Quality Improvement & Health Equity Program
Annual Report and Evaluation

2023

Quality Oversight Committee approval on   *2/27/2024*
Compliance and Quality Committee approval on   *3/21/2024*

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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.

L.A. Care Health Plan continues its efforts to improve, attain and maintain excellent equitable quality and safety of care and services to members. In 2024, the Quality Improvement Program was renamed the Quality Improvement and Health Equity Program (QIHEP) to better align with the goal of improving health equity across all domains of care and service. Unless otherwise noted, QI and QIHE Program are the same. The Quality Improvement Program describes the infrastructure L.A. Care uses to coordinate quality improvement activities with quantifiable goals. The 2023 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measureable goals. This 2023 Quality Improvement Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2023 through December 31, 2023 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 2023 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), Safety Net Initiatives (SNI), Health Education, Cultural and Linguistic Services (HECLS), Utilization Management (UM), Care Management (CM), Managed Long Term Services and Supports (MLTSS), Behavioral Health (BH), Facility Site Review (FSR) (Medical Record Review), and Credentialing (CR).

Activities in the 2023 Quality Improvement Program and the associated Work Plan activities focused on refining the quality of structure and process of care delivery with emphasis on member centric activity and consistency with regulatory and accreditation standards. All activities were undertaken in direct support of organizational changes and the Mission, Vision, and Strategic Priorities of the Board. Some highlights include:

Membership Changes:

Medi-Cal – increased by 138,894 members:

- Members 65 years or older increased from 11% to 12.3% of the population

Medicare Plus [Dual Eligible Special Needs Plan (D-SNP)] – increased compared to Cal MediConnect by 1,516 members:

- 80.6% are 65 years of age and older

L.A. Care Covered (LACC) – increased by 30,505 members:

- 91.4% are 21-64 years of age

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

- 18.7% are under 21 years of age

PASC-SEIU – decreased by 510 members:

- 86.2% are 21-64 years of age

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 Accreditation. L.A. Care received the below ratings for MY 2023.
    - Medi-Cal 3.5 Star
    - Medicare 3.0 Star
    - 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.
- L.A. Care is NCQA surveyed for Multicultural Health Care Distinction (MHCD).
    - L.A. Care achieved its 2 year MHCD distinction in 2021.
- In 2021 NCQA changed the name from Multicultural Health Care to Health Equity (HE).
    - L.A. Care HE survey was in December of 2023. Under HE Accreditation, L.A. Care will be surveyed every 3 years.
    - L.A. Care will achieve its first HE Accreditation in 2024.

Member Experience:

CAHPS Performance:

- Medi-Cal Adult scores remained low in 2023. Most scores saw decreases from 2022 that were not statistically significant; however, all scores remained at or below the 25th percentile for Quality Compass with the exception of Customer Service at the 33rd percentile.
- Medi-Cal Child most scores saw decreases from 2022. Four measures fell below their performance in 2021 and all measures perform lower than the 2022 NCQA Quality Compass National Averages with the exception of Customer Service and Rating of Specialist Seen Most Often.
- L.A. Care Covered, half of the ratings and composites increased while the other half decreased from 2022 to 2023. Similar to Medicaid CAHPS results, ratings of doctors improved along with indications of the doctor-patient relationship while measures related to accessing care decreased.

- There was no survey conducted for the Medicare line of business in 2023 due to the transition to D-SNP.

Clinical Care:

Clinical Initiatives:
- In 2023, 58 interventions were completed, ranging from text messages, social media, mailings, automated calls, live agent calls, and for the first time, at-home test kits.
- Evaluated 14 interventions that took place in 2021 and 2022. Of the 14, 7 were shown to be effective, including texting campaigns, a diabetes mailer and robocalls for breast and colorectal cancer screenings. Several of the interventions evaluated were difficult to determine effectiveness, such as blood pressure cuffs and webinars. Mailers remain difficult to evaluate as we cannot determine whether or not the mailer was received/opened.
- Met quarterly with 12 PPGs for a total of 44 meetings to discuss quality improvement in their HEDIS and CAHPS scores.
- Conducted 22 provider training webinars that were part of the "Wednesday Webinar" series. This was the highest number of webinars in the last five years.
- Total of 12 Patient Experience Training webinars and 11 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. There were over 700 attendees in these webinar trainings in 2023 and over 500 in the unique IPA/clinic trainings.
- 693,083 members received over one 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.
- Continued the "Back to Care" social media campaign in response to provider feedback that members are not seeking preventive care following the end of the Public Health Emergency. Updated the content to not focus as much on COVID-19 and instead encourage preventive primary care.
- Telephonic health reminders, encouraging parents to take their children for their well-care visit, went out to over 200,000 households.
- Presented at eight 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 Youth Advisory Board lead by the Department of Public Health California, The Childhood Lead Poisoning Prevention Program (CLPPP) within Department of Public Health, Los Angeles City Housing Department, and the Los Angeles HPV Vaccine Coalition.

HEDIS Performance:

DHCS MCAS & Auto Assignment:
- For MY2022, L.A. Care met the Minimum Performance Level on 9 out of the 15 MCAS measures. Measures that were below the MPL were Childhood Immunization Status (CIS), Well Child Visits in the First 30 Months of Life (W30) for both the first 15 months and 15 to 30 months, Cervical Cancer Screening (CCS), Lead Screening in Children (LSC), Follow-Up after Emergency Department Visit for Mental Illness (FUM), and Child and Adolescent Well-Care Visits (WCV).

- DHCS Auto Assignment Percentage Allotment for 2024 (year 19):
    - L.A. Care – 64%
    - Health Net – 36%

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, 1 out of 3 goals for Model of Care care coordination was met; Health Risk Assessment (Core 2.1) Initial compliance rate exceeded goal at 99.9%.
- A total of 8,247 cases were opened by the Care Management Department for FY 2022 with 393 to the Complex Case Management Program, 7,053 to the High Risk Case Management Program, and 801 to the Low Risk Case Management Program. The program graduation rate increased from 5.8% in FY 2022 to 9.2% in FY 2023.
- Field visits completed by Care Management's Community Health Workers increased from 386 in FY 2022 to 2,120 in FY 2023.
- The Cardio Vascular Disease Management Program met 1 out of 2 goals; 76.2% of members who graduated from the program achieved adequate blood pressure control of <140/90. Program outreach increased from 151 members in FY 2022 to 587 members in FY 2023.

Appeals & Grievances:

Non-Behavioral Health
- For CY 2023 42 out of the 48 Total Goals for all the LOBs were met (88%)
- A&G overall volume decreased from CY 2022 to CY 2023 by 5%

Behavioral Health
- For CY 2023 48 out of the 48 Total Goals for all the LOBs were met (100%)
- A&G overall volume increase from CY 2022 to CY 2023 by 81%

Addressing Disparities:
Over fiscal year 2022-2023, L.A. Care met ten of its 16 Member Equity Council goals. Four are currently in progress, but expected to be met in the next fiscal year. Two goals were not met including closing disparity gaps on timeliness for prenatal care and COVID vaccination disparities.

Provider Satisfaction:
- 2022 Provider Satisfaction Survey (PSS) measured satisfaction rates for 3 different provider types:
    - Primary Care Physicians (PCPs)
    - Specialty Care Physicians (SCPs)
    - Direct Network Physicians
- Provider satisfaction rates decreased overall for PCP & SCPs.
- This was the first year for Direct Network Physicians to be surveyed.

Provider Continuing Education (PCE) Program:
- L.A. Care Health Plan continue to be an accredited CME Provider by the California Medical Association (CMA) for MDs, DOs, PAs; accredited CE Provider by the California Board of Registered Nursing (CA BRN) for NPs and RNs; and accredited CE Provider by the California Association of Marriage and Family Therapists (CAMFT) for LCSWs, LMFTs, LPCCs, and LEPs.
- Planned, developed, coordinated and implemented 19 CME/CE activities for L.A. Care Providers, other physicians, NPs, RNs, LCSWs, L.A. Care staff and other healthcare professionals in FY 2022-2023 and offered a total of 47.50 CME/CE credits.
- Average webinar attendance of 120 L.A. Care Providers and other healthcare professionals in FY 2022-2023.
- Average of 46% of total audience were L.A. Care Providers with L.A. Care PCE Program Webinars in FY 2022-2023.
- Average In-Person CME/CE event attendance of 120 L.A. Care Providers and other healthcare professionals in FY 2022-2023.
- Average of 28% of total audience were L.A. Care Providers with LA. Care CME/CE In-Person Events in FY 2022-2023.

Cultural and Linguistic Services:
Five out of seven FY22-23 C&L goals were met.
- 90% of member are satisfied ("Very Happy or Somewhat Happy") with interpreting and translation services:
  - Face-to-face interpreting *Met (96.8%)*
  - Telephonic interpreting *Met (95.5%)*
  - Translation *Met (98.8%)*
- Fulfill 90% of in-person interpreting requests for member medical appointments. *Met (96.0%)*
- Deliver 90% of translation requests before or on the requested due date.
  - Standard Service *Not Met (89.3%)*
  - Rapid Service - *Met (98.4%)*
- 90% of telephonic interpreting calls are connected in 30 seconds or less. *Not Met (88.8%)*

Health Education:
Three out of four FY21-22 HE goals were met, while one goal was partially met.
1. **Increase authorization requests/referrals and enrollment in the Community Supports Medically Tailored Meals (Meals As Medicine) program by 25%.** *Met.* A total of 1,058 service authorization requests were made during FY 22-23, accounting for a 122% increase over the previous reporting period (n=476).
2. **Contract with a new vendor for the *My Health In Motion™* wellness platform by July 30, 2023.** *Met.* Following a robust Request for Proposal (RFP), contract with a new vendor for the My Health In Motion™ wellness platform was executed. The new platform is slated to launch 1/1/2024.
3. **Successfully implement the Medi-Cal Doula benefit in collaboration with the Medi-Cal Product Unit.** *Met.* The new Medi-Cal Doula Benefit launched January 1, 2023. This required benefit provides doula services for prenatal, postpartum, and members who have given birth within 12 months. Since the program inception, 32 MCLA members have received doula services out of 8,355 eligible members during the same timeframe.
4. **Increase referrals and enrollments to the following chronic disease self-management and prevention programs by 15%: diabetes, prediabetes, asthma, pediatric healthy weights and adult weight management.** *Partially Met.* A significant increase was noted in overall referrals

but there was only a 7% increase in referrals for education on the targeted chronic conditions of diabetes, prediabetes, asthma and obesity/overweight in children and adults, falling short of the 15% goal.

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, the PNA will be a multi-year process and Plans will submit an annual PHM strategy, informed by the redesigned PNA process, which replaces the PNA Action Plan. Moving forward, Population Health Management (PHM) will assume primary responsibility for the PNA.

Patient Safety:

Potential Quality of Care Issues (PQI):

The PQI timely processing goal was met. In Fiscal Year (FY) 2022-2023, the PQR team processed 7,337 PQI referrals, including cases carried over from the previous years. 6,230 of the 7,337 (85%) cases were processed within the required timeframe of six calendar months, or seven months with approved extension, which meets the goal of 85%. While our overall compliance rate met the goal of 85%, it is important to note that the team worked on closure of a large backlog of untimely referrals from grievances, which was remediated in March 2023. As of April 2023 onward, PQI timely compliance rate has remained above 98%.

This year, the clinical reviewers took a much stricter approach then it has in previous years to ensure quality of care issues are called out and actions are required from the involved providers. For this reporting period, 346 PQIs had quality of care findings and 339 (98%) of these findings were addressed with actions taken. The team continued to work closely with the provider/provider group and vendors to review PQI data and ensure quality improvement activities are implemented for patient safety.

Critical Incident (CI) Reporting (CMC only):
- Goal Met: 100% of PPGs and Vendors reported their critical incidents

After the transition of CMC to Dual Special Needs Plan (D-SNP) in January 2023, Department of Health Care Services (DHCS) released a new CI reporting requirement for long-term care facilities per AFL 21-26 for D-SNP and Medi-Cal programs. With all the collaborative work with Managed Long-Term Support Services (MLTSS) and Provider Network Management (PNM) teams, the compliance for quarterly submission were timely in 2023.

Patient Hospital Safety:
- L.A. Care identified four hospitals that had lower than average performance on hospital acquired infections.
- Seventeen hospitals were identified with a relatively high volume utilization but comparatively high 30-day readmission rates that may indicate opportunities for improvement in discharge planning and coordination with outpatient providers.
- Twenty-nine 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 nineteen hospitals had an overall rating that was below average.
- Thirteen hospitals had an overall rating of "Above Average"
- Seven hospitals had overall "Good" rating

Facility Site Review (FSR):
- Needle stick safety rate increased from 73% to 74%. The goal of 80.0% was not met.
- Spore testing of autoclaves rate increased from 80% to 86%. The goal of 85% was met.

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) 2022:
The 2023 Accessibility Report evaluates the measurement year (MY) 2022 survey results for provider compliance with appointment wait times and after hours accessibility standards.
- L.A. Care did not meet its goal for:
  - 6 out of 9 PCP Appointment Availability Standards
  - 7 out of 7 SCP Appointment Availability Standards
  - 1 out of 2 After Hours Standards
- There was an increase in both the Primary Care Physician (PCP) and the Specialty Care Physician (SCP) Response Rates:
  - 65% of PCPs responded in 2022 compared to 51% in 2021
  - 45% of SCPs responded in 2022 compared to 39% in 2021

L.A. Care Direct Network Appointment Availability Compliance Measurement Year (MY) 2023:
The 2023 Accessibility Report evaluates the measurement year (MY) 2022 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
  - 6 out of 7 SCP Appointment Availability Standards
  - 1 out of 2 After Hours Standards
- There was an increase in both the Primary Care Physician (PCP) and the Specialty Care Physician (SCP) Response Rates:
  - 66% of PCPs responded in 2022 compared to 51% in 2021
  - 45% of SCPs responded in 2022 compared to 37% in 2021

Incentive Programs:

MY2022 Pay-Out (RY2023) Program Results:
- Physician P4P paid out $22.1 million to almost 900 eligible physicians and clinics.
- Direct Network P4P paid out $407k to 76 eligible physicians and clinics.
- Medi-Cal VIIP+P4P paid out $17.4 million to over 50 eligible participating provider groups.
- LACC VIIP+P4P paid out $2.5 million to 24 eligible participating provider groups.
- CMC VIIP+P4P paid out $446.6k to 18 eligible participating provider groups.
- Plan Partner Incentive paid out $6.6 million to the two participating plan partners.

Member Incentive Programs (2023 Programs managed by Incentives team):
- The Childhood Immunization Status - Combination 10 incentive (MCLA & LACC members) – $100 incentives for completing the vaccine series before turning two years old. 84 members have been awarded so far.
    - 73 MCLA members out of 658 who received the incentive offer (data through 11/30/23)
    - 11 LACC members out of 11 who received the incentive offer (data through 11/30/23)

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

Barriers Identified:
- The COVID-19 pandemic and public health measures taken to mitigate disease spread continues to negatively impact appointments and services delivered.
- Even after stay-at-home orders were lifted, many members remain hesitant to seek in-person care
- Provider burnout, high staff turnover and heavy workloads compromised clinic ability to improve HEDIS and CAHPS scores.
- Mixed levels of engagement in quality improvement from IPAs and provider offices.
- Continually changing regulatory, compliance and other requirements.
- Complexity of data integration and the risk of data gaps impacting HEDIS measure scores.
- Many services require an in-person visit and appointment availability continues to be limited throughout the County.
- L.A. Care does not collect emails for provider offices in a formal manner; individual departments collect contacts and maintain their own databases that are typically not shared across the organization. Thus, it is challenging to notify providers of relevant information.
- Outdated internal systems do not allow for adequate capture and management of member and provider data.
- 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 of L.A. Care membership.

Based upon the evaluation of the 2022 activity, regulatory requirements and needs of populations served, the committee/workgroup activities described in the 2023 work plan will continue.

Overall Effectiveness and Opportunities:
Overall, the 2023 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. To address some of the identified barriers, new staff was hired to address care management needs and data needs. There are still some open positions that need to be hired to address multiple new requirements, especially as it relates to CalAIM, the new D-SNP Medicare product, and health equity requirements. New member incentives were added to encourage members to return to in-person care and providers were incentivized for joining a data exchange platform. The evaluation and success of text messaging led to more text campaign messages. Additionally, L.A. Care added colorectal cancer screening and A1C at-home test kits that members could do in the comfort of their home.

The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization. Leadership and network physicians 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. In 2023 the new QI Health Equity committee began to meet and included members that help provide feedback and recommendations.

The 2024 QI and Health Equity Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. Member satisfaction rates remain low with most below the 25th percentile and enterprise efforts are underway to improve them. Timely access to care studies continue to show the need for improvement including the need to improve provider data, which again has a large-scale effort in place to improve. There are multiple clinical (and/or clinical data) areas that still need improvement, such as, breast and cervical cancer screenings, well care visits for children and adults, and follow up after and emergency room visit for mental health and substance use. These and other QI activities are detailed in the 2024 QI and Health Equity Work Plan and will be tracked through the QI committees, sub-committees, and the governance structure.

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 by Inpatient and Outpatient setting (using primary diagnosis only) from July 1, 2022–June 30, 2023.

MEDI-CAL MEMBERSHIP
As of October 1, 2023, the L.A. Care Health Plan had 2,663,043 Medi-Cal members. Of those, 175,132 members are Senior and Persons with Disabilities (SPDs) (an increase from 169,248 at the end of 2022). L.A. Care's Medi-Cal membership profiles by age, gender, and race are shown below:

Age	Number of Members	% of Membership
0-11	506,931	19.0%
12-20	439,206	16.5%
21-64	1,390,410	52.2%
65+	326,496	12.3%
Total	**2,663,043**	**100.0%**

Gender	Number of Members	% of Membership
Female	1,417,603	53.2%
Male	1,245,440	46.8%

Race	Number of Members	% of Membership
Caucasian/White	1,862,338	69.9%
African American/Black	305,253	11.5%
Asian	177,638	6.7%
Native Hawaiian/Other Pacific Islander	2,973	0.1%
American Indian or Alaska Native	5,686	0.2%
Declined & Unknown	309,155	11.6%
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 35.5% of L.A. Care's Medi-Cal members are under 21 years of age. The percentage of members 65 and over increased from 11.0% in 2022 to 12.3% in 2023. Of the membership, approximately 53.2% are female and 46.8% are male.

92.5% 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	1,642,925	61.7%
Spanish	819,761	30.8%
Armenian	47,071	1.8%
Mandarin (Mandarin Chinese)	29,049	1.1%
Cantonese (Yue Chinese)	23,782	0.9%
Korean	25,418	0.9%
Russian	16,705	0.6%
Vietnamese	15,998	0.6%
Farsi (Persian)	10,081	0.4%
Tagalog	6,970	0.3%
Arabic	5,385	0.2%
Khmer	4,800	0.2%
American Sign Language	724	0.0%
Fula (Fulah)	1	0.0%
Wolof*	2	0.0%
Yiddish	2	0.0%
Mende	1	0.0%

Medi-Cal: Member Professed Spoken Language		
Language	**Number of Members**	**% of Membership**
Other, Including No Response	14,345	0.5%
Other, Chinese Languages	4	0.0%
Other, Non-English	15	0.0%
Other, Sign Language	4	0.0%
Total:	**2,663,043**	**100.0%**

*Wolof is spoken in Senegal, Gambia, and Mauritania

MEDI-CAL

Medi-Cal
The Top 15 Diagnosis Categories for Outpatient Visits **(July 1, 2022– June 30, 2023)**

1	Diseases of the musculoskeletal system and connective tissue
2	Diseases of the respiratory system
3	Diseases of the genitourinary system
4	Mental, behavioral, and neurodevelopmental disorders
5	Injury, poisoning, and certain other consequences of external causes
6	Endocrine, nutritional, and metabolic diseases
7	Diseases of the circulatory system
8	Diseases of the eye and adnexa
9	Diseases of the digestive system
10	Diseases of the skin and subcutaneous tissue
11	Pregnancy, childbirth, and the puerperium
12	Diseases of the nervous system
13	Neoplasms
14	Diseases of the ear and mastoid process
15	Certain infectious and parasitic diseases

Medi-Cal
The Top 15 Diagnosis Categories for Inpatient Visits **(July 1, 2022 – June 30, 2023)**

1	Pregnancy, childbirth, and the puerperium
2	Diseases of the circulatory system
3	Certain infectious and parasitic diseases
4	Diseases of the digestive system
5	Diseases of the respiratory system
6	Endocrine, nutritional, and metabolic diseases
7	Injury, poisoning, and certain other consequences of external causes
8	Certain conditions originating in the perinatal period
9	Diseases of the genitourinary system
10	Diseases of the nervous system
11	Neoplasms
12	Diseases of the musculoskeletal system and connective tissue
13	Mental, behavioral, and neurodevelopmental disorders
14	Diseases of the skin and subcutaneous tissue

	Medi-Cal
	The Top 15 Diagnosis Categories for Inpatient Visits **(July 1, 2022 – June 30, 2023)**
15	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

The top three (3) outpatient diagnosis categories for Medi-Cal were Diseases of the musculoskeletal system and connective tissue, Diseases of the respiratory system, and Diseases of the genitourinary system. The top three (3) diagnosis categories for inpatient were Pregnancy, childbirth and the puerperium, Diseases of the circulatory system, and Certain infectious and parasitic diseases.

The Top 15 Diagnosis Categories for Outpatient Visits **(July 1, 2022 – June 30, 2023)**			
Medi-Cal (SPD)		**Medi-Cal (Non-SPD)**	
1	Diseases of the musculoskeletal system and connective tissue	**1**	Diseases of the musculoskeletal system and connective tissue
2	Diseases of the genitourinary system	**2**	Diseases of the respiratory system
3	Mental, behavioral, and neurodevelopmental disorders	**3**	Diseases of the genitourinary system
4	Diseases of the circulatory system	**4**	Injury, poisoning, and certain other consequences of external causes
5	Endocrine, nutritional, and metabolic diseases	**5**	Endocrine, nutritional, and metabolic diseases
6	Diseases of the eye and adnexa	**6**	Mental, behavioral, and neurodevelopmental disorders
7	Diseases of the respiratory system	**7**	Diseases of the circulatory system
8	Injury, poisoning, and certain other consequences of external causes	**8**	Diseases of the eye and adnexa
9	Diseases of the nervous system	**9**	Diseases of the digestive system
10	Diseases of the digestive system	**10**	Diseases of the skin and subcutaneous tissue
11	Neoplasms	**11**	Pregnancy, childbirth, and the puerperium
12	Diseases of the skin and subcutaneous tissue	**12**	Neoplasms
13	Certain infectious and parasitic diseases	**13**	Diseases of the ear and mastoid process
14	Diseases of the ear and mastoid process	**14**	Diseases of the nervous system
15	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**15**	Certain infectious and parasitic diseases

The Top 15 Diagnosis Categories for Inpatient Visits **(July 1, 2022 – June 30, 2023)**			
Medi-Cal (SPD)		**Medi-Cal (Non-SPD)**	
1	Diseases of the circulatory system	1	Pregnancy, childbirth, and the puerperium
2	Certain infectious and parasitic diseases	2	Diseases of the digestive system
3	Diseases of the digestive system	3	Diseases of the circulatory system
4	Diseases of the respiratory system	4	Certain infectious and parasitic diseases
5	Diseases of the genitourinary system	5	Certain conditions originating in the perinatal period

The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2022 – June 30, 2023)			
Medi-Cal (SPD)		**Medi-Cal (Non-SPD)**	
6	Endocrine, nutritional, and metabolic diseases	6	Diseases of the respiratory system
7	Injury, poisoning, and certain other consequences of external causes	7	Injury, poisoning, and certain other consequences of external causes
8	Diseases of the nervous system	8	Endocrine, nutritional, and metabolic diseases
9	Neoplasms	9	Diseases of the genitourinary system
10	Diseases of the musculoskeletal system and connective tissue	10	Neoplasms
11	Diseases of the skin and subcutaneous tissue	11	Diseases of the nervous system
12	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	12	Mental, behavioral, and neurodevelopmental disorders
13	Mental, behavioral, and neurodevelopmental disorders	13	Diseases of the musculoskeletal system and connective tissue
14	Pregnancy, childbirth, and the puerperium	14	Diseases of the skin and subcutaneous tissue
15	Certain conditions originating in the perinatal period	15	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

For Medi-Cal, the SPD vs. non-SPD top diagnosis category lists emphasize the different patient mix of these populations. The top three (3) outpatient diagnosis categories for Medi-Cal SPD were Diseases of the musculoskeletal system and connective tissue, Diseases of the genitourinary system, and Mental, behavioral, and neurodevelopmental disorders; for Non-SPD members, the top three (3) diagnosis categories were Diseases of the musculoskeletal system and connective tissue, Diseases of the respiratory system, and Diseases of the genitourinary system. The top three (3) diagnosis categories for Medi-Cal SPD members in the inpatient setting were Diseases of the circulatory system, Certain infectious and parasitic diseases, and Diseases of the digestive system; the top three (3) for Medi-Cal Non-SPD in the inpatient setting were Pregnancy, childbirth, and the puerperium, Diseases of the digestive system, and Diseases of the circulatory system.

Dual Eligible Special Needs Plan (D-SNP) Membership

As of October 1, 2023, L.A. Care had 18,441 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	3,573	19.4%
65-74	10,561	57.3%
75-84	3,349	18.1%
85+	958	5.2%
Total	**18,441**	**100.0%**

Gender	Number of Members	% of Membership
Female	10,170	55.1%
Male	8,271	44.9%

Race	Number of Members	% of Membership
Caucasian/White	11,005	59.7%
African American/Black	2,871	15.5%
Asian	1,604	8.7%
Native Hawaiian/Other Pacific Islander	47	0.3%
American Indian or Alaska Native	87	0.5%
Declined & Unknown	2,827	15.3%
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.		

80.6% of L.A. Care D-SNP members are 65 years and over. Of adult membership, 55.1% are female and 44.9% are male.

Approximately 94.8% 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	8,913	48.3%
Spanish	8,577	46.5%
Armenian	21	0.1%
Mandarin (Mandarin Chinese)	102	0.6%
Cantonese (Yue Chinese)	113	0.6%
Korean	21	0.1%
Russian	7	0.0%
Vietnamese	65	0.4%
Farsi (Persian)	22	0.1%
Tagalog	185	1.0%
Arabic	26	0.2%
Khmer	40	0.2%
American Sign Language	21	0.1%
Other, Including No Response	328	1.8%
Total:	**18,441**	**100.0%**

D-SNP*
The Top 15 Diagnosis Categories for Outpatient Visits (Jan 1, 2023 – June 30, 2023)

1	Diseases of the musculoskeletal system and connective tissue
2	Diseases of the circulatory system
3	Endocrine, nutritional, and metabolic diseases
4	Diseases of the eye and adnexa
5	Diseases of the genitourinary system
6	Diseases of the respiratory system

D-SNP*	
The Top 15 Diagnosis Categories for Outpatient Visits **(Jan 1, 2023 – June 30, 2023)**	
7	Diseases of the nervous system
8	Neoplasms
9	Injury, poisoning, and certain other consequences of external causes
10	Diseases of the digestive system
11	Diseases of the skin and subcutaneous tissue
12	Mental, behavioral, and neurodevelopmental disorders
13	Certain infectious and parasitic diseases
14	Diseases of the ear and mastoid process
15	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

*Includes D-SNP from Jan.-June 2023

D-SNP*	
The Top 15 Diagnosis for Inpatient Visits **(Jan. 1, 2023 – June 30, 2023)**	
1	Diseases of the circulatory system
2	Certain infectious and parasitic diseases
3	Endocrine, nutritional, and metabolic diseases
4	Diseases of the digestive system
5	Diseases of the respiratory system
6	Diseases of the genitourinary system
7	Mental, behavioral, and neurodevelopmental disorders
8	Injury, poisoning, and certain other consequences of external causes
9	Diseases of the musculoskeletal system and connective tissue
10	Neoplasms
11	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
12	Diseases of the nervous system
13	Diseases of the skin and subcutaneous tissue
14	Pregnancy, childbirth, and the puerperium
15	Diseases of the eye and adnexa

*Includes D-SNP from Jan.-June 2023

The top three (3) outpatient diagnosis categories for D-SNP were Diseases of the musculoskeletal system and connective tissue, Diseases of the circulatory system, and Endocrine, nutritional, and metabolic diseases. The top three (3) diagnosis categories for inpatient were Diseases of the circulatory system, Certain infectious and parasitic diseases, and Endocrine, nutritional, and metabolic diseases.

L.A. CARE COVERED™ MEMBERSHIP (MARKETPLACE)
As of October 1, 2023, L.A. Care had 140,923 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	3,795	2.7%
12-20	5,829	4.1%
21-64	128,731	91.4%
65+	2,568	1.8%
Total	**140,923**	**100.0%**

Gender	Number of Members	% of Membership
Female	70,977	50.4%
Male	69,946	49.6%

Race	Number of Members	% of Membership
Caucasian/White	64,887	46.0%
African American/Black	5,756	4.1%
Asian	22,572	16.0%
Native Hawaiian/Other Pacific Islander	325	0.2%
American Indian or Alaska Native	351	0.3%
Declined & Unknown	47,032	33.4%
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 6.8% of L.A. Care's L.A. Care Covered™ members are under 21 years of age. The largest age group is 21-64 years of age at 91.4%. Of the membership, approximately 50.4% are female, and 49.6% are male.

83.9% 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	85,348	60.6%
Spanish	30,350	21.6%
Armenian	1,369	0.9%
Mandarin (Mandarin Chinese)	13,747	9.8%
Cantonese (Yue Chinese)	4,102	2.9%
Korean	1,759	1.2%
Russian	459	0.3%
Vietnamese	1,296	0.9%
Farsi (Persian)	510	0.4%
Tagalog	414	0.3%
Arabic	180	0.1%
Khmer	140	0.1%
American Sign Language	413	0.3%
Slovenian	1	0.0%
Other, Including No Response	833	0.6%
Other, Non-English	1	0.0%
Other, Sign Language	1	0.0%

LACC: Member Professed Spoken Language		
Language	Number of Members	% of Membership
Total:	**140,923**	**100.0%**

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2022 – June 30, 2023)	
1	Diseases of the musculoskeletal system and connective tissue
2	Diseases of the circulatory system
3	Endocrine, nutritional, and metabolic diseases
4	Diseases of the genitourinary system
5	Mental, behavioral, and neurodevelopmental disorders
6	Diseases of the eye and adnexa
7	Injury, poisoning, and certain other consequences of external causes
8	Diseases of the digestive system
9	Diseases of the respiratory system
10	Diseases of the skin and subcutaneous tissue
11	Diseases of the nervous system
12	Neoplasms
13	Certain infectious and parasitic diseases
14	Diseases of the ear and mastoid process
15	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2022 – June 30, 2023)	
1	Diseases of the circulatory system
2	Diseases of the digestive system
3	Pregnancy, childbirth, and the puerperium
4	Neoplasms
5	Certain infectious and parasitic diseases
6	Endocrine, nutritional, and metabolic diseases
7	Injury, poisoning, and certain other consequences of external causes
8	Certain conditions originating in the perinatal period
9	Diseases of the genitourinary system
10	Diseases of the respiratory system
11	Mental, behavioral, and neurodevelopmental disorders
12	Diseases of the musculoskeletal system and connective tissue
13	Diseases of the nervous system
14	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
15	Diseases of the skin and subcutaneous tissue

The top three (3) outpatient diagnosis categories were Diseases of the musculoskeletal system and connective tissue, Diseases of the circulatory system, and Endocrine, nutritional, and metabolic diseases. The top three (3) diagnosis categories for inpatient were Diseases of the circulatory system, Diseases of the digestive system, and Pregnancy, childbirth, and the puerperium.

As of October 1, 2023, L.A. Care had 75 L.A. Care Covered Direct™ members. L.A. Care's L.A. Care Covered Direct™ members speak English (82.7%) or Spanish (16.0%). Approximately 18.7% of L.A. Care's L.A. Care Covered Direct™ members are under 21 years of age. Of the adult membership, approximately 49.3% are female, and 50.7% are male.

PASC-SEIU MEMBERSHIP

As of October 1, 2023, L.A. Care had 48,650 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	90	0.2%
21-64	41,955	86.2%
65+	6,605	13.6%
Total	**48,650**	**100.0%**

Gender	Number of Members	% of Membership
Female	33,835	69.5%
Male	14,815	30.5%

Race	Number of Members	% of Membership
Caucasian/White	23,326	47.9%
African American/Black	4,793	9.9%
Asian	3,875	8.0%
Native Hawaiian/Other Pacific Islander	80	0.2%
American Indian or Alaska Native	66	0.1%
Declined & Unknown	16,510	33.9%
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 updates.		

Approximately 0.2% of L.A. Care's PASC-SEIU members are under 21 years of age. The largest age group is 21-64 years of age at 86.2%. Of the membership, approximately 69.5% are female, and 30.5% are male.

73.9% 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	27,841	57.2%
Spanish	8,140	16.7%
Armenian	5,925	12.2%
Mandarin (Mandarin Chinese)	1,035	2.1%
Cantonese (Yue Chinese)	1,019	2.1%
Korean	1,242	2.6%
Russian	1,274	2.6%
Vietnamese	383	0.8%
Farsi (Persian)	731	1.5%

Member Professed Spoken Language		
Language	Number of Members	% of Membership
Tagalog	207	0.4%
Arabic	144	0.3%
Khmer	189	0.4%
American Sign Language	7	0.0%
Other, Including No Response	205	0.4%
Other, Chinese Languages	26	0.1%
Other, Non-English	194	0.4%
Other, Sign Language	88	0.2%
Total:	**48,650**	**100.0%**

*Wolof is spoken in Senegal, Gambia, and Mauritania

PASC-SEIU	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2022 – June 30, 2023)	
1	Diseases of the musculoskeletal system and connective tissue
2	Endocrine, nutritional, and metabolic diseases
3	Diseases of the genitourinary system
4	Diseases of the circulatory system
5	Diseases of the respiratory system
6	Injury, poisoning, and certain other consequences of external causes
7	Diseases of the digestive system
8	Neoplasms
9	Diseases of the skin and subcutaneous tissue
10	Mental, behavioral, and neurodevelopmental disorders
11	Diseases of the eye and adnexa
12	Diseases of the nervous system
13	Diseases of the ear and mastoid process
14	Certain infectious and parasitic diseases
15	Pregnancy, childbirth, and the puerperium

PASC-SEIU	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2022 – June 30, 2023)	
1	Diseases of the circulatory system
2	Diseases of the digestive system
3	Neoplasms
4	Endocrine, nutritional, and metabolic diseases
5	Certain infectious and parasitic diseases
6	Diseases of the genitourinary system
7	Pregnancy, childbirth, and the puerperium
8	Diseases of the respiratory system
9	Injury, poisoning, and certain other consequences of external causes
10	Diseases of the musculoskeletal system and connective tissue
11	Diseases of the nervous system
12	Mental, behavioral, and neurodevelopmental disorders
13	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

PASC-SEIU	
The Top 15 Diagnosis Categories for Inpatient Visits **(July 1, 2022 – June 30, 2023)**	
14	Certain conditions originating in the perinatal period
15	Diseases of the skin and subcutaneous tissue

The top three (3) outpatient diagnosis categories were Diseases of the musculoskeletal system and connective tissue, Endocrine, nutritional, and metabolic diseases, and Diseases of the genitourinary system. The top three (3) diagnosis categories for inpatient were Diseases of the circulatory system, Diseases of the digestive system, and Neoplasms.

A.2 POPULATION HEALTH MANAGEMENT PROGRAM (PHMP)

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BACKGROUND/SUMMARY

The Population Health Management Program (PHMP) was launched in 2018 to establish a centralized program for member and practitioner programs and interventions. Each year the PHM strategy document is updated, and the membership demographics assessed, segmented through population assessment, and the programs evaluated through a PHM Impact Evaluation. Additionally, the PHM Index goals focus on gaps in care and disparities across the continuum of care and impact 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, which include goals for the MCLA, LACC, and D-SNP lines of business, children and adults, and health care measures and elevating provider and member experience. The PHMP will use Thrasys' Syntranet system of record to display real-time status updates and have readily accessible gaps in care reports for all member-facing staff. Additionally, the new system of record will assist L.A. Care in coordinating programs across settings, streamlining member assessments, provider referrals, and levels of care. This will create smoother hand-offs and minimize the multiple touches that could cause member abrasion. 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.

After successfully meeting the initial **National Committee for Quality Assurance (NCQA)** cycle for accreditation in which PHM Standards were applied, the focus of 2023 was to build on the foundation set for L.A. Care's PHMP. The PHMP worked to enhance the PHM process and reports and track interventions to meet the PHM Index goals for 2022. This was done by addressing L.A. Care's results in the baseline assessment of the NCQA findings, including the addition of Multi-cultural Healthcare Distinction (MHC) language data and documenting how L.A. Care's activities, resources, and community partnerships are assessed based on the identified population needs to the Population Assessment.

The PHMP team's focus included improving the Initial Health Appointment (IHA) process for members within 120 days of enrollment, identifying gaps in the Transition of Care between points of care to streamline the process and documentation of these transitions, and an emphasis on closing the gaps in identified disparities. Another focus of 2023 was to plan and prioritize addressing the PHM California Advancing and Innovating Medi-Cal (CalAIM) requirements starting in 2023.

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 level. Rather than providing specific service categories into which individuals must fit, L.A. Care's population health management revolves around the individual's needs and adapts to 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.

The Population Health Management Program is conducted through coordination and collaboration with the following programs: Health Education and Cultural and Linguistic Services (HECLS) Program, Health Equity (HE), Care Management (CM), Behavioral Health and Social Work, Utilization Management (UM), Managed Long Term Services and Supports (MLTSS), the Quality Improvement (QI) Program, Pharmacy,

and other internal and external programs. The major components of the PHMP are (1) population identification; (2) stratifying and risk-based segmentation; (3) member enrollment, health appraisal, and engagement; (4) intervening through monitoring; (5) evaluating program outcomes. The PHMP addresses the following areas along the continuum of care with interactive interventions:

- Keeping Members Healthy
- Early Detection/Emerging Risk
- Chronic Condition Management
- Complex Case Management
- Care Transitions
- Patient Safety

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

- **Keeping Members Healthy**
  - Initial Health Assessment potential completion rate
  - Percentage of members receiving a well-child visit in the First 30 Months of Life
  - Percentage of members who received an annual influenza vaccination
  - Percentage of members receiving colorectal screening
  - Percentage of members receiving breast cancer screening
- **Early Detection/Emerging Risk**
  - Percentage of Black/African American members receiving prenatal care
- **Chronic Condition Management**
  - Percentage of Black/African American members with an HbA1c <8%
  - Percentage of Black/African American members with blood pressure controlled
  - Percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit
  - Percentage of members who have been prescribed medication for blood pressure control need to fill their prescriptions enough to cover 80% or more of the time they are supposed to be taking the medication. (Medication Adherence for Hypertension (RAS Antagonists)
  - Percent of members, who have been prescribed medication for blood pressure control, need to fill their prescriptions enough to cover 80% or more of the time, they are supposed to be taking the medication.
- **Care Transitions**
  - Percentage of eligible members completing a follow-up visit within 30 days (CMC) and within 7 days (LACC) of a mental health hospitalization.
  - Percentage of discharges for members 18 years of age and older who had each of the following:
    - a. Patient Engagement After Inpatient Discharge
    - b. Medication Reconciliation Discharge
- **Patient Safety**
  - The plan's readmission rate or ratio of the plan's observed (O) readmission rate to the plan's expected (E) readmission rate or O/E. The readmission rate is based on the percent of enrollees discharged from an acute care setting who were readmitted to an acute care

setting within 30 days of discharge, either from the same condition as their recent hospital stay or for a different reason.

Quantitative Analysis

The below tables demonstrate which 2023 PHM Index measures met or did not meet the goal based on Measurement Year 2022 data.

PHMI Goal Category	Met
Keeping Members Healthy	3 of 4
Early Detection of Emerging Risk	0 of 1
Chronic Condition	4 of 5
Care Transitions	3 of 3
Elevating Member and Provider Experience	3 of 3
Total	**12 of 16 (Met at mid-level)**

Keeping Members Healthy:

Measure	MCLA 2022-2023 Goal	DUALS 2022-2023 Goal	LACC 2022-2023 Goal
1. Preventive Care: Percentage of adults and children seen for ambulatory or preventive care visits.	≥56% 59.75%	≥89% 88.38%	≥54% 65.27%
2. Flu: Percentage of members receiving flu vaccination.	N/A (part of the above goal)	≥48% 44.89%	N/A (part of the above goal)
3. Colorectal Screening: Percentage of members receiving colorectal screening	N/A	≥63% 64.23%	≥61% 42.66%
4. Breast Cancer Screening: Percentage of members receiving breast cancer screening	≥54% 52.16%	≥68% 68.32%	≥68% 66.65%

Keeping Members Healthy/Early Detection:

Measure	MCLA 2022-2023 Goal	DUALS 2022-2023 Goal	LACC 2022-2023 Goal
5. Prenatal Care: Black/African American members receiving prenatal care* - Equity Focus	≥72% 65.45%	N/A	N/A

Chronic Condition Management:

Measure	MCLA 2022-2023 Goal	DUALS 2022-2023 Goal	LACC 2022-2023 Goal
6. Diabetes: Percentage of Black or African American members with an HbA1c <8% - Equity Focus	≥43% 59.66%	≥60% 59.07%	≥57% 55.00%
7. Cardiovascular: Percentage of Black or African American members with BP controlled - Equity Focus	≥37% 30.81%	≥53% 48.14%	≥38% 40.61%
8. 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.	N/A	≥54% 48.58%	N/A
9. **_Medication Therapy Management:_** Percentage of members in the Medication Therapy Management (MTM) Program completing the Comprehensive Medication Review (CMR).	N/A	≥61% 73%	N/A
10. **_Depression Screening_**: Percentage of eligible members with depression screening for adolescents and adults.	≥2% 6.58%	≥38% 46.25%	N/A

Care Transitions:

Measure	MCLA 2022-2023 Goal	DUALS 2022-2023 Goal	LACC 2022-2023 Goal
11 Transition of Care: Percentage of members completing patient engagement after inpatient discharge.	≥59% 59.02%	≥82% 77.53%	N/A
12. Transition of Care: Percentage of discharges for members 18 years+ who had: Medication mReconciliation Discharge	≥6% 6.37%	≥45% 42.34%	N/A
13. UPDATED: Admissions/Discharge/Transfer Data: Implement a pilot project for Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface (API) to process A/D/T information in readiness for integration into the Clinical Data Repository (CDR) by 9/30/2023.	FHIR Admissions/Discharge/Transfer (ADT) data implemented in pilot FHIR by 9/30/2023.		

Elevating Member and Provider Experience

Measure	MCLA 2022-2023 Goal	DUALS 2022-2023 Goal	LACC 2022-2023 Goal
14. Improvement of Member Unable to Contact (UTC) Rate: Establish a baseline for the Health Risk Assessment (HRA) and the Individualized Care Plan (ICP) in Quarter One, 2023. Achieve 5% improvement over baseline by August 2023.	N/A	5% over baseline established Q1 2023. Baseline from Quarter one 2023 (46.37% HRA; and 39% ICP); Q2: HRA 9.19% (80% reduction) ICP 37% (5.12% reduction)	N/A
15. Elevating Provider Experience: Provider contact information is submitted and validated through **QUARTERLY** Timely Access Report (TAR) for 95% of all PPGs in the Delegated Network who receive the TAR.	95% of all PPGs in the Delegated Network who receive the **QUARTERLY** TAR respond and information is complete by August 2023. 75.61%		
16. Improving Member Experience: CAHPS "Rating of Health Plan" measure.	Child: 88.32 67.90% Adult: 73.4 54.93%	89.8 Not Measured Yet (Won't be fielded by D-SNP this year)	78.83 80.21%

Qualitative Analysis
Many of the PHM Index measures were met for 2023 (Measurement Year 2022 data). L.A. Care increased its efforts and resources on disparity-focused initiatives and met twelve of the sixteen goals for 2023. With the 2024 Index, the PHMP aims to continue to focus on health equity, disparities, transition of care, and measures in which we did not meet the goal, such as breast cancer screening and medication reconciliation. The measures will be addressed at workgroups and tracked through the cross-functional teams to ensure a concerted focus on efforts and interventions to reach success in meeting PHM Index goals. Additionally, a measure will be added to focus on member experience, and a new measure will be developed to track adult and child preventive visits, aligning with the CalAIM focus on providing basic population health services for all members.

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

In 2023, the PHMP focused through an equity lens and had several goals within the index addressing disparities. In 2024, the PHMP will continue to emphasize identified disparities. Full descriptions and impact evaluations of each program and intervention are detailed throughout the Quality Improvement Evaluation and Population Health Management Impact Evaluation.

OPPORTUNITIES FOR IMPROVEMENT
L.A. Care's PHMP uses the annual population assessment as well as the PHM Index to best prioritize the needs of members and focus interventions. Below highlight the priorities for improvement identified in 2022:

1. To improve coordination of care through integrating California Advancing and Innovating Medi-Cal (CalAIM)'s Enhanced Care Management (ECM) and Community Support efforts in Thrasys' Syntranet for Medi-Cal members launched January 1, 2022. CalAIM's Population Health Management Program launched in January 2023. CalAIM is a multi-year California Department of Health Care Services (DHCS) initiative. It aims to improve Medi-Cal beneficiaries' quality of life and health outcomes by implementing broad delivery system, program, and payment reform across the Medi-Cal program. L.A. Care focused on strengthening existing programs and developing new initiatives to meet all members' basic population healthcare needs. This includes preventive care visits, streamlining member assessments, encouraging Initial Health Appointments, identifying all members' admissions/discharges/transfers (ADT), providing transition care services for all members, and enhancing the use of Community Health Workers (CHWs). ECM is a Medi-Cal benefit available to members who meet specific eligibility criteria and opt-in to participate and will be a part of the PHMP at L.A. Care.

Additionally, the Community Support programs launched in January and July 2022 focus on addressing combined medical and social determinants of health needs and avoiding higher levels of care or other future healthcare costs. These Community Support programs include:

- Housing Transition Navigation Services and Housing Tenancy and Support Services (two Community Support and one program build), including grandfathering in Health Homes Program (HHP) and Whole Person Care (WPC) programs
- Recuperative Care (Medical Respite), including grandfathering in the WPC program
- Medically Tailored Meals
- Housing Deposits

- Sobering Centers
- Personal Care and Homemaker Services
- Respite (for caregivers)

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

LOOKING FORWARD

As L.A. Care's PHMP has established a strong foundation. The next step is to evaluate the programs, services, and interventions across the continuum of care. Additionally, L.A. Care's PHMP will evaluate the effectiveness using the new system of record, Thrasys' Syntranet, for the identification, stratification, segmentation, member engagement, interventions, and outcomes. The data reporting functions of Optum Symmetry Suite (IPro) and Thrasys' Syntranet will be focused on transitions between programs to coordinate member touchpoints for smooth transitions. This will allow all of the member and practitioner programs to be developed through rigorous logic and configuration, as well as support coordinated care and a decrease in duplicative touchpoints and interventions. This will help us identify the needs of the member and engage the member at the right time with the appropriate level of service to address their healthcare needs. Additionally, L.A. Care will be focusing on the expanded implementation of the transitional care services program as well as coordinating a comprehensive population health management approach with the local health departments and PPGs. Implementing the PHMP through CalAIM's 5-year waiver program includes integrating the requirements throughout L.A. Care's overall PHMP to address the Department of Health Care Services (DHCS) Bold Goals, which include:

- Closing racial/ethnic disparities in well-child visits and immunizations by 50%
- Closing maternity care disparity for Black and Native American persons by 50%
- Improving maternal and adolescent depression screening by 50%
- Improving follow-up for mental health and substance use disorder by 50%
- Ensuring L.A. Care exceeds the 50th percentile for all children's preventive care measures

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 for 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 mitigates Social Drivers of Health (SDOH)

MAJOR ACCOMPLISHMENTS

L.A. Care has successfully built a framework to meet the CalAIM PHM requirements. The first step was to complete a gap analysis and readiness assessment to determine L.A. Care's existing programs and any gaps needing to be addressed to meet the CalAIM requirements. L.A. Care submitted this to DHCS in October 2022, and DHCS approved the readiness assessment. In order to collaborate on the multi-faceted and cross-departmental needs of the CalAIM requirements, L.A. Care has created a CalAIM Leadership Cross-Functional Workgroup to coordinate efforts and decrease duplicative work. Additionally, L.A. Care is leading a Community Partnership with Los Angeles, Pasadena, and Long Beach Health Departments and the Plan Partners to coordinate CalAIM goals and create a unified approach to addressing community needs as identified in the Population Needs Assessment (PNA) completed every three years.

L.A. Care's PHM Department has developed an overview policy on the PHM program, Transitional Care Services (TCS) Program, and the updated Population Needs Assessment (PNA) and has worked cross-functionally to integrate updates in appropriate business units' policies, procedures and workflows.

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 used for identifying and stratifying members to match DHCS' defined levels of risk (low, medium-rising, and high risk). L.A. Care has initiated the process to expand the data sources used for risk stratification and segmentation (RSS) and tiering functions in order to conduct robust analytics and reporting, identify gaps in care, perform other population health functions, and allow for multiparty data access.

In accordance with the Interoperability and Patient Access Final Rule, L.A. Care must send admission, discharge, or transfer (ADT) notifications by January 31, 2024, to other organizations that have signed the DxF Data Sharing Agreement. In order to improve care coordination and follow-up when a member moves from one level of care to another, L.A. Care has enhanced the Admissions/Discharge/Transfer (A/D/T) data for utilization by internal business units for nearly real-time transmission.

DHCS released the Transitional Care Services (TCS) CalAIM requirements in a phased-in approach. Starting January 1, 2023, L.A. Care implemented TCS for the high-risk member population identified by L.A. Care's RSS platform or those meeting DCHS TCS High-Risk population. L.A. Care manages TCS for this population with a single point of contact case manager. DHCS outlines the high-risk member population in the CalAIM PHM Program Guide. "High-Risk" members include:
- Seniors and persons with disabilities who meet the specific requirements for IHSS, Community-Based Adult Services (CBAS), and/or Multipurpose Senior Services Program (MSSP) Services
- Members who meet the specific requirements for high-risk utilization or chronic medical and behavioral health conditions, including but not limited to:
  - Needing oxygen, recurring inpatient stays, recurring emergency room visits in combination with other high utilization services, end-stage renal disease, acquired immunodeficiency syndrome (AIDS), a recent organ transplant, cancer diagnosis, or a behavioral health or developmental disability diagnosis in combination with a chronic disease or social driver of concern (e.g., homelessness).
- Pregnant members
- Members who have been prescribed antipsychotic medications or 15 or more prescriptions in the past 90 days
- Members self-reporting a deteriorating condition
- Members who have been determined high-risk by L.A. Care's RSS platform or other referrals

For the January 1, 2024 requirement, DHCS is requiring all health plans to provide additional TCS to all risk levels, including lower-risk transitioning members. L.A. Care has spent considerable time evaluating the feasibility of meeting this broad requirement effectively. This has included several conversations and proposals with DHCS to better understand and define the purpose of this phase of the TCS program in order to reach best the populations most in need of TCS support. DHCS has taken into consideration L.A. Care's concerns and has revised the 2024-2025 PHM TCS requirements.

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 October 2023 KPI results listed below are baseline results that will be collected quarterly for trending and analysis.

Plan Reported PHM Monitoring KPIs	Median (Range Across Plans	LA Care Rates
Percentage of members who had more ED visits than primary care w/in 12 mo	8% (1%-26%)	9.20%
Percentage of members who had at least one primary care visit w/in 12 mo	49% (8%-77%)	44.10%
Percentage of members with no ambulatory or preventive visit w/in 12 mo	40% (9%-93%)	43.50%
Percentage of members eligible for CCM who are successfully enrolled in the CCM program	12% (0%-100%)	15.20%
Care Management for High-Risk Members After Discharge	6% (0%-74%)	0.79%
Percentage of members who received CHW benefit	0.00% (0%-0.85%)	0.00027%
Percentage of acute hospital stay discharges which had follow-up ambulatory visits within 7 days post-hospital discharge	35% (14%-70%)	38.00%

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 eligible for CCM who are successfully enrolled in the CCM program
- Percentage of acute hospital stay discharges which had follow-up ambulatory visits within 7 days post-hospital discharge

Qualitative Analysis

2023 is a baseline measurement year. Qualitative analysis will be available in the 2024 Evaluation. However, based on comparison to other health plans, L.A. Care is above the median rate for three KPI measures as listed in the Quantitative Analysis above.

INTERVENTIONS

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

Metrics	L.A. Care Results Q1 2023	Action Plan To Improve
Percentage of members who had more ED visits than primary care w/in 12 mo	9.2%	Call campaigns to high utilizers to use nurse advice line and other resources of care
Percentage of members who had at least one primary care visit w/in 12 mo	44.1%	Text campaign and social media to "get back to care" and "get your well care visits"
Percentage of members with no ambulatory or preventive visit w/in 12 mo	43.5%	Text campaign and social media to "get back to care" and "get your well care visits"
Percentage of members eligible for CCM who are successfully enrolled in the CCM program	15.2%	Engaging providers and educating them on care management. These sessions aim to access care management for members and how care management can support providers with positive patient outcomes.
Care Management for High-Risk Members After Discharge	0.79%	Increasing referrals for Care Management through TCS using our TCS CHW team to refer members to care management as part of the TCS post-discharge support.

OPPORTUNITIES FOR IMPROVEMENT

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

- Expanding facilities participating in A/D/T
- Working with PPGs on providing BPHM and TCS for lower-risk members
- Increasing resources for the internal L.A. Care CM department to meet CCM and TCS needs
- Increase RSST criteria to include all of the data sources listed in the PHM Policy Guide

LOOKING FORWARD

L.A. Care will work to close the gaps in the opportunities listed above, working collaboratively in the PHM Cross-Functional Workgroup. Additionally, DHCS will be launching a statewide PHM Service. The PHM Service 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. The PHM Service 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. The PHM Service will also improve data accuracy and improve DHCS' ability to understand population health trends and the efficacy of various PHM interventions and strengthen oversight. The target data for the PHM Service launch is still to be determined by DHCS. 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.

Starting in 2025, L.A. Care will develop a revised Population Needs Assessment (PNA) on a 3-year cycle. The PNA results will be addressed in collaboration with the local health departments (Los Angeles, Pasadena, and Long Beach) in order to identify member and community needs and develop a Specific-Measurable-Attainable-Reasonable-Time-bound (SMART) goal or goals to improve health outcomes and identify down-stream conditions and barriers impacting those health outcomes.

As new requirements and clarifications are released by DHCS, the PHM team will continue to work with internal and external business units to meet existing and new requirements.

By addressing the data and program requirements of DHCS' CalAIM program, L.A. Care will be able to expand the ability to identify members' needs and effectively place them in existing and new programs along the continuum of care in order to improve health outcomes.

A.2.b Initial Health Appointment (IHA)

Background/Summary
L.A. Care Health Plan (L.A. Care) is responsible for ensuring the provision of 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.

Methodology
This section summarizes the findings of the 2022 results of the Potential IHA completion rates. These rates are based on the ICD-10 codes that suggest completion of the IHA based on a completed History & Physical within the appropriate timeframes for new enrollees. Note that without a file review, there is no way to track fully a completed IHA; however, L.A. Care developed a dashboard to track the potential IHA completions to monitor expected completion rates for the IHA across the network.

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

Line of Business	2022 Rate	2021 Rate	2020 Rate	2019 Rate
Medi-Cal (MCLA)	35.8%	26.9%	24.5%	30.7%
Cal Medi Connect (CMC)	61.2%	62.7%	61.0%	64.1%

The IHA potential completion rate increased by 8.9 percentage points from the previous year for L.A. Care Medi-Cal Direct program (MCLA) members and increased by 1.5 percentage points from the previous year for Cal MediConnect (CMC) members. This is statistically significant with $p<0.01$ for MCLA but not statistically significant for the CMC population.

Qualitative Analysis
While the potential IHA completion rates increased slightly in 2022 for both MCLA and CMC lines of business, the full file reviews of the sampling of providers by Enterprise Performance Optimization (EPO) still yield low completion rates for the IHA. Many of the issues included not completing by the 120-day time frame and not completing all components (particularly the Staying Healthy Assessment). DHCS released an updated APL at the end of 2022, effective January 1, 2023. The main update included removing the IHEBA/SHA requirement of the IHA.

Interventions
While the IHA components must be completed at the provider level, L.A. Care has been working on a comprehensive strategy to educate members and providers on the IHA requirements timeframes and,

provide appropriate resources, and have monitoring processes in place to track the completion of the IHA requirements. Quality Improvement leads a cross-functional workgroup and maintains QI Policy QI-047-IHA. The workgroup reviewed and updated the IHA code set to capture the best potential IHA completions. Provider IHA due reports and notifications are sent monthly along with newsletter education for members and providers. A robust provider training was released in September 2022 (and was updated in 2023 based on the new APL) for all providers and all internal L.A. Care staff and Enterprise Performance Optimization (EPO) that conducts regular provider monitoring. Additionally, IHA was added to the Incentive Pay for Performance (P4P) program for 2023. In 2022, IHA was a report-only measure.

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 rates of completion of the IHA to encourage providers to prioritize completing newly enrolled members' IHA requirements within the required timeframes for newly enrolled members.
2) The IHA Workgroup continues to address findings from DHCS audits as well as to provide providers necessary resources and support to be compliant with IHA requirements.

Priorities for 2023:
- Educate providers on the newly developed provider training on IHA.
- Release the IHA incentive for providers.
- Track IHA potential completion rates and EPO's audit rates.

LOOKING FORWARD
- The 2023 goal for the potential IHA completion rate for the PHM Index is ≥27% for MCLA and ≥60% for CMC. The IHA potential completion rate will continue to be tracked in 2024 based on new CalAIM requirements.
- Update the EPO monitoring tool to more clearly delineate and track all of the components of the IHA.
- Explore enhancing monthly IHA due reports to include a monthly non-compliance monitoring IHA report to better capture IHA compliance and to be shared with providers through Joint Operations Meetings (JOMs) and Provider Portal.
- 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. Quality Performance Management (QPM), Provider Quality Improvement Liaison (PQIL), and Initiatives teams).
- Continue assessment of the provider incentive for IHA completion that is integrated within the Pay-for-Performance (P4P) program.
- Development of the KPI for IHA Completions for PPGs and the Direct Network.
- Continue the IHA workgroup to work collaboratively across L.A. Care departments to streamline the process of monitoring completion of IHAs and utilizing Compliance and the Corrective Action Plan (CAP) process as appropriate and strengthen accountability through more stringent CAP escalation.

A.3 HEALTH EQUITY

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BACKGROUND/SUMMARY

Supporting vulnerable populations and addressing health disparities is inherent in L.A. Care's mission. Most of L.A. Care's members have an income that is below the federal poverty level (<$15,000/year) and most many come from racial and ethnic communities that have traditionally been underserved.

As an effort to further advance health equity in Los Angeles County, L.A. Care has a health equity department with a Chief Health Equity Officer (CHEO 2023-25) and organizational support to execute L.A. Care's Health Equity and Disparities Mitigation Plan (HEDMP) and co-chairs the QI Health Equity program.

In brief, the four Health Equity Zones thatserve as areas of focus are:
1. **Address key health disparities:** close racial and ethnic gaps in health outcomes among members;
2. **Lead change**: provide leadership and be an ally for community partners to promote health equity and social justice;
3. **Move towards equitable care:** ensure that our members have access to care and services that are free of bias and that our providers are supported in delivering equitable, culturally tailored care;
4. **Embrace diversity, equity, and inclusion:** serve as a model in supporting an equitable and inclusive work environment, as reflected in our workforce and business practices.

Full access to the HEDMP can be found here and Healthy Equity Zone 1: Address Key Health Disparities will further detail our organizational goals around closing racial and ethnic gaps around maternal and child health as well as those with chronic disease.

ORGANIZATIONAL STRUCTURE AROUND HEALTH EQUITY AND DIVERSITY, EQUITY AND INCLUSION INITIATIVES

L.A. Care has a governing Equity Council Steering Committee (ECSC) that prioritizes and ensures that equity and social justice is embedded as an enterprise-wide principle. Three ECSC sub-committees were also created. These include the Member Health Equity Council, Provider Equity Council and L.A. Care Team Council (focused on equity at the L.A. Care workplace). The Member Health Equity Council (MHEC) most pertinent to quality improvement and health equity efforts for members. Reporting up to the MHEC is the Consumer Health Equity Council (CHEC), which is composed of members. CHEC provides feedback on L.A. Care's initiatives and interventions associated with health equity and disparities reduction.

MAJOR ACCOMPLISHMENTS

Over the 2022-23 fiscal year (FY), L.A. Care accomplished a number of initiatives to lay the foundation to address health inequities. Highlights include efforts around our Data Governance Committee working on transitioning our race/ethnicity data to OMB format. There was also a concerted effort to collect social determinant of health data, which included a series of provider communications and trainings. Collection and analysis of member sexual orientation and gender identity information, which took over two years of planning with multiple departments, was also launched in February 2023.

L.A. Care was also committed to a series of interventions to mitigate the COVID pandemic driven disparities as well as the epidemic of gun violence. We also launched an initiative entitled *Advancing Economic Mobility* Grant this year as well as launching the second round of the Generating African American Infant and Nurturers Survival Initiative that seeks to address birthing equity. Lastly, we

completed the majority of our Member equity council goals and look forward to making progress in the in FY 2023-24 with the HEDMP as our roadmap to further advance health equity.

RACE AND ETHNICITY DATA

L.A. Care believes assessing and addressing racial and ethnic disparities and members' social service needs are paramount in reducing observed health disparities and improving health outcomes. L.A. Care has historically used the Center for Disease Control Race and Ethnicity Code Set (CDCRECS). However, it has been increasingly clear that health plans do not need CDCREC level of race and ethnicity granularity and there was a shift towards using the Office of Management and Budget Standards (OMB) for the health plans. NCQA and DMHC have also informed L.A. Care that they will adopt and use the OMB Standards. Therefore, L.A. Care's Data Governance, Health Education and Cultural and Linguistic and Health Equity teams have worked diligently to investigate and develop a plan to transition our current race and ethnicity configuration and transition our system from the CDCREC to the OMB race and ethnicity standards. The aim is to transition our system in the end of calendar year 2023 and if there is any further changes by OMB in 2024, we will continue to adhere to OMB Standards.

SOCIAL DRIVERS/DETERMINANTS OF HEALTH DATA

There are substantial evidence that social drivers/determinants of health (SDOH) are the environmental conditions where people are born, learn, work and age that affect their health and quality of life outcomes and risks. Many providers, health plans and regulatory and accrediting agencies, such as CMS, Covered California, Department of Health Care Services (DHCS), and National Committee for Quality Assurance (NCQA), see the benefits of SDOH member data collection and have begun to add requirements for the health plan. In order to capture the importance of identifying members' SDOH, an objective was added to the HEDMP, stating we would, "*strengthen the collection and linkages of Social Determinants of Health (SDOH) information on need for food, housing, and transportation among L.A. Care members* (Health Equity Zone 2, objective 3).

As a result, L.A. Care implemented a multipronged strategy to ensure SDOH data capture. Below are activities in support of the HEDMP objective.

1. **Communications**: Provider communications were sent explaining the importance for prioritizing and capturing patients' SDOH information for food, housing, and transportation. Different modalities of communication were used including a fax blast, memo and newsletter article.
2. **Trainings**: L.A. Care hosted two SDOH provider trainings on June 15, 2023 (60 attendees) and August 23, 2023 (206 providers). The trainings provided health care providers and their staff with an overview of the ICD-10-CM SDOH Z codes and the 25 Z codes prioritized by DHCS. Common challenges providers encountered with reporting Z codes and strategies to address these challenges were also discussed. A number of resources were also highlighted for the providers to utilize including L.A. Care Community Link, the 12 L.A. Care and Blue Shield Promise Community Resource Centers (CRCs) as well as information and referrals for Enhanced Care Management (ECM), Homeless and Housing Support Services Program (HHSS), Medically Tailored Meals (MTM) and Doula Support.
3. **SDOH Incentive Measure**: An SDOH Value Initiative for IPA Performance (VIIP) and Pay for Performance (P4P) measure was introduced in 2022 and will be incentivized for 2023.
4. **Internal Data Capture**: Creating an internal SDOH dashboard to aggregate unstructured member data, such as transportation authorizations, to help identify members' social needs is underway. Part of L.A. Care's SDOH philosophy is to help alleviate some of the burden from providers in collecting and addressing members' social needs by utilizing current data that may not be in the form of ICD-10 Z codes.

SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) DATA COLLECTION

L.A. Care is prioritizing the collection of Sexual Orientation and Gender Identity (SOGI) data. Additionally, DHCS and Covered California's new contracts also require health plans to submit evidence of successful NCQA Health Equity Accreditation, which includes the SOGI data collection efforts.

L.A. Care Customer Solution Center's (CSC) staff began to collect this data in February 2023. L.A. Care's CSC department directly collects member SOGI information when members call-in to L.A. Care's Member Services CSC. Prior to this date, CSC staff were trained on how to respectfully collect this data from members. The training included explaining what SOGI is, why we are collecting this information i.e. for better member care and high member satisfaction, SOGI health disparities data, dispelling staff and member myths about SOGI collection, common scenarios and what L.A. Care does with the information. Based on staff post-survey results, 87% of staff stated the training was satisfactory i.e. excellent, very good and good.

Based on the data collected, L.A. Care was able to begin analyzing for disparities among those that provided their sexual orientation status as the populations were big enough to compare. Health Effectiveness Data Information Set (HEDIS) measures were used to begin to identify any health outcome differences. However, because this is still a subpopulation of the larger L.A. Care member population, it would be too early to apply the trends we are seeing to the entire member population. However based on current results for both controlling blood pressure and Hemoglobin HbA1C Control (<8.0%), the data showed lesbian or gay population has lower rates for both measures. As we continue to get more data, we will better be able to identify disparities for the entire population.

GUN VIOLENCE PREVENTION SUMMIT AND OTHER INITIATIVES

L.A. Care Health Plan partnered with Los Angeles County Office of Violence Prevention (OVP), under Department of Public Health (DPH). We convened a Gun Violence Prevention Summit on December 9, 2022. Speakers included Dr. Deborah Prothrow-Stith, Dean of College of Medicine, Charles R. Drew University and Dr. Susan Stone, L.A. Care Physician, Senior Medical Director and E.R. physician and the moderators included John Baackes, L.A. Care CEO and Dr. Barbara Ferrer, Los Angeles County Public Health Director. The summit goal was to convene multiple sectors and subject matter experts to raise awareness that gun violence as a significant public health crisis. Key stakeholders discussed the impact of multiple forms of gun violence across communities in order to understand opportunities for healthcare to support actionable prevention strategies, work together to improve policies and practices, and identify additional resources needed to ultimately decrease gun violence deaths and life-altering injuries. Over 55 registered participants attended the summit representing the fields of health care, mental health, public health, and academia, plus advocates, survivors, and leaders from faith-based and community-based organizations attended the summit. The following recommendations were provided at the summit: continue to include and amplify the voice of survivors, train medical professionals on firearm screening and help communities secure long-term funding to showcase best strategies and practices. Since the summit, L.A. Care Health Plan has been involved in other ways such as creating a L.A. Care Gun Violence website displaying communication resources for members.

L.A. Care Health Plan also hosted a CME training on May 11, 2023. The training, "Prioritizing Patient Safety by Reducing Firearm Injury & Death: What Clinicians Can Do" was presented by Dr. Amy Barnhorst, MD, Director of The BulletPoints Project. The main objectives of the training consisted of the following: (1) identify risk for firearm-related harm (2) summarize ways to engage with patients to reduce the risk of firearm related harm (3) specify how to have culturally appropriate and respectful conversations with patients and their families to reduce firearm related risk and (4) describe available interventions for patients at risk of firearm-related harm. There was a total of 132 attendees with 62 CMEs earned. A post-survey showed a majority of participants (95%) rated the training *Excellent* or *Very Good (10-9).* Eighty seven percent of post-survey respondents responded that the presentation was well presented and Dr.

Barnhorst was able to communicate subject knowledge. The majority (89%) of survey respondents stated they would be able to identify patients' risk for firearm-related harm in their practice and describe interventions available as a result of this training. The webinar successfully educated and informed providers on firearm safety and potential interventions. We plan to continue to partner with Dr. Barnhorst and the BulletPoints Project in other training opportunities.

More recently, we have worked with public officials (Supervisor Janice Hahn's office and LA County Sherriff) to support their gun buyback and safety event in Bellflower on September 30, 2023. This initial engagement was viewed as great success by everyone.

COMMUNITY HEALTH INVESTMENT FUND AND MOVING TOWARDS HEALTH EQUITY
L.A. Care continues to invest in under-resourced communities through our Community Health Investment Fund (CHIF) grants. The CHIF grants help to further advance L.A. Care's health equity goals with resources provided to the community. Below are two of the CHIF grants launched this fiscal year and they specifically focus on black birthing disparities and the adverse impact of poverty.

- **GAAINS – Generating African American Infant and Nurturers Survival Initiative II:** Community Benefits department launched CHIF's second installment of Generating African American Infant and Nurturers Survival Initiative II (GAAINS II). This year L.A. Care committed $1.225 million to benefit ten community-based organizations. Projects under this grant will reduce structural barriers that impede medical treatment and social supports, and produce positive outcomes at the individual, community/clinic, and/or systems level. The GAAINS initiative enhances the culturally congruent resources available to L.A. Care's Black/African American members.

  The ten grantees awarded were:
  - Antelope Valley Partners for Health (AVPH) – Antelope Valley
  - Beauty for Ashes Maternal Wellness Inc. – Antelope Valley, South L.A., South Bay
  - Breastfeeding Taskforce of Greater Los Angeles – Carson, Long Beach, Gardena, Torrance
  - California Coalition for Black Birth Justice – Antelope Valley, South L.A., South Bay
  - Community Health Alliance of Pasadena – Alhambra, Pasadena, Foothill
  - CinnaMoms – Los Angeles County
  - Diversity Uplifts, Inc. – Los Angeles County
  - Happy Mama Healthy Baby Alliance – San Fernando Valley, Alhambra, Pasadena, South L.A., Long Beach
  - Maternal Mental Health NOW – Los Angeles County
  - St. John's Community Health – South L.A.

- **AEM Advancement Economic Mobility Initiative:** L.A. Care Health Plan released its first Advancing Economic Mobility (AEM) Initiative in July 2023. AEM Initiative supports nonprofit organizations that execute and promote strategies for L.A. County residents from under resourced communities that move them toward upward economic mobility. Specifically, this initiative is focused on facilitating pathways that lead to high demand and/or high growth careers or support for entrepreneurs that result in increased supplemental income or earning full-time wages that meet L.A. County Living Wage Standards and create economically secure households. This initiative is rooted in the belief that L.A. County residents and families from traditionally economically underserved communities deserve opportunities to maximize their potential to lead healthy lives free from dependence upon social systems. Additionally, increasing economic mobility ultimately can serve as a catalyst for building

generational wealth and/or balancing economic power. Income security and economic mobility are critical social determinants of health.

MEMBER EQUITY COUNCIL GOALS

The Member Equity Council identified areas to improve equity at different leverage points to ultimately improve poor health outcomes. For the past three years, the Member Equity Council goals focused on: ensuring effective member input (Component 1: Member Voice); focusing on social determinants of health (SDOH) (Component 2: SDOH); maintaining resources to community partners (Component 3: Health Plan as a Community Partner); establishing and leveraging partnerships to advance equity (Component 4: Systemic Change); and health disparities (Component 5: Equitable Health). There were a total of 16 goals this year. The goals included those that are required as part of regulatory and accreditation requirements as well as "stretch" goals and goals that are not required, but that this council believe will help to advance our efforts in improving members' health equity.

QUALITY IMPROVEMENT HEDIS HEALTH DISPARITIES 2023

Every year L.A. Care Health Plan reports on the quality of care delivered to L.A. Care Health Plan members. Since Reporting Year 2018, L.A. Care's Quality Performance Management (QPM) Department has provided a dashboard that includes functionality for users to view the final HEDIS rates broken down by various sub-categories. HEDIS rates can be viewed by direct line of business (DLOB), Service Planning Area (SPA), L.A. Care Regional Community Advisory Committee (RCAC) geographic areas, race/ethnicity, and both spoken and written language.

The 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. The measures analyzed includes controlling blood pressure, colorectal cancer screening, HgA1C control of <8.0% for people with diabetes, timeliness of prenatal care, postpartum care and well child visits. These measures are pulled from the main HEDIS dashboard with all the measures, and includes a summary of final measurement year 2022 HEDIS rates for those select measures stratified by race/ethnicity, language and, new this cycle, sexual orientation and gender identity (SOGI) for certain measures. The select measures include priority-overlapped measures from Department of Health Care Services, Managed Care 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 Population Health Management Index.

This year's report needs to be viewed in light of the on-going pandemic and utilizes the federal Office of Management and Budget's (OMB) race and ethnicity stratification. This includes the addition of Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native, Hispanic or Latino population and American Indian and Alaska Native without the Hispanic or Latino ethnicity.

The full report is included in the Appendix, after the "Look Forward" section.

RESULTS

MEMBER EQUITY COUNCIL GOALS

This FY, L.A. Care met ten of its 16 Member Equity Council goals. Four are currently in progress, but expected to be met in the next fiscal year. Two goals were not met including closing disparity gaps on timeliness for prenatal care and COVID vaccination disparities. Results for Member Equity Council goals are below.

Component 1: Member Voice

a) Internal L.A. Care teams will bring at least 3 projects/programs to the Member Equity Council's newly formed sub-committee Consumer Health Equity Council (CHEC) that is comprised of members for feedback and there is at least 1-2 changes made by business unit as a result.

> **Progress – Complete**
> - Care Management topic presented on 3/25/2023. Gun Violence Prevention and HEDM Plan presented on 6/22/2023. Translation and interpretations year review presented at 9/28/2023 meeting.

b) Establish internal committee to interview and select new CHEC member cohort.

> **Progress – Completed**
> - Eight members selected for the CHEC New Member Orientation as of 1/26/2023.

c) Collaborate with Elevating Customer Experience cross-functional team (CFT) on member feedback survey & CAHPS survey. Analyze new Equity questions in CG-CAHPS.

> **Progress –Completed**
> - New equity questions results presented at 9/27/2023 Member Equity Council meeting and at Quality Improvement Health Equity Committee (QIHEC) on 11/21/2023. The three new questions added in CG-CAHPS survey and the results for the combined clinic, provider, PPG and Plan Partner average are below.
>   - Question 1: In the last 12 months, how often have you been treated unfairly at this provider's office because of your race or ethnicity?
>   - Adults: 90.8%
>   - Children: 91.7%
>   - Question 2: In the last 12 months, how often were you treated unfairly at this provider's office because you did not speak English very well?
>   - Adults: 91.5%
>   - Children: 92.1%
>   - Question 3: Using any number from 0 to 10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, who number would you use to rate how much trust this provider?
>   - Adults: 70.7%
>   - Children: 73.9%

b) Created a new Quality Improvement Health Equity Committee (QIHEC). QIHEC is unique in that this committee includes participation from staff, network providers and members and all the stakeholders will have an opportunity to hear and voice their perspectives in one venue.

> **Progress –In progress**
> - In progress. First meeting to occur on 11/21/2023.

Component 2: SDoH

a) Increase the number of providers using Z-codes by 10% by FY 2022-23 end.

> **Progress – Complete**
- Reviewed at April 2023 MEC meeting.

b) Hold one training/listening session to inform about new Z-code requirements by FY 2022-23 end.

> **Progress – Complete**
- Two trainings held on June 15 and August 23 2023.

c) Increase the number of L.A Care members receiving housing related community supports (related to HHIP metric 3.4)

> **Progress – In progress**
- Currently only have baselines provided to DHCS. New numbers will not be updated until Oct/Nov.

d) Increase the number of homeless members receiving ECM (related to HHIP metric 3.3).
      Progress – In progress
- Currently only have baselines provided to DHCS. New numbers will not be updated until Oct/Nov.

Component 3: Health Plan as Community Partner
a) Community Benefit's: Invest at least $500,000 in community organizations providing progressive and innovative economic security strategies for under-resourced residents of Los Angeles County.
      Progress – Complete
- Community Benefits released new income security initiative entitled the Advancing Economic Mobility Initiative on 7/31. Reviewed applicants on 9/8/2023.
b) Educate on and promote gun violence prevention (GVP) by amplifying messaging from Office of Violence Prevention (OVP) and host a firearm safety training for clinicians during FY2022-23.
      Progress – Complete
- Training held on 5/11/2023 (132 attended, 62 CME credits provided). Health Equity department posted the GVP information on L.A. Care website on 4/19/2023. Ongoing OVP partnership during June's GVP month as well as in November for an in-person CME training.

Component 4: Systemic Change
a) Achieve NCQA Health Equity Accreditation in early 2024.
      Progress – In progress
- Evidence submission due in December 2023.
b) Capture member data on sexual orientation and gender identity (SOGI) in L.A. Care IT systems.
      Progress – Complete
- Launched 2/16/2023.
c) Create Health Equity Impact Assessment Tool to review, and evaluate Health Services policies and procedures. Implement tool for 1-2 projects presented by L.A. Care team for review.
      Progress – Complete
- Tool shared with QI department for editing and piloting the tool. Presented QI example at 6/28/2023 Member Equity Council meeting. Presented at external Technical Advisory Committee (TAC) meeting on 8/24/2023. Received and implemented TAC feedback.

Component 5: Equitable Health
a) Achieve HEDIS metric goals for disparity measures in Population Health Management Index (PHMI) by FY 2022-23 end (Prenatal Care, Diabetes, and Cardiovascular Disease).
      Progress – Not Met
- Met diabetes and cardiovascular goal, but did not meet the prenatal goal. Table 1 shows the results.

Table 1: Population Health Management Index Disparity Goals and Results

Measure	MCLA 2022-2023 Goal	DUALS 2022-2023 Goal	LACC 2022-2023 Goal
Prenatal Care: Black/African American members receiving prenatal care* - Equity Focus	≥72% 65.45%	N/A	N/A
Diabetes: Percentage of Black or African American members with an HbA1c <8% - Equity Focus	≥43% 59.66%	≥60% 59.07%	≥57% 55.00%
Cardiovascular: Percentage of Black or African American members with BP controlled - Equity Focus	≥37% 30.81%	≥53% 48.14%	≥38% 40.61%

b) L.A. Care will increase internal COVID vaccination rates by 5% by FY 2022-23 end,
   - Overall vaccination rate goal for all membership is 63%, as of 10/23, 61%
   - Black/African Americans member vaccination rate goal is 50%, as of 10/2023 47%
   - AIAN member vaccination rate goal is 58%, as of 10/2023, 55%
        Progress – Not met
   - Despite L.A. Care efforts to continue to encourage Black, Indigenous and People of Color (BIPOC) communities to get vaccinated, the outcome was improved, though fell short of the aspirational goals.
c) Implement at least two COVID-19 member outreach campaigns. Campaigns may include robo-call/texting and/or PSAs/communications initiatives i.e. billboards, social media, etc.
        Progress – Complete
   - Launched the Lenoard Nimoy campaign, social media campaign, and IVR calls.

LOOKING FORWARD
In FY 2023-24, L.A. Care Health Plan will focus on the HEDMP. Specifically, L.A. Care will address key health disparities by focusing on childhood immunization measures, supporting black birthing individuals, and the unhoused population with the implementation and expansion of the street medicine program. Also, L.A. Care will continue to work closely with internal and external stakeholders to develop a Diversity, Equity, and Training Program (DEI) in 2024. The focus of this DEI training is to encompass sensitivity, diversity, and cultural competency, health equity training, for all L.A. Care staff, our provider network and member-facing contractors. The objective is to create a better relationship and connectivity with L.A. Care's diverse membership including across populations disadvantaged by the system. The trainings can create an inclusive environment within the organization and externally with providers, and other community-based contractors and staff with lived experience. Ultimately, the hope is to improve member outcomes by enhancing access to care, reduction of health disparities, and overall better quality of care.

Another focus for Health Equity is improvement of data collection and analysis. Particularly, with race, ethnicity, and language (REaL) and sexual orientation and gender identity (SOGI) data. L.A. Care is

currently researching opportunities to improve our member demographic data collection. In 2023, L.A. Care hosted trainings for providers to train how to submit for Z codes. In the next FY, L.A. Care will continue to train providers to increase the number of providers utilizing SDOH screeners, and their EHR system to improve SDOH data collection by leveraging peer-to-peer learning and sharing best-practices during virtual webinars.

As L.A. Care continues to strive towards achieving high care quality 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 while holding ourselves accountable.

Appendix - L.A. Care Quality Improvement HEDIS Health Disparities 2023

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), Service Planning Area (SPA), L.A. Care Regional Community Advisory Committee (RCAC) geographic areas, race/ethnicity, and both spoken and written language.

As of August 2023, the total L.A. Care membership, including PASC-SEIU, was 2,914,595. The total Medi-Cal beneficiaries was 2,718,388 with L.A. Care's direct Medi-Cal beneficiaries, denoted as MCLA, having 1,515,644 members and our Plan Partners, including Anthem Blue Cross, Blue Shield Promise and Kaiser, with 1,202,744 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 128,877 members and L.A. Care Medicare Plus with 18,386 members. This dashboard supports reporting requirements for the National Committee for Quality Assurance's (NCQA) Health Equity Accreditation, previously Multicultural Health Distinction. 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 now has a 2023-25 Health Equity and Disparities Mitigation Plan. The dashboard also helps to identify health disparities and drives interventions for HEDIS improvement.

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 2022 HEDIS rates for those select measures stratified by race/ethnicity, language and, new this cycle, sexual orientation and gender identity (SOGI). The select measures include priority-overlapped measures from Department of Health Care Services (DHCS), Managed Care 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 Population Health Management Index.

This year's report needs to be viewed in light of the on-going pandemic and utilizes the federal Office of Management and Budget's (OMB) race and ethnicity stratification. This includes the addition of Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native, Hispanic or Latino population and American Indian and Alaska Native without the Hispanic or Latino ethnicity. L.A. Care's internal systems are still transitioning the previous race/ethnicity stratification to the new OMB race/ethnicity stratifications and rates may continue to vary as systems and information update.

This year's report also includes disparity analysis for sexual orientation and gender identity (SOGI). L.A. Care's Customer Solution Center's (CSC) department directly collects member SOGI information when members call into L.A. Care. L.A. Care CSC staff began to collect SOGI data in February 2023. 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. We will consider this to be our baseline year and monitor the trend to get a better understanding of this population.

MCLA
- HBD - Hemoglobin HbA1C Control (<8.0%) for Patients with Diabetes
- PPC - Timeliness of Prenatal Care
- PPC - Postpartum Care
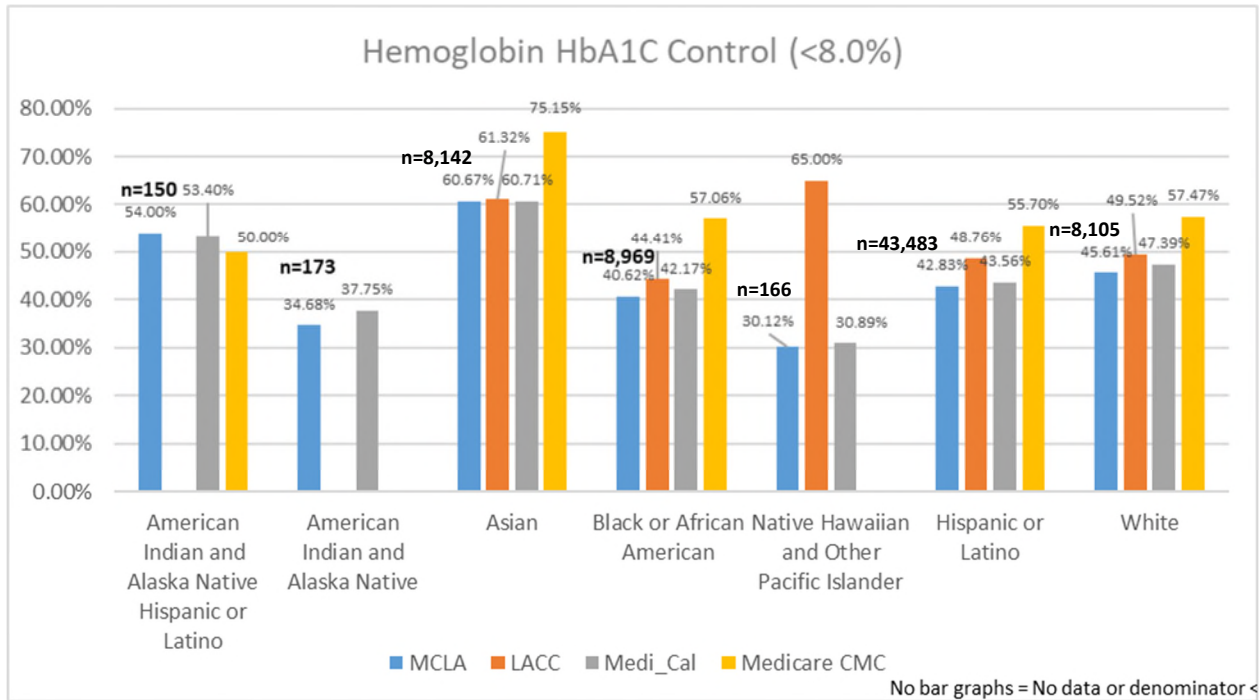
Quantitative Analysis

For MCLA and Medi-Cal, these measures were chosen due to our focus on birthing individuals/Moms and children and chronic disease in L.A. Care's Health Equity and Disparities Mitigation plan.

We displayed the HBD across all our LOBs, but for this section we will focus on MCLA. For MCLA, the lowest rate for HBD occurred among Native Hawaiian and Other Pacific Islander population (30.12%), followed by American Indian and Alaska Native (34.68%), Black or African American (40.62%), Hispanic or Latino (42.83%), White (45.61%), American Indian and Alaska Native Hispanic or Latino (54.00%), and Asian (60.67%). This difference showed statistical significance. The overall MCLA HEDIS HBD administrative rate was 44.85%.

Timeliness of Prenatal Care
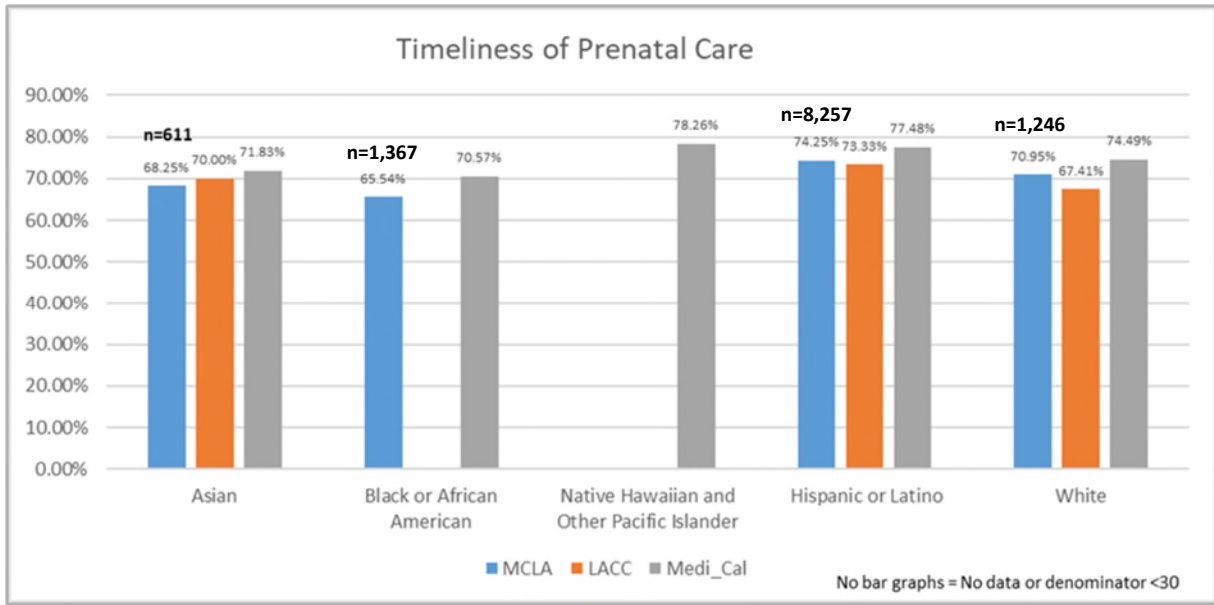
For MCLA, the lowest rate for timeliness of prenatal care occurred among Black or African American (65.54%), followed by Asian (68.25%), White (70.95%), and Hispanic or Latino (74.25%). This difference showed statistical significance. The overall MCLA HEDIS administrative rate for timeliness of prenatal care was 72.44%.
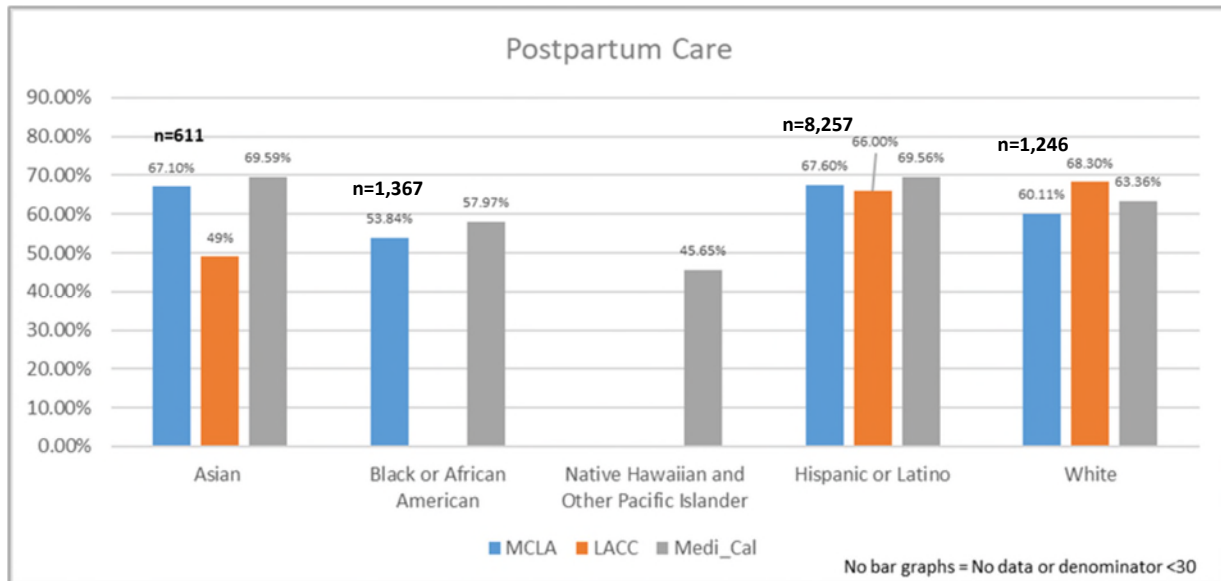
Postpartum Care

For MCLA, the lowest rate for postpartum care occurred among Black or African American (53.84%), followed by White (60.11%), Asian (67.10%), and Hispanic or Latino (67.60%). This difference showed statistical significance. The overall MCLA HEDIS administrative rate for postpartum care was 65.01%.

Qualitative Analysis
For the HEDIS HBD, Native Hawaiian or other Pacific Islander is a new category broken out by the OMB standards. We will need to examine further and learn what are some of the key drivers for this community

(e.g. nutrition, access to green space, distance to primary care provider etc.). However, when one compares the HBD across MCLA, LACC and Medi-Cal, the results are relatively comparable.

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. For example, recently there were two Black pregnant women in Los Angeles County who died. The initial and final findings for one of the cases clearly showed that there were clinical practice and system biases that contributed to their death.

Medi-Cal
- HBD- Hemoglobin HbA1C Control (<8.0%) for Patients With Diabetes
- PPC- Timeliness of Prenatal Care
- PPC- Postpartum Care
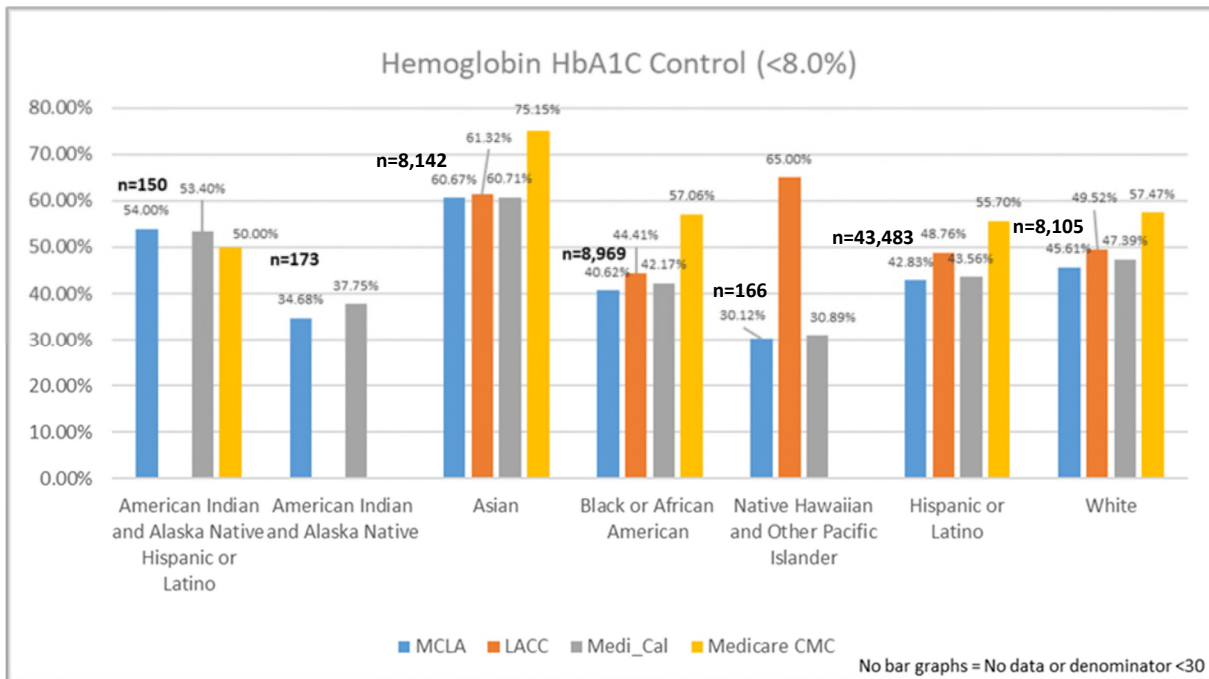
Quantitative Analysis
For this section, we will focus on Medi-Cal, which includes MCLA and L.A. Care Plan Partners. For Medi-Cal, the lowest rate for HBD occurred among Native Hawaiian and Other Pacific Islander population (30.89%), followed by American Indian and Alaska Native (37.75%), Black or African American (42.17%), Hispanic or Latino (43.56%), White (47.39%), American Indian and Alaska Native Hispanic or Latino (50.00%), and Asian (60.71%). This difference showed statistical significance. The overall Medi-Cal HEDIS administrative rate was 44.64%. It is also worthy to note that number of members identified as Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native are both relatively small.

Timeliness of Prenatal Care
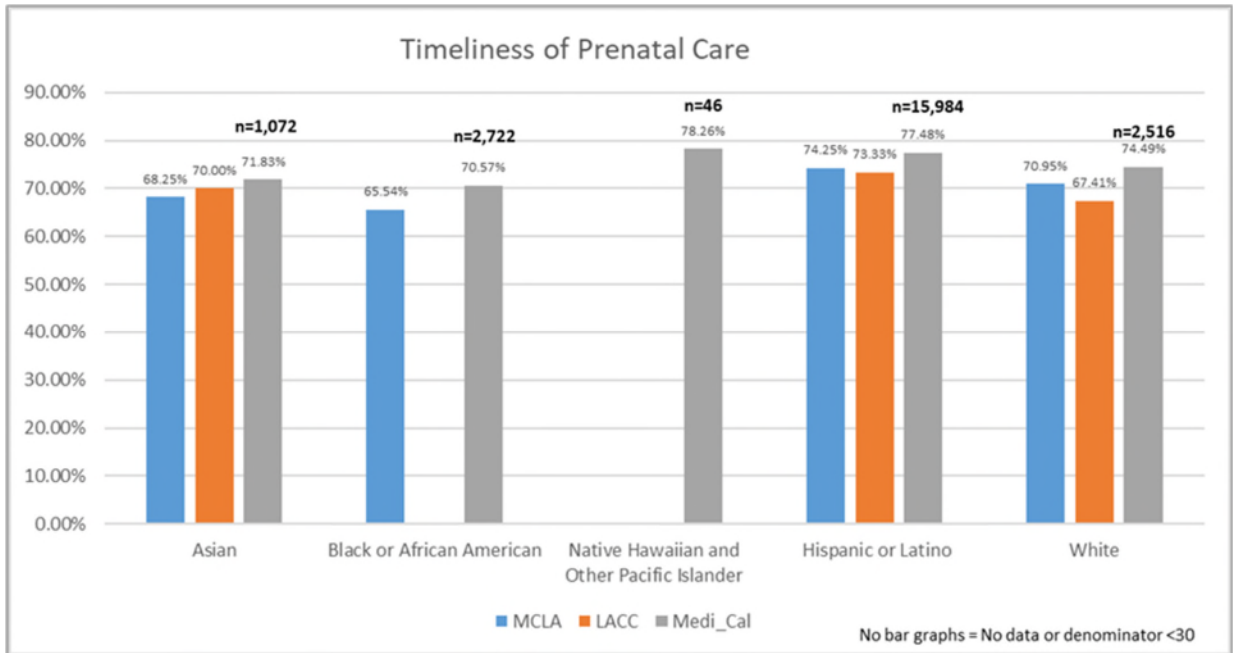
For Medi-Cal, the lowest rate for timeliness of prenatal care was among the Black or African American population, (70.57%), followed by Asian (71.83%), White (74.49%), Hispanic or Latino (77.48%) and highest was Native Hawaiian and Other Pacific Islander, (78.26%). This difference showed no statistical significance. The overall Medi-Cal HEDIS administrative rate for timeliness of prenatal care was 75.97%.
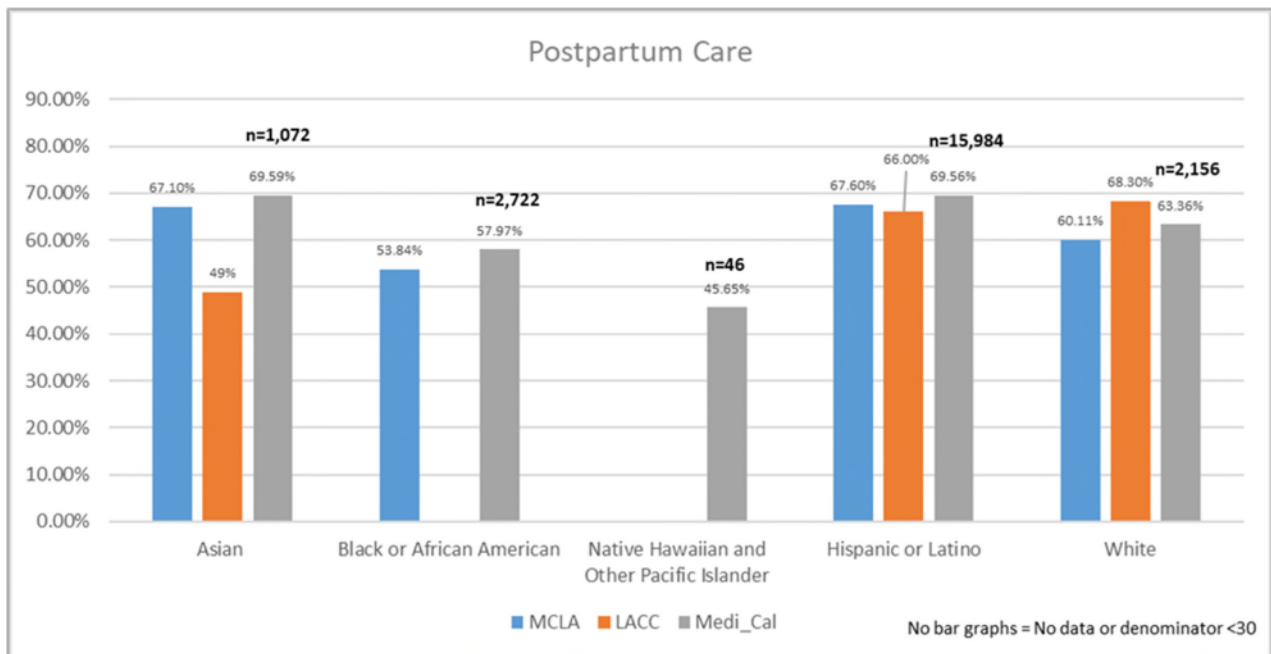
Postpartum Care

For Medi-Cal, the lowest rate for postpartum care was among the Native Hawaiian or Pacific Islander population (45.65%), followed by Black/African American (57.97%), White (63.36%), Hispanic or Latino (69.56%), and Asian (65.59%). This difference showed statistical significance. The overall Medi-Cal HEDIS postpartum administrative rate was 67.31%.

Qualitative Analysis

As we noted earlier for the HBD measure. We would need to further drill down and determine what the drivers for the poor HBD control for Native Hawaiian and Other Pacific Islander community are (e.g. nutrition, access to green space, distance to primary care provider etc.).

Among the PPC measures, there was trend in Black/African American birthing individuals having lower rates (second to last for postpartum care, but one should note that the population is very small for the Native Hawaiian and Other Pacific Islander). The trend in MCLA is also seen for Medi-Cal, which is expected. As mentioned above, this trend is seen nationally, statewide and locally for Black/African American birthing individuals that include availability of providers who can provide reproductive services as well institutional and systemic biases and mistrust.

The findings also shows Native Hawaiian and Other Pacific Islanders having the lowest rate for postpartum care, but the highest for timeliness of prenatal care. This set of findings could be due to the small population (n=46) in this community. As this is a new race/ethnicity category in the OMB standards, there is no historic data to identify if this is an ongoing trend and we may need to view this finding in light of the size of population.

LACC
- COL- Colorectal Cancer Screening
- HBD- Hemoglobin HbA1C Control (<8.0%) for Patients with Diabetes
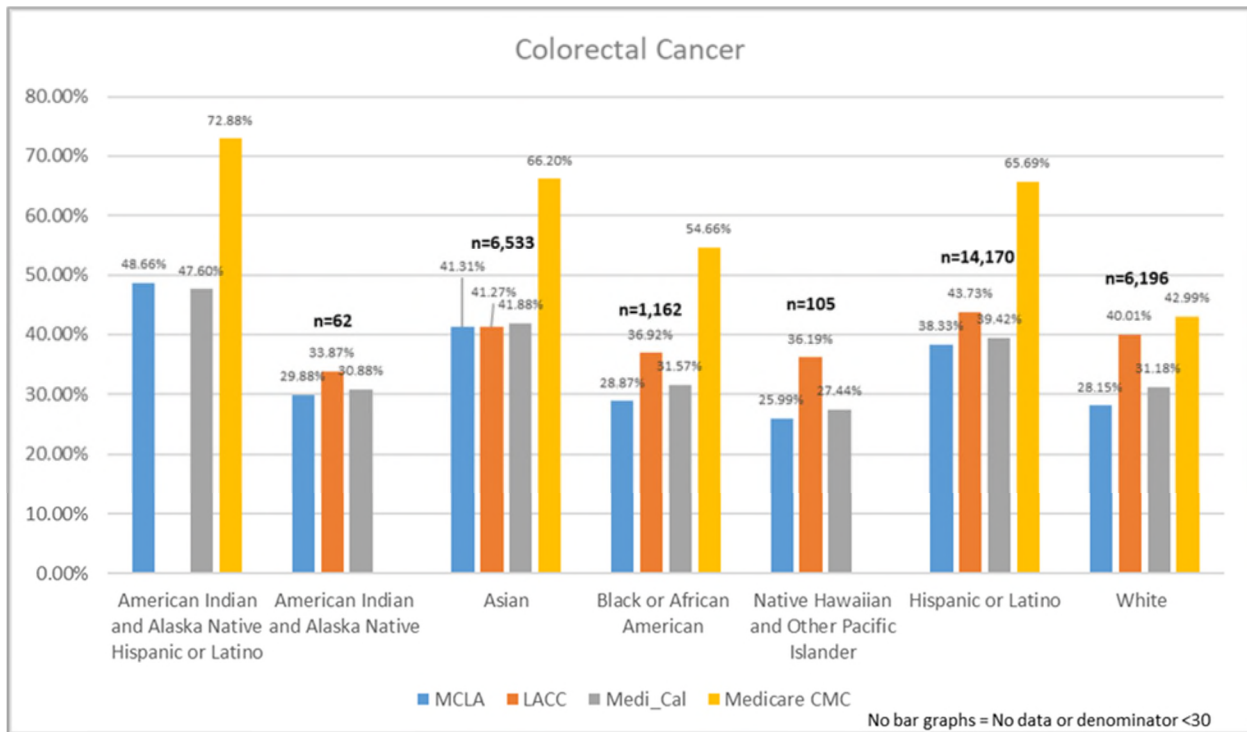
Quantitative Analysis

For LACC and CMC, colorectal cancer was analyzed due to LACC and CMC being an older population then Medi-Cal.

For LACC, the lowest rate of Colorectal Cancer Screening (COL) occurred among the American Indian and Alaska Native (33.87%) followed by Native Hawaiian or other Pacific Islander (36.19%), Black/ African American population (36.92%), White (40.01%), Asian (41.31%) and Hispanic or Latino (43.73%). Despite the wide range in percentages, the difference does not show statistical significance. This may be due to the fact that both American Indian and Alaska Native and Native Hawaiian and Other Pacific Islander numbers are small and most of the COL analyses centered on the White, Asian and Hispanic or Latino screening rates. The overall LACC COL administrative rate was 39.67%.

Hemoglobin HbA1C Control (<8.0%)
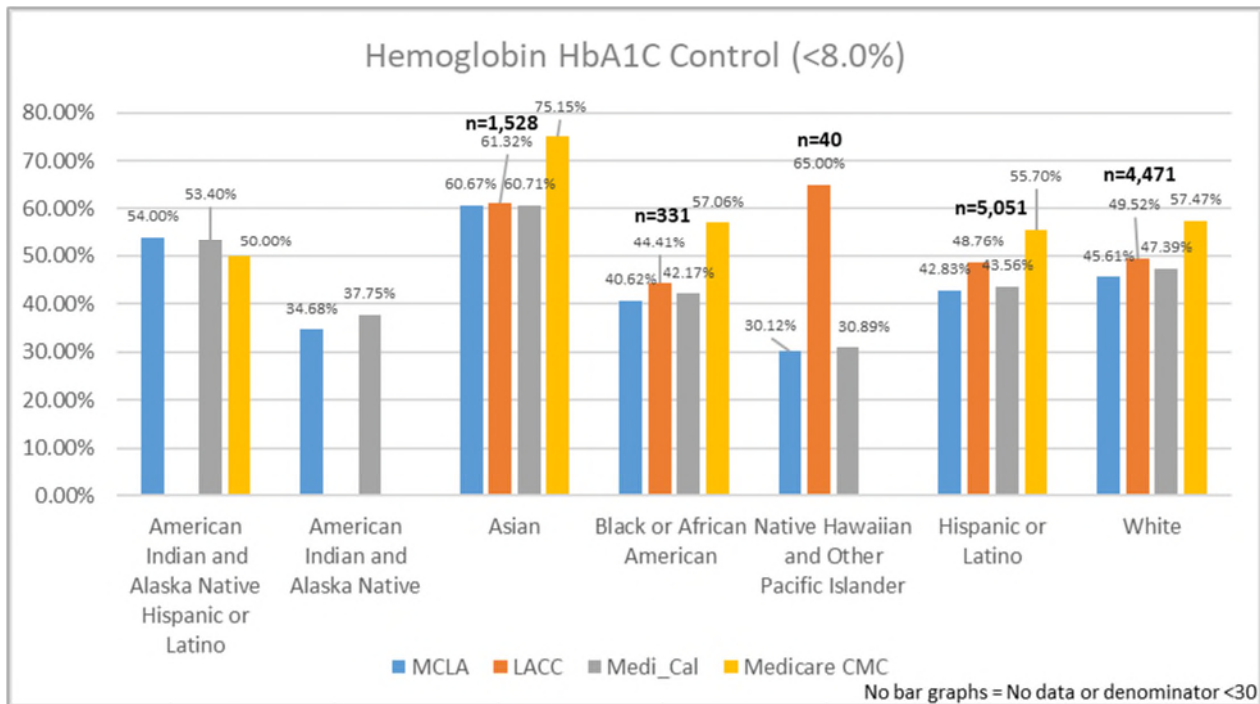
For LACC, the lowest rate for HBD occurred among Black/African American (44.41%), followed by Hispanic or Latino (48.76%), White (49.52%), Asian (61.32%) and Native Hawaiian or Other Pacific Islander (65%). There was no statistical significant difference. The overall LACC HEDIS HBD administrative rate was 52.54%.

Qualitative Analysis

For the LACC's COL measure, the American Indian and Alaska Native had the lowest rate. The very small number of indigenous population in this cohort may have contributed to the low percentages of COL. We also know that American Indian and Alaska Native can access Indian Health Services. Thus, some may have received their every ten year screening colonoscopy or receive preventive and screening services at Indian Health Services which are all located outside of L.A. County. These may be factors as to why rates are low.

For the HEDIS HBD measure, Black/African American population had the lowest rate. This disparity is not new. Reasons for this lower rate includes lower number of primary care providers in regions where we have a large number of Black/African American members as well as documented lower level of trust of the

Black/African American community with our health care system because they are unable to relate and connect with the provider. Additional factors included lower access to fresh food and less processed food and lower access to green and shaded community spaces to exercise consistently or safely.

L.A. Care Cal MediConnect (CMC)
- COL- Colorectal Cancer Screening
- HBD- Hemoglobin HbA1C Control (<8.0%) for Patients with Diabetes
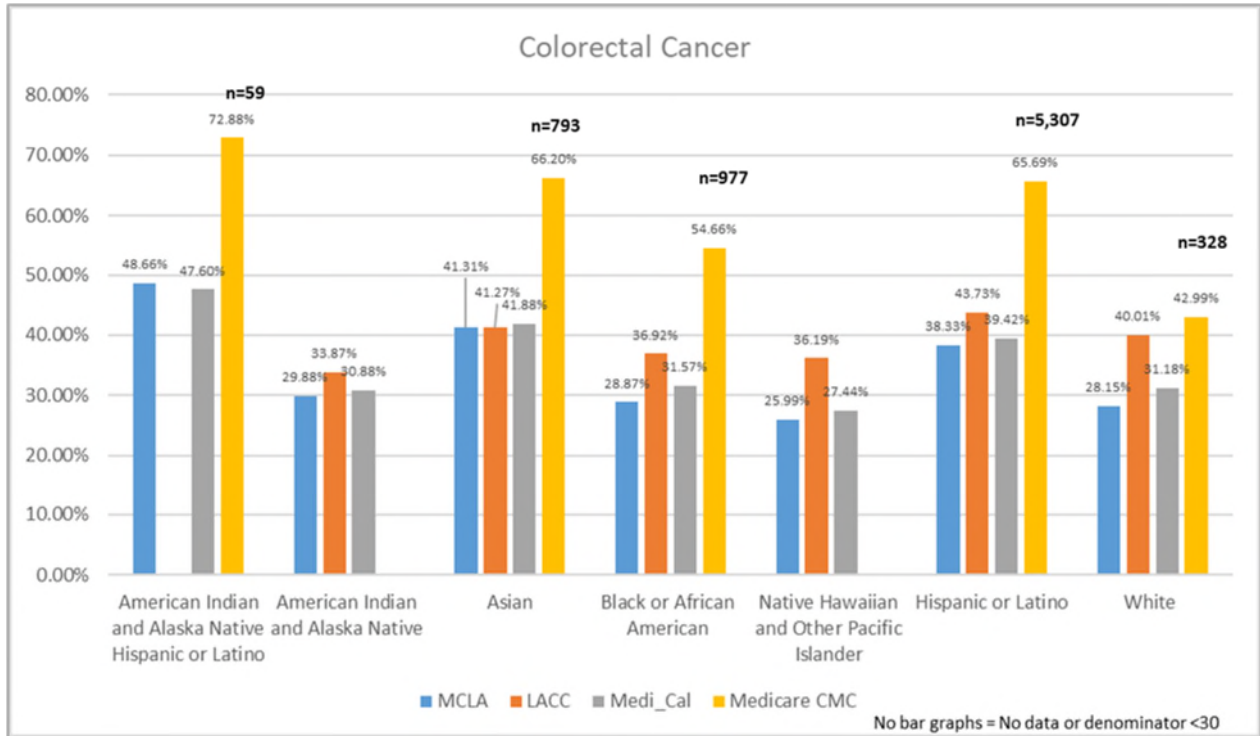
Quantitative Analysis

For L.A. Care Medicare CMC, the lowest rate of COL occurred among the White (42.99%), followed by Black/African American population (54.66%), Hispanic or Latino (65.69%), Asian (66.20%), and American Indian and Alaska Native, Hispanic or Latino (72.88%). This difference showed statistical significance. The overall L.A. Care Medicare CMC COL HEDIS administrative rate was 60.97%.

Hemoglobin HbA1C Control (<8.0%)
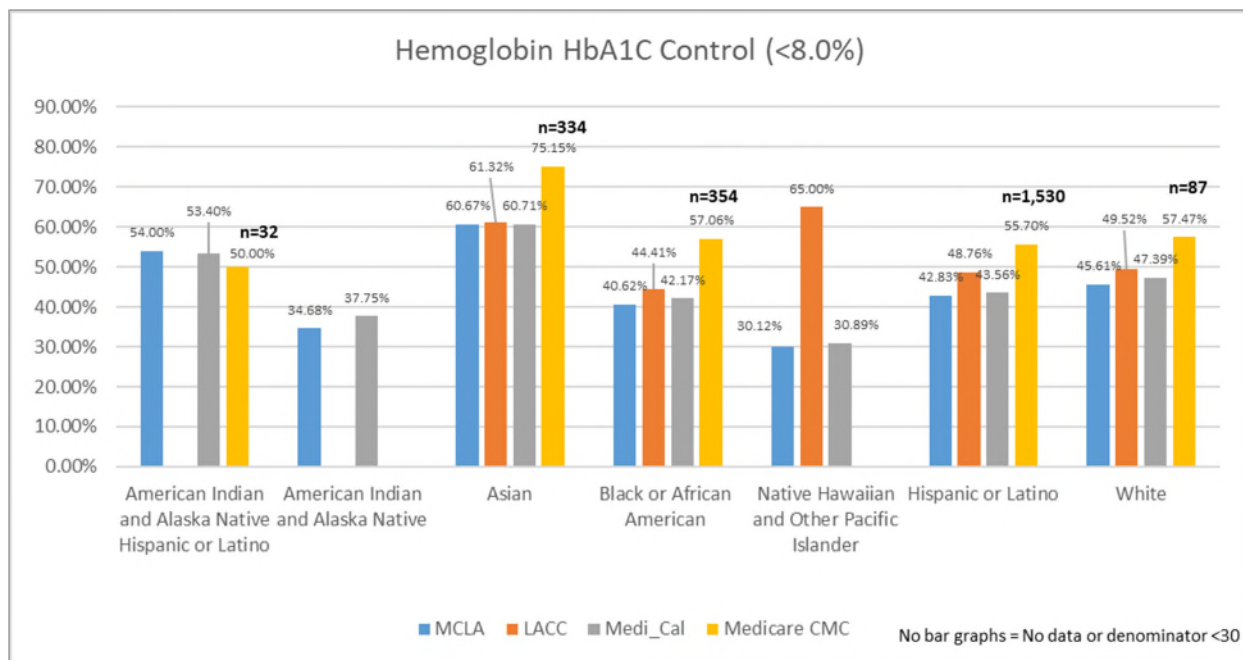
For L.A. Care Medicare CMC, the lowest rate of HBD occurred among American Indian and Alaska Native, Hispanic or Latino population (50%), followed by Hispanic or Latino (55.70%), Black/African American (57.06%), White (57.47%) and Asian (75.15%). This difference showed statistical significance. The overall L.A. Care Medicare CMC HBD HEDIS administrative rate was 57.79%.

Qualitative Analysis

For the COL measure, the low rates of screening for the White CMC population was unexpected, but may exist for a couple of reasons. Over the last few years, we have put a significant emphasis on colorectal cancer awareness campaigns targeting Black, Indigenous and People of Color (BIPOC) communities that have increased the colorectal screening amongst our BIPOC CMC members. Additionally, there may also be an economic discrimination to screen our CMC members with colonoscopy by gastrointestinal (GI) specialist because some may presume that CMC payment is lower because of their dual (Medi-Medi) status relatively to those with commercial or straight Medicare or Medicare Advantage coverage. Additionally, the number of White CMC members are relatively small. Taken together this may have caused the percentage-screened gap to widen.

For the HEDIS HBD measure, similar to Native Hawaiian or other Pacific Islander, American Indian and Alaska Native, Hispanic or Latino population is a new category broken out by the OMB standards and the numbers are small. Thus, we would like to understand this community better and track and trend this measure over time. On a positive note, the Black/African-American, Latino or Hispanic and White rates for HBD are all fairly similar (55.70% to 57.47%) and the HBD rate for Asians are at 75.15%.

Language

- HBD- Hemoglobin HbA1C Control (<8.0%) for Patients with Diabetes
- PPC- Timeliness of Prenatal Care

Hemoglobin HbA1C Control <8.0%
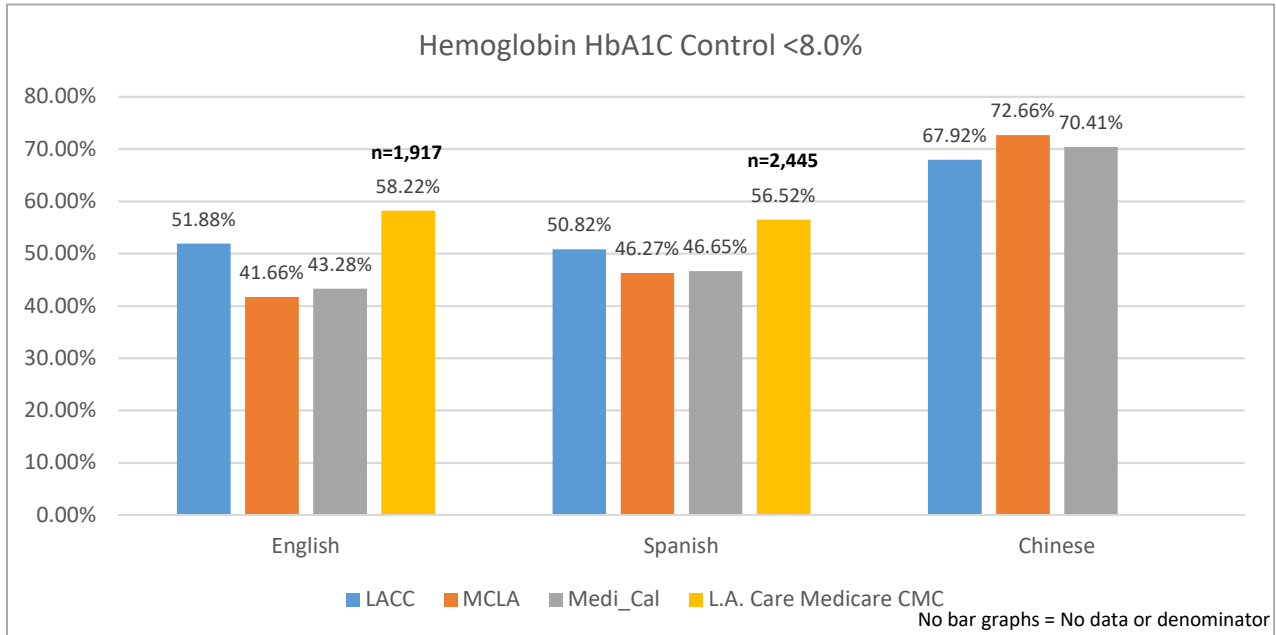
Quantitative Analysis

For the language analysis section, both a chronic disease and birthing individual/moms and kids HEDIS measure was chosen for analysis.

Among those enrolled in L.A. Care, the lowest rate for HBD was among Spanish speakers (56.52%) followed by English speakers (58.22%). There was no statistical significance.

Timeliness Of Prenatal Care
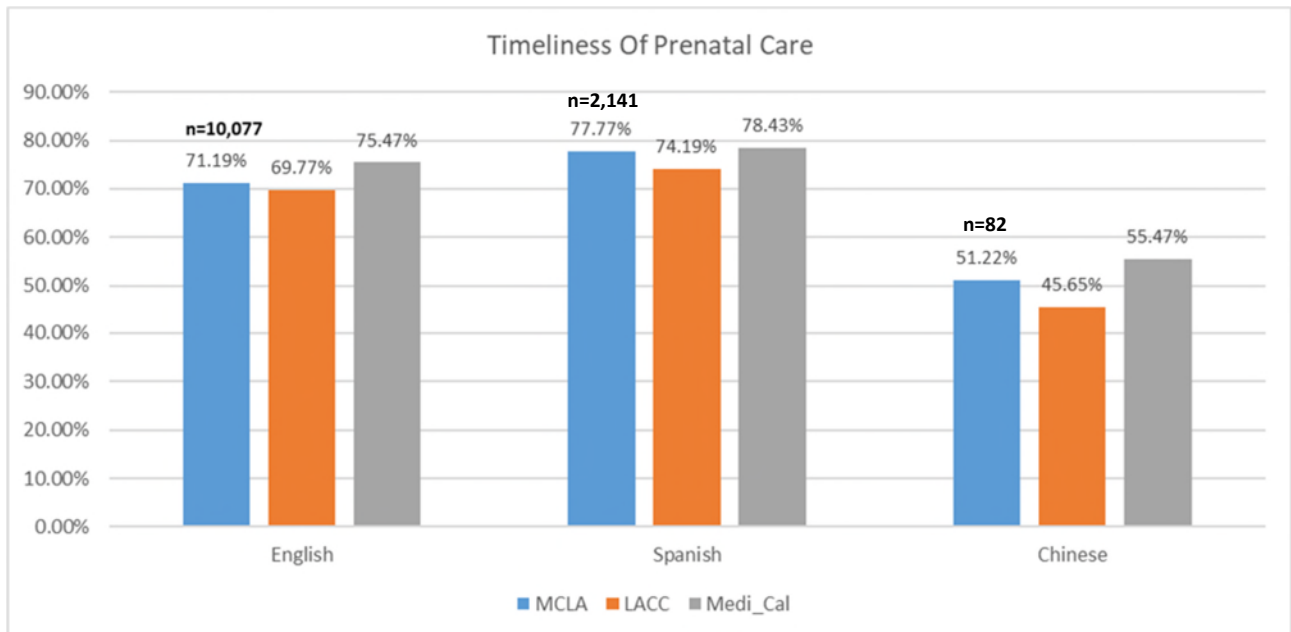
Among those enrolled with L.A. Care, the lowest rate for timeliness for prenatal care occurred among Chinese speakers (51.22%) followed by English speakers (71.19%) with the highest rate of PPC occurred among Spanish speakers (77.77%). This difference showed statistical significance.

Qualitative Analysis
For the HEDIS HBD measure, it is interesting to note that there was no difference between English and Spanish speakers. This may reflect the fact that we have a large number of bi-lingual providers and staff.

For the timeliness in prenatal care measure, Hispanic/Latino population had the highest rate and Chinese had the lowest rate. The reason for this may be because the Hispanic/Latino community in Los Angeles County is generally well aware that all pregnant women are eligible for Medi-Cal and thus are more likely to receive prenatal care in a timely manner. Meanwhile a couple of factors may result in why Chinse speaking women may have a low prenatal care rate. For one, this cohort size is relatively small. Secondly, if one is a recent Chinese immigrant, it is likely that this birthing individual may have not been in the U.S. for a long enough time to know that Medi-Cal will cover all pregnant women. The timeliness to prenatal rate for Chinese speaking individuals (51.22%) is also significantly different when compared to the timeliness to prenatal care for Asians in our MCLA group (68.25%). The delay in securing coverage because they are not fluent in English increases the likelihood that this group is more likely to be new immigrants. Taken together, these factors may result in a delay for Chinese speakers to receiving timely prenatal care.

Sexual Orientation
- CBP- Controlling High Blood Pressure
- HBD- Hemoglobin HbA1C Control (<8.0%)
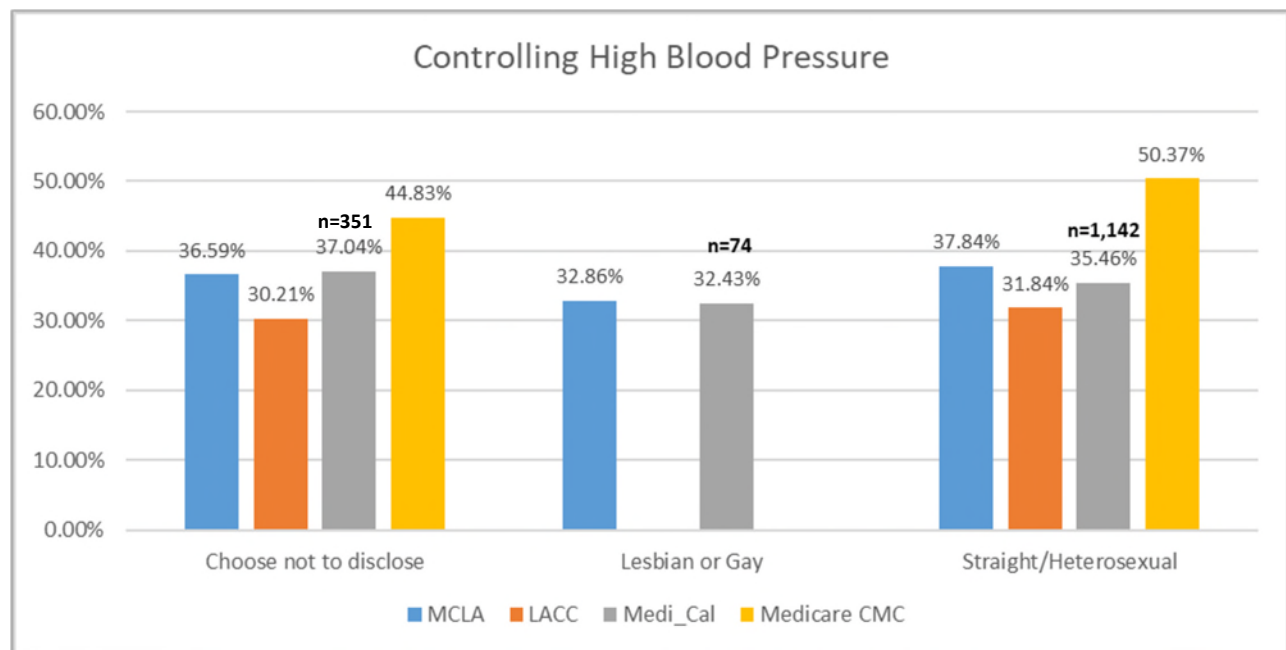
Quantitative Analysis
For SOGI measures, chronic disease measures were chosen to analyze and identify disparities at this time.

For the CBP measure, there was a statistical difference between those who self-identified as lesbian/gay population (32.43%) and those who identified as straight/heterosexual (35.46%).

Hemoglobin HbA1C Control (<8.0%) for Patients With Diabetes

Chart showing Hemoglobin HbA1C Control (<8.0%) for Patients With Diabetes by sexual orientation and plan type.

- **Bisexual:** MCLA n=30, 66.67%; Medi_Cal 68.75%
- **Choose not to disclose:** MCLA n=569, 53.43%; LACC 51.52%; Medi_Cal 53.29%; Medicare CMC 63.20%
- **Lesbian or Gay:** MCLA n=116, 39.66%; Medi_Cal 40.00%
- **Straight/Heterosexual:** MCLA n=2,066, 47.05%; LACC 51.31%; Medi_Cal 46.59%; Medicare CMC 62.07%

Legend: ■ MCLA ■ LACC ■ Medi_Cal ■ Medicare CMC

No bar graphs = No data or denominator <30

Among those enrolled in MCLA, there was a difference in the HBD among the bisexual and lesbian/gay populations. The lowest rate of HBD occurred among lesbian/gay population (39.66%) followed by straight/heterosexual (47.05%), choose not to disclose (53.43%) and bisexual (66.67%). This HBD measure showed statistical significance.

Qualitative Analysis

Sexual orientation disparities analysis was new this year. As previously mentioned, this data reflects only those members that have provided their SOGI information since February 2023. Thus, at this time we cannot generalize this finding for the whole L.A. Care population. It is also unclear how one would interpret those who choose not to disclose their sexual identity as one has to assume some of these individuals are straight and some are likely part of the LGBTQ+ community. However, based on current results for both CBP and HBD, the data shows lesbian or gay population has lower rates. Given that this is a new measure and we are still collecting SOGI data, we would like to examine further how we ask our questions so that we can reduce the number of individuals who choose not to disclose. We would also need to work with our providers to see how we can get their SOGI data into our system.

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 support our members and providers and reduce health disparities to achieve equitable and better health and wellness for our members. The Health Equity Department publically 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 impact many of our BIPOC communities. Thus, our Elevating the Safety Net initiative have set aside over $120 Million dollars to address workforce shortages. We are also leveraging the new California Advancing and Innovating Medi-Cal (CalAIM) funding to provide additional housing resources for our Medi-Cal members. 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. Additionally, our HEDMP goal focused on Black/African American birthing individuals is to achieve a 75% or higher successful HEDIS prenatal care measure among Black Women by year 2025 (MY 2021 for Black Birthing Mother is 69% and White is 80%) for FY 2023-24. We are working with L.A. Care departments in identifying the internal goals for our HEDIS chronic disease measures. <u>We know that there is much work for all of us to do to mitigate health disparities and we cannot do this alone.</u>

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 sends at-home test kits for comprehensive diabetes control and colorectal cancer screening. 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. Additionally, birthday card, automated calls, and posts on social media are all reminders provided to members for BCS, CCS, and COL gaps.

Another example of how we are thinking about health equity and quality together is that L.A. Care has prioritized maternal and infant health. The 2022 Prenatal Text Messaging Campaign focused specifically for Black/African American MCLA birthing members. This campaign was launched in response to the on-going prenatal and maternal health disparities for our Black birthing members. Black birthing members receive a total of six text messages sent on a weekly cadence. The text messages contain educational content about the benefits of prenatal visits and connect them to resources such as Women, Infants, Children (WIC) and transportation. Recently, we also implemented a new doula benefit in January 2023, have invested over $2 million dollars to community based organizations to encourage community based organizations to support Black birthing individuals and curated a resource guide for Black birthing individuals and their newborn.

Additionally for post-partum care and well child support, our interventions include sending birthday card reminders to Black/African-American members turning one, with preventive health reminders. Additionally, there has been Black breastfeeding social media posts to encourage breastfeeding and raise awareness of the benefits of breastfeeding amongst the Black/African-American population. In April 2023, L.A. Care hosted the Black Maternal Health Week by promoting the week through social media to raise awareness of the Black/African-American maternal and infant mortality disparity and how to help reduce racial disparities in healthcare. Furthermore, L.A. Care also engages in postpartum outreach calls, a *Healthy Mom* program, where a coordinator calls members who recently delivered in order to provide assistance with postpartum appointment scheduling and coordination of interpreting and transportation services. Members with a completed postpartum visit receive a $40 gift card incentive. We believe that investing and building community resources and increasing member engagement through texting, social media and doulas will make some difference with this long-standing health disparity.

Educational Interventions:
We have provided regular SOGI training for our CSC staff. To further our larger staff education on the history and importance of SOGI, L.A. Care sponsored UNIDAD, a documentary that was produced by one of our former staff and now shown on PBS. We held a Q&A (10/13) during Hispanic Heritage month for staff, member and the larger community. The UNIDAD documentary is the story of the Los Angeles-based Gay & Lesbian Latinos Unidos (GLLU) organization founded in 1981, and only a couple of years before the HIV/AIDS pandemic began to ravage LGBTQ communities. During the Q&A the director, executive producer and GLLU member discussed why it was important to make this film, the similarities and differences in addressing disparities during the height of the HIV/AIDS pandemic and the most recent COVID pandemic, the lessons health care organizations could take away from the film and more. The film

helps to bring attention to the importance of collecting gender identity and sexual orientation data, and subsequent disparity analysis to then identify where additional resources and interventions are needed.

Summary:

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.

A.4 HEALTH EDUCATION SERVICES

AUTHORS: LYNNE KEMP & JANINE SOUFFRONT
REVIEWERS: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The Health Education Unit plans, implements, and evaluates health education and health promotion services for Direct Line of Businesses (DLOB), including L.A. Care Medi-Cal (MCLA), L.A. Care Covered (LACC/D), Homecare Workers Health Care Plan (PASC-SEIU), and the new Medicare Plus (HMO D-SNP) Program. The Health Education Unit delivers member health education services via L.A. Care's Health In Motion™ and CalAIM Community Support Programs, the provision of low literacy health education materials and resources in Los Angeles County threshold languages, and the implementation of health education programs to improve Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Ratings.

MAJOR ACCOMPLISHMENTS

Three of the four Health Education Unit objectives for FY 22-23 were fully met, and one was partially met as follows:

1. Increase authorization requests/referrals and enrollment in the Community Supports Medically Tailored Meals (Meals As Medicine) program by 25%. **Met**
2. Contract with a new My Health In Motion™ wellness platform vendor by July 30, 2023. **Met**
3. Successfully implement the Medi-Cal Doula benefit in collaboration with the Medi-Cal Product Unit. **Met**
4. Increase referrals and enrollments to the following chronic disease self-management and prevention programs by 15%: diabetes, prediabetes, asthma, pediatric healthy weights, and adult weight management. **Partially Met**

RESULTS

In FY 22-23, the Health Education Department received 2,352 referrals for health education services and programs (Health In Motion™) and 1,058 referrals for the medically tailored meals program, Meals As Medicine (MAM), for 3,410 referrals processed. This accounts for a 48% increase over the previous Fiscal Year. Using average monthly DLOB membership counts as our denominator in both reporting periods (active members) and using a Z-value in a two-tailed test, this increase is statistically significant (P-Value is <0.00001).

When reviewed by the program, the numbers reflect a 28% increase in referrals for Health In Motion™ and a 122% increase in referrals for the Meals As Medicine program from last FY. Besides Meals As Medicine, the most common referrals were for Medical Nutrition Therapy (n=875) and Diabetes Self-Management Education (n=721) for 46.8% of referrals.

4,780 encounters were conducted. The number of encounters is higher than the total number of referrals since select services are offered as a series, which results in multiple encounters per referral. Of the encounters conducted during FY 22-23, 73% (n=3,504) were from individual (telephonic or virtual) consults, and 27% (n=1276) were from group (virtual or in-person) appointments. The group appointments were all for DSME, DPP, and Pediatric Healthy Lifestyle and mainly conducted using virtual technology. Table 1 details Health Education referrals and encounters for FY 22-23.

Table 1: Health Education Services and Programs Referrals and Encounters FY 22-23

Referral Type	Number of Referrals	Number of Individual Encounters	Number of Group Encounters	Number of Total Encounters
Meals As Medicine Assessment and Education	1,058	902	0	902
Medical Nutrition Therapy (RD consults)	875	965	0	965
Diabetes Self-management Education (DSME)	721	728	564	1,291
Adult Weight Management	283	540	0	540
Prediabetes & DPP	77	4	586	590
Wellness Nutrition	66	45	0	45
Heart Health	46	24	0	24
Fall Prevention	43	35	0	35
Tobacco Cessation	41	50	0	50
Pediatric Healthy Lifestyle	36	31	112	143
Asthma & COPD	36	28	0	28
Wellness Platform (Instructions)	31	11	0	11
Chronic Disease: Kidney Self-Care	27	0	15	15
Arthritis	22	53	0	53
Stress Management	22	17	0	17
Physical Activity	15	2	0	2
Prenatal & Women's Health	8	2	0	2
Other	3	67	0	67
TOTAL	**3,410**	**3,504**	**1276**	**4,780**

Table 2 details the three-year health education referral and encounter trend. Referrals and encounters increased during FY 22-23, partly due to the number of referrals received for the *Meals As Medicine* program.

Table 2: Health in Motion Referrals and Encounters
Three-Year Trend

Fiscal Year	Average DLOB Membership	Number of Referrals	Rate per 1000 members	Number of Total Encounters	Rate per 1000 members
FY 20-21	1,350,605	2,071	1.53	3,672	2.72
FY 21-22	1,496,073	1,832	1.22	3,894	2.60
FY 22-23	1,693,228	3,410	2.01	4,780	2.82

Table 3 details the rates of individual and group appointment encounters over the last three years. Even though the encounters increased, the rates per 1,000 members changed minimally from FY 21-22 to FY 22-23 due to the increase in membership.

Table 3: Health in Motion Rate of Telephonic Consults and Group Appointments per 1000 Members
Three-Year Trend

Fiscal Year	Average DLOB Membership	Individual Encounters	Rate (Encounters/ Average Membership x 1,000)	Group Encounters for DLOB	Rate (Encounters/ Average Membership x 1,000)
FY 20-21	1,350,605	3,138	2.32	536	0.39
FY 21-22	1,496,073	3,121	2.08	782	0.52
FY 22-23	1,693,228	3,504	2.07	1276	0.75

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

As detailed in Table 4, *My Health In Motion*™ (MyHIM) total new accounts increased by 68.20%, and the number of members completing an online Health Assessment (HA) increased by 9.04% in FY 22-23 over the previous fiscal year. The commercial line of business (LACC and LACC/D) traditionally has higher HA completion numbers due to members being incentivized to complete the appraisal.

Table 4: MyHIM Wellness Platform Utilization
Three-Year Trend

	Product Line	Average DLOB Membership	Total # of New Accounts	Percent Change in New Accounts from Prior FY	Rate (Total New Accounts/ Avg Membership X 1000)	Completed HA	Rate (Completed HA/Avg Membership X 1000)	Completed Workshops	Rate (Completed Workshops/Avg Membership X 1000)
FY 20-21	MCLA	1,131,988	6,908	+36.0%	6.10	955	0.84	7	0.006
	LACC/D	81,636	5,920	-25.5%	72.51	3,398	41.62	717	8.78
	PASC	51,395	556	+30.2%	10.81	86	1.67	0	0
	CMC	18,256	108	+56.5%	5.92	26	1.42	4	0.21
	TOTAL	**1,283,275**	**13,492**	**-0.2%**	**10.51**	**4,465**	**3.79**	**728**	**0.56**
FY 21-22	MCLA	1,315,563	7,163	+3.3%	5.44	1,108	0.84	8	0.006
	LACC/D	112,182	3,493	-40.1%	31.14	1,552	13.83	373	3.32
	PASC	50,371	396	-28.8%	7.86	40	0.79	0	0
	CMC	17,958	77	-28.7%	4.29	9	.50	4	0.22
	TOTAL	**1,496,074**	**11,129**	**-17.5%**	**7.44**	**2,709**	**1.81**	**385**	**0.26**
FY 22-23	MCLA	1,502,493	11,793	+64.6%	7.8	1,196	0.8	3	0.002
	LACC/D	123,433	5,981	+71.1%	48.5	1,640	13.3	489	3.9
	PASC	49,449	626	+58.1%	12.6	68	1.4	0	0
	DNSP	17,841	319	+314.3%	17.9	50	2.8	0	0
	TOTAL	**1,693,216**	**18,719**	**+68.20%**	**11.1**	**2,954**	**1.7**	**492**	**0.3**

Members also have the option to sign up for health coaching. A total of 1,279 members opted into health coaching in FY 22-23, an increase of 33.1% over the 961 members in FY 21-22.

LOOKING FORWARD
Health Education plans to focus on the following activities for FY 22-23:
- As per DHCS guidance, expand eligibility criteria for *Meals As Medicine* and add meal options and produce boxes to meet better member's needs.
- Per CMS Final rule regulations, launch a low digital health literacy identification and education program.
- Develop virtual education programs to address adult weight management and healthy pediatric lifestyles.
- Drive more DSME referrals to more cost-effective group appointments.
- Incentivize the in-person Medical Nutrition Therapy/RD consults services at Community Resource Centers to increase participation.
- Explore expanding the use of text messaging and email for enhanced program engagement, particularly for the labor-intensive Healthy Mom program.
- Expand the Doula Network that provides Medi-Cal doula benefit services and implement targeted interventions to improve perinatal care among Black members.
- Improve tobacco cessation data collection and reporting in collaboration with the Health Information Management (HIM) Analytics Department, LANES, and Kick It California Helpline to obtain comprehensive member tobacco usage data to help build the Smokers' Registry.
- Focus on disparity reduction among Blacks for the HEDIS A1c>9% measure.
- Successfully launch the new My*HIM* wellness platform by January 2024 and promote/utilize the new Chat with a Health Coach feature.
- Create a plan to improve the development, procurement, and distribution of health education materials, including expanding digital options on all available platforms.

A.4.a FLU AND MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION CAHPS RESULTS

FIGHT THE FLU PROGRAM CAHPS RESULTS

AUTHOR: SUSAN ALVARADO, MPH
REVIEWERS: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & FELIX AGUILAR, MD

BACKGROUND/SUMMARY
L.A. Care's annual Fight the Flu program spans from September to May of the calendar year. The program's goal is to increase the number of members who receive the flu vaccine and to prevent hospitalization and death because of flu infection. The Fight the Flu program's multimodal approach includes several member and provider interventions.
- Member interventions include:
    - Distribution of member preventive health reminder mailers
    - Automated calls
    - Emails
    - End of call reminders
    - Updated information on L.A. Care's Fight the Flu webpage
    - A Flu Myth Busters educational video
    - Social media campaigns targeting risk-high-risk regions of the service areas

- Provider interventions include:
    - Provider newsletters
    - Emails
    - Fax blasts
    - Updated information on the Providers Tools and Resources webpage

FLU RESULTS

Quantitative Analysis

The Consumer Assessment of Healthcare Providers & Systems (CAHPS) results, as shown in Table 1 below, indicate flu vaccinations are on a steady upward trend from 2021 for both Medi-Cal and CMC. However, in 2023, the CAHPS survey did not field for CMC members per the Centers for Medicare & Medicaid Services (CMS) contract change from CMC to the new D-SNP (Dual Eligible Special Needs Plan) LOB. Therefore, there is no reported score for D-SNP LOB for 2023. Medi-Cal CAHPS scores continued a steady upward trend, with 2023 seeing the highest score of nearly 47%, a 14.5% increase from 2022. The 2023 flu vaccination CAHPS score for LACC LOB of 43.3% was a decline of 8.2% from 2022 and fell short of meeting the 2023 goal of 50%. Although the 2023 CAHPS scores increased for MCLA but decreased for LACC, neither were statistically significant.

Table 1: CAHPS Flu Vaccination Rates Three-Year Trend

	2021 Score	2022 Score	2023 Score	2023 Goal	2023 Goal Met/Not Met
Medi-Cal	37.4%	40.8%	46.9%	42%	Met
CMC	70%	76.6%	N/A	78%	N/A
LACC	40.2%	47.1%	43.3%	50%	Not Met

L.A. Care relaunched the flu vaccine incentive available to CMC members during the 2022 flu season. The goal of the incentive is to encourage and thus increase the number of flu vaccinations among CMC members prior to the peak of the flu season. Over 16,000 CMC members were mailed a flu postcard with incentive information, and 12,644 CMC members were awarded an incentive for getting their flu shot during the 2022 flu season (August 1 - December 31, 2022). This was the highest number of awardees since the inception of the flu incentive program in 2019, as shown in Table 2 below. Further, this was a 73% increase in awarded incentives from 2021 (n=7,283) and almost a 1600% increase since the inception of the incentive program in 2019.

Table 2: CMC Flu Vaccination Awarded Incentives

CMC Flu Incentive

Year	Awarded Incentive
2019	744
2020	1,502
2021	7,283
2022	12,644
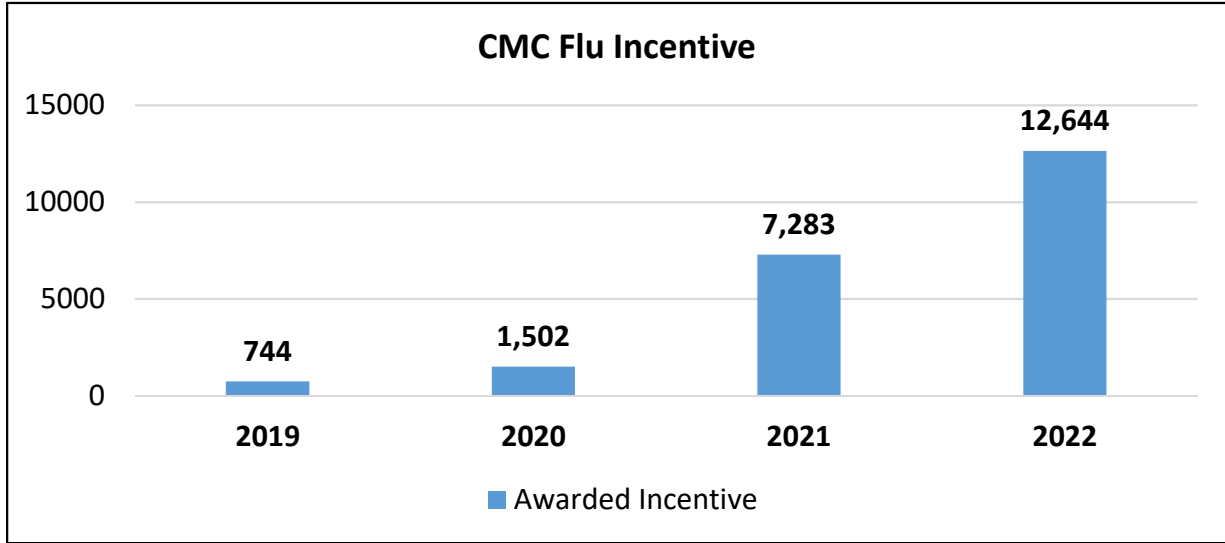
In early 2023, L.A. Care conducted its first return on investment (ROI) analysis on the flu incentive for flu season 2020 and 2021.

Table 3 below provides a breakdown of hospital use rates for CMC members incentivized versus non-incentivized that visited the emergency room/department (ER) or had in-patient stays. CMC members incentivized for their flu shot had an ER visit rate of 408, lower than non-incentivized members with a rate of 461. Further, incentivized CMC members had a slightly lower rate of 192 for inpatient stays versus non-incentivized CMC members at a rate of 196.

Table 3: Hospitalization Rates for Incentivized Members

Hospitilization Rates (Jan 2022-April 2022)

Per 1000

	Not-incentivized	Incentivized
ER_Rate	461.73	408.18
Inpatient_Rate	196.50	192.52
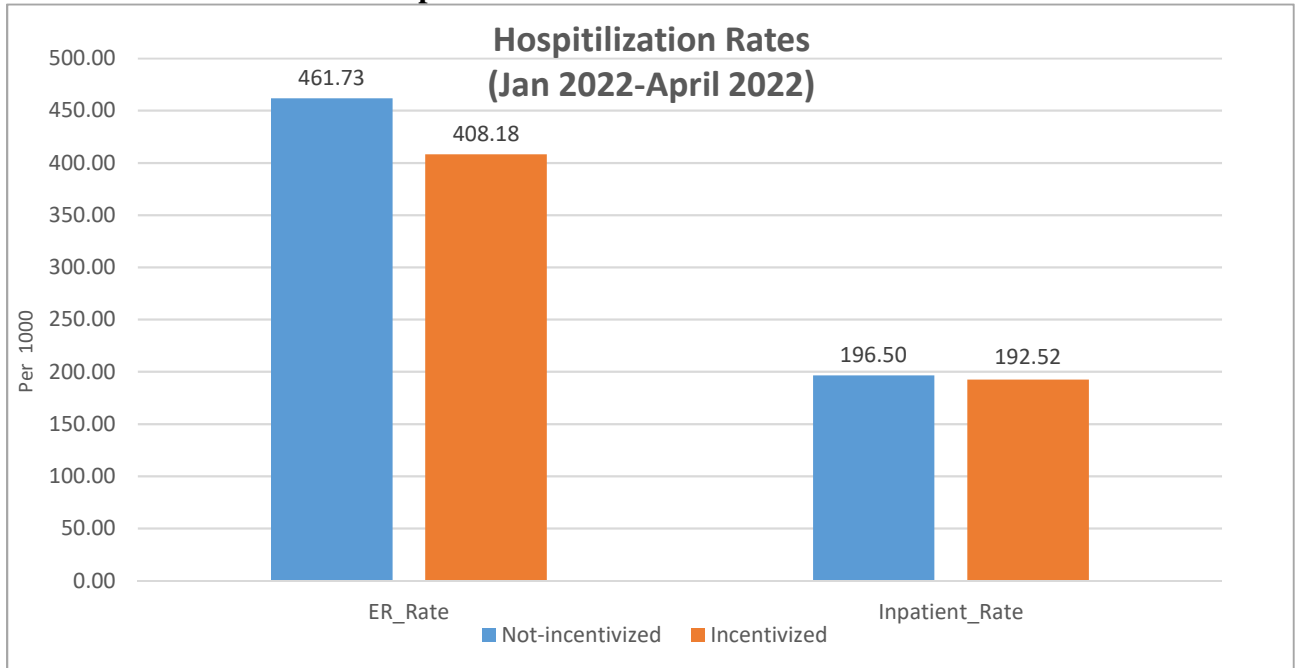
Table 4 provides insight on the incentivized members by the eleven Regional Community Advisory Committees (RCACs) in L.A. County. The Antelope Valley region had the lowest incentivized members for the flu shot at a rate of 263 per 1,000. The Compton, Inglewood, Watts, Gardena and Hawthorne region followed closely behind Antelope Valley with a rate of 272.

Table 4: Incentivized Members by RCAC

Region (RCAC)
Incentivized Members

Region	Per 1000
POMONA, EL MONTE	347
EAST LOS ANGELES, WHITTIER, HIGHLAND PARK	377
LONG BEACH	300
CARSON, TORRANCE, SAN PEDRO, WILMINGTON	329
HUNTINGTON PARK, BELLFLOWER, NORWALK, CUDAHY	345
COMPTON, INGLEWOOD, WATTS, GARDENA, HAWTHORNE	272
CULVER CITY, VENICE, SANTA MONICA, MALIBU,…	324
HOLLYWOOD, WILSHIRE, CENTRAL LA, GLENDALE	307
ALHAMBRA, PASADENA, FOOTHILL	356
VAN NUYS, PACOIMA, WEST HILLS, NORTH HILLS,…	323
ANTELOPE VALLEY	263

Per 1000

Ultimately, the findings of this ROI analysis showed that incentivized CMC members had less ER visits and in-patient hospital stays than non-incentivized members. CMC members who received their incentive because they got their flu shot were healthier and stayed out of the hospital versus CMC members who did not get their flu shot.

As L.A. Care continues its goal to increase flu vaccination rates through the Fight the Flu program, increased promotion, awareness and education on the flu will need to occur in low vaccination regions of Los Angeles County, i.e. Antelope Valley and cities in South L.A., refer to Table 4. The approach will have to be targeted, multi-pronged, and collaborative with other business units for the specific areas that have historically low vaccination rates. This may include utilizing the CRCs for multiple vaccine events during the flu season and not specific to a one-time event, as has been done in the past.

Further, the strategies will include utilizing the data reports provided to Health Education for the various flu interventions to focus on educating members in these regions multiple times during the flu season to reinforce the importance of the flu vaccine. In addition, targeting providers in these regions throughout the flu season to encourage flu vaccines among their patients and use every medical visit with a patient as an opportunity to educate and promote the flu vaccine will be emphasized. It is important to note that this targeted approach for flu vaccine awareness will require cross-functional collaboration with other business units in order to be effective in the future.

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION CAHPS RESULTS

AUTHOR: JESSE NAVARRO
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BACKGROUND/SUMMARY

Per All Plan Letter 16-014, L.A. Care and contracted providers are required to identify and document Medi-Cal members who use tobacco products. Upon identification, L.A. Care offers one-on-one, group and telephonic counseling support to members. Services available to members include telephonic counseling with an L.A. Care health educator trained in the American Lung Association's Freedom from Smoking program, and referral to Kick It California or community-based smoking cessation programs and support groups. In addition, providers offer pregnant women at least one face-to-face counseling session per quit attempt, and a referral to a tobacco cessation quit line. School-aged children and adolescents are offered brief counseling support to prevent tobacco use initiation.

To supplement counseling efforts, L.A. Care adult members (MCLA, LACC, PASC-SEIU and L.A. Care Medicare Plus (HMO D-SNP) who have either been diagnosed with a tobacco-related condition or have filled prescriptions for smoking cessation medication (nicotine gum, patch, lozenge, Buproprion, Varenicline) are mailed health education materials that promote smoking cessation information and resources. Kick It California makes outreach calls to members in collaboration with L.A. Care Health Education after the mailing to ensure receipt of the packet and to administer a phone survey to assess use of resources and smoking status.

L.A. Care monitors and evaluates provider implementation of tobacco cessation interventions via tobacco use questions on the CAHPS survey.

MAJOR ACCOMPLISHMENTS

RESULTS

Table 1: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Scores – Medical Assistance with Smoking and Tobacco Use Cessation

CAHPS Medi-Cal	2023 Score	2022 Score	2021 Score	2023 Goal	2023 Goal Met/Not Met
Percent Current Smokers	N/A	10.33%	13.13%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	58.93%	61.54%	68.38%	63%	Not Met
Discussing Cessation Medications	42.34%	41.26%	42.34%	N/A	N/A
Discussing Cessation Strategies	30.00%	37.32%	40.44%	N/A	N/A

Quantitative Analysis
The 2023 Medi-Cal CAHPS rates indicate a drop of 2.61% from 2022 in members reporting that their provider advised smokers and tobacco smokers to quit, 42.34% discussed cessation medication, a slight increase from 2022 of 1.08%, and 30% discussed cessation strategies, marking a decrease of 7.32% from 2022.

Table 2: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Scores – L.A. Care Medicare Plus (D-SNP) Assistance with Smoking and Tobacco Use Cessation

CAHPS D-SNP	2023 Score	2022 Score	2021 Score	2023 Goal	2023 Goal Met/Not Met
Percent Current Smokers	N/A	11.78%	12.1%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	N/A	43.86%	58%	N/A	N/A
Discussing Cessation Medications	N/A	N/A*	N/A*	N/A	N/A
Discussing Cessation Strategies	N/A	N/A*	N/A*	N/A	N/A

Quantitative Analysis
The 2023 D-NSP CAHPS had no surveys fielded in 2023.

Table 3: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Scores – LACC Assistance with Smoking and Tobacco Use Cessation

CAHPS LACC	2023 Score	2022 Score	2021 Score	2023 Goal	2023 Goal Met/Not Met
Percent Current Smokers	N/A	10.66%	6.6%	N/A	N/A
Advising Smokers and Tobacco Users to Quit	63.64%	63.41%	61.9%	64%	Not Met
Discussing Cessation Medications	36.36%	39.02%	38.1%	N/A	N/A
Discussing Cessation Strategies	35.56%	35.71%	34.9%	N/A	N/A

Quantitative Analysis
The 2023 LACC CAHPS rates indicates an increase of 0.23% from 2022 in members reporting that their provider advised smokers and tobacco smokers to quit, 36.36% discussed cessation medication, a decrease from 2022 of 2.66%, and 35.56% discussed cessation strategies, a slight decrease of 0.15% from 2022.

SUMMARY OF INTERVENTIONS
The Health Education Department started sending mailers to identified tobacco users in January 2023. For FY 22-23, a total of 19,758 mailers were sent out. Components of this program include an updated tobacco-mailing packet with educational materials and resources for tobacco cessation and counseling services for members who may need support in their journey to quit smoking.

LOOKING FORWARD
For FY 23-24, efforts are underway to establish an improved tobacco registry. The Health Education Department will be exploring better methods to identify members who smoke or have used tobacco/nicotine products to implement effective interventions and provide support, such as one one-on-one counseling.

A.4.b POPULATION NEEDS ASSESSMENT (PNA)

AUTHOR: LYNNE KEMP
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BACKGROUND/SUMMARY

The Department of Health Care Services (DHCS) has historically required an annual Health Education and Cultural and Linguistics Population Needs Assessment (PNA). However, effective January 1, 2023, Managed Care Plans were no longer required to submit an annual PNA and PNA Action Plan as DHCS began redesigning PNA requirements to involve closer collaboration with Local Health Departments (LHDs) and a greater emphasis on social drivers of health (SDOH).

MAJOR ACCOMPLISHMENTS

L.A. Care was not required to conduct a 2023 PNA. However, L.A. Care launched the Community Partnership workgroup in September 2023 with the Local Health Departments, plan partners, and other health plans servicing the L.A. county area. This group will be instrumental in developing the revised PNA and utilizing the data to address the community needs in 2025.

RESULTS

L.A. Care was not required to conduct a 2023 PNA.

SUMMARY OF INTERVENTIONS

L.A. Care did not conduct a 2023 PNA. L.A. Care has laid the foundation for the revised PNA, which will start in 2025. An updated Policy and Procedure, QI-058 Population Needs Assessment Procedure, has been developed and approved.

LOOKING FORWARD

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 LHDs and community stakeholders. Under the PHM Program, the PNA will be a multi-year process and Plans will submit an annual PHM strategy, informed by the redesigned PNA process, which replaces the PNA Action Plan.

A.4.c DIABETES SELF-MANAGEMENT EDUCATION (DSME)

AUTHORS: JANINE SOUFFRONT & SUSAN ALVARADO
REVIEWERS: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care Health Plan's (L.A. Care) Diabetes Self-Management Education program (DSME) assists direct line of business (DLOB) members who have diabetes in achieving improved blood glucose control through structured education, skill building, and goal setting. Members can participate in a series of virtual group appointments provided by a contracted vendor or individual telephonic counseling sessions with an L.A. Care diabetes educator/registered dietitian. L.A. Care DSME program options are recognized by the American Diabetes Association (ADA) as the Centers for Medicare and Medicaid (CMS) requires.

MAJOR ACCOMPLISHMENTS

During FY 22-23 there were 721 referrals for DSME and of the referrals received, 236 were enrolled in-group appointments with the remaining referrals assigned for individual appointments. These numbers are consistent with the previous fiscal year. The referral sources were providers, L.A. Care staff and self-referrals, with roughly a third of referrals coming from each source.

Members that participated in DSME group or individual appointments achieved an A1C reduction of 1.03% and 1.0% respectively. These results are consistent with studies, which indicate that DSME can improve A1C by as much as 1% (average 0.57%) in people with type 2 diabetes vs. customary care without DSME.

RESULTS

Individual telephonic delivery modality: A total of 392 unique members participated in individualized DSME, which resulted in 728 encounters. Based on member reports at the third core session, an average of 65% of participants maintained their chosen behavior change at least half of the time of their self-set goal. Physical activity was the goal that showed the most improvement with 74% or participants maintaining the behavior, followed by diet and taking medications as prescribed.

Graph 1: DSME Behavioral Goals Outcomes
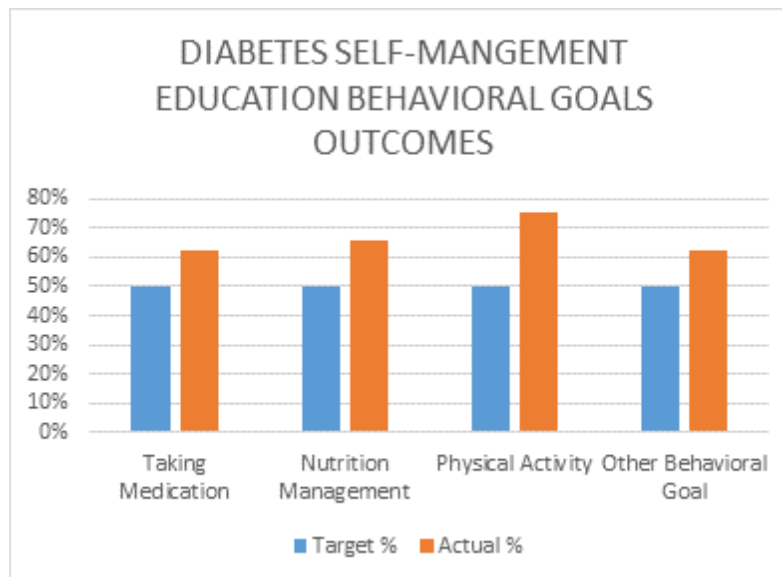
Group virtual delivery modality: DSME group sessions continue to be offered virtually to members monthly in both English and Spanish. The 236 unique members enrolled in the group sessions resulted in 564 encounters. Members who participated in-group DSME demonstrated an 8% increase in knowledge with pre-test scores on average at 87% and with posttest scores reaching 95%. Although preliminary results demonstrated an increase in knowledge, current DSME pre and post assessment tool will be revised for FY 23-24 to capture improved results in knowledge change.

SUMMARY OF INTERVENTIONS

The DSME program consists of three core sessions and a post-program follow up three months after the last core session. The program includes an initial assessment, individualized goal setting and education on the Association of Certified Diabetes Care and Education Specialists (ADCES) Seven Self-Care Behaviors: taking medicines, monitoring, problem-solving, healthy eating, physical activity, preventing complications, and healthy coping.

The program proactively targets members with A1C >7% but encourages referrals to DSME at the four critical times outlined in the 2020 DSME Consensus Report: (1) at diagnosis, (2) annually and/or when not meeting treatment targets, (3) when complicating factors develop, and 4) when transitions in life and care occur.

LOOKING FORWARD

It is a standing goal of the program to increase member participation, particularly to make better use of the cost-effective group program option, which can serve a larger number of participants. The program is exploring program promotion opportunities by:

- Encouraging group DSME participation with members receiving Meals As Medicine for diabetes.
- Emphasizing the availability of the DSME program during internal staff trainings, particularly for Care Managers.
- Revising the DSME promotional flyer that targets providers to emphasize the DSME group appointment option.

A.4.d MEDICALLY TAILORED MEALS (MTM)

AUTHORS: JANINE SOUFFRONT & DENNIS CARRILLO
REVIEWERS: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

Medically Tailored Meals (MTM) is a therapeutic nutrition intervention to improve health outcomes and reduce hospital readmission rates. Launched in January 2022, home-delivered meals support treating providers in managing chronic illness, targeting the patient's specific nutritional needs while reducing barriers associated with food insecurity or physical disability. Eligible members may receive two meals per day for up to 12 weeks, paired with nutrition education from a health educator or RD. Program extension up to 26 weeks is possible upon review or longer if deemed medically necessary. To qualify, a member must be living with advanced congestive heart failure, chronic kidney disease (stages 3-4), or diabetes (A1C ≥ 9).

MAJOR ACCOMPLISHMENTS

- Program Referrals: MTM is in its second year of implementation received 1,058 service authorization requests during FY 22-23. This accounts for a 122% increase over the previous year. Of all referrals, 802 were approved for service, representing 788 enrollment cases.
  Note: Given that MTM launched in January 2022, service authorization request figures in FY 21-22 do not represent a full reporting year. This partially explains the percent increase in FY 22-23.
- Meal Distribution: A total of 173,012 meals were delivered, accounting for a 282% increase from the previous reporting period.
- Additional Supports: Of program enrollments, 20% were supported with additional services. These include Diabetes Self-Management Education, Social Services, Medical Nutrition Therapy, and Behavioral Health services, to name a few.
- Member Satisfaction: Enrollees receive a program check-in at ten weeks. Over 90% of respondents (n=321) answered favorably toward the following metrics: meal instructions being easy to understand, timely meal deliveries, meal appropriateness for dietary needs, and overall meal provider satisfaction. An estimated 86% noted they liked the taste of their meals, representing an improvement over the previous reporting period.
- Administrative: Obtained DHCS approval to loosen enrollment criteria, expanding reach to more members. The MTM program will expand enrollment criteria further in January 2024. Eligible populations include the following (as noted in the July 2023 DHCS Policy Guide for MTM):

- Individuals with chronic conditions, such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high-risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.
    - Individuals being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement
    - Individuals with extensive care coordination needs.
- Quality Oversight: Monthly partnership meetings are held with each contracted meal provider, and practices specific to meal deliveries and customer service are reviewed. One corrective action plan was implemented to correct poor meal delivery cadence performance.

RESULTS

Preliminary analysis covering closed cases in Calendar Year (CY) 2022 showcased promising findings when comparing shifts in medical utilization and total cost of care. Unfortunately, the program evaluation tool was discontinued as the Data Science team determined the need for a better, more robust approach to assessing program impacts. An alternative is in its early development phase, and is not yet available for a FY 22-23 analysis.

Below are some findings from the CY 2022 report, using closed cases assigned to meal provider Project Angel Food. It is important to note that nutrition-based interventions are often not controlled and difficult to evaluate. Therefore, this partnership report does not necessarily represent a cause and effect relationship. There may be several, unaccounted-for factors that potentially contribute to changes or fluctuations in outcomes. Further, findings cannot be completely attributed to program participation.

- **Sample Size**
    - A total of 111 L.A. Care members received medically tailored meals with Project Angel Food during CY 2022.
    - Includes members with at least one documented meal delivery, regardless of program participation length.
    - Final Sample: Of the 111 members, 88 met the qualifying conditions for the review (active L.A. Care member six months before and after the program initiation date).
- **Statistically Significant Findings**
    - Emergency Department – Total Cost of Care: The average ED cost of care per member decreased by 53.1%. Assuming the same trend continues for a year, the total ED utilization projected savings for these 88 members are $447,722. (P-value = 0.013)
    - Inpatient Utilization – Total Cost of Care: The average inpatient cost of care per member decreased by 62.3%. Assuming the same trend continues for a year, the inpatient admissions projected savings for these 88 members are $589,771. (p-value = 0.003)
    - Total Hospital Readmissions: 50% decrease in total hospital readmissions (marginally significant with p-value = 0.051).
- **Promising Outcomes (not statistically significant)**
    - 9.9% decrease in the total number of emergency department visits and ED admits
    - 41.5% decrease in the total number of inpatient admissions observed
    - 9.9% increase in primary care visits

Specifically for FY 22-23, the data repository "Oracle Business Intelligence Enterprise Edition" (OBIEE) was used to help monitor shifts in A1C values. From available pre-post program data, observations were gathered for 165 enrollees with diabetes. Of these, 95 members (58%) had an improved A1C value at the end of the program, reducing their A1C by 1.51% (on average). Furthermore, findings suggest that members have a better outcome when enrolled for at least 12 weeks. One member reduced their A1C score

by 6.51%, the largest recorded within this enrollment sample (14.01% at baseline and 7.5% at program completion).

	Case Count	Baseline (A1C avg)	Post (A1C avg)	A1C Shift (average)
All enrollment cases meeting pre/post criteria	**165**	**9.15%**	**8.78%**	**- 0.375%**
Engagement with 168 meals or more (12 weeks +)	129	9.15%	8.68%	- 0.47%
Engagement with less than 168 meals (< 12 weeks)	36	9.16%	9.12%	- 0.40%
Enrollment cases with improved A1C values	**95**	**9.58%**	**8.07%**	**- 1.51%**
Engagement with 168 meals or more (12 weeks +)	73	9.57%	7.96%	- 1.61%
Engagement with less than 168 meals (< 12 weeks)	22	9.61%	8.42%	- 1.19%

The Glomerular Filtration Rate test (GFR) helps measure how well one's kidneys can filter blood. Values from this test correlate to a CKD stage. While 169 enrollees with CKD completed the program within FY 22-23, acceptable lab values were available for seven (7) members only. Of these:
- Four members (57%) improved their GFR values.
- Six members (86%) maintained the CKD stage they were in at baseline.

SUMMARY OF INTERVENTIONS
The Medically Tailored Meals program has grown since its first year of implementation. Promotional activities during FY 22-23 reached 550+ healthcare providers, helping increase awareness of program availability. Program staff continued with targeted member outreach, helping expand reach to members in need. Nearly 55% of approvals were the result of data mining and outreach activities, followed by healthcare/PCP referrals (25.6%) and internal department referrals (14.8%). Lastly, recurring check-ins with provider partners helped ensure service quality, and working with Compliance to address eligibility limitations helped remove barriers to participation.

LOOKING FORWARD
The Medically Tailored Meals program at L.A. Care will be referred to as the *Meals as Medicine* program starting January 2024. Eligibility criteria will expand to include individuals with chronic conditions, individuals being discharged from the hospital or skilled nursing facility, individuals at high risk of hospitalization, and/or individuals with extensive care coordination needs. This will replace current enrollment criteria focused on diabetes, congestive heart failure, and chronic kidney disease. To accommodate the changes, additional therapeutic meal options will be made available (January - July 2024), a new service authorization request form will be created to help facilitate referrals from both healthcare and community-based entities (January 2024), and new meal providers will be explored to help ensure any shifts in demand are met (January – July 2024).

