



L.A. Care
HEALTH PLAN®

For All of L.A.

Physician Pay-for-Performance (P4P) & Direct Network Pay-for-Performance (P4P) Programs



May 8, 2024



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Overview

- **Why P4P?**
- **Physician P4P Program**
 - *for Primary Care Physicians & Community Clinics**
 - *Medi-Cal only*
 - *L.A. Care Health Plan*
 - *Anthem Blue Cross*
 - *Blue Shield of California Promise Health Plan*
- **Direct Network P4P Program**
 - *for Primary Care Physicians & Community Clinics* directly contracted with L.A. Care*
 - *Medi-Cal only*
- **Proposition 56 Programs**
 - *Developmental Screenings*

*Federally Qualified Health Centers (FQHC) and FQHC Lookalikes



Why Pay-for-Performance (P4P)?

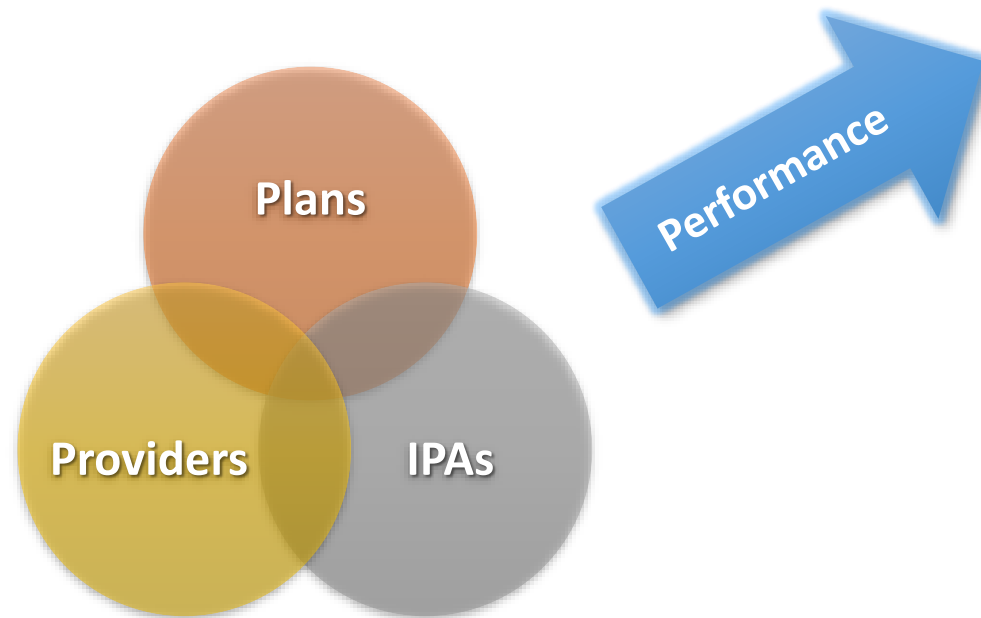
- **P4P is a platform for provider engagement & accountability**
 - Tool for meaningful performance measurement and progress reporting to support provider clinical quality efforts
 - National Medicaid HMO benchmarking (*new for 2024*)
 - Value-based revenue
- **P4P is one part of a complete QI solution**
 - P4P is an amplifier for other QI interventions
 - Fosters change in provider behavior and business practices
 - Helps identify reporting gaps



Analytic Framework

- **Meaningful and Actionable data**

- Variability in performance is the foundation of P4P
- Performance data is used to identify strengths, weaknesses, and improvement opportunities
- Meant to bridge the gaps between each level of the health delivery system



Provider Participation

- All **eligible** providers are automatically enrolled:
 - Ease of participation is important
 - No additional administrative burden
- Eligible providers receive performance scores and incentive payments for Medi-Cal members, including:



Physician P4P Eligibility

- **Eligibility Criteria:**
 - Primary Care Physicians with 250+ L.A. Care Medi-Cal members*
 - Clinics (i.e. FQHCs and FQHC Lookalikes) with 1,000+ L.A. Care Medi-Cal members*
- **Initial Eligibility** is determined at the beginning of the program year.
- **Final Eligibility** is confirmed at the end of the year and is based on either the physician-member assignment in December of the program year or the average physician-member assignment throughout the program year, whichever is greater.
- **Solos and Small Group Practices:** performance scores are calculated at the physician level – that is, each eligible primary care physician in a given practice is scored individually
- **Clinics** (i.e. FQHCs and FQHC Lookalikes): performance scores are calculated at the clinic organization level – that is, each clinic is scored on the combined performance of all clinic sites.

*includes Plan Partners (Anthem Blue Cross & Blue Shield of California Promise Health Plan)

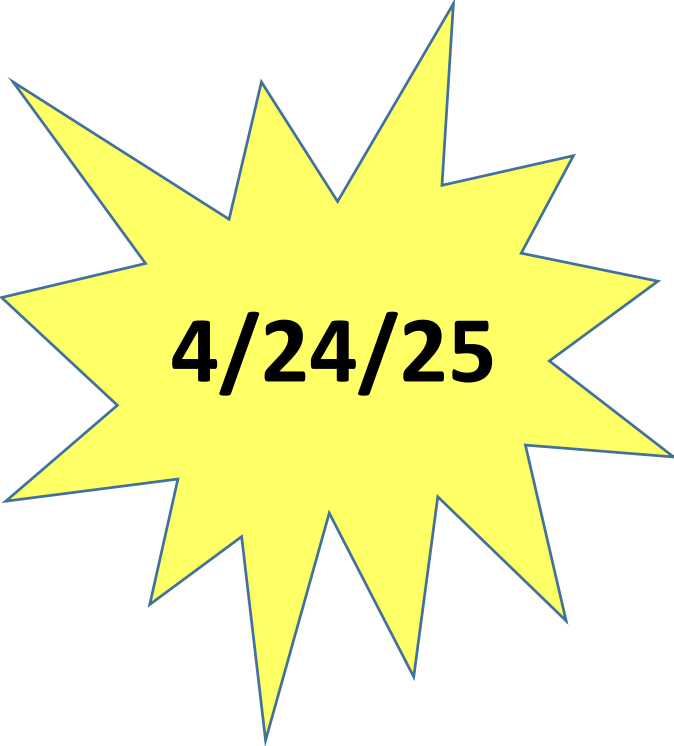


Data Submission

- Critical components of the programs:
 - Rendering needed services to members
 - Providing high quality care
 - Complete, timely, and accurate submission of data
- Providers should submit encounter data through their ***usual reporting channels*** for all services rendered to L.A. Care members. This data is the basis of performance scoring and is essential to success in P4P programs.
 - Scores and payments are based on administrative data.
 - Chart review and medical records review are **not included**



Data Deadline for Incentive Programs



4/24/25

- Data must be received by L.A. Care by this date to count towards incentives program(s) for MY 2024
- Must be submitted through your usual reporting channels



Tips and Reminders

- **California Immunization Registry (CAIR)**

- L.A. Care uses CAIR immunization data in calculating HEDIS rates which impacts P4P scores and payments.
 - <http://cairweb.org/>

- **W-9 Forms**

- L.A. Care needs **current** and **accurate** W-9 information in order to send the P4P payment(s).
- The address on the W-9 is the address to which the check(s) are sent.

- **L.A. Care Provider Portal**

- Solos, Clinics* and Direct Network Practices can register and access the L.A. Care Provider Portal to download the most recent Physician P4P and Direct Network P4P Program Descriptions, Provider Opportunity Reports (HEDIS & UM), Missing Vaccines Reports (CIS and IMA), and W30 Reports. Direct Network Providers can also download Capitated Claims Reports.

*New for 2024



Physician P4P Program: Overview

- P4P program for solo & small group Primary Care Physicians and community clinic organizations (Federally Qualified Health Centers (FQHCs) and FQHC Look-alikes).
- Eligible practices can receive *significant revenue above capitation* for outstanding performance and year-over-year improvement on multiple HEDIS, Utilization Management, Member Experience and Encounter measures.
- Payout for RY2023/MY2022 was **\$22.8 million** to more than **1,000** physicians, small group practices and community clinics.

