



**L.A. Care**  
HEALTH PLAN®

# Quality Improvement Program Annual Report and Evaluation

2016

*Quality Oversight Committee approval on* \_\_\_\_\_ *2/27/17*  
*Compliance and Quality Committee approval on* \_\_\_\_\_ *3/16/17*

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## **Attachments**

**#1 – 2016 Completed QI Work Plan**



### **Mission**

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

### **Vision**

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

### **Values**

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

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



## EXECUTIVE SUMMARY

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L.A. Care Health Plan continues its efforts to improve the quality of care and services to members. The Quality Improvement Program describes the infrastructure L.A. Care uses to coordinate quality improvement activities with quantifiable goals. The 2016 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measurable goals. This 2016 Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2016 through December 31, 2016 except where annotated otherwise. This Annual Report evaluates activities for L.A. Care's lines of business: Medi-Cal, PASC-SEIU Homecare Workers Health Care for In-Home Supportive Services Workers, L.A. Care Covered™ (Marketplace), L.A. Care Covered Direct™, and Cal MediConnect [(CMC) Duals Demonstration Project].

Under the leadership and strategic direction established by the L.A. Care Health Plan Board of Governors through the Compliance and Quality Committee (C&Q) and senior management, the 2016 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 clinical care, patient safety, model of care implementation & monitoring, 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, public and member advisory groups and task forces, as well as dedicated organizational staff. The input and work of these committees and of L.A. Care staff are directed at appropriate initiatives, activities, deliverables, and policies and procedures that support the mission and direction established by the Board of Governors.

Staff throughout L.A. Care contribute to activities to support the execution of the Quality Improvement Program. Most activities are coordinated and/or carried out by staff in two main service areas: Health Services and Managed Care Operations. The Quality Improvement (QI) Department takes the lead in compiling this Annual Report, with support from staff in the following departments: Healthcare Outcomes and Analysis (HO&A), Appeals & Grievances (A&G), Disease Management, Customer Solutions Center, Provider Network Management (PNM), Pharmacy, Community Outreach and Education (CO&E), Medicare Operations (Med Ops), Managed Long Term Services and Supports (MLTSS), Behavioral Health, Health Education, Cultural and Linguistic Services (HECL), Clinical Provider Service, Clinical Member Services, Facility Site Review (Medical Record Review), and Credentialing.

L.A. Care Health Plan has successfully undergone evaluation by regulators and accrediting bodies in 2016, with particular emphasis on quality of care, coordination and integration of services, and provision of effectiveness and efficacy of processes.

The assessments in 2016 included:

- August 27: NCQA annual reevaluation based on HEDIS® and CAHPS® performance of Medi-Cal and Covered California product lines, resulting in an overall “accredited” status.
- July 25 – August 5: DHCS audit of Medi-Cal. L.A. Care's total number of findings decreased by 70%, from 50 findings in 2015 to 15 findings in 2016.
- In 2016, maintained “Distinction in Multicultural Health Care” NCQA recognition.

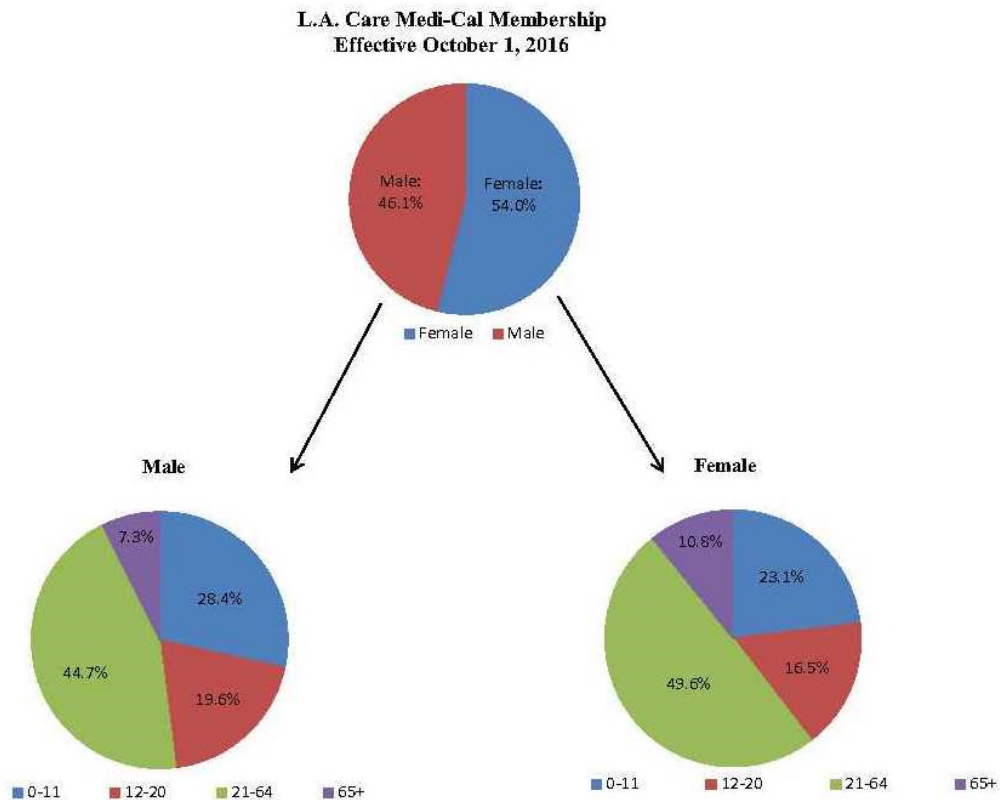
## Membership

The Quality Improvement Program is designed to meet the unique and specific needs of L.A. Care members. The following information provides a high level summary of L.A. Care’s membership.

As of October 1, 2016, L.A Care had 1,944,916 Medi-Cal members of those 161,135 members in the Senior and Persons with Disabilities (SPDs) categories (an increase from 314,204 at the end of 2015), 365 Healthy Kids members, and 47,687 PASC-SEIU members. L.A. Care’s Medi-Cal membership profile by age and gender is shown below:

Age	Number of Members	% of Membership
0-11	404,684	27.3%
12-20	287,403	19.4%
21-64	650,382	43.9%
65+	137,919	9.3%
<b>Total</b>	<b>1,480,388</b>	<b>100.0%</b>

Gender	Number of Members	% of Membership
Female	1,049,371	54.0%
Male	895,545	46.1%



Three ethnic groups make up 80.9% of L.A. Care’s Medi-Cal membership as seen in the table below:

<b>Ethnicity</b>	<b>Number of Members</b>	<b>% of Membership</b>
Hispanic/Latino	1,062,287	54.6%
Caucasian/White	303,647	15.6%
African American/Black	207,491	10.7%

90.4% % of all L.A. Care Medi-Cal members speak one of two languages as seen in the table below:

<b>Language</b>	<b>Number of Members</b>	<b>% of Membership</b>
English	1,159,889	59.6%
Spanish	597,421	30.7%

Approximately 35.6% of L.A. Care’s Medi-Cal members are under 21 years of age. The rate of members 65 and over increased from 1% in 2010 to 9.3% in 2016. Of the adult membership, approximately 54.0% are female and 46.1% are male. Approximately 54.6% of L.A. Care Med-Cal members are Hispanic/Latino, but the main preferred languages spoken are divided between English and Spanish. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

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

<b>Medi-Cal and Cal MediConnect</b>	<b>Healthy Kids</b>	<b>PASC-SEIU</b>	<b>L.A. Care Covered</b>
<b>English</b>	<b>English</b>	<b>English</b>	<b>English</b>
<b>Spanish</b>	<b>Spanish</b>	<b>Spanish</b>	<b>Spanish</b>
<b>Chinese</b>	<b>Korean</b>	<b>Chinese</b>	
<b>Armenian</b>		<b>Armenian</b>	
<b>Arabic</b>			
<b>Farsi</b>			
<b>Khmer</b>			
<b>Korean</b>			
<b>Russian</b>			
<b>Tagalog</b>			
<b>Vietnamese</b>			

## MEDI-CAL

<b>Medi-Cal</b>	
<b>The Top 15 Diagnosis Categories for Outpatient Visits</b> <b>(July 1, 2015 – June 30, 2016)</b>	
<b>1</b>	Medical examination/evaluation
<b>2</b>	Spondylosis; intervertebral disc disorders; other back problems
<b>3</b>	Other upper respiratory infections
<b>4</b>	Other screening for suspected conditions (not mental disorders or infectious disease)
<b>5</b>	Chronic kidney disease
<b>6</b>	Essential hypertension
<b>7</b>	Diabetes mellitus without complication
<b>8</b>	Abdominal pain
<b>9</b>	Other connective tissue disease
<b>10</b>	Other non-traumatic joint disorders
<b>11</b>	Diabetes mellitus with complications
<b>12</b>	Administrative/social admission
<b>13</b>	Immunizations and screening for infectious disease
<b>14</b>	Blindness and vision defects
<b>15</b>	Mood disorders

<b>Medi-Cal</b>	
<b>The Top 15 Diagnosis Categories for Inpatient Visits</b> <b>(July 1, 2015 – June 30, 2016)</b>	
<b>1</b>	Septicemia (except in labor)
<b>2</b>	Liveborn
<b>3</b>	Congestive heart failure; non-hypertensive
<b>4</b>	Nonspecific chest pain
<b>5</b>	Diabetes mellitus with complications
<b>6</b>	Skin and subcutaneous tissue infections
<b>7</b>	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
<b>8</b>	Chronic obstructive pulmonary disease and bronchiectasis
<b>9</b>	Urinary tract infections
<b>10</b>	Complication of device; implant or graft
<b>11</b>	Biliary tract disease
<b>12</b>	Acute cerebrovascular disease
<b>13</b>	Alcohol-related disorders
<b>14</b>	Acute and unspecified renal failure
<b>15</b>	Fluid and electrolyte disorders

<b>The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2015 – June 30, 2016)</b>			
<b>Medi-Cal (SPD)</b>		<b>Medi-Cal (Non-SPD)</b>	
<b>1</b>	Chronic kidney disease	<b>1</b>	Medical examination/evaluation
<b>2</b>	Spondylosis; intervertebral disc disorders; other back problems	<b>2</b>	Other upper respiratory infections
<b>3</b>	Essential hypertension	<b>3</b>	Spondylosis; intervertebral disc disorders; other back problems
<b>4</b>	Diabetes mellitus with complications	<b>4</b>	Other screening for suspected conditions (not mental disorders or infectious disease)
<b>5</b>	Diabetes mellitus without complication	<b>5</b>	Abdominal pain
<b>6</b>	Medical examination/evaluation	<b>6</b>	Diabetes mellitus without complication
<b>7</b>	Other connective tissue disease	<b>7</b>	Administrative/social admission
<b>8</b>	Other non-traumatic joint disorders	<b>8</b>	Essential hypertension
<b>9</b>	Abdominal pain	<b>9</b>	Immunizations and screening for infectious disease
<b>10</b>	Other aftercare	<b>10</b>	Blindness and vision defects
<b>11</b>	Nonspecific chest pain	<b>11</b>	Other connective tissue disease
<b>12</b>	Other screening for suspected conditions (not mental disorders or infectious disease)	<b>12</b>	Other non-traumatic joint disorders
<b>13</b>	Mood disorders	<b>13</b>	Diabetes mellitus with complications
<b>14</b>	Osteoarthritis	<b>14</b>	Mood disorders
<b>15</b>	Schizophrenia and other psychotic disorders	<b>15</b>	Other pregnancy and delivery including normal

<b>The Top 20 Diagnosis Categories for Inpatient Visits (July 1, 2015 – June 30, 2016)</b>			
<b>Medi-Cal (SPD)</b>		<b>Medi-Cal (Non-SPD)</b>	
<b>1</b>	Septicemia (except in labor)	<b>1</b>	Liveborn
<b>2</b>	Congestive heart failure; non-hypertensive	<b>2</b>	Septicemia (except in labor)
<b>3</b>	Chronic obstructive pulmonary disease and bronchiectasis	<b>3</b>	Nonspecific chest pain
<b>4</b>	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	<b>4</b>	Diabetes mellitus with complications
<b>5</b>	Nonspecific chest pain	<b>5</b>	Skin and subcutaneous tissue infections
<b>6</b>	Diabetes mellitus with complications	<b>6</b>	Other complications of birth; puerperium affecting management of mother
<b>7</b>	Complication of device; implant or graft	<b>7</b>	Biliary tract disease
<b>8</b>	Skin and subcutaneous tissue infections	<b>8</b>	Alcohol-related disorders
<b>9</b>	Urinary tract infections	<b>9</b>	Congestive heart failure; non-hypertensive
<b>10</b>	Acute and unspecified renal failure	<b>10</b>	Appendicitis and other appendiceal conditions
<b>11</b>	Hypertension with complications and secondary hypertension	<b>11</b>	Other complications of pregnancy
<b>12</b>	Fluid and electrolyte disorders	<b>12</b>	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
<b>13</b>	Acute cerebrovascular disease	<b>13</b>	Previous C-section
<b>14</b>	Cardiac dysrhythmias	<b>14</b>	Pancreatic disorders (not diabetes)
<b>15</b>	Acute myocardial infarction	<b>15</b>	Urinary tract infections

The top 15 diagnoses, were identified using Clinical Classifications Software (CCS) Single Level Diagnosis categories by LOB and by In Patient and Out Patient setting (using primary diagnosis only), from July 1, 2015 – June 30, 2016.

For Medi-Cal, the SPD vs. non-SPD top diagnosis category lists emphasize the different patient mix of these populations. The top three outpatient diagnosis categories for 2016 Medi-Cal SPD were Chronic Kidney Disease, Spondylosis; Intervertebral Disc Disorders; Other Back Problems, and Essential Hypertension and for Non-SPD were Medical Examination/Evaluation, Other Upper Respiratory Infections, and Spondylosis; Intervertebral Disc Disorders; Other Back Problems. In terms of top three diagnosis categories for Inpatient for Medi-Cal SPD were Septicemia (except in labor), Congestive Heart Failure; Non-hypertensive, and Chronic Obstructive Pulmonary Disease and Bronchiectasis and for Non-SPD were Liveborn, Septicemia (except in labor), and Nonspecific Chest Pain.

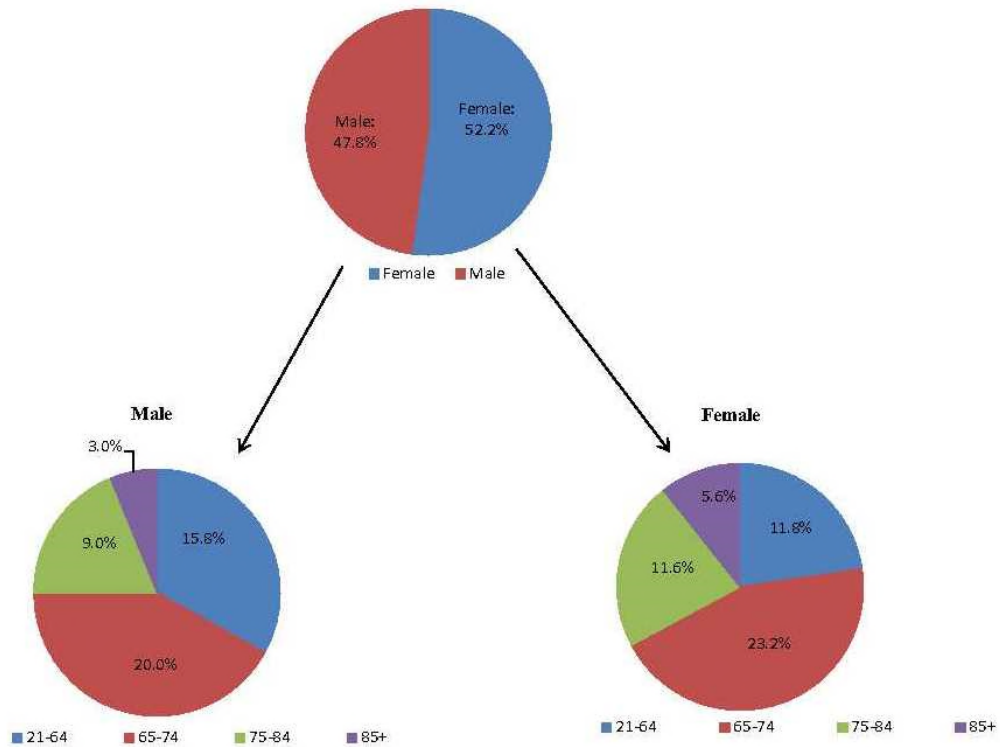
### **Cal MediConnect Membership (Duals Demonstration Project)**

As of October 1, 2016, L.A Care had 12,610 Cal MediConnect members. The population below 65 years of age qualifies for participation in the Duals Demonstration Project based on presence of a disabling condition and/or aid code designation. The detail of L.A. Care’s Cal MediConnect membership profile is shown below:

<b>Age</b>	<b>Number of Members</b>	<b>% of Membership</b>
<b>21-64</b>	3,486	27.6%
<b>65-74</b>	5,453	43.2%
<b>75-84</b>	2,595	20.6%
<b>85+</b>	1,076	8.5%
<b>Total</b>	12,610	100.0%

<b>Gender</b>	<b>Number of Members</b>	<b>% of Membership</b>
<b>Female</b>	6,577	52.2%
<b>Male</b>	6,033	47.8%

**L.A. Care Cal MediConnect Membership  
Effective October 1, 2016**



L.A. Care’s Cal MediConnect membership based on ethnicity can be seen in the table below: *Note: The majority of the Cal MediConnect-members’ ethnicity (22.3%) is either unknown/blank or decline to state.*

<b>Ethnicity</b>	<b>Number of Members</b>	<b>% of Membership</b>
<b>Hispanic/Latino</b>	5,382	42.7%
<b>White/Caucasian</b>	1,607	12.7%
<b>Black/African American</b>	1,831	14.5%
<b>Chinese</b>	137	1.1%
<b>Filipino</b>	373	3.0%
<b>Asian Pacific Islander</b>	310	2.5%
<b>Korean</b>	38	0.3%
<b>Vietnamese</b>	54	0.4%
<b>Asian Indian</b>	32	0.3%
<b>Cambodian</b>	28	0.2%
<b>Samoan</b>	9	0.1%

Approximately % of the L.A. Care Cal MediConnect members speak one of two languages as seen in the table below:

Language	Number of Members	% of Membership
English	5,739	45.5%
Spanish	4,953	39.3%

72.4% of L.A. Care Cal MediConnect members are 65 years and over. Of adult membership, 52.2% are female and 47.8% are male. The main preferred languages spoken are divided between Spanish and English with English being the predominant preferred language. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

Cal MediConnect	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2015 – June 30, 2016)	
1	Essential hypertension
2	Spondylosis; intervertebral disc disorders; other back problems
3	Diabetes mellitus with complications
4	Diabetes mellitus without complication
5	Mood disorders
6	Medical examination/evaluation
7	Schizophrenia and other psychotic disorders
8	Other screening for suspected conditions (not mental disorders or infectious disease)
9	Chronic kidney disease
10	Other non-traumatic joint disorders
11	Other connective tissue disease
12	Cataract
13	Blindness and vision defects
14	Abdominal pain
15	Osteoarthritis

Cal MediConnect	
The Top 15 Diagnosis for Inpatient Visits (July 1, 2015 – June 30, 2016)	
1	Septicemia (except in labor)
2	Schizophrenia and other psychotic disorders
3	Congestive heart failure; non-hypertensive
4	Diabetes mellitus with complications
5	Chronic obstructive pulmonary disease and bronchiectasis
6	Acute cerebrovascular disease
7	Acute and unspecified renal failure
8	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
9	Acute myocardial infarction
10	Nonspecific chest pain
11	Respiratory failure; insufficiency; arrest (adult)
12	Cardiac dysrhythmias
13	Urinary tract infections
14	Skin and subcutaneous tissue infections
15	Gastrointestinal hemorrhage



The top 15 diagnoses, were identified using CCS Single Level Diagnosis categories by LOB and by In Patient and Out Patient setting (using primary diagnosis only), from July 1, 2015 – June 30, 2016.

The top three outpatient diagnosis categories for 2016 were Essential Hypertension, Spondylosis; Intervertebral Disc Disorders; Other Back Problems, and Diabetes Mellitus with Complications. In terms of top three diagnosis categories for Inpatient, they were Septicemia (except in labor), Schizophrenia and Other Psychotic Disorders, and Congestive Heart Failure; Non-hypertensive.

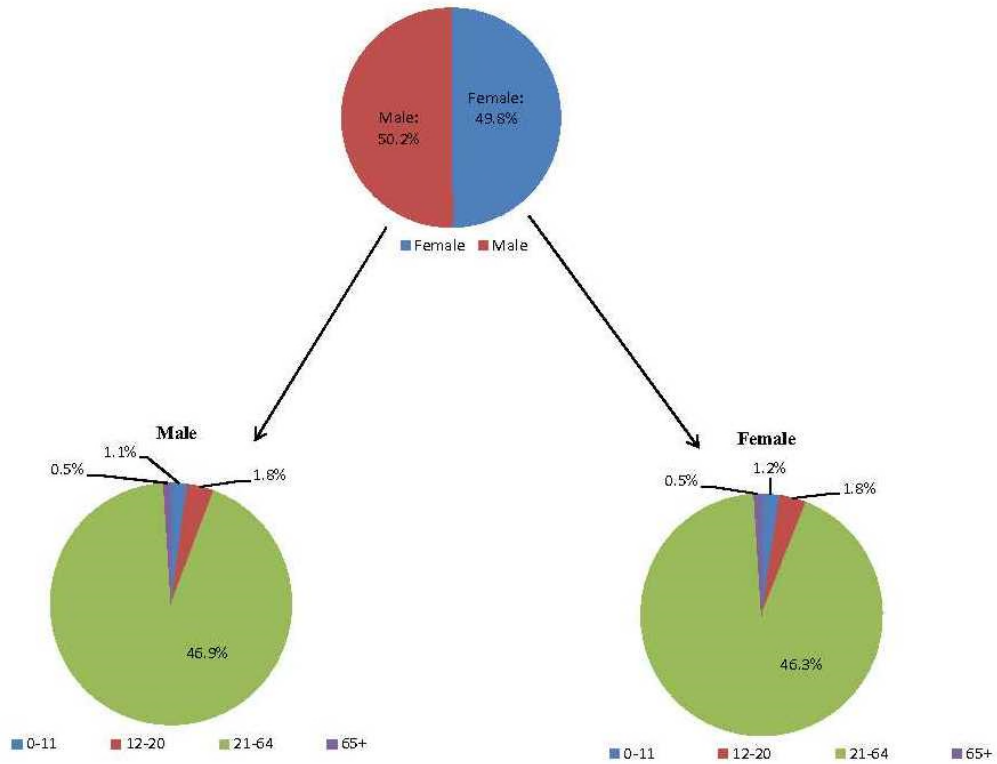
**L.A. Care Covered™ Membership (Marketplace)**

As of October 1, 2016, L.A. Care had 10,700 L.A. Care Covered™ members. The detail of L.A. Care’s L.A. Care Covered™ membership profile is shown below:

<b>Age</b>	<b>Number of Members</b>	<b>% of Membership</b>
<b>0-11</b>	244	2.3%
<b>12-20</b>	391	3.7%
<b>21-64</b>	9,963	93.1%
<b>65+</b>	102	1.0%
<b>Total</b>	10,700	100.0%

<b>Gender</b>	<b>Number of Members</b>	<b>% of Membership</b>
<b>Female</b>	5,326	49.8%
<b>Male</b>	5,374	50.2%

**L.A. Care Covered Membership  
Effective October 1, 2016**



Six ethnic groups make up 46.3% of L.A. Care’s L.A. Care Covered™ membership as seen in the table below:

Ethnicity*	Number of Members	% of Membership
Hispanic/Latino	905	8.5%
White/Caucasian	2,745	25.7%
Black/African American	359	3.4%
Chinese	337	3.2%
Filipino	323	3.0%
Korean	282	2.6%

\*50.4% are unknown

87.4% of all L.A. Care L.A. Care Covered™ members speaks one of two languages as seen in the table below:

Language	Number of Members	% of Membership
English	6,839	63.9%
Spanish	2,511	23.5%

Approximately 5.9% of L.A. Care’s L.A. Care Covered™ members are under 21 years of age. Of the adult membership, approximately 49.8% are female and 50.2% are male.

L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

<b>L.A. Care Covered™</b>	
<b>The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2015 – June 30, 2016)</b>	
<b>1</b>	Medical examination/evaluation
<b>2</b>	Other screening for suspected conditions (not mental disorders or infectious disease)
<b>3</b>	Essential hypertension
<b>4</b>	Spondylosis; intervertebral disc disorders; other back problems
<b>5</b>	Diabetes mellitus without complication
<b>6</b>	Other connective tissue disease
<b>7</b>	Other non-traumatic joint disorders
<b>8</b>	Diabetes mellitus with complications
<b>9</b>	Mood disorders
<b>10</b>	Other upper respiratory infections
<b>11</b>	Abdominal pain
<b>12</b>	Disorders of lipid metabolism
<b>13</b>	Anxiety disorders
<b>14</b>	Other skin disorders
<b>15</b>	Immunizations and screening for infectious disease

<b>L.A. Care Covered™</b>	
<b>The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2015 – June 30, 2016)</b>	
<b>1</b>	Acute myocardial infarction
<b>2</b>	Liveborn
<b>3</b>	Diabetes mellitus with complications
<b>4</b>	Septicemia (except in labor)
<b>5</b>	Biliary tract disease
<b>6</b>	Urinary tract infections
<b>7</b>	Nonspecific chest pain
<b>8</b>	Congestive heart failure; non-hypertensive
<b>9</b>	Osteoarthritis
<b>10</b>	Maintenance chemotherapy; radiotherapy
<b>11</b>	Spondylosis; intervertebral disc disorders; other back problems
<b>12</b>	Appendicitis and other appendiceal conditions
<b>13</b>	Benign neoplasm of uterus
<b>14</b>	Other nutritional; endocrine; and metabolic disorders
<b>15</b>	Abdominal hernia

The top 15 diagnoses, were identified using CCS Single Level Diagnosis categories by LOB and by In Patient and Out Patient setting (using primary diagnosis only), from July 1, 2015 – June 30, 2016.

The top three outpatient diagnosis categories for 2016 were, Medical Examination/Evaluation, Other Screening for Suspected Conditions (not mental disorders or infectious disease), and Essential Hypertension. In terms of top three diagnosis categories for Inpatient, they were Acute Myocardial Infarction, Liverborn, and Diabetes mellitus with complications.

As of October 1, 2016, L.A. Care had 26 L.A. Care Covered Direct™ members. L.A. Care's L.A. Care Covered Direct™ members speak English (65.4%) or Spanish (34.6%). Approximately 30.8% of L.A. Care's L.A. Care Covered Direct™ members are under 21 years of age. Of the adult membership, approximately 42.3% are female and 57.7% are male.

## **Clinical Care**

L.A. Care targets four main areas for clinical care improvement: *health promotion and prevention, management of chronic conditions, management of episodic conditions, and monitoring the network for compliance with guidelines.* In the area of *health promotion and prevention*, L.A. Care sought to increase the number of members who received breast, cervical, and colorectal cancer screenings, well child and adolescent visits, childhood and adolescent immunizations, prenatal and postpartum care and other services to maintain women's health.

Automated reminder calls were made to members who had not had colorectal, breast cancer, or cervical cancer screenings by quarter 3 of 2016. In 4Q2016, over 27,000 live agent calls were made to members who had not been to any provider in 2015 or 2016, with an emphasis on the importance of preventative care screenings and visits for adults and immunizations for children. Educational materials were sent out to non-compliant members for colorectal cancer and for cervical cancer. The member newsletter included educational articles on breast cancer and cervical cancer.

In 2016 four gaps in care reports (Provider Opportunity Reports or PORs) were sent to providers beginning mid-year. PORs were added for LACC in 3Q2016. These provide member-level detail for gaps in care and YTD rates for provider groups and primary care practices. Additional QI efforts included the distribution of cervical cancer algorithm pocket cards, blood pressure algorithm pocket cards, and office forms designed to streamline access to women's preventive health services. These were also provided at onsite visits and trainings by the Facility Site Review team and the Quality Performance Management team. Gynecologists also received a letter promoting direct access to in-network OB/GYN practitioners and a second report detailing their members who had not had cervical cancer screenings.

QI carried out four provider trainings via webinar. The first three were based on line of business and addressed population specific quality issues and interventions. A fourth training was provided regarding transition of care interventions for the CMC population.

Member incentives were sent out for diabetes screenings and incentives were provided to promote postpartum visits.

L.A. Care demonstrated significant improvement in seven (7) HEDIS measures: Antidepressant Medication Management – Effective Acute Phase Treatment and Effective Continuation Phase Treatment, Comprehensive Diabetes Care – Eye Exams and Monitoring For Nephropathy, Annual Monitoring for People on Persistent Medications – ACE/ARB and Diuretics, and Appropriate Testing for Children with Upper Respiratory Infection. There was significant decline in three (3) indicators: Comprehensive Diabetes Care – Blood Pressure Control (<140/90), Prenatal and Postpartum Care – Timeliness of Prenatal Care, and Use of Imaging Studies for Low Back Pain.

L.A. Care's asthma and diabetes disease management programs are available for all lines of business, and the cardiovascular disease management programs are available LACC and CMC lines of business and continue to grow to provide education and support to empower members to manage these chronic conditions. The programs have bilingual English-Spanish nurses who make outbound condition monitoring calls to members who are stratified with higher severity and has bilingual English-Spanish staff to answer the telephone resource lines. L.A. Care developed targeted L.A. Care branded education materials for the three disease management programs to outreach and engage lower severity members as well as revising the

clinical practice guidelines for all three programs to engage providers in evidence based practice of their patients with asthma, diabetes and cardiovascular disease.

Additionally, L.A. Care participates in a CMS mandated Chronic Care Improvement Program (CCIP) focused on reducing cardiovascular disease and a Quality Improvement Plan (QIP) focused on reducing all cause hospital re-admissions.

Throughout 2016, L.A. Care's NCQA accredited Managed Behavioral Health Organization (MBHO) provided specialty behavioral health services for members. L.A. Care worked with its MBHO to improve coordination of medical and behavioral care.

As part of the Quality Improvement Program, L.A. Care Health Plan (L.A. Care) systematically reviews and adopts evidence-based clinical practice and preventive health guidelines promulgated from peer reviewed sources for diseases and health conditions identified as most salient to its membership for the provision of preventive, acute or chronic medical and behavioral health services known to be effective in improving health outcomes. L.A. Care monitors network compliance with specific clinical and preventive health guidelines through measures including: Healthcare Effectiveness Data Information Set (HEDIS®); Consumer Assessment of Healthcare Providers and Systems (CAHPS®); and other measures as appropriate. Performance is compared to goals and/or benchmarks which can be from the National Committee for Quality Assurance (NCQA) Quality Compass, Centers for Medicare and Medicaid Services (CMS) Star rating technical specification, or the Medicare National HMO Averages from The State of Health Care Quality.

New and revised clinical practice and preventive health guidelines are presented annually, and/or as necessary, to L.A. Care's Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC) for review and adoption in an effort to help improve the delivery of primary and preventative health care services to our members and reduce unnecessary variation in care. L.A. Care's provider newsletter is used to inform physician partners of where they can locate the latest clinical practice and preventative health guidelines adopted by L.A. Care; these guidelines are disseminated via L.A. Care's website. At least two of the non-preventative guidelines provide the clinical basis for L.A. Care's chronic care improvement and disease management programs for diabetes, cardiovascular risk, and asthma. L.A. Care annually measures performance of at least two important aspects for each of its clinical and preventive health guidelines. The guidelines may be used for quality-of-care reviews, member and provider education and/or incentive programs, and to assure appropriate benefit coverage.

For selected lines of business, L.A. Care delegates behavioral health services to a National Committee for Quality Assurance (NCQA) Accredited Managed Behavioral Health Organization (MBHO). For enrollees in those plans, the MBHO collaborates with L.A. Care on the approval and monitoring of the selected Clinical Practice Guidelines for behavioral health with input and approval at the Behavioral Health Quality Improvement Committee quarterly meetings

For its overall insured population, L.A. Care shall adopt at least two behavioral health guidelines, one of which addresses children and adolescents. L.A. Care selected Adult Depression and Attention Deficit Hyperactivity Disorder (ADHD) in children.

See Section A.6 for detailed reporting of Clinical Practice Guidelines activities.

In order to monitor the network for compliance with guidelines, L.A. Care conducted medical record reviews that focus on various aspects of the guidelines. This process gives providers feedback and educates them at the same time. Healthcare Effectiveness and Data Information Set (HEDIS) measures are also used to monitor the network for compliance. Medical records reviewed by the FSR team indicate 88%

compliance rate with “child” preventive guidelines and 94% compliance rate with “adult” preventive health guidelines (sample size 6,290).

Separately, L.A. Care met with the California Health Care Foundation (CHCF) and the California Maternal Quality Care Collaborative (CMQCC) to join a statewide effort to promote the appropriate use of C-sections. In October 2016, 2015 data was received reflecting Nulliparous Term Singleton Vertex (NTSV) C-section rates for L.A. Care network maternity hospitals in comparison to other hospitals in the state providing maternity services.

L.A. Care’s Provider Continuing Education Program (PCEP) continues to be an accredited Continuing Medical Education (CME) provider by the Institute for Medical Quality and Continuing Education provider (CE) by the Board of Registered Nursing and Board of Board of Behavioral Sciences. The program provides three levels of activities including direct sponsorship, co-sponsorship with other CME providers, or jointly-sponsorship with non CME accredited providers. In 2016, the PCEP was successful in maintaining and getting new accreditation from the following:

### **Provider Continuing Education Department**

- Successfully reaccredited as CME Provider by the Institute for Medical Quality (IMQ)/California Medical Association (CMA) to provide continuing medical education activities for Physicians. L.A. Care was reaccredited with commendation by IMQ/CMA effective May 18, 2016 until May 31, 2022, which provides an additional two years of accreditation compared to the regular four-year accreditation as a result of demonstrated compliance with IMQ/CMA’s accreditation standards and policies.
- Applied and successfully received reaccreditation from the California Board of Registered Nursing (BRN) as a CE Provider for Registered Nurses. L.A. Care Health Plan’s CE Provider reaccreditation with the CA BRN is valid until September 30, 2018.
- Applied and successfully received accreditation from American Psychological Association (APA) to provide continuing education activities to Psychologists effective March 2016.
- Applied and successfully received accreditation with the Behavior Analyst Certification Board (BACB) as a CE Provider for type 2 CE activities for Board Certified Behavior Analysts) effective April 2016.
- Applied and successfully received CE Provider accreditation with the California Association of Marriage and Family Therapists (CAMFT) to provide continuing education activities for LMFTs, LCSWs, LPCCs and LEPs as of December 12, 2016.

For CY 2016, the Provider Continuing Education Department planned, developed, and executed **35 directly sponsored CME/CE activities and 31 jointly provided/sponsored CME/CE activities.**

### **Cultural & Linguistic Services**

The Cultural & Linguistic (C&L) Services Unit provides language access services, including translation, telephonic interpreting, and face-to-face interpreting, and cultural competency trainings for L.A. Care staff and its provider network. In 2016, the C&L Services Unit received and translated 1,501 documents totaling almost four million words (3,769,419), a slight decrease of 10% over the previous year’s total. This decrease was due to a reduction in the number of full translations of member letters, such as grievance acknowledgement letters and resolution letters, which accounted for approximately 29% of documents rather than the 57% from last year. Spanish was the top requested language, followed distantly by Khmer, Armenian, and Traditional Chinese. In an effort to improve translation quality and consistency, the C&L Services Unit developed and implemented a Glossary Committee comprised of qualified and assessed bilingual staff to review and update Spanish terminology related to health education materials. A member satisfaction survey in Spanish was also developed and included in pre-diabetes health education materials

to determine the quality of translation of the materials and whether receiving materials in their language helped members take better care of their health. Results indicate high satisfaction from members. As a result, there are plans to integrate these surveys into other translated materials.

The C&L Services Unit provides face-to-face interpreters upon request at medical appointments, meetings, and health education classes. In 2016, a total of 4,347 face-to-face interpreting requests were coordinated, 4,056 for medical appointments, and 219 for administrative meetings and events, an increase of 11% over the previous year. The uptake was not necessarily due to return user requests, but rather an increase in the number of requests for interpreters at medical appointments resulting from the overall growth in membership. The top three languages requested for medical appointments were Spanish, American Sign Language and Farsi. Spanish was the top language for administrative appointments followed distantly by Khmer requested primarily by Community Outreach and Engagement requests. The C&L Services Unit analyzed face-to-face interpreting cancellations and partnered with the Customer Service Center department to increase the number of fulfilled interpreting requests.

Telephonic interpreting services are offered to health plan employees, network providers including PPGs staff as they communicate members over the phone or when face-to-face interpreters are not available. In 2016, telephonic interpreting services were provided during 66,842 calls for a total of 797,353 minutes by the C&L Services Unit's contracted vendor. Utilization of telephonic interpreting services decreased by 1% over the previous year with no more new lines of business being introduced. Telephonic interpreting services were provided in a total of 83 languages. Additionally, video remote interpreting (VRI) was made available to provide interpreting services in American Sign Language (ASL) to deaf and hard-of-hearing members who come onsite to L.A. Care headquarters.

The C&L Services Unit provides on-going education on C&L rights, requirements, services and resources, cultural competency, and disability sensitivity to all plan staff who have routine contact with limited English proficient members as well as network providers with applicable regulations and regulatory agency requirements. In 2016, training titles included: C&L Overview, Cultural Competency, disability awareness, interpreting services, transition to 711, translation services, communicating through Healthcare Interpreters (CME), and Health Disparities. Trainings are conducted both in person and online through L.A. Care's Learning Management System. The C&L Services Unit conducted a total of 26 in-person trainings in 2016, with a total of 602 attendees (321 staff and 281 providers). An additional 451 staff and 110 providers completed C&L trainings online. Also, in an effort to improve PPG compliance with C&L regulations and requirement, the C&L Services Unit staff provided targeted training to those that scored less than 75% in the 2015 C&L audit. In September 2016, three webinar trainings were conducted and a total of 65 representing 34 PPGs were in attendance.

This year, the C&L Services Unit continues its ongoing efforts to educate members on language assistance services. Based on feedback shared from members during Regional Community Advisory Committees (RCAC) and Executive Community Advisory Committees (ECAC) meetings, members remain uninformed about the availability of language services despite various educational resources. As a result, C&L Services staff provided language access education and training during RCAC meetings last year and will take place again this upcoming year. In addition, as a result of the effectiveness of language access DVDs for deaf/hard-of-hearing members and Asian language speakers, the C&L Services Unit also produced member educational videos in the four additional threshold languages (Arabic, Farsi, Russian, and Armenian). These DVDs will be included in the 2017 annual and new member mailings.

### **California Relay Service (CRS)**

In April 2015, L.A. Care began transitioning from a TTY software called ipTTY to utilizing California Relay (CRS) 711 Services to help staff communicate more effectively with Deaf and hard of hearing members. Staff received training to prepare them for the transition and instruct them on how to access 711.

The CRS allows for internal staff and after hours vendor, AnsaFone, to receive and dial out calls to and from members at any time of day from any phone without the use of any additional software.

All users, that will be making the transition from ipTTY to CRS and/or will need to use CRS, attended a mandatory training class which provided a brief history on CRS as well as how to actively use the service. For Fiscal Year 2014-2015 one in-person and one webinar training sessions on “How to communicate with the Deaf and Hard of Hearing using CRS” were conducted by the Interpreting Services Specialist and Senior Telecommunication Administrator. This course provided basic information about: 1) Deaf culture, 2) History and characteristics of American Sign Language, 3) Literacy of the Deaf and Hard of Hearing, 4) Regulations that mandate L.A. Care to provide CRS services, 5) From ipTTY to CRS transition (Why, How, When), 6) Etiquette and Tips, and 7) Scenarios/Demonstration.

### **Health Education Services**

Health education services are available to all DLOB members via in-person group appointments or telephonic consultations. All services are delivered by certified health coaches, Registered Dietitians, and Master’s level health educators. In FY 15-16, the Health Education Unit conducted 2,662 health education encounters<sup>1</sup>, 2,252 of which were provided telephonically; 410 were group appointments offered at easily accessible, highly-trafficked sites such as provider offices and Boys and Girls Clubs. Topics included, but were not limited to, COPD, arthritis, exercises, and osteoporosis. L.A. Care provided up to 20 Weight Watchers® coupons to members meeting program eligibility requirements including a minimum BMI level  $\geq 30$  or 25 with comorbid condition and a high level of readiness to change. Weight Watchers® accounted for the largest percentage of encounters (21% N=562), closely followed by Diabetes Self-Management Education and Support (19% N=517) and Medical Nutrition Therapy (19% N=509).

In addition to delivering direct member education, the Health Education Unit distributed 346 pieces of health education materials/brochures/flyers to network providers, nurses and other care management plan staff and to multiple Family Resource Centers. Health Education staff reviewed 124 materials in accordance with MMCD Policy Letter 13-001 requirements and developed 37 new materials.

This fiscal year the Health Education Unit developed and managed several health education programs that directly support HEDIS performance. The *Healthy Mom* program continues to identify and outreach to women recently haven given birth to assist with scheduling a timely post-partum visit. The member receives a \$40 gift card upon verification of a completed postpartum appointment. During FY 15-16, the *Healthy Mom* program outreached to a total of 3,023 postpartum members, an increase of almost 6% over the previous fiscal year’s 2,866 members. Of the 3,023 postpartum members identified this fiscal year, 36% were successfully contacted, a decrease from the previous fiscal year’s rate of 48%.

This fiscal year the Health Education Unit continued to manage the *Healthy Pregnancy* program with trimester-specific mailings to pregnant members. Mailings included information on planning a healthy pregnancy, nutrition, caring for yourself after childbirth, and breastfeeding. Perinatal mailings ceased from May to August 2016 to allow health education staff to update the materials. A total of 2,656 pregnant members were identified and sent educational packets in FY 15-16. In September 2016 a live agent component was added to the program. Members identified in their first trimester of pregnancy or within 42 days of enrollment were contacted and offered assistance with scheduling a prenatal visit. Members received a “onesie” as an incentive once the prenatal visit was confirmed.

The *Healthy Baby* program attempts to reduce barriers to care and improve HEDIS immunization rates among MCLA members under the age of 24 months. The program provides parents/guardians information

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



about regular and timely well child visits and childhood immunizations. Program components include the identification of members, a targeted mailing, a live agent call at 3-4 months, and Interactive Voice Response Calls (IVR) at four distinct touch points. The *Healthy Baby* program was launched in October 2016.

The Health Education unit offers trainings in motivational interviewing and health literacy to assist L.A. Care staff in providing appropriate services and resources. Motivational interviewing provides tools and guidance for L.A. Care staff on how to help members set their own health behavior goals. The *Writing in Plain Language* health literacy training provides tools and guidance on how to write easy-to-read materials for members. In FY 15-16, four sessions of motivational interviewing were conducted with 67 attendees and five sessions of *Writing in Plain Language* were conducted with 102 attendees. Participating departments included Case Management, Disease Management, Behavioral Health, and Managed Long Term Services and Supports, Marketing, MORE, Regulatory Affairs and Compliance, Provider Network Operations, Case Management, Quality Improvement, and Appeals and Grievances. *Writing in Plain Language* is also available as an e-learning module with 16 L.A. Care staff completing the training in FY 15-16.

The Health Education Unit continued to manage *My Health In Motion*<sup>™</sup>, an online health and wellness portal for MCLA, LACC, LACC-D, and CMC members. *My Health In Motion*<sup>™</sup> ensures L.A. Care compliance with NCQA Member Connections (MEM) Standard 1 Health Appraisals, MEM 2 Self-Management Tools, and MEM 8 Support for Healthy Living. L.A. Care contracts with Cerner, an NCQA HIP-certified vendor, to power the portal and thus receives auto credit for NCQA MEM 1 and MEM 2.

*My Health In Motion*<sup>™</sup> allows members to complete a Health Appraisal, view a personalized report of their health risk and strengths, and utilize tailored wellness tools such as workshops, exercise how-to videos, meal plans, and biometric trackers. In FY 15-16, a total of 1,708 members completed the Health Appraisal, a significant increase from its launch in June 2015 through September 2015 when 172 members completed the Health Appraisal. With *My Health In Motion*<sup>™</sup> members can also communicate directly with Certified Health Coaches, registered dietitians and personal trainers via secure messaging. A total of 633 members signed up for health coaching in FY 15-16; a nine fold increase from the previous year's 70 members. To fulfill MEM 8 Support for Healthy Living requirements, additional secure messages on weight management and tobacco cessation were sent through the portal to members who self-identified as overweight and/or tobacco users on their Health Appraisal.

The Health Education Unit employed several campaigns in FY 15-16 to increase utilization of *My Health In Motion*<sup>™</sup>. *Rewards for Healthy Living*, a member wellness incentive program, was launched in March 2016. Adult LACC and LACCD members were awarded points for completing online wellness activities. Members could then electronically redeem their points for gift cards to retail stores of their choice. Since its launch, 654 members participated in *Rewards for Healthy Living* program, with a total of 28,420 points earned. Two hundred ninety-seven members redeemed a total of 13,935 points (49% of points earned). Health Education will continue to offer the *Rewards for Healthy Living* incentive program to encourage utilization of *My Health In Motion*<sup>™</sup> self-management tools.

An activity challenges pilot program was implemented from August to October 2016 on *My Health In Motion*<sup>™</sup> for adult MCLA, CMC and PASC members. Members were messaged weekly over twelve weeks to participate in health and wellness activity challenges using *My Health In Motion*<sup>™</sup> self-management tools. Members received on-line accomplishment "badges" for completing activities. Over 6,000 members were messaged weekly to participate in the challenges. Participation was very low; less than 1% read the messages, and even fewer participated in the activities.

Other than My *Health In Motion*<sup>TM</sup> promotional activities included distribution of flyers at workshops, in mailings, and distribution of a *Health In Motion*<sup>TM</sup> brochure by other departments such as Facility Site Review and Behavioral Health.

Per DHCS APL 10-012, the Health Education, Cultural and Linguistic Services Department completed the Group Needs Assessment (GNA) report for Medi-Cal members. The intent of the GNA is to identify health education, cultural and linguistic needs of members and to develop or identify community health education and health promotion resources. Key recommendations included promotion of diabetes and obesity prevention resources focusing on racial and geographic disparities; continuation of member engagement to access My *Health In Motion*<sup>TM</sup> online health and wellness portal; continued offerings of women's health workshops in select geographic regions; continued efforts to improve childhood immunization rates; expansion of health education materials on topics such as Alzheimer's disease, fall prevention, and pneumococcal vaccination.

### **Patient Safety**

Pharmaceutical safety has been an area of focus for patient safety efforts. There are three pharmaceutical safety programs in place: Retrospective Drug Use Evaluation (DUE), Potentially Inappropriate Medication (PIM) and Level 1 (highest) severity drug-drug interactions.

The patient safety monitoring effort is accomplished through the Potential Quality Issue (PQI) investigation and peer review process. In 2016, the investigation and referral processes continued to be enhanced. Criteria for PQI case review was developed to better identify PQI issues. Quality of transportation issues involving member health and safety were added to the PQI referral criteria. The Quality Improvement (QI) Department works collaboratively with Grievance and Appeals team and Medical Management team to streamline the PQI referral and review process. The Quality Improvement (QI) Department conducts departmental training to raise L.A. Care staffs as well as network providers' awareness in identification of PQIs. The QI department conducts a thorough internal investigation on all PQIs.

Critical Incident (CI) Reporting is another patient safety monitoring program in place to promote the health, safety and welfare of L.A. Care's Cal MediConnect members. All L.A. Care staff and network providers are trained to identify and report all Critical Incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) by member when identified. In 2016, the QI department worked closely with Provider Network Management (PNM) team and Managed Long-Term Services & Supports (MLTSS) team to better identify CI's as well as increase compliance with CI reporting from all contracted/delegated entities. A webinar training was conducted to Community Based Adult Services (CBAS) centers in collaboration with Department of Aging on recognizing reportable critical incidents and understanding the process for reporting incidents to the State and L.A. Care Health Plan. The Quality Improvement (QI) Department is responsible for tracking, trending, and appropriate reporting of all CI for all lines of business.

L.A. Care also enhanced patient safety through the facility site review (FSR) process by monitoring elements related to patient health and safety. The two measures monitored were: (a) Needle stick safety precautions practiced on site, and (b) Spore testing of autoclave/steam sterilizer with documented results (at least monthly). Compliance with needlestick precautions increased from 65% in 2015 to 70% in 2016. Spore testing dropped from 82% in 2015 to 81% in 2016. Neither was statistically significant.

Through our multi-year Quality Improvement Strategy for Covered California, L.A. Care laid the groundwork to expand quality of care and patient safety efforts into the hospital setting in a collaborative effort with other health plans. In November 2016, we received the 2014 Standardized Infection Ration (SIR) distribution for the following measures for L.A. Care network hospitals graphically represented with other California hospitals and the nationwide average with confidence intervals: catheter-associated UTI,

Clostridium difficile colitis, central line associated bloodstream infection (CLABSI), methicillin-resistant staphylococcus aureus MRSA and colon surgical site infection,

### **Addressing Disparities**

Each year the QI program evaluation noted analysis of HEDIS data to identify and address any ethnic disparities. The HO&A Department completed this analysis by measure in 2016. This year's evaluation contains a separate analysis for each HEDIS measure by SPD or non SPD, race, ethnicity, gender, age, and RCAC (Regional Community Advisory Committee) region. Highlights from the analysis shows culture, ethnicity, and geography can change perception and participation in seeking and attaining preventive healthcare.

In 2016, disparities were identified for Comprehensive Diabetes Care A1c Control among African Americans and higher rates of hospitalization for both long-term and short-term complications of diabetes. American Indians with diabetes also had worse glycemic control and higher rates of hospitalization for long-term complications of diabetes. The previous disparity in asthma control among Hispanic members was not noted this year, but both Asthma Medication Ratio (AMR) was noted to be lower African Americans and asthma hospitalization rates were higher in both older adults and children/young adults. Hybrid Controlling High Blood Pressure (CBP) rates are difficult to assess for health disparities, but African American had higher rates of hospitalizations associated with hypertension.

### **Access to Care and Appointment Availability**

#### **Access to Care**

L.A. Care Health Plan monitors its practitioner network accessibility across all lines of business (Medi-Cal, Cal MediConnect and the Marketplace) annually to ensure all members have adequate access to primary care, specialty care, behavioral health and ancillary services. L.A. Care Health Plan contracts with National Committee for Quality Assurance (NCQA) certified survey vendors to conduct the annual access to care assessment. The Appointment Availability and After Hours surveys measure how well practitioners are adhering to L.A. Care's established access to care standards. As a result of the annual survey findings, L.A. Care identifies opportunities for improvement by developing and prioritizing interventions to bring the network into compliance. L.A. Care acts upon the interventions on an annual basis, or more frequently if deemed necessary, as well as measuring their outcomes.

#### **Appointment Availability**

In 2015, L.A. Care joined the Industry Collaboration Effort (ICE), which contracted with Call Logic, Inc. to conduct the annual appointment availability survey. L.A. Care Health Plan analyzed the results from its 2015 Appointment Availability Provider and Ancillary Assessment Surveys to allow L.A. Care Health Plan to assess its PCP, Specialist and Ancillary Provider appointment availability in further detail. L.A. Care's primary provider network serves Medi-Cal (PASC-SEIU Homecare Workers and Healthy Kids), Cal MediConnect and L.A. Care Covered (The Marketplace) product lines and established standards are consistent for all lines of business, where possible. All PCPs, SCPs (Allergy, Dermatology and Cardiology) and Ancillary providers (MRI Facilities) were surveyed.

L.A. Care did not meet its performance goals for any of the appointment availability measures except PCP routine, physical exam including well woman, and in-office waiting room time (Medi-Cal product). However, it is noted that compliance rates have increased over the last 2 years across all product lines for PCP urgent and first prenatal, specialist routine and urgent (with prior authorization) appointment measures. Urgent (without prior authorization) appointment wait-time compliance also increased from 2014 to 2015 for the Medi-Cal product line.

L.A. Care has identified appointment availability as an opportunity for improvement. It is recognized that non-availability of a member's personal doctor can result in poor customer service, increased emergency room visits and lower member satisfaction scores. Throughout 2015, L.A. Care worked with provider groups to address network noncompliance with appointment availability standards. Several webinars were conducted and resource material provided to the PPGs, including but not limited to, DMHC regulatory requirements, appointment availability standards and survey methodology, Access to Care Best Practice Interventions, Access to Care FAQ and L.A. Care's Access to Care Quick Tips documents.

Additionally, PPG contracting efforts continue to expand, including contracting with additional specialists to ensure a broader spectrum of specialty types in order to ensure that members are receiving appointments within the appointment wait time standards. PPGs that found that providers that did not meet appointment wait time standards due to no coverage while on vacation and/or holiday time, are offering their provider network a selection of covering physicians.

To address non-compliance at the PPG level, all non-compliant provider groups were sent a practitioner listing of all practitioners noncompliant in the 2014 and 2015 annual surveys. The provider groups were informed that these practitioners must be brought into compliance immediately, or further action may be taken, up to and including financial sanctions or termination. The 2016 Annual Access to Care Survey was fielded in Q4 2016 with results expected in Q2 2017.

### **After Hours**

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 set, the provider is categorized as being either compliant or non-compliant. All practitioners measured for appointment availability were also surveyed for after-hours accessibility.

L.A. Care did not meet its performance goals for the after-hours access and timeliness measures in 2015. However, it is noted that PCP compliance rates for both access and timeliness measures have increased over the last year for all products.

L.A. Care has identified after-hours access as an opportunity for improvement. It is recognized that non-availability of a member's personal doctor can result in poor customer service, increased emergency room visits and lower member satisfaction scores.

Throughout 2015, L.A. Care worked with provider groups to address network noncompliance with after-hours access. Several webinars were conducted and resource material provided to the PPGs, including but not limited to, DMHC regulatory requirements, after hours survey scripts and survey methodology, Access to Care Best Practice Interventions, Access to Care FAQ and L.A. Care's Access to Care Quick Tips documents.

To address non-compliance at the PPG level, all non-compliant provider groups were sent a practitioner listing of all practitioners noncompliant in the 2014 and 2015 annual surveys, where available. The provider groups were informed that these practitioners must be brought into compliance immediately, or further action may be taken, up to and including financial sanctions or termination. The 2016 Annual Access to Care Survey was fielded in Q4 2016 with results expected in Q2 2017.

### **Access to Care Oversight & Monitoring Process**

In order to address continued practitioner noncompliance and improve appointment wait times and after-hours accessibility compliance rates, L.A. Care Health Plan launched Phase 1 of a mandatory *PPG Access*

*to Care Oversight and Monitoring Process* in October 2015. As part of this new process, L.A. Care developed a training webinar, oversight and monitoring audit workbook and related auditing tools. Effective November 2015, PPGs are required to audit their provider network on a quarterly basis for compliance with the DMHC appointment wait time and after hours standards. PPGs are required to submit quarterly reports beginning January 15, 2016 for 2015 Q4 results. PPGs are required to monitor their practitioners until they become compliant with L.A. Care's performance standards for appointment wait times and after-hours accessibility. L.A. Care conducts spot audits of the PPGs audit results to ensure that PPG personnel conducting the practitioner audits understand the standards and oversight and monitoring process. Since the launch of the oversight and monitoring process, PPG network compliance has improved from the 2014 results. L.A. Care will continue to require PPGs to report their findings until their network is in compliance with the standards and meet L.A. Care performance goals.

Beginning in November 2016, L.A. Care Member Quality Services Committee began reviewing access-related grievances by PPG on a per 1000 members per month basis. The first report was for Q1-Q3. A threshold of >2.0 access-related grievances per 1000 members per month was selected for additional assessment and monitoring, including a review of Appointment Availability Survey results and CG-CAHPS Timely Care and Services composite scores. These results were shared with PPGs during conference calls addressing offices that have been continuously non-compliant with access surveys over the past two years.

### **Member Participation, Community Outreach and Engagement**

L.A. Care continues to support its Regional Community Advisory Committees (11) throughout Los Angeles County by working collaboratively to address health disparities that impact vulnerable and low income residents and communities.

In Fiscal Year 2015-2016, the RCACs focused their work plan event on various issues. RCACs 1 and 2 held a one day workshop on the topic of Community Gardening and Emergency Preparedness with the Antelope Valley Partners for Health and the L.A. County Department of Public Health's Emergency Preparedness presenting on information to the community. RCAC 3 held their workshop in Rosemead, targeting Senior's in their effort of how to select healthier choices at the grocery store and when eating out along with a cooking demonstration provided by the Asian Pacific Islander Obesity Prevention Alliance and the region's Department of Public Health. Similarly, RCAC 4 held their workshop at the Hope Street Family Center focusing on a healthy cooking demonstration and grocery shopping as well which was provided by Para Los Niños. RCAC 5 had their workshop at the Venice Family Clinic whereby participants learned about diabetes and healthy eating. RCAC 6 partnered with Amino Watts College Preparatory Academy provided healthy smoothies for their Community and Family Fun Night school event. RCAC 7 partnered with the Mexican American Opportunity Foundation Head Start/Early Head Start in their Community Partners/School Readiness Fair holding a health cooking/smoothie workshop. RCAC 8 partnered with Providence Wellness and Activity Center holding a Health and Wellness Fair providing a healthy cooking/smoothie workshop along with Zumba for the participants. RCAC 9 held their workshop event at St. Mary's Medical Center at the Parr Health Enhancement Center in Long Beach to celebrate healthy cooking and eating with workshops provided by The Children's Clinic. RCAC 10 held their cooking with the heart workshop at the Nueva Maravilla Housing Community Center in East Los Angeles. Lastly, RCAC 11 held their workshop at Sacred Heart Church in Pomona focusing on domestic violence and mental health. Collectively, these work plan events reached well over 300 participants throughout L.A. County.

Health Promoters Program (HPP): In the Fiscal Year 2015-2016, Health Promoters conducted over 315 outreach efforts reaching over 4,000 L.A. County residents from lower socio-economic backgrounds by teaching community workshops, hosting resource tables at community health fairs, wellness expos, and participating in other events. Topics included access to health care, health care reform, nutrition, asthma, and other health related wellness classes. From October 2015 – July 2016, over 1,700 surveys were

analyzed for various community workshops. The revised pre- and post-test survey instruments also included new attitudinal questions. There was a statistically significant increase in knowledge and positive attitudes towards behavior change across all community workshops. Additionally, there was a high level of satisfaction among the community members who participated in the workshops. Results for the rest of the Fiscal Year are still being processed. The Health Promoters continued to bridge resources to community members and assisted various L.A. Care Departments in different outreach efforts throughout L.A. County. Health Promoters also continued assisting the Health Education Department in field testing health education material for culturally appropriate language, messaging, and images.

### **Marketing and Activities:**

L.A. Care provides support to multiple initiatives throughout the organization utilizing the services of the in-house Marketing Department, Health Plan Field Representatives, Community Outreach and Education Representatives, Health Educators and the Family Resource Centers. Marketing staff participates in workgroups to collaborate and develop collateral materials in formats, languages and reading levels to support member and consumer understanding of the benefits, programs and services that they are eligible for. Marketing staff are aligned by product lines; health plan initiatives and the recently expanded Family Resource Centers. Centers are now open and operating in Lynwood, Inglewood, Boyle Heights and Pacoima. Centers provide free health education and healthy living services in underserved communities. L.A. Care plans to open as many as three new Family Resource Centers next year, including one in the Antelope Valley, which is a traditionally underserved community due to its geography. Community and member awareness messaging and campaigns are developed and implemented throughout L.A. County in the form of marketing, educational events and advertising on health and insurance programs specifically targeted to communities where access to quality health care is limited.

The Health Plan Field Representatives, Community Outreach and Education Specialists and Health Educators conduct outreach educational and marketing events to extend the opportunity for consumers and members to learn more about Medi-Cal, Healthy Kids, Cal MediConnect, and the Covered California Marketplace. Community based educational events, health fairs and open house events are prescheduled and are posted on L.A. Care's web site and promoted through social media to provide members and non-members with information on the conveniently located events that are conducted throughout L.A. County.

Additional education outreach is provided to Enrollment Entities & their down-line Certified Application Assistants (CAAs) and Certified Enrollment Counselors (CECs) to educate and update them on the programs that L.A. Care members receive as well as eligibility for L.A. Care's product lines including Medi-Cal, Healthy Kids, Cal MediConnect and L.A. Care Covered. L.A. Care continually seeks opportunities to improve provider awareness and secure their commitment to L.A. Care through participation in joint operational meetings, physician quality improvement programs, incentive programs, health educational events and building and maintaining effective relationships. The target focus of the provider outreach is for providers who serve low-income seniors and people with disabilities.

Member-focused newsletters are distributed to our members four times a year (including our health plan partners' Medi-Cal enrollment) that focuses on (a) helping members navigate the managed Medi-Cal system to obtain care; (b) understanding the benefits and services available. Two newsletters are utilized to better focus the content based on the need to communicate to young and building families as well as the aging and disabled members that we serve. *Be Well* addresses the interests of young and building families and *Live Well* is designed to address the interests of aging and disabled members.

L.A. Care offers a variety of benefit and health education information on its primary website, [www.lacare.org](http://www.lacare.org). Additionally, members can access personal health information and perform tasks such as changing a doctor, reprinting ID cards, paying a premium or checking a claim through L.A. Care Connect, our secure online member account.

## **Required CMS Reporting for Part C and D**

The Compliance department gathered and submitted all required reporting for Part C and D to CMS on time in 2016. Reports were reviewed by their respective areas for accuracy and completeness.

## **QI Work Plan**

The organization's quality improvement work plan effectively monitors and reports on the numerous quality-related efforts underway throughout the organization. The work plan was updated and reviewed by the Quality Oversight Committee (QOC) on a quarterly basis. Highlights from the work plan continue to be reported to the Compliance and Quality Committee (C&Q) by the CMO and key departmental representatives.

## **Provider Incentive Programs:**

L.A. Care's Quality Improvement (QI) department operates pay-for-performance (P4P) incentive programs for providers to improve HEDIS, CAHPS, auto-assignment, and member satisfaction. Incentive programs provide a highly visible platform to engage providers in quality improvement; increase provider accountability for performance; provide peer-group benchmarking and actionable performance reporting; and deliver revenue above capitation tied to quality. Incentives for physicians, community clinics, PPGs, and health plan partners are aligned wherever possible so that L.A. Care's partners share performance improvement priorities and goals. These programs are additionally designed to incorporate best practices of organizations that provide leadership at the state and national levels, including the Integrated Healthcare Organization (IHA) and CMS.

## **Physician Pay-for-Performance (P4P) Program**

2016 marked the sixth year of L.A. Care's Physician P4P Program, which targets high-volume solo and small group physicians and community clinics. The Physician P4P Program provides performance reporting and financial rewards for practices serving Medi-Cal and L.A. Care Covered members, and represents an opportunity to receive significant revenue above capitation. Eligible physicians receive annual incentive payments for outstanding performance and improvement on multiple HEDIS measures—17 were included in 2016, 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 2016 Physician P4P Program are scheduled for the 4<sup>th</sup> quarter of 2017. Additionally, about \$17.6 million in incentive payments were made for the 2015 Physician P4P Program in the 4<sup>th</sup> quarter of 2016.

## **LA P4P for PPGs**

2016 marked the seventh year of L.A. Care's LA P4P pay-for-performance program, which targets PPGs serving members in Medi-Cal and L.A. Care Covered. When it was introduced in 2010, LA P4P rewarded provider groups primarily for encounter data submission. Beginning in Year 2, the program expanded to include additional performance domains, including a HEDIS clinical quality domain that mirrors the Physician P4P Program, and that rewards provider groups for both high performance and improvement. In addition to clinical quality, LA P4P measures, reports, and rewards provider group performance and improvement in appropriate resource use (utilization) and patient experience (based on the CG-CAHPS survey instrument). The encounter data gating methodology remains an important component of the program. Incentive payments to provider groups across all payment domains are now adjusted to reflect the volume of encounter data received by L.A. Care, which reinforces the organization's efforts to increase administrative data capture.

Final P4P performance reports and incentive payments for the 2016 program are scheduled for the 4<sup>th</sup> quarter of 2017. Additionally, about \$15.3 million in incentive payments were paid out for the 2015 LA P4P program in the 4<sup>th</sup> quarter of 2016.

### **Plan Partner Incentive Program**

This 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. Participating health plan partners receive incentive payment for defined improvement in L.A. Care's auto-assignment measures based on administrative data. A portion of each plan's incentive is tied to the encounter data submission performance of its largest PPGs, as measured in the LA P4P program an example of the interconnectedness of L.A. Care's provider incentive programs.

Final performance reports and incentive payments for the 2016 program are scheduled for the 4<sup>th</sup> quarter of 2016. Additionally, about \$5.2 million in incentive payments were made for the 2015 plan partner incentive programs in the 4<sup>th</sup> quarter of 2016.

### **Member Incentives:**

QI operated the following incentives in 2016 to improve member utilization of critical clinical services:

#### **Comprehensive Diabetes Care Member Incentive**

The Comprehensive Diabetes Care Member Incentive seeks to increase member completion of essential diabetes eye exams, HbA1c screenings, and nephropathy screenings. Eligible members received a mailer with member education and an incentive offer (\$50 gift card award) for completion of all three exams. The 2016 program targeted L.A. Care Medi-Cal (direct) and L.A. Care Covered members with gaps in diabetes eye exam and recent history of primary care utilization. Incentive payments in the 2015 program totaled \$32,350.

#### **Comprehensive Diabetes Care Member Incentive (CMC)**

The Comprehensive Diabetes Care Member Incentive seeks to increase member completion of essential diabetes eye exams, HbA1c screenings, and nephropathy screenings. Eligible members received a mailer with member education and an incentive offer (Diabetes Care Package) for completion of all three exams. The 2016 program targeted Cal MediConnect members with gaps in diabetes eye exam

#### **Value Initiative for IPA Performance (VIIP)**

The Value Initiative for IPA Performance (VIIP) was a strategic tactic guided by the Goal 2.2, "...quality performance in the provider network." Between Oct-Dec 2015, an interdisciplinary collaborative drafted the 2016 version of the scoring tool based on testing through 2015 with 2013-2014 data. 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 were tested including Pharmacy, Compliance and Network Adequacy. The tool was finalized in February, 2016.

After various iterations, the final list of metrics was selected and include aggregated scores for HEDIS, Access to Care, Member Satisfaction with Clinical Groups, Utilization and Encounter Timeliness. An internal grid of "Additional Factors" was developed and rated by Clinical Assurance and PNO as well which included unique factors the IPA provides such as distinctive provider or specialty services or geographic coverage and a measure for responsiveness to L.A. Care.

During April to September, 2016, VIIP project leadership, John Baackes, Trudi Carter, Paul Van Duine, and Katrina Miller, met all 27 MCLA PPGs to introduce them to the program, the scoring tool, and received feedback. IPAs and groups submitted action plans for collation best practices for sharing.



VIIP for Report Year 2016, Measurement Year 2015 was completed in October 2016 and emailed to all MCLA IPAs' and DHS leadership. A VIIP Plan Partner Collaborative meeting with 6 PPGs shared by LA Care, ABC and Care1st occurred 12/8/2016. In total, all 56 IPAs were included in reports generated for VIIP 2016.

As of January 2017, a workplan is being developed by the VIIP Workgroup including members from QI, PNM, HOA, Communications, etc. for a checklist and materials to be used for all L.A. Care contacts to verify intentions for improvement of VIIP domains. Due to the similarity between the final VIIP report and P4P Reports, a draft of recommendations to coordinate VIIP with Incentives will be presented to the VIIP Steering committee in January.

## National Committee for Quality Assurance (NCQA) Health Plan Accreditation Score

NCQA publicly reports an annual summarized plan performance for L.A. Care's Medi-Cal plan based on its latest score for Health Plan Standards and the current year's HEDIS and CAHPS reported rates. The following report lists the accreditation type, accreditation expiration date, date of next review and accreditation in a report card that is also available on the NCQA website. This report card provides a summary of overall plan performance on a number of standards and measures through an accreditation star rating comprised of five categories (access and service, qualified providers, staying healthy, getting better, and living with illness).

### Accreditation Summary Report

The following tables are the 2015 and 2016 NCQA Accreditation Scores/Status for the Medi-Cal HMO plan. The total score is based on the combined allocated points for the Standards, HEDIS rates and CAHPS results (see the Scoring Chart below). The plan achieved a 76.20 score in the 2015 Accreditation cycle and a 75.53 score in the 2016 NCQA calculated score. The variance is the amount of points needed to achieve the total available points for that category.

#### Accreditation Summary Report

8/27/2016

Org Name: **Local Initiative Health Authority, dba L.A. Care Health Plan**

Accred Code: **CA05203**

Last HEDIS® Review Based on HEDIS® 2016

Product Line : **Medicaid HMO**

Accreditation Status : **Accredited**

Last Survey Date : **4/30/2014**

Effective Date : **7/10/2014**

	Points	Number of Stars
Access & Service	87.1	3
Getting Better	63.3	1
Living with Illness	65.6	2
Quality Providers	73.8	2
Staying Healthy	65.3	2

\* Standards Scores : 50.0000

\*EOC Score : 21.9533

CAHPS Score : 3.5750

\*Total HEDIS® Score : 25.5283

Total Score : 75.5283

Next HEDIS® Review Based on HEDIS® 2017

Standards Score Expiration : **7/10/2017**

\* Total scores may not appear to total as all numbers are truncated for display purposes only. All total scores and star calculations are based on actual, not truncated, numbers.

Standards Only Scoring	
Points	No. Of Stars
80 - 100	3
65 - 79.9999	2
55 - 64.9999	1
0 - 54.9999	0

Standards Plus HEDIS Scoring	
Points	No. Of Stars
90 - 100	4
80 - 89.9999	3
65 - 79.9999	2
55 - 64.9999	1
0 - 54.9999	0

2015 Scoring			
	Available Points	L.A. Care Score	Variance
<b>Standards</b>	50.00	50.00	<b>0.00</b>
<b>HEDIS</b>	37.00	20.37	<b>16.63</b>
<b>CAHPS</b>	13.00	5.84	<b>7.16</b>
<b>TOTAL</b>	100.00	<b>76.20</b>	<b>23.80</b>
<b>Accreditation Status:</b>		<b>Accredited</b>	

2016 Scoring			
	Available Points	L.A. Care Score	Variance
<b>Standards</b>	50.00	50.00	<b>0.00</b>
<b>HEDIS</b>	37.00	21.95	<b>15.05</b>
<b>CAHPS</b>	13.00	3.58	<b>9.43</b>
<b>TOTAL</b>	100.00	<b>75.53</b>	<b>24.47</b>
<b>Accreditation Status:</b>		<b>Accredited</b>	

The variance between the two accreditation scores is a decrease in 0.67 points from 2015 to 2016.

### Medi-Cal HMO Scores

2015 Score	2016 Score
<b>76.20</b>	<b>75.53</b>

NCQA Scoring Chart to determine health plan accreditation status <b>Scoring Ranges</b>		Stars
<b>Excellent</b>	90-100	4
Commendable	80-89.99	3
<b>Accredited</b>	<b>65-79.99</b>	<b>2</b>
Provisional	55-64.99	1
Denied	0-54.99	0

Medi-Cal HMO is currently at the Accredited Status. In order to achieve the next level up of “Commendable,” the plan needs to increase its current score of 76.20 by 4.47 points. In order to achieve “Excellent,” the plan needs to increase its current score by 14.47 points.

Points Needed to Achieve Next Level	
Level	Points
Commendable	4.47
Excellent	14.47

The current status is valid through July 2017. The next onsite review of the Medi-Cal HMO plan will be in April 2017. L.A. Care will also be submitting the Cal MediConnect (CMC) and L.A. Care Covered (LACC) health plans for NCQA Accreditation in April 2017.

The L.A. Care Covered plan was included in the 2014 NCQA submission as an add-on and was given “Accredited” status based on the standards alone. No CAHPS or HEDIS data for LACC was available for submission. The Cal MediConnect line of business will be submitted for its initial NCQA accreditation in 2017.

### NCQA Distinction in Multicultural Health Care

Cultural competency is a necessary component of a high quality health care system. L.A. Care was awarded with the National Committee for Quality Assurance (NCQA) Multicultural Health Care (MHC) Distinction for our Medicaid, Medicare, and Commercial products with a score of 98 from a total of 100. The Distinction recognizes organizations as industry leaders that provide culturally and linguistically appropriate services while reducing health care disparities. This achievement is a testimony to L.A. Care’s commitment and dedication to providing accessible, high quality multicultural health care to our diverse membership. As a result of this distinction, Covered California publically acknowledged L.A. Care as a leader in this area.



## **QI COMMITTEE 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, action taken, and follow-up required. Draft minutes of the prior meeting were reviewed and approved at the next meeting. Minutes were then signed and dated. Minutes were also reported to their respective Committee as required. All activities and associated discussion and documentation by the committee participants were considered confidential and shall abide with L.A. Care policies and procedures for written, verbal, and electronic communications. The committees serve as the primary mechanism for intradepartmental collaboration for the Quality Program.

### **Compliance and Quality Committee (C&Q)**

The Compliance and Quality Committee (C&Q) is a subcommittee of the Board of Governors (BoG). The C&Q monitors quality activities and reports its findings to the BoG. The Compliance and Quality Committee is charged with reviewing the overall performance of L.A. Care's quality program and providing direction for action based upon findings to the BoG. The C&Q met four (4) times in 2016. The Compliance and Quality Committee reviewed and approved the 2016 QI and UM program descriptions, 2016 QI and UM work plans, quarterly QI work plan reports, and 2015 evaluations of the QI and UM programs. The Committee also reviewed periodic reports on quality activities.

### **Quality Oversight Committee**

The Quality Oversight Committee (QOC) is a cross functional staff committee of L.A. Care which reports to the Board of Governors through the Compliance and Quality Committee. The QOC is charged with aligning organization-wide quality improvement goals and efforts prior to program implementation and monitoring the overall performance of L.A. Care's quality improvement infrastructure. The QOC met four (4) times in 2016. The Quality Oversight Committee conducted the following activities:

- Reviewed current projects and performance improvement activities to ensure appropriate collaboration and minimize duplication of efforts.
- Conducted as well as reviewed quantitative and qualitative analysis of performance data of reports and subcommittee reports.
- Identified opportunities for improvement based on analysis of performance data.
- Tracked and trended quality measures through quarterly updates of the QI work plan and other reports.
- Reviewed and made recommendations regarding quality delegated oversight activities such as reporting requirements on a quarterly basis.
- Reviewed, modified, and approved policies and procedures.
- Reviewed and approved the 2016 QI and UM program descriptions, 2016 QI and UM work plans, quarterly QI work plan reports, and 2015 evaluations of the QI and UM programs.

### **Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC)**

The Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) membership includes Plan Partners, Provider Groups, and practitioner participation in the QI program through planning, design, and review of programs, quality improvement activities and interventions designed to improve performance. The committee provides an opportunity to dialogue with the provider community and gather feedback on clinical and administrative initiatives. The committee also provides an opportunity to improve collaboration between L.A. Care and delegated Plan Partners/Provider Groups and practitioners by providing a platform to discuss reports, assess current interventions in place, and propose new interventions to improve HEDIS and CAHPS results and other measures as defined. The

Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) reports to the Quality Oversight Committee.

The Joint PICC and PQC met four (4) times in 2016. The Joint PICC and PQC contributions in 2016 included:

- Made recommendations to L.A. Care about barriers and causal analysis relating to quality improvement activities and administrative initiatives.
- Reviewed and approved updated clinical practice and preventive health guidelines.
- Provided input and made recommendations to L.A. Care's Quality Oversight Committee (QOC) on policy decisions, as well as quality and service improvements.
- Discussed clinical report results and how to improve results based on their practice and experience with L.A. Care membership.
- Provided feedback and recommendations regarding the Behavioral Health program.

### **Utilization Management Committee**

The Utilization Management Committee (UMC) is responsible for overall direction and development of strategies to manage the UM Program. The Committee met six (6) times in 2016. The UM Committee assessed the utilization of medical services, reviewed and made recommendations regarding utilization management and case management, reviewed and made recommendations regarding UM program activities. The UMC was also responsible for the review, revision and approval of all 2016 UM policies and procedures, 2016 UM and Care Management (CM) program descriptions, the 2016 UM and CM Program Work Plans, and the 2015 UM and CM program evaluations.

### **Credentialing Committee**

The Credentialing Committee addressed credentialing, recredentialing activities and demonstrated follow-up on all findings and required actions. The Committee met 9 times in 2016. The Credentialing Committee reviewed L.A. Care's credentialing and recredentialing activities, policies and procedures, made recommendations for each practitioner regarding credentialing delegated oversight activities, made recommendations regarding credentialing and recredentialing for each practitioner, and coordinated peer review activities.

### **Peer Review Committee**

The Peer Review Committee (PRC) addressed peer review activities to assess and improve the quality of care and demonstrated follow-up on all findings and required actions. The Committee met five (5) times in 2016. The Peer Review Committee is responsible for overseeing the quality of medical care in order to determine whether accepted standards of care have been met by investigating and resolving potential problems brought to the PRC as potential quality of care issues (PQI) or PQIs. The Committee also provided oversight of all closed and delegated PQI cases.

### **Pharmacy Quality Oversight Committee (PQOC)**

The PQOC Committee is responsible for oversight of the P&T process administered by the existing Pharmacy Benefit Manager (PBM) and review new medical technologies or new applications of existing technologies. This is for all L.A. Care direct lines of business. The PQOC's role is to review and evaluate drugs and drug therapies to be added to, or deleted from, the formulary and to review new medical technologies or new applications of existing technologies and recommend for benefit coverage, based on medical necessity.

Additionally, the PQOC provides a peer review forum for L.A. Care's clinical policies, provider communication strategies, pharmaceutical quality programs/outcomes, and specialty drug distribution options.

This Committee met four (4) times in 2016 and conducted the following activities:

#### **Oversight/Advisory of PBM Vendor**

- Review newly marketed drugs for potential placement on the formulary.
- Provides input on new drug products to Navitus P&T.
  - L.A. Care has the ability to overrule a Navitus P&T formulary and/or utilization control decision when required by regulation or unique member characteristics in the health plan.
- Develop protocols and procedures for the use, of and access to, non-formulary drug products.

#### **L.A. Care Strategic and Administrative Operations**

- Specialty pharmaceutical patient management and distribution strategies.
- Pharmaceutical care program selection and evaluation.
- Develop, implement and review policies and procedures that will advance the goals of improving pharmaceutical care and care outcomes.
- Serve the health plan in an advisory capacity in matters of medication therapy.
- Recommend disease state management or treatment guidelines for specific diseases or conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions.

#### **Member Quality Service Committee (MQSC)**

The Member Quality Service Committee (MQSC) is responsible for improving and maintaining the L.A. Care member experience for all product lines. This Committee met four (4) times in 2016. The committee reviewed analysis the following sources to identify opportunities for improvement in member satisfaction as identified in the following: Member Satisfaction Surveys, Member Retention Reports, Access & Availability Surveys, Grievances & Appeals Data, and Interface of Provider Satisfaction with Member Satisfaction. The committee also acts as a Steering Committee for member quality service issues.

#### **Behavioral Health Quality Improvement Committee**

The Behavioral Health Quality Improvement Committee (BHQIC) is responsible for developing, implementing and monitoring interventions based on the analysis of collected data that result in an improvement in continuity and coordination of medical and behavioral health care (mental health and substance abuse). L.A. Care delegated specialty behavioral health services for Healthy Kids, and PASC-SEIU Home Workers, Cal MediConnect, and Medi-Cal members to an NCQA accredited Managed Behavioral Health Organization (MBHO). L.A. Care worked closely with its MBHOs in order to collaborate with behavioral health practitioners (BHPs) and use information collected to improve and coordinate medical and behavioral health care. This committee met five (5) times in 2016. The Committee performed substantive review and analysis of quarterly reports from the MBHO; assessed exchange of information between BHPs and PCPs, assessed appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care settings, assessed appropriate use of psychopharmacological medications and consistent guidelines for prescribing by behavioral and medical practitioners. Using quantitative data and causal analysis, L.A. Care and MBHO identified and took action on areas of opportunity annually.

L.A. Care is collaboratively working with the MBHO as well as the County Department of Mental health (DMH) and Department of Public Health/Substance Abuse Prevention & Control (SAPC) to conduct activities to improve coordination of behavioral healthcare and physical health care providers such as

Interdisciplinary Care Team and Clinical Management Team meetings. L.A. Care identified an opportunity to improve the Behavioral Health Quality Improvement Committee; therefore, enhanced the committee membership to include practitioners from the Los Angeles County DMH, SAPC, the UCLA Integrated Substance Abuse Program (UCLA ISAP), and Participating Provider Groups (PPGs). With the addition of the Autism Spectrum Disorder (ASD) Treatment Benefits to the health plans, L.A. Care has added a Manager for ASD to the Behavioral Health Department Leadership Team.

The restructure of the committee members, the committee will focus on improving quality improvement initiatives related to behavioral health aspects, avoiding duplication of efforts, improving coordination of services to members, prioritizing initiatives, and increasing collaborative efforts to include new committee members.

### **Continuing Medical Education Committee**

The Continuing Medical Education (CME) Committee develops, implements, and evaluates L.A. Care's CME program and oversees the (re)application process for maintaining CME accreditation status. The Continuing Medical Education Committee convene on a quarterly basis through in-person with teleconference communication capability. When applicable, the reports of these communications are provided to the QOC and Board of Governors. The Continuing Medical Education Committee reviews CME applications, policies and procedures, and receives pertinent updates from the Institute for Medical Quality as necessary.



## A. CLINICAL CARE AND SAFETY

### A.1 PREVENTIVE SERVICES/ WELL CARE VISITS

#### 2016 WORK PLAN GOALS:

HEDIS Measure	2016 Medi-Cal Goal	2016 Cal MediConnect Goal	2016 L.A. Care Covered
Well-Child Visits 3-6 Years (W34)	72%		63%
Immunizations for Adolescents (IMA-1)	82%		63%
Childhood Immunization Status Combination 3 (CIS-3)	81%		72%
Weight Assessment & Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)	BMI: 86% Nutrition: 80% Physical Activity: 72%		BMI: 47% Nutrition: 44% Physical Activity: 40%
Adult Body Mass Index Assessment (ABA)	90%	90%	76%
Colorectal Cancer Screening (COL)	N/A	71%	BASELINE YEAR
Flu Vaccinations for adults ages 18-64 (FVA)	45%		NA
Flu Vaccination for adults ages 65 and older (FVO)		75%	

\*Please note that mammography and breast cancer screening are covered under Other Women's Health Initiatives.

#### BACKGROUND

Preventive services and well-care visits play an important role in preventing disease and managing health across the age spectrum. For children, clinical guidelines recommend periodic well-care visits to monitor growth, assess development, and identify potential problems. The Healthcare Effectiveness Data and Information Set (HEDIS) measures health plan performance on several important dimensions of care and services including annual well-care visits for children 3-6 years of age (W34); a number of childhood (CIS) and adolescent (IMA) immunizations; weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC); and adult body mass index assessment (ABA). Providers must use codes specified by HEDIS when completing encounter forms as well as provide medical record documentation. For example, during a Well Child visit, the provider must document that all five mandatory visit components were completed in the medical record: health history; physical developmental history; mental developmental history; physical exam; and health education/anticipatory guidance.

Maintaining a healthy weight is vital in reducing the risk of many chronic diseases such as diabetes, hypertension, and certain cancers, thus L.A. Care works to address the obesity epidemic by increasing awareness of strategies to prevent and treat obesity, such as promoting body mass index (BMI) assessment in children (WCC) and adults (ABA). Additionally, L.A. Care works to enhance community-driven and patient centered disease prevention and health promotion efforts through activities and programs offered through several L.A. Care departments, including Health Education, Community Outreach and Engagement (CO&E), Family Resource Centers (FRCs), disease management, and complex case management.

## MAJOR ACCOMPLISHMENTS

- The Minimum Performance Levels (MPLs) were met for the Medi-Cal population for the W34, IMA-1, CIS-3, and WCC measures
  - Parents of children in need of well-child visits were called for certain PPGs;
  - Childhood and adolescent wellness flyers were distributed to provider offices that list recommend age-appropriate health services such as CIS, W34, IMA, and WCC;
  - Well-care stamps were distributed to provider offices and certain PPGs;
  - CIS tip sheet distributed to provider offices and PPGs;
  - CIS-3 performance improvement program (PIP) at Watts Health Center targeting completion of the third DTaP and third PCV vaccines within the first 12 months of life;
  - Healthy Baby program launched in Fall 2016;
- The goals for the WCC measure in the LACC population were met.
- The first LACC POR was sent to providers in September 2016 and included measures such as CIS, W34, IMA, and WCC.
- L.A. Care addressed several preventive services/well care measures through a continued and expanded QI Incentives strategy which engages providers, physician groups, and plan partners in the QI process through the use of benchmarking, performance reporting, and incentive payments.
  - For the LA P4P Pay-for-Performance (LA P4P) provider group incentive program (W34, CIS-3, IMA-1) and the Physician Pay-for-Performance (P4P) provider incentive program (W34, CIS-3, IMA-1); the W34 and CIS-3 measures were doubly weighted in calculating payments in 2016.
- In 2015, L.A. Care reminded all DLOB members to get their annual flu shot via two automated reminder calls and, for CMC members, a mailer with promotional magnifying ruler.
- In January 2015, L.A. Care mailed a thank you card and magnet thermostat to CMC members who received the flu shot. The thank you cards were intended to enhance members' recollection of receiving the flu vaccine, thus increasing the likelihood of accurate reporting when completing the CAHPS member satisfaction survey.
- In 2016, L.A. Care continued its commitment to eliminating colorectal cancer as a major public health problem, by supporting the "80% by 2018" initiative – an initiative created by the National Colorectal Cancer Roundtable (co-founded by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) with the goal of increasing the percentage of adults 50 and older who are screened for colorectal cancer to 80 percent by 2018.
- A mailer that included a co-branded brochure was sent to MCLA, CMC, and LACC non-compliant members encouraging colorectal cancer screenings. In addition a follow up automated call was made to all eligible members. Providers also received a letter that was co-branded with the American Cancer Society logo urging providers to screen patients based on the patient's preferred screening method.

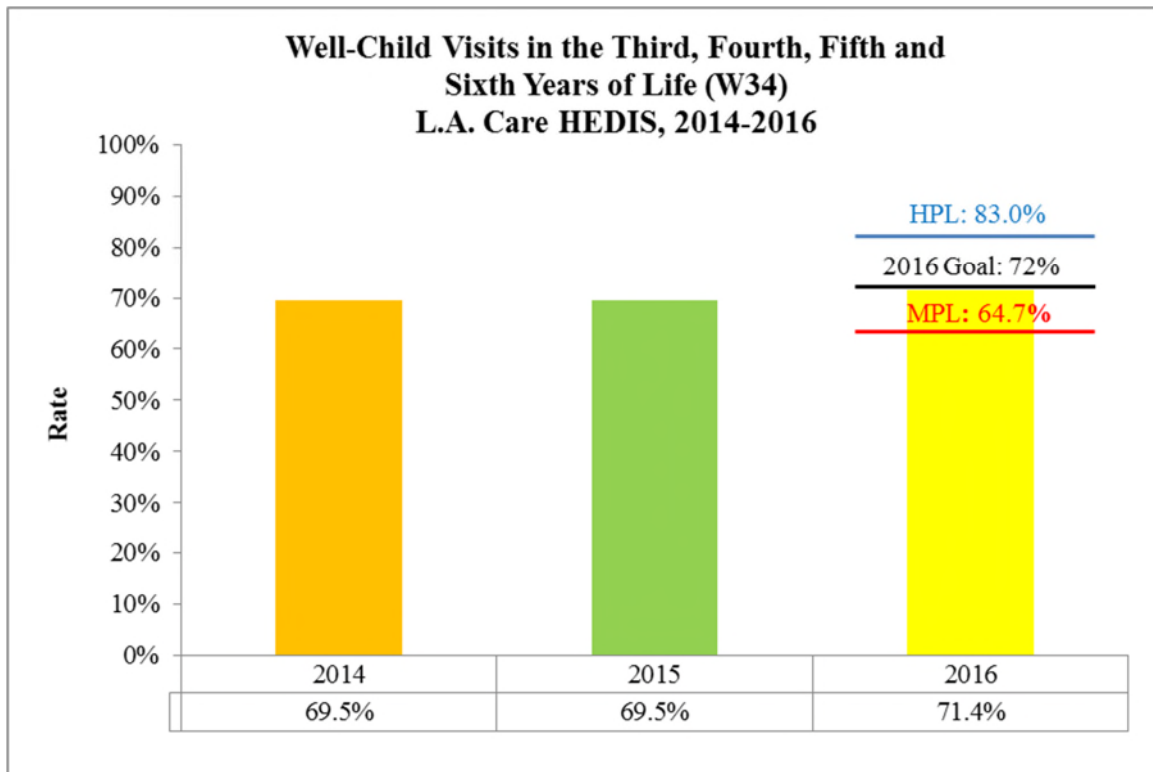
## DESCRIPTION OF MEASURES

HEDIS Measure	Specific Indicator(s)	Measure Type
Well-Child Visits 3-6 Years (W34)	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Hybrid (Medi-Cal)   Administrative (LACC)
Immunizations for Adolescents (IMA-1)	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13 <sup>th</sup> birthday.	Hybrid
Childhood Immunizations Combination 3 (CIS-3)	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.	Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<p>The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• BMI percentile documentation*</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul> <p>*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</p>	Hybrid
Adult BMI Assessment (ABA)	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) (or for those <19 years of age, a BMI percentile) was documented during the measurement year or the year prior to the measurement year.	Hybrid
Colorectal Cancer Screening (COL)	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer. Either FOBT during the measurement year, a flexible sigmoidoscopy during in the past 5 years, or a colonoscopy within the past 10 years.	Hybrid
Flu Vaccinations for adults ages 18-64 (FVA)	Flu vaccinations for adults ages 18 to 64: percentage of members 18 to 64 years of age who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H Adult Survey was completed.	CAHPS
Flu Vaccination for adults ages 65 and older (FVO)	The percentage of members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS survey was completed.	CAHPS

## RESULTS

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

The following graph compares L.A. Care's Medi-Cal W34 HEDIS rates from 2014-2016 to L.A. Care's 2016 goal.



## ANALYSIS

### *Quantitative Analysis*

In 2016, the well-child visits rate for children between three and six years of age was 71.4%, an increase of 1.9 percentage points from the previous year. The 2016 rate of 71.42%, however, did not reach L.A. Care's 2016 goal of 72%. The 2016 W34 rate exceeded the Minimum Performance Level (MPL) of 64.7% and the 50<sup>th</sup> percentile of 71.42%. Overall, the rate has increased by nearly two percentage points from 2014 to 2016.

### *Disparity Analysis*

L.A. Care also conducted an analysis (based on administrative data) based on gender, race/ethnicity, language, age group, SPD, RCAC, and SPA regions to examine whether disparities exist in getting well care visits for children between three and six years of age. The black population had the lowest W34 rates out of all the races, with a 55.5% compliance rate; the Asian population; however, yielded the highest W34 rate of 68.4%. Also, the English-speaking population had lower W34 rates than Spanish-speakers; Regional Community Advisory Committee (RCAC) Region 1 and Service Planning Area (SPA) 1, both situated in Antelope Valley, had the lowest W34 rates, excluding unknown regions. Six year-old children consistently had the lowest rate (56.0%) among the age groups.

Segmentation by plan partner and County (DHS) was calculated; L.A. Care's Medi-Cal rate was 4.1 percentage points lower than Anthem's, but was 2.0 percentage points and 9.7 percentage points higher than Care 1<sup>st</sup> and Kaiser's, respectively. Kaiser is on a Corrective Action Plan for W34. DHS did poorly with the W34 measure, yielding a 54.4% compliance rate, which was nine percentage point decrease from the Non-DHS MCLA population.

### ***Qualitative Analysis***

The W34 Medi-Cal HEDIS rate has presented an upward trend for the past three years. Since the 2016 rate of 71.43% was only 0.01 percentage points higher than the 50<sup>th</sup> percentile of 71.42%. L.A. Care recognized the need for additional efforts to increase the rates; therefore, implemented and reinforced several provider and member interventions in 2016.

One of the major barriers identified in achieving a better rate is the difference in well-care visit schedules between the Child Health and Disability Prevention (CHDP) and the American Academy of Pediatrics (AAP). The CHDP periodicity table did not require annual well-care visits, while AAP does. Fortunately, the periodicity tables became aligned with required annual well-care visits starting from Summer 2016. Another barrier is that two or more components for the visit are missing. To address these issues, L.A. Care provided childhood and adolescent wellness flyers, including the W34 measure with the listed components, to solo and small group providers that detail HEDIS-related health services that are recommended for age groups. Well-care visit stamps were also distributed to providers to serve as a reminder that all five components of the visit need to be completed and documented to yield a positive HEDIS hit.

In October through December 2016, QI staff called the parents of members who were noncompliant for W34 to remind them to schedule a well-child visit for their son or daughter. Member calls were assigned to either a low performing PPG or a PPG with fewer than 250 noncompliant members. A total of 3,485 calls were made, with a 27% reach rate. Of calls answered, 44% has already received or scheduled a well-child visit, while 31% committed to scheduling the visit.

Parents who committed to scheduling a well-child visit were contacted again two to six weeks after the initial call to assess whether the visit had occurred. Over 160 members well called, some more than once, with a reach rate of 62%. Of calls answered, 32% scheduled the visit after the initial reminder call, while 36% had not scheduled the visit but once again agreed to do so. Approximately 11% of parents cited access issues or problems related to Medi-Cal renewal, while the remaining parents did not commit to scheduling the visit.

Provider opportunity reports were distributed listing patients needing care to encourage outreach to these patients missing services. Lastly, W34 continues to be a measure in the Physician P4P, LA P4P, and Plan Partner P4P programs, highlighting the importance of the auto-assignment measure

### ***Quantitative Analysis***

In 2016, the well-child visits rate for the LACC population was 46.2%. The 2016 goal of 63% and the MPL of 66% were not met; underreporting for this measure may be explained by reporting of administrative data only for the exchange population. Due to the small sample size ( $n < 30$ ) in 2015, 2016 was the first year that W34 was reported to NCQA.

### ***Qualitative Analysis***

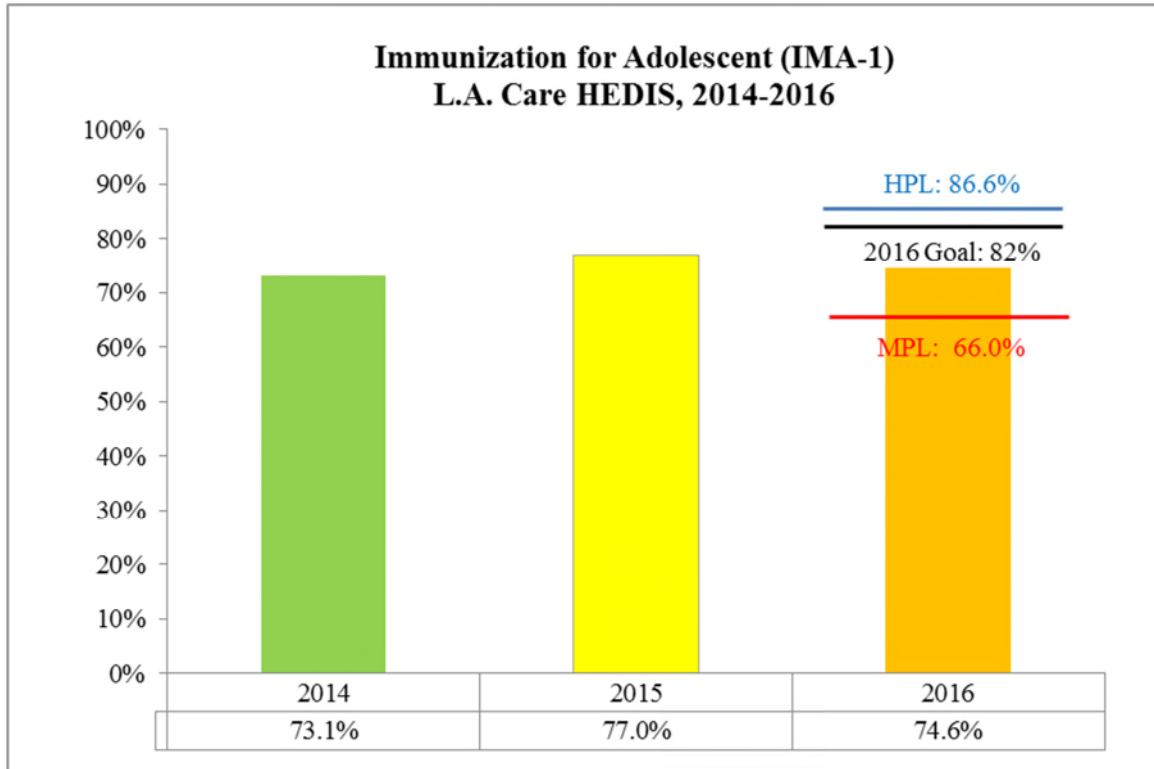
In addition to distributing childhood and adolescent wellness flyers, including the W34 measure with the listed components, to LACC solo and small group providers, and sharing well-care visit stamps, calls to the staff of members that had yet to see the PCP for a well-care visit were made to encourage making

appointments for them. Also, the first provider opportunity reports were distributed to LACC providers listing patients missing services starting from September 2016 and included the W34 measure.

## RESULTS

### IMMUNIZATIONS FOR ADOLESCENTS (IMA-1)

The following graph compares L.A. Care’s Medi-Cal IMA-1 HEDIS rates from 2014-2016 to L.A. Care’s 2016 goal.



## ANALYSIS

### *Quantitative Analysis*

Over the past three years, the Immunization for Adolescents (IMA-1) rate for the Medi-Cal population fluctuated, with nearly a four percentage point increase from 2014-2015, then a decrease of 2.4 percentage points from 2015-2016. The 2016 rate of 74.58% exceeded the minimum performance level of 66.03% and 50<sup>th</sup> percentile of 74.52%; however, the 2016 goal of 82% was not met.

### *Disparity Analysis*

L.A. Care also conducted an analysis (based on administrative data) based on gender, race/ethnicity, language, age group, SPD, RCAC, and SPA regions to examine whether disparities exist in getting immunizations for adolescents. Whites (58.0%) and Asians (62.9%) had lower IMA-1 rates, compared to other races; English-speakers (67.3%) also had lower rates compared to Spanish-speakers (75.4%). RCAC Region 5 and SPA 5 (both in the West area) had the lowest IMA-1 rates compared to the other geographic regions. Seniors and Persons with Disabilities (SPD) had a slightly lower rate of 68.0% compared to the

non-SPD population (71.0%). L.A. Care’s Medi-Cal rate for IMA-1 was lower compared to the three Plan Partners, with the greatest difference (-17.4%) seen when compared to Kaiser Permanente.

**Qualitative Analysis**

L.A. Care provided childhood and adolescent wellness flyers, including the IMA-1 measure with the listed components, to solo and small group providers that detail HEDIS-related health services that are recommended for age groups. The measure was reflected specifically in the flyer targeting the 11-15 year old range. Provider opportunity reports that lists patients needing care, such as vaccines, to encourage outreach to these patients missing services were also distributed.

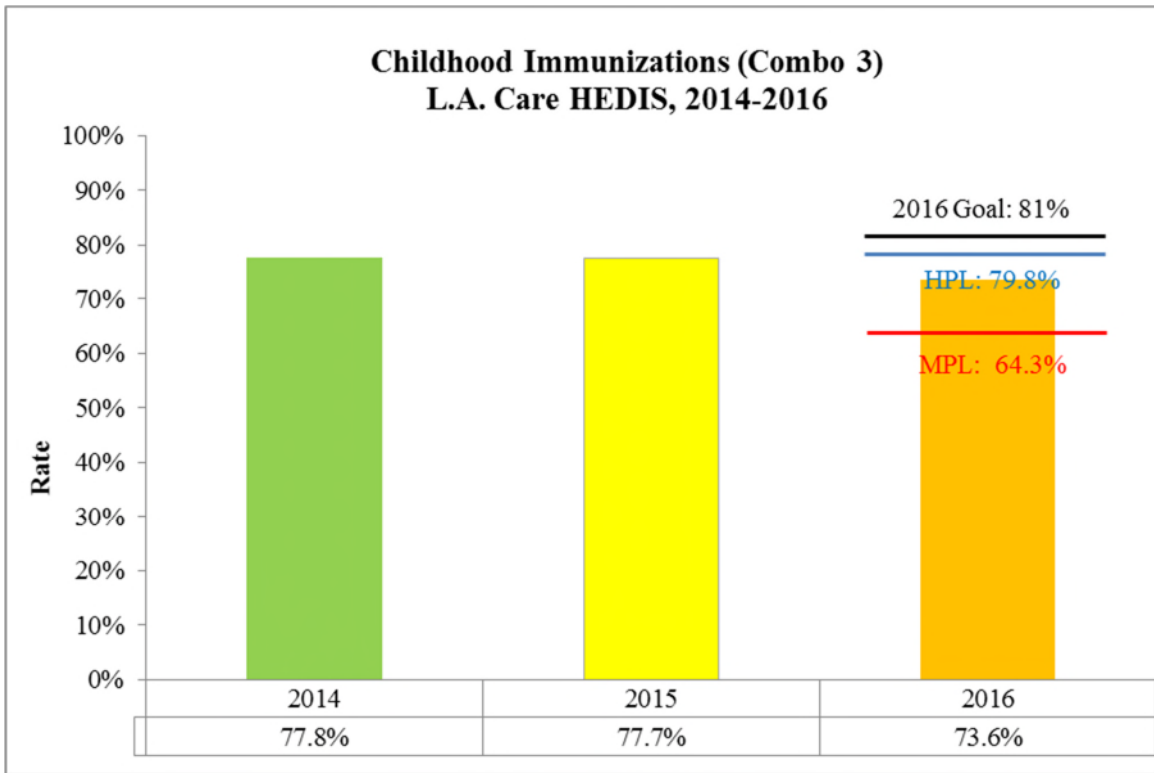
Lastly, IMA-1 continues to be a performance measure in the Physician and LA P4P programs.

(The eligible population (n=13) for the LACC LOB for the IMA-1 measure was too small to be reported).

**RESULTS**

**Childhood Immunization Status, Combination 3 (CIS-3)**

The following graph compares L.A. Care’s Medi-Cal CIS-3 HEDIS rates from 2014-2016 to L.A. Care’s 2016 goal.



## ANALYSIS

### *Quantitative Analysis*

L.A. Care's Childhood Immunization Status, Combination 3 rate for the Medi-Cal population in 2016 was 73.6%, a drop of four percentage points from 2015 (77.7%). L.A. Care did not meet its 2016 goal of 81%; however, it exceeded the MPL of 64.3% and the 50<sup>th</sup> percentile of 71.1%.

### *Disparity Analysis*

L.A. Care also conducted an analysis using administrative data based on gender, race/ethnicity, language, age group, SPD, RCAC, and SPA regions to examine whether disparities exist in getting childhood immunizations for children two years of age. Asians (35.8%) and Whites (40.3%) had lower rates compared to the other races. RCAC 3 and SPA 3, both in the San Gabriel Valley area, had lower rates compared to the other geographic regions. RCAC 11 (Pomona Valley) had the lowest CIS-3 rate of 34.1% out of the eleven RCAC regions. The SPD population had a slightly higher rate of 51.5% compared to the non-SPD rate of 48.5%.

Additionally, DHS was nearly 10% higher than the non-DHS MCLA population (54.0% vs. 44.8%). When assessing segmentation by Plan Partners, MCLA was 8.5 percentage points higher compared to Anthem Blue Cross; for the other Plan Partners, MCLA had a lower CIS-3 rate.

### *Qualitative Analysis*

The HEDIS rate for CIS-3 demonstrates a declining three year trend. The complexity of the immunization schedule and lack of education about the importance of basic vaccination series to members' guardian(s) may be some of the factors why members are not getting immunized as recommended. In order to address this, L.A. Care also sent out provider opportunity reports and made the member detail report available at the L.A. Care provider portal. Physicians can identify members in his/her panel needing immunizations from the posted list and perform outreach to those patients needing care. However, due to the time-sensitive nature of the measure, it is better to use real-time data from CAIR to outreach to children in receiving timely CIS-3 vaccines.

Missing fourth doses of the DTaP and PCV vaccines are known to be the primary barriers to meeting CIS-3. This is particularly most time-sensitive for the fourth dose of the PCV vaccine: according to the ACIP catch-up schedule, if the 2<sup>nd</sup> PCV dose is given between 7-11 months, the recommendation is to wait until 12 months and give the third dose as the final dose; without the fourth dose, a positive HEDIS hit would be missed. In order to stress the importance of the timeliness of the two vaccines, a CIS tip sheet was created and distributed to Medi-Cal and LACC providers about timely initiation and adherence to the immunization schedule. Moreover, a performance improvement project (PIP) began in 2016 that focused on increasing the percentage of children who receive three DTaP and three PCV doses by 12 months of age at Watts Health Center.

L.A. Care launched the Healthy Baby program in the last quarter of 2016, which targets mothers of newborn babies by providing an immunization schedule brochure and outreach via IVR and live agent calls. L.A. Care provided childhood and adolescent wellness flyers to solo and small group providers that detail HEDIS-related health services, such as childhood immunizations, that are recommended for age groups. CIS-3 is also a measure in the Physician P4P, LA P4P, and Plan Partner P4P programs, highlighting the importance of the auto-assignment measure.

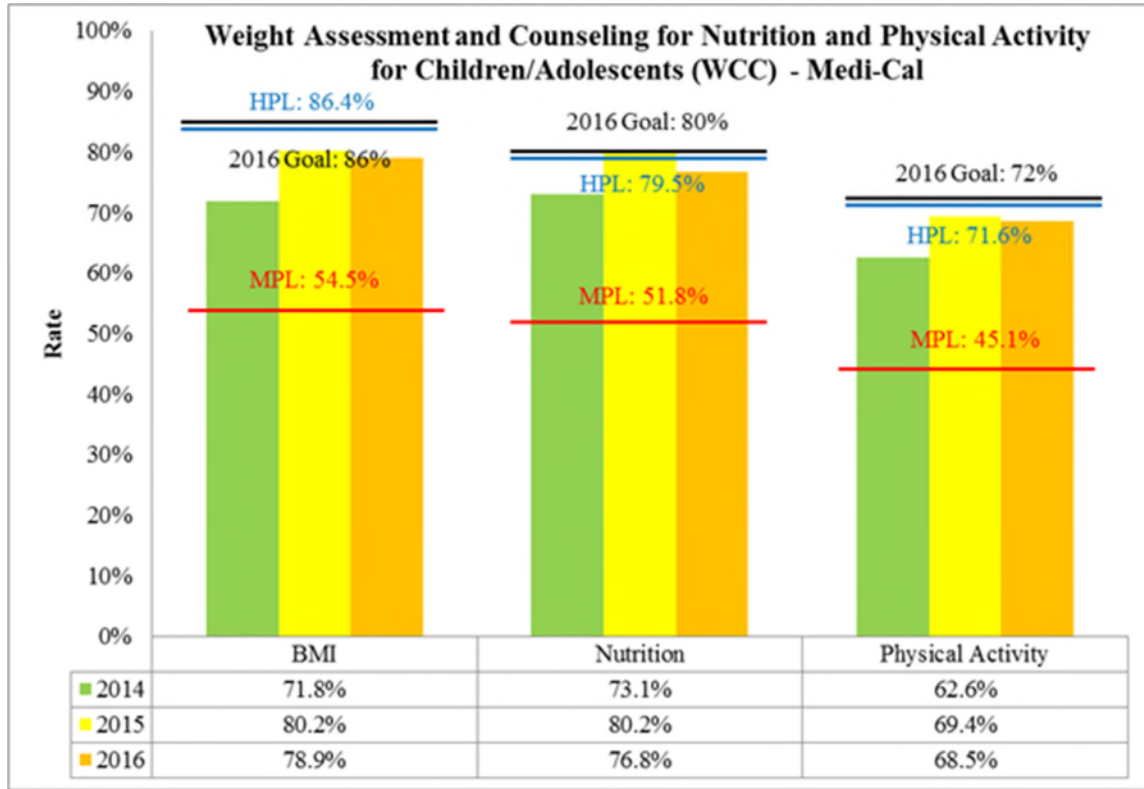
(The eligible population (n=7) for the LACC LOB for the CIS-3 measure was too small to be reported).



**RESULTS**

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**

The following graph compares L.A. Care’s Medi-Cal WCC HEDIS rates from 2014-2016 to L.A. Care’s 2016 goal.



\* Statistically significant difference

***Quantitative Analysis***

L.A. Care’s 2016 rate for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) is composed of three components: BMI percentile (WCC – BMI), counseling for nutrition (WCC – Nutrition), and counseling for physical activity (WCC – PA).

The rate for BMI percentile documentation decreased by 1.3 percentage points from the previous year – 78.9% in 2016 compared to 80.2% in 2015. L.A. Care’s 2016 goal of 86% was not met; however, the 2016 rate of 78.9% exceeded the 75<sup>th</sup> percentile of 77.8%. Overall, from 2014-2016, the WCC – BMI rate has been on the rise.

The 2016 rate for counseling for nutrition was 76.8%; this was a decrease of 3.4 percentage points from the 2015 rate of 80.2%. The goal of 80% was not met; however, the 2016 rate of 76.8% exceeded the 75<sup>th</sup> percentile of 70.9%. Overall, from 2014-2016, the WCC – Nutrition rate increased.

The 2016 rate for counseling for physical activity was 68.5%; this was a drop of 0.9 percentage points from the 2015 rate of 69.4%. The goal of 72% was not met; however the 2016 rate of 68.5% exceeded the 75<sup>th</sup> percentile of 63.5%. Overall, from 2014-2016, the WCC – PA rate increased.

### ***Disparity Analysis***

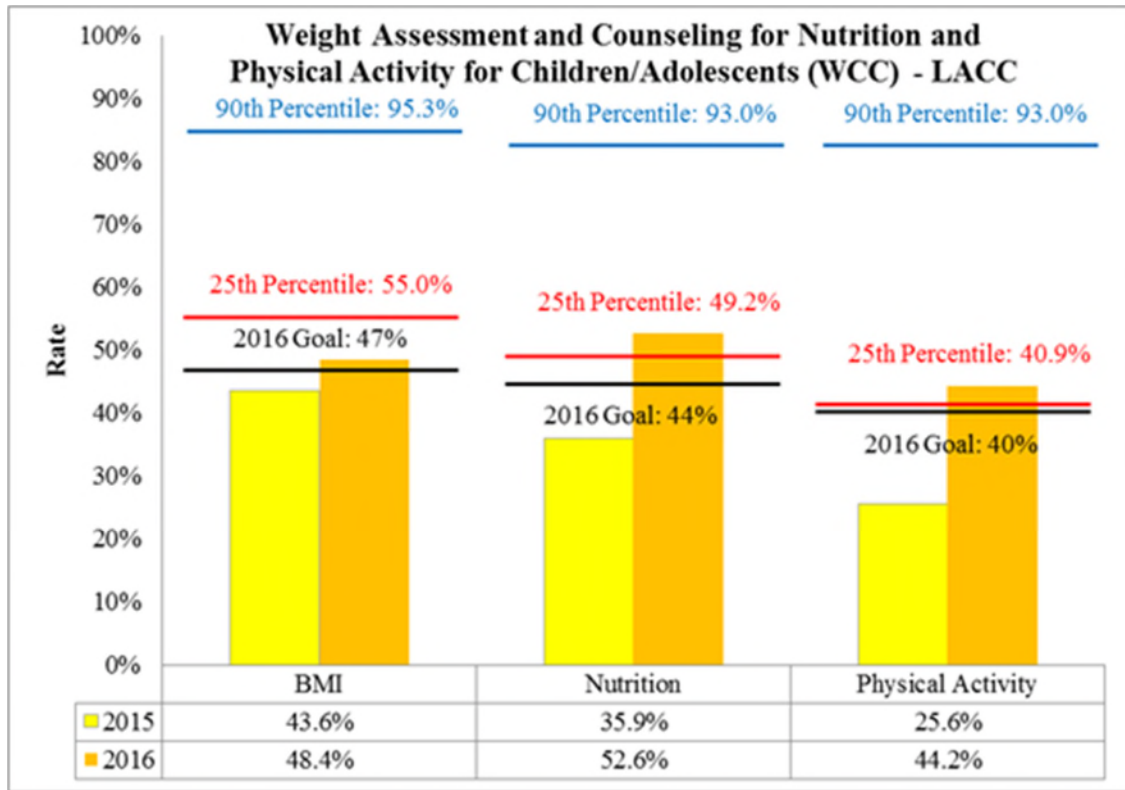
L.A. Care also conducted an analysis (based on administrative data) based on gender, race/ethnicity, language, age group, SPD, RCAC, and SPA regions to examine whether disparities exist in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents.

- *BMI Assessment* – Asians were the least compliant group compared to other racial groups with a rate of 22.5%; Blacks, on the other hand, had the highest compliance rate of 36.7%. Spanish-speakers, compared to English-speakers, had a lower WCC-BMI rate of 27.9%. RCAC Region 3 and SPA 3, both San Gabriel Valley, had one of the lower geographic rates for this sub-measure. Out of all the RCAC Regions, Region 9 had the lowest rate of 22.1% compared to RCAC 7's (Gateway Cities) rate of 37.7%. Out of the Plan Partners, MCLA performed better (+1.5%) only when compared to Anthem Blue Cross. Non-DHS MCLA members (42.5%) outperformed DHS MCLA members (14.2%) on this sub-measure.
- *Counseling for Nutrition* – Asians were the least compliant group compared to other racial groups with a rate of 14.2%; Blacks, on the other hand, had the highest compliance rate of 32.6%. English-speakers had nearly a ten percentage point higher rate of 28.3% compared to Spanish-speakers (18.8%). Members living in RCAC 9 (Long Beach) and SPA 5 (West) had lower WCC-Nutrition rates compared to the other geographic regions. Moreover, RCAC 3 and SPA 3, both representing San Gabriel Valley, had depressed rates as well. Out of the Plan Partners, MCLA performed better (+5.2%) only when compared to Anthem Blue Cross.
- *Counseling for Physical Activity* – Asians were the least compliant group compared to other racial groups with a rate of 10.5%; Blacks, on the other hand, had the highest compliance rate of 23.8%. Spanish-speakers' WCC-BMI rate (9.6%) was more than twelve percentage points lower than English-speakers' rate (21.6%). RCAC regions 3 (San Gabriel Valley) and 9 (Long Beach) had lower rates compared to the other RCAC regions. SPA 6—South—had a WCC-BMI rate of 12.8%. RCAC Region 1 and SPA 1, both in the Antelope Valley, had the highest rates (26%) compared to their respective geographic regions. Members aged 3-11 had slightly lower rates (14.4%) compared to members aged 12-17 (16.6%). Out of the Plan Partners, MCLA performed better (+4.3%) only when compared to Anthem Blue Cross.

### ***Qualitative Analysis***

With an understanding of the socio-ecological model, L.A. Care realizes that a multi-pronged approach is needed to address the multitude of factors that can potentially impact weight status in childhood into adulthood. L.A. Care works to address the obesity epidemic by increasing awareness of strategies that can prevent and treat obesity, including the promotion of BMI percentile documentation and nutrition and physical activity counseling in children (WCC) – something that can initiate a conversation between the provider and the member and/or guardian. L.A. Care provided childhood and adolescent wellness flyers to solo and small group providers that detail HEDIS-related health services, such as weight assessment and counseling for nutrition and physical activity for children/adolescents that are recommended for age groups. Moreover, HEDIS nurses conducted provider office visits to discuss how weight management, proper nutrition and exercise can impact member satisfaction.

The following graph compares L.A. Care's L.A. Care Covered WCC HEDIS rates from 2015-2016 to L.A. Care's 2016 goal.



\* Commercial HMO 90<sup>th</sup> and 25<sup>th</sup> percentiles from Quality Compass

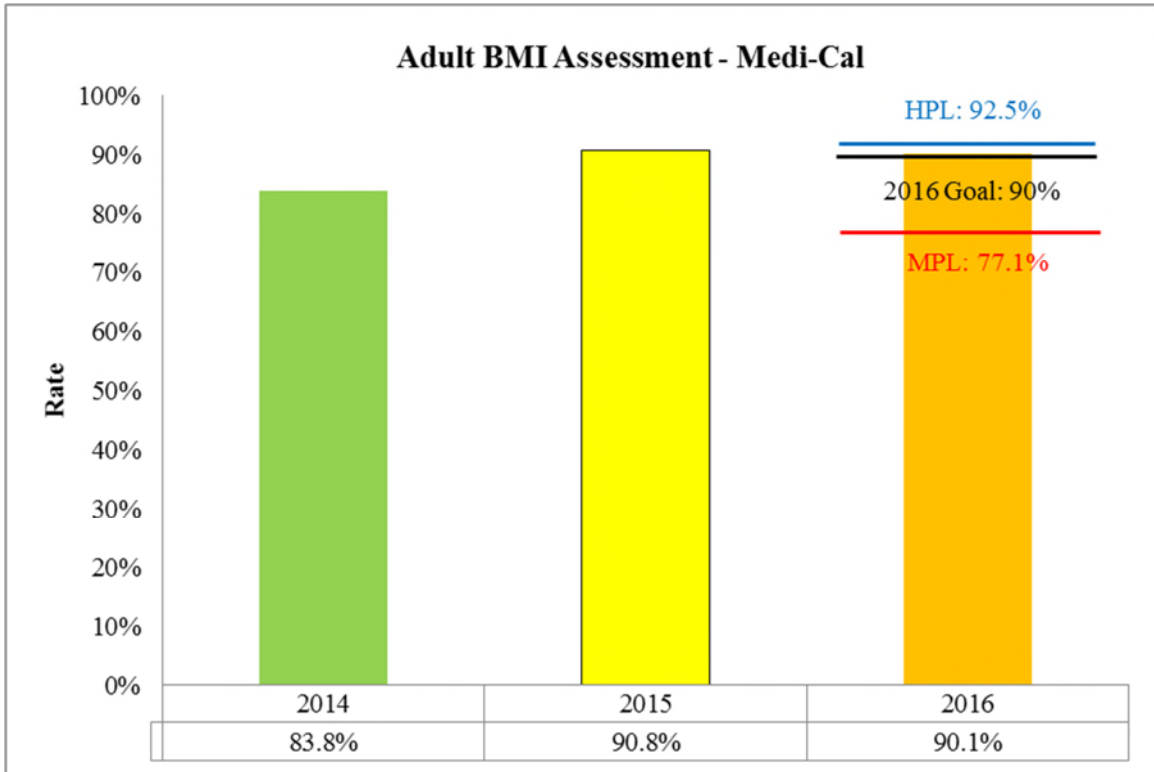
**Quantitative Analysis**

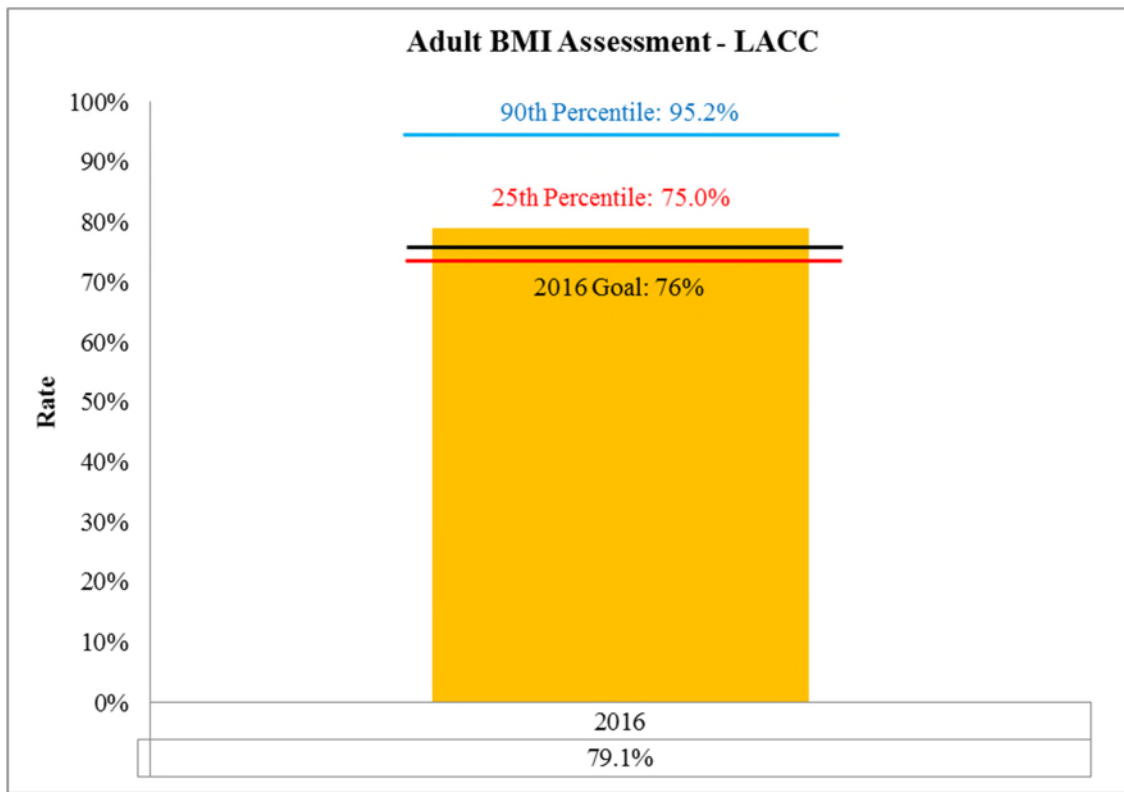
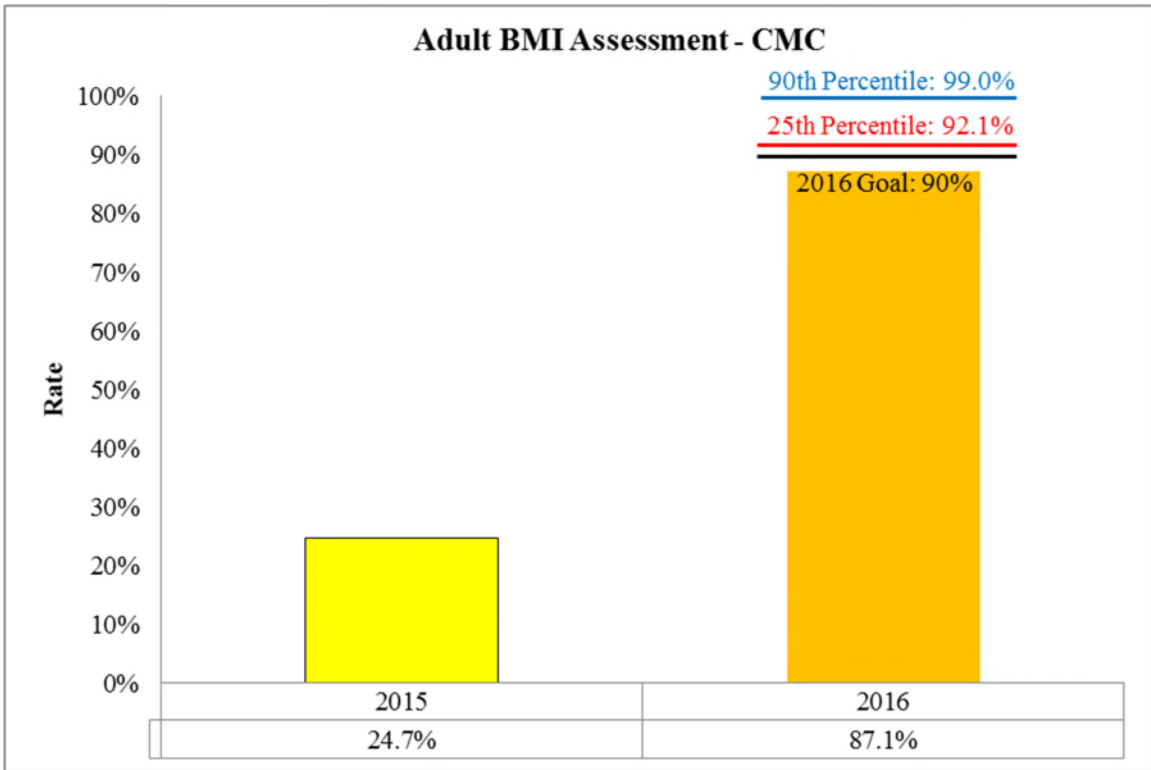
The 2016 rates for WCC were 48.4%, 52.6%, and 44.2% for BMI percentile documentation, counseling for nutrition, and counseling for physical activity, respectively. The 25<sup>th</sup> percentiles for the counseling for nutrition and physical activity submeasures were met. Moreover, L.A. Care's 2016 goals for all three submeasures were met.

## RESULTS

### Adult BMI Assessment (ABA)

The following graph compares L.A. Care's Medi-Cal ABA HEDIS rates in 2014, 2015, and 2016 to their respective L.A. Care 2016 goals. L.A. Care's LACC HEDIS baseline rate for 2016 is also depicted.





## ANALYSIS

### *Medi-Cal*

#### *Quantitative Analysis*

L.A. Care's Medi-Cal 2016 rate for Adult BMI Assessment (ABA) was 90.1%; a slight decrease from the prior year of 90.8%. The rate met the goal for 2016 and was just below the 90<sup>th</sup> percentile of 92.5%.

#### *Qualitative Analysis*

For Medi-Cal ABA rates, there has been a continued improvement from 2012 to 2016. Many factors could be influencing this positive trend, including but not limited to, increased provider utilization of BMI as a clinical indicator, a greater number of providers using EMR with the benefit of BMI being automatically calculated with the entry of member height and weight during encounters, as well as improved provider record abstraction.

### *CMC*

#### *Quantitative Analysis*

The rate for 2016 was 87.1% and was a 63 percentage point increase from the prior year. The rate did not meet the goal of 90% and did not meet the 25<sup>th</sup> percentile.

#### *Qualitative Analysis*

The CMC 2015 rate for ABA was administratively reported, while 2016 included hybrid data collection. This explained the significant increase in the rate from the prior year. In addition 2015 included only partial data as this product line opened in April of 2014. Therefore, 2016 represents the baseline year for this measures.

### *LACC*

#### *Quantitative Analysis*

L.A. Care's LACC rate was 79.1%. The rate met the 25<sup>th</sup> percentile and met the annual goal.

