



L.A. Care
HEALTH PLAN®

For All of L.A.

Quality Improvement: Incentive Programs



May 15, 2024



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SINCE 1997

Overview

- **Why P4P?**
- **VIIP + P4P Programs – *for IPAs/Medical Groups***
 - *Medi-Cal VIIP*
 - *DSNP VIIP*
 - *LACC VIIP*
- **Scoring and Reporting**
- **Other Incentive Programs**



Overall Goals

Equal, excellent care for all members!

- Improve quality and access to needed health care services.
- Reduce performance variation and promote consistency.
- Cultivate a robust network of high performing providers.
- Align incentives to create a business case for focused development on priority measures.
- Support interventions on industry standard metrics.



Why Pay-for-Performance (P4P)?

- **Meaningful and Actionable data**

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

- **P4P is a platform for provider engagement & accountability**

- Tool for meaningful performance measurement and progress reporting to support provider clinical quality efforts
- Uses national benchmarking as a definition of performance targets
- Provides value-based revenue
- Foster durable change in provider behavior and business practice
 - Systematic process improvements and better care coordination (*not just about HEDIS hits*)
- Helps identify reporting gaps





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Provider Program Participation



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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 members in Medi-Cal, including:
 - L.A. Care,
 - Anthem Blue Cross, and
 - Blue Shield Promise



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 **normal reporting channels** for all services rendered to L.A. Care members. This data is the basis of performance scoring and is essential to success.
 - Scores and payments based on administrative data. No chart review!



Data Deadline for Incentive Programs



- Final day to submit data to count towards incentives programs
- Must be submitted through your usual reporting channels

Tips and Reminders

- **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 pay out for all the P4P Programs.

- **Provider Portal**

- Solos & PPGs (MCLA, D-SNP, and LACC) – Please register and access the provider portal to retrieve Provider Opportunity Reports (HEDIS) and Missing Vaccines Reports.





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VIIP Programs: Medi-Cal, LACC, & D-SNP



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Value Initiative for IPA Performance (VIIP)

Overview

- P4P program for participating provider groups (PPGs), also known as IPAs or medical groups.
- VIIP measures, reports, and provides significant financial rewards* for performance across multiple domains and measures.
 - Medi-Cal
 - LACC
 - D-SNP
- Scoring Methodology
 - Provider groups are rewarded for both outstanding performance and year-over-year improvement.
- Measurement Year 2024 payments and performance reports will go out during the 4th quarter of 2025



Medi-Cal VIIP+P4P Domains & Weighting

Domains	Weighting
HEDIS	50
Member Satisfaction	20
Utilization Management	15
Encounters	15
Total	100



LACC VIIP+P4P Domains & Weighting

Domains	Weighting
HEDIS	45
Member Satisfaction	25
Utilization Management	15
Encounters	15
Total	100



Medicare Plus (D-SNP) Domains & Weighting

Domain	Points
HEDIS	20
Care Management	15
Member Experience	30
Utilization Management	10
Encounters	10
Medication Management	15
Total	100



Action Plans for Medi-Cal, LACC & D-SNP

- **Goal**

- Make sure IPAs have a plan in place for performance improvement activities on low performing measures.
- Accountability

- **2024 Action Plan Methodology**

- All IPAs will submit a work plan for each LOB they have members for the following measures:

- **MCAS (Medi-Cal)**

- Cervical Cancer Screenings
- Childhood Immunization Status: Combination 10
- Well-Child Visits in the First 30 Months of Life: First 15 Months

- **QRS (LACC)**

- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Glycemic Status Assessment for Patients with Diabetes <8.0%
- Childhood Immunization Status: Combination 10

- **STARS (D-SNP)**

- Annual Wellness Exam Completion: First 6 Months
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Hemoglobin A1c Control for Patients with Diabetes: HbA1c poor control >9.0%



Action Plans for Medi-Cal, LACC & D-SNP Cont...

- **2024 Changes**

- Replacing Action Plan templates with already existing IPA work plans.
- Work plans will only be shared with L.A. Care two times within the year – June and December.
- There will be no feedback provided, instead L.A. Care will hold quarterly meetings to go over trends seen, discuss barriers, successes and best practices.

- **Projects can include the following:**

- Could be projects you are already doing
- Education / Training
- Plan / Do / Study / Act
- Interventions with pre- and post-analysis

- **Cross-functional collaboration**

- With Anthem Blue Cross & Blue Shield Promise
- Within L.A. Care
- With PPGs





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Medi-Cal VIIP+P4P



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MY 2022 Medi-Cal VIIP+P4P Payment Stats

- L.A. Care reimbursed \$16.7 million in incentive payments to 50 eligible provider groups
- Median incentive paid was \$1.05 per member per month (PMPM)
 - With highest performers receiving \$2.91 PMPM
- Measurement Year 2023 data is being processed now!