A.4.e MEDICAL NUTRITION THERAPY (MNT)

AUTHOR: JANINE SOUFFRONT
REVIEWERS: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & FELIX AGUILAR, MD

BACKGROUND/SUMMARY
Medical Nutrition Therapy (MNT) is the integration of specific nutrition interventions into the treatment of an illness or condition. A treating provider must refer members, and upon receiving a referral, the member is assigned to an L.A. Care staff Registered Dietitian (RD) for consultation. Referred members receive an initial one-hour consultation and a minimum of one 30-minute follow-up. MNT services are available for DLOB members with one or more of the following:

- Uncontrolled type I or II diabetes (A1c>8)
- Pre-end-stage renal disease (GFR 13-50ml/min/1.73m)
- Obesity (pediatric, age 2-18 years, BMI>95th percentile and adults, age 18 years and over, BMI >35)
- Underweight (pediatric, age 2-18 years, BMI< 5th, adults, age 18-64 years, BMI<18; and older adults, age 65 years and older, BMI <23)
- Prediabetes (A1c 5.7-6.4) and cardiovascular disease
- Gastrointestinal and other nutrition-related conditions

For conditions that require specialized nutrition care or where the standard of care requires regular anthropometric measurements, intensive observation, or interventions by a multidisciplinary team are referred to a network of specialized dietitians by their PPG. Examples are high-risk pediatrics, bariatric surgery, gestational diabetes, and eating disorders.

MAJOR ACCOMPLISHMENTS
The three main RD-facilitated encounter types were Medical Nutrition Therapy (n=965), the *Meals As Medicine* MTM Suitability Assessment and Education (n=902) and DSME (n=728). Consults are provided via telephone, virtually, or in person at four CRCs.

The most common diagnoses treated with Medical Nutrition Therapy were diabetes (n=669), chronic kidney disease (n=335), adult overweight or obesity (n=284), pediatric obesity (n=266), cardiovascular conditions (n=173), and a variety of miscellaneous conditions such as gastrointestinal diseases (n=205). See chart below. **Note:** one member may have several diagnoses; thus, the diagnoses will not add to the number of unique encounters.

CONDITIONS TREATED WITH MNT

- Diabetes
- Chronic kidney disease
- Adult overweight or obesity
- Pediatric obesity
- Cardiovascular conditions
- Miscellaneous conditions

Diabetes 35%, Chronic kidney disease 17%, Adult overweight or obesity 15%, Pediatric obesity 14%, Cardiovascular conditions 9%, Miscellaneous conditions 10%
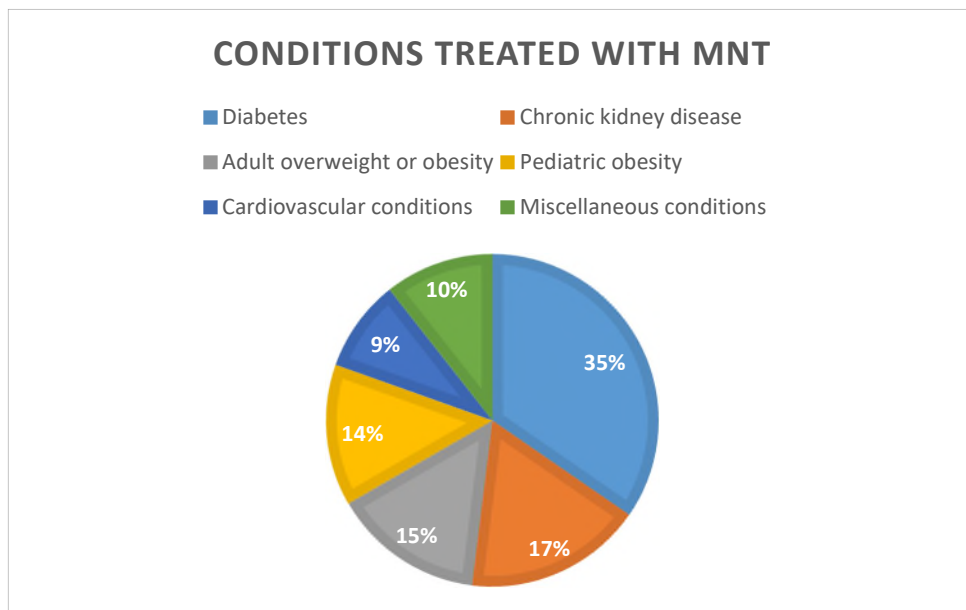
RESULTS
The first steps in reducing cardiovascular risk are to reduce LDL to below 100 mg/dl (in most people) and fasting triglycerides to below 150 mg/dl. Dietary interventions and exercise are effective in lowering LDL and triglycerides. Members who participated in MNT consults for hyperlipidemias showed an improvement in LDL of 17 mg/dl and triglycerides of 58 mg/dl. Triglycerides are more quickly responsive to dietary improvements.

At follow-up sessions, members self-reported their progress in following dietitian advice and making changes in eating behaviors, such as limiting the intake of refined carbohydrates, excess calories, alcohol, saturated fats, and trans fats.

SUMMARY OF INTERVENTIONS

Upon provider referral, an L.A. Care Registered Dietitian performs a nutrition assessment, determines a nutrition diagnosis and treatment plan, implements an intervention, and evaluates and monitors the member's progress.

LOOKING FORWARD

Limitations in the number of pre-intervention and post-intervention laboratory results are a constant challenge and limit our ability to assess the clinical outcomes of the MNT intervention. We look forward to gathering better clinical data in the coming fiscal year by retrieving laboratory data from OBIEE regularly.

A.5 CULTURAL & LINGUISTIC (C&L) SERVICES

AUTHOR: NAOKO YAMASHITA
REVIEWERS: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The C&L Services Unit continuously evaluates the effectiveness of its C&L program for all product lines. This annual evaluation report is for all product lines including a description of completed and ongoing C&L activities, trending of language services utilization, quantitative and qualitative analysis of initiatives, and evaluation of the overall effectiveness of the C&L Program. Moreover, the data in this report is aggregated for all product lines of the fiscal year 2022-2023. The report also includes community representatives' feedback on the C&L Program.

METHODOLOGY

- Face-to-face interpreting and translation utilization data are based on the requests processed through two workflow management systems: Plunet (face-to-face interpreting and standard translation) and Language Vault (rapid translation). Telephonic interpreting utilization is based on the call report provided by the language vendor.
- Satisfaction surveys are sent to L.A. Care members and L.A. Care staff who utilized the language services. Member surveys in threshold languages are mailed, and staff surveys are administered electronically.
- Bilingual staff language proficiency assessment is administered to those who communicate directly with Limited English Proficient (LEP) members in a non-English language. The assessment results are captured in the online HR system.
- C&L trainings are available as eLearning modules on the online learning management system, L.A. Care University. The training completion is tracked in the system, and WebEx or Zoom is used for live webinars.
- The goals are established annually to improve the access and quality of language services continuously.

ANALYSIS

- **Translation**
  - 25,454 documents were translated[1] into 32 languages, with 99.8% in threshold languages and 0.2% in non-threshold languages in FY 22-23. 5,920 documents were processed through the standard translation service (Plunet), and 19,534 Notice of Action (NOA) and Notice of Appeal Resolution (NAR) letters were processed through the rapid translation service (Language Vault).
  - Compared to the previous fiscal year, the number of documents translated through the standard service went down by 24.5%, while the rapid service translations went up by 223.8%. This change is due to the shift of NOA and NAR translation requests from Language Vault to Plunet, which started in March 2022.
  - This was the first year that Individualized Care Plan (ICP) were provided in the member language due to the new regulatory requirements. In FY22-23, a total of 303 ICPs were translated.
  - The top three translation languages for standard and rapid translation services were Spanish, Armenian, and Chinese.
- **Alternative Formats**
  - The Alternative Format Selection (AFS) project has been underway to make the Department of Health Care Services (DHCS) AFS data readily accessible for business use and member mailings since 2022.

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[1] The number of translated documents does *not* represent the number of documents mailed to members.

Due to the IT department's competing priorities, the estimated project completion is April 2024. In the interim, the DHCS AFS data is made available for business use in the sandbox as a workaround.

- 820 alternative formats were produced[2] in FY 22-23 with 613 large font documents, 177 audio files, and 30 Braille.
- The total number of alternative formats increased by 379.5% from the previous fiscal year due to the DHCS All Plan Letter 22-002 and 2024 CMS Final Rules.

- **Face-to-Face Interpreting**
  - 9,069 face-to-face interpreting requests in 31 languages were processed, with 8,611 requests for medical appointments and 458 for administrative meetings and community events.
  - There was a 20.2% increase in the overall face-to-face interpreting requests compared to the previous fiscal year. The number of requests for medical appointments has been on an upward trend since the COVID-19 restrictions were eased; it has surpassed the pre-pandemic request level by 62.5% this year. This may indicate that members are returning to onsite doctor appointments.
  - The majority of interpreting requests were for the medical appointments that took place at the Department of Health Services (DHS) Rancho Los Amigos (44.2%) facility and Asian Pacific Healthcare Ventures (24.7%).
  - 96.0% of all medical appointments and 98.5% of administrative appointments were fulfilled successfully.
  - The top three languages for medical appointments were Spanish, American Sign Language (ASL), and Thai. The top three languages for administrative meetings and community events were ASL, Spanish, and Khmer.

- **Telephonic Interpreting**
  - 235,875 calls with over 4.2 million minutes of telephonic interpreting services were provided in 86 languages. The number of calls and minutes increased by 26.9% and 35.2%, respectively, compared to the previous fiscal year. This increased utilization is due to the new call center vendor, whose workforce is monolingual, primarily English speakers.
  - 88.8% of all calls were connected to an interpreter in less than 30 seconds. See the annual goals section below for analysis and action to improve the connection time.
  - The top three languages for telephonic interpreting were Spanish, Mandarin, and Armenian.

- **Language Proficiency Assessment of L.A. Care Bilingual Staff**
  - 168 employees (148 non-clinical and 20 clinical) were assessed in four languages in FY 22-23. Of those assessed, 144 employees passed the test (136 non-clinical and 12 clinical).
  - L.A. Care has 410 (389 non-clinical and 21 clinical) qualified bilingual staff in nine threshold languages, a 38.5% increase from the previous year.
  - 96.9% of qualified bilingual staff are Spanish speakers, followed by 2.8% Tagalog and 2.3% Armenian speakers.

- **C&L Training**
  - 3,594 L.A. Care staff and 900 providers and provider office staff completed the online C&L trainings, including Cultural Competency, Disability Sensitivity, C&L Requirements for CSC; and Special Needs and Cultural Competency.

- **Annual Goals**
  - All goals were met except for connection time to a telephonic interpreter and translation delivery through standard service (Plunet).

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[2] The number of produced alternative formats does *not* represent the number of documents mailed to members.

FY22-23 Goals		Benchmark	Results	
Members are satisfied ("Very Happy or Somewhat Happy") with interpreting and translation services	F2F Interpreting	90.0%	96.8%	Met
	Telephonic Interpreting	90.0%	95.5%	Met
	Translation	90.0%	99.7%	Met
Fulfill in-person interpreting requests for member medical appointments.		90.0%	96.0%	Met
Deliver translation requests before or on the requested due date.	Standard service (Plunet)	90.0%	89.3%	Not Met
	Rapid service (Language Vault)	90.0%	98.4%	Met
Telephonic interpreting calls are connected in 30 seconds or less.		90.0%	88.8%	Not Met

- *Connection time to a telephonic interpreter:* Based on the root cause analysis for telephonic interpreting services, the connection delay was mostly due to two major natural disasters. The earthquake in Mexico and hurricane in Puerto Rico in September 2022 depleted the availability of interpreters that usually service L.A. Care due to an overwhelming demand for Spanish interpreting in the vendor's emergency services sector, resulting in a significant drop in the connection time in FY22-23 Q1 (79.6%). The vendor adjusted interpreter hours and allowed overtime to remedy the situation while the recruitment and onboarding process continued. As a result, the connection time has improved to 96.6% and 95.2% in FY22-23 Q3 and Q4, which met and exceeded the benchmark.
- *On-time translation delivery (standard service, Plunet):* The delay was due to staff turnovers and inconsistent data capture. After onboarding and training new the translation specialists; the on-time delivery percentage started to improve; it went up to 88.2% in Q3 and 89.4% in Q4.

- **Member Feedback**
  The following comments and suggestions were provided by members at the Consumer Health Equity Council in September 2023 to improve culturally and linguistically appropriate services:
  - Develop written documents that are easier to understand in Khmer.
  - Make the Community Resource Centers' posters, fliers, and class schedules available in the prominent language of the area (e.g., Metro – Korean, Long Beach – Khmer, etc.)

RESULTS
The utilization of language services continued to increase due to the release of robust regulatory requirements from DHCS and CMS. The top ten languages in FY 22-23 remained as threshold languages, with Spanish being the most requested language for all services. The only exceptions were American Sign Language and Thai for face-to-face interpreting services. The high utilization of language services, the positive member satisfaction level with language services, and the low number of language service-related grievances indicate that L.A. Care's C&L Program was structured properly and was able to meet the applicable regulatory requirements and the current needs of L.A. Care members. Therefore, the C&L Program will continue the following year with no substantive changes.

B.1 CHILD AND ADOLESCENT HEALTH

AUTHORS: LAURA GUNN, MPH, CHES & TAMARA ATAIWI, RN, MSN
REVIEWERS: THOMAS MENDEZ & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

Preventive services and well-care visits play an important role in preventing disease and managing health across the age spectrum. 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. According to the American Academy of Pediatrics, well-child visits have many benefits for children. Some of these benefits include prevention, which allows children to be immunized on time and prevent illness, track growth and development, and raise concerns that might be occurring with behavior and sleep. Additionally, well-child visits allow for a team approach, meaning regular visits create strong, trustworthy relationships among the pediatrician, parent, and child[3]. The Healthcare Effectiveness Data and Information Set (HEDIS) measures health plan performance on several important dimensions of care and services, including periodic and annual well-care visits to the primary care physician (Well-Child in the First 30 Months of Life W30 & Child and Adolescent Well-Care Visits WCV) and 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). Providers must use codes specified by HEDIS when completing encounter forms and provide medical record documentation for hybrid measures upon request. 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.

MY 2022 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
CIS-10	Childhood Immunization Status: Combination 10	35.5%	33%	45.4%	60%	Medi-Cal: Met LACC: Not Met
IMA-2	Immunizations for Adolescents: Combo 2	39.2%	41%	29.4%	37%	Medi-Cal: Not Met LACC: Not Met
LSC	Lead Screening in Children	54.5%	56%	N/A	N/A	Medi-Cal: Not Met LACC: N/A
*TFL-CH	Topical Fluoride for Children	0.3%	Baseline	N/A	N/A	Medi-Cal: N/A LACC: N/A
*DEV	Developmental Screenings in the First Three Years of Life	28.28%	Baseline	N/A	N/A	Medi-Cal: N/A LACC: N/A
W30	Well-Child Visits in the First 30 Months of Life - Well-Child Visits in the First 15 Months	45.6%	35%	33.3%	38%	Medi-Cal: Met LACC: Not Met

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[3] https://www.aappublications.org/news/2015/12/15/WellChild121515

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
W30	Well-Child Visits in the First 30 Months of Life - Well-Child Visits for Age 15 Months - 30 Months	62.6%	63%	79.3%	82%	Medi-Cal: Not Met LACC: Not Met
WCV	Child and Adolescent Well-Care Visits	46.6%	48%	41.5%	41%	Medi-Cal: Not Met LACC: Met

N/A: Not applicable
*Not HEDIS, from the CMS Child Core Set.

MAJOR ACCOMPLISHMENTS

Outreach activities for Fiscal Year 2022-2023 (FY 2023) for Medi-Cal L.A. Care Plan (MCLA) and L.A. Care Covered California (LACC) members included:

- Healthy Baby Mailer: To enhance the Healthy Baby Mailer, coordinated monthly-automated calls were launched in August 2023.
- Automated Calls: After listening to member feedback, two sets of reminder calls encouraging members to stay up-to-date with well-care visits were launched in 2023. So far, 167, 545 members have been called.
- Text Messaging Campaign: Two W30 text messaging campaigns launched in August 2023 and outreached to 6,220 members.
- Social Media Campaigns: Launch the Preteen Vaccine Week Social Media Campaign in February 2023, the Baby Well-Care Social Media Campaign in May 2023, and the Child Get Back to Care Social Media Campaign in September 2023. After listening to health promoter feedback, the Baby Well Care Social Media Campaign was added.

A major provider outreach accomplishment was the launch of the W30 Report in June 2023 onto the L.A. Care Provider Portal.

Description of Measures

HEDIS Measure	Specific Indicator(s)	Measure Type
Childhood Immunization Status: Combinations 10 (CIS-10)	The percentage of children two years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chickenpox (VZV); four pneumococcal conjugate (PCV); one hepatitis A; two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. CIS-10 includes all the vaccines listed above.	Hybrid
Immunizations for Adolescents: Combo 2 (IMA)	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine and series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.	Hybrid
Lead Screening in Children (LSC)	The percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	Hybrid (Medi-Cal)

HEDIS Measure	Specific Indicator(s)	Measure Type
*Topical Fluoride for Children (TFL-CH)	The percentage of members ages 1 through 20 who received at last two topical fluoride applications as 1 (dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.	Administrative (Medi-Cal)
*Developmental Screening in the First Three Years of Life (DEV)	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	Administrative (Medi-Cal)
Well-Child Visits in the First 30 Months of Life (W30)	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. *Well-Child Visits in the First 15 Months (W30+6)*. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2 *Well-Child Visits for Age 15 Months–30 Months (W30+2)*. Children who turned 30 months old during the measurement year: Two or more well-child visits.	Administrative
Child and Adolescent Well-Care Visits (WCV)	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Administrative

*Not HEDIS, from the CMS Child Core Set.

RESULTS

The following quantitative and qualitative analysis provide an overview of all the measures for Measurement Year (MY) 2022/Reporting Year (RY) 2023.

ANALYSIS

Quantitative Analysis

The following Medi-Cal work plan goals were met: CIS-10 and W30+6. IMA-2, LSC, WCV, and W30+2 were not met.

The following LACC work plan goal was met: WCV. CIS-10, IMA-2, W30+6, and W30+2 were not meet.

IMA-2 and W30+2 did not meet the goals for Medi-Cal or LACC. W30+2 narrowly missed the Medi-Cal goal.

DEV and TFL-CH are new for the MY 2023/RY 2024 Managed Care Accountability Set (MCAS). The MY 2022 DEV and TFL-CH final rates are baseline, and a Medi-Cal work plan goal will be established for MY 2023. LACC does not require a work plan goal for DEV and TFL-CH.

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

Qualitative Analysis

L.A. Care Health Plan implemented a variety of provider and member-focused interventions, despite dealing with a variety of challenges that would negatively affect rates for Medi-Cal and LACC. Provider offices experienced surges in COVID-19, Respiratory Syncytial Virus (RSV), and Influenza (flu) during the Fall/Winter 2022 that caused offices to shift priorities to these acute illnesses versus scheduling preventive services. With clinics still stating they are feeling the effects of the COVID-19 pandemic (staff shortages), all this made the surge more difficult to manage and exacerbated the issue of making preventive care a focus. Clinics even faced shortages with supplies that affected lead screenings. L.A. Care focused on how to continue to support clinics in addition to remind members of the importance of preventive care. Member interventions such as targeted messaging to various age groups versus one generic message with automated reminder calls was one way to communicate with members at a more personal level. Mental health messages were also being included, as mental wellness among children in a post-pandemic setting is being increasingly highlighted. In addition, social media campaigns launched three times targeting once again specific age groups, was another strategy to target the L.A. Care member community as a whole. On the provider side, the launch of the W30 Report was a way for Participating Physician Groups (PPG) to reconcile data with L.A. Care and provide additional details to providers in order to help members catch up on well-child visits and anticipate visits. L.A. Care also worked more closely with Plan Partners during the duration of the Strengths Weaknesses Opportunities Threats (SWOT) in order to influence their reach to providers. The plan for next year is to continue to solidify messages to members, expand support to providers, and build upon community partnerships to improve Child and Adolescent care in Los Angeles County.

RESULTS

The following quantitative and qualitative analyses are for the MY 2022/RY2023 measures, including disparity results. Disparity results are based on administrative data. Baseline measures are included, but quantitative data is limited, and no disparity results are included.

Childhood Immunization Status: Combination 10 (CIS-10)

The following graphs compare L.A. Care CIS-10 rates for HEDIS MY 2020-MY 2022 in the Medi-Cal and LACC product lines:
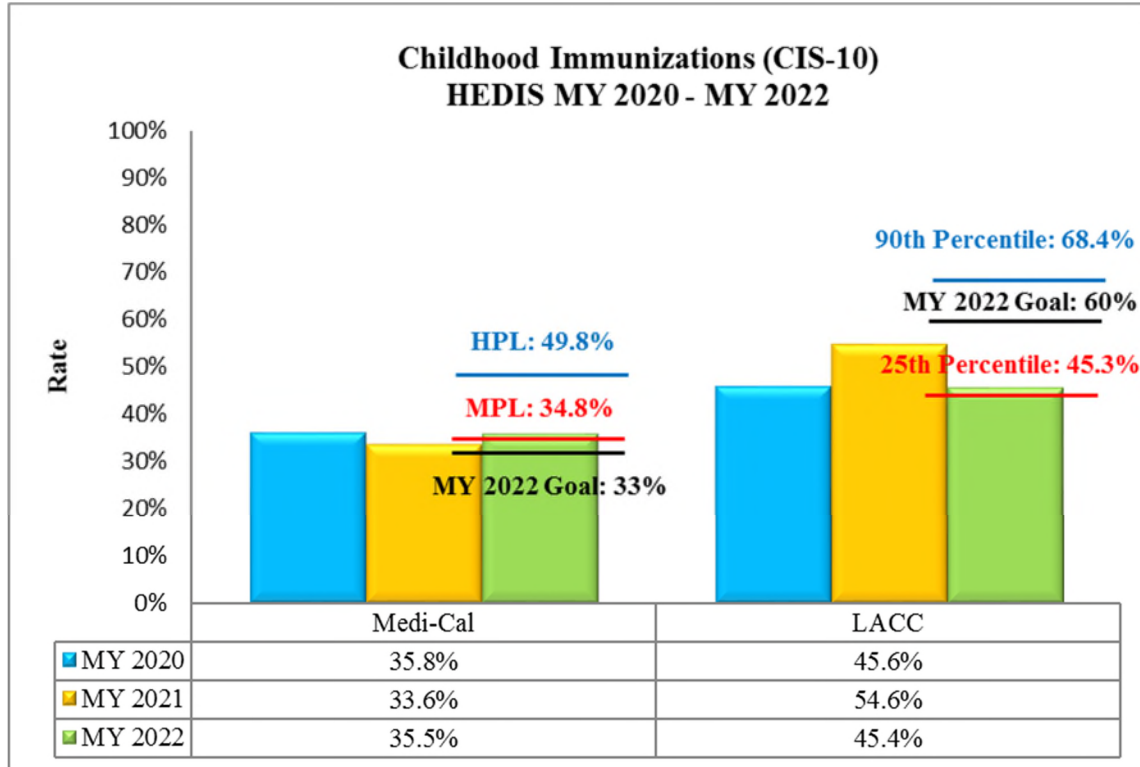
Childhood Immunizations (CIS-10)
HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC
MY 2020	35.8%	45.6%
MY 2021	33.6%	54.6%
MY 2022	35.5%	45.4%

- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal: L.A. Care's MY 2022 Childhood Immunization Status Combination-10 rate for Medi-Cal is 35.5%, a 1.9% increase from MY 2021. This difference is not statistically significant. The work plan goal of 33% was met as well as the Minimum Performance Level (MPL) of 34.8%.

LACC: L.A. Care's MY 2022 CIS-10 rate for LACC is 45.4%, a 9% decrease from MY 2021. This difference is not statistically significant. The 25th percentile was met, but the 90th percentile was not. In addition, the work plan goal of 60% was missed.

Immunization for Adolescents: Combination 2 (IMA-2)

The following graphs compare L.A. Care IMA-2 rates for HEDIS MY 2020-MY 2022 in the Medi-Cal and LACC product lines:

Immunization for Adolescent (IMA-2)
HEDIS MY 2020- MY 2022

	Medi-Cal	LACC
MY 2020	43.6%	36.3%
MY 2021	40.9%	36.9%
MY 2022	39.2%	29.4%
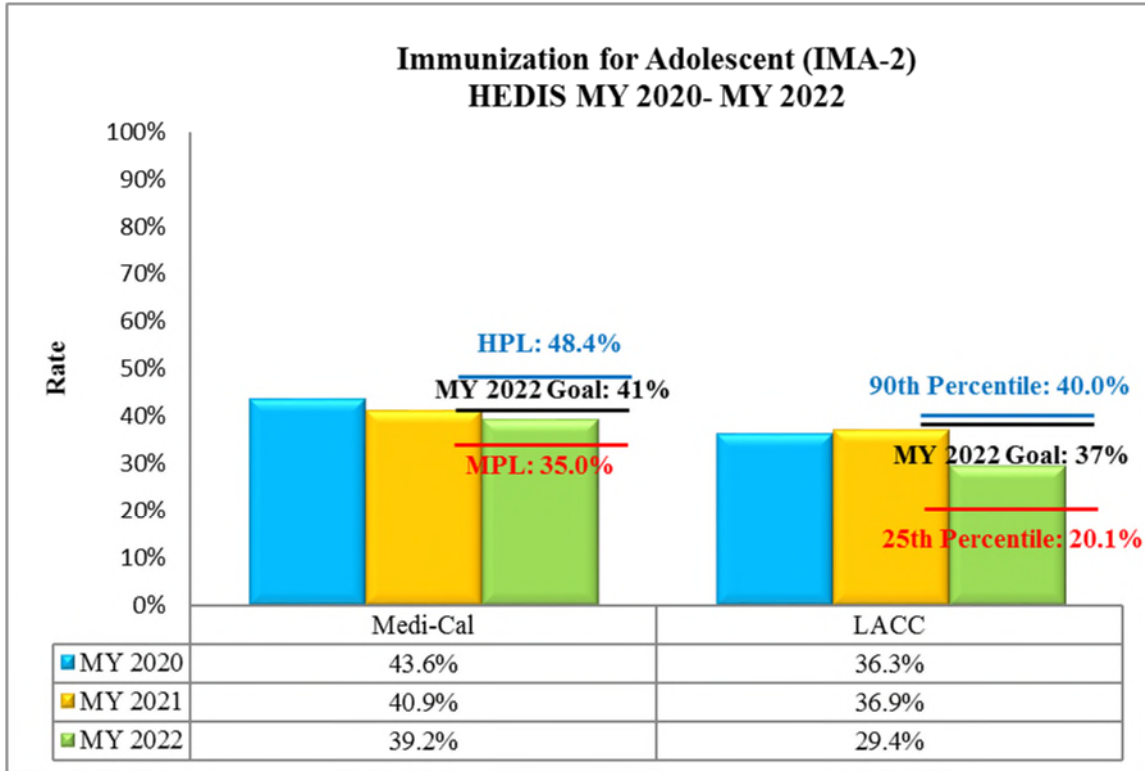
- Medi-Cal benchmarks are from the Quality Compass MY 2021, 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal: L.A. Care's IMA-2 rate is 39.2%, a 1.7% decrease from the MY 2021 rate of 40.9%. This difference is not statistically significant. The goal of 41% and HPL of 48.4% were not met; however, the MPL of 35% was exceeded by 4.2%.

LACC: L.A. Care's IMA-2 rate is 29.4%, a 7.5% decrease from the MY 2021 rate of 36.9%. This difference is not statistically significant. The goal of 37% was not met. The 25th percentile of 20.1% was met and exceeded by 9.3%.

Lead Screening in Children (LSC)

The following graph compares L.A. Care LSC rates for HEDIS MY 2020-MY 2022 in the Medi-Cal product line:
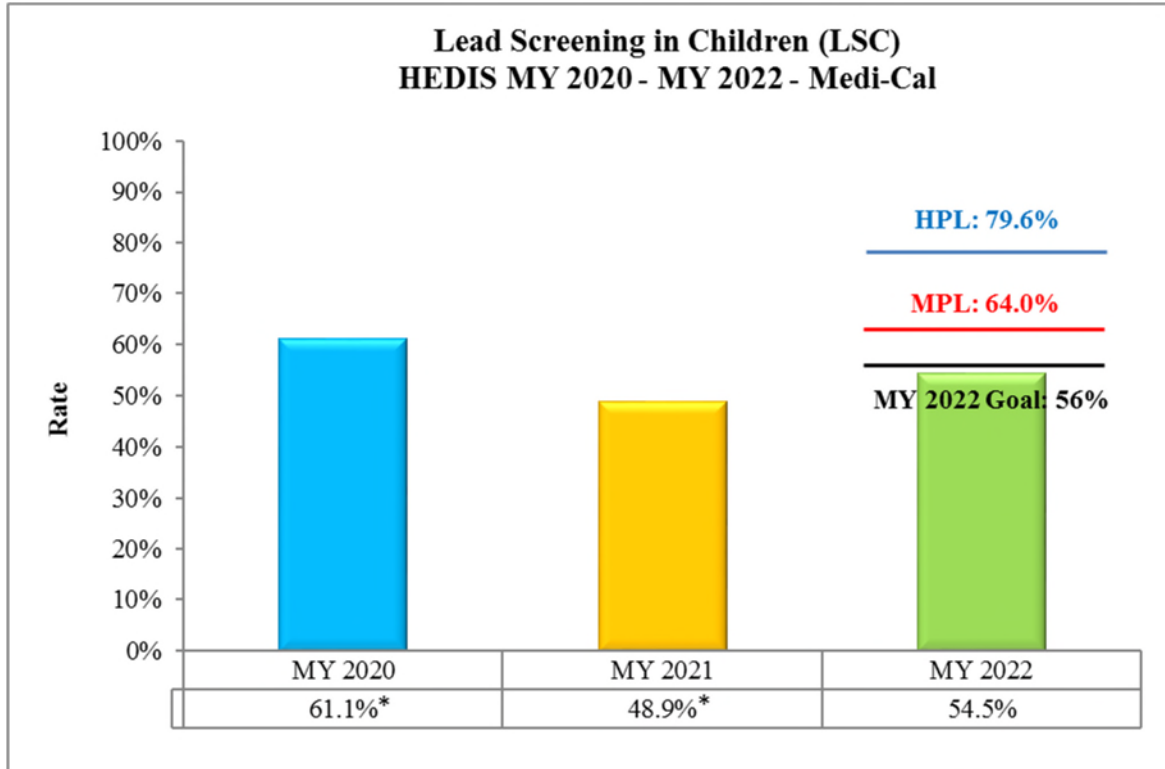
*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

ANALYSIS:

Quantitative Analysis
The Lead Screening (LSC) HEDIS measure did decline between MY 2020 and MY 2021, but started to go back up in MY 2022. The final rates between MY 2021 and MY 2022 are not statistically significant. The MY 2022 rate is below the MPL of 64%. The MY 2022 rate did exceed the MY 2021 rate by 5.6%.

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

The following graphs compare L.A. Care W30 rates for HEDIS MY 2020-MY 2022 in the Medi-Cal and LACC product lines:

Well-Child Visits in the First 30 months of Life - Well-Child Visits in the first 15 Months (W30+6)

Well-Child Visits in the First 30 Months of Life -
Well-Child Visits in the First 15 Months (W30)
HEDIS MY 2020 - MY 2022

HPL: 67.6%
MPL: 55.7%
MY 2022 Goal: 35%
MY 2022 Goal: 38%

	Medi-Cal	LACC
MY 2020	36.6%	20.3%
MY 2021	33.4% *	37.7%*
MY 2022	45.6% *	33.3%
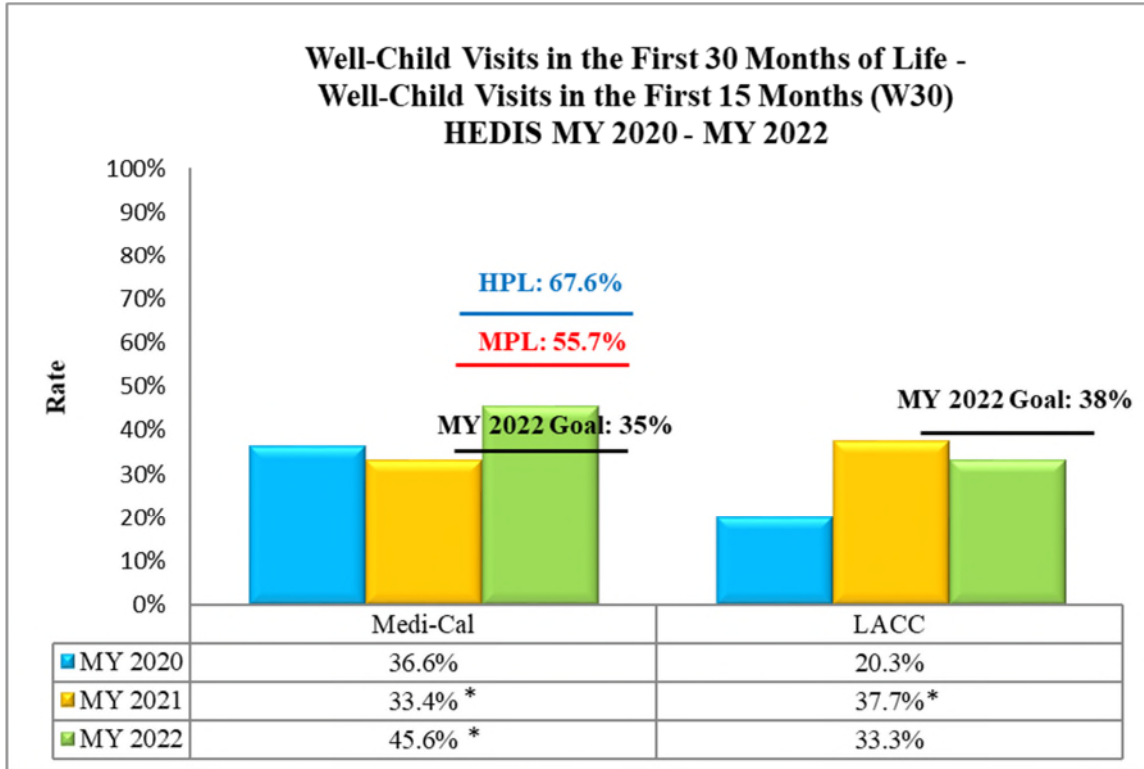
*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Quantitative Analysis

Medi-Cal: W30+6 - The MY 2022 rate is 45.6%, a 12.2% decrease from MY 2021. This difference is statistically significant. The work plan goal was met, but the MPL of 55.7% was not.

LACC: W30+6 - The MY 2022 rate is 33.3%, a 4.4% decrease from MY 2021. This difference is not statistically significant. The work plan goal of 38% was met.

Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months (W30+2)

Well-Child Visits in the First 30 Months of Life - Well-Child
Visits for Age 15 Months - 30 Months (W30)
HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC
MY 2020	65.5%	67.8%
MY 2021	59.5% *	81.1% *
MY 2022	62.6% *	79.3%

HPL: 78.01%
MPL: 65.8%
MY 2022 Goal: 63%
MY 2022 Goal: 82%
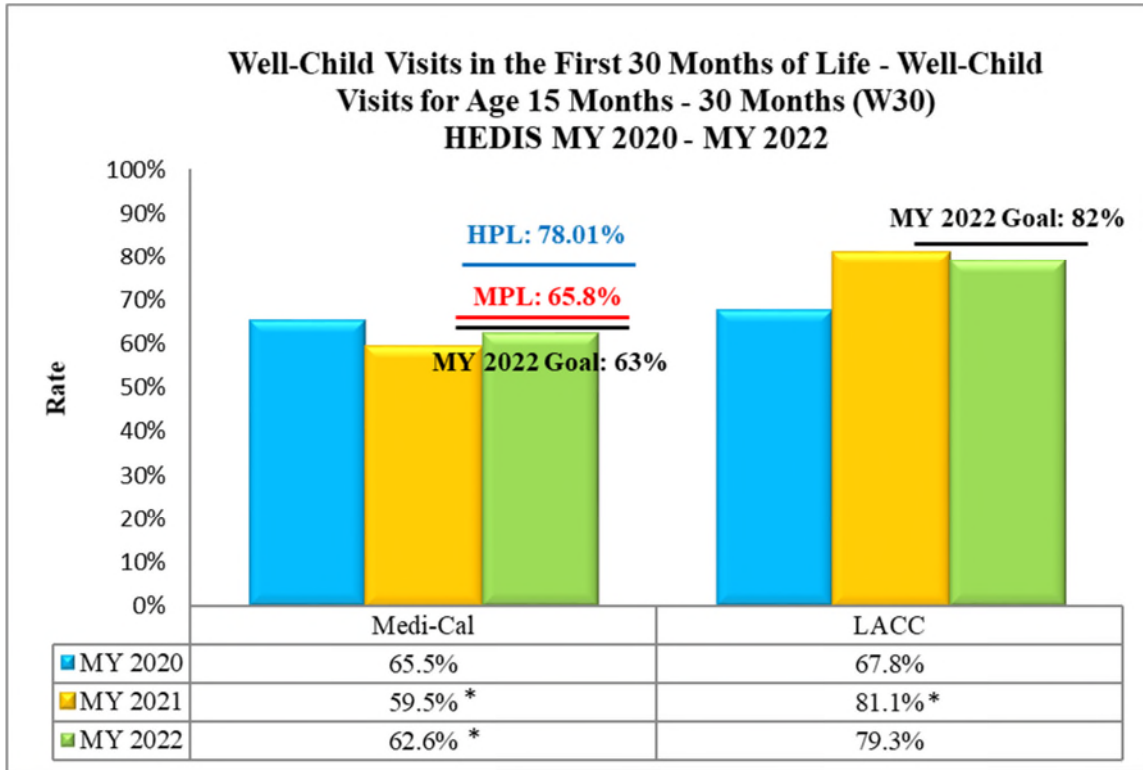
*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal: W30+2 - The MY 2022 rate is 62.6%, a 3.1% increase from MY 2021. This difference is statistically significant. The work plan goal was narrowly missed. The MPL was not met.

LACC: W30+2 - The MY 2022 rate is 79.3%, a 1.8% decrease from MY 2021. This difference is not statistically significant. The work plan goal of 82% was not met.

Child and Adolescent Well-Care Visits (WCV)

The following graph compares L.A. Care WCV total rates for HEDIS MY 2020-MY 2022 in the Medi-Cal and LACC product lines:
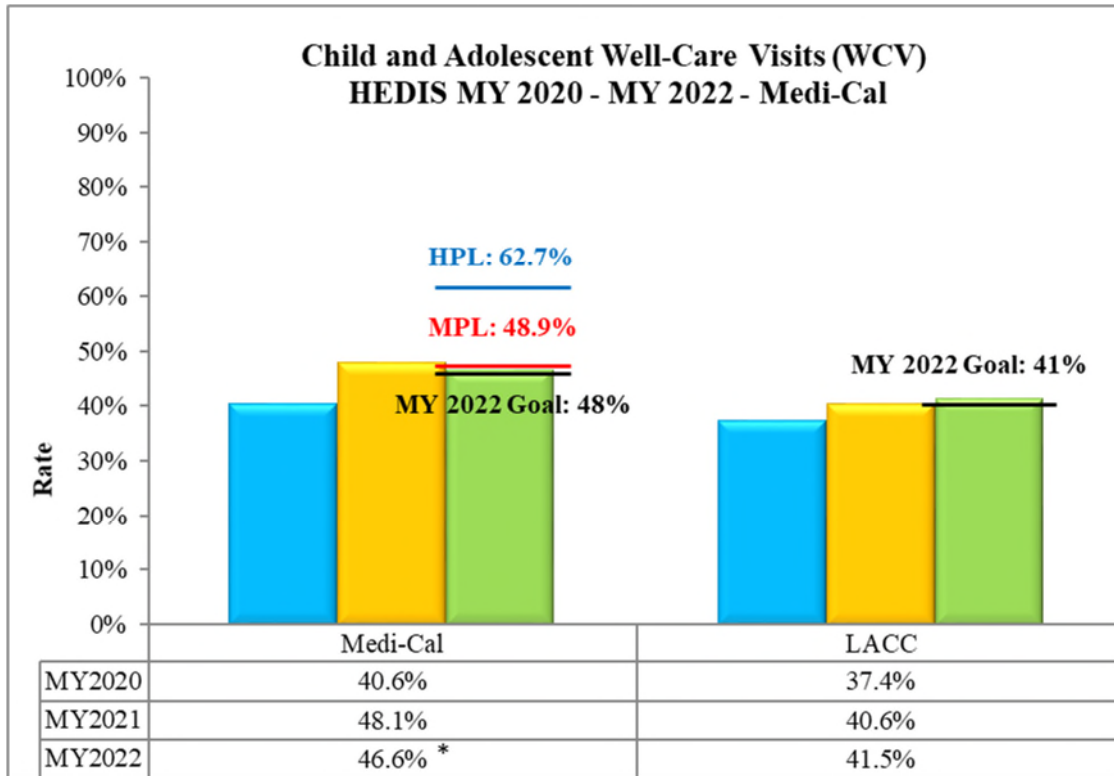
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Child and Adolescent Well-Care Visits (WCV) HEDIS MY 2020 - MY 2022 - Medi-Cal

HPL: 62.7%
MPL: 48.9%
MY 2022 Goal: 48%
MY 2022 Goal: 41%

	Medi-Cal	LACC
MY2020	40.6%	37.4%
MY2021	48.1%	40.6%
MY2022	46.6% *	41.5%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal: The MY 2022 rate of 46.6%, is a 1.4% decrease from MY 2021. This difference is statistically significant. The work plan goal of 48% and the MPL of 48.9% were not met.

LACC: The MY 2022 rate of 41.5% is a 0.9% decrease from MY 2021. This difference is not statistically significant. The work plan goal of 41% was met.

Baseline Measures: TFL-CH and DEV
DEV and TFL-CH MY 2022/RY 2023 final rates are for baseline purposes and only for Medi-Cal. A three-year trend chart is not included, and no MY 2022 work plan goals were set.

ANALYSIS

Quantitative Analysis

DEV: The MY 2022 Medi-Cal final rate of 28.28% is a 4.68% increase from the MY 2021 rate of 23.6%.

TFL-CH: The MY 2022 Medi-Cal final rate is 0.28%. Currently, no MY 2021 data exists.

Qualitative Analysis

Childhood Immunization Status: Combination 10 (CIS-10)
L.A. Care launched various interventions during FY 2023 to increase the CIS-10 rate. Final MY 2022 Medi-Cal rates showed that L.A. Care reached the MCAS MPL for CIS-10, which is an improvement since L.A. Care missed the MPL for CIS-10 in MY 2021. During PPG quality improvement meetings, PPGs continued to cite the lingering hardships endured during the COVID-19 pandemic in getting children in for preventive care. This measure requires multiple visits, and children's vaccines have been mistimed during the pandemic. In addition, flu rates continue to be a specific struggle in clinics as noted by the Transform L.A. Team and the work they do with direct network clinics. Interventions during FY 2023 continued to encourage parents/guardians to bring children in on time for vaccines and to complete all vaccines within the CIS-10 measure.

Provider-level interventions include articles, webinars, and reports. In January 2023, a new California bill was enacted requiring any clinician who administers vaccines to enter immunization and the patient's race and ethnicity into the CA Immunization Registry (CAIR). An article was placed in the January provider newsletter, the Pulse, notifying providers of the new bill and how to access CAIR. 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 in order to view missing antigens for children who quality for this measure in the current measurement year. In addition, two webinars titled QI Webinar Provide Reports (one for geared towards PPGs and another towards providers/clinics) were held in June 2023. Clinical Initiatives staff explained the function of the Missing Vaccine Reports and how to access them. Lastly, a webinar titled Evidence-Based Strategies to Improve Immunization Rates was held in late August 2023. This webinar geared towards clinicians offered one continuing medical education (CME)/CE credit and was facilitated by a presenter from the Centers for Disease Control and Prevention (CDC).

Quality Improvement projects mandated by DHCS were worked also on during FY 2023 in order to increase the CIS-10 rate. The CIS-10 Performance Improvement Project (PIP) concluded in December 2022 and evaluated in 2023. For the PIP, L.A. Care collaborated with St. John's Well Child and Family Health Center- Frayser location to address and increase vaccination rates using the Missing Vaccine Report. Additional PIP information can be found in Section F.3, but the PIP goal was met for seven months of the PIP and one major takeaway was the importance of immunization education to parents/guardians by the clinic staff. In addition, the Strengths, Weaknesses, Opportunities, and Threats (SWOT) was assigned to L.A. Care by DHCS for missing the MY 2021 MCAS MPL for CIS-10 and W30 measures. The SWOT started in November 2022 and concluded in October 2023. The most notable CIS-10 related actions were related to flu vaccines. Meetings between the Transform L.A. Team and Plan Partners Anthem Blue Cross and Blue Shield Promise reiterated the continual difficulty clinics have in flu vaccine compliance. These discussions prompted the creation of a flu brochure specifically for children and targeted messages in L.A. Care's 2023 Fight the Flu Campaign. Additional details about the SWOT can be found in Section F.4.

Member interventions included the ongoing and addition of mailers, automated calls, live agent calls, social media campaigns, and member incentives. The incentives Team launched a member incentive geared

towards fulfilling the CIS-10 measure. The incentive launched in August 2023 and offered a $100 incentive to MCLA members who completed the CIS-10 vaccine series between October-December 2023 by age two. A LACC-specific incentive launched after the MCLA incentive. Outcome analysis will be conducted in 2024. For additional details on the CIS-10 member incentive, go to Section I.4. L.A. Care's Healthy Baby Mailer provides educational materials about childhood immunizations, developmental milestones by age and additional resources for parents of newly enrolled MCLA and LACC members' ages 0-6 months old. The mailer, which started in December 202, reaches approximately 1,000 members each month. In August 2023, a coordinated Healthy Baby robocall in English and Spanish was added to strengthen the messages provided in the brochure. So far, calls have ranged between 300-1,000 parents/guardians a month.

Other automated calls conducted were Reminder Robocalls in spring and fall 2023. A new strategy was to launch two sets of reminder calls and change the call script to be more member-friendly based off member feedback in 2022. 2022 call scripts were used for the spring 2023 calls and new calls scripts were created for the fall 2023 reminder calls. Call scripts for members ages 0-30 months include a vaccine adherence message. Outreach went to MCLA and LACC members and the spring calls expanded to Mandarin and Cantonese languages. The outcome evaluation for the MY 2022 Reminder robocalls for ages 0-21 was conducted in fall 2023 with favorable results. The MY 2022 robocall evaluation showed a higher rate of reaching members via a live connect or voicemail and also showed L.A. Care gained a 7% boost in child well-care visits which is statistically significant. With such outcomes, it benefits L.A. Care to continue to conduct reminder calls to members to effect the CIS-10 measure. In addition, CIS-10 LACC members received live-agent reminder calls since CIS-10 for LACC will be held to a 66th percentile benchmark for MY 2023. The number of LACC CIS-10 members for MY 2022 was 119. With a small population, L.A. Care assigned a Nurse Specialist to call the parents/guardians of LACC CIS-10 members and encourage them to stay up-to-date with vaccines for their children and help them schedule clinic appointments if needed.

Two social campaigns ran in 2023. A campaign specific to children two years and under launched in May 2023, Infant Wellness Social Media Campaign. The campaign included three paid ads in English and Spanish and included and myth buster message for immunizations. Another Child Get Back to Care Social Media Campaign (#BacktoCareLA) was launched in September 2023. This paid and organic campaign launched on L.A. Care's Facebook and Instagram platforms. The posts targeted zip codes that had a high number of missing well-care visits, immunizations, and lead screenings. This campaign included three assets in English and Spanish. Post encourages well care visits, but also included a vaccine-specific message. All the ads lead to a link on lacare.org for resources on Routine Care.

Immunization for Adolescents: Combination 2 (IMA-2)

It is important for adolescents to continue to keep up with receiving vaccines that are age appropriate. Vaccines are a cost effective and easy way to avoid serious and deadly diseases. Vaccines work with the body's natural defenses to develop its resistance to illnesses. At ages 11 and 12 years old, the following vaccines are recommended: meningococcal, HPV, Tdap and influenza[4]. The HPV vaccine provides almost 100% protection from nine HPV types: 6, 11, 16, 18, 31, 33, 45, 52 and 58. This is contingent upon the member receiving all doses and not being infected prior to receiving the vaccine[5]. HPV vaccine can be give as young as age nine, providing additional time to providers to administer by age 13. In addition, for L.A. Care the HPV vaccine continues to have the lowest adherence compared to the meningococcal and Tdap vaccines. The influenza vaccine is recommended yearly, but the IMA-2 only counts meningococcal, HPV, and Tdap.

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[4]https://www.healthpartners.com/hp/about/understanding-cost-and-quality/quality-improvement/adolescent immunizations/index.html
[5] http://www.hpvvaccine.org.au/the-hpv-vaccine/how-effective-is-the-vaccine.aspx

L.A. Care conducted several interventions to address the percentage of adolescents' age 13 who receive the IMA Combination 2 vaccines. Some were specific to IMA-2 or embedded messaging within other interventions. Member interventions included the reminder postcards mailed in November 2022 and October 2023 and the reminder robocalls launched in spring 2023. Both reminders included a vaccine reminder to the parents/guardians of preteens and teens. Based on member feedback and the success of the MY 2021 and 2022 reminder calls, a second set of robocall reminders will take place in November 2023. The November call scripts were revised to include a targeted script for members' ages 9-12 years old. In this script, parents/guardians are reminded of specific vaccines that are recommended during the preteen years, including the HPV vaccine.

Community engagement surrounding the HPV vaccine has also been a key strategy in addressing IMA-2. L.A. Care meets with the American Cancer Society (ACS) on a monthly basis. ACS and L.A. Care presented at the California (CA) HPV Vaccination Roundtable Annual Meeting in November 2022 to present on the collaboration of the summer 2022 HPV social media reel. The presentation title was "Increasing HPV Vaccination in L.A. County through Strategic Partnerships." In addition, L.A. Care continued to attend the Los Angeles HPV Coalition meetings and is now a General Member of the CA HPV Vaccination Roundtable. L.A. Care has provided feedback to community interventions such as the Adolescent Immunization Focus Group in June 2023, coordinated by the CA Department of Public Health to discuss Preteen Vaccine Week. L.A. Care also participated in a feedback session for a new HPV parent education presentation created by the workgroup members of the CA HPV Vaccination Roundtable. Such partnerships provide access to tool kits, materials, and education that L.A. Care can use for member and provider education.

Social media campaigns were another key strategy to reach members for FY 2023. L.A. Care used the CA HPV Vaccine Week Social Media Tool Kit, and the Communications team was able to post one organic post in August 2023. The tool kit encouraged parents/guardians of preteens the benefits of administering the HPV vaccine starting at age 9 and the importance of all preteens receiving the vaccine. Two other paid social media campaigns launched in 2023, Preteen Vaccine Week in February 2023 and the Child Get Back to Care social media campaign in September 2023, addressing IMA-2 with vaccination reminders to the L.A. Care online community.

Provider/PPG level interventions to increase IMA-2 rates were the distribution of the Missing Vaccine Report onto the L.A. Care Provider Portal and the Evidence-Based Strategies to Improve Immunization Rates Webinar held in late August 2023. The Missing Vaccine Report also notes missing antigens for IMA-2, allowing more ease for provider offices to reconcile their records and bring in members who still need necessary vaccinations. Two webinars titled QI Webinar Provide Reports (one geared towards PPGs and another towards providers/clinics) were held in June 2023 to further explain the Missing Vaccine Reports and emphasize the use of CAIR.

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

L.A. Care focused lead screening interventions to apply to both requirements of the HEDIS LSC measure and the DHCS All Plan Letter (APL 20-016) released in September 2020 requiring health plans to provide their network providers with reports of members who are missing lead screenings ages from 12 months-6 years and requiring anticipatory guidance. In addition, health plans were notified in January 2022 that LSC

would be part of the MY 2022/RY 2023 MCAS and held to the MPL during its baseline year. FY 2023 focused on PPG/Provider interventions and trainings, root cause analysis, community engagement, and member interventions.

In May of 2023, the Nurse Specialist conducted an analysis of Impact Pro on members who did not receive a blood lead screening on or before their second birthday. Twenty-five non-compliant members from MY 2022 were analyzed. Analysis showed that out of the 25 members, 16 had screenings after their 2nd birthday, which accounts for more than 50% of the cases. In addition, various meetings with PPGs throughout FY 2023 have expressed the barriers and challenges to screening:

- Screening is done often after two years, which is considered late.
- Some providers place orders, but parents do not follow through with the screening at the lab.
- Providers fail to submit screening orders.
- Shortage of pediatric phlebotomists in some locations.
- Some parents are hesitant to take their children for screening due to COVID-19 fears.

This information shows that L.A. Care should consider implementing interventions that ensure children are screened in a timely manner before they turn two and look for ways to offer additional support to PPGs and providers.

L.A. Care continued to upload the Monthly Blood Lead Screening Reports onto the L.A. Care Provider Portal for PPGs to access. In addition, the data exchange with the three Plan Partners that was started in January 2022 was discontinued. An impact analysis on this data exchange done in fall 2022 showed that the exchange was not providing L.A. Care any meaningful additional visits related to LSC or the APL (less than 1%). Another way to adhere to lead screening requirements was to create a PPG attestation form titled "Acknowledgement and Adherence to the L.A. Care Blood Lead Screening Guidelines." This attestation was to ensure commitment to actions, such as downloading lead screening reports and providing anticipatory guidance to members. Along with the PPG Attestation Form, a Declination Form for parents who refuse blood lead screening for their child was created and distributed to PPGs as a resource. The form requires the parent's signature, acknowledging the serious and long-term health effects of lead poisoning in children under six years old. A copy of this refusal form should be placed in the child's medical record.

In October of 2023, community efforts were made by organizing a Blood Lead Screening event with L.A. County of Public Health and Blue Shield Promise at the East LA Community Resource Center (CRC) location. This collaboration started with meetings with health educators from the L.A. County Public Health Lead Poisoning Prevention Program. They introduced L.A. Care to the nursing staff of the Mobile Unit for L.A. County Public Health. Through conversation, planning, and including the CRC leadership, a blood lead screening event was organized to coincide with the East L.A. CRC Pumpkin Patch Event. Seventy-four lead screening tests were administered, and nine of them were for children six and under. 209 participants attended the East L.A. CRC event.

Other interventions were the social media campaign launched in October of 2022 with paid ads directed towards members living in low-performing zip codes for lead screenings. The Campaign educated members about lead poisoning prevention and reasons for lead screening. In addition, the Infant Wellness Social Media Campaign included a lead prevention post. L.A. Care hosted a Lead Poisoning Prevention QI provider webinar in November 2022. The presentation focused on lead screening and prevention and included medical education credits. With these members and PPG/provider focused interventions, L.A. Care aims to improve lead screening rates and protect the health of L.A. County children.

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

Some of the interventions used to target CIS-10, were also used to target both W30+6 and W30+2. According to our QPM team from fiscal year 2021-2022, these three measures correlate with each other, and these measures require multiple visits. As a result, FY 2023 member interventions continued this logic. These member interventions included mailers, social media campaigns, text messaging campaigns, automated calls, and a new member incentive.

The Healthy Baby Mailer provides educational materials about childhood immunizations, developmental milestones by age, and the number of well-care visits recommended for children under the age of two. This educational brochure is mailed monthly to MCLA and LACC members newly enrolled up to 6 months old. As noted in CIS-10, a coordinated robocall to reinforce the brochure's preventive health messages launched in August 2023. In addition, two sets of reminder robocalls to the parents/guardians of MCLA and LACC children 0-30 months year old were launched in FY 2023. The spring calls used the same 2022 script, and the fall calls utilized a new and shortened call script. Because the W30 measures require multiple visits and the reminder calls were part of the SWOT, the W30 reminder calls were prioritized, and both sets of calls were launched during FY 2023 (March and September). The March calls could be translated into Cantonese and Mandarin languages, but not for the September calls. With the success of the MY 2021 and MY 2022 calls, as noted with CIS-10, two sets of reminder calls will continue into MY 2024 and look into expanding translated languages.

Two social media campaigns were launched in FY 2023, with one focusing specifically on the W30 population. The Infant Wellness Social Media Campaign focused on well-care visits, developmental screenings, timely immunizations, and vaccine hesitancy. The inspiration for this campaign was from the Health Promoter Feedback session held in March 2023. Not only did the L,A. Care Health Promoters provided feedback on what would be the Fall 2023 robocall scripts but expressed the want for more comprehensive messaging through other platforms like social media and print versus through automated calls. This campaign was unplanned and had a quick turnaround time and a lower budget compared to other social media campaigns. Despite this, the campaign still had over 3,000 Likes and the cost per engagement was low. The Child Get Back to Care Social Media Campaign launched in September 2023 and included preventive care messages for members 0-21 years old. L.A. Care will continue a general child (all ages) preventive care campaign, but another W30 social media campaign with extra planning and time would still be beneficial in MY 2024.

A text messaging campaign and a member incentive were two brand new member interventions launched in FY 2023 for the W30 measures. L.A. Care used vendor mPulse again for the text messaging campaigns. A series of five text messages were sent to the parents/guardians of MCLA and LACC infants 0-14 months old who have yet to complete their W30+6 visits. Another series of seven text messages were sent to parents/guardians of MCLA and LACC toddlers 15-30 months old who have yet to complete their W30+2 visits. Health messages highlighted the importance of well-care visits, immunizations, and developmental milestones. The W30 text messaging campaign launched in late August 2023, enrolling 6,211 members. For the member incentive, the goal was to incentivize the parents/guardians of MCLA members ages 0-30 months to finish the remaining visits needed to complete W30+6 and W30+2 for MY 2023. W30+6 members could receive up to a $300 gift card ($150 gift card for each three visits completed) and W30+2 members could receive up to $50 for finishing their second visit. The incentive launched late September and would include visits completed October –December 2023. With both of these member interventions being new, analysis done in 2024 will determine how successful these new member touchpoints are.

DHCS assigned SWOT including addressing W30 along with CIS-10. The SWOT included several W30 member interventions, such as the W30 member incentive, reminder calls, and Healthy Baby Monthly Robocalls. The SWOT also included working with Plan Partners and PPGs, and the bulk of the work included the use of the new W30 report launched in June 2023. This report is similar to the Missing Vaccine

Report in that it will list children who are missing W30 visits as a means to help providers/PPGS prioritize the scheduling of W30 visits. The report includes information such as when the child will turn 15 and 30 months, the age at the last visit, the number of W30 visits, and date of the most recent visit. Race, ethnicity, and spoken language are also included in the report. The W30 report is uploaded approximately monthly to the L.A. Care Provider Portal. A Nurse Specialist started working with two PPGs using the W30 report. Conversations with the two PPGs started in summer 2023 and they provided positive feedback in its use and are in the process of distributing its contents to their own clinics. For the Plan Partners, a custom Plan Partner W30 report was created for the purpose of the SWOT. This particular W30 report focuses on data reconciliation with the Plan Partners. The SWOT was closed out by DHCS in October 2023, but L.A. Care plans to continue to work with the two PPGs and provide the Plan Partners MY 2023 Custom W30 reports. For additional details on the SWOT, please go to Section F.4.

Lastly, DHCS assigned L.A. Care a new Performance Improvement Project (PIP) to target W30+6 among Black/African-American members for MY 2023-2026. L.A. Care will focus on providing high-touch intervention(s) to the PIP target population in Service Planning Area (SPA) 6 of South L.A.

Child and Adolescent Well Care Visits (WCV)

WCV is a measure that spans a large age range (ages 3-21 years old). Despite this, an annual well-care visit is a constant preventive care need that is recommended from a young age into young adulthood. After listening to Executive Community Advisory Committee (ECAC) member feedback in October 2022, L.A. Care strategized to start tailoring messages to different age ranges within WCV instead of generic messages. In addition, mental health messages were incorporated to encompass both physical and mental well-being. WCV interventions focused on members outreach with social media, reminder robocalls, text messaging, and reminder postcards.

Reminder postcards were mailed out to MCLA and LACC members in November 2022. Reminder postcards were mailed again in October 2023. The 2023 postcards were designed minimally from the 2022 reminder postcards. Postcards were sent to both MCLA and LACC members in English, Spanish, and Chinese for the following age groups: 3-11 years, 12-17 years, and 18-21 years. New images were selected for the 3-11 year old postcards to reflect post-pandemic imagery (no masks). The 12-17 year old postcards included a mental health message. Postcards served as a reminder to parents/guardians to bring their child in for an annual well care visit. The reminder robocalls, as previously mentioned, were revised for fall 2023. A first set of calls were launched in Spring/Summer 2023 using the same 2022 call script which included scripts for: parents/guardians for children 3-17 and to members ages 18-21. Cantonese and Mandarin languages were included. The call scripts were revised then for 2023. The strategy for the revised call scripts was to send targeted messages for 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 break down, 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 reminder for preteens. Based on the Health Promoter Feedback Session, revisions recommended were to keep the mental health messages and to shorten the call scripts. The Health Promoters expressed that the automated calls should be short with the reminder for a well care visits at the beginning of the call in case a member decides to stop listening. In addition, they recommended keeping detailed preventive care verbiage to written material and social media. The second set of calls were delayed due to a DHCS revision to finalize MCLA approval and did not launch until November 2023. Based on the success of the MY 2021 and MY 2022 robocall evaluations, L.A. Care will continue with robocalls in MY 2024.

The Child Get Back to Care Social Media Campaign (#BacktoCareLA) launched in September 2023 and included three paid and organic posts in English and Spanish encouraging parents/guardians of members to come in for well care visits and receive preventive services that are completed during these visits. Communications Team created assets for the posts to highlight the hashtag and have better imagery. The

Spanish posts did well, but did not have translated assets. Translating the assets into Spanish for future social media campaigns would be beneficial.

Text messaging continued in FY 2023 but targeted MCLA and LACC 18-21 year olds. This particular age group has the lowest rates of well-care visits within both lines of business compared to both MCLA and LACC 3-17-year-old members. This age group of WCV was included in the Adults' Access to Preventive/Ambulatory Health Services (AAP) text messaging campaign, which launched in late August 2023. A unique feature of the AAP campaign was the survey attached asking members why they have not gone in for a well-care visit. The most common reason was not feeling sick. This information will be useful for future interventions related to 18-21 year olds. The 2022 WCV text messaging campaign geared towards 3-17-year-olds was also evaluated by the vendor mPulse. The vendor analysis showed a 22.63% improvement rate when comparing dates of service between WCV members who opted in the text messaging campaign versus WCV members who Opted-out of the campaign. Their analysis showed that the campaign was successful, thus justifying bringing WCV text campaigns for 3-17-year-old members and expanding to LACC members for MY 2024.

Baseline Measures: DEV and TFL-CH

Developmental Screening in the First Three Years of Life (DEV)
Developmental Screenings in the First Three Years of Life (DEV) is new to MCAS for MY 2023 as a MPL measure. DEV was on MY 2022 MCAS, but not as an MPL measure. The measure steward for DEV is not HEDIS, but is part of the Child Core Set for the Centers for Medicare & Medicaid Services (CMS). The Child Core Set was published first in 2011 and has continued into 2023. The goal of this set is to help CMS move towards a national standard of reporting and to understand better how children are receiving Medicaid health care. DEV requires providers to assess developmental, behavioral, and social delays using a standardized and validated screening tool on or before a child's 1st, 2nd, and 3rd birthday. Prior to DEV being held to the MPL for MY 2023, L.A. Care has taken steps during MY 2022 and MY 2023 to incorporate developmental screening messages into member mailers and automated calls.

Messaging geared towards the W30 population have included messages on developmental screenings. Revised robocall scripts in MY 2022 and MY 2023 and the newly launched Healthy Baby robocall included developmental screening messages. Social media has been another avenue in highlighting DEV. The W30 Social Media Campaign included posts noting the importance of talking, reading, and playing during the early years and how assessing baby milestones are part of the routine checks for well-baby visits.

Much of the work surrounding developmental screenings is with the Help ME Grow (HMG) LA: Child Health Provider Outreach Program. HMG LA enrolled three cohorts of providers/practices in 2022 and into 2023 helping them review and revise workflows, better screening tools, and conduct referrals. Provider conferences and community education classes have also been launched as part of the HMG LA program. In April 2022, Help Me Grow LA presented at the Maternal and Child Workgroup citing some of the challenges clinics faced in administering developmental screening tools. Key challenges were the screening tools not being in the Electronic Health Record, unable to use tools due to copyright, and the lack of awareness about how to use and when to use a validated screening tool. Such information shared, can be kept in mind as future member and provider interventions for DEV are implemented. For additional details on HMG LA, please go to section H.6.c.

L.A. Care will continue to incorporate developmental screening messages into member interventions and find ways to collaborate with HMG LA to help increase DEV rates.

Topical Fluoride for Children (TFL-CH)

It is important to address dental cavities for young children as tooth decay often is accompanied by severe pain and suffering, affecting the quality of life of the young child. Fluoride varnish, which is one of the most important materials to prevent early childhood cavities, is easy to apply and well tolerated by children[6]. Fluoride treatment and dental checkups are recommended once a child has a tooth. Like DEV, TFL-CH will be held to the MCAS MPL for MY 2023. TFL-CH was on MY 2022 MCAS, but not as an MPL measure. This measure is also part of the Child Core Set by CMS. TFL-CH measures steward is the Dental Quality Alliance (DQA). To increase topical fluoride application, L.A. Care works to inform its members and providers of the importance of dental health and fluoride varnish.

L.A. Care has been monitoring the rate of fluoride varnish application among its network through pulled internal data. With the knowledge that TFL-CH will be a MCAS MPL measure for MY 2023, L.A. Care discontinued the internal data pulls in fall 2022 in order to ensure the HEDIS team is focusing on the data specified by the technical specifications described in the Child Core Set. In shifting focus to the Child Core Set, L.A. Care has worked to raise the MY 2022 TFL-CH rate of 0.28% in MY 2023. A challenge with TFL-CH is the fact that there were no state nor national benchmarks from DHCS to work with until fall 2023. We had aggregated health plan rates reported by the Health Service Advisory Group (HSAG) in Preventive Service Reports (PRS), but the fluoride indicator is not the same as the TFL-CH. Dental Fluoride Varnish (DFV) in the PSRs (data from MY 2020 and 2021) only include ages 6 months- 5 years old whereas TFL-CH is ages 1-20. TFL-CH did not join the Child Core Set until MY 2022, which added to the limited information available about this measure. In addition, L.A. Care took FY 2023 to ensure all data streams for this measure were available to us. The HEDIS team had to confirm that L.A. Care was receiving data from DQA. L.A. Care continues to reconcile that all data used to calculate TFL-CH is in our possession.

As L.A. Care looks into the data sources for TFL-CH, member and provider education on fluoride and general oral health continued in FY 2023. Providers are sent the Bright Futures Periodicity Schedule, which includes the importance of dental check-ups. Additionally, our Delegation and Oversight department also ensures that providers are making referrals to dental services as part of their annual audits. Well-care visit reminders postcards, reminder robocalls, and social media also include messages about oral health check-ups. With continued education and data accuracy, L.A. Care aims to increase the TFL-CH rate into FY 2024.

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

Disparity Analysis Tables-Bolded rates reflect highest and lowest rates that were compared for the analysis.

Childhood Immunization Status, Combination 10 (CIS-10) - Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	3	66.7%	111	38.7%	5	60%	N/A
Medi-Cal	390	**31.5%**	24,663	**26.9%**	8,015	34.4%	Yes

| Line of Business | Race/Ethnicity | | | | | | | |
| | American Indian and Alaska Native (AI/AN) Hispanic or Latino | | American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity | | Asian/ Unknown Ethnicity | | Black/ African American/ Unknown Ethnicity | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	22	22.7%	-	-	18	66.7%	-	-
Medi-Cal	3	0%	23	34.8%	1,786	**38.2%**	2,727	**13.7%**

| Line of Business | Race/Ethnicity | | | | | | **Stat Sig |
| | Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity | | Unknown Race Hispanic/Latino | | White/ Unknown Ethnicity | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	-	-	7	42.9%	2	0%	N/A
Medi-Cal	40	17.5%	21,249	31.5%	2,415	18.8%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Immunization for Adolescents, Combination 2 (IMA-2) – Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	4	50%	141	25.5%	26	38.5%	N/A
Medi-Cal	518	**47.1%**	25,273	**33.9%**	18,914	43.9%	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	23	39.1%	-	-	38	31.6%	-	-
Medi-Cal	9	11.1%	49	28.6%	2,552	**43.3%**	4,138	26.1%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	-	-	13	53.9%	5	0%	N/A
Medi-Cal	53	39.6%	33,064	41.1%	3,558	**22.9%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Lead Screening in Children (LSC) - Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
Medi-Cal	392	**80.1%**	24,831	**50.3%**	8,093	65.5%	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
Medi-Cal	3	33.3%	23	47.8%	1,794	**67.5%**	2,746	36.9%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
Medi-Cal	40	**25%**	21,420	57.9%	2,424	43.1%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Well-Child Visits in the First 30 months of Life - Well-Child Visits in the First 15 Months (W30+6) - Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	1	0%	79	34.2%	2	50%	N/A
Medi-Cal	134	**44%**	11,957	44.9%	3,024	**48.8%**	No

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	8	37.5%	-	-	11	18.2%	-	-
Medi-Cal	-	-	10	40%	710	**48.6%**	1,358	**33.8%**

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	-	-	3	33.3%	1	0%	N/A
Medi-Cal	12	33.3%	9,210	48.4%	1,005	42.5%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

<u>Well-Child Visits in the First 30 months of Life - Well-Child Visits for Age 15 Months - 30 Months (W30+2) - Rates by Spoken Language and Race/Ethnicity</u>

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	-	-	110	80.9%	5	40%	N/A
Medi-Cal	437	62.7%	25,157	**59.7%**	8,793	**70.6%**	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	21	66.7%	-	-	21	76.2%	-	-
Medi-Cal	5	60%	25	64%	1,949	**67.4%**	3,069	47.6%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	-	-	2	50%	1	0%	N/A
Medi-Cal	38	**42.1%**	22,827	65.3%	2,636	61.8%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Child and Adolescent Well-Care Visits (WCV) - Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	233	36.5%	4,189	**42.7%**	681	**35.8%**	Yes
Medi-Cal	11,220	**52.6%**	487,485	**43.3%**	308,211	51.7%	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	708	**39.8%**	-	-	1,196	40.3%	-	-
Medi-Cal	170	**33.5%**	804	45.5%	50,384	47.6%	73,578	37.4%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	3	0%	128	**43.8%**	12	33.3%	No
Medi-Cal	1,117	33.8%	589,414	**48.8%**	67,434	40%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Disparity Analysis

Childhood Immunization Status, Combination 10 (CIS-10)
Medi-Cal: For race/ethnicity, the Black /African Americans had the lowest rates at 13.7% compared to the Asian/Unknown Ethnicity population, which had the highest rate at 38.2%. This difference was statistically significant. For spoken language, the English speaking population experience the lowest rate at 26.9%, compared to the Spanish speaking population, which had the highest rate at 34.4%. This difference showed statistical significance. At this time there are no unique interventions addressing these disparities.

LACC: LACC's denominators were too small to conduct any meaningful analysis.

Immunization for Adolescents, Combination 2 (IMA-2)
Medi-Cal: For race/ethnicity, the White population experienced the lowest rate at 22.9% compared to the Unknown Race Hispanic/Latino population, which had the highest rate at 41.1%. This difference was statistically significant. For spoken language, the English speaking population experienced the lowest rate at 33.9%, compared to the Chinese speaking population, which had the highest rate at 47.1%. This difference showed statistical significance. At this time there are no unique interventions addressing these disparities.

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

Lead Screening in Children

Medi-Cal: For race/ethnicity, the Native Hawaiian/Other Pacific Islander/Unknown Ethnicity population experienced the lowest rate at 25% compared to the Asian/Unknown Ethnicity population, which had the highest rate at 67.5%. This difference showed statistical significance. For spoken language, the English speaking population experience the lowest rate at 50.3%, compared to the Chinese speaking population, which had the highest rate at 80.1%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

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

Medi-Cal: W30+6 - For race/ethnicity, the Black/African American/ Unknown Ethnicity had the lowest rate at 33.8% compared to the Asian/Unknown Ethnicity population, which had the highest rate at 48.6%. This difference was statistically significant. For spoken language, the Chinese speaking population experience the lowest rate at 44%, compared to the Spanish speaking population, which had the highest rate at 48.8%. This difference did not show statistical significance. No unique interventions are addressing these disparities at this time.

W30+2 - For race/ethnicity, the Native Hawaiian/Other Pacific Islander/Unknown Ethnicity population experienced the lowest rate at 42.1% compared to the Asian/Unknown Ethnicity population, which had the highest rate at 67.4%. This difference showed statistical significance. For spoken language, the English speaking population experience the lowest rate at 59.7%, compared to the Spanish speaking population, which had the highest rate at 70.6%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

LACC: LACC's denominators for W30+6 and W30+2 were too small to conduct any meaningful analysis.

Child and Adolescent Well-Care Visits (WCV)

Medi-Cal: For race/ethnicity, the American Indian and Alaska Native Hispanic or Latino population experienced the lowest rate at 33.5% compared to the Unknown Race Hispanic/Latino population, which had the highest rate at 48.8%. This difference showed statistical significance. For spoken language, the English speaking population experience the lowest rate at 43.3%, compared to the Chinese speaking population, which had the highest rate at 52.6%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

LACC: For race/ethnicity, the American Indian and Alaska Native Hispanic or Latino population had the lowest rate at 39.8% compared to the Unknown Race Hispanic/Latino population, which had the highest rate at 43.8. The difference between the rates was not shown to be statically significant. The denominators for the American Indian/Alaskan Native and Black/African American populations were too low (below 30) to be included in the race/ethnicity analysis. For spoken language, the Spanish speaking population experience the lowest rate at 35.8%, compared to the English speaking population, which had the highest rate at 42.7%. This difference showed statistical significance. No unique interventions are addressing these disparities at this time.

SUMMARY OF INTERVENTIONS FOR 2022-2023

The table below summarizes the barrier analysis with the actions for each measure for Fiscal Year 2022-2023:

HEDIS Measure	Barrier	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Childhood Immunization Status: Combination 10 (CIS-10)	• Due to the complexity of the immunization schedule, parents may not fully understand the recommended immunization schedule for their children. • Lack of education about the importance of adhering to the recommended vaccination schedule to parents of members. • Parents may have difficulty taking time off from work to get their child immunized. • Missed opportunities - physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to keep children's immunizations current. • Incomplete/inaccurate coding of immunizations results. • Providers that the patient visits might not be using CAIR and tracking the immunizations. • The COVID-19 pandemic caused major disruption in preventive care services, causing missed or mistimed vaccines due to the fact it requires multiple visits to meet the measure.	• Webinar hosted in August 2023 titled "Evidence-Based Strategies to Improve Immunization Rates." • SWOT for W30/CIS-10 • 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. • Child Get Back to Care Social Media Campaign in September 2023. • Infant Wellness Social Media Campaign in May 2023. • Automated calls ran in March and September 2023. • W30 Text Messaging Campaign in August 2023.	• Evaluation of automated called will be conducted in MY 2024. • Evaluation of automated calls will be conducted in MY 2024. • Evaluation of the text messaging campaigns will be evaluated in MY 2024.

HEDIS Measure	Barrier	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Immunization for Adolescents, Combination 2 (IMA-2)	• Parents have misconceptions regarding the HPV vaccine and do regard it as cancer prevention. The vaccine is tied often to sexual behavior. • It requires more than one dose, which can be difficult for members to follow through. • While minor consent laws allow members to receive this vaccine without their parents' consent very few opt to do this. • Lack of understanding that the vaccine is for all preteens to prevent a variety of cancers and not just for girls to prevent cervical cancer. • While the HPV vaccine is available at school based health centers/wellness centers many students/ members do not have an option to get the vaccine at those locations, as there is a stigma associated with school based health centers being viewed as "sexual health" clinics. • In addition, the COVID-19 pandemic caused major disruption in preventive care services, causing missed or mistimed adolescent vaccines.	• Social Media Campaigns- Preteen Vaccine Week in February 2023 and Child Get Back to Care Social Media Campaign in September 2023. • Monthly Missing Vaccine Reports • Webinar held August 2023 titled "Evidence-Based Strategies to Improve Immunization Rates." • Automated calls in Spring/Summer 2023. • Reminder Well Care Visit Postcards in November 2022.	• Evaluation of automated calls and postcards will be conducted in MY 2024.
Lead Screening in Children (LSC)	• Parents might not be aware that their child needs to receive this screening or not view the importance of the screening. • COVID-19 has decreased lab related measures. • Screenings are not scheduled and conducted before the child's 2nd birthday. • Parents/guardians often directed to a separate lab, decreasing follow through.	• Monthly lead screening reports on Provider Portal. • Child Get Back Care Social Media Campaign- September 2023. • Lead Poisoning Prevention Social Media Campaign in October 2022. Lead Poisoning Prevention Mailer for CY 2023 4th Quarter.	• Automated calls will be evaluated in MY 2024.

HEDIS Measure	Barrier	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Lead Screening in Children (cont.)		- Childhood Lead Poisoning Prevention Mailer in November 2022. - Lead Poisoning Prevention Webinar in November 2022. - Automated reminder calls in March and September 2023. - Quarterly distribution of CLPPB report to Plan Partners. - Lead Screening Attestation and health education materials sent to PPGs. - Monthly Lead Screening Reports on L.A. Care Provider Portal. Automated Calls were conducted in March and September 2023- scripts for 0-30 month old members and 3-17 year old members included specific lead screening messaging.	
Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months, Well-Child Visits for Age 15 Months – 30 Months (W30)	- Large eligible population. - Members/Caregivers do not perceive the importance of Well-Child visits. - Early visits are missed often because health plans may not receive enrollment information until 3-4 months after birth. - While some Members/ Caregivers do perceive the importance of Well Child visits, due to their work schedules they do not always have time to make an appointment during normal business hours. - The COVID-19 pandemic caused major disruption in preventive care services, causing missed or mistimed well care visits, due to the fact it requires multiple visits to meet the measures. - During fall 2022, clinics dealing with surges in COVID-19, RSV, and Fu caused clinics to prioritize acute medical needs.	- Child Get Back to Care Social Media Campaign in September 2023. - Infant Wellness Social Media Campaign in May 2023. Automated calls in September 2022. - Monthly Healthy Baby Mailer and Robocalls to the parents of newborns and newly enrolled children between 0-6 months. - Automated calls in March and September 2023. - W30 Text Messaging Campaign in August 2023. - SWOT for W30/CIS-10	- Evaluation for Healthy Baby Robocalls will be conducted in MY 2024. - Automated calls will be evaluated in MY 2024. - Evaluation of the text messaging campaigns will be evaluated in MY 2024.

HEDIS Measure	Barrier	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Child and Adolescent Well-Child Visits (WCV)	• 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 caused major disruption in preventive care services, causing missed or mistimed well care visits. • During fall 2022, clinics dealing with surges in COVID-19, RSV, and Fu causing clinics to prioritize acute medical needs.	• Child Get Back to Care Social Media Campaign in September 2023. • Automated calls to members ages 3-21 years old in Spring/Summer and November 2023. • Postcards mailed November 2022 and October 2023 for members ages 3-21 years old. AAP Text Messaging Campaign for members ages 18-21 in August 2023.	• Evaluation of automated calls will be conducted in MY 2024. • Evaluation of text messaging campaign will be conducted in MY 2024.
Child Core Set Measure	**Barrier**	**Actions (Includes Member Family Engagement Activities)**	**Effectiveness of Intervention/ Outcome**
Topical Fluoride for Children (TFL-CH)	• Providers and members are unaware of benefit and service to children. • Providers often think of this as a dental service with a dentist versus as a preventive care service at a well care visit.	Oral Care article in member newsletter, Be Well, Summer 2023 Edition. • Automated calls in 2023 included an oral health message. • Social Media Campaigns: Infant Wellness Social Media Campaign 2023 and Child Get Back to Care Social Media Campaign in September 2023	• Evaluation of automated calls will be conducted in MY 2024. • Evaluation of the text messaging campaigns will be evaluated in MY 2024.
Developmental Screening in the First Three Years of Life (DEV)	• Clinics face challenges with the screening tools such as copyright issues, lack of translation into other languages, and use with Electronic Health Records. • Clinics unaware of which validated screening tools to use and when.	• Automated calls in March and September 2023 included a DEV message. • Social Media Campaigns: Infant Wellness Social Media Campaign 2023 and Child Get Back to Care Social Media Campaign in September 2023. • Activities under Help Me Grow LA • W30 Text Messaging Campaigns in August 2023.	• Evaluation for automated calls will be conducted in MY 2024. • Evaluation of the text messaging campaigns will be evaluated in MY 2024.

LOOKING FORWARD

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

- L.A. Care will continue to utilize automated reminder calls twice a year with targeted messaging for well care visits. Reminder postcards will include the same targeted messaging to better resonate with the parents/guardians of members. Messaging will include other preventive services such as lead screening and oral health screening.
- L.A. Care will launch a birthday card for infants turning one year old to reiterate preventive health messages and to provide a better member experience with the health plan.
- L.A. Care will work on the W30+6 Performance Improvement Project (PIP) in MY 2024.
- L.A. Care will continue to work and connect with local community organizations to provide members with additional health resources and collaborate on interventions.
- L.A. Care will continue to utilize the text messaging intervention. MY 2024 campaigns will continue with W30, bring back WCV for 3-21 year old members, and expand to lead screening and flu vaccine reminders.

MY 2023 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2023 Medi-Cal Goal	MY 2023 L.A. Care Covered Goal
CIS-10	Childhood Immunization Status: Combination 10	40%	58%
IMA-2	Immunization for Adolescents – Combo 2	41%	40%
LSC	Lead Screening in Children	64%	N/A
TFL-CH	Topical Fluoride for Children	20%	N/A
DEV	Developmental Screenings in the First Three Years of Life	36%	N/A
W30	Well-Child Visits in the First 30 Months of Life - Well-Child Visits in the First 15 Months	59%	38%
W30	Well-Child Visits in the First 30 Months of Life - Well-Child Visits for Age 15 Months - 30 Months	67%	82%
WCV	Child and Adolescent Well-Child Visits	49%	44%

B.2 ADULT HEALTH

AUTHOR: XIN LEE
REVIEWERS: DONNA SUTTON & FELIX AGUILAR, MD

BACKGROUND/SUMMARY
The COVID-19 pandemic continues to have a profound impact on preventive care worldwide. Many individuals postponed or skipped routine check-ups, screenings, and vaccinations due to fear of exposure to the virus, leading to a decline in preventive health care utilization. This disruption in regular healthcare services has resulted in delayed diagnoses, which may have serious long-term consequences. L.A. Care has been actively working to catch up with the impact of COVID-19 by implementing strategies to re-engage members in preventive care and close care gaps. L.A. Care is focusing on addressing health disparities and promoting health equity by employing various tailored initiatives to encourage members to resume routine screenings. By prioritizing preventive care and leveraging health promotion, L.A. Care is bridging gaps in care caused by the pandemic and promoting overall well-being among members.

The American Cancer Society (ACS) estimates 287,850 new cases of invasive breast cancer diagnosis in women in 2022. ACS states that breast cancer is the second leading cause of cancer death 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.[7] In 2022, ACS estimates 13,960 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. Colorectal Cancer is the third most diagnosed cancer in both men and women in the United States, excluding skin cancers.[8] In 2022, there will be an estimated 106,970 new cases of colon cancer, according to the ACS.[2]

Approximately 50% of Medi-Cal members are delegated to Plan Partners Anthem Blue Cross, Blue Shield Promise, and Kaiser Permanente. Kaiser Permanente is terminating its partnership with L.A. Care effective 2024. L.A. Care is responsible for conducting member outreach for the remainder of Medi-Cal (MCLA) members. Medi-Cal graphs in the following sections depict aggregate data of L.A. Care and its Plan Partners.

MY 2022 WORK PLAN GOALS
This section reviews the goals and rates for HEDIS MY 2022. Interventions conducted in 2022 are detailed, as this represents the period in which services were rendered. If a National benchmark was met in the Work Plan, the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly. Measures that are part of the Population Health Management (PHM) index have a goal to match PHM. Managed Care Accountability Set (MCAS) measures are set at a minimum of the 50th percentile.

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[7] https://www.cancer.org/cancer/types/cervical-cancer/about/key-statistics.html
[8]https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21754#:~:text=In%202022%2C%20approximately%20287%2C85
0%20new,will%20die%20from%20breast%20cancer.

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 Cal MediConnect Rate	MY 2022 Cal MediConnect Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
BCS	Breast Cancer Screening	55.1%	58%	68.3%	68%	66.7%	68%	Medi-Cal: Not Met CMC: Met LACC: Not Met
CCS	Cervical Cancer Screening	54.4%	62%	N/A	N/A	52.6%	57%	Medi-Cal: Not Met CMC: N/A LACC: Not Met
COL	Colorectal Cancer Screening	N/A	N/A	64.2%	63%	40.2%	61%	Medi-Cal: N/A CMC: Met LACC: Not Met

MAJOR ACCOMPLISHMENTS
- Breast Cancer Screening (BCS)
  - In partnership with the American Cancer Society, a Breast Cancer Social Media Campaign (IG reel) launched in October 2022 as part of Breast Cancer Awareness Month.
- Cervical Cancer Screening (CCS)
  - A text message campaign launched in collaboration with vendor mPulse in March 2022. This campaign informed members about the importance of routine cervical cancer screening.
- Colorectal Cancer Screening (COL)
  - A robocall and social media campaign launched in 2022. The Colorectal Cancer Screening Social Media Campaign, featured in July 2022, highlighted the importance of colorectal cancer screening.
- 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).

Description of Measures

HEDIS Measure	Specific Indicator(s)	Measure Type
Breast Cancer Screening (BCS)	The percentage of members who are women aged 50-74 years and have received one or more mammograms on or between October 1, two years prior to the measurement year and December 31 of the measurement year.	Administrative
Cervical Cancer Screening (CCS)	The percentage of women aged 21-64 years who received one or more screening tests for Cervical Cancer during or within the three years prior to the measurement year or 5 years for women 30-64 with HPV co-testing.	Hybrid
Chlamydia Screening in Women (CHL)	The percentage of women aged 16-24 years who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	Administrative
Colorectal Cancer Screening (COL)	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.	Hybrid

Breast Cancer Screening

The following graph compares L.A. Care BCS rates for HEDIS MY 2020-MY 2022 among different product lines:
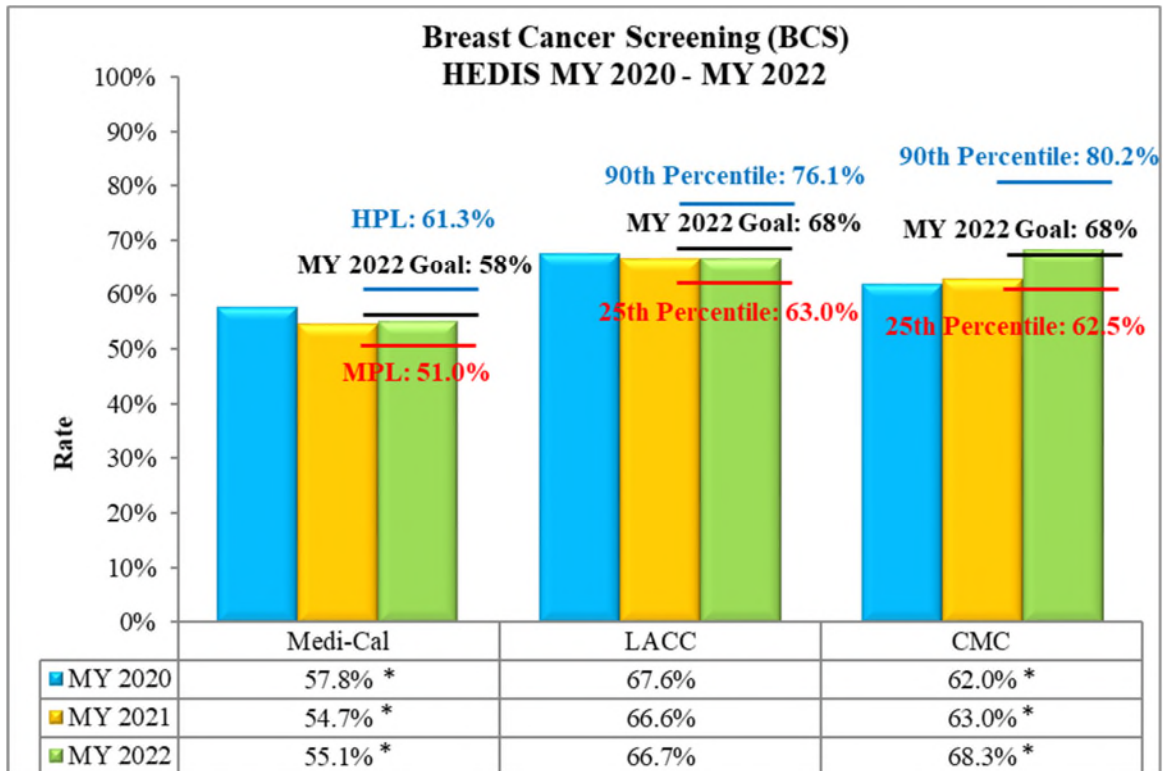
Breast Cancer Screening (BCS)
HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC	CMC
■ MY 2020	57.8% *	67.6%	62.0% *
■ MY 2021	54.7% *	66.6%	63.0% *
■ MY 2022	55.1% *	66.7%	68.3% *

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

Quantitative Analysis

Medi-Cal: L.A. Care's HEDIS MY 2022 Breast Cancer Screening (BCS) rate for Medi-Cal was 55.1%. The rate increased by 0.40 percentage points from the prior year, which is 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 meet the internal goal of 58%. The rate was also slightly above the MPL of 51%.

LACC: For HEDIS MY 2022, the BCS rate for L.A. Care Covered (LACC) was 66.7%. This was an increase of 0.10 percentage points from HEDIS MY 2021 and is not statistically significant. BCS did not meet the MY 2022 LACC internal goal of 68%; however, met the 25th percentile of 63.0% for the Quality Rating System (QRS).

CMC: HEDIS MY 2022 is the sixth year of official rates for CMC. For BCS, CMC members had a rate of 68.3%. This was an increase of over 5-percentage points from HEDIS MY 2021 and is statistically significant. The rate meets the internal goal of 68% and the 25th percentile rate of 62.5%.

The following run chart compares L.A. Care BCS rates for HEDIS MY 2022-MY 2023 among different product lines:

Breast Cancer Screening (BCS) Measure
Monthly Compliant Rates By Line Of Business
MY2022 and MY2023
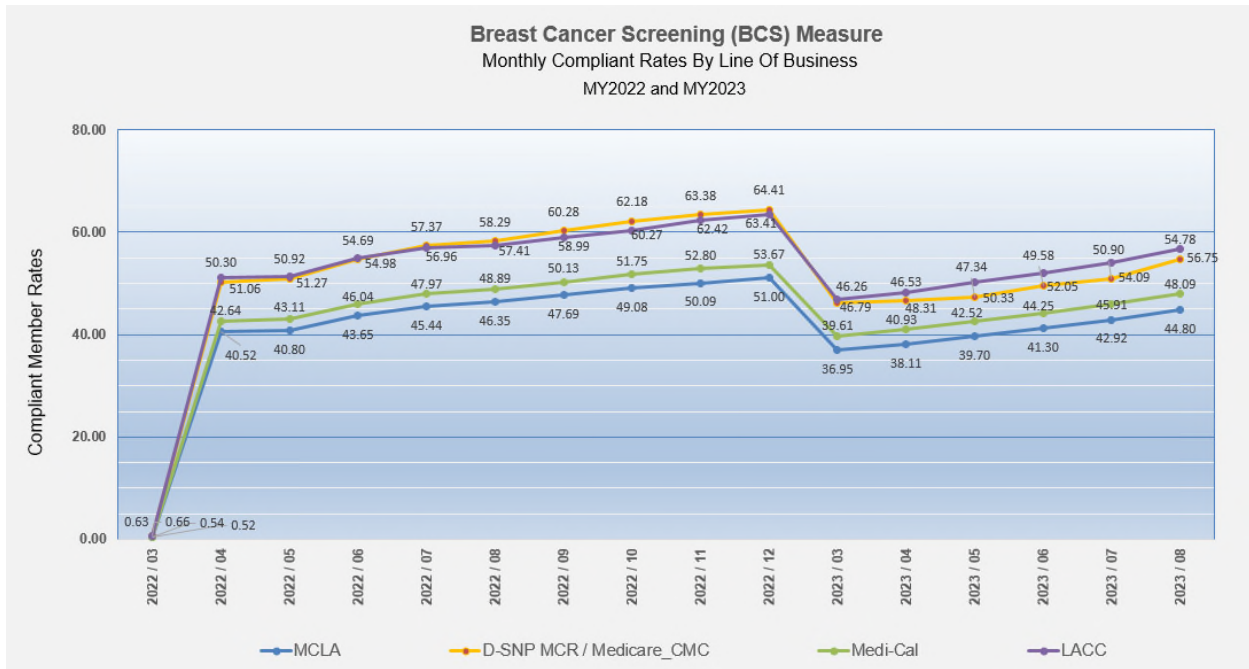
Quantitative Analysis

The run chart examines performance in Breast Cancer Screening (BCS) from MY 2023 and MY 2022. In general, the performance in this measure is showing lower performance in MY 2023 compared to MY 2022. However, there appears to be gradual improvement month over month in MY 2023 for all product lines. Nevertheless, the overall performance in MY 2023 remains lower than that of MY 2022.

Cervical Cancer Screening

The following graph compares L.A. Care CCS rates for HEDIS MY 2020-MY 2022 in the Medi-Cal and LACC product lines:

The rates below are based on a hybrid sample augmented by chart review.
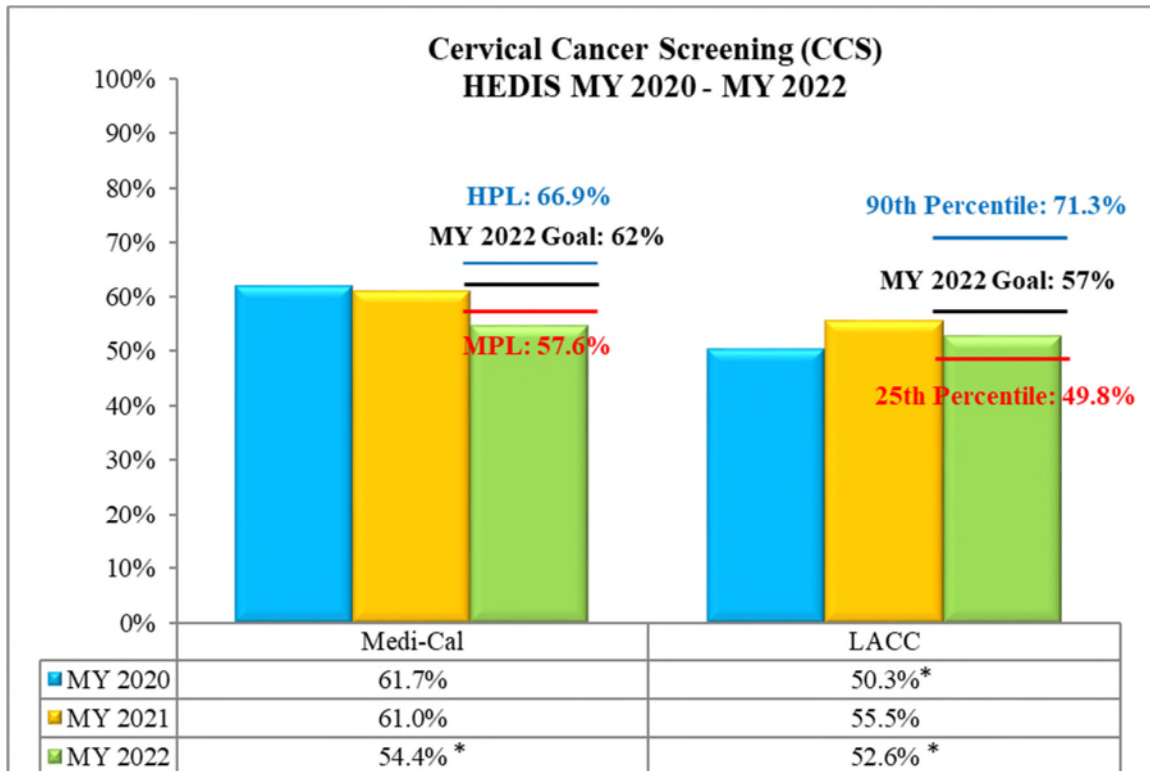
Cervical Cancer Screening (CCS) HEDIS MY 2020 - MY 2022

HPL: 66.9%
MY 2022 Goal: 62%
MPL: 57.6%

90th Percentile: 71.3%
MY 2022 Goal: 57%
25th Percentile: 49.8%

	Medi-Cal	LACC
MY 2020	61.7%	50.3%*
MY 2021	61.0%	55.5%
MY 2022	54.4% *	52.6% *

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles

Quantitative Analysis

Medi-Cal: L.A. Care's Medi-Cal CCS rate was 54.4% for HEDIS MY 2022. This was a decrease of 6.6 percentage points from the prior year, which was statistically significant. The rate did not meet the MPL of 57.6% by 3.2 percentage points. Moreover, the internal goal of 62% was not met.

LACC: L.A. Care's Cervical Cancer Screening rate for HEDIS MY 2022 was 52.6%. This decrease of 2.9 percentage points from the previous year is statistically significant. The rate did not meet the MY 2022 goal of 57%, but met the 25th percentile benchmark of 49.8%.

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

Colorectal Cancer Screening

The following graph compares L.A. Care COL rates for HEDIS MY 2020-MY 2022 in the CMC and LACC product lines:
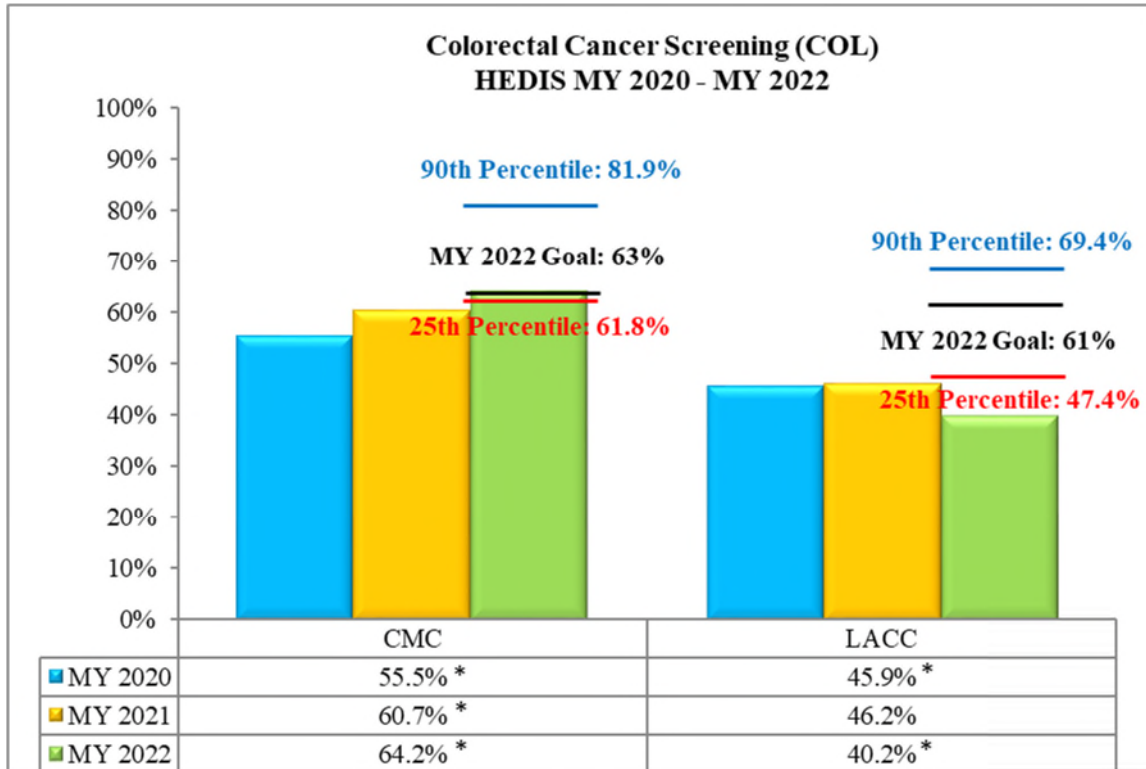
Colorectal Cancer Screening (COL)
HEDIS MY 2020 - MY 2022

	CMC	LACC
■ MY 2020	55.5% *	45.9% *
■ MY 2021	60.7% *	46.2%
■ MY 2022	64.2% *	40.2% *

*Statistically Significant Difference
- Covered California Quality Rating System MY 2021 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

Quantitative Analysis

CMC: The CMC rate for COL was 64.2%. This was an increase of 3.5 percentage points, which is statistically significant. This measure met the internal MY 2022 goal of 63% and met the 25th percentile benchmark.

LACC: The LACC rate for COL was 40.2%. This was a decrease of 6 percentage points, which is statistically significant. This measure did not meet the internal goal of 61% nor the 25th percentile benchmark.

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

Qualitative Analysis

A social media campaign (Instagram reel) launched in October 2022 in honor of Breast Cancer Awareness Month. The team assembled this campaign to encourage the community to be screened for breast cancer. There were two separate versions of the ad, differing in both verbiage and images to reach diverse populations. The ad targeted areas (zip codes) with low screening rates. As a result, the reel had a reach of 6,300 and 1,154 impressions. Users see content a certain number of times and these instances are referred to as impressions. Boosting the IG reel as a paid ad proved a success. Highlighting the story of a survivor of breast cancer created a highly engaging campaign. Due to capacity issues, the campaign was not filmed until late October, thus delaying the posting of the reel until late October.

On June 2, 2022, robocalls were conducted targeting members due to a routine mammogram screening for CMC and MCLA members. LACC members did not receive robocalls due to high call volume to the call center during open enrollment season. All calls were completed on June 10, 2022. Of the 28,679 calls that were deployed, 1,322 members (5%) had an encounter for breast cancer screening 6 months post-intervention. This is statistically significant.

A cervical cancer screening social media campaign was launched in March 2022 to encourage the community to be screened for cervical cancer. The ad had three separate versions, differing in both verbiage and images to reach diverse populations. The ad targeted areas (zip codes) with low screening rates. As a result, the campaign had a reach of 129,536, 470,161 impressions, and 2,468 link clicks to L.A. Care's resource page. Cost per click was $1.01, which is below the average of $2.47. Overall, the campaign was successful in targeting a more focused group of individuals who would be more likely to click a link and learn more about the importance of cervical cancer screening.

On October 13, 2022, robocalls were conducted targeting members due to routine cervical cancer screening for CMC and MCLA members. LACC members did not receive robocalls due to the high volume of calls conducted during open enrollment season. All calls were completed on October 13, 2022. Of the 150,072 calls that were deployed, 4,572 members (3%) had an encounter for cervical cancer screening 6 months post-intervention. This is not statistically significant.

In April 2022, a text message campaign was launched to encourage and inform the community about the importance of routine cervical cancer screenings. 30,635 texts deployed; of those, 519 opted out of the text message campaign, which is below average (1.69%). 7,792 members closed their care gap after receiving a text message (25.43%). The percentage of improvement for cervical cancer screening is statically significant.

A colorectal cancer screening social media campaign was launched in March 2022 to encourage the community to be screened for cervical cancer. There were three separate versions of the ad: age, gender, and areas with low screening rates targeted members. Overall, there were a combined seven post shares, 14 post likes, and two post saves between Instagram and Facebook when launched organically (launched as unpaid ad). Statistical significance could not be determined for this intervention due to missing analytic data from the paid ad.

On November 2, 2022, robocalls were conducted targeting members due to routine colorectal cancer screening for CMC and MCLA members. LACC members did not receive robocalls due to the high volume of calls conducted during open enrollment season. Of the 4,293 calls that were deployed, 322 members (8%) had an encounter for colorectal cancer screening 6 months post-intervention. This is statistically significant.

Disparity Tables

Breast Cancer Screening (BCS) - Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	728	**52.75%**	5435	65.02%	4336	**72.21%**	Yes
Medi-Cal	5060	54.78%	64447	**48.80%**	49838	**63.54%**	Yes
Medicare - CMC	47	**59.57%**	2256	61.92%	2681	**74.04%**	Yes

| Line of Business | Race/Ethnicity | | | | | | | |
| | American Indian and Alaska Native (AI/AN) Hispanic or Latino | | American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity | | Asian/ Unknown Ethnicity | | Black/ African American/ Unknown Ethnicity | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	2015	**71.56%**	N/A	N/A	2135	56.67%	N/A	N/A
Medi-Cal	207	**75.36%**	257	46.96%	20070	54.99%	14680	48.42%
Medicare - CMC	34	**76.47%**	1	100%	384	70.83%	430	63.95%

| Line of Business | Race/Ethnicity | | | | | | **Stat Sig |
| | Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity | | Unknown Race Hispanic/Latino | | White/ Unknown Ethnicity | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	7	**42.86%**	425	76%	9	66.67%	Yes
Medi-Cal	154	**42.86%**	61482	62.15%	21202	47.67%	Yes
Medicare - CMC	8	62.50%	2896	73.14%	127	**52.76%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Cervical Cancer Screening (CCS) - Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	4518	**46.97%**	23961	48.13%	10088	**57.31%**	Yes
Medi-Cal	9765	**59.65%**	400985	**48.68%**	106390	59%	Yes
Medicare - CMC	N/A	N/A	1106	**54.88%**	308	**62.66%**	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	6228	52.34%	N/A	N/A	10330	45.69%	N/A	N/A
Medi-Cal	630	**56.40%**	927	47.25%	54280	50.96%	69628	49.89%
Medicare - CMC	13	69.23%	1	100%	49	59.18%	271	54.24%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	35	**31.43%**	1349	59.30%	37	**87.08%**	Yes
Medi-Cal	853	**37.05%**	286307	53.89%	87680	46.65%	Yes
Medicare - CMC	2	50%	541	**60.07%**	60	**36.67%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Colorectal Cancer Screening (COL) - Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	3238	39.31%	18243	**37.69%**	12202	**43.49%**	Yes
Medi-Cal	11074	**48.74%**	194598	**31.86%**	105286	43.93%	Yes
Medicare - CMC	101	58.42%	5069	**54.55%**	4765	**67.91%**	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	5950	41.09%	0	0	8048	37.66%	4	25%
Medi-Cal	479	**47.60%**	0	0	479	47.60%	42759	31.57%
Medicare - CMC	59	**78.88%**	4	25%	793	66.20%	977	54.66%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	24	37.50%	1227	**44.42%**	33	**33.33%**	No
Medi-Cal	430	**27.44%**	150899	39.42%	61115	31.18%	Yes
Medicare - CMC	12	58.33%	5307	65.69%	328	**42.99%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Disparity Analysis

Breast Cancer Screening
Medi-Cal: L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures, based on administrative data. Rates are highest for the American Indian and Alaska Native (AI/AN) Hispanic or Latino population compared to all other ethnic groups (75.36%). Native Hawaiian/Other Pacific Islander (NH/PI/)/Unknown Ethnicity members have the lowest rates at 42.86%, down from 69.4% from the previous year. Rates for Spanish speakers are the highest at 63.54%. Rates for English speakers experience a lower rate at 48.80% in comparison. There was a statistically significant difference in language between the highest and lowest rates, Spanish and English, respectively. There was also a statistically significant difference observed between the American Indian and Alaska Native (AI/AN) Hispanic or Latino and the Native Hawaiian/Other Pacific Islander (NH/PI/)/Unknown Ethnicity population experiencing the lowest rates.

LACC: Similar to the Medi-Cal line of business, American Indian and Alaska Native (AI/AN) Hispanic or Latino members have the highest rates at 71.56%, resulting in a 14.89 percentage point difference between the AI/AN Hispanic or Latino population and the Asian population. The Asian population experiences the lowest rate of 56.67%. This percentage difference is statistically significant. There was also a statistically significant difference between Spanish-speaking members (72.21%) and Chinese-speaking members (52.75%).

CMC: Unlike both Medi-Cal and LACC, the White population experienced a lower rate compared to all racial/ethnic populations. Aligned with the other lines of business, the American Indian and Alaska Native (AI/AN) Hispanic or Latino population experienced the highest rate (76.47%). The 23.71 percentage point difference between the White and AI/AN Hispanic or Latino populations is statistically significant. Spanish speakers experience the highest rates and the rate differences between Spanish speakers and Chinese speakers were statistically significant.

Cervical Cancer Screening
Medi-Cal: L.A. Care conducted an analysis based on ethnicity and spoken language to examine whether disparities exist in cervical cancer screenings. The Native Hawaiian/Other Pacific Islander (NH/PI/)/Unknown Ethnicity population experienced the lowest rates for HEDIS MY 2022 at 37.05%, followed by the White population with a rate of 46.65%. In contrast, the American Indian and Alaska Native (AI/AN) Hispanic or Latino populations have the highest rates of 56.40%. Additionally, the rate difference between the AI/AN population (highest rate) and the American Indian and Alaska Native (AI/AN) Hispanic or Latino population (lowest rate) is statistically significant.

Chinese speakers had higher rates than English and Spanish speakers (59.65% versus 48.68% and 59%, respectively). The rate difference between Chinese speakers (highest rate) and English speakers (lowest rate) is statistically significant.

LACC: This is the second year that L.A. Care conducted a disparity analysis for the LACC line of business. The Native Hawaiian/Other Pacific Islander (NH/PI/)/Unknown Ethnicity population experienced the lowest rates (31.43%), representing a 55.65 percentage point difference from the White population with the highest rate of 87.08%. The difference in point percentage rates can be attributed to the low denominator of 35 among the Native Hawaiian/Other Pacific Islander (NH/PI/)/Unknown Ethnicity population (a denominator of 30 or less is excluded). This rate difference is statistically significant. There was also a statistically significant difference between Spanish-speaking members (57.31%) and Chinese-speaking members (46.97%).

Colorectal Cancer Screening

Medi-Cal: L.A. Care conducted an analysis based on ethnicity, language, and regions to examine whether disparities exist in colorectal cancer screenings using administrative data (thus explaining the lower rates). The Native Hawaiian/Other Pacific Islander population experienced the lowest rates for HEDIS MY 2022 at 27.44%, followed by the White population with a rate of 31.18%. The rate difference between the Native Hawaiian/Other Pacific Islander population (27.44%) and the White population (31.18%) is statistically significant.

Chinese speakers had higher rates compared to English and Spanish speakers (48.74% versus 31.86% and 43.93% respectively). The rate difference between Chinese speakers (highest rate) and English speakers (lowest rate) is also statistically significant.

LACC: The White population experienced the lowest rate (33.33%), followed by the Asian/Unknown Ethnicity population (37.66%). The American Indian/Alaska Native and Black/African American populations are excluded due to their small sample size below 30. The Unknown Race Hispanic/Latino population has the highest rate of 44.42%, and the rate difference compared to the White population is not statistically significant. Spanish speakers had the highest rate of 43.49%, and the difference between Spanish speakers and both English and Chinese speakers is statistically significant.

CMC: The American Indian and Alaska Native (AI/AN) Hispanic or Latino population experienced the highest rate of 78.88%. The White population experienced the lowest rate of 42.99%. The American Indian and Alaska Native (AI/AN)/Unknown Ethnicity and Native Hawaiian/Other Pacific Islander (NH/PI/)/Unknown Ethnicity populations are excluded due to their small population size. The 19% rate difference between the AI/AN population and the Hispanic/Latino population is statistically significant. Spanish speakers had the highest rate of 67.91%, and the difference between Spanish speakers and both English and Chinese speakers is statistically significant.

SUMMARY OF INTERVENTIONS FOR 2022

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Breast Cancer Screening	• Members may disagree with the frequency guidelines for screening, especially after having undergone a previous screening with a negative result.	• A social media campaign launched in October 2022 to engage further members the importance of breast cancer screening. • Presentations were made to ECAC committee to educate members	• Rates decreased for all lines of business. These rate decreases are most likely due to the

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Breast Cancer Screening (cont.)	• Limited scheduling availability and staff shortage at the clinical level. • Discomfort associated with mammography • Fear of the test and the test results. • Member confusion with screening guidelines. • Members unaware of direct access to imaging centers and that no referral is needed. • Providers unsure of screening guidelines and recommendations. • Providers are unaware of when a patient is due for services. • Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic.	about the importance of breast cancer screening. Members stated they were contacted regarding screenings and shared that they appreciated the reminder call. • 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.	COVID-19 pandemic, limited scheduling availability, and staff shortage at the clinical level.
Cervical Cancer Screening	• 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. • Personal modesty/ embarrassment. • Discomfort associated with screening. • Members may not understand the importance of getting the screening. • Long wait times for appointments. • Providers are unaware of who is in need of CCS screenings. • PCPs often refer to specialists for services. • Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic.	• A social media campaign launched in 2022 as a way to increase awareness in the community of the importance of completing a pap smear. L.A. Care includes Cervical Cancer screening as one of the clinical measures for both the LA P4P provider group incentive and the Physician P4P incentive programs. • Automated reminder calls were made in 2022 to members due for cervical cancer screening.	• The Medi-Cal rates decreased. This decrease was likely due to the COVID-19 pandemic and scheduling limits at the clinical level.

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Colorectal Cancer Screening	• 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 • Improperly documented/ coded past colon cancer screenings • Lab supply of iFOBT/FIT kits to provider offices may not be adequate to meet demand. • Members may not be aware of the need or value of having regular colon cancer screenings. • Discomfort associated with colonoscopy. • Members may receive an iFOBT/FIT kit from their provider but then not complete and return the test. • The long look-back period results in the difficultly of compiling complete administrative data for the COL measure. • Hesitancy of going into a medical office for preventive screenings due to the COVID-19 pandemic.	• In November 2022, an automated reminder call was made to members due for a colorectal cancer screening. • In May 2022, the CMC EAC and ECAC members received an educational presentation on colorectal cancer screenings. Members were engaged with the sessions and stated that they would share what they learned with their communities. • L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for many HEDIS measures, including COL to PCPs and PPGs.	• CMC and LACC rates decreased. These rate decreases are likely due to the COVID-19 pandemic.

LOOKING FORWARD

- L.A. Care plans to continue automated calls and mailers to increase awareness and the importance of cancer screening prevention for breast, cervical, and colon cancers.
- L.A. Care is implementing social media campaigns for breast, cervical, and colon cancers.
- L.A. Care is implementing texting campaigns for breast, cervical, and colon cancers.
- L.A. Care and the American Cancer Society will partner on a series of Instagram videos telling cancer survivor videos and highlighting the importance of preventive screenings.
- L.A. Care will focus more on looking at disparity reports to have targeted interventions based on communities with the highest needs.
- QI staff will work with the Quality Performance Management team to explore additional methods of evaluating the effectiveness of interventions.

MY 2023 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2023 Medi-Cal Goal	MY 2023 D-SNP Goal	MY 2023 L.A. Care Covered Goal -
BCS	Breast Cancer Screening	53%	70%	67%
CCS	Cervical Cancer Screening	57%	N/A	53%
COL	Colorectal Cancer Screening	N/A	65%	63%

B.3 PERINATAL HEALTH

AUTHOR: KRISTIN SCHLATER, MBA
REVIEWERS: THOMAS MENDEZ & FELIX AGUILAR, MD

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 women and pregnant/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[9]. Rates of infant and maternal mortality, particularly amongst Black/African American populations, are disparate and slow 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[10]. 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 46% of L.A. Care's Medi-Cal line of business (LOB) members are assigned to Plan Partners Anthem Blue Cross, Blue Shield of California Promise, and Kaiser Permanente. Therefore, the provision of perinatal care services are delegated to our Plan Partners. 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 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.

Table 1 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 2022. 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 LACC line of business; however, it was not met for Medi-Cal. Both PPC-1 prenatal and PPC-2 postpartum met MPL for all lines of business as shown in upcoming analysis in this evaluation report.

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[9] http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html
[10] African American Infant and Maternal Mortality (AAIMM) - First 5 Los Angeles (first5la.org)

HEDIS MY 2022 WORK PLAN GOALS: TABLE 1

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 MCLA Rate	MY 2022 MCLA Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
PPC	Timeliness of Prenatal Care	91.1%	91%	89.4%	N/A	89.2%	81%	Medi-Cal: Met MCLA: N/A LACC: Met
PPC	Postpartum Care	80.7%	81%	85.1%	N/A	83.9%	73%	Medi-Cal: Not Met MCLA: N/A LACC: Met
PPC	Timeliness of Prenatal Care among Black/ African American Members	N/A	N/A	65.9%	72%	N/A	N/A	Medi-Cal: N/A MCLA: Not Met LACC: N/A

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.

MAJOR ACCOMPLISHMENTS

- L.A. Care launched prenatal and postpartum text messaging campaigns for MCLA members in July and August 2022. LACC members were added to the Prenatal and Postpartum campaigns in July 2023. The goal of the campaigns are to increase the rates of completed prenatal and postpartum appointments by educating members about the importance of prenatal care, inform them about available incentives for L.A. Care's postpartum program, and serve as a reminder to schedule and attend their appointments. The prenatal texting campaign launched in August 2022 for Black/African American MCLA members in response to the prenatal and maternal health disparities amongst this population and supports the scheduling of prenatal visits. During FY 22-23, the texting campaign reached 706 members and enrolled 189 members for an enrollment rate of 26.7%. The postpartum texting campaign, for all MCLA and LACC members, has outreached to 4,445 members and enrolled 1,474 members for a 33.1% annual enrollment rate. Updated text messaging scripts with doula benefit and depression screening content will launch for MCLA member in FY 23-24.
- L.A. Care launched the Medi-Cal doula benefit January 1, 2023 for all members who are pregnant or were pregnant within 12 months. L.A. Care also launched a standing order process to enable eligible members to receive access to doula services without barriers.
- L.A. Care hosted a Doula Benefit Webinar in June 2023 for prospective doulas to inform them of the Department of Health Care Services (DHCS) and L.A. Care's credentialing process. L.A. Care hosted an additional webinar on October 5, 2023 for provider and hospital staff to educate them regarding the new doula Medi-Cal benefit. Guest speakers included Frontline Doulas as the subject matter expert. Over 88 participants attended the webinar.
- L.A. Care new Maternal Care webpage launched October 30, 2023. The maternity care webpage was revamped to include new educational content and resources on perinatal health, maternal

mental health, and community resources. New content also included National Maternal Mental Health Hotline, Doula Services directory, and culturally congruent resources for parents.

- In an effort to support the Black maternal health disparities, a Pregnancy Resource Guide for Black Parents was produced. The guide was posted to the maternal care webpage and distributed to members through ongoing monthly mailings.

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 2 below details the three-year trend for mailings. In FY 22-23, a total of 10,964 L.A. Care members were identified as pregnant. A total of 955 members were sent a trimester-specific health education packet (724 English and 231 Spanish), and a general prenatal letter was sent to 10,009 non-trimester specific members (7,933 English and 2,076 Spanish). The non-trimester-specific general prenatal letter distribution began in 2021 hence the "not applicable (N/A)" designation on the table below. In December 2021, there was a 6-month "look back" period for members identified in the non-trimester specific report, which explains the higher outcome of 8,423 for FY 2021-2022 vs. 7,933 for FY 2022-2023. 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 72 trimester-specific mailings and 1,313 non-trimester mailings to Black/African American pregnant members in FY 2022-2023.

Healthy Pregnancy Mailings – Three-Year Trend - 2020-2023: Table 2

Fiscal Year	Total Mailers	English Trimester Packet	Spanish Trimester Packet	English Non-Trimester Prenatal Letter	Spanish Non-Trimester Prenatal Letter
FY 2020-2021	1,483	1,223	260	N/A	N/A
FY 2021-2022	11,899	854	220	8,423	2,402
FY 2022-2023	10,964	724	231	7,933	2,076

Obtaining correct and timely member information for the early identification of pregnant members and reliable member contact information continues to be barrier. The majority of members in the Healthy Pregnancy Program are pregnant members who apply and become eligible for Medi-Cal, 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.

HEALTHY MOM PROGRAM

The Healthy Mom program goal is to increase postpartum visit rates for MCLA, LACC, DSNP members, through high touch member outreach and the availability of a $40 gift card for eligible 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 3 below, 3,759 members were called by the Health Education staff for postpartum appointment scheduling assistance to offer transportation assistance and interpreting services during the FY 22-23. Of those calls, 58.2% (N=2,190) were not reachable while 41.7% (N=1,569) were offered assistance to schedule a postpartum visit. From the total number of eligible members, 37% (N=1,392) already had appointments, while 3.4% (N=131) refused assistance, and 1.2% (N=46) accepted help coordinating an appointment. Of the 1,392 members that already had an appointment, 614 encounters were received. For those 46 members who had assistance with scheduling an appointment, 20 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 who had already scheduled a postpartum visit due to lag time for encounter data. Members who already scheduled postpartum visits prior to the Healthy Mom outreach call had a higher attendance rate (44% N=614) compared to those who received scheduling assistance from L.A. Care (43% N=20). This data indicates that members are more motivated to keep their appointments when they schedule it themselves.

Postpartum Call Results: Table 3

	FY 22-23	Percent	FY 21-22	Percent	FY 20-21	Percent
Unable to Reach	2,190	58.2%	2,283	55.6%	1,930	44.6%
Able to Reach	1,569	41.7%	1,823	44.3%	2,388	55.3%
Already Had Appt	1,392	37.0%	1,559	40.0%	2,008	46.5%
Made Appointment	46	1.2%	55	1.3%	50	1.1%
Refused Assistance	131	3.4%	209	5.0%	330	7.6%
Total Calls Made	3,759	-	4,108	-	4,318	-

HIGH RISK PREGNANCY

In FY 22-23, L.A. Care's High–Risk Pregnancy Program sent out 2,827 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 4 below. No members completed the self-paced pregnancy MyHIM workshop after receiving the welcome letter and no requests were received for printed educational packets.

High Risk Pregnancy Welcome Letters: Table 4

High-Risk Pregnancy Welcome Letters									
DSNP		MCLA		LACC-D		LACC		PASC	
EN	SP	EN	SP	EN	SP	EN	SP	EN	SP
0	0	1,987	574	0	0	186	28	48	4

Description of HEDIS Measures: Table 5

HEDIS Measure	Specific Indicator(s)	Measure Type
Timeliness of Prenatal Care	Percentage of eligible members who received a prenatal care visit in the first trimester, on, before, or within 42 days of enrollment if the member was pregnant at the time of enrollment. Qualifying visits must be made with an obstetrician, family practitioner, general internist, or certified nurse practitioner.	Hybrid
Postpartum Care	Percentage of eligible members who received a postpartum visit on or between 7 days and 84 days after delivery during the measurement year.	Hybrid

HEDIS RESULTS

Prenatal Care Timeliness and Postpartum Care – Medi-Cal: Chart 1
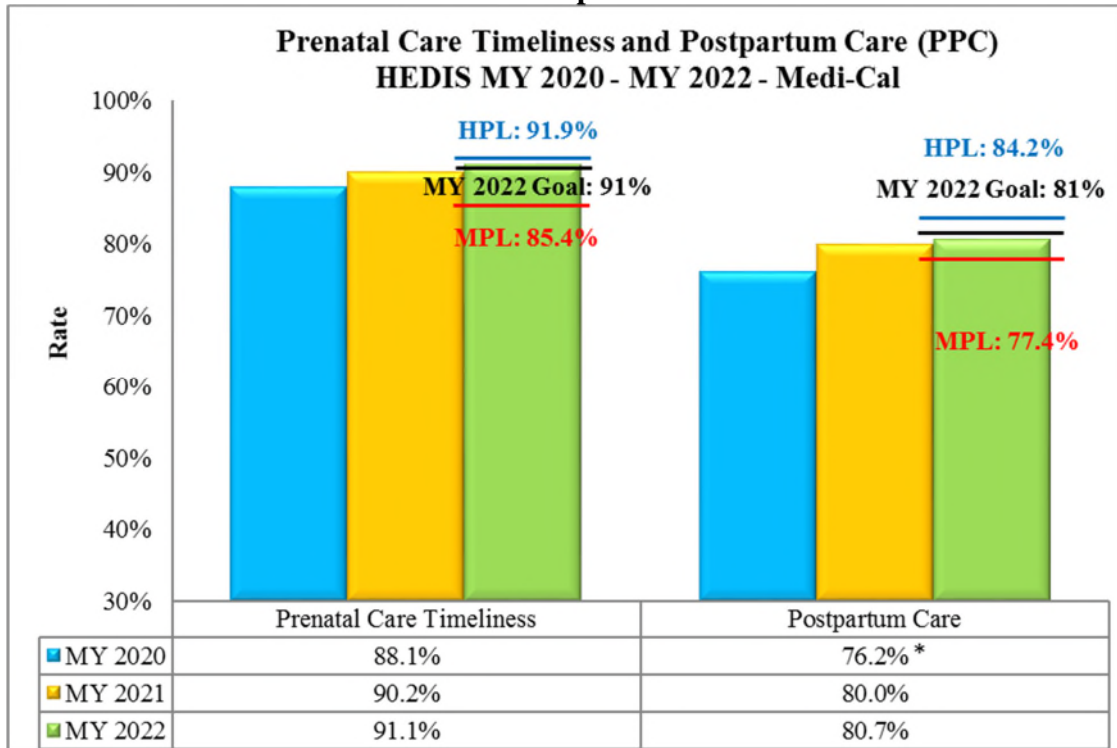
Prenatal Care Timeliness and Postpartum Care (PPC) HEDIS MY 2020 - MY 2022 - Medi-Cal

	Prenatal Care Timeliness	Postpartum Care
MY 2020	88.1%	76.2% *
MY 2021	90.2%	80.0%
MY 2022	91.1%	80.7%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentile

Prenatal Care Timeliness and Postpartum Care – MCLA: Chart 2
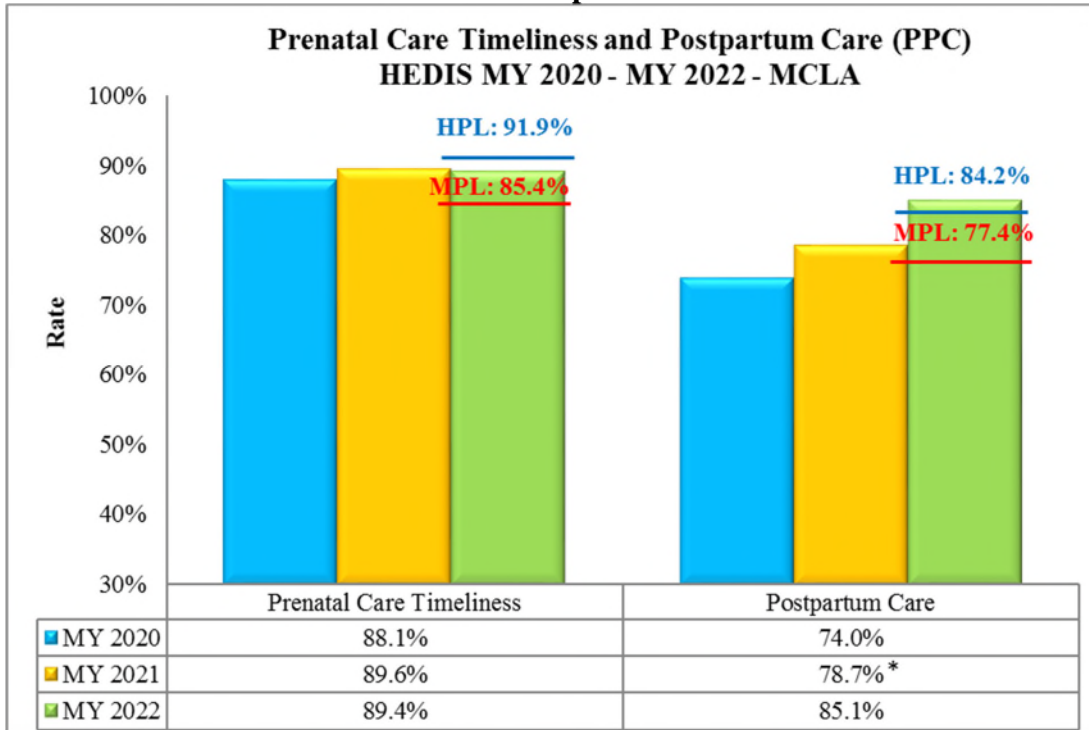
Prenatal Care Timeliness and Postpartum Care (PPC)
HEDIS MY 2020 - MY 2022 - MCLA

HPL: 91.9%
MPL: 85.4%
HPL: 84.2%
MPL: 77.4%

	Prenatal Care Timeliness	Postpartum Care
MY 2020	88.1%	74.0%
MY 2021	89.6%	78.7% *
MY 2022	89.4%	85.1%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Prenatal Care Timeliness and Postpartum Care – LACC: Chart 3
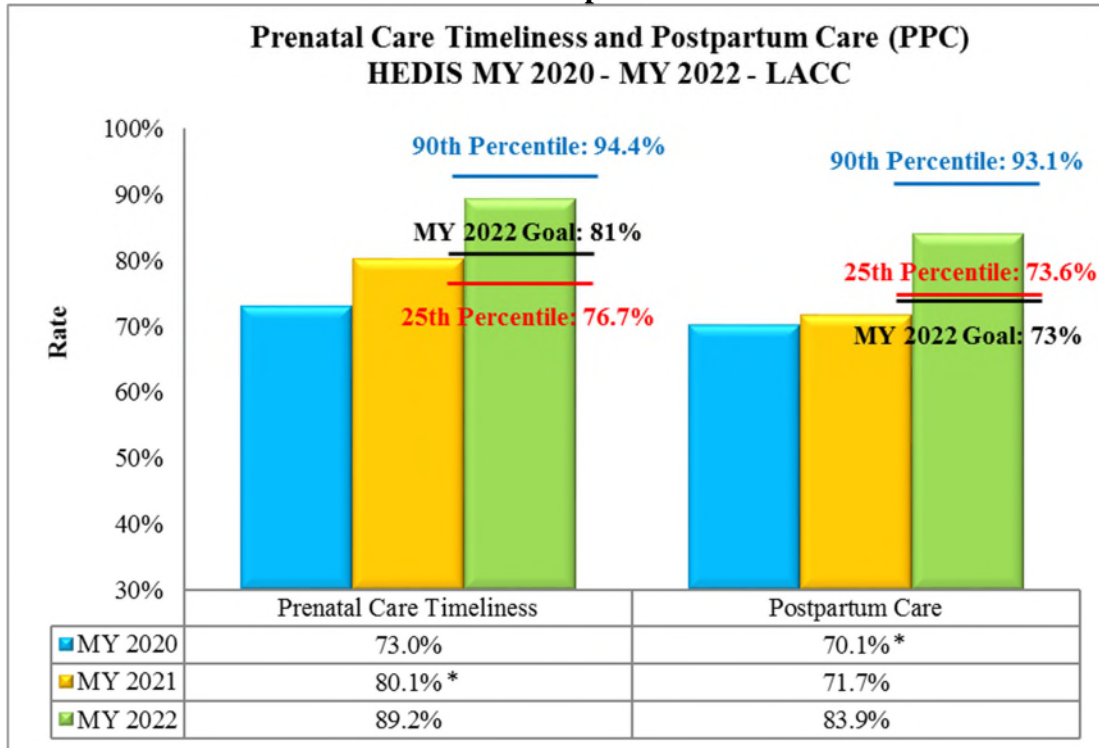
Prenatal Care Timeliness and Postpartum Care (PPC)
HEDIS MY 2020 - MY 2022 - LACC

90th Percentile: 94.4%
MY 2022 Goal: 81%
25th Percentile: 76.7%
90th Percentile: 93.1%
25th Percentile: 73.6%
MY 2022 Goal: 73%

	Prenatal Care Timeliness	Postpartum Care
MY 2020	73.0%	70.1% *
MY 2021	80.1% *	71.7%
MY 2022	89.2%	83.9%

*Statistically Significant Difference
- Covered California Quality Rating System MY 2021 25th and 90th percentiles

Quantitative Analysis

PRENATAL CARE

Medi-Cal: Rates for prenatal care increased from HEDIS MY 2021 to HEDIS MY 2022 as noted in Chart 1. The timeliness of prenatal care experienced an approximate 1% rate increase from 90.2% in MY 2021 to 91.1% in MY 2022 and surpassed the MY 2020 rate of 88.1%. This increase is not statistically significant. Medi-Cal also reached the MY 2022 prenatal goal of 91% and 85.4% MPL rate.

Additionally, all Plan Partners (Anthem Blue Cross, Blue Shield of California Promise, and Kaiser) had increases within this measure and all met the 50.0% MPL rate. Anthem Blue Cross had a prenatal rate of 89.8%, Blue Shield of California Promise rate was at 93.2% and Kaiser at 97.2%. Prenatal rates appear to be recovering from the decrease due to the pandemic impact in 2020.

MCLA: As illustrated in Chart 2, prenatal rates for MCLA members slightly decreased from 89.6% in MY 2021 to 89.4% in MY 2022, which is not statistically significant. The MCLA rate of 89.6% surpassed the internal Health Education goal of 70% and the MPL of 85.4%.

LACC: Rates for prenatal significantly increased from 80.1% in MY 2021 to 89.2% in MY 2022 as noted Chart 3 above. This increase is statistically significant. The LACC prenatal rate of 89.2% surpassed the internal Health Education goal of 81% and the MPL of 83.5%. LACC members joined the prenatal text campaign in July 2023 in an effort to increase prenatal care visit rates.

POSTPARTUM CARE

Medi-Cal: Rates for postpartum care increased from 80.0% in HEDIS MY 2021 to 80.7% HEDIS MY 2022 as noted in Chart 1. There has been a slight upward trend for the past three years. The MY 2022 rate met the 77.4% MPL of the 50th percentile, and slightly missed the internal Health education 2022 goal of 81%.

MCLA: For the past three years, the MCLA rates for postpartum care have increased as illustrated in Chart 2. From HEDIS MY 2021 to HEDIS MY 2022, the timeliness of postpartum care experienced a rate increase of 8.1% from 78.7% in MY 2021 to 85.1% MY 2022. This increase is statistically significant. There has been an upward trend starting from MY 2020 to MY 2022 and during this timeframe, an overall 15% increase has occurred. The MCLA rate also met the MPL of 77.4%.

MCLA's performance at 78.7% surpassed Plan Partner Blue Shield of California Promise rate of 72.9% but was below the Anthem Blue Cross rate of 85.6%. Kaiser's rate of 86.84% was above all plan partners postpartum rates. Blue Shield of California Promise had the highest rate increase from 66.1% in MY 2020 to 72.9% in MY 2021, a percentage increase of 10.2%. Anthem Blue Cross had a 2% rate increase from 83.6% in MY 2020 to 85.5% in MY 2021. MCLA's rate also increased from 74.0% in MY 2020 to 78.7% in MY 2021, a 6.4% increase.

LACC: As noted in Chart 3, the LACC rate for postpartum care increased a notable 17% from 71.1% in HEDIS MY 2021 to 83.9% in HEDIS MY 2022. There has been an upward trend since the 2020 rate of 70.1%. The LACC postpartum rate met the MPL rate of 81.9% and surpassed the internal health Education goal of 73%.

The increase in the HEDIS MY 2021 postpartum rates are correlated to the changes made to the measure specifications. Including an incision wound check for members who had C-section deliveries as a complete

postpartum visit has remedied one of the barriers to timely postpartum care. Additionally, the extension of the postpartum period from 21-56 days to 07-84 days also allows for higher postpartum visit completion rates.

Qualitative Analysis
Prenatal and postpartum care rates appear to be improving from the impact of the COVID-19 pandemic during MY 2020. Prenatal and postpartum rates have shown an increase for all lines of business in MY 2022. The most notable increases are as follows: MCLA Postpartum care rate increased from 74.0% to 85.1% which is a 15.0% increase, LACC Prenatal care rates rose from 73.0% in MY 2020 to 89.2% in MY 2022 resulting in a 22.1% increase, and lastly LACC Prenatal rates rose from 70.1% in MY 2020 to 83.9% in MY 2022 at a 19.7% increase.

The prenatal and post-partum care rates for MCLA and Medi-Cal have been on an upward trend for the past three years as seen in Charts 1 and 2, and more significant changes for LACC noted in chart 3. The 2019 HEDIS specifications change, specifically the expanded prenatal care measure to including any prenatal visits completed before the member enrolled with L.A. Care make have positively affected the rise in rates. The postpartum care measure also changed from requiring a completed post-partum visit between 21 to 56 post-delivery to 07 to 84 days after delivery and aligns with the American College of Obstetricians and Gynecologists clinical guidelines. Additionally, the inclusion of a C-section wound check as a qualifying postpartum appointment is also contributing to the increase in rates.

Additional barriers that continue to impact the perinatal programs and rates include, inaccurate member contact information for member outreach, appointment availability and the complexity of L.A. Care's delegated network and lingering confusion over the open access standard for women seeking routine women's preventive health services from an in-network OB/GYN. Despite the overall increase in Medi-Cal, MCLA, and LACC postpartum rates, issues such as member's perception of insignificance of the postpartum visits (particularly for multiparous women), transportation, and child care issues serve as barriers for women to complete the appropriate and timely postpartum visits. Appointment availability may affect this measure as well.

In addressing perceived 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 (see Table 2). 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.

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

Disparity Tables – HEDIS MY 2022

Timeliness of Prenatal Care- Rates by Spoken Language: Table 6

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	46	**45.65%**	354	69.77%	31	**74.19%**	Yes
Medi-Cal	137	**55.47%**	19,649	75.47%	3,811	**78.43%**	Yes
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCLA	82	**51.22%**	10,077	71.19%	2,141	**77.77%**	Yes

Timeliness of Prenatal Care-Rates by Race/Ethnicity: Table 7.1

Line of Business	Race/Ethnicity							
	American Indian and Alaskan Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	58	74.14%	N/A	N/A	**112**	**49.11%**	2	50.00%
Medi-Cal	25	76.00%	25	56.00%	1072	71.83%	2722	70.57%
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCLA	20	80.00%	14	64.29%	611	68.25%	1,367	65.54%

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Timeliness of Prenatal Care-Rates by Race/Ethnicity: Table 7.2

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	**29**	**82.76%**	16	81.25%	Yes
Medi-Cal	46	78.26%	15,984	77.48%	2,156	74.49%	No
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCLA	22	86.36%	8,257	74.25%	1246	70.95%	No

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Postpartum Care-Rates by Spoken Language: Table 8

| Line of Business | Spoken Language | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	46	80.43%	354	67.23%	31	83.87%	No
Medi-Cal	137	67.88%	19.649	65.86%	3,811	75.05%	No
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCLA	82	65.85%	10,007	**62.61%**	2,141	**75.67%**	Yes

Postpartum Care-Rates by Race/Ethnicity: Table 9.1

| Line of Business | Race/Ethnicity | | | | | | | |
| | American Indian and Alaskan Native (AI/AN) Hispanic or Latino | | American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity | | Asian/ Unknown Ethnicity | | Black/ African American/ Unknown Ethnicity | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	58	74.14%	N/A	N/A	112	75.00%	2	50.00%
Medi-Cal	**25**	**72.00%**	25	68.00%	1072	69.59%	2722	57.97%
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCLA	20	70.00%	14	64.29%	611	67.10%	1,367	53.84%

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Postpartum Care-Rates by Race/Ethnicity: Table 9.2

| Line of Business | Race/Ethnicity | | | | | | **Stat Sig |
| | Native Hawaiian/Other Pacific Islander (NH/PI)/ Unknown Ethnicity | | Unknown Race Hispanic/Latino | | White/ Unknown Ethnicity | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	29	65.52%	16	68.75%	No
Medi-Cal	**46**	**45.65%**	15,984	69.56%	2,156	63.36%	Yes
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCLA	22	45.45%	8257	67.60%	1246	60.11%	No

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Disparity Analysis (Administrative)

Prenatal
L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, and language to examine if disparities exist in obtaining timely prenatal care. As shown in Tables 7.1 and 7.2, HEDIS MY 2022 results indicate that American Indian and Alaska Native (AI/AN)/Unknown Ethnicity members in the Medi-Cal line of business had lower rates of prenatal care (56.00%) than other racial/ethnic groups. Compared to white Medi-Cal members (74.49%), American Indian and Alaska Native (AI/AN)/Unknown Ethnicity members had a percent difference of 27.69%, while the Asian members had a 25.00% difference at 71.83%. Black/African American/ Unknown Ethnicity members had 70.57% prenatal rate while Unknown Race Hispanic/Latino had a 77.48% prenatal care rate. However, Native Hawaiian/Other Pacific Islander (NH/PI)/ Unknown Ethnicity members have the highest rate of prenatal care visits at 78.26%, which is a 32.83% rate difference when compared to their American Indian and Alaska Native (AI/AN)/Unknown Ethnicity counterparts with the lowest rates. This difference is not statistically significant.

Asian members in the LACC line of business had the lowest rate of timely prenatal care 49.11% slightly below Black/African American members at 50.0%. The denominator of Black/African American LACC members is very small (2), which may have influenced the rate. Hispanic/Latino members had the highest rate at 82.76%, slightly higher than White members at 81.25%. There is a notable 51.0% difference in prenatal rates amongst Asian LACC members at 49.11% when compared to Hispanic/Latino members at 82.76%. This difference is statistically significant.

MCLA members reflected the same trend as Medi-Cal members with American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity members having the lowest prenatal care rates at 64.29% and Native Hawaiian/Other Pacific Islander (NH/PI)/Unknown Ethnicity members having the highest rates at 86.36%. This difference is not statistically significant.

As noted in Table 6, members in all lines of business who indicated Chinese as their spoken language had lower rates of timely prenatal care when compared to their English and Spanish-speaking counterparts. The most notable difference within the LACC line of business is amongst Chinese language member prenatal rates at 45.65% versus their Spanish-speaking counterparts at 74.19%, reflecting a difference of 47.63%. This difference is statistically significant. Medi-Cal members who indicated Chinese as their spoken language had a 55.47% rate compared to Spanish-speaking Medi-Cal members with 78.43% rate resulting in a 37.29% difference, which is statistically significant. MCLA line of business follows the same trend with Chinese-speaking members at 51.22% and Spanish-speaking members at 77.77% resulting in a 41.16% difference. Members who indicated Spanish as their spoken language had the highest timely prenatal care rates for all lines of business.

Postpartum
L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, region (RCAC and SPA), and language to examine whether disparities exist in obtaining postpartum care. The Medi-Cal HEDIS MY 2022 results in Tables 9.1 and 9.2 indicate that Native Hawaiian/Other Pacific Islander (NH/PI)/ Unknown Ethnicity had lower postpartum care rates, at 45.65%, than other racial/ethnic groups. There is a notable difference between the postpartum rate of Native Hawaiian/Other Pacific Islander (NH/PI)/ Unknown Ethnicity Medi-Cal members (45.65%) when compared to American Indian and Alaskan Native (AI/AN) Hispanic or Latino members (72.00%), who had the highest rates of postpartum care. This is a 44.06% difference, which is statistically significant. It is also interesting that Native Hawaiian/Other Pacific Islander (NH/PI)/ Unknown Ethnicity Medi-Cal members had the highest rate for prenatal care yet had the lowest rate for postpartum care.

Asian members in the LACC line of business had the highest rate of timely prenatal care at 75.00% which is a 40% difference than Black/African American members with the lowest rate at 50.0%. The denominator of Black/African American LACC members is very small (2), which may have influenced the rate. This difference is not statistically significant. It is interesting that Asian LACC members had the highest rate of postpartum care but had the lowest rate of prenatal care.

American Indian and Alaskan Native (AI/AN) Hispanic or Latino MCLA members had the highest rate of postpartum visits at 70.00% compared to Native Hawaiian/Other Pacific Islander (NH/PI)/Unknown Ethnicity members at 45.45% resulting in a 43.47% difference, which is not statistically significant.

As noted in Table 8, Medi-Cal members who indicated English as their spoken language had lower rates (65.86%) of timely postpartum care when compared to Spanish-speakers at 75.05% and Chinese-speaking members at 67.88%. The most notable percent difference amongst Medi-Cal members was 10.03% between the Chinese language group and the Spanish-speaking members. For the MCLA line of business, English-speaking members had the lowest postpartum rates at 62.61%, followed by Chinese-speaking members at 65.85% and Hispanic/Latino with the highest rate at 75.67%. This percent difference amongst English and Spanish speaking rates is 18.88%.

When analyzing HEDIS MY 2022 postpartum care rates by spoken language for the LACC line of business, Spanish-speaking members had the highest postpartum rates at 83.87% while English speakers had the lowest at 67.23% resulting in a 22.03% percent difference. Chinese-speaking members had an 80.43%, which is only a 4.00% difference than their Spanish-speaking counterparts. The low denominator of 46 for Chinese-speaking members and 31 for Spanish-speaking members may have affected the overall LACC postpartum rates.

LOOKING FORWARD:
- The DHCS Medi-Cal doula benefit, which launched on January 1, 2023, is currently building a network of Medi-Cal-certified doulas. L.A. Care will continue to grow the network of doulas, host educational webinars, and work with hospitals to reduce any doula access barriers.
- The prenatal care and the postpartum texting campaigns will continue through 2024 to serve as a reminder to schedule and attend appointments. The texting campaigns offer a modality to help increase the rates of prenatal and postpartum appointments by educating members about the importance of perinatal care, doula services, maternal mental health, and available incentives for L.A. Care's perinatal programs.
- L.A. Care deployed an improved prenatal report on integrating additional prenatal identification sources such as HIE, CMT, prenatal data survey, HIF, and other data systems. The enhanced prenatal report helps in the timely identification of pregnant members. Through this report, L.A. Care has the opportunity to reach additional pregnant members to educate them on the importance of prenatal care and connect them to additional educational materials, videos, health coaches, self-paced workshops, and resources such as the home visiting programs through L.A. Care's My Health in motion wellness site.
- Exploring comprehensive maternal health digital platforms to better support members along their pregnancy journey. Platforms offer pregnancy support, including but not limited to lactation support, nutrition education, doula services and prenatal care.

HEDIS MY 2023 WORK PLAN GOALS: TABLE 10

HEDIS Acronym	HEDIS Measure	MY 2023 Medi-Cal Goal	MY 2023 MCLA Goal	MY 2023 LACC Goal
PPC	Timeliness of Prenatal Care	92%	N/A	90%
PPC	Postpartum Care	81%	N/A	84%
PPC	Timeliness of Prenatal Care among Black/African American Members	N/A	72.0%	N/A

C.1 CHRONIC CONDITION MANAGEMENT

C.1.a REDUCING CARDIOVASCULAR RISK

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BACKGROUND/SUMMARY

In 2017, L.A. Care plan data revealed that Essential (Primary) Hypertension was the highest outpatient diagnosis for members, so the program expanded to include Cal MediConnect (CMC) as well as L.A. Care Covered (LACC) members. Across all metrics, significant health disparities exist in the prevalence and risk for HTN. The highest rates are among the African-American population, and this group has the highest risk for adverse outcomes from HTN. This population is up to two times more likely to develop high blood pressure by age 55 compared to whites, with many of these differences developing before age 30.[11] Stroke risk is two-fold greater and end-stage renal disease (ESRD) is five times as common. Cardiovascular Disease (CVD) was estimated to explain over one third of the mortality difference between black and white men[12].

Controlling Blood Pressure (CBP) is an outcomes measure assessing members 18-85 years of age who had a diagnosis of hypertension (HTN), on two separate dates of service, and whose Blood Pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year. The National Committee for Quality Assurance (NCQA) cited as rationale for this measure, that one in three U.S. adults have high blood pressure which increases the risk of heart disease and stroke, two of the leading causes of death in the U.S. Hypertension was the primary cause of hospital outpatient visits and Emergency Department (ED) visits. Direct and indirect costs are in excess of $52 billion per year. All guidelines indicate that controlling hypertension significantly reduces the risks of cardiovascular disease mortality and leads to better health outcomes such as reduction of heart attacks, stroke and kidney disease. L.A. Care has interventions in place for members at different levels of risk. Rates and strategies for all members with hypertension are described below as well as those a part of the more high touch program known as the Chronic Care Improvement Program (CCIP). L.A. Care develops and implements interventions for members diagnosed with hypertension at different risk levels. The following evaluation incorporates rates and intervention strategies for all members with hypertension as well as the CCIP that is designed to target a significant health disparity within the overall population.

MEASUREMENT YEAR (MY) 2022 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 Cal MediConnect Rate	MY 2022 Cal MediConnect Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
CBP	Controlling Blood Pressure	62.8%	62%	70.9%	67%	62.6%	62%	Medi-Cal: Met CMC: Met LACC: Met

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[11] Cumulative Incidence of Hypertension by 55 Years of Age in Blacks and Whites: The CARDIA Study | Journal of the American Heart Association (ahajournals.org)
[12] Coronary Heart Disease and Stroke Deaths — United States, 2009 (cdc.gov)

MAJOR ACCOMPLISHMENTS
- The measure rate for Controlling Blood Pressure surpassed it's MY 2022 goal for Medi-Cal & CMC as well as increased year-over-year from MY 2021 for all lines of business
- The quality improvement department deployed a successful text-message campaign to 5,310 Medi-Cal members in May 2022. Post-campaign evaluation showed a statistically significant increase in blood pressure control for members who received the text.

  In 2022, L.A. Care collaborated with 18 pharmacies throughout L.A. County participating in the California Right Meds Collaborative to provide comprehensive medication management to members diagnosed with uncontrolled diabetes, a number that also had a diagnosis of hypertension. Yearly evaluations of the program show significant success in helping members control their blood pressure.

Description of Measures

HEDIS Measures	Specific Indicators	Measure Type
Controlling Blood Pressure (CBP)	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	Hybrid

RESULTS

Controlling Blood Pressure (CBP)

The following graph compares L.A. Care CBP rates for HEDIS MY 2020-MY 2022 among the different product lines:
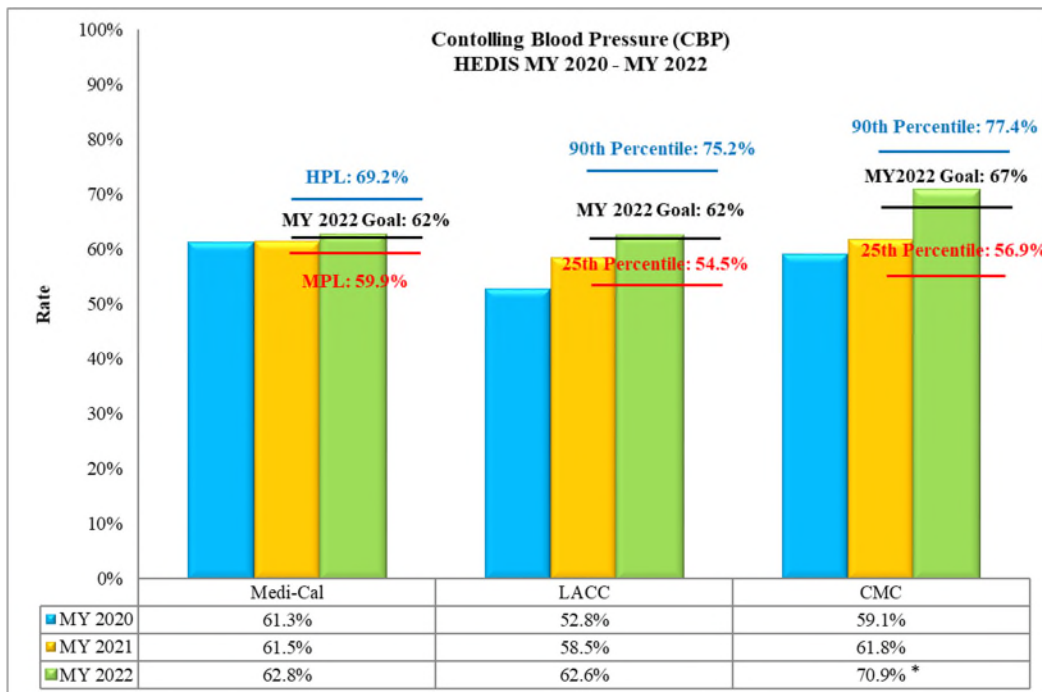
Controlling Blood Pressure (CBP)
HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC	CMC
MY 2020	61.3%	52.8%	59.1%
MY 2021	61.5%	58.5%	61.8%
MY 2022	62.8%	62.6%	70.9% *

* Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

Quantitative Analysis

Medi-Cal: Controlling Blood Pressure MY 2022 rate was 62.8%. This was a 1.3% increase from MY 2021, and it was not found to be statistically significant. The MY 2022 rate met its goal of 62% and was higher than the Minimum Performance Level (MPL) of 59.9% by 2.9% but lower than the 90th percentile of 69.2%.

LACC: Controlling Blood Pressure MY 2022 rate was 62.6%. This was a 4.1% increase from MY 2021, and it was not found to be statistically significant. The MY 2022 rate did not meet the internal goal of 62%. The MY 2022 rate was higher than the 25th percentile of 54.5% but lower than the 90th percentile of 75.2%.

CMC: Controlling Blood Pressure MY 2022 rate was 70.9%. This was a 9.1% increase from MY 2021, and was found to be statistically significant. The MY 2022 rate surpassed the internal goal of 67% by 3.2%. The MY 2022 l remained higher than 25th percentile of 56.9% but lower than the 90th percentile of 77.4%.

Qualitative Analysis

In MY 2020, NCQA started accepting member reported blood pressure readings as long as provider offices' document member reported results in the patient records. Many members and providers are still not aware of the HEDIS specification change and many members do not have working digital BP cuffs. A MY 2022 hybrid data analysis revealed that 51 of the 151 noncompliant members had no blood pressure reading in their medical chart. Internal performance data shows hypertensive members who only have telehealth visits have no blood pressure reading on record. This becomes a barrier to collecting valid reporting data and affects the outcome of this measure. A blood pressure cuff intervention conducted in MY 2022 was deemed effective with increasing engagement between providers and members. L.A. Care supplied blood pressure cuffs to three participating clinics: T.H.E. Clinic, Queenscare and St. John's, 123 were distributed to L.A. Care members with hypertension from April 2022-October 2022. An evaluation showed that 75 of the members (60%) who were distributed a blood pressure cuff had service dates for a hypertension related visit with a provider from November 2022 to March 2023.

MY 2022 hybrid rate for all lines of business increased year-over-year from MY 2020. In MY 2021, L.A. Care contracted with vendor Eliza to conduct a large-scale IVR call outreach campaign that showed an effective clinical outcome post-intervention. To engage further members in their care and meet minimum performance levels for the CBP HEDIS measure in MY 2022 L.A. Care implemented a Medi-Cal focused text-message campaign to 5,310 eligible members in May of 2022. Text messaging is used to increase reach and leverage a different form of communication members may be more receptive. An analysis of this showed positive improvements in controlling blood pressure post-intervention (01/2022-07/2023). A 2.18% statistically significant difference in blood pressure control was found in the 1,044 members who received and opted-in to the text message compared to those members who did not. The impact of this intervention can be seen in the increased year-over-year performance in the Medi-Cal line of business.

In 2022, L.A. Care continues to partner with the California Right Meds Collaborative (CRMC) with a mission to provide optimal medication therapy for high-risk patients in the community. L.A. Care identified eligible members diagnosed with uncontrolled Diabetes, a number of which also had a diagnosis of hypertension. Outreach was conducted to offer comprehensive medication management services that includes: comprehensive medication review, patient education, chart review, and care coordination with the provider team. One-on-one appointments provide an opportunity to identify and overcome barriers to disease control, recommend medication changes to the provider and follow-up monitoring to reach treatment goals. The program has been a success in helping members control their blood pressure, data from February 2020-September 2023 showed an average reduction of 18 points in systolic blood pressure after 3 visits, for members with uncontrolled blood pressure at baseline (above 140/90).

In addition, L.A. Care's Pharmacy dept. has several initiatives to support CMC member is maintaining medication adherence with their cardiovascular medications. Starting in June 2021, L.A. Care's pharmacy department continued the in-house adherence outreach program, the Comprehensive Adherence Solutions Program (CASP), to target Cal MediConnect (CMC) members. The program involves a high-touch approach to ensure adherence is achieved and maintained throughout the calendar year. Pharmacy technicians and pharmacists conducted outbound calls to members to encourage our members to be adherent by addressing any obstacle they may be facing and offering pharmacy services to help them.

Another pharmacy program sends providers a quarterly scorecard letter distributed by Navitus. This letter and supplemental tables list members who may be exhibiting non-adherent behaviors for each respective provider. Providers are able to quickly identify L.A. Care patients who may need encouragement and counseling in continuing with regular administration of their chronic medications. The date and volume of mailers for the past year is noted below.
- 10/11/21: Q3 Prescriber Scorecards: 3,259 unique prescribers.
- 1/24/22: Q4 Prescriber Scorecards: 3,351 unique prescribers.
- 5/6/22: Q1 Prescriber Scorecards: 3,489 unique prescribers
- 7/22/22: Q2 Prescriber Scorecards: 4,255 unique prescribers.

Targeted Medication Reviews (TMR) are currently in place for 2022 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)

Navitus has also been mailing 100-day supply conversion forms to providers on a quarterly basis to encourage prescribers to switch members' chronic medications to a 100-day supply. Starting on January 1, 2022, CMC members can fill up to 100-day supply of their chronic medications, increased from 90-day supply previously. Switching to 100-day supply has proven to help with improving medication adherence, especially for those who are physically burdened. Fewer trips to the pharmacy may result in higher adherence, and protect our more vulnerable CMC members from COVID-19 risk. The mailers are sent on a quarterly basis and the volume of letters sent to providers is noted below.
- 2021 Q3: 5,596 letters mailed
- 2021 Q4: 6,004 letters mailed
- 2022 Q1: 4,943 letters mailed
- 2022 Q2: 5,206 letters mailed

Starting January 2022, L.A. Care partnered with Navitus CEC (MTM vendor) to launch also a new medication adherence program called Pharmacoadherence, also known as Star Support. This new program is used to identify members who are currently non-adherent to their medications and utilizes a multimodal technique to address the issues they may be facing. Navitus CEC will first mail a letter to the members' prescriber and a letter to the member, and then follow up with a phone to the member and prescriber, as necessary. Mailing and outreach will happen four times this calendar year. In September, we also expanded the criteria for outreach to members who only had one fill of STAR medications and those who have borderline Proportion of Days Covered (PDC). Navitus CEC has also expanded outreach to weekly and started targeting members who only need one more fill of a 100-day supply of their prescription to remain

or become adherent by end of year. L.A. Care Pharmacy is assisting Navitus CEC by outreaching to Spanish-speaking members.

Disparity Analysis Tables-Bolded rates reflect highest and lowest rates that were compared for the analysis

Controlling Blood Pressure (CBP) - Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language MY 2021 | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	416	**29.57%**	4,599	**34.46%**	3,544	32.57%	Yes
Medi-Cal	2,877	35.66%	60,351	**34.82%**	35,672	**40.40%**	Yes
Medicare -CMC	63	**47.62%**	2,912	**48.97%**	3,729	47.87%	No
MCLA	1,959	38.64%	40,712	**35.56%**	24,605	**40.78%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity MY 2021 | | | | | | | | | | **Stat Sig |
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	9	**44.44%**	1,598	**32.60%**	178	33.15%	1,123	37.76%	715	33.01%	Yes
Medi-Cal	187	36.90%	14,986	35.79%	16,833	33.57%	52,147	**38.89%**	15,571	**30.66%**	Yes
Medicare - CMC	4	50.00%	636	**53.30%**	629	49.28%	3,758	48.22%	166	**47.59%**	No
MCLA	132	33.33%	10,884	36.88%	11,855	34.46%	34,960	**39.39%**	10,096	**31.38%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

| Line of Business | Spoken Language MY 2022 | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	717	**32.91%**	5586	37.20%	4264	**37.78%**	Yes
Medi-Cal	1995	**47.02%**	42303	**33.24%**	25840	39.26%	Yes
Medicare - CMC	61	**67.21%**	2861	**48.86%**	3501	51.41%	Yes

Line of Business	Race/Ethnicity MY 2022							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	2047	**37.81%**	N/A	N/A	2314	**35.78%**	N/A	N/A
Medi-Cal	193	**48.19%**	197	32.99%	15597	38.55%	16654	**29.60%**
Medicare - CMC	31	**64.52%**	1	0.00%	604	55.63%	559	**30.00%**

Line of Business	Race/Ethnicity MY 2022						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		**Stat Sig
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	10	**10.00%**	508	**38.98%**	10	10%	No
Medi-Cal	168	**26.19%**	54597	29.10%	14759	**32.08%**	Yes
Medicare - CMC	10	**30%**	3765	48.26%	124	**52.42%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Disparity Analysis

Medi-Cal: Rates increased for the following race/ethnic groups reported in the same categories from MY 2021-MY 2022: Asian/Unknown Ethnicity and White/Unknown Ethnicity. The most significant improvement was among the Asian/Unknown Ethnicity by 2.8%. Rates decreased for the following race/ethnic groups reported in the same categories from MY 2021-MY 2022: Black and African American/Unknown Ethnicity as well as Unknown Race/Hispanic and Latino. The most significant decrease between Black and African American/Unknown Ethnicity by 9.8%. For race/ethnicity, the population experiencing the lowest rate in MY 2022 was Native Hawaiian and Other Pacific Islander/Unknown Ethnicity population (26.19%) and the highest population American Indian and Alaska Native/Hispanic or Latino members (48.19%). This difference showed statistical significance. For spoken language, the population experiencing the lowest rate was among the English-speaking members (33.24%) and the highest population was among Chinese speaking members (47.02%). This difference showed statistical significance. This is an increase in rate performance from MY 2021 where Chinese-speaking members reported the lowest rates. Future interventions for chronic care will consider this disparity and work with cultural linguistics and translation to ensure all health education materials are translated to Chinese.

LACC: Rates increased for the following rate/ethnic groups reported in the same categories from MY 2021-MY 2022: Asian/Unknown Ethnicity and Unknown Race/Hispanic and Latino. The most significant improvement was among the Asian/Unknown Ethnicity population by 3.2%. For race/ethnicity the population experiencing the lowest rate in MY 2022 continued to be among Asian members (35.8%) and the highest population continued to be Hispanic/Latino members (39%%). This difference was not statistically significant. Several race/ethnicity groups were not included in the statistical analysis due to the denominator being less than 30. This included American Indian and Alaskan Native/Unknown Ethnicity,

Black and African American/Unknown Ethnicity, Native Hawaiian and other Pacific Islander/Unknown Ethnicity as well as White/Unknown Ethnicity. For spoken language, the population experiencing the lowest rate continued to be Chinese-speaking members (32.9%) and the highest was among Spanish speaking members (37.8%). The difference showed statistical significance.

CMC: Rates increased for the following race/ethnicity groups reported in the same categories from MY 2021-MY 2022: Asian/Unknown Ethnicity and White/Unknown Ethnicity. The most significant improvement was among the Asian/Unknown Ethnicity population by 2.3% Rates decreased significantly for the Black and African American/Unknown Ethnicity population for MY 2021-MY 2022 by 19.3%. For race/ethnicity, the population experiencing the lowest rate in MY 2022 was among Black and African American/Unknown Ethnicity members (30%) and the highest population among American Indian and Alaskan Native/Hispanic or Latino members (64.52%). This difference was statistically significant. For spoken language, the population experiencing the lowest rate was among English speaking members (48.9%) and the highest was among Chinese speaking members (67.2%). The difference was statistically significant.

INTERVENTIONS

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/Outcome
Controlling Blood Pressure (CBP)-CMC, Medi-Cal, LACC	• Patients diagnosed with Essential Hypertension do not take their medication as prescribed (medication adherence issues). • Providers are not educated around proper electronic health record documentation and as a result, L.A. Care does not receive valid data reporting around this measure and cannot accurately determine outcomes. • Lack of provider and patient engagement; members do not follow-up with their doctor to care for their hypertension. • Low health literacy and understanding of self-managing blood pressure through lifestyle modifications and daily tasks.	• Including provider education on proper documentation for hypertension coding in the L.A. Care HEDIS Guidebook. Including a reminder that self-reported blood pressure reading is acceptable for reporting in telehealth visits. • In May 2022, Blood pressure monitor cuffs were given to three clinics to distribute to eligible L.A. Care members with hypertension. • In May 2022, L.A. Care launched a hypertension text message campaign. Members with hypertension received up to six text messages providing education on medication adherence and controlling blood pressure. • In Q2 2021 Eliza IVR calls were conducted, targeted at condition management patients (members diagnosed with Hypertension and/or Diabetes) – The IVR call script was designed to increase the adherence to prescribed medications and	• Effective – Blood pressure cuff distribution: 123 cuffs were distributed to members from April 2022-October 2022; 75 of the members (60%) had service dates with a provider between November 2022-March 2023. Members are using the blood pressure cuffs given to them and engaging with their providers. • Effective -Text message campaign ran from May 2022-November 2022: 5,130 members enrolled in the text-message campaign; 1,044 became compliant (achieved blood pressure control) post-intervention (01/2022-07/2023). A 2.18%

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/Outcome
Controlling Blood Pressure (CBP)-CMC, Medi-Cal, LACC (cont.)		health education on controlling blood pressure. • In Q4 2021 provider training for proper coding (i.e. telehealth visits), information for recording self-reported BP readings, and outreach calls were conducted from L.A. Care to review provider opportunity and gaps in care reports. • L.A. Care continued its partnership with CRMC (California Right Meds Collaborative) to target members with uncontrolled diabetes, many of which were diagnosed also with essential hypertension. Comprehensive medication management was offered to conduct education while also identifying barriers.	statistically significant difference in compliance rate between members who received the text and members who did not. • Effective - Eliza interactive voice recognition (IVR) campaign ran from 05/05/21-06/18/21 and analyzed for clinical outcome in MY 2022: Campaign reached 6,483 members diagnosed with hypertension. Q1 2022 evaluation analyzed data post intervention (06/2022-09/2022) and showed a 5.92% statistically significant difference in blood pressure control from members who received the call compared to those who did not into MY 2022. • Effective- CRMC pharmacy program: As of Feb 2022 the program reports success in controlling BP with an average SPD/DBP of 132/80 (average 12 points SBP reduction for patients with BP above 140/90 mmHg at baseline).

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/Outcome
Medication Adherence for Hypertension Medication (RAS Antagonist) **Medication Adherence for Statins**	• Members experience difficulty in obtaining refills from the pharmacy or provider • Members express forgetfulness • Members identify transportation issues to getting to their pharmacy for provider • Members express a lack of understanding of their medication indication or instructions • Member has concerns of side effects from medications Lack of PPG/provider partnership/engagement in part due to COVID-19	• Contact member's pharmacy or provider to request for 100-day supply of medications • Assist member in obtaining refills for medications • Provide counseling tips for adherence • 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	• Increase in PDC rate for Diabetes, RAS Antagonist, and Statin medication adherence measures • Advance to estimated 2 Star for Statin medication adherence measure • Increase in 100-day supply prescription count

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.

For 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.

2023 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 2023 and has now undergone two 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

- o 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 FY 2021 CVD pilot year were unchanged in FY 2022 and FY 2023 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

- On 3/23/2023, the Manager and Director of Care Management presented the Cardiovascular Disease Management program to the Consumer Health Equity Council to receive feedback on how the program could be improved in ways that are meaningful to the member experience. 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.

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.

   Additionally, the Cardiovascular Disease Management program was presented at the Consumer Health Equity Council in December of 2021 and March of 2023 to elicit member input. Members were able to share their lived-experience that contributed to improving the program and ensuring member voice.

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 122 members who opted in to the program during FY 2023, 21 members have reached graduation. Of the 20 graduated members, 16 members (76.2%) 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 2022 – September 2023		
Number of Members Who Graduated	**Number of Members Who Achieved BP Control (<140/90)**	**BP Controlled Rate**
21	16	76.2%

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, 40 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 nearly quadrupling outreach efforts in FY 2023 compared to FY 2022, 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.

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 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. This year, of the 587 members who were outreached to enroll in the program, 122 members agreed to participate.

Program Year	Number of Members Willing to Enroll in CVD Program	Number of Members Identified for Program Participation	Participation Rate
FY 2022	73	1979	3.7%
FY 2023	118	1057	11%

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 total, 587 members received telephonic outreach during the year which was just over half of the members identified as eligible for the program.

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.

October 2022 – September 2023		
Number of Members Unable to be Reached for Program Participation	Number of Members Outreached for Program Participation	Unable to Reach Rate
289	534	54%

Out of the 534 members who received telephonic outreach, 289 members were unable to be reached. Although a significant number of these members initially were reached and agreed to participate in the program, these members did not participate long enough to create an individualized care plan with their Care Manager before they were lost to contact and are categorized therefore as unable to reach.

Refusal Rate

October 2022 – September 2023		
Number of Members Refused Program Participation	**Number of Members Outreached for Program Participation**	**Participation Rate**
106	534	20%

Out of the remaining members who received telephonic outreach, 106 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 reported receiving too many calls from L.A. Care

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 target population in FY 2024.

Engagement Rate

October 2021 – September 2022		
Number of Members Willing to Enroll in CVD Program	**Number of Members Outreached for Program Participation**	**Participation Rate**
122	534	22.8%

A total of 122 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, 21 members have successfully completed the program and met their individualized care plan goals. An additional 34 members identified during FY 2023 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 do 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 2024, L.A. Care Management will be partnering with one or more Community Resource Centers 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.

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 have been resolved, but lack of PCP engagement remains a significant barrier. Program enhancements for 2024 will be implemented to enhance the Care Manager's communication with and coordination with the member's primary care provider and to support members in having a better relationship with their primary care provider.

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 2023.

