Quality Improvement Program Annual Report and Evaluation

2018

Quality Oversight Committee approval on ***2/25/19***
Compliance and Quality Committee approval on ***3/21/19***

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Mission

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

Vision

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

Values

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

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

EXECUTIVE SUMMARY

L.A. Care Health Plan continues its efforts to improve, attain and maintain excellent quality 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 2018 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measureable goals. This 2018 Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2018 through December 31, 2018 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 2018 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 quality of clinical care, safety of clinical care/patient safety, quality of service, member experience/satisfaction, and access to care. The evaluation documents activities undertaken to achieve work plan goals and establishes the groundwork for future quality improvement activities.

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

Staff throughout L.A. Care contribute to activities to support the execution of the Quality Improvement Program. Most activities are coordinated and/or carried out by staff in two main service areas: Health Services and Managed Care Operations. The Quality Improvement (QI) Department takes the lead in compiling this Annual Report, with support from staff in the following departments: Appeals & Grievances (A&G), Customer Solutions Center (CSC), Provider Network Management (PNM), Pharmacy, Community Outreach and Education (CO&E), Safety Net Initiatives (SNI), Medicare Operations (Med Ops), Health Education, Cultural and Linguistic Services (HECLS), Utilization Management (UM), Case Management (CM), Managed Long Term Services and Supports (MLTSS), Behavioral Health (BH), Facility Site Review (FSR) (Medical Record Review), and Credentialing (CR).

Activities in the 2018 Quality Improvement Program and the associated Work Plan activities focused on refining the quality of structure and process of care delivery with emphasis on member centric activity and consistency with regulatory and accreditation standards. All activities were undertaken in direct support of organizational changes and the Mission, Vision, and Strategic Priorities of the Board. Highlights include:

L.A. Care has successfully undergone evaluation by regulators and accrediting bodies:

- Completed DHCS audit in September of 2018, with a total of 3 findings compared to 6 findings in the 2017 audit. The review covered the Medi-Cal SPD and non-SPD members. The audit identified no significant variance in coverage of either population.
- The review covering the Cal MediConnect members identified a total of 3 findings compared to 11 findings in the 2015 audit.
- Completed CMS audit in October of 2018. The final score was 1.93, which is an improvement from the 2014 score of 2.39 (a lower score indicates higher performance).

- L.A. Care underwent a DMHC audit in the 4th quarter of 2018 and the final results are pending.
- L.A. Care obtained "commendable status" for Medi-Cal and retained "accredited status" for CMC.
- LACC remained at the "accredited status" until 2020.
- Maintained our "Distinction in Multicultural Health Care" by NCQA since 2013.

Membership Changes:

Medi-Cal – increased by 24 members:

- Members 65 years or older increased from below 1% to 10.03% of the population

Cal MediConnect – increased by 906 members:

- 72.8% are 65 years of age and older

L.A. Care Covered – increased by 46,088 members:

- 92.7% are 21-64 years of age

Clinical Care:

HEDIS Performance:

- HEDIS 2018 Results:
  - Medicaid: NCQA total Accreditation points 80.95, HEDIS: 24.95, & CAHPS: 6.53
  - Medicare: NCQA total Accreditation points 70.09, HEDIS: 17.38, & CAHPS: 3.25
  - DHCS Auto Assignment: L.A. Care maintained a higher percentage (54%) of allocation than Health Net for HEDIS 2018 results. However, the allocation dropped from 64% the previous year.
  - LACC/Marketplace Quality Rating System (QRS)
    - Clinical Quality Management: 4 stars, up from 3 stars in 2017
    - Enrollee Experience: 1 star, down from 2 stars in 2017

CAHPS Performance:

- CAHPS scores for adults remained low in 2018, NCQA points (3.29 out of 13 points possible).
- CAHPS scores for pediatric members continued moderately rising in 2018, NCQA points (6.54 out of 13 points possible).
- The steady drop in Adult scores since 2014 slowed in 2018; traceable to dissatisfaction in the Medicaid Expansion population.
- Opportunities to improve are greatest in the measures of access, which perform below their respective national Medicaid 25th percentiles, for both the adult and child surveys.
- L.A. Care is planning several new initiatives to improve member experience
  - Develop a pilot customer service training program for providers and their office staff
  - Develop a post encounter satisfaction survey

Population Health Management:

- L.A. Care developed a coordinated strategy to meet the new NCQA Population Health Management Program (PHMP) standards.
  - The Population Health Management Strategy and the Population Assessment were developed and approved.
  - A Cross-Functional Team was formed and met monthly to assess, document and develop interventions, programs to address the PHMP.

Disease Management:

- Starting in March 2018, Disease Management (DM) adopted a member-centric model.
- At the end of 2018, DM and Case Management merged into a unified Care Management department. Both were incorporated into L.A. Care's overall PHM strategy.

Clinical Practice Guidelines:

- Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC) approved new and revised clinical practice and preventative health guidelines. Guidelines were revised for the following categories: Behavioral Health, Cardiovascular, Chronic Care, Endocrine, Infectious Disease, Musculoskeletal, Obstetrics and Perinatal Care, Pain Management, Preventative Health. Links are now posted on our website for the 49 guidelines and 12 toolkits to support providers in their practice.

Provider Continuing Education (PCE) Program:

- L.A. Care continues to be accredited as a CME provider for Physicians, CE Provider for RNs and NPs, and an accredited CE Provider for LCSWs, LMFTs, LPCCs, and LEPs.
- Implemented 32 directly provided CME/CE activities and 47 jointly provided CME/CE activities with other healthcare organizations.
- Topics included but were not limited to: Palliative Care, Opioid Epidemic, Trauma Informed Care, Behavioral Health Disorders and Treatments, Quality Improvement in Primary Care, and Cardiovascular Disease and Diabetes.
- L.A. Care received between 88% to 95% for level of satisfaction with each CME/CE activity.

Cultural and Linguistic Services:

- Top requested languages were Spanish, Khmer, and Chinese.
- Processed 6,377 face-to-face interpreting requests – 6,116 were for medical appointments
- Telephonic interpreting services provided during 170,369 for a total of 2,528,418 minutes.

Health Education:

- The *Healthy Moms* program reached out to 6,108 post-partum members to offer assistance scheduling their post-partum appointment.
- *Healthy Pregnancy* program mailed trimester specific educational material to 5,902 members.
- *Healthy Baby* program mailed out 28,711 immunization packets to parents/guardians of members 0-6 months.
- *The Youth Empowerment Screening Chlamydia Campaign* mailed 15,080 letters to increase awareness and improve chlamydia screening rates.

Patient Safety:

- Current programs in Pharmaceutical safety include:
  - Concurrent Drug Utilization Review (CDUR)/Retrospective Drug Use Evaluation (RDUR)
    - As of July 2018 Prescribers were mailed a letter.
      - MCLA 10,711 prescribers
      - CMC 974 prescribers
      - LACC 176 prescribers
      - PASC 152 prescribers

- Medication Adherence for Diabetes Medications, HTN (RAS Antagonists), & Statins
  - Pharmacy Technicians made calls to members, pharmacies and prescribers to investigate barriers to adherence and remedies.
  - L.A. Care reached 944+ members with Proportion of Days covered (PDC) of less than 85%.
  - In July 2018, providers started receiving a scorecard letter by Navitus, which details all the members under respective provider's care that may be exhibiting non-adherence behaviors.

Potential Quality Issues (PQI):

- Reviewed/updated the PQI referral criteria and completed PQI training to internal and external stakeholders:
- Enhanced provider quality track and trend process to identify provider meeting the threshold of 5 points or more on a 4-point system.
- The Investment Review Board (IRB) approved a project for a Provider Quality Review System.

Critical Incident Reporting:

- Compliance with quarterly submission at 100%

Facility Site Review:

- Compliance with needle stick safety rate increased to 73% from 70%.
- Spore testing of autoclaves at 79% went down from 81%.

Addressing Disparities

- Each year the QI program completes an evaluation and analysis of HEDIS data to identify and address any disparities. This year's evaluation contains an analysis for each HEDIS measure by race and ethnicity.
- The following are a few of the disparities:
  - African Americans had the lowest Diabetes A1c Control and higher admissions for uncontrolled diabetes.
  - American Indians with diabetes had worse glycemic control and higher rates of hospitalization for long-term complications of diabetes.
  - Asthma Medication Ratio (AMR) was lower in African Americans and asthma hospitalization rates were higher in children/young adults.
  - Controlling High Blood Pressure (CBP) rates are difficult to assess for health disparities, but American Indians had higher rates of hospitalizations associated with hypertension and African Americans had the highest rates of admissions for heart failure among members with hypertension.
  - Antidepressant Medication Management disparities were noted for African Americans.

Access to Care, After Hours and Appointment Availability:

- Goals not met for urgent and routine appointments in MY2017, however goals for all other appointment types were met.
- Goals not met for after-hour access, but there was improvement in the performance for all after-hours access standards.

Member Participation, Community Outreach and Engagement:

Advisory member outreach

- Outreach efforts conducted by RCAC members reached 4,297 community members.

Community Partnerships

- Outreach focused on Women's health, diabetes, and heart health. Community partners focused on the creation of health education resources, telephonic outbound calls for diabetes, preventive health care services, health fairs and mental health forums and workshops.

Marketing

- Participation in workgroups to facilitate collateral materials in format, languages and reading levels.
- Staff alignment by product line, health plan initiatives and utilization of Family Resource Centers (Antelope Valley, Lynwood, Inglewood, Boyle Heights, and Pacoima).

Provider Incentive Programs

Program Payments & Results:

- L.A. Care's Physician P4P Program (MY 2017) – paid out $22.2 million to 888 physicians and 59 community clinics.
  - Added a payment gate in MY 2017 for after-hours care and appointment availability measures.
- L.A. Care's VIIP+P4P Program (MY 2017) – paid out $14.3 million to 52 eligible groups.
- L.A. Care's Plan Partner Incentive Program (MY 2017) – paid out a total of $7.3 million.
  - This program was redesigned in 2018 to more closely mirror the VIIP+P4P program.

Member Incentive Programs (2018 Programs)

- Cervical Cancer Screening (DHS MCLA members) – $50.00 gift card for completion of services related to cervical cancer screening.
  - 4,449 members were awarded as of November 2018. This constitutes 8.52% of eligible members awarded.

- Breast Cancer Screening (LACC members) – $50.00 gift card for completion of mammogram.
  - 48 members were awarded as of November 2018. This is 3.04% of eligible members awarded.
- Follow-Up for Hospitalization after Mental Illness (CMC, LACC & PASC members) – emergency preparedness kit for completing follow-up visit on or before 30 days of their initial visit.
  - 56 members were awarded as of November 2018.

- Comprehensive Diabetes Care (CMC members) – diabetes care package for completing A1c testing, blood pressure testing and an eye exam.
  - 12 members were awarded as of November 2018.

Committees:

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

- Two new workgroups (Inpatient and Medicare) were created to ensure appropriate measures/initiatives were identified, prioritized and discussed.
- Workgroup attendees' lists were updated to include Product leads and/or their designee, Plan Partners, and external representatives as appropriate.
- Workgroups were revised so they better align with the committees and reporting process.

Barriers Identified:

- HEDIS software and process was not capable of producing Provider Opportunity Reports timely or as frequently as desired. These reports were produced only 3 times during the year and were months outdated when distributed.
- CAHPS results continue to be very low scoring, especially with the adult population.
- Outdated internal systems do not allow for adequate capture and management of member and provider data. A new effort, Enterprise Information Management now focuses on this.
- Competing goals and/or priorities among L.A. Care, Plan Partners, PPGs and individual provider.

- Lack of consistent incorporation of statistical analysis to draw identifiable conclusions that would lead to improvement within the workgroups
- Unreliable contact information on members to execute contact and promote engagement.
- Outdated processes for engaging member by using mail, and phone only and not using newer sources of contact such as texting and e-mail.
- Lack of understanding of the HEDIS specifications among providers.
- Limited impact on providers and members due to delegated model and PPG contracting structure.

Based upon the evaluation of the 2018 activity, regulatory requirements and needs of populations served, the workgroup activities described in the 2018 work plan will continue.

Overall Effectiveness and Opportunities

Overall, the 2018 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan, although with growing membership and scope for QI, resourcing is a concern. 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 organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization.

The 2019 QI Program will continue to focus on opportunities to improve clinical care, safety and service in the areas outlined in this report. Member satisfaction results have declined over the last three years and enterprise efforts are underway to improve. Afterhours access studies continue to show the need for improvement including the need to improve provider data, which again has a large scale effort in place to improve. There are multiple clinical (and/or clinical data) areas that still need improvement, such as, breast and cervical cancer screenings, appropriate medications for people with asthma, and immunizations among pediatric and adolescent patients. These and other QI activities are detailed in the 2019 QI Work Plan and will be tracked through the QI committees and the governance structure.

A.1 Population Health Management Program (PHMP)

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REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES, MARIA CASIAS, RN, & KATRINA MILLER, MD

2018 is the first year Population Health Management Program (PHMP) information was collected in one central PHM strategy document and the membership demographics assessed, segmented through population assessment and the programs evaluated through a PHM Impact Evaluation. Coordinating services through a PHMP helps meet the goals outlined by the Triple Aim healthcare model including evidence based quality care, meeting regulatory requirements, and cost effective member care.

The PHMP strives to address health needs at all points along the continuum of health and wellbeing, through participation of, engagement with and targeted interventions for the member population across all lines of business. The integration of population health management consolidates and coordinates multiple program and service offerings into one seamless system, producing efficiencies that drive improved health outcomes and reduce overall health care spending.

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

The Population Health Management Program is conducted through coordination and collaboration with the following programs: Health Education (HE) Program, Complex Case Management (CCM) Program, Disease Management (DM) Program, Behavioral Health and Social Work, Utilization Management (UM), the Quality Improvement (QI) Program and other internal and external programs. The major components of the PHMP are: (1) population identification; (2) stratifying and risk-based segmentation; (3) member enrollment health appraisal and engagement; (4) intervening through monitoring; (5) evaluating program outcomes. The PHMP addresses the following areas along the continuum of care with interactive interventions:

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

A.2 POPULATION DEMOGRAPHICS

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Membership

As of 2018, QI documents a full Population Assessment with a full spectrum of segmentation, identification, and rankings of a complete set of population attributes. The content below is an excerpt of that document. For more information, the Population Assessment may be provided.

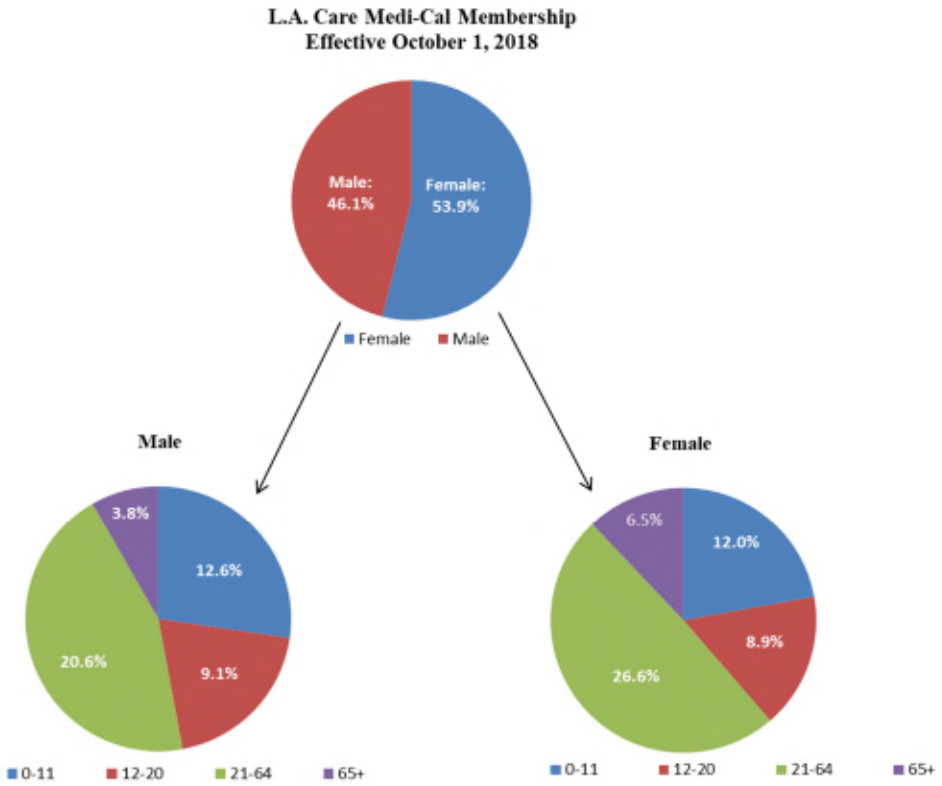
The top 15 diagnoses, were identified using Clinical Classifications Software (CCS) Single Level Diagnosis categories by LOB and by Inpatient and Outpatient setting (using primary diagnosis only), from July 1, 2017–June 30, 2018.

Medi-Cal Membership

As of October 1, 2018, L.A Care had 2,040,424 Medi-Cal members of those 158,642 members in the Senior and Persons with Disabilities (SPDs) categories (a decrease from 160,165 at the end of 2017), and 49,997 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	500,757	24.5%
12-20	365,991	18.0%
21-64	962,769	47.2%
65+	210,917	10.3%
Total	2,040,424	100%

Gender	Number of Members	% of Membership
Female	1,099,127	53.9%
Male	941,307	46.1%



Three ethnic groups make up 82.1% of L.A. Care's Medi-Cal membership as seen in the table below:

Ethnicity	Number of Members	% of Membership
Hispanic/Latino	1,141,509	55.9%
Caucasian/White	307,119	15.1%
African American/Black	225,983	11.1%

90.5% of all L.A. Care Medi-Cal members speak one of two languages as seen in the table below:

Language	Number of Members	% of Membership
English	1,228,158	60.2%
Spanish	617,493	30.3%

Approximately 42.5% 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 10.03% in 2018. Of the adult membership, approximately 53.9% are female and 46.1% are male. Approximately 55.9% 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

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

MEDI-CAL

Medi-Cal	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2017– June 30, 2018)	
1	Other upper respiratory infections
2	Spondylosis; intervertebral disc disorders; other back problems
3	Diabetes
4	Abdominal pain
5	Chronic kidney disease
6	Other nutritional; endocrine; and metabolic disorders
7	Other connective tissue disease
8	Essential hypertension
9	Other non-traumatic joint disorders
10	Blindness and vision defects
11	Other pregnancy and delivery including normal
12	Administrative/social admission
13	Other skin disorders
14	Mood disorders
15	Nonspecific chest pain

Medi-Cal	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2017 – June 30, 2018)	
1	Septicemia (except in labor)
2	Liveborn
3	Hypertension with complications and secondary hypertension
4	Diabetes mellitus with complications
5	Nonspecific chest pain
6	Skin and subcutaneous tissue infections
7	Other complications of birth; puerperium affecting management of mother
8	Alcohol-related disorders
9	Chronic obstructive pulmonary disease and bronchiectasis
10	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
11	Biliary tract disease
12	Respiratory failure; insufficiency; arrest (adult)
13	Urinary tract infections
14	Fluid and electrolyte disorders
15	Epilepsy; convulsions

The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2017 – June 30, 2018)			
Medi-Cal (SPD)			**Medi-Cal (Non-SPD)**
1	Chronic kidney disease	**1**	Other upper respiratory infections
2	Spondylosis; intervertebral disc disorders; other back problems	**2**	Spondylosis; intervertebral disc disorders; other back problems
3	Diabetes	**3**	Diabetes
4	Essential hypertension	**4**	Abdominal pain
5	Other connective tissue disease	**5**	Other nutritional; endocrine; and metabolic disorders
6	Other non-traumatic joint disorders	**6**	Other connective tissue disease
7	Abdominal pain	**7**	Other pregnancy and delivery including normal
8	Nonspecific chest pain	**8**	Other non-traumatic joint disorders
9	Other nutritional; endocrine; and metabolic disorders	**9**	Blindness and vision defects
10	Other upper respiratory infections	**10**	Essential hypertension
11	Schizophrenia and other psychotic disorders	**11**	Administrative/social admission
12	Other lower respiratory disease	**12**	Other skin disorders
13	Mood disorders	**13**	Mood disorders
14	Other nervous system disorders	**14**	Sprains and strains
15	Osteoarthritis	**15**	Other upper respiratory disease

The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2017 – June 30, 2018)			
Medi-Cal (SPD)			**Medi-Cal (Non-SPD)**
1	Septicemia (except in labor)	**1**	Liveborn
2	Hypertension with complications and secondary hypertension	**2**	Septicemia (except in labor)
3	Chronic obstructive pulmonary disease and bronchiectasis	**3**	Other complications of birth; puerperium affecting management of mother
4	Diabetes mellitus with complications	**4**	Diabetes mellitus with complications
5	Nonspecific chest pain	**5**	Hypertension with complications and secondary hypertension
6	Respiratory failure; insufficiency; arrest (adult)	**6**	Alcohol-related disorders
7	Complication of device; implant or graft	**7**	Skin and subcutaneous tissue infections
8	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	**8**	Nonspecific chest pain
9	Skin and subcutaneous tissue infections	**9**	Biliary tract disease
10	Fluid and electrolyte disorders	**10**	Other pregnancy and delivery including normal
11	Urinary tract infections	**11**	Other complications of pregnancy
12	Epilepsy; convulsions	**12**	Appendicitis and other appendiceal conditions
13	Acute and unspecified renal failure	**13**	Prolonged pregnancy
14	Complications of surgical procedures or medical care	**14**	OB-related trauma to perineum and vulva
15	Acute cerebrovascular disease	**15**	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)

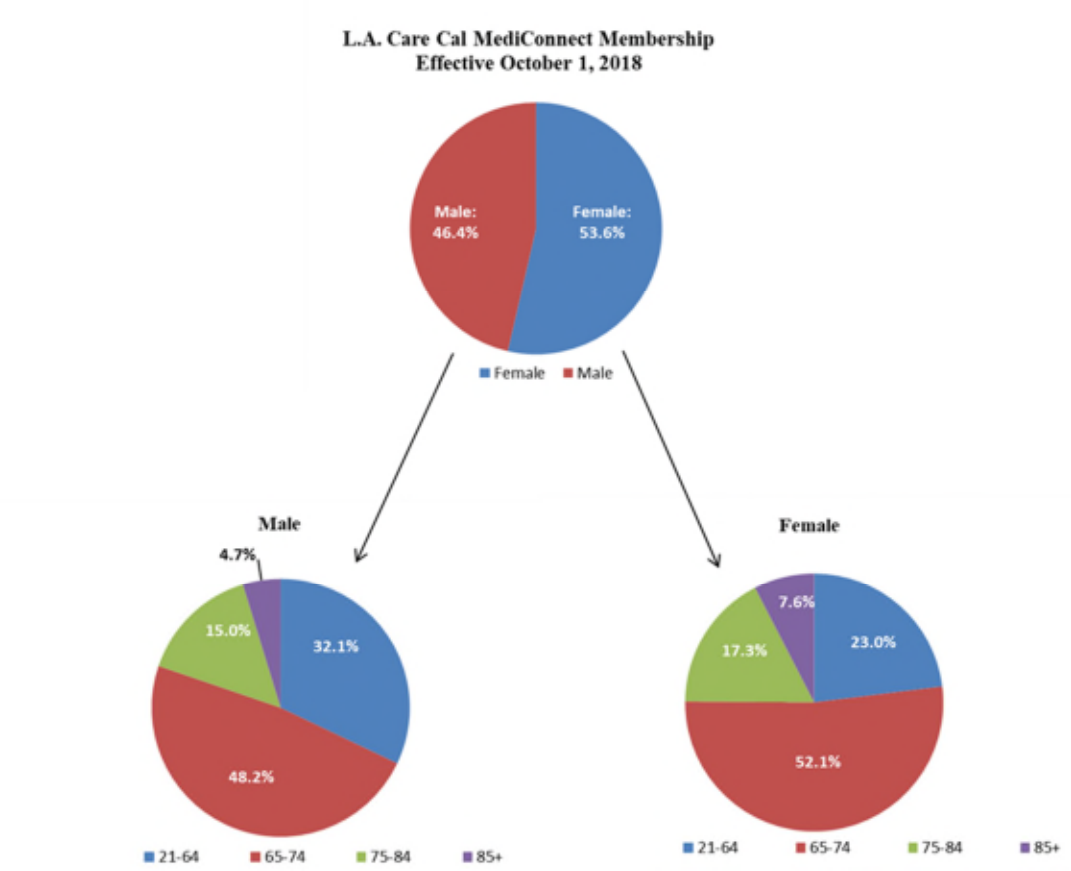
For Medi-Cal, the SPD vs. non-SPD top diagnosis category lists emphasize the different patient mix of these populations. The top three outpatient diagnosis categories for 2018 Medi-Cal SPD were Chronic Kidney Disease, Spondylosis; Intervertebral Disc Disorders; Other Back Problems, and Diabetes. For Non-SPD members the top three diagnosis categories were Other Upper Respiratory Infections, Spondylosis; intervertebral disc disorders; other back problems, and Diabetes. The top three diagnosis categories for Inpatient for Medi-Cal SPD were Septicemia (except in labor), Hypertension with complications and secondary hypertension; and Chronic Obstructive Pulmonary Disease and Bronchiectasis and for Non-SPD were Liveborn, Septicemia (except in labor), and Other complications of birth; puerperium affecting management of mother.

Cal MediConnect Membership (Duals Demonstration Project)

As of October 1, 2018, L.A Care had 16,342 Cal MediConnect members. The population below 65 years of age qualifies for participation in the Duals Demonstration Project based on presence of a disabling condition and/or aid code designation. The detail of L.A. Care's Cal MediConnect membership profile is shown below:

Age	Number of Members	% of Membership
21-64	4,451	27.2%
65-74	8,214	50.3%
75-84	2,653	16.2%
85+	1,024	6.3%
Total	16,342	100.0%

Gender	Number of Members	% of Membership
Female	8,754	53.6%
Male	7,588	46.4%



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 (88.0%) is either unknown/blank or decline to state.*

Ethnicity	Number of Members	% of Membership
Hispanic/Latino	878	5.4%
Black/African American	165	1.0%
White/Caucasian	23	0.1%
Filipino	498	3.1%
Asian Pacific Islander	43	0.3%
Chinese	165	1.0%
Vietnamese	63	0.4%
Korean	41	0.3%
Asian Indian	43	0.3%
Cambodian	29	0.2%
Samoan	12	0.1%

Approximately 79.4% 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	7,834	47.9%
Spanish	6,877	31.5%

72.8% of L.A. Care Cal MediConnect members are 65 years and over. Of adult membership, 53.6% are female and 46.4% 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, 2017 – June 30, 2018)	
1	Diabetes
2	Essential hypertension
3	Spondylosis; intervertebral disc disorders; other back problems
4	Other nutritional; endocrine; and metabolic disorders
5	Other non-traumatic joint disorders
6	Other connective tissue disease
7	Other upper respiratory infections
8	Abdominal pain
9	Disorders of lipid metabolism
10	Administrative/social admission
11	Other skin disorders
12	Other upper respiratory disease
13	Mood disorders
14	Anxiety disorders
15	Nonspecific chest pain

Cal MediConnect	
The Top 15 Diagnosis for Inpatient Visits (July 1, 2017 – June 30, 2018)	
1	Septicemia (except in labor)
2	Biliary tract disease
3	Nonspecific chest pain
4	Liveborn
5	Acute myocardial infarction
6	Appendicitis and other appendiceal conditions
7	Acute cerebrovascular disease
8	Diabetes mellitus with complications
9	Benign neoplasm of uterus
10	Osteoarthritis
11	Coronary atherosclerosis and other heart disease
12	Urinary tract infections
13	Mood disorders
14	Hypertension with complications and secondary hypertension
15	Skin and subcutaneous tissue infections

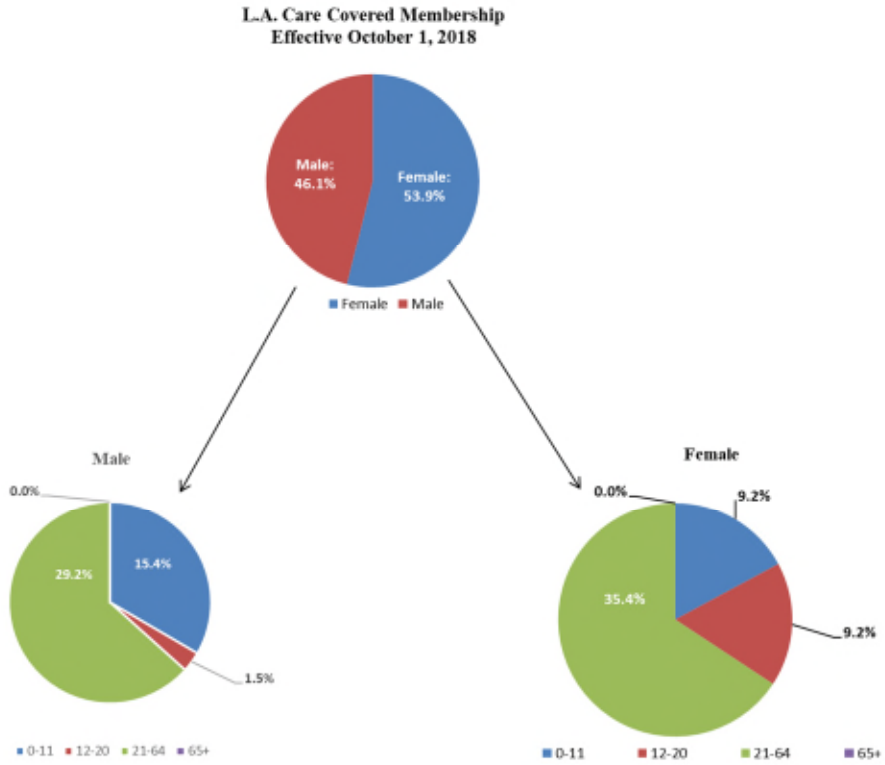
The top three outpatient diagnosis categories for CMC for 2018 were Diabetes, Essential Hypertension, and Spondylosis; Intervertebral Disc Disorders; Other Back Problems. In terms of top three diagnosis categories for Inpatient, they were Septicemia (except in labor), Biliary tract disease, and Nonspecific chest pain.

L.A. Care Covered™ Membership (Marketplace)

As of October 1, 2018, L.A Care had 71,564 L.A. Care Covered™ members. The detail of L.A. Care's L.A. Care Covered™ membership profile is shown below:

Age	Number of Members	% of Membership
0-11	1,678	2.3%
12-20	2,758	3.9%
21-64	66,373	92.7%
65+	755	1.1%
Total	71,564	100.0%

Gender	Number of Members	% of Membership
Female	37,662	52.6%
Male	33,902	47.4%



Eleven ethnic groups make up 54.6% of L.A. Care's L.A. Care Covered™ membership as seen in the table below:

Ethnicity	Number of Members	% of Membership
Hispanic/Latino	13,000	18.2%
Black/African American	1,654	2.3%
White/Caucasian	12,668	17.7%
Filipino	2,533	3.5%
Asian Pacific Islander	954	1.3%
Chinese	4,975	7.0%
Vietnamese	865	1.2%
Korean	1,599	2.2%
Asian Indian	685	1.0%
Cambodian	26	0.1%
Samoan	20	0.1%

*45.4% 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	39,992	55.9%
Spanish	22,555	31.5%

Approximately 6.2% of L.A. Care's L.A. Care Covered™ members are under 21 years of age. Of the adult membership, approximately 52.6 % are female and 47.4% 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).

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2017 – June 30, 2018)	
1	Diabetes
2	Essential hypertension
3	Spondylosis; intervertebral disc disorders; other back problems
4	Other non-traumatic joint disorders
5	Other connective tissue disease
6	Chronic kidney disease
7	Blindness and vision defects
8	Mood disorders
9	Other nutritional; endocrine; and metabolic disorders
10	Cataract
11	Osteoarthritis
12	Abdominal pain
13	Nonspecific chest pain
14	Schizophrenia and other psychotic disorders
15	Other lower respiratory disease

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2017 – June 30, 2018)	
1	Septicemia (except in labor)
2	Hypertension with complications and secondary hypertension
3	Chronic obstructive pulmonary disease and bronchiectasis
4	Schizophrenia and other psychotic disorders
5	Diabetes mellitus with complications
6	Acute cerebrovascular disease
7	Acute myocardial infarction
8	Cardiac dysrhythmias
9	Nonspecific chest pain
10	Acute and unspecified renal failure
11	Osteoarthritis
12	Skin and subcutaneous tissue infections
13	Respiratory failure; insufficiency; arrest (adult)
14	Urinary tract infections
15	Complications of surgical procedures or medical care

The top three outpatient diagnosis categories for 2018 were, Diabetes, Essential Hypertension, and Spondylosis; intervertebral disc disorders; other back problems. In terms of top three diagnosis categories for Inpatient, they were, Septicemia (except in labor), Hypertension, and Chronic obstructive pulmonary disease and bronchiectasis.

As of October 1, 2018, L.A. Care had 65 L.A. Care Covered Direct™ members. L.A. Care's L.A. Care Covered Direct™ members speak English (73.9%) or Spanish (21.5%). Approximately 35.4% of L.A. Care's L.A. Care Covered Direct™ members are under 21 years of age. Of the adult membership, approximately 53.8% are female and 46.2% are male.

B.1 HEALTH EDUCATION SERVICES

AUTHOR: MATILDA GONZALEZ-FLORES, MPH
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

The Health Education Unit plans, implements, and evaluates health education, health promotion, and outreach for DLOB members. This is achieved through the delivery of direct member health education services via L.A. Care's Health In Motion™ program, the provision of low literacy health education materials and resources in Los Angeles County threshold languages, and the implementation of health education programs to improve HEDIS, CAHPS, and CMS Five-Star Quality Ratings. Health education services are delivered by Registered Dietitians or health educators. Delivered by Registered Dietitians and Health Educators, health education services promote positive health behavior, wellness, and chronic disease self-management. *Health In Motion*™ is available to members upon physician referral, L.A. Care staff referral, targeted recruitment by diagnosis, or self-referral. All services are available at no cost to the member and are conducted in English and Spanish. Interpreters are available upon request for other languages.

In FY 17-18, the Health Education Unit conducted 2,003 health education encounters[1]. Telephone consults accounted for 82% of these encounters and group appointments contributed the remaining 18%. The Health Education Unit conducted 58 group appointments at L.A. Care's Family Resource Centers and other community sites on topics including, but not limited to chronic disease self-management, cholesterol and hypertension, senior health, nutrition and physical activity. Diabetes Self-Management and Support (DSME-S) accounted for the most encounters in FY17-18 (41%), followed by weight management/Weight Watchers (28%), and Medical Nutrition Therapy (26%). Demand for these topics has consistently increased over the past three fiscal years. The Health Education Unit also maintains an online health and wellness portal site, *My Health In Motion*™, which compliments existing in-person and over-the-phone health and wellness services and ensures compliance with NCQA Population Health Management 4: Wellness and Prevention Standard.

In addition to providing direct member services, the Health Education Unit made available 367 health education material titles and distributed 105,875 health education materials to network providers and L.A. Care staff, including the Family Resource Centers. Health Education staff reviewed 196 materials in accordance with DHCS ALL Plan Letter 11-018 requirements and developed 12 new materials. To assist and support L.A. Care staff, the Health Education Unit also offered several trainings in FY 17-18, including health literacy and motivational interviewing. In November 2017, the Health Education Unit implemented a technical assistance request form accessible on the Health Education SharePoint site in order to centralize, triage, and manage incoming technical assistance requests from across the organization. Technical assistance provided by the Health Education Unit includes, but is not limited to material development, presentations, trainings, manning a booth, and readability assessment/revision. In FY17-18 there were 45 health education technical assistance requests received from 15 departments. The departments with the most requests were Behavioral Health, Quality Improvement, and Communications. The most common request was for material development and readability assessment/revision.

[1]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.

The Health Education Unit implemented multiple health education programs in FY17-18 that directly support HEDIS, CAHPS, and CMS Five-Star Quality Ratings:

- The "Healthy Pregnancy" program seeks to improve pregnancy outcomes and rates for timely prenatal care visits by providing prenatal/postpartum education and encouraging members to seek services within recommended time frames. Program components include a mailing of trimester-specific health education materials and telephonic outreach to assist with scheduling the first prenatal appointment. Upon confirmation of a completed prenatal visit, members are eligible to receive a "onesie" as an incentive. A total of 5,902 pregnant members were identified and sent a health education packet in FY17-18 (5,248 EN/654 SP). A total of 177 members were called for first trimester prenatal appointment scheduling assistance. Of these, 64 members (36%) were successfully reached. For members that were successfully reached 78% already had an appointment scheduled and only one member was assisted in scheduling a prenatal appointment.
- The "Healthy Mom" Program targets MCLA, CMC, and LACC members who recently gave birth. The program seeks to improve HEDIS rates for timely postpartum visits through member and provider outreach and education. The member-facing intervention consists of telephonic outreach and education including the provision of scheduling assistance, and transportation and interpreting services, as needed. During the call members are informed of L.A. Care's postpartum visit incentive. In FY17-18, a total of 6,108 members were called for postpartum appointment scheduling assistance, an increase of 106% over FY16-17's total of 2,964. This increase was largely a result of identifying more members who recently gave birth via the eConnect platform, a real-time data exchange system with participating network hospitals. Of those members contacted 43% were successfully reached. For members that did not have a scheduled postpartum appointment, 12% were assisted in scheduling their postpartum appointment.
- The "Healthy Baby" Program seeks to reduce barriers to well child care and improve immunization rates among MCLA members under the age of 24 months. Program components include a mailing to parents/guardians about regular and timely well child visits and childhood immunizations, and Interactive Voice Response Calls (IVR) at four distinct touch points. In FY17-18, a total of 28,711 (22,702 EN/6,009 SP) health education packets were mailed to parents/guardians of members 0-6 months. IVR immunization reminder calls were not implemented during the 17-18 Healthy Baby campaign year due to technical issues. IVR immunization reminder calls resumed in FY18-19.
- The Youth Empowerment for Screening "YES" Chlamydia Campaign was implemented in FY17-18 to improve chlamydia screening rates by increasing awareness among MCLA and LACC members, parents/guardians, and providers. The intervention consisted of three components: 1) a letter to parents of female members 16-17 years old, 2) a provider fax blast, and 3) a Facebook ad campaign. A total of 15,080 educational letters were sent to parents/guardians of female members 16-17 years of age (who were in the denominator for the chlamydia screening HEDIS measure) encouraging them to schedule a preventive visit for their teen. For the 2017-2018 campaign, a statement regarding minor's rights was added to the letter, encouraging parents/guardians to allow for private communication between the teen and provider. A total of 4,671 faxes promoting the importance and ease of chlamydia screening were sent to pediatricians, general medicine, family practice and OB-GYN providers. A free webinar on chlamydia screening hosted by the California Prevention Center at UCSF was also promoted to these providers in a separate fax communication. L.A. Care purchased a total of three different Facebook advertisements to drive traffic to L.A. Care's chlamydia webpage. Collectively, the three ads were displayed 125,733 times with 33,765 people seeing the ad at least once. There were 588 unique link clicks (the number of people who performed a link click).
- L.A. Care's "Fight the Flu" Campaign encourages members to obtain their seasonal flu vaccine with the intent of improving CAHPS scores, which asks adult members whether they received a flu vaccination during the last year. In FY 17-18, the campaign was implemented from September 2017 - January 2018. While the campaign was inclusive of all DLOB members, the specific

outreach strategy varied by line of business. All DLOB members received a newsletter and automated flu shot reminder call. CMC members were also sent an educational flu shot mailing with a promotional item at the start of the campaign and a thank you card at the end of the campaign, once L.A. Care confirmed the member received the flu shot. LACC members were sent a flu shot reminder email in addition to the newsletter and automated call. A total of 1,444,571 automated flu reminder calls were made to DLOB members for the 2017-2018 flu campaign. Of the total automated calls made 21% were successfully completed (the member answered the phone and listened to the flu shot reminder automated call). Additionally, voicemails reminding members to get the flu shot were left with 318,937 (22%) phone numbers. The remaining 57% of calls were not successfully completed for various reasons including failure to listen to the entire message (customer abandon), incorrect phone number, or no answer.

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

My *Health In Motion*™ allows members to complete a Health Appraisal, view a personalized report of their health risk and strengths, and access tailored self-management tools such as workshops, exercise how-to videos, meal plans, and biometric trackers. In FY 17-18, a total of 5,211 DLOB members completed an online Health Appraisal (HA) through My *Health In Motion*™. This is an increase of 123% in HA completion (N=5,211) compared to last fiscal year (N=2,338). HA completion varied by line of business, 88% were LACC/LACC-D members, 11% were MCLA members, and approximately 1% were CMC or PASC-SEIU members. This difference can be attributed to the significant increase in LACC membership experienced by L.A. Care in FY 17-18. In addition, LACC members are incentivized to complete the HA as part of the Rewards for Healthy Living program.

HA results varied by line of business and include the following key findings:

- Approximately 45% of LACC/LACC-D members rated their health "excellent" or "very good" compared to 23% of MCLA, CMC, and PASC-SEIU members.
- More LACC/LACC-D members reported completing their preventive health screenings (Pap smear, mammogram, and colonoscopy) than MCLA, CMC, and PASC-SEIU members as detailed in Table 1.
- More MCLA, CMC, and PASC-SEIU members reported getting a flu shot than did LACC-LACC-D members as reported in Table 1.
- The top five reported conditions differed by line of business:
    - LACC/LACC-D: Allergies, anxiety, high blood pressure, back pain, and osteoporosis
    - MCLA, CMC, and PASC-SEIU: Anxiety, depression, back pain, allergies, and high blood pressure

Table 1: Preventative Health Screening/Flu Shot Completion Reported in HA

FY 17-18	Colonoscopy in the Past*	Mammogram in the Past**	Pap Smear Ever Done***	Flu Shot in the last 12 Months
LACC/LACC-D	59% (N=839)	84% (N=1,008)	59% (N=1,572)	33% (N=1,547)
MCLA/CMC/PASC-SEIU	57% (N=102)	78% (N=97)	46% (N=346)	36% (N=36%)

*Among adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy
**Amon women aged 40+ who have had a mammogram within the past two years
***Among women aged 18+ who have had a pap test within the past three years

Upon Health Appraisal completion members have the option of signing up for health coaching. Health coaching is provided by L.A. Care's Health Educators and RD's through secure email communication via the online health and wellness portal. LACC members are asked to set a health goal as part of their initial health coaching session and can earn a $25 gift card as part of the Rewards for Healthy Living incentive program by completing three health coaching sessions and a 3-month follow-up survey. The survey assesses the member's success with meeting their health goal(s) and satisfaction with their health coaching experience. A total of 209 LACC/LACC-D members and 210 MCLA, CMC, and PASC-SEIU members signed up for health coaching in FY 2017-2018. Of these, 65 LACC members qualified for the $25 gift card incentive. The majority of health goals set by LACC members focused on increasing physical activity (79%) or nutrition (21%). Approximately 68% of LACC members were able to meet their goals "most" or "all of the time".

The Health Education Unit implemented two programs in FY 17-18 to increase utilization and engagement of *My Health In Motion*™:

- The Rewards for Healthy Living program incentivizes adult LACC and LACC-D members to complete wellness activities through *My Health In Motion*™. Members earn points for completing eligible wellness activities and redeem them for gift cards to retails stores of their choice. Members can earn up to $215 in gift cards for completing the following wellness activities: Health Appraisal ($40), Health Coaching ($25), Tobacco Cessation Workshop ($75), and Weight Management Workshop ($75). In FY17-18, 1,875 members completed 4,194 wellness activities and earned a total of 169,400 points. This was an increase of 150% in members who participated in the incentive program compared to last FY. Overall, there is an upward trend in participation in the incentive program which can be largely attributed to the growth in LACC membership. The majority of the points earned were for HA completion. As of October 2018, only 49% of the points earned were redeemed by members. Members have until the end of the 2018 calendar year to redeem any points earned as of January 2018. To increase members' redemption of points, the Health Education Unit regularly sends email reminders along with redemption instructions to members.
- The Health Education Unit further implemented online wellness "challenges" for adult MCLA, CMC and PASC-SEIU members. The first challenge encouraged members to track their steps and the second challenge encouraged members to track their fruit and vegetable consumption. Similar to last year, both wellness challenges resulted in low member participation despite increased promotion, longer sign-up period, shortened length of challenge, and challenge consistency. Future challenges may incentivize members to sign-up and/or complete the challenge activity.

The Health Education Unit experienced moderate success meeting objectives established in the 2018 Health Education Direct Line of Business Program Description:

1. Increase health education encounters by 25% over the previous fiscal year. This goal was not met as telephonic encounters declined this fiscal year. The decline can be partially attributed to the lower number of referrals received, staffing changes, and significant technical issues with the database used to track health education encounters which likely resulted in an undercount of encounters.
2. Expand health education services offerings by implementing at least two new programs to support members with achieving and maintaining healthier lifestyles. This goal was met, the Health Education Unit offered two new programs in FY 17-18, including the CDC-recognized Diabetes Prevention Program for eligible pre-diabetic members and a pediatric weight management two-session workshop for overweight or obese pediatric members and their parents/caregivers.
3. Increase the number of new online health and wellness portal users by 10%. This goal was met and exceeded. There was a 184% increase in LACC/LACC-D portal users and a 22% increase in MCLA, CMC, and PASC-SEIU portal users from baseline. This increase was largely driven be the increase in LACC membership in FY 17-18 as no new strategies were implemented to promote My *Health In Motion*™.

In addition to partially meeting established Unit goals, the Health Education Unit and the *Health In Motion*™ program continued to grow and expand this fiscal year to encompass projects beyond traditional health education programming, such as forging collaborations between Health Education and Quality Improvement to target chlamydia screening, flu shot, timely prenatal visits, postpartum visits, and immunizations. One of the Health Education Unit's goals for next fiscal year is to expand programming for pre-diabetes through a partnership with a third-party vendor to make available a network of more than 150 in-person CDC DPP-recognized providers throughout Los Angeles County and 8 virtual DPP programs. The Unit will further continue efforts to increase member utilization of My *Health In Motion*™ online programs and resources. The Unit plans to enhance services currently provided and conduct meaningful evaluations utilizing clinical outcomes data. The Health Education Unit will also work to leverage technology as an innovative member outreach strategy. This includes utilizing health reminder text messages and expanding on-line health tools, resources, and incentives. Ultimately, the Health Education Unit, in collaboration with Care Management, Social Services, Behavioral Health, and Managed Long Term Support and Services, plans to continue streamlining current processes into an integrated care management system.

B.2 CHILD AND ADOLESCENT HEALTH

AUTHOR: KEREN MAHGEREFTEH, MPP
REVIEWER: GRACE CROFTON, MPH, MARIA CASIAS, RN, & KATRINA MILLER, MD

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 annual 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 visits to the primary care physician (CAP) and a number of childhood (CIS) immunizations. Other pediatric and adolescent measures focus on reducing antibiotic misuse among children with upper respiratory infections (URI), and making sure that children with pharyngitis were tested for streptococcus prior to receiving antibiotics (CWP). 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.

Years mentioned hereafter refer to HEDIS (Reporting) Year and not Measurement Year, unless indicated otherwise.

2018 WORK PLAN GOALS:

HEDIS Measure	2018Medi-Cal Goal	2018 Medi-Cal Rate	2018 L.A. Care Covered Goal	2018 L.A. Care Covered Rate	2018 Goal Met/ Not Met
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	78.0%	74.7%	66.0%	65.6%	Medi-Cal: No LACC: No
Childhood Immunization Status: Combination 3 (CIS-3)	72.0%	70.06%	69%	*	Medi-Cal: No LACC: N/A
Childhood Immunization Status: Combination 10 (CIS-10)	33.0%	31.6%	42%	NA	Medi-Cal: No LACC: N/A
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	90.0%	88.8%	82%	87.1%	Medi-Cal: No LACC: No
Appropriate Testing for Children with Pharyngitis (CWP)	67.0%	29.0%	76%	*	Medi-Cal: No LACC: N/A
Immunizations for Adolescents – Combo 2 (IMA-2)	30.0%	39.7%	12.0%	*	Medi-Cal: Yes LACC: N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) • **BMI percentile** • **Counseling for nutrition** • **Counseling for physical activity**	 81% 83% 75%	 78.9% 83.6% 74.4%	 72% 64% 57%	 76.2% 77.5% 68.7%	Medi-Cal: No/Yes/No LACC: Yes/Yes/Yes

HEDIS Measure	2018Medi-Cal Goal	2018 Medi-Cal Rate	2018 L.A. Care Covered Goal	2018 L.A. Care Covered Rate	2018 Goal Met/ Not Met
Children and Adolescents' Access to Primary Care Practitioners (CAP) (AGES 7-11 YEARS)	88%	89.1%	N/A	N/A	Medi-Cal: Yes LACC: N/A

*Denominator less than 30 N/A: Not applicable

MAJOR ACCOMPLISHMENTS

- The Minimum Performance Levels (MPLs) were met for the Medi-Cal population for the W34, CIS-3, CIS-10, URI, WCC (BMI, counseling for nutrition, counseling for physical activity) and CAP measures: The CIS-3 performance improvement program (PIP) project continued and targeted providers in the San Gabriel Valley. L.A. Care worked with Physicians for a Healthy California - The Alliance Working for Antibiotic Resistance Education (AWARE) in 2017 and shared toolkits with non-compliant providers.
- The L.A. Care goals were met for the Medi-Cal population for the IMA-2, WCC (counseling for nutrition) and CAP measures.
- The L.A. Care goals were met for the LACC population for the WCC (BMI, counseling for nutrition, counseling for physical activity) measures.

DESCRIPTION OF MEASURES

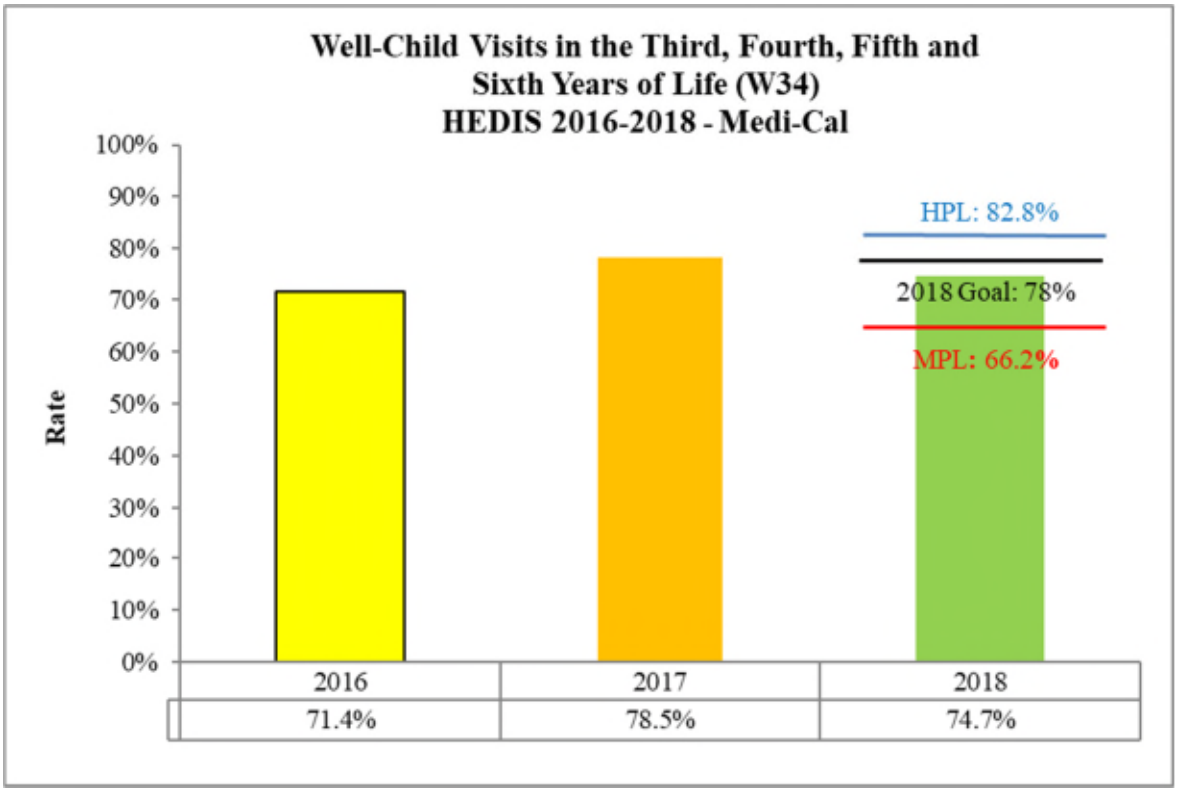
HEDIS Measure	Specific Indicator(s)	Measure Type
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Hybrid (Medi-Cal) | Administrative (LACC)
Childhood Immunization Status Combinations 3 & 10 (CIS-3, CIS-10)	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A; two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The first seven vaccines listed reflect CIS-3; CIS-10 includes all the vaccines listed above.	Hybrid | CIS-3 is N/R for LACC
Appropriate Treatment for Children With Upper Respirator Infection (URI)	The percentage of children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. The measure is reported as an inverted rate; a higher rate indicates the proportion for whom antibiotics were not prescribed.	Administrative
Appropriate Testing for Childre with Pharyngitis (CWP)	The percentage of children 3-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).	Administrative

HEDIS Measure	Specific Indicator(s)	Measure Type
Immunizations for Adolescents-Combo 2 (IMA)	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine and series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.	Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	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. • BMI percentile documentation*. • Counseling for nutrition. • Counseling for physical activity. **Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*	Hybrid (Medi-Cal) | Hybrid (LACC)
Children and Adolescents' Access to Primary Care Practitioners (CAP)	The percentage of members 12 months-19 years of age who had a visit with a PCP: • Children 12-24 months and 25 months-6 years who had a visit with a PCP during the MY. • Children 7-11 years and adolescents 12-19 years who had a visit with a PCP during the MY or the year prior to the MY.	Administrative (Medi-Cal) | N/R (LACC)

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 HEDIS 2016-2018 to L.A. Care's HEDIS 2018 goal. W34 is a hybrid rate which is based on chart retrieval.



ANALYSIS

Quantitative Analysis

In 2018, the well-child visits rate for children between three and six years of age was 74.7%, a decrease of 3.8 percentage points from the previous year. The 2018 rate of 74.7% did not meet the 2018 L.A. Care goal of 78%. The goal was based on reaching the next NCQA percentile. The 2018 W34 rate of 74.7% exceeded the Minimum Performance Level (MPL) of 66.2% but fell short of reaching the high performance level (HPL) of 82.8%. Overall, the rate increased by 3.3 percentage points from 2016 to 2018.

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	8168	73,063	5560	80,464	5180	59,379	37,325	2948
Denominator	13,961	101,472	7690	113,356	7951	90,284	49,347	4138
Rate	58.5%	72.0%	72.3%	71.0%	65.2%	65.8%	75.6%	71.2%

Disparity Analysis

L.A. Care also conducted an analysis based on claims and encounter data (administrative data) on race/ethnicity and language to examine whether disparities exist in getting well care visits for children between three and six years of age. The African American population had the lowest W34 rates out of all the races, with a 58.5% compliance rate; the Asian and Hispanic populations, however, yielded the highest W34 rates with 72.3% and 72.0% receiving a well-child care visit, respectively. Also, the English-speaking population had the lowest W34 rates while Spanish-speakers had the highest (65.8% vs. 75.6%).

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

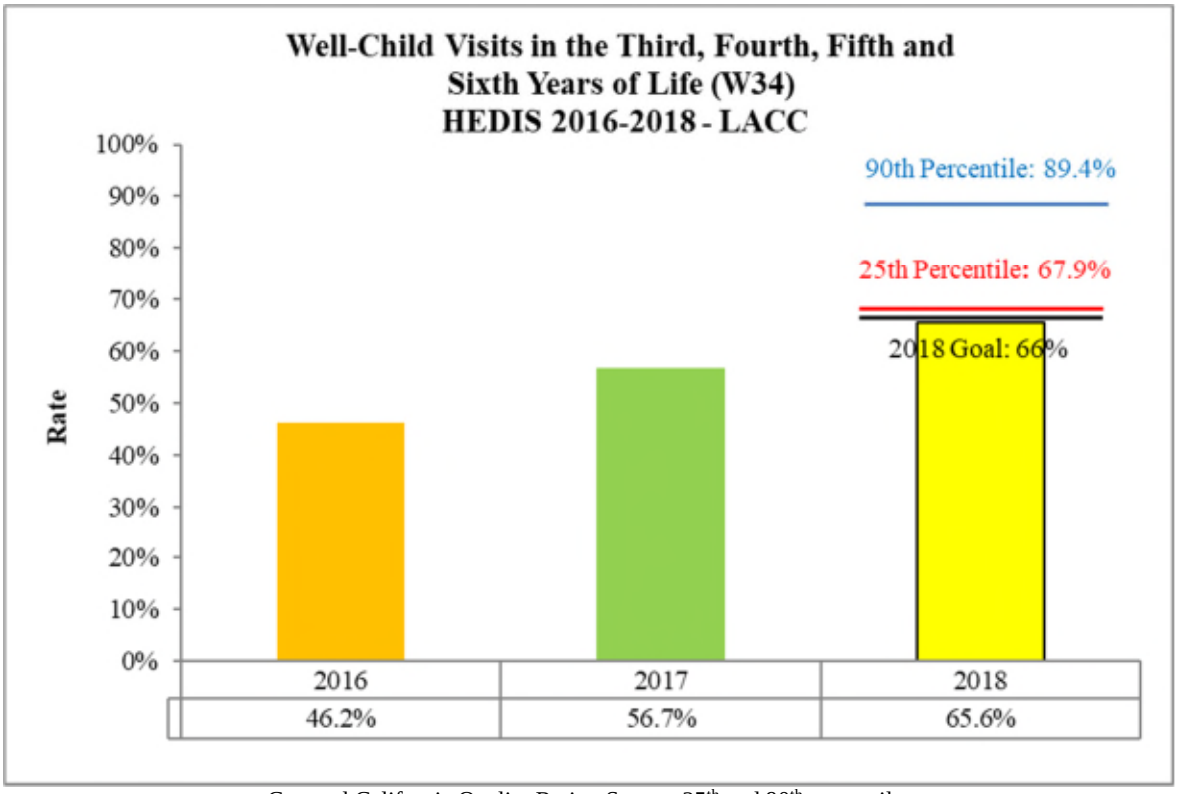
Qualitative Analysis

The W34 HEDIS measure rate for the Medi-Cal population presented an upward trend in 2016 and 2017 but dropped in 2018. L.A. Care recognized the need for interventions to increase the percentage of well-child visits for children between the ages of 3 and 6.

It was identified that every quarter there are many children who are non-compliant with this HEDIS measure. As a result, L.A. Care identifies and provides the members' guardian(s) with an auto dialed call reminding them to visit their PCP for a Well Child visit. The auto dialed calls are conducted in English and Spanish. The auto dialed call for W34 was conducted in September of 2017 for the MCLA population. A reach rate is defined as having a live connect call or a voicemail being left for the member. The reach rate total for answering machine or voicemail was 22.31% and the total reach rate for live voice connect was 16.07%. For the LACC population the reach rate for answering machine or voicemail was 33.33% and for live voice connect was 26.67%. This shows that the auto dialed calls had a higher reach rate with the LACC population compared to the MCLA population. However, on that note there are less members in the LACC population compared to the MCLA population as there were a total of 30 members eligible to receive the auto dialed call in the LACC compared to 15,411 MCLA members who were eligible to receive the auto dialed call.

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

The following graph compares L.A. Care's LACC W34 HEDIS rates from 2016-2018 to L.A. Care's 2018 goal.



Covered California Quality Rating System 25th and 90th percentiles

Quantitative Analysis

In 2018, the well-child visits rate for the LACC population was 65.6%. The 2018 goal of 66% was not met. The 25th percentile of 67.9% and 90th percentile of 89.4% were also not met. There was an 8.9 percentage point increase from 2017. From 2016 to 2018 there was a 19.4 percentage point increase.

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	0	5	14	20	50	55	6	0
Denominator	2	8	17	37	72	87	13	1
Rate	0.0%	62.5%	82.4%	54.1%	69.4%	63.2%	46.2%	0.0%

Disparity Analysis

L.A. Care also conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in getting well care visits for children between three and six years of age for members in LACC. It is worth noting that the population size for LACC is smaller than others (n=128). Asians had the highest rate (82.4%; n=17) while Whites had the lowest (54.1%; n=37).

Qualitative Analysis

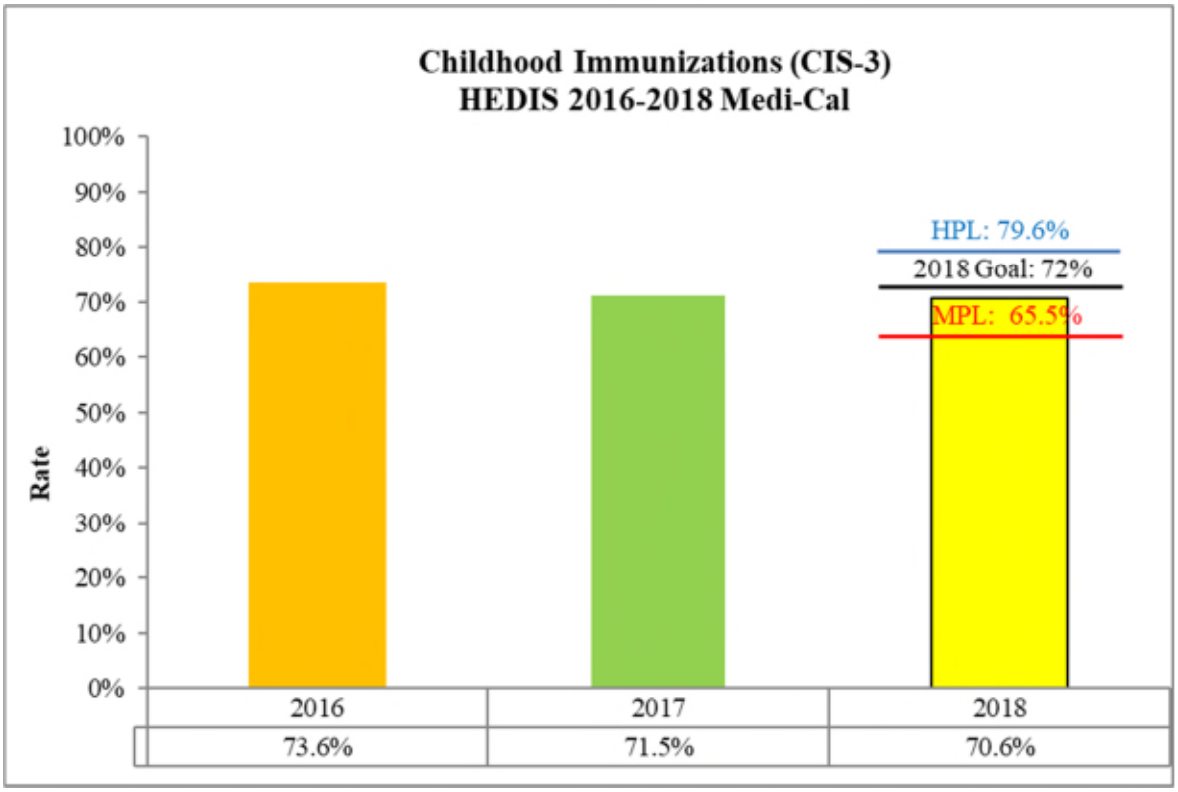
The W34 LACC rate is on a three-year upward trend. LAAC members went in to see their PCP's for a well-child visit in 2018 at an increased rate compared to 2017 and 2016.

L.A. Care conducted auto dialed calls in Spanish and English for non-compliant LACC members. In September 2017, the reach rate for LACC calls can be viewed in the qualitative analysis section of W34 for Medi-Cal.

RESULTS

Childhood Immunization Status, Combination 3 (CIS-3)

The following graph compares L.A. Care's Medi-Cal CIS-3 HEDIS rates from 2016-2018 to L.A. Care's 2018 goal.



ANALYSIS

Quantitative Analysis

L.A. Care's Childhood Immunization Status, Combination 3 rate for the Medi-Cal population in 2018 was 70.6%, a 0.9 percentage point decrease from 2017 (71.5%). L.A. Care did not meet its 2018 goal of 72% and also failed to meet the HPL of 79.6%; however, it exceeded the MPL of 65.5%.

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1223	11,156	809	12,283	874	10,178	4783	334
Denominator	2572	19,211	1570	21,715	1601	18,525	8281	772
Rate	47.6%	58.1%	51.5%	56.6%	54.6%	54.9%	57.8%	43.3%

Disparity Analysis

L.A. Care also conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in getting childhood immunizations (Combination 3) for children two years of age. The African American population had the lowest rate of compliance (47.6%). Hispanics were the highest performing group with 58.1% of the eligible population receiving all recommended vaccines by the second year of life.

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

Qualitative Analysis

The CIS-3 HEDIS rates demonstrate a declining three-year trend from 2016 to 2018. The complexity of the immunization schedule and lack of education on the importance of basic vaccination series to members' guardian(s) may be some of the factors contributing to why members are not getting immunized as recommended. Moreover, a barrier that was identified is, missing the fourth dose of the DTaP and PCV vaccines are known to be the primary barriers in meeting CIS-3. This is particularly time-sensitive for the fourth dose of the PCV vaccine: according to the ACIP catch-up schedule, if the 2nd 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 is missed.

Additionally, many physicians have still not switched over to using California Immunization Registry (CAIR-2) which would allow for tracking and documentation of the vaccinations provided to their patients. During L.A. Care's Child and Adolescent Health workgroup meetings L.A. Care's plan partners also expressed that they are facing the same barriers L.A. Care is facing in regard to this measure. Additionally, an All Plan Letter (APL) was issued in regard to CAIR-2 usage however health plans such as L.A. Care are still working on methods of encouraging the use of CAIR-2. L.A. Care conducted the interventions below to work on addressing the issue with CAIR-2.

L.A. Care provided education to physician offices and clinics via two LinkedIn posts in June 2017 and August 2017. The first post stated: "Do you work in a physician's office or clinic? Make sure it's enrolled and trained in CAIR2 so you can enter your immunization records. Enrollment for new sites in now available at (link was provided). The second post stated "Do you work in a physician office or clinic? Make sure it's enrolled and trained in CAIR2 so you can enter your immunization records!" It then continued on to share about the CIS-3 and IMA-2 measures and sharing that CAIR2 was an effective was to ensure all data was recorded. A link to the CAIR website was also placed in this post. While this intervention was a good way to get physician offices and clinics to think about CAIR2 the use of CAIR in provider offices and clinics is still a work in progress and L.A. Care will continue to work on interventions in the future. Some which might include a physician incentive for the use of CAIR.

Moreover, in August of 2017 L.A. Care had a communication on their website that was titled, "L.A. Care Encourages Participation in the California Immunization Registry (CAIR2). This communication prompted that if more information was needed Esther Bae from QI would be able to assist.

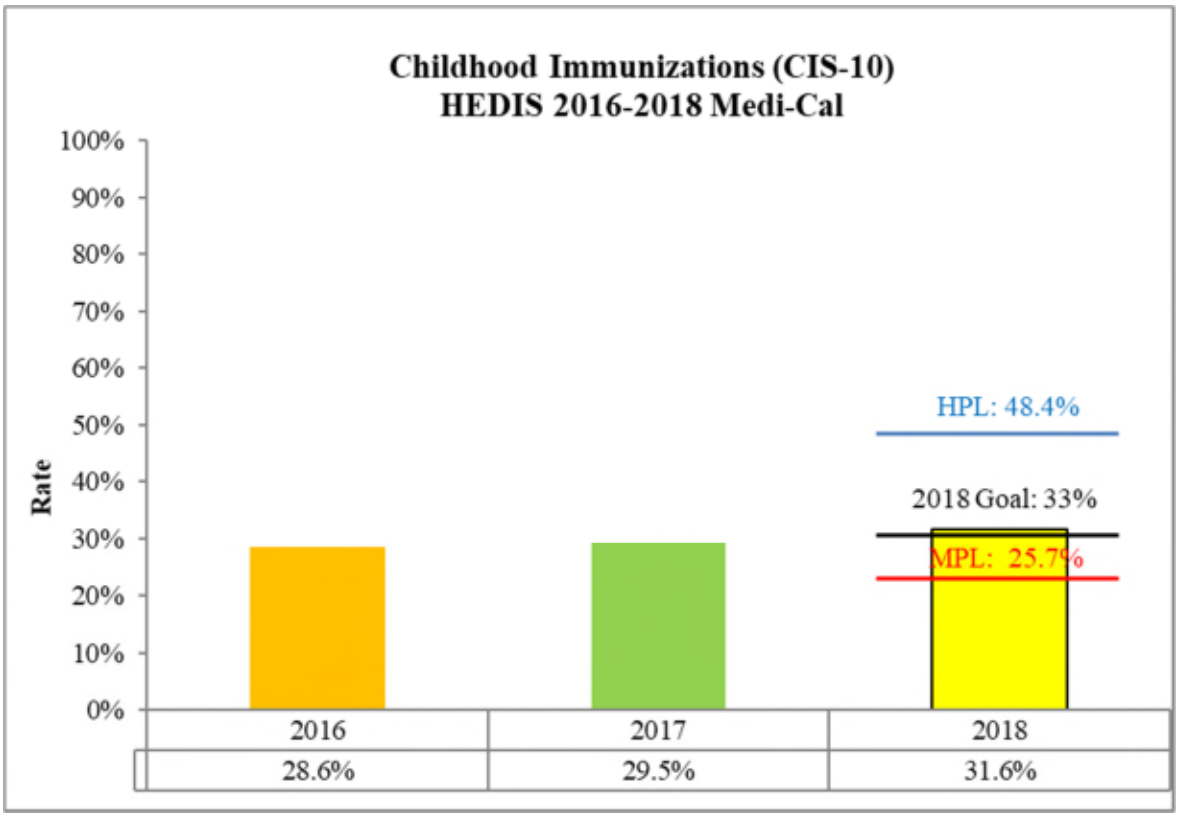
Additionally, a CIS-3 PIP was conducted which focused on an intervention that had coaching visits to high volume low performing providers in the San Gabriel Valley. During these coaching visits the following was discussed: CIS-3 measure, CAIR, and provide gaps lists.

[CIS-3 is not reported for the LACC population.]

RESULTS

Childhood Immunization Status, Combination 10 (CIS-10)

The following graph compares L.A. Care's Medi-Cal CIS-10 HEDIS rates from 2016-2018 to L.A. Care's 2018 goal.



ANALYSIS

Quantitative Analysis

L.A. Care's Childhood Immunization Status, Combination 10 rate for the Medi-Cal population in 2018 was 31.6%, an increase of 2.1 percentage points from 2017 (29.5%). L.A. Care did not meet its 2018 goal of 33%; however, it did exceed the MPL of 27.7%.

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	435	5244	475	5717	412	4719	2245	137
Denominator	2572	19,211	1570	21,715	1601	18,525	8281	772
Rate	16.9%	27.3%	30.3%	26.3%	25.7%	25.5%	27.1%	17.8%

Disparity Analysis

L.A. Care also conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in getting childhood immunizations (Combination 10) for children two years of age. African Americans (16.9%) were the most underperforming group compared to other ethnic groups. Asians were the highest performing group with 30.3% of the eligible population receiving all recommended vaccines by the second year of life. The Hispanic and White groups had the highest populations and achieved rates of 27.3% and 26.3%, consecutively.

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

Qualitative Analysis

The flu (43%) and rotavirus (69%) vaccines were the least common from the ten vaccines listed for CIS-10. Many parents decline the flu vaccine for their children, but are less resistant to the other vaccines. The multi-dose aspect of the rotavirus vaccine also acts as a deterrent to full compliance with this vaccine. Additionally, being that some doctors have a panel of patients that are foreign born by the time the foreign born patients are in the U.S. they are older than 2 years old and have missed the dose necessary for the vaccination to count towards HEDIS. This barrier was shared with us from a physician that was working with L.A. Care on the CIS-3 PIP.

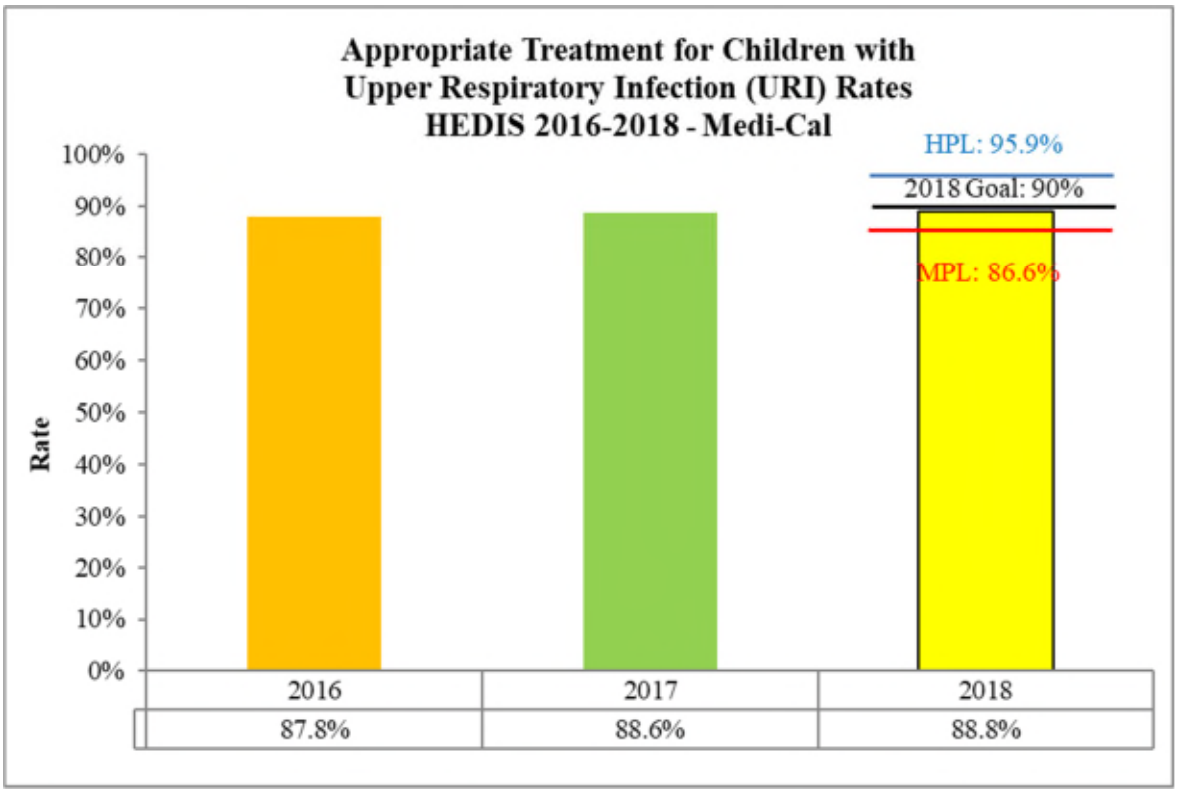
Another barrier that relates to this HEDIS measure (and relates to CIS-3 as well) is that many physicians have still not switched over to using CAIR-2 which would allow for tracking and documentation of the vaccinations provided to their patients. During L.A. Care's Child and Adolescent Health workgroup meetings L.A. Care's plan partners also expressed that they are facing the same barriers L.A. Care is facing in regard to this measure. Additionally, an All Plan Letter (APL) was issued in regard to CAIR-2 usage however health plans such as L.A. Care are still working on methods of encouraging the use of CAIR-2. L.A. Care conducted the interventions below to work on addressing the issue with CAIR-2.

[The eligible population for the LACC LOB for the CIS-10 measure was too small to be reported.]

RESULTS

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

The following graph compares L.A. Care's Medi-Cal URI HEDIS rates from 2016-2018 to L.A. Care's 2017 goal.



Quantitative Analysis

In 2018, the URI rate for the Medi-Cal population was 88.8%. The 2018 goal of 90.0% was not met; however, the URI rate exceeded the MPL of 86.6%. Compared to 2017, there was a 0.8 percentage point increase in 2017. Since 2016, the URI rate rose by 1.1 percentage points.

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	139	4058	317	4337	171	1890	2807	164
Denominator	2125	33,843	2730	37,278	1976	21,659	20,811	1455
Rate	93.5%	88.0%	88.4%	88.4%	91.4%	91.3%	86.5%	88.7%

Disparity Analysis

Similar to last year, the Hispanic population was the least compliant for this measure with a URI rate of 88%. It is worth noting that Asians and Whites both had a rate of 88.4%. African Americans, on the other hand, had a URI rate of 93.5%, a 1.5 percentage point increase from last year.

[The eligible population (n=31) for the LACC LOB for the URI measure was too small to be reported.]

Qualitative Analysis

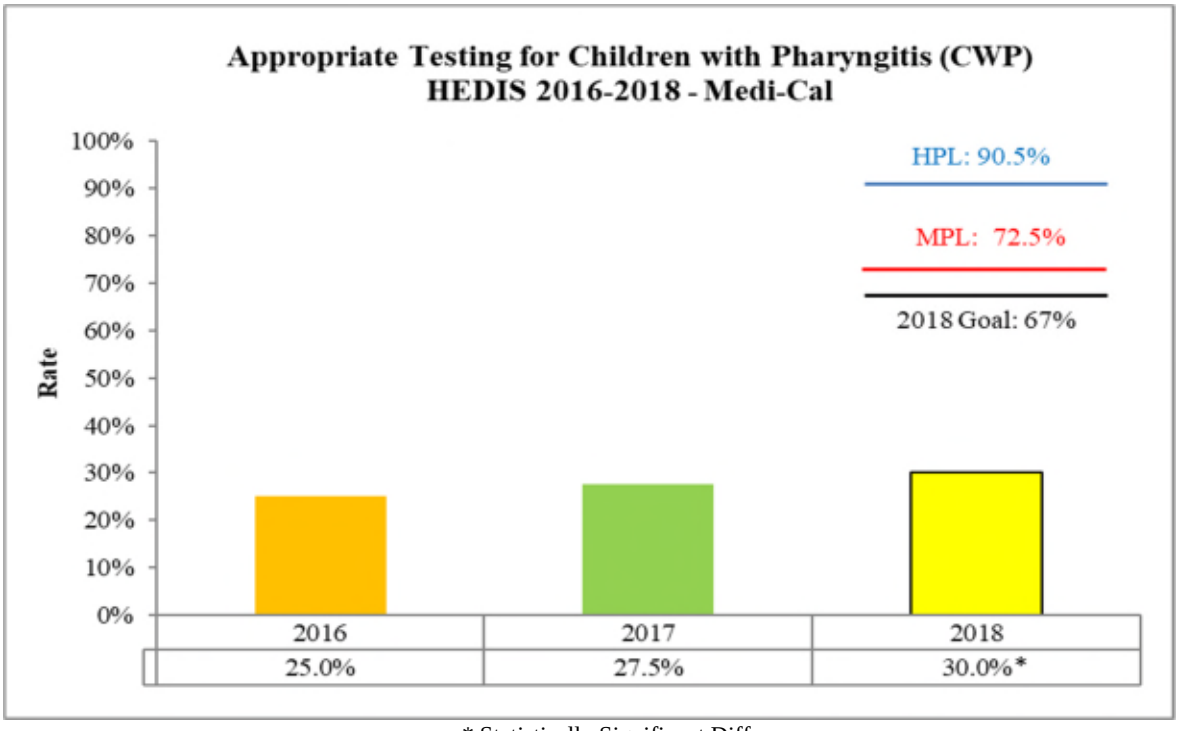
Barriers that were identified for this HEDIS measure was guidelines of testing have changed in the past 10 years and some physicians are still following the historical view that treatment can be conducted without testing. Additionally, during the Child and Adolescent Health Workgroups meetings L.A. Care learned that some physicians are not testing prior to prescribing antibiotics because the kits are an additional cost to them.

In 2017 and early 2018 several interventions were implemented to raise the percentage of children receiving appropriate treatment for an upper respiratory infection. L.A. Care continued to target high-volume, low-performing PPGs and send individual emails with their respective URI scores. The AWARE toolkit was also shipped out to providers and clinics for 2017-2018. A Facebook advertisement was also established that targeted parents living in the top noncompliant zip codes. The 8-week ad reminded parents that antibiotics do not treat the flu nor cold. Lastly, a poster was sent out to provider offices. The AWARE toolkit intervention will continue into 2018 as L.A. Care would like to continue to provide educational to high prescribing providers.

RESULTS

Appropriate Testing for Children with Pharyngitis (CWP)

The following graph compares L.A. Care's Medi-Cal CWP HEDIS rates from 2016-2018 to L.A. Care's 2018 goal.



* Statistically Significant Difference

ANALYSIS

Quantitative Analysis
L.A. Care's CWP rate for the Medi-Cal population in 2018 was 30.0%, an increase of 2.5 percentage points from 2017 (27.5%). L.A. Care did not meet its 2018 goal of 67% or the MPL of 72.5%.

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	258	3008	138	3485	181	2305	1702	114
Denominator	558	11,138	741	12,293	474	6062	7445	465
Rate	46.2%	27.0%	18.6%	28.4%	38.2%	38.0%	22.9%	24.5%

Disparity Analysis
African Americans had the highest CWP rate of 46.2%, while Asians had the lowest rate of 18.6%. Whites fell 11.6 percentage points from 40% to 28.4% while Hispanics increased 1 percentage point from last year. English speakers fell 17.6 percentage points but still out performed Spanish speakers by 15.1 percentage points.

[The eligible population (n=7) for the LACC LOB for the CWP measure was too small to be reported.]

Qualitative Analysis
The rates are still low for this measure and as guidelines of testing have changed in the past 10 years and some physicians are still following the historical view that tonsillitis can be treated without testing.

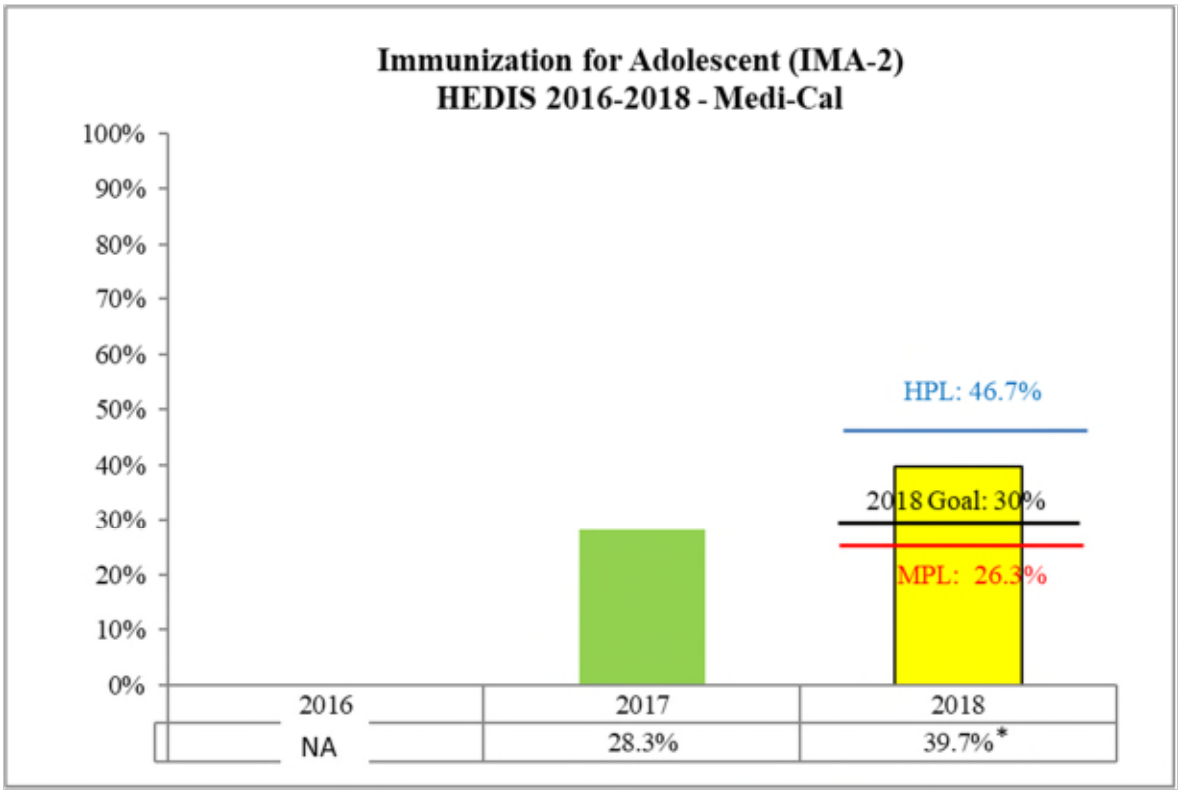
In 2017, L.A. Care had several interventions addressing the CWP measure. Similar to the URI measure, an AWARE toolkit was sent to providers who were noncompliant with the CWP measure.

CWP and URI report cards were sent to all PPGs. Their score was sent to them and provided them information regarding an invitation to an Antibiotic Stewardship Meeting which provided CME credits. Many PPG's and Medical Groups are on a capitated model. Urgent Care centers are on a Fee for Service (FFS) model. This can be a barrier for patients to receive a strep test as many providers do not want to conduct a strep test in office due to the cost. Possibly if the strep kits were provided to them by the health plan for free they would conduct the test more frequently.

RESULTS

Immunization for Adolescents, Combination 2 (IMA)

The following graph compares L.A. Care's Medi-Cal IMA-2 HEDIS rates from 2017-2018 to L.A. Care's 2018 goal.



* Statistically Significant Difference

ANALYSIS

Quantitative Analysis

L.A. Care's IMA rate for the Medi-Cal population in 2018 was 39.7%, an increase of 11.4 percentage points from 2017 (28.3%). It reached the L.A. Care goal of 30% and exceeded it by 9.7 percentage points. It did exceed the MPL of 26.3% and did not meet the HPL of 46.7%.

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	875	9828	750	10,429	434	5396	6792	304
Denominator	2908	24,959	2123	27,772	1334	16,570	16,378	1165
Rate	30.1%	39.4%	35.3%	37.6%	32.5%	32.6%	41.5%	26.1%

Disparity Analysis

Hispanics had the highest percentage of adolescents who received the Combination 2 (Meningococcal, Tdap, HPV) immunizations (39.4%). American Indians and Alaskan Natives had a rate of 47.4% but their population size was only 19. African Americans were the least compliant with this measure (30.1%). Spanish speakers had a rate 8.9 percentage points higher than English speakers (41.5% vs. 32.6%).

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

Qualitative Analysis

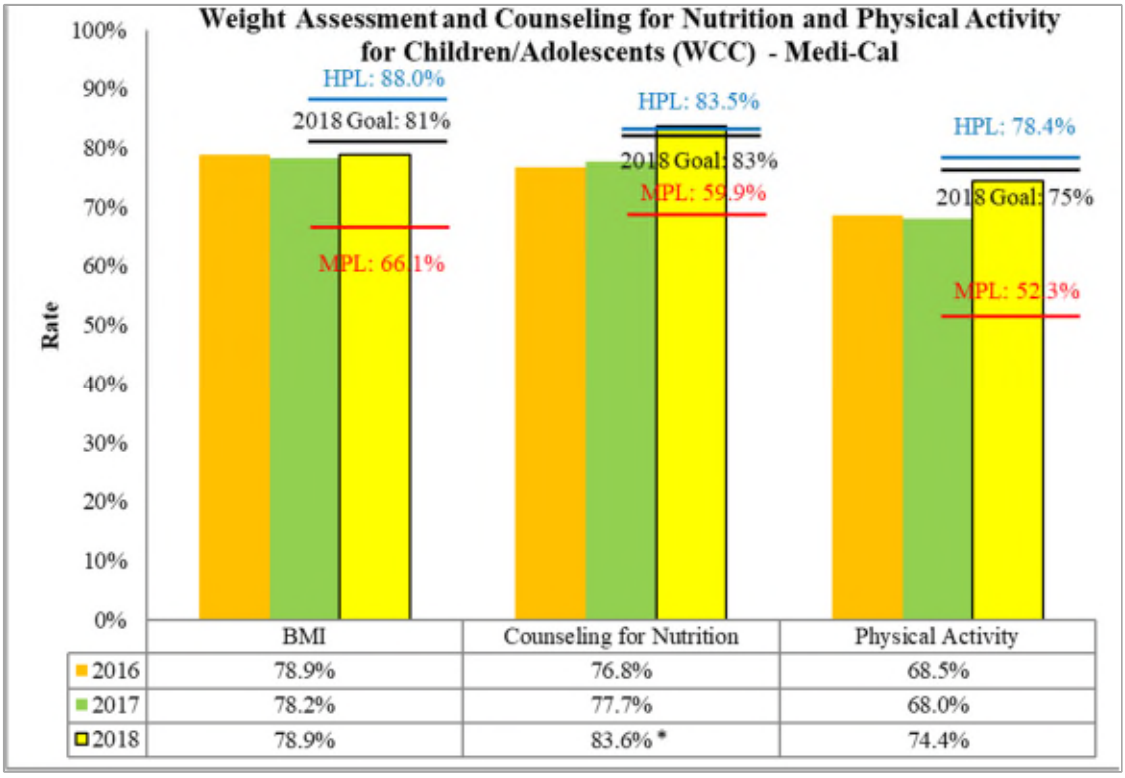
Some barriers that were identified with IMA-2 is that even with minor consent laws in place adolescents are still not accessing these vaccinations without their parents' consent and are not utilizing school based health centers and wellness centers to receive these vaccinations. Additionally, some parents are still hesitant to provide their adolescents with the HPV vaccine as they lack the knowledge that this vaccine is for cancer prevention. Moreover, some physicians are still not using the immunization registry so even when these vaccines are provided they are not documented.

To address the barriers above in 2017 L.A. Care continued to be part of the Quarterly Los Angeles HPV Vaccine Coalition Meetings. L.A. Care's partnered with the Los Angeles HPV Coalition to participate and share best practices with other organizations in Los Angeles that work to elevate healthcare and increase HPV vaccination rates. In 2017 the lead of the L.A. Care Child and Adolescent Health Workgroup presented at the coalition meeting to share what information about the HPV rates. This partnership was effective in learning best practices for how to share info regarding the HPV vaccine and how to conduct outreach and target the necessary population in an effort to increase rates. Therefore, L.A. continued to be part of the Quarterly Los Angeles HPV Vaccine Coalition in 2018 as well.

RESULTS

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (Hybrid Rate on Sample)

The following graph compares L.A. Care's Medi-Cal WCC HEDIS rates from HEDIS 2016-2018 to L.A. Care's HEDIS 2018 goal.



	BMI	Counseling for Nutrition	Physical Activity
2016	78.9%	76.8%	68.5%
2017	78.2%	77.7%	68.0%
2018	78.9%	83.6% *	74.4%

* Statistically Significant Difference

ANALYSIS

Quantitative Analysis – BMI Percentile

L.A. Care's WCC BMI percentile rate for the Medi-Cal population in 2018 was 78.9%. It did not reach the L.A. Care goal of 81% and was 2.1 percentage points away from achieving it. It did, however, exceed the MPL (66.1%) by 12.8 percentage points.

WCC Disparity Table – BMI Percentile, Age3-11, Medi-Cal

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	11,068	88,554	5029	95,077	5744	69,388	47,015	1291
Denominator	20,617	192,182	13,306	211,249	11,881	141,711	108,800	7508
Rate	53.7%	46.1%	37.8%	45.0%	48.4%	49.0%	43.2%	17.2%

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	5732	52,450	3416	56,377	2555	32,453	34,937	948
Denominator	10,777	114,317	9269	125,704	5287	66,081	79,705	5134
Rate	53.2%	45.9%	36.9%	44.9%	48.3%	49.1%	43.8%	18.5%

Disparity Analysis – BMI Percentile

African Americans had the highest rate of BMI percentile documentation for the 3-11 and 12-17 age range with a PCP or OB/GYN (53.7% and 53.2%, consecutively). The lowest documentation happened amongst Asians for both age groups (37.8% and 36.9%). The two age groups were within 1 percentage point of the other except for other/unknown language.

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

Quantitative Analysis – Counseling for nutrition

L.A. Care's WCC counseling for nutrition rate for the Medi-Cal population in 2018 was 83.6%, a 5.9 percentage point increase from 2017. It reached the L.A. Care goal of 83% but only surpassed it by 0.6 percentage points. It also surpassed the HPL by 0.1 percentage points. The difference for this measure was statistically significant.

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	9448	74,443	4435	80,924	5020	60,151	38,819	1653
Denominator	20,617	192,182	13,306	211,249	11,881	141,711	108,800	7508
Rate	45.8%	38.7%	33.3%	38.3%	42.3%	42.5%	35.7%	22.0%

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	4817	44,629	3015	48,355	2208	28,018	29,492	1159
Denominator	10,777	114,317	9269	125,704	5287	66,081	79,705	5134
Rate	44.7%	39.0%	32.5%	38.5%	41.8%	42.4%	37.0%	22.6%

Disparity Analysis – Counseling for nutrition

Similar to BMI percentile, African Americans had the highest rate of nutrition counseling with a PCP or OB/GYN for the 3-11 and 12-17 age groups (45.8% and 44.7%, respectively). The lowest documentation was again with Asians (33.3% and 32.5%).

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

Quantitative Analysis – Counseling for physical activity

L.A. Care's WCC counseling for physical activity rate for the Medi-Cal population in 2018 was 74.4%, a 6.4 percentage point increase from 2017. It did not reach the L.A. Care goal of 75%, but did surpass the MPL of 52.3%.

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	5699	33,353	2131	36,789	2788	34,399	13,184	467
Denominator	20,167	192,182	13,306	211,249	11,881	141,711	108,800	7508
Rate	27.6%	17.4%	16.0%	17.4%	23.5%	24.3%	12.1%	6.2%

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	3331	24,253	1776	26,574	1363	18,577	14,264	453
Denominator	10,777	114,317	9269	125,704	5287	66,081	79,705	5134
Rate	30.9%	21.2%	19.2%	21.1%	25.8%	28.1%	17.9%	8.8%

Disparity Analysis – Counseling for physical activity

African Americans had the highest rate of counseling for physical activity in the 3-11 and 12-17 age groups (27.6% and 30.9%, respectively). Whites and Hispanics both yielded a rate of 17.4% for the 3-11 age group and 21.1% and 21.2%, respectively, for the 12-17 age group. Asians rated the lowest in both age groups. English speakers scored 12.1 percentile points more than Spanish speakers in the 3-11 age group and 10.2 more percentile points in the 12-17 age group.

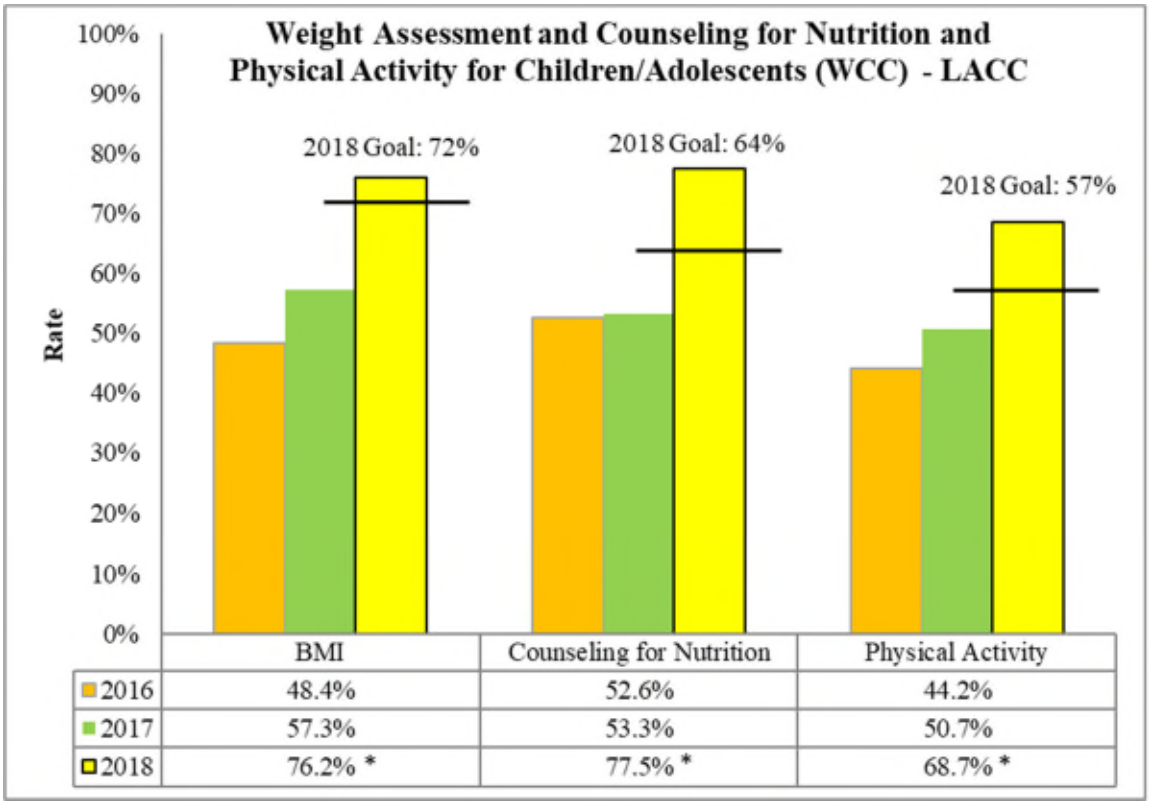
[Disparity analysis based on administrative data while graph utilized hybrid data.]

Qualitative Analysis – WCC

L.A. Care implemented several interventions to raise the rates of weight assessment and counseling for nutrition and physical activity for children and adolescents by their PCP and/or OBGYN. Additional data mapping from PM160 was identified which improved the HEDIS 2018 Medi-Cal rate to the 90th percentile.

QPM also conducted measure focus pursuits as part of HEDIS 2018 reporting in order to improve hybrid rates. Medical practices were visited either onsite or via telephone to provide HEDIS and CAHPS education to the providers and their staff. The overall goal is to close HEDIS 2019 gaps and improve scores for all LOB's. Visits began on August 13th. As of October 30th, outreach for 1010 providers was completed (53% of eligible providers). Membership for these providers represented 892,000 members (43% of total membership).

The following graph compares L.A. Care's LACC WCC HEDIS rates from HEDIS 2016-2018 to L.A. Care's HEDIS 2018 goal.



	BMI	Counseling for Nutrition	Physical Activity
2016	48.4%	52.6%	44.2%
2017	57.3%	53.3%	50.7%
2018	76.2% *	77.5% *	68.7% *

* Statistically Significant Difference

ANALYSIS

Quantitative Analysis – BMI Percentile

L.A. Care's WCC BMI percentile rate for the LACC population in 2018 was 76.2% and exceeded the L.A. Care goal of 72% by 4.2 percentage points. There was an 18.9 percentage point increase from 2017 and a 27.8 percentage point increase from 2016. The difference for WCC BMI for LACC in 2018 was statistically significant.

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	0	4	8	13	41	35	10	NR
Denominator	4	9	27	63	145	156	22	NR
Rate	0.0%	44.4%	29.6%	20.6%	28.3%	22.4%	45.5%	NR

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	0	3	3	15	31	30	5	NR
Denominator	3	6	13	50	103	119	13	NR
Rate	0.0%	50.0%	23.1%	30.0%	30.1%	25.2%	38.5%	NR

Disparity Analysis – BMI Percentile

Population sample sizes for this measure were small and several subgroups had rates of 0% or were not reported. Hispanics (n=9) had the highest rating of BMI documentation in both age groups (44.4%, 3-11; 50.0%, 12-17) whereas Whites (n=63) had the lowest (20.6%) in the 3-11 age group and Asians (23.1%) had the lowest in the 12-17 age group. African Americans had a 0% rating in both age groups but their population size was 4 and 3.

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

Quantitative Analysis – Counseling for nutrition

L.A. Care's WCC counseling for nutrition rate for the LACC population in 2018 was 77.5%, a 24.2 percentage point increase from 2017. It exceeded the 2018 goal of 64% by 13.5 percentage points. The difference for this measure was statistically significant.

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	0	4	11	17	38	43	10	NR
Denominator	4	9	27	63	145	156	22	NR
Rate	0%	44.4%	40.7%	27.0%	26.2%	27.6%	45.5%	NR

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1	1	3	12	27	27	4	NR
Denominator	3	6	13	50	103	119	13	NR
Rate	33.3%	16.7%	23.1%	24.0%	26.2%	22.7%	30.8%	NR

Disparity Analysis – Counseling for nutrition

Population sample sizes for this measure were small and several subgroups had rates of 0% or were not reported. Asians had the highest percentage of nutrition counseling in the 3-11 age range (44.4%) whereas African Americans had the highest for the 12-17 age range (33.3%). Whites had the lowest for the 3-11 age range (27.0%) while Hispanics had the lowest for the 12-17 age range (16.7%).

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

Quantitative Analysis – Counseling for physical activity

L.A. Care's WCC counseling for physical activity rate for the LACC population in 2018 was 68.7%, an 18 percentage point increase from 2017. It exceeded the L.A. Care goal of 57% by 11.7 percentage points. The difference for this measure was statistically significant.

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	0	3	5	10	27	25	7	NR
Denominator	4	9	27	63	145	156	22	NR
Rate	0.0%	33.3%	18.5%	15.9%	18.6%	16.0%	31.8%	NR

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

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	0	1	1	10	26	23	3	NR
Denominator	3	6	13	50	103	119	13	NR
Rate	0%	16.7%	7.7%	20.0%	25.2%	19.3%	23.1%	NR

Disparity Analysis – Counseling for physical activity

Population sample sizes for this measure were small and several subgroups had rates of 0% or were not reported. Hispanics had the highest rate of counseling on physical activity by a PCP or OB/GYN (33.3%, n=9) in the 3-11 age range while Whites had the lowest (15.9%; n=27). For the 12-17 age range, Whites had the highest rate of counseling on physical activity (20.0%, n=50) whereas Asians had the lowest (7.7%, n=13).

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

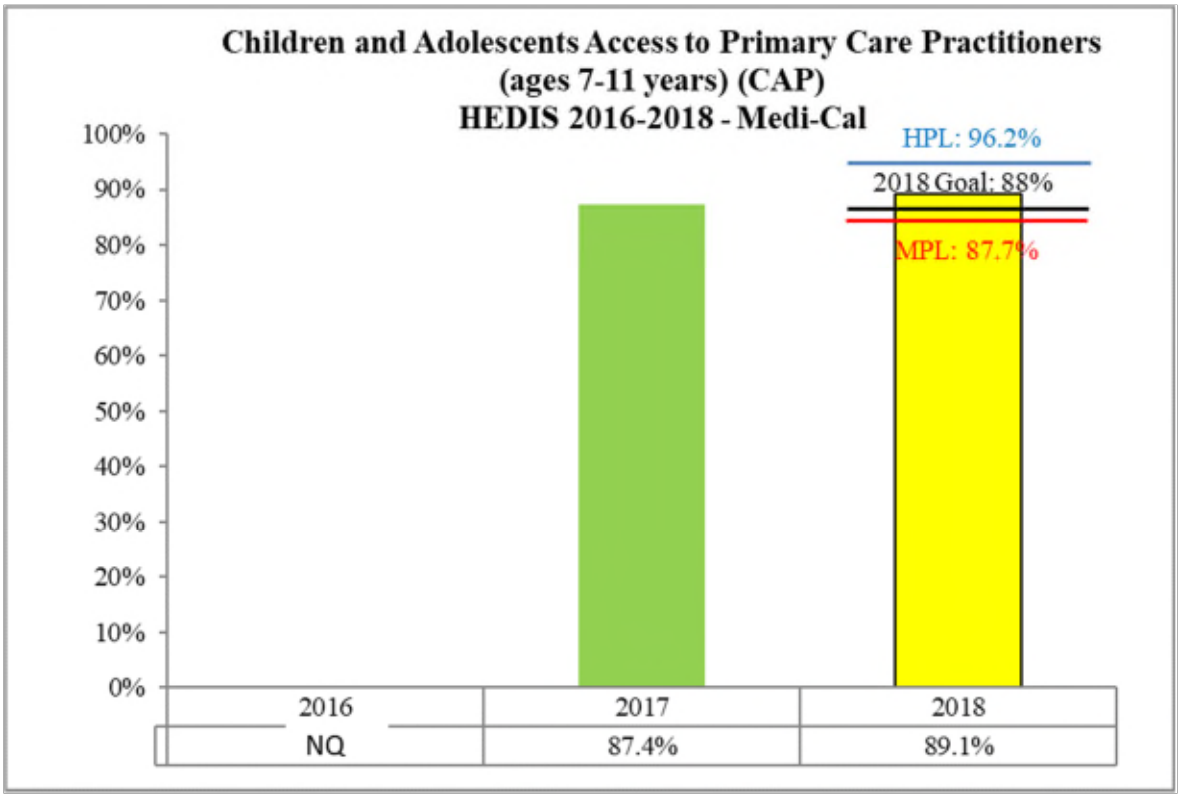
Qualitative Analysis – WCC

The same interventions that were conducted for WCC Medi-Cal were conducted for the LACC line of business. Refer above for more information regarding WCC interventions.

RESULTS

Children and Adolescents' Access to Primary Care Practitioners (CAP)

The following graph compares L.A. Care's Medi-Cal CAP HEDIS rates from 2017-2018 to L.A. Care's 2018 goal.



NQ: Not required

ANALYSIS

Quantitative Analysis

L.A. Care's Medi-Cal CAP HEDIS rate for the 7-11-year-old population was 89.1%, an increase of 1.7 percentage points from 2017. It reached the L.A. Care Plan goal of 88% and exceeded it by 1.1 percentage points.

Disparity Table, Age 12-24 months

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	2073	15,814	1424	18,070	1754	16,026	6832	555
Denominator	2444	17,012	1573	19,504	1946	17,695	7285	600
Rate	84.8%	93.0%	90.5%	92.7%	90.1%	90.6%	93.8%	92.5%

Disparity Table, Age 25 months – 6 years

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	12,376	105,759	7812	117,392	7650	89,562	51,891	4312
Denominator	16,774	122,398	9298	136,930	9625	110,138	58,506	4930
Rate	73.8%	86.4%	84.0%	85.7%	79.5%	81.3%	88.7%	87.5%

Disparity Table, Age 7-11 years

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	10,877	98,563	6375	107,982	5713	67,548	60,141	3960
Denominator	13,420	108,743	7193	119,618	6537	78,313	65,042	4287
Rate	81.1%	90.6%	88.6%	90.3%	87.4%	86.3%	92.5%	92.4%

Disparity Table, Age 12-19 years

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	14,015	128,282	11,182	142,564	6565	80,223	87,060	6695
Denominator	17,457	145,921	13,214	162,806	7893	95,968	97,545	7585
Rate	80.3%	87.9%	84.6%	87.6%	83.2%	83.6%	89.3%	88.3%

Disparity Analysis

African Americans had the lowest rate for children and adolescents access to primary care practitioners across all age groups whereas Hispanics had the highest across all age groups. Spanish speakers also rated above English speakers across all age groups.

[CAP is not reported for the LACC population.]

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

Qualitative Analysis

No specific interventions were conducted for this measure.

SUMMARY OF INTERVENTIONS FOR 2017

The table below summarizes the barrier analysis with the actions for each measure:
For effectiveness of intervention/outcome results can be seen above in respective sections.

HEDIS Measure	Barrier	Action
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	• Large eligible population. • Members/Caregivers do not perceive the importance of Well-Child visits. • While some Members/Caregivers do perceive the importance of Well Child visits, due to their work schedules they don't always have time to make an appointment during normal business hours.	• L.A. Care continued the Plan Partner P4P, LA P4P, and Physician P4P programs for Medi-Cal, which includes the W34 HEDIS measure. • Preventive health guidelines which include well-child visit schedule are available at L.A. Care website for both providers and members. • Auto dialed calls occurred to all members who were eligible and non-compliant for their well child visit.
Childhood Immunization Status: **Combination 3 (CIS-3)** **Combination 10 (CIS-10)**	• Due to the complexity of the immunization schedule, parents may not fully understand the recommended immunization schedule for their children. • Lack of education about the importance of adhering to the recommended vaccination schedule to parents of members. PCV protects against systemic pneumococcal infection during the first 12 months of life, when most vulnerable. • Parents may have difficulty taking time off from work to get their child immunized.	• CIS-3 is included in the LAP4P, Physician P4P programs and Plan Partner P4P program • Preventive health guidelines and current immunization schedule for both providers and members are available on the L.A. Care website.

HEDIS Measure	Barrier	Action
Childhood Immunization Status: Combination 3 (CIS-3) Combination 10 (CIS-10) (cont.)	• Missed opportunities - physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to keep children's immunizations current. • Incomplete/inaccurate coding of immunizations results. • Providers that the patient visits might not be using CAIR and tracking the immunizations. • Language and RCAC region disparity. • Some providers that have foreign born patients in their panel have the following barrier with CIS 10, "rotavirus shot can only can be given to children under seven months. Most of the patients in their clientele have transferred from other clinics, and China or when they come in them already over the age, in this case, they cannot get rotavirus after seven months old."	• There is an ongoing CIS-3 PIP which targets providers in the San Gabriel valley. • LinkedIn Posts which were geared toward physician offices and clinics were posted in 2017 and spoke about CAIR2 and its usage.
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	• Providers prescribing antibiotics (antibiotic misuse) to patients despite diagnosis of an upper respiratory infection	• Alliance Working for Antibiotic Resistance Education (AWARE) 2017-2018 toolkits to high prescribing physicians • CWP and URI report cards were sent to all PPGs. Their score was sent to them and provided them information regarding an invitation to an Antibiotic Stewardship Meeting which provided CME credits.
Appropriate Testing for Children with Pharyngitis (CWP)	• Lack of Group A streptococcus testing among members prescribed antibiotics by their providers	• Alliance Working for Antibiotic Resistance Education (AWARE) 2017-2018 toolkits to high prescribing physicians • CWP and URI report cards were sent to all PPGs. Their score was sent to them and provided them information regarding an invitation to an Antibiotic Stewardship Meeting which provided CME credits.

HEDIS Measure	Barrier	Action
Immunization for Adolescents, Combination 2 (IMA)	• IMA-2 includes the HPV vaccine which is difficult for many members to receive for the various reasons listed reasons: 1. Parents have misconceptions regarding the vaccine. 2. It requires more than one dose which can be difficult for members to follow through on. 3. While minor consent laws allow for members to receive this vaccine without their parents' consent very few opt to do this. 4. While the HPV vaccine is available at school based health centers/wellness centers many students/members do not option to get the vaccine at those locations as there is a stigma associated with school based health centers being viewed as "sexual health" clinics.	• L.A. Care is part of the Los Angeles HPV Vaccine Coalition. This coalition meets quarterly and discuses ideas regarding the HPV vaccine for adolescents.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	• N/A	• A heat map to identify poor performers and develop appropriate technically improvements e.g. improvement to EHRs
Children and Adolescents Access to Primary Care Practitioners (CAP) 7-11 Years of Age	• Perceived lack of need to visit the primary care practitioners, especially when there aren't many recommended immunizations during this time period	• Distribution of adolescent wellness flyers were distributed to provider offices that list recommend age-appropriate health services

LOOKING FORWARD

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

- L.A. Care will continue to encourage use of CAIR2 and will continue to work on developing an incentive.
- Priority HEDIS measure information, including these preventive/well-care measures, will be shared at Committee, PPG, County, and Plan Partner meetings to increase awareness and encourage collaborative and strategic improvement for the benefit of all our members.
- L.A. Care will continue to utilize auto dialed calls for members who are non-compliant for W34 and in the future utilize text messaging as well.
- L.A. Care will continue to use social media to spread awareness to our members and providers regarding these HEDIS measures.
- L.A. Care will continue to implement a Performance Improvement Process (PIP) to improve CIS-3 rates.
- L.A. Care will conduct education to providers who are high prescribers of antibiotics of best practices.

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 L.A. Care Covered Goal
Childhood Immunization Status: Combination 3 (CIS-3)	74%	20%
Childhood Immunization Status: Combination 10 (CIS-10)	34%	42%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	79%	76%
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	90%	90%
Appropriate Testing for Children with Pharyngitis (CWP)	32%	*
Children and Adolescents' Access to Primary Care Practitioners (CAP): Members 7-11 Years of Age	94%	N/A

*Prior year denominator <30

B.3 ADULT HEALTH

AUTHOR: CAROLINA COLEMAN, MPP
REVIEWER: GRACE CROFTON, MPH, MARIA CASIAS, RN, & KATRINA MILLER, MD

BACKGROUND

Breast cancer affects American women more than any other type of cancer[2] and is estimated to affect 12.4% of women at some point during their lifetime.[3] 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, to less than 1% of all cancers,[4] primarily due to early detection through screening. Colorectal cancer impacts 4.2% of men and women over their lifetimes, although diagnosis rates have fallen an average of 2.4% each year over the last ten years, representing 8.1% of new cancer diagnoses.[5] Early detection of breast, colorectal, and cervical cancer through regular screenings is a key step for prompt and more effective treatments for these diseases; thus reducing mortality rates.

Chlamydia remains the most commonly reported infectious disease in the United States. Further, the approximately 1.6 million cases of chlamydia represent the highest number of annual cases of any condition ever reported in 2016 to CDC.[6] In Los Angeles county, chlamydia rates have steadily increased since 2006 with reported rates in 2016 at 578.5 per 100,000; highest among females of African American or Latino race/ethnicity.[7] Chlamydia infections are usually asymptomatic and 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.

Inappropriate antibiotic use is very common in the United States. The CDC estimates that 30% of all antibiotic prescriptions are unnecessary, and for outpatient prescriptions for acute respiratory conditions such as bronchitis, about half are inappropriate.[8] These causeless prescriptions pose risk to patients for allergic reactions and *Clostridium difficile* and exacerbates the growing issue of antibiotic resistance. While California maintains the third lowest antibiotic dispense rate in the country, in 2015 a total of 590 prescriptions were issued per 1,000 individuals.[9]

Approximately 50% of Medi-Cal members are delegated to Plan Partners Anthem Blue Cross, Care 1st, and Kaiser Permanente. L.A. Care is responsible for conducting member outreach for the remainder of Medi-Cal (MCLA) members. Medi-Cal graphs in the following sections depict aggregate data of L.A. Care and its Plan Partners.

2018 WORK PLAN GOALS:

This section reviews the goals and rates for HEDIS 2018. Interventions conducted in 2017 are detailed, as this represents to the period in which services were rendered. The goals below were established based off of reaching the next NCQA quartile (estimated).

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[2] https://gis.cdc.gov/Cancer/USCS/DataViz.html
[3] http://seer.cancer.gov/statfacts/html/breast.html
[4] https://seer.cancer.gov/statfacts/html/cervix.html
[5] https://seer.cancer.gov/statfacts/html/colorect.html
[6] http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf
[7] https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-LHJ-LosAngeles.pdf
[8] https://www.cdc.gov/media/releases/2016/p0503-unnecessary-prescriptions.html
[9] https://gis.cdc.gov/grasp/PSA/AUMapView.html

HEDIS Measure	2018 Medi-Cal Goal	2018 Medi-Cal Rate	2018 Cal MediConnect Goal	2018 Cal MediConnect Rate	2018 L.A. Care Covered Goal	2018 L.A. Care Covered Rate	Goal Met
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	34%	33.6%	N/A	N/A	29%	35.4%	Medi-Cal: No CMC: N/A LACC: Yes
Breast Cancer Screening (BCS)	66%	59.5%	66%	60.1%	68%	64.6%*	Medi-Cal: No CMC: No LACC: No
Cervical Cancer Screening (CCS)	66%	60.6%	N/A	N/A	66%	51.0%	Medi-Cal: No CMC: N/A LACC: No
Chlamydia Screening (CHL)	64%	64.7%	N/A	N/A	67%	59.5%	Medi-Cal: Yes CMC: N/A LACC: No
Colorectal Cancer Screening (COL)	N/A	N/A	59%	57.7%*	N/A	49.2%*	Medi-Cal: N/A CMC: No LACC: N/A

*Statistically significant increase N/A: Not applicable

MAJOR ACCOMPLISHMENTS

- The LACC Breast Cancer Screening and Colorectal Cancer Screening rates had statistically significant increases from the prior year. CMC also had a statistically significant increase for Colorectal Cancer Screening.
- The Medi-Cal Cervical Cancer Screening, Chlamydia Screening, and Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis rates had statistically significant increases from the prior year.
- Breast Cancer Screening (BCS) reminder phone calls were made to Medi-Cal, L.A. Care Covered, and Cal MediConnect members in September 2017. Mailers were sent in May 2017.
- Cervical Cancer Screening (CCS) reminder phone calls, a new intervention, were made to Medi-Cal and L.A. Care Covered members in May 2017.
- In April 2017, a mailer on COL 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, a new intervention, 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.
- In July 2017, 837 faxes were sent to the identified providers in general medicine, family practice, and OB-GYN physicians to increase their awareness of Chlamydia screening guidelines.
- In August 2017, 897 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.
- From July 2017 through September 2017, the Health Education Unit, in collaboration with Communications Department, ran an 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.
- L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for CCS, BCS, COL, and CHL, to PCPs and PPGs.
- In November, staff reached out to 83 providers and faxed the Provider Opportunity Reports to them, emphasizing COL and BCS gaps.

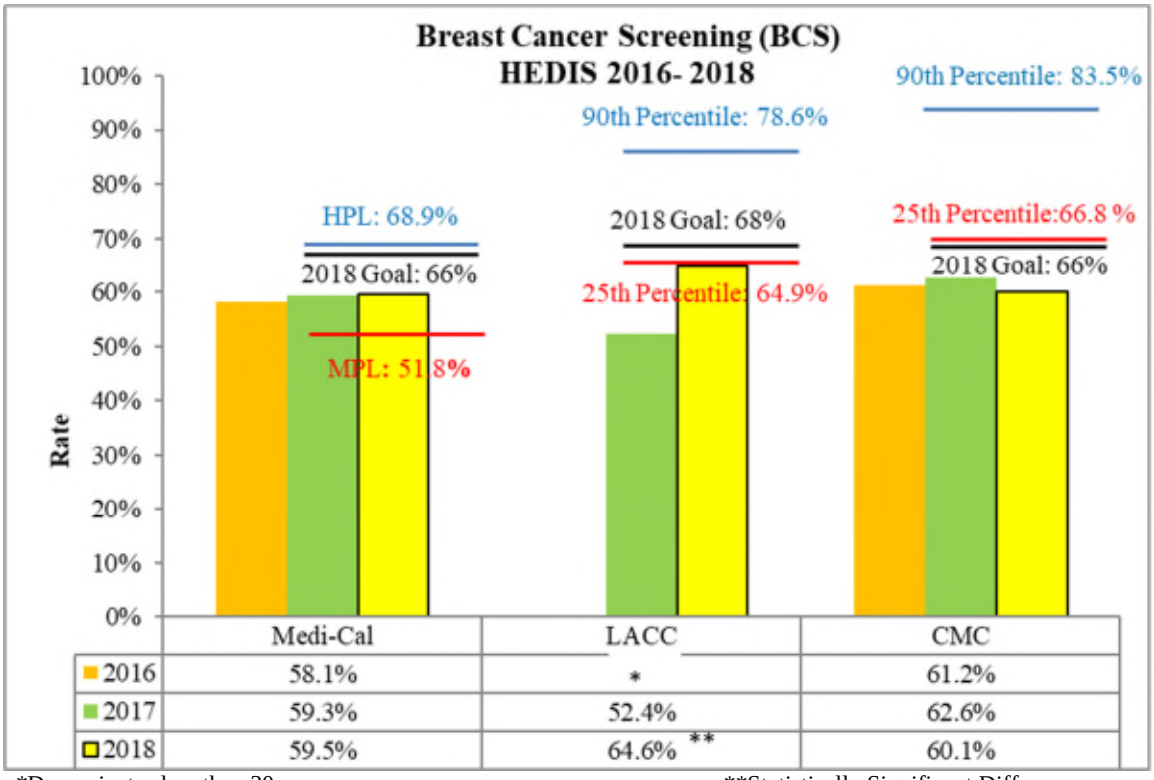
Description of measures:

HEDIS Measure	Specific Indicator(s)	Measure Type
Avoidance of Antibiotic Treatment in adults with Acute Bronchitis	The percentage of adult members ages 18-64 with a diagnosis of uncomplicated acute bronchitis who were *not* dispensed an antibiotic prescription	Administrative
Breast Cancer Screening	The percentage of members who are women aged 50-74 years and have received one or more mammograms on or between October 1 two years prior to the measurement year and December 31 of the measurement year.	Administrative
Cervical Cancer Screening	The percentage of women aged 21-64 years who received one or more screening tests for Cervical Cancer during or within the three years prior to the measurement year or 5 years for women 30-64 with HPV co-testing.	Hybrid
Chlamydia Screening in Women	The percentage of women aged 16-24 years who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	Administrative
Colorectal Cancer Screening	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

BREAST CANCER SCREENING

RESULTS

The following graphs compare L.A. Care BCS rates for HEDIS 2016, 2017, and 2018:



*Denominator less than 30 **Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

L.A. Care's HEDIS 2018 BCS rate for Medi-Cal was 59.5%. The rate increased by 0.2 percentage points from the prior year, but this was not a statistically significant improvement. BCS is on a three-year upward trend, but did not meet the goal of 66%. The rate exceeded the national 50th percentile of 59%.

Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	4,571	19,758	6,511	28,221	5,187	18,933	17,741	8,710
Denominator	8,996	29,815	10,593	45,452	9,581	35,658	25,699	14,882
Rate	50.8%	66.3%	61.5%	62.1%	54.1%	53.1%	69.0%	58.5%

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures, based on administrative data. Rates continue to be lower for Blacks/African Americans than all other ethnic groups (50.8%), although the rate for this group increased by two percentage points from the previous year. Hispanic members have the highest rates at 66.3%, up from 65.4%. Rates for all racial/ethnic groups increased, except for Other/Unknown, which decreased by 0.2 points. Rates for Asians and Whites increased by 0.2 and 6.2 percentage points, respectively) compared to HEDIS 2017. Rates are much higher for Spanish speakers than English speakers (69.0% versus 53.1%). Rates for both languages improved by less than one percentage point from the previous HEDIS year.

CMC

Quantitative Analysis

HEDIS 2018 is the third year of official rates for CMC. For BCS, CMC members had a rate of 60.1%. This was a decrease of 2.5 percentage points over HEDIS 2017, although it was not statistically significant. The rate did not meet the goal of 66% or the 25th percentile (67%).

LACC

Quantitative Analysis

For HEDIS 2018, the Breast Cancer Screening rate for L.A. Care Covered (LACC) was 64.6%. This was a statistically significant increase of 12.2 percentage points. BCS did not meet the 2018 LACC goal of 68% or the 25th percentile for the Quality Rating System (QRS).

Qualitative Analysis

In May 2017, members across all DLOBs due for breast cancer screening received an educational mailer reminding them to seek screening. In September, automated calls were made to all non-compliant Medi-Cal and CMC members, with a 45.5% reach rate. Additionally, LACC members were eligible for a $50 gift card incentive for completing the screening. Members were made aware of the availability of the incentive through email, mailer, and live agent calls. A total of 22 members were awarded, out of 559 eligible. The program launched in September and was continued into 2018.

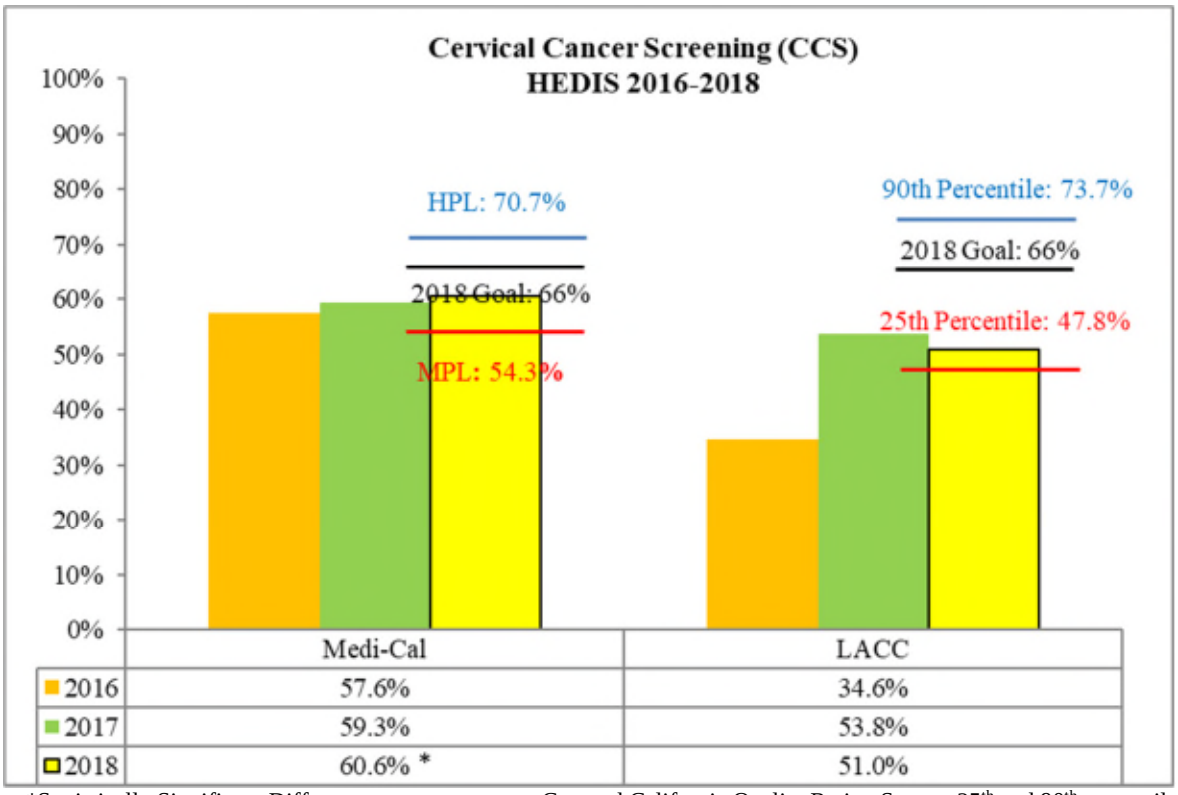
In November, staff reached out to 83 providers and faxed the Provider Opportunity Reports to them, emphasizing COL and BCS gaps.

QI plans to conduct a return on investment analysis of these interventions to determine their effectiveness relative to cost.

CERVICAL CANCER SCREENING

RESULTS

The following graphs compare L.A. Care CCS results for HEDIS 2016, 2017, and 2018. The rates below are based on a hybrid sample augmented by chart review.



	Medi-Cal	LACC
2016	57.6%	34.6%
2017	59.3%	53.8%
2018	60.6% *	51.0%

*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

L.A. Care's Medi-Cal CCS rate was 60.6% for HEDIS 2018. This was an increase of 1.3 percentage points from the prior year, a statistically significant increase. The rate met the MPL and the 50th percentile but did not meet the goal of 66%.

Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	24,842	95,320	18,684	129,247	12,252	124,864	46,427	18,643
Denominator	45,068	165,921	36,163	231,831	25,112	239,942	75,016	32,991
Rate	55.1%	57.5%	51.7%	55.8%	48.8 %	52.0%	61.9%	56.5%

L.A. Care also conducted an analysis based on ethnicity, language, and RCAC regions to examine whether disparities exist in getting cervical cancer screenings. Rates for women in the Other/Unknown category had the lowest rate of all the racial/ethnic groups (48.8%), followed by Asian women (51.7%). Rates for each racial/ethnic group improved by 2.1to 7.5 percentage points from HEDIS 2017. Hispanics were the highest performing group at a rate of 57.5%. Spanish speakers had higher rates than English speakers (61.9% versus 52.0%). Both groups improved by three to four percentage points from HEDIS 2017.

CMC

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 HEDIS 2018 was 51%. This was a decrease of 2.8 percentage points from the previous year that was not statistically significant. The rate did not meet the 2018 goal, but it did meet the 25th percentile for the QRS.

Qualitative Analysis

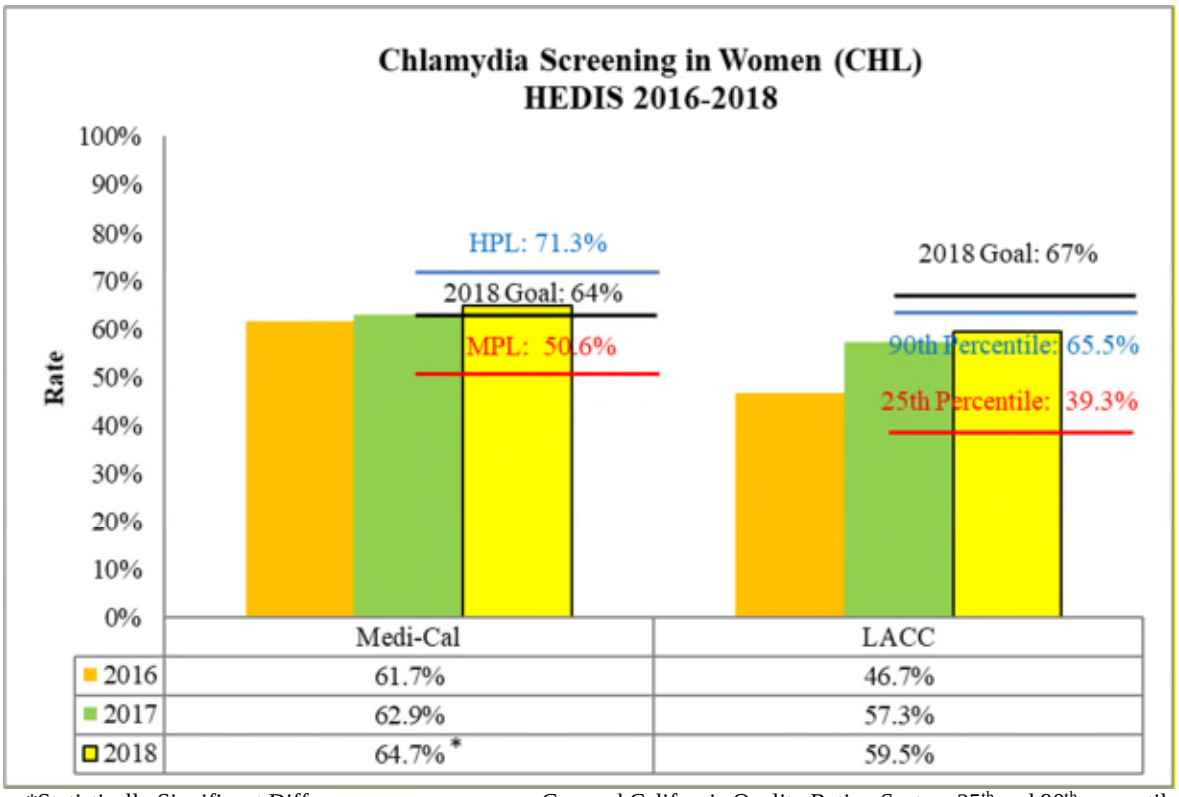
The CCS Medi-Cal rate is on a three-year upward trend, in part due to increased data availability for a three to five year look back. LACC rates are somewhat lower than traditional commercial rates, as seen in the graph above, but are also on an upward three-year trend.

MCLA and LACC members received a robocall reminding them to get screened in May 2017. L.A. Care also purchased advertisements on Facebook targeting women ages 21 to 30 resulting in the 20 poorest performing zip codes, advising them of the importance of screening. The ads were displayed over 313,000 times to 157,000 unique users. Department of Health Services (DHS) members were eligible for a $50 gift card incentive for completing CCS. A total of 3,248 members were awarded and the program was continued into 2018.

CHLAMYDIA SCREENING

RESULTS

The following graph compares L.A. Care for HEDIS 2016, 2017, and 2018:



*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal screening rate increased by 1.8 percentage points from 62.9% in 2017 to 64.7% in 2018. The increase in the rate from 2017 to 2018 is due to increases in this measure by Anthem by 1.27 points, Kaiser by 1.52 points, MCLA by 2.5 points, and Care 1st by 1.3 percentage points. Kaiser continues to outperform other Plan Partners and L.A. Care each year since HEDIS 2014. The MCLA rate has continued to increase over the past five years; 53.3% in 2014, 57.6% in 2015, 59.4% in 2016, 60.2% in 2017, 64.7% in 2018. The Medi-Cal rate was above the MPL rate of 50.6% by 14.1 percentage points. It did meet the 2017 goal of 64% by 0.7 percentage points.

L.A. Care's Chlamydia screening rate for LACC increased by 2.17 percentage points from 57.3% in 2017 to 59.45% in 2018. The rate was above the MPL rate of 39.3% by 20.2 percentage points, but it did not meet the 2018 goal of 67% by 7.5 percentage points.

Disparity Analysis

L.A. Care conducted an analysis based on Plan Partner, SPD status, 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 (60.77%) when compared to women between ages 21-24 (68.67%). Asian Members were the least likely to be screened (62.79%, compared to 63.9% for White members, 64.45% for Hispanic members and 71.70% for Black members). Rates were consistent across RCAC regions and SPAs.

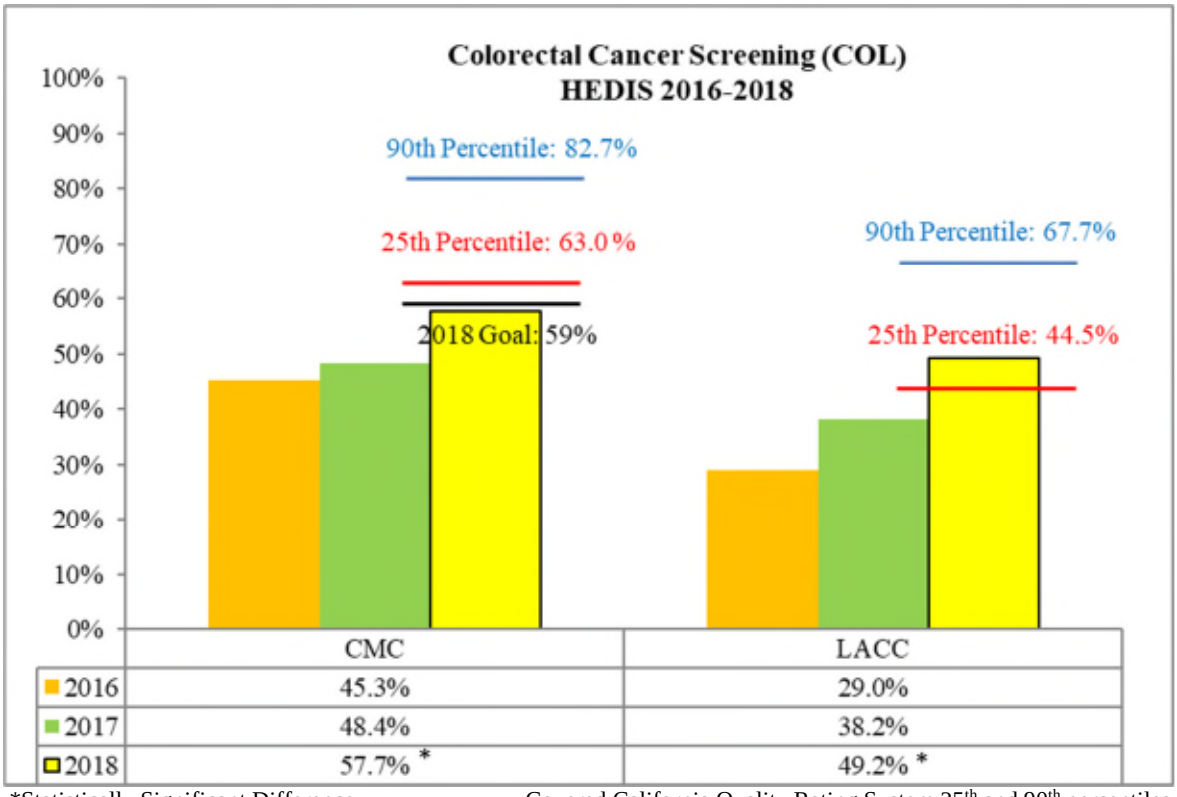
Qualitative Analysis

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 2018, 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 social media campaign was launched targeting women living in noncompliant zip codes for chlamydia screenings via Facebook advertisements highlighting the importance of and how to access Chlamydia screenings.

COLORECTAL CANCER SCREENING

RESULTS

The following graph compares L.A. Care COL rates for HEDIS 2016, 2017, and 2018:



*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

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

CMC
Quantitative Analysis
The CMC rate for COL was 57.7%. This was an increase of 9.3 percentage points, a statistically significant increase. This measure did not meet the 2018 goal (59%) or the 25th percentile (61%).

LACC
Quantitative Analysis
The LACC rate for COL was 49.2%. This was an increase of 11 percentage points, a statistically significant increase. This measure met the 25th percentile for the QRS (44.5%) but missed the 2018 goal (49.2%) by a fraction of a percent.

Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	38	62	109	377	577	649	358	95
Denominator	76	134	370	918	1,523	1,647	937	308
Rate	50.0%	46.3%	29.5%	41.0%	37.9%	39.4%	58.7%	30.8%

L.A. Care conducted an analysis based on ethnicity, language, and regions to examine whether disparities exist in colorectal cancer screenings, using administrative data (thus explaining the lower rates). Asian members had the lowest rate at 29.5%, followed by White members at 41%. Hispanic and Black members were higher performing at 46.3% and 50%, respectively. Spanish speakers were much more likely to have been screened for colorectal cancer, compared to English-speaking members (58.7% versus 39.4%) – this gap was much wider than the previous year.

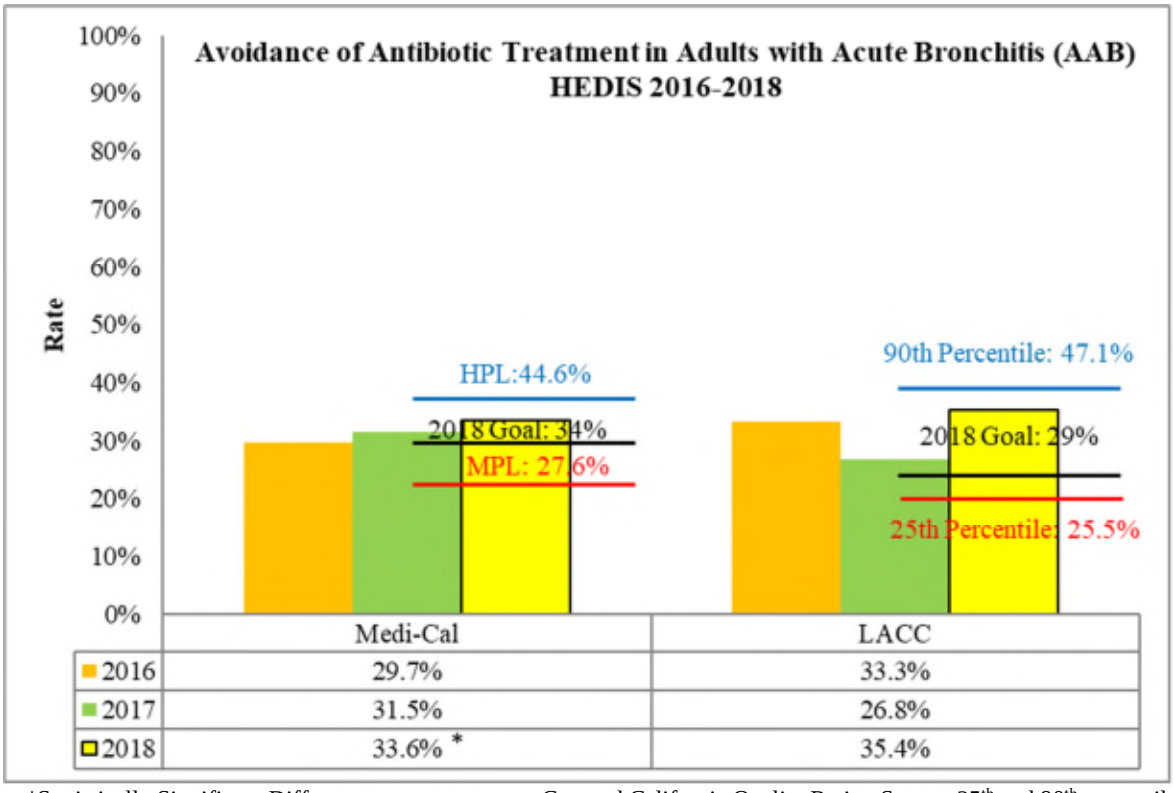
Qualitative Analysis
The LACC COL rate is on a three-year upward trend despite this year's decline. The LACC rate is significantly lower than the CMC rate. This may be because LACC members fear potential cost-sharing, despite COL being a preventive service no subject to cost-sharing.

In 2017, L.A. Care sent member mailers, co-branded with the American Cancer Society, and made Robocalls to CMC and LACC members missing services to continue to improve the COL rate. The robocall reach rate was 38%. The mailing highlighted the importance of screening and the need to discuss screening options with the member's provider. In November, staff reached out to 83 providers and faxed the Provider Opportunity Reports to them, emphasizing COL and BCS gaps.

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

RESULTS

The following graph compares L.A. Care rates for AAB in HEDIS years 2016, 2017, and 2018:



	Medi-Cal	LACC
2016	29.7%	33.3%
2017	31.5%	26.8%
2018	33.6% *	35.4%

*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

The Medi-Cal rate for AAB was 33.6%. This was an increase of 2.1 percentage points from HEDIS 2017, a statistically significant increase. This measure met the 50th percentile (29%), but fell short of the 2018 goal by 0.4 percentage points.

Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	658	2,604	743	3,722	427	3,566	1,319	786
Denominator	1,089	3,959	993	5,636	642	5,513	1,980	1,052
Rate	39.6%	34.2%	25.2%	34.0%	34.5%	35.3%	33.4%	25.3%

L.A. Care conducted an analysis based on ethnicity, language, and RCAC regions to examine whether disparities exist in this measure. Asian members were the lowest performing race/ethnicity at 25.2%. Hispanic and White members had about the same rate – 34.2% and 34.0%, respectively, while Black members were higher performing at 39.6%. English speakers were less likely to have received inappropriate antibiotics, when compared to Spanish-speakers (35.3% vs 33.4%).

Qualitative Analysis

For the last three years, the Medi-Cal AAB rate has achieved modest improvements. Further analysis is needed to determine if the same members receive inappropriate antibiotics each year.

CMC

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

LACC

Quantitative Analysis

The LACC rate for AAB was 35.4%. This was an increase of 8.6 percentage points from HEDIS 2017, but the change was not statistically significant. This measure met the goal for 2018 and met the 75th percentile for QRS.

Qualitative Analysis

The rate for LACC is slightly higher than the Medi-Cal rate. This may be a member education issue and/or LACC providers may be less willing to provide antibiotics to appease members.

In November 2016, L.A. Care distributed the Alliance Working for Antibiotic Resistance Education (AWARE) toolkits to high prescribing physicians. This should have impacted the 2016-17 cold and flu season.

Beginning in December 2017, L.A. Care purchased advertisements on Facebook targeting parents in the 10 top zip codes for the URI measure. The ads communicated that antibiotics will not treat the cold or flu. Although the ads were aimed at parents to improve the URI measure, it is likely that they will also have a positive impact on AAB. The ads continued into February 2018 and were displayed to over 76,000 users. They re-launched for the 2018-19 cold and flu season in December.

SUMMARY OF INTERVENTIONS FOR 2017

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	• Members may expect to be prescribed antibiotics when they are feeling sick. • Providers may find it easier to prescribe antibiotics rather than educate on antibiotics overuse or may not have time to explain the difference between bacterial and viral infections	• In Q4, parents were targeted for Facebook ads clarifying appropriate use of antibiotics. • Distributed AWARE guidelines to providers	• Rates improved for both Medi-Cal and LACC
Breast Cancer Screening	• Members may disagree with the frequency guidelines for screening, especially after having undergone a previous screening with a negative result. • Discomfort associated with mammography • Fear of the test and the test results • Member confusion with screening guidelines • Members unaware of direct access to imaging centers • Providers unsure of screening guidelines and recommendations • Providers are unaware of when a patient is due for services.	• Automated reminder calls were made to members needing mammograms. Members also received an educational mailer. • L.A. Care offers women health classes which includes Breast Cancer as a topic on an ongoing basis at its Family Resources centers. • L.A. Care includes Breast Cancer screening as one of the clinical measures for both the Value Initiative for IPA performance (VIIP) incentive and the Physician P4P incentive programs. Providers receive a list of members in need of services. • LACC members were offered a $50 gift card, beginning in September, for completion of the screening. • In Q4, staff reached out to 83 providers and faxed the Provider Opportunity Reports to them, emphasizing COL and BCS gaps.	• Rates improved for Medi-Cal and LACC
Cervical Cancer Screening	• Lack of knowledge of the test itself. • Fear of the test and the test results. • Doctor insensitivity to invasiveness of the test. • Cultural inhibitions. • Personal modesty/ embarrassment. • Discomfort associated with screening.	• Non-compliant members received a Robocall reminding them to be screened. • Women ages 21-30 were targeted on social media to increase awareness of the need for cervical cancer screening. • DHS members were eligible for a $50 gift card incentive for completing the screening. • L.A. Care offers women health classes, which include Cervical	• The Medi-Cal rate improved

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	• Members may not understand the importance of getting the screening. • Long wait times for appointments. • Providers are unaware of who is in need of CCS screenings • PCPs often refer to specialists for services.	Cancer as a topic on an ongoing basis at its Family Resources centers. • 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.	
Chlamydia screening	• 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. • Members' lack of awareness and comfort level in discussing sexual health, were unsure of the consequences of chlamydia infection, and lack of guidance. • Members' concern that someone will know if they were tested or tested positive.	• L.A. Care offers LA P4P to primary care providers to complete chlamydia screenings. • L.A. Care sent out provider fax blast on screening guidelines • L.A. Care ran a campaign targeted to 18 to 24-year-old female members using social media to increase awareness of the importance of Chlamydia screening. • L.A. Care encouraged parents of minor members to seek preventive screenings, including chlamydia and other reproductive screenings.	• The rate increased by 1.2 percentage points from 2016. It did not meet the 2017 goal.
Colorectal Cancer Screening	• PCPs may refer COL out to specialists. • Providers may not know about the multiple screening options and how to discuss them • Improperly documented/coded past colon cancer screenings • Lab supply of iFOBT/FIT kits to provider offices may not be adequate to meet demand. • Members may not be aware of the need or value of having regular colon cancer screenings.	• Members 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. • Automated calls were also made to members missing their screening. • In Q4, staff reached out to 83 providers and faxed the Provider Opportunity Reports to them, emphasizing COL and BCS gaps.	• Statistically significant rate increases for both LACC and CMC

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	• Discomfort associated with colonoscopy • Members may receive an iFOBT/FIT kit from their provider but then not complete and return the test. • The long look back period results in difficultly of compiling complete administrative data for the COL measure.		

LOOKING FORWARD

- L.A. Care plans to continue social media to increase awareness of the importance Cervical Cancer Screening as well as direct individuals away from inappropriate antibiotic use, due to the high rate of social media usage among the target populations.
- L.A. Care plans to continue member outreach campaigns for breast, cervical, and colorectal cancer screening.
- L.A. Care 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 members and providers on the chlamydia screening guidelines.
- L.A. Care plans to offer appropriate antibiotic use educational tools to providers to use with members and will continue to distribute the AWARE guidelines. QI will also continue using social media to boost awareness of appropriate antibiotic use.
- QI staff will work with the Quality Performance Management team to explore additional methods of evaluating the effectiveness of interventions, including return on investment analysis.

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Goal for Medi-Cal	2019 Goal for Cal MediConnect	2019 Goal for L.A. Care Covered
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	35%	N/A	38%
Breast Cancer Screening (BCS)	61%	64%	71%
Cervical Cancer Screening (CCS)	64%	N/A	57%
Chlamydia Screening (CHL)	67%	N/A	63%
Colorectal Cancer Screening (COL)	N/A	61%	54%

B.4 PERINATAL HEALTH

AUTHOR: JACQUELINE KALAJIAN
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

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[10].

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

2018 WORK PLAN GOALS:

HEDIS Measure	2018 Medi-Cal Goal	2018 Medi-Cal Rate	2018 L.A. Care Covered Goal	2018 L.A. Care Covered Rate	Goal Met/ Not Met
Timeliness of Prenatal Care	78%	82.2%	80%	79.7%	Medi-Cal: Yes LACC: Yes
Postpartum Care	60%	56.5%	67%	62.5%	Medi-Cal: No LACC: No

MAJOR ACCOMPLISHMENTS

- L.A. Care's "Healthy Mom" postpartum program, which provides assistance and support to women to schedule their postpartum visit, reached 2,654 women of which 81% completed their postpartum visit in FY 2017-2018.
- 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 October 2018, "Healthy Mom" program data was obtained from hospital discharge data via eConnect system. The eConnect data includes discharge data from 41 hospitals.
- The Health Education Advocate continues to provide assistance and support to schedule prenatal visit to pregnant MCLA members in their first trimester.
- L.A. Care contracted with CrowdCircle Inc. dba HealthCrowd Inc. and is in the process of launching prenatal and postpartum text messaging campaigns. The goal of the campaign is to increase the rates of completed prenatal and postpartum appointments. This will be done by educating our members about the importance of perinatal care, inform them about available incentives for L.A. Care's perinatal programs, and serve as a reminder to schedule and attend their appointments,
- L.A. Care's VIIP+P4P provider group incentive program includes timeliness of prenatal care as one of the clinical measures. The VIIP+P4P program also distributes performance and payment reports that inform groups of their performance on these measures.

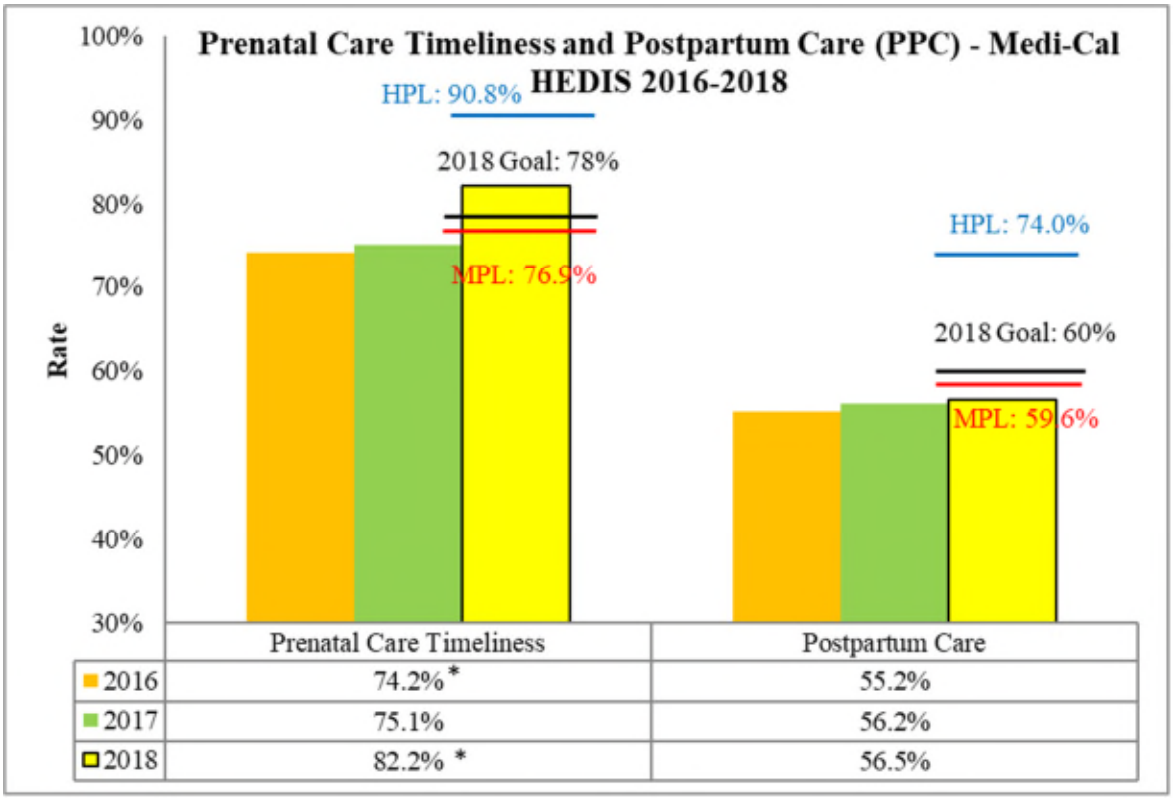
[10] http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html

- 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 various classes in both English and Spanish at multiple Family Resource Centers. The class topics include education on stages of labor, breastfeeding, postpartum care, postpartum depression, preparing for the hospital stay, and parenting.

RESULTS

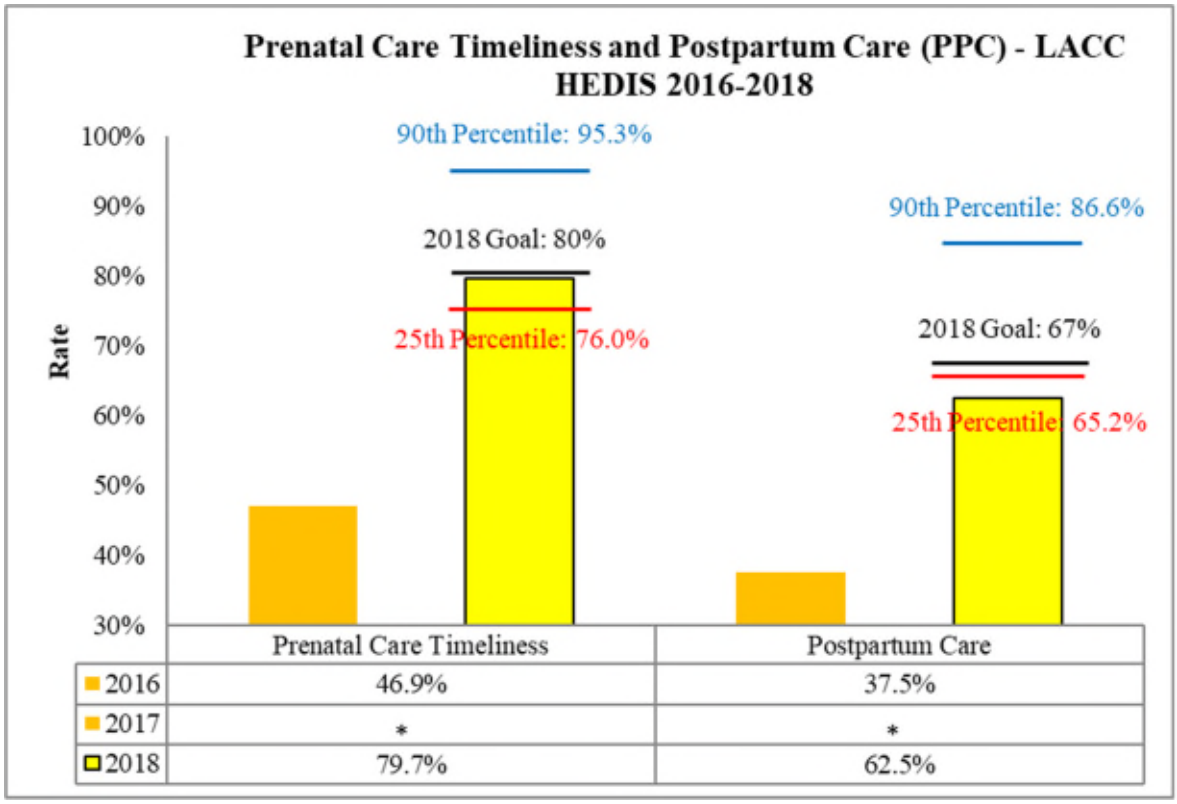
Description of measures:

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



	Prenatal Care Timeliness	Postpartum Care
2016	74.2%*	55.2%
2017	75.1%	56.2%
2018	82.2% *	56.5%

*Statistically significant difference from 2017-2018



*Denominators less than 30 Covered California Quality Rating System 25th and 90th percentiles

PRENATAL CARE

ANALYSIS

Quantitative Analysis

Medi-Cal rates for prenatal care have increased from HEDIS 2017. The timeliness of prenatal care rate increased by 7.1 percentage point; from 75.1% in 2017 to 82.2% in 2018. The increase was statistically significant. The overall increase is attributed to all Plan Partners (Kaiser, Anthem Blue Cross, and Care 1st) and MCLA experiencing increases in the measure. MCLA's performance (79.62%) is slightly lower compared to Plan Partners Care 1st, Anthem Blue Cross and Kaiser Permanente (81.52%, 82.24% and 91.84% respectively). The 2018 rate was above the MPL of 76.9%. The timeliness of prenatal care rate for Medi-Cal did not meet the 2017 goal of 78%.