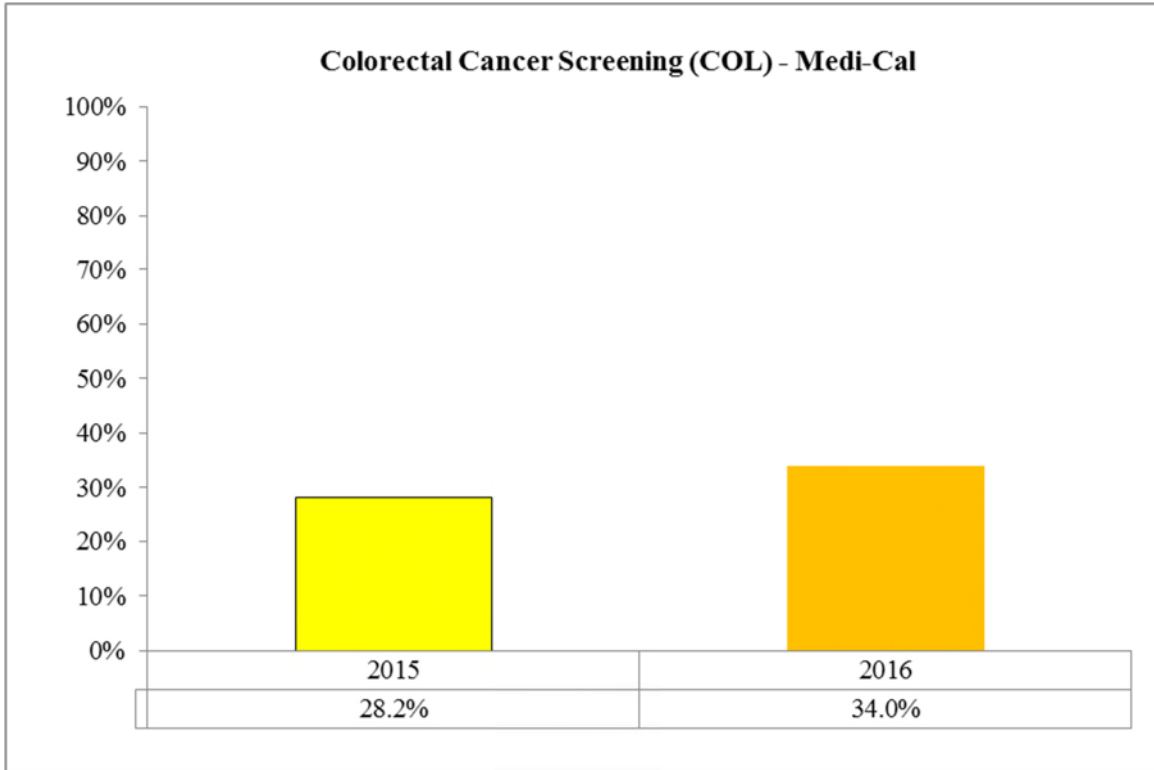
#### *Qualitative Analysis*

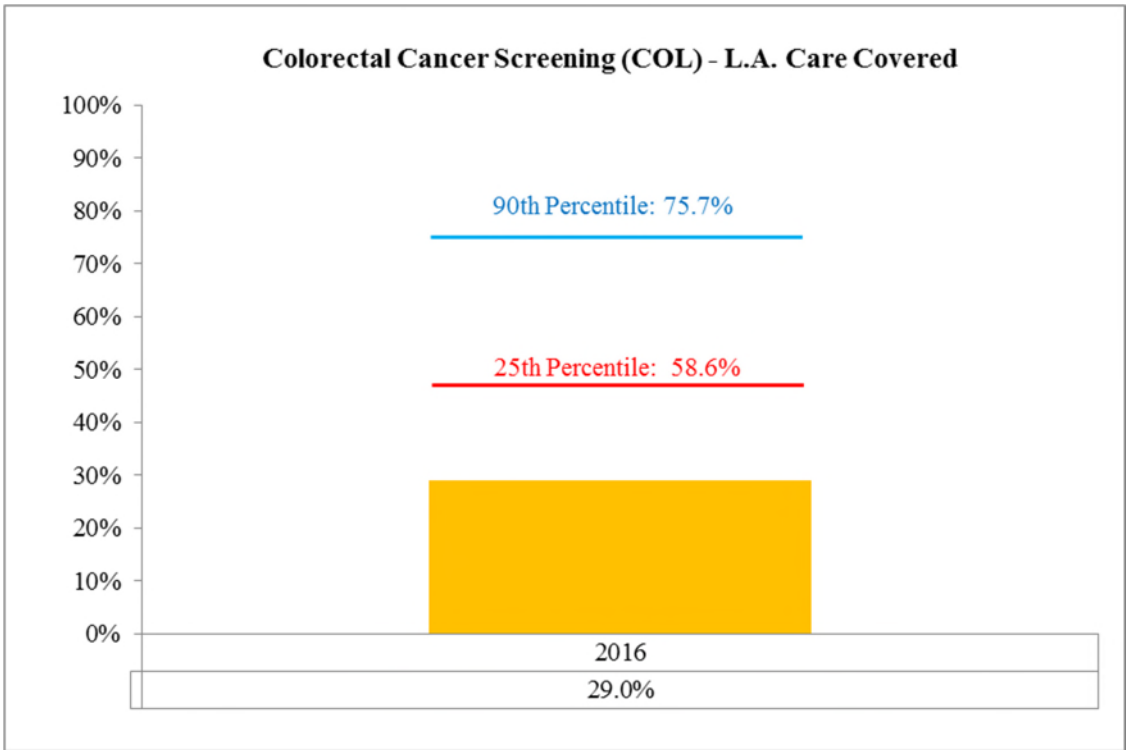
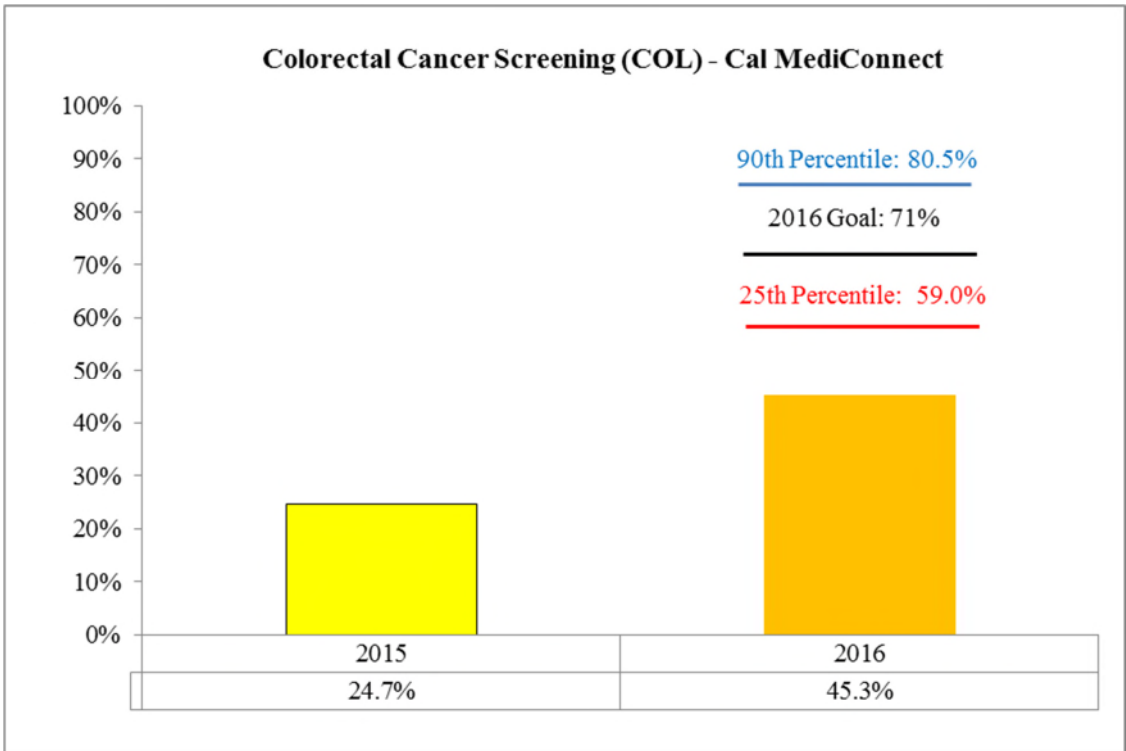
Similar to CMC, this is a baseline year for this measure. Rates for LACC are lower than the other two product lines. This may be due to the fact that the network of providers for LACC is much narrower than the other two product lines. If those providers lack an adequate system for tracking BMI, such as an EHR, then it leads to larger impact in the rates of the population. Further analysis in the capacity and performance of the network is needed to determine if this may be one of the reasons there is a lower rate among this population.

## RESULTS

### Colorectal Cancer Screening (COL)

The following graphs depicts L.A. Care's Medi-Cal (administrative data only), CMC, and LACC COL HEDIS rate for 2016.







## ANALYSIS

### *Medi-Cal*

#### *Quantitative Analysis*

The COL rate for the Medi-Cal population is not a standard reported rate, only administrative data is available to report for 2016. L.A. Care's Medi-Cal administrative rate for COL was 34%. That was 5.8 percentage points above the prior year's rate. This change was found to be statistically significant from the prior year ( $p < .05$ ). There are no benchmarks for comparison of the administrative COL rate in this population.

#### *Qualitative Analysis*

In 2015, L.A. Care focused on improving colorectal cancer screening rates among all of its eligible members and sent a mailer that reminded members that were missing the screening to get tested and gave them option to call and leave a message if they desired a Fecal Immunochemical test (FIT) Kit. L.A. Care then reached out to their medical group or physician and asked them to provide the test kit by mail or make it available for pick up. In addition, we distributed information to medical groups regarding the intervention and met with many medical group's leadership to promote our intervention which may have led the medical group to prioritize colorectal screenings during their campaigns. While the response rate was low, less than 1%, it may have reminded patients to ask about the screening when visiting their providers. While there is no NCQA benchmark for Medi-Cal, L.A. Care has chosen to set the goal at 80% by 2018 as part of our partnership with the American Cancer Society.

In 2016, L.A. Care has continued to send a member mailer and make automated and live agent phone calls to members missing services to continue to improve the rate. It did not include the option to have a FIT kit made available to them due to the low response rate from the prior year. The mailing includes a brochure that highlights the importance of screening and the need to discuss screening options with his/her provider. Providers were also sent a letter that was co-branded with the American Cancer Society logo and urged providers to screen using the patient's preferred screening method.

### *Cal MediConnect*

#### *Quantitative Analysis*

In MY 2015, rates were captures administratively and through medical records for the first time. The rate increased by 20.6% to 41.4% for administrative data capture. The final rate which included medical records was 45.3%. The rate increase for the administrative rate was statically significant ( $p < .05$ ). The rate did not meet the goal of 71%. It also did not meet the NCQA Medicare 25<sup>th</sup> percentile of 59% and the goal of 80% by 2018 set by the American Cancer Society.

#### *Qualitative Analysis*

In 2015, L. A. Care focused on improving colorectal cancer screening rates among all of its eligible members. L.A. Care sent a member mailer that reminded non-compliant members to get screened and gave them option to call and leave a message if they desired a Fecal Immunochemical test (FIT) Kit. L.A. Care then reached out to their medical group or physician and asked them to provide the test kit by mail or make it available for pick up. The response rate was less than 1% but may have led to a heightened awareness from both members and providers to get screened and may have led to the increase in the rate.

While rates more than doubled, they are still low compared to the Medicare 25<sup>th</sup> percentile. This may be due to the fact that this is first complete year of data and there still may be information such as colonoscopy and sigmoidoscopy data that may not have been received from the plan because it occurred while the

member was insured with another plan. In 2016, L.A. Care has continued to send member mailers and make phone call to members missing services to continue to improve the rate. It did not include the option to have a FIT kit mailed to them due to the low response rate from the prior year. The mailing highlights the importance of screening and the need to discuss screening options with his/her provider. Automated calls were also made to all members needing the screening in October of 2016. Providers were also sent a letter that was co-branded with the American Cancer Society logo and urged providers to screen using the patient's preferred screening method.

## **LACC**

### ***Quantitative Analysis***

The rate for colorectal cancer screening for 2016 is 29% and is below the 25<sup>th</sup> percentile of 58.6% and the goal of 80% by 2018 set by the American Cancer Society.

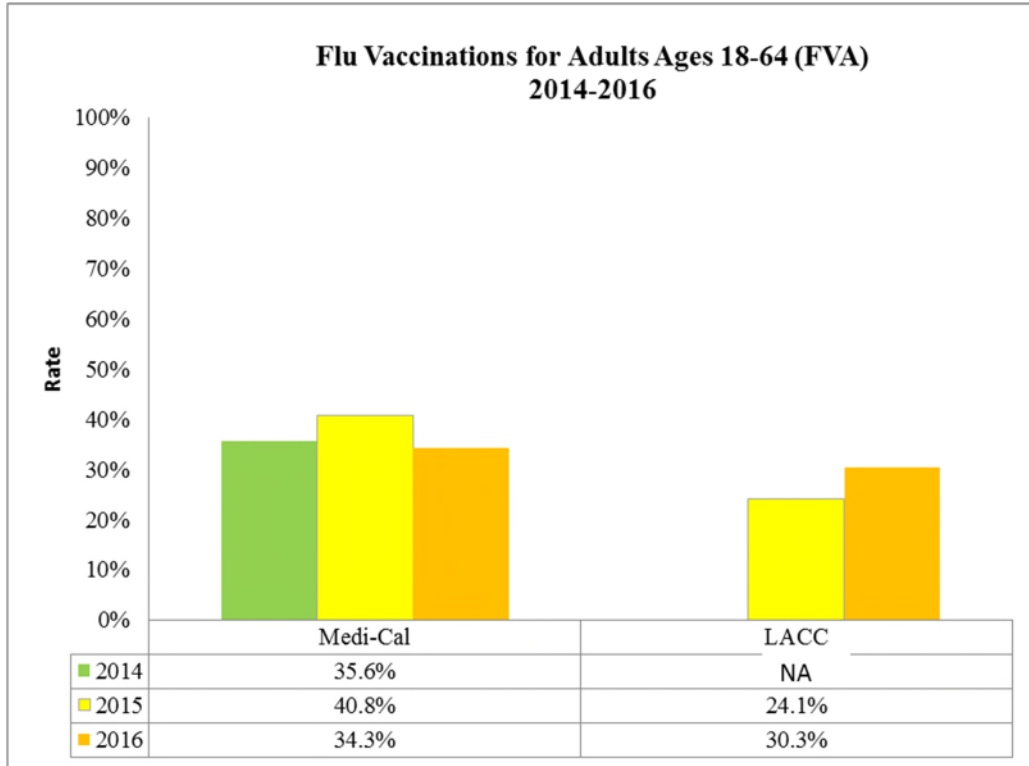
### ***Qualitative Analysis***

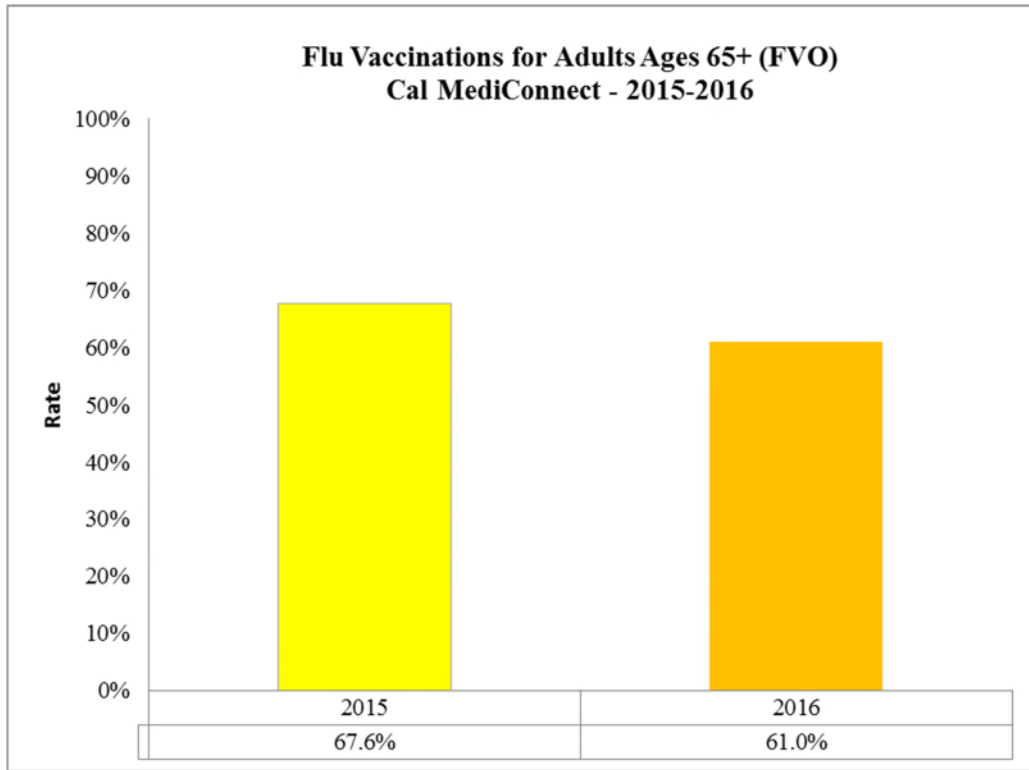
HEDIS 2016 (MY2015) was the first year that rates were captured for COL. Therefore, this is a baseline year for LACC. In 2015, initiatives to improve COL were put in place for adults 50-75 years old for all LOBs (CMC, LACC, and MCLA). L.A. Care sent a member mailer that reminded non-compliant members to get screened and gave them option to call and leave a message if they desired a Fecal Immunochemical test (FIT) Kit. L.A. Care then reached out to their medical group or physician and asked them to provide the test kit by mail or make it available for pick up. The response rate was less than 1% and it is unclear if this intervention had any effect on the rate since there is no prior rate. Due to the low response rate in 2016, the member mailer did not contain an option to have a kit made available to them by their provider. The mailing includes a brochure highlights the importance of screening and the need to discuss screening options with his/her provider. Automated calls were also made to all members needing the screening. Providers were sent a letter that was co-branded with the American Cancer Society logo and urged providers to screen using the patient's preferred screening method.

## RESULTS

### Flu Vaccinations for Adults (FVA & FVO)

The graph compares L.A. Care's Medi-Cal and LACC rates for flu vaccination in adults in 2014 – 2016 for adults ages 18-24 (FVA). The second graph shows CMC rates for flu vaccination in adults in 2015 and 2016.





## ANALYSIS

### *Quantitative Analysis*

L.A. Care’s Medi-Cal 2016 rate for Flu Vaccination for Adults (FVA) was 34.3%; a decrease of 6.5 percentage points from the 2015 rate of 40.8%. A goal of 45% for Medi-Cal was established in 2016; the goal was not met.

L.A. Care’s CMC 2016 rate for flu vaccination was 61.0%. This is a decrease of 6.6 percentage points from the 2015 CMC rate of 67.6%. A goal of 4 stars ( $\geq 75\%$ ) was set in 2016; the goal was not met.

L.A. Care’s LACC 2016 rate for flu vaccination was 30.3%. This is a decrease of 6.2 percentage points from 2015 LACC rate of 24.1%. No goal was established for LACC in 2015 and 2016.

### *Disparity Analysis*

For the CMC population, members ages 65 -74 (63.24%) were 9.58 percentage points more likely to get the flu vaccine than members ages less than 65 (53.66%). Male members (64.38%) were more likely to report receiving the flu vaccine than female members (56.76%) by 7.62 percentage points. Members with an education level of high school or less (61.81%) were more likely to reporting receiving the flu shot vaccine than members with some college or more (53.03%) by 8.78 percentage points.

No disparities analysis available for Medi-Cal or LACC.

### *Qualitative Analysis*

The rate of flu vaccination dropped from 2015 to 2016 for Medi-Cal, CMC and LACC despite having several interventions in place. In 2016, the Health Education department mailed “thank-you” cards with a

flat flashlight to 1,572 CMC members who received the flu shot. In October 2016, a reminder mailer with a jar opener was mailed to 12,591 CMC members. In October 2016, 1,175 LACC members were sent a secure message through My Health In Motion™, L.A. Care’s online health and wellness portal to remind them to get their flu shot. In the Fall 2016 Progress Notes provider newsletter, providers were reminded to schedule flu shot appointments for all patients. A flu reminder article was featured in Fall 2016 member newsletters for LACC and CMC.

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

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
<b>Well-Child visits 3 to 6 years</b>	<ul style="list-style-type: none"> <li>• Providers continue to follow the CHDP periodicity table (rather than the AAP schedule), which does not require annual Well-Care visits (the schedules aligned in Summer 2016 to that of the AAP schedule)</li> <li>• Missing documentation of two or more well-care visit components</li> <li>• Large eligible population.</li> <li>• Members/Caregivers do not perceive the importance of Well-Child visits.</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood and adolescent wellness flyers were sent to solo and small group providers that detail HEDIS-related health services that are recommended for different age groups; WC34 was one of the measures represented in the flyer</li> <li>• Well-care visits stamps were distributed to provider offices to serve as a reminder that all five components of the visit need to be completed and documented to yield a positive HEDIS hit</li> <li>• Calls to parents of Medi-Cal kids that had not yet seen their PCP in 2016 were reminded to schedule a well-care visit appointment</li> <li>• Calls to provider staff of LACC kids that needed a well-care visit in 2016 were made to encourage scheduling appointments</li> <li>• L.A. Care continued the Plan Partner P4P, LA P4P, and Physician P4P programs for Medi-Cal, which includes the W34 HEDIS measure. The W34 measure was doubly weighted in calculating LA P4P and Physician P4P payments in 2016.</li> <li>• Provider Opportunity Reports were provided (July, September, and November 2016) to inform groups and providers of their year to date performance to encourage outreach to members in need of the service; September 2016 PORs were the first PORs to be distributed for the LACC LOB</li> <li>• Preventive health guidelines which include well-child visit schedule are available at L.A. Care website for both providers and members.</li> </ul>	See results above
<b>Immunizations for Adolescents (IMA-1)</b>	<ul style="list-style-type: none"> <li>• Meningococcal vaccine is not required for school (hence the rate is lower than the Tdap/Td rate)</li> <li>• Missed opportunities - physicians should take</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood and adolescent wellness flyers were sent to solo and small group providers that detail HEDIS-related health services that are recommended for different age</li> </ul>	See results above

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
	<p>advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to keep children's immunizations current.</p> <ul style="list-style-type: none"> <li>Lack of education on the importance of vaccinations during adolescence</li> </ul>	<p>groups; IMA-1 was one of the measures represented in the flyer</p> <ul style="list-style-type: none"> <li>Provider Opportunity Reports were provided (July, September, and November 2016) to inform groups and providers of their year to date performance to encourage outreach to members in need of the service; September 2016 PORs were the first PORs to be distributed for the LACC LOB</li> <li>L.A. Care continued the LA P4P and Physician P4P programs for Medi-Cal, which includes the IMA-1 HEDIS measure</li> <li>Calls to provider staff of LACC kids that needed to get immunizations in 2016 were made to encourage scheduling appointments</li> </ul>	
<p><b>Childhood Immunization Combo 3</b></p>	<ul style="list-style-type: none"> <li>Due to the complexity of the immunization schedule, parents may not fully understand the recommended immunization schedule for their children.</li> <li>Lack of education about the importance of adhering to the recommended vaccination schedule to parents of members. PCV protects against systemic pneumococcal infection during the first 12 months of life, when most vulnerable.</li> <li>Parents may perceive taking time off from work to get immunizations, sometimes without pay.</li> <li>Missed opportunities - physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to keep children's immunizations current.</li> <li>Incomplete coding of immunizations result in chart requests.</li> <li>Language and RCAC region disparity.</li> </ul>	<ul style="list-style-type: none"> <li>Childhood and adolescent wellness flyers were sent to solo and small group providers that detail HEDIS-related health services that are recommended for different age groups; CIS was one of the measures represented in the flyer</li> <li>Provider Opportunity Reports were provided (July, September, and November 2015) to inform groups and providers of their year to date performance to encourage outreach to members in need of the service; September 2016 PORs were the first PORs to be distributed for the LACC LOB</li> <li>CIS tip sheet highlighting the importance of timeliness of the DTaP and PCV vaccines and adherence to the immunization schedule</li> <li>Performance improvement project at Watts Health Center that targets the third doses of the DTaP and PCV vaccines by the 12<sup>th</sup> month of life</li> <li>The Healthy Baby program was launched in the last quarter of 2016 that outreaches to mothers of newborn babies and highlights the importance of child immunizations and well-care visits</li> <li>In the LAP4P and Physician P4P programs, CIS-3 continues to be a double weighted measure; it is also part of the Plan Partner P4P program</li> <li>Preventive health guidelines and current immunization schedule for both providers and members are available on the L.A. Care website.</li> </ul>	<p>See results above</p>

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
		<ul style="list-style-type: none"> <li>• CIS measure information and use of CAIR was shared at PPG, County, and Plan Partner meetings to increase awareness and encourage strategic improvement</li> </ul>	
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents</b>	<ul style="list-style-type: none"> <li>• Providers are not aware of the WCC measure.</li> <li>• Providers do not know how to properly document BMI in a patient's record.</li> <li>• Providers do not always know how to properly diagnose/measure and or treat obesity (using BMI).</li> <li>• Members may not be aware of need or value of physical activity counseling</li> <li>• Members may not be motivated to obtain physical activity counseling.</li> <li>• Members may not be aware of physical activity counseling resources.</li> <li>• Ethnicity and sex disparity.</li> <li>• Health plan staff may not be interacting with members using the most effective means of goal setting and communication.</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood and adolescent wellness flyers were sent to solo and small group providers that detail HEDIS-related health services that are recommended for different age groups; WCC was one of the measures represented in the flyer</li> <li>• L.A. Care's HEDIS nurses conducted office visits to provider offices to discuss weight management, proper nutrition and physical activity, in conjunction with how they impact member satisfaction</li> <li>• In 2016, Family Resource Centers (FRCs) continued to offer a variety of fitness and health classes and educational materials to members.</li> <li>• In 2016, L.A. Care's Health Education department offered consultations on Weight Watchers, obesity/weight management, and nutrition.</li> </ul>	See results above
<b>Adult BMI Assessment (ABA)</b>	<ul style="list-style-type: none"> <li>• Providers are not aware of the ABA measure.</li> <li>• Providers do not know how to properly document BMI in a patient's record.</li> <li>• Providers do not always know how to properly diagnose/measure/treat obesity (using BMI).</li> </ul>	<ul style="list-style-type: none"> <li>• L.A. Care's HEDIS nurses conducted visits to provider offices to educate office staff on proper documentation of BMI.</li> <li>• L.A. Care has continued a Medicare incentive for Physicians who accurately complete and submit the members' Annual Wellness form. Physicians are given \$350 per calendar year for each form. The form includes preventive services like BMI assessment as well as tests for diabetes and other important services.</li> <li>• L.A. Care also contracts with HouseCall Doctors, which performs in-home AWEs for CMC members that are home bound.</li> </ul>	See results above
<b>Colorectal Cancer Screening (COL)</b>	<ul style="list-style-type: none"> <li>• Providers are not aware of the COL measure.</li> <li>• Providers do not know how to properly document past colon cancer screenings in a patient's record.</li> <li>• Providers do not always know how to best discuss the various colon cancer screening options</li> </ul>	<ul style="list-style-type: none"> <li>• In 2016, members aged 50-75 years who were overdue for colorectal cancer screening received a reminder mailer that included a brochure encouraging them to complete a colon cancer screening test and to talk to their primary care provider about available screening options.</li> </ul>	See results above.

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> <li>• Providers may not know how to code previously completed colonoscopy.</li> <li>• Lab supply of iFOBT/FIT kits to provider offices may not be adequate to meet demand.</li> <li>• Members may not be aware of the need or value of having regular colon cancer screenings.</li> <li>• Members may not be aware of and/or motivated to complete a colon cancer screening, be it a colonoscopy that requires more preparation or obtaining and returning an iFOBT/FIT kit.</li> <li>• Members may receive an iFOBT/FIT kit from their provider and/or lab but then not complete the test and return for analysis.</li> <li>• The long look back period (10 years for colonoscopy) results in difficulty of compiling complete administrative data for the COL measure. Hybrid data results in significantly greater COL rates.</li> <li>• Screening may have been completed prior to enrolling with L.A. Care and information is not documented in medial record.</li> </ul>	<ul style="list-style-type: none"> <li>• The brochure was also distributed to health promoters and family resource centers.</li> <li>• In October, automated calls were also made to members missing their screening.</li> <li>• In October, live agent calls were made to high risk members missing one or more preventive services. A colorectal screening reminder was included in the calls for those missing the screening.</li> <li>• L.A. Care's QI team shared best practices among PPG QI contacts related to improving colon cancer screening rates.</li> <li>• L.A. Care also sent PCPs a co-branded letter reminding them of the importance to screening a patient using the patient's preferred screening method.</li> </ul>	
<b>Flu Vaccinations for Adults Ages 18-64 (FVA)</b>	<ul style="list-style-type: none"> <li>• Members may not be aware of the importance of the flu vaccine.</li> <li>• Members may not be aware of the availability and coverage of the flu vaccine at pharmacies.</li> <li>• Misperceptions regarding the flu vaccine, including fear of catching the flu and confusion between influenza and routine viral URIs.</li> <li>• Missed opportunities - physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to vaccinate for the flu.</li> </ul>	<ul style="list-style-type: none"> <li>• In 2016, a mailing mentioned the availability of the flu shot for CMC members.</li> <li>• Member newsletter with flu article published.</li> <li>• Outreach materials mentioned the importance of the flu shot.</li> <li>• Disease Management nurses also will remind members to receive their flu shot during their outreach calls to members.</li> <li>• LACC member received a reminder email via secure notification.</li> </ul>	See results above
<b>Flu Vaccinations for Adults Ages 65 and Older (FVO)</b>	<ul style="list-style-type: none"> <li>• Members may not be aware of the importance of the flu vaccine.</li> <li>• Members may not be aware of the availability and coverage of the flu vaccine at pharmacies.</li> <li>• Misperceptions regarding the flu vaccine, including fear of catching the flu and confusion</li> </ul>	<ul style="list-style-type: none"> <li>• In 2016, a mailing mentioned the availability of the flu shot at pharmacies for MCLA and CMC members.</li> <li>• Outreach materials mentioned the importance of the flu shot.</li> <li>• Member newsletter with flu article published.</li> </ul>	See results above



HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
	between influenza and routine viral URIs. <ul style="list-style-type: none"> <li>• Missed opportunities - physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to vaccinate for the flu.</li> </ul>		

**LOOKING FORWARD**

L.A. Care will continue to work on improving current successful interventions for these HEDIS measures as well as the following for 2017:

- Continue to collaborate with plan partners on updating Preventive Health Guidelines to create a widely distributed common version that is easy to understand and more appealing to members – included in distribution are Medi-Cal, Medicare, and LACC membership.
- L.A. Care will share updated Preventive Health Guidelines with providers so they can discuss with their members.
- L.A. Care will produce and distribute provider group and physician level opportunity and performance reports which include preventive/well-care measures of W34, CIS-3, IMA-2, and WCC. Most LACC groups do not have reportable performance results for childhood measures. L.A. Care is in discussion with IHA to consider collaboration for reporting across each group’s commercial population, including LACC.
- L.A. Care will continue to encourage use of CAIR (CAIR2 starting from March 2017).
- Priority HEDIS measure information, including these preventive/well-care measures, will be shared at PPG, County, and Plan Partner meetings to increase awareness and encourage collaborative and strategic improvement for the benefit of all our members.
- Continue to collaborate with plan partners on updating Preventive Health Guidelines to create a widely distributed common version that is easy to understand and more appealing to members – included in distribution are Medi-Cal, Medicare, and LACC membership.
- L.A. Care will share updated Preventive Health Guidelines with providers so they can discuss with their members.
- Evaluate multiple language flu materials and interactive voice response (IVR) flu calls.
- Ensure that member materials related to flu vaccination address common misperceptions.
- Leverage member contacts through complex case management and disease management to promote flu vaccination.

**2017 WORK PLAN GOALS:**

<b>HEDIS Measure</b>	<b>2017 Medi-Cal Goal</b>	<b>2017 Cal MediConnect Goal</b>	<b>2017 L.A. Care Covered</b>
<b>Well-Child Visits 3-6 Years (W34)</b>	78%		66%
<b>Immunizations for Adolescents (IMA-1)</b>	82%		69%
<b>Childhood Immunization Status Combination 3 (CIS-3)</b>	76%		72%
<b>Weight Assessment &amp; Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)</b>	BMI: 86% Nutrition: 80% Physical Activity: 72%		BMI: 55% Nutrition: 63% Physical Activity: 60%
<b>Adult Body Mass Index Assessment (ABA)</b>	93%	87%	89%
<b>Colorectal Cancer Screening (COL)</b>	NA	71%	59%
<b>Flu Vaccinations for adults ages 18-64 (FVA)</b>	45%		NA
<b>Flu Vaccination for adults ages 65 and older (FVO)</b>		74%	

## **A.2 PERINATAL SERVICES**

### **2016 WORK PLAN GOALS:**

<b>HEDIS Measure</b>	<b>2016 Medi-Cal Goal</b>	<b>2016 L.A. Care Covered Goal</b>
Timeliness of Prenatal Care	85%	84%
Postpartum Care	63%	69%

### **BACKGROUND**

Perinatal services which include timeliness of prenatal visits and postpartum care are an important component of maternal and child health. Inadequate prenatal care may result in pregnancy-related complications and may lead to potentially serious consequences for both the mother and the baby<sup>2</sup>.

Approximately 50% of Medi-Cal direct line of business (DLOB) members are delegated to Plan Partners Anthem Blue Cross, Care 1<sup>st</sup> and Kaiser Permanente. L.A. Care is responsible for conducting member outreach for the remainder of Medi-Cal (DLOB) members. Medi-Cal prenatal and postpartum care graphs depict aggregate data of L.A. Care and its Plan Partners.

### **MAJOR ACCOMPLISHMENTS**

- L.A. Care’s “Healthy Mom” postpartum program, which provides assistance and support to women to schedule their postpartum visit, reached 1,099 women of which 77% completed their postpartum visit in FY 2015-2016.
- L.A. Care’s Health Education Unit sends out trimester-specific perinatal education packets to identified pregnant MCLA members. The packets include information on the importance of timely prenatal care, breastfeeding, WIC, and the “Healthy Mom” postpartum program.
- Starting in September 2016, pregnant MCLA members in their first trimester are provided assistance and support to schedule their prenatal visit.
- L.A. Care’s LA P4P provider group incentive program includes timeliness of prenatal care as one of the clinical measures. The LA P4P program also distributes performance and payment reports that inform groups of their performance on these measures.
- L.A. Care mailed the Preventive Health Guidelines to MCLA and LACC members. In addition, the Preventive Health Guidelines were made available for physicians on the L.A. Care website.
- L.A. Care promoted Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. Text4Baby was promoted throughout the network in monthly perinatal education packets and on the website.
- L.A. Care offered a six-week series on childbirth preparation for soon-to-be parents at the Lynwood Family Resource Center. The class includes education on stages of labor, breastfeeding, postpartum care, postpartum depression, and preparing for the hospital stay.
- L.A. Care also formed a Plan Partner Quality Improvement Collaborative meeting to help collaboration and develop best practices among the health plans. Prenatal and postpartum are areas of priority.
- L.A. Care mailed letters to OB/GYN practices in 2016 reminding them of the requirement for open access to in-network OB/GYN practices for routine women’s preventive health services, including prenatal care.

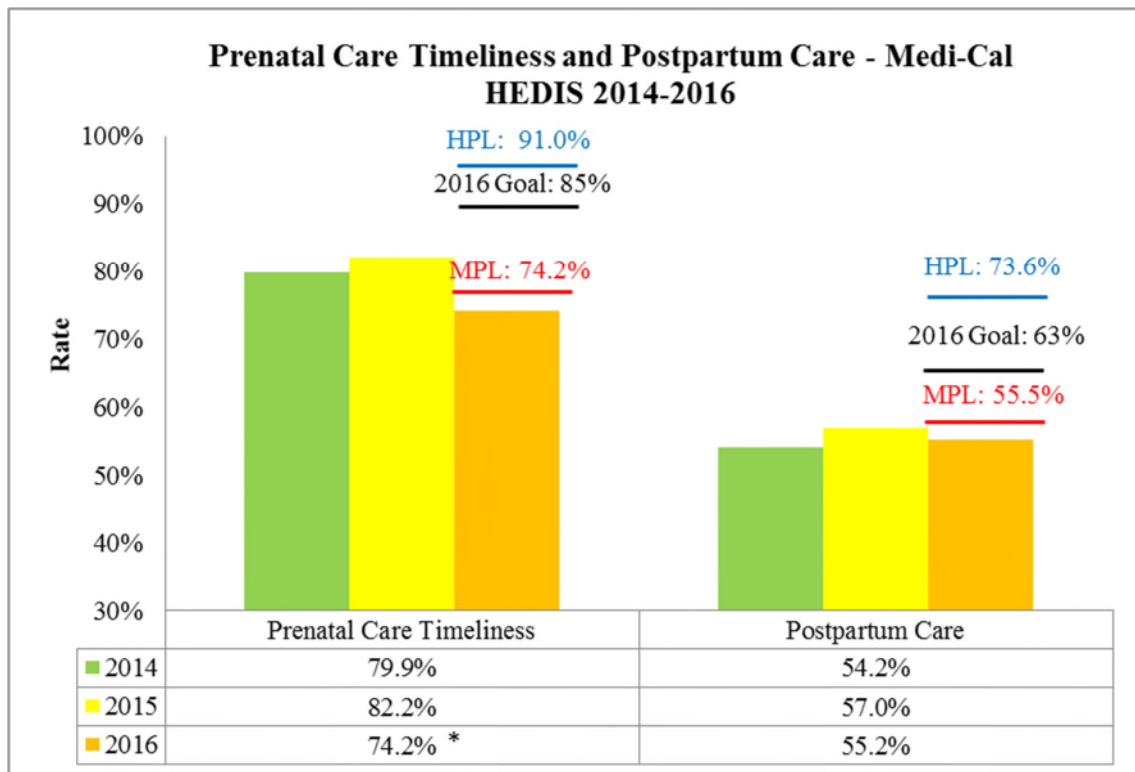
<sup>2</sup> [http://kidshealth.org/parent/pregnancy\\_newborn/pregnancy/medical\\_care\\_pregnancy.html](http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html)

- L.A. Care, in collaboration with Network Medical Management/Allied Physicians IPA, began Plan-Do-Study-Act (PDSA) cycles to improve both prenatal and postpartum care rates.

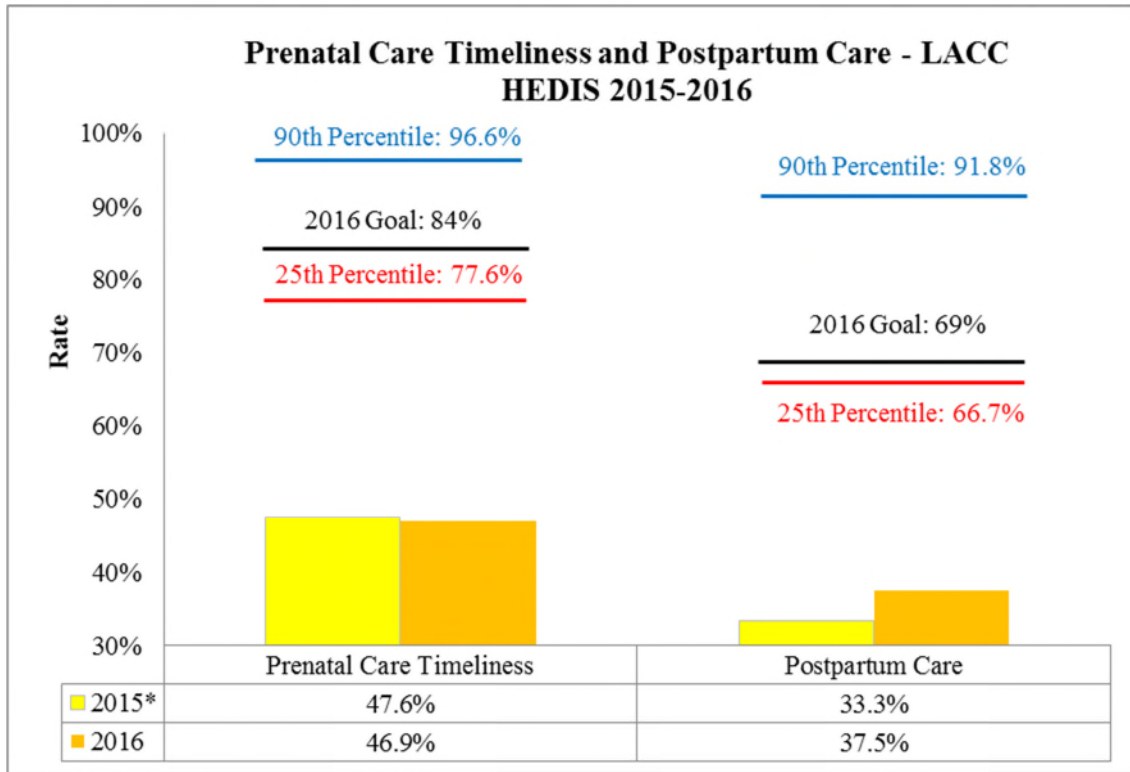
## RESULTS

### *Description of measures:*

HEDIS Measure	Specific Indicator(s)	Measure Type
Timeliness of Prenatal Care	Percentage of eligible members who received a prenatal care visit in the first trimester 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 21 days and 56 days after delivery during the measurement year.	Hybrid



\*Statistically significant difference



\*Denominators less than 30

\*\*Commercial HMO 25<sup>th</sup> and 90<sup>th</sup> percentiles from Quality Compass

## PRENATAL CARE

### ANALYSIS

#### *Quantitative Analysis*

Medi-Cal rates for prenatal care have decreased from HEDIS 2015. The timeliness of prenatal care rate decreased by 8 percentage points; from 82.2% in 2015 to 74.2% in 2016. The 2016 decrease in rate is due to L.A. Care’s MCLA and all its Plan Partners experiencing a decrease in this measure, and as a result the decrease is statistically significant ( $p < 0.01$ ). MCLA’s performance (63.5%) is lower compared to Plan Partners Anthem Blue Cross, Care 1<sup>st</sup> and Kaiser Permanente (83.2%, 79.8% and 87.2% respectively). The 2016 rate was below the MPL of 74.2%. The timeliness of prenatal care rate for Medi-Cal did not meet the 2016 goal of 85.0%.

For LACC, the prenatal rate was 47.6% in 2015; this was not statistically significant due to the denominator being less than 30. In 2016, the prenatal rate was 46.9%, below the MPL rate of 77.6%. The timeliness of prenatal care rate for LACC did not meet the 2016 goal of 84%.

#### *Disparity Analysis (Administrative)*

L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, region (RCAC and SPA), and language to examine whether disparities exist in getting timely prenatal care. The HEDIS 2016 results indicate that African-American women had lower rates (53.96%) than other race/ethnic groups.

## **POSTPARTUM CARE**

### **ANALYSIS**

#### ***Quantitative Analysis***

The Medi-Cal rates for postpartum care have decreased from HEDIS 2015. Postpartum care decreased by 1.8 percentage points; from 57.0% in 2015 to 55.2 % in 2016. The 2016 rate did not meet the MPL of 55.5% nor the 2016 goal of 63.0%. The overall decrease is attributed to all Plan Partners experiencing a decrease in the measure. Kaiser experienced a significant decrease in rate from 93.8% in 2016 to 74.4% in 2015, a decrease in 19.4 percentage points. Additionally, Care 1<sup>st</sup> experienced a decreased rate from 63.7% in 2015 to 53.5% in 2016, a decrease in 10.2 percentage points. Lastly, Anthem Blue Cross experienced a decreased rate from 57.8% in 2015 to 55.8% in 2016, a decrease in two percentage points. Unlike the Plan Partners, the MCLA rate increased from 42.7% in 2015 to 51.7% in 2016, an increase in nine percentage points.

For LACC, the postpartum care rate was 33.3% in 2015; this was not statistically significant due to the denominator being less than 30. In 2016, the LACC postpartum care rate was 37.5%, below the MPL rate of 66.7%. The postpartum care rate for LACC did not meet the 2016 goal of 69%.

#### ***Disparity Analysis (Administrative)***

L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, region (RCAC and SPA), and language to examine whether disparities exist in getting postpartum care. The HEDIS 2016 results indicate that African-American women had lower rates of getting postpartum care (36.42%) than other race/ethnic groups.

#### ***Qualitative Analysis (Prenatal and Postpartum)***

The Medi-Cal auto-selection process may contribute to declining prenatal and postpartum quality measures in that members who do not select a health plan may be less engaged and may not schedule appointments in a timely manner. Appointment availability likely impacts timely prenatal care - in our 2015 Appointment Availability Survey, only 65% of OB/GYN practices were able to meet the access standard of 14 calendar days from request for first prenatal visit. The complexity of our delegated network and lingering confusion over the open access standard for women seeking routine women's preventive health services from an in-network OB/GYN are additional barriers. Additionally, it is difficult to identify a pregnant member within 42 days of enrollment even with monthly enrollment data from the State. It is even more challenging to identify existing members who become pregnant due to data lags with claims data and lab data and the uncertain nature of initial pregnancy diagnosis with respect to possible termination or miscarriage. Barriers to successful member outreach, including inaccurate phone numbers, is also a factor.

The overall decrease in Medi-Cal postpartum rates may be due to the member's perception of insignificance of the postpartum visits (particularly for multiparous women), transportation, and child care issues. Women who are post C-section are more likely to be seen prior to 21 days post-partum and may not see a need for another visit between days 21-56 following delivery. Appointment availability may affect this measure as well.

Beginning in October 2016, L.A. Care began a Plan-Do-Study-Act (PDSA) cycle to improve prenatal care rates. L.A. Care QI staff obtains a monthly list of pregnant members from DHCS and provides the list to the MSO Network Medical Management (NMM), which manages Allied Physicians IPA. NMM plans to conduct member outreach to pregnant members who have not scheduled a prenatal visit to educate on the importance of prenatal care and assist with scheduling. NMM will provide monthly reports of the intervention to L.A. Care.

Beginning in October 2016, L.A. Care began a PDSA cycle to improve postpartum care rates, in partnership with Network Medical Management. NMM plans to use Utilization Management data to create a list of OB hospital discharges of L.A. Care members. This list is to be sent to L.A. Care to incorporate into an existing list of deliveries. A live agent conducts outreach to all members on the list for a postpartum visit through the Healthy Mom program.

In addressing perceived member barriers for prenatal and postpartum care, L.A. Care distributed several educational materials to members, notified providers of members needing these services and contacted postpartum women. In 2016, 2,656 pregnant members were identified and sent educational packets. In 2016, L.A. Care continued to send out provider opportunity reports (gaps in care reports) that included perinatal care measures. The list of members who did not receive care is also available at the L.A. Care provider portal. While this information may be too late for the physician to act on, it nevertheless brings the issue to the attention of the physician in order to change behavior and to comply with guidelines in the future. Currently, efforts are being made to improve the identification of more pregnant women to improve overall rates. In September 2016, the Healthy Pregnancy program added an additional component to increase timeliness to prenatal care: live agent calls to pregnant members within the first trimester (for continuously enrolled) or within 45 days of enrollment (newly enrolled members). A live agent contacts the member and offers assistance to scheduling the next prenatal visit. The table below summarizes the barrier analysis with the actions for each measure:

HEDIS Measure	Barriers	Actions
Timeliness of prenatal care	<ul style="list-style-type: none"> <li>• Identification of pregnant women.</li> <li>• Challenges reaching pregnant women (e.g. accurate contact information)</li> <li>• Members do not understand what prenatal visits are or why they are important.</li> <li>• Members do not perceive the urgency for prenatal care, especially multi-gravida women.</li> <li>• Appointment availability for initial prenatal visit at OB/GYN's office</li> <li>• Misunderstanding by members of referral authorizations for prenatal care as a preauthorization approval, and complexity of specialty networks for delegates, interfering with the option for direct access to in-network OB/GYN practices.</li> <li>• Cultural issues/traditions.</li> <li>• Potential transportation and child care issues.</li> <li>• Challenges with the DPSS system and eligibility workers.</li> </ul>	<ul style="list-style-type: none"> <li>• The LA P4P provider group incentive program includes timeliness of prenatal care as one of the clinical measures.</li> <li>• L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging.</li> <li>• L.A. Care continued to distribute Preventive Health Guidelines that are member-friendly, easy to understand, and useful to members.</li> <li>• L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women.</li> <li>• L.A. Care's "Healthy Pregnancy" program includes an additional program component; to provide assistance and support to women to schedule their prenatal visit.</li> <li>• Multiple PPGs send initial prenatal visit referral forms to L.A. Care on a regular basis.</li> <li>• Continue to educate provider offices and monitor access standard for initial prenatal visit (MY2016 results pending)</li> <li>• Continue to educate provider offices and members regarding regulations and standards that prohibit the requirement of referral authorization for routine prenatal care from in-network OB/GYN providers.</li> </ul>

HEDIS Measure	Barriers	Actions
Postpartum care	<ul style="list-style-type: none"> <li>• Timely identification of recent live births.</li> <li>• Cultural issues/traditions.</li> <li>• Members do not perceive the urgency for a postpartum check-up.</li> <li>• Potential transportation and child care issues.</li> <li>• Postpartum care occurs before or after the 21-56 day recommendation (e.g. post C-section).</li> <li>• Multi-gravida postpartum women may not perceive the importance of the postpartum visit.</li> </ul>	<ul style="list-style-type: none"> <li>• L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging.</li> <li>• L.A. Care continued to distribute Preventive Health Guidelines that are member-friendly, easy to understand, and useful recommendations regarding tests and screenings for members.</li> <li>• L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women.</li> <li>• L.A. Care’s “Healthy Mom” postpartum program, which provides assistance and support to women to schedule their postpartum visit. Members also receive a gift card for attending the postpartum visit. In 2016, L.A. Care called 3,023 women, reached 1,099 and provided appointment assistance to 94 of them. The program reported that 850 women completed their postpartum visit.</li> <li>• Multiple PPGs provide regularly lists of identified L.A. Care members who have delivered.</li> </ul>

### LOOKING FORWARD

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

- L.A. Care will continue the “Healthy Mom” postpartum program, which will provide assistance and support to women to schedule their postpartum visits for MCLA and L.A. Care Covered members.
- L.A. Care will continue the “Healthy Pregnancy” prenatal program with trimester-specific mailings to MCLA newly pregnant women.
- L.A. Care will continue member outreach calls to all pregnant women in their first trimester identified by the state application.
- L.A. Care will work to collect and distribute data to PPGs on prenatal population.
- The LA P4P provider group incentive program will continue to include timeliness of prenatal care as one of the clinical measures.
- Assess results of the appointment availability survey for initial prenatal visit for MY2016 when available and take appropriate actions to address non-compliant practices.
- Continue to promote open access to in-network OB/GYN practices for routine women’s preventive services, including prenatal care and reinforce that referral authorizations cannot be a barrier.



**2017 WORK PLAN GOALS:**

<b>HEDIS Measure</b>	<b>2017 Medi-Cal Goal</b>	<b>2017 L.A. Care Covered Goal</b>
Timeliness of Prenatal Care	82%	78%
Postpartum Care	55%	67%

### **A.3 OTHER WOMEN’S HEALTH INITIATIVES**

#### **BACKGROUND**

Breast Cancer affects American women more than any other type of cancer, except skin cancer,<sup>3</sup> and is estimated to affect 12.3% of women at some point during their lifetime.<sup>4</sup> Cervical Cancer, on the other hand, was once the leading cause of cancer death for women in the United States; but during the past four decades, the incidence and mortality from Cervical Cancer have declined significantly, primarily due to early detection through Cervical Cancer screening. Early detection of both Breast and Cervical Cancer through regular screenings is a key step for prompt and more effective treatments for these diseases; thus reducing women’s mortality rates.

Chlamydia remains to be the most commonly reported infectious disease in the United States. Further, the approximately 1.5 million cases of chlamydia represent the highest number of annual cases of any condition ever reported in 2015 to CDC.<sup>5</sup> In Los Angeles County, Chlamydia rates have steadily increased since 2006 with reported rates in 2015 at 560.6 per 100,000; highest among females of African American or Latino race/ethnicity.<sup>6</sup> Chlamydia infections are usually asymptomatic and, in women, can cause infertility, ectopic pregnancy, and chronic pelvic pain. Because of the large burden of disease and risks associated with infection, CDC recommends annual Chlamydia screening of all sexually active women younger than 25 years of age.

Approximately 50% of Medi-Cal direct line of business (DLOB) members are delegated to Plan Partners Anthem Blue Cross, Care 1<sup>st</sup> and Kaiser Permanente. L.A. Care is responsible for conducting member outreach for the remainder of Medi-Cal (DLOB) members. Medi-Cal graphs depict aggregate data of L.A. Care and its Plan Partners.

#### **2016 WORK PLAN GOALS:**

<b>HEDIS Measure</b>	<b>2016 Goal for Medi-Cal</b>	<b>2016 Goal for Cal MediConnect</b>	<b>2016 L.A. Care Covered</b>
Breast Cancer Screening (BCS)	58%	74%	70%
Cervical Cancer Screening (CCS)	68%	NA	72%
Chlamydia Screening (CHL)	62%	NA	58%

#### **MAJOR ACCOMPLISHMENTS**

- In October of 2016, Breast Cancer Screening (BCS) reminder phone calls were made to 21, 928 Medi-Cal, L.A. Care Covered, and Cal MediConnect members.
- Cervical Cancer Screening (CCS) reminder mailers were sent to Medi-Cal and L.A. Care Covered members in September
- In October, Cervical Cancer Screening (CCS) reminder phone calls were made to 106,382 members.
- L.A. Care developed a flyer and pocket card for practitioners with a CCS Algorithm for appropriate screening in normal risk women

<sup>3</sup> <http://www.lbl.gov/Education/ELSI/screening-main.html>

<sup>4</sup> <http://seer.cancer.gov/statfacts/html/breast.html>

<sup>5</sup> <http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>

<sup>6</sup> <https://www.cdph.ca.gov/data/statistics/Documents/STD-Data-LHJ-LosAngeles.pdf>

- Based on known barriers to women accessing OB/GYN practitioners within their assigned network, L.A. Care sent a mailer to OB/GYN practitioners reminding them that female members can directly access in-network providers for routine preventive services and that prior authorization is prohibited.
- A modifiable member office flyers were created to promote that women have a choice to seek cervical cancer screening either from their PCP or an in-network OB/GYN.
- In July 2016, 700 parents of 16 to 17 year old plan members received a letter educating them on the importance of preventive screenings for the sexual and reproductive health for teens.
- Members ages 18 to 24 years old that are eligible for the chlamydia screening measure received a mailing highlighting the importance of screening and how to obtain the test. The material, mailed to over 4,882 members, featured a message of empowerment.
- In March 2016, the Health Education Unit, in collaboration with Communications Department, piloted awareness campaign using Facebook targeting women ages 18 to 24 years old to increase awareness of the importance of and how to access a chlamydia screening.
- In August 2016, an email and blast fax were sent to providers for a CME offering webinar about sexual and reproductive health.

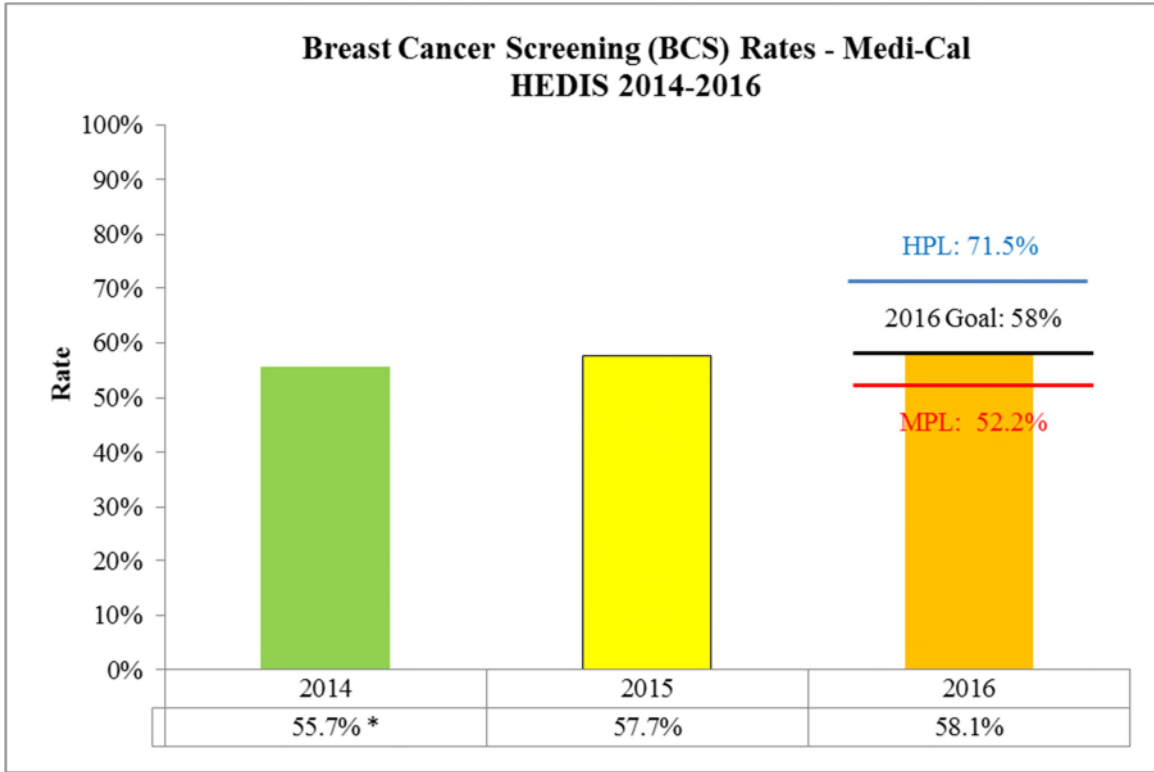
*Description of measures:*

<b>HEDIS Measure</b>	<b>Specific Indicator(s)</b>	<b>Measure Type</b>
<b>Breast Cancer Screening</b>	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
<b>Cervical Cancer Screening</b>	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
<b>Chlamydia Screening in Women</b>	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

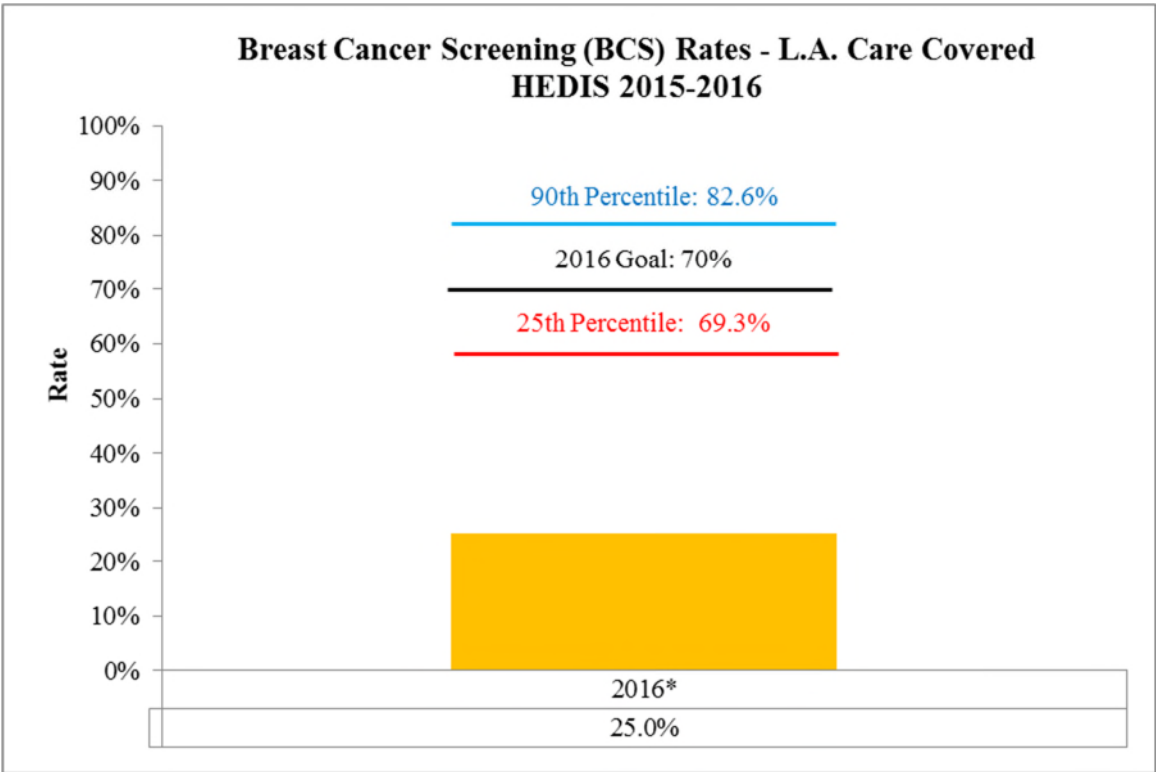
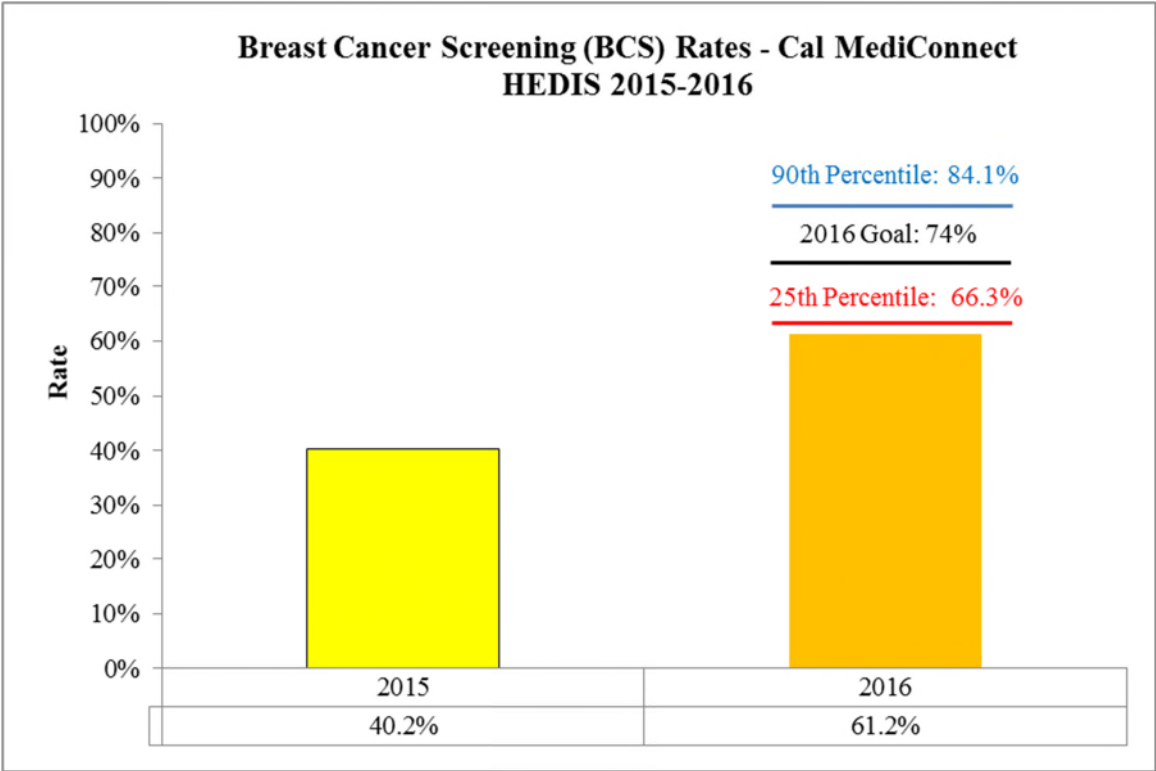
## BREAST CANCER SCREENING

### RESULTS

The following graph compares L.A. Care in 2014, 2015, and 2016:



\*Statistically significant difference



\*Denominator fewer than 30

## ANALYSIS

### *Medi-Cal*

#### *Quantitative Analysis*

L.A. Care's Breast Cancer screening (BCS) rate for Medi-Cal was 58.1% and met the 2016 goal. The rate increased by 1 percentage point from the prior year and is on a three year upward trend. The rate however, was just below the national 50<sup>th</sup> percentile of 58.8%.

#### *Disparity Analysis*

#### **Rates By Ethnicity**

Admin	Race/Ethnicity						Language			
2016	Black	Hispanic	Asian	White	Other/ Unknown	Total	English	Spanish	Other/ Unknown	Total
Numerator	2,883	7,245	1,922	4,334	2,745	19,129	7,616	6,721	4,792	19,129
Denominator	5,662	11,342	3,342	7,704	4,874	32,924	14,661	9,962	8,301	32,924
Rate	50.92%	63.88%	57.51%	56.26%	56.32%	58.10%	51.95%	67.47%	57.73%	58.10%

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures. In 2016, L.A. Care changed the way the analysis was conducted and based the rates on administrative data instead of hybrid data. Therefore, there is no trend analysis included. However, rates continue to be lower for Blacks/African Americans than all other ethnic groups (50.9%). Hispanic have the highest rates at 63.9%, while Asians and whites have rates that are very close to the final rate. The high rates among Hispanics is also reflected in rates 'by Language' in the table above.

### *CMC*

#### *Quantitative Analysis*

HEDIS 2016 is the first year of official rates. CMC members had a rate of 61.2% for breast cancer screenings. While the rate increased 21 percentage points, the prior year rates did not take in to account a full year of data. The 2016 rate is the baseline rate for this population. The rate did not meet the goal or the 25<sup>th</sup> percentile.

### *LACC*

#### *Quantitative Analysis*

In 2016 the Breast Cancer Screening rate for L.A. Care Covered (LACC) was 25%. It did not meet the goal or the 25<sup>th</sup> percentile for this measures. It is important to note that this measure did not meet the minimum requirement of 30 members in the denominator to be reported to NCQA.

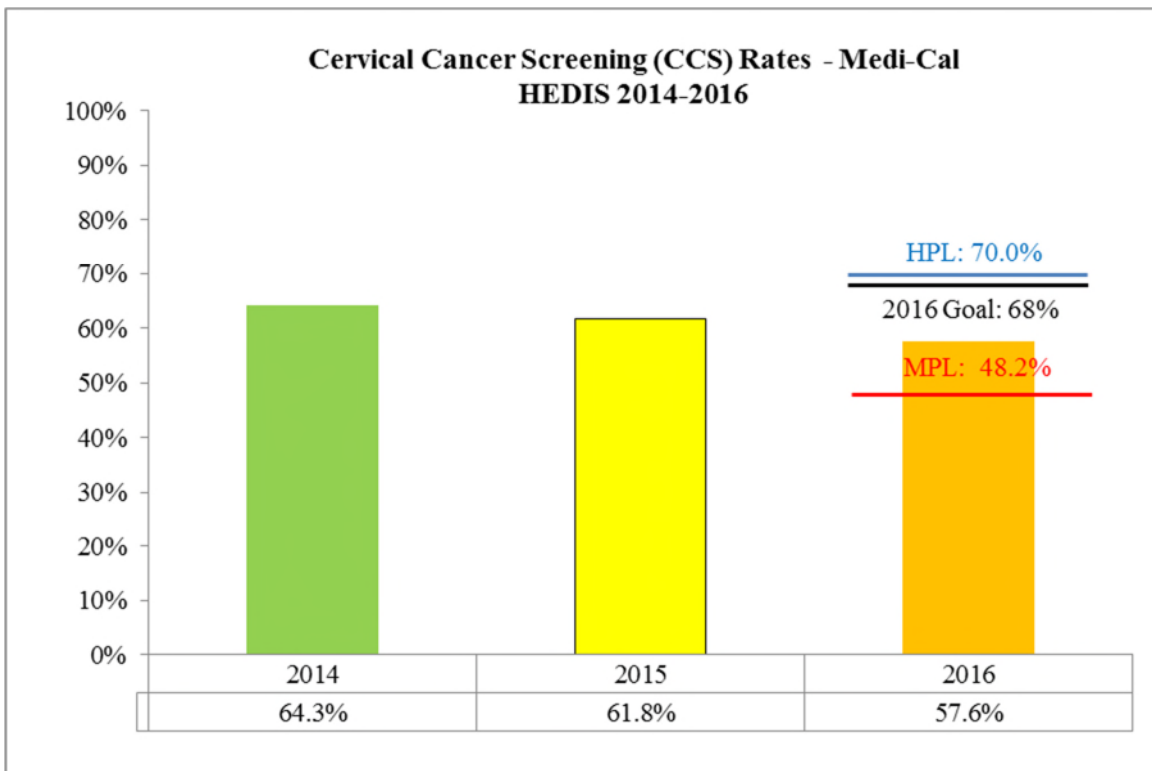
### ***Qualitative Analysis***

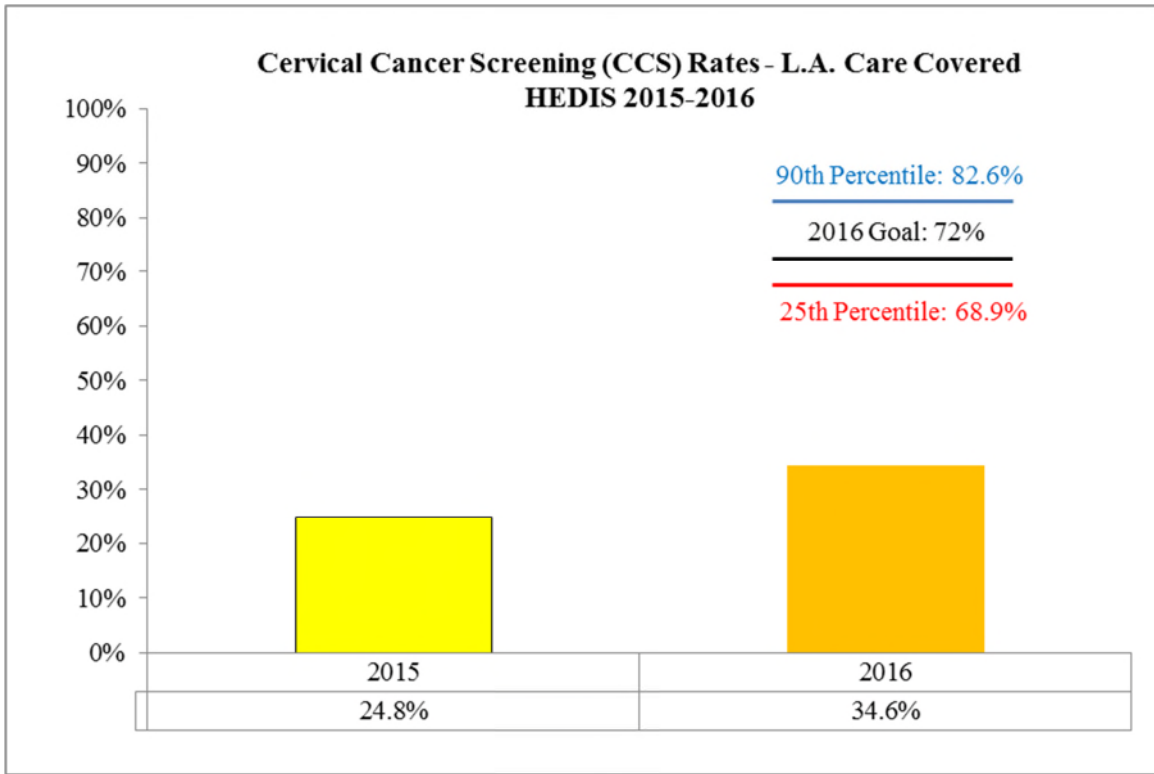
In 2015, L.A. Care mailed out member materials to Managed Care L.A. Care (L.A. Care’s Medi-Cal directed line of business), CMC and LACC members that included the hotline to address some of the member barriers from the prior year. In addition, L.A. Care followed up the member mailing with an automated phone call reminding members to follow up with their provider or they could also be redirected to an operator that could help them with scheduling an appointment or answering any questions they may have. Out of the 10,129 members that were called, only two Medi-Cal members requested assistance. Thus, the improvement was not a direct result of the intervention but it may be that a simple reminder may have triggered a few members to get tested and indirectly improved the rates. Due to the low response rate of this intervention, L.A. Care focused its 2016 interventions on providers. OB/GYNs were sent a letter reminding them of the State and Federal requirements that allow for members to access in-network routine preventive services directly and that prior-authorization cannot be required. In addition, PCPs and PPGs continued to receive non-compliant lists as part of our pay for performance program. Automated calls were still made to all non-compliant members but they did not include the option to request health plan assistance. Live agent calls were also conducted in October for members that had not seen a doctor in the last 15 months or were part of the Disease Management or Case Management programs and were missing one or more priority test/screening. The campaign prioritized the following services: Mammograms, Pap tests, A1C testing, Diabetic Retinal exams, Potassium/Creatinine labs, Colorectal Screenings, Immunizations, and Annual Wellness Visits. The live agents called 13,842 Medi-Cal, CMC and LACC members to remind them to see a doctor and get the appropriate service.

### **CERVICAL CANCER SCREENING**

#### **RESULTS**

The following graph compares L.A. Care in 2014, 2015, and 2016:





**ANALYSIS**

**Medi-Cal**

**Quantitative Analysis**

L.A. Care’s Cervical Cancer screening rate was 57.6 % for 2016 and decreased by 2.5 percentage points from the prior year. This is the lowest rate throughout the last five years. The 2015 rate met the MPL but did not meet the goal of 66%.

**Disparity Analysis**

**Rates By Ethnicity**

Admin	Race/Ethnicity						Language			
2016	Black	Hispanic	Asian	White	Other/ Unknown	Total	English	Spanish	Other/ Unknown	Total
Numerator	20,201	66,735	12,210	21,800	16,835	137,781	88,479	34,239	15,063	137,781
Denominator	42,182	135,177	30,760	51,634	38,633	298,386	201,951	64,916	31,519	298,386
Rate	47.89%	49.37%	39.69%	42.22%	43.58%	46.18%	43.81%	52.74%	47.79%	46.18%

L.A. Care also conducted an analysis based on, ethnicity, language, and RCAC regions to examine whether disparities exists in getting Cervical Cancer screenings. A disparity was noted among ethnicity. Rates among Asian women are lower (39.7%) than other ethnic groups followed by White women (42.2%). Asian women have a rate that is 9.7 percent points lower than Hispanics, the highest performing group. This information will be used to help guide the interventions in 2017.



## **CMC**

### ***Quantitative Analysis***

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

## **LACC**

### ***Quantitative Analysis***

L.A. Care's Cervical Cancer screening rate for 2016 was 34.6% and was 9 percentage points higher than the prior year. The rate did not meet the 2016 goal or the 25<sup>th</sup> Percentile.

### ***Qualitative Analysis***

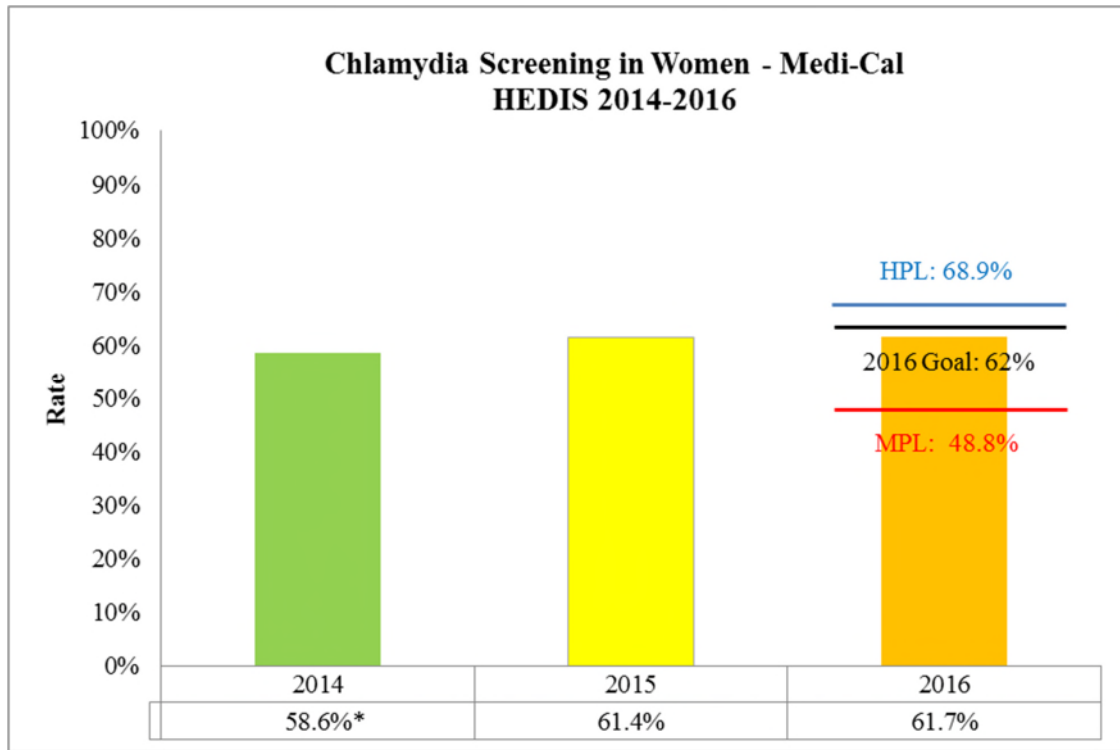
The Medi-Cal rate in 2016 dropped and is the lowest throughout the last six HEDIS seasons despite having several interventions in place. In 2015, both PCPs and OB/GYNs were sent list of members that were non-compliant. L.A. Care also conducted a social media campaign promoting its partnership with the American Cancer Society. However, they seem to have had little effect on the rates. The decline may be due to two factors; the change in the recommendations for this screening from annual to every three or five years depending on age and HPV testing and the increase in Medi-Cal membership due to the Affordable Care Act. The changes in the recommendation makes it more challenging to track CCS screenings that happen more than one year ago as members may have had the services out of state or with a different health plan. Also, many of the new Medi-Cal members have not had prior insurance coverage and tend to underutilize services. This is also seen in the LACC population. Their rates are much lower than traditional commercial rate as seen in the graph above. These members tend to have never seen a physician in the last year.

In 2016, L.A. Care focused on live agent calls to those who have never been seen by a provider in the past 15 months to address the concerns about cost and encourage utilization from both Medi-Cal and LACC members. The campaign prioritized the following services: Mammograms, Pap tests, A1C testing, Diabetic Retinal exams, Potassium/Creatinine labs, Colorectal Screenings, Immunizations, and Annual Wellness Visits. The live agents called 13,842 Medi-Cal, CMC and LACC members to remind them to see a doctor and get the appropriate service. L.A. Care also sent mailers and made calls to non-complaint members to remind them to get screened. In addition, L.A. Care continued to send lists of non-compliant members to PCPs and OB/GYNs. Participating Provider Groups were also sent materials to disseminate to the medical offices. The materials included a screening algorithm and a modifiable flyer for the office that identified to the member which doctors provided Pap test in the office and promoted that women have a choice to seek cervical cancer screening either from their PCP or an in-network OB/GYN. The flyer was titled, "You Have a Choice." There was also emphasis on reminding patients and providers that they had direct access to see an OB/GYN within their network i.e. no referral is needed. It is expected that these new provider level interventions may positively impact the rates in HEDIS 2017.

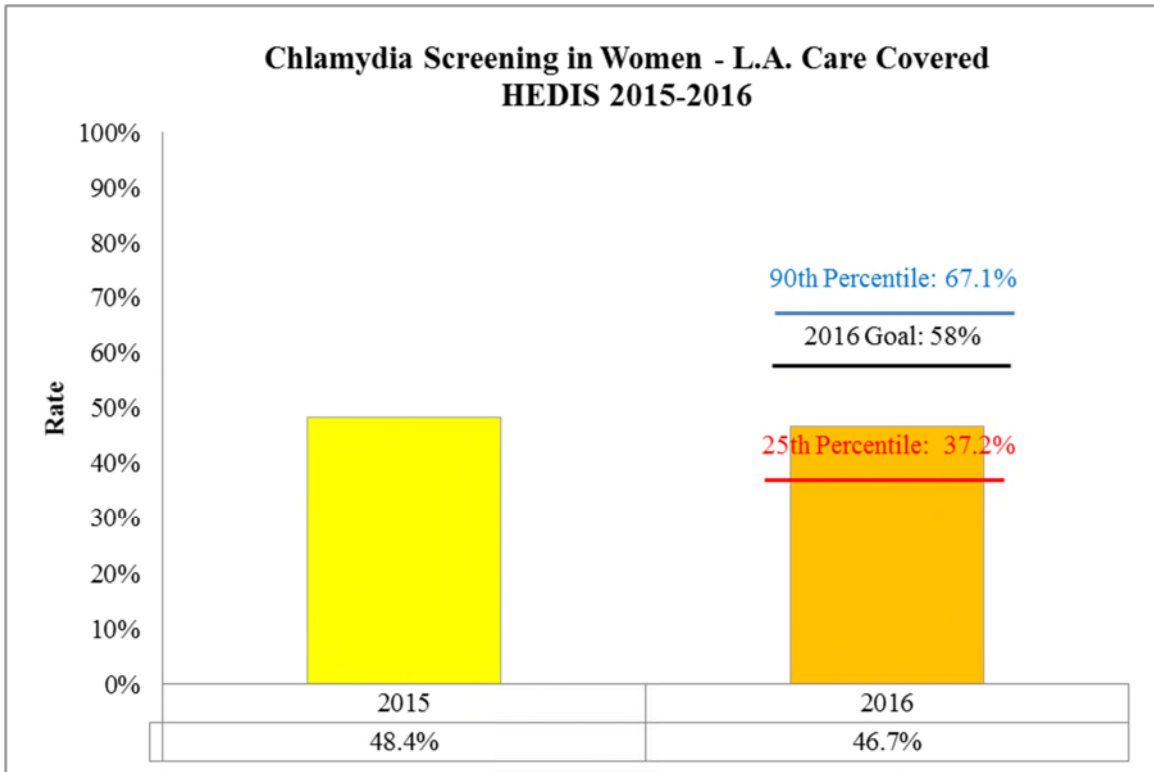
## CHLAMYDIA SCREENING

### RESULTS

The following graph compares L.A. Care in 2014, 2015, and 2016:



\*Statistically significant difference



\* Commercial HMO 25<sup>th</sup> and 90<sup>th</sup> percentiles from Quality Compass

## ANALYSIS

### *Quantitative Analysis*

Medi-Cal screening rate increased by 0.3 percentage points from 61.4% in 2015 to 61.7% in 2016. The increase in rate from 2015 to 2016 is due to increases in this measure by Kaiser by 0.5%, and L.A. Care’s MCLA by 1.8 percentage points. Anthem stayed at the same rate of 58.3% from the prior year, whereas Care 1<sup>st</sup> experienced a decreased rate from 62.0% to 61.7%. Kaiser continues to outperform other Plan Partners and L.A. Care each year since HEDIS 2014. MCLA rate has continued to increase over the past three years; 53.3% in 2014, 57.6% in 2015, 59.4% in 2016. The Medi-Cal rate was above the MPL rate of 48.8% by 12.9 percentage points. It did not meet the 2016 goal of 62% by 0.3 percentage points.

L.A. Care’s Chlamydia screening rate for LACC decreased by 1.7 percentage points from 48.4% in 2015 to 46.7% in 2016. The rate was above the MPL rate of 37.2% by 9.5 percentage points, however it did not meet the 2016 goal of 58% by 11.3 percentage points.

### *Disparity Analysis*

L.A. Care conducted an analysis based on Plan Partner, SPD status, age, race/ethnicity, language, RCAC regions and SPAs to examine whether disparities existed in getting Chlamydia screenings. Similar to last year’s result, members between the ages of 16-20 years had a lower screening rate (57.76.0%) when compared to women between ages 21-24 (65.44%). White members were the least likely to be screened (54.11%, compared to 58.17% for Asian members, 61.04% for Hispanic members and 70.00% for Black members). Rates were consistent across RCAC regions and SPAs.

### ***Qualitative Analysis***

Multiple barriers still exist in members receiving Chlamydia screening, including a lack of knowledge of the benefit of testing, inhibitions about discussing sexual health, fear about discovery of a sexually transmitted disease (STD), and physicians' non-adherence to recommended guidelines. In 2016, L.A. Care reached out directly to both members and providers to increase awareness of the importance of Chlamydia screening and the screening guidelines. The Health Education Unit crafted age and culturally appropriate materials that were mailed to members. A CME-provided recorded webinar was made available for providers about sexual and reproductive health. A pilot social media campaign was launched targeting women ages 18-24 via Facebook advertisements highlighting the importance of and how to access Chlamydia screenings.

<b>HEDIS Measure</b>	<b>Barriers</b>	<b>Actions</b>	<b>Effectiveness of Intervention/ Outcome</b>
<b>Breast Cancer screening</b>	<ul style="list-style-type: none"> <li>• Members do not perceive the need for biennial exams after having undergone one screening with a negative result.</li> <li>• Discomfort associated with the mammography screening process.</li> <li>• Fear of the test and the test results.</li> <li>• Members unaware of direct access to imaging centers and receiving preventive services.</li> <li>• Member refusal for personal reasons.</li> <li>• Unable to contact members.</li> <li>• Providers unsure of screening guidelines and recommendations</li> <li>• Providers are unaware of when a patient is due for services.</li> </ul>	<ul style="list-style-type: none"> <li>• Automated calls were sent to members needing mammograms in October of 2016.</li> <li>• L.A. Care offers women health classes which includes Breast Cancer as a topic on an ongoing basis at its Family Resources centers.</li> <li>• In September of 2016, Providers received a letter reminding them of the member's right to direct access of preventive health screenings such as mammograms.</li> <li>• L.A. Care includes Breast Cancer screening as one of the clinical measures for both the LA P4P provider group incentive and the Physician P4P incentive programs. Providers receive a list of members in need of services.</li> <li>• L.A. Care conducted 13,842 live agent calls to Medi-Cal and LACC members.</li> </ul>	<ul style="list-style-type: none"> <li>• See results above for more details.</li> </ul>
<b>Cervical Cancer screening</b>	<ul style="list-style-type: none"> <li>• Lack of knowledge on the test itself.</li> <li>• Fear of the test and the test results.</li> <li>• Doctor insensitivity.</li> <li>• Cultural inhibitions.</li> <li>• Personal modesty/ embarrassment.</li> <li>• Discomfort associated with screening.</li> <li>• Members may not understand the importance of getting the screening.</li> </ul>	<ul style="list-style-type: none"> <li>• L.A. Care offers women health classes which include Cervical Cancer as a topic on an ongoing basis at its Family Resources centers.</li> <li>• 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.</li> <li>• Ob/Gyns were sent list of members needing CCS, if they had contact with the member in the last 12 months.</li> <li>• PPGs received a tool kit that contained: a pocket sized card</li> </ul>	<ul style="list-style-type: none"> <li>• See results above for more details.</li> </ul>

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	<ul style="list-style-type: none"> <li>• Long wait times for appointment.</li> <li>• Providers are unaware of who is in need of CCS screenings</li> <li>• Providers often refer to specialists for services.</li> <li>• Providers may not be familiar with the new guidelines on CCS screening</li> </ul>	<p>containing a screening algorithm for Cervical Cancer Screening and a flyer for clinics to use to identify which providers perform a Pap test titled “You Have a Choice.” The flyer could be modified to include the clinic’s information and informed the member that a screening could be done by either their PCP or an in-network OB/GYN.</p> <ul style="list-style-type: none"> <li>• L.A. Care conducted live agent calls to 13,842 Medi-Cal and LACC members. Patients were reminded to get a Pap test if they were due for the screening.</li> </ul>	
<b>Chlamydia screening</b>	<ul style="list-style-type: none"> <li>• Physicians do not adhere to recommended Chlamydia screening practices because they believe that the prevalence of Chlamydia is low, are uncomfortable testing and talking to young members about sexually transmitted diseases and do not understand that there are available tests (i.e. urine test) that are easy to administer.</li> <li>• Members’ lack of awareness and comfort level in discussing sexual health, were unsure of the consequences of chlamydia infection, and lack of guidance.</li> <li>• Members’ concern that someone will know if they were tested or tested positive.</li> </ul>	<ul style="list-style-type: none"> <li>• L.A. Care offers LA P4P to primary care providers to complete chlamydia screenings.</li> <li>• A free CME webinar was offered to providers about sexual and reproductive health.</li> <li>• L.A. Care piloted a campaign targeted to 18 to 24 year old female members using social media to increase awareness of the importance of Chlamydia screening.</li> <li>• L.A. Care contacted members 18-24 to educate them on the importance and ease of screening.</li> <li>• L.A. Care encouraged parents of minor members to seek preventive screenings, including chlamydia and other reproductive screenings.</li> <li>• L.A. Care distributed preventive health guidelines to members to remind them about screenings and vaccinations.</li> </ul>	<ul style="list-style-type: none"> <li>• The rate increased by 0.3 percentage points from 2015. It did not meet the 2016 goal.</li> </ul>

**LOOKING FORWARD**

- L.A. Care plans to use social media to increase awareness of the importance Cervical Cancer screening, due to the high rate of social media usage among the target population.
- L.A. Care will continue to include Breast Cancer and Cervical Cancer screenings as two of the clinical measures for both the LA P4P provider group incentive and the Physician P4P incentive programs.
- L.A. plans to continue the social media campaign and explore other modalities in reaching women to go in for chlamydia screening.
- L.A. Care plans to continue outreach to providers on the Chlamydia screening guidelines.

**2017 WORK PLAN GOALS:**

<b>HEDIS Measure</b>	<b>2017 Goal for Medi-Cal</b>	<b>2017 Goal for Cal MediConnect</b>	<b>2017 Goal for L.A. Care Covered</b>
Breast Cancer Screening (BCS)	65%	69%	69%
Cervical Cancer Screening (CCS)	64%	NA	69%
Chlamydia Screening (CHL)	69%	NA	57%

## **A.4 IMPROVING RATE OF CARE FOR OLDER ADULTS (COA)**

### **2016 WORK PLAN GOAL:**

<b>HEDIS Sub-Measure</b>	<b>2016 Goal</b>
Medication Review	77%
Functional Status Assessment	67%
Pain Screening	78%

### **BACKGROUND**

There are over 39 million people age 65 and over in the United States, and this population is expected to grow over the next two decades.<sup>7</sup> In addition, an estimated 10 million low-income seniors and adults under the age of 65 with disabilities are eligible for Cal MediConnect and have a range of complex physical and mental health conditions. As this population grows older, daily functions may become more difficult, aches and pains increase, and medication regimens become much more complex.<sup>8</sup> Medication review, functional status assessment, and pain screening are therefore important measures in ensuring that older adults receive comprehensive care.

### **MAJOR ACCOMPLISHMENTS**

- L.A. Care continued with the in-home assessment program in which physicians conduct home visits to members who have not completed the annual visit. The annual visit addresses preventive health services and screenings, including pain screening.
- L.A. Care offered a \$350 provider incentive per member for completing the Annual Wellness examination (AWE) form which includes care of older adult measures.

### *Description of sub-measures*

<b>HEDIS Sub-Measure</b>	<b>Specific Indicator(s)</b>	<b>Measure Type</b>
Medication Review	Percentage of adults 66 years and older who had at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year, and the presence of a medication list in the medical record.	Hybrid
Functional Status Assessment	Percentage of adults 66 years and older who had at least one functional status assessment during the measurement year.	Hybrid
Pain Screening	Percentage of adults 66 years and older who had at least one pain screening or pain management plan during the measurement year.	Hybrid

<sup>7</sup> Older Americans 2010. Federal Interagency Forum on Aging-Related Statistics.

[http://www.agingstats.gov/agingstatsdotnet/Main\\_Site/Data/2010\\_Documents/Docs/OA\\_2010.pdf](http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2010_Documents/Docs/OA_2010.pdf)

<sup>8</sup> Care for Older Adults. U.S. Department of Health & Human Services Agency for Healthcare Research and Quality.

<http://www.qualitymeasures.ahrq.gov/content.aspx?id=32470>

## RESULTS\*

Measure	2016 Rate	2016 Benchmark
Medication Review	58.4%	87%
Functional Status Assessment	38.4%	86%
Pain Screening	57.9%	95%

### Quantitative Analysis

L.A. Care's Medicare rates for Care for Older Adults (Medication Review, Functional Status Assessment, and Pain Screening) are 58%, 38%, and 57%.

### Qualitative Analysis

L.A. Care's rates for Care for Older Adults Medication Functional Status Assessment and Pain Screening were well below the 2016 Medicare Star benchmarks. Because the dual eligible population is a unique group affected by complex clinical and social disadvantages, the Star rating methodology fails to adequately account for socioeconomic status (SES) and disability. Thus, it is difficult to accurately assess dual plan's ratings against a traditional MA plan. In addition to methodology issues, providers may not be adequately documenting these measures. For example, if a member is not experiencing chronic pain, many providers are not notating this as the rationale for the lack of a pain management plan. Another common issue is that many providers assess pain and functional status related to acute or single conditions/events, which does not meet the criteria for a comprehensive assessment.

*\*L.A. Care's Cal MediConnect does not receive a Star rating and is awaiting the development of a quality ratings system that covers the full scope of MMP performance. Plan too new for*

## INTERVENTIONS

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/Outcome
Care for Older Adults (Medication Review, Functional Status Assessment, and Pain Screening)	<ul style="list-style-type: none"> <li>Providers and staff may not properly document these services.</li> <li>Providers may be unaware of assessment requirements for the Medicare population.</li> <li>Members' personal reasons (influenced by cultural factors) for not outwardly expressing chronic pain</li> <li>Members' lack of understanding on what chronic pain is.</li> </ul>	<ul style="list-style-type: none"> <li>Nurses regularly review medical records to see if providers are compliant with specific HEDIS measures, including medication review, pain screening, and functional status assessment.</li> <li>L.A. Care continued to distribute provider education training packets which include resources specific to the Medicare population, such as preventive health guidelines, clinical guidelines, coding references, pain screening tool, and other tools.</li> <li>L.A. Care implemented an in-home assessment program in which practitioners conduct</li> </ul>	<ul style="list-style-type: none"> <li>Effective</li> <li>Effective with updates made for 2017</li> <li>Effective</li> </ul>



HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/Outcome
		<p>home visits to members who had not seen their PCP in the last 15 months. During these visits, member educational handouts on care of older adult measures were distributed.</p> <ul style="list-style-type: none"> <li>L.A. Care offered a \$350 provider incentive per member for completing the Annual Wellness examination (AWE) form which includes care of older adult measures.</li> </ul>	<ul style="list-style-type: none"> <li>Effective</li> </ul>

**LOOKING FORWARD**

In 2017, L.A. Care will conduct following interventions to improve the care for older adults rate:

- Facility site reviewers will continue to conduct medical record review. In addition, any member’s chart that does not document appropriate assessments will be noted.
- L.A. Care will continue to distribute a provider education training packet specific to the Medicare population, including preventive guidelines, clinical guidelines, coding references, a pain screening tool, and other useful tools.
- L.A. Care will distribute member educational materials for providers to distribute during Annual Wellness Exams.
- Additional member and provider education will be conducted specifically for pain screening.

**2017 WORK PLAN GOAL:**

HEDIS Sub-Measure	2017 Goal
Medication Review	75%
Functional Status Assessment	74%
Pain Screening	75%

## **A.5 CHRONIC CONDITION MANAGEMENT**

### **A. 5.a ASTHMA DISEASE MANAGEMENT PROGRAM**

#### **BACKGROUND**

Asthma is one of the most common chronic conditions experienced by L.A. Care members. L.A. Care's Asthma Disease Management Program addresses a range of interventions, including condition monitoring, monitoring patient adherence to the treatment plans, medical and behavioral health co-morbidities, health behaviors, psychosocial issues, and depression screenings. Members with asthma are identified on a monthly basis and are stratified into one of three risk levels (1, 2, and 3, with 3 being highest risk) based on medical utilization and pharmacy claims. Each member's stratification determines the type and intensity of program intervention he or she receives.

#### **2016 WORK PLAN GOALS:**

<b>Measures</b>	<b>Specific Indicators</b>	<b>2016 Goals</b>	<b>Measure Type</b>
Medication Management for People with Asthma 50% compliance.	Percentage of eligible members with persistent asthma who remained on an asthma controller medication for at least 50% of their treatment period.	MCLA: 48% LACC: Not reported CMC: not available	Administrative
Medication Management for People with Asthma 75% compliance.	Percentage of eligible members with persistent asthma who remained on an asthma controller medication for at least 75% of their treatment period.	MCLA: 30% LACC: 37% CMC: not available	Administrative
Asthma Action Plan	Percentage of members with an asthma action plan.	MCLA: 75% LACC: 75% CMC: 75%	DM Survey
Flu shot	Percentage of members who had a flu shot between September 1, 2015 and March 31, 2016.	MCLA: 65% LACC: 65% CMC: 65%	DM Survey
Overall Member Satisfaction	Percentage of members who are overall satisfied with the program (strongly agree or agree)	MCLA: 90% LACC: 90% CMC: 90%	DM Survey

#### **MAJOR ACCOMPLISHMENTS**

- *L.A. Cares About Asthma*® grew from 92,749 members at the end of 2015 to 102,674 members at the end of December 2016, an increase of 9.7%.
  - There were 89,608 MCLA members at the end of 2015, compared to 99,710 members at the end of December 2016, an increase of 10.1%.
  - There were 219 LACC members at the end of 2015, compared to 247 members at the end of December 2016, an increase of 11.3%.
  - There were 313 CMC members at the end of 2015, compared to 391 members at the end of December 2016, an increase of 19.9%.
- *L.A. Cares About Asthma*® began documenting all member interactions for members in L.A. Care's Core System Clinical Care Advance (CCA) in May, 2016. Nurses document members' assessments and problems, goals and interventions and all reporting is pulled from CCA.
- As part of the CCA transition, all active DM members have care plans that include personalized goals and interventions based on clinical practice guidelines. For example, care plans include goals

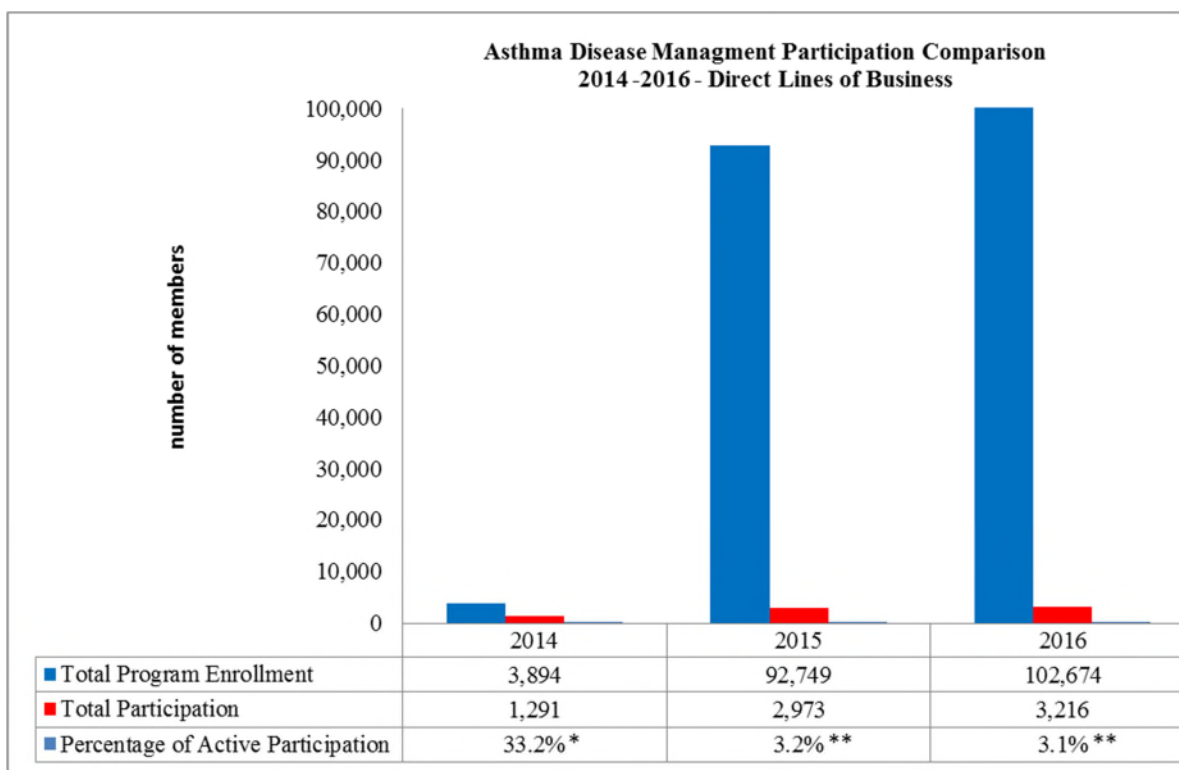
and interventions to improve medication compliance, the use of asthma action plans and the use of internal and community based asthma resources.

- L.A. Care produced new asthma education materials and mailings on asthma medication compliance and sent to all current members in August, 2016
- *L.A. Cares About Asthma*® renewed the contract with QueensCare Health Centers to provide high-touch in-home interventions for asthma members participating in the *L.A. Cares About Asthma*® Disease Management program.
- The *L.A. Cares About Asthma*® nurses have all been trained in ongoing motivational interviewing to help improve communication with the diverse populations in which the program interacts.
- The Asthma Disease Management staff department increased interventions for Level 2 members, increasing bi-annual condition monitoring calls to at least monthly outreach.
- The Disease Management department reached 418 members (22% response rate) during the fourth quarter of 2016 to conduct reminder calls with members who had not refilled asthma controller medications in 2016.
- Medication Management for People with Asthma 75% compliance (MMA) was added in 2016 to the P4P Incentive program and provider opportunity reports were releases in July, September and November of 2016.

### ***Participation Rate***

In 2016, L.A. Care identified eligible members monthly and stratified them based on their risk level. The tables below show L.A. Care eligible asthma members for the Medi-Cal Direct (MCLA), L.A. Care Covered (LACC) and Cal MediConnect (CMC) lines of business. L.A. Care's asthma disease management program utilizes an opt-out enrollment method, which means that eligible members are enrolled unless they actively opt out. In 2016, 92 MCLA members, 2 LACC members and 5 CMC members with an active asthma diagnosis opted out of the program. In order to reflect the percentage of members that are actively engaged in the program, the denominator represents the number of eligible members in all levels at the end 2016, and the numerator represents the number of eligible members in levels 1, 2, or 3 with at least one interactive contact. The monthly membership of level 1, level 2 and 3 members at the end of December 2016 was 102,674; of these eligible members, 3,216 actively participated in the asthma DM program through either condition monitoring or use of the Asthma Resource Line, for a total participation rate of 3.1%.

The graphs and tables below show L.A. Care eligible asthma members for all lines of business.



\*The 2014 participation rate only reflected those members who were eligible for nurse outreach (level 2 and 3) and did not include the level 1 mail-only members.

\*\*The change in participation rate reflects NCQA requirements for including full program member eligible population in the denominator used in 2015 and 2016.

<b>2016 Year-End Membership by Line of Business</b>	
<b>MCLA</b>	99,710
<b>LACC</b>	247
<b>CMC</b>	391
Other Lines of Business (Healthy Kids, PASC-SEIU)	2,326
<b>Total</b>	<b>102,674</b>

### Member Satisfaction

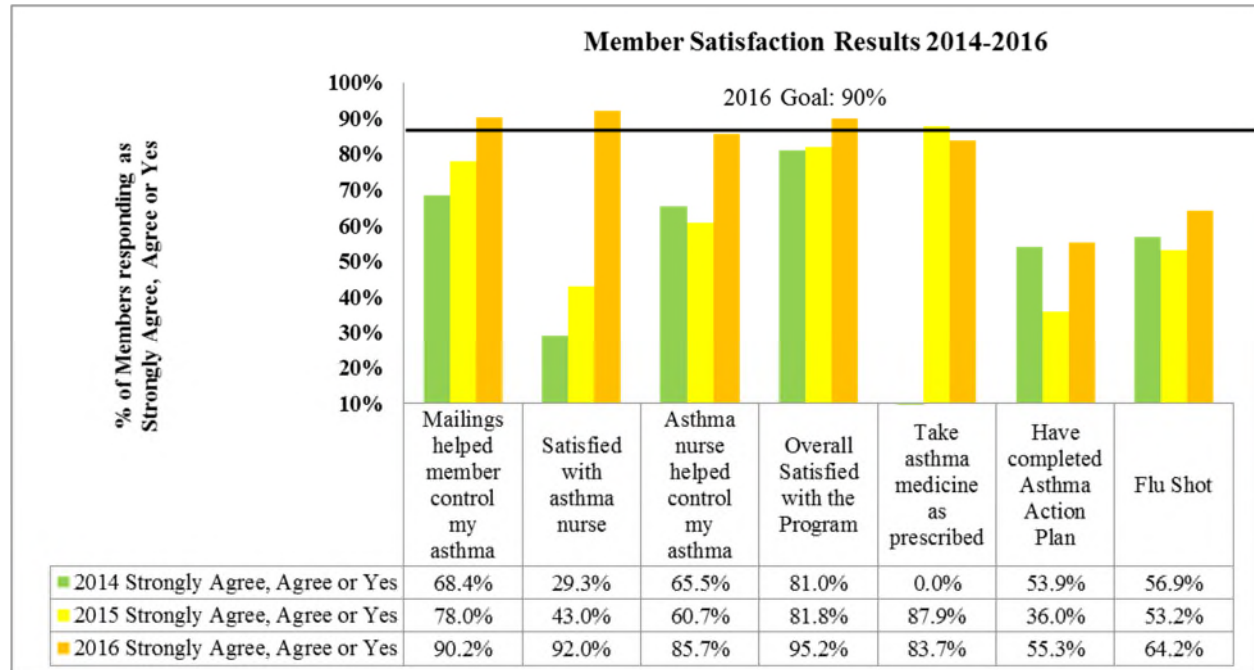
#### **METHODOLOGY**

All Direct Line of Business members eligible for the Asthma Disease Management Program are offered the same services according to stratification levels and benefits through the *L.A. Cares About Asthma®* program. Thus, the annual satisfaction survey is analyzed by program as opposed to by line of business. Participants in the asthma disease management program are assessed by 1) analysis of complaints and inquiries, and 2) a formal satisfaction survey. In July 2016, L.A. Care conducted a mail-in survey to all active members in the asthma disease management program. Members were to return by mail their completed surveys by September 30, 2016. For those members who did not return a completed survey, in October 2016, live agent calls were conducted by a vendor to complete the survey telephonically with those member who agreed. Only members identified as active in the asthma program from January 2015-February 2016 were surveyed. All Level 2 and 3 members were surveyed. A total of 2,998 surveys were

mailed with 203 completed or returned, or a 6.8% response rate. This was a decrease from the 7.4% response rate for the 2015 satisfaction survey. Possible reasons for the decrease in response rate are discussed in the Qualitative Analysis section below.

## RESULTS

On the 2016 survey, respondents were asked to rate their level of satisfaction with various aspects of the program, based on a Likert scale ranging from Strongly Agree to Strongly Disagree. Other survey questions included clinical information on member’s asthma treatment plan, compliance and barriers to compliance. Below details the trendable survey results and the 2016 baseline survey results.



Additionally, the survey addressed members’ experience and potential barriers in adhering to treatment plans. The following three questions were added in 2016:

- 1) How often do you refill your asthma controller medication?
- 2) Do you take your asthma medications as directed by your provider?
- 3) What stopped you from completing or reviewing your Asthma Action Plan with your provider?

The results are as follows:

Frequency of Asthma Controller Medication Refill (member could select multiple options)	Percentage
Monthly	28.2%
Every 3-months (90 day supply)	11.9%
As needed	49.0%
Only Rescue or Quick-Relief Used	14.9%
I don’t take any asthma medications	11.9%

<b>Barriers to taking Asthma Medication as Directed by Provider</b> (member could select multiple options)	<b>Percentage</b>
Cannot Afford medications	8.7%
Problems with Side-Effects	0.0%
Did not fill prescription	0.0%
Did not see need for asthma medications	21.7%
Lack of knowledge about asthma medication use	8.7%
Forget to take asthma medications	4.3%
Forget to bring asthma medications when away from home	21.7%
Feel better so stopped taking asthma medications	30.4%

<b>Barriers to completing or reviewing Asthma Action Plan (AAP) with Provider</b> (member could select multiple options)	<b>Percentage</b>
Didn't have an AAP	43.0%
Provider did not want to complete an AAP	6.3%
Provider didn't know what an AAP is or how to complete	12.7%
Forget to bring AAP to provider appointment	10.1%
Provider told member AAP was not needed	13.9%

***Quantitative Analysis***

95.2% (177/186) of respondents were overall satisfied with the program, L.A. Care exceeded the 2016 goal of 90% overall member satisfaction. 90.2% (166/184) of respondents found the program's mailed educational materials helpful in managing their asthma, as compared to 78.0% in 2015. 92.0% (150/163) of respondents were satisfied with their asthma nurse, as compared to 43.0% in 2015. 85.7% (132/154) of respondents felt that the asthma nurse helped control their asthma, as compared to 60.7% in 2015. 83.7% (164/196) of respondents reported they took their asthma medications as prescribed by their provider, as compared to 87.9% in 2015. 55.3% (109/197) of respondents reported they completed an Asthma Action Plan with their provider, as compared to 36.0% in 2015. 64.2% (129/201) of respondents reported receiving a flu shot in the past year, as compared to 53.2% in 2015.

Below details the baseline results for the new 2016 survey questions. In the 2016 survey we found that the most common frequency of asthma medication refill was as needed with 49.0% (99/202) of survey respondents reporting that they refill controller medications as needed. In the 2016 survey of the 11 respondents who reported not taking asthma medications as directed by their provider, we found that the most common barrier was not seeing a need for their asthma medications with a response rate of 21.7%. However, only 11 respondents reporting not taking asthma medications as directed this analysis is not statistically significant. In the 2016 survey we found that of the 79 respondents who reported not having a completed Asthma Action Plan (AAP), the most common barrier to completing or reviewing the AAP with their provider was that the member didn't have an AAP with 43.0% of survey respondents reporting that they didn't have an AAP.

### ***Qualitative Analysis***

In reviewing the 2016 satisfaction survey results, the Disease Management department noted the following:

- The response rate was slightly lower than last year. This could be due to the 2016 survey not including a reminder postcard.
- Overall satisfaction in the program and with the member's asthma nurse increased significantly from 2015 to 2016. This could be due to the increased frequency in condition monitoring calls from the Disease Management nurses, increasing members' engagement and satisfaction with the program.
- The response rate for members having completed an Asthma Action Plan and had a flu shot increase from last year. This could be due to the Disease Management Department migrated to the Clinical Care Advance (CCA) platform, which is the main system for documentation. The Disease Management nurse develops and documents member specific care plans and develop goals to improve health outcomes goals met in CCA.
- There was a significant increase in the number of members who reported having a completed Asthma Action Plan (AAP). However, with nearly half of the respondents still not having a completed AAP, there are still opportunities to educate members and providers on the importance of completing an AAP together at provider visits.
- With nearly half of respondents reporting that they take asthma controller medications as needed, there is concern that some of these members may not understand the difference between controller and reliever medications and when it is advised to use these medications. This is a high priority for the Asthma disease management program in 2017.

### **OPPORTUNITIES IDENTIFIED FROM SURVEY**

Member education on long-term controller, quick-relief medicines and the importance of compliance to refilling medications remains a priority for 2017. In addition to educational materials developed with the Health Education, Cultural & Linguistic Services department, the department will work to increase asthma medication compliance by working with the Quality Improvement Department and Pharmacy interventions.

### **COMPLAINTS AND INQUIRIES**

Member complaints and inquiries are evaluated by program to identify opportunities to improve satisfaction with the disease management process. Complaints related to the disease management program are identified through each incoming and outgoing call to the Disease Management department. The Disease Management Department migrated to the Clinical Care Advance (CCA) platform, which is the main system for documentation. These complaints are tracked within the contact form template within CCA and dealt with immediately through a manager or if appropriate forwarded through L.A. Care's grievance process. In addition, all inquiries and complaints made by asthma disease management program participants are aggregated annually and analyzed. Additionally, the Customer Solutions staff keeps a log of all member complaints and inquiries related to disease management. The log is searched monthly for key words related to asthma disease management.

In 2014, 2015 there were no complaints related to the asthma program and 2016 there were 2 complaints related to asthma disease management program. In 2016, there were 175 asthma program inquires compared to 368 inquiries in 2015. The difference in inquiries from 2015 to 2016, is due to the way the DM department identified and defines inquiries and complaints. This data is gathered from the Resource Line Log only. CCA reports not available in 2016.

Asthma Call Analysis						
Complaints	2014		2015		2016	
Number of complaints received	0		0		2	
Inquiry Reason	Number of Calls	Percentage of all Calls	Number of Calls	Percentage of all Calls	Number of calls	Percentage of all Calls
Opt out/no asthma	237	64%	157	48%	104	59%
Requested Asthma Information	63	17%	57	17%	48	27%
Other	66	18%	111	34%	23	14%
<b>TOTAL</b>	<b>368</b>	<b>100%</b>	<b>325</b>	<b>100%</b>	<b>175</b>	<b>100%</b>

### OPPORTUNITIES

There may be opportunities for better data reporting regarding complaints and inquires. Reports within CCA are still being built for 2017. With only 2 complaints in 2016, the conclusion is that two complaints is not significant to require program changes.

### Measuring Effectiveness:

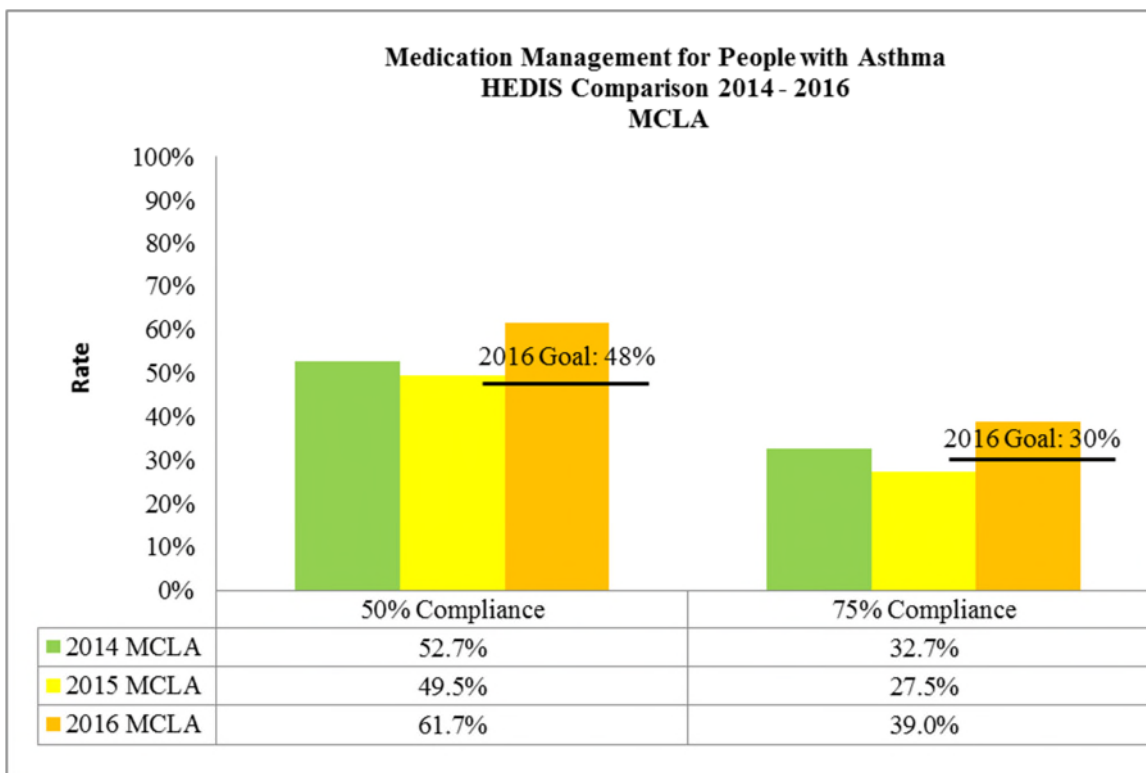
Measure	Methodology
Medication Management for People with Asthma 50% compliance (MMA)	Refer to 2016 HEDIS Technical Specification Vol.2 specifically on Medication Management for People with Asthma
Medication Management for People with Asthma 75% compliance (MMA)	Refer to 2016 HEDIS Technical Specification Vol.2 specifically on Medication Management for People with Asthma
Proportion of Days Covered (PDC) for Asthma Controller Medications with 50% compliance	Refer to specifications in 2015 DM Evaluation in the LACC and CMC Quantitative Analysis Section
Proportion of Days Covered (PDC) for Asthma Controller Medications with 75% compliance	Refer to specifications in 2015 DM Evaluation in the LACC and CMC Quantitative Analysis Section
Average Proportion of Days Covered (PDC) for Asthma Controller Medications	Refer to specifications in 2015 DM Evaluation in the LACC and CMC Quantitative Analysis Section
Median Proportion of Days Covered (PDC) for Asthma Controller Medications	L.A. Care included median to reflect the distribution of values in the LACC and CMC Quantitative Analysis section
Asthma Action Plan	L.A. Care conducted a mail-in survey targeting all Level 2 and 3 members/parents of members.
Flu Shot	L.A. Care conducted a mail-in survey targeting all Level 2 and 3 members/parents of members.
Member Satisfaction	L.A. Care conducted a mail-in survey targeting all Level 2 and 3 members/parents of members.



## RESULTS

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

#### Quantitative Analysis



Source: 2014, 2015 and 2016 HEDIS Results

*Note: 2015 goal was established based on 2015 HEDIS results. Evidence was found after the goal was established that the 2014 HEDIS data was incorrect, explaining the drop from 2014 to 2015. New goals were set for 2016.*

Analysis of 2016 HEDIS results and findings:

- Medication management for people with asthma with 50% medication compliance (MMA) was 61.7% compared to 49.5% compliance in 2015. This exceeded the 2016 goal of 48%. MMA 50% compliance increased by 12.2 percentage points.
- Medication management for people with asthma with 75% medication compliance (MMA) was 39.0%, which exceeded the 2016 goal of 30%. MMA 75% compliance increased by 11.5 percentage points compared to the 2015 compliance rate of 27.5%.

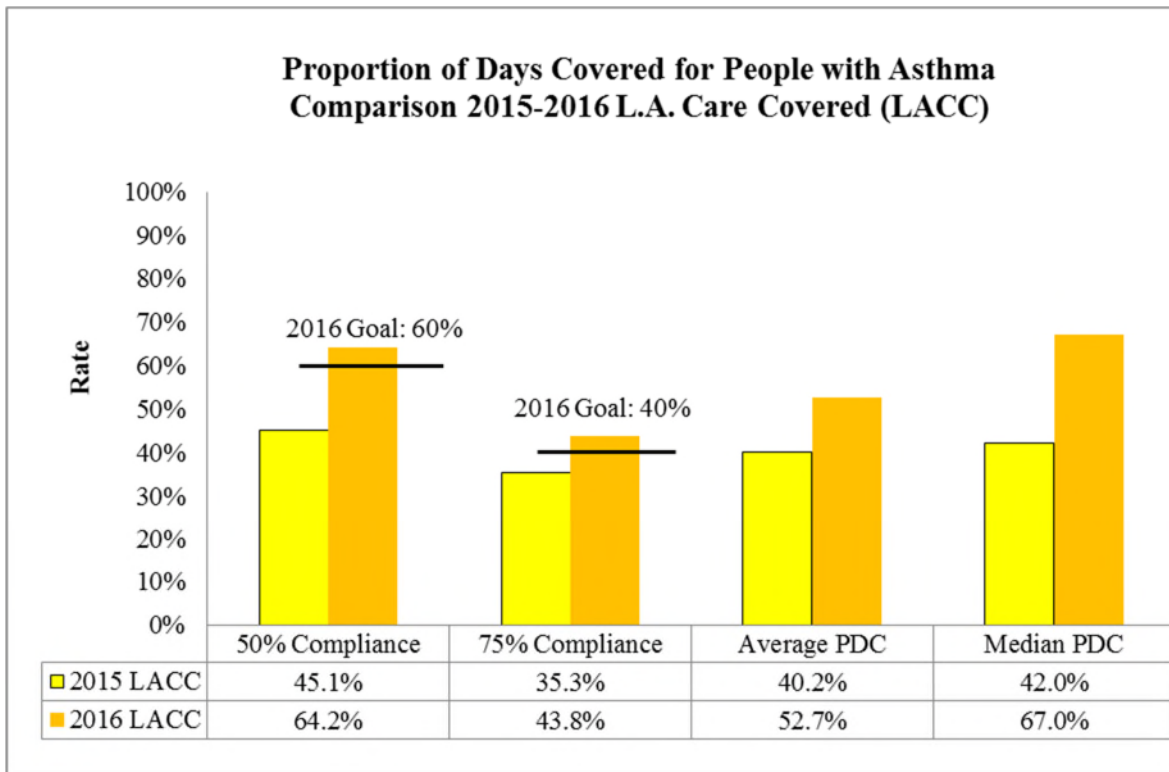
#### **Qualitative Analysis**

MCLA MMA rates increased significantly, showing strong improvement in medication compliance. This could be due to increase in medication compliance and refill interventions, such as Disease Management nurses calling members who showed gaps in refilling their controller medication and developing care plans with individualized goals for medication refills. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. However, with 38% of MCLA Direct members still not reaching 50% medication compliance and 61% of MCLA Direct members

still not reaching 75% medication compliance, the results suggest opportunities for continued improvement for the asthma disease management program. Over the course of 2016, several barriers to achieving high performance were noted. As a result, the *L.A. Cares About Asthma*® program took several actions to mitigate these barriers. The MCLA 2016 HEDIS results suggest opportunities for improvement for the asthma Disease Management program.

**L.A. Care Covered (LACC):**

***Quantitative Analysis***



Source: 2015 and 2016 PDC Reports

**Analysis of 2016 results and findings:**

L.A. Care Covered (LACC) was a new line of business in 2014. In evaluating the HEDIS eligible population for MMA in 2015, there was insufficient membership in the HEDIS 2015 MMA denominator to measure effectiveness based on the HEDIS timeframes. Instead, L.A. Care defined a baseline measure modelled after Medication Management for People with Asthma (MMA) reflecting adherence to asthma controller medications. In 2016, there was still insufficient membership in the HEDIS 2016 MMA denominator to measure effectiveness on the HEDIS timeframes (denominator=5). Instead, L.A. Care continued to analyze effectiveness based on the PDC methodology developed in 2015. L.A. Care measured effectiveness of asthma controller medications with LACC members ages 5-85 from 9/1/15-8/31/2016 with continuous enrollment of 12 months prior to 8/31/2016 with no more than one gap of up to 30 days.

**2016 PDC findings:**

For Measurement Period September 1, 2015-August 31, 2016, the Proportion of Days Covered (PDC) for:

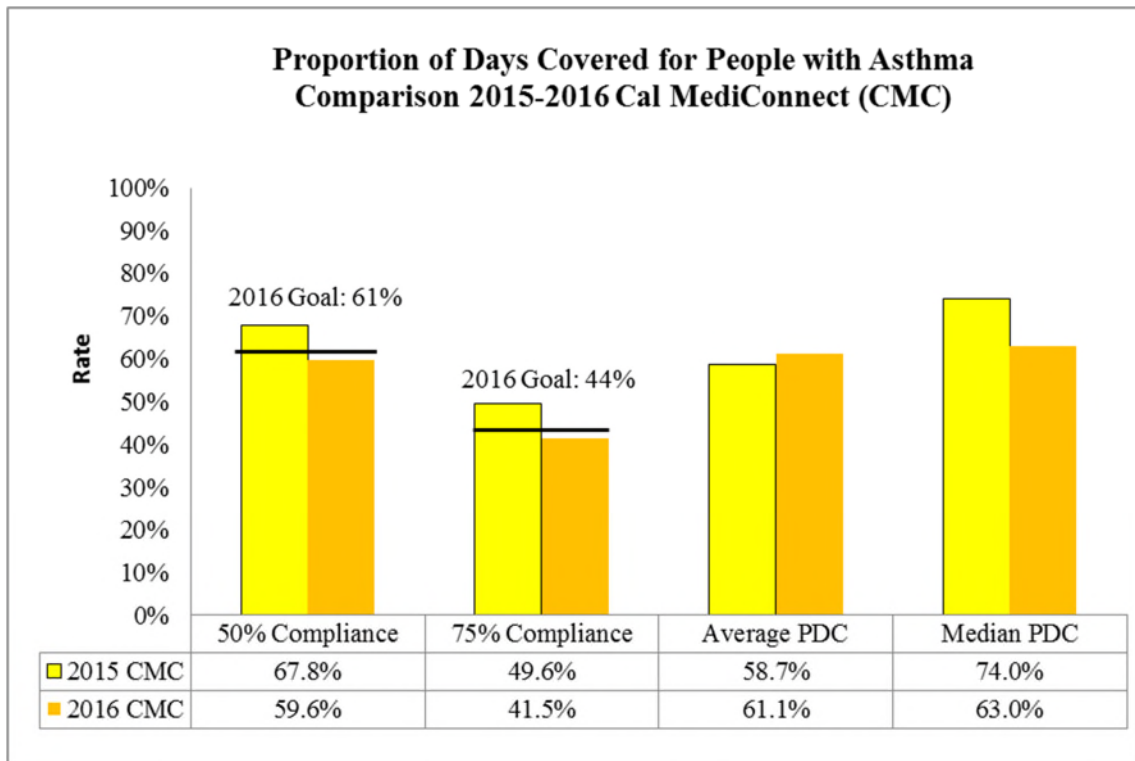
- Asthma Controller Medications with 50% compliance was 64.2 % (105/164) compared to 45.1% baseline in 2015. This was an increase of 19.1 percentage points. This exceeded the 2016 goal of 60%.
- Asthma Controller Medications with 75% compliance was 43.8% (72/164) compared to 35.3% baseline in 2015. This was an increase of 8.5 percentage points. This exceeded the 2016 goal of 40%.
- The average Proportion of Days Covered (PDC) for Asthma Controller Medications was 52.7% compared to 40.2% baseline in 2015. This was an increase of 12.5 percentage points.
- The median Proportion of Days Covered (PDC) for Asthma Controller Medication was 67% compared to 42% baseline in 2015. This was an increase of 25 percentage points.

***Qualitative Analysis***

The LACC PDC rates increased significantly between baseline and this year. This could be due to LACC members being more motivated to manage their asthma care as they pay into their healthcare costs and may have fewer comorbidities. This could also be due to increase in medication compliance and refill interventions, such as Disease Management nurses calling members who showed gaps in refilling their controller medication, developing care plans with individualized goals for medication refills. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. Over the course of 2016, several barriers to achieving high performance were noted. As a result, the *L.A. Cares About Asthma®* program took several actions to mitigate these barriers. The LACC PCD 2016 results suggest opportunities for improvement for the asthma Disease Management program.

**Cal MediConnect (CMC)**

***Quantitative Analysis***



Source: 2015 and 2016 PDC Reports

## **ANALYSIS OF 2016 RESULTS AND FINDINGS:**

Cal Medi-Connect (CMC) was a new line of business in 2014. In evaluating the HEDIS eligible population for MMA in 2015 there was insufficient membership in the HEDIS 2015 MMA denominator to measure effectiveness based on the HEDIS timeframes. Instead, L.A. Care defined a baseline measure modelled after Medication Management for People with Asthma (MMA) reflecting adherence to asthma controller medications. In 2016, in order to trend the measure, L.A. Care continued to analyze effectiveness based on the PDC methodology developed in 2015 to measure effectiveness of asthma controller medications with CMC members ages 18-85 from 9/1/15-8/31/2016 with continuous enrollment of 12 months prior to 8/31/2016 with no more than one gap of up to 30 days. In addition, the HEDIS 2016 MMA (denominator=63) is reported for baseline.

### **2016 PDC findings:**

For Measurement Period September 1, 2015-August 31, 2016, the Proportion of Days Covered (PDC) for:

- Asthma Controller Medications with 50% compliance was 59.6 % (505/847) compared to 67.8% baseline in 2015. This was a decrease of 8.2 percentage points. This did not meet the 2016 goal of 61%.
- Asthma Controller Medications with 75% compliance was 41.5% (353/847) compared to 49.6% baseline in 2015. This was a decrease of 8.1 percentage points. This did not meet the 2016 goal of 44%.
- The average Proportion of Days Covered (PDC) for Asthma Controller Medications was 61.1% compared to 58.7% baseline in 2015. This was an increase of 2.4 percentage points.
- The median Proportion of Days Covered (PDC) for Asthma Controller Medications was 63% compared to 74% baseline in 2015. This was a decrease 11 percentage points.

### **Qualitative Analysis**

The median Proportion of Days Covered (PDC) for Asthma Controller Medications for CMC membership decreased by 11 percentage points, this change reflected skewing in the distribution of values since the median values dropped even though the average PDC increased. Both the HEDIS MMA and PDC for 50% and 75% compliance decreased. This could be due to CMC members have numerous chronic health conditions and tend to be sicker than the Medicare-only population. Over the course of 2016, several barriers to achieving high performance were noted. As a result, the *L.A. Cares About Asthma*® program took several actions to mitigate these barriers. The CMC PDC 2016 results suggest opportunities for improvement for the asthma Disease Management program.

Across all lines of business, some barriers to medication compliance were identified and are discussed below:

- Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members.
- Asthma medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care.
- Members with multiple prescriptions for asthma inhalers may also affect the accuracy of the controller/reliever ratio.
- Low-severity members who do not comply with asthma medication and have opted out of the program can affect compliance rates as they are still counted in the denominator.
- Needing to use translation services for some members due to the diversity of cultures within L.A. Care's disease programs.
- Not all providers are using the Asthma Action Plan to help with members with their medication compliance
- Low practitioner adherence to clinical practice guidelines.

