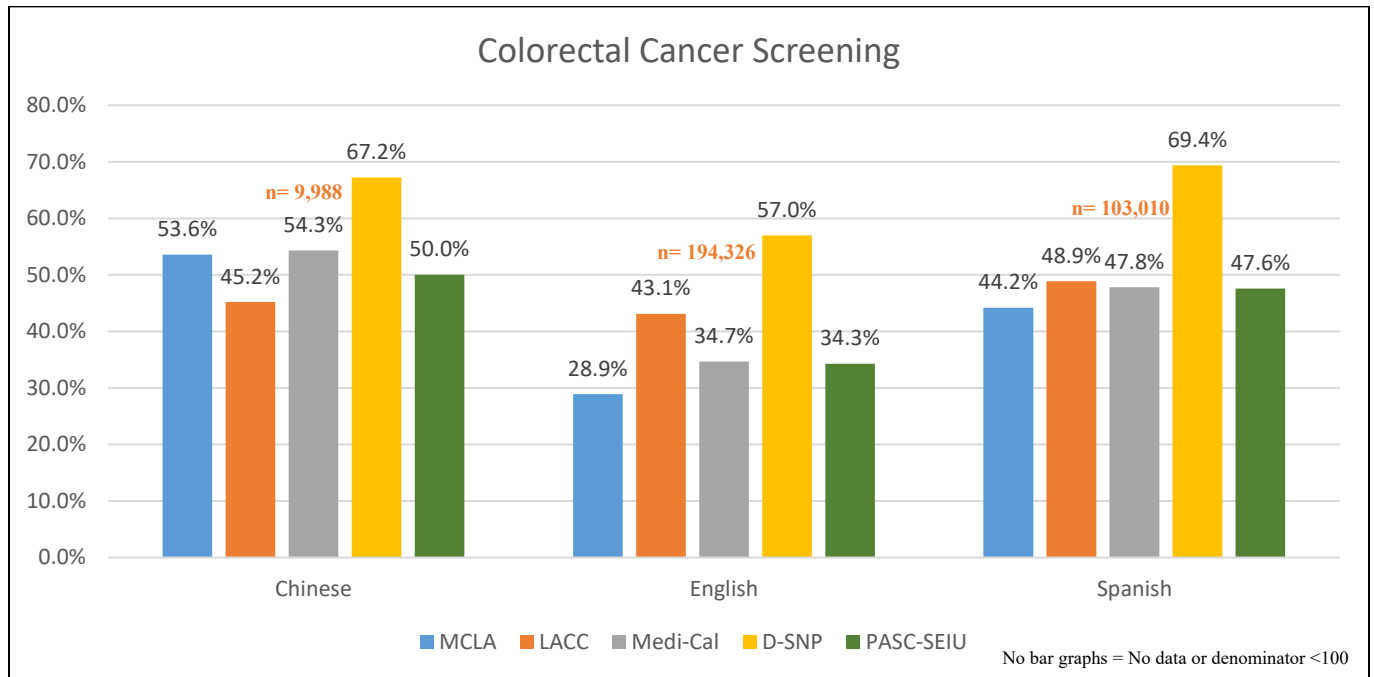
PASC-SEIU is a health care plan for homecare workers aged 16+ who are hired through the In-Home Supportive Services (IHSS) program. It is important to note this is a smaller population and the age demographic tends to be older with the majority of member in the 45-64 age bracket. Thus, as in the D-SNP population, where the White population lower rates, this is also seen for the PASC population with the BCS and COL measures.

PASC-SEIU Colorectal Cancer Screenings trend similarly to the D-SNP line of business, where we see the White population being one of the lowest and the Hispanic or Latino population being one of the highest. Similarly, there may be a great effort in leveraging language and bilingual services, as well as resource centers offering screenings onsite. Many of our resource centers are located in predominately Hispanic or Latino neighborhoods, which could explain this population having the most screenings. Further investigation would be needed to understand the low rates of the Black or African American population, especially since Breast Cancer Screenings have a much higher percentage.

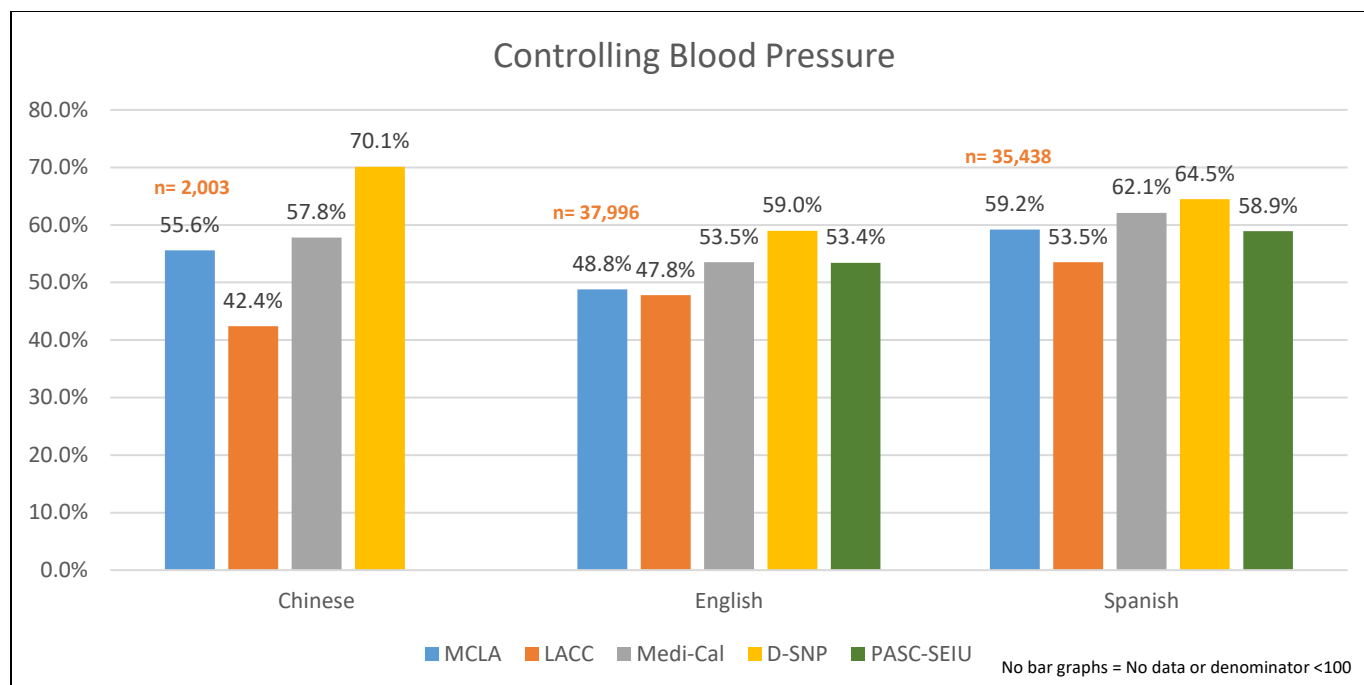
Language

Quantitative Analysis

For Language, we have displayed all lines of business and will highlight specifically which LOB is discussed in the analysis portions of the selected measures, Colorectal Cancer Screening and Controlling Blood Pressure.



For Colorectal Cancer Screening, among those enrolled in Medi-Cal, the lowest rate occurred in those that spoke English (34.7%), followed by Spanish (47.8%) and Chinese (54.3%). The difference between English speakers and Chinese speakers showed statistical significance. This appears to demonstrate that the English speakers are less likely to undergo colorectal cancer screenings than Spanish speakers and Spanish speakers are less likely to undergo colorectal cancer screenings than Chinese speakers.



For Controlling High Blood Pressure, among those enrolled in MCLA, the lowest rate occurred in those that spoke English (48.8%), followed by Chinese (55.6%) and Spanish (59.2%). The difference in English speakers and Spanish speakers showed statistical significance. This appears to demonstrate that the English speakers are less likely to have controlled blood pressure than Chinese speakers, and Chinese speakers are less likely to have controlled blood pressure than Spanish speakers.

Qualitative Analysis

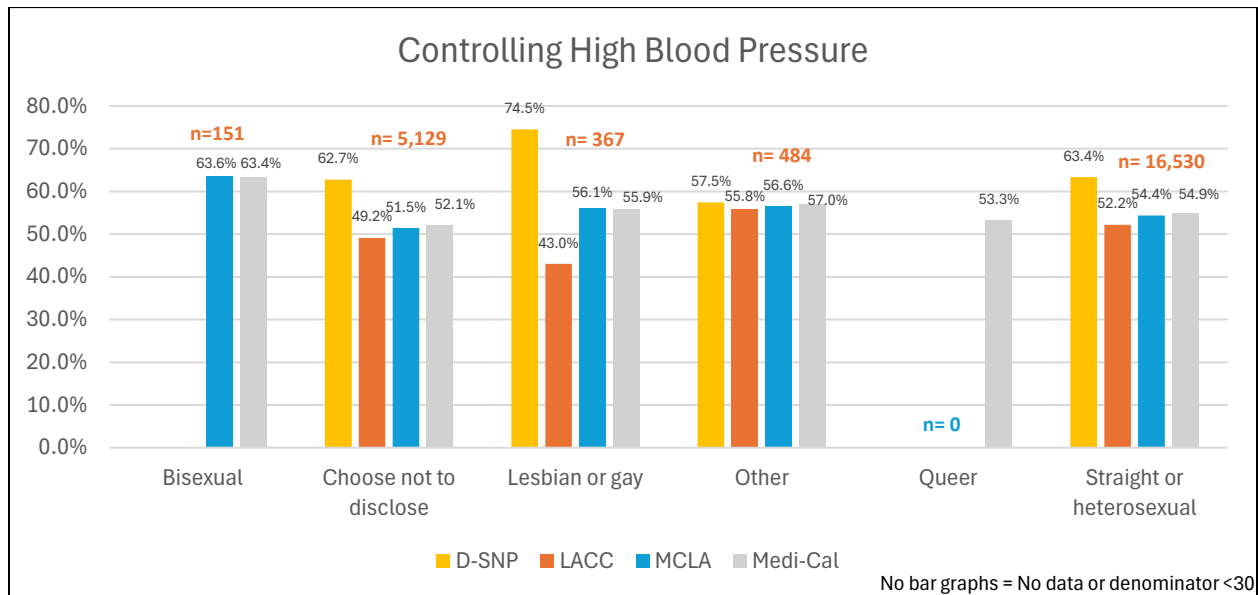
For the HEDIS measures chosen for analysis, Colorectal Cancer Screening and Controlling Blood Pressure, it is interesting to note that English speakers experienced the lowest rates in both measures. This can be for various reasons, including that the English speaking population is larger in comparison to Chinese and Spanish speakers when looking at total population. It is also important to note the substantial efforts of L.A. Care’s culturally tailored outreach programs that emphasize screenings and preventive care and health education programs. From a cultural perspective, Chinese speakers and Spanish speakers may be in more tightly knit communities that foster community care and help promote preventive care and healthy lifestyles. The use of community based clinics and resource centers may also strengthen community ties, creating a relationship of trust and consistent care. At the forefront of L.A. Care’s work with diverse populations is ensuring that important healthcare promotions and health education materials are translated into various languages and accessible to many populations.

Sexual Orientation

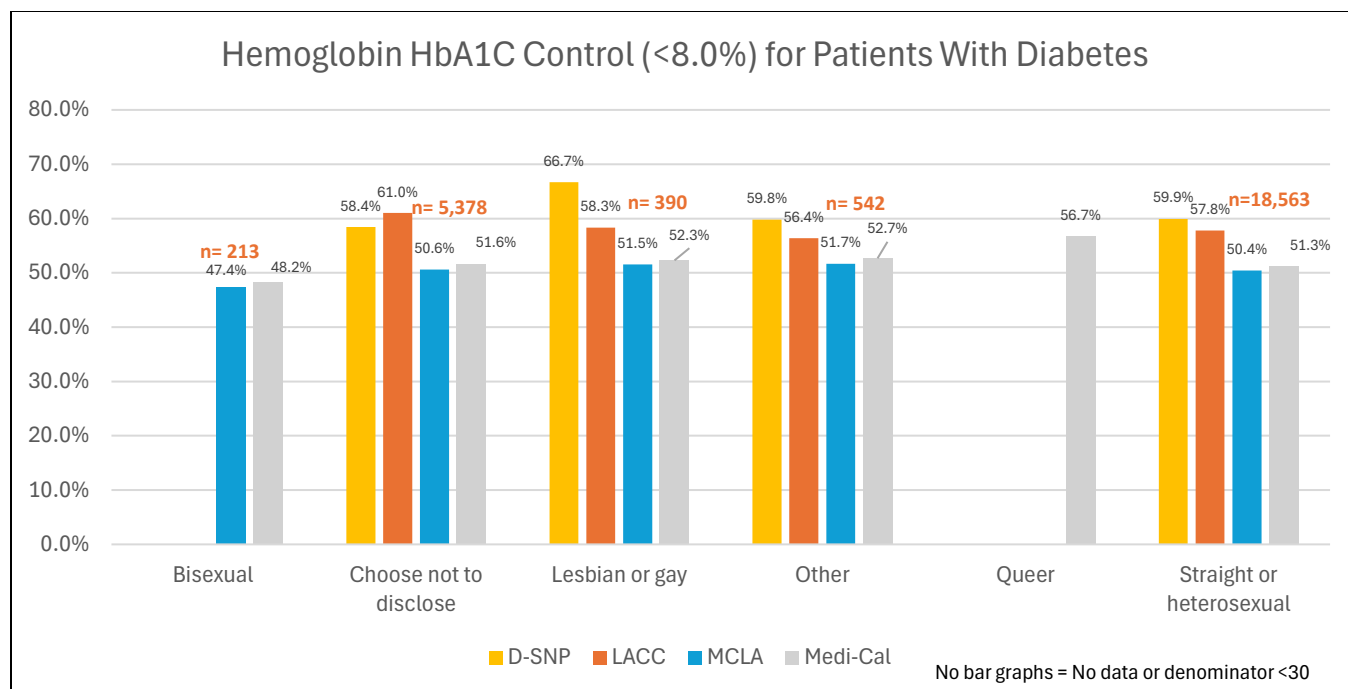
- CBP- Controlling High Blood Pressure
- HBD- Hemoglobin HbA1C Control (<8.0%)

Quantitative Analysis

For SOGI measures, the following HEDIS measures of CBP and HBD were chosen to analyze as chronic disease measures to identify disparities at this time.



For the CBP measure, there was a statistical difference between those who selected choose not to disclose and those who self-identified as Bisexual. The lowest rate of CBP occurred among the choose not to disclose population (51.5%), followed by Straight/Heterosexual (54.4%), Other (56.6%), Lesbian or Gay (56.1%), and Bisexual (63.6%). The data may suggest that the choose not to disclose population are less likely to have controlled blood pressure than Straight/Heterosexual and Other, and the Lesbian or Gay population are less likely to have controlled blood pressure than the Bisexual population. However, there may be no clinical rationale for this when examining chronic diseases, which do not necessarily relate to one's sexual orientation. Additionally, the data shows that Lesbian or Gay had the highest rate potentially falsely suggesting it is protective. Further research and discussion with experts are needed as we examine how sexual orientation may or may not relate to chronic diseases.



Among those enrolled in MCLA, there was no statistical difference in those who self-identified as Bisexual and those who selected Other. The lowest rate of HBD occurred among the Bisexual population (47.4%) followed by Straight/Heterosexual (50.4%), choose not to disclose (50.6%), Lesbian or Gay (51.5%), and Other (51.7%). This HBD measure showed no statistical significance. The data appears to demonstrate that the Bisexual population were less likely to have controlled HBA1c under 8% than Straight/Heterosexual and choose not to disclose populations, and the Lesbian or Gay population is less likely to have controlled HBA1c under 8% than the Other population. However, there may be no clinical rationale for this when examining chronic diseases, which do not necessarily relate to one’s sexual orientation.

Qualitative Analysis

There are several factors that may contribute to lower response rates among sexual orientation cohorts. Generally, people who identify within the LGBTQ community are less likely to share their sexual orientation due to feelings of discomfort or fear of discrimination, historical oppression and mistrust of the medical system, and concerns about privacy. The added option of “Other” may provide some individuals with a more comfortable way to identify, but it is unlikely to eliminate all barriers to participation. This addition may also affect disparity analysis on the impact of these HEDIS measures within the sexual orientation cohorts. It is also important to highlight that “Other” may also be a choice for community members who do not identify with the given options, but could identify within the community as asexual, two-spirited, questioning, intersex, or pansexual. This can also be reflected in those individuals who selected the option “Choose not to disclose,” as there may be various reasons a person would select this option amongst the others.

Based on current results in CBP and HBD, the choose not to disclose population were consistently one of the lowest groups. The Bisexual population experienced the highest in CBP but the lowest in HBD. It is currently difficult to make any conclusions based on this data. We would like to further examine how we can continue collecting this data in an inclusive manner that represents the whole LGBTQ community and Heterosexual community, as well as how we properly ask and collect the questions to reduce the number of individuals who select “Other” or “Choose not to disclose.” We would also need to work with our

providers to see how we can collect their SOGI data into our system and see how other agencies are including the choose not to disclose option into their data and analysis. More importantly, it may not be as clinically relevant for a health plan to collect SOGI data as opposed to a clinical provider-where there may be clinical reasons for collecting SOGI information to help address and pay attention to certain clinical needs of the community where sexual orientation may play a role.

L.A. Care's Commitment to Health Equity and Reducing Health Disparities

As a public health plan that is committed to serving vulnerable populations and supporting the safety net in Los Angeles County, L.A. Care is committed to reducing health disparities among our members. In 2023, the Health Equity Department published L.A. Care's first Health Equity and Disparities Mitigation Plan (HEDMP). Full access to the HEDMP can be found [here](#).

Community Resource Investments and Interventions: Achieving health equity and reducing health disparities is a critical part of L.A. Care's mission and part of our DNA. For example, it is clear that the shortage of primary care providers in under-resourced communities are creating access challenges and disproportionately impacting many of our BIPOC communities. Thus, our Elevating the Safety Net initiative has set aside over \$120 Million dollars to address workforce shortages by recruiting providers into under-resourced community.

Throughout this past year, L.A. Care continues to engage in a number of interventions to try to improve disparities that are prevalent in the community. One example is our two-year HEDMP goal focused on Black/African American birthing individuals. L.A. Care continues to make large investments to end disparities among Black birthing individuals in the Generating African American Infant and Nurturers' Survival Initiative (GAAINS). The grant is in its third installment, with a total of more than \$3.5 million invested in community-based organizations, policy research agencies, and clinical providers to help close the historic and widening health disparity gap. We are tracking this intervention closely and would like to see an improvement in the clinical outcomes of Black birthing individuals and the overall preventive services offered to Black infants. Additionally, implementation and education of the doula and community health worker programs continue to take place at L.A. Care. These programs are new Medi-Cal benefits with the intent to curb persistent health disparities. A collaborative with the local health jurisdictions and the health plans has also been convened where one of the goals is around improving Black and Native American maternal and infant mortality outcomes through leveraging the doula program. There are further geographic-specific collaboratives in Antelope Valley, West LA/Inglewood, and South LA to address the Black maternal and infant health disparity through multi-stakeholder collaboration, coordination, and resource-sharing.

Another area that is a focus in the HEDMP plan is to improve vaccination rates for children 2 years and younger across various race/ethnicity populations. Interventions include reminder calls from nurses, postcards, incentives as well as text messages and social media campaigns. As previously mentioned, L.A. Care is also engaged with provider vendor, QHP, in order to host mobile clinic events at L.A. Care's Community Resource Centers for W30/WCV HEDIS measures. The events are hosted on a weekend to remove barriers for parents that work. Additionally, the CRC sites are prioritized in areas of high disparity rates.

It is clear that social drivers of poor health like poverty, housing, transportation and food insecurity or implicit and systemic biases, and racism also adversely impact the health and wellness of many who are lower income, LGBTQ+, immigrants, Latino, Black, Native Hawaiian and other Pacific Islander and mixed-race individuals. In July 2024, the Health Equity Department designed and published a SDOH Provider and member reference sheet. The provider version includes recommended SDOH Screening Tool links and priority Z-Codes. A QR code goes to a SDOH resources webpage with benefit/community

services information and referral forms. Categories include general social services, food and transport insecurity, maternal health, and housing support services. We also continue to leverage the California Advancing and Innovating Medi-Cal (CalAIM) funding to provide additional housing resources for our unhoused Medi-Cal members.

L.A. Care is also actively engaged in the Equity and Practice Transformation (EPT) Payment Program to help address persistent health disparities and improve quality performance and access to services. EPT is a one-time \$140 million Department of Health Care Services (DHCS) 3-year initiative designed to improve primary care for Medi-Cal recipients by advancing equity, investing in up-stream care models/ partnerships to address health/wellness, and fund practice transformation aligned with value-based payment models. Although the EPT program is now smaller in scope and funding then once envisioned, the program aligns with DHCS's: Comprehensive Quality Strategy, Equity Roadmap and "50 by 2025 Bold Goals" programs. L.A. Care supports 42 enrolled practices (21 private, 21 FQHCs) and funds a team of 7 practice transformation coaches, assigned to every practice, to provide technical assistance helping each practice to achieve the program goals and receive their Directed Payments for their completed work. We know that there is much work for all of us to do to mitigate health disparities and we cannot do this alone.

In addition to investing in workforce and other social service resources, we are also looking for ways to support our primary care providers to reduce low value visits and improve show rates. For example, L.A. Care again sent at-home test kits for colorectal cancer screening as this measure showed a significant health disparity. Thus, instead of asking our providers to call and schedule a visit for these members, these individuals can just use the home test kits and then follow up with their primary care provider to discuss the results.

CONCLUSION

As L.A. Care continue to strive towards achieving high quality care and health equity for those living in Los Angeles County, we believe that we are constantly innovating and looking for opportunities to spark innovation and creativity, partner with community stakeholders and also hold ourselves accountable.

Appendix

HEDIS MY 2023 Health Disparity Dashboard

LOB	Spoken Language			Race/Ethnicity						Statistical Significance Between Highest and Lowest performing	HEDIS MY 2023 Rates (Admin)	MPL bench- mark (50th percentile)	HPL bench- mark (90th percentile)
	English	Spanish	Chinese	American Indian and Alaska Native	Asian	Black or African American	Native Hawaiian and Other Pacific Islander	Hispanic or Latino	White				
Breast Cancer Screening (BCS)													
D-SNP	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LACC	71.0%	69.4%	n/a	n/a	n/a	n/a	n/a	69.3%	73.8%	No	71.1%	83.2%	91.3%
MCLA	66.6%	65.2%	n/a	n/a	66.4%	63.9%	n/a	60.5%	57.5%	Yes	58.8%	58.2%	76.7%
Medi-Cal	62.2%	65.4%	75.0%	n/a	70.4%	58.4%	n/a	60.4%	63.3%	Yes	64.0%	84.2%	91.3%
PASC-SERU	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	83.2%	91.3%
Breast Cancer Screening (BCS)													
D-SNP	58.5%	73.8%	n/a	n/a	68.6%	59.9%	n/a	72.8%	52.8%	Yes	66.9%	71.8%	82.8%
LACC	63.9%	72.8%	57.2%	n/a	68.3%	61.4%	n/a	72.6%	65.0%	Yes	66.3%	71.5%	79.3%
MCLA	45.4%	65.1%	58.4%	35.8%	55.1%	45.0%	40.5%	61.3%	44.9%	Yes	54.3%	52.7%	63.5%
Medi-Cal	52.6%	69.3%	69.3%	43.2%	59.0%	52.4%	49.2%	66.4%	50.0%	Yes	59.6%	52.7%	63.5%
PASC-SERU	48.6%	56.9%	n/a	n/a	55.1%	57.5%	n/a	62.9%	50.8%	Yes	55.3%	72.5%	79.3%
Cervical Cancer Screening (CCS)													
LACC	58.6%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	42.3%	58.2%
MCLA	23.8%	25.7%	21.0%	n/a	43.8%	42.4%	n/a	20.0%	15.0%	Yes	26.7%	26.7%	58.2%
Medi-Cal	25.7%	35.8%	38.0%	n/a	44.8%	44.8%	n/a	30.4%	17.8%	Yes	27.9%	27.5%	42.3%
Cervical Cancer Screening (CCS)													
D-SNP	59.0%	64.5%	n/a	n/a	62.4%	56.4%	n/a	64.2%	57.7%	Yes	62.0%	75.2%	85.6%
LACC	47.8%	53.5%	42.4%	n/a	44.8%	44.7%	n/a	52.8%	47.3%	Yes	49.1%	67.8%	76.9%
MCLA	48.8%	59.2%	55.6%	47.0%	53.6%	45.3%	44.1%	58.6%	43.8%	Yes	53.5%	38.1%	49.4%
Medi-Cal	53.5%	62.1%	57.6%	50.7%	57.2%	48.1%	46.7%	68.8%	48.0%	Yes	56.7%	64.5%	72.8%
PASC-SERU	48.8%	56.6%	n/a	n/a	n/a	57.5%	n/a	57.4%	n/a	n/a	n/a	53.3%	67.8%
Colorectal Cancer Screening (CCS)													
D-SNP	57.0%	69.4%	67.2%	n/a	67.0%	67.7%	n/a	67.9%	50.8%	Yes	62.8%	70.3%	82.3%
LACC	41.1%	48.8%	45.2%	n/a	44.3%	44.3%	n/a	48.0%	44.4%	Yes	45.2%	55.9%	68.1%
MCLA	38.9%	44.2%	43.6%	26.0%	43.4%	29.0%	26.1%	36.9%	29.4%	Yes	35.2%	35.2%	58.2%
Medi-Cal	34.7%	47.8%	54.0%	31.6%	46.8%	33.6%	28.6%	42.4%	33.9%	Yes	39.3%	38.1%	49.4%
PASC-SERU	23.8%	44.3%	n/a	n/a	33.4%	27.5%	n/a	39.3%	28.4%	Yes	38.1%	56.5%	68.1%
Depression Screening and Follow-up for Adolescents and Adults- Depression Screening (DSF)													
D-SNP	69.1%	65.5%	63.5%	n/a	68.0%	68.2%	n/a	73.6%	54.4%	Yes	68.4%	1.2%	54.3%
LACC	3.5%	9.5%	0.8%	n/a	3.2%	3.5%	n/a	8.2%	1.8%	Yes	4.4%	n/a	n/a
MCLA	6.7%	17.0%	3.1%	9.2%	6.3%	7.9%	6.4%	14.0%	5.8%	Yes	11.3%	n/a	n/a
Medi-Cal	9.5%	13.2%	3.2%	9.1%	8.1%	8.3%	7.4%	11.7%	6.0%	Yes	9.5%	1.2%	16.2%
PASC-SERU	1.9%	4.3%	0.8%	n/a	2.1%	2.2%	n/a	4.4%	1.0%	Yes	n/a	n/a	n/a
Depression Screening and Follow-up for Adolescents and Adults- Follow-up (DSF)													
D-SNP	12.8%	14.5%	n/a	n/a	16.4%	12.0%	n/a	14.2%	13.0%	No	13.8%	84.3%	88.2%
LACC	69.5%	n/a	n/a	n/a	n/a	n/a	n/a	78.2%	n/a	n/a	n/a	n/a	n/a
MCLA	59.7%	66.7%	n/a	n/a	61.7%	58.1%	n/a	78.0%	66.2%	Yes	70.2%	35.9%	67.4%
Medi-Cal	69.7%	66.8%	n/a	n/a	68.0%	61.7%	n/a	69.7%	72.8%	Yes	69.5%	35.9%	67.4%
PASC-SERU	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a= no data or denominator <100													
Red text = measures in HEDIS													
PASC-SERU data not available for measures with age range <18 years													

HEDIS MY 2023 Health Disparity Dashboard

LOB	Spoken Language			Race/Ethnicity						Statistical Significance Between Highest and Lowest performing	HEDIS MY 2023 Rates (Admin)	MPL bench- mark (50th percentile)	HPL bench- mark (90th percentile)
	English	Spanish	Chinese	American Indian and Alaska Native	Asian	Black or African American	Native Hawaiian and Other Pacific Islander	Hispanic or Latino	White				
Immunizations for Adolescents (IMA-1)													
LACC	37.8%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	39.2%	28.8%	49.2%
MCLA	31.8%	48.8%	52.6%	n/a	43.3%	26.8%	n/a	41.8%	19.2%	Yes	38.0%	34.3%	48.2%
Medi-Cal	38.1%	48.1%	54.9%	n/a	47.3%	27.7%	n/a	44.0%	22.8%	Yes	40.6%	34.3%	48.2%
Immunizations for Adolescents (IMA-1) for Patients With Diabetes (IMDI)													
D-SNP	57.8%	56.9%	n/a	n/a	65.4%	59.8%	n/a	58.6%	54.3%	Yes	58.6%	73.8%	82.7%
LACC	58.5%	n/a	69.5%	n/a	66.9%	50.4%	n/a	54.5%	64.0%	Yes	58.0%	27.5%	38.2%
MCLA	44.3%	48.9%	71.4%	44.3%	65.1%	42.6%	38.8%	49.6%	49.4%	Yes	47.6%	51.3%	63.5%
Medi-Cal	48.8%	52.0%	70.9%	44.6%	63.3%	47.1%	40.7%	49.4%	53.5%	Yes	51.3%	57.6%	63.5%
Plan Adherence (PAC)													
D-SNP	37.8%	13.3%	n/a	n/a	11.4%	14.2%	n/a	12.4%	20.8%	Yes	15.6%	n/a	n/a
LACC	5.0%	5.2%	n/a	n/a	84.8%	7.7%	n/a	6.3%	4.2%	Yes	4.9%	64.3%	83.7%
MCLA	33.3%	11.2%	10.5%	n/a	99.7%	94.6%	n/a	10.5%	14.4%	Yes	12.5%	n/a	0.8%
Medi-Cal	33.6%	11.4%	11.6%	n/a	9.9%	93.4%	n/a	10.3%	12.5%	Yes	11.4%	1.0%	0.8%
PASC-SERU	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	84.3%	43.7%
Timeliness of Financial Care (TFC)													
LACC	76.7%	87.8%	n/a	n/a	76.8%	n/a	n/a	76.4%	n/a	No	76.1%	82.9%	94.7%
MCLA	72.0%	78.1%	n/a	n/a	87.8%	83.8%	n/a	75.8%	74.6%	Yes	73.5%	88.6%	91.8%
Medi-Cal	73.4%	79.8%	58.9%	n/a	70.2%	88.2%	n/a	77.8%	77.0%	Yes	76.2%	88.6%	91.8%
PASC-SERU	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	82.9%	94.7%
Disparities in Care (DIC)													
LACC	84.5%	n/a	n/a	n/a	72.1%	n/a	n/a	72.8%	n/a	No	68.0%	81.2%	83.8%
MCLA	67.8%	79.0%	n/a	n/a	72.5%	88.3%	n/a	73.4%	66.0%	Yes	70.3%	80.3%	88.6%
Medi-Cal	79.8%	79.5%	67.3%	n/a	74.8%	83.8%	n/a	78.4%	70.2%	Yes	73.2%	80.3%	88.6%
PASC-SERU	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	81.2%	83.8%
Child and Adolescent Well-Being (CAWB)													
LACC	43.2%	38.9%	43.2%	n/a	41.8%	41.8%	n/a	42.9%	40.1%	Yes	42.6%	50.5%	89.2%
MCLA	41.8%	32.2%	32.9%	38.4%	46.1%	36.8%	32.4%	49.3%	39.4%	Yes	46.0%	46.0%	89.2%
Medi-Cal	45.3%	54.7%	56.6%	42.5%	49.8%	39.8%	37.3%	61.8%	43.9%	Yes	48.7%	51.8%	94.7%
W33b- Well-Child Visits: Age 25 Months-30 Months													
LACC	80.8%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	81.0%	78.7%	90.1%
MCLA	89.8%	72.9%	83.3%	n/a	87.4%	45.2%	n/a	87.8%	59.1%	Yes	62.4%	62.4%	79.8%
Medi-Cal	81.4%	75.3%	68.2%	n/a	79.4%	68.7%	n/a	88.0%	61.8%	Yes	64.3%	68.4%	79.8%
n/a= no data or denominator <100													
Red text = measures in HEDIS													
PASC-SERU data not available for measures with age range <18 years													

HEDIS MY 2023 Health Disparity Dashboard

LOB	Sexual Orientation						HEDIS MY 2023 Rates (Admin)	MPL bench-mark (50th percentile)	HPL bench-mark (90th percentile)
	Bisexual	Choose not to disclose	Lesbian or Gay	Other	Queer	Straight/Heterosexual			
Breast Cancer Screening (BCS)									
D-SNP	n/a	69.8%	61.3%	70.9%	n/a	70.9%	66.9%	71.9%	82.8%
LACC	n/a	72.5%	65.2%	73.8%	n/a	73.8%	66.3%	71.5%	79.3%
MCLA	48.8%	61.5%	60.6%	63.8%	n/a	63.8%	54.3%		
Medi-Cal	49.5%	62.6%	61.9%	64.8%	n/a	64.8%	59.6%	52.7%	63.5%
Controlling High Blood Pressure (CBP)									
D-SNP	n/a	62.7%	74.5%	57.5%	n/a	63.4%	62.0%	75.2%	85.6%
LACC	n/a	49.2%	43.0%	55.8%	n/a	52.2%	49.2%	67.8%	76.9%
MCLA	63.6%	51.5%	56.1%	56.6%	n/a	54.4%	53.0%		
MEDI-CAL	63.4%	52.1%	55.9%	57.0%	n/a	54.9%	56.7%	64.5%	72.8%
Colorectal Cancer Screening (COL)									
D-SNP	67.7%	67.0%	69.7%	65.2%	n/a	67.3%	62.8%	70.3%	82.3%
LACC	44.3%	51.1%	56.0%	52.0%	n/a	51.3%	45.2%	56.9%	68.1%
MCLA	37.4%	44.3%	48.5%	45.3%	31.8%	45.2%	35.2%		
Medi-Cal	39.9%	45.2%	48.7%	47.3%	35.8%	45.7%	39.9%	38.1%	49.4%
Hemoglobin HbA1C Control (<8.0%) for Patients With Diabetes (HBD)									
D-SNP	n/a	58.4%	66.7%	59.8%	n/a	59.9%	58.6%	73.0%	82.7%
LACC	n/a	61.0%	58.3%	56.4%	n/a	57.8%	58.0%	27.5%	18.7%
MCLA	47.4%	20.6%	31.5%	51.7%	n/a	50.4%	47.6%		
Medi-Cal	48.2%	51.6%	52.3%	52.7%	n/a	51.3%	51.3%	57.4%	63.5%
PPC- Timeliness of Prenatal Care									
LACC	n/a	73.8%	n/a	n/a	n/a	77.2%	76.1%	82.9%	94.7%
MCLA	67.9%	75.6%	n/a	90.9%	n/a	74.9%	73.5%		
Medi-Cal	69.1%	76.1%	n/a	86.0%	n/a	76.7%	76.2%	84.6%	91.9%
PPC- Post Partum Care									
LACC	n/a	66.2%	n/a	n/a	n/a	69.5%	68.0%	81.2%	93.3%
MCLA	56.6%	70.6%	n/a	84.4%	n/a	72.4%	70.3%		
Medi-Cal	61.8%	71.3%	n/a	85.7%	n/a	74.1%	72.2%	80.2%	86.6%
n/a= no data or denominator <30									

B.1 CHILD AND ADOLESCENT HEALTH

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BACKGROUND/SUMMARY

The American Academy of Pediatrics clinical guidelines recommend periodic and annual well-care visits for children to monitor growth, assess development, and identify potential problems. These visits have many benefits, including prevention, which allows children to be immunized on time and prevent illness, tracking growth and development, and raising concerns about behavior and sleep. Additionally, well-child visits allow for a team approach, meaning regular visits create strong, trustworthy relationships among the pediatrician, parent, and child.¹ The Healthcare Effectiveness Data and Information Set (HEDIS) measures health plan performance on several critical 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 several childhood and adolescent immunizations. Other pediatric and adolescent measures focus on other preventive services, such as blood lead screenings (Lead Screening in Children LSC). In addition, the Centers for Medicare & Medicaid Service (CMS) use the Core Set of Children's Health Care Quality Measures (Child Core Set) to measure health plan performance in Developmental Screenings (DEV) and Topical Fluoride for Children (TFL-CH). All these measures capture the preventive care children and adolescents need for positive health outcomes. In a post-COVID-19 environment, most measures have been steadily increasing, such as with LSC, while other measures, such as CIS-10, still struggle. To help drive overall measure rate increase, member touchpoints have expanded, with the majority showing great member engagement and quality improvement, and collaboration efforts with Participating Physician Groups (PPG) and provider offices have also increased with overall good reception. Regardless of current efforts, additional work continues to meet the standards set by the state, but most importantly, to continue to better the health outcomes of children and adolescents.

MAJOR ACCOMPLISHMENTS

Outreach activities for Fiscal Year 2023-2024 (FY 2024) for Medi-Cal L.A. Care Plan (MCLA) and L.A. Care Covered California (LACC) members included:

- Text Messaging Campaign: The WCV Text Messaging Campaign was revised to include streaming content, a member feedback survey, and Spanish and Chinese translations. A new Lead Screening text messaging campaign launched and included a fotonovela. A new Pediatric Flu text messaging campaign, which consists of a fotonovela, was developed to launch in October 2024.
- Reminder Postcards: WCV postcards were revised to tailor messages to specific age groups. A new W30 postcard was created. The translation of the W30 and WCV postcards was expanded to include Armenian, Vietnamese, Russian, Spanish, and Chinese.
- Social media: A Lead Screening Reel launched in Spanish and English as part of the Summer Children's Preventive Health Social Media Campaign. Preventive Health Campaign posts were translated into Spanish and Chinese.

A significant provider outreach accomplishment was adding clinic-level reports to the W30 Report, Missing Vaccine Reports, and the Lead Screening Report to the L.A. Care Provider Portal.

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

RESULTS

The following quantitative and qualitative analyses overview the HEDIS and Child Core Set children and adolescent health measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

Table 1 - HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/NO)
Childhood Immunization Status: Combo-10 (CIS-10)	Medi-Cal	33.58%	35.52%	29.68%	-5.84	40%	-10.32	NOT MET	30.90	NO
	LACC	54.55%	45.38%	42.59%	-2.79	58%	-15.41	NOT MET	45.80	NO
	MCLA	31.34%	32.84%	28.57%	-4.27	N/A	N/A	N/A	30.90	NO
Immunization for Adolescents: Combo-2 (IMA-2)	Medi-Cal	40.88%	39.17%	44.28%	+5.11	41%	+3.28	MET	34.31	YES
	LACC	36.88%	29.44%	40.21%	+10.77	40%	+0.21	MET	28.40	YES
	MCLA	42.04%	37.72%	41.01%	+3.29	N/A	N/A	N/A	34.31	NO
Lead Screening in Children (LSC)	Medi-Cal	48.91%	54.50%	63.26%	+8.76	64%	-0.74	NOT MET	62.79	YES
	MCLA	N/A	54.23%	63.55%	+9.32	N/A	N/A	N/A	62.79	NO
Well-Child Visits in the First 15 Months (W30+6)	Medi-Cal	33.36%	45.63%	46.72%	+1.09	59%	-12.28	NOT MET	58.38	NO
	LACC	37.74%	33.33%	30.43%	-2.90	38%	-7.57	NOT MET	N/A	NO
	MCLA	37.91%	39.64%	39.77%	+0.13	N/A	N/A	N/A	58.38	NO
Well-Child Visits for Age 15 Months - 30 Months (W30+2)	Medi-Cal	59.47%	62.64%	64.28%	+1.64	67%	-2.72	NOT MET	66.76	YES
	LACC	81.11%	79.31%	80.99%	+1.68	82%	-1.01	NOT MET	N/A	NO
	MCLA	58.74%	61.17%	62.41%	+1.24	N/A	N/A	N/A	66.76	YES
Child and Adolescent Well-Care Visits (WCV)	Medi-Cal	48.09%	46.64%	48.67%	+2.03	49%	-0.33	NOT MET	48.07	YES
	LACC	40.59%	41.45%	42.55%	+1.10	44%	-1.45	NOT MET	49.60	NO
	MCLA	N/A	45.49%	45.97%	+0.48	N/A	N/A	N/A	48.07	YES
	PASC	27.03%	**N/A	**N/A	N/A	N/A	N/A	N/A	N/A	N/A
Child Core Set Measure										
Developmental Screening in the First Three Years of Life (DEV-CH)	Medi-Cal	23.60%	28.28%	39.68%	+11.40	36%	+3.68	MET	34.70	NO
	MCLA	Baseline	32.51%	38.06%	+5.55	N/A	N/A	N/A	N/A	NO
Topical Fluoride for Children (TFL-CH)	Medi-Cal	Baseline	0.28%	21.72%	+21.44	20%	+1.72	MET	19.30	YES

*Stat Sig – Statistical Significance

**Denominator less than 30

- Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/Ry2023)/ L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2022/Ry2023).

Quantitative Analysis

- **Childhood Immunization Status: Combination 10 (CIS-10)**
 - **Medi-Cal:** L.A. Care's MY 2023 Childhood Immunization Status Combination-10 rate for Medi-Cal is 29.69%, a 5.84% decrease from MY 2022. This difference is not statistically significant. The work plan goal of 40% was not met as well as the Minimum Performance Level (MPL) of 30.90%.
 - **LACC:** L.A. Care's MY 2023 CIS-10 rate for LACC is 42.59%, a 2.79% decrease from MY 2022. This difference is not statistically significant. The work plan goal of 58% was missed, and the 50th percentile was 45.80%.
- **Immunization for Adolescents: Combination 2 (IMA-2)**
 - **Medi-Cal:** L.A. Care's MY 2023 IMA-2 rate is 44.28%, a 5.11% increase from the MY 2022 rate. This difference is not statistically significant. The goal of 41% was met. The MPL of 34.31% was exceeded by 9.97%.
 - **LACC:** L.A. Care's MY 2023 IMA-2 rate is 40.21%, a 10.77% increase from the MY 2022 rate. This difference is statistically significant. The work plan goal of 40% was met. The 50th percentile of 28.40% was met.
- **Lead Screening in Children (LSC)**
 - L.A. Care's MY 2023 LSC rate for Medi-Cal is 63.26%, an 8.76% increase from MY 2022. The final rates between MY 2022 and MY 2023 are statistically significant. The MY 2023 rate met the MPL of 62.79% but narrowly missed the work plan goal of 64%.
- **Well-Child Visits in the First 30 months of Life - Well-Child Visits in the first 15 Months (W30+6)**
 - **Medi-Cal:** L.A. Care's MY 2023 W30+6 rate is 46.72%, a 1.09% increase from MY 2022. This difference is not statistically significant. The work plan goal of 38% was not met, nor was the MPL of 58.38%.
 - **LACC:** L.A. Care's MY 2023 W30+6 rate is 30.42%, a 2.90% decrease from MY 2022. This difference is not statistically significant. The work plan goal of 38% was not met.
- **Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months (W30+2)**
 - **Medi-Cal:** L.A. Care's MY 2023 W30+2 rate is 64.28%, a 1.64% increase from MY 2022. This difference is statistically significant. The work plan goal of 67% was not met, nor was the MPL of 66.76%.
 - **LACC:** L.A. Care's MY 2023 W30+2 rate is 80.99%, a 1.68% increase from MY 2022. This difference is not statistically significant. The work plan goal of 82% was narrowly missed.
- **Child and Adolescent Well-Care Visits (WCV)**
 - **Medi-Cal:** L.A. Care's MY 2023 WCV rate is 48.67%, a 2.03% increase from MY 2022. This difference is statistically significant. The work plan goal of 49% was not met. The MPL of 48.07% was met.
 - **LACC:** L.A. Care's MY 2023 WCV rate is 42.55%, a 1.10% increase from MY 2022. This difference is not statistically significant. The work plan goal of 44% was not met, nor was the 50th percentile of 49.60%.
- **Developmental Screening in the First Three Years of Life (DEV-CH)**
 - L.A. Care's MY 2023 DEV-CH rate for Medi-Cal is 39.68%, an 11.40% increase from the MY 2022 rate. This difference is not statistically significant. The work plan goal of 36% and the MPL of 34.70% were met.

- **Topical Fluoride for Children (TFL-CH)**

- L.A. Care’s MY 2023 TFL-CH rate for Medi-Cal is 21.72%, a 21.44% increase from the MY 2022 rate. This difference is statistically significant. The work plan goal of 20% and the MPL of 19.30% were met.

Table 2 - Opportunity for Improvement (Goals not met in MY 2023)

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Childhood Immunization Status: Combo-10 (CIS-10)	<ul style="list-style-type: none"> • Due to the complexity of the immunization schedule, parents and providers may not fully understand the recommended immunization schedule. • Lack of education about the importance of adhering to the recommended vaccination schedule to members' parents. • Delays in administering vaccines to them. • Parents may have difficulty taking time off from work to get their child immunized. • Missed opportunities—Physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to keep children's immunizations current. • Incomplete/inaccurate coding of immunizations results in medical records and CAIR. • Providers may not be using CAIR to track immunizations. • Misinformation and belief in myths contributing to vaccine hesitancy and delays. 	<ul style="list-style-type: none"> • Stand-alone member interventions for childhood immunizations. • Member incentive. • Flu-only interventions. • Live agent calls for vaccine adherence. 	<ul style="list-style-type: none"> • Webinars hosted: 1) Effective Communication to Build Vaccine Confidence, August 2024, and 2) “Building Vaccine Confidence and Addressing Vaccine Hesitancy” in September 2024. • Monthly Missing Vaccines Reports on L.A. Care Provider Portal. • Monthly Healthy Baby mailers and calls to parents of newly enrolled infants ages 0-6 months. • 1 Year Birthday Card launched July 2024 • Summer Children’s Preventive Health Social Media Campaign in July 2024. • Automated calls ran in April and August 2024. • W30 Text Messaging Campaigns ran in April and August 2024. • CIS-10 Member Incentive launched in Fall 2023 and continued into 2024. • Live agent CIS-10 calls conducted by nursing staff to LACC members. 	<ul style="list-style-type: none"> • Evaluation of automated calls will be conducted in MY 2025. • Evaluation of the text messaging campaigns will be evaluated in MY 2025. • Run chart including mailer and social media markers will be generated in MY 2025.

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Lead Screening in Children (LSC)	<ul style="list-style-type: none"> Parents are often unaware of the importance or schedule of lead screenings. COVID-19 impacted lab-related screenings. Providers lack resources like testing machines for timely in-office screenings. Limited real-time monitoring and feedback mechanisms for providers when members are sent to the lab. Transportation barriers prevent parents from taking children to external labs. Inconsistent follow-up procedures for missed appointments. High clinic wait times discourage parents from attending screenings. 	<ul style="list-style-type: none"> Improve provider adherence to blood lead screening guidelines. Increase member education and engagement. Reduce logistical barriers for PPGs and provider offices to implement screenings and for members to receive screenings. 	<ul style="list-style-type: none"> Created a Pediatric Flu Text Messaging Campaign to launch Fall 2024. LSC Text Messaging Campaign: Launched to remind members of the importance of blood lead screenings in July 2024 for members 5 and under with no lead test. Social Media Reel: Launched in July 2024 to educate a broader audience on blood lead screening and increase awareness. Provider Education and Compliance: Implemented Blood Lead Attestation and refusal forms to keep providers updated on guidelines. Providers must download quarterly lead screening reports, share them with clinics, and conduct follow-ups as needed. Multilingual Outreach Materials: Developed LSC brochure in multiple languages (Spanish, Armenian, Chinese, Farsi, and Russian) to accommodate the diverse patient population and improve 	<ul style="list-style-type: none"> Blood Lead Reminder Letters will be evaluated in MY2025. LSC Text message: 15,969 members outreached, and enrollment rate is 99.94%. Evaluation in MY 2025.

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Lead Screening in Children (LSC) (cont.)			<p>communication Effectiveness.</p> <ul style="list-style-type: none"> • Monthly Lead Screening Reports: Now organized on the provider portal at the PPG and clinic levels, making it easier for clinics to identify which members are missing blood lead screenings. • Lead Poisoning Prevention Webinar: Conducted in September 2024 to educate providers on lead poisoning prevention and screening requirements. • Quarterly CLPPB Report Distribution: The Childhood Lead Poisoning Prevention Branch (CLPPB) report is distributed to plan partners continuously to ensure consistent tracking and support. • Provider Newsletter: Newsletter article, "Screen Children for Lead: Protect Their Health Today!" to launch Fall 2024, in thePulse, educating providers on lead screening requirements and compliance. 	

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Well-Child Visits in the First 30 Months of Life (W30)	<ul style="list-style-type: none"> • Parents/guardians do not perceive the importance of Well-Child visits. • Lack of education among parents/guardians and providers regarding when visits should occur. • Early visits are not captured because health plans may not receive enrollment information until 3-4 months after birth. • If the child is not sick or due for vaccines, a parent/guardian may not bring the child in for a well-child visit. • Limitations with appointment availability with the provider office, such as restricted provider hours or office scheduling. • Environmental and social factors with parent/guardians include transportation limitations, lack of childcare for other children, and inability to take time off work. 	<ul style="list-style-type: none"> • Member incentive. • W30 Reminder postcard. • Live agent calls for W30 members. • Intervention and barrier feedback from members/clinics/PPGs. 	<ul style="list-style-type: none"> • Summer Children's Preventive Health Social Media Campaign in July 2024. • Automated reminder calls in April and August 2024. • Monthly Healthy Baby Mailer and Robocalls to the parents of newborns and newly enrolled children between 0-6 months. • W30 Text Messaging Campaigns in April and August 2024. • W30 Reminder Postcards launched August 2024. • Live agent W30 calls by Community Health Coordinators (CHC) in February and June 2024. • MCLA W30 Member Incentive launched in Fall 2024, and LACC is scheduled for October 2024. 	<ul style="list-style-type: none"> • Evaluation for 2023 Healthy Baby Robocalls will be conducted in MY 2025. • Automated calls will be evaluated in MY 2025. • Evaluation of the text messaging campaigns will be evaluated in MY 2025. • Run chart including mailer and social media markers will be generated in MY 2025.
Child and Adolescent Well-Care 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. • The COVID-19 pandemic continues to disrupt preventive care services, causing missed or mistimed well-care visits. • Need for continued member education on the importance and timing of annual well-care visits. • Constraints with parents/guardians and adult members include transportation, 	<ul style="list-style-type: none"> • Continue partnering with other departments and their member outreach materials to emphasize the importance of seeing your doctor once a year. • Seek member feedback on reminder 	<ul style="list-style-type: none"> • Summer Children's Preventive Health Social Media Campaign in July 2024. • Automated calls to members ages 3-21 in April and August 2024. • Postcards mailed in July 2024 for members ages 3-21. • WCV Text Messaging Campaign launched February 2024 for members ages 3-17 and September 2024 for 	<ul style="list-style-type: none"> • Evaluation of automated calls will be conducted in MY 2025. • Evaluation of text messaging campaign. Will be conducted in MY 2025.

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Child and Adolescent Well-Care Visits (WCV) (cont.)	childcare, access to appointments, and/or difficulty scheduling appointments. <ul style="list-style-type: none"> • Belief that if not sick, then a visit is not needed. • Well-care visits not tied to other preventive services, such as school-required vaccines and screenings. 	Postcards and automated call scripts. <ul style="list-style-type: none"> • Continue to incorporate additional languages and cultural congruence within member materials. Consider provider-facing interventions to educate providers on appointment timeliness and opportunistic care opportunities (i.e., well-child visits during sick visits). 	Members ages 3-21.	

Qualitative Analysis

Childhood Immunization Status: Combination 10 (CIS-10)

L.A. Care missed the MPL for MY 2023 CIS-10 compared to MY 2022, in which we did meet the MPL after missing it in MY 2021. Vaccine hesitancy appears to be the driving force in declining rates for CIS-10, as discussed in the Child and Adolescent Health Workgroup. According to our QPM team, missing the flu vaccine is still the biggest struggle in meeting the CIS-10 measure, and internal teams who work with clinics state that clinic staff continuously grapple with parents/guardians in adhering to a flu vaccine for young children. QPM has also noticed a more significant trend in mistimed/spaced vaccines compared to past years, showing a change in parents/guardians' management of immunizations. Misinformation and myths circulating also potentially contribute to vaccine hesitancy, primarily online, and all these factors may be reasons for declining CIS-10 rates. In addition, CIS-10 is a QTI measure (must meet the 66th percentile) for LACC as of MY 2023, thus the need for creative approaches in how L.A. Care reaches parents/guardians regarding vaccine adherence. L.A. Care launched various current and new interventions during FY 2024 to increase the CIS-10 rate and encourage parents/guardians to bring children in on time and complete all vaccines in CIS-10.

The L.A. Care's Missing Vaccine Reports (for CIS-10 and IMA-2) continue to be uploaded approximately monthly to the L.A. Care Provider Portal for PPGs to access to view missing antigens for children who qualify for this measure in the current measurement year. In addition, two webinars titled QI Webinar Provide Reports (one geared towards PPGs and another towards providers/clinics) were held in July 2024. Clinical Initiatives staff explained the function of the Missing Vaccine Reports and how to access them. MERCK hosted two webinars in August and September 2024 titled "Effective Communication to Build Vaccine Confidence" and "Building Vaccine Confidence and Addressing Vaccine Hesitancy."

Member interventions included ongoing and additional touchpoints. Ongoing interventions included the Healthy Baby Mailer and Robocalls, W30 Reminder Robocalls, W30 Reminder Postcard, W30 text messaging campaigns, and the Children's Preventive Care Social Media Campaign. The description and outreach details are below in the W30 section, but each intervention contains messages for childhood

immunizations. The newly developed W30 postcard and the social media campaign focused on timely vaccines and incorporated flu messaging. The CIS-10 Member Incentive was first launched in August 2023 and continued into FY 2023-2024 for MCLA and LACC members. A total of 549 gift cards were awarded during this time. CIS-10 LACC members continue to receive live-agent nurse reminder calls about the CIS-10 member Incentive and to support scheduling vaccine appointments with the provider office. Additional incentives were implemented to reach the 66th percentile for LACC CIS-10. L.A. Care launched provider and office staff incentives for LACC CIS-10 to help motivate personnel who help members navigate immunizations.

New interventions for FY 2024 to help increase flu rates were the Pediatric Flu text messaging campaign and the Pediatric Flu Member Incentive for MCLA and LACC. Both member interventions were scheduled to launch in October 2024. The text messaging campaign is meant for parents/guardians of members ages 6 months to 2 years old, reminding them to vaccinate their children during flu season. The campaign will include information about myths and a fotonovela and launch in English and Spanish. Pediatric Flu Member Incentive offers parents/guardians of members 6 months to 2 years old a \$30 gift card for receiving one flu vaccine. Even though these interventions' planning and design started earlier in 2024, they did not launch in FY 2023-2024. Outreach information will be included in FY 2024-2025.

The new interventions are to help address low flu rates and align with QPM data trends and clinic feedback. The effectiveness of these new flu interventions won't show until 2025, but they are worthwhile in continuing to address low flu rates. With declining CIS-10 rates, FY 2024-2025 will focus on additional interventions specifically targeting the CIS-10 population and current interventions to address the under-two population to reach members earlier in their immunization journey.

Lead Screening in Children (LSC)

Lead poisoning remains a serious public health issue that disproportionately affects young children, posing risks such as cognitive impairment, behavioral issues, and developmental delays. Children can be exposed to lead through various sources, including deteriorating paint, household dust, toys, and certain home remedies. Recognizing the potential harm of lead exposure, L.A. Care has committed to addressing blood lead screening as part of the HEDIS LSC measure and the DHCS All Plan Letter (APL 20-016). The focus remains on promoting timely and effective screening for all eligible children to detect and mitigate lead exposure.

In 2024, L.A. Care launched several strategic interventions to increase screening rates, particularly among members aged 12 months to 6 years who are missing required blood lead screenings. These efforts align with improving compliance with the Minimum Performance Level (MPL) requirements set by DHCS and enhancing awareness among providers and members.

Critical 2024 Interventions and Efforts:

1. Provider and PPG Interventions:

- **Monthly Lead Screening Reports:** New to FY 2023-2024, we organized the monthly blood lead screening reports at the clinic levels. Reports were already available to PPGs and were made accessible on the L.A. Care Provider Portal. This structure simplifies provider access to real-time data, facilitating timely follow-ups with members who have not completed their screenings.
- **Provider Education and Compliance:** In alignment with APL 20-016, L.A. Care distributes a Blood Lead Attestation and Declination Form annually to all PPGs and direct network providers. These forms ensure providers understand and comply with lead screening protocols and must maintain documentation for parents who decline screening. Providers are also educated on the importance of anticipatory guidance regarding lead exposure at every periodic health assessment.

- **Provider Engagement:**

- **Lead Poisoning Prevention Webinars:** L.A. Care hosted webinars in August and September 2024, educating providers on lead screening and prevention protocols. The September session coincided with Lead Poisoning Prevention Week, reinforcing the importance of timely screening.
- **Provider Newsletter:** A July 2024 edition of *thePulse* newsletter featured an article titled "Screen Children for Lead: Protect Their Health Today!" The article guided lead screening timelines and highlighted provider responsibilities under DHCS and CMS requirements.

2. New Member Interventions:

- **Text Messaging:** L.A. Care initiated a text message campaign, sending reminders directly to members about the importance of blood lead screening that launched in July 2024 to 15,969 members.
- **Social Media Outreach:** A social media reel was launched in English and Spanish in July 2024 to educate a broader audience on the dangers of lead exposure and the importance of early screening, reaching members in low-compliance areas. Reel launched with the Children's Preventive Care Social Media Campaign.
- **Community Screening Event:** In collaboration with the L.A. County Department of Public Health, L.A. Care organized a blood lead screening event at the East L.A. Community Resource Center in October 2023. This event offered free screenings during a community festival, reaching participants and conducting lead screenings for children.

Through these multifaceted interventions, L.A. Care is actively addressing barriers to lead screening, including challenges in provider compliance, parent hesitancy, and access issues in high-risk communities. This year's focus on expanding provider resources, improving data transparency, and increasing direct member engagement is anticipated to enhance screening rates, ultimately protecting the health and well-being of young children across L.A. County.

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

FY 2023-2024 focused on expanding current member touchpoints. Many of the interventions used to target W30+6 and W30+2 were also used to target other measures such as CIS-10, DEV-CH, LSC, and TFL-CH, as all these measures encompass children around 2 years or younger. These member interventions included mailers, social media campaigns, text messaging campaigns, automated calls, a member incentive, and a new reminder postcard.

Mailers and calls continued in FY 2024 with some new additions. To reach members early in their W30 journey, the Healthy Baby Mailer and Robocalls continued. This project provides educational messaging about childhood immunizations, developmental milestones by age, and the number of well-care visits recommended for children under two. The mailer and robocalls are conducted monthly to MCLA and LACC members newly enrolled up to 6 months old. In FY 2024, 12,684 mailers were sent, and 2,259 members outreached for a call. Evaluation efforts for 2022 data have been delayed. 2022 data would include members who completed the W30+6 measure in 2023. Evaluation outcomes for 2022 and 2023 are expected in FY 2024-2025. Two sets of reminder robocalls to the parents/guardians of MCLA and LACC children 0-30 months old were launched in April and August 2024 outreaching to 14,320 members and each campaign gaining an 85% reach rate (calls with a live or voicemail connect). The robocall campaigns used the same redesigned 2023 script. The 2023 script gained member feedback from Baby and Me groups hosted in three Community Resource Centers (CRC) in the Fall of 2024, in which the script was well-received and deemed valuable. The reminder robocalls were launched in English and Spanish and not expanded to other languages. Translation expansion occurred with the newly developed W30 Reminder Postcard. No W30 reminder postcard existed; therefore, a postcard was designed and mailed to 12,806

members. The languages that the postcard was translated into were Spanish, Russian, Armenian, Chinese, and Vietnamese. Information included LSC, DEV, vaccine, and oral health reminders. A QR code was added, and parents/guardians were directed to the Baby Basics webpage on the L.A. Care Website. The web page, housed with L.A. Care's Health Education Team, includes expanded information on well-child visit timing, immunization information, and class information at the CRCs. The 1 Year Birthday Card was also launched in July 2024 to MCLA and LACC members monthly, adding reminders for parents/guardians about well-visits and a good wish for the birthday milestone. So far, 4,407 birthday cards have been mailed.

Social media, text messaging, and incentive interventions continued into FY 2023-2024. A separate W30-focused social media campaign was not launched in FY 2023-2024 like in FY 2022-2023, but resources were poured into the main Preventive Care Social Media Campaign launched during August 2023. As will be described in the WCV section below, the campaign included posts on well-care visits for children of all ages and had good member engagement. Posts were also translated into Spanish and Chinese, thus reaching a wider net of the L.A. Care community. L.A. Care will continue a general child (all ages) preventive care campaign. Returning to a separate W30 social media campaign, like in FY 2022-2023, is still in discussion, but social media efforts will focus on designing a robust summer campaign. Text messaging campaigns for W30+6 and W30+2 continued and were launched twice to members in April and August 2024. A total of 12,552 members were outreached with a 95% or over enrollment rate for each of the campaigns. Evaluation results for the 2023 campaigns by the vendor showed no improvement or were inclusive for both measures and their campaigns. What may be impacting results is that evaluation is based on all the measures requiring more than the service date versus whether a campaign affected individual well-child visits. The vendor is further investigating this. In the meantime, for FY 2024-2025, a single W30 campaign will be launched for members 30 months and under versus two separate age-specific campaigns. The revised campaign will include a member survey like WCV to gain information on barriers. The MCLA W30 Member Incentive continued into FY 2023-2024. An LACC version launched on October 1, 2024. So far, only data for MCLA is available. MCLA W30+6 members could receive up to a \$300 gift card (\$150 gift card for every three visits completed), and MCLA W30+2 members could receive up to \$50 for finishing their second visit. For the fiscal year, 1,064 \$150 gift cards and 782 \$50 gift cards were distributed for \$198,700. Because of data lag, we expect the number of gift cards and amount spent to increase for FY 2024-2025 as we include additional months of data and now LACC. The plan is to continue the incentive, monitor its progress and budget, and do an outcome analysis once we have a full measurement year's worth of data collection.

Provider touchpoints included continuing the W30 report on the L.A. Care Provide Portal and distributing it to the L.A. Care Website. Clinic-level reports were added to the Provider Portal in May 2025. In addition, QI leadership implemented monthly quality improvement meetings with select PPGs, and the children's measures were continuously discussed. L.A. Care hosted an in-person CME event in September with a presentation focusing specifically on well-child visits.

Lastly, L.A. Care worked on the DHCS-assigned Performance Improvement Project (PIP) to target W30+6 among Black/African American members for MY 2023-2026. L.A. Care focused intervention towards the PIP target population in Service Planning Area (SPA) 6 of South L.A. The primary intervention used for the PIP was live agent calls by the newly hired Community Health Coordinators (CHC). CHCs were relied upon in Fall 2023 as they outreached to W30 members needing only one or two well-child visits to comply with the measures. The goal of the CHC was to help the member schedule a visit with the provider's office. In February 2024, the CHCs called 90 members within the PIP population for MCLA. The CHCS reached only half of the members, and only four appointments were scheduled. Outcome analysis of the calls shows that only one W30+6 Black/African American member residing in SPA 6 closed out the W30+6 measure. Further investigation noted that the IT remediation of race & ethnicity data greatly impacted our results as all the members on the February call list were identified as Black/African American at the time, but only two out of ten members who completed the W30+6 measure were identified as Black/African American in

the outcome analysis conducted months later. Despite these results, valuable insight from the CHCs would not have been gained if it had not been for the CHCs talking directly to members and provider offices. CHC feedback noted the need for greater education about W30 visits for members and provider offices and the difficulties members still face when scheduling with provider offices. In addition to the intervention, with the help of the QPM team, a data analysis of the W30 visits for MY 2023 was conducted to learn which visits the PIP population was missing. In general, for the PIP population and MCLA W30+6, members were missing the measure by only 1 or 2 visits, with earlier and later visit trends. Currently, nurses are calling provider offices to close gaps for PIP members. Still, this analysis shows that it would be beneficial to capture W30+6 members earlier in their W30 journey to reach the PIP population and affect all W30+6 members. This information will be helpful as we curate outreach lists in FY 2024-2025 for all W30 reminder calls, mailers, and text campaigns.

Overall, MCLA W30+6 and W30+2 have increased from 2023 into 2024, thus showing the interventions implemented so far in FY 2024 have been beneficial in increasing the rates and are worthwhile to continue into FY 2024-2025. Tracker rates from the MY 2024 Prospective HEDIS Tracker Run Date 9/17/2024 show that MCLA rates for W30 (W30+6: 35.08% and W30+2: 61.47%) have increased (W30+6 increased by 6.01%, and W30+2 increased by 2.54%) since the HEDIS Tracker from 9/17/2023. Along with current interventions, FY 2024-2025 will include outreaching to more members under 15 months and continuing to gain more member feedback.

Child and Adolescent Well Care Visits (WCV)

WCV is a measure that spans a large age range (ages 3-21). Despite this, an annual well-care visit is a constant preventive care need that is recommended from a young age into young adulthood. L.A. Care expanded on age-range tailored messaging and incorporated messages surrounding mental well-being in all interventions. WCV interventions focused on member outreach with social media, reminder robocalls, text messaging, and reminder postcards.

Reminder postcards were mailed out to 184,153 MCLA and LACC members in July 2024. Reminder postcards were thoroughly revised and redesigned for 2024. Postcards were sent to MCLA and LACC members in six target languages: English, Spanish, Russian, Armenian, Chinese, and Vietnamese for the following age groups: 3-8, 9-12, 13-17 years, and 18-21 years. Postcards reminded parents/guardians to bring their child in for an annual well-care visit. Postcards incorporated content for IMA-2, TFL-CH, and mental health messaging. The reminder robocalls were not revised for 2024 and will be revised in 2025. For MY 2024, L.A. Care continued the previous year's strategy of sending targeted messages to the different age groups within WCV. The scripts were separated into four groups: children ages 3-8, preteens ages 9-12, teenagers 13-17, and young adults 18-21. With this breakdown, each script could be tailored to specific age groups and provide targeted messages such as catch-up lead screening for young children and IMA-2 vaccine reminders for preteens. L.A. Care also evaluated the MY 2023 WCV reminder robocalls. The MY 2023 robocalls were launched in June 2023 utilizing the revised call scripts mentioned in the MY 2023 Evaluation. L.A. Care conducted calls to 141,118 MCLA members and guardians and 2,363 LACC members and guardians. Most of these automated calls were successful, 94,675 calls for MCLA and 1,814 for LACC, yielding a Live Voice Connect or an Answering Machine. From the successful calls, 8,268 MCLA members and 145 LACC members had dates of service for their WCV within 100 days of the successful robocall. Of the unsuccessful robocalls, 3,481 MCLA and 34 LACC members had dates of service for their WCV within 100 days of the failed call. Members who had a successful robocall were more likely to have a date of service for their WCV within 100 days than members who did not have a successful robocall by a statistically significant amount (1.11% increase for MCLA and 1.80% increase for LACC). Based on the success of the MY 2023 evaluation, L.A. Care will continue with robocalls in MY 2025.

The Summer Children’s Preventive Health Social Media Campaign launched in late July 2024 and ran for August, incorporating paid and organic social media posts. The campaign was targeted to members and guardians of members 0-21 years old and contained content for W30 and WCV, DEV-CH, TFL-CH, CIS-10, and IMA-2, along with mental health messaging. The campaign consisted of eight posts with messaging and corresponding links to resources. The posts were translated into Spanish and Chinese. L.A. Care is awaiting the campaign analytics to determine overall reach and engagement. However, based on the reach and engagement of prior campaigns, L.A. Care Quality Improvement discussed means of improvement with the Communications Department to improve future campaigns. In the future, paid campaigns will include more specifically targeted messaging and fewer posts to increase engagement. As the landscape of social media utilization continues to change, L.A. Care will remain vigilant of trends and strategies to best leverage social media in MY 2025.

Text messaging continued in FY 2024, targeting MCLA and LACC members 3-21 years old. The vendor analysis for the MY 2023 18–21-year-old targeted campaign (tied in with AAP) showed a 53.67% improvement rate when comparing dates of service between WCV members who opted into the text messaging campaign versus WCV members who opted out of the campaign. In MY 2024, L.A. Care launched text messaging in February to 47,278 guardians of MCLA members 3-17 years old utilizing text scripts from 2022. A new script was developed 2024 for MCLA and LACC members ages 3-21 in English, Spanish, and Chinese, incorporating new streaming health content and screening tools. The scripts were separated into the following age groups: 3-11, 12-17, and 18-21 and incorporated appropriate messaging, including IMA-2, mental health messaging, and general wellness information. The scripts also contained a new member survey to gather additional information on barriers members may encounter when scheduling and attending their well-child visits. The new script was launched in September 2024 after DHCS approval to 60,449 members and guardians of members. With the success of the MY 2023 campaign and the development of new scripts in 2024, L.A. Care will continue WCV text campaigns in MY 2025.

CONCLUSION

L.A. Care is looking forward to the following for FY 2024-2025:

- Increase access to care for members – L.A. Care secured an additional point of care for members with a new vendor during the Summer of 2024. WCV, W30, TFL, and LSC services can be provided during mobile events hosted at Community Resource Centers (CRC). 2024 events are scheduled for October and December.
- Increase point-of-care resources for IPAs/PCP offices –L.A. Care will implement and monitor the distribution of blood lead screening machines and fluoride kits as part of pilot projects. If these are proven effective and received well, L.A. Care will consider expanding to additional PPGs and provider offices.
- Increase member feedback – With the launch of the WCV member feedback survey, L.A. Care will expand the survey to W30 members to gain additional information about barriers to well-child visits. Also, L.A. Care will seek in-person conversations with members regarding intervention feedback.

MY 2024 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2024 Medi-Cal Goal	MY 2024 L.A. Care Covered Goal
CIS-10	Childhood Immunization Status: Combination 10	28%	50%

HEDIS Acronym	HEDIS Measure	MY 2024 Medi-Cal Goal	MY 2024 L.A. Care Covered Goal
DEV	Developmental Screenings in the First Three Years of Life	46%	N/A
IMA-2	Immunization for Adolescents – Combo 2	42%	42%
LSC	Lead Screening in Children	64%	N/A
TFL-CH	Topical Fluoride for Children	22%	N/A
W30+6	Well-Child Visits in the First 15 Months	61%	38%
W30+2	Well-Child Visits for Age 15 Months - 30 Months	70%	82%
WCV	Child and Adolescent Well-Child Visits	52%	44%

B.2 ADULT HEALTH

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BACKGROUND/SUMMARY

L.A. Care is actively working to overcome the lasting impacts of the COVID-19 pandemic, especially as HEDIS look-back periods continue to reflect disruptions in preventive care. L.A. Care has implemented proactive strategies to re-engage members in essential screenings and close care gaps to address these challenges. With a strong focus on promoting health equity and reducing disparities, these tailored initiatives encourage members to resume routine care. By prioritizing preventive health and deploying targeted interventions for early detection, L.A. Care is bridging gaps in care caused by the pandemic, advancing overall well-being among members. The American Cancer Society (ACS) estimates 310,720 new cases of invasive breast cancer diagnosis in women in 2023. ACS states that breast cancer is the most common cancer in women, besides skin cancer. Cervical cancer, once a common cause of cancer death, is experiencing a significant drop in death rate after the increased use of Pap tests.² In 2023, ACS estimates 13,820 new cases of cervical cancer diagnosis. Early detection of breast and cervical cancer through regular screenings is a key step for prompt and more effective treatments for these diseases, thus reducing mortality rates. Excluding skin cancers, colorectal cancer is the third most diagnosed cancer in both men and women in the United States, excluding skin cancers.³ In 2023, there will be an estimated 106,590 new cases of colon cancer, according to the ACS.²

MAJOR ACCOMPLISHMENTS

- Breast Cancer Screening (BCS)
 - In partnership with the American Cancer Society, a Breast Cancer Social Media Infographic was launched in October 2023 as part of Breast Cancer Awareness Month.
 - A text message campaign for Breast Cancer Screening deployed in 2023 to spread awareness about the importance of routine screening.
- Cervical Cancer Screening (CCS)
 - A Cervical Cancer Screening Social Media Infographic deployed in January 2023, highlighting the importance of cervical cancer screening.
- A Colorectal Cancer Screening (COL)
 - A Colorectal Cancer Screening Social Media Infographic deployed in 2023 highlighting the importance of colorectal cancer screening.
 - A text message campaign for Colorectal Cancer Screening deployed in 2023 to spread awareness about the importance of routine screening.
 - An at-home test kit initiative (FITKit) deployed in December 2023, improving members' access to routine colon cancer screening.
 - A member incentive for the L.A. Care Covered line of business deployed in December 2023, addressing financial barriers in accessing care.
- Other Accomplishments
 - L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for BCS, CCS, CHL (chlamydia), and COL to PCPs (Primary Care Provider) and PPGs (Provider and Physician Group).

² <https://www.cancer.org/cancer/types/cervical-cancer/about/key-statistics.html>

³ <https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21754#:~:text=In%202022%2C%20approximately%20287%2C850%20new,will%20die%20from%20breast%20cancer.>

RESULTS

The following quantitative and qualitative analyses overview HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

Table 1 - HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/NO)
Adults Access to Preventive/Ambulatory Health Services (AAP)	Medi-Cal	63.42%	60.21%	62.61%	+2.40	62%	+0.61	MET	72.91	YES
	D-SNP	87.85%	88.38%	88.57%	+0.19	90%	-1.43	NOT MET	95.08	NO
	MCLA	60.11%	56.89%	58.30%	+1.41	N/A	N/A	N/A	72.91	YES
Breast Cancer Screening (BCS-E)	Medi-Cal	54.51%	54.94%	59.61%	+4.67	53%	+6.61	MET	52.60	YES
	LACC	N/A	66.62%	66.33%	-0.29	67%	-0.67	NOT MET	70.80	NO
	D-SNP	62.84%	68.15%	66.89%	-1.26	70%	-3.11	NOT MET	71.79	NO
	MCLA	52.39%	51.95%	54.27%	+2.32	N/A	N/A	N/A	52.60	YES
	PASC	59.17%	52.20%	55.31%	+3.11	N/A	N/A	N/A	N/A	YES
Cervical Cancer Screening (CCS)	Medi-Cal	60.97%	54.43%	55.99%	+1.56	57%	-1.01	NOT MET	57.11	NO
	LACC	55.48%	52.58%	55.85%	+3.27	53%	+2.85	MET	58.50	NO
	MCLA	55.95%	50.42%	51.03%	+0.61	N/A	N/A	N/A	57.11	YES
	PASC	59.56%	48.83%	50.47%	+1.64	N/A	N/A	N/A	N/A	YES
Colorectal Cancer Screening (COL-E)	Medi-Cal	Baseline	35.71%	39.85%	+4.14	N/A	N/A	N/A	N/A	YES
	D-SNP	Baseline	60.12%	62.78%	+2.66	N/A	N/A	N/A	69.83	NO
	LACC	Baseline	39.34%	45.15%	+5.81	N/A	N/A	N/A	59.10	YES
	MCLA	Baseline	33.69%	35.15%	+4.46	N/A	N/A	N/A	N/A	YES
	PASC (51-75 yrs)	Baseline	34.71%	40.99%	+6.28	N/A	N/A	N/A	N/A	YES

*Stat Sig – Statistical Significance

- Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/Ry2023)/ L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2022/Ry2023).

Quantitative Analysis

- **Adults' Access to Preventive/Ambulatory Health Services (AAP)**
 - **Medi-Cal:** L.A. Care's HEDIS MY 2023 Adults' Access to Preventive/Ambulatory Health Services (AAP) rate for Medi-Cal was 62.61%. This represents a 2.40% increase from the prior rate of 60.21%. This increase is statistically significant. Medi-Cal surpassed its internal goal of 62%, exceeding the target by 0.61%, but did not meet the 50th percentile, or MPL.
 - **MCLA:** MCLA significantly improved by 1.41 percentage points from 56.89% to 58.30%. The rate is still below the MPL of 72.91%, but the positive change shows potential for further improvement in future periods.

- **D-SNP:** The D-SNP line of business had a rate of 88.57% for the current period, a slight increase of 0.19 percentage points from the previous rate of 88.38%. This increase was not statistically significant. Despite this minor improvement, the program did not meet its internal target of 90%, falling short by 1.43%.
- **BREAST CANCER SCREENING (BCS)**
 - **Medi-Cal:** L.A. Care's HEDIS MY 2023 Breast Cancer Screening (BCS) rate for Medi-Cal was 59.61%. The rate increased by 4.67 percentage points from the prior year, a statistically significant increase. BCS was on a three-year upward trend until MY 2020 due to the COVID-19 pandemic. The measure met the internal goal of 53% and the MPL of 52.60%.
 - **LACC:** For HEDIS MY 2023, the BCS rate for L.A. Care Covered (LACC) was 66.33%. This decrease of 0.29 percentage points from HEDIS MY 2022 is not statistically significant. BCS did not meet the MY 2022 LACC internal goal of 67%; however, it did not meet the percentile of 70.80% for the Quality Rating System (QRS).
 - **D-SNP:** For HEDIS MY 2023, D-SNP members had a rate of 66.89%. This decrease of 1.26 points from HEDIS MY 2022 is not statistically significant. The rate did not meet the internal goal of 70% but did not meet the 50th percentile rate of 71.79%.
 - **MCLA:** L.A. Care's HEDIS MY 2023 Breast Cancer Screening (BCS) rate for MCLA was 54.27%. The rate increased by 2.32 percentage points from the prior year, a statistically significant increase. BCS was on a three-year upward trend until MY 2020 due to the COVID-19 pandemic. The measure did not have an internal goal for MY 2023 but surpassed the 50th percentile of 52.60%.
 - **PASC:** For HEDIS MY 2023, PASC members had a rate of 55.31%, an increase of 3.11 points from HEDIS MY 2022 and is statistically significant. The measure did not have an internal goal for MY 2023 and is not part of the Quality Rating System (QRS).
- **Cervical Cancer Screening**
 - **Medi-Cal:** L.A. Care's Medi-Cal CCS rate was 55.99% for HEDIS MY 2023. This was an increase of 1.56 percentage points from the prior year, which was not statistically significant. The rate did not meet the MPL of 57.11% by 2.65 percentage points. Moreover, the internal goal of 57% was not met.
 - **LACC:** L.A. Care's Cervical Cancer Screening rate for HEDIS MY 2023 was 55.85%. This increase of 3.27 percentage points from the previous year is not statistically significant. The rate did meet the MY 2023 goal of 53% but did not meet the percentile benchmark of 58.50%.
 - **MCLA:** L.A. Care's HEDIS MY 2023 Cervical Cancer Screening (CCS) rate for MCLA was 51.03%. The rate increased by 0.61 percentage points from the prior year, a statistically significant increase. The measure did not have an internal goal for MY2023 and did not meet the 50th percentile of 57.11%.
 - **PASC:** For HEDIS MY 2023, PASC members had a rate of 50.47%, an increase of 1.64 points from HEDIS MY 2022 and is statistically significant. The measure did not have an internal goal for MY 2023 and is not part of the Quality Rating System (QRS).
- **Colorectal Cancer Screening**
 - **Medi-Cal:** The Medi-Cal rate for MY 2023 COL was 39.85%. This was an increase of 4.14 percentage points, which is statistically significant. This measure did not have an internal goal or a percentile benchmark.
 - **D-SNP:** The D-SNP rate for COL was 62.78%. This increase of 2.66 percentage points from MY 2022 is not statistically significant. This measure did not have an internal MY 2022 goal or meet the percentile benchmark.

- **LACC:** The LACC rate for MY 2023 COL was 45.15%. This was an increase of 5.81 percentage points, which is statistically significant. This measure did not have an internal goal or meet the percentile benchmark of 59.10%.
- **MCLA:** The MCLA rate for MY 2023 COL was 35.15%. This was an increase of 4.46 percentage points, which is statistically significant. This measure did not have an internal goal or a percentile benchmark.
- **PASC:** The PASC rate for MY 2023 COL was 40.99%. This was an increase of 6.28 percentage points, which is statistically significant. This measure did not have an internal goal or a percentile benchmark.

Table 2 - Opportunity for Improvement (Goals not met in MY 2023)

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Adults Access to Preventive/ Ambulatory Health Services (AAP)	<ul style="list-style-type: none"> D-SNP members often manage multiple chronic conditions, which may lead them to prioritize more urgent health concerns over preventive care visits. 	<ul style="list-style-type: none"> Simplifying access to care, such as offering at-home test kits, could also reduce barriers, ensuring that preventive care remains a priority for members. Refine existing interventions to improve the effectiveness of our campaigns. 	<ul style="list-style-type: none"> Deployed colon cancer test kits in December 2023 to D-SNP & LACC populations, increasing access to preventive health services. L.A. Care deployed a text message campaign with a link to a survey to help us understand barriers to accessing preventive health services. 	<ul style="list-style-type: none"> We are continuing our efforts to achieve a minimum 10% return rate (industry average) for test kits, deploying them multiple times throughout the year to ensure consistent access for individuals. 138,643 texts were sent, with 48.22% of recipients closing their care gap within six months post-intervention. The percentage of improvement for AAP is statistically significant.
Breast Cancer Screening (BCS-E)	<ul style="list-style-type: none"> Limited scheduling availability and staff shortage at the clinical level. Discomfort associated with mammography. Fear of the test and the test results. 	<ul style="list-style-type: none"> Making mammography services more accessible, such as through mobile mammography units, can help reduce barriers to care and ensure that 	<ul style="list-style-type: none"> Begin the process of launching a mobile mammography initiative by first identifying a qualified vendor to provide the service and securing funding 	<ul style="list-style-type: none"> We are continuing our efforts to implement the mobile mammography initiative for our members in the upcoming year. We are also taking a

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Breast Cancer Screening (BCS-E) (cont.)	<ul style="list-style-type: none"> Member confusion with screening guidelines. Members unaware of direct access to imaging centers and that no referral is needed. Providers are unaware of when a patient is due for services. 	<p>preventive screenings remain a priority for members.</p> <ul style="list-style-type: none"> Refine existing interventions to improve the effectiveness of our campaigns. 	<p>to support its implementation.</p> <ul style="list-style-type: none"> A social media campaign launched in October 2023 to engage further members on the importance of breast cancer screening. 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. Automated reminder calls were made 2023 to members due for breast cancer screening. A text message campaign was deployed in 2023 to spread awareness about the importance of breast cancer screening for members. 	<p>multifaceted approach to raising awareness among both members and providers about the importance of breast cancer screening.</p> <ul style="list-style-type: none"> The social media campaign reached 15,652 people and generated 322,917 impressions. Boosting the infographic as a paid ad successfully enhanced visibility and engagement. 22,848 messages were sent, resulting in 56.22% of recipients successfully closing their care gap at least six months post-intervention.
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> Lack of knowledge of the test itself. Fear of the test and the test results. Doctor insensitivity to the invasiveness of the test. Cultural inhibitions. 	<ul style="list-style-type: none"> Refining existing interventions while exploring new initiatives to enhance awareness among members and providers. Specifically for providers, more 	<ul style="list-style-type: none"> A social media campaign launched in 2023 to increase awareness in the community of the importance of completing routine cervical cancer screening. 	<ul style="list-style-type: none"> The campaign reached 20,512 impressions and 50,240 impressions, with a cost per click of \$0.38- well below the industry average of \$2.47.

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Cervical Cancer Screening (CCS) (cont.)	<ul style="list-style-type: none"> • 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 needs CCS screenings. • PCPs often refer to specialists for services. 	frequent meetings with PPGs to discuss performance and barriers could help hold them accountable for improving CCS rates.	<ul style="list-style-type: none"> • L.A. Care includes Cervical Cancer screening as a clinical measure for both the LA P4P provider group incentive and the Physician P4P incentive programs. • Automated reminder calls were made in 2023 to members due for cervical cancer screening. • Members' letters were delivered to members' homes as reminders to complete routine screening. • A text message campaign was deployed in 2023 to spread awareness about the importance of cervical cancer screening for members. 	This low cost per engagement indicates the campaign's success in effectively targeting a focused, engaged audience.
Colorectal Cancer Screening (COL)	<ul style="list-style-type: none"> • The measurement age for COL changed from 50-75 years old to 45-75 years old, thus adding more members to the denominator. • PCPs may refer COL out to specialists. • Providers may not know about the multiple screening options and how to discuss them 	<ul style="list-style-type: none"> • Refine existing interventions while exploring new initiatives to enhance awareness among members and providers. Specifically, for providers, more frequent meetings with PPGs to discuss performance and barriers could help hold them accountable for 	<ul style="list-style-type: none"> • Deployed colon cancer test kits in December 2023 to D-SNP & LACC populations, increasing access to colon cancer screening. • In 2023, an automated reminder call was made to members due for a colorectal cancer screening. • L.A. Care continued to send 	<ul style="list-style-type: none"> • We are continuing our efforts to achieve a minimum 10% return rate (industry average) for test kits, deploying them multiple times throughout the year to ensure consistent access for individuals. • Outcomes for the COL text campaign will be shared once made available.

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Colorectal Cancer Screening (COL) (cont.)	<ul style="list-style-type: none"> Improperly documented/ coded past colon cancer screenings 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 not complete and return the test. 	<p>improving CCS rates.</p> <ul style="list-style-type: none"> Simplifying access to care, such as offering at-home test kits, could also reduce barriers, ensuring that preventive care remains a priority for members. 	<p>Provider Opportunity Reports, which include lists of non-compliant members for many HEDIS measures, including COL to PCPs and PPGs.</p> <ul style="list-style-type: none"> A text message campaign was deployed in 2023 to spread awareness about the importance of colon cancer screening for members. A social media campaign launched in 2023 to increase awareness in the community of the importance of completing routine colon cancer screening. 	<ul style="list-style-type: none"> The campaign achieved 14 post shares, 5,109 likes, and 162,713 impressions, with a cost per click of \$0.40- well below the industry average of \$2.47. The high number of link clicks (179) reflects the campaign's success in reaching a targeted, engaged audience. 81,956 individuals received a text, but less than 1% of members closed a care gap at least six months post-intervention.

Qualitative Analysis

In August 2023, a text campaign was deployed for the AAP measure, including adults aged 18 and older who were non-compliant with the Well-Child Visits (WCV) measure. 138,643 texts were sent, with 48.22% of recipients closing their care gap at least six months post-intervention. The percentage of improvement for AAP is statistically significant. The messaging for these texts appears to have been effective, as it led to statistically significant positive improvements for the measure. Furthermore, to better understand barriers to accessing certain services, such as cancer screenings, we began integrating member surveys within our text campaigns to collect real-time feedback. We sent members a link to a survey, allowing us to gather qualitative insights into the specific challenges members face.

We analyzed the AAP survey's free-text responses, which were sent to 138,643 members. 1,192 members completed the survey, yielding a 0.86% response rate, with 913 responses in English and 279 in Spanish. For the English responses, many participants reported not recalling their last check-up. When asked why they had not visited their doctor, most selected 'other' and explained they were unaware of their designated physician. Participants often mentioned that their last appointment was over two years ago for the Spanish responses. The primary reason for not visiting their doctor was that they didn't feel ill.

In October 2023, a text campaign was deployed for the BCS measure. A total of 22,848 messages were sent, resulting in 56.22% of recipients successfully closing their care gap at least six months post-intervention. This percent improvement for BCS is statistically significant. The messaging for these texts seems to have been successful, resulting in statistically significant improvements for the measure.

A social media campaign (infographic) was launched in October 2023 in honor of Breast Cancer Awareness Month. The team assembled this campaign to encourage the community to be screened for breast cancer in collaboration with the American Cancer Society. There were three ad versions in English, Spanish, and Chinese. The ad targeted areas (zip codes) with low screening rates. As a result, the infographic reached 15,652 and 322,917 impressions. Users see content a certain number of times, and these instances are referred to as impressions. Boosting this social media infographic as a paid ad proved successful as it had high visibility.

In June 2023, robocalls targeted members due to a routine mammogram screening for D-SNP and MCLA members. The first round of calls was deployed to MCLA members. In this first deployment, of the 7,117 calls, 1,520 calls, or 21%, were deemed successful, meaning that members answered the call. Less than one percent, or 0.13%, of members had an encounter with breast cancer screening 6 months post-intervention. This is not statistically significant. The second round of calls was deployed to D-SNP, LACC, and MCLA members in October 2023. In the second deployment of the 32,687 deployed calls, 9,653 calls, or 30%, were deemed successful. No members had an encounter with breast cancer screening 6 months post-intervention. This is not statistically significant. Although no encounters were observed within the 6 month follow-up period, it is essential to note that we still had many successful calls in which members picked up the phone to receive critical health information. There may have been delays in the data reporting, or members received their screenings outside of the six-month timeframe measured.

A cervical cancer screening social media campaign was deployed in January 2023 to encourage the community to be screened for cervical cancer. The ad had captions in English and Spanish and utilized diverse imagery for the campaign. The ad also targeted areas (zip codes) with low screening rates. In total, the campaign reached 20,512 impressions and 50,240 impressions. Cost per click was \$0.38, below the industry average of \$2.47. Overall, the campaign successfully targeted a more focused group of likelier individuals to engage with the campaign, especially given that the cost per engagement was low.

Throughout 2023, robocalls were conducted targeting members due to routine cervical cancer screening for D-SNP, LACC, and MCLA members in Armenian, English, Spanish, Vietnamese, Mandarin, and Cantonese. Two rounds of robocalls were deployed. The second round of robocalls was made to MCLA & LACC members only. In the 1st deployment (D-SNP, LACC, MCLA), of the 11,256 calls that were deployed, 3,032 members (27%) had an encounter for cervical cancer screening 6 months post-intervention. This is statistically significant. In the 2nd deployment (LACC & MCLA), of the 112,899 calls that were deployed, 16,502 (15%) members had an encounter for cervical cancer screening 6 months post-intervention. This is statistically significant. Given that both rounds of robocalls demonstrated statistical significance, we will continue to deploy these calls as part of our ongoing efforts. We will also continuously improve the process as necessary to enhance its effectiveness over time.

Conversely, the COL text campaign yielded different results than our AAP and BCS campaigns. While 81,956 individuals received a text, there was less than a 1% success rate in closing care gaps at least six months post-intervention. This decline in the percentage of care gaps closed is statistically significant. To enhance the effectiveness of the COL campaign and optimize future outreach, we plan to refine the messaging script to better target and engage populations with lower engagement.

A colorectal cancer screening social media campaign was launched in April 2023 to encourage the community to be screened for cervical cancer. The ad had three distinct versions, each using imagery to represent Hispanic/Latino and Black/African American individuals. Overall, there were a combined 14 post shares, 5,109 post likes, and 162,713 impressions. Cost per click was \$0.40, below the industry average of \$2.47. Overall, the campaign successfully targeted a more focused group of individuals, indicated by the high volume of link clicks (179).

Throughout 2023, two rounds of robocalls were conducted targeting members due to routine colorectal cancer screening for D-SNP, LACC, and MCLA members. For the first deployment of robocalls, of the 17,416 calls that were deployed, 1,246 members (7%) had an encounter for colorectal cancer screening 6 months post-intervention. This is statistically significant. For the second deployment, 107,883 calls were deployed. Of these calls, 5,495, or 5% of members, had an encounter for colon cancer screening 6 months post-intervention. This was not statistically significant.

A series of text message campaigns deployed in 2023 for the following measures: Adults' Access to Preventive/Ambulatory Health Services (AAP), Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), and Colorectal Cancer Screening (COL). To better understand the barriers members face in accessing services like cancer screenings, we began integrating member surveys into our text campaigns in 2023 to collect immediate, qualitative feedback. Specifically, we included a survey within our Adult Access to Preventive Health Services (AAP) text campaign. This approach has allowed us to gather real-time insights directly from members, helping us identify specific obstacles, such as transportation, scheduling, or lack of awareness, that may prevent them from accessing preventive services. While data on these campaigns' efficacy is not yet available, we will review the outcomes as soon as we receive the results and assess their impact on member engagement and screening rates.

CONCLUSION

The initiatives launched throughout 2023 have demonstrated varying levels of success in encouraging members & the community to engage in cancer screenings. Social media campaigns targeting breast, cervical, and colorectal cancers have been highly effective in raising awareness, generating engagement, and reaching underserved populations. These campaigns, indicated by their low cost per engagement and far reach, will be continued and refined to improve their impact further.

While robocalls reached many members, the results regarding actual screenings were mixed. Robocalls for cervical cancer screening showed statistically significant improvements in screening rates, making this intervention valuable. However, the robocalls did not yield significant screening outcomes for breast and colorectal cancer screenings. This suggests that robocalls may not be as effective in today's environment, where people are increasingly skeptical of automated calls. As a result, we are exploring alternative communication methods, such as email campaigns, to reach and engage members more effectively. Moving forward, this will be an area of focus to ensure that we meet members where they are, leveraging communications they are more likely to trust and have a higher response.

To address the barriers and feedback cited by members through surveys, we continuously emphasize the importance of visiting a doctor- even if members don't feel sick. We are also working to raise awareness about re-engaging with care through outreach efforts outside of text campaigns, such as social media. For members unaware of their assigned PCP, we have enhanced our text campaigns to include specific information about their designated PCP, making it easier for them to contact their doctor and schedule an appointment. We are also collaborating more closely with PPGs to emphasize the importance of providing comprehensive care to their patients and holding them accountable for meeting key measures, such as AAP.

In addition, we are working on incentivizing members to encourage participation in screenings, especially given the barriers some face in accessing care. For example, in December 2023, we launched a colorectal

cancer screening incentive program for our LACC members, offering a gift card incentive to help motivate members to get screened and offset costs associated with taking time off work, for example. This initiative will be continued in 2024, and we anticipate that such incentives will positively impact screening rates.

We are also focused on improving access to care, particularly for colorectal cancer screenings, through approaches like at-home test kits. In December 2023, we launched an at-home test kit initiative for colon cancer to make screening more accessible and convenient for members, especially those who may face challenges making in-person appointments. This project will continue over the next three years, and while we cannot yet evaluate its results, we expect to have more data on its effectiveness soon.

Looking ahead, we will continue to build on the success of our social media campaigns and work on refining our existing strategies, meeting members where they are, exploring new communication channels, and incentivizing members to ensure higher participation in screenings. By continuously evaluating and adapting our strategy, we aim to raise awareness and drive meaningful health outcomes in the communities we serve. Our focus will remain on accessibility, engagement, and sustainability to improve our members' screening rates and health outcomes.

MY 2024 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2024 Medi-Cal Goal	MY 2024 D-SNP Goal	MY 2024 LACC Goal
AAP	Adults Access to Preventive/Ambulatory Health Services	59%	68%	N/A
BCS-E	Breast Cancer Screening	63%	70%	70%
CCS	Cervical Cancer Screening	57%	N/A	58%
COL	Colorectal Cancer Screening	N/A	66%	59%

B.3 PERINATAL HEALTH

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BACKGROUND/SUMMARY – TIMELINESS OF PRENATAL CARE AND POSTPARTUM CARE

Perinatal care visits are essential for a healthy pregnancy. Timely prenatal and postpartum care ensures the physical and mental health and well-being of pregnant women and birthing people. Inadequate prenatal care may result in pregnancy-related complications that may lead to potentially serious complications for both the parent and the baby.⁴ Rates of infant and maternal mortality, particularly amongst Black/African American and Native American populations, are disparate and require additional support to show improvement. In LA County, Black/African Americans are 4 times more likely to die from pregnancy complications than their white counterparts. Black infants are 3 times more likely to die within their first year of life compared to white babies.⁵ More than 80% of these pregnancy-related deaths in the United States are preventable. Providing timely treatment and quality care can prevent many of these deaths. Many factors may contribute to race-based health disparities, including access to quality care, chronic conditions, institutional racism, and implicit bias. Providing advocacy, education, and supportive perinatal programs for members, as well as provider training can assist in reducing disparities. Additionally, seeking timely postpartum care, including mental health screenings, can lead to early identification and prevention of post-delivery health issues.

Approximately 25% of L.A. Care's Medi-Cal line of business (LOB) members are auto-assigned to Plan Partners Anthem Blue Cross and Blue Shield of California Promise. L.A. Care is responsible for health care services for the remainder of Medi-Cal (direct line of business MCLA) members. This includes the mailing of trimester-specific prenatal health education packets, conducting outreach call reminders for timely postpartum care and connection to relevant resources, 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.

MAJOR ACCOMPLISHMENTS

- In February 2024, L.A. Care broadcasted a maternal health live interview on social media platforms aimed to raise awareness about maternal health, emotional wellness, and the high infant and maternal mortality rates, particularly in the Black/African American community. The audience was educated on the importance and benefits of the doulas and to engage viewers in a live discussion fostering community, support, and empowerment among expecting mothers. Additionally, the event aimed to increase engagement by generating questions, comments, and reactions from the audience while raising awareness about available L.A. Care resources. It encouraged women and birthing people to advocate for themselves during pregnancy and birth and reminded participants to prioritize health before, during, and after pregnancy. The live broadcast had 185 “likes”, 21 comments, and 33 shares.
- Health Education met MPL for Timeliness of Prenatal Care Visits (PPC-1) and Timeliness of Postpartum Visit (PPC-2) for MCLA and LACC membership. Most notably, PPC-1 reached 91% for HEDIS MY 2022 and 2023.
- L.A. Care hosted a Doula Benefit Webinar June 26, 2024, for provider and hospital staff to inform them of the doula Medi-Cal benefit. Guest speakers included Frontline Doulas as the subject matter expert, providing hands-on experience and tips to work collaboratively with providers. Health

⁴ http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html

⁵ [African American Infant and Maternal Mortality \(AAIMM\) - First 5 Los Angeles \(first5la.org\)](#)

Education continues to manage the doula benefit and work closely with Contracting and Credentialing departments to grow the L.A. Care network of doulas.

- Health Education collaborated with Health Net and our Community Benefits department to fund the Doula Hub for L.A. County Department of Public Health. This sponsorship will support the growth and expansion of doulas, provide small business sustainability, training and education. L.A. Care funded the first year of a three-year endeavor. Subsequent funding is planned upon completion of annual deliverables.

HEALTHY PREGNANCY PROGRAM

The Healthy Pregnancy Program seeks to increase timely prenatal care for L.A. Care Direct Line of Business MCLA pregnant members. Members identified in the 834-eligibility file receive trimester-specific educational packets via monthly mailing. Members whose trimester-specific information is unavailable receive a general prenatal welcome letter. L.A. Care utilizes data sources such as PointClickCare, formerly known as Collective Medical Technologies (CMT), encounters, claims, prenatal survey (OBIEE report), LANES data, and Health Information Form (HIF) to identify pregnant members. The non-trimester report identifies members from the same data sources listed above from all lines of business.

Table 1 below details the three-year trend for mailings. In FY 23-24, a total of 11,916 L.A. Care members were identified as pregnant. Of the 11,916 members, 833 were sent a trimester-specific health education packet (574 English and 259 Spanish), and a general prenatal welcome letter was sent to 11,083 non-trimester specific members (7,395 English and 3,688 Spanish) for members without trimester specific data. In December 2021, there was a 6-month “look back” period for English members identified in the non-trimester specific report, hence the higher outcome of 8,423 for FY 2021-2022 vs. 7,933 for FY 2022-2023 and 7,395 in FY 23-24. In addition to monthly pregnancy mailings, a Black/African American Healthy Pregnancy Resource Guide was developed to share culturally congruent parenting resources for members. This material helps to support the Black African American population experiencing maternal health disparities and is distributed currently to members through ongoing monthly mailings. There were 42 trimester-specific mailings and 1,134 non-trimester mailings to Black/African American pregnant members in FY 2023-2024.

Table 1: Healthy Pregnancy Mailings – Three-Year Trend - 2021-2024

Fiscal Year	Total Mailers	English Trimester Packet	Spanish Trimester Packet	English Non-Trimester Prenatal Letter	Spanish Non-Trimester Prenatal Letter
FY 2021-2022	11,899	854	220	8,423	2,402
FY 2022-2023	10,964	724	231	7,933	2,076
FY 2023-2024	11,916	574	259	7,395	3,688

Obtaining correct and timely member information for the early identification of pregnant members and reliable member contact information continues to be a barrier. The majority of members in the Healthy Pregnancy Program are pregnant members who apply and become eligible for Medi-Cal or identified through claims/encounter data, as L.A. Care currently does not have a mechanism in place to identify existing members who become pregnant. Health Education continues to improve timely prenatal identification by adding several sources to the existing monthly prenatal report, such as PointClickCare, formerly known as Collective Medical Technologies (CMT), encounters, claims, prenatal survey (OBIEE report), LANES data, and Health Information Form (HIF) to identify pregnant members. These sources

include the identification of existing Medi-Cal pregnant members and members from other lines of business.

In addition to the pregnancy mailings, L.A. Care launched the prenatal texting campaign in August 2022 for Black/African American MCLA members in response to the prenatal and maternal health disparities amongst this population. A prenatal campaign for all LACC members launched July 2023 and campaigns continue to run on-going. The goal of the campaigns is to increase the rates of completed prenatal appointments by educating members about the importance of prenatal care, inform them about available L.A. Care incentives and resources, and serve as a reminder to schedule and attend their appointments. Doula benefit and depression screening content was added to PPC-1 MCLA script in October 2023. During FY 23-24, the prenatal texting campaign reached 752 members and enrolled 130 members for an enrollment rate of 18.3%. For LACC members, 89 members were outreached and 23 opted in for prenatal messaging, resulting in a 25.8% enrollment rate. All campaigns will continue running in 2025.

HEALTHY MOM PROGRAM

The Healthy Mom program goal is to increase postpartum visit rates for MCLA, LACC, and D-SNP members through high-touch member outreach and the availability of a \$40 gift card for eligible members. Upon confirmation of a member's postpartum visit, the member is sent a voucher for a \$40 gift card and can select the retailer of their choice. In FY 2023-2024, 5,236 gift cards were sent to members. Additionally, Health Education staff outreaches to members who have had a live delivery but do not have evidence of a postpartum visit. The Health Education Advocate assists them with scheduling a postpartum appointment within the timeframe between 7-84 days after delivery.

As indicated in **Table 2** below, 4,510 members were called by the Health Education staff for postpartum appointment scheduling assistance to offer transportation assistance and interpreting services during the FY 23-24. Of those calls, 57.5% (N=2,594) were not reachable, while 42.4% (N=1,916) were reached and offered postpartum visit scheduling assistance. The percentage of unable-to-reach members decreased 1.2% from FY 22-23 to FY 23-24, which may indicate member contact information improvements. From the total number of eligible members, 39.7% (N=1,792) already had appointments, while 1.8% (N=83) declined assistance, and 0.9% (N=41) accepted help coordinating an appointment. Of the 1,792 members that already had an appointment, 840 encounters were received. For those 41 members who received assistance with scheduling an appointment, 7 encounters were received. Encounters may be received 2-6 months after the service, although on average, most encounters are received within 2 months of service date. Outreach calls may have been made to members that had already scheduled a postpartum visit due to lag time for encounter data, as indicated by the 39.7% of members below.

Table 2: Postpartum Call Results

	FY 23-24	Percent	FY 22-23	Percent	FY 21-22	Percent
Unable to Reach	2,594	57.5%	2,190	58.2%	2,283	55.6%
Able to Reach	1,916	42.4%	1,569	41.7%	1,823	44.3%
Already Had Appt	1,792	39.7%	1,392	37.0%	1,559	40.0%
Made Appointment	41	0.9%	46	1.2%	55	1.3%
Refused Assistance	83	1.8%	131	3.4%	209	5.0%
Total Calls Made	4,510	-	3,759	-	4,108	-

In addition to the prenatal text campaign, L.A. Care also launched a postpartum PPC-2 text messaging campaign for MCLA members in July 2022. A postpartum campaign launched for all LACC members in July 2023, and both campaigns continue to run on-going. The goal of the campaigns is to increase the rates of completed postpartum appointments by educating members about the importance of postpartum care,

inform them about available L.A. Care incentives and resources, and serve as a reminder to schedule and attend their appointments. Doula benefit and depression screening content was added to PPC-2 MCLA scripts in October 2023. During FY 23-24, the postpartum texting campaign for all MCLA members has outreached to 6,523 members and enrolled 1,633 members for a 25.0% annual enrollment rate. For the postpartum LACC campaign, 715 members were outreached, and 158 opted in for postpartum messaging, resulting in a 40.0% LACC enrollment rate. All campaigns will continue running in 2025.

HIGH RISK PREGNANCY

In FY 23-24, L.A. Care’s High–Risk Pregnancy Program sent out 3,304 letters introducing the High-Risk Pregnancy Program and inviting pregnant members to participate. The letter also informs members about the availability of the Health in Motion™ (MyHIM) health and wellness resource, where members can access health education materials, videos, and self-paced workshops. The population of focus includes members ≥18 years of age and belong to all lines of business, as detailed in **Table 3** below. No members completed the self-paced pregnancy MyHIM workshop after receiving the welcome letter, and no requests were received for printed educational packets.

Table 3: High Risk Pregnancy Welcome Letters

High-Risk Pregnancy Welcome Letters									
D-SNP		MCLA		LACC-D		LACC		PASC	
EN	SP	EN	SP	EN	SP	EN	SP	EN	SP
2	1	2,729	0	0	44	421	44	58	5

HEDIS RESULTS

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

The following quantitative and qualitative analysis provides an overview of HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024. Table 4 below displays the L.A. Care multi-line of business internal goals for Timeliness of Prenatal care (PPC-1), Postpartum Care (PPC-2), and Timeliness of Prenatal Care among Black/African American members for HEDIS MY 2023. These goals are set each year in accordance with healthcare standards as well as determining rates that are specific, measurable, timely, and vital to L.A. Care members. Prenatal internal goals were met for both Medi-Cal and LACC lines of business. The internal goal for postpartum care was met also for the LACC line of business; however, it was not met for Medi-Cal. A particularly high internal goal of 92% was set for Medi-Cal PPC-1 since the rate has been trending at 91%. We will continue to keep the 92% goal until reached. Both PPC-1 prenatal and PPC-2 postpartum met MPL for all lines of business, as shown in upcoming analysis in this evaluation report.

Table 4: HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Internal Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/NO)
Timeliness of Prenatal Care (PPC)	Medi-Cal	90.16%	91.11%	91.11%	0.00	92%	-0.89	NOT MET	84.23	NO
	LACC	80.06%	89.18%	90.83%	+1.65	90%	+0.83	MET	84.20	NO
	MCLA	89.63%	89.36%	91.16%	+1.80	N/A	N/A	N/A	84.23	NO
	PASC	65.22%	57.14%	55.56%	-1.58	N/A	N/A	N/A	N/A	N/A
Postpartum Care (PPC)	Medi-Cal	80.00%	80.74%	82.59%	+1.85	81%	+1.59	MET	78.10	NO
	LACC	71.70%	83.92%	84.17%	+0.25	84%	+0.17	MET	81.60	NO
	MCLA	78.66%	85.11%	80.27%	-4.84	N/A	N/A	N/A	78.10	NO
	PASC	69.57%	57.14%	66.67%	+9.53	N/A	N/A	N/A	N/A	N/A
Timeliness of Prenatal Care Black/African American (PPC)	MCLA	69.30%	65.90%	64.44%	-3.32	70%	-7.42	NOT MET	84.23	NO

*Stat Sig – Statistical Significance

- Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/RY2023)/L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2023/RY2024)

Quantitative Analysis

Chart 1: MY 2021-2023 Prenatal HEDIS Rates

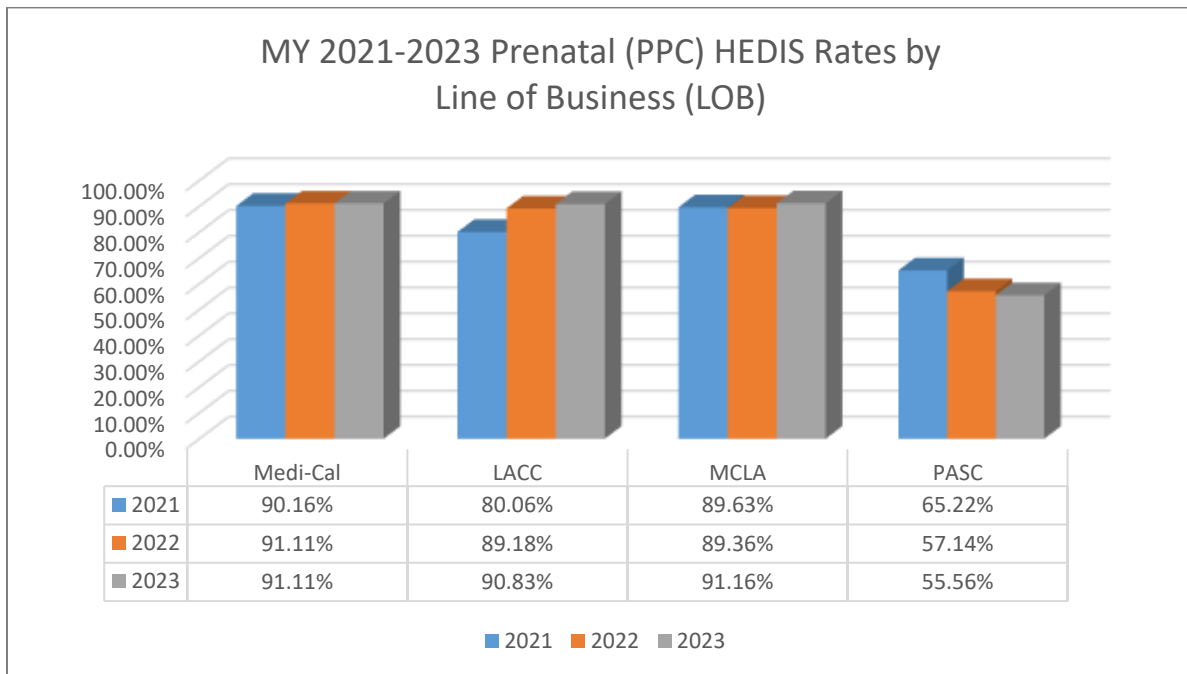
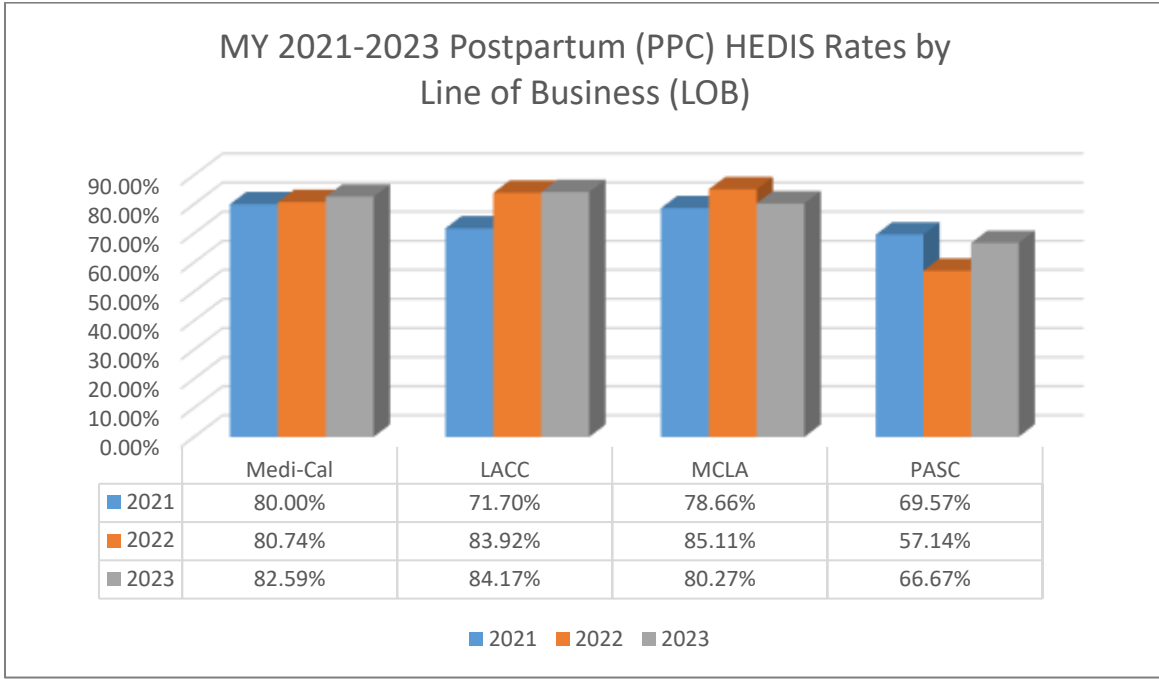


Chart 2: MY 2021-2023 Postpartum HEDIS Rates



**Chart 3: MY 2021- MY 2023 Timeliness of Prenatal Care
MCLA Black/African American Membership**

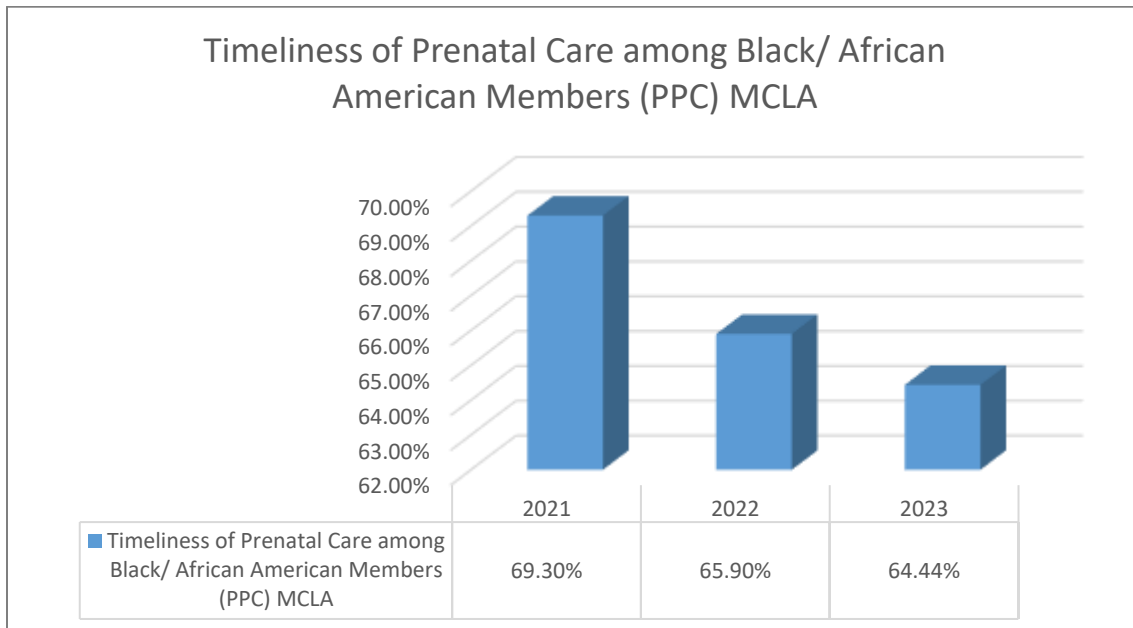


Table 5: Opportunity for Improvement

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Timeliness of Prenatal Care (PPC)	<ul style="list-style-type: none"> Late identification of pregnant members with trimester-specific data. Missing trimester-specific data. 	<ul style="list-style-type: none"> Provider education and communication. Collaborating with community-based organizations (CBOs) 	<ul style="list-style-type: none"> Provider and member newsletter articles on the importance of Prenatal visits. Partner with community-based organizations to educate members on prenatal visits. Text Messaging campaigns and social media posts Utilizing multiple data platforms for earlier identification of pregnant members. 	<ul style="list-style-type: none"> The multiple interventions appear successful; hence, the prenatal HEDIS rates are maintained at 91%.
Postpartum Care (PPC)	<ul style="list-style-type: none"> N/A (Met) 	<ul style="list-style-type: none"> N/A (Met) 	<ul style="list-style-type: none"> N/A (Met) 	<ul style="list-style-type: none"> N/A (Met)
Timeliness of Prenatal Care among Black/ African American Members (PPC)	<ul style="list-style-type: none"> Difficulty scheduling timely appointments. Members experiencing discrimination. 	<ul style="list-style-type: none"> Member education on healthcare navigation. Collaborating with community-based organizations (CBOs) servicing pregnant members. 	<ul style="list-style-type: none"> TCS outreach calls to the birthing population. Partnering with Black Infant Health (BIH) and WIC on the member referral process. The Doula Benefit. Black/African American (B/AA) Healthy Pregnancy Resource Guide mailing. Prenatal text messaging campaign. 	<ul style="list-style-type: none"> Prenatal rates for our B/AA members are trending upward, reflected in prospective MY 2024 rates. Members continue to request doula services for pregnancy and postpartum support.

Qualitative Analysis

As shown in **Table 4**, Prenatal and postpartum rates have shown a steady increase for all lines of business from MY 2021 to MY 2023. As noted in **Chart 1**, the most notable Prenatal increases are as follows: The MCLA Prenatal care rate increased from 89.63% in MY 2021 to 91.16% in MY 2023 which is a 2.2% increase, LACC Prenatal care rates rose from 80.06% in MY 2021 to 90.83% in MY 2023 resulting in a 13.4% increase, and lastly Medi-Cal Prenatal rates maintained at 91.11% during MY 2022 and 2023.

As shown in **Chart 2**, the most notable postpartum increase is amongst LACC membership, which increased from 71.70% in MY 2021 to 84.17% in MY 2023, a 17.4% increase. Postpartum rates for Medi-

Cal also increased from 80.0% in MY 2021 to 82.59% in MY 2023, a 3.2% increase. Lastly, MCLA increased from 78.66% in MY 2021 to 80.27% in MY 2023, a 2.0% increase.

Noted in **Chart 3**, the measurement year (MY) 2023 Timeliness of Prenatal Care rate for the Black/African American population is 64.44%, a 2.31% decrease from the MY 2022 rate of 65.90%. However, the prospective 2024 rate is currently trending at 70%. This is a promising look ahead to the proposed final rate for 2024. Upon further analysis, we identified an increased number of B/AA members having prenatal visits; however, they do not all have their prenatal visit within the HEDIS-measured timeframe within their first trimester or 42 days of enrollment with L.A. Care. We continue to provide education and scheduling assistance to help remedy any prenatal timeframe issues. Additional initiatives for L.A. Care Black/African American membership are noted in the conclusion.

As noted in **Table 5**, some barriers that continue to impact the perinatal programs and rates include appointment availability, the complexity of L.A. Care's delegated network, and confusion regarding the open access standard for women seeking routine women's preventive health services from an in-network OB/GYN. Also, some members have felt discriminatory behaviors and practices within their doctor's office with frontline staff or the treating provider. Despite the overall increase in Medi-Cal, MCLA, and LACC postpartum rates, issues such as member's perception of insignificance of the postpartum visits, transportation (particularly for multiparous women), and childcare issues serve as barriers for women to complete the appropriate and timely postpartum visits. Appointment availability may affect this measure as well.

In addressing member barriers to prenatal and postpartum care, L.A. Care distributed several educational materials to members, notified providers of members needing these services, and contacted postpartum women. The newly improved prenatal report supports the timely identification of pregnant members and provides an opportunity to include them in appropriate mailings and other maternal health improvement initiatives. Utilizing data sources such as PointClickCare, formerly known as Collective Medical Technologies (CMT), encounters, claims, prenatal survey (OBIEE report), LANES data, and Health Information Form (HIF) helps to identify more members that are pregnant and provide outreach accordingly. Lastly, continued collaboration with our community partners helps identify pregnant members and provides expanded education on the importance of prenatal and postpartum visits.

Health Education recently launched the Transitional Care Services (TCS) Program for the birthing population in June 2024 for MCLA members. Transition of care occurs when a member transfers from one setting or level of care to another, including but not limited to hospitals, institutions, acute care facilities and home community-based settings. Pregnant and postpartum members are contacted by Health Education staff once the member is discharged from a hospital/facility. Members are offered appointment assistance and connections to resources such as behavioral health, doula, Meals as Medicine, and more. Members can opt-in or decline any services. Members' cases are open for 30 a minimum of 30 days. Health Education expanded its team and hired 6 new staff, 2 Care Coordinators (CC), and 4 Community Health Workers (CHW) to increase member outreach. Comprehensive data will be available in FY 24-25.

DOULA BENEFIT

The DHCS Medi-Cal Doula Benefit launched on January 1, 2023. This DHCS required benefit provides doula services for prenatal and postpartum members who have given birth within 12 months. Doula services are provided as preventive services to pregnant Medi-Cal members. Doulas provides person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of members while adhering to evidence-based best practices. Doula services assist with preventing perinatal complications and improving health outcomes for birthing parents and infants.

The initial outcomes of the doula benefit reflect positive utilization among various ethnic backgrounds. Since the program's inception, approximately 234 MCLA members have been referred for doula services. Refer to **Chart 4** below for utilization by race/ethnicity.

Chart 4: Doula Benefit Race/Ethnicity YTD

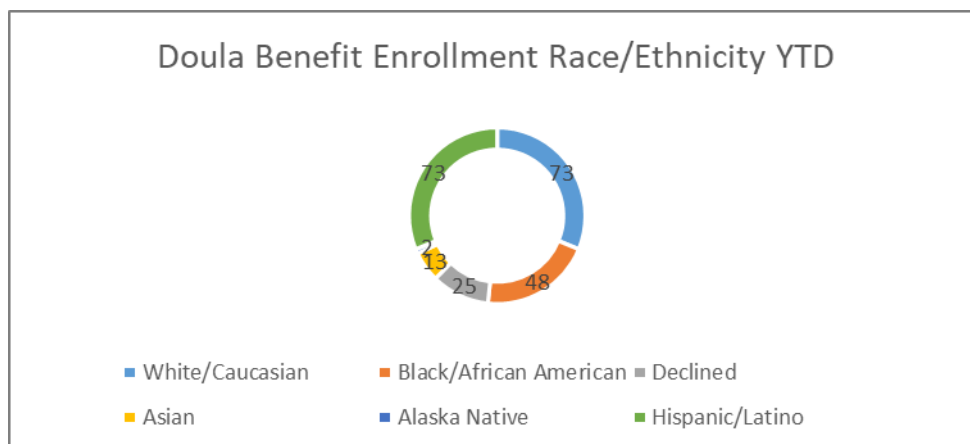


Table 6 below shows Doula Benefit Birth Outcomes from program inception January 2023 to September 2024. L.A. Care has birth outcome data for 75 members receiving doula services. As noted below, 44 members had vaginal live births, 9 members had vaginal births without available birth outcome data, and 1 vaginal birth resulted in neonatal demise. A total of 18 members had cesarean sections, which resulted in a 24% cesarean rate, which is well under the 31% California statewide rate. However, there is room for improvement to reach the 10-15% cesarean rate recommended by the World Health Organization. In addition to birth delivery data, 73% of members receiving doula services had at least one prenatal visit, and 60% of participants completed eight visits with their doula.

Table 6: Doula Benefit Total Birth Data – January 2023- September 2024

Birth Method	Live Births	Multiple	Neonatal Demise	No Birth Data	Total
Cesarean	1	-	-	-	1
Planned Cesarean	5	1		-	6
Unplanned Cesarean	11	-	-	-	11
Vaginal	44	-	1	9	54
VBAC	3	-	-	-	3
Total	64	1	1	9	75

THE DOULA HUB

The Los Angeles County Department of Public Health and the County Board of Supervisors initiated the implementation of the Doula Hub in 2024. The purpose of the Doula Hub is to increase equity among doulas of color, provide sustainability and growth for new community-based doula organizations, and support new Medi-Cal doulas through navigating the healthcare system. The Doula Hub selected lead agency Diversity Uplifts/Frontline Doulas, will implement the 5 following components of the hub:

- Doula Training and Health Care System Integration
- Technical Assistance to Participate in Health Plan Doula Provider Networks
- Workforce & Organizational Development

- Evaluation
- Communications/Public Awareness Efforts

L.A. Care has agreed to fund year 1 and subsequent years upon meeting identified deliverables, including network expansion, outreach and education, and doula support. Each year will be funded upon approval of the L.A. Care Community Benefits department. Health Education plans to work closely with the lead agency to conduct doula and provider training, address barriers to access to care, and grow the network of contracted doulas.

CONCLUSION

TABLE 7: HEDIS MY 2024 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2024 Medi-Cal Goal	MY 2024 MCLA Goal	MY 2024 LACC Goal
PPC	Timeliness of Prenatal Care	92%	N/A	91%
PPC	Postpartum Care	83%	N/A	85%
PPC	Timeliness of Prenatal Care among Black/African American Members	N/A	70%	N/A

L.A. Care experienced a successful year for Prenatal and Postpartum measures, meeting HEDIS MPL for all lines of business. To ensure these measures continue to increase, the internal goals are evaluated annually and are noted in Table 6 above. The internal work plan goal for Timeliness of Prenatal Care will remain at 92% since it was slightly below at 91% for MY 2023. The LACC goal is set slightly higher at 91% since the 90% internal goal was met. For Postpartum Care, goals were met for Medi-Cal and LACC of business; therefore, the goals were increased to 83% for Medi-Cal and 85% for LACC membership.

L.A. Care is committed to aligning with the DHCS Bold Goals initiative to improve the quality and equity of care amongst our pregnant and postpartum members. Health Education has implemented various programs to address the Bold Goals 50x2025 of reducing maternal health disparities by 50% by 2025. As mentioned earlier, Health Education conducts a prenatal text messaging campaign specifically for our MCLA members who identify as Black/African American (B/AA). Health Education also conducts Black/African American Healthy Pregnancy Resource Guide monthly mailings to B/AA members. Also previously mentioned, this guide contains culturally congruent resources for the pregnancy and postpartum journey. Additional future endeavors include several innovative strategies to improve B/AA prenatal rates, including utilizing additional data sources to identify pregnant members earlier, home visitation partnership with L.A. County Black Infant Health (BIH), and partnering with the L.A. County Department of Public Health and the Doula Hub. Health Education will continue with the text messaging campaign, telephonic member outreach, and social media posts, expanding educational content on our Maternity Care webpage. Health Education will continue the promotion of the online health and wellness portal MyHIM, where members can access health education materials, videos, self-paced workshops, and chat with a health educator/coach.

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

C.1 CHRONIC CONDITION MANAGEMENT

C.1.a REDUCING CARDIOVASCULAR RISK

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BACKGROUND/SUMMARY

High blood pressure, also known as hypertension (HTN) can be the root of health problems and can lead to serious health complications. Heart health is very important and like other health conditions, it's imperative to be mindful of lifestyle choices, what we eat, having adequate physical activity and exercise, staying hydrated, and seeing a PCP (Primary Care Provider) when necessary. If left untreated, elevated blood pressure can lead to symptoms, like dizziness, nausea, chest pain, and frequent headaches. Uncontrolled blood pressure can lead to heart complications like stroke, heart attack, kidney disease, and eye damage.⁶ Along with seeing a PCP, when possible, people diagnosed with hypertension need to take medications as prescribed, take blood pressure to monitor levels, and be proactive with heart health. According to the CDC, nearly half of adults have high blood pressure (48.1%, 119.9 million) and about half of the adults that's 45% have uncontrolled high blood pressure.⁷ It is important to manage blood pressure levels, to make changes to your lifestyle, staying active, being proactive with your heart health.

MAJOR ACCOMPLISHMENTS

- The measure rate for Controlling Blood Pressure surpassed its MY 2023 goal for Medi-Cal, LACC, and D-SNP, as well as increased YOY (year-over-year) rates compared to MY 2022 for all lines of business.
- The QI (Quality Improvement) department deployed a text message campaign for CBP to members across D-SNP and LACC lines of business.
- The QI department deployed a new HTN (Hypertension) Self-Management Postcard Magnet mailer to D-SNP, LACC and MCLA members.

RESULTS

The following quantitative and qualitative analysis provide an overview of HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

⁶ Cleveland Clinic | High Blood Pressure (Hypertension)

⁷ [CDC | High Blood Pressure Facts](https://www.cdc.gov/heartdisease/highbloodpressure/facts.htm)

Table 1 - HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/ NO)
Controlling Blood Pressure (CBP)	Medi-Cal	61.48%	62.76%	66.75%	+3.99	63%	+3.75	MET	61.31	NO
	LACC	58.54%	62.59%	67.78%	+5.19	66%	+1.78	MET	64.30	NO
	D-SNP	61.81%	70.92%	74.71%	+3.79	71%	+3.71	MET	72.99	NO
	MCLA	56.87%	62.31%	63.23%	+0.92	N/A	N/A	N/A	61.31	NO
	PASC	31.60%	20.04%	53.32%	+33.28	N/A	N/A	N/A	N/A	YES

*Stat Sig – Statistical Significance

Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/RMY2023)/

L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2022/RMY2023)

Quantitative Analysis

- **Controlling Blood Pressure (CBP)**

- **Medi-Cal:** Controlling Blood Pressure MY 2023 rate was 66.75%. This was a 3.99% increase from MY 2022, and it was not found to be statistically significant. The MY 2023 rate met its goal of 63% and was higher than the 50th Percentile (MPL) of 61.31% by 5.44% but lower than the 90th percentile of 72.22%.
- **LACC:** Controlling Blood Pressure MY 2023 rate was 67.78%. This was a 5.19% increase from MY 2022, and it was not found to be statistically significant. The MY 2023 rate met its goal of 66%. The MY 2023 rate was higher than the 50th percentile of 64% but lower than the 90th percentile of 75%.
- **D-SNP:** Controlling Blood Pressure MY 2023 rate was 74.71%. This was a 3.79% increase from MY 2022 and was not found to be statistically significant. The MY 2023 rate met its goal of 71%. The MY 2023 rate was higher than the 50th percentile of 72.99% but lower than the 90th percentile of 82.98%.
- **MCLA:** Controlling Blood Pressure MY 2023 rate was 63.23%. This was a 0.92% increase from MY 2022, and it was not found to be statistically significant. The MY 2023 rate was higher than the 50th percentile of 61.31% but lower than the 90th percentile of 72.22%.
- **PASC:** Controlling Blood Pressure MY 2023 rate was 53.32%. This was a 33.28% increase from MY 2022, and it was found to be statistically significant. The MY2023 rate did not meet the 10th percentile of 54.61%.