For LACC, the prenatal rate was 79.7% in 2018. The 2018 rate was not compared to the 2017 rate because the 2017 denominator was less than 30, thus unreliable. The LACC rate was above the 25th percentile rate of 76%. The timeliness of prenatal care rate for LACC did meet the 2018 goal of 80%.

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 2018 results indicate that Asian women had lower rates (60.2%) than other race/ethnic groups.

Timeliness of Prenatal Care

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1585	8057	575	9589	413	10,163	1787	318
Denominator	2564	12,471	956	14,711	675	15,733	2840	469
Rate	61.8%	64.6%	60.2%	65.2%	61.2%	64.6%	62.9%	67.8%

POSTPARTUM CARE

ANALYSIS

Quantitative Analysis

The Medi-Cal rates for postpartum care have increased from HEDIS 2017. Postpartum care increased by 0.3 percentage points; from 56.2% in 2017 to 56.5% in 2018. The 2018 rate did not meet the MPL of 59.6% and fell short of the 2018 goal of 60.0%. by 3.5 percentage points. The overall decrease is attributed to Care 1st and Kaiser experiencing decreases in the measure despite the increase in rate from Anthem Blue Cross. Kaiser experienced a decrease in rate from 85.37% in 2017 to 83.67% in 2018, a decrease by 1.70 percentage points. Care 1st also experienced a decrease in rate from 51.72% in 2017 to 47.83% in 2018, a decrease by 3.89 percentage points. However, the Anthem Blue Cross rate increased from 46.67% in 2017 to 52.34% in 2018, an increase in 5.67 percentage points. MCLA also experienced a decreased rate from 56.67% in 2017 to 56.05% in 2018, a decrease of 0.62 percentage points.

For LACC, the postpartum care rate was 62.5% in 2018. The 2018 rate was not compared to the 2017 rate because the 2017 denominator was less than 30, thus unreliable. The 2018 rate was below the 25th percentile rate of 65.2%. The postpartum care rate for LACC did not meet the 2018 goal of 67% by 4.5 percentage points.

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 2018 results indicate that African-American women had lower rates of getting postpartum care (44.6%) than other race/ethnic groups.

Postpartum Care

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1144	6645	557	7784	325	7970	1639	266
Denominator	2564	12,471	956	14,711	675	15,733	2840	469
Rate	44.6%	53.3%	58.3%	52.9%	48.2%	50.7%	57.7%	56.7%

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. 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 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.

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 2018, 5,902 pregnant members were identified and sent educational packets. In 2018, 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. The Healthy Pregnancy program continued 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	• Identification of pregnant women. • Challenges reaching pregnant women (e.g. accurate contact information) • Members do not perceive the urgency for prenatal care, especially multi-gravida women. • 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. • Cultural issues/traditions. • Potential transportation and child care issues. • Challenges with the Department of Public Social Services (DPSS) system and eligibility workers.	• The LA P4P provider group incentive program includes timeliness of prenatal care as one of the clinical measures. • L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. • L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women. • L.A. Care's "Healthy Pregnancy" program includes an additional program component; to provide assistance and support to women to schedule their prenatal visit. • Continue to educate provider offices and monitor access standard for initial prenatal visit • 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.

HEDIS Measure	Barriers	Actions
Postpartum care	• Timely identification of recent live births. • Cultural issues/traditions. • Members do not perceive the urgency for a postpartum check-up. • Potential transportation and child care issues. • Lack of OB/GYN availability, long provider wait times or member reaches voicemail. • Postpartum care occurs before or after the 21-56 day recommendation (e.g. post C-section). • Resistance from OB/GYN office staff to schedule an additional postpartum visit after a postpartum visit has been completed before the 21-56 days recommendation. • Multi-gravida postpartum women may not perceive the importance of the postpartum visit. • Loss of member eligibility.	• L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. • L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women. • 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 2018, L.A. Care called 6,110 women, reached 2,654 and provided appointment assistance to 318 of them. The program reported that 2,152 women completed their postpartum visit.

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, CMC, and L.A. Care Covered/Direct 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.
- The LA P4P provider group incentive program will continue to include timeliness of prenatal care as one of the clinical measures.
- Explore text messaging options to provide outreach and education to members about the importance of perinatal care.
- 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.

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 L.A. Care Covered Goal
Timeliness of Prenatal Care	84%	85%
Postpartum Care	60%	66%

C. MANAGING MEMBERS WITH EMERGING RISK

C.1 CHRONIC CONDITION MANAGEMENT

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REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES, KATRINA MILLER, MD

C.1.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 (DM) 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. Medi-Cal (MCLA), L.A. Care Covered (LACC) and Cal MediConnect (CMC) 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.

2018 WORK PLAN GOALS:

Measures	Specific Indicators	2018 Goals	2018 Rates	Goals Met	Measure Type
Medication Management for People with Asthma 75% compliance (MMA).	Percentage of eligible members with persistent asthma who remained on an asthma controller medication for at least 75% of their treatment period.	MCLA: 50% LACC: 47% CMC: 60%	MCLA: 43.6% LACC: 78.1% CMC: NR	MCLA: No LACC: Yes CMC: N/A	Administrative
Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.	Ratio of eligible members with asthma with an AMR rate less than 0.50.	MCLA: Baseline LACC: N/A CMC: N/A	MCLA: 55.9% LACC: N/A CMC: N/A	MCLA: N/A LACC: N/A CMC: N/A	Administrative
Asthma Action Plan (AAP)	Percentage of members with an asthma action plan.	65% All Lines of Business (ALOB):	All LOB: 34.0%	All LOB: No	DM Survey
Flu shot	Percentage of members who had a flu shot between September 1, 2017 and March 31, 2018.	All LOB: 65%	All LOB: 54.9%	All LOB: No	DM Survey
Overall Member Satisfaction	Percentage of members who are overall satisfied with the program (strongly agree or agree)	All LOB: 90%	All LOB: 97.8%	All LOB: Yes	DM Survey

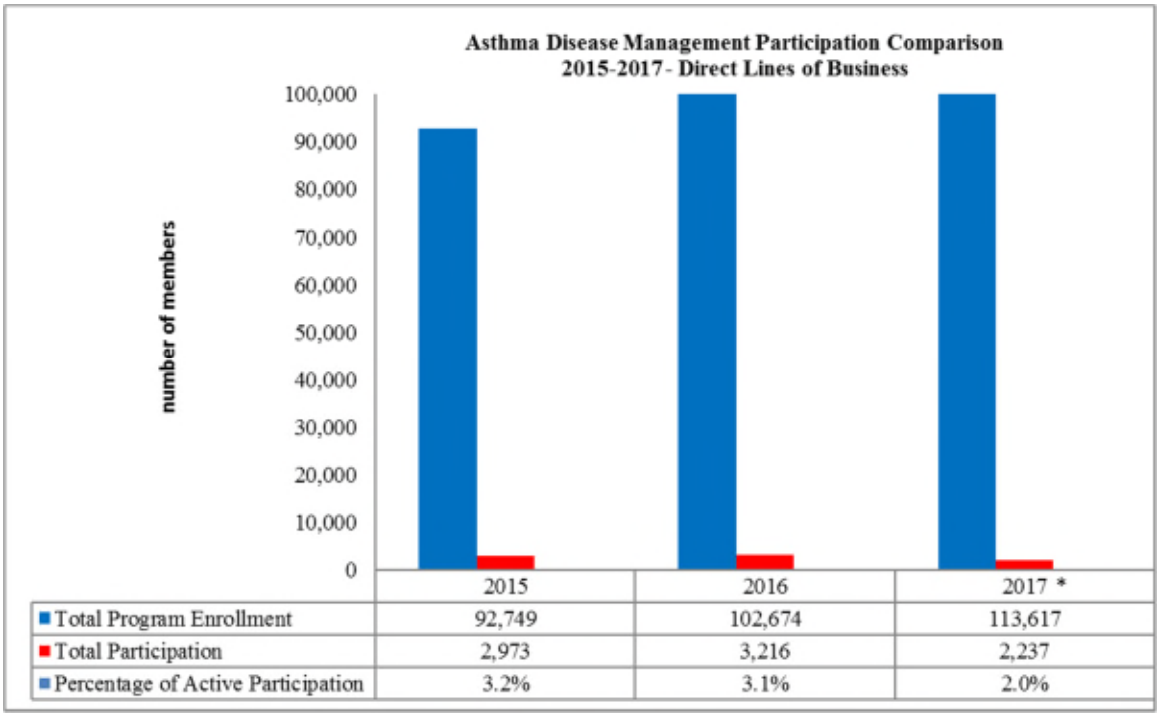
MAJOR ACCOMPLISHMENTS

- *L.A. Cares About Asthma*® revised the model for identifying members with asthma in 2017. This reduced the number of false positives identified and more accurately and efficiently provided asthma care to appropriate members. At the end of 2016, the program included 102,674 members and at the end of September, 2017, the program included 113,617 members. After the new model was applied starting in November, 2017 for October, 2017 data, 12,365 members were identified.
- During 2017, L.A. Care's Core System Clinical Care Advance (CCA) was upgraded to version 5.4 which included user interface improvements and efficiencies.
- *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 continued training in motivational interviewing to help improve communication and engagement with the diverse populations in which the program interacts.
- The *L.A. Cares About Asthma*® nurses have all received "How We Listen is How We Communicate" training to help improve active listening skills for telephonic condition monitoring calls.
- The *L.A. Cares About Asthma*® nurses participated in the Mt. St. Mary's preceptor program to mentor nursing students on the goals, objectives and values of L.A. Care's Disease Management programs.
- The Disease Management department reached 716 members (34.1% response rate) during the second quarter of 2017 to conduct reminder calls with members who had not refilled asthma controller medications in 2016 to address medication adherence, Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.

Participation Rate

In 2017, 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. From January, 2017-September, 2017, 69 members with an active asthma diagnosis opted out of the program through the asthma resource line. 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 September, 2017, and the numerator represents the number of eligible members in levels 1, 2, or 3 with at least one interactive contact. This is based off the model used through September, 2017. The new model will be applied for program reporting starting in 2018. The monthly membership of level 1, level 2 and 3 members at the end of September, 2017 was 113,617; of these eligible members, 2,163 actively participated in the asthma disease management program through condition monitoring and 74 participated through the use of the Asthma Resource Line, for a total participation rate of 2.0%. Out of the 113,617 members identified, 110,550 members were identified as level 1, mail only members. Of the 3,067 level 2 and level 3, medium and high acuity members, 70.5% actively participated in the asthma disease management program.

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



	2015	2016	2017 *
Total Program Enrollment	92,749	102,674	113,617
Total Participation	2,973	3,216	2,237
Percentage of Active Participation	3.2%	3.1%	2.0%

*Note: 2017 is January-September, 2017 to reflect end of the old identification model.

2017 Year-End Membership by Line of Business		
	September, 2017 (Old Identification Model)	October, 2017 (New Identification Model)
MCLA	110,253	12,081
LACC	637	122
CMC	475	101
PASC-SEIU	2,252	61
Total	**113,617**	**12,365**

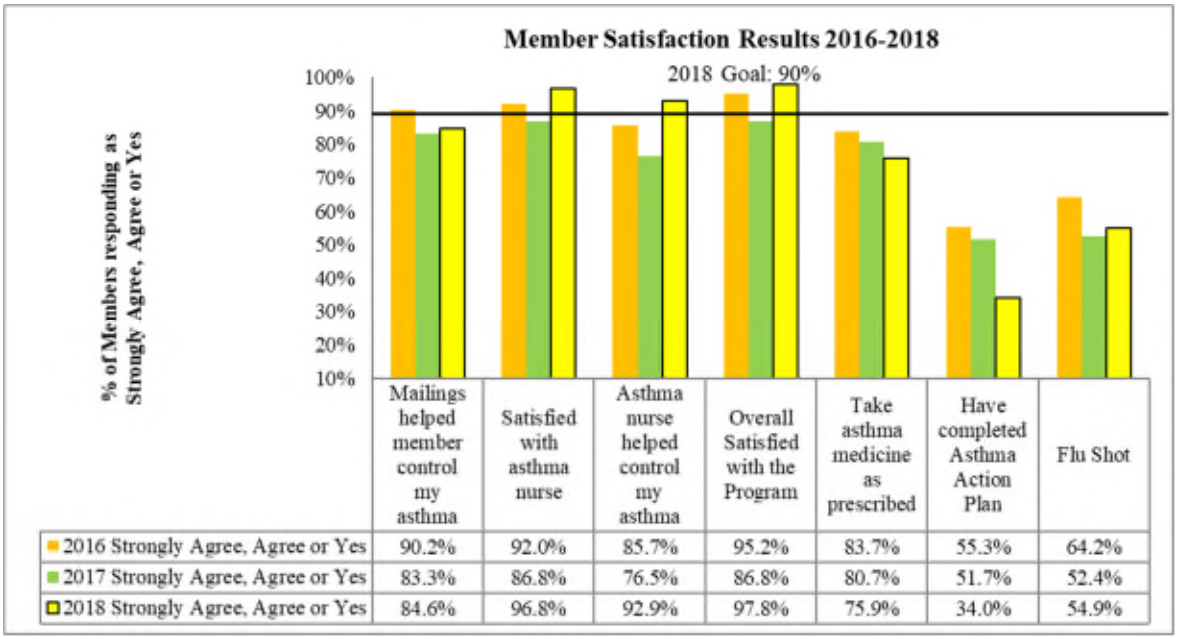
Member Satisfaction

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, 2018, L.A. Care conducted a mail-in survey to all high severity (level 2 and 3 members) in the asthma disease management program who were actively engaged with a L.A. Care Disease Management nurse. Members were to return by mail their completed surveys by September 30, 2018. For those members who did not return a completed survey, in October 2018, a follow-up survey was mailed and calls were conducted by Disease Management staff to assist members in completing the survey telephonically with those members who agreed. A total of 319 surveys were mailed with 12 surveys returned and completed at least partially by mail, and an additional 42 completed telephonically for an overall response rate of 16.9% response rate. This was an increase from the 2.4% response rate from the 2017 satisfaction survey. Possible reasons for the increase in response rate are discussed in the Qualitative Analysis section below.

RESULTS

On the 2018 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.



	Mailings helped member control my asthma	Satisfied with asthma nurse	Asthma nurse helped control my asthma	Overall Satisfied with the Program	Take asthma medicine as prescribed	Have completed Asthma Action Plan	Flu Shot
2016 Strongly Agree, Agree or Yes	90.2%	92.0%	85.7%	95.2%	83.7%	55.3%	64.2%
2017 Strongly Agree, Agree or Yes	83.3%	86.8%	76.5%	86.8%	80.7%	51.7%	52.4%
2018 Strongly Agree, Agree or Yes	84.6%	96.8%	92.9%	97.8%	75.9%	34.0%	54.9%

Additionally, the survey addressed members' experience and potential barriers in adhering to treatment plans.

The results are as follows:

Frequency of Asthma Controller Medication Refill (member could select multiple options)	**Percentage**
Monthly	30.8%
Every 3-months (90 day supply)	15.4%
As needed	26.9%
Only Rescue or Quick-Relief Used	9.6%
I don't take any asthma medications	17.3%

Barriers to completing or reviewing Asthma Action Plan (AAP) with Provider (member could select multiple options)	**Percentage**
Didn't have an AAP	13.3%
Member was not aware of AAP	13.3%
Member reported Asthma being in control so not needing and AAP	26.6%
Provider did not offer to complete AAP	13.3%

Quantitative Analysis

97.8% of respondents were overall satisfied with the program. L.A. Care exceeded the 2018 goal of 90% overall member satisfaction. 95.5% of respondents were satisfied with the mailings they received from the *L.A. Cares About Asthma*® program. 84.6% of respondents found the program's mailed educational materials helpful in managing their asthma, as compared to 83.3% in 2017. 96.8% of respondents were satisfied with their asthma nurse, as compared to 86.8% in 2017. 92.9% of respondents felt that the asthma nurse helped control their asthma, as compared to 76.5% in 2017. 75.9% of respondents reported they took their asthma medications as prescribed by their provider, as compared to 80.7% in 2017. 34.0% of respondents reported they completed an Asthma Action Plan with their provider, as compared to 51.7% in 2017. 54.9% of respondents reported receiving a flu shot in the past year, as compared to 52.4% in 2016.

In the 2018 survey we found that the most common frequency of asthma medication refill was monthly with 30.8% of members refilling monthly. And 9.6% of respondents reported only using a rescue or quick-relief inhaler. In the 2018 survey of the 5 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 or feeling they were better and not needing medication. with a response rate of 60.0%. In the 2018 survey we found that of the 15 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 the member reporting asthma was under control so he or she didn't need an AAP.

Qualitative Analysis

In reviewing the 2018 satisfaction survey results, the Disease Management department noted the following:

- The response rate increased significantly thanks to the Disease Management staff phone call reminders. Of the completed surveys, 77.8% of them were conducted by a Disease Management coordinator over the phone. This year's methodology focused only on high-severity members in the asthma program engaged with an asthma nurse. The department believed if we targeted members engaged with the program, the response rate would increase. There was a slight increase with the return by mail response rate being 3.8% compared to 2017's 2.4% response rate. However, after several years of low response rates via mail-based survey, this suggests a need to explore telephonic or other mediums of survey such as text or online that may result in higher response rates.
- Overall satisfaction in the program and with the member's asthma nurse increased from 2017 to 2018, exceeding the goal of 90% overall satisfaction with the program. Again, this could be due to targeting members engaged with the program.
- Only 34% of respondents reported having an Asthma Action Plan (AAP) and the most frequent reason for not having one being the member's belief that when asthma is under control an AAP is unnecessary. In 2018, Disease Management wrote an article in the Provider Newsletter, *Progress Notes* on the importance of having an AAP for children with asthma when they go to school. There continues to be a need for both member and provider education on the importance of the AAP, how to complete it and the need to have one when the member with asthma is feeling good and asthma is under control as well as when the member is having an asthma flare.

OPPORTUNITIES IDENTIFIED FROM SURVEY

Member education on Asthma Action Plans (AAP) and long-term controller, quick-relief medicines and the importance of compliance to refilling medications remains a priority for 2019. 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. Disease Management will expand face to face member coaching opportunities through utilizing the Family Resource Centers throughout the community which may make members more engaged in the programs and looking to expand the in-home asthma visit program, which currently reaches

a small percentage of members involved in the asthma program. DM will begin piloting a program with EDIE/PreManage to receive data on L.A. Care members who go to the Emergency Department for asthma related issues to receive an outreach from an RN immediately after discharge to help the member manage asthma flare-ups and develop an Asthma Action Plan for both emergency and non-emergency situations. Additionally, conducting the survey by phone after condition monitoring calls will be explored to increase response rates. Disease Management will explore ways to utilize community health workers to increase home visits and trigger assessments in 2019.

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 2017 there were no complaints related to asthma disease management program. In 2017, there were 187 asthma program inquires compared to 175 inquiries in 2016. This data is gathered from the Resource Line Log only. CCA reports were not available in 2018.

Asthma Call Analysis						
Complaints	**2015**		**2016**		**2017**	
Number of complaints received	**0**		**2**		**0**	
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	157	48%	104	59%	122	65.2%
Requested Asthma Information	57	17%	48	27%	30	16.1%
Other	111	34%	23	14%	35	18.7%
TOTAL	**325**	**100%**	**175**	**100%**	**187**	**100%**

OPPORTUNITIES

There may be opportunities for better data reporting regarding complaints and inquires. However, with no complaints in 2017, there will not be program changes made based on complaints.

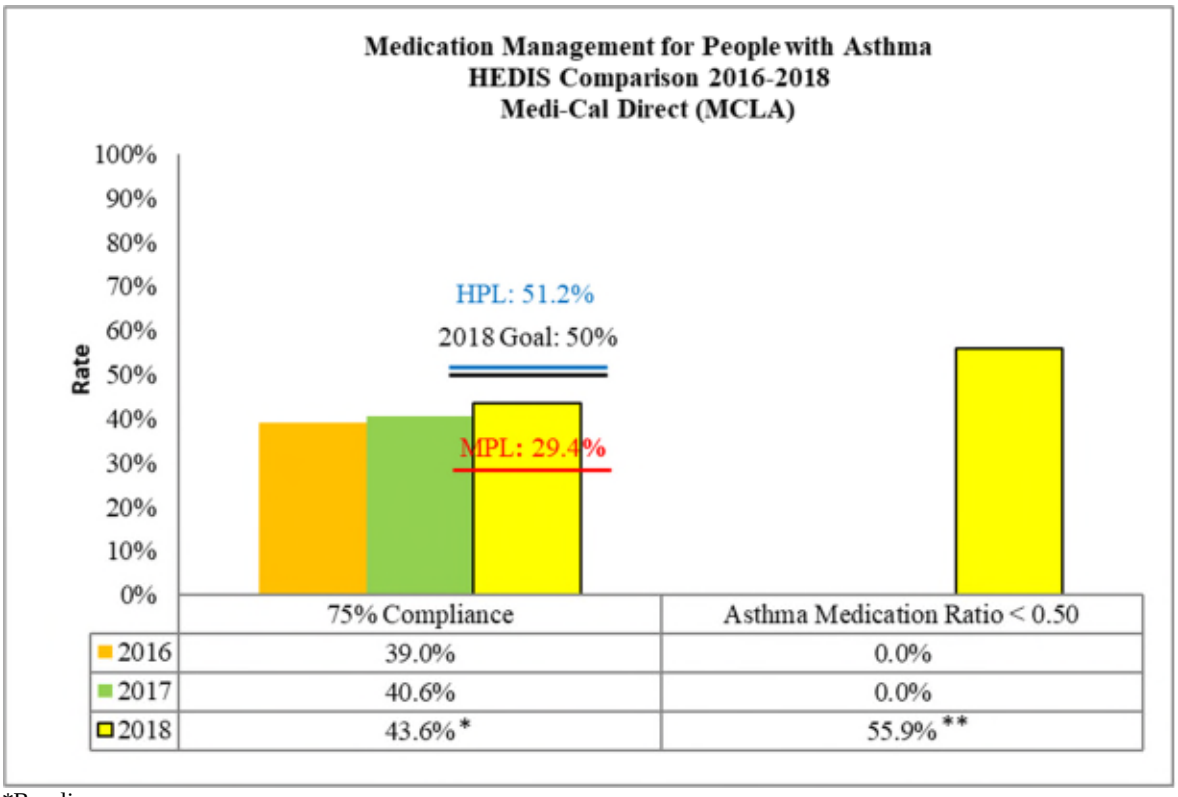
Measuring Effectiveness:

Measure	Methodology
Medication Management for People with Asthma 75% compliance (MMA)	Refer to 2018 HEDIS Technical Specification Vol.2 specifically on Medication Management for People with Asthma
Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.	Refer to 2018 HEDIS Technical Specification Vol. 2 specifically on Asthma Medication Ratio with members with an AMR rate less than 0.50.
Asthma Action Plan	L.A. Care conducted a mail-in survey targeting all Level 2 and 3 members/parents of members engaged with an RN.
Flu Shot	L.A. Care conducted a mail-in survey targeting all Level 2 and 3 members/parents of members engaged with an RN.
Member Satisfaction	L.A. Care conducted a mail-in survey targeting all Level 2 and 3 members/parents of members engaged with an RN.

RESULTS

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

Quantitative Analysis



	75% Compliance	Asthma Medication Ratio < 0.50
2016	39.0%	0.0%
2017	40.6%	0.0%
2018	43.6%*	55.9%**

*Baseline year
**Statistically Significant Difference
Source: 2016, 2017 and 2018 HEDIS Results MPL and HPL Percentile Source: NCQA Quality Compass

Analysis of 2018 HEDIS for MCLA results and findings:

- Medication management for people with asthma with 75% medication compliance (MMA) was 43.6%, which did not meet the 2018 goal of 50%. The 2018 HEDIS rate exceeded the Medi-Cal Minimum Performance Level (MPL) (25th percentile) benchmark of 29.4% but did not reach the Medi-Cal High Performance Level (HPL) (90th percentile) benchmark of 51.2%. MMA 75% compliance increased by 3.0 percentage points compared to the 2017 compliance rate of 40.6%. This increase showed meaningful statistical improvement with a p value of <0.05.
- Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50 was 55.9%, which is baseline for this measure for the Asthma DM program.

Qualitative Analysis

MCLA MMA rate increased, with a meaningful statistical increase in medication management for people with asthma with 75% compliance, showing continued improvement in medication compliance. This could be due to increased medication compliance and refill interventions completed in 2017, 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.

These interventions were continued in 2017. With 56% of MCLA Direct members still not reaching 75% medication compliance there is opportunity for improvement.

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 sixteen (16) 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-related 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.

L.A. Care Covered (LACC):

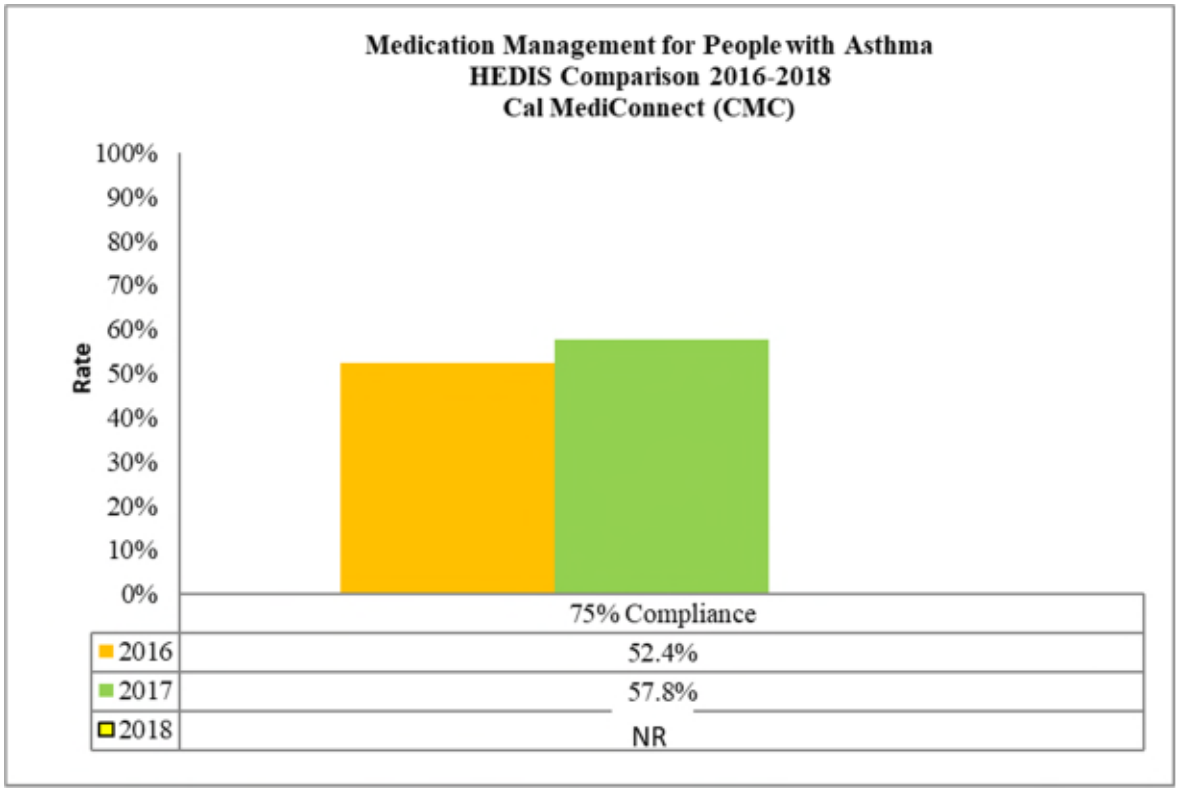
Quantitative Analysis
Analysis of 2018 Results and Findings:

- Medication management for people with asthma with 75% medication compliance (MMA) was 78.1% which met the 2018 goal of 47%. The eligible population was not large enough in 2017 or 2018 to determine statistical significance, so there is no graph to reflect these findings.

Qualitative Analysis
The LACC MMA 75% compliance rates increased significantly between 2017 and 2018, however the denominator was too small to calculate significance. The increase could be due to data optimization in which the data was mapped with NDC Pharmacy codes which significantly raised the MMA measure. Additionally, LACC members may be 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 during 2017, 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.

Cal MediConnect (CMC)

Quantitative Analysis



Analysis of 2018 Results and Findings:

- Medication management for people with asthma with 75% medication compliance (MMA) was not reported in 2018 so it cannot be compared to the 57.8% 2017 HEDIS administrative rate.

Qualitative Analysis

The CMC MMA compliance rate of 75% were not reported in 2018, however the interventions for asthma medication compliance targeted CMC members as well as MCLA and LACC members.

Opportunities

There remain 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. For 2019, in addition to telephonic nurse coaching and reminder call interventions, face to face member interaction in the Family Resource Centers are planned to provide an even higher touch intervention to address medication compliance. Additionally, a pilot project with EDIE-Pre Manage for Pediatric asthma members is planned for Disease Management RNs to receive alerts when L.A. Care members visit an Emergency Room for asthma related reasons, allowing the RNs to follow-up immediately and address asthma management, including proper medication management.

INTERVENTIONS

HEDIS Measure	Barriers	Actions
Medication Management for People with Asthma 75% compliance (MMA) Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.	• Providers not adhering to clinical practice guidelines • Providers not completing Asthma Action Plans with members • Member education on appropriate use of controller vs. reliever medications • Home environmental triggers exacerbating asthma symptoms • 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 Disease Management department reached 716 members (34.1% response rate) during the second quarter of 2017 to conduct reminder calls with members who had not refilled asthma controller medications in 2016 to address medication adherence, Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50. • To address the barrier of practitioner adherence to clinical practice guidelines L.A. Care's Disease Management department provides practitioners, the EPR-3 Guidelines for the diagnosis and management of asthma that emphasizes best practices, including use of the Asthma Action Plan on the Provider portal. • 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 provides content for the LACC member web portal with asthma health information. • The *L.A. Cares About Asthma*® program wrote an article on the importance of Providers making sure their pediatric patients have an up to date Asthma Action Plan for school in the provider newsletter, *Progress Notes*. • DM RNs participate in health education classes at the Family Resource Centers and are available to members to answer asthma management questions. • 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.

LOOKING FORWARD

- 2018 Interventions and Plans:
  - Starting in March, 2018, DM adopted a member-centric model after cross-training all DM Registered Nurses (RN) on all disease processes covered in the DM programs. The RNs are no longer split by program and instead make outreach calls to members eligible for any of the three DM programs.
  - DM RNs made 33,814 total calls to members through September, 2018 with 15,687 contacts to members during 2018. This is a 46% contact rate.
  - L.A. Care's Disease Management programs have been incorporated into L.A. Care's overall Population Health Management strategy not only to meet the National Committee for Quality Assurance (NCQA's) new Population Health Management (PHM) standards, but also to provide members the appropriate care depending on where the member is on the continuum of needs.
  - The Disease Management leadership team participated in an enterprise wide, interdisciplinary collaborative workgroup on the Health Services Transformation in order to streamline processes and improve member engagement. These efforts included developing an Identification, Stratification, Enrollment, Interventions and Outcomes (ISEIO) Program Structure for all Population Health Management (PHM) programs, including Disease Management. The PHM ISEIO project's goal is to establish a structured framework around all Health Services programs and to create a master inventory of these Programs. This inventory grid will be used to track program interventions and outcomes in the new Health Services core system and to give structure to existing programs and newly developed Health Service programs.
  - The DM Leadership collaborated with Information Technology (IT) to develop Tableau reports for staff case counts and goal status to measure member progress within the DM programs and help DM Managers coach RN staff on effectively working the DM programs with their assigned members.
  - The Disease Management leadership, working in collaboration with Information Technology (IT), developed automated Disease Management reports and mailing lists from the system of record, Clinical Care Advance (CCA) to minimize manual data collection and clean-up efforts.
  - Disease Management promoted Macarena Millan, one of the DM RNs to the Manager, Disease Management position in January, 2018.
  - The Disease Management department reached 716 members (34.1% response rate) during the third quarter of 2018 conducting reminder calls with members who had not refilled asthma controller medications in 2017 to address medication adherence, Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.
  - The Quality Improvement department called PPGs and/or PCPS with low-performance on Asthma Medication Ration (AMR) during the fourth quarter along with a letter and report with AMR results via email or secure fax.

- 2019 Interventions and Plans:
  - Disease Management and Case Management will become one integrated Care Management department.
  - The Disease Management leadership team will continue participating in an enterprise wide, interdisciplinary collaborative workgroup on the Health Services Transformation in order to streamline processes and improve member engagement.
  - In addition to telephonic nurse coaching and reminder call interventions, face to face member interaction in the Family Resource Centers are planned to provide an even higher touch intervention to address medication compliance. Additionally, a pilot project with EDIE-Pre Manage for Pediatric asthma members is planned for Disease Management RNs to receive

alerts when L.A. Care members visit an Emergency Room for asthma related reasons, allowing the RNs to follow-up immediately and address asthma management, including proper medication management.

- The Disease Management leadership will work collaboratively with IT to remediate the CCA screening queues and model in order to ensure the model and the screening queue data matches and correctly assigns members to an RN. This will also decrease the identification of false positive members who should not be identified for the Disease Management program.
- 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.
- 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.
- Disease Management RNs will be placed in the Family Resource Centers to see members face to face for condition monitoring in Asthma management.
- Disease Management will pilot project with EDIE/PreManage to receive timely pediatric emergency room visit data to follow-up quickly and effectively with these members for asthma management.
- 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 and schedule appointment reminders.
- 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.

2019 QI WORK PLAN GOALS:

Measures	2019 MCLA Goal	2019 LACC Goal	2019 CMC Goal
Medication Management for People with Asthma 75% compliance	45%	81%	N/A
Asthma Medication Ratio for People with Persistent Asthma	65%	N/A	N/A
Asthma Action Plan	65%	65%	65%
Overall Member Satisfaction	95%	95%	95%

C.1.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 Services Unit for member intervention and education. As of February 2018 pre-diabetic members were identified directly by the Health Education Services Unit according to the Centers for Disease Control and Prevention's-recognized Diabetes Prevention Program Clinical Enrollment Criteria. The member's stratification from Levels 1-4 determines the type and intensity of program intervention he or she receives.

2018 WORK PLAN GOALS:

Measures	Specific Indicators	2018 Goal (Hybrid)	2018 Hybrid Rates	Goals Met	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: 90% LACC: 92% CMC: 94%	MCLA: 84.8% LACC: 91.0% CMC: 90.4%	MCLA: No LACC: No CMC: No	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: 54% LACC: 60% CMC: 65%	MCLA: 49.2% LACC: 62.4% CMC: 62.5%	MCLA: No LACC: Yes CMC: No	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: 36% LACC: 28% CMC: 23%	MCLA: 34.8% LACC: NR CMC: 24.4%	MCLA: Yes LACC: N/A CMC: No	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% LACC: 43% CMC: 71%	MCLA: 64.8% LACC: 48.2% CMC: 70.4%	MCLA: Yes LACC: Yes CMC: No	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: 93% LACC: 95% CMC: 97%	MCLA: 93.0% LACC: 94.1% CMC: 96.8%	MCLA: Yes LACC: No CMC: Yes	Hybrid

Measures	Specific Indicators	2018 Goal (Hybrid)	2018 Hybrid Rates	Goals Met	Measure Type
Overall Member Satisfaction	Percentage of members will be satisfied with the Diabetes Disease Management Program (agree or strongly agree)	ALOB: 90%	ALOB: 94.5%	ALOB: Yes	Survey

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

MAJOR ACCOMPLISHMENTS

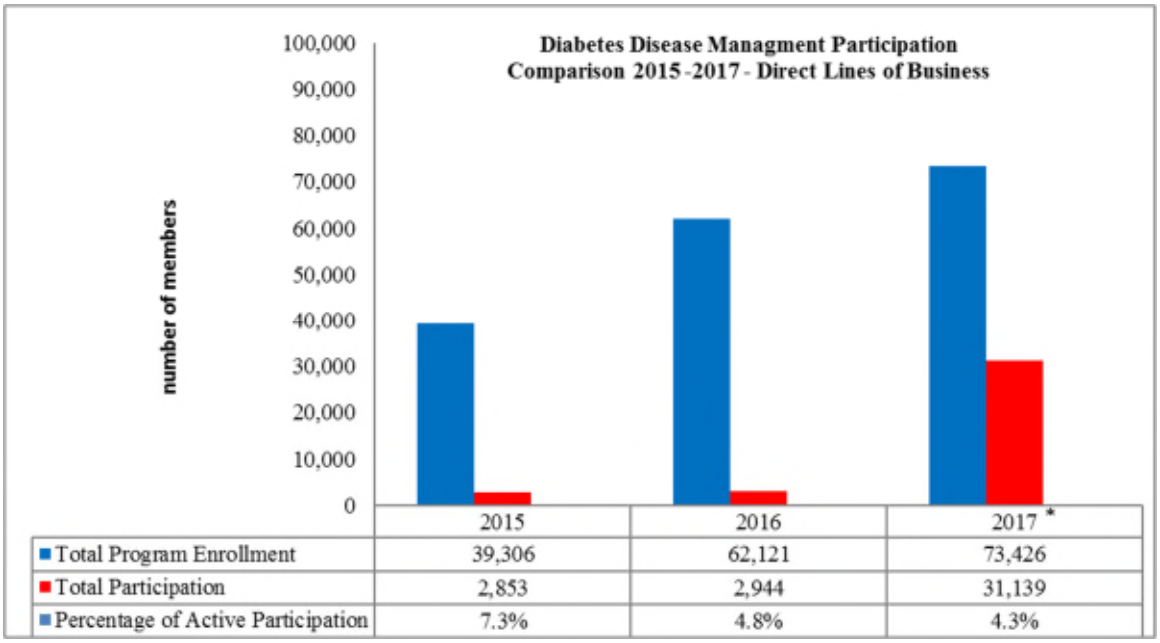
- *L.A. Cares About Diabetes*® revised the model for identifying members with diabetes in 2017. This reduced the number of false positives identified and more accurately and efficiently provided diabetes care to appropriate members. At the end of 2016, the program included 62,121 members and at the end of September, 2017, the program included 73,426 members. After the new model was applied starting in November, 2017 for October, 2017 data, 50,966 members were identified.
- During 2017, L.A. Care's Core System Clinical Care Advance (CCA) was upgraded to version 5.4 which included user interface improvements and efficiencies.
- L.A. Care completed an observational study to see if members identified for the *L.A. Cares About Diabetes*® program with an established Interdisciplinary Care Plan (ICP) within the system of record, CCA, had fewer days within in-patient acute hospitalizations and Emergency Department (ED) utilization than those members identified as high severity (levels 3 or 4) but without an ICP. The results suggest that both in-patient hospitalization and emergency department utilization is higher for high severity members not engaged in the *L.A. Cares About Diabetes*® program (measured by having an established ICP). These results demonstrate the effectiveness of the *L.A. Cares About Diabetes*® program providing member engagement that reduces in-patient and ED utilization and thus reduces costs and shows a Return on Investment (ROI) for the *L.A. Cares About Diabetes*® Disease Management program.
    - Inpatient Results: Members with diabetes identified at high severity (levels 3 or 4) not receiving the *L.A. Cares About Diabetes*® intervention, experience 202% more in-patient hospital admissions than those engaged with the *L.A. Cares About Diabetes*® program. This equates to a $1,686 savings Per Member Per Month (PMPM).
    - ED Results: Members with diabetes identified at high severity (levels 3 or 4) not receiving *L.A. Cares About Diabetes*® intervention, experience 72% more ED visits than those engaged with the *L.A. Cares About Diabetes*® program. This equates to a $70 savings PMPM.
- *L.A. Cares About Diabetes*® developed a diabetes exam to remember wallet card that was sent to all current members in October, 2017.
- The *L.A. Cares About Diabetes*® nurses have continued training in motivational interviewing to help improve communication and engagement with the diverse populations in which the program interacts.
- The *L.A. Cares About Diabetes*® nurses have all received "How We Listen is How We Communicate" training to help improve active listening skills for telephonic condition monitoring calls.
- The *L.A. Cares About Diabetes*® nurses participated in the Mt. St. Mary's preceptor program to mentor nursing students on the goals, objectives and values of L.A. Care's Disease Management programs.
- The Disease Management department reached 421 of 1,217 attempted members in 19 PPGs/MSOs and 16 clinics and DHS (35% response rate) during the third quarter of 2017 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2016.

Participation Rate

In 2017, 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. From January, 2017-September, 2017, 30 members with an active diabetes diagnosis opted out of the program through the diabetes resource line. 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 September, 2017, and the numerator represents the number of eligible members in levels 1, 2, 3, or 4 with at least one interactive contact. This is based off the model used through September, 2017. The new model will be applied for program reporting starting in 2018. The monthly membership of level 1, level 2, level 3 and level 4 members at the end of September, 2017 was 73,426; of these eligible members, 3,071 actively participated in the Diabetes program through condition monitoring and 68 participated through the use of the Diabetes Resource Line, for a total participation rate of 4.3%. Out of the 73,426 members identified, 53,847 members were identified as level 1 or level 2, mail only members. Of the 19,579 level 3 and level 4, medium and high acuity members, 26.7% actively participated in the diabetes disease management program.

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



	2015	2016	2017 *
Total Program Enrollment	39,306	62,121	73,426
Total Participation	2,853	2,944	31,139
Percentage of Active Participation	7.3%	4.8%	4.3%

*Note: 2017 is January-September, 2017 to reflect end of old identification model.

2017 Year-End Membership by Line of Business		
	September 2017 (Old Identification Model)	October 2017 (New Identification Model)
MCLA	66,066	45,984
LACC	2,348	1,677
CMC	4,235	2,817
PASC-SEIU	777	488
Total	**73,426**	**50,966**

Member Satisfaction

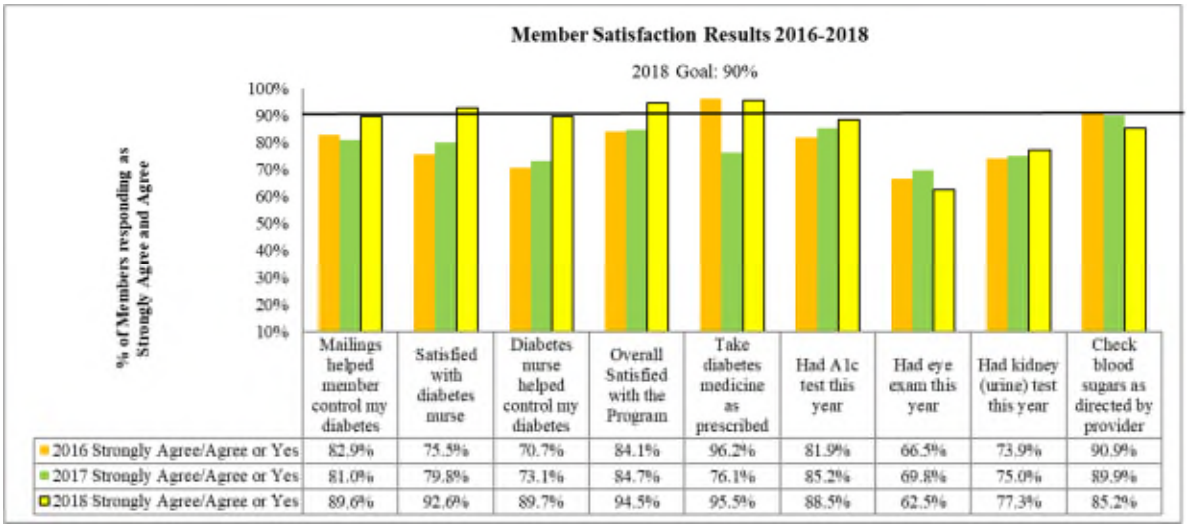
METHODOLOGY

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, 2018, L.A. Care conducted a mail-in survey to all members who were actively engaged with a L.A. Care Disease Management nurse. Members were to return by mail their completed surveys by September 30, 2018. For those members who did not return a completed survey in October, 2018, a follow-up survey was mailed and calls were conducted by Disease Management staff to assist in completing the survey telephonically with those members who agreed. A total of 452 surveys were mailed with 23 surveys returned and completed at least partially by mail, and an additional 66 completed telephonically for an overall response rate of 19.7% response rate. This was an increase from the 5.4% response rate from the 2017 satisfaction survey. Possible reasons for the increase in response rate are discussed in the Qualitative Analysis section below.

RESULTS

On the 2018 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.



	Mailings helped member control my diabetes	Satisfied with diabetes nurse	Diabetes nurse helped control my diabetes	Overall Satisfied with the Program	Take diabetes medicine as prescribed	Had A1c test this year	Had eye exam this year	Had kidney (urine) test this year	Check blood sugars as directed by provider
2016 Strongly Agree/Agree or Yes	82.9%	75.5%	70.7%	84.1%	96.2%	81.9%	66.5%	73.9%	90.9%
2017 Strongly Agree/Agree or Yes	81.0%	79.8%	73.1%	84.7%	76.1%	85.2%	69.8%	75.0%	89.9%
2018 Strongly Agree/Agree or Yes	89.6%	92.6%	89.7%	94.5%	95.5%	88.5%	62.5%	77.3%	85.2%

Additionally, the survey addressed members' experience and potential barriers in adhering to treatment plans.

The results are as follows:

A1c Blood Test Barriers (member could select multiple options)	**Percentage**
I do not know who my provider is	0.0%
I did not know I needed the A1c test	12.5%
I did not get a referral from my provider/provider didn't tell member to get A1c test	37.5%
I feel good and did not want to get the A1c test	12.5%
I could not get an appointment	0.0%
I forgot to schedule an appointment	37.5%

A1c Blood Test Barriers (member could select multiple options)	**Percentage**
I could not get to an appointment (transportation or provider/lab office hours)	0.0%

Diabetes Eye Exam Barriers (member could select multiple options)	**Percentage**
I do not know who my provider is	0.0%
I have an appointment scheduled	37.9%
I did not know I needed the diabetes eye exam	20.7%
I did not get a referral from my provider	27.6%
I feel good and did not want to get the diabetes eye exam	0.0%
I could not get an appointment	0.0%
I forgot to schedule or go to an appointment	6.9%
I could not get to an appointment (transportation or provider/lab office hours)	3.4%
I am scared of bad news	3.4%

Kidney (Urine) Test Barriers (member could select multiple options)	**Percentage**
I do not know who my provider is	13.3%
I did not know I needed the urine test	20.0%
I did not get a referral from my provider	33.3%
I feel good and did not want to get the urine test	6.7%
I could not get an appointment	0.0%
I forgot to schedule an appointment	20.0%
I could not get to an appointment (transportation or provider/lab office hours)	0.0%
I am scared of bad news	6.7%

Quantitative Analysis

With 94.5% of respondents overall satisfied with the program, L.A. Care exceeded the 2018 goal of 90% overall member satisfaction. 94.1% of respondents were satisfied with the mails they received from the *L.A. Cares About Diabetes*® program and 89.6% found the program's mailed educational materials helpful in managing their diabetes, as compared to 81.0% in 2017. 92.6% of respondents were satisfied with their diabetes nurse, as compared to 79.8% in 2017. 89.7% of respondents felt that the diabetes nurse helped control their diabetes, as compared to 73.1% in 2017. 95.5% of respondents reported they took their diabetes medications as prescribed by their provider, as compared to 96.1% in 2017. 88.5% of respondents reported they had A1c test this year, as compared to 85.2% in 2017. 62.5% of respondents reported they had diabetes eye exam test this year, as compared to 69.8% in 2017. 77.3% of respondents reported they had the kidney (urine) test this year, as compared to 75.0% in 2017. 85.2% of respondents reported they check their blood sugars as directed by their provider, as compared to 89.9% in 2017.

In the 2018 survey we found that the most common barrier to getting the A1c blood test was members forgetting to schedule an appointment or providers not providing referral or requesting test be completed with 37.5% of respondents having either barrier. In the 2018 survey we found that the most common barrier to getting the diabetes eye exam was having an appointment scheduled that wasn't complete yet (37.9%), followed by 27.6% of respondents not getting a provider referral for the diabetes eye exam. In the 2018 survey we found that the most common barrier to getting the kidney (urine) test was the member not getting

a provider referral for the kidney (urine) test with 33.3% of survey respondents reporting not getting a provider referral for the service. In the 2018 survey only four members reported barriers to not taking medication as prescribed and only two provided reasons.

Qualitative Analysis

In reviewing the 2018 satisfaction survey results, the Disease Management department noted the following:

- The response rate increased significantly thanks to the Disease Management staff phone call reminders. Of the completed surveys, 74.2% of them were conducted be a Disease Management coordinator over the phone. This year's methodology focused only on high-severity members in the diabetes program engaged with a diabetes nurse. The department believed if we targeted members engaged with the program, the response rate would increase. There was actually a slight decrease with the return by mail response rate being 5.1% in 2018 compared with 5.4% in 2017. After several years of low response rates via mail-based survey, this suggest a need to explore telephonic or other mediums of survey such as text or online that may result in higher response rates.
- Overall satisfaction in the program and with the member's diabetes nurse increase from 2017 to 2018, exceeding the goal of 90% overall satisfaction with the program. Again, this could be due to targeting members engaged with the program.
- In reviewing barriers to members getting the diabetes screening tests, it was noted that there are member and provider deficits in knowledge and/or referral processes for tests and services such as A1c, kidney and diabetes eye exam. This is an area for continued focus in 2019.

OPPORTUNITIES IDENTIFIED FROM SURVEY

Member education on basic diabetes care, medication compliance and self-management remains a priority for 2019. In addition, Disease Management will increase face to face member coaching opportunities through utilizing the Family Resource Centers throughout the community which may make members more engaged in the programs and emphasize importance of diabetes screening and monitoring tests and exams, including the referral process. Additionally, conducting the survey by phone after condition monitoring calls will be explored to increase response rates. Disease Management will explore ways to utilize community partnerships to increase member engagement in 2019.

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 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 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 diabetes disease management.

In 2017 there were no complaints related to diabetes disease management. In 2017, there were 169 diabetes inquires compared to 179 in 2016. 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 were not available in 2017.

Diabetes Call Analysis						
Complaints	**2015**		**2016**		**2017**	
Number of complaints received	**0**		**1**		**0**	
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	25	5.6%	33	18.4%	60	35.5%
Requested diabetes Information	312	69.6%	86	48.1%	40	23.7%
Other	111	24.8%	60	33.5%	69	40.8%
TOTAL	**448**	**100%**	**179**	**100%**	**169**	**100%**

OPPORTUNITIES

There may be opportunities for better data reporting regarding complaints and inquires. Reports within CCA are still being built. However, with no complaints in 2017, there will not be program changes made based on complaints.

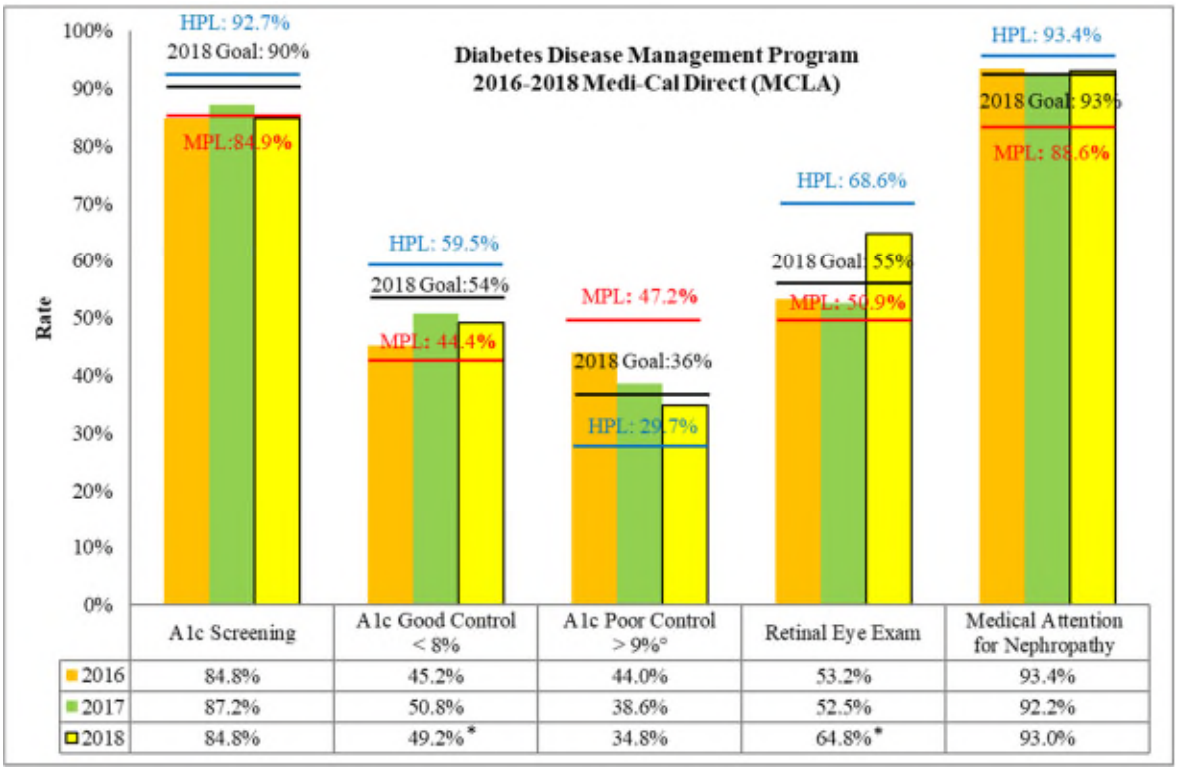
MEASURING EFFECTIVENESS:

Measure	Methodology
A1C Screening	Refer to 2018 HEDIS Technical Specification Vol.2
A1C good control <8%	Refer to 2018 HEDIS Technical Specification Vol.2
A1C poor control >9%	Refer to 2018 HEDIS Technical Specification Vol.2
Retinal eye exam	Refer to 2018 HEDIS Technical Specification Vol.2
Medical Attention for Nephropathy	Refer to 2018 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 engaged with an RN.

RESULTS

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

Quantitative Analysis



	A1c Screening	A1c Good Control < 8%	A1c Poor Control > 9%°	Retinal Eye Exam	Medical Attention for Nephropathy
2016	84.8%	45.2%	44.0%	53.2%	93.4%
2017	87.2%	50.8%	38.6%	52.5%	92.2%
2018	84.8%	49.2%*	34.8%	64.8%*	93.0%

°Inverse measure (lower number better)

*Statistically Significant Difference

Source: 2016, 2017, and 2018 HEDIS Results MPL and HPL Percentile Source: NCQA Quality Compass

Analysis of 2018 Hybrid MCLA results or findings:

- Diabetes A1C screening of 84.8% did not meet the HEDIS 2018 measure goal of 90% or the Medi-Cal Minimum Performance Level (MPL) (25th percentile) 84.9% or High Performance Level (HPL) (90th percentile) 92.7% benchmarks and is a decrease of 2.4 percentage points from 2017's 87.2%. This decrease was not a statistically significant decrease, but still shows an area of needed improvement.
- Diabetes A1C good control <8% of 49.2% did not meet the HEDIS 2018 measure goal of 54% or the Medi-Cal High Performance Level (HPL) (90th percentile) benchmark of 59.5%, but did meet the Medi-Cal Minimum Performance level (MPL) (25th percentile) Benchmark of 44.4%. The 2018 rate is a decrease of 1.6 percentage points from 2017's 50.8%. This decrease was a statistically significant increase with a p value <0.05, showing an area of needed improvement.
- Diabetes A1C poor control >9% of 34.8% is below the HEDIS 2017 measure goal of 36% and below the Medi-Cal Minimum Performance Level (MPL) (25th percentile) Benchmark of 47.2%, but higher than the Medi-Cal High Performance Level (HPL) (90th percentile) Benchmark of 29.7%, and is a decrease of 3.8 percentage points from 2017's 38.6%, which shows improvement. This decrease was not a statistically significant decrease, but showed a trend toward improvement.

- Retinal eye exam of 64.8% is above the HEDIS 2018 measure goal of 55% and above the Medi-Cal Minimum Performance Level (MPL) (25th percentile) 50.9% benchmark, but below the Medi-Cal High Performance Level (HPL) (90th percentile) benchmark of 68.6%, and an increase of 12.3 percentage points from 2017's 52.5%. This increase was a statistically significant increase with a p value <0.05, showing sustained improvement.
- Medical Attention for Nephropathy of 93.0% met the HEDIS 2018 measure goal of 93% and is above the Medi-Cal Minimum Performance Level (MPL) (25th percentile) benchmark of 88.6%, but below the Medi-Cal High Performance Level (HPL) (90th percentile) benchmark of 93.4 and is an increase of 0.8 percentage points from 2017's 92.2%. This increase was not a statistically significant increase, but showed a trend toward improvement.

Qualitative Analysis

The MCLA A1C members with poor control, Retinal eye exam and Medical Attention for Nephropathy met or exceeded the 2017 Hybrid results, however only Retinal eye exam with statistical significance, showing slight improvement for MCLA members' management and control of diabetes in some areas. A1C good control and testing completion had decreases and will be a focus for 2019 interventions. During 2017, Disease Management nurses called members who showed gaps in diabetes care testing, and developed care plans with individualized goals for testing and exams. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. There is still room for improvement in members' good control of diabetes as A1C testing and A1c good control rates dropped.

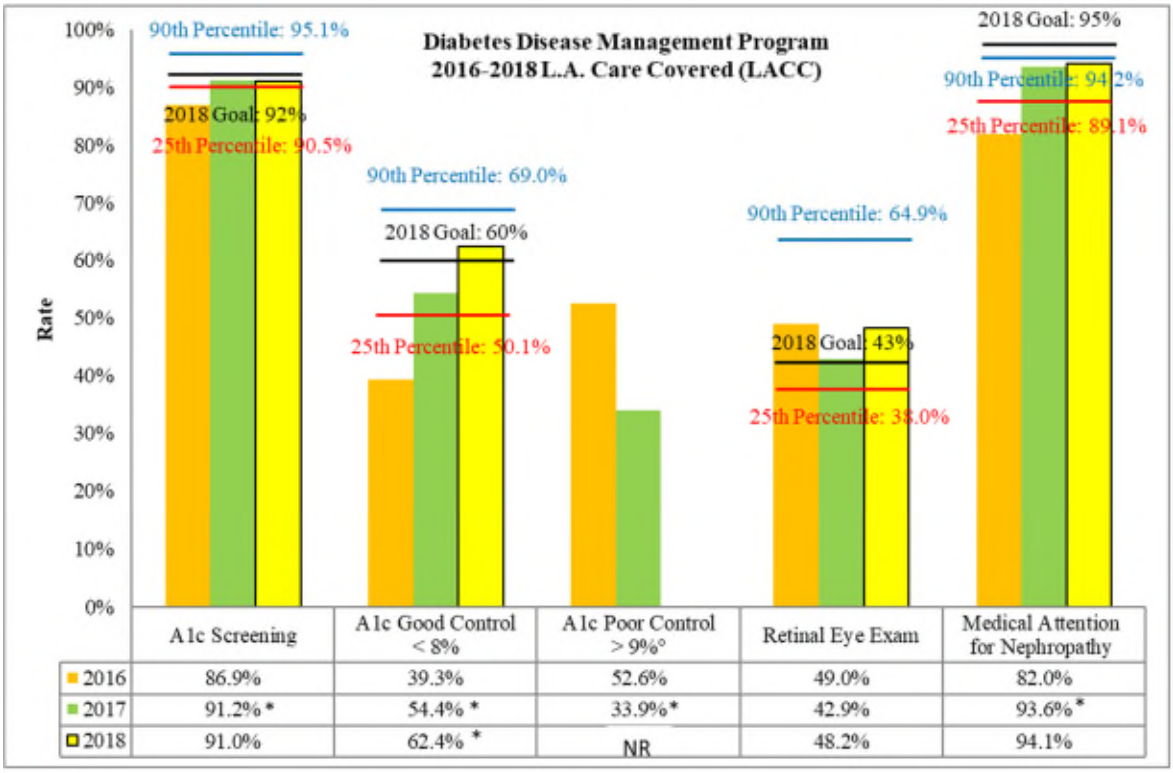
Other Considerations: Cultural and Linguistic and Seniors and People with Disabilities (SPD)

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 sixteen (16) 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-related 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.

L.A. Care Covered (LACC):

Quantitative Analysis



	A1c Screening	A1c Good Control < 8%	A1c Poor Control > 9%°	Retinal Eye Exam	Medical Attention for Nephropathy
2016	86.9%	39.3%	52.6%	49.0%	82.0%
2017	91.2% *	54.4% *	33.9%*	42.9%	93.6% *
2018	91.0%	62.4% *	NR	48.2%	94.1%

°Inverse measure (lower number better) Covered California Quality Rating System 25th and 90th percentiles
*Statistically Significant Difference

Analysis of 2018 LACC Hybrid results or findings:

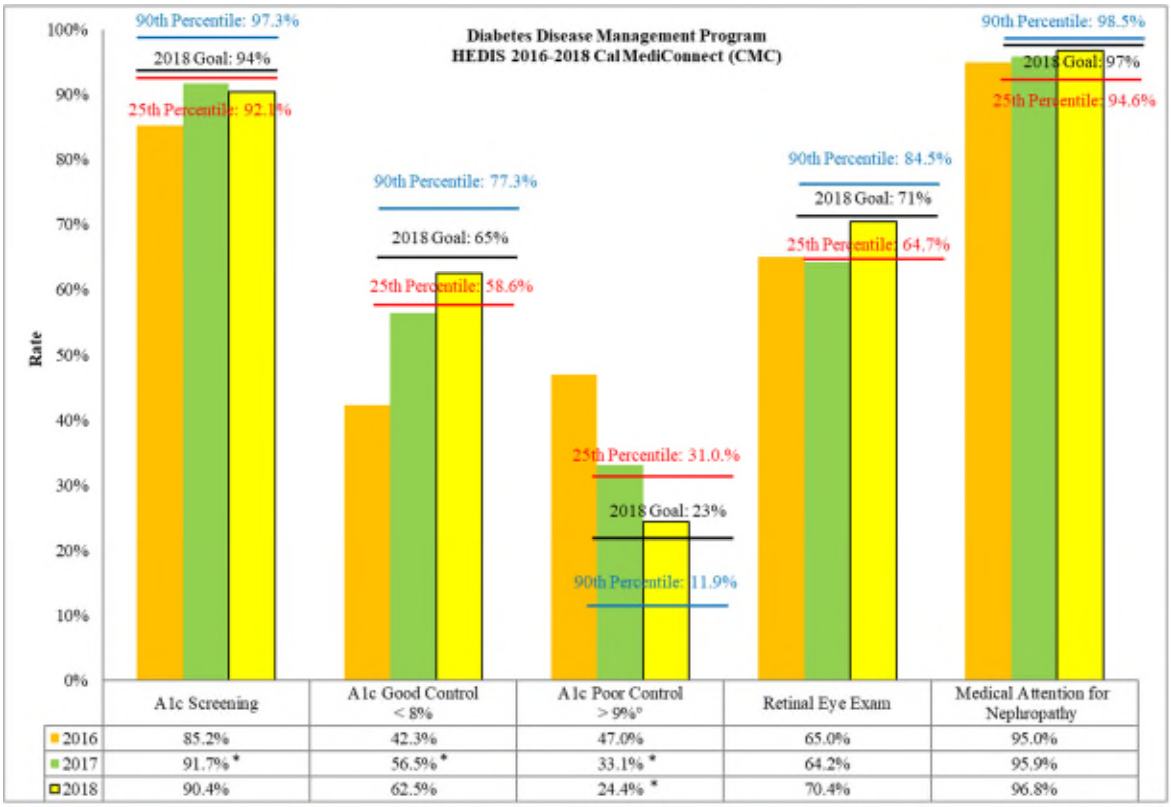
- Diabetes A1C screening hybrid rate of 91.0% did not meet the 2018 HEDIS goal of 92%. The 2018 rate is above the 25th percentile of 90.5%, but below the 90th percentile of 95.1% and is a decrease of 0.2 percentage points from 2017's 91.2% hybrid rate. This decrease was not a statistically significant increase.
- Diabetes A1C good control <8% hybrid rate of 62.4% met the 2018 HEDIS goal of 60%. The 2018 rate is above the 25th percentile of 50.1% but below the 90th percentile of 69.0%, and an increase of 8.0 percentage points from 2017's, 54.4% hybrid rate. This increase was a statistically significant increase, with a p value <0.05.
- Diabetes A1C poor control >9% was not reported in 2018.
- Retinal eye exam hybrid rate of 48.2% is above the 2018 HEDIS goal of 43%. The 2018 rate is above the 25th percentile of 38.0%, but below the 90th percentile of 64.9% and an increase of 5.3 percentage points from 2017's 42.9% hybrid rate. This increase was not a statistically significant decrease.
- Medical Attention to Nephropathy hybrid rate of 94.1% did not meet the 2018 HEDIS goal of 95. The 2018 rate is above the 25th percentile of 89.1% and is just below the 90th percentile of 94.2%, and is an increase of 0.5 percentage points from 2017's 93.6% hybrid rate. This increase was not a statistically significant increase.

Qualitative Analysis

Over the course of 2018, there was improvement in A1C good control, Retinal Eye Exam and Medical Attention to Nephropathy with the LACC population, however only A1C <8% Good Control was statistically significant. 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 during 2017, 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. There is still room for improvement in members' control of diabetes as the A1C screening completion rate dropped.

Cal MediConnect (CMC)

Quantitative Analysis



	A1c Screening	A1c Good Control < 8%	A1c Poor Control > 9%°	Retinal Eye Exam	Medical Attention for Nephropathy
2016	85.2%	42.3%	47.0%	65.0%	95.0%
2017	91.7% *	56.5% *	33.1% *	64.2%	95.9%
2018	90.4%	62.5%	24.4% *	70.4%	96.8%

°Inverse measure (lower number better) 25th and 90th Percentile Source: NCQA Quality Compass
*Statistically Significant Difference

Analysis of 2018 Hybrid results or findings:

- Diabetes A1C screening hybrid rate of 90.4% did not meet the 2018 HEDIS goal of 94% or the 25th percentile of 92.1% or the 90th percentile of 97.3% and is a decrease of 1.3 percentage points from 2017's 91.7% hybrid rate. This decrease was not a statistically significant decrease.
- Diabetes A1C good control <8% hybrid rate of 62.5% did not meet the 2018 HEDIS goal of 65%, but did meet the 25th percentile of 58.6% but did not meet the 90th percentile of 77.3% and is an

increase of 6.0 percentage points from 2017's 56.5% hybrid rate. This increase was a statistically significant increase, with the p value <0.05.

- Diabetes A1C poor control >9% hybrid rate of 24.4% (an inverse measure in which a lower number is better) did not meet the 2018 HEDIS goal of 23%, but did meet the 25th percentile of 31.0%, but did not meet the 90th percentile of 11.9% and is a decrease of 6.7 percentage points from 2017's 33.1% hybrid rate, which shows improvement. This decrease was a statistically significant decrease with the p value <0.05.
- Diabetes retinal eye exam hybrid rate of 70.4% did not meet the 2018 HEDIS goal of 71%, but did meet the 25th percentile of 64.7%, but did not meet the 90th percentile of 84.5% and is an increase of 6.2 percentage points from 2017's 64.2% hybrid rate. This increase was not a statistically significant increase.
- Diabetes Medical Attention to Nephropathy hybrid rate of 93.0% met the 2018 HEDIS goal of 93%, and met the 25th percentile of 94.6%, but did not meet the 90th percentile of 98.5%, and is a decrease of 2.9 percentage points from 2017's 95.9% hybrid rate. This decrease was not a statistically significant.

Qualitative Analysis

Over the course of 2018, there was improvement in the A1C good control, A1C poor control and retinal eye exam with the CMC population, with statistically significant improved in A1C good and poor control. This could be due to higher engagement rates with this population. This could also be due to increase in medication compliance and diabetic exam/test interventions during 2017, 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. There is still room for improvement in members' control of diabetes as only medical attention for nephropathy met the 2018 HEDIS goal.

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. For 2019, in addition to telephonic nurse coaching and reminder call interventions, face to face member interaction in the Family Resource Centers are planned to provide an even higher touch intervention to address compliance in diabetes care exams.

INTERVENTIONS

HEDIS Measure	Barriers	Actions
A1C Screening (CDC) A1C Good Control <8% (CDC) A1C Poor Control >9% (CDC) Retinal Eye Exam (CDC) Medical Attention for Nephropathy (CDC)	• Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Diabetes medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care. • Low-severity members who do not comply with diabetes medication and have opted out of the program can affect compliance rates as they are still counted in the HEDIS denominator. • Needing to use translation services for some members due to the diversity of cultures within L.A. Care's disease programs. • Barriers to care (i.e. financial, transportation and access to care). • Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member's motivation and self-efficacy to change behavior. • Lack of basic knowledge of diabetes. • Low practitioner adherence to clinical practice guidelines	• The Disease Management department reached 421 of 1,217 attempted members in 19 PPGs/MSOs and 16 clinics and DHS (35% response rate) during the third quarter of 2017 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2016. • A 30 to 90 day supply conversion program, MMTP, a monthly refill reminder call program, and the high touch STARS adherence outreach program for CMC members to increase medication adherence and address barriers to member access in getting provider prescribed drugs. • 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 provides practitioners Diabetes Clinical Guidelines through the Provider Portal. • 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

HEDIS Measure	Barriers	Actions
		4 members discussed during monitoring calls. • The Quality Improvement Department conducted a member incentive program for members who completed the A1c screening, Retinal Eye Exam and Nephropathy test in 2017. • The *L.A. Cares About Diabetes*® program provides content for the LACC member web portal with diabetes health information.

LOOKING FORWARD

- 2018 Interventions and Plans:
  - Starting in March, 2018 DM adopted a member-centric model after cross-training all DM RNs on all disease processes covered in the DM programs. The RNs are no longer split by program and instead make outreach calls to members eligible for any of the three DM programs.
    - DM RNs made 33,814 total calls to members through September, 2018 with 15,687 contacts to members during 2018. This is a 46% contact rate.
  - The Disease Management leadership team participated in an enterprise wide, interdisciplinary collaborative workgroup on the Health Services Transformation in order to streamline processes and improve member engagement. These efforts included developing an Identification, Stratification, Enrollment, Interventions and Outcomes (ISEIO) Program Structure for all Population Health Management (PHM) programs, including Disease Management. The PHM ISEIO project's goal is to establish a structured framework around all Health Services programs and to create a master inventory of these Programs. This inventoried grid will be used to track program interventions and outcomes in the new Health Services core system and to give structure to existing programs and newly develop Health Service programs.
  - The *L.A. Cares About Diabetes*® nurses have continued training in motivational interviewing to help improve communication and engagement with the diverse populations in which the program interacts.
  - The DM Leadership collaborated with IT to develop Tableau reports for staff case counts and goal status to measure member progress within the DM programs and help DM Managers coach RN staff on effectively working the DM programs with their assigned members.
  - The Disease Management leadership, working in collaboration with IS, developed automated Disease Management reports and mailing lists from CCA to minimize manual data collection and clean-up efforts.

- Disease Management promoted Macarena Millan, one of the DM RNs to the Manager, Disease Management position in January, 2018.
- The *L.A. Cares About Diabetes*® nurses participated in the Mt. St. Mary's preceptor program to mentor nursing students on the goals, objectives and values of L.A. Care's Disease Management programs.
- The Disease Management department reached 26 of 114 attempted African-American members with diabetes (21% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017. The top barriers to refilling medication included changed dosage or frequency and not understanding instructions or indication for medication.
- Members with a gap in dilated eye exams and A1C testing received an Interactive Voice Response (IVR) automated reminder call in May, 2018. This was a pilot project reaching 3,796 Cal MediConnect (CMC) and L.A. Care Covered (LACC) members.

- 2019 Interventions and Plans:
  - 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.
  - Disease Management and Case Management will become one integrated Care Management department.
  - The Disease Management leadership team will continue participating in an enterprise wide, interdisciplinary collaborative workgroup on the Care Management Transformation in order to streamline processes and improve member engagement.
  - Disease Management RNs will be placed in the Family Resource Centers to see members face to face for condition monitoring in Diabetes management.
  - The Disease Management leadership will work collaboratively with IS to remediate the CCA screening queues and model in order to ensure the model and the screening queue data matches and correctly assigns members to an RN. This will also decrease the identification of false positive members who should not be identified for the Disease Management program.
  - 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 and schedule appointment reminders.
  - 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.

2019 QI WORK PLAN GOALS:

Measure	2019 Goal MCLA (Hybrid)	2019 Goal LACC (Hybrid)	2019 Goal CMC (Hybrid)
A1c screening	88%	93%	92%
A1c good control (< 8%)	54%	64%	66%
A1c poor control (>9%)	28%	N/A	22%
Retinal eye exam	69%	53%	76%
Medical Attention for Nephropathy	94%	96%	99%
Overall Member Satisfaction	90%	90%	90%

C.1.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, 2009) for all racial/ethnic groups, and persons 65 years and older (National Center for Health Statistics, 2017). 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.

2018 WORK PLAN GOALS:

Measures	Specific Indicators	2018 Goals	2018 Rates	Goals Met	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	MCLA: NR LACC: 68% CMC: 70% (Quality Withhold: 56%)	MCLA:64.6% LACC: 56.4% CMC: 66.9%	MCLA: N/A LACC: Yes CMC: No (Yes-Quality Withhold Benchmark)	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	MCLA: NR LACC: 86% CMC: 97%	MCLA: 96.5% LACC: 93.2% CMC: 95.8%	MCLA: N/A LACC: Yes CMC: No	Hybrid
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.	MCLA: NR LACC: 88% CMC: 91%	MCLA: 87.8% LACC: 86.4% CMC: 91.6%	MCLA: N/A LACC: No CMC: N/A	Administrative
Overall Member Satisfaction	Percentage of members who are overall satisfied with the program (strongly agree or agree)	ALOB: 90%	ALOB: 87.0%	ALOB: No	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

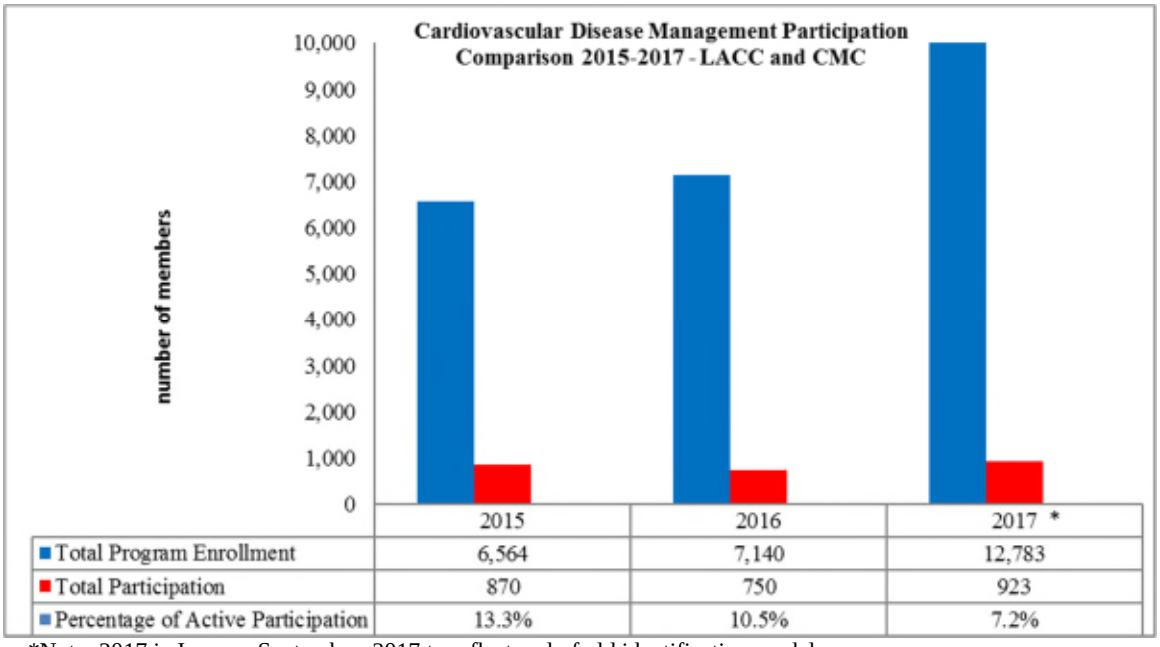
- *L.A. Care's About Your Heart*® revised the model for identifying members with CVD related conditions in 2017. This reduced the number of false positives identified and more accurately and efficiently provided heart health care to appropriate members. Additionally, *L.A. Care's About Your Heart*® expanded to include MCLA members in addition to CMC and LACC members. At the end of 2016, the program included 7,140 members and at the end of September, 2017, the program included 12,783 members. After the new model was applied starting in November, 2017, for October, 2017 data, 1,332 members were identified.
- *L.A. Cares About Your Heart*® developed a "Heart Health Exams to Remember" wallet card that was sent to all current members in August, 2017.
- During 2017, L.A. Care's Core System Clinical Care Advance (CCA) was upgraded to version 5.4 which included user interface improvements and efficiencies. The *L.A. Cares About Your Heart*® nurses have continued training in motivational interviewing to help improve communication and engagement with the diverse populations in which the program interacts.
- The *L.A. Cares About Your Heart*® nurses have all received "How We Listen is How We Communicate" training to help improve active listening skills for telephonic condition monitoring calls.
- The *L.A. Cares About Your Heart*® nurses participated in the Mt. St. Mary's preceptor program to mentor nursing students on the goals, objectives and values of L.A. Care's Disease Management programs.

Participation Rate

In 2017, 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 L.A. Care Covered (LACC) and Cal MediConnect (CMC) members over the age of 18 that have been identified with hypertension, hypercholesterolemia and other cardiovascular risk factors based on specific ICD 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. From January, 2017-September, 2017, 9 members opted out of the program through the heart health resource line. 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 September, 2017, and the numerator represents the number of eligible members in levels 1, 2, or 3 with at least one interactive contact. This is based off the model used through September, 2017. The new identification model will be applied for program reporting starting in 2018. The monthly membership

of level 1, level 2 and 3 members at the end of September, 2017 was 12,783; of these eligible members, 886 actively participated in the CVD Disease Management program through condition monitoring and 37 participated through the use of the Heart Health Resource Line, for a total participation rate of 7.2%. Out of the 12,783 members identified, 9,425 members were identified as level 1, mail only members. Of the 3,358 level 2 and level 3, medium and high acuity members, 26.4% actively participated in the CVD disease management program.

The graphs and tables below show L.A. Care eligible CVD members.



	2015	2016	2017 *
Total Program Enrollment	6,564	7,140	12,783
Total Participation	870	750	923
Percentage of Active Participation	13.3%	10.5%	7.2%

*Note: 2017 is January-September, 2017 to reflect end of old identification model.

2017 Year-End Membership by Line of Business		
	September 2017 (Old Identification Model)	October 2017 (New Identification Model)
LACC	5,938	569
CMC	6,845	761
MCLA	N/A	2
Total	**12,783**	**1,332**

MEMBER SATISFACTION

METHODOLOGY

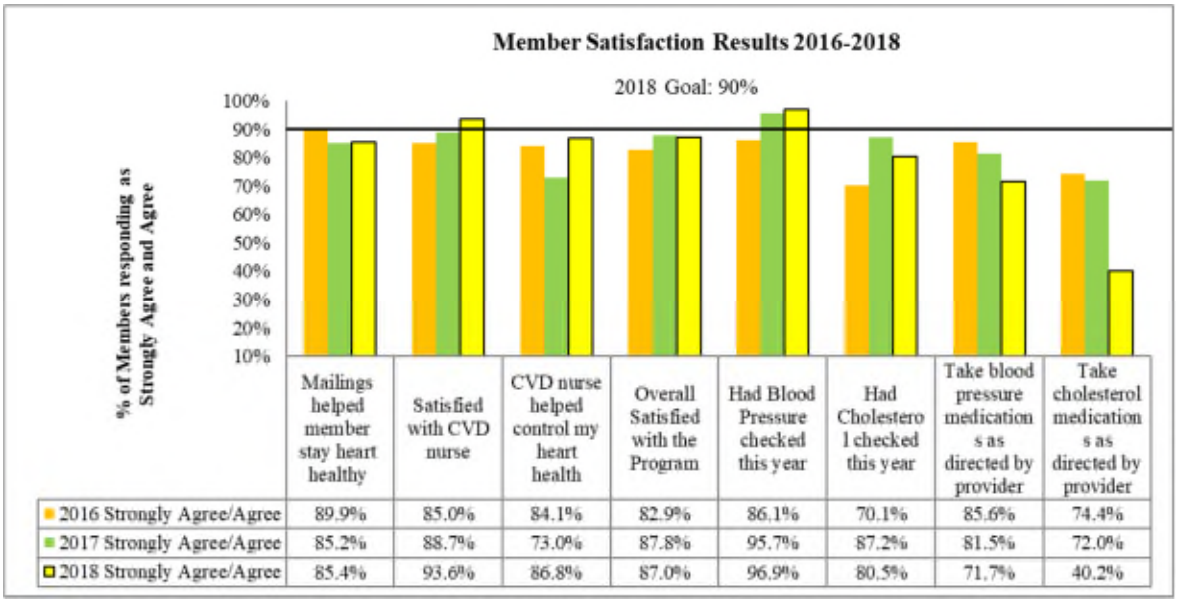
All MCLA, LACC and CMC members eligible for the CVD Disease Management Program are offered the same services according to stratification levels and benefits through the *L.A. Cares About Your Heart*® program. Thus, the annual satisfaction survey is analyzed by program as opposed to by line of business. Participants in the CVD disease management program are assessed by 1) analysis of complaints and inquiries, and 2) a formal satisfaction survey. In July, 2018, L.A. Care conducted a mail-in survey to all high severity (level 2 and 3 members) in the CVD disease management program who were actively engaged with a L.A. Care Disease Management nurse. Members were to return by mail their completed surveys by September 30, 2018. For those members who did not return a completed survey, in October, 2018, a follow-up survey was mailed and calls were conducted by Disease Management staff to assist in completing the survey telephonically with those members who agreed. A total of 720 surveys were mailed with 24 surveys

returned and completed at least partially by mail, and an additional 106 completed telephonically for an overall response rate of 14,7%. This was an increase from the 7.8% response rate from the 2017 satisfaction survey. Possible reasons for the increase in response rate are discussed in the Qualitative Analysis section below.

RESULTS

On the 2018 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 2018 baseline survey results.

Quantitative Analysis



	Mailings helped member stay heart healthy	Satisfied with CVD nurse	CVD nurse helped control my heart health	Overall Satisfied with the Program	Had Blood Pressure checked this year	Had Cholesterol checked this year	Take blood pressure medications as directed by provider	Take cholesterol medications as directed by provider
2016 Strongly Agree/Agree	89.9%	85.0%	84.1%	82.9%	86.1%	70.1%	85.6%	74.4%
2017 Strongly Agree/Agree	85.2%	88.7%	73.0%	87.8%	95.7%	87.2%	81.5%	72.0%
2018 Strongly Agree/Agree	85.4%	93.6%	86.8%	87.0%	96.9%	80.5%	71.7%	40.2%

Additionally, the survey addressed members' experience and potential barriers in adhering to treatment plans.

The results are as follows:

Barriers to taking Blood Pressure Medication as Directed by Provider (member could select multiple options)	**Percentage**
Cannot afford blood pressure medications	7.7%
Don't see the need for blood pressure medications	46.2%
Forget to bring the blood pressure medications when traveling or leaving home	7.7%
Problems with side effects	23.1%
Lack of knowledge about blood pressure medication use	0.0%
Feel better so stopped taking the blood pressure medications	0.0%
Did not fill prescriptions	0.0%

Barriers to taking Cholesterol Medication as Directed by Provider (member could select multiple options)	**Percentage**
Cannot afford cholesterol medications	4.0%
Don't see the need for cholesterol medications	20.0%
Forget to bring cholesterol medications when traveling or leaving home	4.0%
Problems with side effects	24.0%
Lack of knowledge about cholesterol medication use	0.0%
Provider did not direct member to take cholesterol medications	28.0%
Feel better so stopped taking the cholesterol medications	0.0%
Did not fill prescriptions	0.0%

Quantitative Analysis

87.0% of respondents were overall satisfied with the program. L.A. Care did not meet the 2018 goal of 90% overall member satisfaction. 94.3% of respondents were satisfied with the mailings received from the *L.A. Cares About Your Heart*® program and 85.4% of respondents found the program's mailed educational materials helpful in managing their heart health, as compared to 85.2% in 2017. 93.6% of respondents were satisfied with their CVD nurse, as compared to 88.7% in 2017. 86.8% of respondents felt that the CVD nurse helped control their heart health, as compared to 73.0% in 2017. 96.9% of respondents reported they checked their blood pressure this year, as compared to 95.7% in 2017. 80.5% of respondents reported they checked their cholesterol this year, as compared to 87.2% in 2017.

In the 2018 survey there were no common barriers to checking blood pressure. Only eight members reported a reason for not checking their blood pressure and most had to do with either not having an appointment or needing to speak with their doctor. In the 2018 survey, similar to checking blood pressure, there was no consistent barrier noted. The responses included mainly a variety of issues with not having an appointment, or having one scheduled in the future. In the 2018 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 at 46.2%, however only 13 members reported not taking blood pressure medications as directed by their provider. In the 2018 survey we found that the most common barrier to taking cholesterol medications as directed by their provider was that the provider did not direct the member to take cholesterol medications with 28% of respondents reporting this reason and 24% of respondents reporting side effects as a reason for not taking medications as directed. However, note that only 25 respondents reported not taking cholesterol medications.

Qualitative Analysis

In reviewing the 2018 satisfaction survey results, the Disease Management department noted the following:

- The response rate increased significantly thanks to the Disease Management staff phone call reminders. Of the completed surveys, 81.5% of them were conducted be a Disease Management coordinator over the phone. This year's methodology focused only on high-severity members in the heart health program engaged with a heart health nurse. The department believed if we targeted members engaged with the program, the response rate would increase. There was actually a decrease with the return by mail response rate being 3.3% in 2018 compared with 7.8% in 2017. After several years of low response rates via mail-based survey, this suggest a need to explore telephonic or other mediums of survey such as text or online that may result in higher response rates.
- Overall satisfaction in the program decreased slightly and did not meet the program goal; however, satisfaction with the member's CVD nurse increased from 2017 to 2018. 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.

- 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 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 2019. In addition, Disease Management will increase face to face member coaching opportunities through utilizing the Family Resource Centers throughout the community which may make members more engaged in the programs. Additionally, conducting the survey by phone after condition monitoring calls will be explored to increase response rates. Disease Management will explore ways to utilize community partnerships to increase member engagement in 2019.This includes piloting a remote monitoring program for heart failure.

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 2017, there were no complaints related to *L.A. Cares About Your Heart*® and 54 inquiries about the program compared to 43 in 2016. The difference in inquiries from 2016 to 2017, 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 were not available in 2017.

CVD Call Analysis						
Complaints	**2015**		**2016**		**2017**	
Number of complaints received	**0**		**0**		**0**	
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	25	26.6%	14	32.5%	16	29.6%
Requested Cardiovascular Information	9	9.6%	14	32.5%	10	18.5%
Other	60	63.8%	15	35%	28	51.9%
TOTAL	**94**	**100%**	**43**	**100%**	**54**	**100%**

OPPORTUNITIES

There may be opportunities for better data reporting regarding complaints and inquires. Reports within CCA are still being built. However, with no complaints in 2017, there will not be program changes made based on complaints.

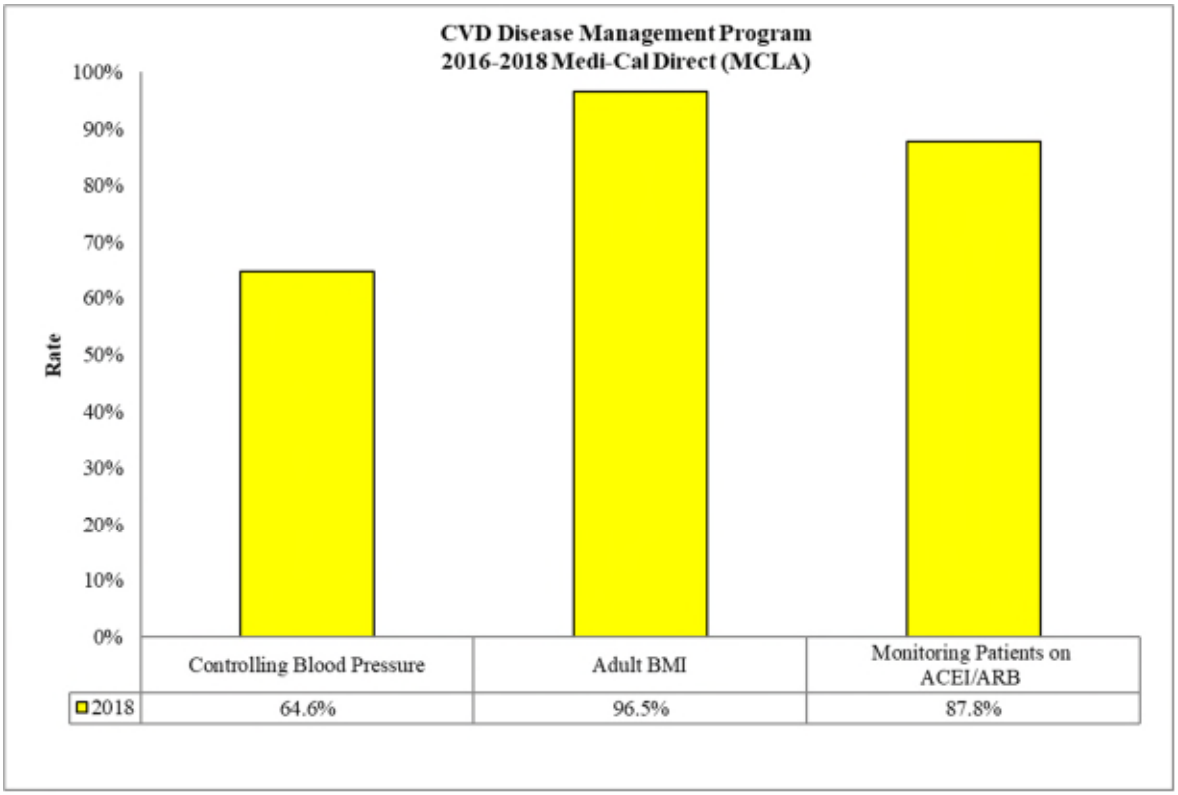
Measuring Effectiveness:

Measure	Methodology
Controlling High Blood Pressure (HEDIS)	Refer to 2018HEDIS Technical Specification Vol.2
Adult BMI Assessment (ABA, HEDIS)	Refer to 2018 HEDIS Technical Specification Vol.2
Annual Monitoring for Patients on Persistent Medications-ACEI/ARB (MPM-ACE)	Refer to 2018 HEDIS Technical Specification Vol. 2
Overall Member Satisfaction	L.A. Care conducted a mail survey targeting all Level 2 and 3 members actively engaged with a RN

RESULTS

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

Quantitative Analysis



*Baseline

Analysis of 2018 HEDIS MCLA Results/Findings:

- Controlling high blood pressure was a rate of 64.6%. No goal was established for 2018. This is baseline for MCLA for the DM program.
- Adult BMI measurement was a rate of 96.5%. No goal was established for 2018. This is baseline for MCLA for the DM program.

- Annual monitoring for patients on persistent medications-ACEI/ARB was a rate of 87.8%. No goal was established for 2018. This is baseline for MCLA for the DM program.

Qualitative Analysis

As MCLA membership was added to the CVD DM program in 2017, these results were baseline. Interventions during 2017 included Disease Management nurses calling members for condition monitoring. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. In addition, the Quality Improvement department provided posters to providers on proper blood pressure monitoring and members were sent a mailing on ACEI/ARB compliance

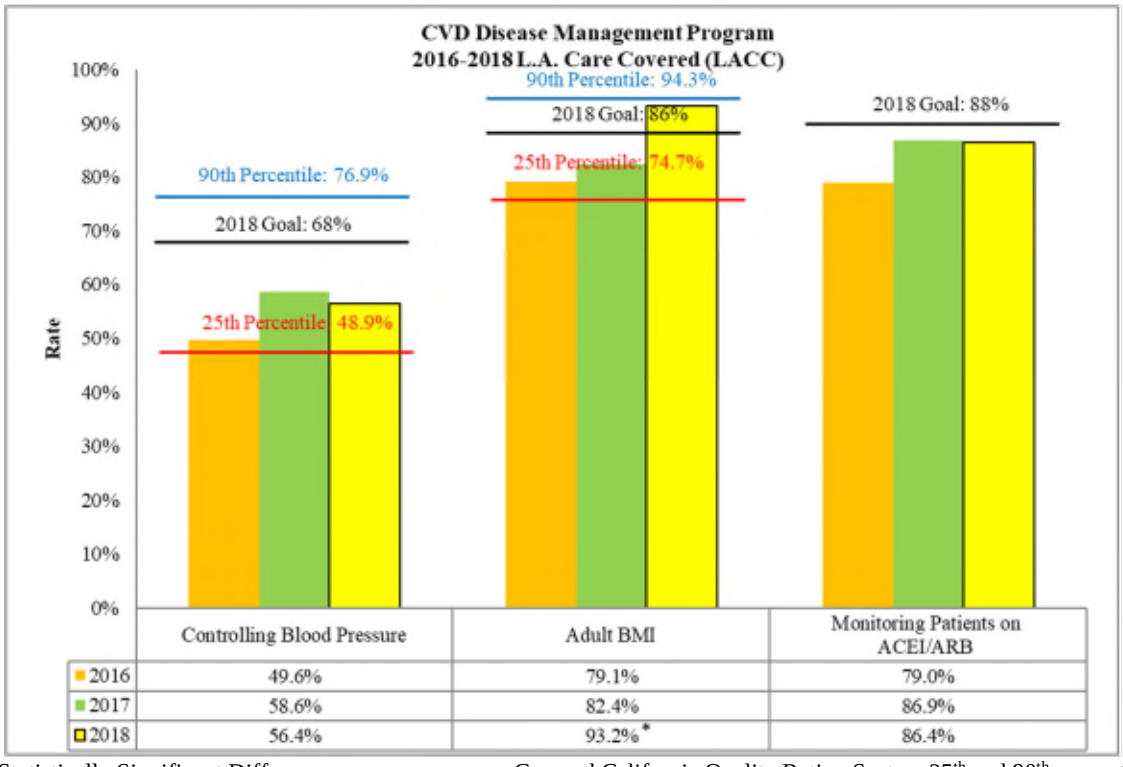
Other Considerations: Cultural, Linguistic, and Seniors and People with Disabilities (SPD)

Materials are culturally and linguistically appropriate, and continue to be mailed in English and Spanish. The mailings include an attachment to the cover letter indicating that the information is available in sixteen (16) 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-related 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.

L.A. Care Covered (LACC):

Quantitative Analysis



	Controlling Blood Pressure	Adult BMI	Monitoring Patients on ACEI/ARB
2016	49.6%	79.1%	79.0%
2017	58.6%	82.4%	86.9%
2018	56.4%	93.2%*	86.4%

*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

Analysis of 2018 HEDIS LACC Results/Findings:

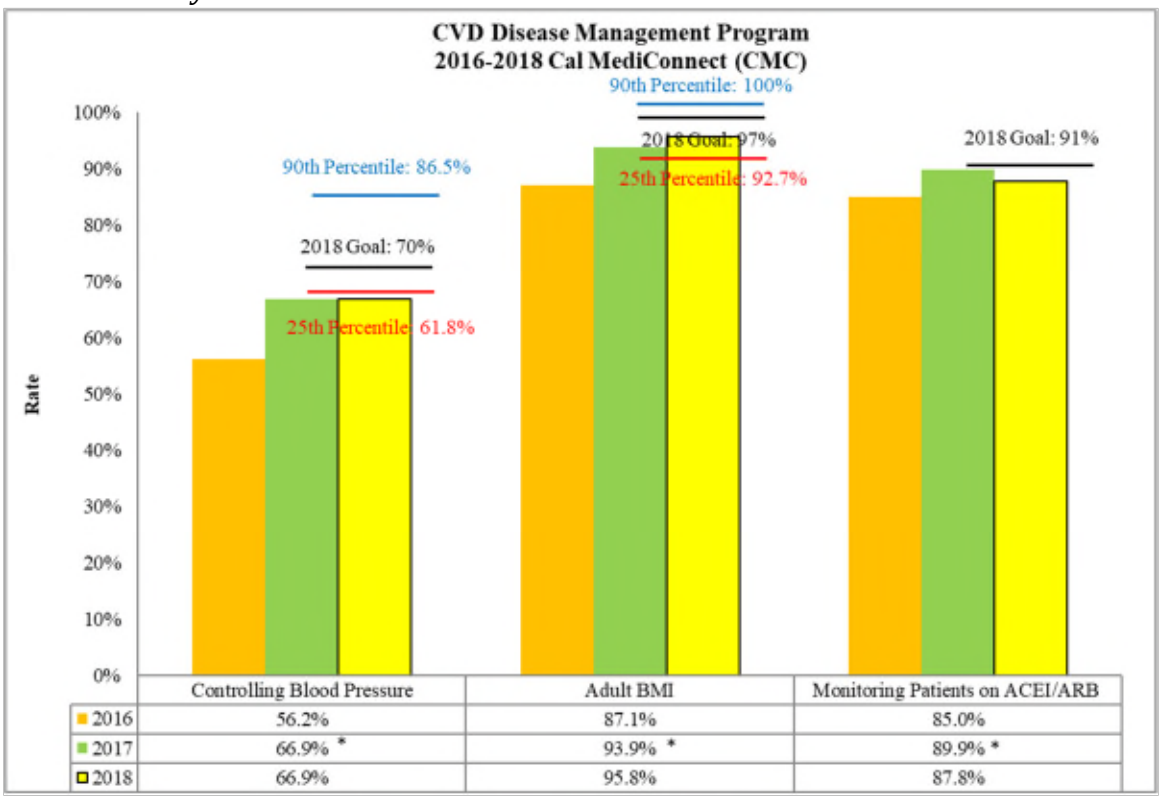
- Controlling high blood pressure of 56.4% is above the HEDIS measurement goal of 68%. The 2018 rate is above the 25th percentile of 48.9%, but below the 90% percentile of 76.9%, and is a decrease of 2.2 percentage points from 2017's rate of 58.6%. This decrease was not a statistically significant decrease.
- Adult BMI measurement of 93.2% is above the HEDIS measurement goal of 86%. The 2018 rate is above the 25th percentile of 74.7%, but below the 90th percentile of 94.3%, and was an increase of 10.8 percentage points from 2017's rate of 82.4%. This increase was statistically significant increase, with a p value >0.05.
- Annual monitoring for patients on persistent medications-ACEI/ARB of 86.4% is below the HEDIS measurement goal of 88%, and was a decrease of 0.8 percentage points from 2017's rate of 86.9%. This decrease was not a statistically significant decrease.

Qualitative Analysis

The Adult BMI LACC measure exceeded the 2017 results; however, controlling high blood pressure and annual monitoring for patients on persistent medications-ACEI/ARBs showed a decrease, suggesting a need to focus interventions for LACC members on better management and control of measures impacting the risk of heart disease. Interventions during 2017, included Disease Management nurses calling members for condition monitoring. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. In addition, the Quality Improvement department provided posters to providers on proper blood pressure monitoring and members were sent a mailing on ACEI/ARB compliance.

Cal MediConnect (CMC)

Quantitative Analysis



	Controlling Blood Pressure	Adult BMI	Monitoring Patients on ACEI/ARB
2016	56.2%	87.1%	85.0%
2017	66.9% *	93.9% *	89.9% *
2018	66.9%	95.8%	87.8%

*Statistically Significant Difference 25th and 90th Percentile Source: NCQA Quality Compass

Analysis of 2018 HEDIS CMC Results/Findings:

- Controlling high blood pressure hybrid rate of 66.9% did not meet the HEDIS measurement goal of 70%, but did meet the Quality Withhold Benchmark of 56% and is above the 25th percentile 61.8% but below the 90th percentile of 86.5% and was an increase of 2.6 percentage points from 2017's rate of 66.9%. This increase was not a statistically significant increase.
- Adult BMI assessment hybrid rate was 95.8% did not meet the HEDIS measurement goal of 97%, but was above the 25th percentile of 92.7%, but below the 90th percentile of 100% and was an increase of 1.9 percentage points from 2017's rate of 93.9%. This increase was not a statistically significant increase.
- Annual monitoring for patients on persistent medications-ACEI/ARB rate of 87.8% did not meet the HEDIS measurement goal of 91%, and was a decrease of 2.1 percentage points from 2017's rate of 89.9%. This decrease was not a statistically significant decrease.

Qualitative Analysis

Controlling high blood pressure and Adult BMI assessment showed improvement from 2017 results, but neither with statistical significance. The trend in improvements could be due to the interventions during 2017, such as Disease Management nurses calling members for condition monitoring. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. In addition, the Quality Improvement department provided posters to providers on proper blood pressure monitoring and members were sent a mailing on ACEI/ARB compliance.

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. For 2019, in addition to telephonic nurse coaching and reminder call interventions, face to face member interaction in the Family Resource Centers are planned to provide an even higher touch intervention to address compliance in heart health medication compliance and controlling high blood pressure.

INTERVENTIONS

HEDIS Measure	Barriers	Actions
Controlling Blood Pressure (CBP)	• Low practitioner adherence to clinical practice guidelines. • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • 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	• 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. • Posters on blood pressure monitoring were provided by L.A. Care's Quality Improvement department to providers to encourage practicing clinical guidelines on blood

HEDIS Measure	Barriers	Actions
	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.	pressure control by provider request and at special conferences throughout the year. • 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.
Adult BMI (ABA)	• Low practitioner adherence to clinical practice guidelines. • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • 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). • 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.	• 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. • 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.
Annual Monitoring for Patients on Persistent Medications-ACEI/ARB (MPM-ACE)	• 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. • Low-severity members who do not comply with CVD medication and have opted out of the program can affect compliance rates as they are	• 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

HEDIS Measure	Barriers	Actions
	still counted in the denominator. • Low practitioner adherence to clinical practice guidelines. • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • 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). • 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.	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.)

LOOKING FORWARD

- 2018 Interventions/Plans:
  - Starting in March, 2019, DM adopted a member-centric model after cross-training all DM RNs on all disease processes covered in the DM programs. The RNs are no longer split by program and instead make outreach calls to members eligible for any of the three DM programs.
  - DM RNs made 33,814 total calls to members through September, 2018 with 15,687 contacts to members during 2018. This is a 46% contact rate.
  - L.A. Care's Disease Management programs have been incorporated into L.A. Care's overall Population Health Management strategy not only to meet NCQA's new Population Health Management (PHM) standards, but also to provide members the appropriate care depending on where the member is on the continuum of care.
  - The Disease Management leadership team participated in an enterprise wide, interdisciplinary collaborative workgroup on the Health Services Transformation in order to streamline processes and improve member engagement. These efforts included developing an Identification, Stratification, Enrollment, Interventions and Outcomes (ISEIO) Program Structure for all Population Health Management (PHM) programs, including Disease Management. The PHM ISEIO project's goal is to establish a structured framework around all Health Services programs and to create a master inventory of these Programs. This inventoried grid will be used to track program interventions and outcomes in the new Health Services core system and to give structure to existing programs and newly develop Health Service programs.
  - The DM Leadership collaborated with IT to develop Tableau reports for staff case counts and goal status to measure member progress within the DM programs and help DM Managers coach RN staff on effectively working the DM programs with their assigned members.
  - The Disease Management leadership, working in collaboration with IT, developed automated Disease Management reports and mailing lists from CCA to minimize manual data collection and clean-up efforts.

- Disease Management promoted Macarena Millan, one of the DM RNs to the Manager, Disease Management position in January, 2018.
- The *L.A. Cares About Your Heart*® nurses participated in the Mt. St. Mary's preceptor program to mentor nursing students on the goals, objectives and values of L.A. Care's Disease Management programs.
- Members with a gap in blood pressure testing received an Interactive Voice Response (IVR) automated reminder call in May, 2018. This was a pilot project reaching 3,796 Cal Medi-Connect (CMC) and L.A. Care Covered (LACC) members.
- Quality Improvement department developed new Controlling Blood Pressure materials, including a tabletop display available in English and Spanish and a Controlling Blood Pressure algorithm pocket card for providers.

- 2019 Interventions/Plans:
  - The Disease Management leadership is developing a Heart Failure program that will align with the CVD program and include a remote monitoring pilot for members with Heart Failure.
  - Disease Management and Case Management will become one integrated Care Management department.
  - The Disease Management leadership team will continue participating in an enterprise wide, interdisciplinary collaborative workgroup on the Care Management Transformation in order to streamline processes and improve member engagement.
  - The Disease Management leadership will work collaboratively with IS to remediate the CCA screening queues and model in order to ensure the model and the screening queue data matches and correctly assigns members to an RN. This will also decrease the identification of false positive members who should not be identified for the Disease Management program.
  - Disease Management wrote an article on Heart Health for February, 2019 Heart Month that will appear in the Member Be Well Live Well member newsletter.
  - Disease Management RNs will be placed in the Family Resource Centers to see members face to face for condition monitoring in CVD and Heart Failure management.
  - 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 and schedule appointment reminders.
  - 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 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.

2019 WORK PLAN GOALS:

Measures	2019 MCLA Goal	2019 CMC Goal	2019 LACC Goal
Controlling High Blood Pressure (CBP, HEDIS)	69%	61%	71% (QW: 56%)
Adult BMI Assessment (ABA, HEDIS)	56%	95%	98%
Medication Adherence for Hypertension (ACEI, ARB, STARS)	N/A	88%	N/A
Overall Member Satisfaction	90%	90%	90%

QW: Quality Withhold

C.1.d Annual Monitoring of Patients on Persistent Medications (MPM)

Author: Bettsy Santana, MPH
Reviewer: Maria Casias, RN & Katrina Miller, MD

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.[11] Annual monitoring of these medications allows providers to assess for side-effects and address any adverse events more efficiently. 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.[12] Due to its importance in patient safety, the Annual Monitoring of Patients on Persistent Medication Health Effectiveness Data and Information Set (HEDIS) measure was an accreditation measure for Medi-Cal and is part of the Quality Rating System for the Market Place line of business.

2018 Work Plan Goals:

HEDIS Measure	2018 Medi-Cal Goal	2018 Medi-Cal Rate	2018 L.A. Care Covered Goal	2018 L.A. Care Covered Rate	2018 Goal Met/ Not Met
Annual Monitoring of Patients on Persistent Medication- ACE Inhibitors (ACE)/ARBs	90%	89.0%	88%	86.4%	Medi-Cal: No LACC: No
Annual Monitoring of Patients on Persistent Medication- Diuretics (MPM)	88%	88.3%	87%	85.2%	Medi-Cal: Yes LACC: No

Major Accomplishments

- In September of 2018, L.A. Care mailed a postcard to 4,980 L.A. Care Medi-Cal Direct (MCLA) and 2,848 L.A. Care Covered (LACC) members informing them of the importance of having an annual monitoring event while on these medications.
- Both MPM Medi-Cal rates had statistically significant increases over the prior year.

[11] 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.
[12] National Quality Measures Clearing House. AHRQ. 2015. Measure Summary. https://www.qualitymeasures.ahrq.gov/summaries/summary/49741. Accessed on January 8, 2017.

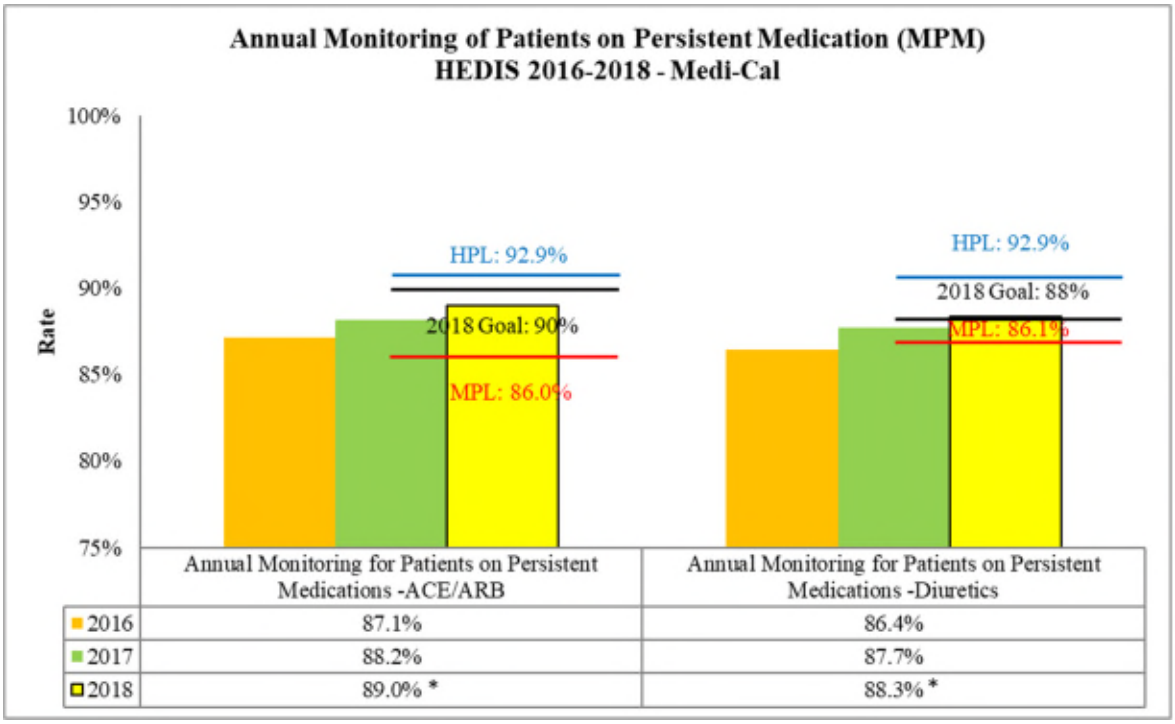
ANNUAL MONITORING OF PATIENTS ON PERSISTENT MEDICATION (MPM)

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.	Admin
Annual Monitoring of Patients on Persistent Medication- Diuretics	A therapeutic monitoring event is a serum potassium and a serum creatinine test.	Admin

RESULTS

The following graph compares L.A. Care's Medi-Cal 2016-2018 MPM HEDIS rates for ACE/ARB's to L.A. Care's HEDIS 2018 goal:



*Statistically Significant Difference

Medi-Cal

Quantitative Analysis

The rates for monitoring ACE/ARBs and diuretics both improved from the year prior. For Medi-Cal, the monitoring of ACE/ARBs improved by 0.8% while the rate of monitoring diuretics improved by 0.6% from 2017. Monitoring of patients on ACE/ARB medications increased 7.4 percentage points from 2016 while the rate for those on diuretics increased 10.4 percentage points.

Both measures experienced statistically significant improvements over the year prior ($p<0.05$). The ACE/ARBs monitoring rate of 89.0% exceeded the minimum performance level (MPL) but was 1

percentage point below the 2018 goal of 90%. The diuretics monitoring rate of 88.3% exceeded both the MPL and 2018 goal by 2.2 and 0.3 percentage points, respectively.

Disparity Analysis

MPM –ACE/ARB Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	8793	32,121	9385	45,014	8982	36,635	25,685	8125
Denominator	10,039	35,692	10,573	50,500	9989	41,838	28,182	9172
Rate	87.6%	90.0%	88.8%	89.1%	89.9%	87.6%	91.1%	88.6%

MPM- Diuretics Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	7604	15,164	3459	21,976	4872	22,227	11,636	3497
Denominator	8776	16,945	3940	24,750	5441	25,595	12,788	3925
Rate	86.7%	89.5%	87.8%	88.8%	89.5%	86.8%	91.0%	89.1%

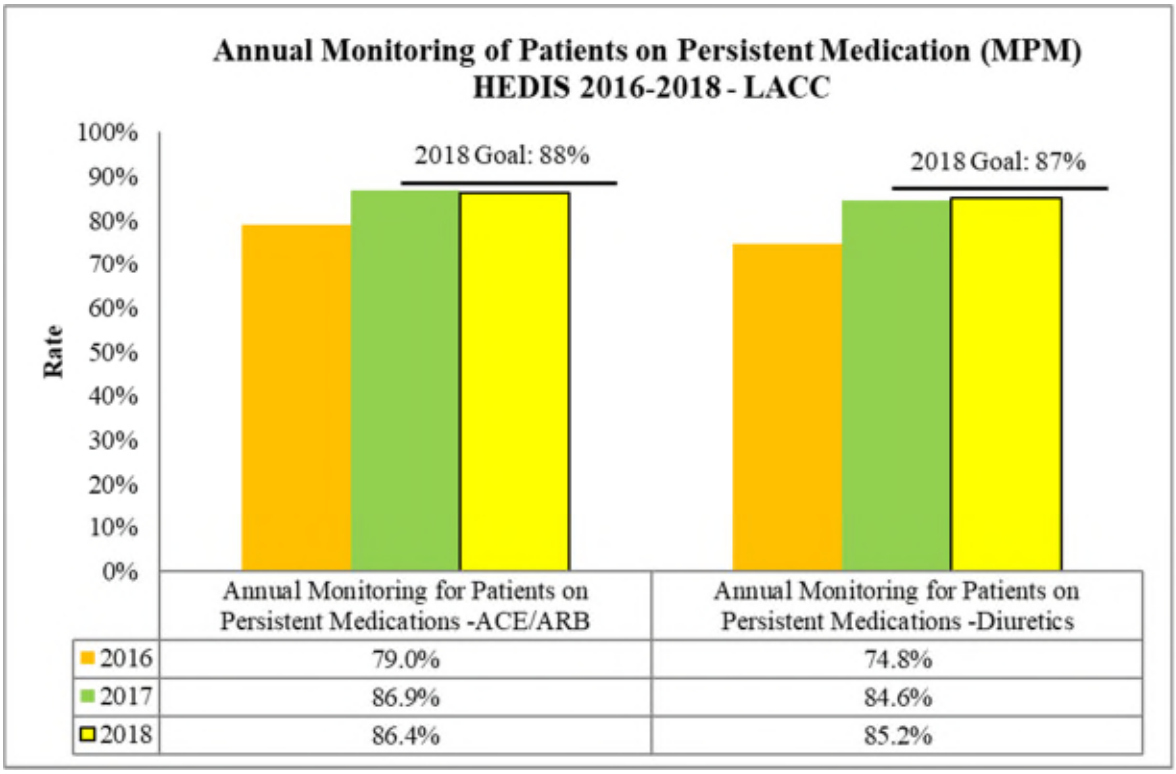
L.A. Care also conducted an analysis based on ethnicity, and language to examine whether disparities exist in receiving these tests. All racial groups achieved a monitoring rate of ACE/ARB's between 87.6% and 90.0% with African Americans scoring the lowest and Hispanics scoring the highest. African Americans also experienced the lowest monitoring rate of diuretics (83.6%) while Hispanics/Latinos experienced the highest rate (90.9%). For both ACE/ARBs and Diuretics, Whites and Asians fell between both ethnic groups. Whites had slightly higher rates than Asians. Spanish speakers performed better than English speakers by 4.2%.

Qualitative Analysis

Medi-Cal rates experienced a statistically significant increase for both measures from last year. This may have been the result of the various interventions in place over the last few years. Providers receive lists of members that are showing as non-compliant starting in the summer as part of our Provider Opportunity Reports when members reach the 180-day mark prescribed medication. Members also receive an annual mailer in Q3. Medi-Cal offers a provider incentive via the Physician P4P program and L.A. Care sends custom reports to large volume medical groups. The Department of Health Services (DHS), the single largest provider for Medi-Cal members, receives their list of members on the medications during the first half of the year to conduct follow-up as they may be unaware of members who have been prescribed these drugs outside of their health system. This has been cited as a common barrier by providers who have large panels. Members may also switch providers often, which may make it difficult to see and/or establish routine testing. In late 2017, L.A. Care also contacted hospitals that had seen non-complaint members in the measurement year and requested lab values for those members. L.A. Care received 95 responses with lab values. Do to the low response, L.A. Care will look into using more efficient ways to pull data from other forms of hospital electronic data, such as with HIEs to improve rates and will continue current interventions to sustain rates.

RESULTS

The following graph compares L.A. Care's LACC 2016-2018 MPM HEDIS rates for ACE/ARB's to L.A. Care's HEDIS 2018 goal:



LACC

Quantitative Analysis

The 2018 rates for monitoring patients on persistent ACE/ARB's and diuretics did not have a statistically significant change from the year prior. The rate for patients on ACE/ARB's was 86.4% and dropped 0.5 percentage points from 2017 and did not meet the 2018 goal of 88%. Monitoring of diuretics, on the other hand, was 85.2% and increased 0.6 percentage points from 2017. It did not, however, meet the 2018 goal of 87%.

Qualitative Analysis

LACC rates did not have a statistically significant increase and the ACE/ARB measure rate decreased. This is interesting since the health plan interventions target the two groups in the same way with two exceptions. Providers in both product lines receive a list of members show as are non-compliant starting in the summer as part of our Provider Opportunity Reports. Members receive an annual mailer in Q3. The only differences are that Medi-Cal offers a provider incentive via the Physician P4P program and L.A. Care sends a custom report to the L.A. Department of Health Services every year. Based on the population size, this group may benefit most by sending providers with high volumes to provider lab values. It may help address the common barrier of lack of provider awareness about which medications their members are on and draw attention to the lack of monitoring. Since the volume of members that fall into this metric is small, reaching out to providers with relatively high volume providers may be an effective way to address non-compliance as well as looking into hospital data to recover past laboratory results.

SUMMARY OF ACTIVITIES FOR 2017

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Annual Monitoring Of Patients On Persistent Medication (MPM)	• Providers may be unfamiliar with member's medication history. • Providers do not know the member is part of their panel. • Providers are unaware of need for lab tests. • Members may not know that these drugs need annual monitoring. • Incomplete capture of lab data may be contributing to lower rates.	• Provider Opportunity Reports included the MPM measures were distributed to all PCPs including Medi-Cal and LACC PCPs. • In 2017, the LA P4P and the P4P program continued to include MPM total rate in their incentive program. • In October, members were sent a mailer explaining the need for lab tests and to contact their doctor to schedule a test(s). • Webinars with PPGs addressed low performance and data management. • In June, DHS received a report with all members on MPM related drugs. (Medi-Cal only) • Hospital lab data was requested for members that were non–complaint for MPM and had a hospital admission.	• Rates improved on both measure for Medi-Cal from the prior year. These interventions continued in 2018. • Rates for LACC members did not improve. Mailers are not effective.

LOOKING FORWARD

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

- L.A. Care will conduct more targeted provider efforts for LACC members.

2019 WORK PLAN GOALS

HEDIS Measure	2019 Medi-Cal Goal	2019 L.A. Care Covered Goal
Annual Monitoring Of Patients On Persistent Medication (MPM)- ACE Inhibitors/ARBs	91%	88%
Annual Monitoring Of Patients On Persistent Medication (MPM)-Diuretics	91%	87%

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

AUTHOR: BETTSY SANTANA, MPH
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

BACKGROUND

Chronic Obstructive Pulomonary Diesease (COPD) is a major cause of morbidity and mortality around the world. It is the fourth leading cause of death in the world and it is projected to be the third leading cause of death by 2020. An estimated 26.8 million adults in the United States have COPD.[13] Those with COPD are much more likely to visit the emergency room and have more overnight stays in the hospital. They are also more likely to report having depression or other mental health conditions and report a fair or poor health status.[14] While COPD cannot be cured, it can be treated. COPD management of exacerbation events is important in reducing hospitalizations, readmission, and progression of the disease. L.A. Care monitors the rates of pharmacotherapy for COPD after an in-patient or emergency department admission.

2018 WORK PLAN GOALS:

HEDIS Measure	2018 Medi-Cal Goal	2018 Medi-Cal Rate	2018 Cal MediConnect Goal	2018 Cal MediConnect Rate	2018 Goal Met/ Not Met
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	68%	59.2%	62%	61.2%	Medi-Cal: No LACC: N/A CMC: No
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	88%	77.2%	86%	85.1%	Medi-Cal: No LACC: N/A CMC: No

MAJOR ACCOMPLISHMENTS

- There were no major accomplishments in 2018.

Description of measures:

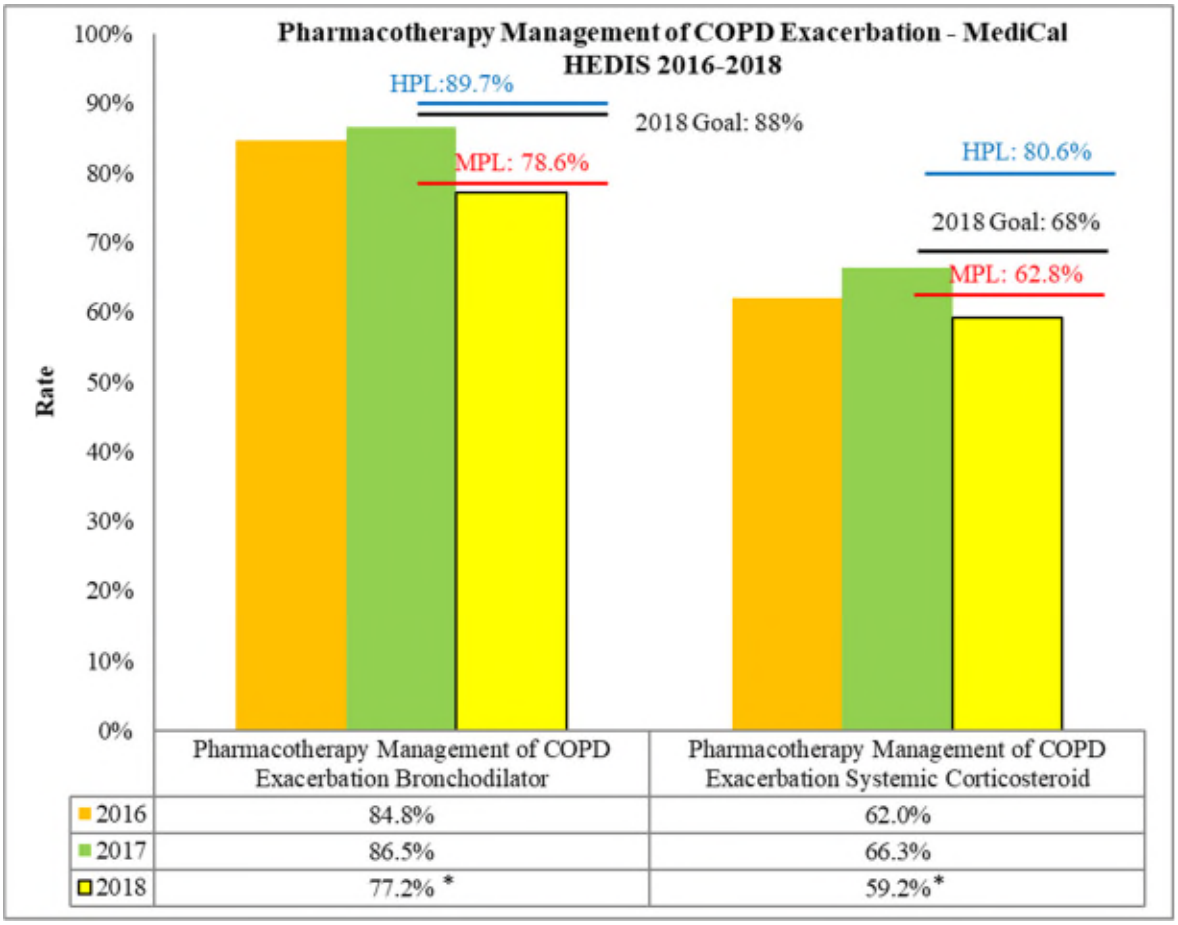
HEDIS Measure	Specific Indicator(s)	Measure Type
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the	Admin

[13] Morbidity & Mortality: 2012 Chart book on Cardiovascular, Lung, and Blood Disease
[14] CDC. Basics of COPD. https://www.cdc.gov/copd/basics-about.html

HEDIS Measure	Specific Indicator(s)	Measure Type
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	measurement year and who were dispensed appropriate medications. **Note:** The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.	

RESULTS

The following graph compares L.A. Care rates in 2016, 2017, and 2018 among the different product lines:



*Statistically Significant Difference

Medi-Cal

Quantitative Analysis

The HEDIS 2018 rate for Medi-Cal for Pharmacotherapy Management of COPD Exacerbation Bronchodilator was 77.2%. This was a decrease of 9.3 percentage points from HEDIS 2017 rate of 86.5%, a statistically significant decrease. The 25th percentile of 78.6% was not met. This measure was 1.4 percentage points below the 25th percentile. The 2018 goal of 88% was not met.

The HEDIS 2018 rate for Medi-Cal for Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid was 59.2%. This was a decrease of 7.1 percentage points from HEDIS 2017 rate of 66.3%,

a statistically significant decrease. The MPL of 62.8% was not met and the HPL benchmark of 80.6% were not met. This measure was 3.6 percentage below the 25th percentile. The 2018 goal of 68% was not met.

Disparity Analysis

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1,879	787	157	2,109	802	4,318	344	210
Denominator	2,606	1,136	276	3,150	1,220	6,138	550	388
Rate	72.10%	69.28%	56.88%	66.95%	65.74%	70.35%	62.55%	54.12%

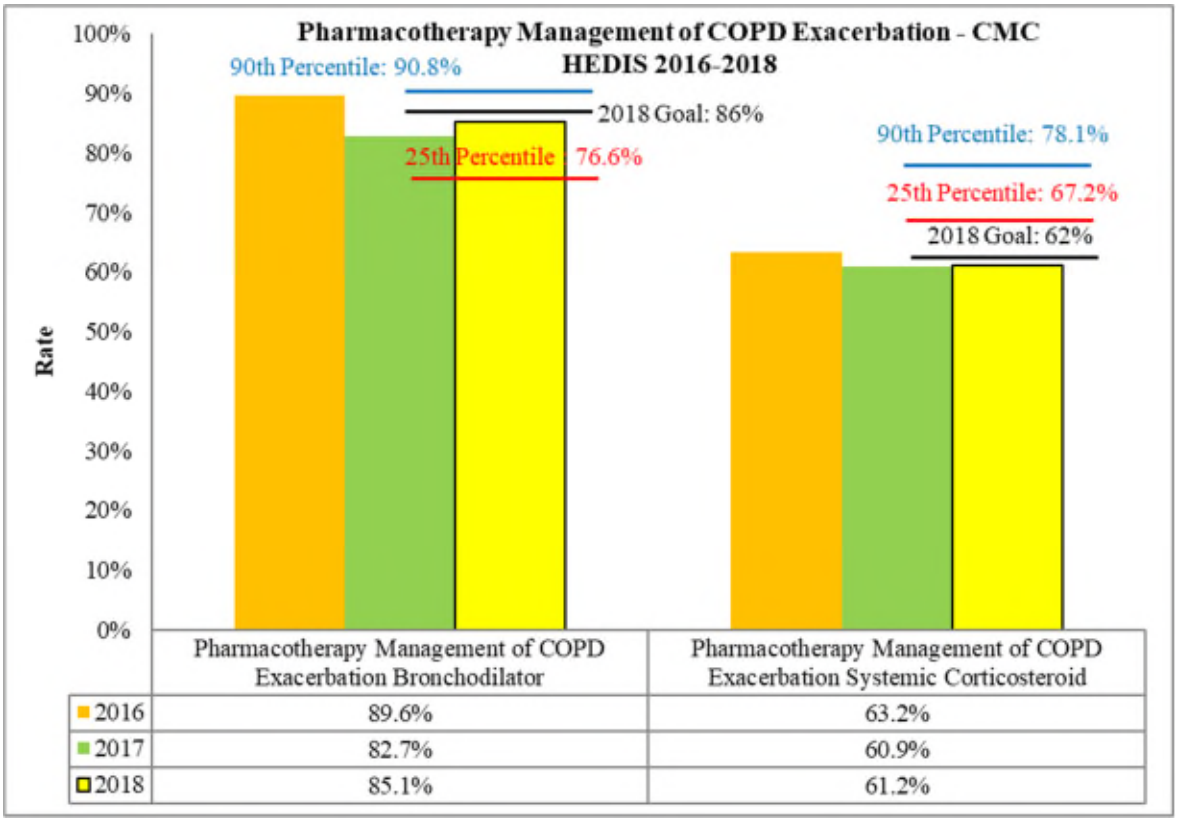
Disparity Analysis

The rates by ethnicity range from 56.88%-72.10% with African Americans having the highest rate of compliance and Asians having the lowest rate. English speakers had higher rates of compliance compared with Spanish speakers and compared to those who spoke another language or the language was unknown.

Qualitative Analysis

The rate decline in 2018 led to an investigation into the rate drop. The Quality Performance Management (QPM) department reviewed pharmacy claims and hospital claims data to identify the major reasons for non-compliance. They found that for corticosteroid measure the 24% of non-compliant cases had no record of a prescriptions, while 15% of prescription were out of timeframe. For the bronchodilator measure, 15% of the member episodes have no pharmacy claims, even though the members had COPD discharges and 7% of the dispensed prescription of member episodes were not within the 30-day range. Therefore, most members did not fill or receive a prescription for medication. An additional review of the member file also showed that 17% of the non-compliant members are homeless and using either a social services address or have written 'homeless' for their address. While data loss may be happening, it seems that one of the main barrier is filling the prescription and that may be due to patients that are homeless and that may have comorbidities that make it difficult to fill those prescriptions. In addition, it may be possible that since this is a chronic illness, members may have a surplus of the medication at home and not need to fill their medication. An audit of 30 non-compliant cases found that 30% of the cases had been hospitalized or in the emergency department for reasons other than their COPD. Several patients had been in due to a mental health conditions. Based on these findings a case management program or other disease management program may needed to improve compliance among members with complex issues.

Cal MediConnect



	Pharmacotherapy Management of COPD Exacerbation Bronchodilator	Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid
2016	89.6%	63.2%
2017	82.7%	60.9%
2018	85.1%	61.2%

Quantitative Analysis

The HEDIS 2018 rate for Cal MediConnect (CMC) for Pharmacotherapy Management of COPD Exacerbation Bronchodilator was 85.1%. This was an increase of 2.4 percentage points from HEDIS 2017 rate of 82.7%, and it was not statistically significant. This measure was 3.7 percentage points above the 50th percentile. The 2018 goal of 86% was not met.

The HEDIS 2018 rate for Cal MediConnect for Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid was 61.2%. This was an increase of 0.3 percentage points from HEDIS 2017 rate of 60.9%, and it was not statistically significant. The rate did not meet 25th percentile and was 6.0 percentage below the 25th percentile. The 2018 goal of 62% was not met.

Disparity Analysis

There was not enough race/ethnicity data available to conduct an analysis.

Qualitative Analysis

Rates for CMC members improved modestly over the year prior unlike that of the Medi-Cal line of business. A review of the non-complaint cases showed that a handful of patients contributed to disproportionate share of admissions. In 2017, there were 126 members that had 188 admissions and eight patients represented 23% of the all admission. Similar to the Medi-Cal line of business, most members with COPD were concentrated in Central and South Los Angeles (RCACs 4 & 6). Homelessness was not as prevalent among this cohort (7%) but one patient with 11 admissions was homeless. The main demographic difference appears to be the rate of homelessness which may account for the overall higher rate in compliance. Similar to Medi-Cal, it is also possible that these members have medication on hand and that may be resulting in

non-compliance. The lack of social support and comorbidities among the group stress the need for a disease management program that can help individuals manage their conditions and provide them with tools and support to help manage their conditions.

LOOKING FORWARD

- A COPD management program is in development.

2019 WORK PLAN GOALS

HEDIS Measure	2019 Medi-Cal Goal	2019 Cal MediConnect Goal
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	62%	62%
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	80%	88%

C.2 BEHAVIORAL HEALTH

AUTHOR: ANDREW GUY
REVIEWER: GRACE CROFTON, MPH, MARIA CASIAS, RN, & KATRINA MILLER, MD

BACKGROUND

Treating mental health disorders is important to maintaining and improving the overall health of our members. Mental illness is common and can have a significant impact on one's overall health. About one third of adults in the United States suffer from some form of mental illness or substance abuse. The life expectancy for someone with a mental health disorder can be 25 years shorter than the normal population.[1] Mental illness can also be costly. In 2006, mental health disorders were among the top five most costly conditions in the United States.[15] Mental health also plays a role in a person's ability to maintain their physical health.[2] Providing appropriate behavioral health care can help reduce the burden of disease on a population and reduce costs.

L.A. Care aims to improve the care our members are receiving for mental health and/or substance use disorders. In 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 Options (Beacon) is the Managed Behavioral Health Organization that is responsible for administering these new benefits for members with mild to moderate mental health conditions. Medi-Cal specialty mental health services, for those members with a serious mental illness, is carved out to the Los Angeles County Department of Mental Health (DMH). Drug Medi-Cal services are also carved out to the LA County Department of Public Health/Substance Abuse Prevention and Control (DPH). As a result of this fragmentation of care, many primary care providers are often unaware their patients are receiving mental health services. In addition, primary care providers may not know how to refer for these types of services. These barriers along with the social stigma of having a mental illness means there is ample opportunity to improve care.

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

2018 WORK PLAN GOALS

HEDIS Measure	2018 Medi-Cal Goal	2018 Medi-Cal Rate	2018 Cal MediConnect Goal	2018 Cal MediConnect Rate	2018 L.A. Care Covered Goal	2018 L.A. Care Covered Rate	2018 Goal Met/ Not Met
Antidepressant Medication Management (AMM), Acute Phase	57%	64.7%	69%	65.7%	69%	60.8%	Medi-Cal: Yes CMC: No LACC: No
Antidepressant Medication Management (AMM), Continuation Phase	41%	46.1%	47%	53.9%	60%	47.7%	Medi-Cal: Yes CMC: Yes LACC: No

[15] Mental Health: Research findings. Program findings. https://www.ahrq.gov/research/findings/factsheets/mental/mentalhth/index.html last accessed 12/28/2017
2. Healthy People 2020. Mental health. https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders#5 . Last accessed on 12/28/2017

HEDIS Measure	2018 Medi-Cal Goal	2018 Medi-Cal Rate	2018 Cal MediConnect Goal	2018 Cal MediConnect Rate	2018 L.A. Care Covered Goal	2018 L.A. Care Covered Rate	2018 Goal Met/ Not Met
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	88%	85.3%	N/A	N/A	N/A	N/A	Medi-Cal: No CMC: N/A LACC: N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 7-day	34%	NR	31%	28.1%	47%	*	Medi-Cal: NR CMC: No LACC: N/A
Follow-Up After Hospitalization for Mental Illness, (FUH) 30-day	56%	NR	52%	46.9%	70%	*	Medi-Cal: NR CMC: No LACC: NA
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	39%	35.7%	N/A	N/A	36%	*	Medi-Cal: No CMC: N/A LACC: N/A
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	48%	41.9%	N/A	N/A	38%	*	Medi-Cal: No CMC: N/A LACC: N/A
Depression Screening and Follow-Up for Adolescents and Adults (DSF) - Screening	N/A	2.1%	N/A	6.8%	N/A	N/A	N/A
Depression Screening and Follow-Up for Adolescents and Adults (DSF) – Follow-up	N/A	68.0%	N/A	41.1%	N/A	N/A	N/A
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Initiation Total	36%	NB	40%	38.9%	44%	23.9%	Medi-Cal: N/A CMC: No LACC: No
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Engagement Total	8%	NB	3%	3.3%	6%	0.7%	Medi-Cal: N/A CMC: Yes LACC: No

NR: Not reported NB: Not Benefit *Denominator less than 30

MAJOR ACCOMPLISHMENTS

- The Cal MediConnect and Medi-Cal AMM rates for both Effective Acute Phase and Effective Continuation Phase treatment improved significantly over the prior year.
- The Medi-Cal AMM rates for both Effective Acute Phase and Effective Continuation Phase treatment surpassed their goals.
- The Cal MediConnect AMM rate for Effective Continuation Phase treatment surpassed its goal.
- The Cal MediConnect IET rates for both Initiation and Continuation Phase improved significantly over the prior year.

Description of measures

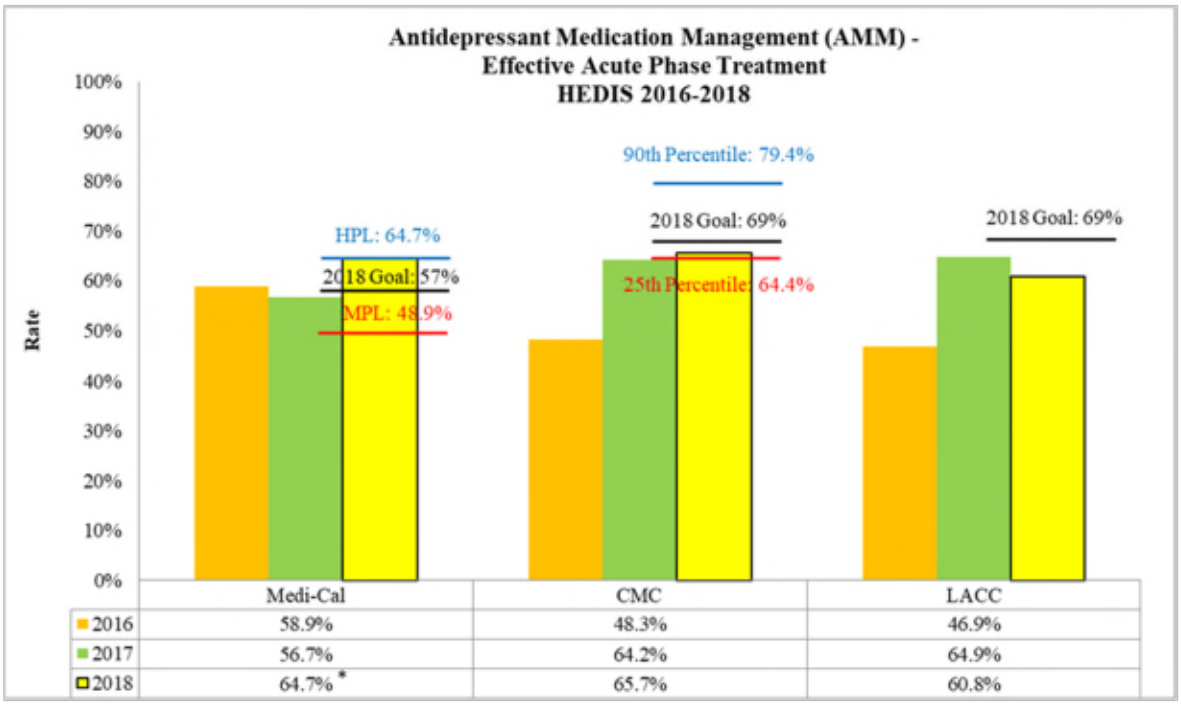
HEDIS Measure	Specific Indicator(s)	Measure Type
Antidepressant Medication Management (AMM), Acute Phase Antidepressant Medication Management (AMM), Continuation Phase	The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported: 1. Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.	Administrative
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	The percentage of members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	Administrative
Follow-Up After Hospitalization for Mental Illness, 7-day Follow-Up After Hospitalization for Mental Illness, 30-day	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported: 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge.	Administrative
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported: *1.* *Initiation Phase*. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. 2. *Continuation and Maintenance (C&M) Phase*. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	Administrative

HEDIS Measure	Specific Indicator(s)	Measure Type
Depression Screening and Follow-Up for Adolescents and Adults (DSF)	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow up care. 1. *Depression Screening*. The percentage of members who were screened for clinical depression using a standardized instrument. 2. *Follow-Up on Positive Screen*. The percentage of members who received follow-up care within 30 days of screening positive for depression.	Administrative
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET)	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following. 1. *Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization 2. *Engagement of AOD Treatment.* The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.	Administrative

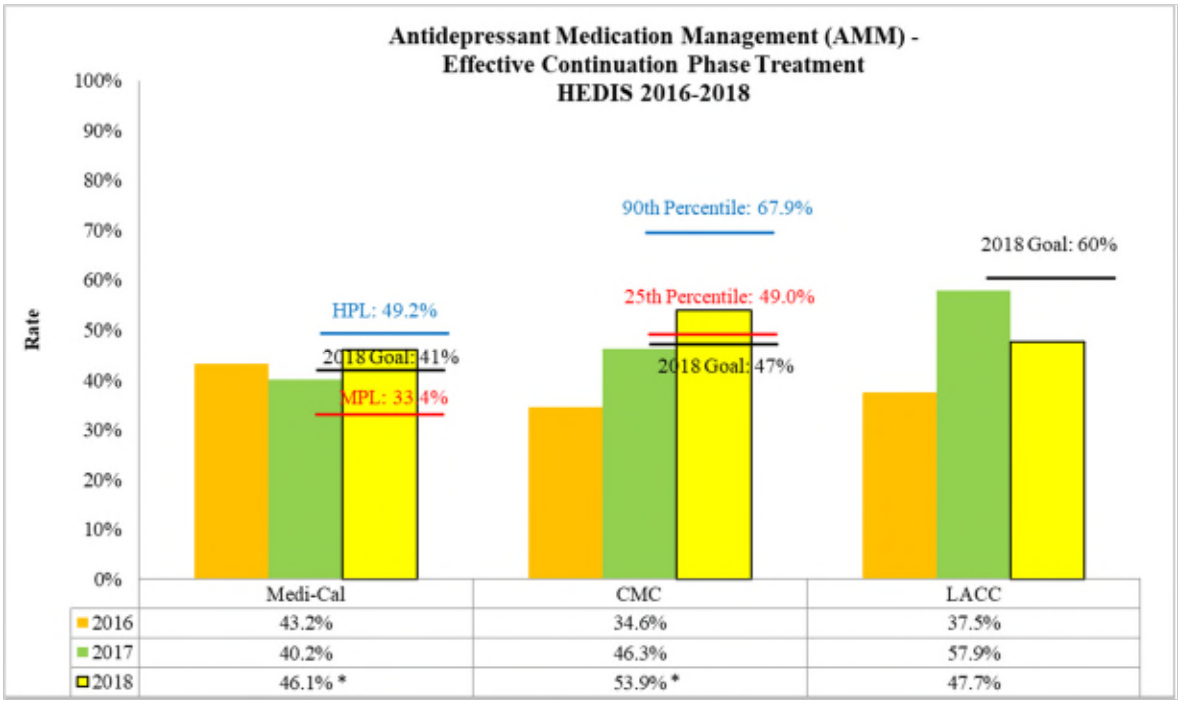
Antidepressant Medication Management (AMM)

RESULTS

The following graphs compare L.A. Care rates in 2016, 2017, and 2018 among the different product lines:



*Statistically Significant Difference



*Statistically Significant Difference

ANALYSIS

Medi-Cal

Quantitative Analysis

The rate for Effective Acute Phase was 64.7%. The eight percent rate increase was statistically significant from the prior year. The rate for the Effective Continuation Phase was 46.1% in 2018 and was 5.9 percentage points higher than the prior year. This increase was also statistically significant ($p<0.05$). The minimum performance level was met for both measures. The 2018 goals were met for both measures as well.

CMC

Quantitative Analysis

The rate for Effective Acute Phase was 65.7%. The rate increased by 1.5 percentage points, which was not found to be statistically significant from the prior year. The rate did not meet the 2018 goal, but did meet the minimum performance level. The rate for the Effective Continuation Phase was 53.9%% and was 7.6 percentage points higher than the prior year. This increase was statistically significant ($p<0.05$) and met both the goal and minimum performance level for 2018.

LACC

Quantitative Analysis

The rate for Effective Acute Phase was 60.8%. This rate was 4.1 percentage points lower than the prior year, but the decrease was not found to be statistically significant ($p<0.05$). The rate met the minimum performance level but did not meet the goal of 69%. The rate for the Effective Continuation Phase was 47.7% and was 10.2 percentage points lower than the prior year. This decrease was not statistically significant ($p<0.05$). This rate also exceeded the minimum performance level, but did not reach the goal for the year of 60%.

Disparity Analysis

Antidepressant Medication Management (AMM), Acute Phase and Continuation Phase*

Medi-Cal

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1,899	6,559	777	10,289	1,484	10,477	3,148	933
Denominator	4,112	12,090	1,286	18,010	2,718	19,152	5,818	1,318
Rate	46.2%	54.3%	60.4%	57.1%	54.6%	54.7%	54.1%	70.8%

LACC

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	5	7	4	72	60	97	37	2
Denominator	10	22	12	124	114	168	78	4
Rate	50.0%	31.8%	33.3%	58.1%	52.6%	57.7%	47.4%	50.0%

*The disparity data for the CMC line of business for this measure is unreliable. Analysis of race and ethnicity data shows African American members had the lowest

Qualitative Analysis

Both Medi-Cal rates improved significantly over the prior year. This appears to be due almost entirely to the performance of one Plan Partner, Anthem Blue Cross, which saw improvements of 47.17% and 37.99% for the Acute and Continuation phases, respectively. The Care 1st rate for the Acute phase increased by 0.63%, and the Continuation phase rate fell by 1.89%. Kaiser's rates increased by 3.38% percentage points for the Effective Acute Phase and 0.8 percentage points for the Effective Continuation Phase. Our direct line, MCLA, saw a decline of 2.58 percentage points for the Acute Phase and a 1.97 percentage point drop for the Continuation phase.

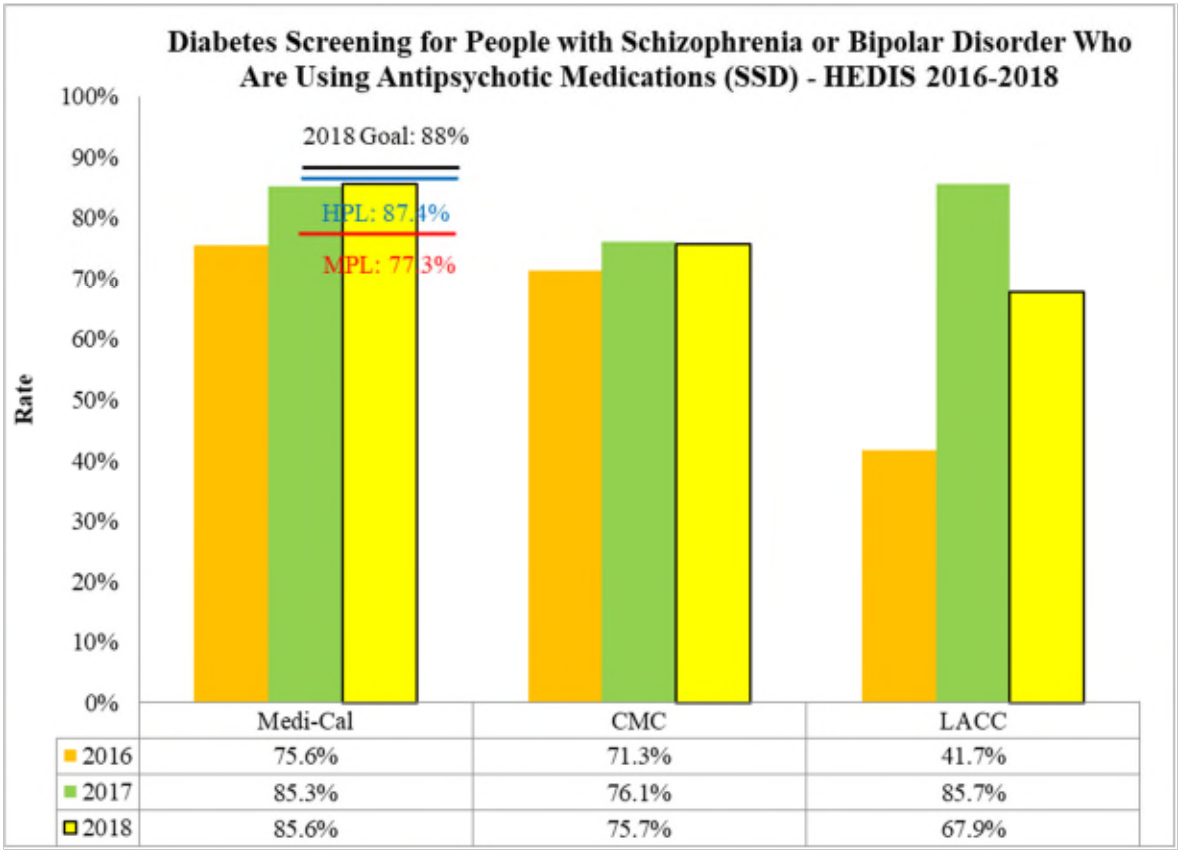
Both CMC rates showed improvement over the prior year, and the improvement for Effective Continuation Phase Treatment was statistically significant. Since the intervention for this measure was the same as MY 2016—a semi-annual letter sent to members informing them of the importance of continuing their antidepressant medications for effective treatment—it is likely that these increases are due to improvements in data capture. NDC codes for additional antidepressants were added to the HEDIS data pull, for instance, which contributed to the rate increase.

Both rates fell for LACC. An analysis by Beacon Health Options showed a trend of LACC members who received their initial prescription from a non-Beacon Health Options provider either not receiving a refill at all or refilling at an insufficient level for the measure (i.e., for coverage of less than 90 days). Members who did receive their initial prescription from a Beacon Health Options provider tended to receive refills, but not at sufficient levels. It is unclear why this trend would be significant enough to cause a year-over-year decline in rates for MY 2017 versus MY 2016, but the analysis shows that primary care physicians have the most significant volume of issues, and efforts to target this measure should focus on these providers in the future.

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

RESULTS

The following graphs compare L.A. Care rates in 2016, 2017, and 2018 for the Medi-Cal product line:



	Medi-Cal	CMC	LACC
2016	75.6%	71.3%	41.7%
2017	85.3%	76.1%	85.7%
2018	85.6%	75.7%	67.9%

ANALYSIS

Medi-Cal

Quantitative Analysis

The rate was 85.3% and decreased by 0.07 percentage points from the prior year. The rate decrease was not statistically significant ($p<0.05$). The rate did not meet the goal for the year.

Disparity Analysis

Diabetes Screening for People with Schizophrenia/Bipolar Disorder who are Using Antipsychotic Medication (SSD)

Medi-Cal

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1,623	1,905	305	3,587	1,302	5,732	514	150
Denominator	1,889	2,208	369	4,183	1,543	6,720	583	183
Rate	85.9%	86.3%	82.7%	85.8%	84.4%	85.3%	88.2%	82.0%

Analysis of race and ethnicity data shows similar rates for all members, with Asian members the lowest at 82.7% and Hispanic members the highest at 86.3%. Analysis of language data shows Spanish-speaking members have the highest rate at 88.2%, and members whose language preference is unknown have the lowest rate at 82%.

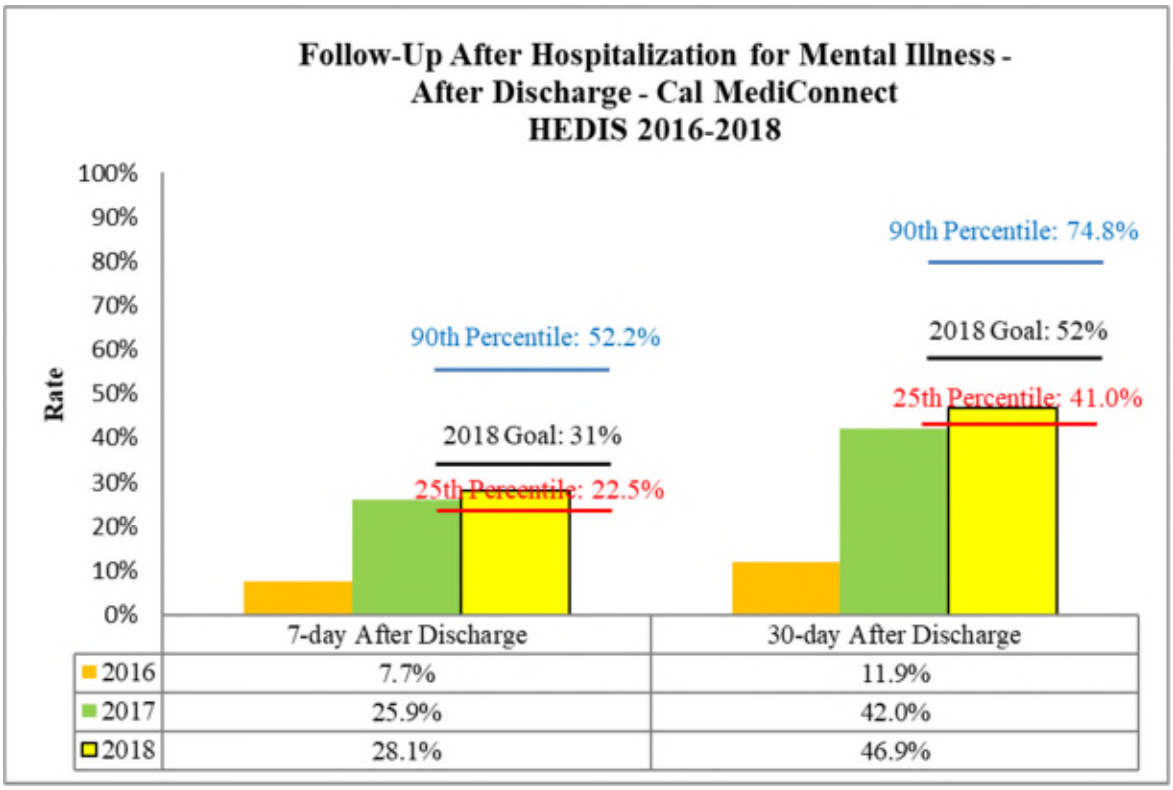
Qualitative Analysis

Medi-Cal members with serious and persistent mental illness are managed by the Department of Mental Health. For MY 2017, L.A. Care continued an intervention from the prior year where data obtained from the Department of Mental Health regarding which of our members were on antipsychotic medications was passed along to members' PCPs in a letter reminding them to screen these patients for diabetes. While this effort may have led to a nearly 10 percentage point increase in 2016, its effectiveness appears to have reached a plateau, with the rate this year remaining relatively static (a statistically insignificant decrease of 0.07%).

Follow-Up After Hospitalization for Mental Illness (FUH)

RESULTS

The following graph compares L.A. Care rates in 2016, 2017, and 2018 among the different product lines:



	7-day After Discharge	30-day After Discharge
2016	7.7%	11.9%
2017	25.9%	42.0%
2018	28.1%	46.9%

ANALYSIS

Medi-Cal

Quantitative Analysis

The FUH 7-Day and 30-day rate for Medi-Cal is not reported here since services are carved out to the Department of Mental Health.

CMC

Quantitative Analysis

The FUH 7-Day rate was 28.13% and improved by 2.2 percentage points from the prior year. This increase in the rate was not found to be statically significant ($p<0.05$). The FUH 30-Day rate also improved from the prior year, from 42% to 46.88%, though this was not found to be statistically significant either. Both of these rates met the minimum performance level, but neither met their goal for the year.

