



QUALITY MANAGEMENT & IMPROVEMENT  
ANNUAL PROGRAM EVALUATION  
FISCAL YEAR 2019-2020

QM/UM Committee Approval: 1/20/2021

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## **HPSJ'S VISION, MISSION AND VALUES**

Health Plan of San Joaquin's (HPSJ) mission is to "provide healthcare value and advance wellness through community partnerships." In tandem, the vision is to "continuously improve the health of our community." In line with this mission and vision, HPSJ's Quality Management (QM) Program goals are to:

- Improve the quality and efficiency of health care provided to our patients.
- Improve members' experiences with services and care received.
- Improve patients' health outcomes.
- Provide culturally sensitive and linguistically appropriate services.
- Promote the safety of all members in all treatment settings.
- Ensure timely access and availability of services for all members, including those with complex or special needs, including physical or developmental disabilities, multiple chronic conditions and severe mental illness.

Promote processes to ensure the availability of "safe, timely, effective, efficient, equitable, patient centered care" and collaborate with the network providers and the community.

### *Core Values*

HPSJ's core values were developed on the principle that our values are behaviors that are true and embodied into our activities daily. Our QM program supports all our core values:

<b>ACCOUNTABILITY</b>  We are responsible to others, and accept responsibility for our action and their outcomes.	<b>DEDICATION</b>  We are willing to do whatever it takes to get the job done.	<b>DIVERSITY</b>  We respect the uniqueness of individuals, their ideas, thoughts and needs.
<b>INTEGRITY</b>  We are respectful, trustworthy, and honest in our communications and actions.	<b>STEWARDSHIP</b>  We are judicious and prudent in the use of the resources with which we are entrusted.	<b>TEAMWORK</b>  We actively engage, collaborate, and partner with each other.

## **EXECUTIVE SUMMARY**

### **Definition of Quality**

HPSJ's definition of quality, adopted from the Institute of Medicine (IOM) is an extension of our vision statement "The degree to which health services for individuals and populations that we serve increase the likelihood of desired health outcomes that are consistent with current professional knowledge." The six (6) "Aims" of our quality program include providing health care and service that is STEEP:

Safe	Avoiding injuries to patients from the care that is intended to help them.
Timely	Reducing wait time and sometimes harmful delays for both those who receive and those who give care.
Effective	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse respectively).
Efficient	Avoiding waste, including waste of equipment, supplies, ideas, and energy.
Equitable	Providing care that does not vary because of gender, ethnicity, geographic location, and socioeconomic status.

Patient Centered Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide in all clinical decisions.

### **Scope of QM Program**

The scope of the QM Program is comprehensive and addresses both the quality and safety of medical and behavioral health care provided to our members and participants for all lines of business. Behavioral Health care is a benefit for the Medi-Cal members and is administered by HPSJ. Behavioral health services for members with severe functional impairment that is "carved out" of the contract by the state to the County Behavioral Health System. Coordination of medical and behavioral health care is an integral part of HPSJ's Care Management Program.

Continuous quality management and improvement is accomplished through QI teams who conducts:

- Systematic data collection
- Qualitative and quantitative analysis
- Identification of improvement opportunities
- Activity planning and implementation
- Ongoing monitoring and evaluation

The Quality Management and Improvement program includes an array of indicators to measure critical clinical processes and outcomes. The QMUM Work Plan delineates the critical performance measures that define the scope and range of the Quality Management and Improvement Program. Components addressed includes:

- Accessibility of services
- Availability of services
- Grievances and Appeals
- Clinical quality improvement
- Service quality improvement
- Adverse outcomes/sentinel events
- Member satisfaction/experience (CAHPS)
- Practitioner satisfaction/experience
- Clinical practice guidelines
- Continuity and coordination of care
- Effectiveness of the quality improvement program
- Patient safety
- Delegation Oversight

Other areas that have an impact on the QM Program include:

- Practitioner/Provider credentialing and re-credentialing
- Utilization management processes and outcomes
- Inter-rater reliability testing
- Practitioner performance
- Pharmacy management
- Facility site reviews
- Data Governance

### QM Program Structure

The QM Program is an organization-wide plan aimed at improving performance and is an approach to continuously analyze and implement processes that are needed to meet the health care needs of the members. The program includes a spectrum of evaluation activities aimed at ensuring compliance with optimal quality standards based on established benchmarks, QI Program Resources and Practitioner Involvement.

The QM Program has a robust staffing model that includes practitioner involvement from the Chief Medical Officer of HPSJ as well as medical directors from partnering medical systems. Practitioners provide leadership and involvement in HPSJ's QI system. In addition to practitioner involvement, HPSJ staffing is involved and participates in the QI system. Participation includes; clinically trained system level directors, managers, supervisors and front-line staff, as well as coordinators and administrative assistants to support core quality functions. HPSJ Clinical Analytics, Business Intelligence and Data Operations departments ensure system data processes and data integrity are maintained in order to support quality monitoring and reporting. The staffing and resources are adequate to meet HPSJ's quality program needs.

The key components of the QI program include, but are not limited to, the following:

- Implementing and evaluating quality improvement initiatives on an ongoing basis in order to identify opportunities for improvement in a timely manner.
- Establishing objective and standardized quality indicators to monitor the Plan's performance related to clinical care and services provided.
- Comparing quality indicators against internal, regional and/or national benchmarks to identify potential gaps in care.

The components of the QM Program are closely aligned to meet HPSJ's mission to "Continuously improve the health of our community." The QM program includes the following:

- Program Documents:
  - Annual Evaluation - Complete a comprehensive evaluation of the QI program at the end of the fiscal year that assesses the performance of measures/indicators that are part of the QI program.
  - Program Description - Develop a robust written QI program description that focuses on improving standards of care and addressing gaps in care identified in prior year's evaluation.
  - Work Plan - Create a work plan to monitor and evaluate performance of QI measures and interventions on an ongoing basis. This is a dynamic document that may change throughout the year dependent on priorities and opportunities.
  - Policies and Procedures - Ensure that the organization has developed and implemented appropriate policies and procedures that are needed to provide care to the members.
  - Health Plan of San Joaquin's Quality Improvement Program Annual Evaluation provides detail about the adequacy of QI program resources, QI Committee structure, practitioner participation and leadership involvement, informs the QI Work Plan and evaluates the need to restructure or change the QI Program for the subsequent year. The Annual QI Effectiveness statement summarizes the QI system, QI system major accomplishments, adequacy of program resources and structure, program highlights and informs the QI work plan going forward. QI Program Effectiveness will be incorporated in the Annual QI Program Evaluation.

**Committee Structure and Meetings:**

HPSJ has several committees that are part of the Quality Management program including the Quality Operations Committee, Delegation Oversight, Credentialing and Peer Review, and Pharmacy and Therapeutics committees are under the QMUM committee. The Quality Operations Committee has been designated to provide oversight and guidance for organization-wide quality management initiatives and activities. This committees are responsible for implementing different components of the QI program.

The Quality Management and Utilization Management (QMUM) committee is the primary committee responsible for the QI program and reports to the Commissioner's Meeting. The Committee provides oversight and direction to the QM Program, Work Plan and Evaluation. The QMUM recommends policy decisions; reviews and evaluates the results of performance improvement activities – clinical quality, quality of service, patient safety, providing cultural and ethnically accessible services. Upon evaluation of the QM activities, the QMUM institutes needed actions or improvement to the activities and ensures follow-up, as appropriate.

The Quality Operations Committee (QOC) and Quality Management (QM) and Utilization Management (UM) QM/UM Committees represent the core committee structure of the QM Program, with ultimate oversight provided by the San Joaquin County Health Commission. The QM/UM Committee facilitates collaboration with community Federally Qualified Health Centers, Rural Health Centers and contracted providers, including those who specialize in behavioral health. QM/UM Committee consistently achieved a quorum, reviewed and approved several key quality and utilization programs and initiatives and ensured improvement in key quality metrics. In addition to HPSJ's quality committees, the Quality Department QM Nursing staff hold quarterly meetings with operational staff through the Provider Partnership Program to facilitate timely communication, ensure consistent follow up with HEDIS quality initiatives, assist with billing and coding issues and troubleshoot data integrity issues. Joint Operations Committee meetings are also held with executive level leadership quarterly. HPSJ's QM Committee structure is adequate to meet current and anticipated needs in 2019 and 2020.

The QMUM Committee is chaired by the CMO or the designated Medical Director in the absence of the CMO and includes the following membership:

***Physicians:***

- OB-GYN
- Podiatry
- Family Practice
- General Surgery
- Psychiatry
- Pediatrics

***Practitioners:***

- Health Commission MD
- RN Clinical Dir. Regional Center

***Community Partners***



Deputy Director, Standards & Compliance, San Joaquin General Hospital

***HPSJ Staff:***

Director, Quality Management

- Director, Care and Utilization Management Director
- Pharmacy and Clinical Programs Supervisor
- Quality Management Administrative Assistant
- Supervisor, Quality Management Administrative Assistant
- Administrative Assistant

***Practitioner Participation on Committees***

Throughout the year, an evaluation of the committee members and their participation in the QMUM Committee and Subcommittees is monitored. We continued the practice of compensating the medical practitioners with \$100 to attend the meetings. Participation by the practitioners on the QMUM and subcommittees has remained consistent and very active.

A psychiatrist with an unrestricted license issued by the state of California serves as Behavioral Health Services Medical Director and is an active participant on the QMUM Committee. A Clinical Analyst and Data Management Specialists assist with data collection and aggregation for QMUM reporting. An expert panel of board-certified consultants (specialists) are also utilized for guideline development (as necessary), peer review activities, and appeals.

HPSJ implemented a multi-faceted approach to improving HEDIS rates. HPSJ's quality improvement focused on increased data capture, improved provider partnerships, performance improvement projects and vigorous medical record review. HPSJ placed emphasis on 20 HEDIS measures (including sub-measures) in San Joaquin and Stanislaus counties prescribed by the California Department of Health Care Services (DHCS) External Accountability Set (EAS). DHCS required HPSJ to meet or exceed the National Medicaid 25<sup>th</sup> percentile for at least 82% of measures. HPSJ exceeded the requirement with 85% of measures meeting or exceeding the 25<sup>th</sup> percentile. In addition to DHCS quality mandates, HPSJ maintained the National Committee for Quality Assurance Health Plan Accreditation "Accredited" award in 2019 through consistent scoring in HEDIS and member experience survey results. Improvement initiatives from 2019 are carried over into 2020 to build on progress realized in 2019.

**Member Experience**

HPSJ annually evaluates member experience through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and grievance reporting. The CAHPS survey was sent to adult as well as caregivers for child members in the spring of 2019. Results were received in the fall of 2019. Both adult and child surveys noted declines in both response rate and many composite ratings. Overall grievances were down in both counties from fiscal year 2019 to 2020. Key trends in grievances are access to care and quality of care. In 2018, the focus on expanding the provider network and provider education for access to care were implemented. These initiatives proved ineffective in improving member satisfaction. In 2019, key drivers of declining rates were access to specialty care, customer service, and coordination of care. Priorities focusing on these opportunities are outlined in the 2019-2020 work plan.

**Network Adequacy**

HPSJ monitors both accessibility and availability of the provider network to determine whether the network is adequate to meet the needs of HPSJ enrollees. HPSJ provides a enough availability and adequate distribution of providers throughout the service area when time, distance and language availability standards are measured. HPSJ has identified opportunities in provider accessibility for after hours and appointment accessibility.

### **Quality of Clinical Care**

HPSJ monitors clinical care through HEDIS measure reporting and grievance and appeal trending. Both systems provide a timely view of quality of clinical care trends. HEDIS looks at process and outcome measures for some disease states and grievance are escalated to Peer Review Committee as potential quality issues and appeals are reviewed by board certified specialty providers or submitted for State Fair Hearing, when warranted. Overall, quality of care grievances, potential quality issues and medical necessity appeals were down from 2018 to 2019 fiscal years.

### **Customer Service**

HPSJ understands the importance of customer service in providing information and guidance to assist enrollees in navigating the health care system. In 2019, HPSJ customer service did not meet key quality indicators for call answer timeliness and call abandonment. High staff turnover and unfilled vacancies persisted throughout the year. Aside from priority recruitment and retention strategies through Human Resources, HPSJ identified an opportunity to implement call quality monitoring in 2020.

### **Coordination of Care**

Ensuring timely and appropriate coordination of care lies within the Utilization Management (UM) Program. The QIS is primarily responsible for oversight and monitoring of the UM Program. UM Program activities are reported in the UM Program Description and UM Annual Evaluation and are not incorporated in the core QI Program documentation.

## **QUALITY OF CLINICAL CARE**

### *Overview*

HPSJ monitors several external and internally developed clinical quality measures measure and track the quality of health care services provided by the Plan and its network of contracted providers. In order to calculate these rates for these measures, HPSJ collects data for several different sources that include but are not limited to the following:

- Annual HEDIS submission
- Claims and encounter data from contracted primary and specialty care providers
- Claims and encounters from ancillary care providers (e.g. Hospitals, Labs, Radiology centers, etc.)

Measuring and reporting on these measures helps ensure that HPSJ is delivering care that is effective, safe, efficient, patient-centered, equitable, and timely. These clinical quality measures are used to evaluate multiple aspects of patient care including:

- Performance with healthcare outcomes and clinical processes
- Adherence to clinical and preventive guidelines
- Member safety initiatives.

*Components of Clinical Quality Initiatives*

The key components of the program include the following:

- A. HEDIS and MCAS measures
- B. Provider Partnership Program
- C. Quality Improvement projects
- D. Health Education
- E. Patient Pharmacy Safety Programs

## A.1 Population Health Management Program- Population Needs Assessment

### **Responsible Staff: Health Education and/or Cultural and Linguistics**

Setar Testo, MPH

Manager, Health Education & Population Health

Catherine Talongwa, MBA, DHA

Manager, Cultural and Linguistics

## **Population Needs Assessment Overview**

### **Introduction**

The 2019 Health Plan of San Joaquin (HPSJ) Population Needs Assessment (PNA) was prepared using data available through community driven health needs assessments, state and nationwide public health data sources, and health plan level data. The use of reliable data sources and methodology sought to connect care gaps and/or social determinants of health that were outlined as the root causes of health inequities. Such analyses are imperative for equitable and comprehensive interventions that contribute to closing gaps in care. This PNA report addresses access to health care gaps in both Stanislaus and San Joaquin County communities. HPSJ has become an active participant in uplifting marginalized groups of people in both communities.

Public health departments throughout the state of California have been moving towards Public Health Accreditation through the Public Health Accreditation Board (PHAB). As a result, locally available population health level data includes an overall health equity analysis that has been a cornerstone of quality improvement. A large component of this accreditation is to address the root causes of health inequities (i.e. racism, poverty, geographic access, red lining, etc.) (PHAB, 1.5). As an essential partner in the healthcare delivery system, it is vital for Local Managed Care organizations such as HPSJ to strategically align with community partners and local health departments to address issues that persist in low income and underserved communities. HPSJ recognizes the importance of the health care system in providing access to care to be underserved populations. The PNA is a method to assess the health education and cultural linguistical needs of members and providing quality care to them.

### **Key Findings**

According to the 2019, Community and Cultural Detailing Report, 71% of HPSJ enrollees identify as belonging to a racial/ethnic minority group. As such, it is imperative that HPSJ and its healthcare providers integrate health equity into daily activities, programs, and services impacting the membership. Findings also indicated that language barriers, health literacy and cultural competence persist as barriers in healthcare access and overall understanding of health education services. A focus on prevention has the potential to decrease unnecessary or frequent hospital visits as a direct result of acute or chronic disease burdens. Findings also indicate a high emergency department (ED) utilization rate among HPSJ

members with a managed care plan (MCP) aggregate rate of approximately 50% for ambulatory emergency department visits in 2019 (DHCS Disparities, 2019).

As compared to other areas in California, residents of the Central Valley have experienced limited provider access which impacts receiving care, this issue is magnified for specialty care (SJC CHNA, 2019). As of FY 18-19, there were 357 unique providers at 153 unique locations with the access standard set at 1 provider within 10 miles (PAAS, 2019). During the FY 18-19 period, HPSJ had 300,703 enrolled members. The HPSJ provider availability analysis report noted that the plan met capacity in providing access to specialty care. However, members within the Community Advisory Committee (CAC) reported traveling out of the HPSJ's service area to access specialty care. It is important to note that many members are working low wage jobs that have less flexibility for taking time off placing additional strain in seeing a provider which was also noted as a potential barrier in access to care as reported through Key Informant Interviews (KII's).

## **Objectives**

The objectives included in the PNA Action Plan were developed through data analysis, internal discussions, and community feedback that contributed to the compilation of four objectives along with various strategies to meet these goals. These interventions seek to address five key issues related to:

- Community engagement
- Population level chronic disease management
- Compliance of cervical screenings
- Members needs based on culture and language
- Completion of health forms

### **Objective 1**

Reduce the percentage of members reported having trouble completing health care related forms and documents by themselves from 40% to 30%.

### **Objective 2**

By June 30, 2021, increase member and stakeholder engagement in CAC and Health Education Committee (HEC) by 10% in each county to share Health Education services and improve opportunities for community input. Community engagement is essential to understand the health care barriers and to develop appropriate interventions to address those barriers.

### **Objective 3**

By June 30, 2021, Expand Population Level Chronic Disease Management (e.g. Asthma, Diabetes, COPD, CHF Disease Management) to include targeted engagement of low risk members for health education messages.

### **Objective 4**

By June 30, 2021, to increase the rate of compliance for cervical cancer screenings among White (Caucasian) women ages 24-64 years of age and residing in Stanislaus County from 35.7% to 49.1% (or 327 members) at Golden Valley Health Center's West Modesto. This population was selected in review

of DHCS External Quality Review Organization (EQRO) which indicated a decrease in rates from 2015 [57.18%] through 2017 [2016=49.39%; 2017=47.20%] for Stanislaus County.

## **Conclusion**

HPSJ will continue to assess the needs of its members through active engagement of its members and the community and provide comprehensive, innovative, and equitable care to the members in communities served. As the local managed care health plan, HPSJ partners with the community to raise awareness of the health services available to its members and actively seeks feedback from the members, community partners, and providers to improve the measurable impact within communities served.

## **Data Sources**

Multiple data sources were used throughout all sections of this report including:

- The 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) data and 2017/2018 Department of Health Care Services (DHCS) HPSJ health disparities data
- 2019 Community & Cultural Detailing Report by HPSJ's community engagement vendor
- HPSJ internal reports highlighting member demographic data, current enrollment rates, and claims
- External reports developed by local health departments and statewide health research groups

National or state curated sources provided county level data. The sources and methodologies are as follows:

### **Internal Sources:**

#### **HPSJ Grievance Data**

In compliance with APL 17-006, HPSJ has established, implemented, and continues to maintain a Grievance and Appeal System to ensure the receipt, review, and resolution of Grievances and Appeals. All Managed Care Plans (MCP's) maintain a record of all grievances and appeals received. These are reported quarterly to the quality operation committee for systematic aggregation and analysis for quality improvement. This report was taken into consideration in the preparation of the CAHPS report.

#### **DHCS MCP specific health disparities data**

*Cited as: (DHCS Disparities, 2019)*

DHCS provides an annual health disparities data to all MCP's. Health Disparities data highlights the utilization of preventive health services by age, race/ethnicity, language spoken, and county of residence.

#### **2019 Community & Cultural Detailing Report**

*Cited as: (Community & Cultural Detailing, 2019)*

HPSJ Community Engagement Consultant compiled a Community Detailing Report. This report analyzed a combination of data sources which include:

- HPSJ Member Eligibility and Care Gap Finder data

- CARES Engagement Network
- National Center for Education Statistics (NCES)
- ED Facts from the U.S. Department of Education
- American Community Survey (ACS)
- UDS Mapper
- US Census Bureau

Data was collected and analyzed to better understand access to care, language needs, cultural and linguistic competency, health education and gaps in quality improvement efforts at the county and plan level.

### **2019 Provider Availability Analysis Survey (PAAS)**

*Cited as: (PAAS, 2019)*

This report provides an overview and analysis of HPSJ's practitioner network availability for fiscal year 2018-2019. HPSJ monitors performance areas affecting and reflecting practitioner network availability on an annual basis. In order to ensure adequate access to primary care and specialty care practitioners and providers, HPSJ has established quantifiable standards for both the number and geographic distribution of network practitioners.

### ***Methodology***

Calculating Member to Provider Ratio:

- Primary Care Provider (PCP): Member Ratio = Total Membership / Total number of PCPs for the specific type (general medicine and family practice, internal medicine, and pediatrics). (Note that the current DHCS Standard for PCP to Member Ratio is at 1:2,000)
- Specialty Care Provider (SCP): Member Ratio = Total Membership / Total number of SCPs for the specific specialty type (e.g. total number of ophthalmologists). (Note that there are currently no DHCS Standard for Specialist to Member Ratios)

Based on current membership data Geo Access software calculates the ratio of PCPs and SPCs to members.

Calculating Member to Provider Drive Distance:

- PCP and SCP Drive Distance: Provider Network Operations (PNO) Department runs the data on new Geo Access software called Quest.
- Using zip codes and membership data, Quest determines the percentage of members with desired access.

Identifying High Volume Specialists:

The high-volume specialty types are identified based on number of claims submitted. Based on this definition, the high-volume specialists for this period are as follows:

- Cardiologists
- General Surgeons
- Physical Medicine & Rehabilitation

- Ophthalmologists
- Allergy & Immunology

## **2019 Health Risk Assessment Analysis**

HPSJ conducts an initial assessment of each new member's need and risk, including emerging risk by assessing behavioral, developmental, physical and oral health status and social determinants of health. Each new member is provided with an initial assessment tool and encouraged to return the screening tool to HPSJ. The screening tool is called the Health Information Form/Member Evaluation Tool (HIF/MET) and is mailed to every new enrollee in the Welcome Packet. The responses provide a flag to identify new members that need immediate assistance, that are at higher risk and may have more complex health care needs. The Health Risk Assessment (HRA) is an additional tool used to determine higher risk for members who enroll under the category Medi-Cal Seniors and Persons with Disabilities (SPDs). Ongoing assessments and screenings are performed in accordance with recognized clinical practice guidelines.

**Risk Scoring-** HPSJ uses a vendor to risk score all its members utilizing claims and encounters, utilization and pharmacy data. The members are given a score based on their diagnosis and utilization of services and their risk for poorer outcomes. HPSJ utilizes the scoring to determine the level of intervention required by members- the members with the highest risk score receive complex case management services, then case management and disease management interventions and members with low scores receive preventive health messaging.

## **Non-DHCS State/National Sources:**

### **UCLA California Health Interview Survey (CHIS): AskCHIS Neighborhood Edition**

*Cited as: (CHIS, 2016), (CHIS, 2011-2012) respectively*

AskCHIS Neighborhood Edition is an online data dissemination and visualization platform that provides health estimates at sub-county geographic regions. Health estimates are powered by data from the California Health Interview Survey (CHIS).

### **The California Healthy Places Index (HPI)**

*Cited as: (HPI, 2019)*

The Public Health Alliance of Southern California uses available data reflecting a combination of 25 community characteristics to give a score for comparing communities across California. The HPI is structured around Social Determinants of Health (SDOH) and focuses on community conditions that predict life expectancy. Data related to the counties HPSJ serves were used across specific community characteristics.

### **Lucile Packard Foundation: kidsdata.org platform**

*Cited as: (KidsData, 2019)*

Utilizing more than 35 trusted public sources the Lucile Packard Foundation for Children's Health provides a free database resource offering data on measures of child health and wellbeing. Data is available at the County or school district level depending on the measure.

## **2019 County Health Rankings Report**



*Cited as: (County Health Rankings, 2019)*

The County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and ranks them within states. The rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically informed weights. By standardizing measures, reverse coding, and utilizing composite scores counties are ranked at the state and national level.

### **California Tobacco Facts and Figures 2019**

*Cited as: (Vuong TD, Zhang X, Roeseler A., 2019)*

The California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) prepares the annual California Tobacco Facts and Figures report as a quick reference and snapshot of the current state of tobacco control in California.

### **External/Local Sources:**

#### **2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey**

*Cited as: (CAHPS, 2019)*

HPSJ contracted with a National Committee for Quality Assurance (NCQA) accredited survey vendor to complete the CAHPS surveys. These surveys assessed members satisfaction with the health plan. A total of 2,507 Medi-Cal Adult CAHPS surveys were sent to members with a response rate of 20.1% (504 responses). 3,132 Medi-Cal Child CAHPS surveys were mailed with a response rate of 19.3% (631 responses).

#### **2019 Community Health Needs Assessment San Joaquin County**

*Cited as: (SJC CHNA, 2019)*

The 2016 Community Health Needs Assessment (CHNA) offers a comprehensive community health profile that encompasses the conditions that impact health in San Joaquin County. In order to identify health needs, a mixed-methods approach was utilized, examining existing data sources (secondary data), as well as speaking with community leaders and residents to solicit their opinions and conducting a survey of residents (primary data). Guided by the understanding that health encompasses more than disease or illness, the 2016 CHNA process continued to place emphasis on the social, environmental, and economic factors— “social determinants”— that impact health. Thus, the CHNA process identified top health needs by analyzing a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing factors to each health issue.

#### **2013 Community Health Assessment Stanislaus County**

*Cited as: (C. Hooda, S. Hutchins, O. Tong, 2013)*

This report is the third Stanislaus County Community Health Assessment (CHA). The CHA's are designed around broad, social determinants of health. The broad determinants are non-medical factors that affect health, such as income, educational attainment, housing and community safety, among others. Previous CHA's were conducted in 2003 and 2008. Each assessment has both primary and secondary data components. To examine geographic differences, the County was divided into nine regions, each with one or more zip codes. Due to COVID-19 Emergency Operations through the Local Health

Department (LHD) Stanislaus County Public Health was not able to publicly release the 2019 CHA as anticipated. Multiple attempts were made to obtain information as a key stakeholder and partner in community health. However, due to limited resources within the LHD no additional information could be shared with partners including HPSJ.

### **San Joaquin County (SJC) & Stanislaus County Oral Health Needs Assessments**

*Cited as: (SJC OHNA, 2018) and (Stanislaus OHNA, 2018) respectively*

Driven by local oral health programs (LOHP's) within the county public health departments, the Oral Health Needs Assessments were completed in 2018 and included primary and secondary data per requirements of the Proposition 56 funded LOHP's.

### **Key Informant Interview (KII) methodology**

HPSJ interviewed CAC members and community partners utilizing a tool adapted from the San Joaquin County Public Health Community Health Assessment Key Informant Interviews. A total of 24 individuals were interviewed with 8 individuals from Stanislaus (33%) and 16 individuals from San Joaquin County (SJC) (66%). Though the current HPSJ member demographic accounts for approximately 40% of total members in Stanislaus and 60% of members in SJC it is important to note that historically, CAC meetings were only hosted in SJC and community connections in the county are rooted in past work allowing for more opportunities for interviews from both members and partners.

## **Key Data Assessment Findings**

### **A.1.a Membership/Group Profile**

It is important to understand the demographic makeup of both service areas which include San Joaquin County and Stanislaus County. Local county data was reviewed in addition to HPSJ membership data. There are many factors that affect how community members interact within various systems of care that make up safety net services. As a result, it is important to acknowledge that better data collection and data sharing are essential in the positive progression of the larger system, including partners, that serve our members.

### **Geography**

HPSJ has a total of 320,174 enrollees as of June 2020. Serving two counties in the central part of California with roughly 60% of membership living in San Joaquin County and 40% living in Stanislaus county. Less than 1% live in other counties, and HPSJ is one of two plan options for eligible individuals and families to choose from. Below are two figures that highlights the top 10 most populated cities and zip codes. The largest concentration of membership is within each county's largest metropolitan cities that are more urban. Geographically, other cities and zip codes are larger towns that have smaller population density and are a mix of urban and rural. Please note that data in the tables below were collected using membership data from 2019. The total membership number reported earlier which reflects on current state membership which has increased potentially due to community factors related to more residents becoming eligible for Medi-Cal.

### **Table 1: Population Density: Top 10 Cities by # of Members (Community & Cultural Detailing, 2019)**

The following listed cities contain the highest number of HPSJ members within the two counties served as of 2019. This information helps to inform HPSJ where members reside to provide services that are

easily accessible based on geographical location. Zip code level data provides a clearer picture as to what types of services are available to community members such as access to clinics, transportation, food, and other items that contribute to social determinants of health.

City	# of Members	County
Stockton	131,699	San Joaquin
Modesto	65,936	Stanislaus
Turlock	20,065	Stanislaus
Lodi	18,382	San Joaquin
Tracy	16,096	San Joaquin
Manteca	14,788	San Joaquin
Ceres	12,159	Stanislaus
Patterson	5,902	Stanislaus
Riverbank	4,619	Stanislaus
Oakdale	4,402	Stanislaus

**Table 2:** Stanislaus County Most Populated Zip Codes by HPSJ Members (Community & Cultural Detailing, 2019)

San Joaquin county has a larger HPSJ membership concentrated in Stockton, whereas in Stanislaus County membership spans multiple geographic areas. To properly highlight Stanislaus membership the most populated zip codes in Stanislaus county are available in this table with the corresponding geographic area.

Zip Code	Members	Geographic Area
95351	16,847	West Modesto
95358	14,255	Southwest Modesto
95380	13,529	South Turlock
95307	12,160	Southwest Ceres
95350	11,155	Central Modesto/Downtown

### Race & Language

HPSJ serves a diverse population represented by many languages, and ethnicities. Roughly 71% (230,029) of HPSJ enrollees are racial/ethnic minorities. This translates to a large portion of our membership identifying as Black, Brown, Asian and other people of color (Community & Cultural Detailing, 2019). The most prevalent ethnicities within the membership are Latino 50.03%, followed by White 20.53%, Black 7.39%, and members that left that question blank at 8.43%. The top four most prevalent languages are shown in the figure below. There are notable differences regarding the most common foreign language spoken and race. That overview at a community level is illustrated for each county individually in the charts below.

**Table 3: Most Prevalent Languages (*Community & Cultural Detailing, 2019*)**

The following listed languages contain the breakdown of what HPSJ members prefer to speak in. This information better informs how we share our work in various languages along with practicing cultural humility.

Language	Percentage	# of Members
Blank/Null/Other/Unknown	53.7%	174,070
Spanish Speaking	25.06%	81,194
English Speaking	17.83%	57,749
Cambodian Speaking	0.9%	2,196

### Member Ethnicity Report

HPSJ completed a Member Ethnicity Report that reviewed members with and without claims based on race/ethnicity for the calendar year 2019. The data in this report identifies the following: Medi-Cal members between ages 18 – 64 years, Medi-Cal members eligible during the calendar year 2019, all ethnicities, and members with and without any medical claims or encounters on file. It is important to note, the report does not include members with Medicare or other commercial insurance.

Data was analyzed for both Stanislaus and San Joaquin Counties' on members who had a visit with their primary care physician and those who did not have a visit over the entire calendar year and further analysis was conducted of the visits by race and ethnicity. According to the report, the most prevalent race/ethnicities in Stanislaus and San Joaquin counties are Hispanic, Caucasian, African American, Asian American Pacific Islander (AAPI). The report findings below show the number of no claim or encounter on file by race/ethnicity for prevalent populations.

Stanislaus: Percentage of members by Ethnicity with no encounters or claims for the entire 2019 calendar year

- Hispanic – 6,400/27,700 - 23%
- Caucasian – 4,000/17,600 – 23%
- African American – 500/2,100 – 24%
- AAPI – 400/1,800 – 22%

San Joaquin: Percentage of members by Ethnicity with no encounters or claims for the entire 2019 calendar year

- Hispanic – 7,600/35,500 – 21%
- Caucasian – 3,900/17,600 – 22%
- African American – 2,000/9,500 – 21%
- AAPI – 1,000/4,500 – 22%

HPSJ is committed to improving the wellbeing of its members. The data above details members who have not had a visit with their primary care physicians over an entire year. HPSJ will continue to outreach and educate all stakeholders within the health plan, in the community, and providers to ensure that members understand the importance of preventative care visits and are given the proper tools and

knowledge to access their primary care physicians with a special focus on addressing racial and ethnic disparities. As noted in the 2019 Community & Cultural Detailing report, HPSJ is committed to reducing the current health disparities among racial, ethnic and cultural population that comprise our membership.

### **Cultural and Linguistic Profile**

According to the National Culturally and Linguistically Appropriate Services Standards (NCLAS), understanding the cultural and ethnic background of our members improves the provision of access to care, effective communication and improves the quality of care provided to members. Culture is the integration of pattern of thoughts, communication, actions, customs, beliefs, values and institutions associated, wholly or partially with racial, ethnic or linguistic groups as well as religious, spiritual, geographical, biological or social characteristics. The following views on healthcare organized by different racial groups was obtained from the 2019 Community and Cultural Detailing Report through, “Cultural Ambassadors” coordinated by the community engagement vendor.

#### **Hispanics Views on Healthcare:**

- This population is less likely to share their medical history.
- For this population verbal or non-verbal communication is usually characterized by respect and most importantly communication should be respectful.
- This population is most likely to visit emergency department as compared to other populations.
- They believe that one does not go to the hospital unless they are very sick.

#### **Vietnamese Views on Healthcare:**

- Members of the Vietnamese community may believe that sickness is a punishment from God.
- There is also a belief that western medicine is “hot” while eastern medicine is “cool.”
- Lack of interpreters in clinics may make communication difficult and the source untrustworthy.
- There are some that believe that there must be space between women and men. A cultural nuance that should be kept in mind when interacting with members.

#### **Cambodian Views on Healthcare:**

- Older traditions within the Cambodian/Khmer Community may lead to some individuals within the population attributing illnesses to supernatural forces where illness is considered a punishment for sins committed in the past.
- This population has strong taboo against public touching or while seated. It is impolite to point the soles of one’s feet towards another person.
- For this population lack of interpreters in clinics makes clinical visits and communication difficult and the source untrustworthy.
- Khmer people tend to prefer interpreters of the same sex.

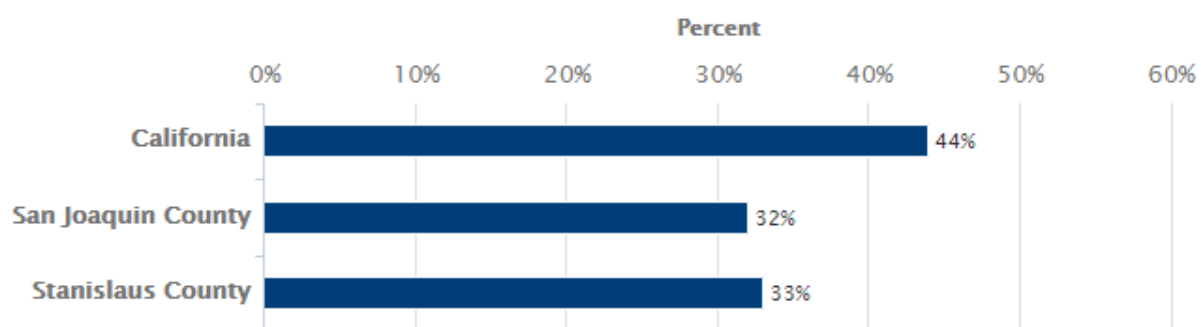
### **Education**

The larger community’s educational attainment in both counties is low in comparison to the state. There is a high percent of 4th grade students scoring ‘Not Proficient’ in English when compared to the California state average (SJC CHNA, 2019). Forty-one languages were identified among current HPSJ

members; however, the most common languages spoken other than English in San Joaquin County are Spanish, Tagalog and Punjabi and the most common race/ethnicity is Hispanic, White and Asian (Community & Cultural Detailing, 2019).

In both counties there is a low percentage of adults 25+ with bachelor's degree or higher (KidsData, 2019). Educational attainment is one of many key indicators that lets the community know how well it is performing and if it can provide an environment conducive to learning. There was also notably poor student reading proficiency, with many students in the 4<sup>th</sup> grade testing below the 4th grade level, and a high percentage of adults without a high school diploma (KidsData, 2019).

**Figure 1:** Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASPP), for 4<sup>th</sup> Grade (KidsData, 2019).



### Age, Gender, Seniors, & Persons with Disabilities

HPSJ membership is largely comprised of children and families (64%). Roughly 53% of HPSJ members identify as female and 46% identify as male. A small percentage (7%) is comprised of older people, people with disabilities and people that are blind (Community & Cultural Detailing, 2019). This data can be used to prioritize certain populations based on various demographic data in the provision of holistic care.

### Membership by Aid Code

Category of aid codes (COA) help identify the types of services for which Medi-Cal and Public Health Program recipients are eligible. A recipient may have more than one aid code and may be eligible for multiple programs and services. Reviewing membership by aid code establishes a baseline of member needs based on the descriptor of that category. For example; SPD refers to category, "Seniors, and Persons with Disabilities." Members in this category may need additional support and targeted interventions based on their medical history or current ability to care for themselves.

**Table 4:**

Overall Membership by COA		
Category	n	% total
Affordable Care Act (ACA)	85512	26.7%
Seniors and Persons with Disabilities (SPD)	21550	6.7%
TANF-ADULT	54966	17.2%
TANF-CHILD	158146	49.4%

**Table 5:**

COA by County			
County	Category of Aid	n	% total
SJ	ACA	50246	15.7%
SJ	SPD	14524	4.5%
SJ	TANF-ADULT	32302	10.1%
SJ	TANF-CHILD	99054	30.9%
ST	ACA	35266	11.0%
ST	SPD	7026	2.2%
ST	TANF-ADULT	22664	7.1%
ST	TANF-CHILD	59092	18.5%

**Table 6:** HPSJ members by age (Community & Cultural Detailing, 2019)

The chart below illustrates the distribution of HPSJ members by age. A large portion of HPSJ membership includes children and young people.

Age Group	Percentage
0 – 18	50.2%
19 - 64	48.6%
65 & up	1.1%

### Other Vulnerable Groups

HPSJ does not currently collect sexual orientation gender identity and gender expression (SOGIE) data, which is an important measure for the lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA) community. It can be noted that a small percentage of our membership identifies differently than what the Medi-Cal application currently provides as options for gender identification and sexual orientation. There was no internal data source that allowed for an accurate representation of how many HPSJ members are unhoused. What is known is that lack of housing contributes to high emergency room utilization rates for the unhoused, which contributes to higher cost of care because a basic need is not being met (SJC CHNA, 2019).

### Health Status and Disease Prevalence

Robert J. Wood Foundation provides a County Health Rankings report that helps Local Health Departments (LHD's) and healthcare organizations understand characteristics of their communities that

influence the health of residents and life expectancy. The rankings are unique in their ability to measure the current overall health of each county in all 50 states. It is a comprehensive review of a variety of measures that affect the future health of communities inclusive of current health outcomes, social determinants of health, and health behaviors.

Stanislaus and San Joaquin Counties typically rank lower in all categories including health outcomes, length of life, quality of life, health factors, and health behaviors. However, in recent years both counties have experienced improvements in some measures. In comparing Stanislaus and San Joaquin County, each county was ranked as follows out of 56 California counties in 2019:

**Table 7:**

	Stanislaus County	San Joaquin County
Overall Rank-Health Outcomes	33	44
Length of Life	38	37
Quality of Life	34	50
Health Factors	42	46
Health Behaviors	44	40
Clinical Care	39	37
Social and Economic Factors	38	45
Physical Environment	48	47

Overall Health Rank in previous years have fluctuated in both counties. However, this number has consistently stayed in the bottom half of counties in California:

**Table 8:**

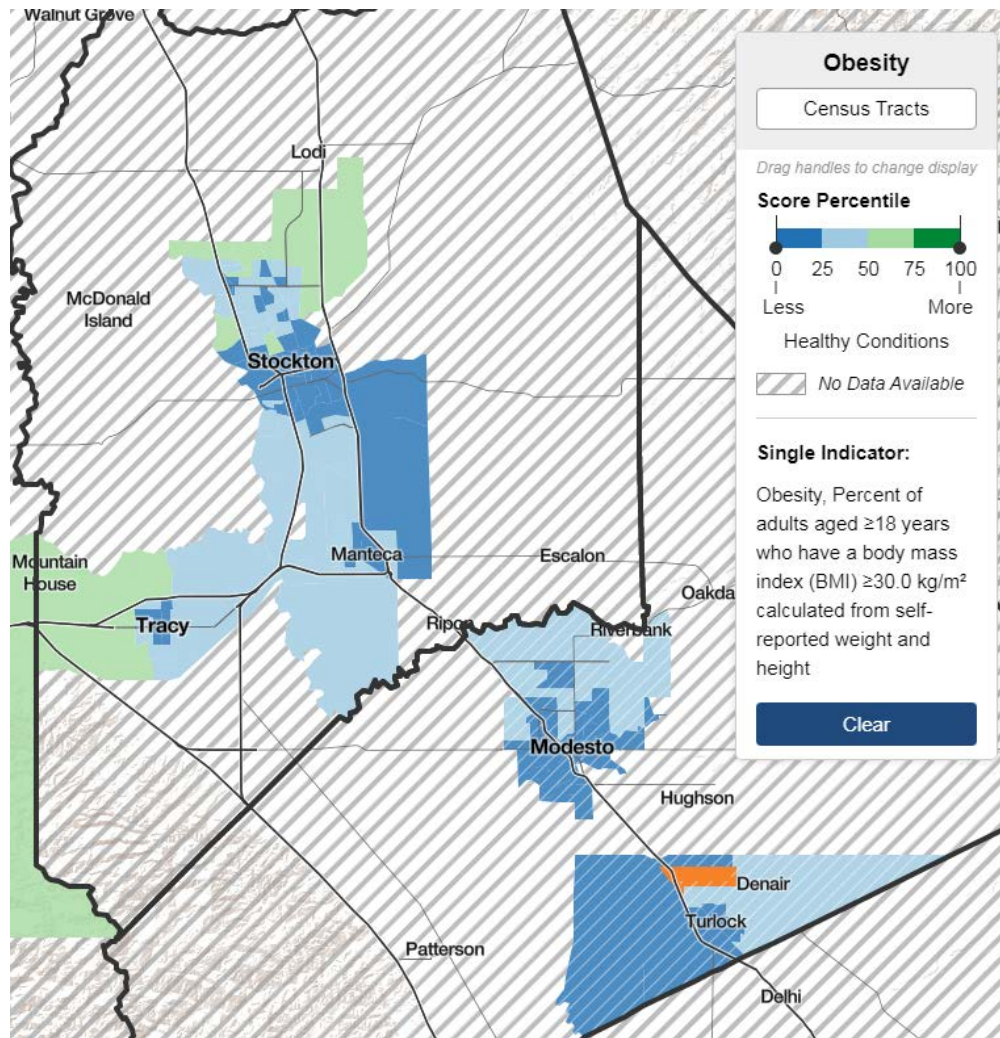
Overall Health Rank Compared to all Counties California		
	Stanislaus County	San Joaquin County
2018	38	46
2017	41	39
2016	45	41
2015	38	44

The County Health Rankings measure of obesity serves as a proxy metric for poor diet and limited physical activity and has been shown to have very high reliability. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status. This is just one of the measures used to inform the score for Health Behaviors which includes adult smoking, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol impaired driving deaths, sexually transmitted infections, and teen births. This measure contributes to the overall weight of this rank and is provided as a percentage of total adults who report a BMI of overweight or obese. Stanislaus County percentage of adults over the age of 20 who self-report as obese/overweight is 30% as compared to San Joaquin County with a reported 31% of adults. In reviewing data available through CDC's 500 Cities/Behavioral Risk Factor Surveillance System (BRFSS)



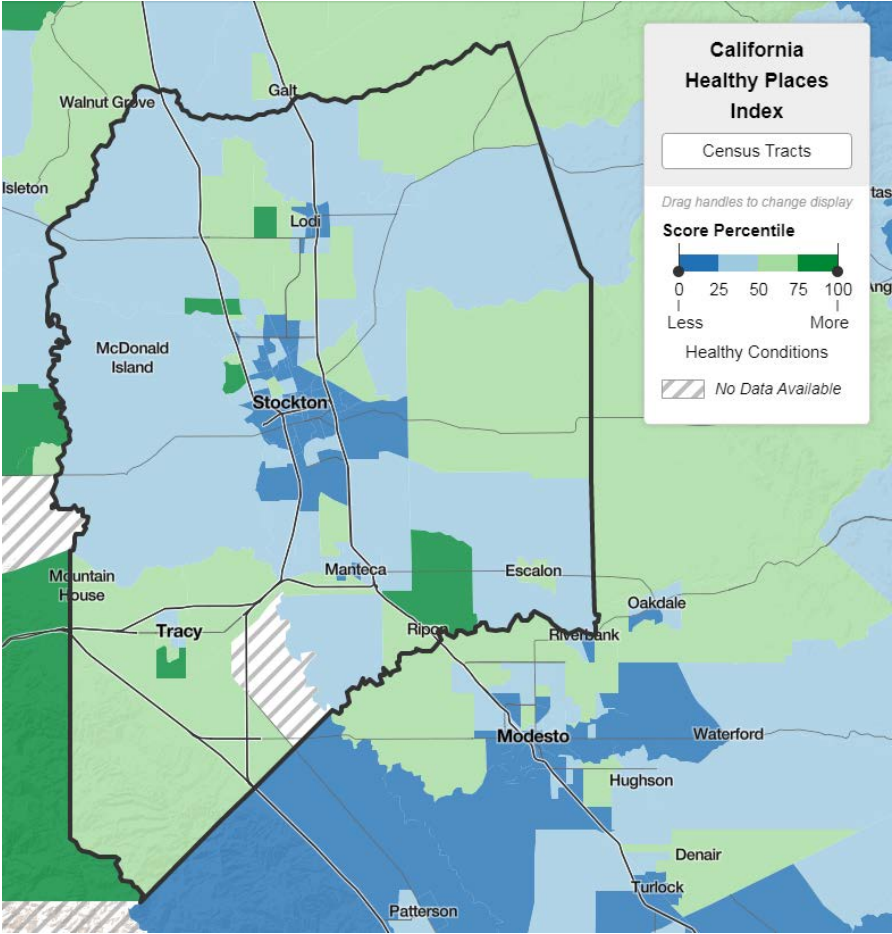
survey on The California Healthy Places Index (HPI) it can be noted that the majority of those who report as overweight/obese are concentrated in key areas across both counties.

**Figure 2:**



Though data is not available in agricultural/rural areas across the counties, the member detailing report discussed earlier places the majority of HPSJ members within Stockton and Modesto, both of which include census tracts experiencing higher rates of obesity as demonstrated in the map above.

Figure 3:



## What this Map Means:

The percentage represents the % of census tracts in California in which this tract is healthier than (e.g. in the middle of county labeled Stockton, those census tracts are healthier than only 0-25% of other census tracts). Simply stated, dark green indicates healthier communities as measured by each indicator and dark blue indicates communities that are less healthy.

**San Joaquin County:**

The following represents key findings from the 2016 San Joaquin County Community Health Needs Assessment. The leading causes of death and disability in San Joaquin County are cancers, coronary heart disease, stroke, chronic lower respiratory disease, and Alzheimer's disease. These top five health conditions are consistently higher than the California rate. In addition, emergency department utilization has been increasing from 2011-2014. The total number of ED visits was 245,873 for 2014 and the utilization rate was 343 per 1,000 individuals/year.

*Mental Health (SJC CHNA, 2019)*

- 29% of SJC adults do not have adequate social/emotional support.
- SJC residents are exposed to violence at a higher rate than as compared to the state.
- Age adjusted homicide mortality rate of 12.2 per 100,000 population as compared to the California state rate of 5.2 per 100,000.
- Males are much more likely to complete a suicide along with those that are white and someone who is multiracial.

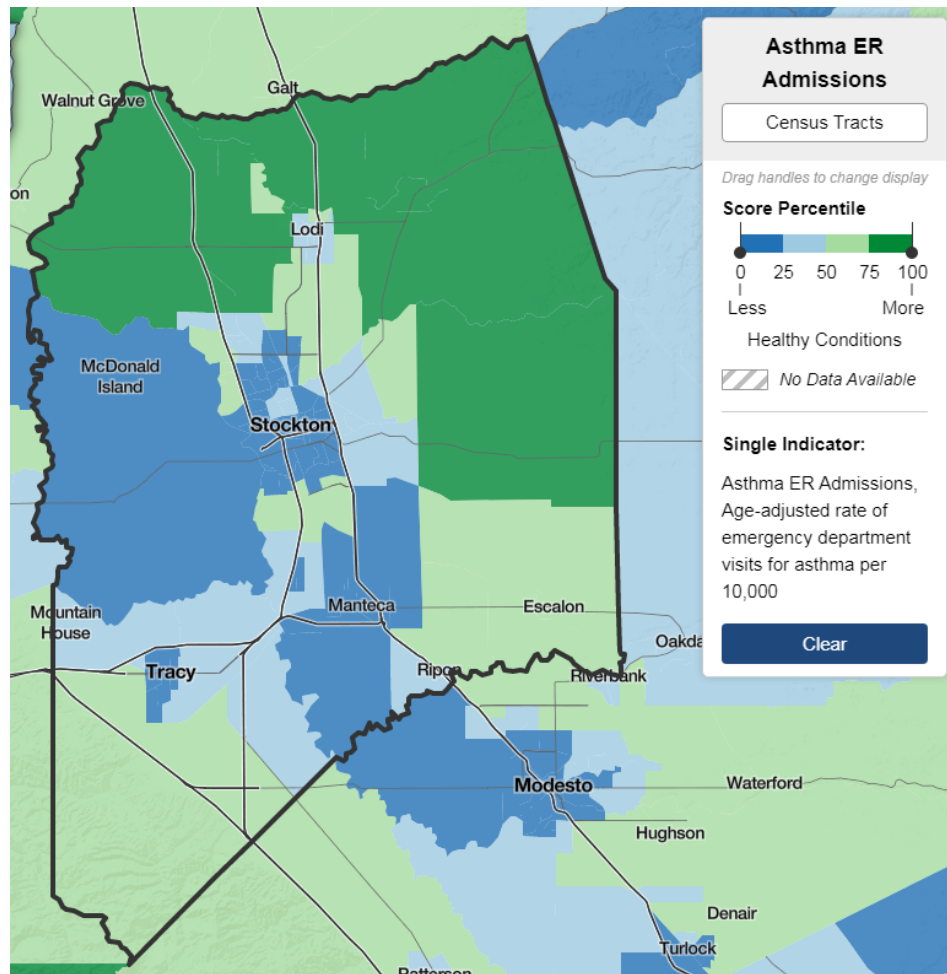
*Oral Health: (SJC OHNA, 2018)*

- 27% of SJC children ages 2-11 have never had a dental visit.
- 31% of SJC adults without a recent dental exam.
- 44% of SJC youth without a recent dental exam.
- Black (41%) and Latino (38%) adults age 20-44 are more likely to have untreated dental caries.

*Asthma/Air Quality (SJMC CHNA, 2019)*

Prevention and management of asthma; reducing exposures to triggers and risk factors that increase the severity of asthma (such as tobacco smoke and poor environmental air quality) improves quality of life as well as reduces the cost of care (SJMC CHNA, 2019).

- SJC ranks 4th in highest agricultural pesticide use among all CA counties (11,017,592 pounds of pesticides are applied in SJC).
- 34% of SJC youth ages 1-17 have been diagnosed with Asthma from parents reporting this.
- 20% of SJC adults have been diagnosed with Asthma.
- 20% of Black people have been diagnosed with Asthma, much higher than the other races.
- 16% of SJC residents smoke cigarettes.

**Figure 4:**

San Joaquin County residents face a 20% higher prevalence rate of asthma as well as slightly higher rates of asthma related hospitalization when compared with state averages. When compared with Healthy People 2020 national statistics on asthma related hospitalization in children, adults, and seniors, San Joaquin has lower asthma rates across all categories.

*Obesity & Diabetes Health Outcomes Data (SJC CHNA, 2019)*

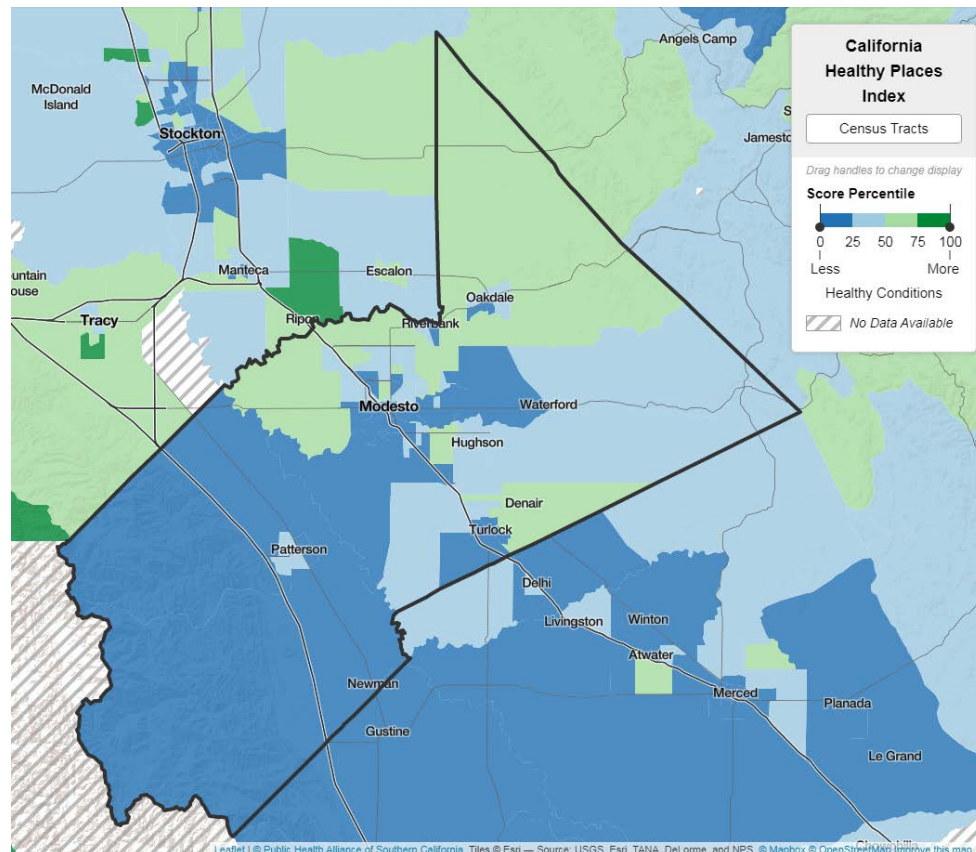
- Diabetes mortality rate is 28.9 per 100,000 compared to California 20.2
- 47% of SJC adults -including one out of three youth- have prediabetes or undiagnosed diabetes.
- SJC adults stroke mortality rate is 45.8/100,000 compared to 37.4/100,000 in California.

**Stanislaus County**

The following represents findings from the 2013 Community Health Needs Assessment. Stanislaus County Public Health scheduled a release date for their 2019 Community Health Assessment (CHA) during Public Health Week 2020 (April 6-12). Due to COVID-19 concerns and reallocation of efforts

within the local health department their report was not shared with the community in time to include in this PNA. In lieu of the data available through the CHA the UCLA California Health Interview Survey (CHIS) AskCHIS Neighborhood edition platform was utilized to supplement statistics where available.

**Figure 5:**



The majority of Stanislaus County census tracts fall under the 50<sup>th</sup> percentile on the California Healthy Places Index with a concentration of census tracts with the lowest percentiles in the Modesto downtown area into West Modesto, Southwest Modesto, Ceres, and South Turlock. The cities of Patterson, Newman, and Grayson are within the lower dark blue section of the county. Based on HPSJ's Community Detailing Report the majority of HPSJ member zip codes are within these blue areas for Stanislaus County.

The five major causes of death in Stanislaus County were diseases of the heart (31.0%), cancer (24.2%), chronic lower respiratory disease (7.4%), stroke (6.6%), and unintentional injury (6.4%). Like San Joaquin County rates, these causes of death are higher than state averages. In terms of physical health, 2 in 3 adults were overweight (18% higher than California average) and 1 in 6 children were overweight for their age (28% higher than the California average). Though health outcomes for chronic conditions are comparatively worse than other areas across the state, the top 5 community concerns based on the Stanislaus County 2013 Community Survey were:

1. Crime
2. Neighborhood Safety



3. Alcohol and Drugs
4. Quality of Schools
5. Homelessness

These concerns highlight the need for a focus on social determinants of health that help to support better health outcomes across communities that are disproportionately impacted by chronic disease. Rates of chronic disease and tobacco use have remained higher than state averages in Stanislaus County:

- Historically, the cigarette use rate in Stanislaus County (17.1%) has been higher than that of California (11.7%) (Vuong TD, Zhang X, Roeseler A., 2019)
- Between 2011 to 2012, the percentage of Stanislaus adults ever diagnosed with high blood pressure increased to 30.4%, as compared to the California rate of 27.2% (CHIS, 2011-2012).
- Heart disease rates in Stanislaus were lower than that of the state at 5.3% as compared to 6.3% for California (CHIS, 2011-2012).
- Rates for congestive heart failure among adults with heart disease was higher in Stanislaus County (33.4%) as compared to the California rate (30.1%) (CHIS, 2011-2012).
- 11.6% of adults in the County have a diagnosis of diabetes, which is higher than the overall California percentage of 8.4%.

### HPSJ Conditions

HPSJ Member utilization data was analyzed by an internal analytics team. In reviewing member data which consisted primarily of claims and encounter information it can be noted that of HPSJ members the top 10 conditions and number of members in each category across both counties were:

**Table 9:**

	Condition	n	% of Total Membership
1.	Obesity	32085	11%
2.	Hypertension	28800	10%
3.	Asthma	26422	9%
4.	Dyslipidemia	22038	7%
5.	Diabetes	18350	6%
6.	Depression	16709	6%
7.	Dyspepsia	13856	5%
8.	Anxiety Disorders	13031	4%
9.	Other/Substance Abuse	11980	4%
10.	Non-Emergent ED Visit	10028	3%

Top 10 conditions represent current areas of concern among existing members and highlight potential focus areas that may serve as opportunities for interventions that can improve health outcomes. Coordination of care is essential in managing chronic conditions for members and serves as important intervention at HPSJ.

Of current HPSJ programs, the case management program includes chronic disease case management of diabetes, asthma, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). The social work team also completes calls to high risk emergency room utilizers to connect members with their PCP or other community-based resources. There are currently no direct strategies that focus solely on obesity, hypertension, or dyslipidemia; however, case managers do discuss these health topics through current chronic disease case management program interventions.

### **Access to Care**

Access to health care is a basic human need. Access to preventive care and treatment is vital to a person's well-being as is access to health care after illness or injury. A lack of health insurance coverage, having inadequate health insurance, and a shortage of medical professionals are frequent barriers to accessing medical care.

The data presented in this section shows the trend in health care access in both San Joaquin and Stanislaus Counties.

### **Access to Health Care in Stanislaus County**

Identified barriers and priority areas related to health care access in Stanislaus county include:

- Health insurance coverage
- Usual source of care
- Uninsured
- Provider shortage
- Oral Health

### ***Health insurance coverage***

Health insurance coverage does not differ between the county and the State, with 11.8% of Stanislaus and 11.5% of California residents reporting that they are uninsured.

In Stanislaus county, 47.3% of residents have employment-based coverage, 36.3% have some form of public insurance, while only 4.4% have private/commercial insurance and 14.2% have no health insurance (see Table 23; pooled 2009 and 2011 & 2012 CHIS).

**Table 10:** Type of Health Insurance Coverage by Demographic Factors in Stanislaus County, 2009-2012 (C. Hooda, S. Hutchins, O. Tong, 2013)

Demographic Factor	Percentage of Residents (95% Confidence Interval) with ...			
	Any Health Care Insurance	Employment-Based Insurance	Public* Insurance	Private / Commercial Insurance
Overall	87.4% (83.3% – 91.5%)	47.3% (41.5% – 53.1%)	36.3% (30.7% – 41.9%)	4.4% (1.4% – 6.2%)
Gender				

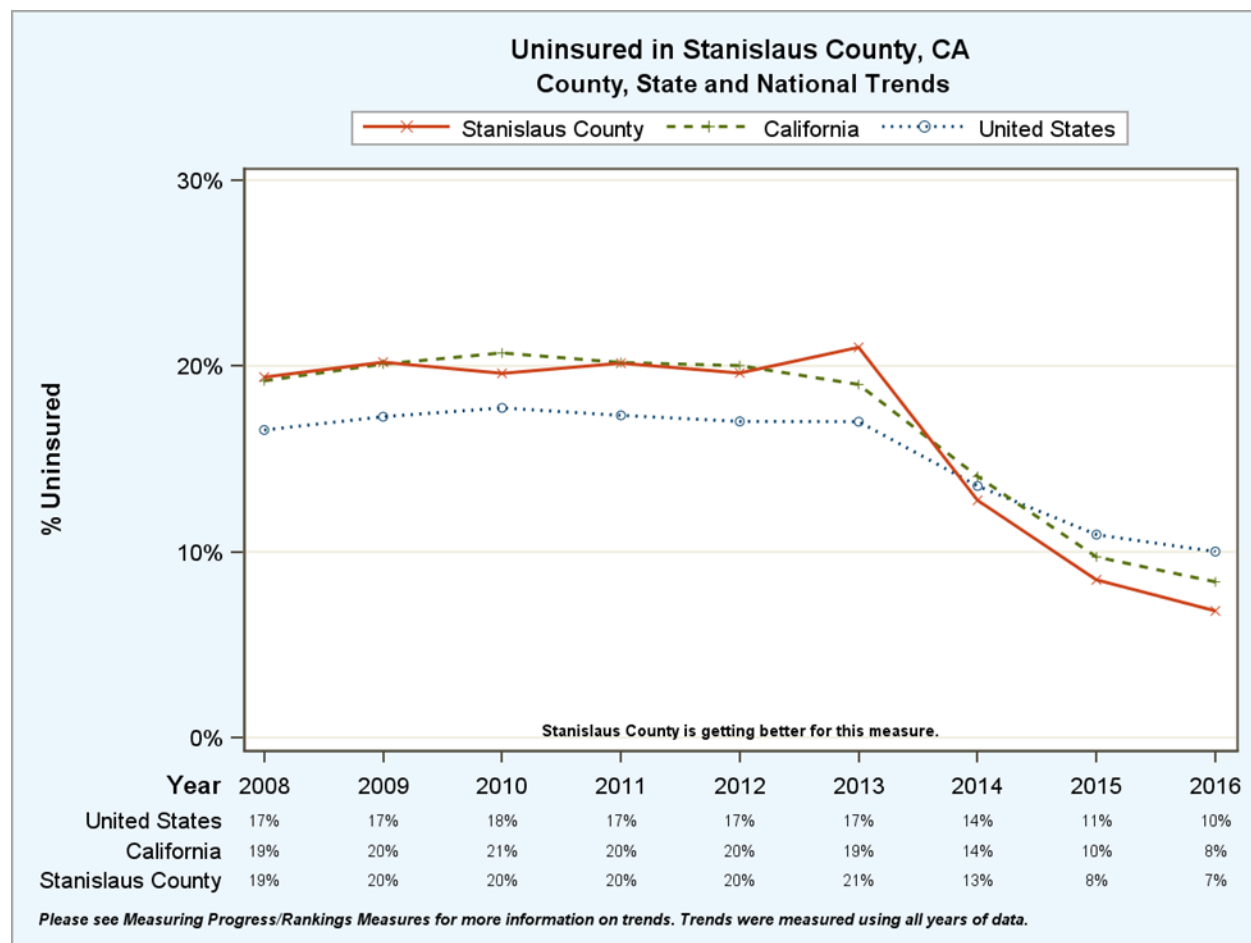
Male	85.5% (1.4% – 6.2%)	51.7% (42.7% - 60.6%)	30.3% (22.2% – 38.4%)	3.5% (0.0% – 8.1%)
Female	88.6% (83.4% - 93.8%)	43.6% (36.0% - 51.1%)	40.9% (33.5% – 48.3%)	4.3% (1.6% – 7.1%)

### Usual Source of Care

Having a stable source of care to access when needed is an important contributor to health and well-being. Below are two disparities:

- **Age Disparity** – The age group least likely to have a usual source of care in Stanislaus county is working-age adults (18-64 years). This group also has the highest percentage of individuals who report using the ER as their usual source of care.
- **Income and Poverty** – The group with the highest percentage reporting to use the ER as their usual source of care was the poorest: those living below 100% of the FPL (C. Hooda, et. al, 2013). The less income a person has, the less likely he or she will be able to use a doctor's office or clinic and the more likely he or she will utilize the emergency room (even for non-emergencies).

Figure 6:





### Provider Shortage

Access to health care is also impacted in Stanislaus county by the limited number of health care providers per capita. As Table 11 shows, Stanislaus county has a persistent lack of primary care providers compared with California and the U.S. (C. Hooda, et. al, 2013).

**Table 11:** Ratio of Population to Primary Care Providers by Jurisdiction

County Health Rankings Year	Stanislaus	California	National Benchmark
2011 <sup>†</sup>	1,328:1 <sup>*</sup>	1,062:1 <sup>*</sup>	945:1 <sup>*</sup>
2012 <sup>††</sup>	1,328:1	1,062:1	945:1
2013 <sup>†††</sup>	1,539:1	1,341:1	1,067:1

According to the County Health Rankings 2019 for Stanislaus County:

- the primary care physician (PCP) ratio is 1,560:1;
- the dentist ratio is 1,630:1; and
- the mental health provider ratio is 510:1.

Stanislaus county also experiences a shortage of mental health providers (Table 12). The San Joaquin Valley, of which Stanislaus and San Joaquin are a part, fell below the state average.

**Table 12:** Licensed Mental Health Professionals per 100,000 Population, by California Regions, 2012 (C. Hooda, et. al, 2013)

Region	Psychiatrists	Psychologists	Licensed Clinical Social Workers	Marriage and Family Therapists
Central Coast	20	45	46	117
Greater Bay Area	32	71	69	123
Inland Empire	9	16	27	40
Los Angeles County	20	45	52	81
Northern and Sierra	10	25	46	91
Orange County	16	41	43	83
Sacramento Area	19	36	57	76
San Diego Area	22	53	53	72
San Joaquin Valley	8	17	25	34
<b>State Average</b>	<b>19</b>	<b>43</b>	<b>48</b>	<b>81</b>

### Quality of Care

HPSJ's 2019 PAAS concluded that HPSJ has met all the pre-established standards. The PAAS has also concluded that there are no issues related to access to specialty care. To improve quality, HPSJ is continuing to expand its network in order to provide better coverage to its members. The Provider Networks Department will continue to use this analysis to identify areas of coverage gaps and attempt to contract physician to fill the gaps.

CAHPS surveys assessed members satisfaction with the health plan. HPSJ target benchmark is the annual 2018 Quality Compass. For the adult quantitative analysis, one of the lowest performing measures is Health Promotion and Education. CAHPS data showed that delays in getting an appointment with a specialist and getting care tests and treatments are impacting member experiences. Key opportunities to improve member satisfaction are resting with getting appointments with specialists.

**Oral Health (Stanislaus OHNA, 2018)**

- Despite high rates of tooth loss, only 8.1% of adults reported that they had received dentures.
- Insurance coverage varies between adults and children.
  - 85.3% of caregivers reported their child was covered by Medi-Cal Dental and/or Medicaid.
  - 55.6% of adults reporting having some form of insurance, while 11% reported having no insurance.
    - 22.7% of adults reported that their dental insurance was through Medicaid/Medi-Cal Dental.
- Only 16.1% of Medi-Cal Dental Insurance recipients ages 6-9, and 9.5% of recipients ages 10-14 received a molar sealant in 2016.
- Many adults reported that they did not have a dentist or usual source of care.
  - 30.4% of adults reported that they did not have a usual source of care.
  - 26.7% of adults reported that there was a time in the past year that they needed care but could not get it.
  - 32.8% of Latino adults reported there was a time they needed care but could not get it.

**Table 13:**

Reasons adults identified for not visiting a dentist in the past year by race/ethnicity, (Stanislaus OHNA, 2018)

Note: May not total to 100% due to missing responses

	Reason why residents don't want to go to the dentist		
	White	Latino/Chicano	Other
Don't Like to Go to Dentist	5.2%	8.8%	9.5%
Too Expensive	7.3%	19.8%	9.5%
Don't Have Transportation	0.0%	4.6%	3.2%
No One Speaks My Language	0.0%	0.4%	1.6%
Don't Have Insurance	5.2%	14.7%	11.1%
Problem with Teeth	7.3%	6.3%	7.9%
Too Hard to Make an Appointment	4.2%	6.3%	4.8%
No One Understands My Culture	0.0%	0.8%	3.2%
Scared of The Dentist	2.1%	6.7%	1.6%

### **Access to Health Care in San Joaquin County**

In San Joaquin County, almost a third more county residents have public health insurance compared with state averages. Latino residents have lower rates of health insurance coverage when compared to the rest of the county.

Some of the factors contributing to access to care issues are:

- Poor access to affordable health and dental insurance
- Few high-quality health care providers (including urgent care and mental health)
- Living in rural areas
- Lack of transportation
- Lack of knowledge of available services
- Language and cultural barriers to health care
- Perception that doctors don't understand the community's culture
- Fear of prejudice from providers
- Inadequate interpretation services at clinics

**Table 14:**

**Table 1: Access to Care Related Health Outcomes and Contributing Factors**

Related Health Outcomes					Factors that Contribute to Health Outcomes		
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Medicaid/Public Insurance Enrollment	30%	22%	✓	Disparities data not available	Uninsured Population		Latino
30-Day Readmissions	15%	14%			Federally Qualified Health Centers		Disparities data not available
Primary Care Physicians (per 100,000)	60	78					
Recent Primary Care Visit	78%	73%					

\*Indicates ethnic group that is experiencing the greatest disparity from county averages

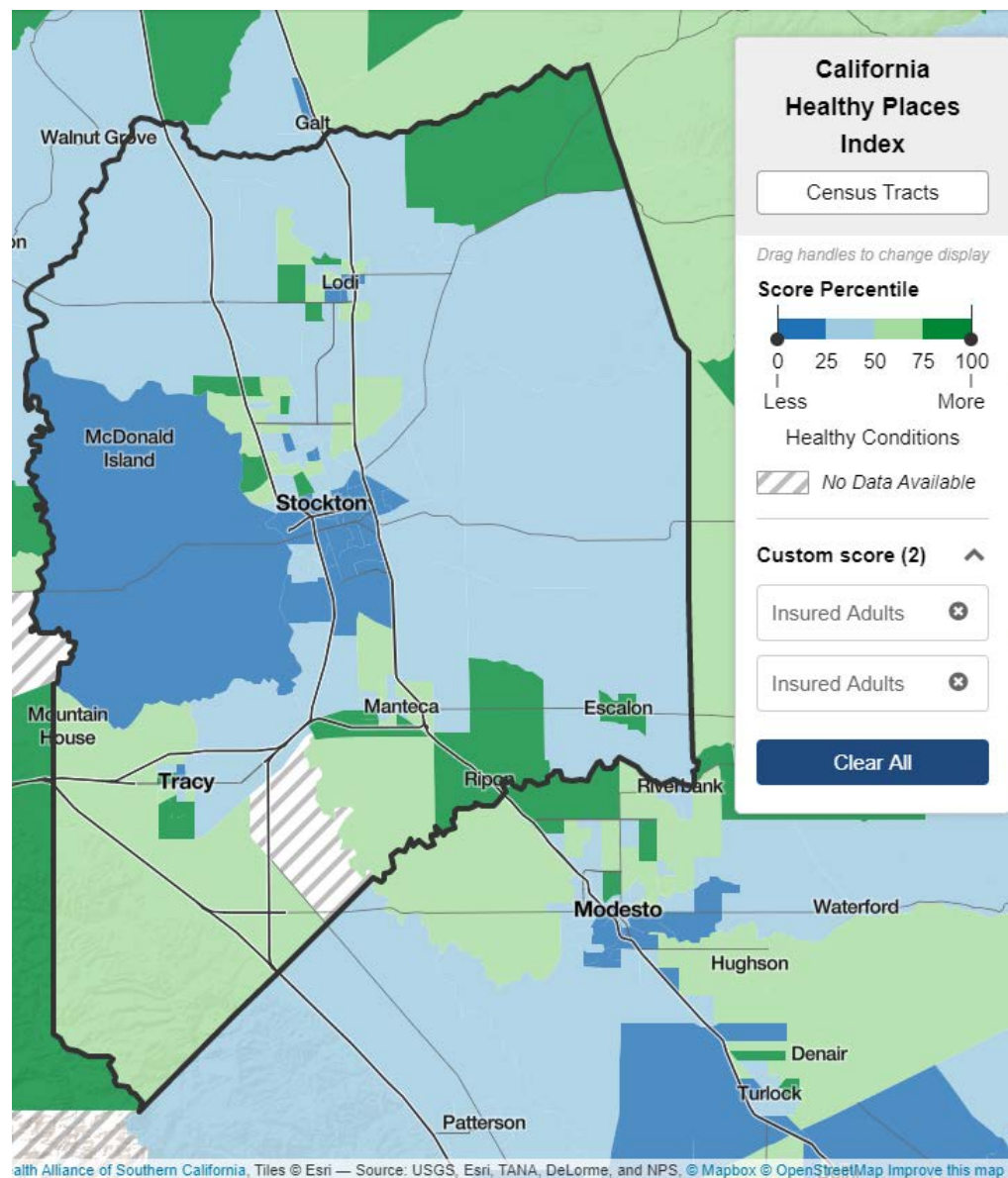
Source: CHNA data platform, 2018

A key informant stated, "The lack of access is probably the biggest challenge. The cost of treatment is so expensive! And if you don't get treatment it escalates into serious health issues very quickly."

### Insured

Research indicates that health insurance dramatically improves health outcomes by allowing people to access necessary care. The California Healthy Places Index (HPI) shows that San Joaquin county has a higher percentage of adults aged 18 to 64 years with health insurance than 39.9% of other California counties.

**Figure 7:**



**Table 15:**

<b>Emergency Department Utilization in San Joaquin County (SJC CHNA, 2019)</b>		
<b>Year</b>	<b>San Joaquin County Number of ED Visits</b>	<b>Annual Increase in Utilization</b>
2010	206,891	
2011	215,181	4.0%
2012	220,569	2.5%
2013	228,488	3.6%
2014	245,873	7.6%

According to the County Health Rankings 2019 for San Joaquin county:

- the primary care physician (PCP) ratio is 1,690:1;
- the dentist ratio is 1,770:1; and
- the mental health provider ratio is 450:1.

#### ***Oral Health (SJC OHNA, 2018)***

Oral health is a crucial part of overall health. Poor oral health can cause pain, disability, and the high cost of dental services can prevent individuals from getting dental care they need.

The 2018 Oral Health Needs Assessment of San Joaquin county identified the following key findings:

- More than two times as many youths in San Joaquin County (44%), compared to the State (19%) reported not having a recent dental examination.
- Among children entering kindergarten, 18-24% have untreated dental decay.
- The dentist-to-population ration for dentists who accept Medi-Cal beneficiaries is half of the accepted benchmark (1 dentist per 4,051 Medi-Cal eligible in San Joaquin County compared to 1 dentist per 2,000 Medi-Cal eligible benchmark, respectively).
- Focus group participants identified the main barriers to care:
  - Cost
  - Transportation
  - Fear
  - Competing health issues
  - Long wait times
  - Short hours of operation
  - Customer service

## **Health Disparities**

To accurately assess the health and well-being of the community, multiple priority health measures were reviewed using the Department of Health Care Services (DHCS) Health Disparities Data, Key Informant Interview (KII) summaries that included a mix participation of Community Based Organizations (CBO) and HPSJ members, and member experience details that were noted through HPSJ's Community Advisory Committee (CAC) during FY19-20. A summary analysis was completed to provide an overview of membership disparities for the six indicators; Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Comprehensive Diabetes Care good control (HbA1c <8.0%) versus poor control (HbA1c >9.0%), and Prenatal Care Post-Partum and Timeliness of Prenatal Care. These measures were prioritized to align with HPSJ initiatives designed to address measures specific to the DHCS Managed Care Accountability Set (MCAS) and the workgroups that have been created internally to focus efforts on these preventive health topics. Initiatives involve health education, case management, quality improvement, and cultural and linguistic services where strategies address gaps in care in Women's Health and Chronic Disease Management.

KII's in San Joaquin and Stanislaus county were completed to gather feedback for the selected health disparities within the community. Members identified the health priorities that are most important to them. Additional findings were gathered at the CAC meetings providing details that reflect experiences and thoughts of the committee on health disparities.

The DHCS MCP specific Health Disparities Data provided the opportunity to complete a comparison across groups, particularly those with different age distribution, race or ethnicity, language, and gender in the communities of San Joaquin and Stanislaus County.

## **Women's Health**

Highlighting disparities that women experience within preventive measures provides a better understanding of the community and increases opportunities to improve the percent rate of compliance through targeted initiatives.

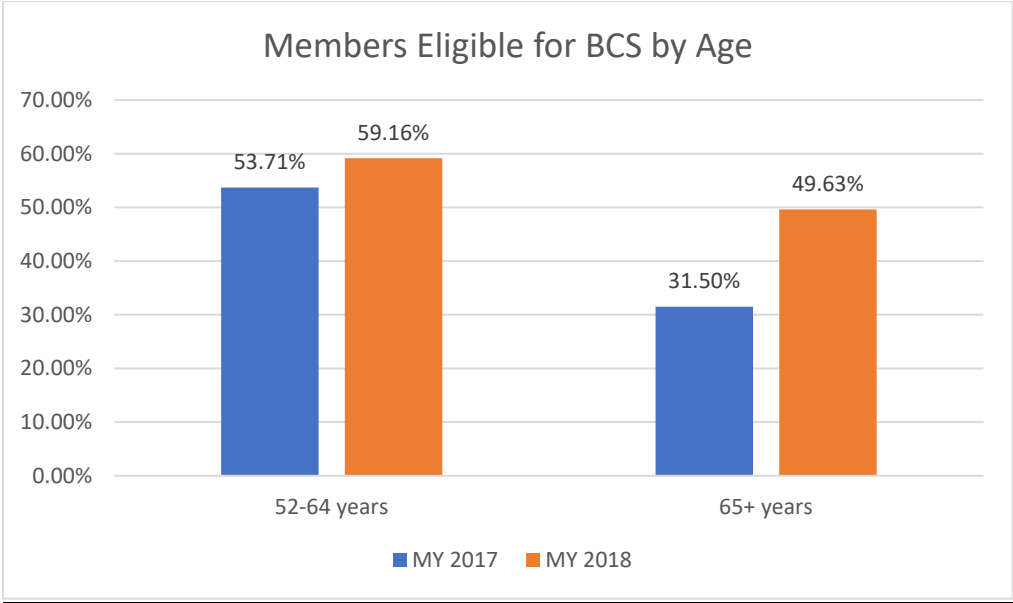
### **Breast Cancer Screening (BCS)**

The Center for Disease Control (CDC) recommends mammograms as the best way to find breast cancer early, "when it is easier to treat and before it is big enough to feel or cause symptoms." Regular BCS can help lower the risk of breast cancer through reliable and early detection. Regular discussions with a primary care provider are important in ensuring early detection and prevention.

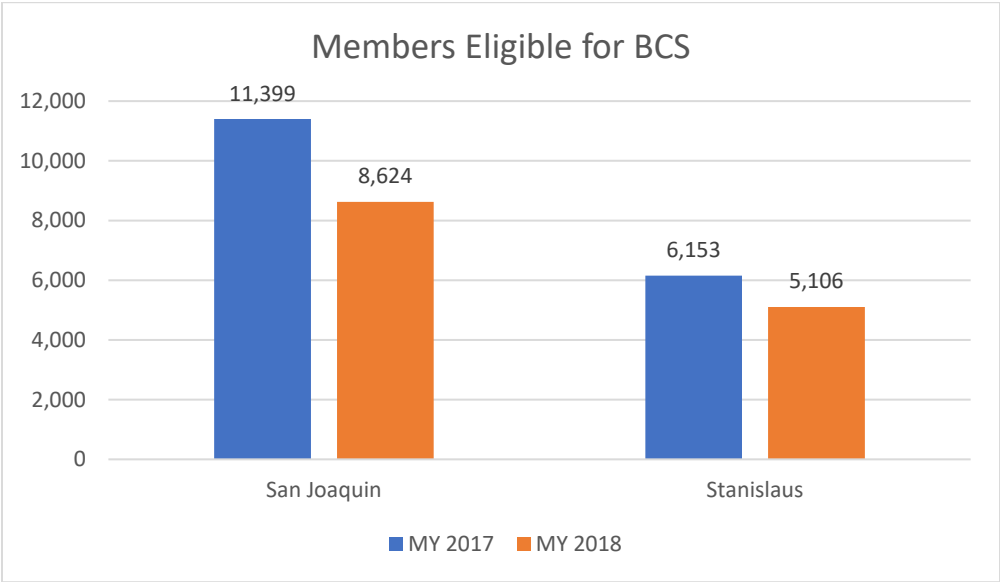
2019 DHCS Health Disparity Data for BCS:

- 7,664 women completed this screening out of 13,730 who were eligible. The completion rate was 55.82%.
  - For San Joaquin County, 4,669 women completed this screening out of 8,624 who were eligible. The completion rate was 54.56%.
  - For Stanislaus County, 2,995 women completed this screening out of 4,838 who were eligible. The completion rate was 59.16%.
- Of BCS eligible women 7,235 were between 52-64 years old and 429 were 65 years or older.

**Figure 8:** In 2017 and 2018, both counties experienced an increase in individuals eligible for BCS within the age group 52 – 64 and 65+. The compliance percent rate from 2018 to 2019 in both counties were within the 50% range showing very little increase from 2018 to 2019 (DHCS Disparities, 2019).



**Figure 9:** The overall number of those eligible to receive services shows a clear drop from 2018 to 2019 across both counties when all eligible age groups are included (DHCS Disparities, 2019).



Interviewees identified community level education as an important strategy to improve health disparities in BCS, especially for women who have a family history of breast cancer. HPSJ members and

CBO partners agreed that BCS should be prioritized across health care and community partner settings. Members who have had BCS in the past noted that there may be some confusion around who should receive BCS and at what age it is required. To address this issue, members suggested more outreach and education for women about BCS during prenatal education courses at Women, Infant and Children Program (WIC).

CAC members reported multiple barriers contributing to lower rates of BCS among different populations within the community. These barriers include inaccurate information on timeliness of care, perceived pain and discomfort, unwillingness to go in for preventative care without direct orders from provider. Some reported that due to a lack of family history of cancer screening was not required. The members noted that it would be helpful to encourage education and empower the community to learn about the benefits of BCS. CAC members along with HPSJ staff came together to launch the, “I CHOOSE ME” Campaign aimed at empowering women to value themselves, their health, and take care of their preventive health needs including screenings for breast cancer and cervical cancer. This campaign included outreach to various communities with high rates of noncompliance in BCS, education at provider offices and presentations to multiple CBO partners.

#### Cervical Cancer Screening (CCS)

According to the CDC, “Cervical cancer is highly preventable, when found early, it is highly treatable and associated with long survival and good quality of life.” Human Papillomavirus (HPV), is one of the leading causes of cervical cancer. Though the HPV vaccine alone is not listed as a Health Disparity measure, this report does review findings for Immunization for Adolescent Combination 2 (IMA-2) in a later section.

HPSJ conducted Key Informant Interviews to gather information on perceptions around CCS. Interviewees were asked to prioritize various health issues that impacted their community the most. Though interviewees did not specifically state that cervical cancer was a health disparity, they did call out women’s health as a priority that the community and the health care system should focus on. There was an overall understanding that early detection and prevention are important in improving health outcomes. Early detection and prevention education were suggested for women in places like WIC. While women are receiving education on prenatal care, educators may take that time to incorporate additional women’s health education in lesson plans or discussions to focus on self-care.

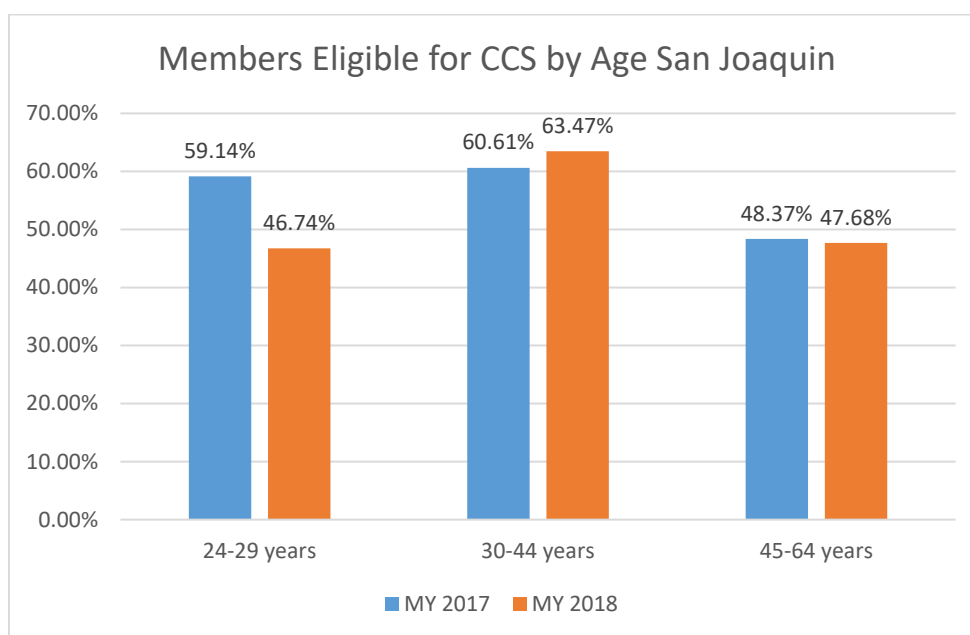
During FY19-20 CAC meetings focused on the, “I CHOOSE ME” campaign by providing feedback that would contribute to the development of educational materials. Committee members reported multiple barriers that could potentially contribute to the lower rates of CCS among community members. These barriers include cultural sensitivity, confusion around appropriate age to get CCS and fear of the perceived discomfort related to screening. Committee members noted that clearly defining the age requirement for CCS on educational materials would be beneficial. Including facts and myths through outreach would encourage more women to want to learn more about the benefits of CCS. CAC members along with HPSJ staff contributed to the launch of the, “I CHOOSE ME” campaign to increase the compliance rate of preventive women’s health measures for both counties. This campaign included outreach to various communities with high rates of noncompliance in BCS and CCS, education at provider offices and presentations to multiple CBO partners.

2019 DHCS Health Disparity Data for CCS:

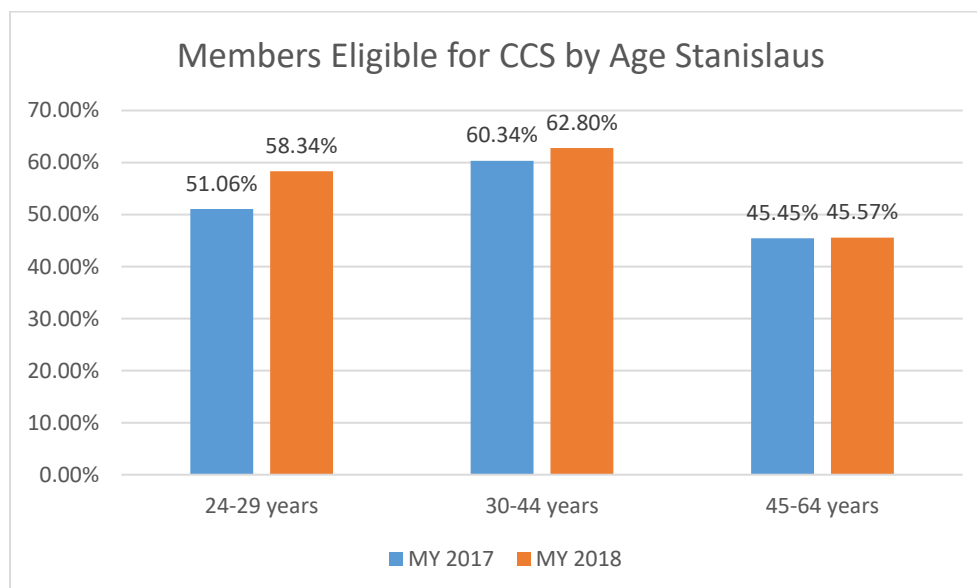


- 448 women completed this screening out of 821 who were eligible. The completion rate was 54.6%.
  - For San Joaquin County, 221 women completed this screening out of 410 who were eligible. The completion rate was 53.9%.
  - For Stanislaus County, 227 women completed this screening out of 411 who were eligible. The completion rate was 55.2%.
- As an MCP Aggregate:
  - 95 women were between 24-29 years old (11.6% of eligible members).
  - 209 women were between 30-44 years old (25.5% of eligible members).
  - 144 women were between 45-64 years old (17.5% of eligible members).

**Figure 10:** Percentage of eligible individuals by age category and measurement year in San Joaquin County (DHCS Disparities, 2019).



**Figure 11:** Percentage of eligible individuals by age category and measurement year in Stanislaus County (DHCS Disparities, 2019).



### Prenatal and Postpartum Care

Prenatal care visits are vital for both mother and baby to ensure adequate care and medical interventions are received timely. Getting early and regular care improves the chances of a healthy pregnancy. By getting prenatal care in a timely manner, moms can get insight on their baby's development and manage their own health. Moms should seek services from their provider in the first six weeks after delivery for their postpartum care to ensure they are healthy overall.

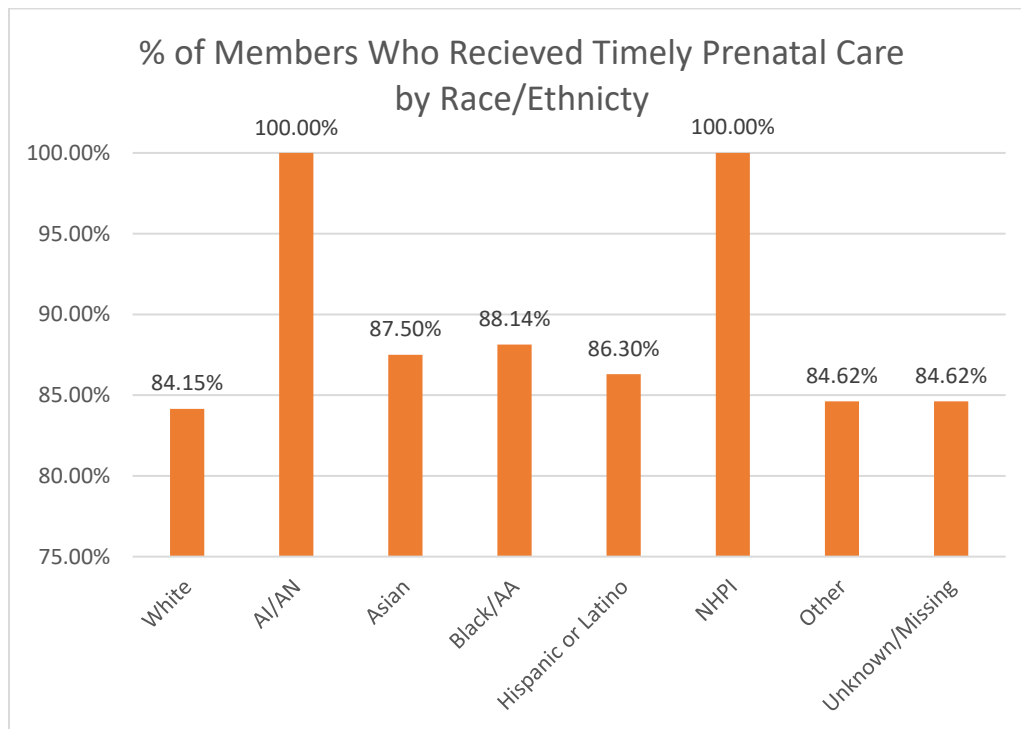
Prenatal Care (PPC-Pre)-- 2019 DHCS Health Disparity Data for Timeliness in Care:

- 707 women completed this service out of 822 who were eligible. The completion rate was 86.0%.
  - For San Joaquin County, 352 women completed this service out of 411 who were eligible. The completion rate was 85.6%.
  - For Stanislaus County, 355 women completed this service out of 411 who were eligible. The completion rate was 86.5%.
- 9 women were under 18 years of age (1.1% of eligible members).
- 47 women were between 18-20 years old (5.7% of eligible members).
- 557 women were between 21-34 years old (67.8% of eligible members).
- 94 women were between 35-44 years old (11.4% of eligible members).

Timely and quality prenatal care ensures potential health problems are detected early in pregnancy allowing more time for early intervention or prevention. Though the Health Disparities data is limited, it is important to consider various disparities, when possible, to provide a detailed picture of the need in

the community and how specific groups of people may be disproportionately impacted by certain health needs. Health Disparities data indicates that 86.1% of those eligible for prenatal care received services timely in 2019. In considering race/ethnicity the following figure indicates the lowest rates of timely prenatal care in white women. It is important to know that of American Indian or Alaska Native (AI/AN) and Native Hawaiian or other Pacific Islander (NHPI) groups the denominator used to calculate the percent compliance was one as there was only 1 individual that identified themselves of being part of the race/ethnicity. In each case the denominator used to calculate the total number of individuals who elected to identify themselves by that race/ethnicity.

**Figure 12:**



American Indian or Alaska Native (AI/AN)	African American (AA)	Native Hawaiian or Other Pacific Islander (NHPI)
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The largest disparity was observed in language where 40.0% of Vietnamese speaking members received timely prenatal care, followed by 66.6% of Hmong members. Though these members represent only eight total individuals within the HPSJ membership, the low percentage rate indicates the potential need for continued culturally competent education or language assistance for these members.

#### Postpartum Care (PPC-Post) –2019 DHCS Health Disparity Data for Postpartum Care:

- 560 women completed this service out of 822 who were eligible. The completion rate was 68.1%.
  - For San Joaquin County, 282 women completed this service out of 411 who were eligible. The completion rate was 68.6%.
  - For Stanislaus County, 278 women completed this service out of 411 who were eligible. The completion rate was 67.6%.
- 6 women were under 18 years of age (0.7% of eligible members).

- 35 women were between 18-20 years old (4.3% of eligible members).
- 441 women were between 21-34 years old (53.6% of eligible members).
- 77 women were between 35-44 years old (9.4% of eligible members).
- 1 woman was over 45 years old (0.1% of eligible members)

Some KII interviewees listed prenatal and postpartum care as a health priority that requires additional interventions. Some interviewees attributed the prioritization of prenatal and postpartum health to personal experience or the experiences of someone they cared for. Other interviewees expressed that due to their culture, prenatal health should be prioritized to ensure better care for mother and baby. It was noted during the interviews that health education services were important for the purpose of empowering individuals to make healthier decisions.

With the support of the Population Health Team, in FY 2019-2020, HPSJ launched a low risk prenatal health campaign to complement the existing high-risk prenatal program. The Population Health Team aided in handling 935 calls to talk about services to better the health of HPSJ members. The calls encouraged mothers to go to their postpartum appointment. This campaign was an attempt to close care gaps by assisting with coordinating transportation or referrals to case management and social work in order to increase the compliance rate of postpartum care. Mothers who received the calls reported feeling motivated to make it to their appointments as well as prepare any questions for their providers ahead of time.

## Chronic Disease

### Comprehensive Diabetes Care

Chronic disease is among the leading causes of hospitalizations and death nationwide. Though there are various underlying risk factors such as overweight, physical inactivity and poor diet, diabetes remains one of the diseases that many suffer from in San Joaquin and Stanislaus counties. For the purpose of this report, it can be noted that diabetes health disparities data was separated into two categories; good control (HbA1c <8.0%) versus poor control (HbA1c >9.0%). As a result of this comparison, potential disparities can be highlighted.

- **Good control (HbA1c <8.0%)** – This measure looks at the percent of diabetic members who are most recent with their HbA1c testing for the measurement year of 2017 and 2018. It also looks at whether the HbA1c level is less than 8.0%
- **Poor control (HbA1c >9.0%)** – This measure looks at the percent of diabetic members who are most recent with their HbA1c testing for the measurement year of 2017 and 2018. It looks at HbA1c that is greater than 9.0% which indicates that the glucose level is poorly controlled.

2019 Health Disparity Data for good control (HbA1c <8.0%):

- 431 members completed this service out of 822 who were eligible. The completion rate was 52.4%.
- 3 members were under 18 years of age (0.4% of eligible members).
- 74 members were between 21-44 years old (9.0% of eligible members).
- 330 members were between 45-64 years old (40.1% of eligible members).
- 24 members were 65 years or older (2.9% of eligible members).

#### 2019 DHCS Health Disparity Data for poor control (HbA1c >9.0%):

- 313 members completed this service out of 822 who were eligible. The completion rate was 38.1%.
- 3 members were between 18-20 years of age (0.4% of eligible members).
- 97 members were between 21-44 years old (11.8% of eligible members).
- 196 members were between 45-64 years old (23.8% of eligible members).
- 17 members were 65 years or older (2.1% of eligible members).

The age group with the largest number of members eligible for the services in both counties for the corresponding measurement years 2017 and 2018 are between 45-64 years old. Both counties were within the 51.5% range for completion of services in the good control (HbA1c <8.0%), whereas poor control (HbA1c >9.0%) completion rate was in the 39.2 % range.

Majority of the health issues interviewees listed as a concern were related to chronic disease such as diabetes, hypertension (HTN), cardiovascular disease/heart disease (CVD), and mental illness. Members were more likely to report that the health issues concerned them were related to personal impact. Interviewees noted that health education services were important to them for the purpose for prevention, behavioral modification, and empowering individuals to make health care decisions. Health education topics suggested including medication management, recognizing signs and symptoms, and nutrition. Majority of the interviewees that selected diabetes as their main health concern mentioned that outreach and diabetes management courses in the community were beneficial in lifestyle changes to improve diabetes management. Courses and education taught in their native language helped with engagement and understanding. Some interviewees expressed that they are more likely to use a trusted interpreter from trusted agencies or a family member when available.

#### **Well Child Measures**

##### Well-Child Visits in the third, fourth, fifth and sixth years of life (W-34):

Well-Child Visits are an important part of the child's wellbeing as it is vital for optimal development. During this visit, doctors can make a record of the family's health, perform health exams, order lab work and recommend healthy tips. Well-Child Visits provide the opportunity to answer parents or caregiver questions and to provide age appropriate guidance.

#### 2019 DHCS Health Disparity Data for Well-Child Visits in the third, fourth, fifth and sixth years of life (W-34):

- 568 members completed this service out of 822 who were eligible. The completion rate was 69.1%.

In San Joaquin county, member adherence has remained below 70.8% while Stanislaus county was 67.4%.

For measurement year 2018, HPSJ compiled a HEDIS Care Gap report for the CAC committee that was presented to analyze why there was a high number of children that were not getting their Well-Child Visits in specific zip codes in San Joaquin county. The highest non-compliance rates were in zip codes 95205, 95206, 95207, 95210, 95240, 95376. Age and gender were further analyzed to help determine if there was a specific disparity that HPSJ needed to focus on. HPSJ encouraged the committee members

to discuss potential reasons why there are such high non-compliant rates. Committee members noted children are only taken to doctor appointments when schools require it or when they are sick. In reviewing age, there is a stretch of time where children are not getting the visits done unless they are required to get a vaccination to attend school. Committee members stated that it is very important to educate parents and caregivers about the benefits of going to Well-Child Visits annually and getting vaccinations done for the benefit of their child's progress, growth, puberty and more.

During a CAC meeting HPSJ compiled data to present on Stanislaus County for the number of children that were non-compliant with Well Child Visits in specific zip codes. The highest non-compliance rates were in zip codes 95351, 95350, 95354, 95355, 95358, 95380 and 95307. Age and gender were further analyzed to help determine if there was a specific disparity. In Stanislaus County, committee members noted that limited understanding of Medi-Cal benefits may be a contributor to low compliance rates. Committee members suggested using milestones such as birthdays within a child's life to talk about recommended and required screenings. Talking about what is expected at the visit helps parents and caregivers prepare for appointments.

#### Immunizations for Adolescents – Combination 2 (IMA – 2)

According to the CDC, "Vaccines reduce your child's risk of infection by working with his/her body's natural defenses to help safely develop immunity to disease." Adolescents who turn 13 years of age are required to receive the Meningococcal (MCV) and Tetanus Diphtheria toxoids and Acellular Pertussis vaccine (TDaP) and the Human Papilloma Virus (HPV) vaccine. Vaccines are tested to ensure that they are safe and effective for children to receive at the recommended ages.

2019 DHCS Health Disparity Data for Immunizations for Adolescents – Combination 2 (IMA – 2):

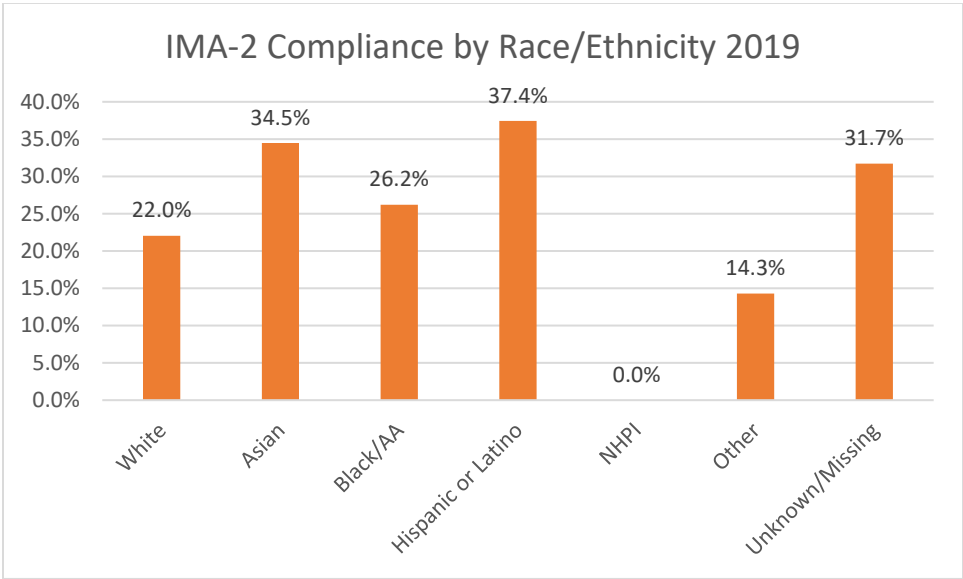
- 277 members completed this service out of 822 who were eligible. The completion rate was 33.7%.

The following table outlines the total number of eligible members in categories by race/ethnicity and the number of members who received all immunizations required under IMA-2:

**Table 16:**

<b>Race/Ethnicity</b>	<b># of members who received IMA-2 Immunizations</b>	<b>Total Number of Eligible members</b>
White	28	127
Asian	20	58
Black or African American	11	42
Hispanic or Latino	204	545
Native Hawaiian or Other Pacific Islander	0	2
Other	1	7
Unknown/Missing	13	41

Figure 13:



It is important to note the immunization measure for adolescents, Combination 2, includes MCV, TDaP, and HPV as requirements. Furthermore, HPV is required for all member by their 14<sup>th</sup> birthday regardless of gender. If parents or guardians refuse the HPV vaccination, the Combination 2 requirement is not met. Across both counties the compliance rates for Combination 2 is below 31.1% for corresponding measurement years 2017 and 2018. When considering race and ethnicity it can be noted that there was some variance across racial ethnic groups.

### **A.1.b Health Education, C&L, and/or Quality Improvement Program Gap Analysis**

Key Data Assessment Findings noted in this report provide insight into areas that need improvement across HPSJ. It is important to analyze these findings in order to address any weaknesses or shortcomings in internal processes that may affect how members access and receive care. This gap analysis seeks to prioritize the needs of HPSJ membership and informs the PNA action plan that serves as a guide on how to deploy resources and focus internal efforts.

A Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis was completed to identify areas of concern and opportunities for improvement. This SWOT analysis identifies 5 focus areas or potential barriers that require interventions at a community level:

1. Geography
  - Mixed urban and rural areas with concentrated pockets of membership limits access to services for some populations.
  - Transportation can include multiple bus routes with varying drop off locations and transfers that can be difficult for members traveling from smaller rural areas.
  - Though clinics and federally qualified health care centers are located throughout the service area not all clinics offer health education services.
2. Race & Language
  - Many members choose not to report language preference.
  - Though the DHCS disparities data did not show a high-level health disparity among racial/ethnic groups it is well known that racial equity is an issue in all communities. Problems that arise from inequities are often compounded in low income communities (e.g. those that qualify for Medi-Cal) and when educational attainment is low.
3. Educational Attainment
  - At a community level literacy rates are lower than California state averages. This translates to limited understanding of health communications.
  - Increases potential for confusion or misunderstanding on health care services and health education instructions.
4. Disease Prevalence
  - Both counties experience high chronic disease prevalence which is not limited to HPSJ members.
  - High chronic disease prevalence is a known indicator for issues involving built environment, and access to healthy food retailers.
5. Access to Care
  - Though patient provider ratios at an HPSJ meet DHCS requirements members continue to note that they have difficulty finding preferred providers.
  - Members note that though they have a provider, appointments are often schedule 1-2 months out which makes getting care for acute issues difficult this was noted among membership and HPSJ partners and reflects not just HPSJ but the community as a whole.



	Helpful	Harmful
Internal	<b>Strengths</b> <ul style="list-style-type: none"> <li>• Ability to view gaps in care based on race/ethnicity and age.</li> <li>• Improved data collection for Health Education and C&amp;L services through Member Utilization Dashboard.</li> <li>• Member incentives continue to promote preventive measures.</li> <li>• CAC and Health Education Committee (HEC) provides space for community partners and HPSJ members.</li> <li>• C&amp;L services are available to members upon request.</li> <li>• Transportation services are available upon request.</li> <li>• Care Coordination includes a case management and health education services.</li> <li>• HPSJ's diverse membership is a reflection of the entire community in both counties.</li> </ul>	<b>Weaknesses</b> <ul style="list-style-type: none"> <li>• PAAS report reflects good provider to patient ratio; however, members report limited provider availability.</li> <li>• Limited availability of health education services and the perception of lack of availability in some communities.</li> <li>• Members report having difficulty scheduling transportation or limited knowledge of how to request transportation services.</li> <li>• Members report confusion around what C&amp;L services are available and how to request them.</li> <li>• Underlying preference to use family for interpretation.</li> </ul>
	<b>Opportunities</b> <ul style="list-style-type: none"> <li>• Data outlying high concentration of members in key zip codes provides starting point for targeted interventions with community stakeholders.</li> <li>• Provider Partnership program seeks to connect providers with more health education and C&amp;L services to link members to care.</li> <li>• Both Local Health Departments are in the beginning stages of their Community Health Improvement Plan. This PNA will be shared with the community and HPSJ will look for opportunities to strategically align community health goals with those that can be addressed though HPSJ provision of services.</li> </ul>	<b>Threats</b> <ul style="list-style-type: none"> <li>• Mixed urban and rural geography adds to barriers for members in receiving care.</li> <li>• Low literacy levels among general population leads to confusion around health information.</li> <li>• Diverse population within membership speak multiple languages. However, only Spanish is listed as a threshold language per DHCS regulations.</li> <li>• Prevalence of chronic conditions is high in both counties in general population.</li> <li>• Preference for in person care coordination when only telephonic case management is available.</li> </ul>
External		

### Provider Appointment Availability Survey (PAAS) 2019

According to the 2019 PAAS language accessibility analysis, HPSJ is meeting the goal of providing language assistance to members in threshold languages. HPSJ continues to provide translation and interpretation services to its members at no cost.

**Table 17:**

<b>THRESHOLD LANGUAGE</b>	<b>TOTAL MEMBERS</b>	<b>GOAL</b>	<b>% OF PROVIDER ACCESSIBILITY (Under 10 Miles)</b>	<b>MET GOAL (Y/N)</b>
English	122,999	95 %	100%	Y
Spanish	73,041	95 %	100%	Y
Cambodian	2,142	95 %	99.9%	Y
Punjabi	2,051	95 %	100%	Y
Vietnamese	1,937	95 %	99.5%	Y
Hmong	1,179	95 %	99.5%	Y

The key drivers indicated that communication between providers and members declined in 2018-19. HPSJ has a greater opportunity to improve member experience through cultural competency training and promoting cultural and linguistic services at no cost to the members.

HPSJ is committed to improving the well-being of its members by:

- Improve communication between HPSJ customer service and members
- Decrease long wait time on the phone
- Improve access to care by assigning members to culturally appropriate provider offices who speak their language
- Encourage members to prepare and ask questions at provider visits to improve understanding of health information
- Improve provider directory for member ease of usability
- Encourage members to communicate language needs with their primary care physician
- Educate members on the importance of an interpreter during medical appointments, and scheduling
- Educate member on their options and availability of interpreters
- Assist members to understand their benefits and how they can access them in the language preferable to them at no cost
- Educate providers on cultural competencies when providing services to members with diverse cultural backgrounds
- Improve access to timely access to appointments with primary care physician

## 2019 CAHPS Member Satisfaction Summary

As discussed earlier, HPSJ contracted with an NCQA accredited survey vendor, SPH Analytics, to complete the CAHPS surveys. HPSJ analyzed the CAHPS questions to assess member satisfaction with the health plan.

### Medicaid Adult CAHPS Survey:

- Total Completed Surveys: 504 responded
- Sample Size: 2,700-193 ineligible = 2,507 sent
- Response Rate: 20.1%

### Medicaid Child CAHPS Survey:

- Total Completed Surveys: 631
- Surveys Sent: 3,300- 168 ineligible = 3,132 sent
- Response Rate: 19.3%

According to SPH regression analysis, HPSJ has the greatest opportunity to improve member experience by improving Rating of Health Plan and Rating of Health Care. The key drivers are Customer Service, Getting Needed Care, and How Well Doctors Communicate. In addition, the lowest performing measures are Rating of Health Care, Coordination of Care, and Health Promotion and Education.

### Adult Quantitative Analysis

Within the Getting Needed Care Composite, the key drivers are question 25: Ease of getting an appointment with a specialist which decreased 14.3% compared to 2018 and question 14: Getting Care Tests and Treatment improved 3% compared to 2018.

Within the Customer Service Composite, the key drivers are question 31: Getting Help and Information from Customer Service which decreased 4.3% compared to 2018 and question 32: Treated with courtesy and respect by customer service decreased 3.9% compared to 2018.

Rating of Personal Doctor has decreased 4.2% compared to 2018. In 2019, 5/8 domains scored higher overall than 2019, 7/8 scored higher than 2017. No domains are down three years in a row.

### Child Quantitative Analysis

According to SPH regression analysis, HPSJ has the greatest opportunity to improve member experience with the rating of Health Plan. The key drivers are Getting Needed Care and Customer Service. In addition, the lowest performing measures are Rating of Health Care, Getting Needed Care and Coordination of Care.

Within the Getting Needed Care Composite, Question 14: Getting Care Tests or Treatment improved 2% and Question 28: Ease of Getting Care Tests and Treatment improved 0.3%.

Within the Customer Service Composite, Question 32: Getting Help and Information from Customer Service declined by 0.2% and Question 33: Treated with Courtesy and Respect by Customer Service improved by 3.5%.

### **Qualitative Analysis**

When considering both CAHPS and grievances:

- CAHPS data showed that delays in getting an appointment with a specialist and getting care tests and treatment are impacting member experience.
- Grievance data trends show that the top grievance data issues each quarter are related to delays in referral, delays in refills and delays in result follow up. HPSJ has redirected more specialty care to in network providers as well as those who are more geographically desirable.
- CAHPS and grievance data both show that customer service staff are not courteous
- and members are experiencing long wait times on the telephone. Over the past year, Customer Service has experienced excessive staff turnover and high vacancy rates.
- CAHPS and grievance data show that members personal doctor is not coordinating care and providing refills in a timely manner.

### **HPSJ Member and Community Feedback**

KII's were completed in late April and May 2020 to gather member and community feedback on 5 topic areas:

1. Priority Health Issues
2. Health Education Services
3. Cultural and Linguistic Services
4. Priority Health Disparity Areas
5. Community and member engagement

The survey was modeled after the San Joaquin County KII tool utilized in the 2016 SJC CHNA with a focus on potential gaps in topic areas. The following analysis includes a summary of those interviews that outline current gaps that can be addressed by the Health Education, C&L, or Quality Improvement program.

#### ***Priority Health Issues:***

Interviewees listed a spectrum of health issues of which they are concerned; however, most health issues were related to chronic diseases such as diabetes, hypertension (HTN), cardiovascular disease/heart disease (CVD), and mental illness. Members were more likely to report that the health issue concerned them because of a personal impact either in themselves or among a close family member. LHD representatives and community partners noted both personal experiences, work related interests and concerns regarding the disproportionate impact of limited services across communities both geographically and culturally/linguistically as reasons to prioritize health issues listed. In San Joaquin County, this is particularly true for rural areas of the county or areas with limited access to transportation.

#### ***Health Education:***

Across all KII categories (e.g. Member, LHD Representative, and Community Partner) interviewees noted that health education services were important to them for the purpose of prevention, behavioral modification, and empowering individuals to make health care decisions. Health Education services in Stanislaus County are limited to areas with higher population density such as Modesto and Turlock. Resources are less available in rural areas such as Patterson, Newman, and Waterford. The overall availability of health education services is also limited to English and Spanish speaking community members despite the prevalence of Assyrian, Cambodian, Indian, and refugee populations (e.g. Afghani, Burmese, Khmer).

Health Education services in San Joaquin County are limited to one urban area with higher population density; Stockton, California. Resources are less available in rural areas such as Escalon, and Lodi and suburban areas such as Tracy and Lathrop. The overall availability of health education services is also limited to English and Spanish speaking community members despite the prevalence of South East Asian, Indian, and African American populations. Though there are local partners and programs supporting South East Asian Families (APSARA, Lao Family Partnership) and African American Families (Black Infant Health). Services are limited to those agencies and are not widespread.

Members noted that for all services they were only aware of what was available in their city or within the area they reside, stating that they rarely leave those areas and would prefer not to for reasons of safety, transportation, and comfort.

#### ***Cultural and Linguistic (C&L) services:***

C&L services were described to interviewees as interpretive and translation services as well as healthcare services providing culturally appropriate care in the area. It was noted that there were more translation and interpretation services for Spanish speakers and less services for any other group as reported by all interviewee categories. An HPSJ member in Stanislaus County also reported the need for cultural competency training around transgender care for all racial ethnic groups as well as care for the African American community. Though services are limited for other groups, participants did note that C&L services are imperative in empowering members in making healthcare decisions and in instilling trust in health care professionals. Trust being a key factor in health communication and improved health outcomes.

Members in San Joaquin County reported that they were aware of some services available through local non-profits and stated that they trusted those partners to provide health education information and insight into making their health care choices. HPSJ members also stated that they were more likely to use a trusted interpreter from those agencies or a family member when available.

#### ***Priority Health Disparity Areas: MCAS Health Disparities***

MCAS measures of which there is a current HPSJ initiative were shared as health topics for interviewees. Interviewees were asked to prioritize which measure impacted their community most. All measures were prioritized with diabetes and prenatal/postpartum care being prioritized across interviewee categories. Diabetes was recognized as a chronic illness disproportionately impacting LatinX and African American communities as well as individuals with history of drug abuse and mental illness. In all cases participants reported the importance of early detection and regular intervention as a key factor in improving health outcomes.

Khmer members in San Joaquin County reported Prenatal/Postpartum care as being most important due to cultural beliefs, specifically in the Khmer community.

**Member Engagement:**

All participants reported good experiences with Health Plan of San Joaquin particularly in the areas of case management, and community partner engagement. Participants recommended that HPSJ continue to actively engage community partners in order to increase CAC participation and provide more opportunities for training and learning at CAC meetings.

Participants in San Joaquin County recommended hosting meetings where partners are already engaging the community regularly. It can be noted that all participants who suggested alternating the meeting location would prefer to have meetings at their local community center.

## Action Plan

### Action Plan Table

<p><b>Objective 1:</b> Improve communication to members to address low literacy levels in the community but ensuring written communication to members is simple and provided in the language of their preference. Educate providers on how to access health education materials. In doing so <i>reduce the percentage of members reported having trouble with completing health forms by themselves from 40% to 30%.</i></p> <p><b>Data Source:</b> (CAHPS Data)</p>
<p><b>Strategies</b></p>
<p><b>1.)</b> Disseminate culturally relevant resources to members to inform them of interpreting services that could assist them in understanding the health forms and other member informing materials so they can make informed decisions.</p> <ul style="list-style-type: none"> <li>• Share complaints and grievance data with providers to communicate opportunities for improvement, educate on best practices to ensure availability and access to qualified language assistance tools and resources.</li> <li>• Expansion of C&amp;L Services making video interpretation available to providers. Decrease the barrier having to schedule interpretive services and give providers instantaneous access. Will pilot at one FQHC as part of a phased approach.</li> <li>• Provide stakeholders (community advisory committee) resources and informing materials on language assistance and interpretive services for dissemination widely among our members.</li> <li>• Perform annual member satisfaction survey to gather feedback on language assistance services.</li> <li>• CAHPS survey on ease of understanding written materials and ease of filling out forms.</li> <li>• Monitor grievances related to language assistance and interpretive services.</li> <li>• Increase overall use of interpretive services.</li> </ul>
<p><b>2.)</b> <i>Increase the number of health education classes, shared decision-making tools, and resources that enhance Members' health literacy.</i></p> <ul style="list-style-type: none"> <li>• Collaborate with providers in the collection, development and dissemination of culturally relevant educational material to members, families, providers and other stakeholders.</li> </ul>

- Collaborate with providers to educate member who expresses a preference for a non-English language including sign language or demonstration of a need for interpreter services, that services are available free of charge and are available anytime.

**3.)** *Publish all health education self-management materials and tools (with instructions) to the Member Portal with an option to be emailed.*

**4.)** Look at distribution of different ethnic groups by zip code and develop community focused interventions.

**Objective 2:** By June 30, 2021, increase member and stakeholder engagement in Community Advisory Committee (CAC) and Health Education Committee (HEC) by 10% in each county to share Health Education services and improve opportunities for community input.

**Data Source:**

- County Level and plan level data shows a disproportionate increase in chronic illness, smoking, obesity
- The disproportionate levels of disease burden and social challenges is complicated by diversity in the population and quality indicators are impacted by age, gender and C&L as seen in the DHCS disparity analysis.
- CAHPS Survey, CAC and HEC Roster- the stakeholders have expressed their thoughts the improvements needed

**Strategies**

1. Coordinate plan inclusive of QI and C&L activities as outlined in PNA Submission. Engage community partners through HEC and community members through CAC. Outline timeline of activities for each objective with internal QI, HE, CL team.
2. Perform continuous process evaluation through QI activities to assess progress of activities and measurable outcomes.
  - a. Bi-monthly meetings with external partners in Stanislaus and San Joaquin.
  - b. Regular and consistent review of data available through HPSJ member utilization dashboard as appropriate.
3. Gather work groups comprised of community stakeholders, HPSJ members, and other partners to provide feedback per PNA requirements.
  - a. Reach out to non-traditional partners who currently work with HPSJ members in other capacities (e.g. Housing Authority, LGBTQ Collaboratives, School Based partners, etc.)
  - b. Implement activities based on feedback received.

**Objective 3:** By June 30, 2021, Expand Population Level Chronic Disease Management (e.g. Asthma, Diabetes, COPD, CHF Disease Management) to include targeted engagement of low risk members for health education messages.

**Data Source:**

- HPSJ website analytics, CAHPS Survey
- County Level data and plan specific data- disproportionately high number of members with chronic diseases in our 2 counties when compared to CA as a whole.

**Strategies**

1. The case management team focusses on educating and case managing members with chronic illness with complex medical needs and with high and moderate risk. The Health education team and outreach team will work with members with chronic illness but are stratified as low

<p>risk, identifying them early and provide them with health education, other tools and support in the community so they do not progress to moderate and high risk.</p> <p>2. Community partner involvement- work with CBO's, LHD, and FQHC's as well as other providers.</p> <p>a. Continue to evaluate how information is disseminated to members, making sure to offer several methods of communication based on members preference.</p>
<p>3. Meet monthly with internal Risk Stratification Work group to assess ongoing changes made to Tableau regarding the member utilization dashboard.</p> <p>a. Review aggregate data to assess for potential biases regarding race/ethnicity, language spoken, geographic area, etc.</p> <p>b. Share aggregate level data as appropriate with community partners as appropriate to gather additional feedback</p>
<p>4. In collaboration with QI provider partnership initiative. Update items on website for easy access for providers as a resource for printable health education materials for women's health and chronic disease.</p> <p>a. Share health education materials and resources with community partners and members through HEC, CAC, and OERU team.</p>

**Objective 4:** By June 30, 2021, to increase the rate of compliance for cervical cancer screenings among women White (Caucasian) women ages 24-64 years of age and residing in Stanislaus County from 35.7% to 49.1% (or 327 members) at Golden Valley Health Center's West Modesto.

**Data Source:**

- Care Gap Finder Reports; Baseline 12/2018
- DHCS EQRO indicates a decrease in rates from 2015 [57.18%] through 2017 [2016=49.39%; 2017=47.20%] for Stanislaus County
- HEDIS 2017 had a total of 869 original sample members for CCS, which was separated by ethnicity as coded by DHCS. Exclusions were filtered out (total of 7), leaving a total of 862 samples.

**Strategies**

1. GVHC's West Modesto Clinic has identified a provider willing to spend time doing nothing but PAPs or to do a greater amount of them. Will supplement their work with call campaign and health education messages, or materials.
2. Stanislaus Health Services Agency plans to continue Care Gap clinic days with a focus on PAP tests. Will supplement this work with Health education materials and health promotion support.

## Stakeholder Engagement

Prior to 2019 HPSJ convened one CAC meeting in San Joaquin County every other month at the main French Camp office. Due to increasing membership in both counties, there is now a CAC meeting in each county to improve members access. The HPSJ Health Education and C&L team planned to organize a CAC meeting dedicated to the PNA where community members and partners had an opportunity to review data findings and provide feedback in. Due to COVID-19 precautions HPSJ limited interaction with members at both offices in order to limit exposure to staff and community members. This led to the cancellation of in person meetings across all departments. In lieu of face to face interactions KII's



were scheduled with community partners and members. Members who agreed to be interviewed received \$25 gift cards for participating.

A KII questionnaire was developed from the survey tool utilized by the San Joaquin County Public Health department for the 2016 Community Health Needs Assessment. Topics were specific to Health Education, Cultural & Linguistic services, and community health priorities.

#### Questions

1. How long have you been a member?
  - a. If they are not a member ask, "Please explain your current role in the community."
2. What are your top three or four priorities in your health right now?
  - a. Why are these your top priorities?
3. We are trying to make things better and easier for our members. We know there are some things that we can improve on and we want to hear from you. Let's start with health education programs and services.
  - a. Is health education a priority for you?
    - i. *If answer is Yes*, what makes this is a priority?
    - ii. *If answer is No*, why isn't this a priority?
  - b. Of the health education services you know about, how do you think they serve low income, or underserved/uninsured people?
  - c. Which community do you think has the most health education services?
  - d. Which community do you think has the least health education services?
  - e. Are there Health Education programs and services for ethnic/racial subpopulations?
  - f. Which ethnic/racial subpopulations do not currently have Health Education program services?
  - g. Moving into Cultural & Linguistics services, which includes translation and interpretation services.
4. Are cultural linguistics services like translation and interpretation important to you?
  - i. *If answer is Yes*, what makes this is a priority?
  - ii. *If answer is No*, why isn't this a priority?
  - b. From what you have experienced how do current services help low income, or underserved/uninsured community members? Which population is affected by these services the most?
  - c. Are there services for ethnic/racial subpopulations?
  - d. Which ethnic/racial subpopulations do not currently have services?

5. We also noticed there are some specific issues related to: Breast Cancer Screening, Cervical Cancer Screening, Comprehensive Diabetes Care HbA1c Control (<8.0%) and Poor Control (>9.0%) Postpartum and Timeliness of Prenatal. Which of those six are the most important to you?
  - a. Why is this a priority to you?
  - b. How does this health issue specifically impact low income, underserved/uninsured populations? Which populations does the issue impact most?
  - c. How does the health issue impact ethnic/racial subpopulations? Which populations does the issue impact most?
6. Based on your experience in taking steps to take care of your health what worked for you in the past to help you stay healthy?
  - a. What are some ways we can improve services or support you?
7. Do you have issues getting services?
  - a. What are the difficulties you are facing?
8. Are there any other priorities that are important that health plan can help you with?
9. What are your suggestions for ways to engage community members?
  - a. We need to include more members on CAC, what are some of your ideas to get members here?
  - b. What would you recommend to the plan?
10. Would you recommend HPSJ to your friends and family?

Each interview lasted between 1-1.5 hours. Interviewees included long time HPSJ members, new HPSJ members, community partners, and representatives of the local health departments. Findings were integrated throughout this report. Key findings and summaries were included in the gap analysis section.

PNA findings will be summarized in an article that will be shared through multiple community and provider facing communication outlets. These include the provider newsletter PlanScan, and the HPSJ e-Stakeholder newsletter. In addition to these published pieces a provider alert will be sent to inform contracted health care providers, practitioners, and allied health care personnel that the PNA report and summary may be made available upon request.

In addition HPSJ's quality team and provider services team that works with the network providers through the provider partnership program will share the findings with our primary care providers and help them understand and address the challenges our members face including health disparities related to culture, language and social determinants of health that were highlighted through the PNA. HPSJ's mission and vision is to focus on the community and to improve the health of the community through community partnerships and we will utilize the PNA to further HPSJ's mission to help our members and the community we serve.

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## **CLINICAL QUALITY IMPROVEMENT**

### **B.1 HEDIS Annual Evaluation Measurement Year (MY) 2019**

**Responsible Staff: HEDIS and NCQA**

Kathleen Dalziel

Director, HEDIS & Accreditation

## 2019-2020 HEDIS Annual Evaluation

### Summary

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's Health Plans to measure performance on important dimensions of care and service. These measures are set by the National Committee for Quality Assurance (NCQA). The United States Secretary to the Department of Health and Human Services also publishes performance measure sets. They are called Adult and Child Core Sets of Quality Measures which will ultimately help the Centers for Medicaid and Medicare Services (CMS) move toward a national system of measurement, reporting and quality improvement.

Measures from both measurement sets are required by the State of California Department of Health Care Services (DHCS) and are identified by DHCS as the Managed Care Accountability Sets (MCAS) for Full-Scope Medi-Cal Managed Care Plans (MCPs). Health Plan of San Joaquin is an NCQA Accredited health plan. NCQA uses specific HEDIS measure rates to score plans for Health Plan Accreditation annually.

Health Plan of San Joaquin (HPSJ) and associated regulatory entities use the measures from both stewards to assess the quality and care provided by the plan and to compare to other managed care plans in the county and state of California.

HPSJ is required to report 44 measures to NCQA and 39 to DHCS (including sub measures), including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member experience survey. Overlap exists between the sets required for DHCS and NCQA. While NCQA expects measure, rates reported at the plan level, measures reported to DHCS must be reported at the county level.

HPSJ implemented many initiatives during HEDIS 2020/MY 2019 that have impacted rates significantly in a positive way. Unfortunately, due to the impact of COVID-19 on our community providers, the positive impact is not fully realized for hybrid rates because all medical records were not retrieved. This analysis will outline the results for measures reported to both DHCS and NCQA as well as the impact of COVID-19 on individual measures.

HPSJ directs interventions in three focus areas; provider, member and data. Provider initiatives take the form of incentives, alerts, newsletters, and the Provider Partnership Program. Member interventions take the form of education, outreach and incentives. Data improvements include expanding and maintaining supplemental data sets, data analysis and pursuing additional supplemental data sources.

The HEDIS 2020/MY 2019 HEDIS Analysis report has been prepared by the HPSJ HEDIS and Accreditation team and consists of the measures reported to NCQA and DHCS. Certain measures have been rolled up to include sub-measures that may be reported individually but are scored as one measure by NCQA and DHCS. The following table lists measures that are required to be reported to NCQA and/or DHCS, as well as whether the reporting rate is determined through administrative data and/or hybrid data (medical record review, will be addressed in further detail later in the report). MCAS rates are reported at the county level to DHCS. HEDIS rates for both counties are combined and reported as one rate to NCQA.

Table 1 lists all measures and metrics reported by HPSJ for the annual submission. The measure steward is listed in the right column. When a measure row is highlighted, reporting by county is required by DHCS.

**Table 1: Required Measures**

	Measure	DHCS	NCQA	Admin	Hybrid	Source
<b>AAB</b>	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		<b>X</b>	<b>X</b>		<b>HEDIS</b>
<b>ABA</b>	Adult BMI Assessment	<b>X</b>	<b>X</b>		<b>X</b>	<b>HEDIS</b>
<b>ADD</b>	Follow up for children prescribed ADHD medication (both rates)	<b>X</b>	<b>X</b>	<b>X</b>		<b>HEDIS</b>
<b>ADV</b>	Annual Dental Visits (Total Rate)		<b>NB*</b>			<b>HEDIS</b>
<b>AMB</b>	Ambulatory Care (OP and ED)	<b>X</b>		<b>X</b>		<b>HEDIS</b>
<b>AMM</b>	Antidepressant Medication Management (Both rates)	<b>X</b>	<b>X</b>	<b>X</b>		<b>HEDIS</b>
<b>AMR</b>	Asthma Medication Ratio	<b>X</b>	<b>X</b>	<b>X</b>		<b>HEDIS</b>
<b>AWC</b>	Adolescent Well-Care Visits (AWC-CH)	<b>X</b>			<b>X</b>	<b>HEDIS</b>
<b>BCS</b>	Breast Cancer Screening	<b>X</b>	<b>X</b>	<b>X</b>		<b>HEDIS</b>
<b>CAP</b>	Children & Adolescents Access to Primary Care Practitioners (4 age groups)	<b>X</b>		<b>X</b>		<b>HEDIS</b>
<b>CBP</b>	Controlling High Blood Pressure	<b>X</b>	<b>X</b>		<b>X</b>	<b>HEDIS</b>
<b>CCS</b>	Cervical Cancer Screening	<b>X</b>	<b>X</b>		<b>X</b>	<b>HEDIS</b>
<b>CDC</b>	Comprehensive Diabetic Care (Eye exam, testing, control, poor control, and blood pressure)	<b>X</b>	<b>X</b>		<b>X</b>	<b>HEDIS</b>
<b>CDF</b>	Screening for Depression and Follow-up Plan			<b>X</b>		<b>CMS Core</b>
<b>CHL</b>	Chlamydia Screening in Women	<b>X</b>	<b>X</b>	<b>X</b>		<b>HEDIS</b>
<b>CIS</b>	Childhood Immunization Status (Combo 10)	<b>X</b>	<b>X</b>		<b>X</b>	<b>HEDIS</b>
<b>CCP</b>	Contraceptive Care Postpartum - Long Acting Reversible Contraception, 3 days, 60 days	<b>X</b>		<b>X</b>		<b>CMS Core</b>
<b>CCP</b>	Contraceptive Care Postpartum- Most or Moderately Effective Contraception, 3 days, 60 days	<b>X</b>		<b>X</b>		<b>CMS Core</b>
<b>CCW</b>	Contraceptive Care Women - Long Acting Reversible Contraception, 3 days, 60 days	<b>X</b>				<b>CMS Core</b>
<b>CCW</b>	Contraceptive Care Women - Most or Moderately Effective Contraception, 3 days, 60 days	<b>X</b>				<b>CMS Core</b>
<b>CDF</b>	Depression Screening and follow up - CH & AD, Perinatal Depression	<b>X</b>		<b>X</b>		<b>ECDS**</b>
<b>COB</b>	Concurrent Use of Opioids and Benzodiazepines	<b>X</b>		<b>X</b>		<b>CMS Core</b>
<b>DEV</b>	Developmental Screening (1-3 yrs.)	<b>X</b>				<b>CMS Core</b>
<b>FUH</b>	Follow up after hospitalization for mental illness (7-day rate)		<b>NR</b>	<b>X</b>		<b>HEDIS</b>
<b>FVA</b>	Flu vaccinations for adult age					<b>CAHPS*</b>
<b>HVL</b>	HIV Viral Load Suppression	<b>X</b>		<b>X</b>		<b>CMS Core</b>

<b>IET</b>	Initiation and engagement of alcohol and other drug dependence treatment (engagement rate only)		X	X		<b>HEDIS</b>
<b>IMA</b>	Immunizations for adolescents (combo 2)	X	X		X	<b>HEDIS</b>
<b>LBP</b>	Use of imaging studies for low back pain		X	X		<b>HEDIS</b>
<b>MMA</b>	Medication Management for people with asthma (75% rate only)		X	X		<b>HEDIS</b>
<b>MSC</b>	Medical Assistance with smoking and tobacco use cessation		X			<b>CAHPS*</b>
<b>OHD</b>	Use of Opioids at High Dosage in Persons without Cancer	X		X		<b>CMS Core</b>
<b>PCR</b>	Plan All-Cause Readmissions (PCR-AD)	NR	NR	X		<b>CMS Core</b>
<b>PPC</b>	Timeliness of Prenatal care and Postpartum care	X	X		X	<b>HEDIS</b>
<b>SSD</b>	Diabetes Screening for people with Schizophrenia or bipolar disorder who are using antipsychotic medications		X	X		<b>HEDIS</b>
<b>W15</b>	Well-Child Visits in the First 15 Months of Life (6 Visits)	X			X	<b>HEDIS</b>
<b>W34</b>	Well Child Visits in the 3-6 years of life	X			X	<b>HEDIS</b>
<b>WCC</b>	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (all 3 rates)	X	X		X	<b>HEDIS</b>

\*NB= No benefit, NR=Not reported, CAHPS= Reporting was collected through survey methodology, ECDS= electronic data collection system.

### MY2019/RY2020 Rates by County

Table 2 displays HPSJ performance by county based on key area metric grouping against the DHCS minimum performance. MCAS and NCQA Accreditation measures are displayed. If the plan was not required to report to DHCS, "NR" is listed. Measures performing below the minimum performance level (MPL) are a high priority for Quality improvement initiatives and barrier analysis. Prior to RY2020, DHCS held Managed Care plans to the Medi-Cal Managed Care 25<sup>th</sup> percentile as the minimum performance standard. In 2020, the MPL was changed from the 25<sup>th</sup> percentile to the 50<sup>th</sup> percentile based on 2019 NCQA Quality Compass National benchmarks. Despite significant gains, HPSJ was unable to reach the minimum performance for most measures. Of the reported measures, 11 are hybrid and full rate reporting was impacted by COVID-19.

**Table 2: RY2020 HEDIS Rates by County**

Measure		HEDIS 2020 SJ	HEDIS 2020 ST	Goal MPL/ 50%
Acute and Chronic Disease Management	AAB Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NR	NR	34.23
	ABA Adult BMI Assessment	89.05	91.73	90.27
	AMR Asthma Medication Ratio	59.49	63.12	63.58
	CBP Controlling High Blood Pressure	65.21	61.31	61.04
	CDC E Comprehensive Diabetic Care (Eye exam)	NR	NR	58.88

	CDC HT Comprehensive Diabetic Care ( HbA1c testing)	87.1	88.32	88.55
	CDC H9 Comprehensive Diabetic Care (Poor control)	32.85	35.77	38.52
	CDC H8 Comprehensive Diabetic Care (Good control)	NR	NR	50.97
	CDC BP Comprehensive Diabetic Care (Blood pressure)	NR	NR	63.72
	LBP Use of Imaging for Low Back Pain	NR	NR	71.59
	MMA – Medication Management for People with Asthma (75%)	NR	NR	37.03
Behavioral Health Care	ADD Follow up care for children prescribed ADHD medications (initiation)	42.95	25	43.41
	ADD Follow up care for children prescribed ADHD medications (continuation)	56.98	37.38	55.55
	AMM – Antidepressant Medication Management (Acute phase)	50.97	51.35	52.33
	AMM – Antidepressant Medication Management (Continuation phase)	33.18	35.09	36.51
	CDF Screening for Depression and Follow-up Plan	NR	NR	NA
	IET Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NR	NR	14.02
	SSA Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NR	NR	61.36
	SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	NR	NR	81.04
Women's Health Care	BCS Breast Cancer Screening	55.89	61.27	58.76
	CCS Cervical Cancer Screening	63.99	54.74	60.65
	CHL Chlamydia Screening in Women	65.28	59.97	58.34
	PPC PRE** Timeliness of prenatal care	87.1	90.75	83.76
	PPC PST Postpartum care visit	79.56	79.81	65.69
Children and Adolescent Care	AWC (Adolescent Well-Care Visits)	42.82	40.63	54.26
	CIS-10 Childhood Immunization Status (Combo 10)	41.61	30.66	34.79
	IMA 2 Immunizations for Adolescents (Combo 2)	46.47	33.82	34.43
	W15 Well-Child Visits in the First 15 Months of Life (6 Visits)	54.99	43.31	65.83
	W-34** Well Child visits for children ages three – six years old	70.8	69.59	72.87
	WCC-BMI Weight Assessment and Counseling for Nutrition and Physical Activity	86.37	86.37	79.09
	WCC-N Weight Assessment and Counseling for Nutrition and Physical Activity	NR	NR	70.92
	WCC-PA Weight Assessment and Counseling for Nutrition and Physical Activity	NR	NR	64.96
	CAP 12-24 MOS Children and Adolescents access to Primary Care Provider	94.39	94.31	95.62
	CAP 25 MOS-6 YRS Children and Adolescents access to Primary Care Provider	86.62	86.62	87.87
	CAP 7-11 YRS Children and Adolescents access to Primary Care Provider	87.31	86.17	91.08
	CAP 12-19 YRS Children and Adolescents access to Primary Care Provider	84.84	82.97	90.21

HPSJ evaluates performance at the county level as well as combined. In Table 3, rates for San Joaquin County HEDIS measures are shown. The first two columns indicate whether the measures were included in the MCAS measure set in RY2019 and RY2020. The past three years of San Joaquin County data are compared to the current minimum performance benchmark. Rates that continue to show little improvement are prioritized for improvement. Rates shown in green met the MPL, those in yellow were within 5 percentage points and those that are red did not meet the 2019 NCQA Quality Compass 25<sup>th</sup> percentile. Measures noted with an “x” were held to the MPL in RY2018 and RY2019 as of December 31,

2019. Due to the impact of COVID-19, only administrative measures indicated by a red x, were held to the DHCS MPL by the time final reporting was due on June 15, 2020.

**Table 3: San Joaquin County HEDIS Trends 2018-2020**

Measure	RY2019 MCAS	RY2020 MCAS	SJ County RY2018	SJ County RY2019	SJ County RY2020	Goal MPL MY2019
Adult BMI Measurement	x	x	NR	NR	89.05	90.27
Follow up care for Children prescribed ADD meds-Initiation			NR	NR	42.95	43.41
Follow up care for Children prescribed ADD meds-Continuation		x	NR	NR	56.98	55.5
Antidepressant Medication Management- Acute Phase	x	x	NR	NR	50.97	52.33
Antidepressant Medication Management-Continuation Phase	x	x	NR	NR	33.18	36.51
Asthma Medication Ratio	x	x	58.68	55.97	59.49	63.58
Adolescent Well Care Visits	x	x	NR	NR	42.82	54.26
Breast Cancer Screening	x	x	43.66	54.15	55.89	58.76
Childhood Access to PCP (CAP) – 12mo-24mo			94.74	95.2	94.39	95.62
Childhood Access to PCP (CAP) - 25mo-6yrs			85.77	86.21	86.62	87.87
Childhood Access to PCP -7yrs-11yrs			86.37	87.04	87.31	91.08
Childhood Access to PCP – 12yrs-19yrs			83.35	84.14	84.84	90.21
Controlling High Blood Pressure <140/90 mmHg	x	x	56.69	64.98	65.21	61.04
Cervical Cancer Screening	x	x	55.72	54.01	63.99	60.65
Chlamydia Screening	x	x	NR	NR	65.28	58.34
Childhood Immunization Status-Combo 10	x	x	NR	NR	41.61	34.79



Diabetic A1c Testing	x		82	80.05	87.1	88.55
Diabetic A1c <9 (lower is better)	x	x	38.44	40.39	32.85	38.52
Diabetic Eye Exams			57.42	60.83	NR	58.88
Adolescent Vaccines- Combo 2	x	x	31.14	39.42	46.47	34.43
Lower Back Pain Imaging			75.91	73.73	NR	71.56
Timely Prenatal Care	x	x	80.78	85.64	87.1	83.76
Timely Postpartum Care	x	x	67.88	68.61	79.56 (HPL)	65.69
6 visits in the first 15 months of live	x	x	NR	NR	54.99	65.83
Weight assessment and counseling- BMI	x	x	NR	81.02	86.37	79.09
Weight assessment and counseling- Nutrition		x	65.45	72.99	NR	70.92
Weight assessment and counseling- Physical Activity		x	60.83	69.34	NR	69.96
Well visits in 3,4,5 and 6 years of life	x	x	74.94	70.8	70.8	72.87

San Joaquin County showed vast improvement in HEDIS measures over the prior year. Nearly all trended measures show improvement year over year. The exception is related to childhood well visits and access to primary care for children 12-14 months of age. HPSJ will continue to build upon successes and prioritize measures that remain below the MPL.

Table 4 shows rates for Stanislaus County HEDIS measures trended for the last three years. The first two columns indicate whether the measures were included in the MCAS measure set in RY2019 and RY2020. The past three years of San Joaquin County data are compared to the current minimum performance benchmark. Rates that continue to show little improvement are prioritized for improvement. Rates shown in green met the MPL, those in yellow were within 5 percentage points and those that are red did not meet the 2019 NCQA Quality Compass 25<sup>th</sup> percentile. Measures noted with an “x” were held to the MPL in RY2018 and RY2019 as of December 31, 2019. Due to COVID-19, only administrative measures indicated by a red x, were held to the DHCS MPL by the time final reporting was due on June 15, 2020.

**Table 4: Stanislaus County HEDIS Trends 2018-2020**

Measure	MY2019 MCAS	MY2020 MCAS	ST County RY2018	ST County RY2019	ST County RY2020	Goal MPL MY2019
Adult BMI Assessment	x	x	NR	NR	91.73	90.27
Follow up care for Children prescribed ADD meds-Initiation			NR	NR	25	43.41

Follow up care for Children prescribed ADD meds- Continuation			NR	NR	37.78	55.5
Antidepressant Medication Management- Acute	x	x	NR	NR	51.35	52.33
Antidepressant Medication Management- Continuation Phase	x	x	NR	NR	35.09	36.51
Asthma Medication Ratio	x	x	58.68	59.58	63.12	63.58
Adolescent Well Visits	x	x	NR	NR	40.63	54.26
Breast Cancer Screening	x	x	43.66	58.63	61.26	58.76
Childhood Access to PCP (CAP)-12-24mo			93	94.25	94.3	95.62
Childhood Access to PCP (CAP)-25mo-6y			82.95	83.45	85.33	87.87
Childhood Access to PCP (CAP) - 7-11y			84.42	85.55	86.17	91.08
Childhood Access to PCP (CAP) - 12-19y			79.82	81.71	82.97	90.21
Controlling High Blood Pressure	x	x	56.69	64.96	64.96	61.04
Cervical Cancer Screening	x	x	55.72	55.23	54.74	60.65
Chlamydia Screening	x	x	NR	NR	59.97	58.34
Childhood Immunizations- Combo 10	x	x	NR	NR	30.66	34.79
Diabetic A1c testing	x		82	86.62	88.32	88.55
Diabetic A1c Control <9	x	x	38.44	35.77	35.77	38.52
Diabetic Eye Exams			57.42	50.85	NR	58.88
Adolescents Vaccines-Combo 2	x	x	31.14	27.98	33.82	34.43
Lower Back Pain Imaging			75.91	72.71	NR	71.56
Timely Prenatal Care	x	x	80.78	86.37	90.75	83.76
Timely Postpartum Care	x	x	60.83	67.64	79.81 (HPL)	65.69
6 Well visits in the first 15 months of life	x	x	NR	NR	43.31	65.83

Weight assessment and counseling- BMI	x	x	NR	NR	86.37	79.09
Weight assessment and counseling- Nutrition		x	65.45	52.55	NR	70.92
Weight assessment and counseling- Physical Activity		x	60.1	37.96	NR	69.96
Well visits in 3,4,5 and 6 years of life	x	x	74.94	67.4	69.59	72.87

Stanislaus County showed vast improvement in HEDIS measures over the prior year. The exceptions are related to childhood well visits and follow up for ADD/ADHD medications for children. HPSJ will continue to build upon successes and prioritize measures that remain below the MPL. Caution must be exercised in comparing rates to benchmarks for most measures reported for MY2020. Hybrid measures were greatly affected by the inability to successfully secure all records during the spring of 2020 due to COVID-19. Historically, HPSJ expects to find provider offices open and adequately staffed to provide medical records for requested members. From March through May, provider offices were unable to keep their offices fully staffed and open all usual hours. The offices were experiencing inadequate protective equipment to adhere to public health guidelines. They were not able to ensure the safety of both patients and staff. As a result, HPSJ could not completely procure all medical records.

#### Core Measures

Beginning in RY2020, DHCS required plans to report rates for Non-HEDIS measures. These Non-HEDIS MCAS measures are derived from the CMS Core Measures for Adults and Children. Tables 5-12 below show the results as presented to DHCS for San Joaquin and Stanislaus Counties. The following additional measures are first year measures for HPSJ.

- Concurrent use of Opioids and Benzodiazepines: Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis or in hospice are excluded. A lower rate indicates better performance.

**Table 5: Concurrent Use of Opioids and Benzodiazepines- San Joaquin County**

<b>Concurrent Use of Opioids and Benzodiazepines (COB)</b> <i>(Adult Core Set)</i>		
<b>HEDIS® Reporting Year 2020/Measurement Year 2019</b>		
<b>Data Collection Methodology: Admin</b>		
<b>Data element</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>
Eligible population	3,485	65
Number of required exclusions	0	0
Numerator events by administrative data	596	4
Numerator events by supplemental data	0	0
<b>Reported rate</b>	<b>17.10%</b>	<b>6.15%</b>

**Table 6: Concurrent Use of Opioids and Benzodiazepines- Stanislaus County**

<b>Concurrent Use of Opioids and Benzodiazepines (COB)</b> <i>(Adult Core Set)</i>		
<b>HEDIS® Reporting Year 2020/Measurement Year 2019</b>		
<b>Data Collection Methodology: Admin</b>		
<b>Data element</b>	<b>Ages 18-64</b>	<b>Ages 65+</b>
Eligible population	3,332	56
Number of required exclusions	0	0
Numerator events by administrative data	704	4
Numerator events by supplemental data	0	0
<b>Reported rate</b>	<b>21.13%</b>	<b>7.14%</b>

There are no benchmarks established for concurrent use of opioids and benzodiazepines.

#### ***Contraceptive Care- All Women***

Among women ages 15 to 20 years and ages 21-44 years, at risk of unintended pregnancy (defined as those that have ever had sex, are not pregnant or seeking pregnancy, and are fecund), the percentage that was provided:

1. A most effective or moderately effective method of contraception.
2. A long-acting reversible method of contraception (LARC).

**Table 7: Contraceptive Care- All Women- San Joaquin County**

<b>Contraceptive Care - All Women (CCW)</b> <i>(Child Core Set and Adult Core Set)</i>				
<b>HEDIS® Reporting Year 2020/Measurement Year 2019</b>				
<b>Data Collection Methodology: Admin</b>				
	<b>Most or Moderately Effective Contraception</b>		<b>Long Acting Reversible Contraception</b>	
<b>Data element</b>	<b>Ages 15-20</b>	<b>Ages 21-44</b>	<b>Ages 15-20</b>	<b>Ages 21-44</b>
Eligible population	11,220	26,553	11,220	26,553
Number of required exclusions	0	0	0	0
Numerator events by administrative data	1,854	8,024	250	1,249
Numerator events by supplemental data	6	8	4	3
<b>Reported rate</b>	16.58%	30.25%	2.26%	4.72%

**Table 8: Contraceptive Care- All Women- Stanislaus County**

<b>Contraceptive Care - All Women (CCW)</b> <i>(Child Core Set and Adult Core Set)</i>				
<b>HEDIS® Reporting Year 2020/Measurement Year 2019</b>				
<b>Data Collection Methodology: Admin</b>				
	<b>Most or Moderately Effective Contraception</b>		<b>Long Acting Reversible Contraception</b>	
<b>Data element</b>	<b>Ages 15-20</b>	<b>Ages 21-44</b>	<b>Ages 15-20</b>	<b>Ages 21-44</b>
Eligible population	6,540	17,605	6,540	17,605
Number of required exclusions	0	0	0	0
Numerator events by administrative data	1,178	5,088	143	853
Numerator events by supplemental data	12	12	5	7
<b>Reported rate</b>	18.20%	28.97%	2.26%	4.88%

**Contraceptive Care- Postpartum Women**

Among women ages 15 to 20 years and 21-44 years who had a live birth, the percentage that was provided within 3 and 60 days of delivery:

1. A most effective or moderately effective method of contraception.
2. A long-acting reversible method of contraception (LARC).

**Table 9: Contraceptive Care- Postpartum Women- San Joaquin County**

Contraceptive Care - Postpartum Women (CCP) (Child Core Set and Adult Core Set)								
HEDIS® Reporting Year 2020/Measurement Year 2019								
Data Collection Methodology: Admin								
	Most or Moderately Effective Contraception (MMEC) - 3 Days		MMEC - 60 Days		Long Acting Reversible Contraception (LARC) - 3 Days		LARC - 60 Days	
Data element	Ages 15-20	Ages 21-44	Ages 15-20	Ages 21-44	Ages 15-20	Ages 21-44	Ages 15-20	Ages 21-44
Eligible population	366	2,654	366	2,654	366	2,654	366	2,654
Number of required exclusions	0	0	0	0	0	0	0	0
Numerator events by administrative data	1	205	128	1,004	0	8	27	176
Numerator events by supplemental data	0	0	0	0	0	0	1	0
Reported rate	0.27%	7.72%	34.97%	37.83%	0.00%	0.30%	7.65%	6.63%

**Table 10: Contraceptive Care- Postpartum Women- Stanislaus County**

Contraceptive Care - Postpartum Women (CCP) (Child Core Set and Adult Core Set)								
HEDIS® Reporting Year 2020/Measurement Year 2019								
Data Collection Methodology: Admin								
	Most or Moderately Effective Contraception (MMEC) - 3 Days		MMEC - 60 Days		Long Acting Reversible Contraception (LARC) - 3 Days		LARC - 60 Days	
Data element	Ages 15-20	Ages 21-44	Ages 15-20	Ages 21-44	Ages 15-20	Ages 21-44	Ages 15-20	Ages 21-44
Eligible population	212	1,556	212	1,556	212	1,556	212	1,556
Number of required exclusions	0	0	0	0	0	0	0	0
Numerator events by administrative data	2	140	91	660	0	3	25	153
Numerator events by supplemental data	0	1	1	4	0	0	0	1
Reported rate	0.94%	9.06%	43.40%	42.67%	0.00%	0.19%	11.79%	9.90%

Older HPSJ members are more often treated with most or moderately effective contraception as well as long acting contraception than younger members. It also appears that in the postpartum period, women are provided with most or moderately effective contraception and long acting contraception within 60 days of delivery as opposed to immediately after delivery. Rates of all contraception are higher in Stanislaus County than in San Joaquin County. San Joaquin County also has more eligible members in the older age stratification.

In addition, a higher percentage of postpartum women than all at women at risk for pregnancy are provided with all types of longer acting contraception.

Longer acting contraceptive care has many identified barriers; availability at the time of appointment, mistrust of the recommendations to use and providers keeping contraceptives on stock to name a few.

### ***Developmental Screening in the First Three Years of Life***

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday

**Table 11: Developmental Screening in the First Three Years of Life- San Joaquin County**

Developmental Screening in the First Three Years of Life (DEV) (Child Core Set)				
HEDIS® Reporting Year 2020/Measurement Year 2019				
Data Collection Methodology: Admin				
Data element	Age 1	Age 2	Age 3	Total (Ages 1-3)
Eligible population	2,245	4,583	4,887	11,715
Numerator events by administrative data	336	1,026	667	2,029
Numerator events by supplemental data	10	2	1	13
Reported rate	15.41%	22.43%	13.67%	17.43%

**Table 12: Developmental Screening in the First Three Years of Life- Stanislaus County**

Developmental Screening in the First Three Years of Life (DEV) (Child Core Set)				
HEDIS® Reporting Year 2020/Measurement Year 2019				
Data Collection Methodology: Admin				
Data element	Age 1	Age 2	Age 3	Total (Ages 1-3)
Eligible population	1,478	2,840	2,872	7,190
Numerator events by administrative data	44	479	369	892
Numerator events by supplemental data	4	2	0	6
Reported rate	3.25%	16.94%	12.85%	12.49%

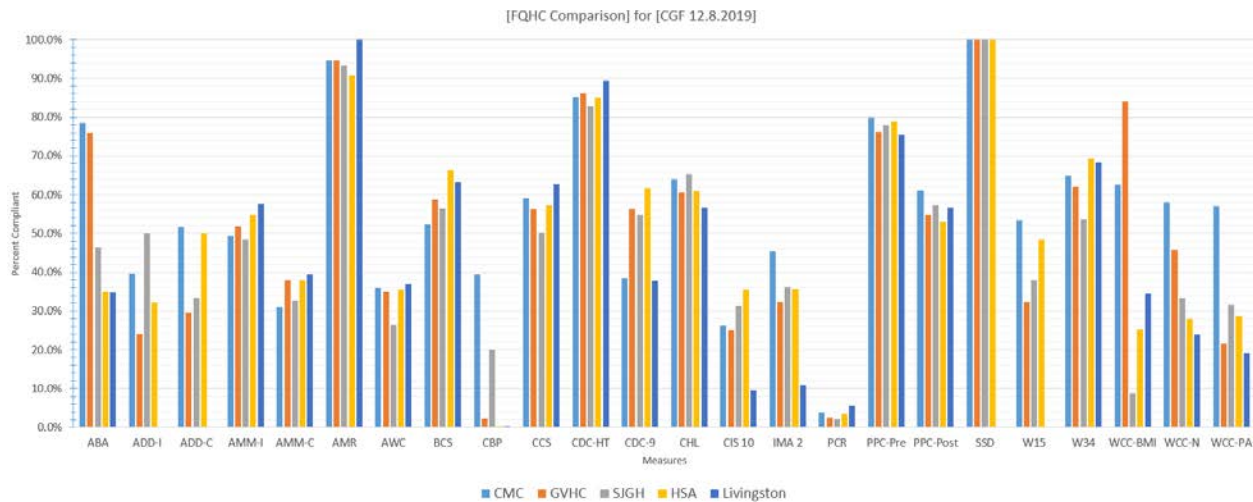
HPSJ strives to ensure developmental screening is performed on all children before the age of three years. San Joaquin County has higher rates of developmental screening than Stanislaus County. HPSJ will continue to monitor rates of developmental screening.

Additional Core Measures results that warrant further review are HIV Viral Load Suppression and Screening for Depression and Follow up. Reported rates were very low. Upon further evaluation, HPSJ determined that due to privacy concerns and a disconnect between the types of testing performed by the provider network and the testing types recognized by the measure specifications, the rates are not representative of actual performance.

#### **Federally Qualified Health Center (FQHC) Performance**

HPSJ trends all MCAS measures monthly using Care Gap Finder (CGF) reporting and compares FQHCs to each other. As of December 8, 2019, the final gap report of 2019, Graph 1 below compares key metric rates for FQHC's. The following comparison shows Community Medical Centers and Livingston outperform Golden Valley and San Joaquin General. Stanislaus Health Services is in the middle. The rates below are shown before hybrid review.

Graph 1: HPSJ FQHC Comparison



### Seniors and Persons with Disabilities (SPD)

HPSJ stratified utilization measures in Tables 13-18 by SPD/Non-SPD members. Stratified measures include: Emergency Department Visits, Readmissions and Childhood Access to Primary Care Physicians. SPD members in San Joaquin County utilize emergency care at a higher rate than SPD members in Stanislaus. Non-SPD members utilize emergency care at higher rates in Stanislaus county. Plan all-cause readmission is very low in both counties and SPD member are readmitted at slightly higher rates than Non-SPD. Childhood access to care rates are much higher for SPDs than non-SPD children. Overall, access to care is higher for SPD than non-SPD.

Table 13: San Joaquin County- Emergency Visits

Age	ED Visits (SPD)		ED Visits (Non-SPD)		Total ED Visits <i>(Must match IDSS &amp; PLD file)</i>	
	Visits	Visits/1,000 MM	Visits	Visits/1,000 MM	Total Visits	Total Visits/1,000 MM
<1	51	163.46	4,441	80.82	4,492	81.29
1-9	832	55.40	22,418	38.36	23,250	38.79
10-19	805	37.62	15,586	26.00	16,391	26.40
20-44	4,124	95.15	39,583	60.25	43,707	62.41
45-64	7,459	109.19	14,544	49.78	22,003	61.04
65-74	508	27.64	18	34.09	526	27.82
75-84	219	27.20	0		219	NA
85+	78	48.45	4	307.69	82	NA
Unknown	0		0		0	
<b>Total</b>	<b>14,076</b>	<b>79.79</b>	<b>96,594</b>	<b>44.14</b>	<b>110,670</b>	<b>46.80</b>



**Table 14: Stanislaus County – Emergency Visits**

Age	ED Visits (SPD)		ED Visits (Non-SPD)		Total ED Visits <i>(Must match IDSS &amp; PLD file)</i>	
	Visits	Visits/1,000 MM	Visits	Visits/1,000 MM	Total Visits	Total Visits/1,000 MM
<1	32	200.00	3,039	94.24	3,071	94.76
1-9	521	71.33	15,726	46.12	16,247	46.65
10-19	525	54.03	9,936	29.57	10,461	30.26
20-44	2,109	114.43	28,841	63.74	30,950	65.72
45-64	4,156	117.93	9,627	50.19	13,783	60.71
65-74	233	30.66	41	37.89	274	NA
75-84	119	33.25	0		119	NA
85+	36	39.00	0		36	NA
Unknown	0		0		0	
<b>Total</b>	<b>7,731</b>	<b>93.20</b>	<b>67,210</b>	<b>49.61</b>	<b>74,941</b>	<b>52.13</b>

**Table 15: San Joaquin County- Plan All Cause Readmissions**

Age	SPD			Non-SPD			Total <i>(Must match IDSS &amp; PLD file)</i>		
	Count of Index Stays <i>(Denominator)</i>	Count of Observed 30-Day Readmissions <i>(Numerator)</i>	Observed Readmission Rate <i>(Num/Den)</i>	Count of Index Stays <i>(Denominator)</i>	Count of Observed 30-Day Readmissions <i>(Numerator)</i>	Observed Readmission Rate <i>(Num/Den)</i>	Count of Index Stays <i>(Denominator)</i>	Count of Observed 30-Day Readmissions <i>(Numerator)</i>	Observed Readmission Rate <i>(Num/Den)</i>
18-44	422	24	5.69%	1,407	69	4.90%	1,829	93	5.08%
45-54	504	39	7.74%	948	69	7.28%	1,452	108	7.44%
55-64	983	72	7.32%	826	60	7.26%	1,809	132	7.30%
<b>Total (18-64)</b>	<b>1,909</b>	<b>135</b>	<b>7.07%</b>	<b>3,181</b>	<b>198</b>	<b>6.22%</b>	<b>5,090</b>	<b>333</b>	<b>6.54%</b>

**Table 16: Stanislaus County- Plan All Cause Readmissions**

Age	SPD			Non-SPD			Total <i>(Must match IDSS &amp; PLD file)</i>		
	Count of Index Stays <i>(Denominator)</i>	Count of Observed 30-Day Readmissions <i>(Numerator)</i>	Observed Readmission Rate <i>(Num/Den)</i>	Count of Index Stays <i>(Denominator)</i>	Count of Observed 30-Day Readmissions <i>(Numerator)</i>	Observed Readmission Rate <i>(Num/Den)</i>	Count of Index Stays <i>(Denominator)</i>	Count of Observed 30-Day Readmissions <i>(Numerator)</i>	Observed Readmission Rate <i>(Num/Den)</i>
18-44	223	12	5.38%	1,148	72	6.27%	1,371	84	6.13%
45-54	285	21	7.37%	663	33	4.98%	948	54	5.70%
55-64	570	50	8.77%	661	46	6.96%	1,231	96	7.80%
<b>Total (18-64)</b>	<b>1,078</b>	<b>83</b>	<b>7.70%</b>	<b>2,472</b>	<b>151</b>	<b>6.11%</b>	<b>3,550</b>	<b>234</b>	<b>6.59%</b>

**Table 17: San Joaquin County- Childhood Access to Primary Care**

Population	SPD				Non-SPD				Total <i>(Must match IDSS &amp; PLD file)</i>			
Data Element	12-24 Months	25 Months-6 Years	7-11 Years	12-19 Years	12-24 Months	25 Months-6 Years	7-11 Years	12-19 Years	12-24 Months	25 Months-6 Years	7-11 Years	12-19 Years
Eligible population	36	547	809	1,204	4,437	22,746	21,914	31,392	4,473	23,293	22,723	32,596
Numerator events by administrative data	36	486	746	1,044	4,185	19,683	19,092	26,603	4,221	20,169	19,838	27,647
Reported rate	100.00%	88.85%	92.21%	86.71%	94.32%	86.53%	87.12%	84.74%	94.37%	86.59%	87.30%	84.82%

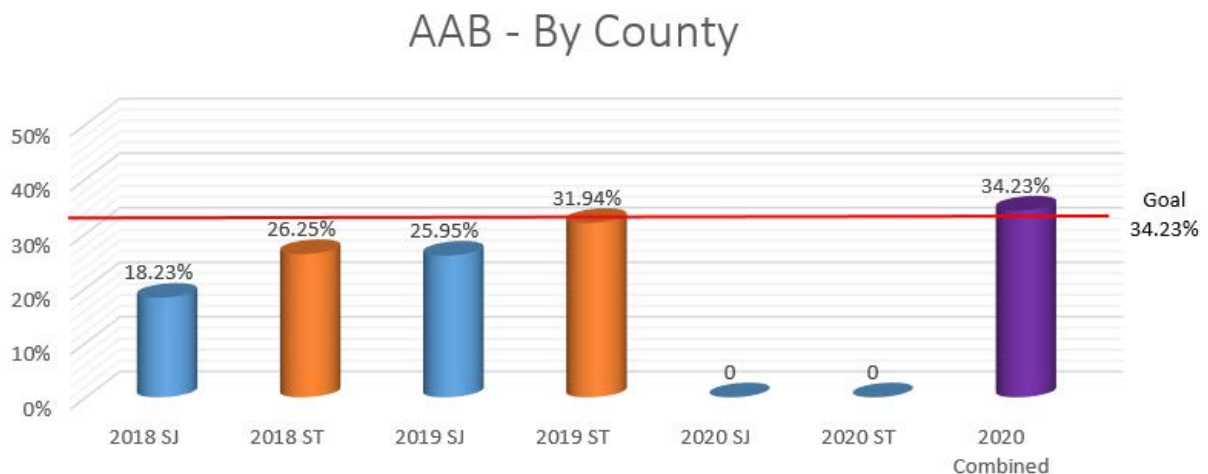
**Table 18: Stanislaus County- Childhood Access to Primary Care**

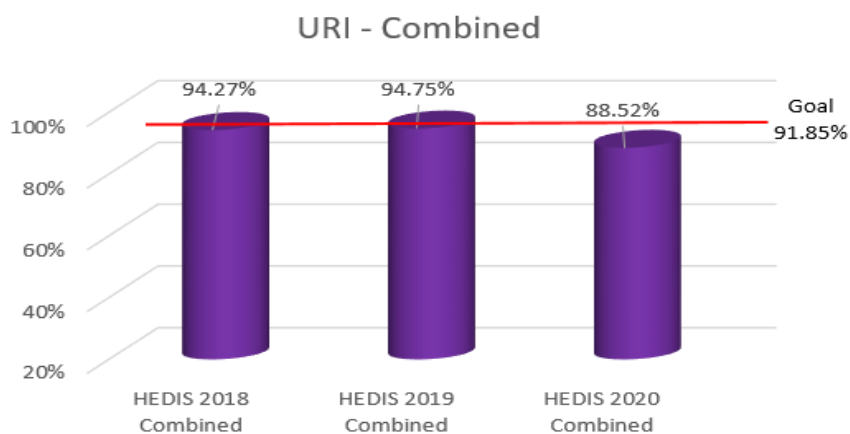
Population	SPD				Non-SPD				Total <i>(Must match IDSS &amp; PLD file)</i>			
Data Element	12-24 Months	25 Months-6 Years	7-11 Years	12-19 Years	12-24 Months	25 Months-6 Years	7-11 Years	12-19 Years	12-24 Months	25 Months-6 Years	7-11 Years	12-19 Years
Eligible population	21	308	318	529	2,701	13,855	11,069	16,904	2,722	14,163	11,387	17,433
Numerator events by administrative data	18	289	290	462	2,549	11,796	9,522	14,003	2,567	12,085	9,812	14,465
Reported rate	NA	93.83%	91.19%	87.33%	94.37%	85.14%	86.02%	82.84%	94.31%	85.33%	86.17%	82.97%

HPSJ child members require more frequent visits due to conditions that drive the disability conditions. HPSJ expects SPD access rates to be higher than non-SPD. Barriers to care for adolescents are that adolescents often resist well visits and typically only seek care when an illness arises.

### Antibiotic Overutilization Measures

HPSJ monitors the following HEDIS measures for overuse and inappropriate use: Avoiding Antibiotics for Acute Bronchitis (AAB) and Acute Respiratory Infection not dispensed and Antibiotic (URI). As shown in Graph 2, AAB met goal and URI did not meet goal and is trending downward.

*Graph 2: Antibiotic Overutilization*



### Survey Measures

HPSJ collects two measures through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey methodology. These measures are tied to member experience. Table 19 shows HEDIS CAHPS rates. Flu vaccine performance reached the national 76<sup>th</sup> percentile. Metrics related to smoking cessation have improved except for discussing smoking cessation strategies which has decreased to below the 5<sup>th</sup> percentile. All metrics related to smoking are significantly lower than the survey vendor benchmark. HPSJ providers are not asking about smoking and not offering cessation strategies often enough.

**Table 19: 2020 HEDIS CAHPS Survey Measures**

### Effectiveness of Care Performance

*Your plan's performance on HEDIS measures collected through the CAHPS 5.0H survey.*

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) (% Yes)	44.0%	48.0%	4.0%	44.1%	76 <sup>th</sup>
Advising Smokers and Tobacco Users to Quit: <i>Rolling average (% Always, Usually or Sometimes)</i>	58.6%	63.8%	5.2%	77.8% ▼	<5 <sup>th</sup>
Discussing Cessation Medications: <i>Rolling average (% Always, Usually or Sometimes)</i>	38.6%	40.7%	2.1%	56.1% ▼	11 <sup>th</sup>
Discussing Cessation Strategies: <i>Rolling average (% Always, Usually or Sometimes)</i>	35.2%	34.0%	-1.2%	50.2% ▼	<5 <sup>th</sup>

### B.2 MCAS Work Groups

In order to focus on specific domains of care, HPSJ convened internal, multidisciplinary work groups designed to focus on improve MCAS Domains of Care. The following work groups were created: Women's Health, Children's Health, Acute and Chronic Conditions and Behavioral Health. Three years of trended

rates for combined and county specific rates, when available, are presented by domain below in Graphs 3-18.

### **B.2.a Women's Health**

The following women's health measures are trended over the past three years by county in the graphs below;

Breast Cancer Screening (BCS) Women 50-74 years old who had a mammogram to screen for breast cancer in the past 3 years.

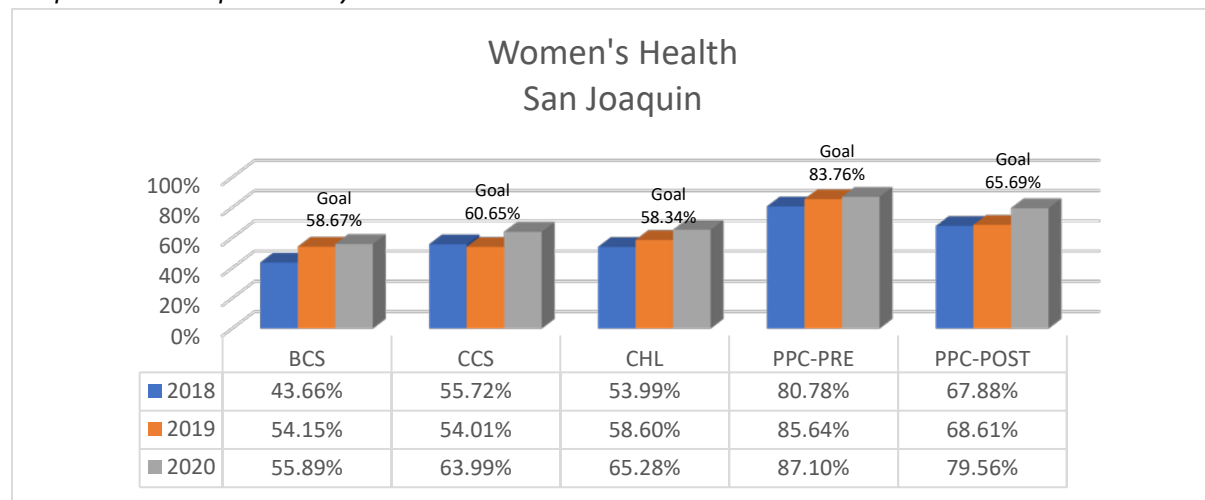
Cervical Cancer Screening (CCS) Women 21-64 who were screened for cervical cancer in the past 3-5 years, depending on the method of screening.

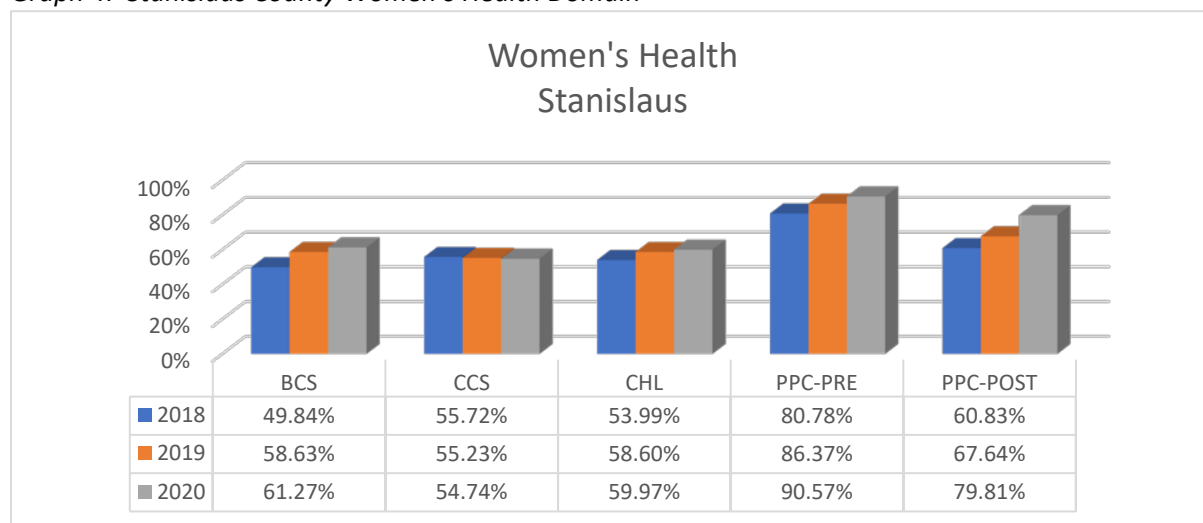
Chlamydia Screening (CHL) Women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year

Prenatal Care (PPC-PRE) Women who had a live birth and completed prenatal care in the first trimester.

Postpartum Care (PPC-POST) Women who had a live birth and completed postpartum follow up care between 7- 84 days after delivery.

*Graph 3: San Joaquin County Women's Health Domain*



*Graph 4: Stanislaus County Women's Health Domain*

HPSJ experienced dramatic increased in women's health measures over the past three years. San Joaquin outperformed Stanislaus county in all measures except breast cancer screening. San Joaquin County met goal for all measures except breast cancer screening. In Stanislaus county, all measures met goal except cervical cancer screening which has remained relatively flat. Postpartum care in both counties exceeded the high-performance level.

Barriers to breast cancer screening are the need for referrals and member no shows. Cervical cancer screening barriers are women not interested in undergoing the procedure while in a provider's office for routine care. When they do, they prefer a women's health provider to perform the screening.

In support of these rate increases, HPSJ implemented many initiatives for improving care for women. HPSJ launched a health promotion campaign called "I Choose Me". The campaign promotes women's self-esteem, responsibility and active participation in health care decisions. Female cancer screenings, prenatal and postpartum care figure largely in the campaign. DHCS showcased the campaign at the Annual Quality Forum held in Sacramento in 2019. In addition to the health campaign, HPSJ offered incentives to members and providers for completing preventive health screening. HPSJ also provided gap in care calls to members encouraging them to receive screening and participate in the financial incentive program.

### **B.2.b Children's Health**

Combined county rate reporting of children's health measures is presented in Graph 5. The following measures are shown:

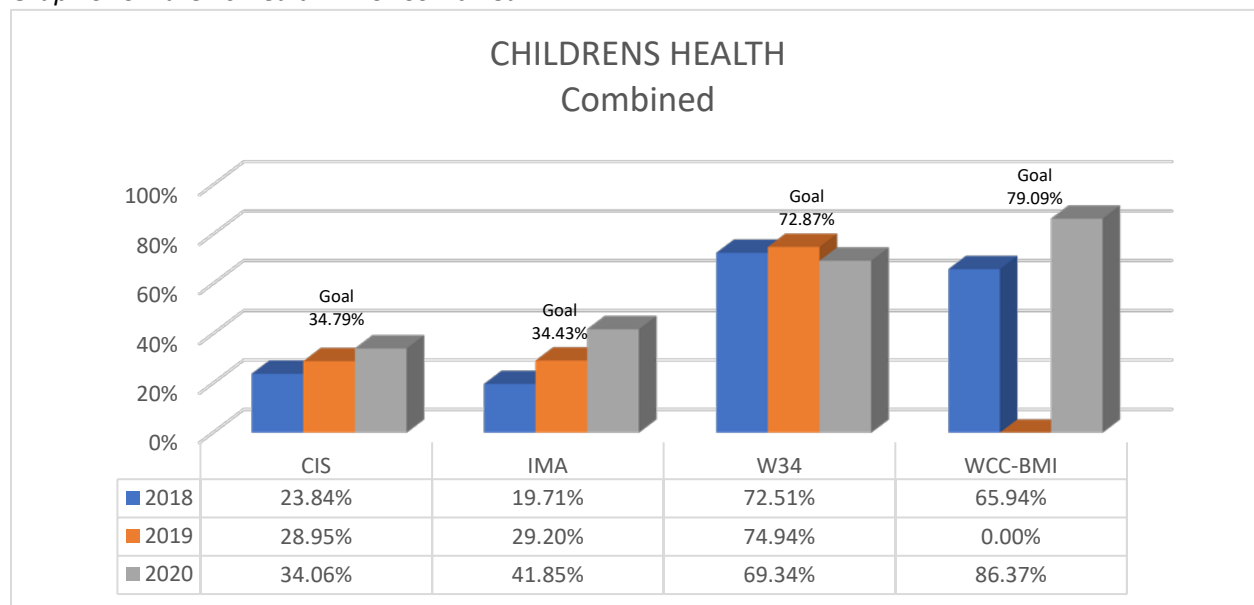
Childhood Immunization Status- Combination 10 (CIS) All vaccines completed by the child's second birthday.

Immunizations for Adolescents-Combo 2 (IMA) Vaccines completed between the child's ninth and thirteenth birthdays.

Annual Well Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> years of life (W34) A comprehensive well visit in the measurement year for children turning 3-6 years old.

Weight Assessment and Counseling for Nutrition and Physical Activity- BMI only (WCC-BMI) Children ages 3-17 whose BMI was assessed in the measurement year.

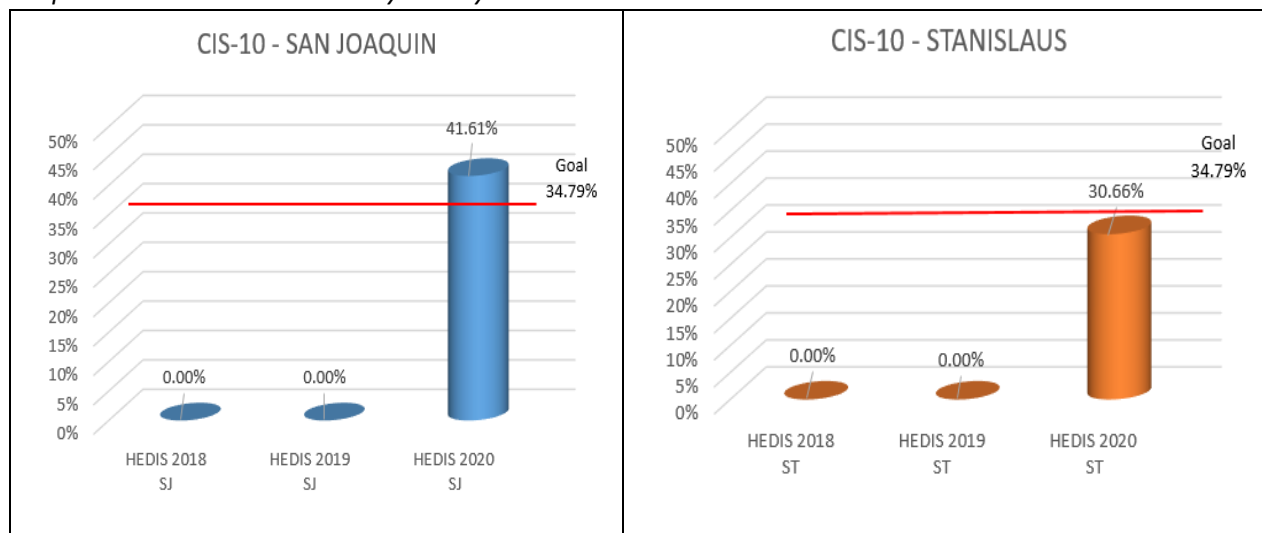
Graph 5: Children's Health -HPSJ Combined



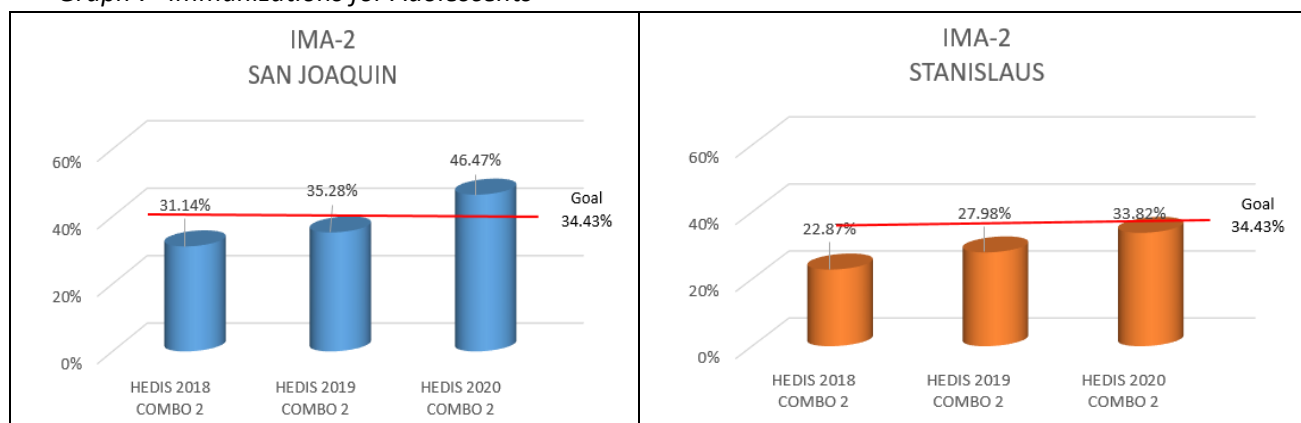
HPSJ met goal for combined reporting of IMA and WCC-BMI. Opportunities still exist to improve CIS and W34. In Graph 6, San Joaquin and Stanislaus rates for Childhood Vaccines-Combination 10, are presented. San Joaquin County achieved higher vaccination rates than Stanislaus and increased well above the 50<sup>th</sup> percentile goal. Stanislaus County also experienced gains and nearly met the 50<sup>th</sup> percentile. HPSJ promoted vaccines to the provider network and through regular meetings with the quality provider partnership meetings. HPSJ performed outbound calls to gap members. HPSJ encouraged members to complete well visits and participate in the member incentive program. In 2019, DHCS changed the vaccine requirement from Combination 3 to Combination 10. Vaccine antigen combinations are displayed below.

#### Combination Vaccinations for Childhood Immunization Status

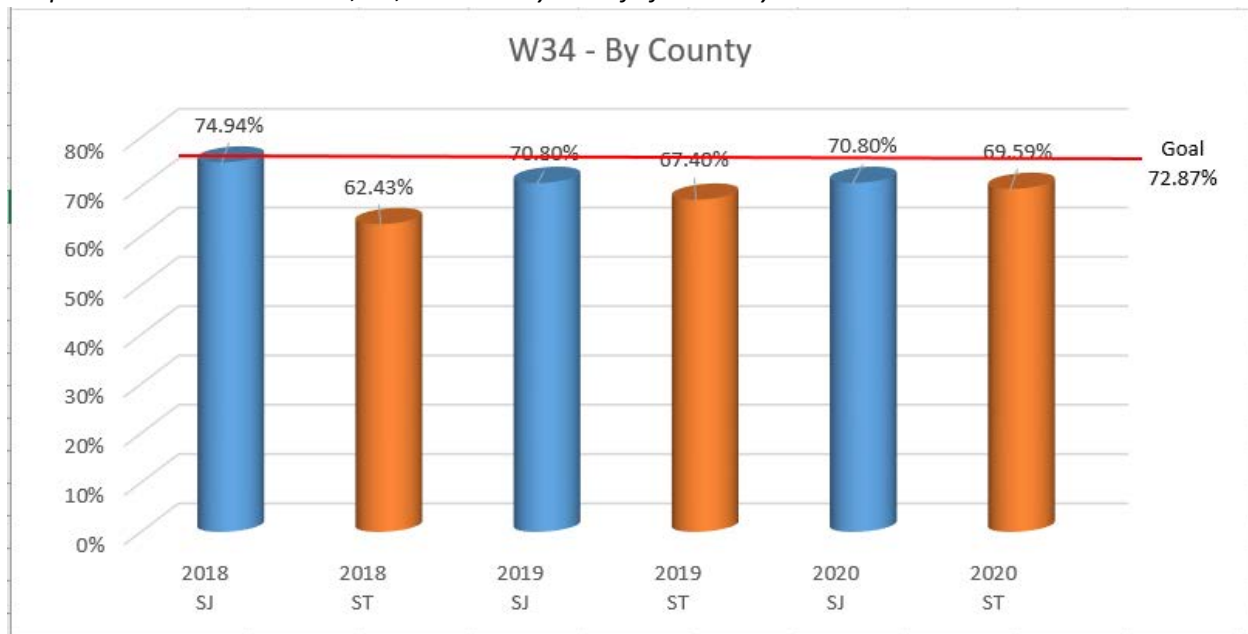
Combination	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*Graph 6: CIS 10- Vaccine rates by county*

Upon review of available medical records, HPSJ found that vaccine combination-10 rates were incomplete most often for children born in late fall and early winter. These children are too young to receive the flu vaccine during the regular vaccination window having not reached 6 months of age. When the next flu season approached, they receive only one flu vaccine and do not return for the booster shot during the same flu season. Graph 7 shows Immunizations for Adolescents- Combination 2. IMA-2 includes Tdap, Meningococcal and 2 HPV immunizations. San Joaquin County met goal; Stanislaus improved but did not meet goal. Upon review of medical records, HPV vaccines are not complete. Members complete only one of the vaccines in the series.

*Graph 7- Immunizations for Adolescents*

Graph 8 shows three years of trended data for Childhood Well Visits 3-6 years by county. Stanislaus County showed improvement year over year. San Joaquin County has not shown improvement. HPSJ initiatives to improve well visits include gap in care calls and incentives for both members and providers. Caution must be used when evaluating rates due to COVID-19 impact on medical record review.

Graph 8- Well Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> years of life- County trends

Hybrid rates were affected in 2020 by COVID-19 due to the inability to retrieve all medical records. It is difficult to determine whether rates might have improved beyond what is reported. In 2020, HPSJ continues to place outbound calls and offer member and provider incentives for completing well visits.

For the first time HPSJ reported the measure Well Visits in the first 15 months of life-6 visits. HPSJ identified opportunities to improve. Both counties did not reach the MPL. Table 13 shows the percent for each count of visits by county.

**Table 20: Well Visits, 6 visits by age 15 months****San Joaquin**

0 VISITS 2020 SJ	1 VISIT 2020 SJ	2 VISITS 2020 SJ	3 VISITS 2020 SJ	4 VISITS 2020 SJ	5 VISITS 2020 SJ	6 OR MORE VISITS 2020 SJ	50th
1.22%	2.43%	4.38%	6.81%	10.71%	19.46%	54.99%	65.83%
2931	2931	2931	2931	2931	2931	2931	

**Stanislaus**

0 VISITS 2020 ST	1 VISIT 2020 ST	2 VISITS 2020 ST	3 VISITS 2020 ST	4 VISITS 2020 ST	5 VISITS 2020 ST	6 OR MORE VISITS 2020 ST	50th
1.46%	3.89%	4.87%	7.30%	14.84%	24.33%	43.31%	65.83%
1890	1890	1890	1890	1890	1890	1890	

HPSJ initiatives include newsletters for members and providers, outbound calls and incentives. HPSJ will continue these initiatives as well as explore opportunities to improve administrative data capture.



### **B.2.c Acute and Chronic Conditions**

The metrics included in Graphs 9-18 and table 21 are acute and chronic conditions:

**Adult BMI Screening (ABA)** The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

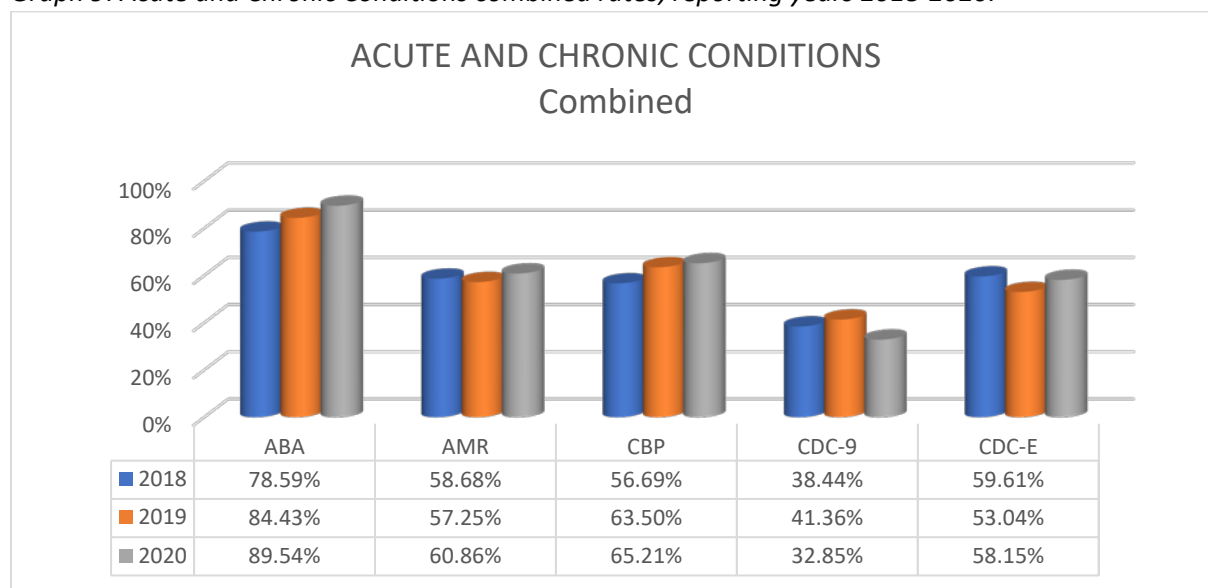
**Asthma Medication Ratio (AMR)** The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

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

**Diabetic A1c <9 (CDC-9) and Diabetic Eye Exams (CDC-E)** The percentage of members 18-75 years of age with type 1 and type 2 diabetes who had an Hemoglobin A1c test results less than 9 and who had a retinal eye exam in the measurement year or a negative eye exam in the prior year.

Three years of combined plan rates are displayed in Graph 7. All 2020 rates are improved over 2019.

*Graph 9: Acute and Chronic Conditions combined rates, reporting years 2018-2020.*



Adult BMI Assessment- Table 14 shows each county rate and combined rates for 2020.

**Table 21**

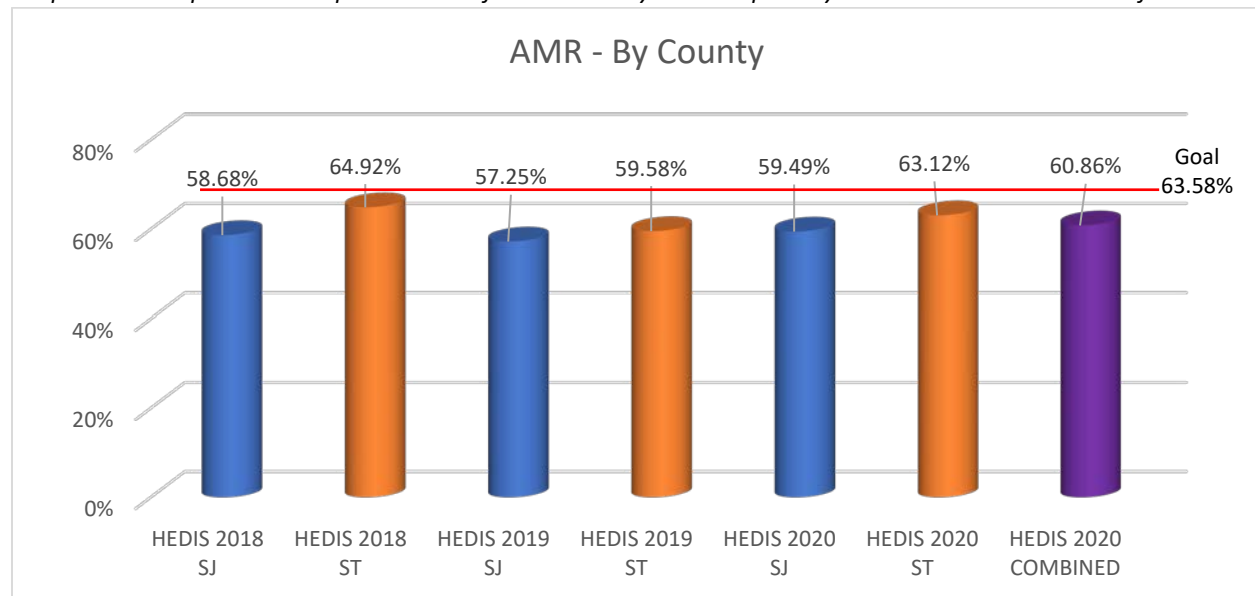
Measure	SJ County RY2020	ST County RY2020	Combined RY2020	Goal MPL (updated 2020)
Adult BMI Assessment	89.05	91.73	89.54	<b>90.27</b>

Stanislaus county achieved goal. San Joaquin county was close to achieving goal. HPSJ provided incentives for providers as well as education for members about the importance of weight management and

trending. HPSJ also improved data capture for BMI by mapping BMI codes into the electronic medical record data feeds from the 4 largest FQHCs. For those members who did not meet compliance, the vast majority did not seek care for any reason.

### Asthma Medication Ratio (AMR)

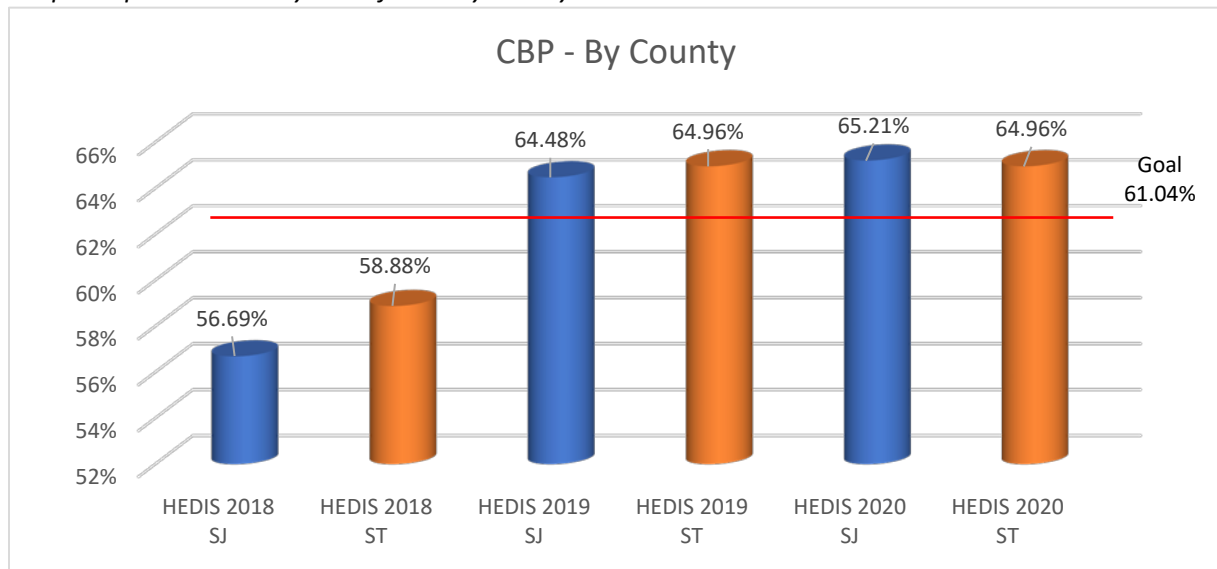
Graph 10 shows pillars that represent rates for each county over the past 3 years and the combined rate for 2020.



AMR	HEDIS 2018 SJ	HEDIS 2018 ST	HEDIS 2019 SJ	HEDIS 2019 ST	HEDIS 2020 SJ	HEDIS 2020 ST	HEDIS 2020 COMBINED	50th
Reported rate	58.68%	64.92%	57.25%	59.58%	59.49%	63.12%	60.86%	63.58%
Eligible population	2,681	1,286	2873	1568	2728	1646	4374	

Both counties experienced an increase in rates but did not meet the goal. Upon review of the data, adult members are more compliant than child members and their compliance has returned to the levels reached in 2018. HPSJ attributes decreases in rates for all members in 2019 to the California wildfires. Members are more likely to fill rescue inhalers for children so there is a backup inhaler at school. HPSJ attempted to improve the ratio of rescue to controller medications by making outbound calls to members who needed only on controller medication fill to reach compliance. This effort proved unsuccessful due to the inability to reach members by phone.

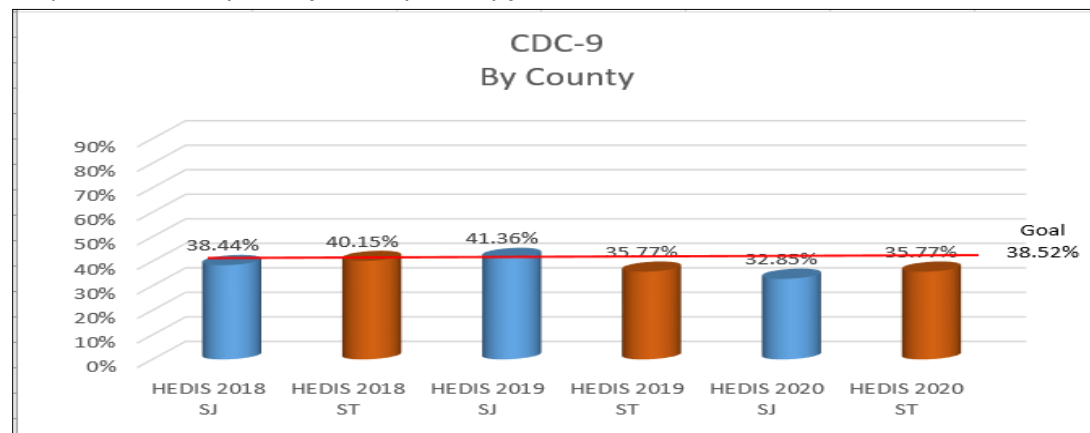
Graph 11 pillars show 3 years of data by county.



	HEDIS 2018 SJ	HEDIS 2018 ST	HEDIS 2019 SJ	HEDIS 2019 ST	HEDIS 2020 SJ	HEDIS 2020 ST	50th
Reported Rate	56.69%	58.88%	64.48%	64.96%	65.21%	64.96%	61.04%
Eligible population	11795	6084	12808	6688	12623	7418	

Both counties met the MPL for CBP. In 2019, HPSJ initiatives focused on capturing more electronic data for blood pressure control. HPSJ encouraged CPT-2 coding to capture blood pressure results. HPSJ also mapped BP results to the data feeds from electronic medical records from the 4 largest health centers in the 3<sup>rd</sup> quarter and at the end of the measurement year. Often members do not have hypertension control due to missing scheduled appointments for follow up BP readings.

Graph 12 shows 3 years of data by county for CDC-9

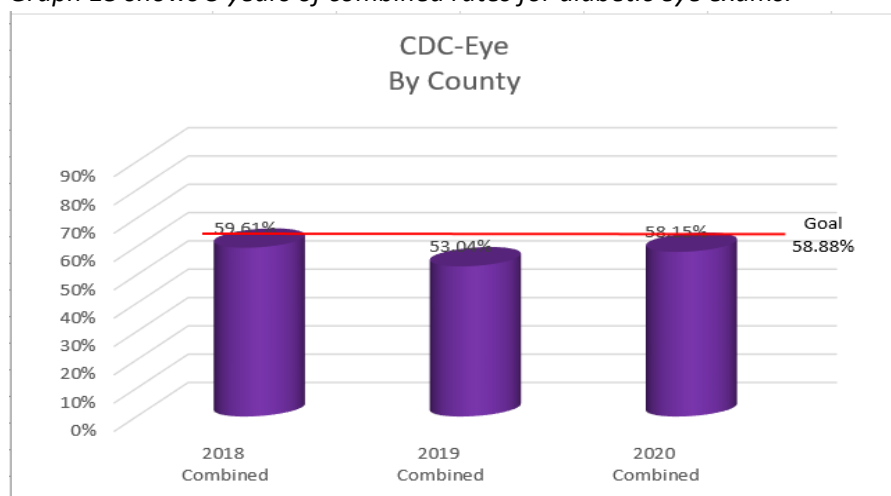


	HEDIS 2018 SJ	HEDIS 2018 ST	HEDIS 2019 SJ	HEDIS 2019 ST	HEDIS 2020 SJ	HEDIS 2020 ST	50th
CDC - 9							
Reported rate	38.44%	40.15%	41.36%	35.77%	32.85%	35.77%	38.52%

Eligible population	11097	5338	8743	5200	8511	5190	
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CDC-9 is an inverse measure. Lower rates mean that members have A1c test results that are lower than 9 more often. HPSJ counties improved in RY2020 and were scoring better than the goal. In the prior measurement year, rates for poor control were driven by the inability of members to complete A1c testing. HPSJ offered incentives for both providers and members to complete testing, outbound calls to gap members and increased attention to members in disease management who had A1c results greater than 9.

*Graph 13 shows 3 years of combined rates for diabetic eye exams.*



CDC - EYE	2018 Combined	2019 Combined	2020 Combined	50th
Reported rate	59.61%	53.04%	58.15%	58.88%
Eligible population	17280	13943	13701	

HPSJ eye exam rates have improved over 2019 rates but have not returned to 2018. HPSJ offered provider incentives and member facing education and outbound calls for gap in care members.

## **B.2.d Behavioral Health**

The following measures are reviewed in the behavioral health work group.

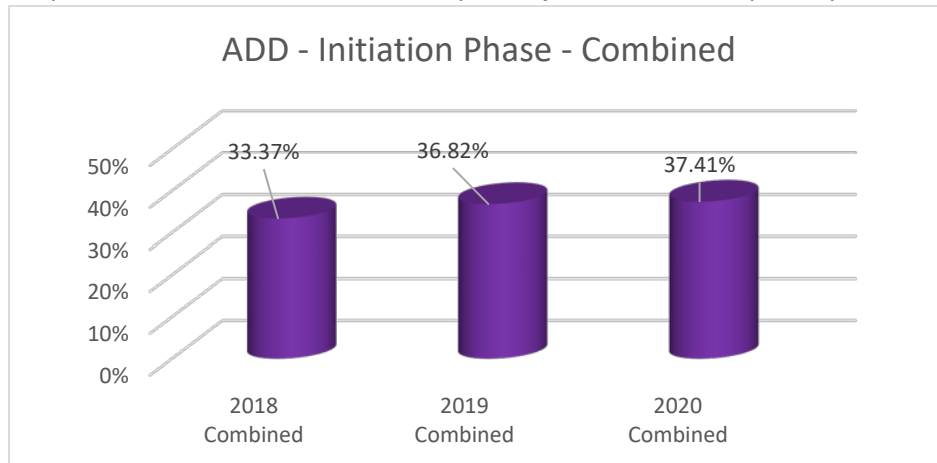
Follow up Care for Children Prescribed ADHD Medication (ADD) the percentage of children newly prescribed ADHD medication who had at least 3 follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed (ADD-I). Two rates are reported, initiation phase within 30 days, continuation two additional visits within 9 months after the initiation phase (ADD-C&M).

Antidepressant Medication Management (AMM) 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. *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

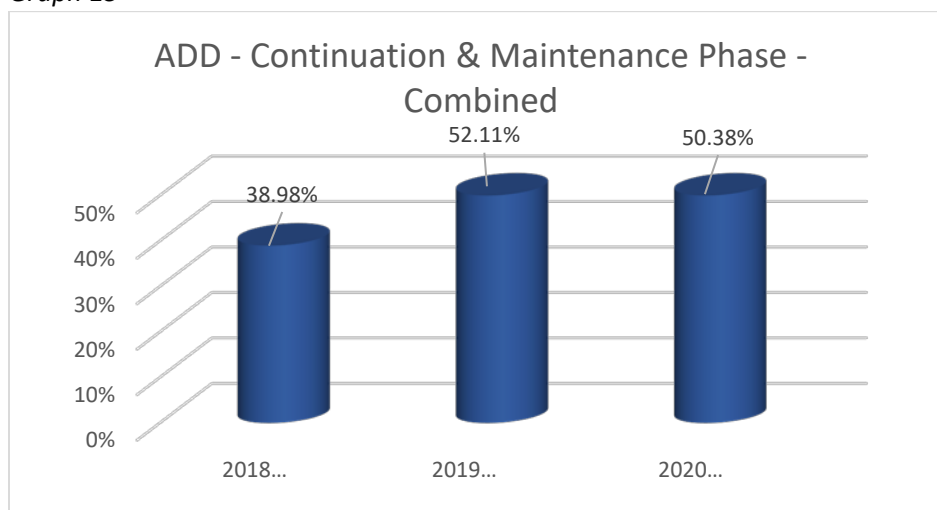
Diabetic Screening for people using antipsychotics (SSD) The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Graphs 14 & 15 show combined county rates for ADD over the past 3 years.



ADD - Initiation	2018 Combined	2019 Combined	2020 Combined	50th
Reported rate	33.37%	36.82%	37.41%	43.41%
Eligible population	915	896	687	

Graph 15

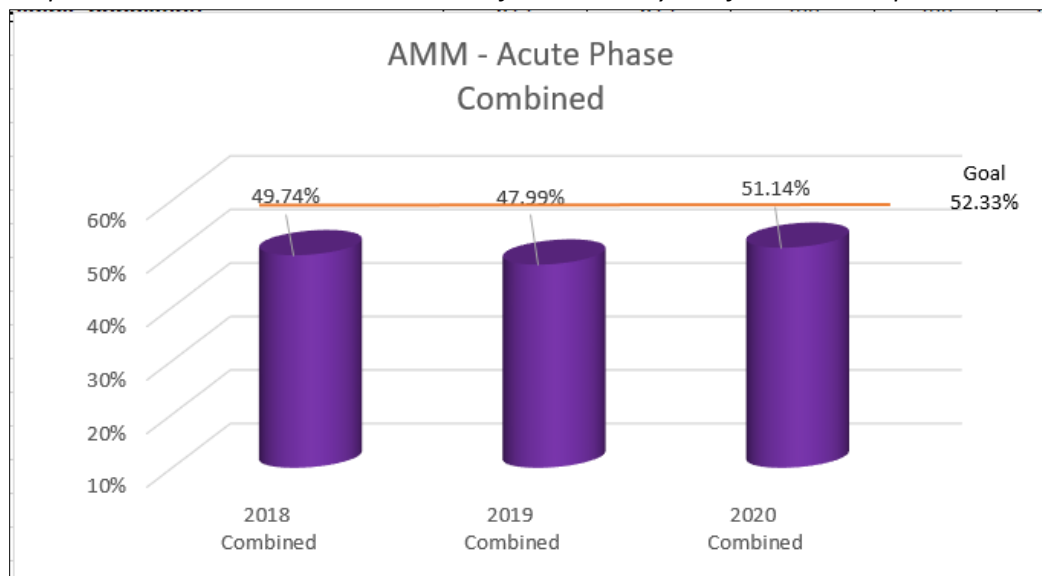


ADD - C&M	2018 Combined	2019 Combined	2020 Combined	50th
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Reported rate	38.98%	52.11%	50.38%	55.55%
Eligible population	128	177	131	

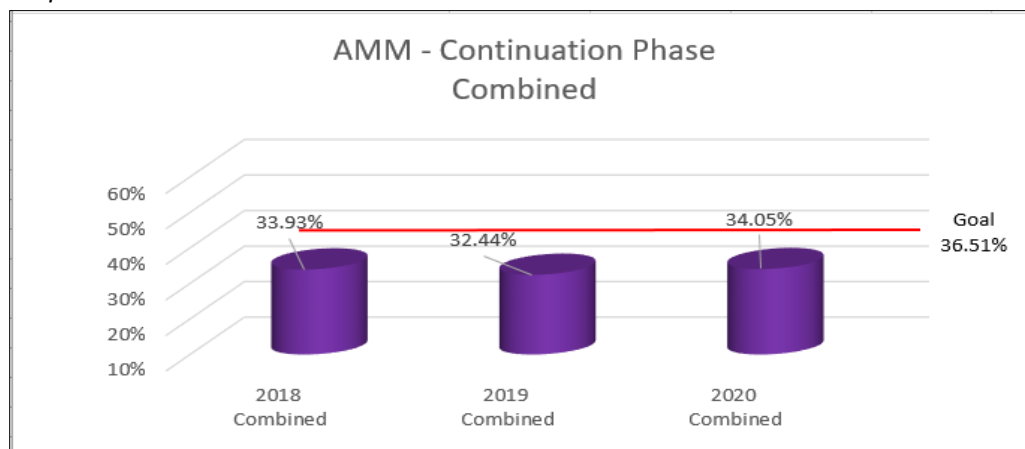
HPSJ has barriers to meeting goal because parents want to place the children on a medication holiday to give them a break during the summer months or during vacation. HPSJ initiatives include outbound calls to newly prescribed members and providers to encourage a follow-up visit and provider alerts about the importance of scheduling follow up visits. Upon further review of the data, Stanislaus county performs far below San Joaquin county and there are fewer members in Stanislaus county as well.

Graphs 16 & 17 show the combined rates for the last 3 years for AMM. Graph 16: AMM- Initiation



AMM - ACUTE PHASE	2018 Combined	2019 Combined	2020 Combined	50th
Reported rate	49.74%	47.99%	51.14%	52.33%
Eligible population	2963	3118	1835	

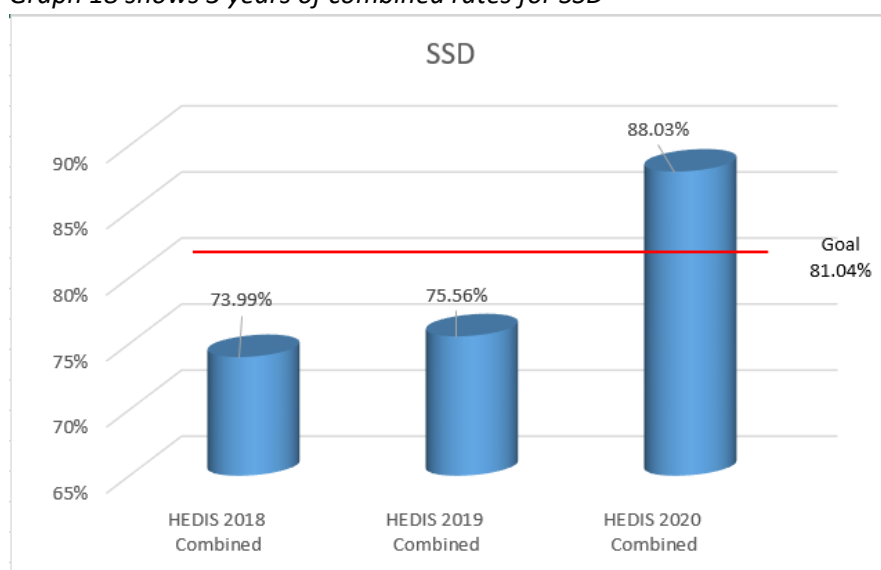
Graph 17 AMM – Continuation Phase



AMM - C & M	2018 Combined	2019 Combined	2020 Combined	50th
Reported rate	33.93%	32.44%	34.05%	36.51%
Eligible population	2963	3118	1223	

HPSJ reviewed the data by county and found that Stanislaus County slightly outperforms San Joaquin County in both initiation and continuation rates. Despite upward trending rates, HPSJ still has an opportunity to reach goal. HPSH notifies providers through provider alerts about the importance of depression screening and medication follow up. Members also indicated that they are interested in alternative treatment programs besides medication as well as desire more information about medication side effects.

*Graph 18 shows 3 years of combined rates for SSD*



HPSJ exceeded goal based on improved fee for service medication data from DHCS. This data allows providers to identify members with gaps in care in need of diabetes screening.

In summary, HPSJ's improvement initiatives are having a positive impact on behavioral health measure rates overall. There are opportunities to build on successful initiatives and to look for new areas to focus efforts on.

### Supplemental Data

HPSJ augments administrative claims, encounter and pharmacy administrative data with supplemental data sets. These data sets come from; Kaiser, California Immunization Registry in San Joaquin County and Regional Immunization Directory in Stanislaus County (CAIR and RIDE) vaccine registries, electronic medical record data (EMR), DHCS fee for service data (FFS) and Manifest Mx Health Information Exchange (HIE). Each year HPSJ maintains and augments HEDIS performance improvement rates with the supplemental data sets. The impact of those data sets on rates is substantial for some measures. The numeric value of combined supplemental data sets is below in Table 22. HPSJ continues to evaluate

new data sets for rate enhancements. The table below shows, county, metric, denominator and numerator for administrative data and the impact supplemental data sets had on each metric.

**Table 22: Supplemental Impact Report**

<u>County</u>	<u>Metric</u>	<u>Description</u>	<u>Denominator</u>	<u>Numerator</u>	<u>Total Rate</u>			<u>Supplemental</u>	<u>Impact</u>
San Joaquin	ABA	Numerator	47281	35330	74.72%			15251	32.26%
San Joaquin	ADD1	Initiation	475	204	42.95%			0	0.00%
San Joaquin	ADD2	Continuation & Maintenance (C & M)	86	49	56.98%			12	13.95%
San Joaquin	AMM2	Acute Phase Treatment	1962	1000	50.97%			2	0.10%
San Joaquin	AMM3	Continuation Phase Treatment	1962	651	33.18%			0	0.00%
San Joaquin	AMR	Numerator	2728	1623	59.49%			1	0.04%
San Joaquin	AWC	Numerator	40579	17494	43.11%			5101	12.57%
San Joaquin	BCS	Numerator	8681	4852	55.89%			1	0.01%
San Joaquin	CBP	Numerator	12623	4620	36.60%			952	7.54%
San Joaquin	CCS	Numerator	37734	21759	57.66%			9356	24.79%
San Joaquin	CDC2	Poor HbA1C Control > 9.0	8511	3245	38.13%			1009	11.86%
San Joaquin	CHL	Numerator	6529	4262	65.28%			24	0.37%
San Joaquin	CISCMB10	Combo 10	4577	1135	24.80%			912	19.93%
San Joaquin	IMACMB2	Combo 2	5357	2189	40.86%			1443	26.94%
San Joaquin	PPC1	Timeliness of Prenatal Care	3379	2862	84.70%			8	0.24%
San Joaquin	PPC2	Postpartum Care	3379	2437	72.12%			631	18.67%
San Joaquin	W156	Six Or More Visits	2931	1347	45.96%			129	4.40%
San Joaquin	W34	Numerator	19151	13554	70.77%			61	0.32%
San Joaquin	WCCA	BMI Percentile	53374	33883	63.48%			4254	7.97%
<u>County</u>	<u>Metric</u>	<u>Description</u>	<u>Denominator</u>	<u>Numerator</u>	<u>Total Rate</u>			<u>Supplemental</u>	<u>Impact</u>
Stanislaus	ABA	Numerator	30105	21300	70.75%			10194	33.86%
Stanislaus	ADD1	Initiation	212	53	25.00%			1	0.47%
Stanislaus	ADD2	Continuation & Maintenance (C & M)	45	17	37.78%			9	20.00%
Stanislaus	AMM2	Acute Phase Treatment	1630	837	51.35%			0	0.00%
Stanislaus	AMM3	Continuation Phase Treatment	1630	572	35.09%			0	0.00%
Stanislaus	AMR	Numerator	1646	1039	63.12%			1	0.06%
Stanislaus	AWC	Numerator	22813	8784	38.50%			4388	19.23%
Stanislaus	BCS	Numerator	5173	3169	61.26%			1	0.02%
Stanislaus	CBP	Numerator	7418	2577	34.74%			2174	29.31%
Stanislaus	CCS	Numerator	24380	13811	56.65%			7558	31.00%
Stanislaus	CDC2	Poor HbA1C Control > 9.0	5190	2259	43.53%			359	6.92%
Stanislaus	CHL	Numerator	4184	2509	59.97%			40	0.96%
Stanislaus	CISCMB10	Combo 10	2839	665	23.42%			604	21.28%
Stanislaus	IMACMB2	Combo 2	2770	848	30.61%			672	24.26%
Stanislaus	PPC1	Timeliness of Prenatal Care	1988	1643	82.65%			27	1.36%
Stanislaus	PPC2	Postpartum Care	1988	1411	70.98%			717	36.07%
Stanislaus	W156	Six Or More Visits	1890	787	41.64%			260	13.76%
Stanislaus	W34	Numerator	11553	7920	68.55%			140	1.21%

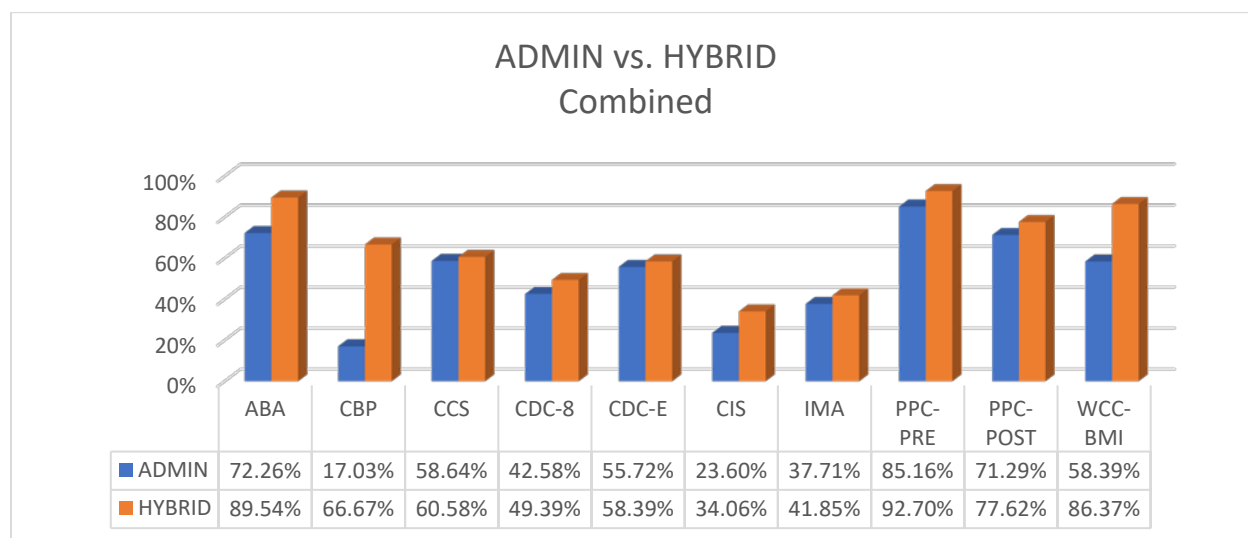


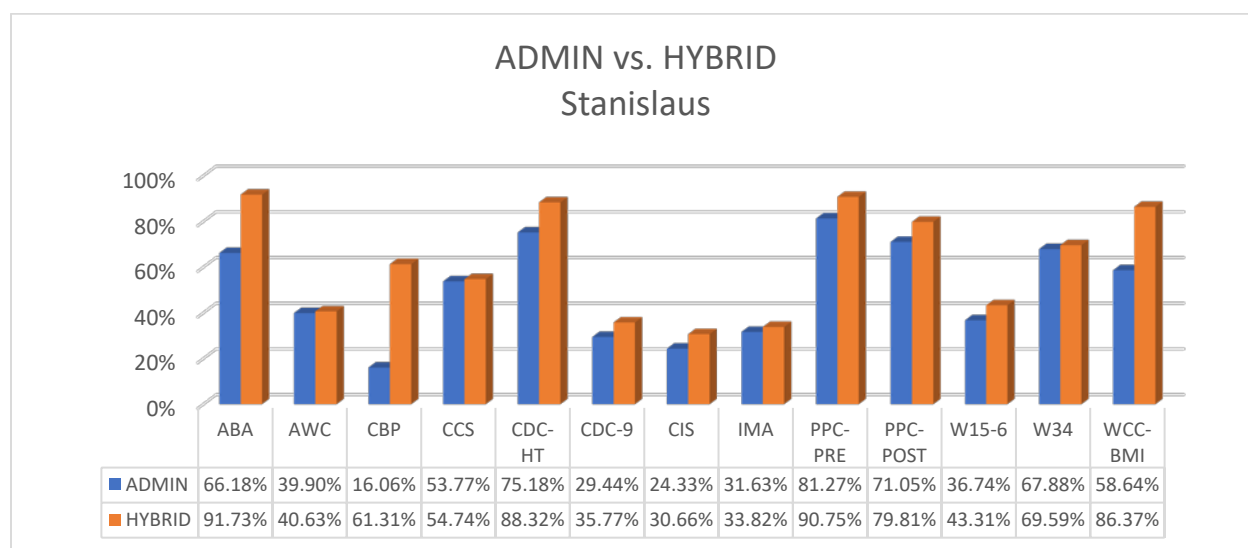
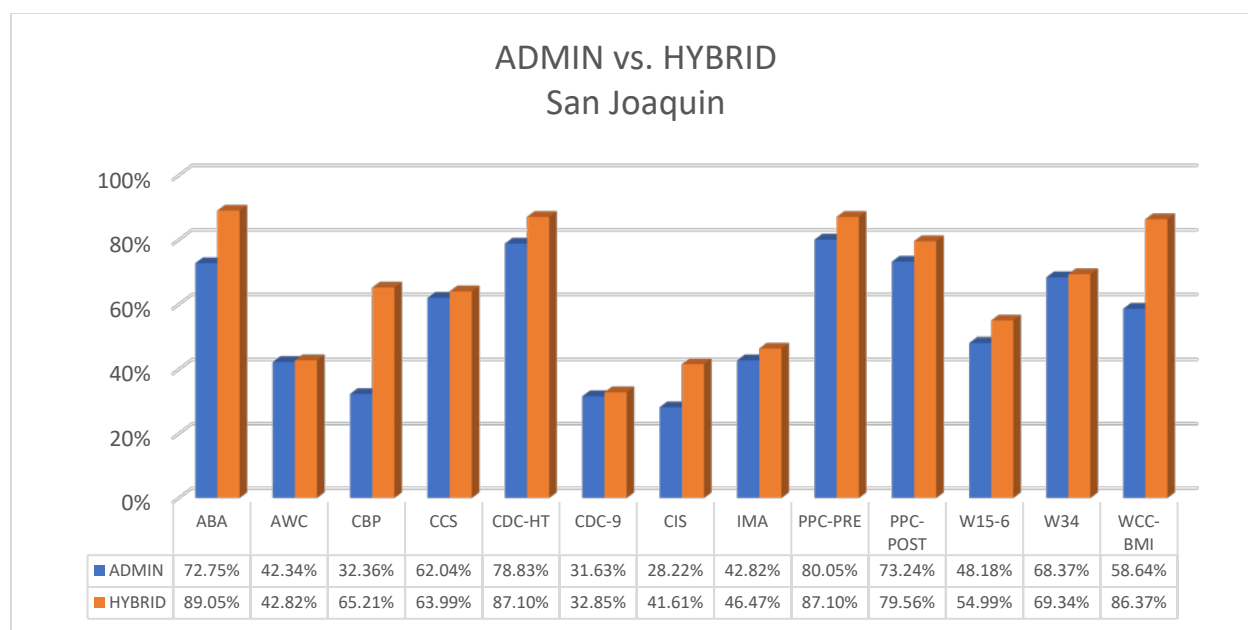
Stanislaus	WCCA	BMI Percentile	29944	21558	71.99%		16958	56.63%
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### Hybrid Medical Record Review - COVID-19

In HEDIS reporting year 2020, HPSJ had over 12,000 primary medical record review chases. Over 97% of those chases were retrieved. In addition to primary medical record chases, HPSJ customarily investigates secondary pursuits for additional review. HEDIS medical record review typically lasts 12 weeks. About 4 weeks into the medical record review project, Governor Newsom ordered all counties to shelter in place and stop all unnecessary contact due to the pandemic COVID-19. This order specified that all doctors should use protective equipment (masks and gloves) for all face to face contact. HPSJ providers were not prepared with enough stock on hand to meet the public safety recommendations. Therefore, they had to temporarily close their doors to members seeking routine care and HPSJ staff for on-site medical record review. HPSJ quickly pivoted to transition all in person sites to a fax campaign. Some sites were ultimately unable to meet high volume requests. In addition, HPSJ was not able to pursue secondary locations.

Shelter in place orders had a significant impact on not only HPSJ, but health plans across the nation. Due to the impact, NCQA and DHCS published accommodations for all plans reporting HEDIS rates. NCQA determined that the annual Quality Compass Benchmarks will not be published for RY2020 and plans that did not meet prior year hybrid rates may rotate and report the prior year rates. DHCS decided that no hybrid measure would be held to the MPL. Nevertheless, HPSJ hybrid rate impact is shown below.





HPSJ is heavily reliant on medical record review to meet minimum performance rates and to report accurately to DHCS and NCQA. Data completeness is hindered by the capitated payment model that most HPSJ contracted providers enjoy. The level of detail required for quality reporting is often missing as evidenced by the dramatic increases in data capture from medical record review.

### Improvement Initiatives

In 2019, HPSJ implemented many robust programs to improve HEDIS and MCAS rates. HPSJ engaged the provider network, engaged the members, increased supplemental data sets and worked with community partners to improve care.

The provider network is supported by both the Quality Department and the Provider Services Department. The Quality Department meets monthly with the 4 largest FQHCs and 7 additional provider groups. They

meetings are called Provider Partnership Program. The Partnership Program meets with internal and external stakeholders to exchange comparative quality data, share progress toward goals, assists with coding and claims issues and provide recommendations for quality improvement. Detailed information can be found in the Quality Improvement Program Description and Annual Evaluation. In addition to the Partnership Program HPSJ regularly sends provider alerts and provider newsletters and offers an engaging provider portal. HPSJ provided lunch and learn sessions to keep providers abreast of changes as they happened. Communication channels are designed to keep the network providers informed about relevant topics. In addition, HPSJ offer a financial incentive program to help HPSJ meet quality targets.

HPSJ engages members regularly through member newsletters, a member focused web portal community events and member incentives. Table 23 below shows the number of member incentives fulfilled in 2018 and 2019.

**Table 23: Member Incentive Fulfillment**

Program	Calendar Year	Reward Issued
CCS (cervical cancer screening or pap smear)	2018	1086
	2019	1032
CDC A1c (comprehensive diabetic care - testing)	2018	477
	2019	502
CDC Eye exams (comprehensive diabetic care - eye exam)	2018	365
	2019	326
PPC Post (OB care - postpartum visit)	2018	195
	2019	941
PPC Pre (OB care - first prenatal visit)	2018	242
	2019	929
W34 (Annual wellness exam - children age varied in each year) CAP added in for any visit with the PCP	2018	3259
	2019	3999
AMR (Asthma prescription fills)	2018	284
	2019	161

In addition to incentives, HPSJ expanded supplemental data sets to lessen hybrid burden and increase administrative data capture. These data sets were incorporated into rate reporting and assisted the provider network with accurate quality data reporting.

## Conclusion

In conclusion, HPSJ HEDIS/MCAS rates have improved significantly over the past year. Improvements that focus on providers, members, data and a robust member education program can be credited with driving improvements. Improvements in Women's Health, and Acute and Chronic conditions domains are most evident. Children's Health vaccine measures were greatly improved as were biometric measures. Many opportunities exist to engage caregivers of children to ensure proper preventive care is provided. HPSJ is significantly impacted by the current COVID-19 pandemic and sustained improvements are not likely. HPSJ members are not seeking care out of fear and confusion. HPSJ is committed to keeping members engaged

and building upon prior successes. HPSJ will pivot toward initiatives that will sustain members during the pandemic and beyond.

### **2020 HEDIS Priorities**

HPSJ considers all improvement efforts to have a positive impact on rates and will continue when feasible and expand upon all initiatives implemented to create a holistic approach to rate improvement. Ongoing priorities are the measures outlined in the DHCS MCAS reporting requirements, NCQA HEDIS measures for health plan accreditation and measures that continue to fall below goal. HPSJ is aware of the immediate need to bolster telehealth because of the impending decline in member engagement due to COVID-19.

#### **Provider Initiatives:**

1. Continue provider alerts focusing on coding, behavioral health, MCAS measures and medications.
2. Virtual Lunch and Learn related to HEDIS, MCAS, telehealth and coding.
3. Care Gap Finder to share HEDIS gaps in care.
4. Medication Adherence Program focusing on behavioral health medications.
5. Active messaging for incentive programs
6. Outreach to low performing providers
7. Provider Tip Sheet

#### **Member initiatives:**

1. Continue condition specific disease management outreach for Asthma, COPD, Diabetes and Heart Failure
2. Newsletters
3. Partnering with community entities
4. COVID-19 education
5. Pharmacy outreach to members for antidepressant medications

#### **Data:**

1. Recruit four new providers to participate in EMR data exchange
2. Maintain existing data sets

#### **New Challenges:**

1. Engage unseen members
2. Expand telehealth options
3. Targeted member outreach to close gaps in care
4. Reinstate gap clinics as soon as possible
5. Continue member incentives

These improvement initiatives are designed to impact a significant number of metrics. All metrics in this report are required by NCQA for the Health Plan accreditation and/or to DHCS as a regulatory requirement. As HPSJ works to address the barriers with member compliance, provider reporting and data integrity, there is a significant amount of collaboration internally and externally across multiple settings.

Some of those collaborations were developed in the previous HEDIS seasons and have continued in the new HEDIS season, while others are new collaborations that were created as a result of ongoing analysis and process improvement efforts. The health plan is committed to our members' health and overall well-being. The opportunities identified are intended to address the barriers identified and improve rates unilaterally.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's Health Plans to measure performance on important dimensions of care and service. These measures are set by the National Committee for Quality Assurance (NCQA). These measures are also required by the State of California Department of Health Care Services (DHCS) and are identified as the External Accountability Sets (EAS) for Full-Scope Medi-Cal Managed Care Plans (MCPs). Health Plan of San Joaquin (HPSJ) and its regulators use the measurements summarized within HPSJ's HEDIS report as one of the important and reliable means to assess the quality and care provided by our plan and to compare to other managed care plans in the county and state of California Health Plan of San Joaquin (HPSJ) completed HEDIS 2018 MY 2017 with a significant number of changes that have impacted the outcome rates. This analysis will outline the results for measures reported to both DHCS and NCQA through the HEDIS submission.

HEDIS includes 92 measures and sub measures. HPSJ is required to report 37 measures to NCQA and 29 to DHCS (including sub measures), the including CAHPS member survey. The reporting to NCQA and DHCS overlaps in some areas so the same outcome rates are submitted, broken out by county. The domains of care include Effectiveness of Care; Access/Availability of Care; Experience of Care; Utilization and Risk Adjusted Utilization.

The HEDIS 2018 HEDIS Analysis report has been prepared by the HPSJ Quality management department and consists of the measures reported to NCQA and DHCS. Certain measures have been rolled up to include sub-measures that are required to report individually but scored as one measure by NCQA and DHCS. The following table lists measures that are required to be reported to NCQA and/or DHCS, as well as if the reporting rate is allowable through administrative data and/or hybrid data (medical record review, will be addressed in further detail). Also, HPSJ changed the reporting structure to match the accreditation received from NCQA. EAS rates are reported by the county to DHCS, HEDIS rates are combined to report as one submission to NCQA across both counties. HEDIS measures have been the source of two very large goals for HPSJ: 1) NCQA accreditation and 2) DHCS performance requirements. Both goals have continued to be a major challenge for HPSJ. However, HPSJ was able to exceed the goal for DHCS and the HPSJ corporate goal for MY 2018.

HPSJ has historically not performed to goal for HEDIS. The major barriers for past and continued achievement have been multiple faceted;

- Provider access for the member has been challenging.
- Our members are one of the most impoverished populations in the state with multiple social determinants of health issues.
- Our encounter data from the provider has been lacking; incomplete or with coding issues.

All three major barriers have been addressed and continue to be challenging, however, HPSJ has been able to improve in the overall improvement over the last 3 years with MY 2018 surpassing the DHCS goal. The number of EAS measures that have shown improvement by MY are the following:

2016 = 25 measures

2017 = 28 measures and

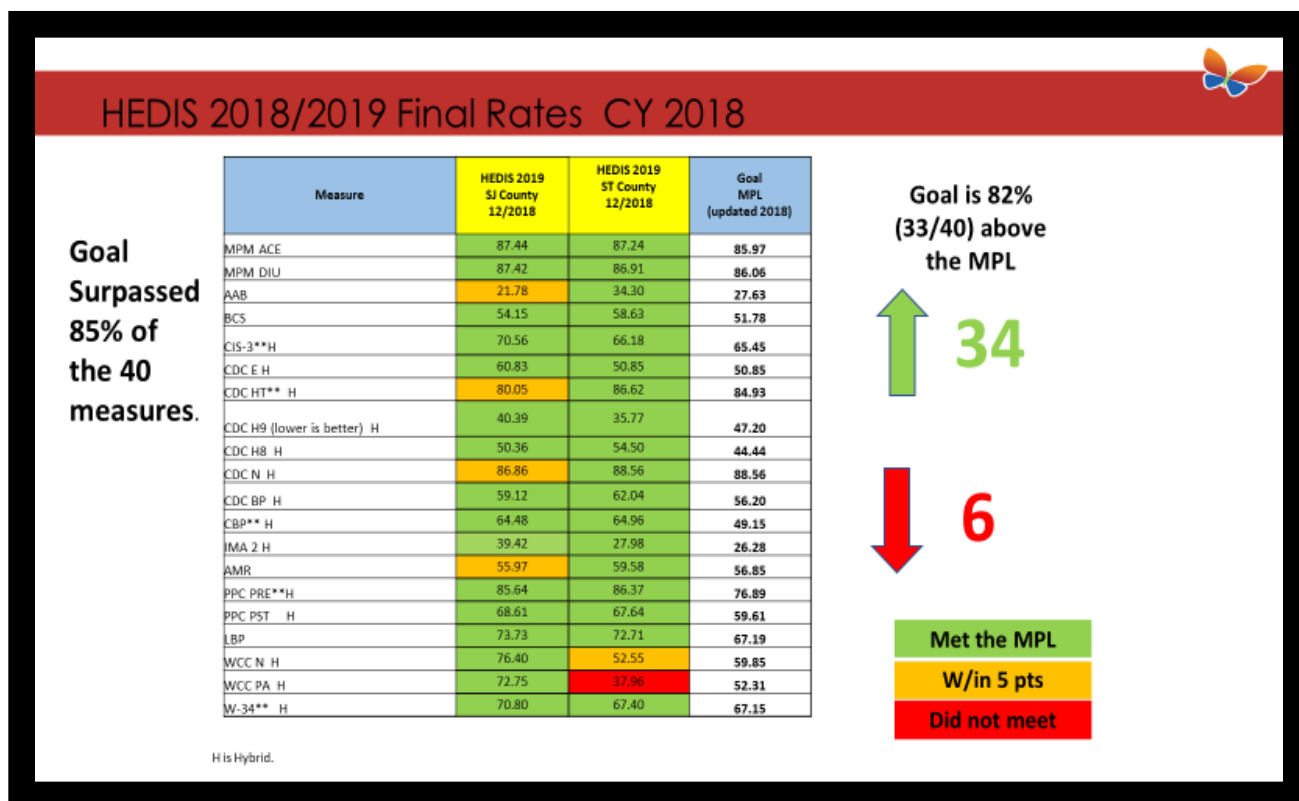
2018 = 27 measures.

HPSJ's continued incremental as well as significant improvements are the reason for the 2018 success. (Chart 1)

Review of the **provider efforts** include, but are not limited to the following:

- Provider partnership Program with monthly follow up and updates with the QI nurse assigned (>60% of member population covered by this program).
- Provider Services quarterly FQHC JOMs with HPSJ leadership for Provider Network and Medical Management Departments.
- Monthly update reports with Care Gap Finder
  - Each provider has individual practice results with their assigned membership.
- Incentives for each gap closure for “
  - Initial Health Assessment
  - MPM Ace and Diuretic
  - Cervical Cancer Screening
  - Child and Adolescent Provider visits for 12-24 months, 7-11 Years and 12-19 years,
  - CDC Eye Exam and HgA1c testing
  - Immunizations for Adolescents – Combo 2
  - Breast Cancer Screening,
  - Weight Assessment and Counseling for Nutrition and Physical Activity
    - BMI, Nutrition and Physical Activity
    - Well child 3-6 years
    - Prenatal and Post-Partum Care

Chart I



Review of **member efforts** include, but are not limited to the following:

- Identification of member campaign for priority measures
  - A new team was initiated for outreach calls, Population Health.
    - 3-way calls with member and provider office for appointment of 'gap' services
- Customer Service ribbon was initiated in software for inbound calls to identify gap services
- Care Gap Clinics
  - Specific clinic days for member to get their needed services at one time.
    - Eye Exam, HgA1c, Nephropathy screen, Well visits
    - Member incentive cards handed to member at the time of completed services for instant gratification
- Member incentives;
  - Routinely mailed after evidence of visit received.
    - Asthma,
    - CDC Eye and HgA1c screening
    - Well child visit
    - Cervical Cancer Screening,
    - Breast cancer Screening,
    - Prenatal and postpartum visits
  - Focus studies and groups for culture and linguistic stratification of member preferences

## IT/Data Efforts

The Medi/Medi members were eliminated from the HEDIS population data, since HPSJ is not the primary payor for those claims and most are not received by the health plan.

Supplemental data identified and approved for inclusion:

- Manifest HIE
- Point of Care (POC) HgA1c
- RIDE immunization registry
- CAIR immunization registry
- Electronic medical record files from the 4 FQHCs
- Inclusion of the missing lab data after extensive investigation
- FFS historical Claims.

Additional data efforts included provider specialty table and pharmacy table clean up by HPSJ.

The extensive supplemental data additions were significant and demonstrate our continued need for improvement with encounters and coding. Many of the measures that allow hybrid review, review of the medical record (MRR) in addition to the claims received, demonstrates the vast difference in the initial administrative data rates and the rates after the MRR and supplemental data were added.

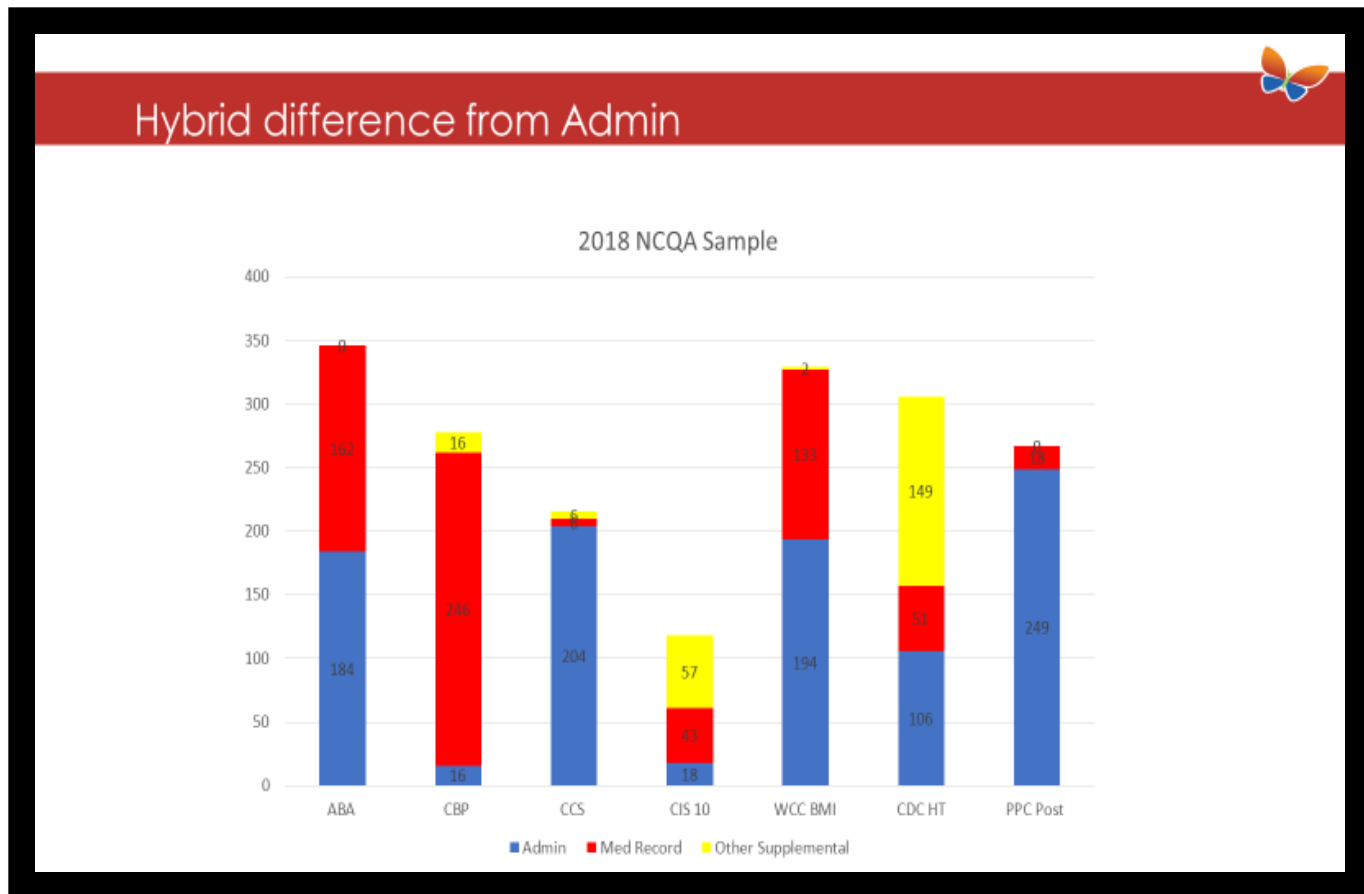
(See chart 2)

There are very few, 16 of the 20 EAS measures that allow for MRR hybrid. Therefore, HPSJ efforts continue to be targeted at optimizing encounters and appropriate claims that demonstrate the care that the members are receiving.

Through its HEDIS, and continuous quality improvement actions Health Plan of San Joaquin performs measure level analysis in order to target member interventions. The measures outlined below represent key indicators when intervened upon lead to overall improvements in member health.

## Chart 2





### HEDIS 2020 planned opportunities for improvement

HPSJ has identified measures that have the biggest impact to our community and will focus HEDIS 2020 initiatives on those areas. Based on guidance received from the Department of Healthcare Services the plan's focus will be the newly developed **MCAS** or. In order to develop an effective strategy, the plan has assigned each high priority measure into domains outlined below.

- Women's Healthcare
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Chlamydia Screening
  - Prenatal and Postpartum care
- Acute and Chronic Disease Management
  - HbA1c testing
  - Controlling Diabetes
  - Diabetic Prevention
  - Adult BMI
  - Controlling Hypertension
  - Asthma Medication Ratio
  - Plan All Cause Readmission

- Children's Healthcare
  - Immunizations
  - Wellness visits
  - Well Child visits
- Behavioral Healthcare Measures
  - Follow up ADHD medication initiation phase, and the acute phase
  - Antidepressant Medication Management acute, and continuation phase

Within these areas there are a significant number of metrics, required to report to NCQA for the Health Plan accreditation and to DHCS as a regulatory requirement. As HPSJ works to address the barriers with member compliance, provider reporting and data integrity, there is a significant amount of collaboration internally and externally across multiple settings. Some of those collaborations were developed in the previous HEDIS seasons and have continued in the new HEDIS season, while others are new collaborations that were created as a result of ongoing analysis and process improvement efforts. The health plan is committed to our members' health and overall well-being so the following outlines those opportunities for improvement based on the barriers identified. Health Plan of San Joaquin will continue the following interventions to ensure success meeting the goals set forth by DHCS including the following:

1. Continue to provide a quality provider incentive program. With education to providers about the benefit of timely submission of claims and encounters for optimal reporting of services provided to the health plan membership. Also changing the program from annual to a quarterly program, to increase the timeliness and visibility of encounters and claims to performance outcome rates.
2. Interdepartmental brainstorming and implementation of innovative and creative initiatives that target the common categories of barriers that generally impact the reported outcome rates for HEDIS and the newly implemented MCAS measures. Membership of the workgroup will continue to rotate to ensure all areas of the organization have input in the HEDIS, and MCAS programs.
3. Collaboration will continue through the provider partnership program which will hold regular meetings and address concerns about coding practices and timely billing to ensure administrative data is captured for gap reporting. A collaboration that includes data analysis is also planned to get to the root cause of inconsistent information between the health plan and the provider.
4. Data reconciliation with providers and delegates to ensure all information available is captured accurately.
5. Partnership with county school districts to promote wellness services and prevention screenings.
6. Education meetings with community-based organizations like WIC and Black Infants Wellness programs.
7. Member incentive – continue to engage members and encourage member participation in preventive health care and disease management treatment plans. Member incentives will continue for well care services ranging from 12 months to 19 years old. Exploration of alternative incentive programs that provide a varied list of incentive redemptions to increase member engagement.
8. Expand member outreach efforts for women's health, children's health, mental health and chronic disease management.
9. Continue to improve case management and health education outreach that focuses on areas that have consistently performed under the minimum performance level. Including assessing member

barriers that create higher risks for non-compliance, such as lack of transportation, family or religious behaviors that limit knowledge and understanding of preventive service recommendations from health care providers.

10. Member reminders for annual wellness exams and preventive care throughout the year. Reminders that are related to memorable events such as birthdays, school enrollment and seasonal diseases. The distribution of reminders by the health plan on behalf of the assigned primary care provider groups is expected to have a higher ROI.
11. Continue to provide innovative solutions to Access to healthcare including the use of telehealth systems. Researching additional technology to keep HPSJ competitive with the advancements in healthcare
12. Provide report cards to support provider initiatives to increase member engagement with the primary care physician. Including relevant data that reports quality of services and utilization metrics.
13. Ongoing education and training sessions with key health plan personnel that addresses provider barriers and concerns. Education that includes best practices locally and nationally to improve the care to the community. Focused on provider and health plan top priorities, as well as optimizing clinic resources to ensure patient care is accurately captured in administrative data.

### **B.3 HPSJ Provider Partnership Program**

#### **Responsible Staff:**

Andrea Swan  
Director, Quality

### **Provider Partnership Program Summary for Calendar Year 2019**

A partnership is an arrangement where parties agree to cooperate to advance their mutual interests. Organizations partner to increase the probability of them meeting their individual goals and outcomes. For HPSJ, the Provider Partnership Program (PPP) was developed in 2016 to increase quality engagement and support to our network providers. It is designed to provide an avenue for our provider partners to share best practices in identifying and removing barriers commonly found in their day to day operations that affect their compliance in the areas outlined by our HEDIS and MCAS submissions. The program also helps to bridge the gap between the health plan and the providers through the establishment of open communication lines. This helps providers communicate their issues and challenges. Through the partnership, there was an increasing number of providers who were actively engaged in changing workflows and designing processes that led to increased productivity and efficiency in terms of the services rendered to members. They were able to establish a more personalized interaction and were better able to convey their needs for resources and tools at the health plan level.

This partnership was developed to increase the collaboration and communication across multiple settings and bridge any gaps that continue to exist in both SJ and ST counties

In 2019, HPSJ continued to work on the implementation of initiatives and programs focused on improving collaboration between the health plan and provider partners, member compliance with preventive services and disease management, as well as process improvement. The area that this partnership program focused on was process improvement within the provider's office surrounding data collection and documentation of care provided to the patients. HPSJ acknowledges the commitment to high quality care our provider network provides. These groups were partnered with a Quality Improvement nurse, HEDIS Coordinator, and Provider Relations representative to identify barriers and solutions, improvement programs and collaboration opportunities to improve the overall HEDIS rates for each provider group and HPSJ.

### **Providers chosen for the program**

Stanislaus and San Joaquin Counties each have two large FQHCs that each have large member panel sizes for HPSJ. Therefore, those four were approached for partnership initially. In the succeeding years more provider partners were included. The following criteria were used to determine the additional providers in the program:

- Panel size
- Ability to work well with the plan
- Assessment of willingness to improve

The following list all groups that have participated in the program.

- Community Medical Center (CMC)\*
- San Joaquin General Hospital (SJGH)\*
- Golden Valley Health Clinic\*
- Livingston Community Health Services\*
- Human Services Agency Stanislaus
- Family First Medical Clinic
- Adventist Health Lodi
- March Lane Pediatrics
- Lodi Children's
- Dr. Krishnamoorthi

The HPSJ team was led by a Quality Improvement (QI) nurse focused on supporting the providers' education regarding the purpose and goal of the program. The QI nurse is responsible for coordination of meetings, guidance in development of initiatives, and identification of opportunities to improve office procedures. The HEDIS coordinator supported the team through data analysis and collection, as well as sharing best practice details related to process improvement tools and resources made available by NCQA, DHCS, or other managed care organizations. The Provider Relations (PR) representative anchored the team by ensuring any contract, billing and PR education was provided timely and appropriately based on HPSJ policies and procedures.

In collaboration with HPSJ's HEDIS Vendor, a monthly report was developed that provided member level listing for each measure. The reports were developed according to the administrative technical specifications set by NCQA and DHCS. The vendor provided monthly reports with rates at the health plan level to demonstrate performance based on received claims and encounter information. The reports were

also at the provider level, reflecting patient adherence to preventive and disease management guidelines. The report was distributed to providers electronically through the HPSJ secure DRE portal. Providers and staff were provided with continued training through meetings and in office one on one meetings of how to review the reports as well as download the member specific information.

HPSJ leadership regularly met with the provider teams to go over progress and support the development of new initiatives and removable of barriers.

Most common issues and concerns addressed in 2019 included but not limited to coding and billing issues, staffing related concerns specifically staff churn/reorganization, changes in medical record that led to the disruption in the reporting of laboratory results, updates made to the performance measures reportable in RY 2020 to include the MCAS measures, member outreach, utilization of year to date reports prior to the patients scheduled visits to maximize services rendered during appointments, increasing coding and billing practices to ensure services rendered were accurately captured.

### **Activity Highlights for 2019:**

#### ***Children's Health Measures***

- **Asthma Prescription Program** – GVHC Call Center conducted monthly