- Lack of patient education regarding asthma care, self-management, and decreased medication compliance.
- The *L.A. Cares About Asthma*® program provides content for the LACC member web portal with asthma health information.

***Other Considerations: Cultural and Linguistic and Seniors and People with Disabilities (SPD)***

Materials are culturally and linguistically appropriate, and continue to be mailed in English and Spanish. The mailings include an attachment to the cover letter indicating that the information is available in eleven (11) different languages, larger print, Braille, audio or TTY as requested.

However, L.A. Care Health Plan’s inability to reach members who require more education and monitoring, by phone or by mail due to incorrect addresses or no address (transient and homeless populations) contributes to the member barriers. With the higher severity level members the Disease Management RNs make 2 call attempts to reach the member, but often these phone numbers are invalid and members are lowered to a mail only intervention. Thus the members are not receiving the full benefits of the program.

**OPPORTUNITIES**

There remains opportunities to improve the use of appropriate medications for people with asthma, especially in the adult population. The Disease Management department is developing and continuing existing interventions to help improve asthma treatment and compliance.

**INTERVENTIONS**

- To address the barrier of practitioner adherence to clinical practice guidelines L.A. Care’s Disease Management department annually sends practitioners, the EPR-3 Guidelines for the diagnosis and management of asthma that emphasizes best practices, including use of the Asthma Action Plan.
- L.A. Care’s Disease Management department provides multiple educational materials regarding asthma, allergies, flu shots, and annual preventative guidelines including mailings and a booklet that addresses asthma and allergy triggers, medications, reminders and care plan and goals that are developed for Level 2 and 3 members are discussed during monitoring calls.
- The *L.A. Cares About Asthma*® program staff will also review program materials and continually revise and expand the asthma health education library to ensure that the materials are as appropriate for adults as they are for children.
- The *L.A. Cares About Asthma*® program provides content for the LACC member web portal with asthma health information.
- The Health Education Department conducted a member incentive program for members who picked up the controller medications from their pharmacy in 2016.
- High severity members (levels 2 and 3) may be referred to QueensCare for a home visit with a Community Health Worker. These visits include: a review of medical history; asthma education; home environmental assessment, review and reinforcement of asthma treatment plan, identification of triggers, and counseling members on how to talk with their provider.
- L.A. Care’s QI Department is currently working in collaboration with Eisner Clinic to improve compliance with asthma controller medications in children. The intervention is specifically targeting pediatric patients in a clinic that predominantly serves the Hispanic community, addressing a suspected health disparity in our population. The initial intervention being tested is an auto-refill program at the clinic pharmacy.

## LOOKING FORWARD

- The Disease Management leadership will develop, implement and evaluate a COPD program that will align with the asthma program. This will especially impact CMC members who are more likely to have COPD than asthma.
- The Disease Management leadership, working in collaboration with IS, will evaluate the algorithm for identification and stratification of asthma members to reduce false positive identification.
- The Disease Management Nurses and/or Pharmacist will continue attending and assisting with Asthma 101 Health Education classes when available to review members' asthma medications. As all members are now documented and tracked within CCA, the Disease Management leadership team will fine-tune the processes and continue developing and testing outcome reports based on the data input into CCA and identify opportunities to improve efficiency and outcomes for the disease management programs.
- L.A. Care is exploring mobile health technology to further target and reach members. These possible interventions include an asthma text-messaging program to send asthma education and medication adherence reminders to members who opt-in to the program.
- The Disease Management department along with Customer Solutions is looking into providing health messaging, including disease management information for members while they are on hold for a Customer Solutions representative.

## 2017 WORK PLAN GOALS:

Measures	2017 MCLA Goal	2017 LACC Goal	2017 CMC Goal
Medication Management for People with Asthma 50% compliance	69%	65%	62%
Medication Management for People with Asthma 75% compliance	47%	44%	47%
Asthma Action Plan	65%	65%	65%
Flu Shot	65%	65%	65%
Overall Member Satisfaction	95%	95%	95%

## A. 5.b DIABETES DISEASE MANAGEMENT PROGRAM

### BACKGROUND

Diabetes is the world's most prevalent metabolic disease and it is the leading cause of adult blindness, renal failure, gangrene and the necessity for limb amputations. There are about 25.8 million children and adults (8.3% of the total United States population) living with diabetes. This included 18.8 million people diagnosed and 7 million who were not diagnosed. Additionally, there are 79 million people diagnosed as pre-diabetic.

*LA Cares About Diabetes®* focuses on a collaborative, team-based approach for improving health outcomes of members with diabetes. L.A. Care's Diabetes Disease Management Program is based on evidence-based clinical guidelines and utilizes recognized sources (e.g. American Diabetes Association (ADA)) for its clinical content. On an annual basis an evidenced based review is conducted on the guidelines to identify any significant changes that would require an update to the program. The program addresses a range of interventions, including condition monitoring, monitoring patient adherence to treatment plans, medical and behavioral health co-morbidities, health behaviors, psychosocial issues, and depression screenings. Members with diabetes are identified on a monthly basis and are stratified into one of five risk levels (0, 1, 2, 3, and 4 with 4 being highest risk) based on medical utilization, lab data and pharmacy claims. Level 0 are identified as Pre-Diabetic and referred to the Health Education department for member intervention and

education. The member’s stratification from Levels 1-4 determines the type and intensity of program intervention he or she receives.

## 2016 WORK PLAN GOALS:

Measures	Specific Indicators	2016 Goal (Hybrid)	Measure Type
Hemoglobin A1c screening (HbA1c)	Percentage of eligible members 18-75 years of age with diabetes (type 1 and type 2) who had A1c testing.	MCLA: 86% CMC: Not reported LACC: 88%	Hybrid
A1c good control (< 8%)	Percentage of eligible members 18-75 years of age with diabetes (type 1 and type 2) who had A1c control (<8.0%).	MCLA: 48% CMC: Not reported LACC: 51%	Hybrid
A1c poor control (> 9%)*	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had A1c poor control (>9.0%)	MCLA: 50% CMC: 71% LACC: Not reported	Hybrid
Retinal eye exam	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had retinal eye exam performed.	MCLA: 55% CMC: 75% LACC: 49%	Hybrid
Medical Attention for Nephropathy	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy.	MCLA:88% CMC: 93% LACC: 82%	Hybrid
Overall Member Satisfaction	Percentage of members will be satisfied with the Diabetes Disease Management Program (agree or strongly agree)	MCLA: 90% LACC: 90% CMC: 90%	Survey

*\*This is an inverse measure; a lower number is better.*

## MAJOR ACCOMPLISHMENTS

- *L.A. Cares About Diabetes®* grew from 39,306 members at the end of 2015 to 62,121 members at the end of 2016, an increase of 36.7%
  - There were 37,372 MCLA members at the end of 2015, compared to 58,094 members at the end of December 2016, an increase of 35.7%.
  - There were 341 LACC members at the end of 2015, compared to 654 members at the end of December 2016, an increase of 47.9%.
  - There were 881 CMC members at the end of 2015, compared to 3,329 members at the end of 2016, an increase of 73.5%
- *L.A. Cares About Diabetes®* began documenting all member interactions for all lines of business in L.A. Care’s Core System Clinical Care Advance (CCA) in May, 2016. Nurses document members’ assessments and problems, goals and interventions and all reporting is pulled from CCA.
- As part of the CCA transition all active DM members have care plans that include personalized goals and interventions based on clinical practice guidelines. For example, care plans include goals and interventions to improve medication compliance, the use of diabetes logs, exams to remember and the use of internal and community based diabetes resources.

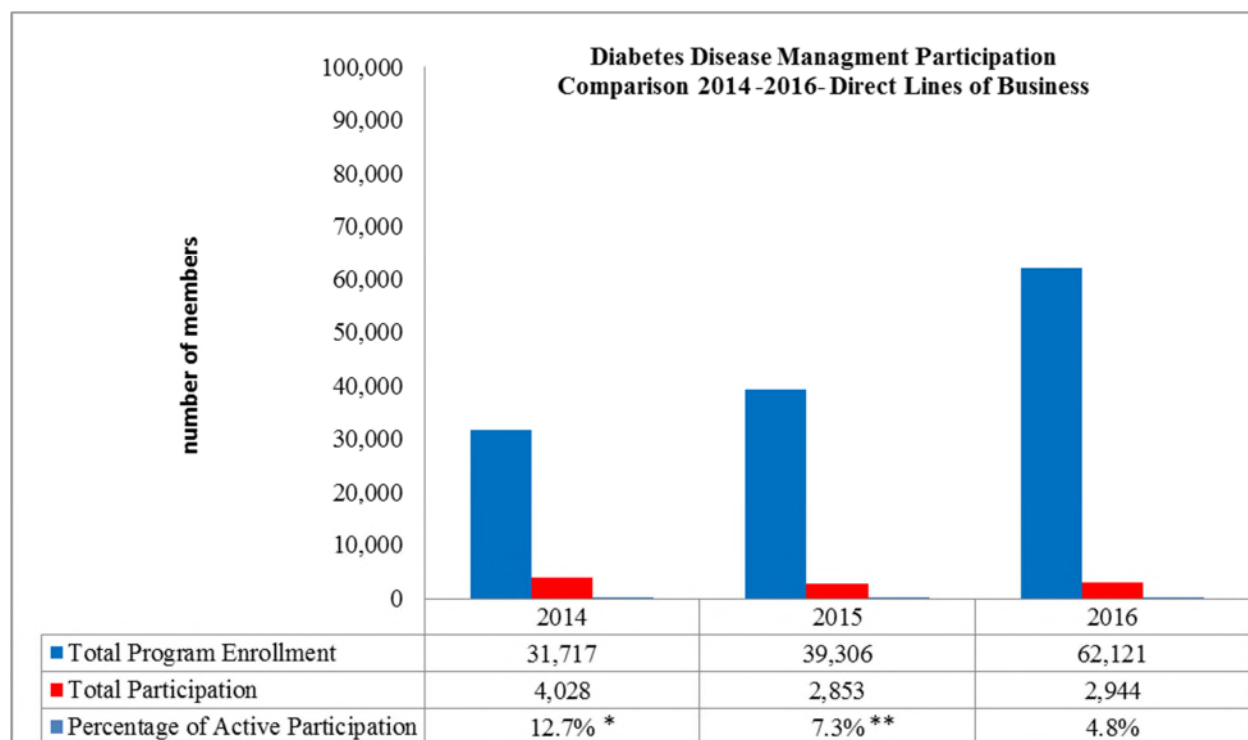
- The *L.A. Cares About Diabetes*® nurses have all been trained in ongoing motivational interviewing to help improve communication with the diverse populations in which the program interacts.
- In 2016, Level 3 members received condition monitoring calls every other month and Level 4 members received condition monitoring calls every month. In 2016, the Disease Management programs migrated to the Clinical Care Advance (CCA) where RNs complete the diabetes assessment, an individualized care plan with goals and target interventions and timeframes for follow-up. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care.
- An outside vendor reached 3,151 members (8.9% response rate) in the 2<sup>nd</sup> quarter and the Disease Management department reached 818 members (20% response rate) during the fourth quarter of 2016 to conduct reminder calls on missing diabetes screening tests.

### **Participation Rate**

In 2016, L.A. Care identified eligible members monthly and stratified them based on their risk level. The tables below show L.A. Care eligible diabetes members for the Medi-Cal Direct (MCLA), L.A. Care Covered (LACC) and Cal MediConnect (CMC) lines of business. L.A. Care's diabetes disease management program utilizes an opt-out enrollment method, which means that eligible members are enrolled unless they actively opt out. In 2016, 28 MCLA members, 1 LACC members and 2 CMC members with an active diabetes diagnosis opted out of the program. In order to reflect the percentage of members that are actively engaged in the program, the denominator represents the number of eligible members in all levels at the end of 2016, and the numerator represents the number of eligible members in levels 1, 2, 3, or 4 with at least one interactive contact. The monthly membership of level 1, level 2, level 3 and level 4 members at the end of 2016 was 62,121; of these eligible members, 2,944 actively participated in the Diabetes program through either condition monitoring or use of the Diabetes Resource Line, which gives the program a total participation rate of 4.8%.



The graphs and tables below show L.A. Care eligible diabetes members for all lines of business.



\*The 2014 participation rate only reflected those members who were eligible for nurse outreach (level 3 and 4) and did not include the level 1 and level 2 mail-only members.

\*\*The change in participation rate reflects NCQA requirements for including full program member eligible population in the denominator used in 2015 and 2016.

<b>MCLA</b>	58,094
<b>LACC</b>	654
<b>CMC</b>	3,329
Other Lines of Business (Healthy Kids, PASC-SEIU)	44
<b>Total</b>	<b>62,121</b>

## Member Satisfaction

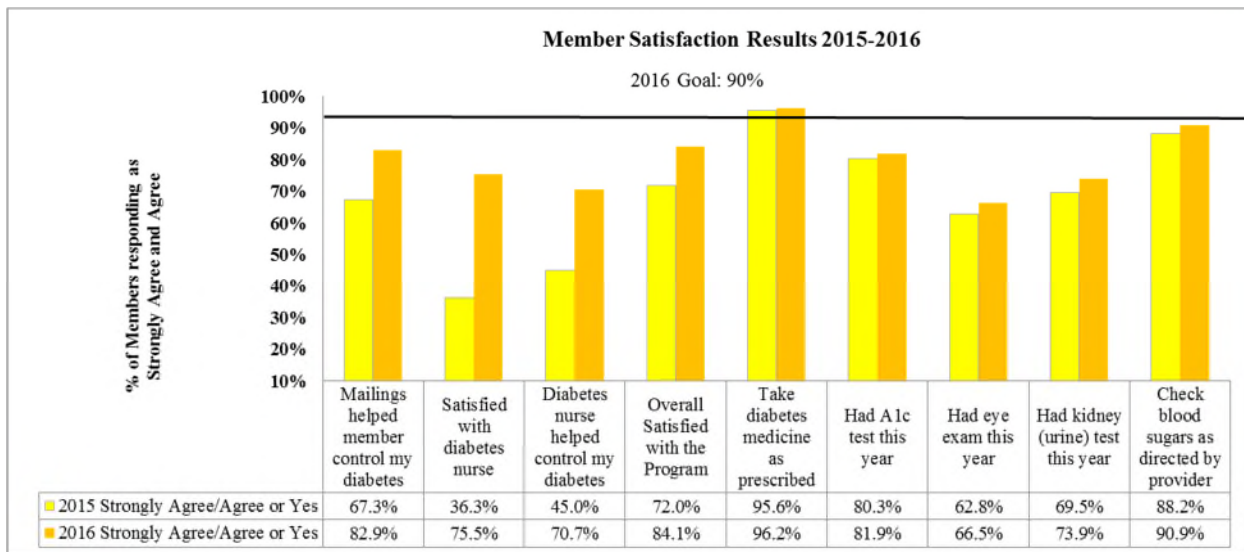
### METHODOLOGY

All Direct Line of Business members eligible for the Diabetes Disease Management Program are offered the same services according to stratification levels and benefits through the *L.A. Cares About Diabetes®* program. Thus, the annual satisfaction survey is analyzed by program as opposed to by line of business. Participants in the diabetes disease management program are assessed by 1) analysis of complaints and inquiries, and 2) a formal satisfaction survey. In July 2016, L.A. Care conducted a mail-in survey to all active members in the diabetes disease management program. Members were to return by mail their completed surveys by September 30, 2016. For those members who did not return a completed survey, in October 2016, live agent calls were conducted by a vendor to complete the survey telephonically with those member who agreed. Only members identified as active in the diabetes program from January 2015-February 2016 were surveyed. All Level 3 and 4 members were surveyed. A total of 16,742 surveys were

mailed with 1,755 completed and returned, or a 10.5% response rate. This was equal to the 10.5% response rate for the 2015 satisfaction survey.

## RESULTS

On the 2016 survey, respondents were asked to rate their level of satisfaction with various aspects of the program, based on a Likert scale ranging from Strongly Agree to Strongly Disagree. Other survey questions included clinical information on member’s diabetes treatment plan, compliance and barriers to compliance. Below details the trendable survey results and the 2016 baseline survey results.



Additionally, the survey addressed members’ experience and potential barriers in adhering to treatment plans. The following three questions were added in 2016:

- 1) If you did not get your A1c blood test what stopped you?
- 2) If you did not get your diabetes eye exam what stopped you?
- 3) If you did not get your kidney (urine) test what stopped you?
- 4) If no, what stopped you from taking your diabetes medication?

The results are as follows:

<b>A1c Blood Test Barriers</b> (member could select multiple options)	<b>Percentage</b>
I do not know who my provider is	11.4%
I did not know I needed the A1c test	29.5%
I did not get a referral from my provider	15.6%
I feel good and did not want to get the A1c test	12.3%
I could not get an appointment	8.8%
I forgot to schedule an appointment	13.3%
I could not get to an appointment (transportation or provider/lab office hours)	6.8%

<b>Diabetes Eye Exam Barriers</b> (member could select multiple options)	<b>Percentage</b>
I do not know who my provider is	10.2%
I did not know I needed the diabetes eye exam	16.4%
I did not get a referral from my provider	19.7%
I feel good and did not want to get the diabetes eye exam	7.1%
I could not get an appointment	8.8%
I forgot to schedule or go to an appointment	18.6%
I could not get to an appointment (transportation or provider/lab office hours)	6.5%

<b>Kidney (Urine) Test Barriers</b> (member could select multiple options)	<b>Percentage</b>
I do not know who my provider is	8.8%
I did not know I needed the urine test	35.5%
I did not get a referral from my provider	18.7%
I feel good and did not want to get the urine test	6.7%
I could not get an appointment	5.4%
I forgot to schedule an appointment	13.0%
I could not get to an appointment (transportation or provider/lab office hours)	4.1%

<b>Barriers to taking Diabetes Medication as Directed by Provider</b> (member could select multiple options)	<b>Percentage</b>
Cannot Afford diabetes medications	20.2%
Problems with Side-Effects	22.9%
Did not fill prescription	10.1%
Did not see need for diabetes medications	10.1%
Lack of knowledge about diabetes medication use	15.6%
Forget to take diabetes medications	20.2%
Forget to bring diabetes medications when traveling or leaving home	14.7%
Felt better so stopped taking diabetes medication	9.2%

### ***Quantitative Analysis***

With 84.1% (1369/1628) of respondents overall satisfied with the program, L.A. Care did not meet the 2016 goal of 90% overall member satisfaction. 82.9% (1345/1622) of respondents found the program's mailed educational materials helpful in managing their diabetes, as compared to 67.3% in 2015. 75.5% (1045/1385) of respondents were satisfied with their diabetes nurse, as compared to 36.3% in 2015. 70.7% (972/1375) of respondents felt that the diabetes nurse helped control their diabetes, as compared to 45.0% in 2015. 96.2% (1660/1726) of respondents reported they took their diabetes medications as prescribed by their provider, as compared to 95.6% in 2015. 81.9% (1399/1709) of respondents reported they had A1c test this year, as compared to 80.3% in 2015. 66.5% (1130/1700) of respondents reported they had diabetes eye exam test this year, as compared to 62.8% in 2015. 73.9% (1264/1711) of respondents reported they had the kidney (urine) test this year, as compared to 69.5% in 2015. 90.9% (1559/1716) of respondents reported they check their blood sugars as directed by their provider, as compared to 88.2% in 2015.

Below details the baseline results for the new 2016 survey questions. In the 2016 survey we found that the most common barrier to getting the A1c blood test was members not knowing that they needed the A1c test

with 29.5% (91/308) of survey respondents that didn't get the A1c blood test reporting that they didn't get the test because they didn't know they needed it. In the 2016 survey we found that the most common barrier to getting the diabetes eye exam was not getting a referral from the member's provider with 19.7% (119/604) of survey respondents that reported not getting the diabetes eye exam, reporting that they didn't get the eye exam because of not getting a referral. In the 2016 survey we found that the most common barrier to getting the kidney (urine) test was the member not knowing he or she needed the kidney (urine) test with 35.5% (137/386) of survey respondents that reported not getting the kidney (urine) test reporting that they didn't get the urine test because of not knowing it was needed.

In the 2016 survey we found that the most common barrier to taking diabetes medications as directed by their provider was members reporting problems with side effects, with 22.9% (25/109) of survey respondents reporting that they don't refill because they had problems with side effects from their medications. Note however that only 56 respondents reported not taking medications as directed by their provider.

### ***Qualitative Analysis***

In reviewing the 2016 satisfaction survey results, the Disease Management department noted the following:

- The response rate did not change from last year's response rate despite not sending a reminder postcard in 2016.
- Overall satisfaction in the program and with the member's diabetes nurse increased significantly from 2015 to 2016. This could be due to the increase frequency in condition monitoring calls from the Disease Management nurses, increasing members' engagement and satisfaction with the program.
- The response rate for members having had their eye exam completed and checking blood sugars and directed increase from last year. This could be due to the Disease Management Department migrated to the Clinical Care Advance (CCA) platform, which is the main system for documentation. The Disease Management nurse documents and develops member specific care plans and develop goals to improve health outcomes met in CCA. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care.
- In reviewing barriers to members getting the diabetes screening tests, it was noted that education on access to care and how to obtain referrals (if needed) is necessary as well as member education on which screening tests are needed for diabetes.

### **OPPORTUNITIES IDENTIFIED FROM SURVEY**

Member education on basic diabetes care, medication compliance and self-management remains a priority for 2017. In 2016 L.A. Care's Disease Management Department developed a diabetes exam reminder magnet that will be sent out in 2017.

### **COMPLAINTS AND INQUIRIES**

Member complaints and inquiries are evaluated to identify opportunities to improve satisfaction with the disease management process. Complaints related to the disease management program are identified through each incoming and outgoing call to the Disease Management department. These complaints are tracked within the contract form template within CCA and dealt with immediately through a manager or if appropriate forwarded through L.A. Care's grievance process. In addition, all inquiries and complaints made by Diabetes disease management program participants are aggregated annually and analyzed. Additionally, the Customer Solutions staff keeps a log of all member complaints and inquiries related to disease management. The log is searched monthly for key words related to asthma disease management.

In, 2014 and 2015 there were no complaints related to the diabetes disease management program. In 2016, there was 1 compliant related to the diabetes disease management program. In 2016, there were 179 diabetes inquires compared to 448 in 2015. The difference in inquiries from 2015 to 2016, is due to the way the DM department identified and defines inquiries and complaints. This data is gathered from the Resource Line Log only. CCA reports not available in 2016.

Diabetes Call Analysis						
Complaints	2014		2015		2016	
Number of complaints received	0		0		1	
Inquiry Reason	Number of Calls	Percentage of all Calls	Number of Calls	Percentage of all Calls	Number of calls	% of all calls
Opt out/no diabetes	10	2.3%	25	5.6%	33	18.4%
Requested diabetes Information	368	85%	312	69.6%	86	48.1%
Other	55	12.7%	111	24.8%	60	33.5%
<b>TOTAL</b>	<b>433</b>	<b>100%</b>	<b>448</b>	<b>100%</b>	<b>179</b>	<b>100%</b>

**OPPORTUNITIES**

There may be opportunities for better data reporting regarding complaints and inquires. Reports within CCA are still being built. With only 1 complaint in 2016, the conclusion is that one complaint is not significant to require program changes

**MEASURING EFFECTIVENESS:**

Measure	Methodology
A1C Screening	Refer to 2016 HEDIS Technical Specification Vol.2
A1C good control <8%	Refer to 2016 HEDIS Technical Specification Vol.2
A1C poor control >9%	Refer to 2016 HEDIS Technical Specification Vol.2
Retinal eye exam	Refer to 2016 HEDIS Technical Specification Vol.2
Medical Attention for Nephropathy	Refer to 2016 HEDIS Technical Specification Vol.2
Member Satisfaction	L.A. Care conducted a mail-in survey targeting all Level 2 and 3 members/parents of members.

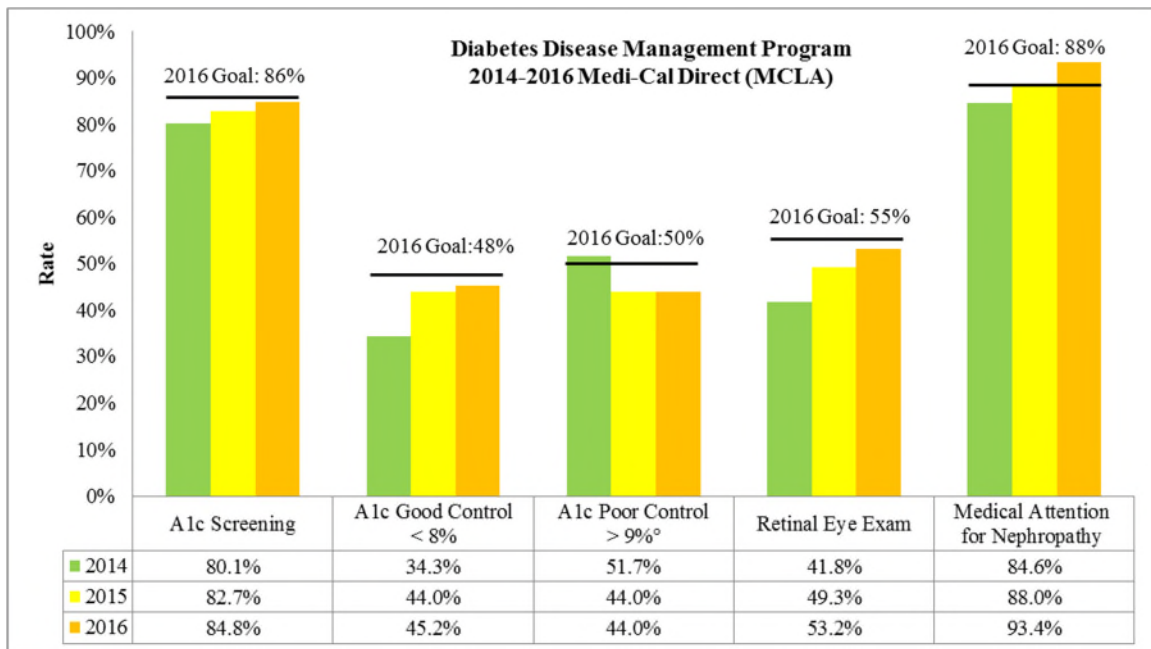
## RESULTS

Measures	2016 Administrative Results	2016 Hybrid Results
A1C screening	MCLA: 83.2% LACC: 83.0% CMC: 81.1%	MCLA: 84.8% LACC: 86.9% CMC: 85.2%
A1C good control <8%	MCLA: 41.4% LACC: 19.6% CMC: 25.8%	MCLA: 45.2% LACC: 39.3% CMC: 42.3%
A1C poor control >9%*	MCLA: 48.6% LACC: Not Reported CMC: 67.2%	MCLA: 44.0% LACC: Not Reported CMC: 47.0%
Retinal eye exam	MCLA: 39.9% LACC: 30.9% CMC: 55.0%	MCLA: 53.2% LACC: 39.3% CMC: 65.0%
Medical Attention for Nephropathy	MCLA: 91.2% LACC: 88.0% CMC: 94.0%	MCLA: 93.4% LACC: 90.0% CMC: 95.0%

\*Inverse measure (lower number better)

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

#### Quantitative Analysis



<sup>o</sup>Inverse measure (lower number better)

Source: 2014, 2015 and 2016 HEDIS Results

**ANALYSIS OF 2016 HYBRID RESULTS OR FINDINGS:**

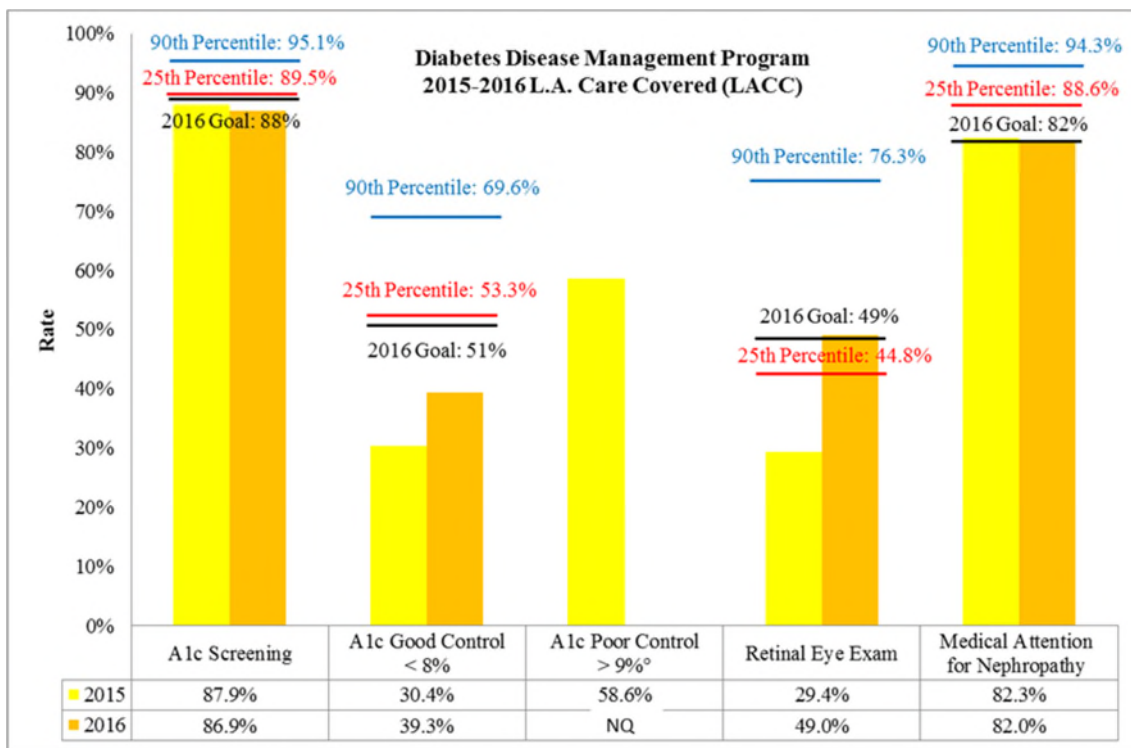
- Diabetes A1c screening of 84.8% is below the HEDIS 2016 measure goal of 86% and an increase of 2.1 percentage points from 2015’s 82.7%.
- Diabetes A1c good control <8% of 45.2% is below the HEDIS 2016 measure goal of 48% and an increase of 1.2 percentage points from 2015’s 44.0%.
- Diabetes A1c poor control >9% of 44.0% is below the HEDIS 2016 measure goal of 50% and is equal to 2015’s 44.0%. There was no change in the rate.
- Retinal eye exam of 53.2% is below the HEDIS 2016 measure goal of 55% and an increase of 3.9 percentage points from 2015’s 49.3%.
- Medical Attention for Nephropathy of 93.4% is above the HEDIS 2016 measure goal of 88% and an increase of 5.4 percentage points from 2015’s 88.0%.

***Qualitative Analysis***

All of the 2016 Hybrid results were equal to or higher than the 2015 results, showing improvement for MCLA members’ management and control of diabetes. However, there is still room for improvement in members’ control of diabetes. Over the course of 2016, several barriers to achieving high performance were noted. As a result, the *L.A. Cares About Diabetes®* program took several actions to mitigate these barriers. The MCLA 2016 HEDIS results suggest opportunities for improvement for the diabetes Disease Management program.

**L.A. Care Covered (LACC):**

***Quantitative Analysis***



<sup>o</sup>Inverse measure (lower number better)  
 NQ- Not required to report  
 25<sup>th</sup> and 90<sup>th</sup> Percentile Source: NCQA Quality Compass

### **ANALYSIS OF 2016 RESULTS OR FINDINGS:**

- Diabetes A1C screening hybrid rate of 86.9% is below the 2016 HEDIS goal of 88%, and below the 25<sup>th</sup> percentile benchmark of 89.5% and below the 90<sup>th</sup> percentile benchmark of 95.1% and a decrease of 1.0 percentage points from 2015's 87.9% hybrid rate.
- Diabetes A1C good control <8% hybrid rate of 39.3% is below the 2016 HEDIS goal of 51%, and below the 25<sup>th</sup> percentile benchmark of 53.3% and below the 90<sup>th</sup> percentile benchmark of 69.6% and an increase of 8.9 percentage points from 2015's 30.4% hybrid rate.
- Diabetes A1C poor control >9% was not reported for LACC as it was not a required measure.
- Retinal eye exam hybrid rate of 49.0%, the 2016 HEDIS goal of 49% was met, and above the 25<sup>th</sup> percentile benchmark of 44.8% and below the 90<sup>th</sup> percentile benchmark of 76.3% and an increase of 19.6 percentage points from 2015's 29.4% hybrid rate.
- Medical Attention to Nephropathy hybrid rate of 82.0% met the 2016 HEDIS goal of 82%, and below the 25<sup>th</sup> percentile benchmark of 88.6% and below the 90<sup>th</sup> percentile benchmark of 94.3% and a decrease of 0.3 percentage points from 2015's 82.3% hybrid rate.

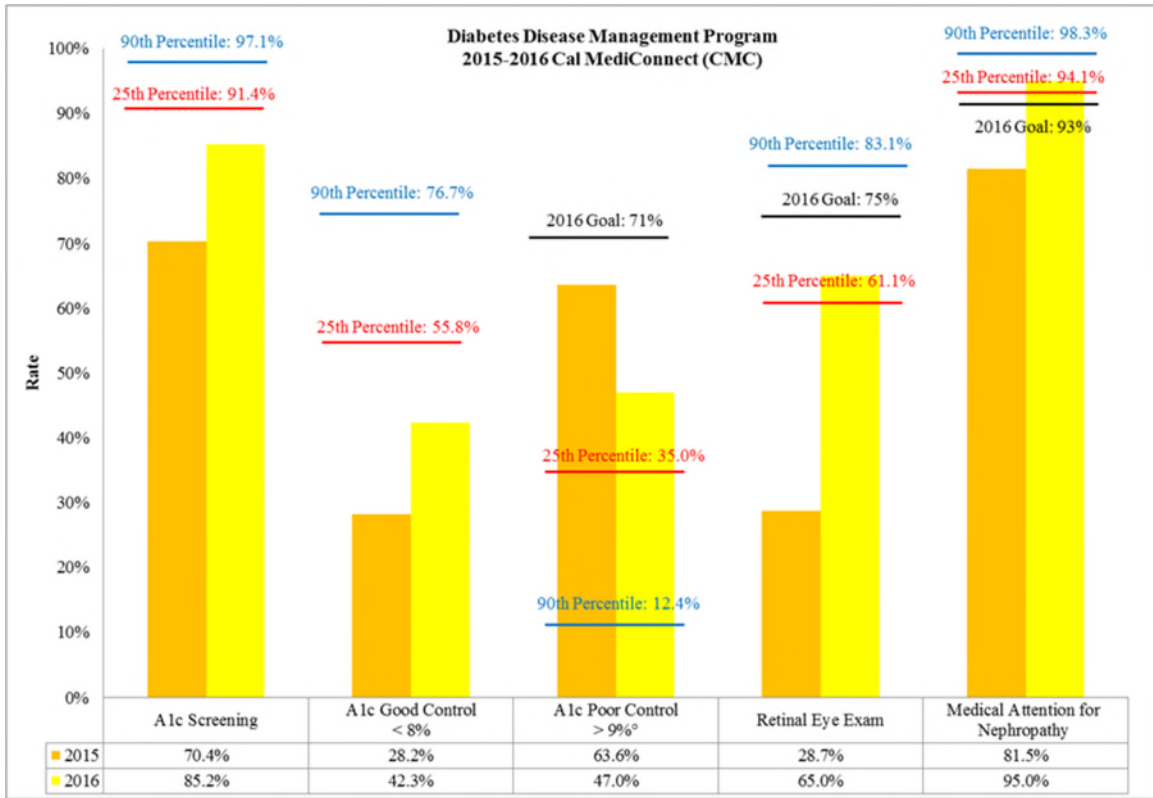
### ***Qualitative Analysis***

Several measures improved significantly with the LACC population. These included the A1C good control, Retinal Eye Exam and Medical Attention to Nephropathy. This could be due to LACC members being more motivated to manage their diabetes care as they pay into their healthcare costs and may have fewer comorbidities than the other lines of business. This could also be due to increase in medication compliance and diabetic exam/test interventions, such as Disease Management nurses calling members who showed gaps in refilling their diabetic medication and who were missing diabetes care exams/tests and developing care plans with individualized goals for medication refills and diabetic exams/tests. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. However there are still opportunities for improvement for the diabetes disease management program for LACC members. Over the course of 2016, several barriers to achieving high performance measures were noted. As a result, the *L.A. Cares About Diabetes*® program took several actions to mitigate these barriers. The LACC 2016 HEDIS results suggest opportunities for improvement for the diabetes Disease Management program.



**Cal MediConnect (CMC)**

**Quantitative Analysis**



<sup>o</sup>Inverse measure (lower number better)  
 25<sup>th</sup> and 90<sup>th</sup> Percentile Source: NCQA Quality Compass

**ANALYSIS OF 2016 RESULTS OR FINDINGS:**

- Diabetes A1C screening hybrid rate of 85.2% is below the 25<sup>th</sup> percentile benchmark of 91.4% and below the 90<sup>th</sup> percentile benchmark of 97.1% and an increase of 14.8 percentage points from 2015’s 70.4% hybrid rate. No goal was reported in 2015.
- Diabetes A1C good control <8% hybrid rate of 42.3% is below the 25<sup>th</sup> percentile benchmark of 55.8% and below the 90<sup>th</sup> percentile benchmark of 76.7% and is an increase of 14.1 percentage points from 2015’s 28.2% hybrid rate. No goal was reported in 2015.
- Diabetes A1C poor control >9% hybrid rate of 47.0% (an inverse measure in which a lower number is better) is below the 2016 HEDIS goal of 71% and is above the 25<sup>th</sup> percentile benchmark of 35.0% and above the 90<sup>th</sup> percentile benchmark of 12.4% and a decrease of 16.6 percentage points from 2015’s 63.6% hybrid rate. Which shows improvement.
- Diabetes retinal eye exam hybrid rate of 65.0% is below the 2016 HEDIS goal of 75%, and is above the 25<sup>th</sup> percentile benchmark of 61.1% and below the 90<sup>th</sup> percentile benchmark of 83.1% and an increase of 36.3 percentage points from 2015’s 28.7% hybrid rate.
- Diabetes Medical Attention to Nephropathy hybrid rate of 95.0% is above the 2016 HEDIS goal of 93%, and above the 25<sup>th</sup> percentile benchmark of 94.1% and below the 90<sup>th</sup> percentile benchmark of 98.3% and an increase of 13.5 percentage points from 2015’s 81.5% hybrid rate.

### ***Qualitative Analysis***

Over the course of 2016, there was significant improvement in almost all diabetes screening measures with the CMC population. This could be due to higher engagement rates with this population. However, there are still opportunities for improvement for the diabetes disease management program for CMC members. This could also be due to increase in medication compliance and diabetic exam/test interventions, such as Disease Management nurses calling members who showed gaps in refilling their diabetic medication and who were missing diabetes care exams/tests and developing care plans with individualized goals for medication refills and diabetic exams/tests. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. Over the course of 2016, several barriers to achieving high performance measures were noted. CMC members have numerous chronic health conditions and tend to be sicker than the Medicare-only population. As a result, the *L.A. Cares About Diabetes*® program took several actions to mitigate these barriers. The CMC 2016 HEDIS results suggest opportunities for improvement for the diabetes Disease Management program.

Across all lines of business, some barriers to helping members' achieve compliance with diabetes screenings and diabetes control were identified below:

- Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members.
- Diabetes medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care.
- Low-severity members who do not comply with diabetes medication and have opted out of the program can affect compliance rates as they are still counted in the denominator.
- Needing to use translation services for some members due to the diversity of cultures within L.A. Care's disease programs.
- Barriers to care (i.e. financial, transportation and access to care).
- Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member's motivation and self-efficacy to change behavior.
- Lack of basic knowledge of diabetes.
- Low practitioner adherence to clinical practice guidelines
- The *L.A. Cares About Diabetes*® program provides content for the LACC member web portal with diabetes health information.

### ***Other Considerations: Cultural and Linguistic and Seniors and People with Disabilities (SPD)***

Materials are culturally and linguistically appropriate, and continue to be mailed in English and Spanish. The mailings include an attachment to the cover letter indicating that the information is available in eleven (11) different languages, larger print, Braille, audio or TTY as requested.

However, L.A. Care Health Plan's inability to reach members who require more education and monitoring, by phone or by mail due to incorrect addresses or no address (transient and homeless populations) contributes to the member barriers. With the higher severity level members the Disease Management RNs make two call attempts to reach the member, but often these phone numbers are invalid and members are lowered to a mail only intervention. Thus the members are not receiving the full benefits of the program.

### ***Opportunities***

There remain opportunities to improve diabetes treatment and care management. The Disease Management department is developing and continuing existing interventions to help improve diabetes treatment and care compliance across all lines of business.

## INTERVENTIONS

- A 30 to 90 day supply conversion program, MMTP, a monthly refill reminder call program, and the high touch STARS adherence outreach program was implemented for CMC members to increase medication adherence and address barriers to member access in getting provider prescribed drugs.
- Practitioner interventions focused on education and adherence to clinical practice guidelines to improve the assessment and treatment of members with diabetes, as well as care coordination communication to practitioners.
- L.A. Care offers various health education and program initiatives to address these barriers these include, “Healthier Living” which teaches skills to help individuals manage chronic conditions and “Weight Watchers” which helps individuals with weight management.
- The Medical Nutrition Therapy (MNT) program uses specific nutrition interventions to treat an illness, injury or condition. The program objectives are to optimize blood glucose levels, lipids and/or blood pressure, prevent and treat chronic complications such as retinopathy and medical attention to nephropathy, adapt dietary intake to individual’s differences (culture and willingness to change), and integrate insulin regimens into usual eating and physical activity habits.
- To address the barrier of practitioner adherence to clinical practice guidelines L.A. Care’s Disease Management department annually sends practitioners Diabetes Clinical Guidelines.
- L.A. Care’s Disease Management department provides multiple educational materials regarding diabetes care, lifestyle management, flu shots, and annual preventative guidelines including mailings and a booklet that addresses diabetes management and reminders and education to Level 3 and 4 members discussed during monitoring calls.
- The *L.A. Cares About Diabetes*® program staff will also review program materials and continually revise and expand the diabetes health education library.
- The Quality Improvement Department conducted a member incentive program for members who completed the A1c screening, Retinal Eye Exam and Nephropathy test in 2016.
- The *L.A. Cares About Diabetes*® program provides content for the LACC member web portal with diabetes health information.

## LOOKING FORWARD

- The Diabetes Disease Management program will work collaboratively with the Health Disparities workgroup in developing interventions to address health disparities in the diabetes population in L.A. Care.
- The Disease Management leadership, working in collaboration with IS, will evaluate the algorithm for identification and stratification of diabetes members to reduce false positive identification.
- As all members are now documented and tracked within CCA, the Disease Management leadership team will fine-tune the processes and continue developing and testing outcome reports based on the data input into CCA.
- L.A. Care is exploring mobile health technology to further target and reach members. These possible interventions include a Diabetes text-messaging program to send Diabetes education and medication adherence reminders to members who opt-in to the program.
- The Disease Management department along with Customer Solutions is looking into providing health messaging, including disease management information for members while they are on hold for a Customer Solutions representative.

**2017 WORK PLAN GOALS:**

Measure	2017 Goal MCLA (Hybrid)	2017 Goal LACC (Hybrid)	2017 Goal CMC (Hybrid)
A1c screening	86%	89%	91%
A1c good control (< 8%)	47%	53%	78%
A1c poor control (>9%)	52%	36%	76%
Retinal eye exam	53%	45%	73%
Medical Attention for Nephropathy	94%	91%	93%
Overall Member Satisfaction	90%	90%	90%

**A. 5.c REDUCING CARDIOVASCULAR RISK**

**BACKGROUND**

Reducing cardiovascular risk was selected as a Chronic Care Improvement Program (CCIP) and Disease Management program based on multiple factors. Heart disease is the leading cause of death in both men and women, (National Vital Statistics Reports, Deaths, 2008) for all racial/ethnic groups, and persons 45 years and older (Mortality in Los Angeles County, 2003). While heart disease can lead to death, disability, or a reduced quality of life, national clinical treatment guidelines, such as the National Cholesterol Education Program, provide guidance on how risk factors for heart disease can be managed and controlled with patient self-management, lifestyle changes and pharmaceutical treatment (Source: CDC Million Hearts®). The high adult prevalence estimates in Los Angeles County for heart disease and its risk factors (heart disease-5.6%, high cholesterol 24.2%, hypertension 24.8%, cigarette smoking 15.2%, being overweight 23.7%, being obese 36.7% sedentary lifestyle/no physical inactivity 27.1%) influenced L.A. Care’s decision to implement a cardiovascular risk reduction program (Source: California Health Interview Survey 2005-2011). Cardiovascular conditions are key diagnoses for L.A. Care. Essential hypertension is the most common reason for outpatient visits for CMC members and the second most common reason for outpatient visits for LACC members. *L.A. Cares About Your Heart®* disease management program identifies members with hypertension and hypercholesterolemia as well as members identified with other cardiovascular risk factors to be included in the program.

**2016 WORK PLAN GOALS:**

Measures	Specific Indicators	2016 Goals	Measure Type
Controlling High Blood Pressure (CBP, HEDIS )	Percent of adult members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled(<140/90) during the measurement year.	LACC: 62% CMC: 75%	Hybrid
Adult BMI Assessment (ABA, HEDIS)	Percent of adult members who had their body mass index (BMI) and weight documented during an outpatient visit either by a claim or as a medical record entry during the measurement year or year prior.	LACC: 76% CMC: 90%	Hybrid

Measures	Specific Indicators	2016 Goals	Measure Type
Annual Monitoring for Patients on Persistent Medications-ACEI/ARB (MPM-ACE)	Percent of adult Medicare Part D members who adhere to their prescribed drug therapy for angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) medications.	LACC: 82% CMC: 77%	Administrative
Overall Member Satisfaction	Percentage of members who are overall satisfied with the program (strongly agree or agree).	LACC: 90% CMC: 90%	DM Survey

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

## MAJOR ACCOMPLISHMENTS

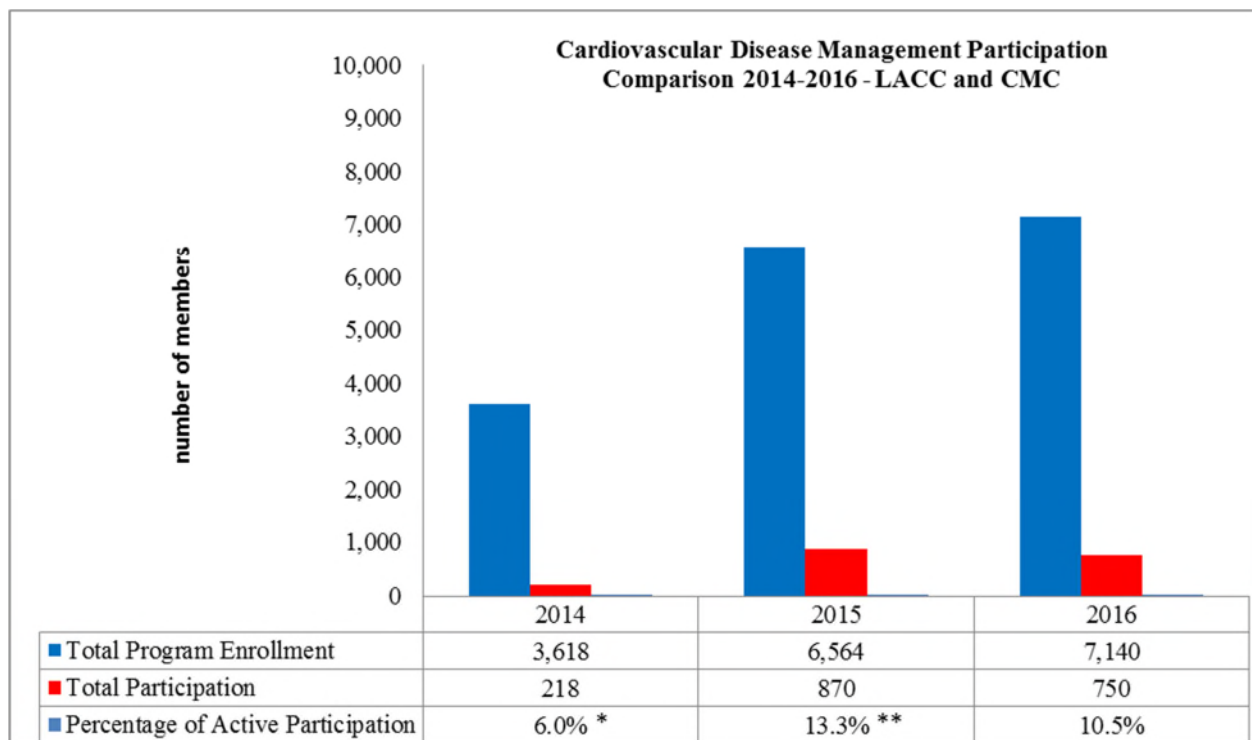
- L.A. Care's About Your Heart® grew from 6,564 members at the end of 2015 to 7,140 end of December 2016, an increase of 8.1%
  - There were 1,089 LACC members at the end of 2015, compared to 1,562 members at the end of 2016, an increase of 30.1%.
  - There were 5,475 CMC members at the end of 2015, compared to 5,578 members at the end of 2016, an increase of 1.8%
- L.A. Cares About Your Heart® began documenting all member interactions in L.A. Care's Core System Clinical Care Advance (CCA) in May, 2016. Nurses document members' assessments and problems, goals and interventions and all reporting is pulled from CCA.
- As part of the CCA transition all active DM members have care plans that include personalized goals and interventions based on clinical practice guidelines. For example, care plans include goals and interventions to improve medication compliance, and the use of internal and external resources.
- A new L.A. Cares About Your Heart® booklet was developed and was sent to all enrolled members as the annual mailing in July, 2016.
- L.A. Cares About Your Heart® is able to provide members with resource referrals to an L.A. Care in-house tobacco cessation program offered through the Health Education department.
- The L.A. Cares About Your Heart® nurses have all been trained in ongoing motivational interviewing to help improve communication with the diverse populations in which the program interacts.

- The Heart Health Disease Management staff increased interventions for Level 2 members, increasing bi-annual condition monitoring calls to at least monthly outreach.

### Participation Rate

In 2016, L.A. Care identified eligible members monthly and stratified them based on their risk level using an algorithm to identify hypertensive and hypercholesterolemic members as well as members with other cardiovascular risk factors, such as chronic kidney disease and obesity. The tables below show L.A. Care eligible LACC and CMC members over the age of 18 that have been identified with hypertension, hypercholesterolemia and other cardiovascular risk factors based on specific ICD 9/10 codes to meet eligibility criteria. Members are excluded if they are in the *L.A. Cares About Diabetes*® program, enrolled at Level 3 or Level 4 or identified with end stage renal disease or renal failure. *L.A. Cares About Your Heart*® utilizes an opt-out enrollment method, which means that eligible members are enrolled unless they actively opt out. Fourteen members opted out of the program in 2016. In order to reflect the percentage of members that are actively engaged in the program, the denominator represents the number of eligible members in all levels at the end 2016, and the numerator represents the number of eligible members in levels 1, 2, or 3 with at least one interactive contact. The monthly membership of level 1, level 2 and 3 members at the end of December 2016 was 7,140; of these eligible members, 750 actively participated in the CVD DM program through either condition monitoring or use of the Heart Health Resource Line, for a total participation rate of 10.5%.

The graphs and tables below show L.A. Care eligible CVD members for LACC and CMC lines of business.



\*The 2014 participation rate only reflected those members who were eligible for nurse outreach (level 2 and 3) and did not include the level 1 mail-only members.

\*\*The change in participation rate reflects NCQA requirements for including full program member eligible population in the denominator used in 2015 and 2016.

2016 Year-End Membership by Line of Business	
LACC	1,562
CMC	5,578
<b>Total</b>	<b>7,140</b>

## MEMBER SATISFACTION

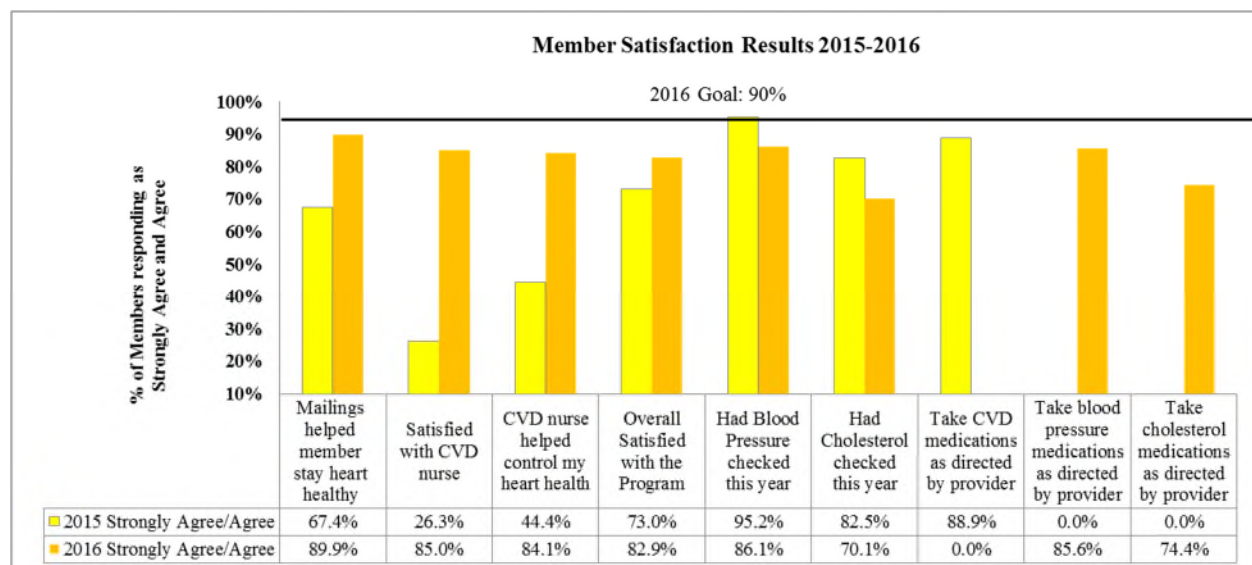
### METHODOLOGY

All LACC and CMC members eligible for the CVD Disease Management Program are offered the same services according to stratification levels and benefits through the *L.A. Cares About Your Heart®* program. Thus, the annual satisfaction survey is analyzed by program as opposed to by line of business. Participants in the CVD disease management program are assessed by 1) analysis of complaints and inquiries, and 2) a formal satisfaction survey. In July 2016, L.A. Care conducted a mail-in survey to all active members in the CVD disease management program. Members were to return by mail their completed surveys by September 30, 2016. For those members who did not return a completed survey, in October 2016, live agent calls were conducted by a vendor to complete the survey telephonically with those member who agreed. Only members identified as active in the CVD program from January 2015-February 2016 were surveyed. All Level 2 and 3 members were surveyed. A total of 1,312 surveys were mailed with 175 completed or returned, or a 13.3% response rate. This was a slight decrease from the 13.9% response rate for the 2015 satisfaction survey.

### RESULTS

On the 2016 survey, respondents were asked to rate their level of satisfaction with various aspects of the program, based on a Likert scale ranging from Strongly Agree to Strongly Disagree. Other survey questions included clinical information on member's diabetes treatment plan, compliance and barriers to compliance. Below details the trendable survey results and the 2016 baseline survey results.

### Quantitative Analysis



Additionally, the survey addressed members' experience and potential barriers in adhering to treatment plans. The following three questions were added in 2016:

- 1) If you have not had your blood pressure checked this year, what stopped you?
- 2) If you have not had your cholesterol checked this year, what stopped you?
- 3) If you did not take your blood pressure medications as directed by your provider, what stopped you?
- 4) If you did not take your cholesterol medications as directed by your provider, what stopped you?

The results are as follows:

<b>Blood Pressure Check Barriers</b> (member could select multiple options)	<b>Percentage</b>
Feel good and did not want to get my blood pressure checked	12.5%
Forgot to check my blood pressure	6.3%
Didn't know I needed to get my blood pressure checked	1.7%
Have scheduled an appointment	37.5%
Do not know who my provider is	25.0%
Didn't know where or how to get my blood pressure checked	6.3%

<b>Cholesterol Check Barriers</b> (member could select multiple options)	<b>Percentage</b>
Do not know who my provider is	0.0%
Feel good and did not want to get my cholesterol checked	0.0%
Could not get to an appointment (transportation or provider/lab's office hours)	0.0%
Did not know I needed to have my cholesterol checked	17.4%
Could not get an appointment	4.3%
Forgot to schedule or go to an appointment	17.4%
Have scheduled an appointment	43.5%

<b>Barriers to taking Blood Pressure Medication as Directed by Provider</b> (member could select multiple options)	<b>Percentage</b>
Cannot afford blood pressure medications	0.0%
Don't see the need for blood pressure medications	21.1%
Forget to bring the blood pressure medications when traveling or leaving home	5.3%
Problems with side effects	10.5%
Lack of knowledge about blood pressure medication use	5.3%
Feel better so stopped taking the blood pressure medications	5.3%
Did not fill prescriptions	0.0%
Forget to take them	21.1%

<b>Barriers to taking Cholesterol Medication as Directed by Provider</b> (member could select multiple options)	<b>Percentage</b>
Cannot afford cholesterol medications	0.0%
Don't see the need for cholesterol medications	33.3%
Forget to bring cholesterol medications when traveling or leaving home	0.0%
Problems with side effects	4.8%
Lack of knowledge about cholesterol medication use	4.8%
Feel better so stopped taking the cholesterol medications	4.8%
Did not fill prescriptions	0.0%
Forget to take them	14.3%



### ***Quantitative Analysis***

82.9% (145/175) of respondents were overall satisfied with the program, L.A. Care did not meet the 2016 goal of 90% overall member satisfaction. 89.9% (143/159) of respondents found the program's mailed educational materials helpful in managing their heart health, as compared to 67.4% in 2015. 85.0% (125/147) of respondents were satisfied with their CVD nurse, as compared to 26.3% in 2015. 84.1% (116/138) of respondents felt that the CVD nurse helped control their heart health, as compared to 44.4% in 2015. 86.1% (143/166) of respondents reported they checked their blood pressure this year, as compared to 95.2% in 2015. 70.1% (117/167) of respondents reported they checked their cholesterol this year, as compared to 82.5% in 2015.

Below details the baseline results for the new 2016 survey questions. In the 2016 survey we found that the most common barrier to checking blood pressure was the member did not know who their provider is with 25.0% (4/16) of survey respondents reporting that they didn't check their blood pressure because of not knowing their provider. However, only seven respondents reported not checking their blood pressure. In the 2016 survey we found that the most common barrier to checking cholesterol was forgetting to schedule or go to an appointment and did not know they needed to have their cholesterol checked at 17.4%. (4/23) In the 2016 survey we found that the most common barrier to taking blood pressure medications as directed by their provider was that the member did not see a need for blood pressure medications or forgot to take their medications at 21.1% (4/19). In the 2016 survey we found that the most common barrier to taking cholesterol medications as directed by their provider was that the member did not see a need for cholesterol medications with 33.3% (7/21) of survey respondents reporting that they don't refill because they do not see a need to take cholesterol medications. However, only seven respondents reported not taking cholesterol medications.

### ***Qualitative Analysis***

In reviewing the 2016 satisfaction survey results, the Disease Management department noted the following:

- The response rate was slightly lower than last year. This could be due to the 2016 survey not including a reminder postcard.
- Overall satisfaction in the program and with the member's CVD nurse increased significantly from 2015 to 2016. This could be due to the increased frequency in condition monitoring calls from the Disease Management nurses, increasing members' engagement and satisfaction with the program.
- There was a significant increase in members' satisfaction with how the materials helped the member stay heart healthy. This could be due to the new CVD L.A. Care branded booklet that was distributed to all members this year and emphasizes the importance of lifestyle changes, screenings and medications to stay heart healthy.
- While most of the respondents reported checking their blood pressure and cholesterol and taking their blood pressure and cholesterol medications, those that did not mainly reported not seeing a need or forgot to take their medications. This may be an opportunity to continue to educate members on the importance of screenings, medication adherence and how to communicate with the member's provider.

### ***Opportunities Identified From Survey***

Member education on basic heart health care and self-management remains a priority for 2017. In December, 2015 a new L.A. Care branded CVD booklet was developed and was sent to all enrolled members in spring 2016. In addition to educational materials developed with the Health Education/Cultural & Linguistics department, the department will work to develop a convenient and accessible mailer reminding members to get their CVD care exams/test and the importance of medication compliance.

## COMPLAINTS AND INQUIRIES

Member complaints and inquiries are evaluated to identify opportunities to improve satisfaction with the disease management process. Complaints related to the disease management program are identified through each incoming and outgoing call to the Disease management department. These complaints are tracked within the contract form template within CCA and dealt with immediately through a manager or if appropriate forwarded through L.A. Care’s grievance process. In addition, all inquiries and complaints made by CVD disease management program participants are aggregated annually and analyzed. Additionally, customer solutions staff keep a log of all member complaints and inquiries related to disease management. The log is searched monthly for key words related to CVD disease management.

In 2016, there were 1 complaints related to *L.A. Cares About Your Heart®* and 43 inquiries about the program compared to 9 in 2015. The difference in inquiries from 2015 to 2016, is due to the way the DM department identified and defines inquiries and complaints. This data is gathered from the Resource Line Log only. CCA reports not available in 2016.

CVD Call Analysis						
Complaints	2014		2015		2016	
Number of complaints received	0		0		1	
Inquiry Reason	Number of Calls	Percentage of all Calls	Number of Calls	Percentage of all Calls	Number of calls	% of all calls
Opt out/no cardiovascular disease	0	0%	25	26.6%	14	32.5%
Requested Cardiovascular Information	94	85.5%	9	9.6%	14	32.5%
Other	16	14.5%	60	63.8%	15	35%
<b>TOTAL</b>	<b>110</b>	<b>100%</b>	<b>94</b>	<b>100%</b>	<b>43</b>	<b>100%</b>

## OPPORTUNITIES

There may be opportunities for better data reporting regarding complaints and inquires. Reports within CCA are still being built. With only 1 complaint in 2016, the conclusion is that 1 complaint is not significant to require program changes.

### *Measuring Effectiveness:*

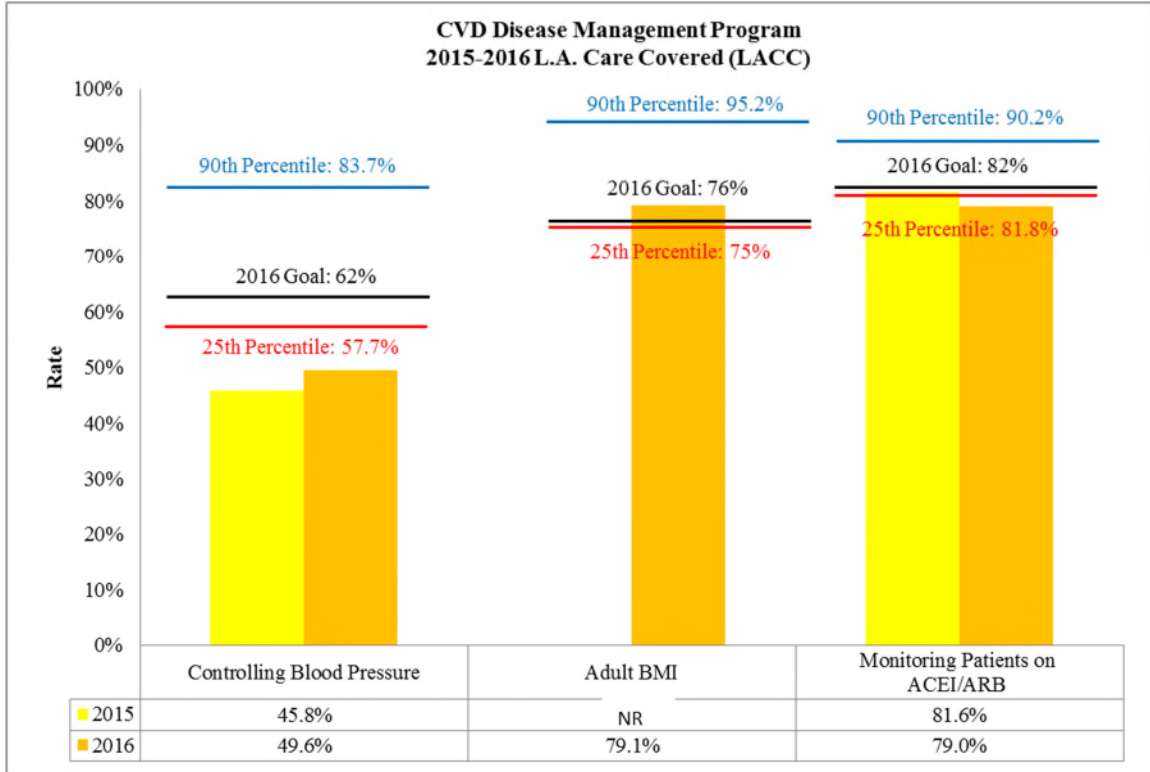
Measure	Methodology
Controlling High Blood Pressure (HEDIS)	Refer to 2016 HEDIS Technical Specification Vol.2
Adult BMI Assessment (ABA, HEDIS)	Refer to 2016 HEDIS Technical Specification Vol.2
Annual Monitoring for Patients on Persistent Medications-ACEI/ARB (MPM-ACE)	Refer to 2016 HEDIS Technical Specification Vol. 2
Overall Member Satisfaction	L.A. Care conducted a mail survey targeting all Level 2 and 3 members.

## RESULTS

Measures	2016 Administrative Results	2016 Hybrid Results
Controlling High Blood Pressure (CBP, HEDIS)	LACC: 38.7% CMC: 8.1%	LACC: 49.6% CMC: 56.2%
Adult BMI Assessment (ABA, HEDIS)	LACC: 25.8% CMC: 52.9%	LACC: 79.1% CMC: 87.1%
Annual Monitoring for Patients on Persistent Medications-ACEI/ARB (MPM-ACE)	LACC: 79.0% CMC: 85.0%	N/A (Administrative Measure)

### L.A. Care Covered (LACC):

#### *Quantitative Analysis*



NR – Not reported

25th and 90th Percentile Source: NCQA Quality Compass

**ANALYSIS OF 2016 RESULTS/FINDINGS:**

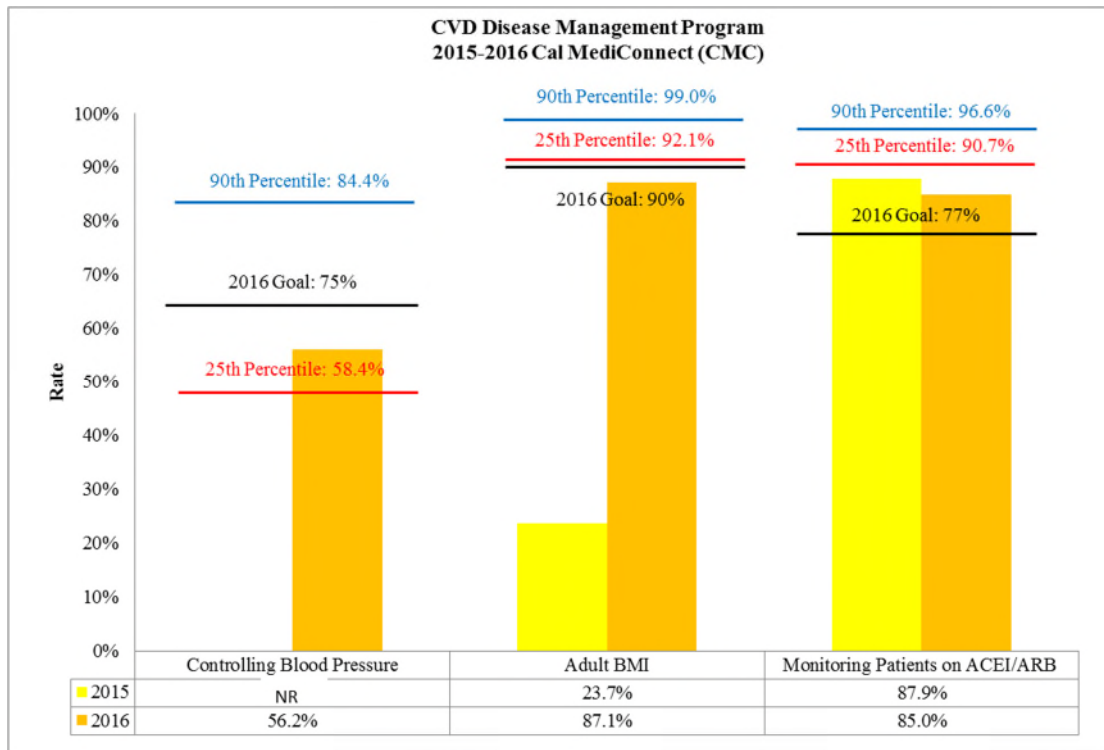
- Controlling high blood pressure of 49.6% is below the HEDIS measurement goal of 62%, and below the 25<sup>th</sup> percentile benchmark of 57.7% and below the 90<sup>th</sup> percentile benchmark of 83.7% and an increase of 3.8 percentage points from 2015’s rate of 45.8%.
- Adult BMI measurement of 79.1% is above the HEDIS measurement goal of 76%, and above the 25<sup>th</sup> percentile benchmark of 75.0% and below the 90<sup>th</sup> percentile benchmark of 95.2%. There was no reported rate for this measure in 2015.
- Annual monitoring for patients on persistent medications-ACEI/ARB of 79.0% is below the HEDIS measurement goal of 82%, and below the 25<sup>th</sup> percentile benchmark of 81.8% and below the 90<sup>th</sup> percentile benchmark of 90.2% and a decrease of 2.6 percentage points from 2015’s rate of 81.6%.

***Qualitative Analysis***

The controlling high blood pressure rate increased by nearly four percentage points from 2016 to 2015. This could be due to LACC members being more motivated to manage their heart health care as they pay into their healthcare costs and may have fewer comorbidities. Also, the Disease Management Department migrated to the Clinical Care Advance (CCA) platform, which is the main system for documentation. The Disease Management nurse documents and develops member specific care plans and develop goals to improve health outcomes met in CCA. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. Over the course of 2016, several barriers to achieving high performance were noted. As a result, the *L.A. Cares About Your Heart®* program took several actions to mitigate these barriers. The LACC 2016 results suggest opportunities for improvement for the CVD Disease Management program.

**Cal MediConnect (CMC)**

***Quantitative Analysis***



25<sup>th</sup> and 90<sup>th</sup> Percentile Source: NCQA Quality Compass

### **ANALYSIS OF 2016 RESULTS/FINDINGS:**

- Controlling high blood pressure hybrid rate of 56.2% is below the HEDIS measurement goal of 75% and below the 25<sup>th</sup> percentile benchmark of 58.4% and below the 90<sup>th</sup> percentile benchmark of 84.4%. The rate was not reported for 2015 so cannot be compared to 2016's rate.
- Adult BMI assessment hybrid rate of 87.1% is below the HEDIS measurement goal of 90%, and below the 25<sup>th</sup> percentile benchmark of 92.1% and below the 90<sup>th</sup> percentile benchmark of 99.0% and an increase of 63.4 percentage points from 2015's rate of 23.7%.
- Annual monitoring for patients on persistent medications-ACEI/ARB 85.0% is above the HEDIS measurement goal of 77%, and below the 25<sup>th</sup> percentile benchmark of 90.7% and below the 90<sup>th</sup> percentile benchmark of 96.6% and a decrease of 2.9 percentage points from 2015's rate of 87.9%.

### ***Qualitative Analysis***

Over the course of 2016, there was significant improvement in Adult BMI assessment, however several barriers to achieving high performance measures were noted. This could be due to the Disease Management Department migrated to the Clinical Care Advance (CCA) platform, which is the main system for documentation. The Disease Management nurse documents and develops member specific care plans and develop goals to improve health outcomes met in CCA. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. As a result, *L.A. Cares About Your Heart*® took several actions to mitigate these barriers. The CMC 2016 HEDIS rates results suggest opportunities for improvement for the cardiovascular disease management program.

Across both LACC and CMC lines of business, some barriers to achieving high performance measures were identified and are discussed below:

- Low practitioner adherence to clinical practice guidelines.
- Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members.
- CVD medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care.
- Needing to use translation services, especially with CMC members, due to the diversity of cultures within L.A. Care's member population.
- Barriers to care (i.e. financial, transportation and access to care).
- Low-severity members who do not comply with CVD medication and have opted out of the program can affect compliance rates as they are still counted in the denominator.
- Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member's motivation and self-efficacy to change behavior.
- Lack of basic knowledge of the impact of the risk of heart disease.
- The *L.A. Cares About Your Heart*® program provides content for the LACC member web portal with heart healthy information.

### ***Other Considerations: Cultural, Linguistic, and Seniors and People with Disabilities (SPD)***

Materials are culturally and linguistically appropriate, and continue to be mailed in English and Spanish. For CMC members, the mailings include an attachment to the cover letter indicating that the information is available in different languages or TTY as requested.

However, L.A. Care Health Plan's inability to reach members who require more education and monitoring, by phone or by mail due to incorrect addresses or no address (transient and homeless populations) contributes to the member barriers. With the higher severity level members the Disease Management RNs make two call attempts to reach the member, but often these phone numbers are invalid and members are lowered to a mail only intervention. Thus the members are not receiving the full benefits of the program.

## OPPORTUNITIES

There remain opportunities to improve CVD treatment and care management. The Disease Management department is developing and continuing existing interventions to help improve CVD treatment and care compliance.

## INTERVENTIONS

- L.A. Care's Disease Management department provides multiple educational materials regarding knowing their blood pressure and cholesterol numbers, healthy heart lifestyles and behaviors, flu shots, and annual preventative guidelines including mailings and a booklet that addresses CVD risk factors, medications and reminders and education to Level 2 and 3 members discussed during monitoring calls.
- *L.A. Cares About Your Heart*® continued telephonic nurse outreach condition monitoring to members to conduct a CVD assessment, inquire about member health status and questions as well as provide education and resources to members.
- Medication adherence was addressed through the Medication Therapy Management Program (MTMP) and for CMC members through the high-touch STARS adherence program in which members with poor medication adherence to ACEI/ARBs and statins are contacted to address barriers (access to providers, etc.)
- Continue notifying practitioners by mail and how to access on the LA Care website the clinical practice guidelines for the management and treatment of cardiovascular risks.
- Continue the "Provider Opportunity Report." L.A. Care quarterly sends this report to PCPs. The report contains their specific members' detail of needed screenings or services (e.g. cholesterol screening, flu and pneumonia vaccine).

## LOOKING FORWARD

- *L.A. Cares About Your Heart*® will continue to review the member identification and stratification process to incorporate members at risk in addition to members identified through cardiovascular related ICD-10 claims and laboratory results. MCLA line of business will be included in the identification and stratification criteria. As all members are now documented and tracked within CCA, the Disease Management leadership team will fine-tune the processes and continue developing and testing outcome reports based on the data input into CCA.
- In 2016, *L.A. Cares About Your Heart*® membership is expected to substantially grow with the planned inclusion of MCLA line of business in CCA and in the *L.A. Cares About Your Heart*® program identification, stratification and interventions.
- L.A. Care is exploring mobile health technology to further target and reach members. These possible interventions include a Heart Health text-messaging program to send Heart Health education and medication adherence reminders to members who are enrolled in the program.
- The CVD Disease Management program will work collaboratively with the Health Disparities workgroup in developing interventions to address health disparities in the CVD population in L.A. Care.
- The Disease Management leadership, working in collaboration with IS, will evaluate the algorithm for identification and stratification of CVD members to reduce false positive identification.
- As all members are now documented and tracked within CCA, the Disease Management leadership team will fine-tune the processes and continue developing and testing outcome reports based on the data input into CCA.
- The Disease Management department along with Customer Solutions is looking into providing health messaging, including disease management information for members while they are on hold for a Customer Solutions representative.

## 2017 WORK PLAN GOALS:

Measures	2017 CMC Goal	2017 LACC Goal
Controlling High Blood Pressure (CBP, HEDIS)	64%	58%
Adult BMI Assessment (ABA, HEDIS)	87%	89%
Medication Adherence for Hypertension (ACEI, ARB, STARS)	79%	82%
Overall Member Satisfaction	90%	90%

### A.5.d ANNUAL MONITORING OF PATIENTS ON PERSISTENT MEDICATIONS (MPM)

#### BACKGROUND

Adverse drug events contribute to patient injury and increased health care costs. For patients on persistent medications, appropriate monitoring can reduce the occurrence of preventable adverse drug events.<sup>9</sup> Annual monitoring of these medications allows the providers to assess for side-effects and address any adverse events. The costs of annual monitoring are offset by the reduction in health care costs associated with complications arising from lack of monitoring and follow-up of patients on long-term medications.<sup>10</sup>

## 2016 WORK PLAN GOALS:

HEDIS Measure	2016 Medi-Cal Goal	2016 Cal MediConnect Goal*	2016 L.A. Care Covered Goal
Annual Monitoring of Patients on Persistent Medication- ACE Inhibitors (ACE)/ARBs	88%	baseline	82%
Annual Monitoring of Patients on Persistent Medication- Digoxin	49%	baseline	41%
Annual Monitoring of Patients on Persistent Medication- Diuretics	87%	baseline	81%

\*For Cal MediConnect, 2016 is a baseline year.

#### MAJOR ACCOMPLISHMENTS

- L.A. Care mailed a postcard to 15,589 Medi-Cal, 41 Cal MediConnect, and 384 L.A. Care Covered members informing them of the importance of having an annual monitoring event while on these medications.

<sup>9</sup> NCQA. Annual Monitoring of patients on persistent medication.2016. <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/persistent-medications>. Accessed on January 8, 2017.

<sup>10</sup> National Quality Measures Clearing House. AHRQ. 2015. Measure Summary. <https://www.qualitymeasures.ahrq.gov/summaries/summary/49741>. Accessed on January 8, 2017.

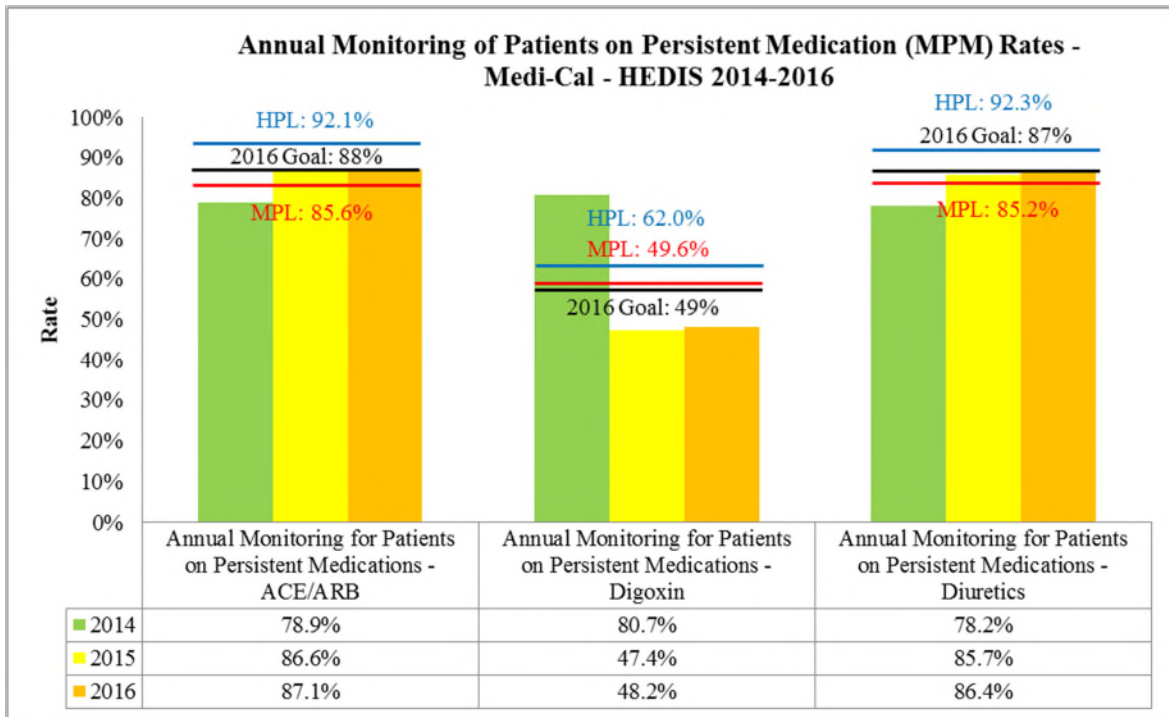
**ANNUAL MONITORING OF PATIENTS ON PERSISTENT MEDICATION (MPM)**

*Description of measures:*

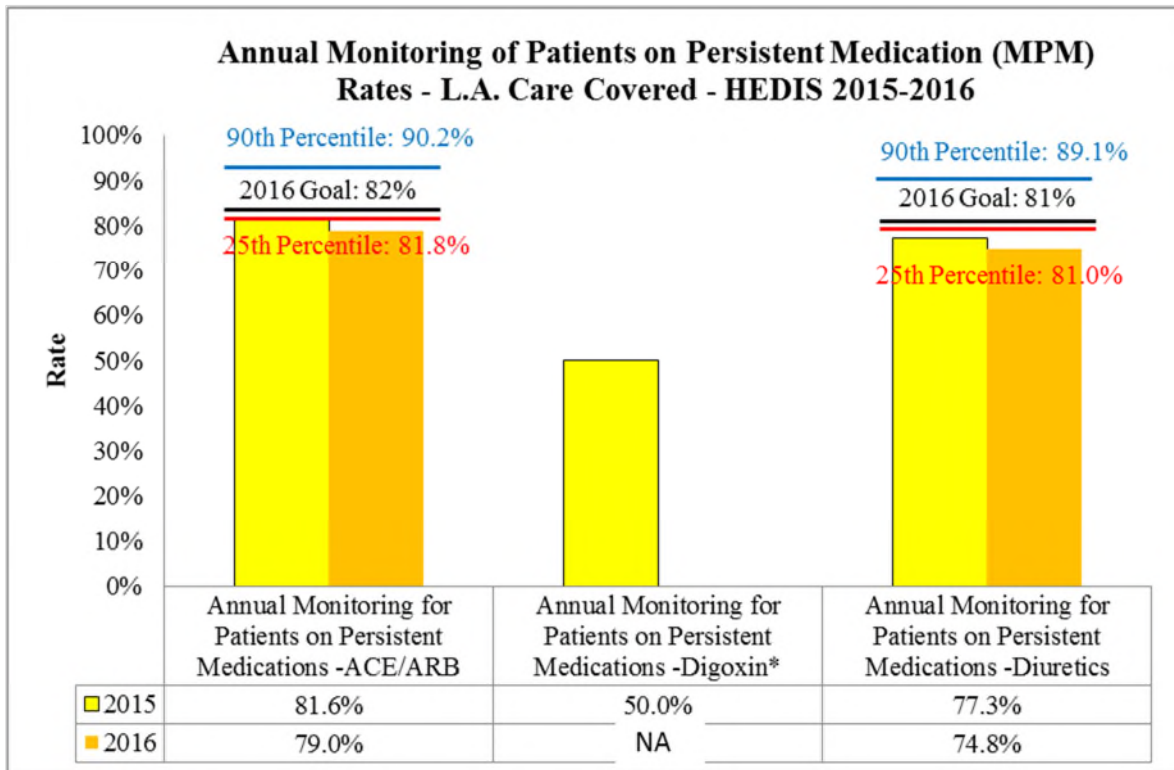
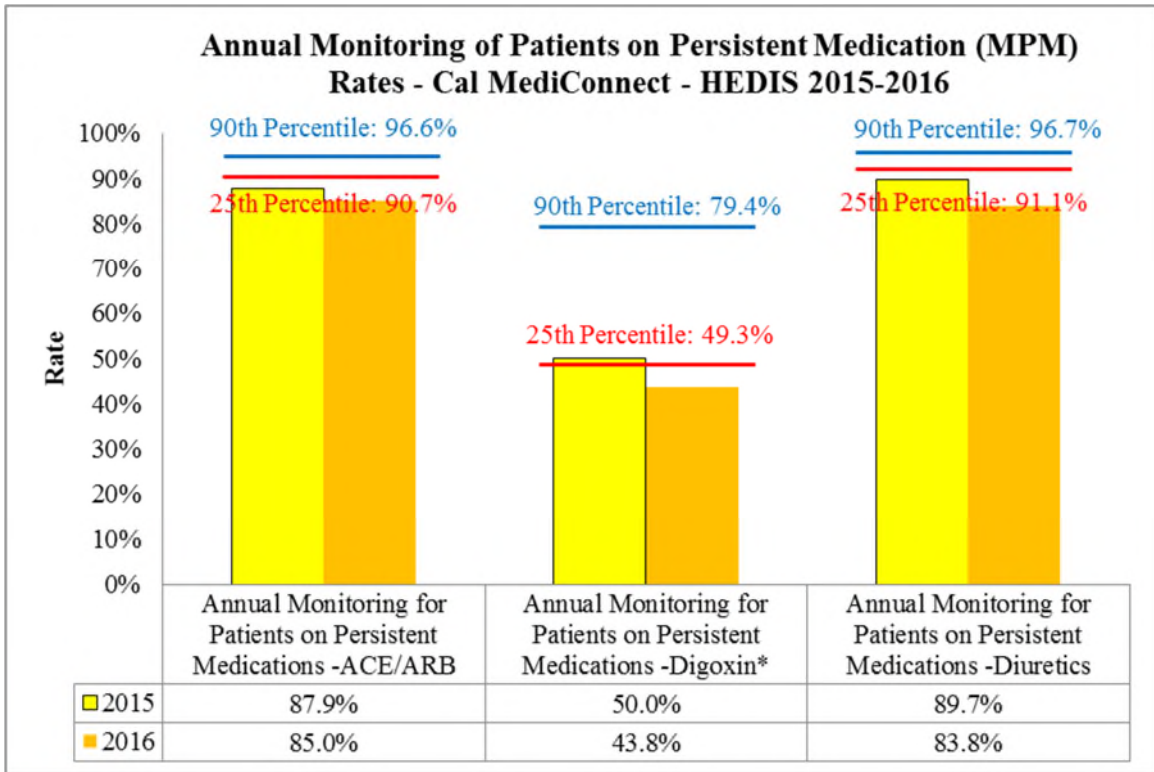
HEDIS Measure	Specific Indicator(s)	Measure Type
Annual Monitoring of Patients on Persistent Medication- ACE Inhibitors/ARBs	The percentage of members 18 years and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year, and received at least one therapeutic monitoring event for the therapeutic agent in the measurement year.  A therapeutic monitoring event is a serum potassium and a serum creatinine test. Members on digoxin need an additional digoxin test.	Admin
Annual Monitoring of Patients on Persistent Medication- Digoxin		Admin
Annual Monitoring of Patients on Persistent Medication- Diuretics		Admin

**RESULTS**

The following graph compares L.A. Care in 2014, 2015, and 2016:







\*The denominator was below 30 members.

## ANALYSIS

### *Medi-Cal*

#### *Quantitative Analysis*

The rates for ACE/ARBs, digoxin, and diuretics showed modest improvements but did not meet the goals for 2016. The ACE/ARBs rate was 87.1% and was above the minimum performance level (MPL) but did not meet the goal of 88%. The digoxin rate came in just below the goal and minimum performance level at 48.2%. The diuretics rate was 86.4% and increased by 1.3% over the prior year but it also did not meet the goal of 87%. The diuretic rate met the minimum performance level.

#### *Disparity Analysis*

L.A. Care also conducted an analysis based on Plan Partner, age, gender, ethnicity, region, and language to examine whether disparities exist in receiving these tests. The HEDIS 2016 results indicate that there is a much lower rate among younger members, with those 18-25yrs of age having completed their labs at a rate of 72.4% for ACE/ARBs 70.5% for Diuretics. For digoxin, those 26-35yrs of age had the lowest rate at 34.5%.

### *CMC*

#### *Quantitative Analysis*

The rates for 2016 are CMC baseline rates since it is the first full year of membership since L.A. Care transitioned to Cal MediConnect (CMC) mid-2014. L.A. Care's CMC 2016 rate for MPM ACE/ARBS was 85%, and 83.8% for diuretics. The digoxin rate was 43.8%. The rates did not meet the minimum performance level.

### *LACC*

#### *Quantitative Analysis*

The rates for 2016 were lower than the prior year. The ACE/ARB rates were 79% and 2.4% lower than the prior year. The diuretics rate was 74.8%. The digoxin rate was not reported since the denominator fell below 30 members. Both the ACE/ARB and diuretic rates were below the NCQA commercial plans MPL and did not meet the goals.

#### *Qualitative Analysis*

Medi-Cal rates from HEDIS 2015 to HEDIS 2016, had modest improvements from the prior year. The Medi-Cal ACE/ARBs and digoxin rate improved less than 1%. The diuretic rate improved by 1.3%. In 2015, L.A. Care completed a Plan- Do-Study-Act rapid cycle improvement project to raise the rate for diuretics. This led to efforts targeting high volume medical offices that had a high number of members on diuretics and missing the appropriate labs. In total, 1,151 patients registered to 48 PCPs (25 clinics) were identified as requiring outreach and needing an appointment scheduled for the test. L.A. Care contacted the clinics and provided the list of members needing the tests. Following this intervention we subsequently observed 86% (37/43) of PCPs increased their diuretic monitoring performance rate by at least 10% following the intervention and led to 553 patients receiving a test by December, 30, 2015. These 553 members represent 1.6% of the numerator for this measure which is very close to the rate of improvement over the prior year. This intervention was successful in not only improving the rate of the clinics but may have also had a direct impact on the rate for this measure.

CMC rates for 2016 represent baseline rates due to the product line transition that occurred in 2014 (HEDIS 2015). These rates are below the 25<sup>th</sup> percentile for traditional Medicare plans Medi-Cal plans. This could be simply due to the fact that this is a new product line and there may be gaps in data or it may be that this population is less engaged in their care.

Likewise, this year also represents the MPM baseline rates for LACC. The rates for this group are lower than all three product lines and are below the 25<sup>th</sup> percentile for commercial rates. This may be due to an overall trend to underutilize services that has been noted in other measures for this population. Future interventions for all LACC should focus on getting the member to the provider.

In 2016, L.A. Care continued to send a reminder mailer to all non-compliant members and included MPM as a measure in the live agent calls that were made to 1,582 members that were either in disease management or case management in the October of 2016. In addition, MPM was included in the Provider Opportunity Reports (gap in care reports) for all three product lines. This year was the first year that CMC and LACC providers received the provider opportunity reports. The outcome of the 2016 interventions will be measured in 2017.

### INTERVENTIONS

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Annual Monitoring Of Patients On Persistent Medication (MPM)	<ul style="list-style-type: none"> <li>• Providers may be unfamiliar with members medication history</li> <li>• Providers do not know the member is part of their panel</li> <li>• Providers are unaware of need for lab tests.</li> <li>• Members may not know that these drugs need annual monitoring</li> <li>• Incomplete capture of lab data may be contributing to lower rates</li> </ul>	<ul style="list-style-type: none"> <li>• Provider Opportunity Reports included the MPM measures and were distributed to all PCPs including CMC and LACC PCPs.</li> <li>• In 2016, the LA P4P and the P4P program continued to include MPM total rate in their incentive program.</li> <li>• In October, members were sent a mailer explaining the need for lab tests and to contact their doctor to schedule a test(s).</li> <li>• Webinars with PPGs addressed low performance and data management.</li> </ul>	<ul style="list-style-type: none"> <li>• See results above for more information.</li> </ul>

### LOOKING FORWARD

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

- L.A. Care plans to send member MPM reminders on a semi-annual basis starting in Q1.
- L.A. Care will continue working with high volume low performing providers to improve compliance rates.

**2017 WORK PLAN GOALS:**

<b>HEDIS Measure</b>	<b>2017 Medi-Cal Goal</b>	<b>2017 Cal MediConnect Goal</b>	<b>2017 L.A. Care Covered Goal</b>
Annual Monitoring Of Patients On Persistent Medication (MPM)- ACE Inhibitors/ARBs	87%	91%	82%
Annual Monitoring Of Patients On Persistent Medication (MPM)- Digoxin	50%	49%	82%
Annual Monitoring Of Patients On Persistent Medication (MPM)-Diuretics	88%	91%	81%

## **A.6 CLINICAL PRACTICE GUIDELINES**

### **2016 WORK PLAN GOAL:**

- Measure clinical practice guidelines for at least two medical conditions and at least two behavioral conditions with at least one behavioral guideline focused on improving health for children and adolescents.

### **BACKGROUND**

As part of the Quality Improvement Program, L.A. Care Health Plan (L.A. Care) systematically reviews and adopts evidence-based clinical practice and preventive health guidelines promulgated from peer reviewed sources for diseases and health conditions identified as most salient to its membership for the provision of preventive, acute or chronic medical and behavioral health services known to be effective in improving health outcomes. L.A. Care monitors network compliance with specific clinical and preventive health guidelines through measures including: Healthcare Effectiveness Data Information Set (HEDIS®); Consumer Assessment of Healthcare Providers and Systems (CAHPS®); and other measures as appropriate. Performance is compared to goals and/or benchmarks which can be from the National Committee for Quality Assurance (NCQA) Quality Compass, Centers for Medicare and Medicaid Services (CMS) Star rating technical specification, or the Medicare National HMO Averages from The State of Health Care Quality.

L.A. Care receives regular clinical practice and preventive health guideline updates sponsored by government and non-government organizations including, but not limited to, the Agency for Healthcare Research and Quality, which are published by the National Guidelines Clearinghouse and the U.S. Preventive Services Task Force. New and revised clinical practice and preventive health guidelines are presented annually, and/or as necessary, to L.A. Care's Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC) for review and adoption in an effort to help improve the delivery of primary and preventative health care services to our members and reduce unnecessary variation in care. L.A. Care's provider newsletter is used to inform physician partners of where they can locate the latest clinical practice and preventative health guidelines adopted by L.A. Care; these guidelines are disseminated via L.A. Care's website. At least two of the non-preventative guidelines provide the clinical basis for L.A. Care's chronic care improvement and disease management programs for diabetes, cardiovascular risk, and asthma. L.A. Care annually measures performance of at least two important aspects for each of its clinical and preventive health guidelines. The guidelines may be used for quality-of-care reviews, member and provider education and/or incentive programs, and to assure appropriate benefit coverage.

For all lines of business, L.A. Care delegates behavioral health services to a National Committee for Quality Assurance (NCQA) Accredited Managed Behavioral Health Organization (MBHO). For L.A. Care members, the MBHO collaborates with L.A. Care on the approval and monitoring of the selected Clinical Practice Guidelines for behavioral health with input and approval at the Behavioral Health Quality Improvement Committee quarterly meetings. For the L.A. Care Covered beneficiaries the MBHO it is responsible for all levels of behavioral health care, as well and both in-patient and outpatient services. For Medi-Cal and Cal MediConnect members the MBHO is responsible for the delivery of behavioral health services to members with mild to moderate levels of behavioral health conditions. L.A. Care collaborates with the primary care physician network to assist in training and equipping PCP's to treat behavioral health conditions with mild to moderate levels of functional impairment appropriate for the primary care setting. The L.A. County Department of Mental Health (LACDMH) is responsible for providing services to Medi-Cal and Cal MediConnect members with severe and persistent mental illness and moderate to severe levels of functional impairment. This includes the inpatient benefit for Medi-Cal members, but excludes it from Cal MediConnect. L.A. Care has developed a direct network for autism network and manages these

members internally. A transgender services program was developed at L.A. Care when that benefit was added to Medi-Cal, however this benefit is available to all LOBs. Substance Use Disorder (SUD) services are carved out to the Los Angeles County Department of Public Health for both the Medi-Cal and Cal MediConnect lines of business, while the MBHO manages the LACC services. For its overall insured population, L.A. Care shall adopt at least two behavioral health guidelines, one of which addresses children and adolescents. L.A. Care selected Adult Depression and Attention Deficit Hyperactivity Disorder (ADHD) in children.

## CLINICAL PRACTICE AND PREVENTATIVE HEALTH GUIDELINES

L.A. Care takes seriously its responsibility to adopt and disseminate clinical practice guidelines relevant to our members for the provision of preventive, acute, and chronic medical services and behavioral healthcare services. The following guidelines are a select set that we monitor against performance data. The complete list of clinical guidelines are available on [lacare.org](http://lacare.org). In addition to the following: In 2016, L.A. Care’s quarterly newsletter for physician partners entitled ‘Progress Notes’ was used to inform practitioners of where they can locate the latest clinical practice and preventative health guidelines adopted by L.A. Care; these guidelines include those listed below and are disseminated via L.A. Care’s website.

### Clinical Practice Guidelines

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Diabetes	American Diabetes Association 2016 Standards of Medical Care in Diabetes. <a href="http://care.diabetesjournals.org">http://care.diabetesjournals.org</a>	02/03/16 10/06/15 09/02/14
	Comprehensive Diabetes Management Algorithm 2016. American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) (2016).	6/28/16
Cardio-vascular Risk	2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. American Heart Association – <a href="http://content.onlinejacc.org/article.aspx?articleid=1879710">http://content.onlinejacc.org/article.aspx?articleid=1879710</a>	02/03/16 10/06/15 09/02/14
	2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A Report of the ACC/AHA Task Force on Practice Guidelines. ACC/AHA (2013).	6/28/16
	2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the 8 <sup>th</sup> Joint National Committee <a href="http://jama.jamanetwork.com/article.aspx?articleid=179149720">http://jama.jamanetwork.com/article.aspx?articleid=179149720</a>	02/03/16 10/06/15 09/02/14
Asthma	Guidelines for the Diagnosis and Management of Asthma (EPR-3). National Heart Lung and Blood Institute National Heart, Lung, and Blood Institute. <a href="http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/full-report">http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/full-report</a>	02/03/16 10/06/15 09/02/14

Behavioral Health	Clinical Practice Guideline	PICC/PQC Review Date
Depression	Practice Guideline for the Treatment of Patients with Major Depressive Disorder. Third Edition. Gelenberg, A. J., Freeman, M. P., Markowitz, J. C., Rosenbaum, J. F., Thase, M. E., Trivedi, M. H., & Silbersweig, D. A. (2010). The American Journal of Psychiatry, 167(10), 1. <a href="http://psychiatryonline.org/guidelines">http://psychiatryonline.org/guidelines</a>	10/06/15 09/02/14 04/04/14
Attention Deficit Hyperactivity Disorder	ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention Deficit Hyperactivity Disorder in Children and Adolescents. Subcommittee on Attention-Deficit. Pediatrics, 2011. <a href="http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-26544">http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-26544</a>	10/06/15 09/02/14 04/04/14
Opioid Addiction	The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. American Society of Addiction Medicine (2015).	6/28/16

### Preventative Health Guidelines

Preventive Screenings	Guidelines	PICC/PQC Review Date
<b>Obesity in Children</b>  HEDIS Measure: Weight Assessment for Children and Adolescents (WCC-BMI). Ages 3-17 yrs.	U. S. Preventive Task Force <a href="http://uspreventiveservicestaskforce.org">uspreventiveservicestaskforce.org</a>  Child & Adolescent Obesity Provider Toolkit, CMAF, 2011-2012 <a href="http://www.lacare.org/sites/default/files/child-adolescent-obesity-toolkit.pdf">http://www.lacare.org/sites/default/files/child-adolescent-obesity-toolkit.pdf</a>	06/28/16 10/06/15 09/02/14
<b>Obesity in Adults</b>  HEDIS Measure: Adult BMI Assessment (ABA). Ages 18-74 yrs.	U. S. Preventive Task Force <a href="http://uspreventiveservicestaskforce.org">uspreventiveservicestaskforce.org</a>  Adult Obesity Provider Toolkit, CMAF 2008 <a href="http://www.lacare.org/sites/default/files/obesity-toolkit-for-adult.pdf">http://www.lacare.org/sites/default/files/obesity-toolkit-for-adult.pdf</a>	06/28/16 10/06/15 09/02/14
<b>Colorectal Cancer Screening</b>  HEDIS Measure: Colorectal Cancer Screening (COL). Ages 50-75 yrs.	U. S. Preventive Task Force <a href="http://uspreventiveservicestaskforce.org">uspreventiveservicestaskforce.org</a>	06/28/16 10/06/15 09/02/14

Preventive Screenings	Guidelines	PICC/PQC Review Date
<b>Immunizations</b>		
<b>Childhood Immunization Status</b> HEDIS Measure: Childhood Immunization Status Combination 3 (CIS-3). Ages Birth - 2 yrs.	CDC Immunization Schedules <a href="http://cdc.gov/vaccines/">cdc.gov/vaccines/</a>	03/22/16 10/06/15 09/02/14
<b>Influenza Vaccinations</b> CAHPS Measure: Flu Vaccinations for adults (FVA) and older adults (FVO). Ages 18 - 64 yrs, and ≥65 yrs.	CDC Immunization Schedules <a href="http://cdc.gov/vaccines/">cdc.gov/vaccines/</a>	03/22/16 10/06/15 09/02/14

### I. DIABETES GUIDELINES RECOMMEND QUARTERLY HBA1C TESTING AND ANNUAL TESTING FOR DIABETIC RETINOPATHY AND NEPHROPATHY

NB: A full report on Diabetes Management can be found in Section A.5.b.

The American Diabetes Association’s ‘Standards of Medical Care in Diabetes – 2016’ state that glucose monitoring and glycemic control have been shown to significantly reduce microvascular and neuropathic complications associated with diabetes. Furthermore, the guidelines state annual retinal screening is crucial to identifying levels of retinopathy in order to delay and/or prevent retinopathy progression and that medical attention for nephropathy, at least once a year, is essential in detecting the disease and delaying progression. To measure performance associated with these guidelines, L.A. Care Health Plan uses the following NCQA HEDIS indicators: HbA1c testing, control <8%, and poor control >9%; and diabetic retinal eye exams and nephropathy testing.

#### Clinical Practice Guidelines for Diabetes Care:

L.A. Care is actively involved in several initiatives to help practitioners achieve high standards of diabetes care as described in the American Diabetes Association’s (ADA) 2016 guidelines and the NCQA HEDIS performance indicators for comprehensive diabetes care. L.A. Care’s Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC) meet on a quarterly basis and systematically reviews and adopts evidence based clinical practice and preventative health guidelines promulgated from peer reviewed sources for diseases and health conditions identified as most salient to its membership for the provision of preventative, acute and chronic conditions like diabetes. On February 3, 2016, the committee reviewed and adopted the ADA ‘Standards of Medical Care in Diabetes – 2016’. These guidelines were discussed at the Joint PICC/PQC meeting and changes were identified and highlighted for consideration. These changes include, but are not limited to:

Classification and Diagnosis of Diabetes - The order and discussion of diagnostic tests (fasting plasma glucose, 2-h plasma glucose after a 75-g oral glucose tolerance test, and A1C criteria) were revised to make it clear that no one test is preferred over another diagnosis. Testing is also recommended for asymptomatic adults of any age who are overweight or obese and who have one or more additional risk factors for diabetes.

Treatment of Diabetes: New AACE/ACE guidelines were adopted. These guidelines advocated more aggressive initial control of Type 2 diabetes based on initial A1C. The guidelines were updated and the committee discussed the revisions.



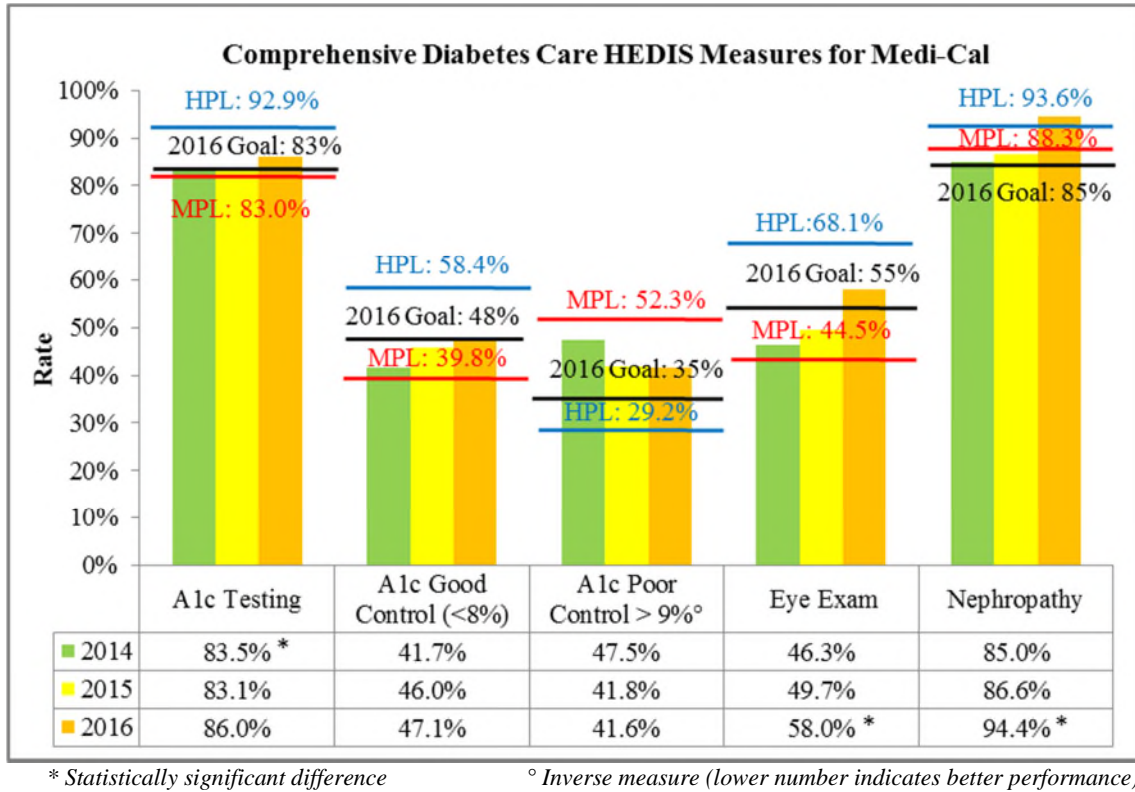
**Cardiovascular Disease and Risk Management** - To reflect new evidence on Atherosclerotic cardiovascular disease (ASCVD) risk among women, the recommendation to consider aspirin therapy in women aged >60 years has been changed to include women aged  $\geq 50$  years. A recommendation was also added to address antiplatelet use in patients aged <50 years with multiple risk factors.

**Children and Adolescents** - The recommendation to obtain a fasting lipid profile in children starting at age 2 years, has been changed to age 10 years, based on a scientific statement on type 1 diabetes and cardiovascular disease from the American Heart Association and the ADA.

In June 2016, the PICC/PQC Committee added the AACE/ACE Consensus Statement on the Comprehensive Type 2 Diabetes Algorithm. The committee felt that some practitioners would prefer this format and compared to the ADA Standards of Medical Care in Diabetes 2016, the treatment algorithm was more specific and more aggressive for initial therapies based on A1C levels.

## RESULTS

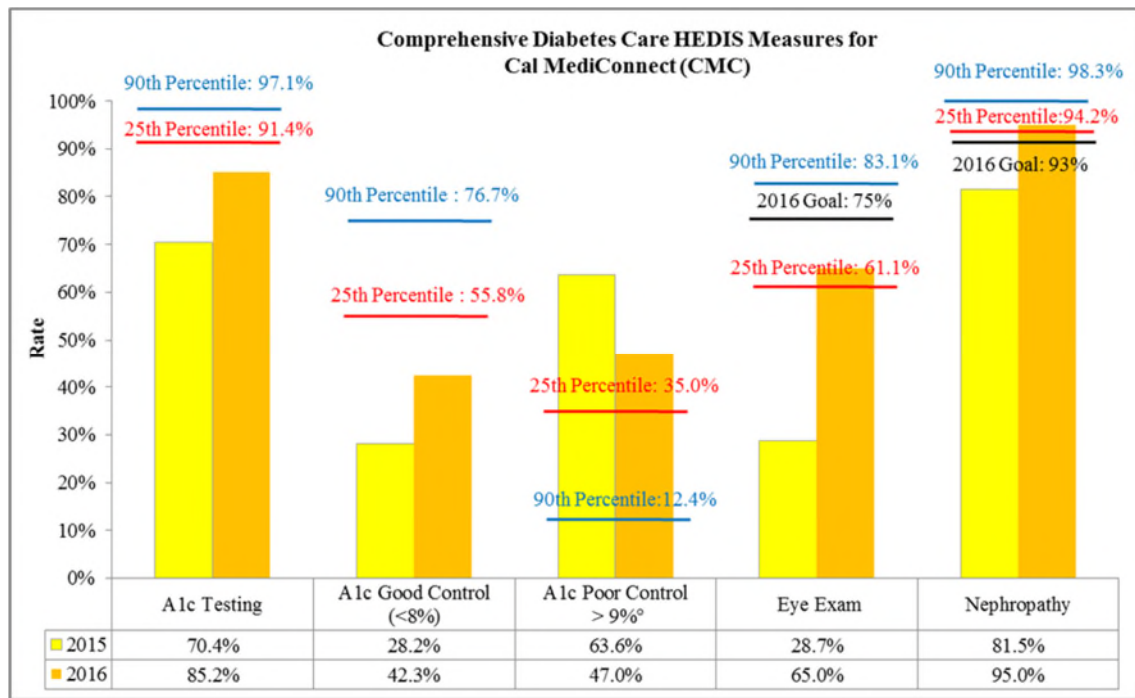
Comprehensive Diabetes Care HEDIS 2016 Rates (Hybrid) for Medi Cal			
Measure	2014	2015	2016
HbA1c Testing (annual)	83.5%*	83.1%	86.0%
HbA1c Control (<8%)	41.7%	46.0%	47.1%
HbA1c Poor Control (>9%)	47.5%*	41.8%*	41.6%*
Retinal Eye Exam (annual)	46.3%	49.7%	58.0%*
Nephropathy	85.0%	86.6%	94.4%
Rates above show performance for measures using hybrid data from claims, encounters and medical records.			
*Statistically significant difference		° Inverse measure (lower number indicates better performance)	



<b>Comprehensive Diabetes Care HEDIS 2016 Rates (Admin) for Cal MediConnect</b>			
Measure	2014	2015	2016
HbA1c Testing (annual)	N/A	70.4%	85.2%
HbA1c Control (<8%)	N/A	28.2%	42.3%
HbA1c Poor Control (>9%)	N/A	63.6% <sup>o</sup>	47.0%
Retinal Eye Exam (annual)	N/A	28.7%	65.0%
Nephropathy	N/A	81.5%	95.0%

Rates above show performance for measures using administrative data from claims and encounters. Since L.A. Care transitioned to Cal MediConnect (CMC) in mid-2014, the 2015 rates above do not represent annual performance over a 12 month period and were not reported.

<sup>o</sup> Inverse measure (lower number indicates better performance)

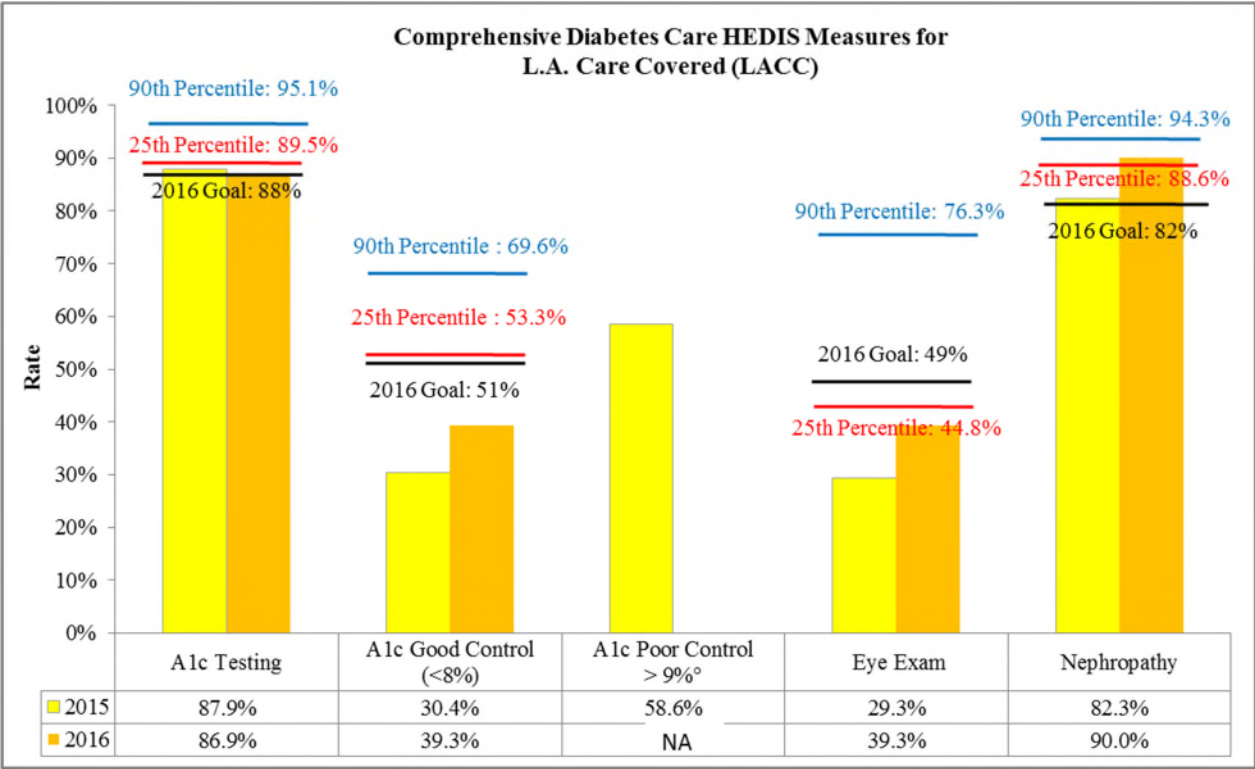


<sup>o</sup> Inverse measure (lower number indicates better performance)

Comprehensive Diabetes Care HEDIS 2016 Rates (Hybrid) for L.A. Care Covered			
Measure	2014	2015*	2016
HbA1c Testing (annual)	N/A	87.9%	86.9%
HbA1c Control (<8%)	N/A	30.4%	39.3%
HbA1c Poor Control (>9%)	N/A	58.6%*	N/A
Retinal Eye Exam (annual)	N/A	29.3%	39.3%
Nephropathy	N/A	82.3%	90.0%

\*In 2015, LACC was a pilot. N/A: No LACC data for 2014, as program launch was 2015  
Rates above show performance for measures using hybrid data from claims, encounters and medical records.

° Inverse measure (lower number indicates better performance)



**Quantitative Analysis**

A full report on Diabetes Management can be found in Section A.5.b

**Medi-Cal:** For HEDIS 2016, performance rates for HbA1c Control <8%, Eye Exams, HbA1c, and Nephropathy Tests improved compared with rates reported in HEDIS 2015. HbA1c control <8% increased by 1.1% to 47.1%; eye exams increased by 8.3% to 58.0%; HbA1c testing increased by 2.9% to 86.0% and nephropathy tests increased by 7.8% to 94.4%. Two measures met the 2016 work plan goals, HbA1c Testing with a goal set at 83% and Nephropathy Testing with goal set at 85%. For HEDIS 2016, performance rates for HbA1c poor control >9% decreased by 0.2% to 41.6%; however, the decrease is not considered statistically significant. The HbA1c poor control >9% did not meet the 2016 work plan goal of 35% but met the the NCQA 50<sup>th</sup> percentile of 43.8%. Statistical significance was determined for Eye Exams (p=0.0110) and an extremely statistically significant increase for Nephropathy Testing (p=0.0001.) Statistical significance was not determined for any of the other aforementioned 2016 rates compared with rates reported in 2015.

**Cal MediConnect:** For HEDIS 2016, performance rates for all five measures improved compared to HEDIS 2015 rates. HbA1c Testing rose 14.8 % points to 85.2% but did not meet the 25<sup>th</sup> percentile. The rate for HbA1c Control <8% improved by 14 .1% but also did not meet the 25<sup>th</sup> percentile. The rate for HbA1c Control >9% also improved by 16.6% to 47% but again, did not meet the 25<sup>th</sup> percentile. The Eye Exam rate was 65% and improved by and 36.3% from the prior year. The eye exam rate met the 25<sup>th</sup> percentile but not the goal of 75%. Nephropathy Tests improved by 13.5% and met the goal of 93% and surpassed the 25<sup>th</sup> percentile.

**L.A. Care Covered:** For HEDIS 2016, performance rates for HbA1c Control <8%, Eye Exams, and Nephropathy Tests improved compared with rates reported in HEDIS 2015. HbA1c testing decreased by 1.0 to 86.9%; HbA1c control <8% increased by 8.9% to 39.3%; eye exams increased by 10.0% to 39.3%; and nephropathy tests increased by 7.7% to 90.0%. Two measures met the 2016 work plan goals, HbA1c Testing with a goal set at 88% and Nephropathy Testing with goal set at 82%.

## SUMMARY OF INTERVENTIONS

**HEDIS AT A GLANCE:** The 2016 HEDIS-At-A-Glance brochure highlights 32 priority HEDIS measures to help ensure services rendered to members are captured and reflected in the data by educating providers on the correct billing codes to use for diabetic care services rendered. The brochure educates physicians on HEDIS guidelines, standards of care that are salient to HEDIS, and the most common billing codes submitted to receive credit for services rendered. The brochure includes a section on Comprehensive Diabetes Care (CDC) for HEDIS indicators including HbA1c testing, HbA1c poor control (>9%), diabetic retinal eye exams, and nephropathy testing.

**Dissemination of Preventative Health Guidelines:** Preventive Health Guideline (PHG) member brochures highlighting health services that can help members stay healthy, including diabetes screening for adults who are overweight, or who have a family history of diabetes, or who have a persistent blood pressure reading greater than 135/80, were mailed to Medi-Cal and LACC members in March 2016. The new hypertension treatment algorithm based on the Joint National Committee (JNC8)'s guidelines were disseminated to high volume providers, in laminated pocket card form.

**L.A. Care's Diabetes Disease Management Program:** The *L.A. Cares About Diabetes*®, Disease Management program at the end of 2016 includes 62,121 members from all direct lines of business identified with diabetes. This includes 58,094 Managed Care L.A. Care members (MCLA), 3,329 CMC members and 654 LACC members. Disease management nurses receive ongoing motivational training to promote member engagement and self-management of diabetes.

**Member Call Outreach:** In 2016 new members enrolled in the *L.A. Cares About Diabetes*® Disease Management program were mailed a diabetes booklet developed by the Disease Management department which includes an Action Plan and supporting diabetes health education materials. Members identified as being at higher risk for the disease, were telephoned and offered at least monthly condition monitoring by Disease Management nurses. In addition Disease Management participated in several call campaigns during 2016 to remind members to receive their diabetes screening tests complete. The 2<sup>nd</sup> quarter campaign reached 3,151 members of all lines of business with an 8.85% completion rate. The 4<sup>th</sup> quarter campaign reached 818 members with a 20.0% completion rate. In addition, in 2016 L.A. Care Covered (LACC) members whose records showed that at least one of the diabetic tests, including HbA1c testing and the eye exam, were missing received outreach calls. The LACC call campaign reached 38 members with a 13.5% completion rate.

**Provider Opportunity Reports:** In 2016, Provider Opportunity Reports (PORs) were mailed to physicians (excluding those with Kaiser) highlighting physician performance levels for HEDIS measures including those related to diabetes. Reports showing individual members with gaps-in-care were made available on the provider portal. PORs were mailed in February, July, September and November, 2016.

**Member Incentives:** In July 2016 the Disease Management and Quality Improvement Departments created a member incentive program for those members enrolled in L.A. Care's direct line of business for Medi-Cal (MCLA), and non-Medi-Cal members enrolled in L.A. Care Covered (LACC), and Cal MediConnect (CMC). The incentive offer was mailed to members who were missing their eye exam, A1C test, and kidney test but who had seen a provider in last 15 months. The incentive required members to obtain provider confirmation that they had received three diabetic health tests in order to qualify for a \$50 target gift card (MCLA and LACC) or a diabetes care package (CMC). The three tests included HbA1c testing, a retinal eye exam, and nephropathy test. A total of 13,453 mailers were sent out to MCLA/LACC members and 1,246 mailers were sent out to CMC members. Automated phone calls were made in October 2016 to remind members of the incentive.

**Provider Incentives:** Comprehensive diabetes care performance indicators are part of L.A. Care's Physician 'Pay-for-Performance' (P4P) Program which rewards physicians and community clinics with annual incentive payments above capitation for delivering high quality care. Comprehensive Diabetes Care is among one of 17 NCQA HEDIS measures rewarded in the P4P program. In 2016 the indicators included in the P4P program included HbA1c testing, HbA1c control (<8.0%), diabetic retinal eye exams, and nephropathy testing. Eligible physicians are automatically enrolled and need to submit timely, complete and accurate encounter data through their normal reporting channels on diabetic services rendered.

L.A. Care also continued its Medicare incentive for Physicians who accurately complete and submit their patients' Annual Wellness forms where physicians are given \$350 per calendar year for each form. The form includes preventive services and tests for diabetes as well as other important services to be performed.

## **II. CARDIOVASCULAR GUIDELINES RECOMMEND RISK REDUCTION THERAPIES IN THE MANAGEMENT AND TREATMENT OF CARDIOVASCULAR DISEASE**

NB: A full report on reducing cardiovascular risk can be found in Section A.5.c.

Evidence based clinical practice guidelines are used by clinicians to help prevent cardiovascular disease, and reduce risks associated with having the disease by improving disease management. Several professional organizations including the American College of Cardiologists (ACC), American Heart Association (AHA), National Heart, Lung and Blood Institute (NHLBI), and Eighth Joint National Committee (JNC 8) develop guidelines, standards, and policies that promote screening to assess personal risk factors and reduce modifiable risks known to increase cardiovascular disease. Modifiable risk factors include smoking, high blood pressure, diabetes, physical inactivity, being overweight and having high blood cholesterol. Smoking cessation, following a healthy diet, keeping a healthy weight, and adhering to medications for a healthy heart can help reduce risks for cardiovascular disease. Reducing these risks provides the focus for one of L.A. Care's Chronic Care Improvement Projects (CCIP) for the Cal MediConnect (CMC) and L.A. Care Covered (LACC) lines of business. To measure performance associated with these guidelines, L.A. Care Health Plan uses the following indicators: medication adherence for hypertension and cholesterol, and blood pressure control. Hypertension medications include angiotensin-converting enzyme (ACE) inhibitors and angiotensin-receptor blockers (ARBs); and cholesterol medications include statins. Blood pressure control is defined as having a blood pressure <140/90mmHg for the general population, and a blood pressure <150/90 for those greater than 60 years of age.

## Clinical Practice Guidelines for Cardiovascular Risk Reduction Therapies

L.A. Care is actively involved in several initiatives to help practitioners achieve high standards in reducing cardiovascular risk as described in the 2013 American College of Cardiology and American Heart Association’s (ACC/AHA) Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults; and in the report ‘2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults’ by the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). On February 3, 2016, L.A. Care’s Joint PICC/PQC committee agreed to continue adopting the aforementioned cardiovascular risk clinical practice guidelines in which four major statin benefit groups are identified as requiring intense therapy: those with clinical ASCVD; primary elevations of LDL-C >190 mg/dL; diabetes aged 40 to 75 years with LDL-C 70 to 189 mg/dL and without clinical ASCVD; or without clinical ASCVD or diabetes with LDL-C 70 to 189 mg/dL and estimated 10-year ASCVD risk >7.5%. No changes to the guidelines were noted when they were reviewed by the committee on February 3, 2016.

## RESULTS

Cardiovascular Risk Reduction HEDIS 2016 Rates for Medi Cal			
Measure	2014	2015	2016
Annual Monitoring for People on Persistent Medications (ACE/ARB) <sup>A</sup>	78.9%	86.6%	87.1%
Blood Pressure control (<140/90) <sup>H</sup>	57.1%	66.8%	68.3%
Rates above show performance for measures using administrative data (A) from claims and encounters, and hybrid data (H) which also includes data from medical records.			

Cardiovascular Risk Reduction HEDIS 2016 Rates for Cal MediConnect			
Measure	2014	2015	2016
Annual Monitoring for People on Persistent Medications (ACE/ARB) <sup>A</sup>	N/A	87.9%	85.0%
Blood Pressure control (<140/90) <sup>H</sup>	N/A	N/A	54.9%
Rates above show performance for measures using administrative data (A) from claims and encounters, and hybrid data (H) which also includes data from medical records. Since L.A. Care transitioned to Cal MediConnect (CMC) in mid-2014, the 2015 rates above do not represent annual performance over a 12 month period and were not reported.			

Cardiovascular Risk Reduction HEDIS 2016 Rates for L.A. Care Covered			
Measure	2014	2015*	2016
Annual Monitoring for People on Persistent Medications (ACE/ARB) <sup>A</sup>	N/A	81.6%	79.0%
Blood Pressure control (<140/90) <sup>H</sup>	N/A	45.8%	49.6%
*In 2015, LACC was a pilot. N/A: No LACC data for 2014, as program launch was 2015. Rates above show performance for measures using administrative data (A) from claims and encounters, and hybrid data (H) which also includes data from medical records.			

### Quantitative Analysis

**Medi-Cal:** For HEDIS 2016, rates for the Annual Monitoring for Patients on Persistent Medications (MPM), that includes Angiotensin Converting Enzyme (ACE) Inhibitors and Angiotensin Receptor Blockers (ARB’s), increased for the third consecutive year to 87.1%. This was slightly below the work plan goal of 88% and the DHCS minimum performance level (MPL) of 84.87%. The HEDIS 2016 rate for Controlling High Blood Pressure (CBP) increased by 1.5% to 68.3% and exceeded the work plan goal of 65% and DHCS MPL of 49.88%. A very statistically significant increase was determined for Annual Monitoring for People on Persistent Medications (ACE/ARB) (p=0.0052). Statistical significance was not determined for any of the other aforementioned 2016 rates compared with rates reported in 2016.

**Cal MediConnect:** For HEDIS 2016, rates for the Annual Monitoring for Patients on Persistent Medications (MPM), that includes Angiotensin Converting Enzyme (ACE) Inhibitors and Angiotensin Receptor Blockers (ARB’s), decreased by 2.9% to 85%. This was slightly below the work plan goal of

82%. The HEDIS 2016 rate for Controlling High Blood Pressure (CBP) was 54.9% and is the baseline year for this measure.

**L.A. Care Covered:** For HEDIS 2016, rates for the Annual Monitoring for Patients on Persistent Medications (MPM), that includes Angiotensin Converting Enzyme (ACE) Inhibitors and Angiotensin Receptor Blockers (ARB's), decreased by 2.6% to 79.0%. This was slightly below the work plan goal of 82%. The HEDIS 2016 rate for Controlling High Blood Pressure (CBP) increased by 3.8% to 49.6% but did not meet the work plan goal of 62%.

## SUMMARY OF INTERVENTIONS

**Provider Opportunity Reports:** In 2016, provider opportunity reports (PORs) were mailed to physicians (excluding those with Kaiser) highlighting physician performance levels for HEDIS indicators including MPM (ACE/ARBs). Reports showing individual members with gaps-in-care were made available on request. PORs were mailed in February, July, September and November, 2016.

**HEDIS AT A GLANCE:** The 2016 HEDIS-At-A-Glance brochure highlights 32 priority HEDIS measures to help ensure services rendered to members are captured and reflected in the data by educating providers on the correct billing codes to use for diabetic care services rendered. The brochure educates physicians on HEDIS guidelines, standards of care that are salient to HEDIS, and the most common billing codes to use for lab panels that help to monitor members on persistent medications like ACE/ARBs and Digoxin, and controlling blood pressure. The tip sheets educate physicians on HEDIS guidelines, standards of care that are salient to HEDIS, and the most common billing codes submitted to receive credit for services rendered.

**Member Health Education Materials:** L.A. Cares About Your Heart® member booklet was published in 2016 and mailed to LACC members enrolled in the Disease Management program. In addition, the Health In Motion™ program continued to support clinics with limited resources with the delivery of health education by health coaches and registered dietitians with focus on lifestyle and behavior change.

**L.A. Care's CVD Disease Management Program:** The *L.A. Cares About Your Heart*® Disease Management program includes LACC and 5,578 CMC members identified with hypertension, hypercholesterolemia, or other cardiovascular risk factors like chronic kidney disease and obesity. Disease management nurses receive ongoing motivational training to promote member engagement and self-management of risks of heart disease.