MY 2024, RY 2025 Medi-Cal Measure Changes

- **Benchmark Changes**

- National Committee for Quality Assurance (NCQA) Quality Compass© Medicaid HMO 50th and 95th percentiles will be replacing peer group internally calculated threshold and benchmark values.

- **Domain Weighting**

- **HEDIS** – Changed from 30% to **50%**
- **Member Experience** – Changed from 30% to **20%**
- **Utilization Management** – Changed from 20% to **15%**
- **Encounters** – Changes from 20% to **15%**

- **Measures Removed (payment and test)**

- **HEDIS**

- Asthma Medication Ratio (payment measure)
- Transitions of Care: Medication Reconciliation Post-Discharge (payment measure)

- **Member Experience**

- Adult Care Coordination (payment measure)
- Adult Office Staff (payment measure)
- Adult Rating of All Health Care Combined (payment measure)
- Adult Rating of PCP (payment measure)
- Child Office Staff (payment measure)
- Child Rating of All Health Care Combined (payment measure)
- Child Rating of PCP (payment measure)



MY 2024, RY 2025 Medi-Cal Measure Changes Cont...

- **Measures Removed Cont (payment and test)**

- **Utilization Management**

- Emergency Department Utilization (payment measure)

- **Test Measures**

- Antidepressant Medication Management: Acute Phase Treatment (test measure)
- Antidepressant Medication Management: Continuation Phase Treatment (test measure)

- **Measures Added**

- **Utilization Management**

- Avoidable ED Utilization

- **Test Measures**

- Percentage of Members Utilizing ED More than Primary Care
- Percentage of Encounter Rejections

- **Measure Change**

- Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control* (<8.0%) (HBD) **has changed to** Glycemic Status Assessment for Patients with Diabetes >9.0%
- Follow-Up After Emergency Department Visit for Mental Illness: Follow-Up Within 30 Days of ED Visit **moved from UM domain to HEDIS domain.**



MY 2024, RY 2025 Medi-Cal Measure Changes Cont...

- **Test Measures Converted to Payment Measures**
 - Developmental Screening in the First Three Years of Life
 - Initial Health Appointment
 - Topical Fluoride for Children
- **Double Weighting Measure Changes**
 - Childhood Immunization Status: Combo 10 double weighting **removed**
 - Follow-Up After ED Visit for Substance Abuse: 30 days double weighting **added**
 - Follow-Up After Emergency Department Visit for Mental Illness: Follow-Up Within 30 Days of ED Visit double weighting **added**
 - Prenatal & Postpartum Care: Timeliness of Prenatal Care double weighting **removed**
 - Adult Getting Needed Care double weighting **removed**
 - Child Getting Needed Care double weighting **removed**
 - Adult Timely Care and Services double weighting **removed**
 - Child Timely Care and Services double weighting **removed**



MY 2024 Medi-Cal VIIP+P4P Full Measure Set

HEDIS – 50%

Breast Cancer Screening

Cervical Cancer Screening

Child and Adolescent Well-Care Visits

Childhood Immunization Status - Combo 10

Controlling High Blood Pressure

Depression Screening and Follow-Up for Adolescents & Adults: Depression Screening

Developmental Screening in the First Three Years of Life

Follow-Up After Emergency Department Visit for Mental Illness: Follow-Up Within 30 Days of ED Visit

Follow-Up After ED Visit for Substance Abuse: 30 days

Glycemic Status Assessment for Patients with Diabetes >9.0% (GSD)

Immunizations for Adolescents - Combo 2

Lead Screening in Children

Prenatal & Postpartum Care – Postpartum Care

Prenatal & Postpartum Care – Timeliness of Prenatal Care

Topical Fluoride for Children

Well Child Visits in the First 30 Months of Life - First 15 Months: 6 or More Well-Child Visits

Well Child Visits in the First 30 Months of Life - Age 15 Months-30 Months: 2 or More Well-Child Visits



MY 2024 Medi-Cal VIIP+P4P Full Measure Set Cont...

Member Experience – 20%

Adult Timely Care and Service

Adult Getting Needed Care

Child Timely Care and Service

Child Getting Needed Care

Utilization Management – 15%

Acute Hospital Utilization

Avoidable Emergency Department Utilization

Plan All Cause Readmission

Encounters – 15%

Encounter Timeliness

Encounter Volume

Social Determinants of Health

Health Information Exchange

Initial Health Appointment



MY 2024 Medi-Cal VIIP+P4P Full Measure Set Cont...