NEXT STEPS & ACTION PLAN 2024
- L.A. Care will be addressing the barriers of implementation years 2021-2023 through ongoing evaluation and process improvement.
- L.A. Care aims to continue to expand the program's reach through enrolling more members. Interventions aimed at improving the program engagement rate will be implemented, including collaborating with internal stakeholders to identify members more willing to engage in the program.
- 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 implementation year.

- 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.

2024 PROGRAM GOALS

- **Controlling High Blood Pressure 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 will be 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).
- **Controlling High Blood Pressure 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.

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.

LOOKING FORWARD

L.A. Care will keep Controlling Blood Pressure a high priority chronic care measure to improve the overall health of members and increase HEDIS rates with successful interventions. Texting will continue to be an important communication mode to reach and inform members on chronic-care management. The quality improvement department will evaluate effectiveness on an annual basis. The importance of access to care remains a high priority, future interventions are in planning phases to collaborate with retail clinic services. Improving self-management of blood pressure control through health education and reminders in various materials. The quality improvement department is designing a white board refrigerator magnet that will educate members on blood pressure numbers, how to take proper at-home readings and daily reminder tasks. The QI department will leverage health promoters and advisory groups to collect and incorporate feedback in future interventions.

MY 2023 WORK PLAN GOALS

HEDIS Acronym	Measure	MY 2023 Medi-Cal Goal (Hybrid)	MY 2023 Dual Eligible Special Needs Plan (D-SNP) Goal	MY 2023 L.A. Care Covered (LACC) Goal (Hybrid)
CBP	Controlling Blood Pressure	63%	71%	66%

C.1.c ASTHMA MANAGEMENT

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BACKGROUND/SUMMARY

Asthma is one of the most prevalent chronic conditions in the US, with roughly 25 million Americans living with it.[13] Specifically, there are roughly one million people living with Asthma in Los Angeles County, 118,769 of whom are L.A. Care members. The treatment of Asthma has two groups of medication: controllers and relievers. It is recommended that controller medication be taken regularly as it works slowly over a long period. On the other hand, reliever medication is for acute symptom onset (such as an asthma attack) and works quickly. Misconceptions behind controllers and relievers stem from a misunderstanding of the use of each type of medication. Simply treating acute symptoms with reliever medication is generally not enough to treat persistent asthma. Although an analysis of the severity of symptoms for each member is important, generally, a combination of a fixed dose of controller medication with reliever medication used as needed can provide efficient relief.

MY 2022 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
AMR	Asthma Medication Ratio	69.8%	72%	76.5%	78%	Medi-Cal: Not Met LACC: Not Met

MAJOR ACCOMPLISHMENTS
- The measure rate for asthma-improved year over year in both the Medi-Cal and LACC line of business. The rate surpassed the minimum performance level for Medi-Cal and the 25th percentile Quality Rating System for LACC.
- The asthma medication mailer project renewed in August 2022 with plans to expand reach to include all members diagnosed with persistent asthma. The decision based off the evaluation of the 2020 mailer, which showed a statistically significant decrease in reliever/rescue usage and statistically significant increase in controller usage for proper asthma management.

Description of Measures

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

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[13] https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm last accessed on 10/15/2023

Asthma Medication Ratio (AMR)

The following graph compares L.A. Care AMR rates for HEDIS MY 2020-MY 2022 among different product lines:
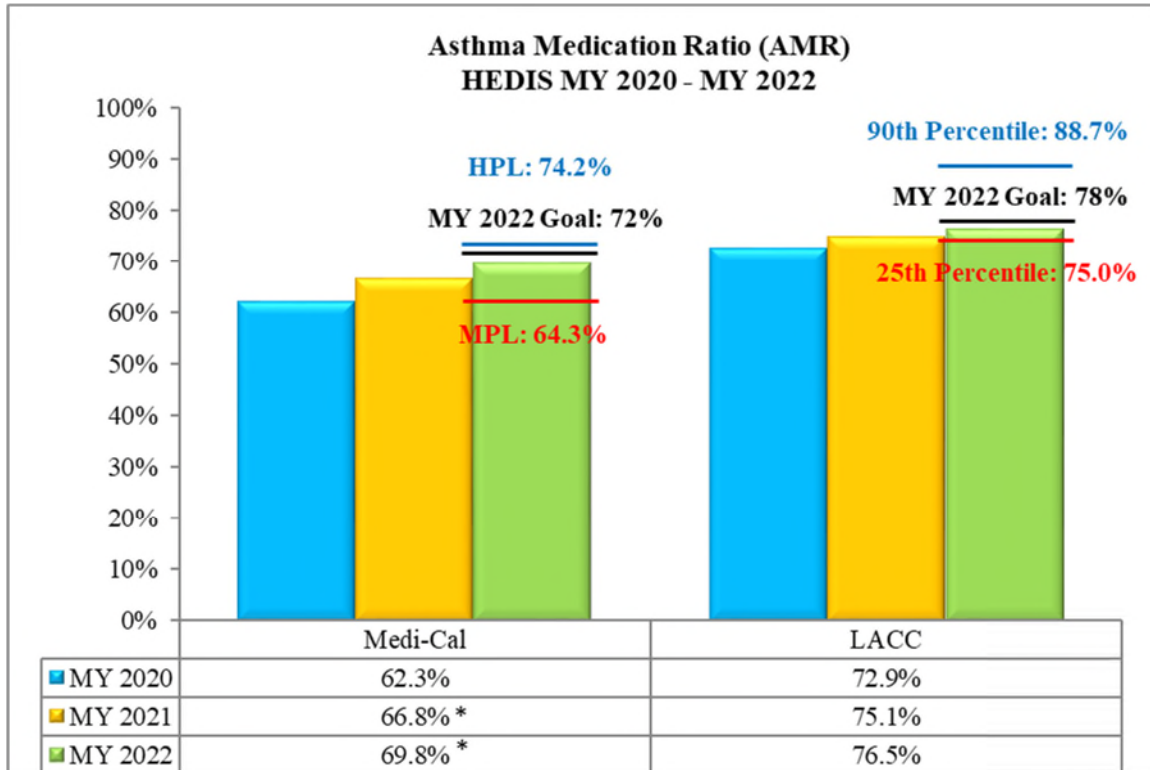
Asthma Medication Ratio (AMR)
HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC
MY 2020	62.3%	72.9%
MY 2021	66.8% *	75.1%
MY 2022	69.8% *	76.5%

HPL: 74.2%
MY 2022 Goal: 72%
MPL: 64.3%
90th Percentile: 88.7%
MY 2022 Goal: 78%
25th Percentile: 75.0%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles

Quantitative Analysis

Medi-Cal: Asthma Medication Ratio (AMR) MY 2022 rate was 69.8%. This was a 3% increase from the MY 2021 rate of 66.8%, and was statistically significant. The MY 2022 rate did not meet its goal of 72.0%. The rate surpassed the Minimum Performance Level of 64.3%, but was under the High Performance Level of 74.2%.

LACC: Asthma Medication Ratio (AMR) MY 2022 rate was 76.5%. This was a 1.4% increase from the MY 2021 rate of 75.9%, but was not statistically significant. The MY 2022 rate did not meet its goal of 78.0%. The rate met the 25th percentile of 75% but did not make the 90th percentile of 88.7%.

Qualitative Analysis

The AMR measure did not meet goal for MY 2022 in the Medi-Cal and LACC line of business. This was possibly due to aggressive goal setting in Q4 and the delay in the Asthma Medication Mailer project that had an expected deployment of Q4 2022. During a Q2 2020 Joint PICC/PQC meeting, L.A. Care staff and network providers informed us that there had been far too many relievers used in place of controllers. Feedback from collaborative meetings and focus groups with L.A. County DHS providers, internal L.A. Care quality improvement and pharmacy led to the development of resources focusing on medication adherence, along with education about medication. L.A. Care incorporated this feedback through greater education of controllers vs. relievers, usage guidelines, and unique labels to distinguish between controllers and relievers. This included the 2020 launch of an asthma mailer kit including medication education and reminders.

An evaluation comparing pre and post intervention data showed the mailer significantly increased controller usage among the members that received it. The mailer approved for renewal in MY 2022. Timeline of the project had an expected mailing data of November 2022 but due to the numerous approval and compliance processes written materials go through for Medi-Cal operational challenges delayed the project until Q1 2023. L.A. Care continues efforts to publish and improve the access to health education on the condition of asthma, triggers, symptoms and medication adherence through online modalities as well. A welcome letter to members diagnosed with asthma provides instructions on how to enroll in the L.A. Care's about Asthma program through the My Health in Motion portal (MyHIM). In FY 2022-2023 8,941 pediatric welcome letters and 16,888 adult welcome letters were sent via direct mail. Twelve members completed the MyHIM asthma workshop, all from the LACC line of business. This is more than the six members compared last fiscal year and on par with the thirteen members who completed a workshop in 2021.

The increase in year over year performance for both LACC and Medi-Cal was possibly due to impacts from member outreach efforts in previous MY 2021 year. L.A. Care contracted with Health Management Services (HMS) Eliza to conduct a large-scale phone outreach campaign. Calls to members focused education on regular use of controller medication and reducing the use of rescue inhalers. Originally slated to launch in the summer of 2020 but delayed due to changes in the Telephone Consumer Protection Act (TCPA). The L.A. Care team had to make significant changes to the call scripts and obtain permission to proceed from legal and regulatory channels. Evaluation of the intervention conducted in Q1 of 2023 and compared pre-intervention data (05/01/20-04/31/21) to post-intervention data (05/01/21-04/31/22). The intervention was effective in improving the use of controller medication in members who received a call compared to those who did not receive a call. The difference of 21% between the two groups was statistically significant. A majority of members (approximately 60%) had a better AMR ratio post-intervention compared to only 37% of members who did not receive a call.

Disparity Tables: Bolded rates reflect highest and lowest rates that were compared for the analysis.

Asthma Medication Ratio (AMR) - Rates by Spoken Language and Race/Ethnicity MY 2021

Line of Business	Spoken Language MY2021						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	-	**-**	272	**74.6%**	55	**81.8%**	No
Medi-Cal	84	**72.6%**	11,194	**65.5%**	4,198	71.3%	No
MCLA	45	**75.6%**	4,941	**62.9%**	1,857	73.9%	No

*Denom – Denominator
**Stat Sig – Statistical Significance

Line of Business	Race/Ethnicity MY2021										**Stat Sig
	American Indian/ Alaskan Native		Asian		Black/ African American		Hispanic/ Latino		White		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	-	-	30	**63.3%**	-	-	-	-	77	**79.2%**	No
Medi-Cal	30	70%	990	**71.9%**	2,814	62.4%	9,076	68.4%	1,996	**62.1%**	Yes
MCLA	-	-	506	**72.1%**	1,261	**56.8%**	3,872	69.0%	964	60.4%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Asthma Medication Ratio (AMR) - Rates by Spoken Language and Race/Ethnicity MY 2022

Line of Business	Spoken Language MY2022						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	9	**77.8%**	276	76.5%	84	**75%**	No
Medi-Cal	85	**75.3%**	10540	**68.8%**	3864	73%	No

Line of Business	Race/Ethnicity MY2022							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	51	**76.5%**	N/A	N/A	29	**79.3%**	N/A	N/A
Medi-Cal	5	**80%**	32	59.4%	906	73.5%	2649	**67.3%**

Line of Business	Race/Ethnicity MY2022						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	1	**100%**	11	81.8%	1	**0%**	N/A
Medi-Cal	12	91.7%	8621	**70.3%**	1699	**69.0%**	No

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Disparity Analysis

Medi-Cal: Rates increased for the following race/ethnic groups reported in the same categories from MY2021-MY2022: Asian/Unknown Ethnicity, Black and African American/Unknown Ethnicity, Unknown/Race/Hispanic and Latino and White/Unknown Ethnicity. The most significant improvement being among the White population with an increase of 6.9%. For Race/Ethnicity, the highest rate continued to be among Asian members (73.5%) and the lowest rate was among American Indian and Alaskan Native/Unknown Ethnicity members (59.4%). This difference did not show statistical significance. For Language, the highest rate in MY 2022 was among Chinese (72.6%) & Spanish (73%) speaking members. The lowest rate was among English speakers (68.8%). This difference did not show statistical significance.

LACC: Rate increases from MY 2021-MY 2022 could not be determined due to unavailable data or not enough data for similarly reported race/ethnicity groupings year over year. For Race/Ethnicity, the highest rate in MY 2022 was among Native Hawaiian & Other Pacific Islander/Unknown Ethnicity members (100%) and the lowest rate was among American Indian and Alaska Native/Hispanic or Latino members (76.5%). The population of members accounted for in the data was too small to determine statistical significance (<30 among the highest performing member population). For Language, the highest rate in MY 2022 was among English speakers (76.5%) and the lowest rate was among Spanish speakers (75%). This difference did not show statistical significance.

INTERVENTIONS

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/Outcome
Asthma Medication Ratio (AMR)	• Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Translation barriers due to the diversity of cultures within L.A. Care's disease programs. • Not all providers are using the Asthma Action Plan to help members with their medication compliance. • Lack of patient education regarding asthma care, self-management and use of controller versus reliever medication.	• Care management provides asthma support calls to members with persistent asthma. • Care Management: All members receive a Health Risk Assessment to identify care gaps and interventions that would benefit the member. If asthma-related needs are identified care management directs members to asthma-related interventions. • L.A. Cares About Asthma: Program developed to help members learn how to control their asthma. Members will learn about what asthma is, asthma triggers, warning signs, medicines, action plan information, and peak flow meters. Directions on how to enroll in the program sent in a welcome letter translated in Spanish and English drive members to My Health in Motion portal. Members can watch videos about asthma, chat with a health coach or take a self-paced asthma workshop. • In April 2021, L.A. Care contracted third party vendor Eliza through Health Management Services (HMS) to conduct calls to increase asthma medication adherence translated to Spanish and English, promote controller use, and allow warm transfers to schedule appointment for members	• Effective - In FY 2022-2023 the L.A. Cares about Asthma program sent out 8,941 pediatric and 16,888 adult welcome letters. Twelve members completed the MyHIM asthma workshop, all from the LACC line of business. Health Education received sixteen asthma related referrals. • Effective - Eliza interactive voice recognition (IVR) campaign ran from 05/05/21-06/18/21 and analyzed for clinical outcome in MY 2022: 60% of the members who received a call had a better AMR ratio post-intervention (05/01/21-04/31/22), compared to only 37% of members who did not receive a call. A total 51% of members who received a call used more controllers and less relievers post-intervention, compared to only 31% of members who did not receive a call. The intervention improved AMR ratio and deemed effective.

LOOKING FORWARD

MCLA members' pharmacy benefits remain managed by DHCS in a new program called Medi-Cal Rx. L.A. Care will continue to be responsible for overseeing and managing the clinical aspects of asthma care and it will remain a priority two measure. The successful asthma education kit mailed to out to MCLA and

LACC members Q1 of 2023 and an evaluation of its significance in increasing the use of controller medications and decreasing the use of reliever medications starts Q1 2024. Due to the effective outcome in increasing AMR ratio from the 2021 Interactive Voice Recognition call intervention the Clinical Initiatives team is planning to deploy a similar intervention in MY 2024. Along with the mentioned interventions, the L.A. Care quality improvement team will continue its cross-collaboration efforts with pharmacy and health education to ensure that priorities align and focus continues on improvement of the Asthma Medication Ratio measure.

MY 2023 WORK PLAN GOALS

HEDIS Acronym	Measures	MY 2023 Medi-Cal Goal	MY 2023 LACC Goal
AMR	Asthma Medication Ratio	70%	78%

C.1.d DIABETES MANAGEMENT

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REVIEWERS: MARIA CASIAS, RN & FELIX AGUILAR, MD

BACKGROUND/SUMMARY
According to the Centers for Disease Control and Prevention, there are 34.2 million people (roughly 10% of the population) living with Diabetes in the US.[14] About 700,000 people living with Diabetes reside specifically in L.A. County and roughly 200,000 are L.A. Care members. Additionally, there are 88 million adults diagnosed as pre-diabetic, and a large portion of this group is unaware that they are pre-diabetic.

MY 2022 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 Cal MediConnect Rate	MY 2022 Cal MediConnect Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
HBD	HbA1 Control <8%	54.5%	50%	66.2%	65%	57.9%	60%	Medi-Cal: Met CMC: Met LACC: Not Met

MAJOR ACCOMPLISHMENTS
- The measure rate for HbA1c Control <8% surpassed its MY 2022 goal for Medi-Cal and CMC as well as increased year-over-year from MY 2021 for all lines of business.
- The quality improvement department deployed a successful diabetes self-management health education text-message campaign to 2,110 MCLA members in May 2022. Post-campaign evaluation showed an 8.52% difference in compliance rate among members who completed to those members who did not.
- In 2022, L.A. Care partnered with 18 pharmacies throughout L.A. County participating in the California Right Meds Collaborative to provide comprehensive medication management to

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[14] Center for Disease Control and Prevention (CDC) statistics, 2020. https://www.cdc.gov/diabetes/data/index.html

members diagnosed with uncontrolled diabetes. Yearly evaluations of the program show significant A1c reduction among members enrolled.

Description of Measures

HEDIS Measures	Specific Indicators	Measure Type
Hemoglobin A1c Control for Patients With Diabetes (HBD) — HbA1c Control <8%	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: - HbA1c control (<8.0%).	Hybrid

RESULTS

Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Control <8%

The following graph compares L.A. Care HBD HbA1c Control <8% rates for HEDIS MY 2020-MY 2022 among the different product lines:
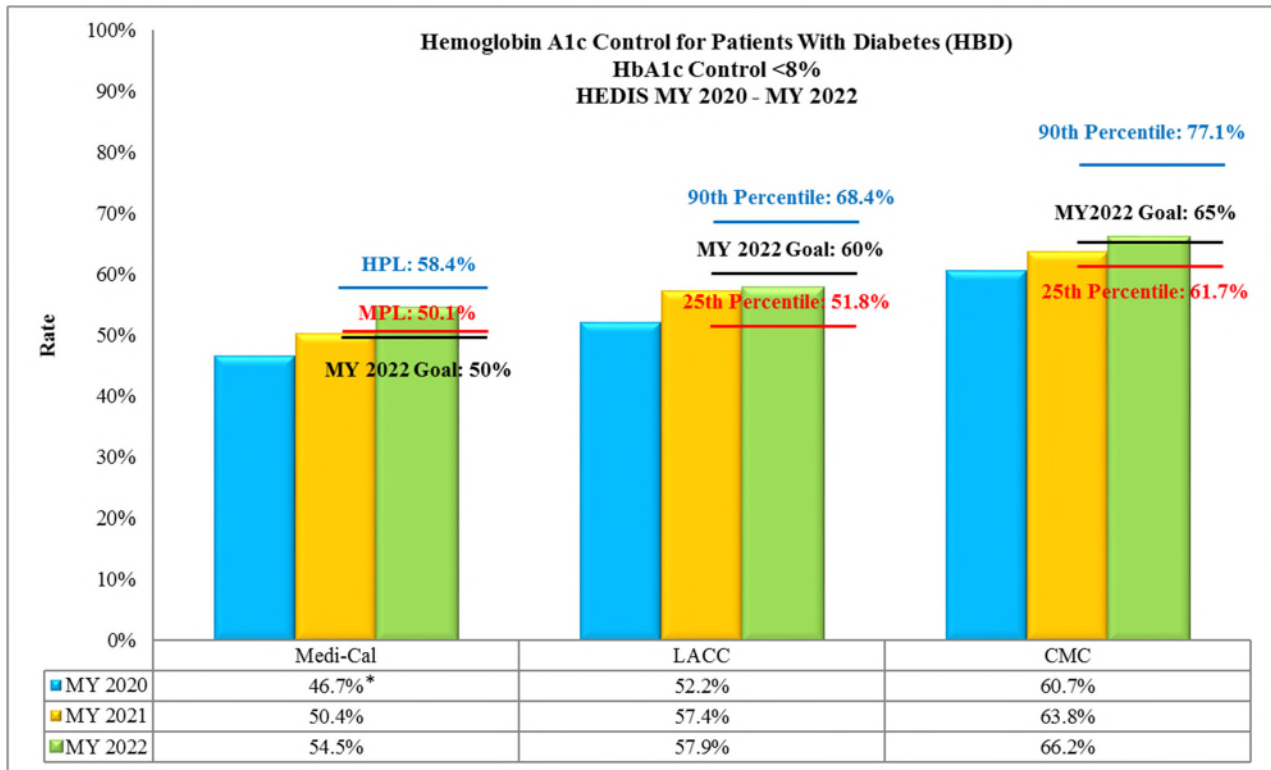
	Medi-Cal	LACC	CMC
MY 2020	46.7%*	52.2%	60.7%
MY 2021	50.4%	57.4%	63.8%
MY 2022	54.5%	57.9%	66.2%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles   Covered California Quality Rating System MY 2020 25th and 90th percentiles
- Covered California Quality Rating System MY 2021 25th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

Quantitative Analysis

Medi-Cal: For HbA1c Control (<8%), MY 2022 the rate was 54.5%. This was a 4.1% increase from MY 2021 rate of 50.4%, but not statistically significant. The MY 2022rate met its goal of 50% and was higher than the Minimum Performance Level of 50.1% but lower than the High Performance Level of 58.4%.

LACC: For HbA1c Control (<8%), MY 2022 the rate was 57.9%. This was a small increase of 0.5% from MY 2021 rate of 57.4% but not statistically significant. The MY 2022 rate did not met its goal of 60%; it was higher than the 25th percentile of 51.8% but lower than the 90th percentile of 68.4%.

CMC: For HbA1c Control (<8%) Diabetes A1c good control the rate was 66.2%. This was a 2.4% increase from MY 2021, but not statistically significant. The MY 2022 rate met its goal 65. The rate was higher than the 25th percentile of 61.7% but did not meet the 90th percentile of 77.1%

Qualitative Analysis

Performance for HbA1C <8% increased across all lines of business for MY 2022. One of the most significant improvement seen in the Medi-Cal line of business with a year-over-year increase of 4.1%. In May 2022, the clinical initiatives team contracted with vendor Mpulse to deploy a health education text-message campaign to eligible MCLA members that ran 6 weeks. Text messaging provides an interactive opportunity to improve diabetes health knowledge, behaviors, and call-to action self-management tasks required to control A1c. Final evaluation of the campaign showed positive improvements. Of the 2,110 members who received the initial welcome message, 888 opted-in and finished the entire campaign. Analysis compared the experiment group (members who completed the campaign) to a control group (members who did not receive the campaign). Results showed 8.52% difference in compliance rate, members who received the text message had a higher compliance with their A1c than those who did not. Compliance was defined as HbA1c control (<8%).

Another significant improvement seen in the CMC line of business with a year-over-year increase of 2.4%. Continued efforts from the care management team with outreach and engagement of the highest risk patients diagnosed with uncontrolled diabetes continued in MY 2022. These efforts focus on the Medicare population, are a contributing factor to the performance of measure. Outreach helps encourage patients to enroll in education programs and schedule follow-up appointments with their primary care physicians for A1c testing and medication management. Telephonic one-on-one outreach calls personalize member care, reinforce continue to help improve the HEDIS measure.

To address medication management barriers L.A. Care collaborated with 18 pharmacies throughout L.A County participating in the California Right Meds Collaborative (CRMC). The purpose is to have local community pharmacists perform in-person or telehealth appoints to provide comprehensive medication management (CMM) that individualizes care plans and education based on member needs. Medication adherence continues to be one of the top barriers faced by providers in controlling A1c levels. One-on-one appointments with pharmacists alleviates the burden off providers by providing dosing recommendations, drug safety assessments, adherence monitoring, and patient education. From February 2020-September 2023, 810 members have been enrolled and a reported average A1c reduction of 2.7% in cohort of patients who completed five visits with a CRMC pharmacist, and had an average baseline A1c of 11.5%.

L.A. Care contracted with Health Management Services (HMS) Eliza to conduct a large-scale interactive voice response (IVR) call outreach campaign in May 2021. Members that received and successfully completed the call were presented with a script that included information on the importance of A1c testing,

medication management, and elements of Hypertension. A final evaluation of the campaign completed in Q1 2022 showed an increased in engagement with providers and diabetic testing post-intervention (06/2021-12/2021) when comparing the experiment group who received the call to a control group who did not. There was statistically significant increases in the number of members who received A1c lab tests, retinal eye exam, control of A1c (<8%), and kidney health testing after receiving the IVR call compared to members who did not. This was an 8.52% difference in compliance rate.

Disparity Tables: Bolded rates reflect highest and lowest rates that were compared for the analysis

HbA1c Control (<8%) - Rates by Spoken Language and Race/Ethnicity MY 2022

| Line of Business | Spoken Language MY2021 | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	324	**68.5%**	3,856	53.2%	3,463	**50.1%**	Yes
Medi-Cal	1,837	**67.9%**	59,108	**42.4%**	38,332	45.0%	Yes
Medicare - CMC	34	**79.4%**	1,980	57.9%	2,742	**53.0%**	Yes
MCLA	1,254	**69.6%**	39,025	**41.4%**	26,072	44.9%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

| Line of Business | Race/Ethnicity MY 2021 | | | | | | | | | | **Stat Sig |
| | American Indian/ Alaskan Native | | Asian | | Black/ African American | | Hispanic/ Latino | | White | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	-	-	1,247	**61.6%**	103	53.4%	1,093	**52.7%**	498	56.0%	Yes
Medi-Cal	202	**37.1%**	11,480	**60.4%**	12,937	41.6%	60,934	41.8%	12,310	46.4%	Yes
Medicare - CMC	-	-	389	**71.5%**	385	56.9%	2,861	**53.5%**	119	64.7%	Yes
MCLA	139	**36.7%**	7,761	**60.3%**	9,056	41.1%	39,994	41.4%	8,016	44.7%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

| Line of Business | Spoken Language MY2022 | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	558	**67.9%**	4601	51.9%	4189	**50.8%**	Yes
Medi-Cal	1923	**70.4%**	64441	**43.3%**	40637	46.7%	Yes
Medicare - CMC	29	**86.2%**	1917	58.2%	2445	**56.5%**	No

| Line of Business | Race/Ethnicity MY2022 | | | | | | | |
| | American Indian and Alaska Native (AI/AN) Hispanic or Latino | | American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity | | Asian/ Unknown Ethnicity | | Black/ African American/ Unknown Ethnicity | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	2150	**48.6%**	N/A	N/A	1658	**63.6%**	N/A	N/A
Medi-Cal	191	53.4%	249	**37.8%**	12233	**60.7%**	13243	42.2%
Medicare - CMC	32	**50%**	1	0%	334	**75.2%**	354	57.1%

| Line of Business | Race/Ethnicity MY2022 | | | | | | **Stat Sig |
| | Native Hawaiian/Other Pacific Islander (NH/PI)/ Unknown Ethnicity | | Unknown Race Hispanic/Latino | | White/ Unknown Ethnicity | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	14	**28.6%**	473	**50.7%**	6	50%	Yes
Medi-Cal	246	**30.9%**	65623	43.6%	12144	**47.4%**	Yes
Medicare - CMC	5	**80%**	2747	**55.7%**	87	57.5%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Disparity Analysis

Medi-Cal: Rates increased for the following race/ethnic groups reported in the same categories from MY 2021-MY 2022: Asian/Unknown Ethnicity, Black and African American/Unknown Ethnicity, Unknown Race/Hispanic and Latino and White/Unknown Ethnicity. The most significant improvement being among the Unknown Race/Hispanic and Latino population with an increase of 1%. For Race/Ethnicity, the highest rate continued to be among Asian/Unknown Ethnicity members (60.7%) and the lowest rate Native Hawaiian & Other Pacific Islander/Unknown Ethnicity members (30.9%). This difference showed statistical significance. In 2022. For spoken language, the population experiencing the highest rate in MY 2022continued to be Chinese-speaking members (70.4%) and the lowest continued to be among English speaking members (43.3%). This difference showed statistical significance.

LACC: The most significant improvement from MY 2021-MY 2022 was among the Asian/Unknown Ethnicity members by 2%. The most significant rate decrease from MY 2021-MY 2022 was among White members with a 6% decrease. It is important to note that the total population of members in this category significantly dropped year-over-year, which could skew performance results. For Race/Ethnicity, the highest rate in MY 2022 continued to be among Asian members (63.6%) and the lowest rate continued to be among Hispanic/Latino members (50.7%). The clinical initiatives team has focused efforts in 2022 to

serve the subpopulation of Black/African American and American Indian & Alaskan Native members with medically tailored meals as well as education and assistance on healthy eating. For spoken language the population experiencing the highest rate in MY 2022 continued to be Chinese speaking members (67.9%) and lowest was among Spanish speaking members (50.8%). This difference showed statistical significance.

CMC: The most significant improvement from MY 2021 to MY 2022 was among the Asian/Unknown Ethnicity members by 3.7%. For Race/Ethnicity, the highest rate in MY 2022 continued to be among Asian members (75.2%) and the lowest rate among Black and African American/Unknown Ethnicity members (57.1%). For spoken language, the population experiencing the highest rate in MY 2022continued to be Chinese speaking members (86.2 %) and the lowest among Spanish speaking members (56.5%). This difference showed no statistical significance.

INTERVENTIONS

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/Outcome
A1c Good Control <8% (CDC)	• Ability to reach members telephonically creates challenges around providing members with information on diabetes care. • Lack of provider-patient engagement, members do not utilize their care team to assist with chronic-care management. • Access to care (appointment availability) for follow-up and routine medication management. • Translation barriers due to the diversity of cultures within L.A. Care membership. • Barriers to care (i.e., financial, transportation and access to care). • Lack of knowledge on how to self-manage diabetes through behavioral/lifestyle changes, medication management, and the importance of A1c testing. • Low practitioner adherence to clinical practice guidelines.	• In May 2021, calls were conducted to members with diabetes through a Health Management Services (HMS) ELIZA, a third party vendor to promote medication adherence and offer informational resources such as provider information and local addresses. • On a monthly basis, to address the barrier of practitioner adherence to clinical practice guidelines L.A. Care's Care Management department provides practitioners Diabetes Clinical Guidelines through the Provider Portal. • L.A. Care's Health Education department provides multiple educational materials on a monthly basis regarding diabetes care, lifestyle management, flu shots, and annual preventative guidelines, including mailings and a booklet that addresses diabetes management. • CRMC Program: Local community pharmacists perform in-person or telehealth appoints to provide comprehensive medication management (CMM) that individualizes care plans and	• Effective - Eliza interactive voice recognition (IVR) campaign ran from 05/05/21-06/18/21 and analyzed for clinical outcome in MY 2022: Campaign reached 6,483 members diagnosed with diabetes. Q1 2022 evaluation analyzed data post intervention (06/2021-12/2021) and showed statistically significant differences: 15.41% in A1c lab tests, 14.11% in diabetic retinal screenings and 4.82% in diabetic control (<8%) among members who received the call compared to those who did not. • Effective -Text message campaign ran from May 2022-November 2022: Clinical outcome results showed an

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/Outcome
A1c Good Control <8% (CDC) (cont.)		education based on member needs	8.52% difference in compliance rate for HbA1c <8% comparing members who received the intervention (experiment) compared to those who did not (control). • Effective- CRMC pharmacy program: From February 2020-September 2023, 810 members have been enrolled and a reported average A1c reduction of 2.7% in cohort of patients who completed five visits with a CRMC pharmacist, and had an average baseline A1c of 11.5%.

LOOKING FORWARD

- L.A. Care will keep HbA1c Control <8% a high priority chronic care measure for the Covered California line of business to align with the Quality Transformation Initiative program. Moving forward in MY 2023 the chronic care workgroup will also establish goals for HbA1c <9% to improve the overall health of members and increase HEDIS rates with successful interventions. This alignment is due to the retirement of HbA1c <8% by the Centers for Medicare and Medicaid Services. In MY 2023, texting will continue to be an important communication mode to reach and inform members on chronic-care management. The quality improvement department will evaluate effectiveness on an annual basis. The importance of access to care remains a high priority. In December 2023, L.A. Care will launch at-home sample collection kit initiative to all lines of business with vendor ixlayer for A1c and kidney testing. Continued focus on improving health education campaigns by incorporating member and provider feedback will enhance and improve intervention design. The QI department will leverage health promoters and advisory groups to collect and incorporate this feedback. Continue with the successful California Right Meds Collaborative program, collaborating with pharmacies across L.A. County to help address medication adherence and diabetes self-management.
- Continuing the quality improvement project (QIP) focusing on disparities in the Black/ African American and American Indian Alaska Native community, offering medically tailored meal delivery to eligible members.
- Educate providers on proper coding and laboratory data management in their electronic health record systems to ensure valid data reporting.
- The measures will be will be renamed GSD per NCQA.

MY 2023 WORK PLAN GOALS

HEDIS Acronym	Measure	MY 2023 Medi-Cal Goal (Hybrid)	MY 2023 Dual Eligible Special Needs Plan (D-SNP) Goal (Hybrid)	MY 2023 L.A. Care Covered (LACC) Goal (Hybrid)
GSD	Glycemic Status Assessment for Patients with Diabetes – Glycemic Status Control (<8%)	No Goal: CMS retirement of measure. Workgroup moved to Glycemic Status Poor Control (>9%) as goal for this line of business	No Goal: CMS retirement of measure. Workgroup moved to Glycemic Status Poor Control (>9%) as goal for this line of business	62%

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 a holistic wellbeing for our members. About one-third of adults in the United States suffer from some form of mental illness or substance abuse disorder. The life expectancy for someone with a mental health disorder can be 25 years shorter than the rest of the population.[15] Mental illness can also be costly. Mental health disorders top the list of the most costly conditions in the US.[16] Mental health plays a role in a person's ability to maintain their physical health. Providing appropriate behavioral health care can help reduce the burden of disease population and reduce costs.

L.A. Care aims to improve the care our members are receiving for mental health and/or substance use disorders services. In 2013, the Affordable Care Act set new benefits to provide treatment for members who meet the level of functional impairments ranging from mild to moderate. Prior to these benefits, members only had the option of minimal services provided through their primary care doctor or had to be impaired severely to receive county benefits. Carelon Behavioral Health is the Managed Behavioral Health Organization (MBHO) that is responsible for administering these benefits for Medi-Cal 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 CMC 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 of these services provided by different organizations result in a fragmentation of care. As a result, many primary care providers are often unaware their patients are receiving mental health services. In addition, primary care providers may not know how to refer for these types of services. These barriers along with the social stigma of having a mental illness means there is ample opportunity to improve care.

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

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[15] https://www.who.int/mental_health/management/info_sheet.pdf
[16] https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.1659

MY 2022 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 Cal MediConnect Rate	MY 2022 Cal MediConnect Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
ADD	Follow-Up for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	60.6%	68%	N/A	N/A	N/A	N/A	Medi-Cal: Not Met CMC: N/A LACC: N/A
AMM	Antidepressant Medication Management - Continuation Phase	47.0%	47%	54.7%	57%	56.5%	55%	Medi-Cal: Met CMC: Not Met LACC: Met
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	45.2%	45%	N/A	N/A	N/A	N/A	Medi-Cal: Met CMC: N/A LACC: N/A
DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)- Depression Screening - Total	6.6%	2%	46.3%	38%	2.29%	N/A	Medi-Cal: Met CMC: Met LACC: N/A
DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)- Follow-Up - Total	60.3%	70%	15.9%	N/A	82.54%	N/A	Medi-Cal: Met CMC: N/A LACC: N/A
FUA	Follow-up After Emergency Department Visit for Alcohol and oth Drug Abuse or Dependence– 30-da	26.2%	21%	43.7%	18%	N/A	N/A	Medi-Cal: Met CMC: Met LACC: N/A
FUM	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	35.7%	N/A	43.8%	N/A	N/A	N/A	Medi-Cal: N/A CMC: N/A
FUH-30-day	Follow-Up After Hospitalization for Mental Illness – 30-day	NB	NB	58.3%	56%	N/A	N/A	Medi-Cal: NB CMC: Met LACC: N/A

HEDIS Acronym	HEDIS Measure	MY 2022 Medi-Cal Rate	MY 2022 Medi-Cal Goal	MY 2022 Cal MediConnect Rate	MY 2022 Cal MediConnect Goal	MY 2022 L.A. Care Covered Rate	MY 2022 L.A. Care Covered Goal	MY 2022 Goal Met/ Not Met
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia	69.3%	75%	71.9%	78%	52.9%	90%	Medi-Cal: Not Met CMC: Not Met LACC: Not Met
SSD	Diabetes Screening for People with Schizophrenia/ Bipolar Disorder Who are Using Antipsychotic Medication	80.8%	79%	78.2%	77%	70.7%	74%	Medi-Cal: Met CMC: Met LACC: Not Met

NB: Not Benefit   N/A: Not applicable

MAJOR ACCOMPLISHMENTS
- Medi-Cal surpassed their goals for APM, DSF, and FUA.
- LACC surpassed their goals for AMM Continuation Phase.
- CMC surpassed their goals for FUH-30 day rate; as well as for SSD.

Description of Measures

HEDIS Measure	Specific Indicator(s)	Measure Type
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed 1. *Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age, as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	Administrative
Antidepressant Medication Management (AMM), Continuation Phase	The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported: 1. *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months)	Administrative

HEDIS Measure	Specific Indicator(s)	Measure Type
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: 1. The percentage of children and adolescents on antipsychotics who received blood glucose testing 2. The percentage of children and adolescents on antipsychotics who received cholesterol testing 3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing	Administrative
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument • Depression screening: The percentage of members who were screened for clinical depression using a standardized instrument • Follow-Up on Positive Screen: The percentage of members who received follow-up care within 30 days of a positive depression screen finding	Administrative
Follow-up After Emergency Department Visit for Alcohol and other Drug Abuse or Dependence 30-day (FUA)	The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)	Administrative
Follow-up After Emergency Department Visit for Mental Illness 30-day (FUM)	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)	Administrative
Follow-Up After Hospitalization for Mental Illness, 30-day (FUH)	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner 1. The percentage of discharges for which the member received follow-up within 30 days after discharge	Administrative
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year	Administrative
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	Administrative

RESULTS

Follow-Up for Children Prescribed ADHD Medication (ADD)

The following graph compares L.A. Care ADHD rates for HEDIS MY 2020-MY 2022 in the Medi-Cal product line:

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Quantitative Analysis

Medi-Cal: The ADD Continuation & Maintenance Phase rate was 60.6% and decreased by 1.2 percentage points over the prior year (61.8%). We surpassed the MPL (51.8%) which did not meet the established goal of 68%. This decrease was not statistically significant.

CMC and LACC: The ADD measure is not reported, since it does not apply to this product line.

Antidepressant Medication Management (AMM)

The following graphs compare L.A. Care AMM rates for HEDIS MY 2020 - MY 2022 in the LACC product line:

	Medi-Cal	CMC	LACC
■MY 2020	40.8%	53.8%	44.8%
■MY 2021	45.2% *	57.9%	51.2%
■MY2022	47.0% *	54.7%	56.5% *

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

Quantitative Analysis

Medi-Cal – AMM: The Medi-Cal Effective Continuation Phase Treatment was 47.0%. There was a 1.8 percent increase from last year (45.2%). The increase was statistically significant. The measure did not meet its goal of 48% but did exceed the minimum performance level (MPL) of 43%.

CMC – AMM: The rate for the Effective Continuation Phase Treatment was 54.7%. This decrease is 3.2 percentage points higher than the prior year (57.9%) and is not statistically significant. The rate did not meet the goal of 57%.

LACC – AMM: The rate for the Effective Continuation Phase was 56.5% and was 5.3 percentage points lower than the prior year (51.2%). This increase was statistically significant. This rate did reach the goal of 55%.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The following graph compares L.A. Care APM rates for HEDIS MY 2020-MY 2022 in the Medi-Cal product line:
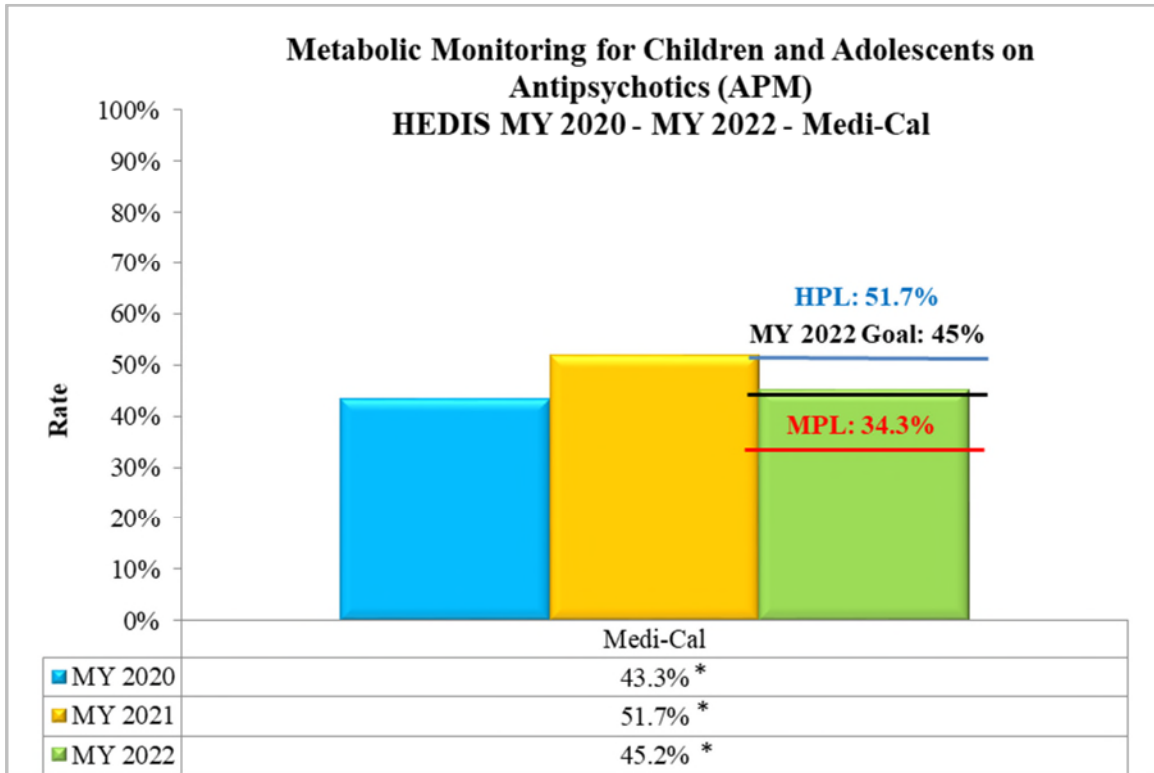
*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Quantitative Analysis

Medi-Cal – APM: The APM rate was 45.2%, representing a 6.5 percentage point decrease over the previous year (51.7%) that is statistically significant. The rate did meet the goal of 45%, but surpassed the MPL of 34.3%.

CMC and LACC: The APM measure is not reported, since it does not apply to this product line.

Depression Screening and Follow-up for Adolescents and Adults (DSF-E)

The following graph contains Medi-Cal depression screening and follow-up rates for HEDIS MY 2020 – MY 2022.

**Depression Screening (DSF-E) - Medi-Cal
HEDIS MY 2020 - MY 2022**

	Depression Screening (DSF) - Depression Screening - Total	Depression Follow-Up plan (DSF) - Follow-Up - Total
MY2020	0.1%	69.1%
MY2021	1.0%	43.4%
MY2022	6.6% *	60.3% *
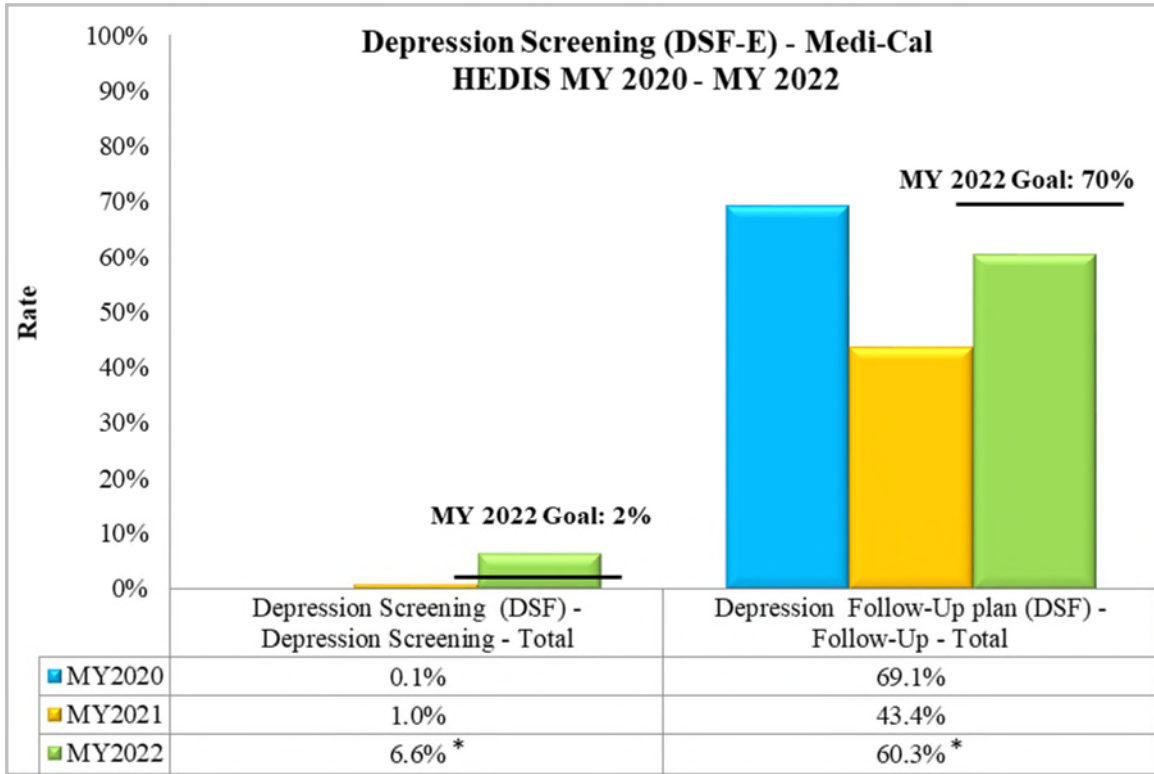
*Statistically Significant Difference

Quantitative Analysis

Medi-Cal – DSF-E: The rate for Depression Screening total was 6.6%, an increase of 5.6% from the previous year. The increase is statistically significant. The rate has met the measurement year goal of 2%. The rate for Depression Follow-Up was 60.3%, which increased 16.9% from the previous year. The increase is statistically significant. The rate did not meet the measurement year goal of 70%.

Depression Screening and Follow-up for Adolescents and Adults (DSF-E)

The following graph contains Cal MediConnect (CMC) Depression Screening and Follow-Up rates for HEDIS MY 2020 – MY 2022.

	Depression Screening (DSF) - Depression Screening - Total	Depression Follow-Up plan (DSF) - Follow-Up - Total
■ MY2020	0.1%	40.0%
■ MY2021	36.1%	19.8%
■ MY2022	46.3% *	15.9%
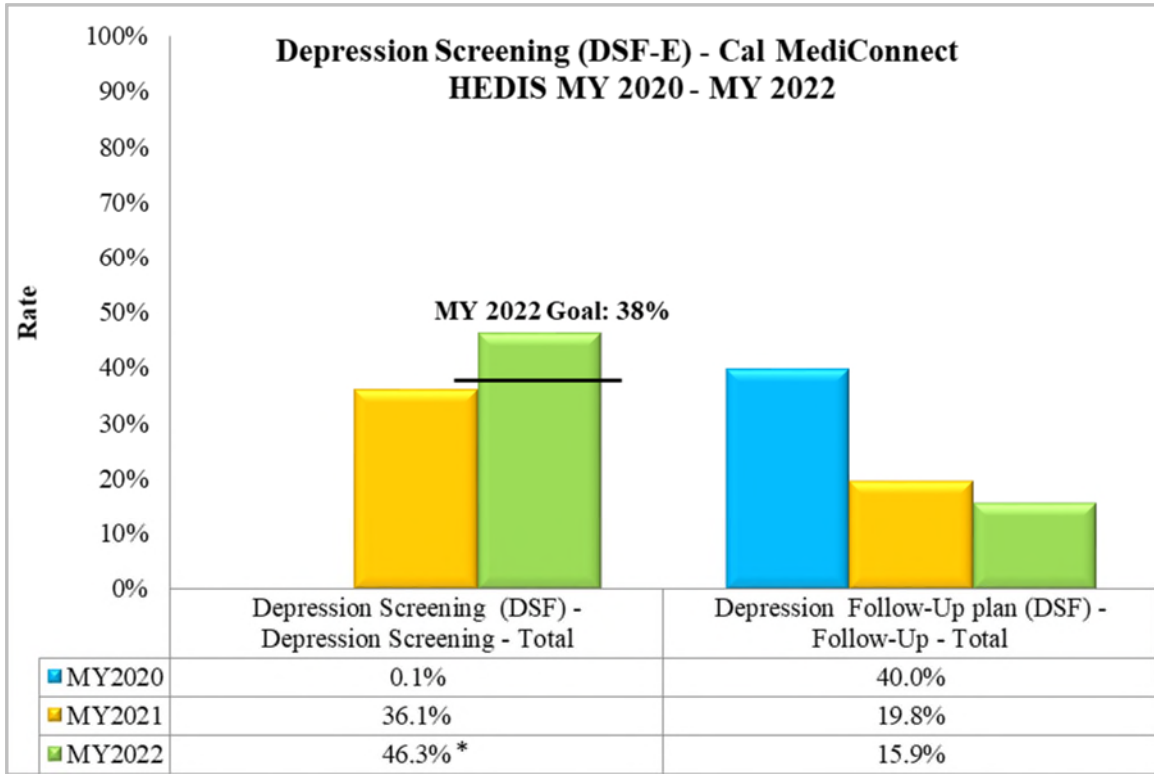
*Statistically Significant Difference

Quantitative Analysis

CMC – DSF-E: The rate for Depression Screening was 46.3%, up 10.2 percentage points from the previous year. The measurement year goal of 38% was met. The rate for Depression Follow-Up was 15.9%, a decrease of 3.9% from the previous year. The decrease was statistically significant.

LACC-DSF-E: The rate for Depression Screening was 2.3% in MY 2022. MY 2022 was the first year data was available for this measure for LACC. The rate for Depression Follow-Up was 82.5%. No statistical significance can be evaluated due to the absence of data from prior years.

Follow-Up After Emergency Department Visit for Alcohol and Other Dependence (FUA)

The following graphs compare L.A. Care FUA rates for HEDIS MY 2020-MY 2022 for 30-day in the Medi-Cal and CMC product lines:
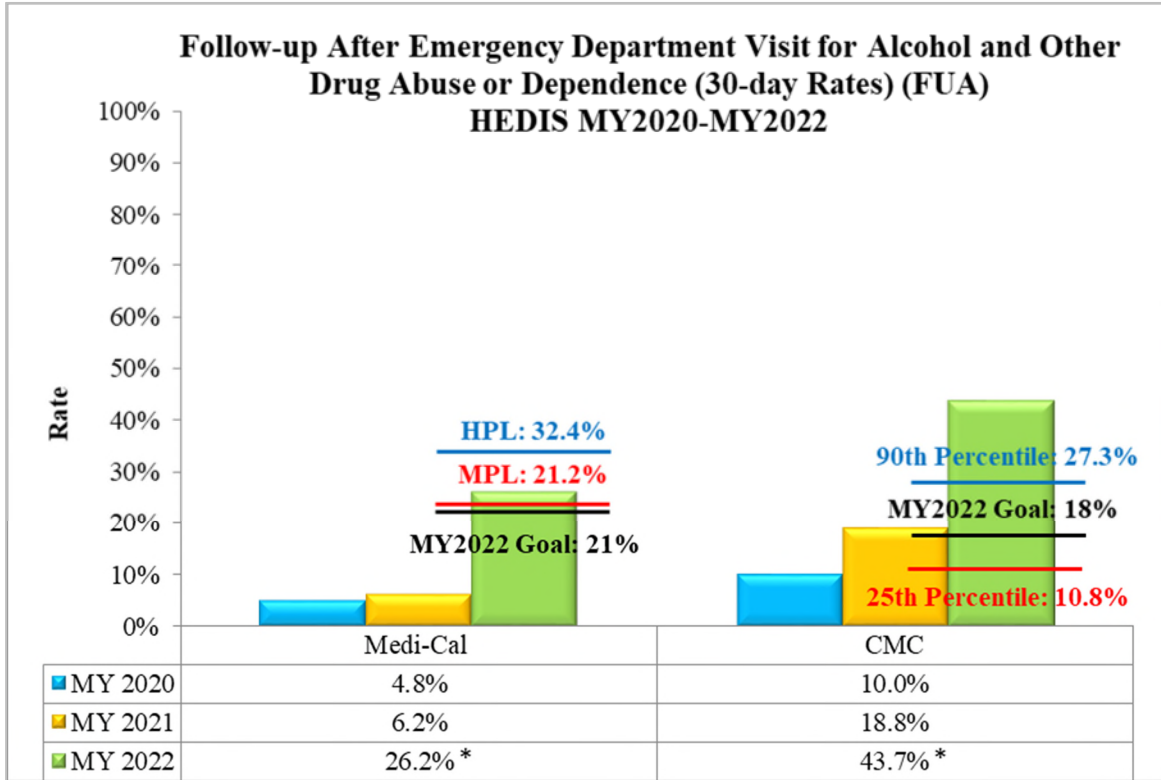
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (30-day Rates) (FUA) HEDIS MY2020-MY2022

	Medi-Cal	CMC
■ MY 2020	4.8%	10.0%
■ MY 2021	6.2%	18.8%
■ MY 2022	26.2% *	43.7% *

Medi-Cal: HPL: 32.4%, MPL: 21.2%, MY2022 Goal: 21%
CMC: 90th Percentile: 27.3%, MY2022 Goal: 18%, 25th Percentile: 10.8%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

Quantitative Analysis

Medi-Cal – FUA-30 Day: The FUA rate was 26.2%, representing a 20-percentage point increase over the previous year (6.2%) that is statistically significant. The rate did meet the goal of 21% and surpassed the MPL of 21.2%.

CMC – FUA-30 Day: The FUA rate was 43.7%, depicting a 24.8 percentage point increase over the previous year (18.8%) which is statistically significant. The rate reached the goal of 18%.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

The following graphs compare L.A. Care FUM rates for HEDIS MY 2020-MY 2022 for 30-day in the Medi-Cal and CMC product lines:
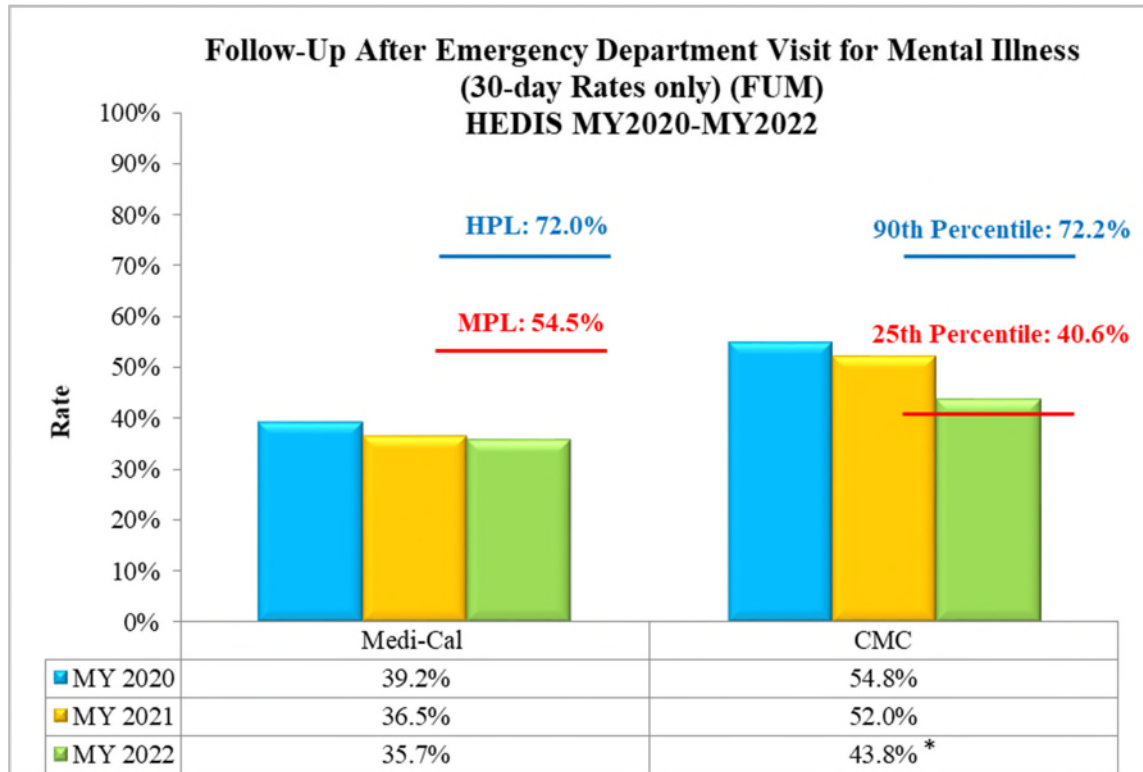
Follow-Up After Emergency Department Visit for Mental Illness (30-day Rates only) (FUM) HEDIS MY2020-MY2022

	Medi-Cal	CMC
MY 2020	39.2%	54.8%
MY 2021	36.5%	52.0%
MY 2022	35.7%	43.8% *

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal – FUM-30 Day: The FUM rate was 35.7%, representing a 0.8 percentage point decrease over the previous year (36.5%) that is not statistically significant. The rate did not meet the MPL of 54.5%.

CMC – FUM-30 Day: The FUM rate was 43.8%, depicting an 8.2 percentage point decrease compared to the previous year of 52.0%. This rate is statistically significant.

Follow-Up After Hospitalization for Mental Illness (FUH)

The following graphs compare L.A. Care FUH rates for HEDIS MY 2020-MY 2022 for 30-day in the CMC product line:
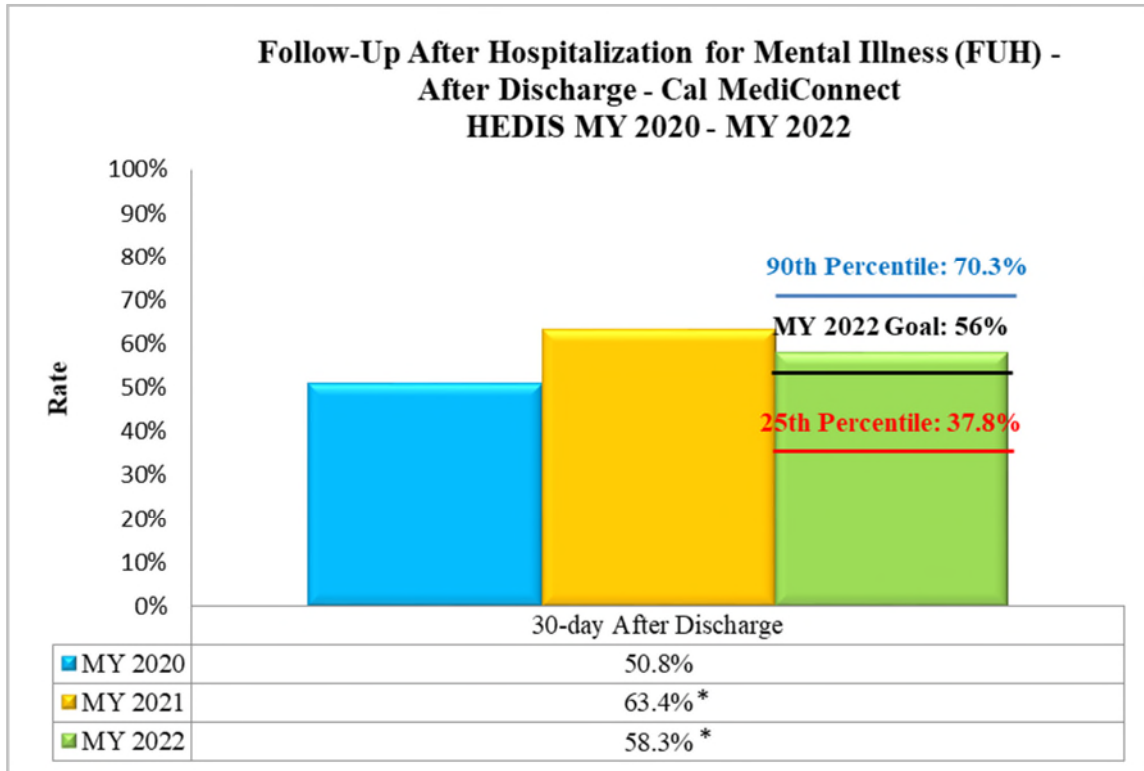
*Statistically Significant Difference
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

Quantitative Analysis

CMC – FUH-30 Day: The FUH 30-Day rate decreased from the prior year, from 63.4% to 58.3%, which was statistically significant. For this rate, the goal of 56% for the year was met.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

The following graph compares L.A. Care SMD rates for HEDIS MY 2020-MY 2022 among different product lines:

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
HEDIS MY 2020-MY 2022

HPL: 77.0%

MY 2022 Goal: 90%

MY 2022 Goal: 75%

MY 2022 Goal: 78%

MPL: 68.1%

	Medi-Cal	LACC	CMC
MY 2020	65.8% *	84.2%	72.4%
MY 2021	70.6% *	90.0%	78.1%
MY 2022	69.3%	52.9%	71.9%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Quantitative Analysis

Medi-Cal – SMD: The SMD rate was 69.3%, representing a 1.3 percentage point decrease over the previous year (70.6%). The decrease is not statistically significant. The goal of 75% was not met. The rate did meet the MPL of 68.1%.

LACC – SMD: The SMD rate was 52.9 % and declined 37.1 percentage points from the prior year (90%). The statistical significance is deemed N/A due to low response rates. The goal of 90% was not met.

CMC – SMD: The SMD rate was 71.9% down from 78.1% or 6.2 percentage points from the prior year. This rate is not statistically significant. The goal of 78% was not met.

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

The following graph compares L.A. Care SSD rates for HEDIS MY 2020 - MY 2022 among different product lines:

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) - HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC	CMC
■ MY 2020	72.0% *	65.4%	72.1% *
■ MY 2021	78.9% *	72.1%	75.0% *
■ MY 2022	80.8% *	70.7%	78.2%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Quantitative Analysis

Medi-Cal – SSD: The SSD rate was 80.8%, representing a 1.9 percentage point increase over the previous year (78.9%). The increase is statistically significant. The rate did meet the goal of 79% for the year and did exceed the minimum performance level of 86.3%.

CMC – SSD: The SSD rate was 78.2%. The rate does indicate a 3.2 percent increase over the prior year (75.0%). The increase is not statistically significant. The goal of 77% was met.

LACC – SSD: The SSD rate was 70.7%. There was a 1.4 percent decrease over the prior year (72.1%). The decrease is not statistically significant. The goal of 74% was not met.

Qualitative Analysis

ADD

In the last three years, there has been a steady upward trend in both the ADD rates. This year however, the ADD Initiation Phase rate decreased by 6.9%, while the Continuation and Maintenance Phase rate decreased by 6.8%, both of which are statistically significant. The decrease of ADD resulted due to COVID-related reasons. COVID protections have led to issues with appointment access. Given the specifications of the measure, it has a lookback period beginning March of 2020, which was the height of the pandemic. As a result, this led to many children not being able to be seen since clinic offices were closed.

The monthly ADD letters continue to be sent to prescribers whose patients have recently been prescribed an ADHD medication. This was launched in 2017 and is ongoing. A revision was made to the letter in summer 2021 that added in the quality email as a contact for providers in case the letter is sent incorrectly to the wrong address and/or prescriber. A 2022 evaluation was conducted to assess the impact of the ADD letters. According to the results, there were 1,156 letters sent out to prescribers and 370 were in the ADD denominator. Out of the 370 in the denominator, 204 were compliant resulting to a 55.14% compliance rate. The overall ADD rate was 60.63%. The analysis indicates the letter might not have made a big impact compared to the overall rate. A further analysis will be looked into regarding return of investment of the letters.

AMM

Across all LOBs, in general the Continuation Phase rates increased from the previous year. The increased use of telehealth may have helped maintain this measures performance.

Another possible contributor at maintaining the rate would be the AMM Mailer intervention that was done in October 2022. In October 2022, L.A. Care sent a one-time individualized mailer to members encouraging them to continue taking their medication(s) exactly as prescribed by their doctor while also reminding them to refill their antidepressant medication(s). The eligible population included those with a diagnosis of major depression and taking antidepressants. The letter also included additional focus measures such as preventive screenings. Based on the 2022 evaluation, out of 1,472 members that received the letter only 26 were compliant (1.8%) in Quarter 1 2023. This proves to show that the member letters are not successful to remind members of their medication refill. As a next step, L.A. Care Health Plan will look into the other care gaps and its impact on those respective measures. Additionally, L.A. Care will explore other interventions such as an automated reminder phone call as another type of intervention.

APM

Historically, L.A. Care has performed well with regard to established APM regulatory benchmarks. Although APM is no longer part of the Managed Care Accountability Set (MCAS) under the California Department of Health Care Services (DHCS), it does factor into L.A. Care's accreditation score for the Medi-Cal line of business. In 2022, L.A. Care achieved a rate of 45.2%, which met the 90th percentile for the HEDIS NCQA Quality Compass benchmarks. The rate decrease is likely driven by the lack of care that has occurred due to COVID-19. Despite the decline, APM is still performing above the 50th percentile, however, the long-term health effects make the intervention worth undertaking as agreed upon in the workgroup.

L.A. Care developed a provider intervention, addressing the appropriate metabolic testing for children and adolescents on antipsychotics. L.A. Care will distribute notification letters to all MCLA primary care providers encouraging them to conduct appropriate metabolic testing for child and adolescent-aged patients on antipsychotic medications. The notification letters also include a list of their patients on the

antipsychotic medications. A 2022 evaluation was conducted to analyze the impact. The evaluation showed that the members who received the letter showed 39.73% compliance rate vs 45% all eligible members in MCLA. Thus, the letter does not appear to make an impact. Due to limitation in the Cognizant HEDIS engine, QI will run more analytics in the future to see if the cohort that received the letter were those least likely to get care.

DSF-E

The Behavioral Health Work Group recently prioritized the DSF-E measures. For Medi-Cal, screenings made up less than 10% of the eligible population, adjacent to a low set goal of 2%. The reason for these low screenings is due to clinics not coding nor charting the screenings after a member visit. Additionally for L.A. Care to capture the screening, the screening must come in as Logical Observation Identifiers Names and Codes (LOINC), which must be done at the medical group level. Of the screenings taken, the Depression Follow-Ups have not met the set goal of 70%. For LACC, the Depression Screening rate was 2.29% while the Follow-Up rate was 83.54%. LACC does not have any previously recorded data from prior years for comparative analysis, therefore no visual graph is provided. For CMC, the Depression Screening grew 10.2% from the previous year and met the targeted goal. However, Follow Up after screening sub measures were significantly higher than initial screenings, thus at least those identified are getting proper follow-up. L.A. Care is working to improve both depression screenings and follow-ups by providing education to PPGs on measures and metrics.

FUH

The CMC FUH 30-Day rate has decreased over the prior year. This may be due to appointment availability still being impacted by COVID. No show rates continue to be high. Lastly L.A. Care continues to investigate data gaps between L.A. Care and that of our MBHO. A evaluation is currenlty underway to evalute the effecitveness of the FUH Incentives program for MY 2022. Prelimanary analysis shows that the reward may not be impacting rates. The measure is also not a part of the new Star measures for Medicare and may be deprioritized as well.

SMD

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

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 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.

To improve coordination of care between provider settings, efforts focused on informing primary care providers on the need to screen and test members. As discussed in September BHQC meeting there were certain barriers identified such as providers being unaware patient is 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.

Disparity Analysis Tables-Bolded rates reflect highest and lowest rates that were compared for the analysis.

Follow-Up for Children Prescribed ADHD (ADD) Continuation and Maintenance Phase – Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	1	100.00%	498	**59.64%**	95	**66.32%**	No
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	N/A	N/A	3	66.67%	27	62.96%	87	**52.87%**
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	N/A	N/A	296	61.82%	104	**59.62%**	No
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Antidepressant Medication Management (AMM) Continuation and Maintenance Phase – Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	26	38.46%	730	**61.51%**	193	**41.97%**	Yes
Medi-Cal	161	**39.13%**	16227	**47.27%**	3744	44.07%	Yes
Medicare - CMC	1	0.00%	271	**52.77%**	208	**56.73%**	No

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	123	**57.72%**	N/A	N/A	102	43.14%	2	0.00%
Medi-Cal	19	52.63%	34	47.06%	1178	50.68%	2800	**40.89%**
Medicare - CMC	2	50.00%	N/A	N/A	12	58.33%	54	**62.96%**

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	1	0.00%	40	**42.50%**	20	60.00%	No
Medi-Cal	22	40.91%	10516	44.15%	3932	**56.41%**	Yes
Medicare - CMC	N/A	N/A	254	**53.15%**	16	62.50%	No

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) – Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
Medi-Cal	24	54.17%	4293	**47.92%**	1821	**60.68%**	Yes
MCLA	9	44.44%	1791	**40.87%**	858	**54.55%**	Yes

| Line of Business | Race/Ethnicity | | | | | | | |
| | American Indian and Alaska Native (AI/AN) Hispanic or Latino | | American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity | | Asian/ Unknown Ethnicity | | Black/ African American/ Unknown Ethnicity | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
Medi-Cal	N/A	N/A	6	50.00%	282	**40.07%**	819	46.76%
MCLA	N/A	N/A	6	50.00%	117	**31.62%**	315	35.56%

| Line of Business | Race/Ethnicity | | | | | | **Stat Sig |
| | Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity | | Unknown Race Hispanic/Latino | | White/ Unknown Ethnicity | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
Medi-Cal	3	100.00%	3588	**55.85%**	945	43.81%	Yes
MCLA	3	100.00%	1590	**50.50%**	390	39.69%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) – Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	9385	**0.34%**	51924	1.65	20110	**5.64%**	Yes
Medi-Cal	21299	**2.45%**	799668	7.21%	269299	**8.04%**	Yes
Medicare - CMC	150	**38.67%**	5784	42.86%	6190	**47.54%**	Yes

| Line of Business | Race/Ethnicity | | | | | | | |
| | American Indian and Alaska Native (AI/AN) Hispanic or Latino | | American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity | | Asian/ Unknown Ethnicity | | Black/ African American/ Unknown Ethnicity | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	12710	**4.93%**	N/A	N/A	21505	**0.63%**	11	18.18%
Medi-Cal	1291	8.37%	1769	7.12%	118573	5.18%	138637	**9.20%**
Medicare - CMC	56	**48.21%**	5	20.00%	1238	41.36%	1094	40.31%

| Line of Business | Race/Ethnicity | | | | | | **Stat Sig |
| | Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity | | Unknown Race Hispanic/Latino | | White/ Unknown Ethnicity | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	77	1.30%	2790	2.57%	82	2.44%	Yes
Medi-Cal	1810	6.30%	612038	7.48%%	173449	**5.89%**	Yes
Medicare - CMC	20	50.00%	6798	47.01	378	**31.22%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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Follow-Up After Emergency Department Visit for Alcohol and Other Dependence (FUA) 30 DAY – Rates by Spoken Language and Race/Ethnicity

| Line of Business | Spoken Language | | | | | | **Stat Sig |
| | Chinese | | English | | Spanish | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	10	10.00%	11209	**27.03%**	1209	**18.36%**	Yes
Medicare - CMC	N/A	N/A	58	46.55%	11	36.36%	N/A
MCLA	3	33.33%	8108	**27.07%**	690	**20.00%**	Yes

| Line of Business | Race/Ethnicity | | | | | | | |
| | American Indian and Alaska Native (AI/AN) Hispanic or Latino | | American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity | | Asian/ Unknown Ethnicity | | Black/ African American/ Unknown Ethnicity | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	8	50.00%	38	26.32%	224	24.11%	2137	25.74%
Medicare - CMC	N/A	N/A	N/A	N/A	N/A	N/A	15	33.33%
MCLA	8	50.00%	28	32.14%	136	24.26%	1511	26.34%

| Line of Business | Race/Ethnicity | | | | | | **Stat Sig |
| | Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity | | Unknown Race Hispanic/Latino | | White/ Unknown Ethnicity | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	9	22.22%	6176	**23.51%**	2666	**30.80%**	Yes
Medicare - CMC	N/A	N/A	20	40.00%	5	0.00%	N/A
MCLA	6	33.33%	4252	**24.62%**	1983	**29.15%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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Follow-Up After Hospitalization for Mental Illness (FUH) 30 DAY – Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	6	66.67%	93	69.89%	6	100%	N/A
Medi-Cal	23	43.48%	3742	**33.78%**	603	**34.33%**	No
Medicare - CMC	N/A	N/A	146	58.22%	7	71.43%	N/A

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	10	90.00%	N/A	N/A	19	84.21%	1	100.00%
Medi-Cal	5	60.00%	4	0.00%	174	**40.23%**	819	**32.48%**
Medicare - CMC	4	75.00%	N/A	N/A	8	50.00%	24	58.33%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	4	50.00%	2	50.00%	N/A
Medi-Cal	9	33.33%	2020	33.42%	716	33.38%	No
Medicare - CMC	1	100.00%	34	73.53%	7	28.57%	N/A

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Follow-Up After Emergency Department Visit for Mental Illness (FUM) 30 DAY – Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	16	43.75%	9106	**35.46%**	1204	**36.63%**	No
Medicare - CMC	N/A	N/A	60	45.00%	3	0.00%	N/A
MCLA	11	36.36%	5840	**33.46%**	536	**32.65%**	No

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	3	33.33%	16	43.75%	357	**42.30%**	2364	**33.93%**
Medicare - CMC	1	0.00%	N/A	N/A	4	50.00%	12	16.67%
MCLA	3	33.33%	14	50.00%	189	**31.75%**	1604	32.17%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medi-Cal	21	28.57%	4533	35.21%	1785	35.46%	No
Medicare - CMC	N/A	N/A	17	52.94%	4	50.00%	N/A
MCLA	11	36.36%	2537	32.79%	1205	**33.44%**	No

*Denom – Denominator
**Stat Sig – Statistical Significance

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Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) – Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	1	100.00%	15	46.67%	1	100.00%	N/A
Medi-Cal	21	80.95%	2380	**67.73%**	235	**77.30%**	No
Medicare - CMC	1	100.00%	79	70.89%	12	75.00%	N/A
MCLA	15	80.00%	1832	**67.25%**	221	**80.09%**	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	3	66.67%	N/A	N/A	3	33.33%	N/A	N/A
Medi-Cal	3	100.00%	6	83.33%	192	**73.44%**	826	**67.19%**
Medicare - CMC	2	100.00%	N/A	N/A	6	100.00%	13	61.54%
MCLA	3	100.00%	6	**83.33%**	144	74.31%	631	**67.19%**

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	1	100.00%	N/A	N/A	N/A
Medi-Cal	8	37.50%	992	72.98%	460	69.78%	Yes
Medicare - CMC	N/A	N/A	38	76.32%	7	57.14%	N/A
MCLA	6	33.33%	749	72.76%	347	68.88%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who Are Using Antipsychotic Medication (SSD) – Rates by Spoken/Language and Race/Ethnicity							
Line of Business	**Spoken Language**						****Stat Sig**
	Chinese		**English**		**Spanish**		
	*Denom	**Rate**	***Denom**	**Rate**	***Denom**	**Rate**	
LACC	5	100.00%	170	68.82%	14	78.57%	N/A
Medi-Cal	77	**76.62%**	10964	80.85%	862	**82.95%**	No
Medicare - CMC	1	100.00%	353	**78.19%**	30	**86.67%**	No
MCLA	48	**79.17%**	7669	80.94%	532	**84.21%**	No

Line of Business	**Race/Ethnicity**							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		**American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity**		**Asian/ Unknown Ethnicity**		**Black/ African American/ Unknown Ethnicity**	
	*Denom	**Rate**	***Denom**	**Rate**	***Denom**	**Rate**	***Denom**	**Rate**
LACC	22	77.27%	N/A	N/A	26	65.38%	N/A	N/A
Medi-Cal	4	100.00%	33	**96.97%**	712	**77.25%**	2925	81.06%
Medicare - CMC	2	100.00%	N/A	N/A	26	88.46%	72	**75.00%**
MCLA	4	100.00%	25	96.00%	460	**77.39%**	2145	81.07%

Line of Business	**Race/Ethnicity**						****Stat Sig**
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		**Unknown Race Hispanic/Latino**		**White/ Unknown Ethnicity**		
	*Denom	**Rate**	***Denom**	**Rate**	***Denom**	**Rate**	
LACC	N/A	N/A	5	60.00%	N/A	N/A	N/A
Medi-Cal	19	73.68%	4467	82.23%	2713	79.76%	Yes
Medicare - CMC	1	0.00%	108	**76.85%**	25	84.00%	No
MCLA	13	76.92%	8963	**82.42%**	1871	79.64%	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance

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.

Follow-Up for Children Prescribed ADHD Medication (ADD) Continuation and Maintenance Phase

For Medi-Cal-Continuation and Maintenance Phase, the highest rate was among Unknown Race Hispanic/Latino (61.8%) and the lowest rate was among Black/African American/Unknown Ethnicity (52.8%). This was not statistically significant. Language data segmentation reflected English speakers had a rate of 59.6% and Spanish speakers had the rate of 66.3%. Note that American Indian/Alaskan Native Unknown Ethnicity has the highest rate at 66.6%; however, is not included due to the small sample size (N=3). English speakers had lower rates. This was not statistically significant.

Antidepressant Medication Management (AMM) Continuation and Maintenance Phase –

Medi-Cal –AMM: For Race/Ethnicity of the Medi-Cal-Continuation and Maintenance Phase, the highest rate was among White/Unknown Ethnicity members (56.4%) and the lowest rate was among Black/African American members (40.8%). This was statistically significant. For Language, the highest rate was among English speakers (47.2%) and the lowest rate was among Chinese speakers (39.1%). This was statistically significant. Therefore, from available data, this year there is no linguistic disparity for this measure.

CMC – AMM: For Race/Ethnicity of the CMC-Continuation and Maintenance Phase, the highest rate was among Black/African American/Unknown Ethnicity members (62.9%) and the lowest rate was among Unknown Race Hispanic/Latino members (53.1%). This was not statistically significant. For language, the highest rate was among Spanish speakers (56.7%) and the lowest rate was among English speakers (52.7%). This was not statistically significant. Chinese speakers had a very small sample (N=1), so we were not able to include it for statistical analysis. For MY 2024, Behavioral Health Workgroup will continue to collaborate with Pharmacy to conduct AMM Robocalls to serve as a generic refill reminder.

LACC – AMM: For Race/Ethnicity of the LACC-Continuation and Maintenance Phase, the highest rate was between American Indian and Alaska Native (AI/AN) Hispanic or Latino members (57.7%) and the lowest rate was among Unknown Race Hispanic /Latino members (42.5%). This was not statistically significant. For language, the highest rate was among English speakers (61.5%) and the lowest rate was among Spanish speakers (41.9%). This was statistically significant. Note that African American (N=2) and Chinese speakers (N=26), had low sample sizes and thus tests for statistical differences in these proportions were unreliable due to a low volume of members. The current interventions in place are in Spanish and Chinese. For MY 2024, Behavioral Health Workgroup will continue to collaborate with Pharmacy to conduct AMM Robocalls to serve as a generic refill reminder.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Medi-Cal –APM: For Race/Ethnicity of Medi-Cal, the highest rate was among Unknown Race Hispanic/Latino members (55.8%) and the lowest rate was among Asian/Unknown Ethnicity members (40.07%). This was statistically significant. For language, the highest rate was among Spanish speakers (60.6%) and the lowest rate was among English speakers (47.9%). This was statistically significant. Note that Chinese had unreliably small denominator at N=24 respectively.

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

Medi-Cal –DSF-E: For Race/Ethnicity of the Medi-Cal –DSF-E the highest rate was (9.20%) among Black/African American/Unknown Ethnicity. The lowest rate was among the White/Unknown Ethnicity members at (5.89%). This was statistically significant. For language, the Spanish speakers had the highest rate at (5.64%) while the lowest was among Chinese speakers at (0.34%). This was statistically significant.

CMC –DSF-E: For Race/Ethnicity, the highest rate was among American Indian/Alaska Native Hispanic or Latino members at (4.93%). The lowest rate was among Asian/Unknown Ethnicity at (0.63%). This was statistically significant. For language, the highest rate was among Spanish speakers at (47.54%) and the lowest among Chinese speakers at (38.67%). This was statistically significant.

LACC –DSF-E: For Race/Ethnicity of LACC, the highest rate was among American Indian and Alaska Native Hispanic or Latino at (4.93%). The lowest rate was among the Asian/Unknown Ethnicity at (0.63%).

This is statistically significant. For language, Spanish speakers had the highest rate at (5.64%) while Chinese speakers have the lowest at (38.67%). This was statistically significant.

Follow-Up After Emergency Department Visit for Alcohol and Other Dependence (FUA) 30-DAY

Medi-Cal – FUA-30 Day: For Race/Ethnicity of Medi-Cal, the highest rate was among White/Unknown Ethnicity (30.8%) and the lowest rate was among Unknown Race Hispanic/Latino (23.5%). This was statistically significant. For language, the highest rate was among English speakers (27.0%) and the lowest rate was among Spanish speakers (18.3%). This was statistically significant. Note that Chinese, American Indian and Alaska Native Hispanic or Latino, and Native Hawaiian/Other Pacific Islander had unreliable small denominators at N=10, N=8, N=9, respectively.

CMC – FUA-30 Day: For Race/Ethnicity of CMC and Spoken Language all had a denominator less than 30. Therefore, there was not a racial or language disparity noted.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Medi-Cal – FUM-30 Day: For Race/Ethnicity of Medi-Cal, the highest rate was among Asian/Unknown Ethnicity (42.3%) and the lowest rate was among Black/African American/Unknown Ethnicity (33.9%). This was not statistically significant. For language, the highest rate was among Spanish speakers (36.6%) and the lowest rate was among English speakers (35.4%). This was not statistically significant.

CMC – FUM-30 Day: For Race/Ethnicity of CMC and Spoken Language all had a denominator less than 30. Therefore, there was not a racial or language disparity noted.

Follow-Up After Hospitalization for Mental Illness (FUH) 30-DAY

CMC – FUH-30 Day: For Race/Ethnicity, statistical differences in these proportions were unreliable due to a low volume of members.

For language, the data for this measure were unreliable, as the majority had small sample sizes.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Medi-Cal – SMD: For Race/Ethnicity of Medi-Cal-SMD, the highest rate was among Asian/Unknown Ethnicity members (73.4%) and the lowest rate was Black/African American (67.1%). This was statistically significant. For Language, the highest rate was among Spanish speakers (77.3%) and the lowest rate was among English speakers (67.7%). This was not statistically significant. Note that American Indian/Alaskan Native Hispanic or Latino (N=3), American Indian/Alaska Native Unknown Ethnicity (N=6) had a low sample size and thus tests for statistical differences in these proportions were unreliable due to a low volume (n<30) of members.

LACC – SMD: For Race/Ethnicity and language, statistical differences in these proportions were unreliable due to a low volume of members.

CMC – SMD: For Race/Ethnicity and language, statistical differences in these proportions were unreliable due to a low volume of members.

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

Medi-Cal – SSD: For Race/Ethnicity of the Medi-Cal product line, the highest rate was among American Indian/Alaska Native Unknown Ethnicity members (96.9%) and the lowest rate was among Asian Unknown Ethnicity members (77.2%). This was statistically significant. For language, the highest rate was among Spanish speakers (82.9%) and the lowest rate was among Chinese speakers (76.6%). At this time there are no interventions geared toward addressing this disparity, as this is not a high priority measure.

LACC & CMC – SSD: LACC and CMC data are not displayed since their denominators were too small to conduct any meaningful analysis.

SUMMARY OF INTERVENTIONS FOR MY 2022

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	• Medical offices having limited capacity due to staffing shortages • Member care occurs outside of the primary care setting and not reported to the health plan • Many providers are unaware that children may be receiving care through schools or specialty mental health providers • Parents may not seek care for their children due to social stigma	• Mailers continue to be sent to providers on a bi-weekly basis informing them that member has been prescribed ADHD medication and advising follow up • In 2022, there were 1,156 letters sent to prescribing providers	• In 2022, there was an evaluation conducted and as a result, there was a 55.14% compliance rate compared to the overall ADD rate (60.63%). This shows that the letters may not be impacting the rate at a large scale
Antidepressant Medication Management (AMM) - Continuation Phase	• Members may not want to take medication due to the perceived social stigma of having depression • Members may stop taking medication if they experience any negative side effect • Members may discontinue medication if they are feeling better and feel they do not need medication • PCPs do not encourage members	• A one-time member letter was mailed in November 2022 to all lines of business. Letter also included a reminder on other care gaps in addition to their antidepressant medication reminder. • In total, 1,472 letters were mailed to members who only needed a reminder on their anti-depressant medication and 1,118 letters were mailed to members who needed a reminder to both an anti-depressant medication	• The intervention is continued in 2023. • Not effective-2022 Evaluation indicated that out of 1472 members that received the letter, only 26 were compliant (1.8%) in Quarter 1 2023. Results indicate AMM letter is not a successful intervention. As a next step, L.A. Care will

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Antidepressant Medication Management (AMM) - Continuation Phase (cont.)	to stay on medication for the appropriate length of time. • PCPs prescribe for 30 days. • Pharmacy reversals were removed from data	and other care gaps measures	continue to explore automated reminder calls conducted by Pharmacy team as another type of intervention
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	• Providers may not be aware patient is on medication	• Providers were sent APM notification letter in Sept 2022, which shows their members in need of metabolic testing. A total of 224 provider letters were mailed	• Not effective-A 2022 evaluation was conducted to analyze the impact. The evaluation showed that the members whose providers received the letter, showed a 39.73% compliance rate
Depression Screening and Follow-Up for Adolescents and Adults	• Lack of coding for services after member visits • Lack of awareness of patient medication history • Undocumented/missing records for point of care testing	• Depression screening has been added to the PPG and PCP gap in care report • P4P incentive	• No intervention for MY 2022
Follow-up After Emergency Department Visit for Mental Illness (FUA) - 30-day	• Data lag-Provider may not be aware of their patient needing a follow-up. • Limited data-Data does not show who prescribed the treatment that made the member compliant	• L.A. Care Health Plan QI team dived into some root causes by reviewing charts • QI Team worked with Health Information 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	• No intervention for MY 2022
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30-day	• Data lag-Provider may not be aware of their patient needing a follow-up • Member does not have a PCP. According to the data chart review, many members have not had an established	• L.A. Care Health Plan QI team looked into the data to further analyze root causes of low FUM rates • Behavioral Health Team partnered with Carelon to plan a text campaign to further outreach to	• No intervention for MY 2022 • Carelon will start outreach 11/13/2023

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30-day (cont.)	relationship with their PCP for more than a year	members under this measure • QI Team worked with Health Information 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	
Follow-Up After Hospitalization for Mental Illness (FUH) - 30-day	• Members did not attend their scheduled appointment or cancelled their appointment • Case Managers are unable to contact member. • Members may be experiencing homelessness and are difficult to contact for follow up	• Member incentives continue in 2023. • Carelon continues collaboration with facilities to ensure and verify member contact information is accurate and up to date • Appointment reminder letters sent to every member with scheduled appointments. Letter includes the LA Care FUH Incentive brochure. • Carelon continue to work with county providers to ensure member is seen within 7-days of discharge • 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 • TCM intervention continues which supports and positively impact CMC and LACC rates	• An FUH MY 2022 Evaluation will be conducted next year
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	• Clinics unable to reach member due to not up to date contact information • Point of care testing may not be coded	• Ongoing-POR/Gap in care list sent to the network • Continue to educate network including Carelon and DMH of the importance of the measure via BHQC	• Continue sending out the provider opportunity report containing SMD

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	• Providers may be unaware patient is on medication • Specialty mental health providers may not report diabetes screening • Point of care testing may not be documented or coded correctly	• Ongoing-POR/Gap in care list sent to the network • Continue to educate network including Carelon and DMH of the importance of the measure via BHQC	• Continue sending out the provider opportunity report containing SSD • Due to COVID, difficult to evaluate if program is effective

LOOKING FORWARD

- L.A. Care will continue to work with pharmacy department on automated robocall to members who are due for their anti-depressant medication. Additionally, L.A. Care will work with data team to further look into the impact of the AMM member letter to the other care gaps indicated to analyze further impact.
- L.A. Care will continue sending out ADD provider mailers encouraging providers to reach out to their members to see their provider and/or have a medication refill.
- L.A. Care will do an evaluation on the FUH incentives program to see if the program was effective or not in increasing follow-up after hospitalization.
- L.A. Care will be collaborating with Carelon on high-touch text outreach campaign to target FUM eligible population.
- L.A. Care will add the depression screening measure as a priority measure to help improve health disparities when it comes to depression screening.
- L.A. Care will continue working with Quality Performance Management Team, Maternal Health Workgroup, and Carelon to capture further depression-screening rates.

MY 2023 WORK PLAN GOALS

HEDIS Acronym	HEDIS Measure	MY 2023 Medi-Cal Goal	MY 2023 Dual Eligible Special Needs Plan (D-SNP) Goal	MY 2023 L.A. Care Covered (LACC) Goal
AMM	Antidepressant Medication Management - Continuation Phase	48%	57%	61%
DSF-E	Depression Screening for Adolescents & Adults	8%	48%	3%
DSF-E	Depression Follow-Up for Adolescents & Adults	70%	N/A	N/A

HEDIS Acronym	HEDIS Measure	MY 2023 Medi-Cal Goal	MY 2023 Dual Eligible Special Needs Plan (D-SNP) Goal	MY 2023 L.A. Care Covered (LACC) Goal
FUA-30 day	Follow-Up After Emergency Department Visit for Alcohols an Other Drug Abuse or Dependence - 30-day	37%	N/A	N/A
FUH-30 day	Follow-Up After Hospitalization for Mental Illness - 30-day	N/A	60%	66%
FUM-30 day	Follow-up After Emergency Department Visit for Mental Illness 30-day (FUM)	55%	N/A	N/A
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia	71%	73%	68%
SSD	Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication	82%	80%	74%

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 2022 to 2023 to address pharmacy-specific **National Committee for Quality Assurance (NCQA)**/Healthcare Effectiveness Data and Information Set (HEDIS) quality measures. These in-house initiatives were in collaboration with Quality Improvement (QI), Behavioral Health (BH), and Navitus Clinical Engagement Center (CEC).

- Pharmacy Star Measures
  - Osteoporosis Management in Women Who Had a Fracture (OMW) – C08
  - 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)
  - Comprehensive Diabetes Care (CDC)
  - 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 been actively exploring innovative strategies and continuously refining our interventions to enhance medication adherence. Currently, interventions include prescriber scorecards, targeted medication reviews (TMR), 100-day supply conversion mailers, Pharmacoadherence or Star Support, and our Comprehensive Adherence Solutions Program (CASP).

Since July 2018, providers have been receiving a quarterly prescriber scorecard letter distributed by Navitus. This letter and supplemental tables list members who may be exhibiting non-adherent behaviors for each respective provider. Providers are able to quickly identify L.A. Care patients who may need

encouragement and counseling in continuing with regular administration of their chronic medications. The scorecard outlines the provider's individual overall Star rating, their peer overall Star rating compared to other prescribers, and their individual 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 MediConnect (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 1, 2022, CMC/D-SNP members have been able to fill up to a 100-day supply of their chronic medications, which increased from a 90-day supply previously. Switching to 100-day supply has proven to help with improving medication adherence, especially for those who are physically burdened. Members were able to make fewer trips to the pharmacy and were not as impacted by medication shortages because they had more medication supply on hand. In support of this change, Navitus has been mailing 100-day supply conversion forms to providers on a quarterly basis to encourage prescribers to switch members' chronic medications to a 100-day supply.

Since January 2022, L.A. Care has partnered with Navitus CEC to launch a medication adherence program called Pharmacoadherence, also known as Star Support. This program consists of identifying those currently or at-risk of becoming non-adherent to their medications and utilizes a multimodal technique to address the issues they may be facing. Providers and members will first receive a mailer and will receive a follow-up phone call, as necessary. Learning from our performance in 2022, several modifications were made to our medication adherence efforts. Navitus CEC has incorporated a new adherence call platform called RISE, increased member qualification for outreach from quarterly to weekly, and incorporated two new campaigns: First Fill (for members who had only one fill of Star medications) and Follow Up.

L.A. Care Pharmacy has continued the in-house adherence outreach program, the Comprehensive Adherence Solutions Program (CASP), involving a high-touch approach to CMC/D-SNP members to ensure adherence is achieved and maintained throughout the calendar year. Pharmacy technicians and pharmacists conduct outbound calls to members to educate members on the importance of adherence and to address collaboratively any adherence barriers members may be facing. L.A. Care Pharmacy continues to refer Medication Therapy Management (MTM) eligible members who have not completed a Comprehensive Medication Reviews (CMR) to Navitus CEC, research alternative working numbers not already listed in Navitus or L.A. Care systems, and add to QMEIS to minimize the unable to contact (UTC) rate across all departments and administer member experience and Social Determinants of Health (SDOH) survey. Starting in 2023, L.A. Care Pharmacy has undertaken a significant transformation of our internal, high-touch adherence outreach program. This transformation involved refining and optimizing existing workflows, including refreshing call lists more frequently, integrating call list enhancements, which enable more member-centric outreach, and adopting a proactive case manager approach to address effectively the challenges associated with "cold calling." In addition, this transformation seamlessly integrated a diverse range of campaigns, each meticulously crafted to align with the unique demographics of our members and serve specific, well-defined objectives. L.A. Care Pharmacy is also pursuing Salesforce integration for our internal adherence call program to streamline outreach, minimize manual processes, and enhance member

experiences. Lastly, L.A. Care Pharmacy utilizes motivational interviewing techniques to listen to the members' concerns and offers the exact service they need from our list of available services, including patient education, transportation resources, 100-day supply conversion, mail order referral to Ralphs Pharmacy, medication synchronization (allowing members to pick up multiple chronic medications on the same day rather than going to the pharmacy multiple days in a month), patient, medication, and vaccine education, and statin recommendation for eligible diabetic members to fulfill the SUPD measure. We have also expanded the services offered to include Papa Pals (a companionship vendor who can also assist with taking the members to their appointments and to their pharmacy), assistance with updating enrollment information, switching primary care physicians (PCP), getting connected with a specialist, and referrals to other internal departments such as Behavioral Health and Social Services.

MAJOR ACCOMPLISHMENTS

- L.A. Care Pharmacy has assembled a dedicated adherence call team and formulated a tailored workflow process to pinpoint effectively members requiring outreach. 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 2022.
- From 1/5/2023 to 9/22/2023, L.A. Care Pharmacy has made 30,669 attempts to members, providers' offices, and pharmacies. We have made 7,915 successful outreaches to the member specifically and have had 3,283 encounters with successful interventions, including 100-day supply conversion, medication synchronization, mail order referral, transportation services, and referral to internal L.A. Care departments (e.g., assistance with obtaining a new primary care physician (PCP), 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 distributed the following volume of prescriber scorecards to providers:
  - 2022 Q3: 4,613 unique prescribers mailed
  - 2022 Q4: 4,944 unique prescribers mailed
  - 2023 Q1: 2,892 unique prescribers mailed
  - 2023 Q2: 4,235 unique prescribers mailed
- L.A. Care Pharmacy, in collaboration with Navitus CEC, has distributed the following volume of 100-day supply conversion forms to providers:
  - 2022 Q3: 5,091 letters mailed
  - 2022 Q4: 5,024 letters mailed
  - 2023 Q1: The program was on hold due to delays associated with the transition of CMC to D-SNP
  - 2023 Q2: 5,831 letters mailed

RESULTS

The following graphs compare L.A. Care adherence performance at the end of year for 2021, 2022, and projected 2023:

Table 1: CMS CMC/D-SNP Adherence Rates 2021-2023

CMS CMC/D-SNP Adherence Rates 2021-2023

	Diabetes Adherence	RAS Adherence	Statin Adherence
2021	85%	82%	79%
2022	84%	83%	80%
Projected 2023	86%	86%	82%

2023 Goal: 85% — QW: 80% (Diabetes Adherence)
2023 Goal: 86% (RAS Adherence)
2023 Goal: 82% (Statin Adherence)

PDC Percentage (%)
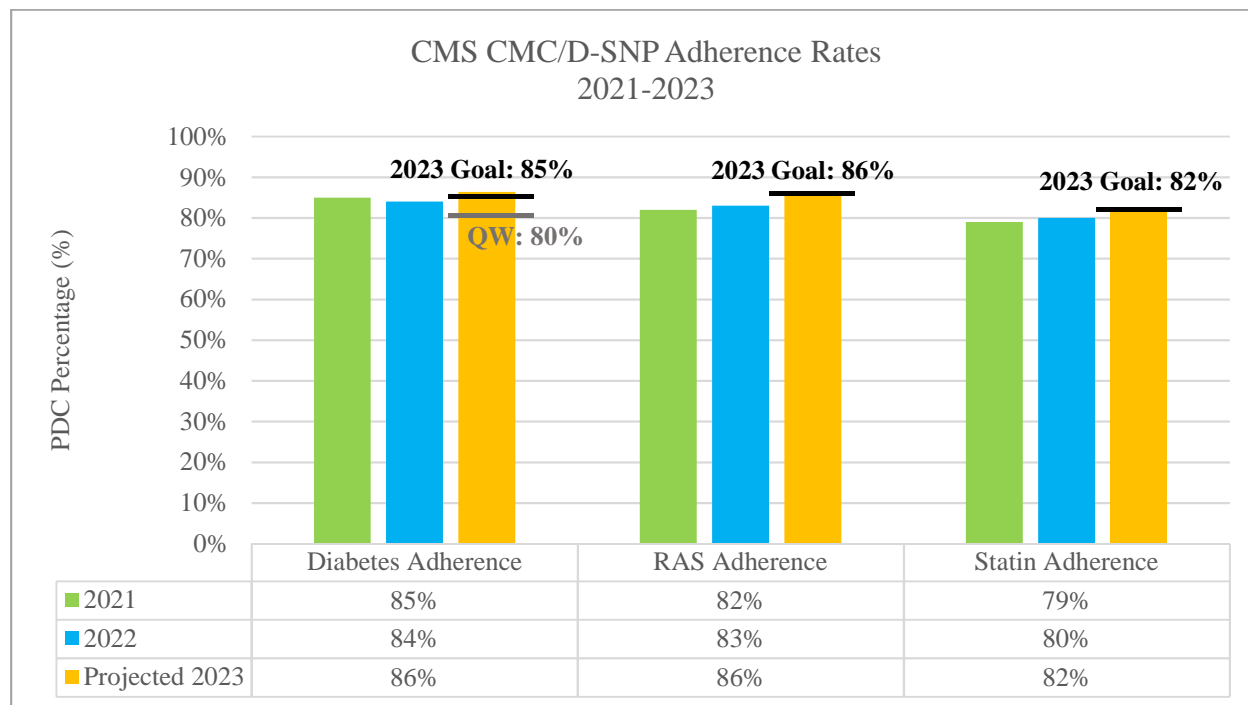
Quantitative Analysis

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 2022*). For contract year (CY) 2022, the final medication adherence rates were 84%, 83%, and 80% for the Diabetes, RAS Antagonists, and Statin measures, respectively. From CY 2021 to CY 2022, we see a slight decrease in our performance for the Diabetes adherence measure but an increase for RAS Antagonists and Statins. For CY 2023, the pharmacy department calculated projected final 2023 rates as a forecast for the end of 2023 based on the previous year's trend, and may not be accurate to the true final rate for 2023. Based upon current projections, we will finish CY 2023 at 86%, 86%, and 82% for the Diabetes, RAS Antagonists, and Statin measures, respectively. Based on Star 2024 cut points, we will achieve a 3-star rating for both Diabetes and RAS Antagonists and a 2-star rating for Statin adherence measures for measurement year (MY) 2023. From CY 2022 to CY 2023, we see a 2% increase across all medication adherence measures, which is a significant improvement from our performance from CY 2021 to CY 2022.

Qualitative Analysis

Pharmacy aimed to resolve barriers to medication adherence with the ultimate goal of increasing the quality of life for our members and moving the needle in the positive direction for our CMS 5-Star quality measures. Cut points for CMS Star measures are updated annually and typically shift upwards (meaning, rate thresholds for each Star level increase) due to changes in the specifications of the measure or changes in the average performance of health plans across the country. CMS recently released the cut points for the CY 2022 medication adherence measures. Unexpectedly, we see a variety of changes in the star cut-points. The 5-star cut points have decreased or stayed the same, the 3- and 4-star cut points have generally remained

the same, and the 2-star cut points have increased in comparison to the previous year. If our adherence rates trend as forecasted, a 3-star rating for Diabetes and a 2-star rating for both RAS Antagonists and Statin adherence measures for MY 2023. This improvement is largely 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 in an attempt to improve their adherence. Live telephonic outreach calls with highly trained pharmacy technicians and pharmacists sought to resolve any issues that may prohibit the member from being adherent, such as a transportation issue or simply forgetting to take the medications. The pharmacy team has also implemented several marketing campaigns to display advertisements for our mail-order pharmacy vendor. 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 amount of resources (e.g., staff and time to conduct calls) and cannot reach every eligible member for the Star adherence measures. To assist with these limitations, we restarted the refill reminder robocall campaign, as it was on pause for most of 2021 due to concerns with the Telephone Consumer Protection Act (TCPA). Nevertheless, our improvement/sustainment in both medication adherence rates and star ratings across all measures demonstrate the effectiveness of our interventions for 2023.

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 Medication Adherence for Hypertension Medications (RAS Antagonist) Medication Adherence for Statins	• Members experience difficulty in obtaining refills from the pharmacy or provider • Members express forgetfulness • Members identify transportation issues to getting to their pharmacy for provider • Members express a lack of understanding of their medication indication or instructions • Member has concerns about side effects from medications • Member lacks understanding of benefits (e.g., vacation overrides) • Some providers are reluctant to prescribe an extended-day supply and require members to make	• Contact the member's pharmacy or provider to request for 100-day supply of medications • Assist member 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 • Provide education on prescription benefits and guide members on next steps before taking a vacation • Address SDOH-related barriers via Community	• Increase in 100-day supply prescription count • Increase in proportion of days covered (PDC) rate for Diabetes, RAS Antagonist, and Statin medication adherence measures • Increases in medication adherence rates across all 3 measures. • Increase in member connection rate due to alternative phone numbers obtained

CMS CMS/ D-SNP Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
	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 getting in contact with the member (e.g., call consent selection at the time of enrollment, invalid or no phone numbers in QMEIS)	Link and/or CM/Social Services referrals • Assist member 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 • Weekly team meetings to proactively address any new barriers we may discover	

LOOKING FORWARD

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

- Enhance the quality of our adherence outreach calls by bringing the entire adherence call process in-house.
- Refine our identification criteria to more effectively pinpoint members in need of outreach and optimize the timing and frequency of calls 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.
- Transition mail order pharmacy vendor from Ralphs Pharmacy to Quality Drug Clinical Care has auto-refill capabilities to support member adherence to chronic medications.
- Continue collaborating with Navitus in refining the Provider Scorecard report to deliver provider-specific medication adherence data, measure their performance on each measure, and provide actionable recommendations to improve medication adherence.
- Leverage our Participating Physician Group (PPG)/provider relationship and provide actionable member data on a monthly basis in tandem with the Provider Opportunity Reports from Incentives.
- Utilize our various Health Information Exchange (HIE) systems to find alternate phone numbers used for member outreach.

MEDICATION THERAPY MANAGEMENT (CMR COMPLETION RATE)

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

Navitus Clinical Engagement Center (CEC) currently administers MTM for L.A. Care D-SNP members. As part of the MTM program, members receive telephonic Comprehensive Medication Reviews (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 prescriber or caregiver.

For CY 2023, 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 $4,935 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

Beneficiary is allowed to opt out of the MTM program.

As of September 2023, the CMR rate is reported at 71%. Started in June 2021, the pharmacy department has warm-transferred eligible MTM members during comprehensive medication solution calls, which is a telephonic outreach campaign to address adherence for diabetes, RAS antagonists, and statin medications.

MAJOR ACCOMPLISHMENTS
- Implemented a hybrid model to allow L.A. Care pharmacists to complete CMRs with members directly alongside the MTM vendor.
- 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.
- Educated eligible members by mailing out 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 61% for 2023 for the MTM Program Completion Rate for CMR measure.

Table 3: CMS CMC/D-SNP Comprehensive Medication Review (CMR) 2021-2023

CMS CMC/D-SNP Comphrensive Medication Review (CMR) 2021-2023

CMS Performance	2021	2022	Projected 2023
	73%	79%	88%

4 STAR: 88%
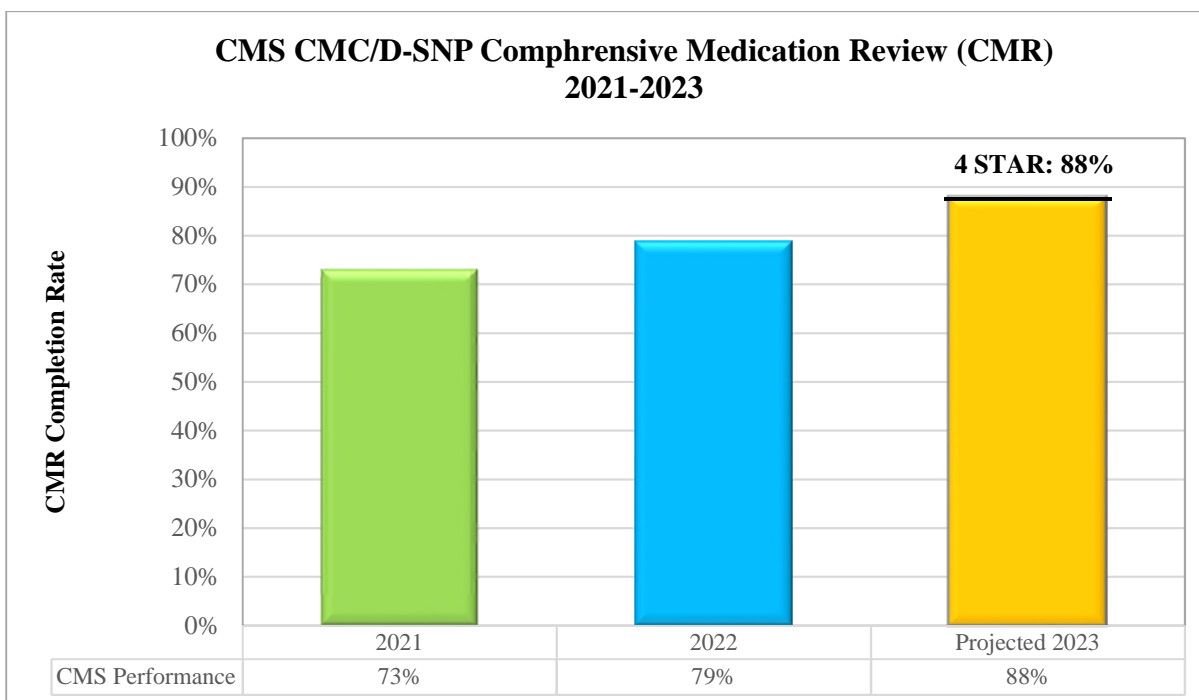
Quantitative Analysis

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%. Comparing the October CMR rate in 2022 and 2023, CMR completion has improved significantly from 62.42% in 2022 to 74% in 2023. The projected CMR completion rate for CY 2023 will be 88%.

Qualitative Analysis

The goal that was set for Navitus CEC was to reach 89% for CY 2022. However, Navitus CEC failed to reach the goal. This can be due to various factors such as staffing issues, workflow adjustments, and members' unfamiliarity with our new vendor. In CY 2022, Navitus hired additional pharmacist staff, including Spanish bilingual clinicians, to increase outreach and capacity to complete CMRs. L.A. Care and Navitus CEC also began meeting on a monthly basis to actively address any issues and collaborate on improving the program. Navitus CEC, based in Wisconsin, also implemented 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 2023, L.A. Care pharmacy department has implemented various processes to increase member outreach and improve CMR rate. On a weekly basis, 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)	• Member engagement by MTM vendor • Unable to reach the member due to inactive phone number • Members who do not receive a Welcome Letter due to incorrect addresses • Members not picking up their phone • Language barriers • Provider engagement for cognitively impaired members	• Employing multiple tactics, such as calling pharmacies and providers, to obtain new phone numbers • Provide Long Term Institutionalized reports from CMS • 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 service • Using telephonic translation services • Additional staff support with subcontractor for non-English speaking members • Identifying members with a diagnosis of 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 addresses	• 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.)		• Implement text messaging to promote engagement and remind members of appointments • Send postcards to eligible members to notify them of MTM services • Navitus CEC adopted the L.A. County local area code for telephonic outreach and expanded hours of operation • Incorporate CMR completion into other pharmacy interventions such as the California Right Meds Collaborative and medication adherence pilot program • Navitus subcontracted with Outcomes MTM to expand MTM services to community pharmacies • Identifying MTM-eligible members in a skilled nursing facility (SNF) and referring them to Navitus for outreach • MTM offering included in pharmacy adherence call interventions	

LOOKING FORWARD

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

- Achieve our CMR completion rate 4-star goal of 88% for CY 2023.
- Continue collaborating with Navitus CEC in CY 2023 and CY 2024 as our vendor for MTM services.
- Launch a Podio-approved fax template asking providers to confirm cognitive impairment diagnosis and provide medical information in order to be able to conduct a CMR directly with the provider.
- For MY 2024, we have selected five chronic conditions for MTM eligibility to better target our members and ensure adequate resources available to assist members in completing their annual CMR.
- Develop avenues of correspondence with providers to enlist their help in encouraging their eligible members to contact and complete a CMR with Navitus CEC.

HEDIS MEASURES

L.A. Care Health Plan's pharmacy department has launched or assisted with several in-house pilot programs to target specific HEDIS measures, including ADD, AMR, CDC, CBP, statin measures (SPD, SPC, and SUPD), OMW, and the Flu vaccine measures.

OSTEOPOROSIS MANAGEMENT IN WOMEN (OMW)

For the OMW intervention, pharmacists conduct outreach to prescribers to encourage reassessment for members who meet the specifications for the Osteoporosis measure. Outreach efforts to providers include phone calls and faxed clinical notices with recommendations and a fillable prescription template. Starting in CY2023, members identified as having a fracture are referred to House Call Doctors (HCD) to schedule an appointment for an in-home DEXA scan. For any identified member, a letter is sent to the member's home with education and recommendations to receive a DEXA scan and speak to their doctor about their fracture. Members are also contacted telephonically to schedule an appointment for an in-house DEXA scan through HCD to alleviate the burden of scheduling a DEXA scan through their doctor. As of May 2023, 50 members were identified, and all members were outreached by pharmacy. Since then, this measure has been transitioned to the Quality Improvement (QI) department for member outreach and scheduling through HCD.

ASTHMA MEDICATION RATIO (AMR)

Additionally, the pharmacy team has created AMR education material for asthma members to help them remember to take their asthma inhalers. After the educational mailer kit was sent on 11/5/2020, pharmacy conducted a one-year analysis and concluded that the results were positive. This intervention was re-launched to MCLA and expanded to LACC members. The updated materials were mailed out on 2/6/2023.

COMPREHENSIVE DIABETES CARE (CDC), 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 (CDC, 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 own 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 who have had two or more CVD-related hospital admissions within the past 12 months.

The CRMC program has been expanded to include a Behavioral Health (BH) cohort. Currently the BH cohort is in a pilot phase, limited to a partnership between one clinic and one partner CRMC pharmacy. Members identified for this cohort are identified as having a diagnosis of schizophrenia, schizoaffective disorder, and/or bipolar disorder and unmet goals in related HEDIS measures, including:

1) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)
2) Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
3) Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Through the BH cohort, CRMC pharmacists help manage and monitor members' chronic and metabolic conditions, as well as address medication adherence.

Starting in 2023, the Adherence cohort for CRMC has been discontinued. In efforts 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 incentivizes the CRMC pharmacies to address any adherence-related issues across all cohorts.

As of 10/5/2023, 810 L.A. Care members have received services from a CRMC clinical pharmacist since the inception of this program. As of 10/2023, we have seen an average A1c reduction of 1.7% with an average baseline A1c of 11.5%. An enhanced A1c reduction of 2.7% was seen in patients with five or more CMM visits. We also saw an average 14.1-point SBP reduction for patients with BP above 140/90 mmHg at baseline. CRMC pharmacists are also faxing the blood pressure readings to providers to be counted towards our CDC and CBP measures. We are continuing to assist the CRMC pharmacies to provide blood pressure monitors to eligible members covered by their medical benefits. To date, nineteen pharmacies have joined our CRMC program. Additionally, the L.A. Care Pharmacy Department also launched an ambulatory care pharmacy program, where a pharmacist has established a Collaborative Practice Agreement with three federally qualified health centers (FQHC) to provide clinical services to manage diabetes, hypertension and hyperlipidemia for L.A. Care members. Our current clinic partners are Wilmington Community Clinic, APLA Health, and Watts Healthcare.

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

Pharmacy has also collaborated with other teams and departments for their measures as well. Pharmacy worked closely with QI, BH, and Navitus to develop a program to target prescribers of ADHD medications with weekly letters and reports, encouraging re-evaluation of the member within a specified timeframe. For MY 2023, Navitus have sent 1,244 provider letters. For MY 2024, Navitus have sent 932 provider letters, as of 10/21/2023.

ANNUAL FLU VACCINE

The pharmacy team will be assisting with coordinating flu vaccine clinics at various Community Resource Centers (CRC). In contrast to 2021 where 10 drive-through events were planned due to the COVID-19 pandemic, flu clinic events occurred within four CRCs and 315 flu vaccines were administered. For 2023, there will be 10 CRCs hosting vaccine clinics. USC Pharmacy will offer health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. D-SNP members are eligible for a $25 gift card if they receive the flu vaccine.

INTERVENTIONS

Table 5: NCQA Accreditation Measures Barriers and Actions

NCQA Accreditation Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Osteoporosis Management in Women Who Had a Fracture	• Members not seeing PCP for follow-up related to their fracture • Homebound members who have difficulty obtaining obtain DEXA scan	• Calling PCP offices of members identified as not meeting the numerator of the measure • Faxing PCP offices of members identified as not meeting the numerator of the measure • High-touch telephonic outreaches to members identified as not meeting the numerator of the measure • Met with QI and HCD to implement in-home DEXA scans for MY 2023	• For MY 2022, pharmacy reviewed all 81 members, and 28 members became compliant after outreach • MY 2021 rate = 39%
Comprehensive Diabetes Care	• Due to data lag, opportunities for patient enrollment using the current criteria is restrictive, thus limiting the scope of the program. • More Primary Care Provider partnerships are needed. Improved program outcomes and continued expansion rely on primary care provider partnerships with our CRMC pharmacies throughout L.A. County. • Although current pharmacies are located throughout L.A. County, more pharmacies are needed in high-risk areas, South L.A. and Antelope Valley.	• L.A. Care Pharmacy Department has been collaborating with Transform LA to pursue additional partnerships with direct network providers for the CRMC program and facilitate improved health outcomes for members within out direct network. • Given the clinical outcomes achieved with our pilot cohort, eligibility criteria have been expanded in 2022 to include members who are non-adherent to chronic disease medications or have had a recent CVD-related hospital admission. • After conducting site visits and evaluations, the CRMC program will add 2 additional pharmacies into the next cohort of CRMC participating pharmacies this year, including one pharmacy located in South L.A.	• Two CRMC introductory presentations are scheduled in the month of September to Pico Women's Medical Group and Clinica Medica General. Discussions are in progress with White Memorial Community Health Center. • A1c reduction of 3.3% in patients with 5 or more CMM visits. We will continue to track outcomes.
Adult Vaccinations	• Members not understand pharmacy benefit and coverage of vaccinations • Members unwilling to receive influenza vaccine • Members reluctant to visit walk-in flu clinics compared to drive-thru due to convenience or concerns about in-person events	• 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	• 10 vaccine clinics will be held at various CRCs in 2023 • Effectiveness of interventions will be assessed after the conclusion of the flu campaign

NCQA Accreditation Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Adult Vaccinations (cont.)	• Due to being the first in-person vaccine clinics since the prime COVID pandemic, only 4 CRCs hosted vaccine clinics	• Offer monetary incentives for receipt of flu vaccine • Additional planning and coordination with CRCs to expand the number of vaccine clinics held to increase member participation	

LOOKING FORWARD

L.A. Care Health Plan's pharmacy department aims to build upon its current quality improvement initiatives and grow relationships with internal and external resources for our 2023 clinical programs.

- Pharmacy has passed the OMW measure to the QI department as of Q3 2023.
- Coordinate flu clinics in the upcoming months at various Community Resource Centers.
- Leverage future flu clinics as an avenue to educate and bring awareness to members about various offerings (e.g., mail order, CRMC, MTM, adherence).
- Continue enrolling additional members to our CRMC program and ambulatory care pharmacy program.
- Continue expanding pilot programs for provider outreach on various HEDIS measures through the pharmacy residency program.

D.1 MANAGING MULTIPLE CHRONIC ILLNESS

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D.1.a   RISK STRATIFICATION PROCESS USING DATA
L.A. Care utilizes a multi-step risk stratification process to help identify, categorize, and develop member-centric integrated service delivery. The methods by which members are stratified are dependent upon the line of business and the plan designation. Members in the Dual Eligible Special Needs Plan (D-SNP) and MCLA lines of business will be stratified based on their risk at the time of enrollment and periodically throughout enrollment.

Initial stratification for the D-SNP and MCLA line of business begins at enrollment and is accomplished through the analysis of member-specific information to include historical fee-for-service (FFS) utilization data provided to the plan electronically by DHCS at the time of enrollment. Members are categorized as either high or low to prioritize HRA outreach.

Members from all lines of business, including LACC, PASC/SEIU members in L.A. Care's direct lines of business, are stratified using the Optum Impact Pro (IPro) tool. This tool identifies the most complex members in L.A. Care's entire membership by applying algorithms to diagnoses and time-based utilization patterns. This provides a picture of the member's risk by health status and severity level. The membership is scored monthly and identifies members who may benefit from any of L.A. Care's programs or services, including Care Management.

D.1.b   RISK STRATIFICATION AND CARE PLANNING USING THE HRA
The initial stratification at the time of enrollment starts the regulatory clock for completion of a Health Risk Assessment (HRA). HRA completion time frames are dependent upon LOB and initial stratification. Per regulatory requirements, an initial HRA must be completed for each newly enrolled D-SNP member within 90 days of enrollment. L.A. Care may choose to conduct outreach more aggressively than the regulatory requirements. For MCLA members, an initial HRA must be completed for all newly enrolled SPD members within 90 days of enrollment. However, L.A. Care may choose to conduct outreach within 30 days for members identified as high-risk per DHCS guidelines.

The HRA process provides a more complete picture of a member's health risk and re-stratifies each into a programmatic level of low, high, or complex. In some instances, the member's programmatic level may be different than their initial stratification assignment. The Health Risk Assessment survey is offered to all members in the D-SNP line of business and members in select sub-populations for the MCLA line of business and is administered telephonically by L.A. Care's Customer Solution Center or Care Management staff. Face-to-face assessments may also be completed face-to-face with members by the Care Management Assessment Coordinator.

The survey contains 37 questions about the member's health status. An overall score is obtained, and this score guides placement into the complex, high, or low-risk programmatic level as well as helps identify eligibility for other programs and services offered by L.A. Care. In November of 2022, an improved HRA risk stratification algorithm was implemented to improve the sensitivity of the HRA risk tiering mechanism. Six questions on the survey will trigger automatic placement into a CM Program regardless of the member's total score. Members scoring 20 or greater with 3 or more hospitalizations in the past 6 months will be placed in the Complex Case Management Program, and members with a score greater than 25 or with select

triggering responses to the HRA will be placed in the High-Risk Case Management Program. Members scoring 24 or less or without triggering responses will be placed in the Low-Risk Program.

High-Risk and Complex members identified through the HRA process are aggregated currently in the Care Management electronic documentation system for assignment. A daily report is generated detailing the members who have completed the HRA process, their scores, and corresponding risk levels. In the next step of the stratification process, the member's accumulated risk data and available clinical information such as hospital claims, medications filled, and medical records are reviewed by a Case Manager and applied to an internal triage tool. This allows the department to make adjustments to the final programmatic determination if warranted. In September of 2023, the Care Management departments rolled out an improved triage tool for manual risk stratification to ensure the right members were being identified for both high-risk and Complex care management.

D-SNP members identified as low-risk following completion of the HRA are delegated to their Participating Physician Group (PPG) for care coordination and follow-up. Members we cannot reach to complete the HRA or who decline participation in the process are also assigned to the PPG for management. Summary, detail, and PDF versions of members' HRA scores and stratification details are posted per assignment on the Provider Portal.

Key Performance Indicators
The Care Management Department uses a fiscal year (FY) reporting cycle. All data reported represent work effort and results for the FY beginning October 1, 2022, and ending September 30, 2023. For clarity, the quarterly data are labeled based on the calendar year and quarter being evaluated and presented in FY sequence. In the following tables, Q4 calendar data represents Q1 for the new FY format and so on for each quarter presented.

CMC performance from 10/01/2022 – 12/31/2023 is reflected in Q1 FY 2023 data and is bundled with D-SNP performance in the measures below to reflect the rollover of members from the CMC to D-SNP line of business and similarity across reporting requirements for the two lines of business.

Individualized Care Plan Completion Rates: CMC/D-SNP+MCLA+ Post-HRA:

LA CARE CASE MANAGEMENT DEPARTMENT
DSNP^ and MC+ CASE MANAGEMENT MEMBERS, HRA as REFERRAL SOURCE
INDIVIDUALIZED CARE PLAN COMPLETION AND COMPLIANCE RATE
FY 2023 QUARTERLY TREND

CASE SOURCE: HRA

Legend:
- DSNP CCM ICP
- DSNP HR ICP
- MC+ CCM ICP
- MC+ HR ICP

Annual Compliance Rates:
DSNP CCM 100.0% (12/12)
DSNP HR 98.6% (768/779)
MC+ CCM 88.2% (90/102)
MC+ HR 94.8% (761/803)

Black dotted line (---) represents 90% goal

Item	Q1 FY 2023	Q2 FY 2023	Q3 FY 2023	Q4 FY 2023
Completed DSNP CCM ICPs	7	2	2	1
Compliant DSNP CCM ICPs	7	2	2	1
DSNP CCM ICP Compliance Rate	100.0%	100.0%	100.0%	100.0%
Completed DSNP HR ICPs	63	344	218	154
Compliant DSNP HR ICPs	63	338	214	153
DSNP HR ICP Compliance Rate	100.0%	98.3%	98.2%	99.4%
Item	Q1 FY 2023	Q2 FY 2023	Q3 FY 2023	Q4 FY 2023
Completed MC+ CCM ICPs	14	22	50	16
Compliant MC+ CCM ICPs	12	19	45	14
MC+ CCM ICP Compliance Rate	85.7%	86.4%	90.0%	87.5%
Completed MC+ HR ICPs	334	163	198	108
Compliant MC+ HR ICPs	318	158	181	104
MC+ HR ICP Compliance Rate	95.2%	96.9%	91.4%	96.3%

^DSNP program began 01/01/2023. CMC ended 12/31/2022
Note: Compliant ICPs are completed within 30 days of case open date.
Source: CM_COR report on SQL Report Server

For D-SNP members, L.A. Care's Model of Care requires that the ICP be created or updated within 30 business days after a member completes an initial or reassessment HRA, but the internal L.A. Care team follows a more stringent timeframe of 30 calendar days from case creation. All D-SNP members require an ICP regardless of engagement. The goal of 90% compliance with ICP within 30 days was exceeded in FY Q1-Q4 for both High-Risk and Complex D-SNP cases.

For MC+ lines of business, only MCLA SPD members require a care plan to be created or updated after the completion of an HRA; other members will only have an ICP created if they opt to participate in the program. For the MC+ line of business, the goal of 90% compliance for 30-day ICP creation was met or exceeded for FY 2023 Q1-Q4 for High-Risk cases. However, the goal was not met for MC+ CCM cases in Q1 and Q2. The volume of MC+ CCM cases in Q1 and Q2 was so low that only 5 outlier cases dropped the compliance rate below the 90% threshold.

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Dual Special Needs Plan (D-SNP) Line of Business:

FY 2023 DSNP CCMA/ICP/ICT Measures Quarterly Compliant Completion Rate Complex Case & High Risk Case Management

Complex Case Management

DSNP Complex Case Management (CCM) Program Members, FY 2023

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4**
■ DSNP CCM CCMA Compliance Rate	100.0%			100.0%
■ DSNP CCM ICP Compliance Rate	100.0%	100.0%	100.0%	100.0%
■ DSNP CCM ICT Compliance Rate	100.0%	100.0%	100.0%	100.0%

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4**
DSNP CCM CCMA Completed	3	0	0	1
DSNP CCM ICP Completed	3	2	1	1
DSNP CCM ICT Completed	3	1	1	1

High-Risk Care Management

DSNP High Risk Case Management (HR) Program Members, FY 2023

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4**
■ DSNP HR ICP Compliance Rate	98.4%	97.2%	99.2%	100.0%
■ DSNP HR ICT Compliance Rate	96.4%	99.7%	100.0%	100.0%

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4**
DSNP HR ICP Completed	63	358	248	122
DSNP HR ICT Completed	56	347	240	119

Source: *CM CDR Report* via SQL Report Server.
** Note: Q4 data is preliminary; full Q4 data is not available until 60 days after the close of the FY'

The standard time line for completing the ICT is within 30 days of the ICP creation. In FY 2022, the ICT meetings schedule was four (4) days per week, each lasting two (2) hours. In FY 2023, the ICT meeting schedule was increased to include two (2) additional ICT meetings per week, lasting one (1) hour each, to accommodate the additional volume of members in care management. The care management team continues to schedule ICT meetings by utilizing a SharePoint calendar function and segregating the presentation of engaged members from those who declined CM or were UTC. In FY 2023, the ICT compliance rate for both High Risk and Complex D-SNP members exceeded the target goal of 90% compliance, with a 100% compliance rate for the last 2 quarters of the year.

The standard timeline for creating or updating the ICP is within 30 days of the case creation date. All D-SNP members require an ICP to be created and updated at minimum annually, or sooner if the member experiences a change in health status or transition of care. The goal of maintaining a 90% compliance rate with 30-day ICPs was exceeded in all quarters for both High Risk and Complex cases.

The total volume of Complex members in D-SNP for FY 2023 was very low; however, a Complex Care Management Assessment (CCMA) compliance rate of 100% was achieved. Goal met.

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Medi-Cal Plus (MC+) Lines of Business
In 2023, the Department of Health Care Services (DHCS) released the Population Health Management Program Guide that retired several active All Plan Letters (APLs) pertaining to Managed Care Plan responsibilities for providing care to the Medi-Cal population. As a result, Care Management processes in place for assessment, individualized care plans, and care coordination for MCLA members were revised to align with the updated guidance from DHCS. In FY 2023, Care Management transitioned from tracking KPIs for MCLA SPD members and the larger MCLA population separately. All MCLA members are now grouped together in the "MCLA+" line of business to encompass all MCLA members eligible for High Risk and Complex Care Management.

In FY 2021, the department experienced resource constraints coupled with hiring challenges. Consequently, Care Management had to prioritize CMC and SPD lines of business activities due to the higher levels of regulatory risks as well as the anticipated DHCS audit. These factors resulted in a lower-than-desired capacity to manage actively other populations. In FY 2022, the department's focus on hiring and expansion of the team began to pay off during the second half of the year; increases in overall case volume and ICP/ICT activities were seen, as well as the department's ability to expand its reach to manage more non-CMC and SPD members.

In FY 2022, there was a reduction in the volume of members enrolled in Complex Care Management (CCM) as the result of two occurrences: the rollout of Enhanced Care Management (ECM) and the revision of the Care Management triage tool for manual risk stratification. With the overlap of CCM criteria and ECM populations of focus, a measurable segment of members who would have been previously enrolled in CCM is now being diverted to ECM. In March of 2022, the Care Management triage tool was revised to ensure only the highest complexity members were being stratified into CCM. The volume in FY 2023 remained low. In contrast, with increased staffing during FY 2022 and FY 2023, the volume of High-Risk MCLA cases managed increased dramatically during Q3-Q4 FY 2022 and increased steadily through FY 2023.

Complex Case Management

MC+ Complex Case Management (CCM) Program Members, FY 2023

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4**
MC+ CCM CCMA Compliance Rate	100.0%	80.0%	78.3%	71.4%
MC+ CCM ICP Compliance Rate	90.5%	84.9%	91.5%	93.3%
MC+ CCM ICT Compliance Rate	100.0%	100.0%	100.0%	100.0%
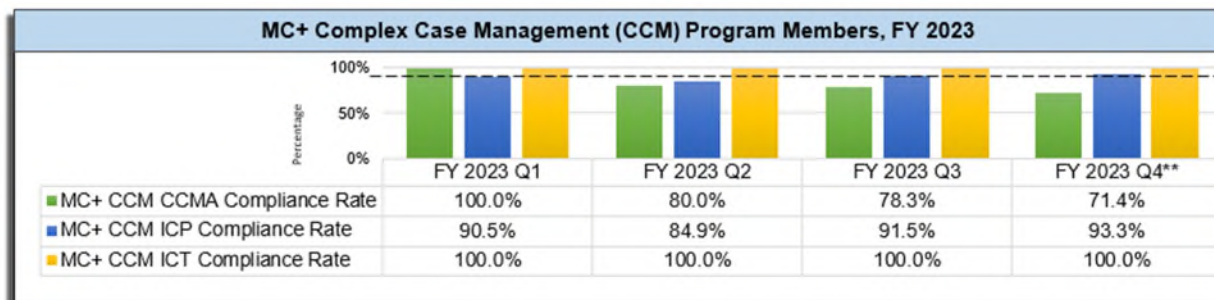
	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4**
MC+ CCM CCMA Completed	15	15	23	21
MC+ CCM ICP Completed	42	53	59	30
MC+ CCM ICT Completed	11	9	16	13

High Risk Care Management

MC+ High Risk Case Management (HR) Program Members, FY 2023

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4**
MC+ HR ICP Compliance Rate	93.3%	94.1%	95.4%	97.7%
MC+ HR ICT Compliance Rate	99.3%	100.0%	99.6%	97.7%

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4**
MC+ HR ICP Completed	793	725	791	516
MC+ HR ICT Completed	288	224	243	132

Note: MC+ (Medi-Cal Plus includes all non-CMC lines of business and SPD; excludes LACC/PASC).
Source: CM COR Report via SQL Report Server.
**Note: Q4 data is preliminary; full Q4 data is not available until 60 days after the close of the FY

Initial CM Assessments (CCMA) are considered compliant when completed within 30 calendar days of the case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of the case open date. Interdisciplinary Care Teams (ICT) are considered compliant when completed within 30 calendar days of ICP creation.

MC+ LOB met the goal of 90% compliance with the 30-day ICP creation in all but Q2 of 2023 for High-Risk cases; the 90% compliance goal was exceeded in all 4 quarters for high-risk cases.

MC+ LOB exceeded the goal of 90% compliance with the required ICT timeframe for all quarters for both High-Risk and Complex cases; CCM cases maintained 100% compliance.

For Complex cases, the CCM Assessment compliance rate did not meet the 90% compliance threshold for Q2-Q4. NCQA accreditation requirements for CCM assessment require that the comprehensive assessment be initiated within 30 calendar days and completed within 60 calendar days of member identification for

Complex Care Management. The internal timeframe for CCM assessment is more stringent than NCQA requirements, and although the internal timeframe for CCM assessment was not met in Q2-Q4, Care Management's auditing and monitoring activities did not identify a risk of noncompliance with NCQA timeframes for CCM assessment timeliness for Complex cases.

D.1.c COMPLEX CASE MANAGEMENT

Once members are initially identified for care management via data or referral sources, they are further reviewed by L.A. Care's Care Management Department to research and review available member information (i.e., claims, PCP records, pharmacy profiles) to confirm the appropriate CM risk level. CM communication of the outcome of the referral, the member's participation decision, and the updated ICP and/or ICT are sent via fax to the PPG and PCP. L.A. Care's Care Management Department has adopted a model and philosophy which includes:

- Member-directed care through member engagement and activation in the care planning process.
- An integrated care management approach. This involves the coordination of care, which is inclusive of Behavioral Health (BH), Social Work (SW), Disease Management (DM), Managed Long Term Services and Supports (MLTSS), Utilization Management (UM) Home & Community-Based Services (HCBS), and other supportive services as directed or needed by the member.
- The expanded care team with additional roles added to the team, such as community health workers and the enhanced role of the care coordinators to meet the unique needs of the members.
- 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 member's or caregiver's lack of understanding, motivation, transportation, or financial needs.
3. Identify and address social determinants of health that compromise member's optimal health and functioning.
4. Identify and address personal and environmental safety issues.
5. Provide dedicated staff to assist in coordinating 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 who have been identified for or referred to care management are contacted within seven (7) business days. Urgent referrals submitted by providers or determined to be urgent by the Care Manager are processed within three (3) business days. Escalated referrals are addressed the same day they are received. Routine requests are processed within seven (7) business days. Care Managers and/or Care Coordinators will make three (3) attempts to contact newly identified or referred members to engage the member in the care management program. Contacts will include at least three (3) telephone calls and one (1) letter.

A total of 8,247 cases were opened by the Care Management Department for FY 2022, with 393 to the Complex Case Management Program, 7053 to the High-Risk Case Management Program, and 801 to the Low-Risk Case Management Program.

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%. The improved graduation rate this FY is attributed to various interventions put into place 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 telephonically with a live representative from the EvenMORE team on a monthly basis. 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 total 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 2023 with an overall average of 94.4% favorable member satisfaction score. Care Management received 968 completed surveys for a 72.6% survey response rate.

LA Care Case Management Department: Member Satisfaction with Case Management[1]
FINAL FY 2023

FY 2023 Response Rate=72.5% (872/1203*)
DSNP Response Rate=73.0% (276/378*)
MC+ Response Rate=72.2% (596/825*)

DSNP 93.3%   MC+ 95.0%   Target = 90% Favorable

Care Management Member Satisfaction Score (% Fav) 94.4%

FINAL FY 2023

MC+ includes LACC and PASC members
% Favorable = Very Satisfied + Somewhat Satisfied
*Unreachable respondents (expired, declined survey, disenrolled) removed from denominator

[1]Q10. Overall how satisfied are you with LA Care's Care Management Program?

10. Overall how satisfied are you with LA Care's Care Management Program

Measure	FINAL FY 2023
Number of respondents: Care Management (CM) Program	872
Care Management Member Satisfaction Score (% Fav)	94.4%
Number of respondents: Care Management (DSNP) Program	276
CM DSNP Member Satisfaction Score (% Fav)	93.3%
Number of respondents: Care Management (MC+) Program	596
CM MC+ Member Satisfaction Score (% Fav)	95.0%

[1]Q10. Overall how satisfied are you with LA Care's Care Management Program?
Data source: *CCM_HRMemberSatisfactionSurveyListsMMYYYY* file provided by MORE supervisor on a monthly basis.
Data are analyzed by the Case Management Business/Data Analyst on a monthly, quarterly, and annual basis.

Members from the MCLA, LACC, and PASC lines of business combined scored slightly higher at 95% average satisfaction with the Care Management Program, while D-SNP members participating in the program had an average of 93.3% satisfaction. Response rates between the two groups were very similar, with an average response rate across all LOBs at 72.5%.

L.A. Care Management scored above the 90% threshold for all 10 questions on the FY 2023 Member Satisfaction Survey:

	Care Mgmt	DSNP	MC+

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?

	Care Mgmt	DSNP	MC+
Item n	967	303	664
Yes	90.1%	88.4%	90.8%
No	9.9%	11.6%	9.2%

2. How satisfied are you with the health information given to you by your Case Manager?

	Care Mgmt	DSNP	MC+
Item n	898	276	622
Avg. Score	4.76	4.75	4.77
Std Dev	0.6644	0.6802	0.6577
% Fav	94.9%	94.5%	95.0%
Very Satisfied	84.9%	84.4%	85.0%
Somewhat Satisfied	10.0%	10.1%	10.0%
Neither Satisfied/Dissatisfied	3.0%	2.9%	3.1%
Somewhat Dissatisfied	0.9%	1.4%	0.6%
Very Dissatisfied	1.2%	1.1%	1.3%

3. How satisfied are you with the how the Case Manager help you understand the doctor's treatment plan?

	Care Mgmt	DSNP	MC+
Item n	834	254	580
Avg. Score	4.77	4.76	4.77
Std Dev	0.6613	0.6969	0.6457
% Fav	95.5%	94.4%	95.8%
Very Satisfied	84.9%	85.0%	84.8%
Somewhat Satisfied	10.6%	9.4%	11.0%
Neither Satisfied/Dissatisfied	2.5%	3.1%	2.2%
Somewhat Dissatisfied	0.6%	0.8%	0.5%
Very Dissatisfied	1.4%	1.6%	1.4%

4. How satisfied are you that the Care Manager helped you get the care you needed?

	Care Mgmt	DSNP	MC+
Item n	884	270	614
Avg. Score	4.74	4.72	4.75
Std Dev	0.7408	0.7532	0.7358
% Fav	95.7%	95.7%	93.1%
Very Satisfied	84.6%	83.3%	85.2%
Somewhat Satisfied	9.5%	10.0%	9.3%
Neither Satisfied/Dissatisfied	3.2%	3.7%	2.9%
Somewhat Dissatisfied	0.6%	1.1%	0.3%
Very Dissatisfied	2.1%	1.9%	2.3%

5. How satisfied are you that you are now more able to follow the doctor's treatment plan?

	Care Mgmt	DSNP	MC+
Item n	786	236	550
Avg. Score	4.67	4.63	4.69
Std Dev	0.8071	0.8726	0.7775
% Fav	92.5%	91.1%	93.1%
Very Satisfied	80.5%	79.2%	81.1%
Somewhat Satisfied	12.0%	11.9%	12.0%
Neither Satisfied/Dissatisfied	3.9%	4.7%	3.6%
Somewhat Dissatisfied	1.3%	1.3%	1.3%
Very Dissatisfied	2.3%	3.0%	2.0%

6. How satisfied are you that the health information provided will assist you in managing your health condition(s)?

	Care Mgmt	DSNP	MC+
Item n	858	265	593
Avg. Score	4.71	4.67	4.73
Std Dev	0.7617	0.8404	0.7239
% Fav	94.3%	92.4%	95.1%
Very Satisfied	81.9%	81.5%	82.1%
Somewhat Satisfied	12.4%	10.9%	13.0%
Neither Satisfied/Dissatisfied	2.6%	3.8%	2.0%
Somewhat Dissatisfied	0.9%	0.8%	1.0%
Very Dissatisfied	2.2%	3.0%	1.9%

7. How satisfied are you with the amount of time it took your Care Manager to return your calls?

Item n	870	268	602
Avg. Score	4.76	4.73	4.77
Std Dev	0.7061	0.8052	0.6575
% Fav	95.4%	94.0%	96.0%
Very Satisfied	85.1%	85.4%	84.9%
Somewhat Satisfied	10.3%	8.6%	11.1%
Neither Satisfied/Dissatisfied	2.0%	2.2%	1.8%
Somewhat Dissatisfied	0.7%	0.7%	0.7%
Very Dissatisfied	2.0%	3.0%	1.5%

8. How satisfied are you that your Care Manager gave you courtesy and respect during your phone calls?

Item n	895	276	619
Avg. Score	4.92	4.89	4.93
Std Dev	0.3956	0.5000	0.3386
% Fav	98.3%	97.8%	98.5%
Very Satisfied	94.4%	93.5%	94.8%
Somewhat Satisfied	3.9%	4.3%	3.7%
Neither Satisfied/Dissatisfied	1.0%	1.1%	1.0%
Somewhat Dissatisfied	0.3%	0.0%	0.5%
Very Dissatisfied	0.3%	1.1%	0.0%

9. How satisfied are you that your Care Manager paid attention to you and assisted you with problem solving?

Item n	889	271	618
Avg. Score	4.82	4.81	4.83
Std Dev	0.6360	0.6383	0.6354
% Fav	96.0%	95.6%	96.1%
Very Satisfied	89.7%	88.6%	90.1%
Somewhat Satisfied	6.3%	7.0%	6.0%
Neither Satisfied/Dissatisfied	2.0%	2.6%	1.8%
Somewhat Dissatisfied	0.4%	0.4%	0.5%
Very Dissatisfied	1.6%	1.5%	1.6%

10. Overall, how satisfied are you with L.A. Care's Care Management Program?

Item n	901	279	622
Avg. Score	4.76	4.71	4.77
Std Dev	0.7182	0.8203	0.6673
% Fav	94.3%	93.1%	94.9%
Very Satisfied	85.8%	84.9%	86.2%
Somewhat Satisfied	8.5%	8.2%	8.7%
Neither Satisfied/Dissatisfied	2.9%	2.9%	2.9%
Somewhat Dissatisfied	1.0%	1.1%	1.0%
Very Dissatisfied	1.8%	2.9%	1.3%

Member Satisfaction Survey results and free text comments submitted by members on the Member Satisfaction will be compiled and analyzed by the Care Management leadership team to support program and process improvement in FY 2024.

ANALYZING MEMBER COMPLAINTS FINDINGS *from Appeals and Grievances*
During FY 2023, the Appeals and Grievances department received 36 complaints from 26 members that were classified under Care Management. Of those, 15 complaints were related to dissatisfaction with the Care Manager. See Table 1.

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 contact 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 or at the PPG; however, the information still provides valuable insight into member pain points and concerns.

The volume of overall complaints classified under Care Management for FY 2023 was greater than during FY 2022. The volume of complaints related to dissatisfaction with the Case Manager decreased from 20 in FY 2022 to 15 in FY 2023, and the volume of complaints related to case management access decreased

from 5 in FY 2022 to 3 in FY 2023. The uptick in complaints related to case management seen in FY 2023 was related to PPG or PPG case manager/facility; the volume increased from 5 in FY 2022 to 18 in FY 2023.

Table 1

FY 2023 Case Management Complaints	Q1			Q2			Q3			Q4			Grand
Category	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
PPG or PPG Case Manager/Facility	0	2	1	0	0	0	3	1	4	3	2	2	18
Dissatisfaction with Case Manager	0	0	0	0	0	3	1	1	2	1	3	4	15
Case Management Access	0	0	0	0	0	0	0	1	1	0	1	0	3
Grand Total	0	2	1	0	0	3	4	3	7	4	6	6	36

Source: *Annual Member Experience - CM_Q1-2023 through Q4-2023* report prepared by Grievance and Appeals Department

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

The Care Management department used a tool developed by the Advanced Analytics Lab (AAL) to evaluate the frequency of utilization: emergency department visits, inpatient admissions, inpatient readmissions, and average length of stay, pre- and post-CM program participation.

Evaluation to measure the utilization of health care services before, during, and after the Care Management program includes members that had an Individualized Care Plan (ICP) opened on or after October 1, 2022:

- **ICP Creation cohort:** There is, at minimum, a 90-day lapse from the ICP create date to the case closure date; members participated in the program for more than 3 months. Only cases with a case closure date are included in the study. Cases with **ICPs created between 10/10/2021 and 9/5/2023 are included in this study**.
- **CM Graduates cohort:** Case closure reason is "goals met"; members graduated from the program. Only **cases closed between 10/2/2022 and 6/30/2023 are included in the cohort**.

Time period definitions:
- **Pre:** Up to 6 months prior to the case creation date
- **During:** The whole CM program participation period spanning from the case creation date to the close date
- **Post:** Up to 6 months post the case close date

Visit type definitions:
- **All ER:** ER indicator flag is not "non_ER"
- **All inpatient hospital visits:** All visits with billtype2 = "IP-Hosp"
- **Avoidable ER:** All visits with er_ind = "Avoidable_ER"
- **Inpatient Hospital Readmission:** Billtype2 = "IPT-Hosp", second visit is within 30 calendar days of the first and >24 hours apart, where membered and billtype2 match
- **Primary Care Physician:** Pcp_util_ind = 'yes'
- **All Readmission:** Origin_readmission < > 'not a readmission'
- **Reference line:** Total utilization measured by the last month from the case close date

ICP Participants Dashboard

Total Population	Members in Cohort	ICP Create Date		Care Manager	LOB Plan	Case ID
11,171	567	10/10/2021	9/5/2023	(All)	(Multiple values)	(Multiple values)

	1. Pre CM Program	2. During CM Program	3. Post CM Program
All ER	505, 577, 529, 699, 849, 796	603, 601, 583, 528, 448, 334, 213, 141, 76, 89, 45, 32, 30, 31, 21, 5, 4 (485)	353, 370, 367, 349, 331, 354
Avoidable ER	186, 203, 194, 258, 258, 213	216, 213, 194, 194, 171, 69, 65, 39, 23, 37, 9, 10, 9, 9, 2, 3, 1 (151, 152)	180, 140, 105, 99, 121
Inpatient hospital readmission	15, 22, 29, 31, 56, 48	35, 28, 23, 22, 10, 20, 14, 9, 2, 1, 3, 3, 1, 1, 9	9, 11, 5, 8, 12, 14
Inpatient hospital visits (all)	43, 55, 67, 88, 140, 137	83, 71, 76, 68, 44, 43, 31, 24, 14, 8, 6, 5, 3, 3, 4, 53	33, 33, 35, 39, 30, 43
PCP	66, 61, 83, 88, 80, 89	131, 90, 107, 87, 81, 53, 35, 28, 15, 14, 12, 4, 3, 2, 83, 76	61, 54, 57, 53, 54
Readmission (all)	13, 20, 31, 27, 39, 67	30, 42, 29, 28, 13, 12, 17, 13, 7, 1, 2, 2, 2, 1, 22, 11	7, 7, 10, 5, 17

Months from Case Create Date: -5, -4, -3, -2, -1, 0
Months from Case Create Date: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16
Months from Case Close Date

567 members met the criteria mentioned above for the **ICP Participants cohort**.

- **All ER:** Total ER visits decreased from 796 per month during the month prior to CM intervention to 603 per month during the first month in CM. The average total monthly ER visits for members during participation in the Care Management program was 485, which is below the pre-CM baseline. Total utilization remained below baseline after CM case closure and did not return to baseline in the 5 months following case closure.
- **Avoidable ER:** Total avoidable ER visits increased from 213 per month during the month prior to CM intervention to 216/month the first month in CM. The average total monthly avoidable ER visits for members during participation in the Care Management program was 151, below the pre-CM baseline. Utilization remained below baseline after CM case closure and did not return to baseline in the 5 months following case closure.
- **Inpatient Hospital Readmission:** Inpatient readmissions decreased from 48 per month during the month prior to CM intervention to 35 per month during the first month of CM intervention. The average monthly readmissions for members during participation in the Care Management program was 9, which is below the pre-CM baseline. Readmissions remained below the pre-CM baseline in the 5 months following case closure.
- **All inpatient hospital visits:** Total inpatient hospitalizations decreased from 137 per month during the month prior to CM intervention to 83 per month the first month in CM. The average total monthly inpatient hospital visits for members during participation in the Care Management program was 53, which is below the pre-CM average. Inpatient hospital visits did not return to pre-CM baseline in the 5 months following case closure.
- **Primary Care Physician:** Total PCP visits increased from 89 per month during the month prior to CM intervention to 131 per month the first month in CM. PCP utilization did not maintain this increase throughout the life of the program and fell below baseline in the 5 months following case closure.

- **All Readmission:** Total all readmissions decreased from 67 per month during the month prior to CM intervention to 30 per month the first month in CM. All readmissions did not return to the pre-CM baseline in the 5 months following case closure. The average total monthly readmissions for members during participation in the Care Management program was 22, which is below the pre-CM average.
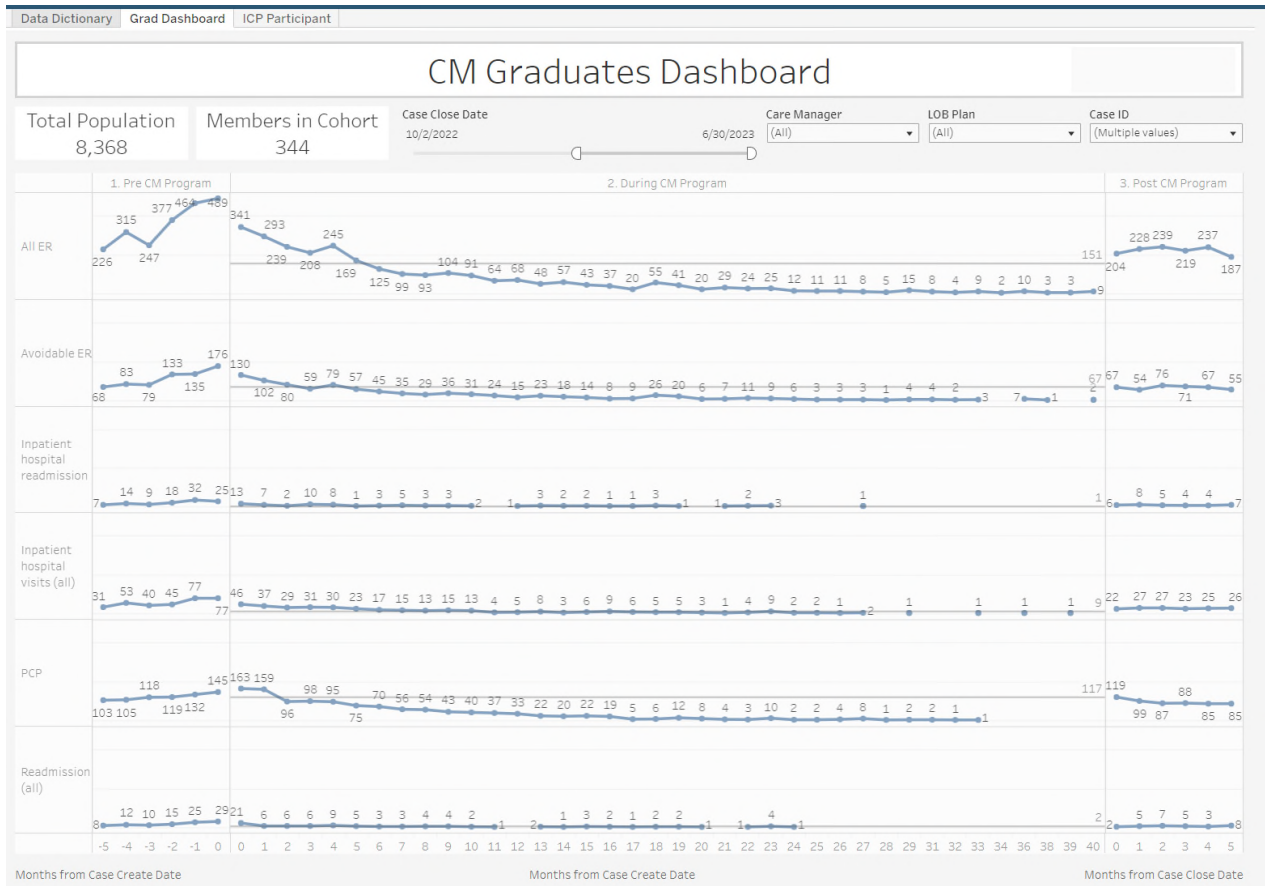
344 members met the criteria mentioned above for the **CM Graduates cohort**.
- **All ER:** Total ER visits decreased from 489 per month during the month prior to CM intervention to 341/month the first month in CM, and decreased consistently over 9 months in the program. The average total monthly ER visits for members during participation in the Care Management program was 151, which is below the pre-CM average. Total utilization remained below baseline after CM graduation and did not return to baseline in the 5 months following graduation; however, ER utilization noticeably increased post-graduation compared to the time members were enrolled in CM.
- **Avoidable ER:** Total avoidable ER visits decreased from 176 per month during the month prior to CM intervention to 130/month the first month in CM, and decreased in the following three months. The average total monthly avoidable ER visits for members during participation in the Care Management program was 67, which is below the pre-CM average. Utilization remained below baseline after CM graduation and did not return to baseline in the 5 months following graduation.
- **Inpatient Hospital Readmission:** Inpatient readmissions decreased from 25 per month during the month prior to CM intervention to 13 per month during the first month of CM intervention. Readmissions continued to decrease in the first 3 months of CM. The average monthly readmissions for members during participation in the Care Management program was 1, which is

below the pre-CM average. Readmissions increased in the month following CM discharge but did not return to baseline in the 5 months following graduation.

- **All inpatient hospital visits:** Total inpatient hospitalizations decreased from 77 per month during the month prior to CM intervention to 46 per month the first month in CM and decreased in the three months following. The average total monthly hospital visits for members during participation in the Care Management program was 9, which is below the pre-CM average. Inpatient hospital visits increased in the month following CM discharge but did not return to baseline in the 5 months following graduation.
- **Primary Care Physician:** Total PCP visits increased from 145 per month during the month prior to CM intervention to 163 per month the first month in CM and increased the second month of the CM program to 159. PCP utilization did not maintain this increase throughout the life of the program and fell below baseline in the 5 months following graduation.
- **All Readmission:** Total all readmissions decreased from 29 per month during the month prior to CM intervention to 21 per month the first month in CM and 6 in the second month in CM. This decrease was maintained through the life of CM intervention and did not return to baseline in the 5 months following graduation. The average total monthly readmissions for members during participation in the Care Management program was 2, which is below the pre-CM average.

Program Evaluation: Performance and Health Outcome Measurement

An annual evaluation of the Care Management Program is documented in the CM Program Evaluation to ensure the scope, goals, performance measures, and planned activities are consistent with the identified plans. The Health Services Leadership team is responsible for the monitoring and evaluation of the care model effectiveness, which includes an aggregate data review of the measurable goals and program satisfaction results.

The evaluation included:
- Comparison of actual program, e.g., data from member satisfaction survey reports and complaints that are related to care management.
- Input on trends and action plans related to internal care management activities.

Identifying Opportunities for Improvement

Goals not met in the expected timeframe based on the results of measurements and analysis will prompt actions, which include the implementation of performance improvement measures. Opportunities for improvement will be re-evaluated at pre-determined timeframes using methods consistent with the initial measurement.

The annual Care Management Program evaluation is presented to the Utilization Management Committee and the Quality Oversight Committee prior to being presented to the Board of Directors.

Quality Improvements/Accomplishments

The Care Management Department made improvements during the course of the reporting year that will impact the department's ability to efficiently and effectively provide case management services to L.A. Care members.

These improvements and accomplishments include:

1. Overall internal compliance monitoring.
   a. Individual level performance audit performance: The team improved from an average of 73% compliance for May 2020 eligible cases to an average of 94% compliance (D-SNP) and 91% (MCLA) in the most recent audit for July 2023 eligible cases. In FY 2023, the

Care Management Clinical Reviewer team was expanded to support separate audit activities between the D-SNP and MCLA line of business.

b. Alignment of annual individual performance goals with compliance and productivity achievements. Introduction of new productivity measures, including the use of telecom reports for phone utilization tracking and trending and tracking of member graduation rates.

2. Consistent use of the Compliance and Operations Report (COR) allowed the leadership team to monitor the team's performance on member cases by tracking the frequency and timeliness of required activities and compliance with standard indicators such as ICP development, ICP updates, and ICT performance.

3. Successful transition of Care Management operations to support the new Dual Special Needs Plan (D-SNP) product

4. The CM leadership team reviewed, revised, and created departmental policies and procedures to ensure compliance with new APLs, DHCS Population Health Management Policy Guide, D-SNP requirements, and other regulatory guidance issued during the year. Additional revisions were made to also improve as well as align with current practices.

5. Successful preparations for and completion of the DHCS audit and NCQA accreditation audit

6. Care Management team full restructuring based on line of business support, more streamlined operations and communication, as well as higher accountability to LOB requirements.

   a. Specialization of clinical staff to support the needs of L.A. Care's diverse membership:
      i. Pediatric and CCS specialization
      ii. D-SNP Direct PPG for institutionalized members
      iii. Complex Care Managers for the most vulnerable populations
      iv. Dedicated Care Managers to support the Direct Network
      v. Major Organ Transplant Care Managers
   b. Expansion of the team to support care management operations for Direct Network members.

7. 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 2120 field visits with members during FY 2023 as compared to 386 field visits in FY 2022.

8. Health Risk Assessment
   a. Revamp the Health Risk Assessment tool to align with new regulatory requirements and integrate it into CCA.
   b. Assessment processes were improved so they are more streamlined and less burdensome while still meeting regulatory requirements.
   c. Integration of the revised Health Risk Assessment into CCA, which included revision of the Health Risk Assessment risk stratification logic.
   d. Revision to the Care Management manual risk stratification triage tool for improved alignment with programmatic risk levels.

9. Roll out of Admission, Discharge, and Transfer (ADT) Report to support live notification of internal and external care management teams of care transition events to initiate timely care coordination.

10. Implementation of Transitional Care Services (TCS) for DHCS High Risk members experiencing eligible care transitions.

11. Increased overall partnerships with leadership from other business units in the enterprise, including MLTSS, UM, EPO/DO, etc.

12. 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); 669 members were sent to the Pharmacy team. Of those 669 members, the Care Management team submitted 63 CMR referrals, and 35 members became compliant with CMR as a result of the partnership.

13. Partnership with the 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.

LOOKING FORWARD: FY 2024

Based on the 2023 CM Program Evaluation, Care Management plans to focus on these areas in 2024:

1) Standardization for Work Processes and Documentation
    a. Continue to evaluate CM, CC, and CHW processes and standardize documentation in order to streamline processes for efficiency.
    b. Decrease administrative load for the care plan development and documentation process in CCA.
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.
3) Technology
    a. Design and support the transition to CCA upgrade for 2024
    b. Integrate MCG Care Coordination module into CCA to support clinical care planning.
    c. Implement a new smart referral form for providers in partnership with Community Health that will automate care coordination and resource recommendations.
4) Ongoing improvement of the CVD Disease Management Program for 2024, including a pilot partnership with the Health Promoter team
5) Execution of processes to support successful implementation of D-SNP 2024 requirements, including palliative care coordination, caregiver strain assessment, 'ECM-like' services, and the new HRA
6) Development of necessary operational structures and processes to support higher quality and utilization performance for Direct Network members in care management.
7) Efforts to support better provider awareness of, referral to, and engagement in Care Management programs
8) Continued focus on member engagement strategies to improve member participation in care management.
9) 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
10) Enhancing Care Management's care transition program for members transitioning between healthcare settings and/or levels of care for all lines of business.
11) Continue to expand Community Health Workers activities in the care model, particularly the field component.

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

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

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2023 WORK PLAN GOALS

Measures	2023 Goal	Goat Met/Not Met
Health Risk Assessment (Core 2.1) Initial	Maintain the goal of 90% or greater	Met
Health Risk Assessment (Core 2.3) Reassessment	63.0%	Not Met
Members with an ICP Completed CA 1.5	77.0%-76.1%	Not Met

*Rates calculated for consecutive year based on data availability for trending.

Measure	Description	MY 2023	Goal Met/Not Met
Special Needs Plan (SNP) Care Management	The percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year.	Proposed: >75%	*Pending*

*Rate is calculated on a MY basis and will be reported during the following year. This is a new measure for CY 2023; CY 2022 data is not available. CY 2023 data will be included on the QI Program Evaluation during FY 2024.

BACKGROUND/SUMMARY

The Cal MediConnect program commenced in April 2014 and received 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 (roll over 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 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 ICT. The overarching goals of the MOC are to improve health outcomes of the D-SNP population through improved access and affordable care, improved coordination of care management, improved transition of care, and improved access to preventative health services and management of chronic conditions.

RESULTS

The performance of the Care Management/Care Coordination measures from the MOC; Health Risk Assessment, Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT), are monitored on a monthly basis, compiled on a quarterly basis and reported through regulatory reporting requirements to Centers for Medicare and Medicaid Services (CMS) and Department of Health Care Services (DHCS) and shared with internal governing committees (Regulatory, Utilization, Quality). For reporting purposes, CY 2022 measures are reported as CMC and CY 2023 measures are reported under the D-SNP.

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. The table below reports Q4 2022-Q2 2023 results and the status of the goal and recommendations for 2024 based on the 2023 results.

HISTORY, INTERVENTION, AND LOOKING FORWARD

In March 2017, L.A. Care reported a large decline in percentages of completed reassessments from Calendar Year (CY) 2015 to CY 2016. From CY 2017 through CY 2022, the completion rates were improved as the result of interventions that began in June of 2017.

Root cause analysis identified the following five factors that attributed to the decrease:
- Inadequate resources and support to complete the task effectively.
  - Untimely outreach to members.
  - Untimely assignment of cases due for reassessment.
  - Inability to obtain timely reassessment compliance reports to track performance.
- Outreach often resulted in members' requesting paper HRAs or requesting delays that were then never completed.

Interventions in June 2017 was established by implementing monthly monitoring as well as the following improvement processes:
- Reassignment of annual HRA to Customer Solution Center Even MORE (CSC).
- Established a weekly monitoring process which includes the identification of priority cases to ensure timely outreach.
- Weekly monitoring includes identifying unassigned cases by focusing on cases with zero attempts.
- Members due for reassessments are provided with a paper HRA and outreached 3 months prior to the due date to prevent delay in completion.

Health Risk Assessment, Core 2.1 New members with an assessment completed within 90 days of enrollment, excluding unwilling and unable to reach.

2023 Goal	2021 Q3-2020 to Q2-2021	2022 Q3-2021 to Q2-2022	2023 Q3 2022 to Q2 2023	Recommend for 2024 Work plan
Maintain the goal of 90% or greater compliance	99.9%	100%	Q3 2022 - 100% Q4 2022 – 99.2% Q1 2023 - 99.4% Q2 2023 - 100%	100% based on D-SNP MOC

Care Management established a close collaboration with EvenMORE on initial HRA oversight to proactively review compliance rates at 45D to improve compliance at 90D and overall 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 that resulted in an improved skip tracing process. L.A. Care was formally removed from the Core 2.1 PIP issued by CMS in September 2022.

In FY 2023, compliance rates for the Core 2.1 remained high; L.A. Care exceeded the goal of a 90% compliance rate from Q3 2022 – Q2 2023. Several interventions led to this success:

- Improved reporting to support more comprehensive oversight of HRA initial outreach activities and compliance
- Implementation of the HRA indicator in QMEIS, allowing for customer service representatives to transfer members who have not completed an HRA to the EvenMORE team for completion
- Revised 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

Health Risk Assessment, Core 2.3 (Reassessment)

2022 Goal At or above the CA Average	Annual Report	Percent of Currently Enrolled Members Who Had a Reassessment Completed During the Current Reporting Period that was Within 365 Days of the Most Recent Assessment Completed During the Previous Reporting Period				Goal for 2023 Work plan
		CY 2019	CY 2020	CY 2021	CY 2022	
CA Average 63.0%	Rate of HRA Reassessment Completion	70.4%	67.3%	68.2%	56.6%	N/A

The CY 2022 Core 2.3 goal of meeting or exceeding the CA average rate of HRA Reassessment Completion at 63% was not met. A gap in oversight of reassessment HRAs was identified in 2022. As part of resuming oversight activities for reassessment of HRAs, a backlog of members overdue for reassessment was found. Although remediation of the HRA reassessment backlog began in May of 2022 and closed out in July of 2022, a large group of members missed the 365 day timeline required for reassessment, and the completion rate suffered as a result.

The transition from CMC to D-SNP in January of 2023 presented additional challenges with HRA operations, however, it is expected that performance on HRA reassessment Core 2.3 will improve for CY 2023 as the result of more consistent monitoring and oversight and enhanced reporting capabilities compared to prior years.

Members with an ICP Completed, CA 1.5

	*Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period			*Percent of Low Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period			Goal for 2024 Work Plan
	Q2-2020 to Q1-2021	Q2-2021 to Q1-2022	Q2-2022 to Q2-2023	Q2-2020 to Q1-2021	Q2-2021 to Q1-2022	Q2-2022 to Q2-2023	
Percent of Members with ICP Completed	Q2 67.6% Q3 63.0% Q4 61.4% Q1 61.2%	Q2 60.7% Q3 60.7% Q4 60.1% Q1 60.3%	Q2 60% Q3 60% Q4 59% Q1 22% Q2 24%	Q2 71.7% Q3 64.9% Q4 62.0% Q1 60.0%	Q2 55.2% Q3 54.7% Q4 54.9% Q1 56.4%	Q2 56% Q3 56% Q4 56% Q1 21% Q2 24%	**100%**
CA Average	Q2 75.6% Q3 78.0% Q4 78.5% Q1 73.6%	Q2 74.3% Q3 74.6% Q4 77.3% Q1 77.0%	Q2 77.6% Q3 78%	Q2 75.6% Q3 76.9% Q4 78.0% Q1 74.1%	Q2 73.4% Q3 73.4% Q4 76.0% Q1 76.1%	Q2 77% Q3 77.5% Q4 – not available Q1 – not available	***Goal based on D-SNP MOC**

*This measure reports on High Risk members separately from Low Risk members with each having a different time component for completion.

The decrease in this measure is attributed to an increase in members who were unable to be contacted by Care Management staff or unwilling to participate in the development of the ICP and an increase in the number of members who did not receive compliant outreach for ICP.

Barriers to member-involved ICP completion included:
- Multiple outreaches from various business units during the immediate post-enrollment period leading to member abrasion, contributing to higher unable-to-reach rates
- High volume of outreach required in Q1 led to backlogs and late or missed outreach for ICP Reporting limitations with the transition from CMC to D-SNP causing missed or late outreach, including data errors and retro enrollments
- A total of 4 previously contracted CMC PPGs did not continue their contract for the management of D-SNP Members with L.A. Care. This resulted in a large volume of Member's being dispersed to other contracted PPG, which impacted the number of Member's enrolled with D-SNP effective January 1, 2023. PPGs did not complete outreach to all Member's, both newly enrolled as D-SNP or transitioning from the CMC to D-SNP program.

INTERVENTIONS TO INCREASE ICP COMPLIANCE AND CARE GOALS DISCUSSIONS
- ICPs continue to be developed by Care Management staff regardless of whether the member is able to be contacted or willing to participate in their development. However, ICPs completed without the member's participation cannot be counted as completed ICPs, as per the technical specifications for the report.
- To combat high unable-to-reach and refusal rates, L.A. Care's internal Care Management team implemented the following interventions during CY 2022:
  o Improved alternate number search, including use of HIE data to identify viable contact information for members to reduce the number of unsuccessful member outreach attempts
  o Customer Service training by the SullivanLuallin Group and ongoing motivational interviewing training to improve member engagement techniques for Care Managers.
- Care Management and HRA operational reports that measure compliance timelines are shared with the Enterprise Performance Optimization team for oversight and tracking, including:
  o HRA Daily Activity Log
  o CMCC Log

o Annual training continue to be provided to internal staff and delegates. In addition to the annual training, in July 2021, Persuasive training was provided to all CMC delegates. The training includes tips/recommendations which goal is to help the staff when outreaching CMC members and ultimately increase the ICP Completion rates and decreasing refusal rates.

In FY 2023, the Enterprise Performance Optimization (EPO) team implemented more comprehensive monitoring and oversight of internal and delegated care management activities:
o In partnership with Care Management, development and operationalizing of the Model of Care Report to track key MOC performance measures on a monthly basis for each care management team (delegated PPGs and internal)
o Bolstered corrective action plan (CAP) process for quantitative measures and ICP regulatory reporting measures (Core 3.2)
o Monthly 1:1 meetings with PPGs to discuss performance gaps and provide direct feedback

As of the end of FY 2023, improvement has already been seen in delegate performance for both ICP regulatory reporting measures (ICP compliance rate) as well as quantitative MOC measures with the above interventions.

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. The goal of the ICT is to engage a cross-functional team of supports to 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 at identifying barriers and alternate interventions to meet the goals and improve the health status of the member. An ICT meeting is the primary communication channel for ICT participants. In order 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.

The ICT compliance rate as of the end of FY 2023 is as follows:

Total D-SNP Membership	Members with an ICT Completed in the Past 365 Days	Members Enrolled < 5 Months (Excluded from Measure)	ICT Completion Rate	Recommend for 2024 Work plan
19,187	14,600	3,201	91.33%	100% based on D-SNP MOC

*Source: SNP CC Report.

The MOC Report allows for EPO to monitor ICT compliance on a monthly basis and provides a mechanism to identify any members who are falling out of compliance for ICT completion in order to remediate deficiencies. This measure will be added to the 2024 QI Work Plan and tracked on a quarterly basis.

LOOKING FORWARD
The CM management staff will continue to monitor and oversee the key performance measures of internal staff on a monthly basis as a part of the routine monthly audit process. In addition, the Care Management team will continue to develop and implement staff training to improve ICP and ICT completion and documentation on an ongoing basis.

In FY 2023, the D-SNP Model of Care Report was created to enhance monitoring and oversight of both internal and enterprise MOC care coordination activities. More consistent use of the MOC Report will support improvement of D-SNP KPIs, including ICP and ICT compliance.