**Member Call Outreach:** In 2016 new members enrolled in the *L.A. Cares About Your Heart*® Disease Management program were mailed a heart health booklet developed by the Disease Management department which includes heart health education materials. Members identified as being at higher risk for the disease, were telephoned and offered at least monthly asthma monitoring by Disease Management nurses.

**Provider Toolkit Initiative:** In 2016, QI continued to lead an intervention to support the dissemination of clinical guidelines for diagnosing and controlling high blood pressure. L.A. Care's 'Controlling Blood Pressure' provider toolkit continued to be disseminated to providers in 2016 and included a 'Blood Pressure Measurement Procedure' work flow, 'Hypertension Treatment' algorithm, and a poster with tips on how to help achieve an accurate blood pressure reading.

### III. GUIDELINES FOR THE DIAGNOSIS AND MANAGEMENT OF ASTHMA RECOMMEND THE USE OF ASTHMA ACTION PLANS, PHARMACOTHERAPY, AND ANNUAL INFLUENZA IMMUNIZATIONS

NB: A full report including qualitative analysis on Asthma Management can be found in Section A.5.a.

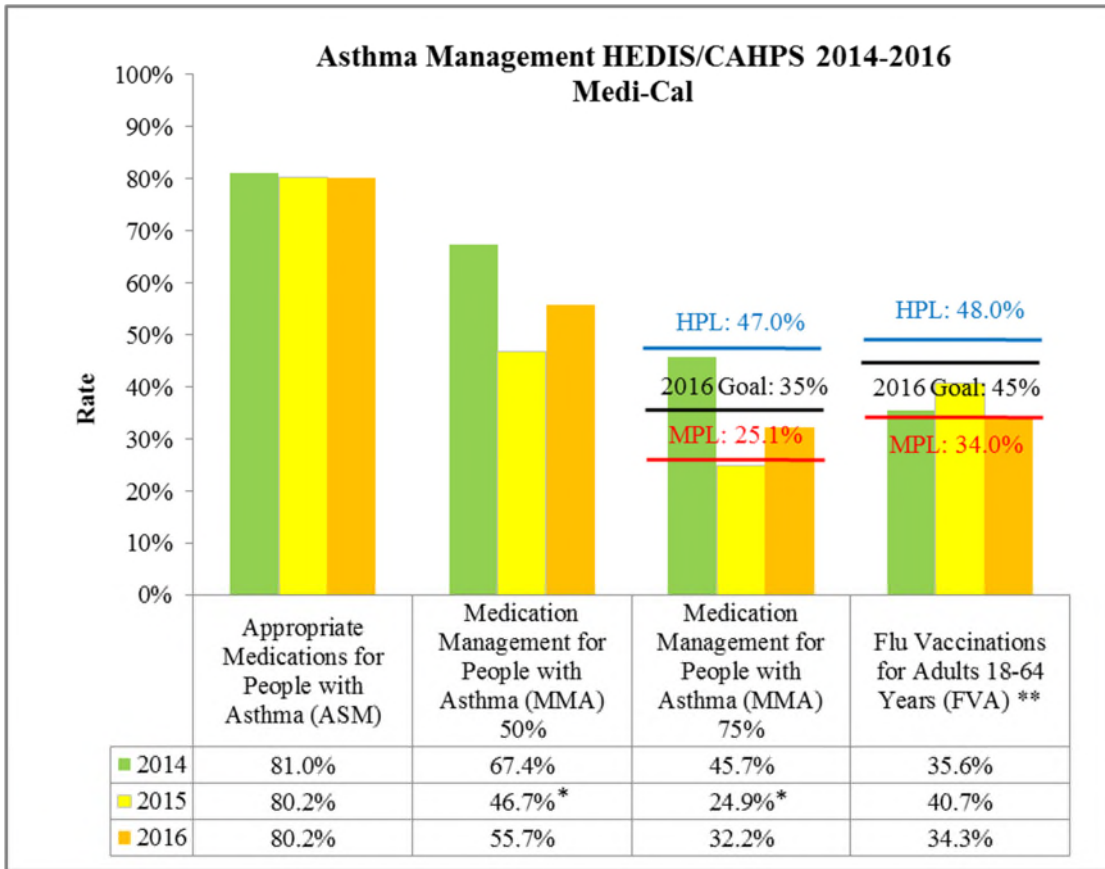
The National Heart Lung and Blood Institute’s (NHLBI) ‘Guidelines for the Diagnosis and Management of Asthma’ continue to be adopted by L.A. Care as indicated at the Joint PICC/PQC meeting on February 2, 2016. The guidelines state that periodic assessment and ongoing monitoring of asthma control using a written asthma action plan (AAP) may help facilitate patient involvement in disease self-management and preventing or managing acute exacerbations. The guidelines also advocate that optimal pharmacotherapy with minimal or no adverse effects be used to maintain control of persistent asthma and treat acute symptoms and exacerbations and that patients diagnosed with persistent asthma take both long-term control medications and quick-relief medications for acute symptoms and exacerbations. In addition, the guidelines recommend clinicians consider inactivated influenza vaccination for patients who have asthma due to the potential increased risk for complications from influenza. To measure performance associated with the NHLBI guidelines, L.A. Care uses the following NCQA HEDIS/CAHPS indicators: Use of Appropriate Medications for People with Asthma (ASM); Medication Management for People with Asthma (MMA) Compliance 50% and 75%; Flu Vaccinations for Adults age 18-64, and  $\geq 65$  years.

#### RESULTS

<b>Asthma Management HEDIS/CAHPS 2016 Rates for Medi Cal</b>			
<b>Measure</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Appropriate Medications for People with Asthma (ASM) <sup>A</sup>	81.0%	80.2%	80.2%
Medication Management for People with Asthma (MMA) 50% <sup>A</sup>	67.4%	46.7%*	55.7%
Medication Management for People with Asthma (MMA) 75% <sup>A</sup>	45.7%	24.9%*	32.2%
Flu Vaccinations for Adults 18-64 Years (FVA) <sup>CAHPS</sup>	35.6%	40.7%	34.3%
Rates above show performance for measures using administrative data (A) from claims and encounters.			

\*Statistically significant difference





\*Statistically significant difference

\*\* CAHPS

<b>Asthma Management HEDIS/CAHPS 2016 Rates for Cal MediConnect</b>			
Measure	2014	2015	2016
Medication Management for People with Asthma (MMA) 50% <sup>A</sup>	N/A	N/A	82.5%
Medication Management for People with Asthma (MMA) 75% <sup>A</sup>	N/A	N/A	52.4%
Flu Vaccinations for Adults ≥65 Years (FVO) <sup>CAHPS</sup>	N/A	68.2%	61.0%

Since L.A. Care transitioned to Cal MediConnect (CMC) in mid-2014, the 2015 rates above do not represent annual performance over a 12 month period and were not reported. Rates above show performance for measures using administrative data (A) from claims and encounters.

<b>Asthma Management HEDIS/CAHPS 2016 Rates for LACC</b>			
Measure	2014	2015*	2016
Medication Management for People with Asthma (MMA) 50% <sup>A</sup>	N/A	N/A	40.0%
Medication Management for People with Asthma (MMA) 75% <sup>A</sup>	N/A	N/A	40.0%
Flu Vaccinations for Adults 18-64 Years (FVA) <sup>CAHPS</sup>	N/A	24.1%	30.3%

\*In 2015, LACC was a pilot. N/A: No LACC data for 2014, as program launch was 2015.  
Rates above show performance for measures using administrative data (A) from claims and encounters.

### Quantitative Analysis

A full report including qualitative analysis on Asthma Management can be found in Section A.5.a.

**Medi-Cal:** For HEDIS 2016, rates for the Appropriate Medications for People with Asthma (ASM) remained the same when compared to HEDIS 2015. The ASM measure will be retired in 2016 and will not

be reported in 2017. The 2016 rate for Medication Management for People with Asthma (MMA) 50% Compliance increased by 9.0% and was 55.7%. For 'MMA 75% Compliance' the rate increased by 7.3% and was 8.49% above the MPL set at 23.72%. CAHPS rates for Flu Vaccinations for Adults 18-64 Years (FVA) decreased by 6.3 % and was 34.3%; this rate was above the 25<sup>th</sup> Percentile but below the goal.

**Cal MediConnect:** The HEDIS 2016 rates for Medication Management for People with Asthma (MMA) 50% Compliance was 82.5%. The 2016 rate for 'MMA 75% Compliance' was 52.4%. HEDIS 2016 rates are baseline rates for these measures and therefore, no goals were set for 2016. CAHPS rates for Flu Vaccinations for Adults ≥ 65 Years (FVA) decreased by 7.6% and was 61% for 2016. There are no available benchmarks for this measure.

**L.A. Care Covered:** The HEDIS 2016 rates for Medication Management for People with Asthma (MMA) 50% Compliance and 75% Compliance was 40%. The eligible population for this measure was 5 and this may account for the low rate. There was no data available for MMA in 2015 and therefore no goals were set for 2016. CAHPS rates for Flu Vaccinations for Adults 18-64 years (FVA) decreased by 7.6% and was 30.3%. There are no available benchmarks for this measure.

## SUMMARY OF INTERVENTIONS

**HEDIS AT A GLANCE:** The 2016 HEDIS-At-A-Glance brochure highlights 32 priority HEDIS measures to help ensure services rendered to members are captured and reflected in the data by educating providers on the correct billing codes to use for diabetic care services rendered. The brochure educates physicians on HEDIS guidelines, standards of care that are salient to HEDIS, and the most common billing codes submitted to receive credit for services rendered. The brochure includes a section on Respiratory Conditions including Use of Appropriate Medication for People with Asthma (ASM) which was part of L.A. Care's Pay for Performance program.

**L.A. Care's Asthma Disease Management Program:** The *L.A. Cares About Asthma*® Disease Management program includes 99,710 MCLA members, 247 LACC members, and 391 CMC members identified with asthma. Disease Management nurses receive ongoing motivational training to promote member engagement and self-management of asthma. The program is contracted with QueensCare Health Centers to provide members living within a 20 mile radius of the centers with high-touch in-home interventions.

**Provider Opportunity Reports:** In 2016, provider opportunity reports (PORs) were mailed to physicians highlighting physician performance levels for HEDIS indicators including MMA 75%. Reports showing individual members with gaps-in-care were made available on the provider portal. Medi-Cal PORs were mailed in February, July, September and November 2016.

**Provider Initiatives:** In July 2016, L.A. Care's Disease Management Department mailed primary care physicians (PCP) a letter highlighting members identified as having persistent asthma but who were not taking their asthma controller medications as prescribed according to the number of pharmacy dispensing events. The PCP was asked to review the member's medical record and perform an outreach to the member to review their asthma action plan and medication adherence according to the NHLBI Asthma Guidelines.

**Member Outreach:** In 2016, new members enrolled in the *L.A. Cares About Asthma*® disease management program were mailed an Asthma booklet developed by the Disease Management department which includes an Asthma Action Plan and supporting asthma health education materials. Members identified as being at higher risk for the disease, were telephoned and offered at least monthly asthma monitoring by Disease Management nurses. In addition, in 2016 members of all lines of business who had

not refilled asthma controller medications in 2016 received reminder phone calls from the Disease Management nurses. The call campaign reached 418 members with a 22.0% completion rate.

**Quality Improvement Projects:** In 2016, L.A. Care partnered with Eisner Pediatric and Family Medical Center on a Performance Improvement Project (PIP) aimed at increasing medication compliance among pediatric members diagnosed with persistent asthma by enrolling all asthmatics in an opt-out automatic refill program. The intervention will be tested, and performance measured and reported in 2017.

#### **IV. BEHAVIORAL CONDITIONS: DEPRESSION AND ATTENTION DEFICIT HYPERACTIVITY DISORDER**

NB: A full report including qualitative analysis on Continuity and Coordination of Medical and Behavioral Health can be found in Section A.8.

For Medi-Cal, LACC, and CMC, L.A. Care delegates behavioral health services to a National Committee for Quality Assurance (NCQA) Accredited Managed Behavioral Health Organization (MBHO). For enrollees in those plans, the MBHO collaborates with L.A. Care on the approval and monitoring of the selected Clinical Practice Guidelines for behavioral health with input and approval at the Behavioral Health Quality Improvement Committee quarterly meetings. L.A. Care is responsible for the delivery of behavioral health services to its members and L.A. Care collaborates with the primary care physician network to equip them to diagnose and treat behavioral health conditions with mild to moderate levels of functional impairment. The L.A. County Department of Mental Health (LACDMH) is responsible for providing services to Medi-Cal members with severe and persistent mental illness and moderate to severe levels of functional impairment. For its members, L.A. Care adopts at least two behavioral health guidelines, one of which addresses children and adolescents. L.A. Care selected depression and attention deficit hyperactivity disorder (ADHD) as behavioral health conditions to measure performance.

L.A. Care continues to be actively involved in many efforts to assist practitioners to meet the guidelines. The MBHO continued to review, approve, and disseminate the American Psychiatric Association CPG (provider education on importance of two or more outpatient visits and one or more medication visits within three months of diagnosis) on depression when necessary via their website and Provider Advisory Council.

#### **TREATMENT FOR DEPRESSION**

The practice guideline for the ‘Treatment of Patients with Major Depressive Disorder’ by Gelenberg et. al. and published by The American Journal of Psychiatry, recommends establishing and maintaining a therapeutic alliance with the patient to help facilitate collaborative decision making where the patients preferences and concerns about treatment are addressed. The guideline also recommends that during the acute phase of treatment, patient need to be monitored on a regular basis to assess their response to pharmacotherapy, including any side effects, co-occurring disorders, treatment compliance, and availability of social support. These two guideline recommendations are reflected in the measures selected by the MBHO and presented below:

## RESULTS

Beacon Depression Measures 2016 Rates for Medi Cal					
Measure	2014	2015	Q1 2016	Q2 2016	Q3 2016
Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient BH visits within 84 days (12 weeks) of initial diagnostic visit	38.2%	47.0%	45.2%	36.1%	29.3%
Percent of members (18+) newly diagnosed with depressive disorder who received one or more medication visits within 90days of diagnosis.	30.3%	30.2%	29.5%	23.0%	17.9%

Beacon Depression Measures 2016 Rates for CMC					
Measure	2014	2015	Q1 2016	Q2 2016	Q3 2016
Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient BH visits within 84 days (12 weeks) of initial diagnostic visit	52.6%	48.4%	53.3%	45.5%	18.2%
Percent of members (18+) newly diagnosed with depressive disorder who received one or more medication visits within 90 days of initial diagnostic visit.	41.3%	29.9%	33.3%	50.0%	0%
Since L.A. Care transitioned to Cal MediConnect (CMC) in mid-2014, the rates above do not represent annual performance over a 12 month period and were not reported.					

Beacon Depression Measures 2016 Rates for LACC					
Measure	2014	2015*	Q1 2016	Q2 2016	Q3 2016
Percent of members (18+) newly diagnosed with depressive disorder who received two or more outpatient BH visits within 84 days (12 weeks) of initial diagnostic visit.	61.5%	54.2%	52.5%	56.9%	54.2%
Percent of members (18+) newly diagnosed with depressive disorder who received one or more medication visits within 90 days of initial diagnostic visit.	50.7%	45.3%	35%	33.3%	37.5%
*In 2015, LACC was a pilot.					

### *Quantitative Analysis*

**Medi-Cal:** The rates for both measures declined throughout Q1-Q3, 2016, and neither measure met the work plan goal of 50% in Q3. Rates for Q4 were not available at the time of writing.

**Cal MediConnect:** The rate for ‘outpatient visits’ met the goal for the first quarter but did not meet the goal for the second and thrid quarter. While the ‘medication visit’ did not meet the goal in Q1 or Q3 but did meet the goal in Q2. The significant flucutations in the rate for medication visit may be due to the dennimoniator being less than 22 members per quarter.

**L.A. Care Covered:** Rates for ‘outpatient visits’ in Q1, 2016, were very consistant throughout the year with just over a 4% fluctuation. Each quarter has met the goal of 50% and the quarterly rates are high than the other two product lines. Rates for ‘medication visits’ met the goal in Q1 and Q3 but dropped 1.7% in Q2. Rates for Q4 were not available at the time of writing.

N.B. Q3 data doesn’t account for claims lag and may be an underrepresentation of actual results.

## SUMMARY OF INTERVENTIONS

**Member Outreach:** In February and July of 2016, members newly diagnosed with depression and who qualified for the HEDIS measure ‘Antidepressant Medication Management’ (AMM) received educational materials on the common side effects of medications for depression and the importance of follow-up appointments and medication compliance.

**Provider Outreach:** In February and July of 2016, Behavioral Health and PCP prescribers received letters and notifications highlighting the adopted clinical practice guidelines for depression, toolkits used for depression management, and information on the criteria set for HEDIS measure AMM. In addition, providers were educated on Beacon’s quality program.

## TREATMENT FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

The American Academy of Pediatrics ‘Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit Hyperactivity Disorder in Children and Adolescents’ recommends elementary school age children be prescribed FDA approved medications for ADHD and/or evidence based parent administered behavioral therapy as treatment for ADHD, preferably both. These two guideline recommendations are reflected in the measures selected by the MBHO and presented below:

## RESULTS

Beacon ADHD Measures 2016 Rates for Medi Cal					
Measure	2014	2015	Q1 2016	Q2 2016	Q3 2016
Percentage of members aged 6-12 years with a diagnosis of ADHD, and have family involvement in treatment.	100%	N/A	N/A	N/A	66.7%
Percent of members aged 6-12 years with a diagnosis of ADHD, who had an outpatient psychopharmacology visit within 30-90 days following the initial diagnostic visit.*	26.4%	43.9%	21.9%	18.8%	12%

N/A indicates a denominator too low for analysis

\*Claims data

\*\*Statistically significant change from the previous reporting period using z-test for proportions at p<0.05

### Quantitative Analysis

**Medi-Cal:** Out of the charts reviewed, 66.7 % of members demonstrated evidence that family was involved in treatment and did not meet the goal of 95%. The rate for ‘psychopharmacology visit’ was 22% lower in Q1 than in the year prior and did not meet the goal of 30%. The rate for Q2 and Q3 was even lower than Q1 and did not meet the goal of 30%.

**L.A. Care Covered:** There were no LACC members who met the criteria for ADHD claims data. This is likely due to the fact that the population of children is fairly small in the market place. There are only 259 members 11 years or younger as of December 1, 2016. Therefore it is highly unlikely that these members would have a sizeable population of children diagnosed with ADHD and even fewer represented in the chart of audit that consisted of 10 members.

N.B. Q3 data doesn’t account for claims lag and may be an underrepresentation of actual results

## SUMMARY OF INTERVENTIONS

**Provider Audits:** In 2016, the MBHO conducted chart audits of high volume providers and disseminated resources and recommendations for best practices to those providers who performed poorly.

**Guideline Dissemination:** The MBHO distributed a ‘Follow-up Care Guidelines’ article regarding children prescribed ADHD medication in their 2016 Provider Bulletin.

## V. PREVENTIVE HEALTH GUIDELINES RECOMMEND HEALTH SERVICES THAT HELP PREVENT, DETECT, AND MANAGE ILLNESS AND DISEASE

NB: A full report and qualitative analysis on Preventative Services can be found in Section A.1.

Preventative health services, like screenings, help to detect diseases early when they are easier to treat, helping to improve quality and length of life; immunization are responsible for the control of many infectious diseases and can prevent illness, disease and disability from initially occurring. The U.S. Preventive Task Force (USPSTF) works to improve health by reviewing existing peer-reviewed evidence based recommendations about clinical preventative services including screenings, counseling, and preventative medications. Those recommendations which are adopted by USPSTF are disseminated on the USPSTF website. L.A. Care reviews and adopts USPSTF guidelines in addition to guidelines disseminated by the Centers for Disease Control (CDC) and the Advisory Committee on Immunization Practices (ACIP). L.A. Care promotes several preventative health guidelines (PHGs) through its clinical initiatives which include, but are not limited to, reducing obesity in adults and children, screening for colorectal cancer, and immunizing against illness, disease and disability.

L.A. Care continues to be actively involved in many efforts to assist practitioners to meet the guidelines. L.A. Care’s Medical Director presented the changes to ACIP’s child immunization guidelines at the March, 2016, Joint PICC/PQC meeting. These changes included:

### **1. Immunization schedule for persons aged 0 through 18 years**

Hemophilus influenza type B (HIB) – The vaccine is not routinely recommended for children over 5 years. However, a purple bar was added to clinical practice guidelines to emphasize that for children aged 5-18 years the recommendation is to vaccinate certain high-risk children who are unimmunized.

HPV vaccine –Human Papillomavirus – A purple bar was added for children 9-10 years denoting the recommendation to vaccinate high risk children in this age group, including children with a history of sexual abuse and those who have not initiated or completed the 3-dose series.

Meningococcal B – MenB was introduced to the schedule with a purple bar added for high risk children aged 10 years and older. High risk children may include those who live where there’s a risk of a serogroup B meningococcal disease outbreak or children with anatomical or functioning asplenia. A blue bar was also added to denote the immunization of persons aged 16-23 years (with a preferred age range is 16-18 years) who are deemed non-high-risk-groups and where immunization is subject to individual clinical decision making.

**2. Catch-up immunization schedule for persons aged 4 months to 18 years who start late or who are more than 1 month behind.**

Tdap/Td – Tetanus, diphtheria toxoids and acellular pertussis – Tdap/Td was added to the list of possible previous vaccines so that the minimum interval between doses is 6 months (as a final dose) if the first dose of DTaP/DT or Tdap/Td was administered at or after the 1<sup>st</sup> birthday.

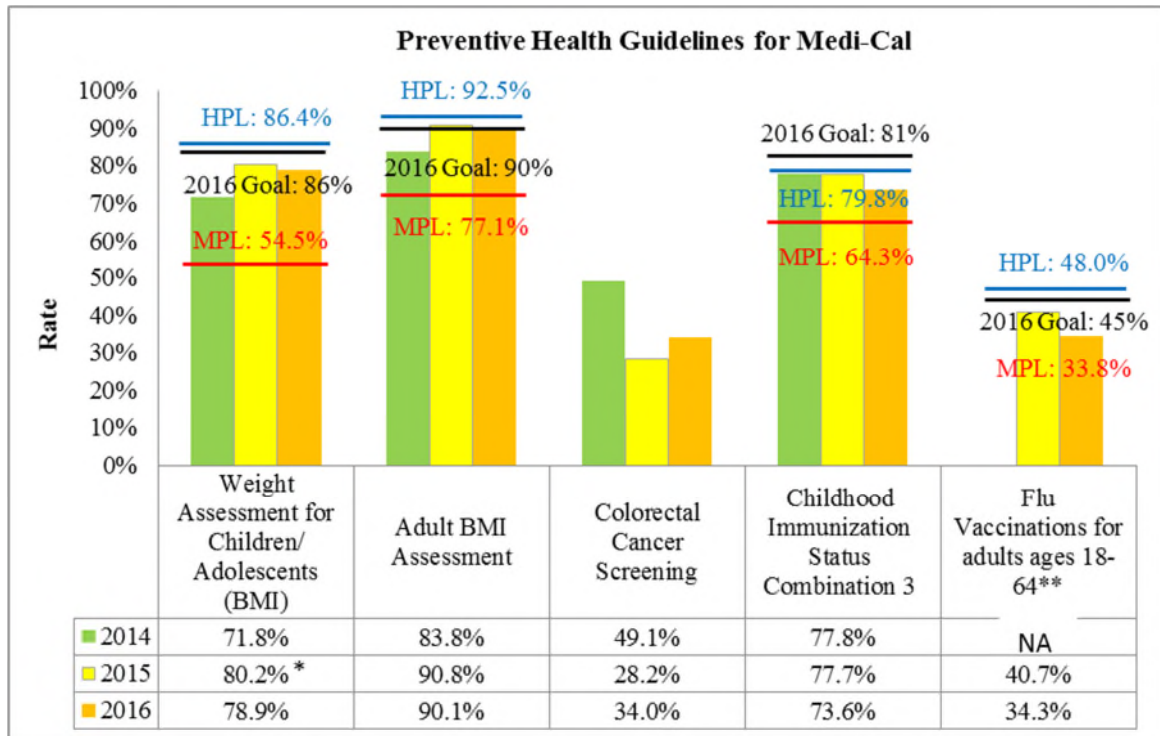
L.A. Care’s preventative health guideline directory continues to be promoted in the quarterly physician newsletters helping to disseminate information on both child and adult immunizations and preventative health services. In addition, L.A. Care continued its partnership with American Cancer Society (ACS) in an effort to bolster colorectal cancer screening rates as well as leverage their expertise and learning materials. The American Cancer Society is spearheading a national campaign that was launched in 2015 which pledged to commit to reaching an 80% screening rate for colorectal cancer by 2018. L.A. Care’s QI department produced a preventative health brochure that was co-branded with ACS and mailed to members requiring a colorectal screening test in Q4 2016. In addition, a reminder phone call was made to all members missing their colorectal screening in Q4 2016.

**RESULTS**

<b>Preventative Health Screening Rates for 2016 Medi Cal</b>			
<b>Measure</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Weight Assessment for Children/Adolescents (WCC-BMI) <sup>H</sup>	71.8%	80.2%*	78.9%
Adult BMI Assessment (ABA) <sup>H</sup>	83.8%	90.8%	90.1%
Colorectal Cancer Screening (COL) <sup>A</sup>	49.1%	28.2%	34.0%
Childhood Immunization Status Combination 3 (CIS-3).	77.8%	77.7%	73.6%
Flu Vaccinations for adults ages 18-64 (FVA) <sup>CAHPS</sup>	N/A	40.7%	34.3%

Rates above show performance for measures using administrative data (A) from claims and encounters, and hybrid data (H) which also includes data from medical records, except where CAHPS is indicated.

\*Statistically significant difference



\* Statistically significant difference

\*\* CAHPS

## Medi-Cal

### Quantitative Analysis

**Weight Assessment - Body Mass Index:** For HEDIS 2016, the rate for BMI assessment among children aged 3-17 years, decreased by 1.3 percentage points from 80.2% in 2015 compared to 78.9% in 2016. For adults aged 18-74 years the rate for BMI assessment decreased by 0.7% to 90.1%; however, BMI assessment did reach L.A. Care's goal set at 90%.

**Colorectal Cancer Screening:** The HEDIS 2016 Admin rate for colorectal cancer screening among Medi-Cal members was 34% which was 5.8% higher than the prior year. This is a statistically significant improvement. There are no benchmarks for comparison because this is not an NCQA Medicaid measure.

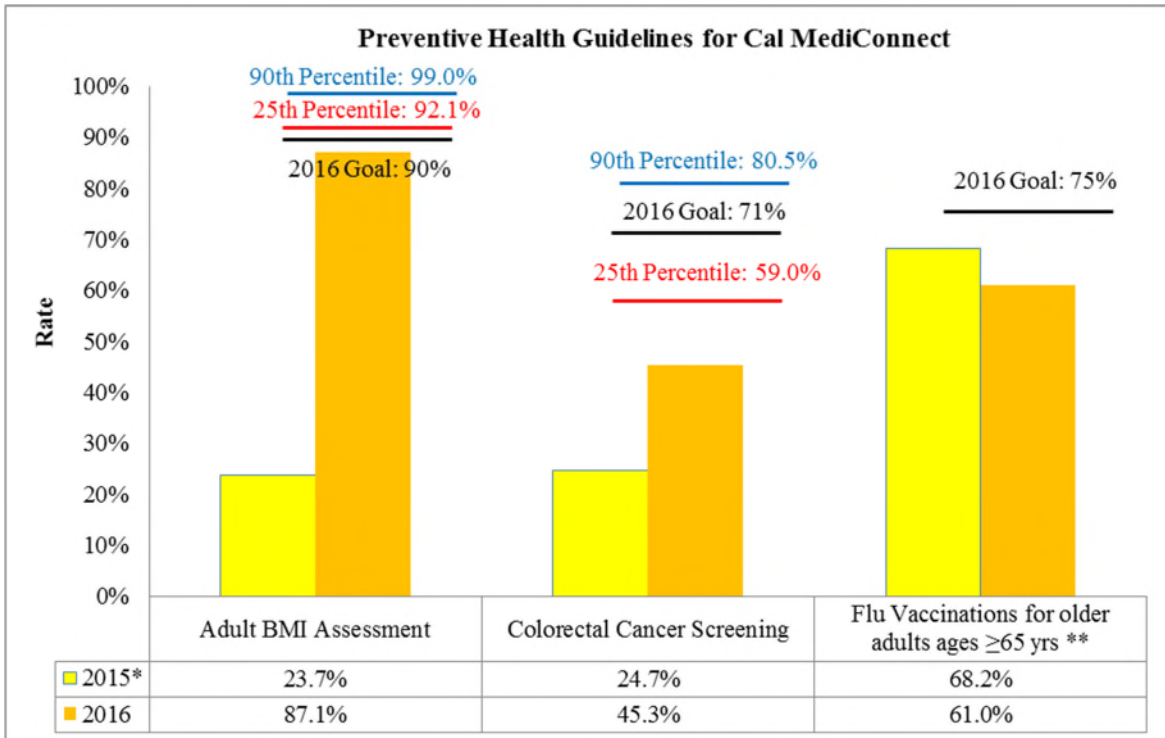
**Childhood Immunization Status, Combination 3 (CIS-3):** For HEDIS 2016, the rate for CIS-3 decreased by 4.1% to 73.6%. The rate exceeded the MPL but fell short of reaching the work plan goal of 81% and HPL of 79.8%. A performance improvement plan was created for CIS-3.

**Flu Vaccines for Adults:** For HEDIS 2016, the rate of Flu Vaccinations for Adults Aged 18-64 years was 34.3% and fell below the NCQA 50<sup>th</sup> percentile of 38.03% by 3.73 percentage points. It did not meet the 2016 QI work plan goal of 45%.

Preventative Health Screening Rates for 2016 Cal MediConnect			
Measure	2014	2015	2016
Adult BMI Assessment (ABA) <sup>H</sup>	N/A	23.7%	87.1%
Colorectal Cancer Screening (COL) <sup>A</sup>	N/A	24.7%	45.3%
Flu Vaccinations for older adults ages $\geq 65$ yrs (FVO) <sup>CAHPS</sup>	N/A	68.2%	61.0%

Rates above show performance for measures using administrative data (A) from claims and encounters, and hybrid data (H) which also includes data from medical records, except where CAHPS is indicated. L.A. Care transitioned to Cal MediConnect (CMC) in mid-2014, the 2015 rates above do not represent annual performance over a 12 month period and were not reported. There are no 2014 rates available as the program launched mid-year.





\* L.A. Care transitioned to Cal MediConnect (CMC) in mid-2014, 2015 rates above do not represent annual performance over a 12 month period and were not reported

\*\* CAHPS

## Cal MediConnect

### Quantitative Analysis

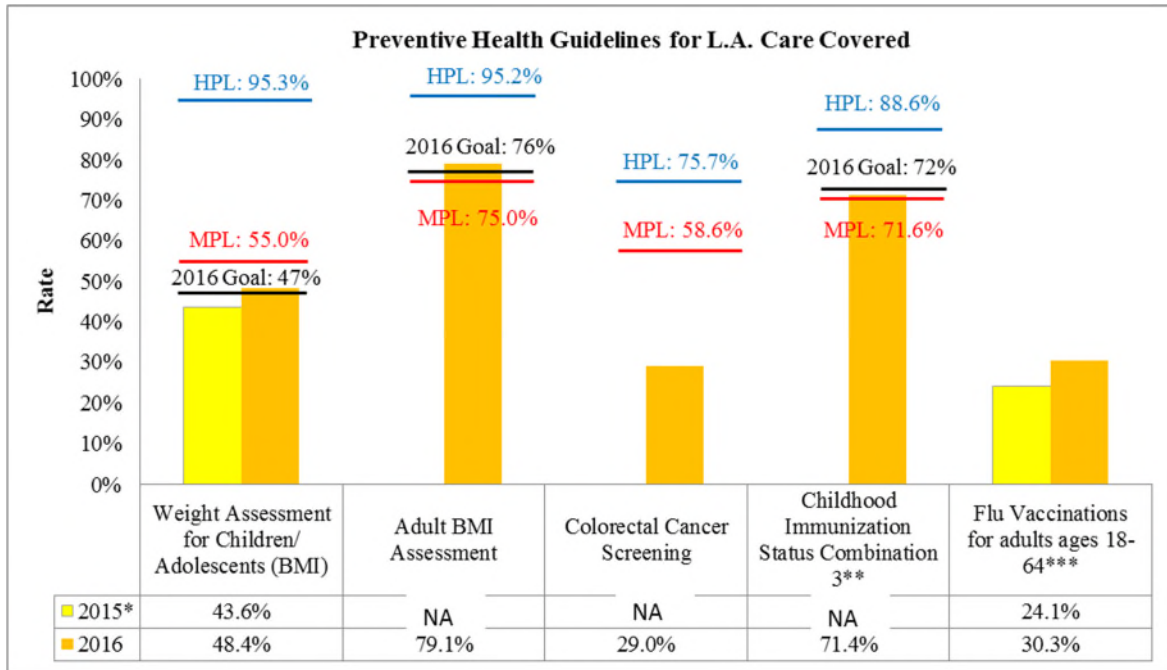
**Weight Assessment - Body Mass Index:** For HEDIS 2016, the rate for BMI assessment among adults aged 18-74 years was 87.1%. The rate increased 63.4% but did not meet the goal or NCQA Medicare 25<sup>th</sup> percentile.

**Colorectal Cancer Screening:** L.A. Care's CMC 2016 HEDIS rate for colorectal cancer screening (COL) was 45.3% and did not meet the goal of 71%. It also did not meet the NCQA Medicare 25<sup>th</sup> percentile.

**Flu Vaccines for Adults:** For HEDIS 2016, the rate for adults aged ≥65 years was 68.2%. This was a 7.2% drop from the prior year and did not meet the goal of 75%.

Preventative Health Screening Rates for 2016 L.A. Care Covered			
Measure	2014	2015	2016
Weight Assessment for Children/Adolescents (WCC-BMI) <sup>H</sup>	N/A	43.6%	48.4%
Adult BMI Assessment (ABA) <sup>H</sup>	N/A	N/A	79.1%
Colorectal Cancer Screening (COL) <sup>A</sup>	N/A	N/A	29.0%
Childhood Immunization Status Combination 3 (CIS-3)	N/A	N/A	71.4%*
Flu Vaccinations for adults ages 18-64 (FVA) <sup>CAHPS</sup>	N/A	24.1%	30.3%

Rates above show performance for measures using administrative data (A) from claims and encounters, and hybrid data (H) which also includes data from medical records, except where CAHPS is indicated. In 2015, LACC was a pilot. N/A: No LACC data for 2014, as program launch was 2015. \*Denominator less than 30



\* In 2015, LACC was a pilot

\*\*\* Denominator less than 30

\*\* CAHPS

## LACC

### *Quantitative Analysis*

**Weight Assessment - Body Mass Index:** Launched in 2014, L.A. Care Covered (LACC) is a relatively new line of business for L.A. Care Health Plan. For HEDIS 2016, the rate for BMI assessment is 48.4%, and met the goal for 2016 but did not meet the NCQA 25th Percentile for commercial plans.

**Colorectal Cancer Screening:** The rate for colorectal cancer screening for 2016 is 29% and is significantly below the 25<sup>th</sup> percentile of 58.6%.

**Childhood Immunization Status, Combination 3 (CIS-3):** For HEDIS 2016, the rate for CIS-3 was 71.4% and did not meet the MPL or the annual goal. This could be due to the low denominator or part of an overall trend of exchange members underutilizing health services.

**Flu Vaccines for Adults:** For HEDIS 2016, the rate of Flu Vaccination for Adults Aged 18-64 years was 30.3% a 6.2% from the prior year. The rate is lower than Cal MediConnect and Medi-Cal members and may be due to an overall trend for exchange members to avoid care. At the time of writing, benchmarks for this measure were not available and as a result a goal was not established.

### SUMMARY OF INTERVENTIONS

**General Provider Incentives:** L.A. Care's Pay-for-Performance (P4P) program incentivized performance on the CIS-3 and AWC measures, with CIS-3 being double weighted in calculating payments in 2016. Provider Opportunity Reports were mailed to providers in February, July, September, and November, 2016, informing providers of their year to date performance and encouraging outreach to members with gaps-in-care.

**Provider Initiatives:** From September 2016, Child and adolescent wellness flyers were distributed by HEDIS nurses to providers. The flyers included details of HEDIS-related health services recommended for different age groups; WCC and CIS-3 measures were represented in the flyer.

**Colorectal Cancer Screening:** In 2016 L.A. Care continued its commitment with the National Colorectal Cancer Roundtable's goal to increase the percentage of adults age 50 years and older who are screened for colorectal cancer to 80% by 2018. Members aged 50-75 years and who were overdue for colorectal cancer screening received a reminder mailer encouraging them to complete a colon cancer screening test and to talk to their primary care provider about available screening options. In October automated calls were also made to members missing their screening.

**Flu Vaccinations:** In January 2016, L.A. Care mailed a thank you card to CMC members who received the flu shot. In the fall of 2016, L.A. Care reminded all Direct Line of Business members to get their annual flu shot using automated reminder calls; CMC members also received a promotional mailer.

**BMI Initiatives:** L.A. Care's HEDIS nurses visited providers to educate office staff on how to correctly document BMI and counseling for nutrition according to HEDIS criteria. L.A. Care continued a Medicare incentive for Physicians who accurately complete and submit members' Annual Wellness form. Physicians are given \$350 per calendar year for each form. The form includes preventive services like BMI assessment as well as tests for diabetes and other important services. L.A. Care's Health Education Department continue its on-line wellness site: "My Health In Motion™", and conducted 64 group appointments with 410 DLOB attendees. The Health Education department also offered training on Motivational Interviewing to staff including Certified Health Coaches, Registered Dietitians, and Master's Level Health Educators. In 2016, Family Resource Centers (FRCs) continued to offer a variety of fitness and health classes and educational materials to the public.

**Adult Preventive Screenings Outreach:** In October and November 2016, Quality Improvement (QI) Staff and Quality Performance Management (QPM) staff called members to remind them to schedule preventive screenings, prioritizing cervical cancer screening, as it is an auto-assignment measure. Members noncompliant for CCS assigned to the five lowest performing PPGs and those assigned to the smallest 10 PPGs who had not been seen by a PCP in the last 15 months were contacted. Additionally, CCS-noncompliant LACC members assigned to high volume LACC PPGs received the outreach. There was also another cohort of members in either the Disease Management programs and had low medication compliance or were in the Case Management program. During the calls, staff advised members to schedule any missing preventive services, which include colorectal cancer screenings and vaccinations.

For Cal MediConnect members that had not seen a doctor in the last 15 month, a vendor that provides in-home services for preventive care services called members to offer them services. These services included, but not limited to, colorectal cancer screening, vaccinations, and glucose monitoring. At the time of writing 230 members have received services.

The Quality Performance Management (QPM) team also faxed gaps in care lists to PCP offices. Over 1,000 faxes were sent to LACC PCP offices, pertaining to over 4,300 members and approximately 650 faxes were sent to CMC PCP offices, pertaining to more than 1,800 members.

## A.7 CONTINUITY AND COORDINATION OF MEDICAL CARE

### BACKGROUND

Continuity of care is important to ensure that members receive the highest quality of care possible. L.A. Care Health Plan monitors performance areas affecting and reflecting coordination of care on an annual basis. Although studies show that in most instances, practitioners are able to detect and bridge gaps in continuity of care, incidents can result from breakdowns in communication. L.A. Care uses information at its disposal and continues to build its network's ability to communicate effectively so as to facilitate continuity and coordination of medical care across its delivery system.

This report provides an overview and analysis of several key initiatives aimed at improving coordination of care across transitions in management and inpatient and outpatient settings. The table below summarizes the settings of care that L.A. Care is focusing on, the data collected that is used to identify opportunities for improvements, and the goals that are set based on the analysis of that data.

### **2016 Continuity and Coordination of Medical Care Summary: Settings, Data Collection, and Goals.**

<b>Settings</b>	<b>Data Collection</b>	<b>Goals</b>
Transition in Management: Nurse Advice Line (NAL) to ER	NAL Member Redirection Report	Baseline year
Transitions in Management: Inpatient facility to primary care practitioner	Readmission Rates	Increase eConnect admissions data capture to 69.9% of all LA. Care admissions by 2017
Outpatient Setting: Pharmacy to PCP communication - Polypharmacy	Tracking members identified as having polypharmacy based on the following parameters: - More than 13 unique chronic medications - From 7 or more prescribers during a 4 month period -Receiving 2 or more prescriptions in the same drug class	Notify 90% of providers of members that meet criteria
Outpatient Setting: Pharmacy to PCP communication – Medications and Needed Labs	HEDIS specs for Monitoring of Patients on Persistent Medications – MPM: - ACEI/ ARBs - Digoxin (DIG) - Diuretics (DIU)	<u>Medi-Cal:</u> MPM-ACEI/ARBs-88% MPM-DIU 87% MPM-DIG-49%  <u>CMC:</u> Baseline Rate  <u>LACC:</u> MPM-ACEI/ARBs-82% MPM-DIU 81% MPM-DIG-41%

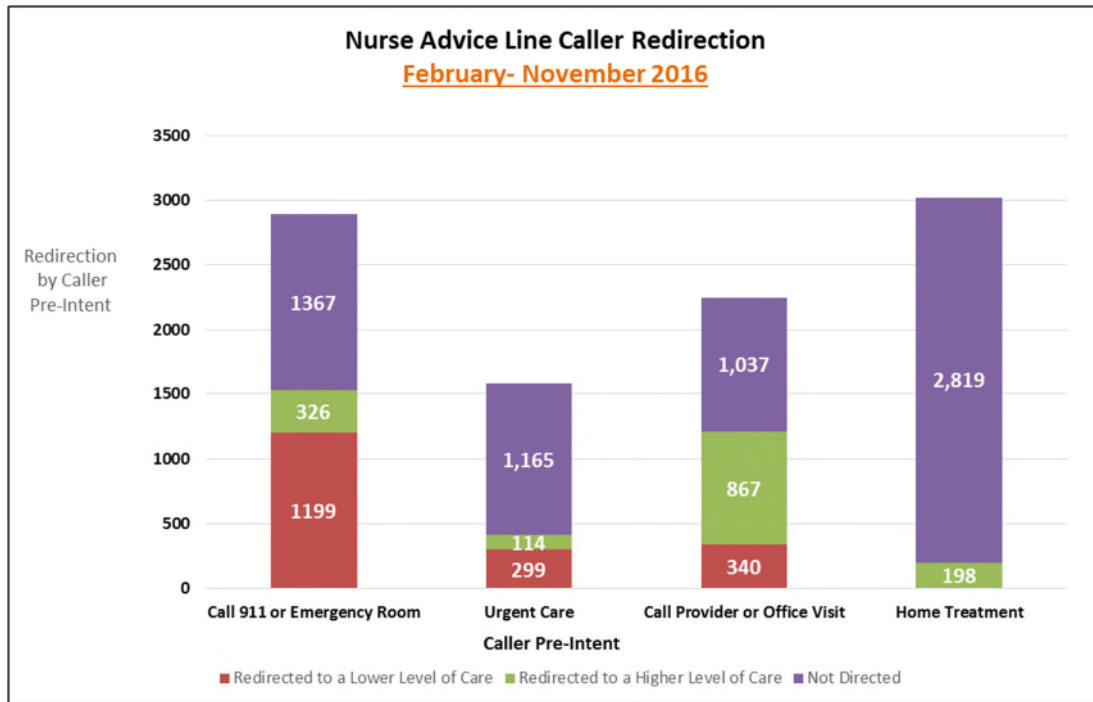
## **SECTION I. CONTINUITY AND COORDINATION OF CARE - TRANSITIONS IN MANAGEMENT**

### **A. TRANSITIONS IN MANAGEMENT: NURSE ADVICE LINE (NAL) TO ER DATA COLLECTION**

Annually, L.A. Care assesses the NAL member re-direction report. This report tracks:

- 1) The total number of calls made to NAL by member pre-intention.
- 2) Triage redirection or recommendation by the nurse after assessing the member.

Member pre-intention and triage redirection fall into the following categories or levels of care: Call 911 or Emergency Room, Urgent Care, Call Provider, and Home Treatment. L.A. Care started working with a new vendor, Health Dialog, on February 1, 2016. The report capture calls from members that are part of L.A. Care's direct lines of business: Managed Care L.A. Care (MCLA), Cal MediConnect, and LA Care Covered (LACC).



#### ***Quantitative & Causal Analysis***

There were a total of 9,731 calls made to the NAL from February 1, 2016 - November 1 2016. Depending on the NAL nurses' assessment and triaging algorithm, members are advised a particular level of care. Out

of the 9,731 calls 31% intended to treat themselves at home, while 29.7% had intended to go to the ER. Urgent Care had the lowest rate among the four pre-intent categories.

Of those that originally had intended to go the ER, 41.5% (1199) were redirected to a lower level of care such as Urgent Care or a provider office visit. Conversely, 38.6% (867) of those that had intended to wait to see their provider were redirected to a higher level of care.

***Opportunity for Improvement***

Sharing the NAL member encounter information with providers, especially those members directed to the ER or urgent care is an opportunity for improvement. Sending the notification to L.A. Care’s network of Participating Provider Groups (PPGs) can prompt the PCP or PPG to make a follow-up appointment with the member and/or address any urgent conditions.

**INTERVENTION TO ACT ON OPPORTUNITY**

Health Dialog submits reports to L.A. Care for all product lines (Medi-Cal, CMC, and LACC) on a daily basis. These reports include information about which members were redirected or advised to seek emergency services. L.A. Care sends those reports to its network PPGs, via secure email daily on business days. The NAL reports have been enhanced to include members redirected to urgent care (“Seek Care Now” and “Seek Care Today” categories in table below), beginning May of 2016. The vendor is also able to refer a member to L.A. Care’s Case Management or Disease Management programs, based on L.A. Care’s assessment criteria for each of those programs. Additionally, the vendor can assist members with finding the nearest Urgent Care facility in their network.

**Nurse Advice Line Notifications to PPGs**

Number of PPG Notifications					
2016	Go to the ER or Call 911	Seek Care Now	Seek Care Today	Monthly Total Notifications	Unique PPGs and Clinics
February	183	646	617	1446	63
March	194	586	542	1322	65
April	175	473	463	1111	66
May*	174	562	435	1171	60
June	179	517	502	1198	61
July	169	546	444	1159	66
August	157	465	422	1044	66
September	223	509	454	1186	64
October	180	524	454	1158	65
November	168	488	433	1089	65
<b>Grand total</b>	<b>1802</b>	<b>5316</b>	<b>4766</b>	<b>11884</b>	<b>641</b>

\*In May of 2016, "Seek Care Now" and "Seek Care Today" Notifications were sent to PPGs

### Measuring Intervention Effectiveness:

The NAL service began using a new vendor, Health Dialog, in February 2016. This year will provide baseline data for the NAL notifications to PPGs in the network. Approximately, 5% of L.A. Care’s members use the NAL service. These members in the direct lines of business (MCLA, CMC, LACC) are assigned to 65 PPGs. Since all members in L.A. Care’s direct network have the ability to call the Nurse Advice Line, it is still important for all applicable PPGs to have this information. Currently, there are 54 PPGs that have a process in place for receiving these notifications from L.A. Care which accounts for 83% of all unique PPGs. Therefore, the goal for 2017 will be to ensure 90% (59) of the PPGs represented by members calling the NAL have a process for receiving NAL notifications.

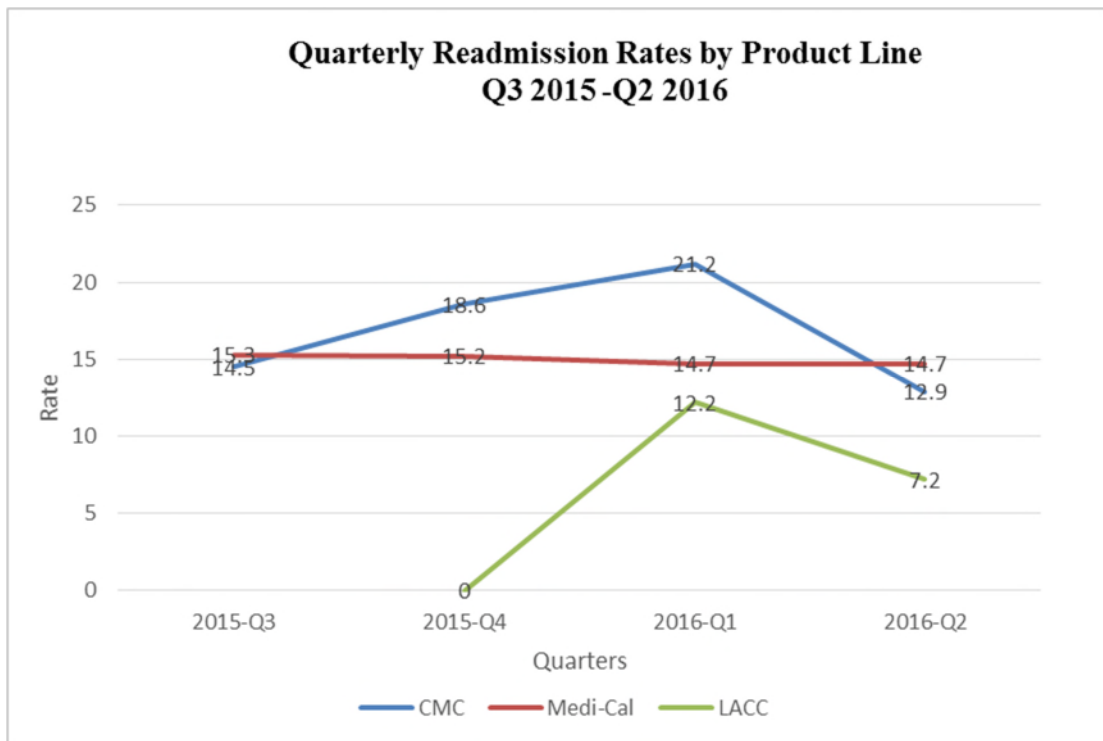
### B. TRANSITIONS IN MANAGEMENT: INPATIENT FACILITY TO PRIMARY CARE PRACTITIONER

Hospital readmissions are common, costly and negatively impact health outcomes. Data from the 2007 Healthcare Cost and Utilization Project (HCUP) on all-cause readmissions among non-elderly Medicaid patients revealed that Medicaid readmission rates were higher than commercially insured patients. For Medicare patients, nearly one in five were readmitted within 30 days of discharge from a hospital stay and estimates of the cost of these potentially preventable readmissions equates to \$12 billion dollars annually.<sup>11</sup> Readmission rates can be indicators of the need for better continuity and coordination of care.

The Key Performance Indicator (KPI) Reports tracks Inpatient Readmission Rates for Medi-Cal, L.A. Care Covered, and Medicare based on the unadjusted HEDIS specification for All Cause Readmissions.

#### Readmission Data Monitoring

##### (a) KPI Reports – Inpatient 30-day Readmission Rates for Medi-Cal, CMC, and LACC



<sup>1</sup> MedPAC. Report to Congress: Promoting Greater Efficiency in Medicare. June 2007. <http://www.medpac.gov/documents/Jun2007>.

## **Quantitative and Causal Analysis –Readmissions**

For Medi-Cal from the third quarter of 2015 through the second quarter of 2016 (July 2015-June 2016), the average Readmission Rate was 15.0%. The rate has dropped from last year's (September 2014-June 2015) reported rate of 17.2%.

For Medicare-CMC from the third quarter of 2015 through the second quarter of 2016 (July 2015-June 2016), the average Readmission was 17.1% and was lower than last year's (September 2014-June 2015) rate of 19.6%. This rates corresponds to a one star based on the 2017 Medicare Star Ratings.

For LACC, there was more variability month to month in readmissions, likely due to the smaller membership size. In addition, third quarter data from 2015 was not available. The average Readmission Rate for the three quarters depicted in the graph was 10.4%. However, due to the small population it is difficult to draw any conclusions at this time.

Discharge from a hospital is a critical transition point in a patient's care and organizations across the country are focused on hospital discharges as a high-yield opportunity to improve outcomes and reduce costs. However, knowledge of patients being admitted and discharged from hospitals is a barrier for many groups within L.A. Care's network. PCPs may not know when patients have been discharged which has a significant impact on patients accessing time-sensitive follow-up services.

## **Opportunities for Improvement**

The rate for Medi-Cal and Medicare has dropped two points for both product lines but there is still room for improvement. For Medicare-CMC, L.A. Care participated in a QIP for Transition of Care (TOC) to reduce readmission rates. Leading groups were interviewed to assess current efforts for TOC and to identify best practices. Most groups conduct TOC and discharge planning similarly across all lines of business. A TOC Readiness Assessment Tool was developed to help groups assess their current efforts and commit to enhanced TOC processes, including medication reconciliation, early inpatient assessment for readmission risk and care management across the transition. One of the key challenges for many groups is the timely transfer of key data across care settings. Improving the timeliness of data sharing between the hospital, L.A. Care, and the IPAs/PCPs will have a positive impact on coordination and continuity of care for L.A. Care members.

## **Intervention to act on Opportunity: HIT eConnect**

To increase timeliness of data sharing related to inpatient admissions, L.A. Care is taking action to enhance its network's ability and infrastructure to communicate (share data) with L.A. Care's Utilization and Care Management departments, IPAs and PCPs about which members are admitted inpatient. Timely exchange of this information can prompt the member's PCP/staff to make follow-up calls and schedule appointments with members' post-inpatient discharge leading to a potential reduction of readmissions.

## **Measuring Intervention Effectiveness: HIT eConnect**

Currently, L.A. Care receives hospital face sheets, clinical notes, and discharge summaries by fax. Given this lack of infrastructure to support efficient and timely communication of member admissions to the inpatient setting, L.A. Care has developed a pilot program called eConnect. In 2014, L.A. Care's eConnect pilot program began working to enhance the networks infrastructure to electronically receive member inpatient admission data from hospitals by establishing an ADT (admission, discharge, and transfer) feed from hospitals as well as establishing access by L.A. Care's Care Management team to Hospital EHRs. ADT information is shared (via an online portal) with L.A. Care's Utilization and Care Management department when members have been admitted to the inpatient setting; information that can then be shared with IPAs and subsequently PCPs. Thus, this pilot program directly impacts coordination and continuity



of care for all lines of business (Medi-Cal, CMC, and LACC) since it offers care managers, IPAs and PCPs “real-time” knowledge of when their patients have been admitted to the inpatient setting.

As of December 2016, 22 hospitals are now able to electronically notify L.A. Care through the eConnect interface upon member admission and 15 out of the 22 hospitals allow access to their EHR. There are an additional five hospitals having set systems in place and in the process of testing the eConnect ADT interface (expected “go-live” in 2017). This is a significant increase from the prior year. In 2015, there were only 10 hospitals that could electronically notify L.A. Care of admissions, discharges, and transfers. The table below list the hospital that are a part of the eConnect pilot program and the actual number of admission being captured at each site or hospital group.

<b>Inpatient Admissions Among Active ADT eConnect Hospitals for 2016</b>		
<b>Hospital Group</b>	<b>Hospital Site</b>	<b>Admissions Captured</b>
Adventist	Glendale	3,481
Adventist	White Memorial	2,665
Alta	Culver City	1,055
Alta	Hollywood	540
Alta	Los Angeles	975
Alta	Norwalk	320
Alta	Van Nuys--Mental Health Facility	617
Alta	Bellflower Community--Mental Health Facility	293
Alta	Foothill	6
Citrus Valley	Foothill Presbyterian Hospital	779
Citrus Valley	Inter Community	914
Citrus Valley	Queen of the Valley	3,889
Memorial Care Systems	Long Beach Memorial	See total below
Memorial Care Systems	Miller Children’s Hospital	See total below
Memorial Care Systems	<b><u>Memorial Care Systems total*</u></b>	6,602
Providence	Holy Cross	See total below
Providence	Little Company of Mary Hospital	See total below
Providence	St. Johns	See total below
Providence	St. Joseph	See total below
Providence	Tarzana	See total below
Providence	<b><u>Providence*</u></b>	9,662
	Huntington Memorial	1,056
	Valley Presbyterian Hospital	2,479
	Martin Luther King	714

Inpatient Admissions Among Active ADT eConnect Hospitals for 2016		
Hospital Group	Hospital Site	Admissions Captured
Total Admissions for active ADT eConnect Hospitals (% of total Admissions /year)		36,074 (39.2%)
Total L.A. Care Admissions/year for all Hospitals 10/01/2015-9/30/2016		91,910

\*Only Hospital Group data is available.

### Intervention Effectiveness: Discussion – Readmissions and eConnect

The goal of the project is to capture 69.9% of the data by the end of 2017. Last year the project was capturing an estimated 18.7% of admission. As of December 2016, the project is capturing an estimated 39.2% of total hospital admissions and is on track to meet their goal by the end of 2017. Over time, as the timeliness of ADT data exchange improves for the network, it is expected that improvements in data exchange will lead to lower readmission rates, as medical groups and providers are better able to identify high risk patients and provide more timely continuity and coordination of care.

## SECTION II. CONTINUITY AND COORDINATION OF CARE – OUTPATIENT SETTING

### A. OUTPATIENT SETTING: PHYSICIAN’S OFFICE, POLYPHARMACY

#### Data Collection - Polypharmacy

L.A. Care collects and utilizes pharmacy claims data in partnership with L.A. Care’s contracted Pharmacy Benefits Manager (PBM). From the health plan perspective, administrative pharmacy claims data is utilized to support polypharmacy interventions as the data includes member, provider, and medication specific details that are vital to the intervention process.

#### Identification of Polypharmacy

Although the term polypharmacy has no single-source consensus definition, polypharmacy may be described as potentially inappropriate/excessive utilization of medication therapy within the context of population health management. On January 1<sup>st</sup>, 2015, L.A. Care switched PBMs to Navitus Health Solutions (Navitus) and the methodology towards identification of polypharmacy as well as the intervention has subsequently changed.

As multiple aspects of drug utilization contribute to the pattern of polypharmacy, identification of polypharmacy in 2016 is based upon one or more of the following observations:

- **Multi-Prescriber** – Patients who have received prescriptions from 7 or more unique prescribers for at least 2 months during a 4 month period.
  - *The Multi-Prescriber Program identifies patients that have utilized multiple prescribers to obtain prescription medications during the last four months. Patients who seek prescriptions from multiple prescribers are at a higher risk for duplicate therapy and/or drug-to-drug interactions.*

- **Multi-Prescription** – Patients who have received 13 or more prescriptions per month for at least 3 months during a 4 month period.
  - *The Multi-Prescription Program identifies patients with a higher number of medications and that have demonstrated a consistent pattern of utilization during the last four months. Research has shown that as the number of medications used by a patient increases, the potential for adverse drug events increases exponentially.*
- **Duplicate Therapy** – Patients who have received 2 or more prescriptions in the same drug class for at least 3 months during a 4 month period.
  - *The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently during the last four months. Duplicate therapy has the potential for additive toxicity, adverse effects and may cause therapeutic redundancy without increased benefit to the patient. Additionally, simplifying the patient’s drug regimen to one drug may save the patient money and lead to greater adherence.*

### Quantitative and Causal Analysis - Polypharmacy

The following table highlights the number of members that were identified with pharmacy claims data as having met patterns of potentially inappropriate polypharmacy as described above (having multiple prescribers, multiple prescriptions, and/or duplication of therapy). Members were identified during 3 separate periods throughout 2016 (March, July, and November) with 4 month look back periods to identify polypharmacy patterns.

### Opportunities for Improvement

Better understanding of processes and behaviors that impact rates of polypharmacy, L.A. Care has identified an opportunity to improve the exchange of L.A. Care’s pharmacy data to providers so that providers are aware of which of their members meet the parameters for polypharmacy.

### Members Identified, Prescribers Mailed and Outcomes

LOB	Intervention	November 2016 Look back period: 7/1/16 - 10/31/16		July 2016 Look back period: 3/1/16 - 6/30/16		March 2016 Look back period: 11/1/15 - 2/28/16	
		Member Identified	Prescriber Mailed	Member Identified	Outcomes- % Members improved	Member Identified	Outcomes- % Members improved d
Medi-Cal	Multi-Prescriber	201	1,942	149	46.98%	132	55.30%
	Duplicate Therapy	858	799	763	28.57%	526	34.98%
	Multi-Prescription	2,042	3,807	2,153	26.94%	2,056	22.18%
Cal MediConnect	Multi-Prescriber	7	67	10	60%	10	40%
	Duplicate Therapy	59	77	47	17.02%	37	35.14%
	Multi-Prescription	148	458	145	21.38%	155	20%
L.A. Care Covered	Multi-Prescriber	0	0	0	N/A	1	100%
	Duplicate Therapy	6	9	2	0%	1	0%
	Multi-Prescription	1	6	1	100%	0	N/A

### **Intervention to act on Opportunity: Polypharmacy Provider Outreach**

The intervention for identified members is a prescriber mailing campaign administered by Navitus on behalf of L.A. Care, known as the Retrospective Drug Utilization Review (RDUR) Safety Program. For each identified member, Navitus sends out mailings to all prescribers that have played a role in the member's identification for having multiple prescribers, multiple prescriptions, and/or duplication of therapy. The mailing to prescribers includes details on the history of prescriptions filled (fill date, drug name, prescriber information, pharmacy information, etc.). The mailings occur in conjunction with the identification periods described in the previous section.

The purpose of the prescriber mailing intervention is to inform a prescriber of a patient's medication utilization that the prescriber may not be aware of. Although mailings are sent for all members identified with potential polypharmacy concerns, it is important to note that the prescriber must determine whether or not members truly have polypharmacy issues that need to be addressed. Certain identified members may be appropriately utilizing pharmacy services depending on factors such as the number of co-morbidities and complexity of their overall health status. The mailing also includes a brief recommendation on steps to be taken, which is intended to aid prescribers in addressing polypharmacy issues, when applicable.

### **Measuring Intervention Effectiveness: Change in Polypharmacy Drug Utilization Patterns**

For the purposes of this evaluation, the prescriber mailing intervention is considered to have contributed to an improved outcome under the following circumstance:

- Member is identified for one or more interventions (Multi-Prescriber, Multi-Prescription, and/or Duplicate Therapy) during a given intervention period.
- Member no longer qualifies for the same intervention(s) during the next intervention mailing period.
- Example: Member has 8 different prescribers and meets criteria for Multi-Prescriber mailings in March. From March to June, the number of different prescribers for the member has decreased to four (4) and member no longer meets the criteria for Multi-Prescriber mailings in July.

### **Intervention Effectiveness: Discussion – Polypharmacy Provider Outreach**

In contrast to previous methods used to measure intervention effectiveness (monitoring provider response rates to mailings), the intervention effectiveness of the prescriber mailing campaign implemented in 2015 is based upon actual changes in drug utilization patterns related to polypharmacy. A prescriber mailing intervention is considered to have made a contribution towards a positive outcome when members previously identified as having a polypharmacy issue no longer meet criteria in subsequent mailing periods.

For the Medi-Cal members, the letters may have contributed to improved outcomes in 22.2% to 55.3% of identified members. For Medicare members, improvement ranged from 20%-60%. There are several limitations to the above measured effectiveness of the intervention including the following: exclusion of disenrolled members during subsequent mailing periods was not incorporated and difficulty in concluding the exact cause of decrease in drug utilization patterns. However, based upon available data of the prescriber mailing interventions in 2016, it does appear that the RDUR Safety Program is making a positive impact towards reduction of drug utilization with potential polypharmacy concerns especially when it comes to multiple prescribers which have the highest outcome rates among the three categories.

At this time, the denominator for L.A. Care Covered is too small to draw any conclusions regarding the effectiveness of the intervention. Currently, there are so few people in the denominator that it appears polypharmacy is not a significant issue in this population. It may be that these members are so concerned with cost that they underutilize services and are less likely to fill prescriptions. Until we reach a denominator size of at least 30, it will be difficult to evaluate this intervention.

**B. OUTPATIENT SETTING: PHYSICIAN’S OFFICE, MEDICATIONS AND NEEDED LABS**

**Data Collection - Annual Monitoring of Patients on Persistent Medications (MPM)**

For patients on persistent medications, appropriate monitoring can reduce the occurrence of preventable adverse drug events.<sup>12</sup> For the three MPM measures (outlined in table below), an annual monitoring event is one serum potassium and a serum creatinine level. Digoxin requires a serum digoxin level in addition to serum potassium and serum creatinine test.

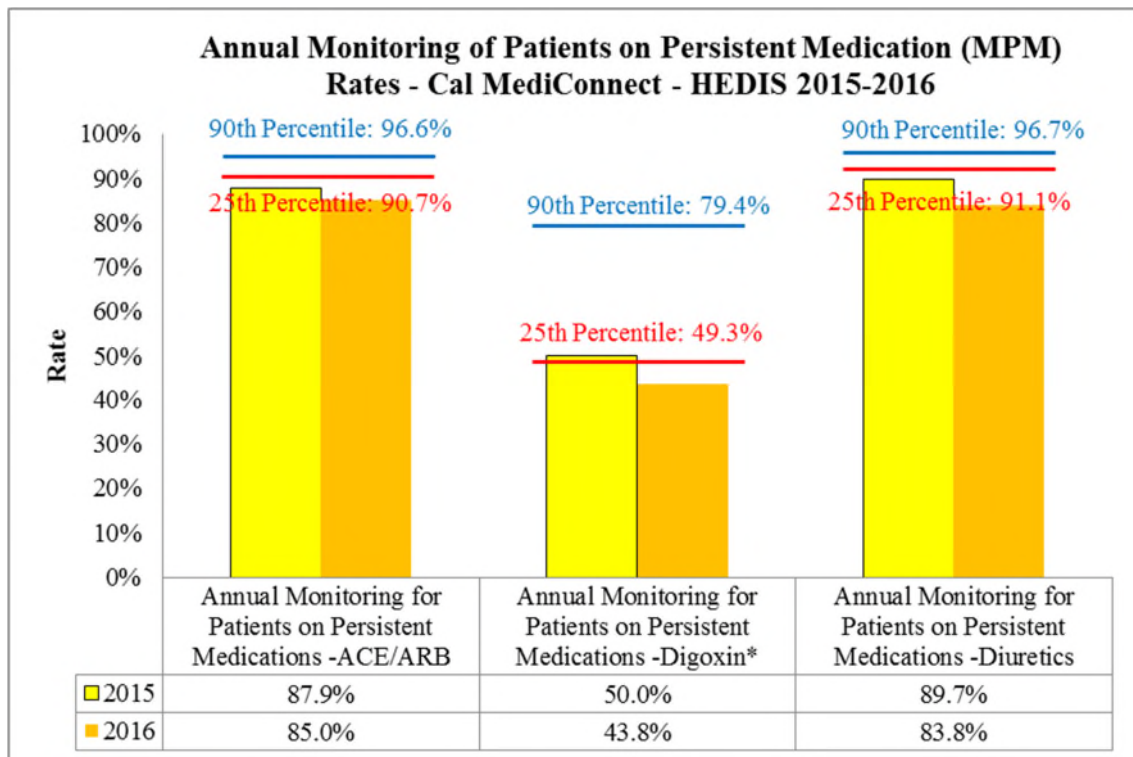
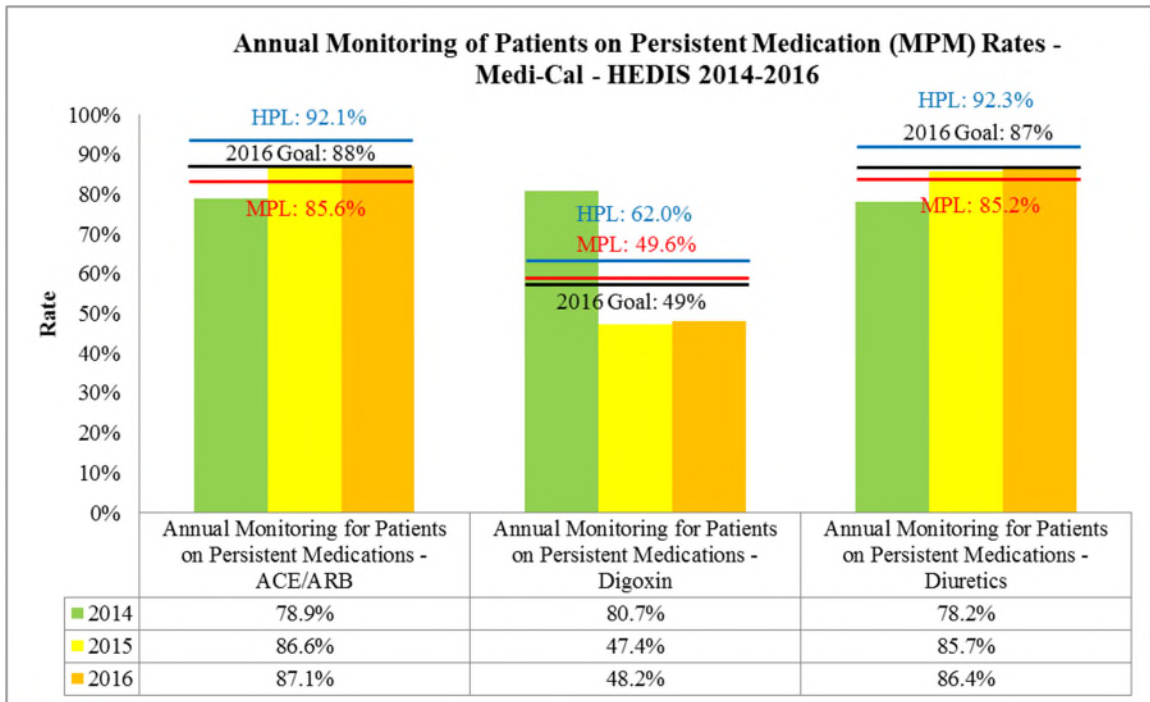
Annual monitoring of these medications allows providers to assess for side-effects and adjust drug dosage however, there are multiple barriers including that often members are taking medication from multiple prescribers. Thus, enhancing coordination and continuity of care is vital for improving the MPM measure and patient safety – PCPs must be aware of all the medications their members are taking, even those prescribed by specialists, so that appropriate testing can occur annually.

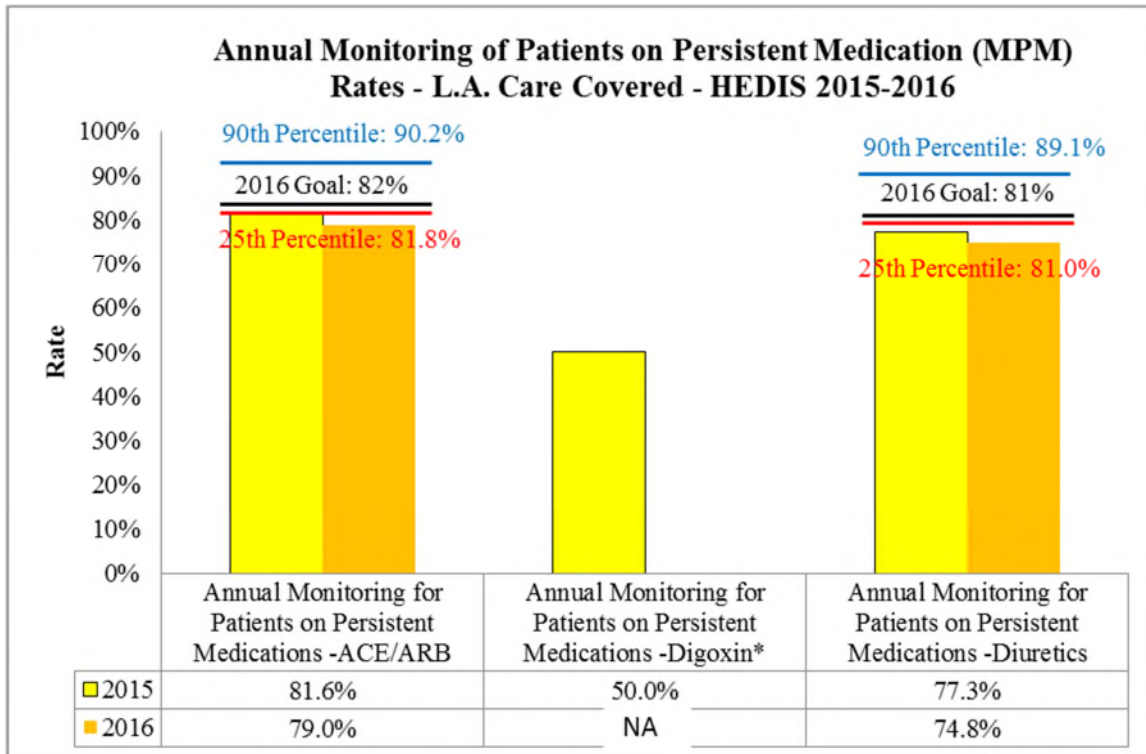
<b>HEDIS Measure</b>	<b>Specific Indicator(s)</b>	<b>Measure Type</b>
Annual Monitoring of Patients on Persistent Medication- ACE /ARBs	The percentage of members 18 years and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year, and received at least one therapeutic monitoring event for the therapeutic agent in the measurement year.  A therapeutic monitoring event is a serum potassium and a serum creatinine test. Members on digoxin need an additional digoxin test.	Admin
Annual Monitoring of Patients on Persistent Medication- Digoxin		Admin
Annual Monitoring of Patients on Persistent Medication- Diuretics		Admin

<sup>12</sup> NCQA. Annual Monitoring of patients on persistent medication.  
<http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2014TableofContents/PersistentMedications.aspx>

## RESULTS

The following graph compares L.A. Care in 2014, 2015, and 2016:





\*The denominator was below 30 members.

## QUANTITATIVE AND CAUSAL ANALYSIS

### Medi-Cal

#### Quantitative Analysis

The rates for ACE/ARBs, digoxin, and diuretics showed modest improvements but did not meet the goals for 2016. The ACE/ARBs rate was 87.1% and was above the minimum performance level (MPL) but did not meet the goal of 88%. The digoxin rate came in just below the goal and minimum performance level at 48.2%. The diuretics rate was 86.4% and increased by 1.3% over the prior year but it also did not meet the goal of 87%. The diuretic rate met the minimum performance level.

#### Disparity Analysis

L.A. Care also conducted an analysis based on Plan Partner, age, gender, ethnicity, region, and language to examine whether disparities exist in receiving these tests. The HEDIS 2016 results indicate that there is a much lower rate among younger members, with those 18-25yrs of age having completed their labs at a rate of 72.4% for ACE/ARBs 70.5% for Diuretics. For digoxin, those 26-35yrs of age had the lowest rate at 34.5%.

### CMC

#### Quantitative Analysis

The rates for 2016 are CMC baseline rates since it is the first full year of membership since L.A. Care transitioned to Cal MediConnect (CMC) mid-2014. L.A. Care's CMC 2016 rate for MPM ACE/ARBs was 85%, and 83.8% for diuretics. The digoxin rate was 43.8%. The rates did not meet the minimum performance level.

## **LACC**

### ***Quantitative Analysis***

The rates for 2016 were lower than the prior year. The ACE/ARB rates were 79% and 2.4% lower than the prior year. The diuretics rate was 74.8%. The digoxin rate was not reported since the denominator fell below 30 members. Both the ACE/ARB and diuretic rates were below the NCQA commercial plans MPL and did not meet the goals.

### ***Qualitative Analysis***

Medi-Cal rates from HEDIS 2015 to HEDIS 2016, had modest improvements from the prior year. The Medi-Cal ACE/ARBs and digoxin rate improved less than 1%. The diuretic rate improved by 1.3%.

CMC rates for 2016 represent baseline rates due to the product line transition that occurred in 2014 (HEDIS 2015). These rates are below the 25<sup>th</sup> percentile for traditional Medicare plans Medi-Cal plans. This could be simply due to the fact that this is a new product line and there may be gaps in data or it may be that this population is less engaged in their care.

Likewise, this year also represents the MPM baseline rates for LACC. The rates for this group are lower than all three product lines and are below the 25<sup>th</sup> percentile for commercial rates. This may be due to an overall trend to underutilize services that has been noted in other measures for this population. Future interventions for all LACC should focus on ensuring members have at least one visit with their PCP.

### **Opportunities for Improvement**

There is opportunity to improve the exchange of L.A. Care's pharmacy and lab data to providers so that providers are aware of which of their members require annual monitoring tests for ACE/ARBs, diuretics, and/or digoxin. Improving the data exchange process to make it more clinically actionable (timeliness, frequency, accuracy) by providers and care teams will have a positive impact on coordination and continuity of care for L.A. Care members.

### **Intervention to act on Opportunity:**

Based on the identified barriers and data, L.A. Care continues to educate members on the need for testing and continues to notify providers of members that need annual testing annually. In October of 2016, a reminder mailer was sent to all non-compliant members. Live agent calls were also made to 1,582 members that were either in disease management or case management and were missing one or more preventing screening including monitoring for the MPM measures. In addition, MPM was included in the Provider Opportunity Reports (gap in care reports) for all three product lines to improve the exchange of data between L.A. Care and providers. This year was the first year that CMC and LACC providers received the provider opportunity reports. The outcome of the 2016 interventions will be measured in 2017.

### **Intervention Effectiveness:**

L.A. Care is working on measuring compliance rates after interventions are launched and is looking into creating control groups as well to develop more real-time evaluation of each campaign. At this time we are awaiting the HEDIS results that are released in June to measure effectiveness for this measure.



## INTERVENTIONS DURING 2016

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Annual Monitoring Of Patients On Persistent Medication (MPM)	<ul style="list-style-type: none"> <li>Providers may be unfamiliar with members medication history</li> <li>Providers do not know the member is part of their panel</li> <li>Providers are unaware of need for lab tests.</li> <li>Members may not know that these drugs need annual monitoring</li> <li>Incomplete capture of lab data may be contributing to lower rates</li> </ul>	<ul style="list-style-type: none"> <li>Provider Opportunity Reports included the MPM measures and were distributed to all PCPs including CMC and LACC PCPs</li> <li>In 2016, the LA P4P and the P4P program continued to include MPM total rate in their incentive program.</li> <li>In October, members were sent a mailer explaining the need for lab tests and to contact their doctor to schedule a test(s)</li> <li>Webinars with PPGs addressed low performance and data management</li> </ul>	<ul style="list-style-type: none"> <li>Results will be reported in 2017</li> </ul>

### 2017 WORK PLAN GOALS:

Setting	Goals
Transition in Management: Nurse Advice Line (NAL) to ER	Notify 90% of the network PPGs (direct line) of members directed to the ER.
Transitions in Management: Inpatient facility to primary care practitioner	Increase eConnect admissions data capture to 69.9% of all LA. Care admissions by 2017.
Outpatient Setting: Pharmacy to PCP communication - Polypharmacy	Notify 90% of providers of members that meet criteria.
Outpatient Setting: Pharmacy to PCP communication – Medications and Needed Labs	<p><u>Medi-Cal:</u> MPM-ACEI/ARBs-87% MPM-DIU 88% MPM-DIG-50%</p> <p><u>CMC:</u> MPM-ACEI/ARBs-91% MPM-DIU 91% MPM-DIG-49%</p> <p><u>LACC:</u> MPM-ACEI/ARBs-82% MPM-DIU 1% MPM-DIG-82%</p>

## **SECTION III. MANAGED LONG-TERM SERVICES & SUPPORTS (MLTSS)**

### **BACKGROUND**

Service from L.A. Care's Managed Long Term Services and Supports (MLTSS) Department help nearly 73,000 unique members remain living independently in the community; MLTSS also oversees custodial long-term care provided in a skilled nursing or intermediate care facility. Members receive care through Community Based Adult Services (CBAS), Long Term Care (LTC) Nursing Facilities, Multipurpose Senior Services Program (MSSP), Care Plan Options (CPO) and In-Home Supportive Services (IHSS). Our Care Plan Options program also referred Cal MediConnect (CMC) members to "free" community-based services (such as restoration/payment of utility services, food, dental care and transportation) and to "paid" CPO services (such as grab bars, personal emergency response systems, and blood pressure monitors).

### **MLTSS 2016 QUALITY OVERSIGHT GOALS AND ACHIEVEMENTS**

Four goals continued to guide the MLTSS 2016 quality oversight strategy for MLTSS:

- **Goal #1:** Build a "high touch" culture for members and providers.
- **Goal #2:** Improve MLTSS member health through stronger partnerships.
- **Goal #3:** Enhance member and provider satisfaction.
- **Goal #4:** Establish strategies for effectiveness and efficiency.

### ***"High Touch" Culture for Members and Providers***

MLTSS focused three program initiatives to support a "high touch" culture that fosters member and provider engagement.

*SPA-Based Neighborhood Approach.* Created a member-focused neighborhood approach organized by Service Planning Area (SPA) for serving frail elders and their caregivers. MLTSS collected zip code data and mapped MLTSS membership and providers. An analysis of L.A. Care members with MLTSS by SPA shows:

- SPA 2 (San Fernando Valley) has the most (27%)
- SPA 4 (Metro) is next (17%)
- SPA 3 (San Gabriel Valley) and SPA 6 (South) each have 14%
- SPA 7 (East) and SPA 8 (South Bay) each have 10%
- SPA 5 (West) has only 5%
- SPA 1 (Antelope Valley) has the least (4%).

*Community Health Workers.* Explored models for adding Community Health Workers to the Cal MediConnect Model of Care to improve self-management skills for frail elderly members. Medical Director, Rafael Amezcua, MD and MLTSS Director, Judy Cua-Razonable, RN participated in L.A. Care's CMC Model of Care Case Management and Frail Elderly Workgroups.

*Community Transitions.* Launched a project to help dually-eligible individuals in nursing facilities transition back to the community, and those residing in the community to remain living safely there. While it is too soon to tell whether this effort will reduce inappropriate Long Term Care Nursing Facility placements, we have begun to build a foundation to achieve this long-term goal. During the authorization process our Nurses began to identify members with the potential to be diverted from long-term Nursing Facility placement and to work with Nursing Facility personnel to achieve this goal. We also engaged Community Care Transition (CCT) providers (California's "Money Follows the Person" program) to train our Long Term Care Nursing Facility Nurses on the process and resources needed (i.e., housing and supportive services) to return a Nursing Facility resident to community living. In turn, the Nurses worked

with Nursing Facility staff to begin to identify members with the potential to transition back to the community.

### ***MLTSS Member Health Improvement***

MLTSS achieved solid gains to improve MLTSS member health by forging bonds with key external and internal partners and strengthening their abilities.

*Unplanned Member Transitions.* As part of an 18-month National Committee of Quality Assurance (NCQA) Learning Collaborative on *Improving Outcomes for Vulnerable Populations*, collected member Health Risk Assessment (HRA) data and compared it to unplanned member transitions. The SCAN Foundation and the John A. Hartford Foundation are funding the Learning Collaborative. Unplanned transitions are defined as hospitalizations following an Emergency Room visit. We tracked data among CMC and Medi-Cal-only (Seniors and People with Disabilities) members receiving MLTSS. A regression analysis of the data identified Skilled Nursing Facility (SNF) placement as a critical variable in predicting unplanned transitions to the hospital. This is consistent with the findings of a L.A. Care CMC Quality Improvement Project for Transition of Care (QIP-TOC) designed to reduce 30 day readmissions. The QIP-TOC found that for the Participating Physician Group (PPG) with the highest readmission rate (over 40 percent) approximately 30 percent of the 30 day readmissions in the group came from a SNF or LTC setting. A quality program called INTERACT (Interventions to Reduce Acute Care Transfers) was introduced to monitor changes in the status of institutionalized members, improve care, and reduce the frequency of potentially avoidable transfers to the acute care setting. INTERACT was also shared more broadly with CMC PPGs in a September 2016 webinar as part of the QIP-TOC.

*Participating Physician Group Training on MLTSS.* In the context of a formal Performance Improvement Project (PIP) and in collaboration with the California Department of Health Care Services (DHCS) and the Health Services Advisory Group (HSAG), collaborated with MedPoint Management's PPG, Health Care Los Angeles (HCLA) to address unmet MLTSS needs among HCLA members. Bi-weekly relationship-building teleconferences augmented on-site training of MedPoint's case management and utilization management staff on June 15, 2016. We used information from L.A. Care's *Health Risk Assessment* for CMC members, created a list of HCLA members with impairment indicators, and shared the list with MedPoint Management to use in contacting members by phone and referring them to MLTSS and community resources for support. While it is too soon to tell whether this effort will result in an increase in referrals to MLTSS, we are monitoring the results and will begin to report them to the State in 2017. We will share identified best practices with other L.A. Care PPGs.

*MSSP Providers' Role in Support of L.A. Care Members.* Broadened the role of MSSP providers in supporting L.A. Care members. In July 2016, we launched the *Complex Social Services (CSS)* program to augment L.A. Care's telephonic Social Services. MLTSS contracted with three MSSP providers—Alta Med, Jewish Family Services (JFS) and Partners in Care Foundation (PICF)—to conduct a face-to-face assessment and care plan in the member's home, potentially leading to time-limited care coordination. To date, we have provided 13 members with CSS. With the departure of APS Healthcare, the MLTSS Management Team successfully transitioned the MLTSS Care Plan Options (CPO) program to Los Angeles MSSP providers in December 2016. We executed contracts with four of the six MSSP providers (Alta Med, Huntington Hospital (HH), JFS, and PICF), created a mechanism for referrals, invoicing and payment, developed project materials, and trained L.A. Care and MSSP staff on the program and processes. In coordination with L.A. Care's Customer Solutions Center (formerly Member Services) and Clinical Assurance Departments, we also guided the successful transition of the face-to-face Health Risk Assessments (HRA) function to these four MSSP providers.

*MLTSS Quality per CMS Regulation.* Briefed L.A. Care's Health Services leadership and participated in a Mathematica-NCQA study to develop and test measures for members receiving MLTSS related to the Centers for Medicare and Medicaid Services (CMS) update to Medicaid managed care regulations in early 2016. Directed at the States, the final rule has several key provisions that impact MLTSS including requirements for: 1) MLTSS provider network adequacy; 2) a mechanism to identify individuals with MLTSS needs; 3) assessment and treatment planning for members receiving MLTSS; and 4) stakeholder engagement (including members, caregivers and community-based providers). We are creating a plan for MLTSS stakeholder engagement beginning in 2017.

*Provider Network Quality.* In collaboration with L.A. Care's Quality Improvement and Credentialing Departments, met with California Department of Public Health (CDPH) and California Department of Aging (CDA) representatives to better understand the regulatory requirements of LTC Nursing Facilities and CBAS (including inspections, sanctions, fines and corrective actions) and the resources available to health plans for monitoring and oversight. The Credentialing Department incorporated these resources into its credentialing, recredentialing and ongoing monitoring processes. Identified issues are now referred to the Medical Director of Quality Improvement & Health Assessment and the Credentialing Chair for review along with internal L.A. Care quality data and publically available quality data such as *Nursing Home Compare*. The collaboration with CDPH and CDA, as well as with L.A. Care's Provider Network Management Department, has improved L.A. Care's ability to quickly identify and intervene to assist LTC Nursing Facilities and CBAS providers at risk of closure. At L.A. Care's urging, the CDA has also begun to publish more facility-level information on their website for use by health plans.

*LTC QI Committee.* Continued a 10-member Long Term Care (LTC) Quality Improvement (QI) Committee that meets quarterly and reports to L.A. Care's Quality Oversight Committee (QOC). This cross functional committee includes representation from MLTSS, Behavioral Health, and Quality Improvement Departments, as well as Administrators from three Nursing Facilities contracted with L.A. Care. The Committee has addressed important issues related to contracting, credentialing and oversight of our LTC Nursing Facilities. In coordination with Provider Network Management, the Committee also conducted a webinar to help Nursing Facilities better understand and manage behavioral health issues among residents. Based on identified barriers related to Nursing Facility placement, we convened a LTC-Behavioral Health Workgroup in October 2016. In order to better understand unmet member needs, the Workgroup created a draft workflow reflecting key barriers for members with behavioral health conditions at risk of delays in transferring out of an acute care setting to a Nursing Facility. The Workgroup will reach out to key Nursing Facility providers and community stakeholders to incorporate best practices for addressing barriers and unmet needs in 2017.

*Critical Incident Reporting.* Collaborated with L.A. Care's Quality Improvement Department and the CDA to train CBAS providers on L.A. Care and State-required critical incident reporting through a webinar offered in April 2016. CDA modified their form to include a reminder to CBAS providers to submit critical incidents to the health plans.

*Caregiver Support.* Developed, with the L.A. Care Communications Department, a Caregiver Study (including survey and focus groups) of L.A. Care members' caregivers (43 percent of whom are IHSS workers) to profile the L.A. Care caregiver population and better understand their needs. Two-thirds said they had had no training; more than half reported being overwhelmed; less than five percent had received support from community service providers. A cross-departmental Caregiver Workgroup is creating a multi-faceted approach to caregiver support including: caregiver needs assessment; respite care; and training and support. This caregiver support initiative is scheduled to launch in 2017.

*Dementia Care Training.* Trained 18 CBAS and LTC Nursing Facility providers on *Optimizing Dementia Care in Clinical Practice*. L.A. Care Medical Director, Rafael Amezcua, MD focused on incorporating

cognitive screening into routine practice; best practices in medication treatments for people with dementia; prioritizing key post-diagnostic disease management items; and connecting caregivers to community-based resources and services. Partnered with Alzheimer's Greater Los Angeles (AGLA) to create professional training webinars aimed at a better dementia-capable system of care. A two-part series engaged 95 L.A. Care MLTSS, Case Management and Behavioral Health staff in April 2016. AGLA Director of Professional Training and Healthcare Services delivered both parts: (1) *Fundamentals of Alzheimer's Disease for Care Managers*; and (2) *Effectively Managing Behavioral Symptoms of Alzheimer's Disease*.

*Coordinated Care Initiative (CCI) Learning Collaborative.* Participated in the CCI Learning Collaborative of California health plans to develop and apply strategies for innovative services to MLTSS. The Learning Collaborative, sponsored by the SCAN Foundation and California Association of Health Plans (CAHP), covered a myriad of topics related to MLTSS including: Dual Demonstrations (guests from other States included Massachusetts-based *Commonwealth Care Alliance*, New York-based *Independence Care System* and Ohio-based *CareSource*); California CCI Evaluation by the University of California at Berkeley; Intensive Home Based Care Model of Care by Inland Empire Health Plan (IEHP); Nursing Home and Community Transitions by Health Plan of San Mateo (HPSM); Enhancing Performance Through Partnerships Across the Continuum by Collaborative Consulting; and MLTSS and Care Plan Options by HPSM. L.A. Care hosted the initial Learning Collaborative on May 4, 2016 and attended subsequent meetings at HPSM on July 18, 2016 and IEHP on October 17, 2016. In addition to L.A. Care, other California health plans participating included Anthem/Blue Cross, Cal Optima, Health Net, HPSM, Kaiser Permanente, IEHP, Molina, and Santa Clara Health Plan.

### ***Enhance Member and Provider Satisfaction***

MLTSS offered training and gathered data to evaluate impact and guide innovation for member and provider satisfaction. Highlights include:

- Participated on six L.A. Care Interdisciplinary Care Teams weekly to educate Case Management and Behavioral Health staff about MLTSS and community resources and support member access to MLTSS. We also held a weekly MLTSS Care Coordination Team meeting for CMC and Medi-Cal only SPD members requesting more than one MLTSS service (CBAS, IHSS and/or MSSP).
- Conducted staff education to help ensure member-focused care coordination and customer service. Eight MLTSS *All Staff* meetings focused MLTSS staff training on a variety of topics including: L.A. Care's Provider Network Management (PNM) Contracting Process; CBAS and Long Term Care Nursing Facility Providers; Care Plan Options and Complex Social Services; and MLTSS Member Satisfaction Survey. MLTSS staff also provided 35 trainings to L.A. Care staff, PPGs, CBAS and LTC Nursing Facilities, and community-based partners.
- Collected and analyzed grievance and appeal data for members in MLTSS to identify trends in members' needs and develop optimal resource allocation through Care Plan Options; used grievance and appeal data to identify two members for referral to Care Plan Options.
- Presented an overview of MLTSS programs and accomplishments at the December 8, 2016 CCI Stakeholder Advisory Committee.
- Launched member and provider telephone satisfaction surveys in L.A. Care's systems. We are working through process issues to survey individuals and providers who telephone the MLTSS Triage Unit. Results will drive refinement of the provider and member satisfaction surveys in 2017.
- Developed and implemented, in coordination with the PNM Department, a preliminary application for new Los Angeles CBAS providers wishing to contract with L.A. Care. The process is: 1) We direct the CBAS applicant organization representative to PNM as a point of entry; 2) PNM staff request a Letter of Intent, W-9 with tax identification and CBAS Applicant Questionnaire; 3) Using a *CBAS Applicant Questionnaire*, MLTSS staff complete a CBAS applicant assessment and make a recommendation to PNM to proceed or not proceed with the CBAS application (MLTSS may also request additional information and/or ask the CBAS applicant for an interview; 4) PNM

notifies the CBAS applicant organization representative and L.A. Care Credentialing Department of the outcome and proceeds with the contracting process per protocol; and 5) Credentialing Department follows up with the credentialing process per protocol. To date, L.A. Care has reviewed 19 applications and approved them to proceed with L.A. Care's contracting and credentialing process.

### ***Strategies for Effectiveness and Efficiency***

MLTSS developed processes to enhance operating efficiency and meet organizational and regulatory requirements, including:

- Developed seven quality performance measures for MLTSS (patient satisfaction, avoidance of hospital admissions for ambulatory care sensitive conditions, hospital admissions, readmission rates, emergency room visits, ambulatory care visits, and grievances) and worked with the Health Outcomes & Analysis Department to establish a process for tracking and trending the performance measures.
- Established a process to track and trend invoice submission and payment in coordination with the six MSSP providers and the L.A. Care Finance Department to ensure timely payments in compliance with State MSSP requirements; turnaround time between the invoice received by L.A. Care and payment to the MSSP provider is just 18 days.
- Implemented a system to identify MLTSS and community-based resource needs for high-risk CMC "opt outs" in accordance with the guidelines outlined in the California DHCS All Plan Letter 14-010. The Assessment Review process 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 and CBAS caregivers; action plans to address unmet needs; and referrals to MLTSS and community services. To date, we have conducted Assessment Reviews on 623 L.A. Care members receiving care in CBAS, IHSS or MSSP.
- Documented MLTSS CSP+ core system requirements in complex Business Requirement Documents (BRDs) for submission to L.A. Care Information Technology Department. Core system transition work will continue through 2017.
- Established a process for tracking and trending MLTSS referrals to non-emergency and non-medical transportation; in 2016, Logisticare, Access, Dial-A-ride and Metro MTA provided 541 rides to members through MLTSS. We also participated in a L.A. Care's Transportation Committee to redesign the administration of L.A. Care's transportation benefit, ensure member's ease of access to transportation, and provide utilization oversight of the benefit. The Committee will implement its work in 2017.

### **MLTSS 2017 QUALITY OVERSIGHT GOALS**

- For 2017, MLTSS will continue to focus on the four quality oversight goals:
  - **Goal #1:** Build a "high touch" culture for members and providers.
  - **Goal #2:** Improve MLTSS member health through stronger partnerships.
  - **Goal #3:** Enhance member and provider satisfaction.
  - **Goal #4:** Establish strategies for effectiveness and efficiency.

### **RESPONSIBILITY, AUTHORITY AND ACCOUNTABILITY**

The L.A. Care Board of Directors delegates' authority to the Compliance and Quality Committee, which is responsible and accountable for the quality of care and service provided to L.A. Care members. The L.A. Care Chief Medical Officer (CMO) oversees and provides direction to L.A. Care's Quality Oversight Program and ensures that program objectives are accomplished. The CMO appoints the Senior Director

and Medical Director of MLTSS, whose responsibilities encompass the unique care and service needs of MLTSS, including quality oversight.

## **A.8 CONTINUITY AND COORDINATION OF MEDICAL AND BEHAVIORAL HEALTHCARE**

### **BACKGROUND**

The Behavioral Health Services Department aims to ensure behavioral health and physical health care integration for members with a range of mental health and substance use conditions. Since January 2014, a new set of behavioral health benefits were added to the Medi-Cal program administered by the health plan. The new set of benefits provides treatments for members who meet the level of functioning impairments ranging from mild to moderate. Beacon Health Strategies (Beacon) is the Behavioral Specialty Care vendor that is responsible for administering these new benefits for members with mild to moderate mental health conditions. The L.A. County Department of Mental Health (DMH) is responsible for providing services to Medi-Cal members with severe and persistent mental illness and moderate to severe levels of functional impairment and Drug Medi-Cal services is carved out to the LA County Department of Public Health/Substance Abuse Prevention and Control (DPH). Individuals must meet a set of medical necessity criteria in order to receive services in the carved out specialty mental health services. L.A. Care has a Memorandum of Understanding (MOU) with both entities to provide this level of care services for our members with Severe Persistent Mental Illness with severe functional impairments.

In 2016, L.A. Care continued to collaborate with behavioral healthcare practitioners to monitor and improve coordination between medical care and behavioral healthcare. To drive collaboration, L.A. Care collects data in 6 areas: Exchange of information between PCPs and Behavioral Health Practitioners (BHPs), Appropriate diagnosis and treatment, and referral of behavioral health disorders commonly seen in primary care, Appropriate uses of Psychopharmacological medications, Management of treatment access and follow up for member with coexisting medical and behavioral disorders, Prevention programs for behavioral health, and Special needs of members with severe and persistent mental illness.

### **2016 WORK PLAN GOALS:**

<b>Measure</b>	<b>2016 Medi-Cal Goals</b>	<b>2016 Cal MediConnect Goals</b>	<b>2016 L.A. Care Covered Goals</b>
Exchange of information	80% of providers will be always/usually satisfied with the exchange of information between PCP and Behavioral Health Practitioners (BHPs)	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs
Appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit



Measure	2016 Medi-Cal Goals	2016 Cal MediConnect Goals	2016 L.A. Care Covered Goals
Appropriate uses of Psychopharmacological medications	100% of providers will be notified of members with 29 or more controlled substances	100% of providers will be notified of members with 29 or more controlled substances	100% of providers will be notified of members with 29 or more controlled substances
Management of treatment access and follow up for member with coexisting medical and behavioral disorders	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication
Primary prevention behavioral health program implementation	Provide stress and anxiety management classes at L.A. Care's Family Resource Centers	Provide stress and anxiety management classes at L.A. Care's Family Resource Centers	Provide stress and anxiety management classes at L.A. Care's Family Resource Centers
Secondary prevention behavioral health program implementation	Conduct provider education to improve substance abuse screening	Conduct provider education to improve substance abuse screening	Conduct provider education to improve substance abuse screening
Special needs of members with severe and persistent mental illness	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

## MAJOR ACCOMPLISHMENTS

- In 2016, together with the HITECH-LA, the BH Department continues to achieve deliverables and monitors the one year grant from the California Health Care Foundation and the BlueShield Foundation to study the outcome of a pilot eManagement for behavioral health. L.A. Care sought an extension to the grant due to implementation delays of pilot program.
- L.A. Care, along with the L.A. County Department of Mental Health, continue to participate in the SMINet Initiative with Rutgers' University in 2016. This is a four year, multi-state consortium focused on increasing the utilization of evidence based clinical and policy practices to improve care for adults with severe mental illness (SMI). Quality improvement goals focus on care transition, metabolic monitoring, and poly-pharmacotherapies.
- In April 2016, the BH Department successfully completed ACAP's (Association of Community Affiliated Health Plans) nationwide 7-month Learning Collaborative on Health Integration and produced an integrative BH into primary care plan.
- In October 2016, together with the Safety Net Initiative Department, the BH Department was awarded a third phase Blue Shield Foundation grant. The current grant has shifted from creating Health Neighborhoods in specific targeted regions/areas in LA County to the assist in the planning and implementation of Whole Person Care.
- In September 2016, together with the HITECH-LA, the BH Department continues its planning and implementation of its 4-year CMS Innovation Grant supporting a Practice Transformation Network (PTN) of 3100 PCPs. The focus of the grant is to transform PCPs practice to improve the quality of care and care integration for individuals with the diagnosis of Diabetes and/or Depression. L.A. Care has successfully enrolled 3100 PCPs into the program and currently working on learning collaborative and coaching.

- In October 2016, together with the HITECH-LA, the BH Department piloted the BH eManagement Provider Incentive Program with 25 primary care provider. The program encourages screening of depression, anxiety, and alcohol use. Additionally and as appropriate, providers are able to engage in consultative online dialogues with specialty reviewers who are psychiatrists.
- A total of 38 BH related CME/CE activities for year 2016 with a total of 105.25 CME/CE credits designated for physicians, nurses, and behavioral health clinicians.

**I. EXCHANGE OF INFORMATION**

L.A. Care measures in-network providers’ satisfaction with continuity and coordination of care they have experienced with behavioral health specialists. L.A. Care acknowledges that continuity of care is important to ensure that members receive the highest quality of care possible.

**RESULTS**

**METHODOLOGY**

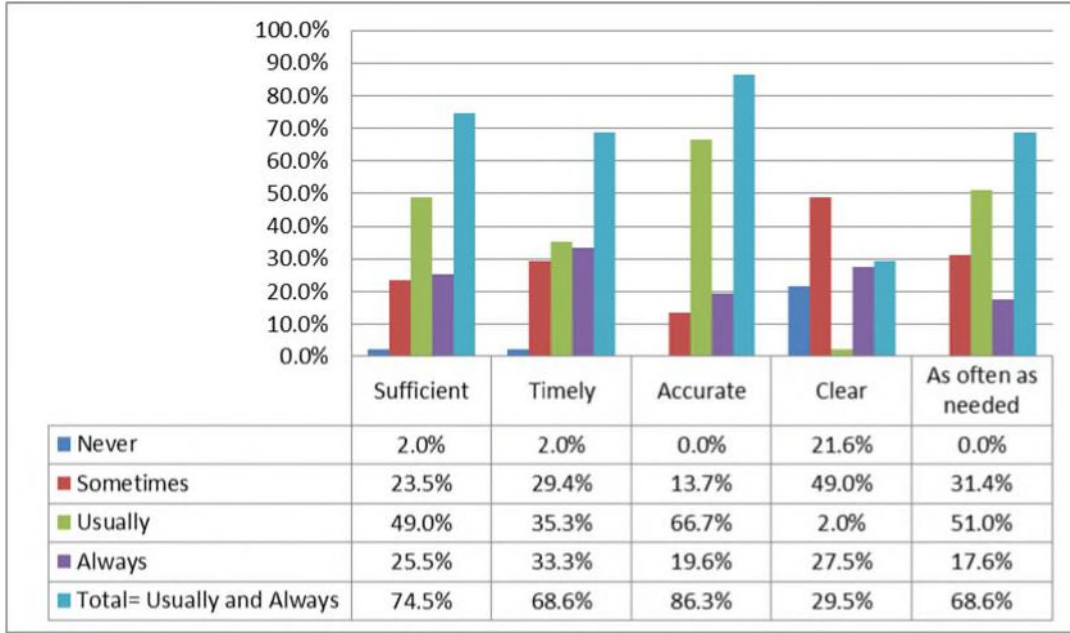
L.A. Care conducted the third annual telephone surveys this year. One of all PCPs offices, only Kaiser PCPs, are excluded from the sample. 2,095 PCP sites were successfully contacted to participate in the telephonic survey. Of those, 91.3% (1,912) completed the survey. The survey consisted of seven questions using a combination of a Likert scale, dichotomous questions, multiple choice and open ended questions. The survey asked about satisfaction with the Los Angeles Department of Mental Health (DMH) and about their satisfaction with Beacon Health Strategies (Beacon).

**DESCRIPTION OF MEASURE**

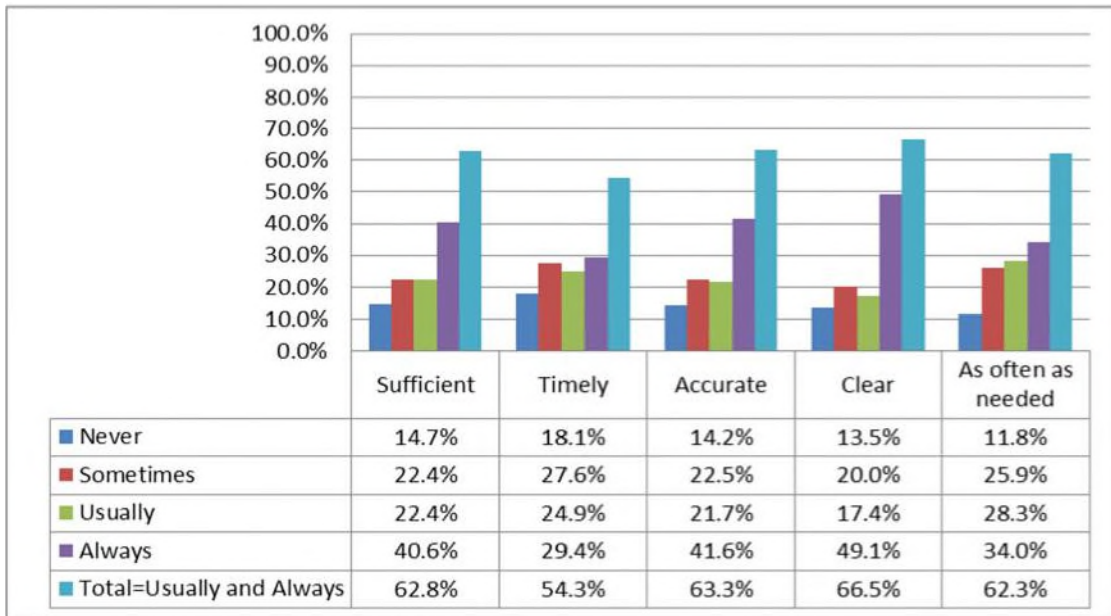
Measure	Specific Indicator(s)	Measure Type
Exchange of Information	Percentage of PCPs in L.A. Care’s network that responded to the question, “Please Rate the Feedback Provided to the Behavioral Health Specialist to whom you refer most often (e.g. Treatment Plans, Consultation Reports, etc.)” The Feedback Was Sufficient, Timely, Accurate, Clear, And As often as needed: Always, Usually, Sometimes, Never.”	Survey Question

**DMH SURVEY RESULTS**

**2015**



**2016**



**ANALYSIS**

***Quantitative Analysis***

The survey only showed improvement over the last year’s communication being described as ‘Clear’. ‘Sufficient’, ‘Timely’ and ‘Accurate,’ had declined over the prior year by 11.7%, 14.3% and

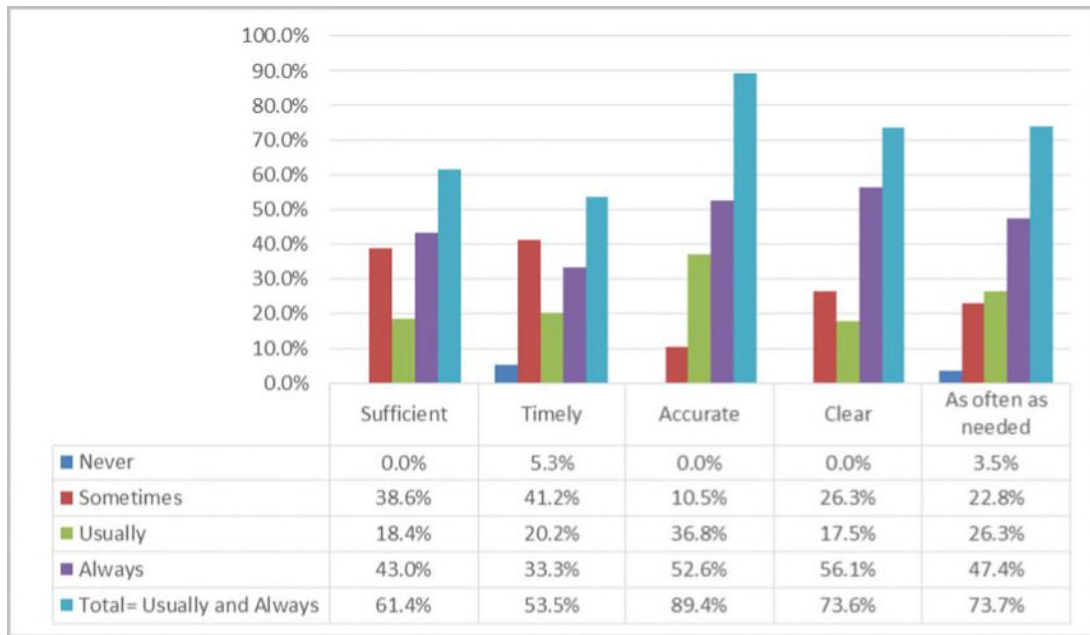
23.3%, respectively. The rate for the top box responses ('Always' or 'Usually') for 'Clear' was 66.5% compared to 29.5% in the prior year. The goal of 80% satisfaction on all five measures was not met.

**Qualitative Analysis**

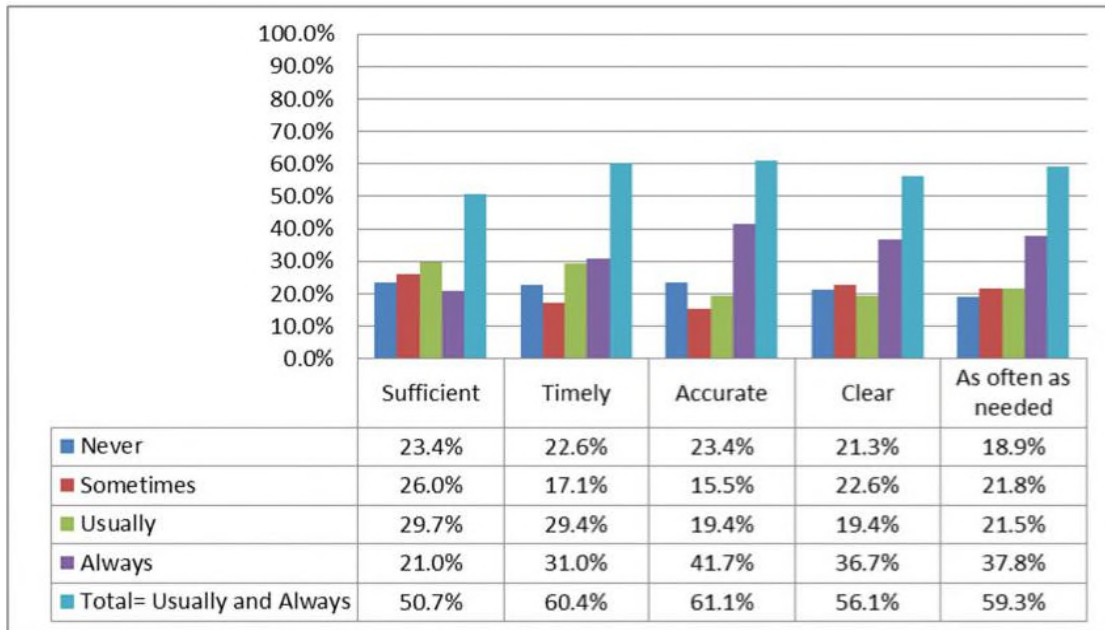
It is important to note that there was a larger sample size for this year's survey as well as a difference in the type of responders. Compared to last year there was a 32.2% (530) increase in the completed surveys. In the 2014 the majority respondents were Office Staff at 53.9%; however for 2015 85.4% of respondents were office staff. Medical personnel made up for 45.9% of respondents in 2014, while only 14.7% of respondents represented Medical personnel in 2015. The factor can arguably influence the outcome of the presented question either way. While Office Staff are usually the primary individuals handling the paperwork related to referrals, etc., it is the Medical Staff's understanding of the communication that most directly affects member interaction. It may be pertinent to include additional breakdown by responder types in future reports.

**BEACON SURVEY RESULTS**

**2015**



## 2016



### ANALYSIS

#### *Quantitative Analysis*

Beacon’s survey showed that at least half or more of providers were ‘Usually’ or ‘Always’ satisfied with the Beacon’s communication, but none met the goal. The rate for the top box responses (‘Always’ or ‘Usually’) for ‘Sufficient’ was 50.7% and 60.4% for ‘Timely.’ The rate of providers that found the information ‘Accurate’ was 61.1%, which was the highest measure of the five. ‘Clear’ and ‘As often as needed,’ also did not meet the goal but had rates of 56.1% and 59.3% respectively. The goal of 80% satisfaction on all five measures was not met.

#### *Qualitative Analysis*

The previous year survey results represent Beacon’s baseline rate. There was an unfortunate decline across four of the five measures. The rate for the top box responses (‘Always’ or ‘Usually’) for ‘Timely’ communication did improve by 6.9%. Beacon had lower rates than DMH in four areas: ‘Sufficient,’ ‘Accurate,’ ‘Clear’ and ‘As often as needed.’ Beacon had higher rates than DMH for ‘Timely’ communication. As previously stated, the sample size could have had an effect on the data received for this year’s survey, as well as the breakdown in type of staff responding. Nonetheless, the data has shown a significant decline in the quality of communication from Beacon.

## INTERVENTIONS

Measure	Barriers	Opportunities for Improvement	Actions	Effectiveness of Intervention/ Outcome
<p>Coordination of Care/Exchange of Information between PCPs and Behavioral Health Providers</p>	<ul style="list-style-type: none"> <li>• PCPs lack knowledge on how to refer members and what information can be shared between providers.</li> <li>• PCPs state that DMH appointments are difficult to make.</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from DMH to PCPs is below goal.</li> <li>• PCPs are unaware there is a process for exchanging information for BH services due to the sensitive nature of the information.</li> <li>• PCPs are unaware of the availability of services that the BH department provides to L.A. Care members.</li> <li>• Behavioral Health Specialist lack time and resources to send information to the PCP.</li> </ul>	<ul style="list-style-type: none"> <li>• L.A. Care will work DMH and Beacon in educating providers on completing the appropriate forms needed to release member information.</li> <li>• L.A. Care will target offices that stated they had no awareness regarding referrals to DMH or Beacon for educational sessions.</li> <li>• DMH, at L.A. Care's request, added a section to the referral that reminds them to provide feedback to PCP.</li> <li>• L.A. Care in collaboration with the Behavior quality committee members (e.g., DMH and Beacon) has developed an expedited referral process to improve timeliness of service.</li> <li>• DMH created one central number to give urgent appointments for LA Care members in need of services.</li> <li>• L.A. Care posted information on its provider website on how to exchange information with the BH provider and the forms that are needed</li> <li>• Beacon held Provider Advisory Council meetings where the importance of communicating and coordinating with PCP were discussed (quarterly)</li> </ul>	<ul style="list-style-type: none"> <li>• Declined across four of five measures.</li> </ul>

Measure	Barriers	Opportunities for Improvement	Actions	Effectiveness of Intervention/ Outcome
			<ul style="list-style-type: none"> <li>L.A. Care is currently working on a process to provide PCPs the contact information of DMH providers who treat L.A. Care members. L.A. Care will send to DMH diagnoses and medication data of shared members.</li> </ul>	

## II. APPROPRIATE DIAGNOSIS, TREATMENT, AND REFERRAL OF BEHAVIORAL HEALTH DISORDERS COMMONLY SEEN IN PRIMARY CARE

Beacon tracks claims data to monitor provider adherence of Clinical Practice Guidelines (CPG) across all three product lines.

### RESULTS

#### BEACON: DEPRESSIONS GUIDELINE MEASURES (2016)

##### MEDI-CAL

Measure	Goal	2015	2016 (Q1)	2016 (Q2)	2016 (Q3)
Clinical Practice Guideline Measure Depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient BH visits within 84 days (12 weeks) of initial diagnostic visit	50%	47.0% (1025/2183)	45.2% (346/765)	36.1% (301/834)	29.3% (178/608)
Clinical Practice Guideline Measure Depression: percent Of members(18+) newly diagnosed with depressive disorder who received one or more medication visits within 90 days of initial diagnostic visit	35%	30.2% (671/2224)	29.5% (226/765)	23.0% (192/834)	17.9% (109/608)

## CAL MEDICONNECT

Measure	Goal	2015	2016 (Q1)	2016 (Q2)	2016 (Q3)
Clinical Practice Guideline Measure Depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient BH visits within 84 days (12 weeks) of initial diagnostic visit	50%	48.4% (45/93)	53.3% (8/15)	45.5% (10/22)	18.3% (2/11)
Clinical Practice Guideline Measure Depression: percent Of members(18+) newly diagnosed with depressive disorder who received one or more medication visits within 90 of initial diagnostic visit	35%	29.9% (29/97)	33.3% (5/15)	50.0% (11/22)	0.0% (0/11)

## L.A. CARE COVERED

Measure	Goal	2015	2016 (Q1)	2016 (Q2)	2016 (Q3)
Clinical Practice Guideline Measure Depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient BH visits within 84 days (12 weeks) of initial diagnostic visit	50%	54.2% (91/168)	52.5% (21/40)	56.9% (29/51)	54.2% (13/24)
Clinical Practice Guideline Measure Depression: percent Of members(18+) newly diagnosed with depressive disorder who received one or more medication visits within 90 of initial diagnostic visit	35%	45.3% (77/170)	35.0% (14/40)	33.3% (17/51)	37.5% (9/24)

### ANALYSIS

#### *Quantitative Analysis*

Data for 2016 Q4 and for calendar year 2016 are not yet available preventing a fair comparison to calendar year 2015 rates. Instead, a comparison of 2016 quarterly trends to 2015 rates is made below.

**Medi-Cal:** The percent of members ages 18 years and older with depressive diagnosis who received two or more visits within 12 weeks of initial diagnostic visit has been declining over the first three quarters of 2016. The 2015 rate of 47.0% was close to the goal (50%), but the rate in 2016 Q3 has decreased to 29.3%. Similarly, the measure on medication visits within 12 weeks of diagnosis has also been decreasing in 2016 (Q3 17.9%) well short of the (35%).

**Cal MediConnect:** The percent of members ages 18 years and older with depressive diagnosis who received two or more visits within 12 weeks of initial diagnostic visit decreased sharply in 2016 Q3 to 18.3% from previous quarters pushing further away from both the goal (50%) and 2015 rate (48.4%). Data also show a notably less raw figures in comparison to 2015 counts. The percent of member ages 18 years and older with depressive diagnosis who received one or more medication visits within 12



weeks of diagnosis has been fluctuating in 2016 from 33.3% in Q1 to 50% in Q2. Unless a drastic improvement is seen in Q4, this rate is not expected to meet the goal (50%) in 2016.

**L.A. Care Covered:** The percent of members ages 18 years and older with depressive diagnosis who received two or more visits within 12 weeks of initial diagnostic visit has remained above the goal (50%) during all three quarters in 2016. The percent of member ages 18 years and older with depressive diagnosis who received one or more medication visits within 12 weeks of diagnosis either met (except in Q2) or exceeded goal (35%) during the first three quarters of 2016.

### ***Qualitative Analysis***

As Beacon only has access to behavioral health claims, Beacon is unable to capture those members that may have received behavioral health services from their PCP. Because Beacon lacks access to PCP claims data, measurement estimates may be artificially low. Although the low rates cannot be attributed entirely to lack of data, it appears to be a contributing factor. Below are additional barrier we believe affect members' depression treatment.

- Q3 data does not account for claims lag and is an underrepresentation of actual results.
- Members may be resistant to treatment due to social stigma or cultural barriers.
- Members may not adhere to instructions for treating depression and the provider may have a poor follow up plan.
- Members may also stop their therapy sessions if they do not feel better immediately.
- Members with depression may have chronic co-morbid medical conditions that could make accessing outpatient care for depression more difficult.
- Members may not be aware that it takes time for the medication to take effect. They may discontinue if they do not see changes immediately and see side effects.
- Members may also discontinue medication when they start feeling better.
- For the Commercial and Medicare lines of business, the denominators continue to be too small to make conclusions regarding this population.

### **NEXT STEPS**

- Review, approve and disseminate the American Psychiatric Association guideline on depression and consider other available clinical practice guidelines as part of the guideline review process (Ongoing).
- Promote use of online resources to members and providers through plan newsletters to members and providers, Beacon provider bulletins, site visits and Provider Advisory Councils.
- Continue to collaborate with the health plan around exchange of Medical and Pharmacy data. Additionally, access to real time data will ensure real time and effective interventions.
- Explore opportunities to promote best practices for treatment of members with chronic medical and behavioral health conditions, such as complex care management models and initiatives for members with dual eligibility (Ongoing).
- Encourage providers to use outcome measures tools, specifically the National Quality Forum endorsed PHQ-9 (NQF #0712) as way to evaluate progress made by members with depressive symptoms.
- Survey providers regarding knowledge of screening tools and frequency of use (Q4, 2016).
- Based off of screening tool survey, develop and distribute provider resources and educational materials (Q4, 2016).
- Ensure depression materials and screening tools on website are up-to-date and easily available (Q4, 2016).

## INTERVENTIONS

Measures	Barriers	Opportunities for Improvement	Actions	Effectiveness of Intervention/ Outcome
<p><b>Clinical Practice Guideline Measure Depression:</b> Percent of members(18+) newly diagnosed with depressive disorder who received two or more OP BH visits within 84 days (12 weeks) of initial diagnostic Visit.</p>	<ul style="list-style-type: none"> <li>Members with depression may have chronic co-morbid medical conditions that could make accessing outpatient care for depression more difficult.</li> <li>Members may be resistant to treatment due to social stigma or cultural barriers.</li> <li>Q3 data doesn't account for claims lag and may be an underrepresentation of actual results.</li> </ul>	<ul style="list-style-type: none"> <li>Members may not adhere to instructions for treating depression and the provider may have a poor follow up plan.</li> <li>Members may not be aware that it takes time for the medication to take effect. They may discontinue if they do not see changes immediately and see side effects.</li> <li>Members may also discontinue medication when they start better.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate with health plan to identify and outreach to newly prescribed members that qualify for HEDIS AMM measure with educational materials around common side effects and the importance of follow-up appointments. Similarly, outreach and educate the prescribers (BH and PCP) around HEDIS AMM measure and practice.</li> </ul>	<ul style="list-style-type: none"> <li>Data shows mixed results increases and decreases different lines; full pending 4th quarter data.</li> </ul>
<p>Percent Of members(18+) newly diagnosed with depressive disorder who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit</p>		<ul style="list-style-type: none"> <li>Members may also stop their therapy sessions if they do not feel better immediately.</li> <li>Members might have follow up appointments with a PCP and that might not be tracked by Beacon claims.</li> </ul>	<ul style="list-style-type: none"> <li>L.A. Care sent members letters to remind them to stay on their medication and keep appointments.</li> <li>L.A. Care sent Primary Care Physicians (PCP) a letter to educate them about the clinical practice guidelines regarding depression and included the phone numbers to L.A. Care and Beacon resources.</li> <li>Ensure that PCPs are informed about the information and updates to all Depression Management tools that are available on the website through sharing of PCP toolkit with health plans.</li> <li>Educate providers (behavioral health and PCP) on Beacon's Quality Program through distribution of "Quality Packets".</li> <li>Continue to collaborate with the health plan on exchange of information and data. The availability of medical, behavioral and prescription claims will allow Beacon to identify members that are newly diagnosed and prescribed in both medical and behavioral health care. Utilize the Depressions QIA as an avenue to develop creative and innovative interventions to improve HEDIS AMM scores.</li> </ul>	<ul style="list-style-type: none"> <li>Data shows mixed results with increases and decreases across different product lines; full analysis pending 4th quarter data.</li> </ul>

### III. APPROPRIATE USE OF PSYCHOPHARMACOLOGICAL MEDICATIONS

L.A. Care collects and monitors prescription claims data in partnership with L.A. Care's contracted Pharmacy Benefits Manager (PBM), Navitus, to assess appropriate use of psychopharmacological medications; in particular, tracking occurs on the utilization of controlled substance medications with abuse potential. Members identified as having potential overuse of controlled substances are subject to interventions that aim to reduce inappropriate overutilization.

#### CONTROLLED SUBSTANCES MONITORING (CSM) RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR) SAFETY PROGRAM

##### PROGRAM DESCRIPTION AND METHODOLOGY

One program for members identified as having potential overuse of controlled substances is a targeted prescriber mailing campaign administered by Navitus on behalf of L.A. Care, known as the Controlled Substances Monitoring (CSM) Retrospective Drug Utilization Review (RDUR) Safety Program. For identified members, Navitus sends out mailings to all prescribers that have played a role in the member's identification (e.g., provided a controlled substance prescription filled by the member). Mailings occur in conjunction with the identification periods as described below:

- **Controlled Substance Monitoring Criteria** – Patients who have received a combination of 9 or more of the following for at least 2 months during a 4 month period:
  - Controlled substance (CII – CV) prescriptions +
  - Unique prescribers +
  - Unique pharmacies

*Members who receive multiple prescriptions for controlled substances, have multiple prescribers, and/or visit multiple pharmacies may be at a higher risk of potential inappropriate use of controlled substance medications.*

Mailings occur 3 times a year (in March, July, and November) for members identified as meeting the above criteria in the 4 month measurement period prior to a mailing month. The main goal of this program is to leverage prescription claims information to inform prescribers regarding their patients' controlled substance utilization patterns and empower prescribers to make educated decisions when conducting follow-up assessments to determine the appropriateness of observed controlled substance utilization. Although mailings are sent for all members identified with potential controlled substance overutilization concerns, it is important to note that this is only source of information that the prescriber must take into consideration when assessing whether or not there is truly an overutilization concern. There may be certain members who are identified for mailing where utilization may be appropriate.

## RESULTS

### CONTROLLED SUBSTANCES MONITORING (CSM) RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR)

Product Line	November 2015 (Look-Back period 7/1/15-10/31/15)			March 2016 (Look-Back period 11/1/15-2/29/16)			July 2016 (Look-Back period 3/1/16-6/30/16)			November 2016* (Look-Back Period 7/1/16-10/31/16)	
	Members Identified	Prescribers Mailed	Outcomes improved	Members Identified	Prescribers Mailed	Outcomes improved	Members Identified	Prescribers Mailed	Outcomes improved	Members Identified	Prescribers Mailed
CMC	13	61	62%	10	27	30%	10	40	40%	13	56
MCLA	486	1,614	56%	340	1,311	49%	315	1212	46%	254	1,087
LACC	0	0	0%	1	4	100%	1	5	0%	1	3

\*Outcomes for mailings sent in November 2016 will be measured in March 2017. Please refer to description below of what is considered an improved outcome.

## OUTCOMES ANALYSIS

### *Measuring Intervention Effectiveness*

For the purposes of this evaluation, the prescriber mailing interventions is considered to have contributed to an improved outcome under the following circumstances:

- Member is identified for the CSM RDUR intervention during a given intervention period.
- Member no longer meets criteria to qualify for the intervention during the next intervention mailing period.
- *Example: John is taking 5 different controlled substance medications, has 3 doctors that he regularly sees, and regularly visits 2 different pharmacies to fill his controlled substance prescriptions. After mailings are sent out to his 3 doctors, the claims data demonstrates that John is now only filling prescriptions from 2 doctors and is now only filling prescriptions for 3 different controlled substances instead of 5 (i.e., 1 doctor may have decided to discontinue 2 of the prescriptions that John is on based on knowledge of the other 3 medications). Four months after the mailing during the next mailing period, John continues to visit his 2 regular pharmacies, but is now only on 3 controlled substances from 2 doctors (< 9, John no longer meets criteria for the mailing intervention).*

## *Quantitative Analysis*

**Medi-Cal:** Four mailing periods have occurred since last year's evaluation (11/2015, 3/2016, 7/2016, 11/2016). During this time, 5,224 mailings were sent to Medi-Cal providers to inform them of their patients' controlled substance medication utilization. The number of members identified during four month measurement periods ranged from 254 to 486. Improvement in outcomes ranged between 46%-56% from one mailing period to another.

**Cal MediConnect:** 184 mailings were sent to providers. The number of members identified within a measurement period ranged from 10-13. The program showed outcome improvements ranged between 30%-62%.

**L.A. Care Covered:** During the measurement period shown above, 12 mailings were sent out to L.A. Care Covered providers. One member was identified per measurement period. Due to the relatively small population size of the L.A. Care Covered population, no discernible trend can be inferred.