LACC

Quantitative Analysis

The denominator for LACC was below 30 and was not reported in 2018.

Disparity Analysis
The race, ethnicity, and language data for this measure were unreliable, as the majority of members were listed as "unknown".

Qualitative Analysis
The CMC FUH 7-day and 30-Day rates improved slightly over the prior year. The workgroup continued to work with Beacon Health Options to ensure the capture of data not reflected in the standard claims process, as well as a more rigorous identification and mapping of provider specialties which were likely to be missing in claims and encounters. Both of of these efforts likely played a contributing role in these rates' improvement. While the member incentive program launched in October 2017 was probably not in the field long enough to have made a significant impact on HEDIS 2018 rates, it is possible that it contributed to the increase in measure rates as well.

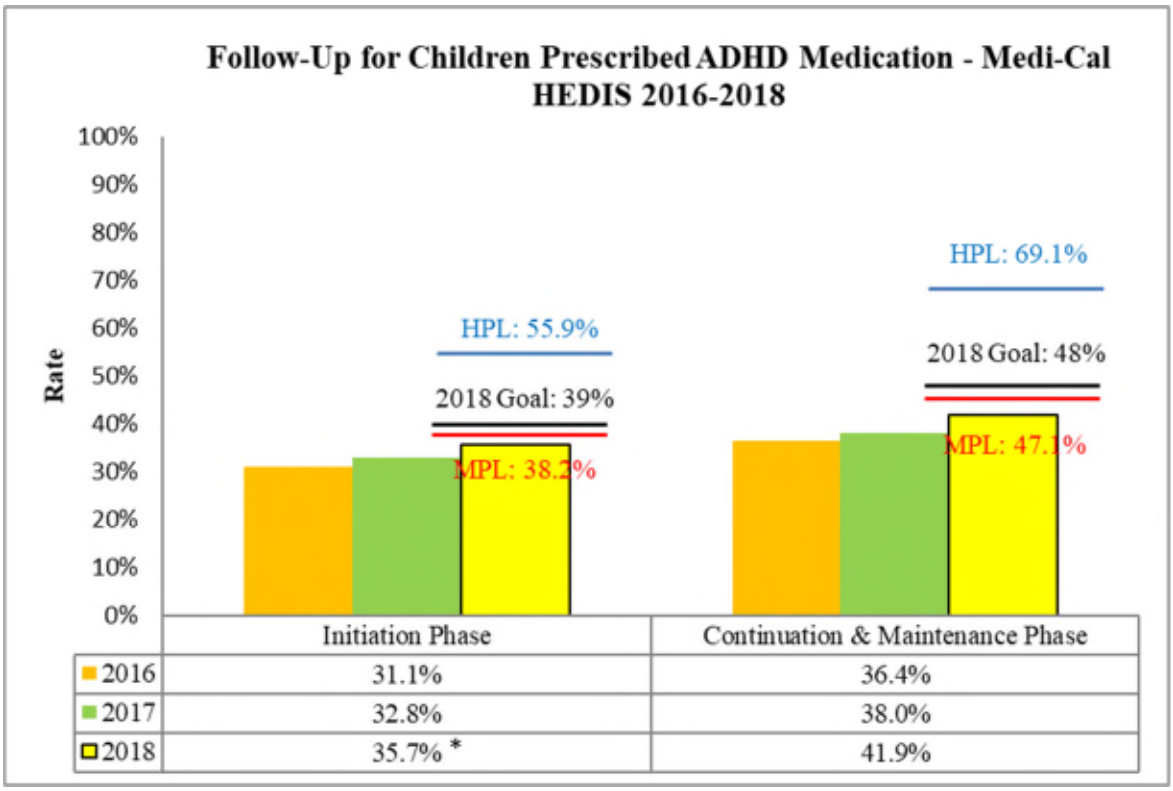
The Behavioral Health workgroup is planning two initiatives to help continue the improvement in the rates for this measure. The first is a pilot program where the emergency preparedness kits from the incentive launched in October 2017 will be made available to qualifying members at select clinics on the same day that they complete their follow-up visits, eliminating the waiting period for kits to be mailed and possibly increasing member participation as a result. Compliance issues surrounding the member incentive have delayed the start of this pilot, but work will begin on coordinating with participating clinics in 2019.

The second initiative is a home-based therapy program developed by Beacon Health. Called the Recovery, Education, and Access to Community Health (REACH) program, the initiative is a field-based treatment approach meant to increase 7-day and 30-day FUH rates, reduce readmissions, connect members with a behavioral health provider, ensure quick and successful transition back into the community after a hospitalization, and increase tenure in the community with sustained aftercare treatment. This program requires an adjustment in rates for the services provided in follow-up visits in order to incentivize providers to participate in home visits, and as a result it is not expected to launch until 2019.

Follow-Up for Children Prescribed ADHD Medication (ADD)

RESULTS

The following graphs compare L.A. Care rates in 2016, 2017, and 2018 among the different product lines:



	Initiation Phase	Continuation & Maintenance Phase
2016	31.1%	36.4%
2017	32.8%	38.0%
2018	35.7% *	41.9%

*Statistically Significant Difference

ANALYSIS

Medi-Cal

Quantitative Analysis

The ADD Initiation Phase rate was 35.7% and increased about 3 percentage points over the prior year. This increase was statistically significant but did not meet the goal or the minimum performance level. The Continuation phase was 41.9%, an increase of 3.9% from the prior year, which was not statistically significant and did not meet the minimum performance level or the goal.

CMC

Quantitative Analysis

The ADD measure is not reported here since it does not apply to this product line.

LACC

Quantitative Analysis

The denominator for LACC was below 30 and was not reported in 2018.

Disparity Analysis

Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation and Maintenance Phases Medi-Cal:

Initiation Phase

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	144	510	15	619	127	664	248	9
Denominator	385	1,467	58	1,751	343	1,775	768	31
Rate	37.4%	34.8%	25.9%	35.4%	37.0%	37.4%	32.3%	29.0%

Continuation & Maintenance

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	34	118	4	160	22	171	51	4
Denominator	77	283	12	378	60	396	135	10
Rate	44.5%	41.7%	33.3%	42.3%	36.7%	43.9%	37.8%	40.0%

An analysis of race and ethnicity data for the measures shows that Asian members had the lowest rate of follow-up during both phases. For the Initiation phase, African American members had the highest rate of follow up at 37.4%, with members whose race or ethnicity is not known at 37%. In the Continuation phase, African American members had the highest follow-up as well, at 44.5%, while the rate for members whose race or ethnicity is not known falling to the second-lowest, at 36.7%.

Language data shows that English-speaking members had the highest rates of follow up in both phases. In the initiation phase, members whose language preferences are unknown had the lowest rate of follow up at 29%, but the small number of members in this category makes the rate highly variable. The rate for Spanish speakers was 32.3%. In the continuation phase, members who spoke Spanish had the lowest rate at 37.8%.

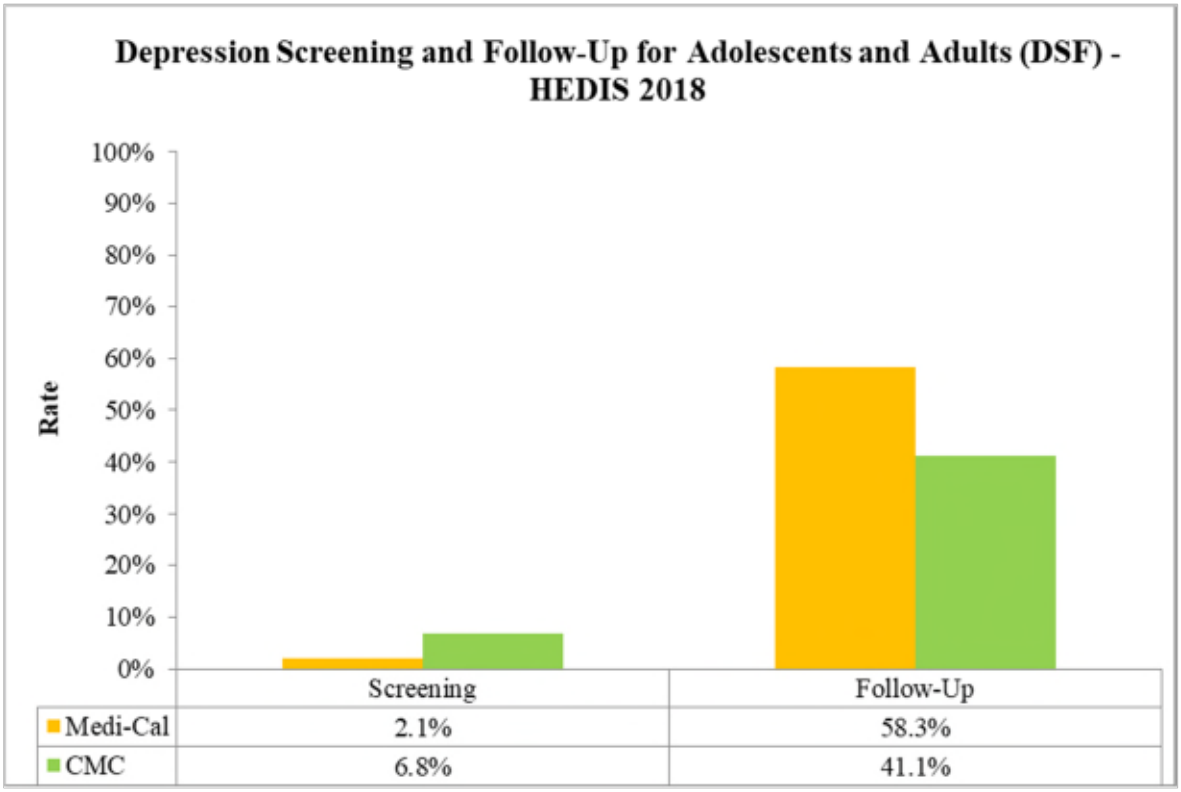
Qualitative Analysis

The three-year trend for the Medi-Cal rate has shown a slight increase each year for both the Initiation and Continuation phase rates. The monthly letter to providers whose patients have recently been prescribed an ADHD medication continues to go out, which is likely partially responsible for the measure's improvement. A revision was made to the letter in 2018 that adopts a more collaborative tone and reminds physicians that one of the two follow-up visits required by the measure may be conducted via telehealth. L.A. Care is also working with Beacon Health Options to make calls to the parents of members who have recently been prescribed ADHD medications to educate them on the importance of timely follow-up appointments to ensure the medication is effective. These calls are due to start at the end of 2018 and are thus not reflected in the HEDIS 2018 rates.

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

RESULTS

The following graph shows the 2018 rates for DSF for Medi-Cal and Cal MediConnect.



ANALYSIS

MEDI-CAL

Quantitative Analysis

The HEDIS 2018 rate for Medi-Cal for DSF was 2.1%. This is the first year we have started to monitor this measure and as a result there are no benchmarks or goals. The Follow up on Positive Screening rate is 68.0%.

Disparity Analysis

Depression Screening Rates by Race/Ethnicity and Language (Medi-Cal)

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1,004	14,917	1,326	16,252	1,521	10,162	9,038	392
Denominator	104,243	495,360	93,479	639,954	66,654	563,830	277,639	52,961
Rate	1.0%	3.0%	1.4%	2.5%	2.3%	1.8%	3.3%	0.7%

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures. African American members were the lowest performing group. Hispanic members were the highest performing group. While Asians fell in between both groups.

Spanish speakers were almost twice as likely to be screened for depression at 3.3% than English speakers which is consistent with the finding for ethnicity. Those who spoke something other than those two languages or if the language was unknown had the lowest rates (0.7%). Rates by Ethnicity for the Follow up rate were not calculated due to a small sample size.

Qualitative Analysis

The 2018 HEDIS rates for DSF are baseline rates since this is the first year for the measure. Rates for depression screen are low for Medi-Cal. The subject matter experts from the Behavioral Health work group, have stated that depression screening has become more common over the years but this information is infrequently coded. Depression screening information is often recorded in survey such as the PHQ-9 in the medical record including electronic health records (EHRs). This HEDIS measures relies on electronic data and rates appear very low. L.A. Care only receives data from a few EHRs and this is likely the main reason rates appear low. The disparity analysis shows that Medi-Cal members results are also consistent with literature on depression screening with African Americans having low screening rates and low use of mental health services. Future interventions, should focus on data capture and in targeting African Americans to help reduce health disparities.

CMC

Quantitative Analysis

The HEDIS 2018 rate for Depression Screening was 6.8%. The Follow up for Positive Screening was 41.07%.

Disparity Analysis

Disparity analysis was not performed for the CMC line of business, as the race, ethnicity and language data was not reliable.

Quantitative Analysis

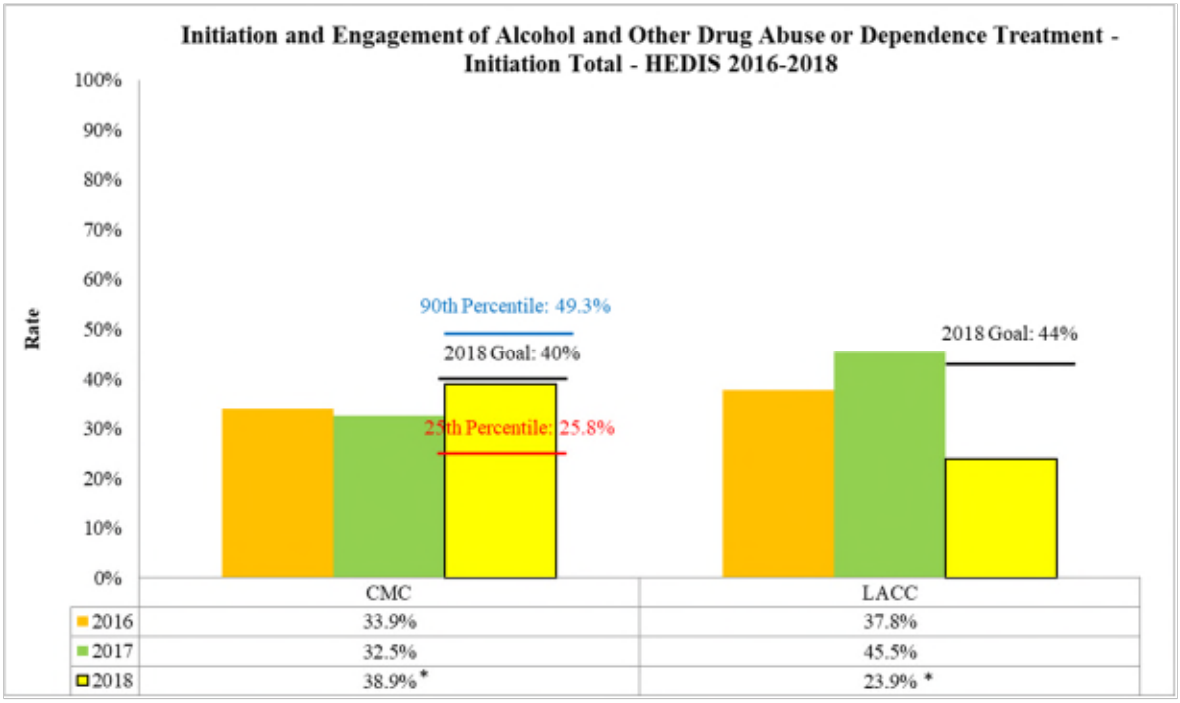
Depression Screening rates are higher among CMC members than Medi-Cal members (6.90% vs 2.11%). This may be due to several factors unique to Medicare. CMS has been incentivizing a similar measure in the past and there may be more knowledge among providers about screening members. Secondly, there are several opportunities for providers to document this information such as their Annual Wellness Exam and the Health Risk Assessment (HRA) that must be conducted on all members may have an effect on Screening. Interestingly, the rate for follow-up after a positive screen is lower among CMC members than Medi-Cal members. This may be due to fewer members initiating medication use or due to data loss. Loss

may be high among CMC member data since their care may be happening through our MBHO. Further investigation is needed to determine what may be causing the ethnic disparity and low follow up rates. Educating providers to code screenings and/or capture that information in electronic health records is key to increasing rates.

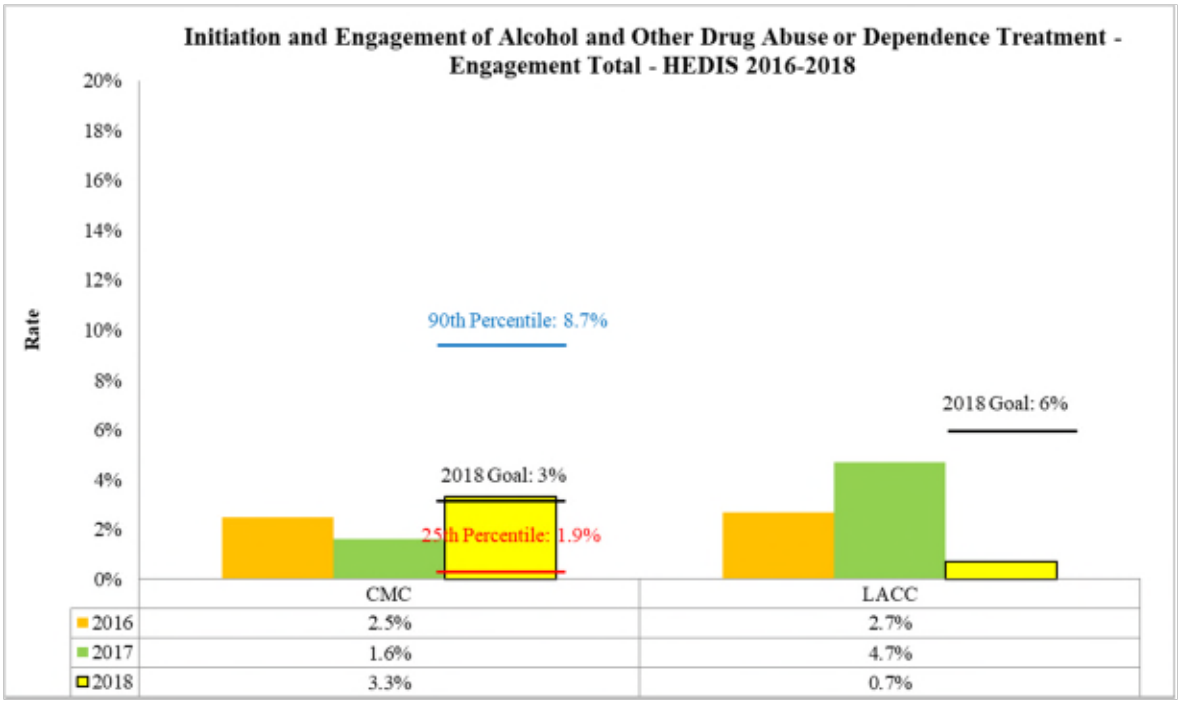
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET)

RESULTS

The following graphs compare L.A. Care rates in 2016, 2017, and 2018 for CMC and LACC:



*Statistically Significant Difference



ANALYSIS

Medi-Cal

Quantitative Analysis

Medi-Cal data is carved out to the state for this measure. No rate is available for Medi-Cal as of this update.

CMC

Quantitative Analysis

The Initiation rate for CMC was 38.9%. This is an improvement of 6.4% over 2017 and was determined to be a statistically significant increase. The Engagement rate was 3.3%, an increase of 1.7% over 2017 which was not found to be statistically significant. There was no goal set for the Initiation rate for this measure. The Engagement rate for 2018 exceeded the goal of 2%.

LACC

Quantitative Analysis

The Initiation rate for LACC was 23.9%, a decline of 19.6% from the 2017 rate that was found to be statistically significant. The Engagement rate was 0.7%, a decline of 4% from 2017 that was not found to be statistically significant. There was no goal set for the Initiation rate, and the goal for the 2018 Engagement rate was not met.

Qualitative Analysis

Treatment for substance abuse disorder is carved out to the state for Medi-Cal and Cal MediConnect lines of business, making interventions for this measure difficult. For the LACC line of business, an analysis by Beacon Health showed that screening for substance abuse disorder is not being done by most primary care physicians, and IET data is only received when members go to the hospital, complicating L.A. Care's ability to stage a timely intervention. These issues may be mitigated with the implementation of electronic data

capture streams, such as the Los Angeles Network for Enhanced Services, which will allow for more timely and complete exchanges of data. It might also be worthwhile to consider ensuring the effective capture of those screenings that are being performed by distributing tip sheets with appropriate CPT codes for the measure to PCP offices.

SUMMARY OF INTERVENTIONS FOR MY 2017

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Antidepressant Medication Management (AMM), Acute Phase & Continuation Phase	• Members may not want to take medication due to the perceived social stigma of having depression • Members may stop taking medication if they experience any negative side effect • Members may discontinue medication if they are feeling better and feel they do not need medication • PCPs do not encourage members to stay on medication for the appropriate length of time • PCPs prescribe for 30 days	• Annual provider letter with a brochure that could be distributed to patients regarding depression sent out in March. • In March and September of 2017 a member letter that encourages appropriate medication management was sent to members on antidepressants.	• The rate increased for MCLA and CMC but declined for LACC. Impact of the letter is unclear, and the workgroup may want to consider whether to continue.
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	• Providers may be unaware patient is on medication • Specialty mental health providers may not report diabetes screening. • Point of care testing may not be documented or coded correctly	• In November, providers were mailed letters with a list of patient who are on antipsychotics. Letter includes members on antiglycemics as well. • Data from the State on Antipsychotic drugs was included in HEDIS data collection process	• To be determined once HEDIS 2019 data is available.
Follow-Up After Hospitalization for Mental Illness, 7-day & 30-day	• Members refuse to attend after care appointments due to stigma or their mental illness or substance use • Members may be experiencing homelessness and are	• Supplemental data collected from Beacon Emergency preparedness kit incentive program implemented in October for members who complete follow-up visit within 30 days of discharge.	• Supplemental data collection once again appears to be effective. Impact of incentive program unclear, with statistically insignificant

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
	difficult to contact for follow up	• Improved identification of provider specialty	improvement over HEDIS 2017.
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	• Member care occurs outside of the primary care setting and not reported to the health plan • Many providers are unaware that children may be receiving care through schools or specialty mental health providers. • Parents may not seek care for their children due to social stigma	• Mailer sent to providers in May, and then monthly beginning in December, informing them that member has been prescribed ADHD medication and advising follow up.	• This intervention was not in the field long enough to analyze its impact for HEDIS 2018.

LOOKING FORWARD

- L.A. Care and Beacon Health will implement a targeted home-based therapy program with the goal of improving the Follow-Up After Hospitalization for Mental Illness (FUH) measure. L.A. Care will also work to provide the incentive for this measure directly to qualifying members at pilot sites.
- L.A. Care and Beacon Health will partner in an intervention to call the parents of members prescribed ADHD medications to advise them on the importance of timely follow up, with the goal of improving the Follow-Up for Children Prescribed ADHD Medication (ADD) measure

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 Cal MediConnect Goal	2019 L.A. Care Covered Goal
Antidepressant Medication Management (AMM), Acute Phase	N/A	N/A	65%
Antidepressant Medication Management (AMM), Continuation Phase	50%	56%	53%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	88%	N/A	N/A
Follow-Up After Hospitalization for Mental Illness, 30-day	N/A	56%	N/A
Follow-Up After Hospitalization for Mental Illness, 7-day	NB	30%	30%

HEDIS Measure	2019 Medi-Cal Goal	2019 Cal MediConnect Goal	2019 L.A. Care Covered Goal
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	N/A	N/A	N/A (Prior year rate <30)
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	N/A	N/A	N/A (Prior year rate <30)

NB: Not a benefit N/A: Not applicable

C.3 CLINICAL PRACTICE GUIDELINES

AUTHOR: BETTSY SANTANA, MPH
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA MILLER, MD

2018 WORK PLAN GOAL:
100% review and approval at least every 2 years/updates as required.

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 collated 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 Center for Disease Control and Prevention, the U.S. Preventive Services Task Force and the California Department of Health Care Services. 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 three 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.

In October of 2018, L.A. Care reviewed and approved the guidelines listed in this report. In addition, two HEDIS rates are reviewed below to assess compliance with the clinical practice guidelines. Several other performance measures are reported throughout the annual evaluation that measure the performance of the clinical and preventive guidelines.

CLINICAL PRACTICE AND PREVENTATIVE HEALTH GUIDELINES
L.A. Care takes seriously its responsibility to adopt and disseminate clinical practice guidelines relevant to its members for the provision of preventive, acute, and chronic medical services and behavioral healthcare services. The following guidelines are a select set that are monitored against performance data throughout the annual evaluation. The list of clinical guidelines is available on lacare.org. In addition to the following: On October 24, 2018, all the guidelines listed below were taken to PICC/PQC for review and approval. 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 preventive health guidelines adopted

by L.A. Care; these guidelines include those listed below and are disseminated via L.A. Care's website http://www.lacare.org/providers/provider-resources/clinical-practice-guidelines.

Clinical Practice Guidelines

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Behavioral Health	American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, 3rd Edition (2015). https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890426760.pe02	10/24/18
	Attention Deficit Hyperactivity Disorder (ADHD): Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents. American Academy of Pediatrics (2011). http://pediatrics.aappublications.org/content/pediatrics/early/2011/10/14/peds.2011-2654.full.pdf	10/24/18
	Current pharmacologic treatment of Dementia: A Clinical Practice Guidelines from the American College of Physicians and the American Academy of Family Physicians (2008). https://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/Dementia-Clinical-Practice-Guideline.pdf	10/24/18
	Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. American Academy of Pediatrics (2006). http://pediatrics.aappublications.org/content/pediatrics/118/1/405.full.pdf	10/24/18
	Practice Guideline for the Treatment of Patients with Major Depressive Disorder. Third Edition. American Psychiatric Association (2010). https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf	10/24/18
	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse. U.S. Preventive Services Task Force (2013). https://www.integration.samhsa.gov/sbirt/USPSTF_Screening_forAlcohol_5_13_13_0000605-201308060-00652.pdf	10/24/18
	Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, V7World Professional Association for Transgender Health. (2012). https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf	10/24/18
	The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. American Society of Addiction Medicine (2015). https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf	10/24/18
Cardiovascular Risk	2013 American College of Cardiology/American Heart Association (ACC/AHA) Guideline on the Assessment of Cardiovascular Risk: A Report of the ACC/AHA Task Force on Practice Guidelines. http://www.onlinejacc.org/content/63/25_Part_B/2935	10/24/18
	2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. http://www.onlinejacc.org/content/63/25_Part_B/2889	10/24/18

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Cardiovascular Risk	2013 ACCF/AHA Guideline for the Management of Heart Failure. https://www.ahajournals.org/doi/abs/10.1161/cir.0b013e31829e8776	10/24/18
	2017 ACC/AHA/HFSA Focused Update Guideline for the Management of Heart Failure. https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000000509	10/24/18
	2017 ACC/AHA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. http://www.onlinejacc.org/content/accj/early/2017/11/04/j.jacc.2017.11.006.full.pdf	10/24/18
	2018 ACC/AHA/ESC Guidelines for the Management of Patients with Atrial Fibrillation. https://www.ahajournals.org/doi/abs/10.1161/circ.104.17.2118	10/24/18
	American College of Cardiology. Acute Management of Pulmonary Embolism (2017). https://www.acc.org/latest-in-cardiology/articles/2017/10/23/12/12/acute-management-of-pulmonary-embolism	10/24/18
	Antithrombotic Therapy for VTE Diseases: CHEST Guideline and Expert Panel Report (2016). https://www.ncbi.nlm.nih.gov/pubmed/26867832	10/24/18
Endocrine	American Diabetes Association (ADA) Standards of Medical Care in Diabetes (2018). http://care.diabetesjournals.org/content/41/Supplement_1	10/24/18
Infectious Diseases	Adult and Pediatric Acute Infection Guideline Summary. Physicians for a Healthy California (2018). https://static1.squarespace.com/static/5ab40229e7494085eaf4d786/t/5b21c29d758d469f8d73432d/1528939177944/AWARE+Toolkit_English.pdf	10/24/18
	California Department of Public Health. General STD Clinical Guidelines. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Syphilis-ClinicalGuidelines.aspx#	10/24/18
	CA Tuberculosis Risk Assessment & Fact Sheet/User Guide for L.A. County (2017). https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf	10/24/18
	Infectious Disease Society of America (IDSA) Practice Guidelines for Common Conditions Impacting Primary Care Practice (2018). https://www.idsociety.org/practice-guidelines/#/score/DESC/1/+/	10/24/18
	Infectious Disease Society of America (IDSA) Updates Guideline for Managing Group A Streptococcal Pharyngitis (2012). https://academic.oup.com/cid/article/55/10/e86/321183#recommendations	10/24/18

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Infectious Diseases	Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults (2007). http://www.thoracic.org/statements/resources/mtpi/idsaats-cap.pdf	10/24/18
	International Guidelines for Management of Severe Sepsis and Septic Shock. Society of Critical Care Medicine (2016). https://journals.lww.com/ccmjournal/fulltext/2017/03000/Surviving_Sepsis_Campaign___International.15.aspx	10/24/18
	Sexually Transmitted Diseases (STD) Treatment Guidelines. Centers for Disease Control and Prevention (2015). https://www.cdc.gov/std/tg2015/tg-2015-print.pdf	10/24/18
Musculoskeletal	American College of Occupational and Environmental Medicine. Cervical and Thoracic Spine Disorders (2016). https://www.dir.ca.gov/dwc/MTUS/ACOEM_Guidelines/Cervical-and-Thoracic-Spine-Disorders-Guideline.pdf	10/24/18
	American College of Rheumatology. Recommendations for the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip and Knee (2012). https://www.rheumatology.org/Portals/0/Files/ACR%20Recommendations%20for%20the%20Use%20of%20Nonpharmacologic%20and%20Pharmacologic%20Therapies%20in%20OA%20of%20the%20Hand,%20Hip%20and%20Knee.pdf	10/24/18
	American College of Rheumatology. Guideline for the Treatment of Rheumatoid Arthritis (2015). https://www.rheumatology.org/Portals/0/Files/ACR%202015%20RA%20Guideline.pdf	10/24/18
	Diagnostic Imaging for Low Back Pain: Advice for High-value Health Care from the American College of Physicians - Annuals of Internal Medicine (2011). http://annals.org/aim/fullarticle/746774/diagnostic-imaging-low-back-pain-advice-high-value-health-care	10/24/18
	Noninvasive Treatment for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians- Annuals of Internal Medicine (2017). http://annals.org/aim/fullarticle/2603228/noninvasive-treatments-acute-subacute-chronic-low-back-pain-clinical-practice	10/24/18
	Treatment of Low Bone Density or Osteoporosis to Prevent Fractures in Men and Women: A Clinical Practice Guideline Update from the American College of Physicians (2017). http://annals.org/aim/fullarticle/2625385/treatment-low-bone-density-osteoporosis-prevent-fractures-men-women-clinical	10/24/18
Obesity	American Academy of Pediatrics. The Role of the Pediatrician in Primary Prevention of Obesity (2015). http://pediatrics.aappublications.org/content/pediatrics/136/1/e275.full.pdf	10/24/18

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Obesity	National Heart, Lung, and Blood Institute. Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel (2013). https://www.nhlbi.nih.gov/health-topics/managing-overweight-obesity-in-adults	10/24/18
	Physicians for a Health California/ CMA Foundation Child & Adolescent Obesity Provider Toolkit (2011-2012). https://static1.squarespace.com/static/5ab40229e7494085eaf4d786/t/5b183f0a575d1f8ce5ab8d3e/1528315685369/Child_and_Adolescent_Obesity_Provider_Toolkit.pdf	10/24/18
	Physicians for a Healthy California/CMA Foundation Pre/Post Bariatric Surgery Provider Toolkit (2013). https://static1.squarespace.com/static/5ab40229e7494085eaf4d786/t/5b183fef1ae6cf221a85f349/1528315929641/Pre-Post-Bariatric-Surgery-Provider-Toolkit.pdf	10/24/18
	Physicians for a Healthy California/CMA Foundation Adult Obesity Provider Toolkit (2013). https://static1.squarespace.com/static/5ab40229e7494085eaf4d786/t/5b183ed070a6ada0e514b792/1528315619572/Adult-Obesity-Provider-Toolkit.pdf	10/24/18
Obstetrics and Perinatal Care	Guidelines for Perinatal Care, 7th Edition. American Academy of Pediatrics Committee on Fetus and Newborn and American College of Obstetricians and Gynecologists (2012). http://reader.aappublications.org/guidelines-for-perinatal-care-7th-edition/1	10/24/18
	Procedures to Prevent Perinatal Hepatitis B Virus Transmission. Centers for Disease Control And Prevention (2016). ▪ Hepatitis B status **not available** at delivery: https://www.cdc.gov/hepatitis/hbv/pdfs/perinatalalgorithm-unavailable.pdf Hepatitis B status **known** at delivery: https://www.cdc.gov/hepatitis/hbv/pdfs/perinatalalgorithm-avaliable.pdf	10/24/18
	Safe Prevention of the Primary Cesarean Delivery. American College of Obstetricians and Gynecologists (2016). https://www.acog.org/-/media/Obstetric-Care-Consensus-Series/oc001.pdf?dmc=1&ts=20160630T1127072526	10/24/18
	Smoking Cessation during Pregnancy. The American Congress of Obstetricians and Gynecologists (2017). https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Smoking-Cessation-During-Pregnancy	10/24/18
Pain Management	CDC Guideline for Prescribing Opioids for Chronic Pain - United States (2016). https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf	10/24/18
Respiratory	Global Initiative for Chronic Obstructive Lung disease (GOLD). Global Strategy for the diagnosis, management, and prevention of chronic obstructive Pulmonary Disease Report (2018). https://goldcopd.org/wp-content/uploads/2017/11/GOLD-2018-v6.0-FINAL-revised-20-Nov_WMS.pdf	10/24/18

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Respiratory	Guidelines for the Diagnosis and Management of Asthma (EPR-3). National Heart, Lung and Blood Institute, and National Institutes of Health (2007). https://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf	10/24/18
	Treating Tobacco Use and Dependence: 2008 Update. U. S. Department of Health and Human Service (2008). https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html	10/24/18
	Centers for Disease Control and Prevention. Smoking & Tobacco Use (2018). https://www.cdc.gov/tobacco	10/24/18
	Community-Acquired Pneumonia Clinical Decision Support Implementation Toolkit (2018). https://www.ahrq.gov/professionals/quality-patient-safety/hais/tools/ambulatory-care/cap-toolkit.html	10/24/18
	GOLD Pocket Guide that professionals can use for easy reference in the office: https://goldcopd.org/gold-reports/	10/24/18
	National Institutes of Health. Asthma Care Quick Reference. Diagnosing and Managing Asthma (2012). https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf	10/24/18

Preventative Health Guidelines

Preventive Screenings	Guidelines	PICC/PQC Review Date
Ages 0-18 Years	American Academy of Pediatric Dentistry. Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling and Oral Treatment of Infants, Children, and Adolescents (2013). http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf	10/24/18
	Recommended Immunization Schedule for Persons Aged 0 Through 18 years. United States – 2018. CDC (2018). https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf	10/24/18
	Recommendations for Preventive Pediatric Health Care. Bright Futures/American Academy of Pediatrics (AAP) (2017). https://www.aap.org/enus/Documents/periodicity_schedule.pdf	10/24/18
	L.A. Care Health Plan. Health Education Tools. Fluoride Varnish Application Video. http://www.lacare.org/providers/provider-resources/tools-toolkits/health-education-tools	10/24/18

Preventive Screenings	Guidelines	PICC/PQC Review Date
Ages 19 And Older	Recommended Adult Immunization Schedule. United States – CDC (2018). https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf	10/24/18
	U.S. Preventive Services Task Force (USPSTF) Grade A and B Recommendations. https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/	10/24/18
	National Cancer Institute. Breast Cancer Risk Assessment Tool. https://bcrisktool.cancer.gov/calculator.html	10/24/18

C.3.a USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

2018 WORK PLAN GOALS:

HEDIS Measure	2018 Medi-Cal Goal	2018 Medi-Cal Rate	2018 LACC Goal	2018 LACC Rate	2018 Goal Met
Use of Imaging Studies for Low Back Pain	78%	72.4%	75%	76.3%	Medi-Cal: No LACC: No

MAJOR ACCOMPLISHMENTS

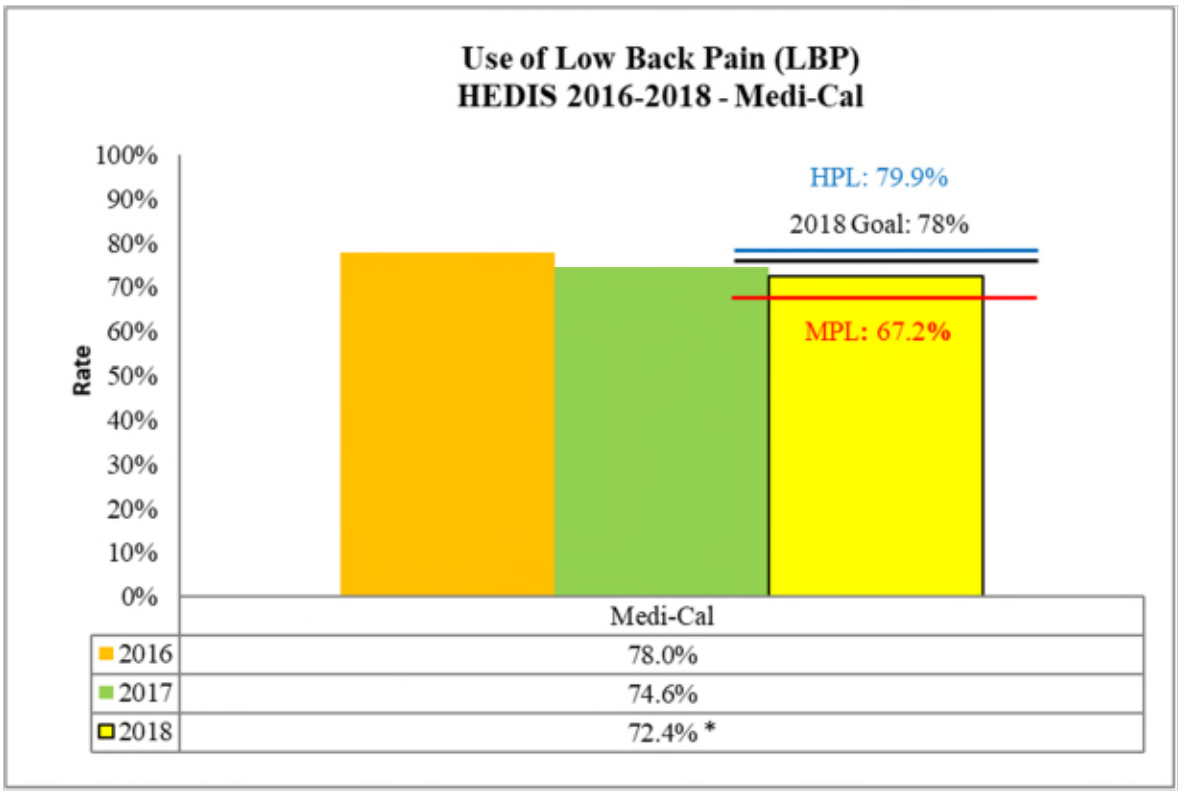
On July 24, 2018, providers received a letter explaining the need for appropriate treatment, a flyer that is an at-a-glance diagnosis and treatment algorithm adapted from evidenced based guidelines, and a pocket card that includes a short patient questionnaire and a scoring tool.

Description of measure:

HEDIS Measure	Specific Indicator(s)	Measure Type
Use of Imaging Studies for Low Back Pain	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Admin

RESULTS

The following graph compares L.A. Care in 2016, 2017, and 2018:



*Statistically Significant Difference

MEDI-CAL

Quantitative Analysis

The HEDIS 2018 rate for Medi-Cal for LBP was 72.4%. This was a decrease of 2.2 percentage points from HEDIS 2017 rate of 74.6%, a statistically significant decline. The 25th percentile of 67.2% was met, while the 90th percentile benchmark of 79.9% was not met. This measure was 0.7 percentage points above the 50th percentile. The 2018 goal of 78% was not met.

Disparity Analysis

Rates by Race/Ethnicity and Language (Medi-Cal)

Admin	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	587	2,197	219	2.892	230	3,040	723	200
Denominator	2,362	7,733	751	10,224	889	11,173	2,579	663
Rate	75.2%	71.6%	70.8%	71.7%	74.1%	72.8%	72.0%	69.8%

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures. Differences in rates between race/ethnic group and language spoken are within a five percentage point range. African American members were the highest performing group, a trend also observed in HEDIS 2017. White members were the lowest performing group, meaning they have the highest level of imaging. This is not surprising as research has suggested that pain is under-treated by physicians in patients of color.

The variation in rates across languages spoken was also small, within three percentage points. However, English speakers were more likely to avoid unnecessary imaging for low back pain, compared to members who speak other languages. This is consistent with results seen in HEDIS 2016.

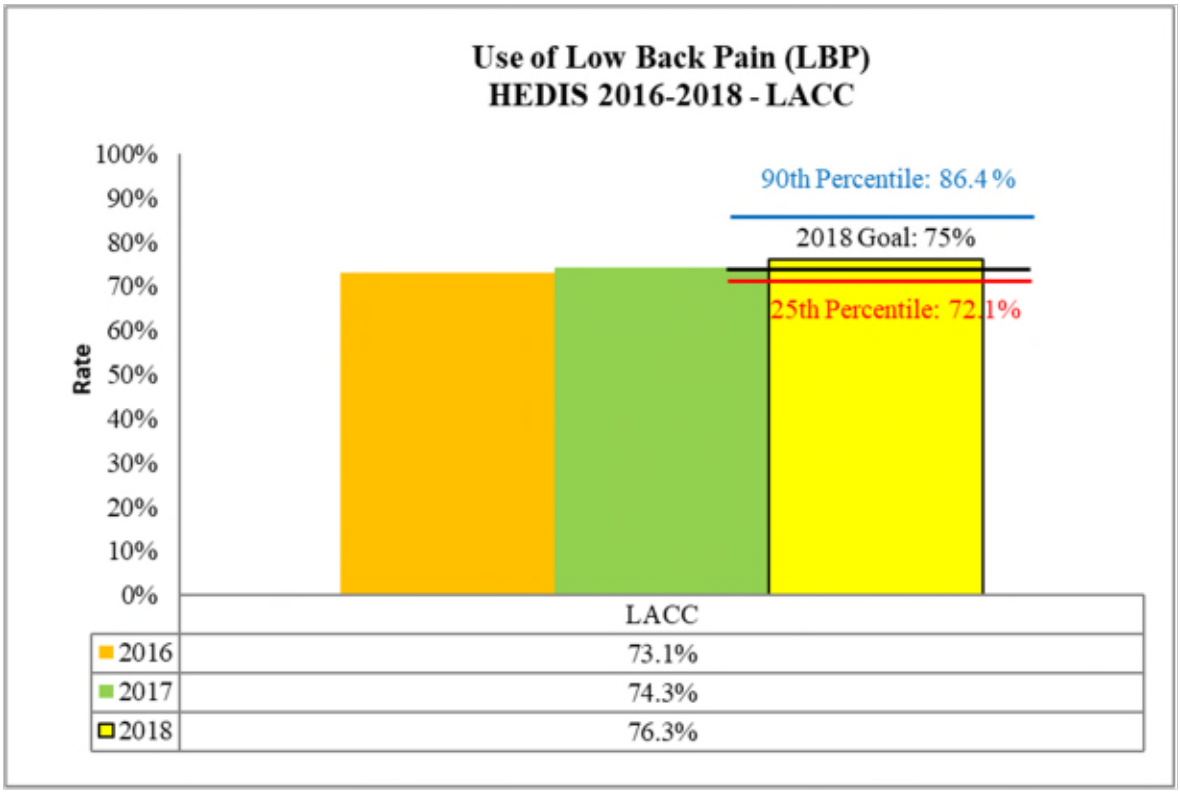
Qualitative Analysis

In 2017 there were no interventions for LBP. However, given that the Medi-Cal rate declined nearly six percentage points from HEDIS 2015 to HEDIS 2018, L.A. Care developed materials to distribute to providers in 2018. The Quality Improvement Initiatives department distributed a low back pain screening tool for providers, as well as a member educational material that providers can utilize in conversations with patients about why imaging may not be appropriate. The mailer was targeted to providers with low LBP scores and 30 or more members. Materials have also been made available at conferences and providers can also have them delivered to their office at no cost. This measure is challenging to address because very few providers have large volume of patients that meet the criteria making it difficult to target providers efficiently. Furthermore, patient demand for imaging and the need for visual evidence continue to be a barrier in improving rates[16]. L.A. Care will continue to promote and make available the clinical practice guidelines along with the screening tool to help steer members and providers away from unnecessary imaging.

[16] Chou R, Qaseem A, Owens DK, Shekelle P, for the Clinical Guidelines Committee of the American College of Physicians. Diagnostic Imaging for Low Back Pain: Advice for High-Value Health Care from the American College of Physicians. Ann Intern Med;154:181–189.

RESULTS

The following graph compares L.A. Care in 2016, 2017, and 2018:



Covered California Quality Rating System 25th and 90th percentiles

LACC

Quantitative Analysis

The LACC HEDIS 2018 rate for LBP was 76.3%. This was an increase of 2.0 percentage points from HEDIS 2017's rate of 74.3%, although the increase was not statistically significant. The 25th percentile of 72.1% was met, while the 90th percentile benchmark of 86.4% was not met. This measure was 0.2 percentage points below the 50th percentile. The 2018 goal of 75% was met.

The denominator for this measure is small at 118 members and there were too few members to conduct a true disparity analysis for this line of business. We will continue to monitor rates going forward; we expect the denominator to increase as enrollment increases.

Qualitative Analysis

There were no interventions for 2017 for the LBP measure. However, in 2018 L.A. Care adopted the Clinical Practice Guidelines, from the American College of Physicians and developed provider materials to improve LBP rates. The materials, as noted earlier, were sent to low performing physicians with 30 or more members in the LACC network to encouraging imaging only when necessary.

The rates for this product line are slightly higher than the Medi-Cal rate. While this product line likely experience the same level of barriers, patient demand for service and the need for visual evidence by physicians, this product line may also be more sensitive to cost. LACC members have copays, unlike Medi-

Cal members, that may explain the slightly higher rates as members may not be as inclined to have imaging done as their first step in care. We will continue to promote the clinical practice guidelines and tools to ensure that members an appropriately screened.

2019 WORK PLAN GOALS

HEDIS Measure	2019 Medi-Cal Goal	2019 LACC Goal
Use of Imaging Studies for Low Back Pain	76%	79%

C.3.b DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF)

2018 WORK PLAN GOALS

HEDIS Measure	2018 Medi-Cal Goal	2018 Medi-Cal Rate	2018 CMC Goal	2018 CMC Rate
Depression Screening - Total	N/A	2.11%	N/A	6.80%
Follow-up on Positive Screening - Total	N/A	68.04%	N/A	41.07%

*New HEDIS measure in 2018

MAJOR ACCOMPLISHMENTS

- **N/A**

Description of measure

HEDIS Measure	Specific Indicator(s)	Measure Type
Depression Screening and Follow-up for Adolescents and Adults (DSF)	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care within 30 days.	Admin

RESULTS

MEDI-CAL

Quantitative Analysis

The HEDIS 2018 rate for Medi-Cal for DSF was 2.11%. This is the first year we have started to monitor this measure and as a result there are no benchmarks or goals. The Follow up on Positive Screening rate is 68.04%.

Disparity Analysis

Depression Screening Rates by Race/Ethnicity and Language (Medi-Cal)

ECDS*	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/ Unknown	English	Spanish	Other/ Unknown
Numerator	1,004	14,917	1,326	16,252	1,521	10,162	9,038	392
Denominator	104,243	495,360	93,479	639,954	66,654	563,830	277,639	52,961
Rate	1.0%	3.0%	1.4%	2.5%	2.3%	1.8%	3.3%	0.7%

*Electronic Clinical Data System (ECDS)

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures. African American members were the lowest performing group. Hispanic members were the highest performing group. While Asians fell in between both groups.

Spanish speakers were almost twice as likely to be screened for depression at 3.3% than English speakers which is consistent with the finding for ethnicity. Those who spoke something other than those two languages or if the language was unknown had the lowest rates (0.7%). Rates by Ethnicity for the Follow up rate were not calculated due to a small sample size.

Qualitative Analysis

The 2018 HEDIS rates for DSF are baseline rates since this is the first year for the measure. Rates for depression screen are low for Medi-Cal. The subject matter experts from the Behavioral Health work group, have stated that depression screening has become more common over the years but this information is infrequently coded. Depression screening information is often recorded in survey such as the PHQ-9 in the medical record including electronic health records (EHRs). This HEDIS measures relies on electronic data and as are results rates appear very low. L.A. Care only receives data from a few EHRs and this is likely the main reason rates appear low. The disparity analysis shows that Medi-Cal members' results are also consistent with literature on depression screening with African Americans having low screening rates and low use of mental health services[17]. Future interventions, should focus on data capture and in targeting African Americans to help reduce health disparities.

CMC

Quantitative Analysis

The HEDIS 2018 rate for Depression Screening was 6.8%. The Follow up for Positive Screening was 41.07%.

Quantitative Analysis

Depression Screening rates are higher among CMC members than Medi-Cal members (6.90% vs. 2.11%, respectively). This may be due to several factors unique to Medicare. CMS has been incentivizing a similar measure in the past and there may be more knowledge among providers about screening members. Secondly, there are several opportunities for providers to document this information such as their Annual Wellness Exam and the Health Risk Assessment (HRA) that must be conducted on all members may have an effect on Screening. Interestingly, the rate for Follow up after a positive screen is lower among CMC members than Medi-Cal members. This may be due to fewer members initiating medication use or due to

[17] Hankerson SH, Fenton MC, Geier TJ, Keyes KM, Weissman MM, Hasin DS. Racial differences in symptoms, comorbidity, and treatment for major depressive disorder among black and white adults. J Natl Med Assoc. 2011;103(7):576–584.

data loss. Data loss may be high among CMC member since their care may be happening through our MBHO. Further investigation is needed to determine what may be causing the ethnic disparity and low follow up rates. Educating providers to code screenings and/or capture that information in electronic health records is key to increasing rates.

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 CMC Goal
Depression Screening and Follow-up for Adolescents and Adults	TBD*	TBD*

*First year measure for H2018. ECDS was not reported and status of auditing ECDS for H2019 is still pending so goal is pending.

D. Patient Safety or Outcomes Across Settings

D.1 Pharmacy Initiatives and Management

Author: Ann Phan, Pharm.D & Joseph Mishreki, Pharm.D
Reviewer: Maria Casias, RN & Katrina Miller, MD

Background
L.A. Care's Pharmacy Benefit Manager (PBM) group, Navitus, is delegated the following functions: Coverage Determinations, Formulary Administration, and Clinical Programs.

Concurrent Drug Utilization Review (DUR) --info from Navitus

Administered by Navitus, this program (applies to all LOBs) helps pharmacists in protecting member health and safety by ensuring they receive the appropriate medications through hard and soft electronic rejects at point-of-sale in the pharmacy. Hard rejects require outreach to Navitus Customer Care for evaluation before the claim can adjudicate. Soft rejects require review by a pharmacist and can be overridden at point-of-sale.

Drug Drug Interactions (DDI)	*Claim history indicates fills of two or more drugs that when taken together, can cause unpredictable or undesirable effects*
High Dose Alert (HD)	*Dose prescribed is considered excessive or dangerous when compared to the recommended dosing*
Low Dose Alert (LD)	*Dose prescribed is considered low or ineffective when compared to the recommended dosing*
Underuse (LR)	*Member has not followed the expected refill schedule to ensure the recommended therapy duration*
Insufficient Duration (MN)	*The duration of the prescription may not able to fulfill the adequate therapeutic effect*
Excessive Duration (MX)	*The period of time for the prescription is considered excessive or dangerous when compared to the recommended dosing*
Patient Age (PA)	*Medication is contraindicated, unintended, or untested for use by patients of this age*
Drug Sex (SX)	*Medication is contraindicated, unintended, or untested for use by patients of this sex*
Therapeutic Duplication (TD)	*This service identifies prescriptions that provide the same therapeutic effect.*
Morphine Equivalent Dose (ER)	*Detects members that have ≥ 100mg Morphine Equivalent Doses, two or more pharmacies and two or more doctors for active opioid claims*
Dose Range (DR)	*Identifies a member whose acetaminophen use was greater than 4 grams (4,000 mg) per day*

Medi-Cal

CDUR Edits	# of Claims with Safety Edit			
	Q4 2017	Q1 2018	Q2 2018	Q3 2018
DDI *(Drug-Drug Interaction)*	536,677	545,134	512.791	491,188
DDI Stayed Rejected	3,720	4,390	3,408	2,957
HD *(High Dose)*	55,094	65,387	49,956	44,929
HD Stayed Rejected	1,533	1,821	1,458	1,286
LD *(Low Dose)*	91,318	91,260	86,160	83,319
LR *(Underuse)*	399,903	422,379	412,614	399,650
MN *(Insufficient Duration)*	12,470	14,578	10,239	9,677
MX *(Excessive Duration)*	42,664	44,968	43,845	45,225
PA *(Patient-Age)*	155,524	167,114	155,127	149,000
SX *(Drug-Sex)*	1,044	1,057	1,064	1,180
TD *(Therapeutic Duplication)*	237,921	253,629	246,020	225,662
DR (Dose Range)	1,736	3,056	2,483	2,434
DR Stayed Rejected	802	1.142	839	978
ER *(Morphine Equivalent Dose)*	335	476	363	376
ER Stayed Rejected	160	196	173	155
Totals	**1,534,720**	**1,609,038**	**1,520,662**	**1,452,672**

The number of claims in our Medi-Cal population with a CDUR safety edit has decreased in contrast to our membership growth from 2017 to 2018. This decrease in edits can be explained by a notable trend of decreased prescription utilization throughout 2018. 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 Safety Edit			
	Q4 2017	Q1 2018	Q2 2018	Q3 2018
DDI *(Drug-Drug Interaction)*	40,362	40,519	38,273	38,155
DDI Stayed Rejected	246	279	230	207
HD *(High Dose)*	1,951	2,208	2,071	2,019
HD Stayed Rejected	1	2	1	1
LD *(Low Dose)*	4,822	4,583	4,465	4,132
LR *(Underuse)*	16,493	17,361	17,929	17,220
MN *(Insufficient Duration)*	660	764	653	653
MX *(Excessive Duration)*	1,695	1,695	1,707	1,791
PA *(Patient-Age)*	23,591	27,230	26,762	26,515
SX *(Drug-Sex)*	38	50	43	51
TD *(Therapeutic Duplication)*	16,757	17,291	17,558	16,627
DR (Dose Range)	78	117	91	90
DR Stayed Rejected	45	56	48	43
ER *(Morphine Equivalent Dose)*	18	11	18	8
ER Stayed Rejected	10	4	11	4
Totals	**106,480**	**111,856**	**109,592**	**107,287**

The CDUR edits for CMC members did not show significant decrease across Q4 2017 to Q3 2018, even with a slight increase in membership (from 15,274 members in Q3 of 2017 to 16,182 members in Q3 2018). In perspective, comparing Q3 2017 to Q3 2018, there were roughly 7.17 CDUR edits per member for 2017 and 6.63 CDUR edits per member for 2018.

Covered CA

CDUR Edits	# of Claims with Safety Edit			
	Q4 2017	Q1 2018	Q2 2018	Q3 2018
DDI (Drug-Drug Interaction)	8,928	20,141	25,977	24,609
DDI Stayed Rejected	82	133	189	200
HD (High Dose)	691	1,896	1,832	1,562
HD Stayed Rejected	20	60	90	58
LD (Low Dose)	1,763	3,407	4,016	3,775
LR (Underuse)	8,894	12,518	21,964	24,002
MN (Insufficient Duration)	304	704	771	671
MX (Excessive Duration)	564	1,253	1,580	1,552
PA (Patient-Age)	2,660	6,079	7,488	6,863
PA Stayed Rejected	-	1	1	-
SX (Drug-Sex)	10	81	57	59
TD (Buprenorphine)	-	3	10	11
TD Stayed Rejected	-	-	2	3
TD (Therapeutic Duplication)	3,940	8,494	11,958	11,863
DR (Dose Range)	12	31	38	35
DR Stayed Rejected	1	4	9	5
ER (Morphine Equivalent Dose)	1	7	16	4
ER Stayed Rejected	1	2	9	1
Totals	**27,767**	**54,614**	**75,707**	**75,009**

The growth seen in the amount of CDUR edits fired from Q4 2017 to Q3 2018 can be attributed to a continued increase in membership and prescription count (25,088 members in Dec 2017 to 71,717 members in Nov 2018).

PASC

CDUR Edits	# of Claims with Safety Edit			
	Q4 2017	Q1 2018	Q2 2018	Q3 2018
DDI (Drug-Drug Interaction)	17,963	18,844	18,427	17,868
DDI Stayed Rejected	109	160	113	101
HD (High Dose)	1,041	1,282	1,078	984
HD Stayed Rejected	51	61	29	38
LD (Low Dose)	2,675	2,544	2,294	2,224
LR (Underuse)	17,289	18,544	18,294	17,506
MN (Insufficient Duration)	364	487	323	322
MX (Excessive Duration)	804	862	834	927
PA (Patient-Age)	6,542	7,020	6,944	6,821
PA Stayed Rejected	-	-	-	-
SX (Drug-Sex)	34	37	33	60
TD (Buprenorphine)	5	8	10	4
TD Stayed Rejected	1	1	3	1
TD (Therapeutic Duplication)	6,865	7,363	7,815	7,308
DR (Dose Range)	15	34	17	16
DR Stayed Rejected	4	8	6	4
ER (Morphine Equivalent Dose)	9	7	5	2
ER Stayed Rejected	7	5	2	-
Totals	**53,606**	**57,032**	**56,074**	**54,043**

The numbers of interventions for PASC have remained stable from Q4 2017 to Q3 2018.

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
Multi-Prescriber	The Multi-Prescriber Program identifies patients that have utilized multiple prescribers to obtain prescription medications during the last four months. Patients who seek prescriptions from multiple prescribers are at a higher risk for duplicate therapy and/or dug-to-drug interactions.	Patient received prescriptions from **7** or more *unique* prescribers per month in **2** of **4** months
Controlled Substance Monitoring (CSM)	The Controlled Substance Monitoring (CSM) Program highlights patients with potential overuse of controlled medications (schedules II through V). The profiles identified contain an unusually high number of prescribers, pharmacies and prescriptions for controlled medications during the last four months.	Patient had **9** or more controlled substance prescriptions + Prescribers + Pharmacies in **2** of **4** months
CSM Repeat Alert	CSM Repeat Alert is an extension of our CSM program for patients with regular, high utilization of controlled medications. CSM Repeat Alert identifies patients who have been included in the CSM program at least four times in the last two years.	Patient identified in original **CSM** product mailing **4** or more times over 2-year period
Duplicate Therapy	The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently during the last four months. Duplicate therapy has the potential for additive toxicity, adverse effects and may cause therapeutic redundancy without increased benefit to the patient. Additionally, simplifying the patient's drug regimen to one drug may save the patient money and lead to greater adherence.	Patient had **2** or more prescriptions in the same **drug class** in 3 of 4 months during look-back period
Multi-Prescription	The Multi-Prescription Program identifies patients with a high number of medications, and that have demonstrated a consistent pattern of utilization during the last four months. Research has shown that as the number of medications used by a patient increases, the potential for adverse drug events increases exponentially.	Patient received **13** or more prescriptions per month in previous **3** of **4** months
Expanded Fraud, Waste & Abuse	The Expanded Fraud, Waste and Abuse Program identify patients whose last four months of claims include medications with potential for overuse or abuse. Continued abuse of these drugs over time could result in unfavorable health outcomes.	Patient had **7** or more *non-controlled prescriptions* with abuse potential + Prescribers + Pharmacies per month for **2** out of **4** months
NEW: Triple Threat	Navitus Health Solutions' Triple Threat program uses retrospective claims data to identify patients who have concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants in the past four months. This combination of drugs can be subject to abuse as it produces euphoric sensations similar to heroin. Using these medications together has led to many reported overdoses and emergency room visits in the past decade.	Patient had Rxs for each of the following drug classes: opioids, muscle relaxants, and benzodiazepines/sleep aids in a month for 2 of 4 months

Medi-Cal

Safety Intervention Name	November 2017 Look-Back Period: 7/1/2017 – 10/31/2017		March 2018 Look-Back Period: 11/1/2017 – 2/28/2018		July 2018 Look-Back Period: 3/1/2018 – 6/30/2018	
	Members Identified	% Improved	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
Multi-Prescriber	270	59.6%	243	2,357	263	2,393
Controlled Substance Monitoring	189	69.8%	182	776	183	773
CSM Repeat Alert	55	38.2%	47	170	36	154
Duplicate Therapy	1,153	37.7%	1,127	999	599	699
Triple Threat	1,427	36.7%	1,363	1,620	998	1,410
Triple Threat Repeat Alert	N/A	N/A	N/A	N/A	404	544
Multi-Prescription	2,367	31.9%	2,464	4,522	2,518	4,475
Expanded Fraud, Waste & Abuse	44	63.6%	90	259	82	263
Totals	**5,505**	**37.3%**	**5,516**	**10,703**	**5,083**	**10,711**

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 2017 and into 2018. A new RDUR measure, Triple Threat, will further help curb the overutilization of controlled medications.

CMC

Safety Intervention Name	November 2017 Look-Back Period: 7/1/2017 – 10/31/2017		March 2018 Look-Back Period: 11/1/2017 – 2/28/2018		July 2018 Look-Back Period: 3/1/2018 – 6/30/2018	
	Members Identified	% Improved	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
Multi-Prescriber	19	63.2%	18	196	15	168
Controlled Substance Monitoring	10	40%	13	57	8	31
CSM Repeat Alert	1	100.0%	1	3	4	11
Duplicate Therapy	63	46.0%	62	92	43	66
Triple Threat	108	26.9%	104	191	67	134
Triple Threat Repeat Alert	N/A	N/A	N/A	N/A	34	65
Multi-Prescription	150	37.3%	143	469	146	486
Expanded Fraud, Waste & Abuse	2	100.0%	3	6	5	13
Totals	**353**	**37.7%**	**344**	**1,014**	**322**	**974**

The number of RDUR interventions appear to be stable over the course of 2017 into 2018. 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

Safety Intervention Name	November 2017 Look-Back Period: 7/1/2017 – 10/31/2017		March 2018 Look-Back Period: 11/1/2017 – 2/28/2018		July 2018 Look-Back Period: 3/1/2018 – 6/30/2018	
	Members Identified	% Improved	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
Multi-Prescriber	0	NA	1	9	1	11
Controlled Substance Monitoring	2	50.0%	4	12	5	20
CSM Repeat Alert	0	N/A	0	0	1	2
Duplicate Therapy	10	60.0%	9	14	20	23
Triple Threat	22	40.9%	25	48	38	72
Triple Threat Repeat Alert	N/A	N/A	N/A	N/A	4	12
Multi-Prescription	3	33.3%	2	8	7	36
Expanded Fraud, Waste & Abuse	0	NA	0	0	0	0
Totals	**38**	**47.4%**	**41**	**91**	**76**	**176**

The increase in Covered CA can be attributed to the increase invoiced membership.

PASC

Safety Intervention Name	November 2017 Look-Back Period: 7/1/2017 – 10/31/2017		March 2018 Look-Back Period: 11/1/2017 – 2/28/2018		July 2018 Look-Back Period: 3/1/2018 – 6/30/2018	
	Members Identified	% Improved	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
Multi-Prescriber	1	0%	3	35	0	0
Controlled Substance Monitoring	3	66.7%	5	24	2	4
CSM Repeat Alert	0	N/A	0	0	0	0
Duplicate Therapy	14	28.6%	13	16	10	14
Triple Threat	45	31.1%	42	74	31	66
Triple Threat Repeat Alert	N/A	N/A	N/A	N/A	16	28
Multi-Prescription	14	50.0%	12	42	9	38
Expanded Fraud, Waste & Abuse	1	100.0%	1	6	1	2
Totals	**78**	**35.9%**	**76**	**197**	**69**	**152**

Similar to CMC, the number of RDUR interventions for PASC have remained stable from November 2017 to July 2018.

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 pharmacy appeal cases.

The pharmacist assists the A&G team by obtaining additional necessary medical information and providing a complete report on the appeal request, which is then sent to the medical director for a review and decision to overturn or uphold the appeal request.

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

The following programs were implemented in 2018 to address pharmacy specific NCQA/HEDIS quality measures. The clinical pharmacy team launched several in-house initiatives and also collaborated with our Quality Improvement (QI) and Behavioral Health (BH) departments, along with Navitus and SinfoníaRx on several additional programs.

- Pharmacy Star Measures
    - Medication Adherence for Diabetes Medications (D12)
    - Medication Adherence for HTN (RAS Antagonists) (D13)
    - Medication Adherence for Statins (D14)
    - Comprehensive Medication Reviews (CMR)

- Pharmacy NCQA Accreditation Measures
    - Osteoporosis Management in Women Who Had a Fracture (OMW)
    - Disease- Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
    - Avoidance of Antibiotic Therapy for Adults with Acute Bronchitis (AAB)
    - Use of High Risk Medication in the Elderly (DAE)
    - Potentially Harmful Drug-Disease Interaction in the elderly (DDE)
    - Flu Vaccinations for Adults Ages 18-64 (FVA)
    - Flu Vaccinations for Adults Ages 65 and Older (FVO)
    - Pneumonia Vaccination Status for Older Adults (PNU)

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

L.A. Care's pharmacy department implemented an in-house adherence program, which launched in March 2018 and will continue through December 2018. The program 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. Over the course of the year, outreach has been made to over 944 members with a Proportion of Days Covered (PDC) rate of less than 85% to assist with improving medication adherence. In addition, the pharmacy department also partnered with Kroger Mail Order Pharmacy to serve as our mail order pharmacy vendor. Collaborating with Kroger Mail Order Pharmacy will allow our members to benefit from having 90-day supplies of their maintenance medications delivered to their home.

Beginning July 2018, providers have begun receiving a scorecard letter as distributed by Navitus. This letter and supplemental tables detail all the members under a respective provider's care that may be exhibiting non-adherence behaviors. Providers are able to quickly identify L.A. Care patients that may need encouragement and counseling in continuing with regular administration of their chronic medications.

With these interventions, PDC rates improved overall from August 2017 to August 2018, with the largest increase observed in statin medication adherence (2% increase, from 84% to 86%) followed by RAS antagonist adherence (1% increase, from 86% to 87%) and diabetes medication adherence (no increase).

The following programs have been in place for 2018 with Navitus and SinfoníaRx. These programs, known as Targeted Medication Reviews (TMR), utilize prescription claims data to identify lapses in therapy and involve quarterly interventions, which entail mailings to the members and providers.

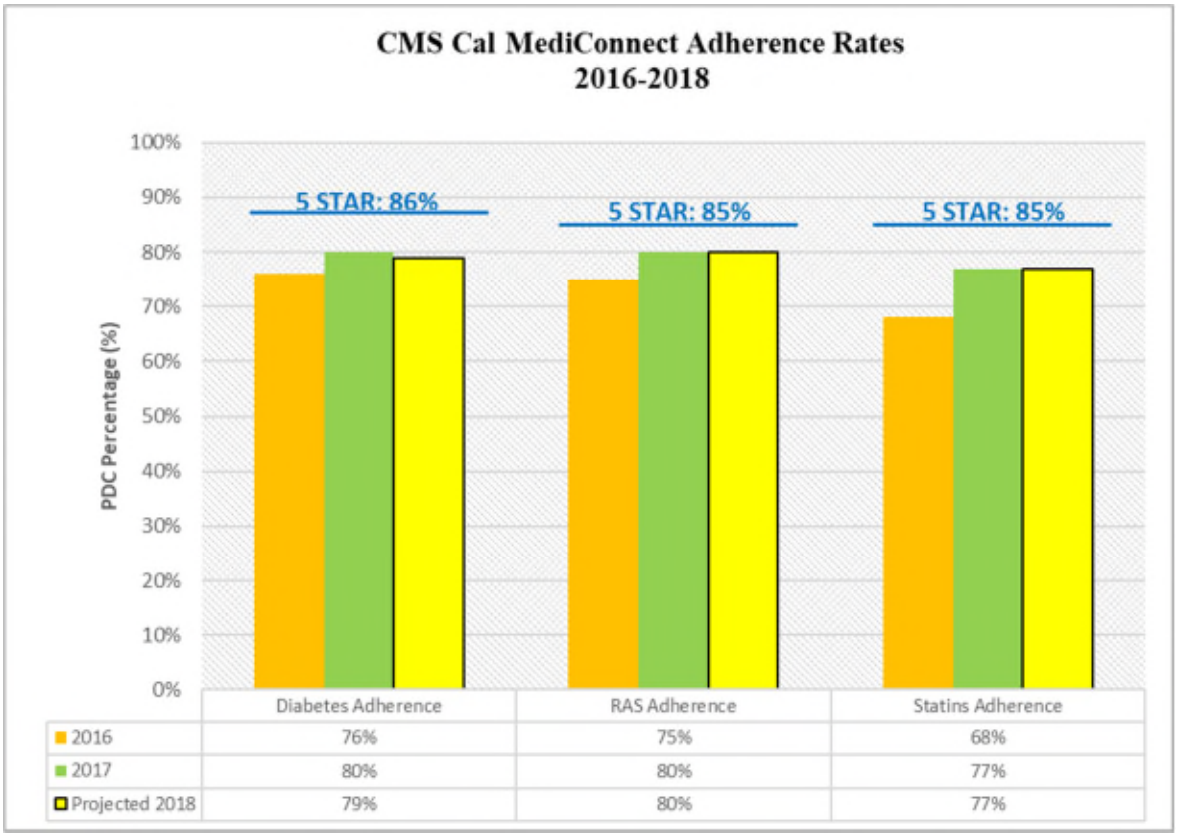
- Cholesterol medication adherence
- RAS antagonist adherence
- Diabetes medication adherence
- 90-day conversion program – Prescription faxes to the provider encouraging 90-day supplies
- Statin Therapy for Patients with Diabetes (SPD)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)

MAJOR ACCOMPLISHMENTS

- L.A. Care's pharmacy team has successfully outreached 590 members (53% of the 1106 total possible to contact) starting in March 2018, and to date, we have educated 493 members on vaccinations and converted 40 members to 90-day supply.

RESULTS

The following graphs compare L.A. Care adherence performance at the end of year for 2016, 2017, and projected 2018:



QUANTITATIVE ANALYSIS

The Cal MediConnect (CMC) medication adherence rates from contract year (CY) 2017 to CY 2018 saw a slight improvement based upon monthly medication adherence data trends released by CMS via the Acumen Patient Safety Reports (Acumen, LLC; *Patient Safety Analysis 2018*). For CY 2017, the final medication adherence rates were 77%, 80%, and 80% for the Statins, RAS Antagonists, and Diabetes measures, respectively. Given the challenge of resolving barriers to adherence, the pharmacy department targeted members with live telephonic outreach calls with highly trained pharmacy technicians starting earlier in the year (March 2018). The pharmacy team was trained to identify cues for non-adherence, such as difficulty obtaining refills or transportation issues, and appropriately mitigating them. The prescriber scorecard, mentioned above, has also contributed to an overall improvement this measurement year. The final 2018 rates listed above are calculated as a forecast for the end of 2018 based on the trends of monthly data from Acumen, and may not be accurate to the true final rate for 2018. In addition, collaborating with Navitus and using the prior CMS Technical Specifications, the pharmacy department projected the medication adherence rates and cut-points for CY 2018. Based upon current projections, we will finish CY

2018 at 77%, 80%, and 79% for the Statins, RAS Antagonists, and Diabetes measures, respectively. Based on cut point projections, we will achieve a 3-star rating for all for all three measures for this measurement year. We will also exceed our original 2018 goals of 73% (Statin) and 79% (RAS Antagonists), but did not meet goal of 81% (Diabetes).

QUALITATIVE ANALYSIS

Pharmacy aimed to resolve barriers to medication adherence with the ultimate goal of increasing the quality of life for our members and moving the needle in the positive direction for our CMS 5-Star quality measures. Although by the end of year we may not improve in PDC rate for all three medication adherence measures as demonstrated above, we will remain at a 3-Star rating for Statin and Diabetes measures, and advance to a 3-star rating for RAS Antagonist adherence. By the end of 2018, we will also be projected to exceed our 2018 goals of 73% for Statin Adherence and 79% for RAS Antagonists Adherence, but may not meet the 81% goal for Diabetes. Cut points for CMS Star measures are updated annually and typically shift upwards (meaning, rate thresholds for each Star level increase) due to changes in the specifications of the measure or changes in the average performance of health plans across the country. Unfortunately, the cut point shifted unfavorably for L.A. Care in CY 2018; however, we are looking forward to making the necessary improvement in CY 2019 to push our plan into higher Star ratings for the medication adherence measures.

In the development of the medication refill reminder program, we hypothesized common barriers to medication adherence as transportation concerns, difficulty obtaining prescriptions or refills from the provider or pharmacy, side effects, lack of understanding of a medication's benefit or indication, forgetfulness, and more. Our team developed several interventions to triage members and provide the appropriate resources to best aid them in resolving their barriers to medication adherence. However, our department is limited to a finite amount of resources (e.g., staff and time to conduct calls) and cannot reach every eligible member for the Star adherence measures. To assist with these limitations, an IVR refill reminder call campaign is also currently in effect. An additional barrier includes members that state they are adherent with their therapies, though claims data may suggest non-adherence. Nevertheless, our improvement/sustainment in star ratings (3-star) across all measures demonstrate the effectiveness of our interventions for 2018. With the implementation of the prescriber scorecard in July 2018, we hope to see a more marked increase in adherence performance for measurement year 2019. Some additional barriers identified with the scorecard include improper mailing address of the identified provider (as determined via HMS and claims data), change in providers and coordination of care, misalignment of claims data before and after distribution of the letters, and providers feeling unable to contribute to improved adherence outcomes if members are unwilling to take medications. With these barriers in mind, pharmacy will continue to work with Navitus to find solutions to these problems and educate providers on how best to intervene with their patients' adherence behaviors.

INTERVENTIONS

CMS Cal MediConnect Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Medication Adherence for Diabetes Medications Medication Adherence for Hypertension Medications (RAS Antagonist) Medication Adherence for Statins	• Members experience difficulty in obtaining refills from the pharmacy or provider • Members express forgetfulness • Members identify transportation issues to getting to their pharmacy for provider • Members express a lack of understanding of their medication indication or instructions • Member has concerns of side effects from medications	• Contact member's pharmacy or provider to assist in obtaining refills for medications • Provide tips for adherence • Provide Transportation Resources • Offer to contact provider for 90-day supply prescription or mail-order pharmacy services • Warm transfer to Clinical Pharmacist for consultation • Implementation of Kroger Mail Order pharmacy to further assist in boosting adherence	• Increase in PDC rate for Statin medication adherence measures • Advance to estimated 3-Star Rating for RAS Antagonists • Increase in 90-day supply prescription count

LOOKING FORWARD

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

- The goal is to further increase adherence by conducting member outreaches starting in Q1 or Q2 of the year and continuing follow-up through the end of 2019.
- Continue to grow our partnership with Kroger Mail Order Pharmacy to assist in driving adherence and 90-day supply prescription rates up.
- Continue collaborating with Navitus in refining the Provider Scorecard report to deliver provider-specific medication adherence data, measure their performance on each measure, and provide actionable recommendations to improve medication adherence.

MEDICATION THERAPY MANAGEMENT (CMR COMPLETION RATE)

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

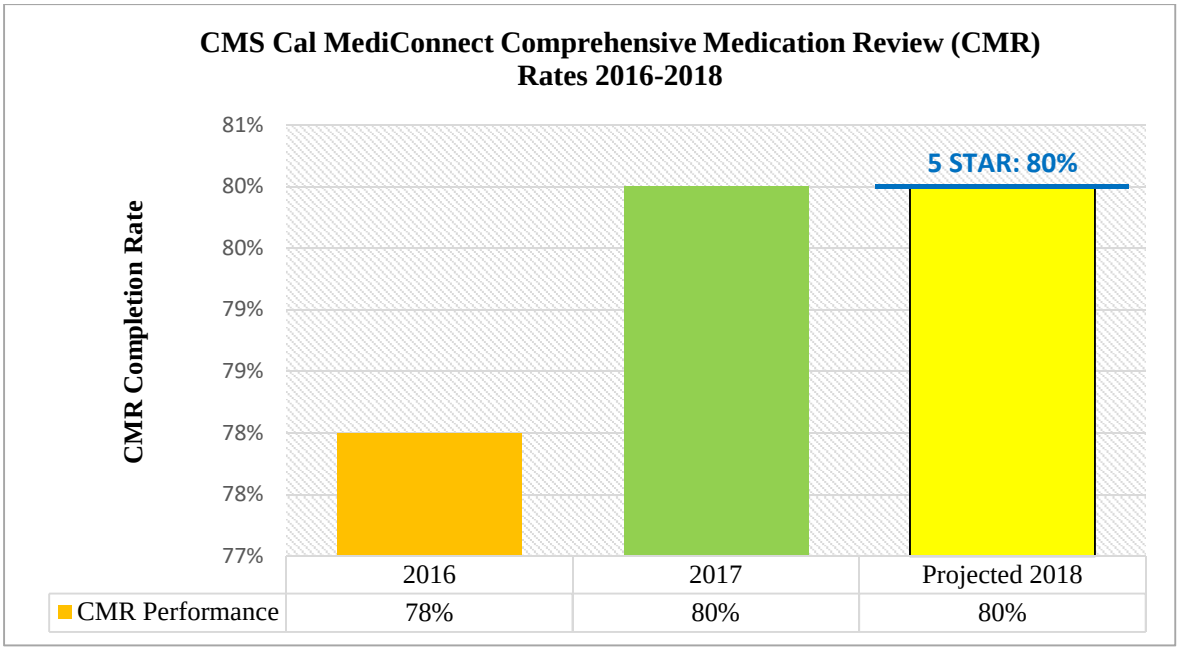
SinfoníaRx currently administers MTM for L.A. Care CMC members. Telephonic Comprehensive Medication Reviews (CMRs) are conducted by SinfoníaRx personnel.

For Contract Year 2018, 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 $3,967 in covered Part D drugs
- Beneficiary is allowed to Opt-Out of the MTM program

As of November 2018, the CMR rate is reported at 75%, and quickly approaching goal of 80% by the end of this year. Pharmacy and SinfoníaRx have several year-end interventions planned, including: on-site CMR reviews at prescriber offices and warm-transferring MTM eligible members to a SinfoníaRx pharmacist during live medication reminder calls.

RESULTS



Quantitative Analysis

The Medication Therapy Management (MTM) Comprehensive Medication Review (CMR) Completion Rate measure was added by CMS as a part of the Star Rating in 2016 as a process measure. L.A. Care has partnered with SinfoníaRx to provide our CMC members MTM services. In CY 2017, L.A. Care reached a CMR rate of 80%. The expected CMR completion rate for CY 2018 will also be 80%. The pharmacy department has already begun developing the 2018 MTM program to ensure members are engaged early to further push our CMR completion rate higher.

Qualitative Analysis

Pharmacy will continue to work with SinfoniaRx to meet the 5-star benchmark for CMR completion.

CMS Cal MediConnect Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/Outcome
Medication Therapy Management (MTM)	▪ Member engagement by MTM vendor	▪ Warm transfer members during refill reminder calls ▪ Engaged Care Management team to encourage MTM eligible members to utilize service	▪ Increase in CMR rate

LOOKING FORWARD

- The goal is to exceed the 5-star goal for 2019 for CMR completion at 85%.

Cal MediConnect CMS Medication Adherence & MTM Measures	2018 Measurement Year Rate (Oct 2018)	Expected End of Year Rate	Projected Star Rating	2018 Goal Rate
Medication Adherence for Diabetes Medications	82.6%	78.9%	3	81.0%
Medication Adherence for Hypertension Medications (RAS Antagonists)	82.4%	79.5%	3	79.0%
Medication Adherence for Statins	80.3%	77.3%	3	73.0%
Medication Therapy Management (MTM)	65.0%	80.0%	5	80.0%

HEDIS MEASURES

L.A. Care Health Plan's pharmacy department launched several in-house pilot programs to target pharmacy specific HEDIS measures, including: ART and OMW. Highly trained pharmacy interns conducted outreach calls to prescribers to encourage reassessment for members who met the specifications for the Rheumatoid Arthritis and Osteoporosis measures. With the preliminary results from the various pilot programs showing positive responses from providers, pharmacy is considering adopting further interventions in the future.

To help boost immunization rates, pharmacy team members continued encouraging Cal MediConnect members to discuss the flu and pneumococcal vaccines with their PCP or pharmacist during their medication refill reminder calls. Pharmacy developed a webpage on lacare.org (with landing site on calmediconnectla.org) for members to easily access pharmacy benefit and clinical information regarding the vaccines.

Pharmacy has also collaborated with other teams and departments for their measures as well. In targeting the AAB measure, pharmacy has worked with the Quality Improvement team in developing a "Bacteria vs. Virus" poster for distribution among providers identified as high volume prescribers of potentially unnecessary antibiotics. Pharmacy also worked closely with QI, BH, and Navitus to develop a program to target prescribers of ADHD medications with weekly letters encouraging re-evaluation of the member within a specified timeframe.

After reviewing and submitting for negative CMC formulary changes to high risk medications (HRMs) in the elderly (effective 1/1/2019), pharmacy is working with Navitus to mail out letters informing providers of the change as well as recommending safer covered alternatives. Pharmacy will be coordinating with other departments to reduce the rate for DAE and focusing on sustaining efforts thereafter.

INTERVENTIONS

NCQA Accreditation Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Osteoporosis Management in Women Who Had a Fracture	• Members not seeing PCP for follow-up related to their fracture	• Calling PCP offices of members identified as not meeting numerator of the measure	• 9 of the 59 providers outreached either referred member for DEXA Scan or prescribed osteoprotective agent • NCQA <25th
Use of High Risk Medications in the Elderly/Potential Harmful Drug-Disease Interactions in the Elderly	• Risk vs benefit of use of HRMs • Removal of original PA criteria for the HRM medication in years prior.	• Negative changes to various HRM in CMC formulary effective Jan. 2019 • Sending out mailers to providers identified as prescribing HRM with negative formulary changes for next year • Call to members identified as utilizing HRM with formulary changes for next year	• Effectiveness will be assessed after installment of PA criteria
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	• Members not understanding difference between viral and bacterial infections (requiring antibiotics)	• Send out a poster to MDO of providers identified as high-volume antibiotic prescribers	• Posters will be distributed after Podio Approval • NCQA 70th
Adult Vaccinations	• Members not understanding pharmacy benefit and coverage of vaccinations	• Inclusion of vaccine clinical and pharmacy benefit information on lacare.org (landing site on CMC website as well)	• 2018- 65% • 2.1% less utilization than 2017 (67.1%)

LOOKING FORWARD

L.A. Care Health Plan's pharmacy department aims to build upon its current quality improvement initiatives and grow relationships with internal and external resources for our 2019 clinical programs.

In addition to the current programs in place, the following are additional programs set to launch in 2019:

- Pharmacy will be partnering with Risk Adjustment to include a portion on High Risk Medication identification and reconciliation within the Annual Wellness Exam distribution.
- Continue expanding pilot programs for provider outreach on various HEDIS measures through the pharmacy intern program or the pharmacy residency program.
- Launch the Opioid Home Program for CMC which would mirror the current Pharmacy Home Program for non-CMC Lines of Business with the addition of a provider-level lock-in. Policy and Procedure for this intervention is currently in development and will be in effect 2019, as per the Final Rule.
- Expand the vaccine webpage further (e.g. including childhood vaccines, provider resources, advertising of FRC flu clinics). The webpage may offer utility for other departments as well such as Health Education and FRCs.

D.2 PATIENT SAFETY

AUTHOR: CHRISTINE CHUEH, RN
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

Patient Safety monitoring ensures protection for the welfare of those receiving care. Pharmaceutical safety is one example of 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 of Care Issue (PQI) investigation and peer review process. The QI department conducts a thorough internal investigation on all PQIs. In 2018, the investigation and referral processes continued to be enhanced. Criteria for PQI case review was updated to better identify PQI issues specifically for the grievance, appeal and medical management teams. The Quality Improvement (QI) department conducts instructor-led trainings to raise L.A. Care staff's as well as network providers' awareness in identification of PQIs. The PQI volume is significantly increased as result of the updated PQI referral criteria and PQI training efforts to better identify potential quality issue. Quality of transportation issues involving member health and safety continue to be reviewed. The QI department starts vetting for an electronic system solution to further enhance the review process and documentation, and plans to develop a stringent review of encounter data to proactively identify potential quality of care concerns.

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 2018, the QI department worked closely Learning and Career Services to enhance Critical Incident Training process and modules to better identify CI's as well as increase compliance with CI reporting from all contracted/delegated entities. The Quality Improvement (QI) department is responsible for tracking and trending of all CIs, and reporting them to L.A. Care Compliance department.

L.A. Care also enhanced patient safety through the facility site review (FSR) process by monitoring elements related to patient health and safety. The two measures monitored were: (a) Needle stick safety precautions practiced on site, and (b) Spore testing of autoclave/steam sterilizer with documented results (at least monthly). Compliance with needle stick precautions increased from 72% in 2017 to 73% in 2018. Spore testing dropped from 80% in 2017 to 79% in 2018. Neither was statistically significant.

D.3 POTENTIAL QUALITY ISSUES AND CRITICAL INCIDENT REPORTING AND TRACKING

SECTION 1: POTENTIAL QUALITY ISSUES

AUTHOR: CHRISTINE CHUEH, RN
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

2018 WORK PLAN GOAL:

- 100% of Potential Quality 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 of care, including diagnostic or therapeutic actions or behaviors that are considered the most favorable in affecting the patient's health outcome, which cannot be affirmed without additional review. A potential quality issue may include, but is not limited to, a physician's medical knowledge, clinical skill, judgment, appropriate record documentation, medication management, appropriate diagnosis, continuity and coordination of care, and medical errors-all of which impact patient safety. Sources of PQIs include, but are not limited to, Utilization Management staff, Care Management staff, Disease Management staff, Customer Solution Center staff, other physicians, member grievances and overturned appeals. Provider Quality Review (PQR) 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 3 or 4 (moderate or serious quality of care concern), at the discretion of the Medical Director, PQIs are presented to the Peer Review Committee for review and final leveling and action. An external physician review may be obtained at any point, if needed. Upon the peer review committee's determination that care is not appropriate, remedial measures include, but are not limited to education or Corrective Action Plan. All cases must be closed within 6-months. If a PQI investigation cannot be completed within six months, a one-month extension maybe granted with a medical director's or designee's approval. The approved extension shall be documented in the case summary. PQI investigation is a delegated QI activity to Plan Partners for the Medi-Cal line of business. Plan Partners are required to comply with the PQI policy and procedure and close all investigation within 6-months.

Note: The evaluation period for PQI is based on fiscal year cycle, instead of calendar cycle. For this fiscal year (from 10/1/2017 – 9/30/2018), the evaluation will include activities taken place from 10/1/2017 through 9/30/2018, but the analysis of data will focus on 2018 activities as the 2017 data had already been included in 2017 evaluation.

MAJOR ACCOMPLISHMENTS

- In 2018, QI received 2086 PQI referrals for Provider Quality Review, which was a significant increase (226%) from 924 in 2017.
- In 2018, PQR team continued collaborative discussion with the Grievances and Appeal departments to refine the criteria and workflow for PQI referrals. PQI referral criteria was updated to include potential concerns from appeal cases, separately from grievance cases. The criteria for Utilization Management and Care Management was also updated in 2018. A separate list of criteria was developed for behavioral health services.
- A series of PQI trainings were provided to Customer Solution Center Call Center, Member Grievance & Appeal team, Care Management and Utilization Management and Behavioral Health

team. The updated PQI referral criteria for 2018 was reviewed in the PQI trainings. Post-training evaluation show a significant improvement on the quality of referral documentation as well as identification of PQIs from the departments.

- The PQI training was also provided to external network providers through a QI Webinar.
- PQR team continued to work with the Vendor Management team, Grievance and Appeals team as well as the Logisticare Transportation Vendor to ensure quality of transportation concerns were referred to PQR for quality of care review and to track the concerns of transportation incidents.
- The Needs Assessment for a Quality of Care software was presented to Investment Review Board (IRB) on May 2, 2018. IRB voted to defer the project until next fiscal year, which was approved 10/31/2018.
- The PQR team corrected and updated the inter-rater reliability evaluation sampling methodology and also added the file review criteria to better identify system/process improvement needs and/or individual/group educational needs.
- The Provider Quality track and trend process was enhanced to apply a provider scoring algorithm to all severity levels using a point system. Upon reaching the threshold of 5 points or more, a further review would be done to identify trends or patterns of issues. The finding of the focus review would be presented to QI Medical Director or designee and/or Committee for discussion of further action.

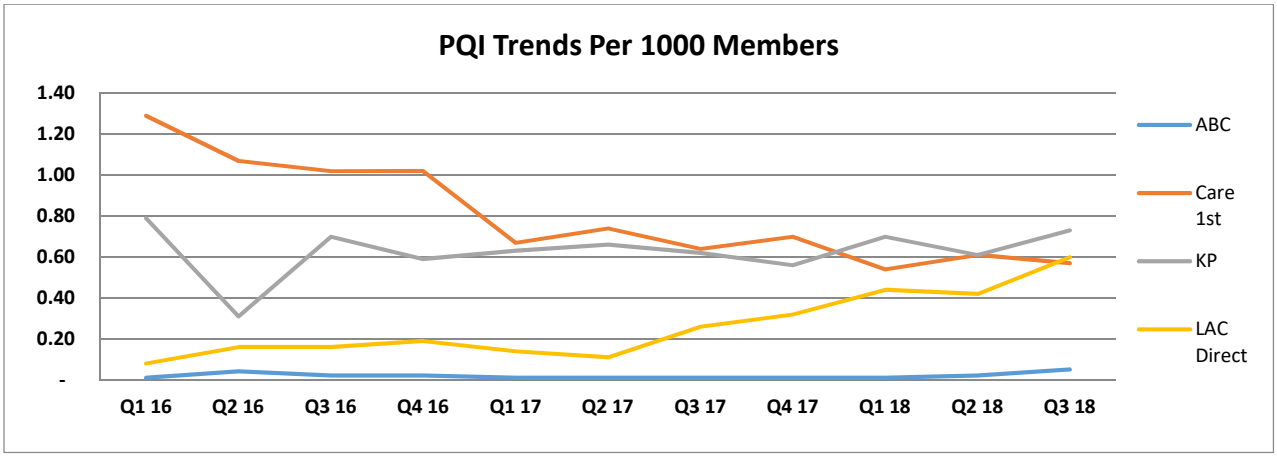
RESULTS

In 2018, the PQI volume continued to increase for L.A. Care Health Plan direct line of business as result of the updated PQI referral criteria and PQI training efforts to better identify potential quality issue. Anthem Blue Cross also reported that a recent implementation of a revised process had resulted in an increased number of referral to the Quality of Care Program. The following table show the total number of PQIs opened by L.A. Care and Plan Partners:

	Total PQI Cases (Jan – Dec 2016)	Total PQI Cases (Jan – Dec 2017)	Total PQI Cases (Oct 2017 – Sept 2018)
L.A. Care*	619	924	2086
Anthem Blue Cross	43	19	40
Care 1st	1,369	914	829
Kaiser	456	484	518

*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 in relation to the membership size per 1000 members:



The following table shows the total number of PQIs closed by L.A. Care and Plan Partners in 4th quarter 2017 (which data were included in 2017 QI Program Evaluation last year) and 3 quarters of 2018 till the end of the fiscal year 2018, and its compliance with PQI closure within 6 months.

	Total PQI Cases (Oct – Dec 2017)	Total PQI Cases (Jan 2018 – Sept 2018)	Compliant with 6-Months Closure
L.A. Care*	289	1004	No
Anthem Blue Cross	0	22	No
Care 1st	251	609	Yes
Kaiser	122	371	No

*Includes all lines of business (Medi-Cal, Medicare, PASC-SEIU and L.A. Care Covered)

L.A. Care Health Plan completed 1004 provider quality reviews within 6 months, except 2 cases. Therefore, the compliance for timely process fell short of 100% compliance by 0.1%. The PQR team had reached the maximum capacity with the existing 3 PQR nurses, 1 coordinator and the nurse manager. One additional temp RN reviewer had been approved to support the Provider Quality Review. However, it had been a challenge to find a qualified candidate for this position. The recruitment efforts will continue through next fiscal year.

Anthem reported that a recent implementation of a revised process that had resulted in an increased number of referrals to the Quality of Care Program. Anthem Blue Cross assured that quality of care issues are tracked and trended via a dashboard, and they had complete medical director oversight for clinical grievances and quality of care issues. Moving forward, the compliance for timely processing would be monitored closely every quarter.

Care 1st Health Plan reported 100% compliance with 6 months processing time.

Kaiser also reported non-compliance with 6 months processing time, with 4 cases out of 371 closed cases falling out of 6-months timeframe. The delays were attributed to a particular staff member, who had since retired. Kaiser confirmed that additional oversight and performance monitoring tools had been developed, and medical centers impacted were reminded to perform their weekly checks and escalate as appropriate.

ANALYSIS

L.A. Care Health Plan closed 289 PQI cases in the 4th quarter 2017, which data analysis was included in 2017 QI Program Evaluation. The following analysis focused on the 1004 cases closed through the end of fiscal year 2018 (the first 3 quarters of 2018).

In 2018, 83.0% of 1004 cases reviewed were for Medi-Cal members, of which 36.5% were Senior and Persons with Disabilities (SPD). The breakdown of cases per line of business:

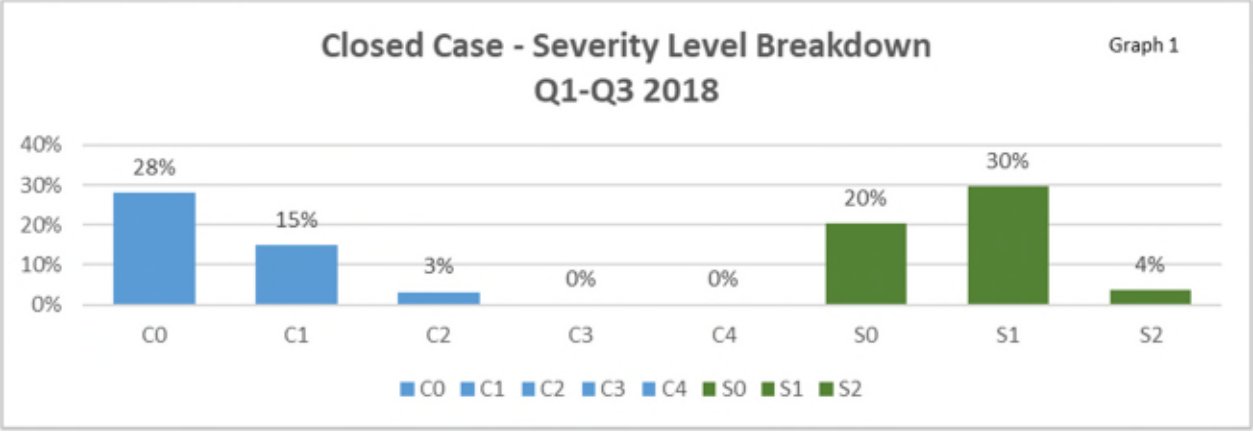
LOB	Line of Business	#	%
CMC	Cal MediConnect	82	8.2%
LACC	L.A. Care Covered	56	5.5%
MCAL	Medi-Cal	833	83.0%
PASC-SEIU	PASC-SEIU	33	3.3%
Grand Total		**1004**	**100%**

SPD	#	%
Y	304	36.5%
N	529	63.5%
Total	**833**	**100%**

The top 2 issues reviewed were 1) Treatment/Diagnosis/Inappropriate Care (31.5%) and 2) Delay in Service (17.3%). These were consistent with the top 2 issues in previous year. In 2018, due to expansion of review for all appeals overturned cases, the Denial of Services (12.0%) was the top 3rd issue.

Issue Code	Issue Description	#	%
PQ1	DME/ Supplies	36	3.6%
PQ2	Benefits	8	0.8%
PQ3	Delay in Service	174	**17.3%**
PQ4	Denial of Services	120	**12.0%**
PQ5	Refusal of Care/ Prescription by Provider	86	8.6%
PQ6	Refusal of Referral	54	5.4%
PQ7	Treatment/ Diagnosis/ Inappropriate Care	316	**31.5%**
PQ8	Delay in Authorization	20	2.0%
PQ9	Access to Care	14	1.4%
PQ10	Continuity and Coordination of Care	49	4.9%
PQ11	Communication/Conduct	115	**11.5%**
PQ12	Physical Environment	10	1.0%
PQ13	Medical Records/Documentation	2	0.2%
Grand Total		**1004**	**100%**

Out of 1004 cases reviewed, 3% of cases had quality of care concerns with potential adverse impact (leveled C2). It's a decreasing trend from the previous years of 5% in 2017 and 9% in 2016. The issues identified had been resolved and addressed individually at the case level. The severity level breakdown from all closed cases are showed in the graph and table below.



PQI Severity Level Assigned	Total	
C0/No Quality of Care concern	282	28.1%
C1/Appropriate Quality of Care	149	14.8%
C2/Borderline Quality of Care concern	32	3.2%%
C3/Moderate Quality of Care concern	1	0.1%
C4/Serious Quality of Care concern	0	0.0%
S0/No Quality of Service concern	205	20.4%
S1/Quality of Service identified	298	29.7%
S2/Quality of Service identified, member change provider or dis-enrolled	37	3.7%
Total	**810**	**100.0%**

A PQI could be identified from any department, yet 91.7% came from Grievances and Appeals:

- Among 731 grievance referrals, 17.4% were quality of care related, and 24% were quality of service related.

Referral Sources	#	%
Appeal Overturned	190	**18.9%**
Case Management	8	0.8%
Credentialing	6	0.6%
Call Center/Member Navigator	17	1.7%
Department of Managed HealthCare	41	4.1%
Facility Site Review	1	0.1%
Grievance	731	**72.8%**
Long Term Support Services	1	0.1%
QOC Review Process	2	0.2%
QI Incentive Team	1	0.1%
Utilization Management	6	0.6%
Grand Total	**1004**	**100%**

- Among 190 appeals overturned, 64.7% were quality of service issues without clinical impact; 6.3% of cases had potential for adverse impact to member's health due to denial. Further analysis of the data found two PPGs accounted for nearly 50% of denials overturned: Regal Medical Group (34.7%) and Lakeside Medical Group (11.1%), both groups managed by Heritage Medical Group. The analysis was shared with UM, Clinical Assurance Team, and Provider Network Oversight & Monitoring Team.

Appeals OT by Provider Groups	#	%
ALLIED PACIFIC IPA	5	2.6%
ALTAMED HEALTH SERVICES CORPORATON	3	1.6%
ANGELES IPA, A MEDICAL CORPORATION	2	1.1%
APPLECARE MEDICAL GROUP (DOWNEY AND SELECT REGIONS)	8	4.2%
CEDARS-SINAI MEDICAL GROUP	2	1.1%
CITRUS VALLEY PHYSICIANS GROUP	1	0.5%
COMMUNITY FAMILY CARE	10	5.3%
DHS	9	4.7%
EMPLOYEE HEALTH SYSTEMS MEDICAL GROUP	1	0.5%
EXCEPTIONAL CARE MEDICAL GROUP	4	2.1%
FAMILY HEALTH ALLIANCE MEDICAL GROUP	1	0.5%
GLOBAL CARE IPA (MEDPOINT MGMT)	3	1.6%
HEALTH CARE LA, IPA (MEDPOINT MGMT)	16	8.4%
HEALTHCARE PARTNERS MEDICAL GROUP	6	3.2%

Appeals OT by Provider Groups	#	%
L.A. CARE	1	0.5%
LAKESIDE MEDICAL GROUP	21	**11.1%**
NAVITUS SOLUTION	16	8.4%
POMONA VALLEY MEDICAL GROUP	2	1.1%
PREFERRED IPA OF CALIFORNIA	7	3.7%
PROSPECT HEALTH SOURCE MEDICAL GROUP, INC.	1	0.5%
PROSPECT PROFESSIONAL CARE MEDICAL GROUP, INC.	1	0.5%
REGAL MEDICAL	66	**34.7%**
SEASIDE HEALTH PLAN	2	1.1%
SEOUL MEDICAL GROUP	1	0.5%
TALBERT MEDICAL GROUP	1	0.5%
Grand Total	**190**	**100%**

At the end of Q3 2018, all cases closed within the past 12 months (from 10/1/2017 thru 9/30/2018) were tracked and trended using a 4-point system to all severity levels. Upon reaching the threshold of 5 points or more, further analysis was done to identify trends or patterns of issues.

- No individual practitioner was identified meeting the threshold.
- There are four circumstances identified exceeding the threshold: The information had been reported to Quality Oversight Committee and the oversight department for further follow through and/or monitoring.

#	Provider Name	Issue Summary
1	Logisticare Transportation Vendor	75 PQIs were concerns raised from Logisticare vendor. Majority of issues were delay in service: • related to the pickup time from and to the medical appointment, concerns of drivers' behavior, • communication issues, or • accident happened during the transport. For all concerns, Logisticare conducted a review of member's ride record, modified the ride schedule as needed, placed the member on VIP list for close monitoring of ride experience, provided education/re-training to the driver, and/or remove the driver from the transport list to improve services to L.A. Care members.
2	Regal Medical Group	88 PQIs were reviewed with concerns involving Regal Medical Group. 22 cases were referred from member grievances and 66 cases were referred due to appeal overturned. The majority (50%) of member complaints were: • Delay in service.

#	Provider Name	Issue Summary
3	Health Care LA, IPA (HCLA)	19 PQIs were reviewed with concerns involving Health Care LA, IPA. The majority (31.6%) of member complaints were: • Delay in service. Health Care LA IPA is one of the largest medical groups, managing close to 200,000 member per month.
4	L.A. Care Health Plan	16 PQIs were reviewed with concerns involving L.A. Care Health Plan. Concerns were brought forward by members from all lines of business. Member complaints included: • LACC members lost their eligibility when payments were not processed correctly or were not paid in full, • Members who experienced delay in service pending Memorandum of Understanding (MOU) agreement between L.A. Care Health Plan and out-of-network facilities, and • Members reporting frustration due to lack of information provided regarding status of the authorization.

SECTION 2: CRITICAL INCIDENT REPORTING AND TRACKING

2018 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 2018, QI department continued to provide consultation and education about the CI reporting program as well as emphasizing the importance in compliance with Critical Incident Tracking and Reporting.

The CI tracking process is closely linked with Potential Quality of Care investigation review process. A PQI investigation will be initiated when a concern is identified from Critical Incident Reporting.

For CMS reporting, all incidents are shared with the HS Reporting and Support Services/Enterprise Data Strategy team. A Clinical Data Analyst generates CMC CA 2.1 Enrollee Protections report and identifies numbers of members receiving HISS, CBAS, MSSP, or NF services. The HS Reporting and Support

Services/Enterprise Data Strategy team submits the report to Medicare Operations for review. The Compliance Department submits the quarterly reports to CMS. In 2018, all reports were submitted timely.

RESULTS

With all the collaborative work with CBAS and PNM teams, the compliance for quarterly submission achieved 100% by Q3 2018; all CMC delegates submitted critical incident quarterly report by Q3 2018.

D.4 FACILITY SITE REVIEW/MEDICAL RECORDS INITIATIVES

AUTHOR: DULCE FERNANDEZ, RN
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

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 have not met the 80% standard since 2010 include: (a) Needlestick safety precautions practiced on site, and (b) Spore testing of autoclave/steam sterilizer with documented results (at least monthly). As defined by the Department of Health Care Services (DHCS), a passing score is 80%. L.A. Care's goal was lowered from the standard 80% passing score due to consistency in scoring below 80% for both measures over several years. The goal was lowered to be a more reasonable and attainable score for our network of primary care providers (PCPs) surveyed within a defined timeframe.

2018 WORK PLAN GOALS:

- Needlestick safety precaution – 70%
- Spore testing of autoclave/sterilizer – 85%

RESULTS

Needlestick Safety Precaution

2016 Results	2017 Results	2018 Results	Goal Met	2018 Goal
70.0%	72.0%	73.0%	Yes	70%

ANALYSIS

Quantitative Analysis

The 2018 goal for needlestick safety precaution was met. The compliance score for needlestick safety increased by 1.00 percentage points from 2017. The difference in rates is not statistically significant (p value = 0.8305) compared to 2017 results; however, there has been improvements in regards to the compliance to this criterion since 2016.

Spore Testing of Autoclave/Sterilizer

2016 Results	2017 Results	2018 Results	Goal Met	2018 Goal
81.0%	80%	79%	No	85%

Quantitative Analysis

The provider offices reviewed did not meet the 2018 goal for spore testing of autoclave/steam sterilizers. The compliance score decreased by 1.00 percentage point from 2017. The 2018 results dropped from previous years: however, the difference between 2017 and 2018 was not statistically significant (p value = 0.8910).

Qualitative Analysis (Needlestick Safety & Spore Testing)

It is a continuous challenge to meet the goals and to change provider office behavior. The following reasons may contribute to this compliance score:

- Reverting back to previous behaviors after an audit has been completed and the corrective action plan has been approved and closed by the Managed Care Plan (MCP).
- Cost of purchasing 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 participating 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. For the audit period of 10/1/2017 to 9/30/2018 there were a total of 158 Primary Care Provider (PCP) sites utilizing an autoclave, in which 33 PCP sites were noted to be noncompliant.

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.

2019 WORK PLAN GOALS:

- Needlestick: 75%
- Spore Testing: 85%

MEDICAL RECORDS INITIATIVES

2018 WORK PLAN GOAL:

Aggregate network PCP sites should score at least 80% in the following key facility site review areas:

- Ease of retrieving medical records (FSR G1 &2)
- Confidentiality of Medical Records (records are stored securely; only authorized staff have access to records, etc. (FSR H4)

Aggregate network PCP sites should score at least 80% in the following key medical record review documentation areas:

- Allergies and adverse reactions (2A)
- Problem list (2B)
- Current continuous medications are listed (2C)
- History and Physical (3A)
- Unresolved or continuing problems are addressed in subsequent visits (3E)
- Documentation of clinical findings and evaluation for each visit:

- Working diagnosis consistent with findings (3B)
- Treatment plans consistent with diagnosis (3C)
- Instruction for follow-up care is documented (3D)

- Preventive services or risk screening (4 & 5C)

BACKGROUND

L.A. Care Health Plan has established medical record standards to facilitate communication, coordination and continuity of care and to promote safe, efficient, and effective treatment. L.A. Care requires 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, 2015 – September 30, 2018, of primary care practitioner (PCP) sites (practitioner's office or clinic) to measure compliance with appropriate medical record documentation requirements. At minimum, 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 2018 goal of 80% with the exception of one criteria noted below. Practitioners continue to be educated on site during the Facility Site Review (FSR), Medical Record Review, or Physician Quality Improvement Liaison (PQIL) visits.

RESULTS

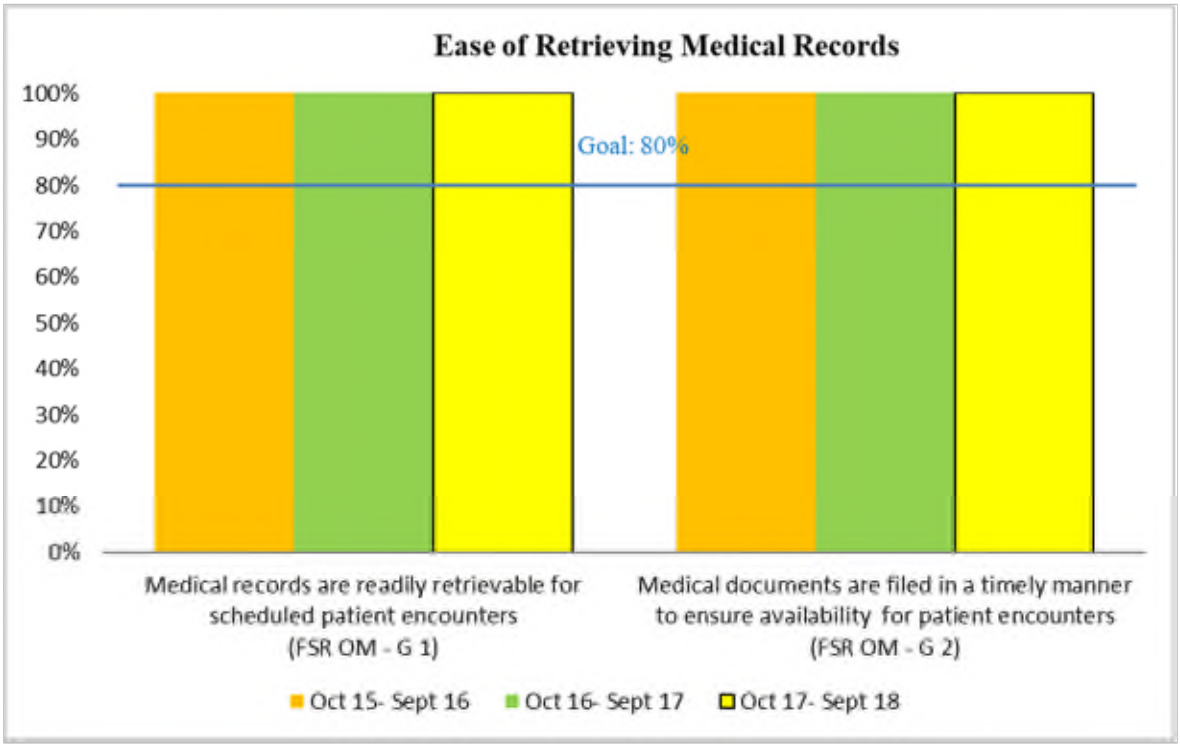
Year	Site #	Total Number of Medical Records Reviewed
2016	692	6,290
2017	560	5,005
2018	661	6,048

The following tables and graphs show the results of the FY 2016–2018 review of practitioner's sites and medical records. These FY 2015–2018 results are compared to the previous two years.

Ease of Retrieving Medical Records

Criteria	Oct 15 – Sept 16	Oct 16 – Sept 17	Oct 17 – Sept 18	% change from Oct 16 to Sept 18	% from 80% Goal
Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1)	100%	100%	100%	0%	+20%

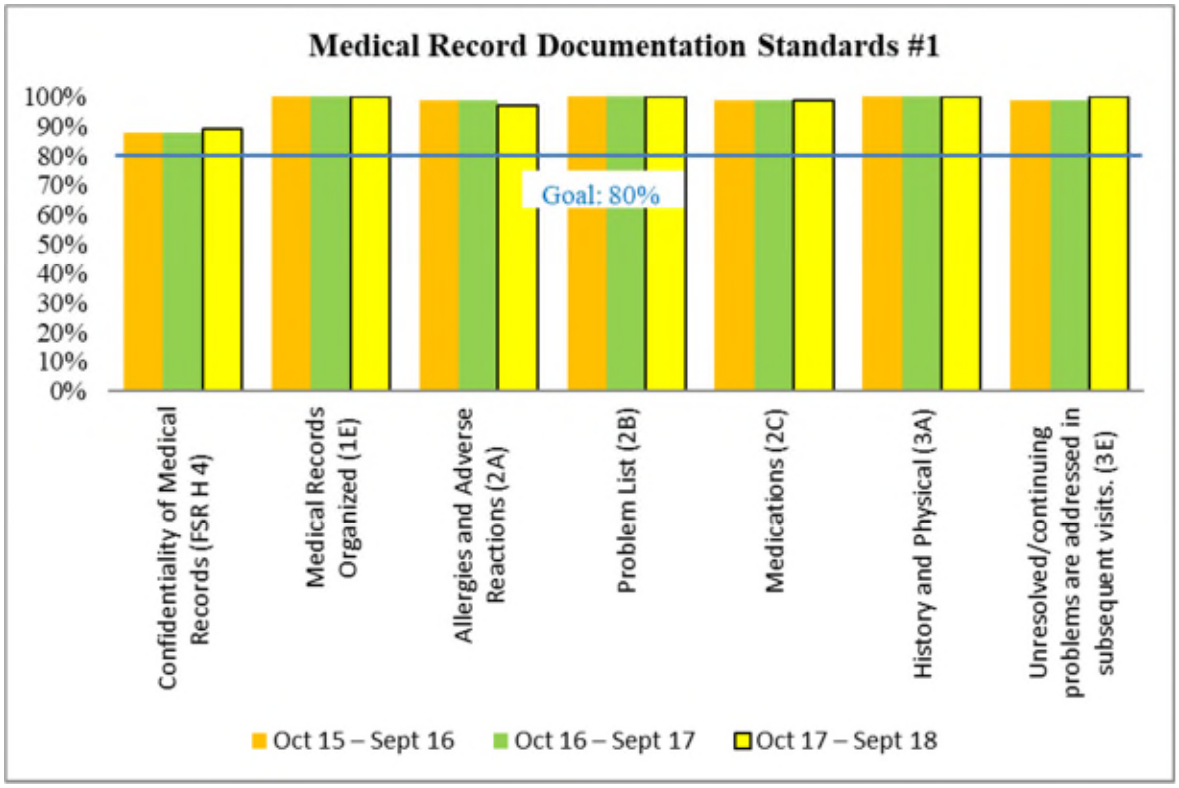
Criteria	Oct 15 – Sept 16	Oct 16 – Sept 17	Oct 17 – Sept 18	% change from Oct 16 to Sept 18	% from 80% Goal
Medical documents are filed in a timely manner to ensure availability for patient encounters. (FSR OM - G 2)	100%	100%	100%	0%	+20%



Medical Record Documentation Standards #1

Criteria	Oct 15 – Sept 16	Oct 16 – Sept 17	Oct 17 – Sept 18	% change from Oct 16 to Sept 18	% from 80% Goal
Confidentiality of Medical Records (FSR H 4)	88%	88%	89%	1.00%	+9%
Medical Records Organized (1E)	100%	100%	100%	0.00%	+20%
Allergies and Adverse Reactions (2A)	99%	99%	97%	-2.00%	+17%
Problem List (2B)	100%	100%	100%	0.00%	+20%
Medications (2C)	99%	99%	99%	0.00%	+19%
History and Physical (3A)	100%	100%	100%	0.00%	+20%

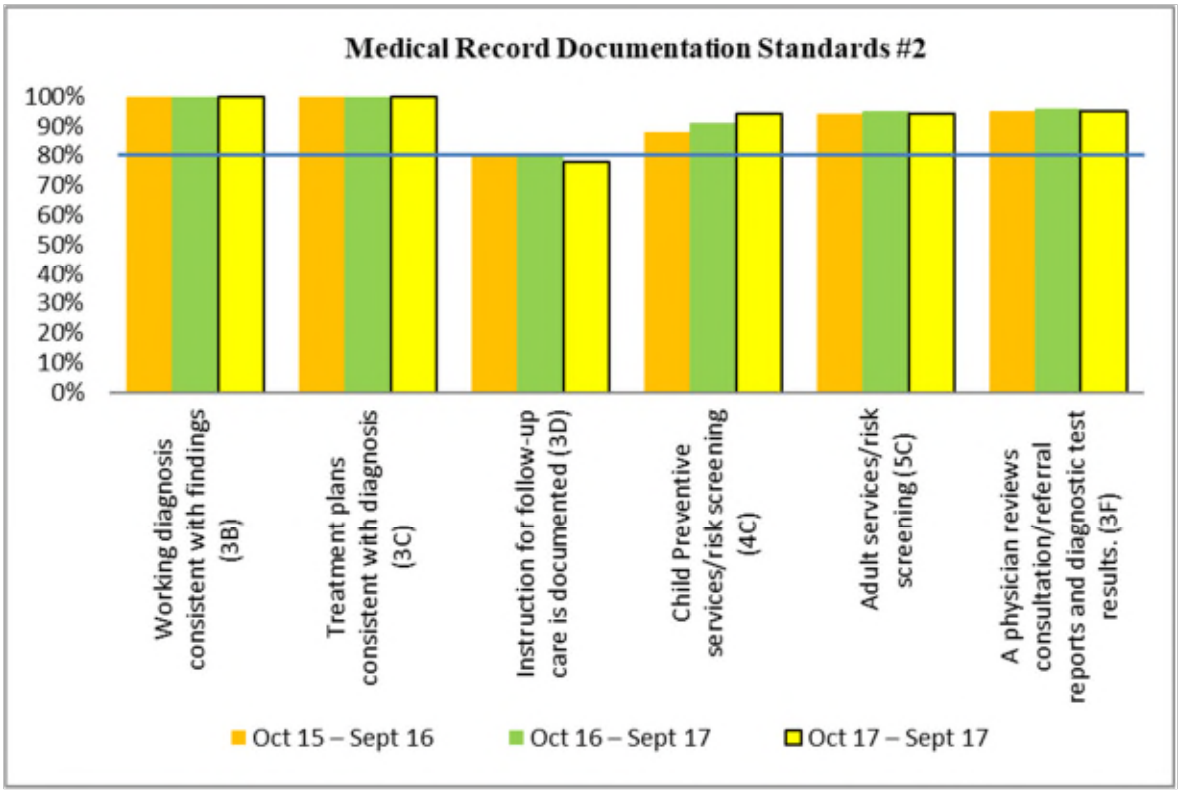
Criteria	Oct 15 – Sept 16	Oct 16 – Sept 17	Oct 17 – Sept 18	% change from Oct 16 to Sept 18	% from 80% Goal
Unresolved/continuing problems are addressed in subsequent visits. (3E)	99%	99%	100%	1.00%	+20%



Medical Record Documentation Standards #2

Criteria	Oct 15 – Sept 16	Oct 16 – Sept 17	Oct 17 – Sept 18	% change from Oct 16 to Sept 18	% from 80% Goal
Working diagnosis consistent with findings (3B)	100%	100%	100%	0.00%	+20%
Treatment plans consistent with diagnosis (3C)	100%	100%	100%	0.00%	+20%
Instruction for follow-up care is documented (3D)	80%	81%	78%	1.00%	-2%
Child Preventive services/risk screening (4C)	88%	91%	94%	3.00%	+14%

Criteria	Oct 15 – Sept 16	Oct 16 – Sept 17	Oct 17 – Sept 18	% change from Oct 16 to Sept 18	% from 80% Goal
Adult services/risk screening (5C)	94%	95%	94%	1.00%	+14%
A physician reviews consultation/referral reports and diagnostic test results. (3F)	95%	96%	95%	1.00%	1+5%



ANALYSIS

Quantitative Analysis

The 2018 audits achieved the 80% goal in all criteria selected for this study with the exception of "Instructions for follow-up care is documented" in the Medical Record Review Survey in the Coordination/Continuity of Care section with a score of 78%.

Qualitative Analysis

The 2018 goals have been achieved with either slight increases in some compliance rates or remained the same. Although compliance rates had slightly improved or remained the same the following ongoing barriers may need to be considered:

- The 80/20 rule for scoring is no longer accepted by DHCS.
- Perceived reimbursement issues leading physicians to believe they will not be reimbursed for AAP/Bright Futures periodicity.

- Medical record forms require time to complete and may not include all required elements. Forms vary among Physician Provider Groups, practitioner offices and state mandated forms.
- There is an increased 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 and requirements 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	• Medical record forms require time to complete and may not include all required elements. Forms vary among Participating Provider Groups, practitioner offices and state mandated forms. • There is an increase number of sites transitioning or have implemented an electronic health record (EHR). There are many choices of EHR vendors making the decision complex and puzzling for physicians. In 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.	• Medical Record Reviews are ongoing. • An established corrective action plan (CAP) process for provider offices that need to address deficiencies noted during a site review survey. • Provide technical assistance as appropriate and necessary.	All measures met goal.

LOOKING FORWARD

Medical record review will continue in 2019. 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. The 2019 goal is to meet or exceed 80% compliance goal.

2019 WORK PLAN GOAL:

Aggregate network PCP sites should score at least 80% in the following key facility site review areas:

- Ease of retrieving medical records and timely filing of documents (FSR G1 &2)
- Confidentiality of Medical Records (records are stored securely; only authorized staff have access to records, etc. (FSR H4)

Aggregate network PCP sites should score at least 80% in the following key medical record review documentation areas:

- Allergies and adverse reactions (2A)
- Problem list (2B)
- Current continuous medications are listed (2C)
- History and Physical (3A)
- Unresolved or continuing problems are addressed in subsequent visits (3E)
- Documentation of clinical finding and evaluation for each visit
    - Working diagnosis consistent with findings (3B)
    - Treatment plans consistent with diagnosis (3C)
    - Instruction for follow-up care is documented (3D)
- Preventive services or risk screening (4 & 5C)

D.5 Hospital Patient Safety

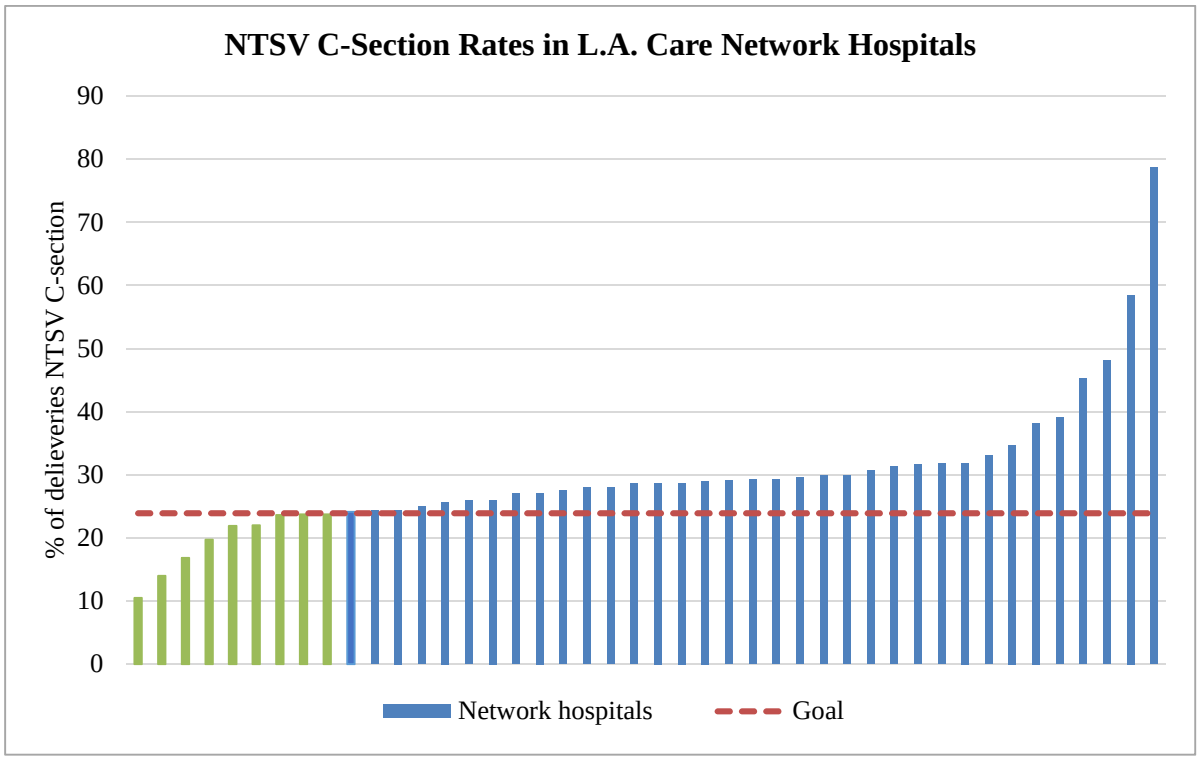
Author: Carolina Coleman, MPP
Reviewer: Maria Casias, RN & Katrina Miller, MD

In Q1 2018, at the direction of Covered California, L.A. Care Quality Improvement conducted a review of standardized infection ratios (SIRs) and Nulliparous, Term, Singleton, Vertex (NTSV) C-section rates for network hospitals. The results were presented to the Inpatient Care Workgroup on March 18.

The Workgroup agreed to continue to monitor rates, while pursuing contract amendments that will de-incentivize C-sections and put hospitals partially at risk for quality performance.

NTSV C-Sections

The 2016 NTSV C-section rate, reported through the California Maternity Quality Care Collaborative (CMQCC) for each network hospital providing maternity care, was reviewed (see graph below).



Nine hospitals in network for at least one L.A. Care LOB met the CMQCC goal of no more than 23.9% of NTSV deliveries performed via C-section, an improvement over seven hospitals meeting the goal in the previous year. While 46% of hospitals statewide met the goal, only 20% of L.A. Care network hospitals did so; although it should be noted that Los Angeles county is a low-performing region in the state.

Thirty-seven hospitals in network did not meet the goal, including 10 hospitals that were 10 or more percentage points above the goal. Los Angeles Community Hospital and Pacifica Hospital of the Valley were extreme outliers, with NTSV C-section rates of 78.6% and 58.5%, respectively. While these findings are concerning, 95% of NTSV deliveries (through any coverage source) occur at hospitals within 10 percentage points of the goal; the lowest performing hospitals perform relatively few deliveries.

Several hospitals that were previously low-performing outliers showed improvements in 2016, including Memorial Hospital of Gardena and Monterey Park Hospital. It was also determined that LA Community Hospital has since stopped offering delivery services. While Covered California has indicated that plans should not contract with hospitals who do not meet quality goals (unless there is justification for keeping these facilities in the network), most of the hospitals with high NTSV C-section rates are Essential Community Providers.

NTSV C-Section Rate by L.A. Care Network Hospital, 2016			
Hospital	**Denominator**	**NTSV C-Section Rate (%)**	**Rate Difference 2016 vs. 2015**
Los Angeles Community Hospital at Los Angeles	14	78.6	1.7
Pacifica Hospital of the Valley	65	58.5	13.7
East Los Angeles Doctors Hospital	135	48.1	5.2
Memorial Hospital of Gardena	197	45.2	-10.6
Beverly Hospital	246	39.0	-0.5
Glendale Memorial Hospital and Health Center	519	38.2	6.4
USC Verdugo Hills Hospital	176	34.7	-11.2
Monterey Park Hospital	496	33.1	-8.5
Whittier Hospital Medical Center	1,102	31.9	-0.6
Providence Little Company of Mary Medical Center San Pedro	173	31.8	-0.5
Adventist Health Glendale	895	31.6	-0.3
San Dimas Community Hospital	176	31.3	-1.7
Torrance Memorial Medical Center	1,056	30.7	0.6
Providence Little Company of Mary Medical Center Torrance	969	29.9	0.6
Providence Tarzana Medical Center	935	29.9	-1.7
Valley Presbyterian Hospital	774	29.6	2.6
Antelope Valley Hospital	1,492	29.3	0.3
Huntington Hospital	1,336	29.3	0.5
Foothill Presbyterian Hospital	378	29.1	-10.1
Hollywood Presbyterian Medical Center	1,170	29.0	1.6
Providence Saint Joseph Medical Center	981	28.7	-3.2
St. Mary Medical Center Long Beach	766	28.7	-0.7
St. Francis Medical Center	1,346	28.6	-2.6
Methodist Hospital of Southern California	607	28.0	1.4
Good Samaritan Hospital - Los Angeles	877	27.9	-0.4
Providence Holy Cross Medical Center	1,119	27.5	-0.9
Providence Saint John's Health Center	794	27.1	-3.1
Cedars-Sinai Medical Center	2,971	27.0	-0.1
Harbor - UCLA Medical Center	304	26.0	-6.5
Adventist Health White Memorial	1,112	25.9	-2.0
Ronald Reagan UCLA Medical Center	842	25.7	-0.2
Centinela Hospital Medical Center	96	25.0	-2.1
Greater El Monte Community Hospital	78	24.4	0.3
Garfield Medical Center	1,226	24.3	-1.1
Citrus Valley Medical Center - Queen of the Valley Campus	1,318	24.1	-0.7
LAC+USC Medical Center	295	23.7	0.8
Miller Children's & Women's Hospital Long Beach	1,957	23.7	-1.4
UCLA Medical Center, Santa Monica	687	23.6	-0.5
San Gabriel Valley Medical Center	895	22.0	0.7
Pomona Valley Hospital Medical Center	2,211	21.9	-1.8
California Hospital Medical Center	1,015	19.7	-3.4
Olive View - UCLA Medical Center	184	16.8	-5.0
Martin Luther King, Jr. Community Hospital	178	14.0	-1.9

NTSV C-Section Rate by L.A. Care Network Hospital, 2016			
Hospital	**Denominator**	**NTSV C-Section Rate (%)**	**Rate Difference 2016 vs. 2015**
La Palma Intercommunity Hospital	76	10.5	-16.0

Central Line Associated Blood Stream Infections (CLABSI)

2016 CLABSI rates, reported by the California Department of Public Health (CDPH), for network hospitals were reviewed and compared to rates from 2015.

Twenty-eight hospitals in network for L.A. Care met or fell below the California Pooled Average SIR of 0.95, while 36 facilities exceeded the average. Thirty-four facilities were above Covered California's goal of SIR less than 1.0. However, when compared to the predicted rate, which takes into account the size of the facility and is unique, only four hospitals had SIRs statistically higher than their predicted rate. Los Angeles Community Hospital and MLK Hospital were outliers, with SIRs of 6.3 and 3.1, respectively. Ten facilities reported zero CLABSIs for 2016.

CLABSI SIR by L.A. Care Network Hospital, 2016				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
Los Angeles Community Hospital	6	6.28	Worse	3.7
Martin Luther King Jr. Community Hospital	3	3.13	Same	N/A
Monterey Park Hospital	5	2.51	Same	1.46
Saint Vincent Medical Center	13	2.08	Worse	1.27
Community Hospital of Huntington Park	2	2.05	Same	-0.05
City of Hope Helford Clinical Research Hospital	118	1.91	Worse	0.55
Southern California Hospital at Culver City	11	1.91	Same	0.63
Community Hospital Long Beach	4	1.85	Same	-3.99
Lakewood Regional Medical Center	11	1.71	Same	-0.07
San Dimas Community Hospital	3	1.68	Same	0.7
USC Kenneth Norris Jr. Cancer Hospital	8	1.67	Same	-0.57
Greater El Monte Community Hospital	2	1.62	Same	-0.18
Garfield Medical Center	6	1.61	Same	0.28
Good Samaritan Hospital, Los Angeles	18	1.5	Same	-0.24
Hollywood Presbyterian Medical Center	11	1.47	Same	-0.5
LAC+USC Medical Center	49	1.46	Worse	-0.55
Valley Presbyterian Hospital	13	1.37	Same	-0.55
Memorial Hospital of Gardena	3	1.36	Same	0.77
Whittier Hospital Medical Center	2	1.31	Same	0.75
Saint Francis Medical Center	10	1.29	Same	0.39
Santa Monica - UCLA Medical Center and Orthopedic Hospital	26	1.29	Same	0.19
USC Verdugo Hills Hospital	3	1.27	Same	-1.57
Earl & Loraine Miller Children's Hospital	21	1.26	Same	0.37
Pomona Valley Hospital Medical Center	14	1.24	Same	0.28
Centinela Hospital Medical Center	13	1.24	Same	0.06
Antelope Valley Hospital	16	1.23	Same	-0.47
Providence Tarzana Medical Center	8	1.15	Same	-0.77
Providence Holy Cross Medical Center	12	1.09	Same	0.24
Long Beach Memorial Medical Center	26	1.09	Same	-0.08
California Hospital Medical Center - Los Angeles	13	1.09	Same	-0.26
Keck Hospital of USC	31	1.07	Same	0.25
Children's Hospital Los Angeles	73	1.04	Same	-0.02
Palmdale Regional Medical Center	4	1.04	Same	-0.48
LAC/Harbor UCLA Medical Center	18	1.01	Same	-0.29

CLABSI SIR by L.A. Care Network Hospital, 2016				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
Providence Little Company of Mary Medical Center San Pedro	2	1	Same	0.37
Glendale Adventist Medical Center	10	0.99	Same	0.79
Providence Saint Joseph Medical Center	10	0.94	Same	-1.55
Providence Little Company of Mary Medical Center Torrance	7	0.92	Same	-0.26
Ronald Reagan UCLA Medical Center	77	0.86	Same	-0.39
Beverly Hospital	2	0.84	Same	0.84
Citrus Valley Medical Center - IC Campus	4	0.84	Same	0.14
St. Mary Medical Center, Long Beach	6	0.82	Same	0.16
Providence Saint John's Health Center	8	0.81	Same	-0.1
White Memorial Medical Center	6	0.77	Same	-0.4
Glendale Memorial Hospital and Health Center	4	0.76	Same	0.6
Cedars-Sinai Medical Center	47	0.7	Better	0.09
LAC/Olive View UCLA Medical Center	5	0.62	Same	-0.27
San Gabriel Valley Medical Center	1	0.51	Same	-0.76
Torrance Memorial Medical Center	12	0.49	Better	-0.29
Foothill Presbyterian Hospital-Johnston Memorial	1	0.42	Same	-0.33
Huntington Memorial Hospital	6	0.36	Better	0.11
Sherman Oaks Hospital	1	0.32	Same	-1.03
LAC/Rancho Los Amigos National Rehabilitation Center	1	0.26	Same	-0.31
Methodist Hospital of Southern California	1	0.14	Better	-0.58
Casa Colina Hospital	0	0	Same	0
Encino Hospital Medical Center	0	0	Same	0
Silver Lake Medical Center	0	0	Same	0
East Los Angeles Doctors Hospital	0	0	Same	-0.71
Coast Plaza Hospital	0	0	Same	-0.73
College Medical Center	0	0	Same	-1.73
Pacifica Hospital of the Valley	0	0	Same	-7.53
La Palma Intercommunity Hospital	0	0	Same	N/A
Alhambra Hospital Medical Center	0	0	Better	0
Citrus Valley Medical Center - QV Campus	0	0	Better	0

Methicillin-Resistant Staphylococcus Aureus (MRSA)

2016 MRSA rates, reported by CDPH, for network hospitals were reviewed and compared to rates from 2015.

Thirty-nine facilities met or fell below the state average SIR of 0.95, while 27 hospitals exceeded the average. Twenty-six facilities were above Covered California's goal of SIR less than 1.0. Seven hospitals had SIRs statistically higher than their predicted rate. Los Angeles Community Hospital, Community Hospital Long Beach, and Memorial Hospital of Gardena were outliers, with SIRs of 9.9, 5.4, and 3.6, respectively. Sixteen facilities reported zero infections in 2016.

MRSA SIR By L.A. Care Network Hospital, 2016				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
Los Angeles Community Hospital	14	9.85	Worse	7.24
Community Hospital Long Beach	4	5.35	Worse	3.99
Memorial Hospital of Gardena	4	3.63	Worse	-0.51
Citrus Valley Medical Center - IC Campus	4	3.08	Same	1.87
Providence Tarzana Medical Center	7	2.99	Worse	-0.63

MRSA SIR By L.A. Care Network Hospital, 2016				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
Sherman Oaks Hospital	3	2.97	Same	2.46
Hollywood Presbyterian Medical Center	6	2.95	Worse	2.33
Lakewood Regional Medical Center	5	2.82	Worse	1.13
Good Samaritan Hospital, Los Angeles	9	2.61	Worse	0.1
Community Hospital of Huntington Park	1	2.52	Same	-1.15
Coast Plaza Hospital	1	2.41	Same	2.41
St. Mary Medical Center, Long Beach	6	2.21	Same	1.49
San Dimas Community Hospital	1	1.83	Same	0.34
Saint Vincent Medical Center	5	1.74	Same	0.74
Glendale Memorial Hospital and Health Center	3	1.7	Same	1.32
Southern California Hospital at Culver City	6	1.66	Same	-1.03
Encino Hospital Medical Center	1	1.63	Same	1.63
Providence Little Company of Mary Medical Center San Pedro	1	1.59	Same	1.59
Centinela Hospital Medical Center	4	1.57	Same	0.87
USC Kenneth Norris Jr. Cancer Hospital	2	1.54	Same	-0.56
San Gabriel Valley Medical Center	2	1.31	Same	0.85
Valley Presbyterian Hospital	4	1.23	Same	-0.52
Keck Hospital of USC	7	1.15	Same	0.69
Providence Saint John's Health Center	2	1.07	Same	0.04
Earl & Loraine Miller Children's Hospital	2	1.05	Same	1.05
Pomona Valley Hospital Medical Center	5	1.03	Same	-0.67
Ronald Reagan UCLA Medical Center	15	0.98	Same	-0.59
California Hospital Medical Center - Los Angeles	5	0.95	Same	-0.63
Glendale Adventist Medical Center	4	0.94	Same	-0.92
LAC/Olive View UCLA Medical Center	3	0.91	Same	-0.82
Huntington Memorial Hospital	6	0.76	Same	0.25
Santa Monica - UCLA Medical Center and Orthopedic Hospital	4	0.76	Same	0.59
Long Beach Memorial Medical Center	4	0.74	Same	-0.34
College Medical Center	2	0.7	Same	0.13
Garfield Medical Center	2	0.69	Same	-1.17
LAC+USC Medical Center	9	0.69	Same	-1.23
LAC/Harbor UCLA Medical Center	5	0.61	Same	-0.06
Providence Saint Joseph Medical Center	2	0.61	Same	-0.62
White Memorial Medical Center	3	0.61	Same	0.21
Beverly Hospital	1	0.59	Same	-1.95
Palmdale Regional Medical Center	1	0.58	Same	-2.64
Providence Holy Cross Medical Center	2	0.52	Same	0.28
Antelope Valley Hospital	2	0.51	Same	-0.44
Torrance Memorial Medical Center	2	0.48	Same	-0.12
Cedars-Sinai Medical Center	9	0.47	Better	-0.46
City of Hope Helford Clinical Research Hospital	3	0.43	Same	-0.39
Citrus Valley Medical Center - QV Campus	1	0.37	Same	N/A
Methodist Hospital of Southern California	1	0.33	Same	0.02
Children's Hospital Los Angeles	1	0.2	Better	-0.29
Saint Francis Medical Center	1	0.16	Better	-0.83
Alhambra Hospital Medical Center	0	0	Same	-1.21
Casa Colina Hospital	0	0	Same	0
Catalina Island Medical Center	0	0	Same	N/A
East Los Angeles Doctors Hospital	0	0	Same	-2.28
Foothill Presbyterian Hospital-Johnston Memorial	0	0	Same	-0.89
Greater El Monte Community Hospital	0	0	Same	0
La Palma Intercommunity Hospital	0	0	Same	-2.43

MRSA SIR By L.A. Care Network Hospital, 2016				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
LAC/Rancho Los Amigos National Rehabilitation Center	0	0	Same	-0.63
Martin Luther King Jr. Community Hospital	0	0	Same	N/A
Monterey Park Hospital	0	0	Same	-3.84
Pacifica Hospital of the Valley	0	0	Same	-2.02
Providence Little Company of Mary Medical Center Torrance	0	0	Better	-0.81
Silver Lake Medical Center	0	0	Same	0
USC Verdugo Hills Hospital	0	0	Same	-1.27
West Covina Medical Center	0	0	Same	N/A
Whittier Hospital Medical Center	0	0	Same	-1.55

Surgery Site Infection (SSI) – Colon

2016 SSI - Colon rates and confidence intervals, reported by CDPH, for network hospitals were reviewed and compared to rates from 2015.

Forty facilities met or fell below the state average SIR of 0.96, while 20 hospitals exceeded the average. Only one site, Monterey Park Hospital, had a SIR (6.45) statistical higher than their predicted rate. Nineteen facilities exceeded Covered California's goal of SIRs less than 1.0. In addition to Monterey Park Hospital, Sherman Oaks Hospital and Pacifica Hospital of the Valley were outliers, with SIRs of 7.1 and 4.3, respectively. Twenty-six facilities conducted at least one colon surgery but reported zero colon surgery site infections in 2016.

SSI - Colon SIR by L.A. Care Network Hospital, 2016					
Facility Name	**Number of Procedures**	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
Sherman Oaks Hospital	7	1	7.14	N/A	N/A
Monterey Park Hospital	30	4	6.45	Worse	3.96
Pacifica Hospital of the Valley	8	1	4.33	Same	4.33
Hollywood Presbyterian Medical Center	65	3	2.04	Same	1.04
USC Verdugo Hills Hospital	29	1	1.89	Same	1.89
Providence Saint Joseph Medical Center	185	6	1.74	Same	-1.6
Providence Holy Cross Medical Center	174	7	1.74	Same	0.99
Long Beach Memorial Medical Center	264	9	1.73	Same	0.63
Saint Vincent Medical Center	55	2	1.64	Same	0.18
City of Hope Helford Clinical Research Hospital	193	12	1.42	Same	0.16
Palmdale Regional Medical Center	94	3	1.42	Same	1.42
Cedars-Sinai Medical Center	611	23	1.33	Same	0.01
Saint Francis Medical Center	96	4	1.24	Same	0.01
Antelope Valley Hospital	177	5	1.19	Same	0.99
LAC/Olive View UCLA Medical Center	21	1	1.19	Same	1.19
Valley Presbyterian Hospital	68	2	1.12	Same	1.12
LAC/Harbor UCLA Medical Center	46	2	1.07	Same	1.07
Ronald Reagan UCLA Medical Center	256	8	1.06	Same	-0.3
Glendale Adventist Medical Center	94	2	1.04	Same	-0.87
St. Mary Medical Center, Long Beach	40	1	0.97	Same	0.97
Torrance Memorial Medical Center	279	5	0.89	Same	-0.13
Keck Hospital of USC	328	8	0.79	Same	-0.46
Pomona Valley Hospital Medical Center	119	2	0.79	Same	-1.55
Providence Saint John's Health Center	181	3	0.74	Same	0.41

SSI - Colon SIR by L.A. Care Network Hospital, 2016					
Facility Name	**Number of Procedures**	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
Providence Tarzana Medical Center	136	2	0.73	Same	0.36
Providence Little Company of Mary Medical Center Torrance	199	2	0.52	Same	0.21
Glendale Memorial Hospital and Health Center	96	1	0.51	Same	-0.12
Santa Monica - UCLA Medical Center & Orthopedic Hospital	85	1	0.51	Same	-0.12
Foothill Presbyterian Hospital-Johnston Memorial	53	1	0.42	Same	-1.75
Citrus Valley Medical Center - IC Campus	65	1	0.41	Same	-0.01
Citrus Valley Medical Center - QV Campus	109	2	0.37	Same	-1.91
California Hospital Medical Center - Los Angeles	87	1	0.37	Same	-0.53
Methodist Hospital of Southern California	168	1	0.33	Same	-1.05
Huntington Memorial Hospital	268	2	0.26	Better	-0.07
Centinela Hospital Medical Center	117	0	0	Same	0
Alhambra Hospital Medical Center	80	0	0	Same	-0.85
Garfield Medical Center	65	0	0	Same	0
LAC+USC Medical Center	62	0	0	Same	-0.31
Good Samaritan Hospital, Los Angeles	62	0	0	Same	-1.88
White Memorial Medical Center	55	0	0	Same	-2.49
Lakewood Regional Medical Center	50	0	0	Same	-1.58
Whittier Hospital Medical Center	46	0	0	Same	-1.38
San Dimas Community Hospital	27	0	0	Same	0
Providence Little Company of Mary Medical Center San Pedro	26	0	0	Same	0
Beverly Hospital	24	0	0	Same	0
Memorial Hospital of Gardena	22	0	0	Same	0
San Gabriel Valley Medical Center	20	0	0	Same	-1.53
Southern California Hospital at Culver City	19	0	0	Same	-5.36
Community Hospital Long Beach	18	0	0	Same	0
Community Hospital of Huntington Park	12	0	0	Same	0
Children's Hospital Los Angeles	9	0	0	Same	0
Martin Luther King Jr. Community Hospital	9	0	0	Same	0
College Medical Center	5	0	0	N/A	N/A
Greater El Monte Community Hospital	4	0	0	N/A	N/A
Coast Plaza Hospital	4	0	0	N/A	N/A
LAC/Rancho Los Amigos National Rehabilitation Center	3	0	0	N/A	N/A
Los Angeles Community Hospital	3	0	0	N/A	N/A
East Los Angeles Doctors Hospital	2	0	0	N/A	N/A
Earl & Loraine Miller Children's Hospital	1	0	0	N/A	N/A
Encino Hospital Medical Center	1	0	0	N/A	N/A

Clostridium difficile (C. diff)

2016 C. diff rates, reported by CDPH, for network hospitals were reviewed and compared to rates from 2015.

Thirty-eight facilities met or fell below the state average SIR of 1.07, while 26 hospitals exceeded the average. Eleven hospitals had SIRs statistical higher than their predicted rate. Thirty-one facilities exceeded Covered California's goal of SIRs less than 1.0. Silver Lake Medical Center, Community Hospital Long beach, and Monterey Park Hospital were outliers, with SIRs of 2.6, 2.2, and 2.2, respectively. Only one facility, West Covina Medical Center, reported zero C. diff infections in 2016.

C. diff SIR by L.A. Care Network Hospital, 2016				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
Silver Lake Medical Center	20	2.58	Worse	1.08
Community Hospital Long Beach	20	2.23	Worse	0.98
Monterey Park Hospital	13	2.21	Worse	-0.08
Pomona Valley Hospital Medical Center	122	1.76	Worse	0.55
Long Beach Memorial Medical Center	123	1.64	Worse	-0.07
Beverly Hospital	33	1.62	Worse	-0.05
Providence Saint John's Health Center	44	1.53	Worse	0.04
City of Hope Helford Clinical Research Hospital	114	1.52	Worse	0.27
San Gabriel Valley Medical Center	31	1.41	Same	0.13
USC Kenneth Norris Jr. Cancer Hospital	19	1.4	Same	-0.1
Keck Hospital of USC	69	1.36	Worse	-0.07
Torrance Memorial Medical Center	83	1.34	Worse	-0.15
Casa Colina Hospital	13	1.31	Same	-0.05
Cedars-Sinai Medical Center	254	1.27	Worse	-0.09
LAC/Olive View UCLA Medical Center	43	1.26	Same	0.45
Providence Little Company of Mary Medical Center San Pedro	17	1.26	Same	0.12
Southern California Hospital at Culver City	43	1.21	Same	0.15
Garfield Medical Center	44	1.21	Same	-0.27
Ronald Reagan UCLA Medical Center	131	1.18	Same	-0.06
Santa Monica - UCLA Medical Center and Orthopedic Hospital	76	1.17	Same	0.14
Providence Tarzana Medical Center	40	1.17	Same	-0.02
USC Verdugo Hills Hospital	13	1.15	Same	0.09
Antelope Valley Hospital	63	1.13	Same	-0.12
Earl & Loraine Miller Children's Hospital	22	1.11	Same	0.16
Foothill Presbyterian Hospital-Johnston Memorial	15	1.1	Same	0.23
Children's Hospital Los Angeles	50	1.09	Same	-1.04
LAC/Harbor UCLA Medical Center	66	1.07	Same	0.08
Providence Holy Cross Medical Center	60	1.04	Same	-0.04
Valley Presbyterian Hospital	57	1.04	Same	-0.06
LAC+USC Medical Center	116	1.03	Same	0.32
Citrus Valley Medical Center - IC Campus	20	1.02	Same	0.46
Lakewood Regional Medical Center	18	0.99	Same	0.22
Alhambra Hospital Medical Center	18	0.99	Same	-0.18
Glendale Memorial Hospital and Health Center	34	0.96	Same	-0.29
Huntington Memorial Hospital	90	0.96	Same	-0.03
Providence Saint Joseph Medical Center	47	0.96	Same	-0.62
St. Mary Medical Center, Long Beach	29	0.94	Same	0.11
Glendale Adventist Medical Center	56	0.93	Same	-0.11
White Memorial Medical Center	48	0.93	Same	-0.22
Good Samaritan Hospital, Los Angeles	29	0.89	Same	-0.2
Palmdale Regional Medical Center	33	0.88	Same	-0.66
Citrus Valley Medical Center - QV Campus	31	0.87	Same	0.61
Centinela Hospital Medical Center	43	0.87	Same	-0.11
Providence Little Company of Mary Medical Center Torrance	40	0.82	Same	0.04
Martin Luther King Jr. Community Hospital	8	0.77	Same	0.77
Community Hospital of Huntington Park	2	0.77	Same	0.39
Encino Hospital Medical Center	5	0.64	Same	-0.38
Saint Francis Medical Center	38	0.62	Better	-0.2
Whittier Hospital Medical Center	13	0.61	Same	-0.28
Methodist Hospital of Southern California	17	0.58	Better	-0.61

C. diff SIR by L.A. Care Network Hospital, 2016				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016 vs. 2015**
Saint Vincent Medical Center	69	0.56	Better	-0.22
Hollywood Presbyterian Medical Center	12	0.56	Better	-0.28
Memorial Hospital of Gardena	6	0.55	Same	-0.26
Coast Plaza Hospital	4	0.53	Same	0.53
Sherman Oaks Hospital	11	0.52	Better	-0.87
California Hospital Medical Center - Los Angeles	15	0.48	Better	0.14
San Dimas Community Hospital	6	0.48	Same	-0.75
Greater El Monte Community Hospital	4	0.45	Same	0.07
College Medical Center	12	0.43	Better	-0.03
East Los Angeles Doctors Hospital	2	0.39	Same	-0.11
Los Angeles Community Hospital	5	0.37	Better	-0.21
Pacifica Hospital of the Valley	2	0.31	Same	0.02
LAC/Rancho Los Amigos National Rehabilitation Center	2	0.27	Better	0.07
West Covina Medical Center	0	0	Same	0

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI rates, from 4/1/2016 to 4/31/2017, as reported by CMS Hospital Compare, were reviewed for network hospitals and compared to a national benchmark.

Forty-two hospitals had SIRs below the state average of 1.03. Eighteen facilities' SIRs exceeded the California average, eight of which were statistical higher than national benchmark. Twenty-one facilities exceeded Covered California's goal of SIRs less than 1.0. Pacifica Hospital of the Valley, Providence Holy Cross Medical Center, and L.A. County DHS Olive View-UCLA Medical Center were outliers with SIRs of 3.3, 2.7, and 2.1, respectively. Thirteen facilities reported zero CAUTIs in 2016.

CAUTI SIR by L.A. Care Network Hospital, 2016-17				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016-17 vs. 2015-16**
PACIFICA HOSPITAL OF THE VALLEY	4	3.31	Worse	-2.72
PROVIDENCE HOLY CROSS MEDICAL CENTER	22	2.65	Worse	0.95
LAC/OLIVE VIEW-UCLA MEDICAL CENTER	9	2.06	Worse	0.22
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	12	2.00	Worse	1.02
PROVIDENCE SAINT JOSEPH MEDICAL CTR	17	1.97	Worse	-0.16
MEMORIAL HOSPITAL OF GARDENA	5	1.90	Same	1.20
POMONA VALLEY HOSPITAL MEDICAL CENTER	17	1.87	Worse	0.32
LAC/RANCHO LOS AMIGOS NATIONAL REHAB CTR	1	1.79	Same	-0.11
LAC/HARBOR-UCLA MED CENTER	37	1.66	Worse	0.78
PROVIDENCE TARZANA MEDICAL CENTER	16	1.56	Same	0.54
SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	10	1.51	Same	-0.32
ST MARY MEDICAL CENTER	8	1.37	Same	0.90
LAC+USC MEDICAL CENTER	55	1.32	Worse	-0.05
TORRANCE MEMORIAL MEDICAL CENTER	15	1.24	Same	0.03
BEVERLY HOSPITAL	7	1.19	Same	0.48
CALIFORNIA HOSPITAL MEDICAL CENTER LA	14	1.19	Same	-0.51
GOOD SAMARITAN HOSPITAL	15	1.10	Same	-0.58
LAKEWOOD REGIONAL MEDICAL CENTER	5	1.04	Same	0.61
PALMDALE REGIONAL MEDICAL CENTER	6	1.02	Same	0.18
GLENDALE ADVENTIST MEDICAL CENTER	11	1.01	Same	0.38
VALLEY PRESBYTERIAN HOSPITAL	7	1.00	Same	0.23

CAUTI SIR by L.A. Care Network Hospital, 2016-17				
Facility Name	**Infections Reported**	**SIR**	**Statistical Comparison**	**Rate Difference 2016-17 vs. 2015-16**
CEDARS-SINAI MEDICAL CENTER	67	0.95	Same	0.22
CITRUS VALLEY MEDICAL CENTER-IC CAMPUS	12	0.92	Same	0.07
HUNTINGTON MEMORIAL HOSPITAL	22	0.92	Same	0.31
RONALD REAGAN U C L A MEDICAL CENTER	48	0.91	Same	-0.07
USC VERDUGO HILLS HOSPITAL	2	0.88	Same	-0.50
GARFIELD MEDICAL CENTER	5	0.87	Same	-0.96
PROVIDENCE SAINT JOHN'S HEALTH CENTER	5	0.86	Same	0.47
METHODIST HOSPITAL OF SOUTHERN CA	13	0.85	Same	0.17
COMMUNITY HOSPITAL OF LONG BEACH	3	0.82	Same	-0.55
GLENDALE MEM HOSPITAL & HLTH CENTER	5	0.81	Same	0.02
SANTA MONICA-UCLA MED CTR & ORTHOPEDIC HOSPITAL	7	0.76	Same	0.54
KECK HOSPITAL OF USC	12	0.75	Same	-0.66
CENTINELA HOSPITAL MEDICAL CENTER	4	0.73	Same	-0.14
ANTELOPE VALLEY HOSPITAL	12	0.68	Same	-0.10
LONG BEACH MEMORIAL MEDICAL CENTER	10	0.66	Same	-0.15
SHERMAN OAKS HOSPITAL	1	0.65	Same	0.65
SAINT FRANCIS MEDICAL CENTER	6	0.65	Same	-0.03
MONTEREY PARK HOSPITAL	1	0.57	Same	0.57
FOOTHILL PRESBYTERIAN HOSPITAL	2	0.55	Same	-0.25
PROVIDENCE LITTLE CO. OF MARY MED CTR TORRANCE	3	0.53	Same	-0.39
SAN GABRIEL VALLEY MEDICAL CENTER	2	0.53	Same	-0.48
WHITE MEMORIAL MEDICAL CENTER	2	0.53	Same	0.06
SAINT VINCENT MEDICAL CENTER	3	0.52	Same	-0.13
WHITTIER HOSPITAL MEDICAL CENTER	1	0.42	Same	0.02
SAN DIMAS COMMUNITY HOSPITAL	1	0.38	Same	-0.58
PROVIDENCE LITTLE CO OF MARY MED CTR SAN PEDRO	1	0.25	Same	0.25
ALHAMBRA HOSPITAL MEDICAL CENTER	0	0	Same	0.00
CASA COLINA HOSPITAL	0	0	Same	N/A
COAST PLAZA HOSPITAL	0	0	Same	0.00
COLLEGE MEDICAL CENTER	0	0	Same	-0.44
COMMUNITY HOSPITAL OF HUNTINGTON PARK	0	0	Same	0.00
EAST LOS ANGELES DOCTORS HOSPITAL	0	0	Same	0.00
ENCINO HOSPITAL MEDICAL CENTER	0	0	Same	0.00
GREATER EL MONTE COMMUNITY HOSPITAL	0	0	Same	0.00
LA PALMA INTERCOMMUNITY HOSPITAL	0	0	Same	-1.32
LOS ANGELES COMMUNITY HOSPITAL	0	0	Same	0.00
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL	0	0	Same	0.00
SILVER LAKE MEDICAL CENTER	0	0	Same	0.00
WEST COVINA MEDICAL CENTER, INC	0	0	Same	0.00

LOOKING FORWARD

2017 SIR and NTSV C-Sections rates should become available early 2019. QI Initiatives will analyze the 2017 rates, present to the Inpatient Care Workgroup, and determine appropriate intervention. QI will coordinate with Provider Network Management (PNM) hospital managers for any intervention plans. We will also review whether any of these metrics will be used as a quality based contract element for hospital contracts.