The internal Care Management team will also continue to improve outreach processes by:

- Encouraging member engagement and participation in care management programs, and
- Decreasing the number of unsuccessful outreach calls to members by expanding alternate number search techniques:
    - Efforts are underway to build a report that will include member contact information from Health Information Exchanges available to internal staff and transmitted to the delegates to improve unable to reach rates at an enterprise level

The EPO team will continue existing monitoring and oversight activities. Planned future enhancements to auditing, monitoring, and oversight include:
    - Change in cadence for qualitative auditing of delegated care coordination activities; starting 10/2023, EPO will begin monthly qualitative case file review, including additional measures
    - Additional corrective action plan for qualitative measures
    - Improved resourcing to expand audit, monitoring, and oversight activities of delegated care coordination activities

2024 MOC PERFORMANCE AND OUTCOME MEASURES

L.A. Care formally adopts and maintains goals against which performance is measured and assessed. Specific goals and health outcomes are included in the Quality Improvement (QI) Program and are monitored quarterly via the 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 undertaken to achieve work plan goals and establishes the groundwork for future quality improvement activities.

2024 WORK PLAN GOALS

In alignment with the D-SNP MOC, the 2024 QI Work Plan goals for D-SNP care coordination are as follows:

Measures	2024 Goal
Health Risk Assessment (Core 2.1) Initial	100% based on D-SNP Model of Care
Individualized Care Plan (CA 1.5) Initial	100% based on D-SNP Model of Care
Interdisciplinary Care Team (ICT) – ICT meeting within 365 days of enrollment /annual	100% based on D-SNP Model of Care

E.1 CONTINUITY AND COORDINATION OF MEDICAL CARE

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BACKGROUND/SUMMARY

Continuity and coordination of care involve ensuring each shift of caregivers' transitions smoothly so that the next shift 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 coordination of care annually. Although studies show that, in most instances, practitioners are able to 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. The table below summarizes the settings of care L.A. Care is focusing on. The data collected is used to identify opportunities for improvement, and the goals are set based on the analysis of that data.

2023 SUMMARY: Settings, Data Collection, and Goals

Settings	Data Collection to Identify Opportunity for Improvement	MY 2023 Goals	2023 Goal Met/ Not Met
Movement Across Settings: Hospital to Outpatient	Emergency Department Utilization*	<1*	TBD
Movement Across Settings: Hospital to Outpatient	Transitions of Care – Patient Engagement After Inpatient Discharge	78%	TBD
Movement between Practitioners: Outpatient Setting: Eye Exam for Patients with Diabetes (EED)	EED Rates	New Measure for MY 2022/RY 2023 LACC-62% Medi-Cal-64% D-SNP-83%	TBD
Outpatient Setting: Specialist to Primary Care Physician (PCP)	Survey	Increase the percentage of PCPs who rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient from 71% to 77%.	TBD

Settings	Data Collection to Identify Opportunity for Improvement	MY 2023 Goals	2023 Goal Met/ Not Met
Outpatient Setting: Previous PCP	Survey	Increase the PCPs' rate of adequate clinical information from previous PCPs from 61% to 67%.	TBD
Outpatient Setting: PCP to Specialist (SCP)	Survey	Increase the SCPs' rate of communication with PCPs by receiving adequate clinical information for patients that were referred from 71% to 78%.	TBD

*Emergency Department Utilization– this measure is risk-adjusted and weighed as a ratio of observed/expected (O/E)

Description of Measure(s)

HEDIS Measure	Specific Indicator(s)	Measure Type
Transitions of Care (TRC) Patient Engagement After Inpatient Discharge	*Patient Engagement After Inpatient Discharge.* Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge for members 18 years of age and older.	Hybrid
Emergency Department Utilization (EDU)	For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected emergency department (ED) visits during the measurement year	Administrative
Eye Exam for Patients with Diabetes (EED)	The percentage of members 18-75 years of age with diabetes (type 1 and 2) who had a retinal eye exam.	Admin/Hybrid

SECTION I. CONTINUITY AND COORDINATION OF CARE - TRANSITIONS IN MANAGEMENT

A. TRANSITIONS IN MANAGEMENT: HOSPITAL(INPATIENT) TO OUTPATIENT TRANSITION OF CARE (TRC) & EMERGENCY DEPARTMENT UTILIZATION (EDU)

The Transitions of Care (TRC) Healthcare Effectiveness Data and Information Set (HEDIS) metric measures the percentage of discharges for members 18+ that reported Patient Engagement After Inpatient Discharge. This submeasure is reported for the Medicare (CMC/D-SNP) product line. The Emergency Department Utilization (EDU) HEDIS measure is the risk-adjusted ratio of observed-to-expected (O/E) emergency department visits during the measurement year. This measure is reported solely for the Medicare (CMC/D-SNP) product line. The following graph compares L.A. Care TRC rates for HEDIS MY 2020-MY 2022 in the CMC product line (will be known as Duals Eligible Special Needs Plan (D-SNP) for the next measurement year):

TRANSITIONS OF CARE (TRC) HISTORICAL RATES (2020-2022)

Transition of Care (TRC)
Patient Engagement After Inpatient Discharge - Total
HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC	CMC
MY 2020	56.4%	69.6%	75.9%
MY 2021	59.5%	70.1%	81.3%
MY 2022	58.8%	67.8%	69.3%

MY 2022 Goal: 59% (Medi-Cal), MY 2022 Goal: 70% (LACC), MY 2022 Goal: 82% (CMC)
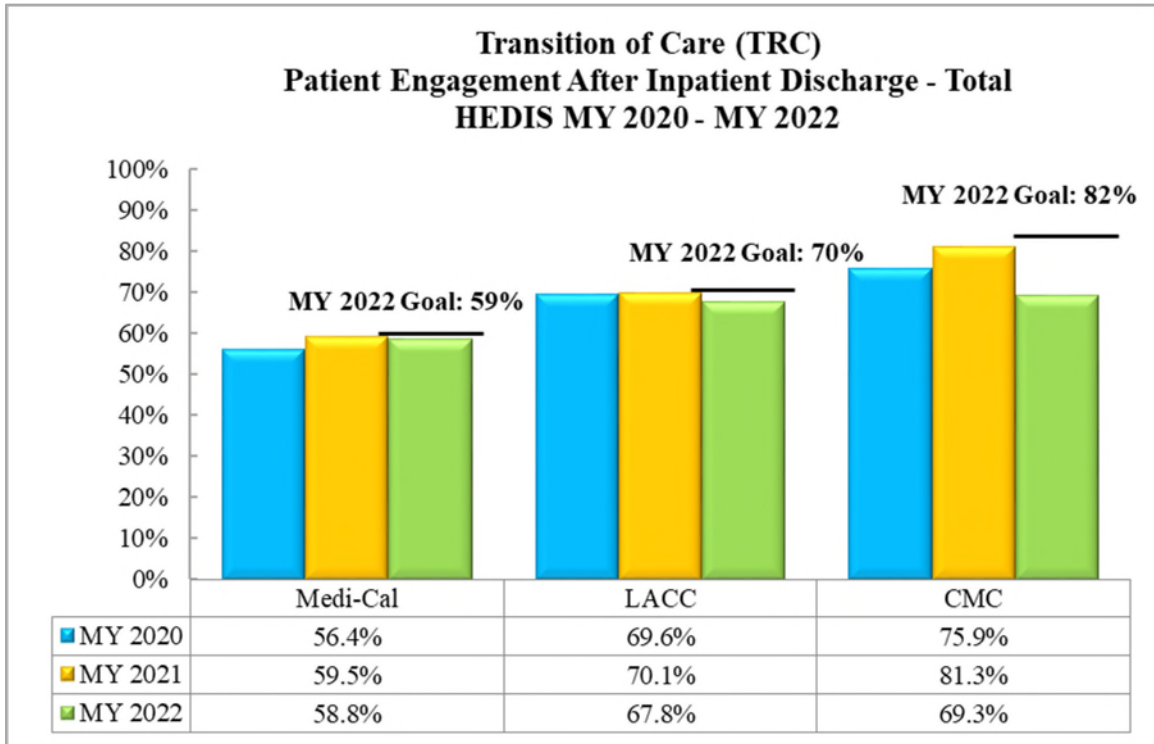
Medi-Cal & LACC – Administrative Rates/CMC - Hybrid Rate

EMERGENCY DEPARTMENT UTILIZATION (EDU) HISTORICAL CMC RATES (2020-2022)

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	MY 2020 Rates	MY 2021 Rates	MY 2022 Rates
Emergency Department Utilization **(Note: Lower rates indicate better performance)**	**EDU (A)**	**O/E Ratio:** 0.875	**O/E Ratio:** 0.920	**O/E Ratio:** 1.065

Quantitative Analysis

L.A. Care is focusing on the Patient Engagement After Inpatient Discharge submeasure of TRC for this report. This measure is reported for the D-SNP/CMC product line however data is collected across all lines of business. In the chart above, the rates from the three past measurement years are compared. For all lines of business, MY 2021 observed a peak in rates, followed by declines in MY 2022. The patient engagement CMC rate has fluctuated, with Measurement Year MY 2021 being the highest at 81.3%. The 82% CMC goal was met in neither MY 2021 or MY 2022. The goal for MY 2023 was reduced to 78% at the recommendation of the internal workgroup. The goals were also not met for LACC or Medi-Cal. For reference, the MY 2022 final Administrative rate was 77.5%, and the MY 2022 final Hybrid rate was 69.3%. The change in Patient Engagement Hybrid rates from MY 2021 to MY 2022 (81.3% to 69.3%) is statistically significant using the z-test method. Statistical significance was also used to calculate the LACC and Medi-Cal goals. However, ultimately the goal for LACC and Medi-Cal is to eventually match that of CMC (83%).

For EDU, the Observed/Expected ratio has continuously risen. The goal for EDU is <1, and the MY 2022 rate did not meet this goal. {Further data to be added when MY 2023 is final ET (April 24}

Qualitative Analysis

This administrative rate decline from MY 2022 into MY 2023 may be attributable to the pandemic, which observed higher hospitalization rates and lower in-person outpatient visits. Other attributable factors include barriers to access for members and the under-utilized Health Information Ecosystem (HIE) systems by providers. The entire purpose of the Health Information Ecosystem (HIE) is to properly notify and facilitate the exchange of patient information from different steps in their process of care. For example, proper utilization of this system would mean that providers are notified of their patients' discharge and follow up with the patients to initiate the patient engagement factor of the TRC measure, thus increasing the numerator. If the denominator continues to grow, and the number of providers participating in the HIE is stagnant, then the rate will continue to fall. Another potential cause was the transition from CMC to D-SNP, which caused a large amount of encounters that were originally submitted to be rejected. The change in codes required encounter updates that were not yet accounted for. As these encounters were updated and re-submitted, they began to get accepted, and these rates rose exponentially throughout the measurement year. However, the fall from the October 2023 Administrative rates and the September 2023 Administrative rates (-0.11%) were unexpected and are currently being investigated. The rise in the EDU rate is due to increased usage of the ED, and the current ED Reduction Campaign being run by L.A. Care is targeting this rate. This campaign educates patients on options for care outside of the ED unless they require emergency medical services.

IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT

Barrier	Opportunity	Timeframe	Responsible Party
• Lack of information and timely provider notification. Under-utilized HIE program (TRC).	• Provider Notifications to increase provider follow-up and reconciliation. • Provider Education Cohort to encourage increased usage of the HIE program (LANES), targeting the 5 PPGs with the lowest TRC compliance rates as initial samples. (Increase in LANES usage/rates/participation).	October 2023 (ongoing)	Zimuzo

Barrier	Opportunity	Timeframe	Responsible Party
	• VIIP HIE Incentives Program. Currently underway, this incentives program is aimed at improving the network-wide adoption of LANES. The incentives are for providers using the program. • One-Time Adoption & Meaningful Use Incentive Program – specifically for FQHC/Solo provider groups.		
• Barriers to access for members to seek care in PCP settings and not emergency settings (EDU). • Members are unaware of after-hours care options that are of no cost to them.	• After-Hours Robocall intervention targeting the zip codes with the highest utilization with directed messaging regarding decreasing ED usage and seeing their PCPs instead. • Social Media Campaign • Member Flyers	February 2023 – August 2023	Zimuzo

INTERVENTIONS

L.A. Care currently has two Health Information Ecosystem (HIE) Incentive Programs: the ongoing Value Initiative for IPA Performance (VIIP) HIE Incentive program, which has been going since October 2022, and the One-Time HIE Adoption & Meaningful Use Incentive Program (specifically for Federally Qualified Health Center (FQHC) and Solo Provider groups) which was launched in October 2023. The programs are aimed at increasing provider notification by incentivizing participation and utilization of the HIE. This opportunity is tailored for providers not currently engaged with either of the HIE programs: Los Angeles Network of Enhanced Services (LANES) or Point Click Care (formerly known as Collective Medical Technologies (CMT). For FQHCs, depending on the number of clinicians, the incentives range from $7,500 to $28,500. For the Small/Solo provider groups, the incentives range from $5,000 to $30,000 (prorated), also depending on the number of clinicians. For the TRC measure, this intervention will give more providers access to a program that tells them about their patients' discharges and admissions in real-time and gives them the tools to provide timely follow-up and communication with their patients. In 2024, there will be a Provider Cohort intervention launching that will be focused on increasing the notification portion of the HIE. Providers will start to receive additional notifications when their patients are moved into various steps of care, and there will be learning procedures used to ensure that providers know exactly what they have to do once they receive the notifications and how much time they have to do it.

In 2023, L.A. Care observed abnormally high Emergency Department Utilization (EDU) rates in 10 zip codes surrounding the Martin Luther King Jr. Community Hospital. There was a pattern of patients using the ED instead of their PCP, both during and more notably, after business hours. The After-Hours ED Reduction Campaign was initiated soon after to target these zip codes and inform members of their after-hours care options outside of the ED. The goal was to reduce ED usage in these geographical areas. The campaign consisted of 3 interventions: a Robocall, a Social Media Campaign, and Member Flyers. All 3 of these pieces are informative and meant to help teach the members when and when not to utilize the ED and to inform them of their after-hours options that are of no cost to them. The robocalls began in April 2023 and ran for two weeks. The social media campaign began in February 2023 and ran for one month. The member flyers have just recently been approved for use and are moving towards being distributed soon.

MEASURING EFFECTIVENESS

The HIE Incentive programs initiated a 100% increase in Independent Physician Association (IPA) participation during MY 2023. In January 2023, there were 4 IPAs enrolled: Health Care LA, Global, Bella Vista and Serene. Currently, there are eight total IPAs enrolled: Preferred IPA, as well as 3 IPAs that operate under Network Medical Management MSO (Allied Pacific of California IPA, Accountable Health Care, and Emanate Heath).

TABLE 1: MONTH-TO-MONTH ED VISITS BY ZIP CODE

ED Visits by Member Zip Code by Month
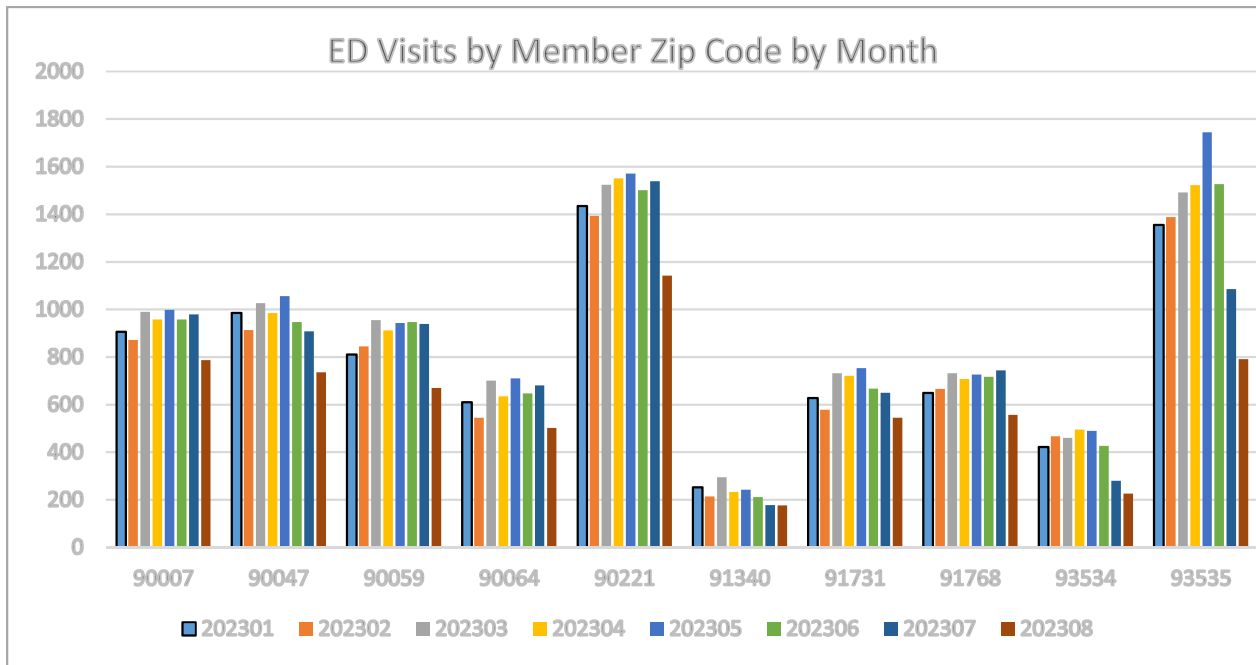
*"202301" – January 2023, '202302" – February 2023, "202303" – March 2023 etc.

For the After-Hours ED Reduction campaign, evaluations were performed from the robocall and social media campaign. The table above shows the number of ED visits per month in each of the targeted zip codes. Each of the colors represents a different month in MY 2023. The measurement period for this particular chart is January 1st- August 31st, 2023. This data also contains all members from all lines of business. April (yellow bar "202304") is the start of the robocall intervention, and the data showed that in each zip code, the 4-month periods following April witnessed an initial spike in ED visits and then a gradual decrease in rates lower than they were at any prior point in the measurement year. This downward trend shows promise that the ED reduction campaign is effective, and the hope is to move this intervention into more zip codes. This chart and the data that comes with it is a monthly report and the data will continue to be monitored moving forward. The social media campaign saw the following results: 13,208 reach, 41,734 impressions, 1,787 likes, 9 comments, 258 link clicks, and 2,067 total engagements. Reach is the total number of unique people who saw a frame in the post. The impression is the number of times the post has been shown in the user's feeds (unlike reach, this can count multiple times for a single user). Engagement is the number of interactions a post has (likes, comments, replies, and shares).

LOOKING FORWARD

L.A. Care anticipates an increase in the Transitions of Care- Patient Engagement After Inpatient Discharge rate and a decrease in the ED Utilization rate. The HIE Incentive program that has been in place for a year has led to increases in participation, and more increases are expected in the coming months. With the addition of the new HIE Adoption & Meaningful Use program, more FQHCs and solo groups are expected

to participate, and this will further increase provider notification abilities. Additionally, L.A. Care is putting together an HIE Provider Cohort. This cohort will focus on increased provider notification for their patients and education around operating procedures for timely follow-up post-notification in order to ensure the providers are aware of the time limits they are working within. These will all work together to increase the rate numerator alongside the increasing denominator.

The ED Reduction campaign also saw success in MY 2023, and it is expected that these interventions will be deployed in more zip codes in 2024, especially the robocalls, to which L.A. Care has attributed most of the success in this area. The main decrease in ED Utilization follows the timeline of the robocalls more than the social media campaign. In the following months, the robocalls will run again, and the member flyers will be distributed. The flyer will be made available to providers to order for distribution at their office through the Health Education provider materials portal. The planning is still underway for additional recipients of the member flyer, but similar to the robocalls and social media posts, the flyers will focus on educating members on their alternative options to the ED.

SECTION II. CONTINUITY AND COORDINATION OF CARE – OUTPATIENT SETTING

A. OUTPATIENT SETTING: PHYSICIAN'S OFFICE, EYE EXAM FOR PATIENTS WITH DIABETES (EED)

In an effort to prevent and manage complications associated with diabetes, particularly retinal deterioration from diabetes, L.A. Care decided to use an Eye Exam for patients with Diabetes (EED) as an area of opportunity this year. This change will allow L.A. Care to focus efforts on ensuring that members receive their annual retinal eye exam. In 2022, the National Committee for Quality Assurance (NCQA) separated the stand-alone Comprehensive Diabetes indicators into stand-alone measures, at which time, Eye Exam for Patients with Diabetes (EED) was introduced as a new diabetes measure. L.A. Care monitors the Eye Exam for Patients with Diabetes (EED) rate for Medi-Cal, D-SNP, previously known as Cal MediConnect (CMC) as of January 1, 2023, and L.A. Care Covered (LACC) in an effort to improve the overall health care of diabetic members. L.A. Care applies interventions across all product lines. The 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.

METHODOLOGY – EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Retinal eye exam compliance is determined by using provider claims, and encounter data. Improvement is measured by comparing the number of members who received annual retinal eye exams against the number of members who were previously missing retinal eye screening and had received outreach to schedule an appointment.

To establish the goals for 2023, L.A. Care reviewed the rates between 2020 and 2022. L.A. Care did not identify any significant fluctuation in these rates over the past two years. L.A. Care decided to establish goals that align with national benchmarks, ensuring that the organization's performance meets or exceeds established percentiles.

RESULTS – EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Eye Exam for Patients With Diabetes (EED)
HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC	CMC
MY 2020	46.5% *	44.6%	71.7% *
MY 2021	50.4%	45.0%	68.8%
MY 2022	57.2%	48.7%	78.9%

Medi-Cal: HPL: 63.8%, MPL: 51.1%
LACC: 90th Percentile: 62.0%, 25th Percentile: 33.4%
CMC: 90th Percentile: 79.3%, 25th Percentile: 64.5%
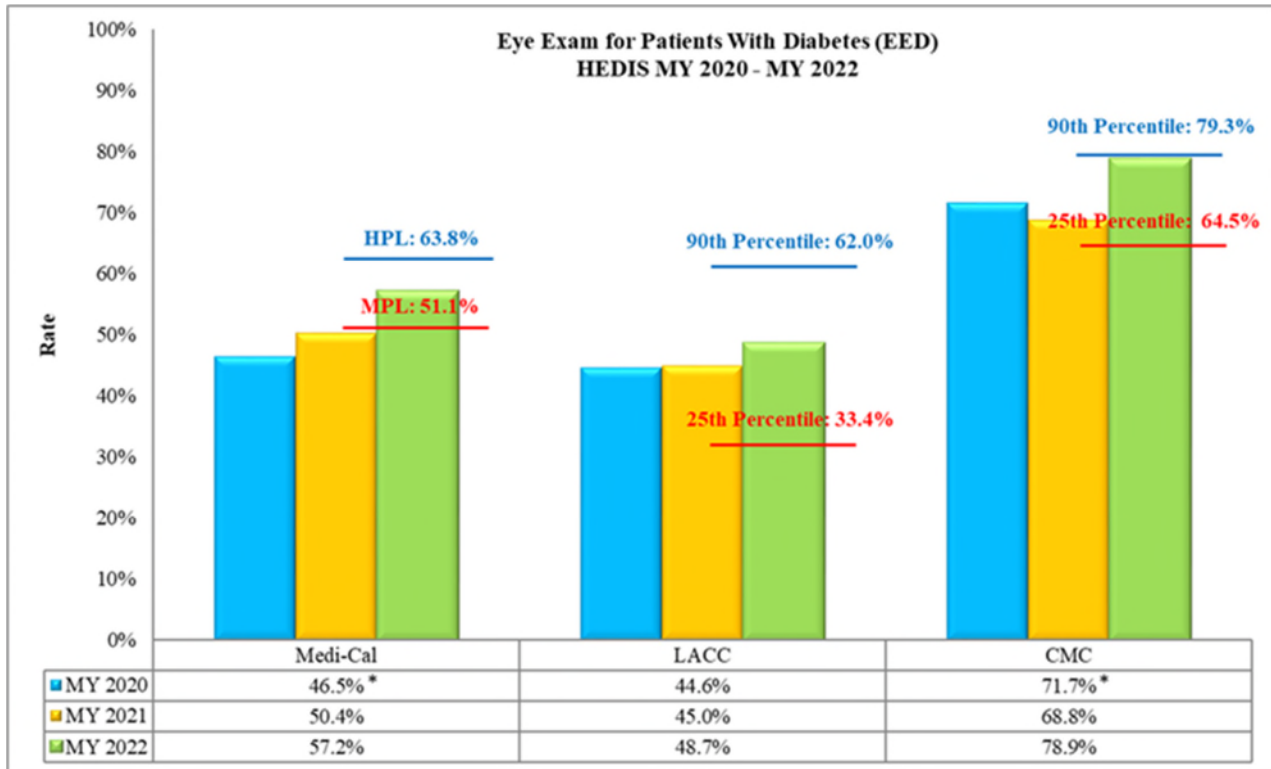
Quantitative Analysis –EED

For Medi-Cal, the MY 2022 EED rate was 57.2%, an improvement of 6.8 percentage points from the MY 2021 rate of 50.4%. This was a statistically significant increase by the Z-test method. The 50th percentile for the Department of Health Care Services (DHCS) was met, therefore achieving the minimum performance level (MPL). For Cal MediConnect (CMC), the MY 2022 EED rate was 78.9%, an improvement of 10.1 percentage points from MY 2021 (68.8%). This was a statistically significant increase by the Z-test method. L.A. Care did meet the 50th percentile benchmark of 72.34%. For L.A. Care Covered California (LACC), the MY 2022 EED rate was 48.7%, a 3.7 percentage point increase from MY 2021, which was not a statistically significant increase by the Z-test method. In addition, L.A. Care met the 50th percentile for the Quality Compass Ratings, which is 43.8%. It is important to note that all three lines of business showed improvement from MY 2021 to MY 2022. {Further data to be added when MY 2023 data is final ET (April 24}

Qualitative Analysis

Although L.A. Care improved in the EED measure compared to last year, for MY 2022 EED was not a priority 1 or 2 measure in the chronic care workgroup, so no goal was set. In MY 2022, all 3 lines of business met their respective benchmarks. L.A. Care continues to see many barriers leading to diabetic members missing their appointments for retinal eye exams, such as long phone wait times to schedule appointments and be seen. Visit notes regarding the completion of an eye exam are not always sent to the primary care provider by the Optometrist, and in other instances, inadequate coding does not reflect a diabetic retinal eye exam. Another common challenge is the inability of providers to have access to a universal Health Information Exchange platform so they can access care provided by their peers electronically. Low health literacy prevents diabetic members from understanding the importance of retinal eye exams.

INTERVENTION TO ACT ON OPPORTUNITY: VSP OUTREACH

Providers are very busy in the outpatient setting and may not follow up with those members who have not completed their retinal eye screening exam. Vision Service Plan (VSP) assists L.A. Care with outreach to members due for a retinal eye exam. In May 2023, VSP started a Healthcare Effectiveness Data and Information Set (HEDIS) program for L.A. Care Health Plan Medicaid members in California who are living with diabetes.

The VSP Outreach Initiative was included in L.A. Care's thePulse E-newsletter (Appendix A) to notify providers. A social media campaign was also launched on June 1, 2023, notifying members of this outreach initiative. This intervention consisted of two outreach approaches:

1) Member Outreach – patient navigators contacted members who had not previously been seen by an eye care provider within the past 12 months to help connect them with one in their area to set up an annual retinal eye exam appointment.

2) Provider Outreach – A Gap-in-care list consisting of members who did not receive a retinal eye screening exam in MY 2023 but had been previously seen by the provider in MY 2022 was sent to providers. Providers were asked to close these gaps.

This intervention intended to provide notification to members and providers with members that had not received retinal eye exams to assist in getting these members scheduled and seen for retinal eye screening exams.

In April 2023, a letter was mailed to all Diabetic D-SNP members (Appendix B) who had not received an eye exam. This letter reminded members 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. In June of 2023, a Diabetes Mailer was sent to Medi-Cal MCLA Direct Network members. In this mailer, MCLA Direct Network members received a diabetes fridge magnet (see Appendix C) that was developed by the pharmacy department with important reminders for diabetic members; a 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 included 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. The comprehensive Diabetes Care Text Messages campaign was launched across all lines of business in July 2023. This diabetes-focused text-message campaign encouraged members to self-manage their diabetic care (A1c level, eye/foot exam, kidney health) and visit their physician for care.

Barrier	Opportunity	Launch Date
Member with diabetes missing appointments for retinal eye exam due to long phone wait time to schedule and be seen.	Requested Vision Service Plan (VSP) to conduct outreach to members and providers to facilitate members getting scheduled for annual retinal eye exams.	May 2023
Miscoding of eye exam not delineating retinal eye exam.	Obtain the list of non-compliant members for EED from DHS and conduct analysis to ensure coding and physician mapping are correct.	N/A

Barrier	Opportunity	Launch Date
Low health literacy on the importance of retinal-eye exams for people with diabetes.	• Medicare – D-SNP Member mailer reminding members to schedule a retinal eye exam. (Appendix B) • Medi-Cal – MCLA direct network members: Mailer for Diabetes sent out to members that included a magnet with 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. (Appendix C) • All LOB - Text-message campaign focused on Diabetes, encouraging members to self-manage their diabetic care (A1c level, eye/foot exam, kidney health) and visit their physician for care.	April 2023 August 2023 July 2023
The inability of providers to have access to universal Health Information Exchange platform to access care provided by their peers electronically.	HIE Incentive Program	October 2023

MEASURING INTERVENTION EFFECTIVENESS: EED

VSP outreach was successful; member outreach resulted in 181 closed gaps, and provider outreach resulted in 3,650 closed gaps. A total of 36,204 members were contacted through the diabetes text message campaign, and as of September 2023, 8,137 members have opted into the campaign.

The diabetic magnet mailing was deployed to 1,016 English-speaking and 576 Spanish-speaking MCLA members. The MY 2023 rates are not finalized and therefore effectiveness of interventions implemented in MY 2023 is still to be determined.

There has been no notable improvement for the EED measure in any of the three lines of business when comparing current rates to MY 2022 at this same time. In looking prospectively at 2023, these rates were based off of administrative data. For LACC in comparison to the previous year, our current performance our rate is currently 34.33% versus 35.04% in MY 2022. For Medi-Cal our current performance rate of 39.69% is lower than the 40.63% MY 2022 rate. For D-SNP (formerly CMC) our rate is currently 56.29% which is lower than the MY 2022 rate at this same time which was 62.56%. {Further data to be added once MY 2023 data is final (April 24}

LOOKING FORWARD

The continuation of the VSP Outreach intervention will be determined based on the rates of improvement identified when 2023 ends. Next year the D-SNP Retinal eye exam letter will be sent to all.

LOB. Interventions aimed specifically at non-White, low-income, and low-health literacy communities may also be effective[17]. Targeting this population would make a positive impact on the members that L.A. Care serves.

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[17] 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.

B. OUTPATIENT SETTING: PRIMARY CARE AND SPECIALIST

DATA COLLECTION – PCP/SCP COMMUNICATION

L.A. Care measures Specialty Care Provider/Specialist (SCP) and Primary Care Provider (PCP) communication through a yearly Provider Satisfaction Survey (PSS). This survey is conducted in the fall (September through December) of the current year and attains results in the spring (April) of the following year. Providers are asked to respond to the following questions measuring continuity of care:

How satisfied are you with the clinical information (e.g., notes, summaries, test results) that you received about your patients from:
    a) Specialists to whom you have referred patients? (For PCPs only)
    b) Their previous PCPs? (For PCPs only)
    c) The referring PCP prior to your initial specialty visit? (For specialists only)

For all lines of business, L.A. Care has kept the goals from 2022 that were created based on statistical significance using the Z-test method, for a) the goal will remain at 77%, b) the goal will remain at 67%, and for c) the goal will remain at 78%. The goal is to have both PCPs and SCPs reporting that they are "very satisfied" or "satisfied" with the clinical information received as an indicator of consistent and effective communication as well as coordination of care between practitioners.

PROVIDER SATISFACTION SURVEY (2023)

Note the responses for the weighted data used for each table below are: Providers responding as "very satisfied" or "satisfied" are grouped as "being satisfied with the clinical information that you received about your patients."

How satisfied are you with the clinical information (e.g., notes, summaries, test results) that you received about your patients from:

a) Specialists to whom you have referred patients? (For PCPs only)

Percent of PCPs Responding Very Satisfied or Satisfied		Denominator	Numerator	Goal 77 %
2022	71%	562	400	Not Met
2023	71%	562	400	Not Met

b) Their previous PCPs? (For PCPs only)

Percent of PCPs Responding Very Satisfied or Satisfied		Denominator	Numerator	Goal 67%
All Lines of Business 2022	61%	521	320	Not Met
2023	61%	525	281	Not Met

c) The referring PCP prior to your initial specialty visit? (For specialists only)

Percent of SCPs Responding Very Satisfied or Satisfied		Denominator	Numerator	Goal 78%
2022	71%	340	242	Not Met
2023	71%	354	223	Not Met

QUANTITATIVE AND QUALITATIVE ANALYSIS – PCP/SCP COMMUNICATION

Quantitative Analysis

For 2023, L.A. Care did not meet the goal of 77% for PCPs rating the frequency of adequate clinical feedback from specialists to whom they have referred a patient. L.A. Care performed at 71% for 2023 and was short by 6 percentage points with no change in the rate from 2022. For communication with a patient's prior PCP, L.A. Care did not meet its goal of 67%, which remained at 61% from the prior year. Finally, L.A. Care did not meet its goal for SCPs rating of the referring PCP information of 78%, which remained consistent from 2022 at 71%. The goal is not to provide conclusive evidence about PCP/SCP communication but to open channels for further exploration on how L.A. Care can help strengthen these communication channels between PCPs and SCPs.

Qualitative Analysis

Adequate communication between PCPs and SCPs is key to ensuring that providers receive sufficient clinical information regarding their patients to maintain continuity and improve coordination of medical care. Seamless communication ensures a holistic view of a patient's history and facilitates coordinated care plans, improving patient outcomes. L.A. Care continues to see the effect the COVID-19 pandemic has had on the healthcare system, such as staffing issues and patients falling behind in their preventive services. L.A. Care also sees inadequate access to complete patient records hinder effective information sharing between PCPs and SCPs. Additional questions in the survey identified the need for L.A. Care to communicate more regularly and through various channels. In an ended open-ended question about what else L.A. Care could do to improve provider satisfaction, providers listed the need for more communication from the health plan and the use of more online platforms to share this information. Common statements made included:

- Designated Reps & Phone Numbers to answer questions
- More Specialists, Poor Feedback from Specialists
- Hold Annual or Quarterly Meetings for Communications/Education
- Increase Communication
- Authorizations, Add to Portal/Improve Portal
- Patient Education Regarding Their Benefits

These comments will be used to communicate more frequently with providers and encourage the use of various HIE platforms that can help them view more information on care their members are receiving from specialists, and L.A. Care will promote within the IPAs the importance of PCP and Specialist communications. Additionally, COVID continues to be a barrier. L.A. Care has heard that appointments and staff time are limited, as the health care workforce has been getting ill, causing scheduling issues and a general strain on existing staff to cover for other providers. This is likely affecting communication with PCPs and specialists and leading to general dissatisfaction with providers. L.A. Care continues to hear from the providers the need for support from both the health plan and independent physician groups. L.A. Care will use the survey results and HEDIS data to perform interventions and act on opportunities to increase coordination of care in the future.

OPPORTUNITIES FOR IMPROVEMENT

In fielding these questions and soliciting open-ended responses by providers, L.A. Care identified opportunities to put interventions in place to enhance PCP and SCP communication, coordination, and continuity around member care. To do this, L.A. Care identified opportunities to communicate to providers through newsletter articles which included information on:

- Increasing awareness for providers that patients are seeing multiple providers.
- Educating the PCP and SCP about the importance of sharing relevant information in a timely manner.

INTERVENTION

Within the provider newsletter ePulse, the article *Improving Communication between Providers* was published in August 2023 (Appendix D). Within the newsletter, common recommendations suggested by respondents from the PSS survey were included, which are:

- Ensure all clinical documents for referral include the rationale for the visit, pertinent examination findings, diagnosis or impression, treatment details, and any further relevant information.
- Providers requested specialists to send consultation notes immediately after seeing the patient.
- For PCPs discuss with your patients the reason for the specialty care referral, urgency of the visit, and steps to take if there are any further questions, for example, difficulty in scheduling an appointment.
- Providers were reminded to assign specific staff to monitor and track referrals and include the staff's responsibilities that they are the point of contact for the patient for questions and assistance.

MEASURING EFFECTIVENESS

L.A. Care repeated the survey in the fall of 2023, with results expected in the spring of 2024. Note the responses for the weighted data used for each table below are: Providers responding as "very satisfied" or "satisfied" are grouped as "being satisfied with the clinical information that you received about your patients."

How satisfied are you with the clinical information (e.g. notes, summaries, test results) that you received about your patients from:

a) Specialists to whom you have referred patients? (For PCPs only)

Percent of PCPs Responding Very Satisfied or Satisfied		Denominator	Numerator	Goal 77 %
2023	71%	593	401	Not Met
2024	TBD	TBD	TBD	TBD

b) Their previous PCPs? (For PCPs only)

Percent of PCPs Responding Very Satisfied or Satisfied		Denominator	Numerator	Goal 67%
All Lines of Business 2023	61%	525	281	Not Met
2024	TBD	TBD	TBD	TBD

c) The referring PCP prior to your initial specialty visit? (For specialists only)

Percent of SCPs Responding Very Satisfied or Satisfied		Denominator	Numerator	Goal 78%
2023	71%	354	223	Not Met
2024	TBD	TBD	TBD	TBD

Quantitative Analysis

For 2024, L.A. Care <did not> meet the set PSS goals. The percentage of PCPs reporting that they are very satisfied or satisfied with the clinical information they received about their patients from specialists was X% in 2024. This was X percentage points <higher/lower> than in 2023 which was <not> a statistical significance. L.A. Care did not meet its goal of 77%. PCPs reported their satisfaction with the member's

previous PCPs at X% for 2024. This was an increase of <12> percentage points from 2023 which <was/was not> statistically significant increase per z-test method however, L.A. Care <did/not meet> its goal of 67%. In comparison, SCPs were satisfied with the clinical information from the referring PCP prior to the initial specialty visit at <X>% in 2024. This was <X> percentage points higher than in 2023 and <was/was not a > statistical significance increase, however L.A. Care <did/not meet> its 2024 goal of 78%. There continues to be a need to improve the communication between PCPs and SCPs. The objective is not to furnish definitive proof regarding PCP/SCP communication but instead further investigate how L.A. Care can enhance communication between PCPs and SCPs. {Further data to be added when Survey results are received ET (April 24}

Qualitative Analysis

Effective communication between PCP's and SCP's forms the fundamental basis of patient–centered healthcare. It not only shapes the quality of care delivered but impacts the overall success of the healthcare system. Consistent and clear communication promotes continuity in the patients' care and ensures transitions between PCPs and SCPs are smooth and effective. There continue to be providers in the network that are not on a Health Information Exchange platform and using physical charts and fax machines to coordinate services for their members. Providers may not have the electronic system capabilities to communicate and exchange information in a timely manner nor resources to commit staff in an effort to improve continuity of care. Providers have different Electronic Medical Records (EMR) systems which makes coordination of medical care especially challenging. It can also be challenging to input all the patient information into an EMR. There is a lack of standardized communication methods for sharing patient information which can lead to gaps in information transfer. These barriers in communication affect our patients' overall health and sometimes lead to unnecessary duplicative testing, delay in care, or inconsistent plans of care. {Further data to be added when Survey results are received ET (April 24}

2023 WORK PLAN GOALS

Settings	2023 Goals
Transitions in Management: Hospital to Outpatient TRC & EDU	78% of patients who are discharged from Inpatient settings engage with their provider within 31 days of discharge date. Achieve an observed-to-expected ED visits ratio of 1 or lower.
Outpatient Setting: EED	Medi-Cal: 62% L. A. Covered California: 64% D-SNP: 83%
Outpatient Setting: Specialist to PCP	77% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient.
Outpatient Setting: Previous PCP to PCP	67% of PCPs will rate their communication with previous PCPs as being adequate for a patient in their care.
Outpatient Setting: PCP to Specialist	78% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patients that were referred.

Appendix A: Provider Notification Letter from VSP

vsp
vision care

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

Appendix B Eye Exam Letter to D-SNP Diabetic Members

<<Name>> <<Last Name>>
<<Address>>
<<City, Sate 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.
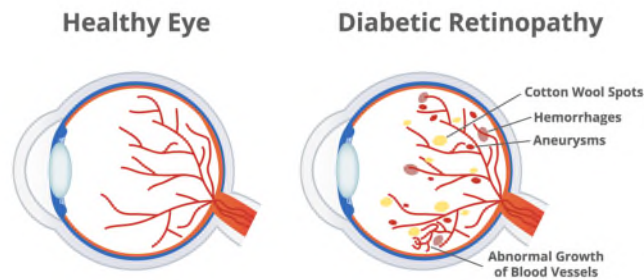
As an L.A. Care Medicare Plus member you get:
- *One (1) routine eye exam each year; AND*
- *Up to $500 for eyeglasses (frames and lenses) or up to $500 for contact lenses every two years.*

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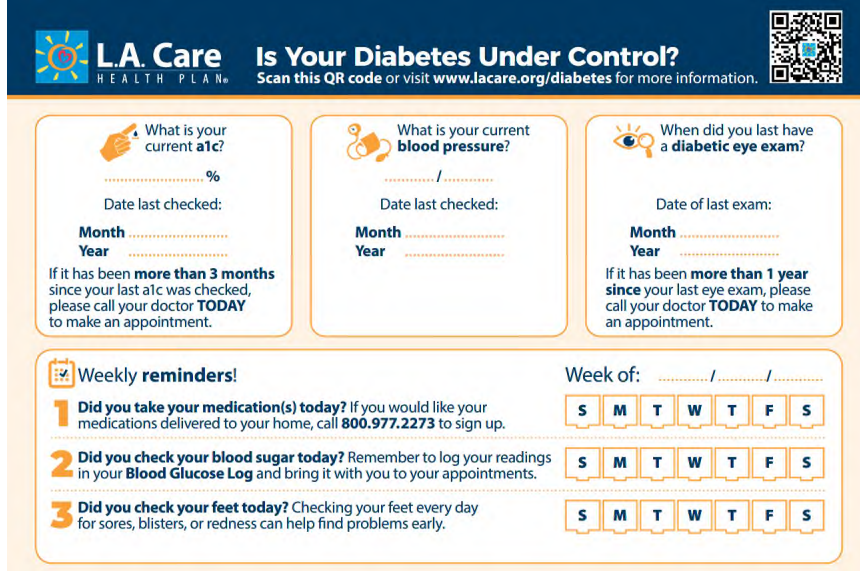
Learn more about your eye care options online at https://www.lacare.org/members/getting-care/vision.

Sincerely,

L.A. Care Health Plan

Appendix C: Diabetes Magnetic Postcard

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Appendix D: Provider Newsletter Article for improving communication between PCPs and SCPs

Provider Newsletter Article for the summer 2023
Publication in the Pulse
Titled: Improving Communication Between Primary Care and Specialty Care Physicians

L.A. Care surveys Primary Care Physicians (PCPs) and Specialty Care Physicians (SCPs) each year about the quality of the clinical information they receive from one another. The goal is to identify barriers to continuity and coordination of care for members and bridge gaps.

Based on survey results, here are a few tips for both PCPs and SCPs:
- *Ensure all clinical documents for referral include the reason for visit, pertinent examination findings including test results, treatment details provided to patient thus far, and specific details on needs or expectations PCP is requesting from SCP,*
- *Send consultation notes immediately after seeing the patient,*
- *Discuss with your patients the reason for the specialty care referral, the urgency of the visit and timeframe to expect an appointment, and steps to take if there are any further questions, for example, difficulty in scheduling an appointment.*
- *Assign specific staff to monitor and track referrals, including the staff's responsibility to be a point of contact for the patient for questions and assistance. Make this information easy to find on a form or materials given to the patient.*

For more tips, please email the L.A. Care Quality Improvement team at quality@lacare.org.

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

AUTHORS: JUDY CUA-RAZONABLE, RN & PEARL SANTOS
REVIEWERS: MATTHEW PIRRITANO, PH. D & 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 2023 QUALITY OVERSIGHT GOALS AND ACHIEVEMENTS

Four goals continued to guide the MLTSS 2023 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.
- **Goal #4:** Improve the LTC admission and discharge process by establishing service agreements within cross-functional teams.

Improve MLTSS Member Health Through Stronger Partnerships

Community Transitions. By helping dually 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* and also help members transition *from LTC* settings. During the Interdisciplinary Care Team (ICT) and authorization process, our nurses have identified members with the potential to return 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 DSNP and MCLA members in an SNF have been assigned to a 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 actively 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. With the expansion of palliative care to DSNP 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 participate 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). 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 in the process of applying for IHSS and for 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:

- Ongoing participation in Care Management's Interdisciplinary Care Teams (ICT) weekly to educate other Health Services care team members about MLTSS and community resources that support member access to MLTSS.
- MLTSS implemented a monthly "MLTSS Overview" training for clinical and non-clinical staff. Staff new to Health Services and Customer Solutions Center (CSC) departments, as well as 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 made aware of how MLTSS helps members get access to long-term support.
- 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 as needed, divert LTC transition when appropriate, transition of appropriate members back to the community, and the improve overall service utilization. The SNF nurses' goal is to ensure proper utilization of members for them to receive the continuation of skilled services needed in order to return safely to the community. Collaborated with Utilization Management (UM) on Post-Acute care coordination to improve members' transition through the continuum of care.
- 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.
- 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.

- By the guidelines outlined in the California DHCS All Plan Letter 17-012, MLTSS continues to conduct its Assessment Review process, which includes central storage of assessments and care plans; stratification to identify highest risk MLTSS members; document review to identify unmet needs calls to members with IHSS caregivers; action plans to address unmet needs; and referrals to MLTSS and community-based resources. In addition, MLTSS Coordinators 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 further structure was put in place 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. Since last fiscal year, the team has grown from 29 to 59 staff members.
- 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 DSNP benefit expansion. This team consists of an MLTSS Senior Manager, Program Manager III, Program Manager II, Program Analyst II, Program Analyst I, and three Program Specialists. Due to new initiatives and programs owned by MLTSS, further evaluation of the organizational structure is planned.

MLTSS 2024 QUALITY OVERSIGHT GOALS

MLTSS will continue to focus on the three quality oversight goals:

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

E.3 CONTINUITY AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTHCARE

**AUTHORS: ROSE KOSYAN, LMFT, SAMANTHA MAEDA, LCSW, & BETTSY SANTANA, MPH
REVIEWERS: BETTSY SANTANA, MPH & FELIX AGUILAR, MD**

BACKGROUND/SUMMARY

The Behavioral Health Services Department aims to ensure behavioral health and physical health care integration occurs for members with a range of mental health and substance use disorder conditions. In January 2014, mild to moderate behavioral health services were added as a benefit to Medi-Cal managed care to be administered by the health plan. Carelon Healthcare Services (Carelon [formerly known as Beacon]) is L.A. Care's Managed Behavioral Health Organization (MBHO), and they are responsible for administering mental health services to Medi-Cal members who meet criteria for mild to moderate level of care. The Los Angeles County Department of Mental Health (DMH) is responsible for providing services to Med-Cal members with severe and persistent mental illness who are experiencing moderate to severe functional impairments. Substance use disorder treatment and services are carved out to the Los Angeles County Department of Public Health/Substance Abuse Prevention and Control (DPH/SAPC). L.A. Care has a Memorandum of Understanding (MOU) with both entities to coordinate the appropriate level of care based on medical necessity.

In 2022, L.A. Care continued collaborating with behavioral healthcare practitioners to monitor and improve coordination between medical care and behavioral healthcare. This coordination is vital, as people experiencing mental illness tend to have shorter life expectancies—13-30 years shorter than the general population, in the case of people with severe mental illness (SMI)—with mortality caused primarily by treatable physical conditions.[18] To drive collaboration, L.A. Care collects data in 6 areas: (1) exchange of information between Primary Care Providers (PCPs) and Behavioral Health Practitioners (BHPs); (2) appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care; (3) appropriate uses of psychopharmacological medications; (4) management of treatment access and follow up for members with coexisting medical and behavioral disorders; (5) prevention programs for behavioral health; and (6) special needs of members with severe and persistent mental illness.

L.A. Care has continued meeting quarterly with the Behavioral Health Quality Committee (BHQC). The addendums included are the BHQC attendance, agendas, and meeting notes.

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[18] DE Hert M, Correll CU, Bobes J, et al. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. World Psychiatry. 2011;10(1):52–77.

Elements A and C: Monitoring Continuity & Coordination of Care between Medical & Behavioral Health Care									
Standard	Supported Evidence	Description	LOB	2019	2020	2021	2022	2023	Goal
Element A.1 Exchange of Information	BH PCP referral form (to Carelon)	BH PCP referral form to Carelon for services	All	N/A	N/A	N/A	N/A		TBD
Element A.2 Appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care	Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	*Continuation and Maintenance Phase:* Assesses children between 6 and 12 years of age who had a prescription for ADHD medication ,remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.	CMC		N/A	N/A	N/A		N/A
			Medi-Cal		70.4%	61.8%	60.6%		68%
			LACC/D		N/A	N/A	2.29%		Baseline
			D-SNP		N/A	N/A	N/A		N/A
Element A.3 Appropriate use of psychopharmacological medications	Antidepressant Medication Management (AMM) – Continuation	The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).	CMC	49.81%	53.75%	57.86%	54.71%		N/A
			Medi-Cal	40.04%	40.80%	45.16%	46.99%		48%
			LACC/D	45.06%	44.76%	51.19%	54.46%		61%
			D-SNP	N/A	N/A	N/A	N/A		58%
Element A.4 Management of treatment access and follow-up for members with coexisting medical and behavioral disorders	Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	The percentage of members 18-64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	CMC	88.89%	72.41%	78.10%	71.88%		N/A
			Medi-Cal	79.21%	65.75%	70.61%	69.27%		71%
			LACC	95.24%	84.21%	90%	52.94%		68%
			D-SNP	N/A	N/A	N/A	N/A		73%
Element A.5 Implement a primary or secondary preventive behavioral health program	Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT) interventions in Primary Care	Claims and encounter data for SABIRT utilization in Primary Care setting	All	15.75%	17.15%	17.5%	18.63%	18.66%	1% from MY 2020
Element A.6 Special needs of members with severe and persistent mental illness	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	CMC	80.12%	72.13%	74.95%	78.23%		
			Medi-Cal	79.42%	71.98%	78.90%	80.83%		82%
			LACC	74.44%	65.36%	72.05%	70.68%		74%
			D-SNP	N/A	N/A	N/A	N/A		80%

Element B and C: Collaborative Analysis, Opportunities for Improvement, and Measuring Effectiveness

A.1 EXCHANGE OF INFORMATION

Carelon Primary Care Provider (PCP) Referral Form

Background: L.A. Care Health Plan (L.A. Care) provides Behavioral Health services through an NCQA-accredited Managed Behavioral Health Organization (MBHO), Carelon Healthcare Services (Carelon [formerly known as Beacon]). Since 2014, Carelon has been contracted to provide Behavioral Health Services to members across all product lines based on level of care criteria. Several administrative services, including the annual member experience survey, are contractually delegated to Carelon.

Carelon has a form called Carelon Behavioral Health of California, Inc./Central California Alliance for Health Primary Care Provider (PCP) Referral Form, which allows PCP to submit a mental health services request to Carelon (website: https://s18637.pcdn.co/wp-content/uploads/sites/36/CCAH-pcp-referral-form-updated-082523_FINAL.pdf). Carelon outreaches to the member and if the member qualify for Carelon's case management, they are enrolled within their CM team. Carelon's CM team informs the PCP that Carelon has assigned the case to a CM for outreach, and they also update the PCP after the linkage.

METHODOLOGY

Since this is the first year that L.A. Care will be tracking the Carelon-PCP BH Referral Form, L.A. Care will request data from Carelon regarding this referral source. During the December 7, 2023, quarterly Behavioral Health Quality Committee (BHQC), Carelon presented its Case Management findings, including the annual referral sources.

DESCRIPTION OF MEASURE

Measure	Specific Indicator(s)	Measure Type
Exchange of Information	PCPs submit Carelon Behavioral Health of California, Inc./Central California Alliance for Health Primary Care Provider (PCP) Referral Form for members to receive mental health services through Carelon	Referrals

ANALYSIS

Quantitative Analysis
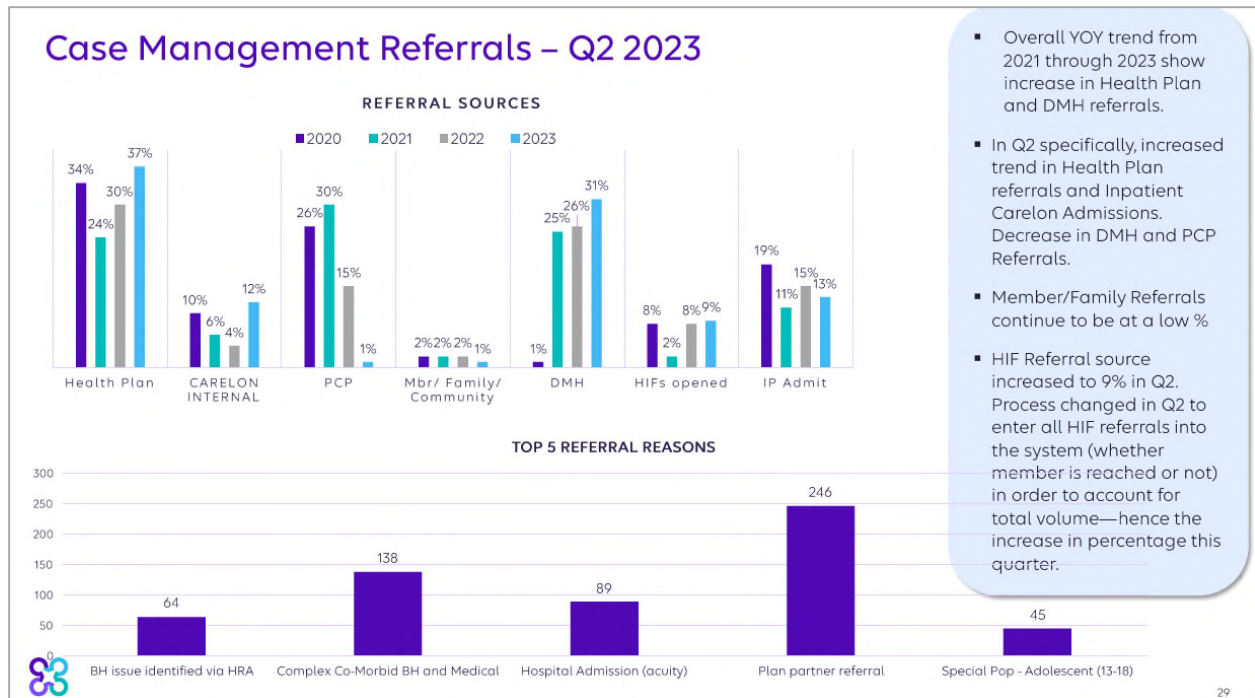
Qualitative Analysis
During the December 7, 2023, BHQC, Carelon presented the PCP referrals from the year 2021 through the reporting year 2023. In 2021, the PCP referral was 30% and then slowly decreased over time.

INTERVENTION
As this is the first year that L.A. Care will be utilizing Carelon Behavioral Health of California, Inc. /Central California Alliance for Health Primary Care Provider (PCP) Referral Form to track PCPs' referral submission to Carelon for members to receive mental health services, L.A. Care will continue to work internally to inform PCPs about Carelon's referral form and to work with Carelon on how to increase the number.

INTERVENTION SUMMARY

Barriers	Opportunity	Intervention	Implementation Date
Providers may have lack of clinical knowledge of Carelon's Behavioral Health of California, Inc./Central California Alliance for Health Primary Care Provider (PCP) Referral Form	pending	pending	pending
	Inform Care Management Department case managers and members' providers about Carelon referral forms.	Licensed Behavioral Health Clinicians from the Behavioral Health Department inform care managers to educate providers about Carelon's existing referral form.	Every week during scheduled ICTs (4x/week)

A.2 APPROPRIATE DIAGNOSIS, TREATMENT, AND REFERRAL OF BEHAVIORAL HEALTH DISORDERS COMMONLY SEEN IN PRIMARY CARE

Follow-Up for Children Prescribed ADHD Medication (ADD)

BACKGROUND: The following graph compares L.A. Care ADHD rates for HEDIS MY 2020-MY 2022 in the Medi-Cal product line:

Follow-Up for Children Prescribed ADHD Medication - Medi-Cal
HEDIS MY 2020 - MY 2022

MY 2022 Goal: 68%
HPL: 63.0%
MPL: 51.8%

	Continuation & Maintenance Phase
■ MY 2020	70.4% *
■ MY 2021	61.8% *
■ MY 2022	60.6%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Quantitative Analysis

Medi-Cal: The ADD Continuation & Maintenance Phase rate was 60.6% and decreased by 1.2 percentage points over the prior year (61.8%). We surpassed the MPL (51.8%), which did not meet the established goal of 68%. This decrease was not statistically significant.

CMC and LACC: The ADD measure is not reported since it does not apply to this product line.

Qualitative Analysis

ADD:
In the last three years, there has been a steady upward trend in both the ADD rates. This year, however, the ADD Initiation Phase rate decreased by 6.9%, while the Continuation and Maintenance Phase rate decreased by 6.8%, both of which are statistically significant. The decrease in ADD resulted from COVID-related reasons. COVID protections have led to issues with appointment access. Given the measure's

specifications, it has a lookback period beginning in March 2020, which was the height of the pandemic. As a result, many children were not able to be seen since clinic offices were closed.

The monthly ADD letters continue to be sent to prescribers whose patients have recently been prescribed an ADHD medication. This was launched in 2017 and is ongoing. A revision was made to the letter in the summer of 2021 that added in the quality email as a contact for providers in case the letter is sent incorrectly to the wrong address and/or prescriber. A 2022 evaluation was conducted to assess the impact of the ADD letters. According to the results, 1,156 letters were sent out to prescribers, and 370 were in the ADD denominator. Out of the 370 in the denominator, 204 were compliant, resulting in a 55.14% compliance rate. The overall ADD rate was 60.63%. The analysis indicates the letter might not have made a big impact compared to the overall rate. A further analysis will be looked into regarding the return on investment of the letters.

SUMMARY OF INTERVENTIONS

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	• Medical offices have limited capacity due to staffing shortages. • Member care occurs outside the primary care setting and is not reported to the health plan. • Many providers are unaware that children may be receiving care through schools or specialty mental health providers • Parents may not seek care for their children due to social stigma.	• Mailers continue to be sent to providers on a bi-weekly basis informing them that the member has been prescribed ADHD medication and advising follow-up. • In 2022, there were 1,156 letters sent to prescribing providers.	• In 2022, an evaluation was conducted, and as a result, there was a 55.14% compliance rate compared to the overall ADD rate (60.63%). This shows that the letters may not impact the rate at a large scale.

Summary of Interventions

A.3   PSYCHOTROPIC MEDICATION USE: ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

BACKGROUND –ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

L.A. Care monitors the members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment.

The following graphs compare L.A. Care AMM rates for HEDIS MY 2020 - MY 2022 in the LACC product line:

Antidepressant Medication Management (AMM) -
Effective Continuation Phase Treatment
HEDIS MY 2020 - MY 2022

	Medi-Cal	CMC	LACC
MY 2020	40.8%	53.8%	44.8%
MY 2021	45.2% *	57.9%	51.2%
MY2022	47.0% *	54.7%	56.5% *

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles
- CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

Quantitative Analysis

Medi-Cal – AMM: The Medi-Cal Effective Continuation Phase Treatment was 47.0%. There was a 1.8 percent increase from last year (45.2%). The increase was statistically significant. The measure did not meet its goal of 48% but did exceed the minimum performance level (MPL) of 43%.

CMC – AMM: The Effective Continuation Phase Treatment rate was 54.7%. This decrease is 3.2 percentage points higher than the prior year (57.9%) and is not statistically significant. The rate did not meet the goal of 57%.

LACC – AMM: The rate for the Effective Continuation Phase was 56.5% and was 5.3 percentage points lower than the prior year (51.2%). This increase was statistically significant. This rate did reach the goal of 55%.

Qualitative Analysis
Across all LOBs, the Continuation Phase rates increased from the previous year. The increased use of telehealth may have helped maintain this measure performance.

Another possible contributor to maintaining the rate would be the AMM Mailer intervention that was done in October 2022. In October 2022, L.A. Care sent a one-time individualized mailer to members encouraging them to continue taking their medication(s) exactly as prescribed by their doctor while also reminding them to refill their antidepressant medication(s). The eligible population included those with a diagnosis of major depression and taking antidepressants. The letter also included additional focus measures such as preventive screenings. Based on the 2022 evaluation, out of 1,472 members that received the letter, only 26 (1.8%) were compliant in Quarter 1 2023. This proves to show that the member letters are not successful in reminding members of their medication refills. As a next step, the L.A. Care Health Plan will look into the other care gaps and their impact on those respective measures. Additionally, L.A. Care will explore other interventions, such as an automated reminder phone call, as another type of intervention.

SUMMARY OF INTERVENTIONS

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Antidepressant Medication Management (AMM) - Continuation Phase	• Members may not want to take medication due to the perceived social stigma of having depression. • Members may stop taking medication if they experience any negative side effects. • Members may discontinue medication if they are feeling better and feel they do not need medication. • PCPs do not encourage members to stay on medication for the appropriate length of time. • PCPs prescribe for 30 days. • Pharmacy reversals were removed from the data.	• A one-time member letter was mailed in November 2022 to all lines of business. The letter also included a reminder on other care gaps in addition to their antidepressant medication reminder. • In total, 1472 letters were mailed to members who only needed a reminder on their anti-depressant medication, and 1118 letters were mailed to members who needed a reminder about both an anti-depressant medication and other care gaps measures.	• The intervention is continued in 2023. • 2022 Evaluation indicated that out of 1472 members that received the letter, only 26 were compliant (1.8%) in Quarter 1 2023. Results indicate that the AMM letter is not a successful intervention. As a next step, L.A. Care will continue to explore automated reminder calls conducted by the Pharmacy team as another type of intervention.

A4. **MANAGEMENT OF TREATMENT ACCESS AND FOLLOW-UP FOR MEMBERS WITH COEXISTING MEDICAL AND BEHAVIORAL DISORDERS AND THOSE WITH SEVERE AND PERSISTENT MENTAL ILLNESS**

BACKGROUND – DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

L.A. Care uses the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) to monitor care coordination for people with co-existing medical and behavioral disorders. The following table shows the rates for the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia. It reflects the rate of members taking antipsychotics who have received appropriate monitoring for their diabetes.

The following graph compares L.A. Care SMD rates for HEDIS MY 2020-MY 2022 among different product lines:

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) HEDIS MY 2020-MY 2022

	Medi-Cal	LACC	CMC
MY 2020	65.8% *	84.2%	72.4%
MY 2021	70.6% *	90.0%	78.1%
MY 2022	69.3%	52.9%	71.9%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Quantitative Analysis

Medi-Cal – SMD: The SMD rate was 69.3%, representing a 1.3 percentage point decrease over the previous year (70.6%). The decrease is not statistically significant. The goal of 75% was not met. The rate did meet the MPL of 68.1%.

LACC – SMD: The SMD rate was 52.9 % and declined 37.1 percentage points from the prior year (90%). The statistical significance is deemed N/A due to low response rates. The goal of 90% was not met.

CMC – SMD: The SMD rate was 71.9%, down from 78.1% or 6.2 percentage points from the prior year. This rate is not statistically significant. The goal of 78% was not met.

Qualitative Analysis
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 care coordination. 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, which are often not coded and sent to L.A. Care, leading to 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 their importance. High-volume PPGs will also be met with to discuss this rate decline and request that members be sent lab orders for screening. Collectively, these interventions should help drive rates back to pre-pandemic levels.

SUMMARY OF INTERVENTIONS

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	• Clinics being are unable to reach members due to not having up-to-date contact information. • Point of care testing may not be coded.	• Ongoing-POR/Gap in care list sent to the network. • Continue to educate the network, including Carelon and DMH, of the importance of the measure via BHQC.	• Continue sending out the provider opportunity report containing SMD.

A.5   PREVENTIVE BEHAVIORAL HEALTHCARE SUBSTANCE ABUSE SCREENING IN PRIMARY CARE SETTINGS

Studies show that alcohol and substance use disorders are associated with detrimental physical, social, and psychological consequences. In addition, adults with alcohol and substance use disorders are overrepresented in primary care and emergency department (ED) settings. Therefore, it is important that substance abuse screenings are utilized in primary care settings. In 2022, L.A. Care continued collecting encounter data on the utilization of substance abuse screenings in the primary care setting to improve patient care. In 2021, the Department of Health Care Services released APL 21-014, which supersedes ALP 18-014, and as a result, the AMSC (Alcohol Misuse: Screening and Behavioral Counseling) has been replaced with Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) interventions in Primary Care. This APL sets forth the State's expectation for providers to screen for alcohol and drug use on an annual basis. Providers must provide brief counseling and/or refer members to appropriate resources when necessary.

RESULTS

ALCOHOL MISUSE: SCREENING AND BEHAVIORAL COUNSELING INTERVENTIONS IN PRIMARY CARE

Measure	2019	2020	2021	2022	2023*
Number of Unique PCPs Using SBIRT (Numerator)	857	950	880	986	968
Number of Unique L.A. Care PCPs who served L.A. Care Members during the same period as above (Denominator)	5,441	5,539	5,746	5,292	5,187
% Numerator/Denominator*100	15.75%	17.15%	15.32%	18.63%	18.66%

RY2023 still pending data

Quantitative Analysis
Since the SABIRT implementation, L.A. Care has seen a slow increase in the number of unique providers using the screening tool as a part of their regular practice and preventative screenings from 2019 to 2022. The measurement year of 2022 has met our goal of a 1% improvement rate from 2020.

Qualitative Analysis
The SABIRT services continue to increase year over year. Attributions to the increased rates could include continuous education and trainings around SABIRT services and the benefits of implementation for members. Although the numbers continue to trend higher annually, the number of SABIRT screenings is still low compared to the denominator. Some PCPs reported time constraints in completing the screening, a perceived lack of effectiveness of brief intervention services, referrals to treatment, and a lack of training in providing brief intervention, which were barriers to screening and brief intervention.

INTERVENTION
In prior years, the L.A. Care Health Plan addressed SABIRT through the Provider Continuing Education (PCE) Program, which planned, developed, and implemented CME/CE activities related to Substance Use Disorder (SUD). Provider newsletters were published educating providers about SABIRT and how members can access substance use treatment. During the interdisciplinary meetings (ICT) created by the Care Management Department, Case Managers present their member cases to multiple disciplines, including Behavioral Health Department, to address any barriers hindering members' medical goals. The ICTs run 4-5 times per week, every week. When members present with any alcohol or substance use along with needed treatment, the Licensed Behavioral Health Clinicians will inform the care managers to recommend SABIRT screening to the member's primary doctors.

INTERVENTION SUMMARY

Barriers	Opportunity	Intervention	Implementation Date
Providers may lack clinical knowledge and training about SUD and may be reluctant to screen for those areas. Additionally, providers may lack resources to complete the screening or may not know/be unaware about how to access addiction treatment/think it's too difficult to access addiction treatment.	Educate practitioners on SABIRT guidelines.	L.A. Care and Beacon published provider newsletters educating about SABIRT and how to access substance use treatment. L.A. Care published a newsletter on October 14, 2022. Beacon distributed the newsletter on July 7, 2022.	Ongoing
	Inform Care Management Department case managers and members' providers about SABIRT screenings.	Licensed Behavioral Health Clinicians from the Behavioral Health Department inform care managers to recommend that SABIRT screenings be completed by members' providers and to refer them to appropriate SUD treatments.	Every week during scheduled ICTs (4x/week)

BACKGROUND – DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)

L.A. Care monitors the coordination of care for people with severe and persistent mental illnesses using the rate for the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) measure.

The following graph shows the rates for the HEDIS measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD), which shows the number of members on antipsychotics who received screening for diabetes:

The following graph compares L.A. Care SSD rates for HEDIS MY 2020 - MY 2022 among different product lines:

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) - HEDIS MY 2020 - MY 2022

	Medi-Cal	LACC	CMC
MY 2020	72.0% *	65.4%	72.1% *
MY 2021	78.9% *	72.1%	75.0% *
MY 2022	80.8% *	70.7%	78.2%

*Statistically Significant Difference
- Medi-Cal benchmarks are from the Quality Compass (QC) MY 2021 50th and 90th percentiles

Quantitative Analysis

Medi-Cal – SSD: The SSD rate was 80.8%, representing a 1.9 percentage point increase over the previous year (78.9%). The increase is statistically significant. The rate did meet the goal of 79% for the year and did exceed the minimum performance level of 86.3%

CMC – SSD: The SSD rate was 78.2%. The rate does indicate a 3.2 percent increase over the prior year (75.0%). The decrease is not statistically significant. The goal of 77% was met.

LACC – SSD: The SSD rate was 70.7%. There was a 1.4 percent decrease over the prior year (72.1%). The decrease is not statistically significant. The goal of 74% was not met.

Qualitative Analysis
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.

To improve care coordination between provider settings, efforts focused on informing primary care providers on the need to screen and test members. As discussed in the September BHQC meeting, certain barriers were identified, such as providers being unaware that the patient is 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.

SUMMARY OF INTERVENTIONS

HEDIS Measure	Barriers	Actions (Includes Member Family Engagement Activities)	Effectiveness of Intervention/ Outcome
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	• 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.	• Ongoing-POR/Gap in care list sent to the network. • Continue to educate the network, including Carelon and DMH, on the importance of the measure via BHQC.	• Continue sending out the provider opportunity report containing SSD. • Due to COVID, it is difficult to evaluate if the program is effective.

F.1 DIABETES DISPARITY FOR A1C CONTROL (<8%) IN AFRICAN AMERICANS/NATIVE AMERICANS L.A. CARE COVERED DISPARITY QUALITY IMPROVEMENT PROJECT (QIP)

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2022 LACC DISPARITY QUALITY IMPROVEMENT PROJECT (QIP) GOAL

Measure	2022 QIP Goal
Percentage of American Indian/Alaskan Natives (AIAN) and Black/African-Americans (BAA) adult members with diabetes with an HbA1c (<8%).*	57.0% (BAA)**

*Only the BAA population is included in the statistical analysis as the AIAN population is below 30.
**This goal aligns with Covered California requirement to improve baseline rate of 52.0% by at least 5%.

BACKGROUND/SUMMARY

Diabetes disproportionately affects Black/African-Americans (BAA) and American Indian/Alaskan Natives (AIAN) nationally and in L.A. County. Nationally, the AIAN population has the highest diabetes prevalence at 13.6%, followed by non-Hispanic Black adults (12.1%), and adults of Hispanic origin (11.7%)[19]. This is compared to a prevalence rate of 6.9% for non-Hispanic white adults. There are similar disparities in Los Angeles County. The BAA population has the highest prevalence of diabetes (14.4%) compared to 8.8% for the White population and 11.3% for all of Los Angeles County.[20]

L.A. Care Healthcare Effectiveness Data and Information Set (HEDIS) data reflects disparities within the BAA and AIAN populations. HEDIS MY 2021 HbA1c Control (<8%) aggregate results of L.A. Care Covered (LACC) combined show that the BAA population (53.4%) and AIAN population (50.0%) experience lower rates than the White population (56.0%) and Asian population (61.6%). It is important to note that the AIAN population's denominator is less than 30.

As a result, for the Covered California Quality Improvement Plan (QIP), in which plans were required to identify a health disparity and prioritize a subgroup, L.A. Care selected the measure of improving uncontrolled diabetes due to the observed disparity of this measure among the L.A. Care Covered (LACC) population. This QIP launched in 2018 with a provider, member, and data intervention. However, those interventions were not successful, and as a result, Covered California re-launched the disparities QIP with new guidelines and requirements. L.A. Care submitted disparity data to Covered California in March 2021 and attended five required learning sessions hosted by Covered California between April and June 2021. Two submissions documenting root-cause analysis, stakeholder interviews, intervention design, and evaluation plan were due in July 2021 and September 2021, with a program update due in September 2022. Primarily these were provider interventions launched in 2022, with member interventions launching in 2023 due to contracting delays. There was no reporting requirement in 2023.

GOAL

As a result of these identified racial/ethnic disparities, the goal of the Quality Improvement Project (QIP) is to implement interventions that will reduce disparities observed in uncontrolled diabetes for L.A. Care populations that indicate that they are BAA and AIAN as measured by HbA1c (<8.0%). See the 2022 QIP Goal above.

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[19] National Diabetes Statistics Report | Diabetes | CDC
[20] http://www.publichealth.lacounty.gov/ha/docs/2018LACHS/MDT/Adult/M6_HealthStatusHealthConditions/M6_MedicalConditions_MED11DIA.xlsx

PLANNED INTERVENTIONS

To reduce uncontrolled diabetes in the target populations, L.A. Care will implement a multi-pronged intervention approach, including member, provider, systems, and community interventions. The interventions are given priority levels where a level one indicates implementation in phase one, a level two indicates implementation dependent upon the effectiveness of the primary intervention, and a level three indicates implementation dependent upon the effectiveness of both primary and secondary interventions. A root cause analysis identified several main themes in answering the question, "Why has the healthcare system been less successful in controlling HbA1c (<8%) for the Black or African American and American Indian Alaska Native populations?" Those themes include:

- Tools to manage diabetes are not affordable or accessible
- Fear of diabetes diagnosis and lifestyle modifications
- Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions
- Lack of timely access to lab testing
- Lack of provider knowledge (e.g. lab testing – cost, annual limit, frequency, guidelines, updates)

Below is a table documenting the various planned interventions stratified by level, priority, strategy, mode, and root-cause.

TABLE 1: Planned Intervention Levels and Strategies

Level	Priority*	Strategy	Mode	Root Cause
Member	1	Provide at-home A1c testing kits to those in the target population (BAA and AIAN Covered CA members who are in CDC <8% denominator without a current A1c lab value)	Contract with an at-home testing vendor and mail kits to those in the target population	Tools to manage diabetes are not affordable or accessible; Lack of access to timely lab testing.
	1	Conduct outreach to target population to provide information on all of the existing diabetes management programs (internal and external)	Letter/mailer and phone calls	Tools to manage diabetes are not affordable or accessible; Fear of diabetes diagnosis and lifestyle modifications.
	1	Provide medically tailored meals for up to 30 members. Enrolled members receive 8 weeks of meals, 2 meals a day, and 7 days a week, with the option to add on one fresh produce box per member.	MTM vendor to conduct telephonic outreach and Letter outreach	Tools to manage diabetes are not affordable or accessible; Fear of diabetes diagnosis and lifestyle modifications.
	1	Eligible members received a condition management Interactive Voice Response (IVR) call. The call includes information on important tests for diabetes, medication management/adherence, resources available, barriers they are experiencing and prompted members with questions where the response guided them to specific information.	IVR call	Tools to manage diabetes are not affordable or accessible.
	1	Eligible members receive a test message campaign with information on important tests for diabetes and medication management/adherence.	Text message	Tools to manage diabetes are not affordable or accessible.

Level	Priority*	Strategy	Mode	Root Cause
	2	Refer members in target population to programs that best suit their needs (i.e. if member is struggling with medication adherence, refer into pharmacy program)	Phone calls; create survey questions to ask member that will direct them into best program	Tools to support diabetes are not affordable or accessible; Fear of diabetes diagnosis and lifestyle modifications
Provider	1	Provide cultural sensitivity and/or anti-racist training for provider network	Virtual training	Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions
	2	Include race/ethnicity and disparities data to monthly Provider Opportunity Report (POR) to allow providers to better target disparity populations	Monthly report	Lack of provider knowledge (e.g., lab testing – cost, annual limit, frequency, guidelines, updates); Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions
	2	Inform providers of L.A. Care Community Link and encourage them to refer members to address SDoH. L.A. Care Community Link is an online platform where the public can search free or reduced cost services like housing assistance, food, help with bills, and more.	Fax blast and/or email	Implicit/explicit racial bias and cultural insensitivity amongst providers or interventions
	3	Educate providers of L.A. Care guidelines around diabetes testing for Covered CA Population	Virtual training	Lack of provider knowledge (e.g., lab testing – cost, annual limit, frequency, guidelines, updates)
Systems	1	Investigate Covered CA providers in the data set to determine if A1c tests are coded properly	Data Analysis	Lack of timely access to data
	2	Provide training to providers and office staff on how to code for diabetes and A1c correctly to improve the quality of and access to data if the investigation shows that the majority of offices are coding incorrectly	Fax blast and/or email; Virtual training	Lack of timely access to data
Community	3	Social media campaign and PSA style reels addressing cultural fear of diabetes diagnoses for, at a minimum, diabetes awareness month (November); Partner with CBOs; Call to action: talk to your friends, family, and community	Social media (Facebook and Instagram)	Fear of diabetes diagnosis and lifestyle modifications

*Priority level 1: Primary intervention implemented in phase one.
*Priority level 2: Secondary intervention implemented upon assessment of effectiveness of primary intervention. May be implemented concurrently with priority level 1.
*Priority level 3: Tertiary intervention implemented upon assessment of effectiveness of primary and secondary intervention.

INTERVENTION UPDATES

Various interventions launched in 2022. The L.A. Care Provider Opportunity Report (POR) started to include member race/ethnicity information in November 2022. The 2023 POR webinar for providers highlighted this change and trained providers on how to use this information to better target disparities in

their patient population. Several webinars focusing on health equity and data submission also took place in 2022. There were 491 total attendees in the "Implicit Bias Training" and "Equity Oriented Primary Care in Action" webinars in August 2022. There were also 497 attendees in both the "HEDIS 101" and "HEDIS 201" webinars in 2022 that highlighted proper data submission for CDC (<8%).

Internal and external stakeholder interviews and focus groups discussed the difficulty of maintaining a healthy and affordable diet appropriate for people with diabetes. A medically tailored meal program was a chosen intervention in MY 2022 to address inequities around access to healthy food and improve health literacy with chronic conditions like diabetes for this community. The primary role of this intervention is to provide Black African American members with access to healthy foods and improve members' understanding of their condition, as well as provide education and enhance their ability to self-monitor, manage, and control their diabetes. Home-delivered meals not only support the treatment of diabetes that target the specific nutritional needs of the member but also reduce barriers associated with food insecurity and healthy food access that can be found in Black African American communities. Prospective participants in the program will receive health education materials designed to enable and empower them to manage their diabetes care. The program has an option for members to meet with a Registered Dietitian to learn more about healthy eating, as well as how a healthy diet can help control diabetes. Members are encouraged to adhere to treatment plans from their provider, including medication adherence, compliance with the numerous tests and exams, attending appointments, lifestyle modifications, and referrals to self-management programs and resources. The internal contracting process for this intervention to include vendor GA Foods experienced delays, which pushed back the launch. The contract went live on January 1, 2023, and outreach began in December 2022. Meal delivery for the first 11 members in cohort 1 was executed in March 2023.

RESULTS: MEDICALLY TAILORED MEAL INTERVENTION

Intervention Time Period:
- Initial outreach of identified members: February 2023
- Meal Delivery: March 2023-June 2023
- Pre-intervention period identified as before March 2023.
- Post-intervention period identified as after March 2023.

Process outcome effectiveness is determined by how many members enrolled in the program, were referred to the Diabetes Self-Management Education Program, and got an A1c lab test post-intervention. Clinical outcome effectiveness is determined by analyzing A1c values post-intervention.

Process Outcome:
1. In February 2023, cohort 1 identified 22 eligible members; 11 (50% of members) enrolled and received 112 meals over an 8-week period between March 2023-June 2023.
2. Four members (36% of the cohort) received an A1c lab test post-intervention.
3. Six members (54%) of the enrolled cohort enrolled in L.A. Care's Diabetes Self-Management Education Program.

Clinical Outcome:
4. Two members (18% of the cohort) were identified as reducing their A1c values significantly post-intervention, the following A1c values were tracked pre and post-intervention:
   a. Member 1 had an A1c value of 9.9 in March 2023 and reduced to 8.9 July 2023.
   b. Member 2 had an A1c value of 11.7 in February 2023 and reduced to nine in June 2023.

Overall, the intervention has been effective among the small pilot of members who enrolled in the initial cohort. This effectiveness can be seen in the process outcome, shown in the volume of enrollment and clinical outcome in the reduction of A1c levels between two members. Due to the initial success of this pilot L.A. Care is continuing the intervention through MY 2024. Diabetes care and changes in self-management, including diet and improvement in health literacy, take a significant amount of time. Specifically in the reduction of A1c levels because of managing chronic conditions through adjustment to behavioral and lifestyle choices, including diet. The timing of evaluating this program has a significant impact on clinical outcomes; the intervention effectiveness will be re-evaluated 6 months (December 2023) and 1-year post-intervention (June 2023).

EVALUATION METHODS
Evaluation of intervention strategies uses the Plan-Do-Study-Act (PDSA) method for pilot testing and refinement. Strategies are evaluated six months post-implementation. The evaluation elements detailed below in Table 2 determine if a strategy is effective, if it requires refinement, or if it will be retired. Depending on that evaluation, there will be implementation of priority level 2 or 3 strategies

TABLE 2: Evaluation Elements

Evaluation Elements	Metric to be used in evaluation
Outreach attempts to engage members in intervention (e.g., # attempts/intervention population)	• % of members in CDC (<8%) denominator who are sent an at-home testing kit • % of members in CDC (<8%) denominator who are mailed a guide on available diabetes programs • % of members in CDC (<8%) denominator outreached to participate in the 8-week MTM program • % of members who received a condition management IVR call • % of providers engaged to participate in anti-racism training
Engagement in intervention (e.g., n and % of members successfully engaged in intervention)	• % of members who are sent a test kit and return a complete kit • % of members in CDC (<8%) denominator who enlist in a diabetes program • % of members in CDC (<8%) who enroll in diabetes counseling with an L.A. Care Registered Dietitian • % of members in CDC (<8%) who sign up for the MTM program • % of providers who attended and participated in anti-racism training • Number of members who engaged in a condition management IVR call
Retention in intervention (e.g., n and percent of members engaged in intervention that completed it)	• % of members who complete a diabetes program referred to (i.e., attends all four telephonic sessions with a Registered Dietitian). • % of members who complete the six-week MTM program. • % of providers who complete a post-training survey. • % of providers who complete a 3-month post training survey.
Key processes of care (e.g., # PCP visits, lab or BP measurement, medication adjustment, etc. that occurred for engaged intervention population vs unengaged.)	• # of new A1c values acquired as a result of at-home testing kits

Baseline rate documented in Table 3 below. The baseline took the average of MY 2018 and MY 2019 CDC (<8%) HEDIS measure of the Black or African American Covered California population. The baseline did not include the Medi-Cal population. The purpose of a baseline score is to demonstrate meaningful improvement for purposes of the 2022 Performance Level. For purposes of the 2022 Performance Level, a five-percentage point difference between the baseline and the performance period constitutes a meaningful improvement. This goal carries into the calendar year 2023.

TABLE 3: Baseline Measurement Data

	MY 2018	MY 2019	Baseline (MY 2018 and MY 2019)	2022 Target
Numerator	83	95	178	N/A
Denominator	154	190	344	N/A
Rate	54%	50%	52%	**57%**

LOOKING FORWARD

The Medically Tailored Meal Program will continue throughout MY 2023 and 2024. The quality improvement department will report on the overall outcome of QIP in MY 2024. At-home sample collection kits for HbA1c will launch in Q4 of MY 2023 to Covered California members who are missing a test result. As detailed above, interventions are evaluated to determine effectiveness throughout the measurement year. Additionally, Covered California implemented a penalty starting in MY 2023 for health plans that do not meet the required benchmarks for HbA1c <8%. Due to operational challenges in collecting accurate race and ethnicity data for disparity populations in MY 2022, L.A. Care will evaluate performance in comparison to the goal when valid data is collected.

F.2 Reducing Rates of Hemoglobin A1c (>9%) for Black And African American Members Health Equity Performance Improvement Project (PIP)

AUTHOR: ALISON PATSY, MHA
REVIEWERS: THOMAS MENDEZ & FELIX AGUILAR, MD

2021 Medi-Cal Health Equity Performance Improvement Project (PIP) Goal

Measure	2021 PIP Goal
Comprehensive Diabetes Care (CDC) A1c >9.0%	Decrease the percentage of African American members with an A1c >9% from 80.7% to 63.2%.

BACKGROUND/SUMMARY

Diabetes is a chronic condition that occurs when the blood sugar level (A1c) is higher than normal. The cause of diabetes is the body's inability to produce insulin, a hormone that helps digest sugar. There are two major types of diabetes: Type I diabetes and Type II diabetes. Type I diabetes occurs when the body does not make enough insulin. Type 2 diabetes, the most common type, occurs when the pancreas does not secrete enough insulin or the body becomes resistant to the insulin. According to the American Diabetes Association (ADA), diabetes is a chronic condition that affects the quality of life for roughly 11.3% of Americans, and the prevalence of diabetes in non-Hispanic Blacks is 11.7 percent versus only 7.5 percent in non-Hispanic whites.[21] An increase in medication adherence can lead to decreases in A1c levels, while non-adherence is associated with higher rates of hospital admissions, poor health outcomes, higher morbidity, and increased healthcare costs. Diabetes can also affect nerves, mental health, and even oral health.[22] One in three adults with diabetes also has chronic kidney disease (CKD), a result of high blood sugar damaging the blood vessels in the kidneys.[23] Another effect of diabetes is nerve damage, which can reduce sensations such as pain or temperature. Furthermore, poor blood circulation to the feet, along with nerve damage, can leave wounds unnoticed, which may worsen over time[24]. According to the American Diabetes Association, people with Diabetes are also more likely to have serious complications from COVID-19.[25] The COVID-19 pandemic reduced in-person provider visits, especially among minority groups. L.A. Care has chosen the Comprehensive Diabetes Care (CDC) A1c >9.0% HEDIS measure as its PIP topic, as it assesses and emphasizes the need for blood glucose management among members with diabetes. The sub-measure of A1c >9.0% focuses specifically on members with the greatest need for glucose management (A1c control). The A1c >9.0% measure is an inverse measurement; therefore, lower rates indicate better performance.

GOAL

Disparity analysis from measurement year 2020 indicated that members of the African American community from L.A. Care Medi-Cal Direct Program (MCLA) had the highest rate of uncontrolled A1c level at 52.6%, while Asian Americans had the lowest rate at 31.5%, which is a statistically significant difference. For this PIP, we focused on MCLA members within the African-American community to help

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[24] Centers for Disease Control and Prevention. (2022, June 20). *Diabetes and nerve damage*. Retrieved January 11, 2023, from https://www.cdc.gov/diabetes/library/features/diabetes-nerve-damage.html

[25] *Diabetes and coronavirus (COVID-19)*. Diabetes and Coronavirus (COVID-19) | ADA. (n.d.). Retrieved January 11, 2023, from https://diabetes.org/coronavirus-covid-19

bridge this ethnic rate gap. Furthermore, the geographic areas with the greatest health disparities in Los Angeles are Service Planning Area (SPA) 1: Antelope Valley and SPA 6: South Los Angeles (see Table 1). Target Population: We further narrowed our focus to clinic-level data and found numerous L.A. County Department of Health Services (DHS) sites and various independent clinics within SPA 1 and SPA 6. DHS sites included a large volume of African American members with a high A1c; however, due to the current COVID crisis and staffing limitations, DHS was unable to support a partnership for the PIP. Subsequently, we looked at satellite clinics within Antelope Valley and South Los Angeles to partner with a clinic in an area of high disparity. We narrowed our focus to a handful of clinics that contained our target population and reached out to many contacts for possible collaboration. Using relationships through consultants and clinic staff, we met with Bartz-Altadonna Community Health Center and explained the focus of our disparities PIP. After numerous discussions with Bartz-Altadonna Community Health Center staff, they agreed to collaborate on the PIP. As they are located in SPA 1, have staffing resources, and have the ability to collaborate, we are working with Bartz-Altadonna Community Health Center to impact the lives of their African-American members. The SMART aim is to reduce the number of Black African American members with an A1c >9% from a baseline of 80.70% to 63.20%.

Table 1. MY 2019 Rate by SPA for CDC A1c >9% (Lower rate indicates better performance)

SPA	Rate of A1c >9%
Antelope Valley (1)	53.03
San Fernando (2)	40.70
San Gabriel (3)	43.45
Metro (4)	47.74
West LA (5)	43.8
South (6)	50.59
East (7)	44.42
South Bay Harbor (8)	46.92

PLANNED INTERVENTIONS

BARRIERS
Cycle 1: Several changes made throughout the course of the intervention accommodated the COVID pandemic and the limited bandwidth of clinic staff. The intervention planned for the initial point of contact for the member is the Bartz-Altadonna clinic staff. This was in an effort to increase the legitimacy of the outreach. However, given staff limitations at the clinic level, L.A. Care's health education team conducted the outreach and offered validation during the initial outreach. Lastly, obtaining updated monthly lists from Bartz-Altadonna was difficult as the clinic faced surges of the COVID pandemic and an influx of patients for prolonged periods. As a result, during telephonic outreach, members were not receptive to contact by their health plan, with little trust or relationship. With competing priorities due to the pandemic, it was sometimes hard to collaborate with a clinic. Clinic staff had limited bandwidth to support interventions and did not respond to requests for timely A1c values or would send the wrong information. This made it extremely difficult to track the effectiveness of interventions. The workaround was to receive self-reported A1c levels, which does not give the most accurate and valid data.

Cycle 2: Text-messaging barriers included the TCPA (Telephone Consumer Protection Act of 1991), which states that L.A. Care must get consent before sending commercial text messages. L.A. Care's customer service center scrubs the original eligible population list for members who consent to text-message communication. This limits the number of members we can conduct outreach to and further reduces the eligible population in the intervention. Due to diabetes being classified as a 'sensitive campaign', an additional 'opt-in' from the member upon the initial welcome message is required to receive the texting campaign. This limits the number of members included in the intervention even more. Therefore, not everyone who was within the eligible population for the PIP ended up participating in this intervention.

INTERVENTION(S)

Our goal was to reduce rates of A1c poor control among members living with Diabetes and assist African American members with Diabetes to improve their quality of life. We worked with the entirety of the African-American population at Bartz-Altadonna Community Health Center for a total of 57 members. Bartz-Altadonna Community Clinic was chosen because it is located in an area where there is a large Black/African American population and is identified in the targeted geographic region of SPA 1. Our aim was to reduce the number of members with an A1c >9% from 80.7% (46 members) to 63.2% (36 members), a statistically significant change using the Chi-squared Test without Yate's Correction. The PIP population size increased with further outreach by Bartz-Altadonna Community Health Center and collaboration with L.A. Care's Plan Partner members. We recognized that the total population size was relatively low; however, these members are among the most underserved members and require interventions to promote healthier outcomes. While designing the interventions, we incorporated feedback from Bartz-Altadonna Community Health Center staff and specifically targeted the interventions for the African-American community based on field observations.

INTERVENTION UPDATES

L.A. Care achieved the Smart Aim in August 2021, prior to any PIP-submitted intervention. The quality improvement team deployed a wide-scale interactive voice recognition campaign, which could have had an impact on the rate. Between May 5th and June 18th, 2021, 18,872 members diagnosed with diabetes received an interactive voice recognition call on diabetes. A received call defines a member passing the HIPPA verification by entering their date of birth upon answering the phone. At the start of this intervention, there was a reported HbA1c rate of 71.43% in April 2021. Of the members receiving a call, data showed 5,003 members had an HbA1c lab post-intervention (on or after 06/2021).

Even before the intervention work started, there were meetings with our clinic partners to discuss the intervention and validate the data we were receiving. L.A. Care found that the clinic was conducting A1c testing but was not using the proper codes to document the values. The clinic was unaware that the CPT code they were using only showed a completed test but not the value. This may have had an impact early on and over the course of the PIP.

Timing is important in any diabetic intervention due to the time it takes for an A1c to be reduced and for a member to return to their physician for a lab. The standard protocol is for members to see their doctor every 3 months for an A1c lab. For an intervention to improve performance on a HEDIS measure within an attainable period, planning is essential. This can be seen through the improvement of this measure approximately three months post-intervention (August 2021), the rate decreased to 63.16%, and the goal was met.

Continued rate performance is visible in the data following the PIP-submitted intervention of telephonic outreach and educational mailings. The timing of this intervention was crucial for the continued success of the performance of this measure. As seen in the data, the measure did significantly decline from IVR calls but there is significant amount of members who were non-compliant. In October 2021 prior to the mailing

and outreach, there were still 58 non-compliant members (with a rate of 59.18%). In the first round of outreach, six members enrolled in L.A. Care's Diabetes Education program, and in the second outreach, eight more members were interested in receiving additional diabetic educational material. The entire cohort received diabetes education mailers following a phone call, regardless of whether they were accessible via phone. Post-intervention (January 2022), you can see the number of non-compliant members dropped to 41 (with a rate of 51.90%).

Looking at continued improvement in performance and 'PIP submitted' interventions, the greatest impact was from the text messaging outreach to members. The data showed that from the eight members that opted-in and received the text messaging campaign five members (62.5%) had a diabetic doctor visit and four members (50%) had an A1c lab test. The timing of this intervention was in the later months of the PIP (May-July 2022) where as you can see from the data the eligible population started to grow (denominator size) affecting rate performance and reach to these members became crucial to continue the success of the PIP. Post-intervention impact reduced the measure rate from 56.32% to 52.29% after 3 months of the text-message campaign closing

RESULTS
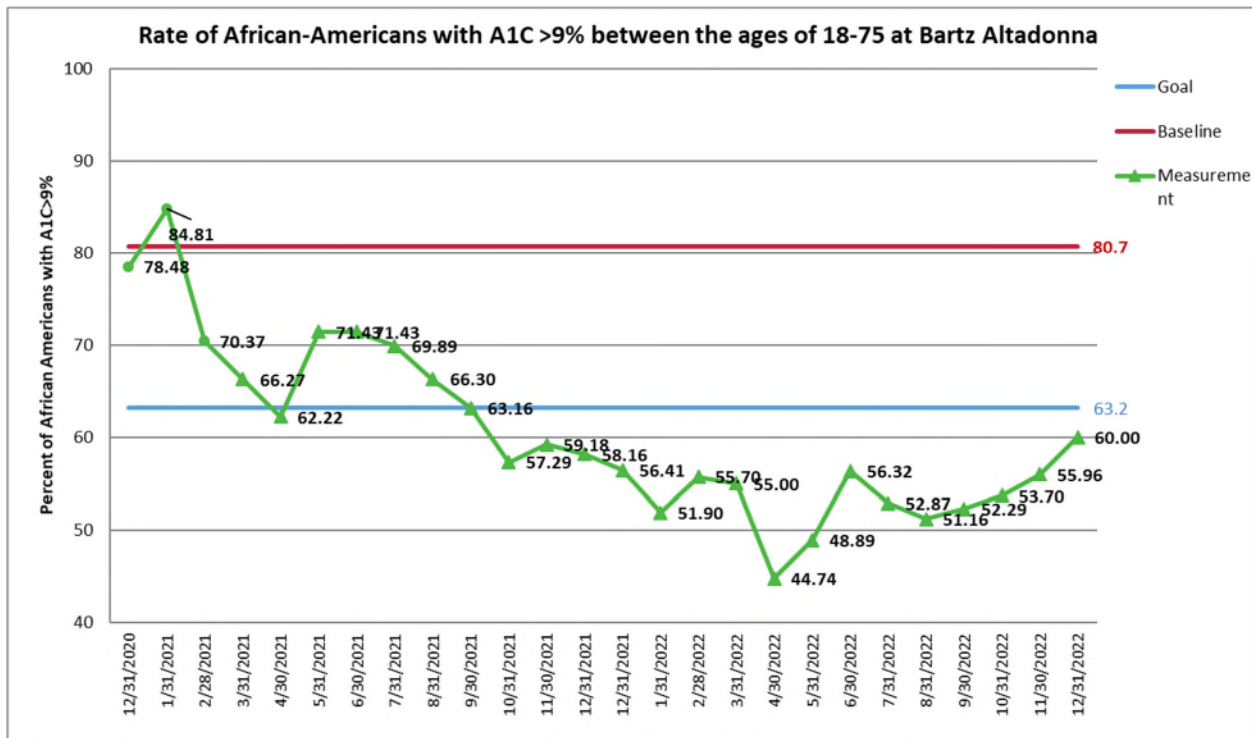
The SMART Aim goal of reducing the number of members with an A1c>9% from baseline 80.7% to 63.2% was surpassed by roughly 1% during re-measurement period 4 in March 2021 with a rate of 62.22% and was found to be a statistically significant decrease from baseline. L.A. Care met its goal in this period, but it was not until re-measurement period 9 in August 2021 that the goal was sustained for the remainder of the re-measurement periods. This sustainment is when the rate hit a statistically significant decrease from baseline of 63.16%. The remaining re-measurement periods (10-25) continued to be statistically significant decreases from baseline, and the PIP ended in the re-measurement period 25 with a rate of 60%, 3.2% above the goal.

EVALUATION METHODS

Telephonic Health Education Outreach & Mailer: At the end of each month, the Health Education team will email the project lead, who will update the chart with member information and outreach details. The project lead with collect the health education report and compile the findings into a summary report. To evaluate the success of intervention a comparison between member self-reported A1c pre-intervention will be analyzed against post-intervention A1c values 90 days after initial outreach.

Text-Message Campaign: Mpulse sends monthly outreach reports tracking member enrollment into the diabetes text-message campaign. The success of the text-message campaign is determined by whether or not a member receives an A1c lab test and/or has a diabetic doctor visit post-intervention. To determine this the project lead cross-references members who enrolled in text-campaign with ImpactPro claims and lab data.

LOOKING FORWARD

After the successful text, messaging campaign that targeted the narrow focus of the PIP and Medi-Cal-only members the QI department scaled the intervention in MY 2023 to all lines of business. With the success of health education mailings, L.A. Care targeted Medi-Cal members contracted directly with the health plan (Direct Network Members) and sent out a similar diabetes educational mailing packet to 1,050 English-speaking and 329 Spanish-speaking members that have a reported A1c value of >8%. Lastly, the initiative's team is in the planning stages of developing new diabetes scripts for interactive voice recognition calls that will replicate the previous IVR intervention that was launched in May 2021 and led to the initial performance improvement of the A1c <9% measure in this PIP.

F.3 CHILDHOOD IMMUNIZATION STATUS COMBINATION-10 (CIS-10) PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: RACHEL MARTINEZ, RN
REVIEWERS: THOMAS MENDEZ & FELIX AGUILAR, MD

2020-2022 CIS-10 PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL

Measure	PIP Goal
Childhood Immunization Status (CIS-10)	By December 31, 2022, use key driver diagram interventions to increase the percentage of CIS-10 rates among St. John's Frayser Clinic members from 22.1% to 30.4%

BACKGROUND/SUMMARY

L.A. Care chose the Childhood Immunization Status Combination 10 (CIS-10) Healthcare Effectiveness Data and Information Set (HEDIS) measure for its PIP topic, as the vaccines within CIS-10 protect infants from serious diseases and potential death. Vaccines are a safe and effective way of protecting infants from harmful diseases, and the decline in vaccination rates has led to disease outbreaks, making it especially important to continue to promote and maintain high vaccination rates. This PIP focused on improving the CIS-10 rate for St. John's Well Child and Family Center Clinic. Specifically, St. John's Well Child and Family Center – Dr. Louis C. Frayser Health Center. The global aim of the PIP is for all L.A. Care members to be fully vaccinated with all CIS-10 vaccinations. This PIP concluded on 4/21/2023 with a high confidence validation from Health Services Advisory Group (HSAG).

Through the success of this project in meeting its goal for multiple months and demonstrating a statistical improvement, L.A. Care can successfully share with its network the need for high-touch outreach to caregivers and members. Through the reconciliation of the members on the custom report, clinics can quickly identify their paneled members and review their medical records within the clinic medical record and California Immunization Registry (CAIR) to outreach proactively to members to close care gaps. That is essential for vaccines that are time-sensitive. L.A. Care will discuss with their Independent Physician Associations IPAs and Management Service Organizations MSOs to support those providers and clinics with limited capacity reconciling data against CAIR to provide clinics with a more accurate list of care gaps.

Description of Measures

Measure	Specific Indicator(s)	Measure Type
Childhood Immunization Status (CIS-10)	The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chickenpox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccine by their second birthday.	Hybrid

METHODOLOGY

L.A. Care used retrospective rate, historical data/pre-existing data (measurement year (MY) 2019 and 2020) for the HEDIS CIS-10 measure. Rates used for this report are based on the total eligible population of the measure. We have grouped the measure by months of children turning two to report on November 1, 2019 – October 31, 2020. The data was then pulled based on the members assigned to the Frayser location for

St. John's Family and Well Child Center. L.A. Care used the retrospective rate (MY 2019 and 2020 for the CIS-10 measure) for the baseline rate of 22.1%. L.A. Care used the National Committee for Quality Assurance (NCQA) certified HEDIS software to generate these rates. We filtered based on members who were assigned to the Frayser Clinic for services. The members were grouped based on the month they turned two years old. Then, we added the members together each month, resulting in a denominator of 224 and a numerator of 49 or a 22.1% compliance rate. To determine the goal for the PIP, L.A. Care then conducted a two-tailed Fisher's exact test to reach a goal that would be statistically significant ($p<0.05$) while assuming a constant denominator and came to a goal of 30.4%. To achieve this goal we would need to increase the number of members who receive a vaccine to 68 members out of a population size of 224. The goal was calculated based on the assumption that the membership would remain constant at 224 eligible members.

TABLE 1: RATE OF CHILDREN COMPLIANT WITH CIS-10 AT ST. JOHN'S FRAYSER CLINIC WITH ALL INTERVENTIONS
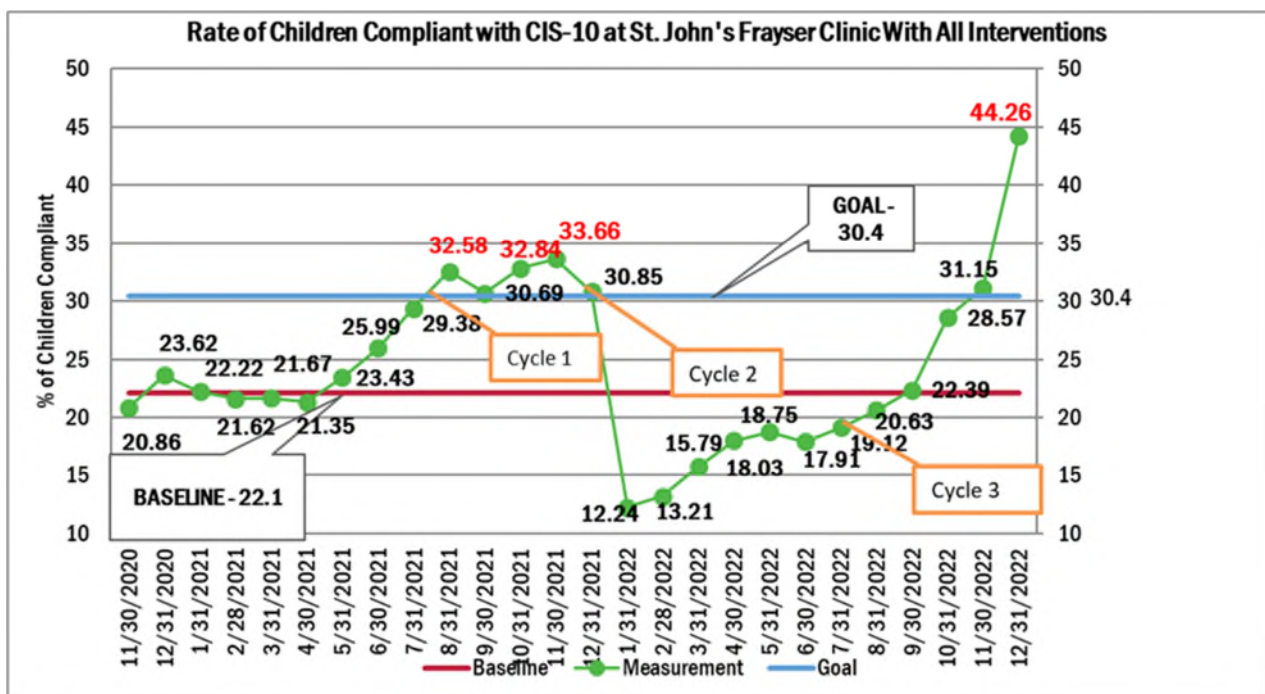
Red Font within the run chart denotes statistically significant improvement from baseline using Fisher's exact test, two-tailed with a p-value<0.05. Please see attached table for details.

INTERVENTION

For this PIP, one intervention was tested. St. John utilized the customized Missing Vaccine report to conduct outreach calls to schedule appointments for upcoming and past-due children for the CIS-10 vaccines. Due to Coronavirus (COVID) and staffing challenges, we completed three cycles for this intervention, as noted in the run chart above. The intervention was successful in improving the rate and meeting our PIP goal. The SMART Aim goal of 30.4% was met for seven months of the PIP. The goals were met from August 2021 through December 2021, as well as November and December 2022. Statistical Significance was met for four of those seven months: August 2021 at 32.6%, October 2021 at 32.8%, November 2021 at 33.7%, and December 2022 at 44.26%.

Quantitative Analysis

The successful intervention tested was utilizing customized L.A. Care Missing Vaccine Reports for outreach calls. This intervention was tested for three cycles. The first cycle occurred from September 2021 through December 2021; during this time, 18 appointments were completed out of the denominator size of 105 at 17%. Within the run chart, L.A. Care met the goal from August 2021 through December 2021 at 32.6%, 30.7%, 32.8%, 33.7%, and 30.9%, respectively. Using Fisher's exact test, two-tailed, it was identified that a statistical improvement occurred in August 2021 with a p-value of 0.0262, in October 2021 with a p-value of 0.0234, and in November 2021 with a p-value of 0.0135.

Cycle 2 occurred for two rounds, the first from January 2022 through March 2022, with 32 completed appointments out of 94 members at 34%. That is a statistically significant improvement from cycle one using Fisher's exact test, two-tailed with a p-value of 0.0085. Although in the second round of calls for August 2021, members completed appointments out of 100, in totality, 53 appointments were completed for this cycle. Looking at the run chart for this period, a drop below the baseline can be attributed to the reduction in the denominator size from termed providers in quarter four of 2021. It is also important to note that many of these children were born in early 2020 during the start of the COVID-19 pandemic and surges, which may have resulted in not receiving all the necessary antigens.

For cycle three, two rounds were completed as well, with the first round occurring in October 2022 with 17 appointments completed out of 50 at 34%; this was statistically significant with a p-value of 0.0242. In round two, there were six appointments made out of 50, which is not a statistically significant change. As a result, L.A. Care met the goal for October 2022 at 31.15% and for December 2022 at 44.26%, with a statistically significant improvement using Fisher's exact test, two-tailed with a p-value of 0.0015.

In the partnership between the health plan, L.A. Care, and the clinic, St. John, we have shown clinical and programmatic enhancements in improving the rates for CIS-10. For example, L.A. Care providing the custom Missing Vaccine Report to St. John allowed the clinic to reconcile the report against their Electronic Medical Record (EMR) and CAIR to identify those members behind with their vaccines. In addition, St. John conducted the outreach to book and schedule caregivers, and a visit to complete the child's vaccine series demonstrated an improvement based on meeting the goal for the consecutive months following outreach.

LESSONS LEARNED

Many lessons were learned through this process; the first is the importance of not focusing a project on one clinic. That limits the denominator size, and should there be changes with the contracted provider, such as termination, this can significantly influence the project. Secondly, it is essential to understand that specific immunizations may have a set period for completion, for example, rotavirus, which is not recommended for children older than nine months, and the importance of this specific vaccine to be conducted on time.

Caregiver education is critical to ensuring members comply with their CIS-10. However, it may take more than one visit to catch a child up with all their CIS-10 vaccines and plan accordingly. Lastly, ensure outreach attempts are not focused during busy months such as November through January due to holidays and surges of flu, cold, and other acute illnesses during winter.

In looking at the run chart, it is essential to note that those children who turned two in early 2022 from January through June 2022 were children who were born at the start of the COVID-19 pandemic; many likely missed their rotavirus due to the burden of the pandemic on the health care system thus demonstrating below baseline rates between 12.24% to 17.91%.

Qualitative Analysis

L.A. Care and St. John encountered many challenges during the PIP. The biggest challenge was the COVID-19 pandemic, which continued to overburden the healthcare system through most of the PIP. As a result, the clinic staff turnover has made it challenging to devote staff to the project as a result L.A. Care requested quarterly data submission versus monthly. L.A. Care worked with St. John and provided additional time to make outreach calls to close care gaps. A second challenge was three providers termed at the St. John Frayser location in Q4 of 2021, reducing the denominator size for 2022. Finally, St. John pivoted its outreach and expanded their outreach to include members at additional sites, as capacity would allow. Many members assigned to the termed provider were reassigned to a contracted provider with an open panel; however, the provider could have a different site as their primary location. Through this process, St. John found that reviewing the report was too labor-intensive. From the clinic's point of view, this is a crucial step before outreach to ensure the member is identified appropriately. St. John has a quality improvement team who supports the clinic and conducts the review in the EMR and CAIR before giving the clinic the members to outreach, and this is not the case for most clinics. That important step needs consideration when L.A. Care asks providers to use the report and outreach to members.

Lastly, L.A. Care offered to educate providers and staff on vaccine hesitancy. Still, the clinic chose not to proceed with this intervention (a significant limitation is the time staff must devote to the webinar). However, L.A. Care did conduct a Wednesday webinar series around vaccine hesitancy and offered this to the clinic if available staff could attend.

LOOKING FORWARD

For L.A. Care to sustain the improvement made through this process, it will involve multiple steps, mainly due to the complexity of the network size within Los Angeles County. One crucial step is connecting the IPA groups and MSOs to assist clinics with reconciling the data for provider offices/ clinics without the bandwidth to do this on their own. The IPAs are also savvier at handling provider reassignment issues and outreach for the members. L.A. Care also conducts a webinar series each year for providers, clinics, IPAs, and MSOs and will use this series to promote the use of the missing vaccine report and highlight its success. During these webinars, time is set aside to share the Missing Vaccine report. During this discussion, lessons learned, and best practices are shared with attendees to best use this custom report. L.A. implemented a custom report for well-care visits (W30), which is a more holistic approach to both the vaccine and the well-care visit issues in one. L.A. Care's Incentive team developed a member incentive to encourage caregivers to complete the missing vaccines for CIS-10 to help support the clinics in motivating members to come into the office in MY 2023. Lastly, L.A. Care conducts robocalls, text messaging, and mailers to caregivers, encouraging the closure of well-care visits and missing vaccinations for CIS-10.

F.4 STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS (SWOT) - WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30)/CHILDHOOD IMMUNIZATION STATUS COMBINATION 10 (CIS-10)

AUTHOR: LAURA GUNN, MPH, CHES
REVIEWERS: THOMAS MENDEZ & FELIX AGUILAR, MD

BACKGROUND/SUMMARY
L.A. Care Health Plan was assigned a Strengths, Weaknesses, Opportunities, and Threats (SWOT) by the Department of Health Care Services (DHCS) for not meeting the Minimum Performance Level (MPL) for Managed Care Accountability Set (MCAS) measures of Childhood Immunization Status (CIS-10) and Well-Child Visits in the First 30 Months of Life (W30) for Measurement Year (MY) 2022. A SWOT quality improvement project is a process of analysis in which DHCS assists a managed care plan to understand better the relationship between its existing resources before creating interventions. By completing the SWOT, the managed care plan designs strategic strategies and action items, and DHCS provides technical assistance as appropriate. L.A. Care collaborated with Transform LA Team and Plan Partners Anthem Blue Cross and Blue Shield Promise to complete the SWOT. Through collaborative meetings, the group designed strategies and action items to affect MY 2023 rates.

SWOT AIM
By June 2024, increase Medi-Cal W30 and CIS-10 MY 2021 final rates to the MCAS MPL for MY 2023 through education and data accuracy.

Description of Measures

| Measure	Specific Indicator(s)	Measure Type
Childhood Immunization Status (CIS-10)	The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chickenpox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccine by their second birthday.	Hybrid
Well-Child Visits in the First 30 Months of Life (W30)	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. *Well-Child Visits in the First 15 Months.* Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. *Well-Child Visits for Age 15 Months–30 Months.* Children who turned 30 months old during the measurement year: Two or more well-child visits.	Admin

SUBMISSIONS
The SWOT consisted of four submissions over the span of eleven months (November 11, 2022 to September 29, 2023):
- Submission One: SWOT Analysis
- Submission Two: Strategies and Action Item
- Submission Three: First Progress Report
- Submission Four: Second Progress Report

SWOT Analysis

This document described specific resources, partnerships, barriers, and key facts that were Strengths, Weaknesses, Threats, and Opportunities for L.A. Care. Summary of SWOT Analysis:

Strengths	Weaknesses	Opportunities	Threats
• Strong partnerships with our Plan Partners Participating Physician Groups (PPG). • Gap in care reports to PPGs and direct network, including Missing Vaccine Report and W30 Report. • Pay for Performance Program (P4P) for PPGs physicians • Leadership investment in infant welfare alongside various stakeholders.	• Data lag makes real-time data difficult to obtain. • L.A. County is populous and geographically spread out. • L.A. Care staffing issues and lengthy approval process for budget and educational materials. • Physician and clinic staff shortage/turnover. The COVID-19 pandemic exacerbated the problem.	• Insight from members and PPGs for interventions. • Add a W30 member incentive. • Strengthen educational touchpoints with providers and clinic staff. • Collaborative effort with Plan Partners on data, reporting, and interventions.	• Due to the Telephone Consumer Protection Act of 1991 (TCPA), phone calls and text messages require consent from the member. • DHCS 60-day review requirement for some member materials. • L.A. Care and clinic staff turnover that may affect upcoming W30/CIS-10 interventions.

Strategies & Action Items

Strategies were developed specifically to address a weakness, threat, or opportunity while capitalizing on current strengths. Each strategy had action items along with specific three-month objectives to meet. Action Items were interventions that were either specific to L.A. Care and the Plan Partners or were a cross-functional approach between L.A. Care and Plan Partners/Transform LA. Action items were closed out and modified as needed during the duration of the SWOT. Summary of final strategies and action items were:

Strategy 1 (Weakness) *Develop and implement two custom W30 reports, one for our direct network providers and another for the Plan Partners. W30 reports help close data gaps and increase the number of well-care visits.*	*Strategy 2 (Opportunity)* *Strengthen L.A. Care member touchpoints to better support clinical reminder and health education needs.*	*Strategy 3 (Weakness)* *Strengthen quality improvement support within the children's domain to clinics and providers through additional resources and available staff to close gaps and increase access to care.*
Action Items: 1. Work with the Transform LA Team by having practice coaches introduce and help utilize the W30 Report in their ten clinic practices. 2. Develop and distribute a Plan Partner-specific W30 Report to determine data accuracy, track data trends, and improve Plan Partner outreach.	Action Items: 1. Add a monthly robocall to compliment the monthly Healthy Baby Brochure mailer. 2. Conduct two sets of reminder robocalls to W30 members. 3. Gain member feedback for the new W30 reminder phone call script.	Action Items: 1. Plan Partner Anthem Blue Cross to build resource capacity by assigning staff to do W30 chart reviews for high-volume clinics. 2. Plan Partner Blue Shield Promise will build capacity by distributing momentary funds to eight provider groups for member outreach.

Strategy 1 (Weakness)	Strategy 2 (Opportunity)	Strategy 3 (Weakness)
Develop and implement two custom W30 reports, one for our direct network providers and another for the Plan Partners. W30 reports help close data gaps and increase the number of well-care visits.	*Strengthen L.A. Care member touchpoints to better support clinical reminder and health education needs.*	*Strengthen quality improvement support within the children's domain to clinics and providers through additional resources and available staff to close gaps and increase access to care.*
	4. Launch a W30 Member Incentive.	3. Hire and train one registered nurse to support quality improvement interventions. For new nurses to collaborate with PPGs to improve W30/CIS-10 outreach. 4. Coordinate a flu action plan between L.A. Care and Plan Partners including member and physician-level touchpoints.

Progress Reports

Two progress reports were submitted once DHCS approved the Strategies and Action Items. Each report contained three months' worth of updates, which included successes, challenges, or lessons learned.

Challenges

Challenges experienced during the SWOT and noted in the Progress Reports:

- Delays in prospective MY 2023 data affected the Plan Partner W30 Report launch and the first set of W30 reminder calls.
- Cost and time of recordings for robocalls affected which languages were recorded.
- Not all PPGs approached by the Nurse wanted to work on a W30/CIS-10 quality improvement project.
- The timeframe for certain processes, such as DHCS review and time for recordings and translations could not be controlled.

When necessary, timelines were adjusted (Plan Partner W30 Report) and Action Items edited (Nurse and PPGs) in the SWOT submissions to work around challenges that could not be controlled. Meetings were also held with other L.A. Care departments to improve internal processes.

RESULTS

L.A. Care met MY 2022 MCAS MPL (34.79%) for CIS-10 (35.52%) during the SWOT timeframe. W30 measures did not meet the MY 2022 MCAS MPLs but increased compared to MY 2021 rates. Well Child Visits in the First 15 Months final MY 2022 rate was 45.63%, missing the MY 2022 MPL (55.72%), but did improve by 12.27% compared to MY 2021 final rate (33.36%). Well, Child Visits for Ages 15-30 Months final MY 2022 rate was 62.64%, missing the MY 2022 MPL (65.83%), but did improve by 3.17% compared to the MY 2021 final rate (59.47%).

Notable outcomes from the SWOT:

- Four custom W30 Reports were distributed to Plan Partners for data reconciliation.
- Transform LA introduced the W30 Report to ten clinics.

- The Monthly Healthy Baby Robocall launched with August 2023 data, with a 73% member reach rate. This robocall is now an established monthly process.
- One set of reminder W30 robocalls launched in late March 2023 with a 72.6% reach rate. The second reminder W30 robocalls launched in late September with a 69% reach rate. A reminder call twice yearly is the new expectation for children's health at L.A. Care.
- A new process for obtaining useable member phone numbers has been implemented.
- W30 Member Incentive launched in late September 2023.
- One nurse hired and trained. Nurse lead quality improvement efforts with two PPGs using the W30 report.
- Specific child flu messaging incorporated within the L.A. Care Fight the Flu Social Media Campaign and created a new Child Flu Brochure. Incorporating flu messages for young children a new expectation for children's health at L.A. Care.

LOOKING FORWARD

DHCS closed out the SWOT on 10/31/2023 with no additional requirements from L.A. Care Health Plan. As part of ongoing efforts inspired by the SWOT, Plan Partners and L.A. Care will continue to meet regularly to discuss measures related to members ages 0-2 years old. In addition, the Clinical Initiatives Team will meet regularly with the Transform L.A. and Help Me Grow L.A. Teams for cross-functional interventions. New interventions established this MY 2023, such as the Monthly Healthy Baby Robocall, will continue into MY 2024. Seeking support from leadership and educating other L.A. Care departments on the importance of children's health were essential in moving forward interventions. These efforts will continue to increase Medi-Cal CIS-10/W30 rates. Overall, L.A. Care Health Plan satisfied the requirements of the SWOT and continued efforts to improve well-child visits and immunizations.

G.1 PATIENT SAFETY

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Patient Safety monitoring ensures protection for the welfare of those receiving care. The patient safety monitoring effort is accomplished the by identifying and reporting risk and events from the Potential Quality of Care Issue (PQI) investigation, peer review process, and critical incident review process. Pharmaceutical safety is another area of focus for patient safety efforts, with different patient safety programs in place to help ensure pharmaceutical safety. 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 finding. 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 and medical quality of care concerns are routed to PQR for PQI investigation. Ongoing organizational wide staff education is important for the Patient Safety Program. The self-paced online PQI training is an annual required training for member facing teams 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.

L.A. Care reviews hospital quality and safety indicators and identifies network hospitals that have a record of poor performance across domains of overall patient experience, maternity care, and hospital acquired infections. 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, which displays 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, barriers experienced and to better understand the context for the hospitals performance and determine how we can support hospitals in addressing these metrics.

In 2023, the PQR team held engagement sessions with participating provider groups (PPGs) to review PQI trend data for quality improvement opportunities. Additionally, PQR performed informational sessions and Lunch and Learn webinars to the Direct Network, contracted physicians, and L.A. Care internal departments to collaborate as patient safety champions by identifying and referring to PQIs.

Vetting for an electronic system continued throughout 2023 with vendor sourcing and selection. The electronic system solution would improve efficiency of the PQI review process, enable decision making based on reliable tracking and trending of risks and events and further improve documentation overall. The

PQR team is targeting for a 2024 implementation but remain unsure of timeline or systems as multifactorial reviews are still in the process of identifying the best system for the PQI department.

Critical Incident (CI) Reporting is another patient safety-monitoring program in place to promote the health, safety and welfare of L.A. Care's Cal MediConnect (CMC). The process was retired in the beginning of the year after the transition to Dual Eligible Special Needs Plan (D-SNP), but was quickly re-instated when 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 facing teams as well as 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 2023 results were:
- The 2023 goal for needle stick safety precautions did not meet the goal of 80.0%. The compliance score for needle stick safety increased by 1.4 percentage points from 2022. The rate difference is statistically significant (p-value =0.0162) compared to 2022 results.
- The provider offices reviewed did meet the 2023 goal of 85% for spore testing of autoclave/steam sterilizers. The compliance score increased by 7.5 percentage points from 2022. The 2023 results increased from previous years; the difference between 2022 and 2023 is not statistically significant (p value =0.2052). This can be due to the small denominator in 2022 (D=116) vs 2023 (D=54).

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

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SECTION 1: POTENTIAL QUALITY ISSUES

2022-2023 WORK PLAN GOAL
- 85% of Potential Quality of Care Issues (PQIs) will be closed within 6 months.

BACKGROUND/SUMMARY
Investigation of a PQI is a fundamental but extremely valuable way to monitor patient safety in L.A. Care's provider network and identify opportunities to reduce the risk of recurrence. A Potential Quality of Care Issue (PQI) is defined as an individual occurrence or occurrences with a potential or suspected deviation from accepted standards of care, including diagnostic or therapeutic actions or behaviors that are considered the most favorable in affecting the patient's health outcome, which cannot be affirmed without additional review. A potential quality issue may include but is not limited to, a physician's lack of medical knowledge, clinical skill, judgment, lack of appropriate record documentation, medication management, inappropriate diagnosis, continuity and coordination of care issues, and medical errors - all of which impact patient safety and/or health outcomes. Sources of PQIs include but are not limited to, Utilization Management staff, Care Management staff, Behavioral Health staff, Long Term Support Services staff, Customer Solution Center staff, other physicians, member grievances and overturned appeals, and any other departments at L.A. Care Health Plan. Network providers/provider groups can also report PQIs. The Provider Quality Review (PQR) team in the Quality Improvement (QI) Department conducts a thorough internal investigation on all potential quality issues, including a review of the incident as reported or alleged, as well as responses from the provider group/practitioner and relevant medical records, when appropriate. The PQR nurses assign the quality of care or quality of service category and a preliminary level, obtaining input from the Medical Director for quality of care findings. For cases with a severity level 3 or 4 (moderate or serious quality of care concern), at the discretion of the Medical Director, PQIs are presented to the Credentialing/Peer Review Committee for review and final leveling and action. An external physician review may be obtained at any point, if needed. Upon the Credentialing/Peer Review Committee's determination that care is not appropriate, remedial measures include, but are not limited to, education or corrective action plan. All cases must be closed within six calendar months. If a PQI investigation cannot be completed within six months, a one-month extension may be granted with a medical director's or designee's approval. The approved extensions are documented in the case summary. PQI investigations are a delegated QI activity to plan partners (Anthem Blue Cross Health Plan, Blue Shield Promise Health Plan, and Kaiser Permanente Health Plan) for the Medi-Cal line of business as well as to Specialty Health Plan (SHP) Carelon (formerly Beacon Health Strategies) for Behavioral Health Services. Plan Partners and SHP are required to comply with L.A. Care's PQI policies and procedures and close all investigations within six calendar months. The QI department conducts delegation oversight of PQI activities through quarterly report reviews and annual oversight audits.

MAJOR ACCOMPLISHMENTS

- In Fiscal Year (FY) 2022-2023, the PQR team processed 7,337 PQI referrals, including cases carried over from the previous years. 6,230 of the 7,337 (85%) cases were processed within the required timeframe of six calendar months, or seven months with approved extension, which meets the goal of 85%. While our overall compliance rate is 85%, it is important to note that the team worked on the closure of a large backlog of untimely referrals from grievances, which was remediated in March 2023. As of April 2023 onward, PQI's timely compliance rate has remained above 98%.

- Throughout FY 2022-2023, the PQR team has actively collaborated with the Customer Solution Center (CSC) and the Appeal & Grievances (A&G) teams to enhance the review and streamlining of PQI referrals, including a seamless hand-off from the grievance process to the quality of care review process. This collaborative effort extends to working closely with A&G to ensure PQI reviews for A&G backlog cases. Additionally, the development of the Quality Improvement Policy and Procedure QI-050-Escalation Process involved a collective effort with the Contract Relations Management (CRM) team, Provider Network Management (PNM) team, and Enterprise Performance Optimization (EPO) team, incorporating additional regulatory and contractual requirements into all PQI requests and communications. The PQR team's robust escalation process with the teams ensures a streamlined workflow for medical records requests and escalations. This collaborative approach, involving QI Specialists and CRM/PNM/EPO Account Managers, actively assists in obtaining documents and ensures adherence to established protocols through the issuance of Non-Compliant letters by the EPO team to providers/facilities, highlighting our dedication to improving the quality of care and fostering efficient communication across various organizational teams.

- The PQR team began the year with 36 staff members in October 2022: 21 nurses, nine project specialists, two coordinators, one program manager, two supervisors, and one senior manager. To ensure the PQR team is staffed adequately for the increased referrals received from the Grievance department, the team worked diligently with the leadership and Human Resources to recruit additional resources, which included establishing a special statement of work to hire contingency nurses. By November 2023, the staff had increased to a total of 23 review nurses, four triage nurses, two audit nurses, 1 audit specialist, 13 QI specialists, three coordinators, one program manager, one non-clinical staff supervisor, three nurse managers, and one senior manager for a total staff of 52.

- In an effort to maintain timely closure for PQIs, the team monitors cases closely. Weekly reports are sent to leadership with details on open cases with assigned RN and month due. This report is used as a monitoring tool to ensure case assignments are achievable for timely closure, also taking into consideration individual personal time off. Weekly status updates for all open PQI with approaching due dates (within 10 days) are requested from the assigned nurse. The status updates include if all records required to close the case are available and if the case is on track to close by the date due. With this monitoring effort, we are able to verify if cases are at risk of becoming untimely and able to intervene and provide assistance if necessary. Due dates with different color coding are added to the tracking log to provide increased visibility of the case aging status. These assessments capture multiple data points and highlight potential risks as well as any ongoing mitigation activities.

- The clinical reviewer has been conducting comprehensive reviews on cases, taking a much stricter approach than it has in previous years when leveling cases, and determining actions required. This has contributed to a higher volume of quality of care findings (severity level C2 and above) as well as actions against the providers or cases submitted to the Peer Review Committee. All actions against providers are closely monitored with the use of a tracking log to ensure actions are taken timely (within 10 days of final case leveling), and responses from providers are received by the due date (30 days from the date the action letter is sent). For this reporting period, 346 PQIs had quality

of care issues identified, and 339 (98%) of the PQIs had actions against the provider. During the Fiscal Year 2021-2022 reporting period, 103 quality of care issues were identified and 76 (74%) had actions against the provider. This is a 24% increase in actions taken to address quality of care findings.

- A Spot Bonus Program began in October 2022 to incentivize nurses to complete cases beyond their expected performance quota and receive financial incentives. This program was implemented to ensure the backlog of untimely cases was closed as soon as possible. The program showed an increase in case closures during the first few months. It was extended until August 2023 (ran for 11 months, October 2022 – August 2023) and assisted with the closure of an additional 488 PQIs. The deployment of this program was overall effective; however, it was not sustainable long term as the staff was already working at capacity.

- Starting in the summer of 2022, the team began meetings with internal departments for a PQR system to track all activities relating to PQIs. User stories and system workflows were documented in preparation for the new system. During 2023, the team participated in a series of vendor demonstrations. Final scoring and vendor selection were completed. The anticipated go-live for the new PQR system should take place late summer or early fall of 2024.

- In April 2023, the PQR team piloted an internal audit program reviewing both clinical reviews and non-clinical activities in accordance with the PQI policies and procedures. Since then, the team has continued to develop a robust program to monitor PQR trends, enhance performance management, and identify any areas of opportunity within the business unit to align with regulatory and compliance guidelines.

RESULTS

The PQI is a delegated function to three Plan Partners (Anthem Blue Cross, Blue Shield Promise Health Plan, and Kaiser) and a Specialty Health Plan (Carelon). L.A. Care conducted an oversight review annually and quarterly monitoring of the delegated activities. The following table shows the total number of PQIs opened by L.A. Care, Plan Partners and Carelon, along with its compliance with PQI closure within six months. All Plans met the PQI processing goal this year.

Table 1

	Total PQI Cases (FY 2020-2021)	Total PQI Cases (FY 2021-2022)	Total PQI Cases (FY 2022-2023)	Compliance with timely processing of PQIs
L.A. Care*	3,972	4,611	7,886	85.0%
Anthem Blue Cross	239	156	130	100.0%
Blue Shield Promise	928	1,144	1649	99.9%
Kaiser	472	692	936	97.3%
Carelon (formerly Beacon Health Strategies)	10	35	34	100.0%

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

The below graph shows the PQIs opened by L.A. Care and Plan Partners in relation to the membership size per 1000 members. Notable increasing PQI trend amongst L.A. Care and Blue Shield Promise Health Plan.

Graph 1

PQI Trends Per 1000 Members per Quarter
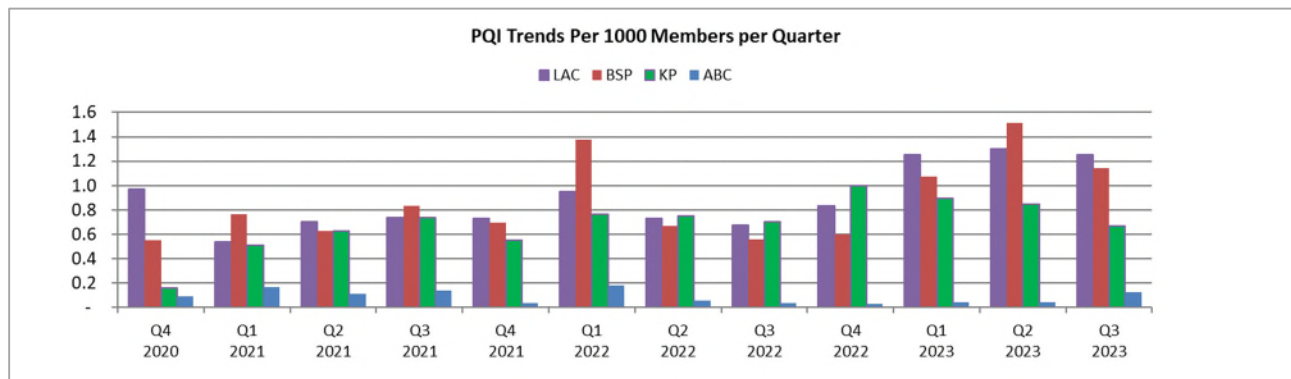
L.A. Care Quality Improvement Provider Quality Review (PQR) team reported 85% timely closure for all PQIs for the reporting period Q4 2022 – Q3 2023. During the first two-quarters of this reporting period, the team was focused on the closure of a backlog received from grievances the previous year. This backlog consisted of an additional 1,560 referrals. As of March 2023, the backlog was closed. The timely closure rate has remained above 98% from April onward.

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. Anthem has not submitted quarterly reports comprehensively nor timely for the first half of the year, to which L.A. Care EPO has provided outreach during Q2 2023 on the need to correct this deficiency. Reports moving forward into Q3 2023 has been submitted timely and comprehensively. Annual delegation oversight audit was conducted on 06/20/23 with a passing score, which included evaluation of policies and procedure, program documents, peer review committee structure as well as random PQI case reviews.

Blue Shield Promise (BSP) Health Plan reported 99.9% timely closure for all PQIs. One case out of timeframe noted in Q4 2022 was due to delayed medical records receipt. There was 50% increase in PQI received in Q1 2023 as compared to Q4 2022, and a continued Q2 increase as compared to Q1 2023. BSP noted staffing changes to handle the influx. No case out of compliance despite case increase. Annual delegation oversight audit was conducted on 09/12/23 with a passing score, which included evaluation of policies and procedures, program documents, peer review committee structure, as well as random PQI case reviews.

Kaiser reported a case increase in PQI cases from 2022 into 2023. Due to Kaiser's closure date of 120 days and lack of staff, we have seen consistency in the out-of-compliance cases as of 2022 into 2023. As of Q1 2023 reporting, Kaiser informed that their new permanent closure date for cases moving forward from Q2 2023 will now be 180 days, which is consistent with L.A. Care's PQI policy timeline. Kaiser has also transitioned into a centralized model where complaints will be screened at regional level to create a more efficient process for triage and staff utilization. As of Q2 2023 into Q3 2023, five cases fell out of compliance, as Kaiser have begun utilizing their escalation process to meet case closure within the new 180 days. Annual delegation oversight audit was conducted virtually with the Kaiser QI team on 07/25/23 with a passing score, which included evaluation of policies and procedures, program documents, peer review committee structure, as well as random PQI case reviews.

Carelon is delegated to conduct quality of care review as they performed oversight and monitored behavioral health network providers. L.A. Care Health Plan reviewed quarterly reports of Carelon's quality improvement interventions and activities and met quarterly in L.A. Care Behavioral Health Quality

Committee. All quality of care issues identified were reported to the aforementioned committee. The 2023 annual delegation oversight audit of Carelon was conducted in September 2023. No deficiency was noted for PQI.

ANALYSIS
During FY 2022-2023, 7,337 PQI referrals were processed compared to the previous year of 3,263 referrals, with an overall 125% increase in cases processed from the previous year. This significant increase is due to increased staffing processing PQI cases as well as the team's focus on the closure of a backlog of approximately an additional 1,360 cases referred from appeals and grievances closed during the first quarter of 2023. Additionally, a delayed delivery bundle of 500 PQIs from grievances was closed during the third quarter. Due to the high number of cases closed from the backlog or the cases with delayed delivery, many cases had old dates of service from previous years. The team staffed up in an effort to close the additional cases resulting in a higher rate of cases reviewed, thus increasing per thousand members per year (PTMPY) rates through all lines of business.

Of the 7,337 cases reviewed, 2,168(29.5%) concerns were duplicates or triaged by the Quality Management Nurse reviewer as the concerns did not meet the PQI referral criteria and/or the concern had been addressed and did not present a care impact and, therefore, did not require additional clinical care review. Provider Quality Review continues to work with A&G on what constitutes a PQI to improve accuracy of PQI referrals.

Similar to findings from previous years, the majority of cases reviewed are for Medi-Cal members, however, the rate PTMPY is highest amongst the D-SNP/CMC line of business.

For MCLA LOB, 1,404 (37%) were for the seniors and persons with disabilities (SPD) members. For this reporting period, the SPD identification is based on current data and not by date of service (DOS). Some of the members' SPD status may have changed slightly since many of these cases are from previous years due to the higher volume of cases closed from the backlog.

Table 2

LOB	2021/2022 Totals				2022/2023 Totals			
	Member Month	Count of PQI	PTMPY	Rate by LOB	Member Month	Count of PQI	PTMPY	Rate by LOB
MCLA	15,786,756	1,943	0.12	70%	18,029,916	3,784	0.21▲	73%
LACC	1,346,184	283	0.21	10%	1,481,196	514	0.35▲	10%
CMC/DSNP	215,496	448	2.08	16%	216,996	667	3.07▲	13%
PASC	604,452	104	0.17	4%	593,388	204	0.34▲	4%
Total	**17,952,888**	**2,778**	**0.15**		**20,321,496**	**5,169**	**0.25▲**	

Table 3

MCLA- SPD		
SPD	PQI	Rate
Y	1404	37%
N	2380	63%
Total	**3784**	

A PQI may be identified from any department, yet 94.3% were referred from the Appeals and Grievance department throughout the year. A PQI annual training from L.A. Care University is assigned to all

member-facing and provider-facing staff to increase education on how to be vigilant in identifying a PQI and submitting PQI referrals.

The sources of PQI referrals continued to expand to more departments within the Plan every year, including Special Investigation Unit (SIU) and Credentialing Department, Case Management (CM), Behavioral Health (BH), Utilization Management (UM) Managed Long Term Support Service (MLTSS) as well as Social Services and Enterprise Performance Optimization (EPO) department. As referenced in Table 4.

Table 4

	2022/2023 Totals	
Referral Source	**Count of PQI**	**Rate**
Grievance	4,854	93.9%
Customer Solution Center	145	2.8%
Care Management	84	1.6%
Appeals	23	0.4%
Special Investigation Unit	12	0.2%
Utilization Management	12	0.2%
Enterprise Performance Optimization	12	0.2%
Social Services	11	0.2%
Behavioral Health	6	0.1%
Referred from PQI	4	0.1%
Managed Long-Term Services and Support	2	0.0%
Department of Managed Health Care	1	0.0%
Pharmacy & Formulary	1	0.0%
Credentialing/Peer Review Committee	1	0.0%
Member Relations Unit	1	0.0%
Grand Total	**5,169**	

Top issue codes for all lines of business are consistent with previous years. (PQ7) Treatment/Diagnosis, (PQ9) Access to Care, (PQ3) Delay in Service and (PQ11) Communication/Conduct. The breakdown of each issue code is noted in the table below. (PQ14) Transportation showed an increase of 7.47%; however, this is most likely due to an adjustment in the way we categorized transportation issues in the past. Previously some transportation issues may have been assigned issue code for (PQ3) Delay in Service for late rides. Currently, all transportation issues are categorized as PQ14 for transportation. The decreased rate in (PQ3) Delay in Service reflects this change in issue codes as well.

Table 5

Issue Code	Issue Description	2021/2022 Totals		2022/2023 Totals		Proportions Statistically Significant at 95%+
		Count of PQI	Rate	Count of PQI	Rate	
PQ1	DME/Supplies	61	2.20%	133	2.57%	
PQ2	Benefit Issue	50	1.80%	90	1.74%	
PQ3	**Delay in Service**	480	17.28%	603	11.67%	▼
PQ4	Denial of Service	63	2.27%	102	1.97%	
PQ5	Refusal of Care/Rx	156	5.62%	203	3.93%	▼
PQ6	Refusal of Referral	54	1.94%	59	1.14%	▼
PQ7	**Treatment/Diagnosis Inappropriate Care**	785	28.26%	1,390	26.89%	
PQ8	Delay in Authorization	202	7.27%	393	7.60%	
PQ9	**Access to Care**	345	12.42%	731	14.14%	▲
PQ10	Continuity of Care and Coordination of Care	88	3.17%	327	6.33%	▲
PQ11	**Communication/Conduct**	369	13.28%	596	11.53%	▼
PQ12	Physical Environment	31	1.12%	26	0.50%	▼
PQ13	Medical Record/Documentation	16	0.58%	28	0.54%	
PQ14	Transportation	52	1.87%	386	7.47%	▲
PQ15	Systems Issue	26	0.94%	60	1.16%	
PQ16	Medication RX			42	0.81%	
Total (ALOB)		**2,778**		**5,169**		

Similar to the previous years, a large percentage (65%) of cases did not have quality of care or service issues, and 29% were noted as having service issues resulting in an inconvenience to a member. However, there was an increase in PQI cases (from 3% to 7%) found with quality of care concerns (leveled C2 and above) from the previous year. This is the result of the PQR team taking a much stricter approach than it has in previous years when leveling cases and determining actions required which contributed to the higher rate of quality of care findings.

Table 6

Severity Level	Severity Description	2021/2022 Totals		2022/2023 Totals	
		Count of PQI	Rate	Count of PQI	Rate
C0	NO Quality of Clinical/Service Issue	1,755	63%	3,335	65%
C1	Substantiated Service Issue	920	33%	1,488	29% ▼
C2	Borderline Quality of Care	90	3%	311	6% ▲
C3	Moderate Quality of Care	11	0%	32	1%
C4	Serious/Significant Quality of Care	2	0%	3	0%
	Totals	**2,778**		**5,169**	

Analysis by Line of Business (LOB)

The top issue code for all lines of business is (PQ7) Treatment Diagnosis/Inappropriate Care. A separate analysis was completed for MCLA SPD members. While the top issue code is consistent with other lines of business, (PQ14) transportation is the second top issue code with 18% of all SPD PQIs. Additionally, 35 of the 109 (32%) of quality of care issues were for (PQ14) transportation.

Table 7

MCLA - Top Three Issue Codes					MCLA by PQI Severity Level		
Issue Code	Issue Description	PQI	Rate		Severity Level	PQI	Rate
PQ7	Treatment Diagnosis Inappropriate Care	1070	28%		C0 - NO Quality of Clinical/Service Issue	2464	65%
PQ9	Access to Care	510	13%		C1 - Substantiated Service Issue	1053	28%
PQ11	Communication/Con	430	11%		C2 - Borderline Quality of Care	242	6%
PQ	All Others	1774	47%		C3 - Moderate Quality of Care	22	1%
Total		3784	100%		C4 - Serious/Significant Quality of Care	3	0%
					Total	3784	100%

Table 8

MCLA - SPD					MCLA-SPD		
Issue	Issue Description	PQI	Rate		Severity Level	PQI	Rate
PQ7	Treatment Diagnosis Inappropriate Care	355	25%		C0 - NO Quality of Clinical/Service Issue	873	62%
PQ14	Transportation	247	18%		C1 - Substantiated Service Issue	422	30%
PQ9	Access to Care	149	11%		C2 - Borderline Quality of Care	92	7%
PQ	All Others	653	47%		C3 - Moderate Quality of Care	14	1%
Total		1404	100%		C4 - Serious/Significant Quality of Care	3	0.2%
					Total	1404	100%

Table 9

MCLA - Non SPD					MCLA-SPD		
Issue Code	Issue Description	PQI	Rate		Severity Level	PQI	Rate
PQ7	Treatment Diagnosis Inappropriate Care	715	30%		C0 - NO Quality of Clinical/Service Issue	1591	67%
PQ9	Access to Care	361	15%		C1 - Substantiated Service Issue	631	27%
PQ3	Delay in Service	292	12%		C2 - Borderline Quality of Care	150	6%
PQ	All Others	1012	43%		C3 - Moderate Quality of Care	8	0%
Total		2380	100%		C4 - Serious/Significant Quality of Care	0	0%
					Total	2380	100%

Table 10

LACC- Top Three Issue Codes					LACC- by PQI Severity Level		
Issue Code	Issue Description	PQI	Rate		Severity Level	PQI	Rate
PQ7	Treatment Diagnosis Inappropriate Care	101	20%		C0 - NO Quality of Clinical/Service Issue	317	62%
PQ9	Access to Care	94	18%		C1 - Substantiated Service Issue	174	34%
PQ8	Delay in Authorizatio	75	15%		C2 - Borderline Quality of Care	19	4%
PQ	All Other	244	47%		C3 - Moderate Quality of Care	4	1%
Total		514	100%		C4 - Serious/Significant Quality of Care	0	0%
					Total	514	100%

Table 11

DSNP/CMC - Top Three Issue Codes					DSNP/CMC by PQI Severity Level		
Issue Code	Issue Description	PQI	Rate		Severity Level	PQI	Rate
PQ7	Treatment Diagnosis Inappropriate Care	166	25%		C0 - NO Quality of Clinical/Service Issue	420	63%
PQ3	Delay in Service	95	14%		C1 - Substantiated Service Issue	204	31%
PQ9	Access to Care	88	13%		C2 - Borderline Quality of Care	41	6%
PQ	All Others	318	48%		C3 - Moderate Quality of Care	2	0%
Total		667	100%		C4 - Serious/Significant Quality of Care	0	0%
					Total	667	100%

Table 12

PASC - Top Three Issue Codes					PASC- by PQI Severity Level		
Issue Code	Issue Description	PQI	Rate		Severity Level	PQI	Rate
PQ7	Treatment Diagnosis Inappropriate Care	53	26%		C0 - NO Quality of Clinical/Service Issue	134	66%
PQ9	Access to Care	39	19%		C1 - Substantiated Service Issue	57	28%
PQ3	Delay in Service	37	18%		C2 - Borderline Quality of Care	9	4%
PQ	All Others	75	37%		C3 - Moderate Quality of Care	4	2%
Total		204	100%		C4 - Serious/Significant Quality of Care	0	0%
					Total	204	100%

Quality improvement efforts continue to be enhanced through working closely with the involved providers to improve member care. This includes but is not limited to, response to quality review findings, corrective action plans, or notification to the provider for a summary of quality review findings. For this reporting period, the team initiated 390 actions to address PQI findings, from which 339 were taken to address Quality of Care findings (C2-C4). This is a 298% increase in actions taken from the previous year. The team monitored all CAPs or responses closely using the action-tracking log, which contains action taken, severity level, due date, assigned RN, and any extensions granted. This process ensures that all actions are completed and, if required, approved by the medical director.

Table 13

Severity Level	PQI Count	Action Taken	Rate
C0 - NO Quality of Clinical/Service Issue	3335	7	0.2%
C1 - Substantiated Service Issue	1488	44	3%
C2 - Borderline Quality of Care	311	304	98%
C3 - Moderate Quality of Care	32	32	100%
C4 - Serious/Significant Quality of Care	3	3	100%
Total	5169	390	

All PQI cases were tracked and trended to identify any outlier and/or trend of concerns. L.A. Care Health Plan, QI PQR applied a point system to all severity levels. Upon reaching the threshold of more than five points, further analysis was performed to identify trends or patterns of issues. Additional review with the appropriate group/facility would follow to share the analysis findings and trended data to drive continuous quality improvement. Plan Partners and Specialty Health Plans adopted different trending methodologies, calculations and identified which processes and analyses are reviewed during the annual oversight audit.

Four individual practitioners met the threshold of 6 points or greater. Additional analysis on each practitioner was performed and listed below.

Table 14

Practitioner	Analysis of Issue
Provider G.C. Orthopedic Surgery	No identifiable trend around issue codes. Three actions were taken with the provider to address quality review findings.
Provider J.E. Psychiatry/ Neurology	Identifiable trend in delay in the authorization. Three actions were taken to address quality review findings. The new process confirmed to mitigate delay in authorization findings.
Provider T.N. Family Practice	The provider's prescribing pattern for opioids was reviewed and addressed by the Plan and the delegated PPG. Due to the provider retiring in June 2023, no re-education was recommended by the PPG. Provider is currently inactive with L.A. Care.
Provider B.J Internal Medicine, Endocrinology,	Identifiable trend in PQ15 (System Issue). Two actions were taken to address the findings. Provider submitted evidence that processes are in place to correct the issue.

14 Provider Groups met the threshold of 6 points or greater. Additional review and analysis were performed, and the findings are listed below. When performing the overall analysis of each PPG, consideration of total membership is taken into account. The PQR department also conducts quarterly meetings with PPGs with a high volume of PQI.

Table 15

PPG	Analysis of Issues for PPG Focus
PPG 1 Membership:138,696	Identifiable trend for PQ8 (Delay in Authorization) and PQ9 (Access to Care). Eight actions were taken against the PPG, which include but were not limited to, a response request to address the quality of review findings or a summary of the quality of review findings. Additionally, quarterly review meetings were held with PPG to review all findings and discuss quality issues or trends.
PPG 2 Membership: 81,885	No identifiable trend around issue code. One action 4 letter (response required) was sent to PPG to address the findings. One action 16 for notification to Enterprise Performance Optimization (EPO) due to the provider's inability to submit medical records for PQI review.
PPG 3 Membership: 27,157	Identifiable trend around (PQ8) Delay in Authorization and (PQ9) Access to Care. Four actions were taken against the PPG, which include but were not limited to, a response request to address the quality of review findings or a summary of the quality of review findings.
PPG 4 Membership: 13,082	Identifiable trend around (PQ8) Delay in Authorization. Two actions were taken against the PPG requesting a response to quality review findings.

PPG	Analysis of Issues for PPG Focus
PPG 5 Membership: 64,948	Identifiable trend around (PQ8) Delay in Authorization. Four actions were taken against the PPG, which include but were not limited to, a response request to address the quality of review findings or a summary of the quality of review findings.
PPG 6 Membership: 20,086	Identifiable trend around (PQ8) Delay in Authorization. Four actions were taken against the PPG, which include but were not limited to a response request to address the quality of review findings or a summary of the quality of review findings.
PPG 7 Membership: 333,323	Identifiable trend around (PQ8) Delay in Authorization and (PQ9) Access to Care. Three actions were taken against the PPG, which include but were not limited to, a response request to address the quality of review findings or a summary of the quality of review findings. Additionally, quarterly review meetings were held with PPG to review all findings and discuss any issues or trends.
PPG 8 Membership: 340,009	Identifiable trend around (PQ8) Delay in Authorization and (PQ9) Access to Care. Eight actions were taken against the PPG, which include but were not limited to, a response request to address the quality of review findings or a summary of the quality of review findings. Additionally, quarterly review meetings were held with PPG to review all findings and discuss any issues or trends.
PPG 9 Membership: 27,665	Identifiable trend around (PQ8) Delay in Authorization and (PQ9) Access to Care. Three actions were taken against the PPG, which include but were not limited to a response request to address the quality of review findings or a summary of the quality of review findings.
PPG 10 Membership: 48,606	Identifiable trend around (PQ8) Delay in Authorization and (PQ9) Access to Care. Two actions were taken against the PPG, which include but were not limited to, a response request to address the quality of review findings or a summary of the quality of review findings.
PPG 11 Membership: 137,430	Identifiable trend around (PQ8) Delay in Authorization and (PQ3) Delay in Service. Eight actions were taken against the PPG, which include but were not limited to, a response request to address the quality of review findings or a summary of the quality of review findings. Additionally, quarterly review meetings were held with PPG to review all findings and discuss any issues or trends.
PPG 12 Membership: 33,792	Identifiable trend of PQ8 (delay in authorization). One action was taken against the PPG with a response request to address the quality of review findings. Additionally, quarterly review meetings were held with PPG to review all findings and discuss any issues or trends.
PPG 13 Membership: 11,721	Identifiable trend of PQ8 (delay in authorization). One action was taken against the PPG, which provided a summary of quality review findings.

Table 16

L.A. Care Direct Network	Analysis of Issues with PPG Focus and Practitioner Focus
L.A. Care Direct Network PPG 14 Membership: 42,477	No identifiable trends from PQI findings at the group level. Two actions were taken against the L.A. Care Direct Network, which include but were not limited to, a response request to address the quality of review findings or a summary of the quality of review findings. Identifiable trends of Primary Issue code is for 10 (PQ8) Delay in Authorization followed by 6 (PQ3) Delay in Service found at the practitioner level. Ten actions were taken against nine different providers, which included but were not limited to a response request to address the quality of review findings or a summary of the quality of review findings.

A PTPMY (per thousand members per year) rate analysis was performed to review each PPG. In this analysis, we included a focus of practitioners with the PPG as well as a PPG focus and ran comparisons across all PPGs. PPGs with lower memberships tend to have higher rates, but in most cases, no quality of care or service issue was identified. Higher volume PPGs tend to have lower rates.

In the graph below, the blue bars indicate membership totals, and the red line is the PTMPY rate of PQI closed for that year. Light blue bars are PPGs that PQR attends quarterly meetings with to review all PQI findings and discuss any quality improvement efforts or trends.

Graph 2
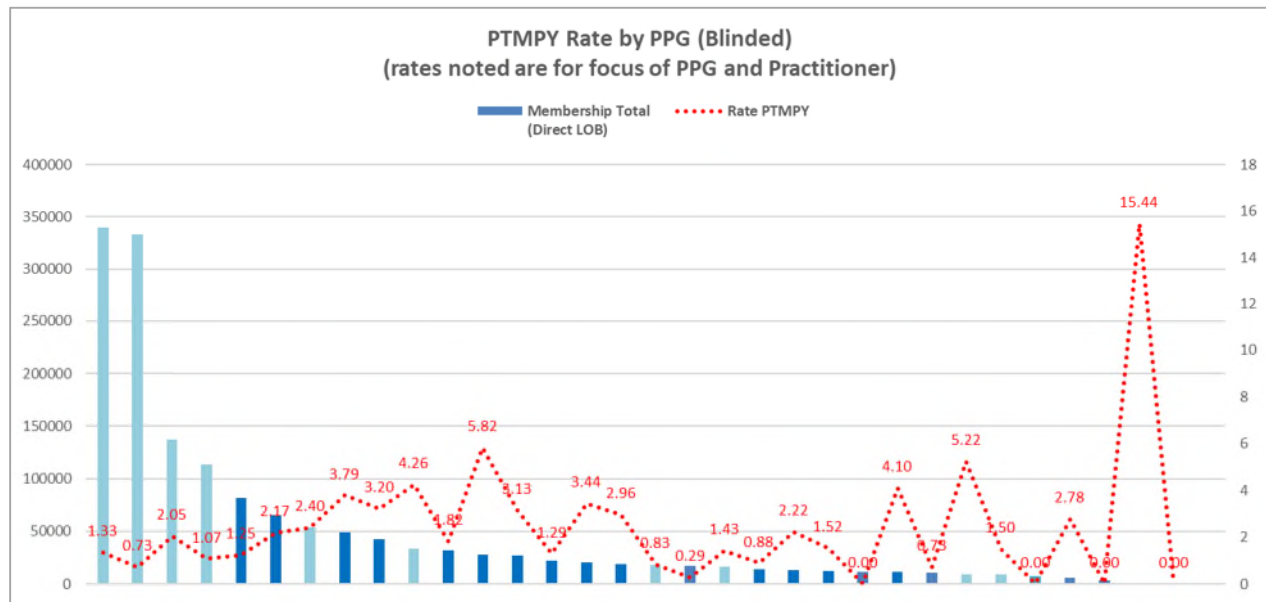
Three vendors exceeded the threshold of 6 points or more. Additional review and analysis was performed and findings are listed below.

Table 17

Vendor	Analysis of Issues for Vendors
Vendor 1 Transportation Services	Primary Issue code was for PQ9 (access to care) and PQ3 (delay in service). The PQI trended data was reviewed at the Join Operation Meeting (JOM) with the vendor and L.A. Care Vendor Management team at least quarterly meeting to discuss any areas for process improvement. In an effort to reduce transportation grievances, particularly for high-risk members (e.g. dialysis, chemotherapy, etc.), the PQR team reviewed Service Level Agreement (SLA) data at JOM meetings and requested data reports from vendors, include specific vendor's missed/canceled trips. Moreover, it was recommended that subcontractors are tracked and monitored for high missed trip volumes. The PQR team proposed the idea of a potential incentive program to hold subcontractors more accountable. Additionally, a drill down into the vendor's Case Monitoring program was also explored to address any recurrent member grievances. The PQR team provided a brief review of appropriate and comprehensive CAP completion of notable grievances. PQR continues to collaborate with the vendor to increase capacity for gurney, bariatric, and wheelchair level of service members.
Vendor 2 Home Health Services	Primary issue code PQ10 (Continuity of Care and Coordination of Care) and PQ11 (Communication/Conduct). No additional action is required. Will continue to track and trend issues for any future concerns.
Vendor 3 Health Center	No identifiable trends from PQI findings. No additional action is required. Will continue to track and trend issues for any future concerns.

L.A. Care exceeded the threshold of 6 points are more and findings are listed below.

Table 18

L. A. Care	Analysis of Issues for L.A. Care
L.A. Care Health Plan	Identifiable trend around (PQ3) Delay in Service Twenty actions were taking against the L.A. Care Utilization Management Department, which included 17 action 4 for response required to quality review findings. L.A. Care Utilization Management (UM) department confirmed experiencing a backlog, which occurred during transition from CCA to Syntranet in April 2021. Since the closure of the backlog in 2022, UM monitors compliance turn-around times by generating reports daily and monitoring UM queues several times daily to ensure cases are processed timely per regulatory requirement. L.A. Care Provider Quality Review (PQR) team also track and trend PQIs quarterly to monitor any re-emerging pattern. Many of the cases from UM, had a PQI received date from 2021 and 2022 which could have been part of the original backlog from UM.

OPPORTUNITY FOR FY 2023-2024:
Ensuring PQI investigations are conducted timely and comprehensively with all relevant medical records and cases are leveled appropriately and timely, the goals for FY 2023-2024 will continue to focus on improving medical record request workflow involving multiple disciplinary teams, such as the grievance department that initiated the record request upon receipt of a member grievance as well as making sure cases are processed as soon as possible within the timeline. More collaborative discussions with the PPGs, including the Department of Health Services (DHS), on a regular basis to assist with streamlining data requests and record collection. To ensure record collections are received in a timely manner, 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 be escalated to Enterprise Performance Optimization (EPO) for non-compliance remediation efforts.

The PQR team developed system requirements, user stories, and workflows for a new comprehensive integrated system during 2022/2023 and anticipates being live on the new system during 2023/2024. The new system will be able to assist with timely case processing and tracking of all dates and records, as well as access to integrated, timely, accurate data.

2024 WORK PLAN GOAL
Since the closure of the backlog in March 2023, PQR has been able to maintain a timely closure rate above 98%. This is due to increased staffing and monitoring efforts of case volume. The PQR team's goal for 2023/2024 is for 90% of processed Potential Quality Issues (PQIs) to be closed within 6 months or 7 months with an extension. Although we have been able to maintain a 98% timely closure rate, we anticipate a learning curve with the expected implementation of the PQR system to take place this year. Additionally, to continue to ensure the timely closure of all cases, the team will continue to monitor any open aging of cases and ensure that open aging of untimely PQI cases does not exceed 10% of total open aging by the end of this fiscal year.

SECTION 2: CRITICAL INCIDENT REPORTING AND TRACKING

2022-2023 WORK PLAN GOAL
- 100% of Delegates of Cal MediConnect line of business will submit quarterly critical incident tracking reports.

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 reporting, collecting, and tracking Critical Incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life-threatening event, restraints or seclusion, suicide attempt or unexpected death for Cal MediConnect (CMC) members. The Quality Improvement Department (QI) should be notified within 48 hours from the time CI was reported for individual practitioners or staff or at least quarterly from the delegates. This reporting was retired when the CMC line of business was transitioned to the Dual Eligible Special Needs Plan (D-SNP) in January 2023, however was re-instated when the Department of Health Care Services (DHCS) announced new Managed Care Program Annual Report (MCPAR) – Critical Incident Reporting requirement 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 both DNSP 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, other catastrophes) which threaten the welfare, health, safety of L.A. Care's members.

MAJOR ACCOMPLISHMENTS
In Fiscal Year FY 2022-2023, the QI department continued to provide consultation and education about the CI reporting program as well as emphasizing the importance of compliance with Critical Incident Tracking and Reporting.

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.

For CMS reporting in 2022, all incidents were shared with the Health Services (HS) Reporting and Support Services/Enterprise Data Strategy team. A Clinical Data Analyst generated CMC CA 2.1 Enrollee Protections report and identified the number of members receiving In-Home Supportive Services (IHSS) Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), or Nursing Facility (NF) services. The HS Reporting and Support Services/Enterprise Data Strategy team submitted the report to Medicare Operations for review. The Compliance Department submitted the quarterly reports to CMS. In 2022, all reports were submitted timely.

For DHCS reporting in 2023, QI submits all incidents to Compliance for final aggregation and reporting to DHCS. All reports were submitted timely.

RESULTS
With all the collaborative work with CBAS and PNM teams, the compliance for quarterly submission achieved 100% by Q4 2022; all 2023 reporting was timely to Compliance and DHCS with the new reporting requirement.

2024 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 (applies to all LOBs, except MCLA) helps pharmacists in protecting member health and safety by ensuring they receive the appropriate medications through hard and soft electronic rejects at point-of-sale in the pharmacy. Hard rejects require outreach to Navitus Customer Care for evaluation before the claim can be adjudicated. Soft rejects require review by a pharmacist and can be overridden at point-of-sale.

Table 1: Concurrent Drug Utilization Review (DUR) Edits

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

Table 2: CMC/D-SNP

CDUR Edits	# of Claims with Safety Edit			
	Q3 2022	Q4 2022	Q1 2023	Q2 2023
925 – Opioid Naïve	-	-	-	-
Opioid Naïve *Stayed Rejected*	-	-	-	-
DDI *(Drug-Drug Interaction)*	131,323	128,555	102,180	100,790
DDI *(Benzo + Opioid)*	888	851	784	812
DDI *(Prenatal + Opioid)*	-	-	-	-
DDI Stayed Rejected	3,358	3,163	3,125	3,209
HD *(High Dose)*	2,614	2,385	1,326	1,327
HD Stayed Rejected	6	4	2	3
LD *(Low Dose)*	5,779	5,591	5,353	5,651
LR *(Underuse)*	N/A	N/A	19,668	18,753
MN *(Insufficient Duration)*	-	-	-	-
MX (Excessive Duration) Other	4,528	7,583	6,030	5,663
MX *(Excessive Duration)* Opioid Naïve	498	459	591	516
MX Opioid Naïve Stayed Rejected	281	277	338	295
PA *(Patient-Age) Levels 1-3*	47,528	47,566	44,793	44,031
PA *Codeine/Tramadol & Cough & Cold*	-	-	-	-
PA COVID	-	-	N/A	N/A
PA Stayed Rejected	-	-	-	-
TD *(Therapeutic Buprenorphine)*	37	47	20	37
TD *(COVID VAC)*	-	-	N/A	N/A
TD *(Long-acting Opioids)*	-	5	-	1
TD *(Other Therapeutic Duplication)*	18,168	17,702	16,999	17,506
TD (Other Therapeutic Duplication) Stayed Rejected	12	16	7	16
DR *(Dose Range - APAP)*	157	154	9	15

CDUR Edits	# of Claims with Safety Edit			
	Q3 2022	Q4 2022	Q1 2023	Q2 2023
DR Stayed Rejected	97	101	5	12
HC *(Morphine Equivalent Dose)*	5	5	2	15
HC *(Naloxone)*	657	620	559	689
HC Stayed Rejected	2	1	1	9
Totals	**232,248**	**231,234**	**198,314**	**195,821**

Transitioning from 2022 to 2023, 1 Concurrent Drug Utilization Review (CDUR) edit has been added, and 2 CDUR edits have been removed. 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 Cal MediConnect (CMC)/Dual Eligible Special Needs Plan (D-SNP) remain relatively stable between 2022 and 2023. There was a significant decrease in Drug-Drug Interactions (DDI) and Dose Range – APAP from 2022 to 2023.

Table 3: Covered CA

CDUR Edits	# of Claims with Safety Edit			
	Q3 2022	Q4 2022	Q1 2023	Q2 2023
925 – Opioid Naïve	-	-	-	-
Opioid Naïve *Stayed Rejected*	-	-	-	-
DDI *(Drug-Drug Interaction)*	93,032	92,195	92,888	96,153
DDI *(Benzo + Opioid)*	591	614	561	546
DDI *(Prenatal + Opioid)*	3	-	-	-
DDI Stayed Rejected	2,496	2,443	2,571	2,715
HD *(High Dose)*	3,077	3,100	3,093	3,181
HD Stayed Rejected	172	192	151	158
LD *(Low Dose)*	8,259	7,930	8,976	9,351
LR *(Underuse)*	N/A	N/A	36,155	34,561
MN *(Insufficient Duration)*	-	-	-	-
MX (Excessive Duration) Other	8,051	12,088	13,667	13,634
MX *(Excessive Duration)* Opioid Naïve	-	-	-	-
MX Opioid Naïve Stayed Rejected	-	-	-	-
PA *(Patient-Age) Levels 1-3*	14,260	14,288	15,779	16,283
PA *Codeine/Tramadol & Cough & Cold*	1	-	-	-
PA COVID	-	-	N/A	N/A
PA Stayed Rejected	1	-	-	-
TD *(Therapeutic Buprenorphine)*	18	21	24	19
TD *(COVID VAC)*	-	-	N/A	N/A
TD *(Long-acting Opioids)*	9	5	11	13
TD *(Other Therapeutic Duplication)*	15,780	15,927	17,038	18,825
TD (Other Therapeutic Duplication) Stayed Rejected	8	11	13	11
DR *(Dose Range - APAP)*	21	25	25	27

CDUR Edits	# of Claims with Safety Edit			
	Q3 2022	Q4 2022	Q1 2023	Q2 2023
DR Stayed Rejected	8	13	11	15
HC *(Morphine Equivalent Dose)*	4	5	12	4
HC *(Naloxone)*	555	618	605	737
HC Stayed Rejected	3	4	5	2
Totals	**176,839**	**179,008**	**188,871**	**193,372**

Transitioning from 2022 to 2023, 1 CDUR edit has been added, and 2 CDUR edits have been removed. 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 2022 and 2023. An increase in the total CDUR edits is seen in 2023, mainly due to the inclusion of the LR (Underuse) edit, which notifies the pharmacy when a patient is not adherent to the expected refill schedule to help ensure that the member is taking the medication for the recommended therapy duration.

Table 4: PASC

CDUR Edits	# of Claims with Safety Edit			
	Q3 2022	Q4 2022	Q1 2023	Q2 2023
925 – Opioid Naïve	-	-	-	-
Opioid Naïve Stayed Rejected	-	-	-	-
DDI *(Drug-Drug Interaction)*	62,180	58,357	61,509	60,379
DDI *(Benzo + Opioid)*	488	469	464	412
DDI *(Prenatal + Opioid)*	-	-	-	-
DDI Stayed Rejected	1,380	1,310	1,407	1,492
HD *(High Dose)*	1,557	1,435	1,483	1,622
HD Stayed Rejected	88	62	58	81
LD *(Low Dose)*	4,916	4,699	5,209	5,145
LR *(Underuse)*	N/A	N/A	23,661	21,160
MN *(Insufficient Duration)*	-	-	-	-
MX (Excessive Duration) Other	4,234	6,583	7,150	6,990
MX *(Excessive Duration)* Opioid Naïve	-	-	-	-
MX Opioid Naïve Stayed Rejected	-	-	-	-
PA *(Patient-Age) Levels 1-3*	17,565	17,264	18,322	17,973
PA *Codeine/Tramadol & Cough & Cold*	-	-	-	-
PA COVID	-	-	N/A	N/A
PA Stayed Rejected	-	-	-	-
TD *(Therapeutic Buprenorphine)*	21	41	36	34
TD *(COVID VAC)*	-	-	N/A	N/A
TD *(Long-acting Opioids)*	-	1	2	3
TD *(Other Therapeutic Duplication)*	8,999	8,515	9,106	9,782
TD (Other Therapeutic Duplication) Stayed Rejected	4	16	17	14
DR *(Dose Range - APAP)*	10	13	21	16

CDUR Edits	# of Claims with Safety Edit			
	Q3 2022	Q4 2022	Q1 2023	Q2 2023
DR Stayed Rejected	5	3	6	12
HC *(Morphine Equivalent Dose)*	3	6	7	11
HC *(Naloxone)*	471	436	433	526
HC Stayed Rejected	1	1	3	7
Totals	**121,833**	**118,241**	**127,419**	**124,073**

Transitioning from 2022 to 2023, 1 CDUR edit has been added and 2 CDUR edits have been removed. 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, CDUR edits for PASC remained relatively stable between 2022 and 2023. An increase in the total CDUR edits is seen in 2023, mainly due to the inclusion of the LR (Underuse) edit, which notifies the pharmacy when a patient is not adherent to the expected refill schedule to help ensure that the member is taking the medication for the recommended therapy duration.

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
Morphine Milligram Equivalent (MME)	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 who have been 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, are 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.
Multi-Prescriber	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.	Patient received prescriptions 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.
Controlled Substance Monitoring (CSM)	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.
Duplicate Therapy	The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently within a specific timeframe. Duplicate therapy has the potential for additive toxicity, and adverse effects and may cause therapeutic redundancy without increased benefit to the patient.	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
	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.
Multi-Prescription	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.	Patient received **13** or more prescription 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.
Expanded Fraud, Waste & Abuse	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.
Triple Threat (Part of Enhanced Duplicate Therapy)	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 2022 Look-Back Period: 7/1/2022 – 10/31/2022		March 2023 Look-Back Period: 11/1/2022 – 2/28/2023		July 2023 Look-Back Period: 3/1/2023 – 6/30/2023	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	17	14.3%	16	42.9%	15	31
Multi-Prescriber	345	45.3%	349	50.6%	395	3,335
Controlled Substance Monitoring	58	58.6%	47	71.7%	49	209
Duplicate Therapy	323	70.1%	390	80.7%	367	411
Triple Threat	204	26.9%	205	61.1%	199	295
Multi-Prescription	2,160	28.3%	2,150	33.8%	2,323	4,778
Expanded Fraud, Waste & Abuse	97	75%	108	82.9%	115	322
Totals	**3,204**	**36.3%**	**3,265**	**45.2%**	**3,463**	**9,381**

Retrospective Drug Utilization Review (RDUR) safety interventions remain stead between 2022 and 2023. A slight increase was seen in multi-prescription use for July 2023.