## *Qualitative Analysis*

Based on the results shown above, the CSM RDUR Safety Program appears to have an overall positive impact on controlled substance utilization patterns. For members that continue to meet criteria for mailing and are identified four or more times in the last two years, separate letters are also sent highlighting this fact to providers. There are several limitations to the above measured outcome improvements including the following: disenrollment of members during subsequent periods may not be fully incorporated into the measurement and we cannot rule out other contributions to decreases in controlled substance utilization patterns that may have occurred during this timeframe. Nevertheless, despite these limitations in perceived improvement for short-term outcomes from one mailing period to another, a sustained improvement in positive outcomes has also been observed over a longer timeframe as well and can arguably be attributed in part to the CSM RDUR program. This improvement is particularly evident in the Medi-Cal population (our largest population) where the total number of members who were identified for mailings has continued to decrease from mailing period to mailing period (from 486 to 340, then 315, and most recently 254), despite overall growth in membership size since 2015 (from around 900,000 members in 11/2015 to around 1,000,000 members in 10/2016). For the Cal MediConnect and L.A. Care Covered lines of business, small membership population sizes may preclude us from seeing the same level of impact as Medi-Cal; however, improvements are observed between mailing periods. In conclusion, the CSM RDUR Safety Program appears to be an effective intervention for influencing controlled substance utilization patterns of identified members.

## **PHARMACY HOME PROGRAM**

### **PROGRAM DESCRIPTION AND METHODOLOGY**

The Pharmacy Home Program is an effort to reduce drug abuse or injury from opioid overutilization for L.A. Care Covered, PASC-SEIU, and Medi-Cal lines of business. (Cal MediConnect members are monitored through the Overutilization Monitoring System [OMS] implemented by CMS.) Members enrolled into this program are limited to filling controlled substances at one provider of pharmaceutical services (known as a Pharmacy Home) for a 12-month period.

- **Pharmacy Home Inclusion Criteria** – Members will be considered for enrollment into the Pharmacy Home Program if they have met the following criteria during a three-month period:
  - 3 or more providers +
  - 3 or more pharmacies +

- Average total daily morphine equivalent dose (MED) exceeding 90 mg per day

Members may also be referred from the L.A. Care Special Investigation Unit (SIU) team, the Navitus SIU team, or directly from our PPGs. Members are enrolled into the Pharmacy Home Program based on diagnosis, pharmacy claims data, review of the Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES) report, and discussion with the prescriber regarding medical necessity. If warranted, members may alternatively be referred to Care Management.

- **Pharmacy Home Exclusion Criteria** – Members may be exempt from the Pharmacy Home Program if s/he:
  - Has a foster care aid code or is identified by the County of Los Angeles Social Services Agency as being in the foster care system;
  - Has recently been diagnosed with cancer or is in hospice care;
  - Is or has become a Medicare beneficiary;
  - Is no longer prescribed controlled substances; or
  - Identifies, or if L.A. Care identifies, access or quality of care issues that affect the selected Member’s ability to obtain needed covered services, or that subject the select Member to unnecessary medical risk.

Members enrolled into the Pharmacy Home Program are sent warning letters and are monitored for continued controlled substance overutilization for 90 days. Then members who continue to exhibit controlled substance overutilization are sent Notice of Action (NOA) letters describing the program and how to select a pharmacy as their Pharmacy Home. If the member does not select a pharmacy within 30 days of receipt of the NOA letter, L.A. Care will assign a pharmacy based on claims history and geographical proximity to the member’s residence. Navitus, the PCP, and the designated pharmacy will be notified upon enrollment. Thus far, seven warning letters have been sent to members enrolled into the program, and the first pharmacy lock-in will be scheduled for 2/1/17.

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/ Outcome
<p>CSM RDUR Criteria – Patients who have received a combination of 9 or more of the following for at least 2 months during a 4 month period:</p> <ul style="list-style-type: none"> <li>• Controlled substance (CII – CV) prescriptions +</li> <li>• Unique prescribers +</li> <li>• Unique Pharmacies</li> </ul> <p>Pharmacy Home Criteria – Members that have met the following criteria during a three-month period:</p> <ul style="list-style-type: none"> <li>• 3 or more providers +</li> <li>• 3 or more pharmacies +</li> <li>• Average total daily morphine equivalent dose (MED) exceeding 90 mg per day</li> </ul>	<ul style="list-style-type: none"> <li>• Limited exchange of information between different providers for the same member.</li> <li>• Continued prescribing of controlled substances from multiple prescribers.</li> <li>• Emergency fills for controlled substances outside of the Pharmacy Home (e.g., fills at other pharmacies due to stocking issues, ED visits, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Additional, interventions for members identified in the CSM RDUR criteria more than 2 times within a calendar year.</li> <li>• Additional interventions to involve the prescriber.</li> <li>• Target with repetitive ED visits.</li> </ul>	<ul style="list-style-type: none"> <li>• The CSM RDUR providers of all members on 9 or more prescriptions.</li> <li>• Beacon will continue provider chart audits to review provider’s compliance with APA Clinical Practice Guideline for the Treatment of Patients with Substance Abuse Disorder. Provide feedback, education and assistance to those providers that perform “poorly” (score of &lt;65%) on questions related to Substance abuse (Quarterly).</li> <li>• L.A. Care’s pharmacy department reviews</li> </ul>	<p>The outcomes of the interventions ranges depending on the line of business. Overall, the RDUR mailing program has shown positive outcomes within in each measurement period. The Pharmacy Home program does not yet have measurable results (lock-in scheduled for 2/1/17). Results</p>

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/ Outcome
			eligible members per inclusion/exclusion criteria through claims data, CURES report, and prescriber outreach to access medical necessity. <ul style="list-style-type: none"> <li>• Navitus implements lock-in program for enrolled members, thus limiting fills for controlled</li> <li>• L.A. Care's pharmacy department Management who may benefit from care coordination and case management.</li> </ul>	for this program will be evaluated in the future.

#### IV. MANAGEMENT OF TREATMENT ACCESS AND FOLLOW-UP FOR MEMBERS WITH COEXISTING MEDICAL AND BEHAVIORAL DISORDERS

L.A. Care uses pharmacy data to identify members with coexisting medical and behavioral disorders. The pharmacy data is used to identify members on antipsychotics and anti-diabetics. L.A. Care notifies the PCPs of their members that are on antipsychotics or antipsychotics and anti-diabetics. The letter provides PCPs with information they may not receive from the behavioral health specialist(s) and it encourages them to conduct metabolic screening. L.A. Care also shares this list with the diabetes disease management program, *L.A. Cares About Diabetes®*, so their staff is aware of which members are on antipsychotics and may need closer monitoring.

#### RESULTS

Product Line	Mailing went out in October, 2016		
	Members Identified on Both Antipsychotics and Anti-diabetics	Members Identified on Antipsychotics	PCPs Mailed
Medi-Cal (MCLA)	2,934	17,915	1,503
Cal MediConnect	227	1,036	521
L.A. Care Covered	3	68	62
<b>Total</b>	<b>3,164</b>	<b>19,019</b>	<b>1,683*</b>

\*Some PCPs serve multiple lines of business

**Quantitative Analysis**

**Medi-Cal, Cal MediConnect, and L.A. Care Covered**

In 2016, a total of 1,683 unique PCPs received notification about which of their members were are on antipsychotics (19,019) or antipsychotics and anti-diabetics (3,164).

**Qualitative Analysis**

The mailing went out in October of 2016, and we notified doctors based on our internal data and that of the State. This was the first year that the State data file with enough detail was available and we could provide our primary care physicians with information about member receiving antipsychotics. This is especially important because members with severe mental illness are carved out to L.A. County’s Department of Mental Health which historically has not had the ability to share that type of data. The next step is to evaluate the impact of the mailing. L.A. Care plans to look at HEDIS measure ‘Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications,’ to track glucose monitoring among this population.

**INTERVENTIONS**

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/ Outcome
Management of treatment access and follow up for member with coexisting medical and behavioral disorders	<ul style="list-style-type: none"> <li>Antipsychotic is a carve out drug to the State.</li> <li>Carve out drug. information receiving from the State has a 6-month lag.</li> <li>No medication reconciliation between different providers due to fear of HIPAA violation without member consent</li> </ul>	<ul style="list-style-type: none"> <li>PCPs lack information on what type of medication their patients are receiving from behavioral health specialists.</li> <li>Members lack knowledge of how medications can affect their glucose levels.</li> </ul>	<ul style="list-style-type: none"> <li>L.A. Care sent PCPs list of members on Antipsychotics and Antidiabetics.</li> <li>L.A Cares About Diabetes® staff receive list of members on both antipsychotics and anti-diabetics to better educate patients on the impact of those medications.</li> <li>Develop a countywide universal consent form.</li> </ul>	Goal was met for Medi-Cal and L.A. Care Covered.

**V. PREVENTIVE BEHAVIORAL HEALTHCARE PROGRAM IMPLEMENTATION**

**SUBSTANCE ABUSE SCREENING IN PRIMARY CARE SETTINGS**

Studies show that alcohol and drug use are associated with detrimental physical, social, and psychological consequences. In addition, Adults with alcohol and drug use disorders are overrepresented in primary care and emergency department (ED) settings. Therefore, it is important that these setting screening for substance abuse. In 2016, L.A. Care continued collecting encounter data on the need for substance abuse screening in the primary care setting to improve patient care.



## RESULTS

### SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) RATES AMONG PRIMARY CARE PROVIDERS (PCPS)

Measure	1/1/2014-6/30/2014	1/1/2015-6/30/2015	1/1/2016-6/30/2016
Number of Unique PCPs Using SBIRT (Numerator)	47	201	217
Number of Unique La Care PCPs who served L.A. Care Members during the same time period as above (Denominator)	4,981	5,239	5,236
% Numerator/Denominator*100	0.9%	3.9%	4.1%

#### *Quantitative Analysis*

Although the percent of PCPs using SBIRT is low the rate has been increasing. This increase can be attributed to trainings offered to PCPs on how to use the tool and providing a payment mechanism (outside of capitation) for using the tool.

#### *Qualitative Analysis*

The rates are very low but consistent with national data. The rates may also be low due to lack of knowledge about how to code for these services and because many providers do not normally bill for these services which may lead to the low rates as well.

## INTERVENTION

L.A. Care has been hosting a series of trainings on SBIRT Screening for its providers to help improve the screening rates and address some of the common barriers in screening for substance abuse. During 2016 calendar year 260 providers were trained on the use of SBIRT. Attendee breakdown is as follows: 70 MDs, 2 PhDs, 47 NPs & RNs, 68 LCSWs & LMFTs, and 73 General/without credentials.

## STRESS, ANXIETY, AND DEPRESSION MANAGEMENT PROGRAMS FOR ADULTS

L.A. Care offers various health education and community classes to help members address stress, anxiety, and depression. In July of 2016, pharmacy data showed that there were 13,891 Medi-Cal L.A. Care Direct (MCLA), 516 Cal MediConnect and 319 L.A. Care Covered members were on an anti-depressant with an initial prescription dispensing data between 1/1/2016 and 6/30/2016. While not all of these members maybe on this medication for depression, it does provide an estimate on the need for services, especially since many people may still be undiagnosed or treated. Based on this data and input from members, L.A. Care offers classes free of charge to all its members and community members at four of its Family Resource Centers throughout the County of Los Angeles.

## INTERVENTION

The Family Resources Centers (FRCs) are open to the community and provide an array of classes to help manage stress, anxiety and depression. The four resources are located in the cities/neighborhoods of Boyle Heights, Pacoima, Lynwood, and Inglewood. Some of the session's titles include: Wellness Circle, Stress and Anxiety Management, Fighting Stress through Art, Healing through Art, Depression, and Meditation. All recently enrolled members receive an invitation and calendars to their local FRC.

## SESSIONS IN 2016 (Q1-Q3)

Facility	Member attendance 2015	Member attendance 2016
BOYLE HEIGHTS	7	32
INGLEWOOD	66	22
LYNWOOD	142	168
PACOIMA	176	145

### INTERVENTION SUMMARY

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/ Outcome
Stress, anxiety, and depression management programs	<ul style="list-style-type: none"> <li>Pharmacy data does not include indication for antidepressant.</li> <li>No real time encounter data to ensure early psychoeducational intervention.</li> </ul>	<ul style="list-style-type: none"> <li>Members may have few resources to manage stress and anxiety which may lead to depression.</li> <li>Members may not know how to identify symptoms of depression.</li> </ul>	<ul style="list-style-type: none"> <li>L.A. Care has several free health education sessions at its FRC sites during the year that help stress, anxiety, and depression.</li> <li>L.A. Care will increase recruitment efforts by targeting provider offices and PPGs to promote sessions to members.</li> </ul>	Overall member participation continued for classes held at FRC, but data did not provide incite on specific measurement of member stress, anxiety and depression.
Substance abuse (SA) screening in primary care settings	<ul style="list-style-type: none"> <li>PCP reluctant to screen for substance use.</li> <li>Limited substance use disorder treatment providers.</li> </ul>	<ul style="list-style-type: none"> <li>Members are not adequately screened in the primary care setting.</li> <li>Providers are not familiar with what tools to use to screen members for SA.</li> <li>Providers are not familiar with how to code/bill for SA screening.</li> </ul>	<ul style="list-style-type: none"> <li>L.A. Care provides sessions on who to conduct SBIRT screening for providers.</li> </ul>	Rate is increasing.

### VI. SEVERE AND PERSISTENT MENTAL ILLNESS:

L.A. Care uses the ‘Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications’ HEDIS 2016 unofficial data to evaluate continuity and coordination of care for members with severe and persistent mental illness. Medi-Cal was the only product line that reported an official HEDIS 2016 rate of 75.59% which has decreased by 2.85percentage points from its 2015 rate of 78.4%. For MCLA, HEDIS 2016 reported rate of 78.14% is a 4.49 percentage point improvement from its 2015 rate of 73.65%

## RESULTS

### DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS

Product Line	2015 Rate	2016 Rate
Medi-Cal	73.65%	78.14%
Cal MediConnect	----	71.3%
LACC	----	41.7%

#### *Quantitative Analysis*

Specific measures for the Cal MediConnect and LACC were not taken for 2015, as this was the first year to implement the intervention across all lines of business. However, for Medi-Cal there was an increase of 4.49%, which ensured the Medi-Cal NCQA Minimum Performance Level (MPL) of 75.7% was met. There is not an established MPL for Cal MediConnect or L.A. Care Covered. However, the low measure for the LACC line of business can be largely attributed to the small number of individuals' part of the eligible population.

#### *Qualitative Analysis*

L.A. Care is using the reported rates to measure if the current intervention of notifying providers of the need for metabolic monitoring significantly improves the rate. One significant barrier to improve this rate is that members often may not disclose their medication history with their PCP or they may not see the prescriber of the medication regularly and metabolic screening may be missed. One significant contributing factor to the increased rate for the Medi-Cal population may be the letter sent out to all PCP's with members on antipsychotics. During L.A. Care's quarterly Behavioral Health Quality Improvement Committee in November 2016, this intervention was discussed thoroughly with DMH.

## INTERVENTIONS

Measure	Barriers	Opportunities for Improvement	Action	Outcome
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	<ul style="list-style-type: none"> <li>PCPs might not be aware that members are on high risk antipsychotic medication.</li> <li>No medication reconciliation between different providers due to fear of HIPAA violation without member consent.</li> </ul>	<ul style="list-style-type: none"> <li>Members with severe and persistent mental illness receive care from specialist and the PCP is unaware of what medications the member is taking.</li> <li>Member may have complex comorbidities.</li> <li>Members may not seek care due to their mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>L.A. Care sent PCPs a letter with information about which members was on and antidiabetics.</li> <li>DMH also provided education to their behavioral health providers about appropriate monitoring of their patients based on recommendations by the L.A. Care Behavioral Health Quality Improvement Committee.</li> <li>Develop a countywide universal consent form.</li> </ul>	L.A. Care mailed 100% of PCPs with members on Antipsychotics.

**LOOKING FORWARD**

- L.A. Care will continue to evaluate its exchange of information between PCPs and BH specialists with another telephonic survey.
- L.A. Care has started the ‘Pharmacy Home’ program to reduce the overutilization of controlled substances.
- L.A. Care will continue to send member prescription reminders and resources to newly diagnosed patients.
- L.A. Care has created a member educational brochure about depression that primary care providers can distribute in their offices.
- L.A. Care has started work on a grant to support a Practice Transformation Network (PTN) of 3100 PCPs in transforming their practice to improve the quality of care and care integration for individuals with the diagnosis of Diabetes and/or Depression.
- L.A. Care and DMH will work on improving data exchange for those members in Specialty Mental Health.
- L.A. Care will continue to conduct practice and physician trainings on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) method.
- L.A. Care plans has launched Behavioral Health eManagement project. This project aims to utilize behavioral health specialist reviewer to support PCPs in making clinical decision as it relates to behavioral health symptoms/issues in real time. The PCP and reviewer will be able to exchange patient symptomatology/conditions over a secured site and optimize appropriate targeted treatment goals.
- L.A. Care BH department is participating in the Healthy Neighborhoods and Homeless Projects to develop a Behavioral Health Model of care for individuals that are homeless.

**2017 WORK PLAN GOALS:**

Measure	2017 Medi-Cal Goals	2017 Cal MediConnect Goals	2017 L.A. Care Covered Goals
Exchange of information	80% of providers will be always/usually satisfied with the exchange of information between PCP and Behavioral Health Practitioners (BHPs)	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs

Measure	2017 Medi-Cal Goals	2017 Cal MediConnect Goals	2017 L.A. Care Covered Goals
Appropriate Diagnosis, treatment, and referral of behavioral health disorders commonly see in primary care	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit
Appropriate uses of Psychopharmacological medications	100% of providers will be notified of members with 9or more Controlled Substances	100% of providers will be notified of members with potential opioid or acetaminophen overutilization	100% of providers will be notified of members with 9or more Controlled Substances
Management of treatment access and follow up for member with coexisting medical and behavioral disorders	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication
Primary or secondary prevention behavioral health program	Continue to conduct provider education to improve substance abuse screening	Continue to conduct provider education to improve substance abuse screening	Continue to conduct provider education to improve substance abuse screening
Special needs of members with severe and persistent mental illness	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) 80.16%	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) MPL	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) MPL

## **A.9 EVALUATION OF EFFECTIVENESS OF MODEL OF CARE**

### **2016 WORK PLAN GOALS:**

<b>Measures</b>	<b>2016 Goal</b>
Health Risk Assessment (Core 2.1)	65%
Quality of Life Survey - SF12 Physical Component Score (HOS)	63.4%
ICP Completion for High Risk Members CA 1.1	
Medication ICP Completion for Low Risk Members CA 1.3	53.6%
<b>Hospital Utilization (MOC)</b>	
Hospital Bed Days	10% reduction in total beddays/K, 1400 bed days/1000 members/year
Readmission rate	2 percentage point reduction from previous year Target: < 20%
<b>Ambulatory Services (MOC)</b>	
Emergency Room Visits	10% reduction from the previous year
Grievance	Monitor in QI Program
<b>Improving Access to Preventive Health Services</b>	
Breast Cancer Screening	58%
<b>Improving Beneficiary Health Outcomes</b>	
Improving Rates of Blood Sugar Management for Patients with Diabetes: HbA1c Screening	95.62%
Improving Rates of Blood Sugar Management for Patients with Diabetes: HbA1c Control	73.73%

### **BACKGROUND**

The Model of Care (MOC) provides the structure for care management processes that enable the provision of coordinated care for our Dual Eligible population (Cal MediConnect). L.A. Care has designed its Model of Care to meet the individualized needs of the population. The MOC has goals and objectives for the targeted population, include a specialized provider network, uses nationally-recognized clinical practice guidelines, conducts health risk assessment to identify the needs of members and adds services for the most vulnerable member including, but not limited to those who are frail, disabled, or near the end-of-life. The initial Model of Care developed as part of the CMC readiness review process was approved for the length of the demonstration (through 12/31/17). In this QI evaluation, the following components of Model of Care are evaluated: Clinical Practice Guideline compliance, continuity and coordination of medical care, continuity and coordination of behavioral health care, and access and availability. Other components of the Model of Care evaluation are found in the utilization management/case management evaluation.

### **RESULTS**

The Cal MediConnect program commenced in April 2014 and received first voluntary enrollment of members in May 2014. The performance of the Care Management/Care Coordination measures; Health Risk Assessment, Individualized Care Plan and Interdisciplinary Care Team, are monitored on a monthly

basis, compiled on a quarterly basis and reported through regulatory reporting requirements to CMS and DHCS and shared with internal governing committees (Regulatory, Utilization, Quality).

**HEALTH RISK ASSESSMENT (HRA) COMPLETION RATES:**

The HRA completion rates for CMC were set as a part of the CM Work Plan goals. The table below reports Q1-2 results and the status of the goal and recommendations for 2017 based on the 2016 results.

2016 Goal	CM- 2016 Updates	CM- 2016 Updates		R=Did Not Meet Goal Y=At Risk G=On Target	Recommend for 2017 Work plan
	Q1	Q2			
Maintain the goal of 65% or greater	76.2%	76.6%		Green	Maintain the goal of 65% or greater

**ANALYSIS-2016 HRA RATES:**

The CMC HRA average completion rates met goal for Q1-2.

**INTERVENTION AND LOOKING FORWARD**

On July 1, 2016, L.A. Care transitioned the health risk assessment process from a vendor to include an in-house completion process. Phone-based HRAs are administered by the Customer Solution Center. Face-to-face HRAs are administered by contracted MSSP vendors. L.A. Care made this business change to streamline member outreach, improve connections of the HRA with the care management program, and improve efficiencies by reducing transition points.

The measures below focus on completion of an individualized care plan for low and high risk members. These measures are part of the core and California reporting measurement set required for MMP plans.

**Completion of an ICP Following the Completion of a Timely HRA for High Risk Members CA 1.1**

2016 Rate	Percent of High Risk Members Willing to Participate and Could be Reached who had an ICP Completed Within 30 Working Days after the Completion of the HRA (Q1 2016)	Percent of High Risk Members Willing to Participate and Could be Reached who had an ICP Completed Within 30 Working Days after the Completion of the HRA (Q2 2016)	2017 Goal
Rate of ICP Completion	34.3%	33.6%	67.5%
CA Average	63.4%	67.5%	

Completion of an ICP Following the Completion of a Timely HRA for Low Risk Members CA 1.3

2016 Rate	Percent of Low Risk Members Willing to Participate and Could be Reached who had an ICP Completed Within 30 Working Days After the Completion of the HRA (Q1 2016)	Percent of Low Risk Members Willing to Participate and Could be Reached who had an ICP Completed Within 30 Working Days After the Completion of the HRA (Q2 2016)	2017 Goal
Rate of ICP Completion	40.0%	10.0%	61.5%
CA Average	53.6%	61.5%	

Members with an ICP Completed Core 1.5

2016	Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period (Q1)	Percent of Low Risk Members Enrolled for 135 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period (Q1)	Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period (Q2)	Percent of Low Risk Members Enrolled for 135 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period (Q2)	2017 Goal Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period	2017 Goal Percent of Low Risk Members Enrolled for 135 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period
Percent of Members with ICP Completed	80.7%	89.9%	89.0%	94.3%	65.2%	64.4%
CA Average	60.6%	58.3%	65.2%	64.4%		

There is a need for overall improvement in the completion rates of the MOC measures for all risk levels. Rates of completion of an ICP within 30 days of a timely HRA are significantly below the CA average for these measures. Based on monitoring of these rates, the following action plan was implemented in 2016:



### Root Cause Analysis of Low Compliance

- Lack of PPG access to the Provider Portal and C3
  - **Issue Identified:** Mid 2015
  - **Description of Issue:** PPGs did not have access to the Provider Portal or C3, so they were unaware of HRA completion. Specifically, PPGs who are new to the CMC line of business were affected. ICPs have been completed for affected members, but L.A. Care did not meet the compliance timeline for ICP completion.
  - **Assessment:** CA and PNO confirmed that all PPGs have access to Provider Portal as of July 2016. The issue still exists for staffing changes at the group level.

### Interventions to Increase ICP Compliance and Care Goals Discussions

- Aging report to alert internal Case Management of compliance timelines
  - Currently using the HRA Daily Activity Log
- Case Management training for data input to allow for data mapping for report generation
- Case management training to ensure validity of MOC Universe Report

### **LOOKING FORWARD**

The CMC management staff will continue to monitor and oversee the performance of internal staff on a weekly basis as a part of the audit process. In addition, care management leadership develop and deploy training to improve ICP completion and documentation on an on-going basis.

### 2016 Model of Care 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 include in the QI Program and are monitored quarterly via the QI work plan. On an annual basis, a comprehensive review and analysis is conducted via the QI Program Annual Report and Evaluation. The Annual Report and Evaluation summarizes and highlights the key accomplishments of the quality improvement program for each calendar year specifically for the Cal MediConnect. The report provides a detailed discussion of quality improvement activities in the priority areas of clinical care, patient safety, Model of Care, 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.

*Note: Due to a comprehensive re-build of the data warehouse, we are presenting an abbreviated data set.*

	Timeframe	Benchmark	Data Source	2016 Rate	2017 Goal
<b>Hospital Utilization</b>					
<b>Hospital Bed Days</b>	Monitor bi-monthly; measure annually	10% reduction in total bed days/K  Target: 1400/K	Claims/Encounter Data	1355.00 bed days/1000 (Jan-June 2016)  Rate is below target. Goal achieved	1260/k
<b>LTC Bed Days (custodial only)</b>	Monitor bi-monthly; measure annually	10% reduction in total bed days/K	Claims/Encounter Data	5226.88 bed days/1000 (Jan-June 2016)	4704.19/k
Readmission Rate	Monitor bi-monthly; measure annually	2 percentage point reduction from previous year  Target: < 20%	HEDIS PCR	20%	11%
<b>Ambulatory Services</b>					
<b>Emergency Room Visits</b>	Monitor bi-monthly; measure annually	10% reduction from the previous year	Claims Encounter	944.95 visits/1000 (Jan-June 2016)	850.45
<b>Grievance (grievances/1000)</b>	Quarterly	CA Average Q1: 11.09 Q2: 11.68	Grievance Data Core 4.2	Q1: 15.90 Q2: 11.73 grievances/1000 members	11.09

### Improving Access to Preventive Health Services

HEDIS Measure	Specific Indicator(s)	Timeframe	2015 Benchmark	HEDIS 2016	HEDIS 2017 Goal
Breast Cancer Screening	The percentage of Medicare members who are women aged 50-69 years and have received a mammogram during the measurement year or one year prior to the measurement year.)	Measurement year	58%	61.20%	69%

**Improving Beneficiary Health Outcomes**

Measures	HEDIS Measure	Timeframe	2015 Benchmark	2015 rate/HEDIS 2016	HEDIS 2017 Goal
Improving Rates of Blood Sugar Management for Patients with Diabetes	Comprehensive Diabetes Care (CDC): - HbA1c screening - HbA1c control (< 8.0 mg/dL)	Measurement year	95.62% 73.73%	85.22% 42.34%	95.62% 73.73%

## **A. 10 QUALITY IMPROVEMENT PROJECTS (QIPs)**

### **A.10.a REDUCING READMISSIONS- CMC**

#### **2016 QUALITY IMPROVEMENT PROJECT (QIP) GOAL:**

<b>HEDIS Measure</b>	<b>2016 QIP Goal (Q3 2015-Q2 2016)</b>
Plan All-Cause Readmissions (PCR)	17.4%*

\*Note lower rate = better performance

#### **BACKGROUND**

Hospital readmissions are common, costly and negatively impact health outcomes. Nearly one in five Medicare patients were readmitted within 30 days of discharge from a hospital stay and estimates of the cost of these potentially preventable readmissions equates to \$12 billion dollars annually.<sup>13</sup> The Medicare-SNP QIP closed in 2014 due to the termination of this product line. The QIP topic and intervention transitioned to the Medicare-Medicaid plan, Cal MediConnect (CMC) plan, but with some modifications. For CMC, discharge planning and management of care transitions were delegated to L.A. Care (LAC) participating provider groups (PPGs).

Due to the variable nature of how each PPG approaches managing care transitions, it is difficult to characterize, monitor, and evaluate which intervention components drove changes in outcomes. In an effort to achieve the goal of reducing hospital readmissions, during the duration of the time period measured, Q3 2015- Q2 2016, initiatives were implemented to educate PPGs on Transition of Care (TOC) best practices, disseminate readmission rates to each PPG, and survey PPGs regarding existing and planned interventions to improve TOC and reduce readmission rates. Data shared below is from Q3 2015- Q2 2016 and are unadjusted Plan All-Cause Readmission (PCR) rates.

#### **MAJOR ACCOMPLISHMENTS**

- The CMC QIP exceeded its PCR rate goal by 0.3%.
- L.A. Care conducted a Transition of Care (TOC) webinar, in which 17 PPGs and 38 individuals attended.
- L.A. Care, in collaboration with Health Services Advisory Group, Inc., conducted a TOC continuing education all-day seminar with 182 participants including physicians, nurse practitioners, case managers, and social workers.
- L.A. Care surveyed its CMC PPGs and equipped them to assess their TOC readiness to identify and prioritize incremental efforts for quality improvement.

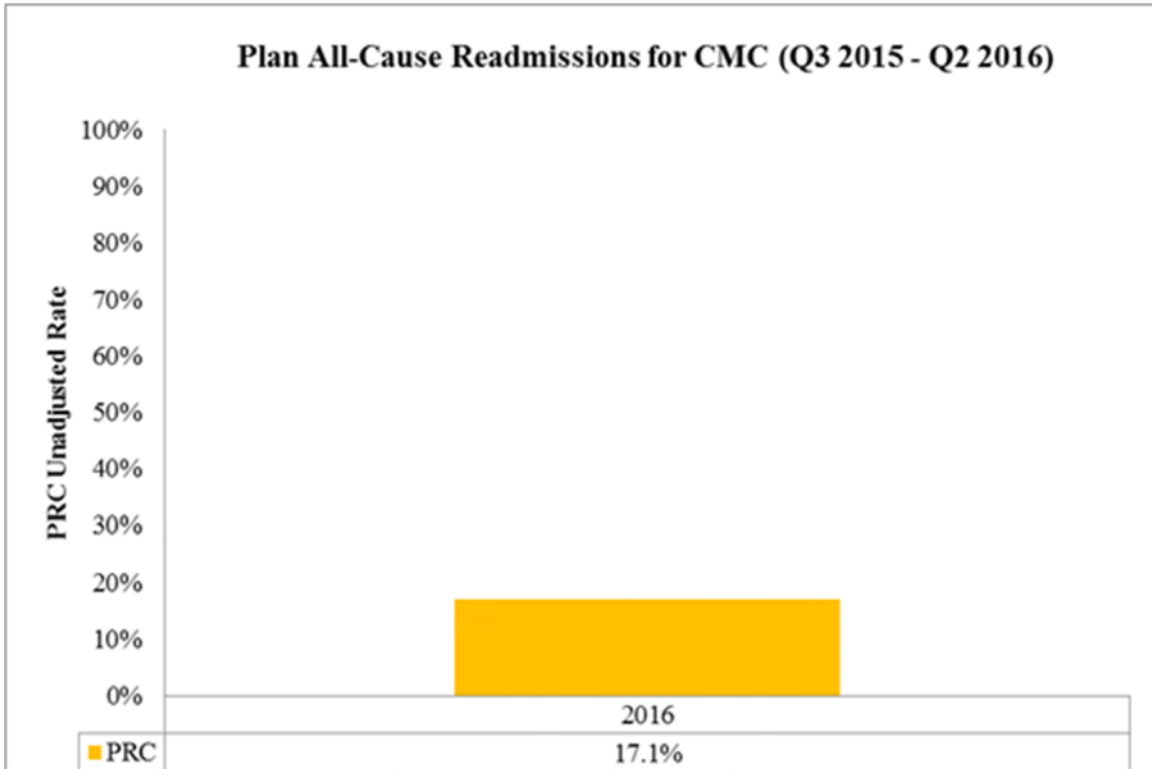
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<sup>12</sup> MedPAC. Report to Congress: Promoting Greater Efficiency in Medicare. June 2007.  
<http://www.medpac.gov/documents/Jun2007>.

**Description of measures:**

HEDIS Measure	Specific Indicator(s)	Measure Type
Plan All-Cause Readmissions (PCR)	For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.	Administrative

**RESULTS**



As noted in the 2015 program evaluation report, L.A. Care opted to utilize the time period of July 1, 2014 through June 30, 2015 (Q3 2014- Q2 2015) as the “measurement year” for 2015. The measurement period was designed to take claim/encounter data lag into account and to accommodate the QIP annual report due dates. L.A. Care has since revised its baseline rate. After correction of an initial programming error, the new baseline unadjusted PCR rate for Q3 2014- Q2 2015 was **20.4% overall**.

In an effort to remain consistent for analyzing trend purposes, the measurement period for 2016 was Q3 2015- Q2 2016. The unadjusted PCR rate of the CMC population for Q3 2015- Q2 2016 was **17.1% overall** (3.3% decrease from baseline).

## *Quantitative Analysis*

The PCR rate for CMC was 17.1% and exceeded the goal of 17.4% for CMC by 0.3%. The baseline was 20.4%.

During the time period from Q3 2014- Q2 2015, for CMC PPGs with reportable results with a unique letter indicating a unique PPG, the breakdown of the PCR results was as follows: A: 15.4%, B: 19.9%, C: 18.3%, D: 38.2%, E: 23.4%, F: 18.3%, G: 22.6%, H: 16.4%, I: 21.7%, other PPGs: 18.6%. For the outlier group D, a manual review of readmissions for CY 2015 determined that 29% of the readmissions were associated with a SNF/LTC setting.

## *Quantitative Analysis (Continued)*

To reiterate, in an effort to remain consistent, the measurement period for 2016 was Q3 2015- Q2 2016. The unadjusted PCR rate of the CMC population for Q3 2015- Q2 2016 was 17.1% overall (3.3% decrease from baseline).

During the time period from Q3 2015- Q2 2016, for PPGs with reportable results with a unique letter indicating a unique PPG, the breakdown of the PCR results and the change from baseline were as follows: A: 15.2% (-0.2%), B: 16.0% (-3.9%), C: 18.0% (-0.3%), D: 27.2% (-11.0%), E: 17.4% (-6.0%), F: 20.4% (+2.1%), G: 23.5% (+0.9%), H: 15.0% (-1.4%), I: 15.4% (-6.3%), other PPGs: 12.0% (-6.6%). The overall reduction of 3.3% was statistically significant with a p-value 0.0193. The data source for both data collection periods is L.A. Care claims/encounter data. The PCR methodology adjusts for intra-hospital transfers and readmissions that are consistent with elective admissions.

## *Qualitative Analysis*

As detailed above, for the measurement period, eight of the ten groups (including “other PPGs”) showed improvement, while two PPGs had an increase from their baseline rates. The two groups without improvement were Groups F and G. Group F, which reported use of a risk assessment tool without social determinants, included an action plan to address this. Group G reported a robust program at baseline and the action plan included increased member contacts from a pharmacist for medication reconciliation.

For baseline performance, the group with the highest rate reported one of the least robust baseline TOC programs but reported incremental efforts and ultimately had the best improvement during their participation in the QIP. No obvious patterns were seen with respect to changes from baseline and reported interventions, however, changes may take more time to observe due to the four quarter reporting period.

Of note, it can take up to 120 days to capture complete claims and encounter data, thus review of data for tracking and trending reflects this lag time. Our previous annual update cited concerns over the “other PPG” group (smaller groups presumed less sophisticated) impacting overall performance, but this group was better than the overall rate at baseline and follow-up.

The top 3 highest volume PPGs were initially interviewed during Q4 2015 with additional calls in Q1 2016 for a total of 9 groups. Key PPG participants attended one of two QIP Webinars on 4/4/2016 and 4/22/2016 and interim results by PPG were shared (blinded for other groups). A CMC QI Webinar (with QIP update) was conducted on 9/28/2016 with 17 PPGs and 38 individuals attending. In collaboration with Health

Services Advisory Group, Inc. (HSAG), a TOC continuing education all-day seminar was conducted 11/5/16 with 182 participants including physicians, nurse practitioners, case managers and social workers.

In 4/16, PPGs were surveyed by L.A. Care. Among PPGs submitting a self-scoring TOC Readiness Assessment Tool with a maximum score of 17, two reported a perfect score of 17, three reported 15, one 13, one 12, one 11 and one a score of 10. Action plans were also submitted with the tool. Aside from the outlier group with the highest baseline readmission rate having a relatively low score of 11, there was no apparent correlation between assessment scores and readmission rates, or assessment scores and change from baseline. Thus, the TOC Readiness Assessment tool did not reliably predict outcomes.

## INTERVENTIONS

HEDIS Measure	Barriers	Actions
<p><b>Plan All-Cause Readmissions (PCR)</b></p>	<ul style="list-style-type: none"> <li>• <b>Internal Data Inconsistencies:</b> L.A. Care health plan’s data analysts applied a process to generate the unadjusted plan all cause readmissions (PCR) rate. We discovered a programming error after the update was submitted last year and we experienced a turnover in data analysts, resulting in difficulty reporting consistent findings.</li> <li>• <b>Variability in Care Transition Support Functions:</b> Due to the variable nature of how each participating provider group (PPG) implements support for transition of care (TOC), it was challenging to characterize and evaluate which interventional components were driving outcomes. Support functions varied from telephonic support, multidisciplinary TOC teams with onsite case managers, to TOC post-discharge clinics. Most groups were not using a formal readmission risk assessment tool.</li> <li>• <b>Effective Communication Channels to Receiving Physicians and Facilities:</b> The routine submission of electronic summary of care documents is rare and the availability of timely discharge summaries is consistently a challenge. A few groups have remote access to the hospital electronic health record (EHR) and are able to facilitate the transfer of key clinical information, though these processes are manual.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Internal Data Inconsistencies:</b> A programming error was identified following our update last year and corrected. Analysts recently repeated the calculations for baseline and follow-up values at the group and health plan levels. Data QA removed some remaining non-CMC dual members.</li> <li>• <b>Variability in Care Transition Support Functions:</b> Teleconferences with 9 groups identified variability in TOC processes and reinforced expected processes. A PPG webinar included a presentation of readmission rates, identified barriers and initial best practices. A self-scoring TOC Readiness Assessment Tool was distributed and results interpreted. A QI webinar was conducted in September 2016, providing QIP updates, reinforcing best practices and sharing INTERACT- a tool to reduce readmissions from skilled nursing facilities (SNFs). A TOC continuing medical education (CME) conference was held in November 2016, which covered risk stratification, patient centered medical home, medication management and communication.</li> <li>• <b>Effective Communication Channels to Receiving Physicians and Facilities:</b> A few PPGs have remote access to the hospital EHR and are able to facilitate the transfer of key clinical information. Additionally, PPGs reported identifying key contacts for practitioners and facilities to retrieve and share data.</li> </ul>

HEDIS Measure	Barriers	Actions
	<ul style="list-style-type: none"> <li>• <b>PPG Unable to Contact Member:</b> Members are unable to be reached post-discharge (e.g. phone number not valid, no response to outreach, etc.) so PPGs cannot engage each member in care transition activities and coordination of follow-up care.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>PPG Unable to Contact Member:</b> In addition to capturing multiple numbers for a member, some PPGs have in-hospital staff who are able to collect the most up to date contact information.</li> </ul>

## LOOKING FORWARD

- L.A. Care will continue to document the PCR methodology, including data QA efforts, to ensure consistency in follow-up calculations.
- L.A. Care will share the baseline and follow-up rates with all PPGs through a 30 minute webinar.
- L.A. Care will separately follow-up with the two groups failing to show improvement in order to verify implementation of their self-reported action plans.
- L.A. Care will reassess our delegation oversight audit tools related to TOC and we will provide additional educational opportunities to reinforce TOC.

### **A.10.b ROBERT E. TRANQUADA, M.D. SAFETY NET AWARD V – HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) INITIATIVE**

#### **BACKGROUND**

In 2000, L.A. Care created the Community Health Investment Fund (CHIF) to support community health care initiatives, which led to the establishment of a safety net infrastructure initiative in 2005 named after founding L.A. Care Board member and former Board Chair, Robert E. Tranquada, M.D. The initiative provided funding opportunities to safety net providers throughout the Los Angeles County to improve core infrastructure capabilities and to support projects that have a long-term and systemic impact.

The Robert E. Tranquada, M.D. Safety Net Award V – Healthcare Effectiveness Data and Information Set (HEDIS) Initiative, hereafter referred to as Tranquada V, is a two-year initiative that involves several parties/entities:

- L.A. Care Health Plan
  - Community Benefit Programs
  - Quality Improvement
- Safety Net Clinics
  - Arroyo Vista Family Health Center
  - Eisner Pediatric and Family Medical Center
  - JWCH Institute Inc.
  - Northeast Valley Health Corporation
  - St. John’s Well Child and Family Center
  - Valley Community Clinic
  - Venice Family Clinic
- Object Health-technology consultant
- Health Management Associates-evaluator of initiative



The initiative targets seven HEDIS measures—Childhood Immunization Status Combination 3 (CIS-3), Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34), Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Prenatal and Postpartum Care (PPC), and Comprehensive Diabetes Care Hemoglobin A1c testing (CDC HbA1c). The objective of the initiative is for each clinic to choose four HEDIS measures and improve their rates by a minimum of four percentage points by March 2016. However, due to Medi-Cal expansion in 2014, the denominator for some measures, particularly, W34, BCS, and CCS, have doubled or even tripled. To take this into account, a hybrid approach—looking at both the change in rates and the projected number served by end of the grant—will be used to evaluate the clinics’ goal attainment. Each clinic is awarded \$150,000 in grant money to reach the goal. In general, the funds are used to hire personnel (IT, Quality Improvement), purchase technological applications, and outreach to members via reminder letters and calls.

Object Health, the technology consultant, works with the health centers in improving HEDIS scores for select populations. They assess the overall clinic capabilities for improving HEDIS scores and identify barriers and pose solutions to those barriers, especially regarding the data flow and HEDIS reporting at the clinic level.

As the evaluator of the Tranquada V Initiative, Health Management Associates looks at the progress of the clinics in improving HEDIS scores and assessing work plan activity completion. They are also involved in assessing the key process elements in the Object Health scope of work.

The following is a list of clinics with their baseline (as of December 2013) and final HEDIS rates (as of December 2015). Each clinic had the option to select four measures from four populations: child health (W34 and CIS-3), maternal health (prenatal and postpartum visits), women’s health (breast and cervical cancer screenings), and adults with chronic disease (HbA1c testing).

### **CHILDHOOD IMMUNIZATION STATUS COMBINATION 3 (CIS-3)**

<b>Clinic</b>	<b>Baseline CIS-3 Rate (MY2013)</b>	<b>Final CIS-3 Rate (MY2015)</b>
Arroyo Vista Family Health Center	26.0%	50.4%
Eisner Pediatric and Family Medical Center	43.4%	68.1%
Northeast Valley Health Corporation	24.5%	70.5%
St. John’s Well Child and Family Center	23.1%	62.2%
Valley Community Clinic	15.0%	76.1%

Arroyo Vista addressed the importance of immunizations and helped guardians schedule them during its Back to School Children’s Health Fair. At Valley Community Clinic, the pediatric triage nurse identified children who were due/overdue for immunizations and scheduled appointments. The final CIS-3 rates for all five clinics exceeded the four percentage point increase from baseline.

### WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH, AND SIXTH YEARS OF LIFE (W34)

Clinic	Baseline W34 Rate (MY2013)	Final W34 Rate (MY2015)
Arroyo Vista Family Health Center	53.3%	67.9%
Eisner Pediatric and Family Medical Center	58.0%	70.2%
Northeast Valley Health Corporation	70.4%	73.3%
St. John's Well Child and Family Center	65.2%	70.4%
Valley Community Clinic	62.1%	76.4%
Venice Family Clinic	51.0%	66.3%

Arroyo Vista organized a Back to School Children's Health Fair that included education on the importance of well child exams, vaccinations for children, diabetic and women's health. The fair provided free immunizations and also set up an L.A. Care tent where appointments for well-child exams and immunizations were scheduled. Valley Community Clinic was able to identify patients who were due/overdue for well-child visits; upcoming appointments could be converted into well-child exams if the patient was not compliant for the measure. Northeast Valley Health Corporation sent out well-child reminder letters to parents of children who did not have a visit in the previous year.

### BREAST CANCER SCREENING (BCS)

Clinic	Baseline BCS Rate (MY2013)	Final BCS Rate (MY2015)
Northeast Valley Health Corporation	63.3%	67.0%
St. John's Well Child and Family Center	38.8%	40.8%
Valley Community Clinic	61.8%	62.1%
JWCH Institute Inc.	36.5%	40.2%
Venice Family Clinic	52.1%	48.6%

Venice Family Clinic's Azara DRVS, a population management system, was used to identify specific populations, such as L.A. Care members, and members who are due for health services. At JWCH, the LVN Process Improvement Champion schedules members who are due for a mammogram via the alert reminder system, which allows staff to identify which patients are due for health services. Valley Community Clinic also took a similar approach—a medical assistant scheduled breast cancer appointments by calling members. Also, posters about female cancer screenings were placed in all General Medicine exam rooms so that members can be educated while waiting in the rooms. At Northeast Valley, women who were in need of a cervical cancer screening were also identified for breast cancer screening through the clinic's population health management system. At St. John's, staff printed patient reports for every provider of patients who will be seen, which included a list of due/overdue health services. For most clinics, the denominators for BCS almost doubled from the baseline year.

### CERVICAL CANCER SCREENING (CCS)

Clinic	Baseline CCS Rate (MY2013)	Final CCS Rate (MY2015)
Arroyo Vista Family Health Center	47.3%	37.2%
Northeast Valley Health Corporation	63.2%	59.7%
St. John's Well Child and Family Center	45.8%	40.1%
Valley Community Clinic	54.4%	50.0%
JWCH Institute Inc.	32.7%	42.8%
Venice Family Clinic	21.9%	40.2%

At Northeast Valley, members who did not have a Papanicolaou test (Pap test) were identified and were called to schedule appointments. Due to limited access for Pap tests, Northeast Valley changed the templates into “single visit” types, allowing any type of visit to be scheduled since NEVHC previously had different slots for different types of visits. Additionally, the clinic blocked off additional visits that are Pap test only appointments. At Valley Community Clinic, a medical assistant made calls to members to schedule appointments and posters on female cancer screenings were posted in all General Medicine exam rooms to educate patients. At St. John's, calls from the call center and retention center were made to patients who were due for preventive services such as cervical cancer screening. JWCH used their alert reminder system that notified which members were due for the screenings. The largest increase in denominator size was seen in this screening measure. For example, JWCH saw the largest rise in the CCS denominator (a quadruple increase), beginning with a denominator of 446 women and reaching 1,999 women by the end of the grant.

### PRENATAL AND POSTPARTUM CARE (PPC)

Clinic	Baseline PPC (prenatal) Rate (MY2013)	Final PPC (prenatal) Rate (MY2015)	Baseline PPC (postpartum) Rate (MY2013)	Final PPC (postpartum) Rate (MY2015)
Eisner Pediatric and Family Medical Center	47.1%	61.9%	39.9%	58.1%
JWCH Institute Inc.	22.2%	59.4%	28.9%	51.6%

Eisner clinic has a comprehensive prenatal health worker who works with prenatal and postpartum patients. The worker manages scheduling appropriate appointments for expecting and recently delivered mothers. Expecting mothers were identified by women who had taken a pregnancy test at home or at another clinic and came to Eisner or women who came in to the clinic to take a pregnancy test. One of the best practices that Eisner adopted was to avoid scheduling postpartum visits in the morning when mothers tend to be most tired. Also, Eisner adjusted the timing of the postpartum visit from six weeks to four weeks post-delivery in order to allow for rescheduled appointments for patients who were no-shows to the originally scheduled appointments made in the hospital. This allows more mothers attend the post-partum visit within the HEDIS timeframe. At JWCH, medical assistants check appointments for pregnant and recently delivered patients to make sure that they received a first trimester visit or a postpartum care visit.

## COMPREHENSIVE DIABETES CARE HEMOGLOBIN A1C TESTING (CDC HbA1C)

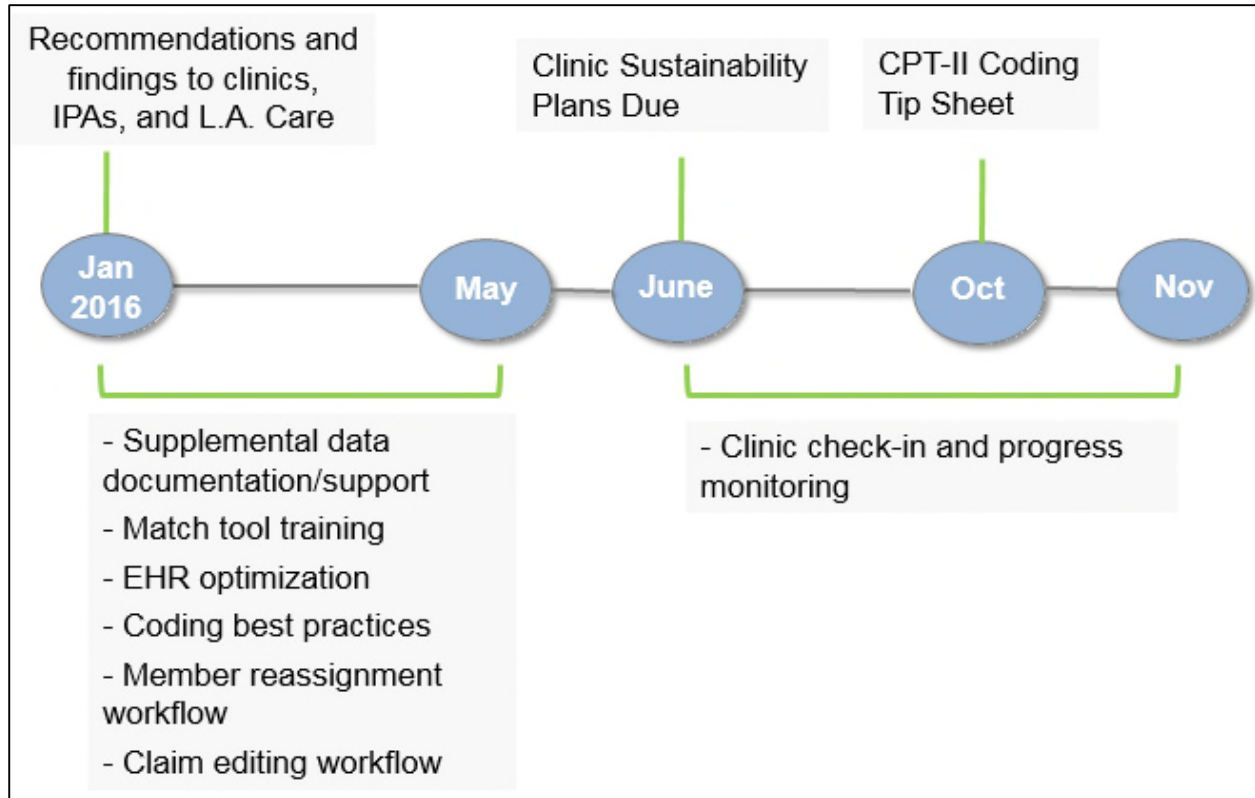
Clinic	Baseline CDC HbA1c Testing (MY2015)	Final CDC HbA1c Testing (MY2015)
Arroyo Vista Family Health Center	47.1%	79.6%
Venice Family Clinic	22.2%	89.7%

During the annual Adult Health Fair, patients at Arroyo Vista were educated on the importance of diabetic health management and were encouraged to visit the diabetes management nurse who was able to check HbA1c and cholesterol levels for free using a droplet blood analyzer. Patients with abnormal results were provided with a follow-up appointment with a primary care provider. Many patients commented that the analyzer was a great way to see their diabetes status quickly and said it was a wake-up call to stay on track with their diabetic plan. Venice Clinic uses its population management system to produce the Patient Visit Planning Document, which lists all the outstanding gaps in care the patient has, before the visit.

### OBJECT HEALTH

Object Health is a technology consultant vendor that assisted providers and staff at the seven participating clinics to enhance the quality and efficiency of primary and preventive care at health centers through the effective use of health IT and quality improvement reporting systems. Object Health provided technical assistance and program support to clinics, educated clinics on best practices and correct HEDIS coding, and reviewed the integrity and flow of data at the clinic, MSO/PPG, and health plan levels. Object Health was able to measure baseline HEDIS maturity at the clinics with its HEDIS Maturity assessment tool, which evaluates maturity of HEDIS billing, provider and staff HEDIS education, and EHR maturity. Object Health was involved in biweekly calls with QI staff, helped to create the CPT-II coding tip sheet, and presented the final Tranquada V presentation to L.A. Care staff, Tranquada V clinics, MedPOINT Management, and Network Medical Management.

### *Timeline of Object Health's activities in 2016*



### **HEALTH MANAGEMENT ASSOCIATES (HMA)**

Health Management Associates is the independent evaluator responsible to evaluate the entire Tranquada V-HEDIS initiative, including the performance of the seven participating clinics, a technical assistance consultant and QI nurse support. HMA joined the Tranquada V initiative in April 2015 and visited all clinics with baseline and final initiative evaluation. The final report's findings included that the project overall was a success, with the funding and support provided by L.A. Care as helpful and effective in clinics' meeting their goals.

## **A.10.C TRANSFORMING CLINICAL PRACTICE INITIATIVE (TCIP)**

### **BACKGROUND**

Transforming Clinical Practice Initiative (TCPI) is a CMS program to achieve several nationwide quality improvement goals: transform 140,000 clinicians' practices, improve health outcomes, reduce unnecessary hospitalization, save \$1-\$4 billion, reduce unnecessary testing and procedures, get practices ready for value based payments, and build practice transformation evidence base. LAPTn, a project of L.A. Care, is one of 39 organizations awarded TCPI funding to help 3,200 clinicians improve care for patients with diabetes and/or depression via five Network Partners. LAPTn serves as the principle investigator and program office to ensure the achievement of the CMS/CMMI TCPI goals. LAPTn has a team of over 50 people including L.A. Care staff, Network Partner staff and Coaching staff. There are 30 full-time coaches managed directly by Network Partners who work on-site with clinicians. The program runs for four year through September 2019.

### **GOALS**

Goal #1: Improve health outcomes of participating clinicians in eight areas:

<b>Improvement Area</b>		<b>Year 1</b>	<b>Year 4 (program end)</b>
<b>Diabetes</b>	1. HbA1c Poor Control (>9%)	Reduce 2%	Reduce 10%
	2. Medical Attention for Nephropathy Monitoring	Increase 2%	Increase 10%
	3. Body Mass Index Screening and Follow-Up	Increase 2%	Increase 10%
<b>Depression</b>	4. Screening for Clinical Depression Follow-Up	Increase 2%	Increase 10%
	5. Follow-Up After Hospitalization for Mental Illness	Increase 2%	Increase 10%
<b>Utilization</b>	6. All-Cause Admissions for Patients with Diabetes and Depression	Reduce 1%	Reduce 20%
	7. Reduction of Unnecessary Testing	Reduce by 2%	Reduce by 20%
	8. Cost Savings	\$18.52/pt	\$925.93/pt

Goal #2: Achieve 5 Phases of Practice Transformation for participating clinicians: set aims and develop basic capabilities; report and use data to generate improvements; achieve progress on aims of lower cost, better care, and better health; achieve benchmark status; and thrive as a business via pay-for-value approaches.

### **MAJOR ACCOMPLISHMENTS**

LAPTn enrolled 3,200 clinicians, increasing its enrollment goal from 3,100. Over 90% of clinicians enrolled serve patients with the greatest need for health care services. Baseline PATs were completed for all 84 organizations. Baseline data was collected from 1,200 of 3,200 clinicians.

## RESULTS

Clinical Measure	Numerator	Denominator	Measure Details/ Data Source
1. Diabetes Hgb A1c Poor Control (A1C >9%)	Patients (Pts) whose most recent glycated hemoglobin (Hgb A1c) level is greater than 9.0% (or missing result)	Pts 18-75 years of age with diabetes (type 1 or type 2)	Lab results, EHR, CQM, NQF# 0059 NCQA, HEDIS (CDC) CMS 122, PQRS 001
2. Diabetes Medical Attention for Nephropathy Monitoring	Pts with a nephropathy screening test or evidence of nephropathy	Pts 18-75 yrs. of age with diabetes (type 1 or type 2)	Lab results, EHR, CQM, NQF# 0062 NCQA, HEDIS (CDC) CMS 134, PQRS 119
3. Body Mass Index (BMI) Screening and Follow-up	Pts with BMI documented AND if BMI outside of normal parameters, a follow-up plan documented. Normal parameters (a) age 18-64 BMI between 18.5-25 (b) 65 and older BMI between 23-30	At least one encounter in the measurement period for those (a) 18-64 years of age or (b) 65 years of age and older	EHR, CQM, NQF# 0421 NCQA, HEDIS (ABA) CMS 69, PQRS 128
4. Screening for Clinical Depression and Follow-Up Plan	Patients screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Patients 12 years and older	EHR, CQM, NQF# 0418 CMS 2, PQRS 134
5. Follow-Up After Hospitalization for Mental Illness	Pts who completed an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within (a) 7 days after discharge, (b) 30 days of discharge	Pts 6 yrs. of age and older hospitalized for treatment of selected mental illness diagnoses discharged from acute inpatient setting	Limited to LAC members, potential expansion to DMH. NQF# 0576 NCQA, HEDIS (FUH) CMS N/A, PQRS 391

Clinical Measure	Numerator	Denominator	Measure Details/ Data Source
6. All-Cause Admissions for Pts w/ Diabetes & Depression	All-cause index hospital stays for pts with (a) diabetes and (b) depression diagnosis	Pts 18 years and older	Limited to LAC members
7. Reduction of unnecessary testing			
8. Cost Savings			

Data Sources:

- eCQM data is obtained from EHRs
- Practice assessments administered by LAPTn team member to leadership of each practice

At this point it is too early to evaluate the program’s outcomes since quality coaches were recently deployed Q4 2016, which is not enough time to impact practices.

**LOOKING FORWARD**

Key activities for the next year include:

- Maintain enrollment of 3,200 engaged clinicians.
- Assess all 84 practices every six months, approximately 42 each quarter.
- Expand data collection to more practices.
- Deploy full coaching engagement to support all 84 practices in achieving milestones.
- Begin CME/CEU webinar series in support of care management strategies and enhanced care coordination.
- Coaches ensure compliance and track data measures monthly with practices.
- Practice champions attend peer education sessions monthly and prepare care coordination plans with community referral providers.
- Patients are assigned clinical points of contact and provided education on their care team.
- Clinics prepare monthly PDSA results reporting including patient satisfaction.
- HIT utilization is tracked and reported to coaches and clinicians for corrective action.
- An all-measures dashboard report is developed to assess overall program performance.
- Community engagement metrics are established.



## **A.11 POTENTIAL QUALITY ISSUES AND CRITICAL INCIDENT REPORTING AND TRACKING**

### **SECTION 1: POTENTIAL QUALITY ISSUES**

#### **2016 WORK PLAN GOAL:**

- 100% of Potential Quality of Care Issues (PQIs) will be closed within 6 months.

#### **BACKGROUND**

Investigation of PQIs is a fundamental, but extremely valuable way to monitor patient safety in the network and identify opportunities to reduce the risk of recurrence. A Potential Quality Issue is defined as an individual occurrence or occurrences with a potential or suspected deviation from accepted standards or 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 of care issue may include, but is not limited to, a physician's medical knowledge, clinical skill, judgment, appropriate record documentation, medication management, appropriate diagnosis, continuity and coordination of care, and medical errors—all of which impact patient safety. Sources of PQIs include, but are not limited to, UM staff, care management staff, disease management staff, member services staff, other physicians, and member grievances. PQI nurses in the Quality Improvement Department (QI) conduct a thorough internal investigation on all potential quality issues, including a review of the incident as reported or alleged as well as responses from the provider group/practitioner and relevant medical records, when appropriate. The nurse assigns the category and a preliminary level, obtaining input from the Medical Director, if needed. For cases with a severity level >2 or at the discretion of the Medical Director, PQIs are presented to the Peer Review Committee for review and final leveling and action. An external physician review may be obtained at any point, if needed. Upon the peer review committee's determination that care was not appropriate, remedial measures including, but not limited to education or Corrective Action Plan. All cases must be closed within 6 months. If a PQI investigation cannot be completed within six months, a one-month extension may be granted with a medical director's approval. The approved extension shall be documented in the case summary. PQI investigation is a delegated QI activity to Plan Partners for the Medical line of business. Plan Partners are required to comply with the PQI policy and procedure and close all investigation within 6 months.

#### **MAJOR ACCOMPLISHMENTS**

- In 2016, QI collaborated with Grievances and Appeals to better define the criteria and workflow for PQI referrals. As result of the collaborative efforts, as well as PQI referrals from other sources, QI received 619 PQI cases in 2016, which was a significant increase from previous years.
- Quality of transportation (QOT) issues involving member health and safety were added to the PQI referral criteria and work flow. PQI team work closely with Provider Network Management team as well as LogistiCare Transportation Vendor to better identify, investigate and track transportation incidents.
- The PQI Inter Rater Reliability (IRR) review process was enhanced with the QI Medical Director reviewing a sample of PQI cases closed by PQI nurses every quarter, using the NCQA 8/30 rule. The PQI IRR policy and procedure was updated.
- One new PQI issue code was added: *Non-Emergency care/service rendered by a non-credentialed provider* was added to PQI policy and procedure to distinguish and encompass PQI/QOT investigation.

- In November 2016, the Peer Review Committee was restructured combining with Credentialing Committee into one L.A. Care Credentialing/Peer Review Committee. The first combined meeting was successfully held in the evening on November 17, 2016. The purpose of the evening meeting was to accommodate outside physicians work schedule, and ultimately promote more participation from external practicing physicians.

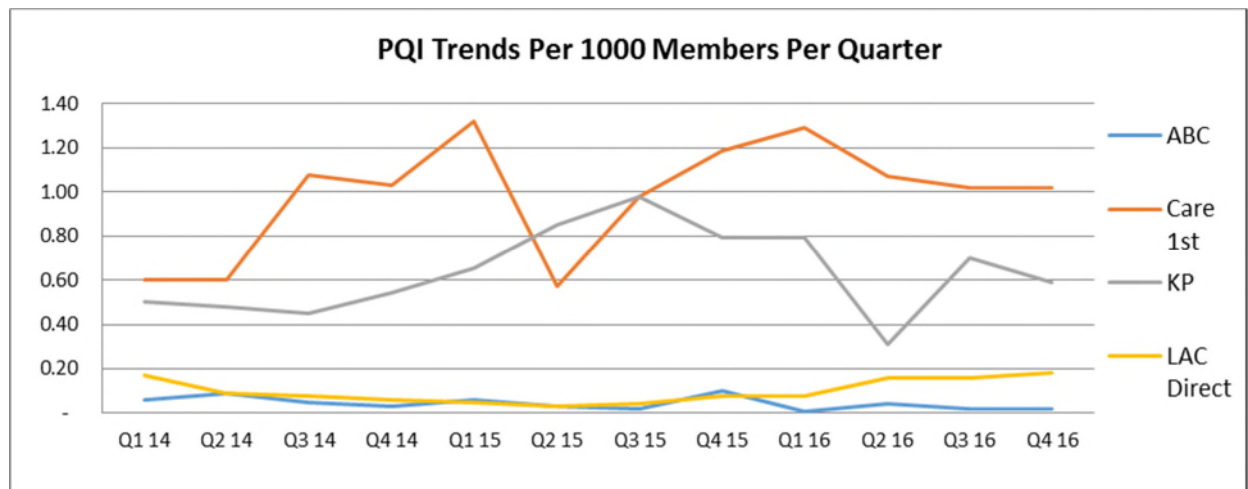
## RESULTS

The following table show the total number of PQIs opened by L.A. Care and Plan Partners:

	Total PQI Cases (Jan – Dec 2014)	Total PQI Cases (Jan – Dec 2015)	Total PQI Cases (Jan – Dec 2016)
<b>L.A. Care*</b>	269	184	619
<b>Anthem Blue Cross</b>	87	47	43
<b>Care 1<sup>st</sup></b>	969	1,187	1,369
<b>Kaiser</b>	242	545	456

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

The following table show the PQIs opened by L.A. Care and Plan Partners per 1000 members per quarter:



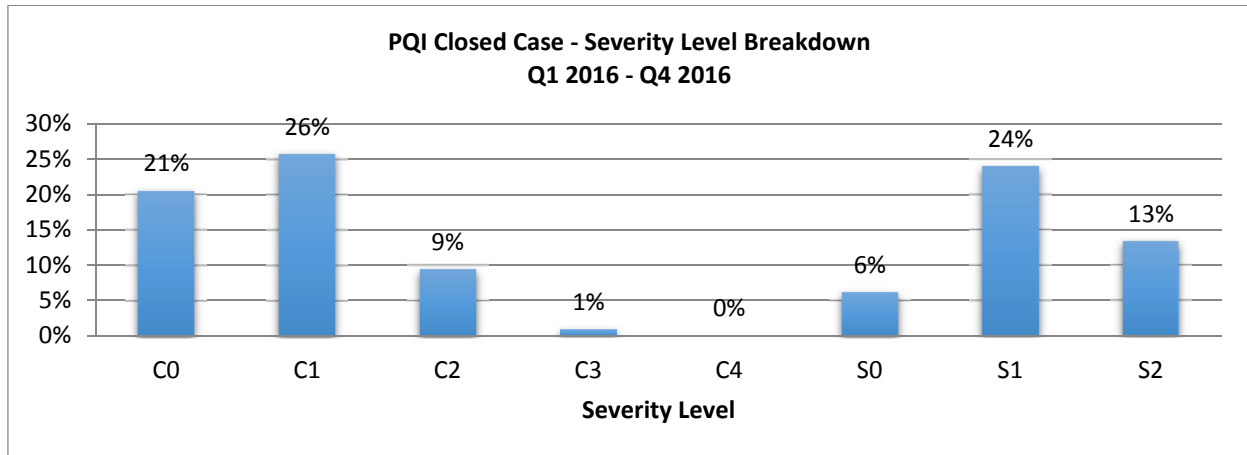
The following table shows the total number of PQIs closed by L.A. Care and Plan Partners in 2016, and it's compliance with PQI closure within 6 months.

	Total PQI Cases (Jan – Dec 2016)	Closed Within 6 Months
<b>L.A. Care*</b>	458	Yes
<b>Anthem Blue Cross</b>	43	Yes
<b>Care 1<sup>st</sup></b>	1,351	Yes
<b>Kaiser</b>	503	Yes

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

## ANALYSIS

In 2016, L.A. Care Health Plan closed 458 PQI cases, which included cases that were opened in 2015. The severity level breakdown from all closed cases are showed in the graph below.



PQI Severity Level Assigned	Total	
<b>C0/No Quality of Care concern</b>	94	20.5%
<b>C1/Appropriate Quality of Care</b>	118	25.8%
<b>C2/Borderline Quality of Care concern</b>	43	9.4%
<b>C3/Moderate Quality of Care concern</b>	4	0.9%
<b>C4/Serious Quality of Care concern</b>	0	0.0%
<b>S0/No Quality of Service concern</b>	28	6.1%
<b>S1/Quality of Service identified</b>	110	24.0%
<b>S2/Quality of Service identified, member change provider or disenrolled</b>	61	13.3%
<b>Total</b>	<b>458</b>	<b>100.0%</b>

The analysis showed a total of 46.3% cases leveled as no quality of care concern (C0) and appropriate quality of care (C1); total of 10.3% cases leveled as borderline quality of care (C2), moderate quality of care (C3) and serious/significant quality of care (C4); 6.1% of cases leveled as no quality of service (S0); 37.9% of cases leveled with Quality of Service (QOS) issues level S1 and S2.

The 2016 PQI track and trend analysis including cases reviewed by Anthem Blue Cross and Care 1<sup>st</sup> Health Plan will be conducted in first quarter of 2017. The analysis will include analysis of Quality of Care (QOC) and Quality of Service (QOS) issues by participating provider groups.

In 2016, Anthem Blue Cross, Care 1<sup>st</sup> Health Plan, Kaiser and L.A. Care Health Plan completed PQI investigation timely within 6 months; L.A. Care Health Plan completed PQI investigation for all closed cases within 6 months. The 2016 PQI goal was met.

## **SECTION 2: CRITICAL INCIDENT REPORTING AND TRACKING**

### **2016 WORK PLAN GOAL:**

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

### **BACKGROUND**

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

### **MAJOR ACCOMPLISHMENTS**

- In 2016, the QI department worked closely with Provider Network Management (PNM) team and Managed Long-Term Services & Supports (MLTSS) team to better identify CI's as well as increase compliance with CI reporting from all contracted/delegated entities. A webinar training was conducted to Community Based Adult Services (CBAS) centers in collaboration with Department of Aging on recognizing reportable critical incidents and understanding the process for reporting incidents to the State and L.A. Care Health Plan.
- The QI department worked closely with Provider Network and Vendor Management by participating in monthly Joint Operation Meetings. The QI department provided consultation and education for the CI reporting program as well as emphasizing the importance in compliance with Critical Incident Tracking and Reporting.
- The CI tracking process is closely linked with Potential Quality of Care investigation review process. PQI investigation will be initiated when a concern is identified from Critical Incident Reporting.
- Critical Incident Reports are submitted timely to CMS quarterly.
- The Quality Improvement (QI) Department is responsible for tracking, trending, and appropriate reporting of all critical incidents.

### **RESULTS**

With all the collaborative work with CBAS and PNM teams, the compliance for quarterly submission achieved 100% by Q3 2016; all CMC delegates submitted critical incident quarterly report by Q3 2016.

## **A.12 FACILITY SITE REVIEW/MEDICAL RECORDS INITIATIVES**

### **2016 WORK PLAN GOALS:**

- Needlestick safety precaution – 70%
- Spore testing of autoclave/sterilizer – 85%

### **BACKGROUND**

L.A. Care is committed to developing and implementing activities to enhance patient safety. L.A. Care also enhanced patient safety through the facility site review (FSR) process by monitoring elements on patient health/safety. In the FSR process, the two (2) measures that did not meet the 80% standard since 2010 included: (a) Needlestick safety precautions practiced on site, and (b) Spore testing of autoclave/steam sterilizer with documented results (at least monthly).

### **RESULTS**

#### **Needlestick Safety Precaution**

<b>2014 Results</b>	<b>2015 Results</b>	<b>2016 Results</b>	<b>Goal Met</b>	<b>2016 Goal</b>
63.0%	65.0%	70.0%	Yes	70%

### **ANALYSIS**

#### ***Quantitative Analysis***

The 2016 goal for needlestick safety precaution was met. The compliance score for needlestick safety increased by 5.00 percentage points from 2015. The difference in rates is statistically significant (p value = 0.0357) compared to 2015 results, and there has been improvements in regards to the compliance to this criteria since 2014.

#### **Spore Testing of Autoclave/Sterilizer**

<b>2014 Results</b>	<b>2015 Results</b>	<b>2016 Results</b>	<b>Goal Met</b>	<b>2016 Goal</b>
83.0%	82.0%	81.0%	No	85%

#### ***Quantitative Analysis***

The provider offices reviewed did not meet the 2016 goal for spore testing of autoclave/steam sterilizers. The compliance score decreased by 1.00 percentage point from 2015. The 2016 results dropped from previous years; however, the difference between 2015 and 2016 was not statistically significant (p value = 0.8047).

#### ***Qualitative Analysis (Needlestick Safety & Spore Testing)***

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

- Reverting back to previous behaviors after an audit has been completed.

- Cost of purchasing needlestick safety devices may cause a financial burden to provider offices/facilities.
- Staff, due to high office staff turnover, do not know the requirements for needlestick safety precautions.
- Staff, due to high office staff turnover, do not know the requirements for spore testing of autoclave/sterilizer.
- Staff are not properly trained upon hire to inform them of the requirements for needlestick 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 participated in our network are not knowledgeable of the requirements.

Upon in-depth review of the available data, it was noted that new provider offices that received an additional educational visit were compliant and most providers were slowly transitioning out of utilizing autoclave/steam sterilization equipment.

### **LOOKING FORWARD**

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

### **2017 WORK PLAN GOALS:**

- Needlestick: 70%
- Spore Testing: 85%

### **MEDICAL RECORDS INITIATIVES**

#### **2016 WORK PLAN GOAL:**

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

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

## BACKGROUND

L.A. Care Health Plan has established medical record standards to facilitate communication, coordination and continuity of care and to promote safe, efficient, and effective treatment. L.A. Care requires practitioners to maintain medical records in a manner that is current, detailed, and organized. L.A. Care assesses the site's compliance with regulations and L.A. Care policies by utilizing the *mandated* Department of Health Care Services (DHCS) survey tools. This report provides an annual analysis of medical record keeping standards for the time period of October 1, 2013 – September 30, 2016, of primary care practitioner (PCP) sites (practitioner's office or clinic) to measure compliance with appropriate medical record documentation requirements. A three year cycle is utilized to be consistent with the credentialing process. This analysis allows L.A. Care to measure site's compliance with current documentation standards and develop interventions to make improvements. The use of electronic health record (EHR) improves documentation, coordination of care, and therefore, has a great impact on improving patient safety and care. In addition, conducting medical record reviews also provides L.A. Care the ability to identify potential quality of care concerns.

## MAJOR ACCOMPLISHMENTS

- All standards met and/or exceeded the 2016 goal of 80%. Practitioners continue to be educated on site during the Facility Site Review (FSR), Medical Record Review, or Physician Quality Improvement Liaison (PQIL) Nurses visits.

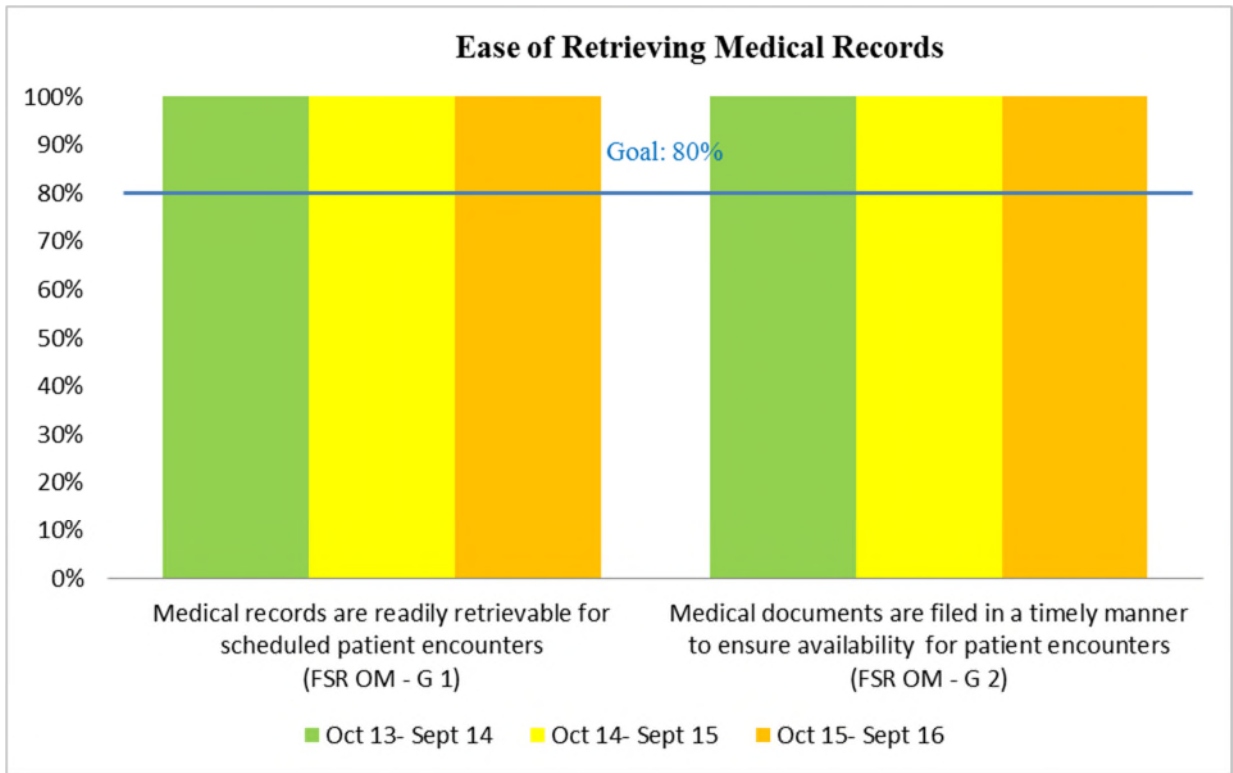
## RESULTS

Year	Site #	Sample Size
2014	454	3,354
2015	705	5,570
2016	692	6,290

The following tables and graphs show the results of the FY 2013–2016 review of practitioner's sites and medical records. These FY 2015–2016 results are compared to the previous two years.

### Ease of Retrieving Medical Records

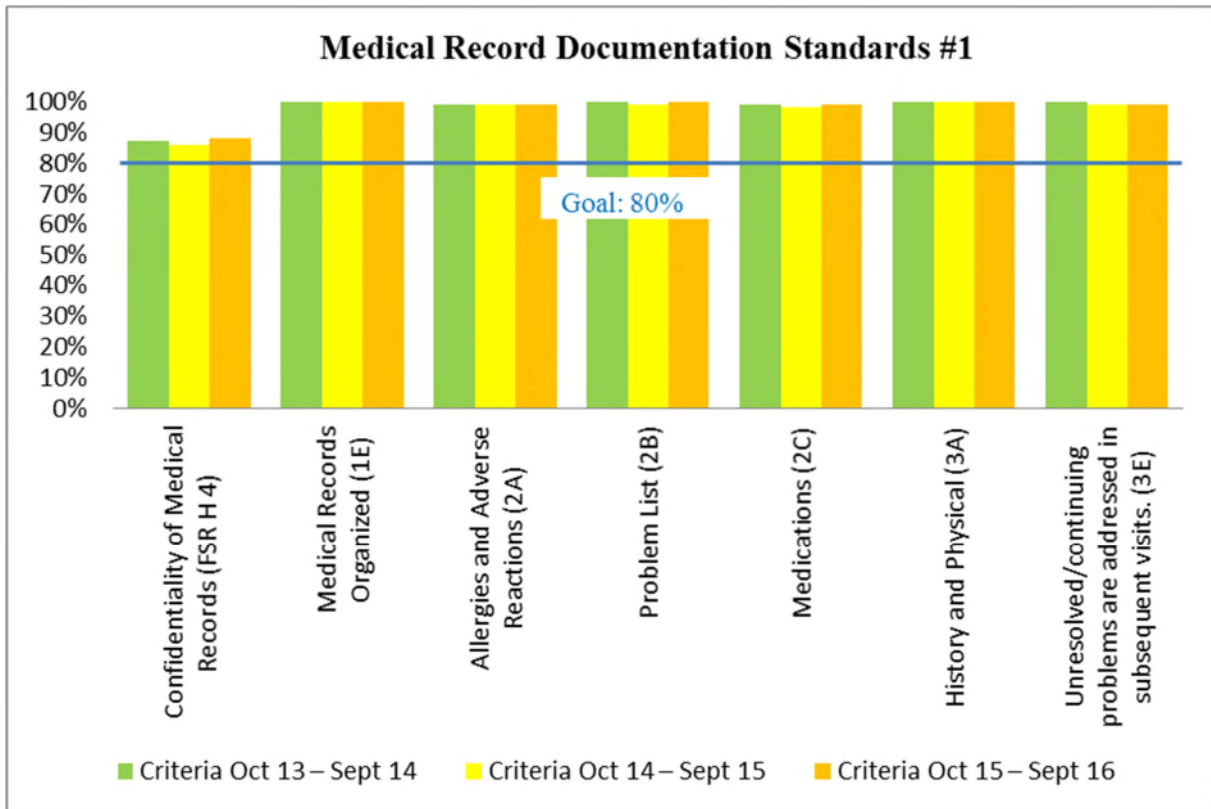
Criteria	Oct 13 – Sept 14	Oct 14 – Sept 15	Oct 15 – Sept 16	% change from Oct 13 to Sept 16	% from 80% Goal
Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1)	100%	100%	100%	0%	20%
Medical documents are filed in a timely manner to ensure availability for patient encounters. (FSR OM - G 2)	100%	100%	100%	0%	20%



### Medical Record Documentation Standards #1

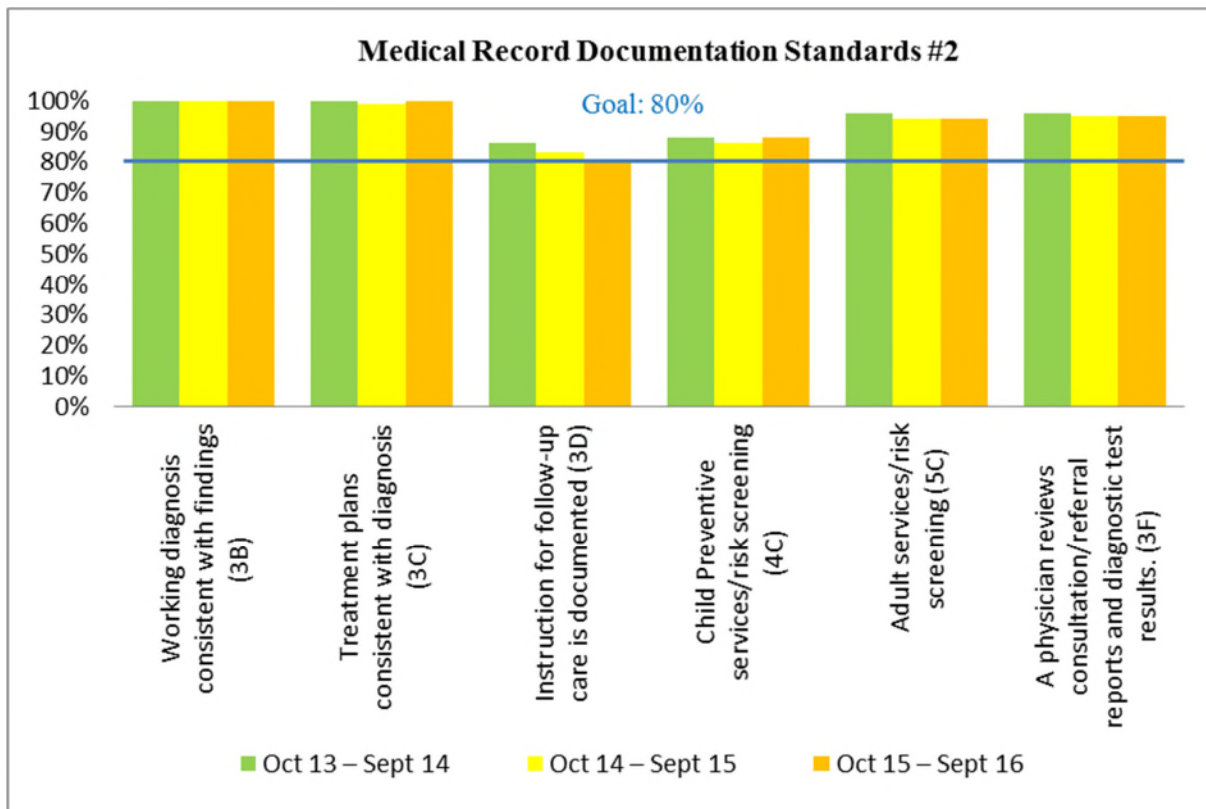
Criteria	Oct 13 – Sept 14	Oct 14 – Sept 15	Oct 15 – Sept 16	% change from Oct 14 to Sept 16	% from 80% Goal
Confidentiality of Medical Records (FSR H 4)	87%	86%	88%	2.00%	8%
Medical Records Organized (1E)	100%	100%	100%	0.00%	20%
Allergies and Adverse Reactions (2A)	99%	99%	99%	0.00%	19%
Problem List (2B)	100%	99%	100%	1.00%	20%
Medications (2C)	99%	98%	99%	1.00%	19%
History and Physical (3A)	100%	100%	100%	0.00%	20%
Unresolved/continuing problems are addressed in subsequent visits. (3E)	100%	99%	99%	0.00%	19%





### Medical Record Documentation Standards #2

Criteria	Oct 13 – Sept 14	Oct 14 – Sept 15	Oct 15 – Sept 16	% change from Oct 14 to Sept 16	% from 80% Goal
Working diagnosis consistent with findings (3B)	100%	100%	100%	0.00%	20%
Treatment plans consistent with diagnosis (3C)	100%	99%	100%	1.00%	20%
Instruction for follow-up care is documented (3D)	86%	83%	80%	-3.00%	0%
Child Preventive services/risk screening (4C)	88%	86%	88%	2.00%	8%
Adult services/risk screening (5C)	96%	94%	94%	0.00%	14%
A physician reviews consultation/referral reports and diagnostic test results. (3F)	96%	95%	95%	0.00%	15%



## ANALYSIS

### *Quantitative Analysis*

The 2016 audits achieved the 80% goal in all criteria selected for this study.

### *Qualitative Analysis*

Although the 2016 goals have been achieved, some compliance rates had dropped slightly therefore ongoing monitoring will be needed and the following ongoing barriers need to be addressed:

- Practitioner confusion regarding when to follow Child Health and Disability Prevention Program (CHDP) versus American Academy of Pediatrics (AAP) guidelines for preventive services periodicity requirements even though the two were aligned in the fall of 2016.
- Perceived reimbursement issues leading physicians to believe they will not be reimbursed for AAP periodicity.
- Medical record forms require time to complete and may not include all required elements. Forms vary among Physician Provider Groups, practitioner offices and state mandated forms.
- There is an increase number of sites transitioning to or have implemented an electronic health record (EHR) system. There are many choices of EHR vendors making the decision complex and puzzling for physicians. In addition, adding additional fields to accommodate medical record documentation standards may incur increase costs to physician offices.
- Time needed to document patient services and care rendered may be limited depending on patient volume.

- There are inconsistent or no processes in place to document care rendered to patients.

## INTERVENTIONS

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

Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
All measures	<ul style="list-style-type: none"> <li>• 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.</li> <li>• There is an increase number of sites transitioning or have implemented an electronic health record (EHR). There are many choices of EHR vendors making the decision complex and puzzling for physicians. In addition, adding additional fields to accommodate medical record documentation standards may incur increase costs to physician offices.</li> <li>• Time needed to document patient services and care rendered may be limited depending on patient volume.</li> <li>• There are inconsistent or no processes in place to document care rendered to patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Record Reviews are ongoing.</li> <li>• An established corrective action plan (CAP) process for provider offices that need to address deficiencies noted during a site review survey.</li> <li>• Provide technical assistance as appropriate and necessary.</li> </ul>	All measures met goal.

## **LOOKING FORWARD**

Medical record review will continue in 2017. During the review process, practitioner and office staff continue to be educated, and sample medical record documents and policies are distributed as necessary. If the provider falls below the California state requirement score of 80% for any section of the medical record review survey regardless of score, a corrective action plan will be requested from the PCP site. 2017 goal is to meet or exceed 80% compliance goal.

### **2017 WORK PLAN GOAL:**

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

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

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

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

## **A.13 PROVIDER OUTREACH**

### **SECTION 1: QUALITY PERFORMANCE MANAGEMENT/HEDIS PROVIDER OUTREACH**

#### **BACKGROUND**

In alignment with L.A. Care's overall goal to put members first, improve quality of care and enhance care experience, QPM/HEDIS Outreach Team conducts practitioner office outreach and HEDIS trainings annually to select provider offices post HEDIS reporting season (July – November 2016).

#### **GOALS**

- Provide HEDIS specific education on priority measures across all LOBs.
- Introduce HEDIS/CAHPS references on LA Care web site to assure ongoing quality of service
- Encourage targeted member outreach by office staff for missing HEDIS services.
- Promote the use of the gap in care/provider opportunity report in conjunction with the Physician P4P program.
- Establish contact and actively engage providers and office staff on HEDIS best practices.
- Emphasize the importance of CAHPS/HOS: managing patient expectations & experience of care and their potential impact on overall compliance, member retention, and quality performance scores.
- Promote accurate, complete, and timely data submission and medical record documentation.
- Emphasize the importance of CAHPS/HOS and their impact on overall HEDIS performance relevant to member retention, NCQA accreditation, and CMS Stars rating.
- Establish point of contact for all questions related to HEDIS improvement; serve as hub/resource for timely follow up on non-HEDIS related provider issues.

#### **MAJOR ACCOMPLISHMENTS FOR THE YEAR**

- Through step-by-step demo during onsite visits and telephonic outreach, providers/office staff learned how to (1) access provider portal for the most current POR/GIC reports; (2) review POR summary and member detail reports for all LOB; (3) filter GIC report by measures to facilitate targeted member outreach; (4) navigate through L.A. Care website for various HEDIS resources.
- Promoted CAIR in lieu of POR/GIC to close care gaps on childhood immunizations. Observed that providers are motivated to register for CAIR. Provided instructions with link to register for the new CAIR 2 registry.
- Underscored that routine women's care services do not require a referral.
- Emphasized the importance of ongoing monitoring and communication with IPA/PPGs regarding complete, accurate, and timely encounter data submission.

#### **RESULTS (as of 10/13/16)**

- 211 practitioner office visits and/or telephonic outreach completed for practitioners with 1000 or more members: 152,286 LAC members out of 271,941 in target (56%).
- 1223 POR reports have been mailed/mailed to practitioners: 400,609 LAC members
- LACC and CMC: Faxed GIC member lists to 1655 Providers (6490 members).
- Providers have sent over 600 records from the POR/GIC reports that were mailed.
- Several Providers returned POR reports with updated member status.

## **ANALYSIS**

- Impact of outreach will be evaluated in June 2017, close of the HEDIS 2017 reporting cycle
  - Feedback from providers was mostly positive.
  - Most providers requested ongoing education and repeat visits.
  - Many providers have added staff and/or dedicated staff to outreach to members.
  - Nearly all providers expressed concern on timing of the report and were concerned that they may not receive credit for services provided.

## **PRACTITIONER CHALLENGES**

- Access to the gap in care report – unaware of existence of the report and technical barriers (login ID) retrieving report on-line.
- Members only use services when sick and do not understand the importance of preventative services.
- Cultural barriers.
- Missed appointments due to work, childcare, no-shows, transportation issues.
- Parents refuse services (immunizations).
- Shortage of female providers for pap smears.
- Difficulty reaching members as contact information changes frequently.

## **LOOKING FORWARD**

- Intervention well received by majority of practitioner offices. Recommend continuation of provider office outreach throughout 2017 with tighter collaboration and coordination with:
  - Plan partners
  - PPGs
  - Internal L.A. Care departments that have frequent interaction with provider offices
- Using past PPG/provider P4P performance and the gap in care report as guide, recommend early identification of providers that are challenged (e.g. underperforming year over year, have significant resource constraints and high number of members with gaps in care). Support member outreach efforts that includes assistance with scheduling provider visits.
- In partnership with QI and PPGs, continue to mail out gap in care reports to practitioner offices and monitor progress. Conduct on-site or telephonic meetings as needed.
- Map out tight processes and controls to ensure that practitioner concerns are triaged to the appropriate department for timely follow-up. (e.g., questions related to contracting, claims, P4P, etc.)
- Look into more timely and frequent release of POR/GIC reports. Coordinate or consolidate reports with plan partners. Currently practitioners may receive 3 reports, one from each plan partner.
- Identify more streamlined solutions to closing data gaps such as an on-line data entry and chart upload system that can be auto-converted to supplemental clinical data.

## **SECTION 2: PROVIDER QUALITY IMPROVEMENT LIAISON (PQIL) INITIATIVE**

### **BACKGROUND**

L.A. Care's PQIL Initiative was started in January 1, 2007 to conduct face-to-face visits with our high-membership physicians to provide feedback, data, and education on programs and facilitate changes to

improve quality of care and service to members aligned with our Quality Improvement Program priorities. The purpose of the PQIL visits are:

- To collaborate and work more effectively with our primary care providers (PCPs)
- To distribute tools and provide resources to assist provider practice sites who serve a high volume of our members
- To build a rapport with our high-membership physicians and/or sites to improve the overall care provided to our members

To qualify for a PQIL visit, a PCP and/or PCP site must have a minimum of 250 members assigned for any line of business with any Plan Partner and/or contracted Participating Provider Group (PPG).

The following table is a comparison between the provider network from 2007 (the start of the PQIL Initiative) versus 2016.

	2007	2016
<b>Active PCP Sites</b>	750	1,602
<b>Number of Medi-Cal Members</b>	679,239	1,907,527

## GOAL

The goal of the PQIL Initiative visits are to:

- Utilize Facility Site Review (FSR) department registered nurses to conduct these visits in order to provide clinical information (i.e., guidelines, clinical tools, and technical assistance).
- To provide awareness to L.A. Care’s high-membership physicians and/or sites, which may lead to improved quality of care and service.

## RESULTS

As of December 27, 2016, a total of 82 PQIL visits have been conducted since November 1, 2015. In summary, the demographics of the PCPs and/or PCP sites visited primarily see L.A. Care’s Medi-Cal Direct (MCLA), Cal MediConnect (DUALS/CMC), and L.A. Care Covered (HBEX/LACC) lines of business. Out of the 82 sites visited 60% (49 out of 82) were solo practice sites and 16% (13 out of 82) were small group practices.

The following tables illustrates the outcome of these PQIL visits. (NOTE: Only the top five topics were presented in this report) These reports cover the period of November 2015 through December 2016.

### PQIL Codes Report (Table 1)

Code	Code Description	Department	Code Rate %	# of sites with identified code	# of applicable sites
<b>FRC</b>	Family Resource Center	<b>FRC</b>	85%	70	82
<b>PN</b>	Patient Noncompliance	<b>HE/QI/FRC</b>	72%	59	82
<b>BH</b>	Behavioral Health	<b>BH</b>	66%	54	82
<b>QI</b>	Quality Improvement	<b>QI</b>	61%	50	82
<b>DRP</b>	Delay in Referral Processing	<b>MM/CS</b>	59%	48	82

### ***Quantitative Analysis***

The top five code rates listed above identifies areas in which high-membership PCPs and/or sites are not aware of the programs or resources available to them, which are provided by L.A. Care, with the exception of patient noncompliance. Patient noncompliance is stated by either the physician or office staff for the following treatment of conditions (varying with each site): Asthma, Obesity, COPD, Cardiovascular, and Diabetes.

### **PQIL Visit Report Outcomes (Table 2)**

<b>Criteria/Questions</b>	<b>Department</b>	<b>Count of YES</b>	<b>Count of NO</b>	<b>Applicable Sites</b>	<b>Rate %</b>
Incentive Program Utilized	QI	51	31	82	62%
Aware of Diabetes Program	QI	38	43	81	47%
Aware of Asthma Program	QI	40	40	80	50%
Aware of Cardio Vascular Program	QI	25	23	48	52%
Aware of Mental Health Referral Program	BH	30	51	81	37%
Aware of Lynwood FRC	FRC	23	59	82	28%
Aware of Inglewood FRC	FRC	17	65	82	21%
Aware of Pacoima FRC	FRC	17	64	81	21%
Aware of Wellness Center Old General Hospital FRC	FRC	20	61	81	25%
Aware of Health Education Feedback Report to FRC	FRC	14	63	77	18%
Consult Reports from Specialist Referral	MM/CS	40	42	82	49%

### ***Quantitative Analysis***

Table 2 demonstrates the knowledge and awareness of our high-membership PCPs and/or PCP sites of the programs and resources offered by L.A. Care.

### ***Qualitative Analysis***

It is a continuous challenge to conduct PQIL visits. The following reasons contribute to this:

- Required DHCS Site Review and Medical Record Review surveys take priority over PQIL visits.
- It takes up to six months to train a newly hired qualified FSR Nurse Specialist, RN to conduct site reviews and PQIL visits.
- Fear of speaking in front of a group of people.
- Overwhelming amount of information needs to be retained to conduct site reviews and PQIL visits.
- Knowledge of programs and resources offered by L.A. Care.
- Continuous collaboration between FSR department and appropriate departments.

### **LOOKING FORWARD**

Facility Site Review Certified Site Reviewer (CSR) Nurses will continue to schedule and conduct PQIL visits and refer concerns and issues to appropriate departments for follow up. FSR staff prioritize PQIL visits to those high-membership PCPs and/or PCP sites that have not had a PQIL visit conducted in the past.



## **B. SERVICE IMPROVEMENTS**

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### **B.1 GRIEVANCES AND APPEALS, MEMBER SATISFACTION (CAHPS), AND TELEPHONE ACCESS**

#### **BACKGROUND**

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through an annual assessment of all complaints and appeals, as well as the results from the 2016 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2016 Medicare MAPD CAHPS, and 2016 QHP Enrollee Experience Survey. Medi-Cal results are trended over a three year period. This report contains a quantitative analysis, followed by a qualitative analysis; selection of the top priorities among opportunities identified for improvement and measured effectiveness, where available. The CAHPS surveys were conducted by DSS Research (for CMC and LACC) and Health Service Advisory Group (for Medi-Cal), both NCQA certified vendors. DSS Research conducts key driver statistical modeling to assist L.A. Care in selecting priority measures to target improvements. The 2015 survey was the baseline year for L.A. Care Covered™ (LACC) and the Cal MediConnect (CMC) line of business.

L.A. Care conducts Clinician & Group CAHPS (CG-CAHPS) surveys biennially for its Medi-Cal population, most recently in 2015 with results distributed to groups in 2016. Training was provided to help groups interpret the results and identify opportunities to improve their outcomes using the priority matrix and summary documents. CG-CAHPS is incorporated into Pay for Performance (P4P) for PPGs and it is now part of the Value Initiative for IPA Performance (VIIP). In 2016, L.A. Care's QI Department had a teleconference with the top performing group, which had made a considerable investment working with a consulting group to train physicians and office staff for member experience. This was shared with PPGs in a document called QI Interventions Reported Among Top Performing IPAs. The survey is being repeated in 2017.

The Member Quality Service Committee (MQSC) is the cross-departmental multidisciplinary committee responsible for identifying quality improvement needs, and reports its findings and recommendations to the Quality Oversight Committee (QOC). The MQSC is comprised of representatives from Quality Improvement, Customer Solutions, Utilization Management, Health Education, Cultural and Linguistic, Health Outcomes and Analysis, 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 survey, as well as discussions at the Quality Oversight and Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) Committees.

#### **ACCOMPLISHMENTS**

- Evaluated all registered member complaints and appeals
- Evaluated the 2016 Medicaid Adult & Child CAHPS 5.0, 2016 Medicare MAPD CAHPS, and 2016 QHP Enrollee Experience Survey results
- Conducted a quantitative and qualitative analysis from combined complaints, appeals and CAHPS data.
- Prioritized areas for improvement based on findings.
- Measured effectiveness of priority interventions.
- Reported baseline rates for the L.A. Care Covered and Cal MediConnect lines of business.
- Developed a new report of access-related complaints on 1000 per member per month basis by provider group for MCLA as an additional method to identify and track access issues

## **SECTION 1: QUANTITATIVE ANALYSES**

### **GRIEVANCES/COMPLAINTS AND APPEALS**

L.A. Care Health Plan demonstrates its commitment to providing access to member-centric quality services. Grievances and Appeals works diligently with other departments in L.A. Care to identify, document, manage, resolve, and track & trend both member and provider concerns. The report contains priorities followed by opportunities identified for improvement and measured effectiveness.

#### **ACCOMPLISHMENTS:**

- Revision of complaint protocols in Member Services and Appeals/Grievance Departments.
- Implementation of a robust reporting process to analyze and report trends to Quality Improvement (QI).
- Revision of grievance categories to be consistent with regulatory and accreditation requirements.
- Implementation of an internal auditing program designed to improve the quality of documentation and to ensure all concerns are addressed for the member.
- Implementation of training program for staff responsible for the identification and management of complaints to ensure timeliness, regulatory compliance and high quality service to our members.

### **CLINICAL AND ADMINISTRATIVE COMPLAINTS AND APPEALS**

#### **METHODOLOGY**

L.A. Care Health Plan conducted an analysis of complaints and appeals for the 12 month period of October 1, 2015 – September 30, 2016. Analysis of the data and reporting requirements resulted in the department revising grievance categories. These revisions resulted in several categories being eliminated, redefined, or combined. The new categories have resulted in significant changes which will be highlighted in the analysis. Below is the newly revised category grid:

	Access to Care	Benefit Package	CMS or DHCS issues	Customer Service	Enrollment or Disenrollment	Marketing	OD and Reconsideration Process	Other – Billing or Finance	Other – Quality of Service	Quality of Care
NCQA	X		X					X	(Attitude and Service; Quality of Practitioner Office Site)	X
CMS	X	X	X	X	X	X	X	X	X	X
DHCS	X	X							X	X
DMHC	X	X	X	X	X				X	X

The data provided below is reported in terms of rates defining the number of complaints by membership and in terms of actual complaint counts by product by category to allow for a drill down into the issues.

Complaints	2015 Q4			2016 Q1			2016 Q2			2016 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude and Service	830	0.46	15%	1,211	0.64	20%	1,649	0.84	36%	1,475	0.76	34%
Access	1,698	0.94	31%	1,297	0.69	22%	603	0.31	13%	407	0.21	9%
Billing and Financial Issues	1,424	0.79	26%	1,834	0.97	31%	1,053	0.54	23%	1,040	0.53	24%
Quality of Care	1,464	0.81	27%	1,499	0.79	25%	1,236	0.63	27%	1,212	0.62	28%
Quality of Practitioner Office Site	91	0.05	2%	110	0.06	2%	70	0.04	2%	173	0.09	4%
<b>Grand Total</b>	<b>5,507</b>	<b>3.05</b>	<b>100%</b>	<b>5,951</b>	<b>3.15</b>	<b>100%</b>	<b>4,611</b>	<b>2.36</b>	<b>100%</b>	<b>4,307</b>	<b>2.21</b>	<b>100%</b>

\*Rate per 1000 members is calculated based on the avg of member months for the measurement period:  
 2015 Q4 = 1,803,746      2016 Q1 = 1,889,088      2016 Q2 = 1,951,824      2016 Q3 = 1,922,936

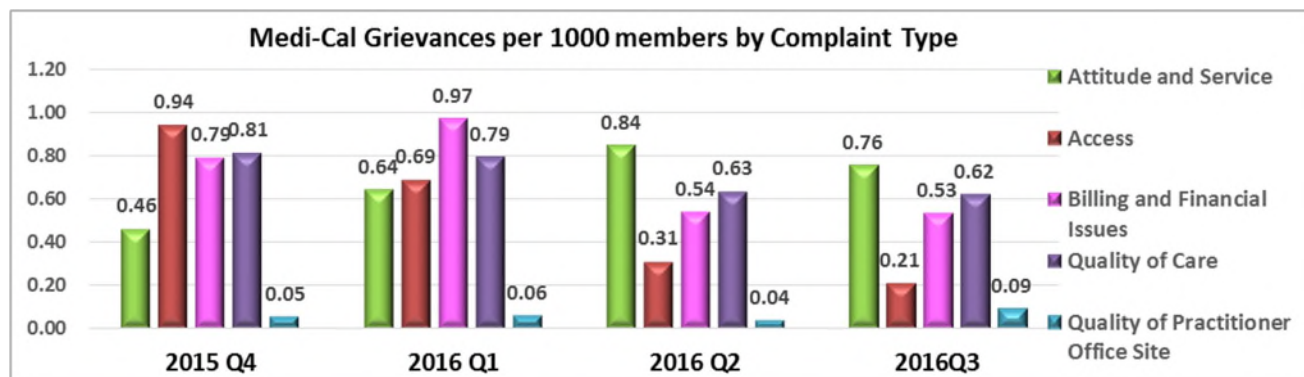
### **Grievance/Complaints**

The Grievances/Complaints data for this section are reflective of the fourth quarter of 2015 through the third quarter of 2016.

### ***Quantitative Analysis***

An analysis of the Medi-Cal complaint data reveals the following:

- Overall rate of complaints per 1000 members decreased from 2015 Q4 to 2016 Q3;
- Access, Billing & Financial Issues, and Quality of Care grievances decreased from 2015 Q4 to 2016 Q3;
- However, Attitude & Service, and Quality of Practitioner Office Site grievances increased from 2015 Q4 to 2016 Q3.
- For 2016 Q1-Q3, thirteen provider groups had access-related grievance rates above our tentative threshold of 2.0 per 1000 members per month.



### Cal MediConnect (CMC)

Complaints	2015 Q4			2016 Q1			2016 Q2			2016 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude and Service	39	2.80	13%	33	2.52	13%	38	2.97	22%	53	4.14	30%
Access	21	1.51	7%	38	2.90	15%	20	1.56	11%	11	0.86	6%
Billing and Financial Issues	224	16.09	72%	163	12.44	64%	92	7.18	52%	74	5.78	42%
Quality of Care	25	1.80	8%	19	1.45	7%	26	2.03	15%	35	2.73	20%
Quality of Practitioner Office Site	0	0.00	0%	2	0.15	1%	0	0.00	0%	2	0.16	1%
<b>Grand Total</b>	<b>309</b>	<b>22.20</b>	<b>100%</b>	<b>255</b>	<b>19.46</b>	<b>100%</b>	<b>176</b>	<b>13.74</b>	<b>100%</b>	<b>175</b>	<b>13.67</b>	<b>100%</b>

\*Rate per 1000 members is calculated based on the avg of member months for the measurement period:  
 2015 Q4 = 13,921    2016 Q1 = 13,105    2016 Q2 = 12,806    2016 Q3 = 12,660

#### Quantitative Analysis

An analysis of the Cal MediConnect (CMC) complaint data reveals the following:

- 2015 was the first full year of operations for the CMC line of business;
- Overall rate of complaints per 1000 members decreased from 2015 Q4 to 2016 Q3;
- Billing & Financial Issues and Access grievances decreased from 2015 Q4 to 2016 Q3;
- Attitude & Service and Quality of Care grievances increased from 2015 Q4 to 2016 Q3;
- Quality of Practitioner Office Site grievances remained relatively the same throughout the four quarters.

## L.A. Care Covered (LACC)

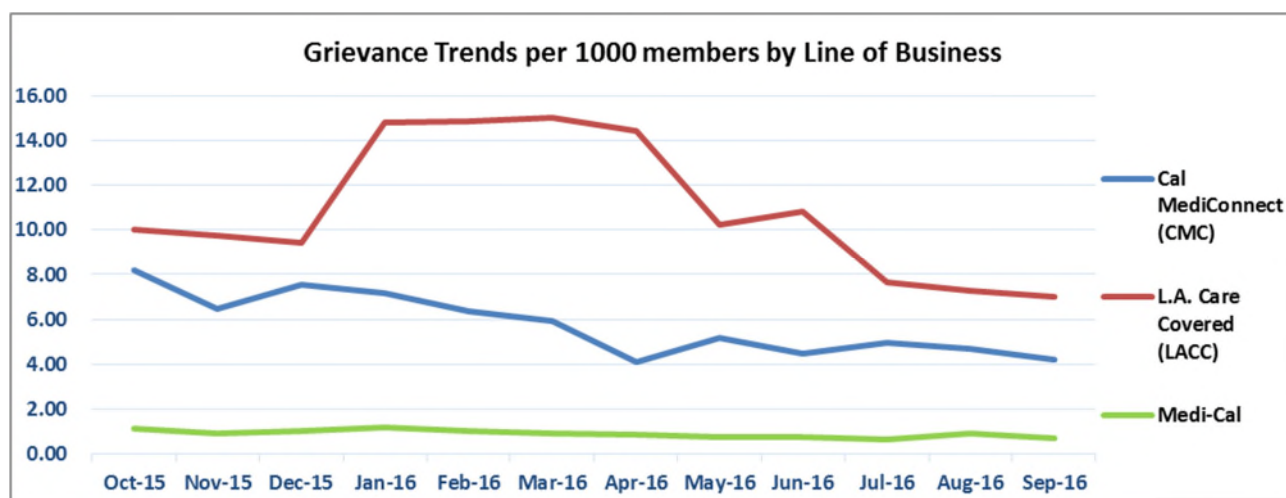
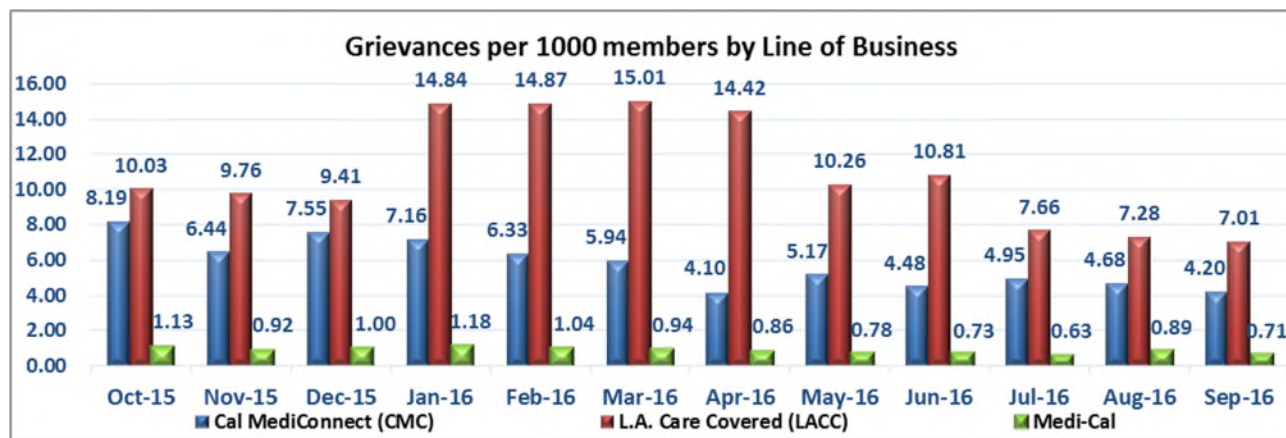
Complaints	2015 Q4			2016 Q1			2016 Q2			2016 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude and Service	15	1.02	4%	39	3.13	7%	29	2.46	7%	28	2.38	11%
Access	5	0.34	1%	19	1.53	3%	22	1.87	5%	11	0.93	5%
Billing and Financial Issues	388	26.50	91%	483	38.78	87%	353	29.99	84%	194	16.48	80%
Quality of Care	19	1.30	4%	16	1.28	3%	13	1.10	3%	10	0.85	4%
Quality of Practitioner Office Site	1	0.07	0%	0	0.00	0%	1	0.08	0%	1	0.08	0%
<b>Grand Total</b>	<b>428</b>	<b>29.23</b>	<b>100%</b>	<b>557</b>	<b>44.72</b>	<b>100%</b>	<b>418</b>	<b>35.51</b>	<b>100%</b>	<b>244</b>	<b>20.73</b>	<b>100%</b>

\*Rate per 1000 members is calculated based on the avg of member months for the measurement period:  
 2015 Q4 = 13,921    2016 Q1 = 13,105    2016 Q2 = 12,806    2016 Q3 = 12,660

### Quantitative Analysis

An analysis of the L.A. Care Covered (LACC) complaint data reveals the following:

- The rate of complaints in the first quarter of 2016 was the highest (44.72 complaints per 1000 members) among the four quarters represented; the third quarter of 2016 had the lowest number of complaints (20.73 complaints per 1000 members);
- A similar trend was seen in the billing and financial issues complaint category, with the highest number of complaints per 1000 members in the first quarter of 2016 and the lower rate of complaints per 1000 members in the third quarter of 2016;
- Quality of Practitioner Office Site remained relatively the same throughout the four quarters;
- Quality of Care complaints decreased from 2015-2016;
- Attitude and Service, and Access issues increased from 2015-2016.
- Out of 54 grievances for the LACC population, the most common access-related complaints were on response time for telephone access to the provider (30%) and inability to schedule an appointment with a PCP (timely access to PCP) (30%). Excluding for missing zip codes, the grievances occurred mostly in the Central Los Angeles, East Los Angeles, and Pomona Valley Regional Community Advisory Committee (RCAC) Regions for telephone access to providers. San Fernando Valley (RCAC 2) held the most grievances for timely access to the PCP. The next common grievance fell on excessive wait time in the PCP office (17%) and was concentrated in South Los Angeles (RCAC 6) and Long Beach (RCAC 9).



**Quantitative Analysis**

- CMC and LACC had much higher grievance rates compared to the Medi-Cal line of business; averages of 17.3 grievances per 1000 CMC members and 32.6 grievances per 1000 LACC members, compared to 2.7 grievances per 1000 Medi-Cal members.
- Medi-Cal and CMC grievance rates progressively decreased by the third quarter of 2016;
- Although L.A. Care Covered saw a peak in the first four months in 2016, grievances per 1000 members decreased to a steady rate by the end of the third quarter of 2016.

**Qualitative Analysis**

Billing and financial issues was the most common type of grievance across all lines of business. A root cause analysis of the issues found:

- Lack of understanding in billing and finance by members, providers and vendors resulted in members being billed for covered services;
- Primary reasons under Billing and financial issue include: billing issue, billing discrepancy, plan benefits, premium, prescription request process, reimbursement, collection, claim/billing/charge discrepancy, and claims/member balance billing/member in collections.

## SUMMARY/OPPORTUNITIES FOR IMPROVEMENT

During 2016 L.A. Care undertook several activities to address the issues of balance billing and finance. These included:

- Remapping the grievances and appeals data to the NCQA categories
- Education of staff
- Monthly vendor report
- PPG report for Medi-Cal 2016 Q1-Q3 showing number of access-related grievances per 1000 membership was discussed with a select number of PPGs, but needs to be shared broadly when four quarters of data are available.
- Daily breakup reports show the G&A cases in open status and prompt for timely closure
- Performing a detailed analysis to identify specific providers, conditions and services that resulted in the increased rates.
- Education of Participating Physician Groups and Primary Care Providers as well as specialist and specialty providers.
- Added tracking and monitoring systems to see if there is improvement with the activities.

## APPEALS

### Medi-Cal

Appeals	2015 Q4			2016 Q1			2016 Q2			2016 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude and Service	0	0.00	0%	0	0.00	0%	0	0.00	0%	0	0.00	0%
Access	69	0.04	14%	10	0.01	2%	4	0.00	1%	2	0.00	0%
Billing and Financial Issues	0	0.00	0%	0	0.00	0%	0	0.00	0%	0	0.00	0%
Quality of Care	440	0.24	86%	497	0.28	98%	503	0.28	99%	469	0.26	100%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0%	0	0.00	0%	0	0.00	0%
<b>Grand Total</b>	<b>509</b>	<b>0.28</b>	<b>100%</b>	<b>507</b>	<b>0.28</b>	<b>100%</b>	<b>507</b>	<b>0.28</b>	<b>100%</b>	<b>471</b>	<b>0.26</b>	<b>100%</b>

\* Rate per 1000 members is calculated based on the avg of member months for the measurement period:  
 2015 Q4 = 1,803,746      2016 Q1 = 1,889,088      2016 Q2 = 1,951,824      2016 Q3 = 1,022,936

### Quantitative Analysis

An analysis of the Medi-Cal appeals data reveals the following:

- Overall rate of appeals per 1000 members decreased slightly from 2015 Q4 (0.28 appeals per 1000 members) to 2016 Q3 (0.26 appeals per 1000 members);
- Rates of appeals on access decreased slightly from 2015 Q4 to 2016 Q3;
- Attitude and Services, Billing and Financial Issues, and Quality of Practitioner Office Site appeal rates stayed the same from 2015 Q4 to 2016 Q3;
- However, Quality of Care appeal rates increased slightly from 2015 Q4 to 2016 Q3.

## Cal MediConnect (CMC)

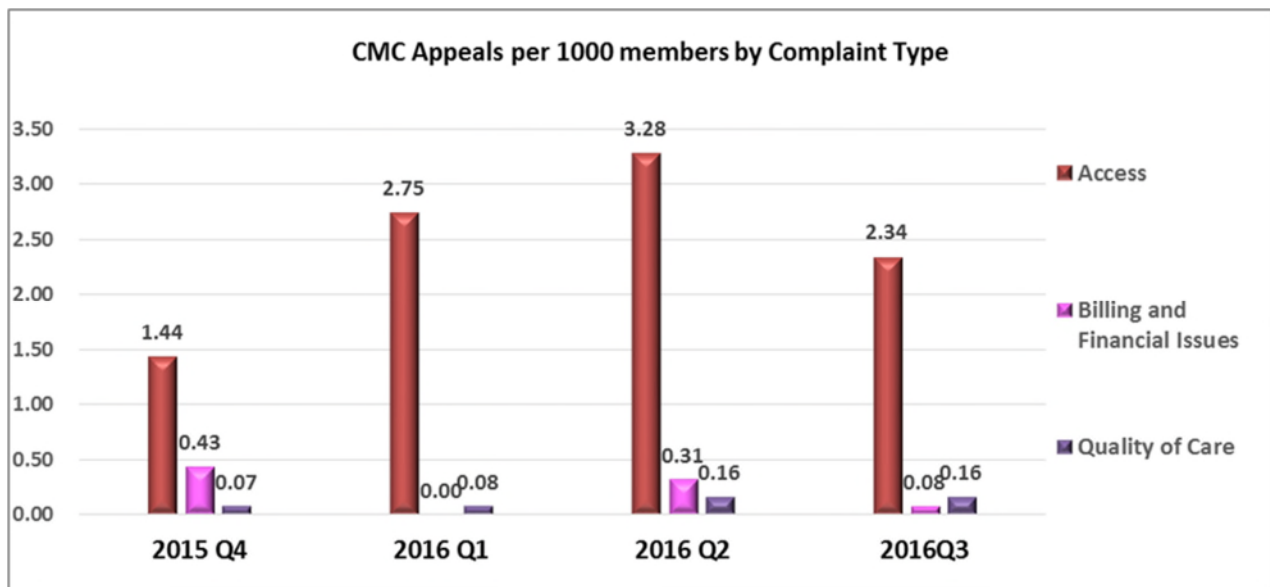
Appeals	2015 Q4			2016 Q1			2016 Q2			2016 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude and Service	0	0.00	0%	0	0.00	0%	0	0.00	0%	0	0.00	0%
Access	20	1.44	6%	36	2.75	14%	42	3.28	24%	30	2.34	17%
Billing and Financial Issues	6	0.43	2%	0	0.00	0%	4	0.31	2%	1	0.08	1%
Quality of Care	1	0.07	0%	1	0.08	0%	2	0.16	1%	2	0.16	1%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0%	0	0.00	0%	0	0.00	0%
<b>Grand Total</b>	<b>27</b>	<b>1.94</b>	<b>9%</b>	<b>37</b>	<b>2.82</b>	<b>15%</b>	<b>48</b>	<b>3.75</b>	<b>27%</b>	<b>33</b>	<b>2.58</b>	<b>19%</b>

\* Rate per 1000 members is calculated based on the avg of member months for the measurement period  
 2015 Q4 = 13,921      2016 Q1 = 13,105      2016 Q2 = 12,806      2016 Q3 = 12,660

### Quantitative Analysis

An analysis of the Cal MediConnect (CMC) appeal data reveals the following:

- Overall rate of appeals per 1000 members increased from 2015 Q4 to 2016 Q3;
- Billing & Financial Issues decreased from 2015 Q4 to 2016 Q3;
- Attitude and Service, and quality of practitioner office site repeal rates remained the same from 2015 Q4 to 2016 Q3;
- However, Access and Quality of Care appeal rates increased slightly from 2015 Q4 to 2016 Q3.





## L.A. Care Covered™ (LACC)

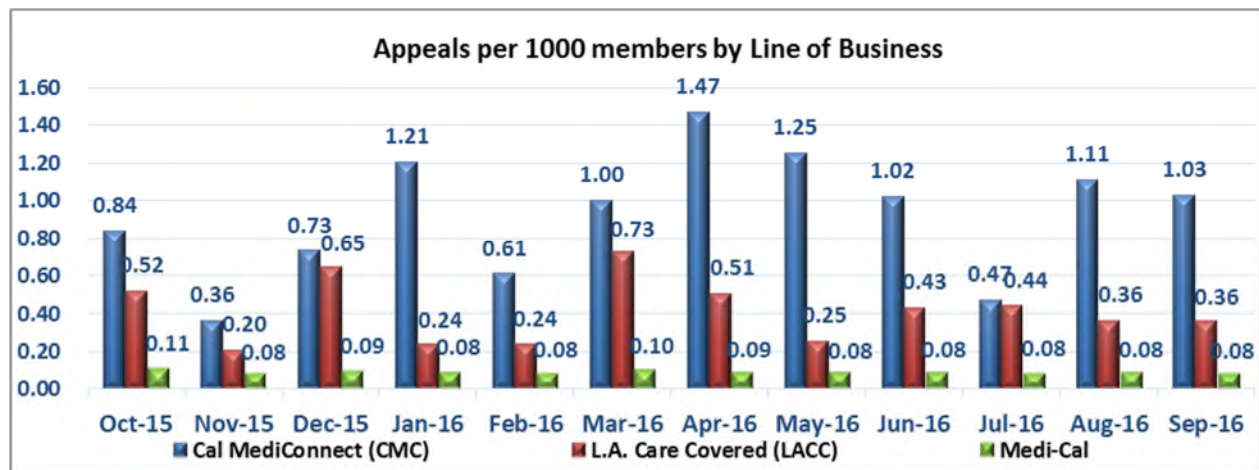
Appeals	2015 Q4			2016 Q1			2016 Q2			2016 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude and Service	0	0.00	0%	0	0.00	0%	0	0.00	0%	0	0.00	0%
Access	20	1.37	5%	15	1.20	3%	14	1.19	3%	12	1.02	5%
Billing and Financial Issues	0	0.00	0%	0	0.00	0%	0	0.00	0%	0	0.00	0%
Quality of Care	0	0.00	0%	0	0.00	0%	0	0.00	0%	1	0.08	0%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0%	0	0.00	0%	0	0.00	0%
<b>Grand Total</b>	<b>20</b>	<b>1.37</b>	<b>5%</b>	<b>15</b>	<b>1.20</b>	<b>3%</b>	<b>14</b>	<b>1.19</b>	<b>3%</b>	<b>13</b>	<b>1.10</b>	<b>5%</b>

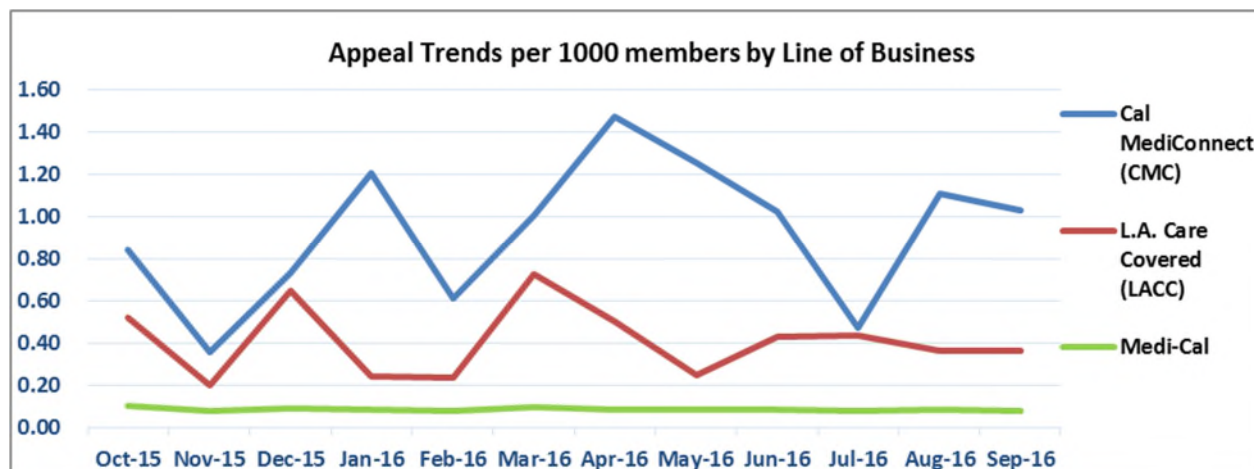
\* Rate per 1000 members is calculated based on the avg of member months for the measurement period  
 2015 Q4 = 14,644      2016 Q1 = 12,454      2016 Q2 = 11,772      2016 Q3 = 11,108

### Quantitative Analysis

An analysis of the L.A. Care Covered™ (LACC) complaint data reveals the following:

- Overall rate of appeals per 1000 members decreased from 2015 Q4 to 2016 Q3;
- The rate of appeals for access issues decreased throughout the four quarters.





According to the data, Cal MediConnect has higher rates of appeals per 1000 members in the first month of each quarter. The next series of graphs show the categories by LOB from 2015 Q4 through 2016 Q2.

### ***Qualitative Analysis***

For all lines of business except Medi-Cal, access to care was the most common appeal type. Only in Medi-Cal was quality of care identified as an issue. Cal MediConnect had a higher average in access issues (per 1000 members) compared to LACC. A root cause analysis of the issues found:

- Lack of understanding in billing and finance by Cal MediConnect members, providers and vendors resulted in members being billed for covered services;
- Quality of care categories includes delays in accessing service and care which may be driving the spike and linked to the category mapping;
- Geographic access to primary and specialty care was a reported issue, particularly in Antelope Valley.

### **SUMMARY/OPPORTUNITIES FOR IMPROVEMENT**

During 2016 L.A. Care undertook several activities to address the issues of access to care:

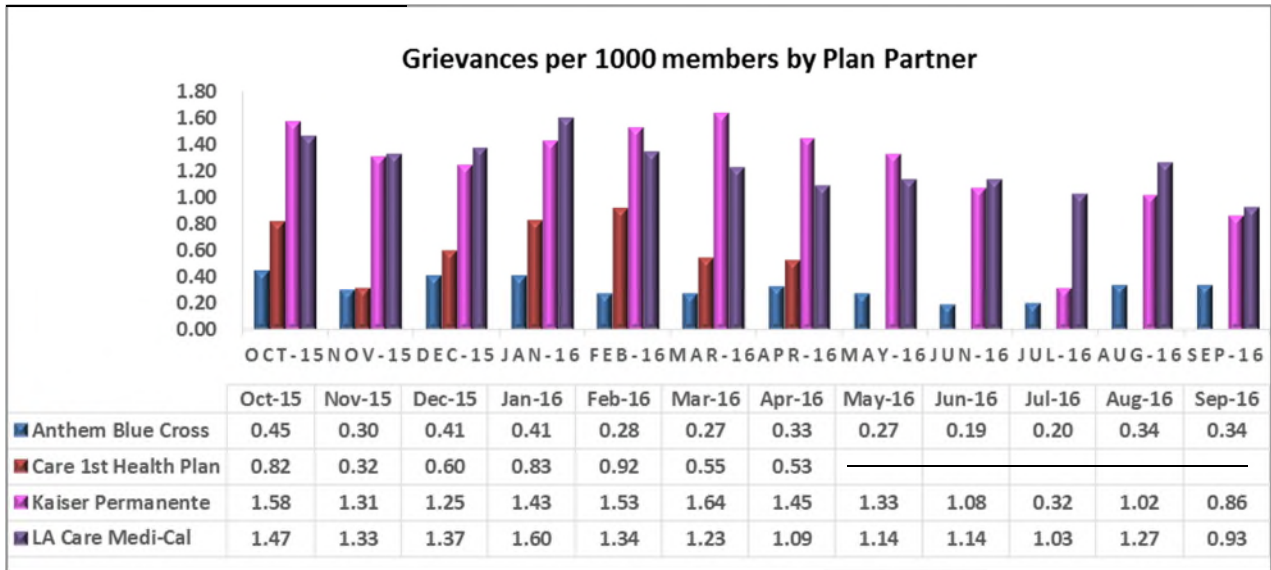
- L.A. Care introduced the Community Access Network to help in the geographic access as most of the reported access issues seen in the access audits were related to Antelope Valley.
- Continued to explore unique ways to add specialist services, which include telehealth, new relationships with providers from academic centers (e.g. UCLA and Cedars) and alternative care delivery sites (e.g. urgent care centers, retail medical clinics).
- Educate members on how to access health plan services.
- Review of the access to care audits recognize services and rectify geographic areas with limited access.
- Added tracking and monitoring systems to see if there is improvement with the activities.