Table 2 - Opportunity for Improvement (Goals not met in MY 2023)

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Controlling Blood Pressure (CBP)	<ul style="list-style-type: none"> Members diagnosed with hypertension have poor medication adherence and misunderstanding of the importance of blood pressure management. 	<ul style="list-style-type: none"> Providing more member-facing materials to provide helpful tips and information on how to manage high blood pressure and 	<ul style="list-style-type: none"> In May 2024, L.A. Care launched a hypertension text messaging campaign D-SNP and LACC members. 	<ul style="list-style-type: none"> The CBP text messaging campaign saw a difference of 4.02% compliance for members who

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Controlling Blood Pressure (CBP) (cont.)	<ul style="list-style-type: none"> Lack of trust between the member and provider causing confusion and questioning about the care plan. Lack of social support and community resources. Lack of member education on the importance of blood pressure management and committing to lifestyle changes provided by the provider and clinical team. 	<p>medication adherence.</p> <ul style="list-style-type: none"> Look into current member surveys to capture if members are satisfied with their appointments with their Providers. This is to check if Providers are making sure their members understand the care plan and answer questions they may have. Look into ways to remind and offer provider education webinars of topics surrounding member communication and blood pressure management. Provide relevant member materials to push member engagement and tips on what questions to ask during your next appointment. 	<ul style="list-style-type: none"> In October 2024, a HTN (Hypertension) Self-Management Magnet mailer was sent to D-SNP, LACC and MCLA (Native Hawaiian or Other Pacific Islander) members. This was to provide helpful information on how to manage their blood pressure and encourage members to see their provider. 	<p>received a text message and became compliant, compared to members who were not reached and became compliant. The p-value of 0.00 signifies it's statistically significant.</p> <ul style="list-style-type: none"> The Hypertension Self-Management Magnet mailer is a new intervention and will be evaluated in 2025.
Medication Adherence for Hypertension Medication (RAS Antagonist) Medication Adherence for Statins	<ul style="list-style-type: none"> Members have trouble 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 		<ul style="list-style-type: none"> Contact the member's pharmacy or provider to request for 100-day supply of medications. Assist members in obtaining refills for medications. Provide counseling tips for adherence. 	<ul style="list-style-type: none"> Increase in PDC rate for Diabetes, RAS Antagonist, and Statin medication adherence measures. Advance to estimated 2 Star for Statin medication adherence measure.

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Medication Adherence for Hypertension Medication (RAS Antagonist) Medication Adherence for Statins (cont.)	indication or instructions. <ul style="list-style-type: none"> 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"> Provide Transportation Resources. Offer to contact provider for 100-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 100-day supply prescription count.

Qualitative Analysis

The CBP measure did meet established goals for MY 2023 for D-SNP, LACC, and Medi-Cal lines of business, while MCLA and PASC did not have established goals for MY 2023. All lines of business saw an increase from MY 2022 compared to MY 2023. Based on the goals being met for the CBP measure, the QI department will continue to focus on addressing the barriers within the CBP measure. Interventions will build on the member and provider relationship, by informing members through educational mailers and text messaging campaigns more information on managing high blood pressure. This also gives members knowledge and the ability to self-manage their hypertension and continue to meet with their PCP. The QI department can improve provider education, understanding when to take a member's blood pressure, and reminding providers of best practices to properly code blood pressure readings for each visit. Additionally, the QI department – data teams have worked to identify possible gaps in the data being captured for the blood pressure readings.

The CBP text messaging campaign relaunched for MY 2023 that went out to D-SNP and LACC members. When understanding the statistical outcomes of the text messaging campaign, it's important to understand the different groups within the text messaging process and if the impact of the intervention is significant or not. The groups within the intervention include the intervention group – members who successfully

received text messages/outreach and the control group – members who did not receive text messages/outreach (member was unable to be reached by way of wrong or invalid contact information). The CBP text messaging campaign had 43,860 members in total for the campaign. Of the total members within the campaign, 10,378 (24%) were identified as the intervention group, while the remaining 33,482 (76%) were identified as the control group. When comparing the two groups

- For the intervention group, 4,453 (42.91%) members of the 10,378 members who received a text message became compliant with the CBP measure.
- For the control group, 13,022 (38.89%) members of the 33,482 members who did not receive a text message were still found to be compliant with the CBP measure.

When comparing the two outcomes between the groups, from the intervention group of 42.91% and the control group of 38.89%, there was a 4.02% difference, and the p-value signifies it was statistically significant.

The HTN Self-Management Magnet mailer was sent out to D-SNP (4,280), LACC (10,536), and MCLA – Native Hawaiian or Other Pacific Islander (41) members. This intervention was mailed out on 10/14 and is pending evaluation.

Evaluating the CBP text messaging campaign, the two groups within the campaign showed 42.91% for the intervention-compliant group and 38.89% for the control-compliant group, respectively showed a difference of 4.02% between the two groups. The glaring difference was the control group of 33,482 who were unreachable or did not receive a text message. That is 76% of the 43,860 total members, which is significantly high enough not to ignore and evaluate this campaign to be ineffective. The QI department has decided not to continue the CBP text messaging campaign for the upcoming year. The QI department will look at other ways to educate members on the importance of managing high blood pressure, taking blood pressure medications as prescribed, and continuing to see their PCP as needed.

L.A. Care has partnered with the California Rights Med Collaborative (CRMC) since early 2020 to address chronic disease management and health disparities among diabetic members. CRMC, an initiative of the University of Southern California (USC) School of Pharmacy, aims to develop a network of pharmacies that provide Comprehensive Medication Management (CMM) services to underserved areas of Los Angeles County. As part of the program, outreach efforts are made to offer services such as medication reviews, patient education, chart reviews, and care coordination with the provider team. One-on-one appointments are scheduled to help identify and overcome barriers to disease control, recommend medication adjustments to providers, and ensure follow-up monitoring to achieve treatment goals. For more information regarding CRMC, refer to section C.3 (Appropriate Medication Management) under Glycemic Status Assessment for Patients with Diabetes (GSD), Controlling Blood Pressure (CBP), Statin Therapy for Patients with Cardiovascular Disease (SPC), Statin Therapy for Patients with Diabetes (SPD), Statin Use in Persons with Diabetes (SUPD).

In addition, L.A. Care's Pharmacy department has several initiatives to support cardiovascular medication adherence for D-SNP members. For more information regarding medication adherence, refer to section C3 (Appropriate Medication Management) under Medication Adherence for Diabetes Medications, Hypertension (RAS Antagonists), and Statins.

- Comprehensive Adherence Solutions Program (CASP): designed to target D-SNP members and employs a high-touch approach to ensure adherence is achieved and maintained throughout the year. Pharmacy technicians and pharmacists conduct outbound calls to members, providing education, addressing any barriers to medications, and offering pharmacy services to support their medication management.

- **Prescriber Scorecards:** Navitus CEC distributes quarterly scorecard letters to providers, highlighting members who may be exhibiting signs of non-adherence to their medications. The letters are designed to help providers quickly identify patients who may need support and counseling to maintain their chronic medication regimen.
- **Targeted Medication Reviews (TMR):** In collaboration with Navitus CEC, prescription claims data is used to identify therapy gaps and quarterly mailings are sent to members and/or providers.
- **100-Day Supply Conversion Forms:** 100-day supply conversion forms are mailed to providers on a quarterly basis via Navitus CEC to encourage prescribers to switch members' chronic medications to a 100-day supply.
- **Adherence Mailers:** Quarterly mailers are sent in-house to both members and providers, emphasizing the importance of medication adherence and encouraging providers to help their members overcome medication barriers.

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

BACKGROUND/SUMMARY

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 also 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.

In CY 2021, in recognition of the information above and in alignment with enterprise goals to address healthcare disparity, the disease management program was redesigned through a close collaboration with the Medical Director of Care Management. The new program was intended to provide a more focused set of interventions for a smaller population with the hope that the focus would drive higher positive impact. More specifically, the program shifted from addressing CVD in the overall membership to only addressing hypertension in African-American members.

2024 PROGRAM OBJECTIVES

The CVD program to address hypertension in African-American members was developed as a pilot in CY 2021 with the intention of growing in scope over time after exploring effective interventions. The program was implemented originally in January of 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

The program has continued through FY 2024 and has now undergone three years of process improvement.

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

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

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

INTERVENTIONS

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

Enrolled Members

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

- Condition monitoring outreach by a Care Management Specialist
 - At least monthly with increased outreach based upon the member's care needs relative to their disease state
 - A Care Management specialist will work with the member to tailor an individualized disease management care plan to the members needs and preferences
- Educational materials covering heart health management (both print and website accessible resources)
- Options for obtaining a Blood Pressure Cuff
- Access to the L.A. Cares About Your Heart Resource Line (855-707-7852, TTY/TTD 711)

The primary interventions for the CVD program were decided through a review of current literature and established clinical practice guidelines to identify best practices. The primary interventions for the program 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. 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 Drivers of Health

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

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

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

2. Culturally Appropriate Materials

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

In December of 2021 and March of 2023, the Manager and Director of Care Management presented the Cardiovascular Disease Management program to the Consumer Health Equity Council to receive member input on how the program could be improved in ways that are meaningful to the member experience. Members were able to share their lived-experience that contributed to improving the program and ensuring member voice. Feedback received from participants of the Council included that members preferred more frequent telephonic contact from the program and that members find a lot of value in understanding what resources are available to them in their local community. As a result, the FY 2023 CVD program was enhanced to include an additional monthly touchpoint by L.A. Care Management's team of Care Coordinators that is focused on connecting members to resources in the community including L.A. Care's Community Resource Centers.

KEY PERFORMANCE INDICATORS

GOALS

Goal #1: At least 50% of adult African-American members who were eligible for and participated in the CVD program will report average BP that is adequately controlled (<140/90) by their graduation from the program during the measurement year. This is measured through member self-report of blood pressure as documented in CCA, through medical record review, and/or through CPT codes submitted by provider(s). **Goal met.**

Of the 55 members who opted in to the program during FY 2024, 19 members have reached graduation. Of the 19 graduated members, 15 members (78.9%) achieved blood pressure control as evidenced through documented member self-report of home blood pressure readings in CCA or through CPT II codes 3074F (Systolic Blood Pressure < 130 mmHg) and 3078F (Diastolic Blood Pressure < 80 mmHg).

October 2023 – September 2024		
Number of Members Who Graduated	Number of Members Who Achieved BP Control (<140/90)	BP Controlled Rate
19	15	78.9%

Goal #2: The Cardiovascular Disease Management Program under the Care Management department will connect at least 100 members with a home blood pressure monitoring device in FY 2023. **Goal not met.**

Year to date, 48 members have been successfully connected with a home blood pressure monitoring device for self-monitoring of blood pressure, and efforts remain underway to connect additional members who are actively participating in the program with a device. Additionally, a number of members who participated in the program already had access to a home blood pressure monitoring device at the time of program enrollment and are not counted in this measure.

Despite ongoing efforts to improve member engagement and participation in the program, unable to reach rates remained a significant barrier to enrolling members in the program and therefore connecting members with a home blood pressure monitoring device. Additionally, for members who did participate in the program, provider engagement in the process remained a significant barrier to connecting members with a device. A common theme identified during case file review was that PCPs who have not had a recent in-person visit with their assigned member did not feel comfortable writing an order for a device. Additionally, provider offices and clinics can be challenging to reach; often requiring multiple telephonic and/or fax outreach attempts before receiving a response and other times not receiving a response at all.

Participation Rate

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

In FY 2022, mailer invitations were sent to 1,979 unique members who were identified as eligible for program participation. In FY 2023, 1057 mailer invitations were sent to eligible members from LACC, CMC/D-SNP, and MCLA. In FY 2024, 1,223 mailer invitations were sent to LACC, D-SNP, and MCLA members.

In launch year FY 2021, the lesson learned was that a fully opt-in approach (asking members to call in to the CVD line to enroll in response to a mailer invitation) was ineffective and resulted in low enrollment during the pilot year. Batches of letters with information regarding the program and invitation to participate were mailed out each month to eligible members with very limited response. In FY 2022, the program continued to send mailer invites to eligible members within the target population on a monthly basis, however, a hybrid approach was adopted. Members who met program criteria and received a mailer were be reviewed in iPro to identify the members most appropriate for telephonic outreach each month. During FY 2023, Care Management allocated additional resources to complete telephonic outreach to members in order to increase the program's footprint and enroll more members.

In FY 2022, 151 members from LACC, CMC, and MCLA lines of business (LOB) were targeted for telephonic outreach for program participation. 73 members opted to participate in the program. In FY 2023, outreach nearly quadrupled: 587 members were outreached for program participation. Of the 587 members who were outreached to enroll in the program, 122 members agreed to participate. In FY 2024, 260 members were outreached telephonically and 55 agreed to participate.

October 2023 – September 2024		
Number of Members Willing to Enroll in CVD Program	Number of Members Identified for Program Participation	Participation Rate
55	1223	4.5%

During FY 2024, the Care Management team’s capacity to outreach members telephonically for CVD Program participation decreased dramatically; 260 members were contacted in FY 2024 compared to 587 in FY 2023. This was primarily attributed to an increase in referrals for D-SNP, MCLA, and LACC for High Risk and Complex Care Management; staff were unable to manage the influx of Care Management members while maintaining the increased volume of CVD cases in FY 2023.

Unable to Reach Rate

It was expected that the hybrid approach to engagement for implementation year 2022 would result in dramatically improved member engagement rates from the pilot year 2021. The Care Management staff who complete outreach for the CVD program are very familiar with this approach as telephonic outreach is the primary approach to member engagement for L.A. Care’s Care Management programs with relative success; however, engagement rates for the CVD program implementation year 2022 remained surprisingly low. Due to high unable to reach rates in FY 2022, the program outreach approach was enhanced in FY 2023. The best practice of utilizing three outreach calls on different days and times followed by a letter has resulted in some success for other programs at L.A. Care and was implemented for the CVD program in FY 2023. Alternate number searches are completed also for members with unverified contact information. Despite these efforts, the unable to reach rate increased in FY 2023. In FY 2024, the UTC rate decreased from 54.1% to 50.4%.

October 2023 – September 2024		
Number of Members Unable to be Reached for Program Participation	Number of Members Outreached for Program Participation	Unable to Reach Rate
131	260	50.4%

Out of the 260 members who received telephonic outreach, 131 members were unable to be reached.

Refusal Rate

October 2023 – September 2024		
Number of Members Refused Program Participation	Number of Members Outreached for Program Participation	Participation Rate
69	260	26.5%

Out of the remaining members who received telephonic outreach, 69 members declined to participate in the program. While the specific reasons for declining to participate in the program were variable, there were consistent recurring themes:

- Member reported their condition was well controlled already and were not in need of the support the program provided, or did not see value in what the program had to offer them
- Member reported they already had a BP cuff and were able to self-manage on their own
- Member wished to engage with their PCP only
- Member has other coverage or is anticipating changing their enrollment status in the near future

The information gathered during evaluation of member refusal reasons is a valuable takeaway for ongoing process improvement; the lessons learned will be analyzed in depth to determine more effective interventions for the new CCIP program in 2025.

Engagement Rate

October 2023 – September 2024		
Number of Members Willing to Enroll in CVD Program	Number of Members Outreached for Program Participation	Participation Rate
55	260	21.2%

A total of 55 members targeted for telephonic outreach agreed to participate in the program and were able to work with their Care Manager to create an individualized care plan. So far this year, 19 members have successfully completed the program and met their individualized care plan goals. An additional 21 members identified during FY 2024 continue to work with their Care Managers to achieve their care plan goals. The remainder of members have been unable to complete their goals due to refusing to continue in the program or becoming lost to contact. Despite being unable to graduate, many members lost to contact were still supplied with blood pressure monitoring devices, furnished with education and support for lifestyle change, and encouraged to take action to better self-manage their blood pressure and overall health.

Barriers Encountered

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

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

During FY 2021-2022, the program continued to experience challenges with eliciting participation from members and unable to reach and refusal rates remained high, despite additional efforts to telephonically outreach members for program participation. Toward the close of the FY, additional coaching from supervisory staff and additional support for the care coordinator outreach team resulted in a late influx of engagement from members. Moving into the next implementation year, a deeper dive into the potential

causes for high refusal and unable to reach rates will be completed in order to maximize outreach efforts. During FY 2023, the program continued to experience difficulty with contacting members. Despite the team's efforts to enhance the outreach process by completing an additional outreach attempt and completing alternate number searches to identify viable contact information, the unable to reach rate increased. Although significantly more members were outreached in FY 2023 compared to years prior, the program did not reach its goal of engaging significantly more members or connecting 100 members with a home blood pressure monitoring device due to difficulty reaching members to elicit program participation. In 2025, L.A. Care Management partnered with one Community Resource Center to facilitate two-way referrals to the program in order to better identify members who are likely to benefit from and engage in the program. This was a small pilot intervention that was successful, so the model will be expanded to additional members and a second CRC in FY 2025.

During FY 2021-2022, it was identified that lack of PCP engagement was a barrier to implementing a successful program. A core component of the CVD program is connecting members with a blood pressure monitoring device to encourage members to self-monitor their blood pressure and maintain a blood pressure log. In order to facilitate the delivery of a device, a doctor or other prescribing provider must sign and return a referral form. Despite creating a new workflow to solve the fulfillment issues experienced with the durable medical equipment vendor in FY 2022 lack of PCP engagement in the program created a bottleneck in our process; many provider offices were difficult to reach after multiple attempts or refused to sign and return the form for a variety of reasons. In FY 2023, all difficulties with the DME vendor had been resolved, but lack of PCP engagement remained a significant barrier through FY 2024.

During FY 2024, a new barrier was identified. The goal of the CVD Program is to improve performance on the CBP measure through improved member blood pressure management. The focus of the program has been member-facing interventions to improve blood pressure control through lifestyle modification, medication adherence, home blood pressure monitoring, etc. During case file review a trend was identified where members reported having consistent home blood pressure results within normal range, but no evidence of blood pressure control upon review of claims/encounters despite member having a recent PCP visit on file. It is unclear at this time if the root cause is PCPs not coding appropriately for SBP and DBP or a knowledge gap of updated requirements for PCPs to include member self-reported blood pressure within the medical record. These process gaps will need to be taken into consideration for the CCIP program in 2025 to ensure CBP gaps are actually closed once member achieves blood pressure control.

Measuring Effectiveness

Member Satisfaction

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

Complaints

No complaints or grievances were reported during FY 2022-2024.

NEXT STEPS & ACTION PLAN 2024

- L.A. Care will be assessing the barriers of implementation years FY 2022-2024 through ongoing evaluation and process improvement to inform the FY 2025 new CCIP program launch.
- The program delivery model will be revised to tailor interventions around connecting members with community resources to manage their disease and to enhance connection with members PCP.
- Efforts to improve member access to blood pressure monitoring devices for all LOB will continue into the next CCIP cycle.

- L.A. Care will be reviewing and revising the program's scope, interventions, and approach in order to deliver a culturally responsive program that is effective in reducing a significant health disparity.
- Interventions to improve CBP measure gap closure will be introduced to ensure member health outcomes are reached.

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

CONCLUSION

The CBP measure performed and met established goals for MY 2023. The QI department will address the barriers members face when managing high blood pressure. L.A. Care identified barriers to getting current member information as an internal issue and has affected the performance of our interventions, specifically the CBP text messaging campaign. It's important to identify barriers that prevent the success of providing information to members and to also make sure that materials and resources are presented to motivate the members to be knowledgeable, be able to understand the importance of getting their blood pressure taken, and other healthcare screenings/activities.

In 2025, the QI department will work in collaboration with the Communications and Community Relations department, and Case Management (CM) department to offer SMBP (Self-Management Blood Pressure) courses at the Inglewood and Long Beach CRCs (Community Resource Centers). The program will be a six-week long program that will cover topics for members on how to self-manage their high blood pressure. The QI department is planning to offer Chronic Care Webinars for Providers to focus on measures like CBP. The webinar will cover topics on best practices in coding blood pressure readings for members and reminders to close gaps. Following the conclusion of the webinar, PPGs will be notified of an office staff incentive for the top three PPG offices that close the most care gaps, will receive a catered lunch. HTN self-management magnet is pending evaluation and will be added to interventions for 2025 if results show a significant impact.

Lessons Learned

The biggest lesson learned throughout the course of the CVD program was that outreach through USPS mail is not an effective engagement strategy for the target population. A key component of building out the program during the pilot year was setting up the member identification list and automating the letters to inform members about their eligibility to participate in the program. This process yielded very limited results as far as enrolling members in the program.

The second lesson learned reinforced the need for care coordination across the healthcare continuum; Primary Care Providers and members both require support to facilitate timely and quality access to health care. This was reflected both with lack of PCP engagement with the Health Plan as well as member barriers to accessing care or accepting support from health care providers. The care coordination provided through the CVD program supported both members and providers in facilitating quality care for members with hypertension in order to support blood pressure control and improved health outcomes.

Best Practices

The biggest takeaway from the program for best practice revolves around HEDIS best practice: for CBP, member reported services and biometrics values are eligible for compliance (automated machines only) if reported by the member during a telehealth visit and documented in the medical record. Through the global pandemic and in post-pandemic times, the prevalence and function of telehealth has greatly expanded.

Members may not visit the office for an in-person visit every year and it is vital that the provider document member self-reported blood pressure in the medical record to be compliant with CBP.

Overall Results

In summary, the CVD program was effective in improving the desired health outcome for members who graduated from the program. The rate of BP control for members who completed the program exceeded expectations and it appears as if the clinical model was effective. Despite the clinical effectiveness of the program, it proved difficult to scale was due to low member engagement and member participation rates on top of staffing challenges. The lessons learned and best practices will be used to inform future CCIP program delivery to ensure quality outcomes and member experience.

MY 2024 WORK PLAN GOALS

HEDIS Acronym	Measure	MY 2024 Medi-Cal Goal (Hybrid)	MY 2024 D-SNP Goal	MY 2024 LACC Goal (Hybrid)
CBP	Controlling Blood Pressure	67%	75%	68%

C.1.c ASTHMA MANAGEMENT

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BACKGROUND/SUMMARY

Asthma is a common chronic respiratory condition that involves the linings and small airways of the lungs. Inflammation and swelling occur in these areas and make it difficult to breathe. Asthma is very prevalent in the United States (U.S.). Nearly 28 million people have asthma, which translates to about 1 in every 12 individuals.⁸ Specifically, roughly one million people are living with Asthma in Los Angeles County, 118,769 of whom are L.A. Care members. The treatment of Asthma involves two groups of medication: controllers and relievers. Controller “preventer” medication helps reduce inflammation in the lungs and is intended to prevent asthma symptoms for a long period. Reliever “rescue” medications are intended for rapid relief and help to quickly alleviate acute symptoms and open the airways such as during an asthma attack.⁹ Understanding the differences between the two medications is important to managing asthma. When treating members with asthma, providers need to gauge the understanding that members have about the appropriate use of controllers and relievers. Knowing when and how to use each one is important to improving asthma outcomes. It’s also important to monitor symptoms and identify environmental triggers to determine whether medications are working effectively.

MAJOR ACCOMPLISHMENTS

- The Asthma medication mailer project expanded MCLA languages to Arabic and Russian for MY 2023. That was 270 more MCLA children's asthma mailers were distributed compared to the previous year.
- The QI (Quality Improvement) Department observed that the AMR measure was trending downward earlier in the year without good reason. Initially it appeared that the AMR measure did not meet goals for MY 2023 for both Medi-Cal and LACC. However, upon careful analysis, it was

⁸ [Asthma And Allergy Foundation of American | Asthma Facts and Figures](#)

⁹ [NIH | Asthma: Learn More – Medication for people with asthma](#)

determined that National Drug Codes within the Medication List Directory (MLD) alongside pharmacy claims had not been captured correctly. With appropriate correction, AMR performance would have exceeded MPL.

RESULTS

The following quantitative and qualitative analysis provide an overview of HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

Table 1 - HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/NO)
Asthma Medication Ratio (AMR)	Medi-Cal	66.76%	69.84%	62.99%	-6.85	70%	-7.01	NOT MET	65.61	YES
	LACC	75.07%	76.47%	71.05%	-5.42	78%	-6.95	NOT MET	84.50	NO
	MCLA	65.61%	68.41%	58.80%	-9.61	N/A	N/A	NOT MET	65.61	YES

*Stat Sig – Statistical Significance

- Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/Ry2023)/ L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2022/Ry2023).

Quantitative Analysis

• Asthma Medication Ratio (AMR)

- **Medi-Cal:** Asthma Medication Ratio (AMR) MY 2023 rate was 62.99%. This was a 6.85% decrease from the MY 2022 rate of 69.84. The MY 2023 rate did not meet its goal of 70%. The rate did not meet the 50th percentile of 65.61%
- **LACC:** Asthma Medication Ratio (AMR) MY 2023 rate was 71.05%. This was a 5.42% decrease from the MY 2022 rate of 76.47% which was not statistically significant. The MY 2023 rate did not meet its goal of 78%. The rate did not meet the 50th percentile of 84.50%.
- **MCLA:** Asthma Medication Ratio (AMR) MY 2023 rate was 58.80%. This was a 9.61% decrease from MY 2022 rate of 68.41%, which was statistically significant. The MY2023 rate did not meet the 50th percentile at 65.61%.

Table 2 - Opportunity for Improvement (*Goals not met in MY 2023*)

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Asthma Medication Ratio (AMR)	<ul style="list-style-type: none"> Providers not updated on new guidelines for asthma medications and not understanding AMR measure specifications. Providers prescribing more rescue inhaler re-fills than needed. Member gaps in understanding of asthma self-management. Member gaps in understanding of how to use controller and rescue inhaler medications. New medication NDC codes were not mapped or added correctly. 	<ul style="list-style-type: none"> Develop new member communications via mailers and text messaging. Address NDC data coding and mapping issues. Deepen collaboration with Pharmacy team Provider education and engagement. 	<ul style="list-style-type: none"> In July 2024, L.A. Care mailed out AMR Kit mailer to MCLA and LACC members. In September 2024, Pharmacy and mailed out AMR Provider letters with updates to AMR treatment guidelines. In Q2, QI department worked collaboratively the Pharmacy department to understand declining AMR rates in MY 2023. 	<ul style="list-style-type: none"> AMR Mailer Kit is pending evaluation. AMR Provider letter is a new intervention and will be evaluated in 2025. Concluding the investigation by the QI department and the Pharmacy department of the declining performance of the AMR measure. It was found that incorrect coding and mapping of the NDC codes through the Cognizant HEDIS engine.

Qualitative Analysis

The AMR measure did not meet the goal for MY 2023 in Medi-Cal, LACC, and MCLA. AMR MY 2023 goals were established by analyzing the measurement YOY performance within each line of business, determining if the AMR measure either met or did not meet its established goal from the previous year, and aligning with the accrediting benchmarks/percentiles from the Centers for Medicare & Medicaid Services (CMS) and the Quality Transformation Initiative (QTI) for MY 2023. The QI Department also follows the necessary steps drafted within L.A. Care internal Policies and Procedures from, [QI-051 HEDIS & CAHPS Goal Methodology](#) to provide goal setting guidance. Additionally, the Chronic Care lead presents goals to the workgroup, SMEs (subject matter experts), and QI Leadership to provide feedback on the potential goals.

In retrospect, AMR for several years performed well in years past. As shown in Table 1 (HEDIS Results) YOY performance for each line of business for Medi-Cal, LACC, and MCLA with improvements ranging from 1.4% - 3.08% when comparing MY 2021 vs. MY 2022 rates. Thus, not much intervention work was

done for the AMR measure, which is one reason why the measurement rate dropped for MY 2023. As a result, the QI Department started analyzing these downward trends to understand what was happening with the AMR reporting process.

In Q2, analysis was initiated in collaboration with the Pharmacy Department to understand the reason behind declining AMR rates in MY 2023. Topics discussed amongst teams involved Magellan Pharmacy Benefits Manager lifting prior authorization (PA) requirements for asthma medications which were stricter in prior years. Higher utilization of both controller and rescue inhalers can drive incorrect asthma medication ratios and non-compliance within the AMR measure. Further investigation also discovered the incorrect coding and mapping of NDC codes with the Cognizant HEDIS engine.

Because AMR mailer kits had a positive impact in previous years, the QI Department decided to continue with this intervention and relaunched it for MY 2023. The relaunch process for AMR mailer kits experienced delays due to materials for the mailer requiring revisions and multiple language translations. The QI Department also implemented a new workflow to work more closely with enrollment services to access the most current member contact information. The AMR kit mailer was mailed out on July 17, 2024 to MCLA (5,658) and LACC (148) members who were non-compliant within the AMR measure for MY 2024. We were advised by the Pharmacy team to hold off on evaluation for at least six months. Evaluation is currently pending and will be completed in 2025.

QI Department and Pharmacy also collaborated to prepare a letter for providers to inform them of AMR medication guidelines and updates about asthma medications from GINA (Global Initiative for Asthma). The updated recommendations included taking low-dose inhaled corticosteroid as a suggested reliever type therapy for patients 12 years of age and older. Furthermore, children age 6- 11 years old may also use the corticosteroid as maintenance and reliever therapy as needed, though this alone is not sufficient for asthma control.

The AMR Provider letter was deployed on September 30 and either faxed or mailed to provider offices. A projected total of 11,000 provider letters were faxed; 8,362 faxes were successful, while 2,693 faxes did not make it through but were then added to the physical mail delivery list. A total of 1,788 providers did not have fax numbers. Additional barriers were some offices responding that the provider was no longer working there or that the office is closed. Providers have suggested at times that mailed materials are often ignored due to the high volume of mail already delivered to provider offices.

CONCLUSION

AMR interventions aimed to deliver member and provider education on asthma medication and condition management. Utilizing current contact information for both members and providers is important to the success of mailer interventions. For internal workflows, the QI Department will coordinate with Pharmacy to establish check-ins to make sure that NDC and MLD updates are covered and that claims data are being captured correctly. The QI Department is working to launch AMR text messaging campaigns to members to provide additional education on asthma management. We will also be delivering a provider webinar covering AMR medication management topics.

MY 2024 WORK PLAN GOALS

HEDIS Acronym	Measures	MY 2024 Medi-Cal Goal	MY 2024 LACC Goal
AMR	Asthma Medication Ratio	66%	72%

C.1.d DIABETES MANAGEMENT

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REVIEWERS: BETTSY SANTANA, MPH & EDWARD SHEEN, MD

BACKGROUND/SUMMARY

According to the Centers for Disease Control and Prevention, there are 38.4 million people (roughly 11.6% of the population) living with Diabetes in the US.¹⁰ In 2021, about 3.2 million California adults were identified as having diabetes, while an estimated 5.9 million (19.7%) are prediabetic.¹¹ Additionally, an estimated 97.6 million adults are diagnosed as pre-diabetic, which means that their blood glucose levels are higher than normal. If left untreated or not managed correctly, this can lead to organ damage such as nerve damage to the eye, impact kidney function, and contribute to high blood pressure. Managing diabetes, specifically, HbA1c (hemoglobin A1c) levels for members who have been diagnosed with diabetes is essential to lowering the risk of diabetes.

MAJOR ACCOMPLISHMENTS

- The Quality Improvement department deployed a successful diabetes self-management text message campaign. The texting campaign outreached to D-SNP, LACC, and MCLA members, and reached 32,091 members.
- The Diabetes Management Social Media Series was a community-based intervention that consisted of two social media reels and social media posts encompassing the importance of diabetes management daily activities and annual screenings.

RESULTS

The following quantitative and qualitative analyses provide an overview of HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

Table 1 - HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/NO)
Hemoglobin A1c Control for Patients with Diabetes: HbA1C Poor Control (>9.0%)** (Note lower Rates indicates better performance)	Medi-Cal	39.42%	36.98%	36.43%	+0.55	35%	-1.43	NOT MET	37.96	NO
	LACC	N/A	N/A	26.76%	N/A	N/A	N/A	N/A	N/A	N/A
	D-SNP	24.94%	23.44%	26.68%	+3.24	22%	-4.68	NOT MET	19.22	NO
	MCLA	37.78%	39.78%	39.13%	+0.65	N/A	N/A	N/A	37.96	NO
	PASC	N/A	55.72%	48.51%	-7.21	N/A	N/A	N/A	N/A	N/A

*Stat Sig – Statistical Significance

- Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/RY2023)/ L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2022/RY2023).

**HBD (HbA1c) >9.0% is a hybrid measure¹²

¹⁰ [National Institute of Diabetes and Digestive and Kidney Diseases | Diabetes](#)

¹¹ [California Department of Public Health | Diabetes Prevention](#)

¹² [HEDIS Measurement Year 2023 Volume 2. D. Effectiveness of Care Diabetes Musculo-Skeletal Behavioral | Hemoglobin A1c Control for Patients With Diabetes \(HBD\) page 189](#)

Quantitative Analysis

- **Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Control >9%**
 - **Medi-Cal:** Reporting for the Medi-Cal line of business for this measure, lower rates indicate better performance. The rate of HbA1c Control (>9%), MY 2023 rate, was 36.43%. This was a 0.55% increase in performance from the MY 2022 rate of 36.98%, but it was not statistically significant. The MY 2023 rate did not meet the goal of 35% but surpassed the 50th percentile of 37.96%.
 - **LACC:** Reporting for the LACC line of business for this measure, higher rates indicate better performance. The rate of HbA1c Control (>9%), MY 2023 rate was 26.76%. MY 2022 Rate was not applicable for this measure, and not applicable to find statistical significance.
 - **D-SNP:** Reporting for D-SNP line of business for this measure, lower rates indicate better performance. The rate of HbA1c Control (>9%), MY 2023 was 26.68%. This was a 3.24% increase in performance from MY 2022 rate of 23.44%, but not statistically significant. The MY 2023 rate did not meet the goal of 22%.
 - **MCLA:** Reporting for MCLA line of business for this measure, lower rates indicate better performance. The rate of HbA1c Control (>9%), MY 2023 39.13%. This was a 0.65% increase in performance from MY 2022 rate of 39.78%, but not statistically significant.
 - **PASC:** Reporting for the PASC line of business for this measure, higher rates indicate better performance. The rate of HbA1c Control (>9%), MY 2023 48.51%. This was a 7.21% decrease from MY 2022 rate of 55.72%. No goal or benchmark was established for the line of business.

Table 2 - Opportunity for Improvement (Goals not met in MY 2023)

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Hemoglobin A1c Control for Patients with Diabetes: HbA1C Poor Control (>9.0%)	<ul style="list-style-type: none"> • Member's lack of education on the importance of A1c test and unaware of A1c levels. • Member fear of needles, blood samples, and unwillingness to make lifestyle changes. • Providers not having up-to date A1c readings/results to motivate members to complete A1c test and assess how care plan is going. • Member completing A1c test but not having a compliant A1c result. 	<ul style="list-style-type: none"> • Develop more effective member-facing materials on how to effectively manage diabetes. • Share materials with focus groups and get feedback. • Provider education on guidelines for HBD measure and understand what barriers Providers are facing when treating members with diabetes. • Work with internal data teams to investigate the HBD population to better understand what negative 	<p>MY 2023</p> <ul style="list-style-type: none"> • Diabetes Magnet Mailer was sent to direct network (Medi-Cal, MCLA and MLTSS) in July 2023. • Diabetes management text messaging campaign was launched in May 2023, to D-SNP, LACC, and MCLA members. <p>MY 2024</p> <ul style="list-style-type: none"> • May 2024, L.A. Care launched a diabetes management text messaging campaign to 	<p>MY2023</p> <ul style="list-style-type: none"> • The diabetes magnet mailer experienced a 45.88% compliance rate. Thus, 730 members become compliant with the HBD measure. • Diabetes management text messaging campaign was associated with a difference of 5.64% in compliance among members who received a text message. There was a 12.64% improvement when comparing the two

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Hemoglobin A1c Control for Patients with Diabetes: HbA1C Poor Control (>9.0%) (cont.)		reasons can be identified that are preventing members from completing the A1c test.	D-SNP, LACC and MCLA members. <ul style="list-style-type: none"> In July and September, L.A. Care launched Diabetes Management Social media series 	groups and the p-value of 0.00 indicates a statistically significant. MY 2024 <ul style="list-style-type: none"> Diabetes management text messaging campaign will be evaluated in 2025. Diabetes Management Social Media Series is a new intervention and will be evaluated in 2025.

Qualitative Analysis

The HBD measure did not meet MY 2023 goals in Medi-Cal and D-SNP. LACC, MCLA, and PASC did not have established goals. The HBD measure did see an increase in performance YOY from MY 2022 and MY 2023 for Medi-Cal, D-SNP, and MCLA, while within PASC there was a decrease of 7.21%.

Barriers identified have been discussed within the Chronic Care workgroup, which performed a root-cause analysis and research to identify what is contributing to higher A1c levels. Barriers include, prioritizing other health issues, financial hardship, and access to adequate resources and support to achieving better glycemic control. Member education is important to improving glycemic control but it's equally important for members to know their A1c levels more frequently. For example, it can help members understand the importance of A1c test levels because it provides insight to members to indicator whether current medication regimen is effective or not. Furthermore, support for members can be established by care providers, family, and social networks to help members navigate needed changes. It is important for members to be aware of their A1c levels and monitor results for improvement while identifying what should be changed to improve glycemic control.

To address these barriers, the QI (Quality Improvement) Department relaunched the Diabetes Management text messaging campaign for MY 2023. The text messaging campaign reached D-SNP, LACC, and MCLA members to provide useful information to better manage diabetes. When understanding the statistical outcomes of the text messaging campaign, it's important to understand the different groups within the measure population to understand whether the impact of the intervention was significant or not. The groups within the intervention include the intervention group – members who successfully received text messages/outreach, and the control group – members who did not receive text messages/outreach (member was unable to be reached by way of wrong or invalid contact information). The HBD text messaging campaign had 51,727 members in total for the campaign. Of the total members within the campaign, 11,603 (22%) were identified as being within the intervention group, while the remaining 40,124 (78%) were identified as being within the control group. When comparing the two groups:

- Within the intervention group, 5,835 (50.29%) members of the 11,603 members became compliant with the HBD measure.
- For the control group, 17,913 (44.64%) members of the 40,124 were compliant with the HBD measure.
- There was a 12.64% improvement when comparing the two groups.

When comparing the two outcomes between the groups, from the intervention compliance group of 50.29% and the control compliance group of 44.64%, there was a 5.64% difference, with a statistically significant p-value.

The Diabetes Magnet mailer was sent to the direct network members, in English (1,015) and Spanish (576) July 2023 for MY 2023. The diabetes magnet mailer campaign provided more information to members to self-manage their diabetes and encourage them to get their A1c checked, take their medications as prescribed, and see the PCP when needed. In total, the Diabetes Magnet mailer campaign was sent to 1,591 members, and of the total within the campaign, 730 (45.88%) members became compliant within the HBD measure. The QI department will continue the Diabetes Magnet Mailer for next year due to its high rate of effectiveness and measurement performance. For MY 2024, additional lines of businesses, nine more languages will be added to the campaign, along with revisions made to the magnet to emphasize annual tests/screenings will be added.

The Diabetes Management Social Media Series was a community-based intervention that was a targeted campaign in which zip codes with non-compliance with the HBD measure were identified. The Diabetes Management Social Media Series targeted these zip codes/areas through social media sites like Facebook, X (formerly Twitter), LinkedIn, and Instagram. The Diabetes Management Social Media Series is pending evaluation and will be evaluated in 2025.

Evaluating the HBD text messaging campaign, the two groups within the campaign revealed a difference of 5.64% and 12.64% improvement. The HBD text messaging campaign requests that members opt-in and achieved a 50.29% compliance rate. The QI department will continue the HBD text messaging campaign for next year by adding an at-home test kit component to the campaign. There will also be enhancements within the text messaging script to further drive motivation to make lifestyle changes as well as to provide additional information on how to work with L.A. Care's Health Education department, specifically with Registered Dietitians.

CONCLUSION

The HBD Control >9.0 measure did not meet established goals for MY 2023 goals in Medi-Cal and D-SNP. However, the HBD Control >9.0% measure rates for MY 2023 did increase YOY performance for Medi-Cal, D-SNP, and MCLA. The QI Department will focus on the barriers members encounter within the lines of business to continue enhancing interventions. Opportunities to address these barriers include continuing to educate members on the importance of completing A1c tests, continuous engagement with providers, and sharing information on how to achieve better glycemic control including information on L.A. Care resources. For example, we will be deploying a diabetes management postcard magnet to remind members to stay up to date with their blood pressure and A1c monitoring, and to complete annual diabetes screenings such as diabetic retinal eye exams and annual kidney health evaluation.

The QI Department is planning to offer Chronic Care Webinars for providers to share best practices for diabetes management.

MY 2024 WORK PLAN GOALS

HEDIS Acronym	Measure	MY 2024 Medi-Cal Goal	MY 2024 D-SNP Goal	MY 2024 LACC Goal
GSD	Glycemic Status Assessment for Patients with Diabetes – Glycemic Status Poor Control (>9.0%) <i>(Note lower Rates indicates better performance)</i>	33%	24%	65%

GSD MY 2024 goals are reviewed based on measurement YOY performance within each line of business and whether the measure met or did not meet the goal from the previous year. The QI department continues to align with the accrediting benchmarks/percentiles from the Centers for Medicare & Medicaid Services (CMS) and Quality Transformation Initiative (QTI). The QI Department also follows the necessary steps drafted within L.A. Care internal Policies and Procedures from, [QI-051 HEDIS & CAHPS Goal Methodology](#) to provide goal setting guidance. Additionally, the Chronic Care lead presents goals to the workgroup, SMEs (subject matter experts), and QI Leadership to provide feedback on the potential goals.

C.1.e OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

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REVIEWERS: BETTSY SANTANA, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

Osteoporosis Management in Women focuses on members over 65 years of age who have had a recent fracture. This measure aims to ensure that members are aware of their risk of osteoporosis, and that they are being tested for osteoporosis in a timely manner. Osteoporosis, the decrease of bone density, can happen to any demographic. However, older assigned-at-birth females have a higher risk due to changes in hormonal levels post menopause.¹³ Additionally, after 50 years old, bone degeneration may be faster than the growth, causing an even higher risk of osteoporosis. Osteoporosis can be detected through DEXA scans, a non-invasive, bone density scan that places a patient's bone density on a T or Z score, comparing members to their gender, age range, and ethnicity.¹⁴ Being able to detect osteoporosis can help primary care providers then determine if their patient needs osteoprotective medication. Since their patient has had a fracture, a future fracture is likely with osteoporosis, but risk can be lessened with treatment.

MAJOR ACCOMPLISHMENTS (2023)

- In 2023, L.A. Care began to partner with an in-home DEXA scan vendor, allowing members to receive DEXA scans at home. This was impactful for members that would have otherwise had difficulty attending appointments.
- The Osteoporosis Management in Women over 65 (OMW) Project was transitioned from L.A. Care's Pharmacy Team to the Quality Improvement (QI) Team, successfully utilizing nurses to connect with members on their next steps. The QI Team would then outreach to member providers to touch base on member care post-fracture, and to communicate any needed next steps.

RESULTS

The following quantitative and qualitative analysis provide an overview of HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

Table 1 - HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/NO)
Osteoporosis Management in Women who had a Fracture (OMW)	D-SNP	39.34%	56.25%	44.64%	-11.61	58%	-13.36	Not Met	44.59	NO

*Stat Sig – Statistical Significance

¹³ <https://www.niams.nih.gov/health-topics/osteoporosis>

¹⁴ <https://www.cdc.gov/radiation-health/data-research/facts-stats/dexa-scan.html#:~:text=At%20a%20glance,conditions%2C%20such%20as%20bone%20thinning.>

Quantitative Analysis

- **Osteoporosis Management in Women over 65 (OMW)**
 - **D–SNP:** The final rate for Osteoporosis Management in Women over 65 (OMW) for MY 2023 was 44.64%. While this did meet the QC/QRS Percentile, it fell ~13% short from the goal and did not meet the goal. The rate change was not statistically significant, this is due to the small denominator of 56 members for MY 2023.

Table 2 - Opportunity for Improvement (Goals not met in MY 2023)

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions	Effectiveness of Intervention/ Outcome
Osteoporosis Management in Women over 65 (OMW)	<ul style="list-style-type: none"> • Untimely data from fractures • Inaccurate member phone numbers. • Nurses were unable to reach members after multiple and varied call attempts. • Provider's Office do not always complete actions after initial calls. • Eligible members are received past the due date. 	<ul style="list-style-type: none"> • Call member Provider Offices to ask for a new or different member phone number. • Develop new member letter to inform member of incoming call from L.A. Care. • Increased outreach to provider's office • Provider Fax. • HEDIS Data Refresh. • Health Information Exchange (HIE) Data. 	<ul style="list-style-type: none"> • In MY 2023, nurses and pharmacist conducted calls to members to offer in home DEXA a scans. • In MY 2024, PCP Outreach calls started including review of member contact details, which would then prompt another outreach with new member number. • Nurse Outreach Team outreach completed in first 2 weeks of receiving member. • Pharmacy Outreach added 1.5 to 1 month before member is due. • Clarified Provider Fax to have direct actions to emphasize PCP action for DEXA completion or osteoprotective medication prescription. • HEDIS Team separated OMW Refresh for a timely delivery. • Intakes for HIE Data to be completed by February 2025. 	<ul style="list-style-type: none"> • DEXA Scans are effective at gap closure when members can be reached. • Success rate of using updated numbers: 3/8, 37.5%. • Pharmacy Team able to assist in closing difficult members. • Increase measure performance in MY 2024.

Qualitative Analysis

Osteoporosis Management in Women over 65 (OMW) did not meet the set 58% goal for MY 2023. The OMW Workplan Goal was set by viewing the improvement YOY from MY 2021 (39%) to MY 2022 (56%) and identifying the goal as incremental, a 2% difference. This goal was meant to align with the benchmarks and improvement scores set by the Centers for Medicare & Medicaid Services (CMS) in accordance with the Stars Program.

In May of 2023, the Quality Improvement Team took on the OMW Project from the Pharmacy Team. The nurses experienced various issues in contacting members, including unactive lines, no pick-ups, or refusals. Contacting the provider's office had better connection rates, but the team would often have to re-educate the offices, or they expressed being unable to reach the member as well. To further exasperate the point, member and provider contact was typically done about 2 months before the due date due to late member data, creating a very short time frame to be able to reach the member, reach the provider, and for the member to receive a referral and appointment for a DEXA scan.

MY 2023 was a year where the QI Team worked to not only identify issues, but to problem solve as they arose. The main barrier identified was that the fracture data that was previous coming in from admissions and discharges and admissions had significantly declined. Work is underway to address this issue. Additionally, in MY 2024, the team gained more experience, asked for more timely data, and was able to enhance communications to better serve the members and the providers.

CONCLUSION

While MY 2023 rates declined from the prior year, many efforts were implemented to mitigate some of the data loss that the team experienced and work is underway to improve the rates. MY 2024 is seeing an improvement to the OMW measure. Second phone numbers did help connect with members and ultimately close gaps. Enhancement to the Provider Fax has also eliminated confusion on the provider's team, helping propel actions for the member. Current interventions will be continued to be enhanced as the DEXA scan have been effective at closing gaps. Inclusion of HIE data should improve the timeliness of the outreach as well.

MY 2024 WORK PLAN GOALS

HEDIS Acronym	Measure	MY 2024 Medi-Cal Goal (Hybrid)	MY 2024 D-SNP Goal (Hybrid)	MY 2024 LACC Goal (Hybrid)
OMW	Osteoporosis Management in Women who had a Fracture (OMW)	N/A	55%	N/A

C.2 BEHAVIORAL HEALTH

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REVIEWERS: HUMAIRA THEBA, MPH, & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

Mental health, along with physical health, remains a priority for L.A. Care to ensure holistic well-being for our members. The life expectancy for someone with a mental health disorder can be 25 years shorter than the rest of the population.¹⁵ Mental health significantly impacts a person's overall well-being, affecting their emotional, psychological, and social functioning. The most common conditions include anxiety disorders, depression, and bipolar disorder. These conditions can strain the healthcare system financially due to substantial resources and extensive efforts required for treatment, hospitalization, and ongoing care.¹⁶

L.A. Care aims to improve the care our members are receiving for mental health and/or substance use disorders services. Caredon Behavioral Health is the Managed Behavioral Health Organization (MBHO) that is responsible for administering these benefits for Medi-Cal, L.A. Care Direct Medi-Cal program (MCLA), and Dual Eligible Special Needs Plan (D-SNP) 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 D-SNP lines of business with a serious mental illness are 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 D-SNP members. All 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 to these types of services. These barriers, along with the social stigma of having a mental illness, mean there is ample opportunity to improve care.

MAJOR ACCOMPLISHMENTS

- Medi-Cal surpassed their goals for AMM and DSF
- LACC surpassed their goals for DSF
- D-SNP surpassed their goals for AMM, DSF, FUH-30 day rate; SMD, and SSD.

RESULTS

The following quantitative and qualitative analyses provide an overview of HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

¹⁵ https://www.who.int/mental_health/management/info_sheet.pdf

¹⁶ National Alliance on Mental Illness (NAMI). (2024) Mental Health in California: Facts and Figures

Table 1 - HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/ NO)
Antidepressant Medication Management - Continuation Phase (AMM)	Medi-Cal	45.16%	46.99%	75.75%	+28.76	48%	+27.75	MET	43.28	YES
	LACC	51.19%	56.48%	52.27%	-4.21	61%	-8.73	NOT MET	N/A	NO
	D-SNP	57.86%	54.71%	57.99%	+3.28	57%	+0.99	MET	64.42	NO
	MCLA	43.71%	46.79%	74.50%	+27.71	N/A	N/A	N/A	43.28	YES
	PASC	45.45%	34.88%	64.71%	+29.83	N/A	N/A	N/A	N/A	N/A
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)- Depression Screening – Total (DSF-E)	Medi-Cal	1.03%	6.58%	10.45%	+3.87	8%	+2.45	MET	N/A	YES
	LACC	N/A	2.29%	4.39%	+2.10	3%	+1.39	MET	N/A	YES
	D-SNP	36.10%	46.25%	68.41%	+22.16	48%	+20.41	MET	N/A	YES
	MCLA	1.46%	7.38%	11.05%	+3.67	N/A	N/A	N/A	N/A	YES
	PASC (18-64 Yrs Old)	0.64%	0.62%	8.10%	+7.48	N/A	N/A	N/A	N/A	N/A
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)- Follow-Up – Total (DSF-E)	Medi-Cal	43.36%	60.26%	68.73%	+8.47	70%	-1.27	NOT MET	N/A	YES
	LACC	N/A	82.54%	73.49%	-9.05	N/A	N/A	N/A	N/A	YES
	D-SNP	19.75%	15.92%	13.35%	-2.57	N/A	N/A	N/A	N/A	NO
	MCLA	37.66%	43.30%	68.31%	+25.01	N/A	N/A	N/A	N/A	YES
	PASC (18-64 Yrs Old)	**N/A	**N/A	**N/A	N/A	N/A	N/A	N/A	N/A	N/A
Follow-up After Emergency Department Visit for Alcohol and other Drug Abuse or Dependence - 30-day (FUA)	Medi-Cal	6.17%	26.15%	28.40%	+2.25	37%	-8.60	NOT MET	36.34	YES
	MCLA	6.07%	26.51%	28.38%	+1.87	N/A	N/A	N/A	36.34	YES
Follow-Up After Hospitalization for Mental Illness – 30-day (FUH-30 day)	LACC	63.21%	71.30%	47.06%	-24.24	66%	-18.94	NOT MET	N/A	YES
	D-SNP	63.43%	58.33%	61.11%	+2.78	60%	+1.11	MET	47.60	NO
Follow-up After Emergency	Medi-Cal	36.47%	35.70%	35.45%	-0.25	55%	-19.55	NOT MET	54.87	NO

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/ NO)
Department Visit for Mental Illness 30-day (FUM-30 day)	D-SNP	52.00%	43.75%	48.84%	+5.09	N/A	N/A	N/A	32.68	NO
	MCLA	33.97%	33.45%	34.01%	+0.56	N/A	N/A	N/A	54.87	NO
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	Medi-Cal	70.61%	69.27%	71.93%	+2.66	71%	+0.93	MET	69.14	YES
	LACC	90.00%	52.94%	86.96%	+34.02	68%	+18.96	MET	N/A	NO
	D-SNP	78.10%	71.88%	81.44%	+9.56	73%	+8.44	MET	N/A	NO
	MCLA	70.84%	69.06%	71.94%	+2.88	N/A	N/A	N/A	69.14	YES
Diabetes Screening for People with Schizophrenia/ Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	Medi-Cal	78.90%	80.83%	82.06%	+1.23	82%	+0.06	MET	79.05	YES
	LACC	72.05%	70.68%	71.97%	+1.29	74%	-2.03	NOT MET	N/A	NO
	D-SNP	74.95%	78.23%	85.86%	+7.63	80%	+5.86	MET	N/A	YES
	MCLA	78.67%	81.00%	82.00%	+1.00	N/A	N/A	N/A	79.05	NO

*Stat Sig – Statistical Significance

**Denominator less than 30

- Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/Ry2023)/ L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2022/Ry2023).

Quantitative Analysis

- **Antidepressant Medication Management (AMM)**
 - **Medi-Cal – AMM:** The Medi-Cal Effective Continuation Phase Treatment was 75.8%. There was a 28.7 percent increase from last year (46.9%). The increase was statistically significant. The measure met its goal of 48% and exceeded the minimum performance level (MPL) of 43%.
 - **D-SNP – AMM:** The rate for the Effective Continuation Phase Treatment was 57.9%. This increase is 3.3 percentage points higher than the prior year (54.7%) and is not statistically significant. The rate met the goal of 57%.
 - **LACC – AMM:** The rate for the Effective Continuation Phase was 52.3% and was 4.2 percentage points lower than the prior year (51.2%). This decrease was not statistically significant. This rate did not reach the goal of 61%.
 - **MCLA – AMM:** The rate for Effective Continuation Phase was 74.5% and was a 27.7% increase from the previous year which was statistically significant. The rate exceeded the 50th percentile of 42.3%.
 - **PASC – AMM:** The rate for Effective Continuation Phase was 64.7% which is 29.8% higher than the previous year.
- **Depression Screening and Follow-up for Adolescents and Adults (DSF-E)**
 - **Medi-Cal – DSF-E:** The rate for Depression Screening total was 10.5%, an increase of 3.9% from the previous year. The increase is statistically significant. The rate has met the measurement year goal of 8%. The rate for Depression Follow-Up was 68.7%, which increased 8.7% from the previous year. The increase is statistically significant. The rate did not meet the measurement year goal of 70%.
 - **D-SNP – DSF-E:** The rate for Depression Screening was 68.4%, up 22.2 percentage points from the previous year. This was statistically significant. The measurement year goal of

- 48% was met. The rate of Depression Follow-Up was 13.6%, a decrease of 2.6% from the previous year. The decrease was not statistically significant.
- **LACC-DSF-E:** The rate for Depression Screening was 4.4%. MY 2022 was the first year data available for this measure for LACC. The rate in 2023 was 2.1% higher than in 2022, which was statistically significant. The goal of 3% was also reached. The rate of Depression Follow-Up was 73.5%. This was a decrease of 9.1% from the previous year. The decrease was statistically significant.
 - **MCLA – DSF-E:** The rate for Depression Screening was 11.1%, a 3.7% increase from the previous year which is statistically significant. The Depression Follow-Up was 68.3%, a 25% increase from the previous year. There were no goals set for this line of business.
 - **PASC – DSF-E:** The rate for Depression Screening was 8.1%, a 7.5% increase from the previous year. The denominator for this line of business was too small to calculate the statistical significance. There was no data available for the follow-up rates of this measure.
- **Follow-Up After Emergency Department Visit for Alcohol and Other Dependence (FUA)**
 - **Medi-Cal – FUA-30 Day:** The FUA rate was 28.4%, representing a 2.3% point increase over the previous year which is statistically significant. The rate did meet the goal of 37% and did not surpass the MPL of 36.3%.
 - **MCLA – FUA-30 Day:** The FUA rate was 28.4%, depicting a 1.9 percentage point increase over the previous year which is statistically significant.
 - **Follow-Up After Hospitalization for Mental Illness (FUH)**
 - **D-SNP – FUH-30 Day:** The FUH 30-Day rate was 61.1%, an increase of 2.8% from the previous year. This increase was not statistically significant. The rate met its goal of 60%.
 - **LACC – FUH-30 Day:** The FUH 30-day rate was 47.1%, a 24.2% decrease from the previous year. This change was statistically significant. The rate did not meet its goal of 66%.
 - **Follow-Up After Emergency Department Visit for Mental Illness (FUM)**
 - **Medi-Cal – FUM-30 Day:** The FUM rate was 35.5%, representing a 0.25 percentage point decrease over the previous year, which is not statistically significant. The rate did not meet the MPL of 54.9%.
 - **D-SNP – FUM-30 Day:** The FUM rate was 48.8%, depicting a 5.1 percentage point increase compared to the previous year. This rate is not statistically significant. The rate met the MPL of 32.7%.
 - **MCLA – FUM- 30 Day:** The FUM rate was 34.0%, a 0.56% increase from the previous year. The rate did not meet the MPL of 54.9%.
 - **Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)**
 - **Medi-Cal – SMD:** The SMD rate was 71.9%, representing a 0.93 percentage point increase over the previous year. The increase is statistically significant. The goal of 71% was met. The rate did meet the MPL of 69.1%.
 - **LACC – SMD:** The SMD rate was 86.9 % and increased 34.0 percentage points from the prior year. The increase was not statistically significant due to the low denominator that caused the increase. The goal of 68% was met.
 - **D-SNP– SMD:** The SMD rate was 81.4%, an increase of 9.6 percentage points from the prior year. This rate is not statistically significant. The goal of 73% was met.
 - **MCLA – SMD:** The SMD rate was 71.9% which was a 2.9% increase from the previous year. The rate increase is statistically significant. It has also reached an MPL of 69.1%.
 - **Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)**
 - **Medi-Cal – SSD:** The SSD rate was 82.1%, representing a 1.2 percentage point increase over the previous year. The increase is statistically significant. The rate did meet the goal of 82% for the year and did exceed the minimum performance level of 79.1%.

- **D-SNP – SSD:** The SSD rate was 85.7%. The rate does indicate a 7.6 percent increase over the prior year. The increase is statistically significant. The goal of 80% was met.
- **LACC – SSD:** The SSD rate was 71.9%. There was a 1.3 percent increase over the prior year. The increase is not statistically significant. The goal of 74% was not met.
- **MCLA – SSD:** The SSD rate was 82%, an increase of 1% compared to the previous year. The rate exceeded the MPL which was at 79.1%.

Table 2 - Opportunity for Improvement (Goals not met in MY 2023)

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Antidepressant Medication Management (AMM) - Continuation Phase	<ul style="list-style-type: none"> Members may not want to take medication due to the perceived social stigma of having depression. Infrastructure Challenges: Behavioral Health (BH) practitioners and Primary Care Providers (PCPs) are rarely on the same Electronic Medical Record (EMR) system thus hindering them from seeing relevant patient information critical for care coordination. Side effects: patients may discontinue medication due to side effects or unmet expectations of feeling better early in treatment. Lack of patient education: Poor patient education by physicians can hinder adherence 	<ul style="list-style-type: none"> Explore additional technical modalities to reach members and provide them with information on medication management. Utilize analytical findings from other programs that have had success in texting and emailing members with a call to action. 	<ul style="list-style-type: none"> Letters were sent to patients prescribed antidepressant medications on 10/24/2023, providing education about the importance of maintaining their regimen for effective treatment. This letter also is inclusive of the following screenings (COL, CCS, BCS, HBD (A1c testing), CBP). 	<ul style="list-style-type: none"> The intervention is scheduled to continue into 2024 and will be assessed.
Follow-up After Emergency Department Visit for Mental Illness (FUA) - 30-day	<ul style="list-style-type: none"> Coordination challenges: communication between behavioral health providers and primary care physicians. Appointment adherence: Patients may struggle to keep follow-up 	<ul style="list-style-type: none"> Identify top utilized hospitals and begin outreach with a goal to provide support, resources, and training to improve rates. 	<ul style="list-style-type: none"> Non-clinical performance improvement plan in progress. Data reconciliation and member detail examination revealed 	<ul style="list-style-type: none"> No intervention for MY 2023.

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Follow-up After Emergency Department Visit for Mental Illness (FUA) - 30-day (cont.)	<p>appointments due to a lack of awareness about the importance of continued care, stigma, transportation issues, etc.</p> <ul style="list-style-type: none"> Substance use treatments are carved out to DPH, SAPC. Due to 42 CFP Part 2 limitations, there is no current data exchange process with the county. 		missing provider taxonomy.	
Follow-Up After Hospitalization for Mental Illness (FUH) - 30-day	<ul style="list-style-type: none"> Members did not attend their scheduled appointments or canceled their appointments. Case managers are unable to contact members. Members may be experiencing homelessness and are difficult to contact for follow-up. 	<ul style="list-style-type: none"> Encourage data exchange between DMH and DHS that could help identify more members that have follow-up appointments after being discharged from the hospital. 	<ul style="list-style-type: none"> Member incentive continued until the end of 2023. Appointment reminder letters sent to every member with scheduled appointments. Letter includes the L.A. Care FUH Incentive brochure. Members who missed a scheduled 7-day appointment are outreached by staff to assess reason for missing the scheduled appointment and an appointment within 30 days of discharge is offered. 	<ul style="list-style-type: none"> FUH MY 2022 evaluation was based on qualitative data due to the absence of cumulative quantitative data. Issues with data acquisition were further exacerbated by delays in claims and encounters.
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30-day	<ul style="list-style-type: none"> Inability to reach the member for follow-up appointments for their mental health condition. Timely submission of data and ensuring PCPs are aware that members were in the ER. 	<ul style="list-style-type: none"> Nonclinical PIP: Ensure timely electronic transmission of discharge summaries to outpatient providers. Continue efforts to help Carelon with the FUADA 	<ul style="list-style-type: none"> L.A. Care Health Plan QI team investigated the data to further analyze root causes of low FUM rate. This has resulted in several data reconciliations with the QPM team lessening gaps in data. QI Team worked with Health Information 	<ul style="list-style-type: none"> No intervention for MY 2022. Carelon began outreach for the Follow-Up After Discharge Assessment (FUADA) as of 11/13/2023. The effectiveness of

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30-day (cont.)		implementation and assist them in reaching members.	<p>Exchange (HIE) team to create a customized report to notify providers of their member's most recent visit to the ED related to substance use as part of the non-clinical performance improvement plan.</p> <ul style="list-style-type: none"> • Carelon launched its FUADA (Follow-Up After Discharge Assessment) in December 2023 to help bridge the gap in member follow-up rates. Clinicians call members after discharge from the ED and perform a 30–60-minute assessment that addresses member needs and connects them to appropriate services. The effectiveness of this intervention will be assessed in the following year. 	the intervention will be assessed next year.
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	<ul style="list-style-type: none"> • Providers may be unaware that the patient is on medication. • Specialty mental health providers may not report diabetes screening. • Point-of-care testing may not be documented or coded correctly. • Members prescribed antipsychotic medication receiving the prescription from a psychiatrist from the County (carved out) do 	<ul style="list-style-type: none"> • Create an educational article for PCPs and BH practitioners covering the importance of sharing information, barriers to sharing information, and the proposed solution. 	<ul style="list-style-type: none"> • The ongoing POR/Gap in care list was sent to the network. • Continue to educate the network, including Carelon and DMH, of the importance of the measure via BHQC. 	<ul style="list-style-type: none"> • Continue sending out the provider opportunity report containing SSD.

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD) (cont.)	not have data about members' lab work, making follow-up difficult to ensure screenings for A1C are scheduled.			

Qualitative Analysis

AMM

Mailers for AMM were sent in October 2023. These were letters sent to patients prescribed antidepressant medications, providing education about the importance of maintaining their regimen for effective treatment. This letter also included screening such as (COL, CCS, BCS, HBD (A1c testing), and CBP). The two lines of business include MCLA and LACC. Analysis of these mailings will be available for the following evaluation year.

Additional efforts to help boost member compliance for this measure included consulting with the pharmacy department and exploring options for additional outreach. The pharmacy department met with the behavioral health team and added members to the existing refill reminder robocalls. The robocalls for this measure launched in April 2023. The total robocall results were the following: 38,012 calls were made (13,258 D-SNP and 24,754 LACC).

DSF-E

This measure may be part of MCAS sanctions in future years. Both QI and BH departments have unanimously decided to prioritize this measure to proactively address it and make progress before it becomes critical. All lines of businesses had increased rates of depression screening. Membership also increased across these lines of business, attributed to increased denominators. For depression, follow-up, MCLA, and Medi-Cal rates increased while LACC and D-SNP fell short.

The NCQA DSF measure relies on direct reference codes, which are used for the NCQA measures but are not found in standardized code sets. To collect data for the DSF measure, provider groups must submit supplemental data. Although providers may be conducting depression screenings, services will not be reflected nor rendered if the provider groups do not corroborate with L.A. Care's supplemental data process that specifies the retrieval guidelines for the PHQ-2 and PHA-9 data and LOINC (Logical Observation Identifiers Names and Codes). L.A. Care is working to improve both depression screenings and follow-ups by providing education to PPGs on measures and metrics.

FUA

Both Medi-Cal and MCLA had small increases in their rates between 2022 and 2023. However, the FUA measure has again fallen short of meeting both its goal and the MPL. This result simply reflects several challenges in achieving compliance. A primary issue has been data lags. Particularly, external pharmaceutical dispenses and follow-up claims from the state files are typically processed after the reporting period. This leads to overall underreported compliance rates. Supplemental data submission,

however, provided by IPAs in both standard and non-standard, has been critical in closing data gaps. Collaborations between QPM and QI teams have also focused on data reconciliations for this measure. This collaboration has led to identifying and addressing the inconsistencies in member data.

For example, the QI and QPM team discovered that there were outdated provider taxonomy codes in the HEDIS software system that resulted in inaccurate categorizations of services. To address this, the QI team reorganized the taxonomy codes and a data mapping procedure was developed. This resulted in more accurate captures of follow-up care and improved numerator compliance.

Another barrier is the challenge posed by California's policies surrounding substance use treatment facilities, where treatment records are often sealed due to confidentiality laws. The sealed records limit the ability to capture treatment data accurately, which impacts both the denominator and numerator compliance rates.

The Non-Clinical Performance Improvement Plan (PIP) was also implemented in 2023 to notify providers when their patient was admitted to the ED. This PIP encourages providers to take action to help coordinate member care upon discharge. The process includes utilization of the Point Click Care (PCC) platform which is shared with more than 60% of our partnered hospitals. PCC tracks and records all emergency department discharges related to the FUA and FUM measures. Providers are notified when their patient gets discharged from the ED. This information is shared directly onto the L.A. Care Provider Portal for ease of use. This notification system was officially deployed in June 2024. Future initiatives hope to include more qualitative data to better understand barriers at both the member and provider levels. This includes identifying trends in member behavior, provider engagement, and other challenges that may impede follow-up care. These details can help shape targeted interventions, such as member education campaigns, enhanced provider training, and community-based partnerships, to improve compliance rates and overall measure performance.

FUM

D-SNP was the only line of business that performed above the MPL, while MCLA and Medi-Cal reflected similarly low rates when compared to the previous year. Key barriers included inflated denominators, likely due to the inclusion of members who should have been excluded. For example, members who received specialized care from the Department of Health Services (DHS) and/or the Department of Mental Health (DMH) were not always identified or excluded. That is because of the absence of interoperable data exchange between L.A. Care and these facilities. This data issue also impacted numerator compliance, as follow-up care provided at these facilities, as well as external ones, do not get recorded or reported to L.A. Care's system.

To address these issues, both data reconciliations and deep dives into member details between Quality Performance Management (QPM) and Quality Improvement (QI) teams were conducted. These data-focused efforts for MY 2023 helped close gaps in data. This resulted in more accurate administrative rates in the FUM measure. Additionally, the Non-Clinical Performance Improvement Plan (PIP) was launched in 2023 to notify providers when their patient was admitted to the emergency department. This PIP encourages providers to help coordinate member care upon discharge.

Furthermore, the Behavioral Health (BH) and QI teams partnered with Carelon to enhance outreach and follow-up interventions for MCLA and D-SNP lines of business. In November 2023, Carelon began outreaching to members discharged from the ED for mental illness. This involved the distribution of their Follow-Up After Discharge Assessments (FUADA), which were conducted by mental health clinicians. The FUADA qualifies as compliant follow-up care under HEDIS guidelines and counts as a numerator hit for this measure. Carelon also plans to launch a texting campaign in July 2024 to further encourage

members to schedule follow-up visits post-ED discharge. The outcomes of these interventions will be analyzed the following year to assess their impact on the measure's administrative rates.

FUH

The FUH measure experienced a 24% decrease in compliance rates within the LACC line of business from 2022 to 2023, while the D-SNP population saw an increase of 2.7% during the same period. To address these trends, the QI department collaborated with Carelon to implement the FUH incentive program. The initiative's goal was to encourage follow-up visits within 30 days of discharge for members hospitalized with a principal diagnosis of a mental health condition. Target populations were D-SNP, LACC, and PASC lines of business. Within this program, eligible members received a \$25 credit card as an incentive. Members were permitted to earn the reward twice per calendar year and up to four times over their lifetime. This structure was designed to avoid incentivizing unnecessary hospitalizations while promoting follow-up care. Members who were readmitted within 30 days of discharge were excluded from the incentive.

However, the program faced several barriers. Barriers included delayed claims and encounter data, with some submissions lagging up to six months. This impacted the program's ability to assess efficacy through quantitative analysis. This also caused delays in distributing rewards, resulting in member grievances and complaints. Follow-up visits were hard to track because of the lack of real-time data. Additionally, member enrollment and disenrollment trends resulted in inaccuracies within denominator and numerator counts.

Due to these issues, the incentive program was sunset in December 2023. Throughout its duration, QI worked to mitigate delays by obtaining monthly member refresh reports to identify eligible members who completed follow-up visits within 30 days. While the return on investment analysis for MY 2022 relied on qualitative data because of the unavailability of quantitative information, the program highlighted crucial areas for improvement in data processing and member engagement. As a learning tip, future initiatives should consider integrating real-time data exchange, addressing societal barriers, and aiming to identify at-risk members proactively.

SMD

All lines of business for SMD experienced an increase in rates from 2022 to 2023 and met established MPLs. In 2019, L.A. Care included SMD non-compliance data in the Provider Opportunity Report (POR) or gap in care list so that providers could conduct proactive member outreach and improve coordination of care. The rates in MY 2022 either remain the same or are going up since the declines for LACC and CMC were not statistically significant. It may be that we have reached saturation with our PCP provider network to close gaps, as these members may be monitored via DMH or Carelon. Additionally, A1c testing is happening more in provider offices, and those are often not coded and sent to L.A. Care, leading to some data loss. Due to the plateau of the rates, QI will continue to promote these measures at the Behavioral Health Quality Committee to ensure all members, like DMH, medical groups, and Carelon, are aware of the importance. High-volume PPGs will also be met with to discuss this rate decline and request that members be sent lab orders for screening. These interventions collectively should help drive rates back to pre-pandemic levels.

SSD

All lines of business for SSD increased in rate from 2022 to 2023. LACC was the only line of business that fell short of reaching its goal. To address diabetes screening and monitoring, L.A. Care also began including SSD gap data in the POR in 2019 so that providers can use it to conduct member outreach to schedule needed services and close gaps in care. 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 might have been effective. The rates for 2022 have since then increased for Medi-Cal and CMC. However, the rate increase for CMC was not statistically significant compared to the prior year. L.A. Care continues to

educate providers on the need to screen these members in the various settings accessed, particularly in the primary care setting.

FUH Incentive Analysis

The FUH incentive was provided to D-SNP, LACC, and PASC members who followed up with a provider after being discharged from an inpatient facility with a principal diagnosis of a mental health disorder. This incentive offered a \$25 debit card. Carelon Behavioral Health called each member up to three times and informed them about the incentive prior to and after discharge.

To assess the effectiveness of the intervention, the analysis examined the differences in the lines of businesses (D-SNP, LACC, PASC) that were eligible for the incentive and the ones that were ineligible (MCLA) for the incentive. The analysis included stratification of race, spoken language, and service planning areas. The efficacy of the incentive was assessed by comparing administrative rates over a three-year trend across each line of business, and differences in the awarded group vs. the group that was not rewarded were examined. Finally, statistical significance was obtained for the compliant and noncompliant rates to help pinpoint the value of the differences noted between these groups. Results revealed the following:

- **Rewarded Cohort (D-SNP, LACC, PASC)**

For the NCQA race, Black or African American yielded a total of 41 members with 20 members compliant (52%), White yielded 134 members with 77 compliant (57%), and Unknown races had 40 total members with 18 compliant (45%). Smaller denominators included a total of 28 Asian members with 14 (50%) compliant, 1 American Indian/Alaska Native with 1 complaint (100%), 3 Native Hawaiian or Other Pacific Islander with 1 (33%) compliant, and 3 Two or More Races with 2 (66%) compliant.

For spoken language amongst members, there were 8 Chinese with 3 (37%) compliant, 217 English with 117 (53.9%) compliant, 18 Spanish with 10 (55.5%) compliant, 3 unknowns with 1 (33%) compliant, and 4 declined to state with 3 (75%) compliant.

The service planning areas with the highest member yield included SPA 3, with 67 members and 30 (44.7%) compliant, SPA 7, with 31 members and 23 (74.2%) compliant, and SPA 8, with 31 members and 20 (64.5%) compliant.

- **Not Rewarded Cohort (MCLA)**

For the NCQA race, Black or African American yielded a total of 114 members with 23 members compliant (20.2%), White yielded 263 members with 76 compliant (28.9%), and Unknown races had 170 total members with 31 compliant (18.2%). Smaller denominators included a total of 25 Asian members with 7 (28.0%) compliant, 7 American Indian/Alaska Native with 2 compliant (28.0%), 1 Native Hawaiian or Other Pacific Islander with 0 (0%) compliant, 11 Two or More Races with 2 (18.2%) compliant, and 4 Some Other Race with 0 (0%) compliant.

For spoken language amongst members, there were 1 Chinese with 0 (0%) compliant, 511 English with 115 (22.5%) compliant, 74 Spanish with 24 (34.4%) compliant, 6 Unknown with 1 (16.7%) compliant, and 3 declined to state with 1 (33.3%) compliant.

Service planning areas with the highest member yield included: SPA 6 with 134 members and 28 (20.9%) compliant, SPA 2 with 94 members and 22 (23.4%) compliant, and SPA 4 with 87 members and 21 (24.1%) compliant.

- **Both Cohorts**

The total members across rewarded cohort were 250 of those, 134 (53%) were compliant for the FUH measure. For the not rewarded cohort, there were 595 members total of those, 141 (23.6%) were compliant. This difference was 29.4% which is statistically significant.

The rewarded cohort showed significantly higher statistics across demographics and service areas when compared to the not rewarded cohort. However, the three-year HEDIS administrative rate trend reveals contrasting information regarding the efficacy of the FUH incentive.

For the Medicaid lines of business, which are inclusive of the MCLA group, the 2021 rate was 34.2%. In 2022, it stayed similar at a rate of 34.0% but increased to 36.7%.

For LACC, which was part of the rewarded group, the 2021 rate was at 63.2% and shot up to 71.3% in 2022; however, in 2023, it fell to 47.1%. For D-SNP, which was also part of the rewarded group, the 2021 rate was 63.4%, dropped to 58.3% in 2022, and went up to 61.1% in 2023. Though LACC saw a staggering decrease in rates, prompting an implication of the ineffectiveness of the incentive, it is still significantly higher than the MCLA group. This administrative rate drop may directly result from the delays members faced in retrieving their rewards. Claims and encounter lags caused this, as well as the program passing through several hands during its duration, which also contributed to further delays. Future initiatives involving incentives can benefit from incorporating real-time data to keep track of eligible members promptly and implementing methods to ensure members receive their rewards.

CONCLUSION

Efforts in measurement year 2023 focused primarily on identifying challenges that contributed to low HEDIS rates. The major challenges identified included coordination of care, data lags, and a lack of educational awareness on both provider and member sides. Some of these issues may be a lasting impact that was exacerbated by the COVID-19 pandemic. For example, the pandemic led to a significant increase in anxiety and depression worldwide as individuals transitioned to social isolation, remote learning, and stress due to the uncertainty of the pandemic's duration.¹⁷ L.A. Care acknowledges these experiences and is working to mitigate the increased challenges caused by COVID-19.

To improve the coordination of care between provider settings, efforts focused on informing primary care providers of the need to screen and test members. In a previous BHQC meeting, certain barriers were identified, such as providers being unaware their patient was on medication and point-of-care testing not being documented or coded correctly. Due to the current rate decline, in addition to the noted interventions, QI has engaged high-volume PPGs to educate and reinforce the need for screening in the primary care setting.

Comprehensive data has been an ongoing barrier for many HEDIS measures in behavioral health. MCAS measures such as FUM and FUA have consistently faced additional challenges because they are dependent on patient follow-ups. For the upcoming year, L.A. Care may benefit from focusing on obtaining real-time data to facilitate pertinent information across different agencies such as DMH and DHS. A robust real-time data-sharing operation will improve the overall coordination of care. Additionally, proactive efforts shall prioritize the DSF measure and treat it as a preventative initiative. This measure is essential because it has the potential to catch mental illnesses early, often leading to reduced hospitalizations and emergency department visits.

¹⁷ Bourmistrova NW, Solomon T, Braude P, Strawbridge R, Carter B. Long-term effects of COVID-19 on mental health: A systematic review. *J Affect Disord.* 2022 Feb 15;299:118-125. doi: 10.1016/j.jad.2021.11.031. Epub 2021 Nov 16. PMID: 34798148; PMCID: PMC8758130.

The absence of comprehensive data has also halted initiatives to improve HEDIS measures. L.A. Care has been working to improve the accuracy of current data acquisition. The gaps in data stem from a variety of issues, such as several data feeds with different formats, delayed claims and encounters, and a lack of interoperability between other healthcare organizations. While it has been difficult to build a strong foundation in member information due to this issue, the QI team plans to create an opportunity to collect qualitative data to strengthen the organization's understanding of patient and provider experiences as well as the barriers to care.

MY 2024 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2024 Medi-Cal Goal	MY 2024 D-SNP Goal	MY 2024 LACC Goal	MY 2024 PASC-SEIU
AMM	Antidepressant Medication Management - Continuation Phase	61%	60%	61%	N/A
DSF-E	Depression Screening for Adolescents & Adults	11%	69%	5%	10%
DSF-E	Depression Follow-Up for Adolescents & Adults	71%	N/A	N/A	16%
FUA-30 day	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 30-day	36%	43%	N/A	N/A
FUH-30 day	Follow-Up After Hospitalization for Mental Illness - 30-day	N/A	70%	66%	N/A
FUM-30 day	Follow-up After Emergency Department Visit for Mental Illness 30-day (FUM)	54%	49%	N/A	N/A
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia	74%	82%	88%	N/A
SSD	Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who Are Using Antipsychotic Medication	84%	87%	74%	N/A

N/A: Not applicable

C.3 APPROPRIATE MEDICATION MANAGEMENT

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

The following programs are in place from 2023 to 2024 to address pharmacy-specific **National Committee for Quality Assurance (NCQA)**/Healthcare Effectiveness Data and Information Set (HEDIS) quality measures. These in-house initiatives were conducted in collaboration with Quality Improvement (QI), Behavioral Health (BH), Population Health Informatics, and Advanced Analytics Lab (AAL). L.A. Care Pharmacy also partnered with external vendors for additional support, including Navitus Clinical Engagement Center (CEC), mPulse, AdhereHealth, and CVS.

- Pharmacy Star Measures
 - Statin Therapy for Patients with Cardiovascular Disease (SPC) – C16
 - Medication Adherence for Diabetes Medications – D08
 - Medication Adherence for Hypertension (RAS Antagonists) – D09
 - Medication Adherence for Statins – D10
 - MTM Program Completion Rate for CMR – D11
 - Statin Use in Persons with Diabetes (SUPD) – D12
 - Rating of Drug Plan – D05
 - Getting Needed Prescription Drugs – D06
- Pharmacy NCQA Accreditation Measures
 - Statin Therapy for Patients with Diabetes (SPD)
- Pharmacy-assisted NCQA Accreditation Measures
 - Follow-Up Care for Children Prescribed ADHD Medication (ADD)
 - Asthma Medication Ratio (AMR)
 - Glycemic Status Assessment for Patients with Diabetes (GSD)
 - Controlling High Blood Pressure (CBP)
 - Adult Immunization Status (AIS)

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

- Medication Adherence for Diabetes Medications – D08
- Medication Adherence for HTN (RAS Antagonists) – D09
- Medication Adherence for Statins – D10
- Statin Use in Persons with Diabetes (SUPD) – D12
- Statin Therapy for Patients with Cardiovascular Disease (SPC) – C16

Medication adherence is vital for enhancing the overall health of our members with chronic conditions. These measures, now triple-weighted, play an essential role in improving overall Stars performance for health plans. L.A. Care Pharmacy has actively explored innovative strategies and continuously refined our interventions to enhance medication adherence. Currently, interventions include prescriber scorecards, targeted medication reviews (TMR), 100-day supply conversion mailers, adherence mailers, text campaigns, refill reminder robocalls, and our Comprehensive Adherence Solutions Program (CASP).

Since July 2018, providers have received a quarterly prescriber scorecard letter distributed by Navitus CEC—this letter and supplemental tables list members who may be exhibiting non-adherent behaviors for each respective provider. Providers can quickly identify L.A. Care patients who may need encouragement

and counseling to continue regularly administering their chronic medications. The scorecard outlines the provider's overall Star rating, their peer's overall Star rating compared to other prescribers, and their overall performance for each measure. By providing these reports, providers are also motivated to improve their prescription practices and maintain high standards of care.

Since 2022, Targeted Medication Reviews (TMR) for Cal Medi-Connect (CMC)/Dual-Eligible Special Needs Plan (D-SNP) have been in place with Navitus CEC. The TMRs utilize prescription claims data to identify lapses in therapy and involve quarterly interventions, which entail mailings to the members and/or providers.

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

Since January 2022, CMC/D-SNP members have been able to fill up to a 100-day supply of their chronic medications, an increase from the previous 90-day limit. Switching to a 100-day supply has proven to help with improving medication adherence, especially for those who are physically burdened. Members can make fewer trips to the pharmacy and are less affected by medication shortages because they have more medication supplies on hand. Navitus CEC has been mailing 100-day supply conversion forms to providers quarterly to encourage prescribers to switch members' chronic medications to a 100-day supply.

Navitus CEC Star Support includes quarterly adherence mailers to members and providers, reiterating the importance of medication adherence and encouraging providers to support their members in overcoming medication barriers. As of 2024, the mailers are managed in-house, resulting in significant cost savings and allowing for a complete revamp. The mailers are now available in all threshold languages and include enhanced personalization, highlighting each member's adherence rates to raise awareness and better support providers in helping members overcome barriers.

L.A. Care Pharmacy continues to enhance its in-house adherence outreach program, CASP, which employs a high-touch approach to support CMC/D-SNP members in achieving and maintaining medication adherence throughout the year. Since 2023, CASP has significantly transformed workflows to boost efficiency and deepen member engagement. Updates include more frequent call list updates, member-focused improvements, and a proactive case management approach to address the challenges of cold calling. Pharmacy technicians and pharmacists play a pivotal role in the program, conducting outbound calls to educate members on the importance of medication adherence and collaborate on overcoming any barriers. The program has also introduced a diverse range of targeted campaigns, carefully designed to meet the specific needs of our members based on their unique demographics and health goals. Additionally, L.A. Care Pharmacy leverages motivational interviewing techniques to listen actively and offer personalized support options from a comprehensive suite of services. Together, these enhancements ensure CASP delivers impactful interventions that drive sustained adherence.

- Refer Medication Therapy Management (MTM)-eligible members who have not completed a Comprehensive Medication Review (CMR) to Navitus CEC.
- Provide patient, medication, and vaccine education.
- Promote 100-day supply options by educating members and coordinating with providers and pharmacies.
- Recommend mail order pharmacy services as a convenient option.
- Support medication synchronization to enable single-day pickups for members.

- Provide pharmacist consultations to address concerns and help members optimize their medication regimens.
- Educate members on pharmacy benefits such as vacation overrides to ensure adequate medication supply while traveling.
- Highlight the importance of establishing care with the member's primary care physician (PCP) and assist with scheduling appointments if needed.
- Help members switch PCPs and connect with specialists as needed.
- Recommend statins with members and their providers for eligible diabetic members to meet the SUPD measure.
- Conduct open-ended surveys to understand member needs and improve their experience with our prescription drug plan.
- Connect members with internal resources, including Behavioral Health and Social Services.
- Assist members with updating enrollment information.
- Research and add alternative contact numbers in QMEIS to lower the unable-to-contact (UTC) rate.
- Provide resources to address Social Determinants of Health (SDOH) barriers.
- Offer transportation resources to improve member accessibility.
- Refer members to Papa Pals, a companionship vendor that can also assist with appointments and pharmacy visits.

Beginning in January 2024, L.A. Care Pharmacy transitioned the mail-order pharmacy from Ralphs to Quality Drug Clinical Care (QDCC) to serve D-SNP members. QDCC offers expanded services, including automatic refill and automatic shipment, that provide convenience and support member adherence to chronic medications. Medications are conveniently shipped to members' homes or workplaces, aiding those with mobility concerns or busy schedules. QDCC can also help members request a 100-day supply of eligible medications. Members can have peace of mind with more medications on hand, especially during drug shortages.

L.A. Care Pharmacy continues to explore innovative approaches for our traditionally difficult-to-engage members by partnering with external vendors such as CVS and AdhereHealth to enhance our outreach and member care. CVS conducts outreach calls and provides in-person counseling to identified members with refills and medication adherence. AdhereHealth conducts outreach to members to support medication adherence and health screenings, resolve barriers, and assess appropriate statin medication use. We are hoping to expand these partnerships and continue to find new ways to engage our members.

L.A. Care Pharmacy launched two text campaigns with external vendor mPulse in July 2024 as another avenue to reach the D-SNP population and further support the medication adherence measures:

- Refill Reminders: Members receive refill reminder texts for overdue Star quality medications.
- 100-Day Supply: Members receive text messages promoting their free 100-day supply benefit. Members can also request a 100-day supply of their medications via text responses, and the Pharmacy team faxes prescription change request forms to their prescribers.

MAJOR ACCOMPLISHMENTS

- L.A. Care Pharmacy has assembled a dedicated adherence call team and formulated a tailored workflow process to pinpoint members requiring outreach effectively. As a result of our combined efforts and CASP enhancements, we are noticing incremental improvements in medication adherence rates across all three measures compared to 2023.
- From January – September 2024, L.A. Care Pharmacy has made 41,860 attempts to members, providers' offices, and pharmacies. We have made 6,520 successful outreaches to the member specifically and have had 5,903 successful interventions, including 100-day supply conversion,

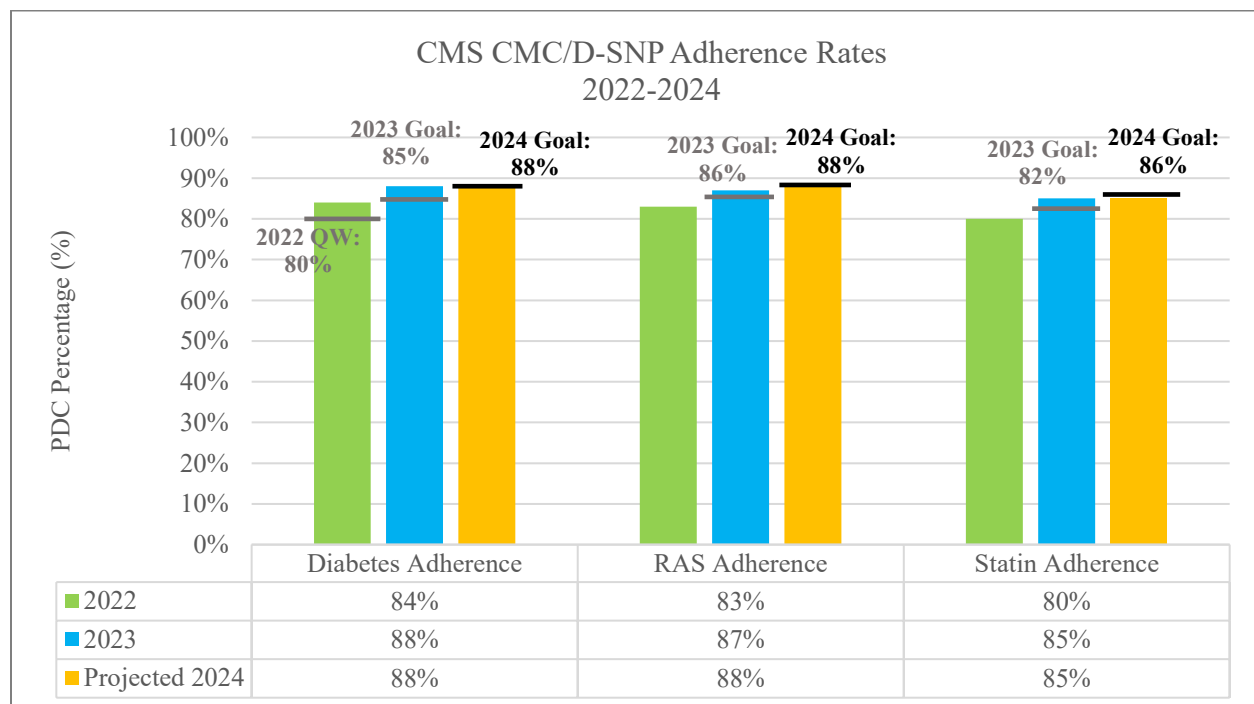
medication synchronization, mail order referral, transportation services, and referrals to other internal L.A. Care departments (e.g., assistance with obtaining a new PCP and behavioral health referral). Patient, medication, and vaccine education are provided during each encounter and are not included in this total. The outreach effort is currently ongoing.

- L.A. Care Pharmacy, in collaboration with Navitus CEC, has mailed the following volume of prescriber scorecards to providers:
 - 2023 Q3: 4,585 unique prescribers
 - 2023 Q4: 4,915 unique prescribers
 - 2024 Q1: 3,091 unique prescribers
 - 2024 Q2: 4,343 unique prescribers
- L.A. Care Pharmacy, in collaboration with Navitus CEC, has mailed the following volume of 100-day supply conversion forms to providers:
 - 2023 Q3: 5,759 letters
 - 2023 Q4: 4,703 letters
 - 2024 Q1: 6,476 letters
 - 2024 Q2: 8,003 letters

RESULTS

The following graphs compare L.A. Care adherence performance at the end of the year for 2022, 2023, and projected 2024:

Table 1: CMS CMC/D-SNP Adherence Rates 2022-2024



Quantitative Analysis

The CMC/D-SNP medication adherence rates above are based on monthly medication adherence data trends released by CMS via the Acumen Patient Safety Reports (Acumen, LLC; *Patient Safety Analysis* 2023). For contract year (CY) 2023, the final medication adherence rates were 88%, 87%, and 85% for the Diabetes, RAS Antagonists, and Statin measures, respectively. From CY 2022 to CY 2023, we saw an increase in our performance for all three adherence measures. For CY 2024, the Pharmacy department

calculated projected final 2024 rates as a forecast for the end of 2024 based on the previous year's trend and may not be accurate to the actual final rate for 2024. Based on current projections, we will finish CY 2024 at 88%, 88%, and 85% for the Diabetes, RAS Antagonists, and Statin measures, respectively. Based on Star 2025 cut points, we will achieve a 4-star rating for Diabetes and a 3-star rating for both RAS Antagonists and Statin adherence measures for measurement year (MY) 2024. We observed a modest performance increase from CY 2023 to CY 2024, which aligns with expectations given that the remaining non-adherent members are now largely within the high-risk category.

Qualitative Analysis

Pharmacy aimed to resolve barriers to medication adherence to increase the quality of life for our members and move 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 2023 medication adherence measures. Unexpectedly, we see a variety of changes in the Star cut-points. The 5-, 4-, and 3-star cut points have increased, and the 2-star and 1-star cut points have increased or remained the same compared to the previous year. If our adherence rates trend as forecasted, we will achieve a 4-star rating for Diabetes and a 3-star rating for both RAS Antagonists and Statin adherence measures for measurement year (MY) 2024. This improvement is primarily attributed to the pharmacy technician/pharmacist outreach call intervention.

Given the challenge of barriers to medication adherence, the Pharmacy department targeted CMC/D-SNP members on the adherence medications and employed multiple interventions throughout the year to improve their adherence. Live telephonic outreach calls with highly trained pharmacy technicians and pharmacists sought to resolve issues prohibiting the member from being adherent, such as a transportation issue or simply forgetting to take the medications. The Pharmacy team is also exploring innovative approaches to engage traditionally hard-to-reach members, partnering with external vendors such as CVS, AdhereHealth, and mPulse to enhance outreach and member care. Another 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 number 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 are continuing with the refill reminder robocall campaign with expanded threshold languages. Nevertheless, our improvement/sustainment in medication adherence rates and Star ratings across all measures demonstrate the effectiveness of our interventions for 2024.

INTERVENTIONS

Table 2: Medication Adherence Measures Barriers and Actions

CMS CMS/ D-SNP 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 get to their pharmacy. 	<ul style="list-style-type: none"> Contact the member's pharmacy or provider to request a 100-day supply of medications. Assist members in obtaining refills for medications. Provide counseling tips for adherence. Provide transportation resources. Inform and provide referrals for mail-order pharmacy services. Warm transfer to Clinical Pharmacist for consultation. 	<ul style="list-style-type: none"> Increase in 100-day supply prescription count. Increase in proportion of days covered (PDC) rate for Diabetes, RAS Antagonist, and Statin medication adherence measures.
Medication Adherence for Hypertension Medications (RAS Antagonist)	<ul style="list-style-type: none"> Members express a lack of understanding of their medication indication or instructions. Member has concerns about side effects from medications. Member lacks understanding of benefits (e.g., vacation overrides). Members stockpile medications and delay refills. Members receive medication misinformation from social media. Some providers are reluctant to prescribe an extended-day supply and require members to make an appointment to obtain more refills. Some pharmacies are reluctant to dispense an extended-day supply and require members to make frequent trips to the pharmacy to obtain each fill. Difficulty contacting the member (e.g., call consent selection at the time of enrollment, invalid or no phone numbers in QMEIS). 	<ul style="list-style-type: none"> Provide education on prescription benefits and guide members on the next steps before taking a vacation. Address SDOH-related barriers via Community Link and/or CM/Social Services referrals. Assist members in switching PCPs and/or pharmacies if unsatisfied with care. Utilize health information exchange (HIE) and enrollment intake data to generate alternative phone numbers. Contact the member's pharmacy or provider to obtain alternative phone numbers. Contact the member's pharmacy or provider to follow up with the member when unable to reach the member. 	<ul style="list-style-type: none"> Increases in medication adherence rates across all 3 measures. Increase in member connection rate due to alternative phone numbers obtained.
Medication Adherence for Statins			

CMS CMS/ D-SNP Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> Outdated or missing provider fax numbers. Manual CASP call list refreshes (lack of Customer Relationship Management solution). 	<ul style="list-style-type: none"> Weekly team meetings to proactively address any new barriers we may discover. Collaborate with other departments and workgroups to maintain a provider fax number directory. 	

CONCLUSION

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

- Enhance the quality of our adherence outreach calls by implementing regular customer service training sessions.
- Refine our identification criteria using Advanced Analytics Lab's (AAL) medication adherence risk scores to more effectively pinpoint members needing outreach and optimize the timing and frequency of call/text outreach for an improved member experience and better health outcomes.
- Explore innovative approaches for our traditionally difficult-to-engage members by partnering with external vendors such as CVS, AdhereHealth, and mPulse to enhance our outreach and member care.
- Implement a new text campaign with mPulse and a new CASP call campaign to inform incoming D-SNP members about their pharmacy benefits.
- Create a Welcome Kit flyer for new D-SNP members to promote their pharmacy benefits.
- Continue collaborating with Navitus CEC in refining the prescriber scorecard report to deliver provider-specific medication adherence data, measure their performance on each measure, and provide actionable recommendations to improve medication adherence.
- Collaborate with Dr. Felix Aguilar-Henriquez, Medical Director of Quality Improvement, who is speaking out to encourage statin use as an essential part of heart health management, and with Communications to promote medication adherence and debunk myths about statin medications. This will be achieved through videos and static posts on social media platforms, including Facebook and Instagram.
- Leverage our Participating Physician Group (PPG)/provider relationship to obtain alternative phone numbers and prescription refills and hold them accountable for pharmacy metrics through regular meetings.

MEDICATION THERAPY MANAGEMENT (CMR COMPLETION RATE)

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

Navitus CEC currently administers MTM for L.A. Care D-SNP members. Members of the MTM program receive telephonic CMRs conducted by Navitus CEC personnel. A CMR is an interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or another authorized individual, such as a prescriber or caregiver. L.A. Care Pharmacy also warm-transfers eligible

MTM members to Navitus CEC during adherence calls and a telephonic outreach campaign to address adherence for diabetes, RAS antagonists, and statin medications.

For CY 2024, each beneficiary may receive an MTM intervention based on the following criteria:

- 3 or more chronic diseases
- 8 or more covered Part D Chronic/Maintenance drugs
- Incurred annual cost of \$5,330 in covered Part D drugs
OR
- Member is enrolled in the L.A. Care Opioid Home Program as a result of an opioid-related overdose

The beneficiary is allowed to opt out of the MTM program.

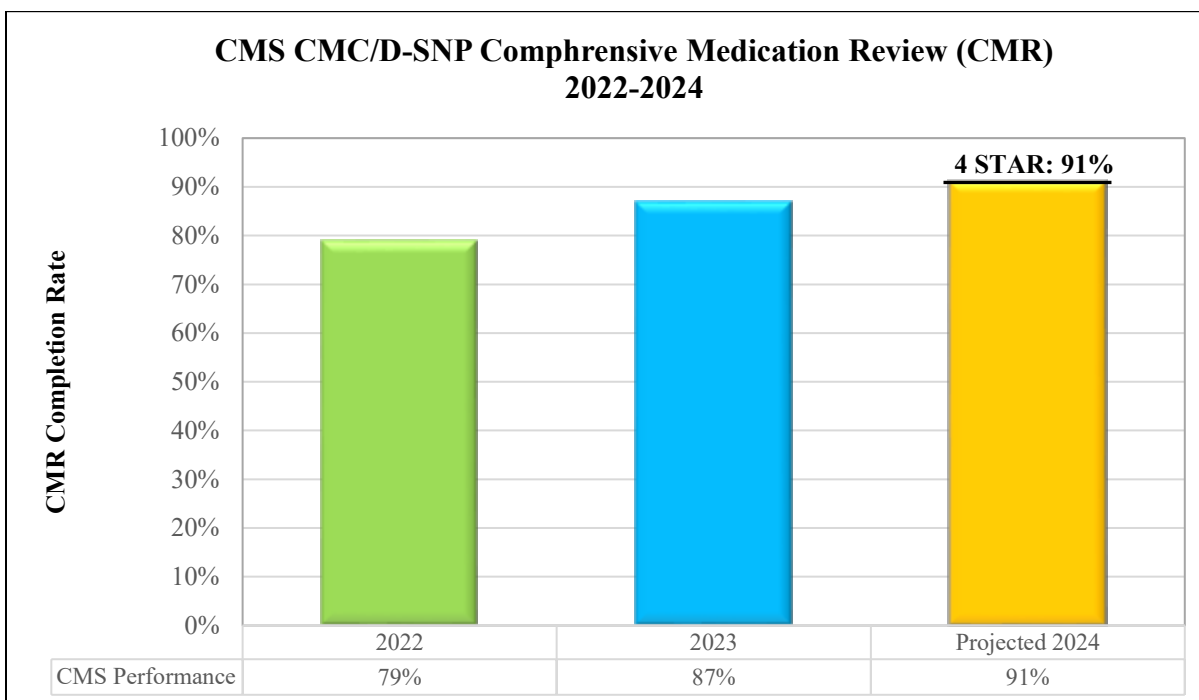
As of October 2024, the CMR rate is reported to be 78%.

MAJOR ACCOMPLISHMENTS

- Implemented a hybrid model to allow L.A. Care pharmacists to complete CMRs with members directly alongside the MTM vendor.
- Started a new collaboration with OutcomesMTM, utilizing local pharmacy connections to encourage members to participate in CMRs.
- Completed additional documentation for CMRs to count towards the Care for Older Adults (COA) medication review measure.
- Launched text messaging campaigns inviting eligible members to make an appointment to conduct a CMR or remind members of an upcoming CMR appointment.
- Launched a fax process to confirm cognitive impairment diagnoses with providers, allowing providers to complete CMRs for cognitively impaired members.
- Educated eligible members by mailing a co-branded postcard explaining their free MTMP benefit.
- Leveraged various HIE systems to obtain alternative phone numbers to increase our outreach success rates.
- Met our Population Health Management (PHM) Index Goal of 63% for 2024, the MTM Program Completion Rate for CMR measure.

RESULTS

Table 3: CMS CMC/D-SNP Comprehensive Medication Review (CMR) 2022-2024



Quantitative Analysis

The Medication Therapy Management (MTM) Comprehensive Medication Review (CMR) Completion Rate measure was added by CMS as a part of the Star Rating in 2016 as a process measure. Prior to 2022, L.A. Care partnered with MedWise Rx, formerly SinfoniaRx, to administer MTM services. In CY 2021, L.A. Care reached a CMR rate of 73%. As of 2022, L.A. Care has partnered with Navitus CEC to provide MTM services for our CMC/D-SNP members. In CY 2022, L.A. Care reached a CMR rate of 79%. In CY 2023, L.A. Care reached a CMR rate of 87%. Comparing the October CMR rate in 2023 and 2024, CMR completion has improved significantly from 74% in 2023 to 79% in 2024. The projected CMR completion rate for CY 2024 will be 91%.

Qualitative Analysis

The goal that was set for Navitus CEC was to reach 88% for CY 2023. While significant improvements were made compared to the previous year, Navitus CEC landed just below the goal. This can be due to factors such as the limited availability of Spanish-speaking staff and members' unfamiliarity with our vendor. In CY 2023, Navitus CEC hired additional pharmacist staff, expanding their bilingual staff to increase outreach and capacity to complete CMRs. L.A. Care and Navitus CEC continued to meet monthly to address issues and collaborate actively to improve the program. Navitus CEC, based in Wisconsin, also continued to utilize a telephone number with a local L.A. area code and "L.A. Care" caller identification to increase member awareness and receptivity to outreach attempts.

For CY 2024, the L.A. Care Pharmacy department continued various processes to increase member outreach and improve the CMR rate. Weekly, L.A. Care Pharmacy identifies MTM-eligible members currently admitted to a skilled nursing facility (SNF) through PointClickCare HIE; identified members are referred to Navitus CEC with the facility name to be contacted and connected to the member who otherwise

would be unavailable at their home phone number. In addition, L.A. Care Pharmacy is working with the Care Management department to determine MTM eligibility for D-SNP members enrolled in interdisciplinary care team (ICT) meetings. This mutually beneficial process utilizes Care Management outreach to offer MTM services for any members who have not completed a CMR while providing a pharmacist-reviewed medication list for members who have completed a CMR to assist Care Management in their medication reconciliation.

Table 4: Medication Therapy Management (MTM) Barriers and Actions

CMC/D-SNP MTM: CMR Completion Rate	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 mailing addresses. • Members not picking up their phones. • Language barriers. • Provider engagement for cognitively impaired members. 	<ul style="list-style-type: none"> • Employing multiple tactics, such as calling pharmacies and providers, to obtain new phone numbers. • Making multiple attempts at different times of the day to reach members. • New Navitus CEC phone number for outreach displays local “213” area code and “L.A. Care” caller ID. • Engaging the Care Management team to encourage MTM-eligible members to utilize the service. • Using telephonic translation services. • Additional staff support with a subcontractor for non-English speaking members. • Identifying members diagnosed with cognitive impairment for CMR completion with a provider. • Sending communications to providers to assist with CMR completion for cognitively impaired members. • Leveraging Health Information Exchange systems to obtain alternate phone numbers and mailing addresses. • Implement text messaging to promote engagement and remind 	<ul style="list-style-type: none"> • Expanded methods of outreach to members for CMR completion. • CMR completion from various vendors. • Increased provider engagement for CMR completion in cognitively impaired members. • Referrals for members in an SNF that cannot be reached at their home phone. • Increased outreach to high/complex risk members through Care Management.

CMC/D-SNP MTM: CMR Completion Rate	Barriers	Actions	Effectiveness of Intervention/Outcome
Medication Therapy Management (MTM) (cont.)		members of appointments. <ul style="list-style-type: none"> • Send postcards to eligible members to notify them of MTM services. • Navitus CEC expanded hours of operation. • Navitus CEC subcontracted with OutcomesMTM to expand MTM services to community pharmacies. • Identify MTM-eligible members in a skilled nursing facility (SNF) and refer them to Navitus CEC for outreach. • MTM offering included in pharmacy adherence call interventions (CASP). 	

CONCLUSION

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

- Achieve our CMR completion rate 4-star goal (using Star 2025 cut-points) of 91% for CY 2024.
- Continue collaborating with Navitus CEC in CY 2024 and CY 2025 as our vendor for MTM services.
- Work with AdhereHealth for additional member engagement and CMR participation.
- For MY 2025, the MTM measure will move to display as significant changes to the MTM eligibility are implemented. Eligibility will now require a minimum of 3 out of all 10 chronic diseases, and the cost threshold will drop significantly from \$5,330 to \$1,623. L.A. Care Pharmacy will continue to work with Navitus CEC through challenges that may arise from the expansion in MTM eligibility criteria.
- Develop correspondence avenues with providers to encourage eligible members to contact and complete a CMR with Navitus CEC.

HEDIS MEASURES

L.A. Care's Pharmacy department has launched or assisted with programs targeting specific HEDIS measures, including ADD, AMR, GSD, CBP, statin measures (SPD, SPC, and SUPD), and the Flu vaccine measures.

ASTHMA MEDICATION RATIO (AMR)

Pharmacy identified incorrect drug quantities in the pharmacy claims data used by the HEDIS engine, increasing the number of rescue inhalers and a lower AMR rate. Quality Performance Management (QPM) is investigating the issue and hoping to correct it by the following data refresh. Additionally, 12,788 prescribers were sent a general notice to prescribe inhaled corticosteroid (ICS)-formoterol as the preferred reliever therapy per clinical guidelines, accompanied by an asthma remediation flyer in collaboration with Social Services.

GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD), CONTROLLING BLOOD PRESSURE (CBP), STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC), STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD), STATIN USE IN PERSONS WITH DIABETES (SUPD)

AMBULATORY CARE PROGRAMS

To address the chronic disease management measures (GSD, CBP, and statin measures) and the disparity among our diabetic members, the L.A. Care Pharmacy department has partnered with the California Right Meds Collaborative (CRMC) and launched its ambulatory care pharmacy program. Both initiatives were started in early 2020 and are currently ongoing. CRMC is an initiative from the University of Southern California (USC) School of Pharmacy. Our goal is to develop a network of pharmacies that will deliver Comprehensive Medication Management (CMM) services to address the high burden of chronic disease states in underserved areas of Los Angeles County. The program currently has two actively enrolling cohorts:

- 1.) Uncontrolled Diabetes Cohort: Members from all lines of businesses are eligible for the diabetes cohort if the latest A1c $\geq 9\%$ within the past 30 days or $\geq 11\%$ within the past 90 days. Members are being stratified based on health disparities. High-risk members who have been recently discharged from the hospital with uncontrolled diabetes are also being targeted.
- 2.) Cardiovascular Disease (CVD) Cohort: This cohort targets members with two or more CVD-related hospital admissions within the past 12 months.

To encourage medication adherence, bonus payments will be provided to the managing CRMC pharmacy for all STAR-related adherence measures for Diabetes, Renin-angiotensin-system (RAS) antagonists, and Statin medications. This incentive will motivate CRMC pharmacies to address adherence-related issues across all cohorts.

As of October 2024, 1,103 L.A. Care members have received services from a CRMC clinical pharmacist since the inception of this program. We have seen an average A1c reduction of 2.7% in patients with five or more CMM visits. We also saw an average 14.3-point SBP reduction for patients with BP above 140/90 mmHg at baseline. Additional A1c and blood pressure values captured by CRMC pharmacists are used for HEDIS measure gap closure.

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

After a cost analysis, Pharmacy, QI, and BH workgroups made a joint decision to discontinue the Navitus CEC mailers as of 5/24/2024, with plans to bring this effort in-house.

ANNUAL FLU VACCINE

Pharmacy worked closely with Health Education, CRC leadership, and North Star Alliances to plan 7 vaccine clinics for the flu season between September and November 2024. USC Medical Plaza Pharmacy will offer health screenings (blood pressure and blood glucose) and flu and COVID-19 vaccines. Pharmacy is collaborating with USC and QPM to ingest blood pressure screening results as supplemental data to fill any gaps in care. D-SNP members are eligible for a \$25 gift card if they receive the flu vaccine and other promotional items and complete a health screening.

INTERVENTIONS

Table 5: NCQA Accreditation Measures Barriers and Actions

NCQA Accreditation Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Glycemic Status Assessment for Patients with Diabetes	<ul style="list-style-type: none"> Due to data lag, opportunities for patient enrollment using the current criteria are restrictive, thus limiting the scope of the program. More PCP partnerships are needed. Improved program outcomes and continued expansion rely on primary care provider partnerships with our CRMC pharmacies. Although current pharmacies are located throughout L.A. County, more pharmacies are needed in high-risk areas, such as South L.A. and Antelope Valley. 	<ul style="list-style-type: none"> The L.A. Care Pharmacy department has promoted CRMC at Provider Engagement Meetings with direct network providers. We are working with USC to expand program enrollment for members and pharmacies. 	<ul style="list-style-type: none"> A1c reduction of 2.66% in patients with 5 or more CMM visits. We will continue to track outcomes. We continue to evaluate new interested pharmacies for the CRMC program.
Adult Vaccinations	<ul style="list-style-type: none"> Members not understanding pharmacy benefits and coverage of vaccinations. Vaccine hesitancy Member outreach and engagement. 	<ul style="list-style-type: none"> High-touch telephonic outreach to members during all member-facing calls, educating them on the importance of receiving vaccinations. Advertise to members on receiving flu vaccinations at CRCs and pharmacies. Host flu vaccine clinics in CRCs with incentives for community members. 	<ul style="list-style-type: none"> 7 vaccine clinics will be held at various CRCs in 2024. Effectiveness of interventions will be assessed after the conclusion of the flu campaign.

CONCLUSION

L.A. Care's Pharmacy department aims to build upon its current quality improvement initiatives and grow relationships with internal and external resources for our 2024 clinical programs.

- Leverage the community resource centers to educate and raise members' awareness about various offerings (e.g., mail order, CRMC, MTM, adherence).
- Continue to work with various PPGs on pharmacy-related performance metrics, highlighting best practices and standards of care.
- Continue expanding pilot programs for provider outreach on various HEDIS measures.

D.1 COMPLEX CASE MANAGEMENT

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BACKGROUND/SUMMARY

Once members are initially identified for care management via data or referral sources, they are further reviewed by L.A. Care's Care Management (CM) 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, the member's participation decision, and the updated individualized care plan (ICP) and/or interdisciplinary care team (ICT) are sent via fax to the member's preferred provider group (PPG) and primary care provider (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 coordinating care, which includes Behavioral Health (BH), Social Work (SW), Disease Management (DM), Managed Long-Term Services and Supports (MLTSS), Utilization Management (UM), Home and 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 the enhanced role of the care coordinators to meet the members' unique needs.
- After a period of reduced field-based services because of the global pandemic caused by the SARS-CoV-2 virus, community health workers were redeployed to the community in April of 2022. Significant efforts have been dedicated in FY 2023 to increasing the utilization of field-based services to the most vulnerable members and re-establishing relationships with community partners to increase the Care Management department's presence in the community.

The Care Management program is designed to:

1. Minimize the risk of exacerbations or deterioration of medical conditions based on early assessment of physical, behavioral, cognitive, functional status, and social determinates by the:
 - a. Early assessment and identification of physical and behavioral health needs
 - b. Early intervention for physical and behavioral health issues
 - c. Early identification of and interventions for poly-pharmacy issues
 - d. Early identification of and interventions for social supportive needs
2. Identify barriers to compliance with physician-prescribed treatment regimens, such as members' or caregivers' 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 personal and environmental safety issues.
5. Provide dedicated staff to coordinate care needs between primary care providers, 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 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 8,590 cases were opened by the Care Management Department for FY 2024, with 158 to the Complex Case Management (CCM) Program, 7,005 to the High-Risk Case Management Program, 791 to California Children’s Services (CCS) Care Management Program, 576 to the Low-Risk Case Management Program, and 60 to other (Medium Risk and transplant).

In FY 2022, 286 members successfully graduated from the Care Management Program for a graduation rate of 5.8% (calculated as the number of members with case closure reason “goals met” over the total number of cases created during the fiscal year). In FY 2023, 758 members successfully graduated from the Care Management Program, with a graduation rate of 9.2%. In FY 2024, 986 members graduated for a graduation rate of 11.5%. The improved graduation rate year over year is attributed to various interventions implemented during the year, including monthly monitoring of graduation rate by Care Manager Supervisors and improved staffing.

Member Satisfaction with the Case Management Program

The Case Management member satisfaction survey is administered monthly by telephone with a live representative from the EvenMORE team. Members eligible for the survey are those enrolled in CCM for at least 60 days or enrolled in High-Risk Case Management (HR) for at least 45 days. The survey consists of 12 questions: 9 scaled questions with response options: “Very Satisfied, Somewhat Satisfied, Neither Satisfied/Dissatisfied, Somewhat Dissatisfied, Very Dissatisfied,” 2 close-ended (Yes/No) questions, and 2 open-ended questions.

Goal: Achieve 90% of members answering “satisfied” or “very satisfied” to the L.A. Care Management Program for all lines of business. This goal is measured by question number 10 on the survey: “Overall, how satisfied are you with L.A. Care’s Care Management Program?” The Care Management department exceeded this goal in FY 2024 with an overall average of 95.2% (up from 94.4% last FY) favorable member satisfaction score. Care Management received 968 completed surveys for a 67.2% (down from 72.6% last FY) survey response rate.

LAC CM MEMBER SATISFACTION SURVEY RESULTS by LOB and PROGRAM SURVEY PERIOD: 2023 10 through 2024 09

	CARE MGMT	DSNP	MCLA	LACC/ PASC	CCM	HR
Calls Attempted (Members)	1620	506	1090	24	100	1520
Completed Surveys	1045	332	899	14	67	978
Unreachable Members	66	23	41	2	4	62
Response Rate	67.2%	68.7%	66.6%	63.6%	69.8%	67.1%
10. Overall, how satisfied are you with L.A. Care’s Care Management Program?						
n	1005	315	676	14	66	939
Avg Score	4.76	4.74	4.78	4.36	4.89	4.75
% Fav	95.2%	94.3%	96.1%	78.5%	100.0%	94.9%
Very Satisfied	84.5%	83.8%	85.4%	57.1%	89.4%	84.1%
Somewhat Satisfied	10.7%	10.5%	10.7%	21.4%	10.6%	10.8%
Neither Satisfied/Dissatisfied	2.4%	2.5%	1.9%	21.4%	0.0%	2.6%
Somewhat Dissatisfied	1.3%	1.9%	1.0%	0.0%	0.0%	1.4%
Very Dissatisfied	1.1% (11)	1.3% (4)	1.0% (7)	0.0%	0.0%	1.2% (11)

Members from the MCLA line of business (LOB) scored higher, at 96.1% average satisfaction with the Care Management Program, while D-SNP members participating in the program had an average of 94.3%

satisfaction. LACC/PASC members scored much lower, at 78.5% overall satisfaction. This lower performance for the LACC/PASC LOB may be attributed to the low denominator; only 14 surveys were received, and no members responded that they were dissatisfied with the program.

In total, L.A. Care Management scored overall above the 90% threshold for all 10 questions on the FY 2024 Member Satisfaction Survey, even though the LACC/PASC respondents scored consistently below the threshold:

Report run date: 10.30.2024		CARE MGMT	DSNP	MCLA	LACC/PASC	CCM	HR
1. Do you remember working with your care manager, [care manager's name] or helper [care coordinator's name] about your health issues in the last 2 months?							
	n	1045	332	699	14	67	978
	Yes	92.8%	91.0%	93.7%	92.9%	94.0%	92.7%
	No	7.2%	9.0%	6.3%	7.1%	6.0%	7.3%
2. How satisfied are you with the health information given to you by your Case Manager?							
	n	1002	313	675	14	65	937
	Avg Score	4.73	4.69	4.75	4.29	4.89	4.72
	% Fav	94.6%	93.6%	95.4%	78.6%	96.9%	94.4%
	Very Satisfied	82.2%	82.4%	82.8%	50.0%	93.8%	81.4%
	Somewhat Satisfied	12.4%	11.2%	12.6%	28.6%	3.1%	13.0%
	Neither Satisfied/Dissatisfied	2.7%	1.9%	2.7%	21.4%	1.5%	2.8%
	Somewhat Dissatisfied	1.3%	1.9%	1.0%	0.0%	1.5%	1.3%
	Very Dissatisfied	1.4% (14)	2.6% (8)	0.9% (6)	0.0%	0.0%	1.5% (14)
3. How satisfied are you with the how the Case Manager help you understand the doctor's treatment plan?							
	n	934	296	627	11	61	873
	Avg Score	4.73	4.62	4.78	4.45	4.95	4.71
	% Fav	94.2%	91.2%	95.9%	81.8%	100.0%	93.8%
	Very Satisfied	83.6%	80.4%	85.5%	63.6%	95.1%	82.8%
	Somewhat Satisfied	10.6%	10.8%	10.4%	18.2%	4.9%	11.0%
	Neither Satisfied/Dissatisfied	2.7%	2.7%	2.4%	18.2%	0.0%	2.9%
	Somewhat Dissatisfied	1.3%	2.7%	0.6%	0.0%	0.0%	1.4%
	Very Dissatisfied	1.8% (17)	3.4% (10)	1.1% (7)	0.0%	0.0%	1.9% (17)
4. How satisfied are you that the Care Manager helped you get the care you needed?							
	n	979	303	663	13	66	913
	Avg Score	4.75	4.68	4.78	4.38	4.82	4.74
	% Fav	94.5%	93.0%	95.3%	84.6%	93.9%	94.5%
	Very Satisfied	84.8%	82.8%	86.3%	53.8%	89.4%	84.4%
	Somewhat Satisfied	9.7%	10.2%	9.0%	30.8%	4.5%	10.1%
	Neither Satisfied/Dissatisfied	2.3%	1.7%	2.4%	15.4%	4.5%	2.2%
	Somewhat Dissatisfied	1.6%	2.3%	1.4%	0.0%	1.5%	1.6%
	Very Dissatisfied	1.5% (15)	3.0% (9)	0.9% (6)	0.0%	0.0%	1.6% (15)
5. How satisfied are you that you are now more able to follow the doctor's treatment plan?							
	n	920	290	618	12	59	861
	Avg Score	4.70	4.67	4.71	4.83	4.71	4.70
	% Fav	94.1%	93.5%	94.4%	100.0%	95.0%	94.1%
	Very Satisfied	81.5%	80.7%	81.9%	83.3%	83.1%	81.4%
	Somewhat Satisfied	12.6%	12.8%	12.5%	16.7%	11.9%	12.7%
	Neither Satisfied/Dissatisfied	2.2%	2.4%	2.1%	0.0%	1.7%	2.2%
	Somewhat Dissatisfied	1.7%	1.4%	1.9%	0.0%	0.0%	1.9%
	Very Dissatisfied	2.0% (18)	2.8% (8)	1.6% (10)	0.0%	3.4% (2)	1.9% (16)
6. How satisfied are you that the health information provided will assist you in managing your health condition(s)?							
	n	916	275	631	10	58	858
	Avg Score	4.70	4.66	4.71	4.70	4.55	4.71
	% Fav	93.6%	93.1%	93.8%	90.0%	89.6%	93.9%
	Very Satisfied	81.9%	80.7%	82.4%	80.0%	79.3%	82.1%
	Somewhat Satisfied	11.7%	12.4%	11.4%	10.0%	10.3%	11.8%
	Neither Satisfied/Dissatisfied	2.8%	1.8%	3.2%	10.0%	0.0%	3.0%
	Somewhat Dissatisfied	1.5%	2.2%	1.3%	0.0%	6.9%	1.2%
	Very Dissatisfied	2.1% (19)	2.9% (8)	1.7% (11)	0.0%	3.4% (2)	2.0% (17)

7. How satisfied are you with the amount of time it took your Care Manager to return your calls?						
n	969	303	652	14	65	904
Avg Score	4.73	4.65	4.78	4.29	4.74	4.73
% Fav	94.9%	93.4%	95.7%	85.7%	96.9%	94.7%
Very Satisfied	82.4%	78.5%	84.7%	57.1%	81.5%	82.4%
Somewhat Satisfied	12.5%	14.9%	11.0%	28.6%	15.4%	12.3%
Neither Satisfied/Dissatisfied	2.5%	2.3%	2.5%	7.1%	0.0%	2.7%
Somewhat Dissatisfied	1.2%	1.3%	1.2%	0.0%	1.5%	1.2%
Very Dissatisfied	1.4% (14)	3.0% (9)	0.6% (4)	7.1% (1)	1.5% (1)	1.4% (13)
8. How satisfied are you that your Care Manager gave you courtesy and respect during your phone calls?						
n	1007	313	680	14	66	941
Avg Score	4.92	4.88	4.94	4.57	4.91	4.92
% Fav	98.4%	98.1%	98.8%	85.7%	98.5%	98.5%
Very Satisfied	94.0%	92.7%	95.1%	71.4%	92.4%	94.2%
Somewhat Satisfied	4.4%	5.4%	3.7%	14.3%	6.1%	4.3%
Neither Satisfied/Dissatisfied	1.1%	0.3%	1.2%	14.3%	1.5%	1.1%
Somewhat Dissatisfied	0.1%	0.3%	0.0%	0.0%	0.0%	0.1%
Very Dissatisfied	0.4% (4)	1.3% (4)	0.0%	0.0%	0.0%	0.4% (4)
9. How satisfied are you that your Care Manager paid attention to you and assisted you with problem solving?						
n	994	310	670	14	65	929
Avg Score	4.78	4.73	4.82	4.00	4.88	4.77
% Fav	94.7%	93.3%	95.8%	78.6%	96.9%	94.6%
Very Satisfied	87.5%	86.5%	88.8%	50.0%	93.8%	87.1%
Somewhat Satisfied	7.2%	6.8%	7.0%	28.6%	3.1%	7.5%
Neither Satisfied/Dissatisfied	2.2%	1.6%	2.4%	7.1%	0.0%	2.4%
Somewhat Dissatisfied	1.6%	3.2%	0.9%	0.0%	3.1%	1.5%
Very Dissatisfied	1.4% (14)	1.9% (6)	0.9% (6)	14.3% (2)	0.0%	1.5% (14)

Member Satisfaction Survey results and qualitative data from free text comments submitted by members on the Member Satisfaction Survey will be compiled and analyzed by the Care Management leadership team to support program and process improvement in FY 2025.

ANALYZING MEMBER COMPLAINTS FINDINGS *from Appeals and Grievances*

During FY 2024, the Appeals and Grievances department received 43 complaints from 39 unique members classified under Care Management.

Member complaint data were reviewed as one indicator of member satisfaction. In collecting the data available from L.A. Care's Appeals & Grievances department, the volume and content of the complaints were reviewed to inform operational enhancements. One challenge with the available grievance information is that it is difficult for the agents completing grievance intake and processing to determine when a grievance should be associated with Case Management at L.A. Care, at the PPG, or one of the other available member-facing programs at L.A. Care; however, the information still provides valuable insight into member pain points and concerns.

The overall complaints classified under Care Management for FY 2024 were greater than during FY 2023. The volume of complaints increased from 36 complaints for 26 members to 43 complaints for 39 members. Based on a comparison of the detailed data, the uptick in complaints related to case management seen in FY 2024 is attributed to an increase in grievances attributed to other care coordination programs at L.A. Care, notably ECM and community support programs. After review, it was found that 11 of the grievances were directly related to a member receiving Care Management services from L.A. Care's internal Care Management team or wishing to receive services from Care Management at L.A. Care. Although there continue to be a small number of grievances about member dissatisfaction with their Care Manager, a new trend identified in the data for this FY includes an increase in members filing grievances due to not meeting the criteria to receive Care Management services at the health plan level.

Case Management Effectiveness: Impact of Care Management on ED visits, avoidable ED visits, inpatient admissions/readmissions, and Primary Care utilization.

The Care Management department worked with the Advanced Analytics Lab (AAL) on an impact assessment practice (IAP) to evaluate the effectiveness of Care Management Program intervention on member health outcomes. The IAP used IAP a quasi-experimental OS approach called difference in differences (DiD) by constructing a synthetic control group to represent the hypothetical situation in which Care Management Program participants did not enroll in the program or receive intervention. This allows estimation of the impact of the intervention by comparing the counterfactual value from the hypothetical situation to the observed values.

	Enrolled	Control
Age		
0-17	41 (2.5%)	41 (2.5%)
18-34	136 (7.1%)	110 (6.7%)
35-49	219 (13.3%)	217 (13.4%)
50-64	673 (41.6%)	702 (43.2%)
65+	573 (35.3%)	554 (34.1%)
Gender		
Male	781 (46.1%)	774 (47.7%)
Female	843 (51.0%)	850 (52.3%)
Race/Ethnicity		
White	274 (16.9%)	255 (15.7%)
Black	309 (19.0%)	312 (19.2%)
Hispanic	851 (52.4%)	868 (53.4%)
Asian or Pac. Islander	0	0
Other	180 (11.7%)	189 (11.6%)
Primary Language		
English	957 (58.9%)	958 (59.0%)
Other	667 (41.1%)	666 (41.0%)

	Enrolled	Control
Chronic Conditions		
Alcohol Related SUD	200 (9.2%)	204 (9.4%)
Asthma	342 (13.8%)	318 (14.7%)
Bipolar SMI	162 (7.5%)	196 (9.0%)
COPD	389 (17.8%)	412 (19.0%)
Chronic Kidney Disease	529 (24.4%)	581 (26.7%)
Chronic Liver Disease	538 (24.3%)	505 (23.2%)
Chronic & Congestive Heart Failure	507 (23.3%)	589 (27.2%)
Coronary Artery Disease	529 (24.4%)	530 (24.4%)
Dementia	140 (6.5%)	113 (5.2%)
Diabetes	949 (43.6%)	947 (43.4%)
Hypertension	1,301 (60.0%)	1,307 (60.3%)
Major Depressive SMI	652 (30.0%)	583 (27.4%)
Psychotic Disorder SMI	167 (7.7%)	220 (10.1%)
Substance Related SUD	287 (13.2%)	288 (13.1%)
Suicide Including Overdose	21 (0.1%)	11 (0.5%)
TB	65 (4.3%)	72 (3.3%)
Utilization Prior to Enrollment (Mean)		

The intervention group (enrolled) is defined as members who graduated from CM or partially met their ICP goals. The control group was defined as members eligible for CM who did not receive CM intervention (no case was created, and the member could not be reached). A control group matching function aligned the control and intervention groups for demographics, diagnosis history, and utilization.

Table 1: Assessment Summary	
Setup	
Sample size considered	1,624 members
Enrollment dates considered	Jan 1, 2022 to Nov 1, 2023
Target Outcomes	
ED admissions	608 fewer
ED out-patient	480 fewer
Estimated Cost Savings per Enrollee	
Lower range	\$607
Upper range	\$850

The IAP looked at the effect that enrollment in the CM program has on a member's healthcare outcomes, specifically in terms of adverse utilization changes and the estimated cost savings associated with those changes. Utilization trends of CM enrollees were analyzed during their first year in the program compared to a similarly apportioned control group (see Table 1). The data showed that enrollees had fewer emergency department (ED) out-patient services and fewer ED admissions compared to the control group during the same time. This utilization reduction translates to substantial savings, as shown in the table as a range of likely values.

The analysis showed that CM's efforts to reduce adverse utilization were effective, as evidenced by the reduction in ED outpatient and ED admissions following CM Program enrollment. The data showed the movement of those measures in the intended direction. On the other hand, it is unclear from the data what impact this program had on PCP utilization as the results were not statistically significant:

Table 1: Observed Utilization Change Summaries		
Service Type Category	Intended or Anticipated Direction	Per Thousand Member per Month (PTMPM) Differences in Trends for Treatment vs Control n = 1,624
ED Out-Patient Visits	Decrease	-33.1 PTMPM
ED Admission	Decrease	-44.2 PTMPM
PCP Visits	Increase	Not Significant

During the DiD study design process to estimate the causal effect of CM enrollment on member health outcomes, consistent post-enrollment trends of lower ED out-patient visits and ED admissions were

observed across various enrollment cohorts (based on the date of CM enrollment), strengthening the causal relationship between CM program enrollment, and reduced adverse utilization in the intervention group.

Additional analysis, using an equity lens and the lens of diagnosis groups, was performed to better understand Care Management's impact on specific member groups.

Equity Lens: The ratio of predicted outcomes (RPO) compares the results of changing the treatment variable using a model-based prediction for members with specific characteristics (e.g., demographic groups). The figures below show the RPO values, along with the confidence intervals (CI), of the demographic categories. The RPO can also be used to compare outcome changes across demographic groups.