E.1.a RISK STRATIFICATION PROCESSES

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L.A. Care uses three distinct risk stratification processes to help identify, categorize and develop member centric integrated service delivery. Prior to enrollment L.A. Care uses historical claims data to create the first risk stratification into High or Low risk. This initial step is done to create time tables for completing the Health Risk Assessment (HRA). L.A. Care is mandated to complete an HRA within 45 days for high risk, and 90 days for low risk for CMC LOB and 45 days for High Risk and 105 days for Low risk Medi-Cal SPD members. The second risk stratification is the Health Risk Assessment. This second step categorizes members into complex, high and low risk. L.A. Care's Care Management works with the enrolled complex and high risk members and delegates low risk to the Preferred Provider Groups. The third risk stratification is done by QI/ Health Information Management (HIM)using the 3M Clinical Risk Grouper (CRG) that uses diagnoses and timed based patterns of utilization to identify the complexity of member risk. Whereas the claims based initial risk stratification is done only once at enrollment, the HRA is done annually for Cal MediConnect (CMC) and only once at enrollment for SPDs, the CRG is done monthly on the entire L.A. Care population and is available for view as a Tableau dashboard.

Clinical Risk Grouper (CRG) sampling

Clinical Risk Grouper (CRG):
In addition to evaluating member referrals from multiple sources for the appropriateness of complex case management versus coordination of care services, L.A. Care continued to review and refine the L.A. Care-designed predictive modeling monthly report (CM Risk Tool) to identify potential high risk members in the Medi-Cal, L.A. Care Covered, PASC-SEIU, and Medicare Lines of Business (LOBs). The L.A. Care predictive modeling tool was used to proactively identify:

- Medically complex members
- Members with specific medical conditions who might benefit from case management services.

The 3M™ Clinical Risk Groups (CRG) software is utilized to identify the most complex members in L.A. Care's direct lines of business (CMC, MCLA, LACC, PASC/SEIU). The tool uses clinical risk groupings to categorize each member into one of 9 CRGs, from healthy to catastrophic conditions. After internal clinical claims review it was determined that complex cases were more likely to occur beginning at status 7, severity 4. This category includes individuals with a dominant chronic disease in three or more organ systems (e.g., Chronic Renal Failure, Diabetes, and another dominant chronic disease).

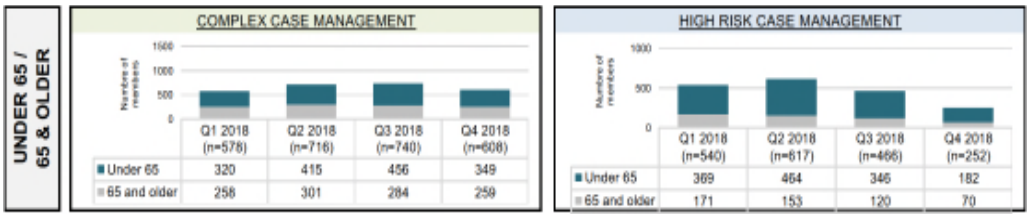
Aggregate CRG status	Severity Level					
	1	2	3	4	5	6
1 Healthy						
2 History of Significant Acute Disease						
3 Single Minor Chronic Disease	X	X				
4 Minor Chronic Disease in Multiple Organ Systems	X	X	X	X		
5 Single Dominant or Moderate Chronic Disease	X	X	X	X	X	X

Aggregate CRG status	Severity Level					
	1	2	3	4	5	6
6 Significant Chronic Disease in Multiple Organ Systems	X	X	X	X	X	X
7 Dominant Chronic Disease in Three or More Organ Systems	X	X	X	X	X	X
8 Dominant, Metastatic and Complicated Malignancies	X	X	X	X	X	
9 Catastrophic Conditions	X	X	X	X	X	X

Note: Red X indicates clinically complex members.

The CRG tool generates a monthly list of approx. 6,000-8,000 members who meet complex criteria set by the algorithm, which is currently set as those who meet the 7.4-8.4 complexity levels. This list is then sent to Care Management (CM) who filters members according to a specified set of criteria, and excludes those who are currently managed via CM or Disease Management (DM), or met goals from recent Care Management or have recently expired. This subset is sent to CM nurse managers for distribution. On a monthly basis a range of 10-30 cases are distributed and assigned to care managers for complex case management.

At least annually, L.A. Care assesses the characteristics and needs of the target populations and relevant subpopulations that are enrolled in L.A. Care Health Plan. This assessment is performed for the purpose of analyzing and updating complex case management processes to better address member needs and also to review and update the resources that are used to address member needs as necessary.



Source(s): *CM Case Type Report* (SQL Report Server)

Health Information Form

In accordance with the Department of Health Care Services (DHCS) agreement with L.A. Care Health Plan, Medi-Cal Managed Care Rule effective August 1, 2017 and pursuant to 42 CFR 438.208, Health Plans were required in July 2017 to utilize the Health Information Form (HIF)/Member Evaluation Tool (MET) data to evaluate a new member's needs within 90 days of the effective date of enrollment.
The following are key contractual requirements by DHCS:

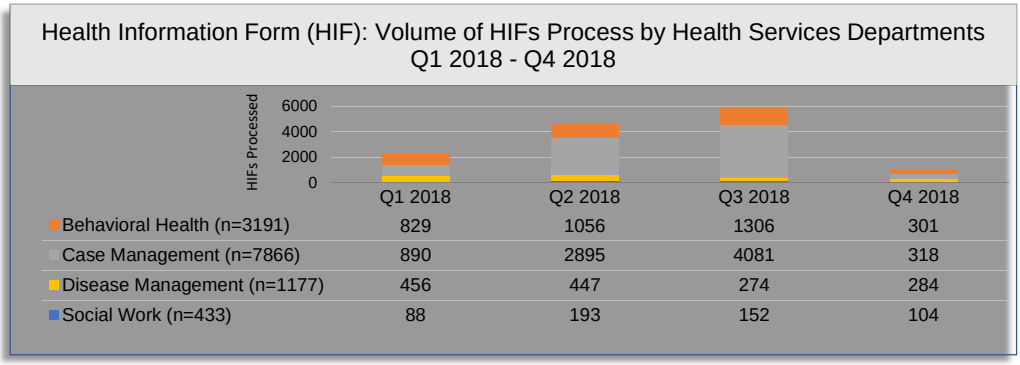
- A DHCS approved HIF/MET will be mailed to all new Medi-Cal members for completion as part of the welcome packet to include a postage paid envelope for member response;
- Conduct an initial screening of all HIF/METs received, within 90 days of the Member effective date of enrollment to assess self-identified disabilities, acute and chronic health conditions, and transitional service needs; and
- Depending on the responses within the HIF/MET, departments including Disease Management, Case Management and Social Work and Behavioral Health receive notification

of the member's response and are contacted for care coordination and enrollment into the appropriate program or service; and

- Upon a Member's disenrollment, the Plan shall make the HIF/MET assessment results available to their new Medi-Cal Managed Care Health Plan upon request.

In order to meet this regulatory requirement, L.A. Care utilizes CCA to monitor compliant completion of the required DHCS form.

The HIF process was implemented October 2017 with greatest impact occurring in 2018.



Health Appraisal-*My Health In Motion*™:

My *Health In Motion*™ is an online health and wellness portal available to all DLOB members (MCLA, LACC, LACC-D, CMC, and PASC-SEIU) and complements existing in-person and over-the-phone health education services. L.A. Care contracts with Cerner, an NCQA HIP-certified vendor, to power My *Health in Motion*™.

Through My *Health In Motion*™ (My HIM) members have access to a wealth of educational information and tools. Available in English and Spanish, My HIM is accessible via single sign-on through L.A. Care's member portal, L.A. Care Connect. Key components of My HIM include a wellness dashboard, Health Appraisal (HA) completion, personalized risk assessment, and health coaching. Upon Health Appraisal completion, members can view a personalized report of their health risks and strengths and access self-management tools such as workshops, exercise how-to videos, meal plans, and biometric trackers based on their identified risks. Members can also communicate directly with a health coach, Registered Dietitian (RD), and personal trainer via secure email.

On a monthly basis, using HA results, Disease Management identifies members for L.A. Care's Disease Management programs and outreaches to those members to enroll them in the appropriate Asthma, CVD, or Diabetes program. Once enrolled in the appropriate program the member is assigned to a DM RN that conducts telephonic outreach to help members manage the chronic conditions through condition monitoring assessment.

The Health Appraisal includes questions about personal health history, special needs and language preference, preventative heath activities, perceived health status, and readiness to change to improve overall health. In FY 17-18, a total of 5,211 DLOB members completed an online Health Appraisal (HA) through My *Health In Motion*™. This is an increase of 123% in HA completion (N=5,211) compared to last fiscal year (N=2,338). As a result, there was an increase in the HA completion rate per 1,000 members as is detailed in Table 1. HA completion varied by line of business, 88% were LACC/LACC-D members, 11% were MCLA members, and approximately 1% were CMC or PASC-SEIU members. This difference can

be attributed to the significant increase in LACC membership experienced by L.A. Care in FY 17-18. In addition, LACC members are incentivized to complete the HA as part of the Rewards for Healthy Living program as detailed in the section below.

Table 1: – Health Appraisal Completion– Three Year Trend

Fiscal Year	HA Completion (All LOB)	Average DLOB Membership	Rate (Total HA Completion/ Avg. Membership x 1,000)
FY 2015-2016	**1,711**	**940,587**	**0.00000**
LACC	680	10,977	0.00006
All other LOB	1,031	1,023,452	0.00101
FY 2016-2017	**2,338**	**1,126,863**	**0.00207**
LACC	1,631	25,418	0.00006
All other LOB	707	1,101,455	0.00064
FY 2017-2018	**5,211**	**1,182,087**	**0.00441**
LACC	4,631	68,868	0.06724
All other LOB	580	1,113,219	0.00052

HA results varied by line of business and include the following key findings:

- Approximately 45% of LACC/LACC-D members rated their health "excellent" or "very good" compared to 23% of MCLA, CMC, and PASC-SEIU members.
- More LACC/LACC-D members reported completing their preventive health screenings (Pap smear, mammogram, and colonoscopy) than MCLA, CMC, and PASC-SEIU members as detailed in Table 2.
- More MCLA, CMC, and PASC-SEIU members reported getting a flu shot than did LACC-LACC-D members as reported in Table 2.
- The top five reported conditions differed by line of business:
    - LACC/LACC-D: Allergies, anxiety, high blood pressure, back pain, and osteoporosis
    - MCLA, CMC, and PASC-SEIU: Anxiety, depression, back pain, allergies, and high blood pressure

Table 2: Preventative Health Screening/Flu Shot Completion Reported in HA

FY 17-18	Colonoscopy in the Past*	Mammogram in the Past**	Pap Smear Ever Done***	Flu Shot in the last 12 Months
LACC/LACC-D	59% (N=839)	84% (N=1,008)	59% (N=1,572)	33% (N=1,547)
MCLA/CMC/PASC-SEIU	57% (N=102)	78% (N=97)	46% (N=346)	36% (N=36%)

*Among adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy
**Amon women aged 40+ who have had a mammogram within the past two years
***Among women aged 18+ who have had a pap test within the past three years

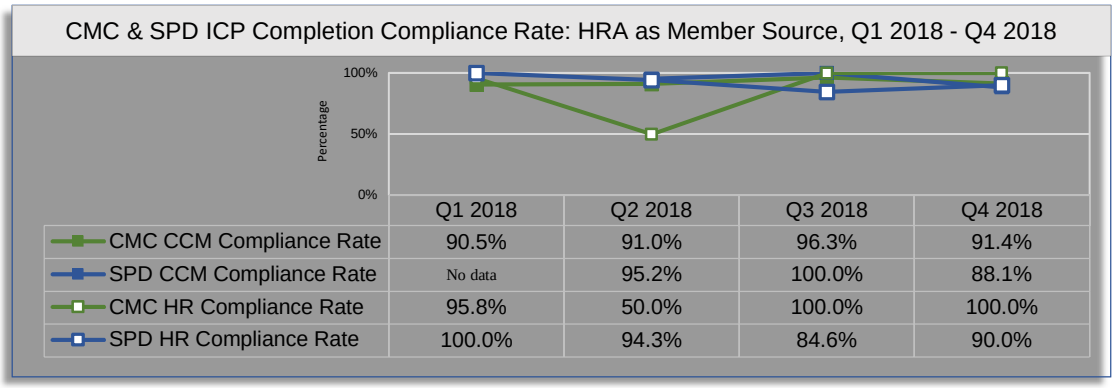
Health Risk Assessment (HRA):

The Health Risk Assessment is a survey offered as face to face through a Home-Visit vendor or performed by L.A. Care's Customer Solution Center telephonically with the member upon member enrollment with the welcome call. The HRA was revised in 2018 into one version with 37 questions and triggers members into complex, high and low and placed into appropriate services or programs. The HRA content and results are used by Care Managers to construct an Individualized Care Plan (ICP). High Risk post HRA – goes to CM in-house through CCA queue. A daily report is available to identify members who completed HRAs and their corresponding results and stratification. Low risk members post HRA are assigned to PPGs for management. Summary, Detail and PDF versions of the HRA scores and stratification details are posted

per assignment in the group specific folder on the Provider Portal. Audits of ICPs and follow up with care coordinators are also tracked in regular reporting.

Individualized Care Plan (ICP):

On a monthly basis, Case Management submits individualized care plan data for CMC and SPD members who completed an HRA to Regulatory Audits and Governance, Compliance Department and Clinical Assurance monthly. The data includes number of care plans completed and number completed within 30 business days of referral/HRA completion. The graph below shows a compliance rate of approximately almost 95% (92.9%) across both CM programs (CCM and HR) for 2018.



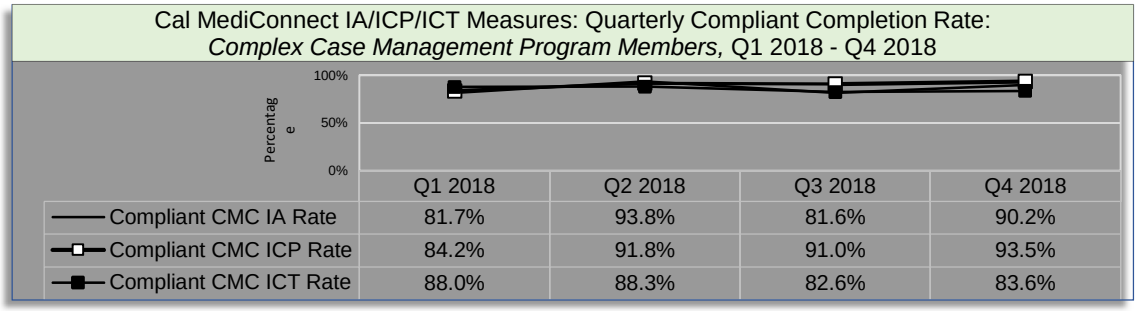
	Q1 2018	Q2 2018	Q3 2018	Q4 2018
CMC CCM Compliance Rate	90.5%	91.0%	96.3%	91.4%
SPD CCM Compliance Rate	No data	95.2%	100.0%	88.1%
CMC HR Compliance Rate	95.8%	50.0%	100.0%	100.0%
SPD HR Compliance Rate	100.0%	94.3%	84.6%	90.0%

Individualized Care Plans (ICPs) are considered to be compliant when completed within 30 days of case open date. Source: Monthly *CM ICP Compliance* report to E. Palomo, Regulatory Audits and Governance. Original data source: *CM Case Type Report* via SQL Report Server.

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Cal MediConnect (CMC) Line of Business:

A monthly report by program and line of business (Cal MediConnect (CMC), (Medi-Cal Plus (MC+), which includes all non-CMC lines of business)) is created within CM that details the:

- Number of completed initial assessments (IA) and compliance with mandated completion timeframes
- Number of completed individualized care plans (ICP) in compliance with mandated completion timeframes
- Number of interdisciplinary care teams (ICT) conducted in compliance

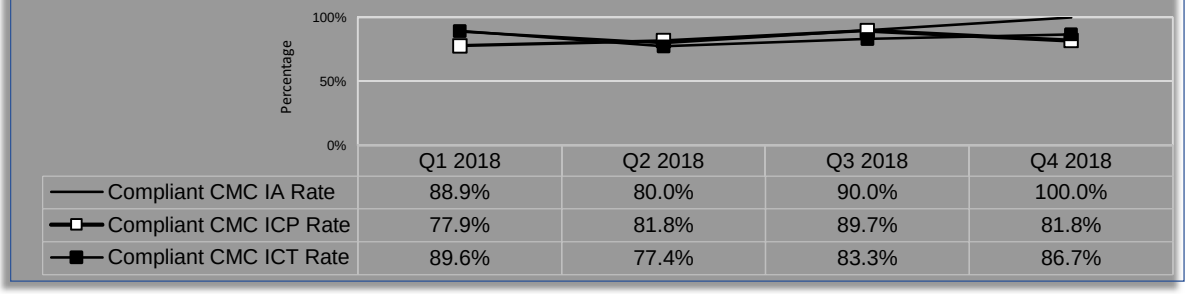


	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Compliant CMC IA Rate	81.7%	93.8%	81.6%	90.2%
Compliant CMC ICP Rate	84.2%	91.8%	91.0%	93.5%
Compliant CMC ICT Rate	88.0%	88.3%	82.6%	83.6%

- CMC completed 225 IAs with 196 completed within expected time frames, resulting in a compliance rate of 87.1%. Comparable 2017 data are unavailable.

- CMC completed 787 CCM ICPs with 710 completed within expected time frames, resulting in a compliance rate of 90.2%. This is an improvement of 31 percentage points over the 2017 Model of Care (MOC) rate of 59.1% (only comparable data available).
- CMC completed 642 CCM ICTs with 552 completed within expected time frames, resulting in a compliance rate of 86.0%, an 11 percentage point increase over 2017 MOC rate of 74.8%.

Cal MediConnect IA/ICP/ICT Measures: Quarterly Compliant Completion Rate:
High Risk Case Management Program Members, Q1 2018 - Q4 2018



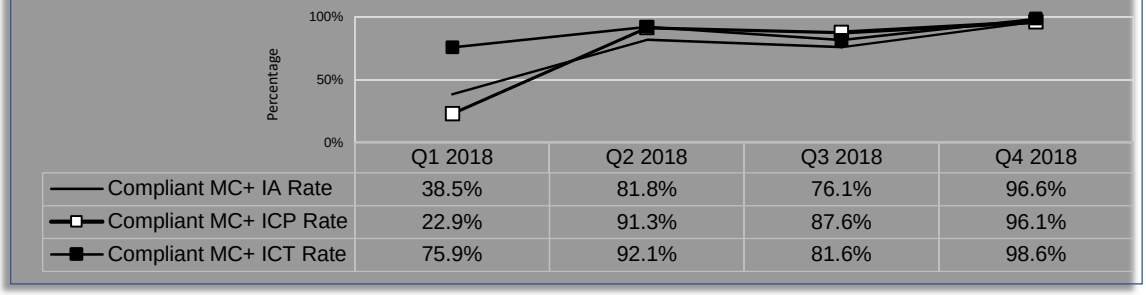
	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Compliant CMC IA Rate	88.9%	80.0%	90.0%	100.0%
Compliant CMC ICP Rate	77.9%	81.8%	89.7%	81.8%
Compliant CMC ICT Rate	89.6%	77.4%	83.3%	86.7%

Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation.
Source: *CM Case Type Report* via SQL Report Server.

- CMC completed 48 IAs with 43 completed within expected time frames, resulting in a compliance rate of 89.6%. Comparable 2017 data are unavailable.
- CMC completed 128 HR ICPs with 104 completed within expected time frames, resulting in a compliance rate of 81.3%. This is almost 13 percentage points higher than the 2017 MOC rate of 68.4%.
- CMC completed 160 HR ICTs with 138 completed within expected time frames, resulting in a compliance rate of 86.3%, just about 12 percentage points higher than the 2017 MOC rate of 74.6%.

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Medi-Cal Plus (MC+) Lines of Business

Medi-Cal Plus IA/ICP/ICT Measures: Quarterly Compliant Completion Rate:
Complex Case Management Program Members, Q1 2018 - Q4 2018



	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Compliant MC+ IA Rate	38.5%	81.8%	76.1%	96.6%
Compliant MC+ ICP Rate	22.9%	91.3%	87.6%	96.1%
Compliant MC+ ICT Rate	75.9%	92.1%	81.6%	98.6%

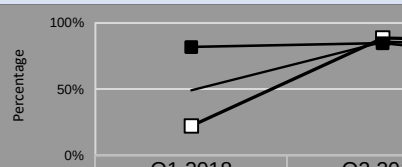
- MC+ completed 185 IAs with 146 completed within expected time frames, resulting in a compliance rate of 78.9%, an improvement of 2.5 percentage points from the 2017 MOC rate of 76.4%.

- MC+ completed 711 CCM ICPs with 605 completed within expected time frames, resulting in a compliance rate of 85.1%. Comparable 2017 data are unavailable.
- MC+ completed 287 CCM ICTs with 254 completed within expected time frames, resulting in a compliance rate of 88.5%. Comparable 2017 data are unavailable.

The increase in compliance from Q1 to Q2 can be directly attributed various activities:

- End of Q1: contracted 2 nurses with a vendor.
- Q2: CMC nurses assisted with processing SPD HRA cases.
- Q3: Hired 3 nurses and contracted an additional 2 nurses and provided education to the clinical staff regarding compliance when both teams (CMC, MC+) integrated into one team.

Medi-Cal Plus IA/ICP/ICT Measures: Quarterly Compliant Completion Rate:
High Risk Case Management Program Members, Q1 2018 - Q4 2018



	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Compliant MC+ IA Rate	49.3%	85.9%	81.7%	97.1%
Compliant MC+ ICP Rate	22.3%	88.6%	85.5%	89.1%
Compliant MC+ ICT Rate	82.1%	84.9%	69.6%	96.3%

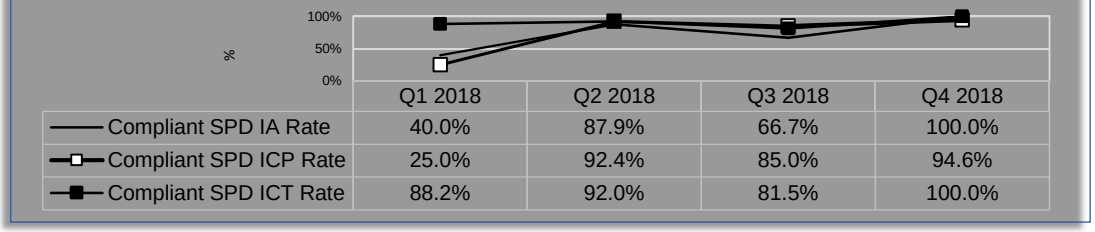
Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date.
Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date.
Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation.
Source: *CM Case Type Report* via SQL Report Server.

- MC+ completed 265 IAs with 203 completed within expected time frames, resulting in a compliance rate of 76.6%. Comparable 2017 data are unavailable.
- MC+ completed 892 HR ICPs with 647 completed within expected time frames, resulting in a compliance rate of 72.5%. Comparable 2017 data are unavailable.
- MC+ completed 237 HR ICTs with 195 completed within expected time frames, resulting in a compliance rate of 82.3%. Comparable 2017 data are unavailable.

See MC+ Complex Case Management above for quarterly interventions that lead to an increase in compliance rates.

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Seniors and Persons with Disabilities (SPD)

SPD IA/ICP/ICT Measures: Quarterly Compliant Completion Rate:
Complex Case Management Program Members, Q1 2018 - Q4 2018

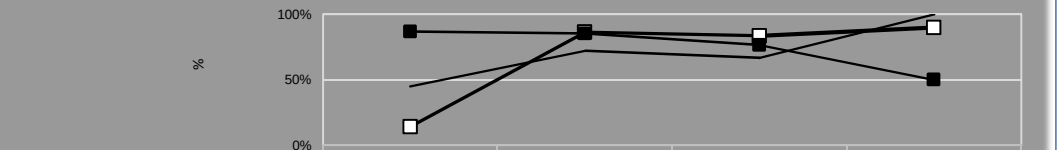


	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Compliant SPD IA Rate	40.0%	87.9%	66.7%	100.0%
Compliant SPD ICP Rate	25.0%	92.4%	85.0%	94.6%
Compliant SPD ICT Rate	88.2%	92.0%	81.5%	100.0%

- SPD completed 83 IAs with 68 completed within expected time frames, resulting in a compliance rate of 81.9%. Comparable 2017 data are unavailable.
- SPD completed 317 CCM ICPs with 279 completed within expected time frames, resulting in a compliance rate of 88.0%, an improvement of 31 points from the 2017 MOC rate of 56.8%.
- SPD completed 179 CCM ICTs with 161 completed within expected time frames, resulting in a compliance rate of 89.9%. This is 18 points higher than the 2017 MOC rate of 71.4%.

See MC+ Complex Case Management above for quarterly interventions that lead to an increase in compliance rates.

SPD IA/ICP/ICT Measures: Quarterly Compliant Completion Rate:
High Risk Case Management Program Members, Q1 2018 - Q4 2018



	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Compliant SPD IA Rate	44.9%	72.2%	66.7%	100.0%
Compliant SPD ICP Rate	14.3%	86.4%	83.6%	89.8%
Compliant SPD ICT Rate	86.9%	85.3%	76.5%	50.0%

Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation.
Source: *CM Case Type Report* via SQL Report Server.

- SPD completed 105 IAs with 67 completed within expected time frames, resulting in a compliance rate of 63.8%. Comparable 2017 data are unavailable.
- SPD completed 391 CCM ICPs with 232 completed within expected time frames, resulting in a compliance rate of 59.3%, an improvement of almost 6 points from the 2017 MOC rate of 53.7%.
- SPD completed 148 CCM ICTs with 125 completed within expected time frames, resulting in a compliance rate of 84.5%. This is 2 points higher than the 2017 MOC rate of 82.4%.

See MC+ Complex Case Management above for quarterly interventions that lead to an increase in compliance rates.

E.1.b CARE MANAGEMENT

AUTHOR: JOHANNA KICHAVEN, MPH
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA MILLER, MD

Members who are found to be complex or high risk are assigned to Care Managers for outreach attempts to complete an assessment, Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT). The management of complex cases is guided to meet NCQA certification criteria, which does not apply to the high risk group. L.A. Care's Care Management Department has adopted a new model and philosophy which includes:

- Member-directed care through member engagement in the care planning process.

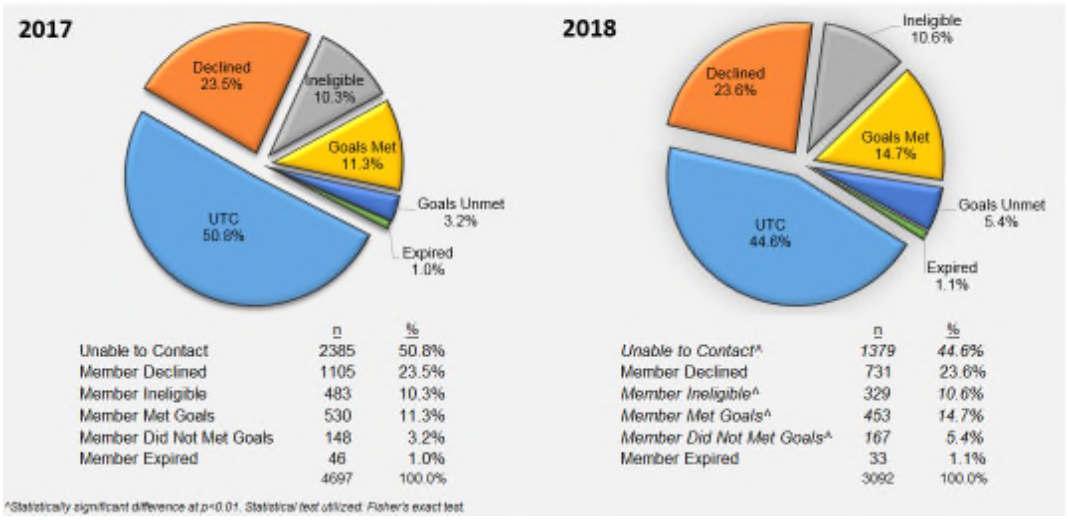
- An integrated care management approach for high risk and complex members. This involves coordination of care which is inclusive of Behavioral Health (BH), Social Work (SW), Disease Management (DM), Managed Long Term Services and Supports (MLTSS), Utilization Management (UM) Home & Community Based Services (HCBS), and other supportive services as directed or needed by the member.
- The expanded care team includes additional roles added to the team such as community health workers and enhanced role of the care coordinators to meet the needs of the member
- Increased utilization of field-based services.

The Care Management program is designed to:

1. Minimize the risk of exacerbations or deterioration of the medical conditions based on early assessment of physical, behavioral, cognitive, functional status and social determinants by the:
    a. Early assessment and identification of rehabilitation needs
    b. Early identification of and intervention for mental/behavioral health issues
    c. Early identification of and interventions for polypharmacy issues
    d. Early identification of social supportive needs
2. Identify barriers to compliance with physician prescribed treatment regimen such as beneficiary's or caregiver's lack of understanding, motivation, transportation or financial needs
3. Identify and address safety issues
4. Provide dedicated staff (licensed & support) to assist in coordinating care needs between multiple specialists, specialty centers, ancillary vendors, and pharmacies
5. Provide appropriate access to care in the right setting
6. L.A. Care's Care Managers are licensed professionals with the background and experience necessary to support High Risk, Complex, and Specialty Care populations in a culturally sensitive manner.

Based on CM's changed approach, these efforts have increased member engagement in the program ($p<0.05$). The frequency of members unable to be contacted dropped significantly and the number of engaged members, denoted by "Goals Met" or "Goals Unmet", increased significantly.

LAC Case Management
Comparison of Unable to Contact Frequency: 2017 versus 2018
Source: *LM Case Type Report* via SQL Report Server



	n	%
Unable to Contact	2385	50.8%
Member Declined	1105	23.5%
Member Ineligible	483	10.3%
Member Met Goals	530	11.3%
Member Did Not Met Goals	148	3.2%
Member Expired	46	1.0%
	4697	100.0%

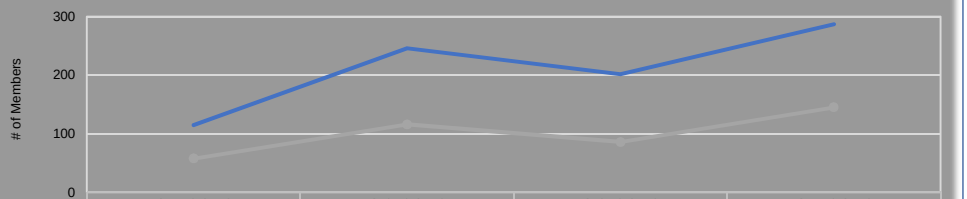
	n	%
*Unable to Contact^*	*1379*	*44.6%*
Member Declined	731	23.6%
*Member Ineligible^*	*329*	*10.6%*
*Member Met Goals^*	*453*	*14.7%*
*Member Did Not Met Goals^*	*167*	*5.4%*
Member Expired	33	1.1%
	3092	100.0%

^Statistically significant difference at $p<0.01$. Statistical test utilized: Fisher's exact test

Members who have been identified for or referred to L.A. Care's care management program are contacted within seven (7) business days. Care Managers and/or Care Coordinators will make three (3) attempts to contact newly identified or referred members to engage the member in the care management program. Contacts will include at least three (3) telephone calls and one (1) letter.

The total number of new referrals to the Complex Case Management (CCM) program in 2018 was 1,655. Forty-percent (39.6%) (656 members) were unable to be reached. Approximately one-quarter (24.5%) of the members consented to CCM services. Number of members consenting to participate in the CCM program during 2018 showed an upward trend. The consent rate dropped slightly from the 2017 rate of 26.1%.

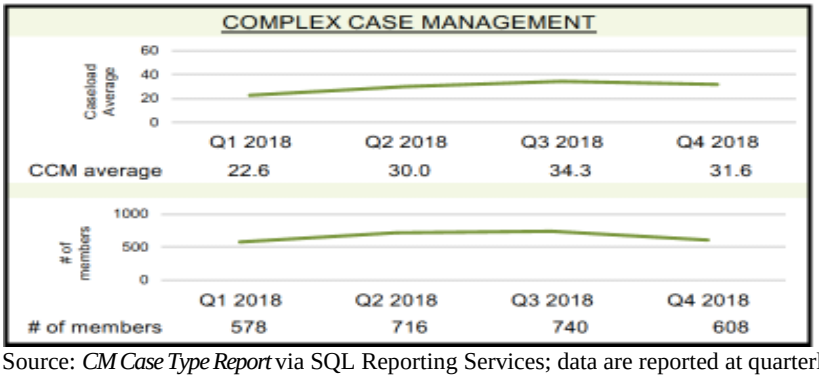
Complex Case Management (CCM): Members Accepting CM Program, Q1 2018 - Q4 2018



	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Net Referrals	115	246	202	287
Accepted	58	116	86	145
% Consented	50.4%	47.2%	42.6%	50.5%

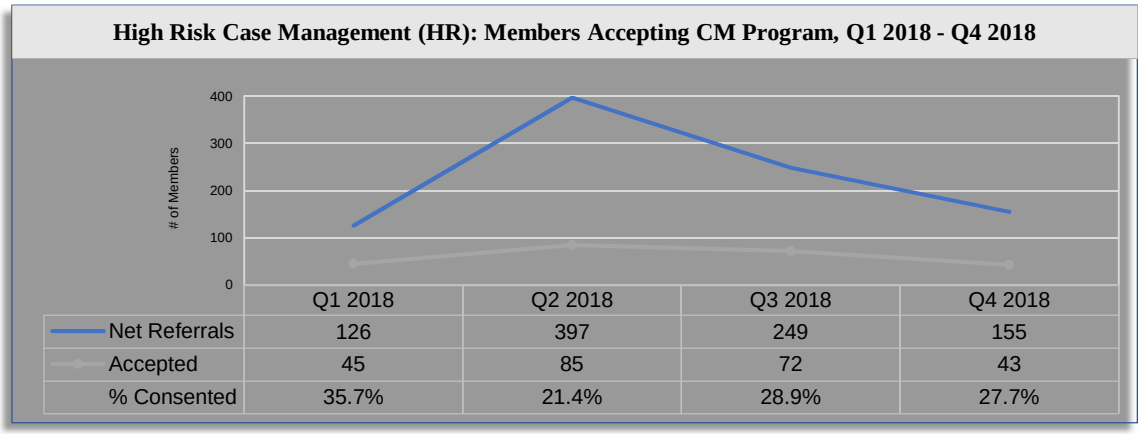
Net Referrals excludes members who expired, were ineligible, termed or were "unable to contact".
Data source: *CM Case Type Report* dataset via LAC SQL Server Reporting Services

Number of members touched by CM rose steadily (as shown in the graphs below) during 2018 due to improved caseload monitoring and increased efficiencies, e.g., care coordinator initial outreach calls, weekly feedback on caseload to case management nurse specialists and monthly feedback on cases open over 90 days (looking for rationale for continued case management). Quarter 4 was marked by staffing deficit and high-touch CMS audit needs.



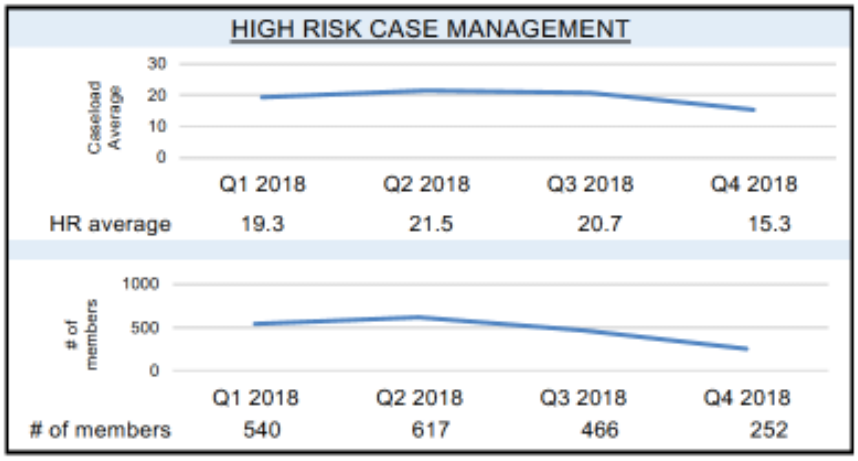
Source: *CM Case Type Report* via SQL Reporting Services; data are reported at quarterly UMC (Utilization Management Commmittee) meetings.

The total number of new referrals to the High Risk Case Management (CCM) program in 2018 was 927. Forty-five percent (44.8%) of members (n=415) were unable to be reached. Over one-quarter (26.4%) of the members consented to CCM services (n=245). Number of members consenting to participate in the HR program during 2018 dropped. The consent rate dropped from the 2017 rate of 36.7%.



Net Referrals excludes members who expired or were "unable to contact".
Data source: *CM Case Type Report* dataset via LAC SQL Server Reporting Services

Similar to CCM, the number of HR members touched by CM also rose steadily (as shown in the graphs below) during 2018 due to the aforementioned efforts, with Quarter 4 showing a drop due to various factors, among them being fewer referrals processed.



Source: *CM Case Type Report* via SQL Reporting Services; data are reported at quarterly UMC (Utilization Management Commmittee) meetings

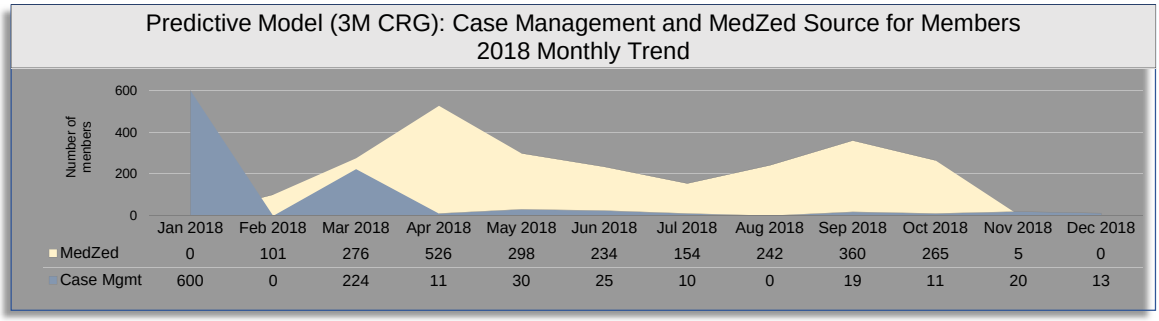
Measurement of member experience with Care Management is tracked via a yearly satisfaction survey and the monitoring and review of the Appeal and Grievances report quarterly.

MedZed Telehealth Project for High Utilizers or Home-Bound

In February of 2018, L.A. Care engaged the services of an in-home telehealth vendor, Med Zed. The goal of the intervention was to identify high utilizing members who might benefit from a telehealth or in-home visit for medical assessment, stabilization as needed, and connection for follow-up with his/her primary care provider (PCP). MedZed employs a team of nurses who visit patients in their homes. The nurse performs services such as medication reconciliation, self-management skills training, fall risk assessment, home safety evaluation, and advanced care planning. The MedZed nurse facilitates a live, HIPAA-compliant secure videoconference session with a remote MedZed Physician or Nurse Practitioner. The MedZed provider conducts a physical examination with the assistance of the nurse, using a high-fidelity digital stethoscope and a high-resolution camera. The findings and assessment are documented, and a note is sent to the PCP for inclusion in the patient's medical record. MedZed also provides care coordination for patients to ensure follow through of recommendations and referrals. Outcome goals include decrease

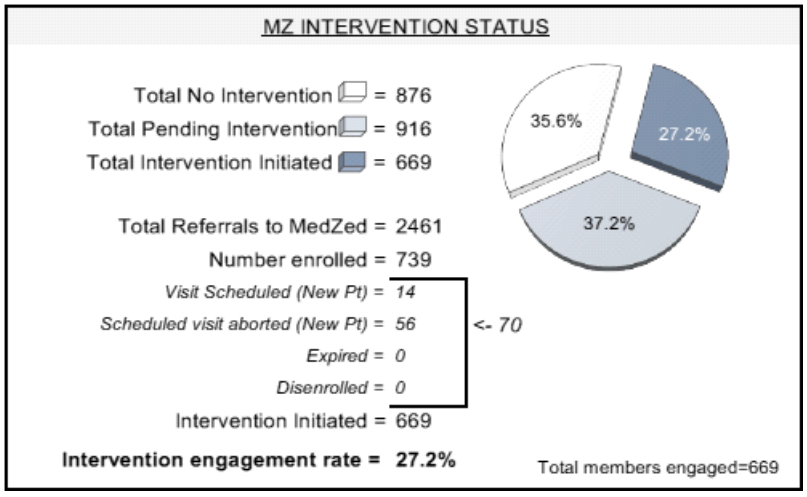
in ER and inpatient utilization, and ensuring that members are receiving care at the right level of care. For instance, if a member is unable to attend outpatient PCP visits, other options are addressed such continued home care, palliative care, hospice, etc.

The CRG predictive model also known as the "risk tool" is utilized to provide possible members for CM programs and as a source of members for the tele-health project with MedZed, Healthcare 2.0. The risk tool is filtered based on utilization metrics and filters items related to emergency room visits, inpatient admissions/readmissions, and 30-day ACR. Member must have utilized two of the four Utilization Management (UM) metrics (Emergency Room, Inpatient, Emergency Room to Inpatient, or Readmission to Inpatient) and the sum across all four UM metrics must be greater than five. The current process excludes members in which their Physician Provider Group (PPG) provides similar services and LACC, PASC-SEIU and Department of Health Services (DHS) members. Graph below shows referrals provided to MedZed and referrals to the CM program(s).



3M™ Clinical Risks Group (CRG) software identifies complex members for Complex Case Management program.

The following graph shows intervention status in the nascent program:



Pre- and post-active engagement in the program analyses are currently underway and are expected to be ongoing starting Q1 2019. For purposes of this report, engagement is defined as member having completed one tele-health home visit with a PCP and RN.

Member Satisfaction with the Care Management Program

During 2018, the Case Management Member Satisfaction survey was revised. The revised survey was administered starting September, 2018.

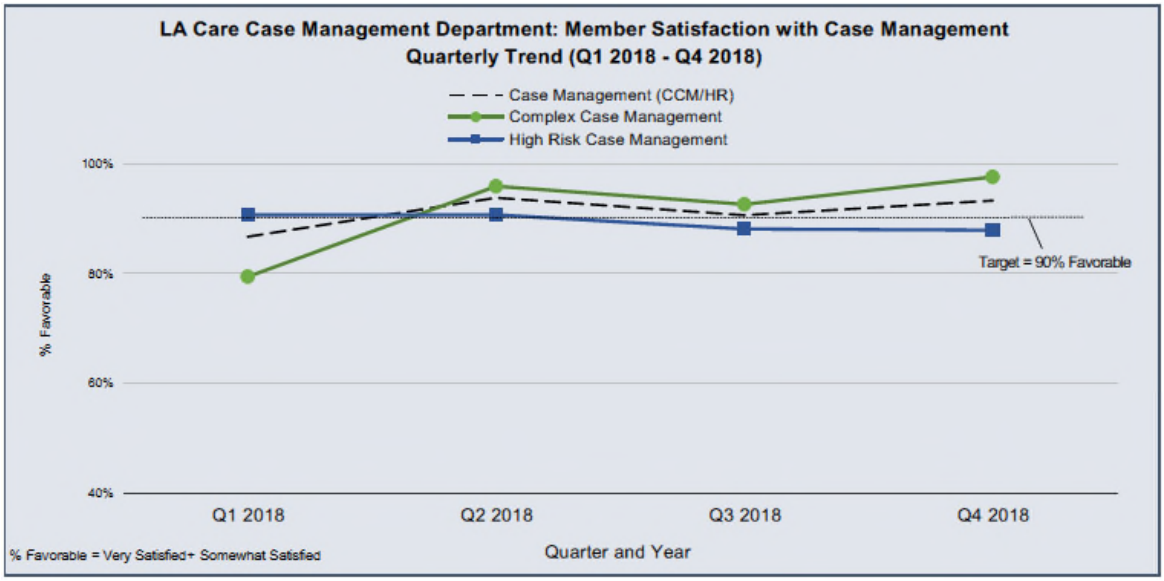
The two new items to address new NCQA standards are in relation to members' ability to adhere to recommendations:

- How satisfied are you that the Care Manager helped you understand the doctor's treatment plan?
- How satisfied are you that you are now more able to follow the doctor's treatment plan?

The following survey item was removed:

- Thinking about the two members of your care team, was your dissatisfaction with your care manager, care coordinator or with of them?

Other changes involved changing "team" to "Case Manager" and slight wording changes such as revising "satisfaction with the help and information provided L.A. Care's Care Management Program" to "satisfaction with L.A. Care's Care Management Program".



Source(s): CCM_HR_MemberSatisfactionSurveyListsMmmmYYYY file provided by L. Andrade, MORE Supervisor, on monthly basis; data are analyzed by the Case Management Business/Data Analyst on a monthly, quarterly, and annual basis.

10. Overall how satisfied are you with L.A. Care's Care Management Program?[1]

Measure	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Number of respondents: Case Management (CM) Program	101	83	97	75
Case Management Member Satisfaction Score (% Fav)	86.7%	93.8%	90.6%	93.3%
Number of respondents: Complex Case Management (CCM) Program	34	49	55	41
Complex Case Management Member Satisfaction Score (% Fav)	79.4%	95.9%	92.6%	97.6%
Number of respondents: High Risk Case Management (HR) Program	67	34	42	34
High Risk Case Management Member Satisfaction Score (% Fav)	90.7%	90.7%	88.1%	87.9%

[1]Question revised July 2018. Pre-July 2018 wording: Overall, how satisfied are you with the help and information that you got from L.A. Care's Care Management program?; Post-July 2018 wording: Overall, how satisfied are you with L.A. Care's Care Management Program?

Source(s): CCM_HR_MemberSatisfactionSurveyListsMmmmYYYY file provided by L. Andrade, MORE Supervisor, on monthly basis; data are analyzed by the Case Management Business/Data Analyst on a monthly, quarterly, and annual basis.

Results**:** 90.8% of members answered "satisfied" or "very satisfied" with L.A. Care Management Program for all lines of business (CCM: 92.1%; HR: 89.5%).

Appeals and Grievances

During 2018 Appeals and Grievances department received 112 complaints from 79 members classified under Case Management. Most complaints were in regard to PPGs and/or PPG/facility case manager. Only four (4) complaints from 4 members were received that were directly related to Case Management. One complaint had to do with access, the remaining three expressed dissatisfaction with the case manager. See Figure 3 and Table 2.

Member complaints data were reviewed separately as an indicative component of satisfaction. In collecting data from L.A. Care's Appeals & Grievances department, we are able to assess the volume of complaints.

Figure 3

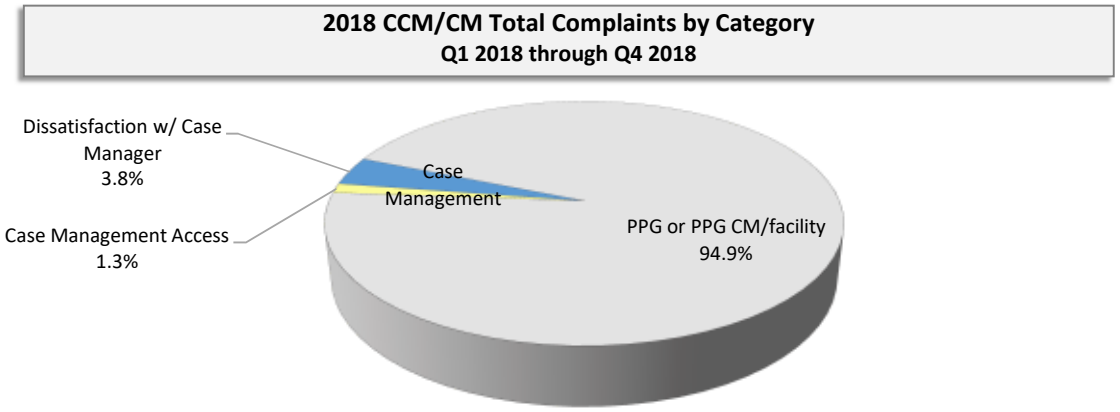


Table 2

2018 Complex Case Management Complaints	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Total Q1-Q4
Case Management Access	1	0	0	0	1
Dissatisfaction with Case Manager	0	0	1	2	3
PPG or PPG Case Manager/Facility	18	25	24	8	75
Total Complaints	**19**	**25**	**25**	**10**	**79**

Source: *Annual Member Experience - CM_Q1-2018 through Q4 2018* report prepared by Grievance and Appeals Department

Analysis & Opportunity for Improvement:

Challenges with reviewing and analyzing the A&G report data to understand CM program specific complaints for the 2018 program year (continuing from 2017).

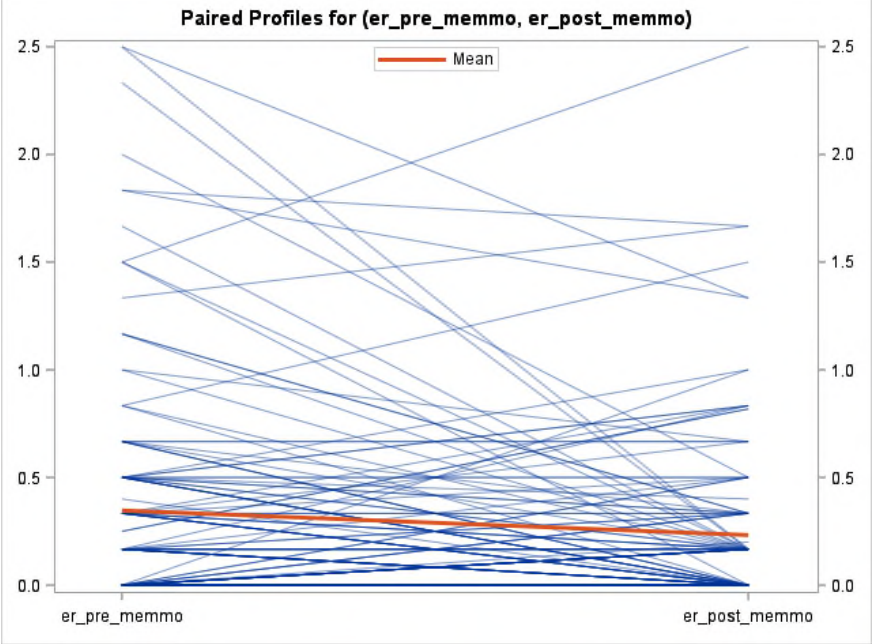
The recommendation for 2019 is for CM leadership to meet with A&G leadership to develop a report that accurately identifies and categorizes CM-specific complaints.

Complex Case Management Effectiveness: Impact on ED visits, inpatient, admissions/ readmissions, and average length of stay

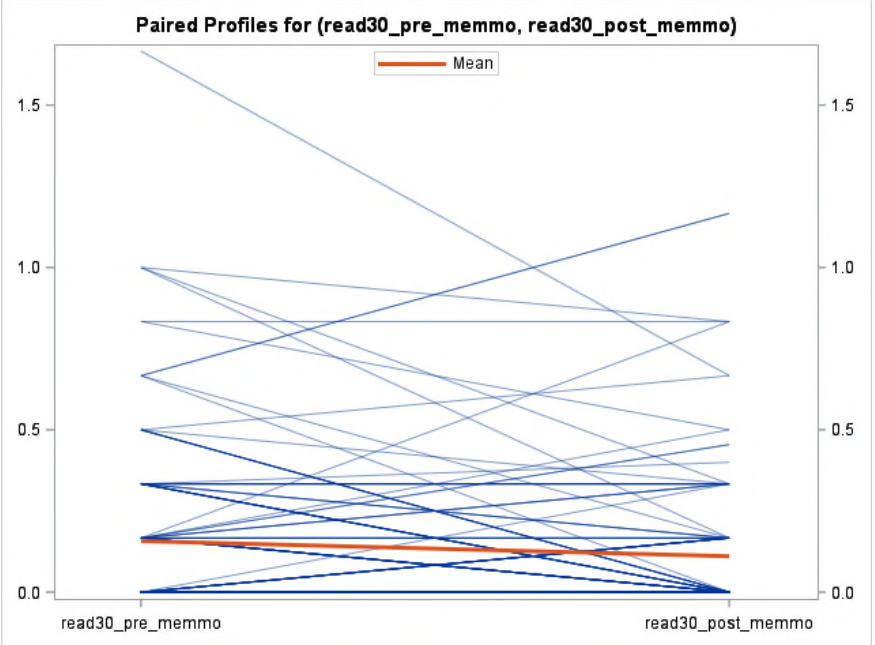
During Q2 2018, Enterprise Data Strategy and Analytics (EDSA) evaluated the frequency of utilization: emergency department visits, inpatient admissions, inpatient readmissions, and average length of stay, pre- and post-CM program participation. Criteria for inclusion in the quick study included being a participant in the CCM program a minimum of 90 days with the case being opened during 2017. Final sample size was 143 eligible members.

As shown by the tables below, three of the four items (ED visits, Re-admissions and length of stay) showed lower mean scores at post CM versus Pre-CM, thus an improvement. One item (I/P Stays) showed a decrease, but not at $p<0.05$.

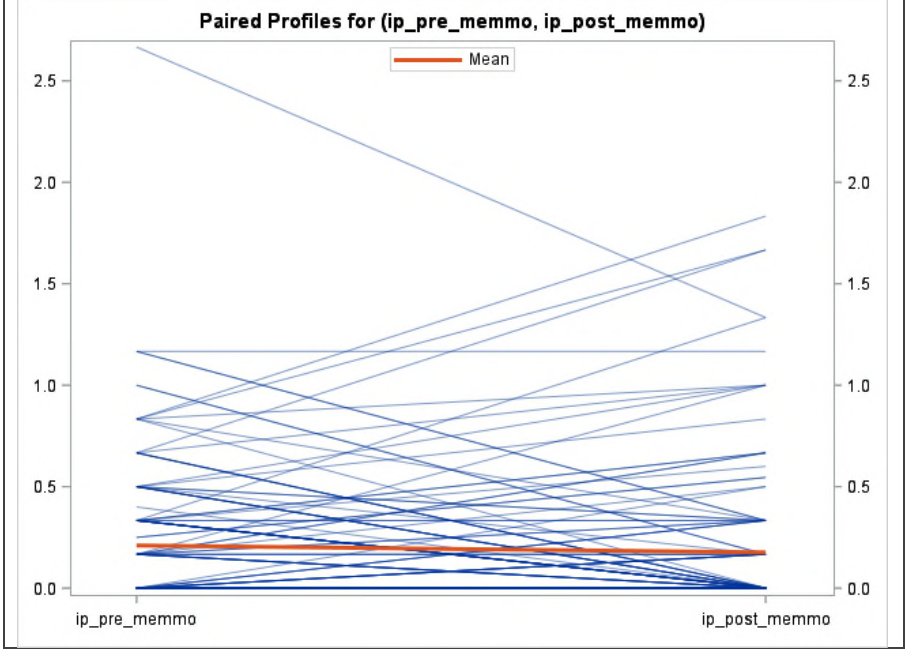
ED Visits



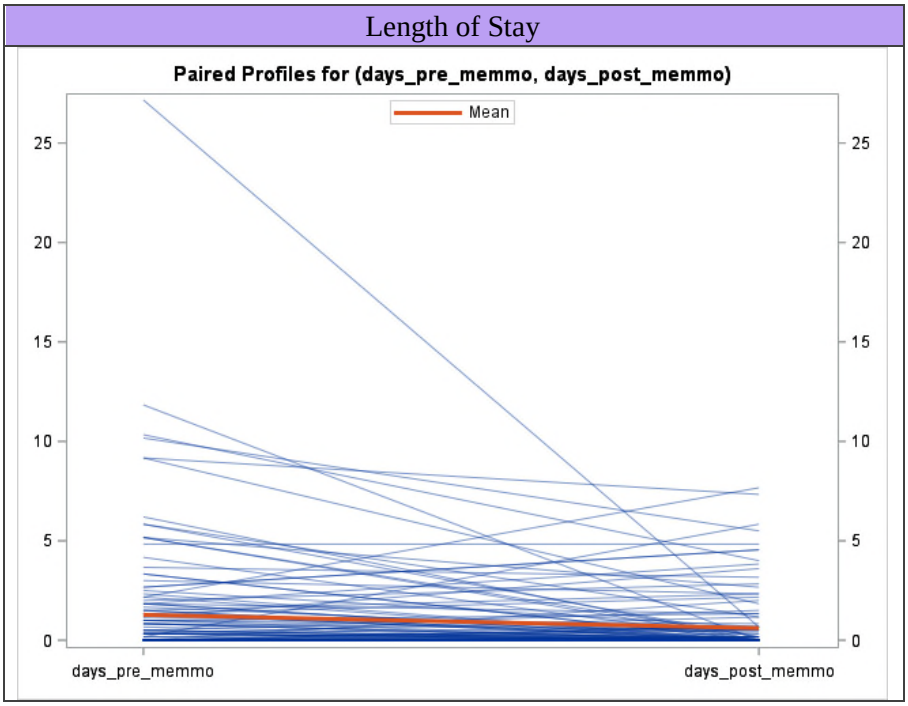
Re-admissions



Inpatient Stays



Length of Stay



Variable	Mean	SD	Conclusion	p value
Emergency Department Visits, pre-CM Emergency Department Visits, post-CM	0.347 0.232	0.53 0.39	Post-CM average is significantly lower than pre-CM.	p=0.003
Inpatient Stays, pre-CM Inpatient Stays, post-CM	0.210 0.176	0.36 0.37	No significant differences found.	p=0.119

Variable	Mean	SD	Conclusion	p value
Inpatient Readmissions, pre-CM Inpatient Readmissions, post-CM	0.157 0.111	0.26 1.44	Post-CM average is significantly lower than pre-CM.	p=.0126
Average Length of Stay, pre-CM Average Length of Stay, post-CM	1.278 0.607	3.11 1.44	Post-CM average is significantly lower than pre-CM.	p=0.003

Mean=average score, SD=standard deviation, p value=probability value; *CM Effectiveness analyses* performed by EDSA, July 2018.

Program Evaluation: Performance and Health Outcome Measurement

On an annual basis, an evaluation of the Care Management Program is documented in the CM Program evaluation to ensure that the scope, goals, performance measures and planned activities are consistent with the identified plans. The Health Services Leadership team is responsible for the monitoring and evaluation of the model of care effectiveness which includes an aggregate data review of the measurable goals and program satisfaction results.

The evaluation includes:

- Comparison of actual program e.g., data from member satisfaction survey reports, and complaints that are related to care management.
- Input on trends and action plans related to internal care management activities.

Identifying Opportunities for Improvement

The annual Care Management Program evaluation is presented to the Utilization Management Committee and the Quality Oversight Committee prior to being presented to the Board of Directors.

There was a drop in member satisfaction with the care management programs. The drop may be attributed to a change in methodology in July-September, 2018. The change caused a drop in response rate from an average of over 50% to just over 20%. The Customer Solutions Center (CSC) will return to the original manual methodology of re-contacting members who showed no call information in the data received by Care Management. Additionally, during 2019, Case Management and Disease Management will merge into one department and will expand face to face member coaching opportunities through community health workers and utilizing the Family Resource Centers throughout the community which may make members more engaged in the programs.

LOOKING FORWARD

Based on the results of the 2018 evaluation, Care Management plans to focus on these areas in 2019:

1) Complete merger of Care Management and Disease Management Programs by Quarter 3 2019
    a) Increase to 40 CM/DM teams from (28 CM/DM teams)
    b) Increase focus on high utilizers/risk stratification/provider referrals.
2) Develop and implement department-wide cross-training and on-going training on all areas of Care Management. In particular, focusing on the integration of CM and DM departments. Target Date for development and completion of cross-training: March 31, 2019.
3) Select and being implementation of new care coordination, core system of record by Q4 2019.
4) Provide subject matter expertise in the development and dissemination of training to PPGs regarding CM program requirements and associated policies and procedures
5) Continue department-level staff dissemination of pertinent reporting metrics on a monthly basis at monthly staff meetings.
6) Meet or exceed all regulatory and accreditation requirements for ICP and ICT completion for high and complex risk members in SPD and CMC LOBs.
7) Explore increased Care Management collaboration with L.A. Care's Managed Long Term Services and Support Team (MLTSS).

8) Goal of 20,000 members engaged in CM Programs for the year of 2019
9) Expand acuity levels managed by CM/DM nurses to include higher acuity DM cases as well as high and complex CM cases. Expand the role of care coordinators and community health workers. Continue to enroll and engage members into the current asthma, diabetes, and cardiovascular disease management programs.
10) Support medical homes that handle unique populations, such as those members aging out of CCS.
11) Increase field base delivery of services [Family Resource Centers (FRC)]
    a) Synchronize deployment of CM teams
        - Increase number of community health workers and nurses in the FRC
    b) Train and develop policy and procedures for member engagement.
12) Leverage technology to increase effectiveness of communication and timeliness of notification for transitions of care utilizing Health Information Exchange data.
13) Integrate/coordinate Health Homes and Care Management Program.
14) Collaboration with Clinical Assurance, PNM, and Delegation Oversight to provide subject matter expertise in support of quarterly live webinars with PPGs. These webinars will serve as the mechanism to monitor ongoing PPG compliance with applicable CM program requirements and associated policies and procedures.
15) Collaboration with UM and MLTSS to increase awareness, appropriate utilization, and oversight of palliative care program for L.A. Care Medi-Cal members.
16) Increase role-playing activities through palliative care training.
17) Improve reporting process with Appeals and Grievances regarding Case Management-related grievances to identify actionable process improvement opportunities in the Care Management department.
18) Continue program development and oversight of MedZed telemedicine and in-home intervention program
19) Train CM staff to educate members about Nurse Advice Line (NAL) and provide and promote the NAL phone number.
20) Refine algorithm utilized on Health Information Form (HIF) to have completed HIFs routed to appropriate CCA queues.
21) Develop referral process and feedback loop with a new contract providing the Silver Sneakers program for Cal MediConnect (CMC) members. The Silver Sneakers program provides payment for gym memberships and exercise classes for CMC members to encourage appropriate physical activity.

F.1 CONTINUITY AND COORDINATION OF MEDICAL CARE

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REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

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.

2018 Summary: Settings, Data Collection, and Goals.

Settings	Data Collection to Identify Opportunity for Improvement	2018 Goals	2018 Goal Met/ Not Met
Transition in Management: Behavioral Health Inpatient Facility to Outpatient	Follow up after Mental Health Hospitalization (7 & 30 Days)	Achieve a rate of 52% for the 30-Day follow up HEDIS measure for the Cal MediConnect Line of Business	Not Met
Transitions in Management: Hospital to Outpatient	Postpartum Care	Achieve a rate of 60% of new mothers receiving postpartum care within 21-56 days of delivery	Not Met
Outpatient Setting: Polypharmacy	Tracking members identified as having polypharmacy based on the following parameters: - More than 13 unique chronic medications - From 7 or more prescribers during a 4-month period -Receiving 2 or more prescriptions in the same drug class	Notify 90% of providers of members that meet criteria	Goal Met

Settings	Data Collection to Identify Opportunity for Improvement	2018 Goals	2018 Goal Met/ Not Met
Outpatient Setting: Specialist to PCP	Provider Satisfaction Survey	80% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred	Not Met
Outpatient Setting: PCP to Specialist	Provider Satisfaction Survey	80% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient	Not Met

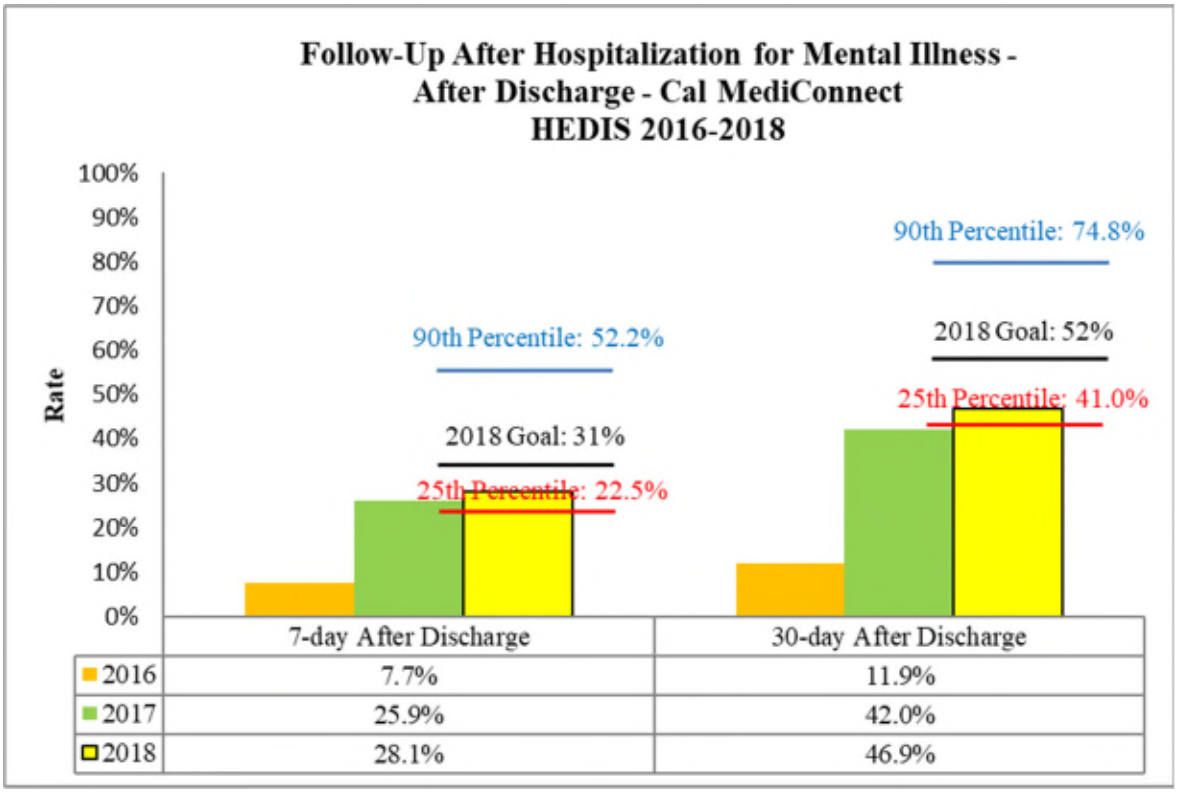
SECTION I. CONTINUITY AND COORDINATION OF CARE - TRANSITIONS IN MANAGEMENT

A. TRANSITIONS IN MANAGEMENT: BEHAVIORAL HEALTH INPATIENT TO OUTPATIENT

Follow-Up After Hospitalization for Mental Illness (FUH)

The Follow-Up After Hospitalization for Mental Illness (FUH) Healthcare Effectiveness Data Information Set (HEDIS®) measure shows the rate of members who were hospitalized with a primary diagnosis of a behavioral health issue who received follow-up care from a behavioral health professional in an outpatient setting within seven and thirty days of their discharge, effectively transitioning their care from an inpatient to outpatient setting.

The following graph shows L.A. Care's Cal MediConnect plan's performance in the FUH measure over the past three years:



	7-day After Discharge	30-day After Discharge
2016	7.7%	11.9%
2017	25.9%	42.0%
2018	28.1%	46.9%

ANALYSIS

Quantitative Analysis

The FUH 7-Day rate was 28.13% and improved by 2.2 percentage points from the prior year. This increase in the rate was not found to be statically significant ($p<0.05$). The FUH 30-Day rate also improved from the prior year, from 42% to 46.9%, though this was not found to be statistically significant either. Both of these rates met the minimum performance level, but neither met their goal for the year.

Identifying and Acting on an Opportunity for Improvement

L.A. Care undertook two interventions in 2017 in an effort to improve the rate for the FUH measure. The first was to continue to collaborate closely with Beacon Health Strategies (Beacon), L.A. Care's behavioral health provider network, to ensure a more comprehensive capture of data for the measure. Historically, not all claims for FUH-eligible services would be reflected in L.A. Care's data, as many would be rejected for formatting errors or other processing issues. Working with Beacon to identify cases of qualifying outpatient visits that were not present in L.A. Care's data, L.A. Care was able to incorporate these additional visits as supplemental data and use them in HEDIS reporting.

The second intervention launched in 2017 was a member incentive for completing the follow-up visit within the 30-day timeframe. Members who met the criteria for the FUH measure and completed a follow-up visit with a qualifying behavioral health provider within 30 days were eligible to receive an emergency preparedness kit. The kit contains items like heater meals, a blanket, packaged water, and a flashlight, that might be useful to people experiencing homelessness, as a high proportion of the membership that qualifies for this measure are homeless at some point throughout the year. This incentive was launched in October of 2017.

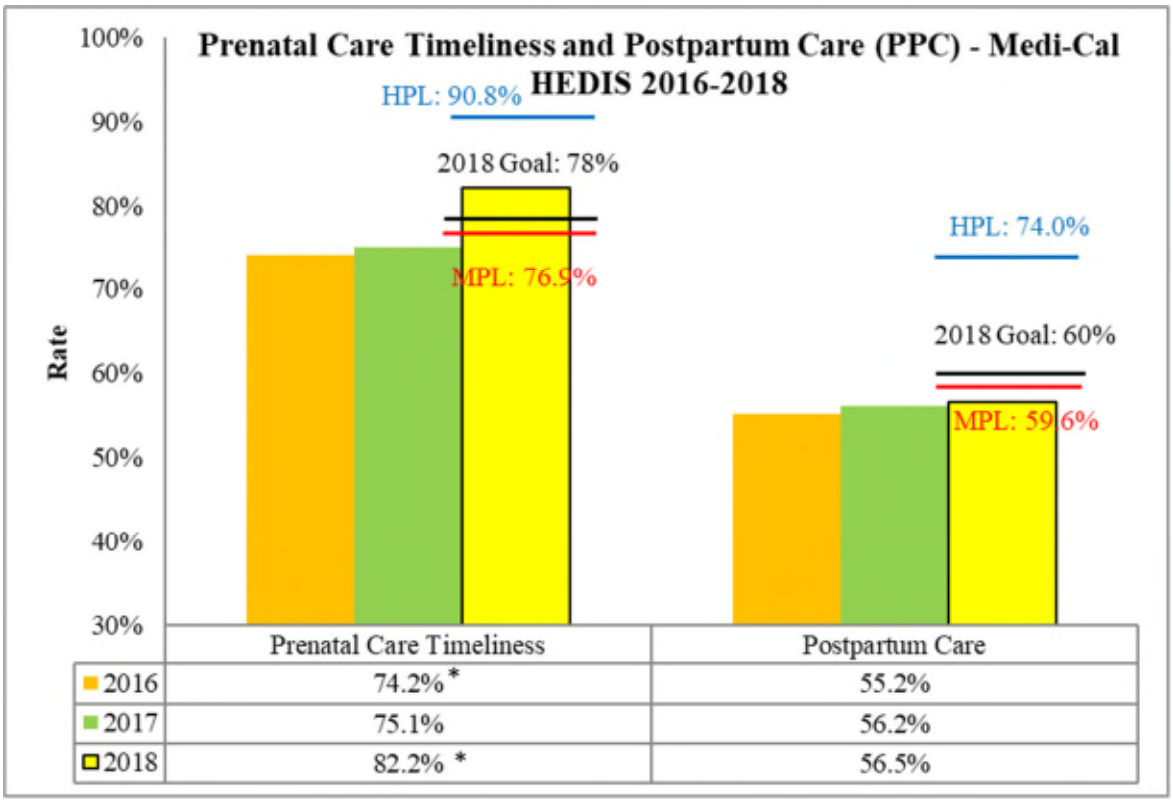
As was noted in the quantitative analysis for this measure, the rate did not improve significantly. The continuation of the supplemental data submission effort from Beacon started in 2016 appears to have maintained the higher rate observed relative to 2015, before supplemental data submission began, as reflected in the 2016 rate. While the member incentive's launch in October of the measurement year makes it too soon to say with certainty whether it was effective, the lack of significant improvement in the rate, and the disparity between qualifying members and the number of kits delivered in measurement year 2018, indicate that it might not be. Out of 120 qualifying inpatient discharges, a total of 37 kits had been distributed for the Cal MediConnect (CMC) line of business as of October 2018. This is a 31% fulfillment rate, and when compared to the 47% rate for the measure, it's apparent that the incentive does not appear to be driving member compliance with the measure. L.A. Care might consider interviews with qualifying members to determine their awareness of the incentive program, as well as its appeal and effectiveness, and terminate the program should it become apparent that it is no longer worthwhile to continue it.

In 2019, L.A. Care's Behavioral Health workgroup, working with Beacon, will launch a new program aimed at improving our performance in the FUH measure. Called the Recovery, Education, and Access to Community Health program, or REACH, the intervention seeks to deliver timely follow-up care to the members least likely to receive it by sending behavioral health providers to carry out home- or field-based therapy wherever they are. By targeting members without an existing relationship with a behavioral health practitioner, who have complex conditions or co-morbidities, and who are deemed most at-risk for readmission, the behavioral health workgroup hopes to more efficiently impact the rate for this measure as reflected in HEDIS 2019.

B. TRANSITIONS IN MANAGEMENT: HOSPITAL TO OUTPATIENT

Postpartum Care (PPC)

The Postpartum Care portion of the Prenatal Care Timeliness and Postpartum Care (PPC) HEDIS metric measures the rate of members who receive postpartum care within 21-56 days of giving birth. Postpartum care is typically provided by an OB GYN in an outpatient setting.



	Prenatal Care Timeliness	Postpartum Care
2016	74.2%*	55.2%
2017	75.1%	56.2%
2018	82.2% *	56.5%

*Statistically Significant Difference

Quantitative Analysis

The postpartum care rate was 56.5% and improved by 0.3 percentage points from the prior year. This improvement was not statistically significant. The rate did not meet the goal or the DHCS minimum performance level.

Identifying and Acting on an Opportunity for Improvement

Though the rate for PPC postpartum care is increasing slightly year over year, its consistent performance below the minimum standard set for Medi-Cal continues to be an area of major concern. DHCS has assigned L.A. Care a Plan, Do, Study, Act (PDSA) rapid cycle improvement project for this measure to ensure that steps are being taken to address the plan's challenges with it.

As a part of the planning phase for this project, L.A. Care has identified several barriers to compliance for the measure:

HEDIS Measure	Barriers	Actions
Postpartum care	• Timely identification of recent live births. • Cultural issues/traditions.	• L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal

HEDIS Measure	Barriers	Actions
	• Members do not perceive the urgency for a postpartum check-up. • Potential transportation and child care issues. • Lack of OB/GYN availability, long provider wait times or member reaches voicemail. • Postpartum care occurs before or after the 21-56 day recommendation (e.g. post C-section). • Resistance from OB/GYN office staff to schedule an additional postpartum visit after a postpartum visit has been completed before the 21-56 days recommendation. • Multi-gravida postpartum women may not perceive the importance of the postpartum visit. • Loss of member eligibility.	and postpartum care to members via text messaging. • L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women. • 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 2018, L.A. Care called 6,110 women, reached 2,654 and provided appointment assistance to 318 of them. The program reported that 2,152 women completed their postpartum visit.

In November 2018 L.A. Care began another intervention designed to address the same barriers, especially around the difficulty of scheduling an appointment for postpartum care within the necessary timeframe. For this intervention, an L.A. Care temporary Project Manager makes calls to the OB GYNs of women who have given birth between 9/24/2018 and 11/26/2018, but who the Outreach Coordinator for the Healthy Mom incentive program has not been able to reach. The Project Manager asks the OB GYN to facilitate scheduling an appointment for postpartum care within 21-56 days of delivery. L.A. Care began this intervention with the goal of improving upon the existing Healthy Moms incentive campaign by increasing the coordination of care for new mothers between the plan and the provider. L.A. Care also believed that members who do not answer the Outreach Coordinator's calls may be more likely to respond to calls from their OB GYN. The plan hoped to improve the rate of appointments scheduled for new mothers from a baseline of 4.57% to a goal of 5% by 12/14/18.

Detailed analysis of this intervention's impact is not yet available, but will be included in a report to DHCS due 12/31/2018.

SECTION II. CONTINUITY AND COORDINATION OF CARE – OUTPATIENT SETTING

A. OUTPATIENT SETTING: PHYSICIAN'S OFFICE, POLYPHARMACY

Data Collection - Polypharmacy

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

Identification of Polypharmacy

Although the term polypharmacy has no single-source consensus definition, polypharmacy may be described as potentially inappropriate/excessive utilization of medication therapy within the context of population health management. As multiple aspects of drug utilization contribute to the pattern of

polypharmacy, identification of polypharmacy in 2018 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 table below highlights the number of members that were identified with pharmacy claims data as having met patterns of potentially inappropriate polypharmacy as described above (having multiple prescribers, multiple prescriptions, and/or duplication of therapy). Members were identified during 3 separate periods throughout 2017 and 2018 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 2017 Look back period: 7/1/17 - 10/31/17		March 2018 Look back period: 11/1/2017-2/28/2018		July 2018 Look back period: 3/1/2018-6/30/2018	
		Member Identified	**Outcomes - % Members improved Mailed**	**Member Identified**	**Prescribers Mailed**	**Member Identified**	**Prescribers Mailed**
Medi-Cal	**Multi-Prescriber**	270	59.63%	243	2,357	263	2,393
	Duplicate Therapy	1,153	37.73%	1,127	999	599	699
	Multi-Prescription	2,367	31.9%	2,464	4,522	2,518	4,475
Cal MediConnect	**Multi-Prescriber**	19	63.16%	18	196	15	168
	Duplicate Therapy	63	46.03%	62	92	43	66
	Multi-Prescription	150	37.33%	143	469	146	486
L.A. Care Covered	**Multi-Prescriber**	0	N/A	1	9	1	11
	Duplicate Therapy	10	60%	9	14	20	23
	Multi-Prescription	3	33.33%	2	8	*7*	*36*

Intervention to act on Opportunity: Polypharmacy Provider Outreach

The intervention for identified members is a prescriber mailing campaign administered by Navitus on behalf of L.A. Care, known as the Retrospective Drug Utilization Review (RDUR) Safety Program. The goal is to provide notification to 90% of the providers with members that meet the polypharmacy criteria to help address polypharmacy, if needed. For each identified member, Navitus sends out mailings to all prescribers that have played a role in the member's identification for having multiple prescribers, multiple prescriptions, and/or duplication of therapy. The mailing to prescribers includes details on the history of prescriptions filled (fill date, drug name, prescriber information, pharmacy information, etc.). The mailings occur in conjunction with the identification periods described in the previous section.

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

Measuring Intervention Effectiveness: Change in Polypharmacy Drug Utilization Patterns

While the main goal is to notify providers, an important outcome is to reduce polypharmacy among members. For the purposes of this evaluation, the prescriber letter is considered to have contributed to an improved outcome under the following circumstance:

- Member is identified for one or more interventions (Multi-Prescriber, Multi-Prescription, and/or Duplicate Therapy) during a given intervention period.
- Member no longer qualifies for the same intervention(s) during the next intervention mailing period.

- Example: Member has 8 different prescribers and meets criteria for Multi-Prescriber mailings in March. From March to June, the number of different prescribers for the member has decreased to four (4) and member no longer meets the criteria for Multi-Prescriber mailings in July.

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 is based upon actual changes in drug utilization patterns related to polypharmacy. A prescriber letter intervention is considered to have made a contribution towards a positive outcome when members previously identified as having a polypharmacy issue no longer meet criteria in subsequent mailing periods.

For the Medi-Cal members, the letters may have contributed to a decrease of 31.9% for multi-prescriptions, 37.73% for duplicate therapy, and 59.63% for multiple prescribers. The CMC line of business saw greater improvement, and with 37.33% for multi-prescriptions, 46.03% for duplicate therapy, and 63.16% for multiple prescribers. For the LACC members, the rates were highly variable, likely due to the small numbers in the health plan. There are several limitations to the above measured effectiveness of the intervention including the following: exclusion of disenrolled members during subsequent mailing periods was not incorporated and difficulty in concluding the exact cause of decrease in decrease in drug utilization patterns.

This intervention will continue based on the rates of improvement. In the near future, L.A. Care will explore different avenues to communicating patients' medication, such as using the provider portal to flag any potential polypharmacy cases to the PCP.

A. Outpatient Setting: Primary Care and Specialist

1. Data Collection – PCP/SCP Communication

L.A. Care measures Specialty Care Provider/Specialist (SCP) and Primary Care Provider (PCP) communication through a yearly Provider Satisfaction Survey (PSS). Providers are asked to respond to the following questions measuring continuity of care:

(a) How frequently do you receive adequate clinical feedback from specialists to whom you have referred a patient? – Question specifically asked to PCPs.
(b) How frequently do you receive adequate clinical information from Primary Care Physicians who refer a patient to you? – Question specifically asked to SCPs.

For all lines of business, L.A. Care has set a goal of having 80% of both PCPs and SCPs reporting that they "always" or "often" receive adequate clinical information as this would be an indicator of more consistent and effective communication and coordination of care.

2. Provider Satisfaction Survey Responses (2017-2018)

Note that weighted data is used for each table below. Providers responding as "always" or "often" are grouped as "regularly exchanging adequate clinical information for their members" during a visit.

(a) PCP: How frequently do you receive adequate clinical feedback from specialists to whom you have referred a patient?

Percent of PCPs Responding Always or Often		
All Lines of Business	2017	2018
	46.8%	42.8%

(b) SCP: How frequently do you receive adequate clinical information from Primary Care Physicians who refer a patient to you?

Percent of SCPs Responding Always or Often		
All Lines of Business	2017	2018
	51.6%	38.9%

3. Quantitative and Causal Analysis – PCP/SCP Communication

***Quantitative Analysis*:**
The percent of PCPs reporting that they regularly received adequate information from SCPs declined by 4 percentage points in 2018 to 42.8% from its 2017 level of 46.8% and did not meet the goal of 80%. The percent of SCPs reporting that they regularly received adequate clinical information from PCPs decreased by 12.7 percentage points in 2018 to 38.9% from its 2017 level of 51.6% and did not meet the goal of 80%.

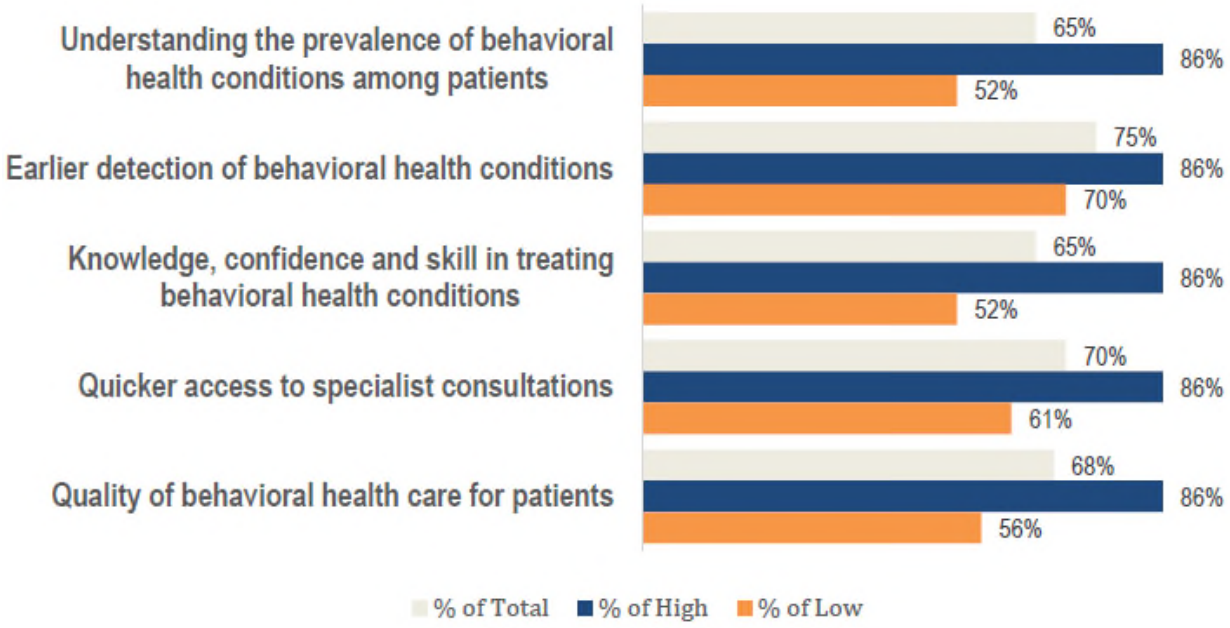
Causal Analysis:
Adequate communication between PCPs and SCPs is the key to ensure that providers receive sufficient clinical information regarding their patients to maintain continuity and improve coordination of medical care. Providers may not have the system capabilities to communicate and exchange information in a timely manner nor resources to commit staff in an effort to improve continuity of care.

Opportunities for Improvement
In fielding these questions to providers L.A. Care has identified an opportunity to put interventions in place to enhance PCP and SCP communication, coordination, and continuity around member care. Currently, the major intervention L.A. Care has in place to meet this need is the eManagement program.

Launched in 2017, the eManagement physician incentive program is designed to improve medication management of behavioral health patients, improve care delivery by enhancing collaborative care between the PCP and psychiatrist, improve patient care through increased behavioral health screenings, and improve PCP knowledge so they feel comfortable with treatment plans. Eligible physicians earn incentives for each qualifying member by conducting behavioral health screening tools and/or when they successfully initiate and complete an online dialogue with a psychiatrist (eDialogue) concerning patients who score in the mild to moderate range in depression or anxiety screenings.

L.A. Care conducted a midterm evaluation of the eManagement program as of July 2018. The 226 providers participating in the program were classified by their level of usage of eManagement- either "high" users (meaning they had screened 25% or more of their panel using eManagement, or had conducted 20 screens per month since joining the program, or had conducted 100 screens or more since joining), or "low" users (if they met none of these criteria).

Data from the evaluation shows that high users of the program reported increased ease of access to specialist consults, resulting in better behavioral healthcare for the patients in their panel:



A more robust analysis of the eManagement program will be available when the full evaluation is completed in the first quarter of 2019.

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

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BACKGROUND

Service from L.A. Care's Managed Long Term Services and Supports (MLTSS) Department help members remain living independently in the community; MLTSS also oversees custodial long-term care provided in a skilled nursing or intermediate care facility. Members receive care through Community Based Adult Services (CBAS), Long Term Care (LTC) Nursing Facilities, Multipurpose Senior Services Program (MSSP), Care Plan Options (CPO) and In-Home Supportive Services (IHSS). Our Care Plan Options program also refers Cal MediConnect (CMC) members to "free" community-based services (such as 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) when eligible and all other resources have been exhausted.

MLTSS 2018 QUALITY OVERSIGHT GOALS AND ACHIEVEMENTS

Four goals continued to guide the MLTSS 2019 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 on 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 1 (Antelope Valley)
- SPA 2 (San Fernando Valley)
- SPA 3 (San Gabriel Valley)
- SPA 4 (Metro)
- SPA 5 (West)
- SPA 6 (South)
- SPA 7 (East) and SPA 8 (South Bay)

Expansion of MLTSS Nurse Specialist Role. CBAS and LTC Nurse Specialists were deployed to CBAS and LTC centers to manage both member and provider relationships. On-site presence provides additional support to CM members by identifying social determinants of health to improve care coordination as well as strengthening provider partnerships by in-person interactions. Provide cross departmental support such as with Credentialing and Provider Network Management (PNM) in identifying preferred providers. Partnership with UM on Post-Acute Program to improve care coordination and transition of members through the continuum of care.

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 Interdisciplinary Care Team (ICT and 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 continue to work with Nursing Facility staff to begin to identify members with the potential to transition back to the community.

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, re-credentialing 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.

Caregiver Support. Partnership with California Long Term Care Education Center. Pilot's objective is to train IHSS providers to enhance the skills of IHSS providers to our members in order to decrease potential utilization (i.e. ED visits, hospital admissions and readmissions). Vendor shares data with L.A. Care on which IHSS members are with CM and receive MLTSS services so these caregivers can be identified as part of the care team. MLTSS brochures are being distributed by vendor to the IHSS providers for awareness of other MLTSS benefits their clients may be eligible to. Likewise, the MLTSS team continue to share and promote this training opportunity with members and providers.

Enhance Member and Provider Satisfaction

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

- Ongoing participation on 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. Conduct weekly MLTSS Care Coordination Team meetings 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. 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 MLTSS Member Satisfaction Survey. MLTSS staff also provided trainings to L.A. Care staff, PPGs, CBAS, 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.
- MLTSS Open House. Campaign for organization-wide awareness of MLTSS services.
- New Weekly Training series of inter-departmental trainings offered to MLTSS staff to enhance their knowledge of other department's roles and referral processes for member coordination of care (i.e. BH, SS, FRC, PNM, UM, CM, etc.).
- MLTSS training incorporated in CSC New Hire Academy curriculum for new call center staff; training with CSC supervisors/managers resulted in opportunities to update their outdated department procedures on MLTSS referral processes.
- In partnership with Learning and Career Services and PNM, all MSSP vendors have been integrated into LAC's required CMC compliance training eff 2016-2017. Ancillary providers such as CBAS and LTC have been integrated eff 2017-2018.
- Hosted a learning event for Health Services clinical teams (CM, DM, BH, SS) to learn more about MLTSS partnerships, care coordination and person-centered care for IHSS, CBAS and MSSP. Guest speakers included: PASC, CBAS providers, and MSSP agencies.
- Conducted a learning event for care coordination staff at our contracted MLTSS vendors (AltaMed Health Services, Human Services Association, Huntington Hospital Senior Care Network, Jewish Family Service, Partners in Care Foundation, Independence at Home-SCAN to learn more about L.A Care's Health Services programs and how to access plan benefits. Guest speakers included: BH, CM, DM, UM, and SS.
- Established collaboration with PNM for joint visits to CBAS centers to engage providers in process improvement, providing feedback and opportunities resulting in new CBAS Eligibility Determination Tool process enhancements and update to UM authorization processing guidelines to expedite access to services)

Strategies for Effectiveness and Efficiency

MLTSS developed processes to enhance operating efficiency and meet organizational and regulatory requirements, including:

- Partnership with UM in development of Post-Acute Program in improving provider and patient satisfaction, hospital admissions, readmission emergency room visits, and grievances)
- 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 17-012. 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. Assessment Reviews are conducted on L.A. Care members receiving care in CBAS, IHSS or MSSP.

MLTSS 2019 QUALITY OVERSIGHT GOALS

For 2019, 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 and encompass the unique care and service needs of MLTSS, including quality oversight.

F.3 CONTINUITY AND COORDINATION OF MEDICAL AND BEHAVIORAL HEALTHCARE

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REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

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 disorder conditions. In January 2014, mild to moderate behavioral health benefits were added to Medi-Cal managed care to be administered by the health plan. Beacon Health Options (Beacon) is the Managed Behavioral Health Organization responsible for administering these level of benefits for members with mild to moderate mental health conditions and impairments to level of functioning. The L.A. County Department of Mental Health (DMH) is responsible for providing services to Med-Cal members with severe and persistent mental illness and moderate to severe levels of functional impairment. Substance use disorder treatment and services are the responsibility of the L.A. County Department of Public Health/Substance Abuse Prevention and Control (DPH/SAPC). L.A. Care has a Memorandum of Understanding (MOU) with both entities to coordinate the appropriate level of care based on medical necessity.

In 2018, 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.

2018 WORK PLAN GOALS:

Measure	2018 Medi-Cal Goals	2018 Cal MediConnect Goals	2018 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	2018 Medi-Cal Goals	2018 Cal MediConnect Goals	2018 L.A. Care Covered Goals
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
Appropriate uses of Psychopharmacological medications	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	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	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months
Management of treatment access and follow up for member with coexisting medical and behavioral disorders	100% of providers will be notified of members on diabetes and antipsychotic medication	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 Secondary prevention behavioral health program implementation	Provide stress and anxiety management classes at L.A. Care's Family Resource Centers Conduct provider education to improve substance abuse screening	Provide stress and anxiety management classes at L.A. Care's Family Resource Centers Conduct provider education to improve substance abuse screening	Provide stress and anxiety management classes at L.A. Care's Family Resource Centers 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)

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 frequency and quality of communication is important to ensure that members receive the highest quality of care and most appropriate level of care possible.

RESULTS

METHODOLOGY

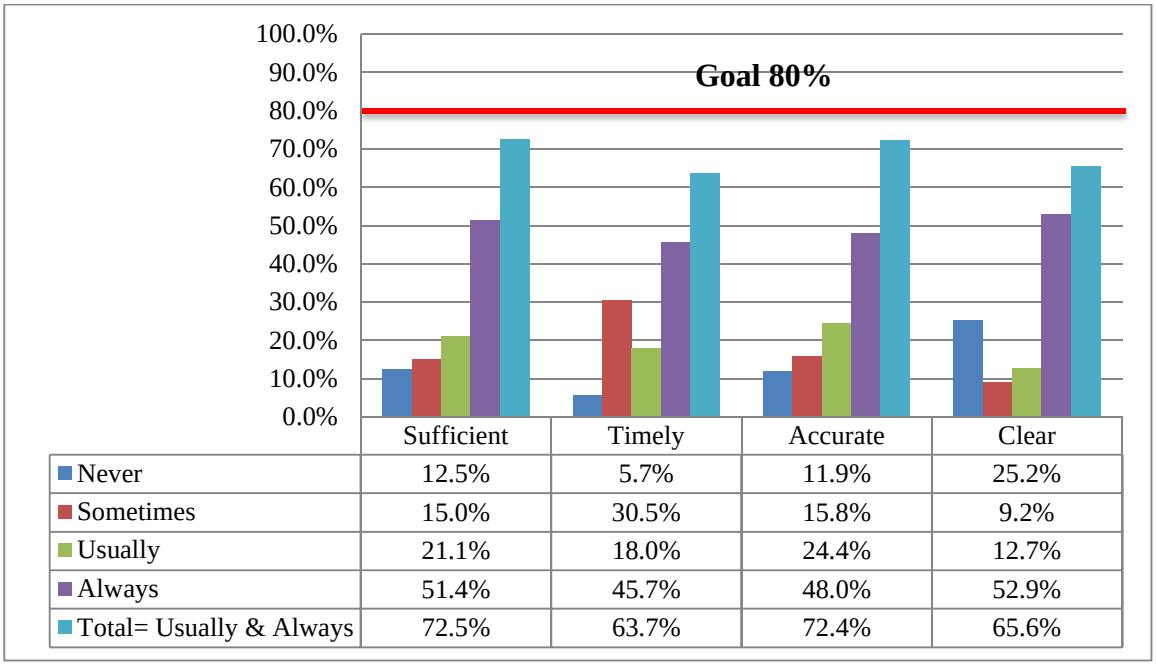
L.A. Care conducted the fifth annual telephonic survey this year. The survey includes the results of 2,421 successfully contacted Primary Care Physicians (PCP) offices. The survey consists of four questions Likert scale questions related to the sufficiency, timeliness, accuracy and clarity of the communication from the Los Angeles Department of Mental Health (DMH) and Beacon Health Strategies (Beacon). The survey's primary aim was to evaluate the satisfaction in the exchange of information for members receiving services from either entity.

DESCRIPTION OF MEASURE

Measure	Specific Indicator(s)	Measure Type
Exchange of Information	Percentage of PCPs in L.A. Care's network that responded to the question, "Please Rate the Feedback Provided from the Behavioral Health Specialist to whom you refer most often (e.g. Treatment Plans, Consultation Reports, etc.)." The Feedback Was Sufficient, Timely, Accurate and Clear: Always, Usually, Sometimes, Never."	Survey Question

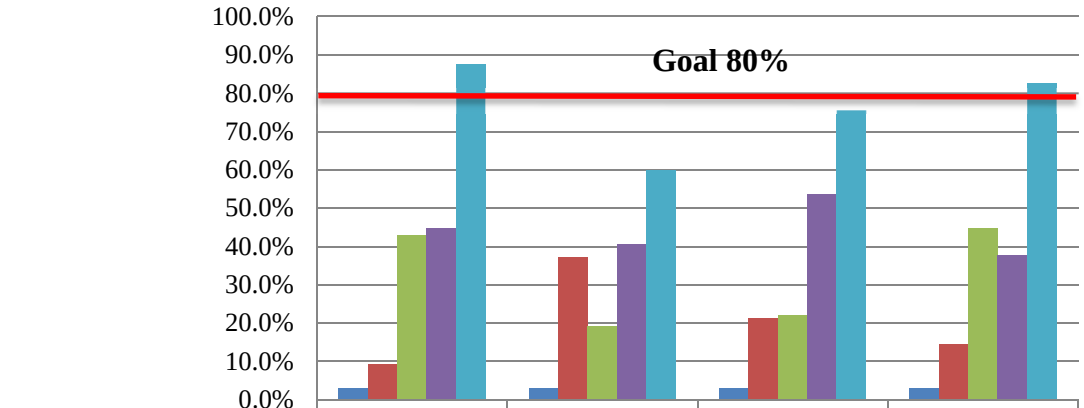
DMH SURVEY RESULTS

2017



	Sufficient	Timely	Accurate	Clear
Never	12.5%	5.7%	11.9%	25.2%
Sometimes	15.0%	30.5%	15.8%	9.2%
Usually	21.1%	18.0%	24.4%	12.7%
Always	51.4%	45.7%	48.0%	52.9%
Total= Usually & Always	72.5%	63.7%	72.4%	65.6%

2018



	Sufficient	Timely	Accurate	Clear
Never	3.1%	3.1%	3.1%	3.1%
Sometimes	9.3%	37.1%	21.3%	14.4%
Usually	42.8%	19.1%	22.1%	44.7%
Always	44.7%	40.7%	53.6%	37.8%
Total= Usually & Always	87.5%	59.8%	75.7%	82.5%

ANALYSIS

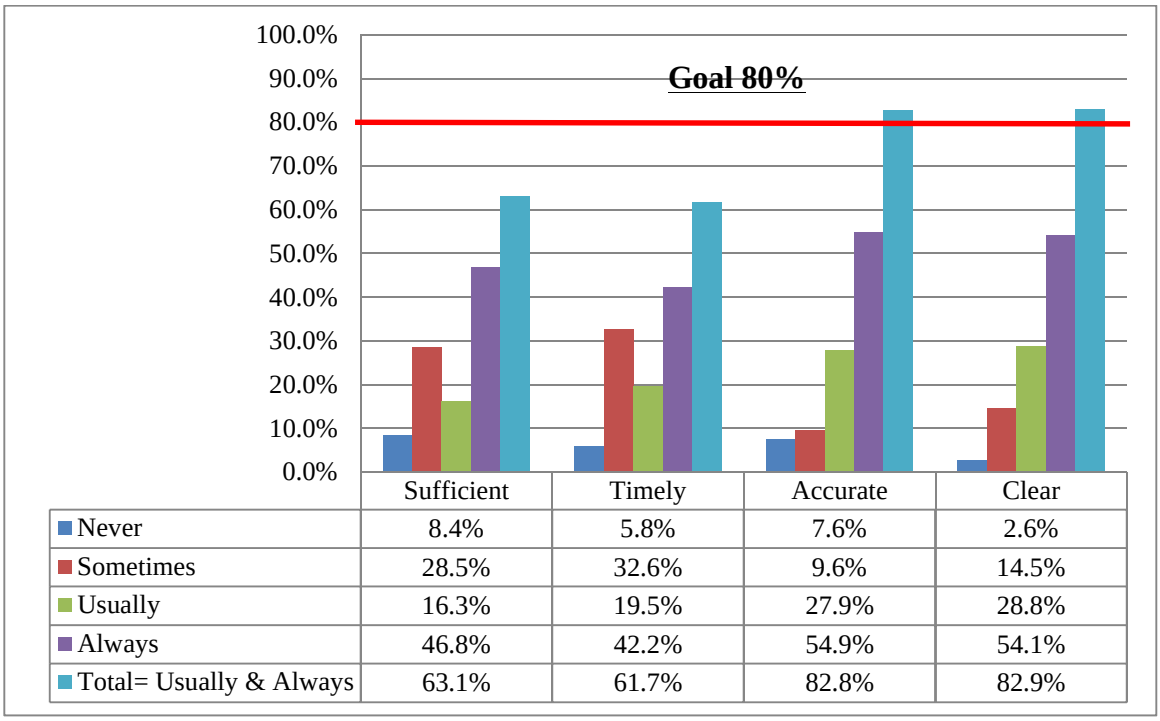
Quantitative Analysis

In 2018 87.5% of the responses described DMH's communication as "Always and/or Usually" "Sufficient" while, 9.3% stated that the communication was only "Sometimes" described as being "Sufficient". As far as "Timely" communication, 59.8% described DMH's promptness as "Always and/or Usually". However, 37.1% stated that the communication was only "Sometimes" timely. Only 31% stated that they "Never" received any communication from DMH. As far as the communication being "Accurate", 75.7% stated DMH was "Always and/or Usually" precise at when communicating. When asked to rate DMH's communication on being "Clear" (easy to understand), 82.5% responded with "Always and/or Usually"; conversely only, 3.1% of respondents stated that it is not easy to understand.

In comparison to 2017 DMH's exchange improved in sufficiency, accuracy and clarity, but decreased in timeliness. The largest increase was seen in DMH's data exchange clarity with an increase of nearly 17%. The decrease in timeliness was by 3.9%. The average for the measure in 2017 was 69.4%. This year the average across the measure comes to 76.4%, a 7% increase.

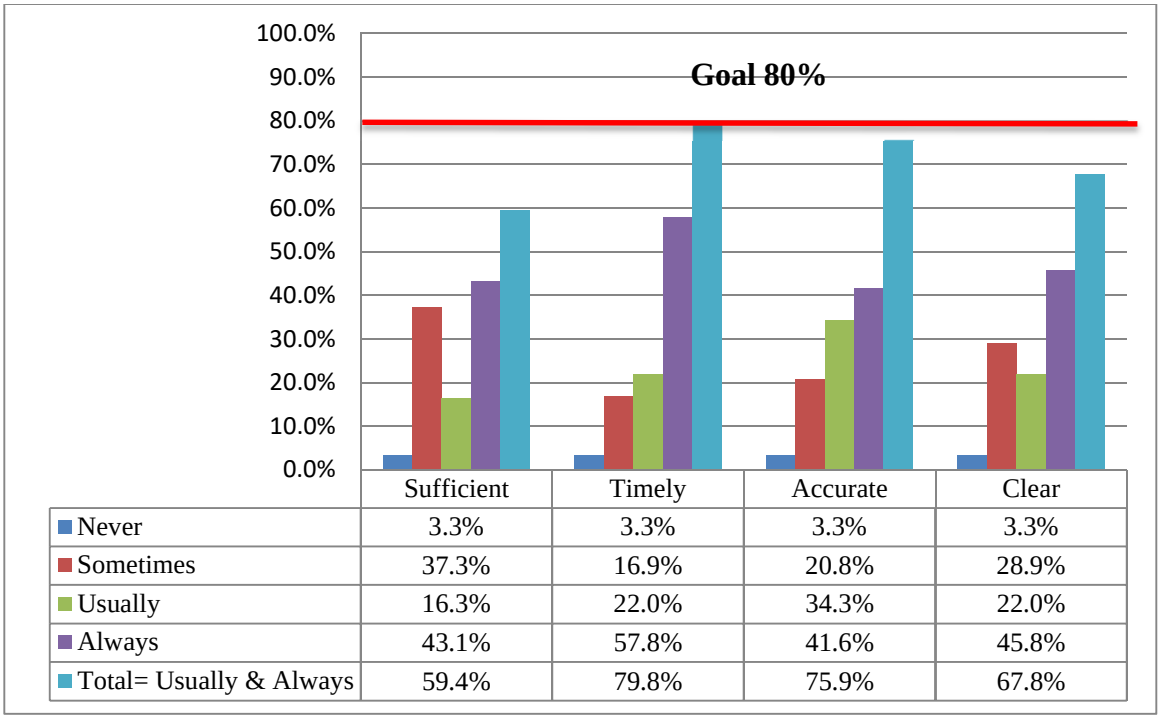
BEACON SURVEY RESULTS

2017



	Sufficient	Timely	Accurate	Clear
Never	8.4%	5.8%	7.6%	2.6%
Sometimes	28.5%	32.6%	9.6%	14.5%
Usually	16.3%	19.5%	27.9%	28.8%
Always	46.8%	42.2%	54.9%	54.1%
Total= Usually & Always	63.1%	61.7%	82.8%	82.9%

2018



	Sufficient	Timely	Accurate	Clear
Never	3.3%	3.3%	3.3%	3.3%
Sometimes	37.3%	16.9%	20.8%	28.9%
Usually	16.3%	22.0%	34.3%	22.0%
Always	43.1%	57.8%	41.6%	45.8%
Total= Usually & Always	59.4%	79.8%	75.9%	67.8%

ANALYSIS

Quantitative Analysis

When respondents were asked if Beacon's communication was "Sufficient", 37.3% of the responses stated that "Sometimes", while the majority, 59.4%, stated the communication was "Always and/or Usually". However, 3.3% stated that they "Never" receive communication. As for being "Timely", 79.8% stated that it was "Always and/or Usually" received in a "timely" manner. 3.3% stated that they "Never" receive "Timely" communication from Beacon. As far as the communication being "Accurate", 75.9% state that communication was "Always and/or Usually" "Accurate". When asked to rate Beacon's communication it being "Clear" (easy to understand) the response was 67.8% "Always and/or Usually". Only, 3.3% stated that communication was "Never" clear.

In comparison to 2017 Beacon showed a decrease in sufficiency, accuracy and clarity with timeliness as the only improved measure. Timeliness was improved by over 18% while the other dropped by 3.7%, 6.9% and 15.1%, respectively. The average for the measure in 2017 was 73.8%. This year the average across the measure comes to 70.7%. This is a decrease from the previous year by 3.1%.

Participation Rate for DMH and Beacon

A total of 1,860 of the PCP Offices were successfully contacted, which represents a participation rate of **76.8%.** Of the 1,860 entities contacted, 1,482 completed the survey, representing a **79.7%** survey completion rate. The variance is accounted for by those disinterested in participating, no answer, and inaccurate, or non-working phone numbers.

Qualitative Analysis for Beacon and DMH

The telephone survey was effective in generating a large sample response as well as providing a stronger feedback response due to the participants feeling it was much easier to discuss their issues than write them down and send them in due to time constraints. Many stated that it was good to hear from someone over the phone as they would not bother to return a survey via the mail. They felt that someone was listening to them as the participants provided their comments about the issues of feedback, communication and the getting their patients in to see Behavioral Health Providers with Beacon and the Department of Mental Health.

The data exchange survey has resided with an outsourced vendor. The scattered data responses suggest that there has not been much congruency in the data collection. The vendor reported that many of those answering the survey are office staff for the Primary Care Doctors and not the Doctor's themselves. For this reason, next year L.A. Care will be conducting the survey in house. This will ensure accuracy, quality concerning the data on information exchange.

INTERVENTIONS

Measure	Barriers	Opportunities for Improvement	Actions	Effectiveness of Intervention/
Coordination of Care/Exchange of Information between PCPs and Behavioral Health Providers	• PCPs continue to lack knowledge on how to refer members and what information can be shared between providers. • Lack of shared medical record platform for real time data sharing.	• Feedback quality from to PCPs is below goal for two of the four measures. Beacon did meet the measures across all four measure. • PCPs are unaware there is a process for exchanging information for BH services due to the sensitive nature of the information. • PCPs are unaware of the availability of services that the BH department provides to L.A. Care members.	• L.A. Care has worked with DMH and Beacon in educating providers on completing the appropriate forms needed to release member information. • DMH, at L.A. Care's request, added a section to the referral that reminds them to provide feedback to PCP. • 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. • DMH created one central number to give urgent appointments for L.A. Care members in need of services. • L.A. Care posted information on its provider website on how to exchange information with the BH provider and the forms that are needed. • Beacon held Provider Advisory Council meetings where the importance of communicating and coordinating with PCP were discussed (quarterly)	• Beacon decreased qualities of communications across 3 of 4 measures. DMH increased across 3 of 4 measures.

II. APPROPRIATE DIAGNOSIS, TREATMENT, AND REFERRAL OF BEHAVIORAL HEALTH DISORDERS COMMONLY SEEN IN PRIMARY CARE

Goal: Improve the percentage of members 18 years of age and older with a diagnosis of major depression who are newly treated with antidepressant medication, and who remain on antidepressant medication treatment (HEDIS Antidepressant Medication Management (AMM) measures and American Psychiatric Association CPG measures).

INTERVENTIONS

Measures	Barriers	Opportunities for Improvement	Actions	Opportunities for Improvement
Clinical Practice Guideline Measure Depression: 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	• Members with depression may have chronic co-morbid medical conditions that could make accessing outpatient care for depression more difficult. • Members may be resistant to treatment due to social stigma or cultural barriers. • Q3 data doesn't account for claims lag and may be an under representation of actual results.	• Members may not adhere to instructions for treating depression and the provider may have a poor follow up plan. • 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 better.	• Collaborate with health plan to identify and outreach to newly prescribed members that measure with educational qualify for HEDIS AMM materials around common side effects and the importance of follow-up appointments. Similarly, outreach and and educate the prescribers (BH and PCP) around HEDIS AMM measure and practice	• Data shows mixed results with increases and decreases across different product lines; pending 4th quarter data full analysis

Measures	Barriers	Opportunities for Improvement	Actions	Opportunities for Improvement
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		• Members may also stop their therapy sessions if they do not feel better immediately. • Members might have follow up appointments with a PCP and that might not be tracked by Beacon claims.	• L.A. Care sent members letters to remind them to stay on their medication and keep appointments. • 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. • 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. • Educate providers (behavioral health and PCP) on Beacon's Quality Program through distribution of "Quality Packets". • 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 Quality Improvement Activities (QIA) as an avenue to develop creative and innovative interventions to improve HEDIS AMM scores.	• Data shows mixed results with increases and decreases across different product lines; full analysis pending 4th quarter data

III. APPROPRIATE USE OF PSYCHOPHARMACOLOGICAL MEDICATIONS

L.A. Care collects and monitors prescription claims data in partnership with L.A. Care's contracted Pharmacy Benefits Manager (PBM), Navitus, to assess appropriate use of psychopharmacological medications; in particular, tracking occurs on the utilization of controlled substance medications with abuse potential. Members identified as having potential overuse of controlled substances are subject to interventions that aim to reduce inappropriate overutilization.

CONTROLLED SUBSTANCES MONITORING (CSM) AND "TRIPLE THREAT" RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR) SAFETY PROGRAM

PROGRAM DESCRIPTION AND METHODOLOGY

One program for members identified as having potential overuse of controlled substances is a targeted prescriber mailing campaign administered by Navitus on behalf of L.A. Care, known as the Controlled Substances Monitoring (CSM) and the "Triple Threat" Retrospective Drug Utilization Review (RDUR) Safety Program. For identified members, Navitus sends out mailings to all prescribers that have played a role in the member's identification (e.g., provided a controlled substance prescription filled by the member). Mailings occur in conjunction with the identification periods as described below:

- **Controlled Substance Monitoring Criteria –** Patients who have received a combination of 9 or more of the following for at least 2 months during a 4-month period:
    - Controlled substance (CII – CV) prescriptions
    - Unique prescribers
    - Unique pharmacies

  Members who receive multiple prescriptions for controlled substances, have multiple prescribers, and/or visit multiple pharmacies may be at a higher risk of potential inappropriate use of controlled substance medications.

- **Triple Threat Criteria –** Patients who have received prescriptions for each of the following drug classes in a month for at least 2 months during a 4-month period:
    - Opioids
    - Skeletal muscle relaxants
    - Benzodiazepines/hypnotics (sleep aids)

  Members who received prescriptions for opioids, skeletal muscle relaxants, and benzodiazepines/hypnotics may be at a higher risk of potential respiratory depression, overdose, and death.

Mailings occur 3 times a year (in March, July, and November) for members identified as meeting the above criteria in the 4-month measurement period prior to a mailing month. The main goal of the RDUR program is to leverage prescription claims information to inform prescribers regarding their patients' controlled substance utilization patterns and empower prescribers to make educated decisions when conducting follow-up assessments to determine the appropriateness of observed controlled substance utilization. Although mailings are sent for all members identified with potential controlled substance overutilization concerns, it is important to note that this is 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)

Line of Business	November 2017 Look-Back Period: 7/1/2017-10/31/2017		March 2018 Look-Back Period: 11/1/2017-2/28/2018		July 2018 Look-Back Period: 3/1/2018-6/30/2018	
	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
MCLA	189	833	182	776	183	773
CMC	10	46	13	57	8	31
LACC	2	6	4	12	5	20
PASC	3	16	5	24	2	4

TRIPLE THREAT RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR)

Line of Business	November 2017 Look-Back Period: 7/1/2017-10/31/2017		March 2018 Look-Back Period: 11/1/2017-2/28/2018		July 2018 Look-Back Period: 3/1/2018-6/30/2018	
	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
MCLA	1,427	1,678	1,363	1,620	998	1,410
CMC	108	236	87	191	67	134
LACC	22	54	25	48	38	72
PASC	45	68	42	74	31	66

***Outcomes for mailings sent in July 2018 will be measured in November 2018. Please refer to description below of what is considered an improved outcome.*

OUTCOMES ANALYSIS

Measuring Intervention Effectiveness

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

- Member is identified for the CSM/Triple Threat 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: Three mailing periods have occurred since last year's evaluation (11/2017, 3/2018, and 7/2018). During this time, 2,382 mailings (CSM) and 4,708 mailings (Triple Threat) 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 182 to 189 for CSM and 998 to 1,427 for Triple Threat. Improvement in outcomes was 69.84% (CSM) and 36.65% (Triple Threat) for one mailing period to another.

Cal MediConnect: 134 mailings (CSM) and 561 mailings (Triple Threat) were sent to providers. The number of members identified within a measurement period ranged from 8-10 for CSM and 67-108 for Triple Threat. The program showed outcome improvements of approximately 40% for CSM and 26.85% for Triple Threat.

L.A. Care Covered: During the measurement period shown above, 38 mailings (CSM) and 172 mailings (Triple Threat) were sent out to L.A. Care Covered providers. 2-5 members were identified for CSM and 22-38 members for Triple Threat per measurement period. The program showed outcome improvements of approximately 50% for CSM and 40.91% for Triple Threat.

PASC: During the measurement period shown above, 44 mailings (CSM) and 208 mailings (Triple Threat) were sent out to L.A. Care Covered providers. 2-5 members were identified for CSM and 31-45 members for Triple Threat per measurement period. The program showed outcome improvements of approximately 66.67% for CSM and 31.11% for Triple Threat.

Qualitative Analysis

Based on the results shown above, the CSM and Triple Threat RDUR Safety Programs appear to have an overall positive impact on controlled substance utilization patterns. For CSM-identified members that continue to meet criteria for mailing and are identified four or more times in the last two years, separate letters are also sent highlighting this fact to providers. 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 and Triple Threat RDUR programs. This improvement is particularly evident in the Medi-Cal population (our largest population) where the total number of members who were identified for mailings has continued to decrease from mailing period to mailing period (from 833 to 733 for CSM, and 1,678 to 1,410 for Triple Threat), despite overall growth in membership size since 2015. (from around 900,000 members in 11/2015 to around 1,175,425 members in 9/2018). For the Cal MediConnect and L.A. Care Covered lines of business, small membership population sizes may preclude us from seeing the same level of impact as Medi-Cal; however, improvements are observed between mailing periods. In conclusion, the CSM and Triple Threat RDUR Safety Program appears to be an effective intervention for influencing controlled substance utilization patterns of identified members.

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 both of the following criteria during a three-month period:
    - 3 or more providers
    - 3 or more pharmacies

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. Prior to receiving a warning letter, the L.A. Care Pharmacy team will contact the member's prescribers and pharmacies to ensure that they are aware of the member's overutilization of controlled substances. Members who then continue to exhibit controlled substance overutilization (after 3 months of receiving the warning letter) 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. To date, 94 members were referred/identified for potential enrollment in the Pharmacy Home Program. 26 members received warning letters, and 67 members were found to not meet criteria for enrollment. After receiving a warning letter, 71% of members reduced prescriber utilization on average of 2 providers, while 63% of members reduced pharmacy utilization on average of 1.25 pharmacies. In total, 7 members (27%) actually improved behavior and did not meet criteria for Pharmacy Home after receiving a warning letter. Of the 26 members receiving warning letter, 16 received a notice of action letter, with 11 eventually being locked in. After 3 months of lock-in, 44% of members reduced prescriber utilization on average of 1 provider, 44% reduced pharmacy utilization by 0.4, and 29% reduced daily MED. We have yet to report more sustained outcomes of this program, as many of the lock-in enrollees are still within their 12-month lock-in period.

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/Outcome
CSM RDUR Criteria – Patients who have received a combination of 9 or more of the following for at least 2 months during a 4 month period: · Controlled substance (CII – CV) prescriptions + · Unique prescribers + · Unique Pharmacies· **Pharmacy Home Criteria** – Members that have met the following criteria during a three-month period: · 3 or more providers + · 3 or more pharmacies **Triple Threat Criteria** – Patient who have received prescriptions for each of the following drug classes: in a month for 2 of 4 months: - Opioids + - Skeletal muscle relaxants + - Benzodiazepines/ hypnotics (sleep aids)	• • Limited exchange of information between different providers for the same member. • Continued prescribing of controlled substances from multiple prescribers. • Emergency fills for controlled substances outside of the Pharmacy Home (e.g., fills at other pharmacies due to stocking issues, ED visits, etc.)	• Additional interventions for members identified in the CSM RDUR criteria more than 2 times within a calendar year. • Additional interventions to involve the prescriber. • Target members with repetitive ED visits.	• The CSM RDUR program notifies providers of all members on 9 or more prescriptions. • 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 <65%) on questions related to Substance abuse (Quarterly). • L.A. Care's pharmacy department reviews eligible members per inclusion/exclusion criteria through review of claims data, CURES report, and prescriber outreach to access medical necessity. • Navitus implements lock-in program for enrolled members, thus limiting fills for controlled substances to one pharmacy. • L.A. Care's pharmacy department refers excluded Pharmacy Home members to Care Management who may benefit from care coordination and case management. • Pharmacy is currently developing, in collaboration with Navitus, an opioid scorecard for prescribers identified for high-dose and high volume opioid prescribing behaviors. In the meantime, pharmacy launched a quarterly High Dose Opioid Prescriber Report in July 2018 and will continue this intervention until the scorecard is launched.	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 demonstrated measurable results (7 members locked-in and 94 members referred to program within the past year). Results 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 and Those With Severe and Persistent Mental Illness

Background – Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

L.A. Care uses the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) to monitor care coordination for people with co-existing medical and behavioral disorders. The following table shows the projected rates for the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia. It reflects the rate of diabetic members taking antipsychotics who have received appropriate monitoring for their diabetes.

Results

Because of a change in HEDIS engine vendors, L.A. Care is tracking this rate prospectively, as official HEDIS rates are not available for measurement year 2017:

Diabetes Monitoring for People with Diabetes and Schizophrenia			
Line of Business	**MY 2018**	**HEDIS 2017**	**HEDIS 2016**
CMC	52.4%	79.2%	47.6%
Medi-Cal	52.2%	71.6%	67.4%
LACC	-	-	-

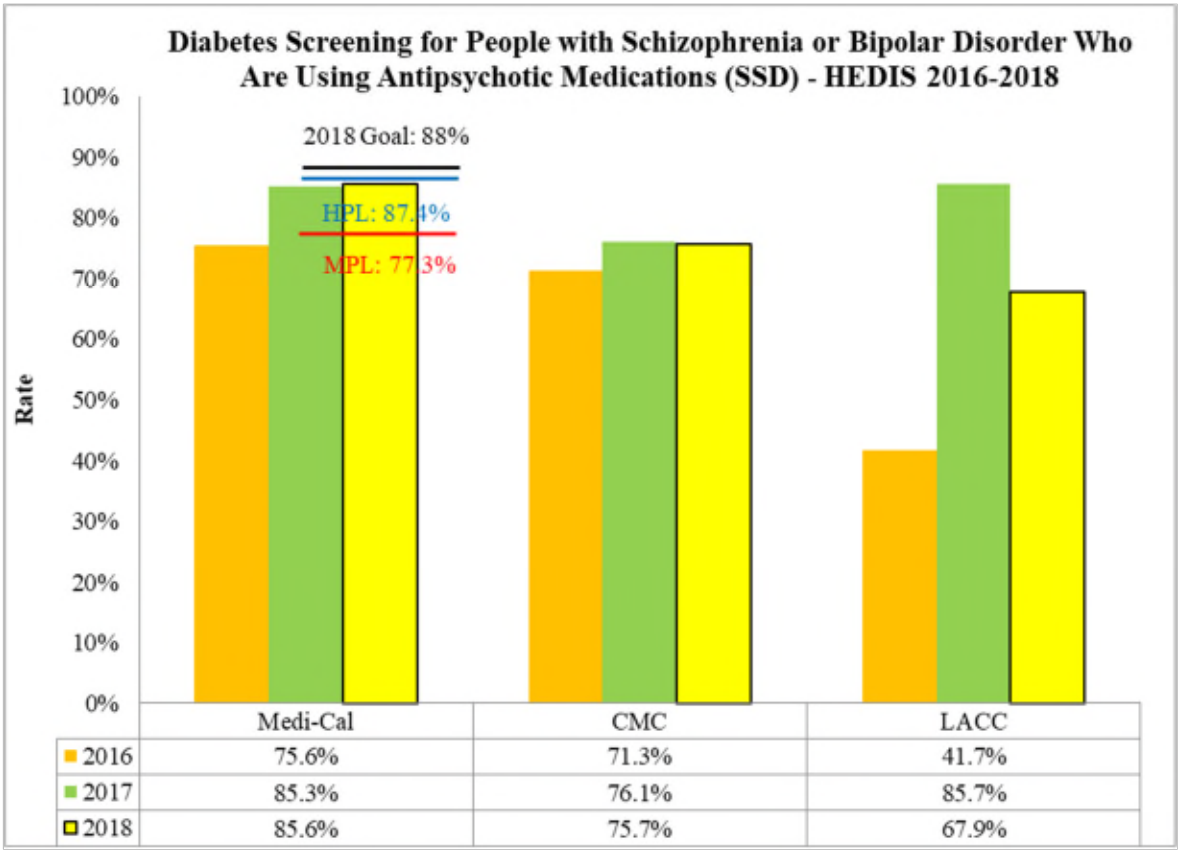
Data for measurement year 2018 is not final and is based on the August refresh of HEDIS data, which was the most current data available at the time of this update.

Background – Diabetes Screening for People with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)

L.A. Care monitors the coordination of care for people with severe and persistent mental illnesses using the rate for the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) measure.

The following graph shows the rates for the HEDIS measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD), which shows the number of members on antipsychotics who received a screening for diabetes:

RESULTS



INTERVENTIONS

Measure	Barriers	Opportunities for Improvement	Action
• SMD, SSD	• Antipsychotic is a carve out drug to the State. • Carve out drug information from the State has a 6-month lag. • No medication reconciliation between different providers due to fear of HIPAA violation without member consent	• PCPs lack information on what type of medication their patients are receiving from behavioral health specialists. • Members lack knowledge of how medications can affect their glucose levels.	• L.A. Care sent PCPs list of members on Antipsychotics and Antidiabetics. • 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. • Develop a countywide universal consent form

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. In 2018, L.A. Care adopted a new method of sharing this data with providers.

Members in the Medi-Cal and L.A. Care Covered lines of business who are taking anti-psychotics, and for whom L.A. Care has no data indicating a screening for diabetes, were added to L.A. Care's Provider Opportunity reports. These reports are sent to PCPs on a quarterly basis to notify them of patients who are due for important tests and screenings. Data for members in the Cal MediConnect line of business who are on anti-psychotics and haven't been screened for diabetes was sent to PCPs in a one-time mailer, which was sent in November. The efforts impact the SSD HEDIS rate.

For members taking anti-psychotic medications who are diagnosed with diabetes according to HEDIS specifications, L.A. Care extracted data showing which members had not had appropriate diabetic monitoring so far in the year, and sent a mailer to these members' PCPs. These mailers were sent in November as well.

These efforts provide PCPs with information they may not receive from the behavioral health specialist(s) and it encourages them to conduct metabolic screening, and impact the SMD HEDIS rating. L.A. Care also shares this data 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.

Data on the number of providers notified, and the number of members in each line of business included in the outreach effort, are shown below:

Measure	PCPs Mailed	Medi-Cal Members	Cal MediConnect Members	L.A. Care Covered Members	Totals
Anti-psychotics	**269**	**384**	**56**	**20**	**460**
Diabetic and on anti-psychotics	**291**	**501**	**20**	**0**	**521**
Total	**560**	**885**	**76**	**20**	**981**

* Only three members from the LACC line of business were eligible for the SMD measure, and all three were compliant.

QUALITATIVE ANALYSIS

The mailings went out in November of 2018, and we notified doctors based on our internal data and that of the State. Data reflecting the impact of L.A. Care's new approach using PORs and mailers focused only non-compliant members among this population is not yet available. The rates for the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications for HEDIS 2018 indicates that coordinating with PCPs to make them aware of their patients' antipsychotic medication regimen is effective. For the Medi-Cal and CMC lines of business, the SSD rates increased by nearly ten points and five points respectively in the first year this approach was implemented, from 75.6% to 85.3% for Medi-Cal and from 71.3% to 76.1% for CMC. This increase was largely sustained in HEDIS 2018, when the rates were 85.25% and 75.7% respectively. The population for this measure for the L.A. Care Covered line of business is very small year over year, making the rate unreliable for analysis. L.A. chose to focus on the gap in care reports (PORs) for the SSD measure based on feedback from high volume medical groups that stated they also wanted to know about who was on these medications and their status and because they could communicate that information to the PCP as well. They also suggested focusing only on those listed as non-compliant to make outreach more focused and reduce the burden of data sorting on providers. We encountered a few barriers in attempting to get the SMD measure added to the POR. The SMD measure is not a reportable measure and our HEDIS engine was not able to produce the final rates. Also because this is such a low denominator measure few PCPs are affected. There were concerns that this measure would get lost in those reports so a separate mailing was used to target members. An evaluation of gap closures in Q3 of 2019 will allow us to know if this a better strategy than mailing all eligible members.

V. Preventive Behavioral Healthcare Program Implementation

Substance Abuse Screening in Primary Care Settings

Studies show that alcohol and substance use disorder are associated with detrimental physical, social, and psychological consequences. In addition, adults with alcohol and substance use disorders are most overrepresented in primary care flowed by emergency department (ED) settings. Therefore, it is important to screen for early detection in the least restrictive and most appropriate setting. In 2018, L.A. Care continued collecting encounter data on the need for substance abuse screening in the primary care setting to improve patient care; however, in 2018 the Department of Health Care Services released APL 18-014 which supersedes ALP 17-016 and as a result the SBIRT (Screening, Brief Intervention, and Referral to Treatment) has been replaced with the AMSC (Alcohol Misuse: Screening and Behavioral Counseling) interventions in Primary Care.

Results

Alcohol Misuse: Screening And Behavioral Counseling Interventions In Primary Care

Measure	1/1/2016-12/31/2016	1/1/2017-12/31/2017	01/01/2018 – 12/18/2018
Number of Unique PCPs Using SBIRT (Numerator)	489	719	595
Number of Unique L.A Care PCPs who served L.A. Care Members during the same time period as above (Denominator)	5,008	5,297	5,417
% Numerator/Denominator*100	9.76%	13.57%	10.98%

Quantitative Analysis

L.A. Care has seen a 19.5% increase in the number of unique providers using the screening tool. There has also been an increase overall from last year of the number of PCP's serving members who use the AMSC of 3.81%.

Qualitative Analysis

The AMSC has been difficult to track as a majority of PCP's do not regularly bill for this service as it not reimbursed under the current payment structure. However, it is believed that more PCP's do provide the service than those represented above despite the payment structure.

Intervention

L.A. Care has been hosting a series of trainings on substance use disorder and treating patients in primary care for substance use disorder. For year 2018, L.A. Care Health Plan's Provider Continuing Education (PCE) Program planned, developed, and implemented five (5) directly provided CME/CE activities on Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) namely February 28, 2018 (SBIRT) Screening, Brief Intervention and Referral to Treatment CME/CE Dinner Event, March 21, 2018 Combating The Opioid Epidemic Webinar, March 24, 2018 Opioid Epidemic Conference, April 25, 2018 Cannabis Use Disorder & Clinical Effects CME/CE Dinner Event, and July 28, 2018 Behavioral Health Disorders & Treatments Conference, with total of 661 attendees (mixed audience of MDs, DOs, PAs, PsyDs, PharmDs, NPs, RNs, LCSWs, LMFTs, and others) from all five CME/CE activities.

INTERVENTION SUMMARY

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/ Outcome
Substance use disorder (SUD) screening in primary care settings.	• PCP reluctant to screen for substance use. • Limited substance use disorder treatment providers.	• Members are not adequately screened in the primary care setting. • Providers are not familiar with what tools to use to screen members for • Providers are not familiar with how to code/bill for SUD screening.	• L.A. Care provides sessions on who to conduct AMSC screening for providers.	Rate is steadily increasing. P ibl

2019 WORK PLAN GOALS:

Measure	Medi-Cal Goals	Cal MediConnect Goals	L.A. Care Covered Goals
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 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 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 who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	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	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

Measure	2019 Medi-Cal Goals	2019 Cal MediConnect Goals	2019 L.A. Care Covered Goals
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) minimum performance level (MPL – yet to be determined)	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) minimum performance level (MPL – yet to be determined)

F.4 CARE COORDINATION AND QUALITY IMPROVEMENT PROGRAM EFFECTIVENESS (CCQIPE) FOR THE MEDICAID/ MEDICARE DUAL DEMONSTRATION

AUTHOR: VERONICA MONES, RN & MARIE MARTIN
REVIEWERS: MARIA CASIAS, RN & KATRINA MILLER, MD

2018 WORK PLAN GOALS:

Measures	*2018 Rate	2018 Goal	2018 Goal Met/Not Met
Health Risk Assessment (Core 2.1) Initial *Q4 2017 to Q3 2018	100%	90%	Met
Health Risk Assessment (Core 2.3) Reassessment *2017	31% 2017	60%	Not Met
Members with an ICP Completed CA 1.5 *Q3 2017 - Q2 2018	47%/46%	69%/70%	Not Met/Not Met
Hospital Bed Days - Excluding OB delivery *Q3 2017 - Q2 2018	1144.25/K	1134/K	Not Met
Hospital Admissions - Excluding OB delivery *Q3 2017 - Q2 2018	235.15/K	220/K	Not Met
Hospital Average Length of Stay - Excluding OB delivery *Q3 2017 - Q2 2018	4.87/K	4.2/K	Not Met
Readmission rate (PCR) Quality Withhold-CW6 (based on Star rate calculation)	0.79	O/E less than 1	Met
Emergency Room Visits	755.99	765.41	Met
Medication Compliance Diabetes *Jan-Oct 2018 Acumen Report	83%	81%	Met
Breast Cancer Screening(BCS) *Annual HEDIS	60.08%	66%	Not Met

*****Rates calculated for consecutive year based on data availability for trending.

BACKGROUND

The Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) provides the structure for care management processes that enable the provision of coordinated care for our Dual Eligible population (Cal MediConnect). L.A. Care has designed its CCQIPE to meet the individualized needs of the population. The CCQIPE has goals and objectives for the targeted population, including a specialized provider network, uses nationally-recognized clinical practice guidelines, conducts health risk assessments to identify the needs of members and adds services for the most vulnerable members including, but not limited to those who are frail, disabled, or near the end-of-life. The initial CCQIPE developed as part of the Cal MediConnect (CMC) readiness review process was initially approved for the length of the demonstration until 12/31/17. The current CCQIPE was approved for three years until 12/31/2020. In this QI evaluation, the following components of CCQIPE are evaluated: Clinical Practice Guideline compliance, Care Coordination, medication compliance and improving access to preventative health services. Other components of the CCQIPE evaluation are found in the Utilization Management/Care Management evaluation.

RESULTS

The Cal MediConnect program commenced in April 2014 and received first voluntary enrollment of members in May 2014. The performance of the Care Management/Care Coordination measures; Health Risk Assessment, Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT), are monitored on

a monthly basis, compiled on a quarterly basis and reported through regulatory reporting requirements to Centers for Medicare and Medicaid Services (CMS) and Department of Health Care Services (DHCS) and shared with internal governing committees (Regulatory, Utilization, Quality).

HEALTH RISK ASSESSMENT (HRA) COMPLETION RATES:

The HRA completion rates for CMC were set as a part of the care management work plan goals. The table below reports Q4 2017- Q3 2018- results and the status of the goal and recommendations for 2019 based on the 2018 results.

INTERVENTION AND LOOKING FORWARD

In March 2017, L.A. Care reported a large decline in percentages of completed reassessments from Calendar Year (CY) 2015 to CY 2016.
Root cause analysis identified the following five factors that attributed to the decrease:

- Limited resources and support from Care Management.
- Untimely outreach to members.
- Untimely assignment of cases due for reassessment.
- Inability to obtain timely reassessment compliance reports to track performance.
- Outreach results-members requesting paper HRA or requesting delay in completion.

Intervention in June 2017 was established by monthly monitoring and the following improvement processes:

- Reassignment of annual HRA to Customer Solution Center Even MORE (CSC).
- Established a weekly monitoring process which includes identification of priority cases to ensure timely outreach.
- Weekly monitoring includes identifying unassigned cases by focusing on cases with zero attempts.
- Members due for reassessments are provided with a paper HRA and outreached 3 months prior to the due date to prevent delay in completion.

Health Risk Assessment, Core 2.1 Members with an assessment completed within 90 days of enrollment.

2018 Goal	2017 Q4-2016 to Q3-2017	2018 Q4-2017 to Q3-2018	Recommend for 2019 Work plan
Maintain the goal of 90% or greater compliance	97%	100%	Maintain the goal of 90% or greater

Health Risk Assessment, Core 2.3 (Reassessment)

2018 Goal Ten percentage points below highest performing CA MMP Health Plan	Annual Report	Percent of Currently Enrolled Members That Had a Reassessment Completed During the Current Reporting Period that was Within 365 Days of the Most Recent Assessment Completed During the Previous Reporting Period	
		CY 2016	CY 2017
60%	Rate of HRA Reassessment Completion	23%	31%
Rate based on Quality Withhold Measure–AW1	CA Average	45.1%	48.2%

Members with an ICP Completed, CA 1.5

	* Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed at of the End of the Reporting Period		Percent of Low Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period		2019 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	2019 Goal Percent of Low Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period
	2017 Q3-2016 to Q2-2017		2018 Q3-2017 to Q2-2018			
Percent of Members with ICP Completed	82.70%	86.80%	47%	46%	69.4%	70.0%
CA Average	72.70%	71.30%	69.4%	70.0%	*Goal based on last Q CA Avg.	

*This measure reports on High Risk members separately from Low Risk members with each having a different time component for completion.

The decrease in this measure is attributed to an increase in members who are unable to be contacted by customer solutions center to complete a health risk assessment (HRA) or unwilling to participate in the ICP. For 2018 the HRA was the initial document utilized to develop an ICP therefore if a member refused to complete the HRA no ICP was completed.

Interventions to Increase ICP Compliance and Care Goals Discussions

- For 2019 care plans will be developed regardless if the member is unable to be contacted or unwilling to complete.
- Care Management uses a case management report and care coordination logs for compliance timelines and shares with Clinical Assurance.
  - Currently using the HRA Daily Activity Log
  - Care Management training for data input to allow for data mapping for report generation

LOOKING FORWARD

The CMC management staff will continue to monitor and oversee the key performance measures of internal staff on a monthly basis as a part of the audit process. In addition, care management leadership develop and deploy training to improve ICP and ICT completion and documentation on an on-going basis.

2018 CCQIPE Performance and Outcome Measures

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

		2018 Benchmark	Data Source	2017 Rate	2018 Rate	2019 Goal
Hospital Utilization						
Hospital Bed Days Excluding OB delivery	Monitor bi- monthly; measure annually	10% reduction in total bed days/K Target: 1134/k	Claims/ Encounter Data	1165.68 /1000 Jul.2016 – Jun.2017	1144.25 /1000 Jul.2017 – Jun.2018	1134/k
Hospital Admissions Excluding OB delivery	Monitor bi- monthly; measure annually	10% reduction in total bed days/K Target: 198/K	Claims/ Encounter Data	227/1000 Jul.2016 – Jun.2017	235.15/1000 Jul.2017 – Jun.2018	220/K
Hospital Average Length of Stay Excluding OB delivery	Monitor bi- monthly; measure annually	10% reduction in length of stay Target: 4.2/K	Claims/ Encounter Data	4.84/1000 Jul.2016 – Jun.2017	4.87/1000 Jul.2017 – Jun.2018	4.2/1000
Readmission rate (PCR) QW-CW6 (based on Star rate calculation)	Monitor bi- monthly; measure annually	Target: O/E Ratio less than 1	HEDIS PCR	9.16%	0.79	O/E Ratio less than 1
Ambulatory Services						
Emergency Room Visits	Monitor bi- monthly; measure annually	10% reduction from the previous year Target 765.41	Claims Encounter	722.91/1000 Jul.2016 – Jun.2017	755.99/1000 Jul.2017 – Jun.2018	688.86
Medication Compliance						
Medication Compliance Diabetes	Monitor bi- monthly; measure annually	82%- 4 Star Rating	Navitus	88% 4 Star Rate	92% 4 Star Rate	84%

Improving Access to Preventive Health Services

HEDIS Measure	Specific Indicator(s)	Timeframe	HEDIS 2017	HEDIS 2018	HEDIS 2019 Goal
Breast Cancer Screening (BCS)	The percentage of Medicare members who are women aged 50-74 years and have received a mammogram during the measurement year or one year prior to the measurement year.)	Measurement year	62.6% 2 Star Rate	60.08% 2 Star Rate	64%

F.4.a MEDICARE WORK GROUP

AUTHOR: KEREN MAHGEREFTEH, MPP
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

BACKGROUND

Previously L.A. Care's QI department had a Medicare Workgroup, however, due to changes and transition in staffing the workgroup was placed on hiatus. In August of 2018, QI restarted this workgroup and in December of 2018 the workgroup was placed on hold. Additionally, starting January 2019 the HEDIS measure non-recommended PSA-Based Screening in Older Men will be tracked in the QI Adult Screening Workgroup. This workgroup collaborates with various departments in L.A. Care such as Medicare Operations, Medicare Risk Adjustment and Pharmacy. This workgroup addresses HEDIS measures that affect the Medicare population.

Years mentioned hereafter refer to HEDIS (Reporting) Year and not Measurement Year, unless indicated otherwise.

2018 WORK PLAN GOALS

HEDIS Measure	2018 CMC Rate	2018 CMC Goals	2018 Goal Met/ Not Met
Osteoporosis Management in Women who had a Fracture (OMW)	27.3%	42.0%	**No**
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	72.0%	77%	**No**
Non-Recommended PSA-Based Screening in Older Men (PSA)	30.3%	40.0%	**No**

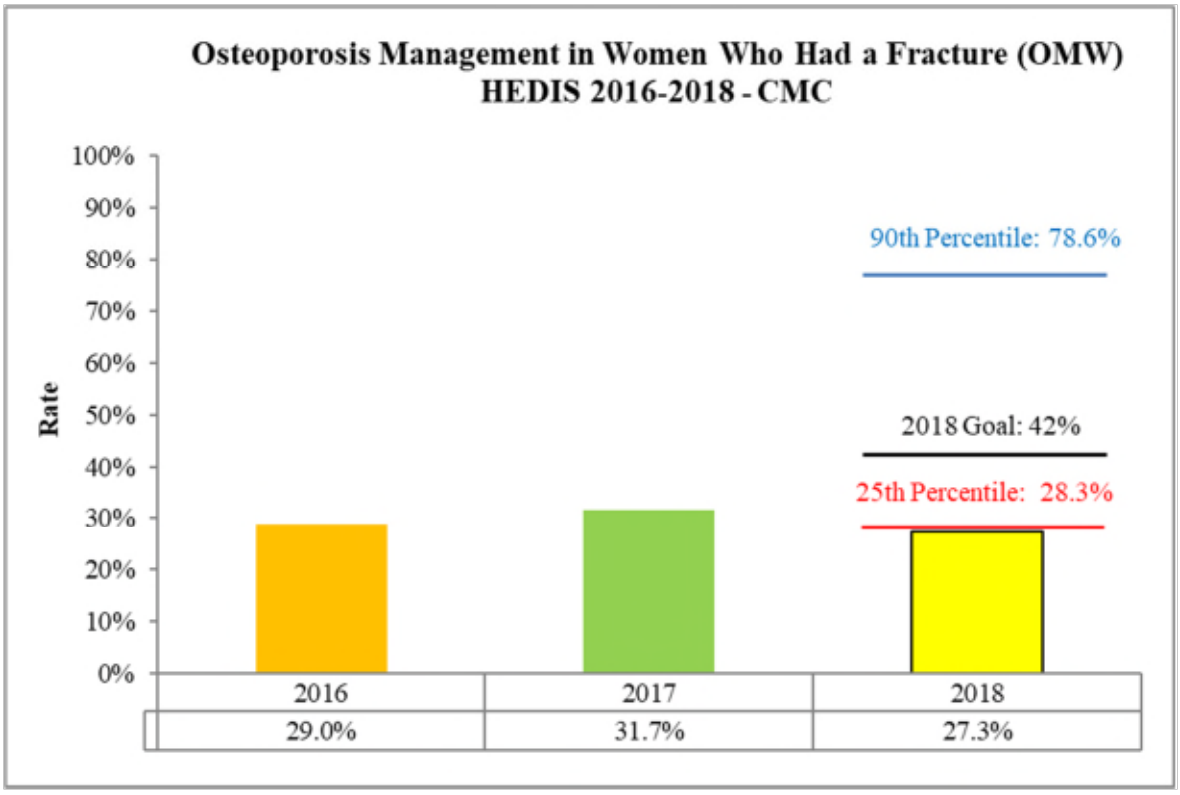
MAJOR ACCOMPLISHMENTS

DESCRIPTION OF MEASURES

HEDIS Measure	Specific Indicator(s)	Measure Type
Osteoporosis Management in Women who had a Fracture (OMW)	The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.	Administrative CMC
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).	Administrative CMC
Non-Recommended PSA-Based Screening in Older Men (PSA)	The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. Note: a lower rate indicates better performance.	Administrative CMC

RESULTS

Osteoporosis Management in Women Who Had a Fracture (OMW)



ANALYSIS

Quantitative Analysis

In 2018, the rate of women 67-85 years of age who received appropriate osteoporosis management following a fracture for the CMC population was 27.3%. The 2018 goal of 42% was not met and neither was the 25th percentile (28.3%). There was a 1.7 percentage point decrease from 2016 and a 4.4 percentage point decrease from 2017.

Dispartity Analysis

Too many unknowns to report accurately.

Qualitative Analysis

Current

Targeted Medication Reviews (TMR's) (CMC only) Interventions by vendor for CMC members are on-going. In 2018, 19 unique primary care providers were identified and there were 18 successful outreaches (with confirmed Clinical Notice receipt). A follow-up with providers was then conducted and it was found that 2 prescribers referred members for Dexa-Scan.

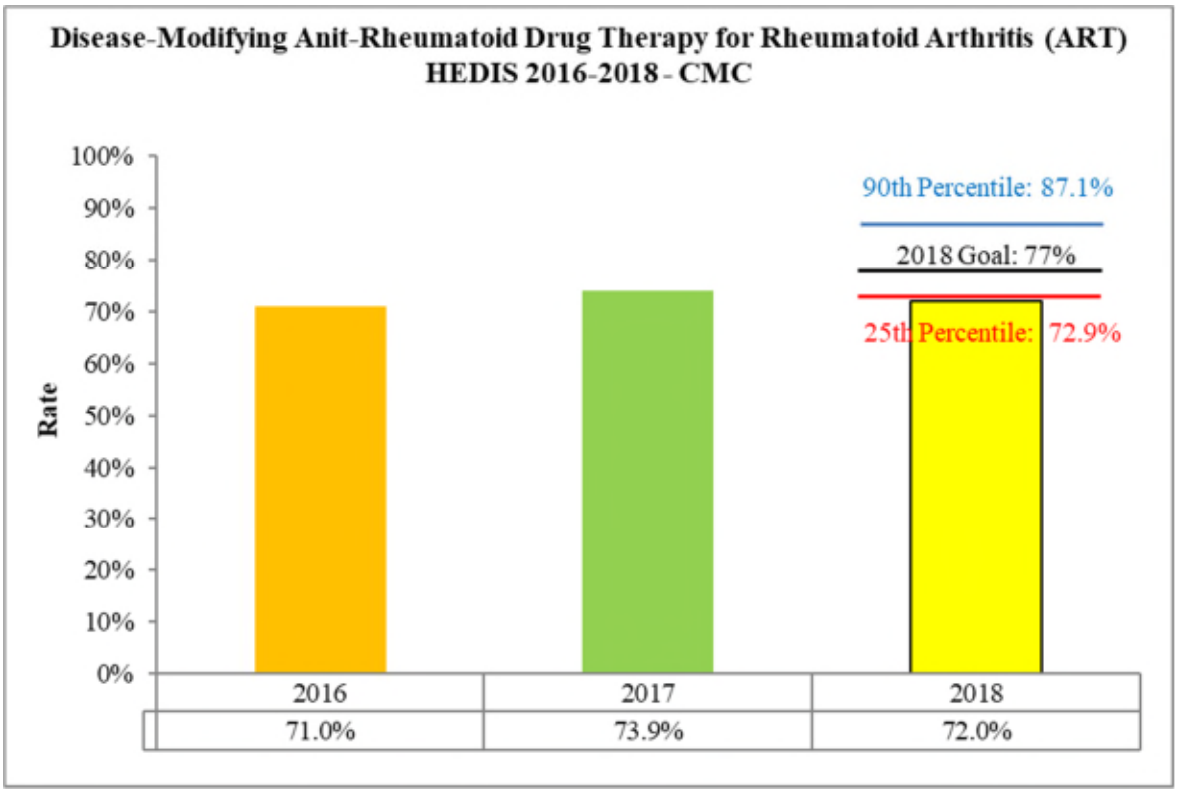
In May and August of 2017 the QI team had provider faxes sent out. These faxes required providers to respond with a date of service. 34 physicians were contacted.

Proposed interventions going forward

Moving forward, a potential intervention is to identify members who have pharmacy claims history for osteoporosis therapies and recommend a bone mineral density (BMD) test if they have not received one yet from their prescriber. Another potential intervention is to have student pharmacists place outreach calls to prescribers of CMC members who have a history of fracture(s) and do not have a BMD agent or DEXA scan.

RESULTS

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)



ANALYSIS

Quantitative Analysis

In 2018, the percentage of members age 18 and over who received Disease-Modifying Anti-Rheumatoid Drug (DMARD) therapy following a Rheumatoid Arthritis diagnosis for the CMC population was 72.0%. This rate does not meet the 2018 goal of 77%. It is 0.9 percentage points below the 25th percentile and 15.1 percentage points below the 90th percentile. The 2018 rate is 1 percentage point above the 2016 rate but 1.9 percentage points below the 2017 rate.

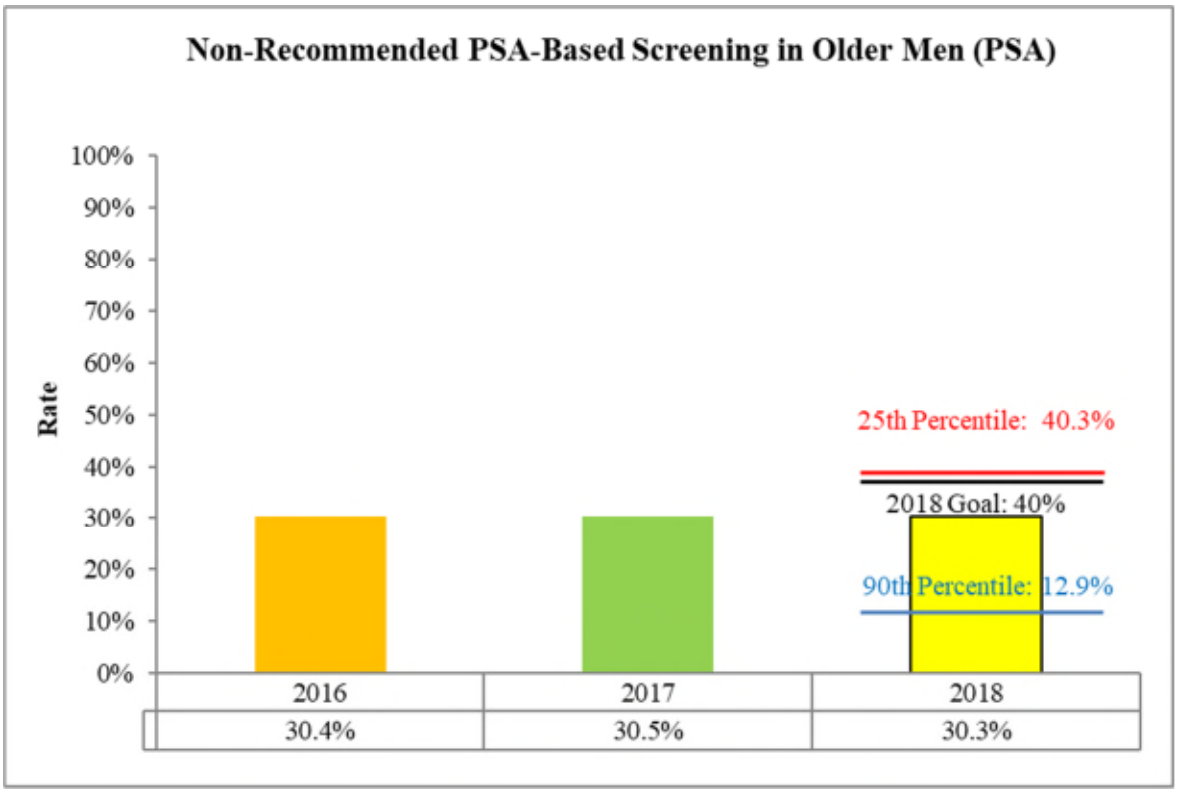
Disparity Analysis
Too many unknowns to report.

Qualitative Analysis
The L.A. Care Data Analytics team identified providers and members appropriate for outreach. Student pharmacists conducted outreach calls to prescribers of CMC members who had a diagnosis of RA but did not have a DMARD. These calls encouraged prescribers to reevaluate the necessity of a DMARD medication for the member.

In May and August of 2017 the QI team had provider faxes sent out. These faxes required providers to respond with a date of service. In August of 2017 9 providers were contacted.

RESULTS

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



ANALYSIS

Quantitative Analysis
Please note that for this measure, a lower rate indicates better performance. In 2018, the percentage of men 70 and over who were screened unnecessarily for prostate cancer using the PSA-based screening in the CMC population was 30.3%. This exceeded the 2018 goal of 40% by 9.7 percentage points but did not reach the 90th percentile (12.9%).

Disparity Analysis
Too many unknowns to report.

Qualitative Analysis
There were no specific interventions for this HEDIS Measure. However, this measure is moving in the right direction as of September 2018 the administrative rate was 21.75% and included a 8.56% decrease from the previous year.

SUMMARY OF INTERVENTIONS FOR 2018

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

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
Osteoporosis Management in Women who had a Fracture (OMW)	• Obtaining event data (e.g., BMD test, visit for fracture, etc.) • Requires both medical and pharmacy benefit interventions	• The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. • Current: - Targeted Medication Reviews TMRs (CMC only) Proposed: - Identify members who have pharmacy claims history for osteoporosis therapies and recommend a BMD test if they have not received one via prescriber outreach • Student Pharmacist: - Outreach calls to prescribers of CMC members with history of a fracture without a bone mineral density agent or DEXA scan. Will encourage prescriber to reevaluate the member and discuss necessity of a bone mineral density agent medication or DEXA scan for member. • Providers and members identified for outreach provided by Data Analytics Team. Pharmacy intern will be making outreaches to providers. • Updates to current Provider Outreach Call Script and Clinical Notice faxes. Inclusion of Formulary and options and supplement recommendations.	See results above

HEDIS Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	• 2017 HEDIS Tech Spec: Measure for both Medicare and Medicaid (high volume) - Obtaining accurate diagnosis information	• Student Pharmacist: - Outreach calls to prescribers of CMC members with diagnosis of RA without a DMARD. Will encourage prescriber to reevaluate the necessity of a DMARD medication for member. Providers and members identified for outreach provided by Data Analytics Team. Pharmacy intern will be making outreaches to providers. Data Refresh (H2019) for Provider Opportunity provided by QPM Team. 11 unique PCPs identified. Student outreaches will continue outreach	See results above
Non-Recommended PSA-Based Screening in Older Men (PSA)	• L.A. Care tracks this rate but does not have many interventions that coincide with the measure.	• This measure has been moved to the adult screening workgroup for the next year.	See results above

2019 WORK PLAN GOALS

HEDIS Measure	2019 Goal
Osteoporosis Management in Women who had a Fracture (OMW)	35%
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	74%
Non-Recommended PSA-Based Screening in Older Men (PSA)	28%

G.1 REDUCING AVOIDABLE INPATIENT AND EMERGENCY ROOM VISITS FROM THE LONG-TERM CARE SETTING (MEDICARE PDSA) – CMC

AUTHOR: KEREN MAHGEREFTEH, MPP
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

2018 PLAN DO STUDY ACT (PDSA) GOAL

Measure	2018 PDSA Goal
Potentially Avoidable, or non-elective, Hospital Admissions	By 12/31/2018, reduce the rate of potentially avoidable hospital admissions based on a diagnoses based algorithm for nursing facility residents assigned to either of the two IPAs selected by 10%.
Potentially Avoidable, or all, Outpatient ED visits	By 12/31/2018, reduce the rate of potentially avoidable ED visits (that did not result in inpatient admission) based on a diagnoses based algorithm for nursing facility residents assigned to either of the two IPAs selected by 10%.

BACKGROUND

CMS defines dually eligible beneficiaries as low-income elderly and disabled Medicare beneficiaries who also received certain Medicaid benefits based on ther income and states' eligibility standards and coverage provisions. Duals in general are higher utilizers than non-dual Medicare beneficiaries. Data as of 2012 found that 97.4% of duals access services compared to 85.5% of non-duals. 25.8% of duals have an inpatient hospitalization versus 14.8% of non-duals. Duals also rely on skilled nursing facilities at a higher rate than non-duals which results in higher spending. In 2012, the average skilled nursing facility payment for a dual beneficiary was $1335 compared to $521 for a non-dual beneficiary.

Many Long-Term Care (LTC) facility residents are enrolled in both the Medicare and Medicaid programs (Medicare-Medicaid enrollees) and rely on well-coordinated and consistent care management to stabilize their physical and emotional health. In 2010, CMS data showed that the rate of potentially avoidable hospitalizations for dually-eligible beneficiaries in LTC facilities was 227 per 1,000 beneficiaries. Initiatives currently in place are targeting this area and have already shown some improvement, with a rate of 157 per 1,000 in 2015. Approximately 45% of hospital admissions among individuals receiving either Medicare skilled nursing facility services or Medicaid nursing facility services could have been avoided, accounting for 314,000 potentially avoidable hospitalizations and $2.6 billion in Medicare expenditures in 2005.