### **PLAN PARTNERS**

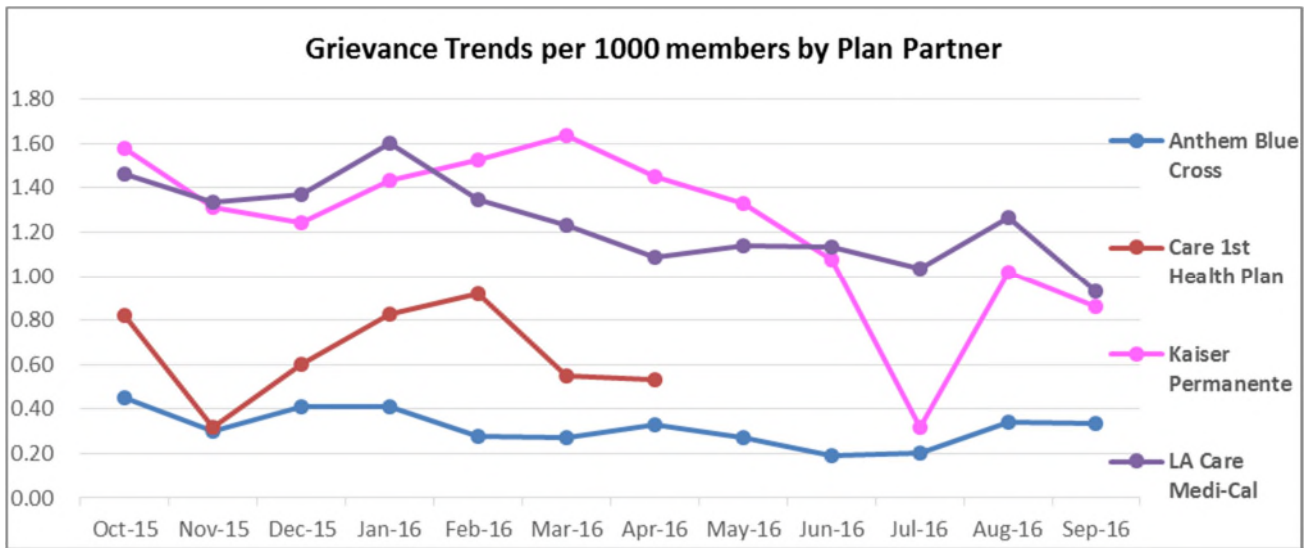
L.A. Care reviews Medi-Cal grievance and appeals data submitted by from the Plan Partners to identify trends in services or access across the network. As each Plan Partner has independent coding categories, this report is unable to identify complaints by categories. The data below reflects grievance and appeal rates per 1000/members for 2015 Q4 through 2016 Q3.

**2015 Q4-2016 Q3 APPEALS AND GRIEVANCES**

Grievances/Complaints



\*Care 1st data for May-September 2016 are not available in the system yet.



\*Care 1st data for May-September 2016 are not available in the system yet.

***Quantitative Analysis***

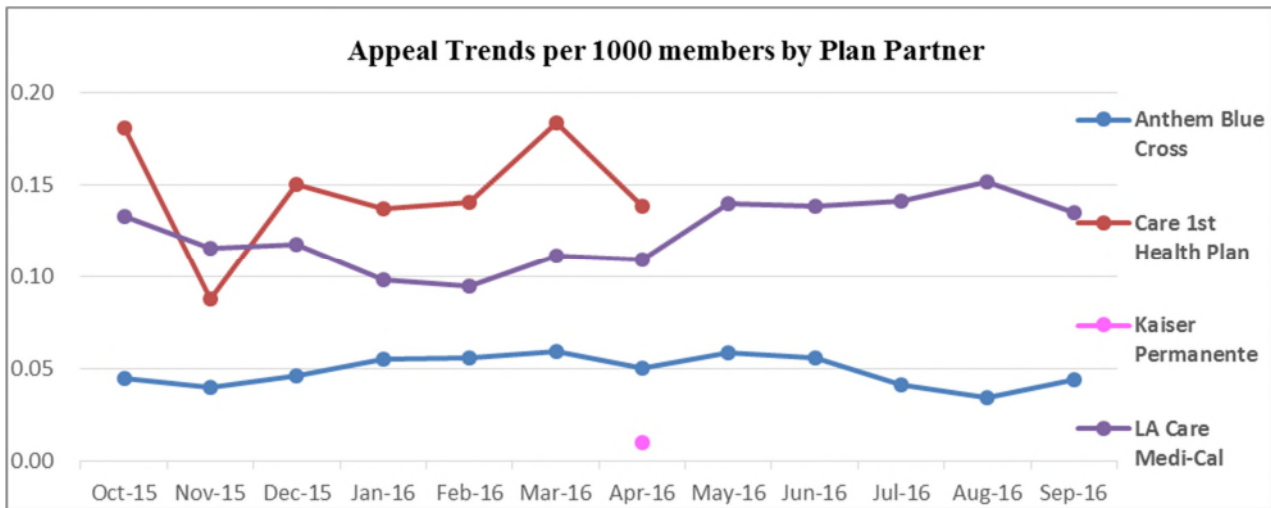
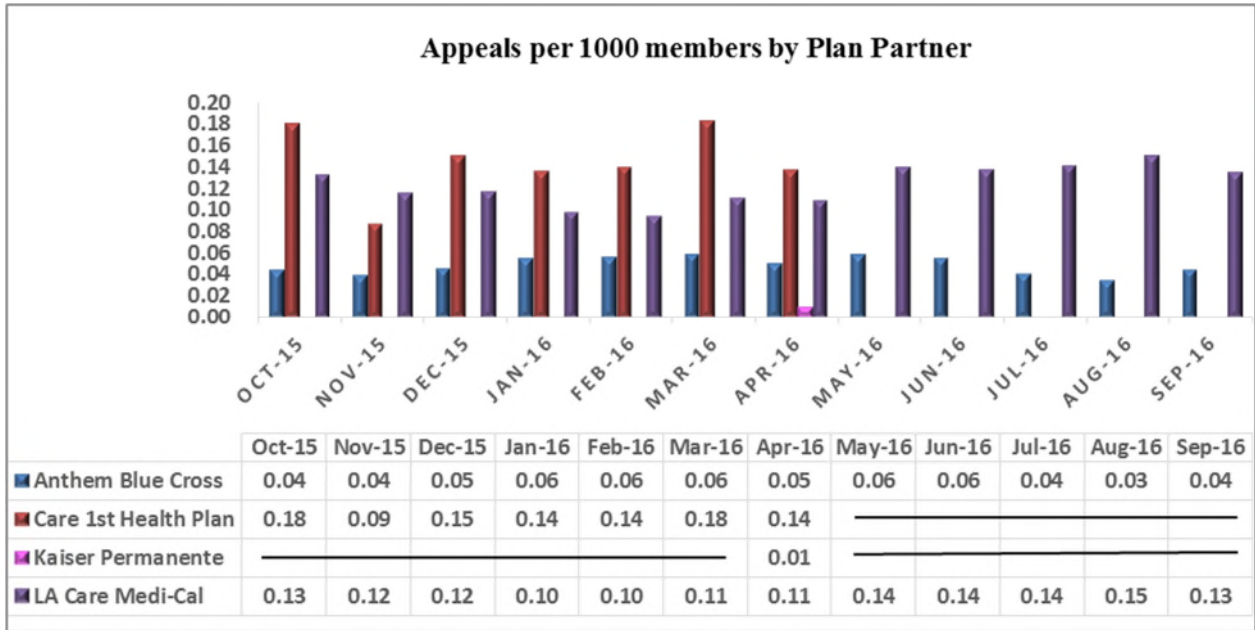
Of the three Plan Partners:

- Anthem Blue Cross grievance rates are the lowest;
- Kaiser Permanente had a significant drop in July 2016;
- MCLA and Kaiser have the highest grievance rates out of all the plan partners.

**PLAN PARTNER GRIEVANCES BY NCQA CATEGORIES**

L.A Care began efforts to ensure data reported by Plan Partners is categorized using the standardized NCQA categories. Below are graphs for 4<sup>th</sup> Quarter 2015 identifying how categories will allow staff to compare complaints across the Medi-Cal network. As the data is limited, no interventions are planned. Appeals and Grievance will continue to work with the Plan Partners on standardized reporting.

**APPEALS**



### ***Quantitative Analysis***

Of the three Plan Partners:

- MCLA’s appeal rates are the highest;
- Care 1<sup>st</sup> had a significant drop in appeals in November 2016;
- Kaiser did not have or report any appeal activity, except for the month of April 2016.

### **SUMMARY/OPPORTUNITIES FOR IMPROVEMENT**

In review of the issues found:

- Lack of consistent data for aggregate reporting between the Plan Partners and L.A. Care.
- Lack of similar categorizations of complaints.
- At the time of this report, lack of sufficient data and data elements to trend.

During 2016 L.A. Care undertook several activities to address the Medi-Cal network data issues:

- Standardized grievance and appeals categories based on regulatory and accreditation requirements.
- Weekly meetings with Plan Partners to standardize category coding between Plan Partners.
- Developed standardized reporting across Plan Partners to report data to the level of common providers.

<b>Opportunity</b>	<b>New and/or Ongoing</b>	<b>Action(s) Taken</b>	<b>Measurement of Effectiveness</b>
<b><u>PRIORITY #1</u></b>	<b>Improve understanding of billing and finance by members, providers and vendors</b>		
	<ul style="list-style-type: none"> <li>• <b>Billing and Finance</b></li> </ul>		
Educate members, providers, and vendors on billing and finance	New	In 2016, L.A. Care performed detailed analysis to identify specific providers, conditions and services for which members were inappropriately billed. A tracking and monitoring system has been developed and implemented.	<ul style="list-style-type: none"> <li>• Decreased grievances and appeals related to Billing and Finance</li> </ul>
<b><u>PRIORITY #2</u></b>	<b>Improve member’s understanding and ability to navigate the health care system.</b>		
	<ul style="list-style-type: none"> <li>• <b>Access to care</b></li> </ul>		
Collaborate with sub-contracted health plans, provider groups and select network physicians to better educate members on benefits, referral processes, and how to access care.	Ongoing	In 2016, L.A. Care continued to explore unique ways to expand access to services. The accreditation team fielded an access to care survey to its providers.	<ul style="list-style-type: none"> <li>• Decreased grievances regarding access to care</li> </ul>

## **SECTION 2: CHILD MEDICAID CAHPS 5.0 RESULTS**

### **METHODOLOGY**

This report summarizes findings of the 2016 Child Medicaid CAHPS 5.0 survey and compares the results to the 2014 and 2015 scores as well as our performance relative to the 2016 National Medicaid Average (NMA) and California Medicaid HMO Average (CMHA), as published by Quality Compass. Members were surveyed in English and Spanish.

The Medicaid CAHPS Child 2016 Survey sampled parents of pediatric members (17.9 years and younger as of the anchor date of December 31, 2015), who were continuously enrolled in Medi-Cal (i.e., present for at least five of the last six months of the measurement year, and who were still enrolled at the time of the survey). A total of 1,666 surveys were mailed and a total of 425 or 26.68% were completed by mail or telephone.

### **GOAL**

L.A. Care did not meet the goals for Overall Rating of Health Plan, Care Received, Personal Doctor, and Composite Rating for Health Plan Customer Service, Getting Needed Care, Getting Care Quickly, and Doctors Who Communicate Well. Overall rating Specialist Seen Most Often is marked N/A, as there were not enough respondents to the question on the survey. Goals are determined using the NCQA sliding scale for Improvement, as well as analysis of historical performance.

<b>Overall Ratings*</b>	<b>Score</b>	<b>Goal</b>	<b>Met</b>
Health Plan	82.8%	85%	N
All Health Care	82.5%	83%	N
Personal Doctor	85.9%	87%	N
Specialist Seen Most Often	NA	88%	N/A
<b>Composite Ratings**</b>	<b>Score</b>	<b>Goal</b>	<b>Met</b>
Health Plan Customer Service	83.4%	86%	N
Getting Needed Care	75.6%	81%	N
Getting Care Quickly	80.8%	84%	N
Doctors Who Communicate Well	87.4%	90%	N

\*Rating of 8, 9, or 10 out of 10

\*\*Scores based on response of always/usually

### **OVERALL SCORES**

The CAHPS survey includes the following four general overall rating questions designed to distinguish among important aspects of care. These questions ask enrollees to rate their experience in the past 6 months. Response options for rating satisfaction ranged from 0 (worst) to 10 (best). The NCQA scoring for overall ratings used in the table below, ratings of 8, 9 or 10 are considered favorable, and the achievement score is presented as a percentage of members whose response was favorable.

Child CAHPS Overall Ratings	Score 2014	Score 2015	Score 2016	2016 vs. 2015	NMA 2016	CMHA 2016
Health Plan	84.2%	84.5%	82.8%	-1.7%	84.7%	83.4%
All Health Care	84.5%	81.4%*	82.5%*	-1.1%	85.8%	82.5%
Personal Doctor	85.9%	85.8%*	85.9%*	0.1%	88.4%	87.1%
Specialist Seen Most Often	N/A	N/A	N/A	N/A	85.5%	ND**

\*Scores indicate scores that fell below the NCQA Medicaid 25<sup>th</sup> percentile.

\*\*ND: No data

### Quantitative Analysis

- **Health Plan Overall:** The 2016 overall ratings show decreases in health plan and all health care ratings from 2014 but remain fairly flat for the personal doctor rating over the three-year period from 2014 to 2016. The 2016 All Health Care rating is at the California Medicaid HMO Average (CMHA) of 82.5%; the other ratings failed to reach the NMA and CMHA.
- **All Health Care Rating:** The All Health Care score showed a 1.7 point decrease from 2015. This rating is below the NMA and the CMHA.
- **Personal Doctor:** The Personal Doctor score has showed no improvement over the past three years; this falls below the NMA and the CMHA.
- **Specialist Seen Most Often:** The response rate was insufficient to score.

### Composite Scores

The CAHPS survey asks respondents about their experience with various aspects of their care. Survey questions are combined into “composites”. Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never”, “sometimes”, “usually” and “always”. The scores for composite scores and survey questions throughout this report reflect the percent of responses indicating “usually” or “always”.

Child CAHPS Composites	Score 2014	Score 2015	Score 2016	2016 vs. 2015	NMA 2016	CMHA 2016
Getting Needed Care	79.9%	77.2%*	75.6%*	-1.6	83.7%	79.0%
Getting Care Quickly	82.1%	81.1%*	80.8%*	-0.3	88.5%	81.0%
How Well Doctors Communicate	83.3%	86.3%*	87.4%*	1.1	93.2%	90.7%
Customer Service	86%	81.7%*	83.4%*	1.7	88.0%	87.0%

\*Scores indicate scores that fell below the NCQA Medicaid 25<sup>th</sup> percentile.

### Quantitative Analysis

- **Getting Needed Care:** L.A. Care scored below the NMA and slightly below the CMHA. L.A. Care dropped 1.6 percentage points from 2015.
- **Getting Care Quickly:** L.A. Care showed a slight drop from 2015. The 2016 score is below the NMA and the CMHA.
- **How Well Doctors Communicate:** L.A. Care’s score showed a 1.1 percentage point increase from 2015 but remains below the NMA and CMHA.

- Customer Service: L.A. Care's score increased 1.7 percentage points since 2015 but fell below the NMA and CMHA.

### **SECTION 3: QUALITATIVE ANALYSES AND KEY DRIVERS**

#### **ACCESS TO CARE**

Access to Care remains a key reason for member complaints. Although the overall score has improved it is still viewed as a contributor to Quality of Care.

The following have been identified as possible contributing factors to the members' ratings of access to care:

- An inherent shortage of specialists, especially at the provider group level. L.A. Care does meet the provider to member ratio for the overall network but opportunity for improvement has been identified at the delegate level.
- Actual delays in timeliness of processing authorizations.
- Delays with the authorization process due to practitioners submitting incomplete or incorrect requests to the authorizing party resulting in delays and multiple calls for clarification of the request for additional information.
- Limited oversight of delegate's authorization processes.
- Member perception of timeliness.
- Transportation issues traveling to provider offices.

Out of 54 grievances for the LACC population, the most complaints related to access were on response time for telephone access to the provider (30%) and inability to schedule an appointment (timely access to PCP) (30%). Excluding for missing zip codes, the grievances occurred mostly in the Central Los Angeles, East Los Angeles, and Pomona Valley Regional Community Advisory Committee (RCAC) Regions for telephone access to providers. San Fernando Valley (RCAC 2) held the most grievances for timely access to the PCP. The next common grievance fell on excessive wait time in the PCP office (17%) and was concentrated in South Los Angeles (RCAC 6) and Long Beach (RCAC 9).

Provider Network Management examines the individual specialty networks of contracted provider groups quarterly and informs them of any deficiencies in their network. Furthermore, individual attention is paid to referrals to out-of-network specialists on an as-needed basis in order to ensure members' needs are continually met.



The table below is a summary report of out-of-network specialist requests from October 2015–September 2016 for L.A. Care Covered. <b>Type of Service</b>	<b>Approved</b>	<b>Denied</b>	<b>Grand Total</b>
Outpatient Surgery	11	0	11
Hospital (Inpatient)	5	0	5
Behavioral Health	1	0	1
<b>Grand Total</b>	<b>17</b>	<b>0</b>	<b>17</b>

There were three types of out-of-network services: outpatient surgery, hospital (inpatient), and behavioral health. Analysis of the data indicates that 65% (11 out of 17) of the out of network specialists are requests for outpatient surgery. None of the out-of-network requests were denied throughout this period for the LACC population.

L.A. Care’s UM team does work closely with the contracted provider groups to encourage usage and promotion of improved programs, such as a direct referral process or auto authorizations. Delegates are monitored through the quarterly utilization management reports where trends are identified and reported to the QOC and UM Committee for advisement.

***HEALTH PLAN CUSTOMER SERVICE INFORMATION/HELP***

The most important areas to focus for improvement in health plan customer services are in getting needed care and courtesy and respect.

The following have been identified as contributing factors to ratings of member satisfaction with health plan customer service:

- Member feedback indicates inconsistency of information; long hold times, multiple transfers, communication and customer service treatment at various touch points of the organization.
- Internal customer service training is limited to the Member Services Department. Other areas such as Utilization Management, Claims and Pharmacy handle customer calls but do not have the benefit of the ongoing customer service training.
- Quality oversight of customer service is only in place in the Member Services Department.
- Multiple touch points through transfer of calls and call back can cause member confusion and dissatisfaction.
- L.A. Care’s expansion over the past several years has provided a challenge to staff of keeping pace with membership growth.
- Outdated and inefficient software in Customer Solutions that is not linked to databases
- Lack of workflow to improve member reach rate
- Lack of staff for Medi-Cal calls, compared to CMC and LACC calls

L.A. Care continues to hire additional staff for the call center to support the increased call volume. Member Services also performs an internal Quality Review Audits for calls in the unit. The new VOICE of the Customer program is addressing customer service issues by fielding questions to appropriate departments

that are better equipped to provide responses. Enhanced capabilities will include IVR with self-service options and improved efficiencies with call tracking and Advanced RoboHelp.

In 2016 L.A. Care's Member Services Department had Member Service Specialist/Navigators who were responsible for resolving member coordination of care for complex cases which may involve benefit coordination, continuity of care, access to care, quality of care issues, member eligibility, assignment and disenrollment issues. The specialist/navigator ensures proper and timely handling of member issues.

Even Member Outreach, Retention and Engagement (Even M.O.R.E) unit continues to inform, educate, engage, and empower members and create a positive member experience that translates to increased member satisfaction. QI has leveraged the Even M.O.R.E unit expertise in member call campaigns to improve HEDIS rates.

Member Quality Services committee formed in 2014 continues as part of the member strategy:

- The main focus of the committee is to improve the member experience with L.A. Care, as evidenced through CAHPS survey results and Access to Care data
- The multi-disciplinary committee is led by QI, with participation from Customer Solutions, HO&A, Even M.O.R.E., A&G, and other pertinent departments across the organization.

Actions underway & being considered:

- A drill down survey for CMC members was conducted by an external vendor in February 2016 in order to allow us to understand member specific information regarding access to care, care coordination and customer service – all designed to help us obtain actionable information to improve CAHPS performance on the focus areas for the org (Customer service & access).
- Organization-wide Customer Service Week was initiated across the October 2015. Led by Member Services, the week-long event provided education, training and tips aimed at improving member experience with L.A. Care.
- Provider Webinars for Member Experience were offered to all IPAs and their providers
- Considering an initiative related to CAHPS awareness, so all L.A. Care employees know when the survey is fielded and ensure exemplary customer service.
- In person customer service training for high volume providers and their staff
- Continue analysis of CAHPS, disenrollment and other data to help us obtain actionable data to improve the overall member experience.
- Considering targeted customer service training for internal departments that frequently communicate with members.

### ***PROVIDER COMMUNICATION***

Provider Attitude and Service is an area of member complaints; there was an increase in the number of these complaints for all lines of business since the last quarter of 2015. The 2016 overall rating of personal doctor showed a slight increase from the previous year for the adult population. Members have reported frustration and suggest that office staff receive training on how to treat and communicate with people of different cultures and ethnicities.

Cultural and linguistic competence are widely recognized as fundamental aspects of equity and quality in health care and as essential strategies for reducing disparities by improving access, utilization, and quality of care. In order to ensure that L.A. Care's diverse membership receives linguistically and culturally competent health care services, the Cultural and Linguistic Services Unit provides education at no cost to

network providers and their office staff to supply them with necessary information and tools to facilitate and promote the delivery of linguistically and culturally appropriate health care services. Education is conducted through in-person and online training, provider newsletters, and electronic resources available on the L.A. Care website. In 2016, the Cultural and Linguistic Services Unit trained a total of 391 providers on C&L rights, requirements, services and resources, cultural competency, and disability sensitivity, with 281 providers who attended in-person trainings and 110 providers who completed trainings online.

Additionally, based on feedback shared from members during Regional Community Advisory Committees (RCAC) and Executive Community Advisory Committees (ECAC) meetings, members remain uninformed about the availability of language services despite various educational resources. As a result, C&L Services staff provided language access education and training during RCAC meetings last year and will take place again in 2017. Furthermore, as a result of the effectiveness of language access DVDs for deaf/hard-of-hearing members and Asian language speakers, the C&L Services Unit also produced member educational videos in the four additional threshold languages (Arabic, Farsi, Russian, and Armenian). These DVDs will be included in the 2017 annual and new member mailings.

In 2017, L.A. Care will also be pursuing reaccreditation for the National Committee for Quality Assurance (NCQA) Multicultural Health Care Distinction (MHC). NCQA ensures excellence in health care and sets the industry benchmark for assessing and improving health quality. It created the MHC to encourage and recognize health care organizations that provide excellent care to diverse and minority populations. This distinction recognizes L.A. Care as an organization that not only meets, but exceeds, NCQA's rigorous requirements for multicultural health care, while also being a leader in providing culturally and linguistically sensitive services and reducing health care disparities.

#### **SECTION 4: ADULT MEDICAID CAHPS SURVEY RESULTS AND ANALYSES**

##### **METHODOLOGY**

The Medicaid Adult CAHPS 5.0H Survey was conducted by Health Services Advisory Group (HSAG), an NCQA-certified vendor contracted by L.A. Care Health Plan (L.A. Care). Results were submitted to NCQA and reported in NCQA's Quality Compass database. This report summarizes these findings and results are compared to our 2014 and 2015 CAHPS scores, as well as our performance relative to the 2015 National Medicaid HMO (NMA) and California Medicaid HMO Averages (CMA) published by Quality Compass. While this current report focuses on L.A. Care's response to the Adult CAHPS 5.0H survey findings, L.A. Care also conducted a Child Medicaid CAHPS 5.0H survey in 2015. The findings of both the adult and child surveys are considered in L.A. Care's assessment of their quality improvement process.

The Medicaid CAHPS Adult 2016 Survey sampled members who were 18 years and older as of the anchor date of December 31, 2015, who were continuously enrolled in Medi-Cal (i.e. present for at least five of the last six months of the measurement year, and who were still enrolled at the time of the survey). A total of 1,358 surveys were mailed and a total of 325 or 25.41% were completed by mail or telephone.

## 2016 WORK PLAN GOAL:

Overall Ratings	Score	2016 Goal	Met
Health Plan Rating	73.2%	77%	N
Health Care Rating	70.7%	75%	N
Personal Doctor Rating	81.2%	80%	Y
Specialist Seen Most Often Rating	N/A	80%	N/A

Composite Scores		2016 Goal	
Customer Service	N/A	85%	N/A
Getting Needed Care	76.3%*	78%	N
Getting Care Quickly	75.7%*	79%	N
How Well Doctors Communicate	87.4%*	88%	N

\*Scores indicate scores that fell below the NCQA Medicaid 25<sup>th</sup> percentile.

## RESULTS

The CAHPS survey includes the following four general overall rating questions designed to distinguish among important aspects of care. Overall ratings are single-question measures rating services on a scale from 0 (worst) to 10 (best) services possible. Response options for rating satisfaction ranged from 0 (worst) to 10 (best). Thus, in the NCQA scoring for overall ratings used in the table below, only ratings of 8, 9 or 10 are considered favorable, and the achievement score is presented as a percentage of members whose response was favorable. N/A indicates those measures with insufficient eligible respondents to report.

Overall Rating	Adult Score 2014	Adult Score 2015	Adult Score 2016	NMA 2016	CMA 2016
Health Plan	75.2%	73.2%	73.2%*	75.0%	71.1%
All Health Care	72.7%	73.9%	70.7%*	73.5%	70.4%
Personal Doctor	78.8%	79.7%	81.2%	80.2%	77.3%
Specialist Seen Most Often	77.7%	76.4%*	ND**	80.4%	80.5%

\*Scores indicate scores that fell below the NCQA Medicaid 25<sup>th</sup> percentile.

\*\*ND: No data

Composites are indices calculated from multiple CAHPS questions. Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never”, “sometimes”, “usually” and “always”. The scores for composite scores and survey questions throughout this report reflect the percent of responses indicating “usually” or “always”.

Composite Scores	Adult Score 2014	Adult Score 2015	Adult Score 2016	NMA 2016	CMHA 2016
Getting Needed Care	77.4%	73.4%*	76.3%*	80.4%	74.8%
Getting Care Quickly	76.6%	74.0%*	75.7%*	80.1%	72.0%
How Well Doctors Communicate	86.4%	88.6%*	87.9%*	90.7%	88.4%
Customer Service	87.3%	84.7%*	ND**	87.5%	86.5%

\*Scores indicate scores that fell below the NCQA Medicaid 25<sup>th</sup> percentile.

\*\*ND: No data

### ***Quantitative Analysis***

L.A. Care scored above the 2016 CMA in all of the Adult Overall Ratings and Composites, except for the Customer Service composite.

#### **Overall:**

- **Health Plan:** The 2016 score stayed the same from 2015 and was below the NMA and the CMA.
- **All Health Care:** The 2016 score dropped 3.2 percentage points and fell below the NMA; the CMA was met, however.
- **Personal Doctor:** The 2016 score increased by 1.5 percentage points and exceed the CMA; the NMA was not met, however.
- **Specialist Seen Most Often:** The 2016 score was not available.

#### **Composite:**

- **Getting Needed Care:** The 2016 rate increased by 2.9 percentage points and exceeded the NMA but fell below the CMA.
- **Getting Care Quickly:** The 2016 rate increased by 1.7 percentage points and exceeded the NMA but fell below the CMA.
- **How Well Doctors Communicate:** The 2016 rate increased by 0.7 percentage points; the NMA and CMA were not met.
- **Customer Service:** The 2016 rate was not available.

### ***Qualitative Analysis***

In 2016, L.A. Care maintained the gains from the 2015 survey, with the exception of How Well Doctors Communicate and All Health Care.

**Billing and Finance:** Balance billing or charging a member for services is the number one reason for member complaints. Balance billing peaked in the first quarter of 2016 with 0.97 complaints per 1000 members and dropped to 0.53 complaints per 1000 members. Uncertainty regarding benefits and confusion by members and providers led to the increased complaints.

Through discussion and feedback the following have been identified as possible contributing factors resulting in member dissatisfaction:

- Lack of understanding in billing and finance by all parties resulted in members being billed for covered services.

In 2016 L.A. Care undertook several activities to establish the root cause and implemented interventions to remedy the issues. The detailed analysis, not only complaint data but claims and authorization data were used to identify specific providers, conditions and services that were contributing to this issue. Based on this analysis focused education was developed targeting those providers who had two or more occurrence, as well as sharing the education with Physician Groups and Primary Care Providers. Additionally a newsletter education piece targeting reimbursement and billing issues was developed for both provider and member newsletter articles. Finally, a tracking and monitoring system has been instituted to document improvement.

**Getting Needed Care** has one of the highest correlations with overall health plan satisfaction and health care they receive. This remains a priority area and evidence that opportunities for improvement exist.

Provider Network Management reported that the practitioner to member ratio is increasing year over year for Medi-Cal in some highly utilized specialty types. This is partly due to membership growth. L.A. Care forecasts that membership will continue to increase at a faster pace than the addition of provider groups which results in the specialist network not keeping pace with the membership growth. L.A. Care continually strives to maintain and expand its network of contracted specialists and ancillary providers with particular emphasis on contracting with specialists identified in the top utilized specialties for each line of business.

L.A. Care encourages provider groups/physicians to adopt electronic health records recognizing that the implementation of health information technology at participating clinics might help alleviate some of these problems. In addition, L.A. Care continually provides education for members to help guide their expectations regarding speed-of-access to care, help them understand when to use urgent care and remind them L.A. Care can assist them with making appointment if needed. Education is conducted through new member orientation, new member welcome calls, member newsletters, the Family Resource Center, and the L.A. Care website.

L.A. Care's Family Resource Centers continually encourage members to participate in orientation classes to learn how to navigate the health care system and further educate members regarding access to care standards and our overall compliance with those standards. L.A. Care also educates members through the new member benefits package, the L.A. Care website, and the member newsletter.

**Getting Care Quickly** has a high correlation to member satisfaction. CAHPS results showed that Medi-Cal adults scored this measure higher than the previous year, while children scored lower than the previous year. Results for Getting Care Quickly evidences this is a priority area where opportunities for improvement exist.

L.A. Care publishes Member Newsletters quarterly that contain educational materials for members including, but not limited to, access to care issues. Provider Newsletters include educational materials and tips on accessing care. Members of Executive Community Advisory Committee recommend that L.A. Care

members call the doctor's offices in advance to find out if their provider is on time or is running behind schedule. This way, members will know what to expect when they arrive at the provider's office.

**How Well Doctors Communicate** impacts members' overall satisfaction and has significantly increased for children and significantly decreased for Medi-Cal adults. Members have reported frustration and suggest that office staff receive training on how to treat and communicate with people of different cultures and ethnicities. In order to ensure that the diverse membership receives linguistically and culturally competent health care services, the Cultural and Linguistic Services Unit offers education at no cost to network providers and their office staff to supply them with necessary information and tools to facilitate and promote the delivery of linguistically and culturally appropriate health care services. Members also report that they are unaware of free interpreting services although services are highly promoted to the L.A. Care members. As a result, C&L Services staff provided language access education and training during RCAC meetings and produced additional member education resources in 2016. Additionally, L.A. Care is pursuing reaccreditation for the NCQA Multicultural Health Care Distinction in 2017.

## **OPPORTUNITIES**

Findings and conclusions in this report are based on our analysis of available data, survey and focus group findings and discussions at the various quality committees, such as the Member Quality Service, Joint Performance Improvement Collaborative/Physician Quality and , Quality Oversight Committees. These committees include an internal cross-departmental representation from departments, such as Quality Improvement, Medical Management, Health Education, C&L, Behavioral Health, Clinical Assurance, Grievances and Appeals, Provider Network Management, Marketing and Communications and Leadership. There is also external representation from the Joint Performance Improvement Collaborative/Physician Quality Committee, delegated health plans and provider groups. Opportunities for improvement are determined based on conclusions drawn from these meetings. Overall findings include:

- Based on review of the combined complaints data, along with the CAHPS Getting Needed Care and Getting Care Quickly Composites and Access to Care Survey results, Access to Care was identified as the priority area to focus opportunities for improvement.
- Access to Care complaints include delays in service, delays in authorizations, and delays in getting appointments with specialists. These delays in service can be reflected in the member's overall CAHPS scores in rating the health plan who authorizes services, the PCP who submits authorizations and the treating specialists.
- There is further evidence in the increasing practitioner to member ratio reported year over year for Medi-Cal only in highly utilized specialty types, such as orthopedics, podiatry, and cardiovascular disease. This is partly due to rapid membership growth and the specialist network not keeping pace with this growth rate. This membership growth is projected to continue to increase at a faster pace than the addition of provider groups.
- It is also recognized that member perception of timeliness can result in complaints and lower results on the CAHPS survey. The Access to Care Survey indicates that L.A. Care has not met all its performance goals with the appointment timeliness and provider availability standards.
- There are common themes in both CAHPS results and the grievance data that indicate that the Getting Needed Care and Getting Care Quickly CAHPS results align with the Access to Care complaints. The CAHPS findings for How Well Doctors Communicate align with complaints regarding Attitude and Service, including language barriers. Improvement in the overall CAHPS scores is reliant upon improvements in all of these areas.

## **SECTION 5: L.A. CARE COVERED™ ENROLLEE EXPERIENCE SURVEY RESULTS AND ANALYSES**

### **BACKGROUND**

#### **METHODOLOGY**

The 2016 Qualified Health Plans (QHP) Enrollee Experience Survey was conducted by DSS Research (DSS), an NCQA-certified vendor contracted by L.A. Care Health Plan (L.A. Care).

The 2016 Qualified Health Plans (QHP) Enrollee Experience Survey sampled members who were 18 years and older as of the anchor date of December 31, 2015, who were continuously enrolled in L.A. Care Covered™ (LACC) for at least five of the last six months of the measurement year, and who were still enrolled at the time of the survey. A total of 1,300 surveys were mailed and a total of 290 or 30.85% were completed by mail or telephone or Internet.

### **RESULTS**

The QHP Enrollee Experience survey includes the following four general overall rating questions designed to distinguish among important aspects of care. Overall ratings are single-question measures rating services on a scale from 0 (worst) to 10 (best) services possible. Response options for rating satisfaction ranged from 0 (worst) to 10 (best). Thus, in the NCQA scoring for overall ratings used in the table below, only ratings of 7, 8, 9 or 10 are considered favorable, and the achievement score is presented as a percentage of members whose response was favorable. NA indicates those measures with insufficient eligible respondents to report.

<b>Overall Rating</b>	<b>LACC Score 2016</b>	<b>DDS Average</b>	<b>Bronze Average</b>
Health Plan	68.2%	65.3%	53.8%
All Health Care	80.0%	83.3%	73.2%
Personal Doctor	87.9%	91.7%	80.3%
Specialist Seen Most Often	82.9%	89.7%	88.0%

#### ***Quantitative Analysis***

- Health Plan Overall: L.A. Care's score was higher than the DSS Average and the Bronze Average.
- All Health Care Rating: L.A. Care's score was below the DSS Average but exceeded the reported Bronze Average.
- Personal Doctor: L.A. Care's score was below the DSS Average but exceeded the reported Bronze Average.
- Specialist Seen Most Often: L.A. Care's score was below the DSS Average and Bronze Average.

Composites are indices calculated from multiple QHP Enrollee Experience survey questions. Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never”, “sometimes”, “usually” and “always”. The scores for



composite scores and survey questions throughout this report reflect the percent of responses indicating “usually” or “always”.

<b>Composite Scores*</b>	<b>LACC Score 2016</b>	<b>DDS Average</b>	<b>Bronze Average</b>
Getting Care Quickly	75.4%	80.2%	62.3%
Getting Needed Care	77.4%	83.2%	63.6%
Access to Information	52.3%	55.2%	45.6%
Getting Information in a Needed Language/Format	64.5%	69.5%	69.4%
How Well Doctors Coordinate Care and Keep Patients Informed	84.0%	86.8%	78.0%
Health Plan Customer Service	77.7%	79.4%	71.4%
Costs	82.3%	83.0%	79.5%
How Well Doctors Communicate	91.8%	93.8%	86.5%

\*Responses of Always or Usually, except for Costs (Never or Sometimes)

### ***Quantitative Analysis***

- Getting Care Quickly: The 2016 score of 75.4% was above the bronze average but below the DDS Average of 80.2%.
- Getting Needed Care: The 2016 score of 77.4% was above the bronze average but below the DDS Average of 83.2%.
- Access to Information: The 2016 score of 52.3% was above the bronze average but below the DDS Average of 55.2%.
- Getting Information in a Needed Language/Format: The 2016 score of 64.5% was below both the DDS and Bronze Averages of 69%.
- How Well Doctors Coordinate Care and Keep Patients Informed: The 2016 score of 84.0% was above the bronze average but below the DDS Average of 86.8%.
- Health Plan Customer Service: The 2016 score of 77.7% was above the bronze average but below the DDS Average of 79.4%.
- Costs: The 2016 score of 82.3% was above the bronze average but below the DDS Average of 83.0%.
- How Well Doctors Communicate: The 2016 score of 91.8% was above the bronze average but below the DDS Average of 93.8%.

### ***Qualitative Analysis***

The following provides a qualitative analysis of member satisfaction derived from the quantitative analysis of combined complaints and CAHPS data, as well as feedback from, but not limited to, committee discussion and focus groups.

**Billing and Finance:** Balance billing or charging a member for services is the number one reason for member complaints. Balance billing peaked in the first quarter of 2016 with 38.8 complaints per 1000 members and dropping to 16.5 complaints per 1000 members by the third quarter of 2016. Uncertainty

regarding benefits and confusion by members and providers led to the increased complaints. Premium billing continues to be a serious issue for the LACC members.

Through discussion and feedback the following have been identified as possible contributing factors resulting in member dissatisfaction:

- Lack of understanding in billing and finance by all parties resulted in members being billed for covered services.

In 2016 L.A. Care undertook several activities to establish the root cause and implemented interventions to remedy the issues. The detailed analysis, not only complaint data but claims and authorization data were used to identify specific providers, conditions and services that were contributing to this issue. Finally, a tracking and monitoring system has been instituted to document improvement.

## **SECTION 6: MEMBER SATISFACTION (CAHPS) (CAL MEDICONNECT)**

### **BACKGROUND**

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through an annual assessment of all complaints and appeals, as well as the results from the 2016 Medicare MAPD CAHPS Member Survey. Results are trended over a three year period. This report contains a quantitative analysis, followed by a qualitative analysis; selection of the top priorities among opportunities identified for improvement and measured effectiveness, where available. The survey is conducted by DSS Research, an NCQA certified vendor. DSS Research conducts key driver statistical modeling to assist L.A. Care in selecting priority measures to target improvements.

The Member Quality Service Committee (MQSC) is the cross-departmental multidisciplinary committee responsible for identifying quality improvement needs, and reports its findings and recommendations to the Quality Oversight Committee (QOC). Information in this report is based on the analysis of available data and survey, as well as discussions at the Quality Oversight and Joint Performance Improvement Collaborative (PICC) and Physician Quality (PQC) Committees.

### **OBJECTIVE**

- Evaluate all registered CMC member complaints and appeals for the Cal MediConnect product.
- Evaluate the 2016 Medicare CAHPS 5.0 survey results
- Conduct a quantitative and qualitative analysis from combined complaints, appeals and CAHPS data.
- Prioritize areas for improvement based on findings.
- Measured effectiveness of priority interventions.

### **ACCOMPLISHMENTS:**

In 2016, Customer service week was conducted that educated call center staff and enterprise-wide about how to take member calls and direct them to the appropriate people. Also, in 2017, Voice of the Customer program is being planning to address call center service level compliance requirements, interim and long-term operational improvements, and achieve system integration.

## **MEDICARE MAPD CAHPS RESULTS**

### **METHODOLOGY**

This report summarizes findings of the 2016 Medicare MAPD CAHPS survey. The MAPD CAHPS Survey sampled Cal MediConnect (CMC) members ages 18 and above on the anchor date of December 31, 2015, who were continuously enrolled in L.A. Care Health Plan's Medicare-Medicaid Plan (MMP) for at least 6 months as of the date the sample is drawn. A total of 1,415 surveys were mailed and a total of 317 were completed by mail or telephone for a 22.40% response rate.

### **GOAL**

L.A. Care met the goal for overall rating of the drug plan. L.A. Care did not meet the goals for the remaining overall or Composite Scores.

<b>Overall Ratings*</b>	<b>Score</b>	<b>Goal</b>	<b>Met</b>
Health Plan	82.0%	85%	N
Health Care Quality	76.8%	86%	N
Personal Doctor	86.4%	N/A	N/A
Specialist	86.7%	N/A	N/A
Customer Service	87.7%	88%	N
Drug Plan	88.4%	84%	Y

\*Responses of 7, 8, 9, or 10

<b>Composite Ratings*</b>	<b>Score</b>	<b>Goal</b>	<b>Met</b>
Customer Service	87.7%	N/A	N/A
Getting Needed Care	71.6%	84%	N
Getting Appointments and Care Quickly	66.7%	77%	N
Doctors Who Communicate Well	86.3%	N/A	N/A
Care Coordination	83.7%	N/A	N/A
Getting Needed Prescription Drugs	85.2%	N/A	N/A
Getting Information from Drug Plan	85.5%	N/A	N/A

\* Responses of Always or Usually

### **OVERALL SCORES**

The CAHPS survey includes the following six general overall rating questions designed to distinguish among important aspects of care. These questions ask CMC enrollees to rate their experience in the past 6 months. Response options for rating satisfaction ranged from 0 (worst) to 10 (best). The NCQA scoring for overall ratings used in the table below, ratings of 7, 8, 9 or 10 are considered favorable, and the achievement score is presented as a percentage of members whose response was favorable.

<b>Overall Ratings</b>	<b>2016 Score</b>
Health Plan	82.0%
Health Care Quality	76.8%
Personal Doctor	86.4%
Specialist	86.7%
Customer Service	87.7%
Drug Plan	88.4%

- For the 2016 overall ratings, the goal was met for Rating of the Drug Plan with a rate of 88.4%. The goals were not met for the other overall ratings.

### COMPOSITE SCORES

The CAHPS survey asks respondents about their experience with various aspects of their care. Survey questions are combined into “composites”. Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never”, “sometimes”, “usually” and “always”. The scores for composite scores and survey questions throughout this report reflect the percent of responses indicating “usually” or “always”. Composite ratings analyzed include Health Plan Customer Service, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Coordination of Health Care Services and Getting Needed Prescription Drugs.

Composite Scores	2016 Score
Customer Service	87.7%
Getting Needed Care	71.6%
Getting Appointments and Care Quickly	66.7%
Doctors Who Communicate Well	86.3%
Care Coordination	83.7%
Getting Needed Prescription Drugs	85.2%
Getting Information from Drug Plan	85.5%

- For 2016 composite ratings, goals were not met for Customer Service and Getting Appointments and Care Quickly. Other composite categories could not be analyzed due to ratings of N/A: low responses or low reliability.

### IDENTIFYING PRIORITY AREAS FOR IMPROVEMENT

Based on the quantitative analysis of complaints and CAHPS results, as well as DSS key driver statistical modeling, the following items have been identified as the priority areas on which to drive the overall health plan rating.

- Overall ratings
  - Health Care
  - Personal Doctor
  - Specialist
  - Prescription Plan
- Customer Service
  - Gave Information/Help Needed
  - Treated with Courtesy/Respect
- Getting Needed Care
  - Easy to See Specialist

- Got Needed Care, Tests or Treatment
- Additional questions
  - Got Dr. you are happy with
  - Pharmacist explained how to take medications
- Doctors Who Communicate Well
  - Provides clear explanations
  - Listens carefully
  - Shows respect
  - Spends enough time
- Getting Appointments and Care Quickly
  - Urgent care
- Technology
  - Use of computer/handheld device made it easier to talk to doctor

## **SECTION 7: QUALITATIVE ANALYSES AND KEY DRIVERS**

The following provides a qualitative analysis of member satisfaction derived from the quantitative analysis of combined complaints and CAHPS data, as well as feedback from, but not limited to, committee discussion and focus groups.

### **Health Plan Customer Service Information/Help**

Although member complaints do not evidence member dissatisfaction with the health plan customer service, CAHPS scores indicate that there is opportunity for improvement. Based on key driver statistical modeling conducted by DSS, the most important areas to focus for improvement in health plan customer services are in getting needed care and courtesy and respect.

The following have been identified as contributing factors to ratings of member satisfaction with health plan customer service:

- Supplemental data provided from CAHPS respondents indicates that the two top reasons for their rating is that the customer service agent listened but did not help solve the problem, followed by the agent provided suggestions rather than resolution for how to resolve their issue.
- Member feedback indicates inconsistency of information, long hold times, multiple transfers, poor communication and customer service treatment at various touch points of the organization.
- Internal customer service training is limited to the Member Services Department. Other areas such as Utilization Management, Claims and Pharmacy handle customer calls but do not have the benefit of the ongoing customer service training.
- Quality oversight of customer service is only in place in the Member Services Department.
- Multiple touch points through transfer of calls and call back can cause member confusion and dissatisfaction.
- L.A. Care's expansion over the past several years has provided a challenge to staff of keeping pace with membership growth.

L.A. Care continues to hire additional staff for the call center to support the increased call volume. Member Services performs an internal Quality Review Audit for 100% of the Medicare calls in the unit. Quarterly refresher trainings are in place for Coverage Determination (Part D), Grievance and Appeals for Coverage Determination (Part D), Organizational Determination (Part C), Grievance and Appeals for Organizational Determination (Part C), and Disenrollment and Sales Allegations.

L.A. Care's Member Services Department has Member Service Specialist/Navigators who are responsible for resolving member coordination of care for complex cases which may involve benefit coordination, continuity of care, access to care, quality of care issues, member eligibility, assignment and disenrollment issues. The specialist/navigator ensures proper and timely handling of member issues.

### **Access to Care**

Approximately 50% of the Access to Care complaints are regarding delays in service, delays in authorization, and specialty access/availability. An analysis of CAHPS composite scores for Getting Needed Care and Getting Care Quickly was conducted to further understand the causes of member dissatisfaction complaints. Based on key driver statistical modeling conducted by DSS, the most important areas to focus for improvement in access to care are in getting routine care, getting seen within 15 minutes of appointment, and getting an appointment with a specialist.

Through discussion and feedback, the following have been identified as possible contributing factors to the members' ratings of access to care:

- An inherent shortage of specialists, especially at the provider group level. L.A. Care does meet the provider to member ratio for the overall network but perhaps there is opportunity for improvement at the delegate level.
- Actual delays in timeliness of processing authorizations.
- Delays with the authorization process due to practitioners submitting incomplete or incorrect requests to the authorizing party resulting in delays and multiple calls for clarification of the request for additional information.
- Limited oversight of delegate's authorization processes.
- Member perception of timeliness.
- Transportation issues traveling to provider offices.

Provider Network Management examines the individual specialty networks of contracted provider groups quarterly and informs them of any deficiencies in their network. Furthermore, individual attention is paid to referrals to out-of-network specialists on an as-needed basis in order to ensure members' needs are continually met.

L.A. Care continually provides education for members to help guide their expectations regarding speed-of-access to routine care, help them understand when to use urgent care and remind them L.A. Care can assist them with making appointment if needed. Education is conducted through member orientation, new member welcome calls, member newsletters, the Family Resource Center, and the L.A. Care website.

L.A. Care's UM team does work closely with the contracted provider groups to encourage usage and promotion of improved programs, such as a direct referral process or auto authorizations. Delegates are monitored through the quarterly utilization management reports where trends are identified and reported to the QOC for advisement.

### **Medicare Part D**

Complaints data evidences billing issues and denial of prescriptions as the source of member complaints regarding their Rx coverage. The CAHPS questions comprising the Medicare Part D CAHPS results provided below provides a clearer indication of issues surrounding members' assessment of pharmacy services.

Based on key driver statistical modeling conducted by DSS, the most important areas to focus for improvement in pharmacy services are in ease of getting prescribed medicines, ease of filling Rx at Pharmacy.

Through discussion and feedback, the following have been identified as contributing factors to the CAHPS results for Medicare Part D:

- CAHPS respondents reported that customer service agents listen and are courteous but do not help solve the problem when calling the plan about a denial of Rx medications, followed by the agents providing suggestions for how to resolve the complaint rather than solve it. This is consistent with the customer service health plan score.
- Members report satisfaction with the plan's drug coverage but they are unclear about what prescriptions are covered. CAHPS respondents reported that the number one reason they have problems getting their prescriptions is that the Rx their doctor prescribes is not covered by the health plan.
- Calls regarding pharmacy issues that are not easily resolved are closed out by the Member Services Department and sent to the Pharmacy Department who, in turn, has to call the member resulting in delay in resolution.
- Pharmacy customer services calls are not handled by trained customer service staff.
- Pharmacy staff not keeping pace with membership growth to handle calls timely.
- CAHPS members report prescriptions not covered, wait time for prescriptions and transportation are the three top issues with pharmacies. Members do report that they prefer to get prescriptions by mail.

L.A. Care also has pharmacy representatives available 24 hours per day, 7 days per week to address any questions or concerns members may have about their drug plan.

## **SECTION 9: CONCLUSIONS AND MEASURING EFFECTIVENESS**

L.A. Care Health Plan serves Los Angeles County's low-income and vulnerable residents. Access to quality healthcare is a challenge for everyone and even more so for individuals with limited English proficiency and low literacy levels combined with complex medical conditions. L.A. Care seeks to provide the highest quality service and access to quality healthcare for this traditionally underserved population.

L.A. Care departments design and launch multiple interventions. Focusing on a few feasible targets and launching several interventions over longer, more workable periods of time is a proven strategy under these conditions.

The Member Quality Service Committee (MQSC) is tasked with analyzing and identifying action initiatives for improving member satisfaction.

Based on careful analysis of all themes of results, the following action steps and ongoing improvements are established.

Opportunity	New and/or Ongoing	Action(s) Taken	Measurement of Effectiveness
<b><u>PRIORITY #1</u></b>	<b>Improve member's access to care through stronger collaboration with delegated PPGs</b> <ul style="list-style-type: none"> <li>• Access to specialty care</li> <li>• Care, tests and treatment</li> </ul>		
Collaborate with delegated provider groups to improve Access to Care	Ongoing	In 2016, L.A. Care visited with targeted provider groups to discuss outcomes of the Access to Care Study and opportunities for collaborative interventions for improvement.	<ul style="list-style-type: none"> <li>• Improved CAHPS Scores for getting needed care and getting care quickly</li> <li>• Decreased complaints regarding access to care</li> </ul>
<b><u>PRIORITY #2</u></b>	<b>Improve member's access to care through stronger collaboration with delegated plans</b> <ul style="list-style-type: none"> <li>• Access to specialty care</li> <li>• Care, tests and treatment</li> </ul>		
Collaborate with sub-contracted health plans, provider groups and select network physicians to improve Access to Care	Ongoing	In 2016, L.A. Care continued restructuring its committees to develop the Performance Improvement Collaborative Committee, comprised of L.A. Care's network of sub-contracted health plans, provider groups and select physicians. A focus in 2016 was strategizing on collaborative initiatives to improve access to care to members.	<ul style="list-style-type: none"> <li>• Improved CAHPS Scores for getting needed care and getting care quickly</li> <li>• Decreased complaints regarding access to care</li> </ul>
<b><u>PRIORITY #3</u></b>	<b>Improve member satisfaction with customer service</b> <ul style="list-style-type: none"> <li>• Help needed from customer service</li> <li>• Courtesy and respect</li> </ul>		
Improve Health Plan Customer Service Project	Ongoing	Member Services Specialists/Navigators are responsible for resolving member coordination of care for complex casers which may involve benefit coordination, continuity of care, access to care, quality of care issues, member eligibility, assignment and disenrollment issues: <ul style="list-style-type: none"> <li>• Improved service: Knowing that services are being evaluated by members may result in behavioral change.</li> <li>• Data collection: Survey results provide us information on why members feel they are not getting information they need or not treated.</li> </ul>	<ul style="list-style-type: none"> <li>• Results of CAHPS surveys in Spring 2016</li> <li>• Results from survey to measure improvement month over month</li> </ul>



Opportunity	New and/or Ongoing	Action(s) Taken	Measurement of Effectiveness
<b><u>PRIORITY #4</u></b>	<b>Improve member experience with office visit</b>		
		<ul style="list-style-type: none"> <li>• Doctor explains in easy/understandable way</li> <li>• Courtesy and respect</li> </ul>	
Letter to members from their assigned PCPs	New	In early 2016, a letter was sent to Medi-Cal households from their PCP office explaining how they can work as a team to enhance the office visit with the goal of better preparing the member for their visit, improving communication.	Improved member satisfaction and CAHPS scores in provider communication: <ul style="list-style-type: none"> <li>• Q32: Always or usually explains things, easy to understand</li> <li>• Q33: Always or usually listens carefully to you</li> </ul>
Improve access to specialty care  Improve efficiency by decreasing unnecessary specialist visits	New	In October 2016 L.A. Care launched an eManagement program allowing PCPs to send, via electronic communication, specific data on their patients to a Psychiatrist.  Using eManagement, a primary care physician can discuss a patient's condition with a specialist via a referral exchange available through the internet. Treatment instructions can be relayed to the primary care physician eliminating the need to schedule a specialist appointment.	Discussions are underway for the next phase of the program on expanding service to additional L.A. Care members.
Educate providers/offices on improving customer services	Ongoing	<ul style="list-style-type: none"> <li>• An ongoing program offering in-office Customer Service training provided by Provider Network Management.</li> <li>• Newsletter articles in Progress Notes about effective communication and educating providers/staff on improving customer service</li> <li>• Distribute timely access standards to providers annually</li> </ul>	

## **SECTION 8: MEMBER SERVICES TELEPHONE ACCESSIBILITY**

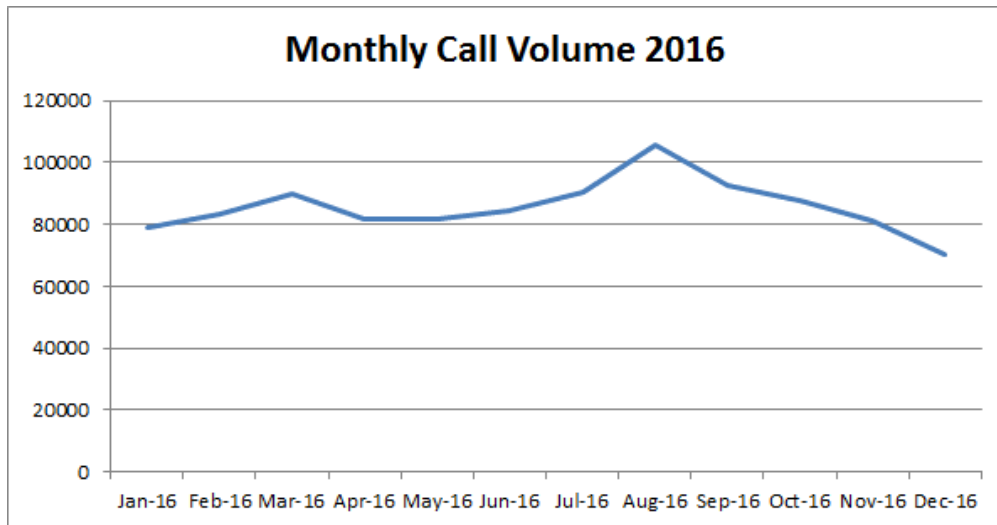
### **METHODOLOGY**

In order to measure member services telephone accessibility across all lines of business (Medi-Cal, Medicare and the Marketplace), L.A. Care uses a telephone system called CISCO. The system collects and reports telephone statistics that the Member Services Department uses to create reports. The system counts all incoming calls as the denominator and all calls abandoned. The table and chart below compare L.A. Care's telephone accessibility for 2014, 2015, and 2016 performance goals.

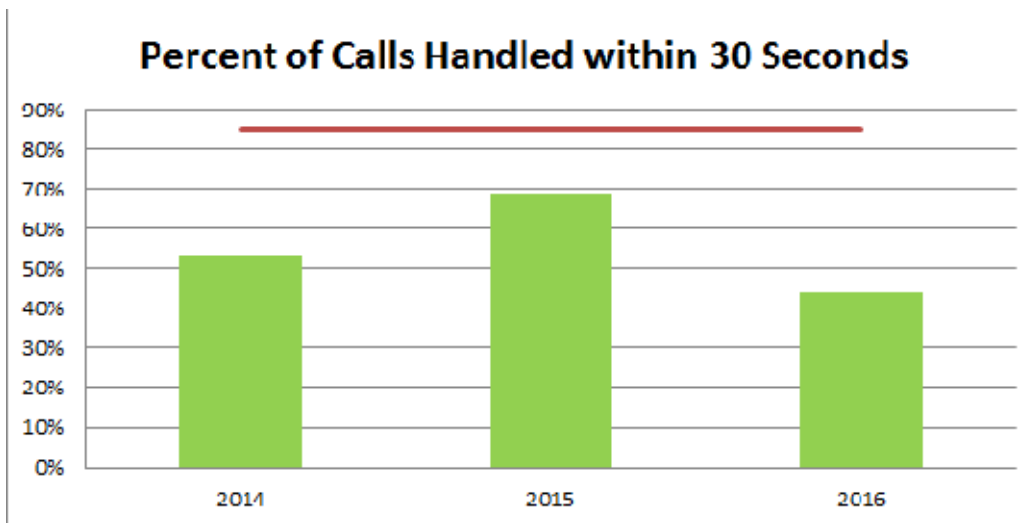
## RESULTS

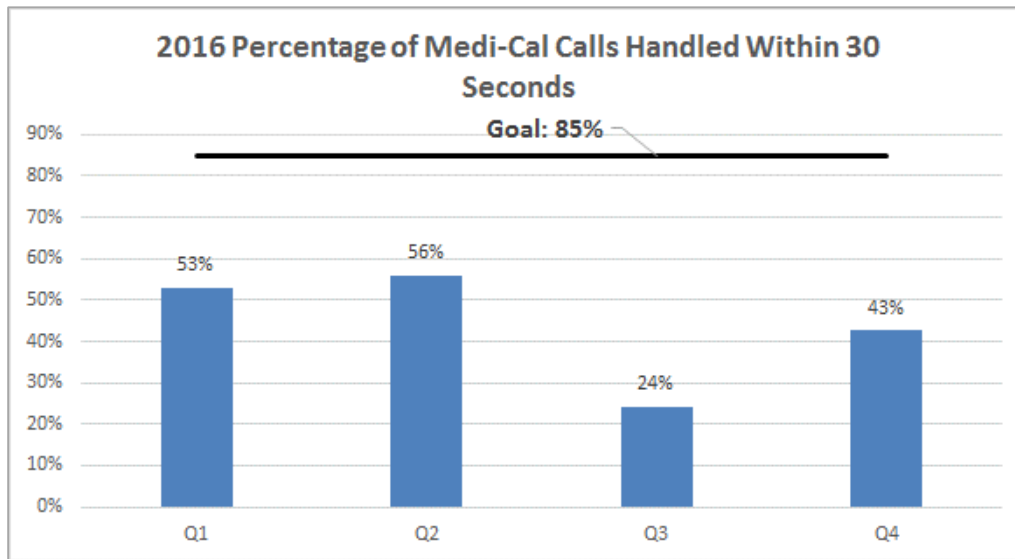
Member Services Telephone Accessibility Compliance Results					
Measure	Goal	2014	2015	2016	Goal Met
Call Abandonment Rates	Below 5 %	3.05%	3.12%	10.17%	No
Percent of Calls Handled within 30 Seconds	85%	53%	69%	45%	No

The chart below outlines an overview of member services monthly call volume:



The charts below outline a compliance rate comparison of the calls answered within 30 seconds:





### *Quantitative Analysis*

- The member services call center did not meet the call abandonment goal of less than 5%.
- The goal of 85% of call handled within 30 seconds was not met in 2014, 2015, or 2016.

### *Qualitative Analysis*

The call center’s approach to handling call volume prior to August 2016 included a call back process. This process instructed MSRs to take messages in order to quickly clear call volume and achieve the highest level of ACD performance possible. As a result of this, true ACD performance statistics were not made available for a number of years. After further analysis of the results from this process, it was discovered our success rate in contacting these members during the call back was less than 30% on a consistent basis. On August 2016 it was decided to discontinue this process and begin providing first call assistance to our members. This change adversely affected our performance, as it forced a true representation of our deficiency in staffing compared to business need. The call center developed a strategic performance improvement plan to get staffing levels aligned in order to adequately support the volume. This improvement plan included a number of items, such as:

- Launch of Workforce Management systems
- Realignment of schedules based on business need
- Increased floor management to ensure readiness for call volume
- Implementation of new call center performance management metrics – Adherence to Schedule
- Cross-training and expansion of our call center vendor (Ansafone) operations

In late December we expanded our vendor operations by adding 35 additional representatives to support the Medi-Cal volume. These resources were added to help get our Medi-Cal performance closer to compliance target. The platform was designed in a way that we would share volume with Ansafone by way of percent allocation, which is dictated by a combination of call projections and staffing plan. Ansafone continues to coach and develop their staff as they are expected to reach full proficiency by the end of January. This will be measured through a reduction in Average Talk Time and an increase of average calls handled per representative, per day.

December also marks the first month in which we see marked improvement in our overall performance since the discontinuation of the call back process. Although we did not meet the targeted Service Level and Abandon Rate considering a 13% reduction in calls offered over November, we did see significant improvement in performance of Average Speed of Answer, Abandon Rate, and Service Level. We continue making progress in our staffing remediation plan of attrition backfill training, AnsaFone service expansion, realignment of schedules, overtime, reduction in time off allocations, and continuous efforts to reduce Average Handle Time and improve Adherence to Schedule. We also suspended other operations in December from supporting CSC areas in ensuring we had maximum resource availability to service our call volume. It is important to note December average calls per representative was 36 calls per scheduled shift; an increase over November's 33 calls per scheduled shift. When looking back six or more months, this average was in the mid to high 20s and included call back message counts. We expect to continue trending upward and getting closer to performance target in March of 2017.

### **LOOKING FORWARD**

We are slated for an upgrade of our CISCO platform in April of 2017. This upgrade will allow us to optimize our call center operations, call routing, and performance reporting. Two critical items that are pending implementation post the upgrade are intelligent skill based routing and VOICE of the customer project plan. These additions will allow us to load balance resources appropriate to the need and ultimately improve efficiency and utilization. There is more functionality with the new version that will give us the flexibility needed to augment our operations and give us the ability to meet our performance targets.

## **B.2 ACCESS TO CARE**

### **BACKGROUND**

L.A. Care Health Plan monitors its practitioner network accessibility across all lines of business (Medi-Cal, including PASC-SEIU Homecare Workers and Healthy Kids, Cal MediConnect and the Marketplace) annually to ensure all members have adequate access to primary care, specialty care, behavioral health and ancillary services (where appropriate). An annual access to care assessment was conducted in 2015 by Call Logic for Appointment Availability, and by SPH Analytics, Inc. for After Hours Accessibility, both National Committee for Quality Assurance (NCQA) certified survey vendors. The Appointment Availability and After Hours surveys measure how well practitioners are adhering to L.A. Care's established access to care standards. As a result of the annual survey findings, L.A. Care identifies opportunities for improvement by developing and prioritizing interventions to bring the network into compliance. L.A. Care acts upon the interventions on an annual basis, or more frequently if deemed necessary, as well as measuring their outcomes. Each section of this report contains specific quantifiable goals. The annual behavioral health accessibility analysis is conducted by L.A. Care's contracted NCQA accredited Managed Behavioral Health Organization (MBHO).

### **Objectives**

- Measure appointment availability and after hours accessibility of L.A. Care's Medi-Cal, Cal MediConnect, and L.A. Care Covered (Marketplace) practitioner network for members, including primary care physicians (PCPs), specialty care physicians (SCPs) and ancillary providers.
- Monitor supplemental data related to access to care, including CAHPS, CG-CAHPS and member grievances.
- Identify any areas for improving provider appointment availability and after hours accessibility.
- Develop, prioritize and implement interventions, as appropriate, for identified opportunities for improvement.

### **Contents**

**Section 1:** Practitioner (PCP and SCP) and Ancillary Appointment Wait Times Surveys

**Section 2:** Practitioner (PCP and SCP) After Hours Survey

**Section 3:** Conclusion and Plan of Action

## **SECTION 1: PRACTITIONER (PCP AND SCP) AND ANCILLARY APPOINTMENT WAIT TIMES SURVEY**

### **BACKGROUND**

Information obtained from the provider appointment availability access to care assessment allows plans to measure how well their practitioners and ancillary providers are adhering to the access standards put in place by the health plan. In 2015, L.A. Care joined the Industry Collaboration Effort (ICE), which contracted with Call Logic, Inc. to conduct the annual appointment availability survey. L.A. Care Health Plan analyzed the results from its 2015 Appointment Availability Provider and Ancillary Assessment Surveys to allow L.A. Care Health Plan to assess its PCP, Specialist and Ancillary Provider appointment availability in further detail. L.A. Care's primary provider network serves Medi-Cal (PASC-SEIU Homecare Workers and Healthy Kids), Cal MediConnect and L.A. Care Covered (The Marketplace) product lines and established standards are consistent for all lines of business, where possible. All PCPs, SCPs (Allergy, Dermatology and Cardiology) and Ancillary providers (MRI Facilities) were surveyed.

## **METHODOLOGY AND RESPONSE RATES**

L.A. Care Health Plan submitted one database to the survey vendor, Call Logic, Inc., that included all providers to be surveyed. The database was deduplicated whereby each separate provider office location appeared only once. This database was used to apply the Department of Managed Health Care (DMHC) survey methodology and determine the overall number of surveys required. Call Logic administered the surveys and calculated rates of compliance for all eligible providers. Ineligible providers included providers that were deceased, listed with the incorrect specialty in the database, listed with the wrong phone number, or not identified as practicing within the plan's network or Participating Physician Group (PPG). Results were collected using a phone-only survey methodology from August through December of 2015. This study provides results for combined Medi-Cal, Cal MediConnect, and Marketplace PCPs, select specialty types and ancillary providers.

Appointment types measured in MY 2015 include the following:

### **PCP:**

- Urgent (no authorization required)
- Urgent (authorization required)
- Non-urgent (routine primary care) appointments
- Preventive check up or well child exam
- Physical exam or well woman exam
- First prenatal appointment
- Patient waiting room time
- Patient call back time for immediate but not emergency care

### **SCP:**

- Urgent (no authorization required)
- Urgent (authorization required)
- Non-urgent (routine specialist) visit
- First prenatal appointments
- Patient waiting room time
- Patient call back time for immediate but not emergency care

### **Ancillary Providers:**

- Non-urgent (routine) appointments

## **Statistical Significance Testing**

Significance testing, which determines if an observed difference is too large to have occurred by chance alone, was not provided for MY 2015 appointment availability results. The survey vendor was unable to provide significance testing due to modifications made to the Appointment Availability Survey tools for the 2015 study.

## Response Rate:

The following table segments overall response rates by line of business.

Response Category Appointment Availability	MEDI-CAL				CAL MEDICONNECT±				THE MARKETPLACE (LACC)±			
	PCP (Valid n=3524)		SCP (Valid n=1358)		PCP (Valid n= 2008)		SCP (Valid n=431 )		PCP (Valid n=2,387 )		SCP (Valid n= 369)	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
<b>Completed call</b>	2857	81.1%	626	46.1%	1825	90.9%	253	58.7%	2,176	91.2%	223	60.4%
<b>Non-complete*</b>	458	13.0%	225	16.6%	117	5.8%	14	3.2%	138	5.8%	11	3.0%
<b>Wrong phone number</b>	87	2.5%	237	17.5%	34	1.7%	53	12.3%	35	1.5%	41	11.1%
<b>Refusal to participate</b>	122	3.5%	49	3.6%	32	1.6%	3	0.7%	38	1.6%	4	1.1%
<b>Ineligible**</b>	0	0.0%	221	16.3%	0	0.0%	108	25.1%	0	0.0%	90	24.4%
<b>TOTAL</b>	3524	100.0%	1358	100.0%	2008	100.0%	431	100.0%	2,387	100.0%	369	100.0%

\*Non-complete is defined as three call attempts(busy, dropped, no answer or no call back)

\*\*Ineligible includes bad phone number, deceased provider, language barrier, no longer with the plan, on national DO NOT CALL registry, technical phone problems or no eligible respondent)

## RESULTS

Tables 1a through 1f below provide the compliance rate by appointment type for PCPs and Specialists, along with year-over-year comparisons, where trending is possible. Table 1g below provides the compliance rate for Ancillary providers across all product lines combined. Individual product line results are not available in 2015 due to a programming error by the ICE vendor. Additionally, compliance trending for ancillary providers is not possible as the types of ancillary providers surveyed, and those deemed by L.A. care as high-volume, change year to year. Performance goals are established for each standard. Compliance rate trend data in some measures (indicated by NA) are unavailable due to changes in the survey tool and survey administration methodology in 2015, or the inclusion of a new line of business. The compliance rate is the sum of the proportion of respondents who meet the appointment availability standards as defined by L.A. Care Health Plan.

Table 1a: Appointment Type Year-Over-Year Comparison (Medi-Cal PCPs)

Question	Standard	2013	2014	2015	Variance*	Performance Goal	Goal Met?
Urgent Appointment without Prior Auth.	48 Hours	93%	70%	88%	17%	98%	No
Urgent Appointment with Prior Auth.	96 Hours	NA	76%	92%	16%	100%	No
Non-Urgent Appointment	10 Bus. Days	94%	90%	95%	6%	95%	Yes
Preventive Check-Up or Well-Child Exam	10 Bus. Days	NA	NA	82%	NA	95%	No
Physical Exam, Including Well Woman Exam	30 Cal. Days	NA	NA	96%	NA	95%	Yes
Initial Prenatal Visit	10 Bus. Days	100%	80%	88%	8%	100%	No
In-Office Waiting Room Time	30 Minutes	92%	96%	95%	-1%	95%	Yes
Normal Business Hours Call-Back for Immediate, but Not Emergency Care	30 Minutes	79%	91%	75%	-16%	95%	No
If patient fails to show for a scheduled appointment, how long does it take for a patient to be contacted by the provider's office to be rescheduled?	48 Hours	95%	94%	86%	-8%	95%	No
Process in place for rescheduling cancelled or missed (no-show) appointments.	Yes	93%	95%	90%	-5%	95%	No

NA – Change in survey question, therefore 2013 and 2014 score not comparable.  
 \*Variance measured from 2014 to 2015.

Table 1b: Appointment Type Year-Over-Year Comparison (Medi-Cal SCPs)

Question	Standard	2013	2014	2015	Variance*	Performance Goal	Goal Met?
Urgent Appointment without Prior Auth.	48 Hours	63%	59%	67%	8%	98%	No
Urgent Appointment with Prior Auth.	96 Hours	73%	62%	73%	11%	100%	No
Non-Urgent Appointment	10 Bus. Days	92%	87%	90%	3%	95%	No
Initial Prenatal Visit	10 Bus. Days	NA	100%	66%	-35%	100%	No
In-Office Waiting Room Time	30 Minutes	78%	91%	94%	3%	95%	No
Normal Business Hours Call-Back for Immediate, but Not Emergency Care	30 Minutes	73%	89%	70%	-19%	95%	No
If patient fails to show for a scheduled appointment, how long does it take for a patient to be contacted by the provider's office to be rescheduled?	48 Hours	94%	89%	85%	-4%	95%	No
Process in place for rescheduling cancelled or missed (no-show) appointments.	Yes	85%	92%	92%	0%	95%	No

NA – Change in survey question, therefore 2013 score not comparable.  
 \*Variance measured from 2014 to 2015



Question	Standard	2014	2015	Variance	Performance Goal	Goal Met?
Urgent Appointment without Prior Auth.	48 Hours	71%	85%	15%	98%	No
Urgent Appointment with Prior Auth.	96 Hours	76%	91%	15%	100%	No
Non-Urgent Appointment	10 Bus. Days	90%	95%	5%	95%	Yes
Preventive Check-Up or Well-Child Exam	10 Bus. Days	NA	82%	NA	95%	No
Physical Exam, Including Well Woman Exam	30 Cal. Days	92%	96%	4%	95%	Yes
Initial Prenatal Visit	10 Bus. Days	75%	88%	13%	100%	No
In-Office Waiting Room Time	30 Minutes	96%	94%	-3%	95%	No
Normal Business Hours Call-Back for Immediate, but Not Emergency Care	30 Minutes	87%	74%	-13%	95%	No
If patient fails to show for a scheduled appointment, how long does it take for a patient to be contacted by the provider's office to be rescheduled?	48 Hours	95%	86%	-9%	95%	No
Process in place for rescheduling cancelled or missed (no-show) appointments.	Yes	95%	88%	-7%	95%	No

NA – CMC LOB effective 2014 (baseline data) . Change in survey question, therefore 2014 and 2015 score not comparable.

Question	Standard	2014	2015	Variance	Performance Goal	Goal Met?
Urgent Appointment without Prior Auth.	48 Hours	68%	61%	-8%	98%	No
Urgent Appointment with Prior Auth.	96 Hours	65%	74%	10%	100%	No
Non-Urgent Appointment	10 Bus. Days	87%	88%	2%	95%	No
Initial Prenatal Visit	10 Bus. Days	100%	78%	-22%	100%	No
In-Office Waiting Room Time	30 Minutes	92%	91%	-1%	95%	No
Normal Business Hours Call-Back for Immediate, but Not Emergency Care	30 Minutes	83%	71%	-13%	95%	No
If patient fails to show for a scheduled appointment, how long does it take for a patient to be contacted by the provider's office to be rescheduled?	48 Hours	84%	84%	0%	95%	No
Process in place for rescheduling cancelled or missed (no-show) appointments.	Yes	93%	85%	-8%	95%	No

NA – CMC LOB effective 2014 (baseline data).

Question	Standard	2014	2015	Variance	Performance Goal	Goal Met?
Urgent Appointment without Prior Auth.	48 Hours	71%	85%	14%	98%	No
Urgent Appointment with Prior Auth.	96 Hours	76%	91%	15%	100%	No
Non-Urgent Appointment	10 Bus. Days	90%	95%	4%	95%	Yes
Preventive Check-Up or Well-Child Exam	10 Bus. Days	NA	80%	NA	95%	No
Physical Exam, Including Well Woman Exam	30 Cal. Days	83%	96%	13%	95%	Yes
Initial Prenatal Visit	10 Bus. Days	75%	88%	13%	100%	No
In-Office Waiting Room Time	30 Minutes	96%	94%	-2%	95%	No
Normal Business Hours Call-Back for Immediate, but Not Emergency Care	30 Minutes	92%	72%	-20%	95%	No
If patient fails to show for a scheduled appointment, how long does it take for a patient to be contacted by the provider's office to be rescheduled?	48 Hours	95%	86%	-9%	95%	No
Process in place for rescheduling cancelled or missed (no-show) appointments.	Yes	95%	90%	-5%	95%	No

NA – LACC LOB effective 2014 (baseline data). Change in survey question, therefore 2014 and 2015 score not comparable.

Question	Standard	2014	2015	Variance	Performance Goal	Goal Met?
Urgent Appointment without Prior Auth.	48 Hours	61%	60%	-0.3%	98%	No
Urgent Appointment with Prior Auth.	96 Hours	62%	75%	13.5%	100%	No
Non-Urgent Appointment	10 Bus. Days	87%	89%	1.8%	95%	No
Initial Prenatal Visit	10 Bus. Days	100%	50%	-50.0%	100%	No
In-Office Waiting Room Time	30 Minutes	92%	92%	-0.1%	95%	No
Normal Business Hours Call-Back for Immediate, but Not Emergency Care	30 Minutes	89%	70%	-18.6%	95%	No
If patient fails to show for a scheduled appointment, how long does it take for a patient to be contacted by the provider's office to be rescheduled?	48 Hours	87%	89%	1.4%	95%	No
Process in place for rescheduling cancelled or missed (no-show) appointments.	Yes	91%	93%	1.5%	95%	No

NA – LACC LOB effective 2014 (baseline data).

**Table 1g: Ancillary Appointment Availability (All LOBs combined)**

Question	Standard	2015	Performance Goal	2015 Goal Met
Non-Urgent Appointment (Routine)	15 Bus. Days	61.5%	95%	No

***Quantitative Analysis (by line of business)***

As stated previously, the survey vendor was unable to provide significance testing due to modifications made to the Appointment Availability Survey tools for the 2015 study. In addition, it is recommended that caution is used when interpreting trend results, because several questions incurred changes in gating, question text, response option text, and available response options, etc. Lastly, analysis of Ancillary non-urgent routine appointment compliance rates by product line is not possible due to the vendor programming error mentioned in the Results section above. The Ancillary compliance rate shown above is for all product lines combined. Further, due to these data challenges, L.A. Care was only able to survey MRI facilities for appointment availability.

**Medi-Cal:**

- L.A. Care **did** meet performance goals for:
  - PCP routine, physical exam including well woman and in-office wait time
- L.A. Care **did not** meet performance goals for all product lines for:
  - PCP urgent, preventive including well-child, first prenatal, rescheduling timeframe and process
  - SCP routine, urgent, preventive including well-child, physical exam including well woman, first prenatal visits, in-office wait time, rescheduling timeframe and rescheduling process
  - Ancillary routine appointment time (all LOBs combined)

**Cal MediConnect:**

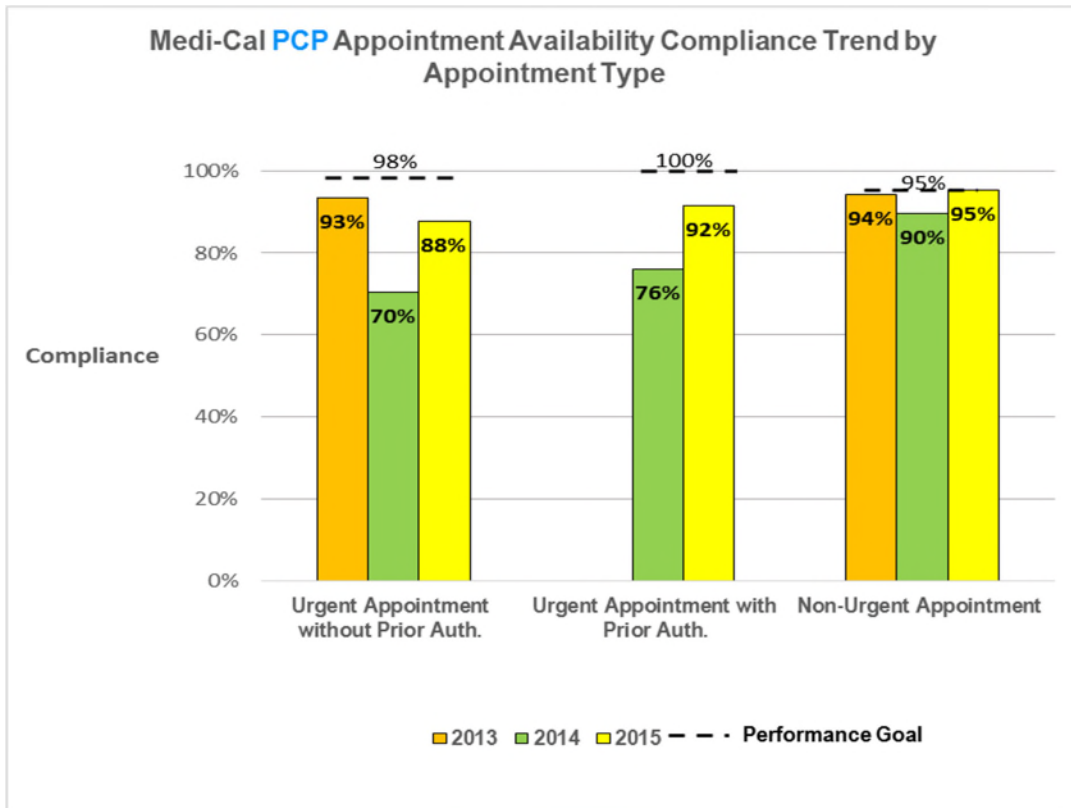
- L.A. Care **did** meet performance goals for:
  - PCP routine and physical exam including well woman,
- L.A. Care **did not** meet performance goals for all product lines for:
  - PCP urgent, preventive including well-child, first prenatal, rescheduling timeframe and process and in-office wait time
  - SCP routine, urgent, preventive including well-child, physical exam including well woman, first prenatal visits, in-office wait time, rescheduling timeframe and rescheduling process
  - Ancillary routine appointment time (all LOBs combined)

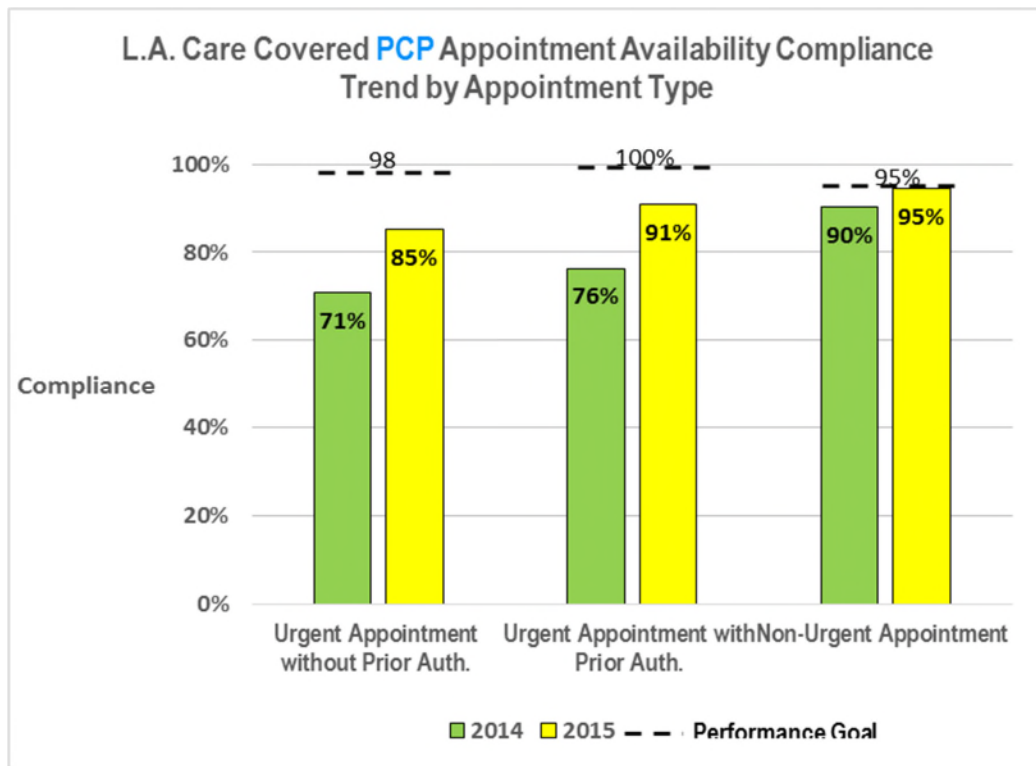
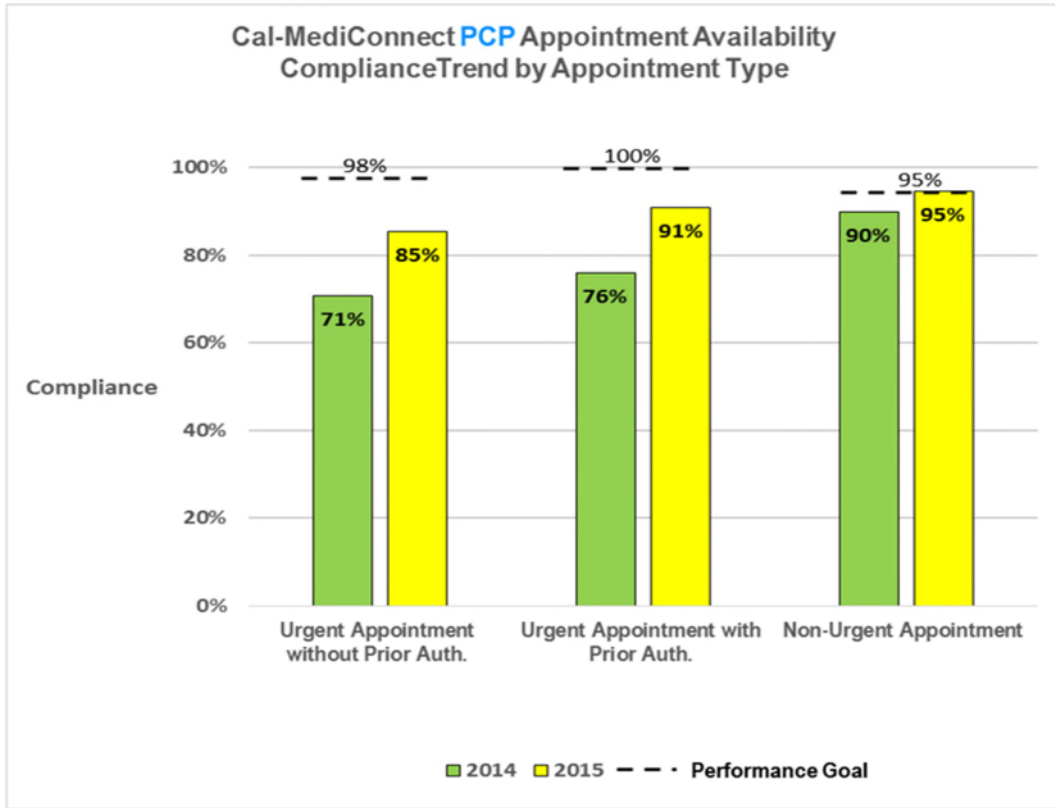
**The Marketplace (L.A. Care Covered):**

- L.A. Care **did** meet performance goals for:
  - PCP routine and physical exam including well woman,
- L.A. Care **did not** meet performance goals for all product lines for:
  - PCP urgent, preventive including well-child, first prenatal, rescheduling timeframe and process and in-office waiting room time
  - SCP routine, urgent, preventive including well-child, physical exam including well woman, first prenatal visits, in-office wait time, rescheduling timeframe and rescheduling process
  - Ancillary routine appointment time (all LOBs combined)

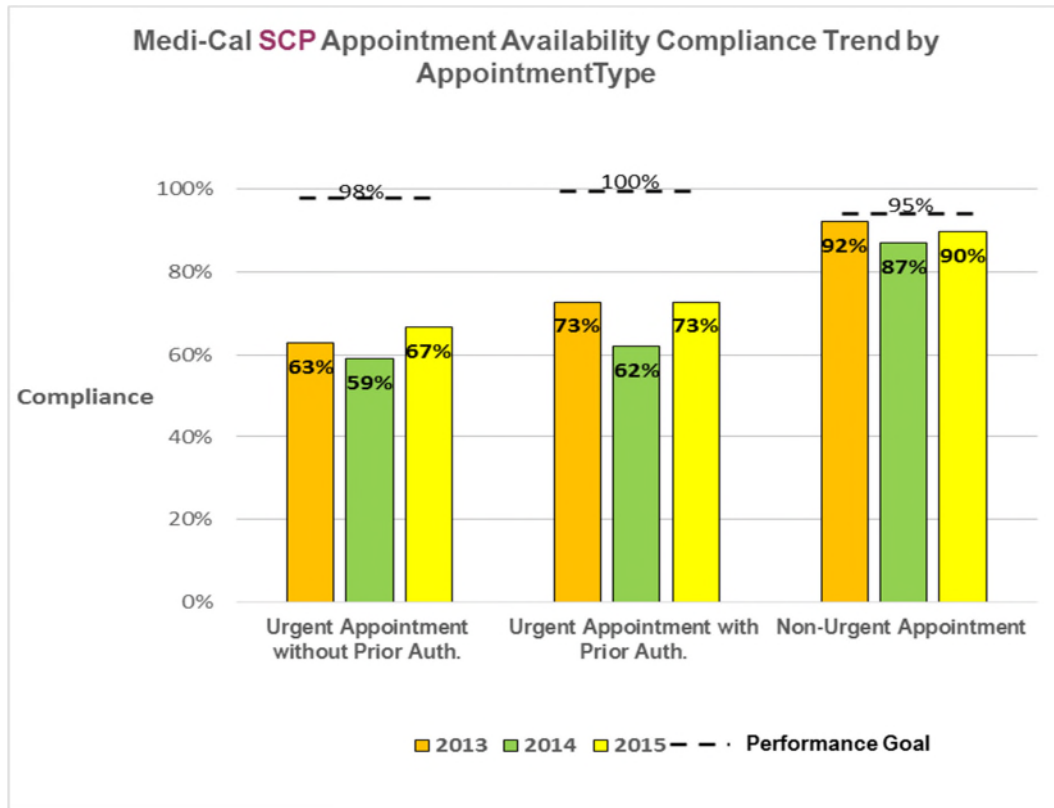
Although the performance goals were not met for PCP urgent (with and without prior authorization) measures, the compliance rates for these appointment types increased from 2014 to 2015 across all product

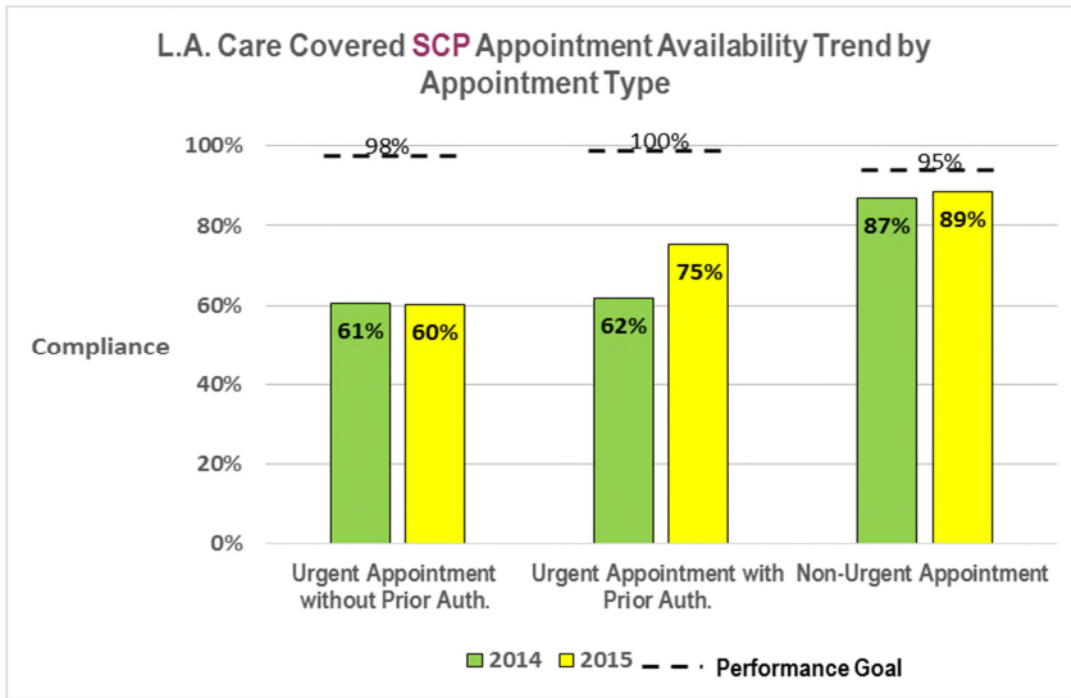
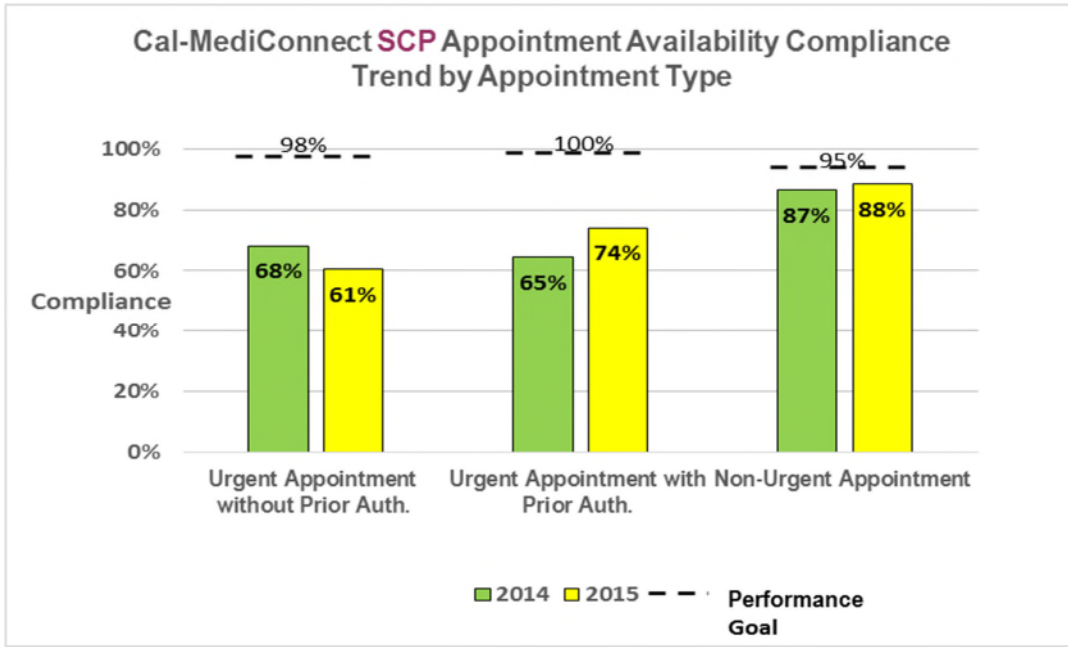
lines with PCP urgent with prior authorization and non-urgent routine appointments approaching L.A. Care's performance goals, as illustrated in the graphs below.





Performance goals for specialists across all product lines was not met for any appointment measure, although there was an increase in compliance rates from 2014 to 2015 for specialist routine and urgent (with prior auth.) for all product lines, and for urgent (without prior authorization) for the Medi-Cal product (see graphs below). It is noted that specialist non-urgent routine appointment compliance is approaching L.A. Care’s performance goal. There was a decrease in the specialist urgent (without prior authorization) measure for the Cal MediConnect product and a slight decrease in L.A. Care Covered (The Marketplace) product.





Lastly, upon receipt of the 2015 survey results, L.A. Care conducted an immediate review of the Medi-Cal appointment availability results at the practice/provider group level (see Table 2 below).

Table 2: Participating Physician Group (PPG) Appointment Availability Results (Medi-Cal)

Medi-Cal Results by PPG		PCP			SCP		
PPG Code	PPG Name	Urgent Appointment No Authorization Required 48 hrs (98%)	Urgent Appointment Authorization Required 96 hrs (100%)	Routine Appointment 10 Days (95%)	Urgent Appointment No Authorization Required 48 hrs (98%)	Urgent Appointment Authorization Required 96 hrs (100%)	Routine Appointment 10 Days (95%)
ACI	ACCESS IPA	95%	100%	97%	NR	NR	NR
ACCT	ACCOUNTABLE HEALTH PLAN IPA	89%	96%	96%	57%	100%	100%
AHN	ADVANTAGE HEALTH NETWORK, INC	50%	100%	82%	NR	0%	100%
AHF	AIDS HEALTHCARE FOUNDATION	NR	NR	NR	NR	NR	NR
AKM	AKM MEDICAL GROUP (CAP MGMG)	80%	100%	100%	NR	43%	100%
ACMG	ALL CARE MEDICAL GROUP	100%	100%	100%	NR	NR	NR
AP	ALLIED PACIFIC	91%	92%	95%	42%	72%	96%
ALCM	ALPHA CARE MEDICAL GROUP	100%	100%	100%	NR	NR	NR
AMHS	ALTAMED HEALTH SERVICES	88%	90%	93%	100%	70%	100%
AWMA	AMERI-WEST MEDICAL ASSOCIATION	100%	NR	100%	NR	NR	NR
AIPA	ANGELES IPA, A MEDICAL CORPORATION	95%	95%	95%	56%	69%	85%
CAN	ANTELOPE VALLEY MEDICAL ASSOCIATES, INC	100%	100%	100%	0%	100%	50%
BCSC	ANTHEM BLUE CROSS	91%	100%	98%	0%	50%	100%
AHI	APOLLO HEALTHCARE INC	91%	60%	81%	NR	NR	NR
AMGS	APPLECARE	83%	93%	95%	75%	64%	75%
AVFH	ARROYO VISTA FAM HLTH CTR	50%	100%	100%	NR	NR	NR
AC	ASIAN COMMUNITY MEDICAL GROUP, INC. (HEALTHSMART MSO)	100%	80%	100%	0%	NR	0%
AHP	ASSOCIATED HISPANIC PHYSICIANS OF SOUTHERN CALIFORNIA	83%	96%	98%	NR	100%	100%
AXMG	AXMINSTER MEDICAL GROUP	71%	75%	100%	100%	63%	89%
BVMG	BELLA VISTA IPA	88%	100%	100%	100%	79%	100%
CCMG	CAL CARE IPA	88%	92%	94%	NR	NR	NR
CFST	CARE 1ST HEALTH PLAN	92%	91%	95%	67%	75%	100%
CEMG	CENTINELA MEDICAL GROUP	0%	100%	100%	NR	NR	NR
CVPG	CITRUS VALLEY PHYSICIANS GROUP	84%	90%	95%	70%	60%	91%
SMI	CLINICA MEDICA SAN MIGUEL IPA, A MEDICAL GROUP, INC	92%	100%	100%	NR	NR	NR
CFC	COMMUNITY FAMILY CARE	90%	93%	98%	0%	33%	75%
COUNTY	County of L.A. Department of Health Services	68%	80%	79%	70%	75%	93%
CRCM	CROWN CITY MEDICAL GROUP	98%	100%	100%	NR	100%	100%
EPDB	EL PROYECTO DEL BARRIO INC	74%	100%	79%	67%	25%	57%
EHSO	EMPLOYEE HEALTH SYSTEMS MEDICAL GROUP	83%	90%	96%	100%	83%	92%
ECMG	EXCEPTIONAL CARE MEDICAL GROUP	93%	94%	94%	46%	80%	91%
FCS	FAMILY CARE SPECIALISTS MEDICAL GROUP	83%	98%	99%	NR	83%	100%
FHA	FAMILY HEALTH ALLIANCE MEDICAL GROUP	NR	NR	NR	NR	NR	NR
GCMG	GLOBAL CARE IPA	85%	98%	95%	58%	71%	91%
GSMP	GOOD SAMARITAN MEDICAL PRACTICE ASSOC	67%	100%	100%	NR	NR	NR
HCLA	HEALTH CARE LA, IPA	85%	88%	96%	75%	80%	87%
HCPM	HEALTHCARE PARTNERS MEDICAL GROUP	85%	90%	94%	100%	100%	100%
HNLM	HEALTHY NEW LIFE MEDICAL CORPORATION (HEALTHSMART MSO)	100%	100%	90%	100%	NR	NR
HD	HIGH DESERT MEDICAL GROUP	NR	NR	NR	NR	NR	NR
HPIP	HISPANIC PHYSICIAN IPA	81%	92%	93%	NR	NR	NR
KPMG	KARING PHYSICIANS MEDICAL GROUP, INC	100%	100%	100%	NR	NR	NR
LMG	LA SALLE MEDICAL GROUP	89%	72%	95%	100%	100%	100%
LAKE	LAKESIDE MEDICAL GROUP	83%	87%	91%	NR	NR	NR
LAMC	LOS ANGELES MEDICAL CENTER IPA	83%	88%	95%	76%	77%	94%
MMIP	MAXI MED IPA INC	85%	50%	94%	NR	NR	NR
MCMG	MISSION IPA	100%	100%	92%	NR	NR	NR
MOLI	MOLINA HEALTHCARE	NR	NR	NR	NR	NR	NR
WHCC	NEW WATTS HEALTH CENTER	NR	NR	NR	NR	NR	NR
NCMA	NOBLE COMMUNITY MEDICAL ASSOCIATES	100%	100%	100%	100%	67%	100%
NFPM	NORTHRIDGE FAMILY PRACTICE MEDICAL GROUP, INC	NR	NR	NR	NR	NR	NR
OMNI	OMNICARE MEDICAL GROUP	83%	99%	91%	75%	67%	100%
PAIP	PACIFIC INDEPENDENT PHYSICIAN ASSOCIATION	NR	NR	NR	NR	0%	100%
PNMG	PACIFIC NEPHROLOGY	75%	100%	60%	NR	NR	NR
PAN	PHYSICIANS ALLIANCE NETWORK	100%	NR	100%	NR	NR	NR
PPN	PIONEER PROVIDER NETWORK, A MEDICAL GROUP, INC	79%	100%	100%	NR	NR	NR
PVMG	POMONA VALLEY MEDICAL GROUP	92%	100%	97%	50%	NR	100%
PIPA	PREFERRED IPA OF CALIFORNIA	93%	87%	97%	100%	63%	87%
FRMG	PREMIER PHYSICIAN NETWORK	94%	88%	95%	NR	NR	NR
PHNP	PROMED HEALTH NETWORK POMONA VALLEY	100%	100%	100%	NR	100%	100%
PROS	PROSPECT MEDICAL GROUP	80%	91%	95%	67%	80%	96%
HPMG	PRUDENT MEDICAL GROUP INC	100%	NR	100%	NR	100%	100%
REMG	REGAL MEDICAL GROUP	85%	90%	94%	0%	NR	100%
RMG	REGENT MEDICAL GROUP (HEALTHSMART MSO)	100%	100%	100%	67%	40%	88%
SJMG	SAN JUDAS MEDICAL GROUP IPA	100%	100%	100%	NR	NR	NR
SEA	SEASIDE HEALTH PLAN	90%	87%	97%	NR	NR	NR
SLMG	SEOUL MEDICAL GROUP	84%	73%	100%	NR	50%	50%
SCCH	SO CAL CHILDRENS	93%	85%	98%	100%	NR	100%
SAMG	SOUTH ATLANTIC MEDICAL GROUP	94%	95%	99%	NR	NR	NR
SSG	SOUTHLAND SAN GABRIEL VALLEY MEDICAL GROUP, INC	92%	90%	93%	NR	NR	NR
SA	SOUTHLAND ADVANTAGE MEDICAL GROUP	89%	100%	100%	NR	NR	NR
SFIP	ST FRANCIS IPA	100%	100%	100%	NR	NR	NR
SVIP	ST VINCENT IPA	84%	94%	95%	20%	60%	70%
SPMG	ST. PETER MEDICAL GROUP, INC. (HEALTHSMART MSO)	100%	100%	100%	100%	NR	100%
SC	SUPERIOR CHOICE MEDICAL GROUP, INC	88%	100%	97%	100%	100%	100%
TMG	TALBERT MEDICAL GROUP	76%	98%	96%	100%	100%	100%
UCMG	UNIVERSAL CARE MEDICAL GROUP	100%	100%	91%	100%	100%	50%

NR - No Respondents



## ***Quantitative Results (PPG Level)***

Analysis of the findings outlined in Table 2 above reveal the following:

### **PCPs**

- 18 of 67 (26.9%) PPGs with reportable results met performance goals for Urgent Care appointments (no prior authorization required).
- 28 of 64 (43.8%) PPGs with reportable results met performance goals for Urgent Care appointments (prior authorization required).
- 49 of 67 (73.1%) PPGs with reportable results met performance goals for Routine appointments.

### **SCPs**

- 14 of 34 (41.1%) PPGs with reportable results met performance goals for Urgent Care appointments (no prior authorization required).
- 11 of 38 (28.9%) PPGs with reportable results met performance goals for Urgent Care appointments (prior authorization required).
- 25 of 42 (59.5%) PPGs with reportable results met performance goals for Routine appointments.

## ***Qualitative Analysis***

L.A. Care did not meet its performance goals for any of the appointment availability measures except PCP routine, physical exam including well woman, and in-office waiting room time (Medi-Cal product). However, it is noted that compliance rates have increased over the last 2 years across all product lines for PCP urgent and first prenatal, specialist routine and urgent (with prior authorization) appointment measures. Urgent (without prior authorization) appointment type also increased from 2014 to 2015 for the Medi-Cal product line.

L.A. Care has identified appointment availability as an opportunity for improvement. It is recognized that non-availability of a member's personal doctor can result in poor customer service, increased emergency room visits and lower member satisfaction scores.

## **Root-cause Analysis**

In 2015, all non-compliant provider groups in the MY2014 Appointment Availability Survey were issued a Corrective Action Plan (CAP) to address deficiencies, determine root-causes for non-compliance, and provide actions to bring providers into immediate compliance. Provider group Correction Action Plan responses and root-cause analyses at the practice/provider group level revealed four (4) major themes for causes of non-compliance with the appointment availability standards. These themes are as follows:

- Lack of contracted physicians, when available
- Lack of physician coverage, when on vacation/holiday
- Lack of physicians in the area to contract with the PPG
- Lack of continuous oversight & monitoring measures to ensure compliance

Throughout 2015, L.A. Care worked with provider groups to address network noncompliance with appointment availability standards. Several webinars were conducted and resource material provided to the PPGs, including but not limited to, DMHC regulatory requirements, appointment availability standards and survey methodology, Access to Care Best Practice Interventions, Access to Care FAQ and L.A. Care's

Access to Care Quick Tips documents. In addition, a new mandatory PPG Access to Care oversight and monitoring process was developed and launched in the latter half of 2015.

Additionally, PPG contracting efforts continue to expand, including contracting with additional specialists to ensure a broader spectrum of specialty types in order to ensure that members are receiving appointments within the appointment wait time standards. PPGs that found that providers that did not meet appointment wait time standards due to no coverage while on vacation and/or holiday time, are offering their provider network a selection of covering physicians.

To address non-compliance at the PPG level, all non-compliant provider groups were sent a practitioner listing of all practitioners noncompliant in the 2014 and 2015 annual surveys. The provider groups were informed that these practitioners must be brought into compliance immediately, or further action may be taken, up to and including financial sanctions or termination.

### **Supplemental Data**

In order to further validate and understand the Member experience in relation to appointment availability, L.A. Care conducted an assessment comparing the 2015 Access to Care Survey results with specific CAHPS (member satisfaction) survey questions addressing PCP urgent and routine and SCP routine appointments, as outlined in Tables 3a and 3b below. The 2015 Clinician & Group Survey (CG-CAHPS) survey for MCLA was used to assess access composite scores across medical groups. (Figure 1 below)

**Table 3a. CAHPS (Medi-Cal)**

CAHPS (% of Answers “Usually or Always”)	Performance Goal		MEDI-CAL CHILD CAHPS			MEDI-CAL ADULT CAHPS		
	Child	Adult	2013	2014	2015*	2013	2014	2015*
	PCP Routine Appointment	85%	82%	75.6%	81.3%*	79.7%	72%	72.9%
PCP Urgent Care	83%	75%	87%	82.9%	82.5%	80%	80.3%	75.0%
Specialist Routine Appointment	70%	80%	72.6%	75.7%	N/A	75%	78.4%	71.0%

*N/A – Indicates that the sample size was not large enough to score*

*\*Source: 2015 QI Work Plan Q4*

**Table 3b. CAHPS (CMC, LACC (Marketplace))**

CAHPS (% of Answers “Usually or Always”)	Performance Goal	CMC CAHPS			LACC (MARKETPLACE)		
		2013	2014	2015*	2013	2014	2015±
PCP Routine Appointment	82%	N/A	N/A	72.3%	N/A	N/A	56.2%
PCP Urgent Care	75%	N/A	N/A	70.9%	N/A	N/A	60.5%
Specialist Routine Appointment	80%	N/A	N/A	67.0%	N/A	N/A	80.0%

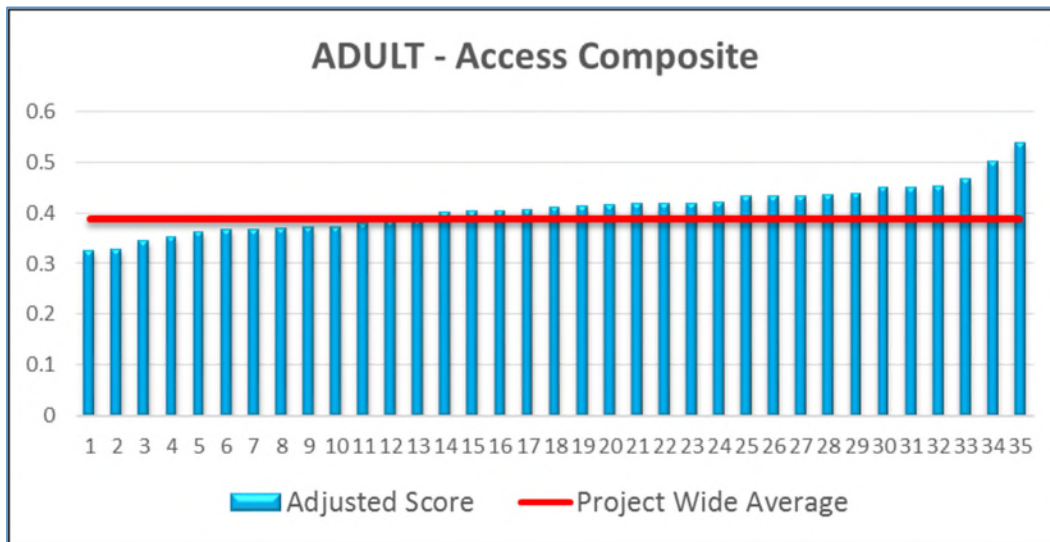
*NA indicates the product line was new and not measured in the reporting year*

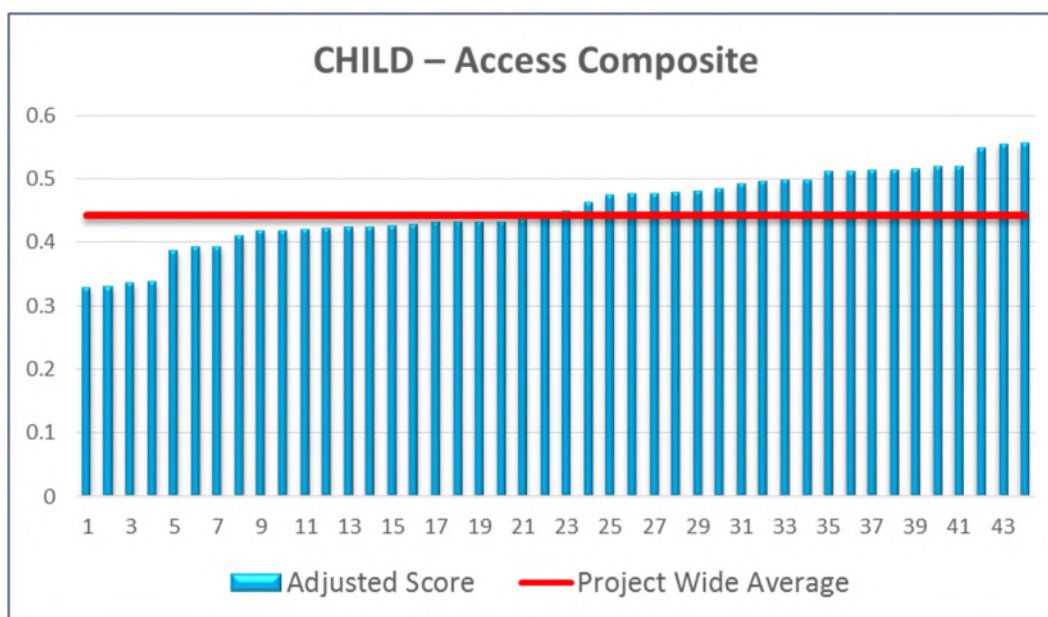
*\*Source: 2015 Medicare CAHPS Member Survey, Medicaid-Medicare MAPD report prepared by DSS Research, 7/2015*

*± Source: 2015 QHP Enrollee Experience Survey, HMO report prepared by DSS Research, 7/2015*

Member satisfaction with getting timely PCP routine and urgent appointments showed a slight decrease in the Adult and Child Medi-Cal CAHPS from 2014. Member satisfaction with getting timely Specialists routine appointments also showed a decrease in the Adult Medi-Cal CAHPS from 2014. Timely access for Specialists routine care was not reportable for the Child Medi-Cal due to a small sample size. Member satisfaction with timely access for PCPs and Specialists for the Cal MediConnect and L.A. Care Covered (Marketplace) products will be used as baseline data as these two products were implemented in 2014.

**Figure 1, CG-CAHPS Access Composite, Adult and Child by PPG (Medi-Cal)**





The variability across groups provided an opportunity to explore and share best practices. Group-level results were shared with PPGs during the Medi-Cal QI Webinar in August 2016. PPGs were provided with the number representing their group with the remaining groups blinded. L.A. Care QI staff interviewed top performers and assessed submitted QI Work Plans for those groups. A handout was created reporting QI Interventions Reported by Top Performing PPGs and was distributed to groups. This included a section related to Access to Care:

- Blocked off office appointment schedule to increase same day appointment availability and hospital follow-up visits
- Improved access to urgent care centers

### Grievance/Complaints

In order to further assess the Member experience in relation to overall access to care, L.A. Care analyzed the grievance/complaint data provided below and reported in terms of rates defining the number of complaints by membership and in terms of actual complaint counts by product by category to allow for a drill down into the issues.

### Medi-Cal

Complaints	2013			2014			2015		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access to Care	2,468	0.19	30%	3,723	0.24	33.8%	2,369	0.12	15%
<b>Total Complaints</b>	<b>8,198</b>	<b>0.64</b>	<b>100%</b>	<b>11,007</b>	<b>0.70</b>	<b>100%</b>	<b>15,716</b>	<b>0.16</b>	<b>100%</b>

*\*Rate per thousand members is calculated based on total member months for the measurement period*

(October 1, 2014 – September 30, 2015 (2015=1,654,372 member mos.))

**Quantitative Analysis**

An analysis of the Medi-Cal complaint data reveals the following:

- Overall rate of complaints per 1000 members continues to decline;
- Access to Care complaints decreased from 2014 to 2015

**Cal MediConnect (CMC)**

Complaints	2014			2015		
	Count	Rate*	%	Count	Rate*	%
Access to Care	4	0.14	17%	110	0.77	12%
<b>Total Complaints</b>	24	0.25	100%	901	1.03	100%

*\*Rate per thousand members is calculated based on total member months for the measurement period (October 1, 2014 – September 30, 2015 (2015=12,852 member mos.))*

**Quantitative Analysis**

- 2015 represents the first full year of operations for CMC product.
- Access to Care complaints revealed an increase in the number of complaints, but an overall decrease in the percentage of total complaints received. This period also represented considerable confusion by members and providers surrounding the CMC program leading to a significant opt-out rate, which also resulted in increased complaints in 2015.

**Access-Related Grievances by PPG**

Through the MSQC, the L.A. Care QI Department collaborated with Grievances and Appeals to create a new report for Access-Related Grievances by PPG on a per 1000 members per month basis. The reports had previously been limited to raw totals, preventing meaningful comparisons across groups. The first report with 3 quarters of data was presented to MQSC in December 2016 to determine what threshold should be considered for further review.

**Access-Related Grievances Per 1000 Members per Month Medi-Cal Q1-32016**

PPG	Medi-Cal
COMMUNITY FAMILY CARE	4.194
CROWN CITY MEDICAL GROUP	3.421
APPLECARE	3.279
GLOBAL CARE IPA (MEDPOINT MGMT)	3.103
L.A. CARE ANTELOPE VALLEY	2.849
PROSPECT - MAVERICK	2.754
CITRUS VALLEY PHYSICIANS GROUP	2.396
EMPLOYEE HEALTH SYSTEMS MEDICAL GROUP	2.362
EL PROYECTO DE BARRIO	2.235
POMONA VALLEY MEDICAL GROUP	2.142

PPG	Medi-Cal
EXCEPTIONAL CARE MEDICAL GROUP	2.069
HERITAGE MEDICAL GROUP	2.036
PREFERRED IPA OF CALIFORNIA	2.034
OMNICARE MEDICAL GROUP	1.992
PIONEER PROVIDER NETWORK, A MEDICAL GROUP, INC	1.854
ANGELES IPA, A MEDICAL CORPORATION	1.821
TALBERT MEDICAL GROUP	1.725
HEALTH CARE LA, IPA (MEDPOINT MGMT)	1.656
ALLIED PHYSICIANS IPA (NETWORK MED. MGMT)	1.625
DHS FACILITIES	1.289
ALTAMED HEALTH SERVICES CORPORATION	1.287
SEOUL MEDICAL GROUP	1.151
BELLA VISTA IPA (MEDPOINT MGMT)	1.119
SEASIDE HEALTH PLAN	1.102
SUPERIOR CHOICE MEDICAL GROUP, INC	1.029
FAMILY CARE SPECIALISTS MEDICAL GROUP	1.009
SOUTH ATLANTIC MEDICAL GROUP	0.999
AXMINSTER MEDICAL GROUP	0.961
LAC-USC	0.700
ACCESS IPA	0.000
ACCOUNTABLE HEALTH PLAN IPA	0.000
AIDS HEALTHCARE FOUNDATION	0.000
CAL CARE IPA	0.000
CARE 1ST PRIMARY AND URGENT CARE	0.000
CHILDREN'S HOSPITAL MEDICAL GROUP	0.000
CLINICA MEDICA SAN MIGUEL IPA, A MEDICAL GROUP, INC	0.000
EASTLAND MEDICAL GROUP	0.000
HEALTHCARE PARTNERS MEDICAL GROUP	0.000
HISPANIC PHYSICIAN IPA	0.000
LA CARE HEALTH PLAN MEDI_CAL DIRECT CONTRACT	0.000
LOS ANGELES MEDICAL CENTER IPA	0.000
MISSION IPA	0.000
NOBLE COMMUNITY MEDICAL ASSOCIATES	0.000
PREMIER PHYSICIAN NETWORK	0.000
ABC UNIFIED SCHOOL DISTRICT	0.000

In reviewing the distribution across groups for MCLA, the Committee decided to select >2 access-related grievances per 1000 members per month as the threshold and is investigating the groups exceeding this

threshold further, including CG-CAHPS results and results from the Appointment Availability Surveys. LACC and CMC results were deferred until 4 quarters of data are available.

### L.A. Care Covered (LACC)

Complaints	2014			2015		
	Count	Rate*	%	Count	Rate*	%
Access to Care	31	0.19	12%	61	0.27	3%
<b>Total Complaints</b>	268	0.28	100%	1799	1.81	100%

*\*Rate per thousand members is calculated based on total member months for the measurement period (October 1, 2014 – September 30, 2015 (2015=17,862 member mos.))*

### Quantitative Analysis

- This is the second year of operation of the L.A. Care Covered product;
- Access to Care complaints showed an increase in the number of complaints, but a significant decrease in the percentage of total complaints received;

## SECTION 2: PCP AND SPECIALISTS AFTER HOURS STUDY

### 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 set, the provider is categorized as being either compliant or non-compliant. L.A. Care’s primary provider network serves Medi-Cal (including PASC-SEIU Homecare Workers and Healthy Kids), Cal MediConnect and L.A. Care Covered (The Marketplace) products and established standards are consistent across all product lines. All PCPs, SCPs (Allergy, Dermatology, Cardiology) were surveyed.

### METHODOLOGY AND RESPONSE RATES

Results were collected using a phone-only survey methodology in December of 2015. Provider offices were surveyed during closed office hours (early morning, evening, holiday or weekend hours).

L.A. Care Health Plan requires that primary care and specialty care physicians, behavioral health physicians and non-physicians, or their designated on-call licensed practitioners, be available to coordinate patient care beyond normal business hours. To achieve after hours compliance, PCPs, SCPs and non-physician behavioral health providers must utilize one of the following systems and meet the requirements as outlined:

- A. Automated systems
  - Must provide emergency instructions
  - Offer a reasonable process to contact the PCP, SCP, non-behavioral health providers or their covering practitioner or other "live" party
  - If process does not enable the caller to contact the PCP, SCP, non-behavioral health providers 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, SCPs, non-behavioral health providers or their covering practitioner, or a screening/triage clinician (RN, NP or PA) must return a member's call within 30 minutes

L.A. Care submitted a complete database of L.A. Care's network of primary care and required specialty care practitioners. The database was de-duplicated based on provider full name and address. Using address and phone number, up to five practitioners were rolled up into one record. Based on the provider's response to each survey question and the established access standard, the provider is categorized as being either compliant or non-compliant.

**RESPONSE RATE:**

**Medi-Cal:**

Response Breakdown	2015 MEDI-CAL PCP (Valid n=2776)		2014 MEDI-CAL PCP (Valid n=3227)		2013 MEDI-CAL PCP (Valid n=2004)	
	Count	%	Count	%	Count	%
Complete call	2071	74.6%	2745	85.1	1549	77%
Non-complete*	309	11.1%	379	11.7	378	19%
Wrong phone number	77	2.8%	49	1.5	41	2%
Refusal to participate	1	0.0%	4	0.1	0	0%
Ineligible**	318	11.5%	50	1.5	36	2%
<b>TOTAL</b>	<b>2776</b>	<b>100%</b>	<b>3227</b>	<b>100%</b>	<b>2004</b>	<b>100%</b>

*\*Non-complete is defined as three call attempts(busy, dropped, no answer or no call back)*

*\*\*Ineligible includes bad phone number, deceased provider, language barrier, no longer with the plan, on national DO NOT CALL registry, technical phone problems or no eligible respondent)*



**Cal MediConnect:**

Response Breakdown	2015 CAL MEDI-CONNECT		2014 CAL MEDI-CONNECT	
	PCP (Valid n=1889)		PCP (Valid n=2573)	
	Count	%	Count	%
Complete call	1450	76.8%	2210	86%
Non-complete*	190	10.1%	279	11%
Wrong phone number	49	2.6%	43	2%
Refusal to participate	1	0.1%	4	20%
Ineligible**	199	10.5%	37	1%
<b>TOTAL</b>	<b>1889</b>	<b>100%</b>	<b>2573</b>	<b>100%</b>

\*Non-complete is defined as three call attempts(busy, dropped, no answer or no call back)

\*\*Ineligible includes bad phone number, deceased provider, language barrier, no longer with the plan, on national DO NOT CALL registry, technical phone problems or no eligible respondent)

**The Marketplace (L.A. Care Covered):**

Response Breakdown	2015 L.A. CARE COVERED		2014 L.A. CARE COVERED	
	PCP (Valid n=2323)		PCP (Valid n=2800)	
	Count	%	Count	%
Complete call	1781	76.7%	2413	86.2%
Non-complete*	230	9.9%	301	10.8%
Wrong phone number	59	2.5%	47	1.7%
Refusal to participate	1	0.0%	4	0.1%
Ineligible**	252	10.8%	35	1.3%
<b>TOTAL</b>	<b>2323</b>	<b>100%</b>	<b>2800</b>	<b>100%</b>

\*Non-complete is defined as three call attempts(busy, dropped, no answer or no call back)

\*\*Ineligible includes bad phone number, deceased provider, language barrier, no longer with the plan, on national DO NOT CALL registry, technical phone problems or no eligible respondent)

**Specialist Data**

Due to data challenges, including an error which occurred in the programming logic used to create the provider database, only primary care physicians can be evaluated for after-hours access and timeliness

compliance in the 2015 After-Hours Accessibility Survey results. L.A. Care has implemented new quality assurance steps to ensure that similar data issue do not occur in the future.

### Statistical Significance Testing

Significance testing, which determines if an observed difference is too large to have occurred by chance alone, is provided, where applicable. Focus should be given to those after hours measures that show significant changes in compliance rate. *Not significant* denotes that there was insufficient support to conclude that there was a significant difference between compliance percentages, when compared to prior years. *Unable to Test* denotes that there is an insufficient sample size to conduct statistical testing. All significance testing was performed at the 95% confidence level.

### RESULTS

Tables 4a through 4c below provide the after hours compliance rates calculated for access and timeliness measures for PCPs, along with PCP year-over-year comparisons, where possible. Performance goals are established for each standard. Compliance rate trend data in some measures (indicated by NA) are unavailable due to the inclusion of a new line of business, or a change in the calculation from separate compliance reporting of access and timeliness measures to a combined compliance rate of access and timeliness measures.

Table 4a: PCP Year-Over-Year Access and Timeliness Comparison (Medi-Cal)

Medi-Cal After Hours Compliance Trend (PCP Only)						
AH Measure	2013	2014	2015	Variance	Performance Goal	2015 Goal Met
Access	69.5%	67.2%	72.9%	5.7%	92.0%	No
Timeliness	67.3%	51.3%	68.0%	16.7%	92.0%	No
Combined	NA	NA	53.2%	NA	92.0%	No

*NA Combined calculation began 2015 (baseline data).*

*Variance measured from 2014 to 2015.*

Table 4b: PCP Year-Over-Year Access and Timeliness Comparison  
(Cal MediConnect)

Cal-MediConnect After Hours Compliance Trend (PCP Only)					
AH Measure	2014	2015	Variance	Performance Goal	2015 Goal Met
<b>Access</b>	68.0%	72.7%	4.7%	92.0%	No
<b>Timeliness</b>	51.4%	66.2%	14.8%	92.0%	No
<b>Combined</b>	NA	53.2%	NA	92.0%	No

NA Combined calculation began 2015 (baseline data).

Cal-MediConnect LOB effective 2014 (baseline data).

Table 4c: PCP Year-Over-Year Access and Timeliness Comparison  
(L.A. Care Covered)

L.A. Care Covered After Hours Compliance Trend (PCP Only)					
AH Measure	2014	2015	Variance	Performance Goal	2015 Goal Met
<b>Access</b>	67.3%	71.8%	4.5%	92.0%	No
<b>Timeliness</b>	52.6%	69.1%	16.5%	92.0%	No
<b>Combined</b>	NA	53.2%	NA	92.0%	No

NA Combined calculation began 2015 (baseline data).

L.A. Care Covered LOB effective 2014 (baseline data).

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, SCPs, 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.

## *Quantitative Analysis*

### Access:

#### **Medi-Cal (PCPs)**

- A compliance rate of **72.9%** for after-hours access to PCPs utilizing either an automated system or professional exchange staff for measurement year 2015.
  - **Goal not met for 3 consecutive years.**
- It is noted that the compliance rate increased from 2014 to 2015.

#### **Cal MediConnect (PCPs)**

- A compliance rate of **72.7%** for after-hours access to PCPs utilizing either an automated system or professional exchange staff for measurement year 2015.
  - **Goal not met for 2 consecutive years.**
- It is noted that the compliance rate increased from 2014 to 2015.

#### **L.A. Care Covered (PCPs)**

- A compliance rate of **71.8%** for after-hours access to PCPs utilizing either an automated system or professional exchange staff for measurement year 2015.
  - **Goal not met for 2 consecutive years.**
- It is noted that the compliance rate increased from 2014 to 2015.

### Timeliness:

#### **Medi-Cal (PCPs)**

- A compliance rate of **68.0%** for after-hours timeliness of PCP response within 30 minutes for measurement year 2015.
  - **Goal not met for 3 consecutive years.**
- It is noted that the compliance rate increased from 2014 to 2015.

#### **Cal MediConnect (PCPs)**

- A compliance rate of **66.2%** for after-hours access to PCPs utilizing either an automated system or professional exchange staff for measurement year 2015.
  - **Goal not met for 2 consecutive years.**
- It is noted that the compliance rate increased from 2014 to 2015.