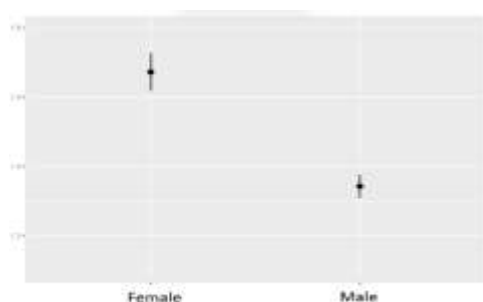


Figure 1 Gender: Female (51.9%); Male (48.1%)

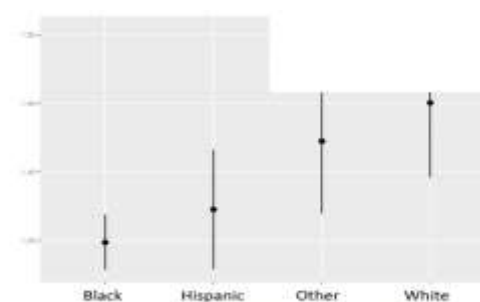


Figure 3 Race/Ethnicity: Black (19.0%); Hispanic (52.4%); Other (11.7%); White (16.9%)

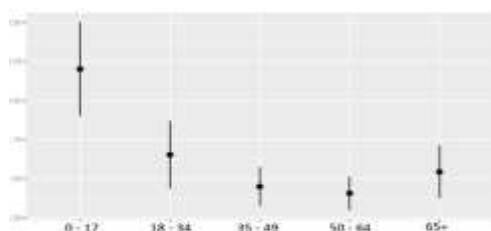


Figure 2 Age: 0-17 (2.5%); 18-34 (7.1%); 35-49 (13.5%); 50-64 (41.6%); 65+ (35.3%)

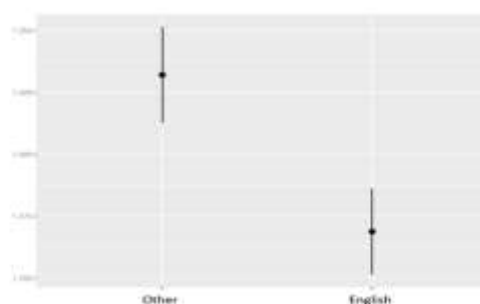
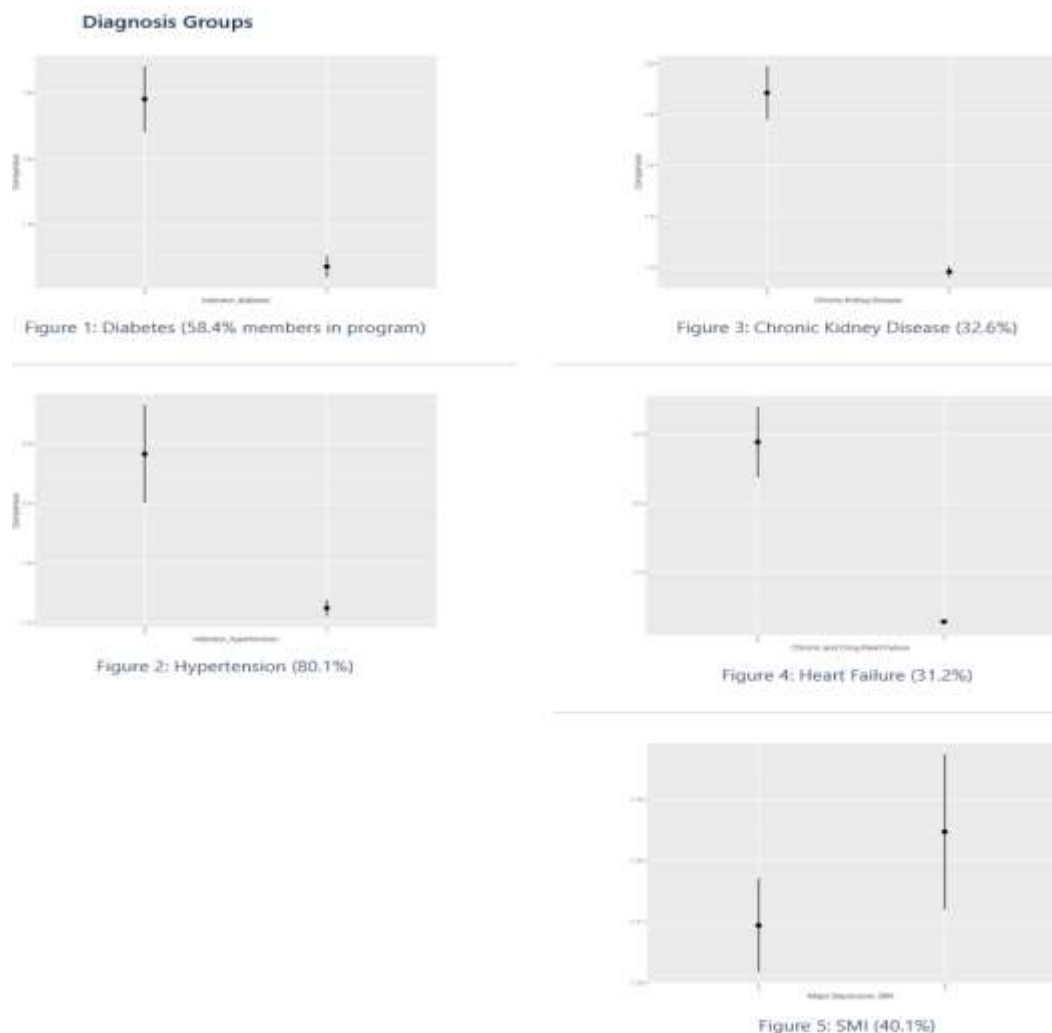


Figure 4 Primary Language: Other (41.1%); English (58.9%)

The figures above show that, on average, female, white, non-English-speaking, or under-18 members are receiving the highest relative treatment effect, while males, black members, those between the ages of 50 and 64, and English speakers are receiving a lower (but still positive) treatment effect.

Diagnosis Groups: The figure below shows the relative effect of the program on members with the diagnosis (in percentage) compared to the effect without the diagnosis:



The diagnosis group analysis appears to show that, aside from severe mental illness (SMI), members who have chronic conditions of diabetes, hypertension, chronic kidney disease, and heart failure are receiving a positive treatment effect from Care Management intervention, but members without these conditions are receiving a higher relative treatment effect. This conclusion warrants further analysis into FY 2025 to determine the member characteristics who are receiving the higher treatment effect if they are not members with these highly prevalent chronic conditions, and to determine how Care Management can better impact these member groups.

Program Evaluation: Performance and Health Outcome Measurement

The CM Program Evaluation documents an annual evaluation of the Care Management Program to ensure the scope, goals, performance measures, and planned activities are consistent with the identified plans. The Health Services Leadership team is responsible for monitoring and evaluating the care model's 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 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, including implementing 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 reporting year that will impact the department's ability to provide case management services efficiently and effectively to L.A. Care members.

These improvements and accomplishments include:

1. Overall internal compliance monitoring.
 - a. Individual level performance audit performance: The team performed well for an average of 92% compliance (D-SNP) and 89% (MCLA) through the FY on the Care Manager monthly performance audit. In FY 2024, the Care Management Clinical Reviewer team began conducting CCM-specific audits to oversee better compliance with the NCQA Accreditation Standard.
2. Enhancements to the Compliance and Operations Report (COR) to better monitor the team's performance both for productivity and member cases by tracking the frequency and timeliness of required activities and compliance with standard indicators such as ICP development, ICP updates, and ICT performance.
3. Successful implementation of multiple new regulatory requirements for the D-SNP, including Enhanced Care Management (ECM) "like" services, Palliative Care, and caregiver support needs assessment.
4. Continued growth of the Care Management team to better serve L.A. Care's diverse and growing membership and the evolving regulatory landscape.
5. Continued focus on transitioning the Community Health Worker team back to the field after the global pandemic to expand their activities in the care model. The Care Management Community Health Workers completed 3,689 field visits with members in FY 2024 compared to 2120 field visits in FY 2023 as compared to 386 field visits in FY 2022.
6. Refine processes to support pediatric and CCS members in Care Management by developing and implementing specific pediatric ICTs.
7. Expanded educational opportunities for Care Managers and Community Health Workers to support care coordination best practices.
8. Successful deployment of the new Health Risk Assessment tool, including implementing the Medium Risk level.
9. Expansion of Transitional Care Services (TCS) for DHCS High-Risk members experiencing eligible care transitions and implementation of TCS for DHCS Low-Risk members.
10. Ongoing partnership between the D-SNP Care Management team and Pharmacy team to identify members in High Risk and Complex Care Management eligible for Comprehensive Medication Review (CMR) and D-SNP STARS team to identify care gaps for members participating in Care Management; Care Managers made outreach to members to provide education and assist with scheduling appointments and coordinating services for gap closure.

CONCLUSION: FY 2025

Based on the 2024 CM Program Evaluation, Care Management plans to focus on these areas in 2025:

- 1) Standardization for Work Processes and Documentation
 - a. Continue to evaluate CM, CC, and CHW processes to identify opportunities for automation.
 - b. Decrease administrative load for the care plan development and documentation process in CCA.
- 2) Reports
 - a. Continue to ensure all reports have documented logic and methodology.
 - b. Continue to improve the accuracy of new and existing operational and compliance reports.
 - c. Implement new reports and dashboards to track CM performance and outcomes.
 - d. Continued enhancement of Admission, Discharge, and Transfer (ADT) Report and Readmission Risk Tool (RRT) to provide real-time data and support timely care coordination.
- 3) Technology
 - a. Design and support CCA system enhancements to improve the care planning and assessment process.
 - b. Integrate clinical best practices into the care planning process through MCG or other solutions.
 - c. Integrate ADT data into CCA along with ADT notification automation.
- 4) Roll out of new Hypertension Disease Management Program for 2025
- 5) Development of necessary operational structures and processes to support higher quality and utilization performance for Direct Network members in care management.
- 6) Care Management Program Participation:
 - a. Efforts to support better provider awareness of, referral to, and engagement in Care Management programs.
 - b. Continued focus on member engagement strategies to improve member participation in care management.
- 7) Standing up workflows and processes to support the MAPD go-live in 2026.
- 8) Continued implementation and integration of CalAIM, including:
 - a. New populations of focus for Enhanced Care Management (ECM)
 - b. New Community Supports
 - c. Population Health Management Strategy:
 - i. Transitional Care Services (TCS)
 1. Partnership with the Transitional Care Services Community Health and Pharmacy team to complete medication reconciliations for TCS members.
 2. Continued expansion of the Transitional Care Services Community Health Worker Team to provide TCS support to MCLA members.
 - ii. New Risk Stratification and Segmentation (RSS) and Assessment approach
 - iii. Coordination with PPGs and providers regarding Basic Population Health Management activities
- 9) Clinical Excellence:
 - a. Enhancing Care Management's care transition program for members transitioning between healthcare settings and/or levels of care for all lines of business to improve health outcomes, quality measure performance, and reduce readmissions
 - b. Improving gap closure for members participating in Care Management programs
 - c. Integration of disease management and clinical best practice into Care Management programs

Note: These goals are subject to change by senior leadership based on business or organizational needs

D.2 DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP) MODEL OF CARE EFFECTIVENESS: CARE COORDINATION

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REVIEWERS: DONNA SUTTON, FELIX AGUILAR, MD, & EDWARD SHEEN, MD

2024 WORK PLAN GOALS

Measures	2024 Goal	Measures
Health Risk Assessment, Initial	100% based on the D-SNP Model of Care	Health Risk Assessment (HRA1, formerly Core 2.1) Initial
Individualized Care Plan, Initial	100% based on the D-SNP Model of Care	Individualized Care Plan (ICP1, formerly Core 3.2) Initial
Interdisciplinary Care Team (ICT), Initial	100% based on the D-SNP Model of Care	Interdisciplinary Care Team (ICT) – ICT meeting within 365 days of enrollment

BACKGROUND/SUMMARY

The Cal MediConnect program commenced in April 2014 and received the first voluntary enrollment of members in May 2014. Under the direction of the State of California’s Department of Health Care Services (DHCS), the Medicare Medicaid Plan (MMP) demonstration known as Cal MediConnect (CMC) was discontinued at the end of Calendar Year (CY) 2022 and was replaced by an exclusively aligned enrollment Dual Eligible Special Needs Plan (D-SNP) beginning in CY 2023. L.A. Care transitioned our existing 18,000 dual-eligible members through a seamless enrollment (rollover process) from our CMC Plan to our aligned D-SNP.

The D-SNP Model of Care (MOC) is a vital quality improvement tool and integral component for ensuring that the unique needs of each D-SNP member are identified and addressed through L.A. Care’s care management processes. The objectives of care management under L.A. Care’s MOC include the coordination of both Medicare and Medi-Cal services, including long-term care and behavioral health, coordinating services between providers and health settings during transitions, facilitating communication across the Interdisciplinary Care Team (ICT), educating and supporting members and caregivers to manage complex health, pharmacy and behavioral health issues, and providing care management based on the appropriate level of member’s health risk to achieve the best possible health outcomes for all members. MOC 2 provides the framework for how L.A. Care delivers coordinated care and care management to dual eligible members through the Health Risk Assessment (HRA), Individualized Care Plan (ICP), and Interdisciplinary Care Team ICT. The overarching goals of the MOC are to improve health outcomes of the D-SNP population through enhanced access and affordable care, improved coordination of care management, improved transition of care, and improved access to preventive health services and management of chronic conditions.

RESULTS

The performance of the Care Management/Care Coordination measures from the MOC, Health Risk Assessment (HRA), Individualized Care Plan (ICP), and Interdisciplinary Care Team (ICT) are monitored monthly, compiled quarterly, 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 and have continued into the D-SNP product as a vital component of L.A. Care's care coordination model under the MOC.

Health Risk Assessment, DHCS measures HRA1 members with an assessment completed within 90 calendar days of enrollment, excluding unwilling and unable to reach. The table below reports Q3 2022-Q2 2024 results and the status of the goal and recommendations for 2024 based on the 2023 results.

2024 Goal	2023 CY Q3 2022 to Q2 2023	2024 CY Q3 2023 to Q2 2024	Goal Met/Not Met	Recommend for 2025 Work plan
Maintain the goal of 100% compliance based on D-SNP MOC	Q3 2022* - 100% Q4 2022* - 99.2% Q1 2023 - 99.4% Q2 2023 - 100%	Q3 2023 - 100% Q4 2023 - 100% Q1 2024 - 100% Q2 2024 - 99.9%	Not Met	Yes

*Performance for CY 2022 was under the CMC line of business and is reflected for trending purposes

Care Management established a close collaboration with EvenMORE on initial HRA oversight to proactively review compliance rates at 45 days to improve compliance at 90 days and overall HRA1 (Formerly Core 2.1) performance monitoring. Through the oversight process, additional opportunities for process improvement were identified and implemented in FY 2022 to maximize efficiency and ensure continuous compliance:

- Revision of HRA training documents and desktop-level procedures with EvenMORE.
- Launch of the HRA Mail Attempt Automation initiative to streamline and automate mailer HRAs and attempt documentation.

Efforts were made to reduce unable-to-reach rates through a cross-functional workgroup, which resulted in an improved skip-tracing process. In September 2022, L.A. Care was formally removed from the Core 2.1 PIP issued by CMS.

Through FY 2024, compliance rates for Core 2.1 remained high despite ongoing challenges with data following a system upgrade. Although L.A. Care did not meet the target goal of 100% compliance, the goal was missed only by a single member in Q2 2024. Several interventions led to this success:

- Improved reporting in FY 2023 and FY 2024 to support more comprehensive oversight of HRA initial outreach activities and compliance monitoring.
- Implementation of the HRA indicator in QMEIS in FY2023, allowing for customer service representatives to transfer members who have not completed an HRA to the EvenMORE team for completion.
- Yearly revision of EvenMORE outreach call scripts to encourage members to complete the HRA.
- Special Supplemental Benefit for the Chronically Ill (SSBCI) benefit to incentivize new members to complete their HRA.

The root cause of the member who missed outreach in CY Q2 2024 is a human error; although the member received the required (3) manual outreach calls, the calls were documented on the same date, which is not allowable under CMS reporting requirements. L.A. Care's operational report tracked this member as receiving compliant outreach; however, monitoring reports aligned with CMS reporting requirements identified that the member did not receive compliant outreach.

2023 WORK PLAN GOAL: PART C SPECIAL NEEDS PLAN (SNP) CARE MANAGEMENT (CM)

Measure	Description	CY 2023 Goal	CY 2023	Goal Met/Not Met
Part C SNP CM	The percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year.	≥75%	61.94%	Not Met

*The rate is calculated on an MY basis and will be reported during the following year. CY 2023 data will be included in the QI Program Evaluation during FY 2024.

Although the Part C SNP CM measure was not on the 2024 Q.I. Work Plan: the measure is being reported due to data for MY 2023 not being available during the FY 2022-2023 evaluation. The Part C SNP CM report was a brand-new measure for D-SNP in CY 2023. L.A. Care was being measured on a blended measure of initial and annual HRA performance for the first time. This measure did not meet the 75% or greater goal for CY 2023. For a first-year measure, 75% was an ambitious goal. While DHCS HRA reporting measures HRA1 and HRA2 measure very similar member universes, the Part C SNP CM report measures only members with timely HRA completions for initial and reassessment HRAs. Although L.A. Care's initial HRA completion rate has been trending higher than in prior years and consistently >75%, the reassessment HRA completion rate has consistently been below 75% and is the main contributor to the failed Part C SNP CM goal in CY 2023. Interventions like SSBCI were put into place to encourage members to complete their HRA and effectively improve the initial HRA completion date. However, the HRA completion rate for annual reassessments was not measurably improved. The second contributor to underperformance on the Part C SNP CM measure was the absence of an operational report to monitor and bolster performance throughout the year.

INDIVIDUALIZED CARE PLAN (ICP) COMPLETION RATES:

The ICP completion rates for CMC were set as a part of the care management work plan goals and have continued into the D-SNP product as a vital component of L.A. Care's care coordination model under the MOC. For CY 2024, ICP reporting measures were modified, and L.A. Care has updated the QI work plan goals accordingly.

Individualized Care Plan, DHCS measure ICP1 – members with a care plan completed within 90 calendar days of enrollment

2024 Goal	2023 Q3 2022 to Q2 2023	2024 Q3 2023 to Q2 2024	Goal Met/Not Met	Recommend for 2025 Work plan
Maintain the goal of 100% compliance based on D-SNP MOC	Q3 2022 - 98% Q4 2022 - 97% Q1 2023 - 46% Q2 2023 - 74%	Q3 2023 - 94% Q4 2023 - 94% Q1 2024 - 82% Q2 2024 - 76%	Not Met	Yes

* Performance for CY 2022 was under the CMC line of business and is reflected for trending purposes

Although the ICP completion rate improved during FY 2024, ICP compliance continues to be an underperforming measure, particularly for delegated Care Management teams. In FY 2024, only one non-compliant member was attributed to L.A. Care's internal Care Management team as the result of a retro re-enrollment; the remainder of non-compliance has been attributed to delegate underperformance.

Barriers to compliance for initial ICP included:

- During the FY, a large volume of PPG transitioned to a new clinical documentation system, which resulted in missed outreach and late ICPs.
- PPGs are experiencing workforce challenges, particularly for clinical staff.
- Enrollment data discrepancies and reporting gaps continue to impact the delegate's ability to reach members and conduct ICPs within compliance timeframes.
- Low-performing delegate scores appear to vary from quarter to quarter due to issues ranging from technical and reporting problems to staffing concerns.

INTERVENTIONS TO INCREASE ICP COMPLIANCE AND CARE GOALS DISCUSSIONS

In FY 2023, the CCM team [formerly Enterprise Performance Optimization (EPO)] team implemented more comprehensive monitoring and oversight of internal and delegated care management activities:

- In partnership with Care Management, develop and operationalize the Model of Care Report to track key MOC performance measures monthly for each care management team (delegated PPGs and internal).
- Bolstered corrective action plan (CAP) process for quantitative measures and ICP regulatory reporting measures (Core 3.2).
- Monthly 1:1 meetings with PPGs to discuss performance gaps and provide direct feedback.

Through FY 2024, the above activities continued in addition to:

- Corporate Compliance Monitoring (CCM) has been working closely with underperforming PPGs to support improved ICP compliance performance. This includes issuing Corrective Action Plans (CAPs) and monthly or ad hoc meetings with underperforming delegates.
- Implementing additional monitoring reports during FY 2024 has increased visibility into delegate performance to support oversight and monitoring.
- Monitoring activities have transitioned from quarterly to monthly to support more intensive oversight of key MOC activities, including ICP and ICT timeliness.
- L.A. Care's internal Care Management team has implemented a process to identify members who are not assigned to a PPG by the third month of enrollment and automatically enroll them in higher-intensity care coordination to ensure members are not adversely impacted by not having access to a PPG Care Manager and receive a completed ICP by the 90th day of enrollment.

INTERDISCIPLINARY CARE TEAM (ICT) COMPLETION RATE

Another key care coordination goal from the Model of Care is the completion of an ICT for every D-SNP member; this goal was added as a work plan goal in FY 2023 to align with the goals of L.A. Care's MOC. The objective of the ICT is to engage a cross-functional team to support and assist members with their individualized care needs and help address any identified complexities, barriers, and unmet needs. The Care Manager, ICT, and the member work together to identify barriers and alternate interventions to meet the goals and improve the member's health status. An ICT meeting is the primary communication channel for ICT participants. To ensure consistent communication between the member and their ICT, ICT meetings are held at least annually or more frequently based on the Care Manager's clinical judgment.

ICT Completion Rate:

Measurement Year	Total D-SNP Membership	Members with an ICT Completed in the Past 365 Days	Members Enrolled < 5 Months (Excluded from Measure)	Goal	ICT Completion Rate	Goal Met/ Not met	Recommend for 2025 Work plan
FY 2023	19,187	14,600	3,201	100%	91.33%	Not Met	100% based on D-SNP MOC
FY 2024	20,139	16,946	2,782	100%	97.6%	Not Met	Yes

*Source: SNP CC Report.

The ICT measure was not tracked as part of CMC, but it is a new measure for D-SNP. Performance improved from FY 2023 to FY 2024 due to increased monitoring of ICT activities completed by delegate and internal Care Management teams by CCM:

- Corporate Compliance Monitoring (CCM) has been working closely with underperforming PPGs to support improved ICT compliance performance. This includes issuing Corrective Action Plans (CAPs) and monthly or ad hoc meetings with underperforming delegates.
- Implementing additional monitoring reports during FY 2024 has increased visibility into delegate performance to support oversight and monitoring. The MOC Report allows EPO to monitor ICT compliance monthly and provides a mechanism to identify any members falling out of compliance for ICT completion to remediate deficiencies.
- Formal communication to PPGs to realign on ICT requirements was shared in June of 2024
- Monitoring activities have transitioned from quarterly to monthly to support more intensive oversight of key MOC activities, including ICP and ICT timeliness.
- For L.A. Care's internal Care Management team,

Despite these efforts, the ICT Completion Rate did not meet the 100% goal set by L.A. Care's MOC. L.A. Care's internal Care Management team averaged 99.1% compliance with ICT. The root cause of non-compliant cases is attributed to individual staff-level performance concerns, and process gaps remediated after Q1 2024. Root causes impacting PPG performance on the ICT measure are similar to the gaps and issues identified for the ICP measure above but also include a lack of PPG data validation processes to ensure data accuracy and completeness.

CONCLUSION

The CM management staff will continue to monitor and oversee the key performance measures of internal staff monthly as a part of routine monthly auditing and monitoring processes. In addition, the Care Management team will continue to develop and implement interventions to improve compliance with MOC measures such as HRA, ICP, and ICT.

The Corporate Compliance Monitoring (CCM) team will continue existing monitoring and oversight activities. Planned future enhancements to auditing, monitoring, and oversight include:

- Improved resourcing to expand auditing, training of delegates, monitoring, and oversight of delegated care coordination activities.
- Reviewing all monitoring tools to capture deficiencies better and to allow delegates to have a better understanding of identified issues.
- Improving delegates information and training documents.

- Improve Corrective Action Plan (CAP) workflows to quickly place deficiencies in front of delegates.
 - a. Corporate Compliance Monitoring recently updated the MOC audit tools to align with CMS requirements for transitional care services.
 - a) Added four additional qualitative measures.

2025 MOC PERFORMANCE AND OUTCOME MEASURES

L.A. Care formally adopts and maintains goals against which performance is measured and assessed. The Quality Improvement (QI) Program includes specific goals and health outcomes and are monitored quarterly via the Quality Improvement QI work plan. On an annual basis, a comprehensive review and analysis is conducted via the Quality Improvement Program Annual Report and Evaluation. The Annual Report and Evaluation summarizes and highlights the key accomplishments of the quality improvement program for each fiscal year, specifically for the D-SNP LOB. The report provides a detailed discussion of quality improvement activities in the priority areas of clinical care, patient safety, member experience/satisfaction, and access to care. The evaluation documents activities to achieve work plan goals and establish the groundwork for future quality improvement activities.

2025 WORK PLAN GOALS

In alignment with the D-SNP MOC, the 2025 QI Work Plan goals for D-SNP care coordination are proposed as follows:

Measures	2025 Goal	Measures
Health Risk Assessment, Initial	100% based on the D-SNP Model of Care	Health Risk Assessment (HRA1, formerly Core 2.1) Initial
Individualized Care Plan, Initial	100% based on the D-SNP Model of Care	Individualized Care Plan (ICP1, formerly Core 3.2) Initial
Interdisciplinary Care Team (ICT), Initial	100% based on the D-SNP Model of Care	Interdisciplinary Care Team (ICT) – ICT meeting within 365 days of enrollment

D.3 D-SNP MODEL OF CARE (MOC 4) MY 2023

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REVIEWERS: MARCO AVILA & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care continues to maintain a comprehensive and multi-functional overarching Quality Improvement and Health Equity Program (QIHEP) covering multiple lines of business. Through this Program, QI conducts a wide range of evidence-based quality improvement strategies and activities that focus on improving the healthcare services members receive across the care continuum to achieve healthier and more equitable outcomes for L.A. Care members. All aspects of the QIHE program are monitored and evaluated by standardized performance metrics based largely on HEDIS (Healthcare Effectiveness Data and Information Set) process and outcomes measures, CAHPS (Consumer Assessment of Healthcare Providers and Systems), for access and member experience, and HOS (Health Outcomes Survey) for member-reported health status. Data sources for the HEDIS measure set include claims and encounters, including pharmacy, labs, immunizations, and validated supplemental EHR sources; sources for CAHPS and HOS are based on survey results and longitudinal cohort analyses.

L.A. Care's QIHEP focuses on medical and behavioral healthcare and services in any setting, including preventive, acute care, and complex conditions. L.A. Care's QIHEP as related to the MOC (Model of Care) still strives to follow guiding principles that continue to align with the SNP population.

- Provide an Evidence-Based Model of Care.
- Improve the Delivery of Care for Persons with Complex Health Care Needs.
- Improve Behavioral Healthcare Coordination and Delivery.
- Address health disparities through cost-effective and tailored health solutions.
- Provide culturally and linguistically appropriate services.

The QIHE program structure continues to keep L.A. Care's mission, principles, goals, and objectives within its operational framework. Key components of the QIHE program that will incorporate the SNP include:

- Target Population
- Care Coordination and Care Management
- Provider Network
- Quality Improvement

On an annual basis, the QI Department facilitates a formal evaluation of the QIHE Program. Evaluation of all quality activities and interventions includes a description of limitations and barriers to improvements. The QIHE Work Plan is also developed annually to incorporate the results of the prior year's QIHE Program evaluation and population assessment. L.A. Care uses a variety of sources to obtain performance data. The data sources include standardized performance metric set results.

- Medicare and MMP HEDIS
- Medicare CAHPS and HOS administered to members 65 years and older.
- Primary level data includes member complaints, grievances, and appeals.
- L.A. Care administered member and provider satisfaction survey results.
- Network access and availability reports.
- Claims and encounters,
- Medical record review and findings from facility site review.

The QIHEP ensures that information from all parts of the organization are routinely collected and interpreted to identify issues related to clinical service, access to care, and member services. Types of information to be reviewed include:

- Population information, performance measures, other utilization, diagnosis, and outcome information.
- HEDIS measures performance data.
- New enrollee annual Health Risk Assessment and the comprehensive Annual Wellness Exams.
- Enrollee information on their experiences with care.
- Data from surveys such as Medicare HOS and CAHPS.
- Grievance and appeals.
- Medicare or Medicaid fee-for-service data
- Data from other managed care organizations.
- Local and national public health reports.
- CMS evaluations from CMS Part C & D reporting.

L.A. Care's Board of Governors (BOG) has the overall authority, accountability, and responsibility for the QIHEP and all related activities. As the primary stakeholder, the Board of Governors in turn receives regular reports from the Compliance and Quality Committee, a subcommittee of the BOG 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 Compliance and Quality Committee also reviews the QI updates on a quarterly basis. L.A. Care's Chief Medical Officer, along with the Chief Compliance Officer are members of Compliance and Quality Committee. If actions are identified, they are integrated in the Quality Improvement Work Plan and monitored with timeframes.

L.A. Care's Quality Oversight Committee (QOC), which reports to the Compliance and Quality Committee, is charged with aligning organization-wide quality improvement goals and efforts prior to program implementation and monitoring the overall performance of L.A. Care quality improvement infrastructure including the MOC. QIHE Workplan updates are provided to the QOC on a quarterly basis including many standing and Ad Hoc reports.

The Chief Medical Officer, who reports to the CEO, is responsible for providing clinical guidance for the QIHEP and helps to plan, design, execute, and coordinate quality improvement activities.

L.A. Care has designated personnel responsible for collecting, analyzing, reporting, and acting on data to evaluate the effectiveness of the Model of Care which includes an aggregate data review of the measurable goals and program satisfaction results. The personnel responsible for the oversight, monitoring, and evaluation of the Model of Care include members of the QI committees who have expertise in identifying and monitoring quality improvement activities. Each department is charged with developing goals that directly align with the Model of Care. The departments' achievements toward the goals are reported and analyzed on a monthly, quarterly or annual basis and reported through the Quality Oversight Committee. Assessment of the measurements and intervention to meet the goals may be evaluated more frequently based on identified barriers or challenges. The analysis serves as a platform to identify opportunities for improvement to the health delivery system for members.

To effectively achieve the program goals and objectives, licensed health care professionals (including nurses, physicians and other clinical professionals) are responsible and accountable for all clinical functions and activities. These clinical professionals provide oversight and management of the program. Additionally, non-licensed personnel support and facilitate various program operations and functions. The identified clinical staff provides expertise and contract vendors, ensuring the integration of new and continuing medical programs developed under the L.A. Care Health Plan umbrella.

The identified clinical staff provide expertise and contract vendors ensuring integration of new and continuing medical programs developed under the L.A. Care Health Plan umbrella.

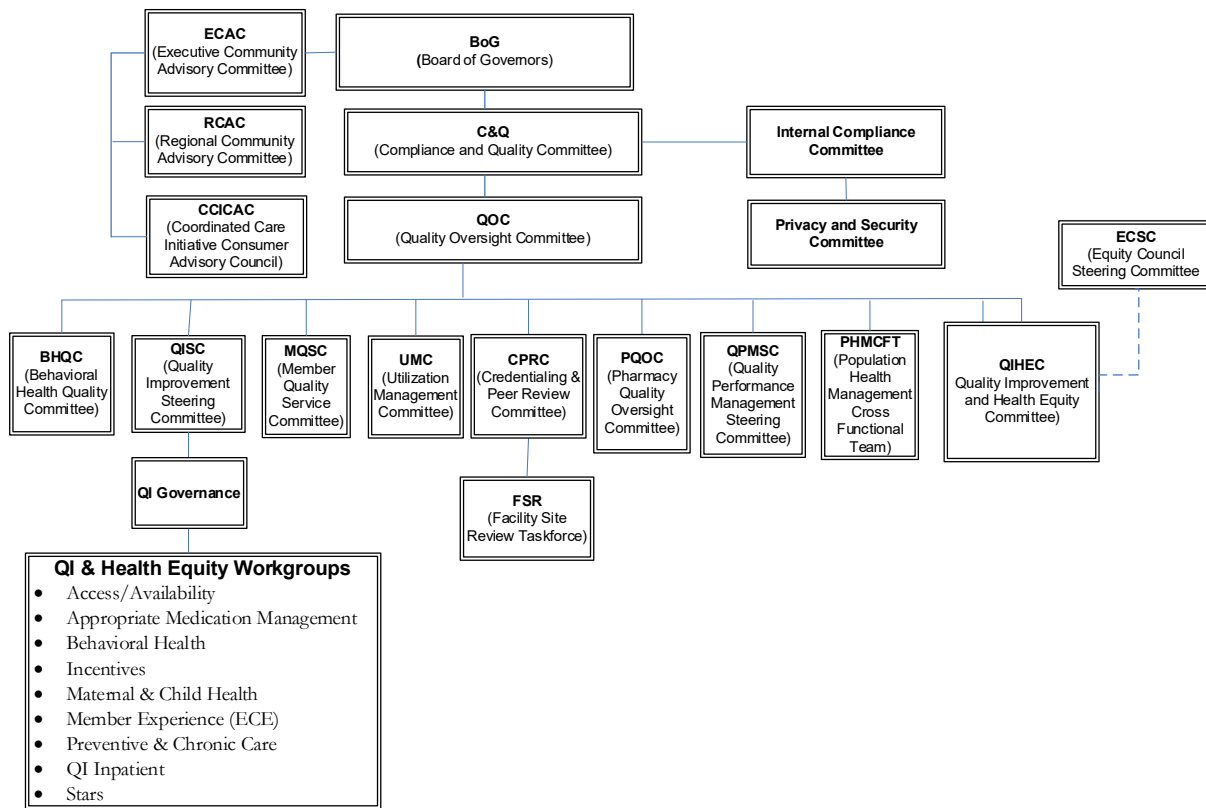
The following personnel are under the direction of the Chief Medical Officer who report Model of Care activities to the BOG. QI Oversight Personnel in Health Services include but are not limited to:

- Chief Medical Officer
- Chief Pharmacy Officer
- Medical Director, Care Management
- Medical Director, Utilization Management
- Chief of Equity and Quality Medical Director
- Chief Quality and Population Health Executive
- Senior Director, Care Management
- Senior Director, Utilization Management
- Director, Long Term Services and Supports
- Director, Quality Performance Management (HEDIS Operations)
- Manager, Stars Analytics
- Senior Director, Stars Excellence

Below is the Quality Improvement Committee Structure:

- Board of Governance
- Compliance & Quality
- Quality and Oversight
- Model of Care Steering Committee

CHART 1 – L.A. Care Committee Structure



L.A. Care formally accepts and maintains goals where performance is measured and assessed on an annual basis. Specific goals and health outcomes are focused on improving equity, member health, care experience, coordination of care, and appropriate utilization of services. These goals are included in the QIHE Program and enterprise-wide Population Health Management Index, on which a proportion of all staff incentive bonuses are based and monitored monthly in QI/Stars workgroups. The QIHE work plan is reported every quarter to the Quality Oversight Committee, and the Physician Quality Committee, the PICC/PQC. On an annual basis, a comprehensive review and analysis is conducted via the QI & Health Equity Program Annual Report and Evaluation. The Annual QIHEP Report and Evaluation summarizes and highlights key accomplishments of the QIHE program for each calendar year. Benchmarks and goals are established for all measures from national, regional, or State-recognized sources. The report provides a detailed discussion of quality improvement activities in the priority areas of clinical care, patient safety, Model of Care, member experience/satisfaction, and access to care. The applicable committees determine if goals are met and address unmet goals.

The evaluation format adopts the Plan-Do-Study-Act (PDSA)¹⁸ model and documents activities undertaken to achieve work plan goals within specified timeframes (e.g., re-measurement) for each measure. It establishes the groundwork for future quality improvement activities. Performance goals may be based on historical performance, trending, normative data, standards, goals, or NCQA Quality Compass benchmarks and CMS Star Ratings Technical Specifications. Quality performance results and analyses are presented annually to the L.A. Care Board of Governors and, more frequently, to the BOG Compliance and Quality Committee.

¹⁸ [Institute for Healthcare Improvement \(IHI\) | Model for Improvement: Testing Changes](#)

Major Accomplishments

- A total of 11 goals were met out of the 25 total performance measure goals.
- 6 HEDIS, 1 Pharmacy, 1 Risk Adjustment, 3 CAHPS/HOS
- Access to Preventive and Chronic Conditions measurement category showed the best performance for reportable measures for goals met for CY2023.

TABLE 1 – CY2023 End of Year Performance Tracker – Met Goals’

Measure	Measurement Category	Source	Benchmark	Goal	MY2023 Rate	Variance	Reporting Frequency
Antidepressant Medication Management – Effective Continuation Phase	Access to Preventive and Chronic Conditions Services	HEDIS	54%	57%	58%	1%	Monthly
Colorectal Cancer Screening	Access to Preventive and Chronic Conditions Services	HEDIS	56%	63%	63%	0%	Monthly
Breast Cancer Screening	Access to Preventive and Chronic Conditions Services	HEDIS	62%	64%	67%	3%	Monthly
Fall Risk Prevention	Improved Access to Preventative Health Services and Chronic Conditions	HOS	68%	70%	74%	4%	Annually
Medication Adherence Statins (hyperlipidemia)	Access to Preventive and Chronic Conditions Services	PDE ADMIN	80%	82%	85%	3%	Monthly
Annual Wellness Exam	Access to Preventive and Chronic Conditions Services	RISK ADJUST	20%	35%	39%	4%	Monthly
Controlling High Blood Pressure	Access to Preventive and Chronic Conditions Services	HEDIS	59%	66%	75%	9%	Monthly

Measure	Measurement Category	Source	Benchmark	Goal	MY2023 Rate	Variance	Reporting Frequency
Depression Screening and Follow-Up For Adolescents and Adults – Depression Screening	Access to Preventive and Chronic Conditions Services	HEDIS	40%	45%	68%	23%	Monthly
Flu Shots	Improved Access to Preventative Health Services and Chronic Conditions	CAHPS	70%	72%	73%	1%	Annually
Getting Appointments and Care Quickly	Improve Access and Affordable	CAHPS	74%	76%	78%	2%	Annually
Improving Bladder Control	Improved Access to Preventative Health Services and Chronic Conditions	HOS	40%	42%	45%	3%	Annually

Quantitative Analysis (for all measures in Table 1 above)

- Antidepressant Medication Management (AMM) – Effective Continuation Phase – MY 2023 Rate was 58%. The MY 2023 rate did meet the goal and benchmark by surpassing both by 1% and 4%.
- Colorectal Cancer Screening (COL) – MY 2023 Rate was 63%. The MY 2023 rate did meet the goal at 63%. The rate exceeded the benchmark at 56%.
- Breast Cancer Screening (BCS) – MY 2023 Rate was 67%. The MY 2023 rate did meet the goal and benchmark surpassing both by 3% and 5%, respectively.
- Fall Risk Prevention – MY 2023 Rate was 74%. The MY2023 rate did meet the goal and benchmark surpassing both by 4% and 6%, respectively.
- Medication Adherence Statins (hyperlipidemia) – MY2023 Rate was 85%. The MY 2023 rate did meet the goal and benchmark surpassing both by 3% and 5%, respectively.
- Annual Wellness Exam (AWE) – MY 2023 Rate was 39%. The MY 2023 rate did meet the goal and benchmark surpassing both by 4% and 19%, respectively.
- Controlling High Blood Pressure (CBP) – MY 2023 Rate was 75%. The MY 2023 rate did meet the goal and benchmark surpassing both by 9% and 16%, respectively.
- Plan All-Cause Readmissions (30 Day Unplanned) (PCR) – MY 2023 Rate <0.9. The MY 2023 did meet the goal at <1.000 with a variance of +0.1.
- Depression Screening and Follow-Up – MY 2023 Rate was 68%. The MY 2023 rate did meet the goal and benchmark, surpassing 23% and 28%, respectively.

RESULTS

The following quantitative and qualitative analyses overview HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

An evaluation for performance goals not met is also completed to understand barriers and issues as to why measurement goals were not met. A root cause analysis is performed by the QIHE Program to help identify specific measurement barriers/issues and to provide a deeper insight, drive discussion within workgroups and look for opportunities for improvement. CY 2023 MOC Measurement goals not met are shown below. Opportunities for Improvement and next steps are provided

TABLE 2 – CY2023 End of Year Performance Tracker – Goals Not Met

Measure	Measurement Category	Source	Benchmark	Goal	MY2023 Rate/Final Scores (CY2024)	Variance	Reporting Frequency
Hemoglobin A1c Control for Patients with Diabetes	Access to Preventative and Chronic Conditions Services	HEDIS	71%	77%	73%	-4%	Monthly
Health Risk Assessment (HRA) - Initial 90 Day Compliance	Coordination of Care	CORE 2.1	55%	100%	84%	-16%	Monthly
Individualized Care Plan (ICP) - Initial 90 Day Completion with Member Participation	Coordination of Care	CORE 3.2	23%	100%	12%	-88%	Monthly
Interdisciplinary Care Team (ICT)- Initial 365 Day Compliance	Coordination of Care	CA1.12	95%	100%	91%	-9%	Monthly
Transition of Care - Medication Reconciliation Post Discharge	Transition of Care Across All Settings	HEDIS	51%	57%	32%	-25%	Monthly
Member Engagement Post Discharge	Transition of Care Across All Settings	HEDIS	75%	81%	76%	-5%	Monthly
Notification of Inpatient Admission	Transition of Care Across All Settings	HEDIS	7%	9%	4%	-5%	Monthly
Notification of Inpatient Discharge	Transition of Care Across All Settings	HEDIS	4%	7%	3%	-4%	Monthly
Plan All-Cause Readmissions (30 Day Unplanned)	Transition of Care Across All Settings	HEDIS	1.067	<1.000	1.5305	-0.53	Monthly
Depression Screening and Follow-Up For Adolescents and Adults – Follow-Up – Total	Access to Preventative and Chronic Conditions Services	HEDIS	12%	22%	13%	-9%	Monthly

Measure	Measurement Category	Source	Benchmark	Goal	MY2023 Rate/Final Scores (CY2024)	Variance	Reporting Frequency
Ease of Getting Needed Prescription Drugs	Improve Access and Affordable	CAHPS	89%	91%	84%	-7%	Annually
Getting Needed Care	Improve Access and Affordable	CAHPS	79%	81%	77%	-4%	Annually
Monitoring Physical Activity	Improved Access to Preventative Health Services and Chronic Conditions	HOS	57%	59%	58%	-1%	Annually

The QIHE work plan with associated timeframes, benchmarks, and goal is established to assist the work groups and committees to determine whether goals are met or not met. Goals are based on current year trends and established benchmarks from the NCQA Quality Compass. Additionally, previous year rates are considered when establishing benchmarks or baseline, next highest percentile is selected to drive improvement for the measures. **They are monitored quarterly with some remeasurement annually.** As stated in Element A, L.A. Care's evaluation format adopts the Plan-Do-Study-Act (PDSA) model and documents activities undertaken to achieve work plan goals within specified timeframes for each measure and establishes the groundwork for future quality improvement activities. Member health outcomes from each measure are reviewed for year-to-year trends and compared to available benchmarks and goals as part of the annual evaluation of the D-SNP MOC. Benchmarks are based on various percentiles provided by NCQA for each measure. Progress toward specified goals is tracked monthly for most metrics and reviewed at QIHE workgroups, Steering Committee, QOC, and PPGs. In the annual MOC evaluation, each measure stated in Element B above, is compared to the previous year's performance, NCQA benchmarks, and to the specific goal established and designated as "Met" or "Not Met." L.A. Care also completes the annual QIHE Evaluation which includes D-SNP MOC Performance and Evaluation. **Factor 5 will address details of goals not met and evaluation of the metrics (interventions vs retiring of metrics).** Below is an excerpt of the current tracking of HEDIS Metrics 2025:

										HEDIS MY2023 Run Date : 05/27/2024			# Hits to Meet Benchmarks						Admin Prior Year(s) Final Rate			
Reporting Population	Base Measure ID	Measure ID	Measure Description	Sub Measure Description	Measure Type	HEDIS MY2023 Reportable	DHCA	Accred Points	Denom	Num	Admin Rate	30d	33-32	50d	66-63	50d	MY2021	MY2022	MY2023	MY2024		
D-SNP MCR	AAP	AAP0	Adults Access to Preventive/Ambulatory Health Services	Adults Access to Preventive/Ambulatory Health Services UAPN - Total	A	Yes			17,160	15,199	88.57%	50	654	1117	1428	1867	88.38%	87.65%	86.78%	88.42%		
D-SNP MCR	AAP	AAP1	Adults Access to Preventive/Ambulatory Health Services	Age 20-44 Years	A				812	664	81.77%	10	47	72	94	116	83.18%	82.69%	81.87%	83.12%		
D-SNP MCR	AAP	AAP2	Adults Access to Preventive/Ambulatory Health Services	Age 45-64 Years	A				2,468	2,252	91.25%	10	53	111	146	196	90.60%	90.44%	89.13%	91.99%		
D-SNP MCR	AAP	AAP3	Adults Access to Preventive/Ambulatory Health Services	Age 65 Years and Older	A				13,880	12,283	88.49%	7	559	912	1180	1520	88.24%	87.61%	86.56%	87.91%		
D-SNP MCR	BCS-E	BCS-E0	Breast Cancer Screening (BCS-E)	Breast Cancer Screening (BCS-E) - Total	ECDS	Yes - HPR		1.0	5,818	3,758	64.61%	10	10	276	482	881	63.15%	62.84%	64.39%	66.00%		
D-SNP MCR	BCS-E	BCS-EDMB	Breast Cancer Screening (BCS-E)	Breast Cancer Screening-Medicare US/DE and Disability	ECDS				1,502	961	63.98%						66.49%	62.12%	66.70%			
D-SNP MCR	BCS-E	BCS-EDIS	Breast Cancer Screening (BCS-E)	Breast Cancer Screening-Medicare Disability only	ECDS				27	14	51.85%						0.00%	50.00%	76.47%	64.37%		
D-SNP MCR	BCS-E	BCS-EDSDE	Breast Cancer Screening (BCS-E)	Breast Cancer Screening-Medicare US/DE Disability only	ECDS				3,945	2,682	67.98%						62.97%	64.21%	62.31%			
D-SNP MCR	BCS-E	BCS-EDNON	Breast Cancer Screening (BCS-E)	Breast Cancer Screening-Medicare Non-US/DE Non-disability	ECDS				134	95	70.98%						40.00%	56.62%	62.26%	66.82%		
D-SNP MCR	BCS-E	BCS-EDT	Breast Cancer Screening (BCS-E)	Breast Cancer Screening-Medicare Other	ECDS				7	5	71.43%						50.00%	-	33.33%	50.00%		

Interventions are planned and implemented based on the data and program or project analysis. When areas for improvement are identified, efforts to develop improvement strategies are prioritized. An in-depth

review is conducted on the areas with the most significant potential for improving members' care, safety, and health status outcomes. The cycle is continuous and maintained on a schedule that is not limited by the end of the calendar year. Quality improvement is accomplished by using the improvement model described. This process embraces the Plan, Do, Study, and Act (PDSA) and Root Cause Analysis to provide continuous improvement for all QI activities. Additionally, QI Policy 052 – Intervention Methodology is used to determine how to conduct root cause analyses and develop interventions.

Examples of interventions to improve performance include health promotion and health education programs, to inform members of ways to improve their health or their use of the health care delivery system, modifications to administrative processes, to improve quality of care, accessibility and service and modifications. Others focus on the provider network such as efforts to improve accessibility and availability, and reduction of systemic racial/ethnic disparities. These processes may include customer services, utilization management and case management activities, preventive services and health education. Interventions to improve provider performance include presentation of provider education programs, the provider quality incentive program, individual provider feedback on individual and aggregate performance and distribution of best practice material.

Table 4 – Opportunity for Improvement - Mitigation Plan (Goals not met in MY 2023)

Source	Measure	Problem	Initiative/Action	Expected Outcome
HEDIS	Adult Access to Preventative/Ambulatory Services	Members often manage multiple chronic conditions, which may lead them to prioritize more urgent health concerns over preventive care visits. Members stated that they feel they only need to see their doctor when they are sick. Members stated they could not remember when their last checkup was or who is their PCP.	Collaborating with product teams to include messaging on the importance of seeing your doctor once a year, even if you are not sick.	The QI department will monitor the campaign's performance through bi-weekly meetings with mPulse and monthly reports to gauge the impact of the campaign to date. The following year, the QI department evaluates the campaign to determine its effectiveness and to either continue with the campaign or not. In 2023, AAP text messaging campaign saw a difference of 10.86% of compliance when comparing members who received text message (33.37%) vs. members who did not receive text message (22.52%).
ICP1	Individualized Care Plan (ICP) - Initial 90 Day Completion with member participation (CORE 3.2)	A large volume PPG transitioned to a new clinical documentation system during the FY which resulted in missed outreach and late ICPs.	Corporate Compliance Monitoring (CCM) has been working closely with underperforming PPGs to support improved performance on ICP compliance, including issuance of Corrective Action Plans (CAPs) and monthly or ad-	Interventions were successful to improve performance in late CY 2023 (ICP compliance improved from Q1 2023 46% Q2 2023 74% to Q3 2023 94% and Q4 2023 94%), however,

Source	Measure	Problem	Initiative/Action	Expected Outcome
ICP1(cont.)		<p>PPGs are experiencing workforce challenges, particularly for clinical staff.</p> <p>Enrollment data discrepancies and reporting gaps continue to impact delegate ability to outreach members and conduct ICPs within compliance timeframes.</p> <p>Low performing delegate scores appear to vary from quarter to quarter due to a range of issues ranging from technical and reporting problems and staffing concerns.</p>	<p>Ad hoc meetings with underperforming delegates.</p> <p>The implementation of additional monitoring reports during FY 2024 have increased visibility into delegate performance to support oversight and monitoring.</p> <p>Monitoring activities have transitioned from quarterly to monthly to support more intensive oversight of key MOC activities, including ICP and ICT timeliness.</p> <p>L.A. Care's internal Care Management team has implemented a process to identify members who are not assigned to a PPG by the 3rd month of enrollment to automatically enroll them in higher intensity care coordination to ensure members are not adversely impacted by not having access to a PPG Care Manager and receive a completed ICP by the 90th day of enrollment.</p>	<p>performance declined to 82% in Q1 2024 and 76% in Q2 2024.</p> <p>Overall, the approach has not been effective to achieve ICP compliance at 100%.</p>
HEDIS	Transition of Care – Medication Reconciliation Post Discharge - Total	<p>Providers and clinicians are reporting data capture issues.</p> <p>Medications are listed but not mention of hospitalizations.</p> <p>Lack of proper documentation.</p> <p>Member follow-up and engagement is low.</p>	<p>Implementation of a new member-facing text messaging campaign to educate patients on the importance of seeing their doctor after discharge from the hospital. This campaign includes language on discussing medications with their doctor. The QI Department text messaging vendor, mPulse to drive member education and engagement for the measure. Text messaging campaign is pending approval and will be deployed in 2025.</p>	<p>The QI department will monitor the campaign's performance through bi-weekly meetings with mPulse and monthly reports to gauge the impact of the campaign to date. The following year, the QI department evaluates the campaign to determine its effectiveness and to either continue with the campaign or not.</p>
HRA1	Health Risk Assessment (HRA) - Initial 90 Day Completion	<p>Challenges with data collection.</p>	<p>Improved reporting in both FY 2023 and FY 2024 to support more comprehensive oversight of HRA initial outreach activities and compliance monitoring.</p> <p>Implementation of the HRA indicator in QMEIS in FY2023, allowing for customer service representatives to transfer members who have not completed</p>	<p>HRA intervention effective; initial HRA completion rates went from an average of 85.5% in CY 2023 to 70.29% in CY 2024; compliance improved from 96.67% in CY 2023 to 99.55% in CY 2024.</p>

Source	Measure	Problem	Initiative/Action	Expected Outcome
HRA1 (cont.)			<p>an HRA to the EvenMORE team for completion.</p> <p>Yearly revision of EvenMORE outreach call scripts to encourage members to complete the HRA</p> <p>Special Supplemental Benefit for the Chronically Ill (SSBCI) benefit to incentivize new members to complete their HRA</p>	
SNP CC	Interdisciplinary Care Team (ICT) - Initial 365 Day Completion	<p>Individual staff level performance.</p> <p>Process gaps that were that were later remediated in Q1 2024.</p> <p>PPG performance on the ICT are similar to the gaps and issues identified for the ICP measure are similar.</p> <p>Lack of PPG data validation processes to ensure data accuracy and data completeness.</p>	<p>Change in cadence for qualitative auditing of delegated care coordination activities; starting 10/2023, CCM will begin monthly qualitative case file review, including additional measures.</p> <p>Additional corrective action plan for qualitative measures</p> <p>Improved resourcing to expand audit, monitoring, and oversight activities of delegated care coordination activities</p>	Interventions have been successful to improve performance although the goal of 100% is still not met; ICT completion improved from 91.33% in FY 2023 to 97.6% in FY 2024.
HEDIS	Depression Screening and Follow-Up For Adolescents and Adults – Depression Screening - Total	<p>Lack of PPGs not providing LOINC codes to capture the completion of depression screening. Without the proper workflow in place to capture codes, the data does not reflect that work that is being completed for the measure.</p> <p>Lack of standardization of “direct reference codes” which are only used by NCQA measures. Standardized code sets can’t be found for DSF.</p> <p>Data collection requires a Supplemental Data process to be developed with provider groups.</p> <p>Providers are conducting depression screenings but if provider groups have not</p>	<p>Provider newsletter article discussing the importance of depression screening and submitting documentation to EHR systems.</p> <p>Webinar for Depression Screening</p>	<p>The QI department will monitor the performance of the intervention by analyzing the impact of the campaign through data refreshes discussions with PPGs</p>

Source	Measure	Problem	Initiative/Action	Expected Outcome
HEDIS (cont.)		implemented appropriate data capture for PHQ2/PHQ9 and LIONC codes, services will not be reflected in data. Data collection barriers.		
HEDIS	Glycemic Status Assessment for Patients with Diabetes (>9.0%)	Lack of awareness of A1c levels. When members and providers don't know what current A1c levels are, this can lead to poor A1c level control. Expectations need to be set for the member to follow and make sure A1c is well-managed. Lack of current and up to date A1c readings/results to gauge improvement. Best practices are to have at least two A1c tests completed per year. The first test is to establish a baseline for the A1c and the second is to show if progress is being made. Expense of managing diabetes (labs, medications, diet, exercise).	Text messaging campaign to help drive member education and the importance of seeing their providers. The QI Department text messaging vendor, mPulse to drive member education and engagement for the measure. Text messaging campaign focuses on providing important information around diabetes like checking A1c levels regularly, lifestyle changes and annual screenings members should schedule. QI department will continue to work with mPulse vendor to understand areas for improvement to make the campaign more effective to drive improved outcomes. Continued focus on Provider education in webinars, helpful provider letters providing HEDIS measure insight to closing the member's care gap and providing current chase lists of members who are non-compliant with measure.	The QI department will continue to monitor the campaign's performance through bi-weekly meetings with mPulse and monthly reports to gauge the impact of the campaign to date. For MY 2023, the text messaging campaign showed a 5.64% improvement when comparing members who received a text message compared to members who did not receive a text message. This result was identified as being statistically significant.
CAHPS	Getting Needed Care	Limited supply of providers in L.A. County, especially in rural areas. This has made it difficult for the member population to receive timely care. A limited specialty network and regions with fewer providers causing low rates to getting needed care. Ease of seeing a specialist scores lower than ease of getting needed (routine) care.	Enterprise CAHPS Leadership Team focused on improving member experience across various domains and coordinating efforts across the organization. Efforts towards directly contracted providers in underserved regions, as well as with MinuteClinic for urgent care services and Teladoc for telehealth services. Prioritize appointment availability and member experience in monthly QI Joint Operations Meetings with 10 largest IPAs.	The expectation that various efforts to increase access to care will improve members perception of their ability to get routine and specialty care when needed. L.A. Care will continue to monitor CAHPS scores and isolate specific factors that may be hindering improvement. With the potential launch of a real-time member experience survey, L.A. Care could better gauge performance and conduct improvement projects

Source	Measure	Problem	Initiative/Action	Expected Outcome
CAHPS (cont.)			<p>Inclusion of Getting Needed Care in the VIIP + P4P incentive program.</p> <p>Investigating ability to launch more real-time member satisfaction survey to better monitor domain and measure performance instead of waiting for once-a-year CAHPS surveys.</p>	throughout the year instead of waiting for once-a-year CAHPS results.
CAHPS	Ease of Getting Needed Prescription Drugs	<p>Confusion/difficulty in utilizing prescription drug benefit</p> <p>Lack of understanding the options available to members for the pharmacy benefit.</p> <p>Difficult process to obtain refills and prescription being prescribed by provider not being covered for payment by L.A. Care.</p> <p>Lack of communication between the pharmacy and provider, which can cause delays/confusion in filling the prescription for the member.</p>	<p>Pharmacy department outreaching to members for Medication adherence and educating members about their pharmacy benefit.</p> <p>Providing more provider education to understand the pharmacy benefits and medication prescription framework.</p>	Improved provider and member communications can eliminate confusion. By offering programs, benefit information and education materials will lead to more engagement for both members and providers with L.A. Care.
HOS	Monitoring Physical Activity	<p>Members lack of interest and motivation to participate in physical activity.</p> <p>Lack of support, social support and limited access to facilities for the member.</p>	<p>L.A. Care provides a “How to Stay Healthy” member brochure to encourage physical activity and other recommendations for staying healthy.</p> <p>Providing more member education on monitoring physical activity and including general questions within QI Programs member satisfaction surveys to see if members we’re ask about their physical activity.</p> <p>Encourage providers to recommend physical activity and motivate their members to participate in programs available to them.</p>	The QI Program will look for ways to implement new interventions around staying healthy activities like monitoring physical activity. Additionally, improve QI programs general member satisfaction surveys to include at least one or two questions around HOS measures.

Qualitative Analysis

Opportunities for improvement analysis was done for measures that did not meet established goals within the previous submission of MOC CY 2023. These measures the QIHE program has decided to move forward with to revise and include within the next MOC measures for submission. As shown in **Table 4**, barriers were identified to get an understanding of why the measurement goals were not met. This Barrier Analysis method is used to understand opportunities to improve and cite different interventions and changes in processes that are currently being planned. Finally, an evaluation is done to understand the effectiveness of the intervention or action if applicable.

HEDIS Measures

Common barriers were identified for the HEDIS measures listed below. Following are explanations to the reasons why the measures did not meet the goal. Measures as shown below.

- Adult Access to Preventive/Ambulatory Services
- Depression Screening and Follow-Up For Adolescents and Adults – Depression Screening – Total
- Glycemic Status Assessment for Patients with Diabetes
- Transition of Care - Medication Reconciliation – Post Discharge - Total

The measures dealt with barriers like member and provider education. This is where member and provider communication is important and can make a difference in the overall care being delivered. If there isn't effective communication being done between member and provider, there can be a disconnect and the Provider isn't able to provide the care needed for the member. This can lead to members not understanding the importance of certain screenings, tests, and check-ups. It is the provider's responsibility to understand why it's important to get checked or complete a specific health service like medication reconciliation - post-discharge or completing an A1c test. If providers are unaware of measure requirements and certain screenings, tests, and follow-ups are not offered then members may continue being non-compliant for various HEDIS measures. When there isn't consistent communication between the member and provider, there can be a lack of trust between the two. Member engagement is important and building trust and being transparent can lead to better member health outcomes.

Other variables come into play within the coordination of care for members. Providers cannot provide the best care to members if there is a delay in receiving lab results and charts from specialists. There needs to be workflows and standardized processes for Providers to work efficiently and effectively to eliminate inaccurate data and make sure coding and data are being captured correctly. Barriers can also be present if the PPG/IPA is not supporting providers fully to assist with these processes to take place. Measure compliance takes coordination between L.A. Care, the PPG/IPA, and the Provider. Provider education on these processes and continuous follow-up after completion of training is needed to ensure new workflow is understood to prevent confusion amongst providers.

The QIHE Program provided updates on measure performance to the QI Steering Committee. Based on the performance and framework of the renewal of the MOC, the QI Team determines which measures to include based on high-impact measures within the measurement categories for the MOC. When selecting QI Measures to include in the CY 2025 MOC. The QI department selected measures that would be easy to monitor throughout the year, relevant within the current healthcare landscape for the D-SNP population and identify measures that are more outcome-focused compared to process-focused. Revisiting the CY 2023 MOC measures,

- 7 of the 13 HEDIS measures did not meet the goal.
7 of the CAHPS and HOS measures; 3 met the goal, and 4 did not meet the goal.

Table 6. CY2025 MOC Measures Benchmark and Goals

Measure	Source	Measurement Category	CY 2025 Benchmark/Percentile (if applicable)	CY 2025 Goal
Adult Access to Preventative/Ambulatory Services	HEDIS	Access to Preventive and Chronic Conditions Services	88.96%/10 th Percentile	90%
Annual Wellness Exam	RISK ADJUSTMENT	Access to Preventive and Chronic Conditions Services	20%	36%
Antidepressant Medication Management - Continuation Phase (6 Months)	HEDIS	Access to Preventive and Chronic Conditions Services	55.89%/10 th Percentile	57%
Breast Cancer Screening	HEDIS	Access to Preventive and Chronic Conditions Services	67.84%/33 rd Percentile	68%
Controlling Blood Pressure	HEDIS	Access to Preventive and Chronic Conditions Services	72.99%/33.33 rd Percentile	75%
Colorectal Cancer Screening	HEDIS	Access to Preventive and Chronic Conditions Services	62.29%/33.33 rd Percentile	65%
Depression Screening and Follow – Up For Adolescents and Adults – Depression Screening - Total	HEDIS	Access to Preventive and Chronic Conditions Services	54.28%/90 th Percentile	48%
Ease of Getting Needed Prescription Drugs	CAHPS	Improve Access and Affordable Care	84.00%	88%
Fall Risk Prevention	HOS	Improved Access to Preventative Health Services and Chronic Conditions	68%	70%
Getting Appointments and Care Quickly	CAHPS	Improve Access and Affordable Care	79.00%	80%
Getting Needed Care	CAHPS	Improve Access and Affordable Care	77.00%	78%
Health Risk Assessment (HRA) - Initial 90 Day Compliance	HRA1	Coordination of Care	55%	100%
Individualized Care Plan (ICP) - Initial 90 Day Completion	ICP1	Coordination of Care	23%	100%
Interdisciplinary Care Team (ICT) - Initial 365 Day Compliance	SNP CC	Coordination of Care	95%	100%
Glycemic Status Assessment for Patients with Diabetes (>9.0%)	HEDIS	Access to Preventive and Chronic Conditions Services	76.40%/33.33 rd Percentile	76%
Monitoring Physical Activity	HOS	Improved Access to Preventative Health Services and Chronic Conditions	58%	59%

Measure	Source	Measurement Category	CY 2025 Benchmark/Percentile (if applicable)	CY 2025 Goal
Plan All-Cause Readmissions (30 Day Unplanned)	HEDIS	Care Transition, Patient Safety	1.3044	1.2573
Transition of Care - Medication Reconciliation Post Discharge	HEDIS	Care Transition, Patient Safety	31.63%	32%

CONCLUSION

The logic when determining measures to either keep or take out for the MOC CY 2025 submission was that the QIHE Program wanted to focus on outcomes. The QIHE Program wanted to be purposeful in understanding the landscape of prevalent healthcare-related issues the D-SNP population continues to encounter when managing their care. The QIHE Program's primary objective when selecting QI measures was to be consistent with what L.A. Care continues to focus on when providing healthcare services to our members and to be mindful that the measures should align with managed care expectations and highlight the performance of our program. To narrow our list of metrics, the QIHE Program will continue to track and monitor progress moving forward. As stated before, small changes can make a difference while aligning requirements to identify measures that provide healthier outcomes for members. With that in mind, the CY 2023 MOC had 25 measures in total, while the CY 2025 MOC had 18, primarily HEDIS, CAHPS, and HOS measures.

Having a smaller group of measures allows L.A. Care to understand and improve within these areas where there were missed opportunities to focus on barriers which prevented L.A. Care from hitting the established benchmarks and goals from the previous submission. Revising the measures list eliminates repetitiveness within the work being done to reach these goals but also being realistic in selecting these measures. L.A. Care will ensure to show improvements within each measure understand the requirements for the MOC and be sure to make these goals attainable.

CONTINUITY AND COORDINATION OF CARE

E.1 CONTINUITY AND COORDINATION OF MEDICAL CARE

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BACKGROUND/SUMMARY

Continuity and coordination of care involve ensuring each setting of a member's journey transitions smoothly so that the next setting is well-informed about what has already been observed and what will need present attention. This process is necessary to guarantee members receive the highest quality of care possible from the provider and office staff. L.A. Care Health Plan monitors performance in areas affecting and reflecting care coordination annually. Although studies show that, in most instances, practitioners can detect and bridge gaps in continuity of care, incidents can result from a breakdown in communication. L.A. Care uses information, like our Health Information Exchange software, to build its network's ability to communicate effectively to facilitate continuity and coordination of medical care across its delivery system.

This report provides an overview and analysis of several key initiatives aimed at improving continuity and coordination of care across transitions in management within the outpatient and, at times, inpatient settings. L.A. Care focuses on three measures that address continuity and coordination of care: Eye Exam for Patients with Diabetes (EED), Prenatal and Postpartum Care: Postpartum Care (PPC-Pst) and Follow-Up After Emergency Department Visit for Mental Illness (FUM). The data collected for this report is used to identify opportunities for improvement, and the goals are set based on the analysis of that data.

TABLE 1: MY 2023 HEDIS RESULTS: 3-Year Performance and Goals

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/NO)
Eye Exam for Patients With Diabetes (EED)	Medi-Cal	50.37%	57.18%	60.39%	+3.21	N/A	N/A	N/A	52.31	NO
	MCLA	51.11%	53.28%	53.60%	+0.32	N/A	N/A	N/A	52.31	NO
	LACC	45.01%	48.66%	51.34%	+2.68	N/A	N/A	N/A	44.00	NO
	D-SNP	68.83%	78.91%	74.12%	-4.79	N/A	N/A	N/A	73.48	NO
	PASC (Admin Rate)	N/A	N/A	35.84%	N/A	N/A	N/A	N/A	N/A	N/A
Follow-up After Emergency Department Visit for Mental Illness 30-day (FUM-30 day)	Medi-Cal	36.47%	35.70%	35.45%	-0.25	55%	-19.55	NOT MET	54.87	NO
	MCLA	33.97%	33.45%	34.01%	+0.56	N/A	N/A	N/A	54.87	NO
	D-SNP	52.00%	43.75%	48.84%	+5.09	N/A	N/A	N/A	32.68	NO
Postpartum Care (PPC)	Medi-Cal	80.00%	80.74%	82.59%	+1.85	81%	+1.59	MET	78.10	NO
	MCLA	78.66%	85.11%	80.27%	-4.84	N/A	N/A	N/A	78.10	NO
	LACC	71.70%	83.92%	84.17%	+0.25	84%	+0.17	MET	81.60	NO
	PASC	69.57%	57.14%	66.67%	+9.53	N/A	N/A	N/A	N/A	N/A

*Stat Sig – Statistical Significance

- Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/Ry2023)/
L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2022/Ry2023).

Quantitative Analysis

Eye Exam for Patients with Diabetes (EED) Healthcare Effectiveness Data and Information Set (HEDIS) metric measures the percentage of members 18-75 years of age with diabetes (type 1 and 2) who had a retinal eye exam. An Optometrist usually provides retinal eye exams in an outpatient setting. This analysis will compare 3-year EED performance at L.A. Care for all 3 lines of business (LOB). For Medi-Cal, there has been a notable increase in rates over the last 3 years: MY 2021, 50.73%, MY 2022 57.18%, and in MY 2023, a rate of 60.39%, which surpassed the 50th percentile for the Quality Compass Rating (QRS). MCLA has had an upward trend for the past 3 years: MY 2021 51.11%, MY 2022 53.28%, and MY 2023 53.60%, in which the QRS 50th percentile of 52.31% was exceeded. For L.A. Care Covered California (LACC), there has also been a steady rate improvement over the last 3 years MY 2021 45.01%, MY 2022 48.66%, and MY 2023 51.34%, also exceeding the 50th percentile for the QRS of 44%. For D-SNP, there has been a fluctuation in rates over the last 3 years: in MY 2021, 68.83%; MY 2022, 78.91%; and in MY 2023, the rate was 74.12%, which still exceeded the QRS 50th percentile rate of 73.48%. These rates are based on hybrid data, and none were deemed statistically significant in comparing MY 2022 to MY 2023. For the PASC, L.A. Care has just started to monitor this LOB; therefore, there is no prior year performance, nor can statistical significance be calculated.

Prenatal and Postpartum Care: The Postpartum Care (PPC-Pst) HEDIS measure is defined as the percentage of eligible members who received a postpartum visit on or between 7 days and 84 days after delivery during the measurement year. Seeking timely postpartum care, including mental health screenings, can lead to early identification and prevention of post-delivery health issues. This measure uses hybrid healthcare data. Postpartum care is typically provided by an Obstetrician/Gynecologist (OB/GYN) in an outpatient setting. These goals are set each year in accordance with healthcare standards, and rates are determined that are specific, measurable, timely, and vital to L.A. Care members.

For Medi-Cal, an upward trend has been noted over the past three years. In MY 2021, the rate was 80.00%; in MY 2022, 80.74%; and in MY 2023, 82.59%; the 78.10% QRS 50th percentile was exceeded, and the work plan goal was met. Over the past 3 years for MCLA, there was a rate fluctuation; in MY 2021, 78.66%; MY 2022, 85.11%; and in MY 2023, a drop to 80.27%; however, this rate still exceeded the QRS 50th percentile. For LACC, there was an upward trend in performance for the last 3 years: MY 2021 71.70%, MY 2022 83.92%, and MY 2023 increased to 84.17%, exceeding the QRS 50th percentile and the work plan goal. In comparing performance from MY 2022-MY 2023 for all LOBs, no rates were deemed statistically significant, and for PASC, L.A. Care has just started to monitor this LOB; therefore, there is no prior year performance, nor can statistical significance be calculated.

The Follow-Up After Emergency Department Visit for Mental Illness (FUM) HEDIS measure assesses the percentage of emergency department (ED) visits for individuals aged 6 or older with a diagnosis of mental illness or intentional self-harm who receive a follow-up visit within 7 or 30 days. This measure ensures that patients receive necessary follow-up care, reducing the likelihood of repeated ED visits. Additionally, follow-up care is linked to better physical and mental health outcomes.¹⁹

For Medi-Cal, a downward trend has been noted over the past three years. In MY 2021, the rate was 36.47%. MY 2022 yielded a rate of 35.70%, and MY 2023 yielded a rate of 35.45%. From MY 2022 to MY 2023, there was a decrease of 0.25%. Additionally, the measure has not met the workgroup goal of 55% nor reached the QC/QRS 50th percentile at 54.87. For MCLA, MY2021 yielded a 33.97% rate. MY

¹⁹ Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

2022 had a rate of 33.45%, and MY 2023 had a rate of 34.01%. There was a small increase of 0.56% in rates from MY 2022 to MY 2023. However, there is no established goal for this LOB. The rate for 2023 did not reach the QC/QRS 50th percentile of 54.87%. For D-SNP, MY 2021 had a rate of 52.00%. MY 2022 had a rate of 43.75%, and MY 2023 had a rate of 48.84%. There was a significant increase in rate of 5.09% from MY 2022 to MY 2023, surpassing the 50th percentile (32.68%) by an overall rate of 16.16%. All lines of business for FUM were deemed not statistically significant.

Barriers & Interventions

Barriers	Interventions
<p><u>EED</u></p> <p>VSP/iCare member outreach – Members do not have updated contact information.</p>	<ul style="list-style-type: none"> Quality Team working closer with Enrollment Services to get updated member contact information for VSP outreach.
<p>LACC Adult members (19+) are not offered the VSP Eye benefit.</p> <ul style="list-style-type: none"> Lack of member education on the importance of an annual diabetic retinal eye exam. Lag in claims and member data, causing unnecessary outreach. 	<ul style="list-style-type: none"> Quality Team working with the LACC Product team to understand the referral process. Providing members with diabetes management information through texting, member letters, and social media campaigns. Quality Team providing updated member information after internal data refreshes occur.
<p><u>PPC-Postpartum</u></p> <p>Difficulty scheduling appointments.</p>	<ul style="list-style-type: none"> L.A. Care Health Education team oversees Transitional Care Services (TCS) for Birthing Population outreach phone calls to pregnant or recently delivered members who have been discharged from the hospital or facility.
<p>Members feeling disrespected by their provider and/or staff.</p>	<ul style="list-style-type: none"> Health Education conducted a series of Implicit Bias trainings for health care providers. Health Education manages the Medi-Cal Doula Benefit to connect birthing members with an advocate to assist them through their pregnancy journey.
<p>Cultural issues/traditions:</p>	<ul style="list-style-type: none"> Health Education -Postpartum Care Text Messaging Campaign DOULA services for Medi-Cal and LACC members Health Education-Transitional Care Services (TCS) Health Education revamped Maternity Care Webpage
<p><u>FUM</u></p> <p>Data Lags/Lack of Provider Notification</p>	<ul style="list-style-type: none"> The Quality Improvement (QI) Department is orchestrating the FUM Non-Clinical PIP, which has aided timely provider notification of member ED discharges.
<p>Members ignoring/not answering outreach calls for the FUADA.</p>	<ul style="list-style-type: none"> QI and Behavioral Health departments have coordinated efforts to ensure that Carelon Behavioral Health has the most up-to-date member phone numbers to provide the Follow-Up After Discharge Assessment (FUADA).
<p>Lack of patient knowledge</p>	<ul style="list-style-type: none"> Carelon has begun providing contact information, pamphlets, and other resources to help educate ED staff and members discharged from the ED.
<p>Coordination of care issues between medical providers and behavioral health clinicians</p>	<ul style="list-style-type: none"> Survey and assess gaps in care. Partner with top-utilized emergency department facilities

Qualitative Analysis

The Quality Performance Management Team (QPM) and Quality Improvement (QI) team analyzed the EED data. In MY 2023, all 3 lines of business met their respective benchmarks. While no formal workgroup goals were established, the target for this measure was to achieve the 50th percentile across all lines of business. L.A. Care identified the following barriers leading to diabetic members not completing their retinal eye exams:

- 1) Member contact information not updated.
- 2) LACC adult members do not have vision benefits with Vision Service Plan (VSP). This is an additional cost to members.
- 3) Members don't understand the importance of retinal eye exams.

To address incorrect contact info, the Quality Improvement Clinical Initiatives team has integrated a workflow to work closer with the LAC Enrollment Services team to revise and reformat member contact information. Vision Service Plan (VSP) assists L.A. Care with outreach to members due for a retinal eye exam and their providers to get them scheduled and seen for retinal eye screening exams; updated contact information has improved member outreach. At the launch of this pilot program, VSP sent a letter to providers to inform them about the new outreach initiative (Appendix A). However, the pilot concluded on October 6, 2024. A letter is pending approval to address the barrier within the LACC members, with the date of distribution TBD. L.A. Care has used a multifaceted approach to educate members on the importance of obtaining their retinal eye exams. In October 2024, a letter was mailed to D-SNP and MCLA members with Diabetes (Appendix B) who had not received a retinal eye exam, reminding them of the importance of diabetic eye health, the risks of retinal damage, what their eye benefits covered, and how to contact their eye care provider. To date, the Diabetes Retinal Eye Exam letter has been sent to 2,205 D-SNP and 55 397 MCLA members. Diabetes social media campaigns launched on September 7 and November 15 emphasized methods to educate members to self-manage diabetes and the importance of routine health screenings such as the retinal eye exam. Lastly, the comprehensive Diabetes Care Text Message campaign was re-launched across all lines of business in October 2024, which encouraged members to self-manage their diabetic care (A1c level, eye/foot exam, kidney health) and visit their physician for care.

The Quality Performance Management Team (QPM) and Health Education team have analyzed the postpartum care data and identified these as the top barriers:

- 1) Difficulty for members to schedule postpartum appointments.
- 2) Black African American members feeling disrespected by their provider and/or staff.
- 3) Members don't perceive the urgency for postpartum check-ups.
- 4) Personal issues such as Multi-gravida postpartum birthing parent and working birthing parent unable to make appointments.

Various interventions have been implemented to increase postpartum visits. The Healthy Mom Postpartum Outreach calls are made to members (MCLA, D-SNP, and LACC) who have recently delivered by assisting with postpartum appointment scheduling and coordinating interpreting and transportation services. Part of this program is for members with a completed postpartum visit to receive a \$40 debit card incentive. More recently, the Health Education department has taken on Transitional Care Services (TCS) as of June 2024, calling every pregnant MCLA member who is discharged from the hospital; during these outreach calls, staff aid with scheduling f/u visits, transportation as well as information on L.A. Care resources such as Behavioral Health (BH), Doula and Community Resource Centers (CRC) classes. During Q3 of 2024 206 members were outreached by TCS outreach, 1,135 members received the incentive, and 385 were reached for the Healthy Mom calls. The Healthy Mom Postpartum Outreach calls are now a part of TCS outreach, and the Health Ed team has hired additional staff to assist with outreach calls. Health Ed is currently conducting Q4 push outreach calls for LACC members.

Assessments revealed that Black African American women don't go back to see their providers because they feel they have unsatisfactory experiences and may be unaware of how they change providers. L.A. Care has done a lot of work to address this issue. The L.A. Care Health Equity team has also taken on maternal health disparities as a project of focus. In August 2024, a letter (Appendix E) was sent to all contracted hospitals to distribute to Obstetricians and via blast email (668 Ancillary providers and 152 Hospital Providers), which included tips and best practices to improve maternal care, reduce low-risk C-sections and resources for provider health equity training. L.A. Care offers free doula services to eligible Medi-Cal and LACC members who are pregnant or pregnant within one year (12 months). Doula services are available for prenatal, perinatal, and postpartum members. Doulas provide physical and emotional support, health navigation, lactation support, development of a birth plan, and linkages to community-based resources, advocate for members, and empower self-advocacy within hospital and clinic settings to ensure members receive proper care. L.A. Care hosted a webinar for providers and hospital staff on the Doula Medi-Cal benefit (June 2024). In an effort to support the Black maternal health disparities, the Pregnancy Resource Guide for Black Parents has been updated and posted to the revamped maternal care webpage, and it is being distributed to members through ongoing monthly mailings.

For members who don't perceive the urgency of postpartum follow-up, L.A. Care continued its ongoing prenatal and postpartum text messaging campaigns in 2024 to inform and educate members on the importance of prenatal and postpartum visits. These campaigns include information on the Doula benefit, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), appointment scheduling, and depression screening reminders. Members are provided with follow-up visit scheduling assistance and connections to relevant resources such as behavioral health, Doula services, Meals as Medicine, home visitation, and more.

Among birthing parents with multiple children, transportation, including multiple car seats and childcare issues, serve as barriers to completing appropriate and timely postpartum visits. The revamped maternity care webpage allows members to access many community resources, maternal health, and culturally congruent resources.

The Low FUM HEDIS score reflects a multifaceted issue involving systemic, organizational, and individual barriers. Data has been an overarching issue for FUM, in which claims are received late, resulting in data lags. Other barriers include patients not knowing they must follow up with a provider after discharge from the ED. Recent interactions with Independent Physician Associations (IPAs) have revealed that physicians in the ED are often unaware of the behavioral health services their patients are eligible for or do not know when a patient has seen a behavioral health provider.

The FUM nonclinical PIP has been implemented to help bridge the gap in provider communication. This PIP notifies providers when their patients are discharged from the emergency department for mental health-related diagnoses. The goal is to increase provider notification for their patients' ED admissions and promote proper follow-up care for our behavioral health members.

The Follow-Up After Discharge Assessment (FUADA) has been implemented by L.A. Care's vendor, Carelon Behavioral Health Services. Carelon provides a total of five calls to members after discharge from the emergency department. The organization then provides a FUADA, which consists of a behavioral health clinician who assesses patient needs, mental health status, and overall well-being. The assessment can take between 30 minutes to an hour and is a follow-up under the HEDIS technical specifications. This outreach initiative aims to improve HEDIS rates for the FUM measure.

Limitations include L.A. Care's lack of historical data on behavioral health measures. No prior efforts have been made to gather surveys for this population. Behavioral health has traditionally been perceived as too private or complex to engage with. This perception has hindered the launch of initiatives in this area.

Regarding the non-clinical PIP, recent developments have indicated issues in capturing the correct groups for FUM. For example, since this information is provided by Point Click Care (PCC), members who are transported to inpatient facilities may still fall into this cohort, causing an inaccurate denominator in FUM. Additionally, PCC is utilized by an estimated 60% of hospitals, which hinders the accurate capture of the true FUM denominator.

Several issues have occurred with implementing the FUADA to increase FUM HEDIS rates. Carelon reports a lack of engagement from members. Members often decline to complete the FUADA or ignore phone calls from Carelon.

CONCLUSION

As of October 2024, the VSP outreach initiative pilot program ended; pending business proposals will be reviewed to determine the continuation of services. In late 2024, a Diabetes Mailer will be sent to Medi-Cal MCLA Direct Network members which include a diabetes fridge magnet that is currently being revised (see Appendix C) with essential reminders for diabetic members; an L.A. Cares about Diabetes booklet, which is an education and support program for people with diabetes; patient education diabetes medication and A1C handout. The magnet will include a dry-erase marker to encourage members to record their most recent A1C lab, blood pressure reading, date of most recent retinal eye exam and foot exam, and daily medication check. Planning is underway for an Incentive program for diabetes management, which will launch tentatively in 2025. Interventions aimed specifically at non-White, low-income, and low-health literacy communities may also be effective.²⁰ Targeting this population would positively impact the members that L.A. Care serves.

Looking forward to Postpartum care, L.A. Care plans to strengthen partnerships with the Doula hub to support Doulas' growth, sustainability, and network expansion so they can reach and service more postpartum members. The Health Ed department also explores comprehensive maternal care digital platforms to assist with postpartum visits, behavioral health, lactation education, and overall perinatal support. Additionally, we aim to improve referral processes for home visitation services, particularly for members of color, to ensure they receive timely, culturally sensitive support that bridges gaps in postpartum care. Notable accomplishments include the community benefits team funding the L.A. County Doula hub for \$250,000 for one of three years. This will help ensure that the Medi-Cal Doula benefit is equitable and free from administrative barriers for Doulas and members.

While the FUM measure contends with significant hurdles in data acquisition, provider education, and member engagement, numerous commendable aspects exist. The initiative has garnered attention, highlighting efforts to enhance continuity of care for members. Notably, the Non-Clinical PIP has made strides in ensuring providers receive timely notifications about patients' discharge from emergency departments, leading to increased provider engagement and follow-up. Additionally, Carelon's FUADA proactively explores strategies to boost member engagement and participation. Carelon remains committed to improving relationships with behavioral health members through targeted outreach efforts to foster greater community familiarity. L.A. Care consistently supports Carelon by providing essential member data and ensuring the most current contact information is available. Overall, the collaborative efforts and continuous improvements demonstrate a strong commitment to advancing member care and engagement.

²⁰ Shah, A. R., Wu, R., (2022). Disparities in Diabetes-Related Retinal Disease and Approaches to Improve Screening Rates. In: A Practical Guide to Diabetes-Related Eye Care.

2025 WORK PLAN GOALS

Settings	2025 Goals
Eye Exam for Patients With Diabetes (EED)	Medi-Cal: 64% MCLA: N/A L.A. Covered California: 53% D-SNP: 75% PASC: N/A
Postpartum Care (PPC)	Medi-Cal: 83% MCLA: N/A L.A. Covered California: 85% PASC: N/A
Follow-up After Emergency Department Visit for Mental Illness 30-day (FUM-30 day)	Medi-Cal: 62% MCLA: N/A L.A. Covered California: 64% D-SNP: 83% PASC: N/A

Appendix A: Provider Notification Letter from VSP



Beginning **April 1, 2023**, VSP® Medicaid network providers in California may receive a phone call from **iCare Health Solutions** on behalf of VSP Vision Care. iCare Health Solutions, an integrated healthcare solution for optometry and ophthalmology, was acquired by VSP in 2021.

On April 1, 2023, VSP is starting a Healthcare Effectiveness Data and Information Set (HEDIS) program for **LA Care Health Plan** Medicaid members in California who are living with diabetes. The program will connect with members who have not had an eye exam within the past 12 months and encourage them to seek an exam from a VSP network provider.

iCare Health Solutions outreach includes:

- Direct member outreach and education, including referrals to a VSP network provider.
- Live phone transfers, with a member on the line, to a provider's office to help the member schedule an appointment.

The program may also include direct outreach from iCare Health Solutions to VSP Medicaid network providers in California. During the call, they'll request a secure way to send you a list of your past patients who are active, eligible L.A. Care Health Plan Medicaid members living with diabetes and who have not had an eye exam in the prior year to support their exam recall process. This program is another way VSP is highlighting the role of optometry and the connection of eye care to overall health care to members, supporting your practice with VSP member patient flow.

The program does not change how you verify eligibility or submit claims. For additional information on plan details, please refer to the **Medicaid Provider Reference Manual**.

Thank you,

VSP Vision Care

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Appendix B Eye Exam Letter to D-SNP/MCLA Diabetic Members

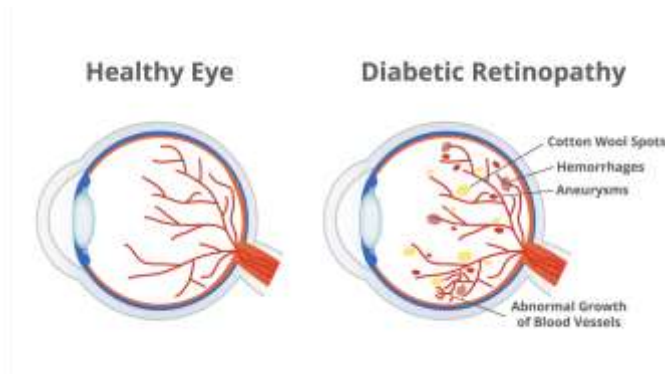
<<Name>> <<Last Name>>

<<Address>>

<<City, State ZIP>>

Dear <<Member First Name>>,

Are you due for an eye exam? Our records show you may need an eye exam. It is important to get your eyes checked each year, especially if you have diabetes. Diabetes can lead to many eye problems. Ask your eye care doctor if it's time to get your retina checked. The retina is the back of the eye. It can be damaged by diabetes or other causes. Stay on top of your health! Visit an eye doctor, like an optometrist or ophthalmologist, before the end of the year.



As an L.A. Care Medicare Plus member, you get:

- One (1) routine eye exam each year; AND
- Up to \$500 for eyeglasses (frames and lenses) or up to \$500 for contact lenses every two years.

Contact Vision Service Plan (VSP) for your care by calling 1-800-877-7195.

If you do not know who your doctor is, you can:

- Find your doctor's info on your member I.D. card.
- Lost your member I.D. card? Call member services at 1-833-522-3767 24 hours a day, 7 days a week, including holidays. The TTY number at L.A. Care is TTY: 711.

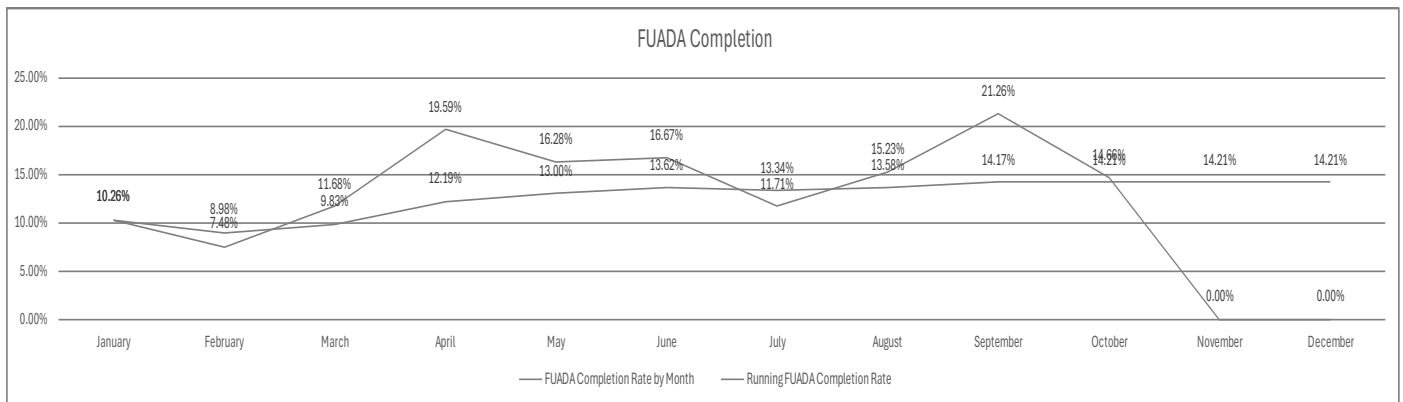
Learn more about your eye care options online at <https://www.lacare.org/members/getting-care/vision>.

Sincerely,

L.A. Care Health Plan

Appendix C: Diabetes Magnetic Postcard

Appendix D: Follow-Up After Discharge Assessment (FUADA)



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Closed- Issue w/phone number	38	44	34	63	73	91	146	77	61	33	0	0
Closed- Unresponsive	163	120	128	112	106	93	79	122	56	28	0	0
Closed - Declined	105	108	95	63	73	76	54	57	42	31	0	0
Closed - FUADA Completed	35	22	34	58	49	52	37	46	44	34	0	0
Excluded - Hospitalized/Hospice	38	47	28	20	22	26	20	31	26	10	0	0
Excluded - Member Deceased	0	0	0	0	0	0	0	0	0	0	0	0
Excluded - Member Disenrolled	20	34	11	5	6	7	4	2	0	4	0	0
Open	0	0	0	0	0	0	0	0	4	106	0	0
Total ADT Discharges	399	375	330	321	329	345	340	335	233	246	0	0
Total FUM Eligible Discharges	341	294	291	296	301	312	316	302	207	232	0	0
Total Exclusions	58	81	39	25	28	33	24	33	26	14	0	0
FUADA Completion Rate by Month	10.26%	7.48%	11.68%	19.59%	16.28%	16.67%	11.71%	15.23%	21.26%	14.66%	0.00%	0.00%
Running Completed FUADA	35	57	91	149	198	250	287	333	377	411	411	411
Running FUM Eligible Discharge	341	635	926	1222	1523	1835	2151	2453	2660	2892	2892	2892
Running ADT Discharges	399	774	1104	1425	1754	2099	2439	2774	3007	3253	3253	3253
Running FUADA Completion Rate	10.26%	8.98%	9.83%	12.19%	13.00%	13.62%	13.34%	13.58%	14.17%	14.21%	14.21%	14.21%

Appendix E: Provider Letter for Obstetricians and Family Physicians



Dear L.A. Care Contracted Hospitals/Maternal Care Departments,

L.A. Care thanks you for caring for our members. As part of our continued dedication to providing excellent maternal care and advocating for vaginal birth when suitable, we are sharing guidance you may use to decrease nulliparous singleton vertex cesarean birth (NTSVCB) rates to meet the target of 23.6% or lower. While cesarean sections can be crucial and life-saving, they can pose unnecessary risks to women, birthing individuals, and babies if performed without medical necessity.¹

Please review the following suggestions to decrease NTSV C-section rates:

- 1. Provide Prenatal Education:** Ensure comprehensive prenatal education and counseling. Education to expectant mothers should include topics such as routine antenatal visits, the labor process, pain management techniques, and potential complications. This empowers women and birthing people to make informed decisions about their birth plans.
- 2. Advocate for Continuous Labor Support:** Doula and midwives offer ongoing labor support to help patients manage labor pain, decrease medical interventions, and improve birth outcomes. L.A. Care offers doula services to eligible pregnant Medi-Cal members at no cost. For more info, visit lacare.org/pregnancy or email Doulabenefit@lacare.org with inquiries.
- 3. Engage with the California Maternal Quality Care Collaborative (CMQCC):** Utilize CMQCC's [toolkit](#) to educate maternity clinicians on best practices for supporting vaginal births and implement [recommendations](#) to improve birth outcomes. Consider CMQCC's [QI Academy](#) to improve perinatal outcomes using data.
- 4. Provider Health Equity Training:** Utilize resources from the [California Health Care Foundation](#) for training and education on perinatal health equity training, [implicit bias, and reproductive justice](#).

Please consider these recommendations to reduce C-section rates among low-risk women with no prior births and improve maternal and neonatal outcomes. Thank you for your commitment to caring for L.A. Care members and enhancing maternal and neonatal care.

For further clarification or if you have any questions, reach out to quality@lacare.org.

Sincerely,

Felix Aguilar, MD, MPH, MHCM
Quality Medical Director

PL1000 0824

¹ World Health Organization. (2021, June 16). *Cesarean section rates continue to rise, amid growing inequalities in access*. World Health Organization. <https://www.who.int/news/item/16-06-2021-caesarean-section-rates-continue-to-rise-amid-growing-inequalities-in-access>



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E.2 MANAGED LONG-TERM SERVICES & SUPPORTS (MLTSS)

AUTHORS: JUDY CUA-RAZONABLE, RN & PEARL SANTOS

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

Service from L.A. Care's Managed Long-Term Services and Supports (MLTSS) Department helps members remain living independently in the community. In addition, MLTSS 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), and In-Home Supportive Services (IHSS).

MLTSS 2024 QUALITY OVERSIGHT GOALS AND ACHIEVEMENTS

Four goals continued to guide the MLTSS 2024 quality oversight strategy:

- **Goal #1:** Improve MLTSS member health through stronger partnerships.
- **Goal #2:** Enhance member and provider satisfaction.
- **Goal #3:** Establish strategies for effectiveness and efficiency.

Improve MLTSS member health through stronger partnerships.

Community Transitions. By helping eligible individuals in nursing facilities transition back to the community and those residing in the community remain living safely there, MLTSS Nurse Specialists continue their efforts to divert the placement of members *to LTC*, in addition to helping members transition from LTC settings. During the Interdisciplinary Care Team (ICT) and authorization process, our nurses have identified members with the potential to return 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), Home and Community-Based Alternatives (HCBA), Cal AIM Community Supports Nursing Facility Transition and Diversion to Assisted Living Facilities (NFTD ALF), and Community Transition Services (CTS) to Home programs.

Skilled Nursing Facility (SNF) Direct Network. MLTSS, in partnership with UM and PNM, has developed an SNFist program, a Direct Network of physician providers to round on Long Term Care (LTC) members in some of the contracted Skilled Nursing Facilities (SNF). All D-SNP and MCLA members in an SNF have been assigned to an SNFist or designated physician to oversee their care. Weekly rounds with the SNFist group continue to improve member oversight and care coordination. The transition of Skilled Level of Care authorizations to MLTSS has enhanced members' health oversight and care coordination.

Palliative Care Program Expansion. MLTSS continues working with UM and Care Management (CM) to enhance L.A. Care's Palliative Care program. MLTSS also participates in PPG Joint Operations Meetings (JOMs) to increase awareness of expanding Palliative Care to D-SNP members. MLTSS continues to conduct WebEx trainings for internal and external partners. The Palliative Care Team continues to collaborate with MLTSS, CBAS, and SNF teams and participates in continued education through quarterly webinars with both groups of providers.

MLTSS continues to support our Palliative Care partners with training and routine teleconferences to oversee and monitor our Palliative Care members. The MLTSS Palliative Care team is working on evaluating the impact of Palliative Care on member utilization.

Caregiver Support. MLTSS continued its partnership with the 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 to decrease potential utilization (i.e., ED visits, hospital admissions, and readmissions). While the ongoing pilot with the Center for Caregiver Advancement (CCA) aims to enhance caregiver skills and reduce healthcare utilization, we acknowledge that referrals from PHO outreach have been limited. Although the specialist and program teams have conducted monthly overviews, there hasn't been consistent, targeted promotion of this specific goal. We may consider incorporating focused messaging about the CCA training benefits in all relevant member and provider communications to improve awareness and referral rates. Additionally, reinforcing this goal in team huddles and providing specific referral targets could enhance engagement and ensure that the PHO outreach aligns more closely with our caregiver support objectives.

The vendor shares MLTSS brochures with the IHSS providers to increase awareness of other MLTSS benefits for which their clients may be eligible. Likewise, the MLTSS team continues to share and promote this skills-based training opportunity with members and providers.

In line with caregiver support services, MLTSS is the business owner for two CalAIM Community Support programs: Personal Care and Homemaker Services (PCHS) and Respite Services for caregivers. These programs launched on July 1, 2022, and provide supplemental services for members who are applying for IHSS and caregivers who need respite to prevent burnout.

Enhance Member and Provider Satisfaction

MLTSS offered training and gathered data to evaluate the impact and guide innovation for member and provider satisfaction. Highlights include:

- MLTSS nurse specialists participate in CM ICT four days a week and make recommendations to support member access to MLTSS and CS programs.
- MLTSS nurses attend UM IP rounds with the UM and CM teams for hospitalized difficult placement members. MLTSS provides guidance and assists by leveraging our relationships with the Skilled Nursing Facilities.
- MLTSS implemented a monthly “MLTSS Overview” training for clinical and non-clinical staff. Staff new to Health Services and Customer Solutions Center (CSC) departments and existing staff who want to have a refresher training in MLTSS attend this recurring learning event. By creating this opportunity, MLTSS can teach and reach L.A. Care employees who may not have otherwise been aware of how MLTSS helps members get access to long-term support. The MLTSS overviews are facilitated monthly, promoting MLTSS awareness.

Program	Title	Date	Category	Presenter Name
MLTSS	MLTSS/PC Monthly Overview	1/16/2024	Internal Staff Training	Diamond Barnett
PC	PC for ECM Providers Webinar	2/9/2024	Internal Staff Training	Susan Stone/ Rita Karaian
CBAS	CBAS Quarterly Webinar (Q1)	3/5/2024	External Provider Training	Rita Karaian/ Kristina Balingit/Dr. Stone
PC	PC Provider SP Refresher Training: PallCare Docs	3/5/2024	External Provider Training	Rita Karaian/Maricris Tengo/Norma Carillo/Dr. Stone

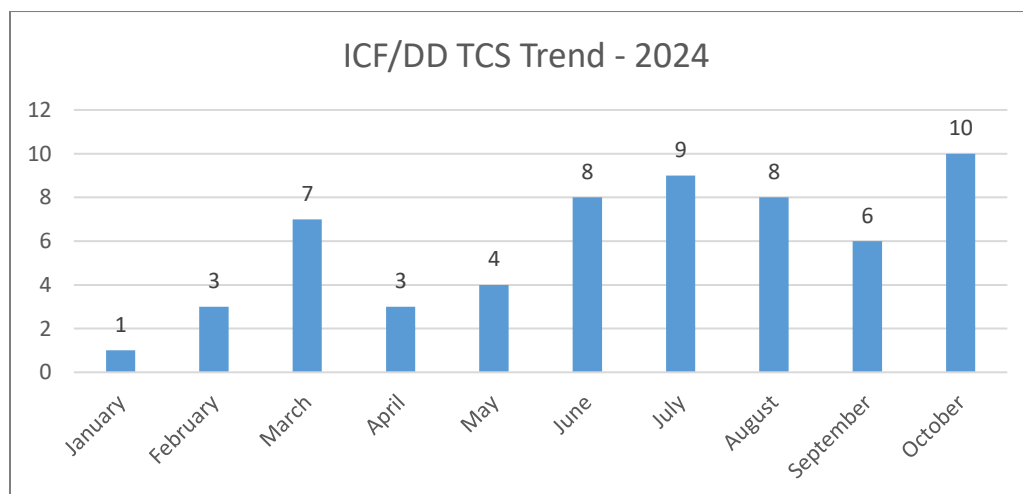
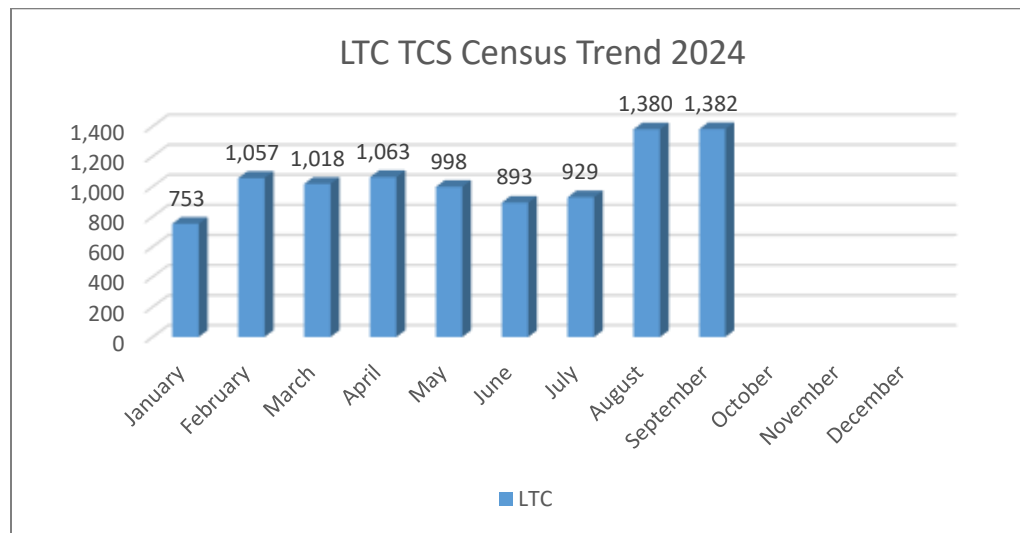
Program	Title	Date	Category	Presenter Name
MLTSS	MLTSS/PC Monthly Overview	3/19/2024	Internal Staff Training	Rita Karian/Maria Perez/Aaron Hernandez
SNF	SNF Quarterly Webinar (Q1)	3/20/2024	External Provider Training	Diamond Barnett/Dawn Knotts, Anjanette Collaso
PC	PC Provider Refresher Training: Faith and Hope Hospice Care	4/3/2024	External Provider Training	Rita Karain/Maricris Tengco
MLTSS	MLTSS/PC Monthly Overview (canceled due to PPG training)	5/21/2024	Internal Staff Training	Diamond Barnett/Maria Perez/Aaron Hernandez
SNF	SNF Quarterly Webinar (Q2)	6/26/2024	External Provider Training	Diamond Barnett/Dawn Knotts
CBAS	CBAS Quarterly Webinar (Q2)	7/2/2024	External Provider Training	Rita Karaian/ Noah Kaplan
MLTSS	MLTSS/PC Overview (CSC New Hires)	8/22/2024	Internal Staff Training	Rita Karian
MLTSS	MLTSS/PC Overview (D-SNP Product & Benefits Team)	9/9/2024	Internal Staff Training	Rita Karian/Maria Perez
MLTSS	MLTSS/PC Monthly Overview	9/17/2024	Internal Staff Training	Maria Perez
CBAS	CBAS Quarterly Webinar (Q3)	9/17/2024	External Provider Training	Rita Karaian/Kristina Balingit
SNF	SNF Quarterly Webinar (Q3)	9/25/2024	External Provider Training	Diamond Barnett/Dawn Knotts/Anjanette Collaso
MLTSS	PPG/Ancillary Bi-Annual Training (MLTSS Core 4)	11/5/2024	External Provider Training	
PC	PPG/Ancillary Bi-Annual Training (Palliative Care)	11/6/2024	External Provider Training	
MLTSS	MLTSS/PC Monthly Overview	11/19/2024	Internal Staff Training	TBD

- MLTSS is working with PNM to add additional CBAS centers to ensure network adequacy. Currently, there are 183 contracted CBAS centers.
- MLTSS coordinates with PNM to provide onboarding training for newly contracted CBAS centers regarding L.A. Care processes, including submitting service authorization requests and reviewing members' Individualized Plan of Care (IPC).

Strategies for Effectiveness and Efficiency

MLTSS developed processes to enhance operating efficiency and meet organizational and regulatory requirements, including:

- MLTSS continues to manage Skilled Level of Care services to improve care coordination, divert from LTC when appropriate, and transition members back to the community. MLTSS collaborated with Utilization Management (UM) and Care Management (CM) on Post-Acute care coordination to improve members' transition through the continuum of care.
- MLTSS acts as a liaison to help bridge any service gaps when a member transitions to another level of care for Skilled Nursing Facilities and ICF/DD.



- Vendor Oversight Reporting (VOR) process to monitor the performance and quality of our contracted Vendors doing assessment work for Post HRA Outreach (PHO), CBAS Eligibility Determination Tool (CEDT) assessment, and Palliative Care. Weekly monitoring activities by MLTSS Specialists ensure Vendors meet performance measures. Results are discussed on monthly Vendor calls for transparency and continued process improvement when needed. Last year, Post HRA Outreach (PHO) was conducted 100% in-house. Vendor Oversight Reporting was conducted for CEDT assessments and Palliative Care vendor oversight.
- Insourcing efforts to decrease costs. CEDT Face-to-Face assessments outsourcing to vendors has varied from 50% of CEDT assessments to no outsourced CEDTs based on MLTSS nurse staffing, volume of pending CEDT requests, and authorization requests. The CEDT assessments and

authorization requests have regulatory turnaround times, which must be met to maintain compliance.

Annual Trend - 2024 (CY) as of September 2024

CEDT Assessments - Annual Summary 2024 as of September 2024			
	Total	Case Rate	Costs & Cost Reduction
MLTSS	1,485	\$340.20	\$505,197.00
Vendor-PICF	238	\$340.20	\$80,967.60
Vendor-JFS	178	\$335.00	\$59,630.00
Total Vendor	416	Combined Vendor \$	\$140,597.60
Grand Total	1,901	Grand Total \$	\$645,794.60

- MLTSS Specialists share care plans completed by Vendors with the member's Primary Care Physician (PCP). MLTSS continues to develop its 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 on staff roles and expectations throughout the department. The structure was established to have a designated Clinical Support Team where a coordinator is assigned to support each clinical program (CBAS, SNF, and Palliative Care), supporting MLTSS Nurses with referral intake and other administrative tasks so nurses can focus on clinical reviews and nursing functions.
- From a management structure, MLTSS moved away from non-clinical and clinical teams to Operations and Clinical teams, realigning MLTSS Coordinators and Specialists under one manager rather than split between three managers by the program. This change allowed for a more consistent and broader oversight of support staff. In addition, a designated Program Team has been aligned to support current and new programs under CalAIM and D-SNP benefit expansion. This team comprises an MLTSS Senior Manager, Program Manager III, Program Manager II, Program Analyst II, Program Analyst I, and Program Specialists. Due to new initiatives and programs owned by MLTSS, further evaluation of the organizational structure is planned.

MLTSS 2025 QUALITY OVERSIGHT GOALS

MLTSS will continue to focus on the three quality oversight goals:

- **Goal #1:** Improve MLTSS member health through stronger internal and external partnerships. –
- **Goal #2:** Enhance member and provider satisfaction.
- **Goal #3:** Establish strategies for effectiveness and efficiency.

G.1 PATIENT SAFETY

AUTHORS: JOHANNA ACEVES, RN & RHONDA REYES

REVIEWERS: ELAINE SADOCCI-SMITH, FNP, MPH, CHES & FELIX AGUILAR, MD

Patient Safety monitoring ensures protection for the welfare of those receiving care. The patient safety monitoring effort is accomplished by identifying and reporting risks 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. Additionally, to improve patient safety and healthcare outcomes within the inpatient setting, the monitoring of hospital performance trends, specifically Hospital Acquired Infections (HAI) and Nulliparous, Term, Singleton, Vertex (NTSV) C-Section Rate (NTSVCB), is conducted to ensure the uniformity and standardization of metrics across all contracted hospitals.

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, quality of care concerns are appropriately investigated, and corrective action plans are implemented to address quality findings. In collaboration with the Customer Solution Center (CSC) and Appeals and Grievances (A&G) teams, as they are primary sources of PQI referrals, 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. Medical quality of care concerns are routed to PQR for PQI investigation. Ongoing organizational-wide staff education is essential for the Patient Safety Program. The self-paced online PQI training is required annually for member- and provider-facing teams. In addition, a PQI Lunch and Learn training is also available when indicated, as well as a provider webinar training to promote how to become patient safety champions by identifying and referring to PQIs. In 2024, the PQR team continued engagement sessions with L.A. Care internal stakeholders, participating provider groups (PPGs), and Direct Network providers to review PQI trend data for quality improvement opportunities.

L.A. Care reviews hospital quality and safety indicators. It identifies network hospitals with a record of poor performance across domains of overall patient experience, maternity care, and hospital-acquired infections. The hospital-acquired infections tracked are 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). A hospital performance dashboard has also been developed to display hospital safety performance. L.A. Care annually identifies high and low-performing hospitals for overall and metric-specific criteria and has started to meet with underperforming hospitals in 2023, reviewing their dashboard results. The objective is to learn more about what hospitals are doing to improve underperforming metrics and barriers experienced, better understand the context for the hospital's performance, and determine how we can support hospitals in addressing these metrics.

Critical Incident (CI) Reporting is another patient safety-monitoring program that promotes L.A. Care's members' health, safety, and welfare. The process was retired at the beginning of the year after transitioning to a Dual Eligible Special Needs Plan (D-SNP). Still, it was quickly re-instated when the Department of Health Care Services (DHCS) announced the new Critical Incident Reporting requirement in August 2023 for both D-SNP and Medi-Cal Plans. All L.A. Care staff and impacted network providers who provide long-term care services 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, unexpected death or other catastrophic events) by members when identified. The QI department takes every opportunity to educate L.A. Care internal departments about Critical Incident Reporting. The annual self-paced online CI training is required for member - and provider-facing teams. The Quality Improvement Department is responsible for tracking and trending all CIs and reporting them to the L.A. Care Compliance Department.

L.A. Care also enhanced patient safety through the facility site review (FSR) process by monitoring patient health and safety elements. 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). The 2024 results were:

- The 2024 goal for needle stick safety precautions did not meet the goal of 80.0%. The compliance score for needle stick safety increased by 4.05 percentage points from 2023. The rate difference is not statistically significant (p-value =0.3337) compared to 2023 results.
- The provider offices reviewed did meet the 2024 goal of 85% for spore testing of autoclave/steam sterilizers. The compliance scores were the same for both 2023 and 2024 rates at 86%.

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

G.2 POTENTIAL QUALITY ISSUES AND CRITICAL INCIDENT REPORTING AND TRACKING

AUTHORS: JOHANNA ACEVES, RN, & RHONDA REYES

REVIEWERS: ELAINE SADOCCI-SMITH, FNP, MPH, CHES, & FELIX AGUILAR, MD

SECTION 1: POTENTIAL QUALITY ISSUES

2023-2024 WORK PLAN GOAL

- 90% of Potential Quality of Care Issues (PQIs) will be closed within 6 or 7 months with a one-month extension as needed.
- The PQR team will conduct an oversight review of 1% or 30 cases of member concerns that are not referred to PQI from Appeals and Grievances.

BACKGROUND/SUMMARY

L.A. Care Health Plan is committed to maintaining a high standard of patient safety and quality of care. A crucial component of this commitment is a thorough investigation of Potential Quality of Care Issues (PQIs). A PQI is defined as an individual occurrence or a series of occurrences with a potential or suspected deviation from accepted standards of care. The critical aspect of a PQI review is that it cannot be definitively affirmed without additional review and investigation. PQIs can be identified and reported through various channels, including internal and external sources. The Quality Improvement (QI) Provider Quality Review (PQR) team is responsible for investigating all PQIs. This process may include an initial review, provider responses, medical records review, medical director, peer review committee input, or external review when expertise review is indicated. Implementing actions against an entity or provider in focus is monitored to ensure effectiveness and compliance. PQI investigations for our plan partners and the specialty health plan are delegated functions. Delegates are required to conduct investigations for the members and providers assigned to them. The PQR department conducts regular oversight through annual audits, quarterly reviews, and reports.

MAJOR ACCOMPLISHMENTS

Timely Processing of PQIs

- The PQR team processed 8,262 PQIs, with 99% (8,183) being processed on time, exceeding the work plan goal of 90%. This success is attributed to close case monitoring, detailed bi-weekly reports, and regular workload assessments.

New Quality of Care Grievance Review Workflow

- The PQR team has diligently worked with Appeals and Grievances (A&G) and Customer Solution Center (CSC) Call Center, providing regular feedback to improve the PQI identification process. Through extensive collaboration, A&G has implemented a new workflow for vetting quality-of-care grievances, enhancing accuracy in PQI identification. Multiple training sessions were conducted to support the transition.

Addressing Quality Findings Effectively

- The PQR team has a clinical review process to address quality of care findings and act against providers to address the findings. The clinical reviewers employ a strict methodology when evaluating cases. Complex cases often require a medical director review, which adds to the expertise of the decision-making process. Challenging cases may be escalated to the Credentialing/Peer Review Committee (C/PRC) for a fair and thorough evaluation.
- 361 (98%) of 366 quality findings resulted in actions taken against the provider or entity involved. All actions are closely monitored to ensure timely implementation and provider

responses. Actions against providers are implemented within 10 business days of final case leveling. This swift response ensures prompt addressing of quality concerns. The tracking log monitors the timely execution of the actions taken. Providers are given 30 days to respond to action letters. This timeline balances urgency with fairness

New PQI system Kaizen: Revolutionizing PQI Tracking

- The PQR team and our IT business partners developed a cutting-edge PQI tracking system called Kaizen. User stories and system workflows were meticulously documented for the new system. The system was developed using the Sales Force platform and was designed to integrate with existing L.A. Care systems seamlessly. The platform was tailored to meet L.A. Care's specific PQI tracking needs with customizable reporting. Kaizen was launched on September 27, 2024, and will improve PQI tracking and workflow for PQI Investigations.

Strengthening the Internal Audit Process

- In April 2023, the PQR team piloted an internal audit program reviewing both clinical reviews and non-clinical activities per the PQI policies and procedures. In FY 2023-2024, the audit program established benchmarks and standardized criteria to score staff performance. This approach has allowed for structured feedback to the staff to promote best practices and identify any areas for ongoing education to align with L.A. Care's commitment to process improvement. The internal audit program has evolved into a powerful tool for monitoring PQR trends, enhancing performance management, and identifying areas for improvement. This initiative ensures our practices align with regulatory and compliance guidelines, reinforcing our commitment to quality healthcare delivery. The 2024 Department of Health Care Services (DHCS) Audit was completed with no notable PQI findings.

OVERSIGHT AND MONITORING OF PQI

The PQI review is delegated to two Plan Partners (Anthem Blue Cross and Blue Shield Promise Health Plan) and a Specialty Health Plan (Carelon). L.A. Care conducted an annual oversight review and quarterly monitoring of the delegated quality improvement activities. **Table one** highlights compliance with PQI closure timeliness and notable trends across plan partners. **Table two** highlights the total PQI open about member size and trends for the past three years.

L.A. Care Health Plan

- L.A. Care Quality Improvement Provider Quality Review (PQR) team reported 99.08% timely closure for all PQIs for Q4 2023 – Q3 2024.

Anthem Blue Cross Health Plan

- Anthem Blue Cross reported 100% timely closure for all PQIs with noted increasing PQI volume; however, their volume remains small compared to other Plan Partners.
- Annual delegation oversight audit was conducted on 06/25/2024 with a passing score, which included evaluation of policies and procedures, program documents, peer review committee structure, and random PQI case reviews.
- Post-2024 annual audit, the Compliance, Delegation Oversight, and the PQR teams engaged with Anthem Blue Cross to conduct an end-to-end grievance review for transportation-related issues to ensure appropriately addressed concerns as well as appropriate hand-off from grievance to PQI review.

Blue Shield Promise Health Plan

- Blue Shield Promise (BSP) Health Plan reported 98.2% timely closure for all PQIs. Nine PQIs closed out of the compliance timeframe noted in FY 2023-2024 due to MD staffing challenges.

They have since made an offer to a dedicated MD who will review PQIs, and the offer was accepted with an anticipated start date of September 2024. They also involved leadership huddles and a “Daily Inventory Dashboard” to assess the potential risk of not meeting compliance timelines, workflow, any deviation in MD turnaround times, and mitigation planning.

- The annual delegation oversight audit, conducted on 09/17/2024, was performed with a passing score. It included evaluating policies and procedures, program documents, peer review committee structure, and random PQI case reviews.
- L.A. Care quarterly oversight noted a decrease in the number of PQIs each quarter. BSP reported that in 2024, the Clinical Quality Review team conducted training to refine clinical staff and medical directors to ensure appropriate understanding and consistent application of the criteria used to define quality of care concerns. As a result of the additional training, report trends decreased.

Carelon

- Carelon is delegated to conduct quality of care reviews as they oversee and monitor behavioral health network providers. L.A. Care Health Plan reviewed quarterly reports of Carelon’s quality improvement interventions and activities and met quarterly in the L.A. Care Behavioral Health Quality Committee. All quality-of-care issues identified were reported to the committee above.
- Carelon's annual delegation oversight audit was conducted on 09/10/2024. No deficiencies were noted for PQI, which included evaluating policies and procedures, program documents, peer review committee structure, and random PQI case reviews.

Table 1 – PQI Closed with Timely Processing

<u>PQI Closed Trend</u>	<u>FY 2021/2022</u>	<u>FY 2022/2023</u>	<u>FY 2023/2024</u>	<u>Timely Processing FY 2023/2024</u>
L.A. Care*	4,611	7,886	8,262	99.08%
Anthem Blue Cross	156	130	214	100%
Blue Shield Promise	1,144	1,649	1,491	98.27%
Carelon (Beacon Health Strategies)	35	34	32	100%

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

Table 2 – PQI open Per Thousand Member Per Year (PTMPY)

<u>PTMPY Trend by Date PQI Opened</u>	<u>FY 2021/2022</u>	<u>FY 2022/2023</u>	<u>FY 2023/2024</u>
L.A. Care*	3.09	4.64	3.47
Anthem Blue Cross	0.31	0.25	0.6
Blue Shield Promise	3.3	4.33	1.99

RESULT & ANALYSIS

During FY 2023-2024, 8,262 PQI were reviewed. 4,820 (59.05%) met the PQI referral criteria and required additional clinical review. 3,442 (40.95%) were either duplicates or did not meet PQI referral criteria. The Provider Quality Review team works closely with the A&G department to focus on improving the accuracy of PQI referrals.

Line of Business

- MCLA members constitute the most reviewed cases that align with findings from previous years. MCLA's prominence reflects its large enrollment base and member needs. The highest per thousand member per year (PTMPY) rate is for the D-SNP line of business due to members often having complex health conditions that potentially drive higher utilization.
- MCLA demonstrates a significant proportion of Special Persons with Disabilities (SPD) members, representing 29.47% of MCLA cases, totaling 957 reviews. Special persons with disabilities (SPD) members also accounted for the majority (64.58%) of MCLA transportation PQI, displaying a more prominent need for transportation for our SPD MCLA population. Table four below displays MCLA PQI with a special person with disabilities (SPD) status.
- Table three below displays the year-over-year trend of PQI reviewed about membership size. Fiscal year 2022/2023 has the highest rate due to a large volume of cases being carried over from 2021/2022, resulting from a backlog of Grievances, which has since been mitigated.

Table 3 – PQI Closed by Line of Business











Closed PQI by LOB	FY 2021/2022			FY 2022/2023			FY 2023/2024			PTMPY Trend	Proportions Statistically Significant
	Member Month	PQI	PTMPY	Member Month	PQI	PTMPY	Member Month	PQI	PTMPY		
MCLA	15,786,756	1,943	0.12	18,029,916	3,784	0.21	17,230,863	3,247	0.19	—  	↓
LACC	1,346,184	283	0.21	1,481,196	514	0.35	1,983,932	574	0.29	—  	↓
DSNP	215,496	448	2.08	216,996	667	3.07	230,460	830	3.60	—  	↑
PASC	604,452	104	0.17	593,388	204	0.34	585,532	169	0.29	—  	↓
Total	17,952,888	2,778	0.15	20,321,496	5,169	0.25	20,030,787	4,820	0.24	—  	↓

Table 4 – MCLA PQI Closed (SPD and Non-SPD Members)

Closed PQI MCLA-SPD	FY 2022/2023		FY 2023/2024	
	PQI	Rate	PQI	Rate
Yes	1,404	37.10%	957	29.47%
No	2,380	62.90%	2,290	70.53%
Total	3,784		3,247	

Referral Source

- PQI referrals came from a growing number of departments, including the special investigations unit (SIU), Credentialing, Care Management, Behavioral Health, and more; however, most PQIs are referred from the Appeals and Grievances department.
- Annual PQI training is provided to all member-facing staff to enhance identification and reporting of PQIs.
- Table five below displays the number of referrals received from each department, and the overall rate of total PQI referred.











Table 5 – PQI Received by Referral Source

Referral Source	FY 2022/2023		FY 2023/2024	
	PQI	Rate	PQI	Rate
Grievance	4,854	93.91%	4,519	93.76%
Customer Solution Center	145	2.81%	95	1.97%
Care Management	84	1.63%	110	2.28%
Appeals	23	0.44%	22	0.46%
Special Investigation Unit	12	0.23%	14	0.29%
Utilization Management	12	0.23%	11	0.23%
Enterprise Performance Optimization	12	0.23%	3	0.06%
Social Services	11	0.21%	4	0.08%
Behavioral Health	6	0.12%	11	0.23%
Referred from PQI	4	0.08%	8	0.17%
Managed Long Term Services	2	0.04%	4	0.08%
Department of Managed Health	1	0.02%	0	0.00%
Pharmacy and Formulary	1	0.02%	2	0.04%
Credentialing/Peer Review	1	0.02%	4	0.08%
Member Relations Unit	1	0.02%	1	0.02%
Critical Incident Report	0	0.00%	4	0.08%
Health Education	0	0.00%	3	0.06%
Mortality Report	0	0.00%	5	0.10%
Total	5,169		4,820	

Severity Leveling

- Consistent with previous years, a large percentage (62.82%) of cases did not have quality care or service issues. 29.59% of cases had service-related issues causing inconvenience to the member. 7.59% of cases had quality of care concerns, a slight increase from the previous year.
- Continued strict evaluation of PQIs has contributed to the overall increase in quality-of-care concerns and fewer PQIs being categorized as a service-level concern.
- Table six below displays year-over-year trends in PQI by severity level and if proportions are statistically significant.

Table 6 – PQI Closed by Severity Level

Severity	Description	FY 2021/2022		FY 2022/2023		FY 2023/2024		Rate Trend	Proportions Statistically Significant
		PQI	Rate	PQI	Rate	PQI	Rate		
C0	No Quality of Clinical/Service Issue	1,755	63.17%	3,335	64.52%	3,028	62.82%		
C1	Substantiated Service Issue	920	33.12%	1,488	28.79%	1,426	29.59%		
C2	Borderline Quality of Care	90	3.24%	311	6.02%	326	6.76%		
C3	Moderate Quality of Care	11	0.40%	32	0.62%	36	0.75%		
C4	Serious/Significant Quality of Care	2	0.07%	3	0.06%	4	0.08%		
Total		2,778		5,169		4,820			

Primary PQI Issue

- The top issue codes remain consistent with previous years, indicating persistent challenges in healthcare delivery. Our top issue codes are PQ7-Treatment/Diagnosis, followed by PQ9-Access to Care, and PQ11-Communication/Conduct.

- PQ10 Continuity of Care-related issues has consecutively doubled over the past two years. A comprehensive analysis was conducted to determine the opportunity to improve communication between IPA/PPG and L.A. Care UM regarding the equivocal nature of the Continuity of Care (COC) process and higher-level care (HLOC) services.
- PQ16 Medication has also shown increased rates due to the issue code implemented within the past couple of years. It is being captured more frequently as we continue to review PQI with medication-related issues.
- Table seven below displays the top issue codes and trends across all lines of business for the past three years and if the change is statistically significant. The detailed breakdown of each issue code provides insight into specific problem areas. This granular view helps identify targeted improvement opportunities.

Table 7 – PQI Closed by Primary Issue Code

Issue Code	Issue Description	FY 2021/2022		FY 2022/2023		FY 2023/2024		Rate Trend	Proportions Statistically Significant
		PQI	Rate	PQI	Rate	PQI	Rate		
PQ1	DME/Supplies	61	2.20%	133	2.57%	181	3.76%	— — ■	↑
PQ2	Benefit Issue	50	1.80%	90	1.74%	77	1.60%	■ — —	
PQ3	Delay in Service	480	17.28%	603	11.67%	521	10.81%	■ — —	
PQ4	Denial of Service	63	2.27%	102	1.97%	86	1.78%	■ — —	
PQ5	Refusal of Care/RX	156	5.62%	203	3.93%	119	2.47%	■ — —	↓
PQ6	Refusal of Referral	54	1.94%	59	1.14%	32	0.66%	■ — —	↓
PQ7	Treatment/Diagnosis	785	28.26%	1,390	26.89%	1,069	22.18%	■ — —	↓
PQ8	Delay in Authorization	202	7.27%	393	7.60%	318	6.60%	■ — —	
PQ9	Access to Care	345	12.42%	731	14.14%	769	15.95%	— ■ —	↑
PQ10	Continuity of Care	88	3.17%	327	6.33%	585	12.14%	— ■ —	↑
PQ11	Communication/Conduct	369	13.28%	596	11.53%	613	12.72%	■ — ■	
PQ12	Physical Environment	31	1.12%	26	0.50%	15	0.31%	■ — —	↓
PQ13	Medical Record/Documentation	16	0.58%	28	0.54%	25	0.52%	■ — —	
PQ14	Transportation	52	1.87%	386	7.47%	226	4.69%	— ■ —	↓
PQ15	Systems Issue	26	0.94%	60	1.16%	56	1.16%	— ■ ■	
PQ16	Medication RX	0	0.00%	42	0.81%	127	2.63%	— ■ —	↑
NA	Focus PQI from SIU	0	0.00%	0	0.00%	1	0.02%	■	
Total		2,778		5,169		4,820			

Line of Business with Primary Issue Code

- A comprehensive analysis of healthcare issues across each line of business was performed. Analyzing issues across lines of business provides a comprehensive understanding of healthcare challenges specific to each population. The analysis revealed common trends and unique challenges specific to different population segments.
- While most lines of business were consistent with top issue codes, MCLA-SPD members experienced a higher incidence rate of transportation-related issues. D-SNP members experienced a higher incidence rate for DME supplies, and PASC members had a higher rate of Medication RX issues.

Table 8 - MCLA - PQI Closed with Top Six Issue Codes

MCLA PQI by Issue Code and Severity	C0 - No Quality of Care/Service Identified	C1- Service Issue	C2-C4 - Quality of Care	Total PQI	Rate
PQ7- Treatment Diagnosis	725	54	43	822	25.32%
PQ9- Access to Care	289	149	27	465	14.32%
PQ11 - Communication/Conduct	300	117	12	429	13.21%
PQ10-Continuity/Coordination of Care	237	113	26	376	11.58%
PQ3-Delay in Service	130	184	43	357	10.99%
PQ8 - Delay in Authorization	95	89	32	216	6.65%
All other Issues	308	227	47	582	17.92%
Total	2,084	933	230	3,247	
Severity Level Rates	64.18%	28.73%	7.08%		

Table 9 - MCLA/SPD - PQI Closed with Top Six Issue Codes

MCLA/SPD PQI by Issue Code and Severity	C0 - No Quality of Care/Service Identified	C1- Service Issue	C2-C4 - Quality of Care	Total PQI	Rate
PQ7- Treatment Diagnosis	192	11	14	217	22.68%
PQ14 - Transportation	40	61	23	124	12.96%
PQ10-Continuity/Coordination of Care	70	36	10	116	12.12%
PQ11 - Communication/Conduct	81	27	0	108	11.29%
PQ9- Access to Care	61	35	7	103	10.76%
PQ3-Delay in Service	30	45	8	83	8.67%
All other Issues	127	58	21	206	21.53%
Total	601	273	83	957	
Severity Level Rates	62.80%	28.53%	8.67%		

Table 10 – D-SNP- PQI Closed with Top Six Issue Codes

D-SNP PQI by Issue Code and Severity	C0 - No Quality of Care/Service Identified	C1- Service Issue	C2-C4 - Quality of Care	Total PQI	Rate
PQ7- Treatment Diagnosis	114	10	7	131	13.69%
PQ9- Access to Care	67	37	12	116	12.12%
PQ11 - Communication/Conduct	64	28	6	98	10.24%
PQ10-Continuity/Coordination of Care	61	32	4	97	10.14%
PQ3-Delay in Service	33	46	8	87	9.09%
PQ1-DME/Supplies	31	42	12	85	8.88%
All other Issues	107	85	24	216	22.57%
Total	477	280	73	830	
Severity Level Rates	57.47%	33.73%	8.80%		

Table 11 - LACC- PQI Closed with Top Six Issue Codes

LACC PQI by Issue Code and Severity	C0 - No Quality of Care/Service Identified	C1- Service Issue	C2-C4 - Quality of Care	Total PQI	Rate
PQ9- Access to Care	99	36	6	141	24.56%
PQ10-Continuity/Coordination of Care	61	22	9	92	16.03%
PQ7- Treatment Diagnosis	76	4	7	87	15.16%
PQ11 - Communication/Conduct	44	22	2	68	11.85%
PQ3-Delay in Service	16	27	13	56	9.76%
PQ8 - Delay in Authorization	9	19	10	38	6.62%
All other Issues	57	33	2	92	16.03%
Total	362	163	49	574	
Severity Level Rates	63.07%	28.40%	8.54%		

Table 12 – PASC-SIU- PQI Closed with Top Six Issue Codes

PASC PQI by Issue Code and Severity	C0 - No Quality of Care/Service Identified	C1- Service Issue	C2-C4 - Quality of Care	Total PQI	Rate
PQ9- Access to Care	28	15	4	47	27.81%
PQ7- Treatment Diagnosis	25	1	3	29	17.16%
PQ3-Delay in Service	7	12	2	21	12.43%
PQ10-Continuity/Coordination of Care	11	8	1	20	11.83%
PQ11 - Communication/Conduct	12	4	2	18	10.65%
PQ16 - Medication RX	9	3	0	12	7.10%
All other Issues	13	7	2	22	13.02%
Total	105	50	14	169	
Severity Level Rates	62.13%	29.59%	8.28%		

Actions Taken to Address Findings

- Quality improvement continues to be enhanced through close collaboration with our providers. Providers receive comprehensive feedback on quality review outcomes to promote transparency and identify areas for improvement. When necessary, actions are taken to cover various aspects of healthcare delivery, including but not limited to a corrective action plan or a summary of quality review findings. Although not every case has an action against it, all cases are tracked and trended to identify areas of concern.
- The team initiated 603 actions to address findings; 361 of those actions addressed specific quality of care issues. Table 13 below displays the number of actions taken by each PQI and severity level.

Table 13 – PQI Actions Taken by Severity Level

Severity Level	PQI	Action Taken	Rate
C0 -No Quality of Clinical/Service Issue	3,028	22	0.73%
C1 - Substantiated Service Issue	1,426	220	15.43%
C2 - Borderline Quality of Care	326	321	98.47%
C3 - Moderate Quality of Care	36	36	100.00%
C4 - Serious/Significant Quality of Care	4	4	100.00%
Total	4,820	603	

Provider Monitoring

- PQR implements a comprehensive process for tracking and analyzing PQIs. This process aims to identify outliers and concerning trends. Each PQI is assigned points based on its severity level. Points are accumulated for each provider or facility over time. A threshold of more than five points within 12 months triggers further analysis, and a detailed review is conducted to identify trends or patterns of issues. If necessary, the entity or provider may be contacted to discuss findings, or a corrective action plan may be requested. Plan Partners and Specialty Health Plans are delegated to conduct PQI reviews for the members assigned to them and their network providers and have unique methodologies for tracking and trending issues.
- One provider, J.E., was found to have an identifiable trend in delayed authorizations. One hospital was found to have continuity and coordination of care concerns. Four DME suppliers had delays in service concerns. Two skilled nursing facilities had treatment or communication concerns. One transportation vendor has multiple delays in service or access to care issues, which continue to be monitored. All entities above took action to address quality findings and will continue to be monitored.
- An examination of each PPG is performed with consideration of membership size. Graph one below displays the number of PQIs per thousand members per year (PTMPY) for each PPG. The average PTMPY rate, using severity rates of C1-C4, across all PPGs is 0.76 PQI per thousand members per year. Low-performing PPGs may be contacted to review PQI findings and improvement opportunities.
- In addition to monitoring PPGs at a per per-thousand-member-per-year rate, we also meet regularly with selected PPGs, including L.A. Care's Direct Network, or ad hoc as needed to review our PQI findings and share any trends to promote better collaboration and identify opportunities for improvement in the health care delivery to our members.