Potentially avoidable inpatient hospitalizations are expensive, disruptive, and disorienting for frail, dual members. LTC facility residents are especially vulnerable to the risks that accompany hospital stays and uncoordinated transitions between LTC facilities and hospitals, including medication errors and hospital-acquired infections. A principal desired outcome of the PDSA is to reduce potentially avoidable inpatient hospitalizations and potentially avoidable ED visits for L.A. Care Cal MediConnect members residing in nursing facilities assigned to the two selected IPAs during the duration of the time period measured, 1/1/2018-8/31/2018. Data is shared below.

MAJOR ACCOMPLISHMENTS

- There was a significant drop from baseline (CY 2017) to August 2018 as there were no patients with potentially avoidable hospitalizations in August 2018 for Prospect or AppleCare.
    - The combined baseline rate for Prospect and AppleCare was 2.45. August 2018 showed a rate of 0 for potentially avoidable hospitalizations.
- Prospect and AppleCare had a significant drop from baseline (CY 2017) to July and August. In July and August there were no potentially preventable ED visits.
- The combined baseline rate for Prospect and AppleCare was 8.76. August 2018 showed a rate of 0 for potentially preventable ED visits for AppleCare and Prospect was not reported. Both AppleCare and Prospect had 0 preventable ED visits in July 2018.
- L.A. Care developed a summary report of potentially avoidable hospitalizations and ER visits and distributed these to the IPAs to discuss with the facilities. The report includes diagnoses that occurred multiple times, where the patient discharged from the hospital to, the number of cases labeled with a secondary diagnosis that was different from the first, and the number of cases that were potentially avoidable based on the diagnoses based algorithm.
- L.A. Care collaborated with contracted IPAs to ensure on-call availability of a nurse practitioner or physician to provide timely triage advice when symptoms are identified for diagnostic and treatment interventions.
- L.A. Care continued conducting the Reducing Potentially Avoidable Hospital Admissions webinar for Long Term Care facilities ("LTCs").
- L.A. Care provided Stop and Watch Tool posters to LTCs for each L.A. Care CMC member assigned to them.

DESCRIPTION OF MEASURES

Measure	Specific Indicator(s)	Measure Type
Potentially Avoidable (Non-Elective) Hospital Admissions	Reduce the baseline rate of potentially avoidable hospital admissions for nursing facility residents assigned to the two selected IPAs by 10%.	Administrative
Potentially Avoidable Outpatient ED visits	Reduce the baseline rate of potentially avoidable outpatient ED visits (that did not result in inpatient admission) for nursing facility residents assigned to the two selected IPAs by 10%.	Administrative

RESULTS

Table 1.0 Rates of Potentially Preventable Hospitalizations Per Thousand Members Per Year (PTMPY)

IPA Name	CY 2017	18-Jan	18-Feb	18-Mar	18-Apr	18-May	18-Jun	18-Jul	18-Aug
Prospect	0.96	1.7	0.43	0	0.82	0	0.44	0.88	0
AppleCare	5.82	1.5	0.76	0	1.39	0	0	0.78	0
Combined	2.45	1.61	0.55	0	1.05	0	0.25	0.76	0

From baseline CY 2017 2.45 for Prospect and AppleCare overall there was a declining trend each month except for January. There were no potentially avoidable hospitalizations in August 2018 for Prospect or AppleCare.

Table 2.0 Rates of all Hospitalizations Per Thousand Members Per Year (PTMPY)

IPA Name	CY 2017	18-Jan	18-Feb	18-Mar	18-Apr	18-May	18-Jun	18-Jul	18-Aug
Prospect	7.89	5.09	2.58	6.37	4.08	3.63	1.32	4.39	1.36
AppleCare	45	7.52	3.79	3.68	3.47	2.03	1.55	3.88	1.54
Combined	25.76	6.13	3.02	5.38	3.94	3.02	1.4	4.2	1.4

From baseline CY 2017 25.76 Prospect and AppleCare decreased each month for all hospitalizations.

Table 3.0 Table Rates of Potentially Preventable ED Visits Per Thousand Members Per Year (PTMPY)

IPA Name	CY 2017	18-Jan	18-Feb	18-Mar	18-Apr	18-May	18-Jun	18-Jul	18-Aug
Prospect	1.51	0.57	0.43	0.42	0	0	3.51	0	-
AppleCare	19.8	2.25	1.52	0	1.39	0	0	0	0
Combined	8.76	1.29	0.82	0.27	0.52	0	2.02	0	0

From baseline CY 2017 8.76 Prospect and AppleCare decreased each month for rates of potentially preventable ED visits. Data for August 2018 was not available for Prospect.

Quantitative Analysis

The combined baseline rate of potentially preventable hospitalizations was 2.45. Prospect, AppleCare and their combined rate experienced 0 potentially avoidable hospitalizations in March 2018, May 2018 and August 2018. In July 2018 all rates were less than 1. Prospect experienced a 1.7 percentage point decrease between January 2018 and August 2018 while AppleCare experienced a 1.5 percentage point decrease in that same time span. Their combined percentage point decrease between January 2018 and August 2018 was 1.61. Due to data lag, September was not included in the analysis and will be included in the next submission.

The combined baseline rate of potentially preventable ED visits was 8.76. AppleCare experienced 0 potentially preventable ED visits in August 2018 and data for Prospect was not reported for this month. Both Prospect and AppleCare experience 0 potentially preventable ED visits in May 2018 and July 2018. Prospect experienced a 0.57 percentage point decrease between January 2018 and July 2018, with a high number of ED visits happening in June 2018 (3.51). AppleCare experienced a 19.8 percentage point decrease between the baseline and August 2018. The combined percentage point decrease was 1.29 between January 2018 and August 2018. Due to data lag, September was not included in the analysis and will be included in the next submissions.

The rates for 2018 are based on the ED Visits and Hospitalizations provided to L.A. Care by the IPAs. This is a different source of data than 2017. The HIM's department pulled the 2017 data directly from L.A. Care's claims tables in the core systems. The overall 2018 volume and rates of the combined IPA ED Visits and Admissions are considerably lower than the data pulled for 2017.

BASELINE DATA

Qualitative Analysis

L.A. Care worked to develop and continue interventions that address identified barriers to improve the rates of potentially avoidable hospital admissions and ED visits among nursing facility residents assigned to the two IPAs (Prospect and AppleCare) selected for this project. To identify members at risk of hospital or ER admission, L.A. Care, along with the two selected IPAs, continued to focus on timely identification and communication of changes in clinical status, using the INTERACT "Stop and Watch" tool [i] and reinforcing

use of the "Situation, Background, Assessment, Recommendation"(SBAR)[18] for effective communication of any pertinent changes to the on-call practitioner. These interventions build on existing one-page resource sheets that are placed in the patient's chart to identify the responsible IPA with on-call contact information and contracted hospitals. On-call availability of a nurse practitioner or physician to provide timely triage advice when symptoms are identified for diagnostic and treatment intervention. L.A. Care continued to define all non-elective hospital admissions as avoidable and all ER treat and release visits as avoidable. Prospect also reeducated the staff and the upper level administrators and the Director of Nursing (DON) at their facilities. In order to better coordinate management of information to the IPAs about potentially avoidable hospitalizations and ER visits, L.A. Care developed a summary report of information including diagnoses that occurred multiple times, where the patient discharged from the hospital to, the number of cases labeled with a secondary diagnosis that was different from the first diagnosis, and the number of cases that were potentially avoidable based on the diagnoses based algorithm. L.A. Care met with both IPA's on a monthly basis

INTERVENTIONS

Measures	Barriers	Actions
Potentially Avoidable (Non-Elective) Hospital Admissions & Potentially Avoidable Outpatient ED visits	• L.A. Care delegates LTC management to several of its largest IPAs that are contracted for CMC. A review of IPA policies and procedures show variation in the ongoing management for members in nursing facilities. • Los Angeles County encompasses a widespread service area with a large number of LTC facilities and a disproportionate geographic distribution of LTC facilities. Some geographic areas have a sparse concentration of LTC facilities. This results in wide variation in care experienced by members residing in nursing facilities. • L.A. Care has also identified low member density per facility. • The management of members residing in nursing facilities requires a collaboration among the medical group, nursing facility, hospital, and L.A. Care Health Plan. This partnership has been inconsistent and variable depending on the medical group, hospital, and nursing facility involved.	• L.A. Care elected to collaborate with two IPAs, as they represented the largest volumes of CMC LTC members. • L.A. Care held monthly meetings with IPAs to improve consistency in collaboration. • L.A. Care confirmed that one-page resource sheets are placed in the patient's chart to identify the responsible IPA with on-call contact information and contracted hospitals. An on-call nurse practitioner or physician provide timely triage advice when symptoms are identified for diagnostic and treatment interventions. • L.A. Care focused on timely identification and communication of changes in clinical status, using the INTERACT "Stop and Watch" tool, and reinforcing use of the SBAR for effective communication of any pertinent changes to the on-call practitioner. • Stop & Watch Tools placed in the member's files along with a sheet that identifies the NP that is responsible for the patient and have reeducated the staff and the upper level administration and the DON.

[18] http://www.pathway-interact.com/wp-content/uploads/2017/04/Assisted-Living-Stop-and-Watch.pdf

Measures	Barriers	Actions
	• The availability of on-site practitioners varies depending on the nursing facility and IPA. A best practice is the availability of on-site medical practitioners at LTC facilities in addition to 24/7 on-call coverage. This allows for diagnosis and treatment of members in a facility and may reduce the need for a transition to another care setting. • Facilities are not calling the Nurse Practitioners (NP) as the first line call to potentially avoid hospital or ER admissions. The protocol in these facilities is to first call the SNFist, who is the attending MD in charge of the custodial patients and then the Medical Director and third in line is the NP. • Due to encounter data lag, L.A. Care does not receive data timely enough to review during the PDSA cycle quarters from this data source.	• A colorful sheet of paper is placed in the member/patients chart and includes information regarding direct phone number of case manager and nurse practitioner affiliated with facility. The nurse practitioner is affiliated with the facility and is familiar with patients providing them care continuously.

LOOKING FORWARD

L.A. Care plans to continue to meet with each of the two IPAs on a monthly basis, or more as needed. L.A. Care will continue to explore outreach options for non-engagers to identify and mitigate barriers to implementing the intervention. L.A. Care will continue to collaborate with the IPAs to evaluate the intervention. L.A. Care will reconcile the IPA data submission with claims data to determine if it is consistent with the results of the IPA and to guide future interventions.

G.2 HSAG/DHCS: CAL MEDICONNECT MEDICARE-MEDICAID INDIVIDUALIZED CARE PLAN (ICP) (PIP) (2018-2020)

AUTHOR: KEREN MAHGEREFTEH, MPP
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

BACKGROUND

This performance improvement project aims at increasing the number of completed individualized care plans (ICP) for high risk and low risk Cal Medi Connect (CMC) members. It also aims to increase the number of members who received an ICP and had care goals discussed. Individualized Care Plans (ICP) are a crucial part of taking care of older adult/elderly members who have Cal Medi Connect (CMC). One of the most significant reasons to have an individualized care plan for CMC members is to decrease the possibility of illness or accidents.[19] It also allows for CMC members to have optimal functioning within their limitations. An individualized care plan consists of identifying a problem (or potential problem), outlining the steps to solve it, and re-evaluating those steps after a certain length of time, or when circumstances change[20].

The intervention for the ICP PIP is a cross functional effort. It includes collaboration between Care Management, Quality Improvement, Clinical Assurance and Medicare Operations.

Study Question

Do targeted interventions increase the percentage of eligible members with the ICP completed (CA 1.5) and the percentage of eligible members with documented discussion of care goals (CA 1.6)

Goal of the PIP

Improve and implement new processes that will increase the completion rate of an Individualized Care Plans (ICP) and the documented discussion of care goals for our beneficiaries that will lead to improved health outcomes and member experience.

State Designated Goal or Benchmark: To achieve statistically significant improvement over the prior year.

Measure 1.5:	
1. CMC members initially stratified as high risk, enrolled 90 days or longer at the end of the reporting period and had an Individualized Care Plan (ICP) completed.	**Baseline rate -2017 Q4** 37.27% Remeasurement 1 Period Goal: 39% Q1 2018 59% Q2 2018 60%
2. CMC members initially stratified as low risk, enrolled 135 days or longer at the end of the reporting year and had an ICP completed. *	**Baseline rate- 2017 Q4** 36.06% Remeasurement 1 Period Goal: 40% Q1 2018 57% Q2 2018 58%

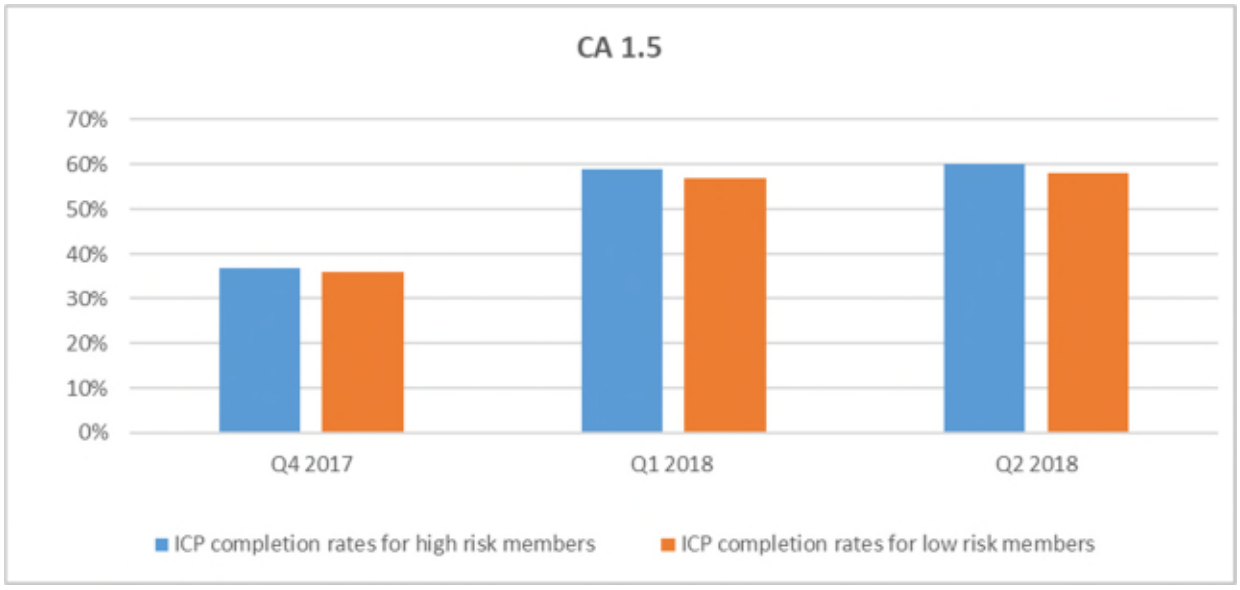
[19] https://blog.ioaging.org/home-care/individualized-care-plans-crucial-part-play-senior-homecare/
[20] https://blog.ioaging.org/home-care/individualized-care-plans-crucial-part-play-senior-homecare/

Measure 1.6:	
1. CMC Members who had an Individualized Care Plan (ICP) and had at least one documented discussion of care goals in the initial ICP.	**Baseline rate for 2017** 100% Remeasurement 1 Period Goal**:** 100% Q1 2018 100% Q2 2018 96%

INTERVENTION

Scorecard to be provided to delegates on a quarterly basis to all PPG's. The scorecard will have their ICP completion rate and will rank them among peers. In addition, the Clinical Assurance team will review 30 cases quarterly to ensure that the ICP's have at least one care goal discussed. Feedback will be provided to the delegates if care goals are not documented. If a PPG demonstrates continued poor performance L.A. Care will issue a corrective action plan.

ICP PIP RESULTS



Study Indicator 1(CA 1.5), the percentage of high risk members enrolled for 90 days or longer who had an ICP completed, has shown improvement in Q1 and Q2 2018. L.A. Care's a baseline rate was **37%** of high risk members who had an ICP completed. In Q1 2018, L.A. Care's rates increased by 22 percentage points to **59%** of high risk member who had an ICP completed. In Q2 of 2018 L.A. Care's rates increased by 23 percentage points as L.A. Care's rate is now **60%** of high risk member who had an ICP completed. L.A. Care's measurement year goal for study indicator 1 was set at **39%**. This shows that for Q2 2018 L.A. Care exceeded its goal of 39% by 21 percentage points. From Q1 2018 to Q2 2018 study indicator 1 there has been a sustained improvement from **59%** to **60%** respectively.

For Study Indicator 2 (CA 1.5), the percentage of low risk members who were enrolled for 90 days or longer and had an ICP completed, has shown improvement in Q1 2018 and Q2 2018. L.A. Care's baseline rate was **36%** and was recalculated for this submission based on the specifications of low risk members enrolled for 90 days or longer at the end of the reporting year and had an ICP completed. This baseline rate is equivalent to the baseline rate that L.A. Care has been reporting throughout this PIP using the prior specifications of low risk members enrolled for 135 days or longer. In Q1 2018, L.A. Care's rates increased

21 percentage points to **57%.** In Q2 2018 L.A. Care's rates increased by one percentage point as L.A. Care's rate is now **58%** of low risk members who had an ICP completed. L.A. Care's measurement year goal for study indicator 2 was set at **40%.** This shows that for Q2 2018 L.A. Care exceeded its goal of 40% by 18 percentage points. From Q1 2018 to Q2 2018 study indicator 2 there has been a sustained improvement from **57%** to **58%** respectively.

For Study Indicator 3 (CA 1.6), the percentage of members with a documented discussion of care goals, L.A. Care's baseline rate was 100%. The rate for Study Indicator 3 is reported annually by all MMPs. However, L.A. Care' Clinical Assurance Team monitors compliance on a quarterly basis by randomly selecting a sample of 30 charts. The rate for Q1 2018 was 100%. This shows that so far L.A. Care has maintained its goal of 100%. The rate for Q2 2018 was 96% as one case out of 30 did not pass.

LOOKING FORWARD

We will continue this PIP and intervention into 2020 and look to make statistically significant improvement over the prior year.

G.3 DIABETES DISPARITY PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: CAROLINA COLEMAN, MPP
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

2018 DIABETES DISPARITY PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL:

Measure	2018 PIP Goal
Proportion Days Covered (PDC) for diabetic agents in African American Medi-Cal Direct (MCLA) members 35-45 years old	38%

BACKGROUND

Treatment of diabetes involves diet and physical activity, along with lowering blood glucose with oral medications and/or insulin. Medication therapy is typically required and adherence is paramount to achieving desired clinical outcomes. Adherence can be challenging and lower adherence rates have been observed among certain ethnic groups including African Americans.

L.A. Care conducts Performance Improvement Projects (PIPs) for its Medi-Cal population as mandated by the Department of Health Care Services (DHCS) in areas in need of improvement. For the 2017-2019 PIP cycle, plans were required to identify a health disparity and prioritize this subgroup in development of one of the PIPs. L.A. Care selected adherence to diabetic agents in the African American population for the PIP topic because a disparity was evident when compared with other racial and ethnic group and diabetes management is an organizational priority.

The population was further narrowed down to members ages 35 to 45, because the disparity was widest amongst this group. Department of Health Services (DHS) members were excluded because of limitations on pharmacy data for medications filled at DHS sites. To determine medication adherence, pharmacy claims were collected and analyzed using the same specification as the Medicare Measure D11: Medication Adherence for Diabetes Medications to calculate the Proportion Days Covered (PDC) for non-DHS MCLA members on at least one diabetic agent.

Disparity Identified for PIP		
	African American	**Asian/Pacific Islander**
Numerator (Diabetic members 35-45 years old, on at least one diabetic agent, with PDC <0.8)	183	98
Denominator (Diabetic members 35-45 years old, on at least one diabetic agent)	341	317
Rate	54%	31%
Rate Difference	23%	
Total	**Lower rate = higher performing**	***p* value <.001 (Z-test)**

Modules one and two of the PIP were submitted in December 2017. The intervention began in August 2018 and will go through June 2019. The global aim of the PIP is to improve the health of people with diabetes by optimizing disease management. The Specific, Measureable, Achievable, Realistic, and Timely (SMART) Aim is to, by June 30, 2019, decrease the rate of African American Medi-Cal Direct members 35-45 years old, who are not assigned to DHS and have a PDC for diabetes medication of less than 0.8, from 54% to 38%.

PLAN-DO-STUDY-ACT (PDSA) INTERVENTION

Based on the failure modes and key drivers identified, L.A. Care selected the following intervention:

- L.A. Care staff (Disease Management nurses) will contact members who have missed at least one refill by phone (intervention #1 in Module 3). Staff will address barriers the member faces and offer solutions, inform members of a mail order program in which they can receive a 90-day supply of medication, and attempt to secure refills for the member.

A Plan-Do-Study-Act (PDSA) intervention was implemented targeting African American members ages 35-45 who missed a refill of their diabetic medication in the most recent month in order to address the key drivers and help achieve the global and SMART aims of the PIP.

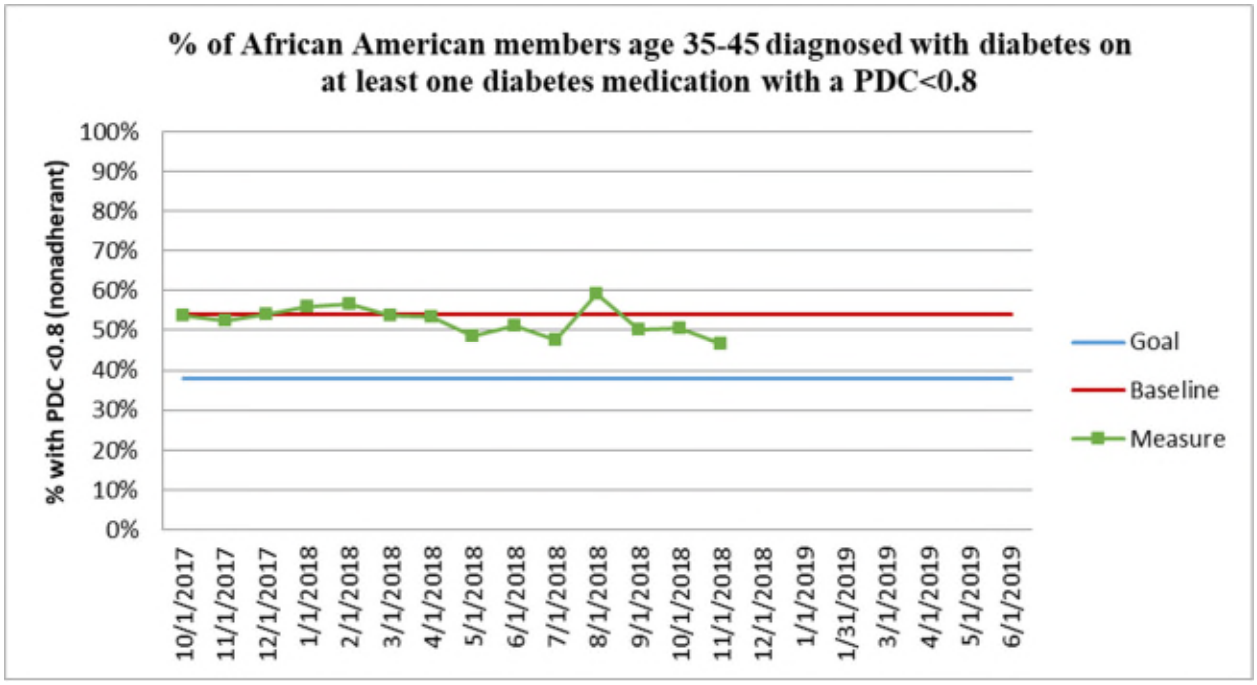
PDSA RESULTS

The intervention began in August 2018. Disease Management nurses called members to identify and address barriers the member experienced in refilling their medications. When members are successfully contacted, the nurse asked them about barriers they are experiencing and helps them mitigate those barriers by connecting them with their PCP and/or pharmacy, obtaining transportation, and/or transferring the prescription to 90-day mail order fills.

As of December 2018, three rounds of outreach have been conducted, with 75 members successfully contacted. This reflects a reach rate of 24%; it has been challenging to contact members, as 60% of calls are not answered and 12% of phone numbers are disconnected or incorrect. The barriers cited by members are outlined in the table below; the top barrier is "none." In this case, the call serves as a reminder of the importance of refilling medication in a consistent and timely manner. Amongst members who described a barrier not outlined below (i.e. "other"), the top reason was denial of disease; these members typically claimed to be pre-diabetic. Sixteen members contacted have signed up for the Disease Management program and will receive ongoing outreach.

Barriers Cited by Members Successfully Contacted Through PIP	
Barrier	**%**
Other	24%
"None"	36%
Changed dosage or frequency (includes MD discontinuing)	11%
Lack of understanding or indication or instruction	6%
Difficulty obtaining a refill from pharmacy	6%
Side effects	8%
Forgetfulness	2%
MD office delay with authorizing refills	5%
Transportation	2%

The run chart has not significantly improved after three months (of data) since the launch of the intervention. Each member who was successfully contacted is tracked over time for refill timeliness and change in PDC. Relatively few members who were contacted in the first and second rounds of calls refilled their medications after the call and only four successfully contacted members increased their PDC from below 0.8 to above this threshold. Based on these results, the initial calls do not seem to be successful at increasing frequency of refills and thus PDC. To try to improve the intervention, QI plans to work with the Pharmacy Department to change the angle of the outreach, facilitate connection with the PCP and/or pharmacy, and better document barriers. Additionally, members that continue to fail to refill their medication may receive additional outreach.



LOOKING FORWARD

L.A. Care will continue to identify members in the target population monthly and will work with the Pharmacy Department to contact members. We hope to be able to launch text message-based reminders by Spring 2019. The PIP intervention(s) will be completed June 30, 2019, after which results will be analyzed and reported.

G.4 CHILDHOOD IMMUNIZATION STATUS COMBINATION 3 (CIS-3) PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: CAROLINA COLEMAN, MPP
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

2018 CIS-3 PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL:

Measure	2018 PIP Goal
CIS-3 completion amongst children turning two in the San Gabriel Valley	51%

BACKGROUND

Vaccines continue to be one of the safest and most cost-effective ways to provide immunity and prevent illness, disability and death from vaccine-preventable diseases such as diphtheria, tetanus, pertussis, and pneumonia. The pediatric population are one of the most vulnerable populations to diseases; hence, it is important that vaccines are given to protect them.

L.A. Care conducts Performance Improvement Projects (PIPs) for its Medi-Cal population as mandated by the Department of Health Care Services (DHCS) in areas in need of improvement. Although the HEDIS 2017 rate of 73.6% exceeded the 50th percentile of 71.1%, L.A. Care chose to focus on the CIS-3 submeasure due to its importance as an auto-assignment and External Accountability Set measure, and its impact on the CIS-10 accreditation measure.

Modules one and two of the PIP were submitted in December 2017. The intervention began in July 2018 and will go through June 2019. The global aim of the PIP is to improve children's health by reducing vaccine preventable illnesses, disabilities, and deaths. The Specific, Measureable, Achievable, Realistic, and Timely (SMART) Aim is to, by June 30, 2019, increase the rate of CIS-3 completion by age two in the San Gabriel Valley from 40.9% to 51%. The baseline rate is based on CIS-3 completion in the San Gabriel Valley (Regional Community Advisory Committee region 3) from January to December 2016. The San Gabriel Valley was selected as the narrowed focus because it is a low performing area, with a manageable denominator of 1,660 members.

PLAN-DO-STUDY-ACT (PDSA) INTERVENTION

Based on the failure modes and key drivers identified, L.A. Care selected the following intervention:

- L.A. Care will offer assistance to provider offices who do not actively utilize the California Immunization Registry (CAIR). Assistance will focus on connecting EHRs to CAIR and/or coaching staff on data entry and use of CAIR. During this process, providers will also be educated about the Advisory Committee on Immunization Practices (ACIP) immunization schedule, utilizing written materials that document the schedule, and will be provided with culturally sensitive member materials. Providers and/or staff will be trained on how to run reminder recall reports and generate custom letters and reminder cards in CAIR.

A Plan-Do-Study-Act (PDSA) intervention was implemented targeting high-volume, low-performing providers in the San Gabriel Valley in order to address the key drivers and help achieve the global and SMART aims of the PIP.

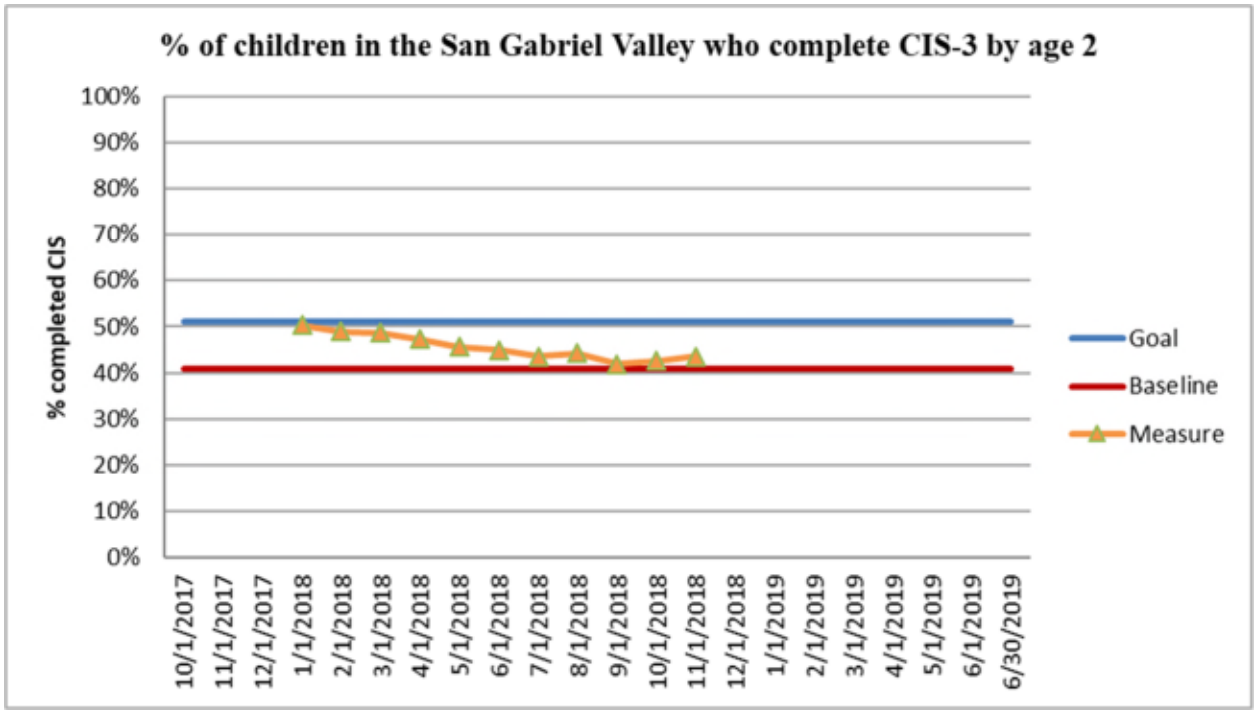
PDSA RESULTS

The intervention began in July 2018. QI staff visited the offices of eight high-volume, low-performing providers in the San Gabriel Valley. During the visits, the current workflows for checking the immunization status of patients were discussed, along with the immunization schedule, and advantages of using CAIR. Each provider received a list of members assigned to their practice who had yet to turn two in 2018 and were missing vaccines, along with a list of members who will turn two in 2019. All providers were encouraged to check CAIR for missing vaccines, document historical vaccines in CAIR, and contact members who had yet to turn two and were missing vaccines to schedule any remaining shots. One provider (in addition to the eight who participated in site visits) refused to participate in the intervention.

Four of the eight providers were actively using CAIR at the time of the visits. Of the four who could not confirm CAIR use, one provider was unsure if their EMR connection to CAIR was actively working, one is considering participation, and two refused to participate. Of the latter, one of the practices is entirely paper-based and is close to retirement, and the other prefers to manage immunizations through their EMR and submit data directly to L.A. Care. Those who were experiencing technical issues were connected with the local CAIR contact person for assistance.

Diphtheria, Tetanus and Pertussis (DTaP) vaccine adherence (the percentage of children residing in the San Gabriel Valley who turned two in the most current month and who received four or more DTaP vaccinations and are assigned to high volume, low-performing providers who received the intervention) is monitored on a monthly basis as one of the intervention effectiveness measures. The baseline rate of DTaP adherence is 56% for children who turned two in June; the rate increased to 68% for children who turned two in September. This increase provides evidence that the providers are utilizing the gaps reports provided at the site visits to fill data and care gaps prior to the second birthday, demonstrating the effectiveness of the intervention.

Because of the relatively small portion of the denominator in the San Gabriel Valley that is served by the providers who received the intervention, we have not yet observed an increase in the run chart. The rate displayed below appears to have declined most months in 2018 – from 50% in January to a low of 42% in September (although this increased to 44% in November); however, the rates for January – April were not established until May, thus allowing for several additional months to make up for data lag. We expect the rate the for HEDIS 2019 to increase as data becomes more complete. Additional providers will need to be targeted in order to meet the SMART aim; however, this will be challenging because only nine providers have 30 or more children in the denominator assigned to their practice.



LOOKING FORWARD

L.A. Care will continue to work with the targeted practices to identify members due for vaccines and document administration appropriately. CIS-3 and individual antigen rates will be monitored monthly. The denominator for the San Gabriel Valley will also be monitored to identify additional providers who serve members in this region. The PIP intervention will be completed June 30, 2019, after which results will be analyzed and reported.

G.5 POSTPARTUM CARE PLAN, DO, STUDY, ACT (PDSA)

AUTHOR: ANDREW GUY
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

2018 POSTPARTUM CARE PDSA GOAL:

Measure	2018 PDSA Goal
Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	An increase in the rate of postpartum care appointments scheduled from 4.57% to 5%

BACKGROUND

Each year, the California Department of Healthcare Services (DHCS) establishes a minimum performance level (MPL) for a list of measures called the External Accountability Set (EAS). Plans that perform below the MPL for the EAS measures are required to undertake certain steps to improve their performance, including establishing a rapid-action Plan, Do, Study, Act (PDSA) project. The PDSA is intended to allow for the implementation of interventions for targeted improvement, the collection of data from the intervention, and the modification or continuation of the intervention based on that data, within a rapid timeframe.

For the 2017 measurement year, L.A. Care rate (56.5%) fell below the minimum performance level of 59.6% for the Postpartum Care (PPC) measure, which rates plans on the number of deliveries that had a postpartum visit between 21-56 days after delivery.

Data gathered during the pre-planning phase indicated that the primary barrier was women not attending the postpartum visit due to lack of motivation and knowledge.

A review of all the non-compliant cases in the HEDIS hybrid sample of 2017 dates of service revealed that the main cause of non-compliance for the PPC-Postpartum measure was women not attending a postpartum visit at all. HEDIS nurse abstractors reviewed patient charts from the hybrid sample and categorized the reasons for a missed visit (Table 1). While L.A. Care saw a large number of visits occurring out of timeframe (49 of 166 non-compliant cases, or 29.5%), 87 out of 166, or 52.4%, of non-compliant cases were due to the member having no visit at all. Additional comments indicated that 37.9% of these no-visit cases were no-shows.

Table 1. Results from the Medical Record Review

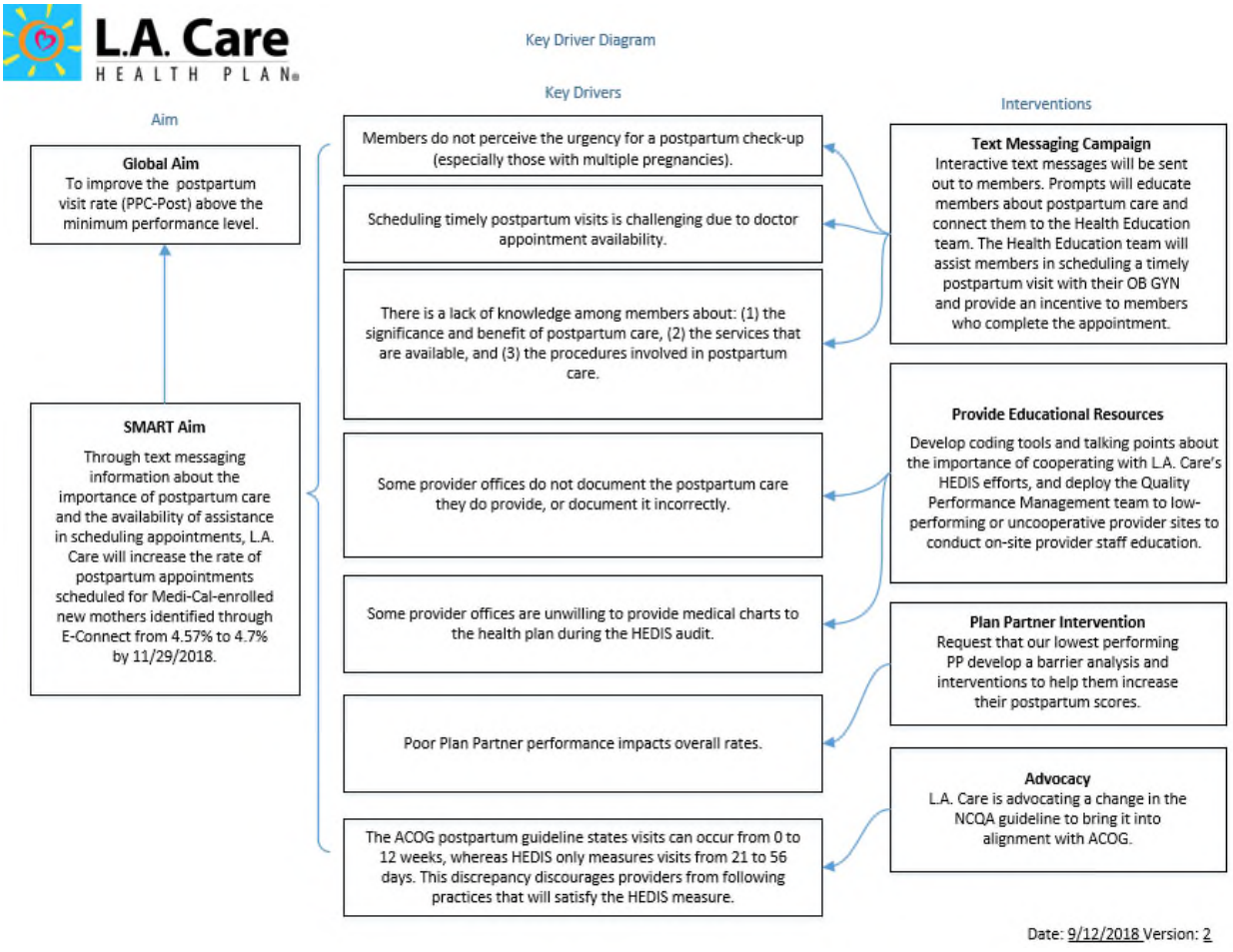
Reason for a Non-Compliant Chart	Number Charts	% of Reviewed* Non-Compliant Cases
Member Did Not Receive Service	87	52.41%
Service Given Early	33	8.15%
No Chart Received	19	4.69%
Service Given Too Late	16	3.95%
Insufficient Documentation	9	2.22%
Member Should Have Been Excluded	2	0.49%
Total Non-Compliant Cases	166	100.00%

* 10 non-compliant cases were not reviewed

L.A. Care's existing PPC-Postpartum initiative is an incentive program called Healthy Moms. Members who have recently given birth are identified through eConnect, an electronic health information exchange in use with a majority of high volume L.A. Care contracted hospitals, from which biweekly reports are created. An Outreach Coordinator places calls to these members and offers them the incentive of a gift card if they complete a postpartum visit. The Outreach Coordinator also supports the member with appointment scheduling, transportation, and general health education.

Member comments given to the Outreach Coordinator who oversees this program indicate several reasons for not scheduling these appointments. From these comments, L.A. Care has identified two key drivers that we plan to address in the initial cycle. The first of these is a lack of perceived urgency on our members' part, especially those members who have had prior pregnancies. The second is a lack of knowledge among new mothers about postpartum care, including a perception that postpartum care is of insignificant benefit to their health; an unawareness of the services that are available; and a fear of the procedures involved in a postpartum visit, particularly a misconception that postpartum care involves a pap smear (Figure 1).

Figure 1.



PLAN-DO-STUDY-ACT (PDSA) INTERVENTION

To address barriers around cultural issues and traditions, a lack of perceived urgency on the part of the member, and issues with transportation, as well as difficulty scheduling appointments, L.A. Care designed an intervention based on text messages. The script for the messages was culturally appropriate and prepared in all threshold languages for the plan, including English, Spanish, Chinese, Armenian, and Korean. It relayed the importance of timely postpartum care, reminded members of their transportation benefit, and offered the assistance of L.A. Care's staff in scheduling an appointment. The script also notified members of the existence of the Healthy Mom incentive program, which awards qualifying members with a gift card when they complete a postpartum visit within the 21-56 day timeframe.

Unfortunately, as this intervention was nearing its deployment date, L.A. Care was notified by DHCS that the plan could not continue with the intervention pending the resolution of concerns about members being charged for text messages that they did not consent to receive. L.A. Care is taking the necessary steps to address these concerns by implementing Free to End User code that will allow the plan to absorb any costs members might incur, and will launch the text messages in 2019. However, the implementation of this extra measure delayed the intervention to the point where it was no longer viable as an option for the first cycle of the PDSA, which must be completed by 12/31/18.

In lieu of the text messaging campaign, L.A. Care staff will contact provider offices regarding recent deliveries by Medi-Cal-enrolled new mothers in Los Angeles County and request assistance in setting up timely appointments for postpartum care. The plan will increase the rate of postpartum appointments scheduled for these new mothers from a baseline of 4.57% to a goal of 5% by 12/14/18. This increased level of engagement should lead to the global aim.

For this intervention, an L.A. Care temporary Project Manager will make calls to the OB GYNs of women who have given birth between 9/24/2018 and 11/26/2018, but who our Outreach Coordinator has not been able to reach. Since the HEDIS timeframe for appointments is 21-56 days post-delivery, this window allowed us to make calls in time to get members in for a qualifying appointment during our two-month PDSA cycle. While HEDIS specifications allow for the measure to be satisfied with a PCP or OB GYN visit, the workgroup chose to focus on OB GYNS based on the fact that prior years' HEDIS data indicates that members are unlikely to seek postpartum care from a provider other than their OB GYN. The Project Manager will ask the OB GYN to facilitate scheduling an appointment for postpartum care within 21-56 days of delivery. L.A. Care believes this intervention will improve upon the existing Healthy Moms incentive campaign by increasing the coordination of care for new mothers between the plan and the provider. L.A. Care also believes that members who do not answer the Outreach Coordinator's calls may be more likely to respond to calls from their OB GYN.

L.A. Care will use a combination of two sets of data: one based on claims data for pregnant women, indicating the date of their expected delivery; and one from hospitals that participate in the plan's eConnect program identifying women who have given birth within the past two weeks. L.A. Care anticipates that using both sets of data will yield the best results, as some pregnancies are not known to the plan until they have come to term, and eConnect data is only expected to capture approximately 75% of discharges.

After the Outreach Coordinator for L.A. Care's Healthy Mom incentive program has made an unsuccessful attempt to reach a mother who has recently given birth using these two data sources, the Project Manager will reach out to the mother's OB GYN. In instances where the member's OB GYN is not immediately known, the plan will cross reference these two data sources with prescription drug and claims data for services from the PPC HEDIS values set, and identify the member's OB GYN through prescriptions written for prenatal vitamins and codes for relevant services. The Project Manager will inform the OB GYN's

office of the recent delivery, and request their assistance in setting up an appointment for postpartum care within the 21-56 day window post-delivery.

We foresee that the number of new mothers who attend appointments for postpartum care will increase. This will happen because new mothers who L.A. Care is not able to contact directly will be contacted by their OB GYNs, who will educate them about the importance of postpartum care and take a proactive approach to scheduling their appointments. This will in turn lead to an increase in the number of women who ultimately receive postpartum care, as our data demonstrate that roughly 75% of members who receive assistance scheduling an appointment end up going to that appointment[21].

L.A. Care will be able to measure that the change is an improvement by comparing the rate of scheduled appointments versus known births in the 10/15/2018-11/26/2018 timeframe to the same rate for 2017. In examining the baseline 2017 data, L.A. Care found that of the average of 539 births each month, an average of 25 new mothers were successfully assisted in scheduling a postpartum appointment, establishing a baseline rate of roughly 4.57%. L.A. Care also found an average monthly fluctuation of plus or minus 11 appointments, or about 1.9% of the total number of births. In order to ensure a goal of legitimate improvement over the baseline, L.A. Care determined it would need to set a goal of greater than 1.9% improvement over the 2017 rate. The plan has therefore established a goal of improving its rate of scheduled appointments per births from 4.57% to 5%, and is confident that this change would be a significant improvement.

PDSA RESULTS

In preparing to make calls, an L.A. Care Quality Performance Management (QPM) team compared the expected delivery dates based on claims data with the actual deliveries recorded in eConnect. They did not find any expected pregnancies that were not recorded in eConnect. Given this finding, L.A. Care proceeded with the calls using only the delivery data from eConnect.

Each week, the Outreach Coordinator from the Healthy Moms incentive program would provide QPM with a list of members she had been unable to reach after three attempts. QPM would then pull claims data to identify possible OB GYN offices for the member, since this information was not immediately known.

L.A. Care's Project Manager made calls daily from 11/5/2018 through 12/7/2018, after an initial delay caused by difficulties in pulling the appropriate provider data caused the intervention to start later than our anticipated start date of 10/15/18. During these calls, she informed the office of the member's delivery date. She indicated that L.A. Care had been unsuccessful in reaching the member and requested the office's assistance in contacting the member to schedule a postpartum care appointment within the 21-56 day timeframe and inform them about their eligibility for the Healthy Moms incentive. The results of these calls are recorded in Table 2 below:

[21] Data from the Healthy Moms program indicates that within the 12-month period of 8/1/17-7/31/2018, 298 members received assistance in scheduling a postpartum appointment. Of these, 217, or 73%, kept their appointment as confirmed with their OB GYN's office.

Table 2. Results from Calls		
Category	**Number of Patients**	**Percentage of Total**
Total Unreached Patients	429	100.00%
with Appointments Already Scheduled in Timeframe	137	31.93%
whose Providers Were Asked to Help Schedule an Appointment	28	6.53%
whose Providers Were Not Asked to Schedule an Appointment	264	61.54%

The week after initially contacting the office, the Project Manager made a follow up call to inquire whether the office had been successful in scheduling the appointment within the appropriate timeframe. Table 3 below shows the outcomes of these follow up calls:

Table 3. Results of Follow Up Calls			
Category	**Number of Patients**	**Percentage of Follow Up Calls**	**Percentage of All Unreached Patients**
Total Follow Up Patients	28	100.00%	6.53%
Patients Scheduled In Timeframe	2	7.14%	0.47%
Patients Scheduled Out of Timeframe	2	7.14%	0.47%
Patients Not Scheduled	24	85.71%	5.59%

The results of the Healthy Moms incentive calls are in Table 4 below:

Table 4. Healthy Moms Call Results		
Members Called	**Appointments Made**	**Appointment Rate**
665	15	2.26%

L.A. Care encountered several barriers in this process. The first of these came in preparing the data to make calls. For the first week, which QPM prepared by pulling all claims within the nine-month period preceding the delivery date, the overwhelming majority of providers identified were neither PCPs or OB GYNs and were thus not appropriate providers for the PPC postpartum measure. L.A. Care attempted to correct this for the remaining calls by only pulling providers who had submitted claims from the HEDIS value set for PPC prenatal care. The relevance of the provider data improved at this point, but as Table 2 shows, L.A. Care did not have relevant provider data on file for 61.54% of the members identified in eConnect. Table 5 shows the different sorts of provider data issues the L.A. Care Project Manager encountered:

Table 5. Provider Data Issues	
Category	**Number of Patients**
Provider Could Not Be Reached (Wrong Number/Number Did Not Work)	162
Provider Does Not Provide Postpartum Care	85
Provider Does Not Have Patient in System	90
Total	**337**

These categories are not exclusive, as many patients had more than one provider listed and could fit into several categories as a result. For example, a patient could have a provider for whom L.A. Care has a wrong number, and also have a provider who did not have them in their system. All patients who were found to have an appointment were removed from these categories.

A second barrier L.A. Care encountered was that provider offices had a similar difficulty in reaching our members when they attempted to set up an appointment. No provider office who had the patient in their system refused to assist in coordinating, but of the 28 members whose providers agreed to contact them, only four were scheduled for appointments, either inside or outside of the necessary timeframe. Feedback from provider offices during the Project Manager's follow up calls indicates that these were a mix of members who could not be reached at all and members who were not interested in booking an appointment, regardless of the availability of our incentive program.

Finally, the time it took to begin provider outreach calls meant that by the time the Project Manager got her call list, it was too late to successfully intervene for many of the members listed. In the existing process for the Healthy Moms initiative that this intervention was added on to, reports are pulled from eConnect on a weekly basis, so that some births are a week old by the time they are received by the Healthy Moms Outreach Coordinator. The Outreach Coordinator then makes three attempts to reach the member, and the time it takes to do this can vary. For the PDSA intervention, each Wednesday, the Outreach Coordinator would turn over a list of members she had not been able to reach to the QPM team. The QPM team would then run their claims analysis and return a list of providers for the Outreach Coordinator to call the following Monday. The result of this was that for each data set, most members would meet their 56-day deadline within a week or less. While the Project Manager would still attempt to call the providers for most of these members, the timeframe was not conducive to successfully scheduling an appointment. Table 6 shows the number and rate of members for whom this was the case for each week's data set:

Table 6. Too Late to Intervene			
Data Set	**Total Members**	**56 Day Deadline in One Week or Less**	**Rate**
Week 1	103	85	82.5%
Week 2	49	24	49.0%
Week 3	79	45	57.0%
Week 4	61	21	34.4%

Table 6. Too Late to Intervene			
Data Set	**Total Members**	**56 Day Deadline in One Week or Less**	**Rate**
Week 5	127	72	63.2%
Totals	419	247	59.0%

There were 15 postpartum care appointments scheduled for the 665 births during the time period 11/5-12/7 by the Healthy Moms Outreach Coordinator, for an appointment rate of 2.26%. There were 2 additional appointments scheduled for the 429 patients who were unreached by L.A. Care's Healthy Moms Outreach Coordinator as a result of the provider communication intervention, for a rate of .47%. The provider outreach intervention increased the rate of successfully setting a postpartum care appointment from 15 members, at 2.26%, to 17 members, an increase of 2 members, or 0.3% of all 665 births.

The initial SMART goal for this project was based on monthly average rate derived from the number of appointments versus the number of births over a 12-month period from August 2017-July 2018. The actual rate for the period was significantly lower- 2.26% versus 4.57%. This intervention did not attain the SMART goal of an appointment rate of 5%, nor did it meet the underlying objective of setting appointments for at least an additional 1.9% of members.

The time of year that the calls were taking place may have influenced their effectiveness, as many interventions staged during the final two months of the year encounter difficulty competing for member's time and attention with travel and holiday plans.

Aside from the overall decline in rates year over year, L.A. Care's significant difficulties in identifying an appropriate postpartum care provider for the members involved in the intervention posed a significant barrier. A future intervention might narrow the claims data used to identify potentially relevant providers further by excluding those providers that might submit valid PPC prenatal codes, like radiologists, who would not be appropriate for postpartum care. L.A. Care should also examine ways that it can improve the reliability of the contact information it has on file for provider offices, as this was the category of provider data issues with the highest volume of members.

The delays in the process of this intervention also prevented timely appointments from being made for many members, but the fact that so few appointments were set for the remaining members indicates that communicating the importance of postpartum care to our members via phone is a significant barrier. L.A. Care hopes to address this with the intervention for the next cycle, where the plan will send text messages to inform members about the importance and availability of postpartum care, with the intent of communicating to them in a medium that might be preferable and more convenient than a phone call.

While L.A. Care was not successful in scheduling new appointments for postpartum care, these calls did allow the plan to find out the dates and rendering providers for 137 compliant postpartum appointments previously unknown to the organization. L.A. Care plans to revisit this list of appointments during HEDIS 2019, in case any of the members it includes are a part of the hybrid sample for the PPC measure.

H.1. MEMBER EXPERIENCE

H.1.a GRIEVANCES AND APPEALS

AUTHOR: LISAMARIE GOLDEN
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

BACKGROUND

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through an annual assessment of all complaints and appeals.

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, Medicare Operations, Medi-Cal Operations, 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
- Conducted a quantitative analysis from combined complaints and appeals

SECTION 1: GRIEVANCES AND APPEALS

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.

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, 2017 – September 30, 2018:

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.

GRIEVANCE/COMPLAINTS

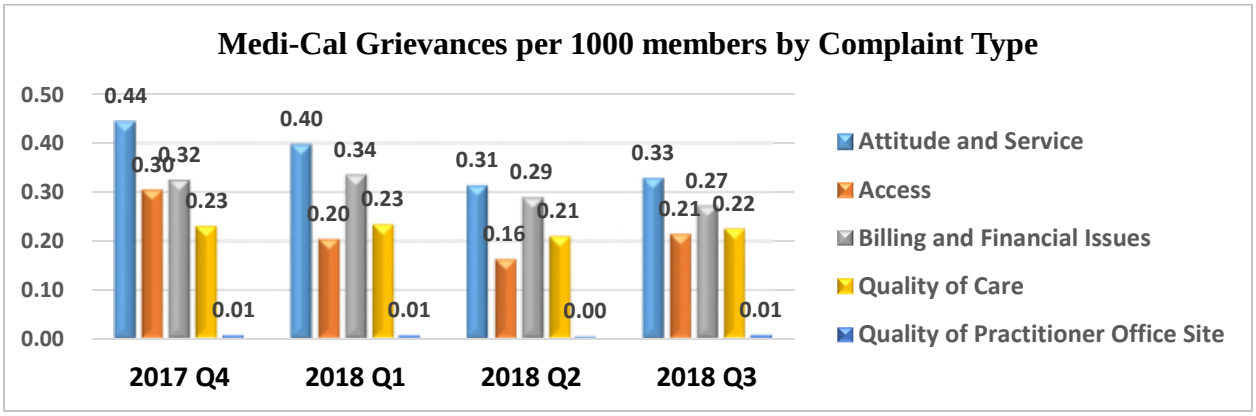
The Grievances/Complaints data for this section are reflective of the fourth quarter of 2017 through the third quarter of 2018.

GRIEVANCES/COMPLAINTS

Medi-Cal

Complaints	2017 Q4			2018 Q1			2018 Q2			2018 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude and Service	1,384	0.44	34%	1,243	0.40	34%	989	0.31	32%	1,035	0.33	31%
Access	948	0.30	23%	636	0.20	17%	513	0.16	17%	674	0.21	20%
Billing and Financial Issues	1,011	0.32	25%	1,048	0.34	29%	910	0.29	29%	855	0.27	26%
Quality of Care	716	0.23	18%	728	0.23	20%	659	0.21	21%	708	0.22	21%
Quality of Practitioner Office Site	21	0.01	1%	21	0.01	1%	14	0.00	0%	23	0.01	1%
Grand Total	**4,080**	**0.26**	**100%**	**3,676**	**0.24**	**100%**	**3,085**	**0.20**	**100%**	**3,295**	**0.21**	**100%**

***Rate per 1000 members is calculated based on the avg of member months for the measurement period:**
2017 Q4 = 1,036,995 2018 Q1 = 1,041,756 2018 Q2 = 1,050,662 2018 Q3 = 1,048,925



Quantitative Analysis

An analysis of the Medi-Cal complaint data reveals the following:

- Grievances related to Attitude and Service delivered by our network providers and plan staff is the top category quarter over quarter.
- Grievance related to Billing and Financial Issues decrease from Q4 2017 to Q3 2018.
- Grievances related to Quality of the Practitioner's Office site ranked the lowest quarter over quarter.
- Grievances related to Quality of Care maintained a steady run rate for grievances per 1000 members in this category.

Qualitative Analysis

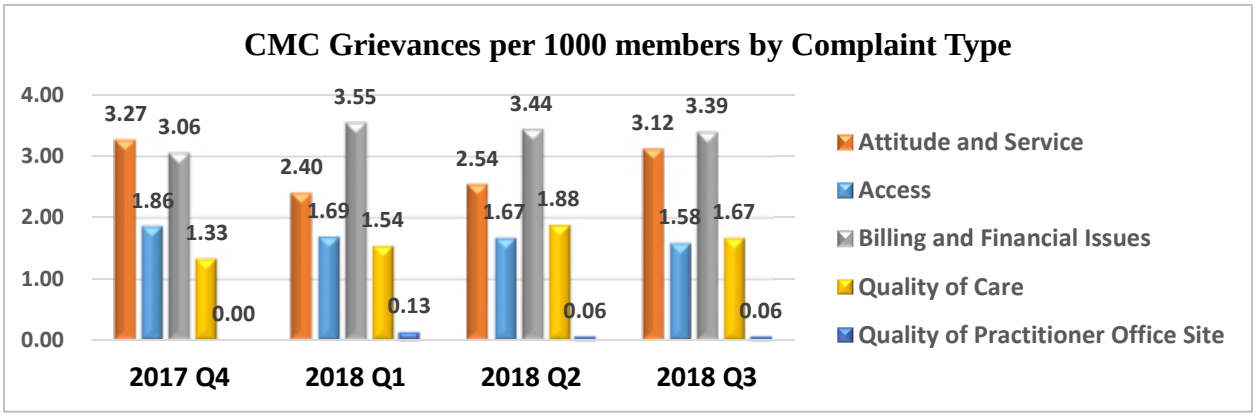
- Overall the run rate for complaints per 1000 members decreased from Q4 2017 to Q3 2018.
- The member's overall experience and measurement for satisfaction is based on the member's perceived delivery and quality of service provided by the treating practitioner, practitioner's office staff, and/or Plan staff (inclusive of our delegated entities).

- Members dissatisfaction is based on their overall experience with their Primary Care Physician and/or office staff.
- Members second reason for dissatisfaction is related to their overall experience with the Plan and Plan staff.

Cal MediConnect (CMC)

Complaints	2017 Q4			2018 Q1			2018 Q2			2018 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude and Service	153	3.27	34%	111	2.40	26%	119	2.54	27%	150	3.12	32%
Access	87	1.86	20%	78	1.69	18%	78	1.67	17%	76	1.58	16%
Billing and Financial Issues	143	3.06	32%	164	3.55	38%	161	3.44	36%	163	3.39	35%
Quality of Care	62	1.33	14%	71	1.54	17%	88	1.88	20%	80	1.67	17%
Quality of Practitioner Office Site	0	0.00	0%	2	0.13	0%	1	0.06	0%	2	0.06	0%
Grand Total	**445**	**1.90**	**100%**	**426**	**1.86**	**100%**	**447**	**1.92**	**100%**	**471**	**1.97**	**100%**

***Rate per 1000 members is calculated based on the avg of member months for the measurement period:**
2017 Q4 = 15,584 2018 Q1 = 15,391 2018 Q2 = 15,590 2018 Q3 = 16,010



Quantitative Analysis

An analysis of the Cal MediConnect (CMC) complaint data reveals the following:

- Grievances related to Billing & Financial Issues increased from Q4 2017 to Q3 2018.
- Grievances related to Quality of the Practitioner's Office site ranked the lowest quarter over quarter.
- Grievances related to Quality of Care demonstrated an increase in grievances rates per 1000 members in Q2 2018 and Q3 2018.

Qualitative Analysis

- The member's overall experience and measurement for satisfaction for the Cal MediConnet book of business ranks the highest for the Billing and Financial related grievances
- The top three sub categories for Billing and Financial related grievances are:
  - Billing Discrepancy

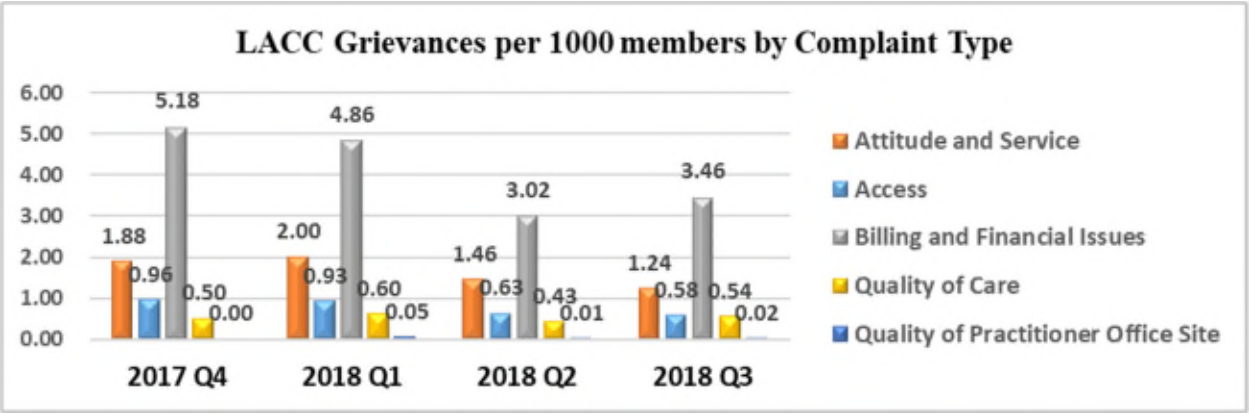
- Collection
- Plan Benefits

- The top reason for billing and financial related grievances is related to services provided in an Emergency room setting, Specialty providers and L.A. Care Health Plan (Pharmacy related), respectively.
- The member's secondary reason for dissatisfaction is based on the member's perceived delivery and quality of service provided by the treating practitioner, practitioner's office staff, and/or Plan staff (inclusive of our delegated entities)
  - Primary reason for dissatisfaction is related to their overall experience with the Plan and Plan staff
  - Secondary level of dissatisfaction is based on their overall experience with their Primary Care Physician and/or office staff

L.A. Care Covered (LACC)

Grievances	2017 Q4			2018 Q1			2018 Q2			2018 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Attitude & Service	143	0.96	22%	362	0.93	24%	317	0.63	26%	264	0.58	21%
Access	73	1.88	11%	168	2.00	11%	136	1.46	11%	123	1.24	10%
Billing & Financial Issues	394	5.18	61%	882	4.86	58%	656	3.02	54%	736	3.46	59%
Quality of Care	38	0.50	6%	109	0.60	7%	93	0.43	8%	114	0.54	9%
Quality of Practitioner Office Site	0	0.00	0%	3	0.05	0%	2	0.01	0%	3	0.02	0%
Grand Total	**648**	**8.52**	**100%**	**1,524**	**8.44**	**100%**	**1,204**	**5.55**	**100%**	**1,240**	**5.84**	**100%**

Rate per 1,000 members is calculated based on the average of member months for the measurement period:
2017 Q4 = 25,341 2018 Q1 = 60,441 2018 Q2 = 72,429 2018 Q3= 70,850



Quantitative Analysis

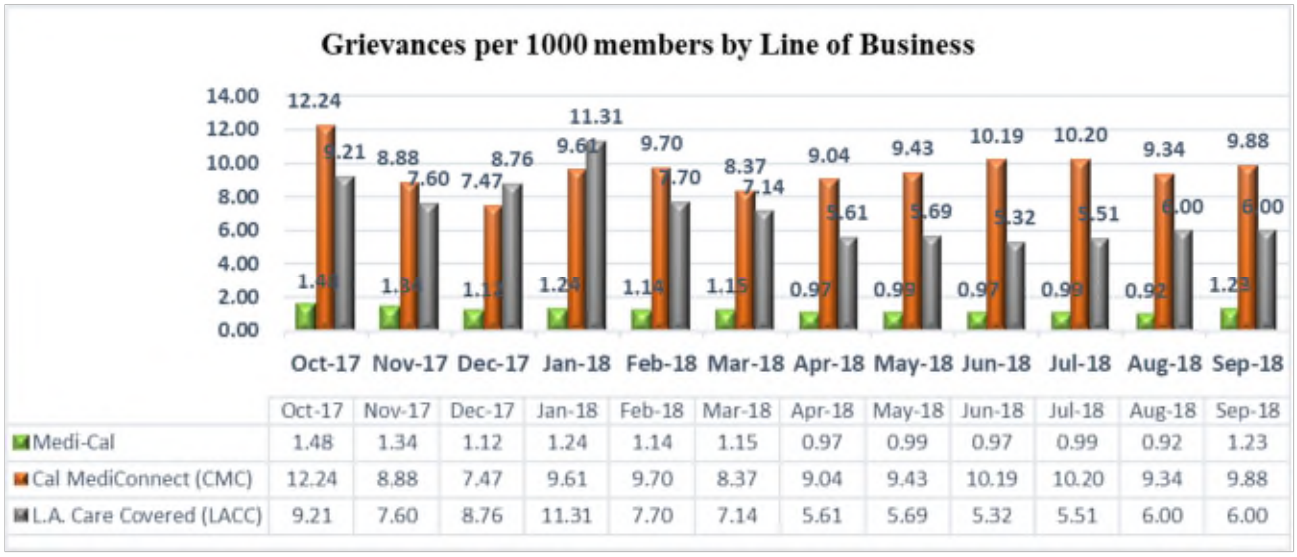
An analysis of the LACC grievance data reveals the following:

- Grievances related to Billing & Financial Issues decreased from Q4 2017 to Q3 2018.
- Grievances related to Attitude and Service delivered by our network providers and plan staff is the second highest category quarter over quarter.
- Grievances related to Quality of Care and Quality of Practitioner's Office Site continue to be the lowest reason for dissatisfaction quarter over quarter.

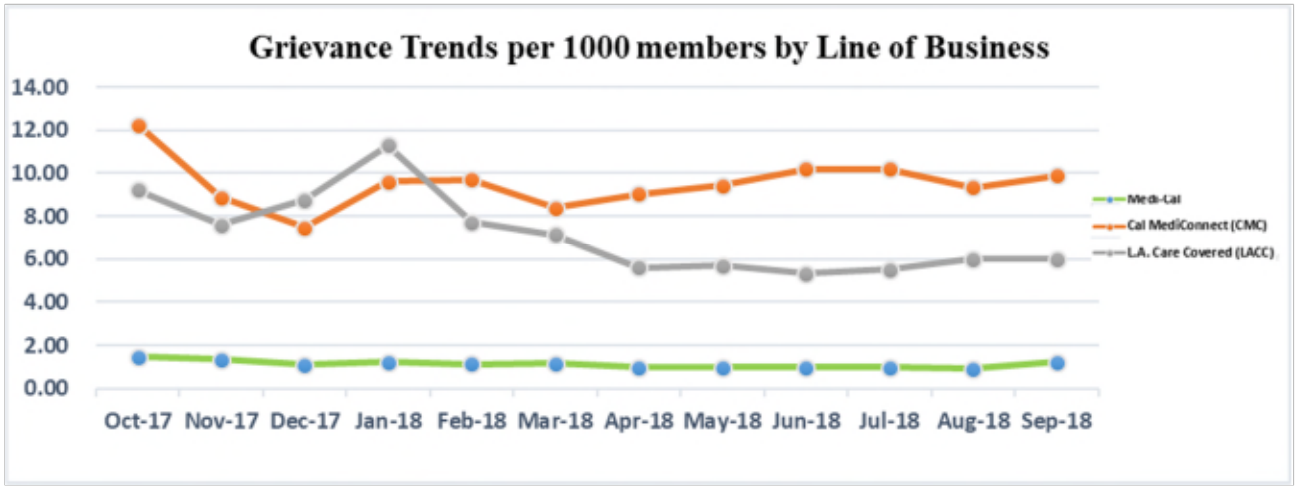
Qualitative Analysis

- The member's overall experience and measurement for satisfaction for the Coverage CA book of business ranks the highest for Billing and Financial related grievances.
- The top three sub categories for Billing and Financial related grievances are:
  - Premium
  - Billing Discrepancy
  - Reimbursement
- The top reason for billing and financial related grievances is related to L.A. Care Health Plan specifically related to the handling of Premiums.
- The second primary reason for dissatisfaction is due to the Plan's ability to effectively manage the Out-of-Pocket maximum and accumulator process resulting in member reimbursement related grievances.
- The member's secondary reason for dissatisfaction is based on the member's perceived delivery and quality of service provided by the Plan staff.

COMBINED GRIEVANCES/COMPLAINTS



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Medi-Cal	1.48	1.34	1.12	1.24	1.14	1.15	0.97	0.99	0.97	0.99	0.92	1.23
Cal MediConnect (CMC)	12.24	8.88	7.47	9.61	9.70	8.37	9.04	9.43	10.19	10.20	9.34	9.88
L.A. Care Covered (LACC)	9.21	7.60	8.76	11.31	7.70	7.14	5.61	5.69	5.32	5.51	6.00	6.00



Quantitative Analysis

- MCLA is running at a constant run rate for grievances per 1000 members.
- CMC and LACC grievance rates demonstrated a decrease and consistency in the run rate by Q2 2018, however, a slight increase is occurred at the end of Q3 2018.

Qualitative Analysis

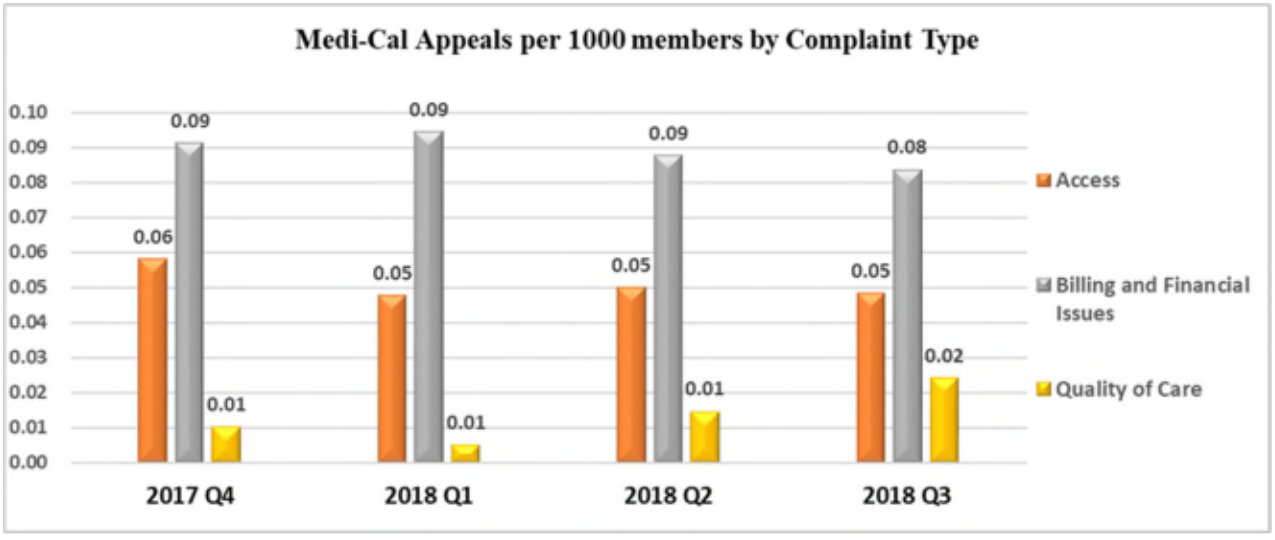
- Overall, MCLA members have demonstrated their satisfaction is related to the attitude and quality of service delivered by their treating providers and Plan staff.
- Whereas, Billing and Financial related grievances are the top category for the Cal MediConnect and Covered CA books of business.
- For Billing and Financial related grievances; services provided in an Emergency Room setting are the most common reason for MCLA and Cal MediConnect. Covered CA is specifically related to the Plan and the Plan's ability to effectively manage the Premium and Out-of-Pocket accumulator process.

APPEALS

Medi - Cal

Appeals	2017 Q4			2018 Q1			2018 Q2			2018 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	180	0.06	36%	149	0.05	32%	157	0.05	33%	152	0.05	31%
Billing and Financial Issues	284	0.09	57%	295	0.09	64%	276	0.09	58%	263	0.08	54%
Quality of Care	32	0.01	6%	16	0.01	3%	46	0.01	10%	76	0.02	15%
Grand Total	**496**	**0.16**	**100%**	**460**	**0.15**	**100%**	**479**	**0.15**	**100%**	**491**	**0.16**	**100%**

Rate per 1000 members is calculated based on the avg of member months for the measurement period:
2017 Q4 = 1,036,995 2018 Q1 = 1,041,756 2018 Q2 = 1,050,662 2018 Q3 = 1,048,925



Quantitative Analysis

An analysis of the Medi-Cal appeals data reveals the following:

- Overall rate of appeals per 1000 members remained constant from Q4 2017 to Q3 2018;
- However, Quality of Care demonstrated a slight increase from Q2 2018 to Q3 2018;
- Billing and Financial Issues continue to represent the highest rate for appeals.

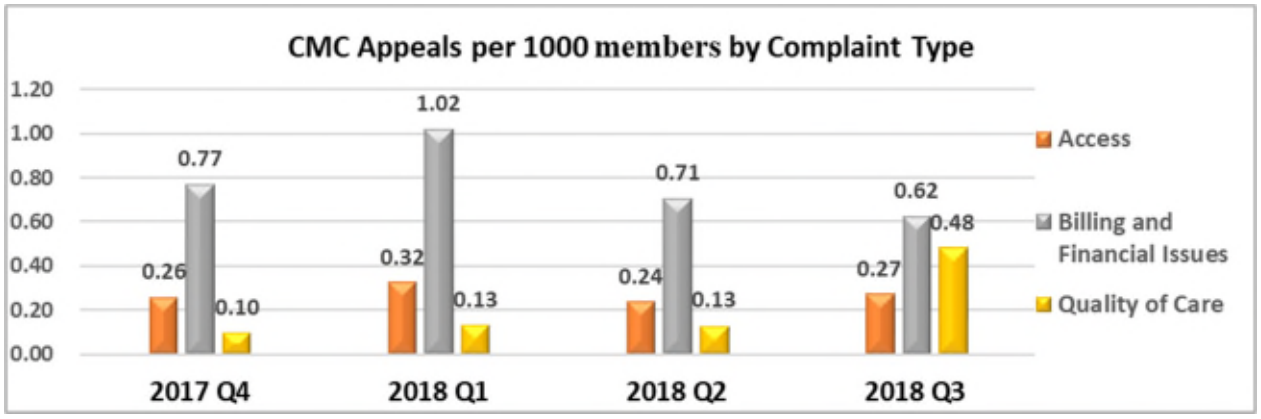
Qualitative Analysis

- Billing and Financial Issues hold the highest in appeal rate for the entirety of the fiscal year.
    - Of these appeals, the majority are regarding members' Benefit Package coverages of which 54% are overturned as they were found to meet the necessary criteria, with the help of additional information or an authorization provided by the prescribing clinician.
    - A better education to providers of the protocols is helpful in avoiding such appeals.

Cal MediConnect (CMC)

Appeals	2017 Q4			2018 Q1			2018 Q2			2018 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	12	0.26	24%	15	0.32	23%	11	0.24	22%	13	0.27	20%
Billing and Financial Issues	36	0.77	71%	47	1.02	71%	33	0.71	66%	30	0.62	45%
Quality of Care	3	0.10	6%	4	0.13	6%	6	0.13	12%	23	0.48	35%
Grand Total	**51**	**1.12**	**100%**	**66**	**1.47**	**100%**	**50**	**1.07**	**100%**	**66**	**1.37**	**100%**

**** Rate per 1000 members is calculated based on the avg of member months for the measurement period***
2017 Q4 = 15,584 2018 Q1 = 15,391 2018 Q2 = 15,590 2018 Q3 = 16,010



Quantitative Analysis

An analysis of the Cal MediConnect (CMC) appeal data reveals the following:

- Billing and Financial Issues continue to represent the highest rate for appeals.
- A new appeal code, Balance Billing, was added to provide the ability to capture appeals related to members being balance billed.

Qualitative Analysis

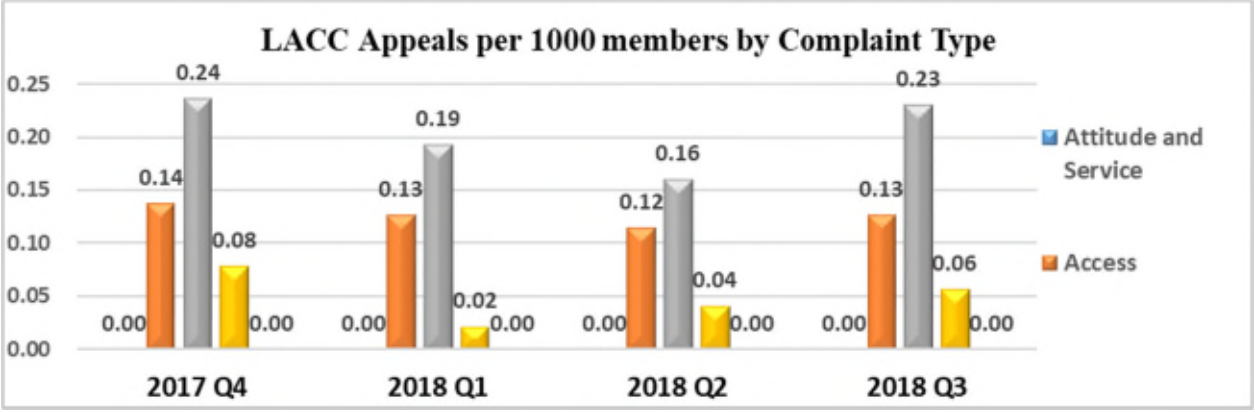
- With the addition of the Balance Billing code, it is projected that a further drill down of the types of Billing appeals will be observed, in order to identify the root cause of so many appeals regarding this category rather than others.
- The appeals observed with CMC members regarding Billing and Financial Issues are mostly with Plan Benefits, specifically in relation to denied services where a member has not met the necessary criteria, or the appeal is lacking sufficient documentation for coverage.

- In both cases, where a member is denied, the appeal is avoided with proper education to the clinician making the initial request.

L.A. Care Covered (LACC)

Appeals	2017 Q4			2018 Q1			2018 Q2			2018 Q3		
	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%	Count	Rate*	%
Access	7	0.14	26%	23	0.13	37%	25	0.12	36%	27	0.13	31%
Billing and Financial Issues	18	0.24	67%	35	0.19	56%	35	0.16	51%	49	0.23	56%
Quality of Care	2	0.08	7%	4	0.02	6%	9	0.04	13%	12	0.06	14%
Grand Total	**27**	**0.45**	**100%**	**62**	**0.34**	**100%**	**69**	**0.32**	**100%**	**88**	**0.41**	**100%**

**** Rate per 1,000 members is calculated based on the average of member months for the measurement period:***
2017 Q4 = 25,341 2018 Q1 = 60,441 2018 Q2 = 72,429 2018 Q3= 70,850



Quantitative Analysis

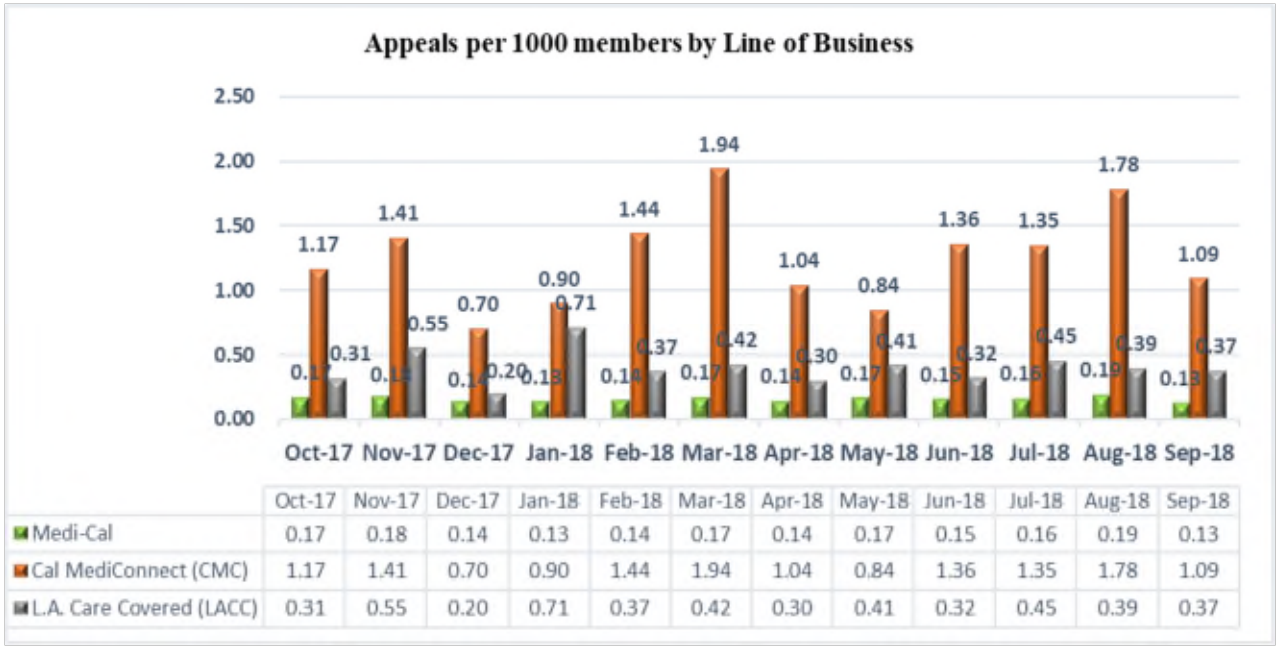
An analysis of the LACC appeals data reveals the following:

- The overall rate of appeals per 1,000 members remain steady during this FY.
- The rate of appeals regarding Billing and Financial Issues continue to be the top category.

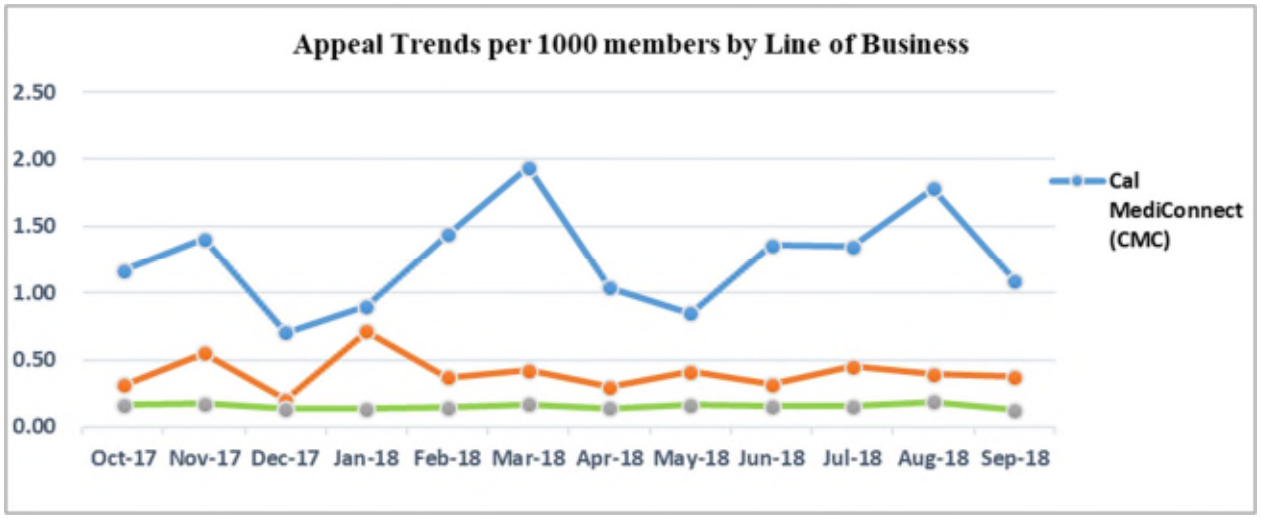
Qualitative Analysis

- As with the grievances for this line of business, the Billing & Financial Issues are the top category for the entirety of this fiscal year.
- Half of these appeals result in overturn because the member meets the required criteria, while the remaining half are denied due to lack of medical necessity, lack of sufficient documentation, or they are out-of-network services being requested.

COMBINED LOB APPEALS



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Medi-Cal	0.17	0.18	0.14	0.13	0.14	0.17	0.14	0.17	0.15	0.16	0.19	0.13
Cal MediConnect (CMC)	1.17	1.41	0.70	0.90	1.44	1.94	1.04	0.84	1.36	1.35	1.78	1.09
L.A. Care Covered (LACC)	0.31	0.55	0.20	0.71	0.37	0.42	0.30	0.41	0.32	0.45	0.39	0.37



Quantitative Analysis

- MCLA and LACC appeal run rate has remained constant during this past fiscal year.
- CMC continues to demonstrate fluctuations throughout the fiscal year.
    - Billing and Financial issues contribute the trends. The addition of a new code, Balance Billing, will assist with further drill down of trends/barriers. The new code was added in December 2018.

Qualitative Analysis

- MCLA and LACC appeal run rate has remained constant during this past fiscal year.

Identified Barriers

- Ineffective communication between members and providers
- Lack of transparency regarding coverage benefits
- Clinicians misguiding members with requests for services not covered
- Clinicians not following proper protocol for submitting claims and/or referrals for services.

Proposed Interventions

- Secret Shoppers to "repeat-offender" clinicians
- Mailers to members to remind them of coverages annually
- Provide easy-to-read coverage information
- Educate providers of the proper protocols regularly

Proposed Next Steps

- Continue with inter-departmental discussions drilling down on the high grievance categories.
- Track and trend the identified categories to identify effective changes.
- Make mailers to members more easy to read.
- Mailers to clinicians to be topic-focused and serve as training materials to provide proper protocols for each type of error identified.

H.1.b Behavioral Health Services Grievances and Appeals Assessment, Interventions, and Improvement

Author: Nicole Lehman, MSW
Reviewer: Maria Casias, RN & Katrina Miller, MD

Background

L.A. Care provides Behavioral Health services through a Managed Behavioral Health Organization (MBHO), Beacon Health Options (Beacon). Since 2013, Beacon has been contracted to provide behavioral health services to all lines of business. There are several administrative services that are contractually delegated to Beacon however; appeals and grievances are retained by L.A. Care. In 2014, L.A. Care began to directly contract for Applied Behavioral Analysis (ABA) services for the Medi-Cal line of business only. L.A. Care's Grievance and Appeals department addresses incoming grievances and/or appeals with the applicable party within L.A. Care, including the Behavioral Health Department, the Behavioral Health Treatment team, Quality Improvement, and other Health Services departments in addition to working directly with Beacon.

By accessing grievance and appeal data, L.A. Care is able to address opportunities for improvement in member care across all lines of business. The purpose of this report is to identify trends, areas for improvement, recognize barriers, develop interventions, and measure the effectiveness of those interventions.

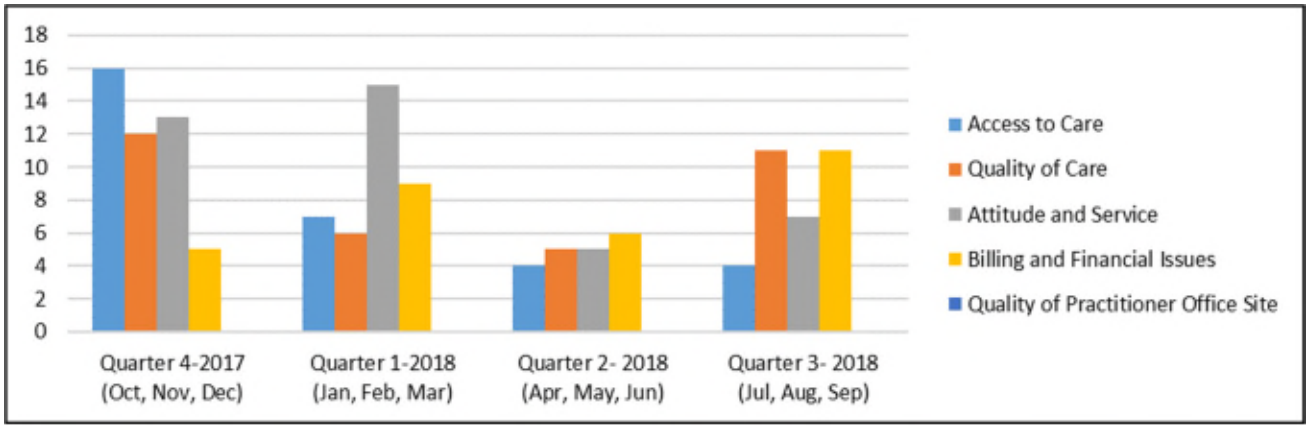
The following report will address the data and analysis, and identified interventions addressed with the collaboration of the Behavioral Health Quality Improvement Committee.

Results

The following analysis is focused on Quarter 4 2017 - Quarter 3 2018

Medi-Cal

						Q4 17-
Access to Care	*38*	15	7	4	4	30
Quality of Care	*22*	9	6	5	11	31
Attitude and Service	*14*	12	15	5	7	39
Billing and Financial Issues	*8*	1	9	6	11	27
Quality of Practitioner Office Site	*1*	0	0	0	0	0
Grand Total	*83*	37	37	20	33	127



Quantitative Analysis

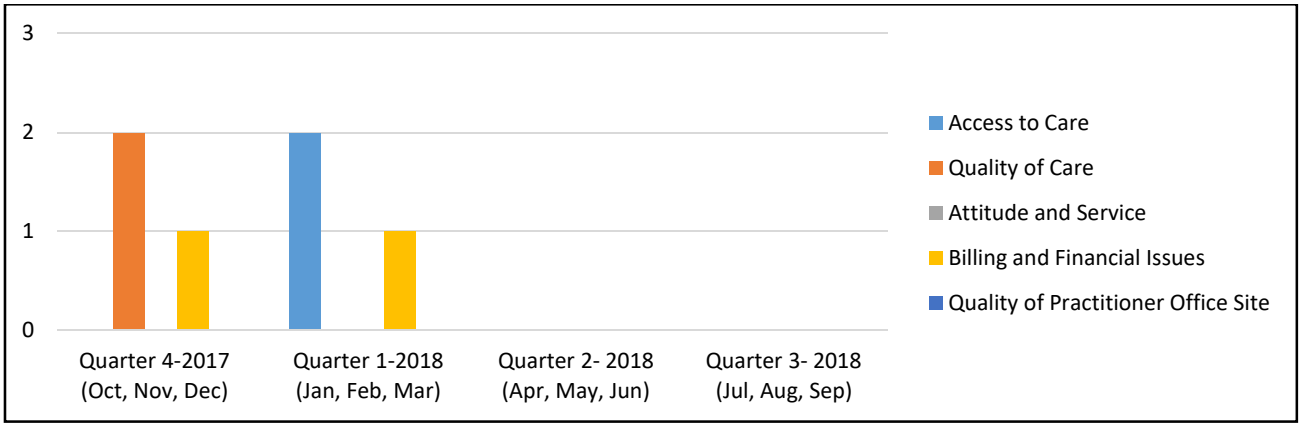
- A total of 127 grievances were received during the reporting period, which exceeds the grievances received during the previous reporting year by 56%.
  - Ten of these grievances were in reference to carved-out services provided by LA County DMH.
- Access to Care and Attitude and Service were the most prevalent categories of grievances during the reporting period, with the highest numbers (15) received during Q4 2017and Q1 2018, respectively.
- Billing and Financial Issues increased from 8 during the previous reporting period to 27 during this period, an increase of 108.5%.
- Access to Care grievances fell by 9% compared to the previous reporting period.
- Overall, the MCLA Line of Business had approximately 1 million members during the reporting period.

Qualitative Analysis

- Grievances regarding psychiatric medication crossed over Access to Care, Attitude and Service, and Quality of Care.
  - Additional grievances related to Psychiatric care included delays in appointment availability and providers no longer accepting Medi-Cal.
- Each category (aside from Quality of Practitioner Site) included between one and ten grievances for services provided by the Department of Mental Health and/or the Department of Public Health.
  - Services provided by the Department of Mental Health and Department of Public Health are considered Medi-Cal Carve Out/Specialty Mental Health services.
- A common theme amongst the Access to Care and Quality of Care grievances were directly attributed toward Beacon providing lists of clinicians to members who no longer accepted Medi-Cal through Beacon.
  - The trend of provider network adequacy was also seen in Billing and Finance with several members calling on behalf of their provider in need of claims payment or members seeking reimbursements after their provider billed them for services.
- Three grievances were regarding misunderstandings/misguidance for members in need of a Psychological Evaluation before surgery (Transgender and Gastrointestinal services).

Medi-Cal

Appeals	Q3 16-Q3 17	Quarter 4-2017 (Oct, Nov, Dec)	Quarter 1-2018 (Jan, Feb, Mar)	Quarter 2- 2018 (Apr, May, Jun)	Quarter 3-2018 (Jul, Aug, Sep)	Q4 17-Q3 18 Total
Access to Care	*4*	0	2	0	0	2
Quality of Care	*0*	2	0	0	0	2
Attitude and Service	*0*	0	0	0	0	0
Billing and Financial Issues	*0*	1	1	0	0	2
Quality of Practitioner Office Site	*0*	0	0	0	0	0



Quantitative Analysis

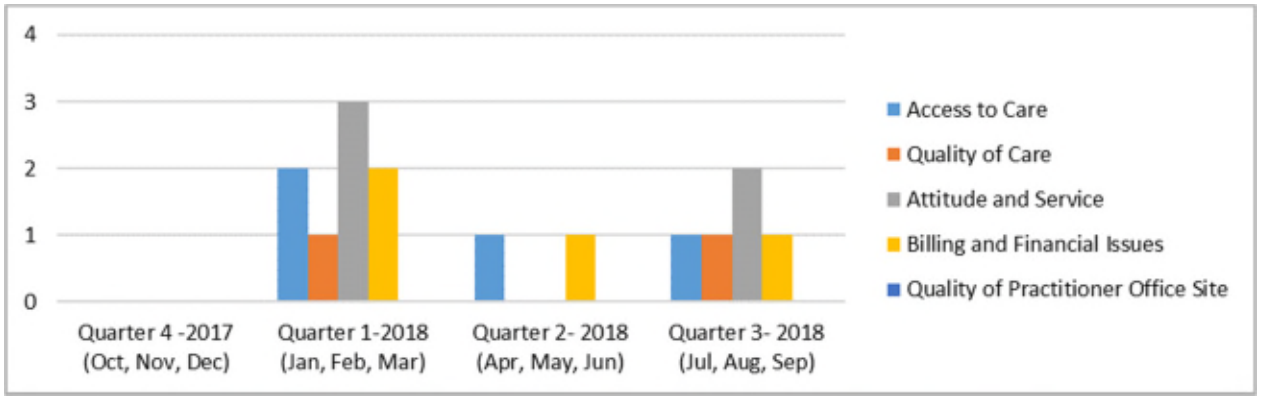
- There were 6 total appeals during the reporting period, increased by 40% compared to the previous period.
- Two appeals each were received related to Access to Care, Quality of Care, and Billing and Financial Issues.
    - During the previous reporting period, all appeals were related to Access to Care. The reduction is Access to Care appeals parallels the decline in Access to Care grievances.
- No appeals were reported during the last half of the reporting period, ending September 2018.

Qualitative Analysis

- Half of the appeals were related to the Behavioral Health Treatment benefit.
    - One member had aged out of the benefit.
    - The other two focused on the number of hours being approved and the location of the services provided.
- Two appeals were based on a benefit being denied due to the lack the necessary psychological evaluation.
    - Both were surgical procedures. One for the Transgender Health benefit and the other for a gastrointestinal surgery.
- One appeal was related to services provided by the Department of Mental Health.
    - Services provided by the Department of Mental Health are considered Medi-Cal Carve Out/Specialty Mental Health services.

Cal MediConnect

Grievances	Q3 16-Q3 17	Quarter 4-2017 (Oct, Nov, Dec)	Quarter 1-2018 (Jan, Feb, Mar)	Quarter 2- 2018 (Apr, May, Jun)	Quarter 3-2018 (Jul, Aug, Sep)	2018 Total
Access to Care	*5*	0	2	1	1	4
Quality of Care	*1*	0	1	0	1	2
Attitude and Service	*2*	0	3	0	2	5
Billing and Financial Issues	*1*	0	2	1	1	4
Quality of Practitioner Office Site	*1*	0	0	0	0	0
Grand Total	*10*	0	8	2	5	15



Quantitative Analysis

- Total grievances increased by 40% over the previous reporting period.
- Attitude and Service had the highest number of grievances and increased from 2 to 5 compared to the previous reporting period.
- There were no reported grievances regarding Practitioner Office site.

Qualitative Analysis

- Grievances regarding psychiatric medication crossed over Access to Care, Attitude and Service, and Quality of Care.
- Of the Billing and Finance issues half were members calling on behalf of their providers who had not been paid by Beacon.
    - The remaining were related to transportation to a mental health appointment and the other had no mention of Billing or Financial concerns.
- One of the Quality of Care issue was related to a Department of Mental Health facility.
    - Services provided by the Department of Mental Health are considered Medi-Cal Carve Out/Specialty Mental Health services.
- Issues related to Beacon's Call center included being provided numbers for clinicians who were unresponsive and Beacon Care Managers not returning calls (these crossed Access to Care and Attitude and Service categories).

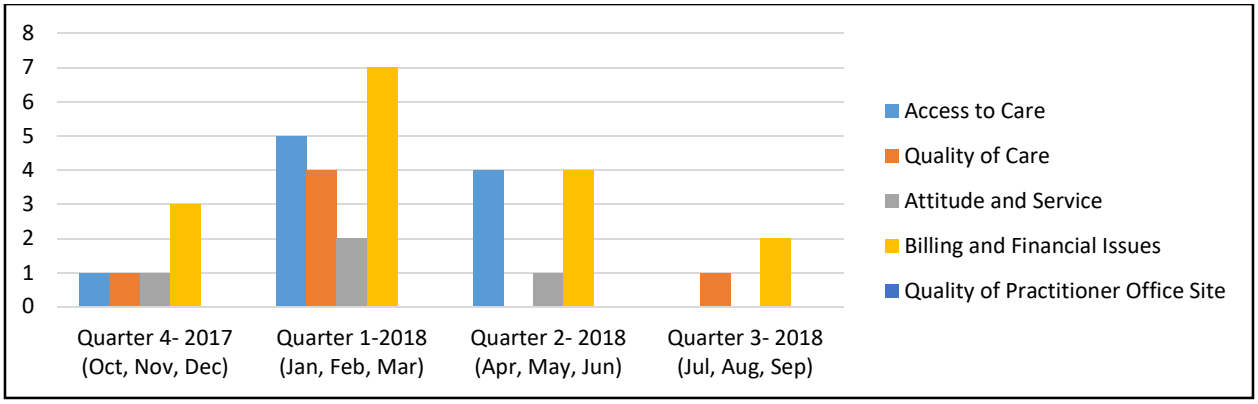
Cal MediConnect

Appeals	Q3 16-Q3 17	Quarter 4-2017 (Oct, Nov, Dec)	Quarter 1-2018 (Jan, Feb, Mar)	Quarter 2- 2018 (Apr, May, Jun)	Quarter 3-2018 (Jul, Aug, Sep)	Total 2018
Access to Care	*0*	0	0	0	0	0
Quality of Care	*0*	0	0	0	0	0
Attitude and Service	*0*	0	0	0	0	0
Billing and Financial Issues	*0*	0	0	0	0	0
Quality of Practitioner Office Site	*0*	0	0	0	0	0
Grand Total	*0*	0	0	0	0	0

There were no Cal MediConnect Appeals during this time period.

LACC

Grievances	Q3 16-Q3 17	Quarter 4-2017 (Oct, Nov, Dec)	Quarter 1-2018 (Jan, Feb, Mar)	Quarter 2- 2018 (Apr, May, Jun)	Quarter 3-2018 (Jul, Aug, Sep)	2018 Total
Access to Care	*5*	1	5	4	0	9
Quality of Care	*3*	1	4	0	1	5
Attitude and Service	*2*	1	2	1	0	3
Billing and Financial Issues	*1*	3	7	4	2	13
Quality of Practitioner Office Site	*0*	0	0	0	0	0
Grand Total	*11*	6	18	9	3	36



Quantitative Analysis

- Overall the number of complaints increased more than threefold compared to the previous reporting period.
- Billing and Financial Issues were the most frequent source of complaints during the reporting period, compared to only one complaint in this category during the previous reporting period.
- Membership in the LACC line of business increased more than threefold during this reporting period, compared to the previous reporting period.

Qualitative Analysis

- A majority of the Billing and Financial grievances were attributed to members being erroneously billed after the service or being required to pay a higher co-payment than what was expected.
    - Two members called on behalf of their providers who had not been paid by Beacon.

- Nearly 1/3 of all of the LACC grievances were related to Beacon's Call Center or website supplying names of providers who stated they no longer accept L.A. Care; therefore, as a result members were unable to make appointments in a timely manner.
- Grievances regarding psychiatric medication crossed over Access to Care and Quality of Care.

LACC

			Quarter 2-2018 (Apr, May, Jun)		
Access to Care	*0*	0	0	0	0
Quality of Care	*0*	0	0	0	0
Attitude and Service	*0*	0	0	0	0
Billing and Financial Issues	*0*	0	0	0	0
Quality of Practitioner Office Site	*0*	0	0	0	0
Grand Total	**0**	**0**	**0**	**0**	**0**

There were no LACC Appeals during this time period.

Identified Barriers:

- Ineffective communication between members and providers
- Members not being able to contact provider (primarily ASD benefit)
- Members being provided with a list of Beacon providers that do not take L.A. Care or Medi-Cal
- Medication challenges and psychiatry network

Proposed Interventions:

- Sending Newsletter update to Beacon providers regarding no balance billing for Medi-Cal
- Secret Shopper Calls (i.e. calling providers and asking them if they have openings)
- Inclusion of telehealth providers has been proposed to add to the provider network
- Use of eConsult to enable PCP's to consult with psychiatrists

Propose Measures:

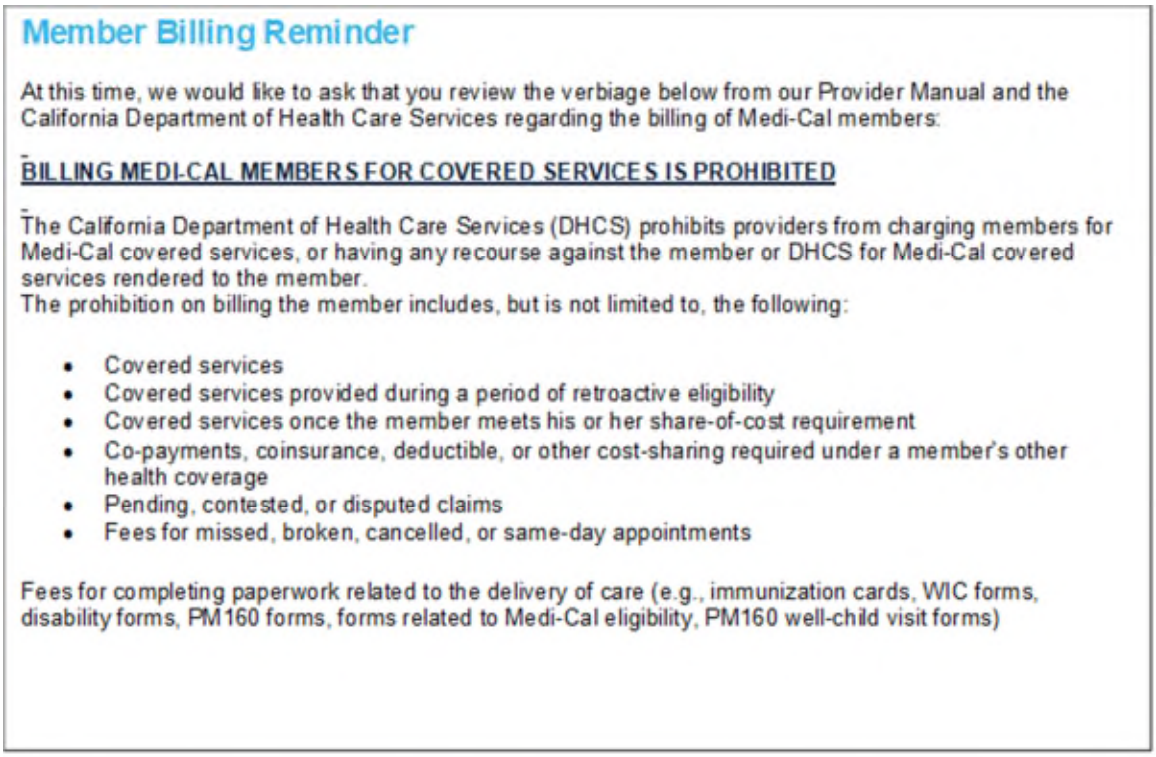
- Global reduction of grievances and appeals after providers are educated

Proposed Next Steps:

- Team discussed to start a provider education intervention using the Beacon newsletter regarding Medi-Cal billing as the most immediate intervention jointly between L.A. Care and Beacon.
- Targeted provider intervention for providers that have mistakenly or intentionally informed members that they don't take L.A. Care.

INTERVENTIONS

Beacon Provider Newsletter: Required Provider Billing Training



Member Billing Reminder

At this time, we would like to ask that you review the verbiage below from our Provider Manual and the California Department of Health Care Services regarding the billing of Medi-Cal members:

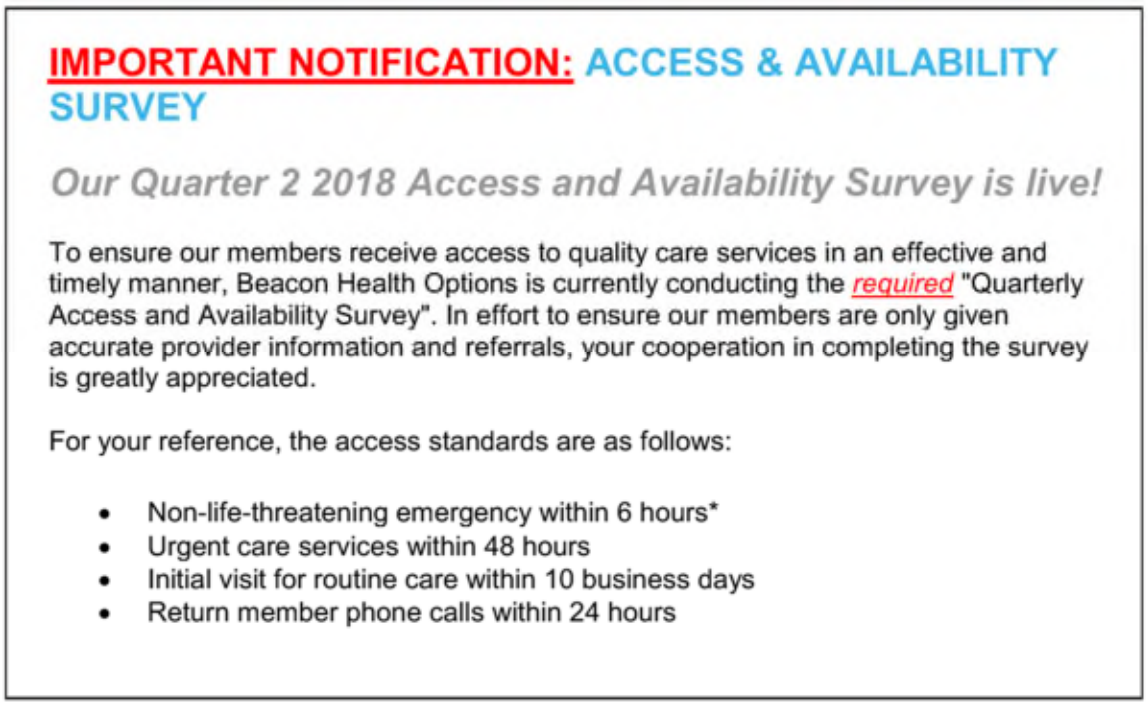
BILLING MEDI-CAL MEMBERS FOR COVERED SERVICES IS PROHIBITED

The California Department of Health Care Services (DHCS) prohibits providers from charging members for Medi-Cal covered services, or having any recourse against the member or DHCS for Medi-Cal covered services rendered to the member.
The prohibition on billing the member includes, but is not limited to, the following:

- Covered services
- Covered services provided during a period of retroactive eligibility
- Covered services once the member meets his or her share-of-cost requirement
- Co-payments, coinsurance, deductible, or other cost-sharing required under a member's other health coverage
- Pending, contested, or disputed claims
- Fees for missed, broken, cancelled, or same-day appointments

Fees for completing paperwork related to the delivery of care (e.g., immunization cards, WIC forms, disability forms, PM160 forms, forms related to Medi-Cal eligibility, PM160 well-child visit forms)

Beacon Provider Newsletter: Access and Availability (January- July 2018)



IMPORTANT NOTIFICATION: ACCESS & AVAILABILITY SURVEY

Our Quarter 2 2018 Access and Availability Survey is live!

To ensure our members receive access to quality care services in an effective and timely manner, Beacon Health Options is currently conducting the *required* "Quarterly Access and Availability Survey". In effort to ensure our members are only given accurate provider information and referrals, your cooperation in completing the survey is greatly appreciated.

For your reference, the access standards are as follows:

- Non-life-threatening emergency within 6 hours*
- Urgent care services within 48 hours
- Initial visit for routine care within 10 business days
- Return member phone calls within 24 hours

MEASURING EFFECTIVENESS

- *Intervention implemented: Sending Newsletter Update to Beacon Providers regarding no balance billing for Medi-Cal (December 2017)*

Medi-Cal Grievances	Previous Year (Q4 2016- Q3 2017)	Current Measurement Year (Q4 2017- Q3 2018)	Percentage Change
Access to Care	38	30	- 23.5%
Quality of Care	22	31	+40.0%
Attitude and Service	14	39	+94.3%
Billing and Financial Issues	8	27	+108.5%
Quality of Practitioner Office Site	1	0	-200%
Grand Total	**83**	**127**	**+41.9%**

Quantitative Analysis

Grievances concerning Billing and Financial Issues increased by 108.5%. Beacon Health Options published an article in their provider newsletter which is distributed to all contracted providers. There was an overall increase in Grievances of 41.9%. 9 of the 24 (33.3%) Billing and Financial grievances were due to members being billed by providers.

Qualitative Analysis

The newsletter article to providers did not prove to be an effective intervention. In some of the cases, members were being billed due to the provider stating that they were not getting their claims paid by Beacon. The billing of members is clearly stated in provider contracts, as well as the newsletter article, as being prohibited. It appears that a more tactical approach is necessary.

The overall increase in Grievances can be attributed to an internal organizational focus on improving the algorithm to ensure all Behavioral Health related calls were properly identified and coded. Another contributing factor towards the increase in Grievances can be credited to the growth of the directly contracted Behavioral Health Treatment benefit provider network.

- *Intervention Proposed: Secret Shopper Calls (i.e. calling providers and asking them if they have openings)*
  - *Alternative Intervention Implemented: Beacon sent providers Access and Availability Surveys via newsletter for 6 months.*

Medi-Cal Grievances	Previous Year (Q4 2016- Q3 2017)	Current Measurement Year (Q4 2017- Q3 2018)	Percentage Change
Access to Care	38	30	- 23.5%
Quality of Care	22	31	+40.0%
Attitude and Service	14	39	+94.3%
Billing and Financial Issues	8	27	+108.5%
Quality of Practitioner Office Site	1	0	-200%
Grand Total	83	127	+41.9%

Cal MediConnect-Grievances	Previous Year (Q4 2016- Q3 2017)	Current Measurement Year (Q4 2017- Q3 2018)	Percentage Change
Access to Care	5	4	-20%
Quality of Care	1	2	+100%
Attitude and Service	2	5	+150%
Billing and Financial Issues	1	4	+300%
Quality of Practitioner Office Site	1	0	-100%
Grand Total	10	15	+50%

LACC Grievances	Previous Year (Q4 2016- Q3 2017)	Current Measurement Year (Q4 2017- Q3 2018)	Percentage Change
Access to Care	5	9	+80%
Quality of Care	3	5	+66.6%
Attitude and Service	2	3	+50%
Billing and Financial Issues	1	13	+1200%
Quality of Practitioner Office Site	0	0	N/A
Grand Total	11	36	+227%

Quantitative Analysis

Grievances concerning Access to Care decreased the Medi-Cal and Cal Medi-Connect lines of business. Medi-Cal decreased 23.5% and Cal MediConnect by 20%. LACC increased by 80%.

Rather than the proposed intervention of secret shopper calling, Beacon published an Access and Availability article in Beacon's provider newsletter which is distributed to all contracted providers. The article reminded providers of the standards and reminded providers of their quarterly requirement to complete a survey on their practice's access and availability.

Qualitative Analysis

While Access and Availability Grievances decreased for two lines of business, it is not clear that the article, sent December 2017, proved as an effective intervention. Many members continued to report providers no longer accepting Beacon regardless of their contact information being given to members as active resources. There still appears to be a need for a better process to ensure the provider network is accurately updated.

The overall increase in Grievances across all lines of business can be attributed to an internal organizational focus to improving the algorithm to ensure all Behavioral Health related calls were properly identified and coded. For Medi-Cal, another contributing factor towards the increase in Grievances can be credited to the growth of the directly contracted Behavioral Health Treatment benefit provider network.

ADDITIONAL PROPOSED INTERVENTIONS

Inclusion of Telehealth Providers Has Been Proposed to Add to the Provider Network

- As of late 2018, L.A. Care and Beacon completed an amendment to add TeleHealth to the Medi-Cal line of business. The primary focus will be areas with low network adequacy and psychiatry. The go-live date is expected early 2019.

Use of E-Consult to Enable PCP's to Consult with Psychiatrists

- E-Consult is still in the early stages of development. This proposed intervention will be reviewed for feasibility in 2019.

H.1 c Behavioral Health Member Satisfaction Survey

Author: Brigitte Bailey
Reviewer: Nicole Lehman, MSW, Maria Casias, RN, & Katrina Miller, MD

Background

Beacon Health Options (Beacon) is the Managed Behavioral Health Organization responsible for administering behavioral health benefits for members with mild to moderate mental health conditions and impairments to level of functioning. Beacon conducts an annual member experience survey and documents their analysis in their annual trend report to L.A. Care. L.A. Care reviews the results in its Behavioral Health Quality Committee meeting. Beacon reports its results annually at the end of Q1 for the prior year. Below is a summary of their 2017 results.

Methodology

Beacon contracted with Fact Finders Inc. ("Fact Finders"), an independent research company, to administer the 2017 survey. Surveys were administered in the second quarter of 2017 to a sample of L.A. Care members that received services in 2017. Fact Finders selected a random sample of L.A. Care members from a database of eligible members provided by Beacon. The simple, random sample ensured that each eligible L.A. Care member had an equal probability of being selected for Fact Finders' sample, thereby mitigating potential biases as a result of sampling methodology.

Fact Finders utilized mail methodology with phone follow-up for non-respondents to survey the members. For the mail data collection modality, Fact Finders sent out English and Spanish versions of the questionnaires with a translation card that instructed members on how to receive assistance in understanding the questionnaire. For members that have a preferred threshold language, the questionnaire was sent to them in their preferred language. For the phone data collection modality, Fact Finders utilized Computer-Assisted Telephone Interviewing (CATI). All interviews were conducted by Fact Finders' skilled staff interviewers and translators were available to assist members who preferred to be interviewed in languages other than English.

Beacon Performance Goals

The performance goal set by Beacon is a Summary Rate Score of 85% for each question in all domains except overall satisfaction with Beacon, where the standard is 90%.

Medi-Cal Beacon 2017 Member Satisfaction Survey Results

Quantitative Analysis

The Beacon member satisfaction survey questions and results were categorized into four overarching themes. They are listed below.

- Appointment Access and Availability
    - In 2017, 53.2% (82/154) of the respondents felt they were able to get appointments within six hours. This marks a drop from the 2016 rate of 72.8%. For members who felt they required urgent care, 60.2% (103/171) of respondents felt they were seen within 48 hours compared to 85.0% in 2016. The satisfaction rate was 78.7% (255/324) for the question asking members if they were offered their first appointment within 10 business days of their call. Seventy-five percent (75%; 266/354) responded positively to the question around whether they could reach their provider's office within 30 minutes. With regards to interpreter and translation services, 9.5% of the members indicated the need for these services and 85.9% felt that they received these services immediately.

- Acceptability
    - When asked, "Overall, how satisfied are you with the services you received from your counselor," 90.2% (330/366) of the members responded that they were very satisfied or somewhat satisfied compared to 92.6% in 2016. Members responded positively to questions about whether they felt their counselor included them in planning their treatment goals: 83.4% (266/319) and if their counselor met their cultural, religious or language needs: 92% (215/283).
- Scope of Services
    - The questions around whether the provider protected confidential information, provided all information needed to manage the member's condition and sent information to PCP was at 97% (328/338), 82.6% (266/322) and 50% (123/246), respectively. Discussing care with the primary care doctor increased 4.7 percentage points from 2016. Regarding the scope of services provided by Beacon, 89.7% (209/233) of members felt that Beacon staff were helpful and 92.3% (203/220) felt that the staff explained things in a way they could understand.
- Experience of Care
    - For all three questions under this category, around 82.8% (256/309), 87.5% (258/295) and 84.6% (259/306) of the members felt that as a result of the services provided by their provider, they are better able to handle problems, get along with others, and manage daily life, respectively. None of these rates experienced large changes from 2016.

L.A. CARE COVERED BEACON 2017 MEMBER SATISFACTION SURVEY RESULTS

Quantitative Analysis

The Beacon member satisfaction survey questions and results were categorized into four overarching themes. They are listed below.

- Appointment Access and Availability
    - In 2017, 41.2% (7/17) of the respondents felt they were able to get appointments within six hours. Similar to Medi-Cal, the L.A. Care rate for this question fell 42.1 percentage points from 2016. For members who required urgent care, 47.4% (9/19) of respondents felt they were seen within 48 hours, down 42.6 percentage points from last year. Similar to Medi-Cal, 77.4% (24/31) of members felt they were offered their first appointment within 10-business days of their call. Twenty-five out of thirty-two members (77.4%) responded positively to the question around whether they could reach their provider's office within 30 minutes. Furthermore, 80% of the members felt that translation services were immediately available to them.
- Acceptability
    - When asked, "Overall, how satisfied are you with the services you received from your counselor," 93.5% (29/31) of the members responded very satisfied or somewhat satisfied, a 5.5 percentage point increase from 2016. Members responded positively to questions around whether they felt their counselor included them in planning their treatment goals: 88% (22/25) and if their counselor met their cultural, religious or language needs: 100% (25/25). The question regarding cultural, religious and/or language needs experienced a statistically significant increase of 12 percentage points from 2016. The question regarding members' overall satisfaction with mental health services of Beacon was at 87.5% (28/32). The question regarding whether it was easy or difficult to get the care they needed was at 62.1% (18/29; easy), a 22.7 statistically significant percentage point decrease from 2016.

- Scope of Services
    - The questions around whether the provided protected confidential information, provided all information needed to manage the member's condition and sent information to the PCP was at 100% (26/26), 80.8% (21/26) and 30% (6/20), respectively. Regarding the scope of services provided by Beacon, 85.7% (18/21) of members felt that Beacon staff were helpful and 94.1% (16/17) of the members felt that staff explained things in a way they could understand.
- Experience of Care
    - For all three questions under this category, around 91.7% (22/24), 95.8% (23/24) and 88% (22/25) of the members felt that as a result of the services provided by their provider, they are better able to handle problems, get along with others and manage daily life, respectively.

CAL MEDICONNECT BEACON 2017 MEMBER SATISFACTION SURVEY RESULTS

The Beacon member satisfaction survey questions and results were categorized into four overarching themes. They are listed below.

- Appointment Access and Availability
    - In 2017, 61.9% (13/21) of the respondents felt they were able to get appointments within six hours. For members who required urgent care, 80% (12/15) of respondents felt they were seen within 48 hours, a 20 percentage point decrease from 2016. Twenty-six of the thirty-three members (78.8%) felt they were offered their first appointment within 10-business days of their call. Twenty-eight of thirty-seven members (75.7%) responded positively to the questions around whether they could reach their provider's office within 30 minutes. Of the 12% of dual members that requested interpreter services, 81.3% felt they had interpreter or translation services immediately available to them.
- Acceptability
    - The question, "Overall, how satisfied are you with the services you received from your counselor," 94.9% (37/39) of the members responded very satisfied or somewhat satisfied. Members felt their counselor included them in planning their treatment goals: 94.3% (33/35) and met their cultural, religious or language needs: 90.6% (29/32). None of these questions experienced statistically significant changes from 2016. The question regarding members' overall satisfaction with mental health services of Beacon was at 86.2% (25/29) and the question regarding whether it was easy or difficult to get the care they needed was at 85.2% (23/27; easy).
- Scope of Services
    - The questions around whether the provider protected confidential information, provided all information needed to manage the member's condition and sent information to the PCP was at 94.6% (35/37), 94.7% (36/38) and 48.1% (13/27), respectively. Regarding the scope of services provided by Beacon, 94.4% (17/18) of members felt that Beacon staff were helpful and 100% (16/16) felt that staff explained things in a way they could understand.
- Experience of Care
    - For all three questions under this category, around 86.5% (32/37), 84.8% (28/33) and 88.9% (32/36) of the members felt that as a result of the services provided by their provider, they are better able to handle problems, get along with others and manage daily life, respectively.

QUALITATIVE ANALYSES

Medi-Cal Beacon Qualitative Analysis

The performance goal set by Beacon was a summary rate score of 85% for every measure except member satisfaction with the behavioral health services of Beacon, which is 90%. Of the 19 questions asked with a performance goal, 7 met the 85% goal while 12 did not meet the goal. Beacon did not reach the 90% goal for overall satisfaction with the behavioral health services of Beacon (86.4%). Members did rate the Beacon staff as helpful. The lowest rated score related to patient care regarded whether the members' counselor sent information to or discussed care with their primary care provider. The question, "Was Beacon able to refer you to the care you needed within 48 hours?" experienced a 24.8 statistically significant percentage point decrease from 2016. Beacon also experienced a statistically significant percentage point decrease for referring members to care they needed within 6 hours (53.2%). Overall, members were satisfied with the services from their counselor and surpassed the 85% goal, but Medi-Cal was the lowest rated amongst the three lines of business.

The survey responses indicate that the Medi-Cal line of business could improve upon urgent care appointment access, access to providers' offices within 30 minutes, involving patients in the planning of treatment goals and increased collaboration between behavioral health providers and primary care providers.

Some barriers include differing perceptions of emergent and urgent needs between members and providers/Beacon staff, lack of providers in certain service areas that meet specific prescribing and cultural needs and the provider need for understanding that communication between behavioral health providers and PCPs is a contractual obligation.

L.A. Care Covered Beacon Qualitative Analysis

The performance goal set by Beacon was a summary rate score of 85% for every measure except member satisfaction with the behavioral health services of Beacon, which is 90%. Of the 19 questions asked with a performance goal, 9 of the measures met the goal while 10 did not. Similar to Medi-Cal, the LACC line of business did not meet the 90% goal of satisfaction with behavioral health services at Beacon but did exceed the goal for satisfaction with their provider. The lowest rated score was also about shared information between the behavioral health provider and the PCP. Beacon also scored low and experienced statistically significant decreases in questions related to getting care within 6 and 48 hours.

The survey responses indicate that the LACC line of business could improve upon access to the providers' offices within 30 minutes, emergent and urgent care appointment access, making the care easily accessible and increased collaboration between behavioral health providers and primary care providers.

The same barriers for Medi-Cal members arise for LACC members. Care may also seem difficult to access due to providers requiring members call to schedule an appointment and members lack of awareness that Beacon staff can assist with procuring appointments.

CMC Medicare Beacon Qualitative Analysis

The performance goal set by Beacon was a summary rate score of 85% for every measure except member satisfaction with the behavioral health services of Beacon, which is 90%. CMC met the most goals compared to the other plans with 10 exceeding the goal and 9 not meeting it. CMC also did not meet the satisfaction with behavioral health services goal but had the highest rating for provider satisfaction. Similar to the other plans, its lowest score was for providers exchanging information. CMC was the only plan to meet the goal for ease in getting the care the member thought they needed.

The survey responses indicate that the CMC line of business could improve upon urgent care appointment access, access to provider office within 30 minutes and increased collaboration between behavioral health providers and PCP's.

The barriers for the CMC population are the same as Medi-Cal and LACC.

OPPORTUNITIES FOR IMPROVEMENT

Overall, all three lines met eight goals and did not meet 11. The highest rated score was members feeling like their counselor was protecting their confidential information, while the lowest score was for counselors sending/discussing information related to care with the members' PCP. Members consistently rated Beacon staff as helpful but the goal was not met for overall satisfaction with behavioral health services.

Opportunities for improvement across all lines of business include emergent and urgent care appointment access, access to providers' offices within 30 minutes and increased collaboration between behavioral health providers and PCP's. Survey results also demonstrate that improvements could be made in members receiving the care they need within 6 and 48 hours.

Similar to the CAHPS survey, opportunities for improvement in behavioral health services with Beacon are in getting needed care and getting that care quickly. None of the plans met the goal for members being offered an appointment within 10 business days of their call or being referred to care in 6 and/or 48 hours. The CAHPS and Beacon behavioral health survey also demonstrate that more collaboration is needed amongst providers, plans and other staff involved in delivery of care to improve member access and satisfaction. The Beacon member satisfaction survey differs from CAHPS in that questions regarding billing and finance were not included in the survey. Members also scored the attitude and service of Beacon staff highly whereas one area for improvement in CAHPS was health plan customer service.

Beacon has several ongoing and new interventions directed towards customers, staff and providers to address performance gaps and improve the overall experience for members in accessing and utilizing behavioral health services. In June of 2017, Beacon developed a corporate-wide Access and Availability (A&A) Quality Improvement Activity (QIA) workgroup focused on designing and implementing improvements in areas that Beacon identifies as key in order to improve access to and quality of care for their members. They also continued their quarterly provider survey to assess providers' availability, assisted members in securing appointments, developed materials for members to understand their transportation options and interpreter services and monitored member calls to ensure quality. For staff members, Beacon updated and distributed a Cultural and Linguistic Staff Toolkit, continued their annual training on this topic and in October of 2017, they also provided a LGBT Community-Transgender training to Beacon staff. An internal ticketing system for staff was created to report provider demographic and access issues. Beacon targeted providers for improvement through chart review and improvement suggestions, emphasis on the importance of collaborating with other providers during New Provider Orientation and continued education via the monthly Provider Bulletin. In June of 2017, Coordination of Care specifics were updated to include the release of information for member's PCP or any other treating behavioral health provider and documentation of any treatment collaboration. Beacon continuously strives to identify gaps in care in order to develop new interventions to ensure members are receiving the highest quality care.

H.1.d MEMBER SATISFACTION (CAHPS)

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CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS

BACKGROUND

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through the 2018 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2018 Medicare MAPD CAHPS, and 2018 QHP Enrollee Experience 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 CAHPS surveys were conducted by DSS Research. DSS Research conducts key driver statistical modeling to assist L.A. Care in selecting priority measures to target improvements.

L.A. Care also conducts Clinician & Group CAHPS (CG-CAHPS) surveys annually for its Medi-Cal population. CG-CAHPS is a domain in the Value Initiative for IPA Performance + Pay for Performance (VIIP+P4P) Program. Training was provided to help groups interpret the results and identify opportunities to improve their outcomes using the priority matrix and summary documents to help improve health plan performance.

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 Solution Center, Utilization Management, Care Management, Health Education, Cultural and Linguistic, Commercial & Group Product Management, Provider Network Management, and other departments, as required. Information in this report is based on the analysis of available data and surveys, as well as discussions at the Quality Oversight and Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) Committee.

ACCOMPLISHMENTS

- CG-CAHPS is now conducted annually instead of bi-annually and is used to incentivize provider group performance as part of the VIIP+P4P Program.
- L.A. Care sent providers a weekly email for 20 weeks on how to improve member experience.

SECTION 1: CHILD MEDICAID CAHPS RESULTS

METHODOLOGY

This section of the report summarizes findings of the 2018 Child Medicaid CAHPS 5.0 survey, reviews rates over three years, and reviews performance relative to the 2018 National Committee for Quality Assurance (NCQA) national percentiles as published by Quality Compass.

The Medicaid CAHPS Child 2018 Survey sampled parents of pediatric members (17.9 years and younger as of the anchor date of December 31, 2017), who were continuously enrolled in Medi-Cal (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). Members were surveyed in English and Spanish.

2018 WORK PLAN GOALS:
L.A. Care did not meet the 2018 work plan goals for Child Medicaid for any composite or overall rating. Goals were based off of the next highest performing quartile in the NCQA Quality Compass.

Child CAHPS Overall Ratings	Score 2016	Score 2017	Score 2018	2018 vs. 2017	NCQA Percentile 2018	2018 Goal	2018 Goal Met
Health Plan	82.8%	79.7%	83.0%	3.3%	< 25th	84%	No
All Health Care	82.5%	82.9%	84.1%	1.2%	< 25th	85%	No
Personal Doctor	85.9%	86.3%	86.7%	0.4%	< 25th	88%	No
Specialist Seen Most Often	N/A	N/A	N/A	N/A	N/A	85%	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

RATINGS 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. The table below compares 2018 scores to scores from 2017 and 2016, as well as to the 2018 NCQA National Medicaid percentiles.

Quantitative Analysis
- Health Plan Overall: Increased 3.3 percentage points from 2017.
- All Health Care Rating: Increased 1.2 percentage points from 2017.
- Personal Doctor: Increased 0.4 percentage points from 2017.
- 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." The table below compares 2018 scores to scores from 2017 and 2016, as well as to the 2018 NCQA National Medicaid percentiles.

Child CAHPS Composites	Score 2016	Score 2017	Score 2018	2018 vs. 2017	NCQA Percentile 2018	2018 Goal	2018 Goal Met
Getting Needed Care	75.6%	78.5%	79.0%	0.5%	< 25th	81%	No
Getting Care Quickly	80.8%	82.5%	84.0%	1.5%	< 25th	89%	No
How Well Doctors Communicate	87.4%	89.6%	88.3%	-1.3%	< 25th	92%	No
Customer Service	83.4%	83.4%	85.2%	1.8%	< 25th	86%	No
Coordination of Care*	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Coordination of Care has been added to this table as an Accreditation measure.
N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis

- Getting Needed Care: Increased by 0.5 percentage points from 2017.
- Getting Care Quickly: Increased by 1.5 percentage points from 2017.
- How Well Doctors Communicate: Decreased by 1.3 percentage points from 2017.
- Customer Service: Increased by 1.8 percentage points in 2017.
- **No composite met or exceeded the NCQA 25th percentile.**

SECTION 2: ADULT MEDICAID CAHPS RESULTS

METHODOLOGY

The Medicaid CAHPS Adult 2018 Survey sampled continuously enrolled members who were 18 years or older as of the anchor date of December 31, 2017.

2018 WORK PLAN GOALS:

L.A. Care met the 2018 work plan goals for two adult ratings, Health Plan and Personal Doctor, and one composite, Customer Service. The goals were not met for rating of Health Care or Specialist, or the Getting Needed Care, Getting Care Quickly, and Doctor Communication composites.

RATINGS SCORES

Overall Rating	Adult Score 2016	Adult Score 2017	Adult Score 2018	Adult Score 2018 vs. 2017	2018 Goal	2018 Goal Met	NCQA Percentile 2018
Health Plan	73.2%	69.6%	74.0%	4.4%	73%	Yes	< 25th
All Health Care	70.7%	66.7%	66.3%	-0.4%	72%	No	< 25th
Personal Doctor	81.2%	75.3%	80.2%	4.9%	79%	Yes	25th
Specialist Seen Most Often	ND*	ND*	77.0%	ND*	80%	No	< 25th

*ND: No data

RATINGS SCORES

Quantitative Analysis

- Health Plan: Increased 4.4 percentage points from 2017 and met the 2018 goal.
- All Health Care: Decreased 0.4 percentage points from 2017
- Personal Doctor: Increased 4.9 percentage points from 2017, met the goal 2018 goal and met the NCQA 25th percentile.
- Specialist Seen Most Often: The 2018 score was 77.0%. There was no previous score to compare to.

COMPOSITES SCORES

Composite Scores	Adult Score 2016	Adult Score 2017	Adult Score 2018	Adult Score 2018 vs. 2017	Adult 2018 Goal	Adult 2018 Goal Met	NCQA Percentile 2018
Getting Needed Care	76.3%*	74.8%	76.8%	2.0%	80%	No	< 25th
Getting Care Quickly	75.7%*	76.6%	72.1%	-4.5%	80%	No	< 25th
How Well Doctors Communicate	87.9%*	91.2%	88.5%	-2.7%	92%	No	< 25th
Customer Service	ND*	80.7%	87.5%	6.8%	87%	No	25th
Coordination of Care	N/A	N/A	78.4%	N/A	N/A	N/A	N/A

*ND: No data

Quantitative Analysis

- Getting Needed Care: Increased 2 percentage points from 2017.
- Getting Care Quickly: Decreased 4.5 percentage points from 2017.
- How Well Doctors Communicate: Decreased 2.7 percentage points from 2017.
- Customer Service: Increased 6.8 percentage points from 2017 and met the NCQA 25th percentile.

SECTION 3: L.A. CARE COVERED™ ENROLLEE EXPERIENCE SURVEY RESULTS

METHODOLOGY

The 2018 Qualified Health Plans (QHP) Enrollee Experience Survey sampled members who were 18 years and older as of the anchor date of December 31, 2017, who were continuously enrolled in L.A. Care Covered™ (LACC) for at least the last six months of the measurement year with no more than one 31-day break in coverage.

2018 WORK PLAN GOALS:

RATINGS SCORES

Overall Rating	LACC Score 2016	LACC Score 2017	LACC Score 2018	LACC 2018 vs 2017	LACC 2018 Goal	LACC 2018 Goal Met	DSS National Average
Health Plan	65.1%	71.7%	72.6%	0.9%	74%	No	74.5%
Health Care	78.4%	84.9%	75.8%	-9.1%	88%	No	82.3%
Personal Doctor	89.1%	96.1%	86.9%	-9.2%	91%	No	88.4%
Specialist	86.8%	84.9%	84.9%	0%	88%	No	86.9%

Quantitative Analysis

- Health Plan Overall: L.A. Care's score increased by 0.9 percentage points from the official score in 2017 and did not meet the national average.
- Health Care Rating: L.A. Care's score decreased by 9.1 percentage points and did not meet the national average.
- Personal Doctor: L.A. Care's score decreased by 9.2 percentage points from the previous year and did not meet the national average.

- Specialist: L.A. Care's score remained the same from 2018 to 2017 and did not meet the national average.

COMPOSITES SCORES

Composite Scores	LACC Score 2016	LACC Score 2017	LACC Score 2018	LACC Score 2018 vs 2017	LACC 2018 Goal	LACC 2018 Goal Met	DSS National Average
Getting Care Quickly	75.4%	69.2%	67.1%	-2.1%	81%	No	78.4%
Getting Needed Care	77.4%	77.5%	66.3%	-11.2%	82%	No	78.6%
Access to Information	52.3%	64.1%	63.7%	-0.4%	N/A	N/A	58.2%
Getting Information in a Needed Language/Format	64.5%	58.9%	60.3%	1.4%	N/A	N/A	69.5%
How Well Doctors Coordinate Care and Keep Patients Informed	84.0%	86.0%	77.8%	-8.2%	95%	No	83.4%
Health Plan Customer Service	77.7%	83.3%	77.3%	-6.0%	86%	No	80.3%
Costs	82.3%	88.4%	89.2%	0.8%	N/A	N/A	84.0%
How Well Doctors Communicate	91.8%	94.2%	87.0%	-7.2%	95%	No	89.8%

Quantitative Analysis

- Getting Care Quickly: The 2018 score decreased by 2.1 percentage points; the national average was not met.
- Getting Needed Care: The 2018 score decreased 11.2 percentage points from the previous year; the national average was not met.
- Access to Information: The 2018 score decreased by 0.4 percentage points and did exceed the DSS average of 58.5%.
- Getting Information in a Needed Language/Format: The 2018 score increased by 1.4 percentage points; the national average was met.
- How Well Doctors Coordinate Care and Keep Patients Informed: The 2018 score decreased by 8.2 percentage points; the national average was not met.
- Health Plan Customer Service: The 2018 score decreased by 6.0 percentage points. The national average was not met.
- Costs: The 2018 score increased by 0.8 percentage points and exceeded the DSS average.
- How Well Doctors Communicate: The 2018 score decreased by 7.2 percentage points; the national average was not met.

SECTION 4: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

METHODOLOGY

This report summarizes findings of the 2018 Medicare MAPD CAHPS survey. The MAPD CAHPS Survey sampled Cal MediConnect (CMC) members ages 18 and above at the time of the sample draw and who were continuously enrolled in L.A. Care's Medicare-Medicaid Plan (MMP) for at least 6 months or longer. As an MMP Plan there is no official benchmark to compare performance against. The benchmark comes from the vendor's average – DSS average are used here for comparison.

2018 WORK PLAN GOALS:
L.A. Care met the goal for the composite score of Getting Appointments and Getting Care Quickly. L.A. Care did not meet the goals for any of the overall ratings or any of the other composite scores.

RATINGS SCORES

Overall Ratings*	2017 Score	Score 2018	2018 vs. 2017 Score	2018 Goal	Met	2018 DSS Avg.
Health Plan	88.6%	86.0%	-2.6%	90%	No	89.7%
Health Care Quality	81.4%	86.0%	4.6%	88%	No	89.0%
Personal Doctor	89.3%	N/A	N/A	N/A	N/A	94.4%
Specialist	91.2%	N/A	N/A	N/A	N/A	92.8%
Customer Service	89.9%	90.0%	0.1%	93%	No	93.3%
Drug Plan	87.8%	88.0%	0.2%	94%	No	87.9%

*Responses of 7, 8, 9, or 10

Quantitative Analysis

- Health Plan: The 2018 score (86%) decreased by 2.6 percentage points from the 2017 score (88.6%); The L.A. Care goal of 90% was not met.
- Health Care Quality: The 2018 score increased by 4.6 percentage points from 2017 and did not meet the goal.
- Personal Doctor: The 2018 score was N/A.
- Specialist: The 2018 score was N/A.
- Customer Service: The 2018 score increased by 0.1 percentage points compared to 2017 and did not meet the goal.
- Drug Plan: The 2018 score increased by 0.2 percentage points and did not meet the goal.

COMPOSITES SCORES

Composite Ratings*	2017 Score	2018 Score	2018 vs. 2017 Score	2018 Goal	Met	2018 DSS Avg.
Customer Service	89.9%	90.0%	0.1%	93%	No	93.3%
Getting Needed Care	80.8%	83.0%	2.2%	84%	No	89.6%
Getting Appointments and Care Quickly	71.4%	75.0%	3.6%	77%	No	83.3%
Doctors Who Communicate Well	90.0%	N/A	N/A	N/A	N/A	95.4%
Care Coordination	86.6%	83.0%	-3.6%	87%	No	90.9%
Getting Needed Prescription Drugs	90.9%	92.0%	1.1%	96%	No	95.2%

Quantitative Analysis

- Customer Service: The 2018 score increased by 0.1 percentage points from 2017 and did not meet the goal.
- Getting Needed Care: The 2018 score increased by 2.2 percentage points from 2017 and did not meet the goal.
- Getting Appointments and Care Quickly: The 2018 score increased by 3.6 percentage points from 2017 and did not meet the goal.
- Doctors Who Communicate Well: The 2018 score was N/A.
- Care Coordination: The 2018 rate decreased by 3.6 percentage points from 2017 and did not meet the goal.

- Getting Needed Prescription Drugs: The 2018 score increased by 1.1 percentage points from 2017 and did not meet the goal.

SECTION 5: FLU AND MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION CAHPS RESULTS

FLU RESULTS

Annual Flu Vaccine by LOB	Score 2016	Score 2017	Score 2018	2018 vs. 2017
MCLA	34.3%	37.5%	39.81%	2.31%
CMC	60.47%	67.13%	65%	-2.13%
LACC	30.29%	33.47%	36.25%	2.78%

Flu Vaccine Qualitative Analysis Across all LOB's

The Fight the Flu Campaign aims to improve scores for the Consumer Assessment of Healthcare Providers and Systems (CAHPS), which asked adult members if they received a flu vaccination in 2017. The L.A. Care's 2018 CAHPS rate for Flu Vaccination for Adults (FVA) for Medi-Cal increased two percentage points from 2017 to 2018 (from 37.5% to 39.81%), resulting in an upward trend from 2016-2018. The 2018 CAHPS rates for CMC decreased two percentage points from 67.13% in 2017 to 65% in 2018, and failed to meet the 69% benchmark. L.A. Care's CAHPS rate for Flu Vaccination for Adults (FVA) for LACC increased almost three percentage points from 33.47% in 2017 to 36.25% in 2018. Health Education's Fight the Flu Campaign interventions run from September to the end of January. The 2018-2019 campaign is currently in progress and includes new and enhanced interventions added to the 2017-2018 Fight the Flu campaign work plan. The enhancements were made to increase flu vaccination rates and meet future benchmarks. The 2017-2018 Fight the Flu interventions varied by LOB.

The 2018-2019 Fight the Flu campaign includes all interventions from the previous year with multiple additions and enhancements.

In September, aligning with the availability of the vaccine, the Health Education Unit mailed all CMC members an educational brochure on how to prevent the flu, including information on the importance of getting a flu vaccine and the availability of the shot at primary care provider offices as well as network pharmacies. A promotional L.A. Care branded item was also included. The promotional item was intended to remind members to receive their annual flu shot. In November, CMC members received an automated phone call reminding them to get a flu shot, and then again in January.

CMC members verified as having received their flu vaccine received a thank you card in the end of January, along with a promotional item as a gift of appreciation. Receiving a thank you card and promotional item was intended to improve members' recollection of receiving a flu vaccine when completing the CAHPS survey in early March.

In October, L.A. Care Covered (LACC), Medi-Cal Direct (MCLA), and PASC-SEIU members received an automated phone call reminding them to get a flu shot. LACC members who consented for electronic contact received an email notification about the availability of the flu shot in December. MCLA and PASC-SEIU members also received a second automated reminder phone call in December.

All L.A. Care Health Plan members received additional information in an article about the flu shot in the fall and winter editions of the member newsletters. An article about the flu was also included in the winter edition of the provider newsletter, Progress Notes.

The CMC thank you card to be sent out in January now includes a cover that states "thank you" in all eleven threshold languages. This enhancement was made in order to potentially alleviate language barriers.

An automated message thanking members from all LOBs will be launched in late January. This will serve the same purpose as the CMC thank you card, but will allow for us to reach L.A. Care members across multiple LOBs and closer to the CAHPS survey black out period.

A flu reminder hold message and end of call flu reminder was implemented by the Customer Solution Center beginning in October. In November, Disease Management nurses as well as health educators collaborated to include an end of call flu reminder for all inbound and outbound calls.

A newly developed provider fax blast was created by the health education team, to remind providers to promote the flu vaccine among their patients and was sent to 3,887 provider faxes in August, 2018.

In collaboration with DPH, L.A. Care also hosted multiple flu vaccination clinics at their Family Resource Centers. The Flu clinics took place at the Palmdale and Inglewood FRCS in October and at the Lynwood Family Resource Center in November.

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION RESULTS

CAHPS Medi Cal	Medi-Cal Adult CAHPS				
CAHPS (% of Answers Usually or Always	**2016**	**2017**	**2018**	**Performance Goal**	**Goal Met**
Q39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	13%	15%	17%	N/A	N/A
Q40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health providers in your plan?	N/A*	N/A*	N/A*	N/A	N/A
Q41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?	N/A*	N/A*	N/A*	44%	N/A
Q42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist with quitting smoking or using tobacco?	N/A*	N/A*	N/A*	40%	N/A

**not applicable due to the sample size being too small for reporting.*

The results for the Medi-Cal CAHPS tobacco measures have been not been reported from 2016-2018 due to the small sample size of respondents. The rate of Medi-Cal members who reported as smoking or using tobacco products "somedays" or "every day" increased by 2% from 15% in 2017 to 17% in 2018. There has been a total of a 3% increase from 2016 to 2018.

CAHPS Cal MediConnect	Cal MediConnect Adult CAHPs				
CAHPS (% of Answers Usually or Always	**2016**	**2017**	**2018**	**Performance Goal**	**Goal Met**
Q59. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	16.0%	16.0%	12.0%	N/A	N/A
Q60. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?	38.0%	51.0%	39.0%	69.0%	Not Met

The rate of CMC members who reported as smoking or using tobacco products "somedays" or "every day" decreased by four percentage points from 16% in 2017 to 12% in 2018. There has been a total of a 4% drop from 2016 to 2018. The rate of members who were advised to quit smoking or using tobacco by a doctor decreased by 12% from 51% in 2017 to 39% in 2018. Despite the decrease in rates for the "Advising Smokers and Tobacco Users to Quit" measure their rate increased by 1% from 38% in 2016 to 39% in 2018. L.A. Care failed to meet the 69% goal for this measure by 30 percentage points.

SECTION 6: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis

While scores increased for all ratings and all composites except for Doctor Communication, rates remain low. All ratings and composites scored below the 25th percentile. At a rate of 79%, Getting Needed Care is the lowest scoring area, demonstrating that the parents of Medicaid members do not feel that their children have full access to all medically necessary services. Doctor Communication has the highest score and may be a lower priority.

A deeper analysis of the 2018 CAHPS results showed that fewer of the respondents had special needs in comparisons to the 2017 results and compared to those in the adult survey. Since children tend to have fewer visit to specialty care, this could be the reason that the children's survey has higher overall raw scores in comparison to adults. It could be the PCP network has made improvements and may explain why their personal doctors score well but other domains are lower.

Adult Medicaid Qualitative Analysis

About half of scores increased from 2017 to 2018, but all scores remain low. All ratings and composites scored below the NCQA 25th percentile, except for Rating of Personal Doctor. Getting Care Quickly is the lowest rated composite, which should be prioritized for improvement. As with children in Medicaid, Doctor Communication is scored the highest and thus is least in need of intervention.

The adult population in Medi-Cal seeks specialty care more often than children, which may be driving down the overall perception of quality of health care. In reviewing appeals and grievance data in the Member Experience Work Group it was noted that the access related complaints were from accessing the specialty network It may be that the drivers of the low scores may include:

1. Lack of availability of specialty treatment
2. Difficulty obtaining authorizations
3. Difficulty obtaining appointments.

Furthermore, a prior study conducted by L.A. Care showed that members that had responded negatively to the Getting Needed Care and Getting Care quickly were from certain geographic areas such as Antelope Valley which is known for having few providers. This has led to efforts to add direct network providers in Antelope Valley and contracting with pharmacy sites that provide care e.g. Minute Clinics. Therefore, a limited or taxed specialty network and regions with fewer providers may be some of the drivers causing the lower rates in getting care quickly and quality of care. Overall, for Medi-Cal line of business, attitude and service had the highest average of grievance per 1,000 members. Additionally, billing and financial issues did demonstrate a slight increase.

LACC Qualitative Analysis

Ratings across most domains have declined between 2017-2018 measurement years. In particular, Rating of All Health Care and Personal Doctor declined by nine percentage points. But the health plan rating remained virtually the same as the prior year. The Member Experience Work Group felt that perhaps the influx of new members that occurred between the fourth quarter of 2017 and the first quarter of 2018 may have led the network to be overburdened and led to high dissatisfaction. During that timeframe the population grew from about 25,000 members to ~71, 000.

This product preforms differently than Medi-Cal and Medicare in that they seem to dislike their doctor. Personal doctor and the doctor's communication both scored poorly in 2018 and showed declines over the prior year. Getting needed care also had a major drop from the prior year. In addition, this group scored health plan customer services low and the rates declined from the prior year while results from the adult and child survey in Medi-Cal show improvements. Overall they seem unhappy with most of levels of service.

Surprisingly, the score for "costs" has remained the same and is higher than the DSS average. Yet, most grievances are for billing and financial issues. The issues reported are related to: Benefit Accumulators, Premiums, Copayment issues. Perhaps some of these get resolved and the member still finds the plan to be a cost effective plan. Grievances from Billing & Financial Issues increased from 2017 Q4 to 2018 Q3. To help capture more details about what members were grieving about a new grievance issue code, Balance Billing, was added in 2018 Q4 to improve the ability to further drill down by this category. This should help us paint a better picture about what they are unhappy about since overall cost is not one of the main grievances.

For this population there are several opportunities for improvement, but working on providers' coaching, and improving customer service both in the office and at the health plan level seem important for this population. Attitude and service continue to have high level of grievances as well so both the health plan and offices should continue to improve their systems and train staff.

Medicare CMC Qualitative Analysis

Dual Eligible Medi-Cal and Medicare member have higher utilization and appear to perform less well in comparison to non-dual eligible and other commercial plans. In regard to CAHPS overall rating for Medicare CMC members none of the 2018 ratings were met. L.A. Care did not meet or surpass any of the 2018 DSS averages in the overall ratings section. The only overall rating category that L.A. Care surpassed the 2018 DSS average in was drug plan. For overall, drug plan rating the L.A. Care 2018 score was 88% and the 2018 DSS average was 87.9%. This shows that L.A. Care needs improvement in regard to the following overall rating categories: health plan, health care quality, personal doctor, specialist and customer

service. The area in the overall rating section that L.A. Care needs most improvement in next year is health plan rating being that there is 3.7 percentage point difference between L.A Care's 2018 score in the category and the 2018 DSS average. The second area that needs most improvement next year is customer service, as L.A. Care scored 3.3 percentage points lower than the 2018 DSS average.

Furthermore, L.A. Care did not meet or surpass any of the 2018 DSS averages in the composite ratings section. This shows that L.A. Care needs improvement in customer service, getting needed care, getting appointments and care quickly, doctors who communicate well, care coordination and getting needed prescription drugs. The area in the composite score section that L.A. Care needs most improvement in next year is getting appointments and care quickly being that there is an 8.3 percentage point difference between L.A. Care's 2018 score in the category and the 2018 DSS average. The second area that need most improvement next year is care coordination as L.A. Care's scored 7.9 percentage points lower than the 2018 DSS average.

Overall, an analysis of the Cal MediConnect (CMC) complaint data was conducted and revealed several areas that need attention. The overall rate of complaints per 1000 members increased from 2017 Q4 to 2018 Q3. Additionally, there was also an increase in billing & financial issues from 2017 Q4 to 2018 Q3.

Being that billing and financial issues increased, a new grievance issue code, balance billing, was added in 2018 Q4 to provide the ability to further drill down by this category.

INTERVENTIONS

L.A. Care has been working on a long term strategy to address some of the common issues in all the lines of business such as attitude and service, access to care, and billing and financial issues. The customer service team, known as Customer Solutions Center, has been working improving their call center infrastructure. In 2017 they launched the Value Our Individual Customers Everyday (VOICE) customer service improvement program. It is a multi-pronged approach at improving operational and systems integration such as improving software, improving IVR capacity and adding a call back system to the call center experience. These enhancements may have led to the jump in customer service rates in the Adult and Child Medicaid CAHPS. While there are still opportunities for improvements, it appears these enhancements are working.

To address these challenges in 2017, the Quality Improvement department continued to focus on provider and member education. QI sent weekly emails for 12 weeks to providers that were part of the pay for performance program education message as well as resources to support their practice such as a poster that reminds staff some quick tips for working with members. The tips were based on L.A. Care's research on CAHPS data and AHRQ's research. In 2018, the program was expanded to 20 weeks and used an email marketing software to track how many people were opening and interacting with the email. Results showed that providers opened up the emails at a rate of 31.6 up to 35.7% which was high than the industry standard rate of 19%. The highest open rates overall occurred with "Block Your Calendar for Same-Day Appointments" (35.7%) and "Alternatives to the in-person visit" (34.2%). The highest click rates occurred for "Get a Free Customer Service Poster" (11.7%) and the first email on reducing wait times, which linked to an oncology roundtable (11.3%). A webinar on the topic was also conducted in July to educate providers on CAHPS and offer best practices. The response to the webinar was positive and a post webinar survey showed engagement and interest in futures educational sessions. Some participants mentioned having classroom sessions on site to help with customer services and QI is considering adding in-person training to providers at no cost to provider offices as well as continuing the emails and webinars into 2019.

To drive performance among the network, the incentives team added member experience as a domain to their provider group incentive program (VIIP +P4P) and Medical groups now receive incentive dollars for improving their scores. The incentive is based on Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) and that survey is now going to be conducted annually. This helps medical groups receive data in regards to their population and their specific issues that need to be address. In comparison to 2015 data, the program demonstrated significant improvements in patient satisfaction and will continue into 2019. A full description of the program and results is included in the next section of the report (See CG-CAHPS).

The Member Experience Work Group is a cross functional work group that has been the main driver of CAHPS related interventions. Based on the discussion in those meetings, QI is considering developing more real time and simple surveys that offices can manage on their own. The Safety Net Initiatives department is currently working with a small group of community clinics to provide tables and kiosks where patients can complete CAHPS like questions and provide the office with timely results. In 2019, the work group is considering using a Net Promoter Survey after a visit has occurred to enable L.A. Care to have real time results and that could allow us to correct negative experiences. Currently, there are also several efforts underway to increase points of care. L.A. Care is working on increasing Urgent Care centers and providing telehealth to our members.

SECTION 7: OPPORTUNITIES FOR IMPROVEMENT

Members in all lines of business have two main areas of concern: Getting Needed Care, and Getting Care Quickly. The LACC line of business does differ slightly in that their main concern is around billing and financial issues, but their secondary concerns are also around getting needed care and getting care quickly. In reviewing grievance data, a fourth issue -- Attitude and Service is significant across all product lines. Given that these themes seem to arise in all product lines, they are the main focus in 2018 and 2019.

There are four areas of opportunity that L.A. Care can focus on to improve CAHPS and to help reduce appeals and grievances going forward.

These areas are:

1. Improving the office visit experience to help address Attitude and Service, Personal Doctor, Coordination of Care and Access to Care.
2. Collaborate with sub-contracted health plans, provider groups and select network physicians to improve Access to Care - Address the scarcities: (1) Staff, (2) money, (3) calendar (time).
3. Improve Health Plan Customer Service CSC to address the Customer Service scores in CAHPS and in grievances.
4. Educate members, providers, and vendors on billing and finance issues since Billing and Financial issues are an area of opportunity across all lines of business.

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.