MY2022 Payouts Per Member Per Month (PMPM)			
	Max	Median	Average
Solo / Small Group Practice	\$4.06	\$0.96	\$1.11
Clinics (FQHCs & Look-alikes)	\$2.72	\$0.98	\$1.03

- Measurement Year 2023 payments will be sent out in Q4 of 2024.
- Measurement Year 2024 is already underway
 - Be sure to utilize the Provider Opportunity Reports to close care gaps.
 - Use other reports to monitor performance and make improvements.



Direct Network P4P Program: Overview

- P4P program for solo and small group practices and community clinic organizations (FQHCs and FQHC Look-alikes) that are directly contracted with L.A. Care.
- Eligible practices can receive *significant revenue above capitation* for outstanding performance and year-over-year improvement on multiple HEDIS, Utilization Management, Member Experience, and Capitated Claims measures.
- Eligible providers are offered an opportunity to earn an incentive via 3 different methods:
 - Automatic enrollment in Physician P4P program
 - Direct Network P4P program
 - Group performance (LAAV) in Medi-Cal VIIP program
- Payout for MY2022 was more than **\$400,000** to over **75** physicians, small group practices and community clinics.

MY2022 Payouts Per Member Per Month (PMPM)			
	Max	Median	Average
Direct Network Providers	\$2.78	\$0.87	\$0.99

- Budget for MY2024 is approximately \$500,000 with MY 2024 payments going out in Q4 of 2025.
- MY 2023 payments and reports will be distributed in Q4 of 2024.



What's New in 2024?

PROGRAM CHANGES

- **Benchmark Changes:**

- Beginning with the MY 2024 Physician P4P Program, the National Committee for Quality Assurance (NCQA) Quality Compass© National Medicaid HMO 50th and 95th percentiles will replace peer threshold and benchmark values.

- **Domain Changes:**

- The Encounters domain is now a payment domain*
- Domain weights have been updated:
 - HEDIS = 50%
 - Member Experience = 20%
 - Utilization Management = 15%
 - Encounters/Capitated Claims = 15%
- The following measures are now tracked in the HEDIS domain (previously tracked in the Utilization Management domain):
 - Follow-Up After Emergency Department (ED) Visit for Substance Use (FUA):
Follow-Up Within 30 Days of ED Visit (Total)
 - Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM):
Follow-Up Within 30 Days of ED Visit

*Physician P4P only



What's New in 2024? Measure Changes

PAYMENT MEASURES REMOVED

HEDIS

- Asthma Medication Ratio: Ages 5-64

Member Experience

- Adult Care Coordination
- Adult Office Staff
- Adult Rating of All Health Care Combined
- Adult Rating of PCP
- Child Office Staff
- Child Rating of All Health Care Combined
- Child Rating of PCP

Utilization Management

- Emergency Department Utilization



What's New in 2024? Measure Changes

PAYMENT MEASURES ADDED

HEDIS

- Developmental Screenings in the First Three Years of Life (DEV)
- Follow-Up After Emergency Department Visit for Substance Use (FUA):
Follow-Up Within 30 Days of ED Visit (Total)
- Topical Fluoride for Children (TFL-CH)

Utilization Management

- Avoidable Emergency Department Utilization

Encounters/Capitated Claims

- Health Information Exchange (HIE)*
- Initial Health Assessment (IHA)
- Social Determinants of Health (SDoH)

Member Experience

- Adult Informed**

*Physician P4P only

**Direct Network P4P only



Measures List Selection: Performance Domains

- **HEDIS:** Healthcare Effectiveness Data and Information Set
 - Developed and overseen by the National Committee for Quality Assurance (NCQA)
 - Scores are derived from administrative data
- **Member Experience**
 - Scores are derived from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician & Group survey
- **Utilization Management**
 - Scores are derived from HEDIS, encounter and claims data
- **Capitated Claims***
 - Capitated Claims scores* are derived from L.A. Care's claims databases for accepted^ or eligible^^ capitated claims
 - Pharmacy and dental claims are not included

*Direct Network P4P only

^applies to Claims Volume

^^applies to Claims Timeliness




Measure Crosswalk: HEDIS

Chronic Care Services

Measures	Physician P4P	Direct Network P4P
Controlling High Blood Pressure	●	●
Glycemic Status Assessment for Patients with Diabetes- Glycemic Status \leq 9.0%*	●	●

*The official NCQA measure is Glycemic Status Assessment for Patients with Diabetes (GSD) – Glycemic Status > 9.0%. L.A. Care revised the measure so that higher rates correspond to better performance.

 Double-weighted




Measure Crosswalk: HEDIS

Pediatric Services

Measures	Physician P4P	Direct Network P4P
Child & Adolescent Well-Care Visits	●	●
Childhood Immunization Status- Combination 10	●	●
Developmental Screenings in the First Three Years of Life*	●	●
Immunizations for Adolescents- Combination 2	●	●
Lead Screening in Children	●	●
Topical Fluoride for Children	●	●
Well Child Visits in the First 30 Months of Life- First 15 Months	●	●
Well Child Visits in the First 30 Months of Life- Age 15-30 Months	●	●

*Also incentivized by DHCS for Prop. 56


 Double- weighted



Measure Crosswalk: HEDIS

Women's Health Services

Measures	Physician P4P	Direct Network P4P
Breast Cancer Screening- ECDS	●	●
Cervical Cancer Screening	●	●
Prenatal & Postpartum Care- Postpartum Care	●	●
Prenatal & Postpartum Care- Timeliness of Prenatal Care	●	●


 Double- weighted



Measure Crosswalk: HEDIS

Behavioral Health Services

Measures	Physician P4P	Direct Network P4P
Depression Screening and Follow-Up- Depression Screening	●	●
Follow-Up After Emergency Department (ED) Visit for Mental Illness- Follow-Up Within 30 Days of ED Visit	●	●
Follow-Up After Emergency Department (ED) Visit for Substance Use- Follow-Up Within 30 Days of ED Visit	●	●

 Double- weighted



Measure Crosswalk: Member Experience

Measures	Physician P4P	Direct Network P4P
Adult Informed		●
Adult Getting Needed Care	●	●
Adult Timely Care and Service	●	●
Child Getting Needed Care	●	●
Child Timely Care and Service	●	●




Measure Crosswalk: Utilization Management

Measures	Physician P4P	Direct Network P4P
Acute Hospitalization Utilization	●	●
Avoidable Emergency Department Utilization	●	●
Plan All-Cause Readmission	●	●