Graph 1 –Per Thousand Member Per Year (PTMPY) PQI Calculation by PPG



OPPORTUNITY FOR FY 2024-2025:

- Timely review of all PQIs will continue to be the goal for the upcoming year - Ensuring PQI investigations are conducted timely and comprehensively with all relevant medical records.
- Medical Records Compliance - Continue to focus on improving the medical record request workflow involving multiple disciplinary teams, such as the grievance department that initiated the record request upon receipt of a member grievance. To ensure record collections are received promptly, the PQR team will continue to work closely with Contracts Relationship Management (CRM), Provider Network Management (PNM), and account managers to improve the record

collection to support PQI reviews. Any failure to submit records will continue to be escalated to Delegation Oversight for non-compliance remediation efforts.

- PPG Collaboration - More collaborative discussions with PPGs to review PQI findings for quality improvement and assist with streamlining data requests and record collection.
- Phase II Kaizen - In the fall of 2024, the PQR team developed a new groundbreaking system called Kaizen. This system will enable users to integrate PQR operations and review processes in one centralized location. This new comprehensive system went live on 9/27/2024. The PQR team members began reviewing cases on 10/1/2024. Kaizen replaces the manual process for the PQR team and gives us access to integrated, timely, accurate data. Phase II of Kaizen is expected to be released in 2025.

CONCLUSION

- The Provider Quality Review team has demonstrated significant achievements in the fiscal year 2023-2024, including exceeding timely processing goals, implementing new workflows, and developing an innovative tracking system. The comprehensive analysis of PQIs across various dimensions has provided valuable insights into healthcare delivery challenges and opportunities for improvement. Moving forward, the team will focus on:
 - Maintaining high standards of timely PQI processing
 - Enhancing medical record requests and compliance processes
 - Strengthening collaboration with PPGs and other healthcare entities
 - Further developing and implementing the Kaizen system
 - Continuously monitoring and addressing quality of care issues
- With these goals in mind, the PQR team is well-positioned to continue improving healthcare quality and member satisfaction in the coming fiscal year.

2025 WORK PLAN GOAL

- Timely Closure Rate (95%) - PQR has maintained a timely closure rate above 99%. This is due to increased staffing and monitoring efforts of case volume. The PQR team's goal for 2024/2025 is for 95% of processed Potential Quality Issues (PQIs) to be closed within 6 or 7 months with an extension as needed. Although we have maintained a 99% timely closure rate, we anticipate a learning curve while transitioning the staff to conduct the PQI investigations in Kaizen. Additionally, to ensure the timely closure of all cases, the team will continue to monitor any open aging of cases and ensure that the open aging of untimely PQI cases does not exceed 5% of the total by the end of this fiscal year.
- The PQR team will continue to conduct an oversight review of 1% or 30 cases of member concerns that are not referred to PQI from Appeals and Grievances.

SECTION 2: CRITICAL INCIDENT REPORTING AND TRACKING

2024/2025 WORK PLAN GOAL

- Maintain 100% timely submission of critical incident reports to Compliance for final reporting to the California Department of Health Care Services (DHCS).

BACKGROUND/SUMMARY

Critical Incident (CI) reporting is required by the 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 collecting, tracking, and reporting Critical Incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life-threatening event, restraints or seclusion, suicide attempt, or unexpected death). The Quality Improvement Department (QI) requires notification within 48

hours when CI is reported for individual practitioners or staff. The Department of Health Care Services (DHCS) released a new report requirement, and the new Managed Care Program Annual Report (MCPAR) – Critical Incident Reporting requirement was announced in August 2023.

DHCS's Critical Incident definition aligns with the long-term care facility-mandated reporting requirement described in AFL 21-26 and the unusual occurrences reporting requirement described in California Code of Regulations Title 22 §72541. The new requirement required the Plan to report critical incidents for D-SNP and Medi-Cal programs. The QI department worked with all impacted business units and the long-term care facilities to establish the process for tracking and reporting all critical incidents, including other occurrences (e.g., epidemic outbreaks, poisoning, fires, and other catastrophes) that threaten the welfare, health, and safety of L.A. Care's members.

MAJOR ACCOMPLISHMENTS

- Continued Consultation and Education - The QI department continued to provide consultation and education about the CI reporting program and emphasized the importance of compliance with Critical Incident Tracking and Reporting.
- CI Tracking Process - The CI tracking process is closely linked with the Potential Quality of Care investigation review process. A PQI investigation is initiated when a concern is identified from Critical Incident Reporting.

RESULTS

All 2024 reporting was timely to compliance and DHCS with the new reporting requirement.

2024/2025 WORK PLAN GOAL

- Maintain 100% timely submission of critical incident reports to compliance for final reporting to DHCS.

G.3 PHARMACY INITIATIVES AND MANAGEMENT

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BACKGROUND/SUMMARY

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 (which applies to all LOBs except MCLA) helps pharmacists protect member health and safety by ensuring they receive the appropriate medications through hard and soft electronic rejects at the pharmacy's point of sale. Hard rejects require outreach to Navitus Customer Care for evaluation before the claim is adjudicated. Soft rejects require review by a pharmacist and can be overridden at the point of sale.

Table 1: Concurrent Drug Utilization Review (DUR) Edits

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

Table 2: D-SNP

CDUR Edits	# of Claims with Safety Edit			
CDUR Edits	Q3 2023	Q4 2023	Q1 2024	Q2 2024
DDI (<i>Drug-Drug Interaction</i>)	102,809	98,790	99,394	116,214
DDI (<i>Benzo + Opioid</i>)	811	770	684	444
<i>DDI Stayed Rejected (all severities)</i>	3,051	2,911	2,888	3,118
HD (<i>High Dose</i>)	1,036	949	1,057	1,044
<i>HD Stayed Rejected</i>	7	5	4	4
LD (<i>Low Dose</i>)	5,545	5,148	5,349	5,650
LR (<i>Underuse</i>)	19,052	19,119	20,822	20,794
MX (<i>Excessive Duration</i>) Other	5,869	5,643	6,578	6,520
MX (<i>Excessive Duration</i>) Opioid Naïve	488	468	598	555
<i>MX Opioid Naïve Stayed Rejected</i>	278	292	335	316
PA (<i>Patient-Age</i>) Levels 1-3	44,046	44,739	48,683	49,715
SX (<i>Drug-Sex</i>)	N/A	N/A	1	-
TD (<i>Therapeutic Buprenorphine</i>)	23	18	15	6
TD (<i>Long-acting Opioids</i>)	1	-	-	-
TD (<i>Other Therapeutic Duplication</i>)	17,101	17,031	19,145	20,713
<i>TD Stayed Rejected (all severities)</i>	10	6	4	-
DR (<i>Dose Range - APAP</i>)	11	10	8	16
CDUR Edits	# of Claims with Safety Edit			
	Q3 2023	Q4 2023	Q1 2024	Q2 2024
<i>DR Stayed Rejected</i>	3	6	3	9
HC (<i>Morphine Milligram Equivalent</i>)	6	-	3	7
HC (<i>Naloxone</i>)	643	616	660	604
<i>HC Stayed Rejected</i>	4	-	-	4
Totals	197,441	193,301	202,997	222,282

Transitioning from 2023 to 2024, 1 Concurrent Drug Utilization Review (CDUR) edit has been added. The fields have been highlighted gray with “N/A” to indicate that the number of claims for these edits was not traditionally reported. The CDUR edits for the Dual Eligible Special Needs Plan (D-SNP) remained relatively stable between 2023 and 2024. There was a significant decrease in Drug-Drug Interactions (DDI) benzo + opioid from 2023 to 2024.

Table 3: Covered CA

CDUR Edits	# of Claims with Safety Edit			
	Q3 2023	Q4 2023	Q1 2024	Q2 2024
DDI (<i>Drug-Drug Interaction</i>)	103,791	108,091	114,709	138,356
DDI (<i>Benzo + Opioid</i>)	568	580	575	333
<i>DDI Stayed Rejected (all severities)</i>	2,931	3,019	3,385	3,803
HD (<i>High Dose</i>)	2,556	3,227	3,810	3,764
<i>HD Stayed Rejected</i>	182	154	235	269
LD (<i>Low Dose</i>)	9,969	10,091	11,667	13,114
LR (<i>Underuse</i>)	37,846	39,956	41,801	43,144
MX (<i>Excessive Duration</i>) Other	14,194	14,962	18,348	20,367
PA (<i>Patient-Age</i>) Levels 1-3	17,176	18,964	23,562	26,145
PA <i>Codeine/Tramadol & Cough & Cold</i>	-	-	1	1
<i>PA Stayed Rejected (all severities)</i>	-	-	1	1
SX (<i>Drug-Sex</i>)	N/A	N/A	10	11
TD (<i>Therapeutic Buprenorphine</i>)	17	17	32	52
TD (<i>Long-acting Opioids</i>)	13	26	7	8
TD (<i>Other Therapeutic Duplication</i>)	18,983	20,073	24,567	29,680
<i>TD Stayed Rejected (all severities)</i>	8	16	12	19
DR (<i>Dose Range - APAP</i>)	25	36	29	29
CDUR Edits	# of Claims with Safety Edit			
	Q3 2023	Q4 2023	Q1 2024	Q2 2024
<i>DR Stayed Rejected</i>	17	22	12	10
HC (<i>Morphine Milligram Equivalent</i>)	9	13	9	12
HC (<i>Naloxone</i>)	867	866	853	837
<i>HC Stayed Rejected</i>	6	5	5	8
Totals	206,041	216,916	240,097	276,214

Transitioning from 2023 to 2024, 1 CDUR edit has been added. The fields have been highlighted gray with “N/A” to indicate that the number of claims for these edits was not traditionally reported. CDUR edits for L.A. Care Covered (LACC) remained relatively stable between 2023 and 2024. The total CDUR edits increase from 2023 to 2024, mainly due to increased member enrollment.

Table 4: PASC

CDUR Edits	# of Claims with Safety Edit			
	Q3 2023	Q4 2023	Q1 2024	Q2 2024
DDI (<i>Drug-Drug Interaction</i>)	63,317	61,351	61,857	68,527
DDI (<i>Benzo + Opioid</i>)	459	503	453	210
<i>DDI Stayed Rejected (all severities)</i>	1,510	1,531	1,453	1,534
HD (<i>High Dose</i>)	1,239	1,243	1,319	1,240
<i>HD Stayed Rejected</i>	40	76	72	72
LD (<i>Low Dose</i>)	5,416	5,028	5,128	5,448
LR (<i>Underuse</i>)	22,932	22,814	23,400	22,396
MX (<i>Excessive Duration</i>) Other	7,372	7,022	7,361	7,536
PA (<i>Patient-Age</i>) Levels 1-3	18,688	18,659	18,888	19,524
SX (<i>Drug-Sex</i>)	N/A	N/A	18	7
TD (<i>Therapeutic Buprenorphine</i>)	35	34	33	41
TD (<i>Long-acting Opioids</i>)	-	3	12	1
TD (<i>Other Therapeutic Duplication</i>)	9,530	9,667	11,547	12,286
<i>TD Stayed Rejected (all severities)</i>	16	14	19	15
DR (<i>Dose Range - APAP</i>)	7	4	13	7
CDUR Edits	# of Claims with Safety Edit			
	Q3 2023	Q4 2023	Q1 2024	Q2 2024
<i>DR Stayed Rejected</i>	5	3	4	3
HC (<i>Morphine Milligram Equivalent</i>)	4	8	14	12
HC (<i>Naloxone</i>)	507	554	564	535
<i>HC Stayed Rejected</i>	4	4	9	2
Totals	129,519	126,902	130,668	137,935

Transitioning from 2023 to 2024, 1 CDUR edit has been added. The fields have been highlighted gray with “N/A” to indicate that the number of claims for these edits was not traditionally reported. Similar to LACC and D-SNP, CDUR edits for PASC remained relatively stable between 2023 and 2024. There was a significant decrease in Drug-Drug Interactions (DDI) benzo + opioid from 2023 to 2024.

RETROSPECTIVE DUR --INFO FROM NAVITUS

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

Table 5: Retrospective DUR (RDUR) Safety Measures

Product Name	Prescriber Message	Value for Member Identification /Inclusion
<i>Morphine Milligram Equivalent (MME)</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. The Centers for Disease Control and Prevention (CDC) suggests that opioid doses greater than 50 MME per day are associated with an increased risk of opioid overdose and that doses around 90 MME per day are associated with an increased risk of death. Opioid products containing buprenorphine are excluded from the average daily MME calculations but are included when determining prescriber and pharmacy counts. The CDC recommends that healthcare providers consider offering naloxone to all patients at risk for overdose. Some risk factors make patients particularly vulnerable to prescription opioid overdose, including taking high daily dosages of prescription opioid pain relievers, using potentiator medications, such as benzodiazepines, concurrently with opioids, and having a history of substance use disorder.* Patients prescribed potentiator medications will have them listed in their patient profiles as additional information. Potentiator medications are not factored into the MME calculation. A tally of naloxone fills, if any, is also listed on the patient's profile.	Member's average daily MME is ≥ 90 during the timeframe AND has opioid fills from at least 2 prescribers and 2 pharmacies , excluding members with cancer (diagnosis, claim, prescriber) or in Hospice or a long-term care facility.
<i>Multi-Prescriber</i>	The Multi-Prescriber program identifies patients who have utilized multiple prescribers to obtain prescription medications within a specific timeframe. Patients who seek prescriptions from multiple prescribers are at a higher risk for duplicate therapy and/or drug-to-drug interactions.	Member had fills from 7 or more unique prescribers per month in 2 of 4 months, excluding members with cancer (diagnosis, claim, prescriber) or in Hospice or a long-term care facility.
<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 within a specific timeframe.	Member had a total combination of 9 or more controlled substance (CII – CV) fills + Unique Prescribers + Unique Pharmacies in 2 of 4 months, excluding members with cancer (diagnosis, claim, prescriber) or in Hospice or a long-term care facility.
<i>Duplicate Therapy</i>	The Duplicate Therapy program consistently identifies patients using multiple drugs in the same therapeutic class within a specific timeframe. Duplicate therapy has the potential for additive toxicity and adverse effects and may cause therapeutic redundancy without increased benefit to	Member had overlapping fills for 2 or more different medications in the same drug class/category for at least 75% of the intervention period , excluding members with cancer

Product Name	Prescriber Message	Value for Member Identification /Inclusion
	the patient. Additionally, simplifying the patient's drug regimen to one drug may save the patient money and lead to greater adherence.	(diagnosis, claim, prescriber) or in Hospice or a long-term care facility.
<i>Multi-Prescription</i>	The Multi-Prescription program identifies patients with a high number of medications who have demonstrated a consistent pattern of utilization during a specified timeframe. Research has shown that polypharmacy, which literature typically defines as the regular use of at least five medications, increases the risk of adverse drug events and adverse medical outcomes.	Member had 13 or more fills per month in the previous 3 of 4 months, excluding members with cancer (diagnosis, claim, prescriber) or in Hospice or a long-term care facility.
<i>Expanded Fraud, Waste & Abuse</i>	The Expanded Fraud, Waste, and Abuse program identifies patients whose recent claims include medications with the potential for overuse or abuse. Continued abuse of these drugs over time could result in unfavorable health outcomes.	Member had a total combination of 7 or more fills with abuse potential + Prescribers + Pharmacies per month for 2 out of 4 months, excluding members with cancer (diagnosis, claim, prescriber) or in Hospice or a long-term care facility.
<i>Triple Threat (Part of Enhanced Duplicate Therapy)</i>	The Triple Threat program uses retrospective claims data to identify patients who have concurrent use of opioids, benzodiazepines/hypnotics, and skeletal muscle relaxants within a specific timeframe. This combination of drugs can be subject to abuse as it produces euphoric sensations similar to heroin. Using these medications together has led to many reported overdoses and emergency room visits in the past decade.	Member had overlapping fills for each of the following drug classes: opioids, muscle relaxants, and benzodiazepines/sleep aids for at least 50% of the intervention period , excluding members with cancer (diagnosis, claim, prescriber), or in Hospice or a long-term care facility.

Table 6: Medi-Cal

Safety Intervention Name	November 2023 Look-Back Period: 7/1/2023 – 10/31/2023		March 2024 Look-Back Period: 11/1/2023 – 2/28/2024		July 2024 Look-Back Period: 3/1/2024 – 6/30/2024	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	5	50%	12	36.36%	14	34
Duplicate Therapy	324	71.62%	334	72.92%	386	484
Controlled Substance Monitoring	48	54.55%	49	54.35%	48	226
Triple Threat	190	42.20%	159	32.48%	181	262
Multi-Prescriber	432	49.40%	421	31.31%	393	3,307
Multi-Prescription	2,162	31.41%	2,032	22.97%	2,181	4,921
Expanded Fraud, Waste & Abuse	93	75.29%	91	68.54%	80	260
Totals	3,254	40.13%	3,098	31.87%	3,283	9,494

Retrospective Drug Utilization Review (RDUR) safety interventions remain steady between 2023 and 2024.

Table 7: D-SNP

Safety Intervention Name	November 2023 Look-Back Period: 7/1/2023 – 10/31/2023		March 2024 Look-Back Period: 11/1/2023 – 2/28/2024		July 2024 Look-Back Period: 3/1/2024 – 6/30/2024	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Milligram Equivalent	0	N/A	0	N/A	0	0
Duplicate Therapy	23	77.27%	22	90%	17	28
Controlled Substance Monitoring	2	100%	3	100%	3	13
Triple Threat	14	50%	11	30%	13	31
Multi-Prescriber	27	51.85%	27	24%	20	215
Multi-Prescription	105	32.69%	94	26.09%	80	347
Expanded Fraud, Waste & Abuse	4	100%	6	50%	4	13
Totals	175	44.77%	163	36.54%	137	647

The number of RDUR interventions appears to be stable from 2023 into 2024. A trend is difficult to discern for D-SNP due to its smaller membership compared to other L.A. Care lines of business and the resulting low volume of RDUR safety interventions. Overall, we see a continuous decrease in RDUR interventions from November 2023 to July 2024.

Table 8: Covered CA

Safety Intervention Name	November 2023 Look-Back Period: 7/1/2023 – 10/31/2023		March 2024 Look-Back Period: 11/1/2023 – 2/28/2024		July 2024 Look-Back Period: 3/1/2024 – 6/30/2024	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Milligram Equivalent	1	0%	3	50%	1	2
Duplicate Therapy	17	80%	22	90.48%	25	35
Controlled Substance Monitoring	4	100%	2	100%	0	0
Triple Threat	4	33.33%	9	40%	5	9
Multi-Prescriber	7	33.33%	8	37.50%	10	106
Multi-Prescription	11	50%	13	23.08%	15	76
Expanded Fraud, Waste & Abuse	1	100%	4	50%	2	7
Totals	45	60.53%	61	58.18%	59	240

RDUR interventions remained stable and relatively unchanged in Covered CA between 2023 and 2024.

Table 9: PASC

Safety Intervention Name	November 2023 Look-Back Period: 7/1/2023 – 10/31/2023		March 2024 Look-Back Period: 11/1/2023 – 2/28/2024		July 2024 Look-Back Period: 3/1/2024 – 6/30/2024	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Milligram Equivalent	1	0%	3	50%	4	9
Duplicate Therapy	10	90%	21	90%	12	17
Controlled Substance Monitoring	1	100%	1	100%	0	0
Triple Threat	10	44.44%	7	28.57%	9	15
Multi-Prescriber	2	50%	3	33.33%	4	54
Multi-Prescription	23	54.55%	19	27.78%	13	53
Expanded Fraud, Waste & Abuse	0	N/A	2	50%	1	4
Totals	47	60%	56	54.72%	43	152

RDUR interventions remained stable and relatively unchanged in PASC between 2023 and 2024.

PRIOR AUTHORIZATIONS/COVERAGE DETERMINATIONS

Navitus is delegated for the prior authorization/coverage determination process for all LOBs. L.A. Care's Pharmacy and Formulary department monitors Navitus' 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.

Table 10: Pharmacy Appeal Cases

	# of Pharmacy Appeal Cases			
	Q3 2023	Q4 2023	Q1 2024	Q2 2024
CMC/D-SNP	73	82	97	107
LACC	79	97	94	120
PASC	22	27	30	36
Totals	174	206	221	263

D-SNP, LACC, and PASC all saw an increase in the total number of appeals from quarter to quarter. GLP-1 Agonist requests contributed to the increase in pharmacy appeals.

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 tracks inappropriate use of controlled medications. One way L.A. Care monitors its members is by using 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 LACC and PASC, and OHP targets D-SNP. Both programs track opioid utilization and monitor for any member who may be abusing opioids by “doctor/pharmacy shopping.” Members enrolled in this program are locked into a designated pharmacy (known as Pharmacy Home) and/or designated provider(s) (known as Provider Home) for 12 months. Members may be eligible for re-lock-in if their behavior does not improve.

As of January 1, 2022, the Medi-Cal Rx transition is in effect, and DHCS has decided not to implement a lock-in program as part of the Medi-Cal Rx full Assumption of Operations (AOO). MCLA members who were enrolled in PHP were disenrolled, but L.A. Care continues our drug management programs for all other LOBs. L.A. Care is still responsible for ongoing participation in post-claim adjudication Drug Utilization Review (DUR) activities such as Retrospective DUR (RDUR) for the Medi-Cal population.

- **Inclusion Criteria** – Members will be considered for enrollment if they have met the following criteria during the most recent 6-month period:
 - 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
 - History of opioid-related overdose (OHP only)

As of January 1, 2022, Sickle Cell Disease was added as exclusion criteria for OHP and PHP.

For CY 2023 to CY 2024 (Oct. 2023 to Sept. 2024), 6 cases were referred/identified for potential enrollment in the Pharmacy Home Program. As of this year, there were no lock-in cases, and all cases have been closed.

The Opioid Home Program for CMC, now D-SNP, went into effect on January 1, 2019. The Policy and Procedure for this intervention have been completed per the CMS Final Rule. Per the final rule, OHP members participating in the drug management program will be eligible for MTM. In addition, a history of opioid overdose from the past 12 months and non-MAT opioid use in the past 6 months is now an inclusion for OHP. For CY 2023 to CY 2024 (October 2023 to September 2024), 9 cases were reviewed, no members were locked into a pharmacy or provider, and currently one D-SNP member is being tracked. Members are identified through internal pharmacy reports, Navitus, HPMS communications, and the MARx platform.

G.4 IMPROVING TRANSITIONS OF CARE AND HOSPITAL SAFETY

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IMPROVING TRANSITION OF CARE: INPATIENT/EMERGENCY DEPARTMENT AND OUTPATIENT COORDINATION

BACKGROUND/SUMMARY

Transitions from the inpatient setting to home often result in poor care coordination, including communication lapses between inpatient and outpatient providers, medication changes, incomplete diagnostic work-ups, and inadequate understanding of diagnoses and follow-up needs.²¹ Poor hospital transitions are associated with poor health outcomes and increased healthcare utilization and cost.²² One study estimated that inadequate care coordination and poor care transitions resulted in \$25 billion–\$45 billion in unnecessary spending in 2011.²³ Research indicates that components of transitional care play a crucial role in decreasing hospitalizations and associated costs.²⁴

For reasons cited above, L.A. Care has prioritized the implementation of effective coordination of care and monitoring of transition of care metrics that include:

- Transitions of Care (all submeasures)
- Follow-Up After Emergency Department Visits for People with Multiple High-Risk Chronic Conditions
- Emergency Department Utilization
- Plan All-Cause Readmissions
- Hospital Acquired Infections
- NTSV C-Section reduction

MAJOR ACCOMPLISHMENTS

In 2023, L.A. Care successfully transitioned from Cal MediConnect (CMC) to a Dual Eligible Special Needs Plan (D-SNP). The STARS team, through the Workgroups and Project Team established to monitor performance, oversees the measures tracked in the Inpatient Workgroup (FMC, TRC, EDU, and PCR).

RESULTS

The following quantitative and qualitative analyses overview HEDIS measures for Measurement Year (MY) 2023/Reporting Year (RY) 2024.

²¹ 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.

²² 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.

²³ Health Affairs. 2012. *Health Policy Brief: Care Transitions*. September 13, 2012.

http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_76.pdf (Accessed July 12, 2016)

²⁴ 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).

Table 1 - HEDIS Results

HEDIS Measure	LOB	HEDIS MY 2021 Rate	HEDIS MY 2022 Rate	HEDIS MY 2023 Rate	+/- YOY MY23-MY22	QIHE Work Plan Goal	+/- From Goal	Goal Met?	QC/QRS 50 th Percentile	*Stat Sig (YES/NO)
Emergency Department Utilization (EDU) (Note: Lower Rates indicate better performance) M/F 65+ years	D-SNP	0.9537	1.1024	1.2026	-0.1002-	<1	-0.2023	NOT MET	0.968	YES
Follow-up After Emergency Department Visits for People with Multiple High-Risk Chronic Conditions (FMC) (7-day total rate)	D-SNP	52.41%	48.58%	48.68%	+0.1	54%	-5.32	NOT MET	55.08	NO
<u>PLAN ALL-CAUSE READMISSIONS (PCR) (NOTE LOWER RATES INDICATES BETTER PERFORMANCE)</u>	Medi-Cal	0.9657	0.9747	1.1783	-0.2036	<0.9%	-0.2783	NOT MET	0.9853	N/A
	LACC	0.4419	0.4796	0.5597	-0.0801	<0.4%	-0.1597	NOT MET	0.613	N/A
	D-SNP	1.1134	1.1821	1.5305	-0.3484	<0.9%	-0.6305	NOT MET	1.037	N/A
Transitions of Care (TRC) - Receipt of Discharge information	D-SNP	3.89%	6.81%	3.16%	-3.65	10%	-6.84	NOT MET	15.82	YES
Transitions of Care (TRC) - Patient engagement after inpatient discharge	D-SNP	81.27%	69.34%	78.41%**	+9.07	78%	+0.41	MET	83.7	YES
Transitions of Care (TRC) - Notification of Inpatient Admission	D-SNP	5.11%	10.71%	3.89%	-6.82	13%	-9.11	NOT MET	21.9	YES
Transitions of Care (TRC) - Medication reconciliation post-discharge	D-SNP	39.42%	42.34%	32.12%	-10.22	51%	-18.88	NOT MET	65.69	YES

*Stat Sig – Statistical Significance **Administrative Rate used instead of Hybrid Rate

- Medicaid (Medi-Cal) & Medicare (D-SNP): Quality Compass 50th percentile (National HMO average MY2022/RY2023)/ L.A. Care Covered (LACC): Quality Rating System (QRS) 50th percentile (MY2022/RY2023).

Quantitative Analysis

- **Emergency Department Utilization (EDU)**
 - **D-SNP:** The Observed/Expected ratio has steadily increased over 3 years and is performing above 1, indicating that L.A. Care members are being re-admitted more often than expected. The MY 2023 D-SNP rate (1.2026) did not reach the QIHE work plan goal of <1.

- **Follow-up After Emergency Department Visits for People with Multiple High-Risk Chronic Conditions (FMC) (7-day total rate)**
 - D-SNP: The MY 2023 HEDIS rate (48.68%) increased from the previous years by 0.1%. This difference was not statistically significant. The rate remains roughly 4% lower than the MY 2021 rate, showing an overall three-year decline in the rate at which members with multiple chronic conditions follow up with their primary care physicians after an ED visit.
- **Plan All-Cause Readmissions (PCR)**
 - D-SNP: The Observed/Expected ratio has steadily increased over 3 years and is performing well above 1, indicating that L.A. Care members are being readmitted more often than expected. The MY 2023 D-SNP rate (1.5305) did not reach the QIHE work plan goal of <0.9.
 - Medi-Cal: The Observed/Expected Ratio has been increasing over the past 3 years and is no longer below 1, indicating that L.A. Care members in this line of business are also being readmitted more often than expected. The MY 2023 Medi-Cal rate (1.1783) did not reach the QIHE work plan goal of <0.9.
 - LACC: Though far below the ratio of 1, the Observed/Expected Ratio has been increasing over the past 3 measurement years, with the MY 2023 LACC rate (0.5597) not reaching the QIHE work plan goal of <0.4.
- **Transitions of Care (TRC) (D-SNP)**
 - For the Receipt of Discharge Information submeasure, the MY2023 HEDIS rate (3.16%) was significantly lower than the previous MY 2022 rate (6.81%). This decrease comes right after an initial ~3% increase from MY 2021 (3.89%). This also failed to meet the MY 2023 QIHE work plan goal of 10%. The hybrid rate was used for this submeasure, as this is a hybrid measure.
 - For the Patient Engagement After Inpatient Discharge submeasure, the MY 2023 HEDIS rate (78.41%) represents a statistically significant increase from the previous MY 2022 rate (69.34%). This increase comes right after a sharp ~12% decrease from MY 2021 (81.27%). This successfully met the MY 2023 QIHE work plan goal of 78%. The administrative rate was used for this measure, as this is an administrative measure.
 - For the Notification of Inpatient Admission submeasure, the MY 2023 HEDIS rate (3.89%) represents a statistically significant decrease from the previous MY 2022 rate (10.71%). This decrease comes right after a sharp ~5% increase from MY 2021 (5.11%). This submeasure did not meet the MY 2023 QIHE work plan goal of 13%. The hybrid rate was used for this measure, as this is a hybrid submeasure.
 - For the Medication Reconciliation Post Discharge submeasure, the MY 2023 HEDIS rate (32.12%) represents a statistically significant decrease from the previous MY 2022 rate (42.34%). This sharp decrease comes right after a slight ~3% increase from MY 2021 (39.42%). This submeasure did not meet the MY 2023 QIHE work plan goal of 51%. The hybrid rate was used for this measure because it was higher than the submeasure's administrative rate.

Table 2 - Opportunity for Improvement (*Goals not met in MY 2023*)

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Follow-up After Emergency Department (ED) Visits for People with Multiple High-Risk Chronic Conditions (FMC) (7-day total rate)	<ul style="list-style-type: none"> Members not aware of the importance of timely follow-up (f/u) with their primary care physicians Doctors are not notified on time when their patients are admitted/discharged Access to timely appointments is difficult 	<ul style="list-style-type: none"> Informing members of the importance of f/u Incentive for providers to actively engage patients after ED visits or other transitions of care 	<ul style="list-style-type: none"> Planning for member-facing text campaign for patient f/u after ED or inpatient discharge (Jan 2025) 	<ul style="list-style-type: none"> NA for MY 2023
Transitions of Care (TRC) -Receipt of Discharge Information -Notification of Inpatient Admission -Medication Reconciliation	<ul style="list-style-type: none"> Underutilized HIE program by providers. Doctors are not notified on time when their patients are admitted/discharged from the hospital Members f/u and engagement with their providers is low Clinicians are reporting data capture issues Medications are listed in medical history, but there are no mentions of hospitalizations 	<ul style="list-style-type: none"> Data reconciliation to see where in the tracking process the non-compliance is occurring Reviewing current provider workflows in our network and ensuring all steps of care transition are included in all appointments Penalties for providers who do not complete reconciliations Member-facing materials asking members for increased f/u and engagement with their doctors 	Planning for member-facing text campaign for patient f/u after ED or inpatient discharge (Jan 2025)	<ul style="list-style-type: none"> NA for MY 2023

HEDIS Measure	Root Cause Barrier Identified	Opportunity for Improvement	Actions (Include: Member Family Engagement Activities & Date Started)	Effectiveness of Intervention/ Outcome
Emergency Department Utilization (EDU)	<ul style="list-style-type: none"> Members do not know when to use the ED versus when to contact their primary care provider People using EDU when they can't see PCP are unaware of After-hours care options that are available at no cost Access to timely primary care appointments is limited 	<ul style="list-style-type: none"> Increased triage practices for people who come to the ED with non-emergency complaints Member-facing marketing, letting them know when and when not to go to the ED Increased advocacy for regular engagement between members and their primary care physicians 	<ul style="list-style-type: none"> Member-facing Afterhours Care options flyers distributed (May 2024) Member-facing Robocalls deployed among targeted zip codes where utilization was high (April 2023 & April 2024) Member-facing Social Media Campaign (March 2023) 	<ul style="list-style-type: none"> Impact assessment from Advanced Analytics Lab showed no significant correlation between receiving the EDU Robocall and reduced utilization of the ED in the intervention's selected zip codes Social media post analytics: 13,208 reach 41,734 impressions, 1,787 likes, 9 comments, 258 link clicks 2,067 total engagements
Plan All-Cause Readmissions (PCR)	<ul style="list-style-type: none"> Member f/u and engagement with their providers is low Doctors are not notified (on time) when their patients are admitted/discharged from the ED/hospital 	<ul style="list-style-type: none"> Better reporting at the member level showing initial and secondary acute diagnoses Targeted follow-up advocacy programs for the most common re-admission diagnoses 	<ul style="list-style-type: none"> Planning for member-facing text campaign for patient f/u after ED or inpatient discharge (Jan 2025) 	<ul style="list-style-type: none"> NA for MY 2023

Qualitative Discussion

FMC, three TRC submeasures, EDU, and PCR did not meet their goals. Only one of the four TRC submeasures met its goal for the year.

These goals are unmet mainly due to low follow-up and engagement between members and providers. Other attributable factors include barriers to access for members and an underutilized Health Information Exchange program by providers. The lack of timely information affects many of these measures. For example, Plan All-Cause Readmissions (PCR) is almost directly affected by Transitions of Care (TRC). If providers do not engage their patients after inpatient discharge, if they are not notified of their hospital admissions, and if they do not perform medication reconciliation with their patients, the potential for acute readmissions increases significantly. TRC – Medication Reconciliation had the largest decrease from last year (-10.22%). Data capture issues seem to play a large part in the poor performance of this submeasure, as clinicians claim they routinely perform medication reconciliation for all their patients and that this decrease should not be the case.

TRC - Patient Engagement After Inpatient Discharge was the only submeasure to meet its goal for the year. Of all the measures, this submeasure also had the highest increase from last year's performance (+9.07%). This may be attributable to increased HIE utilization and provider notification. The ongoing HIE Incentive Program encourages providers to enroll in and actively use the HIEs available to them to see near real-time data on Admissions, Discharges, and Transfers (ADT). Timely HIE utilization and participation across the network are still generally low. However, it has increased slightly from last year, which may explain the increase we observed this year.

Emergency Department Utilization (EDU) and Plan All Cause Readmission (PCR) are Risk Adjusted Utilization measures, where a score of one indicate performance is equal to the national average, results less than one are good, and results above one indicates poor performance. Both EDU and PCR performed under their intended goals for the year and experienced increases in rates compared to last year. For EDU, there were three individual interventions aimed at decreasing ER utilization: a Social Media campaign (March 2023), Robocalls (May 2023 and April 2024), and a physical member mailer (May 2024). They were all centered around letting patients know what their non-ER care options were to decrease ER usage and divert them to other resources, like the Nurse Advice Line or Urgent Care. Impact assessments were performed on the robocall campaign specifically, and findings showed no significant correlation between receiving the robocall and decreased usage of the ER in the zip codes where the campaign was deployed. NCQA releases reference data (i.e., the Hierarchical Condition Categories and Risk Weights applied to the measures), which are subject to change yearly. Expected re-admission and utilization rates are based on historically collected diagnoses for members. This speaks to the need to ensure accurate and complete data collection and ingestion into the NCQA-certified HEDIS engine. L.A. Care has found that the Technical Specifications do not speak to the changes to these reference data, which can affect the results.

Hospital Safety

L.A. Care reviews hospital quality and safety indicators. It identifies network hospitals with 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 several hospital patient safety and quality indicators from Cal Hospital Compare supplemented with data and reports for measurement year 2023 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 quality and safety benchmarks. These published reports indicate that L.A. Care has identified high and low-performing hospitals for overall and metric-specific criteria. The highlighted hospitals in yellow are included in the list of hospitals identified by the Multi-Plan Hospital Collaborative (described below).

L.A. Care has identified **five** 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)

The following five hospitals had SIRs (Standard Infection Ratios) greater than 1. A high SIR means observed infections are higher than predicted infections. Due to their high SIRs, these hospitals are on our poor performance watch list.

(i) HAI Watch list

LAC/HARBOR-UCLA MED CENTER
MISSION COMMUNITY HOSPITAL
PACIFICA HOSPITAL OF THE VALLEY
LAC/RANCHO LOS AMIGOS NATIONAL REHABILITATION CTR
MONTEREY PARK HOSPITAL

Due to technical challenges with the readmission data, no hospitals have been identified as having high utilization or high 30-day readmission rates at this time. The resolution of these data issues is currently under review and will be addressed as soon as possible.

(ii) 30 Readmission Watchlist

*Performance data unavailable

The following thirty-two hospitals had NTSV C-Section rates above the desired 23.6%:

(iii) NTSV C-Section Watchlist

ADVENTIST HEALTH GLENDALE
ADVENTIST HEALTH WHITE MEMORIAL
ANTELOPE VALLEY MEDICAL CENTER
CEDARS-SINAI MEDICAL CENTER
DIGNITY HEALTH - CALIFORNIA HOSPITAL MEDICAL
DIGNITY HEALTH - NORTHRIDGE HOSPITAL MEDICAL
DIGNITY HEALTH - ST. MARY MEDICAL CENTER
DIGNITY HEALTH GLENDALE MEMORIAL HOSPITAL
EAST LOS ANGELES DOCTORS HOSPITAL
EMANATE HEALTH QUEEN OF THE VALLEY HOSPITAL
HARBOR - UCLA MEDICAL CENTER
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER
HUNTINGTON HOSPITAL

KAISER PERMANENTE LOS ANGELES MEDICAL CENTER
KAISER PERMANENTE PANORAMA CITY MEDICAL CENTER
KAISER PERMANENTE SOUTH BAY MEDICAL CENTER
KAISER PERMANENTE WEST LOS ANGELES MEDICAL CE
KAISER PERMANENTE WOODLAND HILLS MEDICAL CENT
LA GENERAL
MEMORIALCARE LONG BEACH MEDICAL CENTER
MEMORIALCARE MILLER CHILDREN'S AND WOMEN'S HO
PIH GOOD SAMARITAN HOSPITAL-LOS ANGELES
PROVIDENCE CEDARS-SINAI TARZANA MEDICAL CENTE
PROVIDENCE HOLY CROSS MEDICAL CENTER
PROVIDENCE SAINT JOSEPH MEDICAL CENTER
RONALD REAGAN UCLA MEDICAL CENTER
ST. FRANCIS MEDICAL CENTER
TORRANCE MEMORIAL MEDICAL CENTER
USC ARCADIA HOSPITAL (FORMERLY METHODIST HOSP
USC VERDUGO HILLS HOSPITAL
VALLEY PRESBYTERIAN HOSPITAL
WHITTIER HOSPITAL MEDICAL CENTER

Overall hospital safety and quality ratings were reviewed, aggregating scores from Hospital-CAHPS, NTSV C-Section rate, and Hospital Acquired Infections, and twenty-seven hospitals had an overall rating that was below average:

(iv) Overall “Below Average” Safety and Quality Watch list

ANTELOPE VALLEY HOSPITAL
GLENDALÉ MEM HOSPITAL & HLTH CENTER
NORTHRIDGE HOSPITAL MEDICAL CENTER
USC VERDUGO HILLS HOSPITAL
VALLEY PRESBYTERIAN HOSPITAL
SAN GABRIEL VALLEY MEDICAL CENTER
KAISER FOUNDATION HOSPITAL - LOS ANGELES
GLENDALÉ ADVENTIST MEDICAL CENTER
RONALD REAGAN UCLA MEDICAL CENTER
ALHAMBRA HOSPITAL MEDICAL CENTER
BEVERLY HOSPITAL
LAC/HARBOR-UCLA MED CENTER

PACIFICA HOSPITAL OF THE VALLEY
KAISER FOUNDATION HOSPITAL - SOUTH BAY
HUNTINGTON MEMORIAL HOSPITAL
MEMORIAL HOSPITAL OF GARDENA
KAISER FOUNDATION HOSPITAL - WEST LA
CEDARS-SINAI MEDICAL CENTER
EAST LOS ANGELES DOCTORS HOSPITAL
LOS ANGELES COMMUNITY HOSPITAL
KAISER FOUNDATION HOSPITAL - WOODLAND HILLS
MISSION COMMUNITY HOSPITAL
LAC/RANCHO LOS AMIGOS NATIONAL REHABILITATION CTR
WHITTIER HOSPITAL MEDICAL CENTER
MONTEREY PARK HOSPITAL
COLLEGE MEDICAL CENTER
MEMORIALCARE MILLER CHILDREN'S & WOMEN'S HOSPITAL

The following twenty-two hospitals had an overall rating of “Above Average.”

LAC/OLIVE VIEW-UCLA MEDICAL CENTER
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER
WHITE MEMORIAL MEDICAL CENTER
SAINT FRANCIS MEDICAL CENTER
SANTA MONICA - UCLA MED CTR & ORTHOPAEDIC HOSPITAL
KAISER FOUNDATION HOSPITAL - PANORAMA CITY
CALIFORNIA HOSPITAL MEDICAL CENTER LA
PIH HEALTH HOSPITAL-WHITTIER
ST. MARY MEDICAL CENTER
POMONA VALLEY HOSPITAL MEDICAL CENTER
PROVIDENCE SAINT JOSEPH MEDICAL CTR
METHODIST HOSPITAL OF SOUTHERN CA
PROVIDENCE HOLY CROSS MEDICAL CENTER
PROVIDENCE SAINT JOHN'S HEALTH CENTER
TORRANCE MEMORIAL MEDICAL CENTER
LAC+USC MEDICAL CENTER
EMANATE HEALTH INTER-COMMUNITY HOSPITAL
GOOD SAMARITAN HOSPITAL
LONG BEACH MEMORIAL MEDICAL CENTER
HENRY MAYO NEWHALL HOSPITAL
GARFIELD MEDICAL CENTER
PROVIDENCE-CEDARS SINAI TARZANA MEDICAL CENTER

The following sixteen hospitals had an overall “Good” rating.

SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD
KAISER FOUNDATION HOSPITAL - DOWNEY
PALMDALE REGIONAL MEDICAL CENTER
PROVIDENCE LITTLE COMPANY OF MARY MED CTR TORRANCE
PIH HOSPITAL - DOWNEY
WEST HILLS HOSPITAL & MEDICAL CENTER
LAKEWOOD REGIONAL MEDICAL CENTER
SAN DIMAS COMMUNITY HOSPITAL
EMANATE HEALTH FOOTHILL PRESBYTERIAN HOSPITAL
KECK HOSPITAL OF USC
KAISER FOUNDATION HOSPITAL - BALDWIN PARK
GREATER EL MONTE COMMUNITY HOSPITAL
CENTINELA HOSPITAL MEDICAL CENTER
CEDAR-SINAI MARINA DEL REY HOSPITAL
SHERMAN OAKS HOSPITAL
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL

INTERVENTIONS

L.A. County Multi-Plan Collaborative

L.A. Care participates in a multi-plan hospital collaborative with Health Net, Molina, California Hospital Compare, and Covered California. The intention is to engage with poor-performing hospitals within Los Angeles County about the importance of raising their performance on our plans’ standard key quality metrics as follows:

- Standardized Infection Rates for HAIs:
 - CAUTI
 - CLABSI
 - C.diff
 - MRSA
 - SSI-Colon
- Sepsis management (SEP-1)
- NTSV C-section rate
- Hospital-wide 30-day Readmission rate
- Leapfrog Safety Grade

Through dialogue and data review, we encourage the hospitals to share their current processes and internal findings, suggestions, and recommendations to improve performance. This multi-plan collaborative launched in 2021. The poor-performing hospitals receive an email with their hospital infection rates and a request to report their current internal rates and quality improvement activities they have in place to address underperforming metrics. In 2023, three hospitals (indicated by asterisks below) responded and attended meetings with the collaborative to discuss their internal findings, improvement methodologies, and any barriers experienced to support them in improving their rates. The collaborative identified the following list of hospitals as hospitals contracted with multiple health plans that have been underperforming year over

year across the quality and safety measures described above. The italicized Hospitals listed below were not initially included in the pilot but were added in 2023.

(v) Poor Performing Hospitals

- Adventist Health White Memorial Montebello (formally known as Beverly Hospital)
- PIH Good Samaritan Hospital– Los Angeles*
- Hollywood Presbyterian Medical Center*
- Los Angeles Community Hospital*
- Monterey Park Hospital
- Harbor – UCLA
- Valley Presbyterian:
- Antelope Valley
- Glendale Memorial

(vi) Hospital Performance Overview Dashboard

L.A. Care has developed a Hospital Performance Overview Dashboard. In this Dashboard, hospitals are ranked and rated based on the performance of their hospital compared to all other LA County Hospitals. The following six measures are included to assess the hospital's performance so that the team can closely monitor each hospital.

- Hospital Acquired Infections
- Patient Experience Measures
- C-Section
- Overall Rating
- Patient Safety
- Readmission

Hospital Quality Improvement Joint Operation Meetings

In 2023, the Clinical Initiatives team initiated Joint Operation Meetings (JOMs) with underperforming contracted hospitals as identified on the HAI watchlist. These meetings provided a platform to share hospital performance dashboards, review quality improvement activities, and discuss barriers to progress. Over the year, the initiatives team engaged with 11 hospitals, including 4 DHS facilities (3 hospitals in Q2, 2 in Q3 and 6 in Q4). During the meetings, hospitals update performance trends related to HAIs and NTSV C-section rates, fostering collaboration to drive targeted improvements. Follow-up meetings were conducted as needed to track progress in underperforming hospitals. The hospital performance watchlists are reviewed annually to identify which hospitals should be added or removed from the QI team's JOMs.

GOALS FOR 2024

L.A. Care will continue to work with the Hospital Collaborative and meet with hospital leadership on the Poor Performing Collaborative watch list. Agendas will focus on improving safety and quality metrics and meeting with underperforming contracted hospitals. The L.A. Care QI Team will start to conduct outreach and meet with high-performing hospitals, partnering with the Incentives team to discuss hospital safety performance related to Hospital Pay for Performance (P4P). Hospital Safety Dashboards will continue to be shared to aid in discussing hospital performance on key quality indicators. This outreach initiative aims to engage with hospitals to learn their approaches and share best practices and successes with other contracted hospitals, offer feedback, and determine how we can best support their efforts to improve rates and patient outcomes.

Goals for 2024 are:

- To improve the number of hospitals with “Good” or “Above Average” overall ratings for > 25 hospitals.
- To have at least two of the nine underperforming hospitals identified by the Multi-Plan Collaborative improve their safety/quality scores so that they are no longer included in one of the five watch lists above.

CONCLUSION

Current year interventions for Transitions of Care and related measures include the After Hours Care Member Mailer and the After Hours Care Robocalls, both aimed to improve EDU measures. The physical member mailers are a staple in our quality improvement-based interventions and will likely continue regardless of their effectiveness. We did not have a way to quantify the member mailers' success, but they will be continued in 2025. However, for the robocalls, as previously mentioned, an impact assessment was performed by the Advanced Analytics Lab, and using sampling and encounter data, they determined that there was no significant correlation between any noticeable trend(s) in ER Utilization and a member receiving and hearing the robocall message alerting them to non-ER care options. Because of this lack of impact, the intervention is deemed unsuccessful and will not be continued in 2025. Research has shown that L.A. Care members respond better to text messages. Consequently, follow-up text message campaigns will be the focus in 2025.

Continued engagement with hospitals has proven essential for improving safety and performance ratings. While there has been an increase in the number of hospitals on the HAI and NTSV C-section watchlists from 2022 to 2023, there was also a notable rise in hospitals achieving "Above Average" ratings from 13 in 2022 to 22 in 2023. Additionally, the number of hospitals rated as "Good" more than doubled from 2022 to 2023, seven to sixteen, highlighting significant progress. L.A. Care will proceed with QI Hospital JOMs and engage with hospitals through the L.A. County Multiplan Collaborative. Strengthening these collaborative efforts will further enhance the quality of care provided and overall patient outcomes across our network of contracted hospitals.

MY 2024 WORK PLAN GOAL

HEDIS Acronym	HEDIS Measure	MY 2024 Medi-Cal Goal	MY 2024 L.A. Care Covered (LACC) Goal	MY 2024 Dual Eligible Special Needs Plan (D-SNP) Goal
FMC	Follow-up After Emergency Department Visits for People with Multiple High-Risk Chronic Conditions - Total Rate for 7-Day F/Up	N/A	N/A	51%
PCR	Plan All-Cause Readmissions	O/E Ratio < 0.9	O/E Ratio < 1.07	O/E Ratio < 1.26
EDU	Emergency Department Utilization	N/A	N/A	<1.16
TRC	Transitions of Care - Receipt of Discharge information	N/A	N/A	5%
TRC	Transitions of Care - Patient engagement after inpatient discharge	59%	70%	80%

HEDIS Acronym	HEDIS Measure	MY 2024 Medi-Cal Goal	MY 2024 L.A. Care Covered (LACC) Goal	MY 2024 Dual Eligible Special Needs Plan (D-SNP) Goal
TRC	Transitions of Care - Notification of Inpatient Admission	N/A	N/A	8%
TRC	Transitions of Care - Medication reconciliation post-discharge	9%	18%	43%

Hospital Safety MY 2024
Improve the number of hospitals with “Good” or “Above Average” overall rating, or >25 hospitals.
Have at least two of the nine underperforming hospitals identified by the Multi-Plan Collaborative improve their safety/quality scores so that it is no longer included in one of the five watch lists above.

SERVICE IMPROVEMENT

H.1 MEMBER EXPERIENCE

H.1.a APPEALS AND GRIEVANCES

AUTHOR: DEMETRA CRANDALL & EDWIN CORRALES

REVIEWER: CHRISTINE CHUEH, RN & FELIX AGUIAR, MD

BACKGROUND/SUMMARY

L.A. Care Health Plan demonstrates our commitment to providing service excellence by ensuring our members have access to its clinical and behavioral health quality care and services. The Appeals and Grievances business unit documents, resolves, and tracks member dissatisfaction and disputes. The Appeals and Grievances business unit monitors the appeals and grievances data for emerging trends and/or patterns and collaborates with other departments in L.A. Care to drive continuous improvement. Data is first broken out into Non-Behavioral Health and Behavioral Health. The Behavioral Health data is submitted to the L.A. Care Behavioral Health Department for further analysis. The Non-Behavioral Health data is analyzed by L.A. Care A&G to identify gaps and to implement interventions that can better serve our membership. As needed, appeals and grievance trends, barriers, and interventions are presented directly to Product Operations Management teams and other Operational business units. Quarterly reports demonstrating barriers, trends, and interventions are presented to the following internal cross-departmental multidisciplinary committees, departments, and/or public advisory board committees: Quality Oversight Committee (QOC), Utilization Management Committee (UMC), Behavioral Health Quality Committee (BHQC), Internal Compliance Committee (ICC), Compliance & Quality Committee (C&Q), Executive Community Advisory Committee (ECAC) and Credentialing & Provider Network Management Department.

NON-BEHAVIORAL HEALTH GRIEVANCES AND APPEALS

L.A. Care Health Plan analyzed grievances and appeals for the one year (CY 2023) from January 1, 2024, to December 31, 2024. The grievance analysis includes expressions of dissatisfaction resolved at the time of the call and exempt from the written notification requirements for acknowledgment and resolution of the grievance.

All grievances and appeals were then categorized into the following tiers:

- Access
- Attitude and Service
- Billing/Financial
- Quality of Practitioner Office
- Quality of Care

The data provided below is reported in terms of rates defining the number of grievances by 1000 member months and in terms of actual grievance counts by product and by category to allow for a deeper analysis of the issues. However, L.A. Care implemented significant changes to its methodology compared to past years, making comparisons to previous year rates inconclusive. Therefore, CY Q3 2022 data will serve as the new baseline for this study.

For both appeals and grievances, L.A. Care has set a goal for LACC/D, MCLA & PASC to have less than 5 cases/1000 member months for each category. Similarly, L.A. Care set a goal for less than 10/1000 members for the total cases received. For both appeals and grievances, L.A. Care has set a goal for CMC/D-

SNP to have less than 10 cases/1000 member months for each category. Similarly, L.A. Care set a goal for less than 20/1000 members for the total cases received due to the low membership volume and a higher usage rate from these members.

Results

This section's Grievances and Appeals data reflect the cases received in CY 2024, from January 1, 2024, to December 31, 2024.

CMC/D-SNP

CMC/D-SNP Grievances Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	3,976	30%	16.76	10	No
Attitude and Service	4,761	35%	20.07	10	No
Billing and Financial Issues	3,936	29%	16.59	10	No
Quality of Care	719	5%	3.03	10	Yes
Quality of Practitioner Office Site	25	0%	0.11	10	Yes
Total	13,417	100%	56.56	20	No

Quantitative Analysis - Grievances (CMC/D-SNP):

- The goals for the Quality of Care and Quality of the Practitioner Site were met
- The total rate and all other categories did not meet the goal.
 - The rate for Attitude and Service exceeded the goal by the largest margin, 10.07
 - The total grievance rate goal was exceeded by 36.56 grievances per 1000 member months
- Attitude and Service are the leading causes of grievances, with 35% of the total 2024 CY volume. The Quality of the Practitioner Site had the least grievances, making up less than 1% of the total volume.

CMC/D-SNP Appeals Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	585	92%	2.47	10	Yes
Attitude and Service	0	0%	0.00	10	Yes
Billing and Financial Issues	47	7%	0.20	10	Yes
Quality of Care	6	1%	0.03	10	Yes
Quality of Practitioner Office Site	0	0%	0.00	10	Yes
Total	638	100%	2.69	20	Yes

Quantitative Analysis - Appeals (CMC/D-SNP):

- All goals for each category and total appeals were met.
- Access Issues were the category with the most relative volume of appeals; the rate was still 7.53 under the goal.

LACC/D

LACC/D Grievances Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	9,935	26%	4.42	5	Yes
Attitude and Service	9,082	24%	4.04	5	Yes
Billing and Financial Issues	17,843	47%	7.93	5	No
Quality of Care	842	2%	0.37	5	Yes
Quality of Practitioner Office Site	49	0%	0.02	5	Yes
Total	37,751	100%	16.78	10	No

Quantitative Analysis - Grievances (LACC/D):

- The goals for Access, Attitude and Service, Quality of Care, and Quality of the Practitioner Office Site were met.
- The total rate and all other categories did not meet the goal.
 - The rate for Billing and Financial Issues exceeded the goal by the largest margin, 2.07
 - The total grievance rate goal was exceeded by 6.78 grievances per 1000 member months
- Billing and financial issues are the leading cause of grievances, accounting for 47% of the total 2024 CY volume. The Quality of the Practitioner Site had the least grievances, making up less than 1% of the total volume.

LACC/D Appeals Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	800	96%	0.36	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	26	3%	0.01	5	Yes
Quality of Care	8	1%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	834	100%	0.37	10	Yes

Quantitative Analysis – Appeals (LACC/D):

- All goals for each category and total appeals were met.
- Access Issues were the category with the most relative volume of appeals; the rate was still 4.64 under the goal.

MCLA

MCLA Grievances Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	19,281	32%	1.12	5	Yes
Attitude and Service	21,231	35%	1.23	5	Yes
Billing and Financial Issues	15,459	26%	0.90	5	Yes
Quality of Care	4,094	7%	0.24	5	Yes
Quality of Practitioner Office Site	196	0%	0.01	5	Yes
Total	60,261	100%	3.50	10	Yes

Quantitative Analysis – Grievances (MCLA):

- All goals for each category and total grievances were met.
- Attitude & Service Issues were the categories that had the most relative volume of grievances; the rate was still 3.77 under the goal.
- Attitude and Service are the leading causes of grievances, with 35% of the total 2024 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

MCLA Appeals Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	1,184	93%	0.07	5	Yes
Attitude and Service	2	0%	0.00	5	Yes
Billing and Financial Issues	58	5%	0.00	5	Yes
Quality of Care	27	2%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	1,271	100%	0.07	10	Yes

Quantitative Analysis – Appeals (MCLA):

- All goals for each category and total appeals were met.
- Access Issues were the category with the most relative volume of appeals; the rate was still 4.93 under the goal.

PASC

PASC Grievances Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	1,369	38%	2.32	5	Yes
Attitude and Service	1,029	28%	1.74	5	Yes
Billing and Financial Issues	1,108	31%	1.88	5	Yes
Quality of Care	114	3%	0.19	5	Yes

PASC Grievances Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Quality of Practitioner Office Site	6	0%	0.01	5	Yes
Total	3,626	100%	6.15	10	Yes

Quantitative Analysis – Grievances (PASC):

- All goals for each category and total grievances were met.
- Access Issues had the highest relative volume of grievances; the rate was still 2.68 under the goal.
- Access is the leading cause of grievances, with 38% of the total 2024 CY volume. The Quality of the Practitioner Site had the least grievances, making up less than 1% of the total volume.

PASC Appeals Non-BH	CY 2024				
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	168	99%	0.28	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	0	0%	0.00	5	Yes
Quality of Care	1	1%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	169	100%	0.29	10	Yes

Quantitative Analysis – Appeals (PASC):

- All goals for each category and total appeals were met.
- Access Issues were the category with the most relative volume of appeals; the rate was still 4.72 under the goal.

Qualitative Analysis (CMC/D-SNP, LACC/D, MCLA and PASC):

In addition to the annual evaluation of the trends, barriers, and improvement activities, the Appeals & Grievances unit presents quarterly trends, barriers, and improvement activities for discussion in collaborative forums. The committee discussions include representation from Member Services, Provider Network Services, Quality Improvement, Claims, Product, Compliance, and Legal. The data is also presented to various governing bodies and public policy committees. Additional recommendations made during the quarterly meetings have been included in the annual evaluation. Finally, the annual evaluation was presented to the group, which included representatives from Quality Improvement. Provider Network Services, Product Operations, Member Services, Enrollment, Healthcare Analytics, and Claims. L.A. Care found similar causes of these lower rates across all 4 product lines, which are described below.

Access

- Over 24.02 percent of L.A. Care’s access grievances have been resolved by the next business day.
- Delay in authorization at the Primary Care Physician’s office was identified as the top access issue.
 - Member is upset with PCP as he needs a new auth for medication as it is no longer valid.
 - Member is unhappy with current PCP for the delay in submitting a lab work order.

Attitude and Service

- L.A. Care Health Plan Attitude has been identified as the top issue; members expressed concern that she was never informed about a PCP change.
- Member is upset as she is having trouble connecting to Call the Car.

Billing and Financial Issues

- Billing Discrepancies and Disputes at the Specialist have been identified as the top billing and financial issues.
- Member is dissatisfied with being charged by the Acupuncturist as the provider was listed as an insured in-network person.
- Member is being billed by a Comprehensive Cardiovascular Specialist.
- Member is filing a grievance due to receiving a claim for services not rendered.

Grievance Data Collection

- The overall volume of grievances can be attributed to how grievances are collected. Likely, these complaints are not explicitly collected as a grievance; instead, they may be inquiries. This would also help explain the significant difference in raw counts and rate per 1000 member months between grievances and appeals for all product lines.

Non-BH Opportunities Identified for Improvement:

- Grievance Forum - Continued partnership with the L.A. Care business partners to review and evaluate key performance indicators (KPI) performance, identify performance improvement opportunities, and lower overall grievance volume.
- Call Center - The Call Center has identified some Attitude and Service issues where members were dissatisfied with the quality of service received from the customer service team. Customer Service Representatives were coached to ensure DLP is always followed.
- Claims—The Claims Department has identified some Billing issues related to direct member reimbursements due to the turnaround time for receiving the reimbursement check. The Claims Department is looking for ways to streamline this process.
- Pharmacy—The Pharmacy team has identified Access issues involving prior authorization (PA) requests. Pharmacy has implemented a new program, PA Accel, which will allow members to obtain certain PA-required medications automatically at the point of service (POS). This has been implemented for the D-SNP LOB and will eventually be rolled out for LACC and PASC.

CONCLUSION

- L.A. Care will prioritize and implement interventions based on the above analysis.

H.1.b BEHAVIORAL HEALTH GRIEVANCES AND APPEALS ASSESSMENT, INTERVENTIONS, AND IMPROVEMENT

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REVIEWERS: CHRISTINE CHUEH, RN & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care Health Plan (L.A. Care) provides Behavioral Health services through an NCQA-accredited Managed Behavioral Health Organization (MBHO), Carelon Behavioral Health (Carelon). Since 2014, Carelon has been contracted to provide Behavioral Health Services to members across all product lines based on level of care criteria. Additionally, several other administrative services, including the annual member experience survey, are contractually delegated to Carelon; however, L.A. Care retains the collection of appeals and grievances. 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 the Behavioral Health Department to drive continuous improvement. In 2015, L.A. Care began directly contracting with Behavioral Health Treatment providers for Applied Behavioral Analysis (ABA) services only for the MCLA product line and manages this benefit internally. The Appeal and Grievance department prepares quarterly reports demonstrating barriers and trends to the Behavioral Health Quality Committee comprised of multidisciplinary teams.

By reviewing the appeals and grievances data, L.A. Care can address opportunities for improvement in member care across all product lines. This report analyzes the appeals and grievances data across MCLA, Dual Eligible Special Needs Plan (D-SNP), PASC-SEIU, and L.A. Care Covered (LACC/LACC-D) product lines for Q4 2023 through Q3 2024 (October 1, 2023 through September 30, 2024). The grievance analysis includes expressions of dissatisfaction resolved at the time of the call and exempt from the written notification requirements for acknowledgment and resolution of the grievance.

This report contains the 2023 Carelon Member Experience Survey, distributed to members in 2023, and the results were provided to L.A. Care in May 2024.

SUMMARY: DATA AND PERFORMANCE GOALS

The following report documents behavioral health appeals and grievances, which L.A. Care's Behavioral Health Department analyzed. The following analysis is focused on Quarter 4 2023 – Quarter 3 2024*, and hereon will be referred to as reporting period 2023-2024. The previous reporting period will be referred to as 2022-2023.

*The appeals and grievances data reported below cover Quarter 4 2023 to Quarter 2 2024. Values will be updated once Quarter 3 2024 data is available.

Complaint Type: Grievances for MCLA, D-SNP, LACC, LACC-D and PASC-SEIU		
Complaint Category	Performance Goal	Performance Goal Met?
Access	4 ≤ per 1000/member per month	Yes
Attitude and Service	4 ≤ per 1000/member per month	Yes
Billing and Financial	4 ≤ per 1000/member per month	Yes
Quality of Care	4 ≤ per 1000/member per month	Yes
Quality of Practitioner Office Site	4 ≤ per 1000/member per month	Yes

Complaint Type: Appeals for MCLA, D-SNP, LACC, LACC-D and PASC-SEIU		
Complaint Category	Performance Goal	Performance Goal Met?
Access	2 ≤ per 1000/member per month	Yes
Attitude and Service	2 ≤ per 1000/member per month	Yes
Billing and Financial	2 ≤ per 1000/member per month	Yes
Quality of Care	2 ≤ per 1000/member per month	Yes
Quality of Practitioner Office Site	2 ≤ per 1000/member per month	Yes

MCLA: Grievances

Grievances	RY2021-2022			RY2022-2023			RY2023-2024		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	159	0.0100	41.74%	251	0.0139	36%	160	0.0093	36%
Attitude and Service	125	0.0079	32.81%	285	0.0159	41%	115	0.0067	26%
Billing and Financial	50	0.0031	13.12%	91	0.0050	13%	77	0.0045	17%
Quality of Care	46	0.0029	12.07%	74	0.0041	11%	94	0.0055	21%
Quality of Practitioner Office Site	1	0.00006	0.26%	0	0	0%	0	0.0000	0%
Grand Total	381	0.02411	100%	701	0.0390	100%	446	0.0260	100%

*Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis

- *Access*: There were 160 grievances for the 2023-2024 reporting period, a rate of 0.0093 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 36% of grievances were related to Access.
- *Attitude and Service*: There were 115 grievances for the 2023-2024 reporting period, a rate of 0.0067 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 26% of grievances were related to Attitude and Service.
- *Billing and Financial*: There were 77 grievances for the 2023-2024 reporting period, a rate of 0.0045 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 17% of all grievances were related to Billing & Financial.
- *Quality of Care*: There were 94 grievances for the 2023-2024 reporting period, a rate of 0.0055 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 21% of all grievances were related to Quality of Care.
- *Quality of Practitioner Office Site*: There were 0 grievances for the 2023-2024 reporting period, a rate of 0 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 0% of all grievances were related to the Quality of the Practitioner Office Site.
- The total number of grievances filed for the reporting period 2023-2024 was 446, a rate of 0.0260 grievances per 1,000 members, well below the performance goal of 4 or fewer grievances per 1,000 members. The overall Behavioral Health grievances across all lines of business are very low, suggesting that the complaints do not reflect a global problem across L.A. Care.

Qualitative Analysis

The data show that grievances have increased overall from the previous year. The Attitude & Service and Quality of Care categories also increased, with most of the grievances related to members reporting grievances against their mental health providers.

The Appeals and Grievances Department works closely with the Behavioral Health Department to identify trends. The Behavioral Health Department collaborates with Carelon to address grievances related to Access issues, after which Carelon implements continuous strategies to resolve identified trends within the grievances. Carelon continues to work with its internal team to address the grievances and reduce the overall numbers.

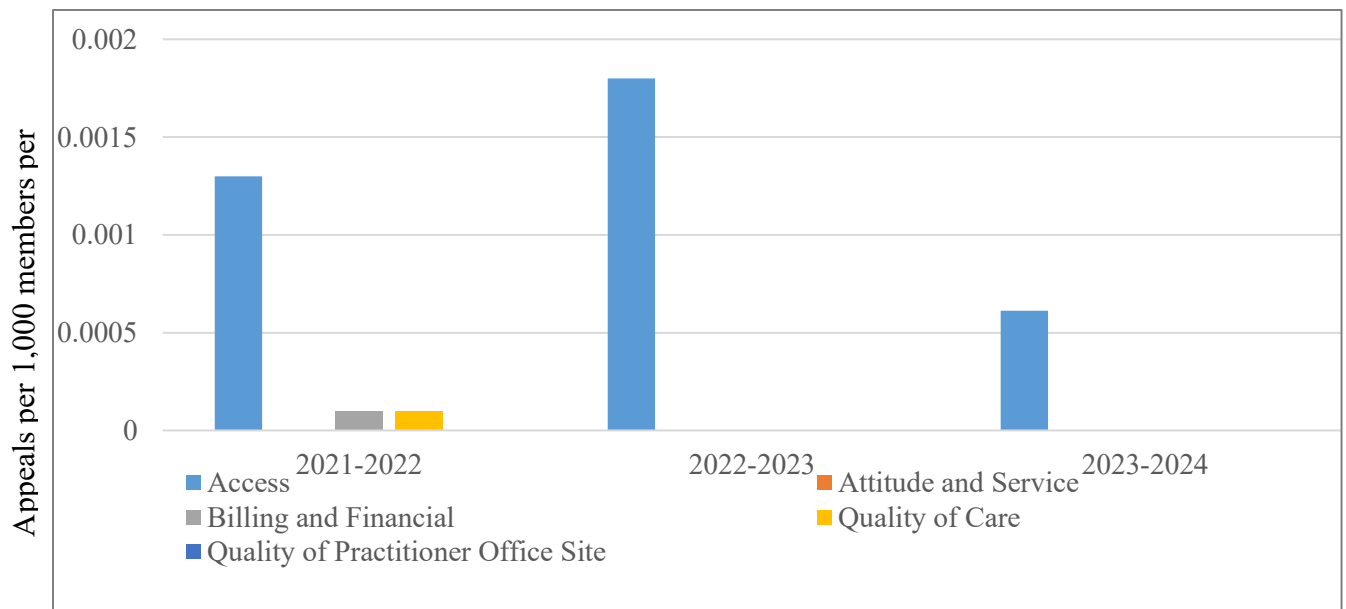
The MCLA product line's performance goal of 4 or fewer grievances per 1,000 members for each category was met. The total number of grievances for the reporting period 2023-2024 was significantly less than the performance goal. Since all goals were met, a robust qualitative analysis was not necessary.

MCLA: Appeals

Appeals	RY2021-2022			RY2022-2023			RY2023-2024		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	22	0.0013	85%	33	0.0018	100%	24	0.0014	96%
Attitude and Service	0	0	0%	0	0	0%	0	0.0000	0%
Billing and Financial	2	0.0001	8%	0	0	0%	0	0.0000	0%
Quality of Care	2	0.0001	8%	0	0	0%	1	0.0001	4%
Quality of Practitioner Office Site	0	0	0%	0	0	0%	0	0.0000	0%
Grand Total	26	0.0016	100%	33	0.0018	100%	25	0.0015	100%

*Rate per 1,000 members is calculated based on per member per month for the reporting period

MCLA appeals per 1,000 members



Quantitative Analysis

- *Access:* For the 2023-2024 reporting period, the MCLA product line had 24 appeals, a decrease of 27% compared to the previous reporting period. The goal of 2 or fewer appeals per 1,000 members was met.
- *Attitude & Service:* The MCLA product line had zero appeals for the 2022-2023 and 2023-2024 reporting periods. The goal of 2 or fewer appeals per 1,000 members was met.
- *Billing & Financial:* There were zero appeals for the MCLA product line for the 2023-2024 reporting period, a decrease from the previous year. The goal of 2 or fewer appeals per 1,000 members was met.
- *Quality of Care:* For the 2023-2024 reporting period, the MCLA product line received 1 appeal, an increase from the previous year. The goal of 2 or fewer appeals per 1,000 members was met.
- *Quality of Practitioner Office Site:* There were zero appeals for the MCLA product line for the 2023-2024 reporting period, unchanged from the previous year. The goal of 2 or fewer appeals per 1,000 members was met.
- The overall behavioral health appeals compared to the membership of L.A. Care are significantly low, suggesting that the appeals do not reflect a global problem across L.A. Care despite the year-over-year increase. The overall goal of 2 or fewer appeals per 1,000 members was met.
- There was a year-over-year decrease, and the number of appeals reported is minimal compared to 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 data review for this measurement period, Access-related appeals demonstrated the most significant increase. Most of the appeals were related to direct provider issues. However, during this reporting period, the overall rate of 0.0015 per thousand remains below the performance goal of 2 or fewer appeals per 1,000 members.

Dual Special Needs Plan (D-SNP): Grievances

Grievances	RY2022-2023			RY2023-2024		
	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	26	0.1595	34%	20	0.0864	32%
Attitude and Service	25	0.1533	32%	20	0.0864	32%
Billing and Financial	14	0.0859	18%	8	0.0346	13%
Quality of Care	12	0.0736	16%	14	0.0605	23%
Quality of Practitioner Office Site	0	0	0%	0	0.0000	0%
Grand Total	77	0.4723	100%	62	0.2679	100%

*The rate per 1,000 members is calculated based on per member per month for the reporting period. The D-SNP line of business was introduced in the 2022-2023 period, so there is no three-year trend to report.

Quantitative Analysis

- *Access:* There were 20 grievances for the 2023-2024 reporting period, a rate of 0.0864 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 32% of the grievances were related to Access.
- *Attitude & Service:* There were 20 grievances for the 2023-2024 reporting period, a rate of 0.0864 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 32% of the grievances were related to Attitude and service.

- *Billing & Financial:* There were 8 grievances for the 2023-2024 reporting period, a rate of 0.0346 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 13% of all grievances were related to Billing & Financial.
- *Quality of Care:* There were 14 grievances for the 2023-2024 reporting period, a rate of 0.0605 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 23% of all grievances were related to Quality of Care.
- *Quality of Practitioner Office Site:* There were zero grievances for the 2023-2024 reporting period, a rate of 0 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. Zero percent of all grievances were related to the Quality of the Practitioner Office Site.
- The total number of grievances filed for the reporting period 2023-2024 was 62, a rate of 0.2679 per 1,000 members, well below the performance goal of 4 or fewer grievances per 1,000 members. Compared to the D-SNP product line membership of L.A. Care, the overall Behavioral Health grievances are low, suggesting that the complaints do not reflect a global problem across L.A. Care.

Qualitative Analysis

Currently, the performance goal of four or fewer grievances per 1,000 members for each category was met for the D-SNP product line for the reporting period 2023-2024. The total number of grievances for the reporting period 2023-2024 was significantly less than the identified performance goal. Since all goals were met, a robust qualitative analysis was not necessary.

Dual Special Needs Plan (D-SNP): Appeals

Appeals	RY2022-2023			RY2023-2024		
	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	0	0	0%	2	0.0086	100%
Attitude and Service	0	0	0%	0	0.0000	0%
Billing and Financial	0	0	0%	0	0.0000	0%
Quality of Care	0	0	0%	0	0.0000	0%
Quality of Practitioner Office Site	0	0	0%	0	0.0000	0%
Grand Total	0	0	0%	2	0.0086	100%

*The rate per 1,000 members is calculated based on per member per month for the reporting period. The D-SNP line of business was introduced in the 2022-2023 period, so there is no three-year trend to report.

Quantitative Analysis

- *Access:* The D-SNP product line had 2 appeals in the 2023-2024 reporting period, a rate of 0.0086 appeals per 1,000 members, which met the goal of 2 or fewer appeals per 1,000 members.
- *Attitude & Service:* There were zero appeals for the D-SNP product line for the 2022-2023 and 2023-2024 reporting periods. The goal of 2 or fewer appeals per 1,000 members was met.
- *Billing & Financial:* There were zero appeals for the D-SNP product line for the 2022-2023 and 2023-2024 reporting periods. The goal of 2 or fewer appeals per 1,000 members was met.
- *Quality of Care:* There were zero appeals for the D-SNP product line for the 2022-2023 and 2023-2024 reporting periods. The goal of 2 or fewer appeals per 1,000 members was met.
- *Quality of Practitioner Office Site:* There were zero appeals for the D-SNP product line for the 2022-2023 and 2023-2024 reporting periods. The goal of 2 or fewer appeals per 1,000 members was met.
- The total appeals for 2023-2024 is zero.

Qualitative Analysis

Based on the data review for this measurement period, Access-related appeals increased. One appeal was related to reconsideration for Part C, and the other was for redetermination of Part D. However, during this reporting period, the overall rate of 0.0086 per thousand remains below the performance goal of 2 or fewer appeals per 1,000 members. The total number of appeals for the reporting period 2023-2024 was significantly less than the identified performance goal. Since all goals were met, a robust qualitative analysis was not necessary.

LACC and LACC-D (Commercial): Grievances

Grievances	RY2021-2022			RY2022-2023			RY2023-2024		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	55	0.0408	49%	84	0.0566	43%	65	0.0315	36%
Attitude and Service	27	0.0200	24%	45	0.0303	23%	25	0.0121	14%
Billing and Financial	24	0.0178	21%	53	0.0357	27%	56	0.0271	31%
Quality of Care	7	0.0052	6%	14	0.0094	7%	34	0.0165	19%
Quality of Practitioner Office Site	0	0	0%	0	0	0%	0	0.0000	0%
Grand Total	113	0.0839	100%	196	0.1320	100%	180	0.0871	100%

*Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis

- *Access*: There were 65 grievances for the 2023-2024 reporting period, a rate of 0.0315 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 36% of the grievances were related to Access.
- *Attitude and Service*: There were 25 grievances for the 2023-2024 reporting period, a rate of 0.0121 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 14% of the grievances were related to Attitude and service.
- *Billing and Financial*: There were 56 grievances for the 2023-2024 reporting period, a rate of 0.0271 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 31% of the grievances were related to Billing and financial.
- *Quality of Care*: There were 34 grievances for the 2023-2024 reporting period, a rate of 0.0165 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 19% of the grievances were related to Quality of Care.
- *Quality of Practitioner Office Site*: There were zero grievances for the 2023-2024 reporting period, a rate of 0 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. The total number of grievances filed for the reporting period 2023-2024 was 180, a rate of 0.0871 per 1,000 members, which is well below the performance goal. Compared to the LACC and LACC-D membership of L.A. Care, the overall Behavioral Health grievances are very low, suggesting that the complaints do not reflect a global problem across L.A. Care.

Qualitative Analysis

The data shows that the number of grievances has increased from the previous year. Within Grievances, the Access, Attitude & Service, and Billing and Financial categories increased from the previous year, in

which most of the grievances were related to members reporting grievances against their mental health providers and the Carelon phone number being unanswered or no callbacks from Carelon.

The Appeals and Grievances Department works closely with the Behavioral Health Department to identify trends. The Behavioral Health Department collaborates with Carelon to address Access grievances, after which Carelon then implements continuous strategies to resolve identified trends within the grievances. Carelon continues to work with its internal team to address the grievances and reduce the overall numbers.

The performance goal of four or fewer grievances per 1,000 members was met for the LACC and LACC-D product lines. The total number of grievances for the reporting period 2023-2024 was significantly less than the performance goal. Since all goals were met, a robust qualitative analysis was not necessary.

LACC and LACC-D: Appeals

Appeals	RY2021-2022			RY2022-2023			RY2023-2024		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	0	0	0%	4	0.0027	100%	4	0.0019	80%
Quality of Care	0	0	0%	0	0	0%	0	0.0000	0%
Attitude and Service	0	0	0%	0	0	0%	0	0.0005	20%
Billing and Financial	0	0	0%	0	0	0%	1	0.0000	0%
Quality of Practitioner Office Site	0	0	0%	0	0	0%	0	0.0000	0%
Grand Total	0	0	0%	4	0.0027	100%	5	0.0024	100%

*Rate per 1,000 members is calculated based on per member per month for the reporting period.

Quantitative Analysis

There were 5 LACC appeals during this reporting period compared to 4 from the previous reporting year of 2022-2023.

- *Access:* There were 4 appeals for the 2023-2024 reporting period, a rate of 0.0019 appeals per 1,000 members. The goal of 2 or fewer appeals per 1,000 members was met. 80% of the grievances were related to Access.
- *Attitude & Service:* There were zero appeals for the LACC product line during the past three reporting periods. The goal of 2 or fewer appeals per 1,000 members was met.
- *Billing & Financial:* There was 1 appeal for the 2023-2024 reporting period, a rate of 0.0005 appeals per 1,000 members. The goal of 2 or fewer appeals per 1,000 members was met. Twenty percent of the grievances were related to Access.
- *Quality of Care:* The LACC product line had zero appeals for the 2021-2022, 2022-2023, and 2023-2024 reporting periods. The goal of 2 or fewer appeals per 1,000 members was met.
- *Quality of Practitioner Office Site:* For the past three reporting periods, there were zero appeals for the LACC product line. The goal of 2 or fewer appeals per 1,000 members was met.
- The total appeals for 2023-2024 is 5.

Qualitative Analysis

The appeals for LACC increased, mainly due to Out-of-Network (OON) grievances. Appeals and Grievances Department works closely with the Behavioral Health Department to identify trends. The

Behavioral Health Department collaborates with Carelon to address grievances related to Access issues, after which Carelon implements continuous strategies to resolve identified trends within the grievances.

PASC-SEIU: Grievances

Grievances	RY2023-2024		
	Total	Per 1,000*	%
Access	4	0.0068	44%
Attitude and Service	2	0.0034	22%
Billing and Financial	2	0.0034	22%
Quality of Care	1	0.0017	11%
Quality of Practitioner Office Site	0	0.0000	0%
Grand Total	9	0.0154	100%

*The rate per 1,000 members is calculated based on per member per month for the reporting period. The PASC-SEIU line of business was not previously reported for NCQA accreditation, so there is no three-year trend to report.

Quantitative Analysis

- *Access*: There were 4 grievances for the 2023-2024 reporting period, a rate of 0.0068 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 44% of the grievances were related to Access.
- *Attitude and Service*: There were 2 grievances for the 2023-2024 reporting period, a rate of 0.0034 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 22% of the grievances were related to Attitude and service.
- *Billing and Financial*: There were 2 grievances for the 2023-2024 reporting period, a rate of 0.0034 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 22% of the grievances were related to Attitude and service.
- *Quality of Care*: There was 1 grievance for the 2023-2024 reporting period, a rate of 0.0017 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met. 11% of the grievances were related to Quality of Care.
- *Quality of Practitioner Office Site*: There were zero grievances for the 2023-2024 reporting period, a rate of 0 grievances per 1,000 members. The goal of 4 or fewer grievances per 1,000 members was met.
- The total number of grievances filed for the reporting period 2023-2024 was 9, a rate of 0.0154 per 1,000 members, which is well below the performance goal. The overall Behavioral Health grievances compared to the PASC-SEIU membership of L.A. Care is very low, suggesting that the complaints do not reflect a global problem across L.A. Care.

Qualitative Analysis

There is no trend to report as this is the first time L.A. Care is reporting on PASC-SEIU grievances.

The Appeals and Grievances Department works closely with the Behavioral Health Department to identify trends. The Behavioral Health Department collaborates with Carelon to address Access grievances, after

which Carelon implements continuous strategies to resolve identified trends within the grievances. Carelon continues to work with its internal team to address the grievances to reduce the overall numbers.

The PASC-SEIU product lines' performance goal of four or fewer grievances per 1,000 members was met. The total number of grievances for the reporting period 2023-2024 was significantly less than the performance goal. Since all goals were met, a robust qualitative analysis was not necessary.

PASC-SEIU: Appeals

Appeals	RY2023-2024		
	Total	Per 1,000*	%
Access	0	0.0000	0.00%
Quality of Care	0	0.0000	0.00%
Attitude and Service	0	0.0000	0.00%
Billing and Financial	0	0.0000	0.00%
Quality of Practitioner Office Site	0	0.0000	0.00%
Grand Total	0	0.0000	0.00%

**The rate per 1,000 members is calculated based on per member per month for the reporting period. The PASC-SEIU line of business was not previously reported for NCQA accreditation, so there is no three-year trend to report.*

Quantitative Analysis

- *Access:* There were zero appeals for the PASC-SEIU product line during the 2023-2024 reporting period, meeting the goal of 2 or fewer appeals per 1,000 members.
- *Attitude & Service:* There were zero appeals for the PASC-SEIU product line during the 2023-2024 reporting period, meeting the goal of 2 or fewer appeals per 1,000 members.
- *Billing & Financial:* There were zero appeals for the PASC-SEIU product line for the 2023-2024 reporting period, meeting the goal of 2 or fewer appeals per 1,000 members.
- *Quality of Care:* There were zero appeals for the PASC-SEIU product line during the 2023-2024 reporting period, meeting the goal of 2 or fewer appeals per 1,000 members.
- *Quality of Practitioner Office Site:* There were zero appeals for the PASC-SEIU product line for the 2023-2024 reporting period, meeting the goal of 2 or fewer appeals per 1,000 members.
- The total appeals for 2023-2024 is zero.

Qualitative Analysis

Based upon the data review for this measurement period, there were no appeals for the PASC-SEIU line of business.

The PASC-SEIU product line's performance goal of two or fewer appeals per 1,000 members was met. Since all goals were met, a robust qualitative analysis was not necessary.

BEHAVIORAL HEALTHCARE OPPORTUNITIES FOR IMPROVEMENT

The performance goals established for the reporting period 2023-2024 have been met. This includes all five categories for product lines MCLA, D-SNP, LACC/LACC-D, and PASC-SEIU. At this time, due to our low thresholds, no interventions were indicative.

MEMBER EXPERIENCE SURVEY

The activities and tasks in the Member Experience Survey section are performed by L.A. Care's NCQA-accredited MBHO, Carelon Behavioral Health. The 2023 Carelon Member Survey was distributed to members in 2023, and the results were provided to L.A. Care in May 2024.

MEMBER EXPERIENCE SURVEY MY2023 (RY 2024)

L.A. Care Health Plan is committed to providing quality services to all its members. L.A. Care's MBHO, Carelon, completes an annual member satisfaction survey and reports analysis to L.A. Care. The ME 7E section of this report (as it relates to the member experience survey) has been delegated to Carelon Behavioral Health and is eligible for automatic credit. Carelon provided the final results of the report to L.A. Care in May 2024.

The Member Experience survey is delegated to Carelon. One way Carelon measures quality is by conducting and analyzing the Member Experience Survey annually. Carelon's Member Experience Survey is a standardized survey designed to collect members' ratings of behavioral health treatment and service satisfaction. Based on the opportunities for improvement identified in 2023, interventions implemented in 2024 focused on improving network adequacy to support decreasing Access-to-Care complaints, call center quality of service improvements, and enhancing member experience survey response rate. Two of the categories measured in the Carelon Member Experience Survey include:

- Appointment Access
- Appointment Availability

Members were randomly selected based on behavioral health claims data. Approximately 180 members responded to the survey. Carelon interventions continued into 2023, focusing on improving member satisfaction in five areas surveyed for all product lines. The following is a summary of the results:

Member Experience Survey Results

Member Experience Survey - Appointment Access								
Product Line	Goal	MY 2021	MY 2022	MY 2023	Goal Variance	MY 2021-MY 2022 Yearly Variance	Target Goal Met	Trend
<p>In the last 12 months, did you need non-life-threatening Emergency Care? (answer key: yes)</p> <p>When you needed non-life-threatening Emergency Care, did you have to wait? (answer key: less than 6 hours)</p> <p>*Non-life-threatening Emergency Care is when you need treatment or services within 6 hours.</p>								
Medicaid	LD	73.5%	81.8%	73.3%	NA	-8.50%	NA	↓
		(36/49)	(18/22)	(11/15)				
Medicare	LD	100.0%	50.0%	50.0%	NA	0.0%	NA	→
		(7/7)	(1/2)	(1/2)				
Commercial	LD	100.0%	100.0%	NA	NA	NA	NA	→
		(1/1)	(2/2)	NA				
Exchange	LD	66.7%	100.0%	66.7%	NA	-33.30%	NA	↓
		(4/6)	(3/3)	(2/3)				
Overall	78%	76.2%	80.0%	70.0%	NA	-10%	•	↓
		(48/63)	(24/30)	(14/20)				

Product Line	Goal	MY 2021	MY 2022	MY 2023	Goal Variance	MY 2021-MY 2022 Yearly Variance	Target Goal Met	Trend
In the last 12 months, did you need Urgent Care? (answer key: yes) When you needed Urgent Care, when was the earliest appointment that was offered to you? (answer key: an appointment within 24 hours or an appointment between 25 to 48 hours) *Urgent Care is when you need counseling or treatment within 48 hours.								
Medicaid	LD	73.8%	78.89%	66.7%	NA	-12.19%	NA	↓
		(31/42)	(15/19)	(12/18)				
Medicare	LD	80.0%	66.7%	100%	NA	33.30%	NA	↑
		(4/5)	(2/3)	(2/2)				
Commercial	LD	100.0%	100.0%	00.0%	NA	-100.00%	NA	↓
		(1/1)	(1/1)	(0/1)				
Exchange	LD	83.3%	100.0%	50.0%	NA	-50.00%	NA	↓
		(5/6)	(2/2)	(1/2)				
Overall	LD	75.9%	80.8%	65.2%	NA	-15.60%	NA	↓
		(41/54)	(20/25)	(15/23)				

2023 Member Experience Trend Report

Product Line	Goal	MY 2021	MY 2022	MY 2023	Goal Variance	MY 2021-MY 2022 Yearly Variance	Target Goal Met	Trend
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: an appointment within 10 business days)								
Medicaid	60%	66.3%	44.4%	66.7%	-9.3%	22.3%	.	↑
		(65/98)	(20/45)*	(32/48)*				
Medicare	LD	87.5%	50.0%	66.7%	NA	16.7%	NA	↑
		(7/8)	(3/6)	(2/3)				
Commercial	LD	83.3%	66.7%	50.0%	NA	-16.7%	NA	↓
		(5/6)	(2/3)	(1/2)				
Exchange	LD	58.8%	42.9%	50.0%	NA	7.1%	NA	↑
		(10/17)	(3/7)	(3/6)				
Overall	63%	67.4%	45.9%	64.4%	-7.4%	18.5%	.	↑
		(87/129)	(28/61)*	(38/59)*				

Member Experience Survey - Appointment Availability								
Product Line	Goal	MY 2021	MY 2022	MY 2023	Goal Variance	MY 2021-MY 2022 Yearly Variance	Target Goal Met	Trend
In the last 12 months, how often were treatment locations close enough for you? (answer key: always or usually)								
Medicaid	80%	80.10%	74.2%	77.7%	-1.9%	3.5%	•	↑
		(153/191)	(66/89)	(73/94)				
Medicare	LD	78.90%	57.1%	100%	NA	42.9%	NA	↑
		(15/19)	(8/14)	(7/7)				
Commercial	LD	72.7%	100.0%	60%	NA	-40%	NA	↓
		(8/11)	(3/3)	(3/5)				
Exchange	LD	78.6%	86.7%	77.8%	NA	-8.9%	NA	↓
		(22/28)	(13/15)	(7/9)				
Overall	82%	79.5%	74.4%	78.3%	0.7%	3.9%	•	↑
		(198/249)	(90/121)	(90/115)				

Member Experience Survey Results as follows:

2023 Member Satisfaction Report that Carylton provided in May 2024.

Overall Quantitative Analysis

Appointment Access:

- Of the 20 members surveyed, 14 could get a non-life-threatening emergent care appointment within 6 hours, equating to 70.0% in 2023. This did not meet the 78.0% goal by 8 percentage points and decreased by 10 percentage points compared to 2022 (80%).
- Of the 23 members surveyed, 15 could get an urgent care appointment within two days (48 hours), equating to 65.2% in 2023. Due to the low volume, there is no set performance goal for this result, but this was a decrease of 15.6 percent points compared to 2022 (80.8%).
- Of the 59 members surveyed, 38 had their first-time appointment with a new counselor, therapist, psychologist, or social worker and were offered the earliest appointment, which equated to 64.4% in 2023. This exceeded the 63% goal by 1.4 percentage points and was an 18.5 percentage point increase compared to 2022 (45.9%).

Appointment Availability:

- Of the 115 members surveyed, 90 identified that treatment locations were always or usually close enough to them, which equated to 78.3% in 2023. This missed the 82% goal by 3.7 percentage points but increased by 3.9 percentage points compared to 2022 (74.4%).

Barriers and Opportunities for Improvement

To improve their rates, Carelon reported the following:

The Clinical, Quality, and Member Services departments are responsible for reviewing and overseeing the West Region Member Experience report. The Clinical Quality Program Manager analyzed the interventions conducted in 2023. Interventions developed by the cross-functional workgroups continued throughout 2023. The focus for 2023 was improving network access for members across all product lines. This included expanding telehealth and home-based therapy, provider education through routine plan

communications, and collaboration with state and local programs to ease members' access to bi-furcated systems.

Appointment Access

Within the member survey, all product lines had a low denominator, resulting in rate volatility. As a result, the Clinical Quality Program Manager reviewed the Appointment Assistance intervention. The Carelon team provides reporting on Appointment Assistance. Carelon assists members in accessing emergent, urgent, and routine appointments. For all product lines, the members were able to meet the 100% goal for both emergent & urgent initial appointments. Timely access for routine appointments within 10 business days' goal of 85% was met on the D-SNP product line.

Appointment Availability

The member survey reviewed members' ability to access available appointments in the geographic area. The interdisciplinary team identified that additional barriers to finding available appointments could be attributed to providers not accepting new members, providers not accepting face-to-face appointments, and a shortage of providers to fill the demand needs of the network. According to the 2022 State Physician Workforce Data report published by the Association of American Medical Colleges, there are a total of 5,838 Psychiatrists in California, and over 40% of the available providers may be seeking to retire within the next 5 years.

Acceptability

The member survey reviewed members' satisfaction with language, cultural, and religious needs. The overall goals for each acceptability metric were not met. In 2023, language & communication standards slightly increased in both language and communication. Carelon has enhanced its cultural & linguistic program to ensure members can access translation and interpreter services. Carelon also worked to capture languages the providers speak through the Access & Availability survey.

Scope of Services

The member survey reviewed satisfaction with the services Carelon provided the members. Overall, members perceived Carelon staff as respectful during their calls. However, getting the information or services needed missed their respective goals by 3 to 6%. Carelon member services staff are called audited, and staff are provided with feedback to improve their engagement.

Experience of Care

The member survey reviewed satisfaction related to provider engagement and communication. Members perceived that they were sufficiently informed about their treatment. The data indicates that members feel their providers are improving their ability to share treatment information within their teams. Carelon works with providers to inform best practices on communicating treatment information with their counterparts through Provider Toolkits, peer-to-peer discussion sessions, and Interdisciplinary Care Teams.

Barriers, Opportunities for Improvement, Next Steps

Barriers	Opportunities for Improvement	Next Steps
Appointment availability has continued to present issues due to increased demand for outpatient services, provider sites closing, or limitations on availability due to increased demand.	Analysis of current network availability, out-of-network utilization, and current telehealth capabilities.	<p>Recruit providers based on OON utilization, geographic proximity, telehealth availability, and analysis of member complaints regarding access to care.</p> <p>Continue to promote telehealth among providers and expand the availability of telehealth services.</p>
Overall, there is a lack of prescribers and outpatient providers to meet the increased demand for access to outpatient care.	Continuous recruitment of prescribers/non-prescribers to join Carelon's network.	Continue to monitor and promote network expansion for outpatient providers accepting new patients utilizing geographic access reporting, analyzing out-of-network requests for service, and analyzing member complaints/grievances related to provider access.
Providers may not regularly update their availability or specialty information with Carelon.	Remind providers about their responsibility to update their appointment availability status with Carelon.	<p>Continue the provider directory survey, which includes questions regarding their availability, and update the Carelon directory with real-time data.</p> <p>Continue educating providers through updating availability and specialty information.</p>

Measuring Effectiveness: Expansion of Telehealth

Carelon expanded its entire network to telehealth services in March 2020 to accommodate members' access and Availability to their behavioral health providers during the COVID-19 pandemic. Expanding the network to telehealth resulted in a direct increase in telehealth utilization, as members could continue accessing their behavioral health services. The data for average visits of combined utilization of in-person and telehealth behavioral health services indicate an increase.

Below is the telehealth utilization:

In-Person	Unique Utilizers		Visits		Avg. Visits	
	2022	2023	2022	2023	2022	2023
Medi-Cal	14,830	19,893	106,622	128,160	7.2	6.4
LACC	1,250	1,511	10,488	11,749	8.4	7.8
CMC	624	NA	5,682	NA	9.1	NA
DSNP	NA	312	NA	2,108	NA	6.8

Telehealth	Unique Utilizers		Visits		Avg. Visits	
	2022	2023	2022	2023	2022	2023
Medi-Cal	26,196	33,067	265,272	332,708	10.1	10.1
LACC	3,156	3,860	39,274	45,986	12.4	11.9
CMC	480	NA	4,310	NA	9.0	NA
DSNP	NA	234	NA	1,376	NA	5.9

Combined In-Person and Telehealth	Unique Utilizers		Visits		Avg. Visits	
	2022	2023	2022	2023	2022	2023
Medi-Cal	34,787	44,726	371,894	460,868	10.7	10.3
LACC	3,763	4,611	49,762	57,735	13.2	12.5
CMC	957	NA	9,992	NA	10.4	NA
DSNP	NA	481	NA	3,484	NA	7.2

LOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Medi-Cal													
2022	18,826	18,824	22,261	20,045	21,608	22,234	20,795	24,486	23,316	24,504	24,726	23,647	265,272
2023	28,374	26,792	30,689	28,293	31,562	30,994	29,663	33,249	29,861	7,566	28,004	27,661	332,708
LACC													
2022	2,628	2,771	3,346	3,131	3,365	3,314	3,071	3,560	3,538	3,626	3,662	3,262	39,274
2023	3,647	3,616	4,273	3,925	4,781	4,312	4,061	4,547	4,178	637	3,998	4,011	45,986
CMC													
2022	327	337	385	341	353	347	347	383	364	383	375	368	4,310
DSNP													
2023	27	52	77	90	138	148	132	141	159	62	180	170	1,376
Grand Total 2022	21,781	21,932	25,992	23,517	25,326	25,895	24,213	28,429	27,218	28,513	28,763	27,277	308,856
Grand Total 2023	32,048	30,460	35,039	32,308	36,481	35,454	33,856	37,937	34,198	8,265	32,182	31,842	380,070

LOB	Jan 2022 - Dec 2022	Jan 2023 - Dec 2023
Medi-Cal	1549	1573
LACC	477	433
CMC	61	NA
DSNP	NA	55
Total	2087	2061

Qualitative Analysis

Expanding telehealth services has allowed members to continue accessing care throughout the pandemic and has ensured that members have access to care. The data has shown an increase in telehealth utilization and a decrease in in-person utilization as more providers expand their telehealth services after the COVID-19 pandemic. The expansion in telehealth services allows members to have greater access to care, especially for those who live in rural areas where services are limited or for those who have mobility concerns and cannot meet with their providers face-to-face.

H.1.c MEMBER SATISFACTION (CAHPS)

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CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS

BACKGROUND/SUMMARY

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through the 2024 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2024 QHP Enrollee Experience Survey, and Medicare Advantage and Prescription Drug Plan CAHPS Survey. The scores presented are the results of the surveys conducted by the Center for the Study of Services (CSS), an NCQA-certified vendor hired by L.A. Care. In 2022, L.A. Care decided to report the unofficial CSS rates as the Center for Medicare and Medicaid Services' official adjusted rates are finalized after the submission of goals, making goal setting difficult. This section of the report contains a quantitative analysis based on the unofficial CSS rates, followed by a qualitative analysis and selecting the top priorities among opportunities identified for improvement. The tables below compare 2024 to 2023 and 2022 scores, benchmarks, and goals, except for MAPD CAHPS, as no survey was fielded in 2023. Ratings and Composite scores are now reported to the second decimal point.

The Member Quality Service Committee (MQSC) is the cross-departmental multidisciplinary committee responsible for identifying quality improvement needs. It reports its findings and recommendations to the Quality Oversight Committee (QOC). The MQSC comprises representatives from Quality Improvement, the Customer Solution Center, Utilization Management, Care Management, Appeals & Grievances, Health Education, Cultural & 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 and discussions from the Enterprise CAHPS Leadership Team, Quality Oversight Committee, and Quality Improvement & Health Equity Committee (QIHEC).

Survey Fielding Dates			
Survey Year	Medi-Cal: HP-CAHPS	LACC: QHP Enrollee Survey	CMC: MAPD CAHPS
2024	2/19/2024 – 5/10/2024	2/22/2024 – 4/28/2024	3/1/2024 – 6/1/2024
2023	2/18/2023 – 5/10/2023	2/23/2023 – 5/5/2023	N/A
2022	2/17/2022 – 5/11/2022	2/24/2022 – 5/6/2022	3/8/2022 – 6/6/2022

SECTION 1: MEDICAID CAHPS RESULTS

METHODOLOGY

This section summarizes the findings of the 2024 Medicaid CAHPS 5.0 Child and Adult surveys, reviews rates over three years, and reviews performance relative to the 2024 National Committee for Quality

Assurance (NCQA) percentiles published in the Quality Compass.²⁵ CSS's survey results are reviewed, and scores are examined for possible statistically significant changes from 2023 to 2024.

The Child survey samples parents of pediatric members 17 years old or younger, while the Adult survey samples members 18 years or older as of the anchor date of December 31, 2023. Those sampled were currently enrolled, had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less), and had primary coverage through Medicaid. During the survey fielding period, there were 856 completed Child surveys and 681 completed Adult surveys, reflecting 17.5% and 17.2% response rates, respectively. This reflects a 2.4 and 0.8-percentage point increase in the response rate compared to 2023 for children and adults, respectively. This continues a year-over-year trend in response rates.

L.A. Care utilizes a standard mixed methodology protocol for survey completion. Members could complete the survey online by scanning a personalized QR code provided on the mailing materials, via mail, or by phone. Most surveys were completed over the phone. Based on their language preference, members received survey materials in either English, Spanish, or Chinese. A telephone request line was provided for members requesting to receive a survey in another language.

RATINGS

The CAHPS survey includes four general overall rating questions designed to distinguish among essential dimensions of care. These questions ask enrollees to rate their experience over 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 2024 scores to scores from 2023 and 2022 and benchmarks and goals.

Medicaid Child Ratings	2022	2023	2024	2024 vs. 2023	Quality Compass Percentile	2024 Goal	Goal Met
Health Plan	87.3%	84.5%	84.76%	+0.26 pp ²⁶	10 th	86%	Not Met
All Health Care	84.7%	85.6%	81.76%	-3.84 pp	10 th	87%	Not Met
Personal Doctor	87.6%	87.9%	87.27%	-0.63 pp	10 th	89%	Not Met
Specialist Seen Most Often	88.9%	87.5%	86.93%	-0.57 pp	50 th	89%	Not Met

N/A indicates that the measure had <100 respondents (not scored by NCQA)

- Indicates no goal was set

Quantitative Analysis - Child

- **Health Plan:** Increased by 0.26 percentage points from the previous year. L.A. Care performs above the 10th percentile of the NCQA Quality Compass Percentile and is 0.65 percentage points away from the 33rd percentile.
- **All Health Care:** Decreased by 3.84 percentage points from the previous year, disrupting the year-over-year increase. This rating performed statistically significantly lower than the NCQA Quality Compass National Average and is performing only slightly above the 10th percentile.

²⁵ 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.

²⁶ pp – percentage points

- Personal Doctor: Decreased by 0.63 percentage points from the previous year. This rating performed statistically significantly lower than the NCQA Quality Compass National Average.
- Rating of Specialist: Decreased by 0.57 percentage points from the prior year, continuing a year-over-year decrease. Despite this decrease, L.A. Care is only 0.57 percentage points away from the 66th percentile.
- None of the four internal goals for the Child ratings were met. Only one of the ratings increased from the prior year, and none of these rate changes were statistically significant. Rating of Personal Doctor was the highest scoring rating, continuing a trend of higher performance compared to Rating of Specialist.

Medicaid Adult Ratings	2022	2023	2024	2024 vs. 2023	Quality Compass Percentile	2024 Goal	Goal Met
Health Plan	72.4%	71.1%	75.38%	+4.28 pp	10 th	72%	Met
All Health Care	73.9%	71.4%	72.77%	+1.37 pp	10 th	72%	Met
Personal Doctor	79.2%	82.4%	81.88%	-0.52 pp	33 rd	83%	Not Met
Specialist Seen Most Often	82.7%	75.1%	81.64%	+6.54 pp	33 rd	76%	Met

Quantitative Analysis - Adult

- Health Plan: Increased by 4.28 percentage points from the prior year. In 2023, L.A. Care performed below the 10th percentile and is now only 0.64 percentage points away from the 33rd percentile.
- All Health Care: Increased by 1.37 percentage points from the prior year. This rating remained slightly below the 33rd percentile and above the 10th percentile.
- Personal Doctor: Decreased by 0.52 percentage points from the prior year. This rating rose above the 33rd percentile.
- Specialist Seen Most Often: Increased by 6.54 percentage points from the prior year. While this increase was not statistically significant, it improved the rating following a considerable decrease from 2022 to 2023. This rating improved above the 33rd percentile despite falling below the 10th percentile in 2023.
- The three ratings that did not meet the internal goal in 2023 met the goals for 2024, while the one rating that did meet did not meet this year. The three ratings that did meet the goal also experienced rate improvements from 2023 to 2024. None of these rate changes were statistically significant, and none of these scores were statistically lower or higher than the NCQA Quality Compass National Average.

COMPOSITES

The CAHPS survey asks respondents about their experience with various dimensions of their care. Survey questions are combined into “composites.” Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never,” “sometimes,” “usually,” and “always.” The scores for composites throughout this report reflect the percent of responses indicating “usually” or “always.” The tables below compare 2024 scores to scores from 2023 and 2022 and benchmarks and goals.

Medicaid Child Composites	2022	2023	2024	2024 vs. 2023	Quality Compass Percentile	2024 Goal	Goal Met
Getting Needed Care	82.3%	79.5%	76.24%	-3.26 pp	10 th	81%	Not Met
Getting Care Quickly	80.3%	76.0%	76.97%	+0.97 pp	<10 th	77%	Not Met
How Well Doctors Communicate	90.6%	90.0%	88.41%	-1.59 pp	<10 th	-	-
Customer Service	86.9%	90.0%	83.84%	-6.16 pp	10 th	-	-
Coordination of Care	78.8%	72.7%	78.16%	+5.46 pp	10 th	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 - Child

- Getting Needed Care: Continued a year-over-year trend of decreasing. The composite decreased by 3.26 percentage points from 2023. The rate remained below the 33rd percentile for Quality Compass. L.A. Care did not meet the internal goal of 81%.
- Getting Care Quickly: A slight increase of 0.97 percentage points from 2023. The rate continues to fall below the 10th percentile for Quality Compass. L.A. Care did not meet the internal goal of 77%.
- How Well Doctors Communicate: Decreased by 1.59 percentage points from the prior year. The rate remains below the 10th percentile for Quality Compass.
- Customer Service: Decreased by 6.16 percentage points from the prior year, disrupting a year-over-year trend of improvements. This rate decrease was statistically significant. Despite achieving the 66th percentile in 2023, this composite now falls slightly above the 10th percentile.
- Coordination of Care: Increased by 5.46 percentage points from the prior year. The rate increased above the 10th percentile after falling below this percentile in 2023.
- Three of the five Medi-Cal Child composites decreased from 2023 to 2024. This includes Getting Needed Care, Doctor Communication and Customer Service. The performance change for Customer Service was a statistically significant decrease of 6.16 percentage points. Getting Needed Care and Getting Care Quickly performed statistically significantly below the NCQA Quality Compass National Average.

Medicaid Adult Composites	2022	2023	2024	2024 vs. 2023	Quality Compass Percentile	2024 Goal	Goal Met
Getting Needed Care	77.5%	73.0%	74.97%	+1.97 pp	<10 th	74%	Met
Getting Care Quickly	73.5%	71.5%	71.94%	+0.44 pp	<10 th	73%	Not Met
How Well Doctors Communicate	88.3%	89.6%	88.67%	-0.93 pp	<10 th	-	-
Customer Service	84.1%	88.7%	86.19%	-2.51 pp	10 th	-	-
Coordination of Care	78.4%	77.7%	82.59%	+4.89 pp	10 th	79%	Met

- Indicates no goal was set or that no percentiles were available.

Quantitative Analysis - Adult

- Getting Needed Care: Increased by 2.0 percentage points from 2023 and met the internal goal of 74%. Despite these improvements, the measure continues to fall slightly below (0.01 percentage points) the 10th percentile for Quality Compass.
- Getting Care Quickly: Increased 0.4 percentage points and continues not to meet the internal goals year over year. The measure fell below the 10th percentile for Quality Compass after performing above it in prior years.
- How Well Doctors Communicate: Decreased by 0.93 percentage points, disrupting a year-over-year increase. This composite is performing below the 10th percentile for Quality Compass.
- Customer Service: Decreased by 2.51 percentage points, disrupting a year-over-year improvement trend. This composite now performs below the 10th percentile despite performing above the 33rd in 2023.
- Coordination of Care: Increased by 4.89 percentage points from the prior year. This composite performed above the 10th percentile despite falling below in 2023.
- Two of the five Medicaid Adult composites decreased from 2023 to 2024. These include How Well Doctors Communicate and Customer Service, which were the two composites that experienced rate increases in 2023. None of these decreases are statistically significant. Getting Needed Care and Getting Care Quickly performed statistically significantly below the NCQA Quality Compass National Average.

SECTION 2: L.A. CARE COVERED QHP ENROLLEE SURVEY RESULTS

The 2023 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2023, and who were continuously enrolled in L.A. Care Covered (LACC) for the last six months of the measurement year with no more than one 31-day break in coverage. The surveys were available in English, Spanish, and Chinese.

L.A. Care fielded the QHP Survey between February 22, 2024, and April 28, 2024. Responses were solicited via mail, phone, and email when possible. Members can complete the survey online, over the phone, or via mail. There were 207 responses, which is a response rate of 18.01%. This response rate remained steady compared to the prior year's response rates and is in line with the pre-pandemic response rates.

RATINGS

QHP Rating	2022	2023	2024	2024 vs. 2023	2024 Goal	Goal Met
Health Plan	77.8%	77.9%	78.18%	+0.28 pp	79%	Not Met
Health Care	80.8%	80.2%	79.32%	-0.88 pp	81%	Not Met
Personal Doctor	83.4%	84.3%	85.86%	+1.56 pp	85%	Met
Specialist	80.6%	86.5%	83.06%	-3.44 pp	87%	Not Met

Quantitative Analysis

- The below rates changed from the prior year (2023):
 - Health Plan Overall: Increased by 0.28 percentage points.
 - Health Care Rating: Decreased by 0.88 percentage points.
 - Personal Doctor: Increased by 1.56 percentage points.

- **Specialist:** Decreased by 3.44 percentage points
- Two ratings decreased, while two increased from 2023 to 2024. None of these rate changes were statistically significant. Only one of the internal goals was met, continuing a year-over-year trend of improvements in the Rating of Personal Doctor. The rating of Specialists decreased after a statistically significant increase in the prior year.

COMPOSITES

QHP Composites	2022	2023	2024	2024 vs. 2023	2024 Goal	Goal Met
Getting Care Quickly	61.9%	58.9%	60.54%	+1.64 pp	60%	Met
Getting Needed Care	62.1%	59.1%	62.78%	+3.68 pp	60%	Met
Access to Information	52.0%	49.6%	53.44%	+3.84 pp	51%	Met
Getting Information in a Needed Language/Format	68.6%	66.8%	73.71%	+6.91 pp	-	N/A
How Well Doctors Coordinate Care and Keep Patients Informed	75.5%	75.7%	77.40%	+1.70 pp	77%	Met
Plan Administration (Health Plan Customer Service)	66.7%	66.4%	67.95%	+1.55 pp	67%	Met
Experience with Cost	77.7%	78.4%	80.51%	+2.11 pp	-	N/A
How Well Doctors Communicate	82.4%	83.1%	86.76%	+3.66 pp	-	N/A

- Indicates no goal was set

Quantitative Analysis

- All composites experienced increases from 2022 to 2023, and all met the internal goal. This starkly contrasts the prior goal, where five composites decreased, and none of the internal goals were met. Getting Information in a Needed Language Format and How Well Doctors Communicate experienced statistically significant rate increases.

SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

The 2024 MAPD CAHPS Survey sampled, for the first time since product launch, Dual Eligible Special Needs Plan (D-SNP) 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.

No survey was fielded in 2023 due to the transition from Cal Medi Connect (CMC) to D-SNP. 2022 survey scores are reflective of the CMC population. Two new questions were added to this survey:

- What language do you mainly speak at home?
- In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of your health condition/disability/age/culture or religion/language or accent/race or ethnicity/sex/sexual orientation/gender or gender identity/income?

The 2024 survey received 639 completed responses, a response rate of 37.35%, a 4.85 percentage point increase from 2022.

RATINGS

MAPD Ratings*	2022	2023	2024	2024 vs. 2022	2024 Goal	Goal Met
Health Plan	88.80%	-	89.11%	+0.30 pp	90%	Not Met
All Health Care	85.06%	-	84.92%	-0.15 pp	86%	Not Met
Personal Doctor	89.52%	-	90.54%	+1.01 pp	91%	Not Met
Specialist	86.85%	-	88.64%	+1.79 pp	88%	Met
Drug Plan	90.21%	-	89.75%	-0.46 pp	91%	Not Met

*Responses 9 or 10

- Indicates no rate to report on

N/A indicates that the measure was not scored due to low reliability

Quantitative Analysis

- Health Plan: Increased by 0.30 percentage points.
- All Health Care: Decreased by 0.15 percentage points.
- Personal Doctor: Increased by 1.01 percentage points.
- Specialist: Increased by 1.79 percentage points.
- Drug Plan: Decreased by 0.46 percentage points.
- Three of the five ratings experienced rate increases from 2022 to 2024, and none of these changes were statistically significant. Only one rating, the Rating of Specialist, met the internal goal.

COMPOSITES

MAPD Composites*	2022	2023	2024	2024 vs. 2022	2024 Goal	Goal Met
Getting Needed Care	74.74%	-	75.00%	+0.26 pp	76%	Not Met
Getting Appointments and Care Quickly	79.40%	-	78.15%	-1.25 pp	73%	Met
Doctors Who Communicate Well	87.51%	-	86.64%	-0.87 pp	-	N/a
Customer Service	84.77%	-	86.67%	+1.90 pp	-	N/a
Care Coordination	80.01%	-	80.38%	+0.37 pp	81%	Not Met
Getting Needed Prescription Drugs	87.34%	-	83.03%	-4.31 pp	88%	Not Met

*Represents responses of “Always” or “Usually”

- Indicates no goal was set

Quantitative Analysis

- Getting Needed Care: Increased by 0.26 percentage points.
- Getting Appointments and Care Quickly: Decreased by 1.25 percentage points.
- Doctors Who Communicate Well: Decreased by 0.87 percentage points.
- Customer Service: Increased by 1.90 percentage points. This rate increase was statistically significant.
- Care Coordination: Increased by 0.37 percentage points.
- Getting Needed Prescription Drugs: Decreased by 4.31 percentage points. This rate decrease was statistically significant.
- Three composites decreased from 2022 to 2024, while three increased. The only composite to meet the internal goal was Getting Appointments and Care Quickly, continuing a trend from 2022.

SECTION 4: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis

Across the four ratings and five composites for HPR, one rating and two composites increased from 2023 to 2024. The remaining three ratings and three composites decreased. The Customer Service composite was the only measure to experience a statistically significant change. The performance of the Child Medicaid CAHPS survey remains higher than that of the Adult survey.

The following measures fell below 2023 rates:

- Getting Needed Care
 - Ease of Getting Needed Care
 - Ease of Seeing a Specialist
- Ease of Getting Routine Care (M) in Composite Getting Care Quickly
- Doctor Communication
 - Doctor Explained Things
 - Doctor Listened Carefully
 - Doctor Showed Respect
 - Doctor Spent Enough Time
- Customer Service*
 - Customer Service Provided Info/Help*
 - Customer Service: Courteous and Respectful
- Rating of Health Care
- Rating of Doctor (8-10) & (9-10)
- Rating of Specialist (8-10) & (9-10)
- Children with Chronic Condition Measures (CCC) Access to Specialized Services
- CCC Getting Needed Information

**Statistically significant change*

L.A. Care continues to perform lower in all ratings and composites compared to the 2023 NCQA Quality Compass National Averages except in CCC Care Coordination and Rating of Specialist (8-10 & 9-10). Most of these ratings and composites were statistically significantly lower than the NCQA Quality Compass National Average. This continues a trend of continued improvement for the Rating of Specialist measure. Getting an appointment with a specialist may be difficult, but if the member can see the specialist, they rate them highly.

For Getting Care Quickly, the score for routine care was 5.47 percentage points lower than the score for urgent care. Ease of Getting Routine Care has remained stable since 2022, while Ease of Getting Urgent Care has improved 2.43 percentage points since 2023. For Getting Needed Care, the score for prompt access to specialty care was 9.83 percentage points lower than the Ease of Getting Needed Care measure. Both measures have declined since 2022. Ease of Seeing a Specialist has fallen year over year since 2022. Access to specialists may not be as high, and some members may need to travel 50 miles one way to see a specialist. This causes barriers for members concerning travel and potential expenses incurred. Getting Care Quickly has improved for the first time since 2022. Access to care continues to be a longstanding area of needed attention, requiring creative solutions to obtaining care.

L.A. Care continues to hear reports from clinics about the difficulties of providing care in a timely and high-quality manner due to staffing shortages, clinician and healthcare worker burnout, lack of resources, and increasing regulatory agency requirements. L.A. Care is investigating methods to support clinics in these efforts, including providing funds to support quality improvement projects.

The Customer Service composite experienced a statistically significant rate decrease from 2023, disrupting a year-over-year improvement trend. The “Customer Service Provided Info/Help” question decreased by 8.22 percentage points. It was statistically significant, while the “Customer Service was Courteous/Respectful” decreased by 4.06 percentage points but was not statistically significant. This indicates that while members may feel the customer service agent was courteous/respectful, they did not get the help or support they needed. In prior years, this was the only composite to increase performance, warranting the need to discuss findings with the L.A. Care Customer Solution Center.

While the Children with Chronic Conditions measures are not reported to the HPR (Health Plan Rating), several measures performed higher this year. Access to Prescription Meds, Doctor Knows the Child, and Care Coordination for CCC all improved. Coordination of Care for the General Population, also not reported to the HPR, improved from 2023 by 5.5 percentage points.

Adult Medicaid Qualitative Analysis

Across the four ratings and five composites for HPR, three ratings and three composites increased from 2023 to 2024. The remaining rating and two composites decreased. While none of the overall rating and composite changes were statistically significant, the “Ease of Getting Needed Care” increase was statistically significant.

The following measures fell below the 2023 rate:

- Ease of Seeing a Specialist
- Ease of Getting Routine Care
- Doctor Communication
 - Doctor Explained Things
 - Doctor Listened Carefully
- Customer Service
 - Customer Service Provided Info/Help
 - Customer Service: Courteous and Respectful
- Rating of Doctor (8-10)
- Discussing Cessation Meds

Ease of Getting Urgent Care performed higher than Ease of Getting Routine Care. Both Adult and Child HP-CAHPS saw members rating their ability to receive Urgent Care as higher than Routine Care. Routine Care has fallen for both Adult and Child. This shows that our members experience ongoing issues accessing care when seeking appointments with their PCPs. Where are our members seeking and obtaining Urgent Care? Are they foregoing well-check visits due to appointment delays and seeking care in Emergency Rooms and/or Urgent Care due to ease?

The Rating of Personal Doctor (9-10) and Rating of Specialist (9-10) are within 1 percentage point of each other in performance. The Personal Doctor rating scored higher, and both improved from 2023. Ease of Seeing a Specialist has continued to fall since 2022, with a steady decrease of 2 percentage points year over year. Since both the Ease of Seeing a Specialist and the Ease of Getting Routine Care are declining in performance, L.A. Care needs to investigate the ability to provide appointments to our members in a timely fashion.

Other areas for improvement to the member experience journey are Doctor Communication and Customer Service. Both composites declined by 1 percentage point and 2.55 percentage points, respectively. Doctor Communications saw decreases in Doctor Explained Things, and Doctor Listened Carefully. Any issues during the appointment will tarnish the perception of healthcare being provided. Customer Service has also

decreased by almost 3 percentage points since 2023. Providing Info/Help and being Courteous and Respectful declined by nearly 3 percentage points, aligning with a similar trend in the Child survey.

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, such as MinuteClinic for 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 of Getting Care Quickly and Healthcare Ratings. This problem may become less of an issue over time as L.A. Care members become aware of and utilize alternative access options such as MinuteClinic and Teladoc.

Given the Access to Care composite improvements seen and an improved Healthcare Rating, we may be starting to see our members become aware of and utilize these alternative access options.

In spending time with members of the Regional Community Advisory Committees, L.A. Care has heard members mention that they are apprehensive about answering any surveys. They do not trust that their responses won't negatively harm their healthcare. This demonstrates an opportunity to provide more education on these surveys and that responses cannot be traced back to the member by their provider or health plan.

LACC Qualitative Analysis

The QHP EES Survey provides many measures to the QRS (Quality Rating System) for the L.A. Care Covered line of business. All composites and measures improved from 2023 except for the following measures:

- Rating of Specialist
- Rating of All Healthcare (less than one percentage point)
- Forms in Preferred Language (within Getting Information in a Needed Language or Format composite)
- Ease of Coordination of Healthcare Services (within Care Coordination composite)
- Doctor Informed of Specialist Care (within Care Coordination composite)
- Customer Service Wait Too Long (within Plan Administration composite)
- Telehealth Visits Offered
- Member Delayed Filling/Did Not Fill Prescription (within Enrollee Experience with Cost composite)
- All measures within the Medical Assistance with Smoking and Tobacco Use Cessation (only 37 members) involved here)

Twenty-one QRS-rated measures improved from 2023 to 2024. In the preview of the official CMS results, L.A. Care is a four-star plan for the Enrollee Experience and a three-star plan for Plan Efficiency, Affordability, and Management.

Additional observations from the 2024 results include:

- Ease of Getting Needed Care scores higher (71.64%) than Getting Urgent Care (56.41%).
- Ease of Seeing a Specialist, while improved, is the lowest measure within Access to Care (53.92%).
- Getting Information in a Needed Language or Format experienced a statistically significant increase from 2023, with "Forms in a Preferred Format" and "Ease of Getting Interpreter" increasing by over 10 percentage points. This could indicate that efforts to provide benefit education to L.A. Care Covered members are working.

- Access to Information continues to score low (53.44%). Two measures within this composite, while improved from 2023, require some attention. Current scores for Ease of Finding Costs for Services (52.07%) and Ease of Finding Costs for Meds (47.44%) are potentially causing our members difficulty and hesitation in using their plan to seek care.
- More than a quarter of respondents reported paying out of pocket for care they thought L.A. Care would cover.
- Nearly a quarter of respondents reported delaying care because they were worried about the cost.

For this population, there are several opportunities for improvement. L.A. Care can investigate coaching providers in plan usage and benefits and improving customer service in the office and at the health plan level. Expanding access to care through the addition of telehealth and urgent care sites would also be beneficial. L.A. Care will continue to prioritize expanding access to care, improving the office visit, and ensuring a smooth payment process for members.

D-SNP Qualitative Analysis

Scores were unavailable for 2023 due to the L.A. Care contract change from CMC to D-SNP on 1/1/2023. When enrollment was taken on 7/1/2022, there were zero members in the D-SNP plan. CMS would not allow a MAPD D-SNP Survey to be fielded that year; thus, there were no scores.

Between the 2022 CMC survey and the 2024 D-SNP survey, scores decreased in the following Ratings and Composites:

- Rating of All Health Care
- Rating of Drug Coverage
- Getting Care Quickly
 - Got Urgent Care as Soon as Needed
- Ease of Getting Care, Tests, or Treatment (within the Getting Needed Care composite)
- Doctors Who Communicate Well
 - Doctor Explanation: Easy to Understand
 - Doctor Listened Carefully
 - Doctor Showed Respect
 - Doctor Spent Enough Time
- Forms from the Health Plan Were Easy to Fill Out (within the Health Plan Customer Service composite)
- Doctor Had Your Records/Information at Appointment (within Coordination of Care composite)
- Doctor's Office Helped to Coordinate Care (within the Coordination of Care composite)
- Doctor Informed on Care Provided by Specialists (within Coordination of Care composite)
- Getting Needed Prescription Drugs*
 - Easy to Use PDP to Get Prescribed Medicines*
 - Easy to Use PDP to Get Medicines at Pharmacy/by Mail
- Influenza Vaccination

**Statistically significant change*

Getting Urgent Care decreased by over 4 percentage points while Getting Routine Care improved by almost 2 percentage points, contrasting with the Medi-Cal survey results.

Survey results identify the need to improve Prescription Drug access for L.A. Care D-SNP members. Responses indicate that members do not find it easy to use the prescription benefit. This presents an opportunity to provide more instructions and guidance on using this crucial benefit.

Unlike the other lines of business, the MAPD CAHPS survey is the only one to report increases in the Health Plan Customer Service composite, with the rate changes in the overall composite and in Health Plan CS Provided Needed Information/Help showing statistically significant improvements. L.A. Care can investigate if there are differences in operations for Medicare members compared to other lines of business.

This is the last year that Influenza Vaccination will be measured via a survey. There is an existing Healthcare Effectiveness Data and Information Set measure that is reported for all our other LOBs. Medicare will start reporting this measure next year.

SECTION 5: INTERVENTIONS

L.A. Care has been working on a long-term strategy to address some of the common issues within the lines of business, such as access to care, attitude and service, and billing and financial issues. In 2022, the Member Experience Work Group merged into the Elevating Customer Experience Cross-Functional Team (ECE). In 2024, Dr. Edward Sheen, Chief Quality and Population Health Executive streamlined ECE into the Enterprise CAHPS Leadership Team. This team consists of executive leadership across various departments in L.A. Care. QI and the Stars team steer the Enterprise CAHPS Leadership Team and administers the VIIP programs to improve member experience, while several other programs throughout the organization contribute to expand access and quality interactions between members and the plan.

Improving member experience cannot happen in a silo and requires collaboration across the organization. This led to the convening of the Enterprise CAHPS Leadership team. There is representation from Quality Improvement, Product Teams, Customer Solution Center, Quality Performance Management, Pharmacy, and Provider Network Management. This group meets bi-weekly to share current efforts and strategize on future joint initiatives including, but not limited to:

- Identify and work with lower-performing PCPs, clinics, and/or PPGs to improve CAHPS performance.
- Conduct near real-time member surveys after an office or telehealth visit is completed.
- Conduct member journey mapping.
- Improve understanding of benefits/more focused approach on member and enrollment materials.
- Improve processes around referrals, service transfer, and pre-authorizations.

L.A. Care also continues various efforts, such as the patient experience training program, provider education, Joint Operations Meetings with PPGs, and PPG/Plan Partner action plans. The Customer Solution Center also continues to deploy new programming to drive a positive member experience, and the Elevating the Safety Net program strives to expand the long-term supply of primary care providers.

Patient Experience Training Program & Provider Education Efforts

In a partnership between the Quality Improvement (QI), Safety Net Initiatives (SNI) and vendor, SullivanLuallin Group, L.A. Care successfully launched patient experience trainings for provider offices in Fall 2020. Trainings mainly occur via webinars and online trainings, however, over the years several IPAs and clinics opted to host in-person trainings. The program conducts two series of annual training webinars open to the public, covering topics such as handling patient complaints, efficient and effective patient encounters, and building an empowered care team. Trainings are also available for IPAs and clinics to host directly for their staff.

Training series for clinicians, office staff, IPA/MSOs, and Plan Partners occurred in the spring, summer, and fall. A new Summer series focused on provider wellness with a new trainer, Dr. Travis Mellon, was introduced. New topics included Finding Shared Purpose: Meaningful Connection Within Our Work Environment; Professional Fulfillment: Finding Joy in Healthcare; Compassion as Fuel: Empowering You

Towards a Sustainable Career. In 2024, L.A. Care hosted 18 trainings during the webinar series. An additional 13 trainings were held directly for clinics. Most of these trainings were for DHS sites, with additional trainings for Watts Healthcare Corporation, Martin Luther King Outpatient Center, Chinatown Service Center, and Preferred IPA. There were 645 attendees in the webinar trainings as of November 2024, with 3 more trainings taking place in the remainder of the year. Each of the trainings received overwhelmingly positive feedback, with the average Net Promoter Score being 79.8, which is considered an “Excellent” rating.

The QI team evaluated the impact of the clinic trainings on the 2023 CAHPS Clinician and Group Survey (CG-CAHPS) to determine effect of the trainings on survey scores. Survey results showed that 10 out of the 14 clinics that hosted one or more patient experience trainings saw an improvement in year-over-year scores across the following measures of focus: Rating of Provider, Rating of Health Care; How Well Providers Communicate with Patients, Helpful, Courteous, and Respectful Office Staff. Improvements cannot be entirely correlated to the patient experience trainings; however, these findings indicate some positive influence of the trainings.

L.A. Care also began offering a provider shadow coaching program through SullivanLuallin Group. In this program, clinicians can work directly with a physician consultant. The consultant shadows the clinician for the day, works directly with them on opportunities for improvement, and provides ongoing coaching and resources. One physician who participated in the program in 2024 described the experience as “life-changing.” L.A. Care plans to continue expanding this program to support L.A. Care clinicians in delivering exceptional care to members.

The training program is coupled with creating, promoting, and distributing 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 improvement practices and resources. Resources are advertised during the trainings and instructions for accessing them are communicated in the training follow-up email.

Joint Operation Meetings (JOMs) with IPAs

Beginning in August 2019, the QI team began meeting with IPAs to discuss quality improvement efforts focused on HEDIS and CAHPS. In prior years, meetings were held quarterly, with some IPAs meeting more frequently. In 2024, Dr. Edward Sheen established Joint Operation Meetings (JOMs) in collaboration with PNM and Stars, with 10 of the largest IPAs and two Plan Partners. JOMs are now held monthly with the following objectives:

1. Improve member care and health outcomes
2. Review performance data regularly
3. Make performance visible to providers
4. Understand specific challenges and barriers to improvement
5. Commit to specific action items between meetings
6. Build and deepen collaboration

The ten IPAs are Angeles IPA, AltaMed Health Services, Allied Pacific IPA, Optum Care Network, Community Family Care, Los Angeles County Department of Health Services, Global Care IPA, Health Care Los Angeles IPA, Preferred IPA of California, and Prospect Medical Group. These ten IPAs cover a significant proportion of L.A. Care members.

Working with IPAs and Plan Partners through VIIP

The Value Initiative for IPA Performance + Pay-for-Performance (‘VIIP+P4P’) Program measures, reports, and provides financial rewards for IPA performance across multiple domains and measures. To drive performance in the network, the weighting of the member experience domain is 20%. Four member

experience measures are included, two for Adult and two for Child: Adult Getting Needed Care; Adult Timely Care and Service; Child Getting Needed Care; Child Timely Care and Service. Annual CG-CAHPS reporting continues to serve as a resource to IPAs, community clinics, physicians, DHS, and Plan Partners in monitoring and improving member experience. The reports include year-over-year trending with peer group benchmarking, cross-tabulations by measure composites and results by various demographics, and info on key quality improvement drivers.

Providers also receive the open text comments submitted by their members. Member Experience is also a domain for the LACC and D-SNP VIIP Programs. LACC VIIP uses the Patient Assessment Survey (PAS), and CMC VIIP uses the off-season PPG Consumer Assessment of Healthcare Providers and Systems-Health Outcomes Survey (CAHPS-HOS) Survey.

Annually, L.A. Care requires low-performing IPAs in any line of business to submit action plans for low-performing and high-priority domains. Plan Partners are also asked to submit action plans. Additionally, Plan Partners reported meeting with low-performing IPAs in their network about their performance, training them on best practices, and sharing resources.