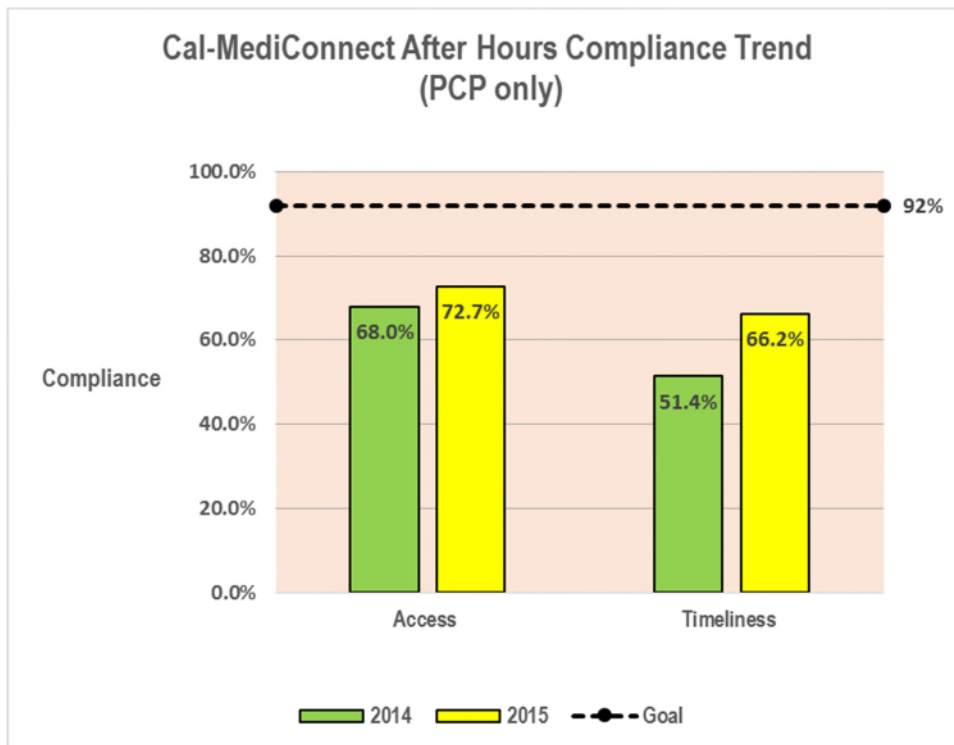
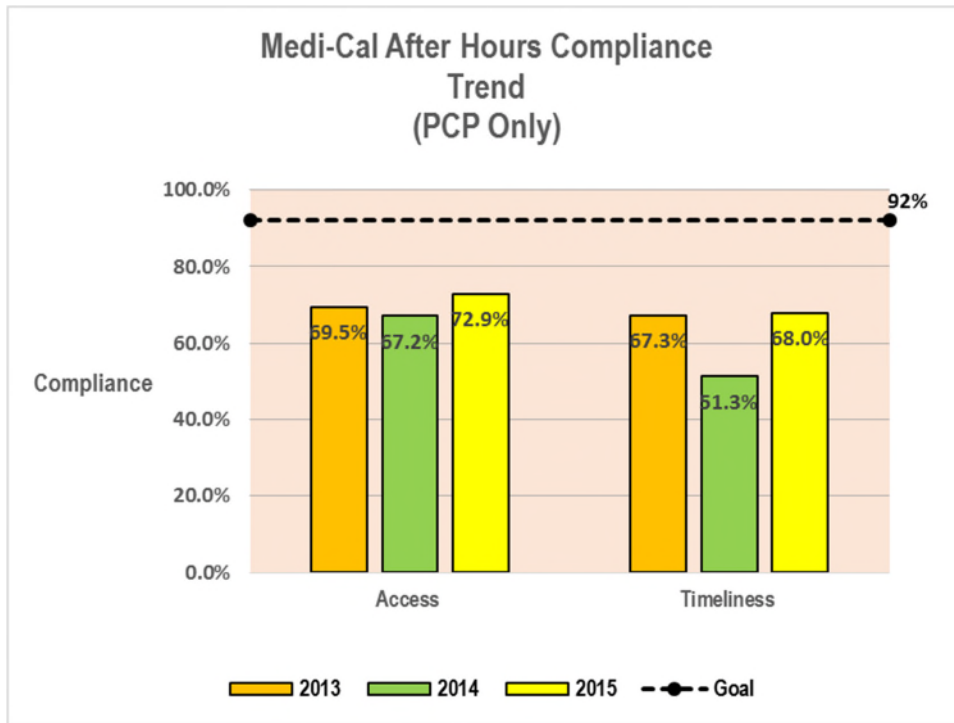
#### **L.A. Care Covered (PCPs)**

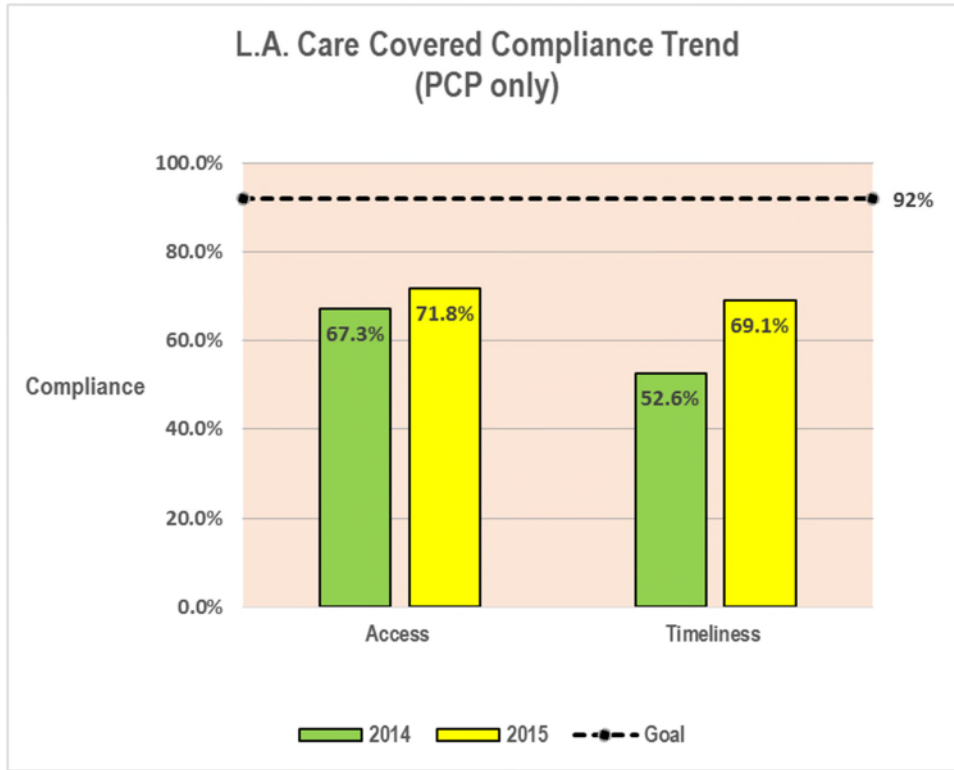
- A compliance rate of **69.1%** for after-hours access to PCPs utilizing either an automated system or professional exchange staff for measurement year 2015.
  - **Goal not met for 2 consecutive years.**
- It is noted that the compliance rate increased from 2014 to 2015.

### Access and Timeliness (PCPs)

For comparison purposes, L.A. Care analyzed the access and timeliness compliance rates for PCPs across all product lines.

As the following graphs illustrate, compliance rates for PCP access and timeliness measures for all product lines have increased from 2014 to 2015.





To further assess the results at the PPG level, L.A. Care conducted an immediate review at the practice/provider group (PPG) level (Tables 6a through 6c).

***Quantitative Results (PPG Level)***

An analysis of the PCP results at the PPG level for all product lines reveal the following:

**Medi-Cal**

- 14 of 74 (18.9%) PPGs met performance goals for Access.
- 14 of 74 (18.9%) PPGs met performance goals for Timeliness.
- 4 of 74 (5.4%) PPGs met performance goals for Access and Timeliness combined.

**Cal MediConnect**

- 14 of 26 (53.8%) PPGs met performance goals for Access.
- 3 of 26 (11.5%) PPGs met performance goals for Timeliness.
- 1 of 26 (3.8%) PPGs met performance goals for Access and Timeliness combined.

**The Marketplace**

- 1 of 20 (5.0%) PPGs met performance goals for Access.
- 2 of 20 (10.0%) PPGs met performance goals for Timeliness.
- 0 of 20 (0.0%) PPGs met performance goals for Access and Timeliness combined.

Table 6a: Medi-Cal After Hours Compliance Scores by PPG (PCP only)

PPG Name	Total PCPs	Total PCPs Surveyed	PCP Response Rate	PCP Access Compliance (92%)	PCP Timeliness Compliance (92%)	PCP Combined (Access & Timeliness) Compliance (92%)
ACCESS IPA	25	17	68.0%	58.8%	76.5%	47.1%
ACCOUNTABLE HEALTH PLAN IPA	454	282	62.1%	78.4%	64.9%	56.7%
ADVANTAGE HEALTH NETWORK INC	6	4	66.7%	25.0%	100.0%	25.0%
AIDS HEALTHCARE FOUNDATION	7	5	71.4%	40.0%	0.0%	0.0%
AKM MEDICAL GROUP	6	3	50.0%	100.0%	100.0%	100.0%
ALL CARE MEDICAL GROUP	10	6	60.0%	66.7%	33.3%	16.7%
ALLIED PACIFIC IPA	725	439	60.6%	74.3%	69.9%	25.0%
ALPHA CARE MEDICAL GROUP	34	16	47.1%	81.3%	93.8%	58.2%
ALTAMED HEALTH SERVICES CORPORATION	266	171	64.3%	61.4%	76.6%	53.8%
AMERIWEST MEDICAL ASSOCIATION	1	1	100.0%	100.0%	100.0%	100.0%
ANGELES IPA A MEDICAL CORPORATION	286	170	59.4%	86.5%	74.1%	69.4%
ANTHEM BLUE CROSS	61	33	54.1%	81.8%	78.8%	63.2%
APOLLO HEALTHCARE INC	20	12	60.0%	58.3%	75.0%	50.0%
APPLECARE MEDICAL GROUP	372	247	66.4%	83.4%	72.5%	58.5%
ARROYO VISTA FAM HLTH CTCTR	3	2	66.7%	50.0%	0.0%	0.0%
ASIAN COMMUNITY MEDICAL GROUP INC. (HEALTHSMART MSO)	23	13	56.5%	92.3%	61.5%	61.5%
ASSOCIATED HISPANIC PHYSICIANS OF SOUTHERN CALIFORNIA	81	55	67.9%	80.0%	67.3%	20.0%
AXMINSTER MEDICAL GROUP	13	10	76.9%	20.0%	100.0%	20.0%
BELLA VISTA IPA	74	42	56.8%	81.0%	76.2%	69.1%
CAL CARE IPA	116	73	62.9%	86.3%	87.7%	76.7%
CARE 1ST HEALTH PLAN	75	40	53.3%	73.7%	71.8%	57.9%
CENTINELA MEDICAL GROUP	2	2	100.0%	100.0%	50.0%	50.0%
CITRUS VALLEY PHYSICIANS GROUP	228	83	36.4%	75.9%	74.7%	42.6%
COMMUNITY FAMILY CARE	201	122	60.7%	72.1%	56.6%	50.0%
COUNTY OF LA DEPT OF HLTH SRVCS	420	101	24.0%	77.2%	45.0%	42.6%
CROWN CITY MEDICAL GROUP	24	15	62.5%	93.3%	80.0%	65.1%
EL PROYECTO DEL BARRIO INC	15	3	20.0%	33.3%	33.3%	0.0%
EMPLOYEE HEALTH SYSTEMS MEDICAL GROUP	531	326	61.4%	76.1%	70.2%	64.3%
EXCEPTIONAL CARE MEDICAL GROUP	179	105	58.7%	85.7%	70.5%	0.0%
FAMILY CARE SPECIALISTS MEDICAL GROUP	31	18	58.1%	77.8%	94.4%	77.8%
FAMILY HEALTH ALLIANCE MEDICAL GROUP	24	13	54.2%	84.6%	100.0%	84.6%
GLOBAL CARE IPA	182	123	67.6%	83.7%	77.2%	56.1%
GOOD SAMARITAN MEDICAL PRACTICE ASSOC	3	2	66.7%	50.0%	50.0%	50.0%
HEALTH CARE LA IPA	381	174	45.7%	60.9%	73.0%	51.7%
HEALTHCARE PARTNERS MEDICAL GROUP	1055	681	64.5%	67.8%	69.3%	47.1%
HEALTHY NEW LIFE MEDICAL CORPORATION	9	6	66.7%	100.0%	66.7%	47.1%
HIGH DESERT MEDICAL GROUP	22	15	68.2%	66.7%	33.3%	33.3%
HISPANIC PHYSICIANS IPA	49	32	65.3%	84.4%	65.6%	66.7%
KARING PHYSICIANS MEDICAL GROUP	24	12	50.0%	100.0%	100.0%	59.4%
LA SALLE MEDICAL GROUP	55	35	63.6%	65.7%	71.4%	48.6%
LAKESIDE MEDICAL GROUP	318	195	61.3%	79.0%	67.7%	55.9%
LOS ANGELES MEDICAL CENTER	87	55	63.2%	81.8%	63.6%	55.9%
MAXI MED IPA	20	14	70.0%	85.7%	71.4%	60.0%
MISSION COMMUNITY IPA	23	11	47.8%	81.8%	45.5%	45.5%
NEW WATTS HEALTH CENTER	11	5	45.5%	80.0%	100.0%	0.0%
NOBLE COMMUNITY MEDICAL ASSOCIATES	30	17	56.7%	88.2%	64.7%	71.4%
OMNICARE MEDICAL GROUP	92	51	55.4%	84.3%	72.5%	58.8%
PACIFIC INDEPENDENT PHYSICIAN ASSOCIATION	2	1	50.0%	0.0%	100.0%	0.0%
PACIFIC NEPHROLOGY	5	4	80.0%	75.0%	75.0%	50.0%
PHYSICIANS ALLIANCE NETWORK	4	3	75.0%	66.7%	66.7%	33.3%
PIONEER PROVIDER NETWORK	35	27	77.1%	92.6%	85.2%	33.3%
POMONA VALLEY MEDICAL GROUP	113	62	54.9%	82.3%	83.9%	57.1%
PREFERRED IPA OF CALIFORNIA	486	301	61.9%	79.7%	69.8%	59.8%
PREMIER PHYSICIAN NETWORK	104	66	63.5%	78.8%	68.2%	50.0%
PROMED HEALTH NETWORK POMONA VALLEY	11	7	63.6%	85.7%	71.4%	57.1%
PROSPECT MEDICAL GROUP	323	208	64.4%	79.8%	70.7%	61.5%
PRUDENT MEDICAL GROUP INC	5	2	40.0%	100.0%	100.0%	100.0%
REGAL MEDICAL GROUP	814	513	63.0%	80.7%	70.0%	61.4%
REGENT MEDICAL GROUP	28	10	35.7%	40.0%	90.0%	40.0%
SAN JUDAS MEDICAL GROUP	4	2	50.0%	100.0%	100.0%	28.6%
SAN MIGUEL IPA	21	7	33.3%	85.7%	100.0%	85.7%
SEASIDE HEALTH PLAN	97	68	70.1%	92.6%	86.8%	43.3%
SEOUL MEDICAL GROUP	27	18	66.7%	94.4%	66.7%	47.8%
SIERRA MEDICAL GROUP	7	7	100.0%	71.4%	42.9%	28.6%
SOUTH ATLANTIC MEDICAL GROUP	98	72	73.5%	83.3%	81.9%	58.8%
SOUTHERN CAL CHILDRENS HEALTHCARE NETWORK	32	23	71.9%	65.2%	69.6%	47.8%
SOUTHLAND ADVANTAGE MEDICAL GROUP	13	7	53.8%	85.7%	28.6%	28.6%
SOUTHLAND SAN GABRIEL VALLEY MEDICAL GROUP	39	24	61.5%	91.7%	54.2%	66.7%
ST FRANCIS IPA	8	2	25.0%	100.0%	100.0%	100.0%
ST VINCENT IPA	184	123	66.8%	82.9%	69.1%	54.2%
SUPERIOR CHOICE MEDICAL GROUP	50	30	60.0%	73.3%	50.0%	43.3%
TALBERT MEDICAL GROUP	122	72	59.0%	79.2%	63.9%	56.9%
UNIVERSAL CARE MEDICAL GROUP	33	25	75.8%	68.0%	80.0%	64.0%

Table 6b: CMC After Hours Compliance Scores by PPG (PCP only)

PPG Name	Total PCPs	Total PCPs Surveyed	PCP Response Rate	PCP Access Compliance (92%)	PCP Timeliness Compliance (92%)	PCP Combined (Access & Timeliness) Compliance (92%)
ANGELES IPA A MEDICAL CORPORATION	163	99	60.7%	88.9%	73.7%	69.70%
APPLECARE MEDICAL GROUP	279	182	65.2%	81.3%	71.4%	60.44%
ALTAMED HEALTH SERVICES CORPORATION	145	92	63.4%	68.5%	77.2%	59.78%
ALLIED PACIFIC IPA	353	226	64.0%	69.0%	65.9%	53.98%
BELLA VISTA IPA	42	23	54.8%	78.3%	78.3%	69.57%
COMMUNITY FAMILY CARE	97	62	63.9%	74.2%	59.7%	54.84%
CROWN CITY MEDICAL GROUP	13	9	69.2%	100.0%	88.9%	100.00%
CEDARS SINAI MEDICAL GROUP	33	17	51.5%	88.2%	5.9%	35.29%
CITRUS VALLEY PHYSICIANS GROUP	91	63	69.2%	74.6%	74.6%	63.49%
EMPLOYEE HEALTH SYSTEMS MEDICAL GROUP	304	182	59.9%	79.7%	68.1%	60.44%
EL PROYECTO DEL BARRIO INC	6	1	16.7%	0.0%	100.0%	0.00%
FAMILY CARE SPECIALISTS MEDICAL GROUP	17	8	47.1%	75.0%	100.0%	75.00%
GLOBAL CARE IPA	149	94	63.1%	85.1%	73.4%	64.89%
HEALTH CARE LA IPA	221	99	44.8%	60.6%	69.7%	50.51%
HEALTHCARE PARTNERS MEDICAL GROUP	876	571	65.2%	66.2%	69.2%	45.88%
HIGH DESERT MEDICAL GROUP	20	21	65.0%	84.6%	38.5%	38.46%
LAKESIDE MEDICAL GROUP	253	157	62.1%	72.6%	68.2%	52.87%
OMNICARE MEDICAL GROUP	61	35	57.4%	85.7%	71.4%	65.71%
PREFERRED IPA OF CALIFORNIA	255	164	64.3%	78.7%	67.1%	58.54%
PIONEER PROVIDER NETWORK	20	15	75.0%	86.7%	93.3%	80.00%
PROSPECT MEDICAL GROUP	208	129	62.0%	83.7%	73.6%	66.67%
REGAL MEDICAL GROUP	709	463	65.3%	79.7%	67.4%	58.75%
SOUTH ATLANTIC MEDICAL GROUP	72	47	65.3%	83.0%	78.7%	68.09%
SEOUL MEDICAL GROUP	17	14	82.4%	92.9%	57.1%	57.14%
ST VINCENT IPA	176	116	65.9%	82.8%	68.1%	60.34%
TALBERT MEDICAL GROUP	112	63	56.3%	81.0%	63.5%	57.14%



Table 6c: L.A. Care Covered After Hours Compliance Scores by PPG (PCP only)

PPG Name	Total PCPs	Total PCPs Surveyed	PCP Response Rate	PCP Access Compliance (92%)	PCP Timeliness Compliance (92%)	PCP Combined (Access & Timeliness) Compliance (92%)
APPLECARE MEDICAL GROUP	284	188	66.2%	82.4%	72.3%	61.70%
ALTAMED HEALTH SERVICES CORPORATION	220	141	64.1%	61.7%	76.6%	54.61%
ALLIED PACIFIC IPA	571	354	62.0%	72.9%	70.6%	58.47%
AXMINSTER MEDICAL GROUP	13	10	76.9%	20.0%	100.0%	20.00%
BELLA VISTA IPA	16	10	62.5%	60.0%	60.0%	50.00%
CITRUS VALLEY PHYSICIANS GROUP	107	76	71.0%	77.6%	76.3%	67.11%
FAMILY CARE SPECIALISTS MEDICAL GROUP	33	18	54.5%	77.8%	94.4%	77.78%
GLOBAL CARE IPA	167	113	67.7%	82.3%	76.1%	65.49%
HEALTH CARE LA IPA	337	153	45.4%	58.8%	71.9%	50.33%
HEALTHCARE PARTNERS MEDICAL GROUP	1138	733	64.4%	68.2%	70.1%	48.02%
HIGH DESERT MEDICAL GROUP	25	17	68.0%	70.6%	35.3%	35.29%
LAKESIDE MEDICAL GROUP	327	196	59.9%	74.5%	68.4%	53.06%
OMNICARE MEDICAL GROUP	70	40	57.1%	87.5%	75.0%	70.00%
PREFERRED IPA OF CALIFORNIA	381	239	62.7%	79.9%	69.0%	59.83%
PROSPECT MEDICAL GROUP	219	139	63.5%	82.7%	73.4%	65.47%
POMONA VALLEY MEDICAL GROUP	106	58	54.7%	81.0%	82.8%	68.97%
REGAL MEDICAL GROUP	941	592	62.9%	79.7%	68.6%	59.63%
SUPERIOR CHOICE MEDICAL GROUP	26	16	61.5%	62.5%	62.5%	43.75%
SEOUL MEDICAL GROUP	18	14	77.8%	92.9%	57.1%	57.14%
TALBERT MEDICAL GROUP	123	72	58.5%	79.2%	63.9%	56.94%

### Qualitative Analysis

L.A. Care did not meet its performance goals for the after hours access and timeliness measures in 2015. However, it is noted that PCP compliance rates for both access and timeliness measures have increased over the last year for all products.

L.A. Care has identified after hours access as an opportunity for improvement. It is recognized that non-availability of a member's personal doctor can result in poor customer service, increased emergency room visits and lower member satisfaction scores.

In 2015, all non-compliant provider groups in the MY2014 After Hours Survey were issued an Immediate Corrective Action Response (ICAR) to address deficiencies, determine root-causes for non-compliance, and provide actions to bring providers into immediate compliance. Provider group Immediate Correction Action Responses and root-cause analyses at the practice/provider group level revealed five (5) major themes for causes of non-compliance with the appointment availability (after hours) standards. These themes are as follows:

- Lack of Provider Education: Practitioners do not realize that their exchange services or automated systems are non-compliant with L.A. Care's standard.
- Poor Exchange Staff Training: Staff at exchange services lacks adequate information on the practitioners they represent, or they lack the ability to adequately search these data.

- Misunderstanding of Provider Responsibility: Practitioners don't believe that they are responsible for access to care beyond normal business hours.
- Lack of Provider Resources: Practitioners do not have sufficient staff or financial resources to provide compliant after hours systems.
- Lack of continuous oversight & monitoring measures to ensure compliance

Throughout 2015, L.A. Care worked with provider groups to address network noncompliance with after hours access. Several webinars were conducted and resource material provided to the PPGs, including but not limited to, DMHC regulatory requirements, after hours survey scripts and survey methodology, Access to Care Best Practice Interventions, Access to Care FAQ and L.A. Care's Access to Care Quick Tips documents. In addition, a new mandatory PPG Access to Care oversight and monitoring process was developed and launched in the latter half of 2015.

To address non-compliance at the PPG level, all non-compliant provider groups were sent a practitioner listing of all practitioners noncompliant in the 2014 and 2015 annual surveys, where available. The provider groups were informed that these practitioners must be brought into compliance immediately, or further action may be taken, up to and including financial sanctions or termination.

### **SECTION 3: CONCLUSION AND PLAN OF ACTION**

Findings and conclusions in this report are based on analysis of available data, survey findings and discussions at the various quality committees, such as the Member Quality Service Committee and Quality Oversight Committee. These committees include an internal cross-departmental representation from departments, such as Quality Improvement, Medical Management, Health Education, Cultural & Linguistics, Health Education, Provider Network Operations, 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 provider group in the form of a report card. In addition, PPGs were notified of L.A. Care's specialist data challenges for the MY2015 After Hours Survey. L.A. Care has continued meeting with provider groups throughout 2016 to discuss targeted and collaborative efforts to improve appointment wait times and after hours access.

In order to address continued noncompliance and improve appointment wait times and after hours accessibility compliance rates, L.A. Care launched Phase 1 of a mandatory *PPG Access to Care Oversight and Monitoring* process. As part of this new process, L.A. Care developed a training webinar, oversight and monitoring audit workbook and related auditing tools. Effective November 2015, PPGs are required to audit their provider network on a quarterly basis for compliance with the DMHC appointment wait time and after hours standards. PPGs are required to submit quarterly reports beginning January 15, 2016 for 2015 Q4 results (see Attachment A). PPGs are required to monitor their practitioners until they become compliant with L.A. care's performance standards. L.A. Care conducts spot audits of the PPGs audit results to ensure that PPG personnel conducting the practitioner audits understand the standards and oversight and monitoring process. Since the launch of the oversight and monitoring process, PPG network compliance has improved from the 2014 results in all after hours measures (access and timeliness). L.A. Care will continue to require PPGs to report their findings until their network is in compliance with the standards and meet L.A. Care performance goals.

Additionally, in the second quarter of 2016, L.A. Care launched Phase 2 of the *PPG Access to Care Oversight and Monitoring* process with our subcontracted health plans, Anthem/Blue Cross and Care 1<sup>st</sup>, in order to improve network compliance with after hours standards. As part of this program, L.A. Care has shared their PPG Oversight and Monitoring process with their subcontracted health plans, including training materials and tools and successful interventions to address PPG noncompliance with after hours standards. This collaborative effort is designed to improve PPG performance for those PPGs that are contracted with both Anthem/Blue Cross and Care 1<sup>st</sup>, but not with L.A. Care, in an effort to increase after hours performance across the entire provider network.

**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	New and/or Ongoing	Action(s) Taken	Measurement of Effectiveness
Collaborate with delegated provider groups to improve Access to Care performance	New & Ongoing	In 2016, L.A. Care launched the Value Initiative for IPA Performance (VIIP) Program for the Medi-Cal product line. L.A. Care’s Chief Executive Officer and Chief Medical Officer will be visiting with targeted provider groups to discuss outcomes of the 2015 Access to Care Study and opportunities for collaborative interventions for improvement.	<ul style="list-style-type: none"> <li>• ATC Results</li> </ul>
Collaborate with sub-contracted health plans, provider groups and select network physicians to improve Access to Care performance	New	<p>In 2016, L.A. Care launched a Plan Partner Collaborative Initiative to increase after hours accessibility compliance rates of their delegated network.</p> <p>Additionally, L.A. Care will continue to work with provider groups and practitioners through one-on-one contact and webinars.</p>	<ul style="list-style-type: none"> <li>• ATC Results</li> <li>• Improved CAHPS Scores for getting needed care and getting care quickly</li> <li>• Decreased complaints regarding access to care</li> </ul>
Educate Members on timely access standards	New	Newsletter article in the Member newsletter, <i>Be Well</i> , educating members on the access to care standards and providing DMHC Help Center contact information.	<ul style="list-style-type: none"> <li>• Improved CAHPS Scores for getting needed care and getting care quickly</li> <li>• Decreased complaints regarding access to care</li> </ul>
Internal Access to Care Workgroup	New	Access & Availability Workgroup formed to collaborate and identify barriers and effective interventions to improve Access & Availability. Workgroup findings and recommendations will be reported up to the QI Steering Committee.	<ul style="list-style-type: none"> <li>• ATC Results</li> </ul>
Develop a corrective action process to improve After-hours access	New	Implementation of a mandatory PPG Access to Care Oversight & Monitoring process launched in October 2015 in order to ensure that PPGs are monitoring their networks for appointment	<ul style="list-style-type: none"> <li>• ATC Results</li> </ul>

Opportunity	New and/or Ongoing	Action(s) Taken	Measurement of Effectiveness
		<p>availability and after hours accessibility performance on a continuous basis.</p> <p>Collection of root cause/barrier analyses from the delegates will help to identify and address cause of non-compliance and guide implementation of immediate and comprehensive measures to address issues and target interventions.</p>	
Educate providers on timely access standards	Ongoing	<ul style="list-style-type: none"> <li>• An ongoing program offering in-office Customer Service training provided by Provider Network Operations.</li> <li>• Newsletter articles in the provider newsletter, <i>Progress Notes</i>, educating providers on improving access to care</li> <li>• Distribute timely access standards to providers annually</li> <li>• Marketing materials such as, <i>ATC Quick Tips</i> poster outlining L.A. Care's access to care standards are distributed to providers by various channels (FSR, PNO, L.A. Care website, direct mailing, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• ATC Results</li> <li>• Improved CAHPS scores for getting need care and getting care quickly.</li> <li>• Decreased complaints regarding access to care</li> </ul>
Collaborate with internal departments to ensure that Access to Care standards are distributed continuously	Ongoing	Worked with internal teams to ensure that all policies and procedures related to Access to Timely Health Care Services are standardized across the organization. Channeling more touch points to Provider Network teams and other departments to ensure that the provider network, including contracted PPGs and MSOs, have better communication and are continuously monitoring their networks for access to care compliance.	<ul style="list-style-type: none"> <li>• ATC results</li> </ul>

## Attachment A

Reporting Quarter: Timeframe:	MY 2014 Survey Data							
	Quarter 4 2015 October 2015 - December 2015				Quarter 1 2016 January 2016 - March 2016			
	Completed Audit Tool Received Due 1/15/2016				Completed Audit Tool Received Due 4/15/2016			
	Appointment Availability		After Hours		Appointment Availability		After Hours	
PPG Name	PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP
AKM Medical Group	Not Received	Not Received	Not Received	Not Received	4/28/2016	4/28/2016	4/28/2016	4/28/2016
Allied Physicians IPA	1/14/2016	1/14/2016	1/14/2016	1/14/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
AltaMed Health Services	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Angeles IPA	1/20/2016	1/20/2016	1/15/2016	1/15/2016	4/19/2016	4/19/2016	4/19/2016	4/19/2016
Apple Care Medical Group	1/14/2016	1/14/2016	1/14/2016	1/14/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Axminster Medical Group	1/15/2016	1/15/2016	1/15/2015	1/15/2015			4/25/2016	4/25/2016
Beacon	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015
Bella Vista IPA	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Cedars-Sinai Medical Group	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015
Citrus Valley Physicians Group	Not Received <sup>1</sup>	Not Received <sup>1</sup>	2/4/2016	2/4/2016	Not Received	Not Received	Not Received	Not Received
Community Family Care	1/22/2016	1/22/2016	1/22/2016	1/22/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
County	1/19/2016	1/19/2016	1/19/2016	1/19/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Crown City Medical Group	1/20/2016	1/20/2016	1/15/2016	1/15/2016	4/19/2016	4/19/2016	4/19/2016	4/19/2016
El Proyecto Del Barrio, Inc	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Employee Health Systems	1/20/2016	1/20/2016	1/15/2016	1/15/2016	4/19/2016	4/19/2016	4/19/2016	4/19/2016
Exceptional Care Medical Group	2/8/2016	2/8/2016	1/25/2016	1/25/2016	4/25/2016	4/25/2016	Not Received	Not Received
Family Care Specialists IPA	Not Received <sup>1</sup>	Not Received <sup>1</sup>	2/4/2015	2/4/2015	Not Received	Not Received	Not Received	Not Received
Global Care IPA	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Health Care LA, IPA	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Healthcare Partners	Not Complete <sup>1</sup>	1/15/2016	1/15/2016	1/15/2016	4/18/2016	4/18/2016	4/18/2016	4/18/2016
High Desert Medical Group	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Lakeside Medical Group	12/29/2015	12/29/2015	12/29/2015	12/29/2015	4/6/2016	4/6/2016	4/6/2016	4/6/2016
Omnicare Medical Group	1/22/2016	1/22/2016	1/22/2016	1/22/2016	Not Received	Not Received	Not Received	Not Received
Pioneer Provider Network	1/15/2016	1/15/2016	1/15/2016	1/15/2016	No noncompliance to survey	No noncompliance to survey	No noncompliance to survey	No noncompliance to survey
Pomona Valley Medical Group	1/13/2016	1/13/2016	1/13/2016	1/13/2016	4/14/2016	4/14/2016	4/14/2016	4/14/2016
Preferred IPA of California	1/14/2016	1/14/2016	1/14/2016	1/14/2016	4/11/2016	4/11/2016	4/11/2016	4/11/2016
Prospect Medical Group	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/13/2016	4/13/2016	4/13/2016	4/13/2016
Regal Medical Group	12/29/2015	12/29/2015	12/29/2016	12/29/2016	4/6/2016	4/6/2016	4/6/2016	4/6/2015
Seaside Health Plan	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/13/2016	4/13/2016	4/13/2016	4/13/2016
Seoul Medical Group	1/28/2016	1/28/2016	1/22/2016	1/22/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
Sierra Medical Group	1/15/2016	1/15/2016	1/15/2016	1/15/2016	4/15/2016	4/15/2016	4/15/2016	4/15/2016
South Atlantic Medical Group	1/28/2016	1/28/2016	Not Received	Not Received	Not Received	Not Received	Not Received	Not Received
St. Vincent IPA	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015	NEW in 2015
Superior Choice	1/28/2016	1/28/2016	1/15/2016	1/15/2016	4/18/2016	4/18/2016	4/14/2016	4/14/2016
Talbert Medical Group	Not Received <sup>1</sup>	Not Received <sup>1</sup>	1/15/2016	1/15/2016	4/18/2016	4/18/2016	4/18/2016	4/18/2016
Universal Care	1/28/2016	1/28/2016	12/2/2015	12/2/2015	4/22/2016	4/22/2016	4/22/2016	4/22/2016

## Attachment A

Reporting Quarter: Timeframe:	MY 2015 Survey Data							
	Quarter 2 2016 April 2016 - June 2016				Quarter 3 2016 July 2016 - September 2016			
	Completed Audit Tool Received Due 7/15/2016				Completed Audit Tool Received Due 10/15/2016			
	Appointment Availability		After Hours		Appointment Availability		After Hours	
PPG Name	PCP	SCP	PCP	SCP	PCP	SCP	PCP	SCP
AKM Medical Group	Termed 6/1/2016	Termed 6/1/2016	Termed 6/1/2016	Termed 6/1/2016	Termed 6/1/2016	Termed 6/1/2016	Termed 6/1/2016	Termed 6/1/2016
Allied Physicians IPA	7/15/2016	7/15/2016	7/15/2016	7/15/2016	10/13/2016	10/13/2016	10/13/2016	10/13/2016
AltaMed Health Services	7/15/2016	7/15/2016	7/15/2016	7/15/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Angeles IPA	8/3/2016	8/3/2016	8/3/2016	8/3/2016	10/24/2016	10/24/2016	10/24/2016	10/24/2016
Apple Care Medical Group	7/15/2016	7/15/2016	7/15/2016	7/15/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Axminster Medical Group	7/20/2016	7/20/2016	7/20/2016	7/20/2016	10/24/2016	10/24/2016	10/24/2016	10/24/2016
Beacon	Starts next Quarter	Starts next Quarter	8/1/2016	8/1/2016	Starts in MY2017*	Starts in MY2017*	11/4/2016	11/4/2016
Bella Vista IPA	7/18/2016	7/18/2016	7/18/2016	7/18/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Cedars-Sinai Medical Group	Starts next Quarter	Starts next Quarter	7/22/2016	0 Non-compliant	Starts next Quarter	Starts next Quarter	0 Non-compliant	0 Non-compliant
Citrus Valley Physicians Group	Unable to locate results due to staff changes	Unable to locate results due to staff changes	8/3/2016	8/3/2016	10/28/2016	10/28/2016	10/28/2016	10/28/2016
Community Family Care	7/25/2016	7/25/2016	7/22/2016	0 Non-compliant	10/13/2016	10/13/2016	10/13/2016	10/13/2016
County	7/13/2016	7/13/2016	7/13/2016	7/13/2016	10/14/2016	10/14/2016	10/21/2016	10/21/2016
Crown City Medical Group	8/3/2016	8/3/2016	8/3/2016	8/3/2016	10/24/2016	10/24/2016	10/24/2016	10/24/2016
El Proyecto Del Barrio, Inc	7/18/2016	7/18/2016	7/18/2016	7/18/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Employee Health Systems	8/3/2016	8/3/2016	8/3/2016	8/3/2016	10/24/2016	10/24/2016	10/24/2016	10/24/2016
Exceptional Care Medical Group	7/25/2016	7/25/2016	7/22/2016	7/22/2016	10/28/2016	10/28/2016	10/28/2016	10/28/2016
Family Care Specialists IPA	7/15/2016	7/15/2016	7/15/2016	7/15/2016	10/28/2016	10/28/2016	10/28/2016	10/28/2016
Global Care IPA	7/18/2016	7/18/2016	7/18/2016	7/18/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Health Care LA, IPA	7/18/2016	7/18/2016	7/18/2016	7/18/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Healthcare Partners	7/25/2016 Incomplete	0 Non-compliant	7/25/2016 Incomplete	7/25/2016 Incomplete	11/14/2016	11/14/2016	11/14/2016	11/14/2016
High Desert Medical Group	7/15/2016	7/15/2016	7/15/2016	7/15/2016	10/21/2016	10/21/2016	10/14/2016	10/14/2016
Lakeside Medical Group	7/13/2016	7/13/2016	7/13/2016	7/13/2016	10/7/2016	10/7/2016	10/7/2016	10/7/2016
Omnicare Medical Group	8/2/2016	8/2/2016	8/2/2016	8/2/2016	10/28/2016	10/28/2016	10/28/2016	10/28/2016
Pioneer Provider Network	7/18/2016	7/18/2016	7/18/2016	7/18/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Pomona Valley Medical Group	7/15/2016	7/15/2016	7/15/2016	7/15/2016	10/13/2016	10/13/2016	10/13/2016	10/13/2016
Preferred IPA of California	7/15/2016	7/15/2016	7/15/2016	7/15/2016	10/12/2016	10/12/2016	10/12/2016	10/12/2016
Prospect Medical Group	7/15/2016	7/15/2016	7/15/2016	7/15/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Regal Medical Group	7/13/2016	7/13/2016	7/13/2016	7/13/2016	10/7/2016	10/7/2016	10/7/2016	10/7/2016
Seaside Health Plan	7/20/2016	0 Non-compliant	7/20/2016	0 Non-compliant	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Seoul Medical Group	7/22/2016	7/22/2016	7/22/2016	0 Non-compliant	10/14/2016	10/14/2016	10/14/2016	10/14/2016
Sierra Medical Group	7/21/2016	7/21/2016	7/21/2016	7/21/2016	10/14/2016	10/14/2016	10/14/2016	10/14/2016
South Atlantic Medical Group	Unable to complete audit due to resource issue	0 Non-compliant	7/18/2016	7/18/2016	Resource Issue	0 Non-compliant	10/18/2016	10/18/2016
St. Vincent IPA	NEW in 2015	NEW in 2015	Starts next Quarter	Starts next Quarter	Starts next Quarter	Starts next Quarter	10/27/2016	10/27/2016
Superior Choice	7/22/2016	7/22/2016	7/22/2016	7/22/2016	10/28/2016	10/28/2016	10/28/2016	10/28/2016
Talbert Medical Group	7/25/2016 Incomplete	0 Non-compliant	7/25/2016 Incomplete	7/25/2016 Incomplete	11/14/2016	11/14/2016	11/14/2016	11/14/2016
Universal Care	7/12/2016	7/12/2016	7/12/2016	7/12/2016	10/11/2016	10/11/2016	10/11/2016	10/11/2016

\*MY2015 Appointment Availability BH Results were incomplete due to a data issue with the file delivered to QI from PDU.

## **B.3 NETWORK ADEQUACY**

### **BACKGROUND**

L.A. Care Health Plan (L.A. Care) conducts an annual analysis of its primary care and specialty care practitioner networks to ensure there are sufficient numbers and types of practitioners to effectively meet the needs and preferences of its membership. This network adequacy analysis includes practitioners and providers who participate in L.A. Care's Medi-Cal, L.A. Care Covered, and Cal MediConnect lines of business, providing services to members enrolled in these programs within defined geographic areas. L.A. Care has established quantifiable and measureable standards for both the number and geographic distribution of practitioners. Data that determines providers' compliance with these standards is collected and assessed and opportunities for improvement are identified and acted upon on an annual basis.

**2017 WORK PLAN GOALS:** Each section of this report contains specific quantifiable goals.

### **SECTION 1: MEDI-CAL PRACTITIONERS' NETWORK AVAILABILITY**

#### **METHODOLOGY**

Areas of Primary Care evaluated in this report include Family Practice, General Practice, Internal Medicine, and Pediatrics. High volume areas of specialty care are determined by the number of encounters within a specific timeframe. Based on the number of encounters received for the 12-month period from October 1, 2015 to September 30, 2016 of the study year, the five most utilized areas of specialty care include Gastroenterology, Ophthalmology, Orthopedics, Otolaryngology and OB/GYN. L.A. Care also assesses members' access to the two high impact specialties of Cardiovascular Disease and Oncology. Analysis of L.A. Care's Behavioral Health provider network is excluded from this report. The provision of Behavioral Health services and analysis of provider availability is delegated to an NCQA accredited Managed Behavioral Health Organization (MBHO).

#### **PERFORMANCE STANDARDS**

Performance standards are based on regulatory requirements, external benchmarks, industry standards, and national and regional comparative data. Availability standards are established for:

- PCP to Member Ratio = Total number of PCPs/Total Membership
- SCP to Member Ratio = Total number of SCPs for the specific specialty type (e.g., total number of ophthalmologists)/Total Membership
- PCP and SCP Drive Distance: MapInfo software is used to measure performance.

#### **PERFORMANCE ASSESSMENT**

As of September 30 2016, the total number of Medi-Cal members was 1,907,527. The 188,786 members Kaiser are excluded from this analysis as this function is delegated to Kaiser. This report measures Medi-Cal practitioner and provider availability for 1,718,741 non-Kaiser members. The report also measures practitioner and provider availability for 10,977 L.A. Care Covered members and 12,631 Cal MediConnect members.

**Primary Care Ratios by Product Line**

<b>Medi-Cal</b>				
<i>Standard: 1:2000</i>	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<b><u>FP/GP</u></b>				
Ratio	1:615	1:615	1:522	1:522
<b><u>IM</u></b>				
Ratio	1:389	1:389	1:273	1:273
<b><u>PED</u></b>				
Ratio	1:813	1:813	1:730	1:730

<b>LACC</b>				
<i>Standard: 1:2000</i>	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<b><u>FP/GP</u></b>				
Ratio	1:5	1:5	1:3	1:3
<b><u>IM</u></b>				
Ratio	1:5	1:5	1:5	1:5
<b><u>PED</u></b>				
Ratio	1:5	1:1	1:1	1:1

<b>CMC</b>				
<i>Standard: 1:2000</i>	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<b><u>FP/GP</u></b>				
Ratio	1:7	1:7	1:9	1:9
<b><u>IM</u></b>				
Ratio	1:4	1:4	1:7	1:7
<b><u>PED</u></b>				
Ratio	1:1	1:1	1:1	1:1



**High Volume and High Impact Specialties Ratios by Product Line**

<b>Medi-Cal</b>				
<i>Standard: 1:5000 OB/GYN Standard: 1:3000</i>	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<b><u>Cardiovascular Disease**</u></b>				
Ratio	1:3095	1:4944	1:4882	1:4645
<b><u>Gastroenterology*</u></b>				
Ratio	N/A	1:4146	N/A	N/A
<b><u>Nephrology*</u></b>				
Ratio	1:4404	N/A	N/A	N/A
<b><u>OB/GYN*</u></b>				
Ratio	1:1868	1:1869	1:1645	1:2387
<b><u>Oncology**</u></b>				
Ratio	1:4958	1:3324	1:2954	N/A
<b><u>Ophthalmology*</u></b>				
Ratio	1:2369	1:1416	1:1338	1:4713
<b><u>Orthopedics*</u></b>				
Ratio	1:4243	1:4883	1:4881	1:4993
<b><u>Otolaryngology*</u></b>				
Ratio	N/A	N/A	1:4840	1:4578

\* High Volume Specialty

\*\* High Impact Specialty

N/A = Specialty Is Not high Volume For the Quarter

**Primary Care Provider to Member Geographical Distribution by Product Line**

<b>Medi-Cal</b>				
<i>Standard: 10 miles Compliance Target: 95%</i>	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<b><u>FP/GP</u></b> Average Distance in Miles % of Members with Access	.7 mi 99.8%	.7 mi 99.8%	.7 mi 99.8%	.7 mi 99.8%
<b><u>IM</u></b> Average Distance in Miles % of Members with Access	1.0 mi 99.7 %	.9 mi 99.7%	.9 mi 99.7%	.9 mi 99.7%
<b><u>PED</u></b> Average Distance in Miles % of Members with Access	1.1 mi 99.5%	1.0 mi 99.5%	1.0 mi 99.5%	1.0 mi 99.5%

<b>LACC (PCP)</b>				
<i>Standard: 10 miles Compliance Target: 95%</i>	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<b><u>FP/GP</u></b> Average Distance in Miles % of Members with Access	2.3 mi 99.8%	2.3 mi 99.8%	2.3 mi 99.8%	2.3 mi 99.8%
<b><u>IM</u></b> Average Distance in Miles % of Members with Access	2.5 mi 99.7%	2.5 mi 99.7%	2.5 mi 99.7%	2.5 mi 99.7%
<b><u>PED</u></b> Average Distance in Miles % of Members with Access	2.4 mi 99.5%	2.4 mi 99.5%	2.4 mi 99.5%	2.4 mi 99.5%

**Primary Care Geographical Distribution cont.**

<b>CMC (PCP)</b>				
	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<i>Standard: 10 miles Compliance Target: 95%</i>				
<b><u>FP/GP</u></b> Average Distance in Miles % of Members with Access	.7 mi 99.8%	.7 mi 99.8%	.7 mi 99.8%	.7 mi 99.8%
<b><u>IM</u></b> Average Distance in Miles % of Members with Access	.9 mi 99.7%	.9 mi 99.7%	.9 mi 99.7%	.9 mi 99.7%
<b><u>PED</u></b> Average Distance in Miles % of Members with Access	1 mi 99.5%	1 mi 99.5%	1 mi 99.5%	1 mi 99.5%

**High Volume and High Impact Specialties Geographical Distribution by Product Line**

<b>Medi-Cal</b>				
	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<b>Standard: 15 miles</b> <b>Compliance Target: 90%</b>				
<b><u>Cardiovascular Disease**</u></b>				
Average Distance in Miles	1.6 mi	3.8 mi	3.1 mi	2.7 mi
% of Members with Access	99.9%	96.9%	97.9%	99.6%
<b><u>Gastroenterology*</u></b>				
Average Distance in Miles	N/A	1.7 mi	N/A	N/A
% of Members with Access		97.6%		
<b><u>Nephrology*</u></b>				
Average Distance in Miles	1.7 mi	N/A	N/A	N/A
% of Members with Access	99.6%			
<b><u>OB/GYN*</u></b>				
Average Distance in Miles	4.9 mi	3.9 mi	3.2 mi	2.6 mi
% of Members with Access	95.5%	97.5%	98.5%	99.3%
<b><u>Oncology**</u></b>				
Average Distance in Miles	3.7 mi	3.2 mi	3.0 mi	N/A
% of Members with Access	98.8%	98.8%	99.8%	
<b><u>Ophthalmology*</u></b>				
Average Distance in Miles	1.6 mi	1.7 mi	4.2 mi	2.9 mi
% of Members with Access	99.7%	98.5%	98.4%	99.8%
<b><u>Orthopedics*</u></b>				
Average Distance in Miles	2.6 mi	2.4 mi	2.3 mi	3.0 mi
% of Members with Access	99.3%	96.5%	97.5%	99.3%
<b><u>Otolaryngology</u></b>				
Average Distance in Miles	N/A	N/A	3.5 mi	2.9 mi
% of Members with Access			97.6%	99.2%

\* High Volume Specialty

\*\* High Impact Specialty

N/A = Specialty Is Not high Volume For the Quarter

**Specialists' Geographical Distribution cont.**

<b>LACC</b>				
	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<i>Standard: 15 miles Compliance Target: 90%</i>				
<b><u>Cardiovascular Disease**</u></b>				
Average Distance in Miles	1.8 mi	1.5 mi	2.7 mi	2.7 mi
% of Members with Access	99.7%	99.7%	99.9%	99.7%
<b><u>Gastroenterology*</u></b>				
Average Distance in Miles	2.2 mi	3.3 mi	3.3 mi	3.3 mi
% of Members with Access	99.7%	99.6%	99.6%	99.6%
<b><u>OB/GYN*</u></b>				
Average Distance in Miles	1.9 mi	2.5 mi	2.9 mi	2.9 mi
% of Members with Access	99.7%	97.5%	99.9%	99.9%
<b><u>Oncology**</u></b>				
Average Distance in Miles	3.5 mi	3.0 mi	3.9 mi	N/A
% of Members with Access	99.7%	99.8%	99.8%	
<b><u>Ophthalmology*</u></b>				
Average Distance in Miles	1.5 mi	0.4 mi	2.9 mi	2.9 mi
% of Members with Access	99.9%	99.9%	99.6%	99.6%
<b><u>Orthopedics*</u></b>				
Average Distance in Miles	2.5 mi	2.5 mi	N/A	N/A
% of Members with Access	99.9%	99.5%		
<b><u>Otolaryngology*</u></b>				
Average Distance in Miles	N/A	N/A	3.4 mi	3.4 mi
% of Members with Access			99.2%	99.2%

\* High Volume Specialty

\*\* High Impact Specialty

N/A = Specialty is not High Volume for the quarter

**Specialists' Geographical Distribution cont.**

<b>CMC</b>	<b>Q3 2016</b>	<b>Q2 2016</b>	<b>Q1 2016</b>	<b>Q4 2015</b>
<i>Standard: 15 miles Compliance Target: 95%</i>				
<b><u>Cardiovascular Disease**</u></b> Average Distance in Miles % of Members with Access	1.6 mi 99.9%	3.2 mi 97.5%	3.4 mi 97.5%	3.4 mi 99.8%
<b><u>Gastroenterology*</u></b> Average Distance in Miles % of Members with Access	N/A	1.5 mi 99.8%	1.4 mi 99.8%	1.4 mi 99.8%
<b><u>Nephrology*</u></b> Average Distance in Miles % of Members with Access	1.7 mi 99.6%	3.2 mi 97.7%	3.1 mi 97.7%	3.6 mi 99.9%
<b><u>OB/GYN*</u></b> Average Distance in Miles % of Members with Access	1.0 mi 99.6%	2.3 mi 99.6%	2.3 mi 100%	N/A
<b><u>Oncology**</u></b> Average Distance in Miles % of Members with Access	3.7 mi 98.8%	3.0 mi 99.8%	3.9 mi 99.8%	N/A
<b><u>Ophthalmology*</u></b> Average Distance in Miles % of Members with Access	2.8 mi 99.6%	1.5 mi 99.5%	2.3 mi 99.8%	2.3 mi 99.8%
<b><u>Orthopedics*</u></b> Average Distance in Miles % of Members with Access	2.5 mi 99.9%	N/A	N/A	N/A
<b><u>Podiatry*</u></b> Average Distance in Miles % of Members with Access	N/A	N/A	2.2 mi 99.8%	2.2 mi 99.8%
<b><u>Pulmonology</u></b> Average Distance in Miles % of Members with Access	2.82 mi 99.6%	2.8 mi 99.2%	N/A	N/A

\* High Volume Specialty

\*\* High Impact Specialty

N/A = Specialty is not High Volume for the quarter

## ***Quantitative Analysis***

### **Provider To Member Ratios:**

All PCP, High Volume and High Impact Specialist ratio standards were met for the Medi-Cal, L.A. Care Covered and Cal MediConnect lines of business across the four quarters analyzed in this report.

### ***Member Drive Distance:***

- L.A. Care met the standards for drive distances for all PCP types for its Medi-Cal, L.A. Care Covered and Cal Medi-Connect lines of business.
- L.A. Care also met the standards for drive distances for High Volume and High Impact SCPs for each of the three lines of business.

## ***Qualitative Analysis***

L.A. Care performs systematic monitoring of its primary and specialty care networks and produces quarterly reporting to assess the adequacy of its Medi-Cal, L.A. Care Covered (LACC) and Cal MediConnect (CMC) networks.

Overall, L.A. Care's primary care network is sufficient to meet the healthcare needs of the vast majority of L.A. Care enrollees in compliance with established accessibility standards. However, L.A. Care continues to place particular emphasis on monitoring its PPGs' specialty networks for the inclusion of highly utilized specialties as well as those determined to be high impact specialties. L.A. Care has identified Oncology and Cardiovascular Disease as high impact specialties. Additionally,

While L.A. Care meets the geographical distribution standards and compliance targets for high volume and high impact specialists, some Medi-Cal specialist ratios have been within close proximity to the provider to enrollee maximum count in one or more quarters. (e.g. Oncology, Orthopedics, Cardiovascular Disease). These specialties warrant consistent monitoring to ensure compliance. The organization is also aware that there are a limited number of geographical regions in Los Angeles County in which compliance with ratio and distance standards is challenging due to their rural locations and overall scarcity of specialists. In addition, portions of our network are in areas designated as Health Professional Shortage Areas (HPSA), including sections of South Los Angeles. This is further impacted by the fact that not all physician practices will accept Medi-Cal insurance. Despite these challenges, L.A. Care contractually requires its Participating Physician Groups (PPGs) to provide access to needed specialty care by referring patients to out-of-network providers when a specialist is not available within its contracted network. Quarterly PPG Specialty Access reports are generated which show the number of specialists, by type, within each PPG's network. This allows the organization to identify those PPGs whose networks are deficient in specific areas of specialty care.

L.A. Care also performs annual onsite audits of its PPGs which includes reviews of their contracted specialty networks. The audit process requires PPGs to produce documentation that out-of-network access to needed specialty care has been available to enrollees when an in-network specialist did not exist.

## INTERVENTIONS

**Direct Contracting:** In addition to the establishment of a direct network in the Antelope Valley, L.A. Care is actively pursuing 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.

**Heritage Medical Group:** There has been an expansion of an existing contract with Heritage Medical Group to encompass L.A. Care's MCLA line of business. This expansion allows greater access for patients in the Lancaster area of northern Los Angeles County.

**E-Consult:** L.A. Care has implemented E-Consult in multiple clinic settings in an effort to lessen the burden of patient care in high volume settings. E-Consult is impactful in reducing the need for face-to-face patient visits and improving primary and specialty care access. L.A. Care anticipates and is planning for more wide-spread implementation of E-Consult in the near future.

**Analysis of Provider Geographical Distribution:** L.A. Care's Provider Network Management department continues to perform systematic, detailed analyses of the geographical distribution of its network to better understand where coverage deficiencies might exist and to utilize these results to guide its direct contracting strategies.

**Monitoring PPGs' Networks:** The organization performs ongoing analyses of its contracted PPGs networks to monitor compliance with network adequacy requirements and oversee the development of strategies for achieving compliance if deficiencies are identified.

**Analysis of Member Data:** To gain insight into members' experience, L.A. Care performs analyses of member satisfaction surveys, grievance and appeals, and disenrollment data. These analyses also help to identify any trends in dissatisfaction related to provider types and geographical locations.

### *eConsult*

With eConsult, PCPs can securely send patient-specific clinical information and care questions to specialists through a HIPAA compliant email. Specialists use the system to review the clinical information and provide "electronic consultations" back to the primary care physicians. eConsult started in 2009 when L.A. Care launched a pilot to test the effectiveness of the electronic consultation system. An evaluation found that using eConsult improved information sharing and dialogue among physicians, shortened the time to resolve clinical issues, and reduced the need for face-to-face specialty visits, which declined by 25 to 48 percent depending on the specialty, while developing capacities at the primary care level and improving overall specialty care access. Patients benefited from faster resolution of clinical issues and elimination of unnecessary specialist visits. In 2012, L.A. Care extended eConsult to Health Care L.A. IPA (HCLA) and to its network of community clinic safety net providers and to the L.A. County Department of Health Services. To date, this second project has over 150,000, primary care/specialty consultations submitted, involving 119 sites and 12 specialties with a potential member/patient base of over 500,000. Results of 2016 are shown in the table below, including 55,331 eConsults with Gastroenterologists and 5,130 eConsults with Orthopedic Surgeons, specialties not meeting the P:M standard for the study period.



<b>eConsult Encounter Count by Specialty</b>	
<b>SPECIALTY</b>	<b>Total</b>
Allergy	3,753
Cardiology	15,361
Dermatology	27,351
Endocrinology (Adult)	7,810
ENT	14,996
<b>Gastroenterology*</b>	<b>55,331</b>
Nephrology	4,487
Ophthalmology (specialty no longer live in eConsult)	1,445
<b>Orthopedic Surgery* (specialty no longer live in eConsult)</b>	<b>5,130</b>
Pain Management	10,369
Ped-Allergy/Asthma	102
<b>Total</b>	<b>146,135</b>

\*Specialties not compliant to P:M standard

## **SECTION 2: CULTURAL AND LINGUISTIC NEEDS AND PREFERENCES**

L.A. Care’s Cultural and Linguistic (C&L) Services Unit provides face-to-face interpreters upon request at medical appointments, meetings, health education classes and community events. A total of 4,347 interpreting requests were processed in FY 2015-2016 (4,056 for medical appointments and 219 for health education classes and administrative meetings), which is an increase of 11% when compared to the previous year. A satisfaction survey is administered upon fulfillment of an interpreting services request. Members received a mail-based survey for interpreting services provided at medical appointments. Internal staff received a written survey for interpreting services provided at administrative events. Results of the survey show a high level of satisfaction with 95.1% of respondents being “very satisfied” or “satisfied.”

The C&L Services Unit provides on-going education on C&L rights, requirements, services and resources. Educational strategies target staff, members, and network providers. The Provider Toolkit for Serving Diverse Populations is available for providers on L.A. Care’s website. This toolkit was developed to assist providers in providing high quality, effective, and compassionate care to their patients and ensure they meet the changing service requirements of state and federal regulatory agencies.

In addition to education, the C&L Services Unit conducts trainings that target staff and network providers. Training topics include: C&L Overview, Cultural Competency, Disability Awareness, Interpreting Services, Transition to 711, Translation Services, and Communicating Through Healthcare Interpreters (CME), and Health Disparities. Trainings are conducted for L.A. Care staff and network providers, both in person and online through L.A. Care’s Learning Management System. The C&L Services Unit conducted a total of 26 in person trainings on C&L related topics in 2016, with a total of 602 attendees (321 staff and 281 providers). An additional 451 staff and 110 providers completed C&L trainings online.

L.A. Care assesses the cultural, racial, ethnic, and linguistic needs of its members and adjusts availability of practitioners within its network if necessary.

## METHODOLOGY

- Language needs and cultural background of members, including prevalent languages and cultural groups, are collected using individuals' race/ethnicity data collected when they apply for coverage.
- Language preference data for members is validated telephonically from eligible individuals using a standardized script during inbound member calls.
- L.A. Care uses census data for Los Angeles County to examine the languages spoken in the service area.
- Language and race/ethnicity of practitioners in the provider network is reported voluntarily through the practitioner credentialing application.
- L.A. Care uses mapping software to assess availability of PCPs to members for the five largest language groups of members.

## Medi-Cal

Medi-Cal: Member Professed Written Language		Medi-Cal: Member Ethnicity	
LANGUAGE	COUNT	ETHNICITY	COUNT
English	822,854	Hispanic/Latino	1,083,237
Spanish	355,334	White (Caucasian)	298,920
Armenian	35,926	Black (African American)	211,129
Chinese	30,308	Others, Including No Response	186,383
Korean	14,633	Chinese	51,790
Vietnamese	8,767	Filipino	34,325
Farsi	7,784	Asian/Pacific Islander	32,085
Russian	5,045	Korean	25,115
Tagalog	4,881	Vietnamese	19,171
Arabic	2,369	Asian Indian	9,018
Khmer	3,063	Cambodian	6,985
<b>Total:</b>		Samoan	2,014
		<b>Total:</b>	<b>1,960,172</b>

## Cal MediConnect

CMC: Member Professed Written Language		CMC: Member Ethnicity	
LANGUAGE	COUNT	ETHNICITY	COUNT
English	7,195	Hispanic/Latino	5,104
Spanish	4,810	Others, Including No Response	3,381
Tagalog	200	Black (African American)	1,849
Chinese	139	White (Caucasian)	1,687
Armenian	63	Asian/Pacific Islander	396
Vietnamese	53	Filipino	320
Farsi	43	Chinese	121
Korean	41	Vietnamese	39
Khmer	27	Asian Indian	34
Arabic	25	Korean	32
Russian	14	Cambodian	22
<b>Total</b>	<b>12,610</b>	Samoan	7
		<b>Total</b>	<b>12,992</b>

## L.A. Care Covered

LACC: Member Professed Written Language		LACC: Member Ethnicity	
LANGUAGE	COUNT	ETHNICITY	COUNT
English	8,275	Hispanic/Latino	1,021
Spanish	2,313	Others, Including No Response	7,746
Korean	169	White (Caucasian)	3,308
Vietnamese	76	Chinese	837
Armenian	38	Black (African American)	372
Tagalog	22	Filipino	467
Farsi	17	Korean	417
Khmer	16	Vietnamese	198
Russian	10	Asian/Pacific Islander	98
Arabic	4	Asian Indian	92
Chinese	2	Cambodian	0
<b>Total</b>	<b>10,942</b>	Samoan	7
		<b>Total</b>	<b>14,563</b>

## PASC-SEIU

PASC-SEIU: Member Professed Written Language		PASC-SEIU: Member Ethnicity	
LANGUAGE	COUNT	ETHNICITY	COUNT
English	25,511	Others, Including No Response	23,205
Armenian	7,774	White (Caucasian)	9,930
Spanish	7,608	Hispanic/Latino	6,563
Chinese	2,359	Chinese	2,803
Russian	1,349	Black (African American)	2,697
Korean	1,083	Korean	1,080
Farsi	818	Filipino	848
Vietnamese	552	Vietnamese	628
Tagalog	325	Cambodian	394
Khmer	229	Asian Indian	112
Arabic	167	Asian/Pacific Islander	46
<b>Total</b>	<b>47,775</b>	Samoan	25
		<b>Total</b>	<b>48,331</b>

### **Practitioner to Member Ratios By Race/Ethnicity:**

The five most prevalent racial and ethnic groups that comprise L.A. Care's Medi-Cal, L.A. Care Covered and Cal MediConnect membership are illustrated below.

The top 5 ethnic groups within the Medi-Cal line of business represent 85.67% of all Medi-Cal membership. For the L.A. Care Covered line of business, the top 5 racial groups comprise only 40.7% of the program's total membership. This lower percentage is a result of the number of members who do not report their ethnicity and, quite possibly, a more varied ethnic composition across the program. The top 5 ethnicities within the Cal MediConnect program represent 100% of all members in the program.

## Medi-Cal

Medi-Cal: Top 5 Practitioner to Member Ratio by Race/Ethnicity					
Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
Hispanic/Latino	1,083,234	55.26%	30	1.14%	1:36107
African American/Black	298,922	15.25%	10	0.42%	1:29892
Caucasian/White	211,122	10.77%	54	1.89%	1:3909
Chinese	51,789	2.64%	26	0.65%	1:1991
Filipino	34,336	1.75%	19	0.77%	1:1807

## L.A. Care Covered

LACC: Top 5 Practitioner to Member Ratio by Race/Ethnicity					
Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
Hispanic/Latino	462	3.99%	35	1.17%	1:13
African American/Black	392	3.39%	7	0.23%	1:56
Caucasian/White	3,060	26.48%	79	2.65%	1:39
Chinese	425	3.68%	28	0.94%	1:15
Korean	366	3.16%	16	0.14%	1:23

## Cal MediConnect

CMC: Top 5 Practitioner to Member Ratio by Race/Ethnicity					
Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
Hispanic/Latino	5455	43.66%	17	0.07%	1:321
African American/Black	2007	12.58%	6	0.01%	1:335
Caucasian/White	1730	11.62%	38	1.50%	1:46
Asian/Pacific Islander	378	30.60%	15	0.06%	1:25
Filipino	250	2.01%	10	1.00%	1:25

### Practitioner to Member Ratios by Language

The top five languages spoken by L.A. Care's Medi-Cal, L.A. Care Covered, and Cal MediConnect members are shown in the tables below.

The top five languages spoken by Medi-Cal members represent 94.8% of all languages spoken by members participating in the program. English and Spanish speaking Medi-Cal members have the highest percentage of PCPs who speak their respective languages while Korean speaking members have the lowest percentage of PCPs speaking their language.

Medi-Cal: Practitioner to Member Ratio by Top 5 Languages Spoken					
Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	1,161,823	59.27%	3,522	99.35%	1:330
Spanish	610,847	31.16%	2,567	70.16%	1:238
Armenian	51,645	2.63%	303	5.77%	1:170
Chinese	21,036	1.07%	677	20.60%	1:31
Korean	13,608	0.69%	164	5.74%	1:83

**L.A. Care Covered:** The top five languages spoken by L.A. Care Covered members comprise 91.1% of all languages spoken. As in the Medi-Cal program, members who speak English and Spanish have the highest percentage of network PCPs speaking their language. Korean speaking members have the lowest number of PCPs able to speak their language.

LACC: L.A. Care Practitioner to Member Ratio by Top 5 Languages Spoken					
Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	7,378	63.79%	2970	99.83%	1:2
Spanish	2,302	23.99%	2,309	75.35%	1:1
Tagalog	32	0.32%	200	13.78%	1:16
Korean	235	2.00%	147	4.95%	1:2
Vietnamese	112	1.00%	285	9.59%	1:39

**Cal MediConnect:** The top five languages spoken by Cal MediConnect members represent 87.2% of the program's membership. Consistent with Medi-Cal and L.A. Care Covered, the majority of Cal MediConnect members speak English and Spanish, with these two member groups having the highest percentage of PCPs who speak their language. Of the top five languages spoken by this population, members who speak Chinese have the lowest percentage of PCPs who speak their language.

CMC: L.A. Care Practitioner to Member Ratio by Top 5 Languages Spoken					
Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	6,057	45.66%	2,502	99.99%	1:2
Spanish	4,988	37.60%	1,719	70.89%	1:3
Tagalog	243	1.83%	200	13.18%	1:2
Chinese	88	1.36%	120	4.79%	1:1
Armenian	96	0.72%	334	13.33%	1:28

### **Quantitative Analysis**

- Race/Ethnicity of practitioners ratios are low due to extremely limited self-reported ethnicity data. L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners on a voluntary basis during the application process. As a result, the practitioners to member ratios are unreliable.
- Data on practitioner self-reported languages is more robust and provides a more accurate view of the L.A. Care practitioner network.
- Spanish speaking members comprise 31.16% of overall Medi-Cal membership, 23.99% of LACC membership, and 37.60% of CMC membership.
- Spanish speaking practitioners comprise 70.16% of contracted PCPs in the Medi-Cal program, 75.35% of L.A. Care Covered PCPs, and 70.89% of Cal MediConnect PCPs
- The average distance that Spanish-speaking Medi-Cal members must travel to a Spanish-speaking PCP is 2.67 miles; L.A. Care Covered and Cal MediConnect members who speak Spanish travel an average of 2.81 miles to a Spanish speaking PCP. All travel distances meet established standards.
- 9,756 percent of Spanish speaking members across all three programs have at least one Spanish-speaking PCP within 10 miles of their residence

### **Qualitative Analysis**

L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners directly on a voluntary basis during the application process. The response rate remains low and does not adequately reflect the race/ethnicity of the L.A. Care practitioner network.

During the application process, L.A. Care requests practitioner language information from all potential network practitioners on a voluntary basis and identifies languages in which a practitioner is fluent when communicating about medical care. Physicians' language fluency is self-reported and is not validated by L.A. Care. The language categories for practitioner language on the application are the same as those used to collect member language. Any subsequent changes or updates to practitioner spoken language information are voluntarily self-reported to the Provider Network Operations department for updating in the provider database.

L.A. Care reviews community data every two years to determine the languages spoken by one percent of the population or 200 eligible individuals, whichever is less. Languages spoken by one percent of Los Angeles county residents include Spanish, Arabic, Armenian, Chinese, English, Farsi, Hebrew, Japanese, Khmer, Korean, Russian, Vietnamese, Tagalog and Thai. All languages but Hebrew, Japanese and Thai are Los Angeles County threshold languages as determined by DHCS.

### **Medi-Cal**

<b>Medi-Cal: Cultural and Linguistics Complaints</b>			
<b>Issue</b>	<b>Count of complaints</b>	<b>% of ATC Complaints</b>	<b>Rate/1000/Quarter</b>
Cultural Issues	16	0.00	0.01
Linguistic Issues	9	0.00	0.00

## Cal MediConnect

CMC: Cultural and Linguistics Complaints			
Issue	Count of complaints	% of ATC Complaints	Rate/1000/Quarter
Cultural Issues	0	0.00	0.00
Linguistic Issues	1	0.00	0.08

## L.A. Care Covered

LACC: Cultural and Linguistics Complaints			
Issue	Count of complaints	% of ATC Complaints	Rate/1000/Quarter
Cultural Issues	0	0.00	0.00
Linguistic Issues	0	0.00	0.00

## PASC-SEIU

PASC-SEIU: Cultural and Linguistics Complaints			
Issue	Count of complaints	% of ATC Complaints	Rate/1000/Quarter
Cultural Issues	0	0.00	0.00
Linguistic Issues	0	0.00	0.00

L.A. Care continually monitors complaints and grievances related to cultural and linguistic issues. The rate of complaints related to culture and language are low and do not present any trends for the study period.

L.A. Care publishes practitioner language information both on-line through L.A. Care's website and via a hard copy Provider Directory to facilitate member selection of practitioners. The on-line version of L.A. Care's Provider Directory is searchable by practitioner and office staff language capabilities.

### **New Practitioners Added to the Networks by Language Spoken**

Over the study period, L.A. Care added the following practitioners to the Medi-Cal, L.A. Care Covered and Cal MediConnect lines of business. These additions are calculated by practitioner languages spoken. Across all three lines of business, English and Spanish speaking practitioners represented the majority of additions during the October 1, 2015-October 1, 2016 timeframe. This is consistent with the languages most prevalent among the member population across all lines of business.

## Medi-Cal

<b>Medi-Cal: New Practitioners Added to Network in 2016 by Language Spoken</b>	
<b>Language</b>	<b>Number of Physicians</b>
English	1450
Spanish	1095
Farsi	194
Tagalog	241
Armenian	192
Mandarin	187
Arabic	129
Russian	136
Cantonese	267
French	113

## L.A. Care Covered

<b>LACC: New Practitioners Added to Network in 2016 by Language Spoken</b>	
<b>Language</b>	<b>Number of Physicians</b>
English	2885
Spanish	2059
Mandarin	386
Farsi	303
Armenian	267
Cantonese	267
Tagalog	401
Arabic	207
Thai	215
French	195



## Cal MediConnect

<b>CMC: New Practitioners Added to Network in 2016 by Language Spoken</b>	
<b>Language</b>	<b>Number of Physicians</b>
English	2467
Spanish	1699
Armenian	251
Farsi	264
Tagalog	335
Arabic	187
Thai	185
Mandarin	326
Russian	183
Vietnamese	215
French	165
Cantonese	226

Based on the cultural and linguistic findings, L.A. Care concluded that the practitioner network does not need to be adjusted at this time. In order to remain proactive, the C&L Services Unit plans and executes activities to improve Culturally and Linguistically Appropriate Services (CLAS), reduce disparities, and increase operational efficiency:

- In an effort to improve quality and assure consistency of document translation, the C&L Services Unit developed and implemented a Glossary Committee comprised of qualified and assessed bilingual staff to review and update Spanish terminology related to health education materials.
- A member satisfaction survey was developed and included in Spanish pre-diabetes health education materials. Results indicated high satisfaction with the quality of translation and confirmed that receiving materials in their language allow members to take better care of their health.
- The C&L Services Unit analyzed face-to-face interpreting cancellations and partnered with the Member Services department to increase the number of fulfilled interpreting requests.
- Video Remote Interpreting (VRI) was made available to provide interpreting services in American Sign Language (ASL) to deaf and hard-of-hearing members who come onsite to L.A. Care headquarters.
- Because PPG compliance rate was 30.6%, the C&L Services Unit staff provided targeted training to PPGs that scored less than 75% during the 2015 C&L audit in order to improve overall compliance. Three webinar trainings were provided in September 2016 with a total of 65 attendees from 34 PPGs.
- Based on member feedback shared during Regional Community Advisory Committees (RCAC) and Executive Community Advisory Committees (ECAC) meetings, members remain uninformed about the availability of language services despite various educational resources. As a result, C&L Services staff provided language access education and training during RCAC meetings last year and will take place again this upcoming year.
- L.A. Care Health Plan makes available educational videos on the importance of using qualified interpreters, members' rights and responsibilities, and how to ask for an interpreter for medical

appointments. As a result of the effectiveness of language access DVDs for deaf/hard-of-hearing members and Asian language speakers, the C&L Services Unit also produced member educational videos in the four additional threshold languages (Arabic, Farsi, Russian, and Armenian). These DVDs will be included in the 2017 annual and new member mailings.

## **SUMMARY**

Through quarterly and annual quantitative monitoring and analysis, L.A. Care monitors its network to determine if it has sufficient numbers and types of practitioners who provide primary care, behavioral healthcare and specialty care. This analysis is supplemented by an evaluation of member complaints. Through this process, only slight adjustments to the network were indicated. Ongoing monitoring of Participating Physician Groups' provider networks will continue in 2017. In addition to the development of its directly contracted provider network in the Antelope Valley region, L.A. Care continues engage in collaborative efforts to ensure additional provider contracting opportunities are pursued in other geographical locations to enable the provider network to meet the access needs of the organization's rapidly growing membership.

The results of this analysis are presented at the Member Quality Service Committee.

## **Specialists Added to the Network**

The following table shows the specialists added to the Medi-Cal, L.A. Care Covered and Cal MediConnect networks from October 2015 through October 2016. Specialists identified as high volume and high impact were added to the networks of all three programs.

### **Medi-Cal**

<b>Medi-Cal: Specialists Added October 2015- October 2016</b>	
<b>SPECIALTY</b>	<b>COUNT</b>
Allergy/Immunology	34
Anesthesiology	119
Audiology	1
Cardiothoracic Surgery	7
Cardiovascular Disease	184
Colon & Rectal Surgery	9
Dermatology	68
Endocrinology	47
Gastroenterology (Md Only)	100
General Surgery	177
Genetics	3
Geriatric Medicine	22
Hand Surgery	8
Hematology	41
Infectious Disease	57
Neonatology	22
Nephrology	123

<b>Medi-Cal: Specialists Added October 2015- October 2016</b>	
<b>SPECIALTY</b>	<b>COUNT</b>
Neurology	89
Nuclear Medicine	9
OB/GYN	187
Occupational Medicine	10
Oncology	54
Ophthalmology	217
Orthopedic Surgery	108
Otolaryngology	64
Pathology	18
Pediatric Cardiology	33
Pediatric Gastroenterology	9
Pediatric Hematology/Oncology	
Pediatric Infectious Disease	1
Pediatric Nephrology	6
Pediatric Neurology	7
Pediatric Pulmonology	2
Pediatric Surgery	9
Physical Medicine and Rehabilitation	47
Plastic Surgery	51
Podiatry	6
Psychiatry	147
Pulmonology	93
Radiation Oncology	52
Rheumatology	30
Thoracic Surgery	33
Urology	106
Vascular Surgery	18

## L.A. Care Covered

<b>LACC: Specialists Added October 2015- October 2016</b>	
<b>SPECIALTY</b>	<b>COUNT</b>
Allergy	53
Allergy/Immunology	36
Anesthesiology	119
Audiology	2
Cardiothoracic Surgery	13
Cardiovascular Disease	243
Colon/Rectal Surgery	9
Dermatology	63
Diagnostic Radiology	187
Endocrinology	62
Gastroenterology	132
Genetics	2
General Surgery	172
Geriatric Medicine	13
Hand Surgery	6
Hematology	55
Infectious Disease	58
Neonatology	18
Nephrology	173
Neurology	86
Nuclear Medicine	4
Neurological Surgery	54
OB/GYN	264
Oncology	73
Ophthalmology	240
Orthopedic Surgery	151
Otolaryngology	86
Pathology	12
Pediatric Cardiology	31
Pediatric Gastroenterology	6
Pediatric Infectious Disease	3
Pediatric Neurology	10
Pediatric Nephrology	4
Pediatric Pulmonology	1
Pediatric Surgery	3

<b>LACC: Specialists Added October 2015- October 2016</b>	
<b>SPECIALTY</b>	<b>COUNT</b>
Physical Medicine and Rehabilitation	44
Plastic Surgery	36
Podiatry	24
Psychiatry	65
Pulmonology	116
Radiation Oncology	52
Rheumatology	36
Thoracic Surgery	36
Urology	94
Vascular Surgery	19

### Cal MediConnect

<b>CMC: Specialists Added October 2015-October 2016</b>	
<b>SPECIALTY</b>	<b>COUNT</b>
Allergy/Immunology	39
Anesthesiology	60
Audiology	2
Cardiothoracic Surgery	15
Cardiovascular Disease	253
Colon & Rectal Surgery	10
Dermatology	66
Diagnostic Radiology	193
Endocrinology	66
Gastroenterology (Md Only)	138
General Surgery	174
Genetics	2
Geriatric Medicine	12
Hand Surgery	6
Hematology	63
Infectious Disease	60
Neonatology	15
Nephrology	172
Neurological Surgery	52
Nuclear Medicine	6
OB/GYN	285

<b>CMC: Specialists Added October 2015-October 2016</b>	
<b>SPECIALTY</b>	<b>COUNT</b>
Oncology	72
Ophthalmology	251
Orthopedic Surgery	163
Otolaryngology	87
Pathology	15
Pediatric Cardiology	33
Pediatric Gastroenterology	11
Pediatric Infectious Disease	2
Pediatric Nephrology	4
Pediatric Neurology	11
Pediatric Pulmonology	1
Pediatric Surgery	3
Physical Medicine and Rehabilitation	49
Plastic Surgery	38
Podiatry	32
Psychiatry	69
Pulmonology	123
Radiation Oncology	54
Rheumatology	38
Thoracic Surgery	35
Urology	99
Vascular Surgery	14

### **ANCILLARY PROVIDERS**

L.A. Care measures ancillary providers' compliance with established geographical distribution and ratio standards. The top 5 ancillary provider types were Skilled Nursing Facilities, Home Health Agencies, Ambulatory Surgery Centers, Radiology Facilities and Dialysis Centers. As shown in the tables below. L.A. Care does not meet its target of 95% compliance with travel distance standards as shown in the table below. However, these compliance percentages are only based on the availability of L.A. Care's *directly* contracted ancillary providers. The compliance calculations do not include PPGs' contracted ancillary providers who are also available to provide services to L.A. Care's members. A process must be developed to capture this network data in order to present an accurate evaluation of ancillary provider availability for each line of business.

<b>Ancillary Provider to Member Geographical Distribution Standard and Results</b>			
	<b>Medi-Cal</b>	<b>LACC</b>	<b>CMC</b>
	<b>% within 15 miles</b>	<b>% within 15 miles</b>	<b>% within 10 miles</b>
Skilled Nursing Facilities	92.18%	94.82%	90.51%
Home Health Agencies	92.41%	92.65%	94.48%
Ambulatory Surgery Centers	60.56%	65.56%	69.58%
Radiology Facilities	50.78%	0%	60.78%
Dialysis Centers	92.61%	80.35%	70.14%

<b>Ancillary Provider to Member Ratio Standard and Results</b>			
	<b>Medi-Cal</b>	<b>LACC</b>	<b>CMC</b>
	<b>Ratio</b>	<b>Ratio</b>	<b>Ratio</b>
Skilled Nursing Facilities	1:7314	1:46	1:50
Home Health Agencies	1:14519	1:227	1:172
Ambulatory Surgery Centers	1:245022	1:2310	1:2653
Radiology Facilities	1:392034	0	1:6632
Dialysis Centers	1:14850	1:1050	1:379

### **REVIEW OF COMPLAINTS**

A review of complaints for FY 2015-2016 shows for Medi-Cal there were 187 (0.10 PTMPY) complaints regarding access to specialty care, and 270 (0.14 PTMPY) complaints regarding access to PCP. For L.A. Care's Medi-Cal Direct (MCLA) there were 110 (0.06 PTMPY) complaints regarding access to specialty care, and 247 (0.13 PTMPY) complaints regarding access to PCP. For Cal MediConnect there were 17 (1.30 PTMPY) complaints regarding access to specialty care, and 48 (3.66 PTMPY) complaints regarding access to PCP. For L.A. Care Covered there were 6 (0.48 PTMPY) complaints regarding access to specialty care, and 32 (2.56 PTMPY) complaints regarding access to PCP. For PASC-SEIU there were 32 (0.68 PTMPY) complaints regarding access to specialty care, and 190 (4.07 PTMPY) complaints regarding access to PCP.

### **Medi-Cal**

<b>Access to Care Complaints by Complaint Description</b>		
<b>Complaint Description</b>	<b>Count</b>	<b>Rate/1000/Annual</b>
Specialty Access/Availability	187	0.10
PCP Access/Availability	270	0.14

## MCLA

Access to Care Complaints by Complaint Description		
Complaint Description	Count	Rate/1000/Annual
Specialty Access/Availability	110	0.06
PCP Access/Availability	247	0.13

## Cal MediConnect

Access to Care Complaints by Complaint Description		
Complaint Description	Count	Rate/1000/Annual
Specialty Access/Availability	17	1.30
PCP Access/Availability	48	3.66

## L.A. Care Covered

Access to Care Complaints by Complaint Description		
Complaint Description	Count	Rate/1000/Annual
Specialty Access/Availability	6	0.48
PCP Access/Availability	32	2.56

## PASC-SEIU

Access to Care Complaints by Complaint Description		
Complaint Description	Count	Rate/1000/Annual
Specialty Access/Availability	32	0.68
PCP Access/Availability	190	4.07

### ACCESS TO PUBLIC TRANSPORTATION

L.A. Care assessed public transportation from PCP, SCP, and total ancillaries to nearest bus stop. As the Los Angeles metro area is thoroughly covered by public transportation, producing a map of the locations from provider to bus stop would not be feasible.

There is no standard to evaluate this measurement against. All providers and ancillaries are within 1 mile of a bus stop. In addition, L.A. Care provides up to 28 non-emergent one-way transports to approved locations through Logisticare. This transportation service is free to members. Members are notified of this supplemental benefit through their Evidence of Coverage (EOC) document.

## **SECTION III. BEHAVIORAL HEALTH ASSESSMENT OF NETWORK ADEQUACY**

### BACKGROUND

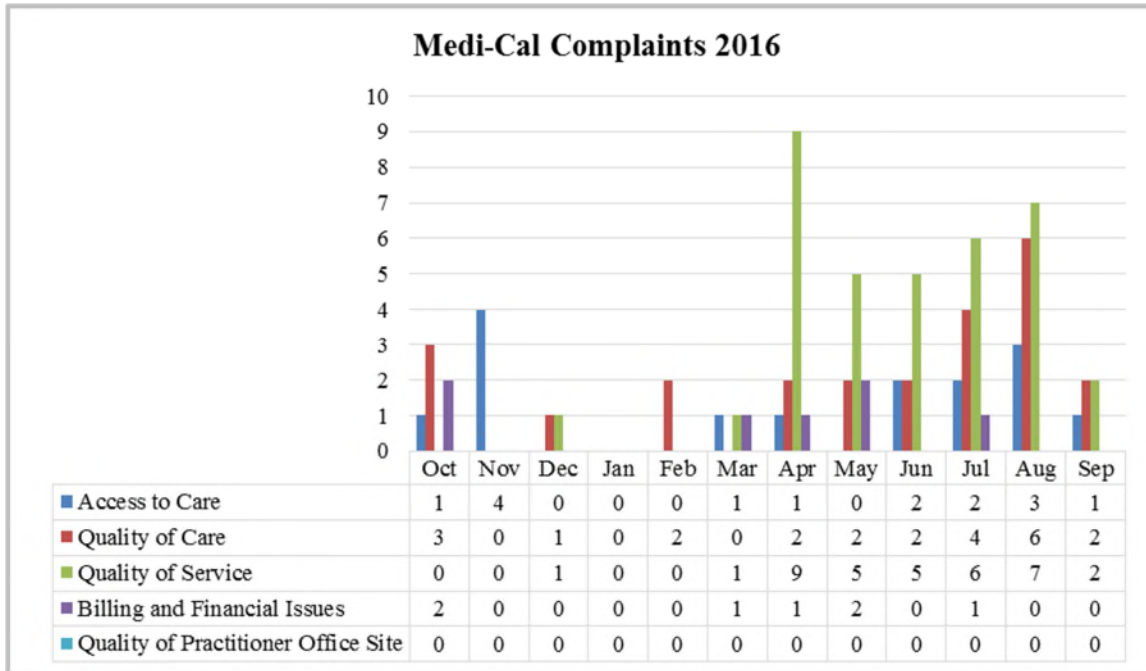
L.A. Care provides Behavioral Health services through a Managed Behavioral Health Organization (MBHO). Beacon Health Strategies has been our vendor since 2013 contracted to provide behavioral health services to all lines of business. There are several administrative services that are contractually delegated to Beacon Health Strategies. Per contractual requirement, Beacon Health Strategies submits an Appointment Accessibility and Provider Availability Trend Report on an annual basis. This report contains standards related to emergent, urgent and routine appointments.



Beacon is not delegated for complaint investigation for L.A. Care members. Nevertheless, Beacon may be asked to provide a response to L.A. Care if the complaint is regarding Beacon network of providers or Beacon staff and operations. The data provided in this report only captures those complaints related to access. L.A. Care’s Appeals and Grievances Department works diligently within L.A. Care to identify, document, manage, resolve, and track & trend both member and provider concerns.

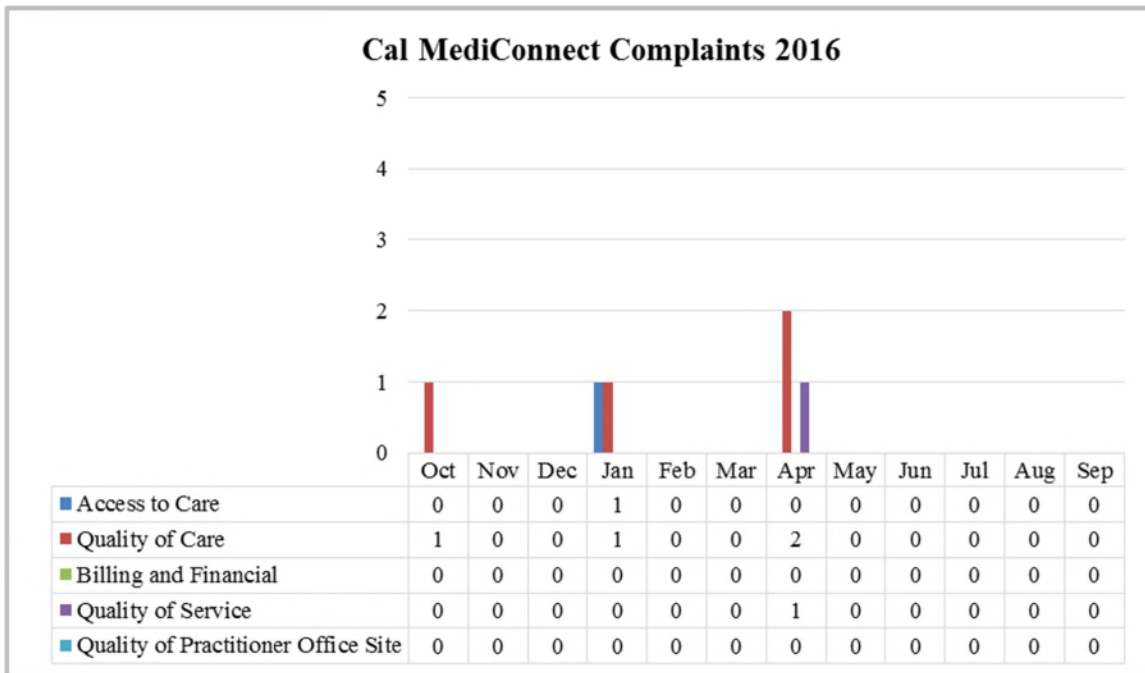
## COMPLAINT DATA

### *Medi-Cal*



Access to Care is the most prevalent area of complaints. The access issues were closely related to Beacon’s process of providing lists of potential mental health practitioners, including those who were either unable to take on new cases, were no longer contracted with Beacon Health Services, or did not respond to the members. In reviewing the details of each case, there were a disproportionate number of cases related to access in the Antelope Valley where there is a shortage of mental health practitioners in general, specifically psychiatrists.

**Cal MediConnect**



In 2016 there were no reported grievances/complaints based on network adequacy; however within grievances related to the delay of services, the challenges experienced in Beacon’s referral process had been noted as a cause for concern. The lack of grievances can largely be attributed to the majority of Cal MediConnect members receiving specialty mental health services through the L.A. County Department of Mental Health.

**APPEALS DATA**

**Medi-Cal**

There have been no appeals for Medi-Cal. Please note that few services require authorization for the Medi-Cal line of business and all higher levels of care are carved out to the Los Angeles County Department of Mental Health Services.

**Cal MediConnect**

There have been no appeals for Cal Medi-Connect. Please note that all higher levels of care are carved out to the Los Angeles County Department of Mental Health Services.

**AVAILABILITY DATA**

Beacon’s Access and Availability reports represent standards for outpatient services (both mental health and substance use disorder), prescription writing services, psychological testing, intensive outpatient, partial hospitalization and all inpatient services were met across all applicable lines of business. This includes both geographic distribution and numeric distribution. Despite these standards being met, Beacon Health Options continues to focus on growing network based on the needs of L.A. Care’s members (See Attachment 1).

Although the 2016 Medi-Cal membership increase has not been as dramatic as in previous years, the expanded Mental Health benefits have increased the amount of services available for Medi-Cal members. These Managed Care level services include: Individual and group mental health evaluation and treatment (psychotherapy); Psychological testing when clinically indicated to evaluate a mental health condition; Outpatient services for the purposes of monitoring drug therapy; Outpatient laboratory, drugs, supplies and supplements; and Psychiatric consultation.

**ACCESSIBILITY OF SERVICES**

The Provider Self-reported data collected via the Provider Access and Availability Survey was broken out for prescriber versus non-prescriber.

*Medi-Cal*

**Member Request based Measures, Performance Goal or Benchmark (MediCal):**

Measures	Performance Goal or Benchmark	2015	2016
1. The percentage of members requesting non-life-threatening emergent behavioral health care appointment who are able to see a provider within 6 hours of request	100%	NA (0/0)	NA (0/0) NA (0/0) NA (0/0)
2. The percentage of members requesting urgent appointment and are able to see a provider within 48 hours of request	100%	<u>Overall:</u> 100% (12/12) <u>Non-prescriber:</u> 100% (10/10) <u>Prescriber:</u> 100% (2/2)	<u>Q1:</u> 100% (8/8) <u>Non-prescriber:</u> 100% (4/4) <u>Prescriber:</u> 100% (4/4) <u>Q2:</u> 100% (3/3) <u>Non-prescriber:</u> NA (0/0) <u>Prescriber:</u> 100% (3/3) <u>Q3:</u> 100% (4/4) <u>Non-prescriber:</u> 100% (1/1) <u>Prescriber:</u> 100% (3/3)

Measures	Performance Goal or Benchmark	2015	2016
3. The percentage of members requesting routine appointment and are able to see a provider within 10 business days of request.	85%	<u>Overall:</u> 92.7% (243/262) <u>Non-prescriber:</u> 93.5% (144/154) <u>Prescriber:</u> 91.7% (99/108)	Q1: Overall: 100% (68/68) <u>Non-prescriber:</u> 100% (30/30) <u>Prescriber:</u> 100% (38/38) Q2: Overall: 95.0% (76/80) <u>Non-prescriber:</u> 96.7% (29/30) <u>Prescriber:</u> 94.0% (47/50) Q:3 Overall: 91.8% (56/61) <u>Non-</u> <u>prescriber:</u> 92.9% (26/28)

No members reported need of Emergent/Non-life-threatening appointments. The percentage of members requesting urgent appointments (within 48 hours of request) are targeted at a rate of 100% availability. Data shows these appointments have been available 100% of the time for Q1, Q2 and Q3 of 2016. Availability for routine appointments (within 10 business days) for non-prescribers has been reported at a higher rate than prescribers for Q2 & Q3 and all still well above the 85% performance goal. Overall rates for each quarter were reported as follows: Q1 100%, Q2 95.0% and Q3 91.8%.

***Cal MediConnect***

**Member Request based Measures, Performance Goal or Benchmark (Cal MediConnect):**

Measures	Performance Goal or Benchmark	2015	2016
1. The percentage of members requesting non-life-threatening emergent behavioral health care appointment who are able to see a provider within 6 hours of request	100%	NA (0/0)	Q1: NA (0/0) Q2: NA (0/0) Q3: NA (0/0)

Measures	Performance Goal or Benchmark	2015	2016
2. The percentage of members requesting urgent appointment and are able to see a provider within 48 hours of request	100%	NA (0/0)	1: NA (0/0) 2: NA (0/0) 3: Overall: 100% (1/1) <u>Non-prescriber:</u> 100% (1/1) <u>Prescriber:</u> NA (0/0)
3. The percentage of members requesting routine appointment and are able to see a provider within 10 business days of request.	85%	Overall: 100% (13/13) <u>Non-Prescriber:</u> 100% (4/4) <u>Prescriber:</u> 100% (9/9)	1: Overall: 100% (3/3) <u>Non-prescriber:</u> 100% (2/2) <u>Prescriber:</u> 100% (1/1) 2: Overall: 100% (6/6) <u>Non-prescriber:</u> 100% (2/2) <u>Prescriber:</u> 100% (4/4) 3: Overall: 100% (6/6) <u>Non-prescriber:</u> 100% (3/3) <u>Prescriber:</u> 100% (3/3)

No members reported need of Emergent/Non-life-threatening appointments. No members reported requesting urgent appointments (within 48 hours of request) for Q1 and Q2. Q3 data showed one non-prescriber requesting an urgent appointment and fulfilling the appointment. Availability for routine appointments (within 10 business days) for non-prescribers and prescribers has been reported to be 100% across all quarters.

## Prioritization of Opportunities

### *2017 Work Plan to Improve Behavioral Health Network Adequacy*

<b>Opportunities identified</b>	<b>Intervention</b>	<b>Measuring Effectiveness</b>	<b>LOB</b>
Securing appointments with active providers with appointment availability.	Require Beacon's Member Services to increase support for members and warm transfer to providers to confirm first time appointments for all members and any other members as appropriate, particularly those who are ambivalent with mental health services.	Monthly reports to measure percentage of members successfully connected to services after calling Beacon Call Center.  Quality service via calling Beacon's Call Center for services.	<b>Medi-Cal &amp; CMC</b>
Expand number of prescribers, child psychiatrists and other specialty providers.	Targeted recruitment.	Analyze GeoAccess data on a quarterly basis related on provider type.	<b>Medi-Cal</b>
Expand availability of mediation to children with severe and persistent mental illness.	Alternative methods of practice including telehealth. Comminuted trainings for pediatricians on child psychiatry.	Pull claims data for members under the age of 18 taking psychiatric medications.	<b>Medi-Cal</b>

Beacon and LA Care  
Access and Availability Report Q3, 2016

2016 Q3 Geographic and Numeric Availability Assessment Report

Practitioner, Provider or Service Type	Geographic Distribution					Numeric Distribution		
	Standard	Performance Goal	Result			Standard (Practitioners/ Providers: Members)	Result	
<b>Input (OP) Services</b>								
Any OP Service	1 OP practitioners available within 10 miles or 30 minutes a member's home	95%	Benefit	Miles	Minutes	1:500	Benefit	Provider: Member
			MCE	100%	100%		MCE	1:389
			HKID	100%	100%		HKID	1: .2
			PASC-SEIU	100%	100%		PASC-SEIU	1:17
			HBE	100%	100%		HBE	1:20
			LACCD	25%	82%		LACCD	1:10
			CMC	100%	100%		CMC	1:6
<b>A. Availability of Mental Health and Substance Abuse OP Services</b>								
Mental Health (MH) OP Services	1 OP MH practitioners available within 10 miles or 30 minutes of a member's home	95%	Benefit	Miles	Minutes	1:500 for MH	Benefit	Provider: Member
			MCE	100%	100%		MCE	1:389
			HKID	100%	100%		HKID	1: .2
			PASC-SEIU	100%	100%		PASC-SEIU	1:17
			HBE	100%	100%		HBE	1:20
			LACCD	25%	82%		LACCD	1:10
			CMC	100%	100%		CMC	1:6
1 OP SA practitioners			MCE	NA	NA	1:2,000 for SA	MCE	NA
			HKID	100%	100%		HKID	1:4

Practitioner, Provider or Service Type	Geographic Distribution					Numeric Distribution		
	Standard	Performance Goal	Result			Standard (Practitioners/ Providers: Members)	Result	
Substance Abuse (SA) OP Services	available within 10 miles or 30 minutes of a members home		PASC- SEIU	100%	100%		PASC- SEIU	1:318



**Beacon and LA Care  
Access and Availability Report Q3, 2016**

<i>B. Availability of Prescription Writing Services</i>								
MD/ARNP Services	1 MDs or ARNPs available within 10 miles or 30 minutes of a member's home	95%	Benefit	Miles	Minutes	1:1,500	Benefit	Provider: Member
			MCE	99%	100%		MCE	1:1,558
			HKID	100%	100%		HKID	1: .7
			PASC-SEIU	99%	100%		PASC-SEIU	1:61
			HBE	100%	100%		HBE	1:70
			LACCD	0%	0%		LACCD	0 Provider
			CMC	100%	100%		CMC	1:14
<i>C. Availability of Psychological Testing Services</i>								
PhD Services	1 PhDs available within 10 miles or 30 minutes of a member's home	95%	Benefit	Miles	Minutes	1:2,000	Benefit	Provider: Member
			MCE	99%	100%		MCE	1:1,521
			HKID	100%	100%		HKID	1: .7
			PASC-SEIU	99%	100%		PASC-SEIU	1:64
			HBE	100%	100%		HBE	1:72
			LACCD	0%	0%		LACCD	0 provider
			CMC	100%	100%		CMC	1:18

**Beacon and LA Care  
Access and Availability Report Q3, 2016**

<i>II. Diversionary Services</i>								
			Benefit	Miles	Minutes		Benefit	Provider: Member
			Intensive Outpatient Program (OP)	1 IOP program lies within 10 miles or 30 minutes of a member's home	95%		MCE	NA
		HKID	100%	100%		HKID	1:12	
		PASC-SEIU	100%	100%		PASC-SEIU	1:960	
		HBE	100%	100%		HBE	1:1,096	
		LACCD	100%	100%		LACCD	1: .6	
		CMC	100%	100%		CMC	1:297	
		MCE	NA	NA		MCE	NA	
Partial Hospital Program (PHP) Services	1 PHP program lies within 10 miles or 30 minutes of a member's home	1:10,000	HKID	100%		100%	HKID	1:19
			PASC-SEIU	100%		100%	PASC-SEIU	1:1,549
			HBE	100%		100%	HBE	1:1,768
			LACCD	100%		100%	LACCD	1:1
			CMC	100%		100%	CMC	1:446

**Beacon and LA Care  
Access and Availability Report Q3, 2016**

<i>III. Inpatient (IP) Services</i>								
<i>A. Availability of IP Psychiatric Services</i>								
IP Psychiatric Facilities	1 IP psychiatric facility lies within 30 miles or 30 minutes of a member's home	95%	Benefit	Miles	Minutes	1:5,000	Benefit	Provider: Member
			MCE	NA	NA		MCE	NA
			HKID	100%	100%		HKID	1:30
			PASC-SEIU	100%	100%		PASC-SEIU	1:2,526
			HBE	100%	100%		HBE	1:2,884
			LACCD	100%	100%		LACCD	1:2
			CMC	100%	100%		CMC	1:797
<i>B. Availability of IP Substance Abuse Services</i>								
IP Substance Abuse (SA) Facilities	1 IP SA facility lies within 10 or 30 minutes miles of a member's home	95%	Benefit	Miles	Minutes	1:10,000	Benefit	Provider: Member
			MCE	NA	NA		MCE	NA
			HKID	100 %	100%		HKID	1:51
			PASC-SEIU	100%	100%		PASC-SEIU	1:4,363
			HBE	100%	100%		HBE	1:4,980
			LACCD	100%	100%		LACCD	1:3
			CMC	100%	100%		CMC	1:1,377

## C. SYSTEMS OF CARE, ADMINISTRATIVE AND OTHER QI ACTIVITIES

### **C.1 PHARMACY INITIATIVES AND MANAGEMENT**

#### **BACKGROUND**

L.A. Care's Pharmacy Benefit Manager (PBM) group, Navitus, is delegated the following functions: Coverage Determinations, Formulary Administration, and Clinical Programs. L.A. Care also implements a medication therapy management (MTM) program for the Cal MediConnect line of business through their contracted vendor, SinfoniaRx.

#### **CONCURRENT DUR (info from Navitus)**

Administered by Navitus, this program (applies to all LOBs) helps pharmacists in protecting member health and safety by ensuring they receive the appropriate medications through hard and soft electronic rejects.

<i>Drug-Drug Interactions (DDI)</i>	<i>Claim history indicates fills of two or more drugs that when taken together, can cause unpredictable or undesirable effects</i>
<i>High Dose Alert (HD)</i>	<i>Dose prescribed is considered excessive or dangerous when compared to the recommended dosing</i>
<i>Low Dose Alert (LD)</i>	<i>Dose prescribed is considered low or ineffective when compared to the recommended dosing</i>
<i>Underuse (LR)</i>	<i>Member has not followed the expected refill schedule to ensure the recommended therapy duration</i>
<i>Insufficient Duration (MN)</i>	<i>The duration of the prescription may not be able to fulfill the adequate therapeutic effect</i>
<i>Excessive Duration (MX)</i>	<i>The period of time for the prescription is considered excessive or dangerous when compared to the recommended dosing</i>
<i>Patient Age (PA)</i>	<i>Medication is contraindicated, unintended, or untested for use by patients of this age</i>
<i>Drug-Sex (SX)</i>	<i>Medication is contraindicated, unintended, or untested for use by patients of this sex</i>
<i>Therapeutic Duplication (TD)</i>	<i>This service identifies prescriptions that provide the same therapeutic effect.</i>
<i>Morphine Equivalent Dose (ER)</i>	<i>Detects members that have greater than 120 Morphine Equivalent Doses, more than two pharmacies or two doctors for active opioid claims</i>

## Medi-Cal

CDUR Edits	# of Claims with Edit Fired				
	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016
DDI ( <i>Drug-Drug Interaction</i> )	426,231	429,887	442,283	439,521	440,712
<i>DDI Stayed Rejected</i>	3,024	3,117	3,150	2,705	2,955
HD ( <i>High Dose</i> )	47,482	53,422	62,693	46,461	45,782
<i>HD Stayed Rejected</i>	2,801	3,003	3,497	2,921	2,894
LD ( <i>Low Dose</i> )	68,718	72,771	77,202	78,723	80,537
LR ( <i>Underuse</i> )	275,751	289,398	311,410	310,516	324,687
MN ( <i>Insufficient Duration</i> )	7,692	9,178	10,339	8,554	8,976
MX ( <i>Excessive Duration</i> )	32,430	34,420	37,371	36,565	38,332
PA ( <i>Patient-Age</i> )	100,019	105,073	113,793	106,401	107,352
SX ( <i>Drug-Sex</i> )	746	802	911	1,066	1,067
TD ( <i>Therapeutic Duplication</i> )	182,337	175,064	182,613	184,338	186,168
ER ( <i>Morphine Equivalent Dose</i> )	-	-	163	432	363
<i>ER Stayed Rejected</i>	-	-	10	23	15
<b>Totals</b>	<b>1,141,406</b>	<b>1,170,015</b>	<b>1,238,778</b>	<b>1,212,577</b>	<b>1,233,976</b>

The number of claims in our Medi-Cal population with a CDUR edit fired has remained fairly stable and constant from 2015 to 2016. The most common type of CDUR edit across all LOBs is for Drug-Drug Interactions, which can result in either a message to the pharmacist or a soft reject depending on the severity level of the identified interaction, and would require the pharmacist to resolve the issue prior to dispensing the medication.

## CMC

CDUR Edits	# of Claims with Edit Fired				
	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016
DDI ( <i>Drug-Drug Interaction</i> )	41,088	37,172	36,236	33,666	32,268
<i>DDI Stayed Rejected</i>	352	283	249	226	210
HD ( <i>High Dose</i> )	2,300	2,058	2,013	1,801	1,803
<i>HD Stayed Rejected</i>	96	118	101	83	96
LD ( <i>Low Dose</i> )	5,176	4,552	4,362	4,144	3,957
LR ( <i>Underuse</i> )	16,583	15,690	16,464	15,012	14,822
MN ( <i>Insufficient Duration</i> )	875	661	650	513	473
MX ( <i>Excessive Duration</i> )	1,360	1,297	1,172	1,115	1,127
PA ( <i>Patient-Age</i> )	15,982	14,448	13,819	13,194	13,006
SX ( <i>Drug-Sex</i> )	35	25	15	22	23
TD ( <i>Therapeutic Duplication</i> )	15,125	12,710	12,562	12,121	11,936
ER ( <i>Morphine Equivalent Dose</i> )	24	18	13	13	18
<i>ER Stayed Rejected</i>	-	-	-	-	-
<b>Totals</b>	<b>98,548</b>	<b>88,631</b>	<b>87,306</b>	<b>81,601</b>	<b>79,433</b>

The number of claims with a CDUR edit fired is correlated to total membership and prescription count. The CDUR edits for CMC members declined from Q3 2015 to Q3 2016 due to a steady decline in membership (from over 16,000 members in Q3 of 2015 to 13,000 members in Q3 of 2016) and a resulting decline in total prescription count.

### Covered CA-PASC

CDUR Edits	# of Claims with Edit Fired				
	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016
DDI ( <i>Drug-Drug Interaction</i> )	13,278	14,102	14,702	15,157	16,291
<i>DDI Stayed Rejected</i>	160	123	134	151	148
HD ( <i>High Dose</i> )	1,091	1,107	1,268	1,139	1,202
<i>HD Stayed Rejected</i>	91	73	75	80	94
LD ( <i>Low Dose</i> )	2,756	2,643	2,837	2,861	3,068
LR ( <i>Underuse</i> )	12,446	12,659	13,086	13,588	14,652
MN ( <i>Insufficient Duration</i> )	252	282	274	292	363
MX ( <i>Excessive Duration</i> )	796	772	836	887	950
PA ( <i>Patient-Age</i> )	4,629	4,462	4,463	4,657	4,843
SX ( <i>Drug-Sex</i> )	45	41	42	43	45
TD ( <i>Therapeutic Duplication</i> )	5,616	5,597	5,805	6,328	6,629
ER ( <i>Morphine Equivalent Dose</i> )	-	1	7	19	5
<i>ER Stayed Rejected</i>	-	-	-	2	-
<b>Totals</b>	<b>40,909</b>	<b>41,666</b>	<b>43,320</b>	<b>44,971</b>	<b>48,048</b>

Similar to CMC, the growth seen in the amount of CDUR edits fired from Q3 2015 to Q3 2016 can be attributed to an increase in membership and prescription count.

## RETROSPECTIVE DUR (info from Navitus)

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

Product Name	Prescriber Message	Value for Member Identification / Inclusion
<b><i>Multi-Prescriber</i></b>	The Multi-Prescriber Program identifies patients that have utilized multiple prescribers to obtain prescription medications during the last four months. Patients who seek prescriptions from multiple prescribers are at a higher risk for duplicate therapy and/or drug-to-drug interactions.	Patient received prescriptions from <b>7</b> or more <i>unique</i> prescribers per month in <b>2</b> of <b>4</b> months
<b><i>Controlled Substance Monitoring (CSM)</i></b>	The Controlled Substance Monitoring (CSM) Program highlights patients with potential overuse of controlled medications (schedules II through V). The profiles identified contain an unusually high number of prescribers, pharmacies and prescriptions for controlled medications during the last four months.	Patient had <b>9</b> or more controlled substance prescriptions + Prescribers + Pharmacies in <b>2</b> of <b>4</b> months
<b><i>CSM Repeat Alert</i></b>	CSM Repeat Alert is an extension of our CSM program for patients with regular, high utilization of controlled medications. CSM Repeat Alert identifies patients who have been included in the CSM program at least four times in the last two years.	Patient identified in original <b>CSM</b> product mailing <b>4</b> or more times over 2-year period
<b><i>Duplicate Therapy</i></b>	The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently during the last four months. Duplicate therapy has the potential for additive toxicity, adverse effects and may cause therapeutic redundancy without increased benefit to the patient. Additionally, simplifying the patient's drug regimen to one drug may save the patient money and lead to greater adherence.	Patient had <b>2</b> or more prescriptions in the same <b>drug class</b> in 3 of 4 months during look-back period
<b><i>Multi-Prescription</i></b>	The Multi-Prescription Program identifies patients with a high number of medications, and that have demonstrated a consistent pattern of utilization during the last four months. Research has shown that as the number of medications used by a patient increases, the potential for adverse drug events increases exponentially.	Patient received <b>13</b> or more prescriptions per month in previous <b>3</b> of <b>4</b> months
<b><i>Expanded Fraud, Waste &amp; Abuse</i></b>	The Expanded Fraud, Waste and Abuse Program identify patients whose last four months of claims include medications with potential for overuse or abuse. Continued abuse of these drugs over time could result in unfavorable health outcomes.	Patient had <b>7</b> or more <i>non-controlled prescriptions</i> with abuse potential + Prescribers + Pharmacies per month for <b>2</b> out of <b>4</b> months



## Medi-Cal

Intervention Product Name	March 2016 Look-Back Period: 11/1/2015 – 2/29/2016		July 2016 Look-Back Period: 3/1/2016 – 6/30/2016		November 2016 Look-Back Period: 7/1/2016 – 10/31/2016	
	Members Identified	Outcomes - % Members Improved	Members Identified	Outcomes - % Members Improved	Members Identified	Prescribers Mailed
Controlled Substance Monitoring	340	48.53%	315	46.03%	254	1,087
CSM Repeat Alert	26	23.08%	0	N/A	64	281
Multi-Prescriber	132	55.30%	149	46.98%	201	1,942
Duplicate Therapy	526	34.98%	763	28.57%	858	799
Multi-Prescription	2,056	22.18%	2,153	26.94%	2,042	3,807
Expanded Fraud, Waste & Abuse	0	N/A	36	52.78%	55	168
<b>TOTALS</b>	<b>3,080</b>	<b>28.70%</b>	<b>3,416</b>	<b>30.21%</b>	<b>3,474</b>	<b>7,987</b>

RDUR safety interventions appear to have contributed to the reduction of controlled substance overutilization since a steady decline of RDUR edits for controlled substance monitoring can be observed over the course of 2016.

## CMC

Intervention Product Name	March 2016 Look-Back Period: 11/1/2015 – 2/29/2016		July 2016 Look-Back Period: 11/1/2015 – 2/29/2016		November 2016 Look-Back Period: 7/1/2016 – 10/31/2016	
	Members Identified	Outcomes - % Members Improved	Members Identified	Outcomes - % Members Improved	Members Identified	Prescribers Mailed
Controlled Substance Monitoring	10	30%	10	40%	13	56
CSM Repeat Alert	1	0%	0	N/A	1	6
Multi-Prescriber	10	40%	10	60%	7	67
Duplicate Therapy	37	35.14%	47	17.02%	59	77
Multi-Prescription	155	20%	145	21.38%	148	458
Expanded Fraud, Waste & Abuse	0	N/A	0	N/A	2	6
<b>TOTALS</b>	<b>213</b>	<b>23.94%</b>	<b>213</b>	<b>23.47%</b>	<b>230</b>	<b>670</b>

The number of RDUR interventions appear to be stable over the course of 2016. A trend is difficult to discern for CMC due to its smaller membership in comparison to Medi-Cal and resulting low volume of RDUR safety interventions.

## Covered CA

Intervention Product Name	March 2016 Look-Back Period: 11/1/2015 – 2/29/2016		July 2016 Look-Back Period: 11/1/2015 – 2/29/2016		November 2016 Look-Back Period: 7/1/2016 – 10/31/2016	
	Members Identified	Outcomes - % Members Improved	Members Identified	Outcomes - % Members Improved	Members Identified	Prescribers Mailed
Controlled Substance Monitoring	1	100%	1	0%	1	3
<i>CSM Repeat Alert</i>	0	N/A	0	N/A	0	0
Multi-Prescriber	1	100%	0	N/A	0	0
Duplicate Therapy	1	0%	2	0%	6	9
Multi-Prescription	0	N/A	1	100%	1	6
Expanded Fraud, Waste & Abuse	0	N/A	1	0%	0	0
<b>TOTALS</b>	<b>3</b>	<b>66.67%</b>	<b>5</b>	<b>20%</b>	<b>8</b>	<b>18</b>

Similar to CMC, the number of RDUR interventions for Covered CA and PASC have remained stable from March 2016 to November 2016.

## PASC

Intervention Product Name	March 2016 Look-Back Period: 11/1/2015 – 2/29/2016		July 2016 Look-Back Period: 11/1/2015 – 2/2/2016		November 2016 Look-Back Period: 7/1/2016 – 10/31/2016	
	Members Identified	Outcomes - % Members Improved	Members Identified	Outcomes - % Members Improved	Members Identified	Prescribers Mailed
Controlled Substance Monitoring	6	100%	2	0%	3	13
<i>CSM Repeat Alert</i>	0	N/A	0	N/A	0	0
Multi-Prescriber	0	N/A	1	0%	0	0
Duplicate Therapy	15	40%	0	N/A	18	26
Multi-Prescription	10	10%	13	61.54%	11	38
Expanded Fraud, Waste & Abuse	0	N/A	0	N/A	2	5
<b>TOTALS</b>	<b>31</b>	<b>41.94%</b>	<b>35</b>	<b>40%</b>	<b>34</b>	<b>82</b>

## **COVERAGE DETERMINATIONS**

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

## **APPEALS**

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

The pharmacist assists the A & G team in the outreach process for obtaining additional necessary medical information, and provides a complete report on the member's appeal request and medical conditions to the medical director in order for the medical director to review and decide to overturn or uphold the appeal request.

## **CLINICAL PROGRAMS FOR MEDICARE (STAR)**

The following programs have been in place for 2016 with Navitus and SinfoniaRx. These programs involve quarterly interventions, which entail mailings to the members and providers.

- High-Risk Medications in the Elderly
- Cholesterol medication adherence
- RAS antagonist adherence
- Diabetes medication adherence
- 30-90 day program – Provider mailings that educate the provider regarding 90 day fills
  - Approximately 44% of prescriptions are now for 90 day supplies.

L.A. Care pharmacy department implemented an in-house adherence program from November through December, which involves a high-touch approach to ensuring adherence is achieved and maintained for CMC members. Technicians in the pharmacy department conduct outbound calls to members, pharmacies and prescribers to investigate barriers to adherence and to remedy the situation when appropriate. During a short period of time, outreach has been made to approximately 59% of members with a Proportion of Days Covered (PDC) rate of 70-85% to assist with improving medication adherence. The pharmacy department is also collaborating with Navitus in developing a Provider Insights report to deliver provider-specific STAR Ratings data, measure their performance on each measure, and provide actionable recommendations to improve STAR ratings.

With these interventions, PDC rates increased overall from 2015 to 2016, with the largest increase observed in diabetes medication adherence (3.53% increase in PDC, from 71.9% in 2015 to 75.4% in 2016) followed by RAS antagonist adherence (nearly 3% increase in PDC, from 71.8% in 2015 to 74.7% in 2016) and cholesterol medication adherence (0.26% increase in PDC, from 68.3% in 2015 to 68.6% in 2016).

The combined efforts above have yielded the following STAR ratings as of December 2016.

NAVI-GATE Star Ratings Program		proActive Management								
Campaign Performance										
Program: 2016 LA Care					Campaign: Star Ratings					
Measure Name	Sub Measure Name	Num	Den	%	Stars	Distance From Target				
						1 Star	2 Star	3 Star	4 Star	5 Star
Cholesterol (Statins)	Reported Rate	3,118	4,547	68.57	2	0	0	202	384	611
High Risk Medication	Reported Rate	326	8,931	3.65	4	0	0	0	0	59
Hypertension (ACEI or ARB)	Reported Rate	4,020	5,380	74.72	2	0	0	16	231	446
Oral Diabetes Medications	Reported Rate	1,842	2,442	75.43	2	0	0	14	88	185

## LOOKING FORWARD

Existing clinical programs with SinfoniaRx and within the L.A. Care Pharmacy department will continue for 2017. The goal is to increase our STAR ratings for the adherence measures by conducting member outreaches starting in Q1 or Q2 of the year and continuing follow-up through the end of 2017.

## MEDICATION THERAPY MANAGEMENT (MTM)

Since Medicare Part D was launched 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 been required to submit targeted criteria for eligibility in the MTMP.

SinfoniaRx currently administers MTM for L.A. Care CMC members. Telephonic Comprehensive Medication Reviews (CMRs) are conducted by SinfoniaRx personnel.

For Contract Year 2016, each beneficiary may receive MTM intervention based on the following criteria:

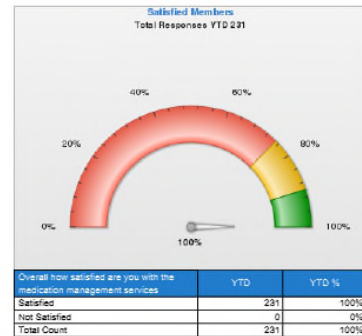
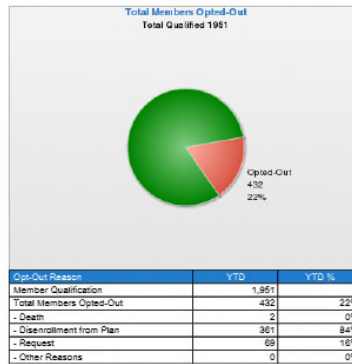
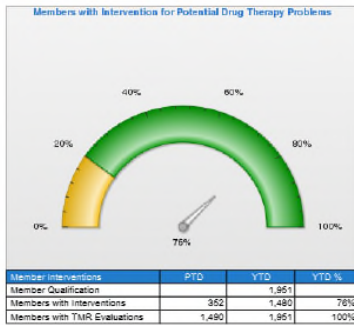
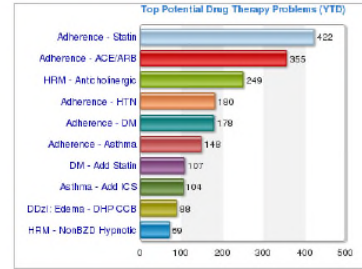
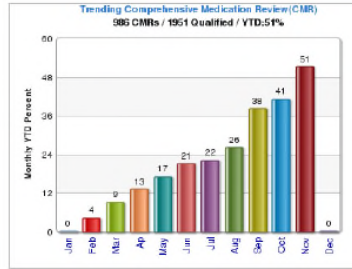
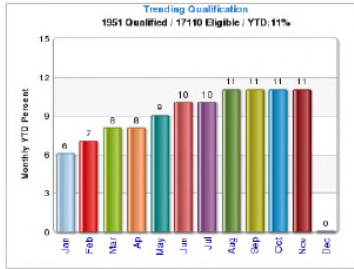
- 3 or more chronic diseases
- 8 or more covered Part D drugs
- Incurred annual cost of \$3,507 in covered Part D drugs
- Beneficiary is allowed to Opt-Out of the MTM program

Due to recent cut point changes by CMS, L.A. Care signed on with the MTM vendor to achieve higher percentage of completion of CMRs. As of December 2016, the CMR rate increased to 77%. The latest SinfoniaRx report below is from November 2016.



## Medication Therapy Management Dashboard LACAR

Date: 11/01/2016 to 11/30/2016



## LOOKING FORWARD

Currently, Navitus and the pharmacy department are working together to finalize the 2017 work plan for clinical programs and MTM.

## **C.2 DELEGATION OVERSIGHT**

### **2016 WORK PLAN GOALS:**

- 100% of all delegates who need an audit will receive an annual audit.
- 100% of all delegates will report quarterly as specified in contract.
- 100% submission of timely delegate oversight reporting for each department.

### **BACKGROUND**

L.A. Care may delegate selected QI activities to Plan Partners and Vendors with established quality improvement programs and policies consistent with regulatory and NCQA accreditation requirements and standards. L.A. Care do not delegate QI activities to Provider Groups (PPGs); the activities delegated to PPGs are limited to Credentialing and UM/CM. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care performs a pre-delegation audit to assess compliance with L.A. Care, current NCQA standards and state and federal regulatory requirements. L.A. Care retains accountability and ultimate responsibility for all components of the Program. On an annual basis, L.A. Care evaluates the delegates' performance against NCQA, DMHC/DHCS, and CMS standards for the delegated activities. L.A. Care analyzes audit results and reports, and identifies opportunities for performance improvement. A corrective action may be required to address deficiencies. In addition, L.A. Care provides ongoing monitoring through oversight reports, meetings, and collaboration to continually assess compliance with standards and requirements. At L.A. Care's discretion, or in the event that L.A. Care determines that significant deficiencies are occurring related to performance by the Delegate and are without remedy, additional on-site audits can be initiated and/or 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.

Delegation Oversight reports are reviewed in the following committees:

- Utilization and Complex Case Management: Utilization Management Committee
- Credentialing: Credentialing Committee
- Member Rights (grievance and appeals): Member Quality Service Committee
- Quality: Quality Oversight Committee
- Potential Quality of Care Issue: Peer Review Committee
- Behavioral Health: Behavioral Health Quality Improvement Committee
- Pharmacy: Pharmacy Quality Oversight Committee
- Disease Management: Quality Oversight Committee

### **MAJOR ACCOMPLISHMENTS**

- Continued monitoring and delegated oversight of delivery of preventive health services by measuring selected Healthcare Effectiveness Data and Information Set (HEDIS) performance during annual audit. Delegates are required to submit a Corrective Action Plan (CAP)/Performance Improvement Plan (PIP) in 2016 for HEDIS rate falling below minimal performance level (MPL) for both clinical measures as well as preventive health measures.
- Conducted full scope oversight of Plan Partners using NCQA 2016 QI standards for all delegated functions.
- Conducted annual delegated oversight audit of Beacon Health Strategies; a contracted behavioral health specialty plan.



## **RESULTS**

- 100% of required delegate audits were completed in 2016.
- 100% of the delegate reports were reviewed by the respective committee.
- 100% of delegate oversight reports were submitted for each department for substantive review and analysis.

## **ANALYSIS**

L.A. Care continues to assess delegated activities by conducting substantive review and analysis of delegate reports. Plan Partners that are NCQA accredited are not audited for certain standards and functions. Beacon Health Strategies (Beacon), an NCQA accredited Managed Behavioral Health Organization (MBHO) is delegated behavioral health services for Medi-Cal (except special mental health services), Cal MediConnect, L.A. Care Covered, and PASC-SEIU Home Workers.

Plan Partners and vendors submitted regular reports as defined in the delegation agreement. The review of some reports and file samples is conducted on-site. Care 1<sup>st</sup> Health Plan and Beacon Behavioral Health Strategies met all standards during annual oversight audit. Anthem Blue Cross and Kaiser Foundation were requested to submit Performance Improvement Plan (PIPs) for underachieving in the selected HEDIS measures during annual delegation oversight audit.

- Anthem Blue Cross:
  - HEDIS Improvement Plan for HEDIS CIS Combo 3 measure
- Kaiser Foundation:
  - HEDIS Improvement Plan for Well Child Care for age 3, 4, 5 and 6 years old.

## **LOOKING FORWARD**

- L.A. Care will continue to work with the Plan Partners and contracted vendors to provide monitoring and oversight by obtaining the requested reports quarterly and during the annual audit process as required.
- QI will continue to require Plan Partners to complete a CAP/PIP if their HEDIS scores on key clinical and preventive health measures do not meet minimum performance level (MPL).

## **C.3 CREDENTIALING**

### **BACKGROUND**

L.A. Care develops and adheres to credentialing and recredentialing policies and procedures, including a process to document the mechanism for the credentialing and recredentialing of licensed independent practitioners with whom it contracts. The Credentialing Department reports regularly to the Quality Oversight Committee with an update from the Credentialing Committee. L.A. Care evaluates and contracts with health delivery organizations (HDOs). L.A. Care initially assesses and reassesses every three years thereafter, network facilities to assure compliance with regulatory standards and conducts ongoing monitoring for the entire network.

### **MAJOR ACCOMPLISHMENTS**

- The Credentialing Department credentialed approximately 258 HDOs which includes 40 Skilled Nursing Facilities to meet the network requirements for Cal MediConnect along with our regular core business.
- In order to more fully integrate MLTSS into our quality system, we enhanced policies and procedures for credentialing and recredentialing SNF and Community-Based Adult Services (CBAS) facilities to identify and address quality concerns. This includes a review of sanctions issued by the California Department of Public Health or Department of Aging. Publically available quality measures (e.g. Nursing Home Compare) have been leveraged in the peer review process for SNF/LTC facilities with identified issues.
- There were 50 Hot Sheet issues identified for peer review in addition to other ongoing monitoring activities. The Credentialing Department and Committee identified an opportunity to improve our process to promptly identify excluded providers.
- The Credentialing Department collaborated with PNO to credential the directly contracted Community Access Network (CAN) in Antelope Valley. 60 practitioners have been credentialed and we will continue to credential more in the year to come.
- The Credentialing Department integrated the behavioral health professionals into our scope of credentialing. To date, we have credentialed 353 professionals. We will continue to ensure all our practitioners are credentialed.
- The Credentialing Department was transitioned from Health Services to Operations, separating the operational aspects of Credentialing from the peer review function. The Credentialing Committee remains under Health Services. This promotes improved efficiencies and collaboration between Credentialing Operations and Provider Network Management/Contracting and the Provider Data Unit, particularly with respect to accuracy of the Provider Database. During Q4 2016, there was a successful transition of the Credentialing Committee to Quality Improvement with continued close collaboration between QI and the Credentialing team.
- The Credentialing Department conducted 55 audits of delegated entities during 2016. Audit results were presented to the Credentialing Committee and reviewed to identify triggers for Corrective Action Plans and ongoing monitoring as an opportunity for provider group education.

### **RESULTS**

	<b>Goal</b>	<b>2014 Results</b>	<b>2015 Results</b>	<b>2016 Results</b>	<b>Goal Met?</b>
Credentialed	100%	100%	100%	100%	Met
Recruited	100%	100%	100%	100%	Met
HDO Assessment	100%	100%	100%	100%	Met



## ANALYSIS

### *Quantitative and Qualitative Analysis*

Universal Standardized template for provider data: Currently collaborating with the Enterprise Integration Department to establish a data set that meets all regulatory, contractual, and accreditation standards. The template will provide a format to the delegates to include current and accurate provider data through an automatic monthly feed. This process will allow consistency of data, reduce manual processing, elevate errors, and hold contracting entities accountable for their provider network.

### **LOOKING FORWARD**

The Office of Inspector General (OIG) and the Medi-Cal Suspended & Ineligible (S&I) sanctions & exclusions process will have a direct impact on the monitoring process through a new and more efficient electronic data flow and will eliminate any possibility of not promptly identifying any excluded provider contracted by L.A. Care or one of our delegates. This process will become an additional measure to ensure claims are not paid to sanctioned or excluded providers.

L.A. Care is continuing to develop the CAN and the Credentialing Operations Department is involved in building the infrastructure to support that network, including ensuring all practitioners and providers are properly vetted. The Contracting Department is potentially looking at 600 practitioners/providers for the first phase of the direct network contracting initiative.

The Credentialing Operations Department is spearheading the implementation of the import/export module of CACTUS. This would make it possible for the credentialing database to allow data to be electronically fed from CACTUS to MPD. Implementation of this module will also assist with receiving electronic provider data submitted to L.A. Care on the Universal Standardized template data from the delegated entities. The replacement of the current Add Change Delete process within the Provider Portal is critical to improve efficiencies for both L.A. Care and its delegates and ensure the accuracy of our Provider Database.

## CONCLUSION

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### **Overall Effectiveness and Opportunities**

Overall, the 2016 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient and appropriate resources were committed to support committee activities and to complete projects detailed in the work plan. Additional staff were added to the disease management programs, care coordination and Health Services as a whole. Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The Chief Executive Officer, Chief Medical Officer, and Medical Director Quality Improvement and Health Assessment are integral participants in activities of the Compliance and Quality Committee of the Board. The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization. The work plan was updated and reviewed by the Quality Oversight Committee on a quarterly basis.

In line with the strategic direction undertaken by the Leadership Team and the Board of Governors the Chief Executive Officer has continued to refine the reorganization of L.A. Care. The intent of the reorganization continues to align the business processes and foster accountability internally and externally; eliminate duplicate functions; to clarify communication with internal and external stakeholders; and add new functions in internal auditing, enterprise risk assessment, and single source for data management and analytics. An ongoing component of the restructuring is to clearly organize the population served into segments based on risk, reimbursement, and enrollment challenges.

L.A. Care Health Plan has successfully undergone evaluation by regulators and accrediting bodies in 2016, with particular emphasis on quality of care, coordination and integration of services, and provision of effectiveness and efficacy of processes.

The assessments in 2016 included:

- August 27: NCQA annual reevaluation based on HEDIS® and CAHPS® performance of Medi-Cal and Covered California product lines, resulting in an overall “accredited” status.
- July 25 – August 5: DHCS/DMHC audit of Medi-Cal. L.A. Care's total number of findings decreased by 70%, from 50 findings in 2015 to 15 findings in 2016.
- In 2016, maintained “Distinction in Multicultural Health Care” NCQA recognition.

The Chief Medical Officer, as the senior physician or designee serves as the Chairperson of all standing committees. The assignment of a subject matter expert physician to each committee and subcommittee is dependent on the scope and role of the committee.