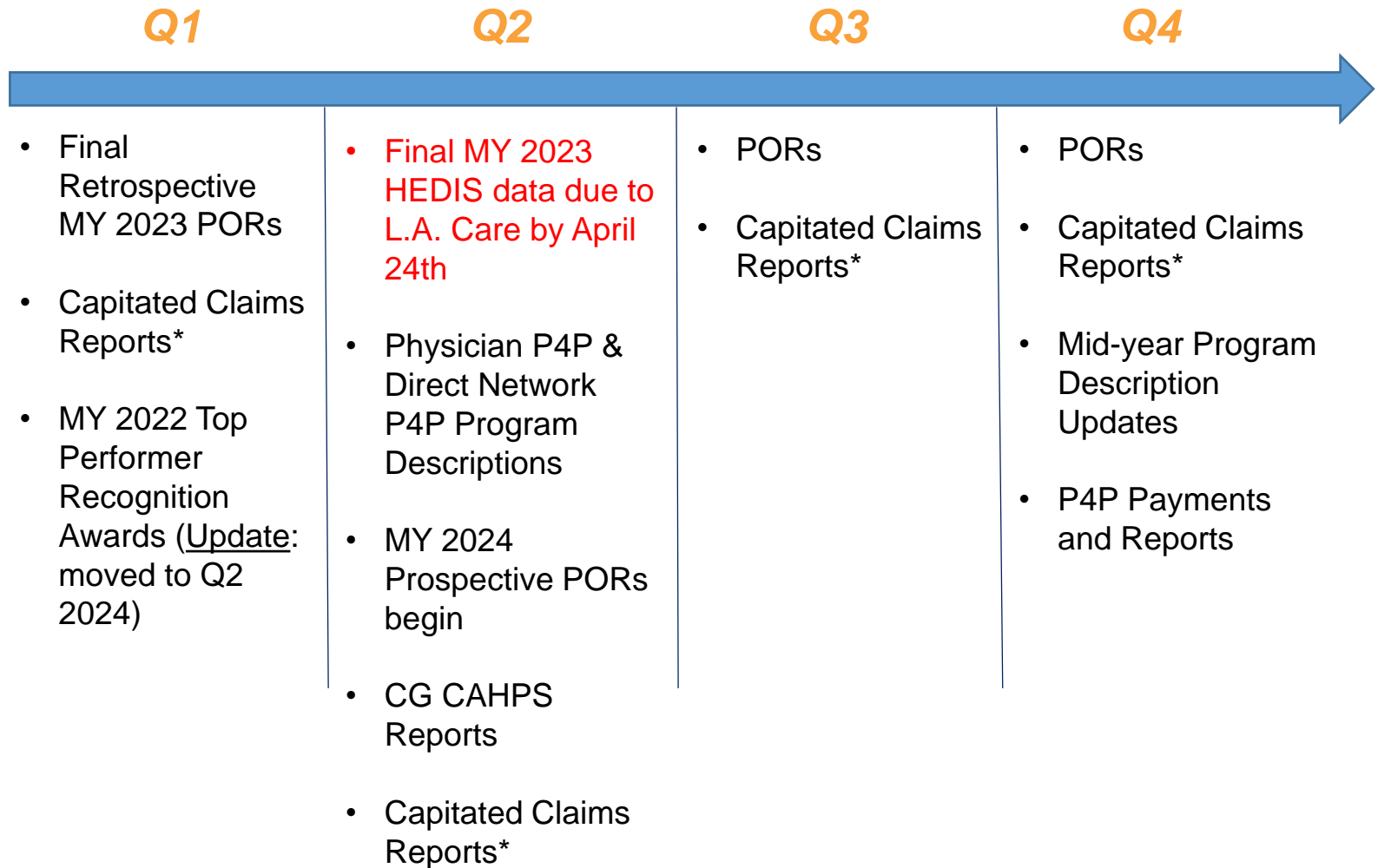
Measure Crosswalk: Encounters/Capitated Claims

Measures	Physician P4P	Direct Network P4P
Claims Timeliness		●
Claims Volume		●
Health Information Exchange	●	
Initial Health Appointment	●	●
Social Determinants of Health	●	●

 Double- weighted



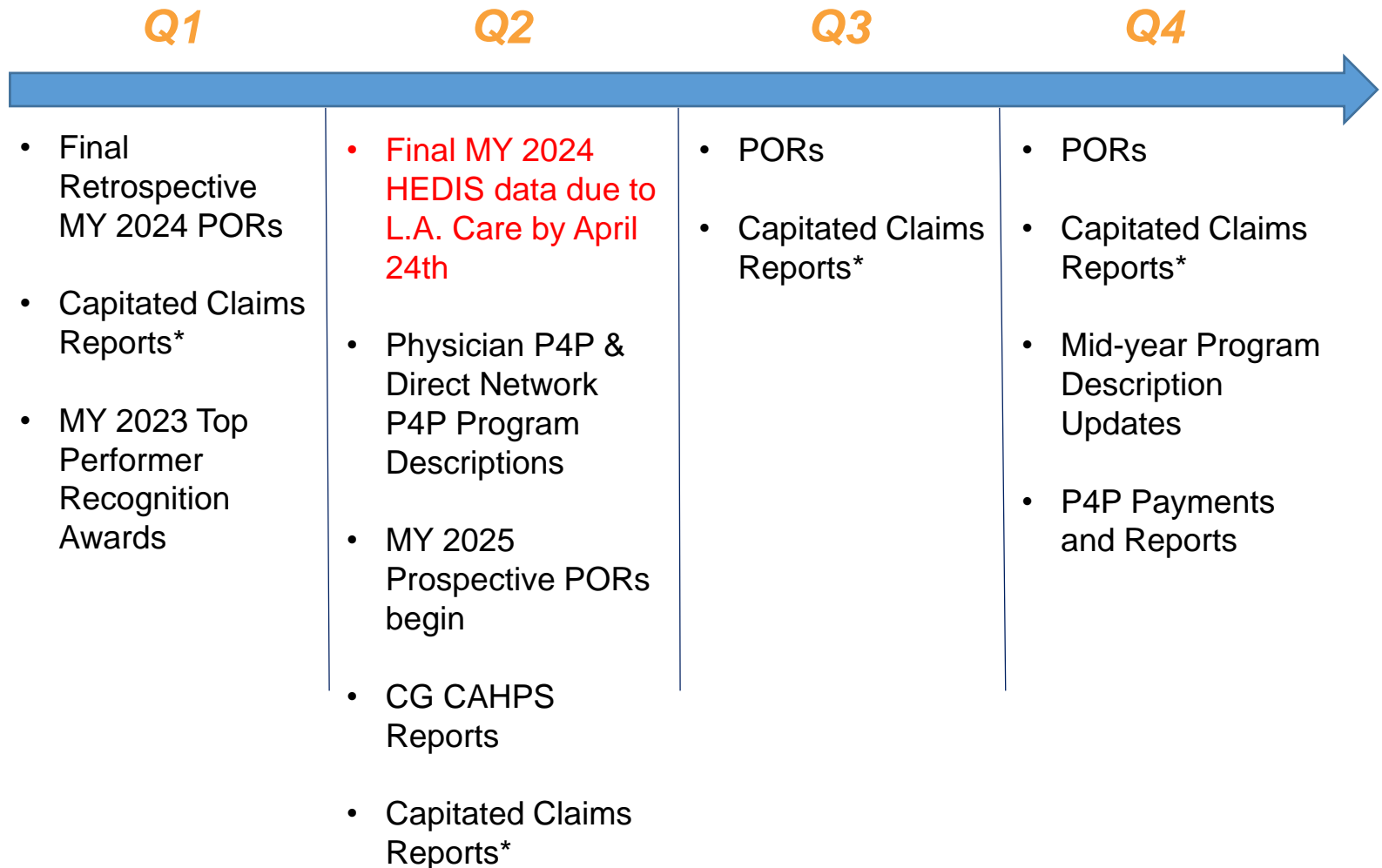
Measurement Year 2024 Timeline*



*Direct Network providers only



Measurement Year 2025 Timeline



*Direct Network providers only



Poll Question 1





L.A. Care
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Scoring & Reporting



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

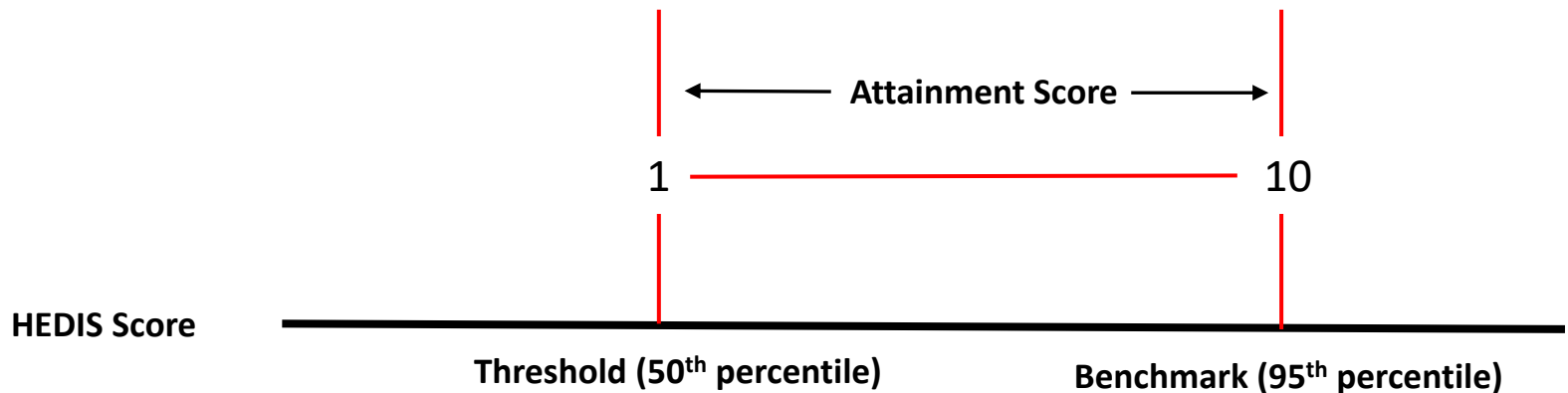
Scoring Methodology

- Eligible providers receive an ***attainment*** score and an ***improvement*** score for each performance measure.
- The ***better of the two scores*** becomes the provider's ***incentive score*** for each measure.
- This ensures that high performers receive high scores, and that other providers demonstrating improvement also score well.