Table 7: CMC/D-SNP

Safety Intervention Name	November 2022 Look-Back Period: 7/1/2022 – 10/31/2022		March 2023 Look-Back Period: 11/1/2022 – 2/28/2023		July 2023 Look-Back Period: 3/1/2023 – 6/30/2023	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	2	100%	2	0%	4	9
Multi-Prescriber	25	45.5%	18	58.8%	24	316
Controlled Substance Monitoring	3	100%	1	100%	0	0
Duplicate Therapy	20	79%	15	86.7%	26	40
Triple Threat	26	33.3%	16	43.8%	19	40
Multi-Prescription	126	31.3%	61	35.6%	101	363
Expanded Fraud, Waste & Abuse	7	42.9%	3	33.3%	5	14
Totals	**209**	**39.8%**	**116**	**46.9%**	**179**	**782**

The number of RDUR interventions appears to be stable over the course of 2022 into 2023. A trend is difficult to discern for CMC/D-SNP due to its smaller membership in comparison to other L.A. Care lines of business and the resulting low volume of RDUR safety interventions. There was a decrease in RDUR interventions in March 2023, but this could be due to member movement in our plans as the CMC line of business switched to our D-SNP line of business at the start of 2023.

Table 8: Covered CA

Safety Intervention Name	November 2022 Look-Back Period: 7/1/2022 – 10/31/2022		March 2023 Look-Back Period: 11/1/2022 – 2/28/2023		July 2023 Look-Back Period: 3/1/2023 – 6/30/2023	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	1	N/A	1	0%	0	0
Multi-Prescriber	2	100%	1	100%	3	29
Controlled Substance Monitoring	1	0%	2	100%	2	6
Duplicate Therapy	19	89.5%	22	90.5%	16	22
Triple Threat	6	16.7%	7	42.9%	5	11
Multi-Prescription	9	55.6%	11	36.4%	10	37
Expanded Fraud, Waste & Abuse	3	50%	5	80%	5	15
Totals	**41**	**66.7%**	**49**	**68.8%**	**41**	**120**

RDUR interventions remained stable and relatively unchanged in Covered CA between 2022 and 2023.

Table 9: PASC

Safety Intervention Name	November 2022 Look-Back Period: 7/1/2022 –10/31/2022		March 2023 Look-Back Period: 11/1/2022 – 2/28/2023		July 2023 Look-Back Period: 3/1/2023 – 6/30/2023	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	1	0%	1	0%	0	0
Multi-Prescriber	3	100%	1	100%	2	19
Controlled Substance Monitoring	3	100%	0	N/A	2	6
Duplicate Therapy	10	66.7%	18	58.8%	18	22
Triple Threat	8	25%	12	41.7%	11	23
Multi-Prescription	18	27.8%	14	46.2%	18	79
Expanded Fraud, Waste & Abuse	0	N/A	0	N/A	0	0
Totals	**43**	**43.9%**	**46**	**50%**	**51**	**149**

The number of RDUR interventions for PASC have increased from November 2022 to July 2023; however, remains incremental compared to the total PASC member population (48,382 members as of October 2023).

<u>PRIOR AUTHORIZATIONS/COVERAGE DETERMINATIONS</u>

Navitus is delegated for the prior authorization/coverage determination process for all LOBs. L.A. Care's Pharmacy and Formulary Department is monitoring Navitus' prior authorization/coverage determination process to ensure it meets state and federal regulations.

<u>APPEALS</u>

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 2022	Q4 2022	Q1 2023	Q2 2023
CMC/D-SNP	80	73	57	109
LACC	69	59	70	83
PASC	15	18	22	21
Totals	164	150	149	213

We notice a slight increase in appeals in Q2 2023 for the D-SNP LOB. This can be attributed due to formulary benefit design changes. Members who transitioned from our CMC LOB may have had a fill late 2022 and began to utilize their benefits closer to Q2 2023.

<u>OPIOID MEASURES</u>
- o Use of Opioids at High Dosage (HDO)
- o Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies Rate Only (UOP)

L.A. Care pharmacy team, in collaboration with our Pharmacy Benefit Manager (Navitus), monitors opioid prescription claims and track inappropriate use of controlled medications. One way L.A. Care monitors its members is by the use of CDURs and RDURs.

- Applicable CDURs
    - o Drug-Drug Interactions (Benzo + Opioid)
    - o Therapeutic Duplication (Buprenorphine)
    - o Therapeutic Duplication (Long-acting Opioids)
    - o Morphine Milligram Equivalent

- Applicable RDURs
    - o Morphine Milligram Equivalent (MME)
    - o Controlled Substance Monitoring (CSM)
    - o 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 that 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 a 12-month period. 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:
    - o Average daily MME greater than or equal to ninety (90) mg
    - o Prescribed by 3 or more prescribers and 3 or more pharmacies
    - o Prescribed by 5 or more opioid prescribers, regardless of the number of dispensing pharmacies
    - o History of opioid-related overdose (OHP only)

As of January 1, 2022, Sickle Cell Disease was added as exclusion criteria for both OHP and PHP.

For CY 2022 to CY 2023 (Oct. 2022 to Sept. 2023), a total of 7 cases were referred/identified for potential enrollment in the Pharmacy Home Program. As of this year, there were no lock-in cases, and currently there is one member being tracked in the program.

The Opioid Home Program for CMC, now D-SNP, went into effect on January 1, 2019. The Policy and Procedure for this intervention has been completed as 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 2022 to CY 2023 (Oct. 2022 to Sept. 2023), a total of 14 cases were reviewed, no members were locked in to a pharmacy or provider, and there are currently three D-SNP members being tracked. Identification of members is 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

L.A. Care reviews and monitors inpatient quality metrics to ensure that patients are staying safe while in the hospital and also when they leave the hospital. Both are key to maintaining patients' health, especially those members that are the sickest. Transitions from the inpatient setting to home often result in poor care coordination, including communication lapses between inpatient and outpatient providers, intentional and unintentional medication changes, incomplete diagnostic work-ups, and inadequate beneficiary, caregiver, and provider understanding of diagnoses, medication and follow-up needs.[26]

Poor hospital transitions are not only associated with poor health outcomes but also increased healthcare utilization and cost, including duplicate medical services, medication errors, and increased emergency department visits and readmissions.[27] In 2010, Medicare beneficiaries 65 years and older accounted for 11.9 million (approximately 34%) of all hospital discharges in the United States.[28] One study estimated that inadequate care coordination and poor care transitions resulted in $25 billion–$45 billion in unnecessary spending in 2011.[29] Research indicates that components of transitional care play a crucial role in decreasing hospitalizations and associated costs.[30]

The Medicare population includes a large number of individuals and older adults with multiple high-risk chronic conditions (MCC) who often receive care from multiple providers and settings and, as a result, are more likely to experience fragmented care and adverse healthcare outcomes, including an increased likelihood of ED visits.[31,32] Medicare beneficiaries with MCCs require high levels of care coordination, particularly as they transition from the ED to the community. During these transitions, they often face communication lapses between ED, and outpatient providers and inadequate patient, caregiver and provider

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understanding of diagnoses, medication and follow-up needs.[33,3435,36] This poor care coordination results in an increased risk for medication errors, repeat ED visits, hospitalization, nursing home admission and death [37,38] Medicare beneficiaries with MCCs not only experience poorer health outcomes, but also greater health care utilization (e.g., physician use, hospital and ED use, medication use) and costs (e.g., medication, out-of-pocket, total health care).[39] Medicare beneficiaries with MCCs are some of the heaviest users of high-cost, preventable services such as those offered by the ED.[40,41] An estimated 75% of health care spending is on people with MCCs.[42,43] The cost of unplanned readmissions, often avoidable, is 15-20 billion dollars annually[44].

For reasons cited above, starting in 2022, 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

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MY 2022 WORK PLAN GOAL

HEDIS Acronym	HEDIS Measure	MY 2022 CMC Goal	MY 2022 CMC Rate	MY 2022 Goal Met/ Not Met
FMC	Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (7-day total rate)	54%	48.6%	CMC: Not Met
EDU	Emergency Department Utilization	<1	1.1	CMC: Not Met
PCR	Plan All-Cause Readmissions	<0.9 O/E	1.2	CMC: Not Met
TRC	Transitions of Care - Receipt of Discharge information	8%	6.8%	CMC: Not Met
TRC	Transitions of Care - Patient engagement after inpatient discharge	82%	69.3%	CMC: Not Met
TRC	Transitions of Care - Notification of Inpatient Admission	11%	10.7%	CMC: Not Met
TRC	Transitions of Care - Medication reconciliation post-discharge	45%	42.3%	CMC: Not Met

*"CMC" - Cal MediConnect

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 that have been established to monitor performance, has oversight of the measures tracked in the Inpatient Workgroup (FMC, TRC, EDU and PCR). In 2022, a robocall intervention was launched for the Emergency Department Utilization (EDU) measure, targeting zip codes with high ED admission volumes in an attempt to reduce usage.

Description of Measure(s)

HEDIS Measure	Specific Indicator(s)	Measure Type
Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)	The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.	Administrative
Transitions of Care - All Four Rates (TRC)	The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported: • *Notification of Inpatient Admission.* Documentation of receipt of notification of inpatient admission on the day of admission or the following day. • *Receipt of Discharge Information.* Documentation of receipt of discharge information on the day of discharge or the following day.	Hybrid

HEDIS Measure	Specific Indicator(s)	Measure Type
	• *Patient Engagement After Inpatient Discharge.* Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. • *Medication Reconciliation Post-Discharge.* Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).	
Emergency Department Utilization (EDU)	For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected emergency department (ED) visits during the measurement year	Administrative
Plan All-Cause Readmissions (PCR)	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	Administrative

RESULTS

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR PEOPLE WITH MULTIPLE HIGH RISK CHRONIC CONDITIONS (FMC) (7-DAY TOTAL RATE)

The following graph compares L.A. Care FMC rates for HEDIS MY 2020-MY 2022 in the CMC, MCLA, and LACC product lines. Please note that for MCLA and LACC, this measure is not reportable and there are no benchmarks from NCQA as such to evaluate against:

Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)
HEDIS MY 2020 - MY 2022 - CMC

90th Percentile: 56.9%
MY 2022 Goal: 54%
25th Percentile: 24.5%

	MY 2020	MY 2021	MY 2022
CMC	48.8%	52.4%	48.6%
MCLA	38.1%	40.1%	37.0%
LACC	53.1%	49.8%	51.8%
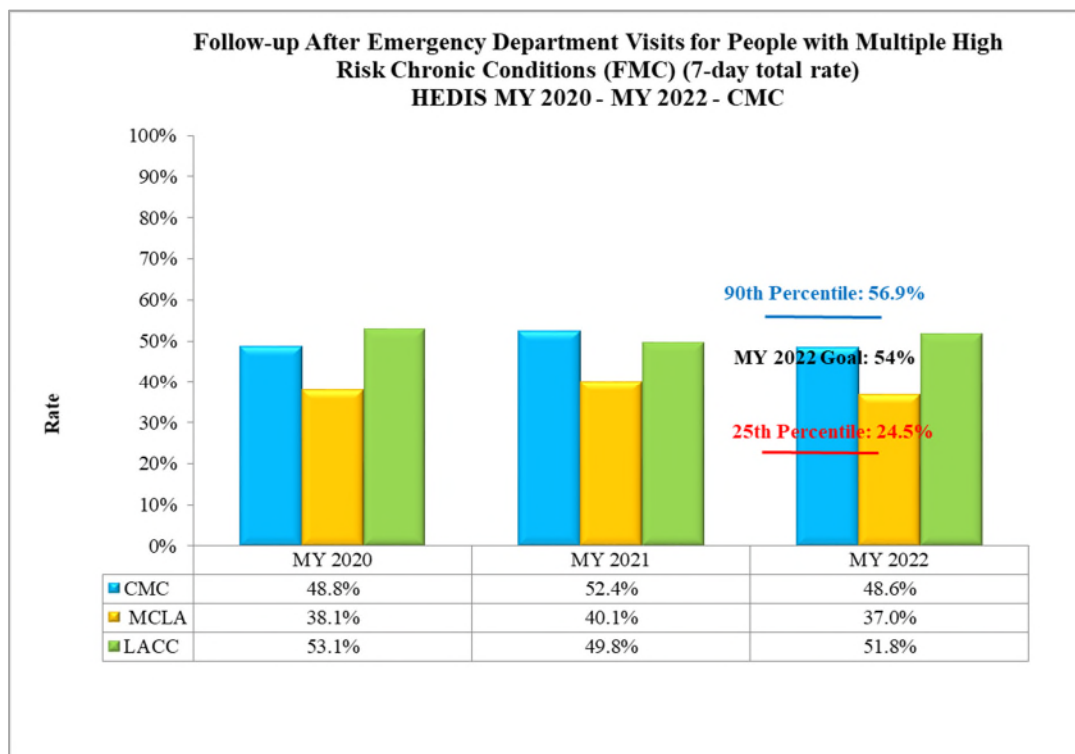
CMC benchmarks are from Quality Compass MY 2021 25th and 90th percentiles

TRANSITION OF CARE (TRC)

The following graph compares L.A. Care TRC rates for HEDIS MY 2020-MY 2022 in the CMC product line:

Transition of Care (TRC)
HEDIS MY 2020 - MY 2022 - CMC

	Transitions of Care - Receipt of Discharge information - Total	Transitions of Care - Patient engagement after inpatient discharge - Total	Transitions of Care - Notification of inpatient admission - Total	Transitions of Care - Medication reconciliation post discharge - Total
MY 2020	4.4%	75.9%	7.8%	50.9%
MY 2021	3.9%	81.3%	5.1%	39.4%
MY 2022	6.8%	69.3%	10.7%	42.3%

MY 2022 Goal: 8% — MY 2022 Goal: 82% — MY 2022 Goal: 11% — MY 2022 Goal: 45%

PLAN ALL-CAUSE READMISSIONS (PCR)

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	MY 2020 Rates	MY 2021 Rates	MY 2022 Rates
Plan All Cause Readmission Rates **(Note lower Rates indicates better performance)** **(Priority 2)**	PCR (A)	**O/E Ratio:** Medi-Cal: 0.9313 LACC: 0.5222 CMC: 1.0740	**O/E Ratio:** Medi-Cal: 0.9657 LACC: 0.4419 CMC: 1.1134	**O/E Ratio:** Medi-Cal: 0.9747 LACC: 0.4796 CMC: 1.1821

CMC: The PCR 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.

Medi-Cal: The Observed/Expected Ratio for PCR has been increasing over the past 3 years; however, the Observed/Expected Ratio is still below 1.

LACC: Though far below the ratio of 1, the Observed/Expected Ratio for PCR is starting to trend upwards after last year's decrease.

DISCUSSION

None of the sub-measure goals for TRC was met. Furthermore, the goals were not met for risk adjusted Emergency Department Utilization measures, Follow-Up Within 7 Days of ED Visit for Patients with

MCC, and 30-Day Plan All-Cause Readmissions. This may be attributable to the pandemic with higher hospitalization rates and lower in person outpatient preventive visits. Other attributable factors include barriers to access for members, and an under-utilized Health Information Exchange program by providers. While internal goals were not attained, rates did improve for three of the TRC measures (Receipt of Discharge, Notification of Inpatient Admission, and Medication Reconciliation Post-Discharge). Receipt of Discharge improved by 2.9%, Notification of Inpatient Admission by 5.6%, and Medication Reconciliation Post-Discharge by 2.9%. Although it is not reportable for this measurement year, FMC also observed an increase of 2% in the LACC line of business.

ANALYSIS

Improvements for TRC measures (Receipt of Discharge, Notification of Inpatient Admission, and Medication Reconciliation Post-Discharge) may be attributable to the recent data recovery. The transition from CMC to D-SNP caused many encounters that were submitted to be denied initially. The codes had to be switched to be D-SNP-compliant and then re-submitted. The encounters that have been resubmitted are now being accepted. As the resubmitted data is being accepted in large segments, the respective rates are predicted to continue rising. It may also be attributable to the inclusion of TRC in the CMC VIIP Incentive program. Efforts are ongoing to educate providers on better documentation. A Provider cohort intervention has been proposed to increase provider familiarity with the Health Information Exchange program (LANES), which will ideally improve provider reconciliation and notification post-discharge from both inpatient and outpatient settings.

Plan All Cause Readmission (PCR) and Emergency Department Utilization (EDU) are Risk Adjusted Utilization measures, where a score of one indicates performance is equal to the national average, results less than one are good, and results above one indicate poor performance. The rates and ratios for both measures need to be monitored on an ongoing basis. Annually, NCQA releases reference data (i.e. the Hierarchical Condition Categories and Risk Weights that are applied to the measures) and those are subject to change each year. Expected re-admission and utilization rates are based on historically collected diagnoses for members, which speaks to the need to ensure accurate and complete data collection and ingestion of data 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.

Disparity Analysis

Though the set measures being monitored by the Inpatient Workgroup include additional measures such as Emergency Department Utilization (EDU) and Plan All-Cause Readmission (PCR), the only measures that result in viable data for disparity analysis are Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) 7-Day Follow-up Visit ages 18+, and Transitions of Care (Patient Engagement After Inpatient Discharge and Medication Reconciliation Post-Discharge). Measures with administrative rate results are used for disparity analysis, and the two aforementioned measures (EDU and PCR) do not have administrative rate results across the measures (Two of the TRC indicators are Medical Record Only, and both EDU and PCR measures are risk-adjusted with no risk adjusted rates available for subgroups).

FMC – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions, 7 Day Follow-Up Visit Ages 18+ Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	11	36.4%	273	**53.9%**	120	**47.5%**	No
Medi-Cal	125	**54.4%**	31016	**37.2%**	6314	45.8%	No
Medicare-CMC	5	60%	1106	**47.8%**	651	**49.3%**	No

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)		Asian		Black/ African American	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	77	**54.5%**	N/A	N/A	32	**53.1%**	4	25%
Medi-Cal	23	47.8%	70	**52.9%**	1222	51.7%	9516	34.4%
Medicare-CMC	12	66.7%	N/A	N/A	67	**53.7%**	272	44.9%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI)		Hispanic/Latino		White		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	N/A	N/A	20	45%	11	63.6%	No
Medi-Cal	82	**28.1%**	15690	40.7%	6783	38%	Yes
Medicare-CMC	5	40%	850	49.4%	65	**35.4%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance via z-test – comparing the lowest rate in each line of business to the respective highest rate
- 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.

TRC – Transitions of Care (Patient Engagement After Inpatient Discharge) Within 30 Days after Discharge Ages 18+ Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	180	**54.4%**	1990	67.6%	781	**71%**	No
Medi-Cal	668	65.7%	65386	**55.9%**	21069	**66.9%**	Yes
Medicare - CMC	13	92.3%	1297	**72%**	870	**85.6%**	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	512	69.1%	N/A	N/A	487	**63.2%**	10	80%
Medi-Cal	91	**67%**	171	60.8%	4613	60.9%	13991	55.6%
Medicare - CMC	22	81.8%	1	0%	105	79.1%	276	72.1%

Line of Business	Race/Ethnicity						**Stat Sig
	Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity		Unknown Race Hispanic/Latino		White/ Unknown Ethnicity		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	1	0%	184	70.7%	44	**77.3%**	No
Medi-Cal	191	**53.4%**	49553	61%	11764	56.2%	No
Medicare - CMC	7	71.4%	1021	**83.7%**	74	**47.3%**	Yes

*Denom – Denominator
**Stat Sig – Statistical Significance via z-test – comparing the lowest rate in each line of business to the respective highest rate

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.

TRC – Transitions of Care (Medication Reconciliation Post-Discharge) Through 30 Days After Discharge Ages 18+ Rates by Spoken Language and Race/Ethnicity

Line of Business	Spoken Language						**Stat Sig
	Chinese		English		Spanish		
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	180	**4.4%**	1990	**17.5%**	781	15.5%	Yes
Medi-Cal	668	**12%**	65386	**4.9%**	21069	8.7%	Yes
Medicare - CMC	13	84.6%	1297	**29.4%**	870	**36.4%**	Yes

Line of Business	Race/Ethnicity							
	American Indian and Alaska Native (AI/AN) Hispanic or Latino		American Indian and Alaska Native (AI/AN)/ Unknown Ethnicity		Asian/ Unknown Ethnicity		Black/ African American/ Unknown Ethnicity	
	*Denom	Rate	*Denom	Rate	*Denom	Rate	*Denom	Rate
LACC	512	**18.6%**	N/A	N/A	487	**10%**	10	20%
Medi-Cal	91	**13.2%**	171	6.4%	4613	6.9%	13991	4.7%
Medicare - CMC	22	31.8%	1	0%	105	**41%**	276	**23.9%**

| Line of Business | Race/Ethnicity | | | | | | **Stat Sig |
| | Native Hawaiian/Other Pacific Islander (NH/PI/)/ Unknown Ethnicity | | Unknown Race Hispanic/Latino | | White/ Unknown Ethnicity | | |
	*Denom	Rate	*Denom	Rate	*Denom	Rate	
LACC	1	0%	184	12%	44	13.6%	No
Medi-Cal	191	6.8%	49553	6.3%	11764	**3.6%**	No
Medicare - CMC	7	42.9%	1021	34.7%	74	25.7%	No

*Denom – Denominator
**Stat Sig – Statistical Significance via z-test – comparing the lowest rate in each line of business to the respective highest rate

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.

L.A. Care conducted an analysis of administrative data to examine whether racial or ethnic disparities exist in Follow-up after Emergency Department Visits for People with Multiple High-Risk Chronic Conditions (FMC) and Transitions of Care (TRC) submeasures: Patient Engagement After Inpatient Discharge and Medication Reconciliation Post-Discharge. While these measure were not reportable for Medi-Cal and LACC it is included as part of our overall disparities reduction strategy.

Disparity Results
For LACC, English-speakers made up the largest portion of the eligible population for each of the three observed measures: FMC, TRC Patient Engagement, and TRC Medication Reconciliation. For FMC and TRC Medication Reconciliation, English-speakers also represented the group with the largest compliance percentage. For TRC Medication Reconciliation, Spanish-speakers were the group with the highest rate.

For all ages, Black/African Americans had the lowest rate of follow-up at 37.42% compared to Whites with a rate of 39.22%, American Indian/Alaskan Native with 46.88% and Asians with a rate of 47.63%.

For all ages, Whites had the lowest rate of follow-up at 44.44% compared to Asians with a rate of 44.90%, Black/African Americans at 49.03% and Hispanic/Latino with a rate of 55.57%.

GENERAL QUALITATIVE ANALYSIS OF DISPARITY RESULTS ACROSS ALL LINE OF BUSINESSES
Improving the transition of care between inpatient and outpatient settings including after visits to the ED, is still a work in progress. L.A. Care is making steady progress as evidenced by improvements in Medication Reconciliation, Patient Engagement Post IP Discharge and F/up visits for members with MCC. However, we need to review more closely the root cause for the significant disparities observed for African Americans ages 18-64 along with the disparity differences between Lines of Business for the groups (i.e. Black African Americans raking lowest for Medi-Cal but highest for Medicare-CMC). Although progress has been made in spotlighting the importance of transition of care and engaging practitioners and groups in enhancing operational infrastructure to improve timely notifications and follow up, there are still notable barriers to achieving our goals. The requirements set forth by the D-SNP transition for health plans to receive the notifications of admission/discharge will help spearhead the need for data exchange and care coordination, which will in turn help to enable real-time monitoring and interventions for the measures listed below.

INTERVENTIONS

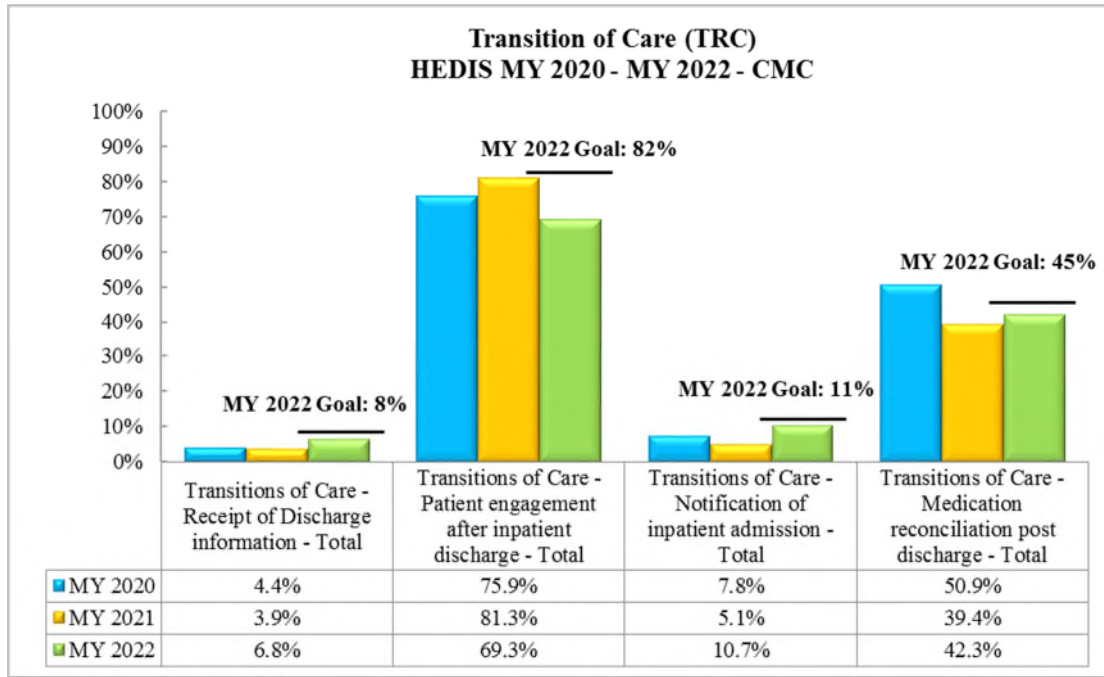| HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Follow-up After Emergency Department Visits for People with Multiple High Risk Chronic Conditions (FMC) (7-day total rate)	Under-utilized HIE program by providers Lack of information and communication between parties in the care process	Planning for Provider education cohort to increased LANES usage	N/A
Transitions of Care (TRC)	Underutilized HIE program by providers. Lack of information and timely communication between parties in the care process	Planning for Provider education cohort to increase LANES usage	N/A
Emergency Department Utilization (EDU)	Lack of information People using EDU when they can't see PCP/unaware of After-hours care options that are at no cost	Distributed afterhours flyers to members and high volume hospitals Robocalls deployed among targeted zip codes where utilization was high Social Media campaign	Social media post analytics: 13,208 reach 41,734 impressions 1,787 likes 9 comments 258 link clicks 2,067 total engagements EDU run chart covering targeted zip codes in months after robocall being evaluated

Hospital Safety

L.A. Care reviews hospital quality and safety indicators and identifies network hospitals that have a record of poor performance across domains of overall patient experience, maternity care, and hospital acquired infections. To that end, L.A. Care subscribes to annual reports with a number of hospital patient safety and quality indicators from Cal Hospital Compare supplemented with data and reports for measurement year 2022 from Centers for Medicare and Medicaid Services (CMS), Leapfrog Group, California Department of Public Health (CDPH), and the California Maternity Quality Care Collaborative (CMQCC). Each of these entities provides performance comparisons across hospitals along with regional and national benchmarks of quality and safety. Based on these published reports, L.A. Care has identified high and low performing hospitals for overall and metric specific criteria. Hospitals that are highlighted in yellow are included in the list of hospitals identified by the Multi-Plan Hospital Collaborative (described below)

L.A. Care has identified **four** 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 four hospitals had SIRs (Standard Infection Ratios) greater than 1. A high SIR means observed infections are higher than predicted infections. Due to high SIR these hospitals are on our poor performance watch list.

(i) HAI Watch list

CALIFORNIA HOSPITAL MEDICAL CENTER LA
MISSION COMMUNITY HOSPITAL
PACIFICA HOSPITAL OF THE VALLEY
LAC/RANCHO LOS AMIGOS NATIONAL REHABILITATION CTR

Seventeen hospitals were identified that had relatively high volume utilization but comparatively high 30-day readmission rates that may indicate opportunities for improvement in discharge planning and coordination with outpatient providers.

(ii) 30 Readmission Watch list

HOLLYWOOD PRESBYTERIAN
SAINT FRANCIS MEDICAL CENTER
SOUTHERN CALIFORNIA
CALIFORNIA HOSP MED CTR LOS ANGELES
ST MARY MEDICAL CENTER-LONG BEACH
CENTINELA HOSPITAL MED CENTER
RONALD REAGAN UCLA MEDICAL CENTER
BEVERLY HOSPITAL
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER TORRANCE
DHS-LAC USC MEDICAL CENTER
MEMORIAL HOSP OF GARDENA
PIH HEALTH GOOD SAMARITAN HOSPITAL
LAKEWOOD REGIONAL MEDICAL CTR
CEDARS-SINAI MEDICAL CENTER
LOS ANGELES COMMUNITY
COLLEGE MEDICAL CENTER
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL

The following twenty-nine hospitals had NTSV C-Section rates above the desired 23.6%:

(iii) NTSV C-Section Watch list

ADVENTIST HEALTH GLENDALE
ADVENTIST HEALTH WHITE MEMORIAL
ANTELOPE VALLEY MEDICAL CENTER
CEDARS-SINAI MEDICAL CENTER
CENTINELA HOSPITAL MEDICAL CENTER
DIGNITY HEALTH - NORTHRIDGE HOSPITAL MEDICAL
DIGNITY HEALTH GLENDALE MEMORIAL HOSPITAL

EMANATE HEALTH QUEEN OF THE VALLEY HOSPITAL
GARFIELD MEDICAL CENTER
HARBOR - UCLA MEDICAL CENTER
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER
KAISER PERMANENTE LOS ANGELES MEDICAL CENTER
KAISER PERMANENTE PANORAMA CITY MEDICAL CENTER
KAISER PERMANENTE SOUTH BAY MEDICAL CENTER
KAISER PERMANENTE WEST LOS ANGELES MEDICAL CENTER
KAISER PERMANENTE WOODLAND HILLS MEDICAL CENTER
MEMORIALCARE LONG BEACH MEDICAL CENTER
MEMORIALCARE MILLER CHILDREN'S AND WOMEN'S HOSP
PIH GOOD SAMARITAN HOSPITAL-LOS ANGELES
PIH HEALTH HOSPITAL - WHITTIER
PROVIDENCE CEDARS-SINAI TARZANA MEDICAL CENTER
PROVIDENCE HOLY CROSS MEDICAL CENTER
PROVIDENCE SAINT JOSEPH MEDICAL CENTER
RONALD REAGAN UCLA MEDICAL CENTER
SAN GABRIEL VALLEY MEDICAL CENTER
TORRANCE MEMORIAL MEDICAL CENTER
USC ARCADIA HOSPITAL (FORMERLY METHODIST HOSP)
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 nineteen hospitals had an overall rating that was below average:

(iv) Overall "Below Average" Safety and Quality Watch list

ANTELOPE VALLEY HOSPITAL
GLENDALE MEM HOSPITAL & HLTH CENTER
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER
SAN GABRIEL VALLEY MEDICAL CENTER
KAISER FOUNDATION HOSPITAL - PANORAMA CITY
KAISER FOUNDATION HOSPITAL - LOS ANGELES
KAISER FOUNDATION HOSPITAL - DOWNEY
CALIFORNIA HOSPITAL MEDICAL CENTER LA

PROVIDENCE SAINT JOSEPH MEDICAL CTR
METHODIST HOSPITAL OF SOUTHERN CA
GLENDALE ADVENTIST MEDICAL CENTER
PROVIDENCE SAINT JOHN'S HEALTH CENTER
LAC/HARBOR-UCLA MED CENTER
GOOD SAMARITAN HOSPITAL
LONG BEACH MEMORIAL MEDICAL CENTER
CEDARS-SINAI MEDICAL CENTER
KAISER FOUNDATION HOSPITAL - WOODLAND HILLS
WHITTIER HOSPITAL MEDICAL CENTER
PROVIDENCE-CEDARS SINAI TARZANA MEDICAL CENTER

The following thirteen hospitals had an overall rating of "Above Average"

SAINT FRANCIS MEDICAL CENTER
NORTHRIDGE HOSPITAL MEDICAL CENTER
VALLEY PRESBYTERIAN HOSPITAL
ST MARY MEDICAL CENTER
RONALD REAGAN UCLA MEDICAL CENTER
PROVIDENCE LITTLE COMPANY OF MARY MED CTR TORRANCE
EMANATE HEALTH INTER-COMMUNITY HOSPITAL
KAISER FOUNDATION HOSPITAL - SOUTH BAY
HUNTINGTON MEMORIAL HOSPITAL
KAISER FOUNDATION HOSPITAL - WEST LA
KAISER FOUNDATION HOSPITAL - BALDWIN PARK
GARFIELD MEDICAL CENTER
MARTIN LUTER KING, JUR COMMUNITY HOSPITAL

The following seven hospitals had overall "Good" rating

LAC/OLIVE VIEW-UCLA MEDICAL CENTER
WHITE MEMORIAL MEDICAL CENTER
PIH HEALTH HOSPITAL-WHITTIER
PALMDALE REGIONAL MEDICAL CENTER
POMONA VALLEY HOSPITAL MEDICAL CENTER
PROVIDENCE HOLY CROSS MEDICAL CENTER
TORRANCE MEMORIAL MEDICAL CENTER

INTERVENTION

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 about the

importance of raising their performance on our plans' common quality objectives. Through dialogue and review of data, we encourage the hospitals to share their current processes and internal findings, suggestions, and recommendations are provided to improve performance. The L.A. County multi-plan collaborative was launched in 2021. The poor performing hospitals received an email with their hospital infection rates and a request to report their current internal rates and the quality improvement activities they have in place to address underperforming metrics. In 2022, seven hospitals responded and the collaborative met with them to discuss their internal data findings, improvement methodologies and any barriers experienced to support them in improving their rates. The following list of hospitals was identified by the collaborative as hospitals that have been underperforming year over year across the quality and safety measures described above:

(v) Poor Performing Hospitals

- Beverly Hospital
- Good Samaritan Hospital– Los Angeles
- Hollywood Presbyterian Medical Center
- Los Angeles Community Hospital
- Monterey Park Hospital
- 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 access the hospital's performance and so that the team can closely monitor each measure rate and rank by hospital.

- Hospital Acquired Infections
- Patient Experience Measures
- C-Section
- Overall Rating
- Patient Safety
- Readmission

GOALS FOR 2023

L.A. Care will continue to work with the Hospital Collaborative to meet with hospital leadership on the Poor Performing Collaborative watch list. Agendas will focus on improvement of safety and quality metrics.

In addition, the L.A. Care QI Team will start to conduct outreach and meet with underperforming hospitals on the HAI Watch list. Hospital Safety Dashboards will be shared to discuss the hospital performance on key quality indicators. The goal of this outreach initiative is to engage with hospitals to learn their approaches, offer feedback and to determine how we can best support their efforts in improving rates and patient outcomes.

Goals for 2023 are:
- To improve on the number of hospitals with "Good" or "Above Average" overall rating, or >25 hospitals.

- To have at least one of the 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.

LOOKING FORWARD

With L.A. Care's transition of the Medicare-CMC Line of Business to D-SNP starting in 2023 the measures referenced in this evaluation (TRC, FMC, PCR, EDU) will carry higher visibility due to their inclusion in the Medicare STAR Ratings measure set. A lot of the rate decreases we observed through this year were due to submission lags from the CMC/D-SNP transition. As encounters were being submitted according to CMC standard, they were being rejected and had to be re-submitted for D-SNP. We witnessed an initial fall in rates and then increases throughout the year as the resubmitted encounters were now being accepted. As the rates begin to balance out, effective interventions reinitiate, and new interventions begin, we expect rates to improve gradually. Development of a new format for distributing the Provider Opportunity Report will be geared towards highlighting the gap closures still needed to reach the cut point levels for STAR ratings. Member detail will also be distributed that includes the denominator qualifying event details that will guide providers towards managing member conditions. New HIE and provider notification-related projects are expected to launch in 2024 that will focus on improving provider communication and follow-up with patients across the board. Emergency Department reduction campaigns from this year are likely to be re-deployed to larger geographic areas in hopes of decreasing the volume of inappropriate ED usage and diverting these patients to the appropriate after-hours care. A Hospital Pay-for-Performance program is also being launched in 2024 to incentivize hospitals to improve outcome metrics.

MY 2023 WORK PLAN GOAL

HEDIS Acronym	HEDIS Measure	MY 2023 Medi-Cal Goal	MY 2023 L.A. Care Covered (LACC) Goal	MY 2023 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	54%
PCR	Plan All-Cause Readmissions	O/E Ratio < 0.9	O/E Ratio < 0.4	O/E Ratio < 0.9
EDU	Emergency Department Utilization	N/A	N/A	<1
TRC	Transitions of Care - Receipt of Discharge information	N/A	N/A	10%
TRC	Transitions of Care - Patient engagement after inpatient discharge	59%	70%	78%
TRC	Transitions of Care - Notification of Inpatient Admission	N/A	N/A	13%
TRC	Transitions of Care - Medication reconciliation post discharge	6%	18%	51%

Hospital Safety MY 2023
Improve the number of hospitals with "Good" or "Above Average" overall rating, or >25 hospitals
Have at least one 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

G.5 FACILITY SITE REVIEW/MEDICAL RECORDS INITIATIVES

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REVIEWERS: MATTHEW PIRRITANO, PH. D & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care is committed to developing and implementing activities to enhance patient safety. L.A. Care's Facility Site Review (FSR) process ensures patient safety by monitoring elements on patient health/safety criteria in the Department of Health Care Services (DHCS) survey tools. In the FSR process, the two (2) measures that are monitored are: (a) Needle stick safety precautions practiced on site and (b) Spore testing of autoclave/steam sterilizer with documented results (at least monthly). The DHCS defines a passing score as 80% or greater. This report provides an annual analysis of the measures on patient safety standards for the period of October 1, 2022 – September 30, 2023, of primary care physician (PCP) sites (physician's office or clinic) to measure compliance with appropriate patient safety requirements.

As a result of the public health emergency (PHE COVID-19 pandemic), in March 2020, DHCS allowed the FSR department to suspend the contractual requirement for in-person site reviews, Physical Accessibility Review (PARS) surveys, and similar monitoring activities that would require in-person reviews. With the PHE flexibility, DHCS allowed Health Plans to conduct on-site and/or virtual audits until June 30, 2022. Starting in January 2022, L.A. Care's FSR department started conducting FSR and PARS reviews on-site. Medical record reviews (MRR) and Corrective Action Plan verification are conducted on-site or virtually.

FSR nurse reviewers have been conducting audits on sites that meet the priority criteria:
- Initial FSR (new locations)
- Relocations
- Periodic FSRs (current and deferred sites during PHE)
- Direct Network provider sites
- Sites in which postponing an audit would compromise access to care for members.

Upon request, providers' offices may defer FSR surveys if COVID is still impacting their offices.

As of July 2020, FSR implemented a new FSR platform Healthy Data Systems (HDS). The HDS system interfaces with L.A. Care's systems and generates reports sent to L.A. Care's Plan Partners and DHCS. HDS is used by other health plans in L.A. County and state-wide, allowing L.A. Care's FSR to work collaboratively in one system.

2023 WORK PLAN GOALS
- Needle stick safety precaution – 80%
- Spore testing of autoclave/sterilizer – 85%

RESULTS

Needle stick Safety Precaution

2021 Results	2022 Results	2023 Results	Goal Met/Not Met	2023 Goal
78%	73%	74%	No	80%

ANALYSIS

Quantitative Analysis (Needle Stick Safety)

The 2023 goal for needle stick safety precautions did not meet the goal of 80.0%. The compliance score for needle stick safety increased by 1.4 percentage points from 2022. The rate difference is statistically significant (p-value =0.0162) compared to 2022 results.

Qualitative Analysis (Needle Stick Safety)

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

- Reverting to previous behaviors after an audit has been completed and the Managed Care Plan (MCP) has approved and closed the corrective action plan.
- Cost of purchasing needle stick safety devices may cause a financial burden to provider offices/facilities.
- Staff, due to high office staff turnover, do not know the requirements for needle stick safety precautions.
- Staff are not trained adequately upon hire to inform them of the requirements for needle stick safety precautions and spore testing of autoclave/sterilizer.
- Medical supply companies still have non-safety needles/syringes available for purchase. This may cost less than the safety devices.
- New provider sites participating in L.A. Care's network are not knowledgeable of the requirements.

Spore Testing of Autoclave/Sterilizer

2020 Results	2021 Results	2022 Results	2023 Results	Goal Met/ Not Met	2023 Goal
73%	95%	80%	86%	Yes	85%

Quantitative Analysis (Spore Testing)

The provider offices reviewed did meet the 2023 goal of 85% for spore testing of autoclave/steam sterilizers. The compliance score increased by 7.5 percentage points from 2022. The 2023 results increased from previous years; the difference between 2022 and 2023 is not statistically significant (p-value =0.2052). This can be due to the small denominator in 2022 (D=116) vs 2023 (D=54).

Qualitative Analysis (Spore Testing)

Upon in-depth review of the available data, it was noted that new provider offices that received an additional educational session were compliant, and most providers were transitioning out of utilizing autoclave/steam sterilization equipment. If sites are not conducting autoclave or cold chemical sterilization, sites are using

disposable instruments. For the audit period of 10/1/2022 to 9/30/2023, there were 54 Primary Care Provider (PCP) sites utilizing an autoclave, in which eight 8 PCP sites were noted to be non-compliant. The following reasons may contribute to this compliance score:

- Due to pandemic, many PCP sites were not performing invasive procedures.
- There has been a noticeable industry shift in smaller PCP sites moving from reusable to disposable instruments.
- Certified Site Reviewers (CSR) educating sites on the need to comply with monthly spore testing.

LOOKING FORWARD

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.

Starting in January 2022, FSR resumed on-site audits and started using the revised 2022 FSR/MRR tools in July 2022. The new tools have made significant changes to the criteria and scoring. The additional criteria required will be a challenge for provider sites. Staff education and training will be critical to ensure the provider sites successfully score > 80%. L.A. Care's FSR department has collaboratively worked with other health plans' FSR departments to develop a provider education webinar on the new tools and requirements. Provider communications and education has been conducted. Providers and their office staff are strongly encouraged to complete the training videos on the new FSR and MRR tools.

2024 WORK PLAN GOALS
- Needle stick: 80%
- Spore testing of autoclave/sterilizer – 85%

MEDICAL RECORDS INITIATIVES

2023 WORK PLAN GOAL

Aggregate network primary care physician (PCP) sites should score at least 80% in the following key facility site review areas:
- Ease of retrieving medical records (FSR G1 &2)
- Confidentiality of medical records (records are stored securely; only authorized staff have access to records, etc. (FSR H4)

Aggregate network PCP sites should score at least 80% in the following key medical record review documentation areas:
- Allergies and adverse reactions (2A)
- Problem list (2B)
- Current continuous medications are listed (2C)
- History and Physical (3A)
- Unresolved or continuing problems are addressed in subsequent visits (3E)
- Documentation of clinical findings and evaluation for each visit:
    - Working diagnosis consistent with findings (3B)
    - Treatment plans consistent with diagnosis (3C)
    - Instruction for follow-up care is documented (3D)
- Preventive services or risk screening (4C & 5C)

BACKGROUND/SUMMARY

L.A. Care Health Plan has established medical record standards to facilitate communication, coordination, and continuity of care and to promote safe, efficient, and effective treatment. L.A. Care requires primary care physician (PCP) sites to maintain medical records in a current, detailed, and organized manner. L.A. Care assesses the site's compliance with regulations and L.A. Care policies using the *mandated* Department of Health Care Services (DHCS) survey tools. This report provides an annual analysis of medical record-keeping standards for the period of October 1, 2022 – September 30, 2023, of PCP sites (physician's office or clinic) to measure compliance with appropriate medical record documentation requirements. Medical Record Reviews (MRRs) were deferred until February 2021, when MRRs were completed virtually due to the COVID-19 pandemic. At a minimum, a three-year cycle is utilized to be consistent with the credentialing process. This analysis allows L.A. Care to measure a site's compliance with current documentation standards and develop interventions to make improvements. The use of electronic health records (EHR) improves documentation and coordination of care, thus significantly impacting patient safety and care. In addition, conducting MRRs also allows L.A. Care to identify the potential quality of care concerns.

MAJOR ACCOMPLISHMENTS

All standards met and/or exceeded the 2023 goal of 80%. Practitioners continue to be educated onsite during the Facility Site Review (FSR) or Medical Record Review (MRR)

RESULTS

Fiscal Year	Site #	Total Number of Medical Records Reviewed
2021	166	912
2022	785	8,659
2023	512	5880

The following tables and graphs show the results of the Fiscal Year (FY) 2022–2023 review of practitioners' sites and medical records. These FY 2022-2023 results are compared to the previous two years. Starting in March of 2020, DHCS permitted MCPs to temporarily suspend the contractual requirement for in-person site reviews, medical audits for MCP subcontractors and network providers, and similar monitoring activities that would require in-person reviews per APL 20-011 "Governor's Executive Order N-55-20 in Response to COVID-19". This resulted in a decreased number of sites and medical record reviews conducted in 2021. In 2022, under DHCS' guidance, all health plans were to conduct and complete all deferred FSR and MRRs by 12/31/2023. L.A. Care's FSR had 420 deferred sites that needed to be conducted, and this accounted for the increased number of sites and medical record reviews in 2022. For 2023, L.A. Care's FSR did not have as many deferred sites or medical records to complete as in 2022, thus, the number of conducted MRRs in 2023 decreased.

Ease of Retrieving Medical Records

Criteria	Oct 20 - Sept 21	Oct 21- Sept 22	Oct 22 - Sept 23	% change from Oct 19 to Sept 22	% from 80% Goal
Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1)	100%	100%	100%	0%	+20%

Criteria	Oct 20 - Sept 21	Oct 21- Sept 22	Oct 22 - Sept 23	% change from Oct 19 to Sept 22	% from 80% Goal
Medical documents are filed in a timely manner to ensure availability for patient encounters. (FSR OM - G 2)	100%	100%	100%	0%	+20%

Ease of Retrieving Medical Records

Goal: 80%

Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1)

Medical documents are filed in a timely manner to ensure availability for patient encounters (FSR OM - G 2)

■ Oct 20- Sept 21   ■ Oct 21- Sept 22   ■ Oct 22- Sept 23
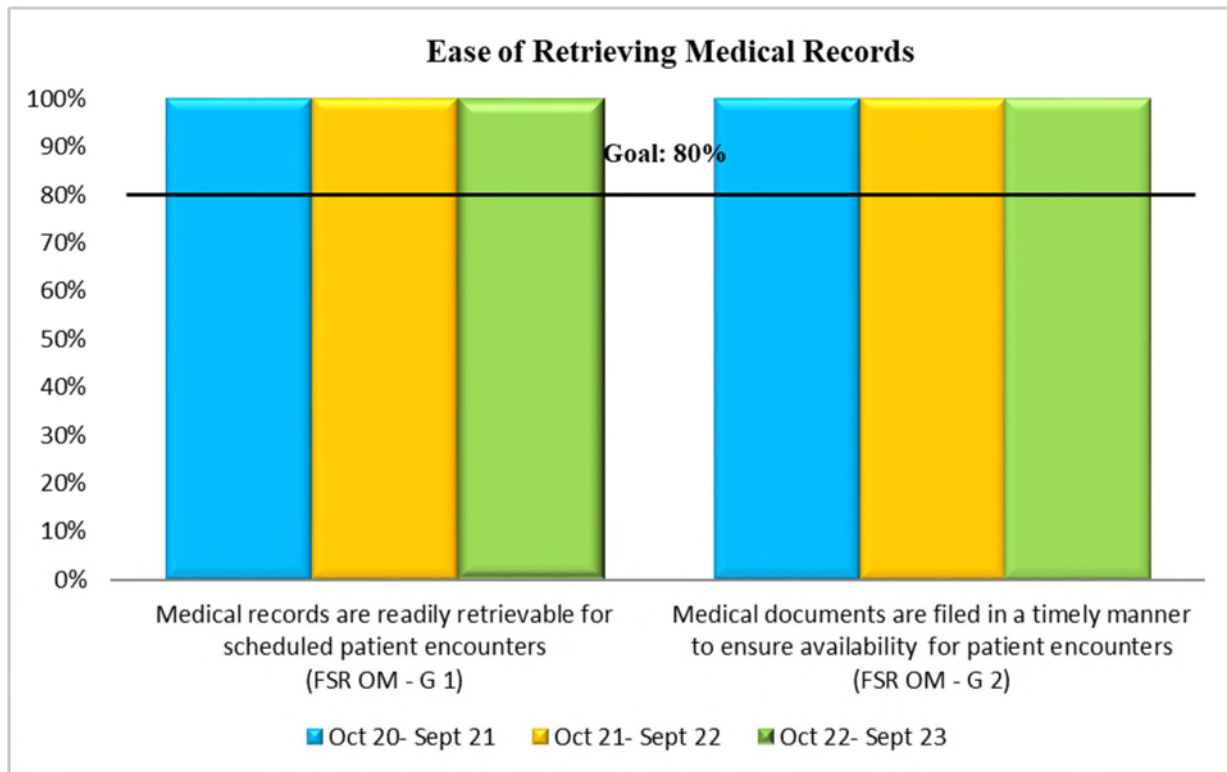
Medical Record Documentation Standards #1

Criteria	Oct 20- Sept 21	Oct 21- Sept 22	Oct 22 - Sept 23	% change from Oct 20 to Sept 22	% from 80% Goal
Confidentiality of Medical Records (FSR H 4)	94%	94%	94%	0%	+14%
Medical Records Organized (1E)	99%	99%	99%	0%	+19%
Allergies and Adverse Reactions (2A)	98%	95%	94%	-1%	+14%
Problem List (2B)	100%	100%	99%	-1%	+19%
Medications (2C)	100%	99%	98%	-1%	+18%

Criteria	Oct 20-Sept 21	Oct 21-Sept 22	Oct 22 - Sept 23	% change from Oct 20 to Sept 22	% from 80% Goal
History and Physical (3A)	100%	100%	100%	0%	+20%
Unresolved/continuing problems are addressed in subsequent visits. (3E)	100%	99%	99%	0%	+19%

Medical Record Documentation Standards #1
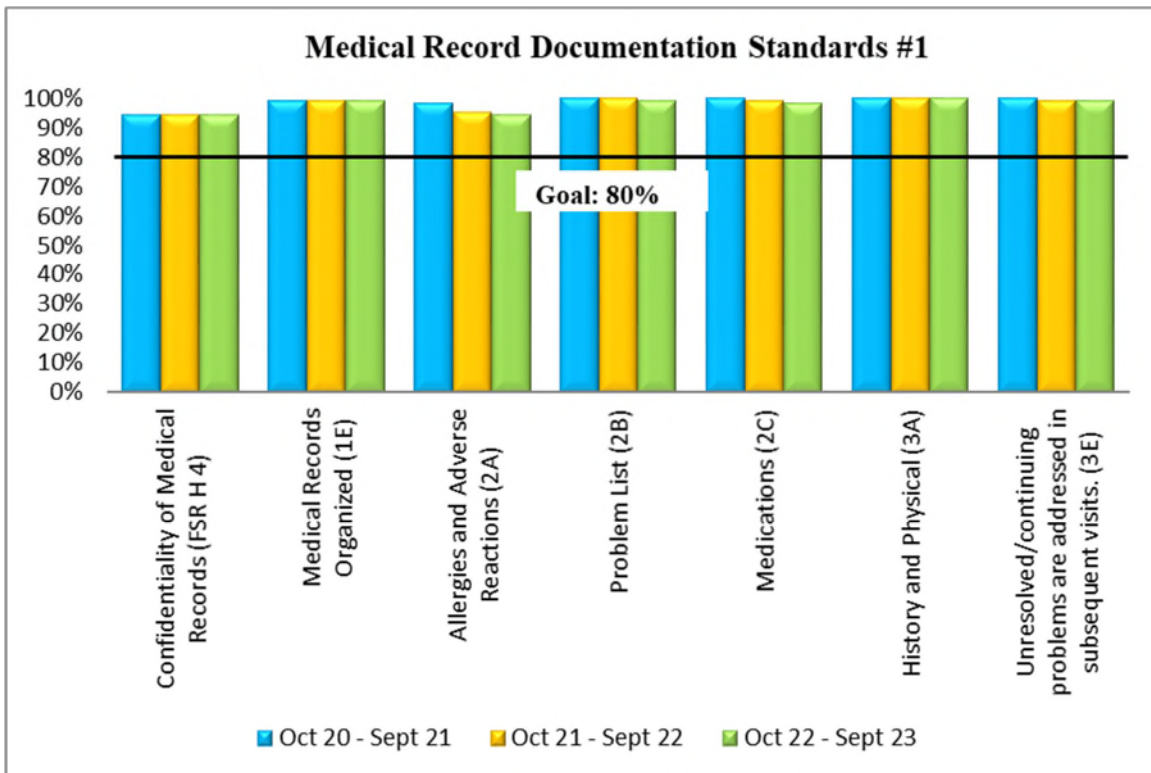
Medical Record Documentation Standards #2

Criteria	Oct 20-Sept 21	Oct 21-Sept 22	Oct 22 - Sept 23	% change from Oct 20 to Sept 22	% from 80% Goal
Working diagnosis consistent with findings (3B)	100%	100%	100%	0%	+20%
Treatment plans consistent with diagnosis (3C)	100%	100%	100%	0%	+20%
Instruction for follow-up care is documented (3D)	82%	80%	80%	0%	0%

Criteria	Oct 20-Sept 21	Oct 21-Sept 22	Oct 22 - Sept 23	% change from Oct 20 to Sept 22	% from 80% Goal
Child: Comprehensive History and Physical Exam completed at age-appropriate frequency (4B1)	90%	91%	93%	+2%	+13%
Adult: Comprehensive History and Physical Exam completed at age-appropriate frequency (5B1)	94%	92%	89%	-3%	+9%
A physician reviews consultation/referral reports and diagnostic test results. (3F)	96%	94%	94%	0%	+14%
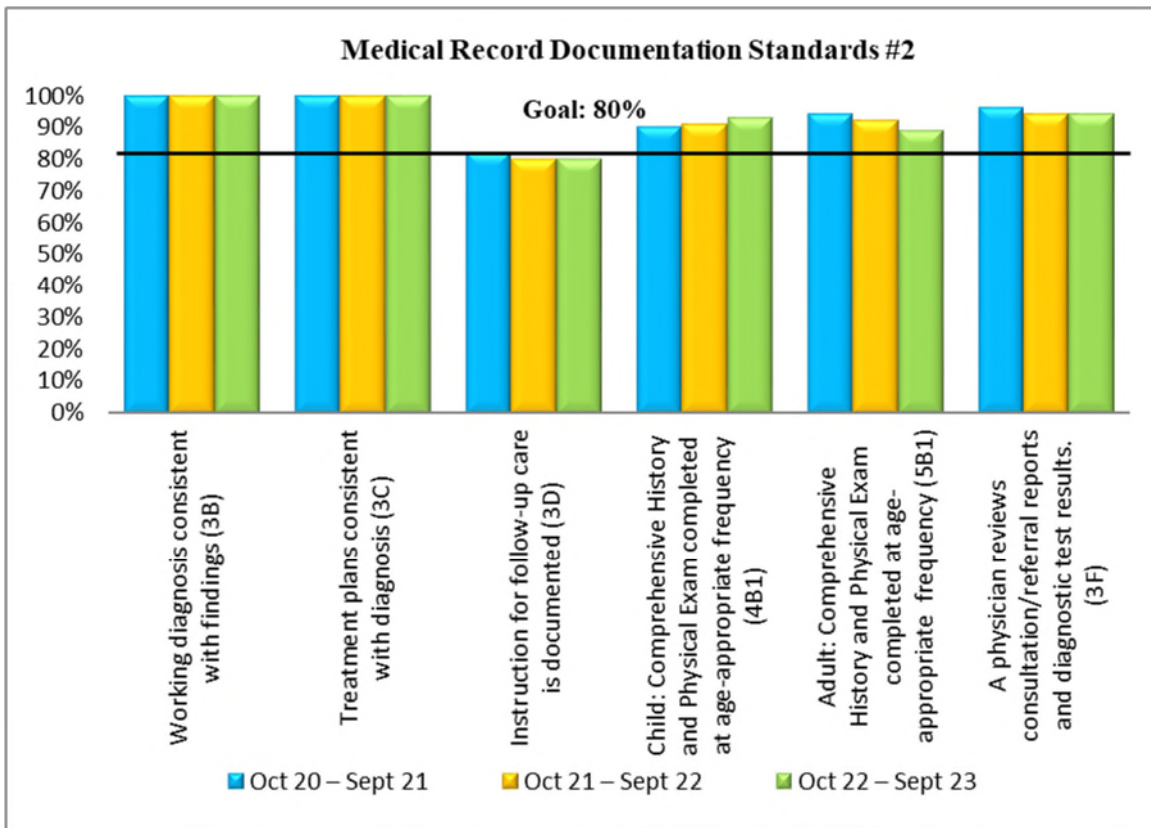
ANALYSIS

Quantitative Analysis

The 2023 audits achieved and/or exceeded the 80% goal in all criteria selected for this study. Starting in March of 2020, DHCS permitted MCPs to temporarily suspend the contractual requirement for in-person site reviews, medical audits for MCP subcontractors and network providers, and similar monitoring activities that would require in-person reviews per APL 20-011 "Governor's Executive Order N-55-20 in Response to COVID-19". This resulted in a decreased number of sites and medical record reviews conducted in 2021. In 2022, under DHCS' guidance, all health plans were to conduct and complete all

deferred FSR and MRRs by 12/31/2023. L.A. Care's FSR had 420 deferred sites that needed to be conducted and this accounted for the increased number of sites and medical record reviews in 2022. For 2023, L.A. Care's FSR has did not have as many deferred sites or medical records to complete as in 2022, thus, the number for conducted MRRs in 2023 decreased

Qualitative Analysis

The 2023 goals have been achieved in all criteria areas. Although compliance rates have been achieved, ongoing barriers may need to be considered:

- Medical record forms require time to complete and may not include all required elements.
- Forms vary among Participating Provider Groups, practitioner offices, and state-mandated forms causing confusion and duplicative work.
- There is an increased number of sites transitioning to or who have implemented an electronic health record (EHR) system. There are many choices of EHR vendors making the decision complex and puzzling for practitioners. In addition, adding additional fields to accommodate medical record documentation standards and requirements may incur increased costs to physician offices.
- Time needed to document patient services and care rendered may be limited depending on patient volume.

INTERVENTIONS

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

Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
All measures	- Medical record forms require time to complete and may not include all required elements. Forms vary among Participating Provider Groups, practitioner offices, and state-mandated forms. - There is an increased number of sites transitioning or have implemented an electronic health record (EHR). There are many choices of EHR vendors, making the decision complex and puzzling for physicians. In addition, adding additional fields to accommodate medical record documentation standards may incur increased costs to physician offices. - Time needed to document patient services and care rendered may be limited depending on patient volume.	- Medical Record Reviews are ongoing. - An established corrective action plan (CAP) process for provider offices that need to address deficiencies noted during a site review survey. - Provide technical assistance as appropriate and necessary.	All measures met the goal.

LOOKING FORWARD

Virtual medical record review and CAP verification will continue to be offered to provider practices. In July 2022, DHCS' new FSR and MRR tools were implemented. This has required all provider offices to be trained on the new tools and will put some offices at risk of not passing their MRR reviews. During the review process, practitioners and office staff will be educated on the new tools and standards, and sample medical record documents and policies will be distributed as necessary. If the provider falls below the California state required score of 80% for any section of the medical record review survey, regardless of the score, a corrective action plan will be requested from the PCP site. The 2023 goal is to meet or exceed 80% compliance goals and to implement the new Facility Site Review and Medical Record Review Tool.

The revised FSR/MRR tools have significantly changed the criteria and scoring. The additional criteria required will be a challenge for provider sites. Staff education and training will be critical to the provider sites successfully scoring > 80%.

2024 WORK PLAN GOAL

Aggregate network PCP sites should score at least 80% in the following key facility site review areas:
- Ease of retrieving medical records and timely filing of documents (FSR G1 &2)
- Confidentiality of Medical Records (records are stored securely; only authorized staff have access to records, etc. (FSR H4)
- Medical Records Organized (1D)

Aggregate network PCP sites should score at least 80% in the following key medical record review documentation areas:
- Allergies and adverse reactions (2A)
- Problem list (2B)
- Current continuous medications are listed (2C)
- History of present illness or reason for the visit is documented (3A)
- Unresolved or continuing problems are addressed in subsequent visits (3E)
- Documentation of clinical findings and evaluation for each visit
  - Working diagnosis consistent with findings (3B)
  - Treatment plans consistent with diagnosis (3C)
  - Instruction for follow-up care is documented (3D)
- Preventive services or risk screening (4C & 5C)

H. SERVICE IMPROVEMENT ACTIVITIES

H.1. MEMBER EXPERIENCE

H.1.a APPEALS AND GRIEVANCES

AUTHORS: DEMETRA CRANDALL & EDWIN CORRALES
REVIEWERS: CHRISTINE CHUEH, RN & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care Health Plan demonstrates our commitment to providing service excellence by ensuring our members have access to both its clinical and behavioral health quality care and services. The Appeal and Grievance business unit documents, resolves and tracks member dissatisfaction and disputes. The Appeal and Grievance business unit monitors the appeal and grievance data for emerging trends and/or patterns and collaborates with other departments in L.A. Care to drive continuous improvement. Data is first broken out into Non-Behavioral Health and Behavioral Health. The data it then is analyzed to identify gaps and to implement interventions that can better serve our membership. Appeals and grievance trends, barriers, and interventions are presented directly to Product Operations Management teams and other Operational business units as needed. Quarterly reports demonstrating barriers, trends and interventions are presented to the following internal cross-departmental multidisciplinary committees and public advisory board committees: Member Quality Service Committee (MQSC), Quality 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.

NON-BEHAVIORAL HEALTH (BH) GRIEVANCES AND APPEALS

L.A. Care Health Plan conducted an analysis of grievances and appeals for the 1-year period (CY 2023) of January 1, 2023 – December 31, 2023. The grievance analysis includes expressions of dissatisfaction resolved at the time of the call and exempt from the written notification requirements for acknowledgement and resolution of the grievance.

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 drill down into the issues. However, L.A. Care implemented significant changes to its methodology compared to past years that makes 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

The Grievances and Appeals data for this section are reflective of the cases received in the CY 2023, are from of January 1, 2023 – December 31, 2023.

CMC/D-SNP

CMC/DSNP Grievances Non-BH				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	5,472	33%	25.07	10	No
Attitude and Service	5,232	31%	23.97	10	No
Billing and Financial Issues	5,304	32%	24.30	10	No
Quality of Care	785	5%	3.60	10	Yes
Quality of Practitioner Office Site	22	0%	0.10	10	Yes
Total	16,815	100%	77.03	20	No

*Quantitative Analysis - Grievances (*__CMC/D-SNP__*):*
- The goals for the Quality of Care and Quality of the Practitioner Site were met
- All other categories and the total rate did not meet the goal.
  - The rate for Access exceeded the goal by the largest margin, 15.07
  - The total grievance rate goal was exceeded by 57.03 grievances per 1000 member months
- Access is the leading cause of grievances with 33% of the total 2023 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume.

CMC/DSNP Appeals Non-BH				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	536	93%	2.46	10	Yes
Attitude and Service	0	0%	0.00	10	Yes
Billing and Financial Issues	39	7%	0.18	10	Yes
Quality of Care	2	0%	0.01	10	Yes
Quality of Practitioner Office Site	0	0%	0.00	10	Yes
Total	577	100%	2.64	20	Yes

*Quantitative Analysis - Appeals (*__CMC/D-SNP__*):*
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 7.54 under the goal.

LACC/D

LACC/D Grievances Non-BH				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	6,261	24%	4.03	5	Yes
Attitude and Service	4,971	19%	3.20	5	Yes
Billing and Financial Issues	13,858	54%	8.92	5	No
Quality of Care	502	2%	0.32	5	Yes
Quality of Practitioner Office Site	21	0%	0.01	5	Yes
Total	25,613	100%	16.49	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.
- All other categories and the total rate did not meet the goal.
  - The rate for Billing and Financial Issues exceeded the goal by the largest margin, 3.92
  - The total grievance rate goal was exceeded by 6.49 grievances per 1000 member months
- Billing and Financial Issues is the leading cause of grievances with 54% of the total 2023 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume.

LACC/D Appeals Non-BH				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	560	93%	0.36	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	36	6%	0.02	5	Yes
Quality of Care	3	1%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	599	100%	0.39	10	Yes

Quantitative Analysis – Appeals (LACC/D):
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.64 under the goal.

MCLA

MCLA Grievances Non-BH				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	17,297	35%	0.97	5	Yes
Attitude and Service	16,145	32%	0.90	5	Yes
Billing and Financial Issues	12,982	26%	0.73	5	Yes
Quality of Care	3,341	7%	0.19	5	Yes
Quality of Practitioner Office Site	92	0%	0.01	5	Yes
Total	49,857	100%	2.79	10	Yes

Quantitative Analysis – Grievances (MCLA):
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.03 under the goal.
- Access is the leading cause of grievances with 35% of the total 2023 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 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	1,204	95%	0.07	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	43	3%	0.00	5	Yes
Quality of Care	17	1%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	1,264	100%	0.07	10	Yes

Quantitative Analysis – Appeals (MCLA):
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.93 under the goal.

PASC

PASC Grievances Non-BH				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	1,468	39%	2.50	5	Yes
Attitude and Service	887	23%	1.51	5	Yes
Billing and Financial Issues	1,273	34%	2.17	5	Yes
Quality of Care	156	4%	0.27	5	Yes

PASC Grievances Non-BH			CY 2023		
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Quality of Practitioner Office Site	1	0%	0.00	5	Yes
Total	3,785	100%	6.44	10	Yes

Quantitative Analysis – Grievances (PASC):
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 2.50 under the goal.
- Access is the leading cause of grievances with 39% of the total 2023 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume

PASC Appeals Non-BH			CY 2023		
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	149	99%	0.25	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	2	1%	0.00	5	Yes
Quality of Care	0	0%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	151	100%	0.26	10	Yes

Quantitative Analysis – Appeals (PASC):
- All goals for each individual categories and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 4.75 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 Appeal & Grievance unit presents trends, barriers and improvement activities on a quarterly basis for discussion in collaborative forums. The committee discussions include representation from Member Services, Provider Network Services, Quality Improvement, Claims, Product, Compliance, Legal, Claims. The data is also presented to various governing body and public policy committees. Additional recommendations made during the quarterly meetings have been included in the annual evaluation. Lastly, the annual evaluation was presented to the which includes representation 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 35.73 percent of L.A. Care's access grievances have been resolved by the next business day.
- Delay in authorization at the Primary Care Physician office identified as the top access issues.
    - Members continue to express their concerns with obtain an authorization.
    - Members are dissatisfied with the delay and time it takes to get an authorization approved

Attitude and Service
- Provider Attitude at Primary Care Physician office identified as the top issue, members state they are not happy with services received by PCP.
- Miscommunication from L.A. Care continues to cause member abrasion, member stats they are receiving incorrect information and getting the run-around between different department/areas.

Billing and Financial Issues
- Billing Discrepancy at the hospital has been identified as the top billing and financial issue
  - member stats they are being billed/balanced billed and sent to collections for covered services.
- Member education on benefit of premium, deductible and co-payment continue cause member abrasion.
- Although it is a top issue, over 34 percent of L.A. Care's billing and financial grievances have been resolved by the next business day.

Non-BH Barrier Analysis:
The above qualitative analysis was examined. Below is a summary of barriers L.A. Care identified.

- Lack of member knowledge regarding coverage benefit limits and managed care requirements.
- Member's expressing dissatisfaction with the volume of calls received from the Plan (Outbound campaigns, unable to identify who is calling and why).
- Large influxes of calls to the customer service department that leave members frustrated with the quality of service and hold times.

Non-BH Opportunities Identified for Improvement:
- Process Improvements: Mazars, an international advisory firm, have been collaborating with the A&G team to provide a customized work plan for success. The teams have been engaged to evaluate and improve department structure, staffing, and procedures that are integral to processing appeals and grievances.
- Cross-Functional JOM: A&G and Call Center has established a JOM to address cross-functional challenges, and enhance our members' service and experience.
- PCT (A&G system of record) Updates: Continued enhancement of grievance & appeal categories in PCT to support data analytics.
- New A&G System of Record: Implement new A&G system to allow for compliance with regulatory requirements & reporting and to improve overall efficiencies in workflow. The current implementation date for appeals is Nov. 2023 with a grievance go live date pending.
- The A&G Case Audit Program Relaunch. New audit scorecards have been updated in NICE (The NICE system tracks the quality audit outcomes) effective 10/01/22. The A&G Audit Program is in place to ensure that the department processes cases while remaining in regulatory compliance.

LOOKING FORWARD:
- L.A. Care will prioritize and implement interventions based on the above analysis.

BEHAVIORAL HEALTH (BH) GRIEVANCES AND APPEALS
L.A. Care Health Plan conducted an analysis of grievances and appeals for the 1-year period (CY 2023) of January 1, 2023 – December 31, 2023. The grievance analysis includes expressions of dissatisfaction resolved at the time of the call and exempt from the written notification requirements for acknowledgement and resolution of the grievance.

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 drill down into the issues. However, L.A. Care implemented significant changes to its methodology compared to past years that makes 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

The Grievances and Appeals data for this section are reflective of the cases received in the CY 2023, are from of January 1, 2023 – December 31, 2023.

CMC/D-SNP

CMC/D-SNP BH Grievances				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	38	34%	0.17	10	Yes
Attitude and Service	36	32%	0.16	10	Yes
Billing and Financial Issues	26	23%	0.12	10	Yes
Quality of Care	11	10%	0.05	10	Yes
Quality of Practitioner Office Site	0	0%	0.00	10	Yes
Total	111	100%	0.51	20	Yes

Quantitative Analysis – BH Grievances:
- All goals for each individual and total grievances were met.
- Access was the category that had the most relative volume of grievances; the rate was still 9.83 under the goal.
- There were no grievances that were submitted for the Quality of the Practitioner Office Site.

CMC/D-SNP BH Appeals				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	0	0	0.00	10	Yes
Attitude and Service	0	0	0.00	10	Yes
Billing and Financial Issues	0	0	0.00	10	Yes
Quality of Care	0	0	0.00	10	Yes
Quality of Practitioner Office Site	0	0	0.00	10	Yes
Total	0	0	0.00	20	Yes

Quantitative Analysis – BH Appeals:
- We receive zero BH appeals cases for CMC/D-SNP therefore, all goals for each individual categories and total grievances were met.

Qualitative Results/Findings – BH Grievances and Appeals:
As all goals were met for behavioral health-related appeals and grievances, L.A. Care has not performed a root-cause analysis and identified any opportunities to be prioritized at this time.

LACC/D

LACC/D BH Grievances				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	96	39%	0.06	5	Yes
Attitude and Service	59	24%	0.04	5	Yes
Billing and Financial Issues	79	32%	0.05	5	Yes
Quality of Care	14	6%	0.01	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	248	100%	0.16	10	Yes

Quantitative Analysis – BH Grievance:
- All goals for each individual and total grievances were met.
- Access was the category that had the most relative volume of grievances; the rate was still 4.94 under the goal.
- There were no grievances that were submitted for the Quality of the Practitioner Office Site.

LACC/D BH Appeals				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	4	100%	0.00	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	0	0%	0.00	5	Yes
Quality of Care	0	0%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	4	100%	0.00	10	Yes

Quantitative Analysis – BH Appeals:
- All goals for each individual categories and total grievances were met.

Qualitative Results/Findings – BH Grievances and Appeals:
As all goals were met for behavioral health-related appeals and grievances, L.A. Care has not performed a root-cause analysis and identified any opportunities to be prioritized at this time.

MCLA

MCLA BH Grievances				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	248	35%	0.01	5	Yes
Attitude and Service	291	42%	0.02	5	Yes
Billing and Financial Issues	102	15%	0.01	5	Yes
Quality of Care	57	8%	0.00	5	Yes
Quality of Practitioner Office Site	2	0%	0.00	5	Yes

Quantitative Analysis – BH Grievances:
- All goals for each individual and total grievances were met.
- Attitude and Service was the category that had the most relative volume of grievances; the rate was still 4.98 under the goal.

MCLA BH Appeals				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	36	100%	0.00	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	0	0%	0.00	5	Yes
Quality of Care	0	0%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	36	100%	0.00	10	Yes

Quantitative Analysis – BH Appeals:
- All goals for each individual categories and total grievances were met.

Qualitative Results/Findings – Grievances and Appeals:
90 out of the 96 Total Goals for all the LOBs were met (94%). L.A. Care will continue monitoring grievances and appeals annually.

PASC

PASC BH Grievances				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	2	11%	0.00	5	Yes
Attitude and Service	7	39%	0.01	5	Yes
Billing and Financial Issues	7	39%	0.01	5	Yes
Quality of Care	2	11%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	18	100%	0.03	10	Yes

Quantitative Analysis – BH Grievances:
- All goals for each individual and total grievances were met
- Access and Attitude and Service was the category that had the most relative volume of grievances; the rate was still 4.99 under the goal

PASC BH Appeals				CY 2023	
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	1	0%	0.00	5	Yes
Attitude and Service	0	0%	0.00	5	Yes
Billing and Financial Issues	0	0%	0.00	5	Yes
Quality of Care	0	0%	0.00	5	Yes
Quality of Practitioner Office Site	0	0%	0.00	5	Yes
Total	1	0%	0.00	10	Yes

Quantitative Analysis – Appeals:
- All goals for each individual categories and total grievances were met.

Qualitative Results/Findings – Grievances and Appeals:
Root cause analysis was not performed, as all goals were met for behavioral health-related appeals and grievances. No opportunities for improvement were identified at this time.

CONCLUSION

90 out of the 96 Total Goals for all the LOBs were met (94%). L.A. Care will continue monitoring grievances and appeals annually.

H.1.b BEHAVIORAL HEALTH GRIEVANCES AND APPEALS ASSESSMENT, INTERVENTIONS, AND IMPROVEMENT

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BACKGROUND/SUMMARY

L.A. Care Health Plan (L.A. Care) provides Behavioral Health services through an NCQA-accredited Managed Behavioral Health Organization (MBHO), Carelon Healthcare Services (Carelon [formerly known as Beacon]). Since 2014, Carelon has been contracted to provide Behavioral Health Services to members across all product lines based on level of care criteria. There are several administrative services, including the annual member experience survey, that are contractually delegated to Carelon; however, L.A. Care retained appeals and grievances. The term grievances is also the equivalent to the term complaints, which includes any grievances and appeals related to behavioral health services, including non-coverage grievances and appeals. In 2015, L.A. Care began directly contracting Applied Behavioral Analysis (ABA) services for the Medi-Cal product line only. L.A. Care's Appeal and Grievance department monitors the appeals and grievances data and collaborates with internal departments, including the Behavioral Health Department, Quality Improvement, and other Health Services Departments, to drive continuous improvement.

By accessing appeal and grievance data, L.A. Care is able to address opportunities for improvement in member care across all product lines. The purpose of this report is to identify trends, areas for improvement, recognize barriers, develop interventions, and measure the effectiveness of those interventions. This report provides an overview and analysis of the appeals and grievances data across Medi-Cal, Cal MediConnect (CMC, ended 12/31/2023), Dual Eligible Special Needs Plan (D-SNP, effective 1/1/2024), and L.A. Care Covered (LACC/LACCD) product lines from October 2022 to September 2023. This report will outline interventions implemented should the appeal and grievance data not reach threshold performance goals and the collaborative efforts made with stakeholders during the Behavioral Health Quality Committee to further enhance and/or develop additional interventions.

This report contains the 2022 Carelon Member Experience Survey, which was distributed in 2022 to members and the results were provided to L.A. Care in May 2023.

SUMMARY: DATA AND PERFORMANCE GOALS

The following report is behavioral health appeals and grievances, which L.A. Care's Behavioral Health Department analyzed. The following analysis is focused on Quarter 4 2022 – Quarter 3 2023 and hereon will be referred to as reporting period 2022-2023. The previous reporting period will be referred to as 2021-2022.

Complaint Type	Product Line	Performance Goal	Performance Goal Met?
Grievances	Medi-Cal	$4 \le$ per 1000/member per month	Yes
	CMC/D-SNP		Yes
	LACC + LACCD		Yes
Appeals	Medi-Cal	$2 \le$ per 1000/member per month	Yes
	CMC/D-SNP		Yes
	LACC + LACCD		Yes

Medi-Cal: Grievances

Grievances	RY2020-2021			RY2021-2022			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	301	0.0211	65%	159	0.0100	41.74%	251	0.0139	36%
Attitude and Service	68	0.0048	15%	125	0.0079	32.81%	285	0.0159	41%
Billing and Financial	38	0.0027	8%	50	0.0031	13.12%	91	0.0050	13%
Quality of Care	21	0.0015	4%	46	0.0029	12.07%	74	0.0041	11%
Quality of Practitioner Office Site	38	0.0027	8%	1	0.00006	0.26%	0	0	0%
Grand Total	**466**	**0.0327**	**100%**	**381**	**0.02411**	**100%**	**701**	**0.0390**	**100%**

Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis

- *Access*: There were 251 grievances for the 2022-2023 reporting period, a rate of 0.0139 grievances per 1,000 members. 36% of grievances were related to Access.
- *Attitude and Service*: There were 285 grievances for the 2022-2023 reporting period, a rate of 0.0159 grievances per 1,000 members. 41% of grievances were related to Quality of Care.
- *Billing and Financial*: There were 91 grievances for the 2022-2023 reporting period, a rate of 0.0050 grievances per 1,000 members. 13% of all grievances were related to Billing & Financial.
- *Quality of Care*: There were 74 grievances for the 2022-2023 reporting period, a rate of 0.0041 grievances per 1,000 members. 11% of all grievances were related to Quality of Care.
- *Quality of Practitioner Office Site*: There were 0 zero grievances for the 2022-2023 reporting period, a rate of 0 grievances per 1,000 members. 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 2022-2023 was 701, a rate of 0.0390 grievances per 1,000 members, which is well below the performance goal of four or less 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

Based on the data, grievances in total have increased from the previous year. The Attitude & Service and Quality of Care categories increased from the previous year, 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 collaborate with Carelon to address access grievances, which Carelon then implements continuous strategies to help resolve identified trends within the grievances.

Carelon continues to work with their internal team to address the grievances in order to reduce the overall numbers.

The performance goal of four or less grievances per 1,000 members was met for Medi-Cal, Cal MediConnect, D-SNP, and LACC product lines. The total number of grievances for reporting period 2022-2023 were significantly less than the performance goal.

Medi-Cal: Appeals

Appeals	RY2020-2021			RY2021-2022			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	10	0.0007	91%	22	0.0013	85%	33	0.0018	100%
Attitude and Service	0	0.000	0%	0	0	0%	0	0	0%
Billing and Financial	0	0.000	0%	2	0.0001	8%	0	0	0%
Quality of Care	1	0.0001	9%	2	0.0001	8%	0	0	0%
Quality of Practitioner Office Site	0	0.000	0%	0	0	0%	0	0	0%
Grand Total	**11**	**0.0008**	**100%**	**26**	**0.0016**	**100%**	**33**	**0.0018**	**100%**

Rate per 1,000 members is calculated based on per member per month for the reporting period

Medi-Cal appeals per 1,000 members
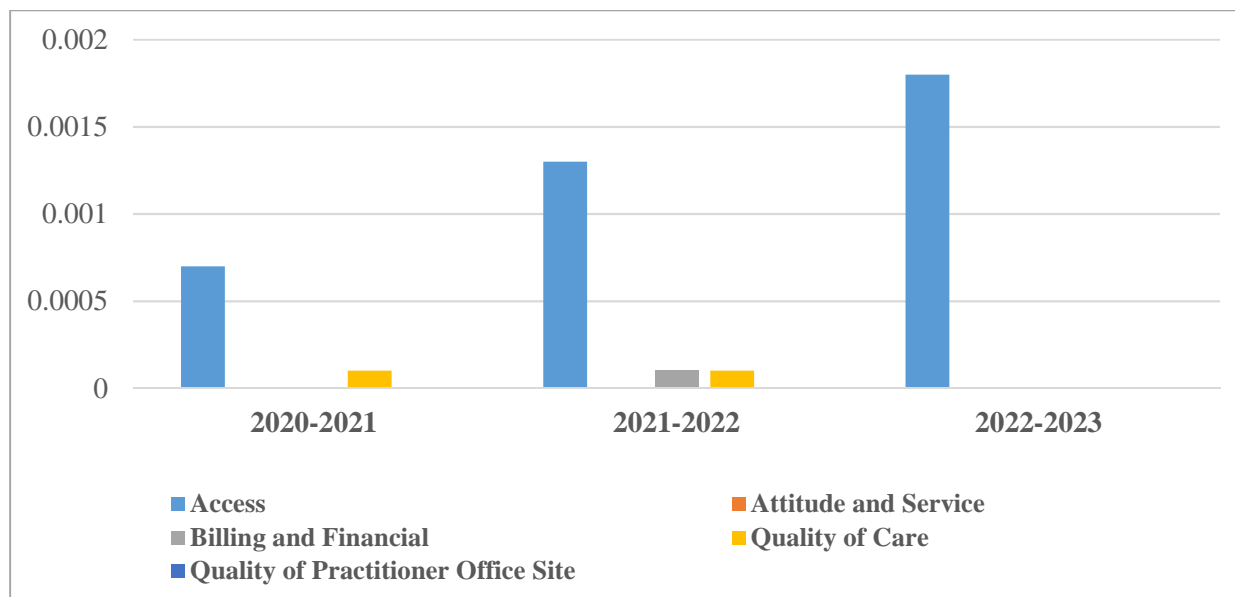
Quantitative Analysis
- *Access*: There were 33 appeals for the Medi-Cal product line for the 2022-2023 reporting period, an increase of 120% compared to the previous reporting period.
- *Attitude & Service:* There were zero appeals for the Medi-Cal product line for both the 2021-2022 and 2022-2023 reporting periods.
- *Billing & Financial:* There were zero appeals for the Medi-Cal product line for the 2022-2023 reporting period, a decrease from the previous year.

- *Quality of Care*: There were zero appeals for the Medi-Cal product line for the 2022-2023 reporting period, a decrease from the previous year.
- 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.
- Although there was a year-over-year increase, the number of appeals reported is very small 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 review of the data 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 rate of 0.0018 per thousand remains below the performance goal of two or less appeals per 1,000 members.

Cal MediConnect: Grievances

Grievances	RY2020-2021			RY2021-2022			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	44	0.197	25%	24	0.1113	39%	12	0.2337	52%
Attitude and Service	27	0.121	15%	9	0.0417	14%	3	0.0584	13%
Billing and Financial	89	0.398	51%	21	0.0974	34%	6	0.1168	26%
Quality of Care	9	0.040	5%	8	0.0371	13%	2	0.0390	9%
Quality of Practitioner Office Site	7	0.031	4%	0	0	0	0	0	0%
Grand Total	176	0.786	100%	62	0.2877	100%	23	0.4479	100%

Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis
- *Access*: There were 12 grievances for the 2022-2023 reporting period, a rate of 0.2337 grievances per 1,000 members. 52% of the grievances were related to Access.
- *Attitude & Service*: There were 3 grievances for the 2022-2023 reporting period, a rate of 0.0584 grievances per 1,000 members. 13% of the grievances were related to Attitude & Service.
- *Billing & Financial*: There were 6 grievances for the 2022-2023 reporting period, a rate of 0.1168 grievances per 1,000 members. 26% of all grievances were related to Billing & Financial.
- *Quality of Care*: There were 2 grievances for the 2022-2023 reporting period, a rate of 0.0390 grievances per 1,000 members. 9% of all grievances were related to Quality of Care.
- *Quality of Practitioner Office* Site: There were zero grievances for the 2022-2023 reporting period, a rate of 0 grievances per 1,000 members. 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 2022-2023 was 23, a rate of 0.4479 per 1,000 members, which is well below the performance goal of four or less grievances per 1,000

members. The overall Behavioral Health grievances comparative to the Cal MediConnect product line membership of L.A. Care is low, suggesting that the complaints do not reflect a global problem across L.A. Care.

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Qualitative Analysis

Although the grievances seem to have decreased, it is due to the change from Cal MediConnect to D-SNP. 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, which Carelon then implements continuous strategies to help resolve identified trends within the grievances.

The performance goal of four or less grievances per 1,000 members was met for Medi-Cal, Cal MediConnect, and LACC product lines. The total number of grievances for reporting period 2022-2023 were significantly less than the performance goal.

Cal MediConnect (CMC): Appeals

Appeals	RY2020-2021			RY2021-2022			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	0	0	0%	6	0.0278	75%	0	0	0%
Attitude and Service	0	0	0%	0	0	0%	0	0	0%
Billing and Financial	0	0	0%	2	0.0093	25%	0	0	0%
Quality of Care	0	0	0%	0	0	0%	0	0	0%
Quality of Practitioner Office Site	0	0	0%	0	0	0%	0	0	0%
Grand Total	**0**	**0**	**0%**	**8**	**0.0371**	**100%**	**0**	**0**	**0%**

Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis

- *Access*: There was zero appeals for the Cal MediConnect (CMC) product line for both 2020-2021, 2021-2022, and 2022-2023 reporting periods.
- *Attitude & Service:* There were zero appeals for the CMC product line for both the 2020-2021, 2021-2022, and 2022-2023 reporting period.
- *Billing & Financial:* There were zero appeals for the CMC product line for both the 2020-2021, 2021-2022, and 2022-2023 reporting period.
- *Quality of Care*: There were zero appeals for the CMC product line for both 2020-2021, 2021-2022, and 2022-2023 reporting period.
- The total appeals for 2022/2023 decreased by 100% compared to the 2021-2022 reporting period.
- The overall Behavioral Health appeals comparative to the membership of L.A. Care is significantly low, suggesting that the appeals do not reflect a global problem across L.A. Care despite the year over year increase.
- Although there was an increase from the previous year, the number of appeals reported are very small compared of the entire product line population. When working with such low numbers, any fluctuation in the data will suggest a considerable difference, even when the difference is not statistically meaningful.

Qualitative Analysis
Based upon the review of the data for this measurement period, there were no appeals for the CMC line of business.

Dual Eligible Special Needs Plan: Grievances

Grievances	RY2021-2022			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	NA	NA	NA	26	0.1595	34%
Attitude and Service	NA	NA	NA	25	0.1533	32%
Billing and Financial	NA	NA	NA	14	0.0859	18%
Quality of Care	NA	NA	NA	12	0.0736	16%
Quality of Practitioner Office Site	NA	NA	NA	0	0	0%
Grand Total	NA	NA	NA	**77**	**0.4723**	**100%**

*Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis
- *Access*: There were 26 grievances for the 2022-2023 reporting period, a rate of 0.1595 grievances per 1,000 members. 34% of the grievances were related to Access.
- *Attitude & Service*: There were 25 grievances for the 2022-2023 reporting period, a rate of 0.1533 grievances per 1,000 members. 13% of the grievances were related to Attitude & Service.
- *Billing & Financial*: There were 14 grievances for the 2022-2023 reporting period, a rate of 0.0859 grievances per 1,000 members. 18% of all grievances were related to Billing & Financial.
- *Quality of Care*: There were 12 grievances for the 2022-2023 reporting period, a rate of 0.0736 grievances per 1,000 members. 16% of all grievances were related to Quality of Care.
- *Quality of Practitioner Office* Site: There were zero grievances for the 2022-2023 reporting period, a rate of 0 grievances per 1,000 members. Zero percentage of all grievances were related to the Quality of the Practitioner Office Site.
- The total number of grievances filed for the reporting period 2022-2023 was 77, a rate of 0.4723 per 1,000 members, which is well below the performance goal of four or less grievances per 1,000 members. The overall Behavioral Health grievances compared to the D-SNP product line membership of L.A. Care is low, suggesting that the complaints do not reflect a global problem across L.A. Care.

Qualitative Analysis
Due to the change from Cal MediConnect to D-SNP effective 2023, a trend cannot be created until the following year.

Currently, the performance goal of four or less grievances per 1,000 members were met for D-SNP product lines for reporting period 2022-2023.

Dual Eligible Special Needs Plan: Appeals

Appeals	RY2020-2021			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	NA	NA	NA	0	0	0%
Attitude and Service	NA	NA	NA	0	0	0%
Billing and Financial	NA	NA	NA	0	0	0%

Appeals	RY2020-2021			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%
Quality of Care	NA	NA	NA	0	0	0%
Quality of Practitioner Office Site	NA	NA	NA	0	0	0%
Grand Total	**NA**	**NA**	**NA**	**0**	**0**	**0%**

Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis

- *Access*: There was zero appeals for CMC product line for both 2020-2021, 2021-2022 and 2022-2023 reporting period.
- *Attitude & Service:* There were zero appeals for CMC product line for both 2020-2021, 2021-2022, and 2022-2023 reporting period.
- *Billing & Financial:* There were zero appeals for CMC product line for the 2020-2021, 2021-2022, and 2022-2023 reporting period.
- *Quality of Care*: There were zero appeals for CMC product line for both the 2020-2021, 2021-2022, and 2022-2023 reporting periods.
- The total appeals for 2022-2023 is zero.

Qualitative Analysis

Based upon the review of the data for this measurement period, there were no appeals for the D-SNP line of business.

LACC (Commercial): Grievances

Grievances	RY2020-2021			RY2021-2022			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	69	0.062	47%	55	0.0408	49%	84	0.0566	43%
Attitude and Service	16	0.014	11%	27	0.0200	24%	45	0.0303	23%
Billing and Financial	47	0.043	32%	24	0.0178	21%	53	0.0357	27%
Quality of Care	3	0.003	2%	7	0.0052	6%	14	0.0094	7%
Quality of Practitioner Office Site	11	0.010	8%	0	0	0%	0	0	0%
Grand Total	**146**	**0.132**	**100%**	**113**	**0.0839**	**100%**	**196**	**0.1320**	**100%**

Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis

- *Access*: There were 84 grievances for the 2022-2023 reporting period, a rate of 0.0566 grievances per 1,000 members. 43% of the grievances were related to Access.
- *Attitude and Service*: There were 45 grievances for the 2022-2023 reporting period, a rate of 0.0303 grievances per 1,000 members. 23% of the grievances were related to Attitude & Service.
- *Billing and Financial*: There were 53 grievances for the 2022-2023 reporting period, a rate of 0.0357 grievances per 1,000 members. 27% of the grievances were related to Billing & Financial.
- *Quality of Care*: There were 14 grievances for the 2022-2023 reporting period, a rate of 0.0094 grievances per 1,000 members. 7% of the grievances were related to Quality of Care.
- *Quality of Practitioner Office Site*: There were zero grievances for the 2022-2023 reporting period, a rate of 0 grievances per 1,000 members.

- The total number of grievances filed for reporting period 2022-2023 was 196, a rate of 0.1320 per 1,000 members, which is well below the performance goal. The overall Behavioral Health grievances compared to the LACC membership of L.A. Care is very low, suggesting that the complaints do not reflect a global problem across L.A. Care.

Qualitative Analysis
Based on the data, grievances in total has increased from the previous year. The Access, Attitude & Service, and Billing and Financial categories increased from the previous year with most of the grievances related to members reporting grievances against their mental health providers and Carelon phone number being unanswered or no callbacks from Beacon.

The Appeals and Grievances Department work closely with the Behavioral Health Department to identify trends. The Behavioral Health Department collaborate with Carelon to address access grievances, which Carelon then implements continuous strategies to help resolve identified trends within the grievances. Carelon continues to work with their internal team to address the grievances in order to reduce the overall numbers.

The performance goal of four or less grievances per 1,000 members were met for Medi-Cal, Cal MediConnect, D-SNP, and LACC product lines. The total number of grievances for reporting period 2022-2023 were significantly less than the performance goal.

LACC: Appeals

Appeals	RY2020-2021			RY2021-2022			RY2022-2023		
	Total	Per 1,000*	%	Total	Per 1,000*	%	Total	Per 1,000*	%
Access	0	0	0%	0	0	0%	4	0.0027	100%
Quality of Care	0	0	0%	0	0	0%	0	0	0%
Attitude and Service	0	0	0%	0	0	0%	0	0	0%
Billing and Financial	0	0	0%	0	0	0%	0	0	0%
Quality of Practitioner Office Site	0	0	0%	0	0	0%	0	0	0%
Grand Total	**0**	**0**	**0%**	**0**	**0**	**0%**	**4**	**0.0027**	**100%**

Rate per 1,000 members is calculated based on per member per month for the reporting period

Quantitative Analysis
There were 4 LACC appeals during this reporting period compared to zero from the previous reporting year of 2019-2020.
- *Access*: There were 4 grievances for the 2022-2023 reporting period, a rate of 0.0027 grievances per 1,000 members. 100% of the grievances were related to Access.
- *Attitude & Service:* There were zero appeals for the LACC product line for both 2020-2021, 2021-2022, and 2022-2023 reporting period.
- *Billing & Financial:* There were zero appeals for the LACC product line for both the 2020-2021, 2021-2022, and 2022-2023 reporting periods.
- *Quality of Care*: There were zero appeals for the LACC product line for both 2020-2021, 2021-2022, and 2022-2023 reporting periods.
- The total appeals for 2022-2023 is four.

Qualitative Analysis

The appeals for LACC increased, mainly due to Out-of-Network (OON) grievances. Appeals and Grievances Department work closely with the Behavioral Health Department to identify trends. The Behavioral Health Department collaborate with Carelon to address access grievances, which Carelon then implements continuous strategies to help resolve identified trends within the grievances.

The performance goal of four or less grievances per 1,000 members were met for Medi-Cal, Cal MediConnect, D-SNP, and LACC product lines.

BEHAVIORAL HEALTHCARE OPPORTUNITIES FOR IMPROVEMENT

The performance goals established for the reporting period 2022-2023 have been met. This includes all five categories for product lines Medi-Cal, Cal MediConnect, Dual Eligible Special Needs Plan, and LACC. At this time, due to our low thresholds, no interventions were indicative.

From the Member Experience Survey to the end of this entire report, all activities and tasks are performed by L.A. Care's MBHO, Carelon Healthcare Services. The 2022 Carelon Member Survey was distributed in 2022 to members and the results were provided to L.A. Care in May 2023.

MEMBER EXPERIENCE SURVEY MY2022 (RY 2023)

From the Member Experience Survey to the end of this entire report, all activities and tasks are performed by L.A. Care's MBHO, Carelon Healthcare Services. 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 Healthcare Services and is an auto credit. Carelon provided the final results of the report in May 2023.

The Member Experience survey is delegated to Carelon. One way Carelon measures quality is through conducting and analyzing the Member Experience Survey on an annual basis. Carelon's Member Experience Survey is a standardized survey designed to collect members' ratings of behavioral health treatment and satisfaction with services. Based on the opportunities for improvement identified in 2022, interventions implemented in 2023 focused on the improvement of network adequacy to support decreasing Access-to-Care complaints. 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 385 members responded to the survey. Carelon interventions continued into 2022, which focused on the improvement of 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 took place in 2022; the questions below reflect 'Beacon' as they were copied directly from the survey.

Member Experience Survey - Appointment Access								
Product Line	**Goal**	**MY 2020**	**MY 2021**	**MY 2022**	**Goal Variance**	**MY 2021-MY 2022 Yearly Variance**	**Target Goal Met**	**Trend**
In the last 12 months, did you need non-life-threatening Emergency Care? (answer key: yes) When you needed non-life-threatening Emergency Care, did you have to wait? (answer key: less than 6 hours) *Non-life-threatening Emergency Care is when you need treatment or services within 6 hours.								
Medicaid	LD	81.8%	73.5%	78.3%	NA	4.8%	NA	↑
		(27/33)	(36/49)	(18/23)				
Medicare	LD	100.0%	100.0%	50.0%	NA	-50.0%	NA	↓
		(3/3)	(7/7)	(1/2)				
Commercial	LD	100.0%	100.0%	100.0%	NA	0.0%	NA	→
		(2/2)	(1/1)	(2/2)				
Exchange	LD	-	66.7%	100.0%	NA	33.3%	NA	↑
		-	(4/6)	(3/3)				
Overall	79.2%	84.2%	76.2%	80.0%	0.8%	3.8%	•	↑
		(32/38)	(48/63)	(24/30)				
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	66.7%	73.8%	80.0%	NA	6.2%	NA	↑
		(20/30)	(31/42)	(16/20)				
Medicare	LD	100.0%	80.0%	66.7%	NA	-13.3%	NA	↓
		(4/4)	(4/5)	(2/3)				
Commercial	LD	100.0%	100.0%	100.0%	NA	0.0%	NA	→
		(3/3)	(1/1)	(1/1)				
Exchange	LD	-	83.3%	100.0%	NA	16.7%	NA	↑
		-	(5/6)	(2/2)				
Overall	LD	73.0%	75.9%	80.8%	NA	4.9%	NA	

2022 Member Experience Trend Report

Product Line	Goal	MY 2020	MY 2021	MY 2022	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	69.3%	69.9% (58/83)	66.3% (65/98)	44.4% (20/45)*	-24.9%	-21.9%	•	↓
Medicare	LD	75.0% (6/8)	87.5% (7/8)	50.0% (3/6)	NA	-37.5%	NA	↓
Commercial	LD	50.0% (7/14)	83.3% (5/6)	66.7% (2/3)	NA	-16.6%	NA	↓
Exchange	LD	- -	58.8% (10/17)	42.9% (3/7)	NA	-15.9%	NA	↓
Overall	70.4%	67.6% (71/105)	67.4% (87/129)	45.9% (28/61)*	-24.5%	-21.5%	•	↓

Member Experience Survey - Appointment Availability

Product Line	Goal	MY 2020	MY 2021	MY 2022	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	81.9%	83.80% (129/154)	80.10% (153/191)	74.2% (66/89)	-7.7%	-5.9%	•	↓
Medicare	LD	68.40% (13/19)	78.90% (15/19)	57.1% (8/14)	NA	-21.8%	NA	↓
Commercial	LD	80.0% (24/30)	72.7% (8/11)	100.0% (3/3)	NA	27.3%	NA	↑
Exchange	LD	- -	78.6% (22/28)	86.7% (13/15)	NA	8.1%	NA	↑
Overall	81.3%	81.8% (166/203)	79.5% (198/249)	74.4% (90/121)	-6.9%	-5.1%	•	↓

Member Experience Survey Results as follows:

2022 Member Satisfaction Report that Carelon provided in April 2023.

Overall Quantitative Analysis:
Appointment Access:
- Of the 30 members surveyed, 24 were able t get a non-life-threatening emergent care appointment within 6 hours, which equated to 80.0% in 2022. This met the 79.2% goal by 0.8 percentage points and was an increase of 3.8 percent points compared to 2021 (76.2%).
- Of the 26 members surveyed, 21 were able to get an urgent care appointment within two days (48 hours), which equated to 80.8% in 2022. Due to the low volume, there is no set performance goal for this result, but this was an increase of 4.9 percent points compared to 2021 (75.9%).
- Of the 61 members surveyed, 28 had their first-time appointment with a new counselor, therapist, psychologist or social worker and were offered the earliest appointment, which equated to 45.9%

in 2022. This missed the 70.4% goal by 24.5 percentage points, and was a 21.5 percentage point decrease compared to 2021 (67.4%).

Appointment Availability: Of the 121 members surveyed, 90 identified that treatment locations were always or usually close enough to them, which equated to 74.4% in 2022. This missed the 81.3% goal by 6.9 percentage points and was a decrease of 5.1 percent points compared to 2021 (79.5%).

Barrier and Opportunities for Improvement
In order to improve their rates, Carelon reported the following:

Quality, Clinical and Member Services are responsible for reviewing and overseeing the West Region Member Experience report. The regional report is also reviewed at the West Region Executive Committee under oversight of the West Region Medical Director.

Interventions implemented in 2022 included multi-departmental workgroups with the focus on strategic problem solving around access and availability, increasing the provider network and telehealth utilization and developing procedures to improve the overall telephone performance.

For those questions on the survey that did not meet the goal, barriers were identified where providers may not have updated their availability, demographic or specialty information with Carelon Behavioral Health. Interventions were developed to ensure providers understand their contractual obligations regarding appointment availability timeframes. Low scoring appointment access results for the earliest first time appointment offered may relate to network availability or a shift in members preferring face-to-face appointments to telehealth. The PCP toolkit was enhanced with collaboration from medical, clinical, peers, provider relations and other stakeholders across the organization to provide resources and improving the overall communication between personal medical doctors and counseling or treatment services.

The overall satisfaction with Carelon Behavioral Health services increased 5.9% compared to last year. The likelihood to recommend Carelon Behavioral Health also significantly increased for all lines of business with an overall increase of 9.8% compared to last year. This improvement may be attributed in part to the interventions developed in 2022 and the collaboration from medical, clinical, peers, provider relations and other stakeholders across the organization to improve overall member satisfaction.

Areas for attention in 2023 will be focused on increasing timely access by increasing efforts to bring more quality providers into network, taking a deeper dive into county level data to see where members are having issues with appointment access and creating provider re-engagement strategies to re-engage inactive providers. Carelon Behavioral Health will continue to monitor appointment access through quarterly surveys and will work with network management to address gaps in coverage.

In addition, Carelon Behavioral Health will adhere to the California Regulation Implementation of SB221 Health Care Coverage: Timely Access to Care. Effective July 1, 2022, Carelon Behavioral Health will ensure that an enrollee that is undergoing a course of treatment for ongoing mental health or substance use disorder condition is able to get a follow-up appointment with a non-physician mental health care or substance use disorder provider within 10 business days of the prior appointment. The member needs to have the ability to schedule their initial and next appointment within 10 business days. Follow up appointment requirements are applicable to non-physician mental health care or substance use disorder provider, and does not exclude any services, specifically ABA or Autism. If patient is not willing or able to take the next appointment, this needs to be documented appropriately.

Barriers, Opportunities for Improvement, Next Steps:

Barriers	Opportunities for Improvement	Next Steps
Inaccurate Provider Directory **Providers may not update their availability or specialty information with Carelon Behavioral Health regularly**	**Remind providers about their responsibility to update their appointment availability status with Carelon Behavioral Health.**	**Continue quarterly provider access and availability survey to ensure providers are available to take members within the 6-hour, 48-hour, and 10-business-day timeframes and that the Carelon Behavioral Health directory is updated with real-time data.**
Difficulty obtaining a first time appointment within 10 business days	**Analysis of current network availability, out-of-network utilization, and current telehealth capabilities**	**Provider recruitment based on OON utilization, geographic proximity, and telehealth availability. Promotion and expansion of telehealth services. Working with providers to ensure appointment availability and demographic information is accurate in the directory**
Customer Service staffing deficits impacted our ability to meet established telephone performance goals.	**Additional cross training of current associates to handle a larger variety of call types.** **Continue regular check-in meetings between Call Center leadership and the Workforce Management team**	**Provide upskill training to current Customer Care Representatives to cross train them on handling additional call types, giving us more flexibility in load balancing call types across resources as needed.**

Measuring Effectiveness: Expansion of Telehealth

Carelon expanded its entire network to telehealth services in March 2020 in an effort to accommodate members having 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, where members were able to continue accessing their behavioral health services. The data for average visits of combined utilization of in-person and telehealth behavioral health services indicate there was an increase.

Below is the telehealth utilization:

In-Person	Unique Utilizers		Visits		Avg. Visits	
	2022	2023*	2022	2023*	2022	2023*
Medi-Cal	14,830	16,233	106,622	97,329	7.2	6.0
LACC	1,250	1,241	10488	9,379	8.4	7.6
CMC	624	NA	5,682	NA	9.1	NA
DSNP	NA	249	NA	1,572	NA	6.3

Telehealth	Unique Utilizers		Visits		Avg. Visits	
	2022	2023*	2022	2023*	2022	2023*
Medi-Cal	26,196	28,319	265,272	262,495	10.1	9.3
LACC	3,156	3,290	39,274	36,961	12.4	11.2
CMC	480	NA	4,310	NA	9.0	NA
DSNP	NA	159	NA	849	NA	5.3

Combined In-Person and Telehealth	Unique Utilizers		Visits		Avg. Visits	
	2022	2023*	2022	2023*	2022	2023*
Medi-Cal	34,787	38,246	371,894	359,824	10.7	9.4
LACC	3,763	3,934	49,762	46,340	13.2	11.8
CMC	957	NA	9,992	NA	10.4	NA
DSNP	NA	373	NA	2,421	NA	6.5

LOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Medi-Cal													
2022	18826	18824	22261	20045	21608	22234	20795	24486	23316	24504	24726	23647	265272
2023	28190	26451	30247	27970	31190	30298	28821	31644	27684				262495
LACC													
2022	2628	2771	3346	3131	3365	3314	3071	3560	3538	3626	3662	3262	39274
2023	3640	3600	4263	3903	4744	4288	4027	4448	4048				36961
CMC													
2022	327	337	385	341	353	347	347	383	364	383	375	368	4310
DSNP													
2023	27	50	72	85	134	137	109	114	121				849
Grand Total 2022	21781	21932	25992	23517	25326	25895	24213	28429	27218	28513	28763	27277	308856
Grand Total 2023	31857	30101	34582	31958	36068	34723	32957	36206	31853				300305

LOB	Jan 2022 - Dec 2022	Jan 2023 - Sept 2023
Medi-Cal	1549	1249
LACC	477	354
CMC	61	NA
DSNP	NA	41
Total	2087	1644

Qualitative Analysis

Expanding telehealth services has provided the opportunity for members to continue accessing care throughout the pandemic and has ensured members have access to care. The data has shown an increase in telehealth utilization and a decrease for in-person utilization as more providers are expanding their services to telehealth after the Covid-19 pandemic. Due to the expansion in telehealth services, this allows members to have access to care, especially for those who live in rural areas where services are limited or for those who have mobility concerns and cannot see 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 2023 Medicaid Adult and Child CAHPS 5.0 Member Survey and 2023 QHP Enrollee Experience Survey. There was no Medicare MAPD CAHPS survey in 2023. 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. This section of the report contains a quantitative analysis, followed by a qualitative analysis, and the selection of the top priorities among opportunities identified for improvement. The tables below compare 2023 scores to 2022 and 2021 scores, as well as benchmarks and goals. The Medi-Cal and L.A. Care Covered rates and goals reflect the report by the Center for the Study of Services (CSS) for 2023, 2022, and 2021. In 2022, L.A. Care made the decision to report out the CSS rates as CMS adjusts the final rates after submission of goal, making goal setting difficult.

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 is comprised of 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, as well as discussions from the Elevating Customer Experience Cross-Functional Team (ECE CFT), Quality Oversight Committee, and Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) Committee.

Survey Fielding Dates			
Survey Year	**Medi-Cal: HP-CAHPS**	**LACC: QHP Enrollee Survey**	**CMC: MAPD CAHPS**
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
2021	2/14/2021 – 5/13/2021	2/26/2021 – 5/15/2021	3/11/2021 – 5/28/2021

SECTION 1: MEDICAID CAHPS RESULTS

METHODOLOGY

This section summarizes findings of the 2023 Medicaid CAHPS 5.0 Child and Adult surveys, reviews rates over three years, and reviews performance relative to the 2023 National Committee for Quality Assurance (NCQA) percentiles published in the Quality Compass.[45] The survey results collected by CSS are reviewed and scores are examined for possible statistically significant changes from 2022 to 2023.

The Child survey samples parents of pediatric members (17.9 years and younger) and the Adult survey samples members 18 years or older, as of the anchor date of December 31, 2022. Those sampled were

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[45] 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.

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 740 completed Child surveys and 652 completed Adult surveys, reflecting response rates of 15.1% and 16.4%, respectively. This reflects a 0.5 and 2.9-percentage point increase in the response rate compared to 2022 for children and adults, respectively. Based on the 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 the following four general overall rating questions designed to distinguish among important 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 2023 scores to scores from 2022 and 2021, as well as to benchmarks and goals.

Medicaid Child Ratings	2021	2022	2023	2023 vs. 2022	Quality Compass Percentile	2023 Goal	Goal Met
Health Plan	87.3%	87.3%	84.5%	-2.8 pp[46]	25th	88%	Not Met
All Health Care	88.5%	84.7%	85.6%	+0.9 pp	25th	86%	Not Met
Personal Doctor	86.6%	87.6%	87.9%	+0.3 pp	10th	89%	Not Met
Specialist Seen Most Often	89.7%	88.9%	87.5%	-1.4 pp	50th	90%	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: Decreased by 2.8 percentage points from the previous year. L.A. Care's score fell below the 50th NCQA Quality Compass Percentile for the first time in three years.
- All Health Care: Increased by 0.9 percentage points from the previous year. This increase took L.A. Care above the 25th percentile, up from below the 10th in the prior year.
- Personal Doctor: Increased by 0.3 percentage points from the previous year, but remained below the 25th percentile, although narrowly.
- Rating of Specialist: Decreased by 1.4 percentage points from the prior year and fell below the 66th percentile, although narrowly.
- None of the four internal goals for the Child ratings were met. Two of the four ratings increased from 2022 to 2023 while two decreased. None of the percentage changes from the prior year were statistically significant. Rating of Personal Doctor was the highest scoring rating, overtaking Rating of Specialist, which was the highest scoring for two years in a row. Rating of Specialist was the highest scoring measure for a second year in a row.

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[46] pp – percentage points

Medicaid Adult Ratings	2021	2022	2023	2023 vs. 2022	Quality Compass Percentile	2023 Goal	Goal Met
Health Plan	72.3%	72.4%	71.1%	-1.3 pp	<10th	73%	Not Met
All Health Care	73.5%	73.9%	71.4%	-2.5 pp	10th	75%	Not Met
Personal Doctor	77.5%	79.2%	82.4%	+3.2 pp	25th	80%	Met
Specialist Seen Most Often	79.2%	82.7%	75.1%	-7.6 pp	<10th	84%	Not Met

Quantitative Analysis - Adult

- <u>Health Plan</u>: Decreased by 1.3 percentage points from the prior year. This rating fell below the 10th NCQA Quality Compass Percentile.
- <u>All Health Care</u>: Decreased by 2.5 percentage points from the prior year. This rating remained below the 25th percentile and above the 10th percentile.
- <u>Personal Doctor</u>: Increased by 3.2 percentage points from the prior year. This rating rose above the 25th percentile.
- <u>Specialist Seen Most Often</u>: Decreased by 7.6 percentage points from the prior year. This rating fell below the 10th percentile. In the prior year, it achieved the 33rd percentile, marking a large decrease in this rating.
- Only one of the four Adult Ratings increased from the previous year, disrupting a two-year trend of increasing scores for the four ratings. Ratings of Personal Doctor improved above the 25th percentile while the other three ratings fell to or below the 10th percentile. The rating of Personal Doctor was also the only rating to meet the internal goal. The rating of Specialist Seen Most Often and Rating of Health Plan performed statistically lower than the 2022 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 2023 scores to scores from 2022 and 2021, as well as to benchmarks and goals.

Medicaid Child Composites	2021	2022	2023	2023 vs. 2022	Quality Compass Percentile	2023 Goal	Goal Met
Getting Needed Care	81.0%	82.3%	79.5%	-2.8 pp	10th	83%	Not Met
Getting Care Quickly	78.9%	80.3%	76.0%	-4.3 pp	<10th	81%	Not Met
How Well Doctors Communicate	89.4%	90.6%	90.0%	-0.6 pp	<10th	-	-
Customer Service	85.7%	86.9%	90.0%	+3.1 pp	66th	-	-
Coordination of Care	80.0%	78.8%	72.7%	-6.1 pp	<10th	80%	Not 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: Decreased by 2.8 percentage points from the prior year. The rate remained below the 25th percentile NCQA National Quality Compass but above the 10th.
- Getting Care Quickly: Decreased by 4.3 percentage points from the prior year. The rate fell back below the 10th percentile after rising above in 2022.
- How Well Doctors Communicate: Increased by 0.6 percentage points from the prior year. The rate remains below the 10th percentile for Quality Compass.
- Customer Service: Increased by 3.1 percentage points from the prior year. The rate met the 66th percentile in 2023, an increase from the 25th percentile in 2022.
- Coordination of Care: Decreased by 6.1 percentage points from the prior year. The rate remains below the 10th percentile for Quality Compass.
- All Child composites, with the exception of Customer Service, decreased from 2022 to 2023. This marks the end of a steady increase in the Medicaid Child Composites. Three of the five measures performed below the 10th percentile for Quality Compass. While none of these rate changes was statistically significant, four of the five composites performed statistically lower than the NCQA Quality Compass National Average. Additionally, L.A. Care did not meet any of the three internal goals.

Medicaid Adult Composites	2021	2022	2023	2023 vs. 2022	Quality Compass Percentile	2023 Goal	Goal Met
Getting Needed Care	74.4%	77.5%	73.0%	-4.5 pp	<10th	79%	Not Met
Getting Care Quickly	72.1%	73.5%	71.5%	-2.0 pp	10th	75%	Not Met
How Well Doctors Communicate	85.8%	88.3%	89.6%	+1.3 pp	10th	-	-
Customer Service	80.6%	84.1%	88.7%	+4.6 pp	33rd	-	-
Coordination of Care	77.3%	78.4%	77.7%	-0.7 pp	<10th	79%	Not Met

- Indicates no goal was set or that no percentiles were available.

Quantitative Analysis - Adult

- Getting Needed Care: Decreased by 4.5 percentage points from the prior year. This composite fell below the 10th NCQA Quality Compass Percentile.
- Getting Care Quickly: Decreased by 2.0 percentage points from the prior year. This composite rose above the 10th percentile for Quality Compass.
- How Well Doctors Communicate: Increased by 1.3 percentage points from the prior year, continuing an increasing trend. This composite rose above the 10th percentile for Quality Compass.
- Customer Service: Increased by 4.6 percentage points from the prior year, continuing an increasing trend. This composite rose above the 33rd percentile after performing below the 10th percentile for Quality Compass.
- Coordination of Care: Decreased by 0.7 percentage points from the prior year. This composite remained below the 10th percentile for Quality Compass.
- Three out of the five composites decreased from the previous year and did not meet the goals set internally. While none of these rate changes is statistically significant, four out of the five composites performed statistically lower than the NCQA Quality Compass National Average. The only composite that did not perform statistically lower was Customer Service. Getting Needed Care fell below the 10th percentile while Getting Care Quickly and How Well Doctors Communicate rose above the 10th. Customer Service increased from below the 10th to above the 33rd percentile.

SECTION 2: L.A. CARE COVERED QHP ENROLLEE SURVEY RESULTS

The 2022 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2021, 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.

Annual analysis is usually based exclusively on the official adjusted results from CMS. However, starting in 2023, scores, rates, and goals will reflect the reports prepared by CSS due to CMS adjusting the rates after submission, making goal setting difficult.

L.A. Care fielded the QHP Survey between February 23, 2023, and May 5, 2023. Responses were solicited via mail, phone, and email when possible. There were a total of 213 responses, which is a response rate of 18.2%. This response rate remained steady compared to last year's rate of 18.7% and is in line with the pre-pandemic response rates.

RATINGS

QHP Rating	2021	2022	2023	2023 vs. 2022	2023 Goal	Goal Met
Health Plan	73.2%	77.8%	77.9%	+0.1 pp	79%	Not Met
Health Care	75.8%	80.8%	80.2%	-0.6 pp	82%	Not Met
Personal Doctor	81.7%	83.4%	84.3%	+0.9 pp	84%	Met
Specialist	82.2%	80.6%	86.5%	+5.9 pp	82%	Met

Quantitative Analysis
- The below rates changed from the prior year (2022):
  - Health Plan Overall: Increased by 0.1 percentage points.
  - Health Care Rating: Decreased by 0.6 percentage points.
  - Personal Doctor: Increased by 0.9 percentage points.
  - Specialist: Increased by 5.9 percentage points
- Three of the four ratings increased from 2022 to 2023 with only Rating of Health Care decreasing. Two of the four ratings met the internal goal while the other two did not. The Rating of Specialist increase was also statistically significant.

COMPOSITES

QHP Composites	2021	2022	2023	2023 vs. 2022	2023 Goal	Goal Met
Getting Care Quickly	59.1%	61.9%	58.9%	-3.0 pp	63%	Not Met
Getting Needed Care	59.2%	62.1%	59.1%	-3.0 pp	63%	Not Met
Access to Information	6.9%	52.0%	49.6%	-2.4 pp	53%	Not Met
Getting Information in a Needed Language/Format	67.0%	68.6%	66.8%	-1.8 pp	-	N/A

QHP Composites	2021	2022	2023	2023 vs. 2022	2023 Goal	Goal Met
How Well Doctors Coordinate Care and Keep Patients Informed	73.6%	75.5%	75.7%	+0.2 pp	77%	Not Met
Plan Administration (Health Plan Customer Service)	65.3%	66.7%	66.4%	-0.3 pp	75%	Not Met
Experience with Cost	80.1%	77.7%	78.4%	+0.7 pp	-	N/A
How Well Doctors Communicate	81.0%	82.4%	83.1%	+0.7 pp	-	N/A

- Indicates no goal was set

Quantitative Analysis
- The below rates changed from the prior year (2022):
  - o Getting Care Quickly: Decreased by 3.0 percentage points.
  - o Getting Needed Care: Decreased by 3.0 percentage points.
  - o Access to Information: Decreased by 2.4 percentage points.
  - o Getting Information in a Needed Language/Format: Decreased by 1.8 percentage points
  - o How Well Doctors Coordinate Care and Keep Patients Informed: Increased by 0.2 percentage points.
  - o Plan Administration (Health Plan Customer Service): Decreased by 0.3 percentage points.
  - o Experience with Costs: Increased by 0.7 percentage points.
  - o How Well Doctors Communicate: Increased by 0.7 percentage points.
- Five of the composites decreased from 2022, while the remaining three increased. Additionally, none of the composites met the internal goal. None of these rate changes was statistically significant.

SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

There was no Medicare Advantage Prescription Drug (MAPD) CAHPS survey fielded in 2023.

SECTION 4: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis
Across the four ratings and five composites, two ratings and one composite increased from 2022 to 2023. The remaining two ratings and four composites decreased. While none of these rate changes was statistically significant, it did disrupt a trend of increasing rates. The following measures fell below their 2021 rates:
- Rating of Health Plan
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly

L.A. Care continues to perform lower in all ratings and composites compared to the 2022 NCQA Quality Compass National Averages except in Customer Service and Rating of Specialist Seen Most Often. This continues a trend for the Specialist composite and is the first year that Customer Service performed higher. None of the ratings performed statistically worse than the NCQA Average while the following composites did perform statistically worse than the NCQA Average: Getting Needed Care, Getting Care Quickly, Coordination of Care, and How Well Doctors Communicate.

For Getting Care Quickly, the score for routine care was 2.5 points lower than the score for urgent care. This gap decrease from the prior year is due to an eight-percentage point decrease in the Ease of Getting Urgent Care. This indicates that L.A. Care is not improving in either measure – only performing worse in Urgent Care. For Getting Needed Care, the score for prompt access to specialty care was 8.0 points lower than the general getting care, tests, or treatment question. This marks an increase in the gap of around 5 percentage points. Despite improvements between 2021 and 2022, all of the sub-measures in Getting Needed Care and Getting Care Quickly fell between 2022 and 2023. These composites and their sub-measures all perform statistically lower than the NCQA Quality Compass National Averages. Access to care continues to be a longstanding area of weakness, requiring immediate attention.

L.A. Care is estimated to perform at two stars for Getting Needed Care and one star for Getting Care Quickly for the 2023 NCQA Health Plan Star Rating. Getting Care Quickly is performing 11 percentage points lower than the NCQA National Average, while Getting Needed Care is 4.7 points lower. Coordination of Care experienced the largest percentage point decrease and is performing 12 points lower than the NCQA National Average. L.A. Care continues to hear reports from practices of difficulties delivering timely and high quality care due to staffing shortages, clinician and healthcare worker burnout, insufficient resources, and increasing regulatory requirements. L.A. Care is investigating approaches to address these concerns among practices including providing funds to support quality improvement projects.

The downward trend in the Medicaid Child survey is also reflected in the Children with Chronic Conditions Measures, which tend to perform higher than the NCQA National Average. All five of the measures for this population fell from 2022 to 2023, and four out of the five performed lower than the NCQA National Average. Of those four, one performed statistically lower than the Average – Getting Needed Information. The Coordination of Care for Children with Chronic Conditions is the only measure to perform above the National Average. Of note, the Coordination of Care for the General Population fell by 6.1 percentage points in 2023.

The Customer Service composite was the only composite to increase for the Medicaid Child survey. This measure increased by 3.1 percentage points, continuing an upward trend for this measure. In reviewing the scores for the questions that roll up to the Customer Service composite, the rate for courtesy and respect was high (94.0%), and the rate for "customer service provided information/help" improved by 5.7 percentage points (86.0%). Historically the "provided information/help" performed much lower than the "courtesy and respect" measure indicating that this improvement is driving the increase in the overall composite. Both questions improved from 2021 to 2022 and performed above the NCQA National Average for the first time. This finding indicates that initiatives in the L.A. Care Customer Solution Center are working.

Adult Medicaid Qualitative Analysis
While all of the composites and ratings increased in 2022 compared to 2021, that trend did not continue into 2023. Three of the four ratings declined from 2022 to 2023, while three of the five composites also declined. All performed lower than the NCQA average, with the exception of the Rating of Personal Doctor. The following ratings and composites performed statistically lower than the NCQA Quality Compass National Average:
- Getting Needed Care
- Getting Care Quickly
- Rating of Specialist Seen Most Often
- Rating of Health Plan
- Coordination of Care
- How Well Doctors Communicate

How Well Doctors Communicate continues to be the highest scoring composite yet is only at the 10th percentile. This reflects the urgent need to focus resources on improving Adult Medicaid CAHPS scores.

Reversing a trend from last year, the "Ease of Getting a Check-up or Routine Care" sub-measure in the Getting Care Quickly composite performed higher than the "Ease of Getting Urgent Care" sub-measure. This is opposite of what we are seeing in the Childs CAHP survey. Ease of Getting Urgent Care fell by 6.1 percentage points while Ease of Getting a Check-up or Routine Care increased by 2.2 percentage points. Both perform statistically worse than the NCQA National Average. This indicates our members experience ongoing issues in accessing care despite the improvement in check-ups and routine care. However, this improvement could indicate that fewer people are seeking routine care in Emergency Rooms and/or Urgent Care.

Another trend from the prior year also reversed. Historically, the Rating of Specialist Seen Most Often performs higher than the Rating of Personal Doctor, however this reversed in 2023. The Rating of Personal Doctor performed 7.3 percentage points higher than Specialist did. Personal Doctor improved by 3.3 percentage points while Specialist decreased by 7.6 points. This marks a change in steady improvements for the Specialist Rating. Despite this change, the Rating of Specialist still performs at the 50th percentile while Rating of Personal Doctor is at the 10th percentile. There were also increases in the How Well Doctors Communicate composite showing improvements in the provider-patient relationship. While members may be viewing their doctor and specialists more favorably, there are still difficulties in accessing care with them as reflected in the Getting Needed Care composite. Both Ease of Getting Needed Care and Ease of Seeing a Specialist decreased from 2022 to 2023, with Ease of Seeing a Specialist experiencing the only statistically significant drop. Both sub-measures are also performing statistically lower than the NCQA National Average. This difficulty in accessing care despite favorable ratings of physicians results in an overall lower perception of care.

A prior study conducted by L.A. Care showed that members who had responded negatively to the Getting Needed Care and Getting Care quickly metrics were from certain geographic areas such as Antelope Valley where there are known access issues due to a limited supply of providers. This has led to efforts to directly contract with providers in underserved regions, as well as with MinuteClinic for urgent care services and Teladoc for telehealth. Therefore, a limited or taxed specialty care network and regions with fewer providers may be among 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 more aware of and utilize services like MinuteClinic and Teladoc.

In a similar trend to the Child Medicaid CAHPS survey, the Customer Service composite also experienced increases from 2022. The overall composite increased by nearly 5 percentage points with "Provided Information/Help" increasing by 6.1 points and staff being Courteous/Respectful improving by 3.3 points. This closed the gap between the two by 3 percentage points. The provided information/help sub-measure also performed above the NCQA Average despite being significantly lower than 2022.

While COVID-19 did not disrupt the deployment of the survey itself, it is possible that the lingering effects of the pandemic influenced scores. The deep strain on care providers and health systems, climate of fear, widespread economic hardships and job loss, along with skyrocketing rates of depression and anxiety during the pandemic could very well have impacted scores. It is expected that COVID-19 will have a negative impact on access to routine care for the coming year(s) as health systems continue to face severe financial, operational, and human resource strains and members try to catch up on missed healthcare.

LACC Qualitative Analysis
Six of the measures in the QHP survey improved from 2022 to 2023, while six decreased. Similar to the Medicaid CAHPS results, ratings of doctors improved along with indications of the doctor-patient

relationship, while measures related to accessing care decreased. Rating of Specialist experienced a statistically significant increase of 5.9 percentage points from 2022, reversing a year-over-year decline. The Customer Service composite fell by one point while Rating of Health Plan only increased by 0.1 percentage points. Despite remaining relatively stagnant from 2022, L.A. Care performed statistically higher than the CSS Vendor Average in Rating of Health Plan.

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. Enrollee Experience increased by two stars due to adjustments in how the star rating is calculated. L.A. Care should continue to prioritize enrollee experience and plan efficiency, affordability and management.

Additional observations from 2023 results include:
- Access to routine care (63.4 %) is more available than to urgent care (54.4 %).
- Customer service wait (61.9%) performed the lowest in the Plan Administration composite, followed by provided information/help (65.2%) and courteous/respectful (77.7%).
- Fewer than half of respondents reported being able to find out the price of a prescription drug or health care service in advance. This is a continued trend from 2022.
- 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 multiple opportunities for improvement, but provider coaching and improving customer service both in the office and at the health plan level seem important. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. L.A. Care will continue to prioritize improving office visits, expanding access to care, and ensuring a smooth payment process for members.

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). QI leads ECE and administers the VIIP programs to improve member experience, while a number of other programs throughout the organization contribute to expand access and quality interactions between members and the plan.

The cross-functional ECE team is the main setting to discuss member, provider and community experience and drives CAHPS-focused interventions. In February 2022, the team was established and focused on learning more about the initiatives taking place throughout the organization and building a work plan to house these efforts for the 2022-2023 fiscal year. The group also continued various efforts led by the Member Experience Work Group: a patient experience training program for provider offices, accountability meetings with low-performing IPAs, and action plans for improvement for IPAs and Plan Partners. The Customer Solution Center also deployed several changes that drive 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) and Safety Net Initiatives (SNI) departments, L.A. Care successfully launched patient experience trainings for provider offices in fall 2020. Trainings mainly occur via webinars, however, in 2022 and 2023, several IPAs and clinics opted to host in-person trainings. The program conducts two series of training webinars open to the public per year, presented by vendor

SullivanLuallin Group (SLG), covering topics such as how to connect with patients dealing with difficult patient situations, handling complaints, and managing for customer service. Trainings are also available for IPAs and clinics to host directly for their staff.

Training series occurred in spring and fall 2023 for clinicians, office staff, IPA/MSOs, and Plan Partners. Twelve trainings took place during these webinar series. In 2022 and 2023, the QI team focused more efforts on clinic/IPA trainings and spent fewer resources on the webinar series. There were 11 trainings for seven IPAs/clinics. Groups included DHS sites, ChapCare, and Valley Community Healthcare. There were over 700 attendees in these webinar trainings in 2023 and over 600 in the unique IPA/clinic trainings. This is a marked increase from attendance in 2022. Each of the trainings received overwhelming positive feedback, with high Net Promoter Scores (NPS). The average NPS of the 2023 trainings was 83, which is considered an "Excellent" rating and four (4) points higher than in 2022.

The QI team conducted an evaluation of the impact of the clinic trainings on the 2022 CAHPS Clinician and Group Survey (CG-CAHPS). The 2022 CG-CAHPS survey assessed the experience for members with a visit date between 10/1/2021 through 9/30/2022. Of the 10 clinics, eight had 2022 CG-CAHPS reports. The QI team analyzed changes in the 2021 to 2022 scores for the following measures: Office Staff; Doctor-Patient Interaction; Overall Rating of Health Care; Overall Rating of Provider – Primary Care. One clinic, White Memorial, did not have 2021 scores to compare with. Of the 28 measures across the seven clinics, 11 experienced improvements, while the remaining 17 experienced decreases. While the majority of measures did decrease, the clinic trainings began in the summer of 2022, perhaps not allowing sufficient time for the trainings to impact on scores. The QI team will repeat this evaluation in 2024 with the 2023 CG-CAHPS reports. These reports will reflect scores that allow the trainings to have more impact. The CAHPS and QHP improvements in rating of provider and customer service could be an indication that the trainings are having a positive impact on survey scores.

The QI team also collaborated with internal departments to launch patient experience trainings for member-facing departments. The Customer Solution Center held four trainings in March on "Managing for Telephone Service Excellence." There were 70 attendees with an average NPS of 79.

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 how to access them are communicated in the training follow-up email.

Accountability meetings with low-performing IPAs
Beginning in August 2019, the QI team began meeting with IPAs that are low performing in CG-CAHPS to discuss their scores, the importance of member experience, and strategies for improvement, in an attempt to hold groups accountable. QI identified 10 PPGs based on their Clinician & Group Survey (CG-CAHPS) scores performance and volume. Groups include Angeles IPA, AltaMed Health Services, Allied Pacific IPA, Community Family Care, DHS, Exceptional Care Medical Group, Global Care IPA, Health Care LA IPA, Preferred IPA of California, Prospect Medical Group, and Superior Choice Medical Group. The original plan was to continue with these PPGs for three years (2020-2022) before reevaluating their performance and selecting a new cohort. In 2022, two new PPGs, AltaMed Health Services and Optum Care Network AppleCare, were added in preparation for the new Medicare Dual Eligible Special Needs Plan (D-SNP) product line, while Regal and Heritage were dropped from the cohort due to membership decreases throughout MY 2022. The newly formed Stars team began meeting with some of the high-volume Medicare PPGs. Meetings included discussion on plan requirements, incentive programs, and what the scorecards would look like. Medi-Cal and Covered California (LACC) performance continued to be a topic of discussion as well as member experience. Early in the year, the meetings were interrupted at times

due to the COVID-19 pandemic. Our largest groups still felt overwhelmed by the pandemic and cancelled several meetings with our teams. With the addition of the new PPGS, the volume of membership as of November 2023 in the cohort covers 84.3% of MCLA membership, 73.9% of the Medi-Cal population, 81.2% of our D-SNP membership, and 75.4% of LACC membership.

During the meetings, L.A. Care reinforced that member experience is a high priority and that improvement is key to success in VIIP+P4P. The IPAs reported varying levels of understanding of CG-CAHPS, but some conduct their own satisfaction surveys and basic provider trainings.

Working with IPAs and Plan Partners through VIIP
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 among the network, the weighting of the member experience domain, as measured by CG-CAHPS scores, was increased to 30% for Medi-Cal VIIP in 2019, with Getting Care Quickly and Getting Needed Care now double-weighted. 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 CMC VIIP Programs. The weighting of the domain is aligned with the Medi-Cal VIIP Program at 30% for both lines of business (LOB). However, 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 of messaging to 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, in order to prepare for 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 offers callers the option 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 with a focus on the soft skills and knowledge base for the CSR. The goal is to improve our member experience and STAR performance.

Other Interventions
Several L.A. Care programs aim to expand access to care. L.A. Care's Elevating the Safety Net (ESN) initiative proactively addresses the access issues discussed above by expanding the supply of primary care providers who express a commitment to practicing in L.A. County's safety net. Since launching in 2018,

the ESN initiative has committed to funding 48 full-tuition medical school scholarships; 172 educational loan repayment awards for primary care physicians; 153 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 6,000 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 seeking 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 summer 2019, L.A. Care members have access to minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This provides easier access for members to have basic needs met when their PCP is unavailable and/or traditional urgent care options are less desirable. Additionally, L.A. Care members have access to telehealth services through Teladoc as of January 2020, which serves as an additional convenient resource for some primary and specialty care services.

In 2016, L.A Care Health Plan addressed the access to care challenges in the Antelope Valley, with the establishment of the "L.A. Care Direct Network". This alternative to the delegated model is a network of directly contracted primary and specialty care physicians to provide healthcare services for Medi-Cal members in the Antelope Valley.

The L.A. Care Direct Network has successfully closed network gaps in the Antelope Valley and 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. Additionally, L.A. Care is developing a virtual specialty care program for Direct Network members in an effort to provide timely access to specialty care.

SECTION 6: OPPORTUNITIES FOR IMPROVEMENT

Based on the above collection of member experience surveys there are multiple opportunities to expand the provider network for both primary care physicians and specialists. L.A. Care has been working on a long-term strategy to address some of the common issues within the lines of business.

Members in all lines of business have two top areas of concern: *Getting Needed Care* and *Getting Care Quickly*. Given that these themes 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 both the Adult and Child Medi-Cal surveys:
1. Improving health plan provider network – (highly-rated personal doctors)
2. Improving member access to care – (having a personal doctor)
3. Improving member access to care (getting an appointment for urgent care as soon as needed)
4. Improving health plan provider network – (highly-rated specialists)
5. Improving the ability of the health plan customer service to provide necessary information or help

Based on the analysis above and building upon the priorities from the previous year, there are several areas of opportunity that L.A. Care can focus on to improve CAHPS and to help reduce appeals and grievances moving forward. These areas are listed below, in no particular order, with the primary Ratings, Composites and/or Grievances/Appeals categories that are addressed and the opportunities available.

PRIORITIES FOR 2024:

Priorities are applicable across 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 post-visit satisfaction survey.
- 2024 plans:
  - Continue to offer patient experience training to the entire network and increase attendance.
  - Pilot shadow coaching to low-performing providers.

PRIORITY 2: *Expand access to care.*
- Addresses: Getting Care Quickly, Getting Needed Care, and Access.
- Opportunities: Make new care options available to members
- 2024 plans:
  - 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.

PRIORITY 3: *Ensure accountability for all network entities, inclusive of Plan Partners, IPAs/PPGs, clinics, and 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.
- 2024 plans:
  - Base incentive payments partially on member survey results.
  - Require that the Plan Partners and low-performing IPAs submit action plans for improvement, and advise them on how to best design interventions.
  - Meet with low-performing IPAs to coach them on improvement and emphasize accountability for performance.

PRIORITY 4: *Improve the member, provider, and community experience when engaging with L.A. Care.*
- Addresses: Customer Service and Attitude and Service.
- Opportunities: Ensure that members' concerns are resolved quickly and that they are treated with respect when contacting/contacted by L.A. Care. Improve providers' experience with L.A. Care and ensure that the community has a positive perception of the organization.
- 2024 plans:
  - Continue implementing technical enhancements in the Call Center through VOICE initiatives, as well as staff training.
  - Develop a real time mechanism for measurement of customer service touchpoints.

- Improve L.A. Care's member and provider data validity scores.
- Improve measures around how often the health plan's customer service treated members with courtesy and respect through implementation of a monthly workgroup meeting with quality monitoring and training teams.

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 Medi-Cal redetermination process on members.
- 2024 plans:
  - 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 launch a Direct Network advisory board.

LOOKING FORWARD
- Continue collaborative meetings to discuss priority areas in the Elevating Customer Experience Cross-Functional Team and in other venues, such as a Quality Intra-team.
- Continue interventions such as action plans, patient experience trainings, and distribution of educational resources.
- Continue emphasis of member experience through the VIIP and Plan Partner Incentive programs.
- Utilize the VOICE program to make improvements to the Call Center.
- Prioritize member experience in product line STARS improvement strategies.

SECTION 7: CG-CAHPS ANALYSIS

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BACKGROUND/SUMMARY

In 2022, L.A. Care Health Plan conducted a survey to assess patient experience with the care delivered by providers serving L.A. Care's Medi-Cal population. The 2022 Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) reflects L.A. Care's commitment to measure performance and identify opportunities for improvement on member experience, as part of its Value Initiative for IPA Performance plus Pay-for-Performance (VIIP+P4P) incentive program and other provider incentive programs.

Adult and child patients were eligible to be sampled for the survey if they had a visit with an enrolled provider in the 12 months from October 1, 2021 to September 30, 2022. Fielding the survey began in January 2022. 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 153,218 total sample members, 37,851 members responded to the survey for an overall response rate of 24.7%. Each sampled provider group that had statistically meaningful numbers of adult and child patient respondents to the survey received

its own set of reports. CG-CAHPS reporting includes a summary report of high-level results and trending, banner tables with drill down cross-tabulations and the full reports showing key driver analyses.

For many measures, CG-CAHPS and Health Plan CAHPS (HP CAHPS) are worded similarly. HP CAHPS samples members, while CG-CAHPS samples patients (members who had visits with doctors). HP CAHPS is powered with sample sizes designed to represent health plans, while CG-CAHPS is powered to represent individual provider groups. VIIP+P4P CG-CAHPS, therefore, has much larger samples than HP CAHPS. The data presented in this section was weighted to extrapolate from the provider group samples to L.A. Care Health Plan's Medi-Cal population at large.

PROJECT GOALS
A variety of stakeholders—physician organizations, purchasers, plans, consumers, and regulatory agencies—are interested in the performance of provider groups, which form the backbone of the care delivery system in California. The 2022 survey asked patients to evaluate the following dimensions of quality:
- o Access to care (primary and specialty, non-urgent and urgent)
- o Interactions between doctors and patients
- o Coordination of care
- o Helpfulness of office staff
- o Recommended counseling on preventive care topics (diet and exercise)
- o Overall ratings of all care and provider

In addition to its primary purpose as an instrument for rating the above measures and utilizing scores for pay-for-performance, CGCAHPS was extended to include supplemental questions that further other continuous quality improvement purposes (CQI):
- o Questions which permit comparing results to L.A. Care's annual Health Plan CAHPS (HP CAHPS) survey.
- o Questions to explore specialist access in more detail.
- o Questions to explore timely access to care in more detail.
- o Questions that measure provider discussions with patients regarding health goals, behavioral health, and pain management.
- o Questions on interpreter access, reflecting that English is not the dominant language preference among L.A. Care Medi-Cal members.
- o Open-ended (verbatim response) questions asking how services and information can be improved.

SURVEY CHANGES FROM PRIOR YEAR
The survey instrument was based on the most current version of the Agency for Healthcare Research and Quality (AHRQ) CG-CAHPS survey – version 3.0, which had been used in the prior year. The 2022 survey instrument introduced new questions related to health equity and removed a few others.

The questions that were removed are:

- Which of the following best describes how you became this provider's patient?
- How likely is it that you would recommend this provider to a family member or friend?
- Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of medicine. In the last 12 months, did you get care in person, by phone, or by video from a specialist for a particular health problem?

The questions that were added are the following:

- In the last 12 months, how often have you been treated unfairly at this provider's office because of your race or ethnicity?
- In the last 12 months, how often were you treated unfairly at this provider's office because you did not speak English very well?
- Using any number from 0-10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, what number would you use to rate how much you trust this provider?

SURVEY PROCESS

The standard survey protocol consisted of two mailed surveys, a reminder postcard, and a phone interview for those who did not respond to the mailed questionnaire. The mailed survey instrument also included a URL directing members to a website inviting them to do the survey online. This invitation was in English with links to the survey website and options to complete the survey in either Spanish, Chinese, Korean, Armenian, Vietnamese, and Farsi. Mail and phone interviews were available in English and Spanish for all patients. Patients who were identified in the plan data as Spanish speaking were sent a cover letter and survey in Spanish, with the option to request an English survey. Patients who were identified as English speaking were sent a cover letter and survey in English, with instructions on the back of the cover letter in Spanish regarding how to complete the survey in Spanish if needed. Patients who were identified as speaking certain other threshold languages (Armenian, Chinese, Korean, Vietnamese, or Farsi) were sent an English survey and cover letter with a translation of the cover letter in their preferred language describing the survey and how to take the survey in their preferred language online.

INTERVENTIONS AND SUMMARY RESULTS

There have been continuous quality improvement interventions throughout the year for member experience. Provider outreach and training consisted of reaching out to individual physicians, clinics and providers groups that aren't performing as well as their peers. Education was provided and communicated through group and individual meetings with staff, as well as the dissemination of 'Best Practices' documents. Staff promoted L.A. Care's extensive webinar training series on member experience as well. With the sampling of physician-level CG-CAHPS, which began in 2019, more interest of solo and small group provider results was garnered. The 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.

Looking at the two most recent CG-CAHPS results, 2021 and 2022, the trending showed plateauing or decreases in performance for most Adult survey measures with some significant decreases in the Child survey. We hypothesize that the cause of this was due to lingering effects from the COVID-19 pandemic, including burden on the health care system and potential staff burnout, etc. Even though most measures decreased from 2021 to 2022, within the Adult survey Supplemental Items, the measures "Discussed goals for health" and "Discussed challenges with taking care of health" had significant improvements as well as the Overall Rating of Healthcare measure. Within the Child surveys, the Child Development and Health Promotion showed measures also showed significant improvement from 2021 to 2022.

When comparing three year trends from 2020 to 2022, almost all of the core composite scores for the child and adult survey results showed similar downward results for the most part. However, in the both of the surveys, the visit started within 15 minutes of appointment question did improve from 2020-2022 rates.

L.A. Care will continue looking to improve member experience through various QI efforts, even during the most difficult times. There are many data-driven interventions being implemented, including working

directly with the provider network and organizations to identify any areas of opportunity and means to create an excellent patient experience.

ADULT SURVEY RESULTS

Composite	2020 Rate	2021 Rate	2022 Rate	Rate Change 2020-2021*	Rate Change 2021-2022*	Rate Change 2020-2022*
Coordination of Care	54.4%	54.2%	53.4%	**-0.2%**	**-0.8%**	**-1.0%**
Doctor Patient Interaction	69.2%	68.9%	68.2%	**-0.3%**	**-0.7%**	**-1.0%**
Getting Needed Care	54.8%	53.4%	54.6%	**-1.4%**	**1.2%**	**-0.2%**
Health Promotion	42.9%	42.4%	42.1%	**-0.5%**	**-0.3%**	**-0.8%**
Office Staff	65.5%	65.0%	64.4%	**-0.5%**	**-0.6%**	**-1.1%**
Overall Rating of All Healthcare	64.7%	63.4%	64.9%	**-1.3%**	**1.5%**	**0.2%**
Overall Rating of Health Plan	65.3%	63.2%	64.0%	**-2.1%**	**0.8%**	**-1.3%**
Overall Rating of Provider	65.9%	64.2%	64.0%	**-1.7%**	**-0.2%**	**-1.9%**
Timely Care and Service	53.1%	50.4%	49.5%	**-2.7%**	**-0.9%**	**-3.6%**
Visit Started w/in 15 min of Appt	29.9%	30.2%	31.3%	**0.3%**	**1.1%**	**1.4%**

*Statistically significant differences at the 95% confidence level are Bolded in **red** or Bolded **green**.

CHILD SURVEY RESULTS

Composite	2020 Rate	2021 Rate	2022 Rate	Rate Change 2020-2021*	Rate Change 2021-2022*	Rate Change 2020-2022*
Child Development	57.3%	58.1%	61.7%	**0.8%**	**3.6%**	**4.4%**
Coordination of Care	63.4%	62.1%	60.7%	**-1.3%**	**-1.4%**	**-2.7%**
Getting Needed Care	58.8%	54.4%	53.5%	**-4.4%**	**-0.9%**	**-3.0%**
Doctor-Patient Interaction	73.0%	72.3%	70.4%	**-0.7%**	**-1.9%**	**-2.6%**
Health Promotion	67.3%	67.2%	69.4%	**-0.1%**	**2.2%**	**2.1%**
Office Staff	67.0%	65.3%	62.6%	**-1.7%**	**-2.7%**	**-4.4%**
Overall Rating of All Healthcare	75.9%	73.7%	74.1%	**-2.2%**	**0.4%**	**-1.8%**
Overall Rating of Health Plan	76.4%	74.9%	75.2%	**-1.5%**	**0.3%**	**-1.2%**
Overall Rating of Provider	72.7%	70.3%	67.5%	**-2.4%**	**-2.8%**	**-5.2%**
Timely Care and Service	61.1%	58.0%	53.9%	**-3.1%**	**-4.1%**	**-7.2%**
Visit Started w/in 15 min of Appt	29.3%	30.6%	29.4%	**1.3%**	**-1.2%**	**0.1%**

*Statistically significant differences at the 95% confidence level are Bolded in **red** or Bolded **green**.

H.1.d MEMBER SERVICES TELEPHONE ACCESSIBILITY

AUTHORS: LILIANA BRAVO & ROBERT MARTINEZ
REVIEWERS: MATTHEW PIRRITANO, PH. D & ALEX LI, MD

BACKGROUND/SUMMARY

In order 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 2021, 2022 and 2023 performance goals.

2023 QI WORK PLAN GOAL

The Customer Solution Call Center is responsible for meeting Key Performance Indicators (KPIs) including Service Level and the Abandonment Rate for each line of business.

MEASURES AND RESULTS

Member Services Telephone Accessibility Compliance Results					
Measure	**2023 Goal**	**2021 Rate**	**2022 Rate**	**2023 Rate**	**2023 Goal Met**
Medi-Cal Call Abandonment Rates	≤ 5%	6.10%	37.88%	38.55%	No
Medi-Cal Percent of Calls Handled within 30 Seconds	80%	74.42%	29.41%	23.35%	No
LACC Call Abandonment Rates	< 3%	6.36%	2.87%	2.65%	Yes
LACC Percent of Calls Handled within 30 Seconds	80%	80.40%	88.17%	87.47%	Yes
CMC Call Abandonment Rates	N/A	4.63%	3.90%	N/A	N/A
CMC Percent of Calls Handled within 30 Seconds	N/A	80.82%	88.43%	N/A	N/A
D-SNP Call Abandonment Rates	≤ 5%	N/A	N/A	2.16%	Yes
D-SNP Percent of Calls Handled within 30 Seconds	80%	N/A	N/A	87.52%	Yes

Quantitative Analysis

The Customer Solution Call Center experienced challenges meeting the Service Level (SL) and Abandonment Rate (ABA) call performance metrics during the FY 22-23 for MCLA. The performance is outlined below:

Goals Met:
- Service Level was met for D-SNP at 87.52%
- Service Level was met for LACC at 87.47%
- Abandonment Rate was met for D-SNP at 2.16%
- Abandonment Rate was met for LACC at 2.65%

Goals Not Met:
- Abandonment Rate was not met for MCLA at 38.55%
- Service Level was not met for MCLA at 23.35%
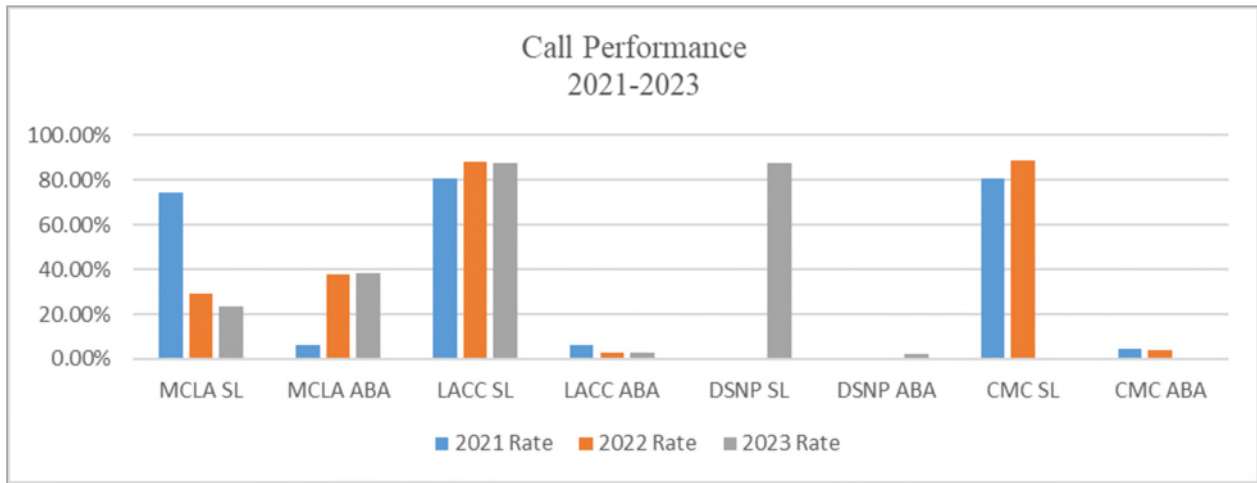
The charts below outline an overview of member services monthly call volume:

LACC
Calls Offered

Month	Calls Offered
Oct-22	18,293
Nov-22	18,052
Dec-22	22,687
Jan-23	33,524
Feb-23	28,445
Mar-23	26,934
Apr-23	22,806
May-23	21,176
Jun-23	20,401
Jul-23	19,457
Aug-23	23,606
Sep-23	22,798

D-SNP
Calls Offered

Month	Calls Offered
Jan-23	10,417
Feb-23	7309
Mar-23	7650
Apr-23	5,788
May-23	6,657
Jun-23	6,312
Jul-23	8,127
Aug-23	8,526
Sep-23	8,411
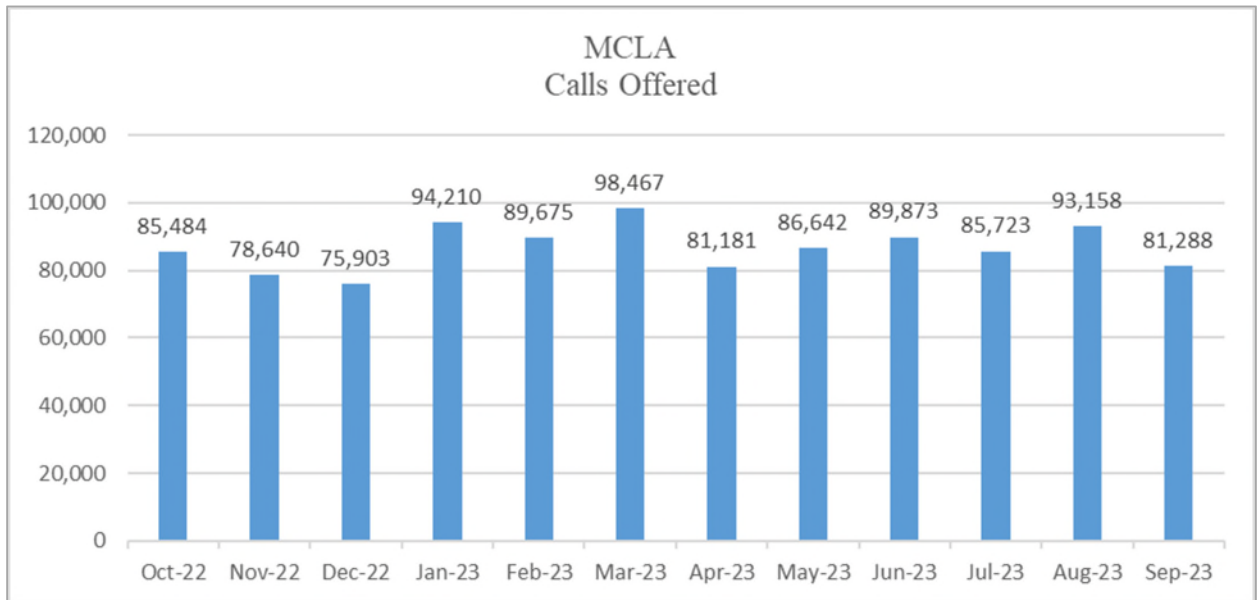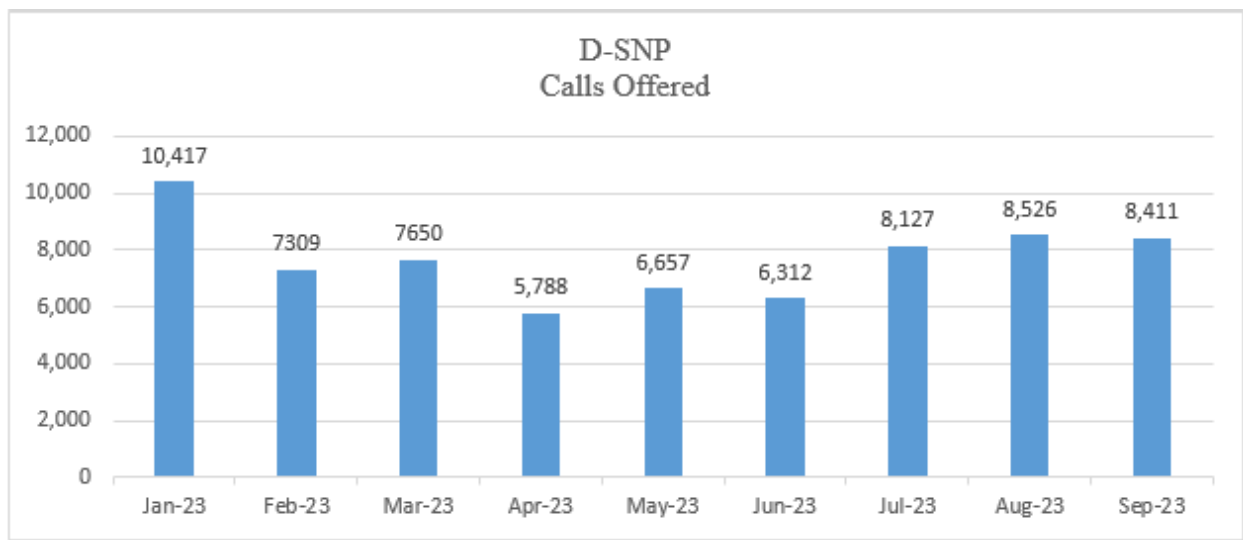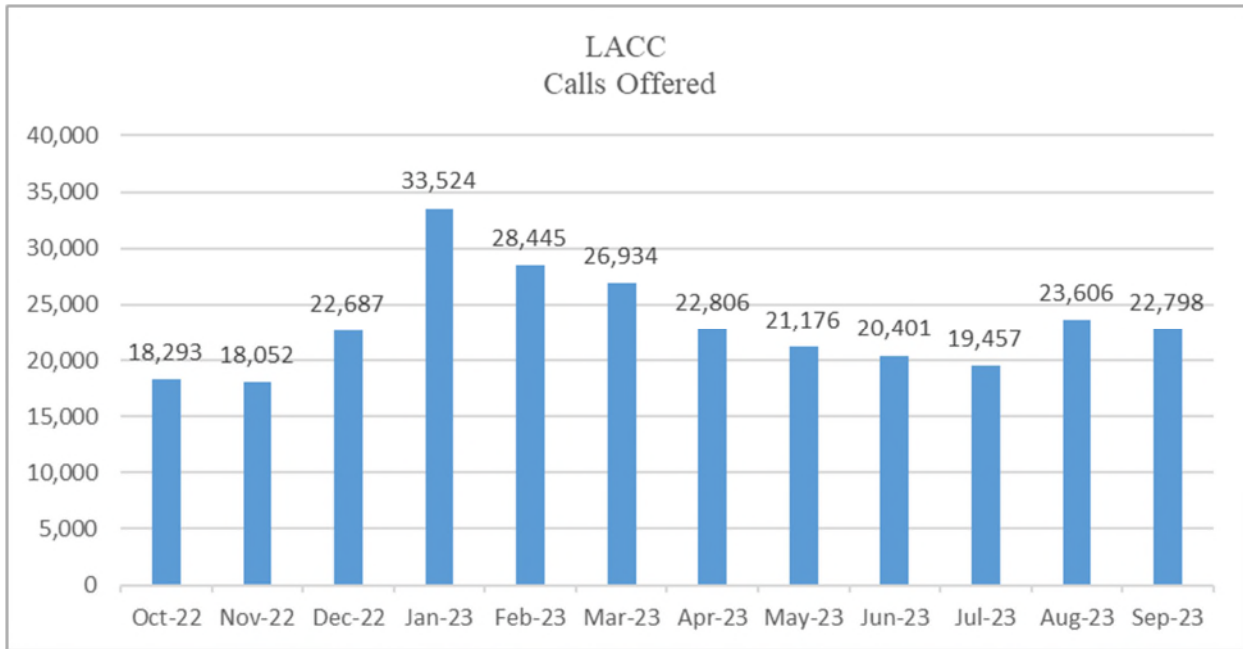
Qualitative Analysis

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
Partial approval of the requested resources was received on April 18, 2022, yielding an additional 74 CSR positions. Despite securing this approval, the call center still faced challenges with the lack of viable

candidates and ongoing attrition. As a result, call center had a high number of open positions throughout the remainder of 2022. The request for the remaining incremental staff required of 40 CSRs was resubmitted to Finance in June 2023. The CSC received another partial approval of the requested resources on September 6, 2023, yielding an additional 38 CSR positions.

MCLA Key Performance Indicators	Barriers/ Opportunity for Improvement	Actions	Effectiveness of Intervention/ Outcome
Service Level and Abandonment Rate	• Resource limitations	• Staffing Analysis was conducted by WFM and presented to the RRB to request 152 CSR positions (incremental staffing).	• Partial approvals provided in 2022 and 2023. • Still pending 40 CSR positions.

LOOKING FORWARD

Mandatory and voluntary overtime continues to be required to meet KPIs, including an all-hands-on-deck-approach (AHOD) to supplement coverage. AHOD is an interim, temporary effort and is inclusive of supplemental support provided from other CSC units to assist with member calls. Additionally, CSC call center leadership continues to look at ways to maximize resource availability with our external call center partner.

The CSC call center management and HR recruiting teams have been conducting mass hiring events that have rendered a successful pool of eligible candidates. Timely backfill of all open positions is an ongoing effort between both teams. The CSC will continue working with our Finance and HR partners to secure approval for the remaining resources, and get them hired and trained as soon as possible. In tandem, we will continue looking at alternative ways to optimize our performance (average handle times, productivity, etc.), enabling us to do more with the available resources.

H.2 ACCESS TO CARE

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REVIEWERS: MATTHEW PIRRITANO, PH. D, ALEX LI, MD, & EDWARD SHEEN, MD

BACKGROUND/SUMMARY

L.A. Care Health Plan monitors its provider network accessibility across all provider networks (Medi-Cal, PASC-SEIU Homecare Workers, Cal MediConnect, L.A. Care Covered and L.A. Care Covered Direct) annually to ensure that all members have adequate access to primary care, specialty care, non-physician mental health care, and ancillary services. The COVID-19 pandemic introduced challenges such as increased stress on care providers, priority changes, and communication channel disruptions, which could have affected survey response rates for the measurement year (MY) 2022. The potential adverse effects on response rates may be attributed to the pandemic's unique circumstances. L.A. Care contracted with the vendor Center for the Study of Services (CSS) to conduct a Provider Appointment Availability Survey as prescribed by the Department of Managed Health Care (DMHC), and the Provider After-Hours Access Survey. L.A. Care uses the results of these surveys to assess network compliance with provider appointment availability and after-hours access standards. L.A. Care also identifies opportunities for improvement by developing and prioritizing interventions to ensure network into compliance.

OBJECTIVES

- Measure appointment availability and after-hours accessibility of L.A. Care's Medi-Cal, PASC-SEIU, Cal MediConnect (CMC), 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 improvement interventions

TABLE OF CONTENTS

Section 1: Provider Appointment Availability Survey
Section 2: CAHPS & CG-CAHPS Survey Results for Access to Care
Section 3: Complaints for Access to Care
Section 4: Provider (PCP only) After-Hours Survey
Section 5: Conclusion and Plan of Action

SECTION 1: PROVIDER APPOINTMENT AVAILABILITY SURVEY

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY 2022 Provider Appointment Availability Survey (PAAS) as prescribed by the MY 2019[47] DMHC PAAS Methodology. L.A. Care provided CSS with a provider database. Before fielding began, L.A. Care sent out a postcard to Participating Provider Groups (PPGs) to inform them about the upcoming survey and emphasize the importance of participation. The vendor conducted a telephonic survey using L.A. Care's approved survey tools for PCPs, SCPs, Non-Physician Mental Health providers, Psychiatrists, and Ancillary providers. L.A. Care added non-DMHC required questions related to various availability and access standards. In addition

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[47] 2019 DMHC Methodology is the most current DMHC Methodology available.

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, Cal MediConnect, L.A. Care Covered, and L.A. Care Covered Direct networks. The vendor attempted to reach all providers in the survey database and made up to three (3) call attempts. Providers that refused to participate, did not answer the phone during normal business hours, or did not respond to the survey within 48 hours were excluded from the compliance calculations. Ineligible providers were also excluded from compliance calculations. Ineligible providers were identified as not participating in the network or having incorrect or non-working contact information (phone/fax number, email) as defined by the DMHC MY 2019 PAAS Methodology.. Eligible providers were identified by the survey vendor as actively in the L.A. Care network and able to participate in the survey.

Appointment types measured in MY 2022 included the following:
- Urgent Appointments
- Non-urgent or Routine Appointments
- Preventive Services
- Initial prenatal appointment
- In Office Waiting Room Time
- Normal Business Hours Call Back for Immediate Care
- Process for Rescheduling Missed Appointments
- Call Back for Rescheduling Missed Appointments
- Mental Health Follow-Up Appointments

RESPONSE RATES

Tables 1a through 1b, display unique provider sample sizes by name of network and provider type. The original sample size was populated with providers that were in the L.A. Care network when the provider database was created. The response rate calculates the percentage of providers that responded to the survey out of the sum total of providers that responded, refused, and did not respond after maximum call attempts.

Table 1a: Appointment Availability Provider Response Rate (Mental Health)^				
	Provider Type	Original Sample Size	Eligible Provider Sample Size	Response Rate
MCLA	Non-MD Mental Health & Psychiatry	5,051	3,499	22%
PASC-SEIU	Non-MD Mental Health & Psychiatry	3,118	2,174	25%
Cal MediConnect	Non-MD Mental Health & Psychiatry	2,170	1,513	24%
L.A. Care Covered	Non-MD Mental Health & Psychiatry	3,134	2,186	25%
L.A. Care Covered Direct	Non-MD Mental Health & Psychiatry	2,353	1,701	26%

^Mental health providers in the plan partner networks are not included in the MY 2022 survey.

Table 1b: Appointment Availability Provider Response Rate (Ancillary)^				
	Provider Type	Original Sample Size	Eligible Provider Sample Size	Response Rate
MCLA	Physical Therapy & Mammogram	186	135	48.9%
PASC-SEIU	Physical Therapy & Mammogram	100	68	47.1%

Table 1b: Appointment Availability Provider Response Rate (Ancillary)^	Provider Type	Original Sample Size	Eligible Provider Sample Size	Response Rate
Cal MediConnect	Physical Therapy & Mammogram	591	446	48.2%
L.A. Care Covered	Physical Therapy & Mammogram	595	447	48.1%
L.A. Care Covered Direct	Physical Therapy & Mammogram	181	131	48.9%

RESULTS

The tables below display aggregate results by the Medi-Cal, PASC-SEIU, Cal MediConnect, L.A. Care Covered, and L.A. Care Covered Direct networks. Ineligible providers were excluded from compliance calculations. Providers that did not respond to the survey (did not answer the phone call during normal business hours) or refused to participate were recorded as non-responders and excluded from compliance calculations.

Primary Care results are displayed by composite (all surveyed PCP types). Specialty results are displayed by Composite (all surveyed specialties excluding mental health), DMHC required, High Impact, High Volume, and Mental Health categories. All results are compiled into a Specialty Compliance Summary for full specialty breakdowns for DMHC required high volume and high impact specialty types and available through the Quality Improvement Department.

COMPLIANCE SUMMARIES: MEDI-CAL, MCLA, CMC, PASC, LACC, LACCD AGGREGATE

Table 2a: PCP and SCP Composite (All LOBs)		2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	
		MC[48]		MCLA		CMC		PASC		LACC		LACCD		Goal
Urgent Appointment	PCP	73%	81%	72%	79%	72%	79%	55%	58%	74%	79%	63%	79%	84%
	SCP	56%	67%	54%	67%	58	63%	69%	81%	56%	65%	56%	65%	80%
		MC		MCLA		CMC		PASC		LACC		LACCD		Goal
Routine Appointment	PCP	89%	92%	88%	91%	89%	92%	77%	79%	90%	92%	100%	92%	94%
	SCP	70%	77%	70%	78%	71%	75%	89%	90%	71%	76%	71%	76%	80%

Table 2a Source(s): *2022 AA Final Reports*, 2021 AA Final Reports

COMPLIANCE SUMMARIES[49]: MEDI-CAL DIRECT (MCLA), ANTHEM BLUE CROSS (BCSC) AND BLUE SHIELD PROMISE (BSPHP)

The tables below display measurement year (MY) 2022 compliance rates by Medi-Cal direct (MCLA), Anthem Blue Cross (BCSC) and Blue Shield Promise (BSPHP)

Table 3a: Aggregate PCP & SCP (Composite), Plan Partners		2022	2021	2020	2022	2021	2020	2022	2021	2020	
		MCLA			BCSC			BSPHP			Goal
Urgent Appointment	PCP	72%	79%	85%	77%	81%	82%	75%	87%	82%	84%
	SCP	54%	67%	78%	61%	70%	73%	55%	64%	72%	80%

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[48] MC Line of business includes L.A. Care Medi-Cal, Anthem Blue Cross and Blue Shield Promise.

[49] Compliance summaries do not include Kaiser. Due to Kaiser's scheduling process, LA. Care does not survey Kaiser network.

		MCLA			BCSC			BSPHP			Goal
Routine	PCP	88%	91%	94%	91%	92%	93%	89%	94%	92%	94%
Appointment	SCP	70%	78%	86%	70%	75%	88%	65%	74%	86%	80%

Table 3 Source(s): 2022 AA Final Reports - Aggregate & PP, 2021 AA Final Reports - Aggregate & PP

OTHER APPOINTMENT TYPES- COMPLIANCE SUMMARIES: MEDI-CAL, MCLA, CMC, PASC, LACC, LACCD AGGREGATE

Table 2a: PCP and SCP Composite (All LOBs)		2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	
		MC[50]		MCLA		CMC		PASC		LACC		LACCD		Goal
Urgent Appointment	PCP	73%	81%	72%	79%	72%	79%	55%	58%	74%	79%	63%	79%	84%
	SCP	56%	67%	54%	67%	58	63%	69%	81%	56%	65%	56%	65%	80%
Routine Appointment	PCP	89%	92%	88%	91%	89%	92%	77%	79%	90%	92%	100%	92%	94%
	SCP	70%	77%	70%	78%	71%	75%	89%	90%	71%	76%	71%	76%	80%
		MC		MCLA		CMC		PASC		LACC		LACCD		Goal
Preventive Services (Adult)	PCP	98%	97%	98	97%	98%	97%	100%	100%	97%	97%	N/R	97%	98%
	SCP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
		MC		MCLA		CMC		PASC		LACC		LACCD		Goal
Preventive Services (Pediatric)	PCP	91%	93%	91%	93%	91%	93%	88%	98%	91%	92%	N/R	92%	94%
	SCP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
		MC		MCLA		CMC		PASC		LACC		LACCD		Goal
Initial Prenatal Visit	PCP	97%	98%	96%	98%	95%	98%	100%	100%	96%	98%	98%	98%	98%
	SCP	84%	93%	84%	93%	NR	100%	96%	90%	85%	92%	85%	92%	96%
		MC		MCLA		CMC		PASC		LACC		LACCD		Goal
In-Office Waiting Room Time	PCP	99%	97%	99%	98%	98%	97%	100%	100%	99%	97%	100%	97%	98%
	SCP	96%	95%	95%	95%	97%	95%	97%	99%	96%	95%	96%	95%	97%
		MC		MCLA		CMC		PASC		LACC		LACCD		Goal
Normal Business Hours Call Back	PCP	70%	69%	73%	69%	68%	66%	98%	97%	66%	66%	38%	66%	80%
	SCP	51%	56%	50%	59%	49%	58%	71%	88%	51%	53%	51%	53%	80%
		MC		MCLA		CMC		PASC		LACC		LACCD		Goal
Process for Rescheduling Missed or Cancelled Appointments	PCP	96%	95%	100%	99%	99%	99%	100%	100%	99%	99%	100%	99%	99%
	SCP	98%	98%	97%	98%	98%	98%	100%	99%	97%	98%	97%	98%	99%
		MC		MCLA		CMC		PASC		LACC		LACCD		Goal
Call-Back time to Reschedule Appointments	PCP	99%	99%	96%	95%	95%	94%	100%	97%	95%	94%	100%	94%	96%
	SCP	92%	88%	93%	91%	92%	89%	93%	96%	92%	91%	92%	91%	91%

Table 2a Source(s): 2022 AA Final Reports, 2021 AA Final Reports

[50] MC Line of business includes L.A. Care Medi-Cal, Anthem Blue Cross and Blue Shield Promise.

OTHER APPOINTMENT TYPES- COMPLIANCE SUMMARIES[51]: MEDI-CAL DIRECT (MCLA), ANTHEM BLUE CROSS (BCSC) AND BLUE SHIELD PROMISE (BSPHP)

The tables below display measurement year (MY) 2022 compliance rates by Medi-Cal direct (MCLA), Anthem Blue Cross (BCSC) and Blue Shield Promise (BSPHP).