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
PRIORITY #1	**Improve member's experience with providers and office staff by training providers and providing tools for self -assessment**		
Improve the Office Visit Experience	On going	• L.A. Care in 2017 and 2018 emailed PPGs, Clinics, and PCPs weekly "CAHPS Tips," to help support their efforts • Patient Experience Survey is now available at select Safety Net Clinics. L.A. Care created and sponsored the survey in collaboration with the Community Clinic Association. Data will be reported through an online dashboard. Partnering with CCALAC to create a Learning Collaborative to discuss findings and share best practices among the participating clinics. Launched in Q3. Planned for 2019: • Net Promoter Score (NPS) Survey- Measure patient satisfaction at various member touch points • Provide workshops for clinics on how to manage appointment booking, difficult patients, and best practices. • Include member satisfaction as a metric in the Medicare and LACC line of business.	• The open rate ranged from 31.6% up to 35.7%. Exceeded industry Standard. Plan to continue for 2019.
PRIORITY #2	**Improve member's access to care through stronger collaboration with delegated PPGs and plans** • **Access to specialty care** • **Care, tests and treatment**		
Collaborate with sub-contracted health plans, provider groups and select network physicians to improve Access to Care	Ongoing	2016: 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. 2017: Completed in 2017: • Asked provider groups to contract with additional providers in under-served regions • Hosted webinar for providers and PPGs on member experience, with a section on Access to Care standards • Distributed timely access standards to providers Occurred in 2018: • The Accreditation Department fielded an access to care survey to providers	• Improved CAHPS Scores for getting needed care and getting care quickly • Decreased complaints regarding access to care
PRIORITY #3	**Improve member satisfaction with customer service** • **Help needed from customer service** • **Courtesy and respect**		
Improve Health Plan Customer Service		2016-2018: Member Services Specialists/Navigators assist members with benefit coordination, continuity of care, access to care, quality of care issues, member eligibility, assignment and disenrollment issues • Improved service: Knowing that services are being evaluated by members may result in behavioral change.	• Current interventions demonstrate improvement in Customer Service rating

Opportunity	New and/or Ongoing	Action(s) Taken	Measurement of Effectiveness
		• Data collection: Survey results provide us information on why members feel they are not getting information they need or not treated. Completed in 2017: • Value Our Individual Customers Everyday (VOICE) customer service improvement program launched Completed in 2018: • QI conducted a webinar on member satisfaction on how to interpret CG-CAHPS findings and best practices. • VOICE project completed several enhancements directly related to improving customer service. They include: o Allowing agents to view claims status to help better respond to callers Provide more avenues for self- service: ice tools, such as a self-service IVR, a courtesy call back system	
PRIORITY #4	**Improve understanding of billing and finance by members, providers, and vendors**		
Educate members, providers, and vendors on billing and finance	On going New	Completed in 2017: • Restructured PNM; created of Provider Communications department • Created Payment Integrity Department and notified all providers of increased payment integrity efforts Completed in 2018: • The Grievances and Appeals Department created a specific code for balance billing. This will improve accuracy of reporting. Medical groups will be trained.	• Rates declined

SECTION 8: CG-CAHPS ANALYSIS

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BACKGROUND

In 2017, L.A. Care Health Plan conducted a survey to assess patient experience with the care delivered by providers serving L.A. Care's Medi-Cal population. The 2017 VIIP+P4P Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) reflects L.A. Care's commitment to measure performance and identify opportunities for improvement, as part of its Value Initiative for IPA Performance plus Pay-for-Performance (VIIP+P4P) incentive program.

Adult and child patients were eligible to be sampled for the survey if they had a visit with an enrolled provider in the 6 months from March 1, 2017 to August 31, 2017. The survey began fielding in November 2017. The target sample for provider groups was 1,200 adult patients (600 patients with a primary care visit and 600 patients with a specialty care visit) and 1,200 child patients (600 patients with a primary care visit and 600 patients with a specialty care visit). Of the 88,602 total sample members, 28,240 members responded for an overall response rate of 31.9%. Each sampled group that had statistically meaningful numbers of adult and child patients to be surveyed received its own survey report.

For many measures, CG-CAHPS and Health Plan CAHPS (HP CAHPS) are worded similarly. HP CAHPS samples members, while CG-CAHPS samples patients (members who had visits with doctors). HP CAHPS is powered with sample sizes designed to represent health plans, while CG-CAHPS is powered to represent individual provider groups. VIIP+P4P CG-CAHPS, therefore, has much larger samples than HP CAHPS. The data presented in this section was weighted to extrapolate from the provider group samples to L.A. Care Health Plan's Medi-Cal population at large.

PROJECT GOALS

A variety of stakeholders—physician organizations, purchasers, plans, consumers, and regulatory agencies—are interested in the performance of provider groups, which form the backbone of the care delivery system in California. The 2017 survey asked patients to evaluate the following dimensions of quality:

- Access to care (primary and specialty, non-urgent and urgent)
- Interactions between doctors and patients
- Coordination of care
- Helpfulness of office staff
- Recommended counseling on preventive care topics (diet and exercise)
- Overall ratings of all care and provider

In addition to its primary purpose as an instrument for rating the above measures and pay-for-performance, VIIP+P4P CGCAHPS was extended to include supplemental questions that further other continuous quality improvement purposes (CQI):

- Questions which permit comparing results to L.A. Care's annual Health Plan CAHPS (HP CAHPS) survey.
- Questions to explore specialist access in more detail.
- Questions to explore timely access to care in more detail.
- Questions that measure provider discussions with patients regarding health goals, behavioral health, and pain management.
- Questions on interpreter access, reflecting that English is not the dominant language preference among L.A. Care Medi-Cal members.
- Open-ended (verbatim response) questions asking how services and information can be improved.

CHANGE FROM PRIOR YEAR

The survey instrument underwent some revisions between 2015 and 2017. Mainly, these revisions were to align VIIP+P4P CG-CAHPS with the most current version of the Agency for Healthcare Research and Quality (AHRQ) CG-CAHPS survey – version 3.0. However, most of the measures overlap with the 2015 survey and thus can be trended. Measures that did not exist in 2015 are indicated with an "NA" in the trending table below.

SURVEY PROCESS

The standard survey protocol consisted of two mailed surveys, a reminder postcard, and a phone interview for those who did not respond to the mailed questionnaire. Prior to the first mailed survey, those sample members for whom L.A. Care had an email address were also sent an email invitation inviting them to do the survey online. This email invitation was in English with links to the survey website in Spanish, Chinese, Korean, Armenian, Vietnamese, and Farsi. Mail and phone interviews were available in English and Spanish for all patients. The web survey was available in English, Spanish, Armenian, Chinese, Korean, Vietnamese, and Farsi. Patients who were identified in the plan data as Spanish speaking were sent a cover letter and survey in Spanish, with the option to request an English survey. Patients who were identified as English speaking were sent a cover letter and survey in English, with instructions on the back of the cover

letter in Spanish regarding how to complete the survey in Spanish if needed. Patients who were identified as speaking any other threshold language (Armenian, Chinese, Korean, Vietnamese, or Farsi) were sent an English survey and cover letter with a translation of the cover letter in their preferred language describing the survey and how to take the survey in their preferred language online.

SUMMARY RESULTS

Looking at the two most recent CG-CAHPS results in whole, 2015 and 2017, the trending shows significant improvements in many of the core composite scores for both the adult survey results and the child survey results, with the exception of the Child Development Composite score which showed a significant decline. This overall improvement trend reflects the recent efforts of providers and office staff to improve member experience with the healthcare setting.

ADULT

Composite	Rate Change
Overall Rating of Provider	**+4.3%**
Doctor Patient Interaction	**+4.7%**
Timely Care and Service	**+12.5%**
Office Staff	**+3.7%**
Health Promotion	**+3.6%**

CHILD

Composite	Rate Change
Overall Rating of Specialists	**+5.8%**
Coordination of Care	**+11.3%**
Timely Care and Service	**+16.0%**
Office Staff	**+8.7%**
Health Promotion	**+8.8%**
Child Development	**-8.6%**

The below tables offer more detail on the two-year trending for all survey measures:

VIIP+P4P CG-CAHPS
Adult Two-Year Trending Results – L.A. Care Overall Health Plan

Composite or Question	2017 Weighted Average	2015 Weighted Average	Change in Average from 2015*
Overall Ratings of Care			
Overall rating of provider [Question 21]	63.7%	59.4%	**4.3%**
Overall rating of provider - Primary Care	61.9%	57.7%	**4.2%**
Overall rating of provider - Specialists	68.4%	61.6%	**6.9%**
Overall rating of all health care [Question 42]	61.8%	61.7%	0.1%
Doctor Patient Interactions			
Composite Score	**70.4%**	**65.7%**	**4.7%**
Provider explanations understandable [Question 14]	69.3%	66.2%	**3.2%**
Provider listens carefully [Question 15]	72.8%	70.7%	**2.1%**
Provider shows respect [Question 17]	77.6%	74.9%	**2.6%**
Provider spends enough time [Question 18]	62.3%	59.2%	**3.1%**
Coordination of Care			
Composite Score	**55.1%**	**53.4%**	**1.7%**
Provider knows medical history [Question 16]	63.5%	59.0%	**4.5%**
Follow-up on test results provided [Question 20]	53.4%	53.5%	**-0.1%**
Discussed all prescription medicines [Question 33]	47.4%	N/A	**N/A**
Timely Care and Service			
Composite Score	**53.8%**	**41.4%**	**12.5%**
Appointment for care needed right away [Question 7]	53.0%	48.9%	**4.1%**
Appointment for routine care [Question 9]	54.9%	54.7%	**0.2%**
Same day response to phone question [Question 12]	55.5%	52.4%	**3.1%**
Office Staff			
Composite Score	**65.3%**	**61.6%**	**3.7%**
Office staff were helpful [Question 36]	58.5%	53.5%	**4.9%**
Office staff were respectful [Question 37]	72.2%	69.8%	**2.3%**
Health Promotion			
Composite Score	**49.6%**	**45.9%**	**3.6%**
Provider discussed eating habits [Question 27]	49.7%	47.1%	**2.6%**
Provider discussed exercise [Question 28]	49.8%	44.6%	**5.1%**
CG CAHPS Supplemental Items			
Provider's office gave information about getting care after hours [Question 10]	68.8%	N/A	**N/A**
Visit started within 15 minutes of appointment [Question 13]	31.2%	27.6%	**3.6%**
Discussed goals for health [Question 25]	51.7%	N/A	**N/A**

Composite or Question	2017 Weighted Average	2015 Weighted Average	Change in Average from 2015*
Discussed challenges with taking care of health [Question 26]	35.7%	N/A	**N/A**
Discussed things in life that worry or cause stress [Question 29]	43.0%	N/A	**N/A**
Provider informed and up-to-date [Question 24]	54.3%	54.7%	**-0.4%**
L.A. Care Additional Items			
Provider(s) recommended treatment for stress [Question 31]	29.7%	24.6%	**5.1%**
Rating of pain management help [Question 34]	62.2%	N/A	**N/A**
Able to get an interpreter to talk with providers [Question 35]	42.1%	44.5%	**-2.3%**
Easy to get care, tests, or treatment [Question 39]	60.5%	57.8%	**2.7%**
Easy to get care, tests, or treatment - Primary Care	59.7%	56.5%	**3.2%**
Easy to get care, tests, or treatment - Specialists	63.7%	57.9%	**5.8%**
Specialist appointment as soon as needed [Question 40]	49.2%	47.3%	**2.0%**
Specialist appointment as soon as needed - Primary Care	47.9%	46.2%	**1.7%**
Specialist appointment as soon as needed - Specialists	53.5%	47.6%	**5.8%**
Patient recommends provider [Question 22]	68.4%	N/A	**N/A**
Overall rating of health plan [Question 41]	61.3%	61.5%	**-0.2%**

-- Too few respondents (<30) to report score.

* Statistically significant differences at the 95% confidence level are denoted in **red** when the 2017 score is **lower** than 2015 or **green** when the 2017 score is **higher** than 2015.

VIIP+P4P CG-CAHPS
Child Two-Year Trending Results - L.A. Care Overall Health Plan

Composite or Question	2017 Weighted Average	2015 Weighted Average	Change in Average from 2015*
Overall Ratings of Care			
Overall rating of provider [Question 21]	68.5%	67.7%	**0.8%**
Overall rating of provider - Primary Care	68.0%	67.6%	**0.4%**
Overall rating of provider - Specialists	73.4%	67.5%	**5.8%**
Overall rating of all health care [Question 42]	73.6%	72.7%	**0.9%**
Doctor Patient Interactions			
Composite Score	**73.4%**	**71.0%**	**2.4%**
Provider explanations understandable [Question 14]	71.9%	72.1%	**-0.2%**
Provider listens carefully [Question 15]	76.3%	76.4%	**-0.1%**
Provider shows respect [Question 17]	81.7%	80.9%	**0.8%**
Provider spends enough time [Question 18]	64.4%	61.4%	**3.0%**
Coordination of Care			
Composite Score	**65.8%**	**54.6%**	**11.3%**
Provider knows medical history [Question 16]	69.6%	64.7%	**5.0%**
Follow-up on test results provided [Question 20]	56.7%	53.9%	**2.8%**

Composite or Question	2017 Weighted Average	2015 Weighted Average	Change in Average from 2015*
Timely Care and Service			
Composite Score	**64.0%**	**47.9%**	**16.0%**
Appointment for care needed right away [Question 7]	62.7%	61.2%	**1.5%**
Appointment for routine care [Question 9]	65.1%	62.8%	**2.3%**
Same day response to phone question [Question 12]	67.6%	69.1%	**-1.5%**
Office Staff			
Composite Score	**68.9%**	**60.2%**	**8.7%**
Office staff were helpful [Question 37]	63.4%	53.5%	**9.9%**
Office staff were respectful [Question 38]	74.5%	67.1%	**7.4%**
Child Development			
Composite Score	**53.5%**	**62.1%**	**-8.6%**
Provider discussed child's moods and emotions [Question 25]	36.2%	N/A	**N/A**
Provider discussed child's growth [Question 26]	67.8%	68.4%	**-0.6%**
Provider discussed child's behavior [Question 27]	57.5%	55.8%	**1.7%**
Provider discussed child getting along with others [Question 31]	52.4%	N/A	**N/A**
Health Promotion			
Composite Score	**64.5%**	**55.8%**	**8.8%**
Provider discussed injury prevention [Question 28]	53.5%	N/A	**N/A**
Provider discussed eating habits [Question 27]	71.5%	56.0%	**15.5%**
Provider discussed exercise [Question 28]	68.6%	55.6%	**13.0%**
CG CAHPS Supplemental Items			
Provider's office gave information about getting care after hours [Question 10]	79.0%	N/A	**N/A**
Visit started within 15 minutes of appointment [Question 13]	29.4%	28.0%	**1.4%**
Provider informed and up-to-date [Question 24]	61.2%	56.7%	**4.5%**
L.A. Care Additional Items			
Discussed all prescription medicines [Question 35]	54.3%	N/A	**N/A**
Provider(s) recommended treatment for stress [Question 33]	16.2%	N/A	**N/A**
Able to get an interpreter to talk with providers [Question 36]	49.6%	N/A	**N/A**
Specialist appointment as soon as needed [Question 40]	47.5%	50.7%	**-3.2%**
Specialist appointment as soon as needed - Primary Care	47.1%	49.7%	**-2.5%**
Specialist appointment as soon as needed - Specialists	57.2%	52.9%	**4.3%**
Patient recommends provider [Question 22]	73.8%	N/A	**N/A**
Overall rating of health plan [Question 41]	74.0%	72.8%	**1.2%**

-- Too few respondents (<30) to report score.
* Statistically significant differences at the 95% confidence level are denoted in **red** when the 2017 score is **lower** than 2015 or **green** when the 2017 score is **higher** than 2015.

SECTION 9: OUT-OF-NETWORK REQUESTS

AUTHOR: CAROLINA COLEMAN, MPP
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES

Utilization Management examines the referrals to out-of-network specialists on an as-needed basis in order to ensure members' needs are continually met.

The table below is a summary report of out-of-network specialist requests from October 2017–September 2018 for L.A. Care Covered.

Out-of-Network Requests for L.A. Care Covered, 10/1/2017 – 9/30/2018				
Type of Service	**Approved**	**Denied**	**Total Requests**	**Rate per 1,000 members**
Outpatient Surgery	8 1-Consultation-Orthopedic (KECK HOSPITAL OF USC) 1-Gender Reassignment (VISTA SURGERY CENTER) 1-Biopsy (AIRPORT ENDOSCOPY CENTER) 1-Radiology/imaging (RONALD REAGAN UCLA MEDICAL CENTER) 1-Otolaryngology (RONALD REAGAN UCLA MEDICAL CENTER) 1-Neurology (RONALD REAGAN UCLA MEDICAL CENTER) 1- Kidney Transplant (RONALD REAGAN UCLA MEDICAL CENTER) 1-Urology (UROLOGICAL INSTITUTE OF SOUTHERN CALIFORNIA)	0	8	0.14
Hospital (Inpatient)	1	0	1	0.017
Behavioral Health	10 10-Gender Identity	1 1-Autisitc Disorder	11	0.192
Durable Medical Equipment (DME)	1	0	1	0.017
Grand Total	**20**	**1**	**21**	**0.367**

12-month average membership of 57,208 used to calculate rate per 1,000 members

Quantitative Analysis

An analysis of the LACC out-of-network request data reveals the following:

- Four types of out-of-network services were requested: outpatient surgery, hospital (inpatient), behavioral health, and DME. Analysis of the data indicates that 38% (8 out of 21) of the out-of-network specialists were requests for outpatient surgery.
- The out-of-network outpatient surgery requests ranged for a variety of different services. Only one transplant request was received, representing 13% of outpatient surgery requests, despite

transplants representing 64% of surgery requests in 2015-2016. Only one biopsy was requested, despite biopsy being the most common request in 2016-2017.
- Four (50%) out-of-network outpatient surgery requests were made for Ronald Reagan UCLA Medical Center, continuing a trend of requests concentrated at this facility.
- In 2016-17, there was an increase in the number of gender identity services requests, from one in 2015-16 to nine in 2016-17. This trend continued in 2017-18, with 10 requests for gender identity services.
- The rate per 1,000 members decreased in every category and overall compared to 2016-17. The total number of requests decreased from 27 to 21, despite an increase in membership.

Qualitative Analysis

Only one (5%) of the out-of-network requests was denied during this period for the LACC population, continuing a trend of very few to no denials. The reason this request was denied was for lack of medical necessity. Additional documentation was requested. L.A. Care will continue to monitor the data for out-of-network requests.

Services related to gender identity were the most requested type of service. In the last year, L.A. Care contracted with providers who offer these services for the first time, but the CRM department is still pursuing additional contracts in order to build an adequate network.

The number of out-of-network care requests remains very low despite a substantial increase in membership in 2018. Several trends from past years continued in 2017-2018, including gender identity as the most requested service (also seen in 2016-2017), a concentration of requests at Ronald Reagan UCLA Medical Center (also seen in 2015-2016), and very few requests for durable medical equipment or inpatient care. There has been variation in the last few years in types of requests for outpatient surgery. In 2015-2016, a majority of the requests were for transplants, but this trend did not continue. In 2016-17, biopsies were the most commonly requested surgery, but this was not observed this year. These findings indicate a lack of consistent trends in out-of-network requests, warranting additional trending year to year.

LOOKING FORWARD

- Continue collaborative meetings to discuss priority areas in the Member Experience Work Group.
- A post-encounter survey which will include one crucial question, “Would you recommend this site/ office/ provider to a friend or family” via IVR, text, or perhaps the CSS portal that Safety Net Initiatives is using.
- L.A. Care will launch member experience workshops for providers using an outside vendor to help address office staff attitude and improve appointment scheduling.

H.1.e Member Services Telephone Accessibility

Author: Robert Martinez & Victor Montijo
Reviewer: Maria Casias, RN

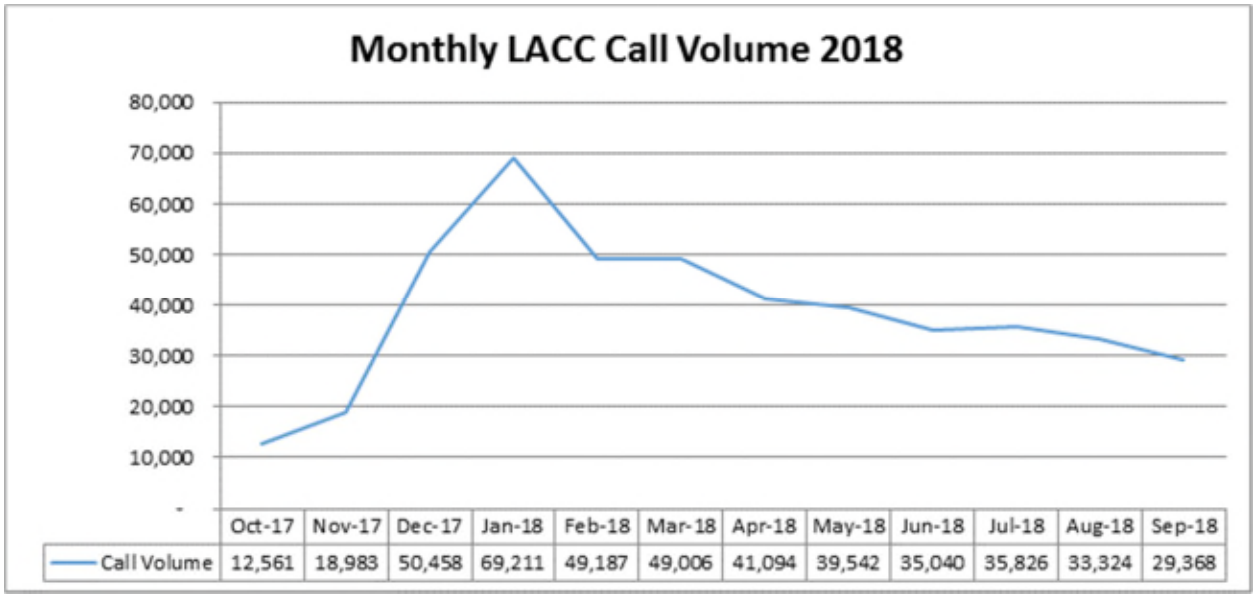
Methodology

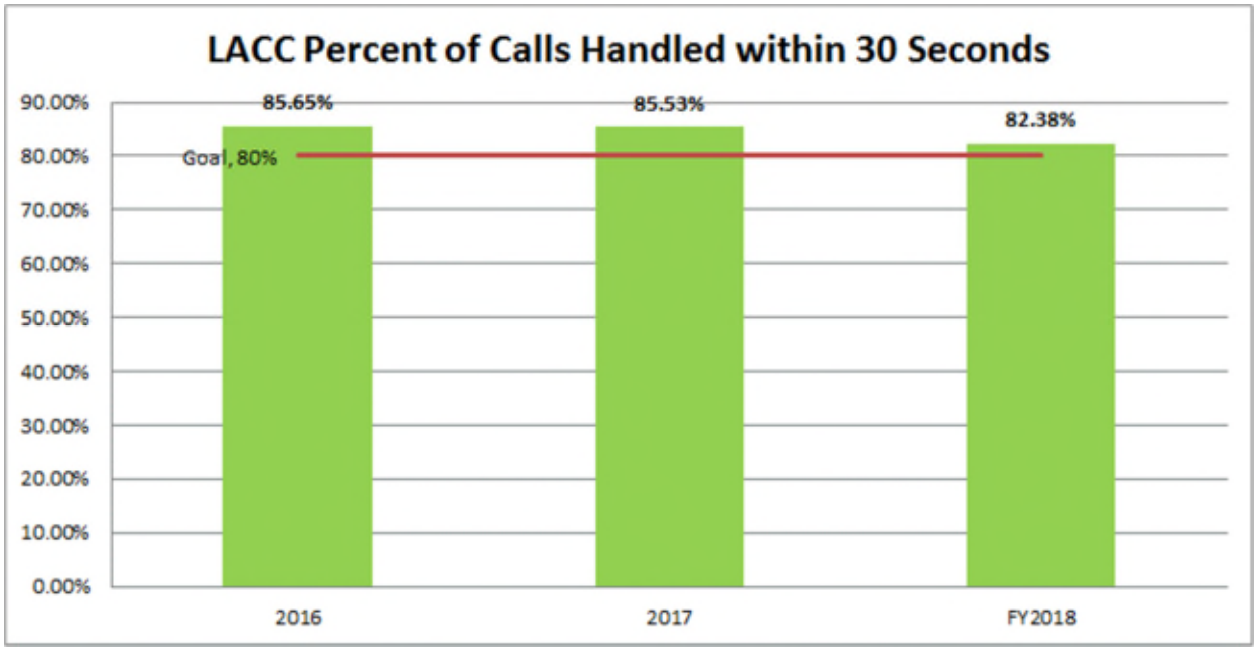
In order to measure member services telephone accessibility across all lines of business (Medi-Cal, Medicare and the Marketplace), L.A. Care uses a telephone system called CISCO. The system collects and reports telephone statistics that the Member Services Department uses to create reports. The system counts all incoming calls as the denominator and all calls abandoned. The table and chart below compare L.A. Care's telephone accessibility for 2016, 2017 and 2018 performance goals.

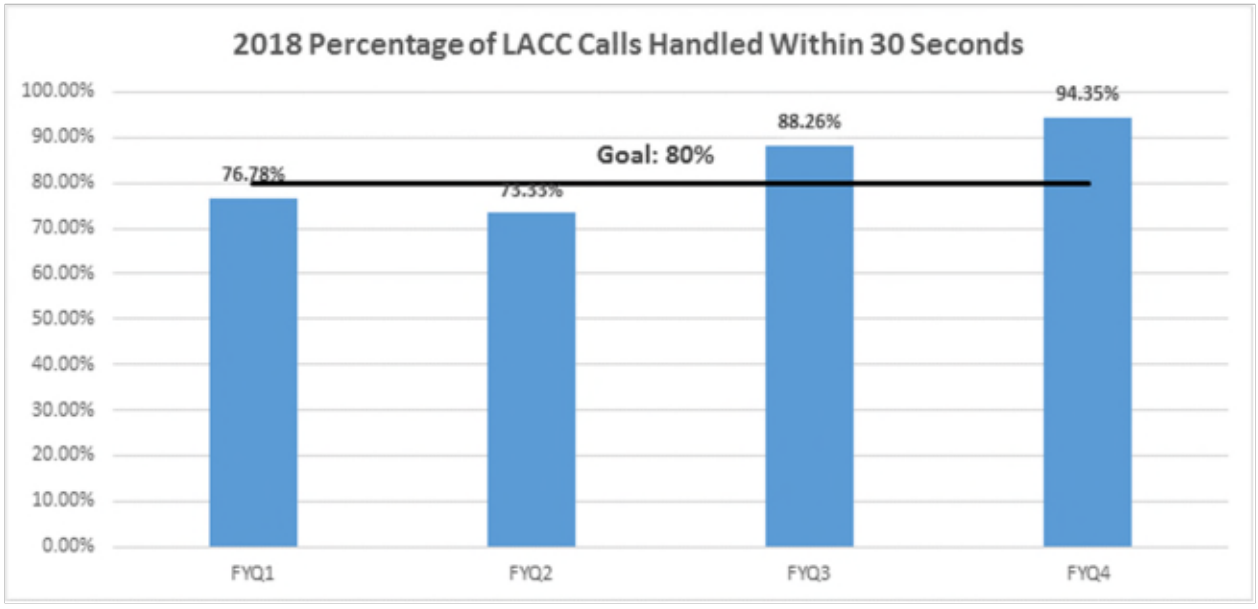
Results

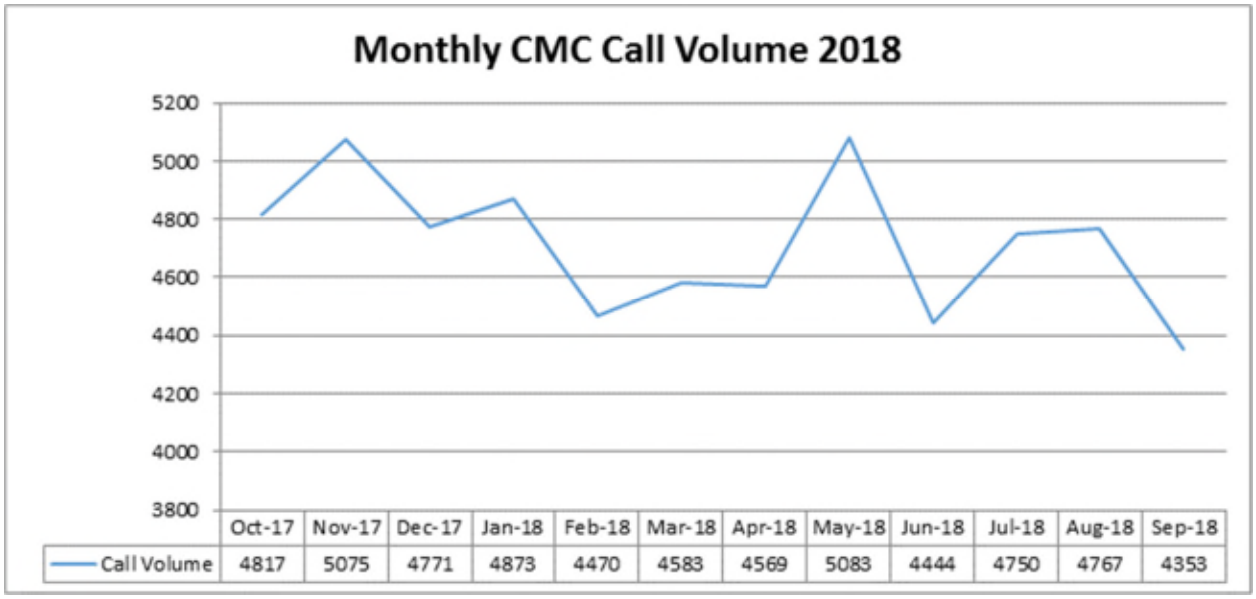
Member Services Telephone Accessibility Compliance Results					
Measure	**2018 Goal**	**2016 Rate**	**2017 Rate**	**2018 Rate**	**2018 Goal Met**
Medi-Cal Call Abandonment Rates	≤ 5 %	10.17%	5.35%	2.08%	Yes
Medi-Cal Percent of Calls Handled within 30 Seconds	85%	45%	78%	87.78%	Yes
LACC Call Abandonment Rates	≤ 3%	3.94%	6.96%	5.43%	No
LACC Percent of Calls Handled within 30 Seconds	80%	86%	86%	82.38%	Yes
CMC Call Abandonment Rates	≤ 5 %	1.29%	2.21%	1.63%	Yes
CMC Percent of Calls Handled within 30 Seconds	80%	94%	92%	90.88%	Yes

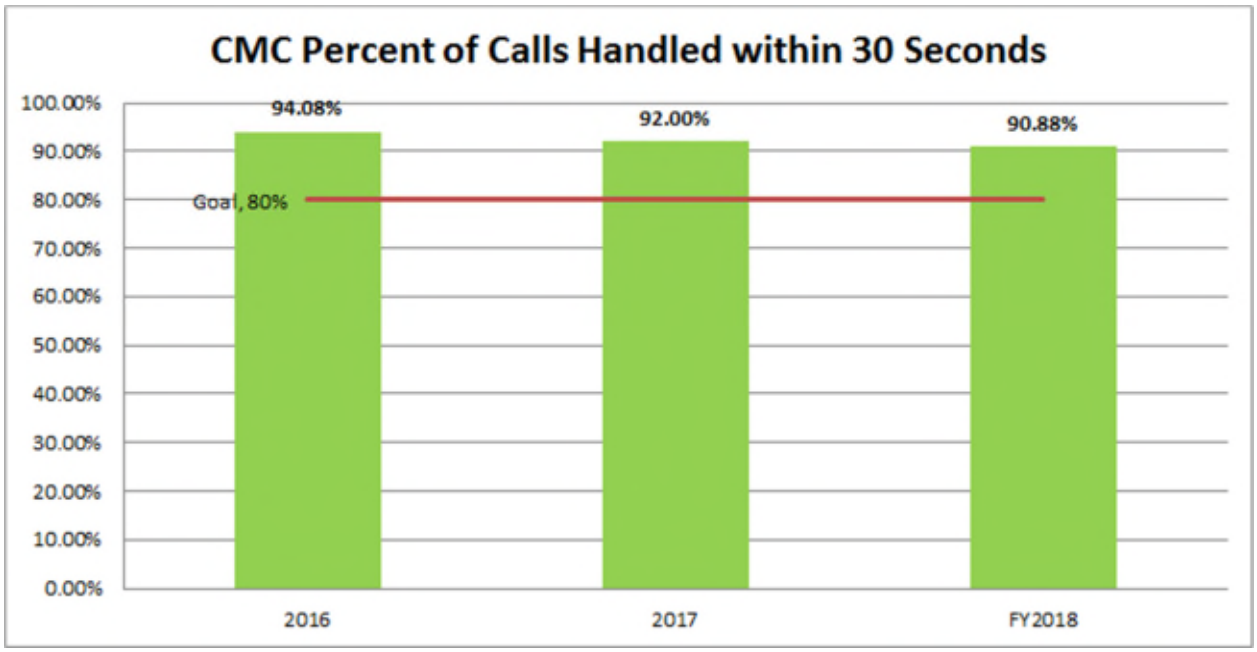
The chart below outlines an overview of member services monthly call volume:

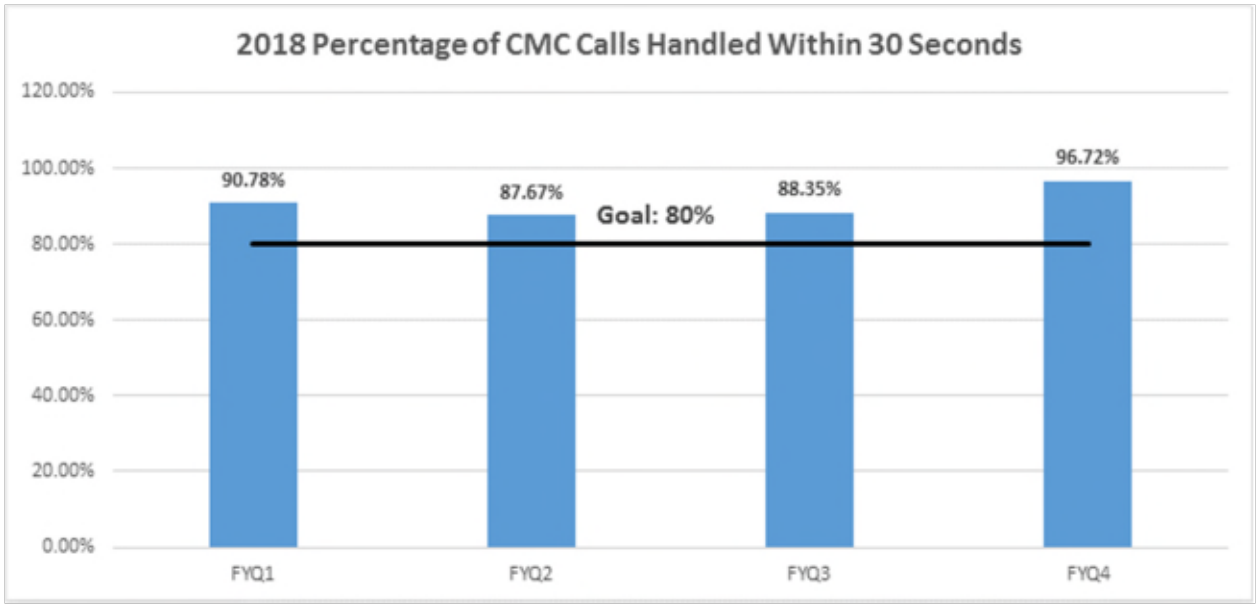



LACC Percent of Calls Handled within 30 Seconds
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
85.65%
85.53%
82.38%
Goal, 80%
2016
2017
FY2018


2018 Percentage of LACC Calls Handled Within 30 Seconds
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
76.78%
73.33%
88.26%
94.35%
Goal: 80%
FYQ1
FYQ2
FYQ3
FYQ4

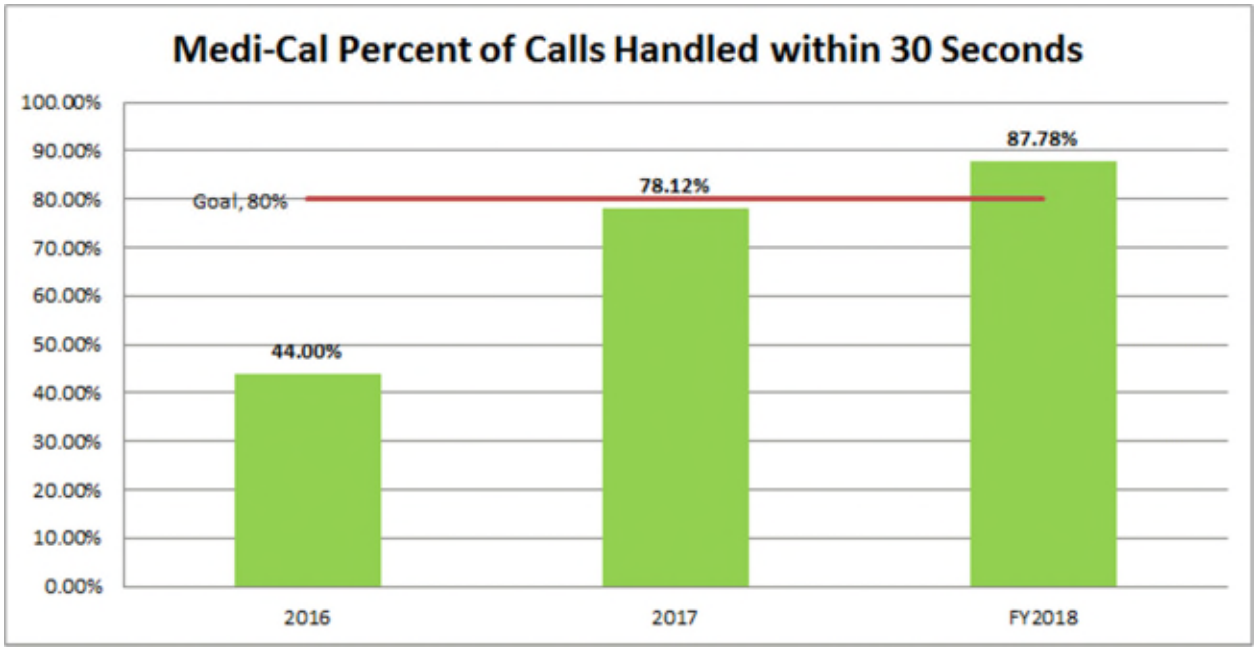

Monthly CMC Call Volume 2018
5200
5000
4800
4600
4400
4200
4000
3800
Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18
Call Volume 4817 5075 4771 4873 4470 4583 4569 5083 4444 4750 4767 4353

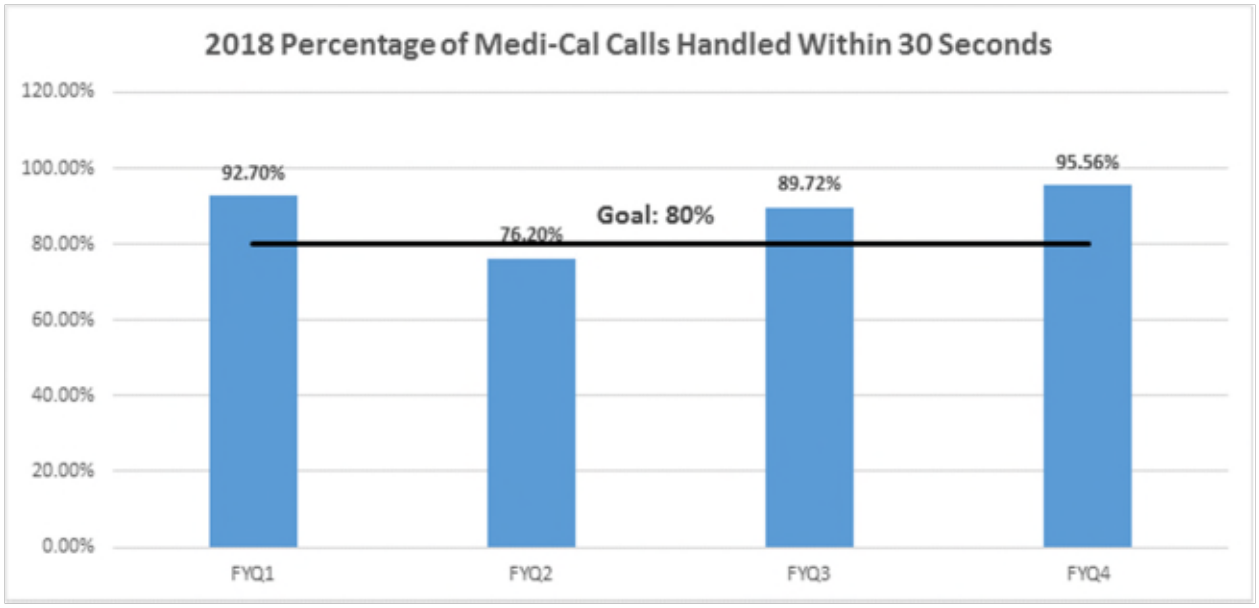

CMC Percent of Calls Handled within 30 Seconds
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
94.08%
92.00%
90.88%
Goal, 80%
2016
2017
FY2018



The charts below outline a compliance rate comparison of the calls answered within 30 seconds:

Medi-Cal:





Quantitative Analysis

- The member services call center did not meet the call abandonment goal of less than 3% for LACC. Call abandonment goal was met for both Medi-Cal and CMC.
- The goal of 80% of call handled within 30 seconds was met for all LOB's; LACC, Medi-Cal and CMC in 2018.

Qualitative Analysis

The 2017/2018 L.A. Care Covered Open Enrollment period drove higher than forecasted call volumes between the months of December 2017 and April 2018. As a result of this surge in volume, we were able to effectuate a much higher number of new members than original forecasted goal. The total membership growth was approximately 177%. Unfortunately, the call center was not staffed to handle the higher than anticipated call volumes. Despite training an additional 24 call center representatives to support the increase in payment volume, and all hands on deck from supporting staff, the goals were still not met.

LOOKING FORWARD

We continue to optimize our call routing capabilities and now have an IVR payment option for L.A. Care Covered members to make their payments. Over the course of the upcoming year we anticipate higher usage of this feature, resulting in a decrease in payment call volume into the call center. Having less of a surge in volume during Open Enrollment season will minimize the risk of a decline in call performance.

H.2 CULTURAL & LINGUISTIC SERVICES

AUTHOR: MARIE MERCADO-GRIJALVA, MPH
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA MILLER, MD

The Cultural & Linguistic (C&L) Services Unit provides language assistance services, including translation, telephonic interpreting, and face-to-face interpreting, and cultural competency trainings for L.A. Care staff and its provider network. In fiscal year 2017 - 2018, the C&L Services Unit received and processed 1,350 documents totaling close to five million words (4,712,716), an increase of 94% over the previous fiscal year's total. Alternative format conversion (18pt large print) of the Medi-Cal and Cal MediConnect Evidence of Coverage (EOC) contributed to this increase. There was a 10% uptick in the total number of documents translated, mostly due to an increase of health education materials by 206% and commutations from members by 100% while there was a reduction in the number of member letters, such as grievance acknowledgement letters and resolution letters, which had decreased by 7% from the previous year. Spanish remained the top requested language for translation, followed distantly by Khmer, Russian, Tagalog, and Arabic. Member satisfaction surveys were mailed with Spanish health education materials. Results indicated high satisfaction from members with 100% of respondents confirming that they believe that receiving materials in their language helped them take better care of their health.

The C&L Services Unit provides face-to-face interpreters upon request at medical appointments, meetings, and health education classes. In fiscal year 2017 - 2018, a total of 6,377 face-to-face interpreting requests were coordinated (6,116 for medical appointments and 261 for administrative meetings and events), an increase of 40% over the previous year. L.A. Care's direct membership has grown by 6% which may have partially contributed to the increase in overall requests. Efforts to educate members on the availability of these services (e.g., tagline in 16 non-English languages, in-person member trainings at RCACs, educational DVDs on interpreting services in most threshold languages, newsletter articles, language cards), may have also impacted the continual increase in interpreting requests.

Face-to-face interpreting services for medical appointments were requested in 32 languages, with threshold languages accounted for 80% of all medical appointments. The top five languages for medical appointments were Spanish, American Sign Language, Mandarin, Farsi and Korean. The request for interpreting services were arranged in a timely manner, with 98% of all medical appointment requests fulfilled within 10 business days from the date of request receipt. The members were surveyed on the satisfaction level by mail and results showed that 89.5% of members were satisfied with interpreting services provided for medical appointments. Spanish was the top language for administrative appointments followed distantly by Khmer, requested primarily by Community Outreach and Engagement (CO&E). The C&L Services Unit has been partnered with the Provider Relations, Customer Solutions Center (CSC), and CO&E departments on provider and member education efforts to reduce the avoidable interpreting services costs such as last minute cancellations of medical appointments. In fiscal year 2017 - 2018, these types of cancellation and member no-show had decreased by 1% when compared to the previous year.

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 fiscal year 2017 - 2018, telephonic interpreting services were provided during 170,369 calls for a total of 2,528,418 minutes by the contracted vendors. Utilization of telephonic interpreting services had increased 102% in the number of minutes and 123% in the number of calls over the previous year. The increase in utilization came mostly from Call Center in second and third quarters. Spanish-speaking Call Center staff were required to use telephonic interpreting services while their oral Spanish language proficiencies were assessed and qualified to take calls in Spanish. Telephonic interpreting services were provided in a total of 92 languages, with threshold languages accounting for 98% of all calls. The top five languages were

Spanish, Mandarin, Armenian, Korean and Farsi. In fiscal year 2017 - 2018, 89% of all calls were connected with interpreters less than 30 seconds. The results of member satisfaction surveys orally conducted by the telephonic interpreting vendor indicated that 79% of members were satisfied with the services.

In late 2017, the C&L Services Unit conducted Request for Proposal (RFP) for telephonic interpreting services. Four vendors, including the incumbent participated. The interdepartmental committee evaluated the participating vendors and selected a new vendor, Language Line. The telephonic interpreting services were successfully transitioned from the incumbent vendor, United language Group to Language Line in three phases between May and July. The telephonic interpreting services by United Language Group were terminated in September.

The C&L Services Unit provides continuous education on C&L rights, requirements, services and resources, cultural competency, and disability sensitivity to all plan staff who have routine contact with members as well as network providers with applicable regulations and regulatory agency requirements. The on-going training titles included: C&L Requirements, Cultural Competency, Disability Sensitivity, and Communicating through Healthcare Interpreters (CME). To supplement these training titles, there were two additional ad-hoc titles offered in fiscal year 2017-2018: Accessing Telephonic Interpreting Services for health plan staff and Patient Engagement and Cultural Responsive Health Care (CME) to network providers. Trainings are conducted both in person and online through L.A. Care's Learning Management System. A total of 56 in-person trainings, with a total of 595 attendees (1,080 staff and 442 providers). An additional 6,255 (706 staff and 5,549 providers) completed C&L trainings online.

This year, the C&L Services Unit continues its ongoing efforts to educate members on language assistance services. In-person training on C&L rights and language access services at Regional Community Advisory Committees (RCAC) and Executive Community Advisory Committees (ECAC) meetings continue take place on an annual basis. Additionally, the C&L Services staff plans educated members about language services through other mediums, such as L.A. Care's website and in a new member brochure available at multiple points of contact, including Family Resource Centers. As part of the DHCS All Plan Letter 17-011 (enforcement of Affordable Care Act Section 1557) implementation, the written language assistance notice was made available in 16 non-English languages at key points of contact including, member reception area at headquarters, Family Resource Centers and three L.A. Care websites. In October 2017, the C&L Services unit mailed translated language assistance posters to all network providers along with a reminder on the Affordable Care Act Section 1557 requirements regarding the qualifications of interpreters and limitations on the use of bilingual staff, family members and minors as interpreters.

H.3 MARKETING AND ACTIVITIES

AUTHOR: MISTY DE LAMARE & JOHN COTA
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA MILLER, MD

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 Engagement Representatives, Health Educators and the Family Resource Centers. The 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 for which they are eligible. 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, Pacoima and the Antelope Valley. 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 for a total of eight. Community and member awareness 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 and Community Outreach and Engagement Specialists conduct educational outreach and marketing events to extend the opportunity for consumers and members to learn more about L.A. Care programs, including Medi-Cal, Cal MediConnect, and L.A. Care Covered. Community based educational events, health fairs and open house events are prescheduled and are posted on L.A. Care's website 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.

Educational outreach is provided to Enrollment Entities & their down-stream 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 on the eligibility criteria for L.A. Care's product lines including Medi-Cal, 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 Plan Partners' Medi-Cal enrollees) that focus on (a) helping members navigate the managed Medi-Cal system to obtain care; and (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 growing families as well as the members that we serve who are seniors and people with disabilities. *Be Well* addresses the interests of young and growing families, and *Live Well* is designed to address the interests of members who are seniors and people with disabilities.

L.A. Care offers a variety of benefit and health education information on its primary website, 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.

H.4 MEMBER PARTICIPATION, COMMUNITY OUTREACH AND ENGAGEMENT

AUTHOR: AULERIA EAKINS & BETTSY SANTANA, MPH
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

L.A. Care (LAC) 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.

During the Fiscal Year 2017/2018 all Regional Community Advisory Committees (RCAC) completed community work projects focused on women's health. Women's Health was chosen to align advisory outreach efforts with L.A. Care's Community Benefits Department and other community based organizations across Los Angeles County. Eleven community based organizations were granted $5,000 each (totaling $55,000) by LAC through its regional advisory committees. These sponsorships were granted to various organizations whose primary focus was on improving women's health. Women's health was identified as a priority by the organizations Health Effectiveness Data Information Set (HEDIS) scores. RCAC members participated from the inception of the project by connecting L.A. Care to health organizations in their immediate community and by working with staff to schedule in-service presentations for each RCAC's consideration.

As result of this work project effort, 11 community clinics throughout Los Angeles County were funded.
In support of educating and empowering community members to autonomously advocate for themselves, Community Outreach and Engagement launched a new Advocacy training series titled "I Speak". The topics addressed were: technology and health, diversity and inclusion, health equity, effective advocacy social determinants of health, understanding data and effective communication.

In collaboration with L.A. Care's Government Affairs consumer members participated in a legislative day in Sacramento. A total of 22 members participated in office legislative day. Office visits focused on "Health Care for All" participants were able to meet with their designated legislative representatives and share concerns about the importance of supporting bills that address healthcare access for all Californians.

Last, 2018 Community Outreach & Engagement worked collaboratively with LAC's Health Education department by participating in a 3-part train the trainer education series. RCAC members were educated on risk factors, prevention and treatment of diabetes, heart health and cervical cancer screening. RCAC members were charged to conduct community outreach in their region by participating in identified community events. The total number of outreach contacts made were 22,435. Outreach conducted included production of preventive health pamphlets, telephonic outreach for diabetes, health fairs, mental health forums and workshops.

QI ACTIVITIES WITH THE ECAC/CAC/CCI:

The Quality Improvement team set out to work more closely with L.A. Care's community advisory groups in 2018 with the goal of increasing member feedback and input into quality improvement interventions. To that end, Quality Improvement Initiatives staff attended Coordinated Care Initiative (CCI) consumer council meetings in Palmdale, Pacoima, Inglewood and Long Beach in July and August. Staff presented an introduction to the work that the Quality Improvement team does, including examples of ongoing interventions and incentive programs.

In September, the Initiatives team presented an expanded version of this introduction to the Executive Community Advisory Committee (ECAC), which is comprised of the elected leadership of each RCAC and CCI. This presentation covered the same material in greater depth and included an interactive session where

attendees used a fishbone diagram to help develop ideas for an initiative to increase the rate of colorectal cancer screenings.

In November, Quality Improvement's Accreditation team presented information about L.A. Care's Nurse Advice Line (NAL) to the CCI meetings in Pacoima and Palmdale. The presentations covered what the NAL is, what services it provides, how to access it, the most frequent reasons for calls, and frequently asked questions about the program.

The Quality Improvement Initiatives team will continue to work more closely with these advisory committees in 2019.

H.5 ACCESS TO CARE

AUTHOR: CHRISTINE SALARY
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & KATRINA MILLER, MD

BACKGROUND

L.A. Care Health Plan monitors its provider network accessibility across all provider networks (Medi-Cal, PASC-SEIU Homecare Workers, Cal-MediConnect, L.A. Care Covered and L.A. Care Covered Direct) annually to ensure all members have adequate access to primary care, specialty care, Non-Physician Mental Health care, and ancillary services. In measurement year (MY) 2017, L.A. Care contracted with the vendor Center for the Study of Services (CSS) to conduct a Provider Appointment Availability Survey (as prescribed by the Department of Managed Health Care or DMHC) and the Provider After-Hours Access Survey. L.A. Care uses the results of these surveys to assess network compliance with provider appointment availability and after-hours access standards. L.A. Care also identifies opportunities for improvement by developing and prioritizing interventions to bring the network into compliance.

Objectives

- Measure appointment availability and after-hours accessibility of L.A. Care's Medi-Cal, PASC-SEIU, Cal-MediConnect, L.A. Care Covered, and L.A. Care Covered Direct practitioner network for members, including primary care physicians (PCPs), specialty care physicians (SCPs), and Non-Physician Mental Health Providers and ancillary providers.
- Monitor supplemental data related to access to care, including CAHPS, CG-CAHPS and member grievances.
- Identify areas for improving provider appointment availability and after-hours accessibility.
- Develop, prioritize and implement interventions, as appropriate, for identified opportunities for improvement.

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SECTION 1: PROVIDER (PCP, SCP, NON-PHYSICIAN MENTAL HEALTH AND ANCILLARY) APPOINTMENT AVAILABILITY SURVEY

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY2017 Provider Appointment Availability Survey (PAAS) as prescribed by the MY2017 DMHC PAAS Methodology. L.A. Care provided CSS with a provider database. The vendor conducted a telephonic survey using L.A. Care's approved survey tools for PCPs, SCPs, Non-Physician Mental Health providers, and Ancillary providers. L.A. Care added non-DMHC required questions related to various availability and access standards. In addition to surveying the DMHC required specialists, L.A. Care surveyed its top five high impact and volume specialists (based on encounter data from the previous calendar year) for each provider network. The vendor attempted to reach all providers in the survey database and made up to three (3) call attempts. Providers that were identified refused to participate, did not answer the phone during normal business hours, or did not respond to the survey within 48 hours were excluded from the compliance calculations. Ineligible

providers (defined by the DMHC MY2017 PAAS Methodology) were also excluded from compliance calculations. Ineligible providers were identified as erroneously participating in the network, PPG or county, deceased, retired, listed with incorrect specialty, or an incorrect phone number.
Appointment types measured in MY 2017 include the following:

- Urgent Appointments
- Non-urgent or Routine Appointments
- Preventive checkup or well child exam
- Physical exam or well woman exam
- Initial prenatal appointment
- In Office Waiting Room Time
- Process for Rescheduling Missed Appointments
- Call Back for Rescheduling Missed Appointments
- Mental Health Follow-Up Appointments (Non-Physician Mental Health Only)

RESPONSE RATES

Tables 1a through 1c, display unique provider sample sizes by name of network and provider type. The original sample size was populated with providers that were in the L.A. Care network when the provider database was created. Eligible providers were identified by the survey vendor as actively in the L.A. Care network and able to participate in the survey. Ineligible providers are defined by the DMHC PAAS methodology as deceased, listed with the incorrect specialty or phone number, not affiliated with the listed PPG or not practicing in the network. The response rate calculates the percentage of providers that responded to the survey out of all eligible providers.

Table 1a: Appointment Availability Unique Provider Response Rates

	PCP			SCP		
Network	Original Sample Size	Eligible Provider Sample Size	Response Rate	Original Sample Size	Eligible Provider Sample Size	Response Rate
Medi-Cal Aggregate	3,002	2,760	52%	2,263	1,773	36%
MCLA	2710	2,451	44%	1,829	1,473	35%
Anthem Blue Cross	2,157	1,894	47%	980	717	34%
Care 1st	1,482	1,106	32%	N/A	N/A	N/A
PASC-SEIU	344	297	31%	336	263	26%
Cal MediConnect	2,550	2,305	45%	1,622	1,272	35%
L.A. Care Covered	2,868	2,587	45%	1,583	1,245	35%
L.A. Care Covered Direct	2,368	2,136	45%	1,481	1,182	36%

NA – Not Applicable. Care 1st specialists not surveyed in MY2017, due to delayed receipt of provider data.

Table 1b: Appointment Availability Unique Provider Response Rates						
	Non Physician Mental Health			Psychiatry		
Response Rates	Original Sample Size	Eligible Provider Size	Response Rate	Original Sample Size	Eligible Provider Sample Size	Response Rate
Medi-Cal Aggregate	1,719	184	14%	171	33	27%
MCLA	1,507	165	14%	144	26	25%
Anthem Blue Cross^	N/A	N/A	N/A	N/A	N/A	N/A
Care 1st^	N/A	N/A	N/A	N/A	N/A	N/A
PASC-SEIU	1,483	160	14%	160	27	23%
Cal-MediConnect	1,468	127	12%	158	27	23%
L.A. Care Covered	1,487	160	14%	160	27	23%
L.A. Care Covered Direct	1	1	100%	19	1	6%

^Members in L.A. Care's direct networks are referred to Beacon Health Strategies. Mental health providers in the plan partner networks are not included in the MY2017 survey.

Table 1c: Appointment Availability Unique Provider Response Rates (Ancillary)									
	Physical Therapy			Mammogram			MRI		
Response Rates	Original Sample Size	Eligible Provider Size	Response Rate	Original Sample Size	Eligible Provider Size	Response Rate	Original Sample Size	Eligible Provider Size	Response Rate
Medi-Cal Aggregate	41	16	47%	30	2	20%	9	2	67%
MCLA	34	11	39%	6	1	33%	6	1	33%
Anthem Blue Cross^	6	4	80%	30	2	20%	0	0	N/A
Care 1st^	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PASC-SEIU	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cal-MediConnect	34	11	39%	9	1	33%	9	2	50%
L.A. Care Covered	29	9	38%	6	1	33%	6	1	33%
L.A. Care Covered Direct	29	9	38%	6	1	33%	6	1	33%

NA – Not Applicable. PASC ancillary providers not surveyed in MY2017.
^Ancillary providers in the Anthem and Care 1st networks were not surveyed.
*Sample sizes represent unique providers and combine all ancillary types (MRI, Mammogram and Physical Therapy)

RESULTS

The tables below display aggregate results by the Medi-Cal, PASC-SEIU, Cal-MediConnect, L.A. Care Covered, and L.A. Care Covered Direct networks. Ineligible providers were excluded from compliance calculations. Providers that did not respond to the survey (did not answer the phone call during normal business hours) or refused to participate were recorded as non-responders and excluded from compliance calculations. In MY2016, providers that did not respond or refused to participate were recorded as non-compliant for the Urgent and Non-Urgent Appointment measures. MY2016 compliance rates will be displayed following the DMHC methodology (red asterisk) and re-calculated following the MY2017 methodology, in which refusals and non-responders are excluded. Variance will compare the difference in compliance rates between MY2016 and MY2017 in each table. The high volume or high impact specialties for each network are identified with symbol, €. The compliance rates are compared to performance goals established by L.A. Care.

COMPLIANCE SUMMARIES: MEDI-CAL AGGREGATE

Table 2a: Medi Cal Aggregate Year Over Year Comparison PCP							
Appointment Type	Standard	2015	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	48 Hours	88%	91%	92%	+1%	96%	No
Routine Appointment	10 Bus. Days	95%	95%	97%	+2%	100%	No
Preventive Check-Up or Well Child Exam	10 Bus. Days	82%	86%	94%	+8%	90%	Yes
Physical Exam or Well Woman Exam	30 Cal. Days	96%	93%	92%	-1%	98%	No
Initial Prenatal Visit	10 Bus. Days	88%	69%	96%	+30%	72%	Yes
In-Office Waiting Room Time	30 Minutes	95%	85%	95%	+10%	89%	Yes
Normal Business Hours Call Back	30 Minutes	75%	62%	83%	+21%	65%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	90%	91%	99%	+8%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	86%	80%	97%	+17%	84%	Yes

Table 2a i: Medi Cal Aggregate Year Over Year Comparison PCP							
Appointment Type	Standard	2015	2016*	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	48 Hours	88%	55%	92%	+37%	98%	No
Routine Appointment	10 Bus. Days	95%	57%	97%	+40%	95%	No

**These rates include providers that did not respond or refused to participate as non-compliant.*

Table 2b: Medi-Cal Aggregate Year Over Year Comparison SCP							
Appointment Type	Standard	2015	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	73%	82%	82%	0%	86%	No
Routine Appointment	15 Bus. Days	90%	88%	86%	-2%	93%	No
Initial Prenatal Visit	10 Bus. Days	66%	85%	94%	+9%	89%	Yes
In-Office Waiting Room Time	30 Minutes	94%	83%	90%	+7%	87%	Yes
Normal Business Hours Call Back	30 Minutes	70%	61%	72%	+11%	64%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	92%	88%	97%	+9%	92%	Yes
Call-Back time to Reschedule Appointments	48 Hours	85%	72%	90%	+18%	76%	Yes

Table 2b i: Medi Cal Aggregate Year-Over Year Comparison SCP							
Appointment Type	Standard	2015	2016*	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	73%	29%	82%	+53%	86%	No
Routine Appointment	15 Bus. Days	90%	37%	86%	+49%	93%	No

**These rates include providers that did not respond or refused to participate as non-compliant.*

Table 2c: Medi Cal Aggregate Year-Over Year Comparison Cardiology€							
Appointment Type	Standard	2015	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	73%	79%	92%	+13%	86%	Yes
Routine Appointment	15 Bus. Days	90%	94%	97%	+3%	93%	Yes
In-Office Waiting Room Time	30 Minutes	94%	92%	94%	+2%	87%	Yes
Normal Business Hours Call Back	30 Minutes	70%	70%	83%	+13%	64%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	92%	96%	99%	+3%	92%	Yes
Call-Back time to Reschedule Appointments	48 Days	85%	75%	93%	+18%	76%	Yes

€Medi-Cal High Impact Specialty

Table 2d: Medi-Cal Aggregate Year Over Year Comparison Endocrinology				
Appointment Type	Standard	2017	Performance Goal	Goal Met
Urgent Appointment	96 Hours	58%	86%	No
Routine Appointment	15 Bus. Days	54%	93%	No
In-Office Waiting Room Time	30 Minutes	91%	87%	Yes
Normal Business Hours Call Back	30 Minutes	71%	64%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	95%	92%	Yes
Call-Back time to Reschedule Appointments	48 Days	72%	76%	No

Table 2e: Medi Cal Aggregate Year-Over Year Comparison Gastroenterology				
Appointment Type	Standard	2017	Performance Goal	Goal Met
Urgent Appointment	96 Hours	56%	86%	No
Routine Appointment	15 Bus. Days	57%	93%	No
In-Office Waiting Room Time	30 Minutes	79%	87%	No
Normal Business Hours Call Back	30 Minutes	58%	64%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	95%	92%	Yes
Call-Back time to Reschedule Appointments	48 Days	86%	76%	Yes

Table 2f: Medi-Cal Aggregate Year Over Year Comparison Dermatology							
Appointment Type	Standard	2015	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	73%	77%	56%	-21%	86%	No
Routine Appointment	15 Bus. Days	90%	79%	54%	-25%	93%	No
In-Office Waiting Room Time	30 Minutes	94%	84%	87%	+3%	87%	Yes
Normal Business Hours Call Back	30 Minutes	70%	74%	46%	-28%	64%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	92%	89%	82%	-7%	92%	No
Call-Back time to Reschedule Appointments	48 Days	85%	79%	65%	-14%	76%	No

Table 2g: Medi Cal Aggregate Year-Over Year Comparison OB/GYN€^						
Appointment Type	Standard	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	89%	88%	-1%	86%	Yes
Routine Appointment	15 Bus. Days	92%	96%	+4%	93%	Yes
Initial Prenatal	10 Bus. Days	85%	94%	+9%	89%	Yes
In-Office Waiting Room Time	30 Minutes	80%	87%	+7%	87%	Yes
Normal Business Hours Call Back	30 Minutes	61%	73%	+12%	64%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	88%	98%	+10%	92%	No
Call-Back time to Reschedule Appointments	48 Days	78%	93%	+15%	76%	Yes

€Medi-Cal High Volume Specialty
^specialty not surveyed in MY2015.

Table 2h: Medi Cal Aggregate Year-Over Year Comparison Oncology€^						
Appointment Type	Standard	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	89%	87%	-2%	86%	Yes
Routine Appointment	15 Bus. Days	92%	100%	+8%	93%	Yes
In-Office Waiting Room Time	30 Minutes	86%	91%	+5%	87%	Yes
Normal Business Hours Call Back	30 Minutes	64%	62%	-2%	64%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	90%	100%	+10%	92%	Yes
Call-Back time to Reschedule Appointments	48 Days	80%	96%	+4%	76%	Yes

**Medi-Cal High Impact Specialty*
^specialty not surveyed in MY2015.

Table 2i: Medi-Cal Aggregate Year Over Year Comparison Nephrology€^						
Appointment Type	Standard	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	71%	88%	+17%	86%	Yes
Routine Appointment	15 Bus. Days	89%	91%	+2%	93%	No
In-Office Waiting Room Time	30 Minutes	91%	93%	+2%	87%	Yes
Normal Business Hours Call Back	30 Minutes	66%	74%	+8%	64%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	87%	98%	+11%	92%	Yes
Call-Back time to Reschedule Appointments	Within 48 Hours	76%	94%	+18%	76%	Yes

€Medi-Cal High Volume Specialty
^specialty not surveyed in MY2015

Table 2j: Medi-Cal Aggregate Year Over Year Comparison Ophthalmology€^						
Appointment Type	Standard	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	91%	88%	-3%	86%	Yes
Routine Appointment	15 Bus. Days	83%	87%	+4%	93%	No
In-Office Waiting Room Time	30 Minutes	82%	92%	+10%	87%	Yes
Normal Business Hours Call Back	30 Minutes	57%	67%	+10%	64%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	85%	99%	+14%	92%	Yes
Call-Back time to Reschedule Appointments	48 Days	62%	89%	+27%	76%	Yes

€Medi-Cal High Volume Specialty *^specialty not surveyed in MY2015.*

Table 2k: Medi-Cal Aggregate Year Over Year Comparison Podiatry€§				
Appointment Type	**Standard**	**2017**	**Performance Goal**	**Goal Met**
Urgent Appointment	96 Hours	88%	86%	**Yes**
Routine Appointment	15 Bus. Days	95%	93%	**Yes**
In-Office Waiting Room Time	30 Minutes	93%	87%	**Yes**
Normal Business Hours Call Back	30 Minutes	86%	64%	**Yes**
Process for Rescheduling Missed or Cancelled Appointments	Yes	99%	92%	**Yes**
Call-Back time to Reschedule Appointments	48 Days	96%	76%	**Yes**

§specialty not surveyed in Medi-Cal network for MY2015 or MY2016.
€Medi-Cal High Volume Specialty

Table 2l: Medi-Cal Aggregate Year Over Year Comparison Pulmonology§				
Appointment Type	**Standard**	**2017**	**Performance Goal**	**Goal Met**
Urgent Appointment	96 Hours	90%	86%	**Yes**
Routine Appointment	15 Bus. Days	92%	93%	**No**
In-Office Waiting Room Time	30 Minutes	83%	87%	**No**
Normal Business Hours Call Back	30 Minutes	79%	64%	**Yes**
Process for Rescheduling Missed or Cancelled Appointments	Yes	100%	92%	**Yes**
Call-Back time to Reschedule Appointments	48 Days	96%	76%	**Yes**

§specialty not surveyed in Medi-Cal network for MY2015 or MY2016.

Table 2m: Medi Cal Aggregate Year Over Year Comparison Urology€§				
Appointment Type	**Standard**	**2017**	**Performance Goal**	**Goal Met**
Urgent Appointment	96 Hours	39%	86%	**No**
Routine Appointment	15 Bus. Days	57%	93%	**No**
In-Office Waiting Room Time	30 Minutes	93%	87%	**Yes**
Normal Business Hours Call Back	30 Minutes	64%	64%	**Yes**
Process for Rescheduling Missed or Cancelled Appointments	Yes	100%	92%	**Yes**
Call-Back time to Reschedule Appointments	48 Days	81%	76%	**Yes**

§specialty not surveyed in Medi-Cal network for MY2015 or MY2016.
€Medi-Cal High Volume Specialty

Table 2n: Medi Cal Aggregate Year-Over Year Comparison Psychiatry (Adult & Child)^						
Appointment Type	**Standard**	**2016**	**2017**	**Variance±**	**Performance Goal**	**Goal Met**
Urgent Appointment	96 Hours	37%	70%	+33%	86%	**No**
Routine Appointment	15 Bus. Days	59%	80%	+21%	93%	**No**
Follow up Routine	30 Calendar Days	79%	95%	+16%	83%	**Yes**
In-Office Waiting Room Time	30 Minutes	74%	89%	+15%	87%	**Yes**
Normal Business Hours Call Back	30 Minutes	47%	68%	+21%	64%	**No**
Process for Rescheduling Missed or Cancelled Appointments	Yes	79%	100%	+21%	92%	**Yes**
Call-Back time to Reschedule Appointments	48 Days	53%	94%	+41%	76%	**Yes**

^specialty not surveyed in MY2015.

Table 2o: Medi-Cal Aggregate Year Over Year Comparison Psychiatry (Adult)^						
Appointment Type	Standard	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	45%	74%	+29%	86%	No
Routine Appointment	15 Bus. Days	59%	79%	+20%	93%	No
Follow up Routine	30 Calendar Days	79%	97%	+18%	83%	Yes
In-Office Waiting Room Time	30 Minutes	74%	93%	+19%	87%	Yes
Normal Business Hours Call Back	30 Minutes	47%	71%	+24%	64%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	79%	100%	+21%	92%	Yes
Call-Back time to Reschedule Appointments	48 Days	53%	93%	+40%	76%	Yes

^specialty not surveyed in MY2015.

Table 2p: Medi Cal Aggregate Year-Over Year Comparison Psychiatry (Child)^						
Appointment Type	Standard	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	100%	50%	+50%	86%	No
Routine Appointment	15 Bus. Days	100%	86%	+14%	93%	No
Follow up Routine Visit	30 Calendar Days	100%	86%	-14%	83%	Yes
In-Office Waiting Room Time	30 Minutes	100%	71%	-29%	87%	No
Normal Business Hours Call Back	30 Minutes	67%	57%	-10%	64%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	100%	100%	0%	92%	Yes
Call-Back time to Reschedule Appointments	48 Days	0%	100%	+100%	76%	No

^specialty not surveyed in MY2015.

Table 2q: Medi Cal Aggregate Year-Over Year Comparison Non Physician Mental Health^						
Appointment Type	Standard	2016	2017	Variance±	Performance Goal	Goal Met
Urgent Appointment	96 Hours	55%	83%	+28%	86%	No
Routine Appointment	15 Bus. Days	81%	93%	+12%	93%	Yes
Follow up Routine	30 Calendar Days	87%	0%	-87%	91%	No
In-Office Waiting Room Time	30 Minutes	82%	100%	+18%	87%	Yes
Normal Business Hours Call Back	30 Minutes	30%	60%	+30%	64%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	89%	99%	+10%	92%	Yes
Call-Back time to Reschedule Appointments	48 Days	80%	98%	+18%	76%	Yes

^specialty not surveyed in MY2015.

Table 2r: Medi Cal Aggregate Year Over Year Comparison Ancillary∞ (MRI, Mammogram, Physical Therapy) ∞							
Appointment Type	Standard	2015	2016	2017	Variance±	Performance Goal	Goal Met
Routine Appointment	15 Bus. Days	N/A	N/A	100%	N/A	95%	Yes

∞Ancillary rates combine physical therapy, MRI, and mammogram facilities.

COMPLIANCE SUMMARIES: MEDI-CAL DIRECT (MCLA) & PLAN PARTNERS

The tables below display measurement year (MY) 2017 compliance rates by Medi-Cal direct (MCLA) and plan partners.

Table 3a: MCLA & Plan Partners Aggregate PCP		MCLA		BCSC		CFST	
Appointment Type	Standard	valid n	Compliance rate	valid n	compliance rate	valid n	Compliance rate
Urgent Appointment	Within 48 Hours	2,709	92%	1,685	92%	509	94%
Routine Appointment	Within 10 Business Days	2,735	97%	1,697	97%	513	97%
Preventive Check-Up or Well Child Exam	Within 10 Business Days	2,361	93%	1,513	94%	465	95%
Physical Exam or Well Woman Exam	Within 30 Calendar Days	2,325	92%	1,452	93%	410	94%
Initial Prenatal Visit	Within 10 Business Days	672	96%	458	96%	131	93%
In-Office Waiting Room Time	Within 30 Minutes	2,696	96%	1,676	95%	503	96%
Normal Business Hours Call Back	Within 30 Minutes	2,688	85%	1,675	82%	504	82%
Process for Rescheduling Missed or Cancelled Appointments	Yes	2,711	99%	1,674	99%	510	97%
Call-Back time to Reschedule Appointments	Within 48 Hours	2,690	97%	1,675	97%	508	100%

Table 3b: MCLA & Plan Partners Aggregate SCP		MCLA		BCSC		CFST	
Appointment Type	Standard	valid n	Compliance rate	valid n	Compliance rate	valid n	Compliance rate
Urgent Appointment	Within 96 Hours	1,123	82%	551	83%	N/A	N/A
Routine Appointment	Within 15 Business Days	1,132	85%	561	86%	N/A	N/A
Initial Prenatal Visit	Within 10 Calendar Days	151	94%	77	95%	N/A	N/A
In-Office Waiting Room Time	Within 30 Minutes	1,113	89%	547	91%	N/A	N/A
Normal Business Hours Call Back	Within 30 Minutes	1,092	72%	530	71%	N/A	N/A
Process for Rescheduling Missed or Cancelled Appointments	Yes	1,125	97%	551	99%	N/A	N/A
Call-Back time to Reschedule Appointments	Within 48 Hours	1,079	92%	539	87%	N/A	N/A

Qualitative Analysis: Medi-Cal Aggregate Appointment Availability

- The Medi-Cal provider network ***met*** performance goals for the following appointment standards:
  - PCP Preventive Check-Up Well Child Exam, Initial Prenatal Visit, In-Office Waiting Room Time, Normal Business Hours Call Back Time to Reschedule Appointments.

- SCP Initial Prenatal Visit, In-Office Waiting Room Time, Normal Business Hours Call Back, Process for Rescheduling Missed or Cancelled Appointments and Call Back time to Reschedule Appointments.
- Non-Physician Mental Health:
  - Non-Physician Mental Health Routine, In-Office Wait Time, and Process for rescheduling or cancelling missed appointments.
  - Psychiatry Follow-Up Routine Appointment, In-Office Waiting Room Time, Process for Rescheduling Missed or Cancelled Appointments and Call Back time to Reschedule Appointments.
- Ancillary Follow-Up Routine appointments

- The Medi-Cal provider network ***did not*** meet performance goals for the following appointment standards:
  - PCP urgent, routine, physical exam, and process for rescheduling or cancelling missed appointments.
  - SCP urgent and routine appointments.
  - Non-Physician Mental Health:
    - Non-Physician Mental Health Normal Business Hours call Back, Urgent and Follow-Up Routine appointments.
    - Psychiatry Normal Business Hours Call Back, urgent and routine appointments.

Quantitative Analysis: Medi-Cal Aggregate Appointment Availability

Overall, there was improvement in compliance performance from MY2016 to MY2017. In Medi-Cal, the PCP compliance rate for urgent appointments increased by 37% and PCP compliance rate for routine appointments increased by 40%. The SCP urgent appointment compliance rate increased by 53% and SCP routine appointment compliance rate increased by 49%. Psychiatrists, Non-physician mental health providers, and Nephrologists were the specialties that displayed the largest increase in compliance rates with urgent and routine appointments in the Medi-Cal network. Dermatology urgent appointment compliance decreased by 21% and routine compliance decreased by 25%.

COMPLIANCE SUMMARIES: MEDI-CAL AGGREGATE BY PPG

The tables below display appointment availability compliance rates by PPG. Compliance rates are broken out by PCPs and SCPs for each appointment standard.

Table 4a: Medi Cal Results by PPG	PCP	
PPG Name	Urgent Appointment within 48 hrs (Goal: 96%)	Routine Appointment within 10 Bus. Days (Goal: 100%)
Access IPA	90%	91%
Accountable Health Care IPA	93%	96%
Advantage Health Network IPA	0%	100%
All Care Medical Group	75%	100%
Alpha Care Medical Group	80%	80%
Angeles IPA	93%	97%
Apollo Healthcare Inc	100%	100%
Applecare Medical Group	92%	96%
Altamed Health Services	88%	89%
Allied Pacific IPA	93%	97%
Associated Hispanic Physicians of Southern California	89%	100%
Axminster Medical Group	100%	100%
Bella Vista IPA	89%	96%

Table 4a: Medi Cal Results by PPG	PCP	
PPG Name	Urgent Appointment within 48 hrs (Goal: 96%)	Routine Appointment within 10 Bus. Days (Goal: 100%)
Cal Care IPA	93%	100%
Children's Hospital Medical Group	N/A	N/A
Community Family Care	92%	92%
County of LA Dept of Health Services	95%	93%
Crown City Medical Group	100%	100%
Citrus Valley Physicians Group	94%	100%
Eastland Medical Group	92%	97%
Exceptional Care Medical Group	95%	99%
El Proyecto Del Barrio	100%	100%
Family Care Specialists Medical Group	100%	100%
Global Care IPA	89%	97%
Health Care LA IPA	93%	100%
High Dessert	83%	92%
Healthcare Partners Medical Group	92%	98%
Healthy New Life Med Corp	100%	100%
Imperial Health Holdings Medical Group	87%	91%
Karing Physicians Medical Group	100%	100%
LA Care Direct	N/A	N/A
La Salle Medical Associates	100%	100%
Lakeside Medical Group	90%	99%
Los Angeles Medical Center IPA	97%	97%
Mission Community IPA	100%	90%
Noble Community Medical Associates	93%	100%
Northeast Community Clinic	100%	100%
Omnicare Medical Group	95%	98%
Preferred IPA of California	95%	97%
Pioneer Provider Network	85%	92%
Prospect Medical Group	93%	98%
Pomona Valley Medical Group	92%	96%
Premier Physician Network	86%	86%
Regal Medical Group	89%	98%
Regent Medical Group	100%	100%
San Judas Medical Group	100%	100%
San Miguel IPA	100%	100%
Seaside Health Plan	90%	97%
Seoul Medical Group	100%	100%
Serra Community Medical Clinic	100%	67%
Sierra Medical Group	100%	100%
South Atlantic Medical Group	98%	94%
So Ca Children Healthcare Network	100%	100%
Soma Medical Group	N/A	N/A
Southland Advantage Medical Group	100%	100%
Southland San Gabriel Valley Medical Group	75%	100%
Superior Choice Medical Group	98%	100%
Seaside Health Plan	90%	97%
Sierra Medical Group	100%	100%
Seoul Medical Group	100%	100%
St. Vincent IPA	88%	93%
Talbert Medical Group	N/A	N/A
Universal Care Medical Group	100%	100%

Table 4a: Medi Cal Results by PPG	PCP	
PPG Name	Urgent Appointment within 48 hrs (Goal: 96%)	Routine Appointment within 10 Bus. Days (Goal: 100%)
Watts Healthcare Corp	33%	100%

Table 4b: Medi Cal Results by PPG	SCP	
PPG Name	Urgent Appointment within 96 hrs (86%)	Routine Appointment 15 Bus. Days (93%)
Access IPA	83%	83%
Accountable Health Care IPA	92%	92%
Advantage Health Network IPA	N/A	N/A
All Care Medical Group	N/A	N/A
Alpha Care Medical Group	50%	43%
Angeles IPA	87%	84%
Apollo Healthcare Inc	N/A	N/A
Applecare Medical Group	88%	90%
Altamed Health Services	77%	77%
Allied Pacific IPA	77%	86%
Associated Hispanic Physicians of Southern California	92%	93%
Axminster Medical Group	100%	100%
Beacon Health Strategies	0%	100%
Bella Vista IPA	84%	84%
Cal Care IPA	100%	100%
Children's Hospital Medical Group	67%	67%
Community Family Care	95%	86%
County of LA Dept of Health Services	90%	90%
Crown City Medical Group	100%	100%
Citrus Valley Physicians Group	87%	90%
Eastland Medical Group	100%	100%
Exceptional Care Medical Group	67%	81%
El Proyecto Del Barrio	89%	94%
Family Care Specialists Medical Group	82%	83%
Global Care IPA	83%	88%
Health Care LA IPA	84%	88%
Healthcare Partners Medical Group	82%	82%
Healthy New Life Med Corp	N/A	N/A
High Dessert	82%	100%
Imperial Health Holdings Medical Group	74%	84%
Karing Physicians Medical Group	N/A	NA
LA Care Direct	88%	88%
La Salle Medical Associates	75%	75%
Lakeside Medical Group	84%	92%
Los Angeles Medical Center IPA	76%	76%
Mission Community IPA	N/A	N/A
Noble Community Medical Associates	82%	100%
Northeast Community Clinic	83%	50%
Omnicare Medical Group	68%	82%
Preferred IPA of California	85%	81%
Pioneer Provider Network	100%	100%
Prospect Medical Group	84%	86%

Table 4b: Medi Cal Results by PPG	SCP	
PPG Name	Urgent Appointment within 96 hrs (86%)	Routine Appointment 15 Bus. Days (93%)
Premier Physician Network	82%	88%
Pomona Valley Medical Group	67%	92%
Regal Medical Group	83%	89%
Regent Medical Group	N/A	N/A
San Judas Medical Group	100%	100%
San Miguel IPA	N/A	N/A
Seaside Health Plan	100%	100%
Serra Community Medical Clinic	NA	N/A
Sierra Medical Group	86%	100%
South Atlantic Medical Group	67%	67%
So Ca Children Healthcare Network	100%	100%
Soma Medical Group	N/A	N/A
Southland Advantage Medical Group	N/A	N/A
Southland Advantage Medical Group	N/A	N/A
Southland San Gabriel Valley Medical Group	N/A	N/A
Superior Choice Medical Group	79%	86%
Seoul Medical Group	88%	88%
St. Vincent IPA	77%	82%
Talbert Medical Group	N/A	N/A
Universal Care Medical Group	100%	100%
Watts Healthcare Corp	N/A	N/A

NA = No eligible responses

Quantitative Analysis: Medi-Cal Aggregate Appointment Availability Compliance by PPG

PCPs

- 24 of 64 (38%) of PPGs with reportable results ***met*** performance goals for Urgent Care appointments within 48 hours.
- 28 of 64 (44%) PPGs with reportable results ***met*** performance goals for Routine appointments within 10 business days.

SCPs

- 20 of 48 (42%) of PPGs with reportable results ***met*** performance goals for Urgent Care appointments within 96 hours.
- 15 of 48 (31%) of PPGs with reportable results ***met*** performance goals for Routine Appointments within 15 business days.

In MY2016, 39.5% (30 of 76 reportable provider groups) met performance goals for PCP urgent appointments. Performance for PCP urgent appointments improved by 1% from MY2016 to MY2017. 71.0% (54 of 76 reportable provider groups) met performance goals for PCP routine appointments. Performance for PCP routine appointments increased by 24%. In MY2016, 47.1% (57 of 121 reportable provider groups) met performance goals for SCP urgent appointments. Performance for SCP urgent appointments remained the same from MY2016 to MY2017. In MY2016, 26.0% (32 of 123 provider groups) met performance goals for SCP routine appointments. Performance for SCP routine appointments decreased by 2%. Dermatology is the specialty that displayed the largest decline in urgent and routine compliance rates.

COMPLIANCE SUMMARIES: CAL MEDICONNECT AGGREGATE

Table 5a: Cal MediConnect Aggregate Year-Over Year Comparison PCP							
Appointment Type	**Standard**	**2015**	**2016**	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	48 Hours	85%	90%	92%	+2%	94%	**No**
Non-urgent Appointment	10 Bus. Days	94%	92%	97%	+5%	96%	**Yes**
Preventive Check-Up or Well Child Exam	10 Bus. Days	82%	84%	92%	+8%	88%	**Yes**
Physical Exam or Well Woman Exam	30 Cal. Days	96%	93%	98%	+5%	98%	**Yes**
Initial Prenatal Visit	10 Bus. Days	88%	71%	96%	+25%	75%	**Yes**
In-Office Waiting Room Time	30 Minutes	94%	86%	96%	+10%	90%	**Yes**
Normal Business Hours Call Back	30 Minutes	74%	64%	84%	+20%	67%	**Yes**
Process for Rescheduling Missed or Cancelled Appointments	Yes	88%	91%	96%	+5%	96%	**Yes**
Call-Back time to Reschedule Appointments	48 Hours	86%	81%	99%	+18%	85%	**Yes**

Table 5a i: Cal MediConnect Aggregate Year-Over Year Comparison PCP							
Appointment Type	**Standard**	**2015**	**2016***	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	48 Hours	85%	55%	92%	+37%	94%	**No**
Non-urgent Appointment	10 Bus. Days	94%	57%	97%	+40%	96%	**Yes**

**These rates include providers that did not respond or refused to participate as non-compliant.*

Table 5b: Cal MediConnect Aggregate Year-Over Year Comparison SCP*							
Appointment Type	**Standard**	**2015**	**2016**	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	96 Hours	74%	85%	84%	-1%	89%	**No**
Non-urgent Appointment	15 Bus. Days	88%	89%	87%	-2%	94%	**No**
Initial Prenatal Visit	10 Bus. Days	78%	91%	95%	+4%	96%	**No**
In-Office Waiting Room Time	30 Minutes	91%	89%	90%	+19%	93%	**No**
Normal Business Hours Call Back	30 Minutes	71%	64%	74%	+10%	67%	**Yes**
Process for Rescheduling Missed or Cancelled Appointments	Yes	85%	90%	92%	+2%	95%	**No**
Call-Back time to Reschedule Appointments	48 Days	84%	74%	97%	+23%	78%	**Yes**

**Due to data challenges in MY2015, survey results not available by specific specialty type.*

Table 5b i: Cal MediConnect Aggregate Year-Over Year Comparison SCP							
Appointment Type	**Standard**	**2015**	**2016***	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	96 Hours	74%	16%	84%	+72%	89%	**No**
Non-urgent Appointment	15 Bus. Days	88%	25%	87%	+62%	94%	**No**

**These rates include providers that did not respond or refused to participate as non-compliant.*

Qualitative Analysis: Cal MediConnect Appointment Availability

- The Cal-MediConnect provider network ***met*** performance goals for the following appointment standards:
  - PCP Routine appointments, Initial Prenatal Visits, In-office Wait time, Normal Business hours Call Back, Process for Rescheduling Missed appointments and Call-Back Time to Reschedule appointments.
  - SCP Normal Business Hours Call Back and Call Back Time to Reschedule Appointments.

- The Cal-MediConnect provider network did not meet performance goals for the following appointment standards:
    - PCP urgent appointments
    - SCP urgent appointments, routine appointments, Initial Prenatal Visits, In-Office Waiting Room Time and Process for Rescheduling Missed or Cancelled appointments.

Quantitative Analysis: Cal MediConnect Appointment Availability

The Cal-MediConnect provider network increased compliance in the PCP urgent and routine appointments, by 2% and 5%, respectively. The network decreased compliance in the SCP urgent and routine appointments by 1% and 2%, respectively. Psychiatry, Non-physician mental health providers, and Nephrologists are the specialties that displayed the largest increase in compliance rates with urgent and routine appointment availability. Ophthalmology is the specialty with the largest decline in urgent appointment compliance rates and Podiatry with the largest decline in routine appointment compliance rates. Ophthalmology decreased by 7% in urgent appointment availability compliance and Podiatry decreased by 2% in routine appointment availability compliance.

COMPLIANCE SUMMARIES: PASC-SEIU AGGREGATE

Table 6a: PASC-SEIU Aggregate Year Over Year Comparison PCP

Appointment Type	Standard	2016	2017	Variance	Performance Goal	Goal Met
Urgent Appointment	48 Hours	93%	96%	+3%	98%	No
Non-urgent Appointment	10 Bus. Days	94%	96%	+2%	99%	No
Preventive Check-Up or Well Child Exam	10 Bus. Days	92%	97%	+5%	97%	Yes
Physical Exam or Well Woman Exam	30 Cal. Days	94%	100%	+6%	99%	Yes
Initial Prenatal Visit	10 Bus. Days	72%	100%	+28%	76%	Yes
In-Office Waiting Room Time	30 Minutes	77%	99%	+22%	81%	Yes
Normal Business Hours Call Back	30 Minutes	64%	87%	+23%	67%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	93%	99%	+6%	91%	Yes
Call-Back time to Reschedule Appointments	48 Hours	87%	99%	+12%	98%	Yes

Table 6a i: PASC-SEIU Aggregate Year Over Year Comparison PCP

Appointment Type	Standard	2016*	2017	Variance	Performance Goal	Goal Met
Urgent Appointment	48 Hours	36%	96%	+60%	98%	No
Non-urgent Appointment	10 Bus. Days	36%	96%	+60%	99%	No

**These rates include providers that did not respond or refused to participate as non-compliant.*

Table 6b: PASC-SEIU Aggregate Year Over Year Comparison SCP						
Appointment Type	**Standard**	**2016**	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	48 Hours	60%	90%	+30%	63%	**Yes**
Non-urgent Appointment	10 Bus. Days	91%	91%	0%	96%	**No**
Initial Prenatal Visit	10 Bus. Days	75%	93%	+18%	79%	**Yes**
In-Office Waiting Room Time	30 Minutes	80%	100%	+20%	84%	**Yes**
Normal Business Hours Call Back	30 Minutes	61%	90%	+29%	64%	**Yes**
Process for Rescheduling Missed or Cancelled Appointments	Yes	75%	99%	+24%	89%	**Yes**
Call-Back time to Reschedule Appointments	48 Hours	85%	99%	+14%	80%	**Yes**

Table 6b i: PASC-SEIU Aggregate Year Over Year Comparison SCP						
Appointment Type	**Standard**	**2016***	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	48 Hours	7%	90%	+83%	63%	**Yes**
Non-urgent Appointment	10 Bus. Days	11%	91%	+80%	96%	**No**

**These rates include providers that did not respond or refused to participate as non-compliant.*

Qualitative Analysis: PASC-SEIU Appointment Availability

- The PASC-SEIU provider network ***met*** performance goals for the following appointment standards:
  - PCP Preventive Check-up or Well Child Exam, Physical Exam, Initial Prenatal Visit, In-Office Waiting
  - SCP Urgent appointment, Initial Prenatal Visit, In-Office Waiting Room Time, Normal Business Hours Call Back, Process for Rescheduling Missed or Cancelled Appointments and Call-Back time to Reschedule Appointments.
- The PASC-SEIU provider network ***did not*** meet performance goals for the following appointment standards:
  - PCP urgent and routine appointments.
  - SCP non-urgent appointments.

Quantitative Analysis: PASC-SEIU Appointment Availability

Overall, there was performance improvement in all PCP and SCP appointment type measures from MY2016 to MY2017. Cardiology, Psychiatry, and Non-physician mental health providers displayed the largest increase in compliance rates with urgent and non-urgent appointment availability. All specialties in the PASC network improved urgent appointment availability compliance rates and maintained the same compliance rates for routine appointment availability.

COMPLIANCE SUMMARIES: L.A. CARE COVERED AGGREGATE

Table 7a: L.A. Care Covered Aggregate Year-Over Year Comparison PCP							
Appointment Type	**Standard**	**2015**	**2016**	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	48 Hours	85.3%	91%	92%	+1%	95%	**No**
Non-urgent Appointment	10 Bus. Days	94.6%	93%	97%	+4%	97%	**Yes**
Preventive Check-Up or Well Child Exam	10 Bus. Days	80%	86%	93%	+7%	90%	**Yes**
Physical Exam or Well Woman Exam	30 Cal. Days	96%	93%	92%	-1%	98%	**Yes**
Initial Prenatal Visit	10 Bus. Days	88%	68%	96%	+28%	71%	**Yes**
In-Office Waiting Room Time	30 Minutes	94%	86%	96%	+10%	90%	**Yes**
Normal Business Hours Call Back	30 Minutes	72%	62%	84%	+42%	65%	**Yes**
Process for Rescheduling Missed or Cancelled Appointments	Yes	90%	91%	96%	+5%	85%	**Yes**
Call-Back time to Reschedule Appointments	48 Hours	86%	81%	99%	+18%	96%	**Yes**

Table 7a i: L.A. Care Covered Aggregate Year Over Year Comparison PCP							
Appointment Type	**Standard**	**2015**	**2016***	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	48 Hours	85.3%	56%	92%	+36%	95%	**No**
Non-urgent Appointment	10 Bus. Days	94.6%	57%	97%	+40%	97%	**Yes**

**These rates include providers that did not respond or refused to participate as non-compliant*

Table 7b: L.A. Care Covered Aggregate Year Over Year Comparison SCP							
Appointment Type	**Standard**	**2015**	**2016**	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	96 Hours	75%	83%	82%	-1%	87%	**No**
Non-urgent Appointment	15 Bus. Days	89%	87%	85%	-2%	92%	**Yes**
Initial Prenatal Visit	10 Bus. Days	50%	93%	96%	+3%	98%	**No**
In-Office Waiting Room Time	30 Minutes	92%	88%	89%	+1%	92%	**Yes**
Normal Business Hours Call Back	30 Minutes	70%	64%	72%	+8%	67%	**Yes**
Process for Rescheduling Missed or Cancelled Appointments	Yes	89%	93%	91%	-2%	78%	**Yes**
Call-Back time to Reschedule Appointments	48 Days	93%	74%	97%	+23%	98%	**Yes**

Table 7b i: L.A. Care Covered Aggregate Year-Over Year Comparison SCP							
Appointment Type	**Standard**	**2015**	**2016***	**2017**	**Variance**	**Performance Goal**	**Goal Met**
Urgent Appointment	96 Hours	75%	56%	82%	+26%	87%	**No**
Non-urgent Appointment	15 Bus. Days	89%	57%	85%	-28%	92%	**Yes**

**These rates include providers that did not respond or refused to participate as non-compliant*

Qualitative Analysis: L.A. Care Covered Appointment Availability

- The L.A. Care Covered ***met*** performance goals for the following appointment standards:
  - PCP Non-urgent appointments, Routine appointments, Initial Prenatal Visits, In-office Wait time, Normal Business hours Call Back, Process for Rescheduling Missed appointments, Call-Back Time to Reschedule appointments.
  - SCP Non-urgent appointments, In-Office Wait Time, Normal Business Hours Call Back, Process for Rescheduling Missed appointments, Call-back Time to reschedule appointments.
- The L.A. Care Covered ***did not*** meet performance goals for the following appointment standards:
  - PCP Urgent appointments.

- SCP Urgent appointments and Initial Prenatal Visits.

Quantitative Analysis: L.A. Care Covered Appointment Availability

There was performance improvement most of the PCP and SCP appointment type measures from MY2016 to MY2017. The PCP physical appointment decreased 1%. SCP urgent appointment, Initial Prenatal visit, and Process for Rescheduling Missed or Cancelled appointments decreased by 1%, 2%, and 2%, respectively. Non-physician mental health providers, psychiatry, and Gastroenterologists displayed the largest increase in compliance rates with urgent and non-urgent appointment availability compliance rates. Allergists displayed the largest decline in urgent appointment availability and Dermatologists displayed the largest decline in routine appointment availability. Allergists declined in urgent appointment compliance by 40% and Dermatologists declined in routine appointment compliance by 34%.

COMPLIANCE SUMMARIES: L.A. CARE COVERED DIRECT AGGREGATE

Table 8a. L.A. Care Covered Direct Aggregate Year Over Year Comparison PCP

Appointment Type	Standard	2017	Performance Goal	Goal Met
Urgent Appointment	48 Hours	92%	95%	No
Non-urgent Appointment	10 Bus. Days	97%	97%	Yes
Preventive Check-Up or Well Child Exam	10 Bus. Days	93%	90%	Yes
Physical Exam or Well Woman Exam	30 Cal. Days	92%	98%	Yes
Initial Prenatal Visit	10 Bus. Days	96%	71%	Yes
In-Office Waiting Room Time	30 Minutes	96%	90%	Yes
Normal Business Hours Call Back	30 Minutes	84%	65%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	97%	85%	Yes
Call-Back time to Reschedule Appointments	48 Hours	99%	96%	Yes

Table 8b. L.A. Care Covered Direct Aggregate Year Over-Year Comparison SCP

Appointment Type	Standard	2017	Performance Goal	Goal Met
Urgent Appointment	96 Hours	82%	87%	No
Non-urgent Appointment	15 Bus. Days	85%	92%	No
Initial Prenatal Visit	10 Bus. Days	96%	98%	No
In-Office Waiting Room Time	30 Minutes	89%	92%	No
Normal Business Hours Call Back	30 Minutes	71%	67%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	91%	78%	Yes
Call-Back time to Reschedule Appointments	48 Days	96%	98%	No

Qualitative Analysis: L.A. Care Covered Direct Appointment Availability

- The L.A. Care Covered ***met*** performance goals for the following appointment standards:
  - PCP Non-urgent appointments, Routine appointments, Initial Prenatal Visits, In-office Wait time, Normal Business hours Call Back, Process for Rescheduling Missed appointments, Call-Back Time to Reschedule appointments.
  - SCP Normal Business Hours Call Back and Process for Rescheduling Missed appointments,
- The L.A. Care Covered ***did not*** meet performance goals for the following appointment standards:
  - PCP Urgent appointments.
  - SCP Urgent appointments, Routine appointments, Initial Prenatal Visit, In-Office Waiting Room Time and Call Back time to Reschedule Appointments.

Quantitative Analysis: L.A. Care Covered Direct Appointment Availability

The L.A. Care Covered Direct network was surveyed as a separate network for the first time in MY2017. Cardiologists, Obstetrics and Gynecologists, and Oncologists displayed the highest compliance rates for urgent appointments. Non-physician mental health providers had the highest compliance rates for routine appointments. Psychiatrists and Non-physician mental health providers had the lowest compliance rates for urgent appointment at 0% and Psychiatry had the lowest compliance rate for routine appointment at 0%.

Analysis of Provider Group Performance from MY2016 Corrective Action Plan

In the MY2016 PAAS Methodology, providers who did not respond to the survey or refused to participate were marked as non-compliant. The inclusion of non-responders negatively impacted network compliance with appointment availability. For MY2017, DMHC revised the methodology to only evaluate the providers that responded to the survey. Performance in most of the PCP and SCP appointment measures improved.

In MY2016, Cardiologists in the L.A. Care's direct networks were issued requests for corrective action plans for consecutive non-compliance with the Urgent Appointment within 96 hours standard. Table 9 trends the performance of groups in the urgent appointment measure (within 96 hours) from MY2016 to MY2017. Overall, these groups display improvement with urgent appointment compliance. 27 of the 31 groups issued CAPs had reportable rates in MY2017. 58% (15/26) of groups had 100% of their cardiologists compliant with urgent appointment availability. 46% (12/26) of groups had compliance rates greater than 87%. Overall, cardiologists in the direct networks improved urgent appointment compliance by 13%, from 79% in MY2016 to 92% in MY2017. Cedars Sinai Medical Group had the lowest response rate which decreased 17% from 25% in MY2016 to 8% in MY2017. 21 out of 26 provider groups with reportable goals met the goal for urgent appointment.

Compliance rates were significantly impacted by the exclusion of non-responding providers (including those providers that refused to participate). The provider response rates remained relatively the same from MY2016 to MY2017. Table 10 trends the response rates by provider type and network from MY2016 to MY2017. The response rates are based on unique or de-duplicated provider responses within each network. The Medi-Cal Aggregate includes physicians in the MCLA, Anthem, and Care 1st networks. In the compliance rate calculations, provider responses are counted for each contracted network and provider group. For the purpose of identifying unique provider responses, the Medi-Cal Aggregate de-duplicates the multiple responses. The Medi-Cal Aggregate provider response rate will therefore, be slightly different than the individual rates for MCLA, Anthem, and Care 1st.

Table 9. Cardiologist Trend of Urgent Appointment Standard Compliance

PPG	2016	2016 N	2017	2017 N	Variance	Performance Goal	Goal Met
ALLIED PACIFIC IPA	74%	34	88%	41	+14%	87%	Yes
ALTAMED HEALTH SERVICES	71%	15	100%	27	+29%	87%	Yes
ANGELES IPA	40%	5	100%	10	+60%	87%	Yes
APPLECARE MEDICAL GROUP, INC.	73%	11	89%	18	+16%	87%	Yes
AXMINSTER MEDICAL GROUP	100%	1	100%	1	0%	87%	Yes
BELLA VISTA IPA	79%	126	100%	10	+11%	87%	Yes

Table 9. Cardiologist Trend of Urgent Appointment Standard Compliance							
PPG	2016	2016 N	2017	2017 N	Variance	Performance Goal	Goal Met
CEDARS MEDICAL GROUP	100%	2	N/A	N/A	N/A	87%	N/A
CITRUS VALLEY PHYSICIANS GROUP	91%	11	100%	1	+9%	87%	Yes
COMMUNITY FAMILY CARE	N/A	1	100%	7	N/A	87%	Yes
COUNTY OF L.A. DEPT. OF HEALTH SERVICES	100%	2	100%	5	0%	87%	Yes
CROWN CITY MEDICAL GROUP	0%	3	100%	5	+100%	87%	Yes
EL PROYECTO DEL BARRIO INC	100%	5	80%	5	-20%	87%	No
EMPLOYEE HEALTH SYSTEMS	75%	4	86%	6	+11%	87%	No
EXCEPTIONAL CARE MEDICAL GROUP	50%	10	75%	8	+25%	87%	No
FAMILY CARE SPECIALISTS MEDICAL GROUP	N/A	N/A	100%	3	N/A	87%	Yes
GLOBAL CARE IPA	75%	4	90%	21	+15%	87%	Yes
HEALTH CARE LA, IPA	88%	11	91%	23	+3%	87%	Yes
HIGH DESSERT	100%	2	100%	3	0%	87%	Yes
LAKESIDE MEDICAL GROUP	91%	13	84%	19	+7%	87%	No
OMNICARE MEDICAL GROUP	75%	4	100%	3	+25%	87%	Yes
POMONA VALLEY MEDICAL GROUP	100%	2	N/A	N/A	N/A	87%	N/A
PREFERRED IPA OF CALIFORNIA	44%	11	100%	16	+56%	87%	Yes
PROSPECT MEDICAL GROUP	100%	3	90%	21	+10%	87%	Yes
REGAL MEDICAL GROUP	81%	18	87%	23	+6%	87%	Yes
SEASIDE HEALTH PLAN	0%	3	N/A	N/A	N/A	87%	N/A
SEOUL MEDICAL GROUP	100%	1	86%	7	+52%	87%	No
SIERRA MEDICAL GROUP	50%	2	N/A	N/A	N/A	87%	N/A
SOUTH ATLANTIC MEDICAL GROUP	N/A	N/A	100%	1	N/A	87%	Yes
SUPERIOR CHOICE MEDICAL GROUP	100%	1	100%	5	0%	87%	Yes
TALBERT MEDICAL GROUP	N/A	N/A	N/A	N/A	N/A	87%	N/A
UNIVERSAL CARE MEDICAL GROUP	0%		N/A		N/A	87%	N/A

Table 9. Cardiologist Trend of Urgent Appointment Standard Compliance							
PPG	2016	2016 N	2017	2017 N	Variance	Performance Goal	Goal Met
		1		NA			
BEACON HEALTH STRATEGIES (New)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LA CARE DIRECT (New)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PIONEER PROVIDER NETWORK	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ST VINCENT IPA	N/A	N/A	100%	100%	N/A	N/A	Yes

Table 10a: Appointment Availability Response Rates by Network				
	PCP		SCP	
Network	2016 Response Rate	2017 Response Rate	2016 Response Rate	2017 Response Rate
Medi-Cal Aggregate	52%	52%	35%	36%
MCLA	55%	44%	41%	35%
Anthem Blue Cross	55%	47%	36%	34%
Care 1st	57%	32%	43%	N/A
PASC-SEIU	40%	31%	29%	26%
Cal-MediConnect	55%	45%	35%	35%
L.A. Care Covered	56%	45%	34%	35%
L.A. Care Covered Direct	N/A	45%	N/A	36%

Table 10a trends the response rates by provider type from MY2016 to MY2017. Table 10b displays the response rates by PCP and SCP for provider groups in L.A. Care's direct networks. The groups with the highest MY2017 PCP response rates are Omnicare Medical Group (62%, n=71), South Atlantic Medical Group (62%, n=79), and Bella Vista IPA (52%, n=113). The groups with the highest MY2017 SCP response rates are Pioneer Provider Network (100%, n=35), St. Vincent IPA (46%, n=147), and South Atlantic Medical Group (43%, n=28). The groups with the lowest MY2017 PCP response rates are L.A. Care Direct (0%, n=11), Axminster Medical Group (22%, n=9), and Cedars-Sinai (24%, n=33). The groups with the lowest MY2017 SCP response rates are Cedars-Sinai (8%, n=26), Axminster Medical Group (17%, n=12) and Healthcare Partners (17%, n=64).

Table 10b: Appointment Availability Response Rate by PPG in L.A. Care's Network						
PPG Name	**2016 PCP**	**2017 PCP**	**PCP Variance**	**2016 SCP**	**2017 SCP**	**SCP Variance**
ALLIED PACIFIC IPA	68%	42%	-26%	50%	30%	-20%
ALTAMED HEALTH SERVICES	50%	30%	-20%	44%	29%	-15%
ANGELES IPA	68%	47%	-21%	46%	41%	-5%
APPLECARE MEDICAL GROUP	68%	49%	-19%	50%	38%	-12%
AXMINSTER MEDICAL GROUP	14%	22%	8%	27%	17%	-10%
BEACON HEALTH STRATEGIES	N/A	N/A	N/A	17%	34%	17%
BELLA VISTA IPA	61%	52%	-9%	40%	37%	-3%
CEDARS SINAI MEDICAL GROUP	45%	24%	-21%	35%	8%	-27%
CITRUS VALLEY PHYSICIANS GROUP	66%	41%	-25%	40%	35%	-5%
COMMUNITY FAMILY CARE	64%	37%	-27%	43%	40%	-3%
COUNTY OF LA DEPT OF HEALTH SERVICES	36%	27%	-9%	30%	21%	-9%
CROWN CITY MEDICAL GROUP	73%	50%	-23%	53%	28%	-25%
EL PROYECTO DEL BARRIO INC	56%	40%	-16%	43%	23%	-20%
EXCEPTIONAL CARE MEDICAL GROUP	73%	50%	-23%	46%	28%	-18%
FAMILY CARE SPECIALISTS	58%	36%	-22%	25%	39%	14%
GLOBAL CARE IPA	55%	39%	-16%	38%	31%	-7%
HEALTH CARE LA IPA	37%	30%	-7%	44%	29%	-15%
HEATHCARE PARTNERS MEDICAL GROUP	57%	41%	-16%	27%	17%	-10%
HIGH DESERT	59%	50%	-9%	38%	34%	-4%
LA CARE DIRECT	38%	0%	-38%	N/A	35%	N/A
LAKESIDE MEDICAL GROUP	65%	40%	-25%	46%	32%	-14%
OMNICARE MEDICAL GROUP	82%	62%	-20%	43%	30%	-13%
PIONEER PROVIDER NEWTORK	65%	37%	-28%	N/A	100%	N/A
POMONA VALLEY MEDICAL GROUP	64%	38%	-26%	59%	27%	-32%
PREFERRED IPA	68%	46%	-22%	59%	38%	-21%
PROSPECT MEDICAL GROUP	60%	50%	-10%	40%	33%	-7%
REGAL MEDICAL GROUP	64%	44%	-20%	46%	32%	-14%
SOUTH ATLANTIC MEDICAL GROUP	71%	62%	-9%	50%	43%	-7%
ST VINCENT IPA	63%	46%	-17%	57%	46%	-11%
TALBERT MEDICAL GROUP	61%	N/A	N/A	N/A	37%	N/A
UNIVERSAL CARE MEDICAL GROUP	40%	27%	-13%	N/A	27%	N/A

SECTION 2: CAHPS & CG-CAHPS SURVEY RESULTS FOR ACCESS TO CARE[22]

In order to further validate and understand the Member experience in relation to appointment availability, L.A. Care conducted an assessment comparing the 2017 Access to Care Survey results with specific CAHPS (member satisfaction) survey questions addressing PCP urgent, PCP routine and SCP routine appointments, as outlined in Tables 11a and 11b below. These tables trend member satisfaction with getting care timely from measurement years (MY) 2015 through 2017.

Table 11a: CAHPS Medi Cal

CAHPs (% of Answers Usually or Always)	MEDI CAL CHILD CAHPS*					MEDI CAL ADULT CAHPS*				
	2015	2016	2017	Performance Goal	Goal Met	2015	2016	2017	Performance Goal	Goal Met
PCP Routine Appointment	79.7%	79.5%	81.2%	81%	**No**	73.0%	71.4%	76.5%	80%	**No**
PCP Urgent Care	82.5%	82.1%	85.4%	86%	**No**	75.0%	80.0%	71.2%	80%	**No**
Specialist Routine Appointment	N/A	N/A	N/A	85%	N/A	71.0%	72.3%	N/A	80%	**No**

N/A – Indicates that the sample size was not large enough to score
**Source: 2015 and 2016 QI Work Plan Q4, 2017 Adult CAHPS DSS Report and 2017 Child CAHPS DSS Report*

Quantitative Analysis: Medi-Cal CAHPS:

Table 11a displays CAHPS scores for getting timely care in the Medi-Cal provider network. Member satisfaction with getting timely Child PCP routine appointments decreased by 0.46% in MY2017 from MY2016. Child PCP urgent appointments increased by 2.3%. In MY2017, L.A. Care was unable to obtain a reliable sample size that measured satisfaction with getting timely specialist routine appointments for children. Satisfaction with Adult PCP routine appointments increased by 5.4% in MY2017 from MY2016. Adult PCP urgent appointments decreased by 8% and Adult SCP routine appointments increased by 4.7% in MY2017 from MY2016.

Table 11b: CAHPS Cal MediConnect & L.A. Care Covered

CAHPs (% of Answers Usually or Always	CMC CAHPS*					LACC (MARKETPLACE)*				
	2015	2016	2017	Performance Goal	Goal Met	2015	2016	2017	Performance Goal	Goal Met
PCP Routine Appointment	72.3%	N/A	N/A	82%	N/A	56.2%	67.9%	67.5%	80%	No
PCP Urgent Care	70.9%	N/A	N/A	81%	N/A	60.5%	86.2%	68.5%	82%	No
Specialist Routine Appointment	67.0%	N/A	N/A	88%	N/A	80.0%	77.3%	69.6%	88%	No

NA indicates the provider network was new and not measured in the reporting year
**Source: 2015 and 2016 QI Work Plan Q4, 2018 QI Work Plan Q1*

[22] Source: 2017 Adult and Child Medicaid CAHPS Report

Quantitative Analysis: Cal MediConnect and L.A. Care Covered CAHPS:

Table 11b displays the L.A. Care Covered CG-CAHPS scores for PCP Urgent, PCP Routine and SCP Routine appointments. PCP urgent dropped in performance by 0.4%, PCP routine dropped in performance by 17.7% and SCP routine dropped by 7.7%. L.A. Care did not meet performance goals for these measures in the L.A. Care Covered network.

Table 11c: CG CAHPS Medi-Cal	Medi-Cal Child CG CAHPS			Medi-Cal Adult CG CAHPS		
CG CAHPs (% of Answers Usually or Always)	2014	2015	2017	2014	2015	2017
Q7. When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed	77.9%	78.4%	81.4%	75.1%	70.5%	74.8%
Q9. When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed	81.5%	81.2%	84.3%	79.7%	75.8%	79.5%

Quantitative Analysis: Medi-Cal CG-CAHPS:

Table 11c displays the Medi-Cal results of member responses related to timeliness access to their provider.

- Adult member satisfaction with getting timely urgent appointments decreased by 0.3% from 2014 to 2017.
- Adult member satisfaction with getting timely routine appointments decreased by 0.2% from 2014 to 2017.
- Child member satisfaction with getting urgent appointments increased by 3.5% from 2014 to 2017.
- Child member satisfaction with getting routine appointments increased by 2.8% from 2014 to 2017.

Overall Analysis of CAHPS & CG-CAHPS:

Member wait time expectations are attainable and reasonable. Negative member scores on wait time are mostly concentrated in the Antelope Valley. Most member wait time scores meet the DMHC required standards. Those scores that don't are in concentrated areas. Meaningful use of EMRs slightly, but reliably improve CAHPS Provider Communication scores. The Medicaid Expansion cohort harmed the Adult CAHPS 2017 scores, partly related to expectations about access for routine visits. The CAHPS survey identified improving the following extrinsic barriers would improve member access:

- Interpreter access; extended clinic hours in problem locales.
- Transportation assistance; child care assistance for visits, etc.

Improving the following intrinsic barriers, such as member perceptions, attitudes and choices would improve member access:

- Low priority on preventive care.
- Poor understanding of health risks and purpose of preventive care.

Address these barriers through the health plan or clinics through persistent member education by doctors, clinic staff, and medical groups.

SECTION 3: COMPLAINTS FOR ACCESS TO CARE[23]

In order to further assess member experience in relation to overall access to care, L.A. Care analyzed the grievance/complaint data provided below. These rates are reported as the actual complaint counts by provider network and complaint category (Access to Care).

Table 12a: Medi-Cal Complaints for Access to Care Trend								
FY 2014-2015			FY 2015-2016			FY 2016-2017		
Access Complaints	Total Complaints	% of Access Complaints	Access Complaints	Total Complaints	% of Access Complaints	Access Complaints	Total Complaints	% of Access Complaints
2,369	15,716	15%	4,005	20, 376	18.8%	2,565	13,073	19.6%

Quantitative Analysis: Medi-Cal Complaints

An analysis of the Medi-Cal complaint data reveals the following: The overall percentage of access complaints increased by 0.8% from fiscal years 2015/2016 to 2016/2017.

Table 12b: Cal MediConnect Complaints for Access to Care Trend								
FY 2014-2015			FY 2015-2016			FY 2016-2017		
Access Complaints	Total Complaints	% of Access Complaints	Access Complaints	Total Complaints	% of Access Complaints	Access Complaints	Total Complaints	% of Access Complaints
110	901	12%	90	915	9.8%	219	925	23.7%

Quantitative Analysis: Cal MediConnect Complaints:

An analysis of the Cal MediConnect (CMC) complaint data reveals the following: The overall percentage of access complaints increased by 13.9% from fiscal years 2015/2016 to 2016/2017.

Table 12c: L.A. Care Covered Complaints for Access to Care Trend								
FY 2014-2015			FY 2015-2016			FY 2016-2017		
Access Complaints	Total Complaints	% of Access Complaints	Access Complaints	Total Complaints	% of Access Complaints	Access Complaints	Total Complaints	% of Access Complaints
61	1799	3%	57	1647	3%	31	93	33.3%

Quantitative Analysis: L.A. Care Covered Complaints

An analysis of the L.A. Care Covered (LACC) complaint data reveals the following: The overall percentage of access complaints increased by 30.3% from fiscal years 2015/2016 to 2016/2017.

Overall Qualitative Analysis: Complaints

Access to Care remains a key reason for member complaints and 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.

[23] Source: L.A. Care 2017 Annual Grievance & Appeals, Member Satisfaction (CAHPS) Report

- 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's Utilization Management team works 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 Quality of Care and Utilization Management Committees for advisement.

SECTION 4: PCPS AND SPECIALISTS AFTER-HOURS SURVEY

BACKGROUND

Information obtained from the practitioner after-hours access to care assessment measures how well practitioners are adhering to L.A. Care's established after-hours access standards. Based on the response to each survey question and the access standard, the provider is categorized as being either compliant or non-compliant. L.A. Care's primary provider network serves Medi-Cal, PASC-SEIU, Cal-MediConnect, and L.A. Care Covered (The Marketplace) products and established standards are consistent across all provider networks.

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY2017 After-Hours Survey. The vendor conducted a telephonic survey using L.A. Care's approved survey tool for PCPs. The vendor attempted to reach all providers in the survey database and made up to three (3) call attempts. CSS calculated rates of compliance for all eligible providers. Ineligible providers included providers that were deceased, retired, listed with a wrong phone number, or identified as not practicing within the plan's network. Ineligible providers were removed from compliance calculations.

Results were collected in November of 2017. Provider offices were surveyed during closed office hours (early morning, evening, holiday or weekend hours). L.A. Care Health Plan requires PCPs or their designated on-call licensed practitioners, be available to coordinate patient care beyond normal business hours. To achieve after-hours compliance, PCPs must 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 or their covering practitioner or other "live" party
   - If process does not enable the caller to contact the PCP or their covering practitioner directly, the "live" party must have access to a practitioner for both urgent and non-urgent calls.

B. Professional exchange staff
   - Must provide process for emergency calls
   - Must have access to practitioner for both urgent and non-urgent calls.

C. To achieve after-hours timeliness compliance, PCPs, their covering practitioner, or a screening/triage clinician (RN, NP or PA) must return a member's call within 30 minutes.

L.A. Care submitted to CSS a complete database of L.A. Care's network of PCPs. 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 RATES:

Table 13a: After Hours Response Rate			
	Original Sample Size	**Eligible Provider Size**	**Response Rate**
Medi-Cal Aggregate	3,002	2,682	96%
MCLA	2,710	2,331	96%
Anthem Blue Cross	2,157	1,805	95%
Care 1st	1,482	1,194	96%
PASC-SEIU	344	311	96%
Cal-MediConnect	2,550	2,160	96%
L.A. Care Covered	2,868	2,447	96%
L.A. Care Covered Direct	2,368	2,009	96%

Table 13b: After-Hours Survey Non Response Breakdown			
	Bad Phone Number	**Refusal to Participate**	**Ineligible**
Medi-Cal Aggregate	805	85	198
MCLA	445	55	106
Anthem Blue Cross	342	45	91
Care 1st	399	35	59
PASC-SEIU	23	6	5
Cal MediConnect	400	53	104
L.A. Care Covered	447	60	121
L.A. Care Covered Direct	399	45	97

RESULTS

Individual access scores are calculated for the number of provider offices that offer compliant emergency instructions to callers and the number/percentage of offices with adequate means of reaching the on-call practitioner (Access measures). In addition, provider offices are measured for compliance with the after-hours timeliness standard (Timeliness measure), which measures whether the PCPs, or designated on-call provider, or a screening/triage clinician (RN, NP or PA) will return a member's phone call within 30 minutes. A score is provided for all provider groups.

The tables below provide the after-hours compliance rates calculated for access and timeliness measures for PCPs, along with PCP year-over-year comparisons, where possible. L.A. Care established performance goals for each standard. Compliance rate trend data in some measures (indicated by NA) are unavailable due to the inclusion of a new provider network, or a change in the calculation from separate compliance reporting of access and timeliness measures to a combined compliance rate of access and timeliness measures.

COMPLIANCE SUMMARIES: MEDI-CAL AGGREGATE

Table 14a: Medi Cal Aggregate Year-over-Year Comparison PCP						
After Hours Measure	2015	2016	2017	Varianceβ	Performance Goal	Goal Met
Access Compliance	73%	52%	73%	+21%	77%	No
Timeliness Compliance	68%	46%	55%	+9%	72%	No
Combined Access & Timeliness Compliance	NA	35%	49%	+14%	37%	Yes

β *Variance compares MY2016 and MY2015*
NA = standard not measured

COMPLIANCE SUMMARIES: MCLA & PLAN PARTNERS

Table 14b: MCLA & Plan Partner Comparison PCP					
After Hours Measure	MCLA	BCSC	CFST	Performance Goal	Goal Met
Access Compliance	73%	73%	69%	77%	No
Timeliness Compliance	57%	55%	51%	72%	No
Combined Access & Timeliness Compliance	50%	50%	45%	37%	Yes

Qualitative Analysis: Medi-Cal Aggregate After-hours

- The Medi-Cal, MCLA, Anthem Blue Cross, and Care 1st provider networks ***met*** performance goals for Combined Access & Timeliness.
- The Medi-Cal, MCLA, Anthem Blue Cross, and Care 1st provider networks ***did not*** meet performance goals for Access and Timeliness.

Quantitative Analysis: Medi-Cal Aggregate After-hours

The Medi-Cal network improved by 21% in Access compliance, 9% in Timeliness compliance, and 14% in combined compliance. The groups with the highest MY2017 access compliance rates were High Desert LA (91%, n=23), Sierra Medical Group (88%, n=16), and Prospect Medical Group (83%, n=446). The groups with the highest MY2017 timeliness compliance rates were Pioneer Provider Network (80%, n=35) and Serra Community Clinic (75%, n=4). Omnicare (71%, n=62) and Universal Care (71%, n=14) tied for the third highest compliance rates. The provider groups with the highest MY2017 combined access and timeliness compliance rates were Serra Community Clinic (75%, n=4), Universal Care (71%, n=14), Bella Vista IPA (68%, n=115).

The groups with the lowest MY2017 access compliance rates were Regent Medical Group (40%, n=10), Axminster Medical Group (40%, n=10), and Crown City (57%, n=30). The groups with the lowest MY2017 timeliness compliance rates in L.A. Care's direct networks were Community Access Network (17%, n=6), El Proyecto Del Barrio (32%, n=19), and Health Care LA (38%, n=694). The groups with the lowest MY2017 combined access and timeliness rates were Regent Medical Group (10%, n=10), Community Access Network (17%, n=6), and Health Care LA (27%, n=694).

COMPLIANCE SUMMARIES: MEDI-CAL AGGREGATE BY PPG

The tables below display after-hours compliance rates by PPG. Compliance rates are broken out by PCPs and SCPs for each after-hours standard.

Table 15: MY2017 After Hours Compliance Rates by Provider Group			
PPG Name	**Access (Goal 77%)**	**Timeliness (Goal 72%)**	**Access & Timeliness (Goal 37%)**
Access IPA	94%	71%	71%
Accountable Health Care IPA	77%	57%	52%
Advantage Health Network IPA	50%	25%	25%
All Care Medical Group	100%	0%	0%
Allied Pacific IPA	78%	59%	53%
Alpha Care Medical Group	80%	60%	60%
Altamed Health Services	65%	50%	45%
Angeles IPA	72%	64%	57%
Apollo Healthcare Inc	100%	100%	100%
Applecare Medical Group	79%	65%	57%
Associated Hispanic Physicians of Southern California	68%	46%	42%
Axminster Medical Group	40%	60%	40%
Bella Vista IPA	83%	70%	68%
Cal Care IPA	73%	71%	60%
Children's Hospital Medical Group	100%	0%	0%
Citrus Valley Physicians Group	79%	67%	60%
Community Family Care	66%	47%	41%
County of LA Dept of Health Services	66%	58%	56%
Crown City Medical Group	57%	57%	47%
Eastland Medical Group	N/A	N/A	N/A
El Proyecto Del Barrio	63%	32%	32%
Exceptional Care Medical Group	75%	54%	48%
Family Care Specialists Medical Group	78%	67%	59%
Global Care IPA	71%	54%	49%
Health Care LA IPA	60%	38%	27%
Healthcare Partners Medical Group	73%	58%	52%
Healthy New Life Med Corp	60%	60%	60%
High Dessert	91%	43%	43%
Imperial Health Holdings Medical Group	71%	51%	49%
Karing Physicians Medical Group	81%	69%	63%
LA Care Direct	67%	17%	17%
La Salle Medical Associates	67%	53%	53%
Lakeside Medical Group	78%	61%	55%
Los Angeles Medical Center IPA	64%	49%	44%
Mission Community IPA	76%	71%	57%
Noble Community Medical Associates	60%	42%	39%
Northeast Community Clinic	59%	67%	59%
Omnicare Medical Group	81%	71%	66%
Pioneer Provider Network	66%	80%	57%
Pomona Valley Medical Group	74%	65%	48%
Preferred IPA of California	74%	55%	51%
Premier Physician Network	70%	50%	50%
Prospect Medical Group	83%	63%	58%
Regal Medical Group	76%	58%	52%
Regent Medical Group	40%	50%	10%

Table 15: MY2017 After Hours Compliance Rates by Provider Group			
PPG Name	**Access (Goal 77%)**	**Timeliness (Goal 72%)**	**Access & Timeliness (Goal 37%)**
San Judas Medical Group	14%	0%	0%
San Miguel IPA	38%	50%	38%
Seaside Health Plan	66%	47%	41%
Seoul Medical Group	69%	50%	44%
Serra Community Medical Clinic	75%	75%	75%
Sierra Medical Group	88%	63%	63%
So Ca Children Healthcare Network	77%	54%	54%
Soma Medical Group	100%	100%	100%
South Atlantic Medical Group	76%	63%	57%
Southland Advantage Medical Group	86%	57%	57%
Southland San Gabriel Valley Medical Group	79%	36%	34%
St. Vincent IPA	75%	60%	53%
Superior Choice Medical Group	68%	58%	56%
Talbert Medical Group	N/A	N/A	N/A
Universal Care Medical Group	79%	71%	71%
Watts Healthcare Corp	80%	60%	40%

Quantitative Analysis: Medi-Cal Aggregate After-Hours Compliance by PPG

- 23 of 61 (38%) of PPGs with reportable results ***met*** performance goals for after-hours access compliance.
- 4 of 61 (7%) PPGs with reportable results ***met*** performance goals for after-hours timeliness.
- 50 of 61 (82%) PPGs with reportable results ***met*** performance goals for combined after-hours access and timeliness compliance.

In MY2016, 18.7% (14 of 75 reportable provider groups) met performance goals. The overall performance from MY2016 to MY2017 improved by 36.3%. The groups with the highest MY2017 access compliance rates were High Desert LA (91%, n=23), Sierra Medical Group (88%, n=16), and Prospect Medical Group (83%, n=446). The groups with the highest MY2017 timeliness compliance rates were Pioneer Provider Network (80%, n=35) and Serra Community Clinic (75%, n=4). Omnicare (n=62) and Universal Care (n=14) tied for the third highest compliance rates. The provider groups with the highest MY2017 combined access and timeliness compliance rates were Serra Community Clinic (75%, n=4), Universal Care (71%, n=14), Bella Vista IPA (68%, n=115%).

The groups with the lowest MY2017 access compliance rates were Regent Medical Group (40%, n=10), Axminster Medical Group (40%, n=10), and Crown City (57%, n=30). The groups with the lowest MY2017 timeliness compliance rates were Community Access Network (17%, n=6), El Proyecto Del Barrio (32%, n=19), and Health Care LA (38%, n=694). The groups with the lowest MY2017 combined access and timeliness rates were Regent Medical Group (10%, n=10), Community Access Network (17%, n=6), and Health Care LA (27%, n=694).

COMPLIANCE SUMMARIES: CAL-MEDICONNECT

Table 16: Cal MediConnect Year over Year Comparison PCP						
After Hours Measure	**2015**	**2016**	**2017**	**Varianceβ**	**Performance Goal**	**Goal Met**
Access Compliance	73%	53%	73%	+20%	77%	**No**
Timeliness Compliance	66%	47%	57%	+10%	69%	**No**
Combined Access & Timeliness Compliance	NA	35%	50%	+15%	54%	**No**

β *Variance compares MY2016 and MY2017 scores.*

Qualitative Analysis: Cal-MediConnect Aggregate After-hours

The Cal-MediConnect provider network ***did not*** meet performance goals for After-Hours Access, Timeliness or combined Access & Timeliness.

Quantitative Analysis: Cal-MediConnect Aggregate After-hours

The Cal-MediConnect provider network improved 20% in Access compliance, 10% in Timeliness compliance, and 15% in Combined compliance. The groups with the highest MY2017 access compliance rates were High Desert LA (91%, n=23), Sierra Medical Group (88%, n=16), and Prospect Medical Group (83%, n=446). The groups with the highest MY2017 timeliness compliance rates were Pioneer Provider Network (80%, n=35) and Serra Community Clinic (75%, n=4). Omnicare (n=62) and Universal Care (n=14) tied for the third highest compliance rates. The provider groups with the highest MY2017 combined access and timeliness compliance rates were Serra Community Clinic (75%, n=4), Universal Care (71%, n=14), Bella Vista IPA (68%, n=115%).

The groups with the lowest MY2017 access compliance rates were Regent Medical Group (40%, n=10), Axminster Medical Group (40%, n=10), and Crown City (57%, n=30). The groups with the lowest MY2017 timeliness compliance rates were Community Access Network (17%, n=6), El Proyecto Del Barrio (32%, n=19), and Health Care LA (38%, n=694). The groups with the lowest MY2017 combined access and timeliness rates were Regent Medical Group (10%, n=10), Community Access Network (17%, n=6), and Health Care LA (27%, n=694).

COMPLIANCE SUMMARIES: L.A. CARE COVERED

Table 17: L.A. Care Covered Year-over-Year Comparison

After-Hours Measure	2015	2016	2017	Varianceβ	Performance Goal	Goal Met
Access Compliance	72%	53%	73%	+20%	70%	**Yes**
Timeliness Compliance	69%	46%	57%	+11%	57%	**Yes**
Combined Access & Timeliness Compliance	NA	35%	50%	+15%	44%	**Yes**

β *Variance compares MY2016 and MY2017 scores.*

Quantitative Analysis: L.A. Care Covered Aggregate After-hours

The L.A. Care Covered provider network ***met*** performance goals for After-Hours Access, Timeliness, and Combined Access and Timeliness compliance.

Qualitative Analysis: L.A. Care Covered Aggregate After-hours

The L.A. Care Covered provider network improved 20% in Access compliance, 11% in Timeliness compliance, and 15% in Combined compliance. The groups with the highest MY2017 access compliance rates were High Desert LA (91%, n=23), Sierra Medical Group (88%, n=16), and Prospect Medical Group (83%, n=446). The groups with the highest MY2017 timeliness compliance rates were Pioneer Provider Network (80%, n=35) and Serra Community Clinic (75%, n=4). Omnicare (n=62) and Universal Care (n=14) tied for the third highest compliance rates. The provider groups with the highest MY2017 combined access and timeliness compliance rates were Serra Community Clinic (75%, n=4), Universal Care (71%, n=14), Bella Vista IPA (68%, n=115%).

The groups with the lowest MY2017 access compliance rates were Regent Medical Group (40%, n=10), Axminster Medical Group (40%, n=10), and Crown City (57%, n=30). The groups with the lowest MY2017 timeliness compliance rates were Community Access Network (17%, n=6), El Proyecto Del Barrio (32%, n=19), and Health Care LA (38%, n=694). The groups with the lowest MY2017 combined access and timeliness rates were Regent Medical Group (10%, n=10), Community Access Network (17%, n=6), and Health Care LA (27%, n=694).

COMPLIANCE SUMMARIES: L.A. CARE COVERED DIRECT

Table 18: L.A. Care Covered Direct Compliance Summary			
After Hours Measure	2017	Performance Goal	Goal Met
Access Compliance	73%	70%	Yes
Timeliness Compliance	57%	57%	Yes
Combined Access & Timeliness Compliance	50%	44%	Yes

Quantitative Analysis: L.A. Care Covered Direct Aggregate After-hours

The L.A. Care Covered Direct provider network ***met*** performance goals for After-Hours Access, Timeliness, and Combined Access and Timeliness compliance.

Qualitative Analysis: L.A. Care Covered Direct Aggregate After-hours

The L.A. Care Covered Direct provider network was surveyed separately from L.A. Care Covered for the first time in MY2017.

COMPLIANCE SUMMARIES: PASC-SEIU

Table 19: PASC Compliance Summary					
After Hours Measure	2016	2017	Varianceβ	Performance Goal	Goal Met
Access Compliance	50%	69%	+16%	53%	Yes
Timeliness Compliance	64%	62%	+5%	67%	No
Combined Access & Timeliness Compliance	42%	58%	+14%	44%	Yes

Quantitative Analysis: PASC-SEIU Aggregate After-hours

- The PASC provider network ***met*** performance goals for Access Compliance and Combined Access and Timeliness compliance.
- The PASC provider network ***did not*** meet performance goals for Timeliness Compliance.

Qualitative Analysis: L.A. Care Covered Direct Aggregate After-hours

The L.A. Care Covered Direct provider network was surveyed separately from the Medi-Cal provider network for the first time in MY2017.

SECTION 5: CONCLUSION AND PLAN OF ACTION

The 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, Health Education and Cultural & Linguistic Services, 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 specific provider group in the form of a report card. L.A. Care has continued meeting with provider groups throughout 2017 to 2018 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 the 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 October 2015, PPGs are required to audit their provider network on a quarterly basis for compliance with the appointment wait time and after-hours standards. PPGs are required to submit quarterly reports beginning July 13, 2018 for MY2017 data. PPGs are required to monitor their practitioners until they become compliant with L.A. Care's performance standards. Since the launch of the oversight and monitoring process, PPG network compliance improved from the 2014 results to the 2017 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.

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	Effectiveness of Intervention/ Outcome
Collaborate with delegated provider groups to improve Access to Care performance	Ongoing	VIIP + P4P (PPG Incentive): In July 2017, L.A. Care continues its efforts to increase compliance with Access to Care Standards through an incentive based program that measures, reports, and provides significant financial rewards for provider group performance across five different domains and their measures. This includes Access and Availability measures, which is weighted as 25% of the available incentive. Provider groups are rewarded for both outstanding performances compared to peers and year-over-year improvement. In 2016, L.A. Care launched the Value Initiative for IPA Performance (VIIP) Program for the Medi-Cal provider network. L.A. Care's Chief Executive Officer and Chief Medical Officer met with all provider groups to discuss the VIIP report of which Access & Availability is one domain.	• ATC Results
Collaborate with delegated provider groups to improve member experience with access and availability	New	L.A. Care implemented a targeted intervention with Cardiologist Specialist to increase compliance in Access to Care Standards. L.A. Care selected Cardiologists because this specialty was identified as having the highest volume based on encounter data and treats conditions that have high mortality and morbidity rates. L.A. Care requested a (1) root cause analysis from each PPG to identify why Cardiologists were noncompliant with Appointment Availability standards and (2) an	• ATC Results

Opportunity	New and/or Ongoing	Action(s) Taken	Effectiveness of Intervention/ Outcome
		action plan to improve accessibility. PPGs were provided with a list of their noncompliant Cardiologist and were asked to sign and submit to L.A. Care an attestation that confirmed non-compliant Cardiologist had been educated on Access to Care Standards.	
Educate Members on timely access standards	Ongoing	Newsletter article in the Member newsletter, *Be Well*, educating members on the access to care standards and providing DMHC Help Center contact information.	• Improved CAHPS Scores for getting needed care and getting care quickly • Decreased complaints regarding access to care
Internal Access to Care Workgroup	Ongoing	Access & Availability Workgroup formed to collaborate and identify barriers and effective interventions to improve Access & Availability. Workgroup findings and recommendations report up to the QI Steering Committee.	• ATC Results
Develop a corrective action process to improve After-hours access	Ongoing	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 availability and after-hours accessibility performance on a continuous basis. 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.	• ATC Results
VIIP Webinars and Action Plans	Ongoing	Webinars and trainings throughout the past year: • April 19, 2017: Initial VIIP+P4P Webinar • May 22, 2017: VIIP+P4P QI and PR Staff Training • June 5, 2017: VIIP+P4P Accreditation and HEDIS Staff Training • June 26, 2017: VIIP+P4P UM Staff Training • August 30, 2017: VIIP+P4P Action Plan Update Webinar • November 15, 2017: VIIP+P4P Final Action Plan Webinar • VIIP Action plans are due: July 15th, September 15th, December 15th	• ATC Results

LOOKING FORWARD

The mentioned interventions were all chosen as part of the overall effort to continuously improve the quality of timely access to care for members by increasing compliance rates. Upcoming interventions that should continue as part of the 2018 QI Program are:

- Implement a Corrective Action Plan (CAP) for Appointment Availability compliance.

- Host training webinars to refresh PPGs on the Access to Care standards, as well as on the Oversight and Monitoring process to ensure PPGs are accurately overseeing & training their contracted providers.

H.6 NETWORK ADEQUACY

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BACKGROUND

L.A. Care Health Plan (L.A. Care) conducts an annual analysis of its primary care and high-volume 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 who participate in L.A. Care's Medi-Cal, L.A. Care Covered, and Cal MediConnect lines of business and who provide services to members enrolled in these programs within defined geographic areas. L.A. Care has established quantifiable and measureable standards for both the number and geographic distribution of practitioners. Data that determines providers' compliance with these standards is collected, assessed and opportunities for improvement are identified and acted upon on an annual basis.

2018 WORK PLAN GOALS: Each section of this report contains specific quantifiable goals.

SECTION 1: MEDI-CAL PRACTITIONERS' NETWORK AVAILABILITY

METHODOLOGY

Primary care practitioners include Family Practice/General Medicine, Internal Medicine, Obstetrics/Gynecology and Pediatrics. High volume areas of specialty care are determined by the number of encounters within a specific timeframe and have historically varied from quarter to quarter. However, L.A. Care has since revised this methodology to include analysis of the same specialist for the course of a calendar year, access to the same high volume specialties is specific to each product line. L.A. Care also evaluates access to Obstetrics/Gynecology services and the high-impact specialties of Oncology and Cardiovascular Disease for all lines of business. Additional specialty areas may be assessed as a result of any future regulatory requirements pertaining to access and availability or identification of deficiencies specific to particular specialties.

PERFORMANCE STANDARDS

Performance standards are based on regulatory requirements, external benchmarks, industry standards, and national and regional comparative data. Availability standards are established for:

- PCP to Member Ratio = Total number of PCPs/Total Membership
- SCP to Member Ratio = Total number of SCPs for the specific specialty type (e.g., total number of ophthalmologists)/Total Membership
- PCP and SCP Drive Distance: MapInfo software is used to measure performance.

PERFORMANCE ASSESSMENT

As of October 1, 2018 the total number of Medi-Cal members was 2,040,424. The 200,613 members assigned to Kaiser are excluded from this analysis as this function is delegated to Kaiser. This report measures Medi-Cal practitioner and provider availability for 1,839,811 non-Kaiser members. The report also measures practitioner and provider availability for 71,629 L.A. Care Covered members and 16,342 Cal MediConnect members.

Primary Care Ratios by Product Line

Medi-Cal				
Standard: 1:2000	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
FP/GP Ratio	1:424	1:679	1:388	1:474
IM Ratio	1:158	1:186	1:146	1:313
PED Ratio	1:457	1:524	1:415	1:565

LACC				
Standard: 1:2000	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
FP/GP Ratio	1:26	1:26	1:27	1:29
IM Ratio	1:23	1:23	1:24	1:25
PED Ratio	1:7	1:7	1:7	1:7

CMC				
Standard: 1:2000	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
FP/GP Ratio	1:8	1:8	1:8	1:8
IM Ratio	1:6	1:6	1:6	1:6
PED Ratio	1:7	1:7	1:7	1:7

High Volume and High Impact Specialties Ratios by Product Line

Medi-Cal				
***Standard:** 1:5000* ***OB/GYN Standard**: 1:3000*	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
Cardiovascular Disease Ratio	1:3911	1:4360	1:3774	1:3690
Podiatry Ratio	1:7198	1:9651	1:7398	1:7098
Nephrology Ratio	N/A	1:4989	N/A	N/A
OB/GYN Ratio	1:1384	1:51	1:1371	1:884
Oncology Ratio	1:5539	1:5355	1:5446	1:5272
Ophthalmology Ratio	1:4195	1:4541	1:4259	1:4292
Orthopedics Ratio	1:4637	1:7785	1:4678	1:4110
Pulmonology Ratio	N/A	N/A	N/A	N/A
Dermatology Ratio	1:13406	1:21298	1:15347	1:15378
Otology, Laryngology, Rhinology Ratio	N/A	1: 18716	N/A	N/A
Urology Ratio	1:13028	1:14476	1:11829	1:13180

Note: Ratios appearing in **red** font do not meet the currently established 1:5000 standard

High Volume and High Impact Specialties Ratios by Product Line

LACC				
Standard: *1:5000* ***OB/GYN Standard:*** *1:3000*	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
Urology Ratio	1:130	1:128	1:125	N/A
Cardiovascular Disease Ratio	1:68	1:67	1:66	1:40
Podiatry Ratio	1:303	1:343	1:350	N/A
Dermatology Ratio	1:435	1:431	1:431	N/A
OB/GYN* Ratio	1:1	1:1	1.1	1:1
Infectious Disease Ratio	N/A	N/A	N/A	1:225
Oncology Ratio	1:82	1:95	1:94	1:57
Ophthalmology Ratio	1:66	1:65	1:65	1:40
Orthopedics Ratio	1:256	1:250	1:253	N/A

High Volume and High Impact Specialties Ratios by Product Line

CMC				
Standard: *1:5000* ***OB/GYN Standard:*** *1:3000*	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
Cardiovascular Disease Ratio	1:27	1:26	1:13	1:27
Nephrology Ratio	1:46	1:45	1:45	N/A
OB/GYN Ratio	1:17	1:16	1:16	1:16
Oncology Ratio	1:40	1:39	1:38	1:40
Ophthalmology Ratio	1:27	1:25	1:25	1:26
Gastroenterology Ratio	N/A	N/A	N/A	1:57
Podiatry Ratio	1:103	1:101	1:103	1:107
Urology Ratio	1:52	N/A	1:49	N/A
Orthopedics Ratio	1:60	N/A	1:57	N/A

Primary Care Provider to Member Geographical Distribution by Product Line

Medi-Cal (PCP)				
Standard: 10 miles *Compliance Target: 95%*	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
FP/GP				
Average Distance in Miles	1 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	100 %	100 %	100%	100%
IM				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	99.0 %	100 %	99.0 %	99.0 %
PED				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	100%	100 %	99.0%	99.0 %

LACC (PCP)				
Standard: 10 miles *Compliance Target: 95%*	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
FP/GP				
Average Distance in Miles	1.0 mi	0.8 mi	0.8 mi	0.7 mi
% of Members with Access	99.8%	99.7%	99.7%	99.8%
IM				
Average Distance in Miles	1.0 mi	1.6 mi	1.0 mi	0.9 mi
% of Members with Access	99.6%	99.6%	99.6%	99.7%
PED				
Average Distance in Miles	1.0 mi	0.9 mi	0.9 mi	1.0 mi
% of Members with Access	99.8%	99.8%	99.8%	100 %

Primary Care Provider to Member Geographical Distribution by Product Line

CMC (PCP)				
Standard: 10 miles *Compliance Target: 95%*	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
FP/GP				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	100 %	100 %	100%	99.0 %
IM				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	99.0 %	100 %	99 %	99.0%
PED				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	98.0 %	99.0%	98 %	96.0 %

High Volume and High Impact Specialties Geographical Distribution by Product Line

Medi-Cal				
Standard: *15 miles* ***Compliance Target:*** *90%*	**Q3 2018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
Cardiovascular Disease Average Distance in Miles % of Members with Access	3.0 mi 98.%	3.0 mi 98 %	2.0 mi 99.0%	3.0 mi 97.0%
Gastroenterology Average Distance in Miles % of Members with Access	N/A	N/A	N/A	N/A
Nephrology Average Distance in Miles % of Members with Access	N/A	N/A	N/A	N/A
OB/GYN Average Distance in Miles % of Members with Access	1.0 mi 100%	1.0 mi 100 %	1.0 mi 100%	1.0 mi 100%
Oncology Average Distance in Miles % of Members with Access	2.0 mi 100%	2.0 mi 100 %	1.0 mi 100 .%	2.0 mi 100%
Ophthalmology Average Distance in Miles % of Members with Access	2.0 mi 100 %	2.0 mi 100 %	1.0 mi 100 %	2.0 mi 100 %
Orthopedics Average Distance in Miles % of Members with Access	2.0 mi 100%	2.0 mi 100 %	2.0 mi 100.%	2.0 mi 100%
Otology, Laryngology, Rhinology Average Distance in Miles % of Members with Access	N/A	N/A	N/A	N/A
Podiatry Average Distance in Miles % of Members with Access	2.0 mi 100%	2.0 mi 100 %	1.0 mi 100%	2.0 mi 100%
Pulmonology Average Distance in Miles % of Members with Access	N/A	N/A	N/A	N/A
Urology Average Distance in Miles % of Members with Access	2.0 mi 100%	2.0 mi 100 %	3.0 mi 100%	4.0 mi 100%

High Volume and High Impact Specialties Geographical Distribution by Product Line

LACC				
Standard: *15 miles* ***Compliance Target:*** *90%*	**Q32018**	**Q2 2018**	**Q1 2018**	**Q4 2017**
Podiatry Average Distance in Miles % of Members with Access	2.8 mi 99.1 %	3.0 mi 99.1%	3.0 mi 99.1%	N/A
Cardiovascular Disease Average Distance in Miles % of Members with Access	2.0 mi 98.8 %	2.1 mi 98.6%	2.1 mi 98.7%	2.0 mi 99.0%
Dermatology Average Distance in Miles % of Members with Access	2.0 mi 100%	2.0 mi 100%	2.0 mi 00%	N/A
Gastroenterology Average Distance in Miles % of Members with Access	N/A	N/A	N/A	1.0 mi 100%
Infectious Disease Average Distance in Miles % of Members with Access	N/A	N/A	N/A	3.0 mi 96%
OB/GYN Average Distance in Miles % of Members with Access	1.0 mi 99.8%	1.0 mi 99.6 %	1.0 mi 99.8%	1.0 mi 100 %
Oncology Average Distance in Miles % of Members with Access	1.6 mi 100 %	1.6 mi 100 %	1.5 mi 100%	1.0 mi 100%
Ophthalmology Average Distance in Miles % of Members with Access	2.0 mi 99.7%	2.0 mi 99.7%	1.0 mi 99.7%	2.0 mi 100 %
Orthopedics Average Distance in Miles % of Members with Access	2.4 mi 99.8%	2.3 mi 99.8%	2.3 mi 99.8%	N/A
Urology Average Distance in Miles % of Members with Access	1.6 mi 100 %	1.8 mi 100%	1.5 mi 100%	N/A

High Volume and High Impact Specialties Geographical Distribution by Product Line

CMC				
Standard: *15 miles* ***Compliance Target:*** *95%*	**Q3 2018**	**Q2 2018**	**Q1 2087**	**Q4 2017**
Cardiovascular Disease				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	1.3 mi
% of Members with Access	99.0 %	99.0%	99.0%	99.0%
Gastroenterology				
Average Distance in Miles	N/A	N/A	N/A	2.0 mi
% of Members with Access				100%
Nephrology				
Average Distance in Miles	3.0 mi	2.0 mi	3.0 mi	N/A
% of Members with Access	97.0-%	96.0%	96.0%	
OB/GYN				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	3.0 mi
% of Members with Access	99.0 %	99.0%	98.0%	96.0 %
Oncology				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	1.0 mi
% of Members with Access	100 %	100%	100%	100 %
Ophthalmology				
Average Distance in Miles	2.0 mi	2.0 mi	3.0 mi	2.0 mi
% of Members with Access	100 %	100%	99.0%	99.0 %
Orthopedics				
Average Distance in Miles	2.0 mi	3.0 mi	3.0 mi	N/A
% of Members with Access	100%	100%	100.0%	
Podiatry				
Average Distance in Miles	3.0 mi	3.0 mi	3.0 mi	3.0 mi
% of Members with Access	99.0 %	99.0%	99.0%	99.0%
Urology				
Average Distance in Miles	2.0 mi	2.0mi	2.0 mi	N/A
% of Members with Access	100 %	100%	100%	
Pulmonology				
Average Distance in Miles	N/A	N/A	4.5 mi	N/A
% of Members with Access			99.8%	

Quantitative Analysis

Provider to Member Ratios:
All PCP, High Volume and High Impact Specialist ratio standards were met for the L.A. Care Covered and Cal MediConnect lines of business across the four quarters analyzed in this report. Multiple specialties within the Medi-Cal network do not meet the currently established ratio standards.

Member Drive Distance:

- When member drive distance is determined using the average number of miles members within a specific population must travel, L.A. Care met the standards for all PCP types for its Medi-Cal, L.A. Care Covered and Cal Medi-Connect lines of business.
- On average, 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.
- These averages do not take into account the segment of L.A. Care's enrollment who live in rural and/or remote areas where primary and specialty care is not accessible within the established drive distance standards.

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 and is in compliance with established accessibility standards. However, L.A. Care continues to place particular emphasis on monitoring its specialty networks to gauge member access to 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.

While L.A. Care meets the geographical distribution standards and compliance targets for high volume and high impact specialists, a significant number of Medi-Cal specialist to enrollee ratios were not within the currently established ratio standards. These specialties include Dermatology, Orthopedics, Podiatry, Oncology, Otolaryngology, and Urology.

The organization is in the process of performing an in-depth analysis of the reasonability of current specialist to ratio standards given the impact of challenges brought about by multiple factors including scarcity of specialists within specific geographical locations and the reluctance of some physicians to participate in State sponsored programs.

L.A. Care is also aware that this annual analysis which relies on sheer numbers as a method of assessing member access is limited in its ability to gain insight into actual member experience. Member communication content, satisfaction survey results and grievances and appeals data are all valuable sources of information for assessing the experience of members as they seek healthcare services.

INTERVENTIONS

Direct Contracting: In addition to the establishment of a direct network in the Antelope Valley, L.A. Care continues to actively pursue direct contracts with primary and specialty care physicians and medical groups throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist.

eConsult: L.A. Care has implemented eConsult in multiple clinic settings in an effort to lessen the burden of patient care in high volume settings. eConsult 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 eConsult 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. L.A. Care has also requested and received regulatory approval from the Department of Health Care Services (DHCS) to use alternative access standards to determine levels of access in those geographical locations where there is a dearth of providers and where more stringent, established geographical standards cannot be met.

L.A. Care has also contracted the services of an external entity to provide comprehensive analysis of the organization's provider networks which includes the identification of current access deficiencies and viable strategies to remediate coverage gaps.

Monitoring Delegates' Networks: The organization is in the process of developing enhanced reporting mechanisms that will provide greater insight into the adequacy of delegates' contracted networks. Data gleaned from these reports will provide a framework for interventional strategies designed to bring delegates' provider networks into compliance with access and availability requirements where deficiencies have been identified.

Audits of Delegates' Networks: L.A. Care also performs annual onsite audits of its Participating Physician Groups and Plan Partners, which includes an assessment of their contracted specialty networks. The audit process requires delegates 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.

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. Since the beginning of the program, L.A. Care's eConsult has over 200,000 consultations submitted, involving 121 sites with 12 specialties and an estimated member base of over 500,000. Full results for 2018 are shown in the table below.

eConsult – as of 9/30/2018	
Totals	
Sites Live	121
Users Live	3101
Closed eConsults	265167
Sites Live	
HCLA	121
Total Sites Live	**121**
Users Live	
PCP	1695
Staff	1384
HCLA Specialty Reviewer (SR)	22
Total Users Live	**3101**
HCLA Specialty	
Allergy	7398
Cardio	23002
Derm	46835
Endo	13736
ENT	24966
Gastro	87547
Nephro	7284
Pain Mgmt	17359
Ped-Allergy/Asthma	218
Ped-Endo	2689
Ped-Neuro	4232
Rheum	10030
HCLA eConsults	**250642**
Increased by	**13900**
HCLA % Change	**6%**
HCLA Closed	
Patient Needs Addressed (PNA)	6128
Face to Face	182357
Direct to Schedule (DTS)	64807
Specialty Change	4780
Cancelled	1009
Closed Other	6086
6 Month Expiration	215

eConsult – as of 9/30/2018	
Expired	103
Out of Network	46
Patient Deceased	1
Patient Declined Care	109
Patient Moved	3
Patient Out of County	15
PCP Unresponsive	1158
Pending Diagnostics	2172
Pending Therapeutic Trial	2264
Total Closed	**265167**
Closed as PNA	2%
Closed as F2F	69%
Closed as DTS	24%
Closed as Other	2%
Total Closed	**98%**

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 6,377 face-to-face interpreting requests were processed in Fiscal Year 2017-2018 (6,116 for medical appointments and 261 for health education classes and administrative meetings), which is an increase of 40.1% when compared to the previous year. Face-to-face interpreting services for medical appointments were requested in 32 languages, threshold languages accounted for 80% of all medical appointments. The top five languages for medical appointments were Spanish, American Sign Language, Mandarin, Farsi and Korean.

Currently, the C&L Services Unit continues its ongoing efforts to educate members on language assistance services. In-person training on C&L rights and language access services was provided to members during Regional Community Advisory Committees (RCAC) and Executive Community Advisory Committees (ECAC) meetings. Additionally, 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 an electronic survey for interpreting services provided at administrative events. Results of the survey show a high level of satisfaction for members with 89.5% of respondents being "very happy" or "somewhat happy." and 95.8% "very satisfied" or "somewhat satisfied for internal staff.

Telephonic interpreting services are offered to health plan staff, network providers, and PPGs to communicate with members over the phone or when face-to-face interpreters are not available. In fiscal year 2017-2018, telephonic interpreting services were provided during 170,369 calls for a total of 2,528,418 minutes by the C&L Services Unit's contracted vendor. Utilization of telephonic interpreting services had increased 101.8% in the number of minutes and 122.8% in the number of calls over the previous year. Telephonic interpreting services were provided in a total of 92 languages, two more languages than last year. Providers accounted for 3,438 telephonic interpreting calls and a total of 41,354 minutes.

The C&L Services Unit provides on-going education and training on C&L rights, requirements, services and resources, cultural competency, and disability sensitivity in compliance with applicable regulatory, accreditation, and contractual requirements to all plan staff who have routine contact with limited English proficient members as well as network providers. The updated 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 educational materials, the C&L Services Unit conducts trainings that target staff and network providers. In fiscal year 2017-2018 training topics included: C&L Requirements, Cultural Competency, Disability Sensitivity, Accessing Telephonic Interpreting Services, and Patient Engagement and Cultural Responsive Health Care (CME). 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 56 in-person trainings on C&L related topics, with a total of 1,522 attendees (1,080 staff and 442 providers). An additional 6,225 (706 staff and 5,549 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.

Med-Cal

Medi-Cal: Member Professed Written Language	
LANGUAGE	**COUNT**
English	1,228,158
Spanish	617,493
Armenian	56,583
Cantonese, Mandarin and other Chinese	45,948
Korean	19,844
Vietnamese	14,902
Farsi	10,853
Russian	7,644
Tagalog	6,018
Cambodian	4,302
Arabic	4,251
Other, Including No Response	24,438
Total:	**2,040,434**

Medi-Cal: Member Ethnicity	
ETHNICITY	**COUNT**
Hispanic/Latino	1,141,509
White (Caucasian)	307,119
Black (African American)	225,983
Chinese	55,477
Filipino	37,701
Asian/Pacific Islander	32,137
Korean	27,255
Vietnamese	21,267
Asian Indian	10,087
Cambodian	8,239
Samoan	2,082
Others, Including No Response	171,578
Total:	**2,040,434**

Cal MediConnect

CMC: Member Professed Written Language	
LANGUAGE	**COUNT**
English	7,834
Spanish	6,877
Cambodian	30
Tagalog	240
Cantonese, Mandarin and other Chinese	173
Vietnamese	59
Armenian	50
Farsi	37
Korean	40
Arabic	26
Russian	19
Other, Including No Response	957
Total:	**16,342**

CMC: Member Ethnicity	
ETHNICITY	**COUNT**
Hispanic/Latino	878
Black (African American)	165
White (Caucasian)	23
Filipino	498
Asian/Pacific Islander	43
Chinese	165
Vietnamese	63
Korean	41
Asian Indian	43
Cambodian	29
Samoan	12
Others, Including No Response	14,382
Total:	**16,342**

L.A. Care Covered

LACC: Member Professed Written Language	
LANGUAGE	**COUNT**
English	39,992
Spanish	22,555
Korean	883
Cantonese, Mandarin and other Chinese	3,318
Vietnamese	395
Armenian	450
Tagalog	214
Farsi	191
Russian	108
Cambodian	82
Arabic	64
Other, Including No Response	3,312
Total:	**71,564**

LACC: Member Ethnicity	
ETHNICITY	**COUNT**
White (Caucasian)	12,668
Hispanic/Latino	13,000
Chinese	4,975
Filipino	2,533
Black (African American)	1,654
Korean	1,599
Vietnamese	865
Asian/Pacific Islander	954
Asian Indian	685
Samoan	20
Cambodian	26
Others, Including No Response	32,585
Total:	**71,564**

Practitioner to Member Ratios By Race/Ethnicity:

The five most prevalent racial and ethnic groups that comprise L.A. Care's Medi-Cal, L.A. Care Covered and Cal MediConnect membership are illustrated below.

Across all three lines of business L.A. Care enrollees who self-report their race/ethnicity as Hispanic/Latino and White/Caucasian comprise the majority of the membership population. The top 5 ethnic groups within the Medi-Cal line of business represent 86.61% of all Medi-Cal membership. Based on reported data, only 48.74% of the L.A. Care Covered membership is comprised of the top 5 ethnic/racial groups. This relatively low percentage is likely a result of the number of members who do not report their ethnicity and a more varied ethnic composition across the L.A. Care Covered program. The top 5 *reported* ethnicities for the CMC line of business comprise only 10.53% of total CMC membership.