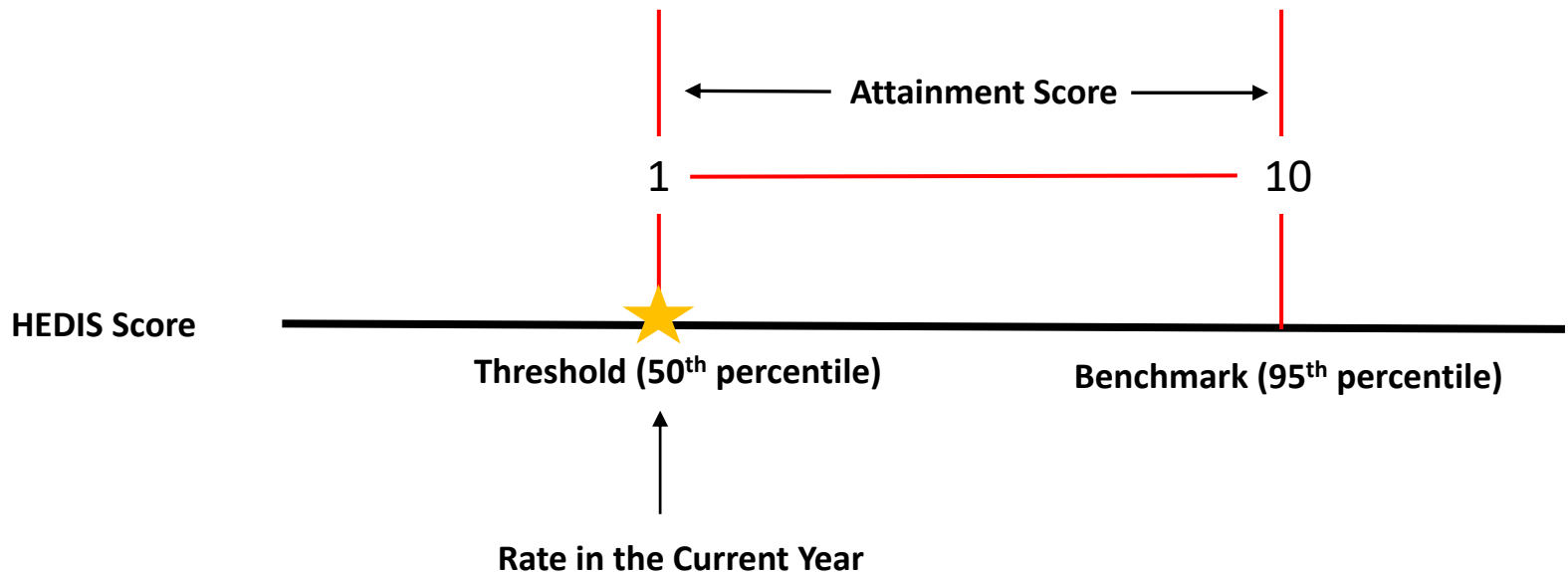
Scoring: Attainment

- **Attainment** reflects a provider's performance in the program year relative to the NCQA Quality Compass National Medicaid HMO 50th and 95th percentiles for each measure, and is scored on a scale of 1-10 points (10 points = best).



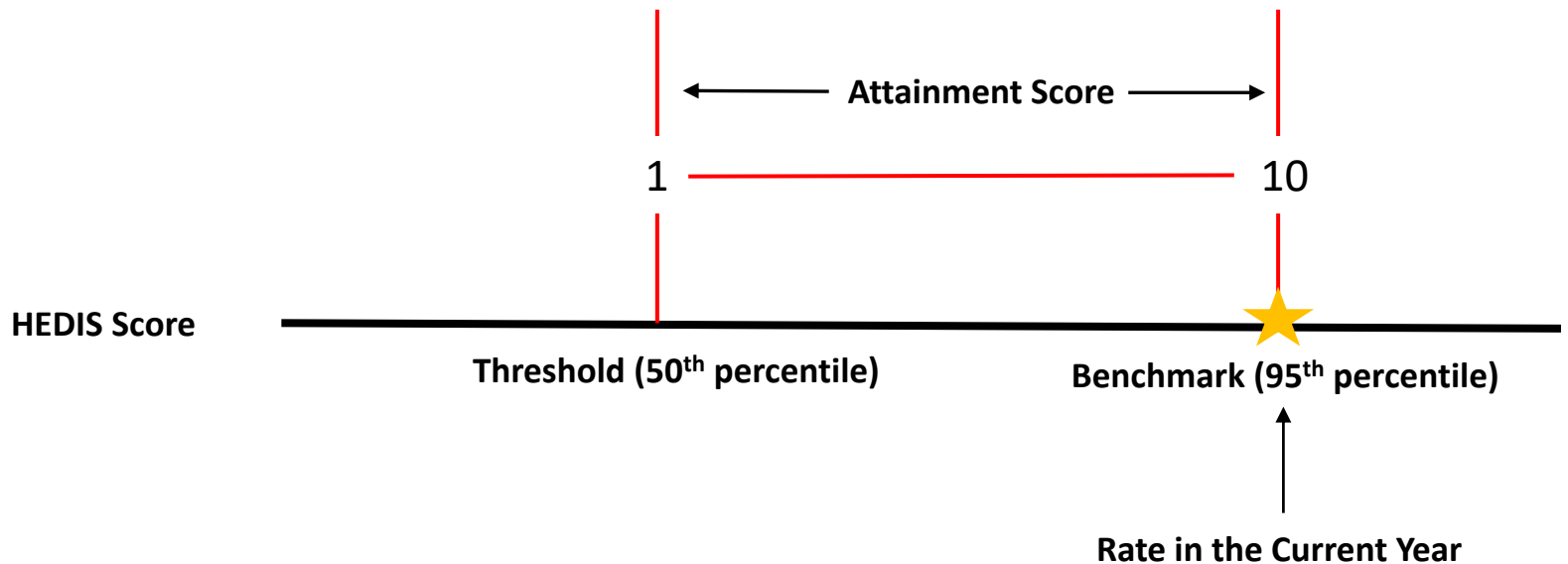
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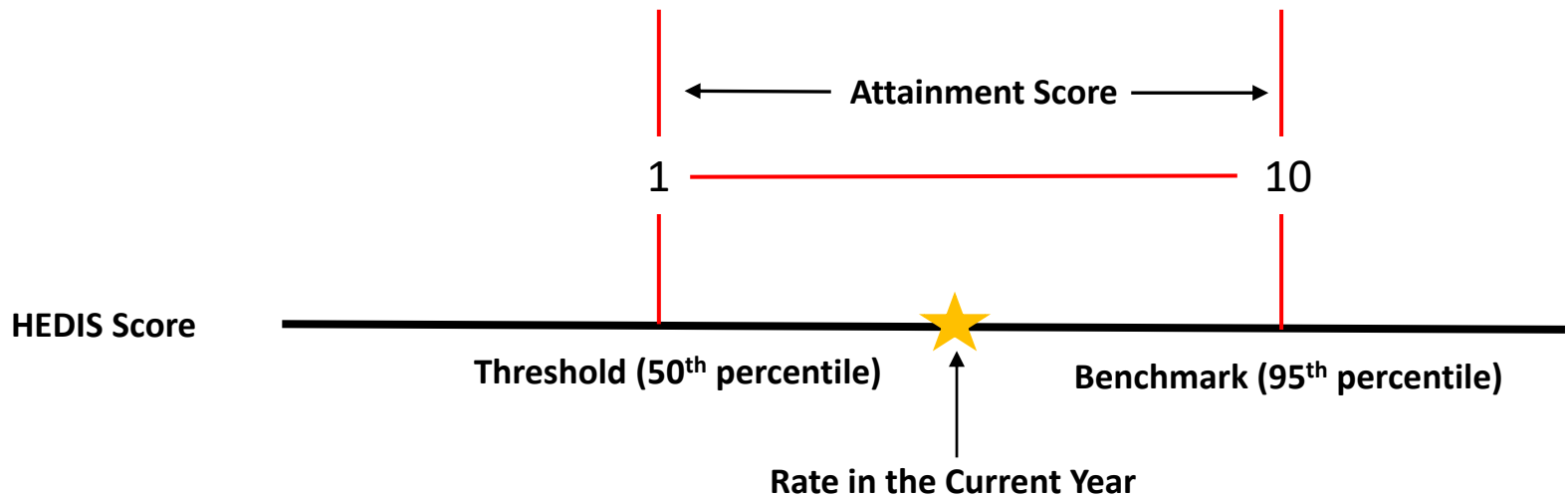
Scoring: Attainment