CSC improvements

In 2016, the Customer Solution Center launched the VOICE (Valuing Our Individual Customers Everyday) program to optimize Call Center Infrastructure. The goal is to improve, enhance, and boost the customer experience by paving the way for standardization, flexibility, and consistency in messaging our customers across the enterprise for all lines of business. The VOICE program is a multi-faceted approach to integrate desktop applications, enhance system functionality, and improve IVR (Interactive Voice Response) capacity to enrich the caller experience. In June 2022, the successful deployment of the functionality within the Intelligent Desktop (IDT) allowed approximately 400 call agents to perform provider assignment changes for all lines of business. In addition, to prepare for the launch of the new D-SNP line of business in January 2023, the D-SNP provider assignment change functionality was included in October 2022. In 2023, the focus was to redesign call flows to include features such as self-service tools, post-call surveys (Provider Services Unit implemented this feature on 10/26/2023), and courtesy call-backs (Medi-Cal queue initiated in January 2023). This feature allows callers to remain on hold or have a customer service representative (CSR) call them back without losing their place in line, increasing customer time efficiency and satisfaction. Additionally, bi-annual trainings continued in 2023, focusing on the CSR's soft skills and knowledge base. The goal is to improve our member experience and STAR performance.

Other Interventions

Several L.A. Care programs aim to expand access to care for our most vulnerable populations. 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 committed to practicing in L.A. County's safety net. Since launching in 2018, the ESN initiative has committed to funding 56 full-tuition medical school scholarships; 199 educational loan repayment awards for primary care physicians; 194 provider recruitment awards for safety net employers who have hired primary care physicians; 44 residency slots in family, internal and pediatric medicine across five teaching institutions; training for 54 community health workers who can serve members as part of multi-disciplinary care teams; training for over 7,373 in-home care workers who can serve home bound members; 28 fellowship training slots for medical, nursing, and physician assistant students; 96 internship slots for students who seek careers in our safety net, including careers in medicine; 45 full-tuition scholarships for students pursuing a graduate degree in community medicine at the Keck Graduate Institute; and 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 the summer of 2019, L.A. Care members can access minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This provides easier access for members to have

basic needs met when their PCP is unavailable and/or traditional urgent care options are less desirable. Additionally, L.A. Care members have access to telehealth services through Teladoc as of January 2020, which serves as an additional convenient resource for some primary and specialty care services.

In 2016, L.A. Care Health Plan addressed the access to care challenges in the Antelope Valley by establishing the “L.A. Care Direct Network.” This alternative to the delegated model is a network of directly contracted primary and specialty care physicians who provide healthcare services for Medi-Cal members in the Antelope Valley.

The L.A. Care Direct Network continues to successfully close network gaps in the Antelope Valley and has expanded to cover Medi-Cal members across Los Angeles County. This is a long-term approach to improving member experience; direct contracts allow L.A. Care to control all dimensions of the care experience.

SECTION 6: OPPORTUNITIES FOR IMPROVEMENT

Based on the above collection of member experience surveys, there are multiple opportunities to expand the provider network for primary care physicians and specialists. L.A. Care has been working on a long-term strategy to address some of the common issues within the lines of business. This remains very similar to prior years, as our opportunities for improvement remain similar to prior years.

Members in all business lines have two top areas of concern: Getting Needed Care and Getting Care Quickly. Given that these themes appear to arise across all product lines, they were selected as the focus in previous years and will remain so in 2024.

The survey vendor identified the below priorities for improvement for the Adult Medi-Cal survey:

1. Improving health plan provider network – (highly-rated personal doctors)
2. Improving member access to care – (getting urgent care)
3. Improving member access to care (ease of getting needed care, tests, or treatment)
4. Improving health plan provider network – (highly-rated specialists)
5. Improving member access to care (getting specialty care)

The survey vendor identified the below priorities for improvement for the Child Medi-Cal survey:

1. Improving health plan provider network (highly rated personal doctors)
2. Improving member access to care (ease of getting needed care, tests, or treatment)
3. Improving member access to care (getting urgent care)
4. Improving member access to care (getting specialty care)
5. Improving health plan provider network (highly rated specialists)

Based on the analysis above and building upon the priorities from the previous year, L.A. Care can focus on several areas of opportunity to improve CAHPS and help reduce appeals and grievances moving forward. These areas are listed below in no order, with the primary Ratings, Composites, and/or Grievances/Appeals categories addressed and the opportunities available.

PRIORITIES FOR 2025:

The priorities apply to all L.A. Care product lines (MCLA, LACC, D-SNP). Only Priority 5 develops product line-specific strategies.

PRIORITY 1: *Improve the office visit experience.*

- Addresses: Attitude and Service, Rating of Personal Doctor, and Coordination of Care.
- Opportunities: Offer training and tools for self-assessment. Implement a post-visit satisfaction survey.
- 2025 strategies:
 - Continue to offer patient experience training to the entire network and increase attendance.
 - Continue offering shadow coaching to low-performing providers.
 - Implement a near real-time member survey after an office or telehealth visit is completed.

PRIORITY 2: *Expand access to care.*

- Addresses: Getting Care Quickly, Getting Needed Care, and Access.
- Opportunities: Make new care options available to members
- 2025 strategies:
 - Outreach to members about the availability of MinuteClinic and Teladoc.
 - Conduct targeted preventive care outreach for vaccinations, screenings, and wellness exams to encourage utilization.
 - Continue the Elevating the Safety Net program to increase the supply of providers.
 - Ensure members can access routine care.
 - Encourage providers and PPGs to offer telehealth services.
 - Continue to expand the Direct Network, including through access to telemedicine specialty care.
 - Continue improving equitable outcomes for members and ensure L.A. Care interventions and programs are developed and implemented through an equity lens.
 - Partner with vendors to provide at-home care options, such as at-home test kits and mobile healthcare services in Community Resource Centers.

PRIORITY 3: *Ensure accountability for all network entities, including Plan Partners, IPAs/PPGs, clinics, and the provider network, to prioritize customer experience.*

- Addresses: All Ratings and Composites.
- Opportunities: Ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 2025 strategies:
 - 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 the best way to design interventions.
 - Continue Joint Operation Meetings to hold IPAs accountable for quality improvement.
 - Identify and work with lower-performing PCPs, clinics, and/or IPAs to improve performance.

PRIORITY 4: *Improve the member, provider, and community experience when engaging with L.A. Care.*

- Addresses: Customer Service and Attitude and Service.
- Opportunities: Ensure members' concerns are resolved quickly and treated with respect when contacting/contacted by L.A. Care. Improve providers' experience with L.A. Care and ensure that the community positively perceives the organization.
- 2025 strategies:
 - Continue implementing technical enhancements in the Call Center through VOICE initiatives and staff training.
 - Develop a real-time mechanism for measurement of customer service touchpoints.
 - Improve L.A. Care's member and provider data validity scores.

- Improve measures around how often the health plan's customer service treated members courteously and respectfully by implementing a monthly workgroup meeting with quality monitoring and training teams.
- Conduct member journey mapping across the various product lines.

PRIORITY 5: *Develop product line-specific strategies.*

- Addresses: Billing and Finance and Rating of Health Plan.
- Opportunities: Identify and address product line-specific rules, regulatory requirements, and common member issues while identifying and addressing commonalities. Focus on improving star ratings for the LACC and D-SNP lines of business and work to decrease the negative impact of the Medi-Cal redetermination process on members.
- 2025 strategies:
 - Continue efforts to retain D-SNP members and launch various strategies to improve LACC and D-SNP star ratings.
 - Partner with the EvenMore outreach team on a member disenrollment survey to gain insights on disenrollment.
 - Partner with the Direct Network team to improve DN responses in the Provider Satisfaction Survey (PSS).
 - Partner with the Practice Transformation team to continue the Direct Network advisory board.
 - Improve understanding of benefits/more focused approach on member and enrollment materials.
 - Improve processes around referrals, service transfers, and pre-authorization.

CONCLUSION

- Continue collaborative meetings to discuss priority areas to improve member experience.
- Continue interventions such as action plans, patient experience trainings, and distribution of educational resources.
- Continue emphasis on member experience through the VIIP and Plan Partner Incentive programs.
- Utilize the VOICE program to make improvements to the Call Center.
- Prioritize member experience in product line STARS improvement strategies.

SECTION 7: CG-CAHPS ANALYSIS

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REVIEWERS: DONNA SUTTON, ALEX LI, MD, & EDWARD SHEEN, MD

BACKGROUND/SUMMARY

In 2023, L.A. Care Health Plan was surveyed to assess patient experience with the care delivered by providers serving L.A. Care's Medi-Cal population. The 2023 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.

Adults and parents/guardians of child patients were eligible to be sampled for the survey if they had a visit with an enrolled provider in the 12 months from October 1, 2022, to September 30, 2023. The survey was in the field from January 22, 2024, to May 13, 2024. The target sample for the CG-CAHPS survey 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 158,989 total sample members, 37,791 members responded to the survey for an overall response rate of 23.8%. This is a slight decrease of 0.9 percentage points from the prior year. 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 complete reports showing key driver analyses.

CG-CAHPS and Health Plan CAHPS (HP CAHPS) are worded similarly for many measures. 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

Various 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 2023 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; behavior and growth for child survey)
- 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, CG-CAHPS was extended to include supplemental questions that further other continuous quality improvement purposes (CQI):

- Questions that 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 about improving services and information.

SURVEY CHANGES FROM THE PRIOR YEAR

There were no revisions to the survey instrument between 2022 and 2023.

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. A new development in 2023 was the introduction of text message outreach in which sample members preferred language and had the option to switch languages via text or online survey. 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, Farsi, Arabic, Khmer, Russian, or Tagalog. Mail and phone interviews were available in English and

Spanish for all patients. Patients 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 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 provider groups that aren't performing as well as their peers. Education was provided and communicated through group and individual meetings with staff and the dissemination of 'Best Practices' documents. Staff also promoted L.A. Care's extensive webinar training series on member experience. With the sampling of physician-level CG-CAHPS, which began in 2019, more interest in solo and small-group provider results was garnered. The 2022 reports were generated and distributed to over 150 adult and child 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.

Most ratings and composites increased from 2022 to 2023 for both the Adult and Child CG-CAHPS survey, disrupting a year-over-year trend of measure performance plateaus/declines. These improvements indicate a positive upward trend in patients' assessments of their healthcare delivery experience.

Several of these improvements were statistically significant:

- Adult
 - Overall Rating of Provider
 - Overall Rating of Provider – Primary Care
 - Overall Rating of Health Care
 - Specialist Appointment As Soon As Needed (within Getting Needed Care composite)
 - Provider Shows Respect (within Doctor-Patient Interactions composite)
 - Discussed All Prescription Medicines (within Coordination of Care composite)
 - Office Staff
 - Office Staff were Respectful
 - Health Promotion
 - Provider Discussed Eating Habits
 - Provider Discussed Exercise
 - Discussed Challenges with Taking Care of Health (supplemental item)
 - Able to Get an Interpreter (L.A. Care additional item)
 - Overall Rating of Health Plan (L.A. Care additional item)
 - Overall, Trust in Doctor (L.A. Care additional item)
- Child
 - Overall Rating of Provider
 - Overall Rating of Provider – Primary Care
 - Overall Rating of Health Care
 - Getting Needed Care
 - Easy to Get Care, Tests, or Treatment
 - Specialist Appointment As Soon As Needed
 - Provider Spends Enough Time (within Doctor-Patient Interaction composite)
 - Coordination of Care
 - Provider Knows Medical History

- Follow-up on Test Results Provided
- Office Staff
 - Office Staff were Helpful
 - Office Staff were Respectful
- Child Development
 - Provider Discussed Child's Moods and Emotions
 - Provider Discussed Child's Growth
 - Provider Discussed Child's Behavior
 - Provider Discussed Child Getting Along with Others
- Health Promotion
 - Provider Discussed Eating Habits
 - Provider Discussed Exercise
- Visit Started within 15 Minutes of Appointment (L.A. Care Additional Item)
- Provider Informed and Up to Date (L.A. Care Additional Item)
- Overall Rating of Health Plan (L.A. Care Additional Item)
- Overall, Trust in Doctor (L.A. Care Additional Item)

Only one measure, Flu Vaccinations for Adults, experienced a statistically significant decrease from 2022.

L.A. Care will continue to improve member experience through various QI efforts, even during the most difficult times. Many data-driven interventions are being implemented, including working directly with the provider network and organizations to identify areas of opportunity and means to create an excellent patient experience.

ADULT SURVEY RESULTS

Composite	2021 Rate	2022 Rate	2023 Rate	Rate Change 2021-2022*	Rate Change 2022-2023*
Coordination of Care	54.2%	53.4%	54.7%	-0.8%	1.4%
Doctor Patient Interaction	68.9%	68.2%	69.3%	-0.7%	1.0%
Getting Needed Care	53.4%	54.6%	56.0%	1.2%	1.4%
Health Promotion	42.4%	42.1%	44.3%	-0.3%	2.1%
Office Staff	65.0%	64.4%	66.0%	-0.6%	1.6%
Overall Rating of All Healthcare	63.4%	64.9%	67.7%	1.5%	2.8%
Overall Rating of Health Plan	63.2%	64.0%	67.0%	0.8%	3.0%
Overall Rating of Provider	64.2%	64.0%	66.1%	-0.2%	2.1%
Timely Care and Service	50.4%	49.5%	50.2%	-0.9%	0.7%
Visit Started w/in 15 min of Appt	30.2%	31.3%	31.6%	1.1%	0.3%

*Statistically significant differences at the 95% confidence level are Bolded in **red** or Bolded **green**.

CHILD SURVEY RESULTS

Composite	2021 Rate	2022 Rate	2023 Rate	Rate Change 2021-2022*	Rate Change 2022-2023*
Child Development	58.1%	61.7%	64.1%	3.6%	2.3%
Coordination of Care	62.1%	60.7%	63.2%	-1.4%	2.5%
Getting Needed Care	54.4%	53.5%	56.5%	-0.9%	3.0%
Doctor-Patient Interaction	72.3%	70.4%	71.6%	-1.9%	1.3%
Health Promotion	67.2%	69.4%	71.3%	2.2%	1.9%
Office Staff	65.3%	62.6%	66.3%	-2.7%	3.7%
Overall Rating of All Healthcare	73.7%	74.1%	76.4%	0.4%	2.3%
Overall Rating of Health Plan	74.9%	75.2%	77.2%	0.3%	2.0%
Overall Rating of Provider	70.3%	67.5%	70.4%	-2.8%	2.9%
Timely Care and Service	58.0%	53.9%	55.6%	-4.1%	1.7%
Visit Started w/in 15 min of Appt	30.6%	29.4%	32.1%	-1.2%	2.7%

*Statistically significant differences at the 95% confidence level are Bolded in **red** or Bolded **green**.

H.1.d MEMBER SERVICES TELEPHONE ACCESSIBILITY

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REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

To measure member services telephone accessibility across all lines of business (Medi-Cal, PASC, Medicare, and the Marketplace), L.A. Care uses CISCO, an industry-leading consolidated telephone system and reporting tool. The system collects and reports telephone statistics that the Member Services Department uses to create reports. The system uses offered calls for each respective line of business as the denominator for calculating performance measures. The table and chart below compare L.A. Care's telephone accessibility for 2022, 2023, and 2024 performance goals.

2024 QI WORK PLAN GOAL

The Customer Solution Call Center is responsible for meeting Key Performance Indicators (KPIs), including Service Level and Abandonment Rate, for each line of business.

MEASURES AND RESULTS

Member Services Telephone Accessibility Compliance Results					
Measure	2023 Goal	2022 Rate	2023 Rate	2024 Rate	2024 Goal Met
Medi-Cal Call Abandonment Rates	≤ 5%	37.88%	38.55%	24.88%	No
Medi-Cal Percent of Calls Handled within 30 Seconds	80%	29.41%	23.35%	49.24%	No
LACC Call Abandonment Rates	< 3%	2.87%	2.65%	3.52%	No
LACC Percent of Calls Handled within 30 Seconds	80%	88.17%	87.47%	80.02%	Yes

Member Services Telephone Accessibility Compliance Results					
Measure	2023 Goal	2022 Rate	2023 Rate	2024 Rate	2024 Goal Met
CMC Call Abandonment Rates	N/A	3.90%	N/A	N/A	N/A
CMC Percent of Calls Handled within 30 Seconds	N/A	88.43%	N/A	N/A	N/A
D-SNP Call Abandonment Rates	≤ 5%	N/A	2.16%	4.22%	Yes
D-SNP Percent of Calls Handled within 30 Seconds	80%	N/A	87.52%	86.01%	Yes
PASC Call Abandonment Rates	≤ 5%	12.50%	2.46%	5.90%	No
PASC Percent of Calls Handled within 30 Seconds	80%	47.41%	83.26	85.54%	Yes

Quantitative Analysis

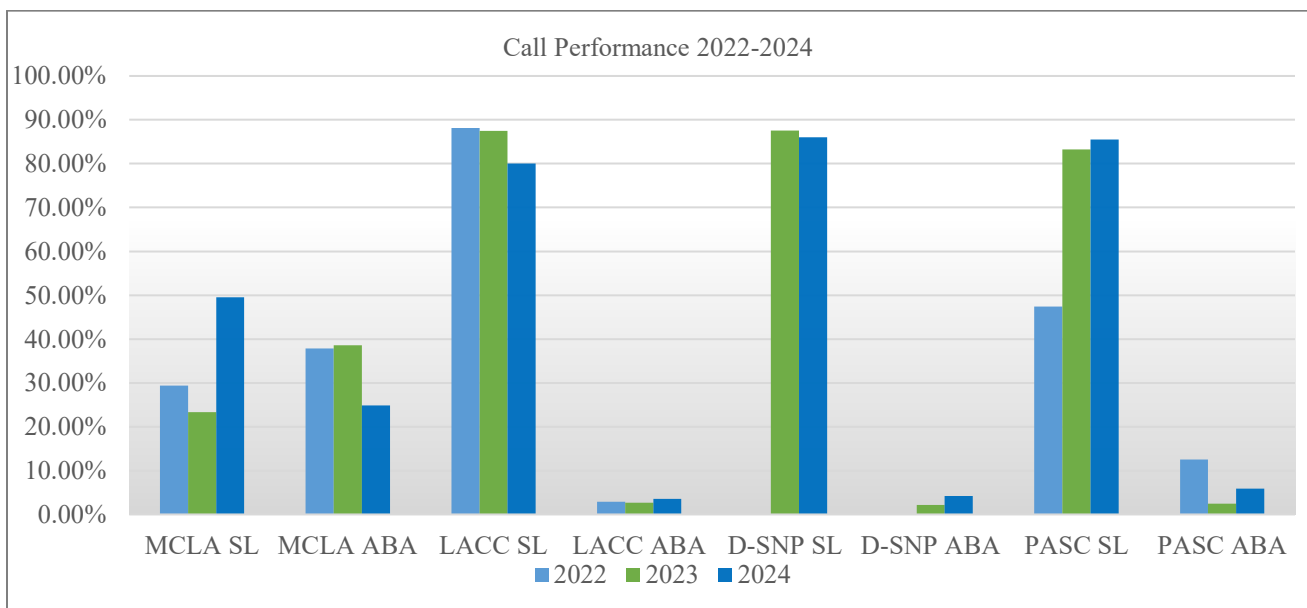
The Customer Solution Call Center experienced challenges meeting the Service Level (SL) and Abandonment Rate (ABA) call performance metrics during FY 23-24 for MCLA. The performance is outlined below:

Goals Met:

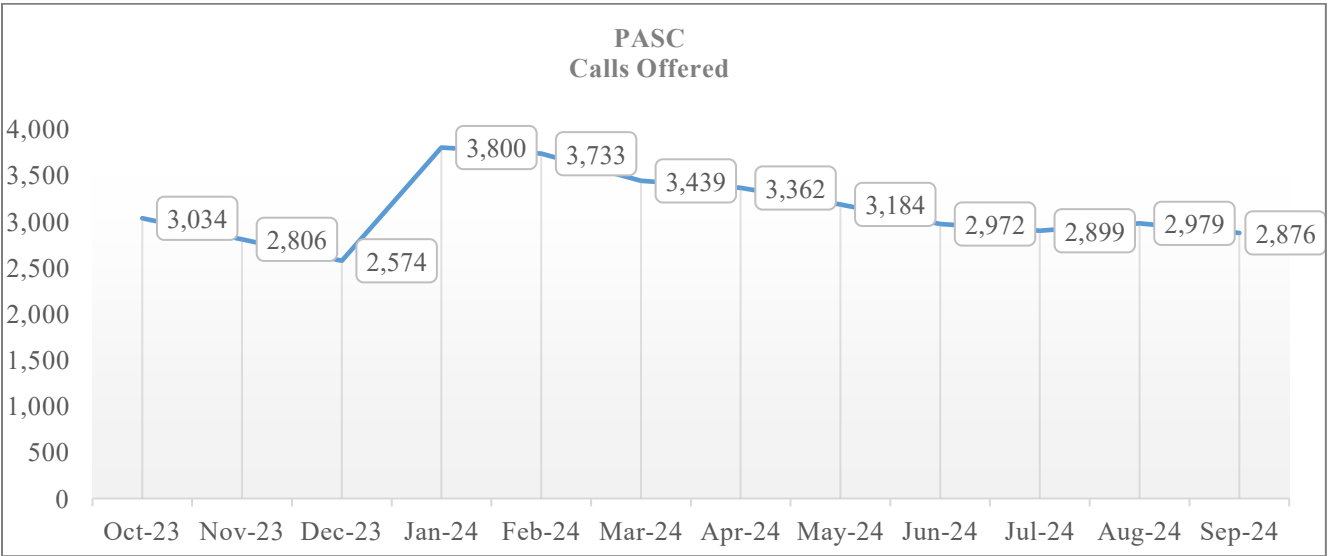
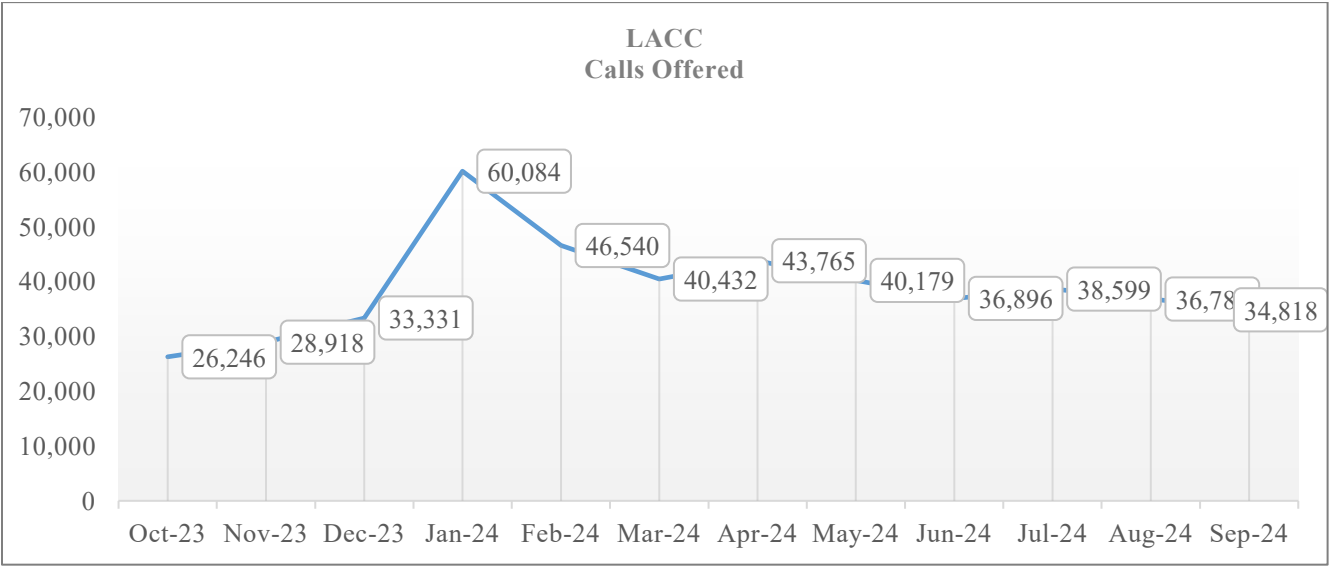
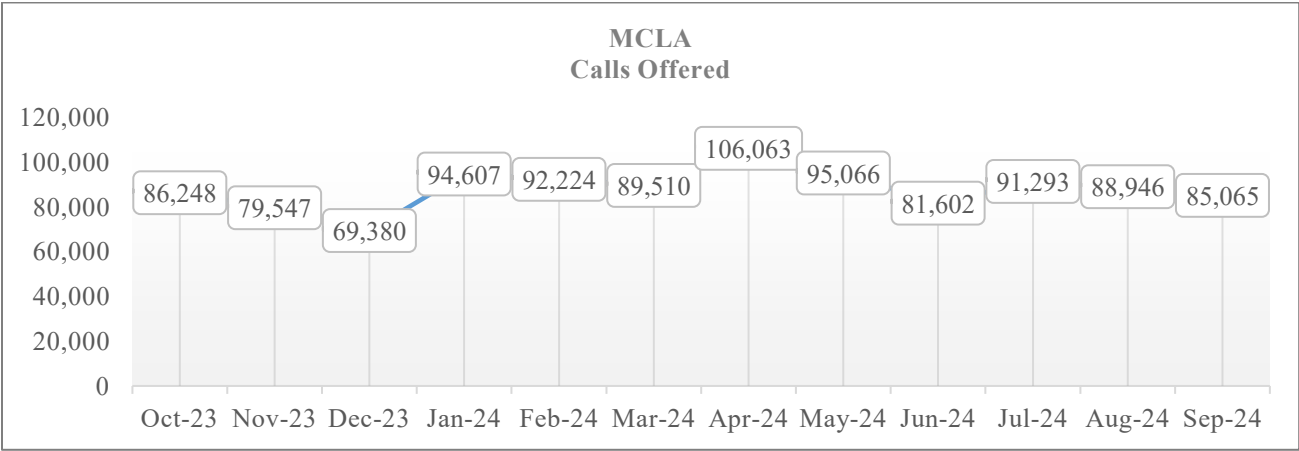
- Service Level was met for D-SNP at 86.01%
- Service Level was met for LACC at 80.02.47%
- Abandonment Rate was met for D-SNP at 4.22%
- Service Level was met for PASC at 85.54%

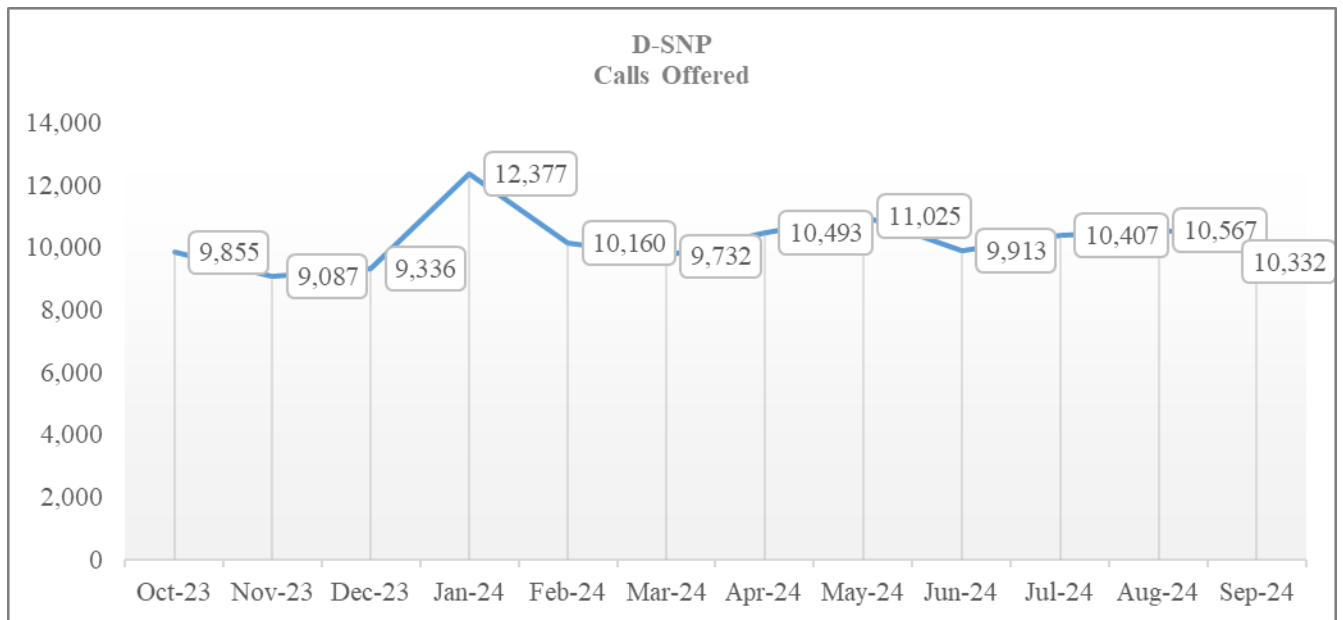
Goals Not Met:

- Abandonment Rate was not met for LACC at 3.52%
- Abandonment Rate was not met for MCLA at 24.88%
- Service Level was not met for MCLA at 49.24%%
- Abandonment Rate was not met for PASC at 5.90%



The charts below outline an overview of member services' monthly call volume:





Qualitative Analysis

Barrier

The continued deficiency in staffing has been the main factor impeding the ability to meet KPIs for MCLA.

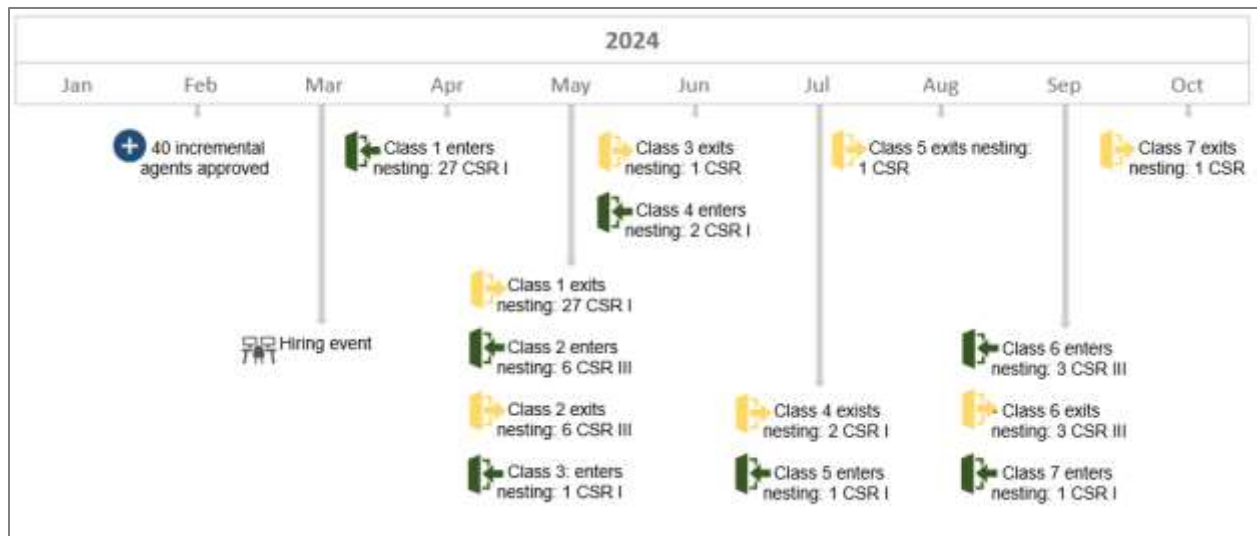
Interventions

The Customer Solution Center (CSC) Workforce Management team (WFM) performed a staffing analysis that identified the need for an additional 152 Customer Solution Representative (CSR) positions and presented the request to the Resource Review Board (RRB) in April 2022.

Effectiveness of Interventions/Outcomes

On February 23, 2024, the call center received approval for the final 40 CSR positions and held a massive hiring event on March 9, 2024, to fill all open positions. In addition, on August 15, 2024, an amendment to the Vendor contract was executed to increase their headcount. As a result of onboarding the added representatives, the call center performance has seen steady improvement for LACC, D-SNP, and MCLA since May 2024.

After representatives complete Instructor-Led Training (ILT), they enter a ‘nesting’ phase, where they handle live calls within a controlled training environment. Taking live calls will positively impact service levels and abandonment rates as the added resources handle more member calls. Below is the timeline of when the incremental positions entered and exited the nesting environment.



CONCLUSION

The Customer Solution Center (CSC) Workforce Management team (WFM) will continue conducting a quarterly analysis to determine staffing needs for each product line. In addition, the call center is transitioning to a new system of record in Q1 of 2025, and it is anticipated that this will improve call handling processes and decrease average handle time, leading to enhanced call center performance goals. The recruiting, training, and call center management team will continue to meet weekly to review staffing and backfill open positions as expeditiously as possible.

H.2 ACCESS TO CARE

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BACKGROUND/SUMMARY

L.A. Care Health Plan monitors its provider network accessibility across all provider networks, including Medi-Cal, PASC-SEIU Homecare Workers, D-SNP, L.A. Care Covered, and L.A. Care Covered Direct annually to ensure all members have adequate access to primary care, specialty care, non-physician mental health care, and ancillary services. L.A. Care contracts with the vendor Center for the Study of Services (CSS) to conduct the Provider Appointment Availability Survey as prescribed by the Department of Managed Health Care (DMHC) and the Provider After-Hours Access Survey. L.A. Care uses the results of these surveys to assess network compliance with provider appointment availability and after-hours access standards. L.A. Care also identifies opportunities for improvement by developing and prioritizing interventions to bring the network into compliance.

OBJECTIVES

- Measure appointment availability and after-hours accessibility of L.A. Care's Medi-Cal, PASC-SEIU, D-SNP, L.A. Care Covered (LACC), and L.A. Care Covered Direct (LACCD) practitioner network for members, including primary care physicians (PCPs), specialty care physicians (SCPs), non-physician mental health (NPMH), and ancillary providers.
- Monitor supplemental data related to access to care, including CAHPS, CG-CAHPS, and member grievances.
- Identify areas for improving provider appointment availability and after-hours accessibility.
- Develop, prioritize, and implement appropriate interventions for identified opportunities for improvement.

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Section 7: Conclusion and Plan of Action

SECTION 1: PROVIDER APPOINTMENT AVAILABILITY SURVEY

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY2023 Provider Appointment Availability Survey (PAAS) as prescribed by the MY 2024 DMHC PAAS Methodology. L.A. Care provided CSS with a provider database. Before fielding began, L.A. Care sent out a postcard to Participating Physician Groups (PPGs), Plan Partners, and the Direct Network to inform them about the upcoming survey and emphasize the importance of participation. The vendor conducted a telephonic survey using L.A. Care's approved survey tools for PCPs, SCPs, Non-Physician Mental Health providers, Psychiatrists, and Ancillary providers. L.A. Care added non-DMHC required questions related to various availability and access standards. In addition to surveying the DMHC-required specialists, L.A. Care surveyed its top five high-impact and high-volume specialists (based on encounter data from the previous

calendar year) in the MCLA, D-SNP, L.A. Care Covered, and L.A. Care Covered Direct networks. First, the vendor attempts to survey the providers via email, which includes a spreadsheet of personalized survey URLs for each provider. Then, the vendor attempts to reach all providers in the survey database and made up to three (3) call attempts. Providers that refused to participate, did not answer the phone during normal business hours, or did not respond to the survey within 48 hours were excluded from the compliance calculations. Ineligible providers were also excluded from compliance calculations. Ineligible providers were identified as not participating in the network, and incorrect or non-working contact information: phone/fax number, email (defined by the DMHC MY 2024 PAAS Methodology). The survey vendor identified eligible providers as actively in the L.A. Care network and able to participate in the survey.

Appointment types measured in MY 2023 include the following:

- Urgent Appointments
- Non-urgent or Routine Appointments
- Preventive Services
- Initial prenatal appointment
- In Office Waiting Room Time
- Normal Business Hours Call Back for Immediate Care
- Call Back for Rescheduling Missed Appointments
- Process for Rescheduling No-Show Appointments
- Mental Health Follow-Up Appointments

RESPONSE RATES

Tables 1a through 1b display unique provider sample sizes by name of network and provider type. The original sample size was populated with providers in the L.A. Care network when the provider database was created. The response rate calculates the percentage of providers that responded to the survey out of the sum of providers that responded, refused, and did not respond after the maximum number of call attempts.

	Provider Type	Original Sample Size	Eligible Provider Sample Size	Response Rate
MCLA	Non-MD Mental Health & Psychiatry	5,967	4,236	38%
PASC-SEIU	Non-MD Mental Health & Psychiatry	4,891	3,566	39%
D-SNP	Non-MD Mental Health & Psychiatry	2,619	1,926	48%
L.A. Care Covered	Non-MD Mental Health & Psychiatry	5,314	3,929	36%
L.A. Care Covered Direct	Non-MD Mental Health & Psychiatry	3,221	2,424	40%

[^]Mental health providers in the plan partner networks are not included in the MY 2023 survey.

Table 1b: Appointment Availability Provider Response Rate (Ancillary)^				
	Provider Type	Original Sample Size	Eligible Provider Sample Size	Response Rate
MCLA	Physical Therapy & Mammogram	325	248	47%
PASC-SEIU	Physical Therapy & Mammogram	145	115	47%
D-SNP	Physical Therapy & Mammogram	166	123	47%
L.A. Care Covered	Physical Therapy & Mammogram	290	222	48%
L.A. Care Covered Direct	Physical Therapy & Mammogram	125	99	51%

Table 1c: Appointment Availability Provider Response Rate (Primary Care Physician) ^			
	Original Sample Size	Eligible Provider Sample Size	Response Rate
MCLA	5,660	4,299	52%
PASC-SEIU	282	223	94%
D-SNP	2,262	2,022	60%
L.A. Care Covered	3,290	2,890	59%
L.A. Care Covered Direct	3,290	2,890	59%

Table 1d: Appointment Availability Provider Response Rate (Specialty Care Physician) ^			
	Original Sample Size	Eligible Provider Sample Size	Response Rate
MCLA	6,314	4,355	43%
PASC-SEIU	274	259	90%
D-SNP	2,610	1,972	45%
L.A. Care Covered	3,023	2,264	45%
L.A. Care Covered Direct	3,023	2,264	45%

RESULTS

Table 2 below displays aggregate results by the Medi-Cal, PASC-SEIU, D-SNP, L.A. Care Covered, and L.A. Care Covered Direct networks. Ineligible providers were excluded from compliance calculations. Providers who did not respond to the survey (did not answer the phone call during normal business hours) or refused participation were recorded as non-responders and excluded from compliance calculations.

Primary Care results are displayed by composite (all surveyed PCP types). Specialty results are displayed by Composite (all surveyed specialties excluding mental health), and DMHC requires high impact, high volume, and mental health. All results are compiled into a Specialty Compliance Summary for full specialty breakdowns for DMHC required, high volume, and high impact specialty types.

QUALITATIVE COMPLIANCE RESULTS: MEDI-CAL, MCLA, D-SNP, PASC, LACC, LACCD

Table 2 below displays compliance rates by all lines of business (LOBs) for Primary Care Physicians (PCPs) and Specialty Care Physicians (SCPs).

L.A. Care Health Plan sets timely access standards for its network providers to ensure that members can effectively and appropriately access covered services. The Measurement Year (MY) 2023 Provider Appointment Availability Survey collects data regarding the appointment availability of providers for members enrolled in the L.A. Care network. To support this initiative, L.A. Care has contracted with the Center for the Study of Services (CCS) to conduct the annual Provider Appointment Availability Survey (PAAS). The survey encompasses two types of providers: Primary Care Physicians (PCPs) and Specialty Care Physicians (SCPs).

Before the PAAS begins, providers receive notifications via announcement postcards. The survey fielding was conducted from October 2023 to December 2023, with results collected through fax and email, supplemented by phone follow-ups for non-respondents.

Table 2 provides a three-year trend analysis of nine appointment standards for Primary Care Providers (PCP) and seven standards for Specialty Care Providers (SCP) across various lines of business, including Medi-Cal (MC), L.A. Care Medi-Cal Direct (MCLA), Dual Eligible Special Needs Plan (D-SNP), PASC-SEIU, L.A. Care Covered (LACC), and L.A. Care Covered Direct (LACCD). The variance reflects changes from the previous year, while the "goal met" status indicates whether providers achieved L.A. Care's compliance target of 80% or higher.

It is essential to recognize that Table 2 PCP and the SCP composite across all lines of business (LOBs) reveal that a significant number of appointments have not met L.A. Care's compliance goal of over 80%. Specifically, appointments for PCP urgent visits (scheduled within 48 hours), routine visits (within 10 business days), urgent specialty care appointments (within 96 hours), and routine specialty care appointments (within 15 business days) have not sufficiently addressed patients' access to care needs across most LOBs. This challenge also impacts adult and child preventive services, initial prenatal visits, in-office waiting times, callbacks during normal business hours, and the time required to reschedule missed appointments.

For any goals that the PPGs do not meet, L.A. Care issues a corrective action plan (CAP). The PPGs are expected to complete this plan by October, offering solutions that directly address the reasons for their non-compliance, particularly for any measures that fall below the 80% compliance threshold. The CAP aims to encourage PPGs to comprehensively evaluate their underperforming providers, identify the root causes of their non-compliance, and explore specific opportunities and interventions for improvement. Among the recommendations proposed by L.A. Care to help the PPGs improve compliance are enhancing clinic schedules, hiring additional staff, extending hours of operation, introducing walk-in clinics, and investing in telehealth services to overcome geographic barriers.

At present, L.A. Care is reviewing the CAPs related to these unmet goals and will evaluate the proposed solutions from the PPGs. Ultimately, L.A. Care will decide whether to accept or reject these proposals based on their effectiveness and feasibility.

Additionally, L.A. Care works with CSS to create Oversight and Monitoring (O&M) workbooks for all the appointment measures that fall below the 80%+ compliant threshold. These workbooks and supporting materials are provided to the Participating Physician Groups (PPGs) to help them bring their non-compliant providers into compliance. PPGs are to work with their providers to bring them into compliance and re-survey providers every quarter or bi-annually until they are compliant. The workbooks are due from the

PPGs either quarterly or on a bi-annual basis. If the PPGs can bring [ALL] providers into compliance within one quarter or bi-annually, they are exempt from subsequent submissions.

It is important to note that if the PPGs meet the goal, meaning no issues are found with the appointments, then no further action is required, and providers are exempt from submitting CAPs or O&M workbooks. However, it's crucial to understand that continued noncompliance or failure to produce evidence of remediation will be escalated according to L.A. Care policies and procedures, underscoring the seriousness of the matter to the PPGs account manager.

QUANTITATIVE COMPLIANCE RESULTS: MEDI-CAL, MCLA, D-SNP, PASC, LACC, LACCD

Table 2 below displays compliance rates by all lines of business (LOBs) for Primary Care Physicians (PCPs) and Specialty Care Physicians (SCPs)

Table 2 illustrates a three-year trend for nine (PCP) and seven (SCP) appointment standards by lines of business, including Medi-Cal (MC), L.A. Care Medi-Cal Direct (MCLA), Dual Eligible Special Needs Plan (D-SNP), PASC-SEIU, L.A. Care Covered (LACC), and L.A. Care Covered Direct (LACCD). The variance reflects changes from the previous year, while the "goal met" status indicates whether providers achieved L.A. Care's compliance goal of 80% or higher.

As depicted in Table 2, a significant portion of the appointment availability goals fell short of the L.A. Care standard compliance rate of 80% or higher. This resulted in many patients being unable to schedule within the standard urgent timeframes for Primary Care Physicians (PCP) within 48 hours or Specialty Care Physicians (SCP) within 96 hours. The same was true for routine appointments: PCP within 10 business days and SCP within 15 business days. This urgent situation calls for immediate attention and action.

Notably, on average, fewer Primary Care Providers (PCPs) were available to meet appointment service requests compared to Specialty Care Providers (SCPs). This pattern is evident across various service types, including urgent care, routine visits, adult and child preventive services, initial parental appointments, in-office waiting times, responses during normal business hours, and callbacks to reschedule missed appointments. The red cells in Table 2 indicate that PCPs met fewer goals than SCPs.

L.A. Care rigorously assesses its progress toward achieving established objectives through data-driven decisions that target the fundamental causes of insufficient appointment availability. This evaluation uses graphs, tables, and Corrective Action Plans (CAPs). The CAPs submitted by the Participating Physician Groups (PPGs) undergo meticulous review to identify the root causes of non-compliance. This comprehensive analysis involves an in-depth examination of these root causes, alongside an assessment of the actions implemented to address the issues and prevent future occurrences. Since the CAPs are currently under evaluation, we do not yet have data to explain the failure of the PPGs to meet the L.A. Care compliance rate of 80% or higher.

It is important to note that the organization's steadfast commitment to compliance is clearly demonstrated at every step of this process. L.A. Care also reviews supporting documentation to validate the effectiveness of the implemented actions. Following this assessment, L.A. Care will determine whether to accept or reject the proposed solutions to address the concerns highlighted by the PPG. If a CAP is rejected, L.A. Care follows up with the PPGs, offering educational materials or support to assist them in guiding providers on prioritizing high-urgency cases when scheduling appointments.

Table 2: PCP and SCP Composite (All LOBs)		MC		MCLA		D-SNP		PASC		LACC		LACCD	
		PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP
Urgent Appointment	2023	73%	69%	74%	72%	73%	67%	57%	94%	75%	66%	75%	66%
	2022	73%	56%	72%	54%	72%	58%	55%	69%	74%	56%	63%	56%
	2021	81%	67%	79%	67%	79%	63%	58%	81%	79%	65%	79%	65%
Variance		0%	13%	2%	18%	1%	9%	2%	25%	1%	10%	12%	10%
L.A Care Goal		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Goal Met		No	No	No	No	No	No	No	Yes	No	No	No	No
Routine Appointment	2023	85%	75%	87%	80%	87%	77%	66%	96%	89%	76%	89%	76%
	2022	89%	70%	88%	70%	89%	71%	77%	89%	90%	71%	100%	71%
	2021	92%	77%	91%	78%	92%	75%	79%	90%	92%	76%	92%	76%
Variance		-4%	5%	-1%	10%	-2%	6%	-11%	7%	-1%	5%	-11%	5%
L.A Care Goal		89%	80%	89%	80%	89%	80%	89%	80%	89%	80%	89%	80%
Goal Met		No	No	No	Yes	No	No	No	Yes	Yes	No	Yes	No
Preventive Services (Adult)	2023	95%	NA	96%	NA	95%	NA	94%	NA	96%	NA	96%	NA
	2022	98%	NA	98%	NA	98%	NA	100%	NA	97%	NA	NR	NA
	2021	97%	NA	97%	NA	97%	NA	100%	NA	97%	NA	97%	NA
Variance		-3%	NA	-2%	NA	-3%	NA	-6%	NA	-1%	NA	NR	NA
L.A Care Goal		97%	NA	97%	NA	97%	NA	97%	NA	97%	NA	97%	NA
Goal Met		No	NA	No	NA	No	NA	No	NA	No	NA	No	NA
Preventive Services (Pediatric)	2023	90%	NA	92%	NA	91%	NA	89%	NA	92%	NA	92%	NA
	2022	91%	NA	91%	NA	91%	NA	88%	NA	91%	NA	NR	NA
	2021	93%	NA	93%	NA	93%	NA	98%	NA	92%	NA	92%	NA
Variance		-1%	NA	1%	NA	0%	NA	1%	NA	1%	NA	NR	NA
L.A Care Goal		93%	NA	93%	NA	93%	NA	93%	NA	93%	NA	93%	NA
Goal Met		No	NA	No	NA	No	NA	No	NA	No	NA	No	NA
Initial Prenatal Visit	2023	96%	100%	97%	100%	97%	100%	100%	100%	97%	100%	97%	100%
	2022	97%	84%	96%	84%	95%	NR	100%	96%	96%	85%	98%	85%
	2021	98%	93%	98%	93%	98%	100%	100%	90%	98%	92%	98%	92%
Variance		-1%	16%	1%	16%	2%	NR	0%	4%	1%	15%	-1%	15%
L.A Care Goal		98%	96%	98%	96%	98%	96%	98%	96%	98%	96%	98%	96%
Goal Met		No	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes
In-Office Waiting Room Time	2023	99%	96%	99%	97%	98%	97%	100%	100%	99%	97%	99%	97%
	2022	99%	96%	99%	95%	98%	97%	100%	97%	99%	96%	100%	96%
	2021	97%	95%	98%	95%	97%	95%	100%	99%	97%	95%	97%	95%
Variance		0%	0%	0%	2%	0%	0%	0%	3%	0%	1%	-1%	1%
L.A Care Goal		99%	98%	99%	98%	99%	98%	99%	98%	99%	98%	99%	98%
Goal Met		Yes	No	Yes	No	No	No	Yes	Yes	Yes	No	Yes	No
Normal Business Hours Call Back	2023	65%	57%	69%	61%	60%	54%	98%	92%	62%	53%	62%	53%
	2022	70%	51%	73%	50%	68%	49%	98%	71%	66%	51%	38%	51%
	2021	69%	56%	69%	59%	66%	58%	97%	88%	66%	53%	66%	53%
Variance		-5%	6%	-4%	11%	-8%	5%	0%	21%	-4%	2%	24%	2%
L.A Care Goal		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Goal Met		No	No	No	No	No	No	Yes	Yes	No	No	No	No
Call-Back time to Rescheduled Missed Appointments	2023	99%	88%	95%	90%	95%	89%	100%	97%	94%	89%	94%	89%
	2022	99%	92%	96%	93%	95%	92%	100%	93%	95%	92%	100%	92%
	2021	99%	88%	95%	91%	94%	89%	97%	96%	94%	91%	94%	91%
Variance		0%	-4%	-1%	-3%	0%	-3%	0%	4%	-1%	-3%	-6%	-3%
L.A Care Goal		99%	90%	99%	90%	99%	90%	99%	90%	99%	90%	99%	90%
Goal Met		Yes	No	No	Yes	No	No	Yes	Yes	No	No	No	No

Table 2: PCP and SCP Composite (All LOBs)		MC		MCLA		D-SNP		PASC		LACC		LACCD	
		PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP
Process for Rescheduling No-Shows Appointments	2023	95%	97%	99%	98%	98%	98%	100%	100%	98%	98%	98%	98%
	2022	96%	98%	100%	97%	99%	98%	100%	100%	99%	97%	100%	97%
	2021	95%	98%	99%	98%	99%	98%	100%	99%	99%	98%	99%	98%
Variance		-1%	-1%	-1%	1%	-1%	0%	0%	0%	-1%	1%	-2%	1%
L.A. Care Goal		96%	99%	96%	99%	96%	99%	96%	99%	96%	99%	96%	99%
Goal Met		No	No	Yes	No	Yes	No	Yes	Yes	No	No	Yes	No

Table 2 Source(s): [2023 AA Final Reports](#), [2022 AA Final Reports](#)

*MC: Medi-Cal & Plan Partners (Anthem Blue Cross and BlueShield Promise)

*MCLA: L.A. Care Direct Network

*Goal Met: **Yes/No** NA: Not Applicable NR: Non-Responsive

*Variance Compares 2023 and 2022 scores

Medi-Cal (MC) Primary Care Physician:

The analysis in Table 2 reveals that seven out of nine appointment categories did not achieve the compliance threshold of over 80%, with most categories showing a decline in compliance rates from 2022 to 2023. Notably, the compliance rate for normal business hours callback appointments decreased by 5%, while routine appointments dropped by 4%. Adult preventive services experienced a reduction of 3%, and pediatric preventive services fell by 1%. Initial prenatal appointments and the process for rescheduling no-show appointments also declined by 1%. Conversely, the urgent appointment category remained stable at 96%, reflecting a lack of progress.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types:

- (1) Urgent
- (2) Routine
- (3) Adult Preventive Services
- (4) Pediatric Preventive Services
- (5) Initial Prenatal Visits
- (6) Normal Business Hours Call Back
- (7) Processes for Rescheduling No-Show Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, two of the nine primary care provider (PCP) appointment standards successfully met the compliance rate of 80% or higher: the in-office waiting room time and the callback time to reschedule missed appointments. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, no improvement was seen. The rate stayed the same at 73% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 4% and did not meet the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, the number declined by 3% and did not meet the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, the rate declined by 1% and did not meet the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, the rate did not improve. It remained at 99% and met the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 5% and did not meet the L.A. Care goal of 80%.
8. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, saw no improvement. The rate remained at 99% and met the L.A. Care goal of 99%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 1% and did not meet the L.A. Care goal of 96%.

Medi-Cal (MC) Specialty Care Physician:

The analysis in Table 2 indicates that six out of the seven appointment categories did not achieve the compliance threshold of over 80%. Nevertheless, compliance rates significantly improved from 2022 to 2023. Urgent appointments increased by 13%, routine appointments rose by 5%, and callbacks during normal business hours saw a 6% uptick. Conversely, the in-office waiting times appointment category remained constant at 96%, reflecting a lack of progress in that area.

While recent progress has been made, additional efforts are required to meet L.A. Care's compliance target of over 80%. To address these findings for Participating Physician Groups (PPGs), a comprehensive corrective action plan (CAP) has been implemented. This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach across various appointment types, specifically:

- (1) Urgent
- (2) Routine
- (3) In-Office Waiting Room Time
- (4) Normal Business Hours Call Back
- (5) Call Back Time to Rescheduled Missed Appointments
- (6) Processes for Rescheduling No-Show Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, one of the seven specialty care provider (SCP) appointment standards, the initial prenatal visit, successfully met the over 80% or higher compliance rate. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, declined by 13% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 5% and did not meet the L.A. Care goal of 80%.
3. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, improved by 16% and met the L.A. Care goal of 96%.
4. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, no improvement was seen. The rate remained at 96% and did not meet the L.A. Care goal of 98%.
5. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 6% and did not meet the L.A. Care goal of 80%.
6. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** 2022 to 2023, declined by 4% and did not meet the L.A. Care goal of 90%.
7. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 1% and did not meet the L.A. Care goal of 99%.

L.A. Care Medi-Cal Direct (MCLA) Primary Care Physician:

The analysis in Table 2 reveals that seven of nine appointment categories failed to meet the compliance threshold of over 80%. Most categories showed a decline in compliance rates from 2022 to 2023. Specifically, compliance with routine and call-back times to reschedule missed appointments decreased by 1%, adult preventive services dropped by 2%, and the normal business hours call-back rate declined by 4%. In contrast, the urgent appointment category improved by 2%, while pediatric preventive and initial prenatal services experienced an increase of 1%.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types. The categories are:

- (1) Urgent
- (2) Routine
- (3) Adult Preventive Services
- (4) Pediatric Preventive Services
- (5) Initial Prenatal Visits
- (6) Normal Business Hours Call Back
- (7) Call-Back Time to Rescheduled Missed Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, two of the nine primary care provider (PCP) standards successfully met the over 80% or higher compliance rate: (1) the in-office waiting room time and (2) the process for rescheduling no-shows appointments. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 2% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, the rate declined by 2% and did not meet the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, improved by 1% and did not meet the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, improved by 1% and did not meet the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, the rate did not improve. It remained at 99% and met the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 4% and did not meet the L.A. Care goal of 80%.
8. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 99%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, declined by 1% and met the L.A. Care goal of 96%.

L.A. Care Medi-Cal Direct (MCLA) Specialty Care Physician:

The analysis in Table 2 indicates that four out of seven appointment categories failed to meet the compliance threshold of over 80%. Nevertheless, significant improvements in compliance rates were observed from 2022 to 2023. Notably, urgent appointments increased by 18%, in-office waiting room times rose by 2%, callbacks during normal business hours saw an 11% improvement, and the process for rescheduling no-show appointments improved by 1%.

While recent progress has been made, additional efforts are required to meet L.A. Care's compliance target of over 80%. To address these findings for Participating Physician Groups (PPGs), a comprehensive corrective action plan (CAP) has been implemented. This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach across various appointment types, particularly:

- (1) Urgent
- (2) In-Office Waiting Room Time
- (3) Normal Business Hours Call Back
- (4) Processes for Rescheduling No-Show Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, three of the seven Specialty Care Physicians (SCPs) standards successfully met the over 80% or higher compliance rate: (1) routine, (2) initial prenatal visit, and (3) call-back time to reschedule missed appointments. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 18% and did not meet the L.A. Care goal of 80%.

2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 10% and met the L.A. Care goal of 80%.
3. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, improved by 16% and met the L.A. Care goal of 96%.
4. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, improved by 2% and did not meet the L.A. Care goal of 98%.
5. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 11% and did not meet the L.A. Care goal of 80%.
6. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 3% and did not meet the L.A. Care goal of 90%.
7. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023, compliance rates improved by 1% but did not meet the L.A. Care goal of 99%.**

D-SNP Primary Care Physician:

The analysis in Table 2 shows that eight of nine appointment categories did not meet the compliance threshold of over 80%. Most categories experienced a decline in compliance rates from 2022 to 2023. Specifically, the compliance rate for routine appointments decreased by 2%, adult preventive services dropped by 3%, and call-back appointments during normal business hours declined by 8%.

However, several categories maintained stable compliance rates, including pediatric preventive services, in-office waiting room time, and call-back times for rescheduled missed appointments, which recorded rates of 91%, 98%, and 95%, respectively. Additionally, routine appointments experienced a slight improvement of 1%, while initial prenatal visits saw an increase of 2%.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types:

- (1) Urgent
- (2) Routine
- (3) Adult Preventive Services
- (4) Pediatric Preventive Services
- (5) Initial Prenatal Visits
- (6) In Office Waiting Room Time
- (7) Normal Business Hours Call Back
- (8) Processes for Rescheduling No-Show Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, one of the nine primary care provider (PCP) appointment standards successfully met the over 80% compliance rate: the process for rescheduling no-show appointments. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 1% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 2% and did not meet the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, the number declined by 3% and did not meet the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, no improvement was seen. The rate remained 91% and did not meet the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, improved by 2% and did not meet the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, no improvement was seen. The rate remained at 98% and did not meet the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 8% and did not meet the L.A. Care goal of 80%.
8. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, saw no improvement. The rate remained at 95% and did not meet the L.A. Care goal of 99%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023, compliance rates declined by 1% and did not meet the L.A. Care goal of 96%.**

D-SNP Specialty Care Physician:

The analysis in Table 2 indicates that six out of seven appointment categories did not meet the compliance threshold of over 80%. Nonetheless, there was a significant improvement in compliance rates from 2022 to 2023. Specifically, urgent appointments increased by 9%, routine appointments rose by 6%, and callbacks during normal business hours saw an uptick of 5%. In contrast, in-office waiting times and the processes for rescheduling no-show appointments remained unchanged at 97% and 98%, reflecting a lack of progress in those areas. Additionally, the call-back time for rescheduled missed appointments declined by 3%.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types. The focus areas include:

- (1) Urgent
- (2) Routine
- (3) In-Office Waiting Room Time
- (4) Normal Business Hours Call Back
- (5) Call Back Time to Rescheduled Missed Appointments
- (6) Processes for Rescheduling No-Show Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, one of the seven Specialty Care Physicians (SCPs) standards successfully met the over 80% compliance rate: initial prenatal visits. Consequently, the Participating Physician Groups (PPGs) are not

required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 9% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 6% and did not meet the L.A. Care goal of 80%.
3. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, had a first-time score of 100% and met the L.A. Care goal of 96%.
4. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, no improvement was seen. The rate remained at 97% and did not meet the L.A. Care goal of 98%.
5. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 5% and did not meet the L.A. Care goal of 80%.
6. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 3% and did not meet the L.A. Care goal of 90%.
7. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 98% and did not meet the L.A. Care goal of 99%.

PASC-SEIU Primary Care Physician:

The analysis in Table 2 indicates that from 2022 to 2023, four of nine appointment categories failed to meet the compliance threshold of over 80%. Notably, the compliance rate for routine appointments declined by 11%, and adult preventive services experienced a reduction of 6%. Conversely, the urgent appointment category improved by 2%, while pediatric preventive services increased by 1%.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types. The focus areas are:

- (1) Urgent
- (2) Routine
- (3) Adult Preventive Services
- (4) Pediatric Preventive Services

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, five of the nine primary care provider (PCP) standards successfully met the over 80% compliance rate: the (1) initial prenatal visit, (2) in-office waiting room time, (3) normal business hours call back, (4) call-back time to rescheduled missed appointments, and (5) process for rescheduling no-shows appointments. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, declined by 2% and did not meet the L.A. Care goal of 80%.

2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 11% and did not meet the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, the number declined by 6% and did not meet the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, it improved by 1% and did not meet the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, the rate did not improve. It remained at 100% and met the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 100% and met the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** There was no improvement from 2022 to 2023. The rate remained at 98% and met the L.A. Care goal of 80%.
8. **Call-back time to Rescheduled Missed Appointments Compliance Rates: From 2022 to 2023, there was no improvement; the rate remained at 100%** and met the L.A. Care goal of 99%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023, there was no improvement; the rate remained at 100%** and met the L.A. Care goal of 96%.

PASC-SEIU Specialty Care Physician:

The analysis in Table 2 reveals that from 2022 to 2023, all seven appointment categories exceeded the compliance threshold of 80%. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 25% and met the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 7% and met the L.A. Care goal of 80%.
3. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, improved by 4% and met the L.A. Care goal of 96%.
4. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, improved by 3% and met the L.A. Care goal of 98%.
5. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 21% and met the L.A. Care goal of 80%.
6. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, improved by 4% and met the L.A. Care goal of 90%.
7. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023, there was no improvement. The rate remained at 100%** and met the L.A. Care goal of 99%.

L.A. Care Covered Primary Care Physician

The analysis in Table 2 indicates that seven out of nine appointment categories failed to meet the compliance threshold of 80%. Most categories recorded a decline in compliance rates from 2022 to 2023. Notably, the compliance rates for adult preventive services, the callback time for rescheduled missed appointments, and the process for rescheduling no-show appointments each decreased by 1%. In contrast, the compliance rate for callbacks during normal business hours experienced a decline of 4%. On a more positive note, there were improvements of 1% in the compliance rates for urgent care, pediatric preventive services, and initial prenatal appointments.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed

solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types. The focus areas are:

- (1) Urgent
- (2) Adult Preventive Services
- (3) Pediatric Preventive Services
- (4) Initial Prenatal Visits
- (5) Normal Business Hours Call Back
- (6) Call-Back time to Rescheduled Missed Appointments
- (7) Processes for Rescheduling No-Show Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, two of the nine primary care provider (PCP) appointment standards successfully met the over 80% compliance rate: routine and in-office waiting room time. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 1% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 1% and met the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, the rate declined by 1% and did not meet the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, it improved by 1% and did not meet the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, improved by 1% and did not meet the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, the rate did not improve. It remained at 99% and met the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 4% and did not meet the L.A. Care goal of 80%.
8. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 96%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 1% and did not meet the L.A. Care goal of 97%.

L.A. Care Covered Specialty Care Physician

The analysis in Table 2 indicates that six out of seven appointment categories failed to meet the compliance threshold of over 80%. However, there were notable improvements in compliance rates from 2022 to 2023. Urgent appointments saw a 10% increase, routine appointments rose by 5%, the time spent in the waiting room and the process for rescheduling no-show appointments improved by 1%, and callbacks during normal business hours experienced a 2% rise. Conversely, the call-back time to reschedule missed appointments decreased by 3%.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing

to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types. The focus areas are:

- (1) Urgent
- (2) Routine
- (3) In-Office Waiting Room Time
- (4) Normal Business Hours Call Back
- (5) Call Back Time to Reschedule Missed Appointments
- (6) Processes for Rescheduling No-Show Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, one of the seven specialty care provider (SCP) appointment standards, the initial prenatal visit, successfully met the over 80% compliance rate. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 10% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 5% and did not meet the L.A. Care goal of 80%.
3. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, they improved by 15% and did not meet the L.A. Care goal of 96%.
4. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, it improved by 1% and did not meet the L.A. Care goal of 98%.
5. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 2% and did not meet the L.A. Care goal of 80%.
6. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 3% and did not meet the L.A. Care goal of 90%.
7. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates improved by 1% but did not meet the L.A. Care goal of 99%.

L.A. Care Covered Direct Primary Care Physician

The analysis in Table 2 indicates that, from 2022 to 2023, six of the nine appointment categories fell short of the compliance threshold of over 80%. Notably, the compliance rate for initial prenatal visits experienced a 1% decline, while the call-back time for rescheduled missed appointments decreased by 6%. In contrast, urgent appointments showed a 12% improvement, and the call-back rate during normal business hours rose by 24%. It is worth mentioning that certain categories lacked variance comparisons due to non-responsiveness in 2022, resulting in no available data for evaluation in 2023; these categories included adult preventive services and pediatric preventive services.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed

solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types. The focus areas are:

- (1) Urgent
- (2) Adult Preventive Services
- (3) Pediatric Preventive Services
- (4) Initial Prenatal Visits
- (5) Normal Business Hours Call Back
- (6) Call-Back Time to Reschedule Missed Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, three of the nine primary care provider (PCP) appointment standards successfully met the over 80% compliance rate: routine, in-office waiting room time, and the process for rescheduling no-show appointments. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 12% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 11% and met the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, scored 96% and did not meet the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, scored 92% and did not meet the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, the number declined by 1% and did not meet the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 12% and did not meet the L.A. Care goal of 80%.
8. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 6% and did not meet the L.A. Care goal of 99%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 2% and met the L.A. Care goal of 96%.

L.A. Care Covered Direct Specialty Care Physician

The analysis in Table 2 reveals that six of the seven appointment categories fell short of the compliance threshold of over 80%. Nevertheless, there was a notable improvement in compliance rates from 2022 to 2023. Urgent appointments experienced a 10% increase, routine appointments rose by 5%, and both in-office waiting times and the procedures for rescheduling no-show appointments each saw a 1% uptick. Furthermore, callbacks during regular business hours improved by 2%. In contrast, the callback time for rescheduling missed appointments experienced a decline of 3%.

While recent progress has been made, additional efforts are required to meet L.A. Care's compliance target of over 80%. To address these findings for Participating Physician Groups (PPGs), a comprehensive

corrective action plan (CAP) has been implemented. This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach across various appointment types:

- (1) Urgent
- (2) Routine
- (3) In-Office Waiting Room Time
- (4) Normal Business Hours Call Back
- (5) Call Back Time to Rescheduled Missed Appointments
- (6) Processes for Rescheduling No-Show Appointments

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

In contrast, one of the seven specialty care provider (SCP) appointment standards, the initial prenatal visit, successfully met the over 80% compliance rate. Consequently, the Participating Physician Groups (PPGs) are not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

- 1. Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 10% and did not meet the L.A. Care goal of 80%.
- 2. Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 5% and did not meet the L.A. Care goal of 80%.
- 3. Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, improved by 15% and met the L.A. Care goal of 96%.
- 4. In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, it improved by 1% and did not meet the L.A. Care goal of 98%.
- 5. Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 2% and did not meet the L.A. Care goal of 80%.
- 6. Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 3% and did not meet the L.A. Care goal of 90%.
- 7. Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023, compliance rates improved by 1% but did not meet the L.A. Care goal of 99%.**

QUANTITATIVE COMPLIANCE SUMMARIES: MEDI-CAL DIRECT (MCLA), ANTHEM BLUE CROSS (BCSC) AND BLUE SHIELD PROMISE (BSPHP)

Table 3 below displays compliance rates by Medi-Cal Direct (MCLA), Anthem Blue Cross (BCSC), and Blue Shield Promise (BSPHP)

QUANTITATIVE COMPLIANCE SUMMARIES: MEDI-CAL DIRECT (MCLA), ANTHEM BLUE CROSS (BCSC) AND BLUE SHIELD PROMISE (BSPHP)

Table 3 below displays compliance rates by Medi-Cal Direct (MCLA), Anthem Blue Cross (BCSC), and Blue Shield Promise (BSPHP)

Table 3: PCP and SCP Composite (MCLA, BCSC, BSPHP LOBs)		MCLA		BCSC		BSPHP	
		PCP	SCP	PCP	SCP	PCP	SCP
Urgent Appointment	2023	74%	72%	79%	60%	73%	64%
	2022	72%	54%	77%	61%	75%	55%
	2021	79%	67%	81%	70%	87%	64%
Variance		2%	18%	2%	-1%	-2%	9%
L.A Care Goal		80%	80%	80%	80%	80%	80%
Goal Met		No	No	No	No	No	No
Routine Appointment	2023	87%	80%	92%	64%	85%	69%
	2022	88%	70%	91%	70%	89%	65%
	2021	91%	78%	92%	75%	94%	74%
Variance		-1%	10%	1%	-6%	-4%	4%
L.A Care Goal		89%	80%	89%	80%	89%	80%
Goal Met		No	Yes	Yes	No	No	No
Preventive Services (Adult)	2023	96%	NA	97%	NA	95%	NA
	2022	98%	NA	98%	NA	98%	NA
	2021	97%	NA	97%	NA	98%	NA
Variance		-2%	NA	-1%	NA	-3%	NA
L.A Care Goal		97%	NA	97%	NA	97%	NA
Goal Met		No	NA	No	NA	No	NA
Preventive Services (Pediatric)	2023	92%	NA	94%	NA	87%	NA
	2022	91%	NA	93%	NA	91%	NA
	2021	93%	NA	93%	NA	94%	NA
Variance		1%	NA	1%	NA	-4%	NA
L.A Care Goal		93%	NA	93%	NA	93%	NA
Goal Met		No	NA	Yes	NA	No	NA
Initial Prenatal Visit	2023	97%	100%	98%	NR	96%	NR
	2022	96%	84%	97%	NR	96%	NR
	2021	98%	93%	98%	NR	97%	NR
Variance		1%	16%	1%	NR	0%	NR
L.A Care Goal		98%	96%	98%	96%	98%	96%
Goal Met		No	Yes	Yes	NR	No	NR
In-Office Waiting Room Time	2023	99%	97%	98%	94%	98%	95%
	2022	99%	95%	98%	96%	98%	96%
	2021	98%	95%	97%	96%	97%	95%
Variance		0%	2%	0%	-2%	0%	-1%
L.A Care Goal		99%	98%	99%	98%	99%	98%
Goal Met		Yes	No	No	No	No	No

Table 3: PCP and SCP Composite (MCLA, BCSC, BSPHP LOBs)		MCLA		BCSC		BSPHP	
		PCP	SCP	PCP	SCP	PCP	SCP
Normal Business Hours Call Back	2023	69%	61%	63%	47%	60%	49%
	2022	73%	50%	70%	55%	69%	48%
	2021	69%	59%	68%	48%	69%	53%
Variance		-4%	11%	-7%	-8%	-9%	1%
L.A Care Goal		80%	80%	80%	80%	80%	80%
Goal Met		No	No	No	No	No	No
Call-Back time to Rescheduled Missed Appointments	2023	95%	90%	95%	82%	94%	82%
	2022	96%	93%	96%	90%	95%	85%
	2021	95%	91%	94%	84%	95%	77%
Variance		-1%	-3%	-1%	-8%	-1%	-3%
L.A Care Goal		99%	90%	99%	90%	99%	90%
Goal Met		No	Yes	No	No	No	No
Process for Rescheduling No- Shows Appointments	2023	99%	98%	99%	96%	98%	97%
	2022	100%	97%	99%	98%	99%	98%
	2021	99%	98%	99%	98%	99%	98%
Variance		-1%	-1%	0%	-2%	-1%	-1%
L.A Care Goal		96%	99%	96%	99%	96%	99%
Goal Met		Yes	Yes	Yes	No	No	No

Source(s): [2023 AA Final Reports - Aggregate & PP](#), [2022 AA Final Reports - Aggregate & PP](#)

*MC: Medi-Cal & Plan Partners (Anthem Blue Cross and BlueShield Promise)

*Goal Met: Yes/No NA: Not Applicable NR: Non-Responsive

*Variance Compares 2023 and 2022 scores

QUALITATIVE ANALYSIS TABLE 3: AGGREGATE PCP & SCP (COMPOSITE) ANTHEM BLUE CROSS (BCSC) AND BLUE SHIELD PROMISE (BSPHP)

Anthem Blue Cross (BCSC) Primary Care Physician:

The analysis reveals that five out of nine appointment categories did not achieve the compliance threshold of 80%, with most categories showing a decline in compliance rates from 2022 to 2023. Notably, the compliance rate for adult preventive services decreased by 1%, Normal business hours call-back decreased by 7%, and call-back time to reschedule missed appointments decreased by 1%. Conversely, in-office waiting times remained constant at 98%, reflecting a lack of progress.

In response to these declines, a corrective action plan (CAP) has been implemented by Plan Partners Anthem Blue Cross (BCSC) to identify and address the underlying factors contributing to non-compliance in the following appointment types:

- (1) Urgent
- (2) Adult Preventive Services
- (3) In-Office Waiting Room Time
- (4) Normal Business Hours Call Back
- (5) Call-Back Time To Reschedule Missed Appointment

This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions will be submitted to L.A. Care by October, ensuring a thorough and effective approach to the Plan for the non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the Plan.

In contrast, four of the nine primary care provider (PCP) appointment standards successfully met the over 80% compliance rate: routine appointments, preventive services for pediatrics, initial prenatal visits, and a process for rescheduling no-show appointments. Consequently, Anthem Blue Cross (BCSC) is not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 2% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 1% and met the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, declined by 1% and met the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, the level improved by 1% and met the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Rates:** From 2022 to 2023, improved by 1% and met the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 98% and did not meet the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 7% and did not meet the L.A. Care goal of 80%.
8. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 99%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 99% and met the L.A. Care goal of 96%.

Anthem Blue Cross (BCSC) Specialty Care Physician:

The analysis reveals that seven out of seven appointment categories did not achieve the compliance threshold of 80%, with most categories showing a decline in compliance rates from 2022 to 2023. Notably, the compliance rate for urgent appointments decreased by 1%; routine appointments decreased by 6%; in-office waiting room time decreased by 2%; normal business hours call-back decreased by 7%; call-back time to reschedule missed appointments decreased by 8% and the process for rescheduling no-show appointments decreased by 2%. The Initial Prenatal visit appointment has no response (NR), meaning the providers failed to respond to the question; therefore, there is nothing to report.

In response to these declines, a corrective action plan (CAP) has been implemented for Anthem Blue Cross (BCSC) to identify and address the underlying factors contributing to non-compliance in the following appointment types:

- (1) Urgent
- (2) Routine
- (3) In-Office Waiting Room Time
- (4) Normal Business Hours Call Back
- (5) Call Back Time to Reschedule Missed Appointments
- (6) Processes for Rescheduling No-Show Appointments
- (7) Initial Prenatal visit (No Response/NR)

This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions will be submitted to L.A. Care by October, ensuring a thorough and effective approach to the Plan for the non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented

to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the Plan.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 6% and did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, declined by 2% and did not meet the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 8% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** 2022 to 2023, declined by 8% and did not meet the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 2% and did not meet the L.A. Care goal of 99%.

Blue Shield Promise (BSPHP) Primary Care Physician:

The analysis reveals that nine out of nine appointment categories did not achieve the compliance threshold of 80%, with most categories showing a decline in compliance rates from 2022 to 2023. Notably, the compliance rate for urgent appointments decreased by 2%; routine appointments decreased by 4%; adult preventive services decreased by 3%; pediatric preventive services decreased by 4%; Normal business hours call back decreased by 9%, call-back time to reschedule missed appointments decreased by 1% and process for rescheduling no-show appointments decreased by 1%. Conversely, initial prenatal visits remained constant at 96%, and in-office waiting times remained steady at 98%, reflecting a lack of progress in these areas.

In response to these declines, a corrective action plan (CAP) has been implemented for Blue Shield Promise (BSPHP) to identify and address the underlying factors contributing to non-compliance in the following appointment types:

- (1) Urgent
- (2) Routine
- (3) Adult Preventive Services
- (4) Pediatric Preventive Services
- (5) Initial Prenatal Visits
- (6) In-Office Waiting Room Time
- (7) Normal Business Hours Call Back
- (8) Call-Back Time To Reschedule Missed Appointment
- (9) Process For Rescheduling No-Shows Appointment

This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions will be submitted to L.A. Care by October, ensuring a thorough and effective approach to the Plan for the non-compliance appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the Plan.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, declined by 2% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 4% and did not meet the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, the number declined by 3% and did not meet the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, the number declined by 4% and did not meet the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Rates:** From 2022 to 2023, there was no improvement. The rate remained at 96% and did not meet the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 98% and did not meet the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 9% and did not meet the L.A. Care goal of 80%.
8. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 99%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, declined by 1% and met the L.A. Care goal of 96%.

Blue Shield Promise (BSPHP) Specialty Care Physician:

The analysis reveals that seven out of seven appointment categories did not achieve the compliance threshold of 80%, with most categories showing a decline in compliance rates from 2022 to 2023. Notably, the compliance rate for in-office waiting room time decreased by 1%, call-back time to reschedule missed appointments decreased by 3%, and the process for rescheduling no-show appointments decreased by 1%. The Initial Prenatal visit appointment has no response (NR), meaning the providers failed to respond to the question; therefore, there is nothing to report. Meanwhile, the urgent appointment category saw an improvement of 9%, routine appointments increased by 4%, and normal business hours call-back increased by 1%, still reflecting a lack of progress in these areas.

In response to these declines, a corrective action plan (CAP) has been implemented for Blue Shield Promise (BSPHP) to identify and address the underlying factors contributing to non-compliance in the following appointment types:

- (1) Urgent
- (2) Routine
- (3) In-Office Waiting Room Time
- (4) Normal Business Hours Call Back
- (5) Call Back Time to Rescheduled Missed Appointments
- (6) Processes for Rescheduling No-Show Appointments
- (7) Initial Prenatal visit (No Response/NR)

This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach to the Plan for the non-compliance appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the Plan.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 9% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 4% and did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 1% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** 2022 to 2023, declined by 3% and did not meet the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 1% and did not meet the L.A. Care goal of 99%.

QUANTITATIVE COMPLIANCE SUMMARIES: L.A. CARE DIRECT NETWORK AGGREGATE

Table 4: Aggregate PCP and SCP Composite Medi-Cal (Direct Network)		Medi-Cal (Direct Network)	
		PCP	SCP
Urgent Appointment	2023	79%	69%
	2022	74%	57%
	2021	80%	68%
Variance		5%	12%
L.A Care Goal		80%	80%
Goal Met		No	No
Routine Appointment	2023	94%	77%
	2022	95%	76%
	2021	96%	81%
Variance		-1%	1%
L.A Care Goal		89%	80%
Goal Met		Yes	No
Preventive Services (Adult)	2023	100%	NA
	2022	97%	NA
	2021	97%	NA
Variance		3%	NA
L.A Care Goal		97%	NA
Goal Met		Yes	NA
Preventive Services (Pediatric)	2023	94%	NA
	2022	96%	NA
	2021	95%	NA
Variance		-2%	NA
L.A Care Goal		93%	NA
Goal Met		Yes	NA

Table 4: Aggregate PCP and SCP Composite Medi-Cal (Direct Network)		Medi-Cal (Direct Network)	
		PCP	PCP
Initial Prenatal Visit	2023	100%	100%
	2022	96%	73%
	2021	98%	90%
Variance		4%	27%
L.A Care Goal		98%	96%
Goal Met		Yes	Yes
In-Office Waiting Room Time	2023	99%	96%
	2022	98%	95%
	2021	98%	94%
Variance		1%	1%
L.A Care Goal		99%	98%
Goal Met		Yes	No
Normal Business Hours Call Back	2023	69%	56%
	2022	72%	51%
	2021	73%	66%
Variance		-3%	5%
L.A Care Goal		80%	80%
Goal Met		No	No
Call-Back time to Rescheduled Missed Appointments	2023	95%	90%
	2022	97%	94%
	2021	96%	93%
Variance		-2%	-4%
L.A Care Goal		99%	90%
Goal Met		No	Yes
Process for Rescheduling No-Shows Appointments	2023	98%	98%
	2022	100%	98%
	2021	100%	97%
Variance		-2%	0%
L.A Care Goal		96%	99%
Goal Met		Yes	No

Table 4 Source(s): [2023 AA Final Reports](#), [2022 AA Final Reports](#)

QUALITATIVE ANALYSIS TABLE 4: AGGREGATE PCP AND SCP (COMPOSITE) MEDI-CAL (DIRECT NETWORK)

Medi-Cal (Direct Network) Primary Care Physician:

The analysis reveals that three out of nine appointment categories did not achieve the compliance threshold of 80%, with most categories showing a decline in compliance rates from 2022 to 2023. Notably, the compliance rate for routine appointments decreased by 1%, pediatric preventive services decreased by 2%, Normal business hours call-back decreased by 3%, call-back time to reschedule missed appointments decreased by 2%, and process for rescheduling no-show appointments decreased by 2%. Meanwhile, the urgent appointment category saw an improvement of 5% but still reflects a lack of progress in these areas.

In response to these declines, a corrective action plan (CAP) has been implemented for the Direct Network (DN) to identify and address the underlying factors contributing to non-compliance in the following appointment types:

- (1) Urgent
- (2) Normal Business Hours Call Back
- (3) Call-Back Time To Reschedule Missed Appointment

This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach by the DN for the non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the DN.

In contrast, six of the nine primary care provider (PCP) appointment standards successfully met the over 80% compliance rate: routine appointments, preventive services for adults, preventive services for pediatrics, initial prenatal visits, in-office waiting room time, and the process for rescheduling no-shows. Consequently, Direct Network (DN) is not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 5% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 1% and met the L.A. Care goal of 89%.
3. **Preventive Services (Adult) Compliance Rates:** From 2022 to 2023, it improved by 3% and did meet the L.A. Care goal of 97%.
4. **Preventive Services (Pediatric) Compliance Rates:** From 2022 to 2023, compliance rates declined by 2% but did meet the L.A. Care goal of 93%.
5. **Initial Prenatal Visit Rates:** From 2022 to 2023, improved by 4% and did meet the L.A. Care goal of 98%.
6. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, it improved by 1% and did meet the L.A. Care goal of 99%.
7. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 3% and did not meet the L.A. Care goal of 80%.
8. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 2% and did not meet the L.A. Care goal of 99%.
9. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 2% but did meet the L.A. Care goal of 96%.

Medi-Cal (Direct Network) Specialty Care Physician:

The analysis reveals that five out of seven appointment categories did not achieve the compliance threshold of 80%, with most categories showing a decline in compliance rates from 2022 to 2023. Notably, the compliance rate for call-back time to reschedule missed appointments decreased by 4%. Meanwhile, the urgent appointment category saw an improvement of 12%, routine appointments saw an increase of 1%, in-office waiting room time saw an increase of 1%, and normal business hours call back saw an improvement of 5%, and the process for rescheduling for no show appointments category remained stable, maintaining a compliance rate of 98%, still reflecting a lack of progress in these areas.

In response to these declines, a corrective action plan (CAP) has been implemented to Direct Network (DN) to identify and address the underlying factors contributing to non-compliance in the following appointment types:

- (1) Urgent
- (2) Routine
- (3) In-Office Waiting Room Time

- (4) Normal Business Hours Call Back
- (5) Rescheduling Process for No-Show Appointments

This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach by the DN for the non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the DN.

In contrast, two of the seven specialty care provider (SCP) appointment standards successfully met the over 80% compliance rate: initial prenatal visits and the call-back time to reschedule missed appointments. Consequently, Direct Network (DN) is not required to undertake any additional actions concerning these appointments, as no issues were found in their adherence to the established standards.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 12% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 1% and did not meet the L.A. Care goal of 80%.
3. **Initial Prenatal Visit Compliance Rates:** From 2022 to 2023, improved by 23% and met the L.A. Care goal of 96%.
4. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, it improved by 1% and did not meet the L.A. Care goal of 98%.
5. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 5% and did not meet the L.A. Care goal of 80%.
6. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** 2022 to 2023, declined by 4% and did meet the L.A. Care goal of 90%.
7. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 98% and did not meet the L.A. Care goal of 99%.

QUANTITATIVE COMPLIANCE SUMMARIES: AGGREGATE PCP AND SCP RESULTS BY PPG

The tables below display appointment availability compliance rates by PPG. Compliance rates are broken out by PCPs and SCPs for each appointment standard. Table 5 includes all PPGs surveyed in the 2023 PAAS across all lines of business.

PPG Name	2023 PCP Urgent Goal: 84%	2023 PCP Routine Goal: 94%	2023 SCP Urgent Goal: 80%	2023 SCP Routine Goal: 80%
Access IPA	87%	100%	69%	60%
Accountable IPA	80%	96%	70%	77%
Advantage Health Network IPA	75%	100%	50%	66%
Adventist Health Physicians Network	87%	85%	62%	77%
All Care Medical Group IPA	100%	100%	100%	75%

Table 5: PPG Aggregate Compliance				
PPG Name	2023 PCP Urgent Goal: 84%	2023 PCP Routine Goal: 94%	2023 SCP Urgent Goal: 80%	2023 SCP Routine Goal: 80%
Alliance Health Systems	70%	88%	84%	81%
Allied Pacific IPA	83%	93%	62%	71%
AltaMed Health Network Inc	63%	75%	72%	79%
AltaMed Health Services	NA	NA	0%	100%
Angeles IPA	78%	96%	72%	84%
Anthem Direct	82%	92%	59%	63%
Associated Dignity Medical Group	89%	100%	71%	57%
Axminster Medical Group	54%	63%	69%	72%
Bella Vista IPA	67%	97%	68%	77%
Blue Shield Direct	72%	78%	60%	63%
Citrus Valley Physicians Group	89%	97%	63%	72%
Community Family Care	77%	89%	65%	80%
El Proyecto Del Barrio	56%	90%	74%	79%
Emanate Health IPA	79%	90%	80%	71%
Exceptional Care Medical Group	94%	94%	71%	78%
Family Care Specialists Medical Group	81%	88%	48%	47%
Global Care IPA	72%	96%	69%	79%
Health Care LA IPA	64%	81%	69%	78%
High Desert Medical Group	20%	60%	77%	77%
Imperial Health Holdings Medical Group	77%	95%	66%	81%
Karing Physicians Medical Group	100%	100%	50%	67%
LA Care Direct Network	78%	94%	70%	78%
Lakeside Medical Group	74%	95%	71%	75%
Los Angeles County Department of Health Services	52%	62%	99%	99%
MemorialCare Select Health Plan	79%	94%	65%	68%
Mission Community IPA	60%	100%	100%	100%
Noble Community Medical Associates	86%	96%	70%	71%
OmniCare Medical Group (AMHN)	84%	94%	72%	80%
Optum Care Network- AppleCare Select	NA	NA	83%	100%
Optum Care Network-La Family Community	77%	91%	61%	74%
PIH Health Physicians	73%	82%	82%	85%
Pomona Valley Medical Group	87%	88%	71%	71%
Preferred IPA of California	78%	94%	74%	75%
Prospect Medical Group	79%	94%	66%	79%
Regal Medical Group	78%	96%	67%	76%

Table 5: PPG Aggregate Compliance				
PPG Name	2023 PCP Urgent Goal: 84%	2023 PCP Routine Goal: 94%	2023 SCP Urgent Goal: 80%	2023 SCP Routine Goal: 80%
Regent Medical Group	88%	94%	65%	72%
San Judas Medical Group IPA	100%	100%	60%	100%
Serendib Healthways Inc	86%	97%	67%	100%
Serra Community Medical Clinic Inc	100%	100%	60%	80%
Sierra Medical Group	100%	67%	67%	100%
South Atlantic Medical Group	79%	98%	90%	88%
Southern Cal Children's Healthcare Network	90%	91%	50%	31%
Southland Advantage Medical Group	95%	90%	78%	75%
St Vincent IPA	82%	93%	63%	76%
Superior Choice Medical Group	78%	96%	76%	81%

QUALITATIVE COMPLIANCE SUMMARIES TABLE 5: AGGREGATE PCP AND SCP RESULTS BY PPG

Table 5 includes the Urgent and Routine Appointment survey results for PPGs of the Medi-Cal line of business.

- **PCP Urgent:** 31 of the 48 PPGs did not meet the L.A. Care goal of 84% compliance rate.
- **PCP Routine:** 21 of the 48 PPGs did not meet the L.A. Care goal of 94% compliance rate.
- **SCP Urgent:** 42 of the 50 PPGs did not meet the L.A. Care goal of 80% compliance rate.
- **SCP Routine:** 34 of the 50 PPGs did not meet the L.A. Care goal of 80% compliance rate.

QUANTITATIVE COMPLIANCE RESULTS: ANCILLARY

Table 6: Ancillary Results	2023	2022	2021	Goal
MC				
Mammogram	79%	77%	82%	91%
Physical Therapy	90%	90%	93%	99%
D-SNP				
Mammogram	74%	73%	86%	91%
Physical Therapy	90%	93%	100%	99%
LACC				
Mammogram	78%	73%	84%	91%
Physical Therapy	88%	92%	91%	99%
LACCD				
Mammogram	77%	84%	84%	91%
Physical Therapy	84%	89%	91%	99%
PASC				
Mammogram	76%	81%	84%	91%
Physical Therapy	85%	94%	92%	99%

Table 6 Source(s): [2023 AA Final Reports - Ancillary](#), [2022 AA Final Reports - Ancillary](#)

OVERALL QUALITATIVE ANALYSIS: MEDI-CAL, PASC-SEIU, D-SNP, L.A. CARE COVERED, L.A. CARE COVERED DIRECT

Primary Care Practitioners

In light of the analysis findings indicating that several appointment categories fell short of the compliance threshold of 80%, a Corrective Action Plan (CAP) has been implemented for the Participating Physician Groups (PPGs). This plan identifies and addresses the root causes of non-compliance with appointment policies. It specifically targets the factors contributing to appointment non-compliance. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a thorough and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

L.A. Care takes noncompliance seriously, and to mitigate the adverse performance trends, annually hosts a training webinar where delegates are mandated to attend. The webinar training reviews the Access to Care standards, compliance rates, and instructions and provides:

- Access to Care Standards Resources
- Oversight and Monitoring Process Overview
- Corrective Action Plan Process Overview
- Interventions Resources

The 2024 webinar was held on July 24, 2024, and the attendees seemed attentive and provided the following feedback:

- Great Presentation!
- Great information; the team was knowledgeable. I'd recommend every L.A. Care partner to participate in this webinar going forward.
- I would prefer to have the information from the PowerPoint prior to the webinar so that I can prepare the questions ahead of time.

Based on the feedback provided, the L.A. Care Quality Improvement team will continue to encourage delegates to attend the Access to Care webinar to address compliance rates and Access to Care Standards questions.

In addition to this, we also conducted Oversight and Monitoring (O&M) and participated in JOM workgroup meetings. Each year, QI collaborates with L.A. Care's Access to Care vendor, Center for the Study Services (CSS), to produce O&M workbooks for Participating Physician Groups (PPGs) that do not meet L.A. Care's performance goals. PPGs must work with their providers to achieve compliance and resurvey them quarterly until they do. Delegates must submit these workbooks quarterly. If a PPG complies with all providers within one quarter, they are exempt from future submissions. O&M serves as a tool for delegates to monitor non-compliance continuously.

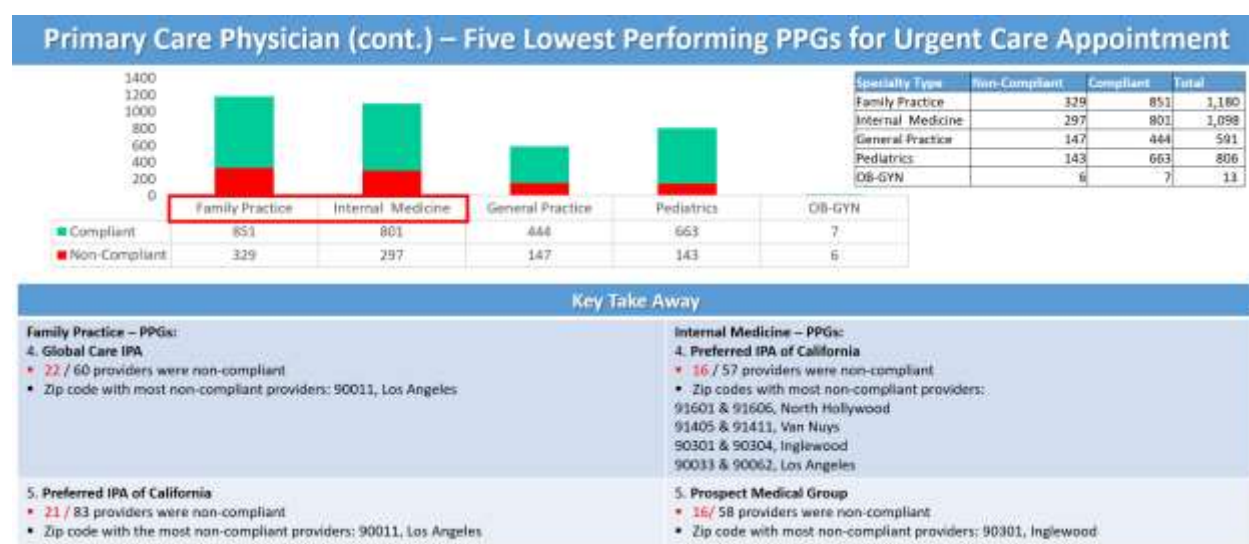
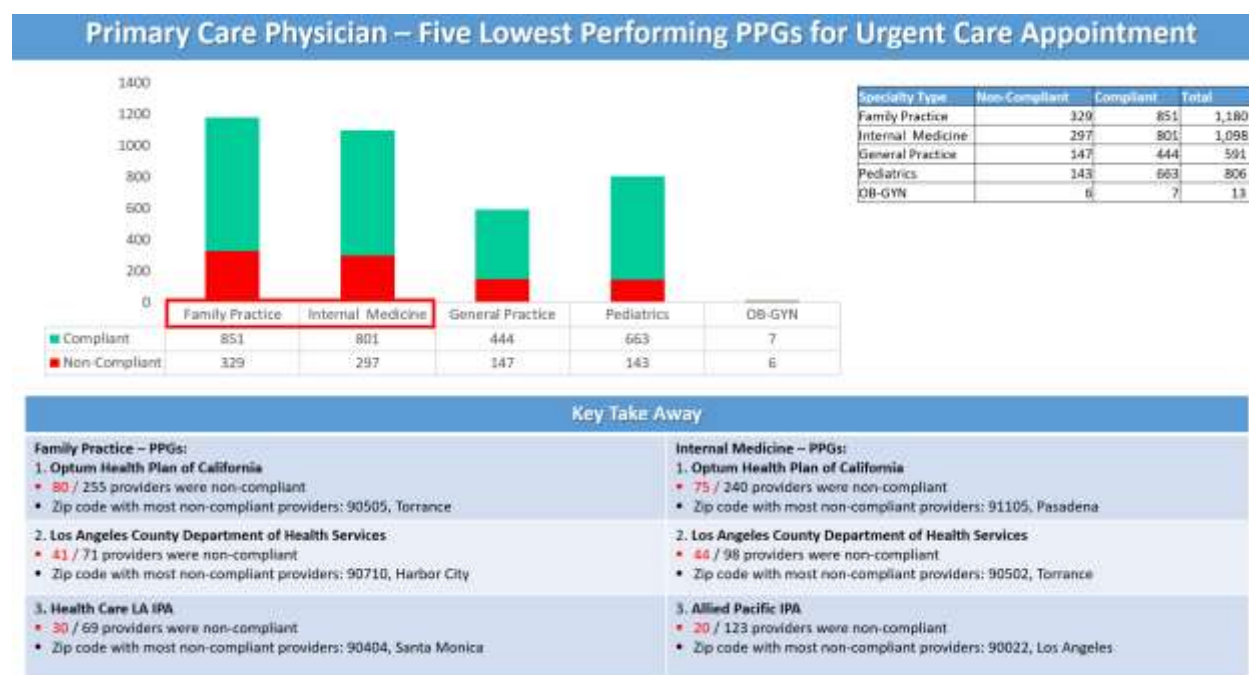
For JOMs regarding the Direct Network, the Access to Care workflow is summarized for all the DN Providers attending the DN JOM. Once the JOM is over, the Access to Care team provides each Provider

and Practice with their MY2023 Direct Network Report Card. Direct Network Access to Care QuickTips is also attached to bring Providers into compliance with what is required for each measure.

QUALITATIVE INDIVIDUAL PRACTITIONER LEVEL ANALYSIS FOR PRIMARY CARE PHYSICIAN

The graphs below highlight the five lowest-performing Participating Physician Groups (PPGs) that fell short of the L.A. Care compliance goal of 80%. The analysis focuses on these parameters:

- Urgent Care Appointment
- Specialty Type (Family Practice/Internal Medicine)
- Participating Physician Group (PPG)
- City
- Zip Code



QUANTITATIVE INDIVIDUAL PRACTITIONER LEVEL ANALYSIS FOR PRIMARY CARE PHYSICIAN

The analysis highlights that family practice and internal medicine had the % non-compliance rates, at 80%, for the five Participating Physician Groups (PPGs) listed below.

Family Practice:

- 1. *Optum Health Plan of California***
 - a) 80 / 255 providers were non-compliant
 - b) Zip code with most non-compliant providers: 90505, Torrance
- 2. *Los Angeles County Department of Health Services***
 - a) 41 / 71 providers were non-compliant
 - b) Zip code with most non-compliant providers: 90710, Harbor City
- 3. *Health Care LA IPA***
 - a) 30 / 69 providers were non-compliant
 - b) Zip code with most non-compliant providers: 90404, Santa Monica
- 4. *Global Care IPA***
 - a) 22 / 60 providers were non-compliant
 - b) Zip code with most non-compliant providers: 90011, Los Angeles
- 5. *Preferred IPA of California***
 - a) 21 / 83 providers were non-compliant
 - b) Zip code with the most non-compliant providers: 90011, Los Angeles

The analysis revealed that most of the non-compliant offices and the top cities with the highest non-compliant rates were:

- Harbor City (58%) Los Angeles County Department of Health Services
- Santa Monica (43%) Health Care LA IPA
- Los Angeles (37%) Global Care IPA
- Torrance (31%) Optum Health Plan of California
- Los Angeles (25%) Preferred IPA of California

Internal Medicine:

- 1. *Optum Health Plan of California***
 - a) 75 / 240 providers were non-compliant
 - b) Zip code with most non-compliant providers: 91105, Pasadena
- 2. *Los Angeles County Department of Health Services***
 - a) 44 / 98 providers were non-compliant
 - b) Zip code with most non-compliant providers: 90502, Torrance
- 3. *Allied Pacific IPA***
 - a) 20 / 123 providers were non-compliant
 - b) Zip code with most non-compliant providers: 90022, Los Angeles
- 4. *Preferred IPA of California***
 - a) 16 / 57 providers were non-compliant
 - b) Zip codes with most non-compliant providers:
 - c) 91601 & 91606, North Hollywood
 - d) 91405 & 91411, Van Nuys
 - e) 90301 & 90304, Inglewood
 - f) 90033 & 90062, Los Angeles
- 5. *Prospect Medical Group***
 - a) 16 / 58 providers were non-compliant
 - b) Zip code with most non-compliant providers: 90301, Inglewood

The analysis revealed that most of the non-compliant offices and the top cities with the highest non-compliant rates were:

- Torrance (45%) Los Angeles County Department of Health Services
- Pasadena (31%) Optum Health Plan of California
- Los Angeles (28%) Preferred IPA of California
- Inglewood (28%) Prospect Medical Group
- Los Angeles (16%) Allied Pacific IPA

A recent analysis examined the compliance issues among primary care physicians, particularly in family practice and internal medicine. Understanding these factors is crucial for addressing the challenges at hand. The tables above present valuable insights into the disparities affecting access to care, highlighting opportunities for improvement and targeted interventions. To help improve noncompliance, we are exploring digital health and telemedicine solutions. These initiatives aim to improve access to care beyond traditional in-person visits.

QUALITATIVE ANALYSIS BY SOCIAL DETERMINANTS OF HEALTH

The Participating Physician Groups (PPGs) currently performing the lowest and having not achieved the L.A. Care compliance goal of 80% are grappling with a variety of challenges. One significant factor contributing to this noncompliance is the prevalence of homelessness within the populations they serve.

To provide a clearer understanding of the issue, the charts and graphs following this section offer a comprehensive analysis of how homelessness intersects with various demographic factors, including race, gender, age, and substance use disorders. This data highlights the complex ways these factors impede access to necessary healthcare services.

In response to these challenges, we are actively exploring innovative digital health and telemedicine solutions. These initiatives are designed to fill the gaps left by traditional in-person visits and enhance overall healthcare access for marginalized communities. By leveraging technology, we aim to address the disparities in care access experienced by those affected by homelessness and other systemic barriers, ultimately working towards improved compliance and better health outcomes for all patients.

Race/ Ethnic Group	All Los Angeles County					City of Los Angeles				
	2024*	2023	2022	2020	2019	2024*	2023	2022	2020	2019
American Indian/ Alaska Native (not Hispanic/ Latino)	1,056 (1.5%)	723 (1.0%)	610 (0.9%)	686 (1.1%)	975 (1.7%)	1,474 (3.3%)	475 (1.0%)	474 (1.1%)	430 (1.0%)	530 (1.5%)
Asian (not Hispanic/ Latino)	927 (0.01)	1,212 (0.02)	598 (0.01)	774 (0.01)	455 (0.01)	1,053 (2.3%)	896 (1.9%)	434 (0.01)	502 (0.01)	299 (0.01)
Black/ African American (not Hispanic/ Latino)	21,160 (29.7%)	22,606 (31.7%)	19,523 (28.2%)	21,509 (33.8%)	18,719 (33.3%)	15,885 (35.1%)	15,485 (33.5%)	13,814 (32.9%)	15,622 (37.8%)	13,629 (37.7%)
Hispanic/ Latino	30,881 (43.4%)	30,350 (42.6%)	28,940 (41.9%)	23,005 (36.1%)	20,523 (36.5%)	19,186 (42.4%)	18,871 (40.8%)	17,470 (41.6%)	13,424 (32.5%)	12,403 (34.3%)
Race/ Ethnic Group	All Los Angeles County					City of Los Angeles				
	2024*	2023	2022	2020	2019	2024*	2023	2022	2020	2019
Middle Eastern or North African	122 (0.3%)	N/A	N/A	N/A	N/A	95 (0.1%)	N/A	N/A	N/A	N/A
Multi-Racial/ Other (not Hispanic/ Latino)	1,889 (2.7%)	2,214 (3.1%)	1,637 (2.4%)	1,319 (2.1%)	1,400 (2.5%)	N/A	1,308 (3.0%)	1,365 (3.3%)	943 (2.3%)	981 (2.7%)
Native Hawaiian/ Pacific Islander (not Hispanic/ Latino)	288 (0.4%)	389 (0.5%)	142 (0.2%)	205 (0.3%)	314 (0.6%)	379 (0.8%)	323 (0.7%)	96 (0.2%)	76 (0.2%)	100 (0.3%)
White (not Hispanic/ Latino)	14,905 (20.9%)	13,826 (19.4%)	13,661 (19.8%)	16,208 (25.4%)	13,871 (24.7%)	13,926 (30.8%)	8,842 (19.1%)	8,327 (19.8%)	10,293 (24.9%)	8,223 (22.7%)

* Prior to 2024, the L.A. Homeless Count limited each racial category (except Hispanic/Latino and Multi-Racial) only to those of one race alone. No racial/ethnic category counted those of Hispanic/Latino heritage except for one. Those of Hispanic/Latino heritage were counted together under that category, regardless of racial background. The 2024 Homeless Count changed all this. It counted everyone within each racial category, regardless of Hispanic/Latino heritage. At the same time, the 2024 Homeless Count did not provide a number for multi-racial persons in the City of Los Angeles. Consequently, the Almanac found no way to parse out 2024 homeless racial numbers for a fair comparison to numbers from previous years. N/A Data is either not collected, estimated or made available.
[Data from the Homelessness in Los County 2024](#)

GENDER OF HOMELESS:

Gender	All Los Angeles County					City of Los Angeles				
	2024	2023	2022	2020	2019	2024	2023	2022	2020	2019
Female	23,804 (32.8%)	22,320 (30.8%)	21,145 (32.5%)	21,129 (32.2%)	18,331 (31.7%)	14,490 (31.3%)	14,510 (30.8%)	13,817 (32.9%)	13,330 (32.3%)	10,617 (30.6%)
Male	47,113 (64.9%)	48,260 (66.6%)	43,212 (66.4%)	44,259 (67.5%)	39,348 (68.0%)	30,554 (66.0%)	31,293 (66.3%)	27,629 (65.8%)	27,790 (67.3%)	23,980 (69.0%)
Non-Binary	215 (0.3%)	630 (0.9%)	624 (1.0%)	197 (0.3%)	200 (0.3%)	146 (0.3%)	369 (0.8%)	429 (1.0%)	170 (0.4%)	148 (0.4%)
Transgender	1,318 (1.8%)	1,112 (1.5%)	917 (1.4%)	851 (1.3%)	1,057 (1.8%)	1,022 (2.2%)	914 (1.9%)	703 (1.7%)	666 (1.6%)	805 (2.3%)
Questioning & Other	134 (0.2%)	110 (0.2%)	130 (0.2%)	N/A	N/A	85 (0.2%)	88 (0.2%)	105 (0.3%)	N/A	N/A

N/A Data either not collected, estimated or made available.

[Data from the Homelessness in Los County 2024](#)

AGE GROUP OF HOMELESS:

Age Group	All Los Angeles County			City of Los Angeles		
	2024	2023	2022	2024	2023	2022
Under 18	6,414 (8.5%)	6,230 (8.7%)	6,346 (9.7%)	4,020 (8.9%)	3,925 (8.5%)	4,259 (10.1%)
Under 18	3,167 (4.2%)	3,718 (5.2%)	2,786 (4.3%)	2,038 (4.5%)	1,834 (4.0%)	1,681 (4.0%)
25 - 54	46,971 (62.4%)	43,804 (61.4%)	40,854 (62.7%)	27,826 (61.5%)	28,470 (61.5%)	26,381 (62.8%)
55 - 64	13,652 (18.1%)	12,843 (18.0%)	10,881 (16.7%)	7,387 (16.3%)	8,604 (18.6%)	7,064 (16.8%)
65 and Over	5,108 (6.8%)	4,725 (6.6%)	4,244 (6.5%)	3,981 (8.8%)	3,427 (7.4%)	2,595 (6.2%)

(The age groupings after age 54 differed from the 2022 count forward)

[*Data from the Homelessness in Los County 2024*](#)

OTHER CHARACTERISTICS OF HOMELESS:

Characteristic/ Percentage	All Los Angeles County					City of Los Angeles				
	2024	2023	2022	2020	2019	2024	2023	2022	2020	2019
Veterans	5,410 (4.8%)	3,675 (5.1%)	3,542 (5.7%)	3,681 (5.9%)	3,679 (5.9%)	1,634 (4.1%)	2,596 (5.8%)	1,895 (4.5%)	2,120 (5.1%)	2,197 (5.1%)
Chronically Homeless Individuals	30,194 (40.1%)	31,991 (42.4%)	27,154 (39.8%)	33,075 (36.2%)	15,655 (28.2%)	18,336 (41.8%)	21,517 (46.5%)	17,272 (41.1%)	14,856 (36.1%)	10,054 (27.9%)
Chronically Homeless Family Members	1,657 (2.2%)	1,549 (2.1%)	1,422 (2.1%)	1,407 (2.2%)	674 (1.2%)	1,099 (2.3%)	969 (2.1%)	910 (2.2%)	867 (2.1%)	632 (1.7%)
Substance Use Disorder [†]	17,248 (22.9%)	19,364 (25.6%)	16,431 (25.2%)	15,303 (27.0%)	7,629 (13.9%)	10,666 (23.6%)	12,567 (27.2%)	10,626 (25.2%)	10,267 (25.1%)	4,888 (12%)
Characteristic/ Percentage	All Los Angeles County					City of Los Angeles				
	2024	2023	2022	2020	2019	2024	2023	2022	2020	2019
Persons with HIV/AIDS [†]	1,263 (1.7%)	1,480 (2.0%)	1,476 (2.4%)	1,165 (2.1%)	1,309 (2.3%)	1,634 (4.1%)	1,340 (2.0%)	900 (2.4%)	904 (2.2%)	1,221 (3.4%)
Serious Mental Illness [†]	16,666 (20.8%)	15,994 (21.2%)	15,449 (24.7%)	14,126 (25.1%)	12,676 (24.2%)	10,666 (23.6%)	11,296 (24.6%)	9,267 (24.8%)	9,123 (22.1%)	12,869 (35.6%)
Physical Disability [†]	14,162 (18.8%)	12,296 (16.3%)	12,111 (19.3%)	10,833 (19.3%)	5,252 (16.4%)	8,442 (18.7%)	8,775 (19.0%)	8,345 (22.1%)	6,955 (16.8%)	6,095 (16.9%)
Developmental Disability [†]	4,820 (6.4%)	5,379 (8.4%)	5,917 (9.4%)	5,292 (9.4%)	4,570 (7.8%)	3,199 (7.1%)	4,255 (9.3%)	4,425 (11.7%)	4,064 (9.8%)	3,089 (8.6%)
Characteristic/ Percentage	All Los Angeles County					City of Los Angeles				
	2024	2023	2022	2020	2019	2024	2023	2022	2020	2019
Domestic Violence Experience [†]	27,999 (27.0%)	24,629 (32.6%)	32,091 (35.9%)	18,246 (32.6%)	20,265 (36.0%)	17,110 (27.8%)	16,686 (36.1%)	15,662 (41.5%)	11,622 (28.1%)	12,660 (25.6%)
Homeless Due to Fleeing Domestic Violence [†]	6,800 (9.0%)	8,722 (17.6%)	4,750 (7.6%)	3,884 (6.9%)	3,940 (7.0%)	4,274 (9.4%)	5,908 (15.5%)	2,824 (6.7%)	2,741 (6.6%)	1,870 (5.2%)

[*Data from the Homelessness in Los County 2024*](#)

QUALITATIVE INDIVIDUAL PRACTITIONER LEVEL ANALYSIS FOR SPECIALTY CARE PHYSICIAN

The graphs below highlight the five lowest-performing Participating Physician Groups (PPGs) that fell short of the L.A. Care compliance goal of 80%. The analysis focuses on these parameters:

- Urgent Care Appointment
- Specialty Type (Cardiology/OB-GYN)
- Participating Physician Group (PPG)
- City
- Zip Code

Specialty Care Physician – Five Lowest Performing PPGs for Urgent Care Appointment



Key Take Away

Cardiology – PPGs: 1. L.A. Care Direct Network <ul style="list-style-type: none"> 38 / 56 providers were non-compliant Zip code with most non-compliant providers: 91208, Glendale 	OB-GYN – PPGs: 1. L.A. Care Direct Network <ul style="list-style-type: none"> 19 / 58 providers were non-compliant Zip codes with most non-compliant providers: 91740, Glendale; 90813 Long Beach
2. Allied Pacific IPA <ul style="list-style-type: none"> 10 / 22 providers were non-compliant Zip code with most non-compliant providers: 91105, Pasadena 	2. Optum Health Plan of California <ul style="list-style-type: none"> 8 / 19 providers were non-compliant Zip code with most non-compliant providers: 91740, Glendale
3. Health Care LA IPA <ul style="list-style-type: none"> 10 / 33 providers were non-compliant Zip code with most non-compliant providers: 90015, Los Angeles 	3. Prospect Medical Group <ul style="list-style-type: none"> 8 / 25 providers were non-compliant Zip codes with most non-compliant providers: 90035, Los Angeles; 90640, Montebello

Specialty Care Physician (cont.): Five Lowest Performing PPGs for Urgent Care Appointment



Key Take Away

Cardiology – PPGs: 4. Global Care IPA <ul style="list-style-type: none"> 9 / 19 providers were non-compliant Zip codes with the most non-compliant providers: 90015, 90033 & 90017, Los Angeles 	OB-GYN – PPGs: 4. AltaMed Health Services <ul style="list-style-type: none"> 7 / 16 providers were non-compliant Zip codes with the most non-compliant providers: 90027, 90033, 90057, Los Angeles
5. Prospect Medical Group <ul style="list-style-type: none"> 7 / 20 providers were non-compliant Zip code with the most non-compliant providers: 91801, Alhambra 	5. AltaMed Health Network Inc. <ul style="list-style-type: none"> 7 / 12 providers were non-compliant Zip codes with the most non-compliant providers: 90027, 90033 & 90057, Los Angeles

QUANTITATIVE INDIVIDUAL PRACTITIONER LEVEL ANALYSIS FOR SPECIALTY CARE PHYSICIAN

The analysis highlights that cardiology and OB-GYN had the highest non-compliant rates, at 80%, for the five Participating Physician Groups (PPGs) listed below.

Cardiology:

1. **L.A. Care Direct Network**
 - a. 18 / 56 providers were non-compliant
 - b. Zip code with most non-compliant providers: 91208, Glendale
2. **Allied Pacific IPA**
 - a. 10 / 22 providers were non-compliant
 - b. Zip code with most non-compliant providers: 91105, Pasadena
3. **Health Care LA IPA**
 - a. 10 / 33 providers were non-compliant
 - b. Zip code with most non-compliant providers: 90015, Los Angeles

4. *Global Care IPA*

- a. 9 / 19 providers were non-compliant
- b. Zip code with most non-compliant providers: 90015, 90033 & 90017, Los Angeles

5. *Prospect Medical Group*

- a. 7 / 20 providers were non-compliant
- b. Zip code with the most non-compliant providers: 91801, Alhambra

The analysis revealed that most of the non-compliant offices and the top cities with the highest non-compliant rates were:

- Los Angeles (47%) Global Care IPA
- Pasadena (45%) Allied Pacific IPA
- Alhambra (35%) Prospect Medical Group
- Glendale (32%) L.A. Care Direct Network
- Los Angeles (30%) Health Care LA IPA

OB-GYN:

1. *L.A. Care Direct Network*

- a. 19 / 58 providers were non-compliant
- b. Zip code with most non-compliant providers:
91740, Glendora
90813, Long Beach

2. *Optum Health Plan of California*

- a. 8 / 19 providers were non-compliant
- b. Zip code with most non-compliant providers: 91740, Glendora

2. *Prospect Medical Group*

- a. 8 / 25 providers were non-compliant
- b. Zip code with most non-compliant providers:
90035, Los Angeles
90640, Montebello

3. *AltaMed Health Services*

- a. 7 / 16 providers were non-compliant
- b. Zip codes with most non-compliant providers:
90027, 90033, 90057, Los Angeles

4. *AltaMed Health Network Inc.*

- a. 7 / 12 providers were non-compliant
- b. Zip code with most non-compliant providers:
90027, 90033 & 90057, Los Angeles

The analysis revealed that most of the non-compliant offices and the top cities with the highest non-compliant rates were:

- Los Angeles (58%) AltaMed Health Network Inc.
- Los Angeles (44%) AltaMed Health Services
- Glendora (42%) Optum Health Plan of California
- Long Beach & Glendora (33%) L.A. Care Direct Network
- Los Angeles & Montebello (32%) Prospect Medical Group

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed

solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

L.A. Care will explore and develop digital health, telemedicine, and technology solutions like Primary Care solutions. These initiatives aim to expand access to care beyond traditional in-person visits with healthcare providers and improve overall access to care in these areas.

Also, the Participating Physician Group (PPG) webinar is another educational tool that L.A. Care uses to remind the attendees about Access to Care Standards. The purpose of the webinar is to educate PPGs on appointment availability standards and compliance rates, with a focus on addressing the barriers that have been identified. The goal is to improve the appointment availability compliance rate and improve patient care access. The webinar covers a comprehensive training session on appointment availability compliance, emphasizing identifying and addressing the root causes of non-compliance. The Access to Care Oversight and Monitoring webinar is essential to that effort.

Measurement Year 2023 Corrective Action Plan for any ATC Measures that were not met

Based on the MY 2023 PAAS results, Quality Improvement issued a Corrective Action Plan (CAP) to Provider Groups on August 26, 2024, for any unmet access goals. In October, L.A. Care received responses to the MY 2023 CAP request from Provider groups for all unmet measures. The responses are reviewed to determine whether the interventions provided will be accepted or rejected.

The corresponding corrective action plans will be continuously monitored through collaboration with Quality Compliance Delegation Oversight Communications. Continued noncompliance or failure to produce evidence of remediation will be escalated to the Internal Compliance Committee (ICC) for remediation. L.A. Care's Compliance Delegation Oversight Communications will handle CAP requests and submissions, while L.A. Care Quality Improvement will review the submissions and track PPG's progress.

SECTION 2: CAHPS & CG-CAHPS SURVEY RESULTS FOR ACCESS TO CARE

Table 7a displays the results of the member survey (HP-CAHPS and QHP Enrollee Survey) for questions related to timely access to the Medi-Cal and L.A. Care Covered networks. Table 7b displays the results for the Getting Needed Care composite for the Medi-Cal and L.A. Care Covered lines of business with annual goals with indications of whether those goals were met. No Medicare Advantage Prescription Drug Plan survey results are available for 2023 for the Medicare Plus network. This survey could not be fielded in 2023 due to the change in contract from CMC to D-SNP. CMS would not allow fielding in 2023 as enrollment for D-SNP was at 0 on 7/1/2022. The results reflect the member's perceptions of access to care.

Table 7c displays the Clinician and Group (CG) CAHPS results, which are only for the Medi-Cal line of business.

Table 7d displays the Qualified Health Plan (QHP) ratings for health plan, personal doctor, and specialist for the L.A. Care Covered line of business.

Table 7a: CAHPS Access to Care Measures

Access Question	Line of Business	2020	2021	2022	2023	2024
In the last 6 months, when you needed care right away, how often did you get care as soon as you needed it? (Adult)	Medi-Cal	72.7%	75.7%	77.0%	70.9%	73.9%
In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed it? (Adult)	Medi-Cal	72.8%	68.6%	70.0%	72.2%	69.8%
In the last 6 months, when your child needed care get care as soon as you needed it? (Child)	Medi-Cal	84.1%	84.7%	85.4%	77.3%	79.7%
In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed it? (Child)	Medi-Cal	80.5%	73.2%	75.2%	74.7%	74.2%
In the last 6 months, when you needed care right away, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed it? Include in-person, telephone, or video appointments.	L.A. Care Covered	N/A	61.4%	69.8%	N/A	56.4%
In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed it? Include in-person, telephone, or video appointments.	L.A. Care Covered	N/A	67.2%	66.2%	N/A	64.6%
In the last 6 months, when you needed care right away, how often did you get care as soon as you needed it?	D-SNP	N/A	Not scored	82.3%	Not scored	77.8%
In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed it?	D-SNP	N/A	85%	76.5%	Not scored	78.4%

*Source: 2020, 2021, 2022, 2023, and 2024 HP-CAHPS, QHP Survey, and MAPD reports

All years reflect the fielding and reporting year for the survey.

No Child survey is conducted for LACC. There are no child members enrolled in D-SNP.

N/A indicates no official score was issued by CMS

Not scored indicates CMS would not allow fielding in 2023 as enrollment for D-SNP was at 0 on 7/1/2022

Table 7b: CAHPS Access to Care Measures

Access Composite	Line of Business	2020	2021	2022	2023	2024	Performance Goal	Goal Met
Getting Care Quickly (Adult)	Medi-Cal	72.7%	72.1%	73.5%	71.5%	71.9%	73%	No
Getting Care Quickly (Child)	Medi-Cal	82.3%	78.9%	80.3%	76.0%	76.9%	77%	No
Getting Care Quickly (Adult)	L.A. Care Covered	N/A	64.3%	65.0%	N/A	61.6%	60%	Yes
Getting Appointments and Care Quickly (Adult)	D-SNP	N/A	77%	80.0%	Not scored	78.1%	73%	Yes

Table 7c: CG-CAHPS Access to Care Measures					
Access Question	Line of Business*	2020	2021	2022	2023
In the last 12 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed it? (Adult)	Medi-Cal	51.5%	48.8%	47.5%	49.1%
In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed it? (Adult)	Medi-Cal	54.8%	52.7%	51.6%	51.9%
In the last 12 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed it? (Child)	Medi-Cal	60.4%	56.2%	52.1%	53.1%
In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed it? (Child)	Medi-Cal	62.4%	58.7%	54.9%	56.6%

*CG-CAHPS was implemented for the Medi-Cal network only.
Source: 2020-2023 CG-CAHPS Adult and Child Reports
The years for CG-CAHPS reflect the year that fielding began.

Table 7d: QHP Rating						
QHP Rating	2022	2023	2024	2024 vs. 2023	2024 Goal	Goal Met
Health Plan	77.8%	77.8%	78.1%	+0.3 pp	79%	Not Met
Health Care	80.8%	80.2%	79.3%	-0.8 pp	81%	Not Met
Personal Doctor	83.4%	84.2%	85.8%	+1.6 pp	85%	Met
Specialist	80.5%	86.4%	83.0%	-3.4 pp	87%	Not Met

CAHPS & CG-CAHPS SURVEY RESULTS FOR ACCESS TO CARE

Table 7a: CAHPS Access to Care Measures

Medi-Cal

- HP-CAHPS Adult member satisfaction with:
 - Getting timely urgent care decreased by 3.1 percentage points from 2023 to 2024.
 - Getting timely routine appointments decreased by 2.2 percentage points from 2023 to 2024.
 - Getting Care Quickly improved by 0.4 percentage points from 2023 to 2024.
- HP-CAHPS Child member satisfaction with:
 - Getting urgent care improved by 2.4 percentage points from 2023 to 2024.
 - Getting routine appointments decreased by 0.4 percentage points from 2023 to 2024.
 - Getting Care Quickly improved by 0.9 percentage points from 2023 to 2024.
- CG-CAHPS Adult member satisfaction with:
 - Getting timely urgent appointments improved by 1.6 percentage points from 2022 to 2023.
 - Getting timely routine appointments improved by 0.3 percentage points from 2022 to 2023.
- CG-CAHPS Child member satisfaction with:
 - Getting timely urgent appointments improved by 1.0 percentage points from 2022 to 2023.
 - Getting timely routine appointments decreased by 1.7 percentage points from 2022 to 2023.

L.A. Care Covered

- QHP Enrollee Survey Adult member satisfaction with:
 - Getting timely urgent care increased by 1.97 percentage points from 2023 to 2024.
 - Getting timely routine appointments increased by 1.24 percentage points from 2023 to 2024.
 - Getting Care Quickly increased by 1.61 percentage points from 2023 to 2024.

D-SNP

- MAPD Adult member satisfaction with:
 - Getting timely urgent care was not scored in 2023 – New D-SNP contract, CMS would not allow fielding of the survey – enrollment was 0 7/1/2022.
 - Getting timely routine appointments was not scored in 2023 – New D-SNP contract, CMS would not allow fielding of the survey – enrollment was 0 7/1/2022.
 - Getting Care Quickly was not scored in 2023 – New D-SNP contract, CMS would not allow fielding of the survey – enrollment was 0 7/1/2022.

Table 8: L.A. CARE DIRECT NETWORK SURVEY RESULTS FOR ACCESS TO CARE

Table 8: CG-CAHPS L.A. Care Direct Network Access to Care Measures						
Access Question	Line of Business*	2019	2020	2021	2022	2023
In the last 12 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed it? Primary Care- (Adult)	Direct Network (Medi-Cal)	Not Reportable	52.8%	49.0%	41.9%	47.8%
In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed it? Primary Care- (Adult)	Direct Network (Medi-Cal)	60.3%	59.9%	54.1%	43.6%	47.3%
In the last 12 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed it? Specialty Care- (Adult)	Direct Network (Medi-Cal)	55.3%	49.5%	46.7%	50.1%	50.1%
In the last 12 months, when you contacted this provider's office did you get same day response to phone questions? Primary Care- (Adult)	Direct Network (Medi-Cal)	Not Reportable	Not Reportable	60.4%	43.9%	52.1%
In the last 12 months, when you contacted this provider's office, was it easy to get care, tests, or treatments? (Adult)	Direct Network (Medi-Cal)	59.7%	58.9%	54.2%	60.9%	61.6%

Table 8: CG-CAHPS L.A. Care Direct Network Access to Care Measures						
Access Question	Line of Business*	2019	2020	2021	2022	2023
In the last 12 months, the overall rating of the Care Provider? Primary Care- (Adult)	Direct Network (Medi-Cal)	55.5%	Not Reportable	60.6%	52.1%	57.0%
In the last 12 months, overall rating of Care Provider? Specialty Care- (Adult)	Direct Network (Medi-Cal)	Not Reportable	Not Reportable	69.5%	74.1%	76.3%

* Source: 2019-2023 CG-CAHPS Adult Reports

The years for CG-CAHPS reflect the year that fielding began.

Not Reportable (Too Few respondents (<30) to report score).

L.A. Care Direct Network

- CG-CAHPS Adult member satisfaction with:
 - Getting timely Primary Care urgent appointments increased by 6.0 percentage points from 2022 to 2023.
 - Getting timely Primary Care routine appointments increased by 3.6 percentage points from 2022 to 2023.
 - Getting timely Specialist Care urgent appointments stayed the same from 2022 to 2023.
 - Getting in contact with the Primary Care provider's office to get same-day responses to phone questions increased by 8.2 percentage points from 2022 to 2023.
 - Getting in contact with the Provider's office to get easy care, tests, and treatments increased by 0.7 percentage points from 2022 to 2023.
- CG-CAHPS Adult member overall care satisfaction with:
 - Overall rating of Primary Care providers decreased by 4.9 percentage points from 2022 to 2023.
 - Overall rating of Specialist Care providers increased by 2.2 percentage points from 2022 to 2023.

CONCLUSION

Child Medi-Cal

Across the four ratings and five composites for HPR, one rating and two composites increased from 2023 to 2024. The remaining three ratings and three composites decreased. The Customer Service composite was the only measure to experience a statistically significant change. The performance of the Child Medicaid CAHPS survey remains higher than that of the Adult survey.

The following measures fell below 2023 rates:

- Getting Needed Care
 - Ease of Getting Needed Care
 - Ease of Seeing a Specialist
- Ease of Getting Routine Care (M) in Composite Getting Care Quickly
- Doctor Communication
 - Doctor Explained Things
 - Doctor Listened Carefully
 - Doctor Showed Respect
 - Doctor Spent Enough Time
- Customer Service*
 - Customer Service Provided Info/Help*

- Customer Service: Courteous and Respectful
- Rating of Health Care
- Rating of Doctor (8-10) (Means ratings of 8–10 are used on a 0-10 point scale)
- Rating of Specialist (8-10) Means ratings of 8-10 are used on a 0-10 point scale)
- Children with Chronic Condition Measures (CCC) Access to Specialized Services
- CCC Getting Needed Information

**Statistically significant change*

L.A. Care continues to perform lower in all ratings and composites compared to the 2023 NCQA Quality Compass National Averages except in CCC Care Coordination and Rating of Specialist (8-10. Most of these ratings and composites were statistically significantly lower than the NCQA Quality Compass National Average. This continues to be a trend of continued improvement for the rating of Specialists measure. Getting an appointment with the specialist may be difficult, but if the member can see the specialist, they rate them highly.

For Getting Care Quickly, the score for routine care was 5.47 percentage points lower than the score for urgent care. Ease of Getting Routine Care has remained stable since 2022, while Ease of Getting Urgent Care has improved 2.43 percentage points since 2023. For Getting Needed Care, the score for prompt access to specialty care was 9.83 percentage points lower than the Ease of Getting Needed Care measure. Both measures have declined since 2022. Ease of Seeing a Specialist has fallen year over year since 2022. Access to specialists may not be as high, and some members may need to travel 50 miles to see a specialist. This causes barriers for members about travel and potential expenses incurred. Getting Care Quickly has improved for the first time since 2022. Access to care continues to be a longstanding area of needed attention, requiring creative solutions to obtain care.

L.A. Care continues to hear reports from clinics about the difficulties of providing care in a timely and high-quality manner due to staffing shortages, clinician and healthcare worker burnout, lack of resources, and increasing regulatory agency requirements. L.A. Care is investigating methods to support clinics in these efforts, including providing funds to support quality improvement projects.

The Customer Service composite experienced a statistically significant rate decrease from 2023, disrupting a year-over-year improvement trend. The “Customer Service Provided Info/Help” question decreased by 8.22 percentage points. It was statistically significant, while the “Customer Service was Courteous/Respectful” decreased by 4.06 percentage points but was not statistically significant. This indicates that members may feel the customer service agent was courteous/respectful, but they didn’t get the help or support they needed. In prior years, this was the only composite to increase performance, warranting the need to discuss findings with the L.A. Care Customer Solution Center.

While the Children with Chronic Conditions measures are not reported to the HPR (Health Plan Rating), several measures performed higher this year. Access to Prescription Meds, Doctor Knows the Child, and Care Coordination for CCC all improved. Coordination of Care for the General Population, also not reported to the HPR, improved from 2023 by 5.5 percentage points.

Adult Medi-Cal

Across the four ratings and five composites for HPR, three ratings and three composites increased from 2023 to 2024. The remaining rating and two composites decreased. While none of the overall rating and composite changes were statistically significant, “Ease of Getting Needed Care” had a statistically significant increase.

The following measures fell below the 2023 rate:

- Ease of Seeing a Specialist

- Ease of Getting Routine Care
- Doctor Communication
 - Doctor Explained Things
 - Doctor Listened Carefully
- Customer Service
 - Customer Service Provided Info/Help
 - Customer Service: Courteous and Respectful
- Rating of Doctor (8-10)
- Discussing Cessation Meds

Ease of Getting Urgent Care performed higher than Ease of Getting Routine Care. Both Adult and Child HP-CAHPS saw members rating their ability to receive Urgent Care as higher than Routine Care. Routine Care has fallen in both Adult and Child surveys. This seems to show that our members experience ongoing issues in accessing care when seeking appointments with their PCPs.

The Rating of Personal Doctor and Rating of Specialist are within 1 percentage point of each other in performance. The Personal Doctor rating scored higher, and both improved from 2023. Ease of Seeing a Specialist has continued to fall since 2022. There was a 2.46 percentage point decrease since 2023. Since both the Ease of Seeing a Specialist and the Ease of Getting Routine Care are declining in performance, we need to investigate the ability to provide appointments to our members in a timely fashion. This is impacting our ability to provide high-quality healthcare.

Other areas for improvement to the member experience journey are Doctor Communication and Customer Service. Both composites declined by 1 percentage point and 2.55 percentage points, respectively. Doctor Communications saw decreases in Doctor Explained Things, and Doctor Listened Carefully. Any issues during the appointment will tarnish the perception of healthcare being provided. Customer Service has also decreased by almost 3 percentage points since 2023. Providing Info/Help and being Courteous and Respectful declined by nearly 3 percentage points, aligning with a similar trend in the Child survey.

A prior study conducted by L.A. Care showed that members who had responded negatively to 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 and promote the use of MinuteClinic for urgent care services and Teladoc for telehealth. 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 alternative access options such as MinuteClinic and Teladoc.

Given the Access to Care composite improvements seen as well as an improved Rating of Healthcare, we may be starting to see our members becoming aware of and utilizing these alternative access options.