Table 3: Aggregate PCP & SCP (Composite), Plan Partners		2022	2021	2020	2022	2021	2020	2022	2021	2020	Goal
		MCLA			BCSC			BSPHP			Goal
Urgent Appointment	PCP	72%	79%	85%	77%	81%	82%	75%	87%	82%	84%
	SCP	54%	67%	78%	61%	70%	73%	55%	64%	72%	80%
		MCLA			BCSC			BSPHP			Goal
Routine Appointment	PCP	88%	91%	94%	91%	92%	93%	89%	94%	92%	94%
	SCP	70%	78%	86%	70%	75%	88%	65%	74%	86%	80%
		MCLA			BCSC			BSPHP			Goal
Preventive Services (Adult)	PCP	98%	97%	97%	98%	97%	97%	98%	98%	96%	98%
	SCP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Preventive Services (Pediatric)	PCP	91%	93%	96%	93%	93%	96%	91%	94%	93%	94%
	SCP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		MCLA			BCSC			BSPHP			Goal
Initial Prenatal Visit	PCP	96%	98%	97%	97%	98%	97%	96%	97%	96%	98%
	SCP	84%	93%	90%	N/R	N/R	N/R	N/R	N/R	N/R	96%
		MCLA			BCSC			BSPHP			Goal
In-Office Waiting Room Time	PCP	99%	98%	98%	98%	97%	98%	98%	97%	97%	98%
	SCP	95%	95%	96%	96%	96%	97%	96%	95%	94%	97%
		MCLA			BCSC			BSPHP			Goal
Normal Business Hours Call Back	PCP	73%	69%	73%	70%	97%	98%	69%	69%	72%	80%
	SCP	50%	59%	66%	55%	48%	53%	48%	53%	58%	80%
		MCLA			BCSC			BSPHP			Goal
Process for Rescheduling Missed or Cancelled Appointments	PCP	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	SCP	97%	98%	99%	98%	98%	97%	98%	98%	98%	99%
		MCLA			BCSC			BSPHP			Goal
Call-Back time to Reschedule Appointments	PCP	96%	95%	95%	96%	94%	95%	95%	95%	94%	96%
	SCP	93%	91%	93%	90%	84%	93%	85%	77%	91%	91%

Table 3 Source(s): 2022 AA Final Reports - Aggregate & PP, 2021 AA Final Reports - Aggregate & PP

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[51] Compliance summaries do not include Kaiser. Due to Kaiser's scheduling process, LA. Care does not survey Kaiser network.

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 4 includes all PPGs surveyed in the 2022 PAAS across all lines of business.

Table 4: PPG Aggregate Compliance				
PPG Name	2022 PCP Urgent Goal: 84%	2022 PCP Routine Goal: 94%	2022 SCP Urgent Goal: 80%	2022 SCP Routine Goal: 80%
Access IPA	64%	97%	67%	100%
Accountable Health Care IPA	81%	92%	69%	78%
Advantage Health Network IPA	82%	100%	67%	70%
All Care Medical Group	67%	100%	50%	50%
Allied Pacific IPA	76%	93%	62%	86%
Alpha Care Medical Group	84%	87%	48%	57%
Altamed Health Services	61%	72%	66%	74%
Angeles IPA	81%	93%	55%	81%
Applecare Medical Group	N/R	N/R	57%	57%
Carelon Behavioral Health	73%	86%	N/A	N/A
Bella Vista IPA	67%	88%	62%	67%
Cal Care IPA	N/A	N/A	N/R	N/R
Children's Hospital Medical Group	N/A	N/A	8%	20%
Citrus Valley Physicians Group	72%	94%	67%	79%
Community Family Care	76%	92%	49%	79%
El Proyecto Del Barrio	83%	83%	65%	80%
Exceptional Care Medical Group	76%	88%	55%	76%
Family Care Specialists Medical Group	56%	56%	19%	50%
Global Care IPA	71%	86%	66%	74%
Health Care LA IPA	64%	80%	59%	73%
High Desert	67%	100%	55%	64%
Imperial Health Holdings Medical Group	72%	91%	53%	69%
Karing Physicians Medical Group	78%	94%	0%	100%
L.A. Care Direct	74%	96%	57%	76%
Lakeside Medical Group	73%	93%	63%	77%
Los Angeles County Department of Health Services (DHS)	54%	76%	78%	91%
Memorial Children's Specialty Medical Group	N/A	N/A	27%	27%
MemorialCare Select Health Plan	75%	89%	61%	66%
Mission Community IPA	75%	100%	100%	100%
Noble Community Medical Associates	91%	96%	67%	78%
Omnicare Medical Group	81%	94%	0%	100%
Pomona Valley Medical Group	68%	86%	59%	71%
Preferred IPA of California	77%	94%	58%	68%

Table 4: PPG Aggregate Compliance	2022 PCP Urgent Goal: 84%	2022 PCP Routine Goal: 94%	2022 SCP Urgent Goal: 80%	2022 SCP Routine Goal: 80%
PPG Name				
Prospect Medical Group	76%	93%	54%	76%
Regal Medical Group	76%	93%	65%	74%
Regent Medical Group	94%	94%	67%	56%
San Judas Medical Group	100%	100%	67%	67%
Sierra Medical Group	50%	50%	57%	86%
So CA Children Healthcare Network	73%	81%	67%	100%
South Atlantic Medical Group	68%	88%	65%	82%
Southland Advantage Medical Group	85%	96%	67%	67%
St. Vincent IPA	72%	93%	71%	86%
Superior Choice Medical Group	76%	88%	42%	83%

Table 5: Ancillary Results	2022	2021	2020	Goal
MC				
Mammogram	77%	82%	85%	97%
Physical Therapy	90%	93%	95%	100%
CMC				
Mammogram	73%	86%	88%	97%
Physical Therapy	93%	100%	93%	100%
LACC				
Mammogram	73%	84%	86%	97%
Physical Therapy	92%	91%	94%	100%
LACCD				
Mammogram	84%	84%	86%	97%
Physical Therapy	89%	91%	NR	100%
PASC				
Mammogram	81%	84%	0%	97%
Physical Therapy	94%	92%	NR	100%

Table 5 Source(s): 2022 AA Final Reports - Ancillary, 2021 AA Final Reports - Ancillary

Quantitative Analysis

All results for high impact and high volume specialty types are compiled and available through the Quality Improvement Department.

Medi-Cal (MC)

An analysis of the Medi-Cal appointment availability survey results revealed the following:
- **PCP Rates**: From 2021 to 2022:
  - Urgent Appointments did not meet the goal and decreased by 8%
  - Routine Appointments did not meet the goal and decreased by 3%
  - Preventive Services-Adult met the goal and improved by 1%
  - Preventive Services-Pediatrics did not meet the goal and decreased by 2%
  - Initial Prenatal Visits did not meet the goal and decreased 1%
  - In-Office Waiting Room Times met the goal and improved by 2%

- o Normal Business Hours Call Back did not meet the goal and improved by 1%
  - o Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and improved by 1%
  - o Process for Call-Back Time to Reschedule Missed Appointments met the goal and rates remained the same at 99%
- **SCP Rates**: From 2021 to 2022:
  - o Urgent Appointments did not meet the goal and decreased by 11%
    Routine Appointments did not meet the goal and decreased by 7%
  - o Initial Prenatal Visits did not meet the goal and decreased 9%
  - o In-Office Waiting Room Times did not meet the goal and improved by 1%
  - o Normal Business Hours Call Back did not meet the goal and decreased by 5%
  - o Process for Rescheduling Missed or Cancelled (no-show) Appointments did not meet the goal and rates remained the same at 98%
  - o Process for Call-Back Time to Reschedule Missed Appointments met the goal and improved by 4%.
- **Endocrinology** is the specialty type that displayed the most significant decrease in compliance with urgent appointments (-40%) and routine appointments (-36%). The Endocrinology Urgent Appointment Compliance rate of 40% was well below the L.A. Care goal of 80%. The Routine Appointment compliance rate of 36% also performed poorly against the L.A. Care goal of 80%.

High Impact Specialties:
- 2/9 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goal for Urgent Appointment (Goal: 80%): Ophthalmology and Podiatry.
- 3/9 DMHC required, high-impact, or volume specialty types met L.A. Care goals for Routine Appointments (Goal: 80%): Oncology, Ophthalmology, and Podiatry.
- 5/9 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 97%): Dermatology, Gastroenterology, Endocrinology, Ophthalmology, and Oncology.
- 1/9 DMHC required, high-impact, or high-volume specialty types did not meet the L.A. Care goals for Normal Business Hours Call Back (Goal: 80%): Ophthalmology.
- 7/9 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Call-Back Time to Reschedule Missed Appointments (Goal: 91%): Dermatology, Gastroenterology, Neurology, OB/GYN, Oncology, Ophthalmology, and Podiatry.
- 4/9 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Reschedule Cancelled or Missed (no-show) Appointments (Goal: 99%): Cardiology, OB/GYN, Oncology, and Ophthalmology.
- There were slight decreases in the PCPs compliance rates for Urgent and Routine Appointment availability measures (-8% and -3% respectively) from 2021 to 2022. Three of the nine appointment availability measures met goal. For MY 2022, L.A. Care surveyed nine different specialty types for Medi-Cal since they are either DMHC required specialties or L.A. Care high-volume or high-impact specialties. The DMHC required specialties are comprised of Cardiology, Dermatology, Endocrinology, Gastroenterology, Neurology, OB/GYN, Oncology, Ophthalmology, and Podiatry. One of the high-volume or high-impact specialties – Ophthalmology - met goal for 6 out of 6 appointment availability measures. The specialties with the lowest compliance rates, meeting one goal out of the six appointment availability measures, were Cardiology, Endocrinology, and Neurology.

L.A. Care Medi-Cal Direct (MCLA)
Analysis of the L.A. Care Medi-Cal Direct appointment survey results revealed the following:
- **PCP Rates:** From 2021 to 2022:
    - Urgent Appointments did not meet goal and decreased by 7%
    - Routine Appointments did not meet the goal and decreased by 3%
    - Preventive Services-Adult met the goal and improved by 1%
    - Preventive Services-Pediatrics did not meet the goal and decreased by 2%
    - Initial Prenatal Visits did not meet the goal and decreased by 2%
    - In-Office Waiting Room Times met the goal and improved by 1%
    - Normal Business Hours Call Back did not meet the goal and improved by 4%
    - Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and improved by 1%
    - Process for Call-Back Time to Reschedule Missed Appointments met the goal and improved by 1%
- **SCP Rates**: From 2021 to 2022:
    - Urgent Appointments did not meet the goal and decreased by 13%
    - Routine Appointments did not meet the goal and decreased by 8%
    - Initial Prenatal Visits did not meet the goal and decreased by 9%
    - In-Office Waiting Room Times did not meet the goal and rates remained the same at 95%
    - Normal Business Hours Call Backs did not meet the goal and decreased by 9%
    - Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and improved by 2%
    - Process for Call-Back Time to Reschedule Missed Appointments did not meet the goal and decreased by 1%

Cal MediConnect (CMC)
An analysis of the Cal MediConnect appointment survey results revealed the following:
- **PCP Rates :** From 2021 to 2022:
    - Urgent Appointments did not meet the goal and decreased by 7%
    - Routine Appointments did not meet the goal and decreased by 3%
    - Preventive Services-Adult met the goal and improved by 1%
    - Preventive Services-Pediatrics did not meet the goal and decreased by 2%
    - Initial Prenatal Visits did not meet the goal and decreased by 3%
    - In-Office Waiting Room Times met the goal and improved by 1%
    - Normal Business Hours Call Back did not meet the goal and increased 2%
    - Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and rates remained the same at 99%
    - Process for Call-Back Time to Reschedule Missed Appointments did not meet the goal and improved by 1%
- **SCP Rates**: From 2021 to 2022:
    - Urgent Appointments did not meet the goal and decreased by 5%
    - Routine Appointments did not meet the goal and decreased by 4%
    - Initial Prenatal Visits did not respond to the survey
    - In-Office Waiting Room Times met the goal and improved by 2%
    - Normal Business Hours Call Back did not meet the goal and decreased by 9%
    - Process for Rescheduling Missed or Cancelled (no-show) Appointments did not meet the goal and rates remained the same at 98%
    - Process for Call-Back Time to Reschedule Missed Appointments met the goal and improved by 3%

High Impact Specialties:
- 0/10 DMHC required, high-impact, or high-volume specialty types met the L.A. Care goals for Urgent Appointments (Goal: 80%).
- 4/10 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for Routine Appointments (Goal: 80%): Nephrology, Oncology, Ophthalmology, and Podiatry.
- 6/10 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 97%): Endocrinology, Nephrology, OB/GYN, Oncology, Ophthalmology, and Podiatry.
- 2/10 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for Normal Business Hours Call Back (Goal: 80%): OB/GYN and Ophthalmology.
- 6/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Call-Back Time to Reschedule Missed Appointments (Goal: 91%): Gastroenterology, Nephrology, OB/GYN, Oncology, Ophthalmology, and Podiatry.
- 6/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Reschedule Cancelled or Missed (no-show) Appointments (Goal: 99%): Nephrology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology.
- Overall, PCPs remained relatively stable in compliance with appointment availability measures but there was a decrease in Urgent Appointment rates (-7%). Three of the nine appointment availability measures met goal. For MY 2022, L.A. Care surveyed 10 different specialty types for Cal MediConnect since they are either DMHC required specialties or L.A. Care high-volume or high-impact specialties. The DMHC required specialties are comprised of Cardiology, Endocrinology, Gastroenterology, Nephrology, Neurology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology. Four of the high-volume or high-impact specialties—Nephrology, OB/GYN, Ophthalmology, and Podiatry, —met goal for 4 out of 6 appointment availability measures. The specialties with the lowest compliance rates, not meeting any goals, were Cardiology and Neurology.

PASC-SEIU
An analysis of the PASC-SEIU appointment survey results revealed the following:
- **PCP Rates:** From 2021 to 2022:
  - Urgent Appointments did not meet the goal and decreased by 3%
  - Routine Appointments did not meet the goal and decreased by 2%
  - Preventive Services-Adult met the goal and rates remained the same at 100%
  - Preventive Services-Pediatrics did not meet the goal and decreased by 10%
  - Initial Prenatal Visits met the goal and rates remained the same at 100%
  - In-Office Waiting Room Times met the goal and rates remained the same at 100%
  - Normal Business Hours Call Back did not meet the goal and improved by 1%
  - Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and rates remained the same at 100%
  - Process for Call-Back Time to Reschedule Missed Appointments met the goal and improved by 3%
- **SCP Rates:** From 2021 to 2022:
  - Urgent Appointments did not meet the goal and decreased by 12%
  - Routine Appointments met the goal and decreased by 1%
  - Initial Prenatal Visits met the goal and improved by 6%
  - In-Office Waiting Room Times met the goal and decreased by 2%
  - Normal Business Hours Call Back did not meet the goal and decreased by 17%
  - Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and improved by 1%

- o Process for Call-Back Time to Reschedule Missed Appointments met the goal and decreased by 3%
- There were slight decreases in the PCPS compliance rates for Urgent and Routine appointment availability measures (-3% and -2%, respectively) from 2021 to 2022. Five of the nine appointment availability measures met the goal.

L.A. Care Covered

An analysis of the L.A. Care Covered appointment survey results revealed the following:
- **PCP Rates :** From 2021 to 2022:
  - o Urgent Appointments did not meet the goal and decreased by 5%
  - o Routine Appointments did not meet the goal and decreased by 2%
  - o Preventive Services-Adult did not meet the goal and rates remained the same at 97%
  - o Preventive Services-Pediatrics did not meet goal and decreased 1%
  - o Initial Prenatal Visits did not meet the goal and decreased by 2%
  - o In-Office Waiting Room Times met the goal and improved by 2%
  - o Normal Business Hours Call Back did not meet the goal and rates remained the same at 66%
  - o Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and rates remained the same at 99%
  - o Process for Call-Back Time to Reschedule Missed Appointments did not meet the goal and improved by 1%
- **SCP Rates:** From 2021 to 2022:
  - o Urgent Appointments did not meet the goal and decreased by 9%
  - o Routine Appointments did not meet the goal and decreased by 5%
  - o Initial Prenatal Visits did not meet the goal and decreased 7%
  - o In-Office Waiting Room Times met the goal and improved by 1%
  - o Normal Business Hours Call Back did not meet the goal and decreased by 2%
  - o Process for Rescheduling Missed or Cancelled (no-show) Appointments did not meet the goal and decreased by 1%
  - o Process for Call-Back Time to Reschedule Missed Appointments met the goal and improved by 1%

High Impact Specialties:

- 0/10 DMHC required, high-impact, or high-volume specialty types did not meet the L.A. Care goals for Urgent Appointments (Goal: 80%).
- 3/10 DMHC required, high-impact, or volume specialty types met L.A. Care goals for Routine (Goal: 80%): Oncology, Ophthalmology, and Podiatry.
- 6/10 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 97%): Dermatology, Endocrinology, Gastroenterology, Oncology, Ophthalmology, and Podiatry.
- 1/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Normal Business Hours Call-Back (Goal: 80%): Ophthalmology.
- 5/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 91%): Dermatology, OB/GYN, Oncology, Ophthalmology, and Podiatry.
- 5/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Call-Back Time for Rescheduling Missed or Cancelled Appointments (Goal: 99%): Neurology, OB/GYN, Oncology, Ophthalmology, and Rheumatology.
- PCPs for LACC had a minimal variance from MY 2021 to MY 2022. Two of the Ten appointment availability measures met the goal. Urgent and routine appointments from MY 2021

to MY 2022 (-5 % and -2 %, respectively). For MY 2022, L.A. Care surveyed 10 different specialty types for LACC since they are either DMHC-required specialties or L.A. Care high-volume or high-impact specialties. The DMHC required specialties are Cardiology, Dermatology, Endocrinology, Gastroenterology, Neurology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology. One of the high-volume or high-impact specialties—Ophthalmology—met the goal for 5 out of 6 appointment availability measures. Cardiology was the specialty with the lowest compliance rates, not meeting any goals.

L.A. Care Covered Direct
An analysis of the L.A. Care Covered Direct appointment survey results revealed the following:
- **PCP Rates**: From 2021 to 2022:
  - Urgent Appointments did not meet the goal and decreased by 16%
  - Routine Appointments met the goal and improved by 8%
  - Preventive Services-Adult and Pediatrics providers did not respond to the survey
  - Initial Prenatal Visits met the goal and rates remained the same at 98%
  - In-Office Waiting Room Times met the goal and improved by 3%
  - Normal Business Hours Call Back did not meet the goal and decreased by 28%
  - Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and improved by 1%
  - Process for Call-Back Time to Reschedule Appointments met the goal and improved by 6%
- **SCP Rates:** From 2021 to 2022:
  - Urgent Appointments did not meet the goal and decreased by 9%
  - Routine Appointments did not meet the goal and decreased by 5%
  - Initial Prenatal Visits did not meet the goal and decreased by 7%
  - In-Office Waiting Room Times did not meet the goal and improved by 1%
  - Normal Business Hours Call Back did not meet the goal and decreased by 2%
  - Process for Rescheduling Missed or Cancelled (no-show) Appointments did not meet the goal and decreased by 1%
  - Process for Call-Back Time to Reschedule Missed Appointments met the goal and improved by 1%
- 0/10 DMHC required, high-impact, or high-volume specialty types did not meet the L.A. Care goals for Urgent Appointments (Goal: 80%).
- 3/10 DMHC required, high-impact, or volume specialty types met L.A. Care goals for Routine (Goal: 80%): Oncology, Ophthalmology, and Podiatry.
- 6/10 DMHC required, high-impact, or high-volume specialty types met L.A. Care goals for In-Office Waiting Room Time standards (Goal: 97%): Dermatology, Endocrinology, Gastroenterology, Oncology, Ophthalmology, and Podiatry.
- 1/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Normal Business Hours Call-Back (Goal: 80%): Ophthalmology.
- 5/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Process for Rescheduling Missed or Cancelled Appointments (Goal: 91%): Dermatology, OB/GYN, Oncology, Ophthalmology, and Podiatry.
- 5/10 DMHC required, high-impact, or high volume specialty types met L.A. Care goals for Call-Back Time for Rescheduling Missed or Cancelled Appointments (Goal: 99%): Neurology, OB/GYN, Oncology, Ophthalmology, and Rheumatology.
- PCPs for LACCD had minimal variance from MY 2021 to MY 2022. Five of the ten appointment availability measures met goal. Urgent and Routine Appointments from MY 2021 to MY 2022 (-16% and +8%, respectively). For MY 2022, L.A. Care surveyed 10 different specialty types for LACC since they are either DMHC required specialties or L.A. Care high-volume or high-impact

specialties. The DMHC required specialties are comprised of Cardiology, Dermatology, Endocrinology, Gastroenterology, Neurology, OB/GYN, Oncology, Ophthalmology, Podiatry, and Rheumatology. Two of the high-volume or high-impact specialties—Oncology and Ophthalmology, met goal for 4 out of 6 appointment availability measures. Cardiology was the specialty with the lowest compliance rate, not meeting any goals.

Table 4 Medi-Cal PPG Appointment Availability Aggregate Compliance
Table 4 includes the Urgent and Routine Appointment survey results for PPGs of the Medi-Cal line of business.
- 5 PPGs met L.A. Care goals for PCP Urgent Appointment Availability. 14 PPGs met goals for PCP Routine Appointment Availability.
- A single PPG met the L.A. Care goal for SCP Urgent Appointment Availability. 13 PPGs met the L.A. Care goal for SCP Routine Appointment Availability.

Overall Qualitative Analysis: Medi-Cal, PASC-SEIU, Cal MediConnect, L.A. Care Covered, L.A. Care Covered Direct

Primary Care Practitioners
In 2022, L.A. Care issued a root cause analysis for low-performance, non-compliance in the appointment availability and after-hours survey. The most frequent responses to the corrective action plan root causes for Appointment Availability:
- Office Staff not familiar with Access Standards
- Amid the pandemic, many providers had to work in hospital settings and many offices had more limited hours. Additionally, we were hearing that more and more providers were contemplating retiring
- High demand for appointments and staff shortages
- Overall, burdens from the pandemic: Office restrictions /protocol and office staff changes

After Hours:
- Lack of knowledge of access standards: Provider & Staff turnover
- Voicemails need to be re-recorded for more understanding and clarity
- Temporary problem with the After Hours line
- No on-call physician available for after-hours services

The challenges have remained, and compliance rates continue to decrease from MY 2019 to MY 2022. In MY 2022, there were significant decreases in routine and call-back measures. To address and improve appointment availability and the after-hours compliance rate, Quality Improvement held a mandatory PPG Access to Care Oversight and Monitoring process meeting, which 35 PPGs were invited to attend. As part of this process, L.A. Care developed a training webinar, oversight and monitoring audit workbook and related auditing tools. Quality Improvement Accreditation 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 June 28, 2023, and out of the 35 invited, 12 PPGs attended the webinar and were attentive and responsive to the training.

Feedback Received:
"These webinars are very helpful and assist with job tasks. As a new teammate, I was just a little confused about where the notebooks were located but it was explained at the end. I appreciate the time for Q&A."
- Great tips and information
- Very detailed presentation

Due to this feedback, Quality Improvement will continue mandating PPGs to attend the Access to Care webinar to address compliance rates and Access to Care Standards questions.

Individual Practitioner Level Analysis
L.A. Care conducted an analysis by geographic location of the counties served. The analysis revealed that most of the non-compliant offices were in Los Angeles. The top cities with the highest population density alone comprised over 56% of all non-compliant high-impact specialist offices. This contrasts with less populated cities having a smaller proportion of non-compliant offices, such as Pomona (9%) and Glendale (15%).

Exceptionally dense cities like Los Angeles showed high levels of non-compliance. Other cities, such as Long Beach, showed high levels of non-compliance. The city of Los Angeles still accounted for the vast majority of these offices, with almost 4 times as many non-compliant offices as Long Beach. For example, SKID Row, located in downtown Los Angeles (from the 10 Freeway to South Los Angeles 110 Freeway), is known for having a significant homeless population of approximately 5,000-10,000 community members. The area faces challenges related to poverty, mental health problems, and addiction, contributing to homelessness various providers and organizations operate in Skid Row to support and assist the homeless population. Given the urgent and unpredictable nature of homelessness, many service providers in Skid Row offer walk-in services. This allows individuals to access assistance without the need for scheduled appointments.
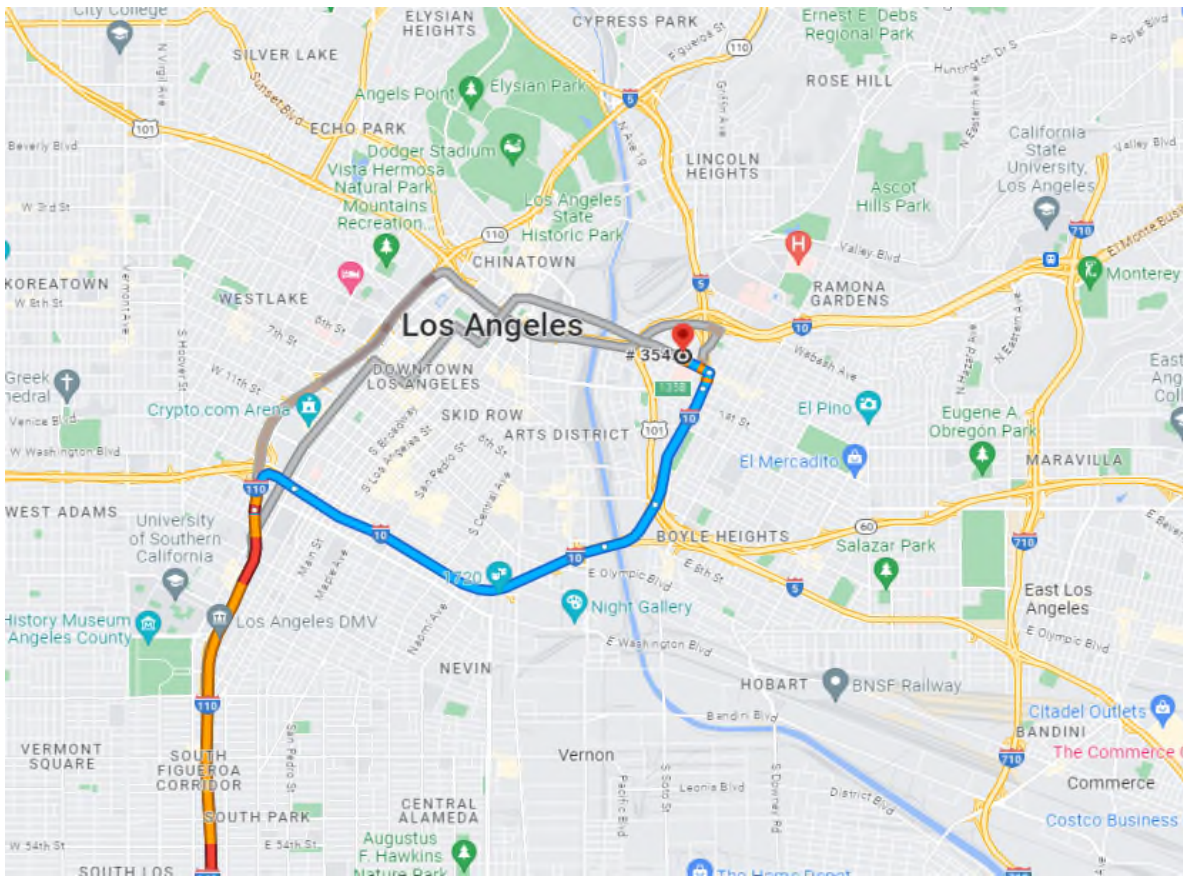
Specialist Practitioners

There were similar barriers to appointment accessibility for specialist providers as for primary care practitioners. The root cause analysis conducted by Quality Improvement identified these barriers, such as office staff unfamiliar with Access Standards and Physicians having a high call volume and being busy addressing patient phone calls. Another noted root cause was not having appointments available within the timely access to care standard time frames, and overall burdens brought on by the pandemic included office restrictions/protocols and staff changes.

In addition, there were significant decreases in the Urgent and Routine measures since 2019. Similar to the solutions for Primary Care, L.A. Care will enforce a mandatory attendance policy for all PPGs to participate in the Access to Care Oversight and Monitoring webinar. 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 ultimate goal is to improve the appointment availability compliance rate, resulting in better access to care. 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.

Individual Practitioner Level Analysis

L.A. Care conducted an analysis by geographic location within the county. Of the 74 cities that had non-compliant offices, Los Angeles had the most offices that needed to meet wait time standards for specialists. It had 200 non-compliant offices, which made up 24% of the total non-compliant offices. Other urban areas with high population densities, such as Long Beach, Glendale, and Downey had high levels of non-compliant offices (50+), in contrast to less dense areas such as Montebello (3).

Extremely dense cities such as Los Angeles showed high levels of non-compliance. For example, the areas around Sunset Blvd (from the 10 Freeway to Airport Blvd) tend to be more crowded, and there appears to be a need for more providers to support member appointment requests. L.A. Care tended to see more non-compliant offices in these dense areas.

L.A. Care also observed that Airport Blvd had a substantial number of non-compliant offices. Below is a comparison map showing how public transportation can increase travel time, thus limiting the distance members without other means of transportation are able to travel. This therefore leaves these members with little choice but to schedule appointments with saturated providers in their area.
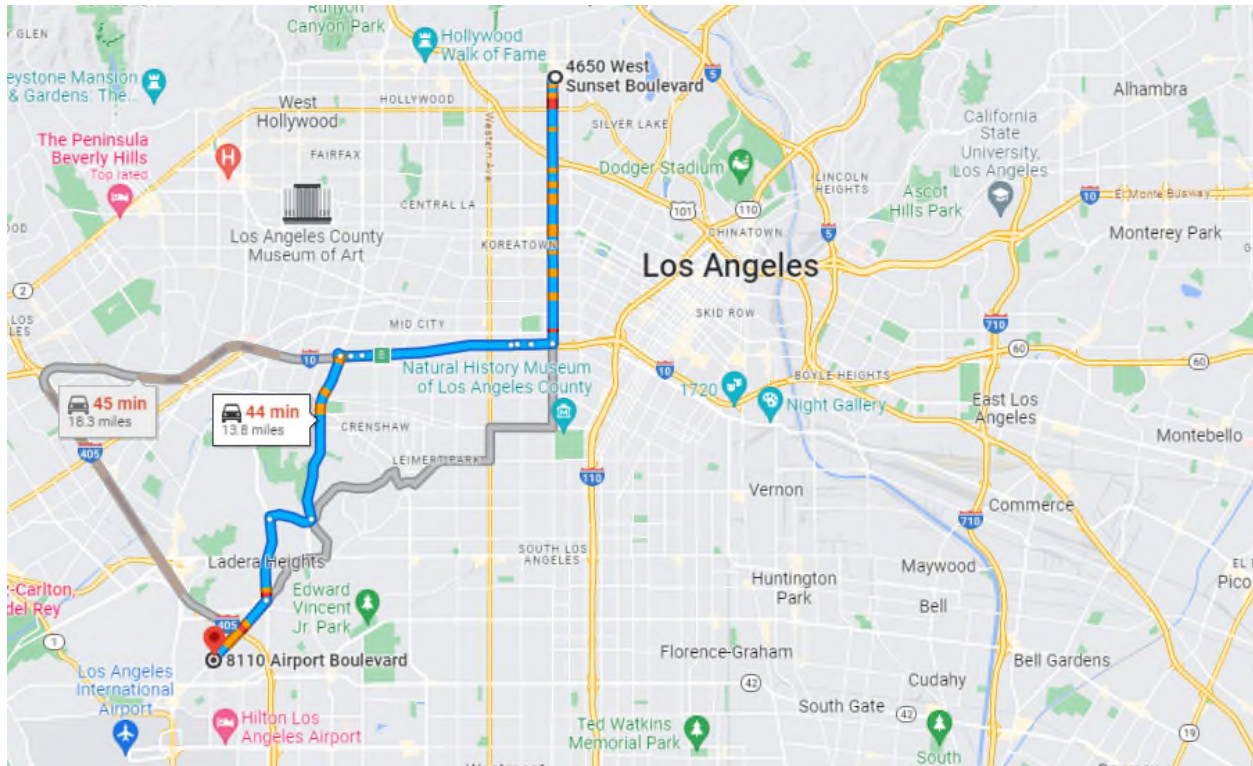
Measurement Year 2022 Corrective Action Plan (CAP for any ATC Measures which were not met

Based on the MY 2022 PAAS results, Quality Improvement sent a Corrective Action Plan (CAP) Request to Provider Groups on August 25, 2023 for any access goals that still need to be met. Continued noncompliance or failure to produce evidence of remediation will be escalated to the Internal Compliance Committee (ICC) for remediation. L.A. Care's Enterprise Performance Optimization (EPO) will handle CAP requests and submissions, while L.A. Care Quality Improvement will review the submissions and track PPG progress.

L.A. Care received responses to the MY 2022 CAP request from Provider groups for all unmet measures. Some root causes provided included office staff not being familiar with Access Standards, providers having limited office capacity due to staffing issues, high demand for appointments and staffing shortages, and overall burdens brought on by the pandemic: office restrictions /protocols and office staff changes.

PPGs have submitted corresponding corrective action plans, which will be continuously monitored through collaboration with Quality Improvement and Enterprise Performance Optimization. Additional details are captured in the CAP Tracker and available through the Quality Improvement Department.

SECTION 2: CAHPS & CG-CAHPS SURVEY RESULTS FOR ACCESS TO CARE

Table 11a displays the member survey (HP-CAHPS and QHP Enrollee Survey) results for questions related to timely access for the Medi-Cal and L.A. Care Covered networks. Table 11b displays the results for the Getting Needed Care composite for the Medi-Cal and L.A. Care Covered lines of business with annual goals and whether or not those goals were met. There are no Medicare Advantage Prescription Drug Plan survey results available for 2023 for the Medicare Plus network. These results reflect the member perceptions of access to care.

Table 11c displays the Clinician and Group (CG) CAHPS results and is only for the Medi-Cal line of business.

Table 11d display the Qualified Health Plan (QHP) ratings for health plan, personal doctor, and specialist for the L.A. Care Covered line of business.

Table 11a: CAHPS Access to Care Measures						
Access Question	Line of Business	2019	2020	2021	2022	2023
In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? (Adult)	Medi-Cal	Not scored	72.7%	75.7%	77.0%	70.9%
In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? (Adult)	Medi-Cal	70.6%	72.8%	68.6%	70.0%	72.2%
In the last 6 months, when your child needed care right away, how often did your child get care as soon as you needed? (Child)	Medi-Cal	83.8%	84.1%	84.7%	85.4%	77.3%
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? (Child)	Medi-Cal	76.9%	80.5%	73.2%	75.2%	74.7%
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	65.8%	N/A	61.4%	69.8%	N/A
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.	L.A. Care Covered	66.9%	N/A	67.2%	66.2%	N/A
In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	Cal MediConnect	Not scored	N/A	Not scored	82.3%	Not scored
In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?	Cal MediConnect	89%	N/A	85%	76.5%	Not scored

Source: 2019, 2020,2021, 2022, and 2023 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 CMC.
N/A indicates no official score was issued by CMS
Not scored indicates CMS determined the score had low reliability and did not report it

Table 11b: CAHPS Access to Care Measures								
Access Composite	Line of Business	2019	2020	2021	2022	2023	Performance Goal	Goal Met
Getting Care Quickly (Adult)	Medi-Cal	76.6%	72.7%	72.1%	73.5%	71.5%	79%	**No**
Getting Care Quickly (Child)	Medi-Cal	80.4%	82.3%	78.9%	80.3%	76.0%	81%	**No**
Getting Care Quickly (Adult)	L.A. Care Covered	66.4%	N/A	64.3%	65.0%	N/A	68%	**No**
Getting Appointments and Care Quickly (Adult)	Cal MediConnect	81%	N/A	77%	80.0%	Not scored	84%	**No**

Table 11c: CG-CAHPS Access to Care Measures					
Access Question	Line of Business*	2019	2020	2021	2022
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? (Adult)	Medi-Cal	52.6%	51.5%	48.8%	47.5%
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? (Adult)	Medi-Cal	56.4%	54.8%	52.7%	51.6%
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? (Child)	Medi-Cal	57.6%	60.4%	56.2%	52.1%
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? (Child)	Medi-Cal	60.9%	62.4%	58.7%	54.9%

CG-CAHPS was implemented for the Medi-Cal network only.
Source: 2019-2022 CG-CAHPS Adult and Child Reports
The years for CG-CAHPS reflect the year that fielding began.

Table 11d: QHP Rating							
QHP Rating	2021	2022	2023	2023 vs. 2022	2023 Goal	Goal Met	CMS National Average
Health Plan	73.2%	77.8%	77.9%	+0.1 pp	79%	Not Met	Pending
Health Care	75.8%	80.8%	80.2%	-0.6 pp	82%	Not Met	Pending
Personal Doctor	81.7%	83.4%	84.3%	+0.9 pp	84%	Met	Pending
Specialist	82.2%	80.6%	86.5%	+5.9 pp	82%	Met	Pending

Quantitative Analysis

Table 11a: CAHPS Access to Care Measures

<u>*Medi-Cal*</u>
- HP-CAHPS Adult member satisfaction with:
  - Getting timely urgent care decreased by 6.1 percentage points from 2022 to 2023.
  - Getting timely routine appointments increased by 2.2 percentage points from 2022 to 2023.
  - Getting Care Quickly decreased by 2.0 percentage points from 2022 to 2023.
- HP-CAHPS Child member satisfaction with:
  - Getting urgent care decreased by 8.1 percentage points from 2022 to 2023.
  - Getting routine appointments decreased by 0.5 percentage points from 2022 to 2023.
  - Getting Care Quickly decreased by 4.3 percentage points from 2022 to 2023.
- CG-CAHPS Adult member satisfaction with:
  - Getting timely urgent appointments decreased by 1.3 percentage points from 2021 to 2022.
  - Getting timely routine appointments decreased by 1.1 percentage points from 2021 to 2022.
- CG-CAHPS Child member satisfaction with:
  - Getting timely urgent appointments decreased by 4.1 percentage points from 2021 to 2022.
  - Getting timely routine appointments decreased by 3.8 percentage points from 2021 to 2022.

<u>*L.A. Care Covered*</u>
- QHP Enrollee Survey Adult member satisfaction with:
  - Getting timely urgent care results are pending points from 2022 to 2023.
  - Getting timely routine appointments results are pending points from 2022 to 2023.
  - Getting Care Quickly results are pending points from 2022 to 2023.

<u>*Cal MediConnect*</u>
- MAPD Adult member satisfaction with:
  - Getting timely urgent care was not scored in 2023.
  - Getting timely routine appointments was not scored in 2023.
  - Getting Care Quickly was not scored in 2023.

Qualitative Analysis

<u>*Child Medi-Cal*</u>
Across the four ratings and five composites, two ratings and one composite increased from 2022 to 2023. The remaining two ratings and four composites decreased. While none of these rate changes were statistically significant, it did disrupt a trend of increasing rates. Due to decreases the following measures fell below 2021 rates:

- Rating of Health Plan
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly

L.A. Care continues to perform lower in all ratings and composites compared to the 2022 NCQA Quality Compass National Averages except in Customer Service and Rating of Specialist Seen Most Often. This continues a trend for the Specialist composite and is the first year that Customer Service performed higher. The following composites did perform statistically worse than the NCQA Average: Getting Needed Care, Getting Care Quickly, Coordination of Care, and How Well Doctors Communicate.

For Getting Care Quickly, the score for routine care was 2.6 points lower than the score for urgent care. This decrease from the prior year is due to an eight-percentage point decrease in the Ease of Getting Urgent Care. For Getting Needed Care, the score for prompt access to specialty care was 8.0 points lower than the general getting care, tests or treatment question. This marks an increase in the gap of around 5 percentage points. Despite improvements between 2021 to 2022, all of the sub-measures in Getting Needed Care and Getting Care Quickly fell between 2022 to 2023. These composites and their sub-measures all perform statistically lower than the NCQA Quality Compass National Averages. Access to care continues to be a longstanding area of weakness requiring immediate attention.

L.A. Care is estimated to perform at two stars for Getting Needed Care and one star for Getting Care Quickly for 2023 NCQA Health Plan Star Rating. Getting Care Quickly is performing 11 percentage points lower than the NCQA National Average while Getting Needed Care is 4.7 points lower. Coordination of Care experienced the largest percentage point decrease and is performing 12 points lower than the NCQA National Average. 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.

The downward trend in the Medicaid Child survey is also reflected in the Children with Chronic Conditions Measures, which tend to perform higher than the NCQA National Average. All five of the measures for this population fell from 2022 to 2023 and four out of the five performed lower than the NCQA National Average. Of those four, one performed statistically lower than the Average – Getting Needed Information. The only measure to perform above the National Average was Coordination of Care for Children with Chronic Conditions. This is noteworthy as Coordination of Care for the General Population fell by 6.1 percentage points in 2023.

The Customer Service composite was the only composite to increase for the Medicaid Child survey. This measure increased by 3.1 percentage points continuing an upward trend for this measure. In reviewing the scores for the questions that roll up to the Customer Service composite, the rate for courtesy and respect was high (94.0%) and the rate for "customer service provided information/help" improved by 5.7 percentage points (86.0%). Historically the "provided information/help" performed much lower than the "courtesy and respect" measure indicating that this improvement is driving the increase in the overall composite. Both questions improved from 2021 to 2022 and performed above the NCQA National Average for the first time. This finding indicates that initiatives in the L.A. Care Customer Solution Center are working.

Adult Medi-Cal
While all of the composites and ratings increased in 2022 compared to 2021, that trend did not continue into 2023. Three of the four ratings fell from 2022 to 2023 and three of the five composites fell. All performed lower than the NCQA Average with the exception of Rating of Personal Doctor. The following ratings and composites performed statistically worse than the NCQA Quality Compass National Average:

- Getting Needed Care
- Getting Care Quickly
- Rating of Specialist Seen Most Often
- Rating of Health Plan
- Coordination of Care
- How Well Doctors Communicate

How Well Doctors Communicate continues to be the highest scoring composite, yet is only at the 10th percentile. This reflects the urgent need to focus resources on improving Adult Medicaid CAHPS scores. Reversing a trend from last year, the "Ease of Getting a Check-up or Routine Care" sub-measure in the Getting Care Quickly composite performed higher than the "Ease of Getting Urgent Care" sub-measure. This is opposite what we are seeing in the Child CAHP survey. Ease of Getting Urgent Care fell by 6.1 percentage points while Ease of Getting a Check-up or Routine Care increased by 2.2 percentage points. Both perform statistically worse than the NCQA National Average. This indicates that our members experience on-going issues in accessing care despite the improvement in check-ups and routine care. However, this improvement could indicate that fewer people are seeking routine care in Emergency Rooms and/or Urgent Care.

Another trend from prior year also reversed. Historically, the Rating of Specialist Seen Most Often performs higher than the Rating of Personal Doctor, however this reversed in 2023. The Rating of Personal Doctor performed 7.3 percentage points higher than did the Rating of Specialist. Personal Doctor improved by 3.3 percentage points while Specialist decreased by 7.6 points. This marks a change in steady improvements for the Specialist Rating. Despite this change, the Rating of Specialist still performs at the 50th percentile while Rating of Personal Doctor is at the 10th. There were also increases in the How Well Doctors Communicate composite showing improvements in the provider-patient relationship. While members may be viewing their doctor and specialists more favorably, there are still difficulties in getting care with them as reflected in the Getting Needed Care composite. Both Ease of Getting Needed Care and Ease of Seeing a Specialist decreased from 2022 to 2023, with Ease of Seeing a Specialist experiencing the only statistically significant drop. Both sub-measures are also performing statistically lower than the NCQA National Average. This difficulty in accessing care despite liking the physician results in an overall lower perception of care.

A prior study conducted by L.A. Care showed that members who had responded negatively to the Getting Needed Care and Getting Care quickly were from certain geographic areas such as Antelope Valley where there are known access issues due to a limited supply of providers. This has led to efforts to directly contract with providers in underserved regions, as well as with MinuteClinic for 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.

In a similar trend to the Child Medicaid CAHPS survey, the Customer Service composite also experienced increases from 2022. The overall composite increased by nearly 5 percentage points with Provided Information/Help increasing by 6.1 points and staff being Courteous/Respectful improving by 3.3 points. This closed the gap between the two by 3 percentage points. The provided information/help sub-measure also performed above the NCQA Average despite being significantly lower than 2022.

While COVID-19 did not disrupt the deployment of the survey itself, it is possible that scores were influenced by the lingering effects of the pandemic. The climate of fear, widespread economic hardship and job loss, along with skyrocketing rates of depression and anxiety during the pandemic could very well have had a negative impact on scores. It is expected that COVID-19 will have a negative impact on access to routine care for the coming year(s) as a large volume of members catch up on missed healthcare.

L.A. Care Covered
Six of the measures in the QHP survey improved from 2022 to 2023, while six decreased. Similar to the Medicaid CAHPS results, ratings of doctors improved along with indications of the doctor-patient relationship while measures related to accessing care and decreased. Rating of Specialist experience a statistically significant increase of 5.9 percentage points from 2022, reversing a year-over-year decline.

The Customer Service composite fell by one point while Rating of Health Plan only increased by 0.1 percentage points. Despite remaining relatively stagnant from 2022, L.A. Care performed statistically higher than the CSS Vendor Average in Rating of Health Plan.

In the preview of the official results from CMS, L.A. Care is a four-star plan for Enrollee Experience, and three-star plan for Plan Efficiency, Affordability, and Management. Enrollee Experience increased by two stars due to adjustments in how the star rating is calculated. L.A. Care should continue to prioritize enrollee experience and plan efficiency, affordability and management.

Additional observations from the 2023 results include:
- Access to routine care (63.4 %) is more available than urgent care (54.4%).
- Customer service wait (61.9%) performed the lowest in the Plan Administration composite, followed by provided information/help (65.2%) and courteous/respectful (77.7%).
- Fewer than half of respondents reported being able to find out the price of a prescription drug or health care service in advance. This is a continued trend from 2022.
- 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, but working on provider coaching and improving customer service both in the office and at the health plan level seem important. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. L.A. Care will continue to prioritize expanding access to care, improving the office visit, and ensuring a smooth payment process for members.

Cal MediConnect (CMC)
No scores were available for the CMC line of business in 2023 because CMS determined the score had low reliability and did not report it.

SECTION 3: COMPLAINTS FOR ACCESS TO CARE

In order to further assess member experience in relation to overall access to care, L.A. Care analyzed the grievance/complaint data provided below. These rates are reported as the actual complaint counts by Line of Business and complaint category (Access to Care).

Table 12: Complaints for Access to Care Trend*^							
Calendar Year	Line of Business	Total Complaints (N)	Access Complaints (N)	% of Total Complaints	Rate	Rate Goal/1000 Member Months	Goal Met?
2022	Medi-Cal	62,784	29,755	47%	1.81	5	Yes
2022	Cal MediConnect	8,743	3,594	41%	17.08	10	No
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: 2022 NCQA H.1.a Appeals & Grievances Annual Report

Quantitative Analysis
- *Medi-Cal: The goal for Access was met; the rate felt 3.19 under the goal.*

- *Cal MediConnect*: *The goal for Access was not met; the rate for Access exceeded the goal by the largest margin, 7.08.*
- *L.A. Care Covered*: *The goal for Access was not met; the rate for Access exceeded the goal by 0.51 margin.*

Qualitative Analysis

Medi-Cal
Overall, the member's experience and measurement of satisfaction is based on the perceived delivery and quality of service provided by the treating practitioner, practitioner's office staff, and/or Plan staff (inclusive of our delegated entities. It is important to note that this reporting calendar year (CY) occurred during the pandemic when the delivery system was overwhelmed, patients were scared, and there was a tremendous amount of misinformation. Based upon review of the data for this calendar year (CY), Access is the leading cause of complaints with 47% of the total 2022 CY volume.   The data supporting the reasons for dissatisfaction are related to the following:
  o Dissatisfaction with the delay in authorization at the Primary Care Physician office
  o Dissatisfaction with the accessibility of the Primary Care Physician and/or office staff
  o Dissatisfied with the lack of providers contracted with the plan to assist members

Cal MediConnect
Based upon review of the data for the Cal MediConnect 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:
  o Dissatisfaction with the L.A. Care's Customer Service department

Miscommunication from the L.A. Care Customer Service Department continues to cause member abrasion, members receiving incorrect information, and large influxes of calls to the customer service department, leaving members frustrated with the quality of service and hold times.

L.A. Care Covered
The Covered California line of business data demonstrate that the top three reasons for initiating a grievance is related to Billing and Financial issues. Complaints for access was not identified as a high contributor to member dissatisfaction in the L.A. Care Covered network.

Medi-Cal, Cal MediConnect, L.A. Care Covered
The following have been identified as possible contributing factors to member ratings of access to care:
- Lack of member knowledge regarding coverage benefit limits and managed care requirements
- Concerns about the accessibility of the Primary Care Physician office
- Attitude and service at the Primary Care Physician 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 2022 included:
- Improving the accessibility to the primary physician's office
- Authorization at the Primary Care Physician's office
- Expanding Access to Care
- Establishing clear lines of accountability for Plan Partner and contracted provider groups
- 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 on an as-needed basis in order to ensure that member needs are continually met.

L.A. Care Health Plan demonstrates a commitment to service excellence by ensuring member 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), and Credentialing & Provider Network Management.

SECTION 4: PCPs AFTER-HOURS SURVEY

BACKGROUND

Information obtained from the practitioner after-hours access to care assessment measures how well practitioners are adhering to L.A. Care's established after-hours access standards. Based on the response to each survey question and the access standard, the provider is categorized as being either compliant or non-compliant. L.A. Care's primary provider network serves Medi-Cal, PASC-SEIU, Cal MediConnect, and L.A. Care Covered and L.A. Care Covered Direct products. The established standards are consistent across all provider networks.

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY 2022 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 2022. Provider offices were surveyed during closed office hours (early morning, evening, holiday or weekend hours). L.A. Care Health Plan requires PCPs or their designated on-call licensed practitioners, be available to coordinate patient care beyond normal business hours. To achieve after-hours compliance, PCPs must 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 process does not enable the caller to contact the PCP or their covering practitioner directly, the "live" party must have access to a practitioner for both urgent and non-urgent calls.
  B. Professional exchange staff
      ▪ Must provide process for emergency calls
      ▪ Must have access to practitioner for both urgent and non-urgent calls.
  C. To achieve after-hours timeliness compliance, PCPs, their covering practitioner, or a screening/triage clinician (RN, NP or PA) must return a member's call within 30 minutes.

L.A. Care submitted to CSS a complete database of L.A. Care's network of PCPs. The database included addresses and phone numbers. Based on the provider's response to each survey question and the established access standard, the provider is categorized as being either compliant or non-compliant.

RESPONSE RATES:

Table 13: After-Hours Response Rate			
	Original Sample Size	**Eligible Provider Size**	**Response Rate^**
Medi-Cal Aggregate	5,132	4,564	100%
MCLA	3,236	2,987	100%
Anthem Blue Cross	2,377	2,100	100%
Blue Shield Promise	2,640	2,380	99%
PASC-SEIU	682	680	100%
Cal MediConnect	2,603	2,350	100%
L.A. Care Covered	3,414	3,074	100%
L.A. Care Covered Direct	88	77	100%

^*Response rates are rounded to the nearest whole percentage point*

RESULTS

Individual access scores are calculated for the number of provider offices that offer compliant emergency instructions to callers and the number/percentage of offices with adequate means of reaching the on-call practitioner (Access measures). In addition, provider offices are measured for compliance with the after-hours timeliness standard (Timeliness measure), which measures whether the PCPs, or designated on-call provider, or a screening/triage clinician (RN, NP or PA) will return a member's phone call within 30 minutes. A score is provided for all provider groups.

The tables below provide the after-hours compliance rates calculated for access and timeliness measures for PCPs, along with PCP year-over-year comparisons, where possible. L.A. Care established performance goals for each standard. Compliance rate trend data in some measures (indicated by 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 14a: Medi-Cal Aggregate Year-over-Year Comparison							
After-Hours Measure	**Line of Business**	**2022**	**2021**	**2020**	**Variance**	**Performance Goal**	**Goal Met**
Access Compliance	Medi-Cal	76%	80%	75%	-4%	81%	No
Timeliness Compliance	Medi-Cal	65%	69%	53%	-4%	80%	No
Access Compliance	MCLA	77%	80%	76%	-3%	81%	No
Timeliness Compliance	MCLA	65%	69%	54%	-4%	80%	No
Access Compliance	BSPHP	75%	77%	75%	-2%	81%	No
Timeliness Compliance	BSPHP	64%	67%	51%	-3%	80%	No
Access Compliance	BCSC	75%	81%	76%	-6%	81%	No
Timeliness Compliance	BCSC	65%	70%	54%	-5%	80%	No
Access Compliance	PASC	91%	71%	81%	20%	81%	Yes
Timeliness Compliance	PASC	67%	75%	62%	-8%	80%	No
Access Compliance	Cal-MediConnect	76%	80%	76%	-4%	81%	No
Timeliness Compliance	Cal-MediConnect	64%	70%	53%	-6%	80%	No

Table 14a: Medi-Cal Aggregate Year-over-Year Comparison							
After-Hours Measure	Line of Business	2022	2021	2020	Variance	Performance Goal	Goal Met
Access Compliance	L.A. Care Covered	76%	80%	76%	-4%	81%	No
Timeliness Compliance	L.A. Care Covered	64%	70%	53%	-6%	80%	No
Access Compliance	L.A. Care Covered Direct	74%	80%	76%	-6%	81%	No
Timeliness Compliance	L.A. Care Covered Direct	69%	70%	53%	-1%	80%	No
Access Compliance	L.A. Care Direct Network	83%	81%	72%	2%	81%	Yes
Timeliness Compliance	L.A. Care Direct Network	70%	62%	61%	8%	80%	No

Table 14b: PPG Aggregate Compliance		
	2022	
PPG Name	Access Goal ≥ 81%	Timeliness Goal ≥ 80%
Access IPA	73%	62%
Accountable IPA	80%	71%
Advantage Health Network IPA	94%	94%
Adventist Health Physicians Network	49%	44%
AIDS Healthcare Foundation	63%	25%
All Care Medical Group IPA	33%	33%
Alliance Health Systems	78%	64%
Allied Pacific IPA	72%	63%
Alpha Care Medical Group	77%	68%
Altamed Health Network Inc.	76%	68%
Altamed Health Services	81%	74%
Angeles IPA	77%	64%
Anthem Direct	78%	64%
Associated Dignity Medical Group	90%	81%
Bella Vista IPA	74%	69%
Blue Shield Direct	75%	56%
Citrus Valley Physicians Group	73%	56%
Community Family Care	76%	66%
El Proyecto Del Barrio	50%	47%
Exceptional Care Medical Group	75%	66%
Family Care Specialists Medical Group	86%	90%
Global Care IPA	73%	64%
Health Care LA IPA	71%	61%
High Desert Medical Group	100%	86%
Imperial Health Holdings Medical Group	76%	65%
Karing Physicians Medical Group	61%	44%
LA Care Direct Network	83%	70%
Lakeside Medical Group	76%	64%
Los Angeles County Department of Health Services	92%	67%
MemorialCare Select Health Plan	72%	57%
Mission Community IPA	83%	67%
Noble Community Medical Associates	84%	71%
Omnicare Medical Group	81%	65%
Omnicare Medical Group (AMHN)	82%	60%

Table 14b: PPG Aggregate Compliance		
	2022	
PPG Name	**Access** **Goal ≥ 81%**	**Timeliness** **Goal ≥ 80%**
Optum Care Network- Applecare Select	100%	100%

Quantitative Analysis

Medi-Cal
- Access Compliance declined by -4% and did not meet the L.A. Care goal of 81%.
- Timeliness Compliance declined by -4% and did not meet the L.A. care goal of 80%.

MCLA
- Access Compliance declined by -3% and did not meet the L.A. Care goal of 81%.
- Timeliness Compliance declined by -4% and did not meet the L.A. Care goal of 80%.

BSPHP
- Access Compliance declined by -2% and did not meet the L.A. Care goal of 81%.
- Timeliness Compliance declined by -3% and did not meet the L.A. Care goal of 80%.

BCSC
- Access Compliance declined by -6% and did not meet the L.A. Care goal of 81%.
- Timeliness Compliance declined by -5% and did not meet the L.A. Care goal of 80%.

PASC-SEIU
- Access Compliance increased by 20% and met the L.A. Care goal of 81%.
- Timeliness Compliance declined by -8% and did not meet the L.A. care goal 80%.

Cal MediConnect
- Access Compliance declined by -4% and did not meet the L.A. Care goal of 81%.
- Timeliness Compliance declined by -6% and did not meet the L.A. care goal of 80%.

L.A. Care Covered
- Access Compliance declined by -4% and did not meet the L.A. Care goal of 81%.
- Timeliness Compliance declined by -6% and did not meet the L.A. care goal 80%.

L.A. Care Covered Direct
- Access Compliance declined by -6% and did not meet the L.A. Care goal of 81%.
- Timeliness Compliance declined by -1% and did not meet the L.A. care goal 80%.

Table 14b Medi-Cal PPG After-Hours Aggregate Compliance

Table 14b includes the Access and Timeliness compliance survey results for PPGs across all lines of business. This survey only includes PCPs.

- 12 PPGs met the L.A. Care goal for Access Compliance.
- 5 PPGs met the L.A. Care goal for Timeliness Compliance.

Qualitative Analysis

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 2022.

In MY 2022, both response rates and compliance rates for all After-Hours measures have declined across all lines of business compared to MY 2021. L.A. Care conducted a Root Cause Analysis to understand better Network Providers' challenges with responding to L.A. Care's Access to Care Survey. The root cause analysis responses for MY 2022 identified barriers Network Providers faced, such as voicemails needing to be re-recorded for more understanding and clarity, limited understanding of access protocols and procedures, and provider Staff and Providers not aware of After-Hours AA Standards. L.A. Care will continue to monitor after-hours access measures in MY 2022.

Individual Practitioner-Level Analysis

Regardless of the geographic area, L.A. Care found that the fundamental economic issues identified in the root cause analysis (high provider and staff turnover, limited staffing available, etc.) impacted all areas. L.A. Care looked at all the non-compliant providers individually and identified the reasons for non-compliance:

- Provider offices do not have after-hours answering services available.
- The recording is not set up correctly.
- Some offices do not have an on-call physician available for after-hours assistance.
- Lack of knowledge of access standards

Based on this, L.A. Care will continue to monitor and educate provider groups on After-Hours Compliance Standards. Distribute the Access to Care Quick Tips handouts to provider groups, highlighting the importance of meeting the After Hours Standards and directing them to the L.A. Care website for easy access to the Access to Care Standards.

SECTION 5: ACCESS TO BEHAVIORAL HEALTHCARE

The behavioral health network reports the Qualified Autism Service Providers (QASP). Behavioral Health Treatment, also known as Applied Behavior Analysis, is a benefit provided by Qualified Autism Service Providers. These services are provided in the beneficiary's home, or a close community setting, with parent or guardian participation during the entire duration of treatment. This is a small subset in comparison to the behavioral health services performed by the NCQA accredited organization Carelon Behavioral Health, which services 73.02% (N=42221) of L.A. Care's MCLA members. L.A. Care directly contracts for Behavioral Health Treatment for the Medi-Cal product line only and Carelon Behavioral Health is carved out for all other product lines, including CMC and LACC. The L.A. Care Direct Network QASP services are only used by 26.98% (N=2981) of MCLA membership. Since Carelon Behavioral Health is delegated to perform over 70% of services across all product lines, NET 1D is eligible for auto-credit. The table below demonstrates utilization for L.A. Care's Direct Network and Carelon Behavioral Health services.

Q4 2022 - Q3 2023					
Provider Type	**Members Utilizing Service**	**Total MCLA Members**	**% of MCLA Members Utilizing Service**	**Services**	**% of Total Services**
Carelon Behavioral Health	42221	1709027	2.47%	405922	73.02%
QASP	2981	1709027	0.17%	150013	26.98%

SECTION 6: 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 Steering Committee and Joint Performance Improvement Collaborative Committee & Physician Quality Committee. These committees include an internal cross-departmental representation from departments, such as Quality Improvement, 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.

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 2022 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 the mandatory PPG Access to Care Oversight and Monitoring process. As part of this process, L.A. Care developed a training webinar, oversight and monitoring audit workbook and related auditing tools. Quality Improvement hosts these webinars annually and reviews the Access to Care standards and compliance rates, along with instructions on the PPG Oversight & Monitoring workbook process. The 2023 Webinar was held on June 28, 2023, and PPGs attended the webinar and were attentive. Feedback Received:
- "These webinars are very helpful and assist with job tasks. As a new teammate, I was just a little confused about where the notebooks were located, but it was explained at the end. I appreciate the time for Q&A."
- "Great tips and information"
- "Very detailed presentation"

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 2022 Oversight & Monitoring Workbooks as follows:
- 8/18/2023
- 11/27/2023
- 2/16/2024
- 5/17/2024

PPGs are required to monitor their practitioners until they become compliant with L.A. Care's performance standards. L.A. Care will continue to require PPGs to report their findings until their network is in compliance with standards and meets L.A. Care performance goals.

SUMMARY OF INTERVENTIONS

Based on data gathered from the Annual Access to Care Survey and, grievance as well as CAHPS Survey data, L.A. Care will continue with or implement the following interventions to continually improve member access to care:

Opportunity	Status	Action(s) Taken	Effectiveness of Intervention/ Outcome
Corrective Action Plan Request for all unmet Access measures in MY 2022.	Ongoing	Based on MY 2022 PAAS results, Quality Improvement annually sends a Corrective Action Plan (CAP) Request to Provider Groups for any access goals not met. CAP request was sent to PPGs on 9/1/2023 with a request CAP due date 10/10/2023.	Effectiveness to be determined in the MY 2023 Provider Appointment Availability Survey results.
Oversight & Monitoring Workbooks	Ongoing	L.A. Care identifies providers non-compliant with at least one of the appointment availability and after-hours access standards. MY 2022 workbooks were distributed to PPGs in July 2023.	Based on Oversight & Monitoring Workbook results, there was little to no impact with the identification of non-compliant providers for two or more consecutive years.
Educate Members on timely access standards	Ongoing	Newsletter article in the Member newsletter, *Be Well*, educating members on the access to care standards and providing DMHC Help Center contact information.	Members obtain knowledge on their rights to provider Appointment Availability and After-Hours access.
Internal Access to Care Workgroup	Ongoing	Access & Availability Workgroup formed to collaborate and identify barriers and effective interventions to improve Access & Availability. Workgroup findings and recommendations report up to the QI Steering Committee.	Collaborative effort with stakeholders to improve identified deficiencies with Provider Appointment Availability and After-Hours compliance.
Advanced Access	Ongoing	Beginning in MY 2019, L.A. Care began monitoring PCPs that offer advanced access. Provider Contracting & Relationship Management have responsibility of oversight & monitoring of PPG reports for PCPs that offer advanced access. This information is applied to the annual appointment availability surveys.	Advanced Access continued to be successfully incorporated into the MY 2022 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, along with instructions on the PPG Oversight & Monitoring workbook process.	PPGs attended the webinar and were attentive. Quality Improvement will continue to host these webinars on an annual basis. 2023 Webinar was held on June 28, 2023.
Refusals/No Response	Ongoing	MY 2023 will be 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 to be determined by the results of the MY 2022 Oversight and Monitoring Quarterly Workbook Submissions.
Low response rate from DN providers: Improve PAAS survey participation	Ongoing	Assigned project manager specifically to DN Identified top 18 practices holding 60% of membership. Coordinated with CRM to engage and educate providers. Participate in weekly multi-disciplinary workgroup to maximize effort coordination. Currently collaborating with A&G	Effectiveness to be determined by the results of the MY 2023 Provider Appointment Availability Survey. Survey began 10/13/2023. Monitored semi-annually through oversight and monitoring

Opportunity	Status	Action(s) Taken	Effectiveness of Intervention/Outcome
		and Analytics team to correlate access grievance data to PAAS results.	workbooks where non-compliant providers are resurveyed by our survey vendor CSS.

LOOKING FORWARD

The above outlined interventions were all chosen as part of the overall effort to continuously improve timely access to care for members by increasing compliance rates. Upcoming interventions that should continue as part of the 2023 QI Program are:

- Continue oversight and monitoring of providers that offer Advanced Access appointment scheduling.
- Host training webinars to refresh PPGs on the Access to Care standards, as well as on the Oversight and Monitoring process to ensure that PPGs are accurately overseeing and training their contracted providers.
- Analysis of PPG compliance across all Appointment Availability and After-Hours Access measures to identify highest and lowest performing PPGs.

Goal Calculation
Annually, the Quality Improvement Accreditation Team determines the goal for each appointment availability and after-hours access standard by the following methodology. Beginning in MY 2022 Goals will be 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 prior 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 purpose of the Provider Appointment Availability Survey, the DMHC deems non-compliance as having fewer than 70% of network compliance, for a specific network, having a non-urgent or urgent appointment available within the established timeframe. Additional details on the MY 2022 Performance Goals are available through the Quality Improvement Department.

H.2.a ACCESS TO CARE DIRECT NETWORK

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REVIEWERS: MATTHEW PIRRITANO, PH. D, ALEX LI, MD, & EDWARD SHEEN, MD

BACKGROUND/SUMMARY
L.A. Care Health Plan monitors its direct network provider accessibility for Medi-Cal line of business annually. Oversight and monitoring of the Direct Network Timely Access and Availability ensures that all members have adequate access to primary care and specialty care services. The COVID-19 pandemic introduced challenges such as increased stress, priority changes, and communication channel disruptions, which could have affected survey response rates for the measurement year (MY) 2022. The potential adverse effects on response rates may be attributed to the pandemic's unique circumstances. In measurement year (MY) 2022, L.A. Care contracted with the vendor Center for the Study of Services (CSS) to conduct a Provider Appointment Availability Survey as prescribed by the Department of Managed Health Care (DMHC) and the Provider After-Hours Access Survey. L.A. Care uses the results of these surveys to assess network compliance with provider appointment availability and after-hours access standards. L.A. Care also identifies opportunities for improvement by developing and prioritizing interventions to bring the network into compliance.

OBJECTIVES
- Measure appointment availability and after-hours accessibility of L.A. Care's Medi-Cal, including to primary care physicians (PCPs), specialty care physicians (SCPs).
- Monitor supplemental data related to access to care, including CG-CAHPS and member grievances.
- Identify areas for improving provider appointment availability and after-hours accessibility.
- Develop, prioritize and implement improvement interventions

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SECTION 1: PROVIDER APPOINTMENT AVAILABILITY SURVEY

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY 2022 Provider Appointment Availability Survey (PAAS) as prescribed by the MY 2019 DMHC PAAS Methodology. L.A. Care provided CSS with a provider database. Before survey fielding, L.A. Care sent out a blast fax and postcard to Direct Network Providers 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 Primary Care Providers (PCPs) and Specialty Care Providers (SCPs). The vendor attempted to reach all providers in the survey database and made up to three (3) call attempts. Providers that refused to participate, did not answer the phone during normal business hours, or did not respond to the survey within 48 hours were excluded from the compliance calculations. Ineligible providers were also excluded from compliance calculations. Ineligible providers were identified as not participating in the network or having incorrect or non-working contact information (phone/fax number, email) defined by the DMHC MY 2019 PAAS Methodology. Eligible providers were identified by the survey vendor as actively in the L.A. Care network and able to participate in the survey.

Appointment types measured in MY 2022 include the following:
- Urgent Appointments
- Non-urgent or Routine Appointments
- Preventive Services
- Initial prenatal appointment
- In Office Waiting Room Time
- Normal Business Hours Call Back for Immediate Care
- Process for Rescheduling Missed Appointments
- Call Back for Rescheduling Missed Appointments

RESULTS

The tables below display aggregate results by the Direct Network Medi-Cal networks. Ineligible providers were excluded from compliance calculations. Providers that did not respond to the survey (did not answer the phone call during normal business hours) or refused to participate were recorded as non-responders and excluded from compliance calculations.

Primary Care results are displayed by composite (all surveyed PCP types). Specialty results are displayed by Composite, DMHC required, High Impact and High Volume. L.A. Care identifies, at a minimum, the top five high volume specialties based on encounter data for a 12-month period of the measurement year. OB/GYNs are always included in the top five high volume specialties. All results are compiled into a Specialty Compliance Summary for full specialty breakdowns for DMCH required, high volume, and high impact specialty types and available through the Quality Improvement Department

COMPLIANCE SUMMARIES: DIRECT NETWORK MEDI-CAL AGGREGATE

Table 2a: Direct Network PCP and SCP Composite (Medi-Cal)		2022	2021	
		Medi-Cal		Goal
Urgent Appointment	PCP	74%	80%	84%
	SCP	57%	68%	80%
Routine Appointment	PCP	95%	96%	94%
	SCP	76%	81%	80%
		Medi-Cal		Goal
Preventive Services (Adult)	PCP	97%	97%	98%
	SCP	N/A	N/A	N/A
		Medi-Cal		Goal
Preventive Services (Pediatric)	PCP	96%	95%	94%
	SCP	N/A	N/A	N/A
		Medi-Cal		Goal
Initial Prenatal Visit	PCP	96%	98%	98%
	SCP	73%	90%	96%
		Medi-Cal		Goal
In-Office Waiting Room Time	PCP	98%	98%	98%
	SCP	95%	94%	97%
		Medi-Cal		Goal
Normal Business Hours Call Back	PCP	72%	73%	80%
	SCP	51%	66%	80%
Process for Rescheduling Missed or Cancelled Appointments	PCP	100%	100%	99%
	SCP	98%	97%	99%
		Medi-Cal		Goal
Call-Back time to Reschedule Appointments	PCP	97%	96%	96%
	SCP	94%	93%	91%

COMPLIANCE SUMMARIES: AGGREGATE PCP AND SCP RESULTS FOR DIRECT NETWORK

The tables below display appointment availability compliance rates for Direct Network practices that hold 60% of Direct Network members. Compliance rates are broken out by PCPs and SCPs for each appointment standard. Table 4 includes Direct Network practices surveyed in the 2022 PAAS.

Table 4: Direct Network Aggregate Compliance

Direct Network Practices*	2022 PCP Urgent Goal: 84%	2022 PCP Routine Goal: 94%	2022 SCP Urgent Goal: 80%	2022 SCP Routine Goal: 80%
L.A. Care Direct	74%	96%	57%	76%
Bartz-Altadonna Community Health Center	75%	100%	50%	50%
Clinica Medica Familiar Y Dental	100%	100%	N/A	N/A
Family Clinic Of Long Beach	100%	100%	N/A	N/A
Fariborz David Satey MD, Inc.	100%	100%	N/A	N/A
Martin Luther King Jr Community Medical Group	40%	40%	N/A	N/A
Noalab Medical Clinic Inc.	50%	100%	N/A	N/A
Rosanna Iskander MD Inc.	0%	100%	N/A	N/A
Roy Medical Group, Inc.	50%	100%	N/A	N/A
West-Coast Doctors Med Grp	100%	100%	N/A	N/A

*Direct Network practices that are holding 60% of Direct Network members.

Quantitative Analysis

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

An analysis of the L.A. Care Direct Network appointment survey results revealed the following:

- **PCP rates:** From 2021 to 2022:
  - Urgent Appointments did not meet the goal and decreased by 6%
  - Routine Appointments met the goal and decreased by 1%
  - Preventive Services-Adult did not meet the goal and decreased by 1%
  - Preventive Services-Pediatrics met the goal and improved by 1%
  - Initial Prenatal Visits did not meet the goal and decreased by 2%
  - In-Office Waiting Room Times met the goal and rates remained the same at 98%
  - Normal Business Hours Call Back did not meet the goal and decreased by 1%
  - Process for Rescheduling Missed or Cancelled (no-show) Appointments met the goal and improved by 1%
  - Process for Call-Back Time to Reschedule Missed Appointments met the goal and improved by 1%
- **SCP rates**: From 2021 to 2022:
  - Urgent Appointments did not meet the goal and decreased by 11%
  - Routine Appointments did not meet the goal and decreased by 5%
  - Initial Prenatal Visits did not meet the goal and decreased by 17%
  - In-Office Waiting Room Times did not meet the goal and improved 1%
  - Normal Business Hours Call Back did not meet the goal and decreased by 15%
  - Process for Rescheduling Missed or Cancelled (no-show) Appointments did not meet the goal and improved by 1%
  - Process for Call-Back Time to Reschedule Missed Appointments met the goal and improved 1%

Overall Qualitative Analysis: L.A. Care Direct Network

Primary Care Practitioners

In 2022, L.A. Care issued a root cause analysis for low-performance and non-compliance in the appointment availability and after-hours survey. The most frequent responses to the corrective action plan root causes for Appointment Availability:

- Office Staff not familiar with Access Standards
- Amid the pandemic, many providers had to work in hospital settings, and many offices had more limited hours. We were hearing that more and more providers were contemplating retiring.
- Providers have limited office capacity due to staffing issues
- High demand for appointments and staff shortage
- Overall, burdens brought on by the pandemic: Office restrictions /protocols and office staff changes
- Providers' offices have a large number of Patients.

After Hours:

- Lack of knowledge of access standards: Provider & Staff turnover
- Voicemails need to be re-recorded for more understanding and clarity
- Temporary problem with the After Hours line
- No on-call physician available for after-hours services

In MY 2022, for the Primary Care Appointment Availability survey questions there were increases in routine check-up and call back measures. For Specialty Care Appointment Availability there were increases in waiting room and call back measures. The After Hours questions showed an increase in Access and Timeliness. In order to address and improve appointment availability and after hours compliance rates Quality Improvement had a mandatory Direct Network Access to Care Oversight and Monitoring process meeting where Direct Network providers were invited to attend. As part of this process, L.A. Care developed a training webinar, oversight and monitoring audit workbook and related auditing tools. The Quality Improvement Accreditation team hosts these webinars annually and reviews the Access to Care standards and compliance rates, along with instructions on the Oversight & Monitoring workbook process. The 2023 Webinar was held on June 28, 2023.

Feedback Received:

"These webinars are very helpful and assist with job tasks. As a new teammate, I was just a little confused about where the notebooks were located but it was explained at the end. I appreciate the time for Q&A."

- Great tips and information
- Very detailed presentation

Due to this information, Quality Improvement will continue mandating Direct Network to attend the Access to Care webinar to address compliance rates and Access to Care Standards questions.

Measurement Year 2022 Corrective Action Plan (CAP for any ATC Measures which were not met

Based on the MY 2022 PAAS results, Quality Improvement sent an internal Correction Action Plan (CAP) Request to Contracts and Relationship Management (CRM) in July 2023 for any access goals that still needed to be met. CRM conducted an Education outreach to Direct Network providers about the standards to meet the measures for the Provider Appointment Availability survey. Continued noncompliance or failure to produce evidence of remediation will be escalated to the Internal Compliance Committee (ICC) for remediation. L.A. Care's Enterprise Performance Optimization (EPO) team will handle CAP requests

and submissions, while L.A. Care Quality Improvement will review the submissions and track Direct Network progress.

Contracts and Relationship Management (CRM) worked with the practices to address all the Non-compliant and unmet measures for MY 2022 CAP. Some root causes provided included office staff not being familiar with Access Standards, providers having limited office capacity due to staffing issues, high demand for appointments and staff shortage, and overall burdens brought on by the pandemic described as office restrictions /protocols and office staff changes.

The Direct Network has submitted corresponding corrective action plans, which will be continuously monitored through collaboration with Quality Improvement and Enterprise Performance Optimization. Additional details are captured in the CAP Tracker and available through the Quality Improvement Department.

SECTION 2: CG-CAHPS SURVEY RESULTS FOR DIRECT NETWORK

Table 11a displays the member survey (CG-CAHPS) results for questions related to timely access for the L.A. Care Direct Network.

Table 11a: CG-CAHPS Access to Care Direct Network Measures					
Access Question	**Line of Business***	**2019**	**2020**	**2021**	**2022**
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? Primary Care- (Adult)	Direct Network (Medi-Cal)	Not Reportable	52.8%	49.0%	41.9%
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? Primary Care- (Adult)	Direct Network (Medi-Cal)	60.3%	59.9%	54.1%	43.6%
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? Specialty Care- (Adult)	Direct Network (Medi-Cal)	55.3%	49.5%	46.7%	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%
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%

Table 11a: CG-CAHPS Access to Care Direct Network Measures					
Access Question	Line of Business*	2019	2020	2021	2022
In the last 12 months, overall rating of Care Provider? Primary Care- (Adult)	Direct Network (Medi-Cal)	55.5%	Not Reportable	60.6%	52.1%
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%

Source: 2019-2022 CG-CAHPS Adult Reports
The years for CG-CAHPS reflect the year that fielding began.
Not Reportable (Too Few respondents (<30) to report score).

Quantitative Analysis

Direct Network:
- CG-CAHPS Adult member satisfaction with:
  - Getting timely Primary Care urgent appointments decreased by 7.1% from 2021 to 2022.
  - Getting timely Primary Care routine appointments decreased by 10.5% from 2021 to 2022.
  - Getting timely Specialist Care urgent appointments increased by 3.3% from 2021 to 2022.
  - Getting in contact with Primary Care provider office to get same day response to phone questions decreased by 16.5% from 2021 to 2022.
  - Getting in contact with Provider office to get easy care, tests and treatments increased by 6.7% from 2021 to 2022.

- CG-CAHPS Adult member overall care satisfaction with:
  - Overall rating of Primary Care provider decreased by 8.5% from 2021 to 2022.
  - Overall rating of Specialist Care provider increased by 4.5% from 2021 to 2022.

Qualitative Analysis

Medi-Cal
CG-CAHPS scores for Medi-Cal remain very low. All ratings and composites for the adult and child surveys scored below the internal network wide benchmark. Getting care quickly, Getting needed care and Getting same day response to phone questions are the lowest rated composites and should be prioritized for improvement.

SECTION 3: COMPLAINTS FOR ACCESS TO CARE

L.A. Care Health Plan conducted an analysis of grievances and appeals for the 1-year period (CY 2022) of January 1, 2022 – December 31, 2022. The grievance analysis includes expressions of dissatisfaction resolved at the time of the call and exempt from the written notification requirements for acknowledgement and resolution of the grievance. L.A. Care is working to have the ability to filter appeals and grievances for the Direct Network only. Currently only aggregate data is available for Medi-Cal line of business. Please refer to H.2 Access to Care report to see aggregate data for Medi-Cal line of business.

SECTION 4: PCPS AFTER-HOURS SURVEY

BACKGROUND
Information obtained from the practitioner after-hours access to care assessment measures how well practitioners are adhering to L.A. Care's established after-hours access standards. Based on the response

to each survey question and the access standard, the provider is categorized as being either compliant or non-compliant.

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY 2022 After-Hours Survey. The vendor conducted a telephonic survey using L.A. Care's approved survey tool for PCPs. The vendor attempted to reach all providers in the survey database and made up to three (3) call attempts. CSS calculated rates of compliance for all eligible providers. Ineligible providers included providers 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 2022. Provider offices were surveyed during closed office hours (early morning, evening, holiday or weekend hours). L.A. Care Health Plan requires PCPs or their designated on-call licensed practitioners be available to coordinate patient care beyond normal business hours. To achieve after-hours compliance, PCPs must meet all three requirements as outlined below:

- D. Automated systems
    - Must provide emergency instructions
    - Offer a reasonable process to contact the PCP or their covering practitioner or other "live" party
    - If process does not enable the caller to contact the PCP or their covering practitioner directly, the "live" party must have access to a practitioner for both urgent and non-urgent calls.
- E. Professional exchange staff
    - Must provide process for emergency calls
    - Must have access to practitioner for both urgent and non-urgent calls.
- F. To achieve after-hours timeliness compliance, PCPs, their covering practitioner, or a screening/triage clinician (RN, NP or PA) must return a member's call within 30 minutes.

L.A. Care submitted to CSS a complete database of L.A. Care's network of PCPs. The database included the provider's address and phone number. Based on the provider's response to each survey question and the established access standard, the provider is categorized as being either compliant or non-compliant.

RESPONSE RATES

Table 13: After-Hours Response Rate L.A. Care Direct Network			
	Original Sample Size	Eligible Provider Size	Response Rate^
MCLA Access	323	267	83%
MCLA Timeliness	323	225	70%

COMPLIANCE SUMMARIES

Table 14a: Medi-Cal Aggregate Year-over-Year Comparison							
After-Hours Measure	Line of Business	2022	2021	2020	Variance	Performance Goal	Goal Met
Access Compliance	L.A. Care Direct Network (Medi-Cal)	83%	81%	72%	2%	81%	Yes
Timeliness Compliance	L.A. Care Direct Network (Medi-Cal)	70%	62%	61%	8%	80%	No

Variance is the difference between the current and previous year's rates.

Table 14b: L.A. Care Direct Network Aggregate Compliance		
	2022	
Direct Network Practices*	Access Goal ≥ 81%	Timeliness Goal ≥ 80%
Bartz-Altadonna Community Health Center	100%	0%
Clinica Medica Familiar Y Dental	100%	100%
Family Clinic Of Long Beach	0%	0%
Fariborz David Satey MD, Inc.	100%	100%
Martin Luther King Jr Community Medical Group	50%	50%
Noalab Medical Clinic Inc.	100%	50%
Pc Medical Clinic Inc.	100%	100%
Pilossyan Medical Center Inc.	100%	100%
Rosanna Iskander MD Inc.	100%	0%
Roy Medical Group, Inc.	100%	55%

*Direct Network practices that are holding 60% of Direct Network members.

Table 14a L.A. Care Direct Network

- Access Compliance increased by 2% and did meet the L.A. Care goal of 81%.
- Timeliness Compliance increased by 8% and did not meet the L.A. Care goal of 80%.

Table 14b L.A Care Direct Network After-Hours Aggregate Compliance

Table 14b includes the Access and Timeliness compliance survey results for Direct Network Practices. This survey only includes PCPs.

- 8 Practices met the L.A. Care goal for Access Compliance.
- 4 Practices met the L.A. Care goal for Timeliness Compliance.

Qualitative Analysis

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 2022.

Individual Practitioner-Level Analysis

Regardless of the geographic area, L.A. Care found that the fundamental economic issues identified in the root cause analysis (high provider and staff turnover, limited staffing available, etc.) impacted all areas. L.A. Care reviewed all the non-compliant providers individually and identified the reasons for non-compliance:

- Provider offices do not have after-hours answering services available.
- The recording is not set up correctly.
- Some offices do not have an on-call physician available for after-hours assistance.
- Lack of knowledge of access standards
- Provider's offices have a large number of Patients.

Based on this, L.A. Care will continue to monitor and educate Direct Network Practices on After-Hours Compliance Standards, distribute the Access to Care Quick Tips handouts to Direct Network Practices, highlight the importance of meeting the After Hours Standards, and direct providers to the L.A. Care website for easy access to the Access to Care Standards.

SECTION 5: 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 Steering Committee and Joint

Performance Improvement Collaborative Committee & Physician Quality Committee. These committees include an internal cross-departmental representation from departments, such as Quality Improvement, 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.

To identify issues below the plan level, access to care data was segmented into the Direct Network Practices level. Results are distributed to each specific Direct Network Practice in the form of a report card. L.A. Care has continued collaborative efforts with Direct Network Practices throughout 2019 to 2022 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 the mandatory Access to Care Oversight and Monitoring process. As part of this process, L.A. Care developed a training webinar, oversight and monitoring audit workbook and related auditing tools. Quality Improvement hosts these webinars annually and reviews the Access to Care standards and compliance rates, along with instructions on the Oversight & Monitoring workbook process. The 2023 Webinar was held on June 28, 2023, and Direct Network providers attended the webinar and were attentive.

L.A. Care holds Direct Network responsible for surveying non-compliant providers bi-quarterly for oversight and monitoring of the access to care standards with the appointment wait time and after-hours standards. CRM will conduct Education outreach to Direct Network Providers for Submission #1 and Submission #3. Center for the Study of Services (CSS) will conduct surveys for Submission #2 and Submission #4. CRM and CSS are scheduled to report back on Education outreach and resurveying results for the MY 2022 Oversight & Monitoring Workbooks as follows:

- Submission #1 8/18/2023 (CRM will conduct Education outreach to Direct Network Providers who were Non-Compliant)
- Submission #2 11/17/2023 (CSS is resurveying Non-Compliant Providers and will provide with surveys results)
- Submission #3 2/16/2024 (CRM will conduct Education outreach to Direct Network Providers who were Non-Compliant)
- Submission #4 5/17/2024 (CSS is resurveying Non-Compliant Providers and will provide with surveys results)

The Direct Network is required to monitor their practitioners until they become compliant with L.A. Care's performance standards. L.A. Care will continue to require the Direct Network to report their findings until their network is in compliance with 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 continually improve member access to care:

Opportunity	Status	Action(s) Taken	Effectiveness of Intervention/ Outcome
Low response rate from DN providers: Improve Provider Appointment Availability	Ongoing	Assigned project manager specifically to Direct Network Identified practices holding 60% of membership. Coordinated with CRM to engage and educate providers. Participate in weekly multi-disciplinary workgroup to maximize effort coordination. Currently	Effectiveness to be determined by the results of the MY 2023 Provider Appointment Availability Survey. Survey began 10/13/2023. Monitored semi-annually through oversight

Opportunity	Status	Action(s) Taken	Effectiveness of Intervention/ Outcome
Survey (PAAS) participation		collaborating with A&G and Analytics team to correlate access grievance data to PAAS results.	and monitoring workbooks where non-compliant providers are resurveyed by our survey vendor CSS.

H.3 AVAILABILITY OF PRACTITIONERS

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BACKGROUND/SUMMARY
L.A. Care Health Plan (L.A. Care) quarterly assesses its Primary Care (PCP), as well as high-volume and high-impact Specialty Care (SCP) practitioner networks, to ensure adequacy in <u>member to provider ratios and time or distance</u> to serve membership effectively. This comprehensive review encompasses practitioners linked with our Medi-Cal, L.A. Care Covered (LACC/LACCD), Dual Eligible Special Needs Plan (D-SNP), and PASC-SEIU (PASC) service lines. L.A. Care has established quantifiable and measureable standards for both the number and geographic distribution of practitioners. Data that determine provider compliance with these standards are collected and assessed. Opportunities for improvement are identified and acted upon on an annual basis.

In addition to the quarterly assessment, L.A. Care submits a monthly 274 file to DHCS along with supporting exhibits to demonstrate network compliance with member to provider ratios and time or distance standards in preparation for Annual Network Certification (ANC). In order to adhere to network compliance standards, the Plan submits Alternative Access Standards (AAS) to ensure that network adequacy is addressed.

Note: Please be advised that at the end of 2022, Cal MediConnect (CMC) plan changed to Dual Eligible Special Needs Plan (D-SNP) effective January 1, 2023.

2023 WORK PLAN GOALS: Each section of this report contains specific quantifiable goals.

SECTION 1: THE AVAILABILITY OF PRACTITIONERS

METHODOLOGY
Primary care fields practitioners include Family Practice/General Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics. High volume areas of specialty care are determined by the number of encounters within a specific timeframe. L.A. Care analyzes the same specialty areas over the course of a full calendar year. These annually determined specialties are specific to each product line and line of business. L.A. Care also evaluates access to Obstetrics/Gynecology services and the high-impact specialties of Oncology and Cardiovascular Disease across all lines of business. Additional specialty areas may be assessed due to regulatory requirements and requests pertaining to geographic access and availability.

PERFORMANCE STANDARDS
Performance standards are based on regulatory requirements, external benchmarks, industry standards, and national and regional comparative data. Availability standards are established for:

- Primary Care to Member Ratio
- Specialist to Member Ratio = Total number of specialists for the specific specialty type (e.g., total number of ophthalmologists)/Total Membership
- Primary Care and Specialist Driving Distance: MapInfo software is used to measure performance.

PROVIDER TO MEMBER RATIOS
For Primary Care providers, the goal of 1 provider per 2000 members was met across most lines of business for the majority of Primary Care specialty types.

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) for its Medi-Cal, L.A. Care Covered, and PASC lines of business. For D-SNP, the specialty types include Family Practice, General Practice, and Internal Medicine.

PERFORMANCE ASSESSMENT

As of August 2023, the total number of MCLA Medi-Cal members was 1,525,070. The report also measures practitioner availability for 128,461 L.A. Care Covered members, 18,188 Dual Eligible Special Needs Plan (D-SNP) members, and 49,216 PASC-SEUI members.

PCP ASSESSMENT

The following tables depict the level of provider network compliance with current physician-to-enrollee ratio standards across all primary care physician types.

REPORTING

Primary Care Ratios by Product Line

Medi-Cal (MCLA)					
Specialty	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Standard
FP/GP	1:501	1:513	1:506	1:490	1:200
IM	1:269	1:277	1:276	1:266	1:2000
PED	1:314	1:328	1:317	1:329	1:2000

L.A. Care Covered (LACC)					
Specialty	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Standard
FP/GP	1:51	1:54	1:55	1:63	1:2000
IM	1:49	1:50	1:51	1:55	1:2000
PED	1:9	1:10	1:10	1:12	1:2000

Dual Eligible Special Needs Plan (D-SNP)					
Specialty	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Standard
FP/GP	1:8	1:22	1:23	1:22	1.67:1000
IM	1:6	1:26	1:26	1:25	1.67:1000

*CMC transitioned to D-SNP January 2023
*Q4 2022 reporting for CMC network/ congruent network to D-SNP

PASC					
Specialty	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Standard
FP/GP	1:195	1:209	1:206	1:197	1:2000
IM	1:180	1:178	1:178	1:177	1:2000
PED	1:30	1:22	1:21	1:22	1:2000

The following tables depict the level of provider network compliance with current member travel distance standards across all primary care physician types.

Primary Care Provider to Member Geographical Distribution by Product Line

Medi-Cal (MCLA)				
Standard: 10 miles **Compliance Target: 95%**	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**
FP/GP Average Distance (Miles) % of Members with Access	1 mi 100%	1mi 100%	1mi 100%	1mi 100%
IM Average Distance (Miles) % of Members with Access	1 mi 99%	1 mi 99%	1 mi 100%	1 mi 100%
PED Average Distance (Miles) % of Members with Access	2 mi 96%	1 mi 99%	1 mi 99%	1 mi 99%

LACC				
Standard: 15 miles **Compliance Target: 95%**	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**
FP/GP Average Distance (Miles) % of Members with Access	1 mi 100%	1 mi 100%	1 mi 100%	2 mi 100%
IM Average Distance (Miles) % of Members with Access	1 mi 100%	1 mi 100%	1 mi 100%	2 mi 100%
PED Average Distance (Miles) % of Members with Access	2 mi 100%	2 mi 100%	2 mi 100%	2 mi 100%

CMC/D-SNP				
Standard: 5 miles **Compliance Target: 95%**	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**
FP/GP Average Distance (Miles) % of Members with Access	1 mi 99%	1 mi 99%	2 mi 99%	2 mi 97%
IM Average Distance (Miles) % of Members with Access	1 mi 99%	1 mi 99%	2 mi 97%	2 mi 97%

*CMC transitioned to D-SNP January 2023
*Q4 2022 reporting for CMC network/ congruent network to D-SNP

PASC				
Standard: 15 miles **Compliance Target: 95%**	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**
FP/GP Average Distance (Miles) % of Members with Access	5 mi 98%	6 mi 98%	6 mi 98%	6 mi 98%
IM Average Distance (Miles) % of Members with Access	5 mi 98%	5 mi 98%	5 mi 98%	5 mi 98%
PED Average Distance (Miles) % of Members with Access	8 mi 97%	7 mi 97%	7 mi 97%	7 mi 97%

HIGH VOLUME AND HIGH IMPACT ASSESSMENT

The following tables depict the level of provider network compliance with current physician-to-enrollee ratio standards across high volume and high impact areas of specialty care.

High Volume and High Impact Specialties Ratios by Product Line

	Medi-Cal (MCLA)				
Specialty	Standards	Q4 2022	Q1 2023	Q2 2023	Q3 2023
OB/GYN	1:2000	1:1343	1:1329	1:1343	1:1301
OPHTHALMOLOGY	1:5000	1:3650	1:3703	1:3766	1:3639
DERMATOLOGY	1:5000	1:11368	1:11082	1:11297	1:10446
PODIATRY	1:10000	1:7637	1:7516	1:7476	1:7153
UROLOGY	1:10000	1:8917	1:8931	1:9243	1:8854
CARDIOVASCULAR DISEASE	1:4000	1:2880	1:2983	1:3032	1:2910
ONCOLOGY	1:5000	1:3423	1:3482	1:3482	1:3338
	LACC/LACCD				
Specialty	Standards	Q4 2022	Q1 2023	Q2 2023	Q3 2023
OB/GYN	1:2000	1:1	1:1	1:1	1:2
OPHTHALMOLOGY	1:5000	1:355	1:371	1:375	1:422
DERMATOLOGY	1:5000	1:952	1:960	1:938	1:1044
PODIATRY	1:10000	1:820	1:830	1:803	1:914
UROLOGY	1:10000	1:860	1:893	1:905	1:1022
CARDIOVASCULAR DISEASE	1:4000	1:277	1:289	1:289	1:329
ONCOLOGY	1:5000	1:348	1:359	1:358	1:412

	D-SNP				
Specialty	Standards	Q4 2022	Q1 2023	Q2 2023	Q3 2023
OB/GYN	0.04:1000	1:26	1:53	1:54	1:53
OPHTHALMOLOGY	0.24:1000	1:47	1:103	1:106	1:94
PODIATRY	0.19:1000	1:93	1:122	1:120	1:122
UROLOGY	0.12:1000	1:123	1:208	1:219	1:222
NEUROLOGY	0.12:1000	1:49	1:255	1:256	1:263
CARDIOVASCULAR DISEASE	0.27:1000	1:39	1:112	1:116	1:117
ONCOLOGY	0.19:1000	1:50	1:199	1:200	1:217

*CMC transitioned to D-SNP January 2023
*Q4 2022 reporting for CMC network/ congruent network to D-SNP

	PASC				
Specialty	Standards	Q4 2022	Q1 2023	Q2 2023	Q3 2023
OB/GYN	1:2000	2:1	1:1	1:1	1:1
PODIATRY	1:5000	1:3810	1:4111	1:4101	1:4030
DERMATOLOGY	1:5000	1:6192	1:6167	1:6152	1:6045
OPHTHALMOLOGY	1:10000	1:2064	1:2242	1:2237	1:2303
INFECTIOUS DISEASES	1:10000	1:1457	1:1451	1:1448	1:1560
CARDIOVASCULAR DISEASE	1:4000	1:1376	1:1410	1:1448	1:1465
ONCOLOGY	1:5000	1:2607	1:2741	1:2590	1:2845

The following tables depict the level of provider network compliance with current member travel distance standards across high volume and high impact areas of specialty care.

HIGH VOLUME AND HIGH IMPACT SPECIALTIES GEOGRAPHICAL DISTRIBUTION BY PRODUCT LINE

Medi-Cal (MCLA)				
Standard: 15 Miles **Compliance Target: 95%**	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**
OB/GYN Average Distance (Miles) % of Members with Access	 2 mi 100%	 2 mi 100%	 2 mi 100%	 2 mi 100%
Ophthalmology Average Distance (Miles) % of Members with Access	 2 mi 100%	 2 mi 100%	 2 mi 100%	 2 mi 100%
Dermatology Average Distance (Miles) % of Members with Access	 2 mi 100%	 2 mi 100%	 3 mi 98%	 2 mi 100%
Podiatry Average Distance (Miles) % of Members with Access	 2 mi 100%	 2 mi 100%	 2 mi 100%	 2 mi 100%
Urology Average Distance (Miles) % of Members with Access	 2 mi 99%	 3 mi 99%	 2 mi 100%	 2 mi 99%
Cardiovascular Disease Average Distance (Miles) % of Members with Access	 2 mi 100%	 2 mi 99%	 2 mi 100%	 2 mi 100%
Oncology Average Distance (Miles) % of Members with Access	 2 mi 100%	 3 mi 99%	 3 mi 100%	 2 mi 100%

LACC				
Standard: 15 Miles **Compliance Target: 95%**	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**
OB/GYN Average Distance (Miles) % of Members with Access	 2 mi 99%	 3 mi 99%	 2 mi 99%	 2 mi 99%
Ophthalmology Average Distance (Miles) % of Members with Access	 2 mi 100%	 2 mi 100 %	 2 mi 100 %	 2 mi 100 %
Dermatology Average Distance (Miles) % of Members with Access	 3 mi 100%	 3 mi 100%	 3 mi 100%	 3 mi 100%
Podiatry Average Distance (Miles) % of Members with Access	 2 mi 100%	 2 mi 100%	 2 mi 100%	 2 mi 100%
Urology Average Distance (Miles) % of Members with Access	 3 mi 100%	 3 mi 100%	 3 mi 100%	 3 mi 100%
Cardiovascular Disease Average Distance (Miles) % of Members with Access	 2 mi 100 %	 2 mi 100 %	 2 mi 99 %	 3 mi 100 %
Oncology Average Distance (Miles) % of Members with Access	 2 mi 100%	 2 mi 100 %	 2 mi 100 %	 3 mi 100 %

D-SNP				
Standard: 15 Miles **Compliance Target: 95%**	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**
OB/GYN Average Distance (Miles) % of Members with Access	2 mi 99%	2 mi 97%	2 mi 99%	2 mi 98%
Ophthalmology Average Distance (Miles) % of Members with Access	2 mi 99%	2 mi 99%	2 mi 98%	3 mi 97%
Podiatry Average Distance (Miles) % of Members with Access	2 mi 99%	2 mi 99%	2 mi 99%	2 mi 99%
Urology Average Distance (Miles) % of Members with Access	3 mi 99%	3 mi 99%	3 mi 98%	3 mi 98%
Neurology Average Distance (Miles) % of Members with Access	2 mi 99%	2 mi 99%	3 mi 99%	3 mi 99%
Cardiovascular Disease Average Distance (Miles) % of Members with Access	2 mi 99%	2 mi 99%	3 mi 98%	3 mi 98%
Oncology Average Distance (Miles) % of Members with Access	3 mi 99%	3 mi 99%	4 mi 99%	5 mi 95%

*CMC transitioned to D-SNP January 2023
*Q4 2022 reporting for CMC network/ congruent network to D-SNP

PASC				
Standard: 15 Miles **Compliance Target: 95%**	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**
OB/GYN Average Distance (Miles) % of Members with Access	9 mi 98 %	6 mi 98%	9 mi 97%	6 mi 97%
Podiatry Average Distance (Miles) % of Members with Access	8 mi 95%	7 mi 96%	10 mi 92%	10 mi 92%
Dermatology Average Distance (Miles) % of Members with Access	10 mi 94 %	9 mi 95%	10 mi 93%	10 mi 93%
Ophthalmology Average Distance (Miles) % of Members with Access	8 mi 95%	8 mi 96%	8 mi 95%	9 mi 91%
Infectious Disease Average Distance (Miles) % of Members with Access	9 mi 93%	9 mi 94%	9 mi 93%	9 mi 93%
Cardiovascular Disease Average Distance (Miles) % of Members with Access	6 mi 98%	5 mi 99%	6 mi 98%	6 mi 98%
Oncology Average Distance (Miles) % of Members with Access	8 mi 95%	7 mi 96 %	8 mi 95 %	8 mi 95 %

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 October 2022 - September 2023 period. As shown in the tables below, the majority of L.A. Care members have access to these services within the 10 or 15-mile standard. Radiology for D-SNP has a slightly lower percentages of members with access to a "stand-alone" facility within the travel distance standards, as L.A. Care delegates Radiology service to its Participating Physician Groups (PPGs). However, it should be noted that these services are also available at some hospital facilities. This additional access option is not reflected in the table below.

Ancillary Provider to Member Geographical Distribution Standard and Results				
	Medi-Cal	**LACC-LACCD**	**D-SNP**	**PASC**
	% within 15 miles	**% within 15 miles**	**% within 10 miles**	**% within 15 miles**
Skilled Nursing Facility	99%	100%	98%	98%
Home Health Agencies	100%	100%	99%	99%
Ambulatory Surgery Centers	99%	98%	96%	97%
Radiology Facilities	100%	100%	33%	98%
Dialysis Centers	100%	100%	100%	98%

*Does not include services available at hospital facilities
CMC transitioned to D-SNP January 2023
Q4 2022 reporting for CMC network/ congruent network to D-SNP

QUANTITATIVE ANALYSIS – HIGH IMPACT AND HIGH VOLUME PROVIDERS

PROVIDER TO MEMBER RATIOS

High Volume Specialist and High Impact Specialist ratio standards were met for L.A. Care Covered and Cal MediConnect/D-SNP lines of business across the four quarters from Q4 2022 through Q3 2023. The majority of high impact and high volume specialties are met for MCLA and PASC lines of business across all four quarters Q4 2022 through Q3 2023 except for Dermatology. The PASC line of business for Dermatology is slightly above the standard.

MEMBER DRIVE DISTANCE

L.A. Care also meets the standards for average drive distances for high volume and high impact specialists for Medi-Cal, L.A. Care Covered, Cal MediConnect/D-SNP, and the PASC line of business.

QUALITATIVE ANALYSIS

Overall, L.A. Care's primary care network is sufficient to meet the healthcare needs of the vast majority of members and is in compliance with currently established ratio standards for all lines of business. L.A. Care continues to closely monitor its specialty networks to gauge member access to highly utilized specialties as well as those determined to be high impact specialties. Analysis indicated a scarcity of physicians around rural settings, particularly those specializing in high-volume and high-impact areas. The inherent infrastructure and specialist staffing limitations in these areas poses challenges to establishing a comprehensive network. L.A. Care will continue to utilize Quest analytics software to identify available market providers and work with partners on alternative access standards.

L.A. Care meets the enrollee travel distance standards for primary care as well as high volume and high impact specialists for Medi-Cal, LACC, CMC/D-SNP, and PASC lines of business.

L.A. Care is aware this annual analysis also relies on average calculations and overall ratio compliance as a method of assessing member access to needed care and is limited in its ability to gain insight into member experience. Member disenrollment data, satisfaction survey results, grievances, and appeals all have potential for contributing to understanding of access barriers encountered by members.

SECTION 2: INTERVENTIONS

CURRENT AND PAST INTERVENTIONS

Intervention: Direct Contracting
In addition to establishing a direct network, L.A. Care continues to actively pursue direct contracts with primary and specialty care physicians and medical groups throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist. Internal reporting is conducted monthly to perform geographical assessment of network sufficiency. L.A. Care has identified county-wide opportunities to improve and expand its specialty network. These results have led to aggressive direct contracting efforts of both primary care and specialty care physicians.

Intervention: Analysis of Provider Geographical Distribution
L.A. Care's Provider Network Management department continues to perform detailed analysis of network geographical distribution to better understand where coverage deficiencies exist and to apply these results to guide contracting strategies. L.A. Care has also requested and received regulatory approval from the Department of Health Care Services (DHCS) to use alternative access standards to determine levels of access in those geographical locations where there is a dearth of providers and where more stringent, established geographical standards are not able to be met. The plan will soon be launching a Subcontractor Network Certification process (SNC) for provider network oversight to ensure that remediation efforts are underway for areas requiring access improvement.

Intervention: Linguistic Analysis
Based on the number of bilingual practitioners, 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 2022-2023 C&L Program Evaluation), L.A. Care determined that the practitioner network meets the current Cultural & 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
Annually, L.A. Care Health Plan announces and recognizes eight scholarship recipients who will enter medical school. These scholarships started in 2018 and are the flagship program of Elevating the Safety Net (ESN) – a $155 million investment by L.A. Care into workforce development. The plan has dedicated these resources to help train and recruit diverse primary care physicians to work in underserved communities.

NET-2ABC: APPOINTMENT AVAILABILITY
Member surveys on appointment wait times show that L.A. Care did not meet the goals for *Getting Care Quickly*. L.A. Care is continually working to increase provider availability for both primary and specialty care through a multi-step approach.

Intervention: Virtual Services
Since the summer of 2019, L.A. Care members have had access to minor non-emergency services at CVS MinuteClinic locations without need for 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.

Intervention: Direct Contracting

In a strategic effort to bolster accessibility to primary and specialty care, L.A. Care initiated direct provider contracting in 2017, targeting regions in Los Angeles County with access challenges. Through direct contracts, L.A. Care also increases its capabilities to influence the care journey. L.A. Care is also in the advanced stages of developing a virtual specialty care program for Direct Network members, underscoring our dedication to ensuring prompt access to specialty care.

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 that they have adequate specialty networks.

SECTION 3: ACCESS TO BEHAVIORAL HEALTHCARE

The behavioral health network reports the Qualified Autism Service Providers (QASP). Applied Behavior Analysis is a benefit provided by qualified autism service providers (QASPs). These services are provided in beneficiary homes or a community setting, with parent or guardian supervision during the entire duration of treatment. This is a small subset in comparison to the behavioral health services performed by the NCQA accredited organization Carelon Behavioral Health, which services 73.02% (N=42221) of L.A. Care MCLA members. L.A. Care directly contracts for behavioral health treatment for the Medi-Cal product line only and Carelon Behavioral Health is carved out for all other product lines, including CMC and LACC. The L.A. Care Direct Network QASP services are only used by 26.98% (N=2981) of MCLA membership. Since Carelon Behavioral Health is delegated to perform over 70% of services across all product lines, NET 1D is eligible for auto-credit. The table below demonstrates utilization for L.A. Care's Direct Network and Carelon Behavioral Health services.

MCLA (Medi-Cal) Q4 2022 - Q3 2023					
Provider Type	Members Utilizing Services	Total MCLA Members	% of MCLA Members Utilizing Service	Services	% of Total Services
Carelon (formally Beacon)	42,221	1709027	2.47%	405,922	73.02%
QASP	2,981	1709027	0.17%	150,013	26.98%

SECTION 4: PRACTITIONER TO MEMBER RATIOS BY RACE/ETHNICITY:

The five most prevalent racial and ethnic groups that comprise L.A. Care's Medi-Cal, L.A. Care Covered/L.A. Care Covered Direct, Cal MediConnect/D-SNP, and PASC-SEIU membership are illustrated below.

Across all four lines of business (Medi-Cal, CMC/D-SNP, L.A. Care Covered, PASC), the largest number of L.A. Care enrollees who self-report their race/ethnicity identify themselves as White or Caucasian. This reporting trend is followed by Black or African American enrollees in the Medi-Cal, Cal MediConnect/D-SNP and PASC-SEIU programs and Asians participating in the L.A. Care Covered/L.A. Care Covered Direct program.

The top five reported ethnicities within the Medi-Cal line of business represent 88.25% of all Medi-Cal membership. Of that membership, 11.75% declined, or are unknown. For the CMC/D-SNP line of business represents 84.79% of total CMC/D-SNP membership

L.A. Care Covered/L.A. Care Covered Direct and PASC-SEIU lines of business have the lowest reported percentage for self-identified ethnicity with L.A. Care Covered/L.A. Covered Direct at 70.47% with 29.53% who declined, or are unknown. PASC-SEIU line of business represents 66.09%.

Medi-Cal- October 2022 - September 2023

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	1,590,925	70.12%	32	0.39%	1:49716
Black Or African American	251,072	11.07%	7	0.08%	1:35867
Asian	152,677	6.73%	56	0.67%	1:2726
American Indian Or Alaska Native	5,053	0.22%	1	0.01%	1:5053
Native Hawaiian/Other Pacific Islander	2,402	0.11%	16	0.19%	1:150

CMC/D-SNP October 2022 -September 2023

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White or Caucasian	11,034	59.85%	19	0.99%	1:581
Black (African American)	2,841	15.41%	3	0.16%	1:947
Asian	1,612	8.74%	32	1.68%	1:50
American Indian or Alaskan Native	97	0.53%	1	0.05%	1:97
Native Hawaiian/Other Pacific Islander	48	0.26%	9	0.47%	1:5

L.A. Care Covered/L.A. Covered Direct October 2022 -September 2023

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	78,461	49.77%	29	0.97%	1:2706
Asian	24,490	15.54%	50	1.67%	1:490
Black Or African American	7,310	4.64%	7	0.23%	1:1044
Native Hawaiian/Other Pacific Islander	476	0.30%	1	0.03%	1:476
American Indian Or Alaska Native	354	0.22%	16	0.53%	1:22

PASC-SEIU October 2022 -September 2023

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	23,142	47.90%	4	1.32%	1:5786
Asian	4,774	9.88%	0	0.00%	0:4774
Black Or African American	3,870	8.01%	5	1.64%	1:774
Native Hawaiian/Other Pacific Islander	79	0.16%	2	0.66%	1:40
American Indian Or Alaska Native	67	0.14%	0	0.00%	0:67

SECTION 5: PRACTITIONER TO MEMBER RATIOS BY LANGUAGE

METHODOLOGY
- Language and race/ethnicity of practitioners in the provider network is reported voluntarily through the practitioner credentialing application.
- L.A. Care uses mapping software to assess availability of PCPs to members for the five largest language groups of members.

The top five languages among L.A. Care's Medi-Cal, L.A. Care Covered/L.A. Care Covered Direct Cal MediConnect/D-SNP, and PASC-SEIU members are reported in the tables below.

Medi-Cal October 2022 -September 2023: the top five languages among Medi-Cal members represent 97.02% of all languages among members participating in the program. English and Spanish speaking Medi-Cal members continue to have the highest percentage of PCPs who speak their respective languages while Korean speaking members have the lowest percentage of PCPs speaking their language.

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White or Caucasian	1,353,793	59.67%	8,299	100%	1:163
Spanish	726,790	32.03%	3,867	46.60%	1:188
Armenian	51,156	2.25%	953	11.48%	1:54
Cantonese, Mandarin and other Chinese	45,507	2.01%	502	6.05%	1:91
Korean	23,994	1.06%	284	3.42%	1:84

L.A. Care Covered/L.A. Care Covered Direct October 2022- September 2023: The top five languages among by L.A. Care Covered/L.A. Care Covered Direct members comprise 92.14% of all languages spoken.

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White or Caucasian	96,752	61.37%	2,948	45.66%	1:33
Spanish	26,444	16.77%	1,394	21.59%	1:19
Cantonese, Mandarin, and other Chinese	18,589	11.79%	454	7.03%	1:41
Korean	1,822	1.16%	64	0.99%	1:28
Vietnamese	1,640	1.04%	149	2.31%	1:11

Cal MediConnect/D-SNP October 2022 -September 2023: The top five languages among Cal MediConnect/D-SNP members comprise t 97.52% among program membership. Consistent with Medi-Cal and L.A. Care Covered/L.A. Covered Direct, the majority of Cal MediConnect/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	8,829	47.13%	1,868	21.42%	1:10
English	8,688	47.89%	878	45.57%	1:1
Tagalog	207	1.02%	328	3.46%	1:1
Cantonese, Mandarin and other Chinese	188	1.12%	142	8.00%	1:1
Vietnamese	66	0.36%	86	2.10%	1:1

PASC-SEIU October 2022 -September 2023: The top five languages among PASC members represent 93.17% among program membership. Consistent with Medi-Cal and L.A. Care Covered/L.A. Covered Direct, the majority of PASC-SEIU members speak English and Spanish, with these two member groups having the highest percentage of PCPs who speak their language. Of the top five languages spoken by this population, members who speak Korean have the lowest percentage of PCPs who speak their language.

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	27,795	57.53%	303	54.20%	1:92
Spanish	8,128	16.82%	147	26.30%	1:55
Armenian	5796	12.00%	6	1.07%	1:966
Cantonese, Mandarin, and other Chinese	2031	4.20%	18	3.22%	1:113

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
Korean	1268	2.62%	1	0.18%	1:1268

Quantitative Analysis
- Race/Ethnicity of practitioners should be viewed with caution as there is limited self-reported ethnicity data. L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners on a voluntary basis during the application process. As a result, the 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 percentages of English speaking physicians should also be interpreted with caution.
- Spanish speaking members comprise 32.03% of overall Medi-Cal membership, 16.77% of LACC/LACCD membership, 47.13% of CMC membership, and 16.82% of PASC-SEIU membership. These percentages are also derived from self-reported information.
- Spanish speaking practitioners comprise 46.60% of contracted PCPs in the Medi-Cal program, 21.59% of L.A. Care Covered/L.A. Care Covered Direct PCPs, 21.42% of Cal MediConnect PCPs, and 26.30% of PASC-SEIU PCPs.

Qualitative Analysis
The assessment of the cultural, racial, ethnic, and linguistic needs of L.A. Care members informs provider network development as necessary to meet diverse member needs. L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners on a voluntary basis during the application process. The response rate remains low and does not adequately reflect race/ethnicity 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 on a voluntary basis 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 within the study period related to culture and language are low.

L.A. Care publishes practitioner language information both online and via a hard copy Provider Directory to support member selection of practitioners. The hard copy 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, L.A. Care Covered/L.A. Covered Direct, Cal MediConnect/D-SNP, and PASC-SEIU lines of business. These additions are calculated by practitioner languages spoken. Across all four lines of business, English and Spanish speaking practitioners represented the majority of additions during the October 2022 – September 2023 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 for this reporting period not to have new adds in the specialty area at this time.

Medi-Cal: October 2022 – September 2023

LANGUAGE	NUMBER OF PHYSICIANS
English	619
Spanish; Castilian	146
Hindi	26
Persian	18
French	17
Arabic	12
Urdu	12
Korean	11
Armenian	10
Tagalog	9
Vietnamese	9
Russian	8
Gujarati	6
Hebrew	6
Mandarin	4
Chinese	4
German	4
Bengali	3
Burmese	3
Japanese	3
Portuguese	3
Telugu	3
Azerbaijani	2
Faroese	2
Farsi	1
Hungarian	1
Indonesian	1
Italian	1
Croatian	1
Cantonese	1
Central Khmer	1
Turkish	1
Tamil	1
Pushto; Pashto	1

L.A. Care Covered /L.A. Care Covered Direct: October 2022 – September 2023

LANGUAGE	NUMBER OF PROVIDERS
English	259
Spanish	109
Tagalog	14
Farsi	14
Mandarin	13
Cantonese	9
Vietnamese	8
French	7
Arabic	6
Other Chinese	6
Russian	6
Other	5
Armenian	5
Burmese	4
Chinese	4
Korean	4
Persian	3
Not Invalid	3
Urdu	3
Yoruba	2
Cambodian	2
Portuguese	2
German	2
Hindi	2
Hebrew	2
Indian/Hindi	2
Other Non English	2
Taiwanese	1
Tamil	1
Gujaratihindi	1
Italian	1
Hindi Gurjrati	1
Hindi Punjabi	1
Hindi Urdu	1
HindiPunjabiTel	1
Romanian	1
Thai	1
Chinese Taiwanese	1
Gujarati Hindi	1

LANGUAGE	NUMBER OF PROVIDERS
Hindi Punjabi Telugu	1
Hindi Punjabi Urdu	1
HindiMarathiPun	1
HindiTonganUrdu	1
Japanese	1
Taiwanese Hokkien	1
Croatian	1
Yue Chinese	1
Bengali	1
Swahili	1
Samoan	1
Punjabi Hindi	1
Laotian	1
Punjabi Romanian	1
Telugu	1
Gujarati	1
HindiPunjabiSpanish	1
HindiUrdu	1
Hinditamil	1

Cal MediConnect/D-SNP October 2022 – September 2023

LANGUAGE	NUMBER OF PHYSICIANS
English	1622
Spanish	1158
Farsi	196
Mandarin	245
Tagalog	235
Armenian	159
Arabic	152
Other	97
French	107
Other Chinese	198
Persian	32
Vietnamese	155

LANGUAGE	NUMBER OF PHYSICIANS
Russian	110
Korean	66
Gujarati	15
Burmese	30
Cantonese	154
Hindi	58
Indian/Hindi	51
Taiwanese	50
Thai	98
Yue Chinese	43
Yoruba	3
Urdu	35
Samoan	105
Serbian	2
Sranan	N/A
Swahili	5
Italian	30
Khmer	9
Gujarti	1
Hebrew	39
Punjabi Hindi	3
Romanian	3
Romanian-Russian-	N/A
Other Non English	57
Other Sign Language	17
Hindi Punjabi Telugu	1
Hindi Urdu	9
HindiPunjabiSpanish	1

LANGUAGE	NUMBER OF PHYSICIANS
HindiTonganUrdu	
HindiUrdu	13
German	29
Greek	8
Chinese	50
Chinese Khmer	
Chinese Taiwanese	3
Croatian	7
Burmese Chinese	3
American Sign Language	8
Amharic	3

PASC-SEIU October 2022 – September 2023

LANGUAGE	NUMBER OF PHYSICIANS
English	22
Spanish	10
French	N/A
Gujarati	
Hindi	1
Mandarin	1
Marathi	1
Other	1
Polish	N/A
Russian	N/A
Vietnamese	1
Armenian	N/A

Languages Spoken by PCP Staff Offices

Across all four lines of business, English and Spanish are the primary staff languages among PCP offices during the October 2022 – September 2023 timeframe. This is consistent with the languages most prevalent among the member population across all lines of business as well as the primary languages spoken by our

Providers. 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 2022 – September 2023

STAFF LANGUAGE	NUMBER OF STAFF
Arabic	93
Armenian	227
Bengali	2
Bulgarian	N/A
Burmese	7
Cambodian	26
Cantonese	128
Chinese	49
Croatian	N/A
Dutch	1
English	5768
Farsi	2
French	53
German	11
Greek	2
Gujarati	2
Hebrew	19
Hindi	27
Hindo	N/A
Hungarian	N/A
Igbo	1
Ilocano	4
Indonesian	N/A
Italian	14
Japanese	24
Kannada	N/A
Korean	137
Lithuanian	N/A
Mandarin	182
Marathi	1
Panjabi	23
Persian	1
Polish	5
Portuguese	15
Russian	122
Samoan	13

STAFF LANGUAGE	NUMBER OF STAFF
Serbian	1
Spanish	2121
Tagalog	248
Taiwanese	8
Tamil	2
Telugu	1
Thai	9
Turkish	3
Ukrainian	1
Urdu	11
Vietnamese	124
Yiddish	N/A

LACC/LACCD October 2022 – September 2023

STAFF LANGUAGE	NUMBER OF STAFF
Arabic	87
Armenian	168
Bengali	2
Bulgarian	N/A
Burmese	6
Cambodian	16
Cantonese	101
Chinese	47
Croatian	N/A
Dutch	1
English	6418
French	44
German	7
Greek	3
Gujarati	1
Hebrew	17
Hindi	25
Hindo	N/A
Hungarian	1
Ilocano	4
Indonesian	N/A
Italian	12
Japanese	20
Kannada	N/A
Korean	114

STAFF LANGUAGE	NUMBER OF STAFF
Lithuanian	N/A
Malayalam	N/A
Mandarin	160
Marathi	1
Panjabi	21
Polish	7
Portuguese	12
Russian	83
Samoan	6
Spanish	1974
Swedish	1
Tagalog	219
Taiwanese	11
Tamil	2
Telugu	2
Thai	11
Turkish	2
Ukrainian	1
Urdu	10
Vietnamese	123
Yiddish	N/A

CMC/D-SNP October 2022 – September 2023

STAFF LANGUAGE	NUMBER OF STAFF
Arabic	77
Armenian	164
Bengali	1
Bulgarian	N/A
Burmese	6
Cambodian	14
Cantonese	92
Chinese	46
Croatian	N/A
Dutch	1
English	4487
French	38
German	8
Greek	2
Gujarati	C
Hebrew	17

STAFF LANGUAGE	NUMBER OF STAFF
Hindi	22
Hindo	N/A
Hungarian	1
Ilocano	4
Indonesian	N/A
Italian	11
Japanese	26
Kannada	N/A
Korean	104
Lithuanian	N/A
Mandarin	155
Marathi	1
Panjabi	18
Polish	5
Portuguese	12
Russian	78
Samoan	6
Spanish	1839
Swedish	1
Tagalog	196
Taiwanese	11
Tamil	1
Telugu	2
Thai	12
Turkish	2
Ukrainian	N/A
Urdu	8
Vietnamese	109
Yiddish	N/A

PASC October 2022 – September 2023

STAFF LANGUAGE	NUMBER OF STAFF
Arabic	2
Armenian	4
Burmese	2
Cambodian	5
Cantonese	13
Chinese	1
English	1388
Farsi	2

STAFF LANGUAGE	NUMBER OF STAFF
French	1
German	1
Hindi	1
Igbo	1
Japanese	1
Korean	4
Mandarin	13
Polish	N/A
Russian	1
Samoan	2
Spanish	95
Tagalog	29
Vietnamese	8

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 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 continuously works to improve C&L services through provider education opportunities on language services.

SUMMARY

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 to be held in Q2 of 2024.

SECTION 7: SPECIALISTS ADDED TO THE NETWORK

The following table shows the specialists added to the Medi-Cal, L.A. Care Covered/L.A. Care Covered Direct, Cal MediConnect/D-SNP, and PASC-SEIU networks from October 2022 through September 2023. Specialist listed as N/A were reported on the prior report and were found for this reporting period to not have new adds in this specialty areas at this time.

Medi-Cal

Medi-Cal: Specialists Added October 2022 - September 2023	
SPECIALTY	COUNT
Acupuncture	2
Adolescent Medicine	3
Agencies/Public Health Or Welfare	N/A

Medi-Cal: Specialists Added October 2022 - September 2023	
SPECIALTY	**COUNT**
Allergy	5
Allergy/Immunology	11
Allopathic & Osteopathic Physicians/Emergency Medicine	8
Allopathic & Osteopathic Physicians/Emergency Medicine, Sports Medicine	1
Allopathic & Osteopathic Physicians/Physical/ Medicine & Rehabilitation, Pain Medicine	1
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation	4
Allopathic & Osteopathic Physicians/Plastic Surgery	9
Allopathic & Osteopathic Physicians/Surgery	28
Allopathic & Osteopathic Physicians/Surgery, Vascular Surgery	6
Allopathic & Osteopathic Physicians/Surgery/Plastic And Reconstructive Surgery	1
Allopathic & Osteopathic Physicians/Surgery/Surgical Critical Care	1
Anaplastologist	N/A
Anesthesiology	71
Behavioral Health & Social Service Providers/Psychologist	2
Behavioral Health & Social Service Providers/Psychologist, Addiction (Substance Abuse Disorder)	N/A
Behavioral Health & Social Service Providers/Social Worker, Clinical	7
Cardiology	1
Cardiovascular Disease	39
Cardiovascular Disease (MD)	11
Child Development	4
Chiropractic Providers/Chiropractor	N/A
Chiropractor	N/A
Clinical Cardiac Electrophysiology Physician	2
Community Health Worker	5
Dermatology	34
Diagnostic Radiology	43
Diagnostic Radiology Physician	14
Dietary & Nutritional Service Providers/Dietician, Registered	N/A
Dietician, Registered	1
Emergency Medicine	7
Endocrinology	16
Female Pelvic Medicine & Reconstructive Surgery	1
Female Pelvic Medicine And Reconstructive Surgery (Obstetrics & Gynecology) Physician	2
Gastroenterology	19
Gastroenterology (MD)	15
Allopathic & Osteopathic Physicians/Colon & Rectal Surgery	N/A
Allopathic & Osteopathic Physicians/Surgery, Surgical Oncology	4
Allopathic & Osteopathic Physicians/Surgery/Plastic And Reconstructive Surgery	
Allopathic & Osteopathic Physicians/Transplant Surgery	N/A

Medi-Cal: Specialists Added October 2022 - September 2023	
SPECIALTY	**COUNT**
Ambulatory Health Care Facilities/Federally Qualified Health Center (FQHC)	N/A
Anesthesiology	N/A
Audiology	1
Clinical Neurophysiology Physician	N/A
Critical Care Medicine	N/A
Genetics	5
Geriatric Medicine	3
Group/Multi-Specialty	14
Gynecologic Oncology Physician	1
Gynecology (DO)	1
Hematology	36
Hepatology	N/A
Hospice And Palliative Medicine (Physical Medicine & Rehabilitation) Physician	1
Hospitalist Physician	17
Infectious Disease	12
Interventional Cardiology	5
Maternal & Fetal Medicine	4
Medical Oncology	5
Medicine, Sports Medicine Allopathic & Osteopathic Physicians/Emergency Medicine	N/A
Neonatal-Perinatal Medicine	5
Neonatology	9
Nephrology	23
Neurology	65
Neurology (MD)	16
Neuroradiology Physician	1
Not Specified	8
Obstetrics and Gynecology	59
Obstetrics and Gynecology (MD)	44
Occupational Therapist	4
Oncology	N/A
Ophthalmology	35
Optometry	43
Orthopedics	40
Other	1
Otolaryngology	13
Pain Management	2
Pain Medicine	2
Pathologic Anatomy; Clinical Pathology (MD)	1
Pathology	4

Medi-Cal: Specialists Added October 2022 - September 2023	
SPECIALTY	**COUNT**
Pathology (MD)	3
Pediatric Infectious Disease	4
Pediatric Allergy	N/A
Pediatric Cardiology (MD)	12
Pediatric Critical Care Medicine	3
Pediatric Endocrinology	12
Pediatric Gastroenterology	9
Pediatric Hematology/Oncology	20
Pediatric Hospice and Palliative Medicine Physician	N/A
Pediatric Nephrology	5
Pediatric Neurology	14
Pediatric Orthopedics	N/A
Pediatric Pulmonology	7
Pediatric Surgery	16
Physical Medicine and Rehabilitation	8
Physical Therapist	10
Plastic and Reconstructive Surgery Physician	1
Podiatric Medicine & Surgery Service Providers/Podiatrist	24
Podiatric Medicine & Surgery Service Providers/Podiatrist, Foot & Ankle Surgery	3
Podiatry	29
Psychiatry	21
Psychiatry Neurology	N/A
Psychologist	4
Pulmonology (MD)	8
Radiation Oncology	7
Radiology	2
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Occupational Therapist	4
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Physical Therapist	9
Rheumatology	7
Social Worker - Clinical (Licensed Clinical Social Worker)	31
Speech, Language and Hearing Service Providers	6
Speech, Language and Hearing Service Providers/Audiologist	1
Sports Medicine	4
Suppliers/Pharmacy	3
Surgery	10
Surgery - Cardiothoracic	2
Surgery- Colon/Rectal	1
Surgery - General	19
Surgery - Hand	5

Medi-Cal: Specialists Added October 2022 - September 2023	
SPECIALTY	COUNT
Surgery - Neurological	12
Surgery - Orthopedic	48
Surgery - Plastic	8
Surgery - Surgery of the Hand	2
Surgery - Thoracic	3
Surgical Oncology Physician	3
Transplant Surgery Physician	N/A
Urology	19
Vascular & Interventional Radiology	5
Vascular Surgery	6

L.A. Care Covered /L.A. Care Covered Direct

LACC/LACCD: Specialists Added October 2022 - September 2023	
SPECIALTY	COUNT
Acupuncture	1
Adolescent Medicine	1
Allergy	4
Allergy/Immunology	2
Anesthesiology	23
Audiology	1
Cardiology	3
Cardiovascular Disease (MD)	8
Child Development	1
Chiropractor	1
Clinical Neurophysiology Physician	N/A
Critical Care Medicine	3
Dermatology	21
Diagnostic Radiology	11
Dietician, Registered	1
Emergency Medicine	7
Endocrinology	7
Female Pelvic Medicine And Reconstructive Surgery (Obstetrics & Gynecology) Physician	1
Gastroenterology (MD)	14
Genetics	1
Geriatric Medicine	2
Gynecologic Oncology Physician	2
Gynecology (DO)	3
Hematology	3
Hepatology	1

LACC/LACCD: Specialists Added October 2022 - September 2023	
SPECIALTY	COUNT
Hospice And Palliative Medicine (Physical Medicine & Rehabilitation) Physician	1
Hospitalist	4
Infectious Disease	4
Interventional Cardiology	5
Maternal & Fetal Medicine	6
Medical Oncology	3
Miscellaneous Medicine	1
Neonatal-Perinatal Medicine	1
Nephrology	10
Neurology (MD)	13
Neuroradiology Physician	1
Obstetrics (DO)	1
Obstetrics and Gynecology (MD)	N/A
Occupational Therapist	3
Oncology	N/A
Ophthalmology	20
Optometry	36
Other	2
Otolaryngology	5
Pain Management	2
Pain Medicine	3
Pathologic Anatomy; Clinical Pathology (MD)	1
Pathology (MD)	2
Pediatric Infectious Disease	N/A
Pediatric Allergy	N/A
Pediatric Cardiology (MD)	4
Pediatric Critical Care Medicine	3
Pediatric Endocrinology	3
Pediatric Gastroenterology	2
Pediatric Hematology/Oncology	N/A
Pediatric Nephrology	N/A
Pediatric Neurology	2
Pediatric Orthopedics	1
Pediatric Pulmonology	N/A
Pediatric Sleep Medicine Physician	N/A
Pediatric Surgery	1
Physical Medicine and Rehabilitation	7
Physical Therapist	8
Plastic and Reconstructive Surgery Physician	1

LACC/LACCD: Specialists Added October 2022 - September 2023	
SPECIALTY	**COUNT**
Podiatry	33
Psychiatry	5
Psychologist	3
Psychiatry & Neurology- Neocritical Care	1
Pulmonology (MD)	22
Radiation Oncology	6
Radiology	2
Rheumatology	4
Social Worker - Clinical (Licensed Clinical Social Worker)	28
Speech-Language Pathologist	6
Sports Medicine (Preventive Medicine) Physicians	4
Surgery	6
Surgery – Cardiothoracic	3
Surgery - Colon/Rectal	1
Surgery – General	14
Surgery – Hand	1
Surgery – Neurological	8
Surgery – Orthopedic	35
Surgery – Plastic	3
Surgery - Surgery of the Hand	2
Surgery – Thoracic	2
Surgical Oncology	1
Urology	12
Vascular & Interventional Radiology	2
Vascular Surgery	7

Cal MediConnect/D-SNP

CMC/D-SNP: Specialists Added October 2022- September 2023	
SPECIALTY	**COUNT**
Acupuncture	N/A
Allergy	25
Anesthesiology	29
Audiology	N/A
Cardiology	67
Cardiovascular Disease (MD)	141
Chiropractor	N/A
Clinical Cardiac Electrophysiology Physician	7
Clinical Neurophysiology Physician	1
Critical Care Medicine	5

CMC/D-SNP: Specialists Added October 2022- September 2023	
SPECIALTY	COUNT
Dermatology	83
Diagnostic Radiology	11
Dietician, Registered	N/A
Emergency Medicine	10
Endocrinology	64
Facial Plastic Surgery Physician	1
Gastroenterology (MD)	100
General Acute Care Hospital	3
Genetics	2
Geriatric Medicine	7
Gynecologic Oncology Physician	9
Gynecology (DO)	16
Hematology	43
Hepatology	2
Hospice	1
Hospice And Palliative Medicine (Physical Medicine & Rehabilitation)	1
Hospitalist	8
Infectious Disease	56
Interventional Cardiology	15
Maternal & Fetal Medicine	11
Medical Oncology	11
Mental Health Facility	1
Miscellaneous Medicine	52
Neonatal-Perinatal Medicine	1
Nephrology	140
Neurology (MD)	90
Nuclear Medicine	N/A
Obstetrics and Gynecology – Critical Care Medicine	4
Obstetrics (DO)	6
Obstetrics and Gynecology (MD)	220
Occupational Medicine	N/A
Occupational Therapist	N/A
Oncology	43
Ophthalmology	163
Ophthalmology, Otolaryngology, Rhinology (DO)	9
Optometry	N/A
Other	13
Otolaryngology	14
Otology, Laryngology, Rhinology	30

CMC/D-SNP: Specialists Added October 2022- September 2023	
SPECIALTY	**COUNT**
Pain Management	7
Pain Medicine	10
Pathologic Anatomy; Clinical Pathology (MD)	3
Pathology (MD)	6
Pediatric Infectious Disease	N/A
Pediatric Allergy	N/A
Pediatric Cardiology (MD)	N/A
Pediatric Critical Care Medicine	N/A
Pediatric Endocrinology	N/A
Pediatric Gastroenterology	N/A
Pediatric Hematology/Oncology	N/A
Pediatric Hospice and Palliative Medicine Physician	N/A
Pediatric Nephrology	N/A
Pediatric Neurology	N/A
Pediatric Pulmonology	N/A
Pediatric Surgery	N/A
Perinatology	12
Peripheral Vascular Disease or Surgery (DO)	8
Physical Medicine and Rehabilitation	35
Physical Therapist	N/A
Plastic and Reconstructive Surgery Physician	6
Podiatry	N/A
Proctology (Colon and Rectal)	1
Psychiatry	47
Psychiatry & Neurology Neocritical Care	1
Psychiatry Neurology	7
Psychologist	1
Pulmonology (MD)	95
Radiation Oncology	35
Radiation Therapy (DO)	3
Radiological Services	4
Radiology	41
Rheumatology	36
Sleep Medicine (Psychiatry & Neurology) Physician	N/A
Social Worker - Clinical (Licensed Clinical Social Worker)	N/A
Speech-Language Pathologist	N/A
Sports Medicine (Preventive Medicine) Physician	6
Surgery	8
Surgery – Cardiothoracic	14

CMC/D-SNP: Specialists Added October 2022- September 2023	
SPECIALTY	**COUNT**
Surgery-Cardiovascular	27
Surgery - Colon/Rectal	13
Surgery – General	151
Surgery – Hand	11
Surgery – Neurological	51
Surgery-Oral	3
Surgery – Orthopedic	162
Surgery – Plastic	40
Surgery - Surgery of the Hand	5
Surgery – Thoracic	23
Surgery- Traumatic	1
Surgery-Head and Neck	1
Surgical Oncology	N/A
Unknown	4
Urgent Care Clinic/Center	1
Urology	67
Vascular & Interventional Radiology	3
Vascular Surgery	15

PASC-SEIU

PASC: Specialists Added October 2022 - September 2023	
SPECIALTY	**COUNT**
Allergy/Immunology	3
Anesthesiology	1
Dermatology	N/A
Dietician, Registered	N/A
Emergency Medicine	1
Gastroenterology (MD)	1
Hospitalist Physician	1
Interventional Cardiology	1
Neonatal-Perinatal Medicine Physician	2
Infectious Disease	N/A
Neurology (MD)	1
Obstetrics and Gynecology (MD)	5
Ophthalmology	N/A
Pathologic Anatomy; Clinical Pathology (MD)	N/A
Pathology (MD)	1
Pediatric Critical Care Medicine	N/A
Physical Therapist	1

PASC: Specialists Added October 2022 - September 2023	
SPECIALTY	**COUNT**
Sports Medicine	N/A
Surgery	1
Surgery – Orthopedic	N/A
Urology	N/A

H.3.a ASSESSMENT OF NETWORK ADEQUACY FOR NON-BEHAVIORAL HEALTH SERVICES

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BACKGROUND/SUMMARY

Providers affiliated with L.A. Care Health Plan (L.A. Care) and its contracted delegates are required to adhere to Access to Care standards, which include, but are not limited to, member travel time and distance standards applicable to the following provider types.

- Primary Care Physicians
- Specialists
- Ancillary Providers
- Pharmacy

L.A. Care analyzes Member Experience data (non-behavioral health) as reported through the following:
- Complaints,
- Appeals & Grievances,
- CAHPS surveys,

The results of these analyses are used to determine, where applicable if there are gaps in the L.A. Care network specific to particular geographic areas and the type of providers and practitioners. L.A. Care also reviews requests for enrollees receiving care from Out-of-Network (OON) providers to determine if these referrals indicate inadequacies within L.A. Care's networks.

SECTION 1: APPEALS & GRIEVANCES, CAHPS, AND REQUESTS

MEDI-CAL

Geography related complaints	Quarter 4 2022	Quarter 1 2023	Quarter 2 2023	Quarter 3 2023
Total Membership per month & Rate per 1000 member months	4,389,260	4,484,946	4,565,006	4,528,338
Total A&G Received	56	53	60	52
Rate per 1000 members	0.01	0.01	0.01	0.01
Goal of 2.5 out of 1000 met	Goal Met	Goal Met	Goal Met	Goal Met

Access Complaints and Appeals	Quarter 4 2022		Quarter 1 2023		Quarter 2 2023		Quarter 3 2023		Annual Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Hospital	1	2%	0	0%	2	3%	2	4%	5	2%
Primary Care Physician Office	36	64%	31	58%	29	11%	24	11%	120	54%
Specialist	10	18%	16	30%	21	35%	20	38%	67	30%

Access Complaints and Appeals	Quarter 4 2022		Quarter 1 2023		Quarter 2 2023		Quarter 3 2023		Annual Total	
	Count	%	Count	%	Count		Count	%	Count	%
Urgent Care	9	16 %	6	11%	8	13%	6	12%	29	13%
Grand Total	56	100%	53	100%	60	100%	52	100%	221	100%

Quantitative Analysis Medi-Cal

- Primary Care Physicians
    - 54% (120) of the overall volume is related to access to the Primary Care Physician's Office
- Specialist
    - 30% (67) of the overall volume is related to access to Specialty services
    - Obstetrics – Gynecology is the primary category of specialist complaints at 15% (10) of the overall specialist complaints
- Urgent Care 13% (29) of the overall volume

COMMERCIAL (LACC/LACCD)

Access Complaints	Quarter 4 2022	Quarter 1 2023	Quarter 2 2023	Quarter 3 2023
Total Membership per month & Rate per 1000 member months	487,057	524,834	530,488	534,663
Total Membership Per month	29	59	51	22
Total A&G Received	0.06	0.11	0.10	0.04
Goal of 2.5 out of 1000 met	Goal Met	Goal Met	Goal Met	Goal Met

Access related Complaints and Appeals	Quarter 4 2022		Quarter 1 2023		Quarter 2 2023		Quarter 3 2023		Annual Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Hospital	0	0%	0	0%	0	0%	0	0%	0	0%
Primary Care Physician Office	22	76%	47	80%	41	80%	16	73%	126	78%
Specialist	3	10%	4	7%	8	16%	3	14%	18	11%
Urgent Care	4	14%	8	14%	2	4%	3	14%	17	11%
Grand Total	29	100%	59	100%	51	100%	22	100%	161	100%

Quantitative Analysis Commercial

- Primary Care Physician
    - 78% (126) of the overall volume is related to access to the Primary Care Physician's Office
- Specialist 11% (18) of the overall volume
    - Obstetrics – Gynecology is the primary category of specialist complaints at 28% (5) of the overall specialist complaints
- Urgent Care
    - 11% (17) of the overall volume of grievances is related to Urgent Care services

CAL MEDICONNECT/D-SNP

Access Complaints	Quarter 4 2022	Quarter 1 2023	Quarter 2 2023	Quarter 3 2023
Total Membership per month & Rate per 1000 member months	51,351	53,786	54,097	55,152
Total Membership Per month	11	23	13	28
Total A&G Received	0.21	0.43	0.24	0.51
Goal of 2.5 out of 1000 met	**Goal Met**	**Goal Met**	**Goal Met**	**Goal Met**

Access Complaints	Quarter 4 2022		Quarter 1 2023		Quarter 2 2023		Quarter 3 2023		Annual Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Hospital	0	0%	0	0%	0	0%	0	0%	0	0%
Primary Care Physician Office	5	45%	8	35%	8	62%	14	50%	35	47%
Specialist	6	55%	12	52%	3	23%	13	46%	34	45%
Urgent Care	0	0%	3	13%	2	15%	1	4%	6	8%
Grand Total	11	100%	23	100%	13	100%	28	100%	75	100%

Quantitative Analysis Medicare
- Primary Care Physician
  - 47% (35) of the overall volume is related to access to the Primary Care Physician's Office
- Specialist
  - 45% (34) of the overall volume is related to access to Specialty services
    - Radiology, Physical Medicine and Rehabilitation, and Ophthalmology Gynecology are the primary categories of specialist complaints, all at 9% (3) of the overall specialist complaints
- Urgent Care
  - 8% (6) of the overall volume

QUALITATIVE ANALYSIS FOR COMPLAINTS & APPEALS REGARDING NETWORK ADEQUACY
Membership has consistently expanded across various product lines. However, the Plan has successfully adhered to our targeted quarterly goals. The ME 7 Report, which assesses complaints and appeals data, indicated that there were no areas of concern. The established benchmark of 2.5 appeals or grievances per 1,000 members was achieved across all of L.A. Care's product offerings. As such, there was no requirement for an in-depth qualitative analysis. Comparatively, the rate per 1,000 members in 2023 was notably lower than that of 2022 for each product line.

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS – 2022

SECTION 1: COMPOSITES

The CAHPS survey asks respondents about their experience with various aspects of their care. Survey questions are combined into "composites." Questions within each composite ask members how often a positive service experience occurred in the past six months and how well the health plan meets members' expectations. Respondents have the option to select from "never," "sometimes," "usually," and "always." The scores for composite scores throughout this report reflect the percentage of responses indicating "usually" or "always." The tables below compare 2023 scores from 2022 and 2021, 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). There was no Medicare Advantage Prescription Drug survey conducted for 2023. 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.

SECTION 2: MEDI-CAL – CHILD AND ADULT HEALTH CAHPS

Medi-Cal Child Composites	2021	2022	2023	2023 vs. 2022	Quality Compass Percentile	2023 Goal	Goal Met
Getting Needed Care	81.0%	82.3%	79.5%	-2.8 pp	<33rd	83%	Not Met
Getting Care Quickly	78.9%	80.3%	76.0%	-4.3 pp	<10th	81%	Not Met

Quantitative Analysis - Child

- Getting Needed Care: Decreased by 2.8 percentage points from 2022. The rate remained below the 33rd percentile for Quality Compass. L.A. Care did not meet the internal goal of 83%.

- Getting Care Quickly: Decreased by 4.3 percentage points from 2022. The rate fell below the 10th percentile for Quality Compass. L.A. Care did not meet the internal goal of 81%.

- Four of the five Medi-Cal Child composites decreased from 2022 to 2023. This includes Getting Needed Care, Getting Care Quickly, Coordination of Care, and How Well Doctors Communicate. None of these decreases are statistically significant. Getting Needed Care and Getting Care Quickly performed statistically significantly below the NCQA Quality Compass National Average.

Medi-Cal Adult Composites	2021	2022	2023	2023 vs. 2022	Quality Compass Percentile	2023 Goal	Goal Met
Getting Needed Care	74.4%	77.5%	73.0%	-4.5 pp	<10th	79%	Not Met
Getting Care Quickly	72.1%	73.5%	71.5%	-2.0 pp	<33rd	75%	Not Met

Quantitative Analysis - Adult

- Getting Needed Care: Decreased 4.5 percentage points from 2022. This composite was below the 10th percentile for Quality Compass. L.A. Care did not meet the internal goal of 79%. Getting Care Quickly: Decreased 2.0 percentage points from 2022. This composite was below the 33rd and 10th percentile for Quality Compass. L.A. Care did not meet the internal goal of 75%.

- Three of the five Medicaid Adult composites decreased from 2022 to 2023. These include Getting Needed Care, Getting Care Quickly, and Coordination of Care. None of these decreases is statistically significant. Getting Needed Care and Getting Care Quickly performed statistically significantly below the NCQA Quality Compass National Average.

SECTION 3: L.A. CARE COVERED

QHP Composites	2021	2022	2023	2023 vs. 2022	2023 Goal	Goal Met	CMS National Average
Getting Care Quickly	59.1%	61.9%	58.9%	-3.0 pp	63%	Not Met	N/A
Getting Needed Care	59.2%	62.1%	59.1%	-3.0 pp	63%	Not Met	N/A

Quantitative Analysis
- L.A. Care now utilizes the CSS vendor report for L.A. Care Covered.
- Getting Care Quickly: Decreased by 3.0 percentage points. This composite did not meet the internal goal and performed statistically significantly lower than the 2023 CSS Average.
- Getting Needed Care: Decreased by 3.0 percentage points. This composite did not meet the internal goal and performed statistically significantly lower than the 2023 CSS Average.

SECTION 4: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

MAPD Composites*	2021	2022	2023	2023 vs. 2022	2023 Goal	Goal Met
Getting Needed Care	85%	82%	N/A	N/A	N/A	N/A
Getting Appointments and Care Quickly	77%	80%	N/A	N/A	N/A	N/A

Quantitative Analysis
- There was no Medicare Advantage Prescription Drug (MAPH) CAHPS survey conducted for 2023.

Medi-Cal Qualitative Analysis
The majority of the composites for both Adult and Child surveys decreased from 2022 to 2023. This is concerning, given scores were steadily increasing from 2021 to 2022. L.A. Care also did not meet the internal goals set for Getting Needed Care and Getting Care Quickly.

Getting Needed Care for Child CAHPS remains below the 33rd percentile while Getting Care Quickly fell below the 10th percentile after being above the 10th in 2022. Getting Needed Care for Adult CAHPS fell below the 10th percentile after being above the 10th in 2022 while Getting Care Quickly improved above the 10th percentile yet remains below the 33rd.

CSS estimates L.A. Care to receive two stars for Getting Care Quickly and one star for Getting Needed Care in the 2023 NCQA Health Plan Rating.

LACC Qualitative Analysis

In alignment with Medi-Cal survey scores, L.A. Care scores for L.A. Care Covered line of business also decreased from 2022 to 2023 for the majority of composites. Getting Needed Care and Getting Care Quickly performed statistically significantly lower than the 2023 CSS average at 10.8 and 12.6 percentage points, respectively.

OUT OF NETWORK REQUESTS BY MEMBERS

Utilization Management examines the referrals to out-of-network specialists on an as-needed basis in order to ensure members' needs are met continually. The tables below show the out of network requests compiled during the lookback period for each line of business. The Plans members may request continuity of care (COC) with an out-of-network Provider when 1) new members are transitioning into L.A. Care and are in the middle of care, 2) Members are receiving care from a contracted Provider who is terminated from the network. Only members with certain kinds of health problems or conditions can get COC. The Plan maintains a list of services that do not require authorization despite financial responsibility or delegation. These include the following (more not listed):

- Emergency medical services, screening and stabilization services under applicable rules and regulations
- Sensitive Services, including pregnancy screening and diagnosis, family planning services, outpatient mental health counseling etc.
- Preventative health services
- Non-Medical Transportation (NMT)

The goal for all Product Lines was 5 OON requests per 1000 member months.

MEDI-CAL

MCLA Measurement Year Q4 2022-Q3 2023 (Out of Network Requests)					
Spa Region	Approved	Total	Approval Rate	Member Month	Total Requests (PKPY)
Antelope Valley	1488	1753	84.88%	152513	0.81
East	3714	4484	82.83%	352169	0.88
Metro	6336	8567	73.96%	371980	1.42
San Fernando	9607	13245	72.53%	571892	1.40
San Gabriel	7192	9036	79.59%	433589	1.38
South	1739	2381	73.04%	546983	0.26
South Bay - LB	3921	5295	74.05%	330658	0.99
West	6478	10674	60.69%	99651	5.42
Total	40475	55435	73.01%	2859435	1.62
Goal Met					

COMMERCIAL (LACC/LACCD)

LACC/LACCD Measurement Year Q4 2022-Q3 2023 (Out of Network Requests)					
Spa Region	Approved	Total	Approval Rate	Member Month	Total Requests (PKPY)
Antelope Valley	14	29	48.28%	5730	0.20
East	89	152	58.55%	24300	0.31
Metro	240	404	59.41%	24400	0.82
San Fernando	498	689	72.28%	48070	0.86
San Gabriel	169	306	55.23%	67789	0.21
South	14	27	51.85%	17015	0.07
South Bay - LB	235	348	67.53%	27434	0.71
West	1142	1523	74.98%	9131	10.42
Total	2401	3478	69.03%	223869	1.29
Goal Met					

CAL MEDICONNECT/D-SNP

CMC Measurement Year Q4 2022-Q3 2023 (Out of Network Requests)					
Spa Region	Approved	Total	Approval Rate	Member Month	Total Requests (PKPY)
Antelope Valley CMC Medi-Cal	1	1	100.00%	1480	0.60
Antelope Valley CMC Medicare	6	15	40.00%	1480	0.34
East CMC Medicare	25	36	69.00%	4235	0.49
East CMC Medi-Cal	9	10	90.00%	4232	0.18
Metro CMC Medi-Cal	8	9	89.00%	5017	0.13
Metro CMC Medicare	34	74	46.00%	5017	0.56
San Fernando CMC Medi-Cal	14	16	88.00%	5839	0.20
San Fernando CMC Medicare	37	60	62.00%	5838	0.53
San Gabriel CMC Medi-Cal	12	13	92.00%	4989	0.20
San Gabriel CMC Medicare	69	88	78.00%	4989	1.15
South CMC Medi-Cal	5	6	83.00%	6810	0.06
South CMC Medicare	3	7	43.00%	6811	0.04
South Bay - LB CMC Medi-Cal	12	13	92.00%	4539	0.22
South Bay - LB CMC Medicare	15	26	58.00%	4541	0.28
West CMC Medi-Cal	4	4	100.00%	955	0.35
West CMC Medicare	42	74	57.00%	955	3.66
Total	296	452	65.49%	67727	0.56
Goal Met					

Quantitative Analysis
- The LACC, Medi-Cal, and Cal MediConnect/D-SNP product line met the goal of 5 requests per 1000 members.
- Each product line had over 65% of all OON requests approved

Qualitative Analysis
- Medi-Cal
  - Although there are high total requests, there are lower approval rates for the denser regions such as San Fernando or San Gabriel. This is because these regions have much larger panel sizes per provider than those of more rural areas, such as Antelope Valley. Members are

likely trying to obtain appointments from either PCPs or, more likely, specialists, and are unable to find a timely appointment. They are then forced to look for specialists outside the network that have available time slots. Note that the Plan is still meeting the goal.

- Cal MediConnect/D-SNP
  - Denser regions, such as San Fernando, may not have enough providers in the area to support its membership. As there are higher counts of members, there are not enough providers to support higher demand. Thus, members are forced to look elsewhere for providers that have earlier appointment openings. Note that the Plan is still meeting the goal.

SECTION 5: OPPORTUNITIES

COMPLAINTS & APPEALS REGARDING NETWORK ADEQUACY

Based on the complaints and appeals above, no opportunities were identified as the goal of 2.5 appeals or grievances per 1000 members was met for all lines of business each quarter.

MEMBER EXPERIENCE SURVEY (CAHPS)

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

Priorities for All Lines of Business in 2023:

PRIORITY 1: *Expand access to care.*
- Addresses: Getting Care Quickly, Getting Needed Care, and Access
- Opportunities: Continue access to alternative care options for in-person appointments available to members
- 2023 plans: Outreach to members about the availability of alternative sources of care such as MinuteClinic and Teladoc, as well as conduct targeted preventive care outreach for vaccinations, screenings, and wellness exams to encourage utilization. Continue the Elevating the Safety Net program to increase the supply of providers. Ensure members can access routine care. Encourage providers and PPGs to offer telehealth services. Continue meeting 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.*
- Addresses: All Ratings and Composites
- Opportunities: Ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 2023 plans: Base incentive payments partially on member survey results. Require that the Plan Partners and low-performing IPAs submit action plans for improvement. Meet with low-performing IPAs to coach them on improvement and emphasize accountability for performance.

GEOGRAPHIC ANALYSIS, LINGUISTIC ANALYSIS, CULTURAL ANALYSIS, ETHNIC ANALYSIS.

Geographic Analysis
- L.A. Care did meet all provider-to-member ratios as well as travel distance standards that were set for PCPs. (see: *Net 1 B*)

- L.A. Care did not meet all provider-to-member ratios or travel distance standards for specialists. *(*See: *Net 1 C).* The focus on expanding the network is a goal across the enterprise and has led to the below interventions that are currently taking place.

Intervention: Direct Contracting

In addition to the establishment of a direct network, L.A. Care continues to pursue actively direct contracts with primary and specialty care physicians and medical groups throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist. Internal reporting is conducted monthly to perform a geographical assessment of the sufficiency of L.A. Care's network. L.A. Care has identified 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: Analysis of Provider Geographical Distribution

L.A. Care's Provider Network Management department continues to perform detailed analyses of the geographical distribution of its network to understand better where coverage deficiencies exist and to utilize these results to guide its contracting strategies. L.A. Care has also requested and received regulatory approval from the Department of Health Care Services (DHCS) to use alternative access standards to determine levels of access in those geographical locations where there is a dearth of providers and where more stringent, established geographical standards cannot be met. The Plan will soon launch a subcontractor network certification process (SNC) to oversee the provider network to ensure remediation efforts are underway for areas of access improvement.

Intervention: Linguistic analysis

Based on the number of bilingual practitioners, the presence of bilingual staff in practitioners' offices (see Section 5 Practitioner to Member Ratios by Language), 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 the C&L services through the enhancement of provider education opportunities on language services.

Intervention: Elevating the Safety Net Initiative

Annually, L.A. Care Health Plan announces and recognizes eight recipients who will enter medical school. These scholarships started in 2018, and are the flagship program of Elevating the Safety Net (ESN) – an investment by L.A. Care of $155 million in workforce development. Plan has dedicated millions of dollars to help train and recruit diverse primary care physicians to work in communities to support local initiatives and provide dedicated resources.

NET-2ABC: APPOINTMENT AVAILABILITY

Member surveys on appointment wait times show that L.A. Care Health Plan did not meet the goals for *Getting Care Quickly*. L.A. Care is working to increase continuously its provider availability for both primary care and specialists by taking a multi-step approach.

Intervention: Virtual Services

Beginning in summer 2019, L.A. Care members have access to minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This provides easier access for members to have basic needs met when their PCP is unavailable and/or traditional urgent care options are less desirable. Additionally, L.A. Care members have access to telehealth services through Teladoc as of January 2020, which serves as an additional convenient resource for some primary and specialty care services.

Intervention: Direct Contracting

In a strategic effort to bolster accessibility to primary and specialty care, L.A. Care initiated direct provider contracting in 2017, targeting regions in Los Angeles County renowned for access challenges. This initiative represents a long-term commitment to enhancing the quality of member experience. Through direct contracts, L.A. Care possesses the autonomy to oversee meticulously every facet of the care journey. Complementing this, L.A. Care is in the advanced stages of crafting a virtual specialty care program for Direct Network members, underscoring our dedication to ensuring prompt access to specialty care.

Intervention: Increased Monitoring of PPGs

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 complies with the standards and meet L.A. Care performance goals. Through the Subcontractor Network Certification process (SNC), PNM has also increased oversight of IPAs to ensure they have adequate specialty networks.

Intervention: Elevating the Safety Net Initiative

L.A. Care Health Plan granted full scholarships to eight Charles Drew Medical University students to help support the Safety Net. The Plan has dedicated 100 million dollars to help train and recruit diverse primary care physicians to work in communities to support local initiatives and provide dedicated resources.

MEASURING EFFECTIVENESS: IMPLEMENTATION OF INTERVENTIONS

An intervention to increase access and availability for all lines of business across all geographic areas in Los Angeles County is the utilization of CVS Minute Clinic and Teladoc services. These services can help support members regardless of region in the Los Angeles area by helping to expand the pool of providers available to members for minor urgent care services. In theory, increasing access to providers via a virtual service will allow members to make quicker appointments and have a larger array of non-emergency providers, and the availability of these providers will not be tied to geo-access.

The tables below show the claims and encounter utilization over the last four quarters by analyzing individual claims and encounter submissions by both calendar quarters and regions in which members used MinuteClinic and Teladoc services. The tracking of these claims started in January 2021 in order to view the trajectory of member utilization. All lines of business are combined in the table for the overall claims volume upon review of Quarter 2 for Minute clinics utilization; it appears there has been a steady decline in members using the services post-COVID-19 as provider offices have resumed normal operating hours and services as well as the expansion of available telehealth options. Additionally, Teladoc utilization has remained steady in utilization from Q4 2022 to Q3 2023.

Table 1: *Overall Claims Utilization

Claim by Pay-to	Service by Quarter for Medi-Cal (Individual Claim and Encounter Count Per 1000 Member)			
	Q4 2022	**Q1 2023**	**Q2 2023**	**Q3 2023**
MinuteClinic	3.25	3.25	0.69	0.30
Teladoc	3.90	3.98	3.75	2.93

	Service by Quarter for LACC/D (Individual Claim and Encounter Count Per 1000 Member)

Claim by Pay-to	Q4 2022	Q1 2023	Q2 2023	Q3 2023
MinuteClinic	7.54	3.46	2.04	0.67
Teladoc	7.27	8.49	8.35	5.85

	Service by Quarter for D-SNP/Cal MediConnect (Individual Claim and Encounter Count Per 1000 Member)			
Claim by Pay-to	Q4 2022	Q1 2023	Q2 2023	Q3 2023
MinuteClinic	3.80	44.0	12.0	2.0
Teladoc	5.26	63.0	73.0	47.0

	Service by Quarter for PASC (Individual Claim and Encounter Count Per 1000 Member)			
Claim by Pay-to	Q4 2022	Q1 2023	Q2 2023	Q3 2023
MinuteClinic	195.0	64.0	21.0	13.0
Teladoc	232.0	305.0	232.0	246.0

utilization is subject to change due to claims re-adjudication.

*Table 2a: MinuteClinic Claims Utilization by RCAC Region (all lines of business)*

MinuteClinic Claims by Quarter (Individual Claim and Encounter Count)					
Utilization by RCAC Region	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**	**Grand Total**
1. Antelope Valley	181	104	35	3	591
2. Van Nuys, Pacoima, West Hills, Arleta, Sepulveda	1316	703	305	137	6848
3. Alhambra, Pasadena, Foothill	559	203	159	54	4289
4. Hollywood, Wilshire, Central LA, Glendale	427	228	120	45	2434
5. Culver City, Venice, Santa Monica, Malibu, Westchester	209	174	120	66	1229
6. Compton, Inglewood, Watts, Gardena, Hawthorne	913	468	157	70	5258
7. Huntington Park, Bellflower, Norwalk, Cudahy	489	192	84	25	2771
8. Carson, Torrance, San Pedro, Wilmington	310	167	88	31	2611
9. Long Beach	223	132	73	40	1311
10. East Los Angeles, Whittier, Highland Park	416	184	58	21	2230
11. Pomona, El Monte	746	296	119	56	4405
12. Null	87	43	16	8	352
Total	5876	2894	1334	556	34329

Count of Minute Clinic Claims
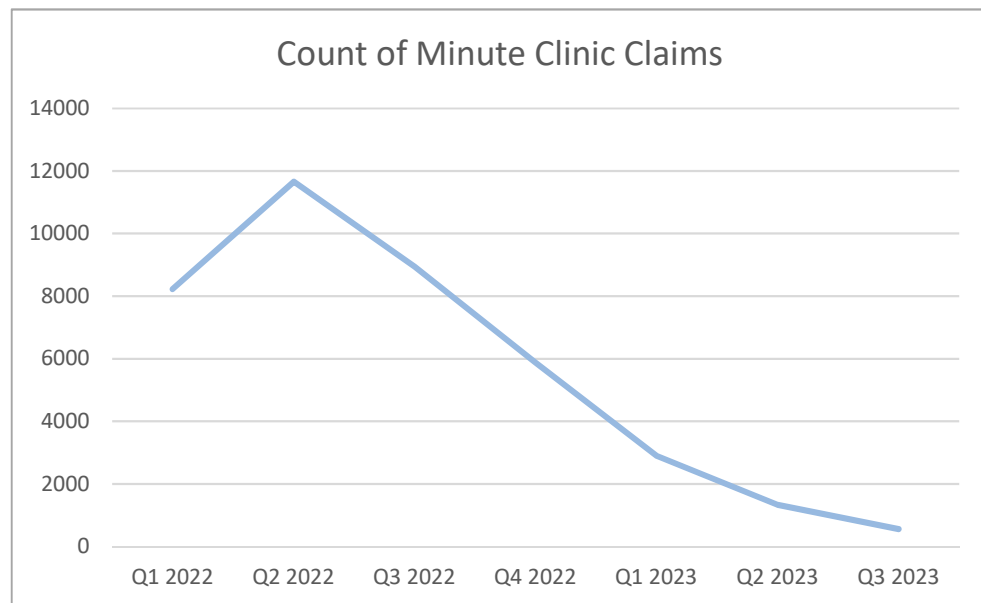
L.A. Care will continue to promote utilization of *MinuteClinic* throughout LA County.

Table 2b: Teladoc Claims Utilization by RCAC (all lines of business)

Teladoc Claims by Quarter (Individual Claim and Encounter Count)					
Utilization by RCAC Region	**Q4 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**	**Grand Total**
1. Antelope Valley	515	526	518	372	1931
2. Van Nuys, Pacoima, West Hills, Arleta, Sepulveda	1273	1426	1327	1047	5073
3. Alhambra, Pasadena, Foothill	407	425	439	330	1601
4. Hollywood, Wilshire, Central LA, Glendale	921	1023	984	778	3706
5. Culver City, Venice, Santa Monica, Malibu, Westchester	381	439	443	352	1615
6. Compton, Inglewood, Watts, Gardena, Hawthorne	1007	1119	1035	852	4013
7. Huntington Park, Bellflower, Norwalk, Cudahy	472	452	425	345	1694
8. Carson, Torrance, San Pedro, Wilmington	308	318	314	260	1200
9. Long Beach	323	315	350	239	1227
10. East Los Angeles, Whittier, Highland Park	477	528	489	370	1864
11. Pomona, El Monte	623	631	604	445	2303
12. Null	136	132	73	22	363
Total	6843	7334	7001	5412	26590

Count of Teladoc Claims
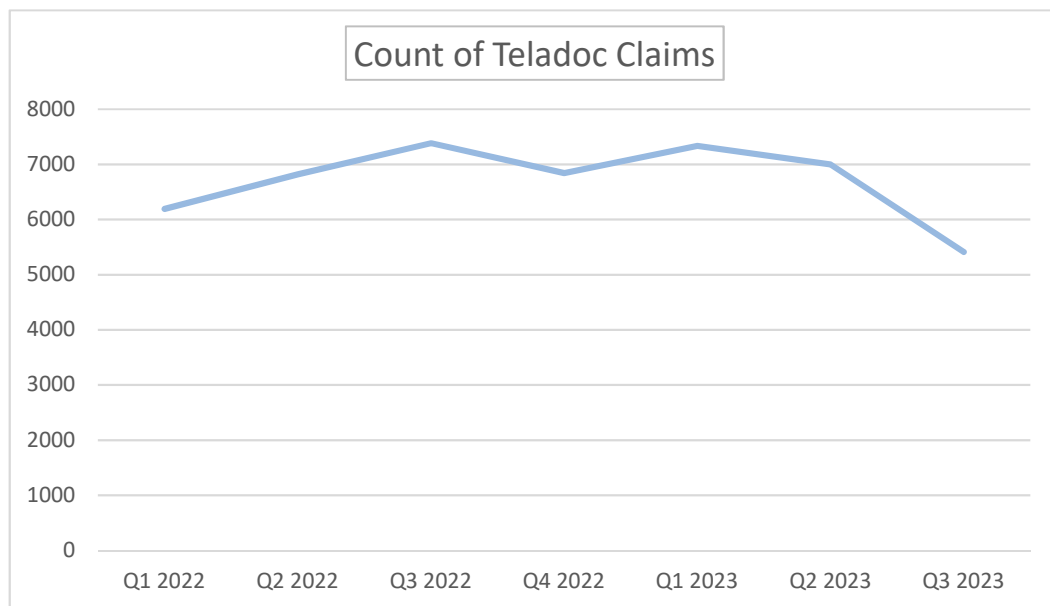
From the graph above it's clear that over time, more members are comfortable using the Teladoc services. L.A. Care will continue to promote the utilization of this service to the members.

H.3.b ASSESSMENT OF NETWORK ADEQUACY FOR BEHAVIORAL HEALTH SERVICES

AUTHORS: ROSE KOSYAN, LMFT & SAMANTHA MAEDA, LCSW
REVIEWERS: MATTHEW PIRRITANO, PH. D & 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), Carelon Behavioral Health (Carelon [formerly known as Beacon Health Options]). Carelon 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 Carelon. NET 3AC: Assessment of Network Adequacy has been delegated to Carelon effective 2023 and is an auto-credit for L.A. Care.

Carelon works in collaboration with L.A. Care's Appeals and Grievance Department to resolve issues regarding the Carelon 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.

Carelon 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 Carelon appeals and grievances data. As L.A. Care does not delegate Appeals and Grievances responsibilities to Carelon, Carelon does not have complete data of all Behavioral Health related Appeals and Grievances filed within the Plan. To rectify this, L.A. Care guided Carelon to incorporate L.A. Care's Appeals and Grievances data, ensuring they 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. Carelon 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. Carelon reported their next steps included: (1) having their network 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

Carelon concentrated on three questions for the Member Experience Survey 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 SUD services, and psychologists. Carelon currently handles SUD services for D-SNP and commercial line of business. 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 decreases across all lines of business. 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

AUTHORS: SUSAN WILLIAMS & CHRISTINE SALARY
REVIEWERS: MATTHEW PIRRITANO, PH. D & ALEX LI, MD

BACKGROUND/SUMMARY

This report analyzes findings of L.A. Care Health Plan's (L.A. Care) annual evaluation of physician data accuracy as reflected in its provider directories. More specifically, the report evaluates the accuracy of five data elements for primary care physicians (PCPs) and specialists participating in the L.A. Care Medi-Cal (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 accuracy of all five data elements is at minimum eighty percent (80%). L.A. Care strives for a higher number, but the baseline goal to ensure proper data integrity displayed on the online provider directory is 80%. The analysis below will describe if a metric met or exceeded the baseline goal and if the goal was not met. If the goal was not met the metric along with all corresponding data will be 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 – L.A. Care's product for members with Fee-For-Service Medicare Part A and B and Medi-Cal.
- **CSC**: Customer Solution Center. L.A. Care's customer service department that addresses the direct needs of L.A. Care's customers, including members, providers, facilities, and other entities.
- **LACC/D**: L.A. Care Covered and L.A. Care Covered Direct – L.A. Care's product for Commercial members who purchase medical coverage on California's Insurance Marketplace or who buy coverage directly from L.A. Care.
- **LOB**: Line of Business. Used interchangeably with Product or Plan.
- **MCLA**: L.A. Care Medi-Cal – LA. Care's product for members who qualify for Medi-Cal.
- **NPI**: National Provider Identification. A unique identifying numerical code assigned to all healthcare providers.
- **PASC-SEIU**: L.A. Care's Homecare Worker Health Care Plan. PASC is an acronym for Personal Assistance Services Council and SEIU is an acronym for Service Employees International Union.
- **PCP**: Primary Care Provider/Physician. A provider assigned to a member of a health plan as the first point of contact for any and all treatments required by a member's medical condition.
- **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 accuracy of data, and works closely with The Customer Solution Center and Claims to ensure appropriate transfer of member data.

- **Site Code**: A unique identifier that consists of the provider license and a suffix that identifies the line of business or plan that the code is affiliated with. For example, a site code with suffix E, is affiliated with the LACC/D plan and is meant for LACC/D members.
- **TAR**: Timely Access Reports - The TAR report, which is mandated by DMHC, 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 **9,056** site codes, out of a total 0f **63,154**, representing **3,360** unique primary care physicians and specialists filtered by unique 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 for PCP Membership Panel Status (Open or Closed), Physician Hospital Affiliations and Staff Awareness of Physician Line of Business. The total unique office locations by office address will determine the accuracy for Physician 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 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 Services (PDS) department for further analysis and resolution.

Please note that the original dataset may have addresses that are missing either the suite or office number or may have a street name spelled differently, for example 123 Main Plz versus 123 Main Plaza. This has led to addresses that may be counted twice, but has not affected the margin of error of 5% in either a positive or a negative direction.

L.A. Care outreached to **3,359** unique providers, but only succeeded in attaining responses from a total of **2,326** 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 accuracy of a metric regardless of party or message reached. Responses of UNKNOWN, NA, NOT SURE, or left BLANK constitute an INVALID response and cannot be used to measure accuracy as they are too ambiguous and do not inform if the provider address or phone number is either correct or incorrect.

The following offices were not counted as part of the sample, as the survey could not be administered: calls to **971** unique office locations were **not answered**; **62** unique office locations failed due to a **wrong or disconnected number**. All responses captured for calls not answered, disconnected or wrong number are either UNKNOWN, NA, or were left BLANK. Only valid responses of YES or NO were used for any totals to determine accuracy and WRONG or DISCONNECTED office locations were added to the phone number denominator.

This sample pool of unique providers, **9,056**, represented the organization's MCLA, LACC/D, PASC and D-SNP physician network with a total of **3,359** unique providers by NPI for both Primary Care Physicians and Specialists in the entire dataset provided this year. At the 95% confidence level, the margin of error for this survey is 5%. Behavioral Health providers were not included in this sample as L.A. Care directs members to the delegated Behavioral Health vendor provider directory.

This year's survey asked specialists, who do not generally receive membership assignment but can see patients via referrals and authorizations, if they are seeing patients. If a specialist answered yes, the answer was documented but not counted in the verification of locations accepting new patients. This question is mainly directed at Primary Care Physicians to ensure that panel status of membership assignment is accurate. L.A. Care's current online provider directory now captures and displays the information of providers seeing new patients for both primary care physicians (General Practice/Family Practice (GP/FP), Internal Medicine, Pediatrics, Obstetrics/Gynecology (OB/GYN) and specialists with information advising members that a particular specialist is seeing patients with a referral or authorization.

Methods of Analysis
The rates of accuracy for physician address and telephone number were determined by the sum of "Yes" responses (numerator) over the sum or unique provider responses coded as "Reached a Live Person", "Reached Auto-Recording", "Re-directed Call", "Wrong Number" and "Disconnected" (denominator). Out of all unique providers contacted or attempted to be contacted, **1771** were able to provide a YES or NO to the **office location** and **1,685** were able to provide a YES or NO to the **office phone number** question.

The rates of accuracy for physician membership panel status, hospital affiliation and awareness of accepted line of business was 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 is accepting or not accepting patients with another LOB. In order to not miscalculate the accuracy numbers, site code was used to determine the accuracy for both of these metrics. This led to the following totals: **560** 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 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 LOB's in the dataset or would advise of the LOB's 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 **4,474** site codes represented by 502 unique providers. Only providers that responded YES or NO and who provided responses of the LOB's accepted by the provider were used in counts to determine the total. The responses were matched to the dataset and if a provider matched one or more LOB, 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, but 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 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 who have 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 the provider responded YES to each hospital affiliation questions. The different totals for providers with a hospital affiliation in the data and those who responded or confirmed the affiliation with a YES answer are also shown in this report.

Reasons for data not captured include provider office staff uncertainty regarding providing answers to questions asked and failure to reach a live party. These results are not included in any of the numerators used to calculate accuracy.