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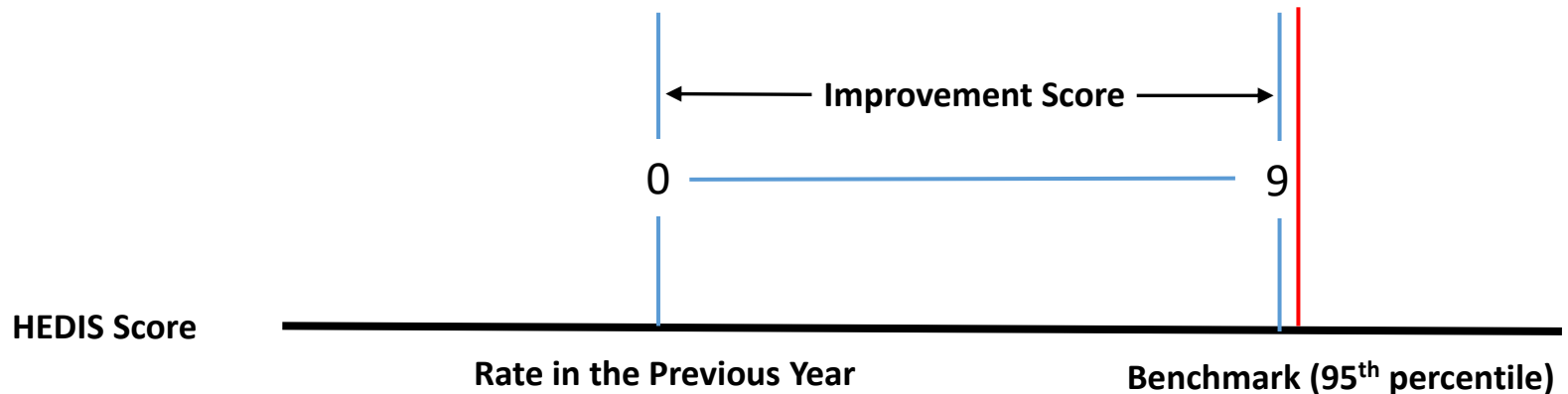
Scoring: Attainment

- **Attainment** reflects a provider's performance in the program year relative to the NCQA Quality Compass National Medicaid HMO 50th and 95th percentiles for each measure, and is scored on a scale of 1-10 points (10 points = best).



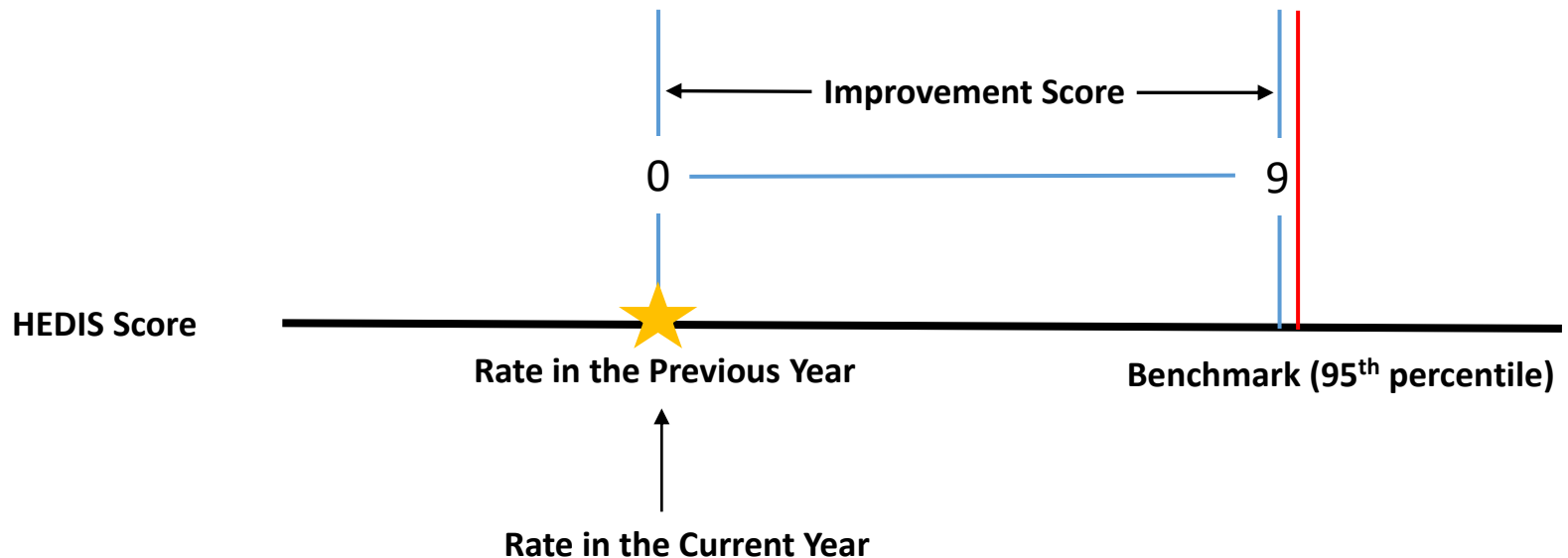
Scoring: Improvement

- **Improvement** reflects provider's performance in the program year compared to performance one year prior. Improvement is scored on a scale of 0-9 points.



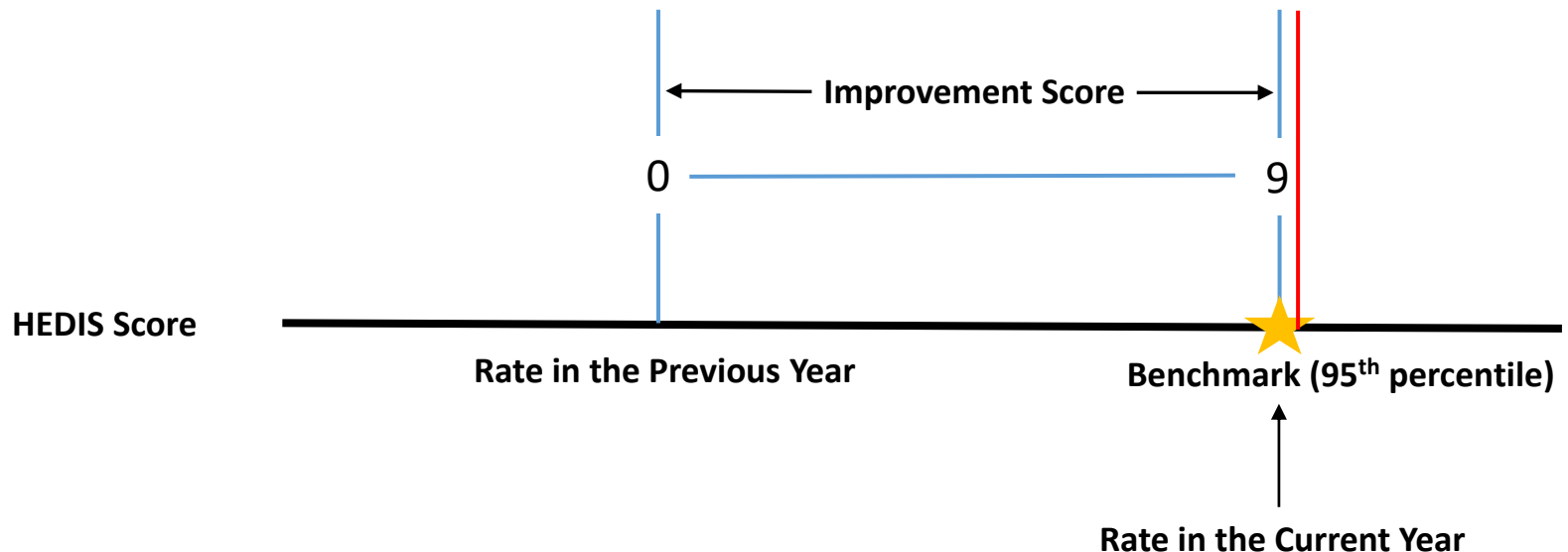
Scoring: Improvement

- **Improvement** reflects provider's performance in the program year compared to performance one year prior. Improvement is scored on a scale of 0-9 points.