Medi-Cal

Race/Ethnicity	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
Hispanic/Latino	1,141,509	55.94%	25	0.43%	1:41354
White (Caucasian)	307,119	15.05%	42	0.72%	1:6719
Black (African American)	225,983	11.07%	7	0.12%	1:28132
Chinese	55,477	2.71%	15	0.26%	1:3608
Filipino	37,701	1.84%	15	0.26%	1:2228

L.A. Care Covered

Race/Ethnicity	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White (Caucasian)	12,668	17.74%	35	1.22%	1:375
Hispanic/Latino	13,000	18.16%	18	0.63%	1:680
Chinese	4,975	7.0%	17	0.59%	1:287
Filipino	2,533	3.53%	13	0.45%	1:192
Black (African American)	1,654	2.31%	7	0.24%	1:242

Cal MediConnect

Race/Ethnicity	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
Hispanic/Latino	878	5.4%	16	0.71%	1:39
Filipino	498	3.04%	7	0.31%	1:70
Chinese	165	0.96%	12	0.53%	1:13
Black (African American)	117	0.73%	3	0.44%	1:5
Vietnamese	63	0.40%	6	1.24%	1:11

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 96.34% of all languages spoken by members participating in the program. English and Spanish speaking Medi-Cal members continue to have the highest percentage of PCPs who speak their respective languages while Korean speaking members have the lowest percentage of PCPs speaking their language.

Medi-Cal

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	1,085,344	58.67%	5,822	100%	1:186
Spanish	576,284	31.15%	3,643	62.57%	1:158
Armenian	55,445	3.00%	935	16.06%	1:59
Cantonese, Mandarin and other Chinese	45,325	2.45%	1,274	21.88%	1:36
Korean	19,707	1.07%	565	9.70%	1:35

L.A. Care Covered: The top five languages spoken by L.A. Care Covered members comprise 93.63% 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

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	40,077	55.83%	2,857	47.08%	1:14
Spanish	22,602	31.48%	1,282	21.13%	1:18
Cantonese, Mandarin, and other Chinese	3,251	4.53%	455	7.50%	1:7
Korean	873	1.22%	74	1.22%	1:12
Armenian	407	0.57%	124	2.04%	1:3

Cal MediConnect: The top five languages spoken by Cal MediConnect members represent 92.41% of the program's membership. Consistent with Medi-Cal and L.A. Care Covered, the majority of Cal MediConnect members speak English and Spanish, with these two member groups having the highest percentage of PCPs who speak their language. Of the top five languages spoken by this population, members who speak Vietnamese have the lowest percentage of PCPs who speak their language.

CMC

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	7,653	47.96%	2,259	46.88%	1:3
Spanish	6,612	41.44%	958	19.88%	1:7
Tagalog	252	1.58%	150	3.11%	1:2
Cantonese, Mandarin and other Chinese	171	1.07%	361	7.49%	2:1
Vietnamese	58	0.36%	127	2.64%	2:1

Quantitative Analysis

- Race/Ethnicity of practitioners should be viewed with caution as there is 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.
- Although data on practitioner self-reported languages is more robust and provides a more accurate view of the L.A. Care practitioner network, it should be noted that all physicians do not report English as a spoken language. Therefore, the percentages of English speaking physicians should also be viewed with caution.
- Spanish speaking members comprise 31.15% of overall Medi-Cal membership, 31.48% of LACC membership, and 42.44 % of CMC membership. These percentages are also derived from self-reported information.
- Spanish speaking practitioners comprise 62.57 % of contracted PCPs in the Medi-Cal program, 21.13 % of L.A. Care Covered PCPs and 19.88 % of Cal MediConnect PCPs

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 Management department for updating in the provider database.

Medi-Cal

Medi-Cal: Cultural and Linguistics Complaints			
Issue	**Count of complaints**	**% of ATC Complaints**	**Rate/1000/Quarter**
Cultural Issues	3	0%	0.00
Linguistic Issues	37	0%	0.02

Cal MediConnect

CMC: Cultural and Linguistics Complaints			
Issue	**Count of complaints**	**% of ATC Complaints**	**Rate/1000/Quarter**
Cultural Issues	0	0%	0.00
Linguistic Issues	5	0%	0.32

L.A. Care Covered

LACC: Cultural and Linguistics Complaints			
Issue	**Count of complaints**	**% of ATC Complaints**	**Rate/1000/Quarter**
Cultural Issues	0	0%	0.00
Linguistic Issues	8	0%	0.14

PASC-SEIU

PASC-SEIU: Cultural and Linguistics Complaints			
Issue	**Count of complaints**	**% of ATC Complaints**	**Rate/1000/Quarter**
Cultural Issues	0	0%	0.00
Linguistic Issues	0	0%	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. L.A. Care's hard copy Provider Directory contains an index of practitioners by language. The on-line version of L.A. Care's Provider Directory is searchable by practitioner and office staff language capabilities.

New Practitioners Added to the Networks by Language Spoken

Over the study period, L.A. Care added the following practitioners to the Medi-Cal, L.A. Care Covered and Cal MediConnect lines of business. These additions are calculated by practitioner languages spoken. Across all three lines of business, English and Spanish speaking practitioners represented the majority of additions during the October 2017-September 2018 timeframe. This is consistent with the languages most prevalent among the member population across all lines of business.

Medi-Cal

Medi CAL: New Practitioners Added to Network in 2018 by Languages Spoken	
LANGUAGE	**Number of Physicians**
English	390
Spanish; Castilian	165
Chinese	59
Armenian	38
Vietnamese	29
Korean	28

Medi CAL: New Practitioners Added to Network in 2018 by Languages Spoken	
LANGUAGE	Number of Physicians
Arabic	26
Tagalog	26
Russian	22
French	20
Hindi	20
Persian	19
Hebrew	8
Japanese	7
German	7
Urdu	6
Malayalam	5
Italian	4
Burmese	4
Gujarati	3
Romanian; Moldavian; Moldovan	3
Thai	3
Tamil	3
Swedish	2
Portuguese	2
Bengali	2
Bulgarian	1
Finnish	1
Kannada	1
Macedonian	1
Hmong; Mong	1
Indonesian	1
Serbian	1
Polish	1
Telugu	1
Turkish	1

L.A. Care Covered

LACC: New Practitioners Added to Network in 2018 by Languages Spoken	
LANGUAGE	NUMBER OF PHYSICIANS
English	131
Spanish	61
Tagalog	10
Farsi	10
Arabic	9
Armenian	8
Mandarin	8
Cantonese	6
French	5
Other Chinese	5
Vietnamese	5
Portuguese	4
Hindi	4
Indian/Hindi	4
Korean	3
Burmese	2
Hmong	2
Chinese	2
Russian	2
Samoan	2
Other Non-English	2
Not Invalid	2
Other	2
Persian	1
Taiwanese	1
Thai	1
BASQUE	1
Gujarati	1
Faroese	1
Hungarian	1
Ilocano	1
Italian	1
Japanese	1

Cal MediConnect

CMC: New Practitioners Added to Network in 2018 by Languages Spoken	
LANGUAGE	**NUMBER OF PHYSICIANS**
English	108
Spanish	41
Farsi	9
Armenian	8
Tagalog	8
Arabic	6
Korean	6
Mandarin	5
French	5
Cantonese	3
Portuguese	3
INDIAN/HINDI	2
Other Chinese	2
Thai	2
Persian	2
Vietnamese	2
Burmese	2
Hindi	2
Hmong	1
Not Invalid	1
Other	1
BASQUE	1
Chinese	1
Faroese	1
Turkish	1
Other Non-English	1
IRANIAN	1
Japanese	1
Russian	1
Samoan	1
Taiwanese	1

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 January 2017, the C&L Services Unit successfully completed the NCQA Multicultural Health Care (MHC) survey. L.A. Care was awarded with the MHC Distinction for three product lines: Medicaid, Medicare and Marketplace in March 2017. The Distinction is valid for two years.
- In April 2017, the C&L Services Unit reassessed the language needs of our members and updated the threshold languages accordingly. Two additional threshold languages were identified for the PASC-SEIU line of business: Korean and Russian. The threshold languages for L.A. Care Covered remained the same. Additionally, DHCS released APL17-011, which provided updated guidance on the threshold languages for Medi-Cal and Cal MediConnect; however, there were no actual changes to the threshold languages for these lines of business.
- In May 2017, the C&L Services Unit implemented the internal online complaint form for L.A. Care staff related to interpreting and translation services. The form is to supplement the existing L.A. Care staff satisfaction surveys and to better track challenges experienced by our staff. The collected data will be used to identify opportunities and improve the language services.
- From May to July 2017, a survey was conducted of L.A. Care network PCPs to measure their level of cultural and linguistic competency. The survey results will be used to further develop tools and trainings to better assist providers in serving diverse membership.
- In June and July 2017, the C&L Services Unit partnered with Community Outreach & Engagement to present the Group Needs Assessment results at RCAC meetings as part of ongoing efforts to educate our members. Information on the member rights regarding the language assistance services and how to access such services were also included in the presentations.
- In October 2017, the C&L Services Unit updated and distributed the language assistance signage (tagline) to include top 16 non-English languages of California to meet the requirements of APL17-011. Two copies signage was mailed to all L.A. Care network providers.

SUMMARY

Through quarterly and annual quantitative monitoring and analysis, L.A. Care evaluates its network to determine if it has sufficient numbers and types of practitioners who provide primary care, specialty care, and behavioral healthcare services. More granular monitoring of delegates' provider networks will be performed in 2019. L.A. Care continues to engage in strategic efforts to develop a more robust directly contracted network throughout the Los Angeles County coverage area to ensure members' access to a full range of healthcare services.

The results of this analysis are presented at the Member Quality Service Committee.

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 2017 through September, 2018.

Medi-Cal

Medi CAL: Specialists Added October 2017 September 2018	
SPECIALTY	**COUNT**
Allergy/Immunology	5
Allopathic & Osteopathic Physicians/Colon & Rectal Surgery	2
Allopathic & Osteopathic Physicians/Emergency Medicine	18
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation	2
Allopathic & Osteopathic Physicians/Plastic Surgery	5
Allopathic & Osteopathic Physicians/Surgery	19
Allopathic & Osteopathic Physicians/Surgery, Vascular Surgery	1
Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery	5
Allopathic & Osteopathic Physicians/Surgery/Vascular Surgery	1
Ambulatory Health Care Facilities/Federally Qualified Health Center (FQHC)	2
Anesthesiology	36
Behavioral Health & Social Service Providers/Psychologist	23
Behavioral Health & Social Service Providers/Psychologist, Adult Development & Aging	1
Behavioral Health & Social Service Providers/Social Worker, Clinical	35
Cardiovascular Disease	38
Chiropractic Providers/Chiropractor	136
Dermatology	12
Diagnostic Radiology	23
Endocrinology	21
Gastroenterology	19
Genetics	1
Geriatric Medicine	2
Group/Multi-Specialty	144
Hematology	32
Infectious Disease	17
Laboratories/Clinical Medical Laboratory	3
Neonatology	17
Nephrology	19
Neurology	36
Not Specified	199
Obstetrics and Gynecology	32
Occupational Medicine	3
Oncology	21
Ophthalmology	33
Optometry	19

Medi CAL: Specialists Added October 2017 September 2018	
SPECIALTY	**COUNT**
Orthopedics	12
Other	229
Otolaryngology	8
Pathology	16
Pediatric Cardiology	4
Pediatric Gastroenterology	4
Pediatric Hematology/Oncology	9
Pediatric Infectious Disease	1
Pediatric Nephrology	1
Pediatric Neurology	4
Pediatric Pulmonology	2
Pediatric Surgery	6
Physical Medicine and Rehabilitation	5
Physical therapy	20
Podiatric Medicine & Surgery Service Providers/Podiatrist	8
Podiatry	17
Psychiatry	26
Pulmonology	10
Radiation Oncology	6
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Occupational Therapist	1
Rheumatology	9
Speech, Language and Hearing Service Providers	1
Suppliers/Durable Medical Equipment & Medical Supplies	3
Surgery - Cardiothoracic	4
Surgery - Colon/Rectal	2
Surgery - General	22
Surgery - Hand	1
Surgery - Neurological	4
Surgery - Orthopedic	34
Surgery - Plastic	10
Surgery - Thoracic	2
Urology	19

L.A. Care Covered

LACC: Specialists Added October 2017 September 2018	
SPECIALTY	**COUNT**
Allergy/Immunology	2
Anesthesiology	17
Audiology	1
Cardiovascular Disease	25
Dermatology	12
Diagnostic Radiology	6
Endocrinology	16
Gastroenterology	15
Genetics	1
Hematology	16
Infectious Disease	7
Neonatology	12
Nephrology	16
Neurology	11
Obstetrics and Gynecology	30
Occupational Medicine	3
Oncology	15
Ophthalmology	32
Other	206
Otolaryngology	5
Pathology	4
Pediatric Cardiology	3
Pediatric Gastroenterology	5
Pediatric Hematology/Oncology	7
Pediatric Infectious Disease	1
Pediatric Nephrology	1
Pediatric Neurology	4
Pediatric Pulmonology	3
Pediatric Surgery	4
Physical Medicine and Rehabilitation	7
Physical therapy	14
Podiatry	19
Psychiatry	20
Pulmonology	11
Radiation Oncology	4
Rheumatology	5
Surgery - Cardiothoracic	4

LACC: Specialists Added October 2017 September 2018	
SPECIALTY	COUNT
Surgery - Colon/Rectal	1
Surgery - General	19
Surgery - Hand	1
Surgery - Neurological	4
Surgery - Orthopedic	29
Surgery - Plastic	8
Surgery - Thoracic	1
Urology	8

Cal MediConnect

CMC: Specialists Added October 2017 - September 2018	
SPECIALTY	COUNT
Allergy/Immunology	1
Anesthesiology	5
Cardiovascular Disease	17
Dermatology	10
Diagnostic Radiology	7
Endocrinology	7
Gastroenterology	10
Hematology	8
Infectious Disease	4
Nephrology	13
Neurology	7
Obstetrics and Gynecology	30
Occupational Medicine	3
Oncology	12
Ophthalmology	22
Other	168
Otolaryngology	3
Pathology	2
Pediatric Cardiology	1
Pediatric Gastroenterology	2
Physical Medicine and Rehabilitation	6
Physical therapy	19
Podiatry	17
Psychiatry	17
Pulmonology	4
Radiation Oncology	5

CMC: Specialists Added October 2017 - September 2018	
SPECIALTY	**COUNT**
Rheumatology	5
Surgery - Cardiothoracic	3
Surgery - General	15
Surgery - Hand	1
Surgery - Neurological	3
Surgery - Orthopedic	19
Surgery - Plastic	6
Surgery - Thoracic	1
Urology	8

ANCILLARY PROVIDERS

L.A. Care performed analyses of enrollee access to frequently used ancillary provider types including Skilled Nursing Facilities, Home Health Agencies, Ambulatory Surgery Centers, Radiology Facilities and Dialysis Centers. As shown in the tables below, the majority of L.A. Care's members have access to these services within the 10 or 15-mile standard. LACC and CMC show a lower percentage of members (69% and 32%, respectively) with access to a "stand-alone" facility within the travel distance standards. However, it should be noted that these services are also available some hospital facilities. This additional access option is not reflected in the table below.

Ancillary Provider to Member Geographical Distribution Standard and Results			
	Medi-CAL	**LACC**	**CMC**
	% within 15 miles	**% within 15 miles**	**% within 10 miles**
Skilled Nursing Facility	99%	98%	96%
Home Health Agencies	100%	99%	97%
Ambulatory Surgery Centers	97%	95%	90%
Radiology Facilities	96%	*69%	*32%
Ancillary Provider to Member Geographical Distribution Standard and Results			
	Medi-CAL	**LACC**	**CMC**
	% within 15 miles	**% within 15 miles**	**% within 10 miles**
Dialysis Centers	100%	99%	94%

- Does not include services available at hospital facilities

REVIEW OF COMPLAINTS

A review of complaints over a 12-month period shows there were 1,169 complaints (4.2%) regarding access to specialty care, and 2,170 complaints (11.3%) regarding access to PCP.

Access to Care Complaints by Complaint Description		
Complaint Description	**Count**	**% Total**
Specialty Access/Availability	1,169	4.2%
PCP Access/Availability	2,170	11.3%

ACCESS TO PUBLIC TRANSPORTATION

L.A. Care assessed public transportation from PCP, SCP, and total ancillaries to the nearest bus stop. As residents of the Los Angeles metro area have ample access to public transportation throughout the county producing a map of the locations from provider to bus stop would not be feasible.

There is no standard by which to evaluate this measurement. 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, without charge, to members through to approved locations. Members are notified of this supplemental benefit through their Evidence of Coverage (EOC) document.

H.7 PROVIDER DIRECTORY ACCURACY ASSESSMENT

AUTHOR: AJAY AHLAWAT
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

BACKGROUND

In February of 2017, L.A. Care's Provider Network Management department conducted the organization's first annual evaluation of physician data accuracy as reflected in its provider directories. More specifically, the survey sought to determine the accuracy of five data elements for primary care physicians (PCPs) and specialists. These data elements included:

- Physician Address
- Physician Phone number
- PCP Membership Panel Status (Open or Closed)
- Physician Hospital Affiliations
- Staff Awareness of Physician Line of Business

Results of the 2017 Provider Directory Accuracy Assessment will be used as baseline compliance rates against which subsequent annual analyses will be compared.

SURVEY METHODOLOGY

To confirm the accuracy of all five directory data elements, L.A. Care conducted a telephonic survey in which 1920 randomly chosen primary care and specialist offices were contacted over a period of two consecutive business days. This sample pool represented 21 % of the organization's physician network.

Because specialists do not receive membership assignment, these physicians were not surveyed for the accuracy of the "accepting new patients" indicator. L.A. Care's provider databases and directories only capture and display this information for primary care physicians.

Behavioral Health providers were not included in this sample, as L.A. Care directs members to the provider directory of Beacon Health Options, the organization's contracted Managed Behavioral Healthcare Organization (MBHO).

RESULTS/FINDINGS

Overall – (Across All Product Lines)

Table A			
	Number of Physicians Surveyed	**Number of Accurate Records**	**Accuracy Rate**
Physician Location	1169	835	71%
Physician Phone No.	1169	885	76%
Physician Panel Status*	807	553	66%
Hospital Affiliations	1607	1056	66%
Physician's Lines of Business	2125	1727	81%

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

As depicted in Table A, across all product lines, the accuracy rates for physician location and phone numbers are 71% and 76%, respectively. Hospital affiliation and line of business accuracy rates are

lower. Hospital affiliations indicate an overall rate of 66%. Accuracy for physicians' lines of business is 81%. For the calculations in Table A above, the denominator is the total number of individual *physicians* surveyed and the numerator is the total number of physicians for whom *every* hospital affiliation and line of business is correct for that physician. An "accurate" designation is not assigned the physician if some affiliations are correct and others are incorrect.

RESULTS/FINDINGS BY LINE OF BUSINESS

Medi-Cal – Accuracy rates for Medi-Cal physician locations and phone numbers are fairly consistent with overall rates. The same is true for the accuracy of physician panel status, hospital affiliation, and physician's lines of business.

Table C	Medi-Cal		
	Number of Physicians Surveyed	**Number of Accurate Records**	**Accuracy Rate**
Physician Location	1108	789	71%
Physician Phone No.	1108	835	75%
Physician Panel Status*	441	304	69%
Hospital Affiliations	1528	1003	63%
Physician's Lines of Business	796	650	82%

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

LACC - Physicians affiliated with LACC have a high rate of accuracy for locations and phone numbers but other measurements for LACC do not vary significantly from overall accuracy rates or from those of Medi-Cal and CMC physicians.

Table E	LACC		
	Number of Physicians Surveyed	**Number of Accurate Records**	**Accuracy Rate**
Physician Location	1020	743	73%
Physician Phone No.	1020	792	78%
Physician Panel Status*	718	485	68%
Hospital Affiliations	1509	981	65%
Physician's Line of Business	742	622	84%

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

CMC – At 77% CMC physicians have a higher rate of accuracy for locations than Medi-Cal (71%). For phone numbers, they are consistent with LACC physicians at 73% accuracy. For panel status, hospital affiliation and lines of business, there is little difference in accuracy rates between CMC physicians and physicians affiliated with LACC and Medi-Cal.

Table G	CMC		
	Number of Physicians Surveyed	**Number of Accurate Records**	**Accuracy Rate**
Physician Location	792	607	77%
Physician Phone No.	792	649	82%
Physician Panel Status*	516	368	71%
Hospital Affiliations	1296	828	64%
Physician's Line of Business	587	455	78%

IDENTIFYING OPPORTUNITIES

- The results of the annual Provider Directory Accuracy Survey reveal that, overall, the accuracy of the data elements surveyed are less than optimal. The inaccuracies found in physicians' hospital affiliations and lines of business present the most dramatic opportunity for improvement. Further insight is needed as to why some particular elements present such a challenge across the network.

- The data validation service that L.A. Care's contracted vendor, LexisNexis is performing continues to provide an opportunity for the organization to gain a clearer understanding of the quality/accuracy of its provider directories. However, L.A. Care will need to continue its targeted, timely follow-up and data correction (where applicable) in response to LexisNexis' assessment to ensure members have access to the most accurate and current data.

- The complexity of L.A. Care's contracting/sub-contracting structure limits, to some degree, the amount of control the organization has over ensuring that current, accurate data is consistently maintained in its directories. L.A. Care's Participating Physician Groups' (PPGs) and Plan Partners' failure to communicate physician updates to L.A. Care in a timely manner directly affects L.A. Care ability to maintain current data. This communication process is further hindered when PPGs and Plan Partners do not receive updates from their directly contracted physicians within acceptable timeframes. Because the accuracy of L.A. Care's provider directories relies so heavily upon the timeliness of PPGs'/Plan Partners' data submission, there is a need to require more accountability/consequences for those partners showing patterns of noncompliance with timely provider data submission requirements.

- One of the identified system enhancements that will improve efficiency is to allow physicians to submit updated information directly to L.A. Care through its electronic Adds-Change-Delete process. This system is currently only accessible to contracted PPGs. This limited access system contributes to lapses in timely communication of physician updates to the health plan.

- The organization has additional internal systems limitations, which affect accuracy. For example, the current system will not allow more than one phone number to be entered for one physician location.

- Given the frequency and volume of provider data changes, more consistent internal monitoring will provide guidance in developing more impactful interventions.

INTERVENTIONS

- L.A. Care continues its contractual relationship with LexisNexis for ongoing validation of the organization's provider data across all lines of business. This vendor performs provider outreach to conduct the validation process and attests to the accuracy of its validation on a quarterly basis. Once L.A. Care receives the results of LexisNexis' validation, staff performs additional research with delegates where applicable, and ensures that any discrepant data is corrected.
- A monthly validation of L.A. Care Covered provider data is performed by Covered California providing additional opportunities for L.A. Care to correct any incorrect data, some of which affects the accuracy of the L.A. Care Covered provider directory.
- L.A. Care has committed significant resources to its Total Provider Management (TPM) project. The objectives of this project are to:
- Standardize the manner in which delegates submit data to L.A. Care
- Ensure the integrity of provider data is maintained and
- Facilitate efficient and accurate provider data submissions to various regulatory agencies

- The TPM project also aims to provide the capability for electronic submission of changes from Plan Partners, Plan Partner groups and Community Access Network (CAN) physicians and groups.
- Monthly oversight of Plan Partner provider directories is being performed in accordance with the requirements of the DHCS Final Rule and Senate Bill 137 (SB 137).
- Internal quality checks and processes have been developed and implemented to support provider directory operations.
- L.A Care will issue CAPs when delegates' data submission does not comply with all applicable submission guidelines.
- The frequency of print provider directory updates has been increased from a quarterly to a monthly timeframe for the LACC, LACCD, and PASC lines of business.

I.1 QI COMMITTEE SUMMARY

AUTHOR: MARLA LUBERT
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

L.A. Care's quality committees oversee various functions of the QI program. The activities of the quality committees were formally documented in transcribed minutes, which summarize each agenda item, the discussion, action taken, and follow-up required. Draft minutes of the prior meeting were reviewed and approved at the next meeting. Minutes were then signed and dated. Minutes were also reported to their respective Committee as required. All activities and associated discussion and documentation by the committee participants were considered confidential and 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 six (6) times in 2018. The Compliance and Quality Committee reviewed and approved the 2018 QI and UM program descriptions, 2018 QI and UM work plans, quarterly QI work plan reports, and 2017 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 five (5) times in 2018. 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 2018 QI and UM program descriptions, 2018 QI and UM work plans, quarterly QI work plan reports, and 2017 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 2018. The Joint PICC and PQC contributions in 2018 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 four (4) times in 2018. 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 2018 UM policies and procedures, 2018 UM and Care Management (CM) program descriptions, the 2018 UM and CM Program Work Plans, and the 2017 UM and CM program evaluations.

Credentialing/Peer Review Committee

The Credentialing/Peer Review Committee is responsible for credentialing, recredentialing, peer review assessments and actions to improve the quality of care and demonstrated appropriate follow-up on all findings. The Committee met 10 times with 3 additional ad-hoc meetings in 2018. Facility Site Reports were also included in order to coordinate these findings with Peer Review and credentialing. Policies and Procedures pertinent to this committee and department were updated as per appropriate changes in the industry, reviewed and approved.

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 2018 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 six (6) times in 2018. 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.

QI Steering Committee:

The Quality Improvement Steering Committee (QISC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This Committee is a collaborative workgroup that engages business units from multiple departments across the organization that are involved in improvement of care, services, and provider and member satisfaction. This committee met seven (7) times in 2018.

The objective of the QI Steering Committee is to establish a formal process for providing oversight and strategic guidance to individual QI workgroups. The committee serves as a platform for workgroup leads to present current and prospective initiatives/interventions for approval as well as provide updates regarding workgroup activities. In addition, the QI Steering Committee promotes **inter-departmental** coordination and alignment of L.A. Care's member and provider initiatives.

Behavioral Health Quality Improvement Committee

The Behavioral Health Quality Improvement Committee (BHQIC) is responsible for developing, implementing and monitoring interventions based on the analysis of collected data to result in improvement in continuity and coordination of medical and behavioral health care (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 four (4) times in 2018. 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 reviews CME applications, policies and procedures, and receives pertinent updates from the Institute for Medical Quality as necessary. 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.

I.2 National Committee for Quality Assurance (NCQA) Health Plan Accreditation Score

Author: Annette Garcia
Reviewer: Maria Casias, RN & Katrina Miller, MD

NCQA publicly reports an annual summarized plan performance for L.A. Care's Medi-Cal and Cal MediConnect plans based on its latest score for Health Plan Standards and the current year's HEDIS and CAHPS reported rates. L.A. Care's L.A. Care Covered plan is scored solely on Health Plan Standards and therefore does not receive an annual summarized plan performance report. 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).

Population Health Management (PHM)

During the course of calendar year 2018 L.A. Care formulated its Population Health Management (PHM) strategy. The PHM Strategy has been developed and documented in a PHM Program Description document. There is a cross functional PHM team that provides input and information for the development of said Program Description. L.A. Care is also working on developing a PHM Annual Population Assessment report, this report is also worked on via the PHM Cross Function team and ultimately will be reviewed at L.A. Care's Member Quality and Service Committee. L.A. Care continues to work on ensuring that all PHM Standards are met. PHM Evidence will be submitted to L.A. Care's NCQA consultants for review and validation in January 2019.

Medi-Cal

Accreditation Summary Report

Accreditation Summary Report

8/30/2018

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

Accred Code: CA05205

Last HEDIS® Review Based on HEDIS® 2018

Product Line : **Medicaid HMO** **Accreditation Status** : **Commendable**

CAHPS Used : **Child-CCC**

Last Survey Date : **4/4/2017** **Effective Date** : **8/31/2018**

	Points	Number of Stars
Access & Service	83.4	3
Getting Better	60.7	1
Living with Illness	76.6	2
Quality Providers	92.8	4
Staying Healthy	76.4	2

*** Standards Scores :** 49.4655

***EOC Score :** 24.9544

CAHPS Score : 6.5371

***Total HEDIS® Score :** 31.4916

Total Score : 80.9570

Next HEDIS® Review Based on HEDIS® 2019 **Standards Score Expiration : 6/8/2020**

* 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**

Accreditation Scores

The following tables are the 2017 and 2018 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 76.96 score in the 2017 Accreditation cycle and an 80.95 score in the 2018 NCQA calculated score. The variance is the amount of points needed to achieve the total available points for that category.

	2018 Scoring		
	Available Points	**L.A. Care Score**	**Variance**
Standards	50.00	49.47	**0.53**
HEDIS	37.00	24.95	**12.05**
CAHPS	13.00	6.53	**6.47**
TOTAL	100.00	**80.95.**	**19.05**
Accreditation Status:		**Commendable**	

The variance between the two accreditation scores is an increase of 3.99 points from 2017 to 2018.

2017 Score	**2018 Score**
76.96	**80.95**

Medi-Cal HMO is currently at the Commendable Status. In order to achieve the next level up of "Excellent," the plan needs to increase its current score of 80.95 by 9.05 points.

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

Points Needed to Achieve Next Level	
Level	**Points**
Excellent	9.05

Cal MediConnect

Accreditation Summary Report

Accreditation Summary Report

11/5/2018

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

Accred Code: **CA05205**

Last HEDIS® Review Based on HEDIS® 2018

Product Line : **Medicare HMO**

Accreditation Status : **Accredited**

CAHPS Used : **Adult**

Last Survey Date : **4/4/2017**

Effective Date : **10/27/2017**

	Points	Number of Stars
Access & Service	81.5	3
Getting Better	63.2	1
Living with Illness	55.2	1
Quality Providers	71.6	2
Staying Healthy	48.5	0

*** Standards Scores :** 49.4655

***EOC Score :** 16.1244

CAHPS Score : 3.2500

***Total HEDIS® Score :** 19.3744

Total Score : 68.8398

Next HEDIS® Review Based on HEDIS® 2019

Standards Score Expiration : 6/8/2020

* 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**

Accreditation Scores

The following table is the 2018 NCQA Accreditation Scores/Status for the Cal MediConnect 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 total score of 68.83 in the 2018 NCQA calculated score. The variance is the amount of points needed to achieve the total available points for that category.

	2018 Scoring		
	Available Points	**L.A. Care Score**	**Variance**
Standards	50.00	49.47	**0.53**
HEDIS	37.00	16.12	**20.88**
CAHPS	13.00	3.25	**9.75**
TOTAL	100.00	**68.83**	**31.17**
Accreditation Status:		**Accredited**	

The variance between the two accreditation scores is an increase of .49 points from 2017 to 2018.

2017 Score	**2018 Score**
68.34	**68.83**

Accreditation Status

Cal MediConnect 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 68.83 by 11.17 points. In order to achieve "Excellent," the plan needs to increase its current score by 21.17 points.

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

Points Needed to Achieve Next Level	
Level	**Points**
Commendable	11.17
Excellent	21.17

L.A. Care Covered

Accreditation Scores

The following table is the 2017 NCQA Accreditation Scores/Status for the L.A. Care Covered plan. The total score for the Marketplace product line is based on the Standards points *only* (see the Scoring Chart below). For this reason, NCQA does not distribute an Annual NCQA Summary Report for Marketplace plans. L.A. Care Covered achieved a score of 49.61 points on the standards in April 2017. New L.A. Care Scores will be available in 2020. The variance is the amount of points needed to achieve the total available points for that category.

	2017 Scoring		
	Available Points	**L.A. Care Score**	**Variance**
Standards	50.00	49.61	**0.39**
HEDIS	NA	NA	**NA**
CAHPS	NA	NA	**NA**
TOTAL	50.00	**49.61**	**0.39**
Accreditation Status:		**Accredited**	

Accreditation Status

L.A. Care Covered is currently at the Accredited Status. Because NCQA does not score Marketplace Plans on HEDIS or CAHPS, this is the highest accreditation status possible for L.A. Care Covered.

NCQA Scoring Chart to determine health plan accreditation status **Scoring Ranges**	
Excellent	NA
Commendable	NA
Accredited	**32.50-50**
Provisional	27.5-32.49
Denied	0-27.49

The current statuses for all three lines of business are valid through June 2020. The next onsite review will be in April 2020. L.A. Care will also be submitting the three lines of business for Renewal Accreditation in April 2020.

NCQA Distinction in Multicultural Health Care

Cultural competency is a necessary component of a high quality health care system. L.A. Care's Medi-Cal product was awarded with the National Committee for Quality Assurance (NCQA) Multicultural Health Care (MHC) Distinction for the first time in 2013. In 2015, Medi-Cal distinction was renewed and MHC distinction for L.A. Care Covered (LACC) was added. In 2017, L.A. Care's Medi-Cal and L.A. Care Covered were renewed and Cal MediConnect (CMC) was added. Based on the 2 year MHC survey cycle, L.A. Care's Medi-Cal, CMC, and LACC will be surveyed for MHC distinction in Q1 2019. 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.

I.3 COMMUNITY PARTNERSHIPS AND ENGAGEMENT

AUTHOR: BETTSY SANTANA, MPH
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

L.A. Care works with multiple national and local organizations with the aim of improving the health of our members and the community. The Quality Improvement (QI) department works with agencies that promote cancer screenings, immunizations, antibiotic stewardship, and cardiovascular care. These partnerships are important to the development of our interventions and to help us work more effectively at targeting common public health issues.

Since 2015 L.A. Care has worked with the American Cancer Society on the development of materials and content on Cervical and Colorectal Cancer screenings, as well as promoting Human Papilloma Virus (HPV) Immunization among preteens. L.A Care has a Memorandum of Understanding for use of the American Cancer Society logo on member targeted materials. L.A. Care continues to use a mailer that was developed in 2016 to encourage Colorectal Cancer Screenings. In 2018, a few modifications were made to the brochure and it was mailed out in the spring of 2018. L.A. Care continues to also use a cervical cancer screening mailer that was developed in 2015. In May of 2018, QI collaborated with one of the Family Resources Centers (FRCs) to host a few "Women's wellness week" educational events that were paired with mailers, bus shelters and billboards to promote cancer screenings in one of our lowest performing zip codes. The educational events were led by our own health promoters, that had been training by the American Cancer Society.

To help promote immunizations, L.A. Care is part of several community advisory committees. L.A. Care is part of the Immunization Coalition of Los Angeles County (ICLAC). ICLAC is a community-based partnership of Los Angeles County hospitals, schools, clinics, health department programs, pharmacies, health plans, vaccine companies, and non-profit organizations with a mission to collaborate to improve access to the medically recommended immunizations for adults and adolescents, especially among groups at highest risk for vaccine preventable diseases in Los Angeles County. Thanks to this partnership, L.A. Care has been able to recruit several speakers as part of its provider webinar series as well as the annual quality improvement conference. QI staff also serve on ICLAC's Adolescent Work Group which is dedicated exclusively to improving vaccination rates among teens. L.A. Care also participates in the Los Angeles HPV Vaccine Coalition. The LA HPV Vaccine Coalition membership is composed of academic, non-profit immunization stakeholders and health plan organizations working exclusively on improving HPV vaccination rates. As a participant L.A. Care has offered to provide HPV vaccination rates to help identify disparities. A formal data request is in progress. Finally, QI staff has begun to participate in an advisory group led by the California Department of Public Health aimed at improving the use of the California Immunization Registry (CAIR) to help capture vaccinations. QI has been working closely with CDPH staff to help identify who is using the registry and determining a strategy for targeting providers that have lapsed or do not use the registry. Based on our partnership we were able to match 39.6% of our providers with an CAIR ID. The next steps are to determine who has an ID but whose use of the registry has lapse or declined, provide support and/or provide an incentive to help drive use of the registry.

L.A. Care continues to work on antibiotic stewardship with Physicians for a Healthy California, formerly known as the California Medical Association Foundation. Every year, L.A. Care helps identify high antibiotic prescribers and funds the distribution of toolkits to those providers in the winter. The toolkits include a compendium of appropriate antibiotic use as well as educational materials for patients. This is part of a statewide initiative and L.A. Care is one of several health plans that support the initiative through funding and promotion of the toolkit. A link to the toolkit can be found on our website in Provider tools and toolkits section. The toolkit is also listed in our Clinical Practice Guidelines.

In June of this year, L.A. Care joined the Target BP program sponsored by the American Heart Association (AHA). As part of the Target BP program L.A. Care has pledge to help reduce blood pressure among its membership as well as provide blood pressure rates (HEDIS rates) to the AHA. As part of this new partnership, L.A. Care invited the AHA to their annual QI conference to speak about the new blood pressure guidelines. L.A. Care is currently working with the AHA to bring more provider tools from the AHA to our library of provider materials so that medical groups and physicians can receive these tools, such as brochures and treatment algorithms at no cost.

In addition to these activities, we also have participation from the Hospital Association of Southern California as part of our Inpatient Work Group. The Inpatient Work Group is working towards reducing readmissions rates and a few other in-patient related quality measures. HASC has presented on a few performance improvement projects and has connected us with other groups, such as Hospital Improvement Innovation Network (HIIN) and their resources. In 2019, HASC is planning to present on readmissions at one of our provider webinars to help us continue to educate our network inpatient safety.

LOOKING FORWARD

- Continue to share materials and resources from our partners and ensure usage and understanding of the materials.
- Incorporate the subject matter experts into our provider educational opportunities such as webinars and CME webinars.
- Attempt to confirm benefit of relationships and information.

I.4 PROVIDER & MEMBER INCENTIVE PROGRAMS

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PROVIDER INCENTIVES

L.A. Care's Quality Improvement (QI) Department operates pay-for-performance (P4P) incentive programs for providers designed to improve Healthcare Effectiveness Data Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), access and availability, auto-assignment, National Committee for Quality Assurance (NCQA) accreditation, and member satisfaction. HEDIS performance in the P4P programs is based on administrative data, which includes the HEDIS measure's entire eligible population for a provider. Hybrid data, which is based on a smaller subset of the entire population and is the reported rate, is not utilized in the programs due to the smaller denominator. Therefore, the P4P programs are designed to improve L.A. Care's administrative data capture via encounters, labs, pharmacy and other admin data sources.

Incentive programs provide a highly visible platform to engage providers in quality improvement activities; increase provider accountability for performance; provide peer-group benchmarking and actionable performance reporting; and deliver value-based revenue tied to quality. Incentives for physicians, community clinics, provider groups, and health plan partners are aligned wherever possible so that L.A. Care's partners pursue common performance improvement priorities and goals. Additionally, these programs incorporate best practices of organizations that provide leadership at the state and national levels, including the Integrated Healthcare Organization (IHA) and Centers for Medicare & Medicaid (CMS).

PHYSICIAN PAY-FOR-PERFORMANCE (P4P) PROGRAM

2018 marked the eighth year of L.A. Care's Physician P4P Program, which targets high-volume solo and small group physicians (250+ Medi-Cal members) and community clinics (1,000+ Medi-Cal members). The Physician P4P Program provides performance reporting and financial rewards for practices serving Medi-Cal members, and represents an opportunity to receive significant revenue above capitation. Eligible providers receive annual incentive payments for outstanding performance and improvement on multiple HEDIS measures - sixteen were included in 2018, and auto-assignment measures were double-weighted (these have a greater role in determining physician and clinic performance scores and incentive payments). Due to increased stakeholder and regulator focus on patient access to care, L.A. Care introduced an access and availability payment gate in 2017 and included it in 2018. The payment gate is based on results from the California Department of Managed Health Care (DMHC) required Provider Appointment Availability Survey and the Provider After-Hours Access Survey. Final performance reports and incentive payments for the measurement year (MY) 2018 Physician P4P Program are scheduled for the 4th quarter of 2019.

Summary Statistics for the Physician P4P MY 2017 Payments

L.A. Care paid out $22.2 million in incentive payments to 888 physicians and 59 community clinics for the MY 2017 Physician P4P Program in the 4th quarter of 2018.

- Solo payments (PMPMs): Minimum: $0.00, Median: $1.18, Maximum: $3.65
- Clinic payments (PMPMs): Minimum: $0.19, Median: $1.22, Maximum: $2.49
- Access and Availability payment gate results:
  - Provider non-compliance in these measures resulted in a total $717k left on the table. This represents 3.18% of the total payment.
  - Solos ($325k total deducted): 491 had no reduction, 238 had a 5% reduction, 106 had a 10% reduction, 11 had a 15% reduction.

- Clinics ($392k total deducted): 9 had no reduction, 23 had a reduction of 1-5%, 23 had a reduction of 5-10%, 4 had a reduction 10-15%.

PHYSICIAN P4P PERFORMANCE TRENDS

1. Physician P4P Performance Score Trends

Solo practitioners and community clinics have been measured and scored on numerous HEDIS clinical quality measures over the years in the Physician P4P Program. For scoring reliability, providers are only scored on measures for which they hold sufficient membership. A measure is scored if the provider has at least ten eligible members in the measure. Overall performance scores are assigned to providers if they meet a minimum of three scored measures. Overall performance scores are an un-weighted average of all of a provider's scored measures. They can be interpreted as the proportion of the total possible points that were achieved.

a. Solo Physicians

Looking at the most recent three-year trend, with the caveat that measures in the program change slightly from year-to-year, overall physician performance scores have been showing an upward trend. The maximum performance scores have generally and expectedly remained high, around 95%-100%. The average (mean) and middle (median) performance scores between MY 2015 and MY 2017 have been steadily rising. The most recent mean and median performance scores (MY 2017) are the highest they have ever been, with the most recent maximum score remaining high. While the maximum performance scores demonstrate that the best providers are maintaining excellent performance and setting a high bar, it is equally important that the average and median performance scores continue increasing, which demonstrate that the physician network is improving across the board.

SOLOS		MY2015	MY2016	MY2017
Performance Scores	Mean	26.02%	30.24%	33.71%
	Median	22.22%	28.12%	30.00%
	Max.	98.00%	96.00%	97.50%

b. Community Clinics

The Physician P4P Program determines performance scores for community clinics at the clinic organization level. This ensures that community clinics are measured and rewarded for their total eligible L.A. Care membership, and that variability in reported provider-level performance is less of a factor in a clinic's overall results.

Looking at the most recent three-year trend, also with the same caveat that measures in the program change slightly from year-to-year, clinic performance scores have varied, but show an overall upward trend this in this time frame. The Physician P4P Program has had a very positive impact on clinic performance, especially when observing how far they've come along from the inception of the program. Back in MY 2012, the clinic median performance score was 20.12%, now it's twelve percentage points higher at 32.50% in MY 2017. Comparing the maximum clinic performance scores in MY 2012 (45.56%) to MY 2017 (63.88%) demonstrates an almost twenty percentage point difference. Although there is still plenty of room for growth, these results for the clinics indicate that yearly incremental improvement is significantly magnified over time.

CLINICS		MY2015	MY2016	MY2017
Performance Scores	Mean	29.88%	33.99%	32.51%
	Median	31.13%	35.00%	32.50%
	Max.	52.22%	63.33%	63.81%

2. Physician P4P Measure Thresholds and Benchmarks Trends

Another form of performance measurement is analyzing measure-specific trends. The Physician P4P program monitors and tracks network-wide performance across the HEDIS measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology.

There were seventeen common HEDIS measures that were used in the last two program years. In comparing the thresholds and benchmarks between MY 2017 to MY 2016, even though the changes were not statistically significant, the trend indicates that most measures showed improvements, with very few showing decreases. The test for statistical significance did not determine the year-to-year changes to be significant due to the smaller denominator sizes at the physician level.

a. Benchmarks - 95th percentile (upper end of goal range)

Out of the seventeen measures for which comparisons from MY 2016 to MY 2017 were possible, **13 (76%)** increased, **2 (12%)** decreased and **2 (12%)** made no change. The two benchmarks that didn't change were at 100% both years.

Measure trends – Benchmarks (95th percentile):

Measure	MY 2016 Rate	MY 2017 Rate	Rate Change
Annual Monitoring for Patients on Persistent Meds (MPM) – Diuretics	100.00%	100.00%	**0.00%**
Appropriate Testing for Children with Pharyngitis (CWP)	79.52%	84.21%	**4.69%**
Asthma Medication Ratio (AMR) – 5-64 years of age	83.33%	89.44%	**6.11%**
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	61.54%	62.90%	**1.36%**
Breast Cancer Screening (BCS)	78.71%	78.73%	**0.02%**
Cervical Cancer Screening (CCS)	69.39%	70.00%	**0.61%**
Childhood Immunization Status (CIS) – Commination 3	77.90%	76.92%	**-0.98%**
Children and Adolescents' Access to Primary Care Practitioners (CAP)	92.87%	96.52%	**3.65%**
Chlamydia Screening in Women (CHL)	82.60%	85.71%	**3.11%**
Comprehensive Diabetes Care (CDC) – A1c Screening	95.53%	96.09%	**0.56%**
Comprehensive Diabetes Care (CDC) – A1c Control <8%	66.67%	66.92%	**0.25%**
Comprehensive Diabetes Care (CDC) – Eye Exams	66.67%	74.19%	**7.52%**
Comprehensive Diabetes Care (CDC) – Nephropathy	100.00%	100.00%	**0.00%**
Immunizations for Adolescents (IMA) – Combination 1	90.48%	92.43%	**1.95%**
Prenatal & Postpartum Care (PPC) – Postpartum Care	68.22%	72.65%	**4.43%**
Prenatal & Postpartum Care (PPC) – Timeliness of Prenatal Care	85.35%	80.42%	**-4.93%**
Well-Child Visits 3-6 Years of Life (W34)	85.21%	86.95%	**1.74%**

b. Thresholds - 50th percentile (lower end of goal range)

Out of the seventeen measures for which comparisons from MY 2016 to MY 2017 were possible, **13 (76%)** increased, **3 (18%)** decreased and **1 (6%)** made no change.

Measure trends – Thresholds (50th percentile):

Measure	MY 2016 Rate	MY 2017 Rate	Rate Change
Annual Monitoring for Patients on Persistent Meds (MPM) – Diuretics	88.89%	88.00%	**-0.89%**
Appropriate Testing for Children with Pharyngitis (CWP)	18.07%	17.79%	**-0.28%**
Asthma Medication Ratio (AMR) – 5-64 years of age	53.33%	55.83%	**2.50%**
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	27.27%	30.00%	**2.73%**
Breast Cancer Screening (BCS)	53.85%	55.56%	**1.71%**
Cervical Cancer Screening (CCS)	46.50%	48.26%	**1.76%**
Childhood Immunization Status (CIS) – Commination 3	39.71%	42.86%	**3.15%**
Children and Adolescents' Access to Primary Care Practitioners (CAP)	83.04%	86.21%	**3.17%**
Chlamydia Screening in Women (CHL)	57.89%	59.09%	**1.20%**
Comprehensive Diabetes Care (CDC) – A1c Screening	81.94%	83.33%	**1.39%**
Comprehensive Diabetes Care (CDC) – A1c Control <8%	42.31%	43.75%	**1.44%**
Comprehensive Diabetes Care (CDC) – Eye Exams	44.00%	50.00%	**6.00%**
Comprehensive Diabetes Care (CDC) – Nephropathy	90.91%	90.91%	**0.00%**
Immunizations for Adolescents (IMA) – Combination 1	68.53%	71.43%	**2.90%**
Prenatal & Postpartum Care (PPC) – Postpartum Care	40.37%	42.86%	**2.49%**
Prenatal & Postpartum Care (PPC) – Timeliness of Prenatal Care	60.00%	58.11%	**-1.89%**
Well-Child Visits 3-6 Years of Life (W34)	65.38%	67.61%	**2.23%**

VALUE INITIATIVE FOR IPA PERFORMANCE+PAY-FOR-PERFORMANCE (VIIP+P4P) PROGRAM

The Value Initiative for IPA Performance (VIIP) was developed as a strategic tactic guided by the Enterprise 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 as well, which included pharmacy, financial stability, membership, responsiveness to compliance requests, and unique factors the IPA provides such as distinctive provider or specialty services or geographic coverage and a measure for responsiveness to L.A. Care. These additional factors will continue to be considered as part of the overall view of IPA performance, and may be added in future program years.

In 2017, VIIP merged with LA P4P to provide a stronger program and streamline reporting and alignment for quality improvement. The new program, 'VIIP+P4P', measures, reports, and provides financial rewards for provider group performance across multiple domains, including clinical quality, access and availability, utilization, encounters and member satisfaction. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of high performing IPAs. The program utilizes the Attainment and Improvement scores for payment. Encounter data submission remains a vital component of the VIIP+P4P program as demonstrated by the encounter data volume payment gates.

The encounter data gating methodology will be used to adjust incentive payments based on each provider group's level of encounter data submission, which reinforces the organization's efforts to increase administrative data capture.
Starting in 2017, the "Action Plan" process was developed by the VIIP Workgroup including members from QI, PNM, Communications, etc., which requested that all IPAs submit Specific, Measureable, Attainable, Relevant and Time-Bound (S.M.A.R.T.) Action Plans for improvement for each one of the five (5) VIIP domains. This process helps keep the IPAs actively engaged with the VIIP program, L.A. Care and plan partners, and is therefore a key component of the program.

The VIIP+P4P program continued in 2018, with targeted areas of enhancement. Final VIIP+P4P performance reports and incentive payments for the 2018 program are scheduled for the 4th quarter of 2019.

Summary Statistics for the VIIP+P4P MY 2017 Payments

L.A. Care paid out $14.3 million in incentive payments to 52 eligible provider groups for the MY 2017 VIIP+P4P Program in the 4th quarter of 2018.

- Provider group payments (PMPMs): Minimum: $0.00, Median: $0.76, Maximum: $1.24
- The encounter data payment gate resulted in a total $570k left on the table.
  - 32 groups met the highest target and had no reduction in payment, 14 groups had a 15% reduction, 3 groups had a 25% reduction & 3 groups had a 50% reduction.

IPA Action Plan Engagement and Results

IPAs were highly encouraged to create Action Plan goals to support their quality improvement efforts and impact their VIIP+P4P performance. L.A. Care created a S.M.A.R.T. goals worksheet to provide guidance and help IPAs develop their project improvement plans. IPAs were instructed to submit action plans three times during the year, with L.A. Care and its health plan partners providing feedback after each submission. Most groups submitted timely and sufficient action plan goals that met the S.M.A.R.T. criteria. A majority of groups met at least half of their goals, with few meeting none of their goals.

- **Initial Action Plans (March 2018)**
  - 56 groups submitted an initial action plan.
    47 of these action plans were submitted on time.
    2 groups submitted after an extension.
    7 groups submitted late without an extension.
- **Update Action Plans (July 2018)**
  - 50 groups submitted an updated action plan.
    - 47 of these action plans were submitted on time.
    - 2 groups submitted after an extension.
    - 1 group submitted late without an extension.
- **Final Action Plans (December 2018)**
  - 52 groups submitted the final action plan results.
    - 47 of these action plans were submitted on time.
    - 2 groups submitted after an extension.
    - 3 groups submitted late without an extension.
- **Overall Results**
  - 32 IPAs met at least 50% of their action plan goals.
    3 IPAs met 100% of their goals.
    13 IPAs met 80% of their goals.
    16 IPAs met 60% of their goals.
  - 26 IPAs did not meet at least 50% of their action plan goals.
    16 IPAs met 40% of their goals.

4 IPAs met 20% of their goals.
6 IPAs met 0% of their goals.

VIIP+P4P PERFORMANCE TRENDS

1. VIIP+P4P Performance Score Trends

IPAs and medical groups have been measured and scored on numerous industry standard metrics, including HEDIS clinical quality measures, member satisfaction, encounter data, etc. For scoring reliability, provider groups are only scored on measures for which they hold sufficient membership. A measure is scored if the provider group has at least 30 eligible members in the measure. Domain scores are an un-weighted average of the scored measures within the domains. Overall performance scores are assigned to provider groups if they meet a minimum number of scored measures per domain and at least 2 scored domains overall. Final performance scores are given to the IPAs after weighting the domain scores and dividing the total achieved points out of the total possible points.

Comparing the VIIP performance score trends over the last two years shows a very impressive trend. VIIP MY 2017 vs MY 2016 results are as follows:

- 57 groups were scored in both measurement years:
  - **a.** 49 out of 57 groups increased in score from MY 2016 to MY2017.
  - **b.** For the groups that increased their performance score, the average performance score increased by about 20 percentage points.
- Tertile comparison:
  - **a.** The below table demonstrates the marked improvement. The tertile cutoff points show about 20 percentage point differences. In order to make the top 3rd of performing groups in MY 2016, IPAs needed to have a 30.05% score or higher, in MY 2017 IPAs needed to have a 53.18% score or higher.

MY 2016		MY 2017	
% Range	Rank	% Range	Rank
30.05% - 91.92%	1 - 20	53.18% - 90.12%	1 - 21
23.03% - 30.04%	21 - 39	42.77% - 53.17%	22 - 40
10.32% - 23.02%	40 - 58	0.00% - 42.76%	41 - 60

2. VIIP+P4P Measure Thresholds and Benchmarks Trends

Another form of performance measurement is analyzing measure-specific trends. The VIIP+P4P program monitors and tracks IPA network-wide performance across all of the five VIIP domains and measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology.

There were forty-one common measures between the five VIIP domains that were used in the last two performance years. In comparing the thresholds and benchmarks between MY 2017 and MY 2016, the trend indicates that a number of measures showed statistically significant improvements, with very few showing significant decreases.

a. Benchmarks - 95th percentile (upper end of goal range)

Out of the forty-one measures for which comparisons from MY 2016 to MY 2017 were possible and statistically significant, **15 (37%)** significantly increased, and **3 (7%)** significantly decreased.

Domains and Measures that showed significant changes – Benchmarks (95th Percentile):

HEDIS			
Measure	**MY 2016 Rate**	**MY 2017 Rate**	**Rate Change**
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	58.33%	43.55%	**-14.78%**
Breast Cancer Screening (BCS)	77.14%	72.17%	**-4.97%**
Cervical Cancer Screening (CCS)	72.73%	69.90%	**-2.83%**
Comprehensive Diabetes Care (CDC) - Eye Exams	54.35%	73.68%	**19.33%**
Comprehensive Diabetes Care (CDC) - Nephropathy	92.66%	97.30%	**4.64%**
ENCOUNTER TIMELINESS			
Measure	**MY 2016 Rate**	**MY 2017 Rate**	**Rate Change**
Timeliness of MCLA encounters	86.06%	91.64%	**5.58%**
Timeliness of Plan Partner encounters	78.07%	86.55%	**8.48%**
ACCESS AND AVAILABILITY*			
Measure	**MY 2016 Rate**	**MY 2017 Rate**	**Rate Change**
After-Hours Care: Overall Access	66.67%	84.21%	**17.54%**
After-Hours Care: Call Return Timeliness	59.18%	75.90%	**16.72%**
Appointment Availability: Urgent Care Appt within 48 Hours	60.00%	83.78%	**23.78%**
**this domain had spec changes which impacted the overall improvement of the measures.*			
UTILIZATION MANAGEMENT*			
Measure	**MY 2016 Rate**	**MY 2017 Rate**	**Rate Change**
Risk-Adjusted Bed Days (/1000 Member/Year)	91.15	71.26	**19.89**
Risk-Adjusted All Cause Readmission	6.03%	3.39%	**2.64%**
Potentially Avoidable ER Visits	12.54%	11.46%	**1.08%**
**lower is better in this domain.*			
MEMBER SATISFACTION			
Measure	**MY 2015 Rate**	**MY 2017 Rate**	**Rate Change**
Adult Timely Care and Service for PCPs	47.59%	60.58%	**12.99%**
Child Timely Care and Service for PCPs	55.74%	78.16%	**22.42%**
Child Coordination of Care Combined	62.00%	71.65%	**9.65%**
Child Health Promotion Combined	59.96%	76.73%	**16.77%**
Child Office Staff Combined	71.52%	83.49%	**11.97%**

b. Thresholds - 50th percentile (lower end of goal range)

Out of the forty-one measures for which comparisons from MY 2016 to MY 2017 were possible and statistically significant, **13 (32%)** significantly increased, and **2 (5%)** significantly decreased.

Domains and Measures that showed significant changes – Thresholds (50th Percentile):

HEDIS			
Measure	**MY 2016 Rate**	**MY 2017 Rate**	**Rate Change**
Childhood Immunizations Status (CIS) – Combo 3	44.74%	51.44%	**6.70%**
Appropriate Testing for Children with Pharyngitis (CWP)	21.51%	29.03%	**7.52%**
Comprehensive Diabetes Care (CDC) - Eye Exams	43.50%	50.80%	**7.30%**
Well-Child Visits in the 4th, 5th, and 6th Years of Life (W34)	64.20%	67.21%	**3.01%**
ENCOUNTER TIMELINESS			
Measure	**MY 2016 Rate**	**MY 2017 Rate**	**Rate Change**
Timeliness of MCLA encounters	74.48%	78.36%	**3.88%**
Timeliness of Plan Partner encounters	54.86%	72.34%	**17.48%**
ACCESS AND AVAILABILITY*			
Measure	**MY 2016 Rate**	**MY 2017 Rate**	**Rate Change**
After-Hours Care: Overall Access	53.66%	78.99%	**25.33%**
After-Hours Care: Call Return Timeliness	45.38%	60.49%	**15.11%**
Appointment Availability: Urgent Care Appt within 48 Hours	44.08%	73.33%	**29.25%**
**this domain had spec changes which impacted the overall improvement of the measures.*			
UTILIZATION MANAGEMENT*			
Measure	**MY 2016 Rate**	**MY 2017 Rate**	**Rate Change**
Risk-Adjusted Hospital Admission Rate (/1000 Members/Year)	51.66	60.99	**-9.33**
One-Day Admissions	24.63%	27.57%	**-2.94%**
**lower is better in this domain.*			
MEMBER SATISFACTION			
Measure	**MY 2015 Rate**	**MY 2017 Rate**	**Rate Change**
Adult Timely Care and Service for PCPs	39.31%	53.53%	**14.22%**
Child Timely Care and Service for PCPs	45.70%	63.65%	**17.95%**
Child Coordination of Care Combined	52.78%	63.67%	**10.89%**
Child Health Promotion Combined	49.37%	63.77%	**14.40%**

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. It formally consisted of two domains, with a focus on the five administrative auto-assignment HEDIS measures and their largest IPAs' encounter data performance. This program was redesigned in 2018 to more closely mirror the VIIP+P4P program, to create a stronger platform for shared quality improvement strategies between plans and provider groups. The program now measures and rewards plan partners for performance on a broader set of metrics, including clinical quality, access and availability, utilization, encounters and patient satisfaction. A new component was incorporated into the plan partner program that ties a significant proportion of the plan's incentive payment to how their contract provider groups perform in the VIIP+P4P program. The Plan Partner Incentive program will continue to utilize these metrics in 2019 with targeted areas of modification.

Final performance reports and incentive payments for the MY 2018 program are scheduled for the 4th quarter of 2019.

Summary statistics for the Plan Partner MY 2017 payments

L.A. Care paid out $7.3 million in incentive payments to participating plan partners for the MY 2017 plan partner incentive program in the 4th quarter of 2018.

- Anthem: earned $5.4 million (57% of available payment), equates to $0.96 PMPM.
- Care 1st: earned $1.9 million (28% of available payment), equates to $0.47 PMPM.

Plan Partner Incentive Performance Trends

The plan partners have historically been measured on the five administrative auto-assignment measures in their incentive program. Looking at a three-year trend, both plan partners have generally demonstrated steady improvement in their year-over-year administrative rates for each of the incentivized measures, again signifying that yearly incremental improvement is magnified over time. Reported rates include member continuous enrollment at the plan-level, with the exception of timeliness of prenatal care.

Anthem Blue Cross		Administrative Rates		
Measure ID	Sub Measure Description	HEDIS 2016 (MY 2015)	HEDIS 2017 (MY 2016)	HEDIS 2018 (MY 2017)
CIS-3	Childhood Immunization Status - Combination 3	40.37%	47.04%	48.06%
A1C	Comprehensive Diabetes Care - Hemoglobin A1C	82.24%	83.11%	83.71%
CCS	Cervical Cancer Screening	54.17%	55.15%	55.41%
PPC-PRE	Prenatal and Postpartum Care - Timeliness of Prenatal Care	51.54%	56.19%	60.61%
W34	Well-Child Visit in Third Fourth Fifth and Sixth Years of Life	69.66%	70.09%	72.95%

Care1st Health Plan		Administrative Rates		
Measure ID	Sub Measure Description	HEDIS 2016 (MY 2015)	HEDIS 2017 (MY 2016)	HEDIS 2018 (MY 2017)
CIS-3	Childhood Immunization Status - Combination 3	45.96%	47.87%	49.12%
A1C	Comprehensive Diabetes Care - Hemoglobin A1C	80.55%	83.20%	84.10%
CCS	Cervical Cancer Screening	53.06%	59.31%	59.64%
PPC-PRE	Prenatal and Postpartum Care - Timeliness of Prenatal Care	61.65%	66.42%	63.22%
W34	Well-Child Visit in Third Fourth Fifth and Sixth Years of Life	63.42%	65.78%	66.50%

PROVIDER INCENTIVES PROGRAM OPERATIONS AND MANAGEMENT IN 2018:

- The final list of metrics and scoring methodology was updated for 2018 and includes aggregated scores for HEDIS, Access to Care, Member Satisfaction, Utilization and Encounter Timeliness.
- The VIIP and QI team continued webinars and Continuing Medical Education (CME) Sessions as a method to engage and educate the provider network. Discussion topics ranged from HEDIS, the Action Plan process, encounter data submission, member experience, and more. We have found this method to be effective in reaching a wide audience, therefore we will continue to use this medium for communication on a regular basis.
- VIIP Collaborative meetings with the Plan Partners occurred weekly throughout 2018.
- Ad-hoc meeting requests from plan partners, IPAs, clinics and physicians were fulfilled by Incentives staff over the phone and in-person by visiting practices to discuss the intricacies of the P4P program, discuss best practices, discuss QI interventions, provider general support, etc.
- Mid-year reporting included bi-monthly HEDIS/UM provider opportunity/gaps in care reports, quarterly encounter reports and distribution of updated thresholds and benchmarks.
- IPAs were requested to complete and update action plans three times during 2018 (March, July and December), with L.A. Care and plan partner staff providing feedback to the IPAs after each submission.
- Final reporting and payments for the three MY 2017 P4P programs were completed and distributed in the fourth quarter of 2018.
- Top performing practitioners and community clinics form the MY 2016 Physician P4P Program were identified and recognized in an article published in L.A. Care's Spring 2018 Progress Notes newsletter. These providers were also sent a plaque of recognition in addition to their incentive payments.
- We also decided to restart formal QI-IPA specific meetings. Planning for these meetings began in the fourth quarter of 2018, with the meetings to commence in the first quarter of 2019.
- An IPA survey was conducted at the end of 2018 to evaluate the network's perception and use of QI reports, including PORs, Encounter Reports, CG-CAHPS and the Action Plan.

FUTURE DIRECTION

Planning for the measurement year 2019 programs and future program years are currently ongoing. Domains, measures, weighting, scoring methodology, etc. are being discussed with targeted enhancements. Examples of potential program updates include increasing the weighting of the HEDIS and Member Experience domains in the VIIP and plan partner programs, introducing a Utilization domain in Physician P4P, and potentially introducing components related to compliance with CAIR and medical record review into the programs. The Action Plans are also being evaluated to determine the most effective means of engaging IPAs in project improvement plan development and results.

We continue to seek ways to improve the programs so that they keep in line with industry standards, continue to drive quality care and outcomes, and challenge providers to meet high performance targets.

MEMBER INCENTIVES

L.A. Care's member incentives are designed to encourage members to proactively seek needed care and offer eligible members an opportunity to be rewarded for health and wellness activities.

QI operated the following incentives in 2018 to improve member utilization of critical clinical services:

Cervical Cancer Screening Member Incentive (MCLA)

The CCS Member Incentive sought to engage and educate members on the importance of pap tests, which can help reduce mortality if cervical cancer is detected early. This program operated in collaboration with the Department of Health Services (DHS), in order to enhance member outreach. Incentive eligible members received a $50 gift card upon completion of testing related to cervical cancer screening.

Outreach efforts included educational flyers posted in the DHS clinics, L.A. Care conducted automated outbound calls to eligible members, and live agent calls were made by DHS clinical staff.

- 5,095 members were awarded as of December 2018. This constitutes about 10% of eligible members awarded.

The DHS-CCS Member Incentive Program started in 2017. A comprehensive evaluation of the 2017 program was conducted in 2018. Results showed:

- Of the 3,248 members who were awarded in 2017, there were 93 members who had an abnormal pap smear test result. Of this group, 43 (46%) had cervical cancer diagnoses. This is a high rate of cancer, suggesting screening in this population is very valuable.
- Of the 3,248 awarded members, L.A. Care had no prior CCS dates of service for 342 members who were originally enrolled with L.A. Care between 1997 and 2013 and were denominator eligible since they were enrolled. This indicates that these members were more than likely motivated by the incentive to complete services related to cervical cancer screening.
- The overall DHS CCS administrative rate increased by 1.84% from MY 2016 to MY 2017. The DHS CCS hybrid rate (based on the sample), decreased by 13.25% from MY 2016 to MY 2017. Among those members that received the incentive, 2,764 were in the final admin denominator, with 2,754 being numerator compliant. There were 2 incentivized members that were part of the hybrid denominator, and those two contributed to numerator compliance for the hybrid rate.

Breast Cancer Screening Member Incentive (LACC)

The goal of the Breast Cancer Screening Member Incentive Program was to increase the compliance rate of LACC members receiving mammograms in order to detect cancer in early stages and sustain their quality of life. This incentive program provided members a $50 gift card incentive and valuable education regarding mammograms.

Outreach efforts to incentive-eligible members included educational mailers, e-mails and automated outbound calls. The calls offered an option to connect to a live-agent to help with scheduling mammograms. Each outreach effort happened three times throughout year.

- 54 members were awarded as of December 2018. This constitutes about 3.5% of eligible members awarded.

Follow-Up for Hospitalization After Mental Illness (CMC, LACC, PASC)

The goal of the FUH Member Incentive was to increase the 30-day compliance rate for a follow-up visit with a provider after the member was discharged from an inpatient facility with a principle diagnosis for a mental health disorder. This incentive program intended to increase the HEDIS rate from 41.98% to 56% by the end of 2018. Incentive eligible members received an emergency preparedness kit (heater meal, safety light stick, blanket, hand warmers, water packet, etc.) for completing follow-up visit on or before 30 days of their initial visit.

Outreach efforts included Beacon staff members calling members who had been discharged from the hospital and inform them that they can receive a free emergency preparedness package when they attend a follow-up visit with their mental health provider within 30 days.

- 74 members were awarded as of December 2018. 43 members in CMC, 28 members in LACC and 3 members in PASC.

Comprehensive Diabetes Care Member Incentive (CMC)

The Comprehensive Diabetes Care Member Incentive sought to increase member completion of essential diabetes eye exams, HbA1c screenings, and blood pressure tests. The 2018 program targeted Cal

MediConnect members with gaps in diabetes eye exam. Incentive eligible members received a diabetes care package (compression socks, pedometer, blanket, cook book, etc.) for completing all three exams.

Outreach efforts included sending all eligible members an educational mailer with the incentive offer. The program also utilized community health promoters to target RAC regions particular known for gaps and access issues (1, 6 & 7) for member phone calls. The calls were meant to inform, educate and provide resources to these members.

- 21 members were awarded as of December 2018. This represents about 1% of the eligible population.
- 17 of the 21 awarded members were contacted by the Health Promoters team prior to completing the services, demonstrating that the interactions between the health promoters and members had a positive impact on those that decided to complete services related to diabetes care.

FUTURE DIRECTION

Further evaluation of the 2018 member incentive programs will be conducted after HEDIS 2019 results are completed June 2019. Final impact of these programs on both administrative and hybrid HEDIS rates will be determined, as well as other qualitative and quantitative analysis.

Member incentive programs for 2019 are being discussed and developed in the various QI workgroups, with a focus on high impact measures. Potential programs for specific health behaviors, program design, and incentive award type/amount are currently being discussed. Within QI, we are increasingly thinking of new innovative ways to design, launch and operate member incentive programs. This includes potentially partnering with our IPAs and clinics on programs, thinking of alternative ways to communicate and market the programs, enhancements in how we determine eligibility, determine awarding, facilitate the award transactions, etc. The evolution of these programs are an ongoing process.

I.5 SAFETY NET PROGRAMS AND PARTNERSHIPS

AUTHOR: ALISON KLURFELD, MPP/MPH
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

Health Homes: The Health Homes Program (HHP) is a high-touch care management and wraparound services program for Medi-Cal members that will launch in July 2019, as authorized by DHCS. Medi-Cal members with multiple chronic physical health and/or behavioral health conditions and high acuity (such as recent IP &/or ER history) will be eligible for the program. Members who opt-in to the program will receive varied services, including comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual & family support services, and referral to community & social supports (which includes individual housing transition & tenancy support services). L.A. Care will deliver the program through a network of contracted high volume providers, CBOs, and in-house teams and plans to serve approximately 4,000-5,000 MCLA members. Cross functional workgroup meetings are taking place to ensure a compliant program launched by July 2019. The assumption is with improved care coordination members will have improvement in health outcomes and resource utilization. Prices for Return on Investment (ROI) will be based on 100% of Medi-Cal repricing.

Whole Person Care: L.A. County's Whole Person Care Program (WPC) comprises 15 different high-touch programs for 6 different vulnerable Medi-Cal populations, including high-risk homeless members, high-risk criminal justice reentry members, high risk members with MH or SUD needs, high-risk transition of care members, and high risk perinatal members. Programs use housing navigators and community health workers as well as licensed clinical staff to provide care management and wraparound services for varied program lengths (1 month to multi-year programs). The core focus is on addressing the social determinants of health as well as the member's health needs and engaging difficult-to-reach members. Over 10,800 MCLA member enrollments across all programs have occurred as of 6/2018 (includes duplicate members who enrolled in multiple programs).

- $1.26B over 5-years (50% FFP)
- 19,000+ clients served to date; 50,000 clients will be served
- 600 new jobs

Homeless Programs: In 2016, L.A. Care made a $20M, 5-year grant commitment to the Housing for Health Program via fiscal intermediary Brilliant Corners. Under the grant, L.A. Care will fund rental subsidies for 300 new homeless individuals/families to move into permanent supportive housing, with supportive services provided in-kind by L.A. County as part of the Whole Person Care program. L.A. Care is partnering with hospitals, PPGs, and clinics to identify homeless individuals with high health needs for the program. L.A. Care also recently launched a 16-bed recuperative care pilot with the National Health Foundation. In addition, L.A. Care refers members to the local Coordinated Entry System and recuperative care/interim housing process through the Los Angeles Homeless Services Authority (LAHSA) and collaborates closely with health plan and county partners through the Corporation for Supportive Housing's managed care roundtable. As of December 18, 2018, there are 153 L.A. Care members enrolled and 49 members housed.

I.6 TRANSFORMING CLINICAL PRACTICE INITIATIVES (TCPI)

AUTHOR: LEN ROSENTHAL
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES, MARIA CASIAS, RN, & KATRINA MILLER, MD

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. The Los Angeles Practice Transformation Network (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 achievement of 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 37 full-time coaches managed directly by Network Partners who work on-site with clinicians. The four-year program runs through September 30, 2019.

GOALS

Goal #1: Improve health outcomes of participating clinicians in eight areas:

Improvement Area		Year 1	Year 4 (program end)
Diabetes	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%
Depression	4. Screening for Clinical Depression Follow-Up	Increase 2%	Increase 10%
	5. Follow-Up After Hospitalization for Mental Illness	Increase 2%	Increase 10%
Utilization	6. All-Cause Admissions for Patients with Diabetes and Depression	Reduce 1%	Reduce 20%
	7. Reduction of Unnecessary Testing	Reduce 2%	Reduce 20%
	8. Cost Savings		$60M

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 2018

LAPTN enrolled 3,200 clinicians; over 90% serve patients with the greatest need for health care services. LAPTN continues to make progress towards quality, cost, and transformation with current focus on clinical exchange, utilization reduction, HbA1c Poor control <9%, and medication management. Use Case plans

for clinical data exchange between DHS, DMH, L.A. Care and the HIE, LANES were launched and completed successfully.

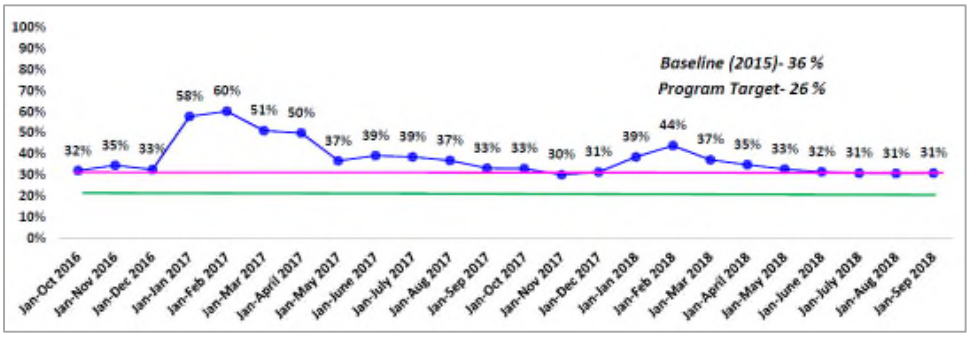
RESULTS

Enrollment

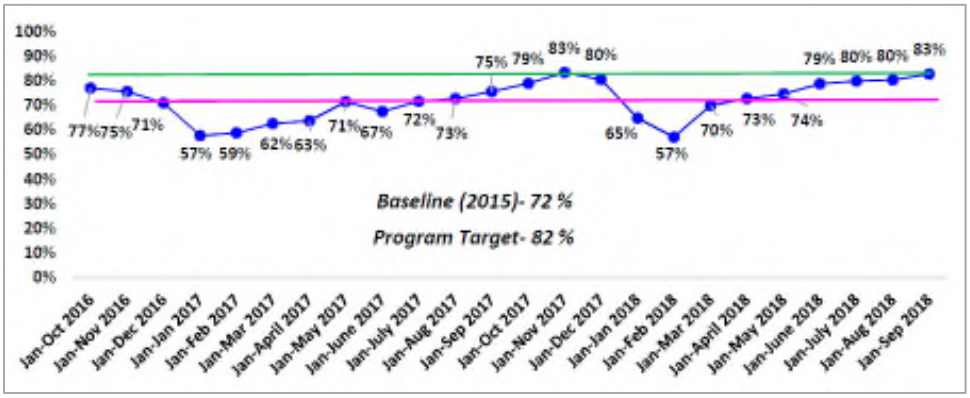
- 3,200 clinicians

Health Outcome Improvement (2015 baseline vs 2018 January- September:

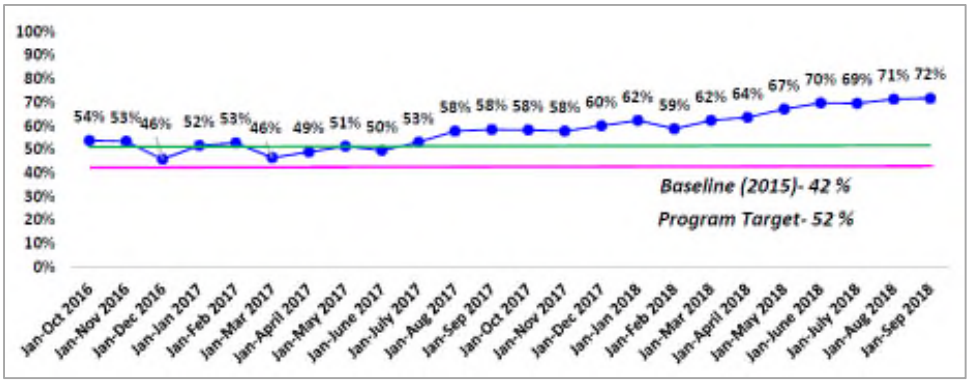
- CMS 122: HbA1c Poor Control >9%: -5.4 (inverse measure – decrease is favorable)



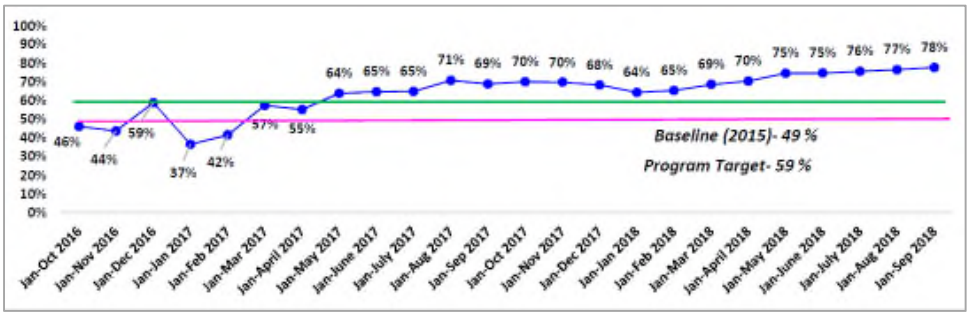
- CMS 134: Nephropathy Monitoring: +11%



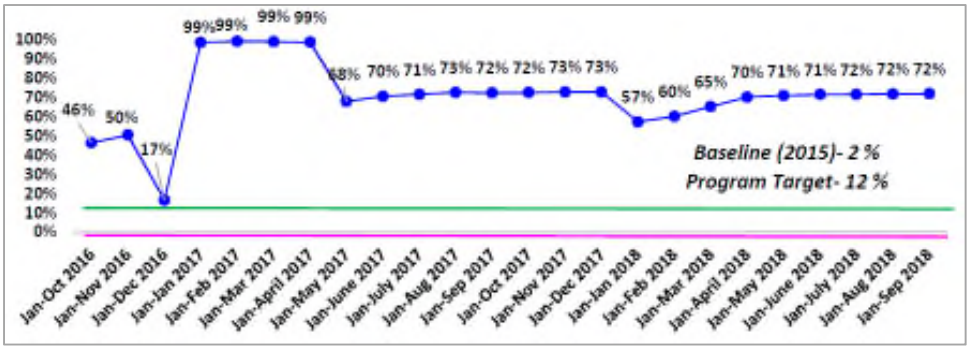
- CMS 69: BMI Screening with Follow-Up: +30%



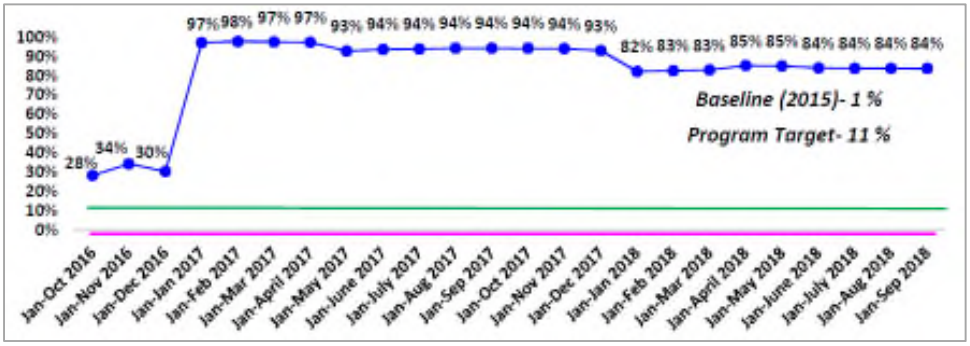
- CMS 2: Depression Screening with Follow-Up: +29%



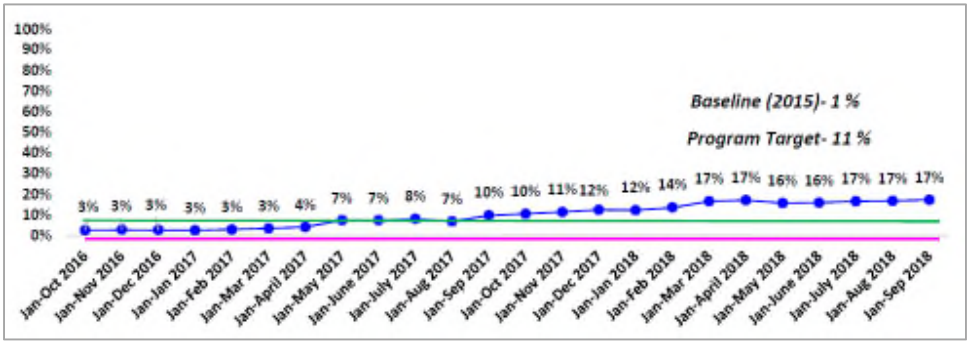
- CMS 161: Adult Major Depressive Disorder/Suicide Risk Assessment: +70%



- CMS 177: Child Major Depressive Disorder: Suicide Risk Assessment: +83%



- CMS 160: Utilization of PHQ 9 to Monitor Depression Symptoms: +16%

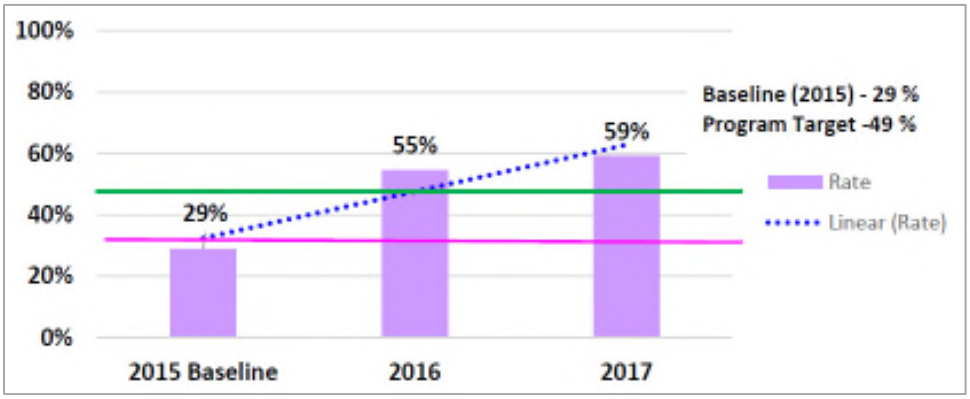


Practice Assessments Tool

- 100% Baseline PATs complete
- 100% Round 2 follow-up PATs completed
- 100% Round 3 follow-up PATs completed
- 84% Round 4 follow-up PATs completed
- 84% Round 5 follow-up PATs completed
- 22% Round 6 follow-up PATs completed
- The goal for each round is completion by all practices or 100%. LAPTN has several practices which enrolled later in the program and have not completed all rounds to date.

Unnecessary Testing

- Medication Reconciliation: 30%
- This measure is for data from DHS for patients whose medication was reconciled within 30 days of their hospital discharge for all-cause admissions.



Cost Savings

- $98M in cost savings as of Y3, exceeding goal of $60M, attributable to reduction in per 1,000 utilization of inpatient, emergency department and readmissions for patients diagnosed with diabetes and/or depression.
- Cost savings is calculated by applying an average cost to utilization volume reduction derived using standard per 1,000 methodology.

LOOKING FORWARD

Key activities for the next year include:

- Maintain enrollment of 3,200 engaged clinicians.
- Assess all 64 practices every six months, approximately 32 each quarter.
- Continue full coaching engagement to support all 64 practices in achieving milestones.
- Coaches emphasize interventions to reduce utilization, increase medication reconciliation, improve health outcomes, and help practices remediate as necessary.
- Coaches and training focus on care coordination, care management, and hospital alerts to prevent hospital readmissions and increased access to care.
- Practices refine panels and ensure full care team model implementation.
- Training continues with established care interventions and care management strategies.
- Focus on monthly reporting and intervention to ensure progress in reduced utilization for ED and inpatient hospitalizations.
- Identify exemplary practices and document their performance stories.

- Plan and perform program close effectively to enable resources and infrastructure to transition to potential follow on programs.

I.7 QUALITY PERFORMANCE MANAGEMENT ACTIVITIES RELATED TO HEDIS IMPROVEMENT

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BACKGROUND

In addition to completing the annual HEDIS submission cycle, Quality Performance Management (QPM) also engages in activities to improve HEDIS rates through data collection, enhancement of data mapping, data validation, member and practitioner outreach, internal departmental education on HEDIS, process improvements on data flow, and research using predictive models. The objective of these activities not only looks to improve data capture, but also aims at reducing care gaps by rendering health services that are recommended for the population.

- L.A. Care practitioners are very conscientious of providing outstanding quality and service to our members but are often not aware of resources available to close quality gaps and to improve member satisfaction. L.A. Care Quality Performance Management (QPM)/Healthcare Effectiveness Data Information Set (HEDIS) and Plan Partner HEDIS staff have been conducting HEDIS and member experience (e.g. Consumer Assessment of Healthcare Providers and Systems (CAHPS)) education to providers and their staff since 2016. This education has been welcomed by the providers as it helps them to improve their awareness of the quality of service they provide to their patients. Many were not aware of how to access and use reports or of the resources available to them on the L.A. Care provider portal.
- Medical Record Project- internal focused pursuit of chases was conducted by QPM staff on hybrid measures; this effort started in January and ran until the May 9 NCQA deadline of May 9th; staff collected 5k of 17k charts
- HEDIS 2018 data optimization initiatives contributed to attainment of NCQA Accreditation status of "Commendable" for the Medi-Cal LOB
    - NDC code mapping added 2,000+ NDC codes that were missing from NCQA Medications List: drove the improvement of accreditation percentiles for several Pharmacy measures and contributed to attainment of Medicaid NCQA Commendable status.
    - Provider specialty mapping: FQHCs mapped as PCPs, School Districts mapped as PCPs, Reconciliation of provider Prescription Flag
- New HEDIS software vendor, Cognizant ClaimSphere (CTS) generated Provider Opportunity Report (POR)/Gap-in-care (GIC) reports were mailed and posted on the provider portal (data processed through the end of June 2018); Reports included non-HEDIS UM metrics for Medi-Cal PPGs and pharmacy measures for CMC. In additional to the new layout, a new summary report and member detail report at the clinic site level for each LOB were generated.
- Clinical+
    - Pilot project: 25 users representing 17 provider entities (PPGs, DHS, clinics, solo doctors) were involved in the project. Clinical+ is an online supplemental data entry tool at the point of care; provider is able to enter and upload medical records to close HEDIS data gaps; pilot lasted from 2/5-2/27. The following measures were included in the pilot: BCS, CCS, CDC, CIS, PPC, W34, WCC, CWP, CHL. 256 compliant care gaps that were reviewed by internal QPM staff were submitted to Auditors on 3/1.
    - Hybrid tool: HEDIS 2019 hybrid measures for charts that QPM collected from pre-season (Risk Adjustment charts, charts from AdvantMed & Optum, PPC outreach by QPM & HECLS,) or collected so far from fax outs (faxes sent to assigned providers as of Dec 2018 & Jan 2019) to be abstracted for members that are part of the sample. In the absence of an MRR tool, Clinical+ is a workaround solution that supports the submission of non-standard supplemental data before the 3/1 audit deadline. Clinical+ is designed to capture data entry

to close HEDIS gaps in care. NCQA auditors request PSV documentation for the chart collection (AKA data entry form screenshots & charts). ABA, CBP, CCS, CDC, CIS, COA, COL, IMA, Medication Reconciliation Post-Discharge (MRP), PPC, W34, WCC; 350 compliant care gaps that were reviewed by internal QPM staff were submitted to Auditors.

- HEDIS resources: In 2017, QPM nurses released the 2018 HEDIS at a Glance Guide and the Office Manager's Guide to HEDIS 2018. HEDIS at a Glance provides two-pages per measure information about the eligible population, codes for compliance, and documentation needed in the medical record. The Office Manager's Guide details what is needed to prove compliance in the medical record for hybrid measures. Both guides are distributed as QPM nurses visit practitioner offices to provide HEDIS/CAHPS education and review HEDIS gaps in care reports.
- Encounter data validation project: charts for 411 unique sample members for service dates spanning 7/1/2016-12/31/2016 were retrieved, reviewed, indexed and uploaded by 8/3 deadline (QPM was given less than 1+ months than other health plans to retrieve medical records
- Automated data transfers for HEDIS: Improved data flow processes by automating data transfers from Plan Partner/PPG/clinic/vendor to LAC, LAC to Cognizant, and Cognizant to LAC.

MAJOR ACCOMPLISHMENTS

- Outreach in 2018 included 966 providers each with 100 or more L.A. Care members. The total membership of those providers was 1,206,000, or 57.4% of the total L.A. Care membership. This was a significant increase over 2017, which included 790 providers and 1,011,165 members (48.5% of total membership). Outreach was conducted by L.A. Care QPM/HEDIS, Anthem, Blue Shield Promise/Care First HEDIS staff.
- Nearly all of the offices were appreciative of the education as the visits helped them to better understand HEDIS, CAHPS, data submission and how it affects their overall performance.
- Staff that conducted on-site and in some cases telephonic meetings with providers forged positive relationships with the provider office staff and have become a resource to the office for all issues with L.A. Care. Each visit was followed up with a summary report within 24 hours and a second follow up after two (2) weeks to monitor progress on the Gap in Care reports and to assure there were no issues.
- Several offices had previous issues logging into the L.A. Care portal that were resolved with the visits giving them access to member gap in care reports and HEDIS/CAHPS resources.
- Many offices asked for training in improving customer service.

BARRIERS

- Several offices have technology challenges, such as no email, internet, EMR, etc. which limits their ongoing access to reports and resources on the L.A. Care portal.
- A few offices (approximately 3%) are extremely busy and did not have time to accommodate even a telephonic visit. Some of the busy offices that were able to schedule time ended up cancelling.

CHIEF COMPLAINTS

- Nearly all offices expressed frustration with claims/encounters issues and delays stating that Gap in Care reports are often not up to date making reconciling the reports time-consuming. Some offices stated that they prefer to use reports from their IPA since those reports are generally more up to date. However, these reports usually include members from all health plans, not just L.A. Care's. Staff conducting the visits explained data lags and encouraged the providers to work with their IPAs to minimize the lags. In addition, providers were offered to participate in Clinical+ which allows the providers to close gaps by directly entering into a tool that bypasses the normal data process.

- Several providers expressed difficulty in reaching a live person from L.A. Care when calling for assistance. Calls often get passed around, have long wait times, or calls do not get returned. Providers were given a contact list of key departments (including phone extensions) and department email addresses. In addition, the staff members conducting the visits notify providers that they are available to assist with all L.A. Care issues. The staff members coordinated issue resolution with the appropriate L.A. Care departments.
- Several offices that were visited previously had challenges with registration to the provider portal and stated they eventually gave up trying to register due to the process and lack of response. All offices with access issues were put in touch with the proper L.A. Care contacts and successfully registered with assistance from the staff conducting the visit.
- Some offices stated that L.A. Care is not doing enough for the non-compliant members to help modify behavior or reinforce the need for preventative services. Staff conducting the visits explained that there are several programs to attempt to change member behavior that include different measures such as Diabetes Care, Cancer Screenings and different methods (mailings, calls, automated calls, text messaging).
- Many offices expressed challenges in reaching members due to incorrect or missing member contact information. Staff conducting the visits explained that L.A. Care and all providers experience the same challenges and member information is kept as up to date as possible. QPM staff will discuss the issues with CSC and Member Eligibility to gain further knowledge of the root cause of the issue and how member contact information can be improved.

LOOKING FORWARD

- Quality Performance Management (QPM) will continue Provider outreach in collaboration with plan partners along with other L.A. Care departments. It is expected that the visits will continue to have a positive impact on the HEDIS and CAHPS rates. Sites visited in 2017 showed an overall HEDIS rate increase of 2.46% for HEDIS 2018. However, since most outreach occurs towards the end of the year, HEDIS 2019 results will be analyzed to better verify the outreach effectiveness.
- Diabetic member outreach with Eliza: QPM launched a pilot interactive voice response (IVR) outreach campaign with Eliza to target 3,769 members that were CDC-eligible in the CMC and LACC LOBs. Members with at least one gap for A1c testing, eye exam, and BP control submeasures were targeted in the call that ran from mid-July to the end of August 2018.
- HEDIS data validation with Health Data Decisions (HDD): HDD-run validation of HEDIS 2018 and 2019 data for Medi-Cal, CMC, and LACC; findings from the pilot project will dictate if QPM will run the tool in 2019
- Medical Record Project-internal focused pursuit of chases will be conducted by QPM staff on hybrid measures; this effort will start in January 2019 and run until the May 9 NCQA deadline of May 9th
- Participation in the IHA AMP program: In 2018, L.A. Care began a collaboration with the Integrated Healthcare Association (IHA) in order to maintain a network based on quality for aligning provider reimbursement with quality outcomes. IHA is a nonprofit organization that convenes diverse stakeholders, including physician organizations, hospitals and health systems, health plans, purchasers and consumers committed to high-value integrated care that improves quality and affordability for patients across California. IHA also manages a state-wide Value-Based Pay-for-Performance (VBP4P) program that supports data aggregation and standardized performance measurement and reporting across multiple health plans. This partnership between L.A. Care and IHA enhances L.A. Care's contracted provider groups in a meaningful way, providing a stronger platform for quality improvement and reducing cost of care for the LA Care Covered (LACC) line of business. IHA's Value Based Pay-For-Performance Program (VBP4P) aims to accomplish several goals, which include identifying a common set of measures and benchmarks, health plan incentive payments to provider groups and aggregated public reporting of

results. These goals align with L.A. Care's plan to improve the quality of care through performance measurement and improvement.

- L.A. Care Covered + Value Initiative for IPA Performance (LACC VIIP) Program – new for HEDIS 2019: The L.A. Care Covered + Value Initiative for IPA Performance ('LACC VIIP') Program measures, reports, and provides financial rewards for provider group performance across multiple industry standard metrics, including clinical quality, access and availability, utilization, encounters and patient satisfaction. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of high performing IPAs. The program falls under the oversight of the Joint Performance Improvement Collaborative Committee & Physician Quality Committee (PICC/PQC) and the Quality Improvement Steering Committee (QISC), which reports to the Quality Oversight Committee (QOC). The PICC/PQC includes representatives from the Plan Partners and select IPAs.
- BCS & CCS predictive modeling: to predict the chance of BCS or CCS compliance based on input variables, such as age, race/ethnicity, language, region, service area and Area Deprivation Index (ADI). ADI is a social determinant of health indicator that has been proven to be significant in the model. Next steps are to target members with highest chance of compliance in targeted region(s), or certain ethnic/language speaking group(s) to increase BCS and/or compliance rates.
- HEDIS roadshow: internal department presentation to discuss HEDIS and ways in which departments can help improve HEDIS rates:
    - What is HEDIS & Why does it matter?
    - HEDIS 2018 Rates Review—specific to business unit/department
    - Overview of HEDIS & Audit processes: HEDIS data collection & HEDIS Measure Focused Pursuit
    - HEDIS 2018 NCQA Accreditation Scores
    - 2018 CAHPS results
    - Health Disparities
    - Changes for HEDIS 2019
- HEDIS resources: CPT II tip sheet with H2019 VSD (2019 HEDIS at a Glance Guide and the Office Manager's Guide to HEDIS 2019

I.8 IPA/PROVIDER WEBINARS

AUTHOR: CAROLINA COLEMAN, MPP
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

BACKGROUND

Beginning in 2016, L.A. Care Quality Improvement began hosting webinars directed at Independent Physicians Associations (IPAs), Management Services Organizations (MSOs), and sometimes providers to provide education on key quality topics. In 2018, the webinars were held at least monthly using the administrative WebEx system.

MAJOR ACCOMPLISHMENTS

- QI hosted thirteen webinars open to network IPAs and MSOs. Many of the sessions were also open to community clinics and providers, when appropriate.
- Continuing Education credits for providers were offered for three of the webinar sessions.
- QI worked with the Training team in Provider Network Engagement and Strategy to host the webinars and maximize effectiveness.
- Many of the webinar sessions included interactive polling of attendees to collect information on practices and understanding of the material.
- In July, QI began collecting evaluations of the webinars from the attendees, allowing them to indicate if they would recommend the webinars and also submit comments and suggestions. The average Net Promoter Score (NPS) from these evaluations was 52. Most of the feedback from attendees was very positive. Some users reported challenges logging into to WebEx. One attendee noted that the content of the webinars should be more advanced or detailed. Others requested in-person training and customer service training.

Webinars Hosted in 2018					
Date	**Topic**	**Target Audience**	**CME**	**Attendees***	**NPS Score**
Feb 21	HEDIS Data, VIIP+P4P Action Plans	IPAs, PPs	-	78	
Mar 21	Opioid Use Epidemic	IPAs, PPs, Providers	Yes	39	
Apr 18	HEDIS Push + Data Gap Closure	IPAs, PPs	-	83	
May 16	Provider Opportunity Reports, L.A. Care QI Initiatives	IPAs, PPs, Providers	-	104	
Jun 14	Timely Access to Care: Oversight & Monitoring	IPAs	-	46	
Jun 20	Risk Adjustment, VIIP+P4P Action Plan Update	CMC / LACC IPAs, Providers	-	67	
Jul 18	Member Experience	IPAs, PPs, Providers	-	81	60
Aug 15	HEDIS Results	IPAs, PPs	-	62	59
Aug 29	Physician P4P Program	IPAs, PPs, Providers	-	86	37

Webinars Hosted in 2018					
Date	**Topic**	**Date**	**Topic**	**Date**	**Topic**
Sep 26	Potential Quality of Care Issues/Continuity of Care	IPAs, PPs, Providers	-	82	20
Oct 17	Immunization: New & Sometimes Confusing Recommendations	IPAs, PPs, Providers	Yes	76	76
Nov 14	Cultural Competency, VIIP+P4P Final Results	IPAs, PPs, Providers	Yes	60	50
Dec 5	HEDIS Data Exchange	IPAs, PPs	-	73	63

*Attendee counts do not include L.A. Care staff attendance.

BARRIERS

- The list of QI contacts for IPAs, MSOs, and community clinics is maintained by the Incentives team in an Excel spreadsheet. Without a more sophisticated mechanism to manage contacts and communications preferences, contacts are sometimes incomplete and/or outdated. QI is hoping to address this issue in the future by exploring additional options for managing contacts, including Access and Salesforce.
- L.A. Care does not currently collect emails for provider offices, thus is it very challenging to reach out to providers about educational opportunities. L.A. Care asked IPAs to share promotional flyers for the webinars with providers, but it is unclear if they do so consistently. Blast faxes to provider offices through PNM did not result in increased registration or attendance.

LOOKING FORWARD

QI plans to continue hosting webinars monthly in 2019. A calendar has been drafted and speakers are being pursued.

I.9 PROVIDER CONTINUING EDUCATION DEPARTMENT

AUTHOR: LEILANIE MERCURIO
REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES, MARIA CASIAS, RN & KATRINA MILLER, MD

L.A. Care Health Plan's Provider Continuing Education (PCE) Program continues to be an accredited Continuing Medical Education (CME) Provider for Physicians by the Institute for Medical Quality, accredited Continuing Education (CE) Provider for Registered Nurses and Nurse Practitioners by the California Board of Registered Nursing and accredited CE Provider for LCSWs, LMFTs, LPCCs and LEPs by the California Association of Marriage and Family Therapists (CAMFT).

The PCE Program provides three levels of offerings for CME/CE activities including direct providership of L.A. Care's own CME/CE activities, joint providership, and co-sponsorship of CME/CE activities with non-accredited healthcare organizations/entities.

For Calendar Year 2018, L.A. Care Health Plan's Provider Continuing Education Program with one staff, PCE Program Manager, planned, developed, and implemented ***32 directly provided CME/CE activities and 47 jointly provided/sponsored CME/CE activities.*** Out of the 32 directly provided CME/CE activities, we held and implemented six (6) Saturday Conferences with the following topics: Palliative Care Conference, Opioid Epidemic Conference, Trauma Informed Care Conference, Behavioral Health Disorders and Treatments Conference, Quality Improvement in Primary Care Conference, and Cardiovascular Disease and Diabetes Conference. We also directly provided and implemented six (6) CME/CE Dinner Events with the following topics: SBIRT Screening, Brief Intervention and Referral to Treatment, Cannabis Use Disorder and Clinical Effects, Osteopathic Care and Medicine, Pediatric Asthma Assessment, Diagnosis and Treatment, Improving the Health of Individuals Released from Incarceration, and lastly, Psychotic Disorder and Treatments.

Out of the 47 jointly provided/sponsored CME/CE activities with other healthcare organizations, some of the offerings (live and online courses) were the following: Medication Assisted Treatment (MAT) for Opioid Use Disorder, Motivational Interviewing (MI) Trainings, Oral Health Risk Assessment in the Medical Home, Innovations to Improve Heart Failure Outcomes, Diabetes Prevention and Management Strategies, Hypertension Care in LA County, Opioid Crisis: State and County Efforts to combat the Opioid Epidemic, Science and Practice of Treating Patients with Pain and Opioid Use Disorders (OUD), Hypertension: New Trials, New Guidelines, New Controversies, Cardiovascular Advances and Heart Failure Best Practices to Prevent Unnecessary Suffering and Premature Death, Specialty Care Forum & eConsult, Diabetes and Podiatry, Immunizations: New & sometimes confusing recommendations, Project ECHO Webinar: Hepatitis C Virus and Infectious Disease, and other time bound, relevant medical topics.

Based on completed evaluations from our directly provided CME/CE activities in 2018, we received between 88% to 95% high rating scores of 8 or above out of 10 where 10 is the best possible rate for level of satisfaction with each CME/CE activity.

L.A. Care's Provider Continuing Education Program offered a total of ***171.75 CME credits for physician learners and other healthcare professionals (DOs, PAs, PsyDs, PhDs, PharmDs)*** who participated in our CME activities for calendar year 2018. And a total of ***210.75 CE credits for nurses and other healthcare professionals (LCSWs, LMFTs, LPCCs, LEPs)*** who participated in our CE activities for 2018.

I.10 DELEGATION OVERSIGHT

AUTHOR: ANDREW GUY & JENNY LI, MPH
REVIEWER: MARIA CASIAS, RN & KATRINA MILLER, MD

2018 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 Quality Improvement (QI) activities to Plan Partners, Specialty Health Plan, and First Tier, Downstream or Related Entities with established quality improvement programs and policies consistent with regulatory and NCQA accreditation requirements and standards. The activities delegated to PPGs are limited to credentialing activities and transition of care, which are monitored by credentialing and clinical assurance departments. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care performs a pre-delegation 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 Corrective Action Plans (CAPs) can be implemented as stipulated in the written Delegation Agreement. Failure to perform can result in additional audits by L.A. Care and may include revocation of the Delegation agreement.

Delegation Oversight reports are reviewed in the following committees:

- Quality: Quality Oversight Committee
- Utilization and Complex Case Management: Utilization Management Committee
- Credentialing: Credentialing Committee
- Member Rights (grievance and appeals): Member Quality Service Committee
- Potential Quality of Care Issue: Peer Review Committee
- Behavioral Health: Behavioral Health Quality Improvement Committee
- Pharmacy: Pharmacy Quality Oversight Committee
- Population Health Management: Member Quality Service 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 were required to submit a Corrective Action Plan (CAP)/ Performance Improvement Plan (PIP) in 2018 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 2018 Health Plan standards for all delegated functions.

- Conducted annual delegated oversight audit of Beacon Health Strategies; a contracted behavioral health specialty plan.
- Conducted annual delegation oversight audit of Health Dialog, the nurse advice line vendor
    - Health Coaches completed 32,430 calls for members during the 2017 program year (2/1/2017-1/31/18). 20,602 calls for members during the period of 1/1/18-9/30/18.
    - In 2017, 87% of Health Coach Calls completed for Medi-Cal members, 6% for PASC-SEIU members and 8% for Cal MediConnect (CMC) and L.A. Care Covered members.
    - In 2017, Health Coaches redirected 60% of individuals to the most clinically appropriate resource based upon the results of member symptom assessments
    - Customer Satisfaction with Health Coaching by Health Dialog was 92% from 2017's member satisfaction survey.

RESULTS

- 100% of required delegate audits were completed in 2018.
- 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.

QI DELEGATION OVERSIGHT

ANALYSIS

L.A. Care continues to assess delegated activities by conducting substantive review and analysis of delegate reports. Plan Partners that are NCQA accredited might not be audited for certain standards and functions, but instead be given auto-credit. However, L.A. Care reserves the right to audit any area were the Plan Partner was given auto-credit. Beacon Health Strategies (Beacon), an NCQA accredited Managed Behavioral Health Organization (MBHO) is delegated behavioral health services for Medi-Cal (except special mental health services), Cal MediConnect, L.A. Care Covered, and PASC-SEIU Home Workers.

Delegates submitted regular reports as defined in the delegation agreement for desktop review. The review of some reports and file samples are conducted on-site. Due to internal timelines, currently all Plan Partners including Kaiser Foundation, Anthem Blue Cross and Care 1st Health Plan only have Pre-Audit Findings (PAF) available.

Issues were documented for Beacon Health Strategies and each of the Plan Partners:

Beacon Health Strategies met all standards except Standard 10, which covers potential quality issues (PQI). The auditor found that potential quality issues were not given a severity level in the documentation submitted to L.A. Care.

Kaiser Permanente's annual audit documented issues in several areas. Standard 2, covering member experience, was not met, as Kaiser did not offer documentation concerning the complaints and survey responses of members in their Medi-Cal line of business. Sections 6, 8, and 11, covering Population Health Management strategy, supports, and delegation, respectively, were not met either. Kaiser did not provide documentation on their Population Health Management program, citing the fact that the standard is not effective until next year. L.A. Care is conducting pre-audit oversight of this standard in preparation, and so these areas were required for 2018. Finally, issues were documented with Kaiser's Nurse Advice Line, particularly with the secure transmission of electronic data, timeliness of the monitoring of their delegate's performance, and average call answer time.

Anthem Blue Cross had similar issues with secure data transmission and wait time for their Nurse Advice Line, as well as timeliness issues for submitting their Nurse Advice Line vendor contract for review. They fell below the Minimum Performance Level (MPL) for four HEDIS measures—Childhood Immunization Status: Combination 10, Postpartum Care, Follow Up for Children Prescribed ADHD Medication, and Appropriate Testing for Children with Pharyngitis. Anthem Blue Cross also submitted a very low volume of PQI cases, and of those submitted, a majority were not processed during the required 6-month timeframe.

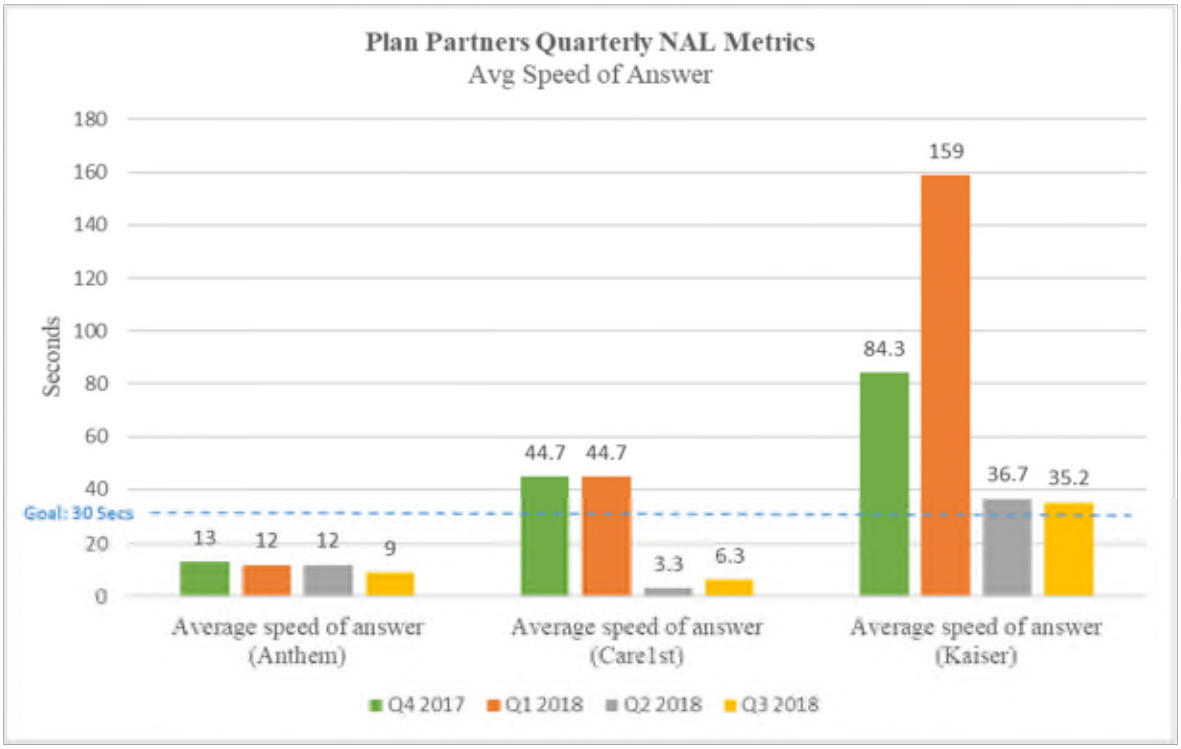
Care1st failed to submit documentation evaluating continuity of care between medical and behavioral health providers, evidence of delegation oversight for their behavioral health vendor, or documentation of their Population Health Management program, which L.A. Care was auditing in 2018 in preparation for its requirement by NCQA in 2019. They were found to be non-compliant with the 6-month timeliness requirements for processing potential quality issues. Issues were also documented with Care1st's Nurse Advice Line, specifically the timeliness of triage and screening services, the average of speed of answer, and the delivery of the contract with their vendor within 45 days for review. Lastly, Care1st failed to meet the minimal performance level for three measures: Postpartum Care, Appropriate Testing for Children with Pharyngitis, and Follow-Up for Children Prescribed AHD Medication.

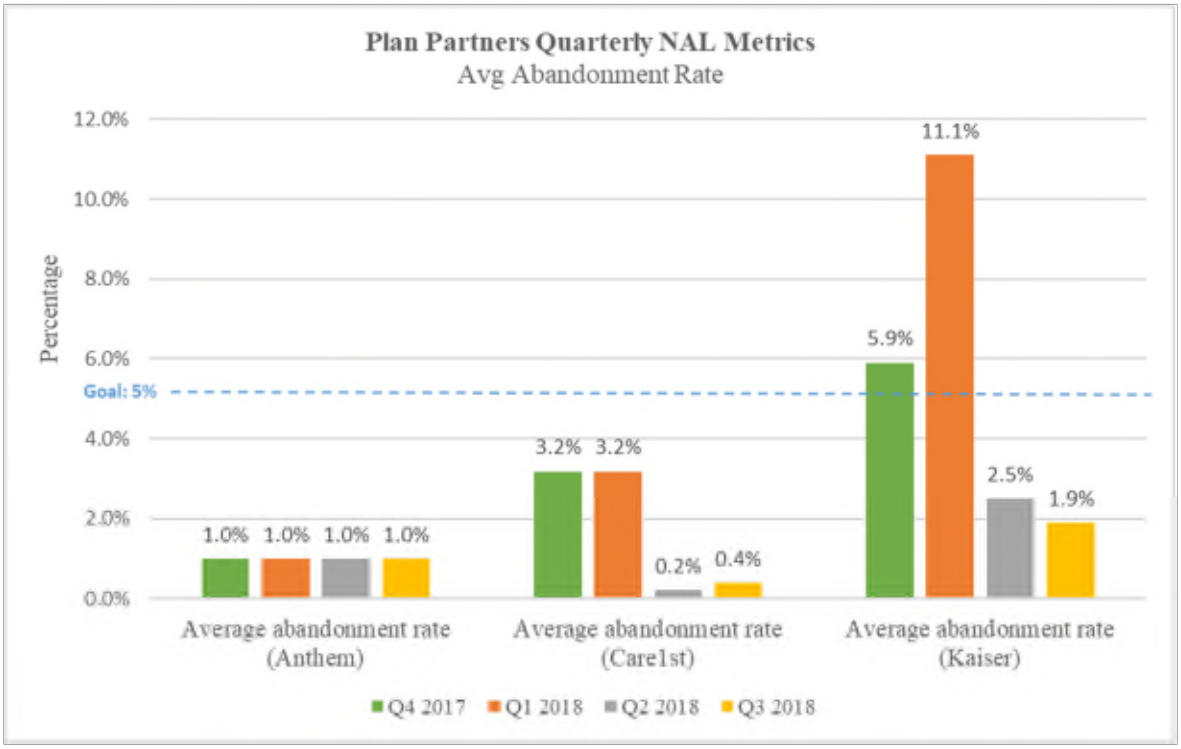
NURSE ADVICE LINE QUARTERLY RESULTS (NAL)

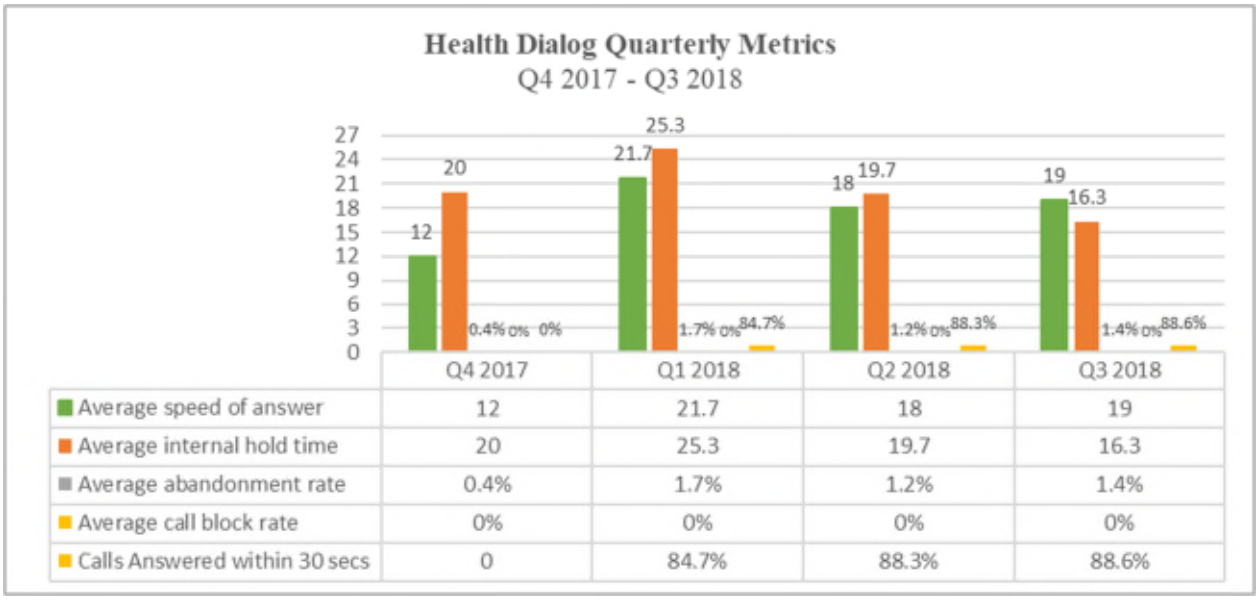
L.A. Care does quarterly oversight and monitoring of Plan Partners and NAL vendor, Health Dialog. Below are the results from Q4 2017 to Q3 2018.

DESCRIPTION OF MEASURES

Measure	Definition
Average Speed of Answer	The average amount of time in seconds between when an individual entered the queue and spoke with a Health Coach.
Call Abandonment Rate	The percent of individuals who have called into the program, entered the hold queue and have abandoned the call while waiting to speak with a Health Coach.
Call Blockage Rate	The percent of individuals who have called into the program and received a busy signal.
Average Hold Time	The average amount of time in seconds callers spent on hold after a Health Coach answered the call. This includes time spent while a coach is processing a transfer or conference.
Calls Answered within 30 secs	Percentage answered within 30 seconds performance metric not a regulatory requirement or contractual. Measured for ICC monitoring and reporting purposes only. New as of 1/2018.


Plan Partners Quarterly NAL Metrics
Avg Speed of Answer
Seconds
180
160
140
120
100
80
60
40
20
0
Goal: 30 Secs
13
12
12
9
44.7
44.7
3.3
6.3
84.3
159
36.7
35.2
Average speed of answer (Anthem)
Average speed of answer (Carelst)
Average speed of answer (Kaiser)
Q4 2017
Q1 2018
Q2 2018
Q3 2018


Plan Partners Quarterly NAL Metrics
Avg Abandonment Rate
Percentage
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Goal: 5%
1.0%
1.0%
1.0%
1.0%
3.2%
3.2%
0.2%
0.4%
5.9%
11.1%
2.5%
1.9%
Average abandonment rate (Anthem)
Average abandonment rate (Carelst)
Average abandonment rate (Kaiser)
Q4 2017
Q1 2018
Q2 2018
Q3 2018



	Q4 2017	Q1 2018	Q2 2018	Q3 2018
Average speed of answer	12	21.7	18	19
Average internal hold time	20	25.3	19.7	16.3
Average abandonment rate	0.4%	1.7%	1.2%	1.4%
Average call block rate	0%	0%	0%	0%
Calls Answered within 30 secs	0	84.7%	88.3%	88.6%

QUANTITATIVE ANALYSIS

- Health Dialog met all performance measures from Q4 2017 to Q3 2018
- Anthem met all performance measures from Q4 2017 to Q3 2018
- Care1st
    - Had a repeat deficiency when they did not meet the Average Speed of Answer measure for both Q4 2017 and Q1 2018.
    - However, did meet Average Abandonment Rate measure for both Q4 2017 and Q1 2018.
    - Improvement starting in Q2 2018 through Q3 2018, met all performance measures.
- Kaiser
    - Did not meet any performance measure for 2017 Q4 through Q1 2018.
    - Specifically, did not meet Average Speed of Answer for more than four quarters in a row starting from Q3 2017 to Q3 2018. Continuous repeat deficiency.
    - Was able to improve on Average Abandonment Rate measure starting Q2 2018 through Q3 2018.

QUALITATIVE ANALYSIS

NAL vendor and Anthem consistently met performance standards. Plan Partners, Care1st and Kaiser) were able to show improvement for deficiencies:

- Care1st, through efforts from their action plans and were able to improve their Q2 2018 metrics.
- Although Kaiser did not meet the Average Speed of Answer for 2018 Q3, they made significant improvements from 159 seconds to 35.2 seconds. The QI Team has reached out to them to update their current action plan, as it seems to be effective in driving improvement. Kaiser submitted an updated action plan on September 20, 2018 that identified root causes of lowered performance as well as interventions implemented. As a result of these efforts, performance has begun to stabilize. With focus on increasing the productivity of their nurse staff, and continued attention paid to performance improvement, service should be maintained through the busy winter months, starting with Q3. Additionally, focus on service has decreased the Q1 abandonment rate (averaged at 11.3%), with Q2 averaging only 2.5%.

NURSE ADVICE LINE ANNUAL AUDIT RESULTS

Delegates submitted regular reports as defined in the delegation agreement for desktop review. The review of some reports and file samples are conducted on-site. Due to internal timelines, currently all Plan Partners including Kaiser Foundation, Anthem Blue Cross and Care 1st Health Plan only have Pre-Audit Findings (PAF) available. Final Audit Findings (FAFs) will be incorporated into the annual evaluation once received.

Thus far in 2018, Health Dialog has shown full compliance with all audit areas for Final Audit Findings. They have also met all service level telephonic commitments so far in the 2018 program year (1/1/18-9/30/18)

- Average Telephone Answer – Target ≤ 30 seconds
  - Result:19.4 seconds
- Average Internal Hold Time – Target ≤ 30 seconds
  - Result:22.1 seconds
- Average Call Block Rate – Target ≤ 3%
  - Result: 0.0%
- Average Call Abandonment Rate – Target ≤5%
  - Result: 1.3%

LOOKING FORWARD

- L.A. Care will continue to work with the Delegates to provide monitoring and oversight by obtaining the requested reports quarterly and during the annual audit process as required.
- If Plan Partners are not successful with a CAP, L.A. Care will provide technical assistance by sharing initiatives that have shown improvement in the HEDIS measures where the Plan Partner is struggling. L.A. Care's Internal Compliance Committee also reserves the ability to issue sanctions and disciplinary actions for Plan Partners whose CAPs fail to make substantial corrections to the deficiencies noted, or whose CAPS are not implemented satisfactorily.
- L.A. Care QI will continue working with Marketing Department to develop marking materials to promote the Nurse Advice Line.

I.11 CREDENTIALING

AUTHOR: ANNA MARIA RODRIQUEZ
REVIEWERS: MARIA CASIAS, RN & KATRINA MILLER, MD

BACKGROUND

The Credentialing Department develops and adheres to credentialing and recredentialing policies and procedures, including a process to evaluate and document the mechanism for the credentialing and recredentialing of licensed independent practitioners and health delivery organizations (HDOs) with whom it contracts. Following initial credentialing, the Credentialing Department reassesses its practitioners and HDOs every three years to ensure they are in compliance with regulatory standards and L.A. Care's policies and procedures. Ongoing monitoring of L.A. Care's entire network is conducted on an ongoing basis throughout the year. The Credentialing Department reports regularly to the Quality Oversight Committee with an update from the Credentialing Committee.

MAJOR ACCOMPLISHMENTS

- The Credentialing Dept. became the business lead and SME in developing L.A. Care's process for complying with DHCS' APL 17-019, Provider Credentialing/Recredentialing Screening and Enrollment. This included researching the requirements, providing leadership with pros and cons of developing an in house screening and enrollment process, collaborating with Plan Partners, PPGs, CAHP and State to determine the Plan's ability to meet requirements. In addition, Credentialing developed L.A. Care's policy for Medi-Cal provider enrollment and conducted validation of the network to identify those enrolled vs. those not enrolled. In collaboration with CRM, who is now the business lead, Credentialing will continue to monitor the provider network and collaborate with other business units on the screening and enrollment process.
- Through the Credentialing Department's continued collaboration with Provider Network Management (PNM), the Community Access Network (CAN) continues to expand and includes more than just Antelope Valley providers. The Credentialing Department continues to assist in building the infrastructure to support the CAN network, including ensuring all practitioners and providers are properly vetted. To date 953 practitioners have been credentialed and we will continue to credential more in the year to come.
- The Credentialing Department credentialed and/or recredentialed approximately 436 HDOs which includes Hospitals, Skilled Nursing Facilities, ADHC, Audiology, etc. to meet the network requirements for Cal MediConnect along with our regular core business. To further meet the needs of our members and to comply with regulatory requirements, Credentialing worked with CRM to expand the direct network to contract and credential new provider types such as: Congregate Living, Minute Clinics, Recuperative, Care Transitional Care and other Transgender Services.
- In order to more fully integrate MLTSS into our quality system, we enhanced our Policy, PNMCRD-014, "Assessment of Organizational Providers" 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. Credentialing consistently conducts primary source verification of this information and it is included in the adverse summaries that are reviewed at the Credentialing/Peer Review Committee meeting each month.
- A contract was entered into with Council for Affordable Quality Health Care (CAQH). CAQH will streamline the credentialing application process for practitioners, reduce duplicative paperwork for practitioners, simplify additional administrative processes requiring demographic

and professional provider data, improve provider directories, and speed claims processing and adjudication.

- There were 63 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 integrated the behavioral health professionals into our scope of credentialing. To date, we have credentialed 808 professionals. We will continue to ensure all our practitioners are credentialed.
- The Credentialing and Provider Network Management Departments continues to collaborate and develop the Standardized Provider File (SPF) to support the Total Provider Management (TPM) project. The goal of this project is to standardize intake of provider data, build the data architecture to support the intake, validation, mastering and transmission to downstream applications, databases, and users, establish appropriate and efficient workflows leveraging cross-functionality collaborative teams to manage the provider data; and to the greatest extent possible, automate processes to enable appropriate and timely use of provider information for all downstream uses with the objective of ensuring its members receive the right care at the right time, at the right place, and for the right price. TPM will utilize a standard intake data process, known as, Standardized Provider File, to accomplish this goal. This project and process has also been created to improve and enhance the Adds, Changes, Terminations process.
- The Credentialing Department conducted 54 audits of delegated entities during 2017. 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.

DELEGATION OVERSIGHT AUDITS COMPLETED

	Goal	2016 Results	2017 Results	2018 Results	Goal Met?
Credentialed	100%	100%	100%	100%	Met
Recredentialed	100%	100%	100%	100%	Met
HDO Assessment	100%	100%	100%	100%	Met

ANALYSIS

Quantitative and Qualitative Analysis

The Credentialing Department led the organization in its effort to develop the process for tracking and trending provider screening and enrollment. This includes identifying and flagging all provider types to identify those that are enrolled vs those in process in our Cactus database. In addition, we worked with Provider Data Services (PDS) and Contracts and Relationship Management (CRM) to develop reports to identify enrolled providers by contract type (direct network, PP, PPG, LOB), provider type (PCP, Specialist, Behavioral, Hospitals, Ancillary, etc.) and membership to determine the impact to L.A. Care's network in the event providers do not complete enrolled by December 31st, 2018. To further meet the requirements of APL 17-019 for ongoing monitoring of our network, we worked with PDS and CRM to develop monthly reports to track and trend the enrollment status. This includes creating a flag in Cactus to add 120R to providers that are identified as not enrolled in Medi-Cal. 120R is the code in Cactus to flag providers that are identified as not enrolled in Medi-Cal.

LOOKING FORWARD

The Credentialing 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 Master Data Management (MDM). Implementation of this module will also assist with receiving electronic provider data submitted to L.A. Care on the Standardized Provider File 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 network.

Credentialing will continue to work with CRM to expand the direct network to meet the needs of the members and to ensure compliance with regulatory requirements. This will include adding new provider types to the network and working closely with PNM's CRM, PDU and PDS departments to create new, automated and streamline processes for onboarding and monitoring the provider network.

Overall Effectiveness and Opportunities

Overall, the 2018 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan, although with growing membership and scope for QI, resourcing is a concern. 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 Chief Quality and Information Executive were integral participants in activities of the Compliance and Quality Committee of the Board. The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization. The work plan was updated and reviewed by the Quality Oversight Committee on a quarterly basis.

In line with the strategic direction undertaken by the Leadership Team and the Board of Governors the Chief Executive Officer has continued to refine the reorganization of L.A. Care. The intent of the reorganization continues to align the business processes and foster accountability internally and externally; eliminate duplicate functions; to clarify communication with internal and external stakeholders; and add new functions in internal auditing, enterprise risk assessment, and single source for data management and analytics. An ongoing component of the restructuring is to clearly organize the population served into segments based on risk, reimbursement, and enrollment challenges.

L.A. Care Health Plan was successfully evaluated by regulators and accrediting bodies in 2018, with particular emphasis on quality of care, coordination and integration of services, and provision of effectiveness and efficacy of processes.

The Chief Medical Officer, as the senior physician or designee serves as the Chairperson of all standing committees. The assignment of a subject matter expert physician to each committee and subcommittee is dependent on the scope and role of the committee.

Practicing physicians provided input through the Joint Performance Improvement Collaborative (PICC) and Physician Quality Committee (PQC). 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 committees has led to management to review the existing committee structure and has resulted in a redesign of subcommittees to be working committees recommending actions to the Quality Oversight Committee. The refinement of the committee structure and reporting is an ongoing performance improvement initiative and is expected to continue in 2019. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving overall quality of care and efficiency of process thereof.

In addition to demonstrating improvements in clinical care, staff made process improvements in incorporating the DM and CM programs into the PHMP, 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 better identified, tracked and monitored through the Credentialing/Peer Review Committee. Patient safety was addressed through the monitoring of potential quality issues, facility site reviews, and pharmacy management programs. Coordination and collaboration among departments, such as between A&G and PQI supported more effective clinical and service improvements.

Improvements were made in several HEDIS areas demonstrated in MY 2016 - 2017. Better provider record abstraction and encounter data capture led to improved scores. Quality Performance Management staff conducted focused site visits with provider offices discussing HEDIS process, the data submission process and using Provider Opportunity Reports. Providers and groups were also invited to multiple CME opportunities as well as webinars mentioning constant access to online materials. These activities are expected to continue and be enhanced in 2019.

There remain opportunities to improve medication management for chronic issues and Diabetes in particular, including the disparity in control of Diabetes medication adherence with African Americans. Several other clinical measures have been identified for improvement, such as, breast cancer screenings, cervical cancer screening, colorectal cancer screenings, annual wellness exams and pain management, avoiding the use of opioids. There were several member satisfaction measures as well that continue to be 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, safety and service in the areas outlined in this report. Member satisfaction results have declined over the last three years and enterprise efforts are underway to improve. Afterhours access studies continue to show the need for improvement including the need to improve provider data, which again has a large scale effort in place to improve. There are multiple clinical (and/or clinical data) areas that still need improvement, such as, breast and cervical cancer screenings, appropriate medications for people with asthma, and immunizations among pediatric and adolescent patients. These and other QI activities are detailed in the 2019 QI Work Plan and will be tracked through the QI committees and the governance structure.