Reporting – Only Test Measures

Colorectal Cancer Screening

Percentage of Encounter Rejections

Percentage of Members Utilizing Emergency Department More than Primary Care

Pharmacotherapy for Opioid Use Disorder





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L.A. Care Covered VIIP Program



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LACC VIIP+P4P Program

- L.A. Care is collaborating with the Integrated Healthcare Association (IHA) on their Align. Measure. Perform. (AMP) performance measurement program for L.A. Care Covered (LACC).
- Data submission
 - The data is not run in-house
 - L.A. Care submits data to Transunion and OnPoint (IHA's data vendors)
 - **Onpoint**
 - Eligibility
 - Medical Claims
 - Pharmacy Claims
 - Member Identifier
 - Cost
 - Lab
 - **FinThrive**
 - HEDIS



MY 2022 LACC VIIP+P4P Payment Stats

- L.A. Care reimbursed \$2,1 million in incentive payments to 20 eligible provider groups
- Median incentive paid was \$2.06 per member per month (PMPM)
 - With highest performers receiving \$3.11 PMPM
- Measurement Year 2023 data is being processed now!



MY 2024, RY 2025 LACC Measure Changes

- **Domain Weighting Changes**

- **HEDIS** – Changed from 30% to **45%**
- **Member Experience** – Changed from 30% to **25%**
- **Utilization Management** – Changed from 20% to **15%**
- **Encounters** – Changes from 20% to **15%**

- **Measures Removed**

- **HEDIS**

- Chlamydia Screening in Women (payment)

- **Utilization Management**

- Emergency Department Utilization (payment)

- **Test**

- Transitions of Care: Patient Engagement (test)
- Transitions of Care: Medication Reconciliation Post Discharge (test)
- Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (test)



MY 2024, RY 2025 LACC Measure Changes Cont...

- **Measures Added**

- **Utilization Management**

- Avoidable ED Utilization

- **Test Measures**

- Follow-Up After Hospitalization for Mental Illness 7-Day Follow-Up (test)
- Follow-Up After Hospitalization for Mental Illness 30-Day Follow-Up (test)
- Antidepressant Medication Management (test)
- Initiation of Substance Use Disorder Treatment (test)
- Engagement of Substance Use Disorder Treatment (test)
- Depression Screening and Follow-up for Adolescents and Adults (test)
- Pharmacotherapy for Opioid Use Disorder (test)
- Percentage of Members Utilizing ED More than Primary Care
- Percent of Encounter Rejections



MY 2024, RY 2025 LACC Measure Changes Cont...

- **Measure Changes**

- Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control* (<8.0%) (HBD) **has changed to** Glycemic Status Assessment for Patients with Diabetes <8.0%

- **Test Measures Converted to Payment Measures**

- Asthma Medication Ratio
- Child and Adolescent Well-Care Visits
- Social Determinants of Health

- **Double Weighting Measure Changes**

- Child and Adolescent Well-Care Visits **double weighting added.**
- Overall Ratings of Care Composite (Rating of Doctor & Rating of All Healthcare) **double weighting removed.**
- Colorectal Cancer was triple weighted, but now **quadruple weighted.**



MY 2024 LACC VIIP+P4P Full Measure Set

HEDIS – 45%

Asthma Medication Ratio

Breast Cancer Screening (double weighted)

Cervical Cancer Screening (double weighted)

Child and Adolescent Well-Care Visits (double weighted)

Childhood Immunization Status - Combo 10 (triple weighted)

Colorectal Cancer Screening (quadruple weighted)

Controlling High Blood Pressure (triple weighted)

Glycemic Status Assessment for Patients with Diabetes <8.0% (triple weighted)

Immunizations for Adolescents - Combo 2

Proportion of Days Covered by Medications: Oral Diabetes Medications (PDCD)

Proportion of Days Covered by Medications: Renin Angiotensin System (RAS) Antagonists (PDCA)

Proportion of Days Covered by Medications: Statins (PDCS)



MY 2024 LACC VIIP+P4P Full Measure Set Cont...

Member Experience – 25%

Access Composite

Care Coordination Composite

Office Staff Composite

Overall Ratings of Care Composite
(Rating of Doctor & Rating of All
Healthcare)

Provider Communication Composite

Utilization Management – 15%

Acute Hospital Utilization

Avoidable ED Utilization

Plan All Cause Readmission

Encounters – 15%

Encounter Timeliness

Encounter Volume

Social Determinants of Health



MY 2024 LACC VIIP+P4P Full Measure Set Cont...