From discussions with members of the Regional Community Advisory Committees, L.A. Care has heard members state that they are apprehensive about answering any surveys. They do not trust that their responses won't negatively harm their access to healthcare. This demonstrates an opportunity to provide more education on these surveys, making it clear that responses cannot be traced back to the member by their provider or health plan.

L.A. Care Covered

The QHP EES Survey is part of the QRS (Quality Rating System) for the L.A. Care Covered line of business. All composites and measures improved from 2023, except for the following measures:

- Rating of Specialist
 - Rating of All Healthcare (less than one percentage point)
 - Forms in Preferred Language (within Getting Information in a Needed Language or Format composite)
 - Ease of Coordination of Healthcare Services (within Care Coordination composite)
 - Doctor Informed of Specialist Care (within Care Coordination composite)
 - Customer Service Wait Too Long (within Plan Administration composite)
 - Telehealth Visits Offered
 - Member Delayed Filling/Did Not Fill Prescription (within Enrollee Experience with Cost composite)
- All measures within the Medical Assistance with Smoking and Tobacco Use Cessation (only 37 members) involved here)

Twenty-One QRS rated measures improved from 2023 - 2024. In the preview of the official results from CMS, L.A. Care is a four-star plan for the Enrollee Experience and a three-star plan for Plan Efficiency, Affordability, and Management.

Additional observations from the 2024 results include:

- Ease of Getting Needed Care scores higher (71.64%) than Getting Urgent Care (56.41%).
- Ease of Seeing a Specialist, while improved, is the lowest measure within Access to Care (53.92%).
- Getting Information in a Needed Language or Format experienced a statistically significant increase from 2023, with “Forms in a Preferred Format” and “Ease of Getting Interpreter” increasing by over 10 percentage points. This could indicate that efforts to provide benefit education to L.A. Care Covered members are working.
- Access to Information continues to score low (53.44%). Two measures within this composite, while improved from 2023, require some attention. Current scores for Ease of Finding Costs for Services (52.07%) and Ease of Finding Costs for Meds (47.44%) are potentially causing our members difficulty and hesitation in using their plan to seek care.
- More than a quarter of respondents reported having to pay out of pocket for care they thought L.A. Care would cover.
- Nearly a quarter of respondents reported delaying care because they were worried about the cost.

There are several opportunities for improvement for this population. L.A. Care can investigate coaching providers in plan usage and benefits and improving customer service in the office and at the health plan level. Expanding access to care through the addition of telehealth and urgent care sites would also be beneficial. L.A. Care will continue to prioritize expanding access to care, improving the office visit, and ensuring a smooth payment process for members.

D-SNP

Scores were unavailable for 2023 due to the L.A. Care contract change from CMC to D-SNP on 1/1/2023. When enrollment was taken on 7/1/2022, there were zero members in the D-SNP plan. CMS would not allow a MAPD D-SNP Survey to be fielded that year, so no scores were available.

Between the 2022 CMC survey and the 2024 D-SNP survey, scores decreased in the following Ratings and Composites:

- Rating of All Health Care
- Rating of Drug Coverage
- Getting Care Quickly
 - Got Urgent Care as Soon as Needed

- Ease of Getting Care, Tests, or Treatment (within the Getting Needed Care composite)
- Doctors Who Communicate Well
- Doctor Explanation: Easy to Understand
- Doctor Listened Carefully
- Doctor Showed Respect
- Doctor Spent Enough Time
- Forms from the Health Plan Were Easy to Fill Out (within the Health Plan Customer Service composite)
- Doctor Had Your Records/Information at Appointment (within Coordination of Care composite)
- Doctor's Office Helped to Coordinate Care (within the Coordination of Care composite)
- Doctor Informed on Care Provided by Specialists (within Coordination of Care composite)
- Getting Needed Prescription Drugs*
- Easy to Use PDP to Get Prescribed Medicines*
- Easy to Use PDP to Get Medicines at the Pharmacy/by Mail
- Influenza Vaccination

*Statistically significant change

Getting Urgent Care decreased by over 4 percentage points. Getting Routine Care improved by almost 2 percentage points.

Survey results identify the need to improve Prescription Drug access for L.A. Care D-SNP members. Responses indicate that members do not find it easy to use the prescription benefit. This presents an opportunity to provide more instructions and guidance on using this crucial benefit.

Unlike the other lines of business, the MAPD CAHPS survey is the only one to report increases in the Health Plan Customer Service composite, with the rate changes in the overall composite and Health Plan Customer Service (CS) Provided Needed Information/Help being statistically significant improvements. L.A. Care can investigate if there are differences in operations for Medicare members compared to other lines of business.

This is the last year Influenza Vaccination will be measured via a survey. All our other LOBs use an existing Healthcare Effectiveness Data and Information Set measure. Medicare will take advantage of this measure starting next year.

SECTION 3: COMPLAINTS FOR ACCESS TO CARE

To further assess member experience with overall access to care, L.A. Care analyzed the grievance data provided below. These rates are reported as grievance counts by Line of Business and the complaint category (Access to Care).

Calendar Year	Line of Business	Total Complaints (N)	Access Complaints (N)	% of Total Complaints	Rate	Rate Goal/1000 Member Months	Goal Met?
2023	Medi-Cal	49,857	17,297	35%	0.97	5	Yes
2022	Medi-Cal	62,784	29,755	47%	1.81	5	Yes
2023	D-SNP	16,815	5,472	33%	25.07	10	No
2022	Cal-MediConnect	8,743	3,594	41%	17.08	10	No
2023	L.A. Care Covered	25,613	6,261	24%	4.03	5	Yes

Table 9: Grievances for Access to Care Trend*^							
Calendar Year	Line of Business	Total Complaints (N)	Access Complaints (N)	% of Total Complaints	Rate	Rate Goal/1000 Member Months	Goal Met?
2022	L.A. Care Covered	25,743	7,580	29%	5.51	5	No

*Rate per 1000 members is calculated based on the avg of member months for the calendar year.

^Source: 2023 NCQA H.1.a Appeals & Grievances Annual Report, 2022 NCQA H.1.a Appeals & Grievances Annual Report

Qualitative Analysis

- Medi-Cal: The goal for Access was met.
- D-SNP: The goal for Access was not met
- L.A. Care Covered: The goal for Access was met.

Medi-Cal

Overall, the members' experience and satisfaction measurement is based on the perceived delivery and quality of service provided by the treating practitioner, practitioner's office staff, and/or Plan staff, including our delegated entities. Based upon the data review for this calendar year (CY), Access is the leading cause of complaints, with 35% of the total 2023 CY volume. The data supporting the reasons for dissatisfaction are related to the following:

- Dissatisfaction with Access to Care
- Dissatisfaction with Billing and Financial Issues
- Dissatisfaction with Quality of Care

D-SNP

Based upon the data review for the D-SNP line of business, the top two categories for initiating a grievance are related to Attitude and Service and Access issues. An analysis of the data indicates the primary reason is:

- Dissatisfaction with the L.A. Care's Customer Service department

Miscommunication from the L.A. Care Customer Service Department continues to cause member abrasion. Member feedback is that they receive incorrect information and get passed between different departments/areas.

L.A. Care Covered

The Covered California line of business data demonstrates that the top three reasons for initiating a grievance are related to billing and financial issues.

- Dissatisfaction being billed/balanced billed and sent to collections for covered services.

Medi-Cal, D-SNP, L.A. Care Covered

The following have been identified as possible contributing factors to the members' ratings of access to care:

- Lack of member knowledge regarding coverage benefit limits and managed care requirements.
- Concerns with the accessibility of the Primary Care Physician's office
- Attitude and service at the Primary Care Physician's office and providers not paying attention, rude, and unprofessional

Members in all lines of business have two top areas of concern: Getting Needed Care and Getting Care Quickly. In reviewing grievance data, Access is a significant issue across all product lines. Priorities in 2023 included:

- Improving the accessibility to the primary physician's office
- Evaluate and improve department structure, staffing, and procedures that are integral to processing appeals and grievances
- Implement a new Appeals and Grievances System of Record to allow for compliance with regulatory requirement reporting and to improve overall efficiencies in workflow
- Improving customer service at L.A. Care

Provider Network Management examines the individual specialty networks of contracted provider groups quarterly and informs them of any deficiencies in their network. Furthermore, individual attention is paid to referrals to out-of-network specialists as needed to ensure members' needs are continually met.

L.A. Care Health Plan demonstrates a commitment to providing service excellence by ensuring members access to quality health care and services. Quarterly reports showing barriers, trends and interventions are presented to the following internal cross-departmental multidisciplinary committees and public advisory board committees: Member Quality Service Committee (MQSC), Quality Oversight Committee (QOC), Utilization Management Committee (UMC), Behavioral Health Quality Committee (BHQC), Internal Compliance Committee (ICC), Compliance & Quality Committee (C&Q), Executive Community Advisory Committee (ECAC), Credentialing & Provider Network Management, and at Joint Operational Meetings (JOMs).

SECTION 4: PCPS AFTER-HOURS SURVEY

BACKGROUND

Information obtained from the practitioner after-hours access to care assessment measures how well practitioners adhere to L.A. Care's established after-hours access standards. Based on the response to each survey question and the access standard, the provider is categorized as being either compliant or non-compliant. L.A. Care's primary provider network serves Medi-Cal, PASC-SEIU, D-SNP, L.A. Care Covered, and L.A. Care Covered Direct products. The established standards are consistent across all provider networks.

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY 2023 After-Hours Survey. The vendor conducted a telephonic survey using L.A. Care's approved survey tool for PCPs. The vendor attempted to reach all providers in the survey database and made up to three call attempts. CSS calculated rates of compliance for all eligible providers. Ineligible providers included providers with a wrong/non-working phone number or identified as not practicing within the plan's network. Ineligible providers were removed from compliance calculations.

Results were collected in October of 2023. Provider offices were surveyed during closed office hours (early morning, evening, holiday, or weekend hours). L.A. Care Health Plan requires PCPs or their designated on-call licensed practitioners to be available to coordinate patient care beyond normal business hours. To achieve after-hours compliance, PCPs must meet all three requirements as outlined below:

A. Automated systems

- Must provide emergency instructions
- Offer a reasonable process to contact the PCP or their covering practitioner or other "live" party
- If the process does not enable the caller to contact the PCP or their covering practitioner directly, the "live" party must have access to a practitioner for urgent and non-urgent calls.

- B. Professional exchange staff
 - Must provide a process for emergency calls
 - Must have access to a practitioner for both urgent and non-urgent calls.
- C. To achieve after-hours timeliness compliance, PCPs, their covering practitioner, or a screening/triage clinician (RN, NP, or PA) must return a member's call within 30 minutes.

L.A. Care submitted a complete database of its network of PCPs to CSS, including addresses and phone numbers. Based on the provider's response to each survey question and the established access standard, the provider is categorized as either compliant or non-compliant.

RESPONSE RATES

Table 10: After-Hours Response Rate			
	Original Sample Size	Eligible Provider Size	Response Rate [^]
Medi-Cal Aggregate	5,676	5,094	90%
MCLA	2,879	2,632	91%
Anthem Blue Cross	2,916	2,620	90%
Blue Shield Promise	2,930	2,690	92%
PASC-SEIU	300	299	100%
D-SNP	2,260	2,057	91%
L.A. Care Covered	3,288	2,951	90%
L.A. Care Covered Direct	3,288	2,951	90%

[^]Response rates are rounded to the nearest whole percentage point

RESULTS

Individual access scores are calculated for the number of provider offices that offer compliant emergency instructions to callers and the number/percentage of offices with adequate means of reaching the on-call practitioner (Access measures). In addition, provider offices are measured for compliance with the after-hours timeliness standard (Timeliness measure), which measures whether the PCPs, designated on-call provider, or a screening/triage clinician (RN, NP, or PA) will return a member's phone call within 30 minutes. A score is provided for all provider groups.

The tables below provide the after-hours compliance rates calculated for access and timeliness measures for PCPs, along with PCP year-over-year comparisons, where possible. L.A. Care established performance goals for each standard. Compliance rate trend data in some measures (indicated by N/A) are unavailable due to the inclusion of a new provider network or a change in the calculation from separate compliance reporting of access and timeliness measures.

COMPLIANCE SUMMARIES

Table 11: Medi-Cal Aggregate Year-over-Year Comparison							
After-Hours Measure	Line of Business	2023	2022	2021	Variance	Performance Goal	Goal Met
Access – ER Compliance	Medi-Cal	88%	91%	92%	-3%	80%	Yes
Access – Reach Compliance	Medi-Cal	81%	80%	83%	+1%	80%	Yes
Timeliness Compliance	Medi-Cal	66%	63%	68%	+3%	80%	No
Access – ER Compliance	MCLA	89%	91%	93%	-2%	80%	Yes
Access – Reach Compliance	MCLA	84%	82%	84%	+2%	80%	Yes
Timeliness Compliance	MCLA	68%	63%	70%	+5%	80%	No

Table 11: Medi-Cal Aggregate Year-over-Year Comparison							
After-Hours Measure	Line of Business	2023	2022	2021	Variance	Performance Goal	Goal Met
Access – ER Compliance	BSPHP	89%	92%	93%	-3%	80%	Yes
Access – Reach Compliance	BSPHP	87%	78%	85%	+9%	80%	Yes
Timeliness Compliance	BSPHP	71%	63%	69%	+8%	80%	No
Access – ER Compliance	BCSC	89%	92%	91%	-3%	80%	Yes
Access – Reach Compliance	BCSC	80%	78%	83%	+2%	80%	Yes
Timeliness Compliance	BCSC	68%	64%	68%	+4%	80%	No
Access – ER Compliance	PASC	100%	98%	94%	+2%	80%	Yes
Access – Reach Compliance	PASC	68%	92%	72%	-24%	80%	No
Timeliness Compliance	PASC	57%	66%	72%	-9%	80%	No
Access – ER Compliance	D-SNP	90%	92%	93%	-2%	80%	Yes
Access – Reach Compliance	D-SNP	86%	77%	84%	+9%	80%	Yes
Timeliness Compliance	D-SNP	71%	62%	69%	+9%	80%	No
Access – ER Compliance	L.A. Care Covered	90%	93%	93%	+3%	80%	Yes
Access – Reach Compliance	L.A. Care Covered	86%	78%	84%	+8%	80%	Yes
Timeliness Compliance	L.A. Care Covered	71%	61	69	+10%	80%	No
Access – ER Compliance	L.A. Care Covered Direct	90%	91%	93%	-1%	80%	Yes
Access – Reach Compliance	L.A. Care Covered Direct	86%	83%	84%	+3%	80%	Yes
Timeliness Compliance	L.A. Care Covered Direct	71%	71%	93%	0%	80%	No
Access – ER Compliance	L.A. Care Direct Network	93%	93%	93%	0%	80%	Yes
Access – Reach Compliance	L.A. Care Direct Network	88%	85%	85%	+3%	80%	Yes
Timeliness Compliance	L.A. Care Direct Network	76%	69%	69%	+7%	80%	No

Qualitative Analysis Table 11: Medi-Cal Aggregate Year-over-Year Comparison

Medi-Cal

- Access – ER Compliance declined by 3% and met the L.A. Care goal of 80%.
- Access – Reach Compliance improved by 1% and met the L.A. Care goal of 80%.
- Timeliness Compliance improved by 3% and did not meet the L.A. care goal of 80%.

MCLA

- Access – ER Compliance declined by 2% and met the L.A. Care goal of 80%.
- Access – Reach Compliance improved by 2% and met the L.A. Care goal of 80%.
- Timeliness Compliance improved by 5% and did not meet the L.A. Care goal of 80%.

BSPHP

- Access – ER Compliance declined by 3% and met the L.A. Care goal of 80%.
- Access – Reach Compliance improved by 9% and met the L.A. Care goal of 80%.
- Timeliness Compliance improved by 8% and did not meet the L.A. Care goal of 80%.

BCSC

- Access – ER Compliance declined by 3% and met the L.A. Care goal of 80%.
- Access – Reach Compliance improved by 2% and met the L.A. Care goal of 80%.
- Timeliness Compliance improved by 4% and did not meet the L.A. Care goal of 80%.

PASC-SEIU

- Access – ER Compliance improved by 2% and met the L.A. Care goal of 80%.
- Access – Reach Compliance declined by 24% and did not meet the L.A. Care goal of 80%.
- Timeliness Compliance declined by 9% and did not meet the L.A. care goal of 80%.

D-SNP

- Access – ER Compliance declined by 2% and met the L.A. Care goal of 80%.
- Access – Reach Compliance improved by 9% and met the L.A. Care goal of 80%.
- Timeliness Compliance improved by 9% and did not meet the L.A. care goal of 80%.

L.A. Care Covered

- Access – ER Compliance improved by 3% and met the L.A. Care goal of 80%.
- Access – Reach Compliance improved by 8% and met the L.A. Care goal of 80%.
- Timeliness Compliance improved by 10% and did not meet the L.A. care goal of 80%.

L.A. Care Covered Direct

- Access – ER Compliance declined by 1% and met the L.A. Care goal of 80%.
- Access – Reach Compliance improved by 3% and met the L.A. Care goal of 80%.
- Timeliness Compliance: the rate remained 71% and did not meet the L.A. care goal of 80%.

L.A. Care Direct Network

- Access – ER Compliance: The rate remained at 93%, and the L.A. Care goal was achieved at 80%.
- Access – Reach Compliance improved by 3% and met the L.A. Care goal of 80%.
- Timeliness Compliance improved by 7% and did not meet the L.A. care goal of 80%.

PPG Name	2023		Timeliness Goal ≥ 80%
	Access - ER Goal ≥ 80%	Access – Reach Goal ≥ 80%	
Access IPA	86%	86%	66%
Accountable IPA	88%	88%	69%
Advantage Health Network IPA	100%	93%	86%
Adventist Health Physicians Network	96%	98%	98%
All Care Medical Group IPA	100%	100%	43%
Alliance Health Systems	98%	85%	78%
Allied Pacific IPA	87%	84%	67%
Altamed Health Network Inc	92%	57%	51%
Angeles IPA	88%	91%	77%
Anthem Direct	85%	85%	67%
Associated Dignity Medical Group	95%	89%	74%
Axminster Medical Group	30%	80%	56%

Table 12: PPG Aggregate Compliance			
PPG Name	2023		Timeliness Goal ≥ 80%
	Access - ER Goal ≥ 80%	Access – Reach Goal ≥ 80%	
Bella Vista IPA	86%	86%	80%
Blue Shield Direct	87%	80%	67%
Citrus Valley Physicians Group	95%	85%	68%
Community Family Care	94%	93%	87%
El Proyecto Del Barrio	58%	13%	8%
Emanate Health IPA	97%	90%	81%
Exceptional Care Medical Group	91%	84%	68%
Family Care Specialists Medical Group	97%	97%	97%
Global Care IPA	87%	89%	72%
Health Care La IPA	87%	88%	73%
High Desert Medical Group	100%	100%	100%
Imperial Health Holdings Medical Group	95%	90%	80%
Karing Physicians Medical Group	100%	87%	60%
La Care Direct Network	93%	88%	76%
Lakeside Medical Group	94%	85%	68%
Los Angeles County Department of Health Services	100%	64%	54%
Memorialcare Select Health Plan	86%	80%	65%
Mission Community IPA	100%	88%	88%
Noble Community Medical Associates	94%	95%	84%
Omnicare Medical Group (AMHN)	89%	89%	71%
Optum Care Network-La Family Community	88%	89%	72%
PIH Health Physicians	100%	96%	70%
Pomona Valley Medical Group	95%	91%	71%
Preferred IPA Of California	92%	88%	79%
Prospect Medical Group	91%	88%	71%
Regal Medical Group	93%	87%	68%
Regent Medical Group	89%	100%	96%
San Judas Medical Group IPA	100%	95%	95%
Serendib Healthways Inc	72%	59%	47%
Serra Community Medical Clinic Inc	89%	100%	89%
Sierra Medical Group	100%	100%	100%
South Atlantic Medical Group	94%	89%	71%
Southern Cal Children's Healthcare Network	92%	83%	67%
Southland Advantage Medical Group	89%	100%	74%
St Vincent IPA	88%	82%	77%
Superior Choice Medical Group	82%	84%	63%

Qualitative Analysis

Table 12 Medi-Cal PPG After-Hours Aggregate Compliance

Table 12 includes the Access and Timeliness compliance survey results for PPGs across all lines of business. This survey only includes PCPs.

- 45 PPGs met the L.A. Care goal for Access ER Compliance.

- 44 PPGs met the L.A. Care goal for Access Reach Compliance.
- 14 PPGs met the L.A. Care goal for Timeliness Compliance.

The conclusions in this report are based on an analysis of available data and survey findings—all provider networks that did not meet L.A. Care’s goals for Access Compliance. L.A. Care will continue to monitor this measure and determine if additional intervention efforts are needed for MY 2023.

The timeliness compliance rates have declined in MY 2023 compared to MY 2022. L.A. Care has requested a Root Cause Analysis to better understand Network Providers' challenges with responding to L.A. Care's Access to Care Survey. The root cause analysis responses for MY 2023 are pending and should be provided in quarter 4 of 2024.

SECTION 5 ELEMENT B: ACCESS TO BEHAVIORAL HEALTHCARE

The L.A. Care Direct Network has a direct contract with a behavioral health network comprised of Qualified Autism Service Providers (QASP). These providers offer Behavioral Health Treatment (BHT), commonly referred to as Applied Behavior Analysis (ABA), as a benefit under the Medi-Cal (MCLA) program. BHT services are designed for members under 21 years of age and necessitate a recommendation from a licensed physician, surgeon, or psychologist affirming that evidence-based BHT services are medically essential.

The services provided encompass ABA and other related evidence-based treatments, which may be delivered in various settings, including homes, schools, community environments, and clinics.

All additional behavioral health services are managed by Carelon Behavioral Health (previously known as Beacon Health Options), an NCQA-accredited Managed Behavioral Health Organization (MBHO).

During the fourth quarter of 2023 through the third quarter of 2024, Carelon accounted for 74.51% of Behavioral Health Services (N=64,584), while L.A. Care Behavioral Health contributed 25.49% (N=4,635) of BHT services for MCLA.

Given that Carelon manages over 70% of L.A. Care's Behavioral Health Services across all product lines—including Medi-Cal, LACC, D-SNP, and PASC—L.A. Care's NET 1D qualifies for an **auto credit**. This partnership highlights the effective collaboration between L.A. Care and Carelon in addressing the community's behavioral health needs.

The accompanying table illustrates the utilization of services segmented between L.A. Care's Network and Carelon Behavioral Health.

Carelton Behavioral Health	L.A. Care Behavioral Healthcare Report				
	Time Period: 7/1/2023 - 9/30/2024				
	# of Members Utilization of Services	Total Members (As of report date)	% of Total Membership Utilizing Services	Total # Services	% of Services
Medi-Cal	55,660	1,918,136	2.90%	546643	87.23%
LACC	7,139	270976	2.63%	62335	9.95%
D-SNP	799	26542	3.01%	4819	0.77%
PASC	986	58333	1.69%	12864	2.05%
Grand Total	64584	2273987	2.84%	626661	74.51%
CPT Codes: all BH services billed to Carelone					
LOB: All lines of business utilization for all of Behavioral Health Services					
L.A. Care Health Plan	L.A. Care Behavioral Healthcare Report				
	Time Period: 7/1/2023 - 9/30/2024				
	# of Members Utilization of Services	Total Members (As of report date)	% of Total Membership Utilizing Services	Total # Services	% of Services
Medi-Cal	4635	1918136	0.24%	214364	100%
Grand Total	4635	1918136	0.24%	214364	25.49%
CPT Code Specific: H0032, H2019, H0031, S5111, H2014					

SECTION 6 ELEMENT C ACCESS TO SPECIALTY CARE: AGGREGATE QUANTITATIVE & QUALITATIVE DMHC HIGH IMPACT & HIGH VOLUME

L.A. Care Health Plan sets timely access standards for its network providers to ensure that members can effectively and appropriately access covered services. The Measurement Year (MY) 2023 Provider Appointment Availability Survey collects data regarding the appointment availability of providers for members enrolled in the L.A. Care network. To support this initiative, L.A. Care has contracted with the Center for the Study of Services (CSS) to conduct the annual Provider Appointment Availability Survey (PAAS). The provider types surveyed include Specialty Care Physicians (SCPs). The SCPs included physicians specializing in Cardiology, Dermatology, Endocrinology, Gastroenterology, Infectious Disease, Nephrology, Neurology, Obstetrics/Gynecology, Oncology, Podiatry, and Rheumatology.

Before the PAAS begins, providers receive notifications via announcement postcards. The survey fielding was conducted from October 2023 to December 2023, with results collected through fax and email, supplemented by phone follow-ups for non-respondents.

Table 13 illustrates a two-year trend for seven (SCP) appointment standards across the various contracted specialties. However, the focus will be on the DMHC high-impact (oncology) and high-volume (obstetrics/gynecology) specialties. The variance reflects changes from the previous year, while the "goal met" status indicates whether providers achieved L.A. Care's compliance goal of 80% or higher.

Table 13: DMHC High Impact & High Volume Specialties (Aggregate)		Urgent	Routine	Initial Prenatal Visit	In Office Waiting Room Time	Normal Business Hours Call-Back for Immediate Care	Call-Back time to Rescheduled Missed Appointments	Process for Rescheduling No-Shows Appointments
L.A. Care Goal		80%	80%	96%	98%	80%	90%	99%
Cardiology	2023	70%	74%	NA	99%	57%	89%	98%
	2022	67%	74%	NA	95%	59%	88%	97%
Variance		3%	0%	NA	4%	-2%	1%	1%
Goal Met		No	No	NA	Yes	No	No	No
Dermatology	2023	61%	76%	NA	97%	48%	91%	93%
	2022	62%	69%	NA	98%	51%	92%	89%
Variance		-1%	7%	NA	-1%	-3%	-1%	4%
Goal Met		No	No	NA	No	No	Yes	No
Endocrinology	2023	64%	62%	NA	100%	66%	91%	97%
	2022	39%	36%	NA	98%	43%	88%	95%
Variance		25%	26%	NA	2%	23%	3%	2%
Goal Met		No	No	NA	Yes	No	Yes	No
Gastroenterology	2023	64%	62%	NA	94%	49%	81%	99%
	2022	35%	56%	NA	95%	37%	90%	96%
Variance		29%	6%	NA	-1%	12%	-9%	3%
Goal Met		No	No	NA	No	No	No	Yes
Infectious Disease	2023	64%	62%	NA	98%	71%	93%	98%
	2022	NA	NA	NA	NA	NA	NA	NA
Variance		NA	NA	NA	NA	NA	NA	NA
Goal Met		No	No	NA	Yes	No	Yes	No
Nephrology	2023	74%	83%	NA	99%	62%	90%	99%
	2022	71%	85%	NA	99%	52%	92%	99%
Variance		3%	-2%	NA	0%	10%	-2%	0%
Goal Met		No	Yes	NA	Yes	No	Yes	Yes
Neurology	2023	60%	69%	NA	96%	54%	87%	97%
	2022	36%	46%	NA	94%	38%	88%	98%
Variance		24%	23%	NA	2%	16%	-1%	-1%
Goal Met		No	No	NA	No	No	No	No
OB/GYN	2023	77%	87%	100%	92%	65%	96%	99%
	2022	56%	77%	84%	92%	60%	94%	99%
Variance		21%	10%	16%	0%	5%	2%	0%
Goal Met		No	Yes	Yes	No	No	Yes	Yes
Oncology	2023	75%	91%	NA	96%	59%	94%	99%
	2022	58%	85%	NA	98%	51%	98%	100%
Variance		17%	6%	NA	-2%	8%	-4%	-1%
Goal Met		No	Yes	NA	Yes	No	Yes	Yes
Podiatry	2023	83%	92%	NA	100%	62%	93%	98%
	2022	81%	92%	NA	96%	56%	95%	99%
Variance		2%	0%	NA	4%	6%	-2%	-1%
Goal Met		Yes	Yes	NA	Yes	No	Yes	Yes
Rheumatology	2023	67%	72%	NA	100%	48%	93%	100%
	2022	59%	60%	NA	91%	42%	88%	100%
Variance		8%	12%	NA	9%	6%	5%	0%
Goal Met		No	No	NA	Yes	No	Yes	Yes

Table 13 Source(s): [2023 AA Final Reports](#), [2022 AA Final Reports](#) Goal Met: **Yes/No** NA: Not Applicable Variance Compares 2023 and 2022 scores.

TABLE 13: DMHC HIGH IMPACT & HIGH VOLUME AGGREGATE

Oncology

The analysis presented in Table 13 highlights that the DMHC **high-impact** (oncology) category did not meet the compliance threshold of over 80% for two of six appointment types: urgent appointments and normal business hours call-backs for immediate care. This is a significant concern as it may adversely affect patient care and satisfaction. Nevertheless, compliance rates have been markedly improved from 2022 to 2023. Urgent appointments experienced a commendable increase of 17%, while normal business hours call-backs for immediate care improved by 8%.

While recent progress has been made, additional efforts are required to meet L.A. Care's compliance target of over 80%. To address these findings for SCPs a comprehensive corrective action plan (CAP) has been implemented. This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach by the SCP for the non-compliance appointment types:

- (1) Urgent
- (2) Normal Business Hours Call Back

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the SCP.

In contrast, four of the six appointment categories successfully met the over 80% compliance rate, which were:

- (1) Routine
- (2) In-Office Waiting Room Time
- (3) Call-Back Time to Rescheduled Missed Appointments
- (4) Process for Rescheduling No-Show Appointments

As a result, the SCPs are not required to undertake any additional actions concerning these appointments. This is a testament to their adherence to the established standards, as no issues were found.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 17% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 6% and met the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, declined by 2% and met the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 8% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 4% and met the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 1% and met the L.A. Care goal of 99%.

OB/GYN

The analysis presented in Table 13 highlights that the DMHC **high-volume** (OB/GYN) category did not meet the compliance threshold of over 80% for three out of seven appointment types: urgent appointments, in-office waiting room time, and normal business hours call-backs for immediate care. This is a significant concern as it may adversely affect patient care and satisfaction. Nevertheless, compliance rates have been markedly improved from 2022 to 2023. Urgent appointments experienced a commendable increase of 21%, while normal business hours call-backs for immediate care improved by 5%. Meanwhile, the waiting room time in the office remained stable, maintaining a compliance rate of 92%, reflecting a lack of progress in that area.

While recent progress has been made, additional efforts are required to meet L.A. Care's compliance target of over 80%. To address these findings for OB/GYNs, a comprehensive corrective action plan (CAP) has been implemented. This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach by the OB/GYNs for the non-compliant appointment types:

- (1) Urgent
- (2) In-Office Waiting Room Time
- (3) Normal Business Hours Call Back

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns the OB/GYNs highlighted.

In contrast, four of the seven appointment categories successfully met the over 80% compliance rate, which were:

- (1) Routine
- (2) Initial Prenatal Visit
- (3) Call-Back Time to Rescheduled Missed Appointments
- (4) Process for Rescheduling No-Show Appointments

As a result, the OB/GYNs are not required to undertake any additional actions concerning these appointments. This is a testament to their adherence to the established standards, as no issues were found.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 21% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 10% and met the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 92% and did not meet the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 5% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, improved by 2% and met the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, there was no improvement; the rate remained at 99% and met the L.A. Care goal of 99%.

Cardiology

The analysis presented in Table 13 highlights that In-Office Waiting Room Time was one of the six DMHC high-impact and high-volume appointment standards that met the L.A. Care goal of a 98% compliance rate. The five remaining appointment standards did not meet the L.A. Care goal of 80% or higher but saw improvements:

- Urgent (3%)
- Call-back time to reschedule missed appointments (1%)
- Process for rescheduling no-show appointments (1%)

Call-backs for immediate care during regular business hours declined by -2 %. While routine saw no improvement, it remained at a 74% compliance rate, reflecting a lack of progress.

While recent progress has been made, additional efforts are required to meet L.A. Care's compliance target of over 80%. To address these findings for Cardiologists, a comprehensive corrective action plan (CAP) has been implemented. This plan aims to tackle appointment non-compliance by identifying and resolving the root causes. Solutions and interventions are to be submitted to L.A. Care by October, ensuring a thorough and effective approach by the Cardiologists for the non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by +3% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, no improvement was seen. The rate remained at 74% and did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, improved by +4% and met the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by -2% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, improved by +1% and did not meet the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates improved by +1% but did not meet the L.A. Care goal of 99%.

Dermatology

The analysis presented in Table 13 highlights that call-back time for rescheduled missed appointments was one of the six DMHC high-impact and high-volume appointment standards to meet the L.A. Care goal of a 90% compliance rate. The following two appointment standards did not meet the L.A. Care goal of 80+% but saw improvements:

- routine (7%)
- process for rescheduling no-show appointments (4%)

Urgent and in-office waiting room time declined by -1%, and normal business hours callback for immediate care declined by -3%.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPGs.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 7% and did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, declined by 3% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 1% and met the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023, compliance rates improved by 4% but did not meet the L.A. Care goal of 99%.**

Endocrinology

The analysis presented in Table 13 highlights that two of the six DMHC high-impact and high-volume appointment standards met the L.A. Care goal of an 80% or higher compliance rate: Office Waiting Room Time and Call-Back time to reschedule missed Appointments. The remaining four didn't reach the 80% or higher goal but saw improvement:

- Urgent (25%)
- Routine (26%)
- Normal business hours call-back for immediate care (23%)
- Process for rescheduling no-show appointments (2%).

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this

review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 25% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 26% and did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, improved by 2% and met the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 23% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, improved by 3% and met the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates improved by 2% but did not meet the L.A. Care goal of 99%.

Gastroenterology

The analysis presented in Table 13 highlights that the process for Rescheduling no-show appointments was one of the six DMHC high-impact and high-volume appointment standards that met the L.A. Care goal of 99% compliance rate. The three following appointment standards did not meet the L.A. Care goal of 80%+ but saw improvements:

- Urgent (29%)
- Routine (6%)
- Regular business hours call-back for immediate care (12%)

In-office Waiting Room Time declined by 1%, and Call-Back time to Rescheduled Missed Appointments by 9%.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 29% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 6% and did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, declined by 1% and met the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 12% and did not meet the L.A. Care goal of 80%.

5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 9% and did not meet the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023,** it improved by 3% and met the L.A. Care goal of 99%.

Infectious Disease

The analysis presented in Table 13 highlights that in MY2022, infectious disease was not listed as a DMHC High-Impact or high-volume specialty; therefore, there is no data available for comparison. Two of the six DMHC high-impact and high-volume appointment standards met the L.A. Care goal of an 80% or higher compliance rate: In-office Waiting Room Time and Call-Back time to reschedule missed Appointments. The remaining four didn't reach the 80% or higher goal.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

1. **Urgent Appointment Compliance Rates:** MY2023 did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** For MY2023, it did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:**
4. For MY2023, it did not meet the L.A. Care goal of 98%.
5. **Normal Business Hours Call Back Compliance Rates:** For MY2023, it did not meet the L.A. Care goal of 80%.
6. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** For MY2023, it did not meet the L.A. Care goal of 90%.
7. **Process for Rescheduling No-Shows Appointments Compliance Rates:** For MY2023, it did not meet the L.A. Care goal of 99%.

Nephrology

The analysis presented in Table 13 highlights that four of the six DMHC high-impact and high-volume appointment standards met the L.A. Care goal of an 80% or higher compliance rate:

- Routine
- In-office waiting room time
- Call-back time to reschedule missed appointments
- Process for rescheduling no-show appointments

The remaining two did not reach the 80% goal but saw improvements of 3 percentage points for urgent and 10 percentage points for normal business hours call-backs.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 3% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, declined by 2% and met the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 99% and met the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 10% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 2% and met the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023, there was no improvement; the rate remained at 99% and met the L.A. Care goal of 99%.**

Neurology

The analysis presented in Table 13 highlights that none of the appointment standards met the DMHC high-impact and high-volume appointment standards or the L.A. Care compliance rates of 80% or higher. However, most saw improvements:

- Urgent (24%)
- Routine (23%)
- Normal business hours call-back for immediate care (16%)
- In-office waiting room time (2%).

Call-back time to reschedule missed appointments, the process for rescheduling no-show appointments declined by 1 percentage point.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is

unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 24% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 23% and did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, improved by 2% and met the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 16% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 1% and did not meet the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates:** From 2022 to 2023, compliance rates declined by 1% and did not meet the L.A. Care goal of 99%.

Podiatry

The analysis presented in Table 13 highlights that four of the six DMHC high-impact and high-volume appointment standards met the L.A. Care goal of an 80% or higher compliance rate:

- Urgent
- Routine
- In-office waiting room time
- Call-back time to reschedule missed appointments.

The remaining two did not reach the 80% or higher goal but saw improvement: normal business hour call-back for immediate care (6%) and the process for rescheduling no-show appointments, which declined by 1%.

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 2% and met the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, there was no improvement. The rate remained at 92% and met the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, improved by 4% and met the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 6% and did not meet the L.A. Care goal of 80%.

5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, declined by 2% and met the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023,** compliance rates declined by 1% and did not meet the L.A. Care goal of 99%.

Rheumatology

Three of the six met the DMHC high-impact appointment standards and the L.A. Care goal of an 80% or higher compliance rate:

- In-office waiting room time
- Call-back time to reschedule missed appointments
- Process for rescheduling no shows appointments

The remaining three did not reach the 80% or higher goal but saw improvements: urgent (8%), routine (12%), and normal business hours call-back for immediate care (6%).

In response to the findings, a Corrective Action Plan (CAP) has been established for the Participating Physician Groups (PPGs). This plan is designed to identify and address the underlying factors contributing to non-compliance with appointment policy. It specifically targets issues related to appointment non-compliance by uncovering and resolving the root causes. PPGs are expected to submit their proposed solutions and interventions to L.A. Care by October, thereby ensuring a comprehensive and effective strategy for managing non-compliant appointment types.

L.A. Care has received the Corrective Action Plans (CAPs) to address the identified compliance issues and is conducting a detailed analysis of the root causes behind these non-compliant measures. This evaluation involves a comprehensive review of the root cause analysis and an examination of the actions implemented to rectify the issues and prevent future occurrences. The organization's commitment to compliance is unwavering, and it will also assess the supporting documentation that verifies these actions. Following this review, L.A. Care will determine whether to accept or reject the proposed solutions to remedy the concerns highlighted by the PPG.

1. **Urgent Appointment Compliance Rates:** From 2022 to 2023, improved by 8% and did not meet the L.A. Care goal of 80%.
2. **Routine Appointment Compliance Rates:** From 2022 to 2023, improved by 12% and did not meet the L.A. Care goal of 80%.
3. **In-Office Waiting Room Time Compliance Rates:** From 2022 to 2023, improved by 9% and met the L.A. Care goal of 98%.
4. **Normal Business Hours Call Back Compliance Rates:** From 2022 to 2023, improved by 6% and did not meet the L.A. Care goal of 80%.
5. **Call-Back time to Rescheduled Missed Appointments Compliance Rates:** From 2022 to 2023, improved by 5% and met the L.A. Care goal of 90%.
6. **Process for Rescheduling No-Shows Appointments Compliance Rates: From 2022 to 2023,** there was no improvement. The rate remained at 100% and met the L.A. Care goal of 99%.

SECTION 7: CONCLUSION AND PLAN OF ACTION

The conclusions in this report are based on an analysis of available data, survey findings, and discussions at the various quality committees, such as the Quality Improvement and Health Equity Committee (QIHEC), Quality Oversight Committee (QOC), and the Member Quality Service Committee (MQSC). These committees include an internal cross-departmental representation of departments, such as Quality Improvement, Health Education and Cultural and linguistic Services, Provider Network Management, Marketing and Communications, and Leadership. Opportunities for improvement are determined based on conclusions drawn from these meetings.

Additionally, survey findings and interventions are presented and discussed for input from the Physician Advisory Collaborative and Provider Engagement Meetings.

To identify issues below the plan level, access to care data was segmented into the provider group level. Results are distributed to each specific provider group in the form of a report card.

L.A. Care has continued collaborative efforts with provider groups throughout 2018 to 2023 to target improving appointment wait times and after-hours access.

To address continued non-compliance and improve appointment wait times and compliance rates, L.A. Care launched new and more extensive analytics, education, training, and provider engagement and adjusted the PPG Access to Care Oversight and Monitoring process webinar. As part of this process, L.A. Care developed a training webinar, oversight, monitoring audit workbook, and related auditing tools. Quality Improvement hosts these webinars annually and reviews the Access to Care standards, compliance rates, and instructions on the PPG Oversight & Monitoring workbook process. The 2023 Webinar was held on July 24, 2024, and PPGs attended the webinar and were attentive.

Feedback/Suggested future webinars:

- *“Great overview, but the slides were hard to read. Recommend using widescreen 16x9 & breaking down audit tool demo.”*
- *“Great Presentation!”*
- *“Great information, the team was knowledgeable. I'd recommend every L.A. Care partner to participate in this webinar going forward.”*
- *“I would prefer to have the information from the PowerPoint prior to the webinar so that I can prepare the questions ahead of time.”*

Additionally, effective October 2015, L.A. Care holds PPGs responsible for surveying non-compliant providers quarterly for oversight and monitoring access to care standards with the appointment wait time and after-hours standards. The Provider Groups are scheduled to report back on resurveying results for the MY 2023 Oversight & Monitoring Workbooks as follows:

- 08/02/2024
- 11/01/2024
- 02/07/2024
- 05/02/2024

PPGs must monitor their practitioners until they comply with L.A. Care's performance standards. L.A. Care will continue to require PPGs to report their findings until their network follows the standards and meets L.A. Care's performance goals.

SUMMARY OF INTERVENTIONS

Based on data gathered from the Annual Access to Care Survey, grievance data, and CAHPS Survey, L.A. Care will continue with or implement the following interventions to improve member access to care continually:

Opportunity	Status	Action(s) Taken	Effectiveness of Intervention/ Outcome
Corrective Action Plan Request for all unmet Access measures in MY 2023.	Ongoing	Based on MY 2023 PAAS results, Quality Improvement annually sends a Corrective Action Plan (CAP) Request to Provider Groups for any access goals not met. The CAP request was sent to PPGs on 9/2/2024, with a request for the CAP due date of 10/02/2024.	Effectiveness to be determined in the MY 2024 Provider Appointment Availability Survey results.

Opportunity	Status	Action(s) Taken	Effectiveness of Intervention/ Outcome
Oversight & Monitoring Workbooks	Ongoing	L.A. Care identifies providers as non-compliant with at least one of the appointment availability and after-hours access standards. MY 2023 workbooks were distributed to PPGs in July 2024 with a request due date of August 02, 2024.	Based on the Oversight & Monitoring Workbook results, the identification of non-compliant providers for two or more consecutive years had little to no impact.
Educate Members on timely access standards.	Ongoing	The newsletter article in the Member newsletter, Be Well, educates members on access to care standards and provides DMHC Help Center contact information.	Members obtain knowledge on their rights to provider Appointment Availability and After-Hours access.
Internal Access to Care Workgroup	Ongoing	Access & Availability Workgroup formed to collaborate and identify barriers and effective interventions to improve Access & Availability. Workgroup findings and recommendations report to the QI Steering Committee.	A collaborative effort with stakeholders is needed to improve identified deficiencies with provider appointment availability and after-hours compliance.
Advanced Access	Ongoing	Beginning in MY 2019, L.A. Care began monitoring PCPs that offer advanced access. Provider Contracting & Relationship Management have responsibility for oversight & monitoring of PPG reports for PCPs that provide advanced access. This information is applied to the annual appointment availability surveys.	Advanced Access continued to be successfully incorporated into the MY 2023 Appointment Availability surveys. These providers received automatic compliance for PAAS measures.
Access to Care Webinar	Ongoing	Quality Improvement hosts a webinar that reviews the Access to Care standards and compliance rates and provides instructions on the PPG Oversight & Monitoring workbook process.	PPGs attended the webinar and were attentive. Quality Improvement will continue to host these webinars on an annual basis. MY 2023 Webinar was held on July 24, 2024.
Refusals/No Response	Ongoing	MY 2023 is the first year ATC requires that PPGs complete a CAP based on providers who refuse to participate in the survey or do not respond.	Effectiveness is to be determined by the results of the MY 2024 Oversight and Monitoring Quarterly Workbook Submissions.
The low response rate from DN providers: Improve PAAS survey participation	Ongoing	Assigned project manager specifically to DN Identified the top 20 practices holding 60% of the membership. Coordinated with CRM to engage and educate providers. Participate in a weekly multi-disciplinary workgroup to maximize effort coordination. DN JOM per Region Meetings completed by Medical Director. DN Provider Engagement Meetings are conducted by the medical director, who provides DN Report cards per provider's office.	CRM is helping bring Direct Network Providers for PCP and SCP who are non-compliant to compliance with Educational Outreach during the two Submissions 1 and 3 for Oversight & Monitoring. Monitored semi-annually through Oversight & Monitoring workbooks where non-compliant providers are resurveyed by our survey vendor CSS. During the DN JOM, the Access to Care workflow is summarized to all the DN Providers who are attending the DN JOM, and once the JOM has been completed, Access to

Opportunity	Status	Action(s) Taken	Effectiveness of Intervention/ Outcome
			Care provides each Provider and/or Practice with their MY2023 Direct Network Report Card. Direct Network Access to Care QuickTips is also attached to bring providers to compliance with each required measure.
Process Improvement	Ongoing	Weekly meetings with QI leadership to streamline the ATC process. Actions taken include updating forms and instructions to be more user-friendly.	A deeper dive will be conducted to look for trends and patterns to calculate performance for meeting the following available appointment percentages based on the guidelines (Non-Urgent and urgent). Joint Operations Meetings (JOMS) are conducted quarterly for Direct Network (DN) and PPGs.

CONCLUSION

The above-mentioned interventions were all chosen as part of the overall effort to continuously improve the quality of timely access to care for members by increasing compliance rates. Upcoming interventions that should continue as part of the 2024 QI Program are:

- Continue oversight and monitoring of providers of the L.A. Care network.
- Host training webinars to refresh PPGs on the Access to Care standards and the Oversight and Monitoring process to ensure they are accurately overseeing and training their contracted providers.
- Analysis of PPG compliance across all Appointment Availability and After-Hours Access measures to identify the highest and lowest-performing PPGs.

Goal Calculation

Annually, the Quality Improvement Accreditation Team determines the goal for each appointment availability and after-hours access standard by the following methodology. The L.A. performance goals are set at the point where we would have achieved a statistically significant difference over the prior year's result. To do so, we started with the rate and sample size from the preceding year. We assumed the same sample size for the current year and then estimated what the rate would have to be to demonstrate a statistically significant difference from the prior year. Statistical significance was determined using a two-tailed z-test of proportions where our critical alpha was 0.05. Goals will always be set to a minimum of 80%. Effective January 1, 2022, for the Provider Appointment Availability Survey, the DMHC deems non-compliance as having fewer than 70% of network compliance for a specific network and having a non-urgent or urgent appointment available within the established timeframe. Additional details on the MY 2023 Performance Goals are available through the Quality Improvement business unit.

H.3 AVAILABILITY OF PRACTITIONERS

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BACKGROUND/SUMMARY

L.A. Care Health Plan (L.A. Care) Provider Network Management (PNM), with the support of its Provider Data team, evaluates its Primary Care (PCP), Specialty care practitioners (SCP) high-volume/high-impact networks to ensure adequate provider-to-enrollee ratios and appropriate time or distance access to provide care to its enrolled members. This thorough review includes practitioners across our Medi-Cal (MCLA), L.A. Care Covered (LACC/LACCD), Dual Eligible Special Needs Plan (D-SNP), and PASC-SEIU (PASC) service lines.

L.A. Care has measurable standards for each measure of practitioners' ratios and geographic distribution, including the cultural and linguistic needs of its members (such as culture, ethnicity, race, and spoken language). Data is collected to determine compliance with these standards, helping to assess whether member needs are being met or if adjustments are needed. Opportunities for improvement are identified and addressed quarterly, annually, or as necessary.

Furthermore, the plan also adheres to all State and Federal regulatory requirements in addition to Annual Network Certification (ANC) report submissions to its regulator, the Department of Health Care Services (DHCS), to provide the necessary submissions to validate and certify that the plan meets all network adequacy standards. DHCS evaluates and certifies the Plans network, and PNM remediates any findings with the Provider Data team. This ensures members access to appropriate services, including Primary Care, specialists, hospitals, and other ancillary facilities. The Plan also submits Alternative Access Standards (AAS) to address compliance gaps.

As part of the Annual Assessment for L.A. Care's Availability of Practitioners, this report includes an evaluation of the following performance metrics for Network Adequacy:

- **Provider-to-Member Ratios:** Assessing access to Primary Care Providers (PCPs) and Specialty Care Providers (SCPs) for high-volume/high-impact specialties.
- **Geographic Distribution (Drive Time):** Evaluating provider access based on member drive times.
- **Cultural and Linguistic Member Needs:** Ensuring that the network meets members' diverse cultural and linguistic needs.

2024 WORK PLAN ACTIVITIES: Measurement Year 2024 (Q4-2023 thru Q3-2024)

SECTION 1: PROVIDER-TO-MEMBER RATIOS FOR PRIMARY CARE PRACTITIONERS (PCPs) AND HIGH-VOLUME/HIGH-IMPACT SPECIALTY CARE PRACTITIONERS (SCPs), AND GEOGRAPHIC DISTRIBUTION (MEMBER TRAVEL DISTANCE)

PERFORMANCE STANDARDS

Performance standards are based on industry-standard benchmarks and national and regional comparative data.

The following Access and Availability standards are established for:

Provider-to-Member Ratio: identifies the minimum number of full-time equivalent (FTE) physicians of the specialty type per enrollees to demonstrate the plan has adequate capacity and availability of licensed health care practitioners

- 1.1.1 High-volume/high-impact Specialist-to-Member Ratio: based on encounter data over 12 months calculated by dividing the total number of specialists in a specific specialty (e.g., Ophthalmologists) by the total enrollment. Specialty can vary year over year for each line of business.

Driving Distance (Time or Distance): Performance is measured using MapInfo software to assess the accessibility of providers based on driving distance for members.

METHODOLOGY

The Provider Network Management (PNM) Department completes a yearly quantitative and qualitative analysis. PNM evaluates the availability of practitioners based on established standards for provider-to-member ratios and geographic distribution (member drive time). The ratio standard identifies the minimum number of full-time equivalent (FTE) physicians of the specialty type per enrollee, which needs to demonstrate that the plan has adequate capacity and availability of licensed health care practitioners. Primary care practitioners (PCPs) include Family Practice/General Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics. High-volume/high-impact specialty care areas are determined by the number of encounters within a specific timeframe for all lines of business and vary from year to year. High-volume specialties evaluated for access include but are not limited to Obstetrics/Gynecology, Oncology, Dermatology, Podiatry, Urology, and Cardiovascular Disease. Additionally, other specialty areas may be assessed as needed to meet various regulatory requirements or address any geographic access and availability concerns. This helps ensure that network adequacy and member access are maintained across all lines of business.

PROVIDER TO MEMBER RATIO GOALS:

The goal for primary care practitioners (PCPs) is to maintain a ratio of 1 practitioner per 2,000 members for all products, with the exception of D-SNP, which is set at 1.67 per 1,000 members. For reporting year RY2025, the D-SNP PCP ratio will update to 1:2000. This change is to align with industry-standard benchmarks.

PERFORMANCE ASSESSMENT

The assessment of ratios includes member populations for the Measurement year as of December 1, 2024. The approximate total number of Medi-Cal (MCLA) members was 1,446,782, L.A. Care Covered (LACC/LACCD) membership was 205,512, D-SNP membership was 20,279, and PASC membership was 49,633. Membership is subject to changes due to redetermination and retro-enrollment.

The following tables depict the level of **Primary Care Practitioners (PCPs)** compliance across each line of business with current physician-to-member ratio across all PCP types (Internal Medicine, Family Medicine, Pediatrics, Geriatrics).

Primary Care Practitioners (PCPs)

Quantitative Analysis- PCPs

- All **Primary Care Practitioners** (FP, GP, IM, PED) consistently exceeded or met the compliance standard targets for practitioner-to-member ratios for all lines of business (**MCLA, LACC/LACCD, D-SNP, PASC**) from **Q4 2023** through **Q3 2024** as seen in the tables below.

MEDI-CAL Primary Care Practitioners (PCPs)**Overall Goal: Met**

Medi-Cal (MCLA)					
Primary Care Practitioners (PCPs)	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard
FP/GP	1:331	1:336	1:343	1:363	1:2000
IM	1:198	1:218	1:215	1:212	1:2000
PED	1:225	1:218	1:201	1:218	1:2000
Overall Status	1:368	1:410	1:412	1:417	1:2000
Standard Met	Yes	Yes	Yes	Yes	1:2000

LACC/LACCD Primary Care Practitioners (PCPs)**Overall Goal: Met**

L.A. Care Covered (LACC/LACCD)					
Primary Care Practitioners (PCPs)	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard
FP/GP	1:84	1:54	1:71	1:70	1:2000
IM	1:74	1:50	1:67	1:66	1:2000
PED	1:17	1:10	1:16	1:17	1:2000
Overall Status	1:62	1:67	1:74	1:74	1:2000
Standard Met	Yes	Yes	Yes	Yes	1:2000

D-SNP Primary Care Practitioners (PCPs)**Overall Goal: Met**

Dual Special Needs Plan (D-SNP)					
Primary Care Practitioners (PCPs)	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard
FP/GP	1:20	1:19	1:13	1:13	1.67:1000
IM	1:23	1:23	1:19	1:19	1.67:1000
GER	1:1892	1:2546	1:1713	1:1764	1.67:1000
Overall Status	1:22	1:22	1:24	1:24	1.67:1000
Standard Met	Yes	Yes	Yes	Yes	1.67:1000

PASC-SEIU Primary Care Practitioners (PCPs)

Overall Goal: Met

PASC-SEIU					
Primary Care Practitioners (PCPs)	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard
FP/GP	1:180	1:185	1:196	1:195	1:2000
IM	1:184	1:178	1:193	1:203	1:2000
PED	1:27	1:26	1:27	1:13	1:2000
Overall Status	1:1200	1:154	1:162	1:169	1:2000
Standard Met	Yes	Yes	Yes	Yes	1:2000

Quantitative Analysis- High-Volume/High-Impact Practitioners

The following tables depict the level of specialty network compliance across each line of business with current **physician-to-enrollee ratio** standards for **high-volume and high-impact** areas of **specialty care**.

Medi-Cal

- **Meets Standard:** OB/GYN, Ophthalmology, Podiatry, Urology, Cardiovascular Disease, and Oncology all successfully met their annual standards for the current year. These specialties have demonstrated significant improvements, especially considering that the goal was not met in Q1 and Q2 of 2023 compared to the metrics for MY 2024.
- **Not Meets:** Dermatology continues to fall short of the standard of 1:5000, with the ratio increasing rather than improving.

Table: Ratio of Specialists to Members
(Factor 2)

		Measurement Year 2024					
Medi-Cal (MCLA)	Specialty	Q4-2023	Q1- 2024	Q2 -2024	Q3-2024	Standard Ratio	Annual Standard Met
	OB/GYN	1:1262	1:1399	1:1374	1:1386	1:2000	Yes
	OPHTHALMOLOGY	1:3426	1:3674	1:3608	1:3644	1:5000	Yes
	DERMATOLOGY	1:9817	1:10965	1:1074	1:1079	1:5000	No
	PODIATRY	1:6719	1:7165	1:7058	1:7234	1:1000	Yes
	UROLOGY	1:8094	1:8990	1:8943	1:9157	1:1000	Yes
	CARDIOVASCULAR DISEASE	1:2757	1:3054	1:2950	1:2989	1:4000	Yes
	ONCOLOGY	1:3124	1:3414	1:3356	1:3357	1:5000	Yes

LACC/LACCD

- **Meets Standard:** The specialties OB/GYN, Ophthalmology, Dermatology, Podiatry, Urology, and Cardiovascular Oncology continue to **meet** their respective annual standards, with their ratios remaining steady or improving.

*Table: Ratio of Specialists to Members
(Factor 2)*

		Measurement Year Time Frame				Standard Ratio	Annual Standard Met
LACC/LACCD	Specialty	Q4-2023	Q1-2024	Q2 -2024	Q3-2024		
	OB/GYN	1:300	1:300	1:100	1:100	1:2000	Yes
	OPHTHALMOLOGY	1:574	1:560	1:603	1:592	1:5000	Yes
	DERMATOLOGY	1:1407	1:1373	1:1507	1:1427	1:5000	Yes
	PODIATRY	1:1151	1:1127	1:1242	1:1195	1:1000	Yes
	UROLOGY	1:1428	1:1415	1:1576	1:1522	1:1000	Yes
	CARDIOVASCULAR DISEASE	1:444	1:434	1:469	1:475	1:4000	Yes
	ONCOLOGY	1:546	1:536	1:589	1:568	1:5000	Yes

D-SNP

- **Meets Standard:** D-SNP specialty physicians **meet the standards** consistently across all quarters for each specialty shown in the table. However, the D-SNP ratios differ from those of other lines of business. These ratios will be re-evaluated to ensure alignment with updated industry standards and comparable plans, with adjustments reflected in the following measurement year.

*Table: Ratio of Specialists to Members
(Factor 2)*

		Measurement Year Time Frame				Standard Ratio	Annual Standard Met
D-SNP	Specialty	Q4-2023	Q1- 2024	Q2 -2024	Q3-2024		
	OB/GYN	1:4800	1:4700	1:5100	1:4900	0.04:1000	Yes
	OPHTHALMOLOGY	1:9300	1:9100	1:9000	1:9000	0.24:1000	Yes
	PODIATRY	1:1660	1:1660	1:1720	1:1650	0.19:1000	Yes
	UROLOGY	1:3260	1:3340	1:3460	1:3440	0.12:1000	Yes
	NEUROLOGY	1:2320	1:2280	1:2380	1:2390	0.12:1000	Yes
	CARDIOVASCULAR DISEASE	1:1070	1:1070	1:1110	1:1140	0.27:1000	Yes
	ONCOLOGY	1:2010	1:1960	1:1950	1:1990	0.19:1000	Yes

PASC-SEIU

- **Met Standard:** All specialties met the standard. OB/GYN, Ophthalmology, Podiatry, Cardiovascular Disease, Infectious Disease, and Oncology successfully met their respective annual standards for the current year for each quarter.
- **Achievement:** In Q2-2024 – current, PASC has successfully **met the ratio** in Dermatology, which had been a deficiency from the prior year.

**Table: Ratio of Specialist to enrollees
(Factor 2)**

PASC- SEIU	Specialty	Measurement Year Time Frame				Standard Ratio	Annual Standard Met
		Q4-2023	Q1- 2024	Q2 -2024	Q3-2024		
	OB/GYN	1:1000	1:1000	2:1000	2:1000	1:2000	Yes
	PODIATRY	1:4033	1:4060	1:4485	1:4963	1:1000	Yes
	DERMATOLOGY	1:6049	1:6091	1:4934	1:4136	1:5000	Yes
	OPHTHALMOLOGY	1:2304	1:2436	1:2349	1:2363	1:5000	Yes
	INFECTIOUS DISEASE	1:1512	1:1477	1:1827	1:1985	1:7000	Yes
	CARDIOVASCULAR DISEASE	1:1466	1:1477	1:1495	1:1460	1:4000	Yes
	ONCOLOGY	1:2688	1:2707	1:2467	1:2363	1:5000	Yes

QUALITATIVE ANALYSIS: PRACTITIONER-TO-MEMBER RATIOS (PCPs)

Overall, L.A. Care's **Primary Care network (Family Practice, General Practice, Internal Medicine, Pediatricians)** meets the healthcare needs of most enrollees and complies with **established ratio standards across all lines of business.**

QUALITATIVE ANALYSIS: HIGH-VOLUME/HIGH-IMPACT SPECIALTY PRACTITIONER CARE

PNM closely monitors its specialty network for member access, particularly for high-utilized and high-impact specialties. Medi-Cal and PASC were outliers in Q1-2023, failing to meet standards for several specialties, including OB/GYN, Ophthalmology, Dermatology, Podiatry, Urology, and Cardiovascular Disease, in addition to PASC for Dermatology. However, by Q3-2023, Medi-Cal achieved compliance in most specialties, except Dermatology, which remains unmet. PASC improved by Q2-2024 and meets the standard for all. LACC/LACCD and D-SNP have remained compliant across all quarters. As a result of membership growth, our provider-to-member ratios have increased for these highly utilized specialties during the reporting period. Although dermatology has been challenging, the annual analysis shows improvements throughout the reporting year. We will continue striving to meet the standard, particularly in Dermatology, and others, as the member needs fluctuate. Analysis indicated a scarcity of physicians around rural settings, particularly those specializing in high-volume and high-impact areas such as Dermatology for Medi-Cal and PASC. The inherent infrastructure and specialist staffing limitations in these areas fluctuate and challenge establishing a comprehensive network.

L.A. Care is also aware that this annual analysis relies on average calculations and overall ratio compliance to assess enrollees' access to needed care. It is limited in its ability to gain insight into a broader range of access-related Member Experience. Members' disenrollment data, satisfaction survey results, and appeals and grievance complaints data all can contribute to the organization's understanding of network adequacy, Provider availability, and Access to Health Care Services encountered by L.A. Care's members.

SECTION 2: GEOGRAPHICAL DISTRIBUTION BY LINES OF BUSINESS

MEMBER DRIVE DISTANCE

Member drive distance is determined using the average number of miles members must travel. L.A. Care **meets the standards for all Primary Care specialty types (Family Practice, General Practice, Internal Medicine, and Pediatrics) in Medi-Cal, L.A. Care Covered, D-SNP, and PASC lines of business.** For D-SNP, the specialty types include Family Practice, General Practice, and Internal Medicine, and do not include Pediatricians.

Quantitative ANALYSIS: NUMBER AND GEOGRAPHIC DISTRIBUTION (TRAVEL DISTANCE)

The following tables depict the level of provider network compliance with current member travel distance standards across all primary care physician types.

Medi-Cal: Standard is 10 miles. Target: Met

Medi-Cal (MCLA)					Standard: 10 miles Compliance Target: 95%
Primary Care Practitioners	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
FP/GP Average Distance (Miles) % of Members with Access	1mi 100%	1mi 100%	1mi 100%	1mi 100%	Yes
IM Average Distance (Miles) % of Members with Access	1mi 100%	1mi 99%	1mi 99%	1mi 99%	Yes
PED Average Distance (Miles) % of Members with Access	1mi 99%	1mi 99%	1mi 99%	1mi 99%	Yes

LACC/LACCD: Standard is 15 miles. Target: Met

LACC/LACCD					Standard: 15 miles Compliance Target: 95%
Primary Care Practitioners	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
FP/GP Average Distance (Miles) % of Members with Access	1mi 100%	2mi 100%	2mi 100%	2mi 100%	Yes
IM Average Distance (Miles) % of Members with Access	1mi 100%	1mi 100%	1mi 100%	1mi 100%	Yes
PED Average Distance (Miles) % of Members with Access	2mi 99%	2mi 99%	2mi 99%	2mi 100%	Yes

D-SNP: Standard is 5 miles. Target: Met

D-SNP					Standard: 5 miles Compliance Target: 95%
Primary Care Practitioners	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
FP/GP Average Distance (Miles) % of Members with Access	2mi 99%	2mi 99%	2mi 99%	2mi 99%	Yes
IM Average Distance (Miles) % of Members with Access	2mi 97%	2mi 98%	2mi 98%	2mi 98%	Yes

PASC: Standard is 15 miles. Target: Met

PASC-SEIU					Standard: 15 miles Compliance Target: 95%
Primary Care Practitioners	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
FP/GP					
Average Distance (Miles)	5mi	5mi	5mi	5mi	Yes
% of Members with Access	98%	98%	98%	98%	
IM					
Average Distance (Miles)	5mi	5mi	5mi	5mi	Yes
% of Members with Access	98%	98%	98%	98%	
PED					
Average Distance (Miles)	7mi	7mi	7mi	7mi	Yes
% of Members with Access	97%	97%	96%	95%	

SPECIALTIES GEOGRAPHICAL DISTRIBUTION BY LINES OF BUSINESS

QUANTITATIVE ANALYSIS MEMBER DRIVE DISTANCE

L.A. Care meets the standards for average drive distances for high-volume and high-impact specialists for MCLA, LACC/LACCD, and D-SNP.

Medi-Cal High-volume and High-impact Specialist – Drive Distance Goal: Met

Medi-Cal (MCLA)					Standard: 15 Miles Compliance Target: 95%
High-Volume/High-Impact	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
OB/GYN					Yes
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	
% of Members with Access	100%	100%	100%	100%	
Ophthalmology					Yes
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	
% of Members with Access	100%	100%	100%	100%	
Dermatology					Yes
Average Distance (Miles)	3 mi	2 mi	3 mi	3 mi	
% of Members with Access	98%	100%	98%	100%	
Podiatry					Yes
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	
% of Members with Access	100%	100%	100%	100%	
Urology					Yes
Average Distance (Miles)	2 mi	2 mi	3 mi	2 mi	
% of Members with Access	100%	100%	100%	100%	
Cardiovascular Disease					Yes
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	
% of Members with Access	100%	100%	100%	100%	
Oncology					Yes

Medi-Cal (MCLA)					Standard: 15 Miles Compliance Target: 95%
High-Volume/High-Impact	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	
% of Members with Access	100%	100%	100%	100%	

LACC/LACCD High-volume and High-impact Specialist – Drive Distance Goal: Met

LACC/LACCD					Standard: 15 Miles Compliance Target: 95%
High-Volume/High-Impact	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
OB/GYN					
Average Distance (Miles)	2 mi	2 mi	2 mi	1 mi	Yes
% of Members with Access	100%	100%	100%	100%	
Ophthalmology					
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	Yes
% of Members with Access	100%	100%	100%	100%	
Dermatology					
Average Distance (Miles)	3 mi	3 mi	3 mi	3 mi	Yes
% of Members with Access	100%	100%	98%	100%	
Podiatry					
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	Yes
% of Members with Access	100%	100%	100%	100%	
Urology					
Average Distance (Miles)	3 mi	3 mi	3 mi	3 mi	Yes
% of Members with Access	100%	100%	100%	100%	
Cardiovascular Disease					
Average Distance (Miles)	3 mi	3 mi	3 mi	3 mi	Yes
% of Members with Access	100%	100%	100%	100%	
Oncology					
Average Distance (Miles)	3 mi	3 mi	3 mi	3 mi	Yes
% of Members with Access	100%	100%	100%	100%	

D-SNP High-volume and High-impact Specialist – Drive Distance Goal: Met

D-SNP					Standard: 10 Miles Compliance Target: 95%
High-Volume/High-Impact	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
OB/GYN					
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	Yes
% of Members with Access	99%	99%	99%	99%	
Ophthalmology					
Average Distance (Miles)	2 mi	2 mi	2 mi	2 mi	Yes
% of Members with Access	99%	98%	98%	98%	
Podiatry					

D-SNP					Standard: 10 Miles Compliance Target: 95%
High-Volume/High-Impact	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
Average Distance (Miles) % of Members with Access	2 mi 98%	2 mi 98%	2 mi 98%	2 mi 99%	Yes
Urology Average Distance (Miles) % of Members with Access	4 mi 97%	4 mi 97%	4 mi 97%	4 mi 97%	Yes
Neurology Average Distance (Miles) % of Members with Access	3 mi 99%	3 mi 99%	3 mi 99%	3 mi 99%	Yes
Cardiovascular Disease Average Distance (Miles) % of Members with Access	3 mi 98%	3 mi 98%	3 mi 98%	3 mi 98%	Yes
Oncology Average Distance (Miles) % of Members with Access	3 mi 99%	3 mi 99%	4 mi 96%	4 mi 96%	Yes

QUANTITATIVE ANALYSIS - MEMBER DRIVE DISTANCE- PASC

High-volume/High-Impact specialties showed varying levels of performance in 2024

PASC Overall did not meet the Goal:

- Podiatry: Access declined from 93% in Q4 2023 and Q1 2024 to 88% in Q3 2024, falling 5% short of the 95% target.
- Infectious Disease: Access remained below the 95% target, dropping from 93% in Q4 2023 and Q1 2024 to 88% in Q2 and Q3 2024, representing a 5% decrease.
- Cardiovascular Disease: Access started strong at 98% in Q4 2023 and Q1 2024 but dropped to 93% in Q2 and Q3 2024, 2% below target.
- Oncology: Access met the target at 95% in Q4 2023 and Q1 2024 but dropped by 5% to 90% in Q2 and Q3 2024.

QUALITATIVE ANALYSIS - MEMBER DRIVE DISTANCE- PASC

Overall, Podiatry and Infectious Disease showed the most significant declines, not meeting the standard, while the other specialties, Dermatology, Cardiovascular Disease, and Oncology, had fewer decreases over the four quarters. PNM will engage to address these deficiencies.

PASC High-volume and High-impact Specialist – Drive Distance Goal: Not Met

PASC-SEIU					Standard: 15 Miles Compliance Target: 95%
High-Volume/High-Impact	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
OB/GYN Average Distance (Miles) % of Members with Access	10 mi 97%	10 mi 97%	10 mi 97%	10 mi 94%	Yes
Podiatry Average Distance (Miles) % of Members with Access	10 mi 93%	9 mi 93%	10 mi 92%	11 mi 88%	No
Dermatology					

PASC-SEIU					Standard: 15 Miles Compliance Target: 95%
High-Volume/High-Impact	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Standard Met
Average Distance (Miles) % of Members with Access	10 mi 93%	10 mi 93%	8 mi 97%	7 mi 97%	Yes
Ophthalmology Average Distance (Miles) % of Members with Access	9 mi 91%	9 mi 90%	9 mi 95%	8 mi 96%	Yes
Infectious Disease Average Distance (Miles) % of Members with Access	9 mi 93%	9 mi 93%	11 mi 88%	11 mi 88%	No
Cardiovascular Disease Average Distance (Miles) % of Members with Access	6 mi 98%	6 mi 98%	7 mi 93%	7 mi 93%	No
Oncology Average Distance (Miles) % of Members with Access	8 mi 95%	8 mi 95%	10 mi 90%	10 mi 90%	No

QUALITATIVE ANALYSIS- MEMBER DRIVE DISTANCE

Overall, L.A. Care's **primary care network** effectively meets the healthcare needs of most members and complies with established member travel distance standards, achieving the **95% compliance target** across all lines of business. The Provider Network Management Dept., in collaboration with the Provider data team, continues to closely monitor the delegates' provider network, particularly specialty networks, to assess member access to high-demand specialties and address any network gaps where improvements in time or distance are needed such as for **PASC** where the annual assessment showed for Dermatology, Podiatry, Cardiovascular Disease and Oncology did **not meet the goals**.

ANCILLARY PROVIDERS

L.A. Care performed analyses of member 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 Q4-2023 through Q3-2024 period. As shown in the tables below, most L.A. Care members can access these services within the 10 or 15-mile standard. Radiology for D-SNP has a slightly lower percentage of members with access to a “stand-alone” facility within the travel or distance standards, as L.A. Care delegates Radiology service to its delegates, the Participating Physician Groups (PPGs). However, it should be noted that these services are also available at some hospital outpatient facilities. This additional access option is not reflected in the table below.

Ancillary Provider to Member Geographical Distribution Standard and Results				
ANCILLARY	Medi-CAL	LACC-LACCD	PASC	D-SNP
	% within 15 miles			% within 10 miles
Skilled Nursing Facility	99%	99%	98%	98%
Home Health Agencies	100%	100%	99%	99%
Ambulatory Surgery Centers	99%	99%	98%	97%
*Radiology Facilities	100%	100%	98%	32%
Dialysis Centers	100%	100%	99%	100%

*Does not include services available at hospital facilities

SECTION 3: ACCESS TO BEHAVIORAL HEALTHCARE

L.A. Care’s Behavioral Health Network is composed of Qualified Autism Service Providers (QASP) specifically for the Behavioral Health Treatment (BHT) benefit under the MCLA (Medi-Cal) line of business. BHT services are intended for members under 21 years of age and require a recommendation from a licensed physician, surgeon, or psychologist confirming that evidence-based BHT services are medically necessary. These services include Applied Behavior Analysis (ABA) and other related evidence-based treatments, which can be delivered in various settings, such as homes, schools, community environments, and clinics.

All other behavioral health services are delegated to Carelon Behavioral Health (formerly Beacon Health Options), an NCQA-accredited Managed Behavioral Health Organization (MBHO).

Quantitative Analysis

In the fourth quarter of 2023 through the third quarter of 2024, Carelon accounted for 74.51% of Behavioral Health Services (N=64,584), while L.A. Care Behavioral Health contributed 25.49% (N=4,635) for BHT services for MCLA.

Given that Carelon is delegated for managing over 70% of L.A. Care’s Behavioral Health Services across all product lines (Medi-Cal, LACC, D-SNP, PASC), L.A. Care’s NET 1D qualifies for auto-credit. This arrangement highlights the effective collaboration between L.A. Care and Carelon in addressing the community's behavioral health needs.

The accompanying table illustrates the utilization of services between L.A. Care’s Network and Carelon Behavioral Health.

	Behavioral Healthcare Report				
	Time Period: 7/1/2023 - 9/30/2024				
Carelon Behavioral Health	# of Members Utilization of Services	Total Members (As of report date)	% of Total Membership Utilizing Services	Total # Services	% of Services
MCLA	55,660	1,918,136	2.90%	546,643	87.23%
LACC	7,139	270,976	2.63%	62,335	9.95%
D-SNP	799	26,542	3.01%	4,819	0.77%
PASC	986	58,333	1.69%	12,864	2.05%
Grand Total	64584	2,273,987	2.84%	626661	74.51%
CPT Codes: all BH services billed to Carelon					
LOB: All lines of business utilization for all of Behavioral Health Services					
	L.A. Care Behavioral Healthcare Report				
	Time Period: 7/1/2023 - 9/30/2024				
L.A. Care Behavioral Health	# of Members Utilization of Services	Total Members (As of report date)	% of Total Membership Utilizing Services	Total # Services	% of Services
MCLA, PASC	4635	1,918,136	0.24%	214364	100%
Grand Total	4635	1,918,136	0.24%	214364	25.49%
CPT Code Specific: H0032, H2019, H0031, S5111, H2014					

INTERVENTIONS: CURRENT AND PAST INTERVENTIONS

Intervention: Direct Contracting

In addition to the establishment of L.A. Care's Direct Network, the plan continues to pursue recruitment of various providers and practitioners (i.e., primary care, specialists, urgent care, ancillary, hospitals, etc.) actively through direct contracts throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist. Internal reporting is conducted frequently to perform a geographical assessment of the sufficiency of L.A. Care's network. L.A. Care has identified countywide opportunities to improve and expand the organization's specialty network. These results have led to aggressive direct contracting efforts of both primary and specialty care physicians.

Intervention: Analysis of Provider Geographical Distribution

Provider Network Management (PNM) requests reports of its subcontractors from the provider data team and assesses the geography of providers and practitioners' distribution in its network—primary care providers, specialists, hospitals, ancillary, etc. PNM looks at factors such as time or distance and provider-to-member ratios to see if members do not have to travel far to access care. This analysis allows PNM to work with its subcontractors to address network gaps so that its members can access healthcare services within the standards.

Ongoing monitoring and detailed analysis identify coverage deficiencies and guide strategies for recruiting providers through contracting efforts to close gaps. This analysis enables the Plan to ensure its network contains adequate provider types necessary to deliver covered services in a timely and convenient manner while continuously improving its provider network, adapting to the changing needs of the membership, and filling in any gaps in service access as they arise.

Intervention: Linguistic Analysis

Based on the number of bilingual practitioners and bilingual staff in practitioner offices (see Section 5: Practitioner to Member Ratios by Language) and the high usage of interpreting services by practitioners (see FY 2023-2024 C&L Program Evaluation), L.A. Care determined that the practitioner network meets the current cultural and linguistic (C&L) needs of members. However, L.A. Care will continuously pursue initiatives to improve C&L services by enhancing provider education on language services.

Intervention: Elevating the Safety Net Initiative

L.A. Care's Provider Recruitment Program, launched in 2018, has been awarded an additional fourteen years of funding, ensuring it can continue addressing physician shortages. The Plan will continue to offer full medical scholarships to medical students at the Charles R. Drew University of Medicine and Science, supporting their commitment to the Safety Net. The program includes 194 slots to strengthen the Safety Net and an impressive 7,373 from the In-Home Supportive Services (IHSS) training program for home care workers. Furthermore, the Plan has allocated \$100 million dollars to train and recruit diverse primary care physicians to work in local communities to support local initiatives and provide essential resources. For every one PCP added to the network, an additional 2,000 members can be seen.

Intervention: Same Day Appointment and Telehealth Services

L.A. Care members can access same-day scheduled appointments, walk-in visits, and virtual visits for minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This enables our members to have easier access to basic needs 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.

Intervention: Direct Contracting

In addition to the establishment of L.A. Care’s Direct Network, the plan continues to pursue recruitment of various providers and practitioners (i.e., primary care, specialists, urgent care, ancillary, hospitals, etc.) actively through direct contracts throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist. Internal reporting is conducted frequently to perform a geographical assessment of the sufficiency of L.A. Care’s network. L.A. Care has identified countywide 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.

Intervention: Increased PPG Monitoring

PPGs are required to monitor their providers until they become compliant with performance standards. Through the Subcontractor Network Certification process (SNC), PNM has also increased oversight of PPGs to ensure adequate specialty networks.

PNM implemented a new initiative for the 2024 measurement year, the Subcontractor Network Certification (SNC) process. Through the process, PNM collaborates with the data team, PDS, which produces the annual network adequacy performance reports used to assess L.A. Care’s PPGs’ overall provider network to determine compliance with network adequacy and access standards. PPGs must adhere to the Time or Distance standards and submit documentation demonstrating compliance. Each quarter, PPGs report to the plan their monitoring activities, including efforts to close network gaps. As a part of the SNC process, PNM enforces a quarterly Alternative Access Standards (AAS) report, which identifies network gaps by measuring time and distance requirements set forth by the Department of Health Care Services (DHCS). The AAS report includes data analytics that helps quantify and identify provider gaps in the PPGs networks. In addition, the AAS includes practitioners in the market for the PPGs to outreach and contract. This data-driven approach is essential for monitoring the PPGs’ progress and promoting compliance with network adequacy and access requirements.

Intervention: Analysis of Provider Geographical Distribution

Provider Network Management (PNM) requests reports of its subcontractors from the provider data team and assesses the geography of providers and practitioners’ distribution of its network—primary care providers, specialists, hospitals, ancillary, etc. PNM looks at factors such as time or distance and provider-to-member ratios to see if members do not have to travel far to access care. This analysis allows PNM to work with its subcontractors to address network gaps for its members to access healthcare services within the standards.

Ongoing monitoring and detailed analysis are used to identify coverage deficiencies and to guide strategies for recruiting providers through contracting efforts to close gaps. This analysis enables the Plan to ensure its network contains adequate provider types necessary to deliver covered services in a timely and convenient manner while continuously improving its provider network, adapting to the changing needs of the membership, and filling in any gaps in service access as they arise.

SECTION 4: CULTURAL & LINGUISTICS

PRACTITIONER TO MEMBER RATIOS BY RACE/ETHNICITY:

The tables below illustrate the five most prevalent racial groups that comprise L.A. Care’s Medi-Cal (MCLA), L.A. Care Covered/L.A. Care Covered Direct (LACC/LACCD), D-SNP, and PASC-SEIU(PASC) membership.

Across all four lines of business MCLA, D-SNP, LACC/LACCD, PASC), the largest group who self-report their race identify themselves as White or Caucasian. This reporting trend is followed by Black or African American enrollees in the Medi-Cal, D-SNP, and PASC-SEIU programs and Asians in the L.A. Care Covered/L.A. Care Covered Direct program.

MCLA

The top five races represent **54.54% of all Medi-Cal membership**, a decline of 15.93% from the prior year when it was 70.47%. Additionally, 7.37% of Medi-Cal members either declined to report or their race was unknown.

D-SNP

The D-SNP line of business had **80.82% of its total population report their race**. The D-SNP membership is the smallest compared to the other lines of business, and its percentage of race is reported as the highest of the four lines of business.

LACC/LACCD

As the second largest membership, LACC/LACCD's total percentage has declined to 65.23% from 70.47% in the prior year. Decline or Unknown Membership: 30.33% of L.A. Care Covered/L.A. Care Covered Direct members have declined to report, or their race is unknown.

PASC-SEIU

The PASC line of business has the third-largest membership tier of the other lines of business, with an annual total of **67.87%**.

Tables: The 'Number of PCPs' represents unique primary care providers (PCPs) who identify with a race corresponding to the race of the 'Number of Members' listed in the tables. The number of PCPs represents a small number of practitioners who self-report their race.

Medi-Cal- October 2023 - September 2024

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White or Caucasian	816,819	34.69%	26	0.29%	1:31416
Black or African American	234,560	9.96%	7	0.08%	1:33509
Asian	223,126	9.48%	58	0.64%	1:3847
American Indian or Alaska Native	5,282	0.22%	1	0.01%	1:5282
Native Hawaiian or Other Pacific Islander	4,361	0.19%	21	0.23%	1:208

D-SNP October 2023 -September 2024

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White or Caucasian	11,351	55.67%	16	0.84%	1:709
Black or African American)	3,019	14.81%	3	0.16%	1:1006
Asian	1,908	9.36%	31	1.64%	1:62
American Indian or Alaskan Native	138	0.68%	1	0.05%	1:138
Native Hawaiian or Other Pacific Islander	65	0.32%	10	0.53%	1:7

L.A. Care Covered/L.A. Covered Direct October 2023 -September 2024

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	75,713	35.92%	20	0.73%	1:3786
Asian	52,187	24.76%	49	1.79%	1:1065
Black Or African American	8,591	4.08%	6	0.22%	1:1432
Native Hawaiian/Other Pacific Islander	597	0.28%	1	0.04%	1:597
American Indian Or Alaska Native	402	0.19%	17	0.62%	1:24

PASC-SEIU October 2023 -September 2024

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	23,543	47.13%	4	1.41%	1:5886
Asian	5,487	10.98%	2	0.70%	1:2744
Black Or African American	4,721	9.45%	0	1.00%	0:4721
Native Hawaiian/Other Pacific Islander	73	0.15%	1	0.35%	0:75
American Indian Or Alaska Native	75	0.15%	0	0.00%	1:73

SECTION 5: PRACTITIONER TO MEMBER RATIOS BY LANGUAGE

METHODOLOGY

- Language and race of practitioners in the provider network are reported voluntarily through the practitioner credentialing application.
- L.A. Care uses mapping software to assess the availability of PCPs to members for the five largest language groups of members.

The tables below report the top five languages spoken by L.A. Care's Medi-Cal, LACC/LACCD, D-SNP, and PASC-SEIU members.

Medi-Cal October 2023 -September 2024: Of the top five languages, Medi-Cal members represent 95.62% of all languages among members who responded. 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	1,318,515	56.00%	9,036	100%	1:146
Spanish	812,137	34.49%	4,791	53.02%	1:170
Cantonese, Mandarin, and other Chinese	49,724	2.11%	1,239	13.71%	1:40
Armenian	47,920	2.04%	523	5.79%	1:92
Korean	22,991	0.98%	337	3.73%	1:68

LACC/LACCD October 2023- September 2024: The top five languages among LACC/LACCD members comprise 96.61% of all languages spoken.

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	129,707	61.54%	2,655	47.34%	1:49
Spanish	43,955	20.85%	1,195	21.31%	1:37
Cantonese, Mandarin, and other Chinese	25,532	12.11%	428	7.63%	1:60
Vietnamese	2,317	1.10%	99	1.77%	1:23
Korean	2,121	1.01%	59	1.05%	1:36

D-SNP October 2023 -September 2024: The top five languages among /D-SNP members comprise 97.77%. Consistent with Medi-Cal and LACC/LACCD, most D-SNP 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 among 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	9,956	48.83%	853	21.04%	1:12
English	9,459	46.39%	1,848	45.57%	1:5
Cantonese, Mandarin, and other Chinese	230	1.13%	188	4.64%	1:1
Tagalog	213	1.04%	131	3.23%	1:2
Vietnamese	79	0.39%	81	2.00%	1:1

PASC-SEIU October 2023 -September 2024: The top five languages among PASC members represent 93.38%. Consistent with Medi-Cal and LACC/LACCD, most PASC 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 this population speaks, the lowest percentage of PCPs who spoke the member's languages last year was Korean, whereas, for this report, the year is Russian.

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	29,030	58.12%	281	54.46%	1:103
Spanish	8,318	16.65%	135	26.16%	1:62
Armenian	5,911	11.83%	4	0.78%	1:1478
Cantonese, Mandarin, and other Chinese	2,070	4.14%	18	3.49%	1:115
Russian	1,315	2.63%	1	0.19%	1:1315

Quantitative Analysis

- The race of practitioners should be viewed with caution as there is limited self-reported data. L.A. Care requests practitioner race information from all contracted network practitioners voluntarily during the application process. As a result, the practitioner-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 percentage of English-speaking physicians should also be interpreted with caution.
- Spanish-speaking members comprise 34.49% of overall Medi-Cal membership, 20.85% of LACC/LACCD membership, 48.83% of D-SNP membership, and 16.65% of PASC-SEIU membership. These percentages are also derived from self-reported information.
- Spanish speaking Primary Care practitioners (PCPs) comprise 53.02% of the Medi-Cal program, 21.31% of L.A. Care Covered/L.A. Care Covered Direct PCPs, 21.04% of D-SNP PCPs, and 26.16% of PASC-SEIU PCPs.

Qualitative Analysis

Assessing L.A. Care members' cultural, race, and linguistic needs informs provider network management as necessary to meet diverse member needs. L.A. Care requests practitioner race information from all

contracted network practitioners voluntarily during the application process. The response rate remains low and does not adequately reflect race distribution within the L.A. Care practitioner network.

During the application process, L.A. Care also requests practitioner language information from all potential network practitioners voluntarily and identifies languages in which a practitioner is fluent. Physician language fluency is self-reported and 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 updates to 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 within the study period was low.

L.A. Care publishes practitioner language information online and via a hard copy of the Provider Directory to support selecting practitioners for members. The hard copy of the Provider Directory contains an index of practitioners by language. The online version of the Provider Directory can support searches by practitioner and office staff language capabilities.

SECTION 6: NEW PRACTITIONERS ADDED TO NETWORKS BY LANGUAGE SPOKEN

Over the study period, L.A. Care added the following practitioners to the Medi-Cal (MCLA), L.A. Care Covered/L.A. Covered Direct (LACC/LACCD), D-SNP, and PASC-SEIU (PASC) lines of business. These additions are calculated by practitioner languages spoken. Across all four lines of business, English and Spanish-speaking practitioners represented most additions during the October 2023 – September 2024 timeframe. This is consistent with the languages most prevalent among the member population across all lines of business. Specialists listed as N/A were reported on the prior report and found not to have new adds in the specialty area for this reporting period at this time.

MCLA: October 2023 – September 2024

Medi-CAL: New Practitioners Added to Network by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
English	429
Spanish; Castilian	117
Hindi	17
Arabic	14
Farsi/Persian	24
French	11
Chinese	10
Korean	9
Armenian	8
Tagalog	8
Urdu	8
Mandarin	6
Russian	5
Vietnamese	5

Medi-CAL: New Practitioners Added to Network by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
Panjabi; Punjabi	4
Burmese	3
Cantonese	3
German	3
Gujarati	3
Italian	3
Japanese	3
Portuguese	3
Telugu	3
Bengali	2
Hebrew	2
Hmong; Mong	2
Tamil	2
Turkish	2
Faroese	1
Kashmiri	1
Malayalam	1
Samoan	1
Sinhalese	1
Yoruba	1

LACC/LACCD: October 2023 – September 2024

LACC-LACCD: New Practitioners Added to Network by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
English	191
Spanish	63
Mandarin	11
Farsi	10
Arabic	6
Korean	6
Vietnamese	4
Tagalog	4
Urdu	4
Chinese	9
Burmese	4
Hindi	3
French	3
Cantonese	3
Russian	3

LACC-LACCD: New Practitioners Added to Network by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
Portuguese	2
Hindi Urdu	4
Yue Chinese	2
Khmer	2
Invalid	1
Hakka Bengali Chinese	1
Hindi Punjabi	1
Thai	1
Cambodian	1
Serbo-Croatian	1
Samoan	1
Gujarati Urdu	2
Serbian	1
Bengali Yue Chinese	2
Hebrew	1
Japanese	1
Taiwanese	1
Dutch	1
Hmong	1
Other	2

D-SNP October 2023 – September 2024

D-SNP: New Practitioners Added to Network by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
English	176
Spanish	110
Farsi	23
Mandarin	21
Tagalog	17
Arabic	14
Chinese	29
Other	10
Vietnamese	10
Cantonese	9
Armenian	9
Russian	9
Samoan	9
Thai	9

D-SNP: New Practitioners Added to Network by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
French	9
Korean	8
BURMESE	7
Invalid	7
Hindi	6
Hmong	6
Urdu	5
Persian	4
Other Non-English	4
Yue Chinese	3
Mien	3
Hindi Urdu	3
Indian/Hindi	3
Japanese	3
Not Valid	2
Iranian	2
Cambodian	2
Ibo	2
Igbo	2
Indonesian	2
Portuguese	2
Khmer	2
German	3
Taiwanese	2
Dutch	2
Gujarati Hindi	1
Gujarati Hindi ne	1
Hindi Punjabi Urdu	8
Hindi Khmer	1
Tamil	1
Gujarati Urdu	1
Gujarati Hindi ka	1
Hindi Telugu	1
Hindi Khmer Punja	1
Burmese Chinese	1
Amharic	1
Cantonese Yue Ch	1
Chinese Taiwanese	1
Faroese Farsi	1
Hindi Gujarati Urdu	1

D-SNP: New Practitioners Added to Network by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
Laotian	1
Filipino	1
Gujarati Hindi ma	1
Igbu	1
Greek	1
Serbian	1
Urdu Hindi	1
Hakka Bengali Chinese	1
Wolof	1
American Sign Language	1
Bengali Yue Chin	1
Greek German	1
Italian	1
Gujarati	1
Burmese Yue Chin	1
Bengali Hakka Hin	1

PASC-SEIU October 2023 – September 2024

PASC: New Practitioners Added to Network by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
English	24
Spanish	13
Korean	2
Other	1
Arabic	1
Bengali Hindi Urdu	3
French	1
Gujarati	1
Hindi Punjabi	1
Italian	1
Tagalog	1
Taiwanese	1
Vietnamese	1

Languages Spoken by PCP Staff Offices

Across all four lines of business, English and Spanish remain the primary staff languages among PCP offices during the October 2023 – September 2024 timeframe. This is consistent with the languages most prevalent among the member population across all lines of business and the primary languages our

Providers speak. Specialists listed as N/A were reported on the prior reporting period and are found for this reporting period to not have new adds in the specialty area at this time.

MCLA October 2023 – September 2024

MCLA Staff Language Spoken	
Staff Lang	Count
Arabic	105
Armenian	247
Bengali	5
Bulgarian	1
Burmese	11
Cambodian	21
Cantonese	143
Chinese	64
Dutch	1
English	5762
Faroese	1
Farsi	3
French	49
German	12
Greek	2
Gujarati	4
Hebrew	27
Hindi	39
Igbo	2
Ilocano	3
Italian	9
Japanese	25
Korean	138
Mandarin	187
Marathi	2
Panjabi	32
Persian	198
Polish	4
Portuguese	15
Russian	119
Samoan	9
Serbian	1
Spanish	2216
Tagalog	252
Taiwanese	10
Tamil	3

MCLA Staff Language Spoken	
Staff Lang	Count
Telugu	2
Thai	9
Turkish	1
Ukrainian	1
Urdu	13
Vietnamese	126

LACC/LACCD October 2023 – September 2024

LACC/LACCD Staff Language Spoken	
Staff Lang	Count
Arabic	106
Armenian	207
Bengali	5
Bulgarian	1
Burmese	10
Cambodian	16
Cantonese	130
Chinese	69
Dutch	1
English	6501
French	46
German	7
Greek	3
Gujarati	3
Hebrew	26
Hindi	37
Hungarian	1
Ilocano	3
Italian	9
Japanese	24
Korean	133
Mandarin	183
Marathi	2
Panjabi	30
Persian	180
Polish	5
Portuguese	12
Russian	87
Samoan	7
Serbian	1

LACC/LACCD Staff Language Spoken	
Staff Lang	Count
Spanish	2129
Swedish	1
Tagalog	227
Taiwanese	13
Tamil	3
Telugu	3
Thai	11
Turkish	1
Ukrainian	1
Urdu	13
Vietnamese	142

D-SNP October 2023 – September 2024

D-SNP Staff Language Spoken	
Staff Lang	Count
Arabic	94
Armenian, Spa: Spanish, Tur: Turkish	1
Armenian	201
Bengali	4
Bulgarian	1
Burmese	8
Cambodian	13
Cantonese	108
Chinese	64
Dutch	1
Eng	1
English	4576
French	37
German	9
Greek	2
Gujarati	1
Hebrew	23
Hindi	36
Hungarian	1
Hye	1
Ilocano	2
Italian	9
Japanese	27
Korean	116
Mandarin	160

D-SNP Staff Language Spoken	
Staff Lang	Count
Marathi	2
Panjabi	29
Persian	149
Polish	4
Portuguese	12
Russian	84
Samoan	6
Serbian	1
Spa	12
Spanish	2024
Swedish	1
Tagalog	205
Taiwanese	13
Tamil	1
Telugu	3
Thai	12
Turkish	3
Urdu	10
Vietnamese	120

PASC October 2023 – September 2024

PASC Staff Language Spoken	
Staff Lang	Count
Arabic	2
Armenian	3
Burmese	4
Cambodian	5
Cantonese	15
Chinese	1
English	1203
Farsi	3
Hindi	3
Igbo	2
Japanese	1
Korean	5
Mandarin	18
Panjabi	2
Persian	7
Polish	1

PASC Staff Language Spoken	
Staff Lang	Count
Russian	1
Samoan	2
Spanish	121
Tagalog	31
Taiwanese	1
Vietnamese	9

Based on the number of bilingual practitioners, the presence of bilingual staff in practitioner offices (see Section 5 Practitioner to Member Ratios by Language), and the high usage of interpreting services by practitioners (see FY 2023-2024 C&L Program Evaluation), L.A. Care determined that the practitioner network meets the current Cultural & Linguistic (C&L) needs of L.A. Care members. However, L.A. Care continuously works to improve C&L services through provider education opportunities on language services.

CONCLUSION

Through quarterly and annual quantitative monitoring and analysis, L.A. Care evaluates its network to determine whether it has sufficient numbers and types of practitioners delivering primary care, specialty care, and behavioral healthcare services. L.A. Care continues to engage in strategic efforts to develop a more robust, directly contracted network throughout the Los Angeles County coverage area to ensure members access to a full range of healthcare services.

The results of this analysis will be presented at the next quarterly Member Quality Service Committee (MQSC) meeting, which will be held in Q2 of 2025.

SECTION 7: SPECIALISTS ADDED TO THE NETWORK

The following table shows the specialists added to the MCLA, LACC/LACCD, D-SNP, and PASC networks from October 2023 through September 2024. Specialists listed as N/A were reported on the prior report and were found to not have new adds in this specialty area at this time for this reporting period.

MCLA

Medi-Cal: Specialists Added October 2023 - September 2024	
Specialty	Count
Adult Reconstructive Orthopedic Surgery Physician	2
Allergy/Immunology	2
Allopathic & Osteopathic Physicians/Colon & Rectal Surgery	1
Allopathic & Osteopathic Physicians/Emergency Medicine	21
Allopathic & Osteopathic Physicians/Oral & Maxillofacial Surgery	1
Allopathic & Osteopathic Physicians/Oral and Maxillofacial Surgery	1
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation	7
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation, Pain Medicine	4
Allopathic & Osteopathic Physicians/Plastic Surgery	3

Medi-Cal: Specialists Added October 2023 - September 2024	
Specialty	Count
Allopathic & Osteopathic Physicians/Preventive Medicine, Preventive Medicine/Occupational Environmental Medicine	2
Allopathic & Osteopathic Physicians/Preventive Medicine, Public Health & General Preventive Medicine	1
Allopathic & Osteopathic Physicians/Surgery	12
Allopathic & Osteopathic Physicians/Surgery, Surgical Oncology	1
Allopathic & Osteopathic Physicians/Surgery, Vascular Surgery	4
Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery	1
Allopathic & Osteopathic Physicians/Surgery/Surgical Oncology	1
Allopathic & Osteopathic Physicians/Surgery/Vascular Surgery	4
Anatomic Pathology Physician	2
Anesthesiology	31
Behavioral Health & Social Service Providers/Psychologist	8
Behavioral Health & Social Service Providers/Social Workers, Clinical	12
Cardiology	11
Cardiovascular Disease	29
Cardiovascular Disease (Md)	27
Chiropractic Providers/Chiropractors	2
Clinical Biochemical Genetics Physician	1
Clinical Cardiac Electrophysiology Physician	3
Clinical Neurophysiology Physician	1
Clinical Pathology Physician	1
Critical Care Medicine	3
Dental Providers/Dentist, Oral & Maxillofacial Surgery	1
Dermatology	28
Diagnostic Radiology	37
Diagnostic Radiology Physician	17
Dietary & Nutritional Service Providers/Dietician, Registered	2
Emergency Medicine	18
Endocrinology	24
Female Pelvic Medicine and Reconstructive Surgery (Obstetrics & Gynecology) Physician	1
Gastroenterology	9
Gastroenterology (MD)	17
Genetics	2
Geriatric Medicine	6
Glaucoma Specialist (Ophthalmology) Physician	2
Gynecology (DO)	1
Hematology	13
Hospice And Palliative Medicine (Anesthesiology) Physician	1
Hospitalist Physician	10
Infectious Disease	11
Interventional Cardiology	1

Medi-Cal: Specialists Added October 2023 - September 2024	
Specialty	Count
Maternal & Fetal Medicine Physician	8
Medical Oncology Physician	5
Neonatal-Perinatal Medicine Physician	3
Neonatology	3
Nephrology	14
Neurology	64
Neurology (MD)	25
Neuromuscular Medicine (Physical Med & Rehabilitation) Phys	1
Neuromusculoskeletal Medicine & OMM Physician	1
Neuroradiology Physician	2
Not Specified	4
Obesity Medicine (Obstetrics & Gynecology) Physician	4
Obstetrics And Gynecology	43
Obstetrics And Gynecology (MD)	45
Occupational Medicine	1
Oncology	2
Ophthalmology	50
Optometry	28
Oral & Maxillofacial Surgery (D.M.D.)	2
Orthopedic Surgery of The Spine Physician	5
Orthopedics	35
Otolaryngology	7
Otology, Laryngology, Rhinology	14
Pain Medicine (Anesthesiology) Physician	2
Pain Medicine (Physical Medicine & Rehabilitation) Phys	2
Pain Medicine (Psychiatry & Neurology) Physician	1
Pain Medicine Physician	8
Pathologic Anatomy; Clinical Pathology (MD)	1
Pathology	3
Pediatric Infectious Disease	4
Pediatric Allergy	1
Pediatric Anesthesiology Physician	1
Pediatric Cardiology (MD)	7
Pediatric Critical Care Medicine	1
Pediatric Endocrinology	4
Pediatric Gastroenterology	5
Pediatric Hematology/Oncology	3
Pediatric Hospice and Palliative Medicine Physician	2
Pediatric Nephrology	1
Pediatric Neurology	5
Pediatric Orthopedics	6

Medi-Cal: Specialists Added October 2023 - September 2024	
Specialty	Count
Pediatric Otolaryngology Physician	2
Pediatric Pulmonology	6
Pediatric Rheumatology Physician	1
Pediatric Sports Medicine	1
Pediatric Surgery	4
Pediatric Urology Physician	3
Physical Medicine and Rehabilitation	12
Plastic And Reconstructive Surgery Physician	5
Plastic Surgery - Surgery of the Hand	1
Podiatric Medicine & Surgery Service Providers/Podiatrist	10
Podiatric Medicine & Surgery Service Providers/Podiatrist, Foot & Ankle Surgery	3
Psychiatric Hospital	1
Psychiatry	48
Psychiatry Neurology	1
Public Health & General Preventive Medicine Physician	1
Pulmonary Diagnostics Certified Respiratory Therapist	1
Pulmonology (MD)	8
Radiation Oncology	14
Radiation Oncology Clinic/Center	1
Radiation Therapy Radiologic Technologist	1
Radiology	1
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Occupational Therapist	3
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Physical Therapist	10
Rheumatology	13
Speech, Language, and Hearing Service Providers	1
Speech, Language, and Hearing Service Providers/Audiologist	1
Sports Medicine (Orthopedic Surgery) Physician	4
Surgery	4
Surgery - Colon/Rectal	1
Surgery-General	30
Surgery - Hand	2
Surgery - Neurological	7
Surgery - Orthopedic	43
Surgery - Plastic	3
Surgery - Surgery of The Hand	2
Surgery - Thoracic	10
Surgical Oncology Physician	2
Urology	20
Vascular & Interventional Radiology Physician	4
Vascular Surgery Physician	7

LACC/LACCD

LACC-LACCD: Specialists Added October 2023 - September 2024	
SPECIALTY	COUNT
Adult Reconstructive Orthopedic Surgery Physician	2
Allergy	1
Anaplastologist	1
Anatomic Pathology Physician	2
Anesthesiology	22
Cardiology	15
Cardiovascular Disease (Md)	33
Clinical Cardiac Electrophysiology Physician	4
Clinical Pathology Physician	1
Critical Care Medicine	3
Dermatology	26
Diagnostic Radiology Physician	19
Emergency Medicine	20
Endocrinology	22
Female Pelvic Medicine And Reconstructive Surgery (Obstetrics & Gynecology) Physician	1
Gastroenterology (MD)	20
Genetics	2
Geriatric Medicine	3
Glaucoma Specialist (Ophthalmology) Physician	3
Gynecology (DO)	1
Hematology	4
Hospitalist Physician	10
Infectious Disease	8
Interventional Cardiology	1
Maternal & Fetal Medicine Physician	13
Medical Oncology Physician	4
Neonatal-Perinatal Medicine Physician	4
Neonatology	2
Nephrology	18
Neurology (MD)	28
Neuromuscular Medicine (Physical Med & Rehabilitation) Phys	1
Neuroradiology Physician	2
Obesity Medicine (Obstetrics & Gynecology) Physician	2
Obstetrics And Gynecology (MD)	47
Oncology	4
Ophthalmology	45
Ophthalmology, Otolaryngology, Rhinology (Do)	1
Oral & Maxillofacial Surgery (D.M.D.)	2
Orthopedic Surgery Of The Spine Physician	3

LACC-LACCD: Specialists Added October 2023 - September 2024	
SPECIALTY	COUNT
Otology, Laryngology, Rhinology	9
Pain Medicine (Anesthesiology) Physician	2
Pain Medicine (Physical Medicine & Rehabilitation) Phys	2
Pain Medicine Physician	6
Pathologic Anatomy; Clinical Pathology (Md)	1
Pediatric Infectious Disease	3
Pediatric Allergy	1
Pediatric Anesthesiology Physician	1
Pediatric Cardiology (Md)	8
Pediatric Critical Care Medicine	2
Pediatric Endocrinology	1
Pediatric Gastroenterology	13
Pediatric Hematology/Oncology	3
Pediatric Hospice And Palliative Medicine Physician	1
Pediatric Nephrology	3
Pediatric Neurology	1
Pediatric Orthopedics	8
Pediatric Otolaryngology Physician	3
Pediatric Psychiatry- Child	2
Pediatric Pulmonology	2
Pediatric Rheumatology Physician	1
Pediatric Sports Medicine	1
Pediatric Surgery	1
Pediatric Urology Physician	3
Perinatology	1
Physical Medicine and Rehabilitation	13
Plastic And Reconstructive Surgery Physician	4
Plastic Surgery – Surgery of The Hand	1
Psychiatric Hospital	1
Psychiatry	24
Psychiatry Neurology	1
Public Health & General Preventive Medicine Physician	1
Pulmonary Diagnostics Certified Respiratory Therapist	1
Pulmonology (MD)	15
Radiation Oncology	14
Radiation Oncology Clinic/Center	1
Radiation Therapy Radiologic Technologist	1
Radiology	1
Reproductive Endocrinology Physician	1
Rheumatology	14
Sports Medicine (Orthopedic Surgery) Physician	3

LACC-LACCD: Specialists Added October 2023 - September 2024	
SPECIALTY	COUNT
Surgery	3
Surgery – Cardiothoracic	3
Surgery – Cardiovascular	2
Surgery-General	24
Surgery – Hand	2
Surgery – Neurological	8
Surgery – Orthopedic	45
Surgery – Plastic	6
Surgery – Surgery of The Hand	3
Surgery – Thoracic	7
Surgical Oncology Physician	2
Urology	13
Vascular & Interventional Radiology Physician	5
Vascular Surgery Physician	12

D-SNP

D-SNP: Specialists Added October 2023 - September 2024	
SPECIALTY	COUNT
Adult Reconstructive Orthopedic Surgery Physician	2
Allergy	1
Anesthesiology	8
Cardiology	9
Cardiovascular Disease (Md)	35
Clinic (Mixed Specialty)	1
Clinical Cardiac Electrophysiology Physician	1
Critical Care Medicine	1
Dermatology	29
Diagnostic Radiology Physician	2
Emergency Medicine	3
Endocrinology	18
Gastroenterology (MD)	13
Geriatric Medicine	1
Glaucoma Specialist (Ophthalmology) Physician	3
Gynecologic Oncology Physician	1
Gynecology (DO)	2
Hematology	8
Hospitalist Physician	1
Infectious Disease	11
Interventional Cardiology	3
Maternal & Fetal Medicine Physician	24

D-SNP: Specialists Added October 2023 - September 2024	
SPECIALTY	COUNT
Medical Oncology Physician	3
Miscellaneous Medicine	1
Neonatology	1
Nephrology	33
Neurology (MD)	23
Obesity Medicine (Obstetrics & Gynecology) Physician	2
Obstetrics And Gynecology (MD)	61
Oncology	5
Ophthalmic Plastic And Reconstructive Surgery Physician	1
Ophthalmology	66
Oral & Maxillofacial Surgery (D.M.D.)	2
Orthopedic Surgery of The Spine Physician	2
Other	1
Otolaryngology	4
Otology, Laryngology, Rhinology	12
Pain Medicine (Anesthesiology) Physician	2
Pain Medicine (Physical Medicine & Rehabilitation) Phys	2
Pain Medicine Physician	5
Perinatology	4
Physical Medicine and Rehabilitation	15
Plastic And Reconstructive Surgery Physician	4
Plastic Surgery - Surgery of The Hand	1
Psychiatry	30
Psychiatry Neurology	1
Pulmonary Diagnostics Certified Respiratory Therapist	1
Pulmonology (MD)	17
Radiation Oncology	9
Radiation Oncology Clinic/Center	2
Radiation Therapy Radiologic Technologist	1
Radiology	1
Reproductive Endocrinology Physician	1
Retina Specialist (Ophthalmology) Physician	3
Rheumatology	9
Sports Medicine (Orthopedic Surgery) Physician	4
Surgery	5
Surgery - Cardiothoracic	4
Surgery - Cardiovascular	1
Surgery - Colon/Rectal	2
Surgery - General	31
Surgery - Neurological	15
Surgery - Orthopedic	41

D-SNP: Specialists Added October 2023 - September 2024	
SPECIALTY	COUNT
Surgery - Plastic	8
Surgery - Surgery of The Hand	3
Surgery - Thoracic	9
Surgical Oncology Physician	1
Urology	12
Vascular & Interventional Radiology Physician	4
Vascular Surgery Physician	12

PASC-SEIU

PASC: Specialists Added October 2023 - September 2024	
SPECIALTY	COUNT
Anesthesiology	1
Cardiology	1
Cardiovascular Disease (MD)	2
Dermatology	3
Endocrinology	3
Gastroenterology (MD)	4
Hematology	1
Infectious Disease	1
Maternal & Fetal Medicine Physician	2
Medical Oncology Physician	3
Nephrology	3
Neurology (MD)	4
Obesity Medicine (Obstetrics & Gynecology) Physician	1
Obstetrics And Gynecology (MD)	8
Ophthalmology	3
Otology, Laryngology, Rhinology	4
Pain Medicine Physician	1
Pediatric Anesthesiology Physician	1
Pediatric Sleep Medicine Physician	1
Physical Medicine And Rehabilitation	1
Pulmonology (MD)	2
Radiation Oncology	1
Rheumatology	1
Surgery - General	10
Surgery - Orthopedic	1
Surgery - Thoracic	6
Urology	1
Vascular Surgery Physician	3

H.3.a ASSESSMENT OF NETWORK ADEQUACY FOR NON-BEHAVIORAL HEALTH SERVICES

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BACKGROUND/SUMMARY

The Provider Network Management (PNM) Department and interdepartmental stakeholders work together to ensure that L.A. Care Health Plan's (L.A. Care) contracted delegates and downstream providers meet the necessary Network adequacy and access requirements. This includes monitoring compliance with Access to Care standards, which cover various factors such as travel time or distance standards and timely access. The standards apply to a) **Geographical regions** may lack sufficient access to care because there are too few providers in that region, b) **Provider types**, there may be insufficient availability of specific types of providers or specialties to meet the needs of the member population, c) **Access barriers**, if members are facing long wait times or extended travel times to appointments, this becomes an access issue that needs to be addressed.

Provider Types:

- Primary Care Physicians (Adult and Pediatric)
- Specialty Care (Adult and Pediatric)
- OB/GYN
- Ancillary Services
- Hospitals

L.A. Care measures various elements of Member Experience. These elements involve assessing and analyzing several key reporting areas, including but not limited to:

- Section 1: Access to Care Appeals & Grievances,
- Section 2: CAHPS surveys,
- Section 3: Appointment Availability
- Section 4: Out-of-Network Referrals
- Section 5: Conclusions and Plan of Actions

The results of these analyses are used to evaluate the effectiveness of implemented strategies and determine when there are gaps in L.A. Care's network, particularly in the geographic areas of providers and practitioners. L.A. Care also reviews referral requests for enrollees receiving care from Out-of-Network (OON) providers to determine if these referrals (nonbehavioral health) indicate inadequacies within L.A. Care's networks. OON providers are accessible to members to supplement a deficiency in the network when necessary.

APPEALS & GRIEVANCES, CAHPS, AND OUT-OF-NETWORK (OON) REFERRALS

SECTION 1: APPEALS & GRIEVANCES FOR ACCESS TO CARE

L.A. Care Health Plan analyzed member complaints related to Access for the 1 year MY2024) of October 1, 2023 -September 30, 2024. Each table is unique by the Plans product lines of business Medi-Cal (MCLA), D-SNP (Medicare), LACC/LACCD (Commercial), in addition to the PASC-SEIU product. The data includes the analysis by each line of business and the type of access complaints filed by the plan's members who expressed dissatisfaction concerning Member Experience and Network Adequacy through L.A. Care's Appeals & Grievances (A&G). It is essential to highlight that the A&G report was updated this year to incorporate all access complaint types, which resulted in a comprehensive review of various

access issues impacting members across all lines of business, whereby the Plan’s goal was not met. This segmentation will enable a broader and targeted analysis of complaints, helping to identify trends and areas for improvement in Member Experience and Network adequacy within each product line of business.

Quantitative Summary

Lines of Business: MCLA, LACC/LACCD, D-SNP, PASC-SEIU

MCLA (MEDI-CAL)

Quantitative Analysis: The annual assessment in the table below represents the total access complaints of Medi-Cal, with a percentage of **0.39%** (5,603), representing a small proportion of the overall membership base of 1,445,319 as of September 2024.

Key contributing provider types include the following:

- **Primary Care Physicians (PCP):** 70% (3,938) of the overall volume of access complaints for PCP offices.
- **Specialists:** 27% (1,474) of the overall volume of access complaints for Specialty services.
- **Urgent Care:** 1% (76) of the overall volume is access complaints for Urgent Care.
- **Hospital:** 2% (115) of the overall volume is access complaints for Hospitals.

Table 1: Medi-Cal Measurement Year 2024 (10.1.2023 -9.30.2024)

ACCESS TO CARE APPEALS & GRIEVANCES	QUARTER 4-2023	QUARTER 1-2024	QUARTER 2-2024	QUARTER 3-2024	ANNUAL TOTAL
Membership Average (as of Sept 2024)	1,421,425	1,421,329	1,431,823	1,440,201	1,445,319
Total A&Gs	931	876	1,700	2,096	5,603
Total A&G Requests/ per 1,000 Members	0.65	0.62	1.19	1.46	3.8
*Goal of 2.5 out of 1000	Not Met	Not Met	Not Met	Not Met	Not Met

*Calculations: The Goal is 0.5 per 1,000 members per Quarter. The Annual Goal is 2.5 per 1,000 members.

Appeals & Grievances	Quarter 4-2023		Quarter 1-2024		Quarter 2-2024		Quarter 3-2024		Annual Total	
Provider Types	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physicians	603	65%	565	65%	1,206	71%	1,564	75%	3,938	70%
Specialist	275	30%	280	32%	437	26%	482	23%	1,474	27%
Urgent Care	22	2%	11	1%	22	1%	21	1%	76	1%
Hospital	31	3%	20	2%	35	2%	29	1%	115	2%

Appeals & Grievances	Quarter 4-2023		Quarter 1-2024		Quarter 2-2024		Quarter 3-2024		Annual Total	
Provider Types	Count	%	Count	%	Count	%	Count	%	Count	%
Grand Total	931	100%	876	100%	1,700	100%	2,096	100%	5,603	100%

LACC/LACCD

Quantitative Analysis: The Annual assessment in the table below represents the total access complaints. **LACC/LACCD percentage of 1.03% (2,006)** indicates a small percentage of the overall membership base, 194,086 as of September 2024.

Key contributing provider types include the following:

- **Primary Care Physicians (PCP):** 73% (1,455) of the overall volume of access complaints for PCP offices.
- **Specialists:** 22% (449) of the overall volume of access complaints for Specialty services.
- **Urgent Care:** 4% (76) of the overall volume of access complaints for Urgent Care.
- **Hospital:** 1% (25) of the overall volume of access complaints for Hospitals.

Table 2: LACC/LACCD Measurement Year 2024 (10.1.2023 -9.30.2024)

ACCESS TO CARE APPEALS & GRIEVANCES	QUARTER 4-2023	QUARTER 1-2024	QUARTER 2-2024	QUARTER 3-2024	ANNUAL TOTAL
Membership Average (as of Sept 2024)	135,403	171,415	191,055	190,669	194,086
Total A&Gs	285	351	627	743	2,006
Total A&G Requests/ per 1,000 Members	2.10	2.05	3.28	3.90	10.34
*Goal of 2.5 out of 1000	Not Met	Not Met	Not Met	Not Met	Not Met

*Calculations: The Goal is 0.5 per 1,000 members per Quarter. The Annual Goal is 2.5 per 1,000 members.

Appeals & Grievances	Quarter 4-2023		Quarter 1-2024		Quarter 2-2024		Quarter 3-2024		Annual Total	
Provider Types	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physicians	209	74%	259	74%	452	72%	535	72%	1,455	73%
Specialist	55	19%	74	21%	150	24%	170	23%	449	22%
Urgent Care	11	4%	17	5%	18	3%	30	4%	76	4%
Hospital	9	3%	1	0%	7	1%	8	1%	25	1%
Grand Total	285	100%	351	100%	627	100%	743	100%	2006	100%

D-SNP

Quantitative Analysis: The Annual assessment in the table below represents the total access complaints. The D-SNP percentage is 6.18% (1,246), indicating a small percentage of the overall membership base, 20,130 as of September 2024.

Key contributing provider types include the following:

- **Primary Care Physicians (PCP):** 63% (789) of the overall volume of access complaints for PCP offices.
- **Specialists:** 34% (425) of the overall volume of access complaints are for Specialty services.
- **Urgent Care:** 1% (13) of the overall volume is access complaints for Urgent Care.
- **Hospital:** 2% (19) of the overall volume is related to access complaints for Hospitals.

Table 1: D-SNP Measurement Year 2024 (10.1.2023 -9.30.2024)

ACCESS TO CARE APPEALS & GRIEVANCES	QUARTER 4-2023	QUARTER 1-2024	QUARTER 2-2024	QUARTER 3-2024	ANNUAL TOTAL
Membership Average (as of Sept 2024)	18,420	19,202	19,596	19,920	20,130
Total A&Gs	283	327	291	345	1,246
Total A&G Requests/ per 1,000 Members	15.35	17.03	14.85	17.32	61.94
*Goal of 2.5 out of 1000	Not Met	Note Met	Not Met	Not Met	Not Met

*Calculations: The Goal is 0.5 per 1,000 members per Quarter. The Annual Goal is 2.5 per 1,000 members.

Appeals & Grievances	Quarter 4-2023		Quarter 1-2024		Quarter 2-2024		Quarter 3-2024		Annual Total	
Provider Types	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physicians	169	60%	221	67%	181	62%	218	63%	789	63%
Specialist	106	38%	97	30%	103	35%	119	34%	425	34%
Urgent Care	4	1%	5	2%	2	1%	2	1%	13	1%
Hospital	4	1%	4	1%	5	2%	6	2%	19	2%
Grand Total	283	100%	327	100%	291	100%	345	100%	1,246	100%

PASC-SEIU

Quantitative Analysis: The Annual assessment in the table below represents the total access complaints. PASC percentage is 1% (488), indicating a small percentage of the overall membership base, 49,488 as of September 2024.

Key contributing provider types include the following:

- **Primary Care Physicians (PCP):** 80% (393) of the overall volume of access complaints for PCP offices.
- **Specialists:** 15% (75) of the overall volume of access complaints are for Specialty services.
- **Urgent Care:** 4% (17) of the overall volume of access complaints for Urgent Care.
- **Hospital:** 1% (3) of the overall volume of access complaints for Hospitals.

Table 1: PASC-SEIU Measurement Year 2024 (10.1.2023 -9.30.2024)

ACCESS TO CARE APPEALS & GRIEVANCES	QUARTER 4-2023	QUARTER 1-2024	QUARTER 2-2024	QUARTER 3-2024	ANNUAL TOTAL
Membership Average (as of Sept 2024)	48,300	48,542	48,952	49,390	49,488
Total A&Gs	85	69	139	195	488
Total A&G Requests/ per 1,000 Members	1.76	1.42	2.84	3.95	9.86
*Goal of 2.5 out of 1000	Not Met	Not Met	Not Met	Not Met	Not Met

*Calculations: The Goal is 0.5 per 1,000 members per Quarter. The Annual Goal is 2.5 per 1,000 members.

Appeals & Grievances	Quarter 4-2023		Quarter 1-2024		Quarter 2-2024		Quarter 3-2024		Annual Total	
Provider Types	Count	%	Count	%	Count	%	Count	%	Count	%
Primary Care Physicians	62	73%	53	77%	115	83%	163	84%	393	80%
Specialist	19	22%	13	19%	17	12%	26	13%	75	15%
Urgent Care	3	4%	2	3%	6	4%	6	3%	17	4%
Hospital	1	1%	1	1%	1	1%	0	0%	3	1%
Grand Total	85	100%	69	100%	139	100%	195	100%	488	100%

QUALITATIVE ANALYSIS

The annual analysis of Appeals & Grievance (A&G) data demonstrates that an **increase in Access-related complaints** for **MY2024** did not meet the goal of .5 per 1000 member months per quarter and 2.5 annually. An update to the report required enhancement to expand the scope of Access-related complaints to include *all access sub-categories*, which made it challenging to meet the goal. Although the goal was not met, the percentages of complaints indicated that the volume of complaints filed accounts for a small portion of the overall membership base.

In 2023, the A&G access complaints were narrow, concentrating specifically on timely access issues, which resulted in a smaller pool of complaints. Limiting the scope made it easier to address and measure performance against a focused set of access challenges.

While the expansion in the scope of access complaints may have impacted the ability to meet the goal, it provides the Plan an opportunity to understand better all access-related challenges across different member lines of business. **This helps PNM identify more specific areas of Access concerns that can ultimately improve member experience and outcomes in the long run.**

The Plan identified sub-categories issues with the highest number of access complaints. The sub-categories in the below tables highlight the Top Five **Access-related Complaints**: 1) *Appointment too far out*, 2) *Delay in Authorization*, 3) *Unable to schedule an appointment*, 4) *Unable to reach provider*, 5) *Prior Authorization*.

The overall analysis highlights new areas that require focus for improvement. **Table 1: Top Five High-Volume Complaints for all LOBs combined.**

Table 2: Top access complaints by individual LOBs.

	Top 5 High-Volume Access to Care (LOBs Combined)				
Combined LOBs Top Categories	1. Appointment too far out	2. Delay in Authorizations	3. Unable to schedule appointment	4. Unable to reach provider	5. Prior Auth

Access to Care Complaints & Grievances	Q4-2023 – Q3-2024 Line of Business (LOBs)			
	MCLA	D-SNP	LACC/LACCD	PASC
Top High-Volume	1. Delay in Authorization	1. Delay in Authorization	1. Appointment too far out	1. Geography
	2. Appointment too far out	2. Unable to schedule appointment	2. Unable to schedule appointment	2. Appointment too far out
	3. Unable to schedule appointment	3. Unable to reach provider	3. Delay in Authorization	3. Delay in Authorization
	4. Unable to reach provider	4. Appointment too far out	4. Unable to reach provider	4. Unable to schedule appointment
	5. Prior Auth	5. Unable to fill Rx or inadequate supply	5. Provider not accepting new patients	5. Unable to reach provider

SECTION 2: CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS – 2024

COMPOSITES

L.A. Care analyzes member satisfaction with network adequacy by collecting and analyzing responses to the Getting Needed Care and Getting Care Quickly questions on the annual Consumer Assessment

Healthcare Provider survey administered by the Center for the Study of Services (CSS). The CAHPS survey asks respondents about their experience with various aspects of their care. Survey questions are combined into “composites.” Questions within the Getting Needed Care and Getting Care Quickly composites address members’ access to care and timely availability of urgent and check-up/routine care.

Getting Needed Care combines two survey questions:

- Adult Medicaid and Medicare - In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Adult Medicaid and Medicare - In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?
- Child Medicaid – In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- Child Medicaid – In the last 6 months, how often did you get an appointment for your child with a specialist as soon as you needed?
- L.A. Care Covered – In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Include in-person, telephone, or video appointments.
- L.A. Care Covered – In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Include in-person, telephone, or video appointments.

Getting Care Quickly combines two survey questions:

- Adult Medicaid and Medicare - In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Adult Medicaid and Medicare - In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
- Child Medicaid – In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- Child Medicaid – In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?
- L.A. Care Covered – In the last 6 months, when you needed care right away, in an emergency room, doctor’s office, or clinic, how often did you get care as soon as you needed? Include in-person, telephone, or video appointments.
- L.A. Care Covered – In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed? Include in-person, telephone, or video appointments.

Respondents have the option to select from “never,” “sometimes,” “usually,” and “always,” with always being the most favorable response. The scores for composites throughout this report reflect the percentage of responses indicating “usually” or “always.” The tables below compare 2024 scores from 2023 and 2022, as well as benchmarks and goals. The Medi-Cal and L.A. Care Covered rates and goals reflect the Vendor report by the Center for the Study of Services (CSS). No Medicare Advantage Prescription Drug survey was conducted for 2023, so the 2024 report will not be compared year over year. L.A. Care no longer utilizes the Center for Medicare Studies (CMS) reports for reporting purposes as they adjust their rates after submission, making goal setting difficult. The displayed rates and goals are based on the results generated by CSS.

SECTION 2a: MEDI-CAL – CHILD AND ADULT HEALTH CAHPS

Medi-Cal Child Composites	2022	2023	2024	2024 vs. 2023	Quality Compass Percentile	2023 Goal	2023 Goal Met	2024 Goal	2024 Goal Met
Getting Needed Care	82.3%	79.5%	76.2%	-3.3 pp	<33 rd	83%	Not Met	81%	Met
Getting Care Quickly	80.3%	76.0%	76.9%	+0.9 pp	<10 th	81%	Not Met	77%	Not Met

Quantitative Analysis - Child

- Getting Needed Care: Continued a year-over-year trend of decreasing. The composite decreased by 3.3 percentage points from 2023. The rate remained below the 33rd percentile for Quality Compass. L.A. Care did meet the internal goal of 81% despite not meeting the goal in 2023.
- Getting Care Quickly: There was a slight increase of 0.9 percentage points from 2023. The rate continues to fall below the 10th percentile for Quality Compass. Despite the slight improvement in the composite performance, L.A. Care continues to fail to meet the internal goals year over year.
- Three of the five Medi-Cal Child composites decreased from 2023 to 2024. This includes Getting Needed Care, Doctor Communication and Customer Serviced. The performance change for Customer Service was a statistically significant decrease of 6.14 percentage points. Getting Needed Care and Getting Care Quickly performed statistically significantly below the NCQA Quality Compass National Average.

Medi-Cal Adult Composites	2022	2023	2024	2024 vs. 2023	Quality Compass Percentile	2023 Goal	2023 Goal Met	2024 Goal	2024 Goal Met
Getting Needed Care	77.5%	73.0%	75.0%	+2.0pp	<10 th	79%	Not Met	74%	Met
Getting Care Quickly	73.5%	71.5%	71.9%	+0.4 pp	<10 th	75%	Not Met	73%	Not Met

Quantitative Analysis - Adult

- Getting Needed Care: Increased by 2.0 percentage points from 2023 and met the internal goal of 74%. Despite these improvements, the measure continues to fall slightly below the 10th percentile for Quality Compass.
- Getting Care Quickly: Increased 0.4 percentage points and continues not to meet the internal goals year over year. The measure fell below the 10th percentile for Quality Compass after performing above in prior years.
- Two of the five Medicaid Adult composites decreased from 2023 to 2024. These include Doctor Communication and Customer Service, which were the two composites that experienced rate increases in 2023. None of these decreases are statistically significant. Getting Needed Care and Getting Care Quickly performed statistically significantly below the NCQA Quality Compass National Average.

SECTION 2b: L.A. CARE COVERED

QHP Composites	2022	2023	2024	2024 vs. 2023	2023 Goal	2023 Goal Met	2024 Goal	2024 Goal Met
Getting Care Quickly	61.9%	58.9%	60.5%	+1.6 pp	63%	Not Met	60%	Met
Getting Needed Care	62.1%	59.1%	62.8%	+3.7 pp	63%	Not Met	60%	Met

Quantitative Analysis

- Getting Care Quickly: Composite performance increased by 1.6 percentage points and met the internal goal of 60%. Despite these improvements, the composite continues to perform statistically significantly lower than the 2024 CSS average.
- Getting Needed Care: Composite performance increased by 3.87 percentage points and met the internal goal of 60%. Despite these improvements, the composite continues to perform statistically significantly lower than the 2024 CSS average.
- All the L.A. Care Covered composites increased from 2023 to 2024, with the increase in “Getting Information in a Needed Language or Format” and “How Well Doctors Communicate” being statistically significant.

SECTION 2c: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

MAPD Composites*	2023	2024	2023 vs. 2022	2023 Goal	2023 Goal Met	2024 Goal	2024 Goal Met
Getting Needed Care	N/A	75.0%	N/A	N/A	N/A	76%	Met
Getting Care Quickly	N/A	78.2%	N/A	N/A	N/A	73%	Met

Quantitative Analysis

- No Medicare Advantage Prescription Drug (MAPD) CAHPS survey was conducted for 2023, so a year-over-year comparison is not possible in 2024.
- Getting Needed Care: This composite met the internal goal of 76% but performs statistically significantly lower than the CSS National Average.
- Getting Care Quickly: This composite met the internal goal of 73% but performs statistically significantly lower than the CSS National Average.

Qualitative Analysis

Child Medi-Cal

Across the four ratings and five composites, one rating and two composites increased from 2023 to 2024. The remaining three ratings and three composites decreased. While none of these rate changes were statistically significant, Child rates remained higher than Adult rates for NCQA usage.

L.A. Care continues to perform lower in all ratings and composites compared to the 2023 NCQA Quality Compass National Averages except in CCC Care Coordination and Rating of Specialist. This continues a trend of continued improvement for the Rating of Specialist measure. It seems that it may be challenging to get an appointment with the specialist, but if the member can see the specialist, they rate them highly.

For Getting Care Quickly, the score for routine care was 5.47 percentage points lower than the score for urgent care. Ease of Getting Routine Care has remained stable since 2022, while Ease of Getting Urgent Care has improved 2.43 percentage points since 2023. For Getting Needed Care, the score for prompt access to specialty care was 9.83 percentage points lower than the Ease of Getting Needed Care measure. Both measures have declined since 2022. Ease of Seeing a Specialist has fallen year over year since 2022. Some of the causes of this are that not enough specialists are available to members, and those available are not located close to the members. Some members may need to travel 50 miles to see the specialist. This causes problems in travel and potential expense for our members. Getting Care Quickly has improved for the first time since 2022. Access to care continues to be a longstanding area of needed attention with creative solutions to obtaining care.

L.A. Care continues to hear reports from clinics about the difficulties of providing care in a timely and high-quality manner due to staffing shortages, clinician and healthcare worker burnout, lack of resources, and increasing requirements from regulatory agencies. L.A. Care is investigating methods to support clinics in these efforts, including providing funds to support quality improvement projects.

Adult Medi-Cal

Across the four ratings and five composites for HPR, two ratings and five composites increased from 2023 to 2024, while the remaining two ratings decreased. While none of these rate changes were statistically significant, Child rates remained higher than Adult rates for NCQA usage.

Ease of Getting Urgent Care performed higher than Ease of Getting Routine Care. Adult and Child HP-CAHPS saw members rating their ability to receive Urgent Care as higher than Routine Care. Routine Care has fallen for both Adult and Child. This seems to show that our members experience ongoing issues in accessing care when seeking appointments with their PCPs. Where are our members seeking and obtaining Urgent Care? Are they foregoing well-check visits due to appointment delays and seeking care in Emergency Rooms and/or Urgent Care?

The Rating of Personal Doctor (9-10) and Rating of Specialist (9-10) are within 1 percentage point of each other in performance. Rating of the Personal Doctor scored higher, and both improved from 2023. Ease of Seeing a Specialist has continued to fall since 2022. There was a 2.46 percentage point decrease since 2023. Since both Ease of Seeing a Specialist and Ease of Getting Routine Care are declining in performance, we need to investigate the ability to provide appointments to our members in a timely fashion. This is impacting our ability to provide high-quality healthcare.