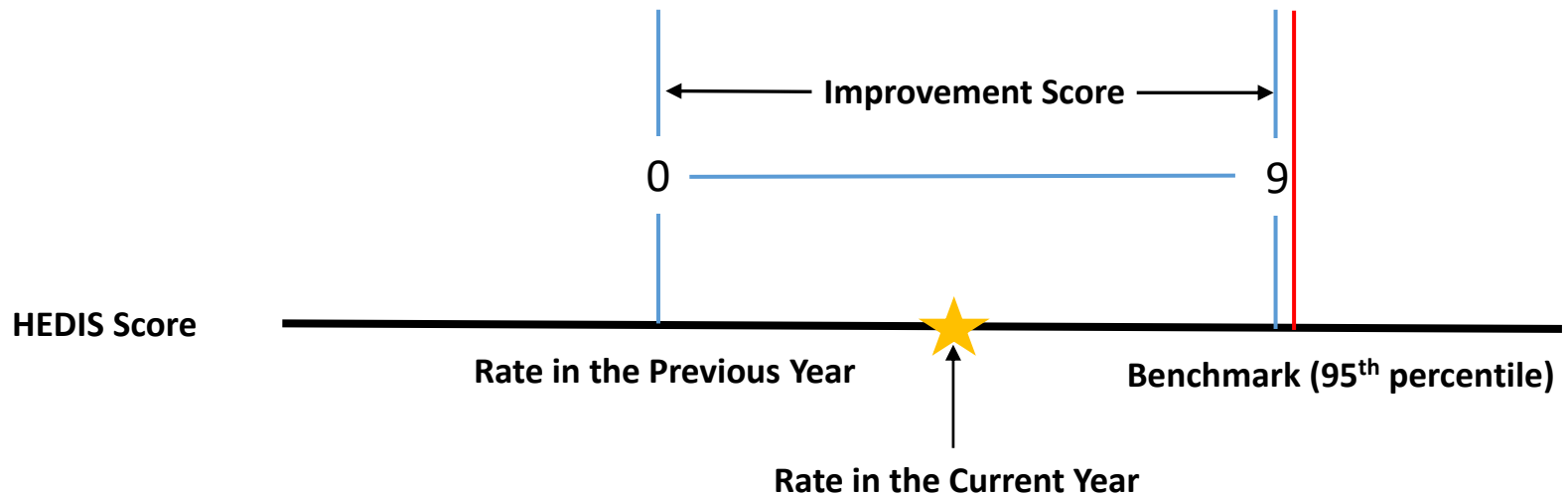
Scoring: Improvement

- **Improvement** reflects provider's performance in the program year compared to performance one year prior. Improvement is scored on a scale of 0-9 points.



Scoring: Improvement

- **Improvement** reflects provider's performance in the program year compared to performance one year prior. Improvement is scored on a scale of 0-9 points.



Incentive Score Calculations

- For scoring reliability, providers are only scored on measures for which they hold sufficient membership; **providers are not penalized for having too few members to be scored in a measure.**
 - To receive an **attainment score**, a provider must have **at least 10 members** in the measure's eligible population.
 - To receive an **improvement score**, a provider must have **at least 10 members** in the measure's eligible population for two consecutive years.
 - The better of the two scores becomes the provider's **incentive score** for each measure.
- Incentive scores for individual measures are aggregated so that each provider receives an overall **performance score** each year.
 - This performance score is an un-weighted average of a provider's measure-specific incentive score, and is expressed as a percentage.
 - The performance score can be interpreted *as the proportion of possible incentive points that was achieved.*
- **A provider must have at least three scored measures in one of the payment domains to receive an overall performance score (and therefore an incentive payment).**



Physician P4P Program - Clinic Payment Report

January 1 - December 31, 2022



MEDI-CAL PERFORMANCE SCORING	HEDIS Payment Measures (Higher rates are better)	HEDIS Hits	Eligible Population	2022 Rate	Incentive Scoring Threshold*	Incentive Scoring Benchmark**	Prior Year Rate	Attainment Score***	Improvement Score****	Incentive Score*****
	Asthma Medication Ratio- Ages 5-64	37	53	69.81%	62.68%	91.33%	74.65%	3	0	3
	Breast Cancer Screening	544	794	68.51%	51.43%	75.81%	67.42%	7	1	7
	Cervical Cancer Screening†	1,863	3,145	59.24%	52.57%	71.43%	64.89%	4	0	4
	Child and Adolescent Well-Care Visits†	1,416	2,522	56.15%	37.70%	70.36%	56.82%	6	0	6
	Childhood Immunization Status - Combo 10†	60	101	59.41%	17.65%	56.84%	59.74%	10	0	10
	Chlamydia Screening in Women	210	305	68.85%	64.71%	86.69%	67.30%	2	0	2
	Comprehensive Diabetes Care - A1c Control (<=9%)†	400	583	68.61%	53.33%	79.95%	69.74%	6	0	6
	Controlling High Blood Pressure†	461	756	60.98%	24.04%	74.71%	55.25%	7	2	7
	Immunizations for Adolescents - Combo 2	59	110	53.64%	31.58%	64.48%	55.13%	7	0	7
	Prenatal and Postpartum Care - Postpartum Care	58	71	81.69%	63.16%	88.10%	80.60%	7	1	7
	Prenatal and Postpartum Care - Timeliness of Prenatal Care†	60	71	84.51%	76.47%	92.31%	89.55%	5	0	5
	Weight Assessment and Counseling for Nutrition and Physical Acti	1,268	1,426	88.92%	56.20%	91.81%	83.94%	9	6	9
	Well-Child Visits in the First 15 months of Life	30	44	68.18%	32.14%	64.26%	39.29%	10	9	10
	Well-Child Visits in the First 30 months of Life	87	105	82.86%	62.03%	87.44%	71.26%	8	7	8

† Double-Weighted Measure

Sum of Incentive Scores:	129
Count of Scored Measures x 10:	200
HEDIS PERFORMANCE SCORE:	64.50%

* Thresholds are set at the 50th percentile (median) of L.A. Care's physician-level HEDIS distribution in the prior program year.

** Benchmarks are set at the 95th percentile of L.A. Care's HEDIS distribution in the prior program year.

*** Attainment score reflects your performance in the program year. It is scored 0-10 points, reflecting linear distance between threshold and benchmark values (must be at/above threshold to get attainment score > 0).

**** Improvement score reflects your performance in the program year compared to one year prior. It is scored 0-9 points (current performance must be greater than prior year to get improvement score > 0).

***** The better of the attainment and improvement scores becomes the incentive score for each measure. Incentive scores are calculated for measures with at least 10 eligible members.



Physician P4P Program - Clinic Payment Report

January 1 - December 31, 2022



INCENTIVE PAYMENT CALCULATION

64.50%	X	15,237	=	9,828	X	\$48.76	=	\$479,213.28
HEDIS Performance Score		Program Year Medi-Cal Membership		Member Points		Dollar Value / Member Point		FINAL INCENTIVE PAYMENT

PEER GROUP COMPARISON

64.50%

Your Performance Score

\$2.62

Your PMPM EQUIVALENT

2.86%	Clinic Group Peer Group Minimum	\$0.12
23.58%	Clinic Group Peer Group Median	\$0.96
67.00%	Clinic Group Peer Group Maximum	\$2.72
	Your Peer Group Percentile Ranking	97

* Thresholds are set at the 50th percentile (median) of L.A. Care's physician-level HEDIS distribution in the prior program year.