Reporting – Only Test Measures

Adult Immunization Status

Antidepressant Medication Management

Depression Screening and Follow-up for Adolescents and Adults

Engagement of Substance Use Disorder Treatment

Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up)

Follow-Up After Hospitalization for Mental Illness (30-Day Follow-Up)

Initiation of Substance Use Disorder Treatment

Percentage of Encounter Rejections

Percentage of Members Utilizing Emergency Department More than Primary Care

Pharmacotherapy for Opioid Use Disorder

Prenatal and Postpartum Care (Postpartum Care)

Prenatal and Postpartum Care (Timeliness of Prenatal Care)

Total Cost of Care: 250k Risk-Adjusted





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Medicare Plus (D-SNP) VIIP Program



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Medicare Plus (D-SNP) VIIP Program Details

Overview

- CMC VIIP retired at the end of MY2022, RY2023 and Medicare Plus (D-SNP) VIIP took its place and now in full effect.
- The D-SNP VIIP program rewards Participating Provider Groups (PPGs) who are contracted with L.A. Care and in good standing based on their performance and improvement for quality measures identified by L.A. Care.
- The program was developed to align with CMS Star rating measure scoring criteria.

Eligibility

- A PPG with a minimum of 500 D-SNP members assigned to it before commencement of the applicable program year.
- A PPG with an active contract before commencement of the applicable program year.
- A PPG in good standing i.e. not on any corrective action plan under D-SNP.



Medicare Plus (D-SNP) VIIP Program Allocation and Payments

Quality Allocation

3% of PPGs capitation allocated each year can be earned back incrementally

High-Performance Payment

PPGs who meet or exceed the high performance quality composite score benchmarks.

Mid-Performance Payment

PPGs who meet or exceed Mid-Performance quality composite score benchmarks.

Quality Improvement Payment

PPGs who do not meet high-performance or mid-performance quality composite score benchmarks.

- **Quality Incentive Pool** for MY2024 is set at \$2 Million dollars.



Medicare Plus (D-SNP) VIIP Measure List

Star Measures - HEDIS	Weight
Breast Cancer Screening	1
Colorectal Cancer Screening	1
Diabetes Care - Eye Exam	1
Kidney Health Evaluation for Patients With Diabetes (KED)	1
Diabetes Care - Blood Sugar Controlled	3
Controlling Blood Pressure	3
Plan All-Cause Readmissions	3
Statin Therapy for Patients with Cardiovascular Disease	1
Follow up after ED Visit for Patients with Multiple Chronic Conditions	1



Medicare Plus (D-SNP) VIIP Measure List Cont...

Star Measures - Care Management	Weight
Getting Needed Care	2
Getting Appointments and Care Quickly	2
Care Coordination	2
Reducing the Risk of Falling	1
Improving Bladder Control	1
Star Measures - Medication Management	Weight
Medication Adherence for Diabetes Medications	3
Medication Adherence for Hypertension (RAS antagonists)	3
Medication Adherence for Cholesterol (Statins)	3
Statin Use in Persons with Diabetes	1
L.A. Care Measures - Encounters	Weight
Annual Wellness Exam	3
Encounters Submissions - Timeliness	1.5
Encounters Submissions - Volume	1.5



Medicare Plus (D-SNP) VIIP Measure List Cont...

Reportable Only Measures	Weight
Care for Older Adults - Medication Review*	1
Care for Older Adults - Functional Status Assessment*	1
Care for Older Adults - Pain Assessment*	1
Annual Flu Vaccine	1
Adult Immunization Status	1
Rating of Health Care Quality	2
Monitoring Physical Activity	1
Members Choosing to Leave the Plan	2
Depression Screening and Follow-Up for Adolescents and Adults: Depression Screening	1
Transitions of Care (TRC) - Medication Reconciliation Post-Discharge	.25
Transition of Care (TRC) - Patient Engagement After Inpatient Discharge	.25
Improving or Maintaining Physical Health	1
Improving or Maintaining Mental Health	1