Results/Findings Overall – Quantitative Analysis

(Overall) – Across all lines of business, 3,359 unique providers were outreached to and a breakdown of response is the following:

- **1,771** physician offices providing valid responses for **location**, not including offices that have a wrong or disconnected phone number.
- **1,880** physician offices providing valid responses to the **phone number** inquiry, not including offices that have a wrong and/or disconnected phone number.
- **442** 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.

- **4,474** 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.
- **1,323** unique Primary Care Physicians by line of business provided **panel status** responses. 1,242 additional responses were excluded due to the respondent not knowing the panel status or incorrect phone number. A site code is a unique identifier comprising 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	1,771	1,537	86.8%
Physician Phone No.	1,880	1,685	89.6%
Physician Panel Status*	1,323	1,154	87.2%

This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

As depicted in Table A, across all product line of business, the accuracy rates for physician location, phone numbers and panel status are 86.8%, 89.6% and 87.2%, respectively. These rates exceeded the 80% accuracy baseline goal. Some calls were answered by a recording that the surveyor was able to confirm the provider location, phone number and provider 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	442	139	31.4%
Physician's Line of Business	4,474	4,474	100%

Table B, across all product lines of business, the accuracy rates for all Hospital Affiliations is 31.4% and does not meet the performance goal of 80%. There were a total of **442** records with Yes or No responses 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. Physician's Line of Business is 100%, exceeding the baseline accuracy goal of 80%.

Results/Findings by Line of Business – Quantitative Analysis

MCLA/PASC – Quantitative Analysis

MCLA/PASC 1,120 providers were outreached to and a breakdown of response is the following:

- **574** physician offices providing valid responses for location, not including offices that have a wrong and/or disconnected phone number
- **541** physician offices providing valid responses for location, not including offices that have a wrong and/or disconnected phone number
- **380** unique primary care physicians by line of business provided **panel status** responses (Table C)
- **143** records on **hospital affiliations** (Table D)
- **1,355** records for 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	541	463	85.6%
Physician Phone No.	574	516	90.0%
Physician Panel Status	380	338	88.9%

Accuracy rates as depicted in Table C for Medi-Cal and PASC physician locations, phone numbers and primary care panel status are relatively close to the overall rates and exceed 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	143	49	34.3%
Physician's Line of Business	1,355	1,355	100%

Table D shows hospital affiliations are the same as the overall rate of 34.3% and does not meet the performance goal of 80%. The accuracy rate for the physician's lines of business is at 100% and exceeds the performance goal of 80%.

LACC/D – Quantitative Analysis

- **662** physician offices providing valid responses for location, including offices that have a wrong and/or disconnected phone number (Table E)
- **622** physician offices providing valid responses for location, including offices that have a wrong and/or disconnected phone number (Table E)
- **479** unique primary care physicians by line of business, provided **panel status** responses (Table E)
- **146** data points to **hospital affiliations** (Table F)
- **1,760** records with responses for 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	622	545	87.6%
Physician Phone No.	662	594	89.7%
Physician Panel Status*	479	417	87.0%

This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

Table E depicts LACC/D accuracy rates for physician location, phone number, and panel status are slightly better than the overall rates and exceed 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	146	44	30.1%
Physician's Line of Business	1,760	1,760	100%

As depicted in Table F, the LACC/D accuracy rates for Hospital Affiliations Average is 30.1%, which did not meet the baseline accuracy goal of 80%. Physician's Line of Business is 100% and meets the performance goal of 80%.

D-SNP - Quantitative Analysis

- **644** physician offices providing valid responses for location, including offices that have a wrong and/or disconnected phone number (Table G)
- **608** physician offices providing valid responses for location, including offices that have a wrong and/or disconnected phone number (Table G)
- **464** 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 for 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	608	529	87.0%
Physician Phone No.	644	575	89.3%
Physician Panel Status*	464	399	86.0%

This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

Table G depicts D-SNP rates of accuracy for physician location, phone number and primary care panel status. These rates are similar to the overall rates and exceed the performance goal of 80%. The D-SNP Line of Business is new and launched January 1, 2023. These results will serve as the baseline values.

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	153	46	30.0%
Physician's Line of Business	1,320	1,320	100%

Table H depicts the D-SNP accuracy rates for physician hospital affiliations and lines of business. Hospital Affiliations accuracy rate is 30.0% and is below the performance goal of 80%. The physician's line of business rate is the same as the overall rate and exceeded the performance goal of 80%.

Table I – Visual Reference Table of Summary of Metrics for each Line of Business/Plan

The following table represents a summary of the metrics for the five data categories the sample sought to verify for the past three years. It shows the different lines of business and their percentage of accuracy per data measure. With baseline limit of 80%, the table shows which metric exceeds the baseline and which metric falls below the baseline. Those metrics which fall below the baseline will be addressed by the Provider Network Management department for accuracy improvement. All L.A. Care Health Plans were able to meet the 80% baseline for at least 2 of 5 metrics. All plans failed to meet the 80% accuracy baseline for Hospital Affiliations. This data will be delivered to Provider Network Management (PNM) for further review, analysis, and ultimately correction and publication.

Table I. Accuracy Rates Three-Year Trend by Percentage									
	MCLA/PASC			LACC/D			D-SNP*		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Physician Location	92	91	85.6	91	91	87.6	NA	NA	87.0
Physician Phone Number	91	70	90.0	92	89	89.7	NA	NA	89.3
Physician Panel Status	66	82	88.9	82	90	87.0	NA	NA	86.0
Hospital Affiliations	78	58	34.3	78	59	30.0	NA	NA	30.1
Physician Line of Business	95	58	100	90	69	100	NA	NA	100

*D-SNP Line of Business launched January 1, 2022. Year 2023 will serve as 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 in a timely manner directly affects L.A. Care's ability to maintain current data. This communication process and related dependencies is 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, there is a need to develop strategies requiring more accountability/consequences for those partners showing patterns of noncompliance with timely provider data submission requirements which is an ongoing effort addressed at L.A. Care for the foreseeable future. This main issue is currently being addressed by L.A. Care's Direct Network initiative where L.A. Care directly contracts with a provider and eliminates the PPG and Plan Partner bottleneck.

Opportunities for Improvement

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 accepted. This survey identified approximately 2,000 responses that were excluded from rating this question due to the respondent being unaware of the L.A. Care product lines 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. At this time, 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 notification of provider data changes. The Provider Data Management Department must coordinate an effort or campaign that reinforces for the entire organization and its external processes the correct process for notification of provider data changes.

Acting on Opportunities

L.A. Care has developed and implemented the following processes to proactively validate provider data displayed in the directory:

> 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 of 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 serves to standardize 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 along with individual provider attestations. In L.A. Care's delegated network, it's 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 versus office languages and provider versus 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 that are 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 L.A. Care's network. This process holds specific business units accountable to turn around 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 across L.A. Care's core data systems on a monthly basis. This process ensures all Credentialing Committee decisions on contracted status are implemented timely.

H.5 PROVIDER SATISFACTION SURVEY

AUTHORS: LINDA CARBERRY
REVIEWERS: DONNA SUTTON & ALEX LI, MD

BACKGROUND/SUMMARY

L.A. Care conducts the Provider Satisfaction Survey (PSS) annually during the fall for our contracted and delegated provider network. The sample of providers selected for receiving a survey contains Primary Care Physicians (PCPs), Specialists and Providers in our Direct Network. Within the survey, we asked for the providers' Licensed (Federally Qualified Health Center) Community Clinics, and Participating Physician Groups (PPGs) affiliations. This will allow for additional reporting opportunities as well as more trusted data and completions.

In 2022, L.A. Care conducted additional comprehensive reviews of the survey instruments to better meet the various entities served by the PSS results and to simplify the survey process. We met with the different departments that owned sections on the survey and reviewed the results and the questions to better align the survey instrument to provide more useful results. Questions were added, modified, and some were deleted to provide a more cohesive survey experience. Due to this revamping and restructuring of the instruments, there are fewer possible direct year to year comparisons than in previous years. Items were trended where possible.

This Narrative Summary describes how the current year's survey results compare with prior year's performance as rated by PCPs and Specialists. Providers in our Direct Network became a new reporting level this year. Information collected from these surveys allows the Plan to measure how well L.A. Care is meeting providers' expectations and needs. Results of the surveys are used to identify strengths and areas of improvement so that actionable interventions can be designed to improve the quality of programs and services.

Summary rates are calculated as the percent of respondents choosing "Very Satisfied" or "Satisfied". This will provide the level of satisfaction that the provider has in response to a specific question.

This summary report examines providers' overall level of satisfaction with their delegate's Utilization Management process. In some cases we are asking about their satisfaction with L.A. Care's Complex Care Management Program including pre-authorization, referrals to mental health, and receiving timely clinical information. Also reflected are the timeliness of members' appointments, providers' feedback for health care services, and providers' overall level of satisfaction with L.A. Care's Complex Care Management Program.

METHODOLOGY

PSS sampled Primary Care Physicians, Specialists, and Providers in our Direct Network who are contracted with L.A. Care and who serviced members for any lines of business in 2022.

We sampled 2,776 PCPs, 3,000 Specialists and 1,560 Providers in our Direct Network. We were able to increase the sample sizes because we eliminated the Provider Satisfaction Survey for Clinics and PPGs this year.

SAMPLE DESIGN AND RESPONSE RATES
Exhibit 1. The table below compares the sample sizes, completed responses and response rates over three years: PSS 2020, PSS 2021 and PSS 2022. PSS 2020 has the highest level of completes for the sample size and has a higher overall response rate than 2022.

Note that ineligible surveys (not shown) were removed from the sample sizes. The overall response rate has been dropping year over year from 2020 to current year 2022. We expected the response rate as a percentage of the sample responding to decline due to the removal of telephone outreach.

We increased our sample/outreach size but experienced a decrease in percentage and number of responses. In total, Completes for 2022 vs 2021 were only 20 in number less. This was also the first reporting of our Providers in the Direct Network.

Exhibit 1. Response Rates

Provider Type	Sample Size 2022	Completes 2022	Response Rate 2022	Sample Size 2021	Completes 2021	Response Rate 2021	Sample size 2020	Completes 2020	Response Rate 2020
PCP	2,776	566	20.4%	1,500	689	47.6%	1,500	718	50.2%
SCP	3,000	307	10.2%	2,000	509	27.8%	2,000	576	31.2%
Providers in our Direct Network	1,560	344	22.1%	N/A	N/A	N/A	N/A	N/A	N/A
Clinic	N/A	N/A	N/A	218	33	15.10%	381	111	29.4%
PPG	N/A	N/A	N/A	38	6	15.80%	32	9	30.0%
Total	7,336	1,217	16.6%	3,756	1237	35.0%	3,913	1,414	38.4%

PROVIDERS' OVERALL SATISFACTION WITH L.A. CARE
The net promoter question continues to provide valuable information since being added to the survey. This question calculates a Net Promoter Score (NPS) for each provider sample. The NPS is calculated using categories within a 10-point scale. Scores of 0-6 are categorized as Detractors, 7-8 are Passives and 9-10 are Promoters. The NPS then becomes the percent Promoters minus the percent Detractors for each provider type. The score is used to gauge how likely the provider recommends a colleague to contract with L.A. Care. We found that our Providers in the Direct Network and our PCPs tend to be the largest promoters across all provider samples with an NPS of 23 (48.8% Promoters – 26.0% Detractors) for our Providers in the Direct Network followed closely by our PCPs with 23 (48.0% Promoters – 25.2% Detractors). Our Specialists tend to be moving into a stronger detractor position with a score of 10 (42.6% Promoters – 32.2% Detractors).

PCPs and the Providers in our Direct Network had the highest satisfaction, 79.3% and 74.5%, respectively. Specialists were least satisfied with 68.8%.

Year-over-year trending showed a somewhat significant change for PCPs. Satisfaction summary rate scores decreased by 4.0% for PCPs; however, Specialists decreased by 6.0%. The same decrease as shown last year. This was the first year for Providers in our Direct Network results so we do not have any year over year results. Providers in our Direct Network scored 74.5% for this first year. .

Exhibit. 2. Overall Satisfaction – 5 Year Trend

L.A. Care's managed care programs	2022	2021	2020	2019	2018
PCP	79.3%	83.3%	85.3%	88.2%	86.1%
Specialists	68.8%	75.2%	81.5%	81.1%	77.4%
Providers in our Direct Network	74.5%	N/A	N/A	N/A	N/A
Clinic	N/A	78.8%	89.2%	95.1%	89.2%
PPG	N/A	83.3%	77.8%	60.0%	72.7%

PROVIDERS' SATISFACTION WITH UTILIZATION MANAGEMENT (UM) PROCESSES
In 2022 PCPs' satisfaction with UM processes was 72.9% compared to 74.8% in 2021, a decrease of 2 percentage points. Specialists decreased by 9.0 percentage points from 73.3% in 2021 to 64.3% in 2022.

Exhibit. 3. Satisfaction of UM Processes – 5Year Trend

L.A. Care's UM processes	2022	2021	2020	2019	2018
PCP	72.9%	74.8%	80.0%	83.0%	79.7%
Specialists	64.3%	73.3%	74.2%	76.3%	74.0%
Providers in our Direct Network	67.4%	N/A	N/A	N/A	N/A
Clinic	N/A	N/A	N/A	87.2%	87.1%
PPG	N/A	N/A	N/A	55.6%	55.6%

PROVIDERS' OVERALL SATISFACTION WITH L.A. CARE'S CARE MANAGEMENT PROGRAM
In 2022, PCPs and Specialists were asked about their satisfaction with respect to the Complex Care Management Program. PCPs reported satisfaction of 83.5% a 3.9% percentage point decrease from 87.4% in 2021 and Specialists reported satisfaction of 75.8% a decrease of 5 percentage points from 80.4%% in 2021.

PROVIDERS' SATISFACTION WITH PATIENTS' ACCESS TO TIMELY AUTHORIZATIONS AND REFERRALS

In 2022, the respondents were asked about their satisfaction with the following underlined statements.

- Timely decisions resulting from the pre-authorization process
  1) PCPs' satisfaction decreased significantly from 83.5% in 2021 to 77.2 % in 2022.
  2) Specialists satisfaction significantly decreased from 75.4% in 2021 to 66.7% in 2022

- Clinically reasonable decisions resulting from the pre-authorization process
  1) PCPs' satisfaction significantly decreased from 83.3% in 2021 to 78.4% in 2022.
  2) For Specialists, the satisfaction decreased from 73.8% in 2021 to 69.5% in 2022.

- Timely appointments resulting from the specialty referral process
  1) PCPs' satisfaction significantly decreased from 71.7% in 2021 to 63.6% in 2022.
  2) Specialists satisfaction significantly decreased from 74.6% in 2021 to 67.5% in 2022.

BEHAVIORAL HEALTH
In PSS 2022 PCPs were asked to rate the feedback by Beacon (BH providers) and the Department of Mental Health (DMH) providers. Decreases were observed for Beacon providers across all 4 measures compared to 2021. Declines were observed for DMH providers on 2 of the 4 measures as compared to 2021. These questions are now in their third year and they use a *Never-Sometimes-Usually-Always* scale. We combined responses of Always and Usually to arrive at the Exhibit. 4.

Exhibit. 4

PCP feedback about behavioral health care	Beacon providers 2022	DMH providers 2022	Beacon providers 2021	DMH providers 2021	Beacon providers 2020	DMH providers 2020	Beacon providers 2019	DMH providers 2019
The feedback was sufficient	57.6%	54.2%	62.0%	53.6%	64.2%	57.9%	63.8%	61.4%
The feedback was timely	56.6%	53.4%	59.2%	53.4%	63.1%	56.6%	62.2%	59.4%
The feedback was accurate	60.1%	55.7%	67.1%	57.6%	67.7%	61.3%	66.8%	63.4%
The feedback was clear	59.9%	56.4%	67.0%	58.0%	69.3%	61.2%	70.2%	65.3%

PCPs continue to rate the feedback questions from Beacon providers more favorably compared to DMH providers. When asked about the barriers to exchanging information with mental health providers – lack of responsiveness from MH providers (36.3%) was the primary barrier, followed by time limitations and not knowing how to contact the MH provider.

PCPs were also asked about behavioral providers' screening processes. Of these two screenings, PCPs' complete Alcohol Abuse screenings at a higher rate at 77.9% followed by developmental screening (including autism) at only 69.3%. When asked about the barriers to mental health screenings, Exhibit. 5 gives a breakdown of the reasons.

Exhibit. 5

Reasons screening are not completed	Alcohol Abuse 2022	Developmental 2022	Alcohol Abuse 2021	Developmental 2021	Alcohol Abuse 2020	Developmental 2020
Not enough time in appointments	9.7%	16.1%	19.4%	20.0%	27.1%	23.1%
Screening tools not embedded in Electronic Health Records (EHR)	9.7%	29.2%	27.1%	26.7%	25.7%	28.2%
Patient Refusal	54.8%	14.9%	38.0%	19.4%	33.6%	32.5%

Reasons screening are not completed	Alcohol Abuse 2022	Developmental 2022	Alcohol Abuse 2021	Developmental 2021	Alcohol Abuse 2020	Developmental 2020
Not a reimbursable service	9.7%	13.7%	17.8%	10.9%	10.7%	12.8%
Other	29.0%	51.6%	30.2%	46.7%	39.3%	47.0%

Most Write in Reasons mentioned were not seeing the right age member to provide the specific screening. Those providers who are primarily pediatric state that they do not provide Alcohol Abuse Screenings. Those providers who primarily see adult patients state that they do not provide Developmental Screenings

PRIORITY MATRICES

A Priority Matrix helps analyze a target measure affected by many elements of service. The objective of a Priority Matrix is to aid in identifying synergies – instances where an improvement in one measure lifts another separate measure.

The Priority Matrix consists of four quadrants populated by plotting the summary rates of measures on the x-axis against their correlations with a target measure on y-axis. Measures are reported in one of the four quadrants based on their satisfaction rate and their correlation with the target measure. These quadrants are:

I. Sustain – High level of satisfaction and a high degree of correlation
II. Focus – Low level of satisfaction and a high degree of correlation
III. Improve – Low level of satisfaction and a low degree of correlation
IV. Maintain – High level of satisfaction and a low degree of correlation

When a measure scores high and has high impact (higher than 50% correlation) with the target measure we use the term "Sustain," indicating we are doing a great job. On the other hand, when a measure scores low and has high impact on the target measure we use the term "Focus" to bring it to our attention that if we can improve the score the target measure is likely to be improved as well.

Three matrices were created for the PCP, Specialists and Providers in our Direct Network populations by our survey vendor: Overall Satisfaction; Utilization Management; and Provider Support Services.

The correlations of other survey measures were calculated to identify if the measures are related to overall satisfaction and utilization management satisfaction. Measures with a correlation coefficient greater than or equal to 0.5 are considered to have a high degree of correlation with overall satisfaction with L.A. Care's managed care programs.

In the Priority Matrix of Overall Satisfaction for PCP, Specialists and Providers in our Direct Network the following nine measures were plotted:
1. Overall Utilization Management
2. Complex Care Management Process
3. Interdisciplinary Care Team
4. Telephonic/In Person Care Management Communication
5. Email/Fax Care Management Communication
6. Pharmacy Services
7. Drug Formulary
8. Provider Portal
9. Overall Claims Payment

In the Priority Matrix of Utilization Management for PCP, Specialists and Providers in our Direct Network, the following five measures were plotted:
1. Provider Group referral process
2. Timely decisions
3. Clinically reasonable decisions
4. Timely appointments from specialty referrals
5. Timely care from mental health referrals

In the Priority Matrix of Provider Support Services for PCP, Specialists and Providers in our Direct Network, the following six measures were plotted:
1. P4P Support
2. Customer Service Center (CSC) Representatives
3. Provider Service Center (PSC) Customer Service Experience
4. Provider Portal
5. Cultural Competency Training

Most measures in Overall Satisfaction require attention for our Specialists and the Providers in our Direct Network. All but the Provider Portal require Focus. Actions should be taken to improve these measures to positively impact our Overall Satisfaction scores. For our PCPs, Focus is required on Overall Utilization Management, Pharmacy Services and Drug Formulary measures.

For the PCP Utilization Management measure, Timely appointments from Specialty Referrals and Timely Care for Mental Health Referrals are two measures that continue to score relatively low and continued Focus on these measures is necessary to see improvement in our Utilization Management scores over the next few years.

Specialists scored low on all measures. All five require Focus for improvement. Providers in our Direct Network are holding strong with all 5 measures at Sustain.

For the PCP Provider Support Services measures, P4P Support, CSC Representatives and PSC Customer Service Experience all require Focus for improvement. Specialists scored low on all measures. All six require Focus for improvement. Providers in our Direct Network require the same Focus as our PCPs. Three measures require Focus.

SUMMARY
PSS 2022 went through some additional changes to help in gathering additional information from our providers to reduce burden and improve communications and ultimately patient care. New items were added and survey administration was simplified and streamlined. We added the entire Cultural Responsiveness Survey to the PSS. We also restructured the survey to simply survey PCPs, Specialists and Providers in our Direct Network. However, core items such as overall satisfaction, provider satisfaction with respect to the UM process, and Care Management are kept for trending purposes.

Due to the length of the survey now at 12 pages and 76 questions, we eliminated the telephone call completion. This may have caused our answers to skew more towards a negative experience as completions on the phone typically score higher. They are also mainly not completed by our physicians. We had about a 50% completion by physicians which is higher than in past years.

QPM met with respective departments to review and discuss the PSS 2022 findings pertinent to them so that action plans could be developed to take steps towards improving provider satisfaction.

Attached is a table showing the discussions held in 2022.

Department	Discussions
Medicare Product	- Remediation of provider complaints needed - Formation of a provider experience workgroup - Improvement needed in access and quality of care in the Medicare Product Line
Cultural & Linguistics	- Need to assess provider cultural competency - Language barriers between providers and members - Access to information and language assistance needed in various additional languages - Coordination of appointments and availability of interpreters needs improvement, short-staffed. - Education for providers and members on interpreter availability and resources available - Improved communication and empathy by interpreters
P4P & VIIP	- Care gap tools: need to know primary tool providers are using to close care gaps and explore satisfaction of provider tool used - Reconciliation of internal care gap data - Provider opportunity report: explore improvements suggested by providers - Provider education needed for provider opportunity reports - Increased communication and education needed to providers regarding incentives program
Utilization Management & Care Management	- Improvement in rating of complex care management process compared to prior year - Decrease in rating of Utilization Management questions compared to prior year - Barriers that prevent the use of care managers: communication, lack of availability, difficult to reach care managers, and language barriers.
Provider Communications	- Providers need increased communication overall - PCPs and SCPs not contracted with L.A. Care receive communications via PPGs only - Provider education on hotlines, trainings, webinars available to them - Provider preferences on communication methods and frequency of communications - Education to providers on difference between provider communications department and provider relations (handles provider issues and concerns) - Direct Network providers are communicated with via fax only
Customer Solution Center	- Improvement of provider experience with CSC and PSC - Wait times: Long hold times on the phone and/or don't receive callbacks - Staff knowledge & customer service: providers are transferred to multiple people or feel that staff are unable to answer their questions - Language barriers: Need for Spanish speaking staff to assist in the CSC - Overall improvement in communication to providers

As we met with these departments, we found that some of them already had action plans in the works to deal with some of the issues we planned for discussion. We continued discussions with QI, BH (Behavioral Health) and Communications around the need for collaborating with other departments.

These subjects will become a part of the ECE (Elevating Customer Experience) workgroup discussions.

As L.A. Care continues to closely monitor the responses and results from the Provider Satisfaction Survey, we will fine tune the survey instruments to not only meet the regulatory requirements but also to make the best use of the survey to improve business processes and fulfill DMHC Timely Access Reporting (TAR) regulatory requirements.

Modifications for the 2023 Provider Satisfaction Survey have been put in place for that fielding period. Next year's report will speak to those changes and enhancements. The results of the 2023 PSS will be shared a bit differently. Analysis will be done against the negative findings as well to help put together action plans that will help move the needle towards improvements based on the data results.

<u>**H.6 PROVIDER EDUCATION & ENGAGEMENT**</u>

<u>**H.6.a PROVIDER CONTINUING EDUCATION PROGRAM**</u>

AUTHOR: LEILANIE MERCURIO
REVIEWERS: MATTHEW PIRRITANO, PHD, MPH & ALEX LI, MD

The L.A. Care Provider Continuing Education (PCE) Program led by PCE Program Manager, Leilanie Mercurio, continued to offer virtual distance learning/webinars via Cisco WebEx in FY 2022 - 2023 plus several In-Person CME/CE Events for L.A. Care Providers, L.A. Care staff and other healthcare professionals.

During fiscal year 2022 - 2023, L.A. Care Health Plan's Provider Continuing Education (PCE) Program continued to operate with the following Continuing Medical Education (CME) and Continuing Education (CE) Provider Accreditations:

1. Continuing Medical Education (CME) Provider for Physicians (MDs, DOs, PAs), accredited by the California Medical Association (CMA), May 6, 2022 – May 31, 2026.
2. Continuing Education (CE) Provider for Registered Nurses (RNs) and Nurse Practitioners (NPs), accredited by the California Board of Registered Nursing (CA BRN), September 30, 2022 - September 30, 2024.
3. Continuing Education (CE) Provider for Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs), and Licensed Educational Psychologists (LEPs), accredited by the California Association of Marriage and Family Therapists (CAMFT), December 1, 2023 - December 1, 2026.

Each live webinar is scheduled 12:00 pm – 1:30 pm PST (unless stated otherwise), one and a half hour webinar, one hour presentation plus half hour Q & A with 1.50 CME credits offered to L.A. Care providers, other physicians (MDs, DOs, PAs, PsyDs) and 1.50 CE credits offered to NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs, L.A. Care staff, and other healthcare professionals. A Certificate of Attendance is offered to webinar attendees without credentials.

<u>**SUMMARY OF CME AND CE ACTIVITIES FOR FISCAL YEAR 2022-2023**</u>
During Fiscal Year 2022-2023, October 1, 2022 to September 30, 2023, L.A. Care Health Plan's Provider Continuing Education (PCE) Program offered nineteen (19) directly provided CME/CE activities with a total offering of 47.50 CME/CE credits for L.A. Care Providers, other physicians, NPs, RNs, LCSWs, L.A. Care staff and other healthcare professionals.

L.A. Care PCE Program's Directly Provided CME/CE Activities FY 2022-2023:
1. October 1, 2022 In-Person CME/CE Event, Behavioral Health Conference, Hilton San Gabriel, Program 8:30 am – 4:00 pm PST, 5 Various Presenters plus one (1) hour Q & A session, 6 CME/CE Credits. We had a total of 123 attendees including 31 L.A. Care Providers which accounted for 25% of the total audience. This event is our very first In-Person CME/CE event since the pandemic March 2020 and was successfully implemented with the current COVID-19 infection rate, which has significantly declined and remains low.
2. October 27, 2022 Webinar, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, Medication Treatment for Alcohol and Opioid Use Disorders, Presenter Dr. Larissa Mooney, UCLA Addiction Psychiatry Clinic. We had a total of 152 attendees including 68 L.A. Care Providers which accounted for 45% of the total webinar audience.

3. November 9, 2022 Webinar, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, Childhood Lead Poisoning Prevention, Presenter Dr. Jean Woo, California Department of Public Health. We had a total of 245 webinar attendees including 112 L.A. Care Providers which accounted for 46% of the total webinar audience.

4. November 17, 2022 Webinar, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, The Link Between Cardiovascular Disease and Diabetes, Presenter Dr. Karol Watson, UCLA Program in Preventive Cardiology. We had a total of 151 webinar attendees including 77 L.A. Care Providers which accounted for 51% of the total webinar audience. This was our last webinar for year 2022.

5. January 25, 2023 CME/CE Dinner Event, Psychotherapy for Substance Use Disorder (SUD) and Behavioral Addictions, Presenter Dr. Katherine Bailey, West LA VA Healthcare Center, 6:00 pm - 8:30 pm, 2 CME/CE Credits, Hilton LA/San Gabriel. We had a total of 83 attendees including 21 L.A. Care Providers which accounted for 25% of the total audience.

6. February 23, 2023 Webinar: Well Child Visits in the First 30 Months of Life, 12:00 pm - 1:30 pm PST, 1.50 CME/CE Credits, Presenter Dr. Ilan Shapiro, AltaMed. We had a total of 97 webinar attendees including 48 L.A. Care Providers which accounted for 49% of the total webinar audience.

7. March 25, 2023 L.A. Care Children's Health Conference In Collaboration with First 5 LA and Los Angeles County Department of Public Health (DPH), Program 8:30 am - 4:30 pm, 6.50 CME/CE Credits, Almansor Court in Alhambra, 6 Presenters. We had a total of 151 attendees including 46 L.A. Care Providers which accounted for 31% of the total audience.

8. April 27, 2023 Webinar: Hypertension and Stroke Prevention, 12:00 pm - 1:30 pm PST, 1.50 CME/CE Credits, Presenter Dr. Florian Rader from Cedars-Sinai Smidt Heart Institute. We had a total of 122 attendees including 41 L.A. Care Providers which accounted for 34% of the total webinar audience.

9. May 5, 2023 QI Webinar: Addressing High Rates of Sexually Transmitted Infectious Diseases (STIs): Clinical Guidelines to Testing & Treatment, 12:00 pm – 1:00 pm PST, 1 CME/CE Credit, Presenter Dr. Alicia Morehead-Gee, AltaMed Health Services. We had a total of 97 attendees including 45 L.A. Care Providers which accounted for 47% of the total webinar audience.

10. May 11, 2023 Health Equity Webinar: Prioritizing Patient Safety By Reducing Firearm Injury & Death: What Clinicians Can Do, 12:00 pm – 1:00 pm PST, 1 CME/CE Credit, Presenter Dr. Amy Barnhorst from University of California, Davis, and California Firearm Violence Research Center. We had a total of 140 attendees including 54 L.A. Care Providers which accounted for 39% of the total webinar audience.

11. May 18, 2023 Webinar: Diabetes Type 2 and Telehealth, 12:00 pm - 1:30 pm PST, 1.50 CME/CE Credits, Presenter Dr. Matthew Lomeli from AltaMed. We had a total of 82 attendees including 32 L.A. Care Providers which accounted for 39% of the total webinar audience.

12. May 31, 2023 Webinar: HIV Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP), 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, Presenter Dr. Tri Trang, Men's Health Foundation. We had a total of 78 attendees including 39 L.A. Care Providers which accounted for 50% of the total webinar audience.

13. June 10, 2023 L.A. Care Geriatric Care Conference In Collaboration with Alzheimer's Los Angeles, 8:00 am - 4:30 pm, 6.50 CME/CE Credits, Hilton Los Angeles/San Gabriel, 8 Presenters + 1 ½ Hour Q & A/Panel Discussion. We had a total of 184 attendees including 46 L.A. Care Providers which accounted for 25% of the total audience.

14. July 20, 2023 CME/CE Dinner Event, Managing Anxiety Disorders in the Primary Care Setting, Presenter Dr. Christopher Benitez, Riverside University Health System – Behavioral Health, 6:00 pm – 8:30 pm PST, 2 CME/CE Credits, Hilton San Gabriel. We had a total of 84 attendees including 36 L.A. Care Providers which accounted for 43% of the total audience.

15. July 27, 2023 Webinar: The Treatment of Opioid Use Disorder, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, Presenter Dr. Matthew Torrington, Family and Addiction Medicine Physician. We had a total of 69 attendees including 31 L.A. Care Providers which accounted for 45% of the total webinar audience.
16. August 24, 2023 Webinar: Chronic Kidney Disease In Primary Care, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, Presenter Dr. Rahul Dhawan, MedPoint Management Co. We had a total of 86 attendees including 42 L.A. Care Providers which accounted for 49% of the total webinar audience.
17. August 30, 2023 QI Webinar: Evidence Based Strategies to Improve Immunization Rates, 12:00 pm – 1:00 pm PST, 1 CME/CE Credit, Presenter Dr. Andrew Kroger, National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC). We had a total of 169 attendees including 106 L.A. Care Providers which accounted for 63% of the total webinar audience.
18. September 23, 2023 L.A. Care Maternal Mental Health Conference In Collaboration with Maternal Mental Health NOW, 8:00 am – 4:30 pm, 6.50 CME/CE Credits, Hilton Woodland Hills, 12 Presenters including Panelists and Moderators. We had a total of 94 attendees including 22 L.A. Care Providers which accounted for 24% of the total audience.
19. September 28, 2023 Webinar: Colorectal Cancer Screening, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits, Presenter Dr. Fola May, UCLA Jonsson Comprehensive Cancer Center. We had a total of 72 attendees including 29 L.A. Care Providers which accounted for 40% of the total webinar audience.

L.A. Care Provider Continuing Education (PCE) Program FY 2022-2023:
- L.A. Care Health Plan continued to be an accredited CME Provider by the California Medical Association (CMA) for MDs, DOs, PAs; accredited CE Provider by the California Board of Registered Nursing for NPs and RNs; and accredited CE Provider by the California Association of Marriage and Family Therapists (CAMFT) for LCSWs, LMFTs, LPCCs, and LEPs.
- Planned, developed, coordinated and implemented nineteen (19) CME/CE activities for L.A. Care Providers, other Physicians, NPs, RNs, LCSWs, L.A. Care staff and other healthcare professionals in FY 2022-2023 with a total offering of 47.50 CME/CE credits.
- The four goals of L.A. Care PCE Program for FY 2022-2023 are the following:

  1) Plan and implement 12 or more CME/CE activities;
  2) Increase the percentage of L.A. Care Providers' annual average CME/CE activity attendance by 35% or higher of total audience per CME/CE activity;
  3) Plan and implement CME/CE activities with 3 or more Population Health Management Index (PHMI) measures as topics of learning activities;
  4) Overall satisfaction of Provider Continuing Education (PCE) Program by L.A. Care Providers with L.A. Care CME/CE activities in terms of ratings 1 through 10 and goal of 8, 9 or 10 ratings with rating 10 being the best possible.

- **Accomplishments / Achievements for FY 2022-2023 are the following:**
  1) Successful 4-Year reaccreditation of L.A. Care as an accredited CME Provider for Physicians with state Accrediting Board, California Medical Association (CMA), effective May 6, 2022 – May 31, 2026;
  2) L.A. Care PCE Program Manager, Leilanie Mercurio, was awarded by our State Accrediting Board, California Medical Association (CMA), on June 22, 2023 at the CMA Annual CME Provider Conference as **2023 Outstanding CME Professional** in recognition of her tireless, exceptional and dedicated work for L.A. Care Continuing Medical Education (CME) Program and CME Activities for L.A. Care Providers, other Physicians, L.A. Care staff and other healthcare professionals;

3) Gradually went back to several In-Person CME/CE events since October 1, 2022 after the COVID-19 pandemic plus continue to offer online, virtual distance learning as mixed offerings for L.A. Care Providers, other Physicians, L.A. Care staff and other healthcare professionals;

4) Successfully exceeded all four goals of L.A. Care PCE Program for FY 2022-2023.
   - Planned and implemented a total of 19 CME/CE activities;
   - Steadily increased the average attendance of LA Care Providers' participation at our CME/CE webinars with an average of 45% of total audience per webinar accounted for are L.A. Care Providers;
   - Planned and implemented CME/CE activities with five Population Health Management Index 2022 measures namely Well Child Visits in the First 30 Months of Life, Diabetes Care, Controlling Blood Pressure, Medication Adherence for Hypertension, and Colorectal Cancer Screening.
   - Lastly, L.A. Care Providers' overall satisfaction with our CME/CE activities continue to receive high ratings of 9 or 10 with 10 as the best possible rating for overall level of satisfaction.

The L.A. Care Provider Continuing Education (PCE) Program remains committed to providing timely continuing education programs to meet the learning needs of L.A. Care Providers, other Physicians, DOs, PAs, PsyDs, PhDs, PharmDs, NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs, L.A. Care staff and other healthcare professionals, to facilitate the optimal delivery of quality healthcare services to Los Angeles County's vulnerable population and improve the overall health of the communities that L.A. Care serves.

H.6.b PROVIDER TRAINING

AUTHOR: THERESA MOORE
REVIEWERS: MATTHEW PIRRITANO, PH. D & ALEX LI, MD

BACKGROUND/SUMMARY

As part of Regulatory Training, all newly contracted Direct Network providers must complete *New Provider Onboarding Training (NPOT)* within 10 days of their contract effective date. The External Learning Provider Training Unit of the Compliance Department is responsible for managing all provider-training requests submitted by the Provider Network Management Department as well as other Business Units at L.A. Care via Podio. Training is provided for all provider types.

PCP/Specialist | Mid-Levels | Ancillary | Acupuncture/Chiropractic | BH/Autism |General Vendors (transportation, vision, dental)

Once External Learning Provider Training receives a training request (via Podio), we will assign a team member to manage training session invites, facilitate training, and obtain required documentation and a completed DocuSign/Therefore process. We document and track all training request activity in Podio.

For the Delegated Network, PPGs submit a monthly report that identifies providers who have joined that network in the prior month. We collect an attestation and sign-in sheet as well as a copy of the welcome letter for the respective providers that appear on the report submitted by the PPG. We maintain these documents in our files.

We facilitate Educational/Informational/Certification webinars and trainings for several of our Business Units, including Provider Network Management (PNM), CalAIM – Enhance Care Management & Community Supports (ECM/CS), Managed Long Term Services & Supports (MLTSS), Quality Improvement (QI) and Provider Support Services.

External Learning Provider training tracks the required learning obligations identified by APLs and DPLs, in additional to any regulatory training topics that require periodic refreshers, on an annual or bi-annual basis. For these refresher trainings, we follow our established protocol of performing outreach to the impacted provider type, facilitating the named training and collect an attestation and sign in sheet as record of training completion.

MAJOR ACCOMPLISHMENT

Created a solid Provider Training Program that includes a Provider Training Requirement in the Credentialing process:
1. **Therefore Provider Information Form (PIF) Process**: For the Direct Network, we established a PIF Process in Therefore. A "flag" in the credentialing process that requires PCP's and Specialists to complete their training, along with credentialing and facility site review. This "flag" will engage once a provider completes 10-Day New Provider Onboarding Training and submits valid documentation. Once External Learning confirms receipt of valid documentation, the documentation is attached in Therefore and the Provider can move forward to configuration and the opening of panels.
2. **Upgraded Cisco WebEx**: External Learning Provider Training facilitates training sessions via an Instructor-Led method using a WebEx platform. We initiate these sessions by logging in using External Learning Provider Training credentials.

3. **Learning Management Systems (LMS) (L.A. Care University):** Provider training sessions facilitated through LMS, can be viewed by logging in to L.A. Care University via Employee Central. Sessions in LMS are managed (added/removed) by submitting a request to the LMS team.

4. **On-Demand Training Modules**: PCP's, Specialists, Mid-Level and Ancillary Providers are able to complete New provider on Boarding Training in an On-Demand way. This provides a flexible option for providers to create an account via L.A. Care University and add the On-Demand module of NPOT to their learning plan. Once the module is successfully completed, an electronic attestation will launch and a date and time stamped signature is captured to confirm the completion of the training. This conveniently allows them to fulfill this regulatory requirement.

Training Sessions:

Regular Instructor-Led Training (ILT) NPOT sessions are hosted via WebEx and LMS systems based on provider type:

- **PCP/Specialist/Mid-Levels**: Combined session, facilitated via Virtual Learning Session (VLS) and scheduled the 1st and 2nd Thursday of each month as well as upon request.
- **Ancillary**: Weekly Wednesday session facilitated via VLS and scheduled the 1st and 2nd Wednesday of each month as well as upon request.
- **BH/Autism**: Scheduled on an as needed basis and facilitated via WebEx
- **Acupuncture/Chiropractic**: Scheduled on an as needed basis and facilitated via WebEx
- **General Vendors:** Scheduled on an as needed basis and facilitated via WebEx
- **Doula:** Scheduled on an as needed basis and facilitated via WebEx

RESULTS

This 2022/2023 fiscal year 16,173 providers received the benefit of Regulatory/Informative and Informational trainings and webinars facilitated by the External Learning Provider Training Unit.

NEW PROVIDER ON BOARDING TRAINING (NPOT) – DIRECT NETWORK

The Direct Network External Learning Provider Training captures provider's information (provider name, company name, NPI Number, email address and phone number) for providers that attend New Provider Onboarding Training on a particular date. This effort tracks whether providers who are onboarded complete the Training within the 10 days of their contract effective date. The LMS Team run external Learning requests for a WebEx Duration Report, 24 hours after delivery of the Instructor-Led Training (ILT)

. For the 2022 – 2023 Fiscal Year, External Learning delivered 51 ILT New Provider Onboarding Training Sessions, there were 383 providers trained. 26 sessions for Primary Care Physicians where 371 547individuals registered for training and 334 attended; 25 sessions for Ancillary Providers where 40 individuals registered and 35 attended; 14 sessions for Vendors, Acupuncture/Chiropractor and Behavioral Health Providers where 17 individuals registered and 14 attended. Our overall NPOT Compliance rate for the year was 89.4%.

NEW PROVIDER ONBOARDING TRAINING (NPOT) – DELEGATED NETWORK

For the Delegated Network External Learning Provider Training receives a monthly report from each PPG that indicates the number of PCP's, Specialists and/or Mid-Level Providers who joined the specific PPG the prior month. On the report, the PPG shares the provider's information (provider name, company name, NPI Number, email address and phone number) along with providing a copy of the Welcome letter, attestation ad sign in sheet to validate the provider information included on the respective report. This effort tracks whether providers who are on boarded complete the Training within the 10 days of their contract effective date. For the 2022 – 2023 Fiscal Year, PPGs reported 1518 PCPs & Specialists for the fiscal year. There was 1463 total compliant PCPs & Specialists for the fiscal year; and 55 PCPs & Specialists were trained late. Our Overall Compliance for PCPs & Specialists in the Delegated Network

was 96.00%. For the 2022 – 2023 Fiscal Year, PPGs reported 738 Mid-Level providers for the fiscal year. There was 728 total compliant Mid-Level Providers for the fiscal year; and 10 Mid-Level providers were trained late. Our Overall NPOT Compliance for Mid-Level Providers in the Delegated Network was 98.60%

GENERAL PROVIDER TRAINING

External Learning Provider Training Unit partners with internal business units to identify areas of need where Provider Training can be beneficial. We facilitated a number of Ad Hoc Trainings to address these critical needs. Some of the trainings facilitated are required others are informational:

- D-SNP Model of Care – 6 ILT Sessions Facilitated - 547 Providers Registered - 421 Providers Trained
- NMT & NEMT Provider Training - 1 ILT Session Conducted – 56 Providers Trained
- Skilled Nursing Facility Transportation Training – 1 ILT Session Facilitated – 92 Providers Trained
- Doula Training – 2 ILT Sessions Facilitated – 107 Providers Trained
- MediCal Marketing Certification Training – 7 ILT Sessions conducted via LMS – 82 Participants Trained
- Screening & Transition of Care Tools Training – 2 ILT Sessions Conducted - 18 Provider Trained
- CalAIM – Enhanced Care Management/Community Supports – 27 ILT Webinars Facilitated – 9,165 Providers Participated
- Managed Long Term Services & Supports – 12 ILT Training Facilitated – 1,355 Providers Participated
- Quality Improvement – 24 ILT Trainings Facilitated – 3,449 Providers Trained
- Provider Supports Services – Provider Continuing Education – 10 ILT Webinars Facilitated – 985 Participants Trained
- Health Equity – SDOH Z-Code Provider Training – 1 ILT Webinar Facilitated – 60 Providers Trained

SUMMARY OF INTERVENTIONS

External Learning Provider Training has been successful with the outreach of the direct network providers to invite them to attend an onboarding training. The Provider onboarding training is a regulatory requirement. There is a need to confirm that all providers meet this requirement. We ensure that newly contracted providers participate in onboarding training within 10 days of the provider contract effective date.

External Learning will make three attempts at requesting Providers complete their NPOT. For Direct Network Providers who are negligent in completing their Provider Training, after three attempts, External Learning Provider Training will recommend the Provider for a Notice of Noncompliance. External Learning Provider Training Team will present a ticket to the EPO that includes the details of the providers' actions, and the EPO will issue the Notice of Noncompliance.

With the creation of a new workflow, outreach to providers takes place when provider enters the credentialing process. This allows providers the opportunity to complete their NPOT and return the supporting documentation as confirmation of training completion. The confirmation of this documentation will trigger a flag to move the provider through to configuration. Once Configuration is completed, the providers' panels will open and the Provider is added to the Provider Directory.

LOOKING FORWARD

External Learning Provider Training will create On-Demand trainings for additional topics. This will ensure Providers, of all types will be able to take their training online at the provider's convenience.

External Learning will continue to offer ILT for those providers who would prefer, but this new level of convenience for providers will be valuable.

We have a Business Case into our IT Solutions Delivery Department for a new routing that will identify the ability to track and confirm all provider training activity. This Business Case, once in place will allow a way to report on training timing requirements. This will be valuable when a training has a delivery expectation for onboarding, annual and/or bi-annual. We are targeting the end of the fiscal year for implementation.

With new efforts implemented, our NPOT Compliance rate improved from 60.5% (last fiscal year) to 89.4% (this fiscal year). We believe that with additional On Demand modules, coupled with the improved opportunity to automate the tracking and timing of required training delivery, our compliance rates will continue to increase.

H.6.c Practice Transformation Programs

Author: Reginald Tuyay, MPH
Reviewers: Matthew Pirritano, PhD, MPH & Felix Aguilar, MD

Section 1: Transform L.A.

Background/Summary

Transform L.A. is a practice-level technical assistance program delivered through on-site and virtual practice coaching. The program began in FY 2018/2019 as a Direct Network offering modeled after the successful CMS grant Transforming Clinical Practice Initiative (TCPI). The Transform L.A. (TLA) team supports work that is "practice-centered," that is, improving care delivery for all patients cared for by the practice while focusing on patient-centered care. The framework for transformation has three primary drivers: (1) patient and family-centered care design, (2) data-driven quality improvement, and (3) business sustainability. To achieve these, the work of the practice coach is broad and inclusive of significant efforts around workflow redesign, sharing best practices (evidence-based), building trust with the staff/care teams, and using data from practice electronic medical records (EHRs) to drive improvement, Plan-Do-Study-Act, (PDSA) cycles.

Direct Network (DN) practices are eligible to participate in Transform L.A. if they meet the following criteria (1) executed L.A. Care Direct Network contract, (2) provide primary care services, (3) *use* an EHR, and (4) practice leadership is open to change and improvement. Previously the program grouped practices in cohorts based on their enrollment year. In 2023 the groupings were restructured to levels of program progress: low, intermediate, and advanced, along with a time limit to complete the program: up to 3 years. This allows for a more precise evaluation of each practice's progress and a more focused approach to graduating from the program in a timelier manner.

Goals

Program goals are to improve care delivery and health outcomes: "Better Care, Better Health," ultimately helping practices succeed in value-based care models. The program focus is 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 "Phases of Transformation" as measured through a standardized Practice Assessment Tool (PAT).

The practice and the coach together complete the PAT during the initial baseline assessment period then conduct a reassessment thereafter approximately every six months. The practice and the coach identify and prioritize areas of improvement then plan and implement interventions to achieve Transformation milestones and CQM/HEDIS improvement. The goal is to transform into a high-performing Direct Network practice that is highly functioning in four foundational areas of Transformation:

1. Population Health Management
2. Culture of Quality Improvement (QI), Team Accountability
3. IT/EHR/Data Exchange
4. Community Partnerships

SUMMARY OF INTERVENTIONS

The Transform L.A. program uses the Agency for Healthcare Quality and Research (AHRQ) Practice Facilitation Handbook as a guide for all transformation work with practices and employs a practice coach or facilitator. The practice coach helps providers and care teams to gain knowledge and skills in the science of quality improvement so that they have the capacity to engage in continuous improvement after the coach is gone. The work of the coach specifically follows the Model for Improvement from the AHRQ and PDSA Cycles.

Quantitative Analysis

OVERVIEW OF MAJOR ACCOMPLISHMENTS

As of September 30, 2023, Transform L.A. has generated the following results:

- **Program Engagement and Reach:**
    - 19 Direct Network practices (20 physical sites)
    - 128 providers (102 MD/DOs, 26 Mid-Levels)
    - 29% of DN members (12,095 of 41,339 total DN members)

- **Measure of Transformation Progress:**
    PAT assessment: % of completed PAT milestones (total = 44)

    - Low Practice Maturity (n=11)
        - Baseline assessment: 29.3%
        - 2023 Re-assessment: 36.4%
        - 23.8% Improvement from baseline assessment
    - Intermediate Practice Maturity (n=3)
        - Baseline assessment: 18.2%
        - 2023 Re-assessment: 81.8%
        - 349.5% Improvement from baseline assessment
    - Advanced Practice Maturity (n=5)
        - Baseline assessment: 60.0 %
        - 2023 Re-assessment: 80.9%
        - 34.8% Improvement from baseline assessment
    - Building QI Capacity:
        - 10 practices are active and have ongoing use of standardized QI meetings.

- **Practice Use of Data and Clinical Quality Measure Improvement:**
    - Data Reporting capability for CQM/ HEDIS:
        - Baseline assessment: 5 practices out of 19 were able to report data from the EHR.
        - 2023 measurement: 15 out of 19 practices are able to report data from the EHR.
    - 2023 CQM/ HEDIS improvements over baseline measurement:
        - Controlling Blood Pressure: 13% improvement
        - Diabetes Hemoglobin A1c Poor Control (>9%): 14.5% improvement
        - Childhood Immunization Status Combo 10: 5% improvement

Table 1. Transform L.A. Program Reach – Practices, Providers, and Members

Transform L.A. (TLA) Cohort Grouping	Practice Count	September 2023 Membership		Sept 2023 Provider Counts			
		DN Mem	LAC Mem	PCP	SCP	Mid-Level	# of Practices
Low	11	3486	28853	20	0	5	11
Intermediate	3	2863	4191	10	31	1	3
Advanced	4	3555	37069	28	1	6	4
Graduate	1	2191	15498	9	3	14	1
Total TLA Membership Assignment	**19**	**12095**	**85611**	**67**	**35**	**26**	**19**
Physician Count					102		
Provider Count					**128**		
Total Membership Assigned		41339	326586				
% TLA Reach		**29%**	**26%**				

TRANSFORMATION PROCESS

As noted earlier, Transform L.A. uses a standardized Practice Assessment Tool (PAT) to measure where a practice is on its transformation journey. The tool was adapted from the Transforming Clinical Practice Initiative PAT is used at the initial assessment to provide a baseline measurement. Thereafter, the PAT is conducted at 6-month intervals to assess current levels of milestone achievement and to identify additional areas of focus. In 2023, the team restructured the PAT into a two-year action plan with specific milestones to be accomplished by the end of each year. The first-year milestones focus on building the foundation for the practice to learn the fundamentals of quality improvement principles. Building on year 1, the second-year milestones help practices to advance by scaling new models of evidence-based care delivery. ***Action plan chart*** *– See Appendix 1.*

The milestones and change concepts of the Practice Assessment Tool all map back to the Change Package, also developed as part of the TCPI program. The Change Package provides a detailed framework supporting the three Primary Drivers: Patient-Centered Care Delivery, Data-Driven QI, and Sustainable Business Operations. The 44 change concepts 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 PAT milestones/44 change concepts. Revisions to this format to complete 27 PAT Milestones are in process and will be effective for the 2024 program year.

Table 2. Transformation Milestone Completion Tracking: Baseline vs. September 2023 Assessment

	Baseline		September 2023		
Practice Maturity	*Total Baseline Milestones Completed (n * 44):*	*Percentage of Milestones Completed*	*Total Milestones Completed (n* 44):*	*Percentage of Milestones Completed*	*Improvement of Milestones Completed from Baseline*
Low (n= 11)	142/484	29.3%	176/484	36.3%	23.8%
Intermediate (n=3)	24/132	18.2%	108/132	81.8%	349.4%
Advanced (n=5)	132/220	60.0%	178/220	80.9%	34.8%

A key point to consider in comparing the practices to their maturity levels is their transformational trajectory respective to baseline assessments. The number of completed milestones for low maturity practices versus intermediate maturity shows exponential levels of transformation work completed. Challenges and hurdles for lower maturity practices mainly focus on balancing staffing bandwidth, reporting valid data, and standardizing all workflow and EHR documentation. As practices incorporate more formal approaches to Quality Improvement required at the intermediate level, the ability to complete milestones becomes more organized, and making operational changes becomes smoother to accomplish. Practices who can complete the Year 1 action plan milestones are able to: delineate workflow processes/responsibilities, use CQM/ HEDIS data for improvements, formalize QI meetings, and integrate the Model for Improvement/PDSA cycles into their daily operations.

PRACTICE USE OF DATA AND CLINICAL QUALITY MEASURE IMPROVEMENT
As part of the data component of the program, practices are required to report CQM/HEDIS data in the format of numerator and denominator year-to-date totals directly from the practice EHR software to the TLA team. Practices often encounter barriers to document and report valid data from the EHR including poor coding/mapping of CQM/HEDIS specifications. The coaches work extensively with practices to validate their measure reports and engage with EHR vendors to identify and problem solve data report issues.

As practices validate data directly from their EHR, the TLA team begins to identify opportunities to improve CQM/ HEDIS measures, which indicate where there may be gaps in care delivery. The team shares resources on best practices along with available L.A. Care and QI program resources to support improvement. One of the key quality improvement tools is the PDSA cycle to conduct tests of change and make modifications in workflows and/or data collection to improve care delivery. As practices advance from low maturity to intermediate, they begin to standardize practice documentation processes, analyze their monthly measure results and streamline their measure specific workflows. Practices have benefited from such L.A. Care program resources as the California Right Meds Collaborative, L.A. Care's One-time HIE Incentive, and the use of Provider Opportunity Reports (PORs) to reinforce improvement efforts and closing gaps in care.
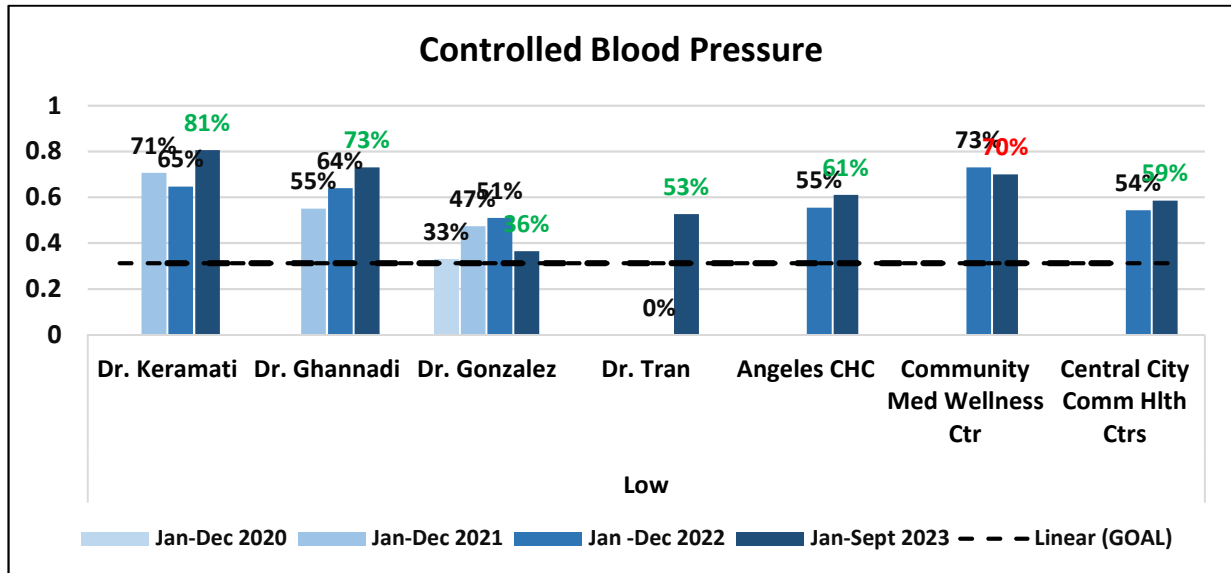
The charts below (*Chart 1.1- Chart 2.3*) summarize the two program required measures within the practice aims, Controlling Blood Pressure and Diabetes Hemoglobin A1C Poor Control (>9%). Practices have the option to select additional measures for improvement however; these two measures demonstrate the most meaningful patient outcome improvements. In 2023, Transform L.A. also added Childhood Immunization Combo 10 (*Chart 3*) as a third required measure for practices who care for pediatric patients under the age of 2 years.

- **Controlling Blood Pressure: (CBP):** Thirteen practices are reporting an average 13% improvement from baseline across all three levels of program maturity.
- **HbA1c Poor Control (>9%) – *inverse measure*:** Eight practices are showing an average improvement of 14.5% from baseline. Five practices are on Office Ally and cannot produce valid reports for this measure as of September 2023 due to data mapping issues within the EHR. Transform L.A. continues to work with Office Ally to correct data reporting for this measure. Going forward until this issue is resolved; the practices will use Provider Opportunity Reports (PORs) to report the data.
- **Childhood Immunization Status Combo 10:** Nine practices are reporting data for this measure; however, only four practices are showing an average improvement of 11.2% from baseline. The remaining five practices experienced hesitancy to the flu shot requirements of CIS10 and difficulty in producing reports on the measure. As this was the first year to report on this measure, practices focused on collecting data reports and working with EHR vendors to develop or
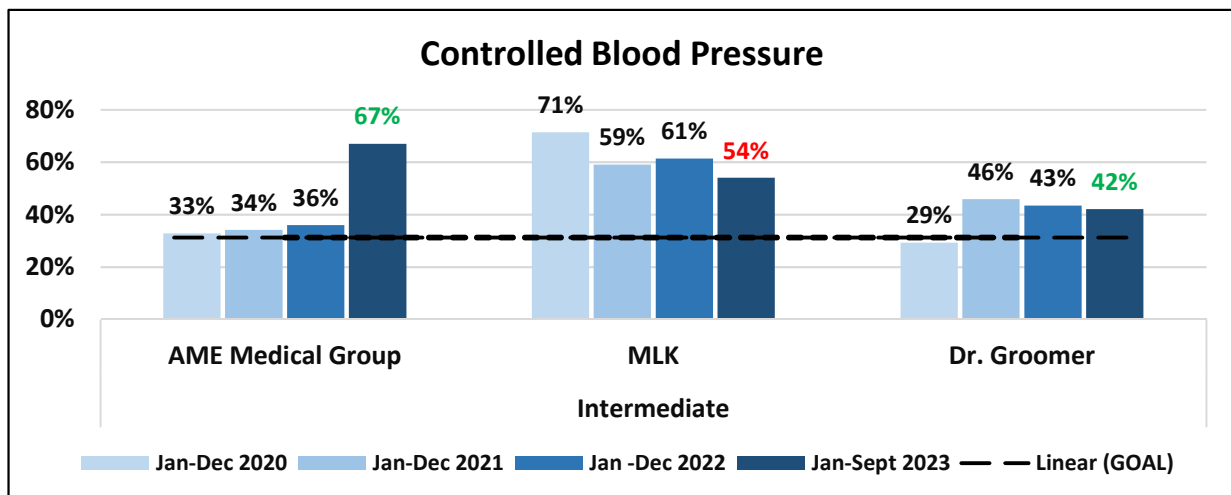
create a new report for this measure. Going forward, practices will begin using Provider Opportunity Reports (PORs) to report the data. With the fall 2023 flu shot education campaign underway and the new CIS-10 Incentive program also launching this fall, the coaches will leverage these efforts with practices to generate improvements in this measure.

Transform L.A. Practice Measures, Summary of Reporting: Controlling Blood Pressure (CBP)

Chart 1.1 - Low Practice Maturity

Controlled Blood Pressure

Legend: Jan-Dec 2020, Jan-Dec 2021, Jan-Dec 2022, Jan-Sept 2023, Linear (GOAL)

Chart 1.2 – Intermediate Practice Maturity

Controlled Blood Pressure

Legend: Jan-Dec 2020, Jan-Dec 2021, Jan-Dec 2022, Jan-Sept 2023, Linear (GOAL)

Chart 1.3 – Advanced Practice Maturity

Controlled Blood Pressure

Legend: Jan-Dec 2020 | Jan-Dec 2021 | Jan -Dec 2022 | Jan-Sept 2023 | —— Linear (GOAL)

- Dr. Duron/Gaboian: 64%, 83%, 83%
- JWCH - Wesley Health Center: 67%, 70%, 70%
- Clinica Medica General: 52%, 68%, 52%, 44%
- WMCHC: 43%, 45%, 60%, 64%
- Bartz-Altadonna: 48%, 42%, 52%, 55%
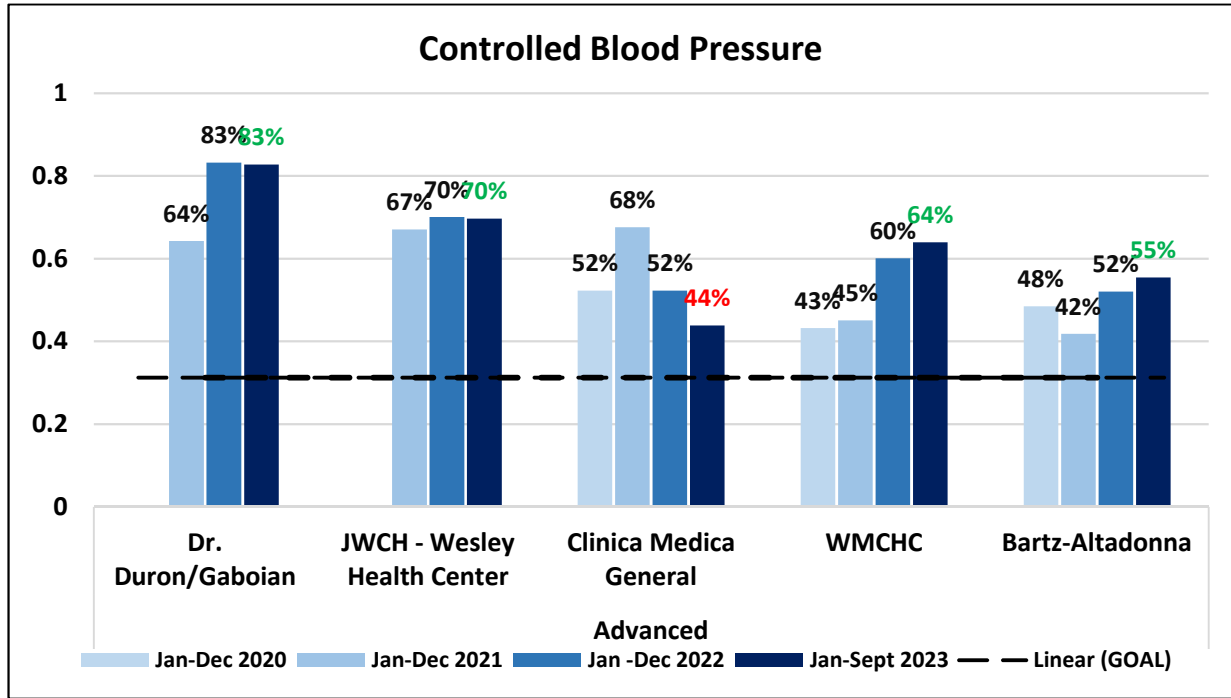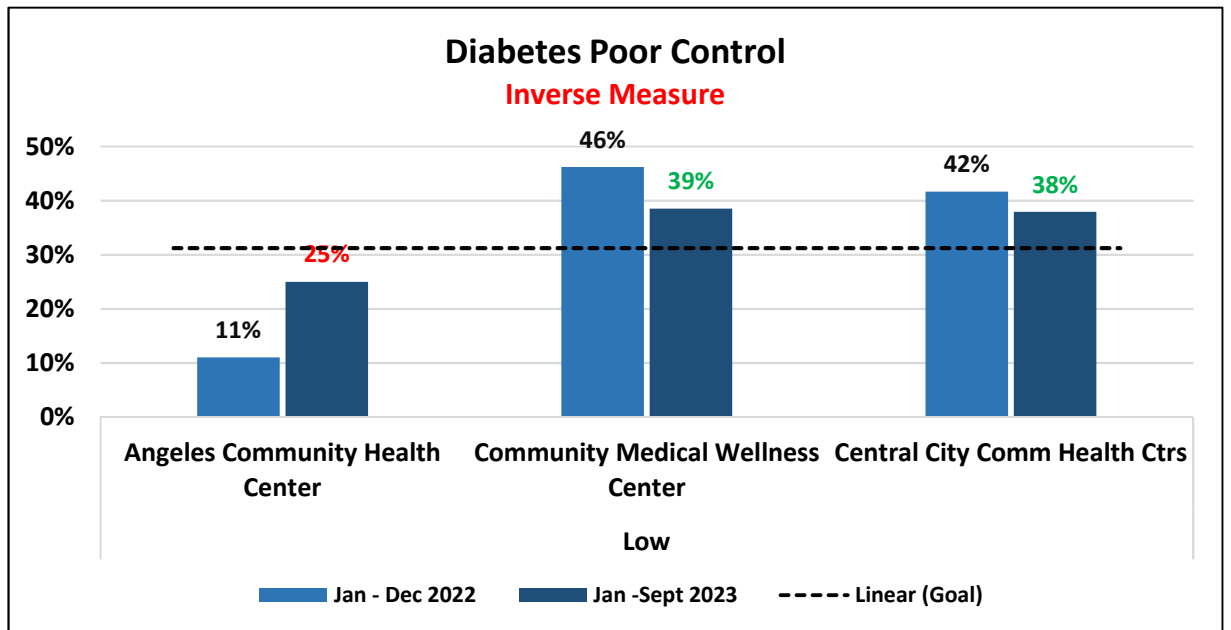
Advanced
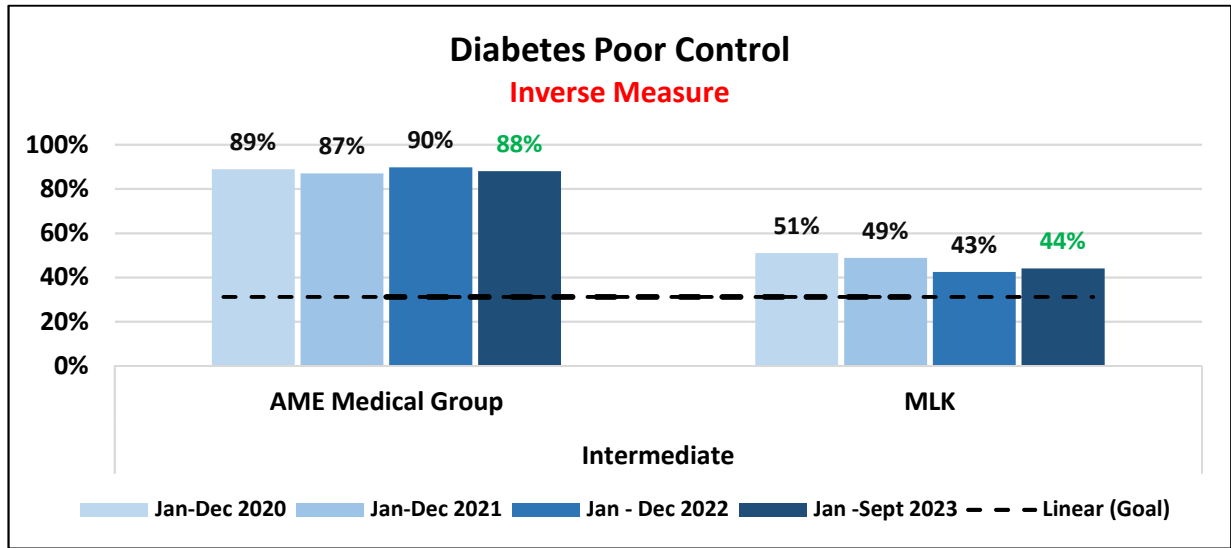
Transform L.A. Practice Measures, Summary of Reporting: HbA1c Poor Control (>9%)

Chart 2.1 - Low Practice Maturity

Diabetes Poor Control
Inverse Measure

Legend: Jan - Dec 2022 | Jan -Sept 2023 | - - - - Linear (Goal)

- Angeles Community Health Center: 11%, 25%
- Community Medical Wellness Center: 46%, 39%
- Central City Comm Health Ctrs: 42%, 38%

Low

Chart 2.2 - Intermediate Practice Maturity

Diabetes Poor Control

Inverse Measure

AME Medical Group: 89%, 87%, 90%, 88%

MLK: 51%, 49%, 43%, 44%

Intermediate

Legend: Jan-Dec 2020 | Jan-Dec 2021 | Jan - Dec 2022 | Jan -Sept 2023 | Linear (Goal)

Chart 2.3 - Advanced Practice Maturity

Diabetes Poor Control

Inverse Measure

JWCH: 44%, 32%, 27%

Clinica Medica General: 85%, 42%, 53%, 30%

WMCHC: 53%, 40%, 35%, 32%

Bartz-Altadonna: 38%, 38%, 33%, 34%

Advanced

Legend: Jan-Dec 2020 | Jan-Dec 2021 | Jan - Dec 2022 | Jan -Sept 2023 | Linear (Goal)
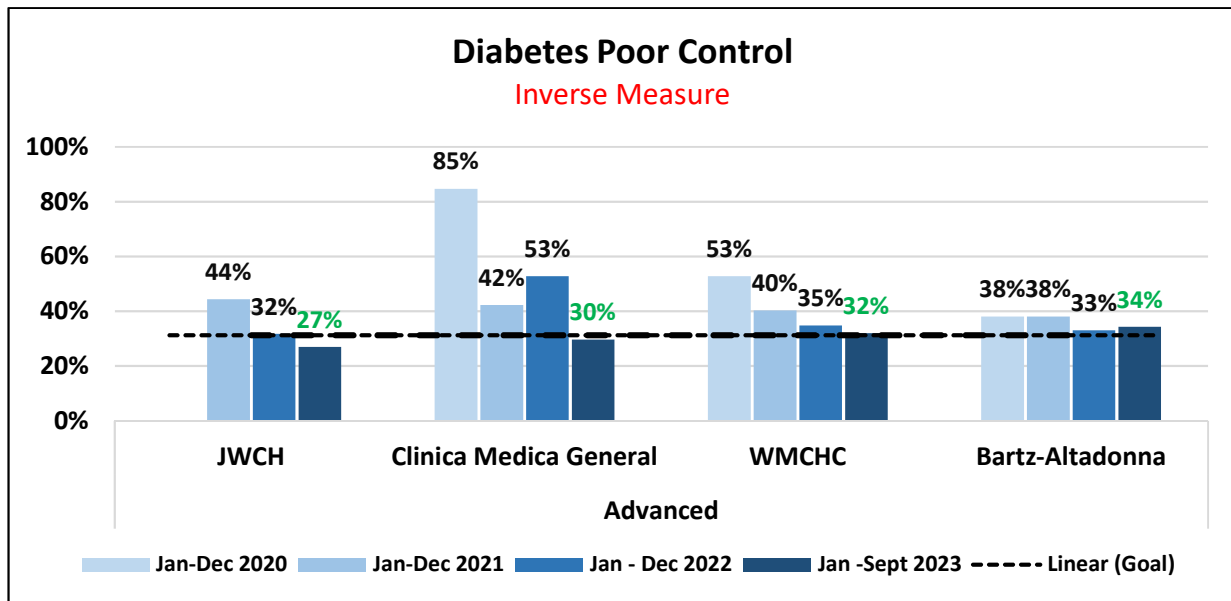
*HbA1c Poor Control (>9%) is an inverse measure where the practice improvement goal is to achieve a lower performance number.

Transform L.A. Practice Measures, Summary of Reporting: Childhood Immunization Status – Combination 10 (CIS10)

Chart 3: Low / Intermediate/Advanced Practice maturity
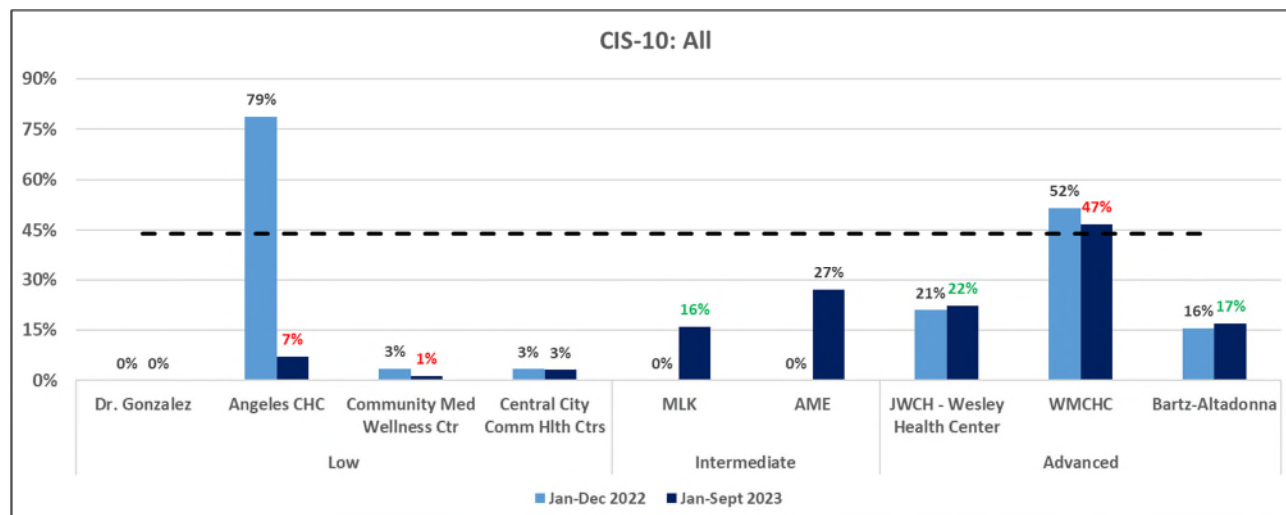
Qualitative Data

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 it takes time and effort to build trust and buy-in with practice staff and providers, this foundational step is critical to each practice's ability to make meaningful progress on areas of transformation and quality improvement. Below are selected quotes from practices:

- *"We are very thankful for your introduction to LANES. This will complement our use of eClinical Works (ECW) and closing the gaps we need to address with our patients."*
  - ***Dr. Rosemary Reyes (Chief Executive Officer- Central City Community Health Centers)***

- *"We really appreciate all the time you and your team spent with us to work on this reporting process. Typically we don't get this level of help in our clinic."*
  - ***Holly Shaw (Director of Quality – Para Latino)***

- *"Thanks for helping us integrate PDSA cycles into our monthly QI meetings. We look forward to seeing the results of using this format because it is something we haven't really been using."*
  - ***Arlene Salgado (Clinical Manager- Community Medical Wellness Medical Centers)***

- *"You all are our "Go-to's." We always appreciate your availability to follow through for our practice."*
  - ***Itohan Oyamendan (Chief Operations Officer – White Memorial Community Health Center)***

- *"We are very appreciative of all your work, especially coming out to our locations and doing observation days."*
  - ***Weave Bishop (Quality Improvement Director – Angeles Community Health Center)***

PROGRAM CHALLENGES

The program has encountered a variety of challenges both within practices and externally. Since 2020, most practices, like elsewhere, have experienced high staff turnover which continues and can negatively affect program continuity and transformation progress. The following are the main challenge areas:

1. **Practice readiness to change** – There are practices who have started the program then subsequently decline to engage. Often due to limited resources such as staff, time, or engagement, these practices have realized that they are not ready to move forward with transformation work. At a minimum, practices need to be ready to accept change. With the launch of the Equity and Practice Transformation (EPT) program this year, such practices have been encouraged to consider enrollment into the EPT program as a resource with a slower pace to change.

2. **Leadership and staff engagement** – Many practices have to balance a number of competing priorities however, when leadership does not engage in the program, there is a limit as to how much progress the staff and practice coaches can achieve. Transform L.A. aligns transformation work with the practice's goals to optimize the organization's resources efficiently.

3. **Technological maturity** – The program requires the practice to use actively electronic medical record software for patient records. Practice coaches focus ensuring proper or correct documentation of patient record information in the EHR including workflow redesign as needed.

4. **Diabetes Hemoglobin A1C Poor Control (>9%) reporting** – A number of practices have reporting challenges from their EHR for this measure. The TLA team is continuing to work with Office Ally and Electronic Medical Practice to resolve the reporting issues for this measure.

5. **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.

PRACTICE COACHING - SCOPE OF WORK

The foundation of the practice coaches' work includes the following three primary drivers:

1. *Patient and Family Engagement*
2. *Continuous use of Clinical Quality Data*
3. *Business Sustainability*

Coaching efforts entail workflow redesign, sharing best, evidence-based, practices, building trust with the staff/care teams, using data from practice EHRs and PDSA cycles to drive improvement. Example interventions include:

- EHR optimization support
  - Basic training on EHR workflows, including documentation/tip sheets for CQM/ HEDIS measures specifications and data entry fields
  - Training on data reporting for CQM/ HEDIS measures and data validation steps
  - Interact with EHR vendors to correct eCQM data mapping, enhance reporting, etc.
  - Decrease reliance on paper patient records and reports, etc.
- Quality Improvement introductory trainings for staff
  - Use of the Model for Improvement and PDSA cycles
  - Establishing and leading regularly held Quality Improvement /Quality Assurance meetings

- Medical Assistant (MA) trainings
    - Leveraging American Medical Association (AMA) Professional Development Modules and practice-developed resources
- Workflow Optimization
    - Train staff how to use process mapping and ways to improve workflow efficiency
    - Conduct Time & Motion studies
- Evidence-based best practices
    - Integrate interventions from the AMA, American Academy of Family Practitioners (AAFP), UC San Francisco Excellence in Primary Care, Institute of Healthcare Improvement (IHI)
- Educate on L.A. Care Health Services/Quality Improvement resources
    - Incentives – Provider Opportunity Reports, CIS-10 Incentive Program
    - Clinical Initiatives - SullivanLuallian trainings, QI webinars
    - Pharmacy – California Right Meds Collaborative
    - Population Health - One-time HIE Incentive / LANES
    - Health Education – Medically Tailored Meals, Diabetes Self-Management Education, etc.
    - Quality Performance Management - HEDIS, Cozeva resources

LOOKING FORWARD

L.A. Care is committed to expanding the Transform L.A. program growing the number of additional practices in need of 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 their care delivery, the financial benefits through programs such as Pay for Performance (P4P + DN P4P) and Proposition 56 incentives will also increase. The Transform L.A. team will continue to work together with other QI teams to leverage synergies and new opportunities for quality improvement.

Appendix 1. - 2 Year Action Plan

Year 1 Milestones - Action Plan			
Concept		*PAT #*	*PAT Milestone Completion Due Date*
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	• 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	• Established Practice >2 – December 2023 New Practices - Round 3
Use data transparently	Regularly produces and shares reports on performance at both the organization and provider/care team level, including progress over time and how performance compares to goals.	21	• 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	• 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	• 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	• Established Practice >2 – December 2023 • New Practices – Level Score of 3 by Round 3
Joy in Work	Practice has effective strategies in place to cultivate joy in work and can document results.	24	• Established Practice >2 – December 2023 • New Practices – Level Score of 2/3 by Round 3

Year 2 Milestones – Action Plan			
Concept		*PAT #*	*PAT Milestone Completion Due*
Expanded QI Capacity among staff	Build QI capability in the practice and empower staff to innovate and improve.	20	• 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	• Established Practice >2 – March 2024 • New Practices - Round 7
Standardize use of Pt. Family Feedback	Incorporate pt. family feedback into QI system.	5	• Established Practice >2 – March 2024 • New Practices - Round 7
Enhanced Access – System for patients to access care team	Create a system for pts to contact their care team 24/7.	17	• Established Practice >2 – March 2024 • New Practices - Round 7
Ensuring Whole Person Care – Behavioral Health	Ensure that care whole person care including mental/ behavioral health	15	• 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	• 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	• Established Practice >2 – March 2024 • New Practices - Round 7
Risk Stratification	Provide care appropriate to the patients' level of risk and provide care management for patients at highest risk of hospitalization.	9/10	• Established Practice >2 – March 2024 • New Practices - Round 7
Optimize HIT - Alt visits	Practice uses technology to offer scheduling and communication options that improve patient access by including alternative visit types.	22	• Established Practice >2 – March 2025 • New Practices - Round 7

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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. Help Me Grow follows the American Academy of Pediatrics (AAP) best practices for screening children at 9, 18, and 24-30 months to identify any possible developmental delays. In L.A. County, estimates indicate that 15% of all children have a developmental delay, and by conducting screenings at these ages, delays can be identified and treated through interventions that will help children progress to be ready for school. First 5 LA and the LA County Department of Public Health have partnered to establish Help Me Grow LA to serve LA County.

First 5 LA's goal for their Early Identification & Intervention (EII) program has been to reach the largest number of families/caregivers, which includes the community at large and L.A. Care members along with providers and care teams. The goal for the pilot program is to engage high-volume pediatric practices with racially and ethnically diverse patients as well as widely spread geographically in LA County and evaluate how to help practices increase the number of developmental screenings conducted and, as needed, referrals for intervention services.

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 years. First 5 LA collaborated with L.A. Care to reach the largest number of safety net patients aged 0-5 years (the majority of whom are L.A. Care members) and to leverage our extensive provider network serving the safety net community. In addition, L.A. Care's Practice Transformation team (formerly HIT Dept.), experienced in managing practice facilitation quality improvement programs, was identified as a strong resource to lead the program.

2023 QI WORK PLAN GOAL
As indicated earlier, Help Me Grow LA has two program areas: education information for families/caregivers and provider/care team and the provider pilot for testing improvements through technical assistance/practice facilitation support.

A. Education Program and Goals:
The education campaign includes classes, printed materials, newsletters, social media campaigns, and information on L.A. Care's website for members and providers. The goals and results through September 30, 2023, are included in each section.

- Classes:
    - Community/Members: 60 Early childhood development classes
    - Providers: 3 CME classes with topics on early childhood development

Table 1: Education Program of Classes for Community/Members and Providers

Member/Provider Communication	Year 1 (2022)	Year 2 (2023)	Year 3 through 11/2023 (2024)	Total	Reach Goal
CME Event (3) Attendance	367	151	0	518	300
Childhood Development Classes	20	20	10	50	60
Childhood Development Class Attendance	57	250	146	396	1000

CME Events: Provide relevant topics related to maternal and child developmental health: child development validated screening tools (e.g., developmental, behavioral ACEs, etc.), appropriate referrals, and available community resources.

Childhood Development Classes: Free classes on early childhood development topics are offered to the community at the Community Resource Centers.

Printed materials:
- Seven brochures/guides in eight languages are available at all LAC/BSP Community Resource Centers
- Providers can order these materials through the health education portal

Newsletter articles:
- Members: Be Well & Live Well
- Providers: Progress Notes & thePulse

Table 2: Member and Provider Newsletter Publication & Circulation

Newsletter	Audience Type	Article Edition	Circulation	Open Rate
Be Well	Member	Spring '23	740,349	N/A
	Member	Summer '23	740,349	N/A
Progress Notes	Provider	Fall '22	30,666	N/A
thePulse	Provider	Fall '22	11,626	24.9%
	Provider	Spring '23	11,632	24%

Include articles on member and provider-relevant topics on developmental milestone screenings, referrals, and general awareness of developmental delays in young children. For *thePulse*, the email-based newsletter has an open rate, indicating how many providers received the email and opened the newsletter.

Social media campaigns
- Members: Posts/Reels on Facebook and Instagram
- Providers: Planned campaign on LinkedIn

Graph 1: Member Social Media Campaigns
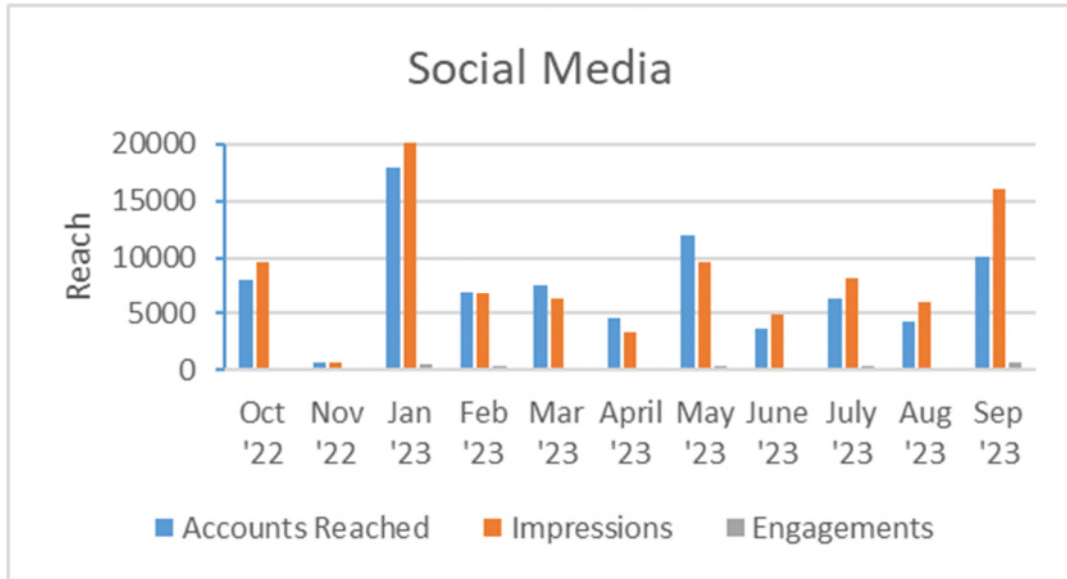
Reach types:
 ➤ *Accounts reached* - Number of unique accounts that have seen a post at least once.
 ➤ *Impressions* - Total number of times the post was viewed.
 ➤ *Engagements* (*how unique accounts interact with the post*) - Includes likes, comments, shares, and saves.

All of the metrics depend on the amount and type of posts published per month. For example, May 2023 had seven photo posts in comparison to four photos and one photo post in January 2023. January 2023 has more account reaches and impressions because a reel has the ability to reach more unique accounts than a photo post.

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 are reported semi-annually during the program years.

Table 3: Member and Provider Webpage Metrics (7/1/22 – 6/30/23)

Webpage	Type	Audience Type	Unique Visits (7/1/2022 - 6/30/2023)
Routine Care https://lacare.org/members/getting-care/routine-exams	Webpage	Member	3,710
Healthy Living Prevention https://lacare.org/healthy-living/health-resources/healthy-living-prevention	Webpage	Member/Provider	4,061

Webpage	Type	Audience Type	Unique Visits (7/1/2022 - 6/30/2023)
Children's Developmental Screening https://lacare.org/providers/provider-resources/tools-toolkits/childrens-developmental-screening	Webpage	Provider	72
Milestones Matter (En)	PDF	Member	122
Milestones Matter (Sp)	PDF	Member	80
Tracking Development (En)	PDF	Member	137
Tracking Development (Sp)	PDF	Member	101
Clicks on HMGLA Button	PDF	Member	173

B. Provider Pilot Work Plan and Goals:

The practice coaches educate the six practice providers and care teams on the AAP recommended best practices to assess developmental milestones in their patients and recommend intervention services when needed. The coaches also work with staff to optimize workflows to increase the number of screenings and referrals and to improve methods of data analysis. This includes training providers and care teams on how to administer a valid standardized screening tool, how to score/assess tools, and when necessary, how to provide a referral for intervention services.

Practice Transformation Goal

- To measure the practices' transformation progress, coaches use the Practice Assessment Tool (PAT) adapted from the Transforming Clinical Practice Initiative program. The PAT assesses four areas of practice operations:
  - Embed Practice Metrics to Improve Screenings and Referrals Rates
  - Community Partnership – Referrals and Linkages
  - Staff Development
  - Sustainability

The program goal for practices is to complete all 10 PAT milestones, each worth a total of 2 points for a total score of 20, by the end of the 3 years. The initial assessment or baseline, serves as the foundation for the practices' work plan and then coaches conduct the re-assessment at 6-month intervals throughout the program.

Table 4: Transformation Milestone Completion Tracking: Baseline vs. September 2023 Assessment

	Baseline		September 2023		
Cohorts	Total Baseline Milestones Completed	Percentage of Milestones Completed	Total Milestones Completed	Percentage of Milestones Completed	Improvement of Milestones Completed from Baseline
Cohort 1	12.75/20	60%	16/20	83%	25%
Cohort 2	12.5/20	64%	16/20	80%	28%

Developmental Screenings & Referrals Goal

- The practice coaches collect monthly data on the number of screenings conducted and referrals made for L.A. Care members from each of the practices. The coaches analyze the data by practice and cohort to assess progress, which is measured against the initial baseline measurements. Screening and referral data includes 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 Metrics	Help Me Grow LA Objective	Help Me Grow LA Rate Goals	Sept. 2023 Rates
Developmental Screening in the First Three Years of Life	15% over baseline: Cohort 1 baseline = 14% Cohort 2 baseline = 0%	Cohort 1 = 29% Cohort 2 = 15%	Cohort 1 = 51.9% Cohort 2 = 12.6%
Referrals to Regional Centers: Children appropriately linked with supportive services after positive screenings.	15% over baseline: Cohort 1 baseline = 0% Cohort 2 baseline = 0%	Cohort 1 = 15% Cohort 2 = 15%	Cohort 1 = 2% Cohort 2 = 1%

MAJOR ACCOMPLISHMENTS FOR 2023:

Education:
- Provider Classes
  - Successful turnout for our second annual CME event with 151 providers in March 2023
- Provider Communications
  - Established ability to order educational materials on the health education portal
  - Five HMG LA articles were included in the Fall 2022, Summer 2023, and Summer 2023 editions of the provider and member publications: Progress Notes, *thePulse*, and Be Well
  - Collaborated with First 5 LA and T.H.E. to acquire photos for our social media campaigns from First 5's photoshoot with T.H.E. for their Help Me Grow LA program
- Community/Member Classes
  - Increased attendance by 338% from the first year to the second year of the program
  - Translation of 7 brochures/guides Completed and available at CRCs/ provider practices in English, Spanish, Chinese, Korean, Khmer, Thai, Vietnamese and Bengali
- Conducted program training for 41 staff members at all 9 Community Resource Centers completing the *Capacity Building Subject Matter Expert* contract deliverable. Provided Quick Reference Guide materials for center staff
  -

Provider Pilot:
- Completed enrollment of six practices for the pilot
- 37% increase in the volume of screenings conducted over baseline for Cohort 1 practices
- 12% increase in the volume of screenings conducted over baseline for Cohort 2 practices
- Completed $12K of mini-grant funds (first installments) to all practices for program participation
- Established/improved Regional Centers/Practice communications for closed feedback loops

Administrative:
- On track with all Work Plan administrative deliverables including progress reports and receipt of cost reimbursement payments.

Table 6: Description of Measures

Help Me Grow LA Measures	Specific Indicator	Data
Increase the number of developmental screenings completed using a validated tool	Patients screened for at-risk developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthdays	Sent monthly on a rolling 12-month format from each participating provider
Increase the number of children appropriately linked with supportive services after positive screenings	Children are referred for intervention if developmental screening indicates a delay	Sent monthly on a rolling 12-month format from each participating provider

The main quantitative measures for the HMG LA project include increasing the number of completed developmental screenings by introducing practices to validated tools. For the purpose of this project, we are using the ASQ with all of the providers. The providers and staff are taught how to use and score the ASQ and which scores indicate the need for an intervention. Increasing the number of referrals made to appropriate services, or an intervention, is the other quantitative measure.

RESULTS
The charts below summarize the two program-required measures: Increasing Developmental Screenings and Linkages to Referrals. The overall goal of the program is to increase developmental screenings by 15% over the baseline measurement by the end of the three years. First 5 LA requested that practices report a baseline covering 2 years of data from before, during, and after the pandemic to capture the full impact of COVID-19 on developmental screenings and referrals. The source of the data in both graphs is from each practice's EHR software and is reported monthly to L.A. Care.

Graph 2 depicts the improvement of development screenings of L.A. Care members. Both Cohort 1 (C1) and Cohort 2 (C2) have increased the percentage of developmental screenings completed at their sites. The baseline for C1 is 14% with a goal of 29% and the baseline for C2 is 0% with a goal of 15%. C1 has already surpassed its goal by 23%. C2 is on the way to completing its goal by the final year of the project and is currently reporting at 2% of the goal.

Graph 2: Help Me Grow LA Practice Measures, Summary of Reporting: Increasing Developmental Screenings
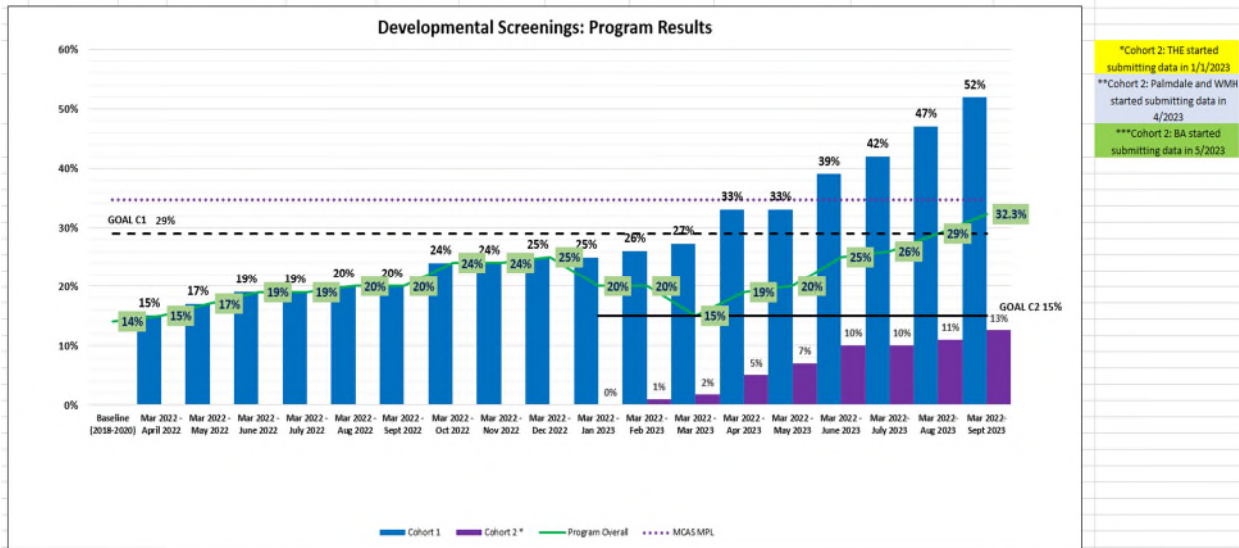
Graph 3 depicts the improvement of referrals to Regional Centers (RC) for those children whose screening indicated a developmental delay and need for additional services. Communication has been the biggest challenge for improving referrals involving the practices, families/caregivers of patients, and the Regional Centers due to the lack of closed feedback loops between all. This along with limited availability at RCs has caused minimal improvements in referral rates of 2% for C1 and 1% for C2. HMG LA can improve screenings continuously but the capacity for children who need interventions is far greater than the resources available.

Graph 3: Help Me Grow LA Practice Measures, Summary of Reporting: Linkages to Referrals
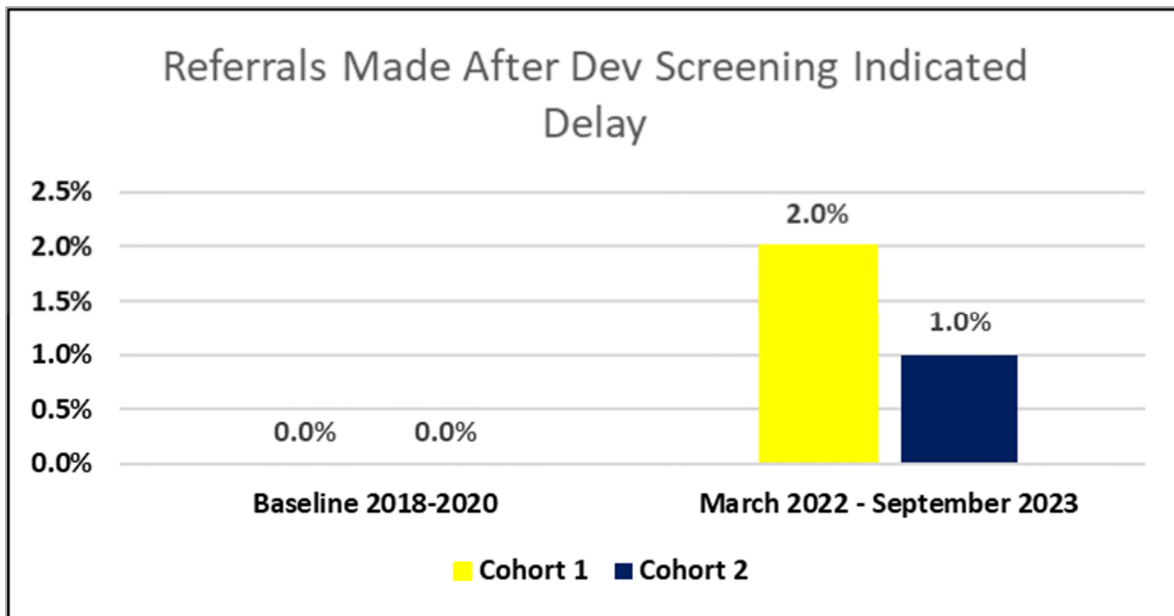
Quantitative Analysis

Program Enrollment
The original pilot plan was to recruit 10 pediatric high-volume practices across three cohorts by July 1, 2023. Targeted practices were selected based on health disparities prioritizing those with high numbers of Asian American and Black/African American patients. Recruitment for Cohort 1 practices started in August 2021 with the engagement of 3 practices, Asian Pacific Health Care Venture, Kids & Teens Medical Group, and Janet Kim MD. Janet Kim, MD later disenrolled due to limited staff.

Cohort 2 recruitment started in July 2022 and 5 practices enrolled but again, one practice was not able to continue. The second cohort includes To Help Everyone (THE) CHC, Bartz-Altadonna CHC, White Memorial CHC, and Palmdale Pediatrics. Recruitment for Cohort 3 began early in 2023 with the intention to enroll the remaining four practices. However, recruitment was challenging with many prospects expressing short staffing and not being able to commit to the program. Two practices enrolled but subsequently dropped out due to, again, staffing challenges. First 5 LA agreed to cap the pilot enrollment at six practices.

Table 7: Help Me Grow LA Provider Pilot – Practices, Providers, and Members

	Practice	**Date of Enrollment**	**Baseline Dates**	**Start Date of Monthly Data Collection**
Cohort 1	Asian Pacific Healthcare Venture	12/2/2021	2018-2020	3/2022
	Kids and Teens Medical Group	9/1/2021	2018-2020	3/2022
Cohort 2	T.H.E. Health and Wellness Centers	8/31/2022	2019-2021	1/2023
	Bartz Altadonna CHC	9/30/2022	2019-2021	5/2023
	White Memorial CHC	11/10/2022	2019-2021	4/2023
	Palmdale Pediatric Center	2/2/2023	2019-2021	4/2023

DATA-DRIVEN QUALITY IMPROVEMENTS
The HMG LA program is essentially a data study for First 5 LA to learn how to increase developmental screenings and referrals for services. First 5 LA intends to share the learnings and findings from the program with the healthcare community in LA County as well through state and national organizations.

Practices report monthly data of screenings and referrals to the HMG LA team for review and analysis. So that the team and First 5 LA can analyze the effects of tests of change, PDSA cycles, and other improvement methods, practices are required to report data in a rolling 12-month format directly from the practice's EHR. In doing so, coaches and practices can identify results and improvements, easily comparing the latest month's data with the prior month as well as the same month in the prior year.

Barriers to documenting data and reporting from the EHR include:
- Data cannot be reported due to the lack of embedded tools in the EHR.
- Paper-based data manually entered into the software.
- Lack of data fields to enter discrete data into the patient's record. In such cases, data must be tabulated manually through chart audits, a very long and time-consuming process that is prone to errors.

To overcome these challenges, the coaches' work extensively with practices to develop workaround processes to capture data into the EHR including:

- Facilitate conversations with Brookes Publishing on the licensing fees to have access to all necessary electronic screenings for their specific patient populations served.
- Encourage conducting chart audits to identify documentation opportunities for providers and staff.
- Create new EHR workflow designs or improve existing ones with providers and staff to capture all necessary data from the screening tools and reinforce correct documentation. Together with the practice staff, the coaches (re)create existing workflows to pull, interpret, and act on data. In addition, the coaches implement PDSA cycles; provide training and education around developmental screenings, and implement best practices for conducting screenings such as during Well-Child Visits.

To assist with the evaluation and outcomes of the program, First 5 LA has contracted with VIVA Social Impact Partners (VIVA). VIVA is responsible for leading the evaluation, data collection planning, and evaluation implementation, including data analysis and insight generation to support ongoing learning and continuous quality improvement of the program.

Qualitative Analysis

Education

Classes:
- For the early childhood development classes, due to the pandemic, the CRCs were temporarily closed, which resulted in the late start of the Childhood Development Class in 2022. F5LA agreed to a new start date of February 2022 where we offered 20 classes between February and June 2022. The low attendance was primarily attributed to the re-opening of CRCs after 2 years of the centers being closed and childcare services not reopening until the following year. Attendees have given very positive feedback on class topics and discussions.
- The first two provider CME events have been very well attended with very positive feedback on the topics presented and the wealth of information provided.

Communications:
- Articles were prepared for publication in fall 2022, summer 2023, and spring 2023 newsletters; however, due to staffing shortages, the Communications department halted the release of the summer and spring 2023 editions for all but the Be Well newsletter.

Provider Pilot

Outreach and Engagement:
- Practice staffing shortages and limited ability to report data limited the number of practices who were able to participate in the program. Overall, four practices that initially enrolled dropped out and given the remaining time in the program, First 5 LA agreed to eliminate the third cohort and limit the enrollment to the six practices and two cohorts already in the program.

Increasing developmental screenings:
- Both practices in Cohort 1 began the program with processes already in place for conducting developmental screenings and referrals for services needed. Both practices did need to improve their processes to ensure all staff was trained as well as how to track their data and report their findings.
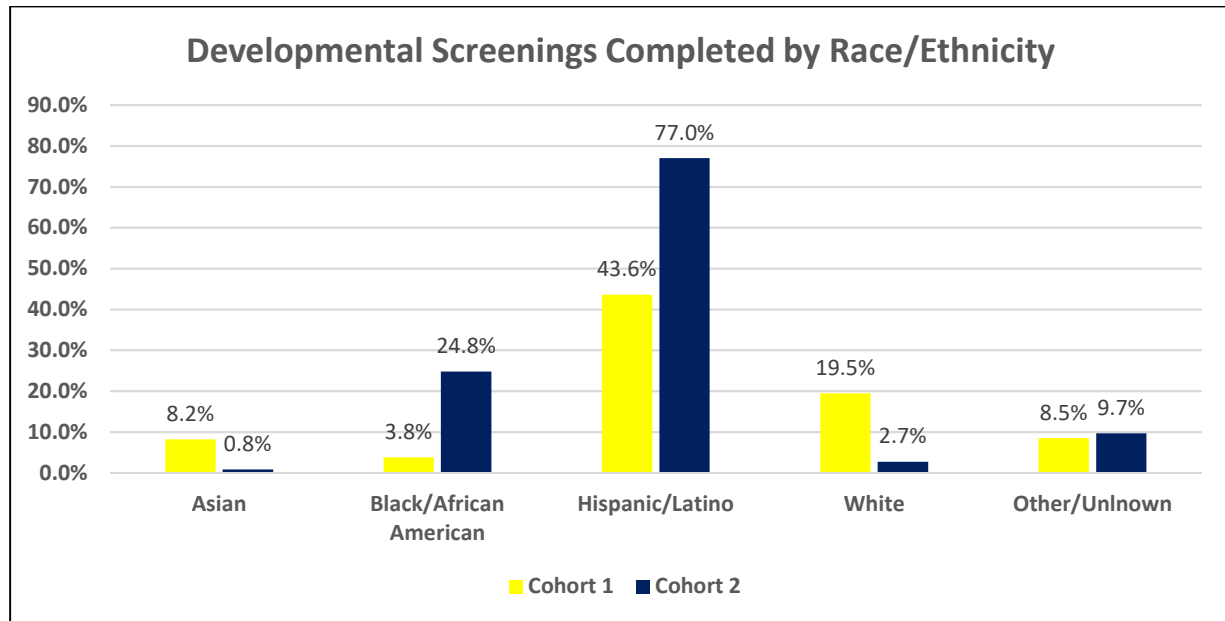
- Cohort 2 practices had a later start in the program due to recruitment delays. The practices did not have any established processes already in place, including no data reporting from their EHR. As a result, their start-up and data reporting took longer. As of May 2023, all sites are regularly reporting data.
- Practices have begun to explore ways to incorporate valid screening tools into their EHRs that will greatly improve data capture in the EHR and reporting capabilities. Challenges to integrating the Ages and Stages Questionnaire (ASSQ) into EHRs include licensing fees and requirements by Brookes Publishing, who own the rights to the ASQ tools. In addition, they have had the tools translated into preferred languages for their patients.

Linkages to Referrals:
- Historically, there has been little to no formal communication between practices and the Regional Centers. There are seven Regional Centers in L.A. County (individual non-profits that contract with the Department of Developmental Services) providing Early Start (0-3 years old) and Lanterman Services (3+ years old).
- Coaches are working to improve communications with small tests of change to encourage regularly coordinated meetings and identifying points of contact to close the loop on submitted referrals. Four practices have begun to incorporate into their EHR a referral template and process to track and follow up on all referrals sent to a designated Regional Center.

Health Disparities

Graph 4: Summary of Completed Developmental Screenings for L.A. Care Members ages 0-5 years by Race and Ethnicity through September 30, 2023

Developmental Screenings Completed by Race/Ethnicity

Cohort 1 / Cohort 2 values:
- Asian: 8.2% / 0.8%
- Black/African American: 3.8% / 24.8%
- Hispanic/Latino: 43.6% / 77.0%
- White: 19.5% / 2.7%
- Other/Unlnown: 8.5% / 9.7%

Health Disparities Analysis
The above graph represents the percentage of developmental screenings completed by race/ethnicity per cohort. Through September 2023, Hispanic/Latino children have received the most completed developmental screenings. Although practices were chosen based on their Asian and Black/African American populations at First 5's direction, the coaches reinforce that all children, regardless of race, need

to be screened. In an effort to alleviate disparities, L.A. Care has provided translations of the ASQ developmental screening in multiple languages at the practices' request.

INTERVENTIONS AND PROGRAM CHALLENGES –
The program has encountered a variety of challenges in both components of the program.

Table 8: Program Interventions and Challenges

Help Me Grow LA Measure	Barriers/ Opportunity for Improvement	Actions to Overcome Barriers
Provider and Member Education	1. Community Classes: Closure of CRCs due to the pandemic caused a delay in hosting in-person classes. Transitioning to virtual classes started with low attendance. CRCs and LA Care translators did not have access to headsets to host in-person bi-lingual classes, which interfered with attendance in some locations. 2. Communication: Staff shortages in the Communications department temporarily stopped the publication of The Progress Notes, Be Well, and *thePulse* until the vacancy was filled. Even though we submitted articles for both Be Well and Live Well editions, Be Well's newsletters included our articles because it targets a younger audience. The older audience is excluded from our outreach efforts.	1. Community Classes: Transitioned to virtual classes. Virtual classes started with low numbers of attendees. Attendance did increase over time
Practice Pilot	1. Practice Enrollment: Enrolling 4 practices for Cohort 3 was challenging 2. Date Collection: Receiving accurate data from the Cohort 2 practices proved more difficult than expected.	1. Practice Enrollment: With First 5's agreement, LAC continued their outreach efforts, to exhaustion, with no other practices agreeing to participate. First 5 agreed to cap enrollment at six practices. 2. Data Collection: Coach worked with practices to ensure all necessary data was captured. Because of this monthly data, collection began at different times.

LOOKING FORWARD
- The final CME event will take place virtually in March 2024.
- The educational component will end on June 30, 2024. The practice pilot will continue through September 2024
- Ramp down/program closeout period will be October 1 - December 31, 2024, and will conclude the contract with First 5 LA.
- The social media campaign on LinkedIn targeting providers with topics on developmental screenings will launch in fall 2023.

2024 WORK PLAN GOALS

Pilot Practice
- Develop sustainability plans for all practices as we close out the program in September 2024
- Distribute the final installment of Mini-Grant funds to all 6 practices
- Identify key staff at each site that can continue the "train-the-trainer" model for administering developmental screenings and linkages to referrals once the HMG LA program ends
- Continue engaging all 7 L.A. County Regional Centers and close the feedback loops with all practices to receive timely updates on patients referred for services
- Continue receiving monthly data reports from all practices

Appendix

IMPROVEMENT AREA		GOAL WITHIN FIRST 12 MONTHS (RELATIVE IMPROVEMENTS FROM FY 20-21 BASELINE)	GOAL BY END OF PROGRAM PERIOD (RELATIVE IMPROVEMENTS FROM FY 21-22 BASELINE)
OUTCOMES RELATED TO HEDIS[1] MEASURES	1. Child Immunization Status (CIS-3) years of age who receive a series of vaccines[52]	Increase by 5%	Increase by 15%
	2. Well Child Visits in the 3rd, 4th, 5th and 6th years of life[1]	Increase by 5%	Increase by 15%
	3. Postpartum Care[1,53] Number of live births who received postpartum care between 21 and 56 days after delivery	Increase by 5%	Increase by 15%
	4. Timeliness of Prenatal Care[1,2]: Number of live births who received a prenatal visit in the 1st trimester OR within 42 days of enrollment	Increase by 5%	Increase by 15%

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[52] These HEDIS measures are part of L.A. Care's P4P program.

[53] Prenatal and Postpartum HEDIS measures will be collected by L.A. Care, but are not part of the criteria for practice eligibility to receive grant funds. 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 requested of the six pilot providers.

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 (CQC), Health Net, and L.A. Care Health Plan.

The program focuses on building quality improvement capacity and care delivery among the 30 enrolled practices and improving health outcomes and healthcare experiences, which will lead to reducing health disparities for the patients served. These practices will be supported by three IPAs: Angeles IPA, Omnicare Medical Group, and Allied Pacific of California. L.A. Care will also serve in the IPA role for the four Direct Network practices enrolled. Overall the EQuIP-LA program will serve approximately 30,000 Medi-Cal beneficiaries of color in Los Angeles County.

The partners meet monthly as part of the program Steering Committee to monitor the program's progress and address any concerns and challenges. Dr. Felix Aguilar, Saikiran Vodela, and Cathy Mechsner represent L.A. Care. In addition to the noted partners above, the following are also engaged partners and subject matter experts to assist and advise the partners on program improvements:

- The Mirror Group – program evaluator
- Health Begins –health equity advisor
- PFCCpartners – patient/family engagement advisor
- Dr. Lyndee Knox, practice facilitator advisor
- Dr. Hector Flores, M.D., clinical advisor, Family Care Specialists
- Ms. Michelle Walker, Medi-Cal beneficiary offered the patient's voice

The program utilizes a train-the-trainer approach to assist practices to achieve the program goals. CQC provides a range of technical assistance to support quality improvement and advanced primary care capabilities to the IPAs and ultimately, to the practices. L.A. Care, in the IPA role, provides one on-site practice coach, Lydia Muse, to provide technical assistance to each of the four Direct Network practices. The coach works with care teams and providers to tailor, test, implement and scale quality improvement best practices. The coach assists practices with building CQM/HEDIS data reporting capabilities to measure performance and drive improvements, optimizing workflows to improve practice operations and developing and enhancing patient-centered care coordination and care management approaches. The program uses three CQM/HEDIS measures to track improvements across the practices:

1. Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (>9%) (HBG)
2. Controlling High Blood Pressure for Patients with Hypertension (CBP)
3. Colorectal Cancer Screening (COL)

EQuIP-LA Enrolled Practices

Through August 2023, 30 practices across the three IPAs and L.A. Care's Direct Network have enrolled in EQuIP-LA. It should also be noted that Medi-Cal enrollees represent 70% of Medi-Cal members across all of the practices, as shown in the table below. This provides a great opportunity to improve performance across measures and decrease health disparities.

Table 1: Medi-Cal Enrollees Across All Practices

IPA / Medical Group	Practices	Medi-Cal Enrollees of Color (IPA)	All Medi-Cal Enrollees (IPA)	Medi-Cal Enrollees of Color (Practice)	All Medi-Cal Enrollees (Practices)
Angeles IPA	8	7,510 (81%)	9,224	9,832 (80%)	12,253
Omnicare Medical Group	8	9,686 (85%)	11,452	12,545 (82%)	15,285
Allied Pacific of California	10	12,249 (80%)	15,194	16,307 (81%)	20,239
LA Care's Direct Network	4	687 (73%)	931	4,130 (81%)	5,126
Total	30	30,132 (82%)	36,801	42,814 (81%)	52,903

2023 QI Work Plan Goals

EQuIP-LA's initiative training for practices is based on an evidence-based based-frameworks to support high-quality primary care, which includes the Model for Improvement and the 10 building blocks of primary care. The program elements of advancing the quality improvement capabilities of the practices through two main areas: 1) assessing workflows using the iMAT tool to identify areas for improvement and 2) improving health outcomes using the three CQM/HEDIS measures. Both areas combined show where there are gaps in care. CQC provides quality improvement training for the IPAs and practices through improvement advising sessions, monthly "commons," and bi-annual in-person convening sessions. Some of the topics covered in these sessions include Tailoring Practice Support, PDSAs in Action, and Health Equity & Social Drivers of Health.

Implementation Milestone Assessment Tool (iMAT)

The Implementation Milestone Assessment Tool (IMAT) is an assessment tool, which will be completed three times across the program. It will measure change and serve as a foundation from which each practice's quality improvement (QI) Plan will be built. The iMAT is one of the QI tools to measure practices' progress in developing their quality improvement capacity in the program. The practices complete the first assessment at baseline, another halfway through the program, and again at the completion of the program. The average scores for the baseline iMAT for all of the enrolled practices are shown in *Appendix 1: EQuIP-LA Program IMAT Results Averages.*

Description of Measures

The three CQM/HEDIS measures used to track health outcome improvements and their specifications are noted in Table 2. Table 3 provides the combined baseline and improvement goals for all four DN practices.

Table 2: CQM/HEDIS Measure Specifications

Measure	Numerator Description	Denominator Description
Diabetes: HbA1c Poor Control (>9%) (HBD)	Patients in the denominator with most recent HbA1c Poor Control (>9%) test >9% or missing result during the measurement period	Patients 18-75 years of age with diabetes (type 1 and type 2)
Controlling High Blood Pressure (CBP	Patients in the denominator whose blood pressure was adequately controlled (<140/90mm Hg)	Patients 18-85 years of age with a diagnosis of hypertension
Colorectal Cancer Screening (COL)	Patients in the denominator who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography	Patients 45-75

Table 3: L.A. Care Overall CQM/HEDIS Measures: Baseline and Goals

Measure Name	Baseline Year	Baseline Rate	23-24 Improvement % Goal	24-25 Improvement % Goal	2 Year Program Goal
Colorectal Cancer Screening	2022	0%	10%	10%	20%
Controlling Blood Pressure	2022	17.7%	10%	10%	20%
Hemoglobin A1c Poor Control (>9%) *Inverse measure*	2022	59.3%	Decrease by 10%	10%	20%

Examples of Disparities

The following table shows the baseline measurement of the HbA1c Poor Control (>9%) measure collectively for the Medi-Cal beneficiaries supported in this program. The health disparities shown provide the practice coaches with information on the gaps in health outcomes by race and ethnicity and provide the foundation to establish the practices' goal for this measure.

GRAPH 1: **HbA1c Poor Control (>9%) Program Baseline**
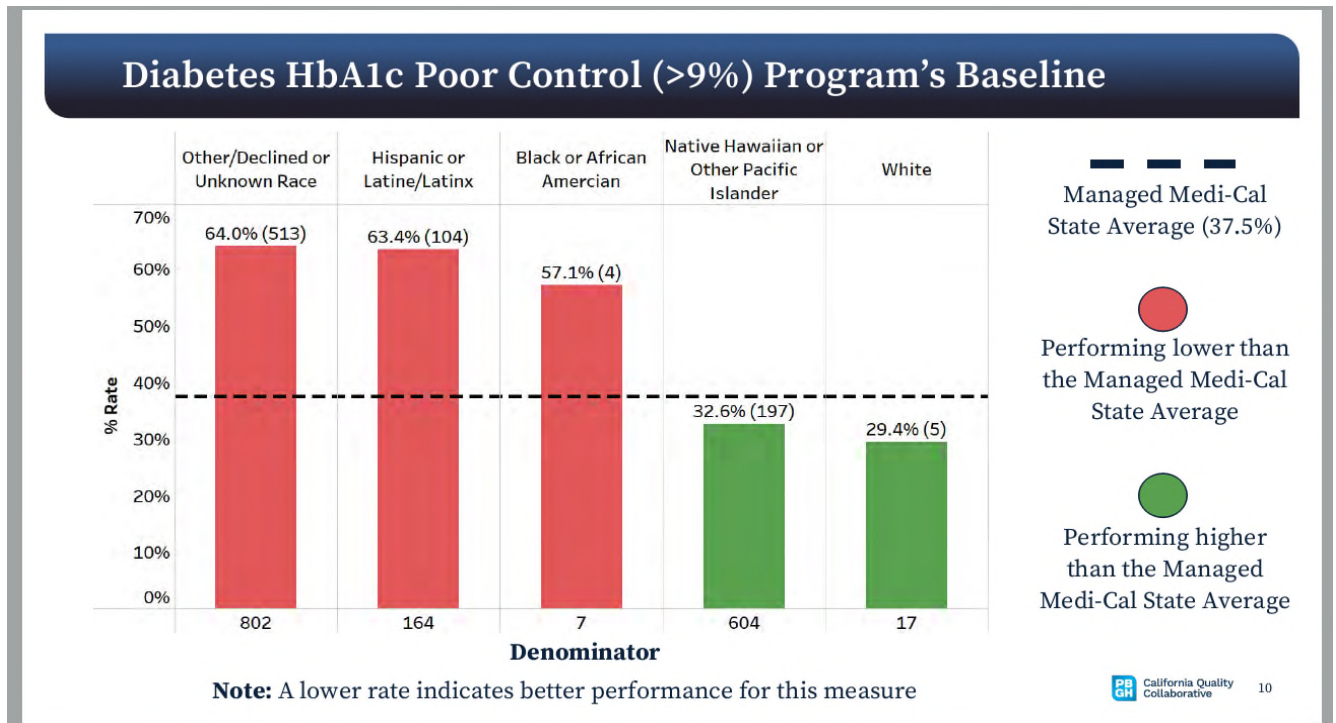
AIMs Statements

From both the iMAT information and the CQM/HEDIS measures baseline data, the practices have developed their program goals or AIMs statements. EQuIP-LA incorporates the Model for Improvement's application of health equity to achieve the program's transformation goals. This is accomplished by setting equity-focused goals or AIMs statements which are modeled after the SMARTIE acronym to provide a clear intention of the program. SMARTIE goals are:

- Specific
- Measurable
- Achievable/Ambitious
- Relevant
- Time-bound
- Inclusive
- Equitable

SMARTIE AIMs statements help practices to focus on how to tackle more precisely health disparities in their practice. Both L.A. Care as the IPA and the practices have set their own AIMs statements.

- **L.A. Care AIMs**
  - *L.A. Care will aim to improve CBP and COL measures by 20% and HgbA1c >9% (Poor Control) by 10% over baseline data for the four Direct Network practices supporting Medi-Cal members of color by the conclusion of the program in 2025.*

- **The practices' AIMs statements:**
  -

Dr. Mallu Reddy
  - *We, Mallu Reddy Medical Group, will improve amongst all assigned Medi-Cal Latino patients for the following: CBP for patients diagnosed with Hypertension by 10%, A1c Poor Control (>9%) for patients with diabetes by 10%, and colorectal cancer screening by 10% by the conclusion of the EQuIP-LA program*

Centinela Medical Group
  - *We, Centinela Medical Group, aim to improve CBP by 15%, Colorectal Cancer screening by 45%, and A1c Poor Control (>9%) poor control by 35% for African American and Latino/Hispanic patients by the end of the EQuIP-LA program.*

Gage Medical Group
  - *We, Gage Medical Group, will improve CBP by 10%, colorectal cancer screening by 10%, and A1c Poor Control (>9%) by 15% from baseline for our Latino patients by the end of the EQuIP-LA program.*

Pico Rivera Women's and Children's Health Center
  - *We, Pico Rivera women's and children's, aim to improve A1c Poor Control (>9%) by 90%, colorectal cancer screening by 50%, and CBP by 100% for Hispanic/Latino patients by the end of the EQuIP-LA Program.*

Major Accomplishments for the Year
- Launch of the program in May 2023.
- L.A. Care was the first to complete successfully the recruitment of the four DN practices in the program. Recruitment of 31 practices was completed in September 2023.
- Submission of the completed Practice Provider and Patient Enrollment data to CQC per deliverable.
- Submitted the completed Aim statements and iMAT tools for all of the practices to CQC per the deliverables.
- Participated in all IPA/Practice Coach training webinars and in-person sessions held by CQC.
- Participated in the Steering Committee meetings throughout the year.

Program Challenges
The program has completed the foundation work to build each practice's work plan. Here are some of the challenges we have faced.

- Data reporting:
  - Three of four practices are still transitioning to EHRs. The process is lengthy, with slow rollout or working to ensure the transfer of the complete data set from the original EHR to new software. In this case, we are leveraging successes and experiences from the Transform L.A program.
  - Ability to report data in rolling 12-month format vs. readily available Year-to-Date format. Due to a lack of EHR readiness for reporting, alternative data sources will be used such as the Provider Opportunity Reports (PORs). We are also working with the QPM team to create rolling 12-month data reports in the meantime.
  - One practice can report data from their EHR, but Race/Ethnicity data fields are not available, requiring manual data pulls.
  - Little to no experience among staff to generate reports for 3 of the 4 practices.

- Engagement:
  - ➢ Overall slowness of practices to engage regularly with the practice coach to advance the program, primarily due to staff resource limitations.
  - ➢ Low practice participation in virtual program training sessions and in-person sessions offered by CQC.

NEXT STEPS/2024 WORK PLAN

As the EQuIP-LA program progresses from its early stages, the practice coach will continue working with each practice through each stage of the EQuIP-LA program providing technical assistance using the quality improvement guidelines and tools offered by CQC to identify gaps in care and health disparities. The practices also will require additional support as they transition to fully using their EHR as well as being in a place to report successfully data from the EHR. The practices are also in the beginning stages of learning about PDSA cycles to identify ways to close identified care gaps and improve their patients' health outcomes while improving health equity in their care delivery.

Some of the key work plan areas include:
- Practice Transformation: Continue to focus on identified areas of gaps in care delivery and implement PDSA cycles to close gaps and improve care, especially areas identified from the iMAT.
- EHR: Supporting Practices as they fully transition to EHR reporting by helping them get the technical support needed, such as providing tip sheets and quick reference guides as available
- 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. See *Appendix 2 – EQuIP-LA Data Cycles' Timeline and Reporting Periods* for the data submission timeline.

LOOKING FORWARD

L.A. Care will continue to work on the EQuIP-LA collaborative as the program progresses. We look forward to working with the individual practices as they build their QI capabilities and 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.

Appendix

Appendix 1: EQuIP-LA Program IMAT Results Averages

Domain Number	Domain Description	Average Score
1.1	**Leadership Vision:** Practice leadership has a shared definition and understanding of health equity, health care equity, and the social, institutional, and structural drivers of health equity. They have disseminated this vision broadly across the practice through appropriate mechanisms such as strategic documents, fiscal plans, annual plans, etc. There is a clear case for how equity relates to the overall practice's infrastructure and goals.	0.75
1.2	**Training:** Staff are trained to build their capability to improve health equity and advance equity improvement work for which they are responsible (e.g., cultural competency, implicit bias trainings, QI skills, etc.)	0.75
2.1	**Data Infrastructure & Capacity:** The practice has the infrastructure to capture Race, Ethnicity, and Language (REaL) data and stratifies key outcome measures to identify potential health inequities.	0.5
2.2	**Monitor Progress & Adjust Interventions:** The practice uses data to transparently monitor performance, identify health inequity, set aims to address major gaps, and implement efforts to close those gaps.	0.25
4.1	**Roles & Responsibilities:** care team members are empowered to co-design roles and responsibilities and are distributed broadly	0.25
4.2	**Work Flows:** Care team members are empowered to co-design clear workflows, update as needed, and set clear expectations that optimize efficiency, outcomes, and accountability.	0.25
5.1	**Patient Engagement in Care:** The provider organization and its practice use culturally and linguistically inclusive approaches to incorporate patient feedback and support patient engagement, such as health coaching, motivational interviewing, and shared decision-making methods to help patients manage their health care and/or chronic illnesses. The practice and provider organization creates programs for its employees and the community to promote health and healthy behavior changes.	0
5.2	**Patient Engagement in QI:** People impacted by inequities are directly engaged as key partners in work to improve health equity quality improvement (QI).	0
6.1	**Care Gaps:** The practice uses population reports or registries to identify care gaps and acts to reduce them.	0.5
6.2	**Care Management:** The practice provides care management and hospital follow-up for patients at highest risk of hospitalizations and/or complications and has a standard approach to documentation.	0.5
6.3	**Panel Management:** The practice consistently monitors panel assignments and has a methodology to monitor changes in patient's status (i.e. new PCP assignment)	0.25

Domain Number	Domain Description	Average Score
8	**Inclusive Communication and Scheduling Methods:** Scheduling is supportive of patient preferences and modalities of communication. The practice and its practice has a range of appropriate communication practices such as phone calls, texts, emails, or patient portals. Additionally the practice provides after-hour availability to accommodate patients.	1
9	The practice has a system in place to screen for social determinants of health (SDOH) and connect patients to services to support their social needs.	0.25
10	The practice partners with community-based practices to address the social needs of patients and families.	0.25

Appendix 2 – EQuIP-LA Data Cycles' Timeline and Reporting Periods

Data Cycle	Data Webinar & Office Hours	Enrollment File	Measurement File	Measurement File Resubmission	Measurement File Reporting Periods
1	DW: Thurs. 4/20/2023	Fri. 5/12/2023	Start: 5/12/2023 Due Date:5/26/2023	Fri. 6/2/2023	1/1/2022 -12/31/2022 2/1/2022 – 1/31/2023
2	DW: Thurs. 7/13/2023 OOH: Thurs. 8/8/2023	X	Start: 8/11/2023 Due Date: 8/18/2023	Fri. 8/25/2023	3/1/2022 – 2/28/2023 4/1/2022 – 3/31/2023 5/1/2022 – 4/30/2023
3	DW: Thurs. 10/12/2023 OOH: Thurs. 11/7/2023	X	Start: 11/10/2023 Due Date: 11/17/2023	Fri. 11/24/2023	6/1/2022 – 5/31/2023 7/1/2022 – 6/30/2023 8/1/2022 – 7/31/2023
4	DW: Thurs. 1/18/2024 OOH: Thurs. 2/6/2024	X	Start: 2/9/2024 Due Date: 2/16/2024	Fri. 2/23/2024	9/1/2022 – 8/31/2023 10/1/2022 – 9/30/2023 11/1/2022 – 10/31/2023
5	DW: Thurs. 4/18/2024 OOH: Thurs. 5/7/2024	X	Start: 5/10/2024 Due Date: 5/17/2024	Fri. 5/24/2024	12/1/2022 – 11/30/2023 1/1/2023 – 12/31/2023 2/1/2023 – 1/31/2024
6	DW: Thurs. 7/18/2024 OOH: Thurs. 8/6/2024	X	Start: 8/9/2024 Due Date: 8/16/2024	Fri. 8/23/2024	3/1/2023 – 2/29/2024 4/1/2023 – 3/31/2024 5/1/2023 – 4/30/2024
7	DW: Thurs. 10/17/2024 OOH: Thurs. 11/5/2024	X	Start: 11/8/2024 Due Date: 11/15/2024	Fri. 11/22/2024	6/1/2023 – 5/31/2024 7/1/2023 – 6/30/2024 8/1/2023 – 7/31/2024
8	DW: Thurs. 1/16/2025 OOH: Thurs. 2/4/2025	X	Start: 2/9/2025 Due Date: 2/14/2025	Fri. 2/21/2025	9/1/2023 – 8/31/2024 10/1/2023 – 9/30/2024 11/1/2023 – 10/31/2024
9	DW: Thurs. 4/13/2025 OOH: Thurs. 5/6/2025	X	Start: 5/9/2025 Due Date: 5/16/2025	Fri. 5/23/2025	12/1/2023 – 11/30/2024 1/1/2024 – 12/31/2024 2/1/2024 – 1/31/2025

SECTION 4: EQUITY AND PRACTICE TRANSFORMATION (EPT) PAYMENT PROGRAM

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BACKGROUND/SUMMARY

The Equity and Practice Transformation (EPT) Payment Program is a one-time $700 million Department of Health Care Services (DHCS) 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/ partnerships to address health/wellness, and fund practice transformation aligned with value-based payment models. The 5-year program aligns with DHCS's Comprehensive Quality Strategy, Equity Roadmap, and "50 by 2025 Bold Goals" programs. EPT will provide Directed Payments to practices to invest in technology, infrastructure, staffing, technical assistance, and improvements in access to care with a focus on health equity. The program also includes a statewide learning collaborative. **See Chart B in the Appendix.**

Program enrollment is open to Primary Care Pediatrics, Family Medicine, Internal Medicine, OB/GYN, or Behavioral Health providers providing integrated behavioral health services in a primary care setting. Also included are FQHCs, FQHC look-alikes, and rural and Indian health centers. Practices must have a minimum number of assigned Medi-Cal and D-SNP lives across all payers of 1,000. For Rural and Indian Health Centers, the minimum is 500 Medi-Cal/D-SNP lives. The maximum amount of funding for Directed Payments paid to practices is rated by the total number of Medi-Cal/D-SNP lives. **See Chart C in the Appendix**.

EPT is organized into two parts: Provider Directed Payment Program (PDPP), which begins January 1, 2024, and continues through 2028, and the enrollment part for the PDPP - Initial Planning Incentive Payments (IPIP). DHCS launched the IPIP program in July 2023 to provide focused support for small and medium-sized independent practices (up to 50 providers) to apply for the PDPP. The focused support for these practices is provided by the Managed Care Plans (MCPs) that the practices align with their respective Medi-Cal health plan. Delegated practices are aligned with their "prime" plan. DHCS will provide IPIP Incentives to MCPs for each practice that submits a completed application and assessment tool, the Population Health Management Capabilities Assessment Tool (phmCAT), specifically designed for this program. Large practices (51+ providers) along with FQHCs, given their larger staff size and resources, are encouraged to apply directly to the program; however, these practices are not eligible for the IPIP Incentives for MCPs.

The PDPP framework comprises three pathways: foundational infrastructure investments, scaling evidence-based models of team-based care, and preparations to assume risk-bearing contracts or alternative payment models. These pathways include two categories of activities or milestones for practices to complete. As the PDPP will begin in January 2024, more information on the work plan is in the 2024 Work Plan section. In the future, the focus of this report will be on L.A. Care's work for the IPIP part of EPT.

2023 QI WORK PLAN GOALS

As indicated earlier in this report, EPT's Initial Planning Incentives Payment (IPIP) component focuses on enrolling small/medium-independent practices (up to 50 providers) to apply for the PDPP starting January 2024. L.A. Care's goal is to enroll/support up to 50 practices that serve an estimated 35,000 Medi-Cal members. Once a practice has agreed to apply to the program, an assigned practice coach completes the (phmCAT) to assess their readiness for change and submit their formal application, which is due by October 23, 2023. The team developed a work plan supporting three main areas:

1. Identify staffing requirements
   a. Determined the need for two practice facilitators to engage in targeted practices. Hired 2 FTE coach consultants with L A. Net as of 9/5/23
2. Outreach/recruitment campaign
   a. Identify eligible prospects and those practices already enrolled in a QI-PT program
   b. Create a messaging campaign and engage partner teams to launch webinars, email info, mailboxes, etc.
   c. Cold call targeted practices and schedule meetings
3. Enrollment processing plan
   a. Meet with interested practices, review EPT materials and program requirements
      i. phmCAT
      ii. Formal application questions and selection of L.A. Care as the designated MCP
   b. Once a practice agrees to enroll, schedule a meeting to conduct phmCAT and prepare application responses
   c. Ensure that the application is submitted by the 10/23/23 deadline.

Part of the post-enrollment support will include the practice coaches scheduling a follow-up meeting with the practices to review the phmCAT results and their application selections, leveraging these responses to develop a draft action plan to prepare the practices to begin the PDPP in January 2024. As of September 30, 2023, DHCS is continuing to develop the EPT program and is expected to release the milestones associated with the three required categories/activities in early October 2023.

OVERVIEW OF MAJOR ACCOMPLISHMENTS
As of September 30, 2023, the Equity and Practice Transformation (EPT) Program has generated the following results:

- Program Engagement and Reach:
  - 414 small/medium-independent practices identified
    - 247 practices targeted
  - Estimated 1.5M members reached
  - 22 practices interested in the program
  - three practices enrolled
- Practice Coach Support (through 11/29/2023):
  - Hired two practice coaches for outreach and enrollment processing
- Communication:
  - Distributed "interest flyer" to 414 prospective small/medium-independent practices
  - Conducted a supplemental campaign directed to Federally Qualified Health Centers (FQHCs) and larger practices to apply to the EPT program
    - Planned 3 "program information webinars"
    - Planned 3 Email/fax blast communications with program information and tip sheets/guidance along with FAQs on how to submit formal applications to the program
    - No active recruitment campaign for FQHCs/larger practices for the IPIP component of the program
    - Estimated to reach/enroll 30 FQHCs/larger practices
- Partnerships:
  - Collaboration with Health Net
    - Compiled list of common practices; agreed to split target practices
    - Developing joint messaging of L.A. Care and Health Net support for EPT

- Discussions to engage Blue Shield Promise and Anthem to discuss communication strategies to targeted practices
- Discussions will be held to partner with the L.A. Care Plan Partner Admin team to communicate with plan partners.

MEASURES/PROGRAM MILESTONES

The measures for the IPIP part of the EPT program include the number of enrolled applicants of small/medium-sized practices and, secondarily, the FQHCs/large practices. These numbers will be compiled after the enrollment period. In addition to the practices that L.A. Care directly enrolls in; there will also be practices that enroll without our direct support and select L.A. Care as their MCP. The program measures will be outlined in the 2024 Work Plan section below.

Practices are required to commit to three categories of activities for the Provider Directed Payment Program (PDPP), which align with the Population Management Health Capabilities Assessment Tool (phmCAT) and the Population Health Management Implementation (PHMI) Model. The categories are as follows:

Chart A: PDPP Categories of Activities, *DHCS Presentation 8/30/23*
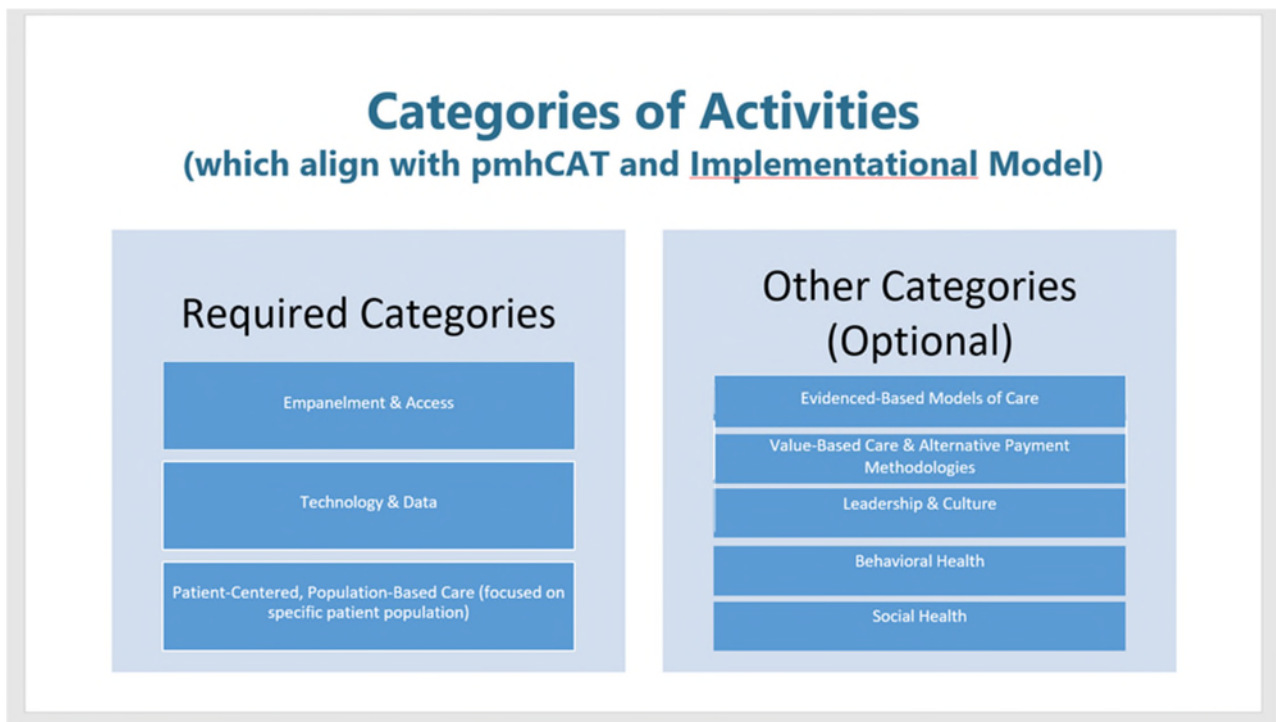
In addition to the required categories, practices can choose to commit to additional "optional" categories. All practices are required to commit to working with a focus population on all activities in the Patient-Centered Care category. Based on their selection, they will need to also focus on one subpopulation to further refine the care delivery team and health equity efforts to better the subpopulation's needs. More details will be outlined in the 2024 work plan.

RESULTS

Quantitative Analysis

PROGRAM OUTREACH AND ENROLLMENT

Table 1. EPT Program Engagement and Reach – Practices, Providers, and Members

EPT OUTREACH & ENGAGEMENT	IPIP (SMALL/MEDIUM PRACTICES		
	PRACTICE COUNT	LAC MEM	DN MEM
TARGETED NUMBER OF PRACTICES	414	581,585	44,911
TOTAL PRACTICES REACHED	247	242,223	62,501
INTERESTED PRACTICES	22	60,939	34,236
ENROLLED PRACTICES	3	0	4,188
ENROLLMENT GOAL	50		
TOTAL MEMBERSHIP IMPACTED (*ANTICIPATED*)	1.5M		

*Total membership numbers include all plan partners (Anthem, Blue Shield Promise, etc.).

In August 2023, L.A. Care's EPT team began outreach efforts focusing on small/medium-independent primary care practices (up to 50 providers) serving at least 1,000 Medi-Cal members. The target market consisted of 414 identified practices meeting the required criteria. 247 practices were identified as having existing relationships with the Practice Transformation team through other Quality Improvement Programs either in the past or in current. The EPT team recruited internal L.A. Care departments to assist with the outreach campaign, including Contract Relationship Management (CRM), Provider Network Management (PNM), and the Facility Site Review (FSR) team. L.A. Care hired two additional practice coach consultants to assist with the outreach and enrollment. L.A. Care's target goal is to enroll 50 practices into the EPT program (combination of small/medium & FQHCs). The total number of members that would be impacted through this program is anticipated to be around 1.5M Medi-Cal members. As of September 30, 2023, 22 practices have expressed interest in applying to the EPT program with L.A. Care as their assigned Managed Care Plan (MCP), while three practices have confirmed enrollment and are working with a practice coach to complete both the phmCAT and to submit their formal application to DHCS.

Qualitative Data

L.A. Care hosted one webinar with the Community Clinic Association of Los Angeles County (CCALAC), specifically targeting all FQHCs and larger practices, and two general audience webinars targeting all small/medium-independent practices, including IPAs/MSOs. These webinars aimed to raise awareness of the EPT program and answer any questions that practices may have during the application process. With the assistance of the Quality Initiatives team, two successful webinars were held. The results are as follows:

Table 2. EPT Program Information Webinars Attendees and Practice Types

Date of Webinar	# Registered	# Attended	Attendance Rate	Number of Private Practice/MSP/IPAs	Number of FQHCs
9/27/2023	90	90	100%	0	90
10/4/2023	174	118	68%	69	47
10/18/2023	159	86	545	30	30

*These webinars were solely intended to promote enrollment for the IPIP. No additional webinars will be held in the upcoming year.

Many practices expressed high satisfaction with the information provided during the webinars. Below are selected quotes from a few of the attendees:

> - *"Feedback is very informative, and I would think that any practice that does not have an EMR system or who wants to enhance a current one would take the opportunity to apply.*
> - *Great webinar, all questions addressed. Sending out the deck is helpful."*
> - *"Presentation was very thorough, and I appreciated the ample time allotted for questions and answers."*
> - *"This not a critique of the L.A. Care presentation, but it is clear that DHCS has still many unanswered questions themselves about this program, which makes it difficult to assess a practice's ability to join this program."*
> - *"Very helpful explanation of the EPT Program"*

PROGRAM CHALLENGES

The program has encountered several challenges/barriers with DHCS' program launch. This includes:

1. Program Development – Due to a late program start, many practices and MCPs have requested that DHCSDHCS extend the application period and duration of the program. A request has been made to provide a minimum of 12 months' notice of all program parameters to allow MCPs adequate time to have complete information for planning and implementation with a full understanding of the rules and requirements.
2. No incentives/funds are available to MCPs for PDPP administrative costs. Per DHCS, there will be no MCP funding for administration costs and technical assistance to practices from EPT funds.

LOOKING FORWARD

The EPT team is committed to continuing the outreach efforts to enroll up to the targeted 50 practices. By October 23, 2023, all enrolled practices will have submitted their formal applications to DHCS with the assistance of the practice coach. DHCS is to release the complete list of practices to all MCPs by the end of October to review/select the list of practices to move forward into the EPT program. L.A. Care will submit the list of selected practices back to DHCS by November 27, 2023, and DHCS will release the list of practices in the first cohort by December 11, 2023.

Key goals for 2023:
1. L.A. Care will consider the possibility of investing in practice facilitation support for small and medium-sized independent practices accepted in Cohort 1
   a. Proposal in development for consideration by Leadership
2. Submit L.A. Care's attestations for IPIP Incentive Milestones to DHCS (due by 12/29/2023)
   a. Completed phmCAT data
   b. Number of applicants for small/medium-sized practices we supported/applied to the program

2024 WORK PLAN GOALS

A few key goals for L.A. Care in 2024:
1. Launch the PDPP program and develop work plans
2. Manage the administration of processing and delivering Directed Payments to eligible practices. Awaiting further information from DHCS to determine deliverables and requirements.

Chart B. Overview of DHCS' EPT Program Funding Allocations

Program Component	Intended Recipients	Application	Purpose/Deliverable
Statewide Learning Collaborative $25M for program duration	All practices in Provider Directed Payment Program	None	Provide **support to practices in payment programs**
Initial Planning Incentive Payments $25M first year of program MCP-directed incentive program	**Small/medium-sized independent practices** that might not otherwise be able to participate in Provider Directed Payment Program; **MCP choose practices**	Practices **work with MCPs** (no formal application to DHCS)	**Practices complete practice assessment tool** phmCAT as PDF and get practice transformation support from MCPs/contractors Goal is to increase # of practices that apply for Provider Directed Payment Program
Provider Directed Payment Program $650M ($200M for preparing practices for value-based payment) over multiple years Directed payment program	**Primary Care** (Primary Care Pediatrics, Family Medicine or Internal Medicine), Primary Care OB/GYN, or Behavioral Health providers providing integrated behavioral health services in a primary care setting	**Formal web-based application** (to be released) which will include practice assessment tool phmCAT	**First cohort January 2024** Payments for **delivery system transformation activities**

Chart C. DHCS Maximum Payment Rates per Practice per Assigned Medi-Cal Lives

Maximum Payment Based on Assigned Medi-Cal Lives (at time of application)

Medi-Cal & D-SNP Assigned Lives Range (at time of application)	Maximum Payment (over all categories)
500-1,000	$375,000
1,001-2,000	$600,000
2,001-5,000	$1,000,000
5,001-10,000	$1,500,000
10,001-20,000	$2,250,000
20,001-40,000	$3,750,000
40,001-60,000	$5,000,000
60,001-80,000	$7,000,000
80,001-100,000	$9,000,000
100,001+	$10,000,000

Funding subject to CMS approval

H.6.d IPA/PROVIDER WEBINARS

AUTHOR: BRIGITTE BAILEY, MPH
REVIEWERS: MATTHEW PIRRITANO, PH. D & ALEX LI, MD

BACKGROUND/SUMMARY

Beginning in 2016, L.A. Care Quality Improvement (QI) began hosting webinars directed at Independent Physicians Associations (IPAs), Management Services Organizations (MSOs), Plan Partners (PPs), providers/clinicians and front and back office staff to provide education on key quality topics. In Fiscal Year October 1, 2022-September 30, 2023, the Quality Improvement department hosted 22 webinars using the administrative WebEx system. It is worth noting that L.A Care is an accredited CME provider and we have provide additional provider educational programs that are both virtual and in-person (before and after the public health emergency).

MAJOR ACCOMPLISHMENTS

- QI hosted 22 webinars open to network IPAs, MSOs, community clinics, and providers. This is the highest number of webinars since the start of the program.
- The average attendance in webinars was 137. This is up from 122 in the prior year – an increase of 12%. The highest attended webinar was HEDIS 101 with 489 attendees, which marks the highest attended webinar since the start of the webinar program. This was also the highest attended webinar in the previous fiscal year.
- 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: WIC, Merck, AltaMed, California Department of Public Health and SullivanLuallin Group.
- QI partnered with HealthNet on a FUA/FUM webinar and a webinar collaboration with WIC. This partnership with HealthNet will continue into the 2022-2023 fiscal year.
- QI offered Continuing Education credits for four webinars.
- 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 78, which is seven points higher 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.

Webinars Hosted in FY2022-2023					
Date	**Topic**	**Target Audience**	**CME**	**Attendees***	**Net Promoter Score**
Oct 5	Quality Improvement for LGBTQ+ Health	IPAs, PPs, Clinicians, Clinic Staff	-	74	75
Oct 12	FUA/FUM Webinar	IPAs, PPs, Clinicians, Clinic Staff	-	N/a	N/a
Oct 26	Gender Affirming Care	IPAs, PPs, Clinicians, Clinic Staff	-	99	89

	Webinars Hosted in FY2022-2023				
Date	**Topic**	**Target Audience**	**CME**	**Attendees***	**Net Promoter Score**
Nov 9	Childhood Lead Poisoning Prevention	IPAs, PPs, Clinicians, Clinic Staff	Yes	178	87
Nov 16	Moving from Vaccine Hesitancy to Vaccine Confidence: A Focus on Ages 0-2	IPAs, PPs, Clinicians, Clinic Staff	-	56	87
Dec 7	Children and Their Parents/Guardians: Talking Through Sensitive Subjects	IPAs, PPs, Clinicians, Clinic Staff	-	73	60
Jan 11	Cervical Cancer Screening	IPAs, PPs, Clinicians, Clinic Staff	-	189	85
Feb 8	HEDIS 101	IPAs, PPs, Clinicians, Clinic Staff	-	489	76
Mar 15	Hunger will Strike in 2023: Buffer the CalFresh Cliff with WIC	IPAs, PPs, Clinicians, Clinic Staff	-	327	69
May 5	Addressing High Rates of STIs: Updated Clinical Guidelines to Testing & Treatment	IPAs, PPs, Clinicians, Clinic Staff	Yes	87	N/a
May 11	Prioritizing Patient Safety by Reducing Firearm Injury & Death: What Clinicians Can Do	IPAs, PPs, Clinicians, Clinic Staff	Yes	100	N/a
May 17	Pay-for-Performance Programs	IPAs, PPs, Clinicians, Clinic Staff	-	149	81
June 7	Provider Quality Review: How to be a Patient Safety Champion	IPAs, PPs, Clinicians, Clinic Staff	-	66	80
June 12	VIIP Action Plans	IPAs, PPs, Clinicians, Clinic Staff	-	63	75
June 14	Provider Opportunity Reports – PPG/IPA & MSOs	IPAs, PPs, Clinicians, Clinic Staff	-	46	88
June 21	Provider Opportunity Reports – Physicians and Clinics	IPAs, PPs, Clinicians, Clinic Staff	-	79	82
June 28	Timely Access to Care: Oversight & Monitoring	IPAs, PPs, Clinicians, Clinic Staff	-	57	70
July 26	You Know WIC…but do you know WIC PLUS?	IPAs, PPs, Clinicians, Clinic Staff	-	138	88
Aug 16	Diabetes Management: Addressing Clinical and Social Barriers to Care	IPAs, PPs, Clinicians, Clinic Staff	-	141	68
Aug 23	Documenting SDOH Z-Codes	IPAs, PPs, Clinicians, Clinic Staff	-	187	60
Aug 30	Evidence-Based Strategies to Improve Immunization Rates	IPAs, PPs, Clinicians, Clinic Staff	Yes	154	N/a
Sept 13	CG-CAHPS Reports & Member Experience Tips	IPAs, PPs, Clinicians, Clinic Staff	-	68	77

BARRIERS

- The list of QI contacts for IPAs, MSOs, and community clinics is maintained in an Excel spreadsheet. Without a more sophisticated mechanism to manage contacts and communications preferences, contacts are sometimes incomplete and/or outdated. There are no current plans to improve collection of email addresses; however, Quality Improvement is in the process of adopting the Salesforce system to track provider outreach. This may have a positive long-term impact on reaching the network.

- L.A. Care does not collect emails for provider offices in a formal manner; individual departments collect contacts and maintain their own databases that are typically not shared across the organization. Thus, is it very challenging to reach out to providers 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 PNM 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. The Quality Improvement department consistently removes emails that bounce back to improve this bounce back rate.

LOOKING FORWARD

QI plans to continue hosting webinars at least monthly in FY 2023-2024. 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.

H.6.e PROVIDER ENGAGEMENT

AUTHOR: ALISON PATSY, MHA
REVIEWERS: MATTHEW PIRRITANO, PhD & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

The Quality Improvement Dept. continues to meet with Participating Provider Groups (PPGs) to help drive Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) improvement. The meetings have led to a better understanding of barriers, best practices, and resource sharing. Based on some of the success in 2020 Quality Improvement (QI) formalized these meetings. The QI department and the Safety Net Initiatives department 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 improve 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 and Medicare lines of business.

MAJOR ACCOMPLISHMENTS
- 33 Meetings were completed in the Measurement Year (MY) 2022

INTERVENTION/OUTREACH PLAN

QI identified 10 PPGs to meet with based on their Clinician & Group Survey (CG-CAHPS) scores, 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. In 2022, two new PPGs, AltaMed Health Services and Optum Care Network AppleCare, were added in preparation for the new Medicare Dual Eligible Special Needs Plan (D-SNP) product line. Due to a membership decrease throughout MY 2022, the QI department decided to drop Regal and Heritage from the cohort. Of the identified 12 PPGs, the QI department was able to schedule and conduct meetings with nine of them throughout MY 2022. The newly formed Stars team began meeting with some of the high-volume Medicare PPGs. Meetings included discussion on plan requirements, incentive programs/VIIP scorecards, quality interventions and initiatives PPGs were conducting, HEDIS performance on core measures throughout all lines of business as well as member experience CG-CAHPS. Scheduling and coordinating with the various PPG and MSO QI leads remained difficult and the largest barrier to conducting meetings. With the addition of the new PPGs and the changes in membership, the PPGS in the cohort now covers 89% of MCLA membership, 69% of our Cal MediConnect (CMC) membership, and 68% of LACC membership. (See Table 1. for membership volumes)

Table 1. 2022 Participating Physicians Groups that met with QI staff and their membership volumes as of November 2023:

PPG Acronym	PPG Name	BCSC	CFST	MCLA	D-SNP	LACC
AIPA	Angeles IPA	23357	10291	28007	525	1053
AMHS	ALTAMED HEALTH SERVICES	310	985	0	1515	8577
AMHN	ALTAMED HEALTH NETWORK INC	0	32790	108906	0	0
APIA	ALLIED PACIFIC IPA	45058	17585	52665	902	28209

PPG Acronym	PPG Name	BCSC	CFST	MCLA	D-SNP	LACC
APPL	OPTUM CARE NETWORK APPLECARE	101	0	17913	1616	5323
CFC	COMMUNITY FAMILY CARE	47479	5312	1	904	9011
CFCL	COMMUNITY FAMILY CARE HEALTH PLAN – METROPOLITAN	0	9116	15768	0	0
CFCP	COMMUNITY FAMILY CARE HEALTH PLAN – PROVINCIAL	0	8331	26531	0	0
CFCS	COMMUNITY FAMILY CARE HEALTH PLAN – VALLEY	0	9197	13828	0	0
DHS	L.A. COUNTY DEPT. OF HEALTH SERVICES	0	0	269696	0	0
ECMG	EXCEPTIONAL CARE MEDICAL GROUP	7999	0	11862	0	0
GCMG	GLOBAL CARE IPA	21377	21580	45722	825	6272
HCLA	HEALTH CARE LA, IPA	103930	84946	309687	4632	13034
PIPA	PREFERRED IPA OF CALIFORNIA	88510	41901	117010	1292	16232
PROS	PROSPECT MEDICAL GROUP	0	0	23839	344	10236
SC	SUPERIOR CHOICE MEDICAL GROUP, INC	586	2811	9676	0	1038
Total Membership	Total Membership	1,787,588				

During MY 2021, the ongoing COVID pandemic led to changes in meeting cadence, and our goal of meeting quarterly was reduced to semi-annually. In MY 2022, the PPGs with the most engagement started to re-establish consistent meeting frequency. DHS has agreed to meet quarterly, HCLA will meet with QI on a bi-monthly basis, and AltaMed requested to meet monthly.

EVALUATION AND METHODOLOGY

To measure the effectiveness of our meetings, QI compared the total number of gaps in MY 2021 and MY 2022 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 seven measures used in the evaluation are Childhood Immunization Combination-10, Cervical Cancer Screening, Comprehensive Diabetes Care HbA1c Control (< 8.0%), Controlling Blood Pressure, and the Well Child visits before age 15 months (W30A or W15), and Prenatal and Postpartum Care. QI randomly selected PPGs not met with, but that had a total membership of 5,000 or greater to assess their performance on the same seven measures. This way, QI could assess how the experimental cohort (i.e., the PPGS QI met with, were performing year over year,, the PPGS QI met with, was performing year over year and between a pseudo-control group). The control group is not a true control group because, as noted earlier, QI had decided to select poor-performing PPGs for regular meetings. As 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 2021 AND MY 2022 FOR EACH PPG MEETING WITH THE QI DEPT.

PPG Acronym	PPG Name	MY 2021 Rate	# of Meetings in MY 2021	MY 2022 Rate	Change	Stat Sig P Value <.05	# of Meetings in MY 2022
APIA	ALLIED PACIFIC IPA	48.3%	3	47.9%	-0.4%	No	2
AMHS	ALTAMED HEALTH SERVICES	53.6%	2	51.9%	-1.7%	Yes	11
APPL	APPLECARE OPTUM NETWORK	48.8%	6	46.5%	-2.3%	Yes	4
CFC	COMMUNITY FAMILY CARE	43.5%	3	43.0%	-0.5%	No	2
CFCV	COMMUNITY FAMILY CARE PRESBYTERIAN	N/A	3	48.0%	N/A		2
ECMG	EXCEPTIONAL CARE MEDICAL GROUP	42.3%	1	40.7%	-1.5%	No	2
GCMG	GLOBAL CARE IPA	49.2%	2	48.6%	-0.6%	No	2
HCLA	HEALTH CARE LA, IPA	48.7%	2	46.9%	-1.8%	Yes	4
DHS	L.A. COUNTY DEPT. OF HEALTH SERVICES	30.7%	5	29.1%	-1.6%	Yes	3
PROS	PROSPECT MEDICAL GROUP	46.0%	3	43.2%	-2.7%	Yes	2
REMG	REGAL MEDICAL GROUP	56.0%	1	61.7%	5.7%	Yes	1
Group Total		45.2%	**28**	43.2%	-2.0%	Yes	**33**

GRAPH 1. RATE COMPARISON BETWEEN MY 2021 AND MY 2022 FOR EACH PPG MEETING WITH QI DEPT.

Experimental Group - PPGS with L.A. Care QI Meetings
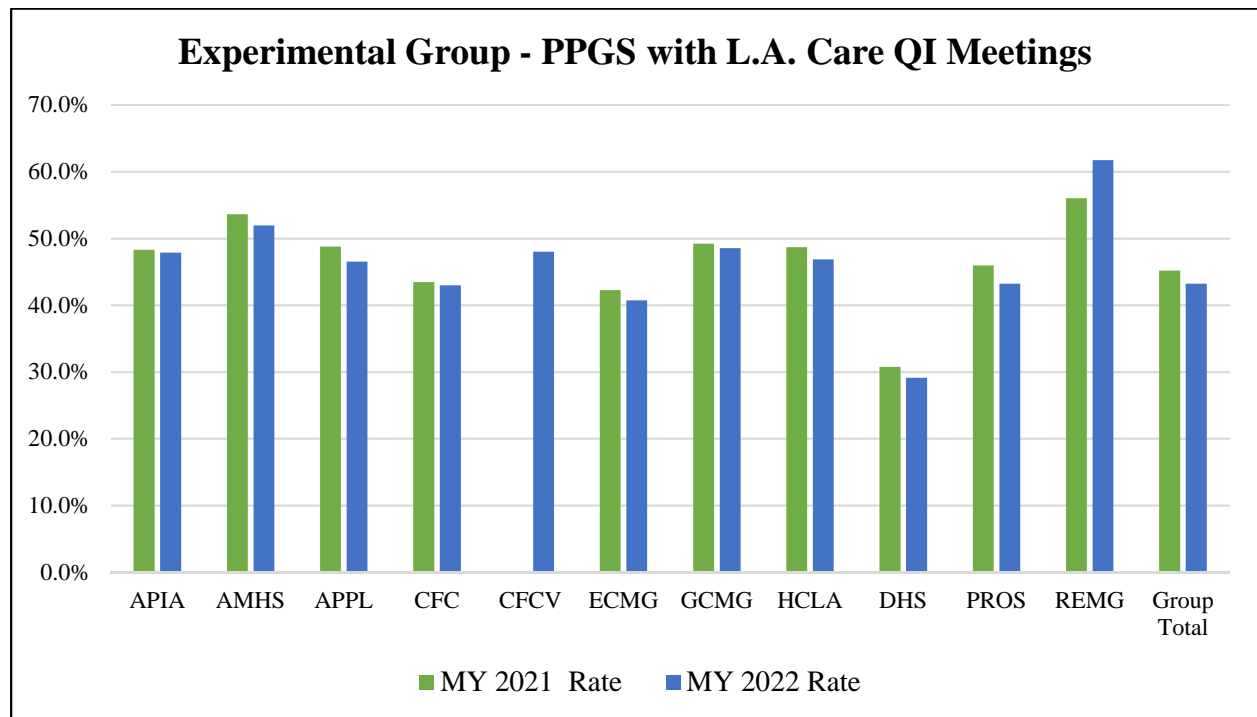
TABLE 2. RATE COMPARISON BETWEEN MY 2021 AND MY 2020 OF RANDOMLY SELECTED PPGS WITH NO QI DEPT. MEETINGS

PPG Acronym	PPG Name	MY 2021 Rate	# of Meetings in MY2021	MY 2022 Rate	Change	Stat Sig P Value <.05	# of Meetings in MY2021
ACCT	ACCOUNTABLE HEALTH CARE IPA	46.9%	0	44.8%	-2.1%	Yes	0
AHPN	ADVENTIST HEALTH PYSICIANS NETWORK	54.3%	0	54.2%	0.0%	No	0
AXMG	AXMINSTER MEDICAL GROUP	56.5%	0	58.9%	2.4%	Yes	0
BVMG	BELLA VISTA IPA	51.5%	0	50.6%	-0.9%	No	0
CCI	CAL CARE IPA	41.7%	0	36.4%	-5.3%	Yes	0
CFDE	BLUE SHIELD PROMISE PRIMARY & URGENT CARE	51.8%	0	52.6%	0.9%	No	0
EPDB	EL PROYECTO DEL BARRIO INC	51.2%	0	49.8%	-1.4%	Yes	0
NCMA	NOBLE COMMUNITY MEDICAL ASSOCIATES	51.3%	0	48.3%	-2.9%	Yes	0
SAMG	SOUTH ATLANTIC MEDICAL GROUP	50.2%	0	49.0%	-1.2%	No	0
SEA	MEMORIAL CARE SELECT HEALTH PLAN	50.0%	0	47.2%	-2.8%	Yes	0
Group Total		**51.0%**	**0**	**49.3%**	**-1.7%**	**Yes**	**0**

GRAPH 2. RATE COMPARISON BETWEEN MY 2021 AND MY 2022 FOR EACH PPG NOT MEETING WITH QI DEPT.
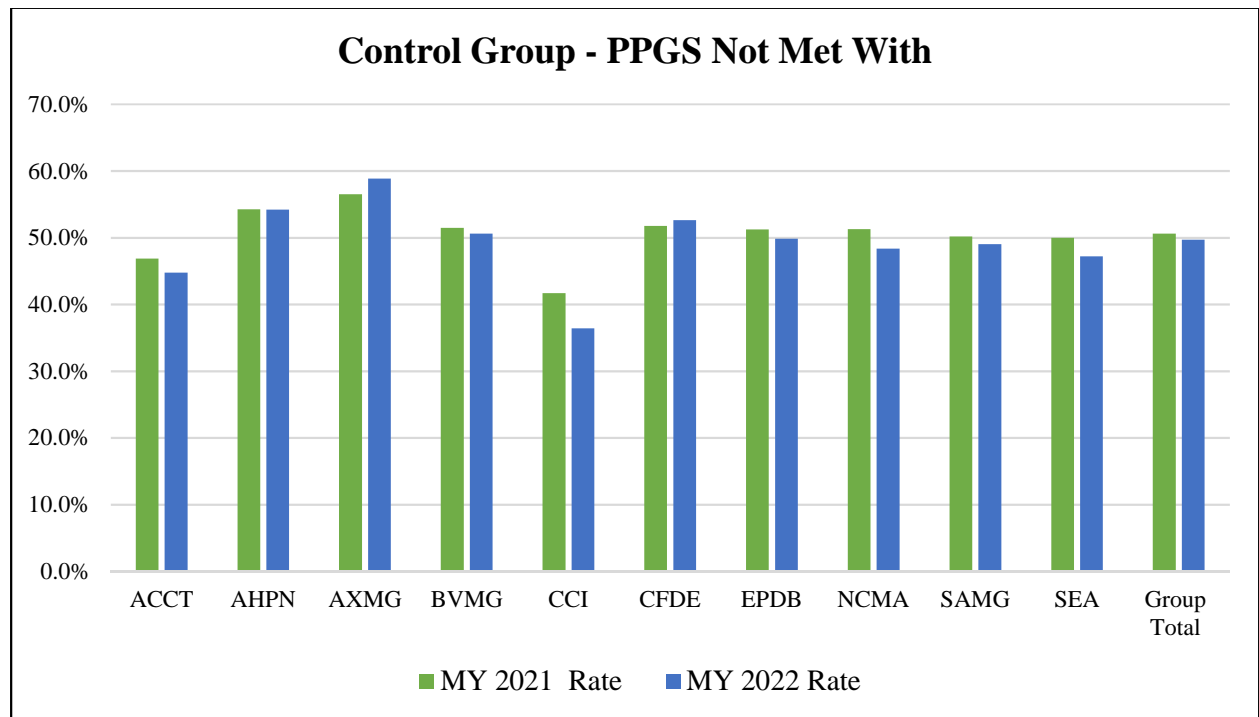
ANALYSIS

Quantitative Analysis

As noted in Table 1 and Graph 1, of the ten PPGs that QI met with last year, only one showed year-over-year improvement from MY 2021-MY 2022. This PPG was Regal Medical Group, with a reported statistically significant improvement of 5.7%. The remaining nine PPGs showed a decline in performance

year over year. Five of the decreases were statistically significant decreases. Overall, the cohort reported a statistically significant decline of -2.0%. As noted in Table 2 and Graph 2, of the ten PPGs that QI did not meet with, two reported year-over-year performance improvement. These PPGs were Axminster Medical Group and Blue Shield Promise Primary & Urgent Care. Of these two improvements, only Axminster Medical Group showed a statistically significant improvement of 2.4%. One PPG showed no improvement at all,, and seven showed a year-over-year decline in improvement. Five declines were statistically significant. Overall, the cohort reported a statistically significant decline of -1.7%.

Qualitative Analysis
It is important to note that all seven measures of focus are some of the most challenging and were affected greatly by the COVID-19 pandemic. Most of the PPGs in both the experimental and control groups saw significant increases in the population of members assigned to them year-over-year. A number of the measures included in the analysis take time to show improvement once a patient establishes care with a physician. Specifically, chronic care measures where members must achieve control of their diabetes and hypertension and need to regularly see their doctor to do so take time to improve. Additionally, childhood measures span two years, and performance is contingent on the timeliness of appointments and engagement with primary care physicians. After the assignment of new members, there is a period where care needs to be established to see results and improve performance.

Another interesting observation is that those PPGs with the most meetings with QI had more declines. AltaMed Health Services (AMHS) had eleven meetings but had a statistically significant decline. AppleCare Optum Network (APPL) and Health Care L.A. IPA (HCLA) each had four 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, but 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 2022 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 gives L.A. Care the opportunity to discover issues in coding or mapping data to specific HEDIS measures. This opens further areas where L.A. Care can educate and inform providers on how to properly document encounters.

In the latter half of MY 2022, PPGs started sharing when and what type of reporting they wanted to see in L.A. Care's gap-in-care and member experience reports. This led to the future development of PORs for different lines of business, including Covered California and D-SNP. Another key takeaway from PPG meetings is the ability of the groups to provide L.A. Care with valuable information on the operational challenges that are encountered. Gaining insight from the front line of care aids in the development and planning of internal initiatives throughout the quality improvement department. It also gives L.A. Care the opportunity 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 own interventions and best practices. L.A. Care encourages groups to be open to sharing these with other physician groups and helps facilitate that sharing. For example, in August 2023, AltaMed shared information on their Diabetes Clinic at an L.A. Care hosted webinar.

Based on the analysis and feedback from PPGs, we plan to continue these meetings into 2024. In the near future, we will be reassessing the way 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.

LOOKING FORWARD

- Reevaluate the cohorts and consider removing PPGs with low volumes (e.g., SC)
- Continue conversations and brainstorming on how to better engage and meet with PPGs moving forward.
- Gather feedback from PPGs on the use of data and resources provided by L.A. Care and better align to fit their needs.
- Meet at least quarterly with each PPG.

H.6.f 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 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 it was paused until September 2022, when it was relaunched due to resource limitations.

The PE&O strategy initially focus on enhancing provider engagement within the Direct Network and then eventually scale the processes to non-Direct Network provider groups. The following teams participate in the PE&O workgroup to ensure that providers are fully aware and educated on all services/programs offered by the QI department:

- *Accreditation*
- *Clinical Initiatives*
- *Facility Site Review/Population Health Management*
- *Health Education*
- *Incentives*
- *Practice Transformation*
- *Provider Network Management*
- *Quality Performance Management*
- *Provider Quality Review*

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. The PAC meets quarterly, and members receive a stipend for their participation. The PAC provides feedback on each physician's interactions with L.A. Care and QI department programs. The PAC goals for the PEO workgroup are as follows:

1. Obtain providers' input on optimizing operational interactions between the L.A. Care Quality Improvement Department and providers.
2. Ensure continuously improved care delivery to L.A. Care members.
3. Provide suggestions and feedback regarding DN operations.
4. Advocate for clinical and operational processes within the L.A. Care network.

GOALS

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 an initial work plan, which identifies 20 milestones that map to 3 phases of improved engagement:

1. Monitoring/Managing L.A. Care interactions and collecting provider feedback
2. Enhancing and streamlining educational support for incentive programs
3. Improve clinical quality performance and member experience

Quantitative Analysis

The workgroup meets bi-weekly to review and discuss progress on the work plan. The team also reviews feedback from the PAC and revises the work plan to incorporate this information.