Practicing physicians provided input through the Joint Performance Improvement Collaborative (PICC) and Physician Quality Committee (PQC). L.A. Care members and consumer advocates provided input through the eleven Regional Community Advisory Committees and the Executive Community Advisory Committee. Other external experts provided input through the Children's Health Consultant Advisory Committee and the Technical Advisory Committee.

Review of the scope, composition and business of the individual committee has led to management taking a second look at the existing committee structure and has resulted in consolidation of committees as well as redesign of subcommittees to be working committees recommending actions to the Quality Oversight Committee. An example was demonstrated in the 2016 consolidation of the Credentialing and Peer Review committee, which successfully integrates the Peer Review function in the overall credentialing/recredentialing process.

The refinement of the committee structure and reporting is an ongoing performance improvement initiative and is expected to continue in 2017. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving the overall quality of care.

In addition to demonstrating improvements in clinical care, staff made process improvements in the asthma program and programs that promote clinical practice guideline adherence, such as pharmacy notifications indicating controller and reliever medication use for members with asthma. Potential quality issues were monitored and tracked in 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 supported more effective clinical and service improvements.

Improvements were made in several HEDIS areas demonstrated in MY 2014 to 2015. Better provider record abstraction and encounter data capture led to improved scores. Diabetic members received calls from the disease management program to remind them of needed services. Providers also received educational information (toolkits and faxes) and member information regarding gaps in service and medication adherence. These activities have continued throughout 2016 and are expected to continue in 2017.

There remain opportunities to improve management of hypercholesterolemia and diabetes. Several other clinical measures have been identified for improvement, such as, breast cancer screenings, colorectal cancer screenings, glaucoma screenings, annual assessment of ADLs and pain management, and diabetics with cholesterol under control. There were several member satisfaction measures as well in need of improvement: getting needed care, getting appointment and care quickly, customer service, overall rating of health care quality and overall rating of health plan.

The QI Program will continue to focus on opportunities to improve clinical care and service in the areas outlined in this report. Member satisfaction has remained flat over the last three years. Afterhours access studies continue to show the need for improvement. There are areas that still need improvement, such as, breast and cervical cancer screenings, use of spirometry testing in the assessment and diagnosis of COPD, appropriate medications for people with asthma, and immunization among pediatric and adolescents. These and other QI activities are detailed in the 2017 QI Work Plan and will be tracked through the QI committees and Governance structure.

Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Service - Access								
Member Services Department Telephone Abandonment Rate		Total incoming calls abandoned ≤ 5%	Rebecca Cristerna/ Geoffrey Vitrano / Robert Martinez /	Quarterly	Member Quality Service Committee (MQSC); Feb 23, April 12, July 12, Oct 11	<p><u>Medi-Cal, HK, PASC, Potential, Prov. &amp; IVR:</u></p> <p>1st Qtr.: 1.27% 2nd Qtr.: 1.19% 3rd Qtr.: 10.62% 4th Qtr.: 18.78%</p> <p><u>CMC:</u></p> <p>1st Qtr.: 0.53% 2nd Qtr.: 0.87% 3rd Qtr.: 1.21% 4th Qtr.: 2.83</p> <p><u>LACC:</u></p> <p>1st Qtr.: 4.24% 2nd Qtr.: 1.03% 3rd Qtr.: 1.44% 4th Qtr.: 6.69%</p>	<p>Abandonment Rate for CMC has been outstanding for both Q1 and Q2. LACC was the same with exception of January. The call center's approach to handling call volume prior to August 2016 included a call back process. This process instructed MSRs to take messages in order to quickly clear call volume and achieve the highest level of ACD performance possible. As a result of this, true ACD performance statistics were not made available for a number of years. On August 2016 it was decided to discontinue this process and begin providing first call assistance to our members. This change adversely affected our performance, as it forced a true representation of our deficiency in staffing compared to business need. The call center has developed a 120 day strategic performance improvement plan to get staffing levels aligned in order to adequately support the volume. It is forecasted that we will begin seeing an upward trend in ACD performance beginning in mid-December. We continue making marked improvement in our staffing remediation plan of attrition backfill training, Ansafone service expansion, realignment of schedules, overtime, reduction in time off allocations, and continuous efforts to reduce Average Handle Time and improve Adherence to Schedule. We also suspended other operations in December from supporting CSC areas in ensuring we had maximum resource availability to service our call volume. It is important to note December average calls per representative was 36 calls per scheduled shift; an increase over November's 33 calls per scheduled shift. When looking back six or more months, this average was in the mid to high 20s and included call back message counts.</p>	Y
Member Services Department Telephone Wait Time- Service Level		85% of total incoming calls answered ≤ 30 seconds	Rebecca Cristerna/ Geoffrey Vitrano / Robert Martinez /	Quarterly	MQSC: Feb 23, April 12, July 12, Oct 11	<p><u>Medi-Cal, HK, PASC, Potential, Prov. &amp; IVR:</u></p> <p>1st Qtr.: 56.48% 2nd Qtr.: 59.13% 3rd Qtr.: 26.41% 4th Qtr.: 41.67%</p> <p><u>CMC:</u></p> <p>1st Qtr.: 97.90% 2nd Qtr.: 93.01% 3rd Qtr.: 93.41% 4th Qtr.: 91.61%</p> <p><u>LACC:</u></p> <p>1st Qtr.: 79.58% 2nd Qtr.: 94.55% 3rd Qtr.: 90.78% 4th Qtr.: 83.91%</p>	<p>Calls answered &lt; 30 seconds goals were met in Q1, Q2, &amp; Q3 for CMC with the exception of January and February for LACC. Medi-Cal continues to be deficient. Within this period we also had an attrition rate of 20%. A loss of 31 MSR's during this period. In addition we have approximately 50 MSR's on FMLA and 20 on LOA. We were required to attend mandatory CSP training on QNXNT that reduced staff significantly. L.A. Care has recently hired a new group of Customer Solution Trainees that are currently attending an 8-week training course- 14 in total. We continue with the implementation of the Work Force Management and we anticipate full usage by the end of this year. The Workforce Management tool will provide staff automated capability to monitor peak times and appropriately assign staff to meet call volume needs to achieve performance standards. We continue making marked improvement in our staffing remediation plan of attrition backfill training, Ansafone service expansion, realignment of schedules, overtime, reduction in time off allocations, and continuous efforts to reduce Average Handle Time and improve Adherence to Schedule. We also suspended other operations in December from supporting CSC areas in ensuring we had maximum resource availability to service our call volume. It is important to note December average calls per representative was 36 calls per scheduled shift; an increase over November's 33 calls per scheduled shift. When looking back six or more months, this average was in the mid to high 20s and included call back message counts.</p>	Y

L.A. Care Health Plan  
2016 QI Work Plan  
Q4

Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Non-Emergent Ancillary Services		Within 15 business days of request, for appointment	Maria Casias/ Deborah Manders	Annually: Sept '16	MQSC: July 12 QOC: Oct 22	Medical surveys were attempted for 14 MRI sites. One site was determined ineligible (phone fax issue). Eight (8) of the 13 Medical sites were compliant; 61.5% compliance rate. Five (5) sites were non-compliant (38.5%).		Y
After Hour Care MOC		92% of practitioners surveyed have after-hour care process such as exchange service, automated answering/paging system, or directly accessible, in order to respond to member call with live person within 30 minutes.	Maria Casias/ Deborah Manders	Annually: Sept '16	MQSC: July 12 QOC: Oct 22	Medi-Cal - PCP (only) Access 72.9% Timeliness 68.0% Goal Not Met for Access or Timeliness LACC - PCP/SCP Access 66.9%, Timeliness 54.3% Goal Not Met for Access or Timeliness CMC - PCP/SCP Access 72.7%, Timeliness 66.6% Goal Not Met for Access or Timeliness	Medi-Cal -No SCP data for Access or Timeliness due to a data challenge.	Y
Routine Primary Care (Non-Urgent) MOC		95% of practitioners surveyed have routine primary visits available within 10 business days	Maria Casias/ Deborah Manders	Annually: Sept '16	MQSC: July 12	Medi-Cal: 95.3% Goal Met LACC: 94.6% Goal Met CMC: 94.6% Goal Met		Y
Routine Specialty Care (Non-Urgent) MOC		95% of specialist practitioners surveyed have routine specialty care visits available within 15 business days of request	Maria Casias/ Deborah Manders	Annually: Sept '16	MQSC: July 12 QOC: Nov 28	Medi-Cal: 89.8% Goal Not Met LACC: 88.6% Goal Not Met CMC: 88.4% Goal Not Met		Y
Urgent Care (PCP) MOC		98% of urgent care appointments available within 48 hours	Maria Casias/ Deborah Manders	Annually: Sept '16	MQSC: July 12 QOC: Nov 28	Medi-Cal: 87.8% Goal Not Met LACC: 85.3% Goal Not Me CMC: 85.3% Goal Not Me		Y
<b>Service - Availability</b>								
Drive Distance to PCP MOC		95% of members have access to a PCP within 10 miles radius of their primary residence	Gwen Cathey/ Acacia Reed	Annually: Sept '16	MQSC: Oct 12	Medi-Cal: 99.8% - Goal Met LACC: 99.8% -Goal Met CMC: 99.8% - Goal Met		
Drive Distance to all SCP, including identified high volume SCP MOC		90% of members have access to specialty care practitioners within 15 miles radius of their primary residence	Gwen Cathey/ Acacia Reed	Annually: Sept '16	MQSC: Oct 12	Medi-Cal: 95.2% - Goal Met LACC: 99.7% - Goal Met CMC: 99.0% - Goal Met		
Ratio - PCP (excludes mid-level providers) MOC		1:2000 members	Gwen Cathey/ Acacia Reed	Annually: Sept '16	MQSC: Oct 12	Medi-Cal: 1:353 Goal Met LACC: 1:4 Goal Met CMC: 1:6 Goal Met		

L.A. Care Health Plan  
2016 Q1 Work Plan  
Q4

Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Ratio - High Volume Specialist (Note the top 5 specialists can vary year to year) MOC		Top 5 High Volumes as noted in 2015 report: <b>Medi-Cal:</b> OB/GYN: 1:5000 Cardiovascular Disease: 1:5000 Otolaryngology: 1:5000 Ophthalmology: 1:5000 Orthopedics: 1:5000 <b>LACC:</b> OB/GYN: 1:5000 Cardiovascular Disease: 1:5000 Gastroenterology: 1:5000 Ophthalmology: 1:5000 Otolaryngology: 1:5000 <b>CMC:</b> Nephrology: 1:5000 Cardiovascular Disease: 1:5000 Gastroenterology: 1:5000 Ophthalmology: 1:5000 Podiatry: 1:5000	Gwen Cathey/ Acacia Reed	Annually: Sept '16	MQSC: Oct 12	<b>Medi-Cal:</b> OB/GYN: 1:5000 1:1868 Cardiovascular Disease: 1:4988 Podiatry 1:4989 Ophthalmology 1:1534 Orthopedics 1:4927 Oncology 1:3354 Pulmonology 1:4640 <b>LACC:</b> OB/GYN: 1:22 Cardiovascular Disease: 1:57 Ophthalmology 1:57 Otolaryngology: 1:159 Oncology 1:173 Orthopedics 1:47 Dermatology 1:218 <b>CMC:</b> Nephrology: 1:85 Cardiovascular Disease: 1:51 Gastroenterology: 1:89 Podiatry: 1:169 Oncology: 1:167 Pulmonology: 1:104 OB/GYN: 1:20		
Assessment of Physician Directory Accuracy - includes: Categories based on the following: office location and phone numbers; hospital affiliation; accepting new patients; awareness of physician office staff of physician's participation in the organization's network (NET 6)	No benchmark available	TBD	Gwen Cathey/ Acacia Reed	Annually: Sept '16	MQSC: July 12	Pending Completion	Results of this study will be available by Mid February 2017	
<b>Service Improvements</b>	Benchmarks reflect the 90th percentile of the NCQA Quality Compass for Medicaid results. Where Benchmarks are noted, CAHPS measures are used.							
<b>Service - Member Satisfaction ADULT</b>								
ADULT - Rating of Health Plan (Rating of 8, 9, or 10 of 10) (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 81.16% LACC: 87.74 % Medicare: not available	<b>Medi-Cal: 77%</b> <b>LACC: 63%</b> <b>CMC: not available</b>	Rae Starr/ Rebecca Cristerna/ All Departments	Annually: Sept '16	MQSC: Oct 11	<b>Medi-Cal</b> Rate: 73.16% <b>LACC:</b> Rate: 68.21% <b>CMC:</b> Rate: 82% Significantly below average.		Y
ADULT - Rating of Health Care (Rating of 8, 9, or 10 of 10) (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 77.68% LACC: 86.08% Medicare: not available	<b>Medi-Cal: 75%</b> <b>LACC: 75%</b> <b>CMC: not available</b>	Rae Starr/ Rebecca Cristerna/ All Departments	Annually: Sept '16	MQSC: Oct 11	<b>Medi-Cal</b> Rate: 70.73% <b>LACC:</b> Rate: 80.01% <b>CMC:</b> Rate: 81% Significantly below average.		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
ADULT - Rating of Personal Doctor Plan (Rating of 8, 9, or 10 of 10) (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 84.17% LACC: 90.57%	<b>Medi-Cal: 80%</b> <b>LACC: 83%</b>	Rae Starr/ Asal Sepassi PNM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 81.20% <u>LACC:</u> Rate: 87.91% <u>CMC:</u> <b>MEASURE NOT ON STAR LIST THIS YEAR</b>		Y
ADULT - Rating of Specialist Seen Most Often (Rating of 8, 9, or 10 of 10) (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 85.34% LACC: 89.20%	<b>Medi-Cal: 78%</b> <b>LACC: 84%</b>	Rae Starr/ Asal Sepassi/ PNM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> NA <u>LACC:</u> Rate: 82.93% <u>CMC:</u> <b>MEASURE NOT ON STAR LIST THIS YEAR</b>		Y
ADULT - Getting Care Quickly (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 85.26% LACC: 91.04% Medicare: not available	<b>Medi-Cal: 79%</b> <b>LACC: 83%</b> <b>CMC: not available</b>	Rae Starr/ Asal Sepassi / PNM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 75.68% <u>LACC:</u> Rate: 77.07% <u>CMC:</u> Rate: 70% <b>Significantly below average.</b>		Y
Q4: Usually or always got an appointment for care as soon as you thought you needed (urgent)?	<b>Benchmark '15:</b> Medi-Cal: 88.43% LACC: 92.90% Medicare: not available	<b>Medi-Cal: 75%</b> <b>LACC: 86%</b> <b>CMC: not available</b>	Rae Starr/ Asal Sepassi/ PNM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 80.00% <u>LACC:</u> Rate: 86.21% <u>CMC:</u> Rate: NA		Y
Q6: Usually or always got needed care as soon as you thought you needed (routine)?	<b>Benchmark '15:</b> Medi-Cal: 83.72% LACC: 90.68% Medicare: not available	<b>Medi-Cal: 75%</b> <b>LACC: 80%</b> <b>CMC: not available</b>	Rae Starr/ Asal Sepassi/	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 71.35% <u>LACC:</u> Rate: 67.92% <u>CMC:</u> Rate: NA		Y
ADULT - Getting Needed Care (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 85.41% LACC: 91.92% Medicare: not available	<b>Medi-Cal: 78%</b> <b>LACC: 84%</b> <b>CMC: not available</b>	Rae Starr/ Asal Sepassi/ UM/ PNM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 76.26% <u>LACC:</u> Rate: 73.69% <u>CMC: (C20)</u> Rate: NA <b>Not reported. Very low reliability.</b>		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Q25: How often was it easy to get appointments with specialist?	<b>Benchmark '15:</b> Medi-Cal: 84.34% LACC: 90.91% Medicare: not available	<b>Medi-Cal: 76%</b> <b>LACC: 84%</b> <b>CMC: not available</b>	Rae Starr/ Asal Sepassi/ UM/ PNM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 72.32% <u>LACC:</u> Rate: 77.28% <u>CMC:</u> Rate: NA		Y
Q14: How often was it easy to get care, tests or treatment you thought you needed through your health plan?	<b>Benchmark '15:</b> Medi-Cal: 88.21% LACC: 93.96 % Medicare: not available	<b>Medi-Cal: 80%</b> <b>LACC: 87%</b> <b>CMC: not available</b>	Rae Starr/ Asal Sepassi/ UM/ PNM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 80.19% <u>LACC:</u> Rate: 73.26% <u>CMC:</u> 81%		Y
ADULT - Customer Service (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 90.56% LACC: 93.64% Medicare: not available	<b>Medi-Cal: 85%</b> <b>LACC: 86%</b> <b>CMC: not available</b>	Rae Starr/ Geoffrey Vitrano / Robert Martinez / Rebecca Cristerna/ Raheleh Doroudian (Customer Service Working Group)	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> NA <u>LACC:</u> Rate: 76.38% <u>CMC:</u> Rate: 88% No difference from average.	Companywide Customer Service Week.	Y
ADULT - How Well Doctors Communicate (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 93.29% LACC: 97.40% Medicare: not available	<b>Medi-Cal: 88%</b> <b>LACC: 94%</b> <b>CMC: not available</b>	Rae Starr/ Asal Sepassi/ PNM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 87.94% <u>LACC:</u> Rate: 88.55% <u>CMC:</u> NA		Y
ADULT - Flu Vaccination Ages 18-64 (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 48.96% LACC: not available	<b>Medi-Cal: 45%</b> <b>LACC: not available</b>	Rae Starr/ Asal Sepassi/ HECL	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 34.30% <u>LACC:</u> Rate: 30.29%		Y
ADULT - Care Coordination (CAHPS)	<b>Benchmark '15:</b> not available	<b>not available</b>	Rae Starr/ Asal Sepassi / PNM / CM	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> NA <u>LACC:</u> Rate: 80.81% <u>CMC:</u> Rate: 80% Significantly below average.		Y
Service - Member Satisfaction CHILD								
CHILD - Rating of Health Plan (Rating of 8, 9, or 10 of 10) (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 89.22%	<b>Medi-Cal: 85%</b>	Rae Starr/ All Departments	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 82.77%		Y
CHILD - Rating of Health Care (Rating of 8, 9, or 10 of 10) (CAHPS)	<b>Benchmark '15:</b> Medi-Cal: 88.07%	<b>Medi-Cal: 83%</b>	Rae Starr/ All Departments	Annually: Sept '16	MQSC: Oct 11	<u>Medi-Cal</u> Rate: 82.51%		Y



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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
CHILD - Rating of Personal Doctor Plan (Rating of 8, 9, or 10 of 10) (CAHPS)	Benchmark '15: Medi-Cal: 90.78%	Medi-Cal: 87%	Rae Starr/ Asal Sepassi/ PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: 85.88%		Y
CHILD - Rating of Specialist Seen Most Often (Rating of 8, 9, or 10 of 10) (CAHPS)	Benchmark '15: Medi-Cal: 90.00%	Medi-Cal: 88%	Rae Starr/ Asal Sepassi/ PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: NA		Y
CHILD - Getting Care Quickly (CAHPS)	Benchmark '15: Medi-Cal: 93.65%	Medi-Cal: 84%	Rae Starr/ Asal Sepassi / PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: 80.75%		Y
Q4: Usually or always got an appointment for care as soon as you thought you needed (urgent)?	Benchmark '15: Medi-Cal: 95.27%	Medi-Cal: 83%	Rae Starr/ Asal Sepassi/ PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: 82.05%		Y
Q6: Usually or always got needed care as soon as you thought you needed (routine)?	Benchmark '15: Medi-Cal: 92.48%	Medi-Cal: 84%	Rae Starr/ Asal Sepassi/ PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: 79.46%		Y
CHILD - Getting Needed Care (CAHPS)	Benchmark '15: Medi-Cal: 89.67%	Medi-Cal: 81%	Rae Starr/ Asal Sepassi/ UM/ PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: 75.61%		Y
Q28: How often was it easy to get appointments with specialist?	Benchmark '15: Medi-Cal: 87.76%	Medi-Cal: 70%	Rae Starr/ Asal Sepassi/ UM/ PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal NA		Y
Q14: How often was it easy to get care, tests, or treatment you thought you needed through your health plan?	Benchmark '15: Medi-Cal: 93.39%	Medi-Cal: 86%	Rae Starr/ Asal Sepassi/ UM/ PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: 80.92%		Y
CHILD - Customer Service (CAHPS)	Benchmark '15: Medi-Cal: 91.06%	Medi-Cal: 86%	Rae Starr/ Geoffrey Vitrano / Robert Martinez / Rebecca Cristerna/ Raheleh Doroudian (Customer Service Working Group)	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: 83.37%		Y
CHILD - How Well Doctors Communicate (CAHPS)	Benchmark '15: Medi-Cal: 95.65%	Medi-Cal: 90%	Rae Starr/ Asal Sepassi/ PNM	Annually: Sept '16	MQSC: Oct 11	Medi-Cal Rate: 87.38%		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
<i>Service - Complaints and Appeals</i>								
Appeals Resolution		95% appeal resolution within 30 days.	Lisa Marie Golden/ Susan Bell	Quarterly Reports	MQSC: Feb 23, April 12, July 12, Oct 11	<p><u>Medi-Cal:</u> 1st Qtr.: 95% 2nd Qtr.: 94% 3rd Qtr.: 94% 4th Qtr.: 90%</p> <p><u>CMC:</u> 1st Qtr.: 95% 2nd Qtr.: 92% 3rd Qtr.: 95% 4th Qtr.: 97%</p> <p><u>LACC:</u> 1st Qtr.: 69% 2nd Qtr.: 87% 3rd Qtr.: 80% 4th Qtr.: 88%</p>	<p>Why goal was not met for Medi-Cal Q2 and CMC in Q2 &amp; Q3 and LACC in Q1, Q2, &amp; Q3: Rationale: - Excessive caseload • Completed Actions: - Re-initiated the exempt grievance process where Member Services handles grievances that can be resolved in 1 business day. - Initiated a triage process at Intake that separates clinical cases from administrative cases. Clinical cases are routed to a nurse for review and completion. Proposed Actions - Hiring additional staff to assist in the case resolution process.</p>	Y
Complaint Resolution MOC		95% complaint resolution within 30 days	Lisa Marie Golden/ Susan Bell	Quarterly Reports	MQSC: Feb 23, April 12, July 12, Oct 11	<p><u>Medi-Cal:</u> 1st Qtr.: 99% 2nd Qtr.: 95% 3rd Qtr.: 93% 4th Qtr.: 94%</p> <p><u>CMC:</u> 1st Qtr.: 99% 2nd Qtr.: 97% 3rd Qtr.: 93% 4th Qtr.: 93%</p> <p><u>LACC:</u> 1st Qtr.: 99% 2nd Qtr.: 87% 3rd Qtr.: 95% 4th Qtr.: 98%</p>	<p>Why goal was not met for Medi-Cal Q3 and CMC in Q3 and LACC in Q2, &amp; Q3: Rationale: - Excessive caseload • Completed Actions: - Re-initiated the exempt grievance process where Member Services handles grievances that can be resolved in 1 business day. - Initiated a triage process at Intake that separates clinical cases from administrative cases. Clinical cases are routed to a nurse for review and completion. Proposed Actions - Hiring additional staff to assist in the case resolution process.</p>	Y
Complaint & Appeals Analysis - Complaint categories based on the following categories: Quality of Care, Access, Attitude/Service, Billing/Financial, and Quality of Practitioner Office Site		100% of complaints & appeals will be analyzed quarterly to identify top 5 complaint categories.	Lisa Marie Golden/ Susan Bell	Quarterly Reports	MQSC: Feb 23, April 12, July 12, Oct 11	<p>1st Qtr.: Reviewed Q4 2015 by MQSC on Feb 23, 2016. 2nd Qtr.: Reviewed Q1 2016 by MQSC on July 12, 2016. 3rd Qtr.: Reviewed Q2 2016 by MQSC on Oct 11, 2016. 4th Qtr.: Q3 &amp; Q4 2016 will go to MQSC in 2017.</p>		Y
<i>Service - Provider Satisfaction</i>								
PCP satisfaction with UM process		80% of PCPs will be overall satisfied with timely decisions for pre-auths.	Earl Leonard/ UM	Annually: Sept '16	UMC: Mar 17	2015 Rate: 78.1%		Y
PCP satisfaction with UM process		80% of PCPs will be overall satisfied with clinically reasonable decisions for pre-auths.	Earl Leonard/ UM	Annually: Sept '16	UMC: Mar 17	2015 Rate: 79.0%		Y
SCP satisfaction with UM process		80% of SCPs will be overall satisfied with timely decisions for pre-auths.	Earl Leonard/ UM	Annually: Sept '16	UMC: Mar 17	2015 Rate: 71.7%		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
SCP satisfaction with UM process		80% of SCPs will be overall satisfied with clinically reasonable decisions for pre-auths.	Earl Leonard/ UM	Annually: Sept '16	UMC: Mar 17	2015 Rate: 69.1%		Y
<b>Clinical Improvements and Initiatives</b>								
<b>Clinical - Continuity and Coordination of Medical Care</b>								
Coordination of Care: PCP/SCP Communication <b>MOC</b>	NA	80% of PCPs will rate their communication with SCPs Always/Often	Earl Leonard/ Asal Sepassi/ PNM	Annually: Sept '16	Quality Oversight Committee (QOC) Nov 28 and Joint PICC & PQC Feb 2017	2015 Rate: 44.5%		Y
Coordination of Care: SCP/PCP Communication <b>MOC</b>	NA	80% of SCPs will rate their communication with PCPs Always/Often	Earl Leonard/ Asal Sepassi/ PNM	Annually: Sept '16	Quality Oversight Committee (QOC) Nov 28 and Joint PICC & PQC Feb 2017	2015 Rate: 51.8%		Y
Coordination of Care: SCP/PCP Communication, eConsult reports	NA	Trend the portion of total eConsults closed as "Patient Needs Addressed" (PNA)	Jennifer McCullough/ Shamika Mane	Quarterly Reports	4th Qtr. Attached to QI Eval: included in Coordination of Care Report Quality Oversight Committee (QOC) Aug 2016	Total Consults Closed as PNA: Q1: 288 Q2: 181 Q3: 100 Q4: 101		Y
Coordination of Care: Transitions in Management, ED Inpatient to PCP	NA	Trend proportion of ER admissions and inpatient admissions captured by eConnect Pilot Program	Ali Modaresi	Annually: Sept '16	4th Qtr. Attached to QI Eval: included in Coordination of Care Report Quality Oversight Committee (QOC) Aug 2016	As of July 15, 2016 LA Care is receiving electronic notification from 15 high volume hospitals when members are admitted/ discharged/transferred. We are currently in various state of testing with additional 15 hospitals.  As of October 15th, 2016 LA Care is receiving electronic notification from 26 high volume hospitals when members are admitted/ discharged/transferred. We are currently in various state of testing with additional 10 hospitals.  As of December 31, 2016 the status has not changed since the last report. LA Care is receiving notification from 26 hospitals. However we are testing with 5 more hospitals than last report which is 15 hospitals in total that are testing.	In Q3 and Q4 we are targeting the remaining 15 high volume hospital to be on eConnect. eConnect platform rollout to PPGs will start in Q4 and full scale implementation of eConnect will be completed in Q1 2017.	Y
Coordination of Care: Outpatient Setting, Pharmacy to PCP communication, Polypharmacy	NA	NA	NA	NA	4th Qtr. Attached to QI Eval: included in Coordination of Care Report QOC Aug 2016	NA	Included in "Clinical - Patient Safety" section	Y
Coordination of Care: Outpatient Setting, Pharmacy to PCP communication, Monitoring of Patients on Persistent Medications (MPM)	NA	NA	NA	NA	4th Qtr. Attached to QI Eval: included in Coordination of Care Report QOC Aug 2016	NA	Included in HEDIS "Other Measures"	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
<b>Clinical - Continuity and Coordination of Medical and Behavioral Care</b>								
Exchange of Information between PCPs and Behavioral Health Providers (BHPs) <b>MOC</b>		80% of providers will be always/usually satisfied with the exchange of information between PCPs and BHPs	Nicole Lehman	Annual: Due Oct '16	Behavioral Health Quality Improvement Committee (BHQC): Nov 18	Always or Usually: Sufficient: 50.7% Timely: 60.4% Accurate: 61.3% Clear: 56.1% As often as needed: 59.3%  Provider Satisfaction with DMH Always or Usually: Sufficient: 62.8% Timely: 54.3% Accurate: 63.3% Clear: 66.5% As often as needed: 62.3%	Provider survey by Medcal Auditors of America	Y
Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care: Appropriate Treatment of Depression	Baseline	<b>AMM (Acute Phase):</b> Medi-Cal: 51% <b>AMM (Continuation Phase):</b> Medi-Cal: 34%	Mike Tu/ Clayton Chau/ Beacon	Annual: Due Oct '16	<b>BHQC:</b> Nov 18	<b>AMM (Acute Phase):</b> <b>Medi-Cal:</b> Rate: 58.92% Den: 11,186 Num: 6,591  <b>AMM (Continuation Phase):</b> <b>Medi-Cal:</b> Rate: 43.23% Den: 11,186 Num: 4,836		Y
Appropriate uses of Psychopharmacological medications	NA	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	Ann Phan/ Clayton Chau	Quarterly	<b>BHQC:</b> Nov 18	<b>Medi-Cal:</b> March 2016: 340 members identified, 1,311 prescribers mailed July 2016: 315 members identified, 1,212 prescribers mailed November 2016: 254 members identified, 1,087 prescribers mailed  <b>CMC:</b> March 2016: 10 members identified, 27 prescribers mailed July 2016: 10 members identified, 40 prescribers mailed November 2016: 13 members identified, 56 prescribers mailed  <b>LACC:</b> March 2016: 1 member identified, 4 prescribers mailed July 2016: 1 member identified, 5 prescribers mailed November 2016: 1 member identified, 3 prescribers mailed  <b>PASC-SEIU:</b> March 2016: 6 members identified, 18 prescribers mailed July 2016: 2 members identified, 6 prescribers mailed November 2016: 3 member identified, 13 prescribers mailed	<b>Intervention mailings for Controlled Substance Monitoring through the RDUR Program occur 3x year (March, July, November).</b>  <b>Results from July 2016 prescriber mailings are now available:</b> <b>Medi-Cal:</b> 46.03% outcomes improvement <b>CMC:</b> 40.00% outcomes improvement <b>LACC:</b> 0% outcomes improvement <b>PASC-SEIU:</b> 0% outcomes improvement Note: % outcomes improvement is based on the following - member previously identified for prescriber mailing no longer meets criteria to qualify for intervention mailing after 4 months. There are several limitations to the above measured effectiveness of the intervention including the following: exclusion of disenrolled members during subsequent mailing periods was not incorporated, difficulty in concluding the exact cause of decrease in drug utilization patterns, limited sample size and thus limited improvement in smaller LOBs. However, based upon currently available observations of the prescriber mailing interventions in 2016, it does appear that the RDUR Safety Program is making a positive impact towards reduction of controlled substance utilization.	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Management of treatment access and follow-up for members with coexisting medical and behavioral disorders MOC	NA	100% of providers will be notified of members on diabetes and antipsychotic medication	Clayton Chau	Annual	<b>BHQIC:</b> Feb 16, May 17, Aug 16, Nov 18	<p><b>Intervention:</b> Providers are being sent letters starting on October 21, 2016 that advise providers to do an A1c and LDL test for members with diabetes and without. The mailing is going out in waves and should be completed by 11/1/2016. There are a total of 1,683 physicians getting the letter which represent 19,019 members.</p> <p><b>MCLA</b> 17915 members Identified</p> <p><b>CMC</b> 1036 members Identified</p> <p><b>LACC</b> 68 members Identified</p>		Y
Primary or secondary preventive behavioral health program	NA	Provide classes at the FRC on topics related to stress management and depression	Nicole Lehman	Quarterly	<b>BHQIC:</b> Nov 18	<p><b>Stress &amp; Anxiety Classes</b></p> <p><b>Indlewood FRC:</b> Q1: 7 members attended classes Q2: 7 members attended classes Q3: 8 members attended classes Q4: 3 members attended classes</p> <p><b>Lynwood FRC:</b> Q1: 47 members attended classes Q2: 69 members attended classes Q3: 52 members attended classes Q4: 14 members attended classes</p> <p><b>Boyle Heights FRC:</b> Q1: 14 members attended classes Q2: 11 members attended classes Q3: 7 members attended classes Q4: 19 members attended classes</p> <p><b>Pacoima FRC:</b> Q1: 31 members attended classes Q2: 47 members attended classes Q3: 67 members attended classes Q4: 154 members attended classes</p>		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Special needs of members with severe and persistent mental illness	Baseline	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Baseline	Grace Crofton/ Clayton Chau	Annual	BHQIC: Aug 16,	<p><u>Medi-Cal:</u> Rate: 75.59% Den: 885 Num: 669</p> <p><u>Medi-Cal:</u> Q1: Quality and Accuracy score of 90% met for Q1. Q2: Quality and Accuracy score of 91% met for Q2.</p> <p>Q3: Intervention: Providers are being sent letters starting on October 21, 2016 that advise providers to do an A1c and LDL test for members with diabetes and without. The mailing is going out in waves and should be completed by 11/11/2016. There are a total of 1,683 physicians getting the letter which represent 19,019 members.</p> <p><u>MCLA:</u> 17915 members Identified</p> <p><u>CMC:</u> 1036 members Identified</p> <p><u>LACC:</u> 68 members Identified</p>		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
<p><b>Clinical Improvements</b> <i>Note that for HEDIS measures goals are set ensuring that MPLs are met. Italicized measures are also auto-assignment measure.</i></p> <p><b>Bolded measures are also NCQA Accreditation measures.</b></p> <p>* Are measures used by NCQA to report the top health plans.</p>	Benchmarks reflect the 90th percentile of the NCQA Quality Compass. Where Benchmarks are noted, HEDIS measures are used.	<b>Goal Methodology: Next highest percentile.</b>						
Well Visits								
<p><u>Well Child Visits: 3-6 yrs of age</u> (Physician P4P and LA P4P)</p>	<p><b>Benchmark *15:</b> Medi-Cal: 83.75% LACC: 86.29 %</p>	<p><b>Medi-Cal: 72%</b> <b>LACC: 63%</b></p>	Asal Sepassi/ Michael Tu/ Grace Crofton Ester Bae	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p><b>Medi-Cal:</b> Rate: 71.43% Den: 413 Num: 295</p> <p><b>LACC:</b> Rate: 46.15% Den: 52 Num: 24</p>	Well-care visit stamps distributed to Network Medical Management & during HEDIS nurses' provider onsite visits; outreach for LACC (calls to staff) & MCLA (calls to parents); HEDIS nurses distribute wellness flyers to providers	Y
<p><u>Adolescent Well Care</u></p>	<p><b>Benchmark *15:</b> Medi-Cal: 66.58% LACC: 54.06%</p>	<p><b>Medi-Cal: 60%</b> <b>LACC: 33%</b></p>	Asal Sepassi/ Michael Tu/ Grace Crofton Ester Bae	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	This is not a required measure; please retire.	Well-care visit stamps distributed to Network Medical Management & during HEDIS nurses' provider onsite visits; HEDIS nurses distribute wellness flyers to providers.	N
<p><u>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children &amp; Adolescents</u></p>	<p><b>Benchmark *15:</b> <b>Medi-Cal</b> 85.61% for BMI; 79.56% for Nutrition; 71.53% for Physical Activity</p> <p><b>LACC:</b> 95.92% for BMI; 95.13% for Nutrition; 96.23% for Physical Activity</p>	<p><b>Medi-Cal</b> BMI: 86% Nutrition: 80% Physical Activity: 72%</p> <p><b>LACC:</b> BMI: 47% Nutrition: 44% Physical Activity: 40%</p>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p><b>Medi-Cal:</b> Rate: 78.93% Den: 413 Num: 326</p> <p><b>Nutrition</b> Rate: 76.76% Den: 413 Num: 317</p> <p><b>Physical Activity</b> Rate: 68.52% Den: 413 Num: 283</p> <p><b>LACC:</b> Rate: 48.42% Den: 95 Num: 46</p> <p><b>Nutrition</b> Rate: 52.63% Den: 95 Num: 50</p> <p><b>Physical Activity</b> Rate: 44.21% Den: 95 Num: 42</p>	HEDIS nurses distribute wellness flyers to providers.	Y

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<u>Childhood Immunizations- Combo 3</u> (Physician P4P and LA P4P)	<b>Benchmark '15:</b> Medi-Cal: 81.25% LACC: 88.71%	<b>Medi-Cal: 81%</b> <b>LACC: 72%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Medi-Cal:</b> Rate: 73.61% Den: 413 Num: 304 <b>LACC:</b> Rate: 71.43% Den: 7 Num: 5	Outreach: LACC (calls to provider staff); CIS tip sheet; PIP with Watts Clinic targeting 3rd DtaP & PCV vaccines; Healthy Baby Program; HEDIS nurses distribute CIS tip sheets & wellness flyers to providers.	Y
<u>Childhood Immunizations- Combo 10</u>	<b>Benchmark '15:</b> Medi-Cal: 49.63% LACC: not available	<b>Medi-Cal: 36%</b> <b>LACC: not available</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Medi-Cal:</b> Rate: 28.57% Den: 413 Num: 118	Outreach: LACC (calls to provider staff); CIS tip sheet; PIP with Watts Clinic targeting 3rd DtaP & PCV vaccines; Healthy Baby Program; HEDIS nurses distribute CIS tip sheets & wellness flyers to providers.	Y
<u>Children and Adolescents Access to PCP for (ages 7-11)*</u>	<b>Benchmark '15:</b> Medi-Cal: 95.88 % LACC: 96.44%	<b>Medi-Cal: 89%</b> <b>LACC: 88%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Medi-Cal:</b> Rate: 88.59% Den: 149,407 Num: 132,355	Select top 4 PPGs to share best practices.	Y
<u>Immunization for Adolescents</u> (Physician P4P and LA P4P)	<b>Benchmark '15:</b> Medi-Cal: 87.71% LACC: 88.81 %	<b>Medi-Cal: 82%</b> <b>LACC: 63%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Medi-Cal:</b> <b>MCV</b> Rate: 79.42% Den: 413 Num: 328 <b>TDaP</b> Rate: 85.71% Den: 413 Num: 354 <b>Combo 1</b> Rate: 74.58% Den: 413 Num: 308 <b>LACC:</b> <b>MCV</b> Rate: 23.08% Den: 13 Num: 3 <b>TDaP</b> Rate: 30.77% Den: 13 Num: 4 <b>Combo 1</b> Rate: 23.08%	Outreach: LACC (calls to provider staff); member HEDIS nurses distribute wellness flyers to providers.	Y
<b>Children's Health</b>								
<u>Appropriate Testing for Children w/ Pharyngitis</u> (Physician P4P & LA P4P)	<b>Benchmark '15:</b> Medi-Cal: 85.25% LACC: 93.59%	<b>Medi-Cal: 69%</b> <b>LACC: 72%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Esther Bae	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Medi-Cal:</b> Rate: 24.99% Den: 20,087 Num: 5,019 <b>LACC:</b> Rate: 66.67% Den: 6 Num: 4	Member newsletter in fall 2016; California Medical Association Foundation-2016 AWARE toolkit; HEDIS nurses will share in provider onsite visits.	Y



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<u>Appropriate Rx for Children w/ URI</u>	Benchmark *15: Medi-Cal: 95.17% LACC: 97.58%	Medi-Cal: 88% LACC: 81%	Asal Sepassi/ Michael Tu/ Grace Crofton/ Esther Bae	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Medi-Cal: Rate: 87.83% Den: 73,735 Num: 8,972 LACC: Rate: 100.00% Den: 9 Num: 0	Member newsletter in fall 2016; California Medical Association Foundation-2016 AWARE toolkit (in amendment); HEDIS nurses shared 2015 AWARE toolkit in provider onsite visits.	Y
<b>Perinatal Program</b>								
<u>Prenatal Visits</u> (Physician P4P and LA P4P)	Benchmark *15: Medi-Cal: 91.73% LACC: 96.46%	Medi-Cal: 85% LACC: 84%	Nai Kasick/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Medi-Cal: Rate: 74.21% Den: 411 Num: 305 LACC: Rate: 46.88% Den: 32 15 Num:	Goal met: no 2016 efforts to meet goals: Continue to send trimester specific health education information to DLOB members.	Y
<u>Postpartum Care</u> (Physician P4P and LA P4P)	Benchmark *15: Medi-Cal: 72.43% LACC: 91.16%	Medi-Cal: 63% LACC: 69%	Nai Kasick/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Medi-Cal: Rate: 55.23% Den: 411 Num: 227 LACC: Rate: 37.50% Den: 32 12 Num:	Goal met: no 2016 efforts to meet goals: Continue Healthy Mom program : explore additional avenues to identify members for the Healthy Mom program, such as PPG data feeds and econnect	Y
<b>Women's Health Initiatives</b>								
<u>Breast Cancer Screenings</u> (Physician Incentive and LA P4P)	Benchmark *15: Medi-Cal: 71.41% LACC: 83.17%	Medi-Cal: 58% LACC: 70%	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Medi-Cal: Rate: 58.10% Den: 32,924 Num: 19,129 LACC: Rate: 25.00% Den: 4 Num: 1		Y
<u>Cervical Cancer Screenings</u> (Physician Incentive and LA P4P)	Benchmark *15: Medi-Cal: 73.08 % LACC: 85.00%	Medi-Cal: 68% LACC: 72%	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Medi-Cal: Rate: 57.63% Den: 413 Num: 238 LACC: Rate: 34.55% Den: 411 Num: 142		Y

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<u>Chlamydia Screening In Women</u> (Physician Incentive and LA P4P)	<b>Benchmark '15:</b> Medi-Cal: 68.60% LACC: 66.77%	<b>Medi-Cal: 62%</b> <b>LACC: 58%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Nai Kasick	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>Medi-Cal:</b> Rate: 61.69% Den: 42,300 Num: 26,093 <b>LACC:</b> Rate: 46.74% Den: 92 Num: 43	<b>Goal met: no</b> <b>2016 efforts to meet goals:</b> Pilot tested the use of Facebook advertisements to promote CHL screening to about 60k females ages 18-24 in zip codes with the highest number of eligible members. Generated nearly 2,000 clicks to website. Provider education via webinar (with free CME unit) on incorporating sexual healthcare into primary care planned in July. Mail member education letter/card to MCLA member and/or their guidance using July POR list in July. <b>Q3:</b> 7/30/16 blast fax & 8/26/16 email sent out to providers re: CME- provided webinar. 4882 postcards went out to female 18-24 year old members early August. 700 mailers sent to 16-17 yrs females early August.	Y
<u>Frequency of Ongoing Prenatal Care</u> (More than 81 percent of expected visits)	<b>Benchmark '15:</b> Medi-Cal: 44.00%	<b>Medi-Cal: 44%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>Medi-Cal:</b> Rate: 44.53% Den: 411 Num: 183		Y
<u>Human Papillomavirus Vaccine for Female Adolescents</u>	<b>Benchmark '15:</b> Medi-Cal: 31.43% LACC: 29.91%	<b>Medi-Cal: 31%</b> <b>LACC: 12%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Nai Kasick	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>Medi-Cal:</b> Rate: 33.09% Den: 414 Num: 137 <b>LACC:</b> Rate: 0.00% Den: 4 Num: 0	Possible LAUSD collaboration; research CHIA policy.	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Chronic Disease Plan Wide								
<u>Medication Management for People with Asthma (MMA)</u>	<p><b>Benchmark '15:</b> <b>Medi-Cal</b> 50% compliance: NA% 75% compliance: 43.38%</p> <p><b>LACC:</b> 50% compliance: NA% 75% compliance: 56.81%</p> <p><b>CMC</b> not available</p>	<p><b>Medi-Cal:</b> 50% compliance: NA% 75% compliance: 35%</p> <p><b>LACC:</b> 50% compliance: NA% 75% compliance: 37%</p> <p><b>CMC</b> baseline</p>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Elaine Sadochi-Smith	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p><b>Population 50% Covered</b> <b>Medi-Cal:</b> Rate: 55.71% Den: 12,578 Num: 7,007</p> <p><b>CMC:</b> Rate: 82.54% Den: 63 Num: 52</p> <p><b>Population 75% Covered</b> <b>Medi-Cal</b> Rate: 32.57% Den: 12,578 Num: 4,097</p> <p><b>CMC:</b> Rate: 52.38% Den: 63 Num: 33</p> <p><b>LACC</b> Rate: 40.00% Den: 5 Num: 2</p>	<p>July, 2016 Member Mailing to promote appropriate use of medication management. Mailing included Medication flyer, the Asthma Action Plan and a flyer on How to Use an Asthma Action Plan. *CMC: 554 *LACC: 125 *MCLA: 2,843</p> <p>July 2016 Provider Mailing to promote appropriate use of medication management. *MCLA and CMC Providers: 1,475</p>	Y
<u>Diabetes: Eye Exam (retinal) performed</u> (Physician P4P and LA P4P)	<p><b>Benchmark '15:</b> Medi-Cal: 67.74% LACC: 77.23%</p>	<p><b>Medi-Cal: 55%</b> <b>LACC: 49%</b></p>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p><b>Medi-Cal</b> Rate: 58.00% Den: 550 Num: 319</p> <p><b>LACC</b> Rate: 39.29% Den: 481 Num: 189</p>		Y
<u>Diabetes: A1C Screening</u> (Physician P4P and LA P4P)	<p><b>Benchmark '15:</b> Medi-Cal: 91.94% LACC: 95.54%</p>	<p><b>Medi-Cal: 83%</b> <b>LACC: 88%</b></p>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p><b>Medi-Cal</b> Rate: 86.00% Den: 550 Num: 473</p> <p><b>LACC</b> Rate: 86.90% Den: 481 Num: 418</p>		Y
<u>Diabetes: A1C Poor Control (&gt;9.0%)</u> (The lower the results the less members in poor control.)	<p><b>Benchmark '15:</b> Medi-Cal: 29.68% LACC: 18.20%</p>	<p><b>Medi-Cal: 35%</b> <b>LACC: 30%</b></p>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p><b>Medi-Cal</b> Rate: 41.64% Den: 550 Num: 229</p> <p><b>LACC:</b> Not available</p>		Y

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<u>Diabetes: A1C Good Control (&lt;8.0%)</u> (Physician P4P and LA P4P)	<b>Benchmark '15:</b> Medi-Cal: 58.58% LACC: 70.16%	<b>Medi-Cal: 48%</b> <b>LACC: 51%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Medi-Cal</u> Rate: 47.09% Den: 550 Num: 259 <u>LACC</u> Rate: 39.29% Den: 481 Num: 189 <u>CMC:</u> Rate: 42.34% Den: 548 Num: 252		Y
<u>Diabetes: Medical attention for neuropathy</u> (Physician Incentive and LA P4P)	<b>Benchmark '15:</b> Medi-Cal: 87.70% LACC: 93.64%	<b>Medi-Cal: 85%</b> <b>LACC: 82%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Medi-Cal</u> Rate: 94.36% Den: 550 Num: 519 <u>LACC</u> Rate: 90.02% Den: 481 Num: 433		Y
<u>Diabetes: Blood Pressure Control (&lt;140/90 mm Hg)</u>	<b>Benchmark '15:</b> Medi-Cal: 76.64% LACC: 83.76%	<b>Medi-Cal: 69%</b> <b>LACC: 62%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Medi-Cal</u> Rate: 58.55% Den: 550 Num: 322 <u>LACC:</u> Not available <u>CMC:</u> Rate: 54.93% Den: 548 Num: 301		Y
<u>Relative Resource Use for People with Diabetes</u>	Baseline	not available	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	LACC Only: Total Inpatient Facility ALOS 4.88		Y
<b>Other Chronic Conditions Measures</b>								
<u>Controlling High Blood Pressure</u>	<b>Benchmark '15:</b> Medi-Cal: 70.32% LACC: 82.97%	<b>Medi-Cal: 65%</b> <b>LACC: 62%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Elaine Sadocchi-Smith	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Medi-Cal</u> Rate: 68.28% Den: 413 Num: 282 <u>LACC:</u> Rate: 49.64% Den: 411 Num: 204	*CVD Risk DM Program for LACC and CMC LOBs continued in 2016. *Monthly New Member mailing to newly identified CVD DM members includes booklet with information on controlling high blood pressure. *High severity CVD members with assigned nurse receive coaching calls including goal setting on high blood pressure. *High severity CVD members with assigned nurse receive referrals to HECLS for Weight Watchers and/or Nutritionist as appropriate. *Q3: CVD Booklet with information on controlling high blood pressure to be sent to all CVD DM members.	Y

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<u>Use of Imaging Studies for Low Back Pain</u>	<b>Benchmark '15:</b> Medi-Cal: 82.86% LACC: 86.44%	<b>Medi-Cal: 78%</b> <b>LACC: 73%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Rate: 78.01% Den: 11,344 Num: 2,495 <u>LACC:</u> Rate: 73.13% Den: 67 Num: 18		Y
<u>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</u>	<b>Benchmark '15:</b> Medi-Cal: 40.54% LACC: 64.78% CMC: 53.01%	<b>Medi-Cal: 31%</b> <b>LACC: 36%</b> <b>CMC: baseline</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Elaine Sadocchi-Smith	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> NA <u>LACC:</u> NA <u>CMC:</u> Rate: 16.56% Den: 157 Num: 26	Q2: Initial discussions for developing a COPD Disease Management program starting with CMC line of business in 2017.	Y
<u>Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)</u>	<b>Benchmark '15:</b> Medi-Cal: 78.21% LACC: 84.47% CMC: 80.35%	<b>Medi-Cal: 69%</b> <b>LACC: 72%</b> <b>CMC: baseline</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Elaine Sadocchi-Smith	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Rate: 62.02% Den: 2,420 Num: 1,501 <u>LACC:</u> Not available <u>CMC:</u> Rate: 63.20% Den: 125 Num: 79	Q2: Initial discussions for developing a COPD Disease Management program starting with CMC line of business in 2017.	Y
<u>Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)</u>	<b>Benchmark '15:</b> Medi-Cal: 89.04% LACC: 92.31% CMC: 90.32%	<b>Medi-Cal: 83%</b> <b>LACC: 78%</b> <b>CMC: baseline</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Elaine Sadocchi-Smith	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Rate: 84.75% Den: 2,420 Num: 2,051 <u>LACC:</u> Not available <u>CMC:</u> Rate: 89.60% Den: 125 Num: 112	Q2: Initial discussions for developing a COPD Disease Management program starting with CMC line of business in 2017.	Y
<u>Persistence of Beta-Blocker Treatment After a Heart Attack</u>	<b>Benchmark '15:</b> Medi-Cal: 92.31% LACC: 94.29% CMC: 96.31%	<b>Medi-Cal: 80%</b> <b>LACC: 83%</b> <b>CMC: baseline</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Not available <u>LACC:</u> Not available <u>CMC:</u> Rate: 86.11% Den: 36 Num: 31		Y

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<b>Behavioral Health</b>								
<u>Antidepressant Medication Management (Acute Phase)</u> MOC/CPG	<b>Benchmark '15:</b> Medi-Cal: 62.56% LACC: 76.86% CMC: 79.43%	<b>Medi-Cal: 51%</b> <b>LACC: 61%</b> <b>CMC: baseline</b>	Michael Tu/ Grace Crofton/ Asal Sepassi	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Rate: 58.92% Den: 11,186 Num: 6,591  <u>LACC:</u> Rate: 46.88% Den: 64 Num: 30  <u>CMC:</u> Rate: 48.29% Den: 321 Num: 155		Y
<u>Antidepressant Medication Management (Continuation Phase)</u> MOC/CPG	<b>Benchmark '15:</b> Medi-Cal: 48.39% LACC: 62.00% CMC: 69.62%	<b>Medi-Cal: 34%</b> <b>LACC: 45%</b> <b>CMC: baseline</b>	Michael Tu/ Grace Crofton/ Asal Sepassi	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Rate: 43.23% Den: 11,186 Num: 4,836  <u>LACC:</u> Rate: 37.50% Den: 64 Num: 24  <u>CMC:</u> Rate: 34.58% Den: 321 Num: 111		Y
<u>Follow-Up for Children Prescribed ADHD Medication-initiation</u>	<b>Benchmark '15:</b> Medi-Cal: 53.99% LACC: 54.16%	<b>Medi-Cal: 33%</b> <b>LACC: 32%</b>	Michael Tu/ Grace Crofton/ Asal Sepassi	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Rate: 31.11% Den: 2,697 Num: 839  <u>LACC:</u> Rate: 100.00% Den: 1 Num: 1		Y
<u>Follow-Up for Children Prescribed ADHD Medication-Continuation and Maintenance</u>	<b>Benchmark '15:</b> Medi-Cal: 65.20% LACC: 68.92%	<b>Medi-Cal: 35%</b> <b>LACC: 42%</b>	Michael Tu/ Grace Crofton/ Asal Sepassi	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Rate: 36.39% Den: 731 Num: 266  <u>LACC:</u> Rate: 0.00 % Den: 0 Num: 0		Y
<u>Follow-Up After Hospitalization for Mental Illness (in 7 days)</u>	<b>Benchmark '15:</b> Medi-Cal: 63.85% LACC: 75.62% CMC: 62.15%	<b>Medi-Cal: 32%</b> <b>LACC: 41%</b> <b>CMC: baseline</b>	Michael Tu/ Beacon	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>Med-Cal</u> Not available  <u>LACC:</u> Rate: 50.00% Den: 8 Num: 4  <u>CMC:</u> Rate: 7.74% Den: 168 Num: 13		Y

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Follow-Up After Hospitalization for Mental Illness (in 30 days)	<b>Benchmark '15:</b> Medi-Cal: 80.17% LACC: 86.08% CMC: 77.78%	<b>Medi-Cal: not available</b> <b>LACC: not available</b> <b>CMC: not available</b>	Michael Tu/ Beacon	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Med-Cal</b> Not available <b>LACC:</b> Not available <b>CMC:</b> Rate: 11.90% Den: 168 Num: 20		Y
<u>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications</u>	<b>Benchmark '15:</b> Medi-Cal: 86.96%	<b>Medi-Cal: 80%</b>	Michael Tu/ Beacon	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Med-Cal</b> Rate: 75.59% Den: 885 Num: 669		Y
<u>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation Total</u>	<b>Benchmark '15:</b> Medi-Cal: 48.22% LACC: 41.53%	<b>Medi-Cal: 48%</b> <b>LACC: 42%</b>	Michael Tu/ Beacon	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Med-Cal</b> Not available <b>LACC:</b> Rate: 37.84% Den: 74 Num: 28 <b>CMC:</b> Rate: 33.93% Den: 560 Num: 190		Y
<u>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement Total</u>	<b>Benchmark '15:</b> Medi-Cal: 18.95% LACC: 17.33%	<b>Medi-Cal: 7%</b> <b>LACC: 11%</b>	Michael Tu/ Beacon	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<b>Med-Cal</b> Not available <b>LACC:</b> Rate: 2.70% Den: 74 Num: 2 <b>CMC:</b> Rate: 2.50% Den: 560 Num: 14		Y
Other Measures								
Quality and Accuracy of Pharmacy Benefit information via the Telephone (NCQA - MEM 4)	NA	100% of members can obtain pharmacy benefit information via the phone in one attempt or contact	Amanda Wolarik/ Gayle Butler/ Yana Paulson/ Maribel Ferrer	Quarterly: Annual Analysis	MQSC: Feb 23, April 12, July 12, Oct 11 QOC: January (Annual Analysis)	<b>Q1: Quality and Accuracy score of 90% met for Q1.</b> <b>Q2: Quality and Accuracy score of 91% met for Q2.</b> <b>Q3: Quality and Accuracy score of 97% met for Q3</b> <b>Q4: Quality and Accuracy score of 98% met for Q4.</b>	The quality and accuracy of the Pharmacy Benefit Information accessible on the health plan website is monitored through monthly testing of each feature. Testing ensures that members can complete the following actions on L.A. Care's website in one attempt or contact: Determine their financial responsibility for a drug, initiate the exception process, order a refill for an unexpired mail-order prescription, find the location of an in-network pharmacy, conduct a pharmacy proximity search based on zip code, determine potential drug-drug interactions, determine a drug's common side effects and significant risks, determine the availability of generic substitutes.	Y

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Quality and Accuracy of the Benefit Information on the Web (NCQA - MEM 5)	NA	Members can obtain personalized health information on the Web site in one attempt or contact 100% of the time	Jacqueline Mehia/ Michael Nguyen/ Victor Montijo/ Amanda Wolarik	Quarterly: Annual Analysis	MQSC: Feb 23, April 12, July 12, Oct 11 QOC: January (Annual Analysis)	1st Qtr.:100% quality and accuracy met 2nd Qtr.: 100% quality and accuracy met 3rd Qtr.: 100% quality and accuracy met 4th Qtr.: Data not available.		Y
Quality and Accuracy of the Benefit Information via the Telephone (NCQA - MEM 5)	NA	100% of members can obtain personalized health information via the phone in one attempt or contact	Amanda Wolarik/ Maribel Ferrer	Quarterly: Annual Analysis	MQSC: Feb 23, April 12, July 12, Oct 11 QOC: January (Annual Analysis)	Q1: Quality and Accuracy score of 82% met for Q1. Q2: Quality and Accuracy score of 95% met for Q2. Q3: Accuracy score of 98% met for Q3. Q4: Quality and Accuracy score of 98% met for Q4.		Y
Quality of email response (NCQA - MEM 5)	NA	100% of member email inquiries will be responded to within one business day of submission	Amanda Wolarik/ Maribel Ferrer	Quarterly: Annual Analysis	MQSC: Feb 23, April 12, July 12, Oct 11 QOC: January (Annual Analysis)	Q1 Audit Result: 91% of member email inquiries were responded to within one business day for Q1. Q2 Audit Result: 100% of member email inquiries were responded to within one business day for Q1. Q3: Accuracy score of 100% met for Q3. Q4: Quality and Accuracy score of 100% met for Q4.		Y
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (Physician Incentive and LA P4P)	Benchmark *15: Medi-Cal: 40.38% LACC: 62.25%	Medi-Cal: 33% LACC: 21%	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Med-Cal Rate: 29.66% Den: 7,758 Num: 5,457 LACC: Rate: 33.33% Den: 48 Num: 32		Y
Medical Assistance With Smoking and Tobacco Use Cessation (Advising Smokers to Quit)* (CAHPS)	Benchmark *15: Medi-Cal: 81.91% LACC: 85.38%	Medi-Cal: 77% LACC: 76%	Michael Tu/ Rae Starr	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Med-Cal Rate: NA LACC: Rate: 46.88% CMC: Data not available until 4th quarter		Y
Medical Assistance With Smoking and Tobacco Use Cessation (Discussing Cessation Medications)* (CAHPS)	Benchmark *15: Medi-Cal: 57.45% LACC: 68.79%	Medi-Cal: 47% LACC: 49%	Michael Tu/ Rae Starr	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Med-Cal Rate: NA LACC: Rate: NR CMC: Data not available until 4th quarter		Y



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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Medical Assistance With Smoking and Tobacco Use Cessation (Discussing Cessation Strategies)* (CAHPS)	Benchmark '15: Medi-Cal: 51.21% LACC: 64.24%	Medi-Cal: 43% LACC: 46%	Michael Tu/ Rae Starr	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Med-Cal Rate: NA  LACC: Rate: NR  CMC: Data not available until 4th quarter		Y
<u>Adult BMI Assessment</u>	Benchmark '15: Medi-Cal: 92.94% LACC: 96.99%	Medi-Cal: 90% LACC: 76%	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Med-Cal Rate: 90.07% Den: 413 Num: 372  LACC: Rate: 79.08% Den: 411 Num: 325		Y
<u>Annual Monitoring for Patients on Persistent Medications- ACE inhibitors or ARBs</u>	Benchmark '15: Medi-Cal: 92.01% LACC: 89.27%	Medi-Cal: 88% LACC: 82% CMC: baseline	Michael Tu/ Grace Crofton/ Betsy Santana	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Med-Cal Rate: 87.12% Den: 71,692 Num: 62,456  LACC: Rate: 78.98% Den: 590 Num: 466  CMC: Rate: 84.99% Den: 3,324 Num: 2,825	A member mailer went out on 10/28/2016 to all three product lines.	Y
<u>Annual Monitoring for Patients on Persistent Medications-Digoxin</u>	Benchmark '15: Medi-Cal: 61.04% LACC: 73.47%	Medi-Cal: 49% LACC: 41% CMC: baseline	Michael Tu/ Grace Crofton/ Betsy Santana	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Med-Cal Rate: 48.15% Den: 837 Num: 403  LACC: Rate: 0.00% Den: 2 Num: 0  CMC: Rate: 43.75% Den: 48 Num: 21	A member mailer went out on 10/28/2016 to all three product lines.	Y
<u>Annual Monitoring for Patients on Persistent Medications-Diuretics</u>	Benchmark '15: Medi-Cal: 91.78% LACC: 89.51%	Medi-Cal: 87% LACC: 81% CMC: baseline	Michael Tu/ Grace Crofton/ Betsy Santana	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	Med-Cal Rate: 86.40% Den: 39,594 Num: 34,211  LACC: Rate: 74.83% Den: 286 Num: 214  CMC: Rate: 83.83% Den: 1,695 Num: 1,421	A member mailer went out on 10/28/2016 to all three product lines.	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
<u>Asthma Medication Ratio</u>	<b>Benchmark '15:</b> Medi-Cal: 70.43% LACC: 87.27% CMC: not available	<b>Medi-Cal: 54%</b> <b>LACC: 72%</b> <b>CMC: baseline</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Elaine Sadocchi-Smith	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>Med-Cal</b> Rate: 55.89% Den: 15,555 Num: 8,694 <b>LACC:</b> Not available <b>CMC:</b> Rate: 70.83% Den: 72 Num: 51		Y
<u>Adult Access to Primary/Ambulatory Health Services (HEDIS)</u> <u>MOC</u>	<b>Benchmark '15:</b> Medi-Cal: 88.75% LACC: 96.81%	<b>Medi-Cal: not available</b> <b>LACC: not available</b>	Linda Lee/ Earl Lenard/ Michael Tu	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>Med-Cal</b> Not available <b>LACC:</b> Not available <b>CMC:</b> Rate: 75.36% Den: 9,915 Num: 74.72	Monthly promotion of annual visit during AWE campaign; in-home AWE program initiated and completed in Q4 2016.	Y
Topical Fluoride Varnish Utilization	Benchmark not available		Michael Tu/ Betsy Santana	Annual: By June '16	<b>QOC:</b> Aug 22	9.09 PTPY individuals received fluoride treatment in 2015 compared to 16.62 PTPY in 2014 (<6 yrs).		Y
<b>Other Measures for NCQA Rankings</b>								
<u>Well Child Visits in the First 15 Months of Life*</u>	<b>Benchmark '15:</b> Medi-Cal: 74.47% LACC: 88.95%	<b>Medi-Cal: 52%</b> <b>LACC: 69%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton/ Ester Bae	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	Healthy Baby Program; sent Network Medical Management 50 well-care visit stamps for providers with paper charts; HO&A & PQL nurses will share well-care visit stamps on provider onsite visits.	Well-care visit stamps distributed to Network Medical Management & during HEDIS nurses' provider onsite visits; outreach for LACC (calls to staff); HEDIS nurses distribute wellness flyers to providers	Y
<u>Lead Screening in Children*</u>	<b>Benchmark '15:</b> Medi-Cal: 85.93% LACC: not available	<b>Medi-Cal: 72%</b> <b>LACC: not available</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	Member letter & provider poster in targeted geographic area (SPA 4, 7, 8) in Fall 2016.		N
<u>Annual Monitoring for Patients on Persistent Medications Total (Monitoring Key Long-term Medications)</u> (note state measure excludes anticonvulsant)	<b>Benchmark '15:</b> Medi-Cal: 91.59% LACC: 89.05%	<b>Medi-Cal: not available</b> <b>LACC: 81%</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>Med-Cal</b> Rate: 86.57% Den: 112,123 Num: 97,070 <b>LACC:</b> Rate: 77.45% Den: 878 Num: 680 <b>CMC:</b> Rate: 84.21% Den: 5,067 Num: 4,267		Y
<u>Plan All Cause Readmission Rate</u> (Note lower rate = better performance) (LA P4P)	<b>Benchmark '15:</b> LACC: not available	<b>baseline</b>	Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: Due June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>CMC Only:</b> Ttaol Rate: 20.00%		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
<b>Disease Management Programs- Asthma</b>								
Medication Management for People with Asthma 50% compliance.	Benchmark *15: not available	MCLA: 48%	Elaine Sadocchi-Smith/ Michael Tu	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p><u>MCLA</u> Rate: 61.69% Den: 4,949 Num: 3,053</p> <p><u>LACC</u> Rate: N/A. (in place for Measurement Period September 1, 2015-August 31, 2016, the Proportion of Days Covered (PDC) for: • Asthma Controller Medications with 50% compliance was 64.2 %</p> <p><u>CMC</u> Rate: 66.67% Den: 168 Num: 20 (also for Measurement Period September 1, 2015-August 31, 2016 the Proportion of Days Covered (PDC) for: *Asthma Controller Medications with 50% compliance was 59.6%.</p>	<p>Q4: October, 2016: Call campaign scheduled to start 10/10 for members missing services (including MMA low refill rates from PDC reports). 418 Members contacted (22% response rate) .</p> <p>Q4: July, 2016 Member Mailing to promote appropriate use of medication management. Mailing included Medication flyer, the Asthma Action Plan and a flyer on How to Use an Asthma Action Plan. *CMC: 554 *LACC: 125 *MCLA: 2,843</p> <p>Q3: July 2016 Provider Mailing to promote appropriate use of medication management. *MCLA and CMC Providers: 1,475</p>	Y
Medication Management for People with Asthma 75% compliance. (Physician P4P and LA P4P)	Benchmark *15: MCLA: 27.5% LACC: 56.81% CMC: Not available	MCLA: 30% LACC: 37% CMC: Not Available	Elaine Sadocchi-Smith/ Michael Tu	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p><u>MCLA</u> Rate: 39.02% Den: 4,949 Num: 1,931</p> <p><u>LACC</u> Rate: 40.00% Den: 5 Num: 2 (due to low denominator, in place for Measurement Period September 1, 2015-August 31, 2016, the Proportion of Days Covered (PDC) for: *Asthma Controller Medications for 75% was 43.8%.</p> <p><u>CMC</u> Rate: 25.00% Den: 12 Num: 3 (due to low denominator, in place for Measurement Period September 1, 2015-August 31, 2016, the Proportion of Days Covered (PDC) for: *Asthma Controller Medications for 75% was 41.5%).</p>	<p>Q4: October, 2016: Call campaign scheduled to start 10/10 for members missing services (including MMA low refill rates from PDC report). 418 Members contacted (22% response rate)</p> <p>Q3: July, 2016 Member Mailing to promote appropriate use of medication management. Mailing included Medication flyer, the Asthma Action Plan and a flyer on How to Use an Asthma Action Plan. *CMC: 554 *LACC: 125 *MCLA: 2,843</p> <p>Q3: July, 2016 Provider Mailing to promote appropriate use of medication management. *MCLA and CMC Providers: 1,475</p> <p>Q4: October 18, 2016- Health Ed incentive mailing to 1,323 total members for asthma med compliance. Incentive breakdown: 5-11 yo- coloring book and gift card; 12-17 yo- movie ticket; 18-50 yo- gift card, 51-64= adult coloring book and pencils</p>	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
% of members who have Asthma Action Plan	<b>Benchmark *15:</b> 32.7% (not available broken down by LOB)	75% (all LOBs)	Elaine Sadocchi-Smith	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	Q4: 2016 Rates from the Satisfaction Survey - 55.3% reported having completed an Asthma Action Plan.  Q3: July, 2016 Member Mailing to promote appropriate use of medication management. Mailing included Medication flyer, the Asthma Action Plan and a flyer on How to Use an Asthma Action Plan. *CMC: 554 *LACC: 125 *MCLA: 2,843  *Monthly New Member Mailing to newly identified asthma DM members includes booklet with AAP. *High severity asthma members with assigned nurse receive coaching calls including goal setting on AAP. *Q1-Q4: 20 high severity asthma members received a visit from CBO for home visit including review of AAP.		Y
% of members who had Flu shot between Sept 2015 and March 2016	<b>Benchmark *15:</b> 53.2% (not available broken down by LOB)	65% (all LOBs)	Elaine Sadocchi-Smith/ Nai Kasick	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	Q4: October, 2016: Call campaign started 10/10 for members missing services (including a flu reminder within call script). 418 members contacted (22% response rate) *Q4: 2016 Rates from the Satisfaction Survey - 64.2% reported having a flu shot between Sept 2015 and March 2016. *Q4: High severity asthma members with assigned nurse receive coaching calls including goal setting on Flu Shot. *Q3 or Q4: HECLS to add information on flu campaign. *Q3: Member newsletter published flu article in September		Y
Asthma Disease Management Program Membership		N/A	Elaine Sadocchi-Smith	Identified Monthly; reported quarterly	<b>QOC:</b> Feb 22, May 23, Aug 22, Nov 28	<b>MCLA:</b> 1st Qtr.: 90,321 2nd Qtr.: 101,816 3rd Qtr.: 92,971 (as of Aug) 4th Qtr.: 99,710  <b>CMC:</b> 1st Qtr.: 419 2nd Qtr.: 407 3rd Qtr.: 390 (as of Aug) 4th Qtr.: 391  <b>LACC:</b> 1st Qtr.: 249 2nd Qtr.: 276 3rd Qtr.: 292 (as of Aug) 4th Qtr.: 247		Y
Member Satisfaction with Disease Management Programs- Asthma	81.80%	90% of the members in Asthma program will be overall satisfied	Elaine Sadocchi-Smith	Annual: Due Dec 31	<b>QOC:</b> Nov 28	<b>Q4: 2016 Rates Satisfaction Survey - 95.2% reported overall satisfied with the Asthma Program</b>		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Inquiries re: Asthma		N/A	Rebecca Cristerna/ Elaine Sadochchi-Smith	Quarterly	QOC: Feb 22, May 23, Aug 22, Nov 28	<u>Medi-Cal:</u> 1st Qtr.: 12 2nd Qtr.: 7 3rd Qtr.: 15 4th Qtr.: 21  <u>CMC:</u> 1st Qtr.: 1 2nd Qtr.: 0 3rd Qtr.: 1 4th Qtr.: 3  <u>LACC:</u> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 1 4th Qtr.: 3	Starting in 2016, the DM resource line calls were tracked more accurately based on the following categories and members that were referred to the Customer Solution Center for issues like getting a new insurance card or changing providers are not counted as DM inquiries: • Member stated no disease • Member inquired on the program • Member was referred to Customer Solution Center.  Additionally, most of the DM inquiries come in response to annual mailings and the annual satisfaction survey which did not go out until 3rd quarter in 2016.	Y
Complaints re: Asthma		0	Rebecca Cristerna/ Elaine Sadochchi-Smith	Quarterly	QOC: Feb 22, May 23, Aug 22, Nov 28	<u>Medi-Cal:</u> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 0 4th Qtr.: 1  <u>CMC:</u> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 0 4th Qtr.: 1  <u>LACC:</u> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 0 4th Qtr.: 0	Starting in Q2, the Contact Form in CCA includes a complaint section for capturing complaints and resolutions beyond complaints that are sent to G&A (e.g. complaints on DM staff, language or gender preference of assigned nurse etc.)	Y
<b>Disease Management Programs- Diabetes</b>								
Diabetes: Eye Exam (retinal) performed	<b>Benchmark '15:</b> Medi-Cal: 67.74% LACC: 77.23%	<b>MCLA: 55%</b> <b>LACC: 49%</b>	Elaine Sadochchi-Smith/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>MCLA</u> Rate: 53.19% Den: 361 Num: 192  <u>LACC</u> Rate: 39.29% Den: 481 Num: 189	Q4: October, 2016: Call campaign scheduled to start 10/10 for members missing services (including CDC-Diabetes Eye Exam gap in service). 418 members contacted (22% response rate) Q3: Member (8/19/2016) and provider (8/12/2016) coordinated mailings scheduled to promote CDC measures and compliance. Q2: Member call campaign for reminder calls on A1c and eye exam.	Y
Diabetes: A1C	<b>Benchmark '15:</b> Medi-Cal: 91.94% LACC: 95.54%	<b>MCLA: 86%</b> <b>LACC: 88%</b>	Elaine Sadochchi-Smith/ Michael Tu/ Grace Crofton	Annual: By June '16	QOC: Aug 22 PICC & PQC: Sept 27	<u>MCLA</u> Rate: 84.76% Den: 361 Num: 306  <u>LACC</u> Rate: 86.90% Den: 481 Num: 418	Q4: October, 2016: Call campaign scheduled to start 10/10 for members missing services (including CDC-Diabetes A1c gap in service). 418 members contacted (22% response rate) Q3: Member (8/19/2016) and provider (8/12/2016) coordinated mailings scheduled to promote CDC measures and compliance. Q2: Member call campaign for reminder calls on A1c and eye exam.	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Diabetes: A1C Poor Control (>9.0%) (Note the lower the results the less members that are in poor control.)	<b>Benchmark '15:</b> Medi-Cal: 29.68% LACC: 18.20%	<b>MCLA: 50%</b> <b>LACC: 30%</b>	Elaine Sadocchi-Smith/ Michael Tu/ Grace Crofton	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>MCLA</b> Rate: 44.04% Den: 361 Num: 159 <b>LACC:</b> Not available	Q4: October, 2016: Call campaign scheduled to start 10/10 for members missing services (including CDC-Diabetes A1c Poor Control gap in service). 418 members contacted (22% response rate) Q3: Member (8/19/2016) and provider (8/12/2016) coordinated mailings sent to promote CDC measures and compliance. Q2: Member call campaign for reminder calls on A1c and eye exam. Q3: Health in Motion article scheduled for Diabetes Month.	Y
Diabetes: A1C Good Control (<8.0%)	<b>Benchmark '15:</b> Medi-Cal: 58.58% LACC: 70.16%	<b>MCLA: 48%</b> <b>LACC: 51%</b>	Elaine Sadocchi-Smith/ Michael Tu/ Grace Crofton	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>MCLA</b> Rate: 45.15% Den: 361 Num: 163 <b>LACC</b> Rate: 39.29% Den: 481 Num: 189	Q4: October, 2016: Call campaign scheduled to start 10/10 for members missing services (including CDC-Diabetes A1c Good Control gap in service). 418 members contacted (22% response rate) Q3: Member (8/19/2016) and provider (8/12/2016) coordinated mailings sent to promote CDC measures and compliance. Q2: Member call campaign for reminder calls on A1c and eye exam. Q3: Health in Motion article scheduled for Diabetes Month.	Y
Diabetes: Medical Attention for Nephropathy	<b>Benchmark '15:</b> Medi-Cal: 87.70% LACC: 93.64%	<b>MCLA: 88%</b> <b>LACC: 82%</b>	Elaine Sadocchi-Smith/ Michael Tu/ Grace Crofton	Annual: By June '16	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>MCLA</b> Rate: 93.35% Den: 361 Num: 337 <b>LACC</b> Rate: 90.02% Den: 481 Num: 433	Q4: October, 2016: Call campaign scheduled to start 10/10 for members missing services (including CDC-Medical Attention for Nephropathy gap in service). 418 members contacted (22% response rate) Q3: Member (8/19/2016) and provider (8/12/2016) coordinated mailings sent to promote CDC measures and compliance.	Y
Diabetes Disease Management Program Membership		N/A	Elaine Sadocchi-Smith	Identified monthly; reported quarterly	<b>QOC:</b> Aug 22 <b>PICC &amp; PQC:</b> Sept 27	<b>MCLA:</b> 1st Qtr.: 37,962 2nd Qtr.: 49,212 3rd Qtr.: 52,021 (as of Aug) 4th Qtr.: 58,094 <b>CMC:</b> 1st Qtr.: 2,613 2nd Qtr.: 3,008 3rd Qtr.: 3,269 (as of Aug) 4th Qtr.: 3,329 <b>LACC:</b> 1st Qtr.: 355 2nd Qtr.: 530 3rd Qtr.: 641 (as of Aug) 4th Qtr.: 654		Y
Member Satisfaction with Disease Management Programs- Diabetes	<b>Benchmark '15:</b> MCLA: 71.3% CMC: Data not available LACC: 50.0%	90% (for all LOBs)	Elaine Sadocchi-Smith	Annual: Due Dec 31	<b>QOC:</b> Feb 22	Q4: *2016 Rates from the Satisfaction Survey - 84.1% reprinted overall satisfaction with the diabetes program.		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Inquiries		N/A	Elaine Sadocchi-Smith/ Rebecca Cristerna	Quarterly	QOC: Feb 22, May 23, Aug 22, Nov 28	<p><u>MCLA:</u> 1st Qtr.: 12 2nd Qtr.: 2 3rd Qtr.: 36 4th Qtr.: 46</p> <p><u>CMC:</u> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 3 4th Qtr.: 15</p> <p><u>LACC:</u> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 1 4th Qtr.: 12</p>	<p>Starting in 2016, the DM resource line calls were tracked more accurately based on the following categories and members that were referred to the Customer Solution Center for issues like getting a new insurance card or changing providers are not counted as DM inquiries:</p> <ul style="list-style-type: none"> <li>• Member stated no disease</li> <li>• Member inquired on the program</li> <li>• Member was referred to Customer Solution Center.</li> </ul> <p>Additionally, most of the DM inquiries come in response to annual mailings and the annual satisfaction survey which did not go out until 3rd quarter in 2016.</p>	Y
Complaints		0	Elaine Sadocchi-Smith/ Rebecca Cristerna	Quarterly	QOC: Feb 22, May 23, Aug 22, Nov 28	<p><u>Medi-Cal:</u> 1st Qtr.: 0 2nd Qtr.: 1 3rd Qtr.: 1 4th Qtr.: 2</p> <p><u>CMC:</u> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 0 4th Qtr.: 0</p> <p><u>LACC:</u> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 0 4th Qtr.: 0</p>	<p>Starting in Q2, the Contact Form in CCA includes a complaint section for capturing complaints and resolutions beyond complaints that are sent to G&amp;A (e.g. complaints on DM staff, language or gender preference of assigned nurse etc.)</p>	Y
<b>Disease Management Programs- Cardiovascular Disease (CVD)</b>								
CVD Disease Management Program Membership		N/A	Elaine Sadocchi-Smith	Identified Monthly; reported quarterly	QOC: Feb 22, May 23, Aug 22, Nov 28	<p><u>CMC:</u> 1st Qtr.: 4,209 2nd Qtr.: 5,015 3rd Qtr.: 5,490 (as of Aug) 4th Qtr.: 5,578</p> <p><u>LACC:</u> 1st Qtr.: 653 2nd Qtr.: 1,241 3rd Qtr.: 1,530 (as of Aug) 4th Qtr.: 1,562</p>		Y
Member Satisfaction with Disease Management Programs- CVD	<b>Benchmark *15:</b> CMC:73.2% LACC: 66.7%	90% of the members in CVD program will be overall satisfied	Elaine Sadocchi-Smith	Annual: Due Dec 31	QOC: Nov 28	Q4:*2016 Rates from the Satisfaction Survey - 82.9% reported overall satisfaction with the CVD program. CareCall reminder calls happening through 10/20/2016		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Inquiries re: CVD		N/A	Rebecca Cristerna/ Elaine Sadocchi-Smith	Quarterly	QOC: Feb 22, May 23, Aug 22, Nov 28	<p><b>CMC:</b> 1st Qtr.: 1 2nd Qtr.: 3 3rd Qtr.: 2 4th Qtr.: 12</p> <p><b>LACC:</b> 1st Qtr.: 0 2nd Qtr.: 2 3rd Qtr.: 0 4th Qtr.: 9</p>	<p>Starting in 2016, the DM resource line calls were tracked more accurately based on the following categories and members that were referred to the Customer Solution Center for issues like getting a new insurance card or changing providers are not counted as DM inquiries:</p> <ul style="list-style-type: none"> <li>• Member stated no disease</li> <li>• Member inquired on the program</li> <li>• Member was referred to Customer Solution Center.</li> </ul> <p>Additionally, most of the DM inquiries come in response to annual mailings and the annual satisfaction survey which did not go out until 3rd quarter in 2016.</p>	Y
Complaints re: CVD		0	Rebecca Cristerna/ Elaine Sadocchi-Smith	Quarterly	QOC: Feb 22, May 23, Aug 22, Nov 28	<p><b>CMC:</b> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 0 4th Qtr.: 1</p> <p><b>LACC:</b> 1st Qtr.: 0 2nd Qtr.: 0 3rd Qtr.: 0 4th Qtr.: 0</p>	<p>Starting in Q2, the Contact Form in CCA includes a complaint section for capturing complaints and resolutions beyond complaints that are sent to G&amp;A (e.g. complaints on DM staff, language or gender preference of assigned nurse etc.)</p>	Y
<b>State Quality Improvement Projects</b>								
<u>Childhood Immunization Status-3 PIP</u>		By June 30, 2017, the percentage of children living in Los Angeles County with Watts Health as their Primary Care Provider and who receive 3 doses of DTaP and 3 doses of PCV by 12 months of age will increase by 7%, from 59.5% to 66.5%	Callum James/ Esther Bae	Due to State: 6/30/17	QOC: Aug 22 PICC & PQC: Sept. 27	<p>3rd Qtr: Module 4 (PDSA) Active. Children under six months of age who are visiting the clinic for their first or second doses of DTaP/PCV will be scheduled a follow-up appointment, on arrival at the reception desk, to help ensure the child returns to the clinic and receives their next doses at least eight weeks from the date of the current visit. The clinic will also use the CoCASA report as a 'gaps in care' report to reach out to parents of members missing immunizations. The clinic has been more successful in using the CoCASA report as a 'gaps in care' report and calling parents to schedule appointments. This intervention was started on 8/29/16.</p> <p>4th Qtr: PDSA continues into the fourth quarter.</p>	New PIP for 2016	Y



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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
<u>MLTSS PIP</u>		By June 30, 2017, increase the referral rate of members with an HRA score <=44 from MedPoint Management/HCLA to L.A. Care's MLTSS Team, from 0.2% to at least 7.2%.	Callum James/ Asal Sepassi	Due to State: 6/30/17	<b>QOC: Aug 22</b> <b>PICC &amp; PQC: Sept. 27</b>	<b>3rd Qtr:</b> Module 3 approved by DHCS/HSAG. Module 4 (Plan section only) due to HSAG/DHCS by 11/7/16. <b>4th Qtr:</b> Module 4 approved by DHCS/HSAG. The intervention started on December 5th. Final submission is due in August of 2017.	<b>New PIP for 2016</b>	Y
<u>Medication Management for People with Asthma -PIP</u>		The percentage of eligible members with an asthma action plan will increase by 10% in at least one high-volume, low-performing primary care provider site	Callum James/ Betsy Santana	Due to State: 6/30/17	<b>QOC: Aug 22</b> <b>PICC &amp; PQC: Sept. 27</b>	<b>3rd Qtr:</b> Module 3 approved by DHCS/HSAG. Module 4 (Plan section only) due to HSAG/DHCS by 11/7/16. Data Analysts will re-submit data plan (module 2) due to changes in data specs by 10/14/16. <b>4th Qtr:</b> Module 4 approved by DHCS/HSAG. The intervention started on December 1st. The final submission is due. The final submission is due in August 2017	<b>New PIP for 2016</b>	Y
<b>Clinical - Patient Safety</b>								
Potential Quality Issues		100% of PQI investigation will be completed in 6 months	Christine Chueh	Biannually and end of year	<b>QOC: Feb 22, Nov 28</b>	<b>In Q1-Q2 2016, total 143 cases were closed. All cases were closed within 6 months.</b> <b>The breakdown of the PQI cases by LOB:</b> Medi-Cal: 126 PASC-SEIU: 10 LACC: 2 CMC: 5 <b>In Q3-Q4 2016, total 319 cases were closed. All cases were closed within 6 months.</b> <b>The breakdown of the PQI cases by LOB:</b> Medi-Cal: 293 PASC-SEIU: 11 LACC: 3 CMC: 12		Y
FSR- needlestick safety		70%	Dulce Fernandez	Annual	<b>QOC: May 23</b>	<b>Annual:</b> For FY 2015- 2016, the compliance rate for needlestick safety was 70%. Did meet the 2016 goal of 70%.		Y
FSR- spore testing of autoclave/sterilizer		85%	Dulce Fernandez	Annual	<b>QOC: May 23</b>	<b>Annual:</b> For FY 2015-2016, the compliance rate for spore testing was 81%. Did not meet the 2016 goal of 85%		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Medical Record Documentation		95% of sites reviewed achieve ≥ 80% compliance	Dulce Fernandez	Annual	QOC: Nov 28	Annual: For FY 2015-2016, the rate of provider sites achieving a compliance rate of ≥ 80% is as follows:  Approximate number of Sites with MRR completed- 896  Number of sites Scored MRR audit => 80% - 791 or 88%		Y
Appropriate uses of medications-Polypharmacy		90% of providers will be notified of members who meet criteria: (Multi-Rx: 13 or more prescriptions in 3 of 4 months, Multi-Prescriber: 7 or more unique prescribers in 2 of 4 months, Duplicate Therapy: 2 or more Rx's in same drug class consistently during 4 month period)	Yana Paulson/ Ann Phan	Quarterly	QOC: 2/22/16, 8/22/16, 11/28/16 4th Qtr. Attached to QI Eval	<p><b>Medi-Cal:</b>  <b>March 2016:</b>  <b>Multi-Rx</b> - 2,056 members identified, 3,685 prescribers mailed  <b>Multi-Prescriber</b> - 132 members identified, 1,274 prescribers mailed  <b>Duplicate Therapy</b> - 514 members identified, 554 prescribers mailed  <b>July 2016:</b>  <b>Multi-Rx</b> - 2,153 members identified, 3,909 prescribers mailed  <b>Multi-Prescriber</b> - 149 members identified, 1,406 prescribers mailed  <b>Duplicate Therapy</b> - 763 members identified, 744 prescribers mailed  <b>November 2016:</b>  <b>Multi-Rx</b> - 2,042 members identified, 3,807 prescribers mailed  <b>Multi-Prescriber</b> - 201 members identified, 1,942 prescribers mailed  <b>Duplicate Therapy</b> - 858 members identified, 799 prescribers mailed</p> <p><b>CMC:</b>  <b>March 2016:</b>  <b>Multi-Rx</b> - 155 members identified, 445 prescribers mailed  <b>Multi-Prescriber</b> - 10 members identified, 104 prescribers mailed  <b>Duplicate Therapy</b> - 37 members identified, 48 prescribers mailed  <b>July 2016:</b>  <b>Multi-Rx</b> - 145 members identified, 463 prescribers mailed  <b>Multi-Prescriber</b> - 10 members identified, 102 prescribers mailed  <b>Duplicate Therapy</b> - 47 members identified, 54 prescribers mailed</p>	<p><b>Intervention mailings for polypharmacy with 3 initiatives through the RDUR Program (Multi-Rx, Multi-Prescriber, and Duplicate Therapy). Mailings occur 3x year (March, July, November).</b>  The prescriber mailing intervention is considered to have contributed to an improved outcome under the following circumstance:  • Member is identified for one or more interventions (Multi-Prescriber, Multi-Prescription, and/or Duplicate Therapy) during a given intervention period.  • Member no longer qualifies for the same intervention(s) during the next intervention mailing period.  From March 2016 to July 2016, improved outcomes were observed in 26.94% to 46.98% of identified members in the Medi-Cal LOB and 17.02% to 60% of identified members in the CMC LOB. There are several limitations to the above measured effectiveness of the intervention including the following: exclusion of disenrolled members during subsequent mailing periods was not incorporated, difficulty in concluding the exact cause of decrease in decrease in drug utilization patterns, limited sample size and thus limited improvement in smaller LOBs. However, based upon currently available observations of the prescriber mailing interventions, it does appear that the RDUR Safety Program is making a positive impact towards reduction of drug utilization with potential polypharmacy concerns.</p>	Y
Appropriate uses of medications-Polypharmacy (cont.)						<p><b>November 2016:</b>  <b>Multi-Rx</b> - 148 members identified, 458 prescribers mailed  <b>Multi-Prescriber</b> - 7 members identified, 67 prescribers mailed  <b>Duplicate Therapy</b> - 59 members identified, 77 prescribers mailed</p> <p><b>LACC:</b>  <b>March 2016:</b>  <b>Multi-Prescriber</b> - 1 member identified, 11 prescribers mailed  <b>Duplicate Therapy</b> - 1 member identified, 1 prescriber mailed</p> <p><b>July 2016:</b>  <b>Multi-Rx</b> - 1 member identified, 4 prescribers mailed  <b>Duplicate Therapy</b> - 2 members identified, 2 prescribers mailed</p> <p><b>November 2016:</b>  <b>Multi-Rx</b> - 1 member identified, 6 prescribers mailed  <b>Duplicate Therapy</b> - 6 members identified, 9 prescribers mailed</p>	<p><b>PASC-SEIU:</b>  <b>March 2016:</b>  <b>Multi-Rx</b> - 10 members identified, 21 prescribers mailed  <b>Duplicate Therapy</b> - 19 members identified, 24 prescribers mailed</p> <p><b>July 2016:</b>  <b>Multi-Rx</b> - 13 members identified, 35 prescribers mailed  <b>Multi-Prescriber</b> - 1 member identified, 12 prescribers mailed</p> <p><b>Duplicate Therapy</b> - 19 members identified, 24 prescribers mailed</p> <p><b>November 2016:</b>  <b>Multi-Rx</b> - 11 members identified, 38 prescribers mailed  <b>Duplicate Therapy</b> - 18 members identified, 26 prescribers mailed</p>	

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Appropriate uses of medications - Controlled substances		90% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	Yana Paulson/ Gayle Butler	Quarterly	QOC: 2/22/16, 8/22/16, 11/28/16 4th Qtr. Attached to QI Eval	<p><b>Medi-Cal:</b>  <b>March 2016:</b> 340 members identified, 1,311 prescribers mailed  <b>July 2016:</b> 315 members identified, 1,212 prescribers mailed  <b>November 2016:</b> 254 members identified, 1,087 prescribers mailed  <b>CMC:</b>  <b>March 2016:</b> 10 members identified, 27 prescribers mailed  <b>July 2016:</b> 10 members identified, 40 prescribers mailed  <b>November 2016:</b> 13 members identified, 56 prescribers mailed  <b>LACC:</b>  <b>March 2016:</b> 1 member identified, 4 prescribers mailed  <b>July 2016:</b> 1 member identified, 5 prescribers mailed  <b>November 2016:</b> 1 member identified, 3 prescribers mailed  <b>PASC-SEIU:</b>  <b>March 2016:</b> 6 members identified, 18 prescribers mailed  <b>July 2016:</b> 2 members identified, 6 prescribers mailed  <b>November 2016:</b> 3 members identified, 13 prescribers mailed</p>	<p><b>Intervention mailings for Controlled Substance Monitoring through the RDUR Program occur 3x year (March, July, November).</b>  <b>Results from July 2015 prescriber mailings are now available:</b>  <b>Medi-Cal:</b> 46.03% outcomes improvement      <b>CMC:</b> 40.00% outcomes improvement  <b>LACC:</b> 0% outcomes improvement      <b>PASC-SEIU:</b> 0% outcomes improvement            Note: % outcomes improvement is based on the following - member previously identified for prescriber mailing no longer meets criteria to qualify for intervention mailing after 4 months. There are several limitations to the above measured effectiveness of the intervention including the following: exclusion of disenrolled members during subsequent mailing periods was not incorporated, difficulty in concluding the exact cause of decrease in drug utilization patterns, limited sample size and thus limited improvement in smaller LOBs. However, based upon currently available observations of the prescriber mailing interventions in 2015, it does appear that the RDUR Safety Program is making a positive impact towards reduction of controlled substance utilization.</p>	Y
Potentially inappropriate medication (PIM)		Concurrent DUR edits in place for members with Potential medication overutilization	Yana Paulson/ Gayle Butler	Quarterly	QOC: 2/22/16, 8/22/16, 11/28/16 4th Qtr. Attached to QI Eval	<p><b>Opioid QL's and CDUR claim edits are currently in place for the following lines of business: CMC, Medi-Cal, LACC, and PASC-SEIU.</b></p>	<p>The CDUR edit in place detects members that have greater than 120 mg morphine equivalent dose, more than two pharmacies or two doctors for active opioid claims. The CDUR edits were previously only in place for CMC, but have been implemented for the other LOB's in the latter half of Q1 2016.</p>	Y
High Risk Safety Management		Estimated STAR rating of greater than or equal to 4	Yana Paulson/ Gayle Butler	Quarterly	QOC: 2/22/16, 8/22/16, 11/28/16 4th Qtr. Attached to QI Eval	<p><b>CMC:</b>  <b>1st Qtr: 5 Stars</b>  <b>2nd Qtr: 5 Stars</b>  <b>3rd Qtr.: 5 Stars</b></p>	<p>Measure applies to CMC only. CMS has updated HRM to become a display measure for 2016 that is no longer weighted.</p>	N
Medication Therapy Management (MTM) program		CMC only: MTM program with SinfoniaRx for 2015: Comprehensive Medication Review (CMR)-- phone intervention by pharmacist. Goal of 40% by the end of the 2016.	Yana Paulson/ Ann Phan	Quarterly	QOC: 2/22/16, 8/22/16, 11/28/16 4th Qtr. Attached to QI Eval	<p><b>CMR completion rate:</b>  <b>1st Qtr: 11%</b>  <b>2nd Qtr: 25%</b>  <b>3rd Qtr: 42%</b>  <b>4th Qtr: 77%</b></p>	<p><b>CMC:</b>            Measure applies to CMC only. The goal for 2016 is a CMR completion rate of 40%. We have far exceeded this goal and reached a CMR rate of 77%.</p>	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
Clinical- Clinical Practice & Preventive Guidelines								
Clinical Practice Guidelines		100% review and approval at least every 2 years/updates as required.	Asal Sepassi/ Callum James/Elaine Sadoochi-Smith	Annual and as needed for updates	PICC & PQC: June 28	<p><b>Q1: Reviewed and Adopted:</b> 2013 ACC/AHJ Guideline on the Assessment of Cardiovascular Risk (2013) ACC/AHA. Diabetes Care: Standards of Medical Care in Diabetes - 2016 (2016) ADA. Child and Adolescent Obesity Provider Toolkit (2012) CMAF. Adult Obesity Provider Toolkit (2013) CMAF. Pre/Post Bariatric Surgery Provider Toolkit (2013) CMAF. Adult and Pediatric Acute Infection Guideline Summary (2015) CMAF. Guidelines for Perinatal Care, 7th Edition. (2012) AAP/ACOG. Prevention of acute exacerbations of COPD: American College of Chest Physicians and Canadian Thoracic Society Guideline (2015) ACCP. Diagnosis and management of stable chronic obstructive pulmonary disease (2011) ACP, ACCP, ATS, ERS. Diagnostic Imaging for Low Back Pain: Advice for High-value Health Care (2011) ACP. Diagnosis and Treatment of Low Back Pain (2007) ACP, APS. ACOG (2010) Smoking Cessation During Pregnancy. The American Congress of Obstetricians and Gynecologists (2010) ACOG. CDC Procedures to Prevent Perinatal Hepatitis B Virus Transmission (CDC).</p>	<p><b>Q2:</b> Reviewed and Adopted: AAACE/ACE Comprehensive Type 2 Diabetes Management Algorithm (2016) AAACE/ACE. Safe Prevention of the Primary Cesarean Delivery (ACOG) American College of Obstetricians and Gynecologists (2014) ACOG. CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016 (2016) CDC. International Guidelines for Management of Severe Sepsis and Septic Shock: (2012, 2013) ACC/AHA.</p> <p><b>Q3:</b> No Clinical Practice Guidelines Presented. TB Risk Assessment presented by Dr. Emons.</p> <p><b>Q3:</b> Sending Asthma CPGs to 3,304 providers early July. <b>Q3:</b> Sending CVD CPGs to 4,578 providers early July. <b>Q4:</b> Sending Diabetes CPGs to 37,377 providers in October.</p>	Y
Clinical Practice Guidelines		100% of at least 2 aspects of 4 guidelines will be measured.	Asal Sepassi/ Callum James/Elaine Sadoochi-Smith	Annual: By Dec '15	PICC & PQC: June 28	<p>CPG Annual Report reviewed and approved at PICC/PQC on 6/28/2016. Measures used include: Asthma, Cardiovascular Risk, Diabetes, Attention Deficit Hyperactivity Disorder (ADHD) and Depression.</p>	<p><b>Q3:</b> Sending Asthma CPGs to 3,304 providers early July. <b>Q3:</b> Sending CVD CPGs to 4,578 providers early July. <b>Q4:</b> Sending Diabetes CPGs to 37,377 providers in October.</p>	Y
Preventive Health Guidelines (PHGs)		Review, update, approve, & distribute Preventive Health Guidelines	Asal Sepassi/ Callum James	Annual	PICC & PQC: June 28	<p><b>Q1:</b> Medi-Cal PHGs Mailed <b>Q2:</b> LACC PHGs Mailed <b>Q3:</b> No PHGs Mailed <b>Q4:</b> No PHGs Mailed</p>		Y
<b>★Star Measures</b> MOC = Model of Care Measures MOC/CPG = Model of Care/Clinical Practice Guideline	For Star measures benchmarks are 5 Star Rating for 2016. Other benchmarks reflect the 90th percentile of the NCQA Quality Compass.	Goal Methodology: Set 4 star goal for CMC baseline year 2016						
<b>C01 - Breast Cancer Screening★</b>	5 Stars: ≥ 80%	4 Stars: ≥ 74%	Linda Lee/ Michael Tu	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	<p>CMC: Rate: 61.20% Den: 1,616 Num: 989</p>	<p>Reminder IVR calls made to CMC, Medi-Cal, and LACC members -mid September</p> <p>Quarterly POR- including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July-- next round October</p> <p>Educational Handouts through AWE distribution and in-home assessments through vendor</p>	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
C02 - Colorectal Cancer Screening ★	5 Stars: ≥ 78%	4 Stars: ≥ 71%	Linda Lee/ Betsy Santana/ Michael Tu	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 45.26% Den: 411 Num: 186	MEMBER MAILER: Co-branded mailer with ACS (includes emphasizing the negative impact on the family) in all threshold languages.  Reminder IVR call campaign  PROVIDER LETTER: Focus on influential physician role/tree PHS/ACS Resources for tools (member brochure incl)  Quarterly POR-including member level detail for PCP outreach	Y
C03 - Annual Flu Vaccine ★ (CAHPS)	5 Stars: ≥ 78%	4 Stars: ≥ 75%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton Nai Kasick	Annually: Sept '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 61% Below average.	Educational mailer and IVR reminder calls for Q4  Q3: Member newsletter published w flu article in September. CMC: mailing in October, LACC email via MyHIM in October; MCLA- HE robocalls out in October,	Y
C04- Improving or Maintaining Physical Health ★(HOS)	5 Stars: ≥ 72%	4 Stars: ≥ 69%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton	Annually: Sept '16	QOC: Aug 22 PICC & PQC: Sept 27	Data not available, plan too new to be measured for three-year cohort results.	Educational Handouts through AWE distribution and in-home assessments through vendor	Y
C05 - Improving or Maintaining Mental Health ★(HOS)	5 Stars: ≥ 82%	4 Stars: ≥ 80%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton	Annually: Sept '16	QOC: Aug 22 PICC & PQC: Sept 27	Data not available, plan too new to be measured for three-year cohort results.	Educational Handouts through AWE distribution and in-home assessments through vendor	Y
C06 - Monitoring Physical Activity★(HOS)	5 Stars: ≥ 62%	4 Stars: ≥ 55%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton	Annually: Sept '16	QOC: Aug 22 PICC & PQC: Sept 27	Data not available, plan too new to be measured for three-year cohort results.	Educational Handouts through AWE distribution and in-home assessments through vendor	Y
C07 - Adult BMI Assessment ★	5 Stars: ≥ 96%	4 Stars: ≥ 90%	Linda Lee/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 87.10% Den: 411 Num: 358	Educational Handouts through AWE distribution and in-home assessments through vendor  Quarterly POR-including member level detail for PCP outreach	Y
C09- Care for Older Adults- Medication Review ★	5 Stars: ≥ 87%	4 Stars: ≥ 77%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 58.39% Den: 411 Num: 240	Quarterly POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July--next round October.  Captured in CMC AWE-Ongoing - initiated in home assessment program beginning October 2016.	Y
C10 - Care for Older Adults- Functional Status Assessment ★	5 Stars: ≥ 86%	4 Stars: ≥ 67%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 38.44% Den: 411 Num: 158	Quarterly POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July--next round October.  Captured in CMC AWE-Ongoing- initiated in home assessment program beginning October 2016.	Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
C11 - Care for Older Adults- Pain Assessment *	5 Stars: ≥ 95%	4 Stars: ≥ 78%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 57.91% Den: 411 Num: 238	Quarterly POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in September--next round November.  Captured in CMC AWE-Ongoing- initiated in home assessment program beginning October 2016.  Educational Handouts through AWE distribution and in-home assessments through vendor.	Y
C12 - Osteoporosis Management in Older Women *	5 Stars: ≥ 75%	4 Stars: ≥ 51%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 28.95% Den: 38 Num: 11	Quarterly POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July--next round October  Educational Handouts through AWE distribution and in-home assessments through vendor	Y
C13 - Diabetes : Eye Exam (retinal) performed * MOC/CPG	5 Stars: ≥ 82 %	4 Stars: ≥ 75%	Linda Lee/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 65.00% Den: 548 Num: 354	Q3: Member and provider coordinated mailings scheduled to promote CDC measures and compliance. Q2: Member call campaign for reminder calls on A1c and eye exam. Pending report.  Quarterly POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July--next round October  Educational Handouts through AWE distribution and in-home assessments through vendor	Y
C14 - Diabetes : Medical attention for nephropathy * MOC/CPG	5 Stars: ≥ 97%	4 Stars: ≥ 93%	Linda Lee/ Elaine Sadocchi-Smith/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 95.00% Den: 548 Num: 521	Q3: Member and provider coordinated mailings scheduled to promote CDC measures and compliance.  Quarterly POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July--next round October  Educational Handouts through AWE distribution and in-home assessments through vendor	Y
C15 - Diabetes: A1C (>9.0%) (Poor Control) *	5 Stars: ≥ 84%	4 Stars: ≥ 71%	Linda Lee/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 47.00% Den: 548 Num: 257	Q3: Member and provider coordinated mailings scheduled to promote CDC measures and compliance. Q2: Member call campaign for reminder calls on A1c and eye exam. Pending report.  Quarterly POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July--next round October  Educational Handouts through AWE distribution and in-home assessments through vendor	Y

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Measure #1 (CCIP) C16 - Controlling High Blood Pressure ★	5 Stars: ≥ 82%	4 Stars: ≥ 75%	Linda Lee/ Elaine Sadoochi-Smith/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 56.20% Den: 411 Num: 231	CCIP Reporting was discontinued in April, 2016. *CCIP program continues. Q1 and Q2 Interventions: *Monthly New Member mailing to newly identified CVD DM members includes booklet with information on controlling high blood pressure. *High severity CVD members with assigned nurse receive coaching calls including goal setting on high blood pressure. *High severity CVD members with assigned nurse receive referrals to HECLS for Weight Watchers and/or Nutritionist as appropriate. *Q3: CVD Booklet with information on controlling high blood pressure to be sent to all CVD DM members. *Q3: POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July *Q4: In November QI emailed 65 PPGs and mailed 1,905 PCP's their PORs.	Y
C17 - Disease - Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis ★	5 Stars: ≥ 86%	4 Stars: ≥ 82%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 71.00% Den: 100 Num: 71	Quarterly POR-including member level detail for PCP outreach	Y
C18 - Reducing the Risk of Falling ★ (HOS)	5 Stars: ≥ 73%	4 Stars: ≥ 67%	Linda Lee/ Asal Sepassi/ Michael Tu/ Grace Crofton/ Rae Starr	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	[Scores not yet received through normal HPMS release in 2016?]	Educational Handouts through AWE distribution and in-home assessments through vendor	Y
C19 - Plan All Cause Readmission Rate ★ (Note lower rate = better performance)	5 Stars: ≤ 6%	4 Stars: >6% to ≤ 9	Linda Lee/ Michael Tu/ Grace Crofton/ Asal Sepassi	Annual: Due June '16	QOC: Nov 28	CMC: Rate: 12.46%	Surveying top PPGs regarding TOC plan Identifying low performing PPGs for targeted outreach	Y
C20 - Getting Needed Care ★ (See 2 questions below) (MAPD CAHPS)	5 Stars: ≥ 86%	4 Stars: ≥ 84%	Rae Starr/ Asal Sepassi / UM	Annually: Sept '16	MQSC: Oct 11	CMC: Rate: NA Not reported. Very low reliability.		Y
C21 - Getting Appointments and Care Quickly ★ (MAPD CAHPS)	5 Stars: ≥ 79%	4 Stars: ≥ 77%	Rae Starr/ Asal Sepassi / PNM	Annually: Sept '16	MQSC: Oct 11	CMC: (C21) Rate: 70% Significantly below average.		Y
C22 - Customer Service ★	5 Stars: ≥ 90%	4 Stars: ≥ 88%	Rae Starr/ Geoffrey Vitrano / Robert Martinez / Rebecca Cristina/ Rahelch Doroudian (Customer Service Working Group)	Annually: Sept '16	MQSC: Oct 11	CMC: Rate: 88% Star Rating: NR No difference from average.	Initiated Companywide Customer Service week	Y
C23 - Rating of Health Care Quality (Rating of 7, 8, 9 or 10 of 10) ★	5 Stars: ≥ 87%	4 Stars: ≥ 86%	Rae Starr/ Linda Lee / Asal Sepassi	Annually: Sept '16	MQSC: Oct 11	CMC: Rate: 82% Significantly below average.		Y

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C24 - Rating of Health Plan (Rating of 7, 8, 9 or 10 of 10) ★	5 Stars: ≥ 87%	4 Stars: ≥ 85%	Rae Starr/ Linda Lee / Asal Sepassi / All departments	Annually: Sept '16	MQSC: Oct 11	CMC: Rate: 82% Significantly below average.		Y
C25- Care Coordination★	5 Stars: ≥ 87%	4 Stars: ≥ 86%	Linda Lee/ Rebecca Cristerna/ Anna Edwards	Annually: Sept '16	MQSC: Oct 11	CMC: Rate: 80% Significantly below average.	Enhancing Model of Care to provide in-home assessments, collaborate with PPGs, realign CM staffing for target populations of members under 65 years of age and those over 65 years of age, and to improve member messaging on care management.	Y
C26 - Complaints about the Health Plan ★ (lower is better)	5 Stars: ≤ 0.08%	4 Stars: > 0.08%	Susan Bell/ Linda Lee/ All departments	Annual	MQSC: Oct 11	CMC: 95%		Y
C27- Members Choosing to Leave the Health Plan ★ (lower is better)	5 Stars: ≤ 10%	4 Stars: > 10%	Linda Lee/ Rebecca Cristerna/ All departments	Annual	MQSC: Oct 11	CMC: Rate: 80% Significantly below average.	Monthly Disenrollment Survey	Y
C31- Appeals Resolution ★	5 Stars: ≥ 94%	4 Stars: ≥ 89%	Teresa Kries/ Susan Bell/ Linda Lee	Annual	MQSC: Oct 11	[Scores not yet received through normal HPMS release in 2016?]		Y
D08 - Overall Rating of Drug Plan (Rating 7, 8, 9 or 10, out of 10)★	5 Stars: ≥ 86%	4 Stars: ≥ 84%	Linda Lee/ Yana Paulson / Gayle Butler	Annually: Sept '16	MQSC: Oct 11	CMC: Rate: 80% Significantly below average.	Internal Customer Service Week in October.  Call Center/Member Services restructure and additional training. Conducting barrier analysis and research into best practices to improve rating.	Y
D09 - Getting Needed Drugs (RX) ★	5 Stars: ≥ 92%	4 Stars: ≥ 91%	Linda Lee/ Yana Paulson / Gayle Butler	Annually: Sept '16	MQSC: Oct 11	CMC: Rate: 80% Significantly below average.	Member educational handouts- How to take your medication, My Medication List	Y
D11 - High Risk Medications★ (lower is better)	5 Stars: ≤ 6%	4 Stars: > 6%	Linda Lee/ Yana Paulson / Gayle Butler	Annually: Sept '16	MQSC: Oct 11	3.67%	Provider outreach done through PBM--monthly reports given to LAC  We have surpassed our goal of >6% for 2016.	Y
D12 - Medication Adherence for Diabetes Medications ★	5 Stars: ≥ 82%	4 Stars: ≥ 75%	Linda Lee/ Yana Paulson / Gayle Butler	Annually: Sept '16	MQSC: Oct 11	75.20%	Monthly IVR reminder calls to approx. 5,000 CMC members. In addition to IVR outreach, the Pharmacy dept initiated internal outreach call campaign to non-adherent members. 97 successful call attempts resulting in a fill(s).  Measures fell below 2016 goal.	Y



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Percentage of members taking long-term medications who have been monitored (See 4 measures below)								
Potentially Harmful Drug-Disease Interactions- Falls + tricyclic antidepressants, antipsychotics or sleep agents (Note lower rates signify better performance)	Benchmark '15: 37.27%	CMC: baseline	Michael Tu/ Yana Paulson / Gayle Butler / Linda Lee	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 44.92% Den: 187 Num: 84		Y
Potentially Harmful Drug-Disease Interactions- Dementia + tricyclic antidepressants, anticholinergic agents (Note lower rates signify better performance)	Benchmark '15: 38.82%	CMC: baseline	Michael Tu/ Yana Paulson / Gayle Butler / Linda Lee	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 55.74% Den: 296 Num: 165		Y
Potentially Harmful Drug-Disease Interactions- Chronic Renal Failure + NSAIDS (Note lower rates signify better performance)	Benchmark '15: 3.93%	CMC: baseline	Michael Tu/ Yana Paulson / Gayle Butler / Linda Lee	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 23.86% Den: 88 Num: 21		Y
Potentially Harmful Drug-Disease Interactions- Combination Rate (Note lower rates signify better performance)	Benchmark '15: 32.35%	CMC: baseline	Michael Tu/ Yana Paulson / Gayle Butler / Linda Lee	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 47.29% Den: 571 Num: 270		Y
Use of High Risk Medication in the Elderly- one drug (Note lower rates signify better performance)	Benchmark '15: 7.56%	CMC: baseline	Michael Tu/ Yana Paulson / Gayle Butler / Linda Lee	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 19.62% Den: 6,570 Num: 1,289		Y
Use of High Risk Medication in the Elderly- two drugs (Note lower rates signify better performance)	Benchmark '15: 0.56%	CMC: baseline	Michael Tu/ Yana Paulson / Gayle Butler / Linda Lee	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 3.67% Den: 6,570 Num: 241		Y
Care for Older Adults- Advance Care Planning	Benchmark not available	CMC: baseline	Michael Tu/ Yana Paulson / Gayle Butler / Linda Lee	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 33.58% Den: 411 Num: 138		Y
Medication Reconciliation Post Discharge	Benchmark not available	CMC: baseline	Michael Tu/ Yana Paulson / Gayle Butler / Linda Lee	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 8.53% Den: 387 Num: 33		Y
Board Certification	N/A	Fam Med: 58% IM: 69% Geriatrics: 84% Other: 76%	Asal Sepassi/ Michael Tu/ Penny Tunney	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	Fam Med: 52.2% IM: 55.3% Pediatrics: 57.0% Ophthalmology: 67.7% OB/GYN: 51.3% Other: 41.9%		Y

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Other Measures								
Medical Assistance With Smoking and Tobacco Use Cessation (Advising Smokers to Quit only) (Always, Usually, and Sometimes) (CAHPS - Medicare)	not available	CMC: baseline	Michael Tu/ Rae Starr	Annual: Due Sept. '16	QOC: Aug 22 PICC & PQC: Sept 27	Rate: 38%		Y
CCIP - Reducing Cardiovascular Risk		Goal Methodology: Set 4 star goal for CMC baseline year 2016						
Measure #1 (CCIP) C16 - Controlling High Blood Pressure ★	5 Stars: ≥ 82%	4 Stars: ≥ 75%	Elaine Sadocchi-Smith/ Michael Tu	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 56.20% Den: 411 Num: 231	<p>CCIP - Reducing Cardiovascular Risk</p> <p>CCIP Reporting was discontinued in April, 2016. *CCIP program continues. Q1 and Q2 Interventions: *Monthly New Member mailing to newly identified CVD DM members includes booklet with information on controlling high blood pressure. *High severity CVD members with assigned nurse receive coaching calls including goal setting on high blood pressure. *High severity CVD members with assigned nurse receive referrals to HECLS for Weight Watchers and/or Nutritionist as appropriate. *Q3: CVD Booklet with information on controlling high blood pressure to be sent to all CVD DM members. *Q3: POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July *Q4: In November QI emailed 65 PPGs and mailed 1,905 PCP's their PORs.</p>	Y

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<p>Measure #2 (CCIP) C07- Adult BMI assessment ★</p>	5 Stars: ≥ 96%	4 Stars: ≥ 90%	Elaine Sadochi-Smith/ Michael Tu	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 87.10% Den: 411 Num: 358	<p>CCIP - Reducing Cardiovascular Risk</p> <p>CCIP Reporting was discontinued in April, 2016. *CCIP program continues. Q1 and Q2 Interventions: *Monthly New Member mailing to newly identified CVD DM members includes booklet with information on controlling high blood pressure. *High severity CVD members with assigned nurse receive coaching calls including goal setting on high blood pressure. *High severity CVD members with assigned nurse receive referrals to HECLS for Weight Watchers and/or Nutritionist as appropriate. *Q3: CVD Booklet with information on controlling high blood pressure to be sent to all CVD DM members. *Q3: POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July *Q4: In November QI emailed 65 PPGs and mailed 1,905 PCP's their PORs. *Q3: POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July *Q4: In November QI emailed 65 PPGs and mailed 1,905 PCP's their PORs.</p>	Y
<p>Measure #3 (CCIP) D13 - Medication Adherence for Hypertension (RAS antagonists)★</p>	5 Stars: ≥ 81%	4 Stars: ≥ 77%	Elaine Sadochi-Smith/ Michael Tu	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	CMC: Rate: 84.99% Den: 3324 Num: 2819	<p>CCIP - Reducing Cardiovascular Risk</p> <p>CCIP Reporting was discontinued in April, 2016. *CCIP program continues. Q1 and Q2 Interventions: *Monthly New Member mailing to newly identified CVD DM members includes booklet with information on controlling high blood pressure. *High severity CVD members with assigned nurse receive coaching calls including goal setting on high blood pressure. *High severity CVD members with assigned nurse receive referrals to HECLS for Weight Watchers and/or Nutritionist as appropriate. *Q3: CVD Booklet with information on controlling high blood pressure to be sent to all CVD DM members. *Q3: POR-including member level detail for PCP outreach - Distributed to 28 PPGs, 273 PCPs in July *Q4: In November QI emailed 65 PPGs and mailed 1,905 PCP's their PORs.</p>	Y

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<b>Measure #4 (CCIP)</b> <b>DI4 - Medication Adherence for Cholesterol (Statins) ★</b>	5 Stars: ≥ 79%	4 Stars: ≥ 73%	Elaine Sadocchi-Smith/ Michael Tu	Annual: Due June '16	QOC: Aug 22 PICC & PQC: Sept 27	Not reported in 2016.	CCIP - Reducing Cardiovascular Risk  CCIP Reporting was discontinued in April, 2016. *CCIP program continues. Q1 and Q2 Interventions: *Monthly New Member mailing to newly identified CVD DM members includes booklet with information on controlling high blood pressure. *High severity CVD members with assigned nurse receive coaching calls including goal setting on high blood pressure. *High severity CVD members with assigned nurse receive referrals to HECLS for Weight Watchers and/or Nutritionist as appropriate. *Q3: CVD Booklet with information on controlling high blood pressure to be sent to all CVD DM members.	Y
<b>Model of Care (MOC) Measures</b>								
<b>Improving access to preventive health services:</b> Increase the percentage of members vaccinated annually against seasonal influenza							Flu campaign including robo-calls and reminder postcards	Y
Quality of Life Survey - SF12 Mental Component Score (HOS)	Plan too new to be measured	6% /3 years or 2% change per year Target - 95%	Jim Banks/ Linda Lee	Annually		Data not available, plan too new to be measured for three-year cohort results.	Included in Annual Wellness Exam	Y
Quality of Life Survey - SF12 Physical Component Score (HOS)	Plan too new to be measured	6% /3 years or 2% change per year Target - 95%	Jim Banks/ Linda Lee	Annually		Data not available, plan too new to be measured for three-year cohort results.	Included in Annual Wellness Exam	Y
Medication compliance: Diabetes	Plan too new to be measured	Improvement of 2 percentage points per year Target - 80%	Jim Banks/ Linda Lee	Annually		Q4: PDC rate: 75.2%	Monthly IVR reminder calls MTM campaign Navitus quality outreach interventions Pharmacy Dept.'s STAR Adherence Member Outreach Program	Y
Patient satisfaction		90% of members will be satisfied with care management activities	Jim Banks/ Linda Lee/ Rebecca Cristerna [MORE surveys CM/CCM Satisfaction]/ Earl Leonard	Annually		Medi-Cal Q3: 86.4%  CMC Q1: 93.3% Q2: 88.5% Q3: 86.2% Q4: Data not available.	Customer Solution Center is launching Voice of the Member Program which is expected to have a significant impact on Patient Satisfaction.	Y

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<b>Hospital Utilization (MOC)</b>								
Hospital Bed Days	Data not yet available	10% reduction in total bed days/K Target: 1400/K	Jim Banks/ Veronica Monez/ Joseph Spooner/ Michelle Giboney/ Linda Lee	Quarterly		CMC Q1: 1478.3 Q2: 1407.7 Q3: 912.6 Q4: Data not available.	Workgroup focused on top 5% of utilizing members reviewing cases and initiating interventions	Y
Hospital Admissions	Data not yet available	10% reduction in admissions Target – 220	Jim Banks/ Veronica Monez/ Joseph Spooner/ Michelle Giboney/ Linda Lee	Quarterly		CMC Q1: 298.2 Q2: 283.7 Q3: 191.6 Q4: Data not available.	Workgroup focused on top 5% of utilizing members reviewing cases and initiating interventions	Y
Hospital Average Length of Stay	Data not yet available	10% reduction in length of stay, 4.2	Jim Banks/ Veronica Monez/ Joseph Spooner/ Michelle Giboney/ Linda Lee	Quarterly		CMC Q1: 5 Q2: 5 Q3: 4.7 Q4: Data not available.	Workgroup focused on top 5% of utilizing members reviewing cases and initiating interventions	Y
Readmissions rates	Plan too new to be measured	2 percentage point reduction from previous year Target: < 20%	Jim Banks/ Linda Lee	Quarterly		CMC Q1: 18.8% Q2: 16.10% Q3: 12.46% Q4: Data not available.	Annual QIP submission completed 1/12/2017. Goal was achieved and interventions proposed for 2017.	Y
<b>Ambulatory Services (MOC)</b>								
Emergency Room Visits	Data not yet available	10% reduction from the previous year	Jim Banks/ Veronica Monez/ Joseph Spooner/ Michelle Giboney/ Linda Lee	Quarterly		CMC Q1: 729.4 Q2: 707.1 Q3: 646.6 Q4: Data not available.		Y
Ambulatory Care Visits	Data not yet available	10% reduction from the previous year	Jim Banks/ Veronica Monez/ Joseph Spooner/ Michelle Giboney/ Linda Lee	Quarterly		CMC Q1: 6919.3 Q2: 6913.9 Q3: 5693.3 Q4: Data not available.		Y
Grievance	Data not yet available	Monitor in QI Program	Jim Banks/ Geoffrey Vitrano/ Linda Lee	Quarterly		CMC Q1: 230 Q2: 163 Q3: 211 Q4: 269		Y
HRA Completion Rate	67.29%	100% of all Medicare enrollees within 90 days	Jim Banks/ Linda Lee/ Customer Solutions Center	Quarterly		CMC Q1: 99% Q2: 98% Q3: 92.4% Q4: Data not available.	Process transitioned to LAC on 7/1/16 Customer Solutions Center has been fielding the HRA, monitoring completion, and oversight for compliance.	Y

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<b>Administrative</b>								
Annual Review of Policies & Procedures		100% Annual Review of P&Ps	Each Department Head	Each QOC as needed and by specific committee reported to QOC	QOC: Feb 22, May 23, Aug 22, Nov 28	1st Qtr.: No policies approved at QOC in Q1. 2nd Qtr.: No policies approved at QOC in Q2. 3rd Qtr.: No policies approved at QOC in Q3. 4th Qtr.: QI policies approved at QOC 11/28/16.		Y
Departmental Oversight reporting requirements		100% submission of timely delegate oversight reporting for each department	QI: Asal Sepassi MS: Rebecca Cristerna/ A&G: Susan Bell	QOC & MSQC quarterly	QOC: Feb 22, May 23, Aug 22, Nov 28 MSQC: Feb 23, April 12, July 12, Oct 11	1st Qtr.: Q4 2015 QI & CI and Q3 & Q4 A&G delegation oversight reports approved at QOC Feb. 22, 2016. Q3 & Q4 2015 Nurse Advice Line delegation oversight reports approved at MSQC Feb. 23, 2016 2nd Qtr.: Q1 2016 A&G delegation oversight report approved at QOC May 23, 2016. Q4 2015 & Q1 2016 Member Services and Q2 2016 Nurse Advice Line delegation oversight reports approved at MSQC July 12, 2016. 3rd Qtr.: Q1 & Q2 2016 QI & CI delegation oversight report approved at QOC Aug. 22, 2016. Q2 2016 A&G, Member Services, and Nurse Advice Line delegation oversight reports approved at MSQC Oct. 12, 2016. 4th Qtr.: Q3 2016 QI & CI delegation oversight report approved at QOC Nov. 28, 2016.		Y
QI Program Description & Work Plan		2016 QI Program Description & Work Plan approval	Asal Sepassi	QOC: 2/22/16 C & Q: 3/17/16	QOC: 2/22/16 C & Q: 3/17/16	Approved: QOC - 2/22/16 Approved: C&Q - 3/17/16		Y
QI Evaluation		2015 QI Evaluation approval	Asal Sepassi	QOC: 2/22/16 C & Q: 3/17/16	QOC: 2/22/16 C & Q: 3/17/16	Approved: QOC - 2/22/16 Approved: C&Q - 3/17/16		Y
QI Work Plan Updates		Review and Update of QI Work Plan	Marla Lubert/ Asal Sepassi	Biannually/ Final attached to QI eval	QOC: 8/22/16, 11/28/16	1st & 2nd Qtr.: QOC - 8/22/16 3rd Qtr.: QOC - 11/28/16 4th Qtr.: QOC - 2/27/16		Y
QI Reports to Board		Update Board (C&Q) on QI activities	Trudi Carter/ Jim Banks	At least quarterly	C & Q: 1/21/16, 3/17/16, 5/19/16, 7/21/16, 9/15/16, 11/17/16	1st Qtr.: 1/21/16 & 3/17/16 3rd Qtr.: 7/21/16 & 9/15/16 4th Qtr.: 9/15/16 & 11/17/16		Y
UM Program Documents		Annual UM Program Description, UM Work Plan, & UM Evaluation	Michelle Giboney	QOC: 2/22/16 C & Q: 3/17/16	QOC: 2/22/16 C & Q: 3/17/16	Approved: QOC - 2/22/16 Approved: UMC - 1/21/16 Approved: C&Q - 3/17/16		Y

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Performance Measures for Planned Activities for Objectives	2015 Benchmark	2016 Goal	Responsible Staff	Timeframe for completion	Reports to: (Dates are 2016 unless otherwise noted)	Updates	Comments	Recommend for '17 Work Plan
MMP Core Reporting		Reports submitted monthly	Kalesi Corbin	QOC Quarterly, Bi-annually & Annually	QOC: Feb 22, May 23, Aug 22, Nov 28	(1) MMP - 2.1 Assessment: 90 Day Completed (Ongoing) - 2/29/16 (Q4 2015) (2) MMP - 4.2 Enrollee Protections: Grievance & Appeals (Ongoing)- 2/29/16 (Q4 2015) (3) MMP - 5.1 Organizational Structure & Staffing: Care Coordinator to Member Ratio (Implementation) - 2/29/16 (Q4 2015) (4) MMP - 9.1 Utilization: Emergency Room Behavioral Health Services Utilization (Continuous) - 2/29/16 (Q4 2015) (5) MMP - 8.1 Systems: LTSS Claims Paid (Continuous) - 2/29/16 (Q3 & Q4 2015) (6) MMP - 2.3 Assessment: Annual Reassessment (Continuous) - 2/29/16 (Annual 2015) (7) MMP - 3.1 Care Coordination: Members Discharged from Inpatient Facility (Continuous)- 2/29/16 (Annual 2015) (8) MMP - 5.1 Organizational Structure & Staffing: Care Coordinator to Member Ratio (Ongoing)- 2/29/16 (Annual 2015) (9) MMP - 9.2 Utilization: Nursing Facility Diversion (Continuous) - 2/29/16 (Annual 2015) (10) MMP - 2.1 Assessment: 90 Day Completed (Ongoing) - 08/31/16 (Q2 2016) (11) MMP - 4.2 Enrollee Protections: Grievance & Appeals (Ongoing)- 08/31/16 (Q2 2016) (12) MMP - 8.1 Systems: LTSS Claims Paid (Continuous) - 2/29/16 (Q1 & Q2 2016) (13) MMP - 9.1 Utilization: Emergency Room Behavioral Health Services Utilization (Continuous) - 8/31/16 (Q2 2016)	1) Core 2.1 Members with an assessment completed within 90 days of enrollment - 11/30/2016 (Q4 2016) 2) Core 4.2 Grievances and Appeals - 11/30/2016 (Q4 2016) 3) Core 9.1 Emergency room behavioral health services utilization - 11/30/2016 (Q4 2016)	Y
CA State Reporting		Reports submitted monthly to the state	Kalesi Corbin	QOC Quarterly, Bi-annually & Annually	QOC: Feb 22, May 23, Aug 22, Nov 28	1) CA 1.11 Members with first follow-up visit within 30 days after discharge- 07/31/2016 (Q1 2016) 2) CA 1.1 High risk members with an ICP within 30 working days after the completion of the timely HRA- 08/31/2016 (Q2 2016) 3) CA 1.3 Low risk members with an ICP within 30 working days after the completion of the timely HRA- 08/31/2016 (Q2 2016) 4) CA 1.5 Members with an ICP completed- 08/31/2016 (Q2 2016) 5) CA 2.1 The number of critical incident and abuse reports for members receiving LTSS - 08/31/2016 (Q2 2016) 6) CA 1.2 High risk members with an ICP within 30 working days after the completion of the HRA - 09/30/2016 (Q2 2016) 7) CA 1.4 Low risk members with an ICP within 30 working days after the completion of the HRA - 09/30/2016 (Q2 2016)	1) Core 2.1 Members with an assessment completed within 90 days of enrollment - 11/30/2016 (Q4 2016) 2) Core 4.2 Grievances and Appeals - 11/30/2016 (Q4 2016) 3) Core 9.1 Emergency room behavioral health services utilization - 11/30/2016 (Q4 2016)	Y
Part C & D CMS Reporting		Complete and accurate collection, analysis, and reports of Part C & D data elements	Kalesi Corbin	QOC Quarterly, Bi-annually & Annually	QOC: Feb 22, May 23, Aug 22, Nov 28	(1) Disenrollment (Part C & Part D)- 2/29/16 (Q4 2015) (2) Enrollment (Part C & Part D) - 2/29/16 (Q4 2015) (3) Coverage Determinations & Redeterminations- 2/29/16 (Q4 2015) (4) Employer Group Plan Sponsors (Part C & Part D) - 2/29/16 (Annual 2015) (5) Enrollment Verification Calls- 2/29/16 (Annual 2015) (6) Grievances - Part C - 2/29/2016 (Annual 2015) (7) Grievances - Part D - 2/29/16 (Annual 2015) (8) Organization Determinations & Reconsiderations- 2/29/16 (Annual 2015) (9) Plan Oversight of Agents/Broker (Part C & Part D) - 2/29/16 (Annual 2015) (10) Provider Payment Dispute Resolution Process - 2/29/16 (Annual 2015) (11) Special Needs Plans (SNPs) Care Management - 2/29/16 (Annual 2015) (12) Sponsors Receiving Pharmacy Access Waivers - 2/29/16 (Annual 2015)  No submissions for Q3 & Q4.		Y