A prior study conducted by L.A. Care showed that members who had responded negatively to the Getting Needed Care and Getting Care Quickly questions 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 and contractual relationships with MinuteClinic for 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 alternative access options such as MinuteClinic and Teladoc. Given the Access to Care composite improvements and an improved Rating of Healthcare, we may be starting to see our members becoming aware of and utilizing these alternative access options.

In spending time with members in the RCACs, we have heard members mention that they are apprehensive about answering any surveys. They do not trust that their scores won't negatively harm their healthcare. This is a concept we should investigate more. Not only are we receiving a portion of the results from our targeted members, but fear in responding is clouding our ability to see how our members perceive L.A. Care.

L.A. Care Covered (LACC/LACCD)

The QHP EES Survey provides many measures to the QRS (Quality Rating System) for the Exchange line of business (L.A. Care Covered); all composites and measures improved from 2023 except for the following measures:

- Rating of Specialist
- Rating of All Healthcare (less than one percentage point)
- Ease of Coordination of Healthcare Services (within Care Coordination composite)
- Doctor Informed of Specialist Care (within Care Coordination composite)
- Customer Service Wait Too Long (within Plan Administration composite)
- All measures within the Medical Assistance with Smoking and Tobacco Use Cessation (only 37 members) involved here)

Twenty-one QRS-rated measures improved from 2023 - 2024. In the preview of the official results from CMS L.A. Care is a four-star plan for Enrollee Experience and a three-star plan for Plan Efficiency, Affordability, and Management.

Additional observations from the 2024 results include:

- Ease of Getting Needed Care scores higher (71.64%) than Getting Urgent Care (56.41%).
- Ease of Seeing a Specialist, while improved, is the lowest measure within Access to Care (53.92%).
- Access to Information continues to score low (53.44%). Two measures within this composite, while improved from 2023, require some attention. Current scores for Ease of Finding Costs for Services (52.07%) and Ease of Finding Costs for Meds (47.44%) are potentially causing our members difficulty and hesitation in using their plan to seek care.
- More than a quarter of respondents reported having to pay out of pocket for care they thought L.A. Care would cover.
- Nearly a quarter of respondents reported delaying care because they were worried about the cost.

For this population, there are several opportunities for improvement. Coaching providers about plan usage and costs is a big start. L.A. Care should also look at improving customer service in the office and at the health plan level. Information regarding costs and how to use the plan should be easy to find and understand. Expanding access to care through the addition of telehealth and urgent care sites would also be beneficial. L.A. Care will continue to prioritize expanding access to care, improving the office visit, and ensuring a smooth payment process for members.

D-SNP

Scores were unavailable for 2023 because L.A. Care changed the contract from CMC to D-SNP on 1/1/2023. When enrollment was taken on 7/1/2022, there were zero members in the D-SNP plan. CMS would not allow a MAPD D-SNP Survey to be fielded that year; thus, there were no scores.

Between the 2022 D-SNP and 2024 D-SNP surveys, scores decreased in only 3 measures.

- Getting Care Quickly Composite
- Getting Needed Prescription Drugs Composite
- Influenza Vaccine

Getting Urgent Care continues to decrease by over 4 percentage points. Getting Routine Care improved by almost 2 percentage points. We need to act on the Getting Needed Prescription Drugs Composite. Measures within this composite have decreased by as much as 5.23% points. The bottom line is that our drug plan is reported as not being easy to use. This is a possible loss in care issue that requires attention. We need to provide instructions and guidance to our members on how to use the plan.

Improvement Efforts

Improving member experience across the various lines of business is an organization-wide effort. The Quality Improvement department spearheaded the development of a cross-functional member experience workgroup consisting of leadership from various departments at L.A. Care. This workgroup is focused on assessing various initiatives and programs intended to improve member experience. These efforts to increase access to care are documented below in Section 2024, Priorities Opportunities to Improve Access to Care. Priority #1,2.

SECTION 3: (NET-2ABC) PROVIDER APPOINTMENT AND AVAILABILITY (PAAS)

DMHC 70% Compliance Threshold: The Measurement Year 2023 Provider Appointment Availability Survey (PAAS) found that the DMHC's 70% compliance threshold for Access to Care Appointments was not met for Primary and Specialty Care Physicians regarding call-backs and urgent care within 96 hours for Specialty care.

- PCPs: 1 of the 9 Appointment Standards Did Not Meet the DMHC Goal of 70% (Call-Back)
- SCs: 2 of the 7 Appointment Standards Did Not Meet the DMHC Goal of 70% (Call-Back & Urgent Care)

L.A. Care 80+% Compliance Threshold: The Measurement Year 2023 Provider Appointment Availability Survey (PAAS) showed that the PCPs % SCs did not meet the L.A. Care 80+% compliance threshold for Access to Care Appointment.

- PCPs: 7 of the 9 Appointment Standards fell below L.A. Care's compliance threshold of 80+%, showing a decline from 2022 to 2023. Notably, the call-back appointments during regular business hours dropped by 6%, while urgent and preventive appointments for children remained stable at 73% and 91%. Routine, adult preventive, rescheduled, and no-show processes each saw a 1% decline.
- SCs: 6 of the 7 Appointment Standards fell below the L.A. Care compliance threshold of 80+%, showing a decline from 2022 to 2023. The compliance rate for urgent appointments dropped by 8%, while routine appointments improved by 1%. The call-back and no-show processes remained stable at 51% and 98%, respectively, but rescheduling declined by 3%.

SECTION 4: OUT OF NETWORK (OON) REFERRALS

(THIS REPORT IS UNDER REVIEW AND WILL BE REPORTED IN THE NEXT MEASUREMENT YEAR.)

PNM analyzes and assesses Out-of-Network (OON) referrals to specialists that are issued and approved to determine contract needs for Network Adequacy. Utilization Management evaluates these OON referrals to ensure that referrals are appropriate based on the needs and clinical condition of the members, ensuring that members' healthcare needs continue to be met timely. UM uses Syntranet, which is the authorization system for L.A. Care, to facilitate the assessment process. For MY2024, the goal was updated to align with the industry standard. The goal was changed from 5 to less than 10 OON total requests per 1,000 members (PTM). This change will help better understand the types of care members truly need outside of available network standards.

OON provider requests are considered in the following circumstances:

- The Plan's members request continuity of care (COC) with an out-of-network Provider to maintain care without disruption for a.) Transitioning Members: new members transitioning into L.A. Care while already in the middle of ongoing care with an out-of-network provider, b.) Provider Termination: if a member receives care from a contracted provider and is later terminated from the network, the member may continue care with that provider under COC.

- If the Plan’s network and delegates do not meet **Network adequacy** for time or distance and *cannot* comply with Timely Access to appointments.

The tables below represent data per thousand members for each line of business. Data is compiled from the annual lookback period for the OON requests as of Q4-2023 through Q3-2024. This data helps PNM track and analyze the usage of OON services across all lines of business and highlights opportunities to improve network adequacy. The OON results are only a collection of total requests that were approved. PNM is working on updating its reports to include identified trends and adjusting resource allocation to ensure network providers are adequately supported to avoid unnecessary OON referrals.

Quantitative Analysis

- **Table 1: Medi-Cal Annual out-of-network authorization requests per 1,000 members**
- **Table 2: LACC/LACCD- Annual out-of-network authorization requests per 1,000 members**
- **Table 3: D-SNP- Annual out-of-network authorization requests per 1,000 members**
- **Table 4: PASC-SEIU Annual out-of-network authorization requests per 1,000 members**

SECTION 5: CONCLUSION AND PLAN OF ACTION

The plan’s findings emphasize the need to focus attention on the sections of the report where goals were not met. These findings will be presented at the Member Quality Service Committee (MQSC) meeting for further review and feedback. This collaborative process will allow input from all stakeholders involved to effectively guide the activities and improvements that will take place for the MY 2025 action plan activities. The committee members consist of cross-departmental representation, including members from Quality Improvement, Health Education, Cultural and Linguistics Services, Member Services, and other leadership areas, ensuring a collaborative and comprehensive approach to addressing the gaps and implementing necessary changes.

2024 Priorities: Opportunities to improve access to care to non-behavioral healthcare services

APPEALS & GRIEVANCES FOR NETWORK ADEQUACY ACCESS TO CARE

Based on the appeals and grievances received, there are opportunities for improvement, as the quarterly goal of 5 per 1000 members and the annual goal of 2.5 were unmet for all lines of business. PNM identified the following top trending complaints to focus improvement efforts:

1. Appointment too far out
2. Delay in authorization
3. Unable to schedule an appointment
4. Unable to reach provider
5. Prior Authorization

MEMBER EXPERIENCE SURVEY (CAHPS)

CSS identified these main areas of focus for the CAHPS survey:

6. Improving health plan provider network – personal doctors
7. Improving access to care
8. Improving the ability of the health plan customer service to provide necessary information or help
9. Improving health plan provider network - specialists

PRIORITY 1: Expand Access to Care

- **Target:** Getting Care Quickly, Getting Needed Care, and Access to Services.
- **Opportunities:** Expand access to alternative care options, including same-day appointments, walk-ins, and virtual appointments for members.
- **2024 Initiatives:**
 - Educate and encourage members to leverage alternative healthcare providers like MinuteClinic and Teladoc through various communication channels (i.e., mailers, conduct outreach, member portal platforms, and resource centers).
 - Provide awareness about alternative care options available at the MinuteClinic locations to target preventative care services, i.e., vaccinations, screenings, and wellness exams to increase utilization.
 - Continue the Elevating the Safety Net program to fill physician gaps and shortages that threaten the safety net that provides health care to our members and communities.
 - Encourage providers and PPGs to offer telehealth services.
 - Maintain ongoing meetings with provider groups and clinics to assess barriers to care and offer partnership opportunities.

PRIORITY 2: Establish Clear Lines of Accountability for Practitioners and Contracted Provider Groups.

- **Target:** All Ratings and Composites
- **Opportunities:** Ensure that delegates, such as Plan Partners and IPAs, are taking action to improve CAHPS scores and pursue collaborations when possible.
- **2024 Initiatives:**
 - Base incentive payments partially on member survey results.
 - Require Plan Partners and low-performing IPAs to submit action plans for improvement.
 - Meet with low-performing IPAs to coach them on improvement and emphasize accountability for performance.

PRIORITY 3: Geographic Analysis and Cultural Needs/Preferences.

Cultural Needs & Preferences (cultural, ethnic, racial, and linguistic needs of members)

Based on the number of bilingual practitioners, the presence of bilingual staff in practitioners' offices, and the high usage of interpreting services by practitioners (see FY 2022-2023 C&L Program Evaluation), L.A. Care determined that the practitioner network meets the current Cultural & Linguistic (C&L) needs of L.A. Care members. However, L.A. Care will continuously pursue initiatives to improve C&L services by enhancing provider education opportunities for language services. [Refer to NET 1: Element A] (see Section 5 Practitioner to Member Ratios by Language),

Geographic Analysis (Ratios, Time and Distance)

- L.A. Care's PCPs continue to meet provider-to-member ratios and travel and distance standards. [Refer to NET 1: Element B]
- L.A. Care did not meet all provider-to-member ratios or travel and distance standards for specialists. [Refer to NET 1 Element 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.

Intervention 1: Direct Contracting

In addition to the establishment of L.A. Care's Direct Network, the plan continues to pursue recruitment of various providers and practitioners (i.e., primary care, specialists, urgent care, ancillary, hospitals, etc.) actively through direct contracts throughout all areas of Los Angeles County, including those within the

closest proximity to rural locations where physician shortages exist. Internal reporting is conducted frequently to perform a geographical assessment of the sufficiency of L.A. Care's network. L.A. Care has identified countywide 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.

Intervention 2: Analysis of Provider Geographical Distribution

Provider Network Management (PNM) requests reports of its subcontractors from the provider data team and assesses the geography of providers and practitioners' distribution of its network- primary care providers, specialists, hospitals, ancillary, etc. PNM looks at factors such as time or distance and provider-to-member ratios to see if members don't have to travel far to access care. This analysis allows PNM to work with its subcontractors to address network gaps so that its members can access healthcare services within the standards.

Ongoing monitoring and detailed analysis are used to identify coverage deficiencies and guide strategies for recruiting providers through contracting efforts to close gaps. This analysis enables the Plan to ensure its network contains adequate provider types necessary to deliver covered services in a timely and convenient manner while continuously improving its provider network, adapting to the changing needs of the membership, and filling in any gaps in service access as they arise.

New Intervention 3: Delegation and Subcontractor Network Certification (SNC) Initiative

PNM implemented a new initiative for the 2024 measurement year, the Subcontractor Network Certification (SNC) process. Through the process, PNM collaborates with the data team, PDS, which produces the annual network adequacy performance reports used to assess L.A. Care's PPGs' provider network to determine compliance with network adequacy and access standards. PPGs must adhere to the Time or Distance standards and submit documentation demonstrating compliance with these standards. Each quarter, PPGs report to plan their monitoring activities, including efforts to close network gaps. PNM enforces a quarterly Alternative Access Standards (AAS) report, which identifies network gaps by measuring time and distance requirements set forth by the Department of Health Care Services (DHCS). The AAS report includes data analytics that helps quantify and identify provider gaps in the PPGs' networks. In addition, the AAS includes practitioners in the market for the PPGs to outreach and contract. This data-driven approach is essential for monitoring the PPGs' progress and promoting compliance with network adequacy and access requirements.

Intervention 4: Elevating the Safety Net Initiative

L.A. Care's Provider Recruitment Program, launched in 2018, has been awarded an additional fourteen years of funding, ensuring it can continue addressing physician shortages. The Plan will continue to offer full medical scholarships to medical students at the Charles R. Drew University of Medicine and Science, supporting their commitment to the Safety Net. The program includes 194 slots to strengthen the Safety Net and an impressive 7,373 from the In-Home Supportive Services (IHSS) training program for home care workers. Furthermore, the Plan has allocated \$100 million dollars to train and recruit diverse primary care physicians to work in local communities to support local initiatives and provide essential resources. For every one PCP added to the network, an additional 2,000 members can be seen.

Intervention 5: Same-Day Appointments and Telehealth Services

L.A. Care members can access same-day scheduled appointments, walk-in visits, and virtual visits for minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This enables our members to have easier access to basic needs 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.

MEASURING EFFECTIVENESS: IMPLEMENTATION OF INTERVENTION

An intervention aimed at increasing access and availability for all lines of business across all geographic areas in Los Angeles County is the utilization of CVS MinuteClinic and Teladoc services. These services support accessibility to same-day appointments, walk-ins, and virtual visits for members 24/7, including holidays, throughout the U.S. They help expand the pool of providers available to members for common illnesses, managing chronic conditions, and addressing mental health concerns. Getting care easily, especially while traveling, can be difficult; Teladoc telehealth services allow members to schedule quicker appointments from the comfort of their home or while on the go. A network of board-certified doctors is available to treat non-life-threatening health issues and prescribe medication at any time. Doctors affiliated with these services are not included in the geo-access when assessing network adequacy.

The tables below provide a breakdown of the claims and encounter data for **MinuteClinic** and **Teladoc** services, reflecting utilization over the past four quarters, which covers a 1-year (MY2024) lookback period from Q4-2023 (DOS 10.01.2023) to Q3-2024 (DOS 9.30.2024). The data is analyzed based on individual claims and encounter submissions. The tables are organized by calendar quarters and regions where members received these services. The data aggregates all lines of business to assess the overall claims volume for each quarter.

For MinuteClinic utilization, there has been a steady decline in members accessing the services post-COVID-19 as provider offices have resumed regular operating hours and services, and available telehealth options have expanded. Additionally, starting in 2023, MinuteClinics began closing some of their locations. In contrast, Teladoc utilization has consistently increased and has remained steady.

MinuteClinic: Claims Utilization

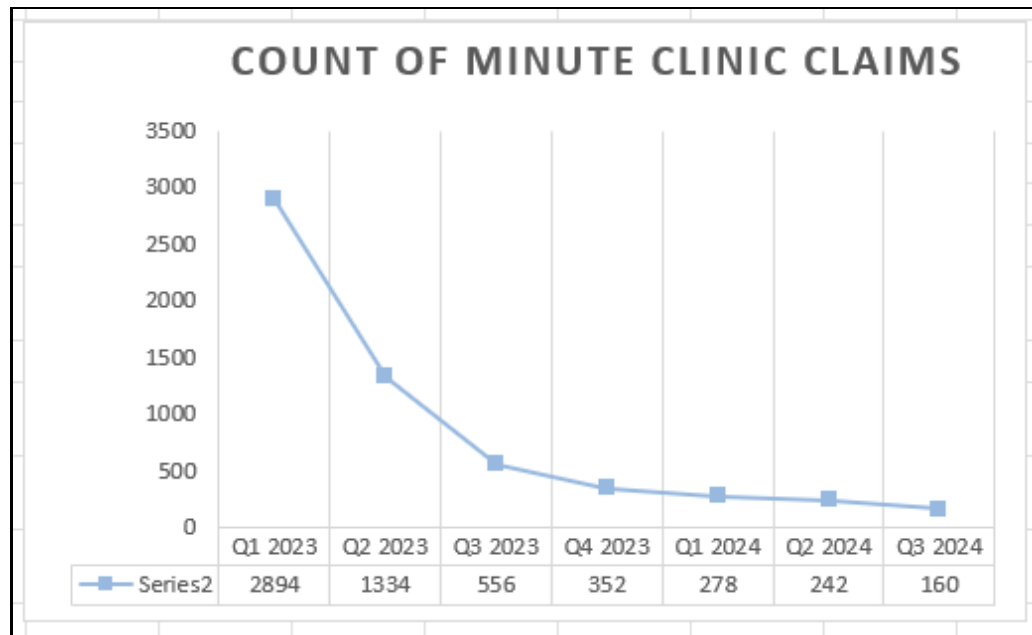
Lines of Business: MCLA, LACC/LACCD, D-SNP, PASC-SEIU

***Quantitative Summary:* MY2024 (Q4-2023 – Q3-2024)**

The MinuteClinic utilization quantifies and identifies member utilization through Claims data. Data is based on claims date of services period 10.1.2023 to 9.30.2024.

- **Q1-2023:** total claims were **2,894, marking the highest volume** of claims in the prior year before utilization began to decline.
- **Q2-2023:** a significant **drop of 54%, with claims falling to 1,334**. This downstream reduction likely reflects the early impacts of clinic closures and shifts in service delivery.
- **Q3-2023:** a decline continued with a further **58% decrease and a 556 claims reduction**.
- **Q4-2023:** the trend of decline persisted, with total claims falling to **352, marking a 37% drop**.
- **Q1-2024:** claims **reduced to 278, a 21% decrease** compared to Q4-2023.
- **Q2-2024:** further **decrease to 242, a 13% reduction**.
- **Q3-2024:** the **final quarter** of the data shows total **claims at 160, representing a 34% decrease**.

Table 1: MinuteClinic *Claims MY 2024 (Q4-2023 thru Q3-2024)



**Utilization is subject to change daily due to new claims received or adjustments*

Table 2: MinuteClinic *Claims by RCAC Region

MinuteClinic Claims by Quarter					
(Individual Claim and Encounter Count)					
Utilization by RCAC Region Los Angeles, CA	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Grand Total
1. Antelope Valley	10	1	0	0	11
2. Van Nuys, Pacoima, West Hills, Arleta, Sepulveda	84	58	35	22	199
3. Alhambra, Pasadena, Foothill	25	33	35	36	129
4. Hollywood, Wilshire, Central LA, Glendale	44	29	33	21	127
5. Culver City, Venice, Santa Monica, Malibu, Westchester	16	11	14	8	49
6. Compton, Inglewood, Watts, Gardena, Hawthorne	37	42	19	8	106
7. Huntington Park, Bellflower, Norwalk, Cudahy	18	17	11	4	50
8. Carson, Torrance, San Pedro, Wilmington	24	16	17	10	67
9. Long Beach	41	31	18	6	96
10. East Los Angeles, Whittier, Highland Park	23	9	12	8	52
11. Pomona, El Monte	19	24	40	36	119
12. Null	11	7	8	1	27
Total	352	278	242	160	1032

Teladoc (Telehealth): Claims Utilization

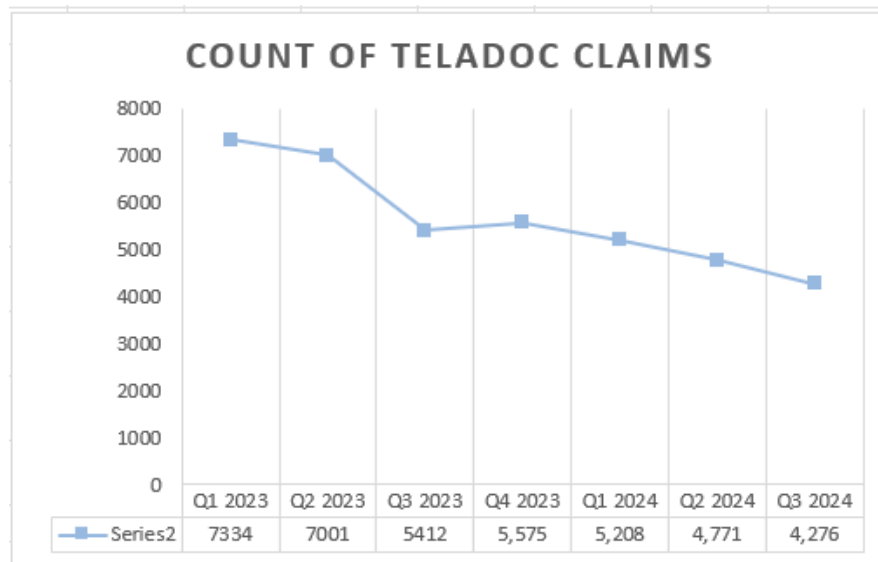
MY2024 (Q4-2023 though Q3-2024)

Lines of Business: MCLA, LACC/LACCD, D-SNP, PASC-SEIU

Summary:

From the graph, it's visible that more members are comfortable using the Teladoc services over time. L.A. Care will continue to promote the utilization of this service to the members.

Table 1: Teladoc *Claims Utilization Per Quarter MY 2024 (Q4-2023 thru Q3-2024)



**Utilization is subject to change daily due to new claims received or adjustments*

Table 2: Teladoc *Claims by RCAC Region

Teladoc Claims by Quarter					
(Individual Claim and Encounter Count)					
Utilization by RCAC Region	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Grand Total
1. Antelope Valley	397	399	345	318	2,918
2. Van Nuys, Pacoima, West Hills, Arleta, Sepulveda	957	979	920	846	3,702
3. Alhambra, Pasadena, Foothill	313	292	259	201	1,065
4. Hollywood, Wilshire, Central LA, Glendale	752	717	664	569	2,702
5. Culver City, Venice, Santa Monica, Malibu, Westchester	344	288	294	267	1,193
6. Compton, Inglewood, Watts, Gardena, Hawthorne	879	792	802	662	3,135
7. Huntington Park, Bellflower, Norwalk, Cudahy	334	343	282	288	1,247
8. Carson, Torrance, San Pedro, Wilmington	272	230	201	204	907
9. Long Beach	231	223	217	205	876
10. East Los Angeles, Whittier, Highland Park	440	364	300	298	1,402
11. Pomona, El Monte	485	455	409	389	1,738
12. Null	171	126	78	29	404
Total	5575	5208	4771	4276	21289

H.3.b ASSESSMENT OF NETWORK ADEQUACY FOR BEHAVIORAL HEALTH SERVICES

AUTHORS: ROSE KOSYAN, LMFT & SAMANTHA MAEDA, LCSW

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & ALEX LI, MD

BACKGROUND/SUMMARY

L.A. Care Health Plan (L.A. Care) delegates the management of Behavioral Health services to an NCQA accredited Managed Behavioral Health Organization (MBHO), Caredon Behavioral Health (Caredon [formerly known as Beacon Health Options]). Caredon is fully delegated for the management of the Behavioral Health benefit to L.A. Care members across all product lines based on level of care criteria. Several administrative services are contractually delegated to Caredon. NET 3AC: Assessment of Network Adequacy has been delegated to Caredon effective 2023 and is an auto-credit for L.A. Care.

Caredon works in collaboration with L.A. Care's Appeals and Grievance Department to resolve issues regarding the Caredon 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.

Caredon presented the NET 3AC report during L.A. Care's Behavioral Health Quality Committee on December 5, 2023. The topics presented were as such: (1) Member Experience/Complaints, Grievances, Appeals; (2) Appointment Access/Availability of Providers/Practitioners and Out of Network (OON) Utilization; (3) Member Experience Survey Appointment Availability; (4) Geographic Access and Availability Results and (5) Out of Network Utilization.

Member Experience/Complaints, Grievances, Appeals

One key finding was the discrepancy between L.A. Care and Caredon appeals and grievances data. As L.A. Care does not delegate Appeals and Grievances responsibilities to Caredon, Caredon does not have complete data of all Behavioral Health related Appeals and Grievances filed within the Plan. To rectify this, L.A. Care guided Caredon to incorporate L.A. Care's Appeals and Grievances data, ensuring the capture all appeals and grievances within the Plan.

Appointment Access/Availability of Providers/Practitioners and Out of Network (OON) Utilization

Appointment Access/Availability of Providers/Practitioners and Out of Network (OON) Utilization results showed all goals were unmet. Caredon identified root cause analyses, including providers not having availability as members are staying in treatment longer, limited access to services for members who live in remote areas, and analyzing current network availability, out of network utilization and current telehealth capabilities. Caredon reported their next steps included: (1) having their network to send a report of newly contracted providers available to see new members and expand telehealth, (2) increasing access to services within timely access, (3) monitor referrals given to the telehealth vendors by reviewing the monthly access reports, (4) recruiting providers based on out-of-network utilization, geographic proximity, telehealth availability, and (5) analyzing member grievances specific to availability. L.A. Care agreed with the next steps.

Member Experience Survey Appointment Availability

Caredon concentrated on three questions for the Member Survey Experience based on appointment availability. The questions are: (1) Emergent Access: When you needed Emergent Care, did you have to wait?, (2) Urgent Access: When you needed Urgent Care, when was the earliest appointment that was offered to you?, (3) Routine Initial Access: When you had a first-time appointment, when was the earliest

appointment that was offered to you? The results showed “LD” for goals and no qualitative analysis was provided, including opportunities for improvement or next step. L.A. Care requested a qualitative analysis for this section, which Carelon will provide during next reporting deadline.

Geographic Access & Availability Results

Carelon reported L.A. Care is meeting all geographic access standards for behavioral health providers and the Numeric Access Standards of services/providers ratio to members for mental health outpatient services, substance use disorder (SUD) outpatient services, MD/DO/prescribing nurses, masters level clinicians in urban settings; however, L.A. Care is not meeting the Numeric Access Standards of services/providers ratio to members for intensive outpatient (IOP) mental health services, for intensive outpatient (IOP) substance use disorder (SUD) outpatient services, partial hospitalization program (PHP) for mental health services, partial hospitalization program (PHP) for substance use disorder (SUD) services, residential program services, inpatient psychiatric services, inpatient psychiatric services, inpatient SUD services, and psychologists. Carelon did not provide qualitative analysis, including opportunities for improvement or next step. L.A. Care requested a qualitative analysis for this section, which Carelon will provide during next reporting deadline.

Out-of-Network Utilization (OON)

Carelon reported year over year out-of-network utilization (OON) and has shown decrease across all lines of businesses. Carelon did not write a qualitative analysis of how they achieved lower rates of OON. L.A. Care requested a qualitative analysis for this section, which Carelon will provide during next reporting deadline.

H.4 PROVIDER DIRECTORY ACCURACY ASSESSMENT

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REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

This report analyzes the 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 (MCLA), Home Care Worker's Health Care Plan (PASC-SEIU), L.A. Care Covered and L.A. Care Covered Direct (LACC/D), and LA Care Medicare Plus (D-SNP) 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 the accuracy of all five data elements is 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 describes if a metric met or exceeded the baseline goal and if the goal was not met. If the goal is not met, the metric and all corresponding data are sent to our Provider Network Management department for correction. Table I has a visual breakdown of each individual line of business and a summary of the accuracy percentage that was found as a result of the survey data analysis for calendar years 2021, 2022, and 2023.

Glossary of Commonly Used Terms and Acronyms

- **D-SNP:** Medicare Advantage Dual Special Needs Plan – L.A. Care's product for members with Medicare Part A and B and full Medi-Cal.
- **CSC:** Customer Solution Center – L.A. Care's customer service department 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 is 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 health plan member as the first point of contact for all treatments required by a member's medical condition.
- **PDM:** Provider Data Management – The department that keeps a variety of data regarding network providers and their services and produces data reports according to inquiries received; maintains data accuracy and works closely with The Customer Solution Center and Claims to ensure appropriate transfer of member data.

- **Site Code:** A unique identifier consisting of the provider license and a suffix identifying the line of business or plan with which the code is affiliated. For example, a site code with the suffix E is affiliated with the LACC/D plan and meant for LACC/D members.
- **TAR:** Timely Access Reports – The TAR report, which DMHC mandates, monitors health plans to ensure that all networks have the right types of doctors, specialists, and other providers; enough providers to serve the overall plan population; providers located within reasonable distances from where consumers live and work; and providers who have enough appointment availability to meet the requirements of California’s Timely Access laws and regulations.

SURVEY METHODOLOGY

To confirm the accuracy of all five directory data elements, L.A. Care conducted a telephonic survey for **5,771** site codes. This represents **2,060** PCPs and **386** SCPs, a total of **2,446** unique providers. Unique providers were identified by NPI, practice type, and LOB. The sample pool consists of site records with variations to demographic information for the same provider, such as line of business (LOB), office location, phone number, business affiliated, hospital, etc. This report will use the total unique providers by Site Code to determine the accuracy of PCP Membership Panel Status (Open or Closed), Physician-Hospital Affiliations, and Staff Awareness of the Physician Line of Business. The total unique office locations by office address will determine the accuracy of the Physician's Address and Physician Phone Number. The following is a breakdown of the questions asked:

1. May I please ask whom I am speaking to? (Verify live person/staff at location)
 - a. Free Form Text Field
2. May you please verify that this <Doctor’s Name> office? (Verify provider name and phone number is correct for provider on provider record)
 - a. YES or NO
3. May you please confirm the location of this office for <Doctor> is <recite address>? (Verify that the provider office location/address is correct)
 - a. YES or NO
4. May you please confirm the correct provider address if applicable? (Attain correct provider address/location)
 - a. Free Form Text Field
5. May you please confirm if Doctor A has admitting privileges with the following hospitals: <recite hospital names from the list>? (Verify affiliated hospitals shown in the dataset)
 - a. YES or NO
6. Are there any other hospitals that <doctor name> can admit L.A. Care patients?
 - a. Free Form Text Field
7. Is <Doctor’s Name> accepting new patients? (Verify PCP Panel Status)
 - a. YES or NO
8. Which of the following L.A. Care insurance programs does <Doctor’s Name> accept? (Verify affiliated LOB’s)
 - a. YES or NO

When the office representative responds either YES or NO, the response is recorded and counted for a total of responses. Only the YES responses will be used to measure the accuracy of the data as found in the dataset. Any discrepancy or inaccuracy will be reported to the Provider Data Management (PDM) department for further analysis and resolution.

Please note that the original dataset may have addresses missing either the suite or office number or having a street name spelled differently, for example, 123 Main Plz versus 123 Main Plaza. This has led to addresses being counted twice but has not affected the 5% margin of error in either a positive or a negative direction.

L.A. Care outreached to **2,446** unique providers but only succeeded in attaining responses from a total of **1,541** unique providers via a **live person**, a **redirected call** that reached a live person, or a call that reached an **auto-attended or answering service** but who was able to answer the call and provide responses to the survey questions. If a response was either UNKNOWN, NA, NOT SURE, or left BLANK, the response was captured but not tallied as part of the count to determine the 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 correct or incorrect.

The following offices were not counted as part of the sample, as the survey could not be administered: calls to **862** unique office locations were **unanswered**, and 43 unique office locations failed due to a wrong or disconnected number. All responses captured for calls unanswered, disconnected, or wrong numbers are either UNKNOWN, NA, or left BLANK. Only valid responses of YES or NO were used for any totals to determine accuracy, and WRONG or DISCONNECTED office locations were added to the phone number denominator.

This year's survey asked specialists who do not generally receive membership assignments 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 the 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

The rates of accuracy for physician address and telephone number were determined by the sum of "Yes" responses (numerator) over the sum of responses coded as "Reached a Live Person," "Reached Auto-Recording," "Re-directed Call," "Wrong Number" and "Disconnected" (denominator). Out of all providers contacted or attempted to be contacted, **1,040** could provide a YES or NO to the office location, and 1,115 could provide a YES or NO to the **office phone number** question.

The accuracy rates for physician membership panel status, hospital affiliation, and awareness of accepted line of business were determined by the sum of matching respondent outcomes (e.g., respondent panel status matched L.A. Care directory panel status) over the number of unique Site Codes for which responses were captured. This difference in methodology is due to providers being employed at more than one office location. To ascertain an accurate number for panel status and LOB, the providers were filtered by Physician Type (PCP or SCP) and Site Code. It is possible for a provider to accept patients or not accept patients with one LOB but accept or not accept patients with another LOB. Site code was used to determine the accuracy of both metrics so as not to miscalculate the accuracy numbers. This led to the following totals: **704** unique primary care site codes with 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 dataset for "Accepting New Patients." Only responses that matched the dataset and the response provided by the provider were used for Accurate Responses. If there was a mismatch between the dataset and the response, for example, the dataset had a 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 were reported to PDS for further analysis and resolution. Responses of "Unknown or disconnected phone number or plan" were excluded.

The same method was used for the 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 could either answer YES or NO to the LOBs in the dataset or would advise of the LOBs they were accepting. All responses were captured and counted for the total to determine accuracy unless the response was UNKNOWN, NA, NOT SURE, or left BLANK. This question had a total of **5,771** site codes represented by **2,446** unique providers. **811** providers that responded YES or NO and provided responses of the LOBs accepted by the provider were used in counts to determine the total. The responses were matched to the dataset, and if a provider matched one or more LOBs, the response was counted as an Accurate Record.

Hospital Affiliation Methodology

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. However, this survey does not identify the hospitals as capitated or not. 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 are up to four per NPI. Not every provider has a hospital affiliation, and not every provider will have more than one hospital affiliation. 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 with an affiliation for each hospital column, creating the denominator, and then only YES responses were counted for the numerator. A provider may be counted up to four times if the provider has four hospital affiliations and responded YES to each hospital affiliation question. The different totals for providers with a hospital affiliation in the data and those who responded or confirmed the affiliation with a YES answer are also shown in this report.

Reasons for data not being 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 numerators used to calculate accuracy.

Results/Findings Overall – *Quantitative Analysis*

(Overall) – Across all lines of business, 2,446 unique providers were outreached to, and a breakdown of response is the following:

- **1,040** physician offices provide valid responses for location, not including offices with a wrong or disconnected phone number.
- **1,115** physician offices provide valid responses to phone number inquiries, not including offices that have a wrong and/or disconnected phone number.
- **1,769** records on **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.
- **2,121** data points to **the line of business participation** question (Table B) – providers can support multiple lines of business and office location, and each line of business is considered a separate data point.
- **2,060** unique Primary Care Physicians by line of business provided **panel status** responses. **256** additional responses were excluded due to the respondents not knowing the panel status or having an incorrect phone number. A site code is a unique identifier comprised of the provider license and a suffix affiliated with a specific line of business. For example, site code 12345A1 is a unique

identifier identifying the practicing provider, the line of business, and the office address; in this case, the MCLA line of business specified is located at 123 Main St., Suite 101. Providers may have multiple site codes per office address and per line of business contracts. Additionally, any mid-level practitioner will share a provider site code to assist with membership assignment to the provider office location.

Table A. Physician Location, Phone Number, and Panel Status Accuracy – Across All Lines of Business			
	Total Unique Number of Physicians (n)	Number of Accurate Records (n)	Accuracy Rate (%)
Physician Location	2,446	1,040	42.5%
Physician Phone No.	2,446	1,115	45.6%
Physician Panel Status*	2,060	704	34.2%

*This measurement only applies to PCPs. Specialists do not receive membership assignments, and panel status is not included in the directories.

As depicted in Table A, across all lines of business, the accuracy rates for physician location, phone numbers, and panel status are 42.5%, 45.6%, and 34.2%, respectively. These rates did not meet the accuracy baseline goal of 80%. Some calls were answered by a recording so that the surveyor could confirm the provider's location, phone number, and name. These instances are counted in location and phone number rows.

Table B. Hospital Affiliation and Line of Business Acceptance Accuracy – Across All Lines of Business			
	Total Data Points (n)	Number of Accurate Records (n)	Accuracy Rate (%)
Hospital Affiliations	1,333	139	31.4%
Physician's Line of Business	2,446	695	28.4%

Table B, across all lines of business, the accuracy rate for all Hospital Affiliations is **31.4%** and does not meet the performance goal of 80%. A total of 442 records with Yes or No responses were received for reported Hospital Affiliations. Providers were only asked if the hospitals found in the dataset 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 dataset but may only have admitting privileges to one hospital. The question did not capture this scenario, nor was a reply recorded. The Physician's Line of Business is 28.4% and does not meet the performance goal of 80%.

Results/Findings by Line of Business – *Quantitative Analysis*

MCLA/PASC – Quantitative Analysis

MCLA/PASC 849 providers were outreached to, and a breakdown of response is the following:

- **344** physician offices providing valid responses for location, not including offices that have a wrong and/or disconnected phone number
- **368** physician offices providing valid responses for phone, not including offices that have a wrong and/or disconnected phone number

- **745** unique primary care physicians by line of business provided **panel status** responses (Table C)
- **231** records on **hospital affiliations** (Table D)
- **424** records for the line of business participation question (Table D).

Table C. Physician Location, Phone Number, and Panel Status Accuracy – MCLA/PASC			
	Number of Physicians (n)	Number of Accurate Records (n)	Accuracy Rate (%)
Physician Location	849	344	40.5%
Physician Phone No.	849	368	43.3%
Physician Panel Status	263	237	90.1%

Accuracy rates for Medi-Cal and PASC physician locations and phone numbers, as depicted in Table C, do not meet the 80% performance goal. Primary care panel status exceeds the 80% performance goal.

Table D. Hospital Affiliation and Line of Business Acceptance Accuracy – MCLA/PASC			
	Total Data Points (n)	Number of Accurate Records (n)	Accuracy Rate (%)
Hospital Affiliations	745	231	29.4%
Physician's Line of Business	1,331	424	31.9%

Table D shows hospital affiliations. The accuracy rate for the physician's lines of business is at the overall average rate of 31.6% and does not meet the performance goal of 80%.

LACC/D – Quantitative Analysis

- **340** physician offices providing valid responses for location, excluding offices that have a wrong and/or disconnected phone number (Table E)
- **338** physician offices providing valid responses for phone, excluding offices that have a wrong and/or disconnected phone number (Table E)
- **427** unique primary care physicians by line of business provided **panel status** responses (Table E)
- **258** data points to **hospital affiliations** (Table F)
- **490** records with responses to line of business participation question (Table F)

Table E. Physician Location, Phone Number, and Panel Status Accuracy – LACC/D			
	Total Unique Number of Physicians (n)	Number of Accurate Records (n)	Accuracy Rate (%)
Physician Location	833	340	40.8%
Physician Phone No.	833	338	40.6%
Physician Panel Status*	427	145	34.0%

**This measurement only applies to PCPs. Specialists do not receive membership assignments, and panel status is not included in the directories.*

Table E depicts LACC/D accuracy rates for physician location, phone number, and panel status that do not meet the performance goal of 80%.

Table F. Hospital Affiliation and Line of Business Acceptance Accuracy – LACC/D			
	Total Unique Number of Physicians (n)	Number of Accurate Records (n)	Accuracy Rate (%)
Hospital Affiliations	833	307	36.9%
Physician's Line of Business	833	256	30.7%

As depicted in Table F, the LACC/D shows hospital affiliations and the accuracy rate for the physician's lines of business is at the overall average rate of 33.8%, which does not meet the performance goal of 80%.

D-SNP - Quantitative Analysis

- **330** physician offices providing valid responses for location, including offices that have a wrong and/or disconnected phone number (Table G)
- **328** physician offices providing valid responses for phone, including offices that have a wrong and/or disconnected phone number (Table G)
- **641** unique primary care physicians by line of business provided **panel status** responses (Table G)
- **153** records for response on hospital affiliations (Table H)
- **1,320** records with responses to line of business participation question (Table H)

Table G. Physician Location, Phone Number, and Panel Status Accuracy – D-SNP			
	Total Unique Number of Physicians (n)	Number of Accurate Records (n)	Accuracy Rate (%)
Physician Location	764	330	43.2%
Physician Phone No.	764	328	42.9%
Physician Panel Status*	641	277	43.2%

*This measurement only applies to PCPs. Specialists do not receive membership assignments, and panel status is not included in the directories.

Table G depicts D-SNP accuracy rates for physician location, phone number, and primary care panel status and does not meet the performance goal of 80%.

Table H. Hospital Affiliation and Line of Business Acceptance Accuracy – MCLA/PASC			
	Total Unique Number of Physicians (n)	Number of Accurate Records (n)	Accuracy Rate (%)
Hospital Affiliations	764	95	12.4%
Physician's Line of Business	764	192	25.1%

Table H depicts the D-SNP accuracy rates for physician-hospital affiliations and lines of business. Hospital Affiliation accuracy rate is **12.4%** and does not meet the performance goal of 80%. The physician's line of business rate is **25.1%** and does not meet the performance goal of 80%.

Table I – Visual Reference Table of Summary of Metrics for each Line of Business/Plan

The following table summarizes the metrics for the five data categories the sample sought to verify for the past three years. It shows the different lines of business and their accuracy percentage per data measure. With a baseline limit of 80%, the table shows which metric exceeds the baseline and which metric falls below the baseline. The Provider Network Management department will address those metrics that fall below the baseline for accuracy improvement. All L.A. Care Health Plans could not meet the 80% baseline for 5 of 5 metrics except MCLA/PASC for Physician Panel Status, which came in at 90.1%. This data will be delivered to Provider Network Management (PNM) for further review, analysis, correction, and publication.

Table I. Accuracy Rates Three-Year Trend by Percentage									
	MCLA/PASC			LACC/D			D-SNP*		
	2022	2023	2024	2022	2023	2024	2022	2023	2024
Physician Location	92	85.6	40.5	91	87.6	40.8	NA	87.0	43.2
Physician Phone Number	91	90.0	43.3	89	89.7	40.6	NA	89.3	42.9
Physician Panel Status	66	88.9	90.1	90	87.0	34.0	NA	86.0	43.2
Hospital Affiliations	78	34.3	29.4	59	30.0	36.9	NA	30.1	12.4
Physician Line of Business	95	100	31.9	69	100	30.7	NA	100	25.1

*D-SNP Line of Business launched on January 1, 2022. The year 2023 will serve as the baseline value.

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) failure to communicate physician updates to L.A. Care promptly directly affects L.A. Care's ability to maintain current data. This communication process and related dependencies are further hindered when PPGs 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 data submission, strategies need to be developed

requiring more accountability/consequences for those partners showing patterns of noncompliance with timely provider data submission requirements. This is an ongoing effort being addressed by L.A. Care for the foreseeable future. This 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

L.A. Care's Provider Data Management Department requires comprehensive quality assurance reports that monitor provider demographic changes within the directory at least weekly. L.A. Care is challenged with completing this effort timely, as most of its validation process requires manual outreach to its delegated network. Comprehensive reporting includes a thorough provider suppression process, which allows plans to suppress providers from being displayed in its online provider directory until the provider confirms or validates that the information is accurate (Senate Bill 137 Uniform Provider Directory Standards). This process would also help us incentivize provider offices to ensure that they know what insurance or product lines they accept. This survey identified approximately **1,609** responses that were excluded from rating this question because the respondents were unaware that the L.A. Care product lines were accepted.

Centralized Notification of Provider Demographic Changes: L.A. Care can receive notification of provider data changes through various channels, such as external or internal notifications. These notifications include providers calling L.A. Care's customer service department (external) or emailing its L.A. Care account representative or Provider Data Unit (internal) for changes to office phone and fax number, office hours, service location, W9, etc. Currently, different people receive this information and do not immediately direct the notification to the correct department. The Provider Data Management Department has a centralized inbox for notification of provider data changes or discrepancies. This is the mechanism that internal or external contacts should use to send notifications of provider data changes. The Provider Data Management Department must coordinate an effort or campaign that reinforces the correct process for notification of provider data changes for the entire organization and its external processes.

Acting on Opportunities

L.A. Care has developed and implemented the following processes to validate provider data displayed in the directory proactively:

- **Quarterly Provider Group Roster Remediation:** L.A. Care's Provider Data Management Department leads this process to validate the accuracy of provider directory data attributes for all active contracted providers by each delegated Provider Group. L.A. Care pre-populates a roster of data elements for each provider group, and in return, the provider group confirms correct information or identifies discrepancies. If there is a discrepancy, L.A. Care's Provider Data Management Department assesses the root cause and proceeds with remediation upon confirmation of Credentialing and regulatory compliance with the change. L.A. Care went live with this effort in Quarter 3 of 2023.
- **Symphony Utility:** L.A. Care continues to be part of the Symphony Utility as required for participation in Covered California. This initiative standardizes provider data displayed in the Health Exchange provider directory across all participating health plans. Symphony is a cloud-based platform that serves as a single source for provider data cleansing and accuracy. The diagram below depicts how the Symphony vendor will collect data from all of L.A. Care's sources. As L.A. Care's contracted provider groups actively participate with the Utility and the Symphony vendor completes its transition to the new technology vendor, L.A. Care will utilize the Symphony platform as an additional mechanism to validate provider data accuracy.



- Quest Better Doctor Services: In the first quarter of 2024, L.A. Care will utilize Better Doctor Services through its contracted vendor, Quest Analytics, to conduct an additional layer of provider data validation and include outreach to individual providers for specific information and individual provider attestations. L.A. Care's delegated network is contracted with the provider groups and not the individual providers within the provider group networks. This additional layer of oversight will allow L.A. Care to validate elements that are especially challenging to obtain, such as race and ethnicity, gender, provider area of focus, provider and office languages and provider office hours of operation, W9 outreach, and bad address reconciliation.
- 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 used in daily operations, monitoring, and prospective planning. This strategy was implemented in the past and will be implemented in the foreseeable future.
- PDM is also implementing an electronic Provider Intake Form (ePIF) that allows L.A. Care business units to automate their workflow for loading providers into the network. This process holds specific business units accountable for turnaround times and enhances the upload of accurate information at the onset of adding providers to the network.
- PDM has implemented various provider data reconciliation reports to ensure contracted information in L.A. Care's direct network is accurate monthly across L.A. Care's core data systems. This process ensures all Credentialing Committee decisions on contracted status are implemented timely.

H.5 PROVIDER EDUCATION AND ENGAGEMENT PROGRAM

H.5.a PRACTICE TRANSFORMATION PROGRAMS

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SECTION 1: TRANSFORM L.A.

BACKGROUND/SUMMARY

Transform L.A. (TLA) is a practice-level technical assistance program for Direct Network (DN) primary care practices to improve their quality improvement capacity, care delivery workflows, and health outcomes for L.A. Care's DN members. The program delivers technical assistance through practice coaches who work onsite with their assigned practices. TLA began in 2018 and was developed by L.A. Care's CMS grant-funded program, the Transforming Clinical Practice Initiative. TLA supports work that improves the delivery of care for all patients within a practice while focusing on patient-centered care. DN practices are eligible to participate in TLA if they meet the following criteria (1) executed L.A. Care DN primary care contract, (2) *actively use* electronic health records (EHR) for record keeping, and (3) practice leadership is open to improvement.

Practice transformation work has three primary drivers: (1) patient and family-centered care design, (2) data-driven quality improvement, and (3) business sustainability. To complete the program, practices must achieve proficiency in 5 phases of transformation: (1) Create vision/goal (2) Use HEDIS data for improvement (3) Achieve HEDIS performance goals (4) Achieve optimal efficiency and benchmarking capabilities (5) Readiness for value-based care. Practice coaches work with care teams to optimize their workflows, share evidence-based best practices, use EHR data, and employ QI tools such as Plan-Do-Study-Act cycles (PDSA) to drive improvement. TLA tracks 4 HEDIS measures as one measure of transformation:

- 1) Controlling Blood Pressure
- 2) Diabetes Hemoglobin A1C Poor Control (>9%) – GSD
- 3) Childhood Immunization Status Combo 10 (CIS10)
- 4) Well Child Visit 30 months (W30)

MAJOR ACCOMPLISHMENTS FOR 2024:

- 2 TLA metrics are exceeding the MCAS MPL for:
 - A1C Poor Control (>9%)/GSD
 - Controlling Blood Pressure
 - Practices are making progress in CIS10 and W30 measures.
- 4 practices have achieved completion of the 5 phases of transformation and their HEDIS goals:
 - 1 practice has graduated from the program.
 - 3 practices have achieved Phase 5 of the Transformation and are on track to graduate in 2025.

RESULTS

TRANSFORMATION PROCESS

The framework for the transformation process, which incorporates the three primary drivers: (1) patient and family-centered care design, (2) data-driven quality improvement, and (3) business sustainability, consists of 27 milestones that comprise five progressive levels of transformation: Phase 1 foundational concepts

through Phase 5 concepts, which address the end goal of the program, and readiness for alternative payment models. To achieve the highest level of transformation, practices must complete all 27 milestones. The Practice Assessment Tool (PAT) serves as a roadmap for transformation and measures each practice's progress and completion of the 27 milestones and phases. The initial assessment serves as the baseline measurement; thereafter, practices are re-assessed every 6 months to track their progress in completing each phase's milestones and progress.

In 2023, the team reorganized the PAT roadmap into a two-year action plan with assigned milestones to be accomplished each year. A 3rd year was added to the plan for practices to sustain their transformation achievements. The 2024 program year reflects the results of action plan changes made in 2023. *See Appendix 1 for the Action Plan chart and Appendix 2 for examples of demonstrated work.*

- **Year 1** – QI foundation principles for setting goals and producing reports from the EHR.
- **Year 2** - Scale new models of evidence-based care delivery
- **Year 3** –Once the practice has achieved Phase 5 of transformation, sustain all improvements to HEDIS measures and maximum PAT scores for one year.

The TLA Recognition Incentive Program was also launched in 2023 to complement the revamped 3-year action plan. Once practices complete the 5 Phases of Transformation and achieve their HEDIS goals, they are eligible to earn the first installment of the incentive payment of either \$15,000 or \$30,000. If they can maintain their program achievements, the practice receives the second installment at the conclusion of the third year. *See Appendix 3.*

TABLE 1. TRANSFORM L.A. TRANSFORMATION PRACTICE STATUS/PROGRESS RESULTS

Low			Intermediate			Advanced			Graduated		
Practice	Action Plan Year	Expected Graduation	Practice	Action Plan Year	Expected Graduation	Practice	Action Plan Year	Expected Graduation	Practice		
Dr. Aaron Tran	1	2026	Dr. Michael Keramati	1	2026	JWCH/Wesley Health Centers	2	2025	Bartz-Altadonna		
Dr. Rosanna Iskander	1	2027	Angeles Community Health Center			Clinica Medica General					
Dr. Terry Lee			MLK Community Medical Group			White Memorial Community Health Center					
Whittier Anesthesia Medical Group			Central City Community Health Centers			Central Medical Business Management					
Dr. Dewey Pillai						AME Medical Group					
Dr. Jacklyn Chan						Dr. Jason Groomer					
Roy Medical Group	Dr. Max Ghannadi										

**Program duration = 3 years – 2 years to address action plans, 1 year to sustain change.*

Qualitative/Analysis – Practice Transformation Status & Progress

- Practices work on the Action Plans for Year 1 and Year 2, focusing heavily on using EHR data reports to guide decisions, implementing the Model for Improvement, and applying PDSA cycles to test and refine changes.
- Practices established monthly quality improvement meetings, streamlined workflows, and developed a systematic approach to continuous improvement, resulting in sustainable enhancements to both patient care and operational efficiency reinforced with the incentives for each completed phase of transformation offered in the TLA Recognition Incentive program.
- The TLA team is ecstatic about the practices' achievements and anticipates similar successes in the coming year.

Several practices have recognized they are not ready to change due to limitations such as limited staffing bandwidth, time, or engagement. When a practice cannot move forward in the transformation process, the coach reviews alternative options, including pausing enrollment in the program until the practice is ready to re-engage and commit to change.

TABLE 2. TRANSFORM L.A. HEDIS RESULTS

MCLA Measure	MY 2021	MY 2022	MY 2023	MY 2024 Jan – Sept	MCAS MPL	Goal Met?
Diabetes Poor Control (HbA1c>9)	54%	35%	39%	34%	38%	MET
Controlled Blood Pressure	52%	28%	53%	68%	61%	MET
Childhood Immunization Status–Combo 10	N/A	29%	26%	25%	31%	NOT MET
Well-Child Visits (A) 0-15m	N/A	N/A	N/A	36%	59%	NOT MET
Well-Child Visits (B) 15-30m	N/A	N/A	N/A	68%	67%	MET

QUANTITATIVE ANALYSIS - PRACTICE USE OF DATA AND HEDIS IMPROVEMENT

- Practices are required to report on CBR & A1c. For those with patients 2 years and younger, also CIS-10 and W30 a+b (added in 2024)
- To align with L.A. Care enterprise-wide Quality Improvement goals, TLA set program goals for all practices to perform at the Medical Accountability Set Minimum Performance Level for all program measures.
- **Controlling Blood Pressure (CBP):** Fifteen practices reported an aggregate performance rate of 68%, exceeding the MCAS MPL of 61%.
- **HbA1c Poor Control (>9%)—inverse measure:** Fifteen practices reported an aggregate performance rate of 34%, exceeding the MCAS MPL of 38%. In 2024, the Transform L.A. team diligently worked with Office Ally and corrected their data mapping issues within the EHR enterprise-wide. All six Office Ally practices within Transform L.A. report on the measure and continuing improvement efforts.
- **Childhood Immunization Status Combo 10:** Nine practices reported data for this measure and demonstrated a 25% performance rate achieved. This performance is short of the 31% MCAS MPL. Practices continue to experience hesitancy regarding the flu shot requirements of CIS10. Practices focused on collecting data reports and working with EHR vendors to develop or create a specific report for the measure. In lieu of deficiencies to report the measure within practices' EHRs,

the TLA team worked with practices to develop reporting workflows using health plan Provider Opportunity Reports (PORs) data and Cozeva data to report on the measure.

- **Well Child Visit 30a & W30b:** Nine TLA practices achieved a 36% aggregated performance rate towards the MCAS MPL of 59% in Well Child 30a and achieved a 68% performance rate in Well Child 30b, exceeding the MCAS MPL of 67%. 2024 was the first year TLA required all qualifying practices to report Well Child Visit 30a & b. Since many EHRs cannot report on the measure, TLA coaches supported practices in developing data collection workflows using Cozeva and Provider Opportunity Reports.

QUALITATIVE ANALYSIS

- To improve HEDIS performance, practices worked with their coach and standardized documentation processes, analyzed monthly measure results, and streamlined measure-specific workflows.
- Practices benefited from L.A. Care programs and resources, including California Right Meds Collaborative, One-time HIE Incentive, Provider Opportunity Reports (PORs), and Cozeva, to reinforce improvement efforts and close gaps in care.
- Technological maturity – The program requires the practice to use electronic medical record software for patient records actively. Practice coaches focus on ensuring proper or correct documentation of patient record information in the EHR, including workflow redesign as needed.
- Well Child Visit 30 (a & b) reporting –Several practices have reported challenges from their EHR for this measure. The TLA team continues working with practices to streamline workflows using Cozeva and their PORs to report for this measure.
- Staffing bandwidth – Staff capacity is critical to sustain ongoing quality improvement. TLA focuses on expanding care team skills/knowledge through cross-training and new programs, ensuring all job descriptions and workflows are documented. The team has referred practices to the American Career College to assist with backfilling vacancies.
- Many practices have expressed a high level of satisfaction with their participation in the program. Practices appreciate the program’s tailored support offerings and the engagement/relationship with their coach. While building trust and buy-in with practice staff and providers takes time and effort, this foundational step is critical to each practice’s ability to make meaningful progress in transformation and quality improvement. Below are selected quotes from practices:

- *"I would not have gotten as far into this program without your help. (Toi)."*
 - **Dr. Max Ghannadi (Caspian Medical Clinic Corp)**
- *"We are very thankful for your assistance to help us pull our EMR reports and help kicking off our QI meetings."*
 - **Dr. Terry Lee (Baldwin Park Medical Group)**
- *"Thank you for all your help training our staff on QI (Dr. Cohen). We appreciate this onboarding to the program initiatives."*
 - **Dr. Peyem Banooni (Angeles Community Health Center)**
- *"Oh my God, we would not know what to do without you."*
 - **Dr. Rosanna Iskander (Quality Improvement Director – San Dimas Medical Group)**

CONCLUSION

L.A. Care is committed to expanding the Transform L.A. program, growing the number of additional practices needing practice transformation, and adding practice coaches accordingly. This increase will continue to spread the benefits of practice transformation and the improvement of patient outcomes throughout the Direct Network. As practices build their QI capacity and improve care delivery, the financial

benefits of programs such as Pay-for-Performance incentives will also increase. The Transform L.A. team will continue working with other QI teams to leverage synergies and new opportunities for quality improvement.

MY 2024 Work Plan Goals

Table 4. 2023/2024 Transform L.A. Program Goals The team will continue to complete their focus on completing their 2024 goals through the end of the year and begin developing goals to achieve in 2025.

Categories	Goals	Status
Reporting Validation	All practices with Low practice maturity will submit monthly data reports for the program HEDIS measures through 12/31/24.	FY Q3 Status: On Track
	All current practices contracted with Office Ally EHR software will report valid data from their EHR for Diabetes A1C Poor Control >9% no later than 6/30/24.	FY Q3 Status: Complete
	Practices enrolled into the program between October 1, 2023, and June 30, 2024, will be required to submit the following data reports for the indicated measures: <ul style="list-style-type: none"> Submit the baseline data report for the 2023 measurement year within 60 days of enrollment. Submit monthly data reports within 90 days of enrollment. 	FY Q3 Status: Off track
Sustainability	Ensure that all 15 practices enrolled prior to 10/1/23 conduct monthly QI/QA meetings through 12/31/24.	FY Q3 Status: On Track
	Ensure that all practices (5+) enrolled after 10/1/23 conduct monthly QI/QA meetings, completing a minimum of 6 by 12/31/2024.	FY Q3 Status: On Track
	As part of the TLA Recognition Program, ensure that 4 practices or more enter graduation/ Phase 5 of practice transformation by 12/31/24:	FY Q3 Status: On track
Practice Assessment Milestones	Each practice enrolled prior to 10/1/23 must improve by one level score for 3 or more Practice Assessment Tool (PAT) milestones <i>for a minimum achievement of 504 total milestones completed by 12/31/24.</i>	FY Q3 Status: Exceeding
Program Enrollment	Enroll 5 new practices and complete a baseline PAT by 12/31/2024.	FY: Q3 Status: On Track
	Newly enrolled practices must submit HEDIS data reports indicated in Goal #4	

Appendix 1. - 2 Year Action Plan

<i>Year 1 Milestones - Action Plan</i>			
<i>Concept</i>		<i>PAT #</i>	<i>PAT Milestone Completion Due Date</i>
Develop a roadmap	Developed a vision and plan for transformation that includes specific clinical outcomes aligned with Transform L.A. and shared broadly within the practice.	18	<ul style="list-style-type: none"> Established Practices >2 years – December 2023 New Practices - Round 3
Clarify team member roles	Practice sets clear expectations for each team member's functions and responsibilities to optimize efficiency, outcomes, and accountability.	6	<ul style="list-style-type: none"> Established Practice >2 – December 2023 New Practices - Round 3
Use data transparently	Regularly produces and shares reports on performance at the organization and provider/care team level, including progress over time and how performance compares to goals.	21	<ul style="list-style-type: none"> Established Practice >2 – December 2023 New Practices - Round 3
Use an organized quality improvement approach	Practice uses an organized approach (e.g., use of PDSAs, Model for Improvement) to identify and act on improvement opportunities	19	<ul style="list-style-type: none"> Established Practice >2 – December 2023 New Practices - Round 3
Streamline work	Use a formal approach to understanding work processes, eliminating waste in the processes, and increasing the value of all steps.	27	<ul style="list-style-type: none"> Established Practice >2 – December 2023 New Practices – Level Score of 3 by Round 3
Collaborate with patients and families	Demonstrate encouragement of patients and families to collaborate in goal setting, decision-making, and self-management.	4	<ul style="list-style-type: none"> Established Practice >2 – December 2023 New Practices – Level Score of 3 by Round 3
Joy in Work	The practice has effective strategies to cultivate joy in work and can document results.	24	<ul style="list-style-type: none"> Established Practice >2 – December 2023 New Practices – Level Score of 2/3 by Round 3

<i>Year 2 Milestones – Action Plan</i>			
<i>Concept</i>		<i>PAT #</i>	<i>PAT Milestone Completion Due</i>
Expanded QI Capacity among staff	Build QI capability in the practice and empower staff to innovate and improve.	20	<ul style="list-style-type: none"> Established Practice >2 – March 2024 New Practices - Round 7
Care Coordination & Medical Neighborhood & Care Gap Reports	Define medical neighborhood, set clear care coordination roles/responsibilities, and use population health reports.	12/14/16	<ul style="list-style-type: none"> Established Practice >2 – March 2024 New Practices - Round 7

Year 2 Milestones – Action Plan			
Concept		PAT #	PAT Milestone Completion Due
Standardize use of Pt. Family Feedback	Incorporate pt. family feedback into the QI system.	5	<ul style="list-style-type: none"> Established Practice >2 – March 2024 New Practices - Round 7
Enhanced Access – System for patients to access the care team	Create a system for pts to contact their care team 24/7.	17	<ul style="list-style-type: none"> Established Practice >2 – March 2024 New Practices - Round 7
Ensuring Whole Person Care – Behavioral Health	Ensure whole person care, including mental/ behavioral health	15	<ul style="list-style-type: none"> Established Practice >2 – March 2024 New Practices - Round 7
Community Resource Referrals	Facilitate referrals to community resources, community organizations, agencies as well as direct care providers	11	<ul style="list-style-type: none"> Established Practice >2 – March 2024 New Practices - Round 7
Standardized follow-up after ED & Hospital Admission	Follow up via phone, visit, or electronic means with patients within a designated time interval (24 hours/ 48 hours/ 72 hours/ 7 days) after ED visit or discharge.	13	<ul style="list-style-type: none"> Established Practice >2 – March 2024 New Practices - Round 7
Risk Stratification	Provide care appropriate to the patient's risk level and care management for patients at the highest risk of hospitalization.	9/10	<ul style="list-style-type: none"> Established Practice >2 – March 2024 New Practices - Round 7
Optimize HIT - Alt visits.	The practice uses technology to offer scheduling and communication options that improve patient access by including alternative visit types.	22	<ul style="list-style-type: none"> Established Practice >2 – March 2025 New Practices - Round 7

Appendix 2. Transform L.A. Demonstration of Transformation – Dr. Jason Groomer

Area of PT	2021 Baseline	June 2024
Population Health Management	<ul style="list-style-type: none"> Heavy paper use for patient records Not able to report HEDIS data from EMR. Ad hoc promotion of self-management by provider Inconsistent outreach for follow-up care 	<ul style="list-style-type: none"> Staff generates HEDIS reports, tracks monthly data, closes gaps in care Care team develops outreach workflows and scripting for follow-up care The team has established care management protocols for those at the highest risk of hospitalization.
IT/EHR/Data Exchange	<ul style="list-style-type: none"> Changed EMRs three times EMR data reporting challenges due to data mis-mapping No standardized EMR documentation process. No use of Telehealth for patient visits 	<ul style="list-style-type: none"> Practice uses one EMR regularly Practice established and standardized documentation workflows EMR data reporting issues resolved Telehealth/Televisits fully integrated into practice operations

Area of PT	2021 Baseline	June 2024
Culture of QI/ Team Accountability	<ul style="list-style-type: none"> • No knowledge of HEDIS measures and specs • No use of PDSA cycles/formal approach to QI • No care team meetings or team huddling • High staff turnover 	<ul style="list-style-type: none"> • Staff educated on HEDIS measures and best practices for improved care delivery • Care team uses workflow maps to reduce duplicative work • Care team holds monthly QI meetings focusing on gaps in care, practice performance, PDSA cycles, and optimizing workflows • Joy in work strategies integrated into practice.
Community Partnerships	<ul style="list-style-type: none"> • Limited coordination within medical neighborhood and community • Limited interaction with the LAC team and resources • No patient/family feedback systems within practice operations. 	<ul style="list-style-type: none"> • Care team has integrated care coordination with PCP and SCP clinics • Care team uses Community Link to partner with CBOs • Electronic patient/family feedback forms consistently reviewed monthly • Dr. Groomer is an active participant in the Physician Advisory Collaborative (PAC) • Practice has expanded to a second location in Glendale.

The example above demonstrates transformational work central to the Transform L.A. program, which improves care delivery and health outcomes and ultimately helps practices succeed in value-based care models. The program focuses on:

1. Achieving ongoing practice engagement and leadership buy-in/trust.
2. Generating and sustaining improvements in practice chosen HEDIS/Clinical Quality Measures (CQMs) over baseline.
3. Incrementally attaining Transformation Milestones and moving through the “5 Phases of Transformation” as measured through a standardized Practice Assessment Tool (PAT).

The practice and the coach identify and prioritize areas to achieve Transformation milestones and HEDIS improvement according to the Year 1 and Year 2 action plans. As mentioned, the goal is to complete phase 5 and transform into a high-performing Direct Network practice that is highly functioning in four foundational areas of the practice’s Transformation:

1. Population Health Management
2. Culture of Quality Improvement (QI), Team Accountability
3. IT/EHR/Data Exchange
4. Community Partnerships

Appendix 3. – Transform L.A.



TRANSFORM L.A. Recognition Incentive Program

Transform L.A. strives to support L.A. Care's Direct Network practices in providing the highest quality care to their members and practices while building quality improvement capacity in their operations. The recognition program acknowledges each phase of transformation that the practices will achieve.

- **Phase 1**
 - *Requirement*- Complete round one of the PAT (Practice Assessment Tool) and identify status of transformation journey.
 - *Award* – Transform L.A. Stress Ball
- **Phase 2**
 - *Requirement* – Report valid data monthly from the EMR for 3 consecutive months. Employ data to achieve AIMS goals.
 - *Award* – Office refreshments
- **Phase 3**
 - *Requirement* – Integrate consistent use of PDSA cycles, maintain attendance to monthly follow-up meetings, conduct bi-annual PAT follow up meetings, and achieve Year 1 AIMS.
 - *Award* – Transform L.A. enamel pin / Office refreshments
- **Phase 4**
 - *Requirement* – Achieve QI capacity to meet or exceed the practice benchmarks within 24 months from the completion of the first practice assessment.
 - *Award* – Office lunch
- **Phase 5**
 - *Requirement*- Practice reaches a level of sustainability in their operations, are ready for Value Based Payments- Sustain 3's on all PAT milestone questions for 1 year, and show incentive improvements for their priority measures in L.A. Care data.
 - *Award* - \$15,000 paid to practices assigned <1000 Direct Network members OR \$30,000 paid to practices assigned >1000 Direct Network members.

PL-1618 (6/23)



SECTION 2: HELP ME GROW LA

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REVIEWER(S): MATTHEW PIRRITANO, PHD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

Help Me Grow LA is part of the regional/state/national Help Me Grow system to provide early identification and interventions for children who may not be on track with developmental milestones. First 5 LA and the LA County Department of Public Health have partnered to establish Help Me Grow LA to serve LA County. L.A. Care received a \$1.2M grant from First 5 LA to provide a 3-year education program/provider pilot to improve awareness of and increase developmental screenings for children ages 0-5. Our contract period also included 1 year for the program start-up and close-out. HMG-LA had two main program areas, Education and the Provider Pilot, which focused on working with our enrolled provider practices. The Education component concluded on 6/30/24, and the Provider Pilot concluded on 9/30/24. The provider pilot was extended 3 months to ensure we collected a full year of data to report to VIVA, our program evaluators.

MAJOR ACCOMPLISHMENTS FOR 2024

- Completed successful third and final provider CME event with 263 providers in March 2024, and learnings could be implemented in their practices.
- Completed final 20 (program total=60) community/member early childhood education classes. Increased attendance by 496% over the first year.
- Completed final annual training and quick reference guides for 41 staff members at 9 Community Resource Centers.
- The six provider pilot practices increased their volume of screenings over their baseline measurements by 37% for Cohort 1 and 23.2% for Cohort 2, exceeding the program goal of 15% improvement over baseline volumes.
- Practices established/strengthened their relationships with the Regional Centers, improving referral status communications.

RESULTS

Education

This program included classes, printed materials, newsletters, social media campaigns, and information/links for members and providers on L.A. Care's website. The education part of the Early Identification and Intervention program concluded on June 30, 2024.

Table 1: Education Program of Classes for Providers and Community/Members

Member/Provider Communication	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Total	Reach Goal
CME Events (3-1/year) Attendance	367	151	263	781	300/260%
Childhood Development Class (60-20/year) Attendance	57	250	340	647	1000/65%

- CME Events: Topics included child developmental health, such as validated screening tools, intervention referrals, and community resources.
- Childhood Development Classes: The community resource centers offered free classes on early childhood development topics.
- CRC Capacity Building: Sixty-six staff members across nine CRCs were trained throughout the program to answer questions successfully and help direct visitors to where and whom to contact for further information regarding screening tools and available community resources, including the Regional Centers.

Table 2: Member and Provider Newsletter Publication & Circulation

Newsletter	Audience Type	Article Edition	Circulation	Open Rate	Reach Goal
Be Well	Member	Fall '23	506,107	N/A	1,000
	Member	Winter '24	514,969	N/A	
	Member	Spring '24	564,043	15.61%*	
Progress Notes	Provider	Spring '24	232*	55.60%	
thePulse	Provider	Spring '24	11,282	20.21%	

- The featured articles focused on developmental milestone screenings, referrals, and general awareness of developmental delays in young children. *thePulse* email-based newsletter had an open rate for the number of readers who opened the message.

Table 3: Member Social Media Campaigns

Social Media Campaign Years	Number of Posts	Accounts Reached	Impressions	Engagements
Year 1 (2022)	10	33,361	39,134	N/A
Year 2 (2023)	35	75,280	91,098	1,956
Year 3 (2024)	17	36,428	45,242	1,672
Totals	62	145,069	175,474	3,628

- Members: Facebook and Instagram, Providers: LinkedIn
- Reach types:
 - *Accounts reached* - Number of unique accounts that have seen a post at least once.
 - *Impressions* - Total number of times the post was viewed.
 - *Engagements (how unique accounts interact with the post)* - Includes likes, comments, shares, and saves.

L.A. Care.org Webpages/Health Education

- Members and providers can access these www.lacare.org webpages for educational materials on developmental screenings. Each webpage has a link to the www.hmgla.org website for additional information.

- Data for site visits and document downloads were reported semi-annually during the program years. Data collection for this portion of education ended after June 2023. This data could no longer be collected due to a change in the data analytics system.

QUALITATIVE ANALYSIS

Education

Classes:

- Attendees provided very positive feedback on class topics and discussions throughout the 3 years of the program, which included their ability to better advocate for their children during office visits.
- The three annual provider CME events were very successful and well attended, with positive feedback on the selected presenters and the range of covered topics.
- Acquired photos from the First 5 LA/T.H.E. photoshoot for the Help Me Grow LA campaign. L.A. Care's images will be used for ongoing social media campaigns.

Communications:

- Articles were prepared for provider publications (Progress Notes and *thePulse*) in Summer 2023, Fall 2023, and Winter 2023. Due to staffing changes, the Communications department halted the release of the 2023 editions of the above newsletters.
- The publication format for the Progress Notes was changed to email, resulting in declined circulation.

Provider Pilot

Transformation Process

- This program measured practice transformation to improve care delivery, increase developmental screenings, and refer patients for intervention services.
- The framework for the practice transformation process covered four areas of practice operations: (1) embed practice metrics, (2) community partnerships, (3) staff development, and (4) sustainability, and consists of 10 milestones which comprise three progressive levels of transformation. The coaches used the Practice Assessment Tool (PAT) as a roadmap for transformation and to measure each practice's progress. The initial assessment was the baseline measurement; thereafter, practices were reassessed every 6 months to track their progress.

Table 4: Transformation Milestone Completion Tracking: Baseline vs. September 2024 Assessment

Baseline			September 2024		
<i>Cohorts</i>	<i>Total Baseline Milestones Completed</i>	<i>Percentage of Milestones Completed</i>	<i>Total Milestones Completed</i>	<i>Percentage of Milestones Completed</i>	<i>Improvement of Milestones Completed from Baseline</i>
Cohort 1	12.75/20	60%	19/20	95%	31%
Cohort 2	18/40	45%	38/40	95%	50%

Quantitative Analysis

- The coaches helped practices to set goals, outline steps to make a change, implement, and then measure the progress of the change.

- By September 30, 2024, four out of the six enrolled practices completed all 10 PAT milestones, each worth 2 points for a total score of 20.
- To continue their transformation progress, Kids and Teens developed a staff incentive plan to reward continued increased screenings and tracked referrals to a specialist or Community-Based Organization (CBO) using their Mini-grant funds. Implementation is slated to begin by December 2024.
- Palmdale Pediatrics could not complete the EMR data and closed referral loop milestones. The EMR data reporting milestone for HEDIS data could not be completed as their software (Office Ally) cannot track most pediatric measures. The practice now uses Cozeva and their IPA reports to track data. They are also working on a manual process for a closed referral loop milestone with the North LA Regional Center.

Qualitative Analysis

- Coaches educated providers and care teams on AAP-recommended best practices, administering valid screening tools, scoring/assessing results, and providing referrals for intervention services. As a result, practices improved care delivery and increased developmental screenings and referrals for intervention services. Practices require all staff to be trained in the screening and referral processes.
- Coaches worked with staff to optimize workflows and improve data collection and analysis methods. All practices were able to track and trend their data and learned how to use it for quality improvement purposes.
- Throughout the program, the coaches were challenged by provider hesitancy and resistance to change, particularly in some of the larger practices. Experienced providers were more resistant to training, especially on the administration and scoring of the tools, despite data indicating lower-performing sites in the total number of completed screenings.
- The program provided \$50,000 in Mini-grant funds (two installments) to all practices for program participation. Coaches recommended uses for the funds, including embedding a valid screening tool into their EMRs, buying tablets for parents/caregivers to complete screenings during their visits, and investing in developmentally appropriate toys/books to give patients at their visits.

Developmental Screenings & Referrals:

- The practices submitted their screening and referral data for L.A. Care members to the coaches monthly. The coaches tracked each practice's and cohort's progress compared to the baseline measurements. The data included the age, race, and ethnicity of each patient.

Table 5: Help Me Grow LA 3-Year Program Goals to Increase Screenings & Referrals

Help Me Grow LA Metric	Help Me Grow LA Objective <u>15% over baseline:</u>	Help Me Grow LA Rate Goals	Aug 2024 Rates
Developmental Screening in the First Three Years of Life	Cohort 1 baseline = 14% Cohort 2 baseline = 0%	Cohort 1 = 29% Cohort 2 = 15%	Cohort 1 = 51.3% Cohort 2 = 23.2% Program Overall = 30.3%
Referrals to Regional Centers: Children appropriately linked with supportive services after positive screenings.	Cohort 1 baseline = 0% Cohort 2 baseline = 0%	Cohort 1 = 15% Cohort 2 = 15%	Cohort 1 = 4% Cohort 2 = 1% Program Overall = 2.5%

QUANTITATIVE ANALYSIS

- All practices were adopted and trained on using and scoring the Ages and Stages Questionnaire (ASQ), including when further intervention was needed. Practices submitted monthly data via EMR software.
- Both cohorts met their goals, with Cohort 1 reporting a 264% increase over baseline (14%) and Cohort 2 reporting a 23.2% increase over baseline (0%). Overall, the program had an improvement rate of 30.3%.
- Due to limited availability at RCs, minimal improvements in referral rates resulted in 4% for Cohort 1 and 1% for Cohort 2. Overall, the program had a referral improvement rate of 2.5%.
- The most significant challenges with improving referrals were communication between parents/caregivers, providers, and regional centers (RCs). Establishing relationships between the providers and the RCs was somewhat successful, as regular monthly meetings to discuss referral status were held.
- First 5 LA contracted with VIVA Social Impact Partners (VIVA) as its program evaluator. The L.A. Care team worked closely with VIVA to provide education and provider program updates as needed.

QUALITATIVE ANALYSIS

- Cohort 1 practices developed processes to standardize conducting developmental screenings at the appropriate age intervals outlined by the AAP. One practice continues struggling to track its data across multiple sites. Still, it will invest its mini-grant funds to enhance its software capabilities to capture more completed screenings and track the data efficiently.
- Cohort 2 practices developed standardized processes for completing developmental screenings. Although Cohort 2 practices took longer to report their early data due to a lack of EMR reporting capabilities, they all submitted the required monthly data by the end of the project.
- In drafting their sustainability plans, practices explored ways to incorporate valid screening tools into their EMRs. Some practices began enhancing their software capabilities to meet reporting requirements. Coaches worked to improve communications between the practices and all seven Regional Centers in L.A. County.
- All practices have begun incorporating a referral template and process into their EMR to track and follow up on all referrals sent to a Regional Center. Many practices expressed challenges engaging with specific Regional Centers to close the loop on the referrals. Procedures were implemented in the revised workflows to document all referral updates to close the loop at the practice level, whether the communication was successful or unsuccessful.

Health Disparities

Table 6: Summary of Completed Developmental Screenings for L.A. Care Members ages 0-5 years by Race and Ethnicity through September 30, 2024

Completed Developmental Screenings by Race/Ethnicity Program Overall						
	Asian	Black/African American	Hispanic/Latino	Native American/Pacific Islander	White	Other/Unknown /Declined
Cohort 1	6.8%	5.1%	59.9%	0.30%	17.2%	10.7%
Cohort 2	0.71%	16.7%	69.9%	0.89%	4.8%	6.9%

Quantitative Analysis

The above table represents the percentage of developmental screenings completed by race/ethnicity per cohort.

- Hispanic/Latino children received the highest percentage of completed developmental screenings.
- Per First 5's direction, practices were chosen based on their Asian and Black/African American populations. However, the coaches reinforced that all children, regardless of race, needed to be screened.
- L.A. Care provided translations of the ASQ developmental screening in multiple languages at the practices' request.
- The program has encountered a variety of challenges in both components.

CONCLUSION

- 2024 was the final year of the pilot program. The contract ramp-down/close-out period will be October 1 - December 31, 2024, and will conclude the contract with First 5 LA.
- L.A. Care's MPL for developmental screenings increased, which coincides with this program's areas of improvement and work.
- The mini-grant funds provided to the pilot practices will help them sustain and further improve workflows, increase developmental screenings/patient referrals for intervention services, and increase data analysis capabilities to identify areas of improvement. The team recommended the following investment areas for practices to support further increasing developmental screenings and referrals:
 - One-year online subscription of the Ages and Stages Questionnaire
 - Gift cards for patient/provider survey incentives.
 - Tablets/iPads
 - Developmental items/books
- As the program's final milestone, First 5 will share its learnings and findings with other healthcare organizations locally and nationally. In December 2024, planned meetings are scheduled with the LA County Department of Public Health and the HMG National Forum.

2024 COMPLETED WORK PLAN GOALS

- Developed sustainability plans for all practices before the September 2024 closeout.
- Identified vital staff at each site that can continue the "train-the-trainer" model for administering developmental screenings and linkages to referrals.
- Ensured continued engagement with all 7 L.A. County Regional Centers and closed the feedback loops with all practices to receive timely updates on patients referred for services.
- Practices improved their data reporting from their EMRs and worked towards embedding developmental screening tools into their EMRs, thus reducing manual processes.
- Education – refer to Tables 1-3 for information on the completed goals.
- The team is developing the program partnership final report for delivery to First 5 in early December.

Appendix

Per our agreement with First 5 LA, LA Care agreed only to provide data for the HEDIS measures and not to show improvements.

IMPROVEMENT AREA		THE GOAL WITHIN THE FIRST 12 MONTHS (RELATIVE IMPROVEMENTS FROM FY20-21 BASELINE)	GOAL BY THE END OF THE PROGRAM PERIOD (RELATIVE IMPROVEMENTS FROM FY21-22 BASELINE)
OUTCOMES RELATED TO HEDIS ¹ MEASURES	Child Immunization Status (CIS-3) years of age who receive a series of vaccines ¹	Increase by 5%	Increase by 15%
	Well Child Visits in the 3 rd , 4 th , 5 th , and 6 th years of life ¹	Increase by 5%	Increase by 15%
	Postpartum Care: Number of live births who received postpartum care between 21 and 56 days after delivery	Increase by 5%	Increase by 15%
	Timeliness of Prenatal Care ¹ : Number of live births who received a prenatal visit in the 1 st trimester OR within 42 days of enrollment	Increase by 5%	Increase by 15%

The above table represents the HEDIS measures that First 5 LA requests data for from L.A. Care. HMG- LA serves as the pass-through for this information. These metrics are not asked of the six pilot providers.

Shaded information was provided as a courtesy to First 5 LA. It was not part of the program goals or tracked for improvement.

SECTION 3: EQUITY AND QUALITY AT INDEPENDENT PRACTICES IN L.A. COUNTY (EQUIP-LA)

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REVIEWERS: MATTHEW PIRRITANO, PHD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The Equity and Quality at Independent Practices in L.A. County (EQUIP-LA) program is a two-year quality improvement collaborative for small, independent primary care practices and independent physician associations (IPAs) serving Medi-Cal enrollees of color in Los Angeles County. The program launched in April 2023 and will continue through March 2025. It is a joint program of the California Health Care Foundation (CHCF), Community Partners (CP), California Quality Collaborative/PBGH (CQC/PBGH), HealthNet, and L.A. Care Health Plan. The program focuses on building quality improvement capacity and care delivery among the 31 enrolled practices and improving health outcomes and healthcare experiences, which will lead to reducing health disparities for the patients served. L.A. Care is a program partner in the IPA role for the four Direct Network practices enrolled.

The program utilizes a train-the-trainer approach to assist practices to achieve the program goals. CQC provides a range of technical assistance modules to support quality improvement and advanced primary care capabilities for the IPAs and, ultimately, the practices. L.A. Care, in the IPA role, provides one practice coach to provide on-site technical assistance to each of the four Direct Network practices. The program uses three CQM/HEDIS measures:

1. Controlling High Blood Pressure for Patients with Hypertension (CBP)
2. Colorectal Cancer Screening (COL)
3. Glycemic Status Assessment for Patients with Diabetes >9% Poor Control (GSA)

MAJOR ACCOMPLISHMENTS FOR THE YEAR

- All 4 practices completed the mid-program progress assessment using the Implementation Milestone Assessment Tool (iMAT) and overall scored 59% completion of milestones for improvements in 1) streamline and document workflows for EHR processes, 2) care management & care coordination, and 3) patient and family engagement.
- Together with Quality Performance Management (QPM), the team submitted the 6 cycles of practice-level HEDIS data to CQC in the required “rolling 12 months” report format. QPM’s role has been critical as the practices cannot generate HEDIS reports from their EHRs with race, ethnicity, and language (REaL) data.
- Practices completed in the REaL data accelerator program offered by Health Begins to improve race, ethnicity, and primary language (REaL) data collection and stratification to improve equity-focused primary care improvement efforts.
- Despite ongoing challenges with EMR adoption, practices are slowly progressing. One practice increased its EHR adoption among providers from 22% to 78%.

Implementation Milestone Assessment Tool (iMAT)

The program uses the Implementation Milestone Assessment Tool (iMAT) to serve as a foundation and measure the progress made in building each practice's quality improvement (QI) Plan. The practices completed the program Midpoint assessment in July. The final assessment will occur upon the program's completion. The average scores for the baseline and midpoint of the four practices are shown below.

Table 1: L.A. Care Improvement from Baseline to Midpoint iMAT

L.A. Care			
Domain Number	Baseline Average	Mid-Point Average	Improvement
5.1 Patient Engagement in Care	0	0.5	0.5
5.2 Patient Engagement in QI	0	0.5	0.5
9 SDOH Screening & Referrals	0.3	1.3	1
4.2 Work flows	0.3	1.3	1
6.2 Care Management	0.5	1.5	1
6.3 Panel Management	0.3	1.5	1
1.2 Training	0.8	1.8	1
10 Community Based Partnerships	0.3	1.5	1.3
1.1 Leadership Vision	0.8	2	1.3
8 Inclusive Scheduling Communications	1	2.5	1.5
2.1 Data Infrastructure	0.5	2	1.5
4.1 Roles & Responsibilities	0.3	2.3	2
2.2 Performance Monitoring	0.3	2.3	2
6.1 Care Gaps	0.5	2.8	2.3

Quantitative Analysis

- Care Gaps have seen the most significant improvement, with a difference of 2.3 points between the baseline and mid-point averages. This suggests that efforts to address care gaps have been highly effective. Some of the practices utilize provider opportunity reports to address QI efforts.
- Leadership Vision and Data Infrastructure areas have also shown substantial improvement, indicating positive leadership and data management changes.
- Areas of Patient Engagement have only shown a 0.5-point improvement. More work is needed to enhance patient engagement in care delivery and quality improvement processes.
- The Workflows, Care Management, and Panel Management domains have shown a moderate improvement of 1 point. While progress has been made, there is still room for further enhancement in these areas.

Qualitative Analysis

- Patient-facing staff in the Point of Contact role have limited bandwidth to engage in program QI activities such as proactive patient outreach.
- One practice is currently developing its Community Health Worker (CHW) program to support patient outreach efforts. To increase Community Partnerships, another practice has made significant strides by training its Medical Assistant (MA) staff to become CHWs.
- Overall, the practices have significantly improved their performance across various domains. However, areas, particularly patient engagement, still require further attention and improvement efforts.

Table 2: L.A. Care Overall /HEDIS Measures: Baseline, MY 2023 and Goals

HEDIS Measure	Baseline Year	MCLA MPL	Baseline Rate	2023 Improvement % Goal	2023 Rate	+/- From Goal	Goal Met?	2024 Improvement % Goal	Overall Program Goal
Colorectal Cancer Screening	2022	N/A	0.00%	10.00%	30.00%	+20	Yes	10.00%	20.00%
Controlling Blood Pressure (CBP)*	2022	62%	17.70%	10.00%	24.40%	+4.93	Yes	10.00%	20.00%
Glycemic Status Assessment for Patients w/Diabetes >9% Poor	2022	38%	59.30%	10.00%	45.00%	+8.91	Yes	10.00%	20.00%
*For patients with a diagnosis of hypertension									

Quantitative Analysis

- Colorectal Cancer Screening: The baseline rate in 2022 was 0.00%, indicating meager screening rates; we aimed to increase the screening rate by 10% but achieved a 30% increase, exceeding the goal by 20%.
- Controlling Blood Pressure (CBP): The baseline rate in 2022 was 17.70%. The aim was to increase the CBP rate by 10%, and we achieved a rate of 24.40%, exceeding the goal by nearly 5%.
- Glycemic Status Assessment for Patients with Diabetes >9% Poor Control (GSD): The baseline rate in 2022 was 59.30%; we aimed to decrease the poor control rate by 10% and achieved a rate of 45%, significantly exceeding the goal by nearly 19%.
- In 2024, the overall goal for the HEDIS measures is to achieve the target rate of 10% improvement over the 2023 rates.

Qualitative Analysis

- Overall, Table 2 shows that the practices have achieved significant improvements in the targeted HEDIS measures and are committed to maintaining this positive momentum. By prioritizing areas like diabetes care and patient engagement, patient outreach, and patient education, the practices can continue to enhance the quality of care they provide.
- Data reporting challenges persist as some practices still implement EHR use or cannot report data out of their EHR.
- Practices continue to work on PDSA cycles, focusing on patient outreach to generate improvement on these three measures by identifying patients who are due or overdue for them.
- Progress is being made in EHR adoption, but challenges remain with one practice lacking necessary equipment and another with low adoption rates.

2024-2025 WORK PLAN GOALS

HEDIS Measure	Baseline Year	MCLA MPL	Baseline Rate	2023 Improvement % Goal	2023 Rate	+/- From Goal	Goal Met?	2024 Improvement % Goal	Goal Met?	Overall Program Goal	Program Goal Met?
Colorectal Cancer Screening	2022	N/A	0.00%	10.00%	30.00%	+20	Yes	10.00%		20.00%	
Controlling Blood Pressure (CBP)*	2022	62%	17.70%	10.00%	24.40%	+4.93	Yes	10.00%		20.00%	
Glycemic Status Assessment for Patients w/Diabetes >9% Poor Control (GSD) Inverse Measure	2022	38%	59.30%	10.00%	45.00%	+8.91	Yes	10.00%		20.00%	

KEY AREAS

- Practice Transformation: Continue to focus on identified gaps in care delivery and implement PDSA cycles to close gaps and improve care, especially in areas identified from the iMAT.
- EHR: supporting practices as they fully transition to EHR reporting by helping them get the necessary technical support, such as providing tip sheets and quick reference guides.
- Data: timely data submissions from L.A. Care to CQC as a program deliverable and overall. Generating transformation improvements and resolving challenges/barriers to goal achievements.

CONCLUSION

- L.A. Care will continue to work on providing practice transformation support through the practice coach and the program modules through the conclusion of the program in April 2025. We look forward to working with the individual practices as they continue to build sustainable QI capabilities, centering health equity in their efforts and ultimately improving the outcomes for Medi-Cal enrollees of color served in those practices in L.A County.
- As the EQUIP-LA program ends, the practice coaches will continue working with each practice through the last stage. Coaches will continue to provide technical assistance using CQC's quality improvement guidelines and tools to identify gaps in care and health disparities, with a greater emphasis on Patient and Family Engagement. The practices will also require additional support as the program ends to sustain the QI skills that have been learned.

SECTION 4: EQUITY AND PRACTICE TRANSFORMATION (EPT) PAYMENT PROGRAM

AUTHOR: ANNETTE ESPALIN, MHA

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The Equity and Practice Transformation (EPT) Payment Program is a one-time \$140 million Department of Health Care Services (DHCS) 3-year initiative designed to improve primary care for Medi-Cal recipients by advancing equity, reducing COVID-19-driven care disparities, investing in up-stream care models and partnerships to address health and wellness, and fund practice transformation aligned with value-based payment models. The program aligns with DHCS’s Comprehensive Quality Strategy, Equity Roadmap, and “50 by 2025 Bold Goals” programs. EPT will provide Directed Payments to practices totaling \$97 million over 3 years to invest in technology, infrastructure, staffing, technical assistance, and improvements in access to care with a focus on health equity. The program explicitly targets primary care practices that provide pediatrics, family medicine, internal medicine, primary care OB/GYN services, or behavioral health services integrated in a primary care setting to Medi-Cal members. The program also includes a statewide learning collaborative led by the Population Health Learning Center (PHLC) program office.

EPT began with an enrollment campaign that closed on 10/23/23. DHCS accepted 211+ practices into the program from over 700 applicants. L.A. Care successfully enrolled 46 practices and earned \$4.086M as part of the Initial Planning Incentive Payments, which now funds 5 additional dedicated practice coaches. L.A. Care has funded practice coaches to provide on-site technical assistance to our sponsored practices to complete the program milestones and goals and earn the Directed Payments offered. Following the state budget reduction, the program was relaunched in July 2024 and will continue through December 2026.

MAJOR ACCOMPLISHMENTS FOR 2024

- Enrolled 44 practices supporting 572,419 Medi-Cal members.
- The original 46 enrolled practices successfully completed the 1st deliverable (phmCAT assessment) on time in April 2024.
- The team received approval from Finance to advance the Directed Payment of \$935K for the 1st deliverable to the 46 practices in advance of DHCS’ payment to L.A. Care, which is expected in March 2025.
- Formed two collaborative groups, one with HealthNet and PHLC, to focus on LA County's specific needs for the program and the second with the other 18 MCPs to ensure clear communication of program updates and requirements among the participating plans.
- Launched the EPT quarterly Stakeholder meeting in September 2024, including key QI, Health Services, and Finance/Accounting team members to be kept apprised of the program’s progress.

RESULTS

TABLE 1: PRACTICE ENROLLMENT:

EPT ENROLLMENT & ENGAGEMENT	SPONSORED PRACTICES		
	PRACTICE COUNT	LAC MEM	DN MEM
TOTAL PRIVATE PRACTICES ENROLLED	22	84,502	1,909
TOTAL FQHCs ENROLLED	22	488,981	5,658
TOTAL PRACTICES ENROLLED (AS OF 9/30/24)	44		
TOTAL MEMBERSHIP IMPACTED	573,483		

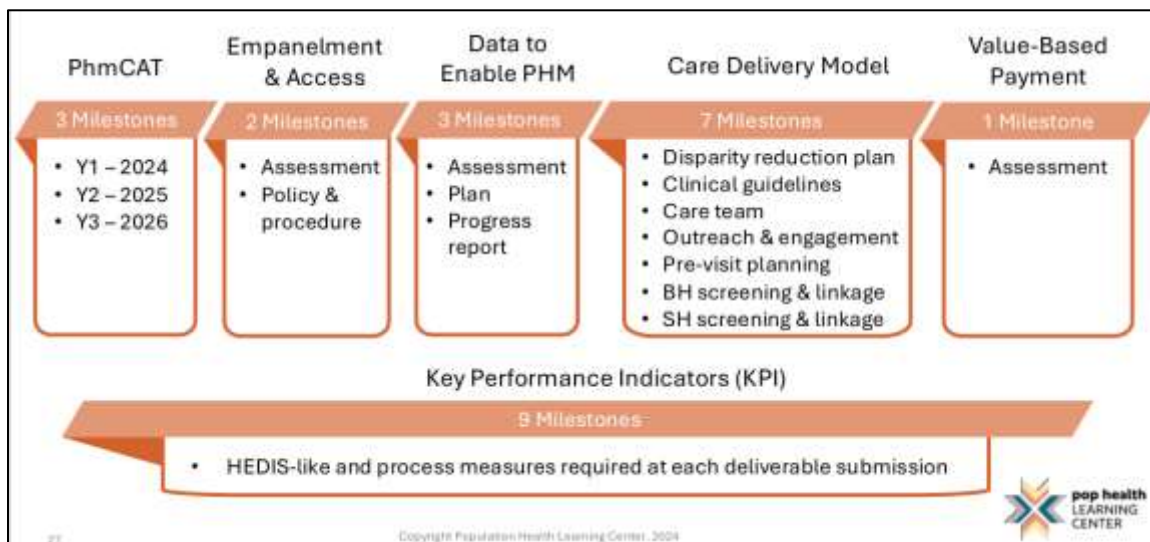
Quantitative Analysis

- As of September 30, 2024, 2 private practices were disenrolled from the program due to the reduced Directed Payments.

Table 2: PHM Building Blocks

Building Block	Focus
Empanelment & Access	Assign patients to defined clinician/team panels, learn strategies that improve provider continuity, access to care, and appointment availability.
Data to Enable PHM	Assess & improve capabilities to support patient care, close care gaps, and reduce disparities.
Care Delivery Model	Improve care team functioning to perform core PHM activities for the Population of Focus. Includes outreach & engagement, care gap closure, addressing disparities, and screening and linkage to care for Behavioral Health and Social Health.
Value Based Payment (VBP)	Assess readiness to engage in VBP contracting
Key Performance Indicators	Demonstrating improvement or meeting targets on HEDIS or administrative measures.

Table 3: EPT Building Blocks and the 25 Corresponding Milestones



Qualitative Analysis/Program Outline

- DHCS and PHLC have reorganized the EPT program into five building blocks of practice transformation to build and strengthen primary care delivery to Medi-Cal beneficiaries, as indicated in Table 2. The blocks align with the Population Health Management Implementation (PHMI) model.
- Practices' practice transformation progress is assessed each program year through the Population Health Management Capabilities Assessment Tool (phmCAT). The baseline assessment for all

practices was completed in April 2024 as the program's first deliverable, and the first Directed Payment for this work will be made to practices in October 2024.

- In Table 3, the five building blocks are further defined into 25 milestones or work tasks that practices must complete to receive their Directed Payments. These are grouped into 16 milestones and 9 Key Performance Indicator (KPI) milestones, including 5 milestones for HEDIS-like measures and 4 administrative measures.
- In terms of payments, the 25 milestones are weighted equally. The sum of the Directed Payments per practice is also divided equally by 25, reflecting each milestone.
- The program Directed Payment amounts are based upon the ranges of Medi-Cal and D-SNP assigned lives to a practice at the time of their application submission. The maximum payment is \$3.19M for practices with over 100K beneficiaries. **See Table 6 in the Appendix.**
- Practices submit documentation for the completed milestones (deliverables) twice a year, in the spring and fall. The Directed Payments for the completed milestones are paid approximately 5-6 months following the submission dates. (May submission – October Directed Payment).

Table 4: Key Performance Indicators (KPIs) and Populations of Focus (PoF)

KPI Milestones	
<p>Practices select a population of focus for this part of their EPT participation.</p> <p>Practices are only measured and paid for their performance on HEDIS-like measures for their selected population of focus.</p> <p>MCP-reported data will be used to calculate payment.</p> <p>Regardless of which practices your plan is sponsoring for EPT and what their populations of focus are, we ask that MCPs submit data on all contracted practices participating in EPT for all measures.</p>	Population
	HEDIS-like Measures
	Pregnant People
	Postpartum care (PPC) Timeliness of prenatal care (PPC) Postpartum depression screening (PDS-E)
	Children/Youth
	Child immunization status (CIS) Well child visits first 30 months (W30) Child and Adolescent Well-Care Visits (WCV) Depression screening (DSF)
	Adult Preventive
	Breast cancer screening (BCS) Cervical cancer screening (CCS) Colorectal cancer screening (COL) Depression screening (DSF)
	Adult Chronic Care
	Controlling high blood pressure (CBP) Glycemic status assessment (GSB) Depression screening (DSF)
	Behavioral Health
	Depression screening (DSF) Depression remission or response (DRR) Pharmacotherapy for Opioid Use Disorder (POD)

QUALITATIVE ANALYSIS

- Practices will report on the HEDIS measures corresponding to their selected Population of Focus (per their program application) as indicated in Table 4.
- PHLC will provide specifications and further details on milestone requirements for the deliverables throughout the program years. **See Table 7 in the Appendix.**

CONCLUSION

The EPT team is committed to continuing the technical assistance support to all sponsored practices through 2026 and ensuring that practices successfully complete all deliverables to receive their Directed Payments. All practice coaches are working with their assigned practices to submit the first deliverable, due by November 1, 2024. L.A. Care will continue to stay actively engaged and communicate with PHLC, all MCPs, and other stakeholders on program updates and data reporting requirements due by January 31, 2025.

2024 QI WORK PLAN GOALS

Practice deliverables due to PHLC by November 1, 2024:

The deliverables include:

1. Empanelment and Access Milestone 1: Empanelment assessment
2. Empanelment and Access Milestone 2: Empanelment Policy & Procedure
3. Data to Enable PHM Milestone 1: Data gap assessment and HEDIS reporting
4. Data to Enable PHM Milestone 2: Data Governance Policy & Procedure
5. Key Performance Indicators (KPIs) due: 3
 - a. Empanelment - % of active patients assigned to a provider or care team
 - b. Continuity - % of primary care patient visits with a patient's empaneled provider or care team

Third Next Available Appointment (TNAA) - # of business days until third next open

Key goals for L.A. Care in 2024-2025:

1. Practices to submit all required deliverables by November 1, 2024.
2. Manage the administration of disbursing the 1st Directed Payment scheduled to practices by October 2024.
3. Engage the Quality Improvement Quality Performance Management (QPM) team to assist with collecting HEDIS-like data for the MCP-required data submission, which will be the basis for the Directed Payment to practices due January 31, 2025.
4. Practices will be responsible for reporting data by:
 - a. Stratifying HEDIS-like measures by race/ethnicity and one additional criterion (language, SOGI, housing, disability)
 - b. Demonstrate improvement or reach the target in 3 HEDIS-like measures and
 - c. Demonstrate improvement in one disparity in one reported HEDIS-like measure.
5. MCPs will be responsible for reporting on the 14 program HEDIS-like measures at the practice level on all Medi-Cal members for all contracted, not just sponsored, EPT practices, and report on one administrative measure, the Assigned and Seen metric.

APPENDIX

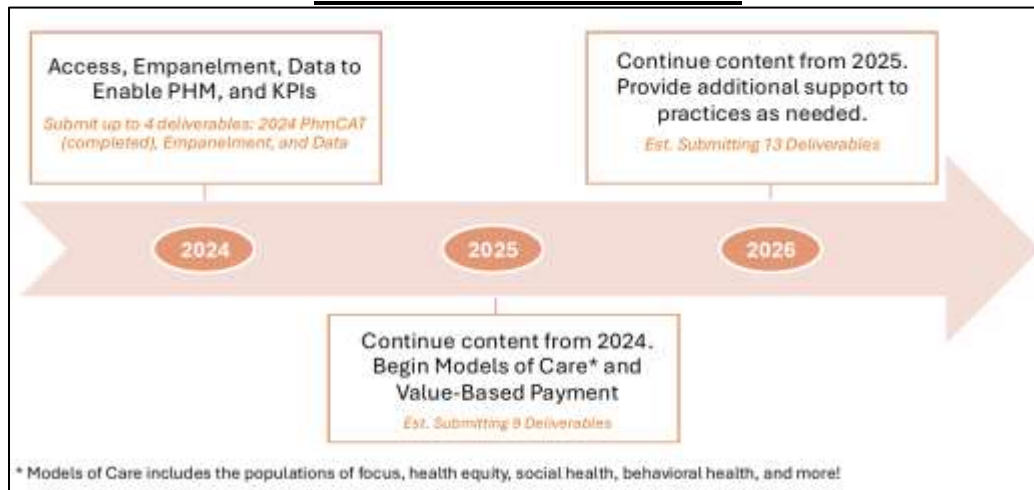
Table 5. Revised Program vs. Original

Area	Original	Revised
Program Length	5 years: January 2024 – December 2028	3 years: January 2024 – December 2026
Funding level (State + Fed)	\$700M	\$140M
Enrolled Practices: Total State/LAC	211/46	208/44
Directed Payments (to LAC Practices)	\$72M	\$23M (less ~\$50M)
Deliverables (Categories of Work/Milestones)	4 Required categories, 5 optional/108 milestones	5 Required categories/25 milestones

Table 6. Revised Directed Payment Rates for Enrolled Practices

Medi-Cal & D-SNP Assigned Lives Range (at time of application)	Maximum Payment (over all categories)
500 - 1,000	\$250,000
1,001 - 2,000	\$250,000
2,001 - 5,000	\$350,000
5,001 - 10,000	\$465,000
10,001 - 20,000	\$650,000
20,001 - 40,000	\$1,100,000
40,001 - 60,000	\$1,400,000
60,001 - 80,000	\$1,800,000
80,001 - 100,000	\$2,300,000
100,001+	\$3,190,000

Table 7. EPT Content Roll-Out



H.5.b PLAN PARTNER, IPA AND PROVIDER WEBINARS

AUTHOR: BRIGITTE BAILEY, MPH

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & ALEX LI, MD

BACKGROUND/SUMMARY

Beginning in 2016, L.A. Care Quality Improvement (QI) Department began hosting webinars directed at Independent Physicians Associations (IPAs), Management Services Organizations (MSOs), Plan Partners (PPs), providers/clinicians and front and back-office staff to provide education on key quality topics. In Fiscal Year October 1, 2023-September 30, 2024, the QI Department hosted 18 webinars using the administrative WebEx system. Several of these webinars were in partnership with the Health Equity team and Provider Support Services team. It is worth noting that L.A Care is an accredited CME provider and the Provider Support Services team offers additional provider educational programs that are both virtual and in-person that are not listed in this narrative (before and after the public health emergency).

MAJOR ACCOMPLISHMENTS

- QI hosted 18 webinars open to network IPAs, MSOs, community clinics, and providers.
- The average attendance in webinars was 122. This is down from 137 in the prior fiscal year. The highest attended webinar was HEDIS 101 with 352 attendees. This was also the highest attended webinar in the previous fiscal year.
- QI trained three new team members to host the webinars.
- QI collaborated with several teams, both inside and out QI, on webinar topics. Teams include Health Equity, Practice Transformation, Quality Performance Management, Incentives, and Accreditation.
- QI worked with the External Training team to host the webinars and maximize effectiveness. This was a valuable and successful partnership.
- QI collaborated with various organizations and external speakers to bring new topics to attendees and provide education on important resources in the community. Organizations included: Merck, Alzheimer's Los Angeles, Los Angeles County Department of Public Health, and the California Department of Public Health.
- QI offered Continuing Education credits for two webinars in partnership with the Provider Support Services team.
- Some of the webinar sessions included interactive polling of attendees to collect information on practices and understanding of the material.
- QI collected evaluations of the webinars from the attendees, allowing them to indicate if they would recommend the webinars and submit comments and suggestions. The average Net Promoter Score (NPS) from these evaluations was 69, which is nine points lower than the prior year (generally, a score below 0 is low, between 0-30 is medium/good, and 30-100 is high/great). Most of the feedback from attendees was very positive, continuing a several year trend.
- Majority of attendees identified as working at a Community Clinic or IPA.

Webinars Hosted in FY2023-2024					
Date	Topic	Target Audience	CME	Attendees*	Net Promoter Score
Oct 4	Overview of Equity and Practice Transformation Program	IPAs, PPs, Clinicians, Clinic Staff	-	111	63

Webinars Hosted in FY2023-2024					
Date	Topic	Target Audience	CME	Attendees*	Net Promoter Score
Oct 18	Overview of Equity and Practice Transformation Program	IPAs, PPs, Clinicians, Clinic Staff	-	85	-
Nov 8	Childhood Lead Poisoning Prevention	IPAs, PPs, Clinicians, Clinic Staff	Y	112	-
Jan 31	Social Needs Screening and Interventions (SNS-E)	IPAs, PPs, Clinicians, Clinic Staff	-	199	55
Feb 21	HEDIS 101	IPAs, PPs, Clinicians, Clinic Staff	-	352	59
Mar 20	Quality Improvement 101	IPAs, PPs, Clinicians, Clinic Staff	-	130	84
Apr 3	Documenting SDOH Z Codes and SNS-E Codes	IPAs, PPs, Clinicians, Clinic Staff	-	170	56
Apr 10	Cognitive Health Assessment Training	IPAs, PPs, Clinicians, Clinic Staff	-	74	56
May 8	Physician Pay-for-Performance Programs	IPAs, PPs, Clinicians, Clinic Staff	-	171	90
May 15	VIIP + P4P for PPGs/IPAs	IPAs, PPs, Clinicians, Clinic Staff	-	71	84
June 12	Children's Dental Health and Topical Fluoride Application	IPAs, PPs, Clinicians, Clinic Staff	-	131	86
July 10	Provider Opportunity Reports: PPG/IPAs & MSOs	IPAs, PPs, Clinicians, Clinic Staff	-	30	63
July 24	Timely Access to Care	IPAs, PPs, Clinicians, Clinic Staff	-	122	51
July 31	Provider Opportunity Reports: Physicians and Clinics	IPAs, PPs, Clinicians, Clinic Staff	-	33	50
Aug 14	Cognitive Health Assessment Training	IPAs, PPs, Clinicians, Clinic Staff	-	66	83
Sept 4	Documenting DSF-E and SNS-E Codes Refresher	IPAs, PPs, Clinicians, Clinic Staff	-	38	81
Sept 18	Promoting Safe Firearm Storage in Primary Care	IPAs, PPs, Clinicians, Clinic Staff	Y	44	-
Sept 25	Building Vaccine Confidence and Addressing Vaccine Hesitancy	IPAs, PPs, Clinicians, Clinic Staff	-	72	77

*Attendee counts do not include L.A. Care staff attendance.

BARRIERS

- The list of QI contacts for IPAs, MSOs, community clinics and individual providers/clinicians 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.

- Emails for providers are not available in a central L.A. Care database; individual departments collect contacts and maintain their own databases that are not yet able to be shared effectively across the organization. Thus, it is very challenging to reach out to providers in the L.A. Care network and their staff about educational opportunities. QI has adapted by compiling as many sources of email contacts as possible, but this list is makeshift and cannot be updated frequently. L.A. Care asked IPAs and community clinics that we work with 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 L.A. Care's Provider Network Management Department did not result in increased registration or attendance.
- Approximately 5% 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. While the QI team consistently removes emails that bounce back, we continue to add new emails from a variety of sources: individuals who opt-in to receive emails about webinars via a registration survey; ad-hoc requests to be added to the distribution list; and consolidation of contacts from other departments such as Incentives and Continuing Education.
- Onboarding new staff to manage and host the webinars was time consuming. Competing internal demands resulted in scheduling delays of webinars leading to several webinars taking place in July and September. Having so many webinars in certain months likely leads to lower attendance.
- Several webinar topics happen year over year with little to no updates in the content. This may result in lower attendance/ratings. The QI team will work with internal teams to ensure presentations are engaging and educational.

CONCLUSION

QI plans to continue hosting webinars at least monthly in FY 2024-2025. QI is drafting a calendar of topics and engaging with potential speakers for the upcoming year. QI plans to engage more community clinics and organizations to highlight innovative programs and share best practices. L.A. Care also upgraded to a new version of WebEx that allows for more audience engagement via options like interactive polls and open chat with all attendees. The QI team will host an internal webinar on preparing an engaging webinar and how to use these tools. The QI team is also exploring the option of shorter monthly webinars highlighting specific HEDIS measures and creating an online library of recordings for external parties to access. The expansion of the webinar team will allow for more creativity, engagement, and growth.

H.5.c PROVIDER ENGAGEMENT

AUTHOR: PRISCILLA DE LA TORRE

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The Quality Improvement Dept. continues to meet with Participating Provider Groups (PPGs) to help drive the improvement of the Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS). The meetings have led to a better understanding of barriers, best practices, and resource sharing. Based on the success of these meetings in 2020, the Quality Improvement (QI) department formalized these meetings. The QI and Community Health departments established an ongoing and consistent communication plan to help establish and maintain a relationship with our network to improve the quality of care. The goals of the meetings are to improve PPG

performance in the Value Initiative for IPA Performance (VIIP) program and establish a relationship with the PPG to enhance the transfer of information (i.e., develop a more collaborative approach to designing interventions). The meetings include staff from various teams within the Quality Improvement department, such as Incentives, Quality Performance Management, and Population Health Management. Meetings cover all applicable product lines, but the primary focus is the Medi-Cal, Medicare, and Covered California lines of business.

MAJOR ACCOMPLISHMENTS

- Meeting frequency with PPGs increased by 33%, with 41 Meetings completed in the Measurement Year (MY) 2023.

INTERVENTION/OUTREACH PLAN

QI identified 12 PPGs to meet with based on their Clinician & Group CAHPS Survey (CG-CAHPS) scores, HEDIS performance, and membership size. The original plan was to continue with these PPGs for three years (2020-2022) before reevaluating their performance and selecting a new cohort. Still, based on the membership volume, the QI team is continuing with the same cohort. The QI department was able to schedule and conduct meetings with Allied Pacific IPA, AltaMed, Angeles IPA, Community Family Care, LA County Department of Health Services, Exceptional Care Medical Group, Global Care IPA, Health Care LA IPA, Optum Care Network, Preferred IPA of California, Prospect Medical Group, and Superior Choice Medical Group, throughout MY 2023. The newly formed Stars team began meeting with some of the high-volume Medicare PPGs. Meetings included discussions on plan requirements, incentive programs/VIIP scorecards, quality interventions, and initiatives PPGs were conducting, HEDIS performance on core measures throughout all lines of business, and member experience. Scheduling and coordinating with the various PPG and MSO QI leads remained challenging and the most significant barrier to conducting meetings. With the addition of the new PPGs and changes in membership, the PPGs in the cohort now covers 57% of MCLA membership, 46% of our Dual Eligible Special Needs Plan (D-SNP) membership, and 40% of LACC membership. The percentage of lives covered decreased due to redetermination that occurred in 2023 (See Table 1 for membership volumes)

Table 1 - 2024 Participating Physicians Groups that met with QI staff and their membership volumes as of October 2024:

PPG Acronym	PPG Name	BCSC	CFST	MCLA	D-SNP	LACC
AIPA	ANGELES IPA	20896	10906	25445	506	1768
AMHS	ALTAMED HEALTH SERVICES	109	85	0	1865	12779
AMHN	ALTAMED HEALTH NETWORK INC	0	38066	119130	0	0
APIA	ALLIED PACIFIC IPA	41722	19624	52201	1879	50579
APPL	OPTUM CARE NETWORK APPLE CARE	44	0	15839	1523	4945
CFC	COMMUNITY FAMILY CARE	45555	34560	60630	62	1218
DHS	L.A. COUNTY DEPT. OF HEALTH SERVICES	0	0	255435	0	0
ECMG	EXCEPTIONAL CARE MEDICAL GROUP	6970	0	10906	0	1482
GCMG	GLOBAL CARE IPA	21633	24598	47489	1010	9859
HCLA	HEALTH CARE LA, IPA	104442	85562	330205	4856	25260
PIPA	PREFERRED IPA OF CALIFORNIA	83600	49705	119599	1472	24887
PROS	PROSPECT MEDICAL GROUP	0	0	28812	463	13951
SC	SUPERIOR CHOICE MEDICAL GROUP, INC	242	2986	11362	0	1454
Totals		325,213	266,092	1,077,053	13,636	148,182
Total Membership	Total Membership	1,830,176				

In MY 2023, the PPGs with the most engagement included AltaMed, HCLA, Allied, CFC, Global Care, and Prospect—meeting frequency for other plans varied by PPG. Angeles IPA, Preferred IPA of California, and Superior Choice Medical Group had meetings with QI in MY 2023 but did not meet in MY 2022.

EVALUATION AND METHODOLOGY

To measure the effectiveness of our meetings, QI compared the total number of gaps in MY 2022 and MY 2023 using seven HEDIS measures that existed in both measurement years. L.A. Care's Provider Opportunity Report evaluates performance at the PPG level. Two new measures added in 2021 dramatically increased the overall eligible population and gaps. These measures were The Depression Screening and Follow-up (DSF) and the Well Care Visit for Children from 3-21 years of age. A new methodology had to be established, looking at seven measures that have been a part of the program for several years. The six measures used in the evaluation are Childhood Immunization Combination-10, Cervical Cancer Screening, Controlling Blood Pressure, Well Child visits before age 15 months (W30A or W15), and Prenatal and Postpartum Care. QI randomly selected PPGs for which meetings were not held but with a total membership of 5,000 or greater to assess their performance on the same six measures. This data enabled QI to assess how the experimental cohort (i.e., the PPGs QI met with) versus the control group of PPGs for whom meetings did not occur regularly. The control group is not an actual control group because, as noted earlier, QI had decided to select poor-performing PPGs for regular meetings. As a result, those in the control group are higher-performing PPGs. Furthermore, the PPGs in the comparison group had smaller volumes on average than the groups that QI meets with.

RESULTS

TABLE 1 - RATE COMPARISON BETWEEN MY 2022 AND MY 2023 FOR EACH PPG MEETING WITH THE QI DEPT.

PPG Acronym	PPG Name	MY 2022 Rate	# of Meetings in MY 2022	MY 2023 Rate	Change	Stat Sig P Value <.05	# of Meetings in MY 2023
APIA	ALLIED PACIFIC IPA	47.0%	2	50.0%	2.1%	Y	4
AIPA	ANGELES IPA	41.0%	0	41.6%	0.7%	Y	1
AMHS	ALTAMED HEALTH SERVICES	53.0%	11	56.0%	3.0%	Y	8
APPL	APPLECARE OPTUM NETWORK	46.0%	4	50.0%	4.0%	Y	2
CFC	COMMUNITY FAMILY CARE	43.0%	2	43.0%	0.0%	N	4
ECMG	EXCEPTIONAL CARE MEDICAL GROUP	40.0%	2	38.0%	-2.7%	Y	2
GCMG	GLOBAL CARE IPA	49.0%	2	49.0%	0.4%	N	4
HCLA	HEALTH CARE LA, IPA	48.0%	4	50.0%	2.0%	Y	5
DHS	L.A. COUNTY DEPT. OF HEALTH SERVICES	28.0%	3	31.0%	3.0%	Y	1
PIPA	PREFERRED IPA OF CALIFORNIA	47.1%	0	47.2%	1.2%	Y	3
PROS	PROSPECT MEDICAL GROUP	44.0%	2	43.0%	-1.0%	N	4
SC	SUPERIOR CHOICE MEDICAL GROUP, INC	45.5%	0	46.0%	6.0%	Y	3
Group Total		43.9%	32	45.2%	1.3%	Y	41

GRAPH 1 - RATE COMPARISON BETWEEN MY 2022 AND MY 2023 FOR EACH PPG MEETING WITH QI DEPT.

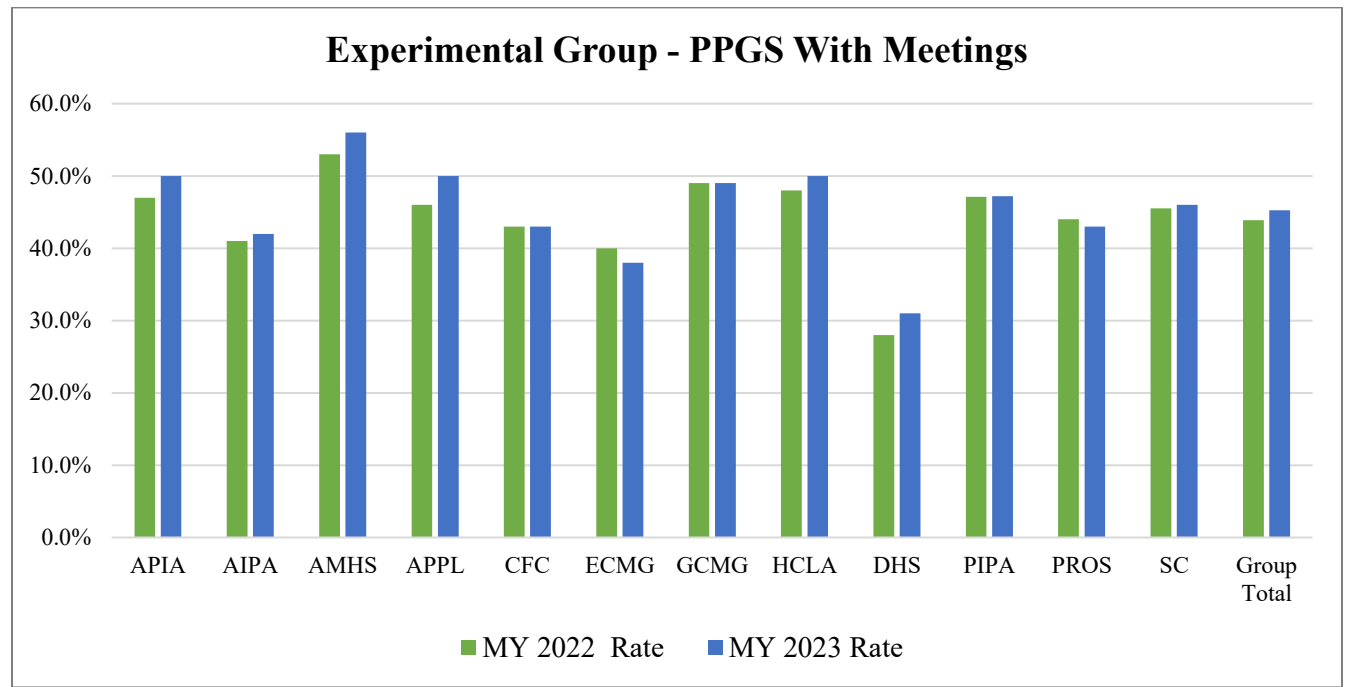
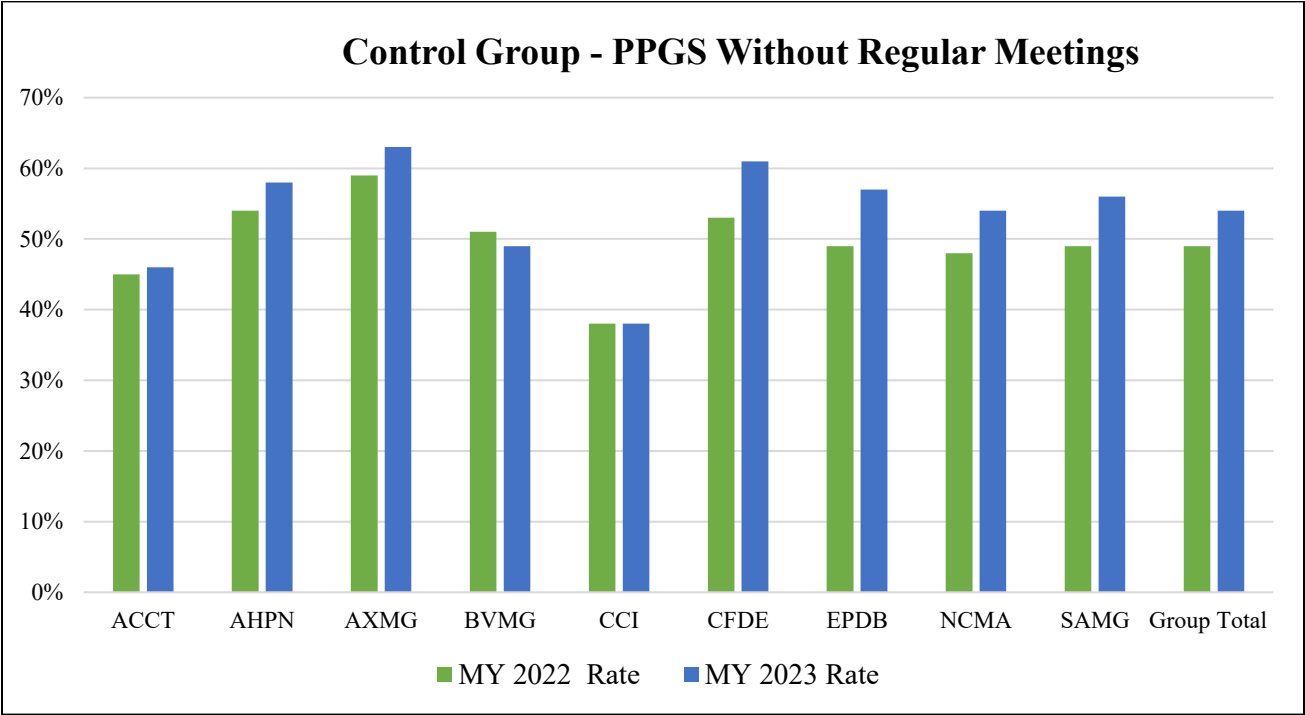


TABLE 2 - RATE COMPARISON BETWEEN MY 2022 AND MY 2023 OF RANDOMLY SELECTED PPGS WITH NO QI DEPT. MEETINGS

PPG Acronym	PPG Name	MY 2022 Rate	# of Meetings in MY 2022	MY 2023 Rate	Change	Stat Sig P Value <.05	# of Meetings in MY 2023
ACCT	ACCOUNTABLE HEALTH CARE IPA	45.0%	0	46.0%	1.0%	Y	0
AHPN	ADVENTIST HEALTH PYSICIANS NETWORK	54.0%	0	58.0%	4.0%	Y	0
AXMG	AXMINSTER MEDICAL GROUP	59.0%	0	63.0%	4.0%	Y	0
BVMG	BELLA VISTA IPA	51.0%	0	49.0%	-2.0%	N	0
CCI	CAL CARE IPA	38.0%	0	38.0%	0.0%	Y	0
CFDE	BLUE SHIELD PROMISE PRIMARY & URGENT CARE	53.0%	0	61.0%	8.0%	Y	0
EPDB	EL PROYECTO DEL BARRIO INC	49.0%	0	57.0%	8.0%	Y	0
NCMA	NOBLE COMMUNITY MEDICAL ASSOCIATES	48.0%	0	54.0%	6.0%	Y	0
SAMG	SOUTH ATLANTIC MEDICAL GROUP	49.0%	0	56.0%	7.0%	Y	0
Group Total		49.4%	0	53.6%	4.2%	Y	0

GRAPH 2 - RATE COMPARISON BETWEEN MY 2022 AND MY 2023 FOR EACH PPG NOT MEETING WITH QI DEPT.



ANALYSIS

Quantitative Analysis

As Table 1 and Graph 1 noted, 10 of the 12 PPGs that QI met with last year showed year-over-year improvement from MY 2022-MY 2023. Exceptional Care Medical Group and Prospect Medical Group showed a yearly decline in performance. Community Family Care showed no change in performance year over year. Eight of the increases were statistically significant increases, and one of the decreases was statistically significant. Overall, the cohort reported a statistically significant improvement of 1.3%. As noted in Table 2 and Graph 2, of the nine PPGs that QI did not meet with, seven reported year-over-year performance improvement. Bella Vista IPA showed a decline in performance year over year, and Cal Care IPA showed no change in performance year over year. Eight of the increases showed a statistically significant improvement. Overall, the cohort reported a statistically significant improvement of 4.2%.

Qualitative Analysis

Most of the PPGs in both the experimental and control groups showed no significant change in the population of members assigned to them year-over-year. PPGs in the Experimental Group with the most meetings with QI had the most improvement. AltaMed Health Services (AMHS) had eleven meetings with a statistically significant improvement. Prospect Medical Group had four meetings, and Exceptional Care Medical Group had two meetings, and both showed statistically significant declines in improvement. These types of findings have started conversations within the QI department as to how we can engage and meet with PPGs to collaborate and assist with their quality efforts effectively and improve HEDIS rates. Most meetings within MY 2022 focused on reviewing performance and sharing resources. Still, a deeper understanding of how PPGs utilize the data and resources provided would help the QI department effectively meet and strategize quality efforts with the cohort. One key takeaway from the meetings throughout MY 2023 was feedback about performance reviews. PPGs noted that it is helpful to view

performance data in the meetings to identify gaps and proactively identify where there may be data versus performance issues. Identifying these issues with the PPGs allows L.A. Care to discover the problems in coding or mapping data to specific HEDIS measures. This opens further areas where L.A. Care can educate and inform providers on properly documenting encounters. Most of the Experiment and Control groups showed improvement in MY 2023 compared to MY 2022.

Another key takeaway from PPG meetings is the ability of the groups to provide L.A. Care with valuable information on the operational challenges encountered. Gaining insight from the front line of care aids in developing and planning internal initiatives throughout the quality improvement department. It also allows L.A. Care to share the interventions launched with PPGs so we can work collaboratively for better success. It is also a platform for PPGs to share their interventions and best practices. L.A. Care encourages groups to be open to sharing these with other physician groups and helps facilitate that sharing.

Based on feedback from the PPGs, we continued our meeting in 2024. The quality Improvement team led by Dr. Edward Sheen, Chief Quality and Population Health Executive, launched monthly 90 to 120-minute meetings with 12 PPGs. After analysis and feedback from PPGs, we plan to continue these meetings into 2024 and will evaluate monthly JOMs. Shortly, we will reassess how we can engage with the groups to support their performance improvement on HEDIS measures. The QI department plans to re-evaluate the cohort based on volume within individual lines of business, the bandwidth of the department, and individual performance of PPGs.

CONCLUSION

- Reevaluate the cohorts and consider removing PPGs with low volumes (e.g., SC)
- Continue conversations and brainstorming on better engaging and meeting with PPGs moving forward.
- Gather feedback from PPGs on using data and resources provided by L.A. Care and better align to fit their needs.
- Meet at least quarterly with each PPG.

H.5.d. DIRECT NETWORK PROVIDER ENGAGEMENT

AUTHOR: REGINALD TUYAY, MPH

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The Provider Engagement & Outreach Workgroup (PE&O) is an internal workgroup within L.A. Care's QI department tasked to advance communications between Direct Network providers and QI department teams. Based on provider satisfaction survey results, there is a recognized need to improve ongoing communications between L.A. Care and the Direct Network providers. This workgroup was created several years ago but was paused until September 2022, when it was relaunched due to resource limitations. The PE&O strategy is focused on enhancing provider engagement within the Direct Network and then eventually scaling the processes to non-Direct Network provider groups. Each QI department team participates in the PE&O workgroup to ensure that providers are fully aware and educated on all services/programs the QI department offers.

Another key team in the PE&O is the Physician Advisory Collaborative (PAC). The PAC is an advisory board of seven providers who offer input on L.A. Care's Quality Improvement programs and engagement approaches and share ideas for new programs. The PAC members are from practices enrolled in the Transform L.A. program and meet quarterly. Each receives a stipend for their participation and feedback

on how to optimize operational interactions between the L.A. Care Quality Improvement Department and providers. A copy of the PAC charter is in *Appendix 1*.