Attachment 1

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Service - Access												
Member Services Department Telephone Abandonment Rate			**2017 Q4 Rate:** Medi-Cal: 2.06% CMC: 2.83% LACC: 13.95%	**Medi-Cal:** **Q1: 3.49%** **Q2: 1.47%** **Q3: 0.92%** **Q4: 1.81%** **CMC:** **Q1: 1.21%** **Q2: 1.87%** **Q3: 0.70%** **Q4: 1.46%** **LACC:** **Q1: 5.55%** **Q2: 2.69%** **Q3: 1.42%** **Q4: 3.26%**	**Medi-Cal & CMC:** Total incoming calls abandoned ≤ 5% **LACC:** Total incoming calls abandoned ≤ 3%	**Q1: Medi-Cal & CMC: Met; LACC: Not Met** **Q2 & Q3: Met** **Q4: Medi-Cal & CMC: Met; LACC: Not Met**	Robert Martinez (CSC)	Quarterly	**Member Quality Service Committee (MQSC): Feb 1 2, April 9, July 10, Oct 9**	LACC Open Enrollment period was from November 2017 to March 2018. We ran multiple outreach campaigns every week in efforts effectuate as many members as possible. Although we ended up exceeding membership growth goal by the end of the Open Enrollment period, the aggressive outreach efforts caused a spike in call volume. We made a decision mid-open enrollment period to cross-train Medi-Cal phone resources to assist with LACC payment capture and PCP assignment. This resource allocation negatively impacted Medi-Cal performance in Q1.		**Y**
Member Services Department Telephone Wait Time-Service Level			**2017 Q4 Rate:** Medi-Cal: 92.72% CMC: 90.67% LACC: 76.70%	**Medi-Cal:** **Q1: 76.20%** **Q2: 89.72%** **Q3: 95.56%** **Q4: 91.10%** **CMC:** **Q1: 87.67%** **Q2: 88.35%** **Q3: 96.72%** **Q4: 94.17%** **LACC:** **Q1: 73.33%** **Q2: 88.26%** **Q3: 94.35%** **Q4: 93.63%**	**ALOB:** 80% of total incoming calls answered ≤ 30 seconds	**Q1: Medi-Cal & LACC: Not Met** **CMC: Met** **Q2, Q3, Q4: Met**	Robert Martinez (CSC)	Quarterly	**MQSC: Feb 1 2, April 9, July 10, Oct 9**			**Y**
Member Services Department Initial Call Resolution		**LACC ONLY**	**2017 Q4 Rate:** LACC: 100%	**LACC ONLY:** **Q1: 100%** **Q2: 100%** **Q3: 100%** **Q4: 100%**	85% of Covered California enrollee issues will be resolved within one (1) business day of receipt of the issue	**Met**	Robert Martinez (CSC)	Quarterly	**MQSC: Feb 1 2, April 9, July 10, Oct 9**			**Y**
Member Services Email or Written Inquiries Answered and Completed		**LACC ONLY**	**2017 Q4 Rate:** LACC: 100%	**LACC ONLY:** **Q1: 100%** **Q2: 100%** **Q3: 100%** **Q4: 100%**	90% of Covered California member email or written inquiries answered and completed within 15 business days of the inquiry. Does not include appeals or grievances.	**Met**	Robert Martinez (CSC)	Quarterly	**MQSC: Feb 1 2, April 9, July 10, Oct 9**			**N**
ID Card Processing Time		**LACC ONLY**	**2017 Q4 Rate:** LACC: 100%	**LACC ONLY:** **Q1: 100 %** **Q2: 97%** **Q3: 97%** **Q4: 100%**	99% of LACC ID cards issued within 10 business days of receiving complete and accurate enrollment information and binder payment for a specific consumer(s)	**Q1: Met** **Q2: Not Met** **Q3: Not Met** **Q4: Met**	Aurora Cabrera Cabellon (CSC)	Quarterly	**MQSC: Feb 1 2, April 9, July 10, Oct 9**	**Q2: Up until May 2018, LAC did not have BAM tool as an error gathering tool that monitors new ID card fulfillment among other things. Effective June 2018, BAM tool took effect and gathered that 201 ID cards were not fulfilled timely due to an oversight.** **Enrollment Services Reporting Team has devised a reconciliation tool in conjunction with BAM tool to monitor all new and reissued ID card request for all of LA Care's line of business, which includes LACC. There will be a reconciliation of the raw fulfillment files from QNXT, the fulfillment file that goes out to our fulfillment vendor and consequently another reconciliation of the file(s) received from the fulfillment vendor of when they were mailed to members.** **Q3: Enrollment Services was in the process of implementing and refining the new tool to audit LACC new member ID cards. Also the fulfillment database was undergoing new modifications to capture all new members on the fulfillment files. After the modifications were finalized the percentages for Q3 went from 93 % to 99% in August to 100% in September. Enrollment Services will continue to implement new audit tool to ensure that we are compliant in meeting our SLA.**		**Y**
Quality and Accuracy of Pharmacy Benefit information via the Telephone and website		**NCQA - MEM**	**2017 Q4 Rate:** Medi-Cal: 100% CMC: 100% LACC: 100%	**Quality and Accuracy of Pharmacy Benefit Information via Website (CMC, MCLA, LACC):** **MCLA:** **Q1: 100%** **Q2: 100%** **Q3: 100%** **Q4: 100%** **LACC:** **Q1: 88%** **Q2:88%** **Q3: 100%** **Q4: 100%** **CMC:** **Q1: 88%** **Q2: 88%** **Q3: 100%** **Q4: 100%**	**Members can obtain personalized pharmacy benefit information on the Web site in one attempt or contact 100% of the time**	**Q1: MCLA Met** **Q1: LACC Not Met** **Q1: CMC Not Met** **Q2: MCLA Met** **Q2: LACC Not Met** **Q2: CMC Not Met** **Q3: MCLA Met** **Q3: LACC Met** **Q3: CMC Met** **Q4: MCLA Met** **Q4: LACC Met** **Q4: CMC Met**	Gayle Butler (Pharm)/ Yana Paulson (Pharm)	Quarterly: Annual Analysis	**MQSC: Feb 12, April 9, July 10, Oct 9** **QOC: January (Annual Analysis)**	**Q1:** All 8 features on the L.A. Care member portal website functioned properly to display accurate pharmacy benefit information for MCLA members. However only 7 out of the 8 features functioned accurately for the CMC and LACC LOBs. The cost compare feature did not function properly for these 2 LOBs and the copayments for certain drugs was unable to be provided in one attempt or contact. This issue was reported to Navitus. **Q2:** All 8 features on the L.A. Care member portal website functioned properly to display accurate pharmacy benefit information for MCLA members. However only 7 out of the 8 features functioned accurately for the CMC and LACC LOBs. The cost compare feature did not function properly for these 2 LOBs and the copayments for certain drugs was unable to be provided in one attempt or contact.. Navitus continues to work on resolving this problem. **Q3:** All 8 features on the L.A. Care member portal website functioned properly to display accurate pharmacy benefit information for MCLA, LACC, and CMC members in one attempt or contact.. **Q4:** All 8 features on the L.A. Care member portal website functioned properly to display accurate pharmacy benefit information for MCLA, LACC, and CMC members in one attempt or contact..	**Q1 There were no barriers identified** **Q2 For LACC and CMC members, pharmacy copayments are calculated correctly, however, when the member signs in to the member portal the brand co-pay is not displayed when a generic is available (only the generic co-pay is shown). If the patient wants to know the brand co-pay he/she is directed to call L.A. Care. This is a minor issue, but it causes us not to meet the NCQA "one attempt or contact" standard for MEM 2A. We are working with Navitus to resolve the issue.** **Since there are no copayments with the MCLA LOB, this problem does not occur.** **Q3 Navitus corrected the problem. The NCQA one attempt or contact requirement is met for all LOBs. There were no barriers identified.** **Q4- There were no barriers identified.**	**N**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Quality and Accuracy of the Benefit information on the Web		**(NCQA - MEM)**	**2017 Q4 Rate:** Medi-Cal: 100% CMC: 100% LACC: 100%	**2018 Q1, Q2, & Q3 Rates:** **Medi-Cal: 100%** **CMC: 100%** **LACC: 100%**	Members can obtain personalized health information on the Web site in one attempt or contact 100% of the time	**Met**	Michael Nguyen (CSC)/ Victor Montijo (CSC)	Quarterly: Annual Analysis	**MQSC: Feb 12, April 9, July 10, Oct 9** **QOC: January (Annual Analysis)**	**None**		**N**
Quality and Accuracy of the Benefit information via the Telephone		**NCQA - MEM 3 Element B**	**2017 Q4 Rate:** Medi-Cal: 100% CMC: 100% LACC: 100%	**2018 Rates:** **Q1 Rate:** **Medi-Cal: 100%** **CMC: 100%** **LACC: 100%** **Q2 Rate:** **Medi-Cal: - 100%** **CMC: 100%** **LACC: 100%** **Q3 Rate:** **Medi-Cal: 97.63%** **CMC: 97.37%** **LACC: 97.06%** **Q4** **Rate:** **Medi-Cal: 84.48%** **CMC: 100%** **LACC: 86.67%**	100% of members can obtain personalized health information via the phone in one attempt or contact	**Q1 & Q2: Met** **Q3: Not Met** **Q4: Not Met**	Amanda Wolarik (CSC)/ Jorge Loza (CSC)	Quarterly: Annual Analysis	**MQSC: Feb 12, April 9, July 10, Oct 9** **QOC: January (Annual Analysis)**			**N**
Quality of email response **(NCQA - MEM 3 Element D)**		**NCQA - MEM 3 Element D**	**2017 Q4 Rate:** Medi-Cal: 100% CMC: 100% LACC: 100%	**2018 Rates:** **Q1 Rate:** **Medi-Cal: 100%** **CMC: 100%** **LACC: 100%** **Q2 Rate:** **Medi-Cal: 100%** **CMC: 100%** **LACC:100%** **Q3 Rate:** **Medi-Cal: 96.29%** **CMC: 100%** **LACC: 95.55%** **Q4 Rate:** **Medi-Cal: 96.30%** **CMC: 100%** **LACC: 95.56%**	100% of member email inquires will be responded to within one business day of submission	**Q1 & Q2: Met** **Q3:** **Medi-Cal & LACC: Not Met** **CMC: Met** **Q4:** **CMC: Met** **Medi-Cal & LACC: Not Met**	Jorge Loza (CSC)	Quarterly: Annual Analysis	**MQSC: Feb 12, April 9, July 10, Oct 9** **QOC: January (Annual Analysis)**			**N**
Non-Emergent Ancillary Services -within 15 business days of request		**DMHC** **DHCS** **CMS** **NCQA**	**No ancillary results reported for MY2016, due to data challenges.**	**<u>2018 MY2017 ATC Survey Results:</u>** **<u>Medi-Cal:</u>** **MRI 100%** **Mammogram 100%** **Physical Therapy 100%** **<u>CMC:</u>** **MRI 100%** **Mammogram 100%** **Physical Therapy 100%** **<u>LACC/LACCD:</u>** **MRI 100%** **Mammogram 100%** **Physical Therapy 100%** **<u>PASC:</u> No ancillary rates reported for PASC due to data challenges.**	Within 15 business days of request, for appointment	**Medi-Cal: Met** **CMC: Met** **LACC/LACCD: Met** **PASC: N/A**	Christine Salary (QI)/ Annette Garcia (QI)	Annually: Sept '18	**MQSC: Oct 30**	**Q1-Q4:** MY2017 (Reporting Year 2018) Results have been received as of Q2 2018. Overall, performances rates have improved significantly across all lines of business and provider types. The MY2017 DMHC PAAS methodology excludes non-responders and refusals from the compliance calculations. MY2016 included them as non-compliant. Additional analysis shows low response rates in both MY2016 and MY2017. Current intervention is to request a root cause analysis (RCA) from groups on provider non-responsiveness. RCA requests along with MY2017 provider group report card results scheduled to be distributed August 2018. PASC Ancillary data was not captured for the MY2017 PAAS. The TPN effort aims to capture PASC ancillary data by MY2019. The QI department will initiate PPG outreach visits to introduce L.A. Care Quality Programs and level-set understanding of terms, programs, data process, etc. Timely Access Reporting Workgroup project plan in progress to improve provider data through the Total Provider Management (TPM) Initiative. L.A. Care is part of a small workgroup collaborating with the California Association of Health Plans to evaluate the efficacy of the DMHC PAAS methodology. Performance Goal Methodology: The Accreditation department in Quality Improvement assesses the access to care goals for compliant performance with appointment availability and after-hours standards in the MCLA, Anthem Blue Cross, Care 1st, L.A. Care Covered, L.A. Care Covered Direct, PASC-SEIU, and Cal-MediConnect Networks. The Quality Oversight Committee approved the goal calculation methodology, on April 12, 2018. Annually, the Accreditation department will determine the goal for each appointment availability and after-hours access standard by the following methodology: Goals are calculated annually based on an average of the prior 2 years performance rates & a 5% increase of that average, rounded. Goals for each access standard will be updated and reflected in the annual access to care evaluation. This evaluation will also be reported annually to the Member Quality Services Committee.		**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
After Hour Care - 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. **(VIIP+P4P, Physician P4P, Plan Partner Incentive)**		**DMHC DHCS CMS NCQA**	**2017 MY2016 ATC Survey Results:** **Medi-Cal:** PCP Access 52% Timeliness 46% Combined Access & Timeliness 35% **CMC:** PCP Access 53% Timeliness 47% Combined Access & Timeliness 35% **LACC:** PCP Access 53% Timeliness 46% Combined Access &Timeliness 35% **PASC:** PCP Access 50% Timeliness 64% Combined &Timeliness 42%	**2018 MY2017 ATC Survey Results:** **Medi-Cal:** **PCP Access 73% Timeliness 55% Combined Access & Timeliness 50%** **CMC:** **PCP Access 73% Timeliness 57% Combined Access & Timeliness 50%** **LACC/LACCD:** **PCP Access 73% Timeliness 57% Combined Access &Timeliness 50%** **PASC:** **PCP Access 69% Timeliness 52% Combined &Timeliness 58%**	**Medi-Cal:** PCP Access 77% Timeliness 72% Combined Access & Timeliness 37% **CMC:** PCP Access 77% Timeliness 69% Combined Access & Timeliness 54% **LACC:** PCP Access 70% Timeliness 57% Combined Access &Timeliness 44% **PASC:** PCP Access 53% Timeliness 67% Combined &Timeliness 44%	**Medi-Cal:** **Access: Not Met** **Timeliness: Not Met** **Combined : Met** **CMC:** **Access : Not Met** **Timeliness: Not Met** **Combined: Not Met** **LACC/LACCD:** **Access: Met** **Timeliness: Met** **Combined: Met** **PASC:** **Access: Met** **Timeliness: Not Met** **Combined: Met**	Christine Salary (QI)/ Annette Garcia (QI)	Annually: Sept '18	**MQSC: Oct 30**	**Q1-Q4:** MY2017 (Reporting Year 2018) Results have been received as : of Q2 2018. Overall, performance has increased in access measures across all lines of business. Ongoing intervention includes the Oversight and Monitoring Auditing Workbooks that QI works with the PPGs on brining providers into compliance. MY2017 is the first year LACCD reported separately from LACC for After Hours Access measures. As of April 2018, PCPs are the only providers surveyed by L.A. Care for After-Hours compliance. The Behavioral Health vendor (Beacon) provides a triage line 24/7 for members with concerns or questions on mental health. L.A. Care also covers all its members for any health related concern or question through the nurse advice line vendor, Health Dialog, 24/7. Ongoing intervention includes the Oversight and Monitoring Auditing Workbooks that QI works with the PPGs on brining providers into compliance. The QI department will initiate PPG outreach visits to introduce L.A. Care Quality Programs and level-set understanding of terms, programs, data process, etc. Performance Goal Methodology: The Accreditation department in Quality Improvement assesses the access to care goals for compliant performance with appointment availability and after-hours standards in the MCLA, Anthem Blue Cross, Care 1st, L.A. Care Covered, L.A. Care Covered Direct, PASC-SEIU, and Cal-MediConnect Networks. The Quality Oversight Committee approved the goal calculation methodology, on April 12, 2018. Annually, the Accreditation department will determine the goal for each appointment availability and after-hours access standard by the following methodology: Goals are calculated annually based on an average of the prior 2 years performance rates & a 5% increase of that average, rounded. Goals for each access standard will be updated and reflected in the annual access to care evaluation. This evaluation will also be reported annually to the Member Quality Services Committee.		**Y**
Routine Primary Care (Non-Urgent) - Practitioners surveyed have routine primary visits available within 10 business days.		**DMHC DHCS CMS NCQA**	**2017 MY2016 ATC Survey Results:** Medi-Cal: 95.0% LACC: 92.5% CMC: 91.9% PASC: 94.4%	**2018 MY2017 ATC Survey Results:** **Medi-Cal: 97.0%** **LACC/LACCD: 97.0%** **CMC: 97.0%** **PASC: 96.0%**	**Medi-Cal:** 100% **LACC:** 97% **CMC:** 96% **PASC:** 99%	**Medi-Cal: Not Met** **LACC/LACCD: Met** **CMC Not Met** **PASC: Not Met**	Christine Salary (QI)/ Annette Garcia (QI)	Annually: Sept '18	**MQSC: Oct 30**	**Q1-Q4:** MY2017 (Reporting Year 2018) Results have been received as of Q2 2018. Overall, performances rates have improved significantly across all lines of business and provider types. The MY2017 DMHC PAAS methodology excludes non-responders and refusals from the compliance calculations. MY2016 included them as non-compliant. Additional analysis shows low response rates in both MY2016 and MY2017. QI requested a root cause analysis(RCA) from groups on provider non-responsiveness. Provider non-responsiveness was due primarily to provider survey fatigue and patient care priorities. L.A. Care using online/fax survey tool as a survey response option to limit burden of calls to provider offices. Ongoing intervention includes the Oversight and Monitoring Auditing Workbooks that QI works with the PPGs on brining providers into compliance. The O&M workbook process began 10/28/2015. The QI department will initiate PPG outreach visits to introduce L.A. Care Quality Programs and level-set understanding of terms, programs, data process, etc. Timely Access Reporting Workgroup project plan in progress to improve provider data through the Total Provider Management (TPM) Initiative. L.A. Care is part of a small workgroup collaborating with the California Association of Health Plans to evaluate the efficacy of the DMHC PAAS methodology.	**Q2 Sub-par L.A. Care Provider data:** **Inaccurate data leads to unreliable results** **Untimely data leads to delay in survey start**	**Y**
Routine Specialty Care (Non-Urgent) - Specialist practitioners surveyed have routine specialty care visits available within 15 business days of request.		**DMHC DHCS CMS NCQA**	**2017 MY2016 ATC Survey Results:** Medi-Cal: 88.3% LACC: 87.2% CMC: 89.2% PASC: 90.7%	**2018 MY2017 ATC Survey Results:** **Medi-Cal: 86%** **CMC: 87%** **LACC/LACCD: 85%** **LACCD: 85%** **PASC: 91%**	**Medi-Cal:** 93% **LACC:** 92% **CMC:** 94% **PASC:** 96%	**Medi-Cal: Met** **CMC: Met** **LACC/LACCD: Met** **PASC: Met**	Christine Salary (QI)/ Annette Garcia (QI)	Annually: Sept '18	**MQSC: Oct 30**	**Q1-Q4:** MY2017 (Reporting Year 2018) Results have been received as of Q2 2018. Overall, performances rates have improved significantly across all lines of business and provider types. The MY2017 DMHC PAAS methodology excludes non-responders and refusals from the compliance calculations. MY2016 included them as non-compliant. Additional analysis shows low response rates in both MY2016 and MY2017. QI requested a root cause analysis(RCA) from groups on provider non-responsiveness. Provider non-responsiveness was due primarily to provider survey fatigue and patient care priorities. L.A. Care using online/fax survey tool as a survey response option to limit burden of calls to provider offices. Ongoing intervention includes the Oversight and Monitoring Auditing Workbooks that QI works with the PPGs on brining providers into compliance. The O&M workbook process began 10/28/2015. Measure used as a payment gate (non-compliance reduces incentive pay) in Physician P4P. Measure used in Access and Availability Domain for VIIP+P4P and Plan Partner Incentive (higher compliance equates to more incentive pay). The QI department will initiate PPG outreach visits to introduce L.A. Care Quality Programs and level-set understanding of terms, programs, data process, etc. Timely Access Reporting Workgroup project plan in progress to improve provider data through the Total Provider Management (TPM) Initiative.	**Q2 Sub-par L.A. Care Provider data:** **Inaccurate data leads to unreliable results** **Untimely data leads to delay in survey start**	**Y**
Urgent Care (PCP) - Urgent care appointments available within 48 hours. **(VIIP+P4P, Physician P4P, Plan Partner Incentive)**		**DMHC DHCS CMS NCQA**	**2017 MY2016 ATC Survey Results:** Medi-Cal: 91.1% LACC: 90.5% CMC: 89.9% PASC: 93.3%	**2018 MY2017 ATC Survey Results:** **Medi-Cal: 92%** **CMC: 92%** **LACC/LACCD: 92.0%** **PASC: 96.0%**	**Medi-Cal:** 96% **LACC:** 95% **CMC:** 94% **PASC:** 98%	**Medi-Cal: Met** **CMC: Met** **LACC/LACCD: Met** **PASC: Met**	Christine Salary (QI)/ Annette Garcia (QI)	Annually: Sept '18	**MQSC: Oct 30**	**Q1-Q4:** MY2017 (Reporting Year 2018) Results have been received as of Q2 2018. Overall, performances rates have improved significantly across all lines of business and provider types. The MY2017 DMHC PAAS methodology excludes non-responders and refusals from the compliance calculations. MY2016 included them as non-compliant. Additional analysis shows low response rates in both MY2016 and MY2017. QI requested a root cause analysis(RCA) from groups on provider non-responsiveness. Provider non-responsiveness was due primarily to provider survey fatigue and patient care priorities. L.A. Care using online/fax survey tool as a survey response option to limit burden of calls to provider offices. Ongoing intervention includes the Oversight and Monitoring Auditing Workbooks that QI works with the PPGs on brining providers into compliance. The O&M workbook process began 10/28/2015. Measure used as a payment gate (non-compliance reduces incentive pay) in Physician P4P. Measure used in Access and Availability Domain for VIIP+P4P and Plan Partner Incentive (higher compliance equates to more incentive pay). The QI department will initiate PPG outreach visits to introduce L.A. Care Quality Programs and level-set understanding of terms, programs, data process, etc. Timely Access Reporting Workgroup project plan in progress to improve provider data through the Total Provider Management (TPM) Initiative. L.A. Care is part of a small workgroup collaborating with the California Association of Health Plans to evaluate the efficacy of the DMHC PAAS methodology. Performance Goal Methodology: The Accreditation department in Quality Improvement assesses the access to care goals for compliant performance with	**Q2 Sub-par L.A. Care Provider data:** **Inaccurate data leads to unreliable results** **Untimely data leads to delay in survey start**	**Y**
Urgent Care (SCP) - Urgent care appointments available within 96 hours.		**DMHC DHCS CMS NCQA**	**2017 MY2016 ATC Survey Results:** **Medi-Cal: 82%** **LACC: 83%** **CMC: 85%** **PASC: 60%**	**2018 MY2017 ATC Survey Results:** **Medi-Cal: 82%** **CMC: 84%** **LACC/LACCD: 82%** **PASC: 90%**	**Medi-Cal:** 86% **LACC:** 87% **CMC:** 89% **PASC:** 63%	**Medi-Cal: Met** **CMC: Not Met** **LACC/LACCD: Met** **PASC: Not Met**	Christine Salary (QI)/ Annette Garcia (QI)	Annually: Sept '18	**MQSC: Oct 30**	**Q1-Q4:** MY2017 (Reporting Year 2018) Results have been received as of Q2 2018. Overall, performances rates have improved significantly across all lines of business and provider types. The MY2017 DMHC PAAS methodology excludes non-responders and refusals from the compliance calculations. MY2016 included them as non-compliant. Additional analysis shows low response rates in both MY2016 and MY2017. QI requested a root cause analysis(RCA) from groups on provider non-responsiveness. Provider non-responsiveness was due primarily to provider survey fatigue and patient care priorities. L.A. Care using online/fax survey tool as a survey response option to limit burden of calls to provider offices. Ongoing intervention includes the Oversight and Monitoring Auditing Workbooks that QI works with the PPGs on brining providers into compliance. The O&M workbook process began 10/28/2015. The QI department will initiate PPG outreach visits to introduce L.A. Care Quality Programs and level-set understanding of terms, programs, data process, etc. Timely Access Reporting Workgroup project plan in progress to improve provider data through the Total Provider Management (TPM) Initiative. L.A. Care is part of a small workgroup collaborating with the California Association of Health Plans to evaluate the efficacy of the DMHC PAAS methodology. Performance Goal Methodology: The Accreditation department in Quality Improvement assesses the access to care goals for compliant performance with appointment availability and after-hours standards in the MCLA, Anthem Blue Cross, Care 1st, L.A. Care Covered, L.A. Care Covered Direct, PASC-SEIU, and Cal-MediConnect Networks. The Quality Oversight Committee approved the goal calculation methodology, on April 12, 2018. Annually, the Accreditation department will determine the goal for each appointment availability and after-hours access standard by the following methodology: Goals are calculated annually based on an average of the prior 2 years performance rates & a 5% increase of that average, rounded. Goals for each access standard will be updated and reflected in the annual access to care evaluation. This evaluation will also be reported annually to the Member Quality Services Committee.	**Q2 Sub-par L.A. Care Provider data:** **Inaccurate data leads to unreliable results** **Untimely data leads to delay in survey start**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Service - *Availability*												
Drive Distance to PCP (Geomapping, Optum Reports)			**Q4 2017** **MCLA: 100%** **Anthem: 100%** **Care 1st: 100%** **CMC: 99.2%** **LACC: 99.8%**	**Q1 2018:** **Medi-Cal: 99.3%** **LACC: 99. 7%** **CMC: 99.0%** **Q2 - 2018** **Medi-Cal: 100%** **LACC: 99.7%** **CMC: 99.6%** **Q3-2018** **Medi-Cal : 99.6%** **LACC: 99.7%** **CMC: 99.0%** **Q4: Available Q1 2019.**	95% of members have access to a PCP within 10 miles radius of their primary residence	**Q1: Met** **Q2: Met** **Q3: Met**	Gwen Cathey (PNM)/ Acacia Reed (PNM)	Quarterly	**MQSC: Oct 30**	**Q1 2018 through Q3 2018:** **ALOB:** PNM has entered into a contractual agreement with Quest Analytics to perform zip code specific analysis of member travel distance to PCPs and identify geographical locations where current standards are not met. Provider Contracts and Relationship Management (CRM) will use Quest reporting to assist them in developing an effective contracting strategy for remediation of deficiencies. For the Medi-Cal line of business, CRM continues to develop its CAN network to increase access for Medi-Cal members throuout Los Angeles County		**Y**
Drive Distance to all SCP, including identified high volume SCP (Geomapping, Optum Reports)			**Q4 2017** **MCLA:** 98% **Anthem:** 100% **Care 1st:** 100% **CMC:** 99% **LACC:** 99%	**Q1 2018:** **Medi-Cal: 99.8%** **LACC: 99.6%** **CMC: 98.9%** **Q2 - 2018** **Medi-Cal: 99.7%** **LACC: 99.6%** **CMC: 99.1%** **Q3-2018** **Medi-Cal: 99.7%** **LACC: 99.6%** **CMC: 99.2%** **Q4: Available Q1 2019.**	90% of members have access to specialty care practitioners within 15 miles radius of their primary residence	**Q1: Met** **Q2: Met** **Q3: Met**	Gwen Cathey (PNM)/ Acacia Reed (PNM)	Quarterly	**MQSC: Oct 30**	**Q1 2018 - Q3 2018:** **ALOB:** PNM has entered into a contractual agreement with Quest Analytics to perform zip code specific analysis of member travel distance to PCPs and identify geographical locations where current standards are not met. Provider Contracts and Relationship Management (CRM) will use Quest reporting to assist them in developing an effective contracting strategy for remediation of deficiencies. For the Medi-Cal line of business, CRM continues to develop its Direct Network to increase access for Medi-Cal members.		**Y**
Ratio - PCP (excludes mid-level providers) (Geomapping, Optum Reports)			**Q4 2017** **MCLA:** 1:325 members **Anthem:** 1:190 members **Care 1st:** 1:183 members **CMC:** 1:7 members **LACC:** 1:7 members	**Q1 2018:** **Medi-Cal: 1:316** **LACC: 1:19** **CMC: 1:7** **Q2 - 2018** **Medi-Cal: 1: 463** **LACC: 1: 19** **CMC: 1:7** **Q3-2018** **Medi-Cal: 1:346** **LACC: 1:19** **CMC: 1:7** **Q4: Available Q1 2019.**	1: 2000 members	**Q1: Met** **Q2: Met** **Q3: Met**	Gwen Cathey (PNM)/ Acacia Reed (PNM)	Quarterly	**MQSC: Oct 30**	**Q1 2018 - Q3 2018:** **ALOB:** PNM has entered into a contractual agreement with Quest Analytics to perform zip code specific analysis of member travel distance to PCPs and identify geographical locations where current standards are not met. Provider Contracts and Relationship Management (CRM) will use Quest reporting to assist them in developing an effective contracting strategy for remediation of deficiencies. For the Medi-Cal line of business, CRM continues to develop its Direct Network to increase access for Medi-Cal members**.**		**Y**
Ratio - High Volume Specialist (Note the top 5 specialists can vary year to year)			**4th Quarter 2017** **MCLA:** OB/GYN: 1:16 Cardiovascular Disease: 1:1586 Orthopedics: 1:3288 Gastroenterology: 1:3452 Nephrology: 1:2741 Oncology: 1:1975 **LACC:** Cardiovascular Disease: 1:40 Gastroenterology: 1:85 Infectious Disease: 1:225 OB/GYN: 1:1 Oncology: 1:57 Ophthalmology: 1:40 **CMC:** Cardiovascular Disease: 1:27 Gastroenterology: 1:57 OB/GYN: 1:16 Oncology: 1:40 Ophthalmology: 1:26 Podiatry: 1:5000	**Q3 2018** **Medi-Cal:** Cardiovascular Disease: 1:3911 Podiatry: 1:7198 OB/GYN: 1:1384 Oncology: 1:5539 Ophthalmology: 1:4195 **LACC:** Urology: 1:130 Cardiovascular Disease: 1:68 Podiatry: 1:303 Dermatology: 1:435 OB/GYN: 1:1 **CMC:** Cardiovascular Disease: 1:27 Nephrology 1:46 OB/GYN: 1:17 Oncology: 1:40 Ophthalmology: 1:27	The top 5 specialists (can vary year to year) by LOB	**NA**	Gwen Cathey (PNM)/ Acacia Reed (PNM)	Annual	**MQSC: Oct 30**	**Q1 2018 - Q3 2018:** Contracts and Relationship Management (CRM) continues its efforts to expand L.A. Care's network of directly contracted providers throughout Los Angeles County. PNM also continues its relationship with Quest Analytics who is contracted to perform analyses of the organization's provider networks and identify deficiencies that are geography and provider type specific>	**Current specialist to member ratio standards are undergoing review to determine if they are appropriate for the population served and reasonable for the availability of specialists within specific geographical locations and areas of specialty care.**	**Y**
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 6C)**			TBD	**NA**	TBD	**NA**	Ajay Ahlawat (Cred)/ Acacia Reed (PNM)	Annually: Sept '18	**MQSC: Oct 30**	**Provider Network Management's Provider Data Services (PDS) business unit performed an analysis of the accuracy of each of the NCQA required provider directory data elements. A comprehensive report was produced in July 2018. This report was present to, and approved by the Quality Oversight Committee on August 13, 2018.**		**N**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Service Improvements					**Goal Methodology:** **MPL or next highest percentile from NCQA Quality Compass. If no benchmark available add 5% increase from prior year rate**							
Service - *Member Satisfaction (Experience) ADULT*												
ADULT - Rating of Health Plan **(Medi-Cal: Rating of 8, 9, or 10 of 10 & LACC: Mean-scored 0-100 -- not comparable to NCQA %s)**	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal & LACC**	**2017 Rate:** Medi-Cal: 69.64% LACC: 76.55%	**2018 Rate:** **Medi-Cal: 73.99%** **LACC: 72.55%**	**Medi-Cal: 73%** **LACC: 74%**	**Medi-Cal: Met** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. However, it is not included as a VIIP+P4P measure.**	**Y**
ADULT - Rating of Health Care **(Medi-Cal: Rating of 8, 9, or 10 of 10 & LACC: Mean-scored 0-100 -- not comparable to NCQA %s)**	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal & LACC**	**2017 Rate:** Medi-Cal: 66.67% LACC: 83.01%	**2018 Rate:** **Medi-Cal: 66.25%** **LACC: 75.78%**	**Medi-Cal: 72%** **LACC: 88%**	**Medi-Cal: Not Met** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P.**	**Y**
ADULT - Rating of Personal Doctor **(Medi-Cal: Rating of 8, 9, or 10 of 10 & LACC: Mean-scored 0-100 -- not comparable to NCQA %s)**	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal & LACC**	**2017 Rate:** Medi-Cal: 75.29% LACC: 88.70%	**2018 Rate:** **Medi-Cal: 80.16%** **LACC: 86.91%**	**Medi-Cal: 79%** **LACC: 91%**	**Medi-Cal: Met** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P. Name of measure is "Rating of PCP".**	**Y**
ADULT - Rating of Specialist Seen Most Often **(Medi-Cal: Rating of 8, 9, or 10 of 10 & LACC: Mean-scored 0-100 -- not comparable to NCQA %s)**	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal & LACC**	**2017 Rate:** Medi-Cal: NA LACC: 87.24%	**2018 Rate:** **Medi-Cal: 77.04%** **LACC: 84.88%**	**Medi-Cal: 80%** **LACC: 88%**	**Medi-Cal: Not Met** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars..** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports, "Rating of Specialist". However, it is not included as a VIIP+P4P measure.**	**Y**
ADULT - Getting Care Quickly **(Medi-Cal: Always+Usually & LACC: Mean-scored 0-100 -- not comparable to NCQA %s.)**	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal & LACC**	**2017 Rate:** Medi-Cal: 75.62% LACC: 71.72%	**2018 Rate:** **Medi-Cal: 72.05%** **LACC: 67.12%**	**Medi-Cal: 80%** **LACC: 81%**	**Medi-Cal: Not Met** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ Henock Solomon (QI)/ Annette Garcia (QI)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup. Content specific to Getting Care Quickly was presented.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P. Name of measure is "Timely Care and Service".**	**Y**
ADULT - Getting Needed Care **(Medi-Cal: Always+Usually & LACC: Mean-scored 0-100 -- not comparable to NCQA %s.)**	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal & LACC**	**2017 Rate:** Medi-Cal: 74.84% LACC: 75.40%	**2018 Rate:** **Medi-Cal: 76.79%** **LACC: 66.30%**	**Medi-Cal: 80%** **LACC: 82%**	**Medi-Cal: Not Met** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. However, it is not included as a VIIP+P4P measure.**	**Y**
ADULT - Customer Service **(Medi-Cal: Always+Usually & LACC: Mean-scored 0-100 -- not comparable to NCQA %s.)**	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal & LACC**	**2017 Rate:** Medi-Cal: NA LACC: 80.40%	**2018 Rate:** **Medi-Cal: 87.53%** **LACC: 77.33%**	**Medi-Cal: 87%** **LACC: 86%**	**Medi-Cal: Met** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P. Name of measure is "Office Staff".**	**Y**
ADULT - How Well Doctors Communicate **(Medi-Cal: Always+Usually & LACC: Mean-scored 0-100 -- not comparable to NCQA %s.)**	**CAHPS (Medi-Cal)/ EES (LACC)**		**2017 Rate:** Medi-Cal: 91.23% LACC: 91.44%	**2018 Rate:** **Medi-Cal: 88.45%** **LACC: 86.92%**	**Medi-Cal: 92%** **LACC: 95%**	**Medi-Cal: Not Met** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P. Name of measure is "Doctor Patient Interaction".**	**N**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
ADULT - Coordination of Care [New in 2017] (Medi-Cal: Always+Usually)	**CAHPS (Medi-Cal)/ EES (LACC)**		**2017 Rate:** Medi-Cal: NA LACC: 85.99%	**2018 Rate:** **Medi-Cal: 78.38%** **LACC: 82.79%**	**Medi-Cal: NA** **LACC: 90%**	**Medi-Cal: NA** **LACC: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually:	**MQSC: Oct 10**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P.**	**Y**
ADULT - Flu Vaccination Ages 18-64 (Medi-Cal: % vaccinated & LACC: % vaccinated)	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal & LACC**	**2017 Rate:** Medi-Cal: 37.50% LACC: 31.34%	**2018 Rate:** **Medi-Cal: 39.81%** **LACC: 36.25%**	**Medi-Cal: 39%** **LACC: 42%**	**Medi-Cal: Met** **LACC: Not Met**	Matilde Gonzalez-Flores (HECLS)/ Nai Kasick (HECLS)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Ann Phan (Pharm)	Annually: Sept '18	**MQSC: Oct 30**	**MCLA & LACC Member Intervention: Member calls and mailers encouraging flu vaccination.** **Q1: Planning for annual flu campaign kicks-off in Fall.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **Pharmacy team includes in medication adherence calls to CMC members, mentioning importance of annual flu vaccination. Vaccine webpage (within "pharmacy services" page) officially launched on lacare.org as of 9/17/2018. Landing page on calmediconnectla.org also completed. CSC hold message and closing script re-launched for 2018-2019 flu season. Run length TBD. Published "Vaccinate LA" article on Pulse for providers in Aug. 2018. Vaccine webpage will continue to be updated with FRC flu clinic flyers.** **Pharmacy will begin Flu Vaccine Call campaign for Jan. 2019 with CMC members that have not yet received flu shot via pharmacy or medical benefit. Call script and Call tracker (with Prioritization) developed.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure IS NOT part of CG-CAHPS reports or VIIP+P4P.**	**Y**
ADULT - Medical Assistance with Tobacco Cessation - Advising Smokers and Tobacco Users to Quit* (Medi-Cal: % Yes & LACC: Always+Usually)	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: NA LACC: 68.42%	**2018 Rate:** **Medi-Cal: NA** **LACC: NA**	**Medi-Cal: 73%** **LACC: 71%**	**Medi-Cal: NA** **LACC: NA**	Matilde Gonzalez-Flores (HECLS)/ Nai Kasick (HECLS)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)	Annually: Sept '18	**MQSC: Oct 30**	**MCLA, LACC, & CMC Member Intervention: Mailer and calls to members self -identified as tobacco users.** **Q1 Mailings:1,378 total, Q1 Live Agent Calls: 182 total, Q1 Member Referrals: 7 total Q2 Mailings: 12,041 total. Q2 Live Agent Calls: 756 total. Q2 Member Referrals: 1 total. Q3 Mailings: 5,465 total. Q3 Live Agent Calls: 628 total. Q3 Member Referrals: 0 total.** **In Fiscal year, 2017-2018, 21, 370 smoking cessation packets were mailed to DLOB members. Majority of the mailings (71.4%) were sent in English, followed by Spanish (18.2%) and Armenian (5.0%). Outbound calls are made to a randomized subset of members (N=1,870) to ensure receipt of the packet and administer a phone survey. Approximately 21% of members reached completed the survey. Survey results indicate that of 54% received the mailing, 60% read the mailing, and on average rated the mailing a 4 in helpfulness. In addition, approximately 69% of members were trying to quit smoking and 17% agreed to be transferred to the CA Smokers Helpline.**	**This measure IS NOT part of CG-CAHPS reports or VIIP+P4P.**	**Y**
ADULT - Medical Assistance With Smoking and Tobacco Use Cessation (Discussing Cessation Medications)* (Medi-Cal: % Yes & LACC: Always+Usually)	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: NA LACC: NR	**2018 Rate:** **Medi-Cal: NA** **LACC: NA**	**Medi-Cal: 44%** **LACC: 44%**	**Medi-Cal: NA** **LACC: NA**	Matilde Gonzalez-Flores (HECLS)/ Nai Kasick (HECLS)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)	Annually: Sept '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**MCLA, LACC, & CMC Member Intervention: Mailer and calls to members self -identified as tobacco users.** **Q1 Mailings:1,378 total, Q1 Live Agent Calls: 182 total, Q1 Member Referrals: 7 total** **Q2 Mailings: 12,041 total. Q2 Live Agent Calls: 756 total. Q2 Member Referrals:1 total. Q3 Mailings: 5,465 total. Q3 Live Agent Calls: 628 total. Q3 Member Referrals: 0 total.** **In Fiscal year, 2017-2018, 21, 370 smoking cessation packets were mailed to DLOB members. Majority of the mailings (71.4%) were sent in English, followed by Spanish (18.2%) and Armenian (5.0%). Outbound calls are made to a randomized subset of members (N=1,870) to ensure receipt of the packet and administer a phone survey. Approximately 21% of members reached completed the survey. Survey results indicate that of 54% received the mailing, 60% read the mailing, and on average rated the mailing a 4 in helpfulness. In addition, approximately 69% of members were trying to quit smoking and 17% agreed to be transferred to the CA Smokers Helpline.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure IS NOT part of CG-CAHPS reports or VIIP+P4P.**	**Y**
ADULT - Medical Assistance With Smoking and Tobacco Use Cessation (Discussing Cessation Strategies)* (Medi-Cal: % Yes & LACC: Always+Usually)	**CAHPS (Medi-Cal)/ EES (LACC)**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: NA LACC: NR	**2018 Rate:** **Medi-Cal: NA** **LACC: NA**	**Medi-Cal: 40%** **LACC: 40%**	**Medi-Cal: NA** **LACC: NA**	Matilde Gonzalez-Flores (HECLS)/ Nai Kasick (HECLS)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)	Annually: Sept '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**MCLA, LACC, & CMC Member Intervention: Mailer and calls to members self -identified as tobacco users.** **Q1 Mailings:1,378 total, Q1 Live Agent Calls: 182 total, Q1 Member Referrals: 7 total Q2 Mailings: 12,041 total. Q2 Live Agent Calls: 756 total. Q2 Member Referrals: 1 total. Q3 Mailings: 5,465 total. Q3 Live Agent Calls: 628 total. Q3 Member Referrals:0 total.** **In Fiscal year, 2017-2018, 21, 370 smoking cessation packets were mailed to DLOB members. Majority of the mailings (71.4%) were sent in English, followed by Spanish (18.2%) and Armenian (5.0%). Outbound calls are made to a randomized subset of members (N=1,870) to ensure receipt of the packet and administer a phone survey. Approximately 21% of members reached completed the survey. Survey results indicate that of 54% received the mailing, 60% read the mailing, and on average rated the mailing a 4 in helpfulness. In addition, approximately 69% of members were trying to quit smoking and 17% agreed to be transferred to the CA Smokers Helpline.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure IS NOT part of CG-CAHPS reports or VIIP+P4P.**	**Y**
Service - Member Satisfaction (Experience) CHILD												
CHILD - Rating of Health Plan **(Medi-Cal: Rating of 8, 9, or 10 of 10)**	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: 79.71%	**2018 Rate:** **Medi-Cal:82.97%**	**Medi-Cal: 84%**	**Medi-Cal: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. However, it is not included as a VIIP+P4P measure.**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
CHILD - Rating of Health Care (Medi-Cal: Rating of 8, 9, or 10 of 10)	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: 82.93%	**2018 Rate:** **Medi-Cal: 84.13%**	**Medi-Cal: 85%**	**Medi-Cal: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P.**	**Y**
CHILD - Rating of Personal Doctor (Medi-Cal: Rating of 8, 9, or 10 of 10)	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: 86.29%	**2018 Rate:** **Medi-Cal: 86.73%**	**Medi-Cal: 88%**	**Medi-Cal: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **VIIP+P4P reports results to PPGs for Medi-Cal. P4P may incentivize some CAHPS measures based on CG-CAHPS results.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**Henock: This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P. Name of measure is "Rating of PCP".**	**Y**
CHILD - Rating of Specialist Seen Most Often (Medi-Cal: Rating of 8, 9, or 10 of 10)	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: NA	**2018 Rate:** **Medi-Cal: NA**	**Medi-Cal: 85%**	**Medi-Cal: NA**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports, "Rating of Specialist". However, it is not included as a VIIP+P4P measure.**	**Y**
CHILD - Getting Care Quickly (Medi-Cal: Always+Usually)	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: 86.14%	**2018 Rate:** **Medi-Cal: 84.04%**	**Medi-Cal: 89%**	**Medi-Cal: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ Henock Solomon (QI)/ Annette Garcia (QI)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup. Content specific to Getting Care Quickly was presented.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P. Name of measure is "Timely Care and Service".**	**Y**
CHILD - Getting Needed Care (Medi-Cal: Always+Usually)	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: 74.48%	**2018 Rate:** **Medi-Cal: 79.04%**	**Medi-Cal: 81%**	**Medi-Cal: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. However, it is not included as a VIIP+P4P measure.**	**Y**
CHILD - Customer Service (Medi-Cal: Always+Usually)	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: NA	**2018 Rate:** **Medi-Cal: 85.22%**	**Medi-Cal: 86%**	**Medi-Cal: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P. Name of measure is "Office Staff".**	**Y**
CHILD - How Well Doctors Communicate (Medi-Cal: Always+Usually)	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: 89.60%	**2018 Rate:** **Medi-Cal: 88.32%**	**Medi-Cal: 92%**	**Medi-Cal: Not Met**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually: Sept '18	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P. Name of measure is "Doctor Patient Interaction".**	**N**
CHILD - Coordination of Care [New in 2017] (Medi-Cal: Always+Usually)	**CAHPS**	**NCQA: Medi-Cal**	**2017 Rate:** Medi-Cal: NA	**2018 Rate:** **Medi-Cal: 78.38%**	**Medi-Cal: NA**	**Medi-Cal: NA**	Bettsy Santana (QI)/ Keren Mahgerefteh (QI)/ Phinney Anh (Medi-Cal)/ Linda Greenfeld (Commercial Products)/ Geoffrey Vitrano (CSC)/ All Departments	Annually:	**MQSC: Oct 30**	**Intervention: Weekly email to PPGs and PCPs on improving member satisfaction and CAHPS Webinars.** **Q1 to Q3: Brainstorming with data to develop initiatives, at least monthly, at the Member Experience workgroup.** **Q3-Q4: Content on Member Experience is included in outreach by HEDIS team to provider offices.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**This measure is included in the CG-CAHPS reports. It is also a measure scored and paid on in VIIP+P4P.**	**Y**
Service - *Complaints and Appeals*												
Appeals Resolution (all Lines of Business)			**2017 Q4 Rate: 84%**	**Q1: 88%** **Q2: 75%** **Q3: 78%** **Q4: 99%**	95% appeal resolution within 30 days.	**Q1: Not Met** **Q2: Not Met** **Q3: Not Met** **Q4: Met**	Lisa Marie Golden (G&A)	Quarterly Reports	**MQSC: Feb 1 2, April 9, July 10, Oct 30**		1. Attrition and extended LOAs continued to negatively impact the overall performance during Q2. 2. Continued to recruit for Recruited 5 new team members during the Q2 period. 3. In Q3 identified error in report configuration. Report corrected in September 2018.	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Complaint Resolution (all Lines of Business)			**2017 Q4 Rate: 95%**	**Q1:93%** **Q2: 54%** **Q3: 70%** **Q4: 99%**	95% complaint resolution within 30 days	**Q1: Not Met** **Q2: Not Met** **Q3: Not Met** **Q4: Met**	Lisa Marie Golden (G&A)	Quarterly Reports	**MQSC:** **Feb 1 2, April 9, July 10, Oct 30**		1. Attrition and extended LOAs continued to negatively impact the overall performance during Q2. 2. Continued to recruit for Recruited 5 new team members during the Q2 period. 3. In Q3 identified error in report configuration. Report corrected in September 2018.	**Y**
Grievance Resolution (LACC Only)			**2017 Q4 Rate: 93%**	**Q1:92%** **Q2: 55%** **Q3: 64%** **Q4: 74%**	95% of Covered California enrollee grievances resolved within 30 calendar days of initial receipt	**Q1: Not Met** **Q2: Not Met** **Q3: Not Met** **Q4: Not Met**	Lisa Marie Golden (G&A)	Quarterly Reports	**MQSC:** **Feb 1 2, April 9, July 10, Oct 30**		1. Attrition and extended LOAs continued to negatively impact the overall performance during Q2. 2. Continued to recruit for Recruited 5 new team members during the Q2 period. 3. In Q3 identified error in report configuration. Report corrected in September 2018.	**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 (all Lines of Business)			**2017 Q4 Rate:100%**	**Q1:** Report will be reviewed during July 2018 MQSC **Q2:** Report will be reviewed during October 2018 MQSC **Q3**: Report will be reviewed during October 2018 MQSC **Q4** Report will be reviewed during October 2018 MQSC	100% of complaints & appeals will be analyzed quarterly to identify top 5 complaint categories.	**Met**	Lisa Marie Golden (G&A)	Quarterly Reports	**MQSC:** **Feb 1 2, April 9, July 10, Oct 30**			**Y**
Access-Related Grievances at PPG Level			**Not available**	**Q1:** Report will be reviewed during July 2018 MQSC **Q2:** Report will be reviewed during October 2018 MQSC **Q3**: Report will be reviewed during October 2018 MQSC **Q4** Report will be reviewed during October 2018 MQSC	Baseline for 2017 with Tentative Goal ≤2 Access-Related Grievances per 1000 members per month for Medi-Cal	**Met**	Lisa Marie Golden (G&A)/ Katrina Miller (QI)	Quarterly Reports	**MQSC:** **Feb 1 2, April 9, July 10, Oct 30**			**Y**
Service - ***Provider Satisfaction***												
PCP satisfaction with UM process (timely decisions for pre-auth)			**2016 Rate: 80.5%**	**2017 Rate: 79.4%**	80% of PCPs will be overall satisfied with timely decisions for pre-auths.	**Not Met**	David Kagan/ Alex Li / Albert Lee	Annually: Sept '18	**UMC: Dec 13**			**Y**
PCP satisfaction with UM process (clinically reasonable decisions for pre-auths)			**2016 Rate: 81.6%**	**2017 Rate: 78.5%**	80% of PCPs will be overall satisfied with clinically reasonable decisions for pre-auths.	**Not Met**	David Kagan/ Alex Li / Albert Lee	Annually: Sept '18	**UMC: Dec 13**			**Y**
SCP satisfaction with UM process (timely decisions for pre-auths)			**2016 Rate: 78.8%**	**2017 Rate: 71.6%**	80% of SCPs will be overall satisfied with timely decisions for pre-auths.	**Not Met**	David Kagan/ Alex Li / Albert Lee	Annually: Sept '18	**UMC: Dec 13**			**Y**
SCP satisfaction with UM process (clinically reasonable decisions for pre-auths)			**2016 Rate: 79.1%**	**2017 Rate: 71.4%**	80% of SCPs will be overall satisfied with clinically reasonable decisions for pre-auths.	**Not Met**	David Kagan/ Alex Li / Albert Lee	Annually: Sept '18	**UMC: Dec 13**			**Y**
Clinical Improvements and Initiatives												
Clinical - ***Continuity and Coordination of Medical Care***												
Coordination of Care: PCP/SCP Communication		**NCQA**	**2017 Rate: 46.8%**	**Rate: 42.80%**	80% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient	**Not Met**	Bettsy Santana (QI)/ Maria Casias (QI)/ PNM	Annually: Sept '18	**Quality Oversight Committee (QOC) Nov 29 and Joint PICC & PQC Feb 2019**	E-Management is a electronic communication platform to address communication between PCPs and SCPs		**Y**
Coordination of Care: SCP/PCP Communication		**NCQA**	**2017 Rate: 51.6%**	**Rate: 38.90%**	80% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred	**Not Met**	Bettsy Santana (QI)/ Maria Casias (QI)/ PNM	Annually: Sept '18	**Quality Oversight Committee (QOC) Nov 29 and Joint PICC & PQC Feb 2019**	E-Management is a electronic communication platform to address communication between PCPs and SCPs		**Y**
Coordination of Care: Transitions in Management, ED/Inpatient to PCP		**NCQA**	**Follow-up After Hospitalization for Mental Illness (FUH):** 30-Day (CMC): 41.98% 7-Day (LACC): NA (Denominator less than 30) **Postpartum Care (PPC):** MCLA: 56.67% **Prenatal Care (PPC):** MCLA: 71.67%	**Follow-up After Hospitalization for Mental Illness (FUH):** 30-Day (CMC): 46.88% 7-Day (LACC): NA (Denominator less than 30) **Postpartum Care (PPC):** MCLA: 56.05% **Prenatal Care (PPC):** MCLA: 79.62%	**Follow-up After Hospitalization for Mental Illness (FUH):** 30-Day (CMC): 56% 7-Day (LACC): 47% **Postpartum Care (PPC):** MCLA: 60% **Prenatal Care (PPC):** MCLA: 75%	**Follow-up After Hospitalization for Mental Illness (FUH):** 30-Day (CMC): Not Met 7-Day (LACC): NA **Postpartum Care (PPC):** MCLA: Not Met **Prenatal Care (PPC):** MCLA: Met	Andrew Guy (QI)/ Michael Brodsky (BH)	Annually: Sept '18	**4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 22, 2018**	FUH Member incentive (CMC/LACC) PPC Healthy Moms Program (MCLA)		**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Clinical - *Continuity and Coordination of Medical and Behavioral Care*												
Exchange of Information between PCPs and Behavioral Health Providers (BHPs)		**NCQA**	**DMH: 69.4 Average of five measures** **Beacon- 73.8% Average of five measures**	**DMH- 76.4%** **Beacon- 70.7%**	80% of providers will be always/usually satisfied with the exchange of information between PCPs and BHPs (ALOB)	**Not Met**	Nicole Lehman (BH)/ Michael Brodsky (BH)/ Beacon	Annual: Due Oct '18	**Behavioral Health Quality Improvement Committee (BHQIC): Dec 3**	Average was of 4 versus 5 questions due to vendor mistake		**Y**
Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care: Appropriate Treatment of Depression		**NCQA**	**2017 Rates:** **AMM (Acute Phase):** Medi-Cal: 56.74% LACC: 64.91% CMC: 64.18% **AMM (Continuation Phase):** Medi-Cal: 40.19% LACC: 57.89% CMC: 46.27%	**2018 Rates:** **AMM (Acute Phase):** Medi-Cal: 64.72% LACC: 60.77% CMC: 65.71% **AMM (Continuation Phase):** Medi-Cal: 46.10% LACC: 47.69% CMC: 53.89%	**LACC:** 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 **AMM (Acute Phase):** Medi-Cal: 57% LACC: 69% CMC: 67% **AMM (Continuation Phase):** Medi-Cal: 41% LACC: 60% CMC: 47%		Grace Crofton (HEDIS)/ Michael Brodsky (BH)/ Andre Guy (QI)/ Beacon	Annual: Due Oct '18	**BHQIC: Dec 3**	Mailer discussing importance of continuing antidepressant regimen for effective treatment sent 9/18 as follows: CMC: 1,166 LACC: 2,629 MCLA: 13,691		**Y**
Management of treatment access and follow-up for members with coexisting medical and behavioral disorders		**NCQA**	**2017 Rate: 100%**	**2018 Rate: 100%**	100% of providers will be notified of members on diabetes and antipsychotic medication	**Met**	Nicole Lehman (BH)/ Michael Brodsky (BH)/ Andre Guy (QI)	Annual	**BHQIC: Dec 3**	Mailer sent to PCPs of members prescribed an antipsychotic and antiglycemic informing them of the need for monitoring 11/13 as follows: CMC: 42 members MCLA: 1,113 members		**Y**
Primary or secondary preventive behavioral health program		**NCQA**	**7.8% (SBIRT)**	**10.9% (AMSC)**	Substance Abuse Screening (AMSC)	**NA**	Nicole Lehman (BH)/ Michael Brodsky (BH)	Annual	**BHQIC: Dec 3**	SBIRT renamed per APL to AMSC (Alcohol Misuse Screening & Counseling)		**Y**
Special needs of members with severe and persistent mental illness		**NCQA**	**Medi-Cal: 85.3%** **LACC: NA** **CMC: 76.1%**	**Medi-Cal: 85.6%** **LACC: 67.9%** **CMC: 75.7%**	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) **Cal MediConnect & LACC: MPL** **Medi-Cal: 88%**	**Not Met**	Grace Crofton (HEDIS)/ Nicole Lehman (BH)/ Michael Brodsky (BH)/ Andre Guy (QI)	Annual	**BHQIC: Dec 3**			**Y**
Clinical Improvements Note that for HEDIS measures goals are set ensuring that MPLs are met.		**Hybrid (H)/Admin (A)/Electronic Clinical Data Systems (ECDS)/Auto-Assignment/ Star/Accreditation (NCQA)/EAS (DHCS)/ QRS (LACC)/Quality Withhold (QW)**	**2017 HEDIS Rates (MY 2016)**	**2018 HEDIS Rates (MY 2017)**	**Goal Methodology:** **MPL or next highest percentile from NCQA Quality Compass. If no benchmark available add 5% increase from prior year rate**							
Children's Health/Well Visits												
Well Child Visits 3-6 yrs of age **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**W34**	**H** **Auto-Assignment** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 78.49% LACC: 56.67%	**2018 Rate:** Medi-Cal: 74.65% LACC: 65.63%	**Medi-Cal: 79%** **LACC: 66%**	**Medi-Cal: Not Met** **LACC: Met**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1:** MCLA & LACC Member Intervention: Automated calls to members ages 3-6. campaign completed on 3/26/18 reach rate was 66% calls went out in English and Spanish. **QPM:** Conducted measure focus pursuit as part of HEDIS 2018 reporting to improve Hybrid rates. Received NCQA auditor approval to map School Based Clinics (Local Education Agency taxonomy code) as PCP to help with HEDIS 2018 rate improvement. **Q2:** Social Media Subgroup launched in June to work on have paid ads to promote the Well Child Visit. **Q3:**Paid Social Media Ads:First ad launched on 7/31/18-8/6/18 95,760 people were reached and 785 link clicks $753.50 was spent. 36.9% were women and 63.1% were men. The second W34 ad went out on 8/7/18-8/17/18 60,032 were reached and there were 531 link clicks $755.74 was spent. 41.9% were women and 58.1% were men. 3) "Kids are heading back to school it is the perfect time for his or her annual check up," impressions: 862, total engagements 5, Retweets 2, Detail expands 2, likes 1 **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is double-weighted in each P4P program. Measure is in our POR/GIC Report.** **Q4:** September 12-14th robo calls went out on Oct. 2nd reach rates were calculated. reach rate: total live connect/voicemail 68.84% total reach rate Spanish: 72.80%, LACC Answering machine or voicemail 33.33%, Medi-Cal 39.36% Medi Cal Answering machine or voicemail 39.36% Live voice connect Spanish LACC% 66.67%, Medi Ca% 33.39% English total reach rate 67.50%, English Answering machine or voicemail LACC 39.53%, Medi Cal 41.21% English live voice connect LACC 34.88%, Medi Cal 26.22%	**Q2 Data that was requested to arrive for W34 robo calls was not received on time. Slow response rate once data is not given on time the podio process is slowed as can't conduct robo calls without data. -June data request.**	**Y**
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents (Only BMI%) **(currently reporting only in Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**WCC**	**H** **BMI;** **NCQA: Medi-Cal** **QRS** **Nutrition &** **Physical Activity:** **NCQA: Medi-Cal (Retiring for H2019)** **EAS** **QRS**	**2017 Rates:** **Medi-Cal** 78.24% for BMI; 77.69% for Nutrition; 68.04% for Physical Activity **LACC:** 57.33% for BMI; 53.33% for Nutrition; 50.67% for Physical Activity	**2018 Rates:** **Medi-Cal** BMI: 78.89% Nutrition: 83.61% Physical Activity: 74.44% **LACC:** BMI: 76.17% Nutrition: 77.46% Physical Activity: 68.65%	**Medi-Cal** **BMI: 81%** **Nutrition; 83%** **Physical Activity: 75%** **LACC:** **BMI: 72%** **Nutrition; 64%** **Physical Activity: 57%**	**Medi-Cal:** **BMI: Not Met** **Nutrition: Met** **Physical Activity: Not Met** **LACC-** **BMI: Met** **Nutrition: Met** **Physical Activity: Met**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1:** For Nutrition Counseling, identified additional data mapping from PM160 data that improved HEDIS 2018 Medi-Cal rate to 90th percentile. **QPM:** Conducted measure focus pursuit as part of HEDIS 2018 reporting to improve Hybrid rates. **Q2:** Nutrition and Physical activity have been retired. Looking into why some physicians are low performing for WCC -BMI rates. Outreach to a provider that was particularly low has been conducted. May-July 2018. **Q3:** no new interventions in Q3 **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**		**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Childhood Immunizations- Combo 3	**CIS-3** **H** **Auto-Assignment** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 71.50% LACC: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 70.56% LACC: NA (Denominator less than 30)	**Medi-Cal: 72%** **LACC: 69%**	**Medi-Cal: Not Met** **LACC: NA**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1:** PIP started for children that are one vaccine dose away from CIS-3 compliance. Goal is to increase vaccine use in RCAC 3 from 40.9 to 51% **QPM:** Conducted measure focus pursuit as part of HEDIS 2018 reporting to improve Hybrid rates. Identified that previous membership extract to CAIR was based on currently active membership as of month of request. For HEDIS purposes, sent the EP to CAIR for a new extract to boost Immunization rates. **Q2:** (1)Social Media subgroup started on 6/7/18 created possible social media posts that can be used. Also doodle was sent out to get feedback from subgroup members on which post should be used. (2) Healthy Baby IVR Calls and Mailer planned for July (3) CAIR collaboration May 10th Demo (4) Infant Immunization social media posts were created and sent out starting April 21st. Social Media Posts were in English and Spanish. As well as on LinkedIn for Providers. Social Media Subgroup doodle sent out. LinkedIn Post-1,040 people reached FB post 1 English 64, Twitter 638 people reached, Twitter Spanish post 1 493 FB Spanish post 1 59, FB English post 2-64, Twitter English post 2, 502, FB Spanish post 2-93, Spanish post 2 Twitter 433, TBA launch date most likely late summer early fall. (5) Joining CAIR Registry Committee in approx. summer. (6) Member of ICLAC General and ICLAC Child and Adolescent Health WG. **Q3:** (1) The social media Facebook Paid Ad campaign for CIS-3, CIS-10 was launched on August 3rd. There were 23,225 people reached. The second CIS-3/CIS-10 Ad was launched on August 13th and ended on Sept. 14th. 77,295 people were reached. 847 link clicks $869.24 was spent. 39.2% of women were reached and 60.8% of men were reached. Free twitter post on August 21st: "Vaccines Strengthen your baby's immune system. Get them vaccinated today."Facebook: 192 people reached (2) Attended the CIC CAIR Committee on July 31st. (3) CIS-3 PIP Intervention: Coaching visits to high volume low performing providers in the San Gabriel Valley. Discuss CIS-3 measure, CAIR, and provide gaps lists.(4) The total number of outbound Healthy Baby mailers will be reported at the end of Q4. Received approval to launch the IVR calls. Waiting for the next mailer to go out in September to have the calls begin shortly after. (5) Sent CDPH a lapsed user report based on 70-90% of vaccines not being inputted -received an update that they will most likely reach out to LA Care providers unless they are low volume. **Q4:** Healthy Baby Mailer- Parent's receive brochure encouraging well baby visits and vaccines. Healthy Baby Robo Calls -Implement IVR immunization reminder calls to parents/guardians Total mailings in Q4: 2,779. Worked with QI Incentives on CAIR data project starting in Oct. 2018. Worked on an incentive for CAIR with QI Incentives Team.	**Q2 There is a data lag for the Post Partum Care Work Group to receive the data they need to send out the Healthy Baby Mailers and then two weeks later the IVR calls. Process can't be conducted without correct data.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).** **Measure was in MY 2017 P4P Programs, but was removed in MY 2018. We decided to use CIS-10.**	**Y**
Childhood Immunizations- Combo 10* **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**CIS-10** **H** **NCQA: Medi-Cal**	**2017 Rates:** Medi-Cal: 29.47% LACC: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 31.63% LACC: NA	**Medi-Cal: 33%** **LACC: 42%**	**Medi-Cal: Not Met** **LACC: NA**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Same as interventions in CIS-3** **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is double-weighted in each P4P program. Measure is in our POR/GIC Report.**	**Planning incentive for MY 2019 around CAIR sign up/usage to impact measure.**	**Y**
Children and Adolescents Access to PCP for (ages 7-11)	**CAP3** **A** **EAS**	**2017 Rates:** Medi-Cal: 87.35% LACC: 59.09%	**2018 Rate:** Medi-Cal: 89.14% LACC: NA	**Medi-Cal: 88%** **LACC: 88%**	**Medi-Cal: Met** **LACC: NA**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QI: other intervention target this measure.** **QPM:** Received NCQA auditor approval to map School Based Clinics (Local Education Agency taxonomy code) as PCP to help in HEDIS 2018 rate improvement. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**N**
Children and Adolescents Access to PCP for (ages 12-19)	**CAP4** **A** **EAS**	**2017 Medi-Cal Rate:** 83.80%	**2018 Rate:** Medi-Cal: 86.49% LACC: NA	**Medi-Cal: 85.7%**	**Medi-Cal: Met** **LACC: NA**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '19	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QI: other intervention target this measure.** **QPM:** Received NCQA auditor approval to map School Based Clinics (Local Education Agency taxonomy code) as PCP to help in HEDIS 2018 rate improvement. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure was in MY 2017 P4P Programs, but was removed in MY 2018.**		**Y**
Immunization for Adolescents - Combination 1	**IMA-1** **H**	**2017 Rates:** Medi-Cal: 75.12% LACC: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 80.54% LACC: NA	**Medi-Cal: 78%** **LACC: 68%**	**Medi-Cal: Met** **LACC: NA**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	Same interventions as IMA Combo2 **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure was in MY 2017 P4P Programs, but was removed in MY 2018. We decided to use IMA-2.**		**N**
Immunization for Adolescents - Combination 2 **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**IMA-2** **H** **NCQA: Medi-Cal** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 28.26% LACC: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 39.66% LACC: NA (Denominator less than 30)	**Medi-Cal: 30%** **LACC: 12%**	**Medi-Cal: Met** **LACC: NA**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q2:** Social Media-posts regarding HPV Cancer Free on FB and twitter went out on 6/8/18, HPV Cancer free video on how to recommend went up on LinkedIn on 6/11/18Social Media Campaign Intervention: Facebook ads encouraging vaccinations for teens. **Q3:** June 8th and June 11th Free Twitter post: Impressions 505 Total engagements 12, likes 4, detail expands 4, retweets 2, media engagements 1, link clicks 1 Facebook: 124 people reached,3 likes comments and shares, 2 post clicks Free Facebook post on August 9th: "Take a shot at protecting your child's health and get them vaccinated with TDAP and HPV" 130 people reached 1 like, comment and share "Spanish post that talks about TDAP and HPV as well as free backpack give away in Boyle Heights FRC" 119 people reached 0 likes, comments and shares Paid Facebook Ads: The first ad ran from 7/16/18-7/27/18 44,696 people were reached. 595 link clicks and $756.77 was spent on the ad. 35.1% were woman and 64.9% were men. The second paid ad for IMA-2 ran from 7/30/18-8/11/18 it was targeted at Boyle Heights zip code only and was in Spanish. 25,128 people were reached and 397 link clicks 57.7% were woman and 42.3% were men. 3) Free Twitter post "August is National Immunization Awareness Month and also the time kids head back to school. Make an appointment with your doctor today to get a check up and protect the health of your family. Twitter: Impressions 505 Total engagements 12, likes 4, detail expands 4, retweets 2, media engagements 1, link clicks 1 Facebook: 124 people reached,3 likes comments and shares, 2 post clicks Free Facebook post on August 9th: "Take a shot at protecting your child's health and get them vaccinated with TDAP and HPV" 130 people reached 1 like, comment and share "Spanish post that talks about TDAP and HPV as well as free backpack give away in Boyle Heights FRC" **Q4:** Attended offsite HPV Quarterly Meeting on Dec. 5, 2018. L.A. Care continued to work with Dept. of Public Health on an HPV data project	**QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**	**Y**
Appropriate Testing for Children w/ Pharyngitis **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**CWP** **A** **NCQA: Medi-Cal** **QRS**	**2017 Rates:** Medi-Cal: 27.51% LACC: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 28.98% LACC: NA (Denominator less than 30)	**Medi-Cal: 67%** **LACC: 76%**	**Medi-Cal: Not Met** **LACC: NA**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q2:** AWARE has been paid for the year as of 5/29/18 amount of $12,951.95 **QMP:** undergoing deep dive to validate gaps. **Q3:** CWP outreach efforts have been conducted to 10 PPGs that were found to be low performing for this HEDIS measure. L.A. Care has reached out to three PPGs and Care 1st and Anthem have been asked to reach out to the other 7 PPGs. This outreach began on 8/29. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.** **Q4:** Working on setting up AWARE and all the logistics, MOU, contracts and data started up in Q4.		**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Appropriate Rx for Children w/ URI	**URI**	**A** **NCQA: Medi-Cal** **QRS**	**2017 Rates:** Medi-Cal: 88.57% LACC: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 88.82% LACC: 87.10%	**Medi-Cal: 90%** **LACC: 82%**	**Medi-Cal: Not Met** **LACC: Met**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Keren Mahgerefteh (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1:** 1) Aware toolkits dropped 2/5. Mailed out over 43,000 kits to providers. 2) • Reached 78,862 parents in 10 low income zip codes with high URI noncompliant rates • Was clicked on 4,044 times (click rate = 5.1% - really high. That's a cost per click of 82 cents. For comparison, click rates for the CCS ads have been 1.14%-2.52% and the cost per click has been $2.73-$6.54.) • 177 likes, 123 shares, and 9 comments – these all mean that the post shows up on their friends' news feeds. **Q2:** AWARE has been paid for the year as of 5/29/18 amount of $12.951.95 **Q3:** no updates **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Q4:** Same intervention as for CWP.		**Y**
Women's Health Initiatives												
Prenatal Visits **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**PPC1**	**H** **Auto Assignment** **NCQA: Medi-Cal** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 75.06% LACC: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 82.22% LACC: 79.69%	**Medi-Cal: 78%** **LACC: 80%**	**Medi-Cal: Met** **LACC: Met**	Matilde Gonzalez-Flores (HECL)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1: QPM Measure focus pursuit team outreached to Providers and Members to contribute to statistically significant year over year rate improvement.** **Intervention: MCLA, LACC, & CMC Member Incentive: Members identified as pregnant are sent educational materials and are contacted for support with scheduling their prenatal visit. Members receive a onesie upon appointment confirmation.** **FY Q1 Mailings:1,500 total. Q1 Live Agent Calls: 50 total** **FY Q2 (CY Q1) Mailings: 1, 701 total. Q2 Live Agent Calls: 71 total** **FY Q3 (CY Q2) Mailings: 1,398 total, Q2 Live Agent Calls: 47 total** **FY Q4 (CY Q3) Mailings: 1,301 total. Q2 Live Agent Calls: 44 total.** **QPM: RN outreach to confirm appointments and providers; may be out of network.** **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Measure is double-weighted in each P4P program. Measure is in our POR/GIC Report.**	**Y**
Postpartum Care **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**PPC2**	**H** **NCQA: Medi-Cal & LACC** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 56.17% LACC: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 56.54% LACC: 62.50%	**Medi-Cal: 60%** **LACC: 67%** **MCLA: 60%**	**Medi-Cal: Not Met** **LACC: Not Met**	Matilde Gonzalez-Flores (HECL)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**<u>Intervention: MCLA & LACC Member Incentive:</u>** Members identified as Members receive $40 gift card for completing postpartum visit within 21-56 days by contacting L.A. Care. **FY Q1 Live Agent Calls:** 2,557 total, **Q1 Appt.'s Confirmed/Gift cards Issued:** 466 total. **FY Q2 (CY Q1) Live Agent Calls:** 3,080 total, **Q2 Appt.'s Confirmed/Gift cards Issued:** 594 total. **FY Q3 (CY Q2) Live Agent Calls:** 2,205 total, **Q3 Appt.'s Confirmed/Gift cards Issued:** 517 total. **FY Q4 (CY Q3) Live Agent Calls:** 2,779 total, **Q3 Appt.'s Confirmed/Gift cards Issued:** 595 total. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**		**Y**
Breast Cancer Screenings **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**BCS**	**A** **Star (C01)** **EAS** **QRS** **NCQA: Medi-Cal, LACC, & Medicare**	**2017 Rates:** Medi-Cal: 59.31% LACC: 52.39% CMC: 62.59%	**2018 Rate:** Medi-Cal: 59.53% LACC: 64.64% CMC: 60.08%	**Medi-Cal: 66%** **LACC: 68%** **CMC: 66%**	**Medi-Cal: Not Met** **LACC: Not Met** **CMC: Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1:** QPM off-season chart retrieval for CMC and LACC contributed to impact H2018 rates. **<u>MCLA & LACC:</u>** **Q1-Q2:** Robocalls went out to MCLA members in late March. 22,962 calls were made. 57% of calls were answered or a voicemail was left. A $50 gift card incentive for LACC launched in April. LACC members will receive multiple communications about the incentive. Women's Wellness Week was held on May 14th at the Inglewood FRC. Three classes on cervical/breast/colorectal health were offered, but there was very low attendance, despite promotion via flyers, Facebook ads, bus shelter ads. **<u>CMC:</u>** **Q1-Q2:** Robocalls went out in late March to CMC members. 1,466 calls were made. 57% of calls were answered or a voicemail was left. Women's Wellness Week was held on May 14th at the Inglewood FRC. Three classes on cervical/breast/colorectal health were offered, but there was very low attendance, despite promotion via flyers, Facebook ads, bus shelter ads. **Q3:** mailer distributed to 32,305 MCLA & CMC members on 9/17/18 Second round of robocalls launched 9/17-9/18 to MCLA and and CMC members. 32,388 members were called. 31% answered the call and 42% received a voicemail. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**		**Y**
Cervical Cancer Screenings **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**CCS**	**H** **Auto-Assignment** **EAS** **QRS** **NCQA: Medi-Cal & LACC**	**2017 Rates:** Medi-Cal: 59.31% LACC: 53.77%	**2018 Rate:** Medi-Cal: 60.55% LACC: 50.98%	**Medi-Cal: 66%** **LACC: 66%**	**Medi-Cal: Not Met** **LACC: Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**<u>MCLA Intervention:</u>** Mailers to members in low-performing regions encouraging pap testing planned for Q3. **Q1-Q2:** Robocalls went out to MCLA and LACC members in late March. 115,954 calls were made. 60% of calls were answered or a voicemail was left. Women's Wellness Week was held on May 14th at the Inglewood FRC. Three classes on cervical/breast/colorectal health were offered, but there was very low attendance, despite promotion via flyers, Facebook ads, bus shelter ads. Ongoing $50 gift card incentive available to DHS members. A mailer was sent in July to about 1,500 members in the lowest performing zip code (90044). **Q3:** Second round of robocalls were conducted 8/22-8/30 to MCLA, LACC, and CMC members. A total of 143,810 members were called. 26% answered the call and 44% received a voicemail. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is double-weighted in each P4P program. Measure is in our POR/GIC Report.**	**We had a $50 incentive for DHS CSS-eligible members 2017-2018. We will not be continuing the program in 2019.**	**y**
Chlamydia Screening In Women (Total) **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**CHL**	**A** **NCQA: Medi-Cal** **QRS**	**2017 Rates:** Medi-Cal: 62.93% LACC: 57.28%	**2018 Rate:** Medi-Cal: 64.71% LACC: 59.45%	**Medi-Cal: 64%** **LACC: 67%** **MCLA: 64%**	**Medi-Cal: Met** **LACC: Not Met** **MCLA: Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS)/ Matilde Gonzalez-Flores (HECL)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**<u>MCLA & LACC Intervention planned:</u>** Fax to PCPs on chlamydia screening guidelines. Educational mailer to parents of teen girls. Facebook ads that encourage chlamydia screening. **Q1:** Fax blast to PCPs about chlamydia screening training opportunity sent to 5,281 physicians. **Q3:** Fax to PCPs on chlamydia screening guidelines completed 8/11. Fax blast to PCPs about chlamydia screening training opportunity sent 7/16 to 3,8987physicians. Letters to parents of female members ages 16-17 were sent 8/10 to 15,285 members. Human error resulted in approximately 50% of members receiving the letter in the wrong language. Facebook ad campaign to raise member awareness planned. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**		**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Chronic Condition Measures (Plan Wide)												
Medication Management for People with Asthma (MMA)	**MMA**	**A** **75% Compliance Rate** **NCQA: Medi-Cal** **QRS**	**2017 Rates:** **Medi-Cal** 75% compliance: 33.51% **LACC:** 75% compliance: NA (Denominator less than 30)	**2018 Rate:** Medi-Cal: 54.27% LACC: 78.13%	**Medi-Cal:** **75% compliance: 40%** **LACC:** **75% compliance: 42%**	**Medi-Cal: Met** **LACC: Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1:** QPM: Communicated to Advent auditor to get approval to map 2000+ NDC codes that were missing from NCQA Medication List. Identified this during review of SPC measure. Impacted all Pharmacy measures that rely on count of Days Supply of specific drugs. **Q1-Q4:** Condition monitoring calls for high severity DM Asthma members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with asthma with a booklet including flyers on medication compliance for asthma. Queenscare home visits including review of asthma medications with CHW for high severity asthma members. **Q3:** The Disease Management department reached 716 members (34.1% response rate) during the third quarter of 2018 conducting reminder calls with members who had not refilled asthma controller medications in 2017 to address medication adherence, Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50. **Q4:** Annual mailing with asthma trigger health education flyer to all identified DM Asthma members (all DLOB). **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Q2 Quick relief medication being used rather than controller (Developed medication flyer and RN condition monitoring calls and AMR call campaign)** **Q2 Transportation issues (connect members in RN condition monitoring calls to transportation)** **Q2 Understanding on Medications (address in RN condition monitoring calls and can refer to home visit program for more intensive education in person)**	**Y**
Diabetes: Eye Exam (retinal) performed **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**CDC4**	**H** **Star (C13)** **NCQA: Medi-Cal & Medicare** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 54.74% LACC: 42.88% CMC: 64.23%	**2018 Rate:** Medi-Cal: 63.26% LACC: 48.17% CMC: 70.37%	**Medi-Cal: 55%** **LACC: 43%** **CMC: 71%**	**Medi-Cal: Met** **LACC: Met** **CMC: Not Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Eliza IVR Outreach Campaign for Comprehensive Diabetes Care (CDC):** Calls were launched on July 23 and were completed in early September. 3769 unique members were called, resulting in 1248 connections and 484 members that were transferred to QPM Live agents who assisted members in scheduling 75 new appointments. The sample of members was generated from the June POR/GIC with data through May. Eliza is an IVR vendor contracted to conduct automated calls to 4200 CMC and LACC diabetic members to remind them of their care gaps and to provide assistance in scheduling appointments. Goal is to close CDC gaps for HbA1c testing, Eye exam, and BP control for LACC and CMC, and to analyze effectiveness of the campaign to determine ongoing strategy for the balance of the diabetic members. Options may include expanding the sample with Eliza or developing an in-house program together with the Even More team. **CMC Member Incentive:** Member incentive (Diabetes Care Package) for completing CDC eye exam (retinal) , hemoglobin A1c (HbA1c) testing, and blood pressure testing. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. **Q1-Q4:** New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including eye exam . **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3:** The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Measure is in our POR/GIC Report.** ***Transportation issues (connect members in RN condition monitoring calls to transportation)** ***Not getting referral for service or not knowing service is needed (address in condition monitoring calls with RN as member goal)**	**Y**
Diabetes: A1C Screening **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**CDC1**	**H** **Auto-Assignment** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 87.77% LACC: 91.24% CMC: 91.73%	**2018 Rate:** Medi-Cal: 86.37% LACC: 90.95% CMC: 90.37%	**Medi-Cal: 90%** **LACC: 92%** **CMC: 94%**	**Medi-Cal: Not Met** **LACC: Not Met** **CMC: Not Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**MCLA, LACC, & CMC Intervention:** Live calls to members with high A1Cs and/or medication compliance issues . **Eliza IVR Outreach Campaign for Comprehensive Diabetes Care (CDC):** Calls were launched on July 23 and were completed in early September. 3769 unique members were called, resulting in 1248 connections and 484 members that were transferred to QPM Live agents who assisted members in scheduling 75 new appointments. The sample of members was generated from the June POR/GIC with data through May. Eliza is an IVR vendor contracted to conduct automated calls to 4200 CMC and LACC diabetic members to remind them of their care gaps and to provide assistance in scheduling appointments. Goal is to close CDC gaps for HbA1c testing, Eye exam, and BP control for LACC and CMC, and to analyze effectiveness of the campaign to determine ongoing strategy for the balance of the diabetic members. Options may include expanding the sample with Eliza or developing an in-house program together with the Even More team. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. **Q1-Q4:** New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including A1C testing . **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3:** The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Measure is in our POR/GIC Report.** **Q2 *Diet, exercise (activity intolerance), treatment plan (medications) (Address in Condition Monitoring calls with RNs and make goals for members)** **Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)**	**Y**
Diabetes: A1C Poor Control (>9.0%) (The lower the results the less members in poor control.)	**CDC2**	**H** **Star (C15)** **EAS**	**2017 Rates:** Medi-Cal: 39.96% LACC: 33.94% CMC: 33.09%	**2018 Rate:** Medi-Cal: 35.52% LACC: NA CMC: 24.44%	**Medi-Cal: 36%** **LACC: 35%** **CMC: 23%**	**Medi-Cal: Met** **LACC: NA** **CMC: Not Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**CMC Member Incentive:** Facebook ads discouraging antibiotic use for viral infections. Member incentive (Diabetes Care Package) for completing CDC eye exam (retinal) , hemoglobin A1c (HbA1c) testing, and blood pressure testing **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. **Q1-Q4:** New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including A1C testing . **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3:** The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Q2 *Diet, exercise (activity intolerance), treatment plan (medications) (Address in Condition Monitoring calls with RNs and make goals for members)** **Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Diabetes: A1C Good Control (<8.0%) **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**CDC10**	**H** **NCQA: Medi-Cal, LACC, & Medicare** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 48.72% LACC: 54.38% CMC: 56.45%	**2018 Rate:** Medi-Cal: 51.09% LACC: 62.35% CMC: 62.47%	**Medi-Cal: 49%** **LACC: 60%** **CMC: 65%**	**Medi-Cal: Met** **LACC: Met** **CMC: Not Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QPM:** Working with COSTAS on reconciliation of A1C Test lab claims with missing results, to drive the improvement of A1C Control. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including A1C testing . **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3**: The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**	**Q2 *Diet, exercise (activity intolerance), treatment plan (medications) (Address in Condition Monitoring calls with RNs and make goals for members)** **Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)** **May double weight for 2019 P4P programs.**	**Y**
Diabetes: Medical attention for nephropathy	**CDC7**	**H** **Star (C14)** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 92.15% LACC: 93.61% CMC: 95.86%	**2018 Rate:** Medi-Cal: 92.70% LACC: 94.13% CMC: 96.79%	**Medi-Cal: 93%** **LACC: 95%** **CMC: 97%**	**Medi-Cal: Met** **LACC: Not Met** **CMC: Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**CMC Member Incentive:** Member incentive (Diabetes Care Package) for completing CDC eye exam (retinal) , hemoglobin A1c (HbA1c) testing, and blood pressure testing. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including Nephropathy Exam . **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3:** The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring. **Measure was in MY 2017 P4P Programs, but was removed in MY 2018.**	**Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)**	**Y**
Diabetes: Blood Pressure Control (<140/90 mm Hg)	**CDC9**	**H** **NCQA: Medi-Cal & Medicare** **EAS**	**2017 Rates:** Medi-Cal: 60.04% LACC: 63.14% CMC: 66.42%	**2018 Rate:** Medi-Cal: 65.21% LACC: NA CMC: 69.63%	**Medi-Cal: 61%** **LACC: 69%** **CMC: 74%**	**Medi-Cal: Met** **LACC: NA** **CMC: Not Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**MCLA & LACC Intervention:** Updated provider material will be available for ordering. **Eliza IVR Outreach Campaign for Comprehensive Diabetes Care (CDC):** Calls were launched on July 23 and were completed in early September. 3769 unique members were called, resulting in 1248 connections and 484 members that were transferred to QPM Live agents who assisted members in scheduling 75 new appointments. The sample of members was generated from the June POR/GIC with data through May Eliza is an IVR vendor contracted to conduct automated calls to 4200 CMC and LACC diabetic members to remind them of their care gaps and to provide assistance in scheduling appointments. Goal is to close CDC gaps for HbA1c testing, Eye exam, and BP control for LACC and CMC, and to analyze effectiveness of the campaign to determine ongoing strategy for the balance of the diabetic members. Options may include expanding the sample with Eliza or developing an in-house program together with the Even More team. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including preventive exams. **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our CMC POR/GIC Report.**	**Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)** **Q2 *Members not having blood pressure cuff or not knowing numbers from doctor. (address in condition monitoring calls with RNs).**	**Y**
Statin Therapy for Patients with Cardiovascular Disease	**SPC**	**A** **NCQA: Medi-Cal, LACC, & Medicare**	**2017 Rates:** Medi-Cal Total Statin Therapy: 78.19% Medi-Cal Total Adherence: 68.80% LACC : NA (denominator less than 30)	**2018 Rate:** Medi-Cal Total Statin Therapy: 73.13% Medi-Cal Total Adherence: 76.98% LACC Total Statin Therapy: NA LACC Total Adherence: NA	**Medi-Cal Total Statin Therapy: 80%** **Medi-Cal Total Adherence: 73%** **LACC Total Statin Therapy: 76%** **LACC Total Adherence: 65%**	**Medi-Cal:** **Total Statin Therapy: Not Met** **Total Adherence: Met** **LACC: NA**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1 & Q2:** Per SinfoniaRx, this measure has been incorporated into TMR algorithm beginning Q2 2018 (CMC only) **QPM:** Communicated to Advent auditor to get approval to map 2000+ NDC codes that were missing from NCQA Medication List. Identified this during review of SPC measure. Impacted all Pharmacy measures that rely on count of Days Supply of specific drugs. **Q1-Q4:** Condition monitoring calls for high severity DM CVD members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with heart risk with a booklet including flyers preventive services for heart health. **Q4:** Heart Health Flyers from AHA on Diet and blood pressure control in Annual mailing to all identified CVD DM members **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)** **Q2 *Changed dosage or frequency** **Q2 *Not understanding instructions or indication for medication.**	**Y**
Statin Therapy for Patients with Diabetes	**SPD**	**A** **NCQA: Medi-Cal, LACC, & Medicare**	**2017 Rates:** Medi-Cal Received Statin Therapy: 65.62% Medi-Cal Statin Adherence: 62.52% LACC Received Statin Therapy: 59.12% LACC Statin Adherence: 66.49%	**2018 Rate:** Medi-Cal Received Statin Therapy: 64.20% Medi-Cal Statin Adherence: 72.03% LACC: NA	**Medi-Cal Received Statin Therapy: 65%** **Medi-Cal Statin Adherence: 65%** **LACC Received Statin Therapy: 60%** **LACC Statin Adherence: 68%**	**Medi-Cal:** **Statin Therapy: Not Met** **Statin Adherence: Met** **LACC: NA**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**CMC Intervention:** Vendor conducts outreach to member and/ or provider to conduct review. **Pharmacy Intervention:** Per Patient Safety Reports via Acumen, 75% of CMC members with diabetes received statin therapy as of May 2018 MCLA TMR (Targeted Medication Review) Pilot provided by MTM vendor SinfoniaRx launched on 2/8/18. Approx 3250 unique members outreached via letter, phone, or prescriber in Q2 2018. Pharmacy Intervention: **Q3**: Per Patient Safety Reports via Acumen, 78% of CMC members with diabetes received statin therapy as of Aug 2018 MCLA TMR (Targeted Medication Review) Pilot provided by MTM vendor SinfoniaRx launched on 2/8/18. Approx 4235 unique members outreached via letter, phone, or prescriber in Q3 2018. **Q4:** Per Patient Safety Reports via Acumen, 79% of CMC members with diabetes received statin therapy as of November 2018 MCLA TMR (Targeted Medication Review) Pilot provided by MTM vendor SinfoniaRx launched on 2/8/18. Approx 7300 unique members outreached via letter, phone, or prescriber in Q3 2018. Outcome reporting on how this intervention affected HEDIS performance still pending. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes including information on medication compliance. **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)** **Q2 *Changed dosage or frequency** **Q2 *Not understanding instructions or indication for medication.**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Controlling High Blood Pressure	**CBP**	**H** **Auto-Assignment Star (C16)** **NCQA: Medi-Cal, LACC & Medicare** **EAS** **QRS** **QW**	**2017 Rates:** Medi-Cal: 67.78% LACC: 58.64% CMC: 66.91%	**2018 Rate:** Medi-Cal: 65.03% LACC: 56.36% CMC: 69.54%	**Medi-Cal: 72%** **LACC: 68%** **CMC: 70% (QW: 56%)**	**Medi-Cal: Not Met** **LACC: Not Met** **CMC: Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1-Q4: Condition monitoring calls for high severity DM CVD members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with heart risk with a booklet including flyers preventive services for heart health.** **Q4: Heart Health Flyers from AHA on Diet and blood pressure control in Annual mailing to all identified CVD DM members** **Intervention:** Updated provider material will be available for ordering. **QPM** measure focus pursuit team outreached to providers and members as well as internal abstraction of medical records to contribute to HEDIS 2018 final rates. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership**).**	**Q2 *Condition monitoring calls for high severity DM CVD members** ***Q2: Pilot Family Resource Center face to face condition monitoring appointments** ***Q2: Utilize Community Health Workers to increase member engagement in heart health management and appropriate screenings.** ***Q3: Heart Health Education in Annual mailing (3rd quarter) to all identified CVD DM members**	**Y**
Admissions for Hypertension among Members with Hypertension 18-85 yrs			**overall rate for Medi-Cal and LACC (combined) was 0.25 for MY 2016, but was 0.44 for African Americans**	**Medi-Cal & LACC combined rate: 0.16** **Rate for African Americans: 0.32**	**Reduce disparity Among African Americans**	**Met**	Maria Casias (QI)/ Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Sept 27** **PICC & PQC: Oct 23**	**Q1-Q4:** Condition monitoring calls for high severity DM CVD members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with heart risk with a booklet including flyers preventive services for heart health. **Q4:** Heart Health Flyers from AHA on Diet and blood pressure control in Annual mailing to all identified CVD DM members **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)** **Q2 *Members not having blood pressure cuff or not knowing numbers from doctor. (address in condition monitoring calls with RNs).**	**Y**
Admissions for Diabetes Short-term Complications among Members with Diabetes 18-75 yrs			**overall rate for Medi-Cal and LACC (combined) was 0.71 for MY 2016, but was 1.56 for African Americans**	**Medi-Cal & LACC combined rate: 0.71** **Rate for African Americans: 1.58**	**Reduce disparity Among African Americans**	**Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Sept 27** **PICC & PQC: Oct 23**	**Q1:** An inter-departmental meeting was help to coordinate efforts on addressing disparities. A workgroup is forthcoming. Calls to African Americans noncompliant for diabetes medication are planned for Summer and will be made by Disease Management nurses. **Q3:** Disease Management nurses have called a select group of African American MCLA members to improve medication compliance, which will hopefully contribute to a reduced readmissions rate. **Q4**: DM calls continued. Informed by Covered California that there will be a complete redesign to the QIS - thus this may not be monitored going forward **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**Y**
Admissions for Diabetes Long-Term Complications among Members with Diabetes 18-75 yrs			**overall rate for Medi-Cal and LACC (combined) was 0.70 for MY 2016, but was 1.05 for African Americans**	**Medi-Cal & LACC combined rate: 1.00** **Rate for African Americans: 1.46**	**Reduce disparity Among African Americans**	**Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Sept 27** **PICC & PQC: Oct 23**	**Q1:** An inter-departmental meeting was help to coordinate efforts on addressing disparities. A workgroup is forthcoming. Calls to African Americans noncompliant for diabetes medication are planned for Summer and will be made by Disease Management nurses. **Q3:** Disease Management nurses have called a select group of African American MCLA members to improve medication compliance, which will hopefully contribute to a reduced readmissions rate. **Q4:** DM calls continued. Informed by Covered California that there will be a complete redesign to the QIS - thus this may not be monitored going forward **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**Y**
Admissions for Asthma among Older Adults with Asthma 40-85 yrs			**overall rate for Medi-Cal and LACC (combined) was 0.44 for MY 2016, but was 0.64 for Latinos.**	**Medi-Cal & LACC combined rate: 0.43** **Rate for Latinos: 0.72**	**Reduce disparity Among Latinos**	**Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Sept 27** **PICC & PQC: Oct 23**	Q1: An inter-departmental meeting was help to coordinate efforts on addressing disparities. A workgroup is forthcoming. Q4: Informed by Covered California that there will be a complete redesign to the QIS - thus this may not be monitored going forward **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**Y**
Use of Imaging Studies for Low Back Pain*	**LBP**	**A** **NCQA: Medi-Cal & LACC** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 74.61% LACC: 74.29%	**2018 Rate:** Medi-Cal: 72.41% LACC: 76.27%	**Medi-Cal: 78%** **LACC: 75%**	**Medi-Cal: Not Met** **LACC: Met**	Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**MCAL, LACC, & CMC Intervention:** Low Back Pain Treatment Pocket Guide - Provider material mailed to PCP offices on 7/24. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**Y**
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	**SPR**	**A** **NCQA: Medi-Cal** **(not listed with accreditation points in reporting guide)**	**2017 Rates:** Medi-Cal: 14.94% CMC: 16.27%	**2018 Rate:** Medi-Cal: 15.39% CMC: 17.55%	**Medi-Cal: 26%** **CMC: 28%**	**Medi-Cal: Not Met** **LACC: Not Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q3-Q4:** COPD program is on hold for Disease Management **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**N**
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	**PCE1**	**A** **NCQA: Medi-Cal, LACC, & Medicare**	**2017 Rates:** Medi-Cal: 66.28% LACC: NA (Denominator less than 30) CMC: 60.90%	**2018 Rate:** Medi-Cal: 59.20% LACC: NA CMC: 61.17%	**Medi-Cal: 68%** **LACC: 65%** **CMC: 62%**	**Medi-Cal: Not Met** **LACC: NA** **CMC: Not Met**	Maria Casias (QI)/ Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q3-Q4:** COPD program is on hold for Disease Management **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**Y**
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	**PCE2**	**A** **NCQA: Medi-Cal, LACC, & Medicare**	**2017 Rates:** Medi-Cal: 86.54% LACC: NA (Denominator less than 30) CMC: 82.71%	**2018 Rate:** Medi-Cal: 77.20% LACC: NA CMC: 85.11%	**Medi-Cal: 88%** **LACC: 72%** **CMC: 86%**	**Medi-Cal: Not Met** **LACC: NA** **CMC: Not Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q3-Q4:** COPD program is on hold for Disease Management **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Persistence of Beta-Blocker Treatment After a Heart Attack*	**PBH**	**A** **NCQA: Medi-Cal & Medicare (reporting guide does not have accreditation points for Medi-Cal. Only for Medicare)**	**2017 Rates:** Medi-Cal: 77.63% LACC: NA (Denominator less than 30) CMC: 85.37%	**2018 Rate:** Medi-Cal: 77.69% LACC: NA CMC: 88.24%	**Medi-Cal: 81%** **LACC: 81%** **CMC: 87%**	**Medi-Cal: Not Met** **LACC: NA** **CMC: Met**	Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q3:** RFP in process for Heart Failure Remote Monitoring Pilot. **Q3-Q4:** Heart Failure program is on hold for Disease Management **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**N**
Annual Monitoring for Patients on Persistent Medications-ACE inhibitors or ARBs **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**MPM1**	**A** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 88.17% LACC: 86.87% CMC: 89.93%	**2018 Rate:** Medi-Cal: 88.96% LACC: 86.38% CMC: 91.62%	**Medi-Cal: 90%** **LACC: 88%** **CMC: 91%**	**Medi-Cal: Not Met** **LACC: Not Met** **CMC: Met**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1-Q4:** Condition monitoring calls for high severity DM CVD members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with heart risk with a booklet including flyers on medication compliance for heart health. **QI: Member mailer encouraging screening dropped 9/10. Mailer went out to:** CMC: 2403 MCLA: 4980 LACC: 2848 **Q4:** Heart Health Flyers from AHA on Diet and blood pressure control in Annual mailing to all identified CVD DM members **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**	**Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)** **Q2 *Changed dosage or frequency** **Q2 *Not understanding instructions or indication for medication.**	**Y**
Annual Monitoring for Patients on Persistent Medications-Diuretics **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**MPM3**	**A** **EAS** **QRS**	**2017 Rates:** Medi-Cal: 87.67% LACC: 84.60% CMC: 88.94%	**2018 Rate:** Medi-Cal: 88.33% LACC: 85.19% CMC: 91.60%	**Medi-Cal: 88%** **LACC: 87%** **CMC: 92%**	**Medi-Cal: Met** **LACC: Not Met** **CMC: Met**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1-Q4:** Condition monitoring calls for high severity DM CVD members including medication reconciliation (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with heart risk with a booklet including flyers on medication compliance for heart health. **QI: Member mailer encouraging screening dropped 9/10. Mailer went out to:** CMC: 2403 MCLA: 4980 LACC: 2848 **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**	**Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)** **Q2 *Changed dosage or frequency** **Q2 *Not understanding instructions or indication for medication.**	**Y**
Annual Monitoring for Patients on Persistent Medications **Total** (Monitoring Key Long-term Medications) (note state measure excludes anticonvulsant)	**MPM0**	**A** **EAS (not listed for EAS in reporting guide)** **QRS**	**2017 Rates:** Medi-Cal: 87.72% LACC: 86.07%	**2018 Rate:** Medi-Cal: 88.74% LACC: 86.02% CMC: 91.62%	**Medi-Cal: 90%** **LACC: 87%**	**Medi-Cal: Not Met** **LACC: Not Met** **CMC: Met**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1-Q3:** Condition monitoring calls for high severity DM members including medication reconciliation (all DLOB) and follow-up health education mailings as appropriate. **QI: Member mailer encouraging screening dropped 9/10. Mailer went out to:** CMC: 2403 MCLA: 4980 LACC: 2848 **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Q2 *Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)** **Q2 *Changed dosage or frequency** **Q2 *Not understanding instructions or indication for medication.**	**Y**
Other Measures												
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**AAB**	**A** **EAS** **QRS** **NCQA: Medi-Cal & LACC**	**2017 Rates:** Medi-Cal: 31.51% LACC: 26.79%	**2018 Rates:** Medi-Cal: 33.63% LACC: 35.37%	**Medi-Cal: 34%** **LACC: 29%**	**Medi-Cal: Met** **LACC: Met**	Maria Casias (QI)/ Grace Crofton (HEDIS)/ Carolina Coleman (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1:** Completed Facebook ad campaign focused on decreasing unnecessary use of antibiotics during cold and flu season. Ads launched in December, completed Feb 17 generated 78,862 views, 4,044 clicks over 66 days. **Q3:** Social media campaign similar to 17-18 is planned for Q4. The Pharmacy dept will also distribute appropriate antibiotic use posters to the offices of providers identified as high prescribers for 3+ years by AWARE. **Q4:** Facebook ads launched Dec 10. Pharmacy team collaborated with Quality Improvement to distribute CDC-developed "Viruses or Bacteria: What's Got You Sick? "poster to be displayed within doctors' offices. Over 1300 non-plan partner providers identified for mailing, based on high antibiotic prescribing volume. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**		**Y**
Adult BMI Assessment	**ABA**	**H** **Star (C07)** **NCQA: Med-Cal & LACC** **QRS**	**2017 Rates:** Medi-Cal: 93.90% LACC: 82.44%	**2018 Rates:** Medi-Cal: 95.83% LACC: 93.20% CMC: 95.83%	**Medi-Cal: 94%** **LACC: 86%** **CMC: 97%**	**Medi-Cal: Met** **LACC: Met** **CMC: Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**No interventions planned, as this is a high performing measure.** **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Note that this is not a priority measure for Medicare**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Asthma Medication Ratio (Total)* **(Physician P4P, VIIP+P4P and Plan Partner Incentive)**	**AMR0**	**A** **NCQA: Medi-Cal, LACC, & Medicare** **EAS**	**2017 Rates:** Medi-Cal: 57.58% LACC: NA (Denominator less than 30) CMC: 57.14%	**2018 Rates:** Medi-Cal: 62.09% LACC: NA	**Medi-Cal: 62%** **LACC: 89%**	**Medi-Cal: Met** **LACC: NA**	Maria Casias (QI)/ Grace Crofton (HEDIS)/ Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QPM**: Communicated to Advent auditor to get approval to map 2000+ NDC codes that were missing from NCQA Medication List. Identified this during review of SPC measure. Impacted all Pharmacy measures that rely on count of Days Supply of specific drugs. **Q1-Q4:** Condition monitoring calls for high severity DM Asthma members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with asthma with a booklet including flyers on medication compliance for asthma. Queenscare home visits including review of asthma medications with CHW for high severity asthma members. **Q3:** The Disease Management department reached 716 members (34.1% response rate) during the third quarter of 2018 conducting reminder calls with members who had not refilled asthma controller medications in 2017 to address medication adherence, Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50. **Q4:** Annual mailing with asthma trigger health education flyer to all identified DM Asthma members (all DLOB). **QI:** Low performing providers will receive a phone call and encourage to follow up with members with a low AMR scores. Ten IPAs and Ten PCPs will be targeted. Launch date 10/31. **DM:** On 9/10 members that have a AMR score between less than .5, are identified as African American, and had taken a controller at some point will receive a live member call by the disease management team. DHS member will not be excluded. Members targeted will be African American members. Due to a noted health disparity among the group. Members are offered education and assistance in refilling meds. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**	**Q2 Quick relief medication being used rather than controller (Developed medication flyer and RN condition monitoring calls and AMR call campaign)** **Q2 *Pharmacists convert 90 day supply into three 30 day supplies or don't put refill on 90 day supply - requiring the member to visit the pharmacy more frequently (Encourage asking Dr. for 90 day Rx in RN condition monitoring calls)** **Q2 Transportation issues (connect members in RN condition monitoring calls to transportation)** **Q2 Understanding on Medications (address in RN condition monitoring calls and can refer to home visit program for more intensive education in person)**	**Y**
Colorectal Cancer Screening	**COL**	**H** **Star (C02)** **NCQA: Medicare** **QRS**	**2017 Rates:** CMC: 48.42% LACC: 38.20%	**CMC: 57.66%** **LACC: 49.15%**	**CMC: 59%** **LACC: 55%**	**Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1-Q2:** Robocalls went out in late March to CMC members. 1,466 calls were made. 57% of calls were answered or a voicemail was left. Women's Wellness Week was held on May 14th at the Inglewood FRC. Three classes on cervical/breast/colorectal health were offered, but there was very low attendance, despite promotion via flyers, Facebook ads, bus shelter ads. Mailer launched in June to 7,401 CMC members. **Q3:** Second round of robocalls launched 9/4-9/10 to MCLA, LACC, and CMC members. A total of 107,985 members were called. 33% answered the call and 41% received a voicemail.		**Y**
Adult Access to Preventive/Ambulatory Health Services (HEDIS) (Total)	**AAP**	**A**	**2017 Rates:** Medi-Cal: 64.01% LACC: 54.43% CMC: 77.13 %	**2018 Rates:** Medi-Cal: 64.13% LACC: NA CMC: 79.48%	**Medi-Cal: 76%** **LACC: 93%** **CMC: 94%**	**Medi-Cal: Not Met** **LACC: NA** **CMC: Not Met**	Maria Casias (QI)/ Grace Crofton (HEDIS)/ Rafael Amezcua (Medicare)/	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**N**
Board Certification	**BCR**	**A**	**Fam Med: 67.98%** **IM: 61.96%** **Pediatricians: 71.07%** **OB/GYN: 75.46%** **Geriatricians: 53.33%** **Other: 75.22%**	**Fam Med:** 63.93% **IM:** 73.19% **Pediatricians:** 75.77% **OB/GYN:** 79.60% **Geriatricians:** 65.73% **Other:** 80.88%	**NA**	**NA**	Grace Crofton (QPM)/ PNM	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).		**Y**
Topical Fluoride Varnish Utilization			23.90 PTPY individuals received fluoride treatment in 2016 compared to 9.09 PTPY in 2015 (<6 yrs).	20.27 PTPY individuals received fluoride treatment in 2017 compared to 23.90 PTPY in 2016 (<6 yrs).	NA	**NA**	Bettsy Santana (QI) / Marla Lubert (QI)	Annual: By June '18	**QOC: July 26**			**Y**
Behavioral Health					**QW: Quality Withhold Measure**							
Antidepressant Medication Management (Acute Phase)	**AMM2**	**A** **QRS** **NCQA: Medi-Cal & Medicare** **(retired for accreditation for H2019)**	**2017 Rates:** Medi-Cal: 56.74% LACC: 64.91% CMC: 64.18%	**2018 Rates:** Medi-Cal: 64.72% LACC: 60.77% CMC: 65.71%	**Medi-Cal: 57%** **LACC: 69%** **CMC: 69%**	**Medi-Cal: Met** **LACC: Not Met** **CMC: Not Met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**BHQIC: Sept. 3**	**QPM: Communicated to Advent auditor to get approval to map 2000+ NDC codes that were missing from NCQA Medication List. Identified this during review of SPC measure. Impacted all Pharmacy measures that rely on count of Days Supply of specific drugs.** **Intervention: Mailer to be sent to members Q3.** **Update: Mailer sent to members 9/18.** **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Will continue with AMM mailer**	**Y**
Antidepressant Medication Management (Continuation Phase)	**AMM3**	**A** **QRS** **NCQA: Medi-Cal, LACC, & Medicare**	**2017 Rates:** Medi-Cal: 40.19% LACC: 57.89% CMC: 46.27%	**2018 Rates:** Medi-Cal: 46.10% LACC: 47.69% CMC: 53.89%	**Medi-Cal: 41%** **LACC: 60%** **CMC: 47%**	**Medi-Cal: Met** **LACC: Not Met** **CMC: Met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**BHQIC: Sept. 3**	**QPM: Communicated to Advent auditor to get approval to map 2000+ NDC codes that were missing from NCQA Medication List. Identified this during review of SPC measure. Impacted all Pharmacy measures that rely on count of Days Supply of specific drugs.** **Intervention: Mailer to be sent to members Q3.** **Update: Mailer sent to members 9/18.** **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership). **Measure is in our POR/GIC Report.**	**Will continue with AMM mailer**	**Y**
Follow-Up for Children Prescribed ADHD Medication-initiation Phase	**ADD1**	**A** **QRS** **NCQA: Medi-Cal (retired for accreditation for H2019)**	**2017 Rates:** Medi-Cal: 32.75% LACC: NA (Denominator less than 30)	**2018 Rates:** Medi-Cal: 35.72% LACC: NA (Denominator less than 30)	**Medi-Cal: 39%** **LACC: 36%**	**Not Met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Intervention MCLA & LACC:** Provider Letter to encourages prescriber to provide follow-up care after prescribing ADHD medication. **Pharmacy Intervention:** Provider letter content modified to reflect retirement of initiation phase measure from NCQA health plan accreditation for 2019. New mailings will begin Q3. **Q2:** Pharmacy: 242 letters mailed in Q2 (101 sent in April, 141 sent in May)- initiation + continuation phase. **Q3:** Pharmacy: 226 letters mailed in Q3 (64 sent in July, 47 sent in August, 115 sent in September)-- continuation phase letter format. **Beacon Intervention:** Beacon Health Options will make calls to the parents and guardians of members who have been prescribed ADHD medications advising them of the importance of follow-up appointments within HEDIS timelines. Calls will start once approval for call script is received from DHCS. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Continue with revised ADHD prescriber letter. Including ADD in text messaging campaign with HealthCrowd. Exploring Beacon starting calls to parents of members with ADHD med prescription.**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Follow-Up for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	**ADD2**	**A** **QRS** **NCQA: Medi-Cal & LACC**	**2017 Rates:** Medi-Cal: 38.01% LACC: NA (Denominator less than 30)	**2018 Rates:** Medi-Cal: 41.88% LACC: NA (Denominator less than 30)	**Medi-Cal: 48%** **LACC: 38%**	**Not Met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Intervention MCLA & LACC:** Provider Letter to encourages prescriber to provide follow-up care after prescribing ADHD medication. **Q2:** Pharmacy: 242 letters mailed in Q2 (101 sent in April, 141 sent in May)- initiation + continuation phase. **Pharmacy Intervention:** **Provider letter content modified to reflect retirement of initiation phase measure from NCQA health plan accreditation for 2019. New mailings will begin Q3.** **Q2: Pharmacy: 242 letters mailed in Q2 (101 sent in April, 141 sent in May)- initiation + continuation phase.** **Q3: Pharmacy: 226 letters mailed in Q3 (64 sent in July, 47 sent in August, 115 sent in September)-- continuation phase letter format.** **Q4: Pharmacy: 438 letters mailed in Q4 (115 sent in September, 109 sent in October, 116 sent in November, 98 sent in December)-- continuation phase letter format.** **.** **Beacon Intervention:** **Beacon Health Options will make calls to the parents and guardians of members who have been prescribed ADHD medications advising them of the importance of follow-up appointments within HEDIS timelines. Calls will start once approval for call script is received from DHCS.** **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Continue with revised ADHD prescriber letter. Including ADD in text messaging campaign with HealthCrowd. Exploring Beacon starting calls to parents of members with ADHD med prescription.**	**Y**
Follow-Up After Hospitalization for Mental Illness (in 7 days)	**FUH7**	**A** **QRS** **NCQA: Medi-Cal & Medicare** **(NB designation for Medi-Cal)**	**2017 Rates:** Medi-Cal: 13.26% LACC: NA (Denominator less than 30) CMC: 25.93%	**2018 Rates:** Medi-Cal: No rate available LACC: NA (Denominator less than 30) CMC: 28.13%	**Medi-Cal: 34%** **LACC: 47%** **CMC: 31%**	**Medi-Cal: NR** **LACC: NA** **CMC: Not met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**CMC, LACC, & PASC Member Incentive:** **Emergency care package for completing follow-up visit after hospitalization for mental illness.** **QPM: Received HEDIS Direct Data submission from Beacon as part of HEDIS 2018 reporting.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**Continuing with FUH incentive kits. Exploring on-site fulfillment at high-volume locations and incorporating home-based therapy for high-risk members.**	**Y**
Follow-Up After Hospitalization for Mental Illness (in 30 days)	**FUH30**	**A** **NCQA: Medi-Cal & Medicare** **(NB designation for Medi-Cal)** **QW**	**2017 Rates:** Medi-Cal: 24.89% LACC: NA (Denominator less than 30) CMC: 41.98%	**2018 Rates:** Medi-Cal: No rate available LACC: NA (Denominator less than 30) CMC: 46.88%	**Medi-Cal: 56%** **LACC: 70%** **CMC: 52%** **(QW: 56%)**	**Medi-Cal: NR** **LACC: NA** **CMC: Not met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**CMC, LACC, & PASC Member Incentive:** **Emergency care package for completing follow-up visit after hospitalization for mental illness.** **Beacon Intervention** **Home visit program, called REACH, targeted at members who don't have an existing relationship with a BH provider and are likely to be readmitted. Will be implemented soon, pending Beacon's decision to accept rate adjustments.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**Continuing with FUH incentive kits. Exploring on-site fulfillment at high-volume locations and incorporating home-based therapy for high-risk members.**	**Y**
Depression Screening and follow-up plan (DSF)	**DSF**	**ECDS** **EAS**	NA	**2018 Rates:** Medi-Cal Screening: 2.11% Medi-Cal Follow-Up: 68.04% CMC Screening: 6.80% CMC Follow-Up: 41.07%	**NA, new measure**	**NA**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**BHQIC: Aug. 24**	**QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**No intervention planned at this time.**	**Y**
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications	**SSD**	**A** **NCQA: Medi-Cal**	**2017 Rates:** Medi-Cal: 85.32%	**2018 Rates:** Medi-Cal: 85.25%	**Medi-Cal: 88%**	**Not met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Provider Opportunity Report will now list members who are eligible for SSD measure.** **QPM: Communicated to Advent auditor to get approval to map 2000+ NDC codes that were missing from NCQA Medication List. Identified this during review of SPC measure. Impacted all Pharmacy measures that rely on count of Days Supply of specific drugs.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53%**	**No intervention planned at this time.**	**Y**
Diabetes Monitoring for People with Diabetes and Schizophrenia	**SMD**	**A**	**2017 Rates:** Medi-Cal: 71.60%	**2018 Rates:** Medi-Cal: 70.40%	**Medi-Cal: 75%**	**Not Met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Letter to providers with members who qualify for this measure are awaiting approval in Podio. Will be mailed by 11/22.** **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**No intervention planned at this time.**	**Y**
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - **Initiation Total**	**IET0AT**	**A** **NCQA Medi-Cal & Medicare (NB for Medi-Cal)** **QRS**	**2017 Rates:** Medi-Cal: 29.57% LACC: 43.53% CMC: 32.54%	**2018 Rates:** Medi-Cal: Not available LACC: 23.94% CMC: 38.94%	**Medi-Cal: 36%** **LACC: 44%** **CMC: 40%**	**Medi-Cal: NA** **LACC: Not met** **CMC: Not Met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**No intervention planned at this time.**	**Y**
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - **Engagement Total**	**IET0BT**	**A** **NCQA Medi-Cal & Medicare (NB for Medi-Cal. Retired for Accreditation in H2019)** **QRS**	**2017 Rates:** Medi-Cal: 2.00% LACC: 4.71% CMC: 1.59%	**2018 Rates:** Medi-Cal: Not available LACC: .70% CMC: 3.33%	**Medi-Cal: 8%** **LACC: 6%** **CMC: 3%**	**Medi-Cal: NA** **LACC: Not met** **CMC: Met**	Grace Crofton (HEDIS)/ Andrew Guy (QI)/ Bettsy Santana (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**No intervention planned at this time.**	**Y**
Disease Management Programs- Asthma												
Medication Management for People with Asthma 50% compliance.	**MMA0A**	**A**	**2017 Rates:** **MCLA: Not Reported** **LACC: 75.0%** **CMC: 74.7%**	**NA**	**MCLA: NA** **LACC: 79%** **CMC: 78%**		Elaine Sadocchi-Smith (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1-Q4:** Condition monitoring calls for high severity DM Asthma members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with asthma with a booklet including flyers on medication compliance for asthma. Queenscare home visits including review of asthma medications with CHW for high severity asthma members. **Q3:** The Disease Management department reached 716 members (34.1% response rate) during the third quarter of 2018 conducting reminder calls with members who had not refilled asthma controller medications in 2017 to address medication adherence, Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50. **Q4:** Annual mailing with asthma trigger health education flyer to all identified DM Asthma members (all DLOB). **NOTE:** DM is using MMA-75 and AMR to measure effectiveness in Asthma (removing MMA-50) **QPM:** Communicated to Advent auditor to get approval to map 2000+ NDC codes that were missing from NCQA Medication List. Identified this during review of SPC measure. Impacted all Pharmacy measures that rely on count of Days Supply of specific drugs. **QPM:** Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).	**Q2 Quick relief medication being used rather than controller (Developed medication flyer and RN condition monitoring calls and AMR call campaign)** **Q2 Transportation issues (connect members in RN condition monitoring calls to transportation)** **Q2 Understanding on Medications (address in RN condition monitoring calls and can refer to home visit program for more intensive education in person)**	**N**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Medication Management for People with Asthma 75% compliance	**MMA0B**	**A** **NCQA: Medi-Cal & LACC** **QRS**	**2017 Rates:** MCLA: 40.64% LACC: NA (Denominator less than 30) CMC: 57.8%	**2018 Rates:** MCLA: 43.59% LACC: 78.13% CMC: NA	**MCLA: 50%** **LACC: 47%** **CMC: 60%**	**MCLA: Not Met** **LACC: Met** **CMC: NA**	Elaine Sadocchi-Smith (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1:** QPM: Communicated to Advent auditor to get approval to map 2000+ NDC codes that were missing from NCQA Medication List. Identified this during review of SPC measure. Impacted all Pharmacy measures that rely on count of Days Supply of specific drugs. **Q1-Q4:** Condition monitoring calls for high severity DM Asthma members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with asthma with a booklet including flyers on medication compliance for asthma. Queenscare home visits including review of asthma medications with CHW for high severity asthma members. **Q3:** The Disease Management department reached 716 members (34.1% response rate) during the third quarter of 2018 conducting reminder calls with members who had not refilled asthma controller medications in 2017 to address medication adherence, Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50. **Q4:** Annual mailing with asthma trigger health education flyer to all identified DM Asthma members (all DLOB). **QPM: Practitioner onsite or telephonic visits to provide HEDIS and CAHPS education to providers and their staff on HEDIS and CAHPS with the goal of closing HEDIS 2019 gaps and improve scores for all LOBs. Visits began on Aug 13. As of Oct. 30, outreach has been completed for 1010 providers (53% of eligible providers). Membership for those providers is 892K (43% of total membership).**	**Q2 Quick relief medication being used rather than controller (Developed medication flyer and RN condition monitoring calls and AMR call campaign)** **Q2 For all lines of business, pharmacy benefit covers both 90-day supply and 30-day supply. This allows members to have options when filling their medications. For members who have not met their deductible or have high co-pay amounts, filling a 30-day supply will be less costly than a 90-day supply and therefore easier for the patient to afford. For this reason, California has a law which allows pharmacists to break a 90 day Rx into 3 x 30 day Rxs. It is up to the member to decide whether they would like to fill a 30 vs 90-day supply.** **Q2 Transportation issues (connect members in RN condition monitoring calls to transportation)** **Q2 Understanding on Medications (address in RN condition monitoring calls and can refer to home visit program for more intensive education in person)**	**Y**
% of members who have Asthma Action Plan			**2017 Rates:** 51.7%	**2018 Rates:** 34.0%	65% (all LOBs)	**ALOB: Not Met**	Elaine Sadocchi-Smith (QI)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q4:** 34.0% of survey respondents reported having Asthma Action Plan (AAP)	**Q2 AAP must be done by provider (coordinate with home visits, member through RN condition monitoring calls and mailings to Provider to coordinate completing an AAP**	**Y**
% of members who had Flu shot between Sept 2017 and March 2018			**2017 Rates:** 52.4%	**2018 Rates:** 54.9%	65% (all LOBs)	**ALOB: Not Met**	Elaine Sadocchi-Smith (QI)/ Nai Kasick (HECL)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q4:** 54.9% of survey respondents reported getting the flu shot	**Q2 *Members thinking they don't need it (they are healthy, not at risk, it'll make them sick etc) or forgetting to get it (Addressed in condition monitoring calls with RN)**	**N**
Member Satisfaction with Disease Management Programs- Asthma			**2017 Rates:** 86.8%	**2018 Rates:** 97.8%	95% of the members in Asthma program will be overall satisfied (all LOBs)	**ALOB: Met**	Elaine Sadocchi-Smith (QI)	Annual: Due Dec 31	**QOC: Nov 29**	**Q4:** 97.8% of survey respondents reported being satisfied with the asthma DM program		**Y**
Complaints (Asthma)			**None reported in 2017**	**Q1: 0 complaints** **Q2: 0 complaints** **Q3: 0 complaints** **Q4: 0 complaints**	0		Rebecca Cristerna (MORE)/ Elaine Sadocchi-Smith (QI)	Quarterly	**QOC: Feb 22, May 22, Aug 13, Nov 29**	**Q1:** 0 complaints **Q2:** 0 complaints **Q3:** 0 complaints **Q4:** 0 complaints		**N**
Disease Management Programs- Diabetes												
Diabetes: Eye Exam (retinal) performed	**CDC4**	**H** **Star (C13)** **NCQA: Medi-Cal & Medicare** **EAS** **QRS**	**2017 Rates:** MCLA: 52.50% LACC: 42.88% CMC: 64.23%	**2018 Rates:** MCLA: 64.84% LACC: 48.17 % CMC: 70.37%	**MCLA: 55%** **LACC: 43%** **CMC: 71%**	**MCLA: Met** **LACC: Met** **CMC: Not Met**	Elaine Sadocchi-Smith (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Eliza IVR Outreach Campaign for Comprehensive Diabetes Care (CDC):** **Calls were launched on July 23 and were completed in early September. 3769 unique members were called, resulting in 1248 connections and 484 members that were transferred to QPM Live agents who assisted members in scheduling 75 new appointments. The sample of members was generated from the June POR/GIC with data through May.** **Eliza is an IVR vendor contracted to conduct automated calls to 4200 CMC and LACC diabetic members to remind them of their care gaps and to provide assistance in scheduling appointments. Goal is to close CDC gaps for HbA1c testing, Eye exam, and BP control for LACC and CMC, and to analyze effectiveness of the campaign to determine ongoing strategy for the balance of the diabetic members. Options may include expanding the sample with Eliza or developing an in-house program together with the Even More team.** **CMC Member Incentive:** **Member incentive (Diabetes Care Package) for completing CDC eye exam (retinal) , hemoglobin A1c (HbA1c) testing, and blood pressure testing.** **Q1-Q4: Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including eye exam .** **Q4: Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members** **Q3: The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring.** **Intervention: Condition monitoring calls for high severity DM Asthma members (all DLOB)**	**Q2 Transportation issues (connect members in RN condition monitoring calls to transportation)** **Q2 Not getting referral for service or not knowing service is needed (address in condition monitoring calls with RN as member goal)**	**Y**
Diabetes: A1C	**CDC1**	**H** **Auto-Assignment** **EAS** **QRS**	**2017 Rates:** MCLA: 87.22% LACC: 91.24% CMC: 91.73%	**2018 Rates:** MCLA: 84.77% LACC: 90.95% CMC: 90.37%	**MCLA: 90%** **LACC: 92%** **CMC: 94%**	**MCLA: Not Met** **LACC: Not Met** **CMC: Not Met**	Elaine Sadocchi-Smith (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**MCLA, LACC, & CMC Intervention:** Live calls to members with high A1Cs and/or medication compliance issues . **Eliza IVR Outreach Campaign for Comprehensive Diabetes Care (CDC):** Calls were launched on July 23 and were completed in early September. 3769 unique members were called, resulting in 1248 connections and 484 members that were transferred to QPM Live agents who assisted members in scheduling 75 new appointments. The sample of members was generated from the June POR/GIC with data through May. Eliza is an IVR vendor contracted to conduct automated calls to 4200 CMC and LACC diabetic members to remind them of their care gaps and to provide assistance in scheduling appointments. Goal is to close CDC gaps for HbA1c testing, Eye exam, and BP control for LACC and CMC, and to analyze effectiveness of the campaign to determine ongoing strategy for the balance of the diabetic members. Options may include expanding the sample with Eliza or developing an in-house program together with the Even More team. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including A1C testing . **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3:** The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring.	**Q2 Diet, exercise (activity intolerance), treatment plan (medications) (Address in Condition Monitoring calls with RNs and make goals for members)** **Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Diabetes: A1C Poor Control (>9.0%) (Note the lower the results the less members that are in poor control.)	**CDC2**	**H** **Star (C15)** **EAS**	**2017 Rates:** MCLA: 38.61% LACC: 33.94% CMC: 33.09%	**2018 Rates:** MCLA: 34.77% LACC: NA CMC: 24.44%	**MCLA: 36%** **LACC: 28%** **CMC: 23%**	**MCLA: Not Met** **LACC: NA** **CMC: Not Met**	Elaine Sadocchi-Smith (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**CMC Member Incentive:** Facebook ads discouraging antibiotic use for viral infections. Member incentive (Diabetes Care Package) for completing CDC eye exam (retinal) , hemoglobin A1c (HbA1c) testing, and blood pressure testing **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including A1C testing . **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3**: The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring.	**Q 2Diet, exercise (activity intolerance), treatment plan (medications) (Address in Condition Monitoring calls with RNs and make goals for members)** **Q2 Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)**	**Y**
Diabetes: A1C Good Control (<8.0%)	**CDC10**	**H** **NCQA: Medi-Cal & Medicare** **EAS** **QRS**	**2017 Rates:** MCLA: 50.83% LACC: 54.38% CMC: 56.45%	**2018 Rates:** MCLA: 49.22% LACC: 62.35% CMC: 62.47%	**MCLA: 54%** **LACC: 60%** **CMC: 65%**	**MCLA: Not Met** **LACC: Met** **CMC: Not Met**	Elaine Sadocchi-Smith (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**QPM:** Working with COSTAS on reconciliation of A1C Test lab claims with missing results, to drive the improvement of A1C Control. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including A1C testing . **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3**: The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring.	**Q2 Diet, exercise (activity intolerance), treatment plan (medications) (Address in Condition Monitoring calls with RNs and make goals for members)** **Q2 Knowledge deficit (address in condition monitoring calls with RNs and in call campaign)**	**Y**
Diabetes: Medical Attention for Nephropathy	**CDC7**	**H** **Star (C14)** **EAS** **QRS**	**2017 Rates:** MCLA: 92.22% LACC: 93.61% CMC: 95.86%	**2018 Rates:** MCLA: 92.97% LACC: 94.13% CMC: 96.79%	**MCLA: 93%** **LACC: 95%** **CMC: 97%**	**MCLA: Met** **LACC: Not Met** **CMC: Met**	Elaine Sadocchi-Smith (QI)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**CMC Member Incentive:** Member incentive (Diabetes Care Package) for completing CDC eye exam (retinal) , hemoglobin A1c (HbA1c) testing, and blood pressure testing. **Q1-Q4:** Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including Nephropathy **Exam .** **Q4:** Diabetes Exam to Remember Flyer in Annual mailing to all identified Diabetes DM members **Q3:** The Disease Management department reached 25 of 109 attempted African-American members with diabetes (23% response rate) during the third quarter of 2018 to conduct reminder calls with members who had poor A1c control or were on no therapy or monotherapy in 2017 to educate and encourage PCP appointment on A1C, diabetes medication adherence, appropriate exams and if applicable referral to the Diabetes DM program for further condition monitoring.	**Q 2 Knowledge deficit (address in condition monitoring calls with RNs)**	**Y**
Member Satisfaction with Disease Management Programs-Diabetes			**2017 Rates:** 84.7%	**2018 Rate:** 94.5%	90% (all LOBs)	**ALOB:** Met	Elaine Sadocchi-Smith (QI)	Annual: Due Dec 31	**QOC: Feb 22**	**Q4:** 94.5% of survey respondents reported being satisfied with the diabetes DM program		**Y**
Complaints (Diabetes)			**None reported in 2017.**	**Q1: 0 complaints** **Q2: 0 complaints** **Q3: 0 complaints** **Q4: 0 complaints**	0		Rebecca Cristerna (MORE)/ Elaine Sadocchi-Smith (QI)	Quarterly	**QOC: Feb 22, May 22, Aug 13, Nov 29**	**Q1:** 0 complaints **Q2:** 0 complaints **Q3:** 0 complaints **Q4:** 0 complaints		**N**
Disease Management Programs- Cardiovascular Disease (CVD)												
Member Satisfaction with Disease Management Programs-CVD			**2017 Rates:** 87.8%	**2018 Rate:** 87.0%	90% of the members in CVD program will be overall satisfied (all LOBs)	**ALOB:** Not Met	Elaine Sadocchi-Smith (QI)	Annual: Due Dec 31	**QOC: Nov 29**	**Q4:** 87.0% of survey respondents reported being satisfied with the CVD DM program		**Y**
Complaints (CVD)			**None reported in 2017.**	**Q1: 0 complaints** **Q2: 0 complaints** **Q3: 0 complaints** **Q4: 0 complaints**	0		Elaine Sadocchi-Smith (QI)/ Rebecca Cristerna (MORE)	Quarterly	**QOC: Feb 22, May 22, Aug 13, Nov 29**	**Q1:** 0 complaints **Q2:** 0 complaints **Q3:** 0 complaints **Q4:** 0 complaints		**N**
State Quality Improvement Projects												
Childhood Immunization Status-3 PIP			**NA**	**NA**	By June 30, 2019, increase the rate of CIS-3 completion by age two in the San Gabriel Valley from 40.9% to 51%		Carolina Coleman (QI)/ Bettsy Santana (QI)	Due to State: 6/30/19	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1-Q2:** Modules 1, 2, 3, and 4 were approved by HSAG/DHCS. The intervention of working with providers on workflow improvements and CAIR utilization in the San Gabriel Valley launched in July. **Q3:** Intervention launched in July. QI staff visited eight provider offices and provided gaps lists. Rates are pending. **Q4:** Observed increases in DTaP compliance in children assigned to targeted providers. Additional providers will be targeted in 2019.	**Q2: Barriers include limited cooperation from the dominant MSO in the region, resistance from MDs to use CAIR.**	**Y**
Improving medication adherence in African Americans on Diabetes medication PIP			**NA**	**NA**	By June 30, 2019, decrease the rate of African American Medi-Cal Direct members 35-45 years old, who are not assigned to DHS and have a PDC for diabetes medication of 0.8 or less, from 54% to 38%.		Carolina Coleman (QI)/ Bettsy Santana (QI)	Due to State: 2019	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Q1-Q2:** Modules 1, 2, 3, and 4 were approved by HSAG/DHCS. We have been unable to launch the intervention (as of July 30) due to data issues. **Q3:** Intervention launched in August. Module 4 Check-in was approved by HSAG in October. 51 members have been successfully contacted in two rounds of the intervention, which is a 24% reach rate. The top barrier cited by members is "none." Post-intervention medication adherence results are pending. **Q4:** Three rounds of calls were conducted in 2018. The calls have not succeeded in increasing PDC to the benchmark of 0.8. In 2019, the Pharmacy team will take over the calls with an approach tailored by member and with more up-to-date data on fills.	**Q2: We are ready to begin the intervention; however, Data issues have delayed the launch. Complete and accurate data on member ethnicity is not currently available and is an open issue in EDW Backlog. It is unclear when this will be resolved. Additionally, the necessary fields to contact members have not been provided.** **Q3: While we were able to launch the intervention, the issue of incomplete ethnicity data remains. We have not received any updates about this issue.** **Q4: Ethnicity data issues remains with no updates**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Medicare/Medicaid Quality Improvement Projects												
Reducing Avoidable Hospital Admissions Long Term Care Facilities (PDSA)		**CMS**	**NA**	**NA**	By, December 2018, a targeted intervention to potentially reduce inpatient hospitalizations, potentially avoidable ED visits, and readmission rates for L.A. Care MediConnect members residing in nursing facilities by 10%	**Met**	Keren Mahgerefteh (QI)	Quarterly		**Q1:** Monthly Conference calls with 2 IPAs (AppleCare & Prospect), INTERACT Stop and Watch Tool to member charts in LTC facilities, data analysis by HIM unit, report provided to IPAs for intervention. **Q2:** Monthly Conference calls with 2 IPAs (AppleCare & Prospect), INTERACT Stop and Watch Tool to member charts in LTC facilities, data analysis by HIM unit, report provided to IPAs for intervention. Also have asked PNM to assist us in getting better collaboration from IPAs. **Q3:** Facilities are not calling the Nurse Practitioners (NP) as the first line call to potentially avoid hospital or ED admissions. Prospect has put the Stop & Watch Tools in the member's files along with a sheet that identifies the NP that is responsible for the patient and have provided education to the staff, administrators and the Director of Nursing (DON). Prior to the intervention, the protocol was to first call the SNFist (Skilled Nursing Facility Hospitalist), the attending MD in charge of custodial patients, followed by the Medical Director and third outreach is to the NP. L.A. Care has identified low member density per facility. Los Angeles County encompasses a wide service area with a large number of Long Term Care (LTC) facilities and a large geographic distribution of LTC facilities. Some geographic areas have a sparse concentration of LTC facilities. This regional variation may impact care experienced by members residing in different LTC facilities. The management of members residing in LTC facilities is enhanced by collaboration among the medical group, nursing facility, hospital, and L.A. Care Health Plan. This partnership has been inconsistent and variable depending on the medical group, hospital, and LTC facility involved. L.A. Care delegates LTC management to several of its largest IPAs that are contracted for management of CMC members, resulting in variation of management of the LTC members. Due to claims data lag, that may be up to six months, L.A. Care does not always receive data timely to review and modify during the PDSA quarterly cycle. **Q4:** Submitted the PDSA-LTC on 10/31/18 and started to prep for the 1/31/19 submission. **RATES:** Rates of Potentially Preventable Hospitalizations Per Thousand Members Per Year (PTMPY) From baseline CY 2017 2.45 for Prospect and AppleCare overall there was a declining trend each month except for January. There were no potentially avoidable hospitalizations in August 2018 for Prospect or AppleCare. Prospect July 2018 0.88 Prospect August 2018 0; AppleCare July 2018 0.78, AppleCare August 2018 0 Table Rates of Potentially Preventable ED Visits Per Thousand Members Per Year (PTMPY) From baseline CY 2017 8.76 Prospect and AppleCare decreased each month for rates of potentially preventable ED visits. Data for August 2018 was not available for Prospect. Prospect July 2018 0 August 2018 data not available; AppleCare July 2018 0, August 2018 0	L.A. Care will continue to meet with each IPA on monthly basis and continue the intervention with no changes. In preparation for the next submission, L.A. Care will review claims data (first quarter 2018) to validate IPA data submission for Q1 and explore additional trends or information to guide interventions for further impact of avoidable unplanned ED visits or hospitalizations. In addition, we will collect the data for Q4 and compare the full year of data with the CY2017 data.	**Y**
CMS MMP- Individualized Care Plan (PIP)			**NA**	**NA**	By, March 16, 2018, a targeted intervention to increase the percentage of eligible members with an ICP completed (1.5) and the percentage of eligible members with documented discussion of goals plan (C.A. 1.6). Submission 1 performance improvement form.		Keren Mahgerefteh (QI)/ Bettsy Santana (QI)	Due to CMS/DHCS: March 19, 2018	**5/17/18 and 7/18/2018**	**Q1: In June the ICP PIP was returned to us with a score of "met". The next submission is on 7/18/18. HSAG has asked that the baseline be recalculated CA 1.5 low. As the spec's have changed and now state 90 days or longer instead of 135 day or longer. We have until March of 2019 to change the baseline calculation. We are working with the clinical assurance team to provide scorecards to PPGs and in particular clinical assurance is working closely with low performing PPGs such as HealthCare Partners to identify barriers as to why they are low performing.** **Q2: Held monthly meetings to ensure that we are on track for July submission of ICP PIP. Started to write the draft for the July submission of the ICP PIP** **Q3: Revived results that all aspects of July submission were met and no revisions are comments were made by HSAG. Since July submission have been prepping for Nov. 14th submission to HSAG. Q2 results have been received and are as follows for CA 1.5 Total number of high-risk members enrolled for 90 days or longer as of the end of the reporting period.** **13,093** **Total number of high-risk members who had an initial Individualized Care Plan (ICP) Completed 7,802** **=59.5% =60%** **Total number of low-risk members enrolled for 90 days or longer as of the end of the reporting year.** **1,625** **Total number of low-risk members who had an initial individualized Care Plan (ICP) completed.** **942** **=57.96% =58%** **Q4: Submitted the ICP PIP in Dec. 2018. Waiting for response from HSAG for this submission in January 2019**		**Y**
Postpartum Care (PDSA)	**PPC- Post**	**DHCS**	**NA**	**56.54%**	59.61%	**NA**	Andrew Guy (QI)/ Bettsy Santana (QI)	7/1/2019	**31-Dec-18**	In Q4, QI and Health ED are contacting rendering providers of women that can not be reach via phone. Providers are given information about the deliver and told women qualify for the incentive.	**Generating reports of women not reachable on a weekly basis is challenging**	**Y**
Clinical - ***Patient Safety***												
Potential Quality Issues			**Rate: 100%**	**Q1 & Q2: 99.7%** **Q3 & Q4:99.5%**	100% of PQI investigation will be completed in 6 months	**Not Met**	Christine Chueh (QI)	Biannually and end of year	**Credentialing/ Peer Review Committee: May 24, Nov 15**	**Q1-Q2:** Total 678 PQI cases were closed in Q1-Q2 2018 for all lines of business. All except 2 cases were closed within 6 months, however, an extension was granted for the 2 cases. **Q3-Q4:** Total 785 cases were closed in Q3-Q4 2018 for all lines of business. All except 4 cases were closed within 6 months	**Q2 & Q4 Barrier: 1) The PQI process is completely manual. It requires all nurses and the coordinator to keep track of their deliverable and due dates. 2) The requested medical records were not received.** **Ongoing Effort:** 1) Continue to work with the Capital project team for a PQI system solution. 2) PQI team continues to work with the involved department/network providers to streamline medical record retrieval process and medical record pursuit process.	**Y**
Critical Incidents Reporting and Tracking			**Rate: 100%**	**Rate: 100%**	100% of CMC Delegates will submit quarterly CI report timely	**Not Met**	Christine Chueh (QI)	Biannually and end of year	**QOC: May 22 Nov 29**	**Q1:** All CMC delegates except VSP submitted quarterly CI report. A reminder was sent to VSP. **Q2:** Q2 report due 8/15/2018, all CMC delegates submitted Q2 2018 report. **Q3:** Q3 report due 11/15/2018, all CMC delegates submitted quarterly CI report. **Q4:** Q4 report due 2/15/2019.	**Q2 Barrier: 1) The CI process is completely manual. It requires manual logging of reports from delegates. Some delegates need to be reminded of the due dates.** **Plan:** Collaborate with Vendor Management team to provide technical assistance to VSP if needed to improve timeliness of report submission. Q4 Barrier: 1) The CI process is completely manual. It requires manual logging of reports from delegates. Plan: Continue to remind all delegates of the due dates to ensure timely submission of the quarterly reports.	**Y**
FSR- needlestick safety			**2017 Q4 Rate: 68%**	**Q1: Compliance Rate = 75%** **Q2: Compliance Rate = 74%** **Q3: Compliance Rate = 72%** **Q4: Compliance Rate = 75%**	75%	**Q1: Met** **Q2: Not Met** **Q3: Not Met** **Q4: Met**	Dulce Fernandez (FSR)	Quarterly	**QOC: May 22**	**Q3: 121 out of 167 sites were compliant with needlestick safety.** **Interventions:** A corrective action plan (CAP) is given to the PCP site if this criterion is identified as deficient. The CAP is due to the MCP within 10 business days for review and approval. If the CAP is not received within the defined timelines, panels to accept new member assignment will be closed until the CAP is approved by the MCP Nurse Reviewer. **Q4: 118 out of 158 sites were compliant with needlestick safety.** Interventions: A corrective action plan (CAP) is given to the PCP site if this criterion is identified as deficient. The CAP is due to the MCP within 10 business days for review and approval. If the CAP is not received within the defined timelines, panels to accept new member assignment will be closed until the CAP is approved by the MCP Nurse Reviewer.	**Barriers: 1) Cost; 2) Lack of PCP site training; and 3) Change in PCP and Staff behavioral challenges.**	**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
FSR- spore testing of autoclave/sterilizer			**2017 Q4 Rate: 82%**	**Q1: Compliance Rate = 78%** **Q2: Compliance Rate = 85%** **Q3: Compliance Rate =76%** **Q4: Compliance Rate = 81%**	85%	**Q1: Not Met** **Q2: Met** **Q3: Not Met** **Q4: Not Met**	Dulce Fernandez (FSR)	Quarterly	**QOC: May 22**	**Q3: 26 out of 34 sites were compliant with spore testing of autoclave/steam sterilizer.** **Interventions:** A corrective action plan (CAP) is given to the PCP site if this criterion is identified as deficient. The CAP is due to the MCP within 10 business days for review and approval. If the CAP is not received within the defined timelines, panels to accept new member assignment will be closed until the CAP is approved by the MCP Nurse Reviewer. **Q4: 22 out of 27 sites were compliant with spore testing of autoclave/steam sterilizer.** Interventions: A corrective action plan (CAP) is given to the PCP site if this criterion is identified as deficient. The CAP is due to the MCP within 10 business days for review and approval. If the CAP is not received within the defined timelines, panels to accept new member assignment will be closed until the CAP is approved by the MCP Nurse Reviewer.	**Barrier: 1) Lack of PCP site training and knowledge of requirements of an autoclave/sterilizer.**	**Y**
Medical Record Documentation			**2017 Q4 Rate: 91%**	**Q1: Compliance Rate = 89% (150 out of 168 sites)** **Q2: Compliance Rate = 85% (152 out of 179)** **Q3: Compliance Rate = 90% (157 out of 175)** **Q4: Compliance Rate = 86% (160 out of 186)**	95% of sites reviewed achieve ≥ 80% compliance	**Q1, Q2, Q3, & Q4: Not Met**	Dulce Fernandez (FSR)	Quarterly	**QOC: May 22**	**Interventions:** A corrective action plan (CAP) is given to the PCP site as appropriate and necessary based on DHCS PL 14-004 and MCP Policies and Procedures. The CAP is due to the MCP within 45 calendar days for review and approval. If the CAP is not received within the defined timelines, panels to accept new member assignment will be closed until the CAP is approved by the MCP Nurse Reviewer.	**Barriers: 1) Lack of PCP site training and knowledge of documentation standards; and 2) Change in PCP and Staff behavioral challenges.**	**Y**
Medication Reconciliation Post-Discharge (MLTSS)			**MLTSS Rate:** 20.92%	**9.06%**	21.97%	**Not Met**	Judy Cua-Razonable (MLTSS)/ Grace Crofton (HEDIS)	Annual: By June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Vended out chases to AdvantMed; internal QPM pursuits focused on AA and Accreditation measures.** **The MLTSS team does not do med recon post discharge. Usually these are done by our PPGs (CM) for low risk members and our internal CM for high risk members. The idea is to have one touchpoint for the members. Our members often are in multiple MLTSS programs. If member is in CBAS and in MSSP, any med reconciliation are conducted at the CBAS center or by the MSSP agency. For LTC, MLTSS only covers the room and board (Medi-Cal benefit). Once member is transitioned to the community or to a higher level of care, care coordination and CM (professional and ancillary services) are conducted by the PPGs and for CCI by Medicare provider.**		**Y**
Appropriate use of medications-Polypharmacy			**FPC**	**Q1: 100%** **Q2: 100%** **Q3: 100%** **Q4: 100%**	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 in 3 of 4 months during lookback period)	**Met**	Yana Paulson (Pharm)/ Ann Phan (Pharm)	Quarterly	**QOC: 2/22/18, 8/13/18, 11/22/18** **4th Qtr. Attached to QI Eval**	**FPC is retired for 2018 HEDIS- No rate.** **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).** **Pharmacy PBM Collaborative** **100% of identified providers received an RDUR letter**	The idea is to have one touchpoint for the members. Our members often are in multiple MLTSS programs. If member is in CBAS and in MSSP, any med reconciliation are conducted at the CBAS center or by the MSSP agency. For LTC, MLTSS only covers the room and board (Medi-Cal benefit). Once member is transitioned to the community or to a higher level of care, care coordination and CM (professional and ancillary services) are conducted by the PPGs .	**Y**
Appropriate use of medications - Controlled substances			**Rate : 100%**	**Q1: 100%** **Q2: 100%** **Q3: 100%** **Q4: 100%**	90% of providers will be notified of members who meet criteria (9 or more of the following: Rx's for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months)	**Met**	Yana Paulson (Pharm)/ Ann Phan (Pharm)	Quarterly	**QOC: 2/22/18, 8/13/18, 11/22/18** **4th Qtr. Attached to QI Eval**	**Intervention mailings for Controlled Substance Monitoring through the RDUR Program occur 3x year (March, July, November).** **Pharmacy Team making outreaches to members and providers regarding LA Care's Pharmacy Home Program (MCLA + Commercial Only)** **Criteria: Members (not CMC) who received prescriptions for controlled medications from three or more providers and filled prescriptions for controlled medications at three or more pharmacies within a 90-day period.** **Outcome: Members will have to select one network pharmacy for controlled medications.** **Pharmacy PBM Collaborative** **100% of identified providers received an RDUR letter**		**Y**
Appropriate use of medications - Triple Threat *****NEW FOR 2018*****			**Rate : 100%**	**<u>2018 Baseline Rate:</u>** **Q1: 100%** **Q2: 100%** **Q3: 100%** **Q4: 100%**	90% of providers will be notified of members who had Rxs for each of the following drug classes: opioids, muscle relaxants, and benzodiazepines/sleep aids in a month for 2 of 4 months	**Met**	Yana Paulson (Pharm)/ Ann Phan (Pharm)	Quarterly	**QOC: 2/22/18, 8/13/18, 11/22/18** **4th Qtr. Attached to QI Eval**	**Pharmacy PBM Collaborative** **100% of identified providers received an RDUR letter**		**Y**
Potentially inappropriate medication (PIM)			**Rate : 100%**	**Rate : 100%**	Concurrent DUR edits in place for members with Potential mediation overutilization		Yana Paulson (Pharm)	Quarterly	**QOC: 2/22/18, 8/13/18, 11/22/18** **4th Qtr. Attached to QI Eval**	**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.**		**Y**
Medication Therapy Management (MTM) program			**Rate : 80.2%**	**<u>CMR completion rate:</u>** **<u>CMC (2017):</u>** **Q1: 14%** **Q2: 39%** **Q3: 42%** **Q4: 80%** **<u>CMC (2018):</u>** **Q1: 23%** **Q2: 29%** **Q3: 56%** **Q4: 80%**	CMC only: MTM program with SinfoniaRx for 2018: Comprehensive Medication Review (CMR)-- phone intervention by pharmacist. Goal of **80%** by the end of the year.	**Met**	Yana Paulson (Pharm)/ Ann Phan (Pharm)	Quarterly	**QOC: 2/22/18, 8/13/18, 11/22/18** **4th Qtr. Attached to QI Eval**	**Intervention: Vendor conducts outreach to member and /or provider to conduct review.** **Measure applies to CMC only.**	**Pharmacy PBM Collaborative**	**Y**
Clinical- Clinical Practice & Preventive Guidelines												
Clinical Practice Guidelines			**N/A**	**NA**	100% review and approval at least every 2 years/updates as required.	**Met**	Bettsy Santana/ Katrina Miller (QI)	Annual and as needed for updates	**PICC & PQC: July 24**	Making updates and changes Approved by PICC and PQC Committees. Then work with marketing to get them out. **Q4:** Updated CPGs were posted on the website on 12/12.		**Y**
Clinical Practice Guidelines			**N/A**	**NA**	100% of at least 2 guidelines will be measured.	**Met**	Bettsy Santana/ Katrina Miller (QI)	Annual	**PICC & PQC: July 24**	**Q4:** Updated CPGs were posted on the website on 12/12.		**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Preventive Health Guidelines (PHGs)			**N/A**	**NA**	Review, update, approve, & distribute Preventive Health Guidelines		Bettsy Santana/ Katrina Miller (QI)	Annual	**PICC & PQC: Oct 23**	**Q1:** In the process of updating, have met with plan partners, medical director, and will meet with Marketing. **Q2:** Still in progress. Submitted Medi-Cal/LACC versions to health ed for health literacy check, and awaiting Dr. Millers final revisions to CMC version **Q4:** delayed to updates in guidelines		**Y**
LACC Measures												
Quality Rating System Clinical Effectiveness Rating (QIS 3.1)			**N/A**	**4 stars**	Achieve four stars for HEDIS measures in QRS		Katrina Miller (QI)/ Carolina Coleman (QI)	Annual	**QOC: Nov. 29**	**Interventions determined in individual workgroups.**		**Y**
Quality Rating System QHP Enrollee Survey Summary Rating (QIS 3.2)			**N/A**	**1 star**	Achieve four stars for EES/CAHPS measures in QRS		Katrina Miller (QI)/ Carolina Coleman (QI)	Annual	**QOC: Nov. 29**	**Interventions determined in Member Experience Workgroup.**		**Y**
Network Design Based on Quality (QIS 3.5)			**N/A**	**N/A**	Establish quality criteria in provider contracts		Katrina Miller (QI)/ Carolina Coleman (QI)	Annual	**QOC: Nov. 29**	**New leadership in PNM committed to fulfilling this requirement.**		**Y**
Appropriate Use of C-Sections (QIS 3.8)			**N/A**	**N/A**	Reamend hospital contracts to not incentivize C-sections		Katrina Miller (QI)/ Carolina Coleman (QI)	Annual	**QOC: Nov. 29**	**New leadership in PNM committed to fulfilling this requirement.**	**SMARTCA, CQMCC**	**Y**
Hospital Safety (QIS 3.9)			**N/A**	**N/A**	Reamend hospital contracts to tie at least 2% of payment to quality performance		Katrina Miller (QI)/ Carolina Coleman (QI)	Annual	**QOC: Nov. 29**	**New leadership in PNM committed to fulfilling this requirement.**	**SMARTCA, HIIN, HQI**	**Y**
Reducing Health Disparities (QIS 3.4) (PIP)			**N/A**	**N/A**	Metric A: Increase self-reporting of race/ethnicity to 80% of LACC members Metric B: conduct outreach to African American members with asthma, diabetes, and hypertension to address disparities		Katrina Miller (QI)/ Carolina Coleman (QI)	Annual	**QOC: Nov. 29**	**An inter-departmental meeting was help to coordinate efforts on addressing disparities. A workgroup is forthcoming.**	**PIP**	**Y**
Primary Care Promotion (CIS 3.6)			**N/A**	**N/A**	Re-contract with IPAs to create a business case for team-based care		Katrina Miller (QI)/ Carolina Coleman (QI)	Annual	**QOC: Nov. 29**	**New leadership in PNM committed to fulfilling this requirement.**		**Y**
Integrated Healthcare Models (QIS 3.7)			**N/A**	**N/A**	Identify IPAs that meet IHM criteria and increase the LACC enrollment at IHM providers		Katrina Miller (QI)/ Carolina Coleman (QI)	Annual	**QOC: Nov. 29**	**New leadership in PNM committed to fulfilling this requirement.**		**Y**
Network Maternity Hospital Low-Risk (NTSV) C-Section Rate Below 23.9%			**10 (out of 44; 23%) network hospitals met the CMQCC benchmark of 23.9% NTSV C-sections (2016 data)**	**14 hospitals (35% of LACC network) met the CMQCC benchmark (2017 data)**	**To be determined through hospital workgroup meeting in late Q1/early Q2. Tentative: 40% of in-network maternity hospitals meeting goal of 23.9%**		Bettsy Santana (QI)/ Katrina Miller (QI)	Annual	**QOC: Nov. 29 PICC & PQC: Feb. 2019**			**N**
Network Hospital CAUTI SIR Rates Below National Average			**All but 8 (13.3%) network hospitals were below the benchmark (2016-17 data)**	**77% of network hospitals were below the benchmark (2017 data)**	**To be determined through hospital workgroup meeting in late Q1/early Q2.**		Bettsy Santana (QI)/ Katrina Miller (QI)	Annual	**QOC: Nov. 29 PICC & PQC: Feb. 2019**			**N**
Network Hospital C. dif SIR Rates Below CA Average			**All but eleven (17.2%) hospitals were below the average (2016 data)**	**54% of network hospitals were below the benchmark (2017 data).**	**To be determined through hospital workgroup meeting in late Q1/early Q2.**		Bettsy Santana (QI)/ Katrina Miller (QI)	Annual	**QOC: Nov. 29 PICC & PQC: Feb. 2019**			**N**
Network Hospital CLABSI SIR Rates Below CA Average			**All but four (6.7%) hospitals were below the average (2016 data)**	**55% of network hospitals were below the benchmark (2017 data)**	**To be determined through hospital workgroup meeting in late Q1/early Q2.**		Bettsy Santana (QI)/ Katrina Miller (QI)	Annual	**QOC: Nov. 29 PICC & PQC: Feb. 2019**			**N**
Network Hospital MRSA SIR Rates Below Average			**All but seven (10.6%) hospitals were below the average (2016 data)**	**50% of network hospitals were below the benchmark (2017 data)**	**To be determined through hospital workgroup meeting in late Q1/early Q2.**		Bettsy Santana (QI)/ Katrina Miller (QI)	Annual	**QOC: Nov. 29 PICC & PQC: Feb. 2019**			**N**
Network Hospitals with Surgical Site Infection (SSI) Colon below CA Average			**All but one (1.7%) hospital were below the average (2016 data)**	**56% of network hospitals were below the benchmark (2017 data)**	**To be determined through hospital workgroup meeting in late Q1/early Q2.**		Bettsy Santana (QI)/ Katrina Miller (QI)	Annual	**QOC: Nov. 29 PICC & PQC: Feb. 2019**			**N**
»Star Measures			**2017 Rate (MY 2016)**	**Rate 2018 Rate (MY 2017)**	**Goal Methodology: Next highest percentile QW: Quality Withhold Measure**							
C03 - Annual Flu Vaccine (65 and Older)» **(MAPD CAHPS)**		**QW**	**2017 Rates:** CMC: 67.00%	**CMC: 65%**	**CMC: 70% (QW: 69%)**	**Not Met**	Grace Crofton (HEDIS)/ Matilde Gonzalez-Flores (HECLS)	Annually: Sept '18	**QOC: Aug 13 PICC & PQC: Oct 23**	**<u>Pharmacy:</u> Pharmacy team includes in medication adherence calls to CMC members, mentioning importance of annual flu vaccination. Vaccine webpage (within "pharmacy services" page) officially launched on lacare.org as of 9/17/2018. Landing page on calmediconnectla.org also completed. Vaccine webpage will continue to be updated with FRC flu clinic flyers. CSC hold message and closing script re-launched for 2018-2019 flu season. Run length TBD. Pharmacy will begin Flu Vaccine Call campaign Q1 2019 with CMC members that have not yet received flu shot. Call script and Call tracker (with Prioritization) developed.**	**Planning for annual flu campaign kicks-off in Fall.**	**Y**
C04- Improving or Maintaining Physical Health **»(HOS) Quality of Life Survey - SF12 Physical Component Score**	**PCS**	**Star Health Outcomes Survey (HOS)**	**Plan too new to be measured**	**Adjusted PCS score: 37.1% (adj) (MY 2016)**	**CMC: 69%**	**Not Met**	Keren Mahgerefteh (QI)/ Grace Crofton (HEDIS)/ Rae Starr (QPM)	Annually: Sept '18	**QOC: Aug 13 PICC & PQC: Oct 23**			**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
C05 - Improving or Maintaining Mental Health+**(HOS) Quality of Life Survey - SF12 Mental Component Score**	**MCS**	**Star Health Outcomes Survey (HOS)**	**Plan too new to be measured**	**Adjusted MCS score: 49.5% (adj) (MY 2016)**	**CMC: 84%**	**Not Met**	Keren Mahgerefteh (QI)/ Grace Crofton (HEDIS)/ Rae Starr (QPM)	Annually: Sept '18	**QOC: Aug 13 PICC & PQC: Oct 23**			**Y**
C06 - Monitoring Physical Activity « **(HOS)**	**PAO Advise Rate**	**Star Health Outcomes Survey (HOS)**	**2017 Rates:** CMC: 56%	**Rate: 53.88% (Medicare HOS 2017 Cohort 20 Baseline Report)**	**CMC: 59%**	**Not Met**	Grace Crofton (HEDIS)	Annually: Sept '18	**QOC: Aug 13 PICC & PQC: Oct 23**		**Note that this is not a priority measure for Medicare**	**Y**
C09- Care for Older Adults- Medication Review «	**COA2**	**H**	**2017 Rates:** CMC: 64.23%	**CMC: 61.31%**	**CMC: 67%**	**Not Met**	Grace Crofton (HEDIS)	Annual: Due June '18	**QOC: Aug 13 PICC & PQC: Oct 23**	**Q3:** QI started a WG to address this HEDIS measure as well as others.		**Y**
C10 - Care for Older Adults- Functional Status Assessment «	**COA3**	**H**	**2017 Rates:** CMC: 41.12%	**CMC: 52.80%**	**CMC: 43%**	**Met**	Grace Crofton (HEDIS)	Annual: Due June '18	**QOC: Aug 13 PICC & PQC: Oct 23**	**Q3:** QI started a WG to address this HEDIS measure as well as others.		**Y**
C11 - Care for Older Adults- Pain Assessment «	**COA4**	**H**	**2017 Rates:** CMC: 62.04%	**CMC: 72.26%**	**CMC: 65%**	**Met**	Grace Crofton (HEDIS)	Annual: Due June '18	**QOC: Aug 13 PICC & PQC: Oct 23**	**Q3:** QI started a WG to address this HEDIS measure as well as others.		**Y**
C12 - Osteoporosis Management in Older Women who had a Fracture «	**OMW**	**A NCQA: Medicare**	**2017 Rates:** CMC: 31.71%	**CMC: 27.27%**	**CMC: 42%**	**Not Met**	Grace Crofton (HEDIS)	Annual: Due June '18	**QOC: Aug 13 PICC & PQC: Oct 23**	**Pharmacy Intervention:** Outreach calls encouraging prescribers to reevaluate and discuss necessity of a bone mineral density agent medication or DEXA scan. Pharmacy interns to call providers that are non compliant for ART. **2018 YTD: 59 providers successfully outreached, 11 members referred for DEXA scan, 2 members added to numerator with medical record information**		**Y**
C17 - Disease - Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis «	**ART**	**A**	**2017 Rates:** CMC: 73.91%	**CMC: 72.00%**	**CMC: 77%**	**Not Met**	Grace Crofton (HEDIS)	Annual: Due June '18	**QOC: Aug 13 PICC & PQC: Oct 23**	**Pharmacy interns to call providers that are non compliant for ART** **2018 YTD: 13 providers successfully outreached. 9 providers aware of RA diagnosis, 4 members referred for rheumatologist.**		**Y**
C18 - Reducing the Risk of Falling+**(HOS)**	**FRM Manage Rate**	**Health Outcomes Survey (HOS)**	**2017 Rates:** CMC: NA	**CMC: 64.04% (Medicare HOS 2017 Cohort 20 Baseline Report)**	**CMC: NA**	**NA**	Veronica Mones (MO)/ Grace Crofton (HEDIS)/ Rae Starr (QPM)	Annual: Due June '18	**QOC: Aug 13 PICC & PQC: Oct 23**			**Y**
C21 - Plan All Cause Readmission Rate* «**(Note lower rate = better performance)**	**PCR**	**A NCQA: Medicare QRS QW**	**2017 Rates:** Observed was 14.28%; Expected 19.14%. O/E was 0.75.	**CMC: H2018 Obs 15.73% ; Expected 19.87% ; OE Ratio 0.79 (met QPW goal – 1 or less)**	**CMC: QW: <1%**	**Met**	Grace Crofton (HEDIS)/ Jasmine Mines (QI)	Annual: Due June '18	**QOC: Nov 29**			**Y**
C22- Getting Needed Care « (MAPD CAHPS) (Usually/Always)		**CAHPS**	**2017 Rates:** CMC: 80% (MY 2016)	**CMC: 83%**	**CMC: 84%**	**Not Met**	Jasmine Mines (QI)/ UM/ Veronica Mones (MO)/ Rae Starr (QPM)	Annually: Sept '18	**MQSC: Oct 19**			**Y**
C23 - Getting Appointments and Care Quickly « (MAPD CAHPS) (Usually/Always)		**CAHPS**	**2017 Rates:** CMC: 73% (MY 2016)	**CMC: 75%**	**CMC: 77%**	**Not Met**	Rae Starr (QPM)/ Jasmine Mines (QI)/ PNM/ Veronica Mones (MO)/ Rae Starr (QPM)	Annually: Sept '18	**MQSC: Oct 19**			**Y**
C24 - Customer Service « (Usually/Always)		**CAHPS**	**2017 Rates:** CMC: 89% (MY 2016)	**CMC: 90%**	**CMC: 93%**	**Not Met**	Geoffrey Vitrano (CSC)/ Robert Martinez (CCSC) / Rebecca Cristerna (MORE)/ Veronica Mones (MO)/ Jasmine Mines (QI -- Customer Service Working Group)/ Rae Starr (QPM)	Annually: Sept '18	**MQSC: Oct 19**			**Y**
C25 - Rating of Health Care Quality (Rating of 9 or 10 of 10) « (Usually/Always)		**CAHPS**	**2017 Rates:** CMC: 84% (MY 2016)	**CMC: 86%**	**CMC: 88%**	**Not Met**	Veronica Mones(MedOps)/ Jasmine Mines (QI)/ Rae Starr (QPM)	Annually: Sept '18	**MQSC: Oct 19**			**Y**
C26 - Rating of Health Plan (Rating of 9 or 10 of 10) « (Usually/Always)		**CAHPS**	**2017 Rates:** CMC: 86% (MY 2016)	**CMC: 86%**	**CMC: 90%**	**Not Met**	Veronica Mones (MO)/ Jasmine Mines (QI)/ All departments/ Rae Starr (QPM)	Annually: Sept '18	**MQSC: Oct 19**			**Y**
C27- Care Coordination« (Usually/Always)		**CAHPS**	**2017 Rates:** CMC: 83% (MY 2016)	**CMC: 83%**	**CMC: 87%**	**Not Met**	Jasmine Mines (QI)/ Rebecca Cristerna (MORE)	Annually: Sept '18	**MQSC: Oct 19**			**Y**
D08 - Overall Rating of Drug Plan (Rating 9 or 10, out of 10) « (Usually/Always)		**CMS**	**2017 Rates:** CMC: 85% (MY 2016)	**CMC: 88%**	**CMC: 94%**	**Not Met**	Veronica Mones (MO)/ Yana Paulson (Pharm)/ Gayle Butler (Pharm)/ Jasmine Mines (QI)/ Rae Starr (QPM)	Annually: Sept '18	**MQSC: Oct 19**			**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
D09 - Getting Needed Drugs (RX) « (Usually/Always)		**CMS**	**2017 Rates:** CMC: 89% (MY 2016)	**CMC: 92%**	**CMC: 96%**	**Not Met**	Veronica Mones (MO)/ Yana Paulson (Pharm)/ Gayle Butler (Pharm)/ Jasmine Mines (QI)/ Rae Starr (QPM)	Annually: Sept '18	**MQSC: Oct 19**			**Y**
D11 - Medication Adherence for Diabetes Medications «		**CMS QW**	**2017 Rates:** CMC: 77%	**CMC: 81% (as of 1/31/19 Patient Safety Report)**	**CMC: 81% (QW: 73%)**	**Met**	Yana Paulson (Pharm)/ Gayle Butler (Pharm)/	Annually: Sept '18	**MQSC: Oct 19**	**Intervention: Pharmacy team conducts high-touch telephonic outreach to members taking RAS Antagonists, statins, and/or diabetes medications.** **Provider Scorecard for medication adherence for RAS, diabetes medication, and Statins.** **Acumen Report: Jan- Nov 2018** **Adherence Rate: 82% (Δ +1% from Nov 2017)**	**Pharmacy and Med Ops - Acumen report.**	**Y**
D12 - Medication Adherence for Hypertension (RAS antagonists) «		**CMS**	**2017 Rates:** CMC: 75%	**CMC: 80% (as of 1/31/19 Patient Safety Report)**	**CMC: 79%**	**Met**	Yana Paulson (Pharm)/ Gayle Butler (Pharm)/	Annually: Sept '18	**MQSC: Oct 19**	**Intervention: Pharmacy team conducts high-touch telephonic outreach to members taking RAS Antagonists, statins, and/or diabetes medications.** **Provider Scorecard for medication adherence for RAS, diabetes medication, and Statins** **Acumen Report: Jan- Nov 2018** **Adherence Rate: 82% (Δ +1% from Nov 2017)**	**Pharmacy and Med Ops - Acumen report.**	**Y**
D13 - Medication Adherence for Cholesterol (Statins) «		**CMS**	**2017 Rates:** CMC: 69.89%	**CMC: 77% (as of 1/31/19 Patient Safety Report)**	**CMC: 73%**	**Met**	Yana Paulson (Pharm)/ Gayle Butler (Pharm)/	Annually: Sept '18	**MQSC: Oct 19**	**Intervention: Pharmacy team conducts high-touch telephonic outreach to members taking RAS Antagonists, statins, and/or diabetes medications.** **Provider Scorecard for medication adherence for RAS, diabetes medication, and Statins.** **Acumen Report: Jan- Nov 2018** **Adherence Rate: 79% (Δ +1% from Nov 2017)**	**Pharmacy and Med Ops - Acumen report.**	**Y**
D14 - MTM Program Completion Rate for CMR«		**CMS**	**2017 Rates:** CMC: 78%	**CMC: 79%**	**CMC: 80%**	**Met**	Yana Paulson (Pharm)/ Ann Phan (Pharm)	Annually: Sept '18	**MQSC: Oct 19**	**Intervention: MTM Vendor conducts outreach to member and /or provider to conduct review.**	**HPMS - Med Ops**	**Y**
Non-Recommended PSA-Based Screening in Older Men	**PSA**	**CMS**	**2018** Rates: CMC: 30.45%	**CMC: 30.31%**	**CMC: 40%**	**Not Met**	Carolina Coleman (QI)/ Grace Crofton (HEDIS) Keren Mahgerefteh (QI)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**No interventions at this time due to low priority b/c it is not a withhold measure.** **Q3:**QI Medicare WG was started to address this measure and other measures.		**Y**
Potentially Harmful Drug-Disease Interactions- Falls + tricyclic antidepressants, antipsychotics or sleep agents (Note lower rates signify better performance)*	**DDE1**	**A** **NCQA: Medicare**	**2017 Rates:** CMC: 39.88%	**CMC: 44.71%**	**CMC: 37%**	**Not Met**	Yana Paulson (Pharm)/ Janet Tsai (Pharm)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) for elderly CMC members taking TCAs, SSRIs, antianxiety medications, nonbenzodiazepine hypnotic medications Per NCQA Scoring Grid 9/6/18: 1986 members filled at least one HRM medication in 2018 Outlier threshold per Acumen: 15.37%		**Y**
Potentially Harmful Drug-Disease Interactions-Dementia + tricyclic antidepressants, anticholinergic agents* (Note lower rates signify better performance)	**DDE2**	**A** **NCQA: Medicare**	**2017 Rates:** CMC: 46.61%	**CMC: 52.50%** '	**CMC: 45%**	**Not Met**	Yana Paulson (Pharm)/ Janet Tsai (Pharm)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) for elderly CMC members taking TCA, anticholinergic antihistamines, benztropine/trihexyphenidyl, disopyramide, nonbenzodiazepine hypnotic medications Per the Aug 2018 Patient Safety Report (Antipsychotic Use in Persons with Dementia- APD), 7% of CMC members with Dementia identified with antipsychotic without psychotic disorder or related condition (display measure)		**Y**
Potentially Harmful Drug-Disease Interactions- Chronic Renal Failure + NSAIDS* (Note lower rates signify better performance)	**DDE3**	**A** **NCQA: Medicare**	**2017 Rates:** CMC: 20.37%	**CMC: 26.54%**	**CMC: 14%**	**Not Met**	Yana Paulson (Pharm)/ Janet Tsai (Pharm)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) identifying CMC members with potential CKD taking NSAIDs (e.g. IBU-200, Advil, Aleve, Anaprox, Ansiad, Arthrotec, Bayer, Cataflam, Celebrex, Clinoril, Combunox, Daypro, Diclofenac, etc.)		**Y**
Potentially Harmful Drug-Disease Interactions- Combination Rate* (Note lower rates signify better performance)	**DDE0**	**A** **NCQA: Medicare**	**2017 Rates:** CMC: 39.79%	**CMC: 45.14%**	**CMC: 39%**	**Not Met**	Yana Paulson (Pharm)/ Janet Tsai (Pharm)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) algorithm to include elderly CMC members who are taking various High Risk Medications		**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Use of High Risk Medication in the Elderly - one drug* (Note lower rates signify better performance)	**DAE1**	**A** **NCQA: Medicare**	**2017 Rates:** CMC: 13.47%	**CMC: 24.97%**	**CMC: 13%**	**Not Met**	Yana Paulson (Pharm)/ Janet Tsai (Pharm)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) algorithm to include elderly CMC members who are taking various High Risk Medications Per NCQA Scoring Grid 9/6/18: 1986 members filled at least one HRM medication in 2018 Formulary Change Notice mailers in development to address negative changes to formulary of high risk medications effective 1/1/19. On 12/12/18 , formulary change notice letters were distributed to identified providers informing them of the upcoming negative formulary changes, member(s) affected (936 unique members), as well as safer formulary alternatives. Goal is for providers to prescribe a safer formulary alternative prior to the next calendar year, and avoid incidences of members receiving a transition fill. Clinical Programs team has also started making calls to each of the mailed providers to verbally remind them of formulary changes, confirm receipt of the mailer, and supply a prescription fax form with retail pharmacy information populated.		**Y**
Use of High Risk Medication in the Elderly - two drugs* (Note lower rates signify better performance)	**DAE2**	**A** **NCQA: Medicare**	**2017 Rates:** CMC: 7.78%	**CMC: 12.42%**	**CMC: 7%**	**Not Met**	Yana Paulson (Pharm)/ Janet Tsai (Pharm)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) algorithm to include elderly CMC members who are taking various High Risk Medications Per NCQA Scoring Grid 9/6/18: 897 members filled at least two fills of HRM medication in 2018. Outlier threshold per Acumen: 15.37% Formulary Change Notice mailers in development to address negative changes to formulary of high risk medications effective 1/1/19. On 12/12/18 , formulary change notice letters were distributed to identified providers informing them of the upcoming negative formulary changes, member(s) affected (936 unique members), as well as safer formulary alternatives. Goal is for providers to prescribe a safer formulary alternative prior to the next calendar year, and avoid incidences of members receiving a transition fill. Clinical Programs team has also started making calls to each of the mailed providers to verbally remind them of formulary changes, confirm receipt of the mailer, and supply a prescription fax form with retail pharmacy information populated.		**Y**
Care for Older Adults- Advance Care Planning	**COA1**	**H**	**2017 Rates:** CMC: 39.17%	**CMC: 38.20%**	**CMC: 41%**	**Not Met**	Anna Kazaryan (MO)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**			**N**
Medication Reconciliation Post Discharge	**MRP**	**H** **EAS (MLTSS)**	**2017 Rates:** CMC: 23.15%	**CMC: 26.03%**	**CMC: 28%**	**Not Met**	Grace Crofton (HEDIS)/ Veronica Mones (MO)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**			**Y**
Emergency Department Utilization (New Measure for 2018)	**EDU**	**A** **NCQA: Medicare**	**New Measure in 2018**	**2018 HEDIS :** **Total Observed Rate:472.74** **Total Expected Rate: 463.09** **Ratio of Observed/Expected: 1.02 - needs to be 1 or under**	**Baseline**	**Not Met**	Grace Crofton (HEDIS)/ Bettsy Santana (QI)	Annual: Due June '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**PDSA-On going CMC PIP address ED use for a select population of people in the LTC sites**		**Y**
Medical Assistance With Smoking and Tobacco Use Cessation (Advising Smokers to Quit only) (Always, Usually, and Sometimes) **(CAHPS - Medicare)***			**2017 Rate:** CMC: 65.31%	**CMC: 39%**	**CMC: 69%**	**Not Met**	Jasmine Mines (QI)/ Veronica Mones (MO)/ Matilde Gonzalez-Flores (HECLS)/ Rae Starr (QPM)	Annual: Due Sept. '18	**QOC: Aug 13** **PICC & PQC: Oct 23**	**Member Intervention:** Mailer and calls to members self -identified as tobacco users.		**Y**
Quality of Life Survey - SF12 Mental Component Score **(HOS)** & Star C05	**MCS**	**Star** **Health Outcomes Survey (HOS)**	**Adjusted MCS score:** **49 (adj)** **(MY 2016)** **published June 2018**	**Not available**	**Final report for the cohort 19 is not available till summer 2019 to determine goal**	**NA**	Veronica Mones (MO)/ Anna Kazaryan (MO) Rae Starr (QPM)	Annually	**QOC Nov 29**			**Y**
Quality of Life Survey - SF12 Physical Component Score **(HOS)** & Star C04	**PCS**	**Star** **Health Outcomes Survey (HOS)**	**Adjusted PCS score: 36.6(adj)** **(MY 2016)** **published June 2018**	**Not available**	**Final report for the cohort 19 is not available till summer 2019 to determine goal**	**NA**	Veronica Mones (MO)/ Anna Kazaryan (MO) Rafael Amezcua (Medicare)/ Rae Starr (QPM)	Annually	**QOC Nov 29**			**Y**
Patient satisfaction - Coordination Care (**CAHPS - Medicare**) composite	**CAHPS**	**NCQA: Medicare**	**86.64% (MY 2016) [Usually+Always]**	**83% (MY 2018) [Usually+Always]**	**91%**	**Not Met**	Veronica Mones (MO)/ Anna Kazaryan (MO) Rafael Amezcua (Medicare)/ Rae Starr (QPM)	Annually	**QOC Nov 29**			**Y**
CAW6-Behavioral Health Shared Accountability Process Measure [For DY3 Only/The Gap closure target doesn't apply to this measure]			**100% (2016)**	**Rate Available Q1 2019**	**90% (Performance rate achieved by the highest scoring MMP minus ten percentage points)**	**NA**	Veronica Mones (MO)/ Anna Kazaryan (MO)	Annually	**QOC Nov 29**			**N**
CAW7-Behavioral Health Shared Accountability Outcome Measure [For DY2 through DY5]			**81.06 visits per 1000 member months (2016)**	**Rate Available Q1 2019**	**80 visits per 1000 member months (10% decrease in the performance rate for the measurement year compared to the performance rate for the baseline year 2015)**	**NA**	Veronica Mones (MO)/ Anna Kazaryan (MO)	Annually	**QOC Nov 29**			**Y**
CAW8-Documentation of Care Goals [For DY2 through DY5]			**91% (2016)**	**Rate Available Mar-2019**	**100%**		Veronica Mones (MO)/ Anna Kazaryan (MO)	Annually	**QOC Nov 29**			**Y**
CAW9-Interaction with Care Team [For DY2 through DY5]			**68% (2016)**	**Rate Available Mar-2019**	**83%**		Veronica Mones (MO)/ Anna Kazaryan (MO)	Annually	**QOC Nov 29**			**Y**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
Hospital Utilization												
Hospital Bed Days Per 1000 - Excluding OB delivery **(VIIP + P4P)**			**10% reduction in total bed days/K Target: 1260/K 2017: 1135.87/1000 (Q4 2016 - Q3 2017)**	**Q1 = 1,220.20 Q2 = 1,063.35 Q3 = 986.45 Q4 = 568.11** data subject to change as claims are processed	**1134/K**	**Q1: Not Met Q2: Currently Met Q3: Currently Met Q4: To early to evaluate**	Veronica Mones (MO)/ Anna Kazaryan (MO)	Quarterly	**QOC: Feb 22, May 22, Aug 13 Nov 29**	**Part of UM POR/GIC report.**		**Y**
Hospital Admissions - Excluding OB delivery **(VIIP + P4P)**			**Target: 220/K 2017: 223.87/1000(Q4 2016 - Q3 2017)**	**Q1 = 246.93 Q2 = 226.59 Q3 = 230.51 Q4 = 146.1** data subject to change as claims are processed	**220**	**Q1: Not Met Q2: Not Met Q3: Not Met Q4: To early to evaluate**	Veronica Mones (MO)/ Anna Kazaryan (MO)	Quarterly	**QOC: Feb 22, May 22, Aug 13 Nov 29**	**Henock: Part of UM POR/GIC report.**		**Y**
Hospital Average Length of Stay - Excluding OB delivery			**Target: 4.2/K 2017: 5.1/1000 (Q4 2016 - Q3 2017)**	**Q1 = 4.9 Q2 = 4.69 Q3 = 4.28 Q4 = 3.89** data subject to change as claims are processed	**4.2**	**Q1: Not Met Q2: Not Met Q3: Not Met Q4: To early to evaluate**	Veronica Mones (MO)/ Anna Kazaryan (MO)	Quarterly	**QOC: Feb 22, May 22, Aug 13 Nov 29**			**Y**
Readmissions Rates **(VIIP + P4P)**			**Target <11% 9.6%**	**0.72**	**< 1.00 (O/E) ratio.**	**Met**	Veronica Mones (MO)/ Anna Kazaryan (MO))	Annually	**QOC: Feb 22, May 22, Aug 13 Nov 29**	**Part of UM POR/GIC report.**		**Y**
Ambulatory Services												
Emergency Room Visits (VIIP + P4P)			**2017: 722.55**	**Q1 = 762.13 Q2 = 690.83 Q3 = 759.44 Q4 = 521.68** data subject to change as claims are processed	**650.3**	**Q1: Not Met Q2: Not Met Q3: Not Met Q4: To early to evaluate**	Veronica Monez (MO)/ Anna Kazaryan (MO)	Quarterly	**QOC: Feb 22, May 22, Aug 13 Nov 29**	**Part of UM POR/GIC report.**		**Y**
HRA Compliance Rate (Core 2.1) Completed HRAs/ (CMC Population who reached 90th day until the last day of the reporting period – Unable to Contact members – Members who declined)			**CMC Target: 90% 2017 Rate: 98.58%**	**Q1 = 99.66% Q2 = 99.83% Q3 = 99.87% Q4 = Not Available**	**90% of all Medicare enrollees within 90 days**	**Q1: Met Q2: Met Q3: Met Q4: NA**	Veronica Monez (MO)/ Anna Kazaryan (MO)/ Customer Solutions Center	Quarterly	**QOC: Feb 22, May 22, Aug 13 Nov 29**			**Y**
Administrative												
Annual Review of Policies & Procedures		**DHCS CMC**	**Rate 100%**	**100%**	100% Annual Review of P&Ps	**Met**	Each Department Head	Each QOC as needed and by specific committee reported to QOC	**QOC: Feb 22, May 22, Aug 13 Nov 29**	**Q1:** QI policy approved at QOC on Feb. 22, 2018 **Q3:** QI policy approved at QOC on Aug. 13, 2018 **Q4:** QI & QMP policies approved at QOC on Nov. 29, 2018		**Y**
Departmental Oversight Reporting Requirements		**DHCS CMC**			100% submission of timely delegate oversight reporting for each department		QI: Andrew Guy MS: Geoffrey Vitrano A&G: Lisa Marie Golden NAL: Christine Salary	**QOC& MSQC** quarterly	**QOC: Feb 22, May 22, Aug 13 Nov 29** **MSQC: Feb 12, April 9, July 10, Oct 9**	**Q1 :** Q4 2017 QI & CI delegation oversight reports approved at QOC Feb. 22, 2018. Q4 2017 Nurse Advice Line (NAL) approved at MSQC Feb 12, 2018. **Q2:** Q4 2017 Customer Solutions Center delegation oversight reports approved at MSQC April 9, 2018. Q1 2018 Customer Solution Center and NAL Delegation Oversight reports approved at MSQC 6/12/18. **Q3:** Q1 2018 Appeals & Grievances, and Q2 2018 NAL delegation oversight reports approved at MSQC Aug. 13, 2018. **Q4:** Q2 & Q3 2018 Customer Solutions Center delegation oversight report approved at MSQC Oct. 30, 2018. Q3 2018 NAL delegation oversight report approved at MSQC Dec. 10, 2018. **Q4:** QI delegates' reports are due January 25, 2019. Q3-Q4 QI delegation oversight report will be presented to QOC Feb 25, 2019.		**Y**
QI Program Description & Work Plan		**DHCS CMS NCQA Standard: Q1 Element A**	**NA**	**NA**	2018 QI Program Description & Work Plan approval	**NA**	Maria Casias (QI)	**QOC**: 2/22/18 **C & Q**: 3/15/18	**QOC: 2/22/18 C & Q: 3/15/18**	**Approved:** QOC - 2/22/18 **Approved**: C&Q - 3/15/18		**Y**
QI Evaluation		**DHCS CMS NCQA Standard: Q1 Element B**	**NA**	**NA**	2017 QI Evaluation approval	**NA**	Maria Casias (QI)	**QOC**: 2/22/18 **C & Q**: 3/15/18	**QOC: 2/22/18 C & Q: 3/15/18**	**Approved:** QOC - 2/22/18 **Approved**: C&Q - 3/15/18		**Y**
QI Work Plan Updates		**DHCS**	**NA**	**NA**	Review and Update of QI Work Plan	**NA**	Marla Lubert (QI)/ Maria Casias (QI)	Biannually/ Final attached to QI eval	**QOC: 8/13/18, 11/22/18**	**Q1 & Q2:** QOC - 8/13/18 **Q3:** QOC - 11/29/18 **Q4:** QOC- 2/25/19		**Y**
QI Reports to Board			**NA**	**NA**	Update Board (C&Q) on QI activities	**NA**	Richard Seidman (CMO)/ Katrina Miller (CMIE)/ Maria Casias (QI)	At least quarterly	**C & Q: 2/6/18, 3/15/18, 5/17/17, 8/16/18, 9/20/18, 11/15/18**	**Q1:** C&Q 2/6/18 & 3/15/18 **Q2:** C&Q 5/17/17 **Q3:** C&Q 8/16/18 & 9/20/18 **Q4:** C&Q 11/15/18		**Y**
UM Program Documents			**NA**	**NA**	Annual UM Program Description, UM Work Plan, & UM Evaluation	**NA**	David Kagan/ Alex Li	**QOC**: 2/22/18 **C & Q**: 3/15/18	**QOC: 2/22/18 C & Q: 3/15/18**	**Approved:** QOC - 2/22/18 **Approved**: C&Q - 3/15/18		**Y**
MMP Core Reporting			**NA**	**NA**	Reports submitted monthly	**NA**	John Rios/ Rosie Robinson-Thomas (Compliance)	**QOC** Quarterly, Bi-annually & Annually	**QOC: Feb 22, May 22, Aug 13 Nov 29**	**Q1 & Q2:** Reports (10) submitted on time. **Q3 & Q4 :** Reports (6) submitted on time .	**Core Reports Only documented.**	**N**

Performance Measures for Planned Activities for Objectives	HEDIS or Agency Acronym	Regulatory Agencies	2017 Rates	2018 Rates	2018 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2018 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for '19 Work Plan
CA State Reporting		**DHCS**	**NA**	**NA**	Reports submitted monthly to the state	**NA**	John Rios/ Rosie Robinson-Thomas (Compliance)	**QOC** Quarterly, Bi-annually & Annually	**QOC: Feb 22, May 22, Aug 13 Nov 29**	**Q1 & Q2:** Reports (17) submitted on time. **Q3 & Q4:** (22) submitted on time. (2) submitted late	**N/A**	**N**
Part C & D CMS Reporting		**CMS**	**NA**	**NA**	Complete and accurate collection, analysis, and reports of Part C & D data elements	**NA**	Marie Martin (MO)	**QOC** Quarterly, Bi-annually & Annually	**QOC: Feb 22, May 22, Aug 13 Nov 29**	**Q1:** 21 reports submitted **Q2:** 16 reports submitted **Q3:** 24 reports submitted **Q4:** 25 reports submitted		**N**