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Scoring & Reporting



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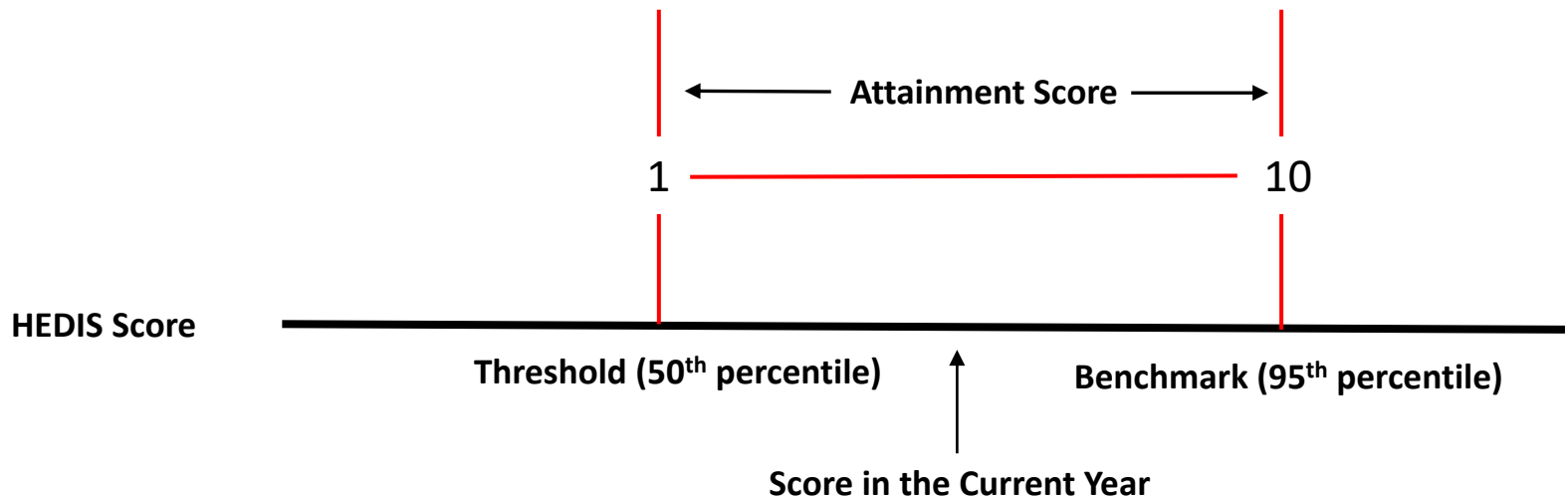
Scoring Methodology

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



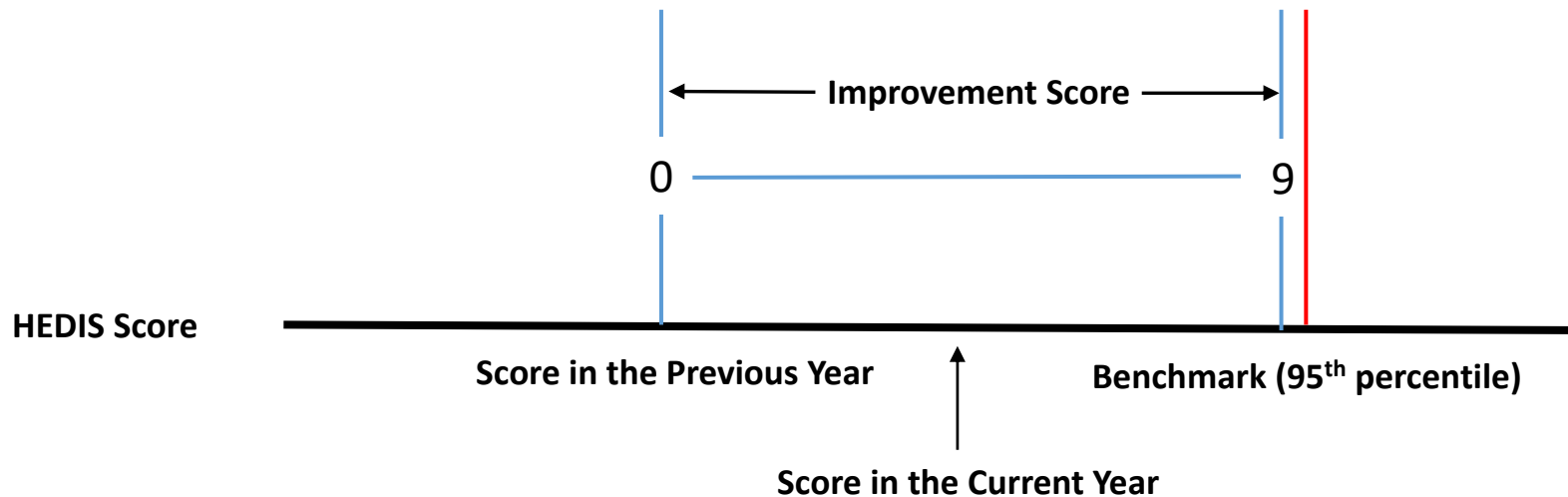
Scoring: Attainment

- Attainment reflects a provider's performance in the program year compared to peer group performance, and is scored on a scale of 0-10 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.