** Benchmarks are set at the 95th percentile of L.A. Care's HEDIS distribution in the prior program year.

*** Attainment score reflects your performance in the program year. It is scored 0-10 points, reflecting linear distance between threshold and benchmark values (must be at/above threshold to get attainment score > 0).

**** Improvement score reflects your performance in the program year compared to one year prior. It is scored 0-9 points (current performance must be greater than prior year to get improvement score > 0).

***** The better of the attainment and improvement scores becomes the incentive score for each measure. Incentive scores are calculated for measures with at least 10 eligible members.



Poll Question 2



2024 Report Schedule

- **Provider Opportunity Reports (PORs)**
 - PORs (HEDIS) are distributed monthly.
 - PORs include administrative and supplemental data.
 - There are 2 files: a Summary report* and Member details*
 - Avoidable Hospital Utilization and Plan All-Cause Readmission will now be reported in the HEDIS POR
 - UM POR has been discontinued beginning in 2024**
- **Capitated Claims Reports*****
 - Distributed quarterly
 - Shows Claims Volume and Timeliness Data
- **CG-CAHPS Reports**
 - Distributed annually during the late Spring to Summer
 - Three reports are created: Summary, Banner, and Full
 - Solo providers only receive Summary reports

**New for 2024 – the Summary Report and Member Details are separate reports*

***New UM Report will be available mid-year for Avoidable Emergency Department Utilization*

****Direct Network only*



Provider Opportunity Report: Summary

Sample_Clinic_Medi-Cal_Summary_2024 - Excel Naomi Lim

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A1 A0000000_SEATTLE GRACE COMMUNITY CLINIC

	A	B	C	D	E	F	G	H	I	J
1	A0000000_SEATTLE GRACE COMMUNITY CLINIC									
2	Base Measure	Measure	Total Eligible	Met	Not Met	Rate(%)	P4P Threshold	Threshold # Hits to Meet	P4P Benchmark	Benchmark # Hits to Meet
3	Childhood Immunization Status (CIS)	Childhood Immunization Status (CIS) - Combo 10***	12	4	8	33.33	18.92%	MET	58.52%	4
4	Well-Child Visits in the First 30 Months of Life (W30)	Well Child Visits in the First 30 Months of Life (W30) - First 15 Months: 6 or more well-child visits***	13	2	11	15.38	38.08%	3	70.11%	8
5	Well-Child Visits in the First 30 Months of Life (W30)	Well Child Visits in the First 30 Months of Life (W30) - Age 15 Months-30 Months: 2 or more well-child visits***	11	7	4	63.64	66.67%	1	90.05%	3
6	Developmental Screening in the First Three Years of Life	Developmental Screening in the First Three Years of Life (DEV) - Total	39	14	25	35.90	N/A	N/A	N/A	N/A



Provider Opportunity Report: Member Details

Sample_Clinic_2024_DETAIL - Excel

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	A	B	C	D	E	F	G	H	I	J	K	L
	LOB	PCP License	PCP Name	Provider Phone No.	Provider Address	Plan Code	Plan Member ID	Mbr Name	DOB	Gender	Race	Ethnicity
2	Medi_Cal	A012345	GREY, MEREDITH	(323) 123-4567	123 N. MAIN ST LOS ANGELES, CA 90000	MCLA	98765432E	RODRIGUEZ, MARIA	09-29-1970	F	White	Unknown ethnicity
3	LACC	A012345	GREY, MEREDITH	(323) 123-4567	123 N. MAIN ST LOS ANGELES, CA 90000	MCLA	87654321D	RUIZ, JOSE	10-14-1964	F	White	Hispanic or Latino
4	Medi_Cal	A012345	GREY, MEREDITH	(323) 123-4567	123 N. MAIN ST LOS ANGELES, CA 90000	MCLA	123455678D	LEE, GRACE	11-18-1961	F	Asian	Unknown ethnicity
5	Medi_Cal	A012345	GREY, MEREDITH	(323) 123-4567	123 N. MAIN ST LOS ANGELES, CA 90000	BCSC	234567890E	SMITH, PHILIP	02-16-1957	F	Black or African American	Hispanic or Latino
6	Medi_Cal	A012345	GREY, MEREDITH	(323) 123-4567	123 N. MAIN ST LOS ANGELES, CA 90000	CFST	567890123A	CHEN, JENNIFER	06-17-1969	F	Asian	Hispanic or Latino
7	Medi_Cal	A012345	GREY, MEREDITH	(323) 123-4567	123 N. MAIN ST LOS ANGELES, CA 90000	BCSC	012345678A	TAYLOR, SAMUEL	07-31-1961	F	White	Hispanic or Latino
8	Medi_Cal	A67890	YANG, CRISTINA	(323) 123-4567	123 N. MAIN ST LOS ANGELES, CA 90000	BCSC	345678912B	ORTIZ, JORGE	05-20-2005	M	White	Unknown ethnicity
9	Medi_Cal	A67890	YANG, CRISTINA	(323) 123-4567	123 N. MAIN ST LOS ANGELES, CA 90000	CFST	888888888G	WILLIAMS, RITA	09-04-2024	F	Black or African American	Unknown ethnicity
10												
11												
12												



Capitated Claims Reports*

MY 2023 Direct Network P4P
Quarterly Capitated Claims Report

Q4



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QUARTER	Reporting Period	Total Claims Count*	Your Score**	Targets***				
				Below Threshold	Timeliness and Volume Threshold	Timeliness and Volume Benchmark		
Timeliness	2023 Q1	219	93.19%			92.41%		97.81%
Timeliness	2023 Q2	80	85.11%			92.41%		97.81%
Timeliness	2023 Q3	116	91.34%			92.41%		97.81%
Timeliness	2023 Q4	96	96.97%			92.41%		97.81%
VOLUME	2023 Q1	238	.65			2.75		4.79
VOLUME	2023 Q2	78	.21			2.75		4.79
VOLUME	2023 Q3	116	.29			2.75		4.79
VOLUME	2023 Q4	118	.29			2.75		4.79

ROLLING	Reporting Period	Total Claims Count*	Your Score**	Targets***				
				Below Threshold	Timeliness and Volume Threshold	Timeliness and Volume Benchmark		
Timeliness	OCT'22-SEP'23	612	93.58%			92.41%		97.81%
VOLUME	OCT'22-SEP'23	663	.44			2.75		4.79

*Direct Network providers only



CG-CAHPS Summary Report



L.A. CARE HEALTH PLAN - 2022 LA CARE CG-CAHPS Summary Results (Measurement Year 2022) - ADULT

The following table displays your performance on the L.A. CARE 2022 Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey of your L.A. Care patients. Patients who had visits with you in the past twelve months were surveyed. The display shows your score on each of the CG-CAHPS measures. The percentiles are based on your ranking among the individual providers measured in L.A. Care's 2022 CG-CAHPS survey. All scores reflect "top box scoring" (percentage of respondents selecting the most favorable response for a particular question). To level the playing field, the results are case-mix adjusted to account for demographics and other factors outside of the providers' control within the patient populations that they serve.