OVERVIEW OF PROVIDER ENGAGEMENT & OUTREACH WORK PLAN

As of September 30, 2023, the PE&O has generated the following results:

<u>Measure of Progress:</u>

Work plan milestones completed and in progress

- *Phase 1: Monitoring/Managing L.A. Care interactions and collecting provider feedback*
    1. **Standardize tracking monitoring of team/provider interactions** -*IN PROGRESS*
        a) Determine interaction tracking tool
        b) Confirm reports and frequency of reporting interactions
    2. **Determine targeted provider population** – *COMPLETE*
        a) Consider all L.A. Care providers vs. subgroups and scale up
    3. **Create Provider Advisory Collaborative** – *COMPLETE*
        a) Determine Provider Advisory Collaborative roles and responsibilities
        b) Identify and recruit Provider Advisory Collaborative Candidates
        c) Determine appropriate Provider Advisory Collaborative engagements

- *Phase 2: Enhancing and streamlining educational support for incentive programs*
    4. **Enhancing and streamlining educational support for incentive programs** – *IN PROGRESS*
        a) Map/tally current workflows in place to provide support
        b) Standardize pathways for educational support
        c) Identify communication frequency appropriate to DN practices
        d) Compose a QI visibility strategy for more program visibility
        e) Establish monthly QI meetings for practices and office managers
        f) Create DN Handbook/ Reference guide for practices

- *Phase 3: Improve clinical quality performance and member experience*
    5. **Improve Clinical Quality Performance** – *IN PROGRESS*
        a) Enhance the use of the provider portal
        b) Create a rating system for the provider portal
        c) Identify enhance opportunities to improve data submission
        d) Identify a dashboard for provider access
        e) Determine types of Provider Portal Reports
        f) Improve the use of Provider Opportunity Reports (PORs), increase awareness of reports, and provide ample support to improve gaps in care
    6. **Improve Member Experience** – *NOT STARTED*
        a) Identify new ways to engage within current efforts/ programs
        b) Leverage existing provider touchpoints to maximize program participation/resources

Provider Engagement & Outreach Workgroup Work Plan & GANTT:

Provider Engagement Workgroup - Goals / Plan																	
Goal	Subtask	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-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/																
	b. Confirm reports and frequency of reporting interactions																
2. Determine targeted provider population (i.e.PCP, SPC, PPG, DN providers)	a. Consider all L.A. Care providers vs. subgroup and scale up				Completed												
3. *Create Provider Advisory Collaborative for feedback	a. Determine Provider Advisory Collaborative roles and responsibilites					Completed											
	b. Identify Provider Advisory Collaborative Candidates					Completed											
	c. Determine Provider Advisory Collaborative engagements						Completed										
PHASE 2																	
4. Enhance/streamline educational support for incenitve programs	a. Map/tally current workflows in place to provide support (Who is doing what? Ppgs/DN?)																
	b. Standardize pathways for educational support - highlight specific resources																
	c. Identify communication frequency appropriate to DN practices																
	d. Compose QI visibility strategy for more program visibility																
	e. Establish monthly QI meetings for practices and office managers																
	f. Create DN Handbook/ Reference guide for practices																
PHASE 3																	
5. Improve Clinical Quality Performance	a. Enhance use of provider portal - Tracking Access -- Provider Communication																
	b. Create rating system for provider portal (scoring - stars vs letter grade)					Not Started											
	c. Identify & enhance opportunities to improve data submission - COZEVA					Not Started											
	d.Identify dashboard for provider access																
	e. Determine types of Provider Portal Reports																
	f. Improve use of PORs, increase awareness of reports, and provide ample support to improve gaps in care																
6. Improve Member Experience	a. Identify existing programs/efforts - Identify improvements, New ways of engagement.																
	b. leverage existing provider touch points to maximize program particpation/resources																

Qualitative Analysis

The PAC members have expressed high satisfaction with their participation in the advisory board. Providers appreciate the platform to voice their concerns, comment on support offerings from L.A. Care, and guide the concerted effort to improve the engagement/relationship with their practices. Below are selected quotes from participants:

- *"Thank you for inviting me to this advisory board. I'm glad to see that L.A. Care is trying to make big changes in how we (providers) interact with you."*
  - Dr. Michael Keramati (Dr. Michael Keramati Inc.)

- *"I'm happy that L.A. Care is giving small practices, like ours, a say in what we need."*
  -Dr. Jason Groomer (Total Comprehensive Health)

- **"We are more appreciative of this board. But, I had no idea about some of the other programs offered** *– Medically Tailored Meals- and we're glad to be part of your efforts to make these programs known." –* **Dr. Paul Gregerson (JWCH / Wesley)**

- *"This was a great meeting, and we look forward to our contributions."*
  -Dr. Yvette Hargrove (Clinica Medica General)

NEXT STEPS

The PE&O workgroup is 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 to improve L.A. Care's engagement with the provider network. The workgroup will continue to ensure that the providers' voice is included in new QI program initiatives and engagement approaches, as well as improvements to current programs. As the workgroup and PAC continue to build rapport with each other, we are confident that QI programs and support resources will continue to improve. We believe that this work will help L.A. Care become the preferred health plan for L.A. County providers serving the safety net.

I.1 QUALITY IMPROVEMENT (QI) COMMITTEE SUMMARY

AUTHOR: MARLA LUBERT
REVIEWERS: MARIA CASIAS, RN & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care's quality committees oversee various functions of the QI program. The activities of the quality committees were formally documented in transcribed minutes, which summarize each agenda item, the discussion, 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 Quality Program.

Compliance and Quality Committee (C&Q)

The Compliance and Quality Committee (C&Q) is a subcommittee of the Board of Governors (BoG). The C&Q monitors quality activities and reports its findings to the BoG. The Compliance and Quality Committee is charged with reviewing the overall performance of L.A. Care's quality program and providing action based on findings to the BoG. In 2023, the C&Q increased the frequency of meetings and met ten (10) times in 2023 compared to nine (9) times in 2022. The Compliance and Quality Committee reviewed and approved the 2023 QI program description, 2023 QI work plan, quarterly QI work plan reports, and 2022 evaluation of the QI program. The Committee also reviewed periodic reports on quality activities, including but not limited to monitoring quality activities of the delegated entities (delegates and Plan Partners).

Quality Oversight Committee (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 for the QI program, assessing the results, and monitoring the overall performance of L.A. Care's quality improvement achievement of QI program objectives and infrastructure. The QOC met five (5) times in 2023. The Quality Oversight Committee conducted the following activities:

- Made recommendations for the 2023 QI Program Structure and Operations
- Reviewed current projects and performance improvement activities to ensure appropriate collaboration and minimize duplication of efforts.
- Conducted as well as reviewed quantitative and qualitative analysis of performance data of reports and subcommittee reports with a focus on disparities.
- Identified opportunities for improvement based on analysis of performance data.
- Tracked and trended quality measures through quarterly updates of the QI Work Plan and other reports.
- Reviewed and made recommendations regarding quality delegated oversight activities such as reporting requirements on a quarterly basis.
- Reviewed quarterly/annual appeals and grievances reports.
- Reviewed, modified, and approved policies and procedures.
- Reviewed and approved the 2023 QI Program Description, 2023 QI Work Plan, quarterly QI work plan reports, and 2021 evaluations of the QI program.

- Reviewed the analysis and evaluation of QI activities of other QI committees, subcommittees with an equity lens, and/or appropriate staffing needs.

Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC)

The Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) was established by the authority of the L.A. Care Quality Oversight Committee (QOC) and reported through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). Its membership included Plan Partners, Provider Groups, and practitioners participating in the QI program through planning, design, and review of programs, quality improvement activities, and interventions designed to improve performance. The committee provided an opportunity to dialogue with the provider community and gather feedback on clinical and administrative initiatives. The committee also provided an opportunity to improve collaboration between L.A. Care and delegated Plan Partners/Provider Groups and practitioners by providing a platform to discuss reports, report barriers, assess current interventions in place, and propose new interventions to improve Healthcare Effectiveness Data and Information Set (HEDIS) and *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) performance and other measures as defined.

The Joint PICC and PQC met four (4) times in 2023. The Joint PICC and PQC contributions in 2023 included:
- Made recommendations to L.A Care about barriers and causal analysis relating to quality improvement activities and administrative initiatives with a focus on disparities.
- Reviewed and approved updated clinical practice and preventive health guidelines.
- Provided input and made recommendations to L.A. Care's Quality Oversight Committee (QOC) on policy decisions quality, safety, and service improvements.
- Discussed clinical report results and how to improve results based on Provider practice and experience with L.A. Care membership.
- Reviewed the 2022 QI Evaluation and proposed 2023 QI Program Description and work plan.
- Made recommendations to the 2023 QI Program Structure and Operations

Starting with the November 21, 2023 meeting, the Joint PICC/PQC was renamed to the Quality Improvement and Health Equity Committee (QIHEC). This change was implemented to ensure our commitment to both quality and health equity. QIHEC will allow providers and members to offer feedback and recommendations on quality improvement and health equity initiatives. QIHEC will play a crucial role in ensuring the active participation of L.A. Care members. L.A. Care can make more informed decisions based on the needs and preferences of its members.

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) 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 first meeting of the QI and Health Equity Committee took place on November 21, 2023. The committee met one (1) time in 2023.

Utilization Management Committee (UMC)

The Utilization Management Committee (UMC) 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). This committee is responsible for the overall direction and development of strategies to manage the UM Program. The UM Program seeks to provide a consistent delivery framework of appropriate and quality healthcare services to our members. Activities of the UM Program 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 on a quarterly basis every year; by the end of 2023, the Committee will have met a total of four (4) times. During these meetings, the UM Committee assesses the utilization of medical services amongst our PPGs and Plan Partners, which aids in making recommendations regarding UM program activities. The UMC is also responsible for the review, revision, and approval of all policies and procedures, program descriptions, and program evaluations for departments that fall under Health Services, which include, but are not limited to, Utilization Management, Care Management, Behavioral Health, Social Services, Pharmacy and Formulary, Appeals & Grievances, and Delegation Oversight.

Credentialing/Peer Review Committee

The Credentialing/Peer Review Committee (CPRC) 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) then to the Board of Governors (BoG). This committee is responsible for credentialing/recredentialing 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 on a monthly basis or as needed; for 2023, the Committee met eleven (11) times. Facility Site Review and Special Investigation Unit Fraud, Waste & Abuse reports were also included in order to coordinate these findings with Peer Review and Credentialing. Policies and Procedures pertinent to this committee and department were updated, reviewed, and approved as per appropriate changes in the industry.

Pharmacy Quality Oversight Committee (PQOC)

The PQOC Committee is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and 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 and to review new medical technologies or new applications of existing technologies and recommend for benefit coverage based on medical necessity.

Additionally, the PQOC provides a peer review forum for L.A. Care's clinical policies, provider communication strategies, pharmaceutical quality programs/outcomes, and specialty drug distribution options.

This Committee met four (4) times in 2023 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 has the ability to overrule a Navitus P&T formulary and/or utilization control

decision when required by regulation or unique member characteristics in the health plan.

- Developed protocols and procedures for the use of and access to non-formulary drug products.

L.A. Care Strategic and Administrative Operations

- Specialty pharmaceutical patient management and distribution strategies.
- Pharmaceutical care program selection and evaluation.
- Developed, implemented, and reviewed policies and procedures that will advance the goals of improving pharmaceutical care and care outcomes.
- Served the health plan in an advisory capacity in matters of medication therapy.
- Recommended disease state management or treatment guidelines for specific diseases or conditions. These guidelines are 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) 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 2023. The committee reviewed analysis of the following sources to identify opportunities for improvement in member satisfaction as identified in the following: Access & Availability Surveys, Call Center Metrics, Cultural & Linguistic Services/Language Assistance Program, and Interface of Provider Satisfaction with Member Satisfaction, Network Adequacy Report, 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) then to the Board of Governors (BoG). This Committee is a collaborative workgroup that engages business units from multiple departments across the organization that are involved in the improvement of care, services, and provider and member satisfaction. This committee met six (6) times in 2023.

The objective of the QI Steering Committee is to establish a formal process for providing oversight and strategic guidance to individual QI workgroups. The committee serves as a platform for workgroup leads to present current and prospective initiatives/interventions for approval as well as provide updates regarding workgroup activities. In addition, the QI Steering Committee promotes inter-departmental coordination and alignment of L.A. Care's member and provider initiatives.

Behavioral Health Quality Committee (BHQC)

The Behavioral Health Quality Committee (BHQC) 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). The BHQC is responsible for collecting and reviewing data, 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 in order to collaborate with behavioral health practitioners (BHPs) and use information collected to coordinate medical and behavioral health care needs. This committee met four (4) times in 2023.

The Committee performed substantive review and analysis of quarterly reports from the MBHO; assessed exchange of information between Behavioral Health Providers (BHPs) and Primary Care Physicians (PCPs), reviewed Cal MediConnect (CMC) readmissions, including reason for admission and primary diagnosis on a quarterly basis. NCQA Health Plan Standards as it relates to behavioral health were discussed and reviewed. Quality Improvement reports were presented and approved annually, which includes quantitative and qualitative analysis on Behavioral Health Services Grievances and Appeals: Assessment, Interventions & Improvement, Assessment of Behavioral Health Network Adequacy and Continuity and Coordination between Medical and Behavioral Health. The BHQC also reviewed and contributed to relevant Behavioral Health NCQA HEDIS and State Regulatory measures. Furthermore, drug management program findings, including opioid home program and pharmacy home program were reported by pharmacy team and reviewed by committee for additional input.

L.A. Care is collaboratively working with the MBHO as well as 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 continues to work 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 authority of 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 four (4) times in 2023. This Committee is a collaborative group that engages business units from multiple departments across the organization that are involved in the monitoring and improvement of HEDIS and CAHPS scores across all measures for the Medi-Cal, Cal MediConnect, and LACC lines of business.

Population Health Management (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 2023. 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 requirements for the NCQA PHM requirements, DHCS CalAIM PHM requirements, addresses gaps identified in the annual Population Assessment and tracks annual PHM goals. The PHM CFT provides oversight and 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, and receives pertinent updates from California Medical Association (CMA), state accrediting Board, and Accreditation Council for Continuing Medical Education (ACCME), national accrediting Board, as necessary. The Continuing

Medical Education Committee convenes on a quarterly basis or a minimum of three (3) meetings per calendar year through in-person and/or virtual meetings via WebEx. When applicable, the reports of these communications are provided to the QOC and Board of Governors. The L.A. Care CME Committee met three (3) times in 2023.

Equity Steering Committee

The Equity Council Steering Committee is an internal committee that reports to the CEO cabinet. The Steering Committee oversee the efforts of the three councils – The Member Equity Council focused on members, the Provider Equity Council focused on the provider network and the L.A. Care Team Council focused on L.A. Care employees. The Steering Committee will provide strategic guidance and thought-partnership to the councils and ensure their accountability. In 2023, the charter was updated to have the Steering committee meet monthly from bi-weekly. The committee met eleven times in 2023. Meeting frequency and schedule subject to change.

National Committee for Quality Assurance (NCQA) Steering Committee

L.A. Care is a National Committee for Quality Assurance (NCQA) Accredited Health Plan as well as holding a Distinction in Multicultural Health Care (MHC) as awarded by NCQA. The Accreditation Team supports L.A. Care Accreditation efforts by conducting the NCQA Steering Committee to provide all internal departments with NCQA standards and updates, survey readiness management and NCQA survey process management for L.A. Care. This committee serves as a platform for stakeholders to assess their NCQA survey readiness and an opportunity for all to ask questions. The NCQA Steering Committee may meet quarterly or as frequently as necessary. In 2023, the committee met quarterly.

Stars Steering Committee

The Stars Steering Committee is an internal committee of L.A. Care, which reports to the L.A. Care Quality Oversight Committee (QOC) and Chief Executive Officer (CEO) Cabinet that generally meets on a monthly basis. This committee has met nine (9) times in 2023; however, going forward the committee is slated to meet 10 times a year. This Committee is a collaborative group that provides vision, support and guidance for those who are 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 the areas of 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 ratings programs, and California's Department of Health Care Services Managed Care Accountability Sets (MCAS).

Committee Summary

Overall, the 2023 Quality Improvement Program committee structure had sufficient resources committed to support committee activities and to complete projects detailed in the work plan. L.A. Care brought on the D-SNP population, to integrate Health Equity into the QI Program, to meet the additional regulatory requirements, and to ensure meeting regulatory requirements for processing potential quality issues, additional resources were required and added to meet work plan goals.

Refinement of the committee structure and reporting is an ongoing performance improvement initiative and is expected to continue in 2024. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving overall quality, equity and safety of care and efficiency of process thereof.

Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The current level of leadership involvement in the QI Program was adequate this past year. The addition of a Chief Health Equity Officer this year was integral in continued integration of healthy equity and quality improvement. The Chief Executive Officer, Chief Medical Officer, Quality Medical Director, and Senior Quality, Population Health and Informatics Executive, were integral participants in activities of the Compliance and Quality Committee of the Board. The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization. The work plan was updated and reviewed by the Quality Oversight Committee on a quarterly basis.

In line with the strategic direction undertaken by the Leadership Team and the Board of Governors, the Chief Executive Officer has continued to refine the reorganization of L.A. Care. The intent of the reorganization continues to align the business processes and foster accountability internally and externally; eliminate duplicate functions; to clarify communication with internal and external stakeholders; and add new functions in internal auditing, enterprise risk assessment, and single source for data management and analytics. An ongoing component of the restructuring is to organize clearly the population served into segments based on risk, reimbursement, and enrollment challenges.

I.2 MEMBER PARTICIPATION, COMMUNITY OUTREACH AND ENGAGEMENT (CO&E)

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REVIEWERS: MATTHEW PIRRITANO, PHD, & FELIX AGUILAR, MD

L.A. Care (LAC) continues to support its Regional Community Advisory Committees (of which there are 11) throughout Los Angeles County. These committees work collaboratively to address health disparities affecting vulnerable, low-income residents and communities.

The focus of LAC Community Outreach and Engagement (CO&E) efforts for the 2022-2023 fiscal year was Health Education, Health Access, and Social Determinants of Health. All LAC Regions were invited to participate in educational opportunities to learn how to partner and advocate for broader access for all levels of members regardless of language or abilities. CO&E identified key regional community partners who serve low-income families and have demonstrated a commitment to addressing the broader needs of members beyond health care. Aligning efforts with L.A. Care's social determinants of health efforts, partnerships addressed food security, homelessness, senior health and wellness, mental health, youth programs, and social justice.

Health Education
CO&E operations resumed in April of this year in a Hybrid format. This proved to be a success. Many consumers continued to hesitate to return to in-person meetings, which required us to operate in a manner that met the needs of public and member participants while ensuring sustained engagement. CO&E ensured continuous engagement with members via Zoom, focusing on education and dialogue on emerging health issues affecting marginalized communities. The CO&E health series focused on critical topics such as African American Health and Wellness, Latino Health and Awareness, and Disability Awareness. The African American and Latino wellness series covered topics of Culture and Diet, lived experience in accessing care, Diabetes, Mental Health, and Health Access. These webinars had participation from consumers, community-based organizations, researchers, and providers over 12 weeks of programming.

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 work not only assists with the creation of increased partnerships but also supports those organizations by connecting them to LAC resources and LAC departments that further support member access and case management of high-risk patients who need additional services and supports. This fiscal year, a total of $55,000 was allocated as seed grants to non-profit CBOs who provide services to the underserved.

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. The purpose of this committee is to ensure continued feedback on LAC products and services and to serve as the key committee to provide consumer feedback on the mandatory MCP advisory implementation believed to increase member input on quality and experience issues when accessing care. CO&E staff has been working on a revised engagement model that will allow all LAC departments access consumers for participating in listening sessions, focus groups, and surveys that provide LAC with insights about our members.

I.2.a COMMUNITY PARTNERSHIPS AND ENGAGEMENT

AUTHORS: JOHANNA GONZALEZ & FELICIA GRAY
REVIEWERS: MATTHEW PIRRITANO, PH. D & FELIX AGUILAR, MD

The Quality Improvement (QI) department works with various agencies and organizations that promote cancer screenings, child health, and cardiovascular care. These partnerships are important to developing our interventions and help us work more effectively at targeting common public health issues. During the Fiscal Year 2022-2023, we continued to work with our existing partners but worked with 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 during the COVID-19 Pandemic and improve 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. There were also several social media posts and Instagram Reels that were co-branded with ACS. Some included messaging, such as the colorectal cancer screening mailer that took a health disparity approach by targeting Black/African American L.A. Care members. L.A. Care's Health Promoter Program includes a social media campaign featuring an Instagram reel highlighting an L.A. Care parent and a Medical Director from the American Cancer Society promoting HPV vaccination. The video content has gotten much attention. The HPV reel has demonstrated successful outcomes with the following analytics: 116 engagements, 80 likes, 58 comments, and 2,145 views. Out of the whole social media campaign (six posts in English and Spanish), the Spanish HPV reel performed the best.

The work group lead worked with L.A. Care Health Promoters in developing interventions. The lead of the Behavioral Health workgroup and the Child and Maternal Health workgroup shared materials and interviewed L.A. Care Health Promoters in March 2023, May 2023, and July 2023 to gain some insight into what members would want to see in our materials. Overall, Health Promoters recommended reminder robocalls to be shortened, include mental health resources, and incorporate more visuals and less text. Additionally, the team engaged with the community by gauging their feedback in an after-hours care options campaign. The team received feedback on the robocalls, social media, and handouts. In summary, health promoters suggested including the community resource link and mental health resources and having a health promoter record the robocalls since this would provide more of a peer-to-peer engagement.

Furthermore, L.A. Care Behavioral Health leads joined the NCQA Colonoscopy Collaborative in August 2022 to improve the follow-up rate for positive colorectal cancer screening tests. This yearlong project consisted of monthly meetings with Health Promoters from November 2022 through September 2023. Engaging with the health promoters entailed identifying the root causes of low follow-up rates for positive colorectal cancer screening tests. As a result of that collaboration, Instagram reel videos features four monolingual Spanish-speaking L.A. Care Health Promoters and an FQHC well known in the Latinx community who is Spanish speaking as well. An evaluation will be conducted in 2024 to analyze the impact of the videos and the possibility to feature this at the Community Resource Centers lobby rooms.

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. As a result, in spring 2023, the L.A. Care Health Clinical Initiatives team was introduced to the L.A. County Mobile Testing Unit and discussed a possible screening event, which has led to the coordination of a Blood Lead Screening Event scheduled for late October at the East Los Angeles Community Resource Center. This scheduled event also includes collaboration with Blue Shield and Community Resource Center. This November, we will resume with Continuing Medical Education (CME) on Lead Screening. An expert panel from the California Department of Public Health (CDPH) will present.

L.A. Care worked with St John's Well Child and Family Center, QueensCare Health Centers, and T.H.E. Clinic. We provided them with blood pressure cuffs for L.A. Care members diagnosed with diabetes and hypertension starting in June 2022. As a result, an evaluation compared outcomes in members receiving the intervention and members not participating in the intervention. In total, there were 123 cuffs distributed from April 2022 to October 2022. Seventy-five members (60%) that were distributed cuffs had service dates with a provider between November 2022 and March 2023.

A notable challenge for this evaluation was that some members who received blood pressure cuffs were not part of the controlling blood pressure HEDIS denominator for MY 2022 or MY 2023. Additionally, there was difficulty identifying whether or not members who obtained blood pressure cuffs achieved numerator compliance post-intervention.

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 particularly useful in helping the organization tackle the pandemic while continuing to focus on quality improvement. These partnerships are incredibly valuable as we continue to tackle COVID-19 and health disparities, and we plan to expand our efforts with them 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 information/data on what we do. To that end, the Quality Improvement Initiatives staff have been presenting at either the Executive Community Advisory Committee (ECAC) or Cal Dual Eligible Special Needs Plans (D-SNP) advisory committees. This fiscal year (2022-2023), the QI team presented at eight meetings on topics ranging from Adolescent Health to Diabetes. Due to the ongoing COVID restrictions, Regional Community Advisory Committees (RCAC) meetings have been discontinued until further notice.

On October 03, 2022, the Initiatives team presented on Adolescent Health Robocalls and Social Media Campaigns. ECAC members asked to be notified prior to the robocall campaign date to inform RCACs. Additionally, members asked for more campaigns, more bilingual robocalls, and text messaging and to provide input regarding campaigns more frequently (at least twice a year).

In November of 2022 and February of 2023, the QI Initiatives team presented on Preventive Health Guides (PHG) to the ECAC and the D-SNP advisory committees. The ECAC members requested copies of PHGs before QI mailed them to the membership for review. Additionally, ECAC requested more pictures and suggested an increase in text size. The D-SNP advisory group requested to be notified before new materials are sent to members.

In May of 2023, the QI Initiatives team presented on Colorectal Screening incentive updates. The ECAC members would like to be notified when the incentive program starts.

In March 2023, the QI Initiatives team collaborated with the Pharmacy team to present to the D-SNP advisory committee regarding osteoporosis. Members requested information regarding how to decrease the risk of a bone break or fall and which calcium substitute they can take for lactose intolerant members. The Pharmacy team advised members to consult their doctor regarding calcium supplements. Additionally, members were informed that if
approved by their attending physician, almond milk or tofu are good sources of calcium.

In August and September, the QI Initiatives team presented to the ECAC and D-SNP groups regarding Diabetes- Intervention Updates. ECAC members expressed their preference for text messaging campaigns over robocall campaigns. Additionally, the advisory group suggested the QI Initiatives team make multiple attempts to reach members regarding health screenings, flu, COVID, and regular wellness routine reminders. D-SNP members asked to be notified before robocalls are launched so that they can inform members to expect calls from L.A. Care.

LOOKING FORWARD
- Presenting and collaborating with the member equity councils to increase more Black Indigenous and People of Color (BIPOC) feedback into 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 ACS on branded materials for our members.
- Implement feedback from ECAC, CMC EAC, Equity Councils, Health Promoters, and other advisory groups into our initiatives, campaigns, and interventions.
- Report back the outcomes of the interventions presented.
- 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
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 most recent NCQA survey was in June of 2023. L.A. Care will bring forth its commercial product lines for accreditation during our next Survey in 2026. NCQA accreditation requirements and standards are followed across all L.A. Care departments and incorporated into all applicable operations.

NCQA aligns Health Plan Ratings and Accreditation for consistency and to simplify the scoring methodology for Health Plan Accreditation. To earn Accreditation, L.A. Care must submit annual HEDIS/ CAHPS measures 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 the HEDIS/CAHPS portion of Accreditation.

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 2023 Health Plan Ratings; Medicaid received 3.5 stars, and Medicare received 3.0 stars.

NCQA DISTINCTION IN MULTICULTURAL HEALTH CARE (HEALTH EQUITY ACCREDITATION)

L.A. Care has earned the 2021 Multicultural Health Care Distinction (MHCD) from NCQA. This Distinction was first awarded in 2013 and has been successfully earned every two years. The Distinction recognizes organizations as industry leaders that provide culturally and linguistically appropriate services while reducing healthcare disparities. The goal is to improve healthcare quality, minimize bias, and improve diversity, equity, and inclusion for L.A. Care's multicultural populations. This achievement is a testimony to L.A. Care's commitment and dedication to providing accessible, high-quality multicultural healthcare to our diverse membership. As a result of this distinction, Covered California publically acknowledged L.A. Care as a leader in this area.

Starting with July 2022 surveys, MHCD became Health Equity Accreditation (HEA) with an additional evaluation option, Health Equity Accreditation Plus. Two levels of Health Equity Accreditation programs provide a comprehensive framework organizations can use to elevate and measure health equity goals, deliver culturally and linguistically appropriate services, and reduce disparities. Health Equity Accreditation incorporates MHC's existing standards and raises the bar to a higher degree of equity. L.A. Care is now MHC Accredited through March 2024.

All three product lines (Medi-Cal, Medicare, and Exchange) achieved Accredited and MHC Distinction status. L.A. Care will be resurveyed in December 2023.

I.4 PROVIDER AND MEMBER INCENTIVE PROGRAMS

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PROVIDER INCENTIVES

L.A. Care's Quality Improvement (QI) Department operates Pay-for-Performance (P4P) incentive programs for providers designed to improve clinical quality as measured by Healthcare Effectiveness Data Information Set (HEDIS), member experience measured through the Clinicians and Groups - Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS), access to care, utilization management, timely submission of quality encounter data, auto-assignment, 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 peer-group benchmarking and actionable performance reporting, and deliver value-based revenue tied to quality. Incentives for physicians, community clinics, provider groups, and health plan partners are aligned wherever possible so that L.A. Care's partners pursue common performance improvement priorities and goals. Additionally, these programs incorporate best practices of organizations that provide leadership at the local, state, and national levels, including the Integrated Healthcare Organization (IHA), Department of Health Care Services (DHCS), and Centers for Medicare & Medicaid (CMS).

HEDIS performance in the P4P programs is based on administrative data, which includes the entire eligible population of the HEDIS measure. Hybrid data, which is based on a smaller subset of the eligible population, is not utilized in the programs due to smaller denominators. Therefore, the P4P programs are designed to improve L.A. Care's administrative data capture via encounters and claims, labs, pharmacy, and other allowable supplemental admin data sources.

PHYSICIAN PAY-FOR-PERFORMANCE (P4P) PROGRAM

2022 marked the twelfth year of L.A. Care's Physician P4P Program, which targets high-volume solo and group small-group physicians (with 250+ Medi-Cal members), and Community Clinics (with 1,000+ Medi-Cal members). The Physician P4P Program provides performance reporting and financial rewards for practices serving Medi-Cal members and represents an opportunity to receive significant revenue above capitation. Eligible providers receive annual incentive payments for outstanding performance and improvement on multiple HEDIS measures - fourteen measures were included in 2022, and auto-assignment measures were double-weighted (these have a greater role in determining physician and clinic performance scores and incentive payments). Final performance reports and incentive payments for the MY 2023 Physician P4P Program are scheduled for distribution in the 4th quarter of 2024.

Summary Statistics for the Physician P4P MY 2022 Payments

L.A. Care made incentive payments to 827 solo and small group physicians and 72 community clinics for the MY 2022 Physician P4P Program, totaling $22.1 million:

- Solo payments Per Member Per Month (PMPM): Minimum: $0.00 Median: $0.96 Maximum: $4.06

- Clinic payments PMPM: Minimum: $0.12 Median: $0.98 Maximum: $2.72

1. **Physician P4P Performance Score Trends**

Solo practitioners and community clinics have been measured and scored on numerous HEDIS clinical quality measures over the years in the Physician P4P Program. For scoring reliability, providers are only scored on measures for which they hold sufficient membership - defined as at least ten eligible members in the measure. Providers also only receive an overall performance score if they have at least three scored measures in the program year. Overall performance scores are calculated as an average of all of a provider's scored measures. They can be interpreted as the proportion or percentage of total possible points earned.

a. **Solo Physicians**

Overall, physician performance scores have shown variability between MY 2019 and MY 2022. The mean has generally decreased from MY 2019 to MY 2022, which can likely be attributed to the impacts of the COVID-19 pandemic. While the mean and median performance scores increased in MY 2021 as more members returned to their provider's office for care, they decreased again in MY 2022 and are still lower than they were pre-pandemic. Since the program's inception in 2011, the typical maximum performance score has generally landed in the range of 95-100%. MY 2022's max score increased from the previous year's score of 98.33% to 100.00%. In examining the mean and median scores for solo physicians from the program's inception, pre-pandemic, the scores have generally ranged between 25-33%, with fluctuation from year to year. There can be a number of reasons for this variation, including changes in the measures from regulators - for example, measures being retired, combined, or split; an increase in the number of eligible providers; changes in the measure thresholds and benchmarks, etc. Further analyses will be conducted to understand fully the impact of such factors.

Solos		MY 2019	MY 2020	MY 2021	MY 2022
Performance Scores	Mean	33.32%	28.05%	29.38%	28.33%
	Median	30.27%	23.68%	26.67%	23.33%
	Max	93.33%	94.00%	98.33%	100.00%

b. **Community Clinics**

The Physician P4P Program determines performance scores for community clinics at the clinic organization level, grouping clinic physicians across all of the clinics' locations. This ensures that Community Clinics are measured and rewarded for their total eligible L.A. Care membership and that variability in reported provider-level performance is less of a factor in a Clinic's overall results.

Looking at the most recent four-year trend, Clinic mean and median scores drastically decreased from MY 2019 to MY 2020, which is likely attributable to the impacts of the COVID-19 pandemic. The mean then almost doubled for MY 2021, whereas the median increased only slightly, followed by a decline in both the mean and median for MY 2022. The maximum performance scores also decreased significantly from MY 2019 to MY 2020, followed by an increase from MY 2020 to MY 2021 and a decrease again in MY 2022. Neither the mean, median, or max performance scores have returned to their pre-pandemic levels.

Clinics		MY2019	MY 2020	MY 2021	MY 2022
Performance Scores	Mean	38.63%	14.00%	27.36%	24.76%
	Median	38.95%	22.73%	23.33%	23.58%
	Max	82.63%	57.73%	68.89%	67.00%

However, when looking at performance from the inception of the program, the Physician P4P Program has had a very positive impact on clinic performance, especially when observing how far the clinics have come along since the beginning of the program. Prior to COVID-19, the mean and median performance scores increased from around 20% to 38%, demonstrating an increase of over 15 percentage points. The maximum performance scores also increased from about 45% to 83%, demonstrating an almost 40-percentage point increase. These results for clinics indicate that yearly improvements are shown to be significant over time. The graph below illustrates specifically how clinic organizations have improved throughout the years, with a decline during MY 2020 (COVID year), then rebounding in MY 2021 and dropping again in MY 2022.

Clinics: Average Performance Score: MY 2011 - MY 2022
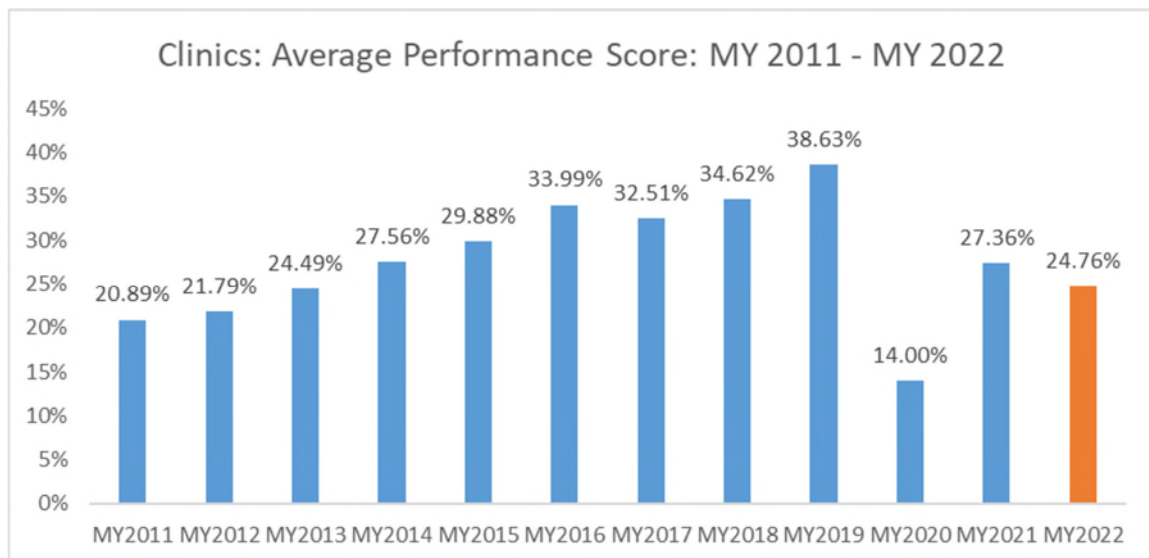
2. Physician P4P Measure Thresholds and Benchmarks Trends
Another form of performance measurement tracking is analyzing measure-specific trends. The Physician P4P program monitors and tracks network-wide performance across the HEDIS measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology. The program's goal is for the thresholds and benchmarks to make steady increases and get closer together over time as network performance is driven upward.

Nine common HEDIS measures were used in the last four program years. In comparing the thresholds and benchmarks between MY 2019 to MY 2022 for these measures, the trend indicates most measures (67%) showed statistically significant improvement, even when taking the effects of COVID-19 into account. The P4P program, in conjunction with many other QI efforts (clinical initiatives, data capture improvements, provider trainings, etc.) have had a positive effect on L.A. Care's HEDIS scores. The thresholds and benchmarks, and network performance will continue to be monitored closely as the program evolves.

The below tables show the results for each measure. Green in the rate changes signifies an increase in the three years, and red signifies a decrease. All changes were found to be statistically significant.

a. <u>**Benchmarks - 95th Percentile (upper end of goal range)**</u>
Out of the nine measures for which comparisons from MY 2019 to MY 2022 were possible, four **(44%)** benchmarks increased, and five **(56%)** benchmarks decreased. Of the nine measures, all **four** of the measures that improved were statistically significant, and all **five** of the measures that declined were deemed statistically significant, as well. It should be noted that most (80%) of the measures where benchmarks declined are Women's Health measures, including two cancer screening measures and two measures for pregnant women.

Measure trends – Benchmarks (95th percentile):

Measure	MY 2019	MY 2020	MY 2021	MY 2022	Rate Change (MY19-MY22)
Asthma Medication Ratio- 5-64 years of age (AMR)	84.62%	90.50%	91.33%	93.79%	**9.17%**
Breast Cancer Screening (BCS)	83.33%	79.17%	75.81%	75.00%	**-8.33%**
Cervical Cancer Screening (CCS)	75.00%	72.98%	71.43%	70.21%	**-4.79%**
Childhood Immunization Status- Combo 10 (CIS)	53.94%	53.69%	56.84%	58.52%	**4.58%**
Chlamydia Screening in Women (CHL)	87.80%	85.71%	86.69%	88.31%	**0.51%**
Immunizations for Adolescents- Combo 2 (IMA)	66.67%	67.47%	64.48%	68.30%	**1.63%**
Prenatal & Postpartum Care- Postpartum Care (PPC)	87.00%	84.15%	88.10%	83.33%	**-3.67%**
Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC)	93.78%	92.45%	92.31%	88.89%	**-4.89%**
Weight Assessment and Counseling for Children/Adolescents – Physical Activity (WCC)	93.03%	88.34%	91.81%	90.96%	**-2.07%**

b. <u>**Thresholds - 50th Percentile (lower end of goal range)**</u>
Out of the nine (9) measures for which comparisons from MY 2019 to MY 2022 were possible, **six (67%)** thresholds increased, and **three (33%)** thresholds decreased. Of the nine measures, **six** that improved were statistically significant, while three that declined were statistically significant declines. It should be noted that all measures where thresholds declined are Women's Health measures, including two cancer-screening measures.

Measure trends – Thresholds (50th percentile):

Measure	MY 2019	MY 2020	MY 2021	MY 2022	Rate Change (MY 19-22)
Asthma Medication Ratio- 5-64 years of age (AMR)	55.56%	57.14%	62.68%	66.67%	11.11%
Breast Cancer Screening (BCS)	59.00%	54.72%	51.43%	52.84%	-6.16%
Cervical Cancer Screening (CCS)	55.29%	53.85%	52.57%	51.81%	-3.48%
Childhood Immunization Status- Combo 10 (CIS)	13.92%	15.50%	17.65%	18.92%	5.00%
Chlamydia Screening in Women (CHL)	63.16%	62.70%	64.71%	65.81%	2.65%
Immunizations for Adolescents- Combo 2 (IMA)	30.77%	32.79%	31.58%	33.33%	2.56%
Prenatal & Postpartum Care- Postpartum Care (PPC)	60.85%	61.54%	63.16%	63.26%	2.41%
Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC)	75.00%	77.97%	76.47%	73.33%	-1.67%
Weight Assessment and Counseling for Children/Adolescents – Physical Activity (WCC)	57.14%	45.63%	56.20%	58.02%	0.88%

DIRECT NETWORK PAY-FOR-PERFORMANCE (P4P) PROGRAM

2022 marked the third year that L.A. Care offered a provider incentive specifically crafted for its Direct Network providers. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of directly contracted Community Clinics and physicians. The Direct Network is L.A. Care's effort to contract directly with providers and perform the administrative services associated with an IPA or Medical Group. The program was developed as a bonus for providers contracted with L.A. Care as the program eligibility rules differ from the Physician P4P provider incentive program. The Direct Network program removed the Medi-Cal minimum membership requirement to allow providers with smaller Direct Network panels to be able to earn an incentive. Similar to the Physician P4P program, this is an opportunity for providers to earn additional revenue above the providers' agreed-upon compensation rates with L.A. Care.

The Direct Network P4P program operates similarly to L.A. Care's VIIP+P4P program in that it measures and pays out on multiple domains (HEDIS, Member Experience, and Utilization Management). The program utilizes the Attainment and Improvement scores for payment. Encounter and claims data is a vital component of the Direct Network P4P program and is the basis of performance scoring and payments, as encounters affect HEDIS performance, utilization data, and member experience results. L.A. Care has developed encounter volume and timeless metrics specific for the Direct Network in 2023; the Encounters domain will be added for payment to the program in 2024. The measures included in the program align with both the Physician P4P program and the Medi-Cal VIIP+P4P programs.

Current Domains and Weighting

Program Domain	Weight of Domain (points)
HEDIS	30
Member Experience	30
Utilization Management	20
Encounters	0
Total	80

Future Domains and Weighting

Program Domain	Weight of Domain (points)
HEDIS	30
Member Experience	30
Utilization Management	20
Encounters	20
Total	100

Summary Statistics for the MY 2022 Direct Network P4P Program

L.A. Care paid out $407k in incentive payments to 76 providers (64 solo practitioners and 12 Community Clinics) for the MY 2022 Direct Network P4P program.

- Provider group payment PMPM statistics:
  - Maximum: $2.78
  - Mean: $0.99
  - Median: $0.87
  - Minimum: $0.22

1. Direct Network P4P Performance Score Trends

As the Direct Network is still in the first few years of operation, statistically significant tracking was not conducted due to low denominator sizes. The HEDIS and Utilization Management domains only considered those members who are assigned to L.A. Care's Direct Network, which provided the ability to narrow the focus on the provider's specific performance for direct network members. However, the decision was made to include the provider's entire Medi-Cal panel for Member Experience because otherwise, the response rate would be too low to calculate the requisite scores, thresholds, and benchmarks.

For scoring reliability in the P4P Program, providers are scored only on measures for which they hold sufficient membership, which is defined by having at least ten eligible members in the HEDIS domain. Domain scores are then created as an unweighted average of the scored measures within the domains. Overall performance scores are assigned to providers if they meet a minimum number of scored measures per domain. Final performance scores are given to the providers after weighting the domain scores and then dividing the total achieved points by the total possible points that could have been earned.

2. Direct Network P4P Threshold and Benchmark Trends

Another form of performance measurement tracking is analyzing measure-specific trends. The Direct Network P4P program monitors and tracks network-wide performance across the HEDIS measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology. The program's goal is for the thresholds and benchmarks to make steady increases and get closer together over time as network performance is driven upward.

a. Direct Network P4P Program Threshold Trends (Lower end of goal range)

The below tables display the thresholds (50th percentile) for the last three completed program years of the Direct Network P4P Program. Out of the thirteen HEDIS measures for which comparisons from MY 2020 to MY 2022 were possible, 6 (46%) thresholds increased and 7 (54%) thresholds decreased. The UM domain had one measure that increased, one that decreased, and one that

remained the same. Of the eight Member Experience measures for which comparisons from MY 2020 to MY 2022 were possible, three (38%) thresholds increased, and 5 (62) thresholds decreased.

HEDIS Domain:

Measure	MY2020	MY2021	MY2022	Rate Change (MY22-MY20)
Asthma Medication Ratio- 5-64 years of age (AMR)	57.14%	62.68%	66.67%	9.53%
Breast Cancer Screening (BCS)	54.72%	51.43%	46.67%	-8.05%
Cervical Cancer Screening (CCS)	53.85%	52.57%	50.97%	-2.88%
Child & Adolescent Well-Care Visits (WCV)	30.81%	37.70%	35.00%	4.19%
Childhood Immunization Status- Combo 10 (CIS-10)	15.50%	17.65%	14.81%	-0.69%
Chlamydia Screening in Women (CHL)	62.70%	64.71%	71.83%	9.13%
Controlling High Blood Pressure (CBP)	20.61%	24.04%	13.72%	-6.89%
Immunizations for Adolescents- Combo 2 (IMA-2)	32.79%	31.58%	33.33%	0.54%
Prenatal & Postpartum Care- Postpartum Care (PPC-Post)	61.54%	63.16%	60.00%	-1.54%
Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre)	77.97%	76.47%	73.08%	-4.89%
Weight Assessment & Counseling for Child/Adolescents- Physical Activity (WCCC)	45.63%	56.20%	60.00%	14.37%
Well-Child Visits in the First 30 Months of Life- First 15 Months of Life (W30a)	30.00%	32.14%	13.33%	-16.67%
Well-Child Visits in the First 30 Months of Life- 15-30 Months of Life (W30b)	54.95%	62.03%	54.66%	-0.29%

Utilization Management Domain*:

Measure	MY2020	MY2021	MY2022	Rate Change (MY22-MY20)
Acute Hospital Utilization	1.14	1.13	0.95	0.19
Emergency Department Utilization	1.42	1.47	1.97	-0.55
Plan All-Cause Readmission	0.85	0.86	0.85	0

Lower is better in the UM Domain

Member Experience Domain:

Measure	MY2020	MY2021	MY2022	Rate Change (MY22-MY20)
Adult Getting Needed Care	59.82%	47.81%	50.75%	-9.07%
Adult Overall Rating of All Health Care	50.51%	61.20%	62.95%	12.44%
Adult Overall Rating of Doctor	58.74%	60.38%	60.32%	1.58%
Adult Timely Care and Service	49.13%	45.35%	45.22%	-3.91%
Child Getting Needed Care	77.30%	55.89%	53.76%	-23.54%
Child Overall Rating of All Health Care	62.52%	74.16%	75.25%	12.73%
Child Overall Rating of Doctor	74.30%	70.73%	69.06%	-5.24%
Child Timely Care and Service	62.92%	59.33%	52.67%	-10.25%

b. **Direct Network P4P Program Benchmark Trends (Upper end of goal range)**
   The table below displays the benchmarks (95th percentile) for the last three completed program years of the MY 2022 Direct Network P4P Program. Out of the thirteen HEDIS measures for which comparisons from MY 2020 to MY 2022 were possible, 7 (54%) benchmarks increased, 5 (38%) benchmarks decreased, and 1 (8%) remained the same. The UM domain had one benchmark that increased, one that decreased, and one that remained the same. All measure benchmarks decreased with the exception of one for the Member Experience domain.

HEDIS Domain:

Measure	MY2020	MY2021	MY2022	Rate Change (MY22-MY20)
Asthma Medication Ratio- 5-64 years of age (AMR)	90.50%	91.33%	93.79%	3.29%
Breast Cancer Screening (BCS)	79.17%	75.81%	63.64%	-15.53%
Cervical Cancer Screening (CCS)	72.98%	71.43%	70.21%	-2.77%
Child & Adolescent Well-Care Visits (WCV)	64.29%	70.36%	70.71%	6.42%
Childhood Immunization Status- Combo 10 (CIS-10)	53.69%	56.84%	69.23%	15.54%
Chlamydia Screening in Women (CHL)	85.71%	86.89%	85.71%	0.00%
Controlling High Blood Pressure (CBP)	68.09%	74.71%	81.82%	13.73%
Immunizations for Adolescents- Combo 2 (IMA-2)	67.47%	64.48%	68.30%	0.83%
Prenatal & Postpartum Care- Postpartum Care (PPC-Post)	84.15%	88.10%	90.00%	5.85%
Prenatal & Postpartum Care- Timeliness of Prenatal Care (PPC-Pre)	92.45%	92.31%	92.31%	-0.14%
Weight Assessment & Counseling for Child/Adolescents- Physical Activity (WCCC)	88.34%	91.81%	91.67%	3.33%
Well-Child Visits in the First 15 Months of Life (W15)	60.33%	64.26%	54.55%	-5.78%
Well-Child Visits in the First 30 Months of Life (W30)	77.78%	87.44%	76.92%	-0.86%

Utilization Management Domain*:

Measure	MY2020	MY2021	MY2022	Rate Change (MY22-MY20)
Acute Hospital Utilization	0.53	0	0	0.53
Emergency Department Utilization	0	0.35	1.03	-1.03
Plan All-Cause Readmission	0	0	0	0

Lower is better in the UM Domain

Member Experience Domain:

Measure	MY2020	MY2021	MY2022	Rate Change (MY22-MY20)
Adult Getting Needed Care	69.86%	66.74%	65.49%	-4.37%
Adult Overall Rating of All Health Care	78.31%	77.95%	77.97%	-0.34%
Adult Overall Rating of Doctor	68.73%	80.31%	75.59%	6.86%
Adult Timely Care and Service	75.10%	65.13%	62.62%	-12.48%
Child Getting Needed Care	79.41%	72.58%	72.45%	-6.96%
Child Overall Rating of All Health Care	90.59%	74.16%	85.93%	-4.66%
Child Overall Rating of Doctor	84.87%	86.78%	84.40%	-0.47%
Child Timely Care and Service	90.60%	79.91%	73.57%	-17.03%

VALUE INITIATIVE FOR IPA PERFORMANCE

MEDI-CAL VIIP+PAY-FOR-PERFORMANCE (VIIP+P4P) PROGRAM
The Medi-Cal Value Initiative for IPA Performance (VIIP) was developed as a strategic tactic guided by L.A. Care's Enterprise Goal 2.2, "…quality performance in the provider network." Utilizing test data from 2013 and 2014, an interdisciplinary collaborative drafted the Measurement Year 2015/Report Year 2016 version of the scoring tool. Domains and measures were developed into separate scores using the CMS-recommended methodology of the "Attainment Score," which is also used in the L.A. Care P4P/Incentives programs. Many domains and measures were tested, including Pharmacy, Compliance, and Network Adequacy. After various iterations, the tool was finalized in February 2016 with a final list of metrics selected for HEDIS, Member Experience with Clinical Groups, Utilization, and Encounter Timeliness.

In 2018, VIIP merged with P4P to align measure performance and reporting, and to make the program stronger with value-based reimbursement. The new program, 'Medi-Cal VIIP+P4P', measures, reports, and provides financial rewards for provider group performance across multiple domains, including clinical quality, utilization, encounters, and member experience. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of high-performing IPAs. The program utilizes the Attainment and Improvement scores for payment. Encounter data is a vital component of the Medi-Cal VIIP+P4P program and is the basis of performance scoring and payments. Encounter volume was added as a measure in the Encounters domain of the program, which reinforces the organization's efforts to increase administrative data capture. The encounter volume metric measures an IPA's overall submission rates, adjusted for membership case mix, and utilizes observed rates vs. expected encounters.

The Medi-Cal VIIP+P4P program has continued to develop in 2022 and 2023 with targeted areas of enhancement. L.A. Care continues to unblind IPA rankings in VIIP so PPGS in the provider network are able to see how their peers have ranked. Additionally, L.A. Care introduced plans of transitioning from peer benchmarks to external benchmarks and shared National Committee for Quality Assurance (NCQA) targets in the program description to serve as a reference point for the network.

Summary Statistics for the Medi-Cal VIIP+P4P MY 2022 Payments

L.A. Care paid out $17.4 million in incentive payments to 51 eligible provider groups for the MY 2022 VIIP+P4P Program.

- Provider group payments PMPM: Minimum: $0.15, Median: $1.05, Maximum: $2.91

1. **VIIP+P4P Performance Score Trends**
   IPAs and medical groups have been measured and scored on numerous industry-standard metrics, including HEDIS clinical quality measures, member experience, encounter data, etc. For scoring reliability, provider groups are scored only on measures for which they hold sufficient membership, which is defined by having at least 30 eligible members in the measure. Domain scores are created then as an unweighted average of the scored measures within the domains. Overall performance scores are assigned to provider groups if they meet a minimum number of scored measures per domain and at least two scored domains overall. Final performance scores are given to the IPAs after weighting the domain scores and then dividing the total achieved points by the total possible points that could have been earned.

   Looking at the most recent three-year trend, the overall IPA performance scores have dropped from MY 2020 to MY 2022 across the maximum, median, and average scores. We do think this is largely still down to the residual effects of COVID-19, in particular with the impact on measures that have

longer lookback periods, like various cancer screening measures. However, there are other factors like changes in the number of groups that have been scored in the program, changes in the performance targets, etc., so more analysis needs to be conducted to determine all of the reasons behind the steady decline. With this said, we are expecting some improvements in MY 2023.

Medi-Cal		MY 2020	MY 2021	MY 2022
Performance Scores	**Mean**	32.41%	29.40%	25.47%
	Median	30.27%	26.34%	22.95%
	Max	81.61%	67.74%	62.45%

2. **VIIP+P4P Measure Thresholds and Benchmarks Trends**

Another form of performance measurement tracking is analyzing measure-specific trends. The VIIP+P4P program monitors and tracks IPA network-wide performance across all of the four VIIP domains and measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology.

In comparing the thresholds and benchmarks between MY 2020 and MY 2022, the trend indicates that a number of measures showed statistically significant improvements, with very few showing significant decreases. This is a positive outlook that many measures are showing a rebound from the low point of the pandemic, with the ongoing efforts of this incentive program, as well as the many QI interventions on critical metrics for L.A. Care, showing an impact.

While trending is provided usually for all four domains (HEDIS, Member Experience, Utilization Management, and Encounters) in the program, Utilization Management has been excluded due to significant specification changes, which have led to data that cannot be trended. The tables below display the measure benchmarks from MY 2020 – MY 2022, and a color-coded rate change. Green in the rate changes signifies an increase in the three years. Red signifies a decrease.

a. **Benchmarks - 95th percentile (upper end of goal range)**

Out of all twenty-two measures for which comparisons from MY 2020 to MY 2022 were possible, **10 (45%)** benchmarks increased, of which **six (27%)** were statistically significant improvements. **12 (54**%) benchmarks decreased, of which only **zero (0%)** were significant declines.

Domains and Measure Results – Benchmarks (95ᵗʰ Percentile):

HEDIS

HEDIS Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY20 - MY22)
Asthma Medication Ratio - Ages 5-64	71.26%	83.33%	85.60%	14.34%
Breast Cancer Screening	72.61%	69.23%	72.11%	-0.50%
Cervical Cancer Screening	68.73%	66.67%	67.76%	-0.97%
Childhood Immunization Status - Combo 10	43.81%	55.22%	47.95%	4.14%
Chlamydia Screening in Women	71.69%	72.66%	80.00%	8.31%
Comprehensive Diabetes Care: Control (<8.0%)	60.00%	56.67%	60.61%	0.61%
Controlling High Blood Pressure	52.30%	62.76%	62.86%	10.56%
Immunizations for Adolescents - Combo 2	59.00%	58.06%	59.76%	0.76%
Prenatal & Postpartum Care: Postpartum Care	81.58%	83.17%	81.29%	-0.29%
Prenatal & Postpartum Care: Timeliness of Prenatal Care	85.57%	86.10%	83.81%	-1.76%
Weight Assessment and Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	74.79%	86.84%	85.25%	10.46%

MEMBER EXPERIENCE

Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 20 - MY 22)
Adult Getting Needed Care	64.48%	61.49%	63.63%	-0.85%
Adult Rating of All Health Care Combined	74.83%	75.53%	75.04%	0.21%
Adult Rating of PCP	79.16%	74.80%	77.45%	-1.71%
Adult Timely Care and Service for PCPs	61.40%	56.45%	58.23%	-3.17%
Child Getting Needed Care	69.74%	64.46%	61.39%	-8.35%
Child Rating of All Health Care Combined	85.38%	82.62%	83.95%	-1.43%
Child Rating of PCP	87.50%	81.05%	79.07%	-8.43%
Child Timely Care and Service for PCPs	71.87%	65.98%	66.86%	-5.01%

ENCOUNTERS

Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 20 - MY 22)
Encounters Timeliness for MCLA	87.62%	94.83%	88.38%	0.76%
Encounters Timeliness for Plan Partners	71.63%	94.65%	79.72%	8.09%
Encounter Volume (PMPY)	8.57	5.2	4.79	-3.78

c. **Thresholds - 50ᵗʰ percentile (lower end of goal range)**

Out of the twenty-two measures for which comparisons from MY 2020 to MY 2022 were possible, **11 (50%)** thresholds increased, of which **seven (32%)** were statistically significant improvements. 11 **(50%)** thresholds decreased, of which only **one (5%)** significantly declined.

Domains and Measure Results – Thresholds (50ᵗʰ Percentile):

HEDIS

HEDIS Measures	Threshold MY2020	Threshold MY2021	Threshold MY2022	Rate Change (MY20 - MY22)
Asthma Medication Ratio - Ages 5-64	58.17%	63.76%	64.84%	6.67%
Breast Cancer Screening	55.38%	51.75%	53.70%	-1.68%
Cervical Cancer Screening	54.63%	52.97%	53.11%	-1.52%
Childhood Immunization Status - Combo 10	20.07%	22.49%	22.11%	2.04%
Chlamydia Screening in Women	63.09%	65.78%	66.56%	3.47%
Comprehensive Diabetes Care: Control (<8.0%)	40.58%	42.18%	44.83%	4.25%
Controlling High Blood Pressure	23.05%	29.00%	34.49%	11.44%
Immunizations for Adolescents - Combo 2	36.00%	34.92%	34.69%	-1.31%
Prenatal & Postpartum Care: Postpartum Care	58.50%	62.71%	61.70%	3.20%
Prenatal & Postpartum Care: Timeliness of Prenatal Care	77.25%	75.62%	74.90%	-2.35%
Weight Assessment and Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	51.74%	65.17%	66.70%	14.96%

MEMBER EXPERIENCE

Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 20 - MY 22)
Adult Getting Needed Care	53.52%	53.03%	54.45%	0.93%
Adult Rating of All Health Care Combined	62.86%	62.20%	64.46%	1.60%
Adult Rating of PCP	64.87%	61.26%	61.45%	-3.42%
Adult Timely Care and Service for PCPs	50.44%	47.50%	48.87%	-1.57%
Child Getting Needed Care	59.18%	54.79%	54.69%	-4.49%
Child Rating of All Health Care Combined	76.24%	74.40%	74.66%	-1.58%
Child Rating of PCP	72.41%	70.65%	68.83%	-3.58%
Child Timely Care and Service for PCPs	62.04%	59.58%	54.30%	-7.74%

ENCOUNTERS

Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 20 - MY 22)
Encounters Timeliness for MCLA	79.16%	81.86%	80.61%	1.45%
Encounters Timeliness for Plan Partners	62.55%	74.42%	63.34%	0.79%
Encounter Volume (PMPY)	4.85	2.81	3.31	-1.54

CAL MEDICONNECT VIIP PROGRAM

L.A. Care launched the Cal MediConnect (CMC) Value Initiative for IPA Performance (VIIP) Program in 2018 to hold CMC participating provider groups accountable for member care using a multitude of industry-standard metrics. The CMC VIIP Program measures and reports on provider group performance across six domains, which include Care Management, Utilization Management, Encounters, HEDIS, Pharmacy, and Member Experience. The program focuses on a core measure set that aims to achieve Quality Withhold targets and improve Stars ratings.
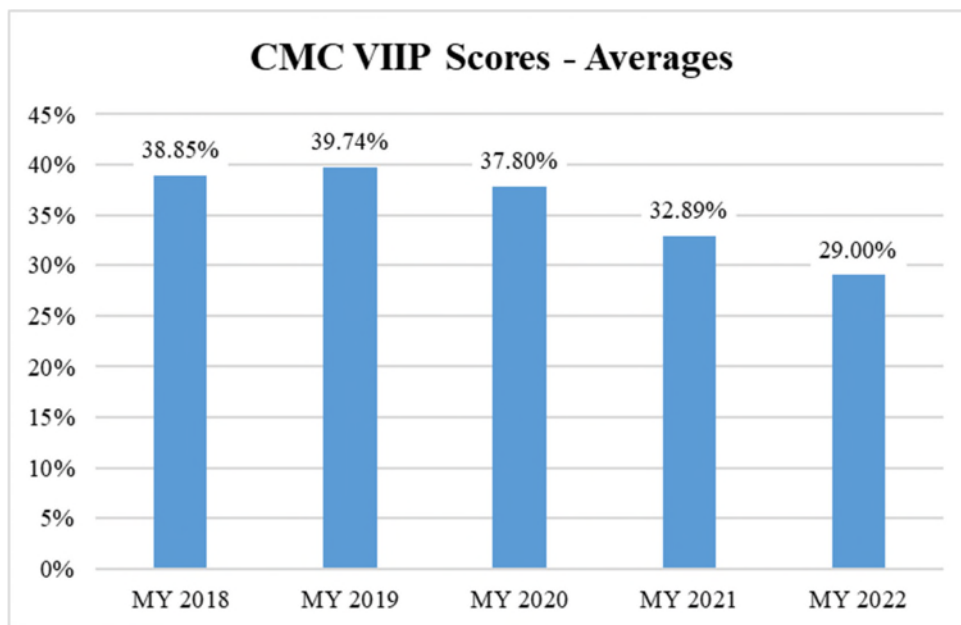
Summary Statistics for the Cal Medi Connect VIIP+P4P MY 2021 Payments

In MY 2022/RY 2023, L.A. Care paid out **$446,601.52** in incentive payments to eligible provider groups for the CMC VIIP Program.

- Provider group payments PMPM:
  - Minimum: $1.14
  - Median: $2.10
  - Average: $2.00
  - Maximum: $3.21

1. **CMC VIIP Performance Score Trends**

Over the past five years, performance scores peaked pre-pandemic in MY 2019. The COVID-19 pandemic has posed quite a challenge to healthcare service delivery in the past two years, and it is reflected in the subsequent downward trend of performance scores. The incentive program can optimize its impact by leveraging gains in Annual Wellness Exams and encouraging the return to routine care and services through the emphasis on screening and chronic disease management and renewed outreach projects.

CMC VIIP Scores - Averages

Year	Score
MY 2018	38.85%
MY 2019	39.74%
MY 2020	37.80%
MY 2021	32.89%
MY 2022	29.00%

2. **CMC VIIP Measure Thresholds and Benchmarks Trends**

In comparing the thresholds and benchmarks between MY 2020 and MY 2022, the trend indicates significant improvements occurring more frequently than significant declines - a trend that offers some optimism in an otherwise difficult period in healthcare service delivery impacted by the ongoing global COVID-19 pandemic. MY 2022 saw the tightening of the range of scores in the control of chronic disease conditions and cancer screenings – with both thresholds and benchmarks improving; decreases in medication adherence, member experience, and utilization management; significant improvement in the Annual Wellness Exam and related screenings; and notable performance in Encounters Timeliness.

a. **Benchmarks - 95th percentile (upper end of goal range)**

Out of all twenty-six measures for comparisons from MY 2020 (or MY 2021) to MY 2022, **13 (50%)** benchmarks improved, **7 (27%)** were statistically significant improvements based on one-tailed z-tests. **13 (50**%) benchmarks decreased, of which only **5 (19%)** showed significant declines based on one-tailed z-tests.

Domains and Measure Results – Benchmarks (95th Percentile):

Green in the rate changes signifies an increase in the three-year period. Red signifies a decrease. The highlighted measures in the table illustrate the increase or decrease.

HEDIS

Improvements were most notable in chronic disease measures, i.e., Controlling High Blood Pressure and both Comprehensive Diabetes Care measures. Care for Older Adults: Functional Assessment measures showed a significant decline.

HEDIS Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 2020 - MY 2022)
Breast Cancer Screening	73.91%	70.05%	74.96%	1.05%
Controlling High Blood Pressure	**55.71%**	**62.76%**	**69.57%**	13.86%
Comprehensive Diabetes Care - Control (A1c < 8)	**68.33%**	**65.22%**	**79.17%**	10.84%
Comprehensive Diabetes Care - Eye Exam	**71.76%**	**82.61%**	**85.71%**	13.95%
Care for Older Adults - Functional Assessment	**80.60%**	**93.55%**	**74.39%**	-6.21%
Care for Older Adults - Medication Review	76.12%	93.55%	75.38%	-0.74%
Care for Older Adults - Pain Screening	80.60%	93.55%	79.27%	-1.33%
Colorectal Cancer Screening	64.96%	68.33%	69.77%	4.81%
Medication Reconciliation Post Discharge	63.46%	76.97%	71.76%	8.30%
Flu Vaccine	80.95%	87.50%	85.71%	4.76%

MEMBER EXPERIENCE

The decline was significant in Disenrollment, Getting Care Quickly, and Getting Needed Care.

Member Experience Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 2020 - MY 2022)
Disenrollment*	**4.31%**	**8.02%**	**6.53%**	-2.22%
Getting Care Quickly	**86.27%**	**81.47%**	**78.68%**	-7.59%
Getting Needed Care	**89.55%**	**84.30%**	**80.79%**	-8.76%
Rating of Health Care Quality	92.72%	91.20%	88.82%	-3.90%

LOWER IS BETTER

UTILIZATION MANAGEMENT

Significant increase in the follow-up after ED visit measures.

Utilization Management Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 2020 - MY 2022)
Plan All Cause Readmission*	5.37%	4.54%	4.20%	1.17%
Follow up after ED Visit for People with Multiple High Risk Chronic Conditions		**38.18%**	**71.19%**	**33.01%**

LOWER IS BETTER

ENCOUNTERS

Significant increases in both Encounter Timeliness and Volume. There was a specification change starting in 2021, so the previous year's data is not comparable.

Encounter Measures	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 2020 - MY 2022)
PHARMACY			
Encounter Timeliness	**82.39%**	**90.42%**	**8.03%**
Encounter Volume (Per Member Per Year)	**17.52**	**18.87**	**1.35**

Decline was significant in Med Adherence for Cholesterol.

Pharmacy Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 2020 - MY 2022)
Part D Medication Adherence for Cholesterol (Statins)	91.18%	84.48%	82.98%	-8.20%
Part D Medication Adherence for Oral Diabetes Medications	94.44%	88.73%	95.00%	0.56%
Part D Medication Adherence for Hypertension	86.27%	87.07%	86.23%	-0.04%

CARE MANAGEMENT

Improvement was significant with Annual Wellness Exams.

Care Management Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 2020 - MY 2022)
Annual Wellness Exams	17.50%	78.43%	66.18%	48.68%
Reducing Risk of Falling	62.50%	60.00%	56.96%	-5.54%
Improving Bladder Control	54.55%	62.28%	53.97%	-0.58%
Mental Health Status	51.06%	51.33%	50.68%	-0.38%
Physical Health Status	42.66%	40.89%	39.35%	-3.31%

b. **Threshold – 50th percentile (lower end of goal range)**
Out of the twenty-six measures for which comparisons from MY 2020 (or MY 2021) to MY 2022 were possible, **15 (58%)** thresholds increased, of which **six (23%)** were statistically significant improvements. **11 (42**%) thresholds decreased, of which **one (4%)** was a significant decline.

Domains and Measure Results – Thresholds (50th Percentile):
Green in the rate changes signifies an increase in the three years. Red signifies a decrease. The highlighted measures in the table illustrate the increase or decrease.

HEDIS

Improvements were significant in Controlling High Blood Pressure and the Care for Older Adults measures.

HEDIS Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 2020 - MY 2022)
Breast Cancer Screening	61.82%	61.47%	65.69%	3.87%
Controlling High Blood Pressure	**42.45%**	**47.34%**	**52.85%**	10.40%
Comprehensive Diabetes Care - Control (A1c < 8)	57.30%	57.23%	65.59%	8.29%
Comprehensive Diabetes Care - Eye Exam	64.86%	68.07%	72.44%	7.58%
Care for Older Adults - Functional Assessment	**42.19%**	**47.32%**	**54.36%**	12.17%
Care for Older Adults - Medication Review	**45.02%**	**48.05%**	**51.05%**	6.03%
Care for Older Adults - Pain Screening	**50.00%**	**48.21%**	**56.07%**	6.07%
Colorectal Cancer Screening	54.68%	60.09%	60.17%	5.49%
Medication Reconciliation Post Discharge	15.48%	27.97%	19.46%	3.98%
Flu Vaccine	64.71%	70.00%	70.37%	5.66%

MEMBER EXPERIENCE

Significant decrease with Disenrollment.

Member Experience Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 2020 - MY 2022)
Disenrollment*	**9.38%**	**20.16%**	**20.53%**	-11.15%
Getting Care Quickly	74.53%	75.13%	73.67%	-0.86%
Getting Needed Care	80.35%	79.40%	77.25%	-3.10%
Rating of Health Care Quality	87.56%	86.43%	84.24%	-3.32%

LOWER IS BETTER

UTILIZATION MANAGEMENT

No significant increase or decrease across Utilization management.

Utilization Management Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 2020 - MY 2022)
Plan All Cause Readmission*	8.20%	9.36%	9.20%	-1.00%
Follow up after ED Visit for People with Multiple High Risk Chronic Conditions		51.38%	51.22%	-0.16%

LOWER IS BETTER

ENCOUNTERS

Significant increase in Encounter Timeliness, with no difference in Volume. There was a specification change starting in 2021, so the previous year's data is not comparable.

Encounter Measures	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 2020 - MY 2022)
Encounter Timeliness	**70.25%**	**77.73%**	**7.48%**
Encounter Volume (Per Member Per Year)	11.29	11.26	-0.03

PHARMACY

No significant increase or decrease across Pharmacy.

Pharmacy Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 2020- MY 2022)
Part D Medication Adherence for Cholesterol (Statins)	79.80%	78.76%	79.56%	-0.24%
Part D Medication Adherence for Oral Diabetes Medications	85.07%	84.11%	82.60%	-2.47%
Part D Medication Adherence for Hypertension	83.47%	81.65%	80.00%	-3.47%

CARE MANAGEMENT

Improvements were significant with Annual Wellness Exams.

Care Management Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 2020 - MY 2022)
Annual Wellness Exams	4.21%	39.98%	48.40%	44.19%
Reducing Risk of Falling	50.82%	53.38%	51.33%	0.51%
Improving Bladder Control	44.19%	48.65%	46.79%	2.60%
Mental Health Status	48.45%	48.45%	49.32%	0.87%
Physical Health Status	41.13%	38.22%	37.57%	-3.56%

L.A. CARE COVERED VIIP PROGRAM

L.A. Care launched the L.A. Care Covered (LACC) Value Initiative for IPA Performance (VIIP) in 2019 in collaboration with the Integrated Healthcare Association (IHA) to align IPA reimbursement with quality outcomes. IHA is a nonprofit organization that manages a statewide 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, and public reporting and fulfills requirements related to L.A. Care's Covered CA contract.

For MY 2022/RY 2023, there were 24 participating groups and 4 pay-out domains, which included HEDIS, Member Experience, Encounters & Utilization Management.

LACC VIIP Measure Thresholds and Benchmarks Trends

With the collaboration with IHA, L.A. Care shares performance data for its LACC contracted groups, for which the data is aggregated across Commercial HMO membership for each of their payers. L.A. Care then uses the performance targets that are generated through the IHA A.M.P. program for its LACC VIIP+P4P Program. IHA also utilizes thresholds and benchmarks to compare performance among IPAs statewide. The thresholds that are displayed below are from IHA and are based on all participating groups in their A.M.P. Program, which L.A. Care's LACC membership and performance helped contribute to the ratings.

In the prior years, L.A. Care used to set the low end of the range (threshold) at the 75th percentile. However, in MY 2020, IHA shifted from the 75th to the 50th percentile in order to account for the COVID-19 impact. After further analysis, the IHA Governance Committee decided to shift to the 50th percentile permanently because this shift would most benefit PPGs performing about the median but below the 75th percentile. This shift now aligns with the targets set for L.A. Care's Medi-Cal and CMC VIIP Programs.

The below tables show the results for each domain and measure. Green in the rate changes signifies an increase in the three years. Red signifies a decrease. Bolded measures indicate whether those changes were significant during this time.

c. **Benchmarks - 95th percentile (upper end of goal range)**

Out of all nineteen measures for which comparisons from MY 2020 to MY 2022 were possible, **eight (42%)** benchmarks increased, of which **four (21%)** were statistically significant improvements. **11 (56**%) benchmarks decreased, of which **two (11%)** were significant declines.

HEDIS Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 20 - MY
Breast Cancer Screening: Ages 52-74 years	83.37%	82.28%	84.74%	1.37%
Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years	70.28%	75.34%	77.40%	7.12%
Cervical Cancer Screening	88.70%	85.87%	84.89%	-3.81%
Chlamydia Screening: Total Rate Ages 16-24 years	67.54%	69.38%	69.24%	1.70%
Colorectal Cancer Screening: Total Rate Ages 46-75 years, Total Rate	75.84%	77.98%	70.90%	-4.94%
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control < 8.0%, Total Rate	69.94%	72.79%	72.16%	2.22%
Proportion of Days Covered by Medications: RAS Antagonists	83.28%	81.98%	82.54%	-0.74%
Proportion of Days Covered by Medications: Diabetes All Class	82.26%	80.84%	80.48%	-1.78%
Proportion of Days Covered by Medications: Statins	81.79%	80.20%	80.54%	-1.25%

UM Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 20- MY 22)
Acute Hospital Utilization: Total Inpatient (Risk-Adjusted)	25.61	24.41	20.92	4.69
Emergency Department Utilization (Risk-Adjusted)	118.07	125.08	133.14	-15.07
All-Cause Readmissions: Male and Female: All Ages (18-64) (Risk-Adjusted)	3.99%	3.76%	3.86%	0.13%

Member Experience Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 20 - MY 22)
Access Composite	67.59%	64.58%	65.34%	-2.25%
Coordination of Care Composite	71.78%	71.32%	69.89%	-1.89%
Overall Ratings of Care Composite (Rating of Doctor & Rating of All Healthcare)	83.00%	81.83%	80.56%	-2.44%
Provider Communication Composite	88.56%	87.50%	86.74%	-1.82%
Office Staff Composite	82.65%	80.73%	80.29%	-2.36%

Encounter Measures	Benchmark MY 2020	Benchmark MY 2021	Benchmark MY 2022	Rate Change (MY 20- MY 22)
Encounter Timeliness	81.29%	88.90%	90.34%	9.05%
Encounter Volume	8.84	10.09	37.73	28.89

d. **Threshold –50th (percentile (lower end of goal range)***

Out of the nineteen measures for which comparisons from MY 2020 to MY 2022 were possible, **11 (56%)** thresholds increased, of which **three (16%)** were statistically significant improvements. **Eight (42**%) thresholds decreased, of which none **1 (5%)** were significant declines.

HEDIS Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 20 - MY 22)
Breast Cancer Screening: Ages 52-74 years	72.88%	72.93%	77.28%	4.40%
Controlling High Blood Pressure <140/90 mm Hg: Ages 18-85 years	47.23%	53.80%	57.73%	10.50%
Cervical Cancer Screening	71.21%	71.71%	71.37%	0.16%
Chlamydia Screening: Total Rate Ages 16-24 years	53.08%	56.35%	54.96%	1.88%
Colorectal Cancer Screening: Total Rate Ages 46-75 years, Total Rate	58.88%	58.29%	51.64%	-7.24%
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control < 8.0%, Total Rate	56.92%	60.15%	58.94%	2.02%
Proportion of Days Covered by Medications: RAS Antagonists	75.45%	76.45%	77.31%	1.86%
Proportion of Days Covered by Medications: Diabetes All Class	72.76%	73.78%	74.59%	1.83%
Proportion of Days Covered by Medications: Statins	72.37%	72.26%	73.26%	0.89%

UM Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 20- MY 22)
Acute Hospital Utilization: Total Inpatient (Risk-Adjusted)	25.61	24.41	20.92	4.69
Emergency Department Utilization (Risk-Adjusted)	118.07	125.08	133.14	-15.07
All-Cause Readmissions: Male and Female: All Ages (18-64) (Risk-Adjusted)	3.99%	3.76%	3.86%	0.13%

Member Experience Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 20 - MY 22)
Access Composite	60.51%	57.08%	53.94%	-6.57%
Coordination of Care Composite	64.02%	63.46%	62.98%	-1.04%
Overall Ratings of Care Composite (Rating of Doctor & Rating of All Healthcare)	74.99%	72.64%	72.03%	-2.96%
Provider Communication Composite	82.92%	81.85%	81.32%	-1.60%
Office Staff Composite	77.00%	75.98%	74.88%	-2.12%

Encounter Measures	Threshold MY 2020	Threshold MY 2021	Threshold MY 2022	Rate Change (MY 20 - MY 22)
Encounter Timeliness	75.78%	74.65%	78.50%	2.72%
Encounter Volume	6.24	7.69	8.68	2.44

IPA Action Plan Engagement and Results

Starting in 2017, the "Action Plan" process was developed by the VIIP Workgroup collaborative, which requested that all IPAs submit Specific, Measurable, Attainable, Relevant, and Time-Bound (S.M.A.R.T.) Action Plan goals for improvement in each one of the VIIP+P4P domains. The methodology and number of IPAs required to submit an Action Plan vary from year to year based on organizational priorities.

In 2023, L.A. Care requested all IPAs within the network to submit an Action Plan for two domains. IPAs had the opportunity to choose measures they wanted to focus on from a priority list that was pre-selected by the VIIP team. The lines of business (LOB) an IPA was responsible for were indicated in their welcome letter. The first domain they were responsible for was Member Experience, and the second domain was either HEDIS or Utilization Management. The VIIP team selected priority measures from the Managed Care Accountability Set (MCAS), Quality Rating System (QRS), and Centers for Medicare & Medicaid Services (CMS) STARS measure sets based on lines of business (LOB). IPAs were able to pick their measures from the following list:

1. Member Experience
    a. Adult Getting Needed Care
    b. Adult Ratings of HealthCare
    c. Adult Ratings of PCP
    d. Adult Timely Care and Service
    e. Child Getting Needed Care
    f. Child Ratings of HealthCare
    g. Child Ratings of PCP
    h. Child Timely Care and Service

2. HEDIS or Utilization Management
    a. Medi-Cal
        i. Well-Child Visits in the First 30 Months of Life: First 15 Months
        ii. Well-Child Visits in the First 30 Months of Life: Age 15 Months-30 Months
        iii. Childhood Immunization Status: Combination 10
        iv. Lead Screening in Children
        v. Follow-Up After Emergency Department Visit for Mental Illness: Follow-Up Within 30 Days of ED Visit
        vi. Topical Fluoride for Children
    b. LACC
        i. Childhood Immunization Status: Combination 10
        ii. Colorectal Cancer Screening
        iii. Controlling High Blood Pressure
        iv. Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control
    c. D-SNP
        i. Breast Cancer Screening
        ii. Colorectal Cancer Screening
        iii. Controlling Blood Pressure
        iv. Diabetes Care - Blood Sugar Controlled
        v. Medication Adherence for Cholesterol (Statins)
        vi. Medication Adherence for Diabetes Medications
        vii. Medication Adherence for Hypertension (RAS Antagonists)

Overall Submissions

- **Action Plan Submission**
  - IPAs were requested to submit an Initial Action Plan (July 2023), an Update Action Plan (October 2023), and a Final Action Plan (January 2024) during the year. It is too early to state the Action Plan success because IPAs and the Plan Partners are still sending in their Final Action Plans, but thus far, 66% (38/58) of IPAs and Plan Partners submitted consistently during every cycle.
    - 45 out of 58 (76%) IPAs submitted their Initial Action Plan
    - 48 out of 58 (83%) IPAs submitted their Update Action Plan
    - 45 out of 58 (76%) IPAs submitted their Final Action Plan*
    - 5 (7%) groups did not submit an Action Plan during any cycle.

*This number is subject to change because IPAs are still submitting their Final Action Plan

Future Direction

Moving forward, we will be figuring out ways to streamline the Action Plan process and make it easier for those submitting. We plan to send out a survey prior to the 2024 Action Plan cycle to get feedback from the PPG network. Additionally, we will continue to analyze the Action Plan data to see how it affects VIIP results.

PLAN PARTNER INCENTIVE PROGRAM

The Plan Partner Incentive program aligns the efforts of L.A. Care with those of its strategic health plan partners as a critical point for improving the outcomes and satisfaction of members. The program formerly consisted of two domains, with a focus on the five administrative auto-assignment HEDIS measures and their largest IPAs' encounter data performance. In 2018, the program was redesigned to mirror the Medi-Cal VIIP+P4P program more closely to create a stronger platform for shared quality improvement strategies between plans and provider groups. The program now measures and rewards plan partners for performance on a broader set of metrics, including clinical quality, utilization, encounters, and member experience. Performance on these metrics also impacts the proportion of members who are auto-assigned to each plan partner. In MY 2019, an additional component was incorporated into the plan partner program to tie a significant proportion of the plan's incentive payment to how their contracted provider groups perform in the Medi-Cal VIIP+P4P program. The Plan Partner Incentive program will continue to utilize these metrics moving forward with targeted areas of modification. Final performance reports and incentive payments for the MY 2022 program were distributed in December 2023. The MY 2023 program is scheduled for final reports and payments for the 4th quarter of 2024.

Summary Statistics for the Plan Partner MY 2022 Payments

L.A. Care paid $6.6 million in incentive payments to the participating plan partners for the MY 2022 plan partner incentive program.

- Plan Partner 1: earned 32.11% of the possible payment, which equates to $0.54 PMPM
- Plan Partner 2: earned 37.43% of the possible payment, which equates to $0.63 PMPM

Plan Partner Incentive Performance Trends

The plan partners have been measured historically on five administrative auto-assignment measures in their incentive program. Beginning with MY 2018, additional domains and measures were added to their incentive program, so the plan partners are now being tracked on (1) HEDIS, (2) Member Experience, (3) Utilization Management, (4) Encounters, and (5) IPA Performance Improvement, for performance measurement, performance scoring, and incentive payments. In MY 2020, an additional measure was added to the IPA Performance Improvement domain for IPA rank improvement based on Plan Partner-

contracted IPA performance in the Medi-Cal VIIP Program. The information and tables below provide a view of their performance by each domain in MY 2022.

1. **HEDIS Measures (14 measures)**

In MY 2022, Plan Partner 1 attained the NCQA 75th Percentile for **two of 14 (14.2%)** HEDIS measures, while Plan Partner 2 attained the NCQA 75th Percentile for **one of 14 (7.1%)** HEDIS measures. Both Plan Partners attained the 75th percentile for NCQA on Chlamydia Screening in Women.

Between MY 2019 and MY 2022, Plan Partner 1 improved on **4 of 10 (40.0%)** HEDIS measures, with **four** of those improvements (**40.0%**) demonstrating statistical significance. During the same timeframe, Plan Partner 2 improved on **6 of 10 (60.0%)** HEDIS measures, with all **six** of those improvements **(60.0%)** demonstrating statistical significance. Both plans saw statistically significant improvements for the following three HEDIS measures: Asthma Medication Ratio, Childhood Immunization Status – Combination 10, and Prenatal and Postpartum Care – Postpartum Care.

Between MY 2019 and MY 2022, Plan Partner 1's performance declined on **6 of 10 (60.0%)** HEDIS measures, of which **four** declines (**40.0%**) were statistically significant. During the same timeframe, Plan Partner 2's performance declined on **4 of 10** (**40.0%**) HEDIS measures, of which all **four** declines (**40.0%**) were statistically significant. Both plans saw statistically significant declines for the following four HEDIS measures: Breast Cancer Screening, Cervical Cancer Screening, Immunizations for Adolescents, and Prenatal and Postpartum Care – Timeliness of Prenatal Care.

*There were an additional two HEDIS measures for which MY 2019 data was not available. Of those two measures, both Plan Partner 1 and 2 improved on **two of two (100%)** measures between MY 2021 and 2022, for both Plans with Plan Partner 2 demonstrating statistical improvements. Those measures were for Child & Adolescent Well-Care Visits. Both plans also saw statistical improvements on one of two (50%) measures between MY 2021 and MY 2022: Well Child Visits in the First 30 Months of Life.

In the tables below, improvements are in green text, declines are in red text, and statistically significant changes are bolded.

Plan Partner 1				
HEDIS Measures	**MY 2019 Rate**	**MY 2020 Rate**	**MY 2021 Rate**	**MY 2022 Rate**	**Rate Change MY 19-MY 22**
Asthma Medication Ratio - Ages 5-64	55.03%	59.92%	60.94%	64.54%	**9.51%**
Breast Cancer Screening	61.67%	56.72%	53.69%	53.71%	**-7.96%**
Cervical Cancer Screening	59.45%	56.65%	54.77%	51.98%	**-7.47%**
Child & Adolescent Well-Care Visits	*N/A*	44.56%	50.18%	45.06%	0.50%
Childhood Immunization Status - Combo 10	21.86%	25.83%	26.03%	23.55%	1.69%
Chlamydia Screening in Women	63.76%	62.06%	64.05%	63.87%	0.11%
Comprehensive Diabetes Care - Control (A1c < 8)	45.89%	44.36%	44.47%	45.06%	-0.83%
Controlling High Blood Pressure	27.27%	22.56%	30.77%	33.46%	**6.19%**
Immunizations for Adolescents - Combo 2	37.88%	37.68%	35.90%	35.08%	**-2.80%**
Prenatal and Postpartum Care - Postpartum Care	61.05%	63.63%	64.50%	64.02%	**2.97%**
Prenatal and Postpartum Care - Timeliness of Prenatal Care	78.66%	78.49%	77.87%	75.49%	**-3.17%**
Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	58.59%	54.25%	61.09%	58.43%	-0.16%

Plan Partner 1					
Well-Child Visits in the First 30 Months of Life: First 15 Months	*N/A*	*N/A*	35.52%	35.55%	0.03%
Well-Child Visits in the First 30 Months of Life: 15 Months-30 Months	*N/A*	*N/A*	61.79%	64.02%	**2.23%**

Plan Partner 2					
HEDIS Measures	**MY 2019 Rate**	**MY 2020 Rate**	**MY 2021 Rate**	**MY 2022 Rate**	**Rate Change MY 19-MY 22**
Asthma Medication Ratio - Ages 5-64	55.00%	60.88%	59.01%	61.50%	**6.50%**
Breast Cancer Screening	58.54%	54.77%	52.33%	55.46%	**-3.08%**
Cervical Cancer Screening	61.69%	58.24%	54.74%	54.93%	**-6.76%**
Child & Adolescent Well-Care Visits	*N/A*	36.66%	45.58%	46.40%	**9.74%**
Childhood Immunization Status - Combo 10	24.97%	27.85%	27.29%	26.89%	1.92%
Chlamydia Screening in Women	65.16%	64.80%	66.67%	68.50%	**3.34%**
Comprehensive Diabetes Care - Control (A1c < 8)	34.28%	36.88%	39.98%	43.86%	**9.58%**
Controlling High Blood Pressure	24.02%	24.43%	34.65%	40.25%	**16.23%**
Immunizations for Adolescents - Combo 2	39.92%	39.23%	36.96%	37.31%	-2.61%
Prenatal and Postpartum Care - Postpartum Care	57.06%	58.22%	61.11%	65.65%	**8.59%**
Prenatal and Postpartum Care - Timeliness of Prenatal Care	78.56%	76.87%	78.06%	75.32%	**-3.24%**
Weight Assessment & Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	59.80%	48.92%	61.21%	61.58%	1.78%
Well-Child Visits in the First 30 Months of Life: First 15 Months	*N/A*	*N/A*	34.29%	39.07%	**4.78%**
Well-Child Visits in the First 30 Months of Life: 15 Months-30 Months	*N/A*	*N/A*	55.11%	58.70%	**3.59%**

2. Member Experience Measures (8 measures)

Between MY 2019 and MY 2022, both Plan Partner 1 and 2 improved on **2 (25.0%)** measures in the Member Experience domain, and Plan Partner 1 had **2 (25.0%)** statistically significant improvements. Plan Partner 1 improved on the following two measures: Child Timely Care and Service for PCPs and Child Rating of All Healthcare Combined. Plan Partner 2 improved on the following two measures: Adult Rating of All Healthcare Combined and Child Rating of PCP.

Between MY 2019 and MY 2022, Plan Partner 1 declined on **6 (75.0%)** Member Experience measures, **four (50%)** of which were statistically significant. During the same timeframe, Plan Partner 2's performance also declined on **6 (75.0%)** Member Experience measures, **four (50%)** of which were statistically significant. Both plans declined on the following three measures: Adult Timely Care and Service for PCPs, Adult Getting Needed Care Combined, Adult Rating of PCP, and Child Getting Needed Care Combined.

In the tables below, improvements are in green text, declines are in red text, and statistically significant changes are bolded.

Plan Partner 1					
Member Experience Measures	**MY 2019 Rate**	**MY 2020 Rate**	**MY 2021 Rate**	**MY 2022 Rate**	**Rate Change**
Adult Timely Care and Service for PCPs	66.84%	55.05%	46.71%	46.89%	**-19.95%**
Adult Getting Needed Care Combined	60.44%	53.67%	49.63%	50.85%	**-9.59%**

Plan Partner 1					
Member Experience Measures	**MY 2019 Rate**	**MY 2020 Rate**	**MY 2021 Rate**	**MY 2022 Rate**	**Rate Change**
Adult Rating of All Healthcare Combined	68.07%	59.37%	58.42%	60.92%	**-7.15%**
Adult Rating of PCP	66.89%	62.31%	54.19%	62.45%	**-4.44%**
Child Timely Care and Service for PCPs	54.92%	61.02%	62.38%	57.99%	**3.07%**
Child Getting Needed Care Combined	53.78%	58.62%	56.24%	53.62%	-0.16%
Child Rating of All Healthcare Combined	70.52%	70.96%	75.61%	72.88%	**2.36%**
Child Rating of PCP	69.68%	70.98%	75.37%	68.88%	-0.80%

Plan Partner 2					
Member Experience Measures	**MY 2019 Rate**	**MY 2020 Rate**	**MY 2021 Rate**	**MY 2022 Rate**	**Rate Change**
Adult Timely Care and Service for PCPs	51.87%	48.32%	44.27%	44.64%	**-7.23%**
Adult Getting Needed Care Combined	56.63%	55.52%	57.81%	56.32%	-0.31%
Adult Rating of All Healthcare Combined	61.77%	66.58%	61.70%	66.81%	**5.04%**
Adult Rating of PCP	66.15%	70.65%	65.06%	61.80%	**-4.35%**
Child Timely Care and Service for PCPs	59.33%	56.16%	60.94%	49.20%	**-10.13%**
Child Getting Needed Care Combined	56.36%	54.63%	52.09%	49.72%	**-6.64%**
Child Rating of All Healthcare Combined	73.22%	74.91%	75.29%	71.75%	-1.47%
Child Rating of PCP	65.04%	74.67%	69.39%	66.91%	**1.87%**

3. **Utilization Management Measures (3 measures)**

Between MY 2019 and MY 2022, both Plan Partner 1 and 2 improved on **one (33.3%)** measure in the Utilization Management (UM) domain, Emergency Department Utilization, and neither had statistically significant improvements.

Between MY 2019 and MY 2022, both Plan Partners 1 and 2 declined on the same **1 (33.3%)** UM measures, Acute Hospital Utilization and Plan All-Cause Readmissions, and neither had statistically significant declines for the two measures.

In the tables below, improvements are in green text, declines are in red text, and statistically significant changes are bolded. Rates are displayed on an observed over-expected ratio. Lower scores are better in the Utilization Management domain.

Plan Partner 1					
Utilization Management Measures	**MY 2019 Rate**	**MY 2020 Rate**	**MY 2021 Rate**	**MY 2022 Rate**	**Rate Change**
Acute Hospital Utilization	0.93	1.31	1.29	0.74	0.55
Plan All-Cause Readmission	5.32%	8.15%	7.05%	6.42%	0.01
Emergency Department Utilization	2.57	1.60	1.66	1.71	-0.86

Plan Partner 2					
Utilization Management Measures	MY2019 Rate	MY2020 Rate	MY2021 Rate	MY2022 Rate	Rate Change
Acute Hospital Utilization	0.96	1.12	1.36	0.83	-0.13
Plan All-Cause Readmission	5.28%	7.62%	6.58%	6.31%	0.01
Emergency Department Utilization	2.68	1.67	1.73	1.83	-0.85

4. **Encounter Measures (2 measures)**

Between MY 2019 and MY 2022, both plan partners saw statistically significant improvements in their encounter timeliness. *For encounter volume, the MY 2019 data was excluded as we established a specification change and is inconsistent with MY 2020 through MY 2022 data. However, both saw statistically significant improvements in their encounter timeliness between MY 2021 and MY 2022.

In the tables below, improvements are in green text; statistically significant changes are bolded.

Plan Partner 1					
Encounter Measure	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Rate Change
Plan Partner Encounter Volume (PMPY)	N/A	5.75	6.37	6.53	0.78
Plan Partner Encounter Timeliness	66.78%	63.91%	70.84%	69.84%	**3.06%**

Plan Partner 2					
Encounter Measure	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Rate Change
Plan Partner Encounter Volume (PMPY)	N/A	5.23	5.49	6.2	**0.97**
Plan Partner Encounter Timeliness	20.30%	54.71%	74.46%	60.32%	**40.02%**

5. **IPA Performance Improvement (2 measures)**

Between MY 2019 and MY 2022, both Plan Partners saw declines in the percentage of their IPAs' scores improving year over year for the Medi-Cal VIIP+P4P program, although Plan Partner 2 did see an improvement in the percentage of their IPAs' ranks improving year over year.

In the tables below, improvements are in green text; declines are in red text. This domain is not evaluated for statistically significant changes in rates for determining credit in the incentive program.

Plan Partner 1					
IPA Improvement Measure	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Rate Change
Score Improvement	79.41%	38.71%	32.35%	39.39%	**-40.02%**
Rank Improvement	58.82%	41.94%	41.18%	57.58%	-1.24%

Plan Partner 2					
IPA Improvement Measure	MY 2019 Rate	MY 2020 Rate	MY 2021 Rate	MY 2022 Rate	Rate Change
Score Improvement	68.57%	52.94%	41.18%	46.88%	**-21.69%**
Rank Improvement	45.71%	58.82%	52.94%	53.13%	**7.42%**

PROVIDER INCENTIVES: PROGRAM OPERATIONS AND MANAGEMENT IN 2023

- The VIIP and Incentives workgroups discussed, tested, and determined the final list of metrics and scoring methodology for each of the 2023 programs. This included measure changes in HEDIS, Member Experience, Utilization, Encounters, Care Management, and Medication Management, as well as domain weighting changes. All updates were captured in the program descriptions and announced to the network in Q1 2023.
- The VIIP 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 HEDIS, the Action Plan process, encounter data submission, member experience, and more. We have found this method to be effective in reaching a wide audience. Therefore, we will continue to use this medium for communication on a regular basis.
- VIIP Collaborative meetings with the Plan Partners occurred regularly throughout 2023. These meetings included subject matter experts from Anthem Blue Cross and Blue Shield Promise to discuss VIIP operational issues, data and reporting, and program planning. In addition, larger quality improvement efforts were shared and discussed.
- Ad-hoc meeting requests from plan partners, IPAs and MSOs, clinics, and physicians were fulfilled by Incentives staff over the phone and in-person by visiting practices to discuss the intricacies of the P4P program, discuss best practices, discuss QI interventions, provide general support, and more.
- QI staff participated in Joint Operations Meetings (JOMs) with IPAs to discuss quality, reporting, and performance. In addition to participating in JOMs, QI staff met with select IPAs for formal QI-IPA-specific meetings, working with them in-depth on performance in specified domains from VIIP, as well as other issues and concerns. All of these occurred throughout the first half of the year and as needed throughout the second half of the year.
- Mid-year reporting to support the network included monthly HEDIS/UM provider opportunity/gaps in care reports, quarterly encounter reports, annual CG-CAHPS reporting, and distribution of updated thresholds and benchmarks. These reports help providers track progress toward achieving P4P targets.
- IPAs were requested to complete and update action plans three times during 2023 (July, October, and January 2024), with L.A. Care and plan partner staff providing feedback to the IPAs after each submission.
- Top performing practitioners and community clinics from the MY 2021 Physician P4P Program were identified and recognized in an article published in L.A. Care's Spring 2023 Progress Notes newsletter. In addition, these providers were sent a plaque of recognition in addition to their incentive payments.
- L.A. Care held its annual Provider Recognition Event. The event was used as a platform to recognize formally the top-performing practitioners, community clinics, and IPAs for MY 2021.

The event was celebrated in person for the first time since the COVID-19 pandemic began. Other recognition efforts included written articles, website posting, and setting up billboards for the winners.

FUTURE DIRECTION

Planning for the measurement year 2024 programs and future program years are currently ongoing. Domains, measures, weighting, scoring methodology, etc., are being discussed with targeted enhancements. We continue to seek ways to improve the programs so that they keep in line with industry standards, continue to drive quality care and outcomes, and challenge providers to meet high-performance targets. Examples of potential program updates are provided below:

- **Introducing new metrics:**
    - Medical record request
    - Compliance sanctions
- **The Action Plans Process:**
    - Future focus on member experience
    - Requiring the plan partners to complete action plans
    - Implementing an action plan escalation process to ensure IPAs complete action plans
- **New P4P Programs for Hospitals and Skilled Nursing Facilities:**
    - Planned launch in 2024
- **Introduce new domains in the Physician P4P Program:**
    - Utilization
    - Member Experience
- **External benchmarking:**
    - Utilizing state or national benchmarks to get the network performing to the next level.
    - Using MPLs and HPLs
- **Additional analytics to support providers:**
    - Enhanced reporting to show missed opportunities
    - Improved education on data submission requirements and HEDIS specs
- **Enhanced investment in communications**
    - More face-to-face meetings with providers and office staff
    - More online/phone-based meetings (webinars)
    - Simpler marketing collateral and messaging.
    - More program visibility on L.A. Care's website and provider newsletters (print-based, online, portal, etc.)
- **Continued alignment with the industry on value-based metrics:**
    - Collaborate with the Integrated Healthcare Association to align performance measures (e.g., Core Measure Set).
    - Monitor and adopt other Center for Medicare & Medicaid Services (CMS) & Department of Health Care Services (DHCS) Value-Based Program metrics and methodologies.
- **Public reporting and recognition events**
    - Expanding the recognition & rewarding of top performers.
    - Transparency of rankings within the network to spur motivation.
    - Reporting results publicly in the future in addition to in-network transparency.
- **Survey all lines of business regarding the incentive programs**
    - Satisfaction with the program
    - Suggestions for improvement

MEMBER INCENTIVES

L.A. Care's member incentives are designed to encourage members to proactively seek needed care and offer eligible members an opportunity to be rewarded for health and wellness activities. L.A. Care runs

member incentive programs for postpartum care, flu vaccinations, and other health and wellness activities that are managed by other teams within L.A. Care. Those program evaluations are covered in our sections of the QI Evaluation, including the final impact of those programs on both administrative and hybrid HEDIS rates, return on investment, as well as other qualitative and quantitative analyses.

The QI Incentives team operated the following incentive in 2023 to improve member utilization of critical clinical services. Other teams managed other L.A. Care member incentive programs, and the results can be found in their respective sections.

Childhood Immunization Status (MCLA, LACC)

The Childhood Immunization Status - Combination 10 (CIS-10) measure 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 is offering a $100 incentive to offset some of the costs incurred by the parents for attending a medical visit, including transportation and potential lost income. The member incentive gift card options include local gas stations, supermarkets, and big box stores.

CIS-10 was a Managed Care Accountability Set (MCAS) measure held to the Minimum Performance Level (MPL) – NCQA 50th Percentile for Medi-Cal, as well as a Quality Transformation Initiative (QTI) measure – National 66th Percentile for L.A. Care Covered in MY 2023. For the MCLA line of business, the goal of the CIS Member Incentive Program is to get L.A. Care's performance to above MPL, while for the LACC line of business, the goal is to get L.A. Care's performance to above QTI. For MY 2023, the goal was to improve on MY 2022's performance by 3%.

Due to competing priorities, both within the Incentives Team and among other departments involved in supporting the incentive, the CIS-10 member incentive did not launch until mid-September 2023 for MCLA and November for LACC. Therefore, the program will be evaluated after one year of data is available (the incentive will continue in MY 2024).

In total, there were 84 members awarded year-to-date for 2023:
- 73 MCLA members out of 658 who received the incentive offer (data through 11/30/23)
- 11 LACC members out of 11 who received the incentive offer (data through 11/30/23)

FUTURE DIRECTION

Member incentive programs for 2024 are being discussed and developed in the various QI workgroups, with a focus on high-impact measures. Potential programs for specific health behaviors, as well as program design and incentive award type/amount, are being discussed currently. Within QI, we are increasingly thinking of new innovative ways to design, launch, and operate member incentive programs. This includes potentially partnering with our IPAs and clinics on programs, targeting specific disparities, thinking of alternative ways to communicate and market the programs, enhancements in how we determine eligibility, determining awarding, facilitating the award transactions, etc.

2023 marked another year of Customer Motivators acting as L.A. Care's contracted member incentive fulfillment vendor. Customer Motivators fulfills awarding for members in five-member incentive programs managed by various departments. An in-depth review of key performance metrics such as members awarded, total program costs, and member grievances is underway.

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 on the quality of service they provide to their patients. Many were not aware of how to access and use reports or of the resources available to them on the LAC provider portal and website. 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) 2022. This effort included record collection, abstraction, and additional pursuit of noncompliant samples. This effort started in January and ran until the May 6th NCQA deadline. The project included 8,000 chart requests.
- HEDIS MY 2022 largely represented a year of continuing to getting back to pre-COVID rates. 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 in large part to access issues.
  - Summary of reporting changes, which impacted HEDIS MY 2022:
    - DHCS announced Plans would be held to the Managed Care Accountability Set (MCAS) 50th percentile for the Minimum Performance Level (MPL) and would be financially penalized for measures that failed to meet the MPL. The L.A. Care team put their focus towards monitoring performance of these measures.
    - NCQA continued with the Accreditation methodology to score based on Health Plan Ratings in MY 2022. The LAC rating was reported as a 3.5with the raw score being slightly higher than MY 2021.
    - L.A. Care completed its 5th 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 2022 was the Cognizant ClaimSphere Engine. LAC collaborated with Cognizant to continue producing: (1) Provider Opportunity Reports (POR), a high-level summary on the open gaps in care by measure/group/provider, and (2) Gap In Care Reports (GIC), in which member-level details are used to identify and target members by measure. 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. Rates for the DHCS MCAS measures are tracked by each of the sub-populations, and total Medi-Cal performance is ranked throughout the year.

o This year L.A. Care started 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 report, 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	Admin Rate	# to reach 33.33rd	# to reach 50th	# to reach 90th
BCSC	CBP	Controlling High Blood Pressure	H	20.34%	MET	MET	7
BSCP	CBP	Controlling High Blood Pressure	H	43.18%	MET	MET	1
KAIS	CBP	Controlling High Blood Pressure	H	28.57%	MET	MET	MET
MCLA_DHS	CBP	Controlling High Blood Pressure	H	30.61%	MET	MET	4
Medi_Cal	CBP	Controlling High Blood Pressure	H	34.95%	MET	MET	26
BCSC	CCS	Cervical Cancer Screening	H	40.91%	5	10	15
BSCP	CCS	Cervical Cancer Screening	H	61.22%	MET	MET	MET
KAIS	CCS	Cervical Cancer Screening	H	59.52%	MET	MET	MET
MCLA_DHS	CCS	Cervical Cancer Screening	H	24.56%	12	16	21
Medi_Cal	CCS	Cervical Cancer Screening	H	48.61%	MET	13	50
BCSC	CIS	Childhood Immunization Status	H	33.33%	MET	MET	13
BSCP	CIS	Childhood Immunization Status	H	25.37%	MET	4	14
KAIS	CIS	Childhood Immunization Status	H	42.86%	MET	MET	7
MCLA_DHS	CIS	Childhood Immunization Status	H	36.84%	MET	MET	3
Medi_Cal	CIS	Childhood Immunization Status	H	29.93%	MET	MET	59
BCSC	HBD	HbA1C Poor Control >9.0%	H	29.09%	MET	MET	MET
BSCP	HBD	HbA1C Poor Control >9.0%	H	31.11%	MET	MET	MET
KAIS	HBD	HbA1C Poor Control >9.0%	H	24.32%	MET	MET	MET
MCLA_DHS	HBD	HbA1C Poor Control >9.0%	H	35.48%	MET	MET	MET
Medi_Cal	HBD	HbA1C Poor Control >9.0%	H	35.77%	MET	MET	-25
BCSC	IMA	Immunizations for Adolescents	H	33.04%	MET	1	16
BSCP	IMA	Immunizations for Adolescents	H	38.10%	MET	MET	11
KAIS	IMA	Immunizations for Adolescents	H	52.08%	MET	MET	MET
MCLA_DHS	IMA	Immunizations for Adolescents	H	11.76%	1	2	4
Medi_Cal	IMA	Immunizations for Adolescents	H	36.50%	MET	MET	39

Reporting Population	Base Measure ID	Sub Measure Description	Measure Type	Admin Rate	# to reach 33.33rd	# to reach 50th	# to reach 90th
BCSC	LSC	Lead Screening in Children	H	55.17%	5	14	25
BSCP	LSC	Lead Screening in Children	H	47.76%	10	16	25
KAIS	LSC	Lead Screening in Children	H	60.71%	1	7	14
MCLA_DHS	LSC	Lead Screening in Children	H	42.11%	2	4	6
Medi_Cal	LSC	Lead Screening in Children	H	53.28%	MET	39	104
BCSC	PPC	Timeliness of Prenatal Care	H	77.55%	MET	MET	2
BSCP	PPC	Timeliness of Prenatal Care	H	88.64%	MET	MET	MET
KAIS	PPC	Timeliness of Prenatal Care	H	94.44%	MET	MET	MET
MCLA_DHS	PPC	Timeliness of Prenatal Care	H	52.63%	MET	1	2
Medi_Cal	PPC	Timeliness of Prenatal Care	H	80.00%	MET	MET	3
BCSC	PPC	Post-Partum Care	H	57.14%	MET	1	5
BSCP	PPC	Post-Partum Care	H	63.64%	1	3	6
KAIS	PPC	Post-Partum Care	H	75.00%	MET	MET	1
MCLA_DHS	PPC	Post-Partum Care	H	63.16%	MET	MET	MET
Medi_Cal	PPC	Post-Partum Care	H	65.93%	MET	MET	10
BCSC	BCS	Breast Cancer Screening	A	53.71%	MET	MET	1540
BSCP	BCS	Breast Cancer Screening	A	55.35%	MET	MET	830
KAIS	BCS	Breast Cancer Screening	A	82.95%	MET	MET	MET
MCLA_DHS	BCS	Breast Cancer Screening	A	48.46%	MET	413	2122
Medi_Cal	BCS	Breast Cancer Screening	A	55.10%	MET	MET	8123
BCSC	CHL	Chlamydia Screening in Women	A	64.06%	MET	MET	639
BSCP	CHL	Chlamydia Screening in Women	A	68.71%	MET	MET	MET
KAIS	CHL	Chlamydia Screening in Women	A	65.68%	MET	MET	200
MCLA_DHS	CHL	Chlamydia Screening in Women	A	68.22%	MET	MET	MET
Medi_Cal	CHL	Chlamydia Screening in Women	A	67.71%	MET	MET	97
BCSC	FUA	30-Day Follow-Up After ED Visit for Substance Use	A	26.21%	MET	MET	101
BSCP	FUA	30-Day Follow-Up After ED Visit for Substance Use	A	22.21%	MET	MET	159
KAIS	FUA	30-Day Follow-Up After ED Visit for Substance Use	A	31.93%	MET	MET	3
MCLA_DHS	FUA	30-Day Follow-Up After ED Visit for Substance Use	A	21.85%	MET	MET	308
Medi_Cal	FUA	30-Day Follow-Up After ED Visit for Substance Use	A	26.15%	MET	MET	783

Reporting Population	Base Measure ID	Measure Description	Measure Type	Admin Rate	# to reach 33rd	# to reach 50th	# to reach 90th
BCSC	FUM	30-Day Follow-Up After ED Visit for Mental Illness	A	40.40%	120	219	491
BSCP	FUM	30-Day Follow-Up After ED Visit for Mental Illness	A	32.58%	267	377	677
KAIS	FUM	30-Day Follow-Up After ED Visit for Mental Illness	A	52.61%	MET	15	145
MCLA_DHS	FUM	30-Day Follow-Up After ED Visit for Mental Illness	A	29.05%	362	484	817
Medi_Cal	FUM	30-Day Follow-Up After ED Visit for Mental Illness	A	35.70%	958	1974	3810
BCSC	W30	Well-Child Visits in the First 15 Months	A	36.63%	402	519	840
BSCP	W30	Well-Child Visits in the First 15 Months	A	39.89%	268	368	642
KAIS	W30	Well-Child Visits in the First 15 Months	A	76.96%	MET	MET	MET
MCLA_DHS	W30	Well-Child Visits in the First 15 Months	A	54.18%	MET	14	121
Medi_Cal	W30	Well-Child Visits in the First 15 Months	A	45.63%	654	1550	3368
BCSC	W30	Well-Child Visits in the 15 to 30 Months	A	63.94%	MET	139	1039
BSCP	W30	Well-Child Visits in the 15 to 30 Months	A	58.46%	213	433	1151
KAIS	W30	Well-Child Visits in the 15 to 30 Months	A	71.26%	MET	MET	317
MCLA_DHS	W30	Well-Child Visits in the 15 to 30 Months	A	64.70%	MET	18	204
Medi_Cal	W30	Well-Child Visits in the 15 to 30 Months	A	62.64%	MET	1119	5403
BCSC	WCV	Child and Adolescent Well-Care Visits	A	45.20%	903	7814	36649
BSCP	WCV	Child and Adolescent Well-Care Visits	A	46.48%	MET	3960	26225
KAIS	WCV	Child and Adolescent Well-Care Visits	A	53.86%	MET	MET	9036
MCLA_DHS	WCV	Child and Adolescent Well-Care Visits	A	41.76%	1323	2450	7156
Medi_Cal	WCV	Child and Adolescent Well-Care Visits	A	46.64%	MET	18969	133101

Table 2. Results of PASC-SEIU Rates

Reporting Population	Base Measure ID	Measure Description	Rate
PASC	BCS-E	Breast Cancer Screening (BCS-E)	52.20%
PASC	CBP	Controlling High Blood Pressure (CBP)	20.04%
PASC	CCS	Cervical Cancer Screening (CCS)	48.83%
PASC	COL	Colorectal Cancer Screening (COL)	17.28%
PASC	COL-E	Colorectal Cancer Screening (COL)	35.66%
PASC	DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) Depression Screening: Age 65+ Years Old	0.00%
PASC	DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) Depression Screening: 18-64 Years Old	0.62%
PASC	DSF-E	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) Follow-Up for Age 18-64 Years Old	50.00%
PASC	HBD	Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1C Poor Control >9.0%	55.72%
PASC	HBD	Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1C Control <8.0%	37.42%
PASC	PPC	Prenatal and Postpartum Care (PPC) - Post Partum Care	57.14%
PASC	PPC	Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	57.14%
PASC	WCV	Child and Adolescent Well-Care Visits (WCV)	18.18%

- For HEDIS MY 2022, L.A. Care successfully completed the HEDIS project and passed audits with both the contracted NCQA audit firm (Advent Advisory) and the State DHCS audit firm (HSAG (Health Services Advisory Group).
- HEDIS resources: QPM staff updates HEDIS guides annually based on the Technical Specifications released by NCQA. Included are the HEDIS Measure Guide, Measure Coding Guide to HEDIS, HEDIS Hybrid Measure Pocket Guide, and Telehealth Guide. The HEDIS Measure Guide provides information about the eligible population, codes for compliance, and documentation needed in the medical record for each of the measures. The Measure Coding Guide details guidance to providers to submit HEDIS services to reduce the need for medical record collection for hybrid measures. The Pocket Guide gives providers quick tips at a glance, and the Telehealth Guide was created to give providers guidance on the newly released changes to the HEDIS specifications due to COVID-19. All guides are distributed as QPM staff conducts practitioner outreach to offices providing HEDIS/CAHPS education and review of HEDIS gaps in care reports.

MAJOR ACCOMPLISHMENTS
- Outreach in 2023 targeted 3,020 primary care providers—all PCPs except for Kaiser and DHS. L.A. Care QPM/HEDIS, Blue Shield Promise, and Anthem staff conducted 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 of the offices were appreciative of the education as the visits helped them to understand better HEDIS and CAHPS data submission and how it affects their overall performance.
- Staff conducted telephonic and WebEx meetings with providers due to COVID-19 where in years prior to COVID, most visits were onsite. QPM staff has forged positive relationships with the provider office staff and has become a resource to them for all issues with LAC. Each visit was followed up with a summary report within 24 hours and a second follow-up after two (2) weeks to monitor progress on the Gap in Care reports and to 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 MY2022 data optimization and cross functional initiatives contributed to integration of new data sources for HEDIS reporting such as:
  - Collaboration with the Health Information Technology team to integrate new data sources for Depression and Alcohol use screening (E-Management).
  - Health Information Exchange data from LANES was incorporated into the L.A. Care data collection process and helped towards the reporting of several Electronic Clinical Data Systems (ECDS) measures.
  - Addition of LANES data completed the data integration of all L.A. Care HIE systems into HEDIS reporting (CMT and E-Connect were integrated in the prior year).
  - New supplemental data sources as result of pilot projects.
  - Cozeva – 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 were able to close HEDIS gaps by uploading medical record documentation to the portal and data was transferred then 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, 4,460 CMC gaps were closed, mainly for Care for Older Adults (COA), Controlling High Blood Pressure (CBP, Breast Cancer Screening (BCS) and Colorectal Cancer Screening (COL), 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.
- A number of offices (approximately 42%) declined outreach due to being extremely busy and/or short staffed and did not have time to accommodate even a telephonic visit. Some of the busy offices that were able to schedule time ended up cancelling or were no-shows to the appointment. Offices that declined were still provided with HEDIS resources as reference materials.
- Staff was unable to contact approximately 7% of offices due to bad phone numbers, offices closed or offices 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 stated that they prefer to use reports from their IPA since those reports are generally more up to date. However, these reports usually include members from all health plans, not just L.A. Care. Staff conducting the visits explained data lags and encouraged the providers to work

with their IPAs to minimize the lags. Report frequency has increased from bi-monthly to monthly to reduce, but not eliminate, the lag.

- Many providers continue to be concerned that their P4P incentives and HEDIS rates will be low due to members' not scheduling or refusing services due to continuing COVID-19 access issues, especially services for children (well checks and immunizations) and Cancer Screenings.

- Several providers expressed difficulty in reaching a live person from LAC when calling for assistance. Calls often are passed around, have long wait times, or calls are not returned. Providers were given a contact list of key departments (including phone extensions) and department email addresses. In addition, the staff members conducting the visits notify providers that they are available to assist with all LAC issues. The staff members coordinated issue resolution with the appropriate L.A. Care departments.

- Some offices stated that LAC is not doing enough for the non-compliant members to help modify behavior or reinforce the need for preventive services. Staff conducting the visits explained that there are several programs to attempt to change member behavior that include different measures such as Diabetes Care, Cancer Screenings, and different methods 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 member information is kept as up to date as possible. QPM staff will discuss the issues with CSC and Member Eligibility to gain further knowledge of the root cause of the issue and how member contact information can be improved.

LOOKING FORWARD

- Quality Performance Management will continue Provider outreach in collaboration with plan partners along with other LAC departments. It is expected that the visits will continue to have a positive impact on the HEDIS and CAHPS rates.

- Cozeva gap in care closure process going live for additional providers to access and submit data; new data sources integrated in 2023 as a result of these efforts. The Cozeva platform allows providers to close gaps while the member is in the office along with historical data.

- Medical Record Project-internal record collection and focused pursuit of chases will be conducted by QPM staff on hybrid measures; this effort will start in October 2023 and run until the May 2024 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 needs to ensure that systems and processes are in place to collect this data. The QPM Data Team is coordinating efforts with the HEDIS engine and applicable departments to assure compliance.

- NCQA is continuing to push to eliminate measures that require Medical Record review in order to reduce the burden on Health Plan staff. 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 be collecting additional Supplemental Data and providing further education to Providers on how to submit properly data for all HEDIS measures.

I.6 HEALTH SERVICES TRAINING (HST)

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REVIEWERS: MATTHEW PIRRITANO, PhD & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

Training and Development, especially within a healthcare organization, presents a special opportunity to expand the knowledge base of all employees. Learning and development can increase employee retention, job satisfaction, and productivity. This puts the Health Services Training (HST) team in a unique position by having the responsibility to be the training department focused to support and assist the training needs of its Health Services departments. In FY 2022-2023, we aimed to continue and leverage our services with this goal in mind, allowing HST to thoroughly analyze research, and develop and implement much-needed training programs for Health Services.

In our fifth year as a department, HST has focused on the technological landscape and needs analysis approach within programming and services. This year, HST expanded its reach and surveyed the entire Health Services division from all levels: leadership, management, and front-line staff. This methodology will assist us in better understanding the needs of those we design programs.

Furthermore, the purpose of HST within Health Services and enterprise-wide has always been consistent with its core values of increasing communication among various departments on new initiatives, programs, and projects directly relating to Health Services. We have included some initiatives highlighted below to strategize a communication plan regarding training opportunities. Lastly, through innovative training programs and technology upgrades, HST is focusing on reducing staff turnover by providing much-needed support through learning initiatives and funneling information and much needed resources to departments consistently.

2024 WORK PLAN GOAL

The overarching goal for the HST Team has been to develop, improve, and maintain a standardized technical training program to support the areas of Health Services.

HST continues to take a multi-pronged approach:
1) Continue to provide new hires within Health Services an orientation and onboarding experience to acclimate them to current Health Services processes and build their skill sets to ramp up their productivity quickly.
2) Enhance learning and training opportunities within a virtual web-based platform while creating innovative ways to document, track, and communicate continuous learning. Simultaneously, centralizing all training communication efforts into one location allows HST to track and monitor activity within all collaborated Health Service departments.
3) Continue to team up and coordinate training and a needs analysis campaign for all Health Services departments, thus creating cross-vertical partnerships within L.A. Care. This allows HST to strengthen our ongoing relationship with cross-functional teams by strategically planning for more efficient communication and program planning.

For FY 22-23, HST continued to focus on three key areas: the enhancements of our onboarding program of new hires, trainings for current existing staff, specifically in enterprise-wide systems & applications utilizing a web-based platform, and partnerships to build a strategic plan in surveying the entire Health Services area from Leadership to front line staff. Maintaining our relationships with Health Services stakeholders on training needs was key this year. Based on their feedback, we developed trainings for multiple departments. In creating those trainings, HST provided lead project management oversight and

coordination of all cross-functional trainings. The development of trainings included an assessment of training needs and identifying a Subject Matter Expert (SME) or training speaker/vendors. HST also managed logistics, technological support, and evaluation methodologies. To aid evaluation efforts, surveys are collected for each training to assess any increase in knowledge and get participants' feedback.

The strategic plan included a Training Needs Analysis (TNA) campaign in FY 2022-2023, that was an effort to maintain support:
        1) For new and/or existing training programs from all health services departments
        2) To assess training needs from the health services management team on all levels of staff and
        3) To identify and prioritize training programs for the upcoming fiscal year.

As a result of this TNA results, some of the following strategies HST plans to incorporate are:
1) Address the challenges faced with time management and prioritize the training topics offered
2) Understanding what attitudes and behaviors are found for future training programming with a focus on topics identified and provided
3) Reestablish the benefits and understanding of the New Hire Onboarding program to management
4) Offer training opportunities that could benefit our licensed clinical staff
5) Develop a communication plan to highlight and bring awareness to more self-paced trainings

Below is a list of completed trainings with a significant focus on high-priority initiatives around Health Services areas this past fiscal year.
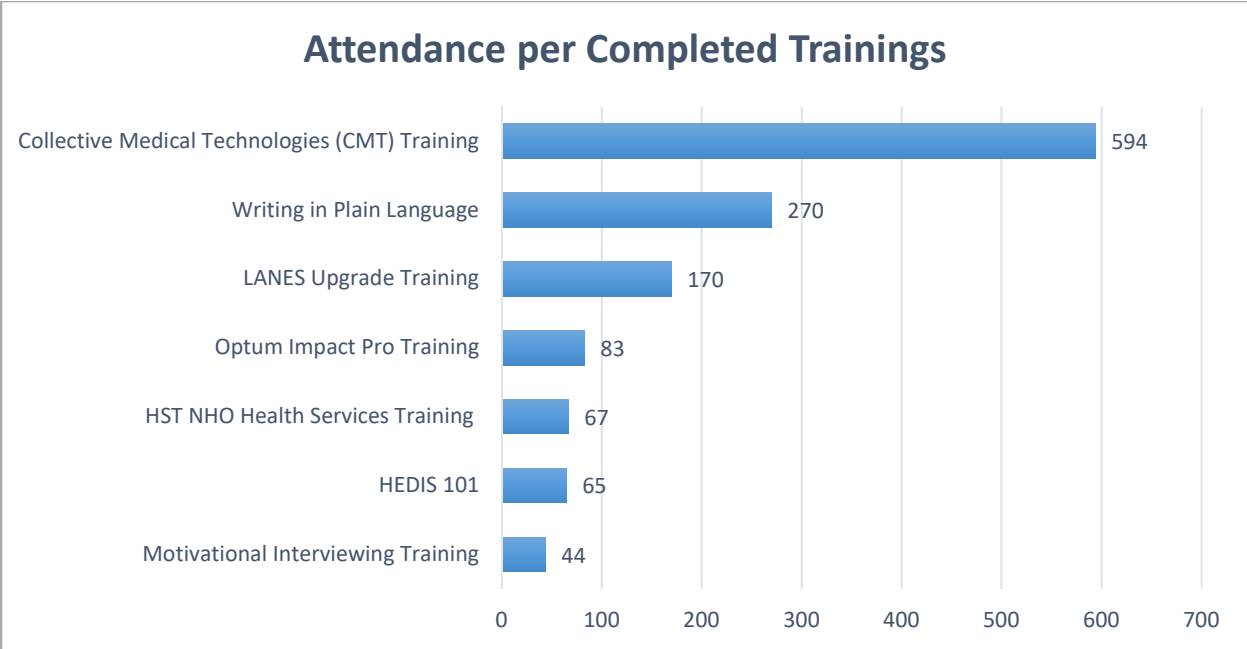
MAJOR ACCOMPLISHMENTS

Completed Trainings	Learning Format	Requesting Department
1. HST NHO Health Services Training New Hire Onboarding Program	*Monthly 3 Day 12 Sessions Virtual WebEx*	All Health Services Departments
2. Motivational Interviewing (MI)	*14 sessions Virtual WebEx 2 Sessions In-Person Seminar*	All Health Services Departments
3. SyntraNet Training	*6 sessions Virtual WebEx*	UM/MLTSS CM/SNI/ECM Community Health UpHealth (external)
4. QNXT CCA Training	*2 sessions Virtual WebEx*	Health Services Cognizant
5. LANES Training	*E-Learning Self-Paced*	HST Health Services
6. Writing in Plain Language	*4 sessions Virtual WebEx*	Enterprise-wide
7. HEDIS 101	*Created into L.A. Care University Employee Central Self-paced Modules*	HST/QI HRIS
8. OPTUM IPRO	*6 sessions Virtual WebEx*	All Health Services Departments
9. LGBTQ Cultural Competency Training	*E-learning course Recorded WebEx Offered Monthly*	Behavioral Health

Completed Trainings	Learning Format	Requesting Department
10. Getting to Know Critical Incidents (CI)	*Created into L.A. Care University Self-paced Modules*	PQR CSC
11. Getting to Know Potential Quality of Issues (PQI)	*Created into L.A. Care University Self-paced Modules*	PQR CSC
12. Optum (IPRO/Impact Symmetry	*Virtual WebEx*	QI
13. Dementia Care Specialists Training**	*In Progress Virtual Modules*	CM/HST
14. Collective Medical Technologies (CMT)**	*E-learning Course*	QI
15. Jira Project Management Training**	*Virtual WebEx*	QI/All HS Depts.

*All data and numbers provided are up to date as of 11/11/2022.
**Currently in progress

RESULTS (*HIGHLIGHTS*):

Attendance per Completed Trainings

- Collective Medical Technologies (CMT) Training: 594
- Writing in Plain Language: 270
- LANES Upgrade Training: 170
- Optum Impact Pro Training: 83
- HST NHO Health Services Training: 67
- HEDIS 101: 65
- Motivational Interviewing Training: 44

Writing in Plain Language Training:

Session #	Registered	Attended	Did Not Attend	Attendance Rate
Session 1– Health Services	118	117	1	99%
Session 2 – Health Services	84	83	1	99%
Session 3 – CM	71	70	1	99%
Total:	273	270	3	99%

CAL AIM ECM (Enhanced Care Management) Training:

Session	Registered	Attended	Did Not Attend	Attendance Rate	No Show Rate
All 8 ECM Sessions	225	216	8	96%	3%

Motivational Interviewing (MI) Training:

Sessions	Registered	Attended	Did Not Attend	Attendance Rate	No Show Rate %
All 6 MI Sessions	44	14	30	31%	68%
All 2 MI Sessions	47	30	17	36%	18%
Total	91	44	47	34%	43%

ENHANCEMENTS TO HST

Completed Projects	Impact on Health Services	Goal for Project
1. **Optum Impact Pro (IPRO)**	*Level-set training for a new system for staff that will improve usage and efficiency*	Training is offered on the system to determine which individuals need specialized intervention programs and which intervention programs are likely to impact the quality of individuals' health.
2. **Enhanced Training Materials/Centralized Training Repository**	*Updated materials to enhance training experience*	Provide a centralized area for materials after completion of training, archival material for future use, and recorded training video-shared site.
3. **System Upgrade Communication Plan**	*Provide a seamless approach to communication between multiple departments*	Will help HS depts. establish a way to receive communication from one source on instructions, shared document sites, and archival material for future use
4. **HST Newly Hired Staff onboarding experience**	*Allow HST to provide more hands-on involvement with newly hired staff in HS to engage on the needs of a newly hired employee*	Establish a presence and become more involved with new hires by having a plan to engage for the first 6-months on what resources, trainings, and challenges they face during their first year of employment
5. **MI Training (up to 2x a year)**	*Establish reoccurring MI Trainings 2x a year for staff who are member-facing to enhance their coordination of care*	Provide Motivational Interview Trainings all identified health services staff and other member-facing staff at L.A. Care

LOOKING FORWARD

The Health Services Training (HST) Department continues to make significant steps to meet the needs of our L.A. Care staff within the Health Service Departments. Our campaign set up a Training Needs Analysis (TNA) survey for all Health Services areas to better to understand the Health Services department's needs, as well as attitudes and behaviors towards training and development. We aim to utilize the results we received in creating additional opportunities that will benefit Health Services and develop programs that will enhance the learning for new and tenured L.A. Care staff. Another enhancement to our team's programs will be to incorporate online courses, both to enhance staff skill sets and provide Continuing

Education Unit (CEU) credits for our licensed staff who need to maintain their licenses. This will benefit those obtaining credits "in-house" without the pressure of obtaining them externally.

One of our biggest priorities this fiscal year is establishing deeper relationships with Health Services departments. By developing these working relationships, we aim to understand the business need by recognizing the current programs and understanding workflows and gaps in knowledge to create training opportunities. Communication is another area we plan to improve across the Health Services departments. This will be a key focus of the organization in a remote setting.

Under new leadership with a new CMO and the recent restructuring and redesign of our Health Services area, we must align our communication and prioritize learning opportunities throughout Health Services. Our focus this fiscal year is to empower each department to participate in our NHO program by sending their new hires within the first month of employment, establishing a routine for web-based courses that will enhance the skill set of all employees, and creating deep relationships with our departments to develop and implement meaningful training programs.

I.7 DELEGATION OVERSIGHT

AUTHOR: MARITA NAZARIAN, PHARM.D
REVIEWERS: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & FELIX AGUILAR, MD

BACKGROUND/SUMMARY

L.A. Care may delegate selected Quality Improvement (QI) activities to Plan Partners, Specialty Health Plan, 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 are monitored by the Credentialing Enterprise Performance Optimization, and Delegation Oversight (DO) departments. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care 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 department works across the Enterprise Performance Optimization (EPO) department to establish performance criteria. EPO utilizes alerting metrics, leverages analytic engines, and performs systematic reviews of delegate performance to measure, track, and 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 department, which oversees the annual audit process.

DELEGATION OVERSIGHT DEPARTMENT

The following updates apply to the Calendar Year 2023:

The Delegation Oversight (DO) Department audits PPGs Plan Partners, and Specialty Health Plans annually. As part of the annual audits, DO manages a variety of audit functions that subject matter expert Auditors perform within DO 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, DO 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 for implementation.

Delegation Oversight reports were reviewed in the following committees for 2023:
- Internal Compliance Committee

MAJOR ACCOMPLISHMENTS

In 2023, thirty-three Annual Audits were scheduled from April 2023 to January 2024. Currently, ten of the audits are completed, and twenty are in progress. The audit team also performed seven Pre-delegation assessments in 2023 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.

LOOKING FORWARD
The Delegation Oversight (DO) department requests various documents from delegates and has found that other teams in the Compliance Department collect similar information. A goal of DO is to collaborate with other teams to minimize receiving duplicative data from delegates and to retrieve these materials internally.

Oversight and Monitoring Program: L.A. Care Health Plan's Enterprise Performance Optimization (EPO) Department has also developed a comprehensive Oversight and Monitoring Framework designed to ensure performance excellence for the Plan and all entities in L.A. Care's Service Delivery Model, including but not limited to its Provider Networks (directly contracted and delegated) and Vendors. A key element of this Framework is a robust process to ensure that all detected performance deficiencies are timely and fully remediated.

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 ensures that the delegated activities are being performed in compliance 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 SAR, IHA, and CCS activities based on reports received by EPO. The results are shared with the delegate in the form of quarterly compliance scorecards and monitoring tools. L.A. Care Health Plan requires appropriate interventions to address deficiencies identified through monitoring activities. Two consecutive quarters 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	Measure Start Date
Utilization Management	SAR Log	Appropriate clinical decision making	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Utilization Management	SAR Log	Appropriate letter content denials	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Utilization Management	SAR Log	Appropriate delay	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Utilization Management	SAR Log	Appropriate letter content for deferrals	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Utilization Management	SAR Log	Appeal Rights	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Care Management	IHA Report	IHA completion and outreach timeliness	MCLA	Qualitative	Quarterly	100.0%	95.0%	3/1/2021
Care Management	IHA Report	IHA age-specific components	MCLA	Qualitative	Quarterly	100.0%	95.0%	3/1/2021
Care Management	MCP Report	CCS eligibility	MCLA	Qualitative	Quarterly	100.0%	95.0%	3/1/2021
Care Management	MCP Report	CCS care coordination	MCLA	Qualitative	Quarterly	100.0%	95.0%	3/1/2021

During the last 4 quarters (Q3 2021 to Q2 2022), there were 729 CAPs identified under qualitative review. A quarterly average of 33 delegates were reviewed for SAR qualitative monitoring, 30 for CCS, and 27 for IHA. EPO team completed and closed 182 CAPs as of October 2022.

In addition, L.A. Care monitors OptumHealth for conducting certain UM and CM activities for the Direct Network. OptumHealth is monitored for the same UM qualitative measures as above and the CM measures specified in the table below. There were 187 CAPs reviewed for OptumHealth for UM and CM deficiencies

incurred since Q3 2021, all of which were reviewed, and three were closed. Although L.A. Care afforded OptumHealth the opportunity to provide CAPs for deficiencies, the delegate is required to remediate within 15 business days of learning of the deficiency. OptumHealth is expected to continue to do so until all members are transitioned back to L.A. Care by the end of 2022.

Functional Area	Report Name	Measure Description	LOB	Method of Evaluation	Frequency measure is evaluated	Target Compliance Threshold	Minimum Compliance Threshold	Measure Start Date
Care Management	Optum CM Log	CM Member Outreach for Non-SPDs	MCLA	Qualitative	Quarterly	100.0%	95.0%	9/1/2021
Care Management	Optum CM Log	Individual Care Plan (ICP) for Non-SPDs	MCLA	Qualitative	Quarterly	100.0%	95.0%	9/1/2021
Care Management	Optum CM Log	Member Assessment for Non-SPDs	MCLA	Qualitative	Quarterly	100.0%	95.0%	9/1/2021
Care Management	Optum CM Log	CM Member Outreach for SPDs	MCLA	Qualitative	Quarterly	100.0%	95.0%	9/1/2021
Care Management	Optum CM Log	Individual Care Plan (ICP) for SPDs	MCLA	Qualitative	Quarterly	100.0%	95.0%	9/1/2021
Care Management	Optum CM Log	Interdisciplinary Care Team (ICT) for SPDs	MCLA	Qualitative	Quarterly	100.0%	95.0%	9/1/2021
Care Management	Optum CM Log	Member Assessment for SPDs	MCLA	Qualitative	Quarterly	100.0%	95.0%	9/1/2021

LOOKING FORWARD

EPO anticipates that successful implementation of the department's Enterprise Performance Optimization Program (EPOP) and Network Performance Optimization Program (NPOP) will result in multiple performance related achievements for the organization, its network participants and the members who will ultimately benefit from Plan performance that meets the highest standards of care. These programs are intended to remain responsive to regulatory, market, structural, and policy changes, 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 of performance deficiencies through evidence-based decisions
- ➢ Report on the performance of Case Management monitoring activity to ensure ICP, ICT, & Care Transitions are documented in alignment with the CalAIM Dual Eligible Special Needs Plans and the Model of Care

In summary, the goal of EPO's monitoring efforts is to ensure that the Plan and its providers meet healthcare quality and administrative compliance standards for delivering safe, timely, effective, efficient, equitable, and patient-centered care to L.A. Care's members.

I.7.a ENTERPRISE PERFORMANCE OPTIMIZATION

BACKGROUND/SUMMARY

L.A. Care may delegate selected Quality Improvement (QI) activities to Plan Partners, Specialty Health Plan, 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, and transition of care and coordination of care, which are monitored by credentialing and Enterprise Performance Optimization departments. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Before contracting with the entity, L.A. Care performs a pre-delegation assessment to assess if the delegate can manage delegated activities and comply with L.A. Care, current NCQA standards, and state and federal regulatory requirements. L.A. Care retains accountability and ultimate responsibility for all components of the Program. On an annual basis, L.A. Care evaluates the delegates' performance against NCQA, DMHC/DHCS, and CMS standards for the delegated activities. L.A. Care analyzes audit results and reports and identifies opportunities for performance improvement. A corrective action plan may be required to address deficiencies. In addition, L.A. Care's Enterprise Performance Optimization (EPO) department works across the enterprise to establish performance criteria. EPO utilizes alerting metrics, leverages analytic engines, and performs systematic reviews of delegate

performance to measure, track, and 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 Compliance and Enterprise Performance Optimization unit that oversees the annual audit process.

ENTERPRISE PERFORMANCE OPTIMIZATION DEPARTMENT

L.A. Care Health Plan's Enterprise Performance Optimization (EPO) 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 key 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 are being performed in compliance 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 all delegates with SAR, IHA and CCS activities based on reports received by EPO. The results of which are shared to the delegate in the form of quarterly compliance scorecards and monitoring tools. L.A. Care Health Plan requires appropriate interventions to address deficiencies identified through monitoring activities. Two consecutive quarters of non-compliance potentially triggers 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	Measure Start Date
Utilization Management	SAR Log	Appropriate clinical decision making	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Utilization Management	SAR Log	Appropriate letter content denials	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Utilization Management	SAR Log	Appropriate delay	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Utilization Management	SAR Log	Appropriate letter content for deferrals	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Utilization Management	SAR Log	Appeal Rights	All LOBs	Qualitative	Quarterly	100.0%	95.0%	9/1/2020
Care Management	IHA Report	IHA completion and outreach timeliness	MCLA	Qualitative	Quarterly	100.0%	95.0%	3/1/2021
Care Management	IHA Report	IHA age-specific components	MCLA	Qualitative	Quarterly	100.0%	95.0%	3/1/2021
Care Management	MCP Report	CCS eligibility	MCLA	Qualitative	Quarterly	100.0%	95.0%	3/1/2021
Care Management	MCP Report	CCS care coordination	MCLA	Qualitative	Quarterly	100.0%	95.0%	3/1/2021

During the last 4 quarters (Q3 2022 to Q2 2023), there were 780 CAP elements identified under qualitative (603 elements) and quantitative (177 elements) review. A quarterly average of 40 delegates were reviewed for SAR monitoring, 40 for CCS and 40 for IHA. EPO team completed and closed 80 CAPs as of October 2023, which includes multiple elements.

LOOKING FORWARD

EPO anticipates that successful implementation of the department's Enterprise Performance Optimization Program (EPOP) and Network Performance Optimization Program (NPOP) will result in multiple performance-related achievements for the organization, its network participants, and the members who will ultimately benefit from Plan performance which meets the highest standards of care. 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 of performance deficiencies through evidence-based decisions
➢ Report on the performance of Case Management monitoring activity to ensure ICP, ICT, & Care Transitions are documented in alignment with the CalAIM Dual Eligible Special Needs Plans and the Model of Care

In summary, the goal of EPO's monitoring efforts is to ensure that the Plan and its providers meet healthcare quality and administrative compliance standards for delivering safe, timely, effective, efficient, equitable, and patient-centered care to L.A. Care's members.

I.7.b DELEGATION OVERSIGHT

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2023 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 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 Beacon. The activities delegated to Participating Provider Groups are limited to utilization management, credentialing activities, and transition of care and coordination of care, which are monitored by credentialing and Enterprise Performance Optimization Organization (EPO). L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care's EPO team performs a pre-delegation audit to assess if the delegate is capable of managing the delegated activities and compliance with L.A. Care'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, DMHC/DHCS, and CMS standards for the delegated activities. L.A. Care analyzes audit results and reports, identifying opportunities for performance improvement. A corrective action may be required of delegates to address any deficiencies. In addition, L.A. Care provides ongoing monitoring through substantive review of reports, meetings, and collaboration to assess continually compliance with standards and requirements. At L.A. Care's discretion, or in the event that L.A. Care determines that significant deficiencies are occurring related to performance by the Delegate and are without remedy, additional on-site audits can be initiated and/or Corrective Action Plans (CAPs) can be implemented as stipulated in the written Delegation Agreement. Failure to perform can result in additional audits by L.A. Care and may include revocation of the Delegation agreement. The Quality Improvement department works in conjunction with Compliance and the EPO unit that oversees the annual audit process.

QI DELEGATION OVERSIGHT

L.A. Care's Quality Improvement (QI) Team has designated two registered nurse 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 services for Medi-Cal (except specialty mental health services), Cal MediConnect, L.A. Care Covered™, and PASC-SEIU Home Workers.

Delegates submit regular reports as defined in the delegation agreement for desktop review. The review of some reports and file samples is conducted virtually at this time. Below are the 2022 and 2023 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 3/1/2021-12/31/2022. For Carelon, we oversee the distribution of Rights Statement to Practitioners and the quarterly work plans. Carelon submitted all reports to date. In reviewing the Annual Audit, Carelon was found to have no deficiencies. Carelon passed the Annual Audit for 2023.

Kaiser Permanente

The Annual Audit Lookback period was from 05/01/2021-04/30/2023. The preliminary findings identified two deficiencies. The deficiencies identified were for the following standards: Meeting minimum performance level (MPL) for Managed Care Accountability Sets (MCAS) measures and Blood Lead Screening. These deficiencies were minimal and required updated documents. Kaiser did not meet the MPL for two measures: Follow-Up after Emergency Department Visit for Mental illness (FUM) and Lead Screening (LSC) documentation. A CAP was issued for both. L.A. Care completed its review of the CAP response by Kaiser on November 7, 2023.

Kaiser identified the root causes of the deficiency for LSC. Firstly, lack of parental understanding about the risks of lead exposure and the importance of blood lead testing at recommended age intervals. Secondly, need for a systematic workflow for providers to order blood lead lab test. Lastly, the Parent does not take the child to the lab for blood lead test draw. To mitigate the identified issues, Kaiser implemented a multifaceted approach to improve the LSC measures.

Those interventions include a creation of a Pediatric Lead Screening 763-SureNet Patient Outreach Workflow Letter. Each quarter, a summary report is pulled to identify pediatric patients who are 6 years of age or younger that have missed a blood lead screen at either of the 12-month and/or the 24-month required intervals. A child will be on the report if they have missed those screens or they do not have a current open lab for them to complete the screening. Once a child is identified, a lab is opened with a physician's approval, and a letter is sent to the parent of the child as a reminder to get the blood lab screen. This lab stays open for 6 months before it expires. Once the lab screen expires, the child will come up on the following quarter's report, and the process explained above will begin again.

Secondly, Kaiser created a Complete Care POE Lead Screening system. This Health Connect Electronic Medical Records (EMR) contains the Proactive Office Encounter (POE) care gap alert, which triggers the care team and provider to discuss the blood lead test with the parent and place the lab order during the patient encounter. When a child is seen in the office (under 6 years old and in need of a blood lead screen),

a POE alert comes up on the check-in screen for the nurse. The nurse mentions to the member/parent what immunizations and lead screen is due and needed that day. The Doctor also mentions this during the visit. At the end of the visit, the nurse will administer the immunizations (if needed) and remind the member/parent of the lead screen needed. If there is no third touch-point, the member/parent is handed the after-visit summary, which also has a written reminder for the lead screen.

Lastly, Kaiser included a copy of a KP Internal MCAS data report: MY 2023 July LSC performance. This is a Monthly tracking of KP internal LSC performance and reporting to KP Regional Pediatric Chiefs: MY 2023 July LSC performance is 62.85% (Above the 62.79% MY 2023 MPL). This report clearly states that Kaiser has met the MPL measure.

For the FUM measure, Kaiser identified the root cause as Lack of systematic process for timely identification of FUM qualifying ED encounters at both KP and external Non-KP Emergency Departments. Kaiser Permanente (KP) is leveraging its statewide 2023-2026 DHCS Clinical Performance Improvement Project to address FUM performance. The Performance Improvement Project (PIP) topic is titled: Improve the percentage of provider notifications for members with a Substance Use Disorder (SUD) or Specialty Mental Health (SMH) diagnosis following or within 7 days of ED visit.

The Performance Improvement Project (PIP) topic supports efforts to improve performance on the Follow-Up After Emergency Department (ED) Visit for Mental Illness—7-Day and 30-Day Follow-Up—Total (FUM) and Follow-Up After ED) Visit for Substance Use—7-Day and 30-Day Follow-Up—Total (FUA) behavioral health MCAS measures in relation to the DHCS' Bold Goals: 50 x 2025 by increasing access and services to members as described in DHCS' Comprehensive Quality Strategy 2022 report. Specifically, the goal to improve follow-up for mental health and substance use disorder by 50%. Actions will be identified in 2024 Q1 timeframe. Monthly tracking of KP internal FUM performance: KP Internal MCAS data: MY 2023 July FUM 30-day follow-up performance is 65.68% (Above the 54.87% MY 2023 MPL). Overall, Kaiser has implemented a multifaceted approach to close the caps for their underperforming MPLs and has been able to meet both the LSC and FUM measures as of July 2023.

Unfortunately, Kaiser will not be submitting a CAP validation response to share with L.A. Care due to the fact that at the end of 2023, Kaiser will be ending its contract with L.A. Care. Kaiser passed the Annual Audit for 2023.

Anthem Blue Cross
Anthem's 2023 Annual Audit lookback period was 6/01/2022-5/31/2023. For this audit period, the findings showed six deficiencies. The deficiencies identified were for the following standards: Population Health Management Population Identification, Population Health Management, Population Identification, Population Health Management Delivery System Supports, and meeting the MPL for MCAS and LSC. Anthem Blue Cross was able to mitigate these deficiencies by submitting the additional or missing documents. L.A. Care accepted these documents. Anthem had eight measures that fell below the MPL: Cervical Cancer Screening (CCS), Immunization for Adolescents-Combination 2 (IMA-2), Prenatal and Postpartum Care (PPC-Postpartum Care), W306+, W302+, Child and Adolescent well Care Visit (WCV), Follow-Up after Emergency Department Visit for Mental illness (FUM) and Lead Screening (LSC).

CAPs were due for six of the eight measures. Anthem is collaborating with L.A. Care on the Strength Weakness Opportunity Threat (SWOT) for the W306+ and W302+ measures. Due to this, Anthem is only responsible for creating CAPs for the following measures: CCS, IMA-2, WCV, PPC-Postpartum Care, and FUM. L.A. Care completed the CAP review for Anthem Blue Cross on October 6, 2023. Anthem Blue Cross identified the root causes for the deficiency and low Minimum Performance Level as Residual impact from Public Health Emergency, increase in staff overturn at provider offices, vaccination hesitancy, and telehealth services captured, but many of which were not comprehensive, in-person components not

completed due to low quality of progress notes notation, services completed out of timeframe, delay in care coordination with hospitals, case management, home health, and Skilled Nursing Facility (SNF) facilities, and members not aware of the importance of follow-up visits with their Primary Care Physician (PCP).

Anthem Blue Cross mitigated the deficiencies by developing a Plan-Do-Study-Act (PDSA) cycle for six of the measures: CCS, IMA-2, WCV, PPC-Postpartum Care, FUM, and LSC. For each of the measure, Anthem has projected to increase each measure by 5% by the next measurement year. There were various planned interventions in place to help them with these measures.

CCS measure: Anthem Blue Cross created a Care gaps distribution process to target all their Independent Physician Association (IPA), Participating Medical Groups (PMGs)/Clinics/Providers via SFTP/Email/Fax. For their outreach member list, a call campaign was launched in July 2022 to ensure non-compliant members completing a Cervical Cancer Screening get a visit with their PCP or OBGYN Provider. Furthermore, Anthem Blue Cross identified a new EMR system, which will request access to be granted to at least 2 associates in order to retrieve medical records for our annual HEDIS MRDB project/L.A. Care HEDIS season which will assist in improving the percentage of gap closure for non-standard supplemental data. Anthem Blue Cross provided HEDIS Training to IPAs/MSOs on any NCQA updates. Anthem Blue Cross proposed Healthy Rewards for July 2022 and implemented a Member Incentive Gift Card to be given to members who complete CCS in the measurement year.

IMA-2 measure: Anthem created a Care gaps distribution to share with all IPAs/PMGs/Clinics/Providers via SFTP/Email/Fax for their outreach member list, a call campaign was launched in July 2022 to ensure non-compliant members see their PCP for immunization vaccines completion. Also, provided HEDIS Training to IPAs/Management Services Organizations (MSOs) once a year to go over NCQA updates. Lastly, develop a train-the-trainer model.

WCV measure: Some planned actions include creating a Co-brand with IPAs/Safety Net sites for Medi-Cal for Kids & Teens Birthday Mailers. Anthem plans to identify 60 days before member's birthday (target group: 0-20 years old), Send out exam reminders to members via mail/texting/email, send out overdue exam reminders to members and their providers for members who have not had an exam done 90 days after birthday reminder sent. However, a CMAP approval is pending before these interventions can be implemented.

PPC-Postpartum Care measure: Anthem will hire an OB Provider Consultant. Also, educate the provider on key VBP measures to ensure compliance; PPC1, PPC2, Perinatal depression screening Low-Risk C-section, CCS, etc., provide Circulating Maternity Notification Form to offices, this has been well received, and office processes will be implemented, provide a Bi-Monthly Newsletter to Providers, conduct a Joint OB PC-CM provider meetings, plan on addressing facilities with high primary cesarean rates. Implement a Healthy Reward program by providing a Gift Card to members who complete PPC-Post Partum within 7-84 days after delivery.

LSC measure: Anthem created a Co-brand with IPAs/Safety Net sites for Medi-Cal for Kids & Teens Birthday Mailers. The key findings from this intervention included: Identifying 60 days before members' birthday (target group: 0-20 years old), sending out exam reminders to members via mail/texting/email, sending out overdue exam reminders to members and their providers for members who have not had exam done 90 days after birthday reminder sent, CMAP approval is still pending. Further, provide training to network providers on required preventive healthcare training services including EPDST services for members under 21 years of age, will be conducted in October 2023 in observance of National Lead Poisoning Prevention Week.

FUM measure: Anthem created a Provider Performance Monitoring system. The key finding and analysis include generating monthly scorecards to track measure rate trend 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 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 the CAP response from Anthem for the measures that were below the MPL for MY 2022 and accepted the multi-pronged approach it has taken to close the identified care gaps. In the next quarterly update, L.A. Care has requested more information on additional barriers to close gaps and answers to the follow-up questions for the six measures that currently have PDSA cycles in place. Anthem Blue Cross passed the Annual Audit for 2023.

Blue Shield of CA Promise Health Plan (Blue Shield)
Blue Shield's 2023 Annual Audit lookback period was 3/22/2022-2/28/2023. The findings from the 2023 Annual Audit for Blue Shield of California Promise showed two deficiencies. The identified deficiencies were in the following standards: Meeting MPL for the MCAS measures and Blood Lead Screening Documentation. Blue Shield of California Promise (BSP) was able to mitigate these deficiencies by submitting the additional or missing documents. L.A. Care accepted these documents. BSP had seven measures that fell below the MPL: WCV, PPC-Postpartum Care, W30A, W30B, CIS-10, LSC, and FUM. CAP is due for five measures. BSP continued work with L.A. Care post SWOT for W30A and W30B, which will take the place of a CAP.

The mitigation response from BSP was received on 11/20/2023 for the Blood Lead Screening Documentation. L.A Care accepted the additional documents submitted. BSP is still required to submit a CAP response for the five measures that fell below MPL. L.A. Care does not anticipate receiving the CAP response until early 2024.

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 that are due to date. Kaiser Permanente is the only health care partner that has not submitted their Distribution of Rights Statement to Practitioners. L.A. Care is awaiting a response from Kaiser Permanente. Kaiser Permanente, Anthem Blue Cross, Carelon Behavioral Health Services submitted their Q1, Q2, and Q3 work plans for 2023 However, Blue Shield of CA Promise have submitted their Q1 and Q2 work plans. Their Q3 work plan for 2023 is due on 12/30/2023. 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 were submitted by the Plan partners and Carelon and no deficiencies were noted.

In addition, the Specialty Health Plans (SHP), which include Teladoc, VSP, Liberty Dental, and American Specialty Health (ASH) plans, are required to submit their respective semi-annual Distribution of Rights Statement to Practitioners reports. All of the SHPs have submitted their reports that are due to date. Moving forward, the EPO team will take on the oversight of these specialty providers.

BARRIERS
- SHP Barriers: Reporting only twice a year creates gaps in communication and institution memory, and staff turnover may lead to inconsistency in protocols. Delayed reports, for example, are sent through email despite the contract requesting all submissions via SFTP sites. The plan partners, Carelon, and the SHPs are reminded to adhere to the contractual agreement by submitting all reports via the SFTP sites.
- PP Barriers: As discussions between L.A. Care and the plan partners happen regarding the next contract, more details and transparency would like to be seen regarding the information provided in the work plans, documents, and reports.

MAJOR ACCOMPLISHMENTS
- Provider Network Management (PNM) representatives conducted an outreach program to the SHPs, and all SHPS submitted their Distribution of Rights Statement to Practitioners this year.
- Carelon is the only delegate that had no findings in its annual audit and thus does not have to go under a mitigation or a CAP process.
- The QI team hired an additional nurse specialist to assist in providing thorough and extensive audits of all submitted reports by the delegates.

RESULTS:
- 100% of all delegates who needed an audit received an annual audit.
- All four QI Delegates: Kaiser, Carelon, Blue Shield, and Anthem, completed a successful 2023 annual audit.
- 80% of all delegates submitted their quarterly reports as specified in their respective contracts. Kaiser did not submit their Distribution of Rights Statement to Practitioners for Q1 and Q2 of 2023. The EPO team is doing a follow-up on this.
- For timely submission of the reports before the due date, the plan partner delegates submitted their reports 50% on time. 80% of the SHPs, which include Teladoc, ASH, and VSP, turned in their Distribution of Rights Statement to Practitioners reports before the due date. Only Liberty Dental was late in the submission of the report.

LOOKING FORWARD
- The QI Team will continue collaborative efforts to improve working relations with all Delegates.
- The QI Team will prepare for the 2024 Annual Audits and monitor results for all the plan partners and Carelon.
- Kaiser will no longer be a plan partner and, therefore, will not be audited.
- The QI Team will be evaluating the delegate's health equity activity in 2024.

2024 WORK PLAN GOALS
- 100% of all delegates who need an audit will receive an annual audit.
- 100% of all delegates will report quarterly as specified in contract.
- 100% submission of timely delegate oversight reporting for each department.

I.8 CREDENTIALING

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BACKGROUND/SUMMARY

The Credentialing Department develops and adheres to credentialing and recredentialing policies and procedures, including a process to evaluate and document the mechanism for the credentialing and recredentialing of licensed independent practitioners, providers, and health delivery organizations (HDOs) with whom it contracts. Following initial credentialing, the Credentialing Department reassesses its practitioners, providers, and HDOs every three years to ensure they meet eligibility and comply with NCQA, regulatory standards, and L.A. Care's policies and procedures. Credentialing maintains a comprehensive ongoing monitoring process of sanctions, complaints, and adverse issues between credentialing cycles to ensure appropriate action is taken when instances of poor quality are identified, or the professional conduct of a Practitioner/Provider is, or is reasonably likely to be, detrimental to patient safety. Ongoing monitoring of L.A. Care's entire network is conducted on a monthly and quarterly basis to ensure quality and continued compliance. The Credentialing Department reports regularly to the Quality Oversight Committee with an update from the Credentialing/Peer Review Committee. The information outlined in this report covers October 1, 2022, through September 30, 2023.

MAJOR ACCOMPLISHMENTS

- Regulatory, National Committee for Quality Assurance (NCQA) and Compliance Audits - The Credentialing Department successfully submitted all documents requested for the Department of Health Care Services (DHCS) operational audit, DHCS contract readiness, the Department of Managed Health Care (DMHC) audit, and NCQA accreditation survey for the 2022/2022/2023 fiscal year. Credentialing received 17.00 points (100% of available points) for the 2023 NCQA Health Plan Survey. In addition, credentialing obtained additional resources needed to manage and oversight the new NCQA requirement Credentialing System Controls, which requires the organization to develop policies and procedures describing how credentialing information is received, dated, stored, tracked, reviewed, modified, deleted, and with security controls in place to protect the information from unauthorized modification. These controls aim to support the Target State Initiatives of creating a single data domain to collect, store, and report provider data. Credentialing completed the framework of identifying and delineating the credentialing capabilities required to purchase one integrated provider data management system and contributed to the vendor selection. In addition, Credentialing collaborated with Data Governance, Contracting, and other teams under Provider Data Management to manually vet and create a comprehensive file of our network providers. Through our collaborative efforts, the organization elected to agree with Infosys to build a provider data domain, which includes developing a brand new credentialing application, Helix. Helix will be customized specifically for L.A. Care's business model. This allows the organization to create a solid foundation for configuring and implementing the data maintenance, contracting, and credentialing workflows we seek to operationalize on the Helix platform.
- Therefore, EPIF Implementation – Credentialing collaborated with CRM and PDU to enhance the paperless electronic PIF process to streamline and expedite the onboarding of Direct Network practitioners, clinics, and medical groups. The Therefore EPIF application is the only approved process for enrolling and maintaining Direct Network providers, clinics, and medical groups. It includes tracking, reporting, intake, approving, or denying providers' participation in the direct network.
- Credentialing continues to thrive in a full-time work from home environment, which includes maintaining a 100% paperless credentialing process with monthly and quarterly quality, metric,

and performance reports. The department successfully held 11 Credentialing Committee meetings during the fiscal year, including full participation from internal and external voting physicians.

- Staff in collaboration with Contracts and Relationship Management (CRM) and Provider Data Reporting (PDR), and Credentialing continues to ensure that 100% of the Medi-Cal contracted network is enrolled in DHCS Fee For Service (FFS) or DHCS Ordering Referring and Prescribing (ORP), as part of the ongoing requirements outlined in DHCS' APL22-013. Credentialing continues to monitor the provider network and report network compliance monthly to the Credentialing Committee.

- Through the Credentialing Department's continued collaboration with CRM, the Direct Network (DN) continues to expand. From October 2022 to September 2023, approximately 2,273 practitioners were processed for the Direct and Non-Delegated Network, a 74% increase within the last four years. The Credentialing Department will continue to focus on supporting the expansion of the Direct Network, including ensuring all practitioners and providers are appropriately vetted.

- The Credentialing Department processed approximately 616 HDOs, which include Hospitals, Skilled Nursing Facilities (SNF), long-term care (LTC) Facilities, Adult Day Health Care (ADHC), Audiology, Dialysis, Durable Medical Equipment (DME), Surgery Centers, recuperative care, Health homes, urgent care, Enhanced Care Management and Community Supports and for this fiscal year. We expanded to Doula Organizations and individual providers to comply with new Medi-Cal benefits. Due to a substantial increase of adverse SNFs and Dialysis facilities that either caused or were likely to cause serious injury, harm, or death, Health Services QI and Credentialing collaborated to expand the adverse case and quality review process. This helped assist new ,medical directors in transitioning, and reduced review time constraints.

- As a result of the increased number of adverse facilities, Credentialing was approved to reclassify one of our Oversight Auditors to the role of Credentialing Adverse Ongoing Monitoring Auditor II (CAOMA2). This individual manages quality oversight and monitoring of regulatory and NCQA requirements related to adverse and complex case reviews, including continuous monitoring. The CAOMA2 leads in developing policies and procedures, templates and training staff to comply with new regulatory requirements regarding oversight and monitoring of deficiencies, penalties, criminal activity, malpractice cases, sanctions, and quality issues. The (CAOMA2) independently performs research, prepares complex adverse case analysis, and provides recommended actions to the QI Medical Director and Credentialing Committee for decision. The (CAOMA2) also takes the lead on managing cross-functional case reviews with credentialing, QI, MLTSS, Contracting, PDU, Claims, Payment Integrity, and Legal for network providers identified with allegations, probation, limited DEA and licensure, deficiencies, sanctions, exclusions, and criminal cases. In collaboration with Managed Long-Term Services and Supports (MLTSS) and Quality Improvement, Credentialing continues to monitor the practitioner and HDO network for quality and safety-related concerns. This includes assessing L.A. Care's quality criteria against the California Department of Public Health or Department of Aging (CDPH) site visits and a review of Medicare Compare ratings of less than three stars in conjunction with MLTSS reporting. Credentialing identified that there are now approximately 874 facilities under the new oversight and monitoring process, resulting in a 74% increase in the department's oversight and monitoring activities.

- Credentialing referred approximately 15 potential fraud, waste, and abuse (FWA) cases to the Credentialing/Peer Review Committee. Cases that have potential for quality or safety concerns were reviewed by the Medical Director and presented to the Credentialing/Peer Review Committee for action. Instances involving overprescribing of narcotics are reported to Pharmacy and include quarterly pharmacy reports to trend prescribing activity.

- As part of L.A. Care's Target State and to comply with the state-mandated Symphony reporting process, Provider Network Management continued with its initiatives to remediate provider data and develop standardized provider data and reporting. The goal of this project is to standardize the

intake of provider data in all downstream systems, build the data architecture and governance, establish data hierarchy within all systems to support the intake, validation, mastering, and transmission to downstream applications, databases, and users, and establish appropriate and efficient workflows leveraging cross-functionally collaborative teams to manage the provider data. This project will also automate processes to enable appropriate and timely use of provider information for all downstream systems to improve timely access to quality and affordable care. This project and process will also support standardizing provider data for implementing the new provider data platform.

- New DHCS requirement mandates that Autism providers receive credentialing decisions within 60 days, not the standard 180 days, resulting in a 50% increase in the volume of work. For this reporting year, Credentialing has worked to support timely access to care by revising our metrics to onboard new providers (files) within 30 days and reserving the 60-day timeframe for complex files. To meet NCQA requirements for the "Collection of Health Equity Data for Cultural Responsiveness" and to support HEDIS measures for the National Committee for Quality Assurance (NCQA) health equity reporting. DMHC Credentialing revised our internal process to collect effectively Languages spoken by the contracted provider and office staff race, gender, and ethnicity of the provider and the ability to identify providers who decline to disclose their race, ethnicity, or gender.

Direct Contracts/Credentialing Volume Comparison

Fiscal Year(s)	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Increase in Volume of Work *Compared to 2018/2019
Practitioners	598*	1312*	2103*	2013*	2273*	74%*
Facilities	462*	656*	766*	477*	616*	34%

Delegated PPG Request to Add, Change, or Delete Providers

Calendar Year	2020	2021	2022	2023 (YTD*)
Add and Delete Tasks Reviewed/Processed	11,185	10,225	11,733	9,345*

DELEGATION OVERSIGHT AUDITS

L.A. Care recently changed its delegation oversight process to improve quality measures and build effective partnerships. Effective March 1, 2023, the Credentialing Department is responsible for managing all delegated credentialing activities, including audit-related communications, pre-assessments, annual and focus audits, identifying opportunities for improvement, reporting, and, when applicable, corrective action plans.

*The information in this report covers October 1, 2022, through September 30, 2023.
**All Audits were suspended in March 2020, and the suspension was extended due to the COVID-19 pandemic. Audits were postponed and rescheduled in 2021; EPO reported that all annual delegation-credentialing audits are on track and compliant as of the end of the 2022 fiscal year.

Quantitative and Qualitative Analysis

The Credentialing Department continues to lead the organization in its effort to track and trend providers for network eligibility, including ongoing monitoring of adverse/quality issues, screening, enrollment, expired licenses, suspensions, and exclusions. This includes identifying and flagging all provider types to identify those no longer meet contractual or legal requirements to remain in the network and providers not eligible for payment. In addition, we continue to work with Provider Data Services (PDS), Provider Data Unit, and Contracts and Relationship Management (CRM) to monitor the network providers that are not enrolled by denying Provider Change Delete Workflow (PCDW) for any provider identified as not enrolled in Medi-Cal or when a Participating Physician Group (PPG) does not provide evidence of enrollment in process. To monitor and identify compliance with requirements for ongoing monitoring of our network, monthly reports are presented to the Credentialing/Peer Review Committee. In addition, Credentialing continues to collaborate with FSR and the collaborative to follow the guidance of DHCS by temporarily allowing for in-person FSR extensions throughout the calendar year of 2023.

Medical Board (Hotsheet) Actions

Calendar Year	2020	2021	2022	2023 (YTD)	Increase in Volume of Work**
Practitioners Adverse Actions	112	166	186	188	**68%**
**Increase calculated based on average case load between 2020-2023 and includes additional monitoring activities implemented for the reporting fiscal year					

	Goal Met
DHCS Enrollment Validation	100%
Expired License	100%
Suspended/Ineligible/Excluded Providers	100%
KPI Credentialing Reporting Compliance	100%
FSR Deferred Audits (assigned to LAC)	97%*

*All onsite FSRs were suspended in response to the COVID-19 pandemic, and virtual audits were conducted when applicable. DHCS issued a moratorium that allows all MCPs under the collaborative until 12/31/23 to complete outstanding FSRs.

LOOKING FORWARD

The Credentialing Department is actively in collaboration with Regulatory Analysis and Communication and Product Solutions to review, discuss, and implement or update credentialing policies and/or processes, if applicable, to ensure the new regulatory requirements that the State has mandated are adhered to. Some new requirements include credentialing Community Health Workers (CHW), Doulas, and Street Medicine Providers.

Quality Improvement Adverse Peer Review - The Plan, along with the Department of Managed Healthcare (DMHC), identified opportunities for improvement in the QI Medical Director/Committee Chair's committee summarization of allegations and adverse case details. For 2024, QI and Credentialing will work to enhance our efforts to ensure all pertinent details of the investigative casework, monitoring efforts, task force, and pre-meetings that occur outside of the formal Committee discussions appropriately demonstrate effective actions are taken to identify and implement effective corrective action plans against adverse providers and that documentation supports decisions and outcomes made were appropriate. The Health Services Quality Improvement Dept. hired six new FTE Medical Directors. Additional Medical

Directors will undergo training as dedicated resources to support the volume of adverse and PQR case reviews, as needed.

Direct Network - Credentialing will continue to work with CRM to expand the direct network to meet the members' needs and ensure compliance with regulatory requirements. This will include continuing to develop new requirements for adding new provider types to the network and working closely with key stakeholders to create new, automated, and streamlined processes for onboarding and monitoring L.A. Care's network. Credentialing continues its collaborative effort with the current-state/future-state workflow functionality for the new Direct Network EPIF process in Therefore. This process supports many facets of provider enrollment and maintenance, including provider contracting, credentialing, claims validation, system configuration, and provider communication. This project aims to modify the current onboarding process to enhance routing features and enable tracking and reporting features to streamline the onboarding and network provider data monitoring process. The EPIF process is currently operational for direct network individuals, clinics, and medical groups; however, we are looking forward to transitioning other contract types (Ancillary and Autism) into the EPIF workflow.

Delegation Oversight - Effective 2/1/23, the responsibility of managing, performing, and monitoring delegated credentialing oversight activities transitioned from Compliance's internal unit, EPO, back to Credentialing.   Credentialing conducted a deep dive analysis and risk assessment to determine the regulatory and NCQA compliance and structure of delegation oversight. Credentialing estimated the primary issue for non-compliance was due to EPO not dedicating enough resources to support the volume of audits and work involved with conducting, oversight, monitoring, and performing all delegated oversight activities. Credentialing obtained the additional resources required to make the DO process compliant and expects to bring all audits into compliance by the end of the calendar year 2024.

Credentialing System – The goal for 2023/2024 is to continue with the framework of identifying and delineating the credentialing capabilities that are required to move forward with purchasing one integrated provider data management system

The Target State Initiative – The goal for 2023/2024 is to proceed with the proposed implementation plan and timeline for building a new provider data system that includes developing a new Credentialing application, Helix, to replace Cactus (Credentialing's existing application). In addition, Credentialing will continue efforts to improve L.A. Care's provider data quality and management, including enhancements to data intake, standardization, validation, storage, and reporting processes.

Overall Effectiveness and Opportunities

Overall, the 2023 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan.

Review of the scope, composition and business of the individual committees remains an ongoing process. The refinement of the committee structure and reporting is an ongoing performance improvement initiative and is expected to continue in 2024. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving overall quality and safety of care and efficiency of process thereof.

Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers, 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 Senior Quality, Population Health, and Informatics 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 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.

Practicing physicians provided input through the Joint Performance Improvement Collaborative (PICC) and Physician Quality Committee (PQC). Practitioner participation in the QI Program was deemed adequate for this past year. In an effort to enhance practitioner participation in the QI Program, QI staff will meet with select high volume provider groups and directly contracted practitioners. L.A. Care members and consumer advocates provided input through the eleven Regional Community Advisory Committees and the Executive Community Advisory Committee. Other external experts provided input through the Children's Health Consultant Advisory Committee and the Technical Advisory Committee.

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.

In addition to demonstrating improvements in equitable clinical care, staff made process improvements in integrating the physical health and behavioral health and programs that promote clinical practice guideline adherence, such as an antidepressant medication reminder that included a reminder to complete physical health screenings. Potential quality of care processes were revamped to be more efficient and potential quality issues were better identified, tracked and monitored through the Credentialing/Peer Review Committee. Patient safety was addressed through the monitoring of potential quality issues, facility site reviews, and pharmacy management programs. Coordination and collaboration among departments, such as between A&G and PQI supported more effective clinical and service improvements.

Many HEDIS rates showed improvement over the prior year and many of the chronic care measures are now higher than 2019 levels (CBP and HBD). However, well care visits for children and cancer screenings have not returned to prepandemic levels. For Medi-Cal, 8 out of 23 internal HEDIS goals were met. For

MY 2022 MCAS measures, 12 out of the 18 measures met the 50th percentile Minimum Performance Level (MPL). This is an increase in the number of measures not met compared to MY 2021 where 12 out of 15 MCAS measures reached the MPL. Of the six measures that did not meet MPL, 5 improved over the prior year and the immunizations measure for Children (CIS-10) improved and met the MPL in MY 2022. For the LACC line of business, 5 out of 13 Hybrid numerators improved and 6 out of 17 HEDIS measures met the internal goals. For the CMC line of business, 12 out of 13 Reportable Hybrid numerators improved over the prior year and 8 out 15 HEDIS measures met internal goals. Improvements were made in several other HEDIS areas. Quality Improvement staff conducted focused site visits to over 3,000 providers. These visits are to educate providers on HEDIS processes, and on using Provider Opportunity Reports. Additionally, collaboration with the Health Information Technology team led to more data integration. New data sources for Depression and Alcohol use screening (E-Management) were mapped and are now ingested into the HEDIS engine. Health Information Exchange data from LANES was also incorporated into the L.A. Care data collection process and helped towards the reporting of several Electronic Clinical Data Systems (ECDS) measures. These activities are expected to continue and be enhanced in 2024.

The Quality Improvement Work Groups, which includes other departments, collectively had 89 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 expanded text messaging to L.A. Care Covered and Medicare Plus members, and for the first time, offered at-home test kits to members due for colorectal cancer screenings, A1c tests and kidney health evaluations.

The evaluation and review of HEDIS and disparity data showed that opportunities remain in across multiple domains of care. This year two new Race and Ethnicity categories were added: Native Hawaiian and Other Pacific Islander and American and American Indian and Alaska Native Hispanic or Latino. Native Hawaiians have lower rates than Black or African Americans when it came to blood lead screens and Well-Child Visits between 15-30 Months of Life. Black or African Americans, had lower rates across all LOBs for diabetes care, colorectal cancer screening, childhood immunization status - Combination 10, Well-Child Visits in the First 15 Months of Life. Diabetes in particular, including the disparity in control of Diabetes among African Americans, will continue to be an issue of focus for L.A. Care. 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.

Member experience remains L.A. Care's biggest opportunity. Across all product lines there were several member satisfaction measures that continue to be in need of improvement: getting needed care, getting care quickly, and overall rating of health plan. The organization developed a new cross-functional work group to develop interventions to address these opportunities in 2022 and continues to strategize on member experience in this setting such as focusing on point of care surveys, friendlier language on materials and increasing customer service staff. The primary interventions to improve member experience in 2023 are the patient experience training program for provider offices and accountability meetings with low-performing IPAs. The Customer Solution Center also deployed several changes that drive positive member experience, with noticeable improvements in their CAHPS ratings, and the Elevating the Safety Net program and L.A. Care Direct Network expanded the long-term supply of primary care providers.

The QI and Health Equity Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. Member satisfaction have not significantly improved over the last three years and enterprise efforts will continue into 2024. Timely access to care studies continue to show the need for improvement including the need to improve provider data, which again has a large scale effort in place to improve. There are multiple clinical (and/or clinical data) areas that still need improvement, such as, well care visits for children and Topical Fluoride Varnish, lead screening, breast cervical and colorectal cancer screenings. These and other QI activities are detailed in the

2024 QI and Health Equity Work Plan and will be tracked through the QI committees and the governance structure.