Medi-Cal (MCLA)
Value Initiative for IPA
Performance (VIIP) +
Pay-for-Performance (P4P)

Report Year 2023, Measurement Year 2022

Provider Group Name:

Domain	Performance Score*	× Points	Final Score ×	Eligible Members =	Member Points ×	\$ Value/ Mbr Point =	Subtotal Payment
HEDIS	0.258	30	7.74	455,281	3,523,875	\$0.56	\$1,973,370.00
Member Experience	0.077	30	2.31	455,281	1,051,699	\$0.56	\$588,951.44
Utilization Management	0.000	20	0.00	455,281	0	\$0.56	\$0.00
Encounters	0.296	20	5.92	455,281	2,695,264	\$0.56	\$1,509,347.84

Your Score out of 100 = 15.97

Prior Year (RY 2022 / MY 2021) Current Year (RY 2023 / MY 2022)

Your Final Total Payment

Percent Score

28.23%

15.97%

Total Rank

29

44

Out of 59 Groups

Out of 57 Groups

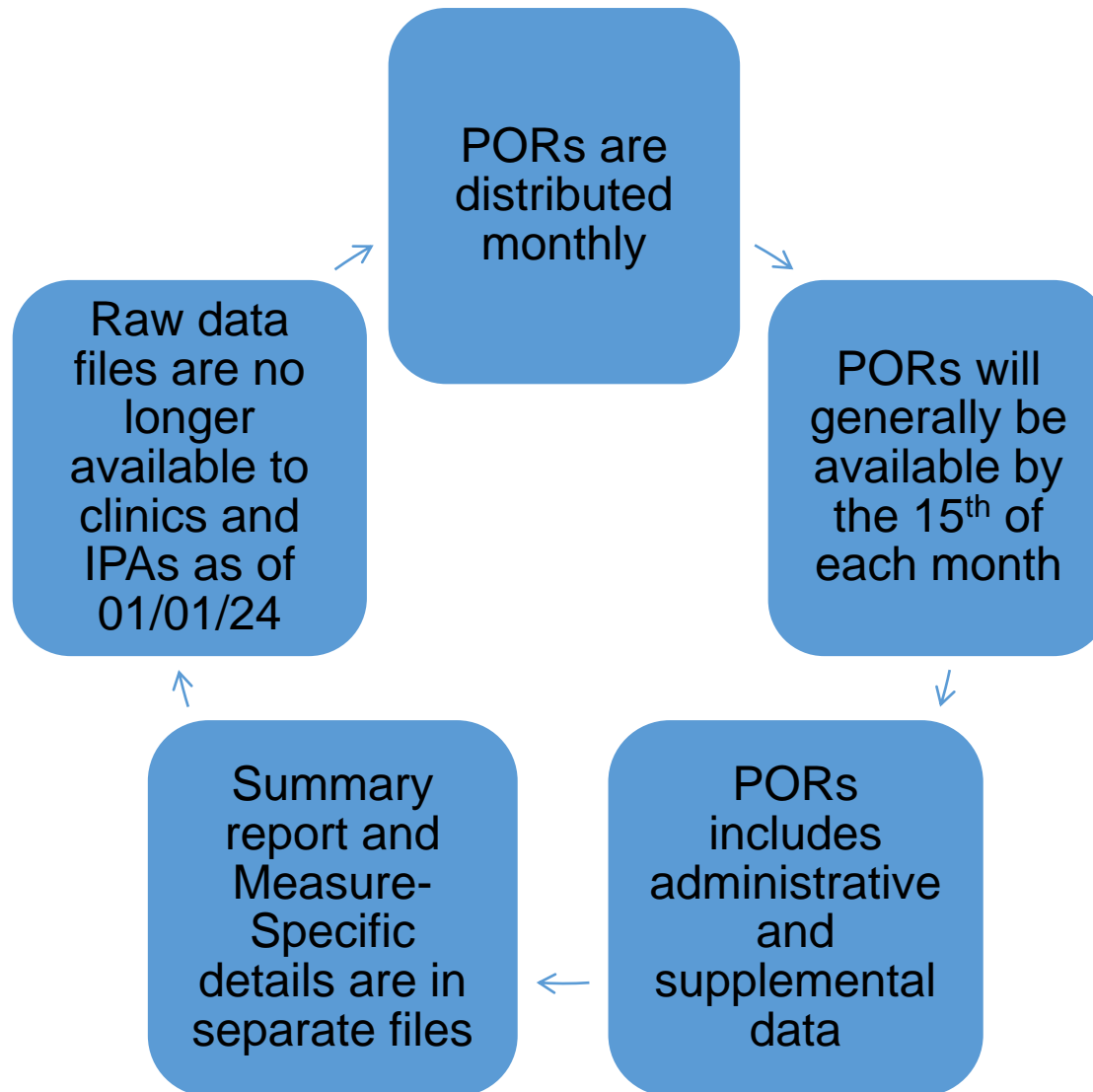
\$4,071,669.28

HEDIS Measure	2022 Rate	50th Percentile	95th Percentile	2021 Rate	Attainment Score (<50% = 0)	Improvement Score	Final Score
Asthma Medication Ratio - Ages 5-64	71.77%	63.76%	83.33%	68.26%	4.18	1.83	4.18
Breast Cancer Screening	57.14%	51.75%	69.23%	53.69%	3.28	1.72	3.28
Cervical Cancer Screening**	50.21%	52.97%	66.67%	53.29%	0	0	0
Child and Adolescent Well-Care Visits**	38.46%	44.31%	67.94%	40.58%	0	0	0
Childhood Immunization Status - Combo 10**	31.15%	22.49%	55.22%	34.13%	2.88	0	2.88
Chlamydia Screening in Women	72.03%	65.78%	72.66%	71.92%	8.68	0.99	8.68
Comprehensive Diabetes Care - Control (A1c < 8)**	43.33%	42.18%	56.67%	43.36%	1.21	0	1.21
Controlling High Blood Pressure**	41.23%	28.81%	62.76%	37.09%	3.79	1.11	3.79
Immunizations for Adolescents - Combo 2	34.69%	34.92%	58.06%	36.08%	0	0	0
Prenatal and Postpartum Care - Postpartum Care	75.51%	62.71%	83.17%	75.58%	6.13	0	6.13
Prenatal and Postpartum Care - Timeliness of Prenatal Care**	80.24%	75.62%	86.10%	80.34%	4.47	0	4.47
Weight Assessment and Counseling for Nutrition and Physical Activity for Child/Adol - Physical Activity	42.91%	65.17%	86.84%	43.41%	0	0	0
Well-Child Visits in the First 15 Months of Life	40.85%	30.77%	62.20%	39.17%	3.39	0.23	3.39
Well-Child Visits in the First 15-30 Months of Life	54.93%	59.82%	77.60%	50.49%	0	1.14	1.14

Domain Average Score: **2.58**

$$\begin{array}{ccccccccccc}
 0.258 & \times & 30 & = & 7.74 & \times & 455,281 & = & 3,523,875 & \times & \$0.56 & = & \$1,973,370.00 \\
 \text{Domain Performance Score*} & & \text{Points} & & \text{Final Score} & & \text{Total Eligible Membership} & & \text{Member Points} & & \text{Dollar Value/Member Point} & & \text{Sub-Total Payment}
 \end{array}$$

2024 Provider Opportunity Report Schedule



Provider Opportunity Report

1	V#### CLINIC ABC									
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***	461	162	299	35.14	18.92%	MET	58.52%	108
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***	131	69	62	52.67	38.08%	MET	70.11%	23
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***	474	232	242	48.95	66.67%	85	90.05%	195
6	Developmental Screening in the First Three Years of Life	Developmental Screening in the First Three Years of Life (DEV) - Total	1123	233	890	20.75	N/A	N/A	N/A	N/A
7	Lead Screening in Children (LSC)	Lead Screening in Children (LSC)	463	315	148	68.03	N/A	N/A	N/A	N/A
8	Prevention - Topical Fluoride For Children	Topical Fluoride for Children (TFL-CH)	13145	1415	11730	10.76	N/A	N/A	N/A	N/A
9	Immunizations for Adolescents (IMA)	Immunizations for Adolescents (IMA) - Combo 2	693	218	475	31.46	33.33%	13	68.30%	256
10	Child and Adolescent Well-Care Visits (WCV)	Child and Adolescent Well-Care Visits (WCV) - Total***	12595	4398	8197	34.92	36.36%	182	67.54%	4109



Incentives Encounter Report: Quarterly

Quarter	Encounter Submission Pathway	Reporting Period	Your Score*	Targets**		
				Below Threshold	Timeliness† and Volume Threshold	Timeliness and Volume Benchmark
Timeliness	Anthem	Q1 2023	79.02%		63.34%	79.72%
Timeliness	MCLA	Q1 2023	86.12%		80.61%	88.38%
Timeliness	Promise	Q1 2023	71.96%		63.34%	79.72%
Timeliness	Anthem	Q2 2023	73.93%		63.34%	79.72%
Timeliness	Promise	Q2 2023	82.88%		63.34%	79.72%
Timeliness	MCLA	Q2 2023	89.30%		80.61%	88.38%
Timeliness	Promise	Q3 2023	82.42%		63.34%	79.72%
Timeliness	MCLA	Q3 2023	88.04%		80.61%	88.38%
Timeliness	Anthem	Q3 2023	81.83%		63.34%	79.72%
Volume	Anthem	Q1 2023	3.46		3.31	4.79
Volume	All	Q1 2023	3.74		3.31	4.79
Volume	Promise	Q1 2023	3.64		3.31	4.79
Volume	All	Q2 2023	3.52		3.31	4.79
Volume	Promise	Q2 2023	3.28		3.31	4.79
Volume	Anthem	Q2 2023	3.27		3.31	4.79
Volume	All	Q3 2023	2.97		3.31	4.79
Volume	Promise	Q3 2023	3.15		3.31	4.79
Volume	Anthem	Q3 2023	2.87		3.31	4.79



Incentives Encounter Report: Quarterly

Quarter	Encounter Submission Pathway	Reporting Period	Your Score*	Targets**					
				Below Threshold	Timeliness and Volume Threshold	Timeliness and Volume Benchmark	Below Threshold	Timeliness and Volume Threshold	Timeliness and Volume Benchmark
Timeliness	LACC	Q1 2023	85.55%			81.64%		88.44%	
Timeliness	LACC	Q2 2023	87.05%			81.64%		88.44%	
Timeliness	LACC	Q3 2023	87.06%			81.64%		88.44%	
Volume	LACC	Q1 2023	3.26			7.60		9.16	
Volume	LACC	Q2 2023	3.50			7.60		9.16	
Volume	LACC	Q3 2023	2.80			7.60		9.16	

Quarter	Encounter Submission Pathway	Reporting Period	Your Score*	Targets**					
				Below Threshold	Timeliness and Volume Threshold	Timeliness and Volume Benchmark	Below Threshold	Timeliness and Volume Threshold	Timeliness and Volume Benchmark
Timeliness	DSNP	Q1 2023	3.07%			77.73%		90.42%	
Timeliness	DSNP	Q2 2023	19.80%			77.73%		90.42%	
Timeliness	DSNP	Q3 2023	82.82%			77.73%		90.42%	
Volume	DSNP	Q1 2023	10.96			11.26		18.87	
Volume	DSNP	Q2 2023	12.40			11.26		18.87	
Volume	DSNP	Q3 2023	10.27			11.26		18.87	



Incentives Encounters Report: Rolling 12 months

Rolling 12	Encounter Submission Pathway	Reporting Period	Your Score*	Targets**		
				Below Threshold	Timeliness† and Volume Threshold	Timeliness and Volume Benchmark
Timeliness	Anthem	2022Jul-2023Jun	76.43%		63.34%	79.72%
Timeliness	Promise	2022Jul-2023Jun	70.82%		63.34%	79.72%
Timeliness	MCLA	2022Jul-2023Jun	86.03%		80.61%	88.38%
Volume	Anthem	2022Jul-2023Jun	3.19		3.31	4.79
Volume	All	2022Jul-2023Jun	3.54		3.31	4.79

Rolling 12	Encounter Submission Pathway	Reporting Period	Your Score*	Targets**		
				Below Threshold	Timeliness and Volume Threshold	Timeliness and Volume Benchmark
Timeliness	LACC	JUL 22-JUN 23	84.30%		81.64%	88.44%
Volume	LACC	JUL 22-JUN 23	3.30		7.60	9.16

Rolling 12	Encounter Submission Pathway	Reporting Period	Your Score*	Targets**		
				Below Threshold	Timeliness and Volume Threshold	Timeliness and Volume Benchmark
Timeliness	DSNP	JUL 22-JUN 23	11.97%		77.73%	90.42%
Volume	DSNP	JUL 22-JUN 23	11.68		11.26	18.87





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Other Incentive Programs



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IN LOS ANGELES COUNTY
SINCE 1997

Provider Incentives

- **Annual Wellness Exam Provider Incentive (D-SNP)**

- The Annual Wellness Exam Incentive incentivizes physicians to complete an annual wellness exam for D-SNP members. Physicians can receive up to \$350 for every completed exam they submit (1 per member per year).
- The visit must be documented using L.A. Care's specified Annual Wellness Exam forms and must meet CMS's and L.A. Care's requirements.



Member Incentives

- **Non-monetary member incentives:** Member-level awards for positive health-seeking behaviors or participation in initiatives to improve member health
- **Incentive Type:**
 - Gift cards
- **Current operating programs:**
 - Healthy Mom Program (MCLA, LACC, & DSNP)
 - New Member Orientations (MCLA)
 - My Health In Motion Rewards Program (LACC)
 - Follow-Up After Hospitalization for Mental Illness (DSNP, LACC, & PASC)
 - Flu Shot (DSNP)
 - CIS-10 (MCLA)
 - Well-Child Visits for the First 30 Months of Life (MCLA)
 - Colorectal Cancer Screening (LACC)



Measurement Year 2024 Timeline

- **January – March:** Program development for MY 2024
- **April:** Physician P4P and VIIP+P4P launch date
- **June – July:** Receive raw HEDIS/other data files, run provider rollup data and QA
- **July – October:** Scoring & payment calculations and QA
- **October:** Mid-Year Update Program Descriptions
- **November – December:** Complete payouts for all three programs & start modeling measures for the following measurement year



Source: Radiokrik





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- Medi-Cal VIIP+P4P, LACC VIIP, and D-SNP VIIP Program related questions

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- Physician P4P & POR/Gaps in Care report questions