Percentile key: 0-25th 25th-50th 50-75th 75th-100th

Measure*	Question	2022 Results			Trending		Projectwide Results	
		Your Score	Number of Responses	Percentile†	2021 Score	2022 Change in Score	Provider Average	90th Percentile
Overall Ratings of Care								
Overall rating of provider	Q19	80.3% ▲	78	95	78.7%	1.5%	59.5%	73.7%
Overall rating of provider - Primary Care	Q19	80.3% ▲	78	95	78.7%	1.5%	59.5%	73.7%
Overall rating of provider - Specialists	Q19	--	0	--	--	--	--	--
Overall rating of all health care	Q37	66.1%	75	74	64.3%	1.8%	61.5%	70.5%
Timely Care and Service								
Composite Score	Q6, Q8, & Q10	32.9% ▼	69	9	46.5%	-13.6%	48.6%	64.8%
Appointment for care needed right away	Q6	29.4% ▼	44	5	--	--	46.6%	73.5%
Appointment for routine care	Q8	36.0% ▼	59	9	--	--	50.4%	68.7%
Same day response to phone question	Q10	33.6% ▼	42	11	--	--	50.4%	65.3%
Composite Score - Primary Care	Q6, Q8, & Q10	32.9% ▼	69	9	46.5%	-13.6%	48.6%	64.8%
Appointment for care needed right away - Primary Care	Q6	29.4% ▼	44	5	--	--	46.6%	73.5%
Appointment for routine care - Primary Care	Q8	36.0% ▼	59	9	--	--	50.4%	68.7%
Same day response to phone question - Primary Care	Q10	33.6% ▼	42	11	--	--	50.4%	65.3%
Getting Needed Care								
Composite Score	Q34 & Q35	49.8%	69	43	50.7%	-0.9%	51.5%	61.2%
Easy to get care, tests, or treatment	Q34	50.3%	64	29	60.6%	-10.3%	55.5%	67.8%
Specialist appt. as soon as needed	Q35	49.0%	59	63	--	--	46.1%	56.1%
Doctor-Patient Interactions								
Composite Score	Q12, Q13, Q15, & Q16	82.0% ▲	80	95	81.1%	0.9%	66.1%	78.7%
Provider explanations understandable	Q12	81.3% ▲	79	95	79.6%	1.7%	65.3%	79.9%
Provider listens carefully	Q13	83.7% ▲	79	95	83.5%	0.3%	68.1%	80.5%
Provider shows respect	Q15	89.1% ▲	79	95	89.8%	-0.7%	74.3%	85.5%
Provider spends enough time	Q16	72.7% ▲	79	93	72.5%	0.2%	57.3%	70.4%

* All measures are scored using responses from both the primary care and specialist survey types unless otherwise noted.

▲/▼ Statistically significantly better (▲) or worse (▼) than the Projectwide Average at the 95% confidence level.

-- Too few respondents (<30) to report score.

† The percentile cut points are based on providers that had sufficient responses to be reported (n ≥ 30).

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PROVIDER



Performance Improvement Resources

HEDIS

RESOURCE	ELIGIBILITY	MORE INFO
HEDIS Resources: HEDIS Guides with codes, Chart submission requirements, etc.		https://www.lacare.org/providers/tools/hedis-resources
Cozeva	Network providers*+	Cozeva@lacare.org
Transform LA: Technical Assistance program providing on-site and virtual coaching to build quality improvement capacity	Direct Network primary care providers using electronic health records (EHR) <u>only</u>	TransformLA@lacare.org

*Network providers include all providers contracted or sub-contracted with L.A. Care, including Medi-Cal providers contracted with Anthem Blue Cross and Blue Shield Promise of California Health Plan

+Providers should first check with their IPAs to determine if they can obtain access to Cozeva through their IPAs.



Performance Improvement Resources

MEMBER EXPERIENCE

RESOURCE	ELIGIBILITY	MORE INFO
CG CAHPS Survey Webinar	Network providers*	Quality@lacare.org
L.A. Care-SullivanLuallin Group Patient Experience Online Training Series for Clinicians, Managers & Staff	Network providers*	Quality@lacare.org
L.A. Care-SullivanLuallin Group Partnership for In-Person or Virtual Patient Experience Trainings with Clinicians, Managers & Staff	L.A. Care providers seeing L.A. Care members (MCLA, LACC, DSNP, or PASC)	Quality@lacare.org

*Network providers include all providers contracted or sub-contracted with L.A. Care, including Medi-Cal providers contracted with Anthem Blue Cross and Blue Shield Promise of California Health Plan



Performance Improvement Resources

ENCOUNTERS

RESOURCE	ELIGIBILITY	MORE INFO
Health Information Exchange measure	Network providers*	INFOHIE@lacare.org
Initial Health Assessment measure	Network providers*	IHA@lacare.org
Social Determinants of Health measure	Network providers*	HealthEquity@lacare.org

*Network providers include all providers contracted or sub-contracted with L.A. Care, including Medi-Cal providers contracted with Anthem Blue Cross and Blue Shield Promise of California Health Plan



QI Web Contact Form

www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/p4p-program/contact

Name of MD or Medical Group: *

Physician License Number: *

National Provider Identification (NPI):

Address:

Phone Number: *

Email: *

Are you a member of an IPA?: *

Yes

No

Name of IPA:

Area of Inquiry: *

Pay-for-Performance (P4P) Program

Quality Improvement Webinars or Programs

Other L.A. Care provider incentive program

Message: *





L.A. Care
HEALTH PLAN®

For All of L.A.

Proposition 56 Supplemental Payments: Developmental Screenings



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Developmental Screenings (APL 19-016)

Implementation Date: January 1, 2020

Eligibility	Eligible Network Providers
Exclusions	Pre-paid Ambulatory Health Plans, Rady Childrens Hospital
What's reimbursed	Developmental Screenings provided in accordance with AAP/Bright Futures guidelines and when medically necessary to members that are not dual eligible for Medicare Part B
Payment type	Uniform dollar increase (specified code)

Service	Population	CPT Code	Supplemental Payment
Developmental Screenings (APL 19-016)	Children up to age 30 months	96110 without modifier KX*	\$59.90

*Modifier KX indicates autism screening. If autism screening is provided within the same visit, each screening must be noted on separate claim lines to be paid for each screening.



Developmental Screenings

Eligible Screening Tools*

- Ages and Stages Questionnaire (ASQ) - 4 months to age 5
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
- Brigance Screens-II - Birth to 90 months
- Child Development Inventory (CDI) - 18 months to age 6
- Infant Development Inventory - Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

***Note: the list of eligible screening tools is set forth in the CMS Core Set Measure requirements document and is subject to change**



L.A. Care Prop. 56 Webpage

www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs

The screenshot shows the L.A. Care Health Plan website. At the top, there is a navigation bar with links for 'Find a Doctor', 'Careers', 'Contact Us', and 'Font Size'. Below this is the L.A. Care logo and a search bar. The main content area is titled 'Proposition 56 Supplemental Payments'. It includes a paragraph explaining that Proposition 56 was passed in 2016 to support access to health care for low-income Californians. Below this, it lists the programs included: physician and dental services, the Family Planning, Access, Care and Treatment (FPACT) program, the Value-Based Payment (VBP) Program, developmental screenings for children, Adverse Childhood Experiences (ACEs) trauma screenings, and medical abortions. A callout box points to a 'Need Assistance?' section with a 'Send a Message' button. Another callout box points to a 'Related Links' section with a link to 'Prop. 56 Information at the Department of Health Care Services'. A third callout box points to a section titled 'The Five Prop. 56 Programs' which lists three programs: APL19-015 Physician Services, APL20-013 Family Planning Services, and APL20-014 Value-Based Payment Program, each with a plus sign icon.

Find a Doctor | Careers | Contact Us | Font Size

Member Sign In | Provider Sign In

Health Plans | For Members | For Providers | Healthy Living | About Us

Home / For Providers / Provider Central / Provider Programs / Opportunities for L.A. Care Providers / Proposition 56 Programs

Proposition 56 Supplemental Payments

Proposition 56 was passed in 2016 to support access to health care for low-income Californians covered by the Medi-Cal program.

Known as the California Healthcare Research and Prevention Tobacco Tax Act, Prop. 56 raised the tax rate on cigarettes and other tobacco products to fund specific Department of Health Care Services (DHCS) health care programs.

These programs include supplemental payments for:

- physician and dental services
- the Family Planning, Access, Care and Treatment (FPACT) program
- the Value-Based Payment (VBP) Program
- developmental screenings for children
- Adverse Childhood Experiences (ACEs) trauma screenings
- medical abortions

Learn more from [L.A. Care's Proposition 56 Funding & Payments Webinar](#).

The Five Prop. 56 Programs

View specific claim information and timelines for each program.

APL19-015 Physician Services	+
APL20-013 Family Planning Services	+
APL20-014 Value-Based Payment Program	+

Use the Prop 56 contact form

Link to the DHCS Prop 56 website

Learn about supplemental funding from five Prop 56 programs



L.A. Care Prop. 56 Webpage

www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs

For information regarding Prop. 56 programs, please visit the Department of Health Care Services' [California Proposition 56 website](#). They provide eligibility information, codes, fact sheets and updates for each program.

If you have questions about claims and payments, please fill out the form below and your message will be sent to the appropriate L.A. Care representative.

Name of MD or Medical Group: *

Physician License Number : *

National Provider Identification (NPI):

Address:

Phone Number:

Email: *





Incentive_Ops@lacare.org

- Physician P4P, Direct Network P4P,
and report questions