RESULTS

The PE&O workgroup's overarching goal is to improve L.A. Care's QI communications and interactions and enable L.A. Care to become providers' preferred health plan partner. To achieve this goal, the workgroup created a work plan, which identifies 22 milestones that map to 3 phases of improved engagement:

- Monitoring/Managing L.A. Care interactions and collecting provider feedback
- Enhancing and streamlining educational support for incentive programs
- Improve clinical quality performance and member experience

OVERVIEW OF PROVIDER ENGAGEMENT & OUTREACH WORK PLAN

As of September 30, 2024, the PE&O has generated the following results:

Table 1 Measure of Progress:

<i>PHASE 1- Monitoring/Managing L.A. Care interactions and collecting provider feedback</i>	<i>Milestones/Subtasks</i>	<i>Complete/In progress?</i>
<i>1. Standardize tracking & monitoring of team/provider interactions</i>	a. Determine interaction tracking tool - Health Cloud	<i>In progress</i>
	b. Confirm reports and frequency of reporting interactions	<i>In progress</i>
<i>PHASE 2 - Enhancing and streamlining educational support for incentive programs</i>		
<i>4. Enhance/streamline educational support for incentive programs</i>	a. Map the current framework for provider support	<i>In progress</i>
	b. Identify pathways/ opportunities for educational support, such as incentives, resources, programs, etc.	<i>In progress</i>
	c. Identify communication frequency appropriate to DN practices (increase in-person vs virtual).	<i>In progress</i>
	d. Establish quarterly JOMs	<i>Complete</i>
	e. Establish monthly QI Engagement meetings for practices and office managers (CRC Monthly Meetings)	<i>Complete</i>
	f. Create DN Handbook/ Reference Guide/FAQ for practices	<i>Complete</i>
<i>PHASE 3 - Improve clinical quality performance and member experience</i>		
<i>5. Improve Clinical Quality Performance</i>	a. Enhance the use of the provider portal - Tracking Access, adding resources, quick links, etc.	<i>In progress</i>
	b. Identify & enhance opportunities to improve data submission, i.e., COZEVA or another point of care tool.	<i>In progress</i>
	c. Identify/ Create a dashboard for providers to review performance	<i>In progress</i>
	d. Determine other types of Provider Portal Reports most meaningful to providers and include them in the portal	<i>Complete</i>
	e. Improve the use of PORs, increase awareness of reports, and provide ample support to improve gaps in care	<i>In progress</i>
	f. Improve access to ADT information and HIE programs	<i>In progress</i>
	g. Provide greater assistance to practices for physician recruitment and grant resources to subsidize practice recruitment	<i>In progress</i>
	h. Enhance the IHA approach to encourage member visits and provider support	<i>In progress</i>

<i>PHASE 3 - Improve clinical quality performance and member experience (cont.)</i>		
<i>6. Improve Member Experience</i>	a. Identify programs/projects to improve engagement for member experience. (CAHPS Enterprise Leadership)	<i>In progress</i>
	b. Identify and work with lower-performing PCP offices or PPGs to improve CAHPS performance	<i>In progress</i>
	c. Improve method to identify SCPs and make specialty referrals easier for practices	<i>In progress</i>
	d. Clarify appropriate protocols to dismiss problem members from physician panels	<i>Complete</i>

QUALITATIVE ANALYSIS

- The workgroup meets monthly to review and discuss progress to date on the work plan. The team also reviews feedback from the PAC and revises the work plan accordingly. See Appendix 2.
- The workgroup engages cross-functionally with the Direct Network Administration (DNA) to report feedback during the weekly DNA meetings. This has resulted in the accomplishment of five work plan milestones this year.
 - **4d. Establish Quarterly DN Joint Operation Meetings (JOMs):** Regional meetings are held for 4 LA county regions: North, South, East, and Central. The meetings aim to provide a platform for DN providers to review the quarterly regional performance of Quality Measures, Member Experience, and Utilization rates and learn about in-depth improvement strategies they can implement in the three areas.
 - **4e. Establish Monthly QI Engagement Meetings for practices and office managers:** Monthly Community Resource Center (CRC) Provider Engagement Events kicked off in 2024 to highlight available resources at the centers. The events provide a forum for local providers and their staff to tour the centers. During the events, attendees receive information on the services and resources offered to the practice and its members. Attendees are encouraged to provide feedback about their L.A. Care experience directly to the QI Medical Director, QI team leads, and Account Managers during each meeting.
 - **4f. Create DN Handbook/Reference Guide/FAQ for practices: Provider feedback from the PAC led to the creation of the DN Handbook/ Reference Guide and DN Frequently Asked Questions documents:** These new guides provide more readily accessible tools for navigating L.A. Care's DN resources. Members of the PAC, DNA, and QI teams provided final input for the documents, which are now available on the L.A. Care website.
 - **5d. Determine other types of Provider Portal Reports most meaningful to providers and include them in the portal:** DN Provider Opportunity Reports (PORs), providing practice level HEDIS performances were finalized and made available on the provider portals. The reports now include practice and provider-level HEDIS performance to increase the use of the PORs for DN practice staff.
 - **6d. Clarify appropriate protocols to dismiss problem members from physician panels:** PAC feedback for the Disruptive and Threatening Member Removal (DTMR) policy and procedure was revised to clarify steps taken by providers when requesting the removal of verbally and physically threatening members from their panel. The DTMR team revised L.A. Care's processes, and the revisions were communicated to providers, informing them of the next steps after a removal decision is made.
- DN JOM Attendance—Provider attendance at the DN JOMs has been modest. The PAC has suggested expanding invitations to office managers and QI administrators to attend in lieu of providers. The Quality Improvement and Contract Relation Management teams are continuing to work on improving attendance.

- Health Cloud Implementation Delays—Salesforce Health Cloud was expected to launch in October 2024 to monitor and manage L.A. Care interactions with practices/ providers. For the PE&O, the tool is intended to highlight opportunities to act upon. Unexpected issues have delayed its launch.
- PE&O Alignment with JOMs and MCAS Measure work—In 2024, DHCS sanctioned L.A. Care for not meeting the MPLs for selected MCAS measures. The JOMs’ goal is to improve the overall DN performance and address improvements to MCAS measures subject to sanctions. In 2025, the PE&O will focus on aligning their work closer to the goals of the JOMs and improving sanctioned MCAS measures.

CONCLUSION

- The PE&O workgroup and the PAC are dedicated to the highest quality of care delivery and provider engagement. Improving communications between provider groups and L.A. Care will remain central to the PE&O’s effort to continue strengthening L.A. Care’s engagement with the provider network. The workgroup will continue to ensure that the provider voice is incorporated into new QI program initiatives, engagement approaches, and improvements to current programs.
- Moving into 2025, the PE&O will consider expanding the Physician Advisory Collaborative membership for more comprehensive network feedback as L.A. Care plans to increase membership for the Direct Network. As the workgroup and PAC build rapport, we are confident that QI programs and support resources will continue to improve. This work will help L.A. Care become the preferred health plan for L.A. County providers serving the safety net. The PE&O will focus on enhancing engagements with the DN and Delegated Network JOMs while the PAC will continue to provide feedback to L.A. Care about its support resources for providers.

Appendix

Appendix 1: Physician Advisory Collaborative Charter

L.A. Care Health Plan Physician Advisory Collaborative (PAC) Charter

1. Purpose

The Physician Advisory Collaborative is charged with providing ongoing feedback/input to L.A. Care’s Quality Improvement programs and optimizing its communication with providers participating in them.

2. Background

L.A. Care wants to improve communication with its network providers. Based on provider satisfaction surveys, there is a recognized need for better quality and more frequent communication between L.A. Care and providers. The Physician Advisory Collaborative is a platform for providers to express their experience and to guide improvement to L.A. Care’s Quality Improvement programs.

The Provider Engagement and Outreach Workgroup sponsors the Physician Advisory Collaborative and is responsible for recruiting its members.

3. Goals

- Make L.A. Care the preferred health plan partner for providers
 - Obtain providers' input on optimizing operational interactions between the L.A. Care Quality Improvement Department and providers.

- Ensure continuously improved care delivery to L.A. Care members.
- Provide feedback and recommendations regarding DN operations.
- Advocate for clinical and operational processes within the L.A. Care community.

4. Membership roles and structure

Roles:

7- Direct Network Physicians:

Initially enrolled in the Transform L.A. program.

- 2 representatives from large DN practices = practices with 5+ physicians
- 2 representatives from medium DN practices = practices with 2-4 physicians
- 3 representatives from small/solo DN practices = practices with 1 physician

2 -Alternate Physicians: Designated colleagues within a larger or medium PAC practice.

Chairperson – Direct Network Physician (ideal- higher-level role)

Facilitator – Health plan staff at the appropriate level.

Secretary – Health plan administration staff.

A. Frequency and Schedule of Meetings:

The Physician Advisory Collaborated meets at least quarterly or as frequently as necessary.

B. Quorum: A quorum is established when a minimum of 4 physicians of the committee are in attendance.

C. Voting: All committee members can vote. The voting members will be DN Physicians, not health plan representatives.

D. Meeting Minutes:

The activities of the Physician Advisory Collaborative are formally documented in minutes, which summarize each agenda item, the discussion, action taken, and follow-up required. Draft minutes of prior meetings are reviewed and approved at the next meeting.

E. Stipend:

Only physician members are eligible for stipends. Stipends for Physician Advisory members attending meetings are \$250 – in person and \$150 – virtual.

5. Functions

The functions of the Physicians Advisory Collaborative include, but are not limited to, the following:

- Brainstorm and identify effective ways to engage L.A. Care members.
- Provide input on developing new L.A. Care Quality Improvement programs and grants.
- Provide feedback on how to improve communications and optimize QI programs.
- Provide input on the effectiveness of Quality Improvement programs, including Incentives, Quality Performance Management, Facility Site Review, Population Health Management, Practice Transformation, Initiatives, Health Education, etc.
- Provide input to QI Provider Engagement & Outreach Workgroup plans.

- Provide input on other operational support areas such as account management, provider portal, etc.

L.A. Care Approval Signature

Approved by: _____

Date

Physician Advisory Collaborative Member Signature

Approved by: _____

Date

Appendix 2 - Provider Engagement & Outreach Workgroup Work Plan & GANTT

Provider Engagement Workgroup - Goals / Plan													
Goal	Subtask	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
PHASE 1	1. Standardize tracking & monitoring of team/provider interactions												
	a. Determine interaction tracking tool (Sales Force or other central repository tool) https://health-care.my.salesforce.com/ Health Cloud (OCT 2024) b. Confirm reports and frequency of reporting interactions												
PHASE 2	4. Enhance/streamline educational support for incentive programs												
	a. Map current framework for provider support (Who is doing what? Ppgs/DN?) - Is the structure in place...Document...												
	b. Identify pathways/ opportunities for educational support for incentives, resources, programs, etc.- highlight specific resources												
	c. Identify communication frequency appropriate to DN practices (increase in-person vs virtual)- Need to hire people to integrate this vision, keep in work plan.												
	d. Establish quarterly JOMs												
	e. Establish monthly QI meetings for practices and office managers (CRC Monthly Meetings)												
PHASE 3	f. Create DN Handbook/ Reference guide/FAQ for practices												
	5. Improve Clinical Quality Performance												
	a. Enhance use of provider portal - Tracking Access, adding resources, quick links, etc. (Geoffrey).												
	b. Identify & enhance opportunities to improve data submission - i.e. COZEVA or another pointof care tool) RFP												
	c. Identify/ Create a dashboard for providers to review performances												
	d. Determine other types of Provider Portal Reports most meaningful to providers and include in portal												
	e. Improve use of PORs, increase awareness of reports, and provide ample support to improve gaps in care												
	f. Improve access to ADT information and HIE programs												
PHASE 4	6. Improve Member Experience												
	a. Identify programs/projects to improve engagement for member experience. (CAHPS Enterprise Leadership)												
	Identify and work with lower performing PCP, offices or PPGs to improve CAHPS performance												
	b. Improve method to identify SCPs and make specialty referrals easier for practices												
	c. Clarify appropriate protocols to dismiss problem members from physician panels												

L.1 QUALITY IMPROVEMENT (QI) COMMITTEE SUMMARY

AUTHOR: MARLA LUBERT

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care's quality committees oversee various QI & Health Equity (QIHE) program functions. The activities of the quality committees were formally documented in transcribed minutes, which summarize each agenda item, the discussion, the action taken, and the 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 committees as required. All activities and associated discussion and documentation by the committee participants were considered confidential and abide by L.A. Care policies and procedures for written, verbal, and electronic communications. The committees serve as the primary mechanism for intradepartmental and external collaboration for the QIHEC Program.

Compliance and Quality Committee (C&Q)

The Compliance and Quality Committee (C&Q) is the Board of Governors (BoG) subcommittee. The C&Q monitors quality activities and reports its findings to the BoG. The Compliance and Quality Committee reviews the overall performance of L.A. Care's quality program and provides action based on findings to the BoG. In 2024, the C&Q committee met 10 times. The Compliance and Quality Committee reviewed and approved the 2024 QI & Health Equity (QIHE) program description, 2024 QI & Health Equity work plan, quarterly QIHE work plan reports, and 2023 evaluation of the QIHE 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 (QOC)

The Quality Oversight Committee (QOC) is a cross-functional committee of L.A. Care staff, 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, overseeing the analysis and evaluation of the QI & Health Equity (QIHE) program, assessing the results, and monitoring the overall performance of L.A. Care's quality improvement achievement of QIHE program objectives and infrastructure. The QOC met five (5) times in 2024. The Quality Oversight Committee conducted the following activities:

- Made recommendations for the 2024 QIHE Program Structure and Operations
- Reviewed current projects and performance improvement activities to ensure appropriate collaboration and minimize duplication of efforts.
- Conducted and reviewed quantitative and qualitative analyses of performance data of reports and subcommittee reports, focusing on disparities.
- Identified opportunities for improvement based on analysis of performance data.
- Tracked and trended quality measures through quarterly updates of the QIHE Work Plan and other reports.
- Reviewed and made recommendations regarding quality delegated oversight activities, such as reporting requirements quarterly.
- Reviewed quarterly/annual appeals and grievances reports.
- Reviewed, modified, and approved policies and procedures.
- Reviewed and approved the 2024 QIHE Program Description, 2024 QIHE Work Plan, quarterly QIHE work plan reports, and 2023 evaluations of the QIHE program.

- Reviewed the analysis and evaluation of QI activities of other QI committees, subcommittees with an equity lens, and/or appropriate staffing needs.

Quality Improvement and Health Equity Committee (QIHEC)

The Quality Improvement and Health Equity Committee (QIHEC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee (C&Q) and then to the Board of Governors (BoG). Its membership includes Plan Partners, Provider Groups, Members, Hospitals, and network practitioner participation in the QI and Health Equity program through planning, design, and review of programs, quality improvement activities, interventions, and evidence-based clinical practice guidelines designed to improve performance. The committee will provide an opportunity to dialogue with the provider and member community and gather feedback on clinical and administrative initiatives. The committee reports through the Quality Medical Director or designee to the Quality Oversight Committee. The committee met five (5) times in 2024.

Utilization Management Committee (UMC)

The Utilization Management Committee (UMC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC). It reports through this Committee to the Compliance and Quality Committee (C&Q) and then to the Board of Governors (BoG). This committee is responsible for the overall direction and development of strategies to manage the UM Program. The UM Program seeks to provide our members with a consistent delivery framework of appropriate and quality healthcare services. Activities of the UM Program include ensuring referrals, authorizations, concurrent review, retrospective review, discharge planning, and transitions of care are timely and in accordance with regulatory and accreditation requirements. The Committee meets quarterly every year; by the end of 2024, the Committee will have met four (4) times. During these meetings, the UM Committee assesses the utilization of medical services amongst our PPGs and Plan Partners, which aids in making recommendations regarding UM program activities. The UMC is also responsible for the review, revision, and approval of all policies and procedures, program descriptions, and program evaluations for departments that fall under Health Services, which include, but are not limited to, Utilization Management, Care Management, Behavioral Health, Social Services, Pharmacy and Formulary, Appeals & Grievances, and Delegation Oversight.

Credentialing/Peer Review Committee

The Credentialing/Peer Review Committee (CPRC) is established by the L.A. Care Quality Oversight Committee (QOC) authority. It reports through this Committee to the Compliance and Quality Committee (C&Q) and then to the Board of Governors (BoG). This committee is responsible for credentialing/re-credentialing activities, ongoing monitoring, and oversight of provider sanctions, complaints, quality issues, and peer review assessments to improve the quality of care and services provided to members. CPRC is responsible for taking appropriate action on important quality, health, and safety issues, including implementing appropriate interventions when it identifies instances of poor quality or safety-related concerns. The Committee meets monthly or as needed; for 2024, the Committee met ten (10) times. Facility Site Review and Special Investigation Unit Fraud, Waste & Abuse reports were also included 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). It reports through this Committee to the Compliance and Quality Committee (C&Q) and then to the Board of Governors (BoG). This committee oversees the P&T process administered by the existing Pharmacy Benefit Managers (PBM) and reviews 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, review new medical technologies or new applications of existing technologies, and recommend 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 2024 and conducted the following activities:

Oversight/Advisory of the L.A. Care PBM Vendor

- Reviewed newly marketed drugs for potential placement on the formulary.
- Provided input on new drug products to Navitus P&T.
 - L.A. Care can overrule a Navitus P&T formulary and/or utilization control decision when regulation or unique member characteristics are required in the health plan.
- Developed protocols and procedures for using and accessing 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 recommended 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) and 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 2024. The committee reviewed the analysis of the following sources to identify opportunities for improvement in member satisfaction as identified in the following: Access & Availability Surveys, Call Center Metrics, and Interface of Provider Satisfaction with Member Satisfaction, Network Adequacy Reports, Member Retention Reports, and Member Satisfaction Surveys. The committee also acts as a Steering Committee for member quality service issues.

QI Steering Committee (QISC)

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) and then to the Board of Governors (BoG). This Committee is a collaborative workgroup that engages business units from multiple departments across the organization and is involved in improving care, services, and provider and member satisfaction. This committee met eight (8) times in 2024.

The QI Steering Committee aims 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 and 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 (BHQC)

The Behavioral Health Quality Committee (BHQC) is established by the L.A. Care Quality Oversight Committee (QOC) authority. It reports through this Committee to the Compliance and Quality Committee (C&Q) and then to the Board of Governors (BoG). The BHQC is responsible for collecting and reviewing data and developing, implementing, and monitoring interventions based on the analysis of data to improve continuity and coordination of physical and behavioral health care needs. BHQC is attended by L.A. Care's Managed Behavioral Health Organization (MBHO), who is delegated for the mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder for Medi-Cal, LACC and PASC-SEIU beneficiaries, in addition to specified behavioral health services in accordance with the plan benefit package for L.A. Care Medicare Plus beneficiaries, which is L.A. Care's Dual Eligible Special Needs Plan (D-SNP). BHQC is also attended by stakeholders from the Department of Mental Health (DMH) and Department of Public Health Substance Abuse Prevention and Control (DPH SAPC) due to carve out specialty mental health services and substance use disorder services to County Mental Health Plans, respectively. L.A. Care works closely with the MBHO and County Mental Health Plans to collaborate with behavioral health practitioners (BHPs) and use information collected to coordinate medical and behavioral healthcare needs. This committee met four (4) times in 2024.

The Committee performed a substantive review and analysis of quarterly reports from the MBHO, assessed the exchange of information between Behavioral Health Providers (BHPs) and Primary Care Physicians (PCPs), reviewed Dual Eligible Special Needs Plan (D-SNP) readmissions, including the reason for admission and primary diagnosis quarterly. NCQA Health Plan Standards related to behavioral health were discussed and reviewed. Quality Improvement reports were presented and approved annually, which include a quantitative and qualitative analysis of Behavioral Health Services Grievances and Appeals: Assessment, Interventions & Improvement, Assessment of Behavioral Health Network Adequacy and Continuity, and Coordination between Medical and Behavioral Health. The BHQC also reviewed and contributed to relevant Behavioral Health NCQA HEDIS and State Regulatory measures. Furthermore, drug management program findings, including opioid and pharmacy home programs, were reported by the pharmacy team and reviewed by the committee for additional input.

L.A. Care is working collaboratively with the MBHO, the DMH, and DPH/SAPC to conduct interventions to improve coordination between behavioral health and physical health providers. L.A. Care continues to identify opportunities for improvement, and the Behavioral Health Quality Committee works collaboratively with internal and external stakeholders to improve overall quality, safety, and equity of care and services for members accessing behavioral health services.

Quality Performance Management (QPM) Steering Committee

The Quality Performance Management (QPM) Steering Committee is established by the L.A. Care Quality Oversight Committee (QOC) authority. It reports through this Committee to the Compliance and Quality Committee (C&Q) and then to the Board of Governors (BoG). This committee met six (6) times in 2024. This Committee is a collaborative group that engages business units from multiple departments across the organization and monitors and improves HEDIS and CAHPS scores across all measures for the Medi-Cal, D-SNP, and LACC lines of business.

Population Health Management (PHM) Cross Functional Team Committee (CFT)

The Population Health Management (PHM) Cross-Functional Team (CFT) is an internal committee of L.A. Care, which reports to the L.A. Care Quality Oversight Committee (QOC) and reports through this Committee to the Compliance and Quality Committee (C&Q), then to the Board of Governors (BoG). This

committee met six (6) times in 2024. This Committee is a collaborative group that engages business units from multiple departments across the organization that are involved in the development, execution, monitoring, and evaluation of programs for members and providers across the continuum of health. The PHM CFT addresses the NCQA PHM requirements and DHCS CalAIM PHM requirements, addresses gaps identified in the annual Population Assessment, and tracks annual PHM goals. The PHM CFT provides oversight, strategic guidance, and input to PHM programs across L.A. Care.

Continuing Medical Education (CME) Committee

The Continuing Medical Education (CME) Committee plans, develops, implements, and evaluates L.A. Care's CME program's activities and oversees the (re)application process for maintaining L.A. Care Health Plan's CME accreditation status with the California Medical Association (CMA). The Continuing Medical Education Committee reviews CME applications, policies, and procedures. It receives pertinent updates from the California Medical Association (CMA), the state accrediting Board, the Accreditation Council for Continuing Medical Education (ACCME), and the National Accrediting Board, as necessary. The Continuing Medical Education Committee convenes quarterly 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. The L.A. Care CME Committee met three (3) times in 2024.

Equity Council Steering Committee

The Equity Council Steering Committee is an internal committee that reports to the CEO cabinet. The Chief Health Equity Officer leads the committee of ten committee members. The Steering Committee oversees the efforts of the three councils – The Member Equity Council focuses on members, the Provider Equity Council focuses on the provider network, and the L.A. Care Team Council focuses on L.A. Care employees. The Steering Committee will provide the councils strategic guidance and thought partnership and ensure their accountability. The Steering committee meets monthly. The committee met eleven times in 2024. Meeting frequency and schedule are 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 and holds 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. In 2024, the committee met in February, September, and December.

Effective May 1, 2024, the NCQA Steering Committee name was changed to NCQA Accreditation Business Review to better align with the purpose of providing information and updates regarding NCQA.

Stars and MCAS Steering Committee

The Stars and MCAS Steering Committee is an internal committee of L.A. Care. It reports to the L.A. Care Quality Oversight Committee (QOC) and Chief Executive Officer (CEO) Cabinet and generally meets monthly. This committee has met nine (9) times in 2024; however, going forward, the committee is slated to meet three (3) times a year. This Committee is a collaborative group that provides vision, support, and guidance for those directly responsible for executing improvement projects and activities for L.A. Care Covered, Medicare, and Medi-Cal eligible duals (D-SNP) membership. The Committee oversees direction and strategies to implement programs and initiatives to optimize Star ratings, measure performance, and drive continuous improvements in member health, care experience, appropriate utilization of services, and care coordination. The Committee monitors overall and individual measure performance across the Centers

for Medicare and Medicaid Services (CMS) Quality Rating System (QRS) and Star rating programs, and California's Department of Health Care Services Managed Care Accountability Sets (MCAS).

Starting with the September 17, 2024 meeting, the name of the Stars and MCAS Steering Committee was changed to the QI Steering Committee (QISC). This change was implemented to demonstrate the Committee's focus on quality across a broader range of departments and business functions. While including executive-level oversight to guide, oversee, and drive forward the Rating Programs strategy for Medi-Cal, Medicare, and State Exchange, the Committee was expanded to include Executive Leadership representation beyond Health Services, Operations, and Products. To ensure high performance, operational excellence, compliance with regulatory requirements, and driving accountability across the organization for quality improvement, the Quality Improvement Steering Committee now includes executive leadership from Behavioral Health.

Committee Summary

Overall, the 2024 Quality Improvement & Health Equity Program committee structure had sufficient resources committed to support committee activities and to complete projects detailed in the work plan.

Refinement of the committee structure and reporting is an ongoing performance improvement initiative that is expected to continue in 2025. Improving the effectiveness and efficiency of the committees is critical to improving the overall quality, equity, and safety of care and the efficiency of the process thereof.

Leadership played an active role by participating in quality committee meetings, providing input on quality-related opportunities, helping identify barriers, and developing and implementing effective approaches to improve. The current leadership involvement in the QIHE Program was adequate this past year. The Chief Health Equity Officer was integral in the continued integration of healthy equity and quality improvement. The Chief Executive Officer, Chief Medical Officer, Quality Medical Director, Chief Health Equity Officer, and Chief Quality and Population Health Executive were integral participants in the 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 quarterly.

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 internal and external accountability; eliminate duplicate functions; 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 organize clearly 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, EDD, MPA

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

L.A. Care (LAC) continues to support its Community Advisory Committees (of which there are 8) and one Consumer Health Equity Council with consumers representative of our membership within Los Angeles County. These committees work collaboratively to address health disparities and health access impacting vulnerable, low-income residents and communities.

The focus of LAC Community Outreach and Engagement (CO&E) efforts for the 2023-2024 fiscal year was restructuring our CACs to align with DHCS and key LAC initiatives that support quality of care, access, and the consumer member experience. All LAC Regions were invited to participate in educational listening sessions that provided opportunities to learn about the committee updates and ideas that would enhance their new roles and responsibilities. The goal was to show members how they can drive change in collaboration with the LAC board of governors. CO&E also implemented a community partner collaborative to identify key community-based organizations that serve the same member population and as a pipeline for the LAC advocate on our board of governors.

Social Determinants

Community Outreach and Engagement continued to identify community partners across Regional Community Advisory Regions who serve the same member population of LAC. This targeted assistance will create increased partnerships. It also connects those organizations to LAC resources and departments to support member access, including case management of high-risk patients who need additional services and support. This fiscal year, \$70,000 was allocated as seed grants to non-profit CBOs providing services to BIPOC underserved persons.

Health Access

To comply with the DHCS readiness implementation slated for January 2024, Community Outreach and Engagement created the Temporary Transitional Executive Community Advisory Committee. This committee aims to ensure continued feedback on LAC products and services and to serve as the key committee to provide consumer feedback on quality and member experience when accessing care. CO&E staff has been working on a revised engagement model that will allow all LAC departments to connect with consumers to participate in listening sessions, focus groups, and surveys to provide insights about our members. The TTECAC is set to sunset in March of 2025 and will be replaced with a new Executive Community Advisory Committee representative of the revised structure and consumer member participants.

During this fiscal year, the TTECAC also presented to the LAC Board two motions on behalf of persons with disabilities and non-ambulatory members seeking services from their providers. As a result of their recommendation, LAC will now make available an annual community grant for providers seeking exam tables with lifts, electronic scales, and Hoyer lifts. This recommendation was effective in June 2024.

I.2.a COMMUNITY PARTNERSHIPS AND ENGAGEMENT

AUTHORS: CAROLINE BASIL & FELICIA GRAY

REVIEWERS: MATTHEW PIRRITANO, PhD, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The Quality Improvement (QI) department works with various agencies and organizations that promote cancer screenings, child health, and cardiovascular care. These partnerships are essential to developing our interventions and help us work more effectively at targeting common public health issues. During the Fiscal Year 2023-2024, we continued to work with our existing partners and a few new organizations to help drive some of our disparity-related interventions. In total, we have worked with five different organizations and three community clinics. Our community partnerships have helped provide feedback and guidance on how to continue with our initiatives and have improved health equity.

For the last eight years, 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, W30, WCV, as well as promoting Human Papilloma Virus (HPV) Immunization among preteens. This fiscal year, L.A. Care formalized the relationship with ACS. It developed a contract that included using their name and logo on our colorectal cancer materials and automated calls. Some materials included messaging, such as the colorectal cancer screening mailer that took a health disparity approach, focusing on Black/African American L.A. Care members. Additional messaging included a breast cancer screening and a cervical cancer screening infographic with a health equity focus offered in English, Spanish, and Chinese. Several social media posts, including Instagram Reels, were co-branded with ACS. L.A. Care will continue to build and maintain this relationship with ACS.

L.A. Care has collaborated with several organizations to help promote and improve child and adolescent care. The Child and Adolescent workgroup lead participates in the California HPV Vaccination Roundtable with other health professionals in Los Angeles to develop strategies to improve vaccination rates. To respond to low blood lead screening rates, QI staff met with the Los Angeles Department of Public Health, Childhood Lead Poisoning Prevention Program (CLPPP) to discuss collaborations. L.A. Care Clinical Initiatives hosted a Blood Lead Screening Event at the East Los Angeles Community Resource Center with the L.A. County Mobile Testing Unit in October 2023. L.A. Care had scheduled 60 appointments for the event; however, due to a lack of appointment reminders, no appointments were completed. A total of 75 people who attended the event ad hoc were screened for blood lead as the event was open to the public. There are no events scheduled for 2024. The L.A. County Mobile Testing Unit is interested in hosting future events with L.A. Care, therefore future events could be held in 2025. There were additional blood lead screening interventions. In October 2024, we collaborated with Continuing Medical Education (CME) on a Lead Screening Webinar. An expert panel from the California Department of Public Health (CDPH) and the Los Angeles Department of Public Health presented.

This last fiscal year, L.A. Care's collaboration with local public health and community partners has successfully developed member and provider interventions. They have been good sources of information, feedback, and support. Moreover, they also linked our organization with spokespersons and even supplies for our members. Their efforts have been instrumental in helping the organization tackle the pandemic while continuing to focus on quality improvement. These partnerships are incredibly valuable as we continue to tackle the lasting impacts of the COVID-19 pandemic and health disparities. We plan to expand our efforts in the coming years.

QI ACTIVITIES WITH THE ECAC/RCAC/CMC EAC

The Quality Improvement (QI) team has worked closely with L.A. Care's community advisory groups since 2018 to increase member feedback and input into quality improvement interventions and share data on what we do. To that end, the Quality Improvement Initiatives staff have been presenting at either the TTECAC- formerly the Executive Community Advisory Committee (ECAC) or L.A. Care Medicare Plus Enrollee Advisory Committee Meeting- formerly Cal Dual Eligible Special Needs Plans (D-SNP) advisory committees. This fiscal year (2023-2024), the QI team presented topics ranging from Lab Kits to BH Text Messaging Campaign Results at five meetings. Regional Community Advisory Committees (RCAC) in-person meetings remain on hold until the next fiscal year.

On November 8 and 15, 2023, and February 14 and February 20, 2024, the Initiatives team presented Lab Kits to the TTECAC. TTECAC members were asked to be notified prior to the robocall campaign date so that RCACs could be informed. Additionally, members were asked to be notified ahead of time when lab kits are available so that TTECAC chairs can get the word out to RCACs.

On May 21, 2024, the QI Initiatives team requested member feedback regarding a diabetes social media campaign for the ECAC TTECAC members. The members helped select pictures of people of all racial backgrounds and ages to be used in the campaign. Additionally, members asked to be notified prior to the social media campaign launch to direct RCAC members to posts.

On August 20, 2024, the QI Initiatives team presented to the L.A. Care Medicare Plus Enrollee Advisory Committee regarding BH Text Messaging Campaign Results. Members asked how to have difficult conversations with doctors. Staff advised members to inform their doctor when they are nervous, pointing out that this might sometimes explain elevated blood pressure readings during visits.

The QI Initiatives team is scheduled to present to the TTECAC on September 11, 2024. L.A. Care staff will collect further member feedback during the meeting.

CONCLUSION

- Presenting and collaborating with the member equity councils to increase the feedback of Black Indigenous and People of Color (BIPOC) in our intervention work.
- Increase collaboration with community groups to increase social media engagement.
- Collaborating with the BH department to provide developmental screening and follow-up after ED feedback from advisory groups.
- Work more closely with RCACs on branded materials for our members and explore other areas of collaboration.
- Implement feedback from ECACs and Equity Councils, the Health Promoter program, and other advisory groups into our initiatives, campaigns, and interventions.
- Report back on the outcomes of the interventions presented and the ROI.
- Discussing health disparities and barriers in our presentations regarding health screenings.

I.3 NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTH PLAN ACCREDITATION

AUTHOR: PRISCILLA LOPEZ, MPH AND SEIMONE ROBINSON

REVIEWERS: THOMAS MENDEZ & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA) is considered the gold standard in the healthcare industry that demonstrates a plan's commitment to providing quality healthcare, accountability, improve operational efficiencies, and improve the quality and service provided to members. L.A. Care is surveyed every 3 years by NCQA and is accredited for Medi-Cal, Exchange, and Medicare Product Lines. L.A. Care achieved its first 3-year Health Plan Accreditation for the Medi-Cal product line in July 2008, the Exchange product line in 2014, and the Medicare product line in 2017. L.A. Care's recent NCQA survey was in June of 2023. L.A. Care will bring forth its commercial product line for accreditation during the following Survey in June of 2026. NCQA accreditation requirements and standards are followed across all L.A. Care departments and incorporated into applicable operations.

NCQA aligns Health Plan Ratings and Accreditation for consistency and to simplify the scoring methodology for Health Plan Accreditation. L.A. Care must submit annual HEDIS/CAHPS measures to earn Accreditation and meet at least 80% of applicable points in each standards category. NCQA releases the HEDIS/CAHPS ratings in September of each year. L.A. Care can earn a rating of 0-5 stars (in 5-star increments) for Accreditation's HEDIS/CAHPS portion.

NCQA publicly reports L.A. Care's Medi-Cal and Medicare product lines based on its latest score for Health Plan Standards and the current year's HEDIS and CAHPS reported rates. The Exchange line of business is scored solely on Health Plan Standards because NCQA does not score Exchange Plans on HEDIS or CAHPS. The following report lists the overall accreditation status for the three product lines (Medi-Cal, Medicare, and Exchange). NCQA released the 2024 Health Plan Ratings; Medicaid received 3.5 stars. A Medicare score was not assigned because L.A. Care's new Medicare (D-SNP) product line was new and did not have eligible members for the CAHPS survey.

NCQA HEALTH EQUITY ACCREDITATION

L.A. Care has earned the 2023 Health Equity Accreditation (HEA) from NCQA, with a passing rate of 98%. This accreditation was awarded on 3/8/2024, and we will undergo our following survey on 12/5/2026. NCQA Health Equity Accreditation provides a comprehensive framework that organizations can use to achieve health equity goals, deliver culturally and linguistically appropriate services, and reduce disparities. Organizations that better understand their patients' needs can better address possible health issues and provide preventive care. The former Multicultural Health Care (MHC) Distinction program has transformed into Health Equity Accreditation.

The NCQA scored health plans in seven categories based on data collected over a 12 to 36-month period.

The categories include:

- Organizational Readiness
- Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data
- Access and Availability of Language Services
- Practitioner Network Cultural Responsiveness
- Culturally and Linguistically Appropriate Services and Programs
- Reducing Health Care Disparities
- Delegation of Health Equity Activities

L.A. Care received perfect scores in six categories and near-perfect scores in the seventh. This achievement illustrates L.A. Care's commitment to health equity, which means the fair and just opportunity to be as healthy as possible.

From 3/8/2024 to 3/8/2027, all three product lines (Medi-Cal, Medicare, and Exchange) achieved Health Equity Accreditation status.

I.4 PROVIDER AND MEMBER INCENTIVE PROGRAMS

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REVIEWERS: HUMAIRA THEBA, MPH & FELIX AGUILAR, MD

BACKGROUND/SUMMARY – PROVIDER & MEMBER INCENTIVES

L.A. Care's Quality Improvement (QI) Department operates Pay-for-Performance (P4P) incentive programs for providers at every level, including health plan partners, provider groups, community clinics and physicians. The programs aim to improve patient care and access to needed services. They serve as a powerful motivator 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), utilization management, and timely submission of quality encounter data. The programs also help improve L.A. Care's auto-assignment results and National Committee for Quality Assurance (NCQA) accreditation.

Incentive programs offer a highly visible platform to engage providers in quality improvement activities; increase provider accountability for performance; provide performance benchmarking and actionable reporting; and deliver value-based revenue tied to quality. Incentives for physicians, community clinics, provider groups, and health plan partners are aligned where possible so that L.A. Care's partners pursue common performance improvement priorities and goals. They also help improve L.A. Care's administrative data capture across the health delivery system via encounters and claims, labs, pharmacy, and other allowable supplemental admin data sources. 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), Covered California (CC) and Centers for Medicare & Medicaid (CMS).

Member incentives are a key component of L.A. Care's strategy for health promotion of important medical services, member engagement and improving member experience. These interventions are intended to educate and encourage members to proactively seek needed care and offer eligible members an opportunity to be rewarded for health and wellness behaviors. Current and past programs include member incentives for high impact measures such as well-child visits, adult and child vaccines, prenatal and postpartum care, follow-up visits after hospitalization, cancer screenings and more. Member incentive programs undergo evaluations and adjustments based on performance metrics, return on investment (ROI) analysis, and based on organizational priorities year-over-year. L.A. Care will continue to operate member incentives to deliver programs that are innovative in design and effective in reach.

P4P PROGRAMS FOR SOLO PHYSICIANS AND COMMUNITY CLINICS

- **Physician P4P Program** – this program 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 financial rewards for practices serving Medi-Cal members and represents an opportunity to receive significant revenue above capitation.
- **Direct Network (DN) P4P Program** – this program supports the development of a robust network of directly contracted Community Clinics and physicians. The Direct Network is L.A. Care's effort to contract directly with providers and perform the administrative services associated with an Independent Practice Association (IPA) or Medical Group. The DN P4P Program was developed as an added benefit for providers contracted with L.A. Care as it offers additional financial incentives without minimum membership requirements.

P4P PROGRAMS FOR PARTICIPATING PROVIDER GROUPS

- **Medi-Cal Value Initiative for IPA Performance (VIIP)** – this program aims to improve the quality of care for L.A. Care Medi-Cal members managed by IPAs. The program measures and reports performance of IPAs on a number of domains, including HEDIS, Member Experience, Utilization Management (UM) and Encounters. The VIIP program also actively engages with IPAs to develop ‘Action Plans’ focused on setting S.M.A.R.T. goals and improving in lower performing areas, which has shown to help IPA performance year-over-year.
- **L.A. Care Covered (LACC) VIIP** – L.A. Care works with the Integrated Healthcare Association (IHA) to align IPA reimbursement with quality outcomes for its LACC VIIP Program. 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.
- **Dual Special Needs Plan (D-SNP) VIIP** – this program was newly established in 2023, with the first payouts happening Q1 2025. With the Cal MediConnect (CMC) line of business sunseting in 2022, the Medicare Advantage Plus (D-SNP) took its place and thus a new VIIP for IPAs with Medicare membership. IPAs have a 3% percentage of capitation withheld that can be earned back incrementally. There are also opportunities to earn more than the 3% with a 3-Tier composite score system. The program aligns with CMS Star rating measure criteria.

P4P PROGRAM FOR PLAN PARTNERS

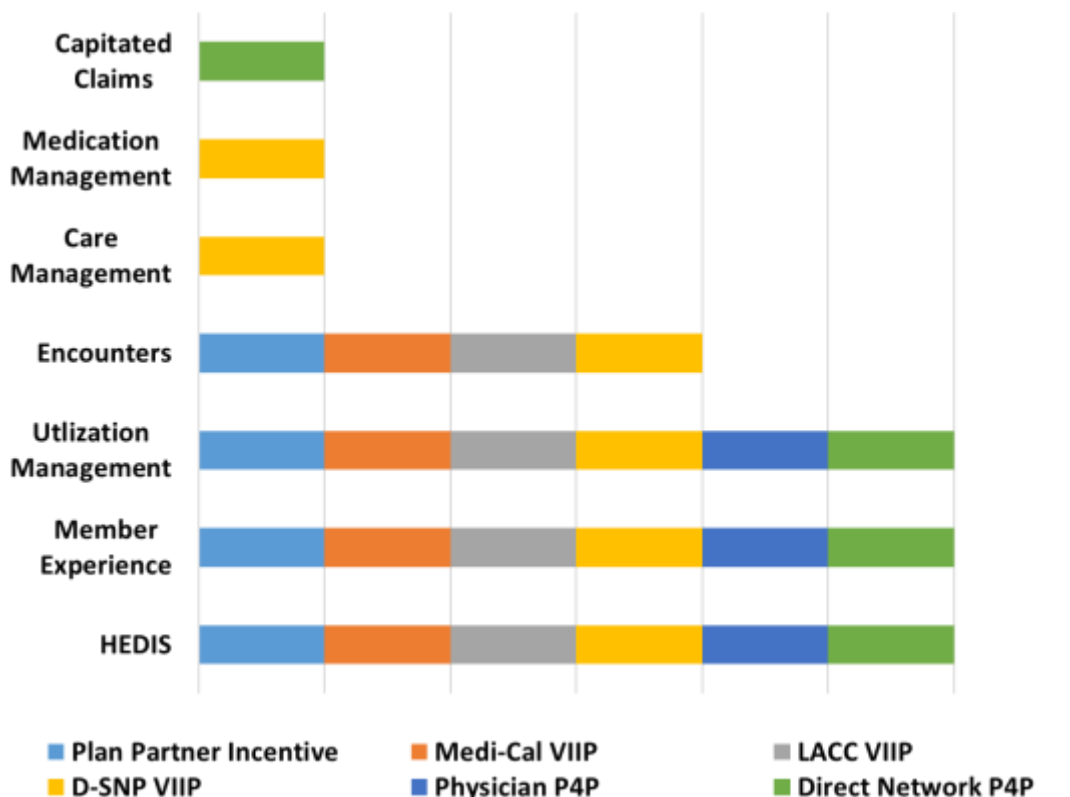
- **Plan Partner Incentive** – the Plan Partner Incentive program aligns the efforts of L.A. Care with those of its strategic health plan partners as a critical point for improving the outcomes and satisfaction of members. The program measures and rewards plan partners for performance on a broad set 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. There’s also an additional component incorporated into the plan partner program that ties a significant proportion of the plan partner’s incentive payment to how their contracted provider groups perform in the Medi-Cal VIIP+P4P program.

P4P PROGRAM DOMAINS AND WEIGHTING IN 2024

Medi-Cal & LACC Domain weighting in the table below. The weighting was changed in 2024 to more closely align with performance requirements from Regulators. D-SNP doesn’t have domain weighting, only measure-specific weighting in alignment with the CMS Stars Program.

Incentive Domain	New Weighting	Previous Weighting
HEDIS Clinical Quality	50%	30%
Member Experience	20%	30%
Utilization Management	15%	20%
Encounters	15%	20%
Total	100%	100%

DOMAINS BY PROGRAM



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. These programs are meaningful for members and help offset some of the costs incurred for attending a medical visit, including transportation and potential lost income, help with grocery purchases, clothing, gas, etc.

L.A. Care operated many member incentive programs in 2024, a mix of programs that have been running over a long period and several that were new. Those program evaluations are covered in other sections of this QI Evaluation, including overall impact of those programs on both administrative and hybrid HEDIS rates, return on investment analysis, as well as other qualitative and quantitative analysis. Below are those programs with a brief description:

Childhood Immunization Status – Combo 10 (MCLA, LACC)

Requires the completion of 10 vaccine series for members turning two years old, which necessitates multiple visits to the provider. To encourage members to complete the vaccine series timely, L.A. Care offered a \$100 incentive.

Colorectal Cancer Screening (LACC, D-SNP)

Member incentive to increase colorectal cancer screening in the amount of \$50. Members received a gift card of their choice upon completing their colorectal cancer screening, which includes screening types such as FOBT, FIT, or a colonoscopy.

Flu Shot Program (MCLA, LACC, D-SNP)

The incentive was used to encourage members to get their flu shots at their PCP, local pharmacy, or community clinic. MCLA and LACC members that complete one flu vaccine between the ages of 6 months through 2 years old will receive a \$30 gift card. D-SNP members, including those at higher risk for flu related complications, received a \$25 gift card for getting the flu shot.

Healthy Mom Program (MCLA, LACC, D-SNP)

This member incentive program aids in educating mothers about the importance of the postpartum visit, provides appointment reminders, and creates a positive relationship between mothers and the health plan. MCLA, L.A. Care Covered and Medicare Plus women who have just given birth can receive a \$40 gift card incentive for attending their postpartum appointment 7-84 days after delivery.

Meals as Medicine Survey (D-SNP)

L.A. Care members who participate in the Meals as Medicine program may be randomly selected for a program survey. Feedback will help inform on program satisfaction, health changes observed, service quality, and any areas for improvement overall. Members who complete this survey receive a one-time \$20 gift card.

MediKeeper My Health In Motion Rewards Program (LACC)

The program is designed to encourage LACC members to participate in online-based health and wellness activities, including completing a health assessment survey, enrolling in health coaching, completing health workshops (quitting tobacco/nicotine; getting active; managing diabetes; nutrition; and controlling alcohol); completing the Annual Preventative Health Provider Certification; completing the Controlling Your Blood Sugar form; and completing the Controlling Your Blood Pressure form. Enrolled members receive varying points for each completed activity, which can be used to redeem gift cards instantly. 1 point = \$1 in value.

Well-Child Visits for the First 30 Months of Life (MCLA, LACC)

Members between 0-15 months of age can receive a \$150 gift card for completing the first three well-child visits and a \$150 gift card for completing the following three well-child visits. If eligible, members can receive up to two \$150 gift cards. Members ages 15-30 months can also receive \$50 for completing one well-child visit. Only one \$50 gift card per member. Well-child visits must occur after the start of the incentive program and before the member turns 15 months or 30 months old.

MAJOR ACCOMPLISHMENTS IN 2024

NEW PROGRAMS LAUNCHED

- **Hospital P4P and Skilled Nursing Facility (SNF) P4P Programs** – L.A. Care launched two new P4P programs for its contracted hospitals and SNFs in 2024. These programs are applicable across all Lines of Business (LOBs) and utilize metrics designed to increase quality by assessing whether the services provided are safe, effective, patient-centered, timely, efficient, and equitable. Example measures included in the Hospital P4P include readmission rates, hospital-acquired infections, NTSV C-section rates, and more. Example measures included in the SNF P4P include percent of residents experiencing one or more falls with a major injury, number of hospitalizations per 1,000

long-stay resident days, healthcare-associated infections requiring hospitalizations, and more. Hospitals must enroll and submit their data to the Hospital Quality Institute (HQI) to participate. SNFs must have a 2 or higher Star Rating and be enrolled in the California Immunization Registry (CAIR) to participate. Hospitals and SNFs must also be in good standing, which means not under L.A. Care, State or Federal sanctions and not pursuing any litigation or arbitration or has a pending claim against L.A. Care.

- **Provider Incentive for Childhood Immunizations** – In response to QTI requirements, L.A. Care decided to launch a standalone incentive late 2024 for LACC Physicians and Clinics that complete the childhood immunization (CIS) – combination 10 series. The incentive was \$1,000 per child that completed all needed vaccinations.
- **Office Staff Incentives for Childhood Immunizations (CIS) and Colorectal Cancer Screenings (COL)** – Concurrently, in response to QTI requirements, L.A. Care for the first time launched incentives for provider Office Staff. For the CIS Program, offices with more than 10 staff members could receive up to \$500 for lunch, and offices with less than 10 staff members could receive up to \$250 for completing all remaining CIS-10 gaps. The same lunch offer was on hand to office staff for the COL incentive, however, in order to receive the lunch, offices must have met at least half of their remaining QTI target Colorectal gaps which was shared via email with them.
- **Member incentive programs** – there were a number of new member incentive programs launched in 2024 as well as significant planning for new programs slated for early launch in 2025, including programs for well-child visits in the first 30 months, meals as medicine, diabetes management, cervical cancer screening and more. These programs are discussed in more detail above and in other sections of the QI evaluation.

PROVIDER PERFORMANCE REPORTING

- **Performance Benchmarking:** after much discussion and planning, L.A. Care fully transitioned all its P4P programs from using peer-group established benchmarks, to using external national and/or state benchmarks for performance measurement. This aligns our aim to drive network performance to a higher standard.
- **Monthly Provider Opportunity Reports and Gaps-in-Care Lists:** these include HEDIS and UM summary rate reporting and member-level detail for all providers across all LOBs. Reports are posted to the Provider Portal, Secure File Transfer Protocol (SFTP), mailed and emailed. Providers are encouraged to use these reports to track progress toward incentive targets and proactively reach out to members who are non-compliant year-to-date.
- **Quarterly Encounter Reports:** these include encounter volume and timeliness rates on a quarterly and rolling 12 bases for all LOBs for IPAs and Plan Partners. Corresponding reports are also produced for Direct Network Providers.
- **Annual Patient Experience Reports:** these include CG-CAHPS reports for plan partners, IPAs, clinics and physicians. CG-CAHPS reports are comprised of four different reports, 1) Summary Reports, 2) Banner Tables Reports, 3) Full Reports, 4) Open-Ended Comments Reports. There is an abundance of data that providers can use to drill down on member experience information and trends. Other reports include CAHPS + Health Outcomes Survey (HOS) and Patient Assessment Survey (PAS), for D-SNP and LACC, respectively.
- **Annual P4P Reports:** these are the final performance and payment reports that show a full performance year and how performance equated to the provider's incentive payment.
- **Annual Performance Improvement Scenario Reports:** these reports serve as a tool to show providers what their potential total earnings could have been in the P4P programs with different scenarios of improved performance.
- **New Quarterly Hospital and SNF Reports:** the created reports contain measures that are part of the P4P program and are posted to the Provider Portal to support their QI efforts.

PROVIDER RELATIONSHIP MANAGEMENT

- **Action Plan Development:** the action plan process was modified to focus more intently on the highest priority measures in MCAS for Medi-Cal, QTI/QRS for LACC, and Stars for Medicare. IPAs were requested to complete a workplan for all designated measures by L.A. Care. Support and feedback is given to providers in their action plan process.
- **Provider Performance Recognition:**
 - 1) L.A. Care held its annual Provider Recognition Event. The event was used as a platform to formally recognize the overall top performing practitioners, community clinics and IPAs for Measurement Year (MY) 2022 giving them plaques for their achievement. The event was celebrated in person at L.A. Care headquarters Spring 2024. Other recognition efforts included written articles, website posting, and setting up billboards for the winners.
 - 2) Additional top 3 performing practitioners and community clinics in pediatric care, women's health and chronic care from the MY 2022 Physician P4P Program were identified and recognized in an article published in L.A. Care's Pulse newsletter. These providers were also sent a plaque of recognition in addition to their incentive payments.
 - 3) L.A. Care developed a new Provider "Honor Roll" Recognition. This was launched to expand recognition to the top 20% of highest performing providers. These providers were sent a window cling to display in their offices for their achievement.
- **Provider Meetings and Trainings**
 - 1) The Incentives and QI teams continued webinars and Continuing Medical Education (CME) Sessions as a method to engage and educate the provider network. Discussion topics ranged from P4P, HEDIS, encounter data submission, member experience, and more. We have found this method to be effective in reaching a wide audience.
 - 2) Ad-hoc meeting requests from plan partners, IPAs and MSOs, clinics and physicians were fulfilled by Incentives staff to discuss the intricacies of the P4P program, discuss best practices, discuss QI interventions, provider general support, and more.
 - 3) Incentives staff participated in the monthly Quality Improvement Joint Operations Meetings (JOMs) with our highest volume IPAs and Plan Partners to discuss highest priorities related to quality, measure results and reporting, provider performance and opportunities for improvement. In addition to participating in the regular JOMs, Incentives staff met with IPAs for incentive deep dive meetings, speaking with them more in-depth on incentive programs, exploring collaboration opportunities, going over performance in specified domains from VIIP, and addressing other issues and concerns as needed.
 - 4) Incentives staff led the establishment of the Action Plan Webinar JOMs for all other IPAs that were not part of the monthly meeting schedule. These webinars focused on the similar topics as mentioned above but with a particular lens on the action plan process and dialogue about best practices, successful interventions, new strategies, etc. The meetings also involved participation from some IPAs with them helping present and lead discussions on measures they are doing well on.

RESULTS

The P4P Programs track, measure and reward providers on many key performance indicators used in industry standard metrics. In order to earn an incentive payment, the program institutes a rigorous methodology to ensure scoring reliability and fairness in assessment of performance. This includes ensuring providers are only scored on measures for which they hold sufficient membership - defined as at least ten or thirty eligible members in the measure population, for physicians/clinics and IPAs, respectively. Providers then only receive an overall performance score if they meet a minimum number of scored measures within the domain, and a minimum number of overall scored domains to qualify for the incentive. Overall performance scores are calculated as an average of all a provider's scored measures. They can be interpreted as the proportion or percentage of total possible points earned. Our P4P Program scoring, and

payment methodology ensures that providers are being evaluated sufficiently when calculating incentive payments.

MY 2023 P4P PROGRAM PAYOUTS

Final performance reports and incentive payments for the MY 2023 started 4th quarter of 2024 and were completed through Q1 2025. Below are the payment statistics by program:

PROGRAM	# OF PROVIDERS PAID	TOTAL PAYOUT	PMPM STATS
PLAN PARTNER P4P	2	\$7,655,970	AVG: \$0.71
MEDI-CAL VIIP P4P	49	\$18,133,235	MIN: \$0.20 MED: \$0.84 MAX: \$1.71
LACC VIIP P4P	22	\$3,045,491	MIN: \$0.64 MED: \$2.36 MAX: \$4.70
D-SNP VIIP P4P	6	\$1,364,994	MIN: \$0.00 MED: \$5.48 MAX: \$14.79
PHYSICIAN P4P	964	\$23,051,145	MIN: \$0.00 MED: \$1.00 MAX: \$3.42
DIRECT NETWORK P4P	99	\$650,700	MIN: \$0.17 MED: \$1.30 MAX: \$3.50

IPA ACTION PLAN ENGAGEMENT AND RESPONSES

The “Action Plan” process was developed by the VIIP Workgroup collaborative, which requests that all IPAs submit Specific, Measurable, Attainable, Relevant and Time-Bound (S.M.A.R.T.) Action Plan goals for highest priority measures in the VIIP.

In 2024, L.A. Care requested all IPAs within the network to submit workplans for each applicable line of business (LOB) for all measures below. The work plans needed to address what interventions IPAs have in place for each measure, what data source(s) they are using to track for the measure, what their current/baseline rates are, and the root cause/barriers they are facing to performance improvement.

2024 Action Plan Measures by LOB:

- **MCAS (Medi-Cal):**
 - Cervical Cancer Screening
 - Childhood Immunization Status: Combination 10
 - Well-Child Visits in the First 30 Months of Life: First 15 Months
- **QRS (LACC):**
 - Colorectal Cancer Screening
 - Controlling High Blood Pressure
 - Glycemic Status Assessment for Patients with Diabetes <8.0%
 - Childhood Immunization Status: Combination 10

- **STARS (D-SNP):**
 - Annual Wellness Exam Completion: First 6 Months
 - Colorectal Cancer Screening
 - Controlling High Blood Pressure
 - Hemoglobin A1c Control for Patients with Diabetes: Poor Control >9.0%

2024 Action Plan Submissions:

IPAs were requested to submit an Initial Action Plan (July 2024), and a Final Action Plan (January 2025) during the year. Here are the results of those submissions:

- 50 out of 58 (86%) IPAs submitted their Initial Action Plan.
- 42 out of 58 (72%) IPAs submitted their Final Action Plan.
- 8 out of 58 (14%) IPAs did not submit an Action Plan during either cycle.

ANALYSIS - MEASURE PERFORMANCE TRENDS*

**If a rate is missing in the below tables, it signifies the measure is not applicable to that specific LOB P4P Program.*

HEDIS

The 2023 P4P Programs, in conjunction with all the various QI interventions and initiatives, saw several noteworthy improvements in HEDIS clinical quality compared to the previous year(s). These improvements have meaningful impacts on patient care and the health of our members. Here are some of the highlights:

- 44,000 more patients had their blood pressure adequately controlled
- 36,000 more patients were screened for cancer
- 5,000 more child patients had a wellness visit
- 1,000 more women patients had their postpartum care visit

The below table shows the overall L.A. Care percentage point rate differences for applicable measures in the different P4P Programs for the last three years (2023-2021), in some cases for two years (2023-2022) where tracking of the measures started in 2022. In Medi-Cal, there were improvements in 12 out of the 14 measures, in LACC there were improvements in 7 out of the 12 measures, and in D-SNP improvements in 6 out of the 7 measures.

Although there were significant improvements seen in many measures, there were some measures that stayed relatively the same or showed declines. Efforts will continue within QI and throughout the organization to better understand the challenges around those measures and ways to improve on them moving forward.

Measure	Medi-Cal	LACC	D-SNP
Asthma Medication Ratio	N/A	-4.03%	N/A
Breast Cancer Screening	5.10%	-0.29%	4.06%
Cervical Cancer Screening	0.26%	1.55%	N/A
Child and Adolescent Well-Care Visits	2.03%	1.10%	N/A
Childhood Immunization Status: Combination 10	-2.36%	6.75%	N/A
Colorectal Cancer Screening	N/A	2.74%	4.08%
Controlling High Blood Pressure	20.57%	14.90%	13.43%
Developmental Screening in the First Three Years of Life	16.08%	N/A	N/A
Diabetes Care - Eye Exam	N/A	N/A	6.07%
Diabetes Care - Kidney Health Evaluation	N/A	N/A	1.10%
Follow-Up After ED Visit for Patients with Multiple Chronic Conditions	N/A	N/A	-3.73%
Glycemic Status Assessment for Patients with Diabetes: A1C Control	5.98%	2.96%	1.58%
Immunizations for Adolescents: Combination 2	2.16%	6.03%	N/A
Lead Screening in Children	6.11%	N/A	N/A
Prenatal & Postpartum Care: Postpartum Care	4.81%	N/A	N/A
Prenatal & Postpartum Care: Timeliness of Prenatal Care	-0.95%	N/A	N/A
Proportion of Days Covered by Medications: Diabetes All Class	N/A	-1.78%	N/A
Proportion of Days Covered by Medications: Renin Angiotensin System	N/A	-0.84%	N/A
Proportion of Days Covered by Medications: Statins	N/A	-1.52%	N/A
Topical Fluoride for Children	21.45%	N/A	N/A
Well-Child Visits in the First 30 Months of Life: Age 15 Months-30 Months	4.81%	N/A	N/A
Well-Child Visits in the First 30 Months of Life: First 15 Months	13.36%	N/A	N/A

Member Experience (Medi-Cal: CG-CAHPS, LACC: PAS, D-SNP: CAHPS+HOS)

L.A. Care conducts member surveys sampled at the IPA level to measure performance of providers on these important measures, better identify opportunities for improvement, and design focused interventions for impacting patient experience. Survey results are also used in the respective LOB P4P Programs, so providers are incentivized for providing the highest level of quality care to members. The below measures display percentage point differences for a three-year period (2023-2021) for applicable incentivized measures. Most measures showed improvement with some staying relatively the same and a few declining, depending on the LOB. For Medi-Cal, 10 out of 11 measures showed improvement, for LACC 5 out of 6 measures improved and for D-SNP only 1 out of 4 improved. Member experience remains a very high priority for QI, and we'll continue to look for ways to drive improvements.

Measure	Medi-Cal	LACC	D-SNP
Adult Care Coordination	0.50%	0.92%	0.53%
Adult Getting Needed Care	2.60%	N/A	-2.69%
Adult Office Staff	1.00%	1.05%	N/A
Adult Rating of All Health Care	4.30%	1.06%	-0.30%
Adult Rating of PCP	2.20%	1.57%	N/A
Adult Timely Care and Service	1.50%	-0.66%	-3.27%
Adult Provider Communication	N/A	0.69%	N/A
Child Getting Needed Care	2.10%	N/A	N/A
Child Office Staff	1.00%	N/A	N/A
Child Rating of All Health Care	2.70%	N/A	N/A
Child Rating of PCP	0.50%	N/A	N/A
Child Timely Care and Service	-2.60%	N/A	N/A

Utilization Management

The UM Domain 2023 results for the below measures showed declines in about half of the measures across all LOBs, with Emergency Department Utilization (EDU) specifically showing an uptick in amount of people going to the ED for both Medi-Cal and LACC. Acute Hospitalization Utilization (AHU) showed good improvements and PCR showed slight declines for Medi-Cal and D-SNP, while LACC showed a slight improvement. AHU and EDU rates are expressed as per thousand member per year.

Measure	Medi-Cal	LACC	D-SNP
Acute Hospitalization Utilization	3.81	1.52	N/A
Emergency Department Utilization	-22.31	-7.81	N/A
Plan All-Cause Readmission	-0.81%	0.17%	-0.10%

Encounters

The VIIP Programs assess encounter performance on overall submission volume (on a per member per year (PMPY) basis), and on timeliness (encounters submitted and accepted within 60 days of the date of service). D-SNP 2023 encounter results are not reported below because of operational issues occurring during the first half of 2023 with delays in the ability to process D-SNP encounters when the product line launched. The volume and timeliness rates were significantly impacted so D-SNP encounter performance will be tracked and incentivized starting 2024. For a three-year comparison (2023-2021), Medi-Cal improved on all 3 measures, particularly significantly for both the timeliness measurements (MCLA and Plan Partners). For LACC, volume declined slightly while timeliness demonstrated good improvement.

Measure	Medi-Cal	LACC
Encounter Volume	0.21 PMPY	-0.25 PMPY
Encounter Timeliness – MCLA	15.61%	5.15%
Encounter Timeliness – Plan Partner	13.47%	N/A

FUTURE DIRECTION

Planning for the measurement year 2025 provider incentive programs and future program years are currently ongoing. Domains, measures, weighting, scoring methodology, payment 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.

Member incentive programs for 2025 are being discussed and developed in the various QI workgroups, with a focus on high impact measures. Within QI, we are increasingly thinking of innovative ways to design, launch and operate member incentive programs. For 2025, this includes potentially selecting a new member incentives vendor that can support an app, 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.

Below is a list of some of the considerations for provider and member incentives going into 2025 and beyond:

- **Introducing New Metrics into the Programs:**
 - Medical record request compliance
 - Overall compliance sanctions
 - CAIR adoption and utilization
 - Performance/Payment Gates
 - SDOH Adjustments - potentially using Health Places Index (HPI) to adjust payouts
- **Improving Payments:**
 - Start using prospective estimates
 - More frequent payouts (from annual to quarterly/monthly)
- **Additional Analytics to Support Providers:**
 - Enhanced reporting to show missed opportunities
 - Performance improvement scenarios reports
 - Improved education on data submission requirements and HEDIS specs

- **Standardizing Incentives:**
 - Pilot with the California Quality Collaborative (CQC) for standardizing measures and combining gap-in-care lists in one platform (statewide)
- **Improving Communications**
 - Attestations
 - Posting program materials on L.A. Care’s public website
 - Simpler marketing collateral and messaging
- **Public Reporting of Provider Performance**
 - On L.A. Care’s public website
 - Modeling star ratings for each LOB based on the Office of the Patient Advocate (OPA) methodology
 - Transparency of rankings within domains/measures to spur motivation and knowledge share
- **Member Incentives**
 - RFP for a member incentives application that can engage members with their gaps in care and offer instant rewards
 - Incorporating loss aversion and behavioral economics
 - Sharing list of incentive eligible members with providers

I.5 QUALITY PERFORMANCE MANAGEMENT ACTIVITIES RELATED TO HEDIS IMPROVEMENT

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BACKGROUND/SUMMARY

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 is not only to improve data capture and analysis but also to reduce 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. Still, they are often not aware of resources available to close quality gaps and improve member satisfaction. L.A. Care Quality Performance Management and Plan Partner HEDIS staff have been conducting HEDIS and member experience survey (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) education to providers and their staff since 2016. The education helps improve provider awareness of the quality of service they provide to their patients. Many were unaware of how to access and use reports or the resources available on the LAC provider portal and website. Education focused on ensuring providers know how to access the L.A. Care Provider portal to retrieve Gaps in Care (GIC) reports and to access HEDIS Measure and Coding guides. Specific measure-related education was provided also for priority measures.
- Medical Record Project—QPM internal staff performed the Medical Record Review project with assistance from vendor staff for Measurement Year (MY) 2023. This effort included record collection, abstraction, and additional pursuit of non-compliant samples. It started in January and ran until the May 6th NCQA deadline. The project included 7,000 chart requests.
- HEDIS MY 2023 largely represented a year of continuing to get back to pre-COVID rates as immunization and cancer screening rates have not fully recovered. LAC has put in substantial efforts to drive sustainable initiatives and data collection activities as rates for many measures have not recovered to pre-pandemic levels due mainly to access issues and patient care hesitation.
 - Summary of reporting changes that impacted HEDIS MY 2023:
 - DHCS increased the number of measures for which Plans would be held to the Managed Care Accountability Set (MCAS) 50th percentile for the Minimum Performance Level (MPL) and financially penalized for measures that failed to meet the MPL. The L.A. Care team focused on monitoring the performance of these measures.
 - NCQA continued with the Accreditation methodology to score based on Health Plan Ratings in MY 2023. The LAC rating was reported as a 3.5, with the raw score slightly lower than MY 2023 by 0.1%.
 - L.A. Care completed its 6th year of data reporting for the LACC VIIP Program in collaboration with the Integrated Healthcare Association (IHA) reporting for the Marketplace product line.
- The HEDIS software vendor for HEDIS MY 2023 was the Cognizant ClaimSphere Engine. LAC collaborated with Cognizant to continue producing (1) Provider Opportunity Reports (POR), a high-level summary of the open gaps in care by measure/group/provider, and (2) Gap In Care Reports (GIC), in which member-level details are used to identify and target members by measure by line of business. L.A. Care further enhanced processes and discussed improvement strategies by meeting with IPAs, Clinics, and Providers.

- As part of HEDIS reporting, the Cognizant ClaimSphere Engine generates HEDIS rates for each line of business (LOB) and Medi-Cal sub-populations, including L.A. Care's three Plan Partners (Anthem, Blue Shield Promise of CA, and Kaiser) along with Los Angeles County Department of Health Services (DHS). Rates for the DHCS MCAS measures are tracked by each sub-population, and total Medi-Cal performance is ranked throughout the year. (See Table 1)
- L.A. Care continues to track the Personal Assistance Services Council-Service Employee Internal Union Health Plan (PASC-SEIU) HEDIS rates. The health plan covers homecare workers. Since PASC-SEIU HEDIS rates are not required to be reported, they are generated for internal monitoring and tracking (see Table 2.0).

Table 1. Results of MCAS Rates by Reporting Population

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
BCSC	AMR	Asthma Medication Ratio - Total	A	57.05%	182	327	720
BSCP	AMR	Asthma Medication Ratio - Total	A	58.79%	97	219	548
KAIS	AMR	Asthma Medication Ratio - Total	A	98.69%	MET	MET	MET
MCLA_DHS	AMR	Asthma Medication Ratio - Total	A	58.24%	44	89	214
Medi-Cal	AMR	Asthma Medication Ratio - Total	A	62.99%	MET	473	2329
BCSC	BCS-E	Breast Cancer Screening	ECDS	54.71%	MET	MET	1577
BSCP	BCS-E	Breast Cancer Screening	ECDS	60.15%	MET	MET	345
KAIS	BCS-E	Breast Cancer Screening	ECDS	83.67%	MET	MET	MET
MCLA_DHS	BCS-E	Breast Cancer Screening	ECDS	55.69%	MET	MET	1112
Medi-Cal	BCS-E	Breast Cancer Screening	ECDS	59.61%	MET	MET	4083
BCSC	CBP	Controlling High Blood Pressure	H	72.22%	MET	MET	MET
BSCP	CBP	Controlling High Blood Pressure	H	68.29%	MET	MET	2
KAIS	CBP	Controlling High Blood Pressure	H	72.86%	MET	MET	MET
MCLA_DHS	CBP	Controlling High Blood Pressure	H	63.64%	MET	MET	4
Medi-Cal	CBP	Controlling High Blood Pressure	H	66.75%	MET	MET	22
BCSC	CCS	Cervical Cancer Screening	H	59.42%	MET	MET	5
BSCP	CCS	Cervical Cancer Screening	H	50.98%	2	4	8
KAIS	CCS	Cervical Cancer Screening	H	82.61%	MET	MET	MET
MCLA_DHS	CCS	Cervical Cancer Screening	H	29.63%	13	15	20
Medi-Cal	CCS	Cervical Cancer Screening	H	55.99%	MET	5	43

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
BCSC	CHL	Chlamydia Screening - Total	A	65.45%	MET	MET	310
BSCP	CHL	Chlamydia Screening - Total	A	70.39%	MET	MET	MET
KAIS	CHL	Chlamydia Screening - Total	A	71.24%	MET	MET	MET
MCLA_DHS	CHL	Chlamydia Screening - Total	A	68.67%	MET	MET	MET
Medi-Cal	CHL	Chlamydia Screening - Total	A	69.91%	MET	MET	MET
BCSC	CIS	Combination 10	H	26.19%	1	4	17
BSCP	CIS	Combination 10	H	33.85%	MET	MET	8
KAIS	CIS	Combination 10	H	33.90%	MET	MET	7
MCLA_DHS	CIS	Combination 10	H	50.00%	MET	MET	MET
Medi-Cal	CIS	Combination 10	H	29.68%	MET	5	65
BCSC	DEV	Developmental Screening in the First Three Years of Life - Total	A	35.62%			
BSCP	DEV	Developmental Screening in the First Three Years of Life - Total	A	37.52%			
KAIS	DEV	Developmental Screening in the First Three Years of Life - Total	A	53.17%			
MCLA_DHS	DEV	Developmental Screening in the First Three Years of Life - Total	A	38.02%			
Medi-Cal	DEV	Developmental Screening in the First Three Years of Life - Total	A	39.68%		MET	
BCSC	FUA	30 Day follow-up for discharge - Total	A	27.52%	5	163	479
BSCP	FUA	30 Day follow-up for discharge - Total	A	24.72%	52	200	493
KAIS	FUA	30 Day follow-up for discharge - Total	A	39.08%	MET	MET	110
MCLA_DHS	FUA	30 Day follow-up for discharge - Total	A	25.76%	59	313	817
Medi-Cal	FUA	30 Day follow-up for discharge - Total	A	28.40%	MET	1180	3719
BCSC	FUM	30 Day follow-up for discharge	A	35.17%	226	376	727
BSCP	FUM	30 Day follow-up for discharge	A	34.53%	245	399	759

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
KAIS	FUM	30 Day follow-up for discharge	A	48.54%	MET	72	280
MCLA_DHS	FUM	30 Day follow-up for discharge	A	32.45%	324	498	906
Medi-Cal	FUM	30 Day follow-up for discharge	A	35.45%	1577	2649	5157
BCSC	HBD	HbA1C Poor Control >9.0%	H	36.54%	MET	MET	-3
BSCP	HBD	HbA1C Poor Control >9.0%	H	40.48%	MET	-1	-4
KAIS	HBD	HbA1C Poor Control >9.0%	H	22.58%	MET	MET	MET
MCLA_DHS	HBD	HbA1C Poor Control >9.0%	H	39.68%	MET	-1	-6
Medi-Cal	HBD	HbA1C Poor Control >9.0%	H	36.43%	MET	MET	-28
BCSC	IMA	Combination 2	H	39.81%	MET	MET	10
BSCP	IMA	Combination 2	H	38.27%	MET	MET	9
KAIS	IMA	Combination 2	H	75.51%	MET	MET	MET
MCLA_DHS	IMA	Combination 2	H	37.50%	MET	MET	2
Medi-Cal	IMA	Combination 2	H	44.28%	MET	MET	19
BCSC	LSC	Lead Screening in Children	H	71.43%	MET	MET	7
BSCP	LSC	Lead Screening in Children	H	49.23%	1	9	20
KAIS	LSC	Lead Screening in Children	H	66.10%	MET	MET	8
MCLA_DHS	LSC	Lead Screening in Children	H	80.00%	MET	MET	MET
Medi-Cal	LSC	Lead Screening in Children	H	63.26%	MET	MET	66
BCSC	PPC	Timeliness of Prenatal Care	H	85.71%	MET	MET	3
BCSC	PPC	Post Partum Care	H	92.86%	MET	MET	MET
BSCP	PPC	Timeliness of Prenatal Care	H	90.70%	MET	MET	1
BSCP	PPC	Post Partum Care	H	74.42%	1	2	5
KAIS	PPC	Timeliness of Prenatal Care	H	97.37%	MET	MET	MET
KAIS	PPC	Post Partum Care	H	89.47%	MET	MET	MET
MCLA_DHS	PPC	Timeliness of Prenatal Care	H	89.47%	MET	MET	1
MCLA_DHS	PPC	Post Partum Care	H	84.21%	MET	MET	1
Medi-Cal	PPC	Timeliness of Prenatal Care	H	91.11%	MET	MET	MET
Medi-Cal	PPC	Post Partum Care	H	82.59%	MET	MET	6
BCSC	TFL_CH	Dental health services: Age 01 to 02 Years	A	0.39%			

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
BCSC	TFL_CH	Dental health services: Age 03 to 05 Years	A	0.76%			
BCSC	TFL_CH	Dental health services: Age 06 to 07 Years	A	0.65%			
BCSC	TFL_CH	Dental health services: Age 08 to 09 Years	A	0.87%			
BCSC	TFL_CH	Dental health services: Age 10 to 11 Years	A	0.98%			
BCSC	TFL_CH	Dental health services: Age 12 to 14 Years	A	1.17%			
BCSC	TFL_CH	Dental health services: Age 15 to 18 Years	A	1.16%			
BCSC	TFL_CH	Dental health services: Age 19 to 20 Years	A	0.78%			
BCSC	TFL_CH	Dental or Oral health services: Age 01 to 02 Years	A	16.18%			
BCSC	TFL_CH	Dental or Oral health services: Age 03 to 05 Years	A	28.83%			
BCSC	TFL_CH	Dental or Oral health services: Age 06 to 07 Years	A	29.54%			
BCSC	TFL_CH	Dental or Oral health services: Age 08 to 09 Years	A	27.30%			
BCSC	TFL_CH	Dental or Oral health services: Age 10 to 11 Years	A	26.27%			
BCSC	TFL_CH	Dental or Oral health services: Age 12 to 14 Years	A	24.07%			
BCSC	TFL_CH	Dental or Oral health services: Age 15 to 18 Years	A	17.90%			
BCSC	TFL_CH	Dental or Oral health services: Age 19 to 20 Years	A	8.32%			
BCSC	TFL_CH	Oral health services: Age 01 to 02 Years	A	1.48%			
BCSC	TFL_CH	Oral health services: Age 03 to 05 Years	A	0.25%			
BCSC	TFL_CH	Oral health services: Age 06 to 07 Years	A	0.06%			
BCSC	TFL_CH	Oral health services: Age 08 to 09 Years	A	0.04%			
BCSC	TFL_CH	Oral health services: Age 10 to 11 Years	A	0.05%			
BCSC	TFL_CH	Oral health services: Age 12 to 14 Years	A	0.02%			
BCSC	TFL_CH	Oral health services: Age 15 to 18 Years	A	0.02%			

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
BCSC	TFL_CH	Oral health services: Age 19 to 20 Years	A	0.01%			
BSCP	TFL_CH	Dental health services: Age 01 to 02 Years	A	0.36%			
BSCP	TFL_CH	Dental health services: Age 03 to 05 Years	A	0.84%			
BSCP	TFL_CH	Dental health services: Age 06 to 07 Years	A	0.92%			
BSCP	TFL_CH	Dental health services: Age 08 to 09 Years	A	0.72%			
BSCP	TFL_CH	Dental health services: Age 10 to 11 Years	A	0.99%			
BSCP	TFL_CH	Dental health services: Age 12 to 14 Years	A	0.99%			
BSCP	TFL_CH	Dental health services: Age 15 to 18 Years	A	0.85%			
BSCP	TFL_CH	Dental health services: Age 19 to 20 Years	A	0.58%			
BSCP	TFL_CH	Dental or Oral health services: Age 01 to 02 Years	A	16.28%			
BSCP	TFL_CH	Dental or Oral health services: Age 03 to 05 Years	A	29.57%			
BSCP	TFL_CH	Dental or Oral health services: Age 06 to 07 Years	A	30.56%			
BSCP	TFL_CH	Dental or Oral health services: Age 08 to 09 Years	A	27.14%			
BSCP	TFL_CH	Dental or Oral health services: Age 10 to 11 Years	A	27.22%			
BSCP	TFL_CH	Dental or Oral health services: Age 12 to 14 Years	A	24.19%			
BSCP	TFL_CH	Dental or Oral health services: Age 15 to 18 Years	A	18.45%			
BSCP	TFL_CH	Dental or Oral health services: Age 19 to 20 Years	A	8.49%			
BSCP	TFL_CH	Oral health services: Age 01 to 02 Years	A	1.17%			
BSCP	TFL_CH	Oral health services: Age 03 to 05 Years	A	0.17%			
BSCP	TFL_CH	Oral health services: Age 06 to 07 Years	A	0.03%			
BSCP	TFL_CH	Oral health services: Age 08 to 09 Years	A	0.07%			
BSCP	TFL_CH	Oral health services: Age 10 to 11 Years	A	0.05%			

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
BSCP	TFL_CH	Oral health services: Age 12 to 14 Years	A	0.06%			
BSCP	TFL_CH	Oral health services: Age 15 to 18 Years	A	0.03%			
BSCP	TFL_CH	Oral health services: Age 19 to 20 Years	A	0.02%			
KAIS	TFL_CH	Dental health services: Age 01 to 02 Years	A	0.11%			
KAIS	TFL_CH	Dental health services: Age 03 to 05 Years	A	0.34%			
KAIS	TFL_CH	Dental health services: Age 06 to 07 Years	A	0.45%			
KAIS	TFL_CH	Dental health services: Age 08 to 09 Years	A	0.37%			
KAIS	TFL_CH	Dental health services: Age 10 to 11 Years	A	0.43%			
KAIS	TFL_CH	Dental health services: Age 12 to 14 Years	A	0.48%			
KAIS	TFL_CH	Dental health services: Age 15 to 18 Years	A	0.35%			
KAIS	TFL_CH	Dental health services: Age 19 to 20 Years	A	0.47%			
KAIS	TFL_CH	Dental or Oral health services: Age 01 to 02 Years	A	15.17%			
KAIS	TFL_CH	Dental or Oral health services: Age 03 to 05 Years	A	21.27%			
KAIS	TFL_CH	Dental or Oral health services: Age 06 to 07 Years	A	20.31%			
KAIS	TFL_CH	Dental or Oral health services: Age 08 to 09 Years	A	13.57%			
KAIS	TFL_CH	Dental or Oral health services: Age 10 to 11 Years	A	12.68%			
KAIS	TFL_CH	Dental or Oral health services: Age 12 to 14 Years	A	10.46%			
KAIS	TFL_CH	Dental or Oral health services: Age 15 to 18 Years	A	7.11%			
KAIS	TFL_CH	Dental or Oral health services: Age 19 to 20 Years	A	3.75%			
KAIS	TFL_CH	Oral health services: Age 01 to 02 Years	A	4.02%			
KAIS	TFL_CH	Oral health services: Age 03 to 05 Years	A	0.14%			
KAIS	TFL_CH	Oral health services: Age 06 to 07 Years	A	0.05%			

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
KAIS	TFL_CH	Oral health services: Age 08 to 09 Years	A	0.03%			
KAIS	TFL_CH	Oral health services: Age 10 to 11 Years	A	0.02%			
KAIS	TFL_CH	Oral health services: Age 12 to 14 Years	A	0.01%			
KAIS	TFL_CH	Oral health services: Age 15 to 18 Years	A	0.01%			
KAIS	TFL_CH	Oral health services: Age 19 to 20 Years	A	0.01%			
MCLA_DHS	TFL_CH	Dental health services: Age 01 to 02 Years	A	0.43%			
MCLA_DHS	TFL_CH	Dental health services: Age 03 to 05 Years	A	0.90%			
MCLA_DHS	TFL_CH	Dental health services: Age 06 to 07 Years	A	0.86%			
MCLA_DHS	TFL_CH	Dental health services: Age 08 to 09 Years	A	0.67%			
MCLA_DHS	TFL_CH	Dental health services: Age 10 to 11 Years	A	1.00%			
MCLA_DHS	TFL_CH	Dental health services: Age 12 to 14 Years	A	0.67%			
MCLA_DHS	TFL_CH	Dental health services: Age 15 to 18 Years	A	0.64%			
MCLA_DHS	TFL_CH	Dental health services: Age 19 to 20 Years	A	0.44%			
MCLA_DHS	TFL_CH	Dental or Oral health services: Age 01 to 02 Years	A	15.87%			
MCLA_DHS	TFL_CH	Dental or Oral health services: Age 03 to 05 Years	A	29.36%			
MCLA_DHS	TFL_CH	Dental or Oral health services: Age 06 to 07 Years	A	32.07%			
MCLA_DHS	TFL_CH	Dental or Oral health services: Age 08 to 09 Years	A	26.92%			
MCLA_DHS	TFL_CH	Dental or Oral health services: Age 10 to 11 Years	A	26.23%			
MCLA_DHS	TFL_CH	Dental or Oral health services: Age 12 to 14 Years	A	23.86%			
MCLA_DHS	TFL_CH	Dental or Oral health services: Age 15 to 18 Years	A	17.34%			
MCLA_DHS	TFL_CH	Dental or Oral health services: Age 19 to 20 Years	A	8.18%			
MCLA_DHS	TFL_CH	Oral health services: Age 01 to 02 Years	A	0.97%			

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
MCLA_DHS	TFL_CH	Oral health services: Age 03 to 05 Years	A	0.37%			
MCLA_DHS	TFL_CH	Oral health services: Age 06 to 07 Years	A	0.28%			
MCLA_DHS	TFL_CH	Oral health services: Age 08 to 09 Years	A	0.23%			
MCLA_DHS	TFL_CH	Oral health services: Age 10 to 11 Years	A	0.29%			
MCLA_DHS	TFL_CH	Oral health services: Age 12 to 14 Years	A	0.12%			
MCLA_DHS	TFL_CH	Oral health services: Age 15 to 18 Years	A	0.15%			
MCLA_DHS	TFL_CH	Oral health services: Age 19 to 20 Years	A	-			
Medi-Cal	TFL_CH	Dental health services: Age 01 to 02 Years	A	0.35%			
Medi-Cal	TFL_CH	Dental health services: Age 03 to 05 Years	A	0.66%			
Medi-Cal	TFL_CH	Dental health services: Age 06 to 07 Years	A	0.71%			
Medi-Cal	TFL_CH	Dental health services: Age 08 to 09 Years	A	0.74%			
Medi-Cal	TFL_CH	Dental health services: Age 10 to 11 Years	A	0.89%			
Medi-Cal	TFL_CH	Dental health services: Age 12 to 14 Years	A	0.94%			
Medi-Cal	TFL_CH	Dental health services: Age 15 to 18 Years	A	0.92%			
Medi-Cal	TFL_CH	Dental health services: Age 19 to 20 Years	A	0.64%			
Medi-Cal	TFL_CH	Dental or Oral health services: Age 01 to 02 Years	A	15.40%			
Medi-Cal	TFL_CH	Dental or Oral health services: Age 03 to 05 Years	A	27.72%			
Medi-Cal	TFL_CH	Dental or Oral health services: Age 06 to 07 Years	A	28.93%			
Medi-Cal	TFL_CH	Dental or Oral health services: Age 08 to 09 Years	A	25.00%			
Medi-Cal	TFL_CH	Dental or Oral health services: Age 10 to 11 Years	A	24.39%			
Medi-Cal	TFL_CH	Dental or Oral health services: Age 12 to 14 Years	A	21.64%			
Medi-Cal	TFL_CH	Dental or Oral health services: Age 15 to 18 Years	A	15.93%			

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
Medi-Cal	TFL_CH	Dental or Oral health services: Age 19 to 20 Years	A	7.44%			
Medi-Cal	TFL_CH	Oral health services: Age 01 to 02 Years	A	1.59%			
Medi-Cal	TFL_CH	Oral health services: Age 03 to 05 Years	A	0.20%			
Medi-Cal	TFL_CH	Oral health services: Age 06 to 07 Years	A	0.06%			
Medi-Cal	TFL_CH	Oral health services: Age 08 to 09 Years	A	0.05%			
Medi-Cal	TFL_CH	Oral health services: Age 10 to 11 Years	A	0.05%			
Medi-Cal	TFL_CH	Oral health services: Age 12 to 14 Years	A	0.04%			
Medi-Cal	TFL_CH	Oral health services: Age 15 to 18 Years	A	0.02%			
Medi-Cal	TFL_CH	Oral health services: Age 19 to 20 Years	A	0.01%			
Medi-Cal	TFL_CH	Prevention - Topical Fluoride For Children - Total	A	21.72%	MET	MET	
BCSC	W30	Well-Child Visits: Age First 15 Months	A	36.53%	363	486	702
BCSC	W30	Well-Child Visits: Age 15 Months-30 Months	A	64.53%	MET	155	918
BSCP	W30	Well-Child Visits: Age First 15 Months	A	45.71%	143	253	447
BSCP	W30	Well-Child Visits: Age 15 Months-30 Months	A	61.78%	16	266	854
KAIS	W30	Well-Child Visits: Age First 15 Months	A	76.64%	MET	MET	MET
KAIS	W30	Well-Child Visits: Age 15 Months-30 Months	A	73.43%	MET	MET	200
MCLA_DHS	W30	Well-Child Visits: Age First 15 Months	A	47.53%	55	113	213
MCLA_DHS	W30	Well-Child Visits: Age 15 Months-30 Months	A	66.90%	MET	MET	158
Medi-Cal	W30	Well-Child Visits: Age First 15 Months	A	46.72%	898	1710	3133
Medi-Cal	W30	Well-Child Visits: Age 15 Months-30 Months	A	64.28%	MET	821	4461
BCSC	WCV	Child and Adolescent Well-Care Visits (WCV) - Total	A	47.78%	MET	575	26195
BSCP	WCV	Child and Adolescent Well-Care Visits (WCV) - Total	A	52.05%	MET	MET	14241
KAIS	WCV	Child and Adolescent Well-Care Visits (WCV) - Total	A	54.71%	MET	MET	6335

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Final Rate	# to Reach 33.33rd	# to Reach 50th	# to Reach 90th
MCLA_DHS	WCV	Child and Adolescent Well-Care Visits (WCV) - Total	A	34.78%	2529	4093	8120
Medi-Cal	WCV	Child and Adolescent Well-Care Visits (WCV) - Total	A	48.67%	MET	MET	100370

	Reverse Percent on Reported Rate
	Lower Report Rate Better Performance Indicator
MET	Met target for Benchmark and Planning

Table 2. Results of PASC-SEIU Rates

Reporting Population	Base Measure ID	Measure Description	Sub Measure Description	Measure Type	Admin Rate
PASC	AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	Age 18-64 Years	A	33.33%
PASC	AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	Age 65 Years and Older	A	25.00%
PASC	AAP	Adults Access to Preventive/Ambulatory Health Services (AAP)	Age 20-44 Years	A	82.62%
PASC	AAP	Adults Access to Preventive/Ambulatory Health Services (AAP)	Age 45-64 Years	A	87.19%
PASC	AAP	Adults Access to Preventive/Ambulatory Health Services (AAP)	Age 65 Years and Older	A	83.20%
PASC	AIS-E	Adult Immunization Status (AIS-E)	Influenza-19-65 Years Old	ECDS	22.66%
PASC	AIS-E	Adult Immunization Status (AIS-E)	Td/Tdap-19-65 Years Old	ECDS	47.56%
PASC	AIS-E	Adult Immunization Status (AIS-E)	Zoster-50-65 Years Old	ECDS	25.96%
PASC	AMM	Antidepressant Medication Management (AMM)	Effective Acute Phase Treatment	A	80.39%
PASC	AMM	Antidepressant Medication Management (AMM)	Effective Continuation Phase Treatment	A	64.71%
PASC	AMR	Asthma Medication Ratio (AMR)	Age 12-18	A	100.00%

Reporting Population	Base Measure ID	Measure Description	Sub Measure Description	Measure Type	Admin Rate
PASC	AMR	Asthma Medication Ratio (AMR)	Age 19-50	A	63.16%
PASC	AMR	Asthma Medication Ratio (AMR)	Age 51-64	A	72.41%
PASC	ASF-E	Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)	Alcohol Use Screening: 18-44 Years Old	ECDS	0.07%
PASC	AXR	Antibiotic Utilization for Respiratory Conditions (AXR)	Antibiotic Utilization for Respiratory Conditions: Age 18-64 Years	A	19.83%
PASC	AXR	Antibiotic Utilization for Respiratory Conditions (AXR)	Antibiotic Utilization for Respiratory Conditions: Age 65 years and Above	A	10.60%
PASC	BCS-E	Breast Cancer Screening (BCS-E)	Breast Cancer Screening	ECDS	55.31%
PASC	BPD	Blood Pressure Control for Patients With Diabetes (BPD)	Blood Pressure Control for Patients With Diabetes (BPD)	H	51.80%
PASC	CBP	Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure	H	53.32%
PASC	CCS	Cervical Cancer Screening (CCS)	Cervical Cancer Screening	H	50.47%
PASC	CHL	Chlamydia Screening in Women (CHL)	Age 16-20 Years	A	100.00%
PASC	CHL	Chlamydia Screening in Women (CHL)	Age 21-24 Years	A	81.82%
PASC	COL	Colorectal Cancer Screening (COL)	Colorectal Cancer Screening: Age 46-50 Years	H	28.08%
PASC	COL	Colorectal Cancer Screening (COL)	Colorectal Cancer Screening: Age 51-75 Years	H	40.99%
PASC	COL-E	Colorectal Cancer Screening (COL-E)	Colorectal Cancer Screening: Age 46-50 years	ECDS	28.08%
PASC	COL-E	Colorectal Cancer Screening (COL-E)	Colorectal Cancer Screening: Age 51-75 years	ECDS	40.99%
PASC	COU	Risk of Continued Opioid Use (COU)	At least 15 days covered-18-64 Years Old	A	8.11%
PASC	COU	Risk of Continued Opioid Use (COU)	At least 15 days covered-65+ Years Old	A	33.33%
PASC	COU	Risk of Continued Opioid Use (COU)	At least 31 days covered-18-64 Years Old	A	3.51%
PASC	COU	Risk of Continued Opioid Use (COU)	At least 31 days covered-65+ Years Old	A	6.67%

Reporting Population	Base Measure ID	Measure Description	Sub Measure Description	Measure Type	Admin Rate
PASC	CWP	Appropriate Testing for Pharyngitis (CWP)	Age 18-64 Years	A	37.86%
PASC	CWP	Appropriate Testing for Pharyngitis (CWP)	Age 65 and Older	A	33.33%
PASC	DMH	Diagnosed Mental Health Disorders (DMH)	Diagnosed Mental Health Disorders: Age 18-64 years	A	13.78%
PASC	DMH	Diagnosed Mental Health Disorders (DMH)	Diagnosed Mental Health Disorders: Age 65 years and Above	A	13.25%
PASC	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Utilization of PHQ-9 During Assessment Period 1: Age 18-44 Years Old	ECDS	17.24%
PASC	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Utilization of PHQ-9 During Assessment Period 2: Age 18-44 Years Old	ECDS	8.57%
PASC	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Utilization of PHQ-9 During Assessment Period 3: Age 18-44 Years Old	ECDS	15.63%
PASC	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Utilization of PHQ-9 During Assessment Period 1: Age 45-64 Years Old	ECDS	20.00%
PASC	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Utilization of PHQ-9 During Assessment Period 2: Age 45-64 Years Old	ECDS	10.87%
PASC	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Utilization of PHQ-9 During Assessment Period 3: Age 45-64 Years Old	ECDS	11.36%
PASC	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Utilization of PHQ-9 During Assessment Period 2: Age 65+ Years Old	ECDS	25.00%
PASC	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Utilization of PHQ-9 During Assessment Period 3: Age 65+ Years Old	ECDS	25.00%
PASC	DRR-E	Depression Remission or Response for Adolescents and Adults (DRR-E)	Follow-Up PHQ-9-18-44 Years Old	ECDS	33.33%
PASC	DRR-E	Depression Remission or Response for Adolescents and Adults (DRR-E)	Depression Remission: Age 18-44 Years Old	ECDS	11.11%

Reporting Population	Base Measure ID	Measure Description	Sub Measure Description	Measure Type	Admin Rate
PASC	DRR-E	Depression Remission or Response for Adolescents and Adults (DRR-E)	Depression Response: Age 18-44 Years Old	ECDS	11.11%
PASC	DRR-E	Depression Remission or Response for Adolescents and Adults (DRR-E)	Follow-Up PHQ-9-45-64 Years Old	ECDS	57.14%
PASC	DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Depression Screening: Age 18-64 Years Old	ECDS	8.10%
PASC	DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Follow-Up for Age 18-64 Years Old	ECDS	68.18%
PASC	DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Depression Screening: Age 65+ Years Old	ECDS	11.08%
PASC	DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Follow-Up for Ages 65+ Years Old	ECDS	12.50%
PASC	DSU	Diagnosed Substance Use Disorders (DSU)	Diagnosis of Alcohol Disorder: Age 18-64 Years	A	0.99%
PASC	DSU	Diagnosed Substance Use Disorders (DSU)	Diagnosis of Alcohol Disorder: Age 65 Years and Above	A	0.83%
PASC	DSU	Diagnosed Substance Use Disorders (DSU)	Diagnosis of Opioid Disorder: Age 18-64 Years	A	0.25%
PASC	DSU	Diagnosed Substance Use Disorders (DSU)	Diagnosis of Opioid Disorder: Age 65 Years and Above	A	0.21%
PASC	DSU	Diagnosed Substance Use Disorders (DSU)	Diagnosis of Other or Unspecified Drugs: Age 18-64 Years	A	0.91%
PASC	DSU	Diagnosed Substance Use Disorders (DSU)	Diagnosis of Substance Use Disorder: Age 18-64 Years	A	1.93%
PASC	DSU	Diagnosed Substance Use Disorders (DSU)	Diagnosis of Substance Use Disorder: Age 65 Years and Above	A	0.83%
PASC	EED	Eye Exam for Patients With Diabetes (EED)	Eye Exam (retinal) Performed	H	35.84%
PASC	FUA	Follow-Up After Emergency Department Visit for Substance Use (FUA)	Follow-up within 30 Days of the ED Visit: Age 18 Years and Above	A	20.00%
PASC	FUH	Follow-Up After Hospitalization for Mental Illness (FUH)	30 Days Follow-up for discharge for Age between 18-64 Years Old	A	20.00%

Reporting Population	Base Measure ID	Measure Description	Sub Measure Description	Measure Type	Admin Rate
PASC	FUH	Follow-Up After Hospitalization for Mental Illness (FUH)	7 Days Follow-up for discharge for Age between 18-64 Years Old	A	20.00%
PASC	FUI	Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	30 Days Follow-up for discharge for Age between 18-64 Years Old	A	60.00%
PASC	FUI	Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	7 Days Follow-up for discharge for Age between 18-64 Years Old	A	60.00%
PASC	FUM	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	30 Days Follow-up for discharge for Age between 18-64 Years	A	44.44%
PASC	FUM	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	7 Days Follow-up for discharge for Age between 18-64 Years	A	33.33%
PASC	HBD	Hemoglobin A1c Control for Patients With Diabetes (HBD)	HbA1C Poor Control >9.0%	H	48.51%
PASC	HBD	Hemoglobin A1c Control for Patients With Diabetes (HBD)	HbA1C Control <8.0%	H	42.25%
PASC	IET	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Engagement of SUD Treatment Alcohol: Age 18-64 Years	A	7.14%
PASC	IET	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Engagement of SUD Treatment Opioid: Age 18-64 Years	A	28.57%
PASC	IET	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Engagement of SUD Treatment Other: Age 18-64 Years	A	4.55%
PASC	IET	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Initiation of SUD Treatment Alcohol: Age 18-64 Years	A	32.14%
PASC	IET	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Initiation of SUD Treatment Opioid: Age 18-64 Years	A	57.14%
PASC	IET	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Initiation of SUD Treatment Other: Age 18-64 Years	A	27.27%

Reporting Population	Base Measure ID	Measure Description	Sub Measure Description	Measure Type	Admin Rate
PASC	KED	Kidney Health Evaluation for Patients With Diabetes (KED)	Kidney Health Evaluation: Age 18-64 Years	A	39.52%
PASC	KED	Kidney Health Evaluation for Patients With Diabetes (KED)	Kidney Health Evaluation: Age 65-74 Years	A	32.46%
PASC	KED	Kidney Health Evaluation for Patients With Diabetes (KED)	Kidney Health Evaluation: Age 75-85 Years	A	50.00%
PASC	LBP	Use of Imaging Studies for Low Back Pain (LBP)	Use of Imaging Studies for Low Back Pain: Age 18-64 Years	A	69.06%
PASC	LBP	Use of Imaging Studies for Low Back Pain (LBP)	Use of Imaging Studies for Low Back Pain: Age 65-75 Years	A	69.23%
PASC	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Persistence of BB Treatment After a Heart Attack	A	60.00%
PASC	PCE	Pharmacotherapy Management of COPD Exacerbation (PCE)	Systemic Corticosteroids	A	40.00%
PASC	PCE	Pharmacotherapy Management of COPD Exacerbation (PCE)	Bronchodilator	A	60.00%
PASC	PDS-E	Postpartum Depression Screening and Follow-Up (PDS-E)	Depression Screening	ECDS	8.57%
PASC	PND-E	Prenatal Depression Screening and Follow-Up (PND-E)	Depression Screening	ECDS	23.33%
PASC	PPC	Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	H	55.56%
PASC	PPC	Prenatal and Postpartum Care (PPC)	Post Partum Care	H	66.67%
PASC	PRS-E	Prenatal Immunization Status (PRS-E)	Combination	ECDS	30.00%
PASC	PRS-E	Prenatal Immunization Status (PRS-E)	Influenza	ECDS	36.67%
PASC	PRS-E	Prenatal Immunization Status (PRS-E)	Tdap	ECDS	46.67%
PASC	SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	A	100.00%
PASC	SPC	Statin Therapy for Patients With Cardiovascular Disease (SPC)	Statin Therapy for Female Patients	A	62.50%
PASC	SPC	Statin Therapy for Patients With Cardiovascular Disease (SPC)	Statin Therapy for Female Patients with adherence 80%	A	90.00%

Reporting Population	Base Measure ID	Measure Description	Sub Measure Description	Measure Type	Admin Rate
PASC	SPC	Statin Therapy for Patients With Cardiovascular Disease (SPC)	Statin Therapy for Male Patients	A	93.33%
PASC	SPC	Statin Therapy for Patients With Cardiovascular Disease (SPC)	Statin Therapy for Male Patients with adherence 80%	A	78.57%
PASC	SPD	Statin Therapy for Patients With Diabetes (SPD)	Statin Therapy for Patients	A	68.90%
PASC	SPD	Statin Therapy for Patients With Diabetes (SPD)	Statin Therapy for Patients with adherence 80%	A	78.37%
PASC	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	A	29.63%
PASC	UOP	Use of Opioids from Multiple Providers (UOP)	Prescribers	A	14.78%
PASC	UOP	Use of Opioids from Multiple Providers (UOP)	Pharmacies	A	4.35%
PASC	UOP	Use of Opioids from Multiple Providers (UOP)	Prescribers & Pharmacies	A	1.74%
PASC	URI	Appropriate Treatment for Upper Respiratory Infection (URI)	Age 18-64 Years	A	80.60%
PASC	URI	Appropriate Treatment for Upper Respiratory Infection (URI)	Age 65 and Older	A	66.67%
PASC	WCV	Child and Adolescent Well-Care Visits (WCV)	Well-Care Visit: Age 18-21 Years	A	35.71%

- For HEDIS MY 2023, L.A. Care successfully completed the HEDIS project. It passed audits with the contracted NCQA audit firm (Advent Advisory Group) and the State DHCS audit firm (Health Services Advisory Group).
- HEDIS resources: QPM staff updates HEDIS guides annually based on the Technical Specifications released by NCQA. The HEDIS Measure Guide, Measure Coding Guide to HEDIS, HEDIS Hybrid Measure Pocket Guide, and Telehealth Guide are included. The HEDIS Measure Guide provides information about the eligible population, codes for compliance, and documentation needed in the medical record for each measure. The Measure Coding Guide guides providers on submitting HEDIS services to reduce the need for medical record collection for hybrid measures. The Pocket Guide gives providers quick tips at a glance, and the Telehealth Guide was created to provide guidance on the newly released changes to the HEDIS specifications due to COVID-19 to providers. All guides are distributed as QPM staff conducts practitioner outreach to offices providing HEDIS/CAHPS education and reviewing HEDIS gaps in care reports.

MAJOR ACCOMPLISHMENTS

- Outreach in 2024 targeted 3,020 primary care providers—all PCPs except Kaiser and DHS. L.A. Care QPM/HEDIS, Blue Shield Promise, and Anthem staff conducted the outreach.

- Several offices declined outreach visits as providers stated they were too busy for meetings. In those cases, educational materials were emailed to office staff.
- Nearly all the offices appreciated the education as the visits helped them better understand HEDIS and CAHPS data submission and how it affects their overall performance.
- Staff conducted telephonic and WebEx meetings with providers due to COVID-19, whereas most visits were onsite in years prior to COVID. QPM staff has forged positive relationships with the provider office staff and has become a resource for them in 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 ensure there were no further issues.
- Several offices had issues logging into the LAC portal, which were resolved with these visits, giving them access to member gap in care reports and HEDIS/CAHPS resources.
- Several offices asked for training in improving customer service.
- HEDIS MY2023 data optimization and cross-functional initiatives contributed to the integration of new data sources for HEDIS reporting, such as:
 - Health Information Exchange data from LANES was incorporated into the L.A. Care data collection process and helped with the reporting of several Electronic Clinical Data Systems (ECDS) measures.
 - The addition of LANES data was completed, and the data integration of all L.A. Care HIE systems into HEDIS reporting (PointClick Care and SafetyNetConnect were integrated in the prior year).
 - New supplemental data sources as a result of pilot projects.
 - Cozeva – a project that allows providers to close gaps in care that may not have been closed through claims/encounters or other standard methods. Providers utilizing Cozeva could close HEDIS gaps by uploading medical record documentation to the portal, and data was transferred to the L.A. Care HEDIS engine. Additional providers are continually being added as Cozeva users.
 - Collaboration with Risk Adjustment—QPM reviewed medical records collected by the L.A. Care Risk Adjustment team for HEDIS gaps. Through this review, 2,684 D-SNP and LACC gaps were closed, mainly for Care for Older Adults (COA), Controlling High Blood Pressure (CBP), Breast Cancer Screening (BCS), Colorectal Cancer Screening (COL), and Depression Screening and Follow Up (DSF-E).

BARRIERS

- Several offices continue to 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.
- Approximately half of the offices declined outreach due to being extremely busy and/or short-staffed and not having time to accommodate even a telephonic visit. Some busy offices that could schedule time ended up cancelling or were no-shows to the appointment. Offices that declined were still provided with HEDIS resources as reference materials.
- Staff could not contact approximately 7% of offices due to wrong phone numbers, closed offices, or not returning phone messages.

PROVIDER FEEDBACK

- Nearly all offices expressed frustration with claims/encounters issues and delays, stating that Gap in Care reports are often not up to date, making reconciling the reports time-consuming. Some offices said 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. The staff conducting the visits explained data lags and encouraged the providers to work with their

IPAs to minimize them. Report frequency has increased from bi-monthly to monthly to reduce, but not eliminate, the lag.

- Several providers expressed difficulty in reaching a live person from LAC when calling for assistance. Calls often are passed around, have long wait times, or are not returned. Providers were given a contact list of key departments (including phone extensions) and email addresses. In addition, the staff members conducting the visits notify providers that they can 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 preventive services. Staff conducting the visits explained that several programs attempt to change member behavior, including different measures such as Diabetes Care and cancer screenings and different methods of outreach and communication (mailings, calls, automated calls, text messaging).
- Many offices expressed challenges in reaching members due to incorrect or missing member contact information. Staff conducting the visits explained that LAC and all providers experience the same challenges and that 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.

CONCLUSION

- Quality Performance Management will continue Provider outreach in collaboration with plan partners and other LAC departments. The visits are expected to continue having a positive impact on the HEDIS and CAHPS rates.
- Continue with the Cozeva gap in care closure for additional providers to access and submit data. The Cozeva platform allows providers to close gaps while the member is in the office, along with historical data.
- Medical Record Project: QPM staff will conduct internal record collection and focused pursuit of chases on hybrid measures; this effort started in July 2024 and will run until the May 2025 NCQA deadline.
- In MY 2023, Covered CA will require 80% Race/Ethnicity member self-reported data collection; there is a 10% penalty for not meeting the 80% Race/Ethnicity data threshold. L.A. Care must ensure that systems and processes are in place to collect this data. The QPM Data Team coordinates efforts with the HEDIS engine and applicable departments to ensure compliance.
- NCQA continues to push to eliminate hybrid measures requiring Medical Record review and transition those measures to an Electronic Clinical Data Set (ECDS) to reduce the burden on Health Plan staff and provider offices. Measures requiring Medical Record review are being phased out and/or transitioned to Data-only measures. Since HEDIS rates for the Hybrid measures are expected to drop without Medical Record Review, current QPM staff assigned to Medical Record review will collect additional Supplemental Data and provide further education to Providers on how to submit data for all HEDIS measures properly.
- In 2024, L.A. Care will partner with one or more vendors to extract data from provider EMRs and seamlessly load it into the HEDIS engine.
- Starting in 2024, CMS will implement a new reward factor for Medicare. The new reward factor is the Health Equity Index (HEI) Reward. To calculate the HEI, we'll need to recalculate some rates without case-mix adjustment (see Step 2); specific details are as follows:
 - Step 2: Measures that are case-mix adjusted in the Star Ratings would be adjusted using all standard case-mix adjusters for the measure except for those adjusters that are the Social Risk Factors [SRFs, Dual Eligibility (DE), Low-income Subsidy (LIS), Disability] of interest in the index, are strongly correlated with the SRFs of interest, or are conceptually similar to the SRFs of interest. The CAHPS measures included in the Star Ratings are currently adjusted for DE [Dual Eligible] and LIS [Low-income Subsidy] but are not

adjusted for disability as defined by the original reason of entitlement. For the proposed HEI, for the subset of enrollees who identified as having the SRFs [which would be all of L.A. Care's D-SNP Line of Business] of interest in Step 1 (that is, the enrollees who are DE or LIS), we would not include the case-mix adjustment for DE and LIS when calculating the scores over the 2 years for the CAHPS measures. For the three Star Ratings medication adherence measures based on the PQA specifications that will be risk-adjusted as described in section V.D.2.a of this rule, we would not include the measure-based risk adjustment for DE, LIS and disabled enrollees when calculating the scores for these measures over the 2 years as described in Step 1 if these measures meet the inclusion criteria for HEI.

I.6 DELEGATION OVERSIGHT

AUTHOR: MARITA NAZARIAN, PHARM.D, & RICHARD RICE

REVIEWERS: ELAINE SADOCCI-SMITH, FNP, MPH, CHES, & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care may delegate selected Quality Improvement (QI) activities to Plan Partners, Specialty Health Plans, First Tier, Downstream, or Related Entities with established quality improvement and health equity 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, transition of care, and coordination of care, which the Credentialing monitors, Corporate Compliance Monitoring (CCM), and Delegation Oversight (DO) Audit 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 DO Audit department works with the Corporate Compliance Monitoring (CCM) department to establish performance criteria. DO and CCM utilize alerting metrics, leverage analytic engines, and perform systematic reviews of delegate performance to measure, track, trend, and report performance against these criteria. At L.A. Care's discretion, or if 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 with the DO Audit team, which oversees the annual audit process.

DELEGATION OVERSIGHT AUDIT AND COMPLIANCE:

The following updates apply to the Calendar Year 2023:

The Delegation Oversight Audit (DOA) team annually audits PPGs Plan Partners and Specialty Health Plans. As part of the annual audits, DOA manages a variety of audit functions that subject matter expert Auditors perform within DOA or across the organization, including Compliance Program Effectiveness, Critical Incidents, Cultural & Linguistic Services, Facility Site Review, Health Education, Member Rights, Privacy, Provider Network Operations, Provider Network Services, Quality Improvement, Special Investigations, Care Management, and Utilization Management. At the close of each annual audit, DOA works with the Delegate 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.

Delegation Oversight Audit and Corporate Compliance Monitoring results are reviewed in the following committees for 2024:

- Internal Compliance Committee
- Delegation Oversight Work Group

MAJOR ACCOMPLISHMENTS

In 2024, forty-five Annual Audits were scheduled from February 2024 to December 2024. Twelve of the audits are completed, and thirty-three are in progress. The audit team also performed four Pre-delegation assessments in 2024 to ensure that providers meet the standards required to serve L.A. Care members.

Measurements

L.A. Care assures that the delegated activities comply with L.A. Care's standards, policies, and procedures. The L.A. Care Auditors review various types of information, including contracts, policies and procedures, reports, provider and other staff lists, approvals and denials, and written descriptions of services. The Annual Audit results are shared with the delegate via email. L.A. Care Health Plan requires appropriate interventions to address deficiencies by issuing a corrective action plan for each standard, and the L.A. Auditor will only accept the CAP once the standard is met.

CONCLUSION

The Delegation Oversight Audit (DOA) requests various documents from delegates and has found that other teams in the Compliance Department collect similar information. DOA's goal is to collaborate with other teams to minimize duplicative data from delegates and retrieve these materials internally.

I.6.a CORPORATE COMPLIANCE MONITORING

BACKGROUND/SUMMARY

L.A. Care Health Plan's Corporate Compliance Monitoring Department has developed a comprehensive Oversight and Monitoring Framework designed to ensure performance excellence for the Plan and all entities in L.A. Care's Service Delivery Model, including but not limited to its Provider Networks (directly contracted and delegated) and Vendors. A vital element of this Framework is a robust process to ensure that all detected performance deficiencies are timely and fully remediated.

Through the Joint Compliance Monitoring Program, L.A. Care monitors and oversees the delegate's performance of the delegated UM and CM activities/functions by conducting quarterly case file reviews and reviewing monthly reports submitted by the delegates. L.A. Care assures that the delegated activities comply with L.A. Care's standards, policies, and procedures. The table below shows the different qualitative monitoring activities that are currently scored. These measures below apply to all delegates with Service Authorization Request (SAR), Initial Health Appointment (IHA), and California Children Services (CCS) activities based on reports received by CCM. The results are shared with the delegate through quarterly compliance scorecards and monitoring tools. L.A. Care Health Plan requires appropriate interventions to address deficiencies identified through monitoring activities. Two consecutive months or quarters, depending on the area of non-compliance, potentially trigger a corrective action plan.

Table of Qualitative Monitoring Activities

Functional Area	Report Name	Measure Description	LOB	Method of Evaluation	Frequency measure is evaluated	Target Compliance Threshold	Minimum Compliance Threshold
Utilization Management	SAR Log	Appropriate clinical decision making	All LOBs	Qualitative	Quarterly	100.0%	95.0%
Utilization Management	SAR Log	Appropriate letter content denials	All LOBs	Qualitative	Quarterly	100.0%	95.0%
Utilization Management	SAR Log	Appropriate delay	All LOBs	Qualitative	Quarterly	100.0%	95.0%
Utilization Management	SAR Log	Appropriate letter content for deferrals	All LOBs	Qualitative	Quarterly	100.0%	95.0%
Utilization Management	SAR Log	Appeal Rights	All LOBs	Qualitative	Quarterly	100.0%	95.0%
Care Management	IHA Report	IHA completion and outreach timeliness	MCLA	Qualitative	Quarterly	100.0%	95.0%
Care Management	IHA Report	IHA age-specific components	MCLA	Qualitative	Quarterly	100.0%	95.0%
Care Management	MCP Report	CCS eligibility	MCLA	Qualitative	Quarterly	100.0%	95.0%
Care Management	MCP Report	CCS care coordination	MCLA	Qualitative	Quarterly	100.0%	95.0%

During the last four quarters (Q3 2023 to Q2 2024), 843 CAP elements were identified under qualitative (614 elements) and quantitative (229 elements) reviews. A quarterly average of 40 delegates was reviewed for SAR monitoring, 40 for CCS, and 40 for IHA. The CCM team completed and closed 125 CAPs between Q3 2023 and Q2 2024, which includes multiple elements.

CONCLUSION

CCM anticipates that successful implementation of the department's CCM Performance Optimization Program (CCMPOP) and Network Performance Optimization Program (NPOP) will result in multiple performance-related achievements for the organization, its network participants, and the members who will ultimately benefit from Plan performance, which meets the highest standards of care. These programs are intended to remain responsive to regulatory, market, structural, and policy changes. They are tailored to accelerate the realization of L.A. Care's Enterprise goals, compliance, and quality standards. More specifically, the programs are designed to:

- Report on the performance of all entities in L.A. Care's Service Delivery Model
- Report on the performance of non-delegated functions to enable early detection and remediation by Business Units of performance deficiencies through evidence-based decisions
- Report on the performance of Case Management monitoring activity to ensure Individual Care Plan (ICP), Interdisciplinary Care Team (ICT), & Care Transitions are documented in alignment with the CalAIM Dual Eligible Special Needs Plans and the Model of Care

In summary, CCM monitoring efforts aim to ensure that the Plan and its providers meet healthcare quality and administrative compliance standards for delivering safe, timely, effective, efficient, equitable, and patient-centered care to L.A. Care's members.

I.6.b QI DELEGATION OVERSIGHT

AUTHORS: CLARISE STROUD, RN, MSN & PRISCILLA DE LA TORRE

REVIEWERS: RACHEL MARTINEZ, RN & FELIX AGUILAR, MD

2024 WORK PLAN GOALS

METRIC	GOAL MET/NOT MET
100% of all delegates who need an audit will receive an annual audit.	MET
100% of all delegates will report quarterly as specified in the contract.	MET
100% submission of timely delegate oversight reporting for each department.	NOT MET

BACKGROUND/SUMMARY

L.A. Care may delegate select Quality Improvement (QI) activities to Plan Partners, Specialty Health Plans (SHP), and First Tier, Downstream, or Related Entities with established quality improvement programs and policies consistent with regulatory and National Committee for Quality Assurance (NCQA) accreditation requirements and standards. Currently, QI activities are only delegated to Plan Partners and Carelon. The activities delegated to Participating Provider Groups are limited to utilization management, credentialing activities, and care transition and coordination, which are monitored by credentialing and Corporate Compliance Monitoring. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care's Delegation Oversight Communications team performs a pre-delegation audit to assess if the delegate can manage the delegated activities and compliance with L.A. Care's 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, Department of Managed Health Care (DMHC)/Department of Health Care Services (DHCS), and Centers for Medicare & Medicaid Services (CMS) standards for the delegated activities. L.A. Care analyzes audit results and reports, identifying opportunities for performance improvement. Delegations may be required to take corrective action to address any deficiencies. In addition, L.A. Care provides ongoing monitoring through substantive review of reports, meetings, and collaboration to assess continual compliance with standards and requirements. At L.A. Care's discretion, or if 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 with Compliance and the Delegation Oversight Communications unit, which oversees the annual audit process.

QI DELEGATION OVERSIGHT

L.A. Care's Quality Improvement (QI) Team has designated QI Nurse Specialist nurse and two project manager reviewers to evaluate the delegated activities by conducting a 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. Carelon Behavioral Health (FKA Beacon Health Strategies), an NCQA-accredited Managed Behavioral Health Organization (MBHO), is a delegated behavioral health service for Medi-Cal (except specialty mental health services), D-SNP, L.A. Care Covered™, and PASC-SEIU Homecare Workers for In-Home Support Services Workers.

Delegates submit regular reports for desktop review as defined in the delegation agreement. Currently, some reports and file samples are reviewed virtually. Below are the 2023 and 2024 Annual Audit and Monitoring results for the Plan Partners and Carelon.

RESULTS

Carelon Behavioral Health Services (Carelon)

Carelon's Annual Audit lookback period was from 1/1/2024-6/30/2024. For Carelon, L.A. Care oversees the distribution of Rights Statement to Practitioners and the quarterly work plans. Carelon is actively working to enhance member access and service availability. A streamlined workflow is in place for provider referrals, aligned with members' specific plan requirements. Carelon has submitted all reports to date. In reviewing the Annual Audit, Carelon was found to have no deficiencies. Carelon passed the Annual Audit for 2024.

Anthem Blue Cross

Anthem's 2024 Annual Audit lookback period was 6/01/2023-3/31/2024. For this audit period, seven documents provided by Anthem did not contain the required information/language requested by L.A. Care and were deemed out of compliance. Anthem Blue Cross was able to mitigate these deficiencies by submitting additional information or missing documents. L.A. Care accepted these documents. Anthem had seven measures that fell below the Minimum Performance Level (MPL): Asthma Medication Ratio (AMR), Childhood Immunization Status Combination 10 (CIS-10), Well Child Visits in the First 30 Months of Life (W30 6+, W30 2+), Child and Adolescent well Care Visit (WCV), Follow-Up after Emergency Department Visit for Mental illness (FUM), and Follow-Up After Emergency Department Visit for Substance Use (FUA).

CAPs were due for all seven measures. L.A. Care completed the CAP review for Anthem Blue Cross on October 29, 2024. Anthem Blue Cross identified the root causes for the low Minimum Performance Level as increased staff turnover at provider offices, vaccination hesitancy, and telehealth services captured, but many of which were not comprehensive. Anthem also identified that in-person visit components in the progress notes were incomplete, services completed out of timeframe, delays in care coordination with hospitals, case management, home health, and Skilled Nursing Facility (SNF) facilities, and members were not aware of the importance of follow-up visits with their Primary Care Physician (PCP) or medication adherence.

Anthem Blue Cross mitigated the deficiencies by developing a Plan-Do-Study-Act (PDSA) cycle for all seven measures: AMR, CIS-10, W306+, W302+, WCV, FUM, and FUA. Anthem has projected to increase each measure by 5% by the following measurement year. Various planned interventions were in place to help them with these measures.

AMR measure: Anthem Blue Cross created a care gaps distribution process for Independent Practice Associations (IPAs). Anthem Blue Cross provided annual Healthcare Effectiveness Data and Information Set (HEDIS) Training to IPAs/Management Services Organizations (MSOs) on any NCQA updates as well as education to all IPAs/Participating Medical Group (PMGs)/Clinics/Providers to improve care coordination with hospitals, case management, home health & Special Needs Plan (SNP) facilities. Anthem Blue Cross partnered with Walgreens to serve as a local go-to resource for excellent education and asthma and COPD management information.

CIS-10 measure: Anthem created a Care gaps distribution to share with all IPAs/PMGs/Clinics/Providers via Secure File Transfer Protocol (SFTP)/Email/Fax for their outreach member list. There is an ongoing call campaign to ensure non-compliant members see their PCP for childhood vaccine completion. Anthem also provided HEDIS Training to IPAs/Management Services Organizations (MSOs) annually to review NCQA updates. Lastly, an incentive was added for members with CIS-10 completed within the measurement year.

WCV, W306+, and W302+ measure: Anthem Blue Cross created a Care gaps distribution process to target all their IPA, Participating Medical Groups (PMGs)/Clinics/Providers via SFTP/Email/Fax. The critical finding and analysis include selecting priority IPAs based on two criteria: high volume and low performing. Anthem has an ongoing call campaign to ensure non-compliant members seeing their PCP for Child and Adolescent Well-Care Visits completion. Some other planned actions include providing EMR access to clinics to support gap closures, annual HEDIS training for IPAs/MSOs, and an incentive for members who complete their WCV within the measurement year.

FUM and FUA measure: Anthem created a Provider Performance Monitoring system. The critical findings and analysis include generating monthly scorecards to track and measure rate trends and develop interventions. Another intervention includes educating all IPAs/PMGs/Clinics/Providers to improve care

coordination with hospitals, case management, home health, SNF facilities, and Member education. The analysis of planned action includes reminding all IPAs/PMGs/Clinics/Providers to improve care coordination with hospitals, case management, home health, and SNF facilities, develop an Emergency Room (ER) action campaign that identifies members who visit the ER for non-emergency services that can be better managed at PCP office or Urgent Care centers, educate members with 5-10 ER visits in a year and no wellness visit within 2 years, educate members on non-emergency visits and follow-up care with PCP within 30 days after ER visit, providers who did not send an encounter with the correct principal diagnosis will receive coding training, and connect members to PCP and schedule appointments.

L.A. Care accepted Anthem's CAP response for the measures below the MPL for MY 2023 and its multi-pronged approach to close the identified care gaps with validation. In the next update, L.A. Care has requested more information on additional barriers to closing gaps and answers to the follow-up questions for the seven measures that currently have PDSA cycles in place. Anthem Blue Cross passed the Annual Audit for 2024.

Blue Shield of CA Promise Health Plan (BSP)

Blue Shield's 2024 Annual Audit lookback period was 3/1/2023-6/30/2024. The findings from the 2024 Annual Audit for Blue Shield of California Promise showed one deficiency. BSP had nine measures that fell below the MPL: Asthma Medication Ratio (AMR), Cervical Cancer Screening (CCS), Hemoglobin A1c Control for Patients With Diabetes (HBD), Follow-up After Emergency Department Visit for Mental Illness (FUM), Follow-up After Emergency Department Visit for Substance Use (FUA), Lead Screening in Children (LSC), Prenatal and Postpartum Care (PPC) Postpartum Care, and Well Child Visits in the First 30 Months of Life (W30 6+, W30 2+). A Corrective Action Plan (CAP) is due for nine measures.

L.A. Care submitted Preliminary Audit Findings to BSP. The mitigation and CAP responses for the nine measures below MPL are anticipated.

QUARTERLY AND SEMI-ANNUAL MONITORING

The Plan Partners and Carelon Behavioral Health Services submit reports quarterly and/or semi-annually, and the results of QI's substantive review and analysis are shared with the Quality Oversight Committee (QOC). Carelon Behavioral Health reports are presented and reviewed at the Behavioral Health Quality Committee. Anthem Blue Cross, Carelon, and Blue Shield of CA Promise are all compliant and have submitted their semi-annual Distribution of Rights Statement to Practitioners to date. Anthem Blue Cross and Carelon Behavioral Health Services submitted their Q1, Q2, and Q3 work plans for 2024. However, Blue Shield of CA Promise has submitted their Q1 and Q2 work plans. Their Q3 work plan for 2024 is due on 12/30/2024. Due to the contractual due date, the Q3 work plan will not be included in this delegation oversight annual evaluation report. L.A. Care has accepted all work plans that the Plan partners submitted, and Carelon, and no deficiencies were noted.

In addition, the Specialty Health Plans (SHP), including Teladoc, VSP, Liberty Dental, and American Specialty Health (ASH) plans, must submit their respective semi-annual Distribution of Rights Statement to Practitioners reports. All the SHPs have submitted their reports that are due to date.

BARRIERS

- PP Barriers: As discussions between L.A. Care and the plan partners happen regarding the next contract, more details and transparency would be seen regarding the information provided in the work plans, documents, and reports.

MAJOR ACCOMPLISHMENTS

- Carelon is the only delegate with no findings in its annual audit.
- The QI team hired an additional project manager to provide thorough audits of all submitted reports by the delegates.

RESULTS:

- 100% of all delegates who needed an audit received an annual audit.
- All three QI Delegates, Carelon, Blue Shield, and Anthem, completed a successful 2024 annual audit.
- 80% of all delegates submitted their quarterly reports as specified in their respective contracts.
- To timely submit the reports before the due date, the plan partner delegates submitted their reports 50% on time. 100% of the SHPs, which include Teladoc, Liberty Dental, ASH, and VSP, turned in their Distribution of Rights Statement to Practitioners reports before the due date.

CONCLUSION

- The QI Team will continue collaborating to improve working relations with all Delegates.
- The QI Team will prepare for the 2025 Annual Audits and monitor results for all the plan partners and Carelon.
- The QI Team will evaluate the delegate's health equity activity in 2025.
- The QI Team will take over the responsibility currently with the Delegation and Oversight Communications team.

2025 WORK PLAN GOALS

- 100% of all delegates needing an audit will receive an annual one.
- 100% of all delegates will report quarterly as specified in the contract.
- 100% submission of timely delegate oversight reporting for each department.

CONCLUSION

Overall Effectiveness and Opportunities

Overall, the 2024 Quality Improvement & Health Equity Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. This past year, several barriers were identified. The long-lasting impacts of the COVID-19 pandemic, especially as HEDIS look-back periods that encompass multiple years, continue to reflect disruptions in preventive care as well as member behaviors to seek care in-person care. Our surveys have shown that members tend to seek care only when they are sick, thus not prioritizing preventive care. Vaccines hesitancy has increased driving down immunization rates. Moreover, we continue to find data related barriers such as lack of appropriate coding, especially when it comes to new survey-based screenings and submission to L.A. Care.

The Quality Improvement Work Groups, which includes other departments, collectively had interventions or programs actively addressing our member experience and/or health outcomes. Each work group determined their priorities for the year and created initiatives to improve those metrics. The initiatives included both member and providers. This year the work groups expand text messaging to include Flu messages for children and the worked with the MBHO to start texting members after emergency department for mental health or substance use discharges. Medicare members received live agent high touch outreach calls for various conditions and screenings. L.A. Care began to offer well care visits at our Community Resource Centers (CRCs) and added new testing kits options to address access and member motivation to seek care.

Major Accomplishments/Highlights

Many of these efforts including those from 2023 have led to many improvements. For the Medi-Cal product line, out of 25 HEDIS goals, 20 metrics increased and of those 11 met the goal. For D-SNP, out of 20 HEDIS goals 13 increase and 9 met goals. For the Covered California HEDIS measure goals 13 out of 19 goals increased and 8 out the 13 met the goals for the year. These improvements are significant as the Work Plan goals are intentionally set high to push the organization further, often based on reaching the next NCQA quartile/benchmarks, statistically significant improvements, or current year trending. The Depression Screening and Follow up Screening sub measure surpassed it goals among the three product lines. Timeliness of Prenatal Care Visits (PPC-1) and Timeliness of Postpartum Visit (PPC-2) for MCLA and LACC membership met its goals. Most notably, PPC-1 reached 91% for HEDIS MY 2023. Well care measures have also steadily increased over the prior year for Medi-Cal and Medi-Cal met the 50th percentile for Well Care Visits for Children (WCV) and blood lead screening.

Additionally, there have several programming and process improvements this year. Over the 2023-24 fiscal year (FY), L.A. Care accomplished several initiatives to lay the foundation to address health inequities. Highlights include National Committee for Quality Assurance (NCQA) Health Equity Accreditation, community-based infrastructure investments of five middle schools (UCLA Sound Body and Sound Mind) and community-based resources (~\$1.4M) to address Black maternal and infant health disparities (Generating African American Infant and Nurturers Survival Initiative grants), LA County Children's Health Disparities Roundtable and Policy Recommendations and Gun Violence Prevention activities. Lastly, many of the Member Health Equity Committee goals (12 out of 16) have been met and look forward to making progress in the in FY 2024-25 with the Health Equity and Disparities Mitigation Plan as our roadmap to further advance health equity. The Provider Quality Review team had some significant achievements, including exceeding timely processing goals, new process for quality-of-care identification, and development of a new provider quality review system, Kaizen.

To address some of the identified barriers, new member incentives were added to encourage members to complete screenings and get vaccinated. L.A. Care continues to reach to members through various channels

to encourage members to seek care like automated calls, social media, and text messaging. This year L.A. Care began emailing members health reminders. Additionally, L.A. Care added vendors that provide care at the Community Resource Centers, via telehealth, or provide in home services.

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. Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers, develop, and implement effective approaches to achieve improvements. The current level of leadership involvement in the QI Program was adequate this past year and no additional leadership involvement is needed for the upcoming year. The Chief Executive Officer, Chief Medical Officer, Chief of Equity Officer, and Chief Quality and Population Health Executive were integral participants in activities of the Compliance and Quality Committee of the Board. The Chief Medical Officer, as the senior physician or designee serves as the Chairperson of all standing committees. The assignment of a subject matter expert physician to each committee and subcommittee is dependent on the scope and role of the committee.

The evaluation and review of HEDIS and disparity data showed that opportunities remain in across multiple domains of care. New Race and Ethnicity categories that were added in previous year now showed disparities that had not been seen before. Native Hawaiian and Other Pacific Islander and American (NHPI) and American Indian and Alaska Native (AIAN) Hispanic or Latino. Native Hawaiians have the lowest rates in Well-Child Visits, Controlling Blood Pressure, and Diabetes control. Black or African Americans had the lowest rates in Well-Child Visits between 15-30 Months of Life and childhood immunizations (CIS-10) while White members had the lowest rate of adolescent immunizations. Black or African Americans also had a lower rate in prenatal care and a higher rate in readmissions. Native Hawaiians and other Pacific Islanders and Black/African Americans, will be two groups that L.A. Care will continue to focus on. Along with child and adolescent care, other clinical measures have been identified for improvement, such as, cervical cancer screenings, breast cancer screenings, colorectal cancer screenings, and annual wellness exams.

QI leadership identified there was not sufficient resources in a few key areas. One area was supporting members with scheduling appointments. As a result, funding was secured for new health coordinators staff to support direct member outreach and help schedule appointments. Hiring and training is underway and should impact MY 2025 performance. Additionally, new staff were brought in to support data analytics and member experience including a vendor to do member journey mapping.

All committees met quorums, met at least quarterly, and reviewed the scope, composition and business of the individual committees remains an ongoing process. In 2024, the Quality Improvement Steering Committee changed its membership composition to include more leadership representation from the organization to help address barriers in quality improvement and include additional departments into the quality improvement process. The refinement of the committee structure and reporting is an ongoing performance improvement initiative and is expected to continue in 2025. 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.

Practitioner Participation and Leadership Involvement in the QI Program

Practicing physicians provided input through QI Health Equity Committee that now includes both members and providers. Practitioner participation in the QI Program continued to be deemed adequate for this past year. Additionally, to enhance practitioner participation in the QI Program, QI staff will meet with select high volume provider groups and directly contracted practitioners during QI Joint Operations meetings. L.A. Care members and consumer advocates provided input through the eleven Regional Community Advisory Committees and the Executive Community Advisory Committee. Other external experts

provided input through the Children’s Health Consultant Advisory Committee and the Technical Advisory Committee. L.A. Care Health Plan was successfully evaluated by regulators and accrediting bodies, with particular emphasis on quality and safety of care, coordination and integration of services, and provision of effectiveness and efficacy of processes.

Looking Forward

The QI & Health Equity Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. Based on the findings, there is no need to restructure or change the QI Program in 2025; however, there will be continued improvement efforts implemented to ensure L.A. Care’s goals are achieved in the upcoming year. These and other QI activities are detailed in the 2025 QI Work Plan and will be tracked through the QI committees, sub-committees, and the governance structure. There are several areas of focus including but not limited clinical quality, safety, member experience, timely access to care. The committees underwent several changes in 2023 and 2024, with the addition of the health equity committees and the updates to composition of the Quality Improvement Steering Committee. Thus, no changes are anticipated in committee structure in 2025. Although refinement of the committee structure, such as composition and reporting, is an ongoing performance improvement initiative and is expected to continue in 2025. Member experience and appointment availability remain some L.A. Care’s biggest opportunity. Across all product lines there were several member satisfaction measures that continue to need improvement: getting needed care, getting care quickly, and overall rating of health plan. The organization created a smaller work group in 2024 to help develop a strategy to help drive member experience. In 2024, the group choose to work on member journey mapping and a vendor was hired to start the process which continue into 2025. Timely access to care studies continue to show the need for improvement. To help address appointment availability the access to care team has worked on an escalation process to ensure groups are following appropriate appointment and wait times. Additionally, the group has started to work with the incentives team to develop a plan to incentivize appointment access. Most intervention efforts in 2024 will be maintained into 2025. In 2025, we anticipate adding more vendor partnerships, health coordinators that will help schedule appointments and integrating more health information platforms into our data systems. All these efforts should help improve data capture and continue to improve the quality of our members health.