Quality Improvement Webinar for PPGs Medi-Cal

Updates to Quality Improvement

September 14, 2016
## Agenda

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<th>Topic</th>
<th>Presenter</th>
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<td>Welcome, Intro and Background</td>
<td>Matt Emons</td>
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<td>Updates to DHCS EAS Measures</td>
<td>Grace Crofton</td>
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<td>Selected HEDIS 2016 Results</td>
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<td>HEDIS Resources</td>
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<td>Provider Opportunity Reports</td>
<td>Henock Solomon</td>
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<td>CG-CAHPS 2015: Access Composite and Prioritization for Interventions</td>
<td>Asal Sepassi</td>
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<td>Key QI Interventions 2016</td>
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<td>TOC: Reducing Hospital Readmissions</td>
<td>Matt Emons</td>
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<td>Contact Information</td>
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<td>Questions/Answers via Webinar</td>
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Welcome and Introductions

• Welcome
• This webinar is being recorded for future reference
• Attendance by PPG will be noted via log-in
• You will receive a copy of the PowerPoint
• Email notification regarding your PPG identifier on the graphs was sent prior (also see contact information at the end)
• Questions will be managed through the Q&A function (to be answered at the end of the webinar)
• Please send a message to the presenter if you cannot hear or cannot see the slides
Background: We Need Your Help

Last NCQA Survey 2014 with point scores reported annually based on adjusted reported rates

Need improvement in HEDIS performance

CAHPS decline is worrisome

Major impact on Accreditation Status

Due for re-survey 2017

<table>
<thead>
<tr>
<th></th>
<th>Available Points</th>
<th>L.A. Care Score</th>
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<th>L.A. Care Score</th>
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<td><strong>CAHPS</strong></td>
<td>13</td>
<td>8.32</td>
<td>13</td>
<td>5.84</td>
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<td>3.58</td>
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<td><strong>TOTAL</strong></td>
<td>100</td>
<td>79.63</td>
<td>100</td>
<td>76.20</td>
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<td>75.53</td>
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Selected HEDIS Results

Grace Kim Crofton, MPH
Director, Quality Performance Management
Updates to the DHCS External Accountability Set (EAS) MY 2016-2017 (RY 2017-2018)

• Elimination of:
  – Annual Monitoring for Patients on Persistent Medications – Digoxin (MPM-DIG)

• Replacement of Medication Management for Asthma (MMA) with the Asthma Medication Ratio (AMR)

• Adoption of:
  – Immunizations for Adolescents/Human Papillomavirus Vaccine for Female Adolescents (IMA/HPV)
    • Combines both vaccines for boys and girls at 13 years of age
  – Screening for Clinical Depression and Follow Up Plan (CDF)*
  – Breast Cancer Screening (BCS)*

*Health Plans will not be held to an MPL for the new measures in MY2016
### HEDIS 2014-2016 Medi-Cal Results:
3 Year Trend of Auto-Assignment Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Name</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
<th>2016 vs. 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC</td>
<td>Comprehensive Diabetes Care</td>
<td>80.4%</td>
<td>83.1%</td>
<td>86.0%</td>
<td>2.9%</td>
</tr>
<tr>
<td>W34</td>
<td>Well Child Visits in the Third Fourth Fifth and Sixth Years of Life</td>
<td>67.9%</td>
<td>69.5%</td>
<td>71.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>CBP</td>
<td>Controlling High Blood Pressure</td>
<td>57.1%</td>
<td>66.8%</td>
<td>68.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>CIS</td>
<td>Childhood Immunization Status</td>
<td>55.7%</td>
<td>77.6%</td>
<td>73.6%</td>
<td>-4.0%</td>
</tr>
<tr>
<td>CCS</td>
<td>Cervical Cancer Screening</td>
<td>59.8%</td>
<td>61.8%</td>
<td>57.6%</td>
<td>-4.2%</td>
</tr>
<tr>
<td>PPC</td>
<td>Prenatal and Postpartum Care - Timeliness of Prenatal Care</td>
<td>63.8%</td>
<td>82.2%</td>
<td>74.2%</td>
<td>-7.9%</td>
</tr>
</tbody>
</table>

*Statistical Significance (P<0.05)*
HEDIS 2016 Medi-Cal Highlights: Improvements on Other Measures

Significant improvements in 9 other measures:

1. Comprehensive Diabetes Care – Eye Exam*
2. Comprehensive Diabetes Care – Monitoring for Nephropathy*
3. Annual Monitoring for People on Persistent Medications – ACE or ARB*
4. Annual Monitoring for People on Persistent Medications – Diuretics*
5. Children and Adolescents Access to PCP – 7 to 11 Years of Age*
6. Children and Adolescents Access to PCP – 12 to 19 Years of Age*
7. Antidepressant Medication Management – Effective Acute Phase Treatment
8. Antidepressant Medication Management – Effective Continuation Phase Treatment
9. Appropriate Treatment for Children with Upper Respiratory Infection

*EAS (External Accountability Set) for RY 2016
HEDIS 2016 Medi-Cal Highlights: Declines for Other Measures

Significant declines in 5 other measures, all of which are in EAS:

1. Comprehensive Diabetes Care – Blood Pressure Control (<140/90)
2. Use of Imaging Studies for Low Back Pain
3. Children and Adolescents Access to PCP – 12 to 24 Months of Age
4. Children and Adolescents Access to PCP – 25 Months to 6 Years of Age
5. Prenatal and Postpartum Care – Timeliness of Prenatal Care
HEDIS 2016 Medi-Cal Highlights

High Performance Level above the 90th Percentile in 2 measures (1 EAS):

1. Comprehensive Diabetes Care – Monitoring for Nephropathy*
2. HPV for Female Adolescents

Minimum Performance Level below the 25th Percentile for 12 measures (1 AA & 6 EAS):

1. Prenatal and Postpartum Care – Timeliness of Prenatal Care**
2. Prenatal and Postpartum Care – Postpartum Care*
3. Annual Monitoring for People on Persistent Medication – Digoxin*
4–7. Children and Adolescents Access to PCP – 12 to 24 Months of Age*  
    25 Months to 6 Years*  
    7 to 11 Years*  
    12 to 19 Years*  
8. Asthma Medication Ratio
9. Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase
10. Childhood Immunization – Combo 10
11. Appropriate Testing for Children With Pharyngitis
12. Diabetes Screening for Schizophrenia/Bipolar Disorder Using Antipsychotic Meds

* EAS for RY 2016  
** AA

L.A. Care QI Webinar
HEDIS Resources

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

http://www.lacare.org/providers/provider-resources/hedis-resources

- Videos:
  - 6 Steps to HEDIS Success
  - HEDIS Made Easy
- HEDIS 2016 Handout & Office Manager’s Guide
- HEDIS-at-a Glance
- Site visits by PQIL Nurses and HEDIS team – commenced July 2016
- CCS Algorithm and Childhood Immunization Tip Sheet

Coming soon!
- CPT2 Tip Sheet
- HEDIS Tip Sheet for Hospital Care
- HEDIS 2017 Updates and Value Sets
Provider Opportunity Report

Henock Solomon, MPH
Manager, Incentives
Provider Opportunity Report

• 2016 Schedule: July, September, November, February (2017)
• Updates from 2016:
  – Changed CDC Control <=9% to CDC Control <8%
  – Added MMA 75% in addition to MMA 50%
  – Added COL
  – Removed ASM
• How to get gaps in care lists
  – Log on to L.A. Care’s Provider Portal at: https://external.lacare.org/provportal/ and visit the “Reports” section OR email Incentive_Ops@lacare.org
• Key points
  – For virtually all measures, the POR can be used
    • To monitor progress during the year (and compare to year prior)
    • To check for missed data capture, particularly later in the year
  – For most measures, the POR is effective for member outreach
Provider Opportunity Report - Caveats

- Interpret the data in the context of the time lag for claims/encounters, lab data, and CAIR uploads
- Due to timing issues, the POR is less effective for member outreach for several measures:

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>Factors Impacting Member Outreach</th>
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<tbody>
<tr>
<td>CIS-3 Childhood Immunization – Combo 3</td>
<td>• For children turning 2 during the calendar year, it is usually too late to catch up if they fell behind during the first 12 months</td>
</tr>
<tr>
<td>PPC Prenatal and Postpartum Care – Timeliness of Prenatal Care</td>
<td>• Index date is delivery, when prenatal care is complete</td>
</tr>
<tr>
<td>PPC Prenatal and Postpartum Care – Postpartum Care</td>
<td>• Claim/encounter lag time precludes timely identification for action</td>
</tr>
<tr>
<td>AAB Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>• Index date is acute episode, so treatment is historical</td>
</tr>
<tr>
<td>CWP Appropriate Testing for Children with Pharyngitis</td>
<td>• Index date is acute episode, so testing/treatment is historical</td>
</tr>
<tr>
<td>AMM Antidepressant Medication Management - Effective Acute Phase</td>
<td>• Measure timeframe is May 1 of prior year through April 30 of measurement year&lt;br&gt;• Index date is earliest dispensing event and a depression diagnosis, thus claim/encounter lag precludes timely intervention to impact adherence during initial 12 weeks</td>
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* Consider alternate methods to identify gaps and outreach to members for these measures*
LA P4P: Pay-for-Performance (P4P) for PPGs

- LA P4P measures, reports, and provides significant financial rewards for performance across multiple domains and measures.

- Provider groups are rewarded for both outstanding performance and year-over-year improvement.

- Eligibility: PPGs with at least 2,500 Medi-Cal members.

- MY 2016 P4P now consistent with IHA core measure set.

- MY 2015 payment coming soon!

- Expected budget $16 million (nearly 25% larger than last payout).

Success = better care + better data.
CG-CAHPS 2015
Access and Rate Care Composites

Asal Sepassi, MD
Director, Quality Improvement
CG-CAHPS

- Consumer Assessment for Healthcare Provider Systems
- Assess satisfaction with access and care delivery, service and Health Plan at the IPA level
- Agency for Healthcare Research and Quality
- Conducted every other year
- Adult and Child versions
CG-CAHPS Measures

- Getting Timely Appointments
- How Well Providers Communicate with Patients
- Helpful, Courteous, and Respectful Office Staff
- Patient’s Rating of the Provider
- Coordination of Care
- Health Promotion
- Patient’s Rating of Health Care
- Getting Needed Care
- Patient’s Rating of Health Plan
Adult-Composite Access Score

ADULT – Timely Care and Service

Adjusted Score | Project Wide Average
Child-Composite Access Score

CHILD – Timely Care and Service

Adjusted Score
Project Wide Average
## Timely Care and Service - Breakdown

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reliability</th>
<th>Your Score - % of Favorable Responses</th>
<th># of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Score</td>
<td>Y</td>
<td>43.5%</td>
<td>469</td>
</tr>
<tr>
<td>Appointment for care needed right away</td>
<td>Y</td>
<td>53.7%</td>
<td>272</td>
</tr>
<tr>
<td>Appointment for routine care</td>
<td>Y</td>
<td>60.8%</td>
<td>372</td>
</tr>
<tr>
<td>Same day response to phone question</td>
<td>Y</td>
<td>61.8%</td>
<td>211</td>
</tr>
<tr>
<td>Got advice after regular office hours</td>
<td>N</td>
<td>58.2%</td>
<td>70</td>
</tr>
<tr>
<td>Visit started within 15 minutes of appointment</td>
<td>Y</td>
<td>25.6%</td>
<td>457</td>
</tr>
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Use detail to prioritize areas for improvement
Using Matrices to Prioritize Interventions

![Graph showing the prioritization of interventions using matrices. The graph is divided into four quadrants: High yield, high performance; High yield, low performance; Low yield, low performing; and Low yield, high performing. Each quadrant is color-coded and labeled accordingly: Doctor-Patient Interactions (red square), Coordination of Care (purple square), Timely Care and Service (yellow square), Office Staff (orange triangle), Child Development (green diamond), and Health Promotion (black circle). The graph highlights the prioritization area in the High yield, low performance quadrant.]
Call to Action: Member Experience

• Review your CG-CAHPS detailed report
  – Identify priority areas for improvement
  – Focus interventions with greatest impact

• Promote a culture of customer service
  – Improve referral management operations
  – Ensure that Medi-Cal members are treated with respect and dignity
  – Avoid creating or reinforcing negative member perceptions of the Health Plan

• Continue monitoring appointment availability
  – Minimize out-of-office message during business hours

• Will soon be able to correlate CG-CAHPS and Appointment Availability with Total Grievances and Access-Related Grievances per 1000 members per month by IPA
Key QI Interventions

Matthew Emons, MD, MBA
Medical Director, Quality Improvement
Timely initiation and adherence to the childhood immunization schedule from age 2 to 8 months is essential. Early findings from a Rapid Cycle PIP in collaboration with a clinic:

**Action Items:**

- Get newborns in ASAP after 6 weeks of age to help prevent them from falling behind
- Schedule follow-up appointments for the next doses
- Prioritize appointment availability for 1-2 month dosing intervals
- In addition to submitting encounters, use CAIR to review past immunizations and record administered vaccines
  - CAIR is more effective than the Provider Opportunity Report for patient outreach to address CIS care gaps
  - Prepare for CAIR 2: training is anticipated for current users in L.A. County Q1 2017
QI Interventions 2016: Tips for CIS-3 (cont)

DTaP and PCV are the primary barriers to meeting CIS-3.

**Action Items:**

- For DTaP, a missing 4th dose appears to be a key barrier
- Timeframe for PCV is particularly vulnerable for missing 4th PCV dose
- If the 2nd PCV dose is given between 7-11 months, wait until 12 months and give 3rd dose as final dose (according to ACIP catch-up schedule)
  - Aim for 2nd PCV dose by 7 months to reduce risk of missed 4th dose
  - 4th dose PCV needed for CIS-3
  - Full coverage of PCV also protects children from systemic pneumococcal infections during first year of life, when they are most vulnerable
TIPS FOR
Childhood Immunization

TIMELY INITIATION AND ADHERENCE TO THE CHILDHOOD IMMUNIZATION SCHEDULE FROM AGE 2 TO 8 MONTHS ARE ESSENTIAL IN ORDER TO MEET CIS-3 REQUIREMENTS.

Action Items:
- Get newborns in as soon as possible after 6 weeks of age to help prevent them from falling behind
- Facilitate scheduling follow-up appointments for the next doses
- Prioritize appointment availability for 1-2 month dosing intervals
- Encourage too maternity facilities to help mothers with the MC330 form to add the baby onto her Medi-Cal coverage
- In addition to submitting encounters, use CAIR to review past immunizations and record administered vaccines
  - CAIR is more effective than the Provider Opportunity Report for patient outreach to address CIs care gaps
  - Prepare for CAIR 2; training is anticipated for current users in L.A. County 1Q2017

DTAP AND PCV ARE THE PRIMARY BARRIERS TO MEETING CIS-3
- For DTaP, a missing 4th dose appears to be a key barrier
- Timeframe for PCV is particularly vulnerable for missing 4th PCV dose
  - According to ACIP catch-up schedule, if the 2nd PCV dose is given between 2-11 months, recommendation is to wait until 12 months and give 3rd dose as final dose
    - Will not meet CIS-3 without 4th dose PCV
    - Full coverage of PCV also protects children from systemic pneumococcal infections during first year of life, when they are most susceptible

Action Items:
- Aim to administer 2nd dose of PCV by 7 months to minimize the risk of missed 4th dose
- Prioritize at risk members to get caught up (CAIR can be used)

https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

L.A. Care QI Webinar | 28
Lead Poisoning in Children

- Mailing to high volume pediatric practices in SPAs 6-8
- Includes bilingual free-standing table/counter display with tear-off educational sheets
- If other large pediatric practices/clinics are interested in the display, contact quality@lacare.org
Other Pediatric and Adolescent Interventions

- PCP fax blasts for responsible use of antibiotics and strep screening (based on AWARE)

- Chlamydia Screening
  - Educational mailing to parents of 16-17 year olds
  - Educational mailing for 18-24 years: “Protect Yourself - Get Tested”
  - Targeted social media campaign for 18-24 years of age using demographics: initial response encouraging

Action Items:

- Promote AWARE Guidelines
  - Ensure POC step screens are coded

- Promote routine collection of urine at office visits for women 18-24 years
Additional Maternal/Child Interventions

- Prenatal mailings continue for newly enrolled pregnant women
- Promoting Text4Baby
- Outreach calls to identified members post-delivery to promote postpartum visit and continued member incentive (gift card)

Call to Action:

- Identify newly pregnant members and facilitate timely prenatal visits
  - Appointment Availability standard is within 14 calendar days
    - Compliance for OB/GYN practices was only 65.5% in 2015
- Ensure that pregnant women can get pertussis and flu vaccines from OB/GYN – cannot require referral for routine preventive care services
- Promote Text4Baby (free)
- Facilitate postpartum visits between 21 and 56 days post delivery
CCS Interventions for PPGs: CCS Algorithm

- Designed for practitioners and office staff, particularly PCP sites
- Focus is on normal risk
- Complexity of current schedule creates challenges
- By Medi-Cal contract and state regulations, women cannot be required to obtain a referral to access in-network OB/GYNs for routine preventive care
CCS Interventions for PPGs: Network OB/GYNs

- Help women keep track of recommended cervical cancer screenings
- Reinforce their choice of PCP-based or OB/GYN-based screening, including how to contact OB/GYN providers in your network
- Ensure that OB/GYN offices understand open access policy
- Same holds for prenatal care
- Letter to OB/GYNs drafted
Additional Adult HEDIS Interventions

- Robocalls for BCS, CCS, and COL
- Member mailer for CCS
- Member mailer, in collaboration with ACS, for Colorectal Cancer Screening

Call to Action:

- Work the POR for member outreach!
- Do not require women to obtain referral authorization for mammography
- Promote partnership with imaging centers
- Collaborate with gastroenterologists if member opts for colonoscopy
- Promote AWARE Guidelines for responsible use of antibiotics and strep screening for adults
  - Ensure POC step screens are coded
IPA Survey Results

- Received 11 responses from MSOs/IPAs representing over half of MCLA membership
- Will give last chance to submit up until COB September 20th
- Improves ability to identify and share best practices

Highlights To Date:
- Top measures for which member outreach is conducted:
  - CDC, BCS, CCS, CIS
- Primary outreach methods are live calls and mailers
- 55% of responding IPAs report working with diagnostic imaging centers for BCS outreach
  - 38% work with OB practices for CCS or PPC
  - 9% work with GI practices for COL
- Main measures perceived as impacted by data gaps: CIS, W34, CCS, HPV

Opportunities:
- 27% of responders do not use PORs or other GIC reports to conduct member outreach
- Expand partnerships with specialty practices
- Build HEDIS measures into medical record templates, create EHR alerts
Transition of Care: Reducing Readmissions

Matthew Emons, MD, MBA
Medical Director, Quality Improvement
Transition of Care: Reducing Readmissions

- Current QIP for Cal MediConnect
- Former QIP for Medi-Cal, but DHCS expects continued efforts

### Call to Action:
- Assess readmission risk early in hospitalization
- Medication reconciliation
- Focus intense coordination of care efforts on higher risk patients
- Facilitate timely transfer of key discharge documents to receiving physician(s)
- Track readmission rates for quality improvement efforts
- Attend the TOC CME Program this fall
Earn 6 CME/CE Credits!

Transition of Care Conference

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

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

Date:
Saturday, November 5, 2016

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

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

RSVP by November 1st

Register Online: https://Nov52016cmeconf.eventbrite.com or
http://events.constantcontact.com/register/event2a?llr=rgr4fxab&oeidk=a07ed2yp5ad9d0f490d

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

L.A. Care Health Plan is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. L.A. Care Health Plan designates this live educational activity for a maximum of 4 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

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

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

L.A. Care Health Plan is an approved provider of continuing education credits by the California Board of Behavioral Sciences (provider PCE5903). This program is approved for 6 contact hours.
# L.A. Care Contacts

<table>
<thead>
<tr>
<th>Department</th>
<th>Core function</th>
<th>FAQs this team could help you with</th>
</tr>
</thead>
</table>
| **HEDIS Operations**                          | Submits to NCQA the overall performance measurement rates to all reporting entities. | • What are the specifications for HEDIS Measures?  
• What is Supplemental data and how do we submit?  
• Where can I get sources for HEDIS info?  
• How do I get access to HEDIS related codes? |
| Hedis_Ops@lacare.org                          |                                                                               |                                                                                                                                                             |
| **Quality Improvement (QI) Incentives**       | Operates L.A. Care’s incentive and pay-for-performance (P4P) programs that include:  
• L.A. Care P4P for PPGs  
• Physician P4P  
• Member Incentives  
• Provider Opportunity Reports | • How do clinics and solo PCPs qualify for Physician P4P?  
• How are IPAs, clinics, and physicians measured in the P4P programs?  
• When are LA P4P and Physician P4P payments made?  
• Request for member level details from PORs |
| Incentive_Ops@lacare.org                      |                                                                               |                                                                                                                                                             |
| **Quality Improvement (QI) Clinical Initiatives** | Develops and implements interventions to improve preventive health screenings and treatment of chronic conditions. | • What best practices can improve HEDIS scores?  
• What member and/or provider initiatives is L.A. Care implementing?  
• How can I partner with L.A. Care on initiatives?  
• Questions/comments regarding L.A. Care’s clinical practice guidelines and preventive health guidelines |
| Quality@lacare.org                            |                                                                               |                                                                                                                                                             |
| **Potential Quality Issues (PQI)**            | Investigate submitted PQIs and prepare them for Medical Director review and referral to Peer Review, if indicated. | • How do I submit a PQI or Critical Incident to L.A. Care?                                                                                                   |
| pqi@lacare.org                                |                                                                               |                                                                                                                                                             |
Addendum

Data Submission Timetable:

<table>
<thead>
<tr>
<th>Date Due</th>
<th>Files - refer to “Direct Submission Guidelines”</th>
<th>Dates of Service</th>
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<td>9/30/2016</td>
<td>Visits (claims/encounters)</td>
<td>Include services rendered 1/1/2013 through 9/15/2016 (to date)</td>
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<td></td>
<td>Lab service dates and RESULTS</td>
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<td>Vision (if in-house)</td>
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<td>Pharmacy (if in-house)</td>
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<td>Provider Demographics</td>
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<td>Lab service dates and RESULTS</td>
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Questions/Discussion

Matthew Emons, MD, MBA
Medical Director, Quality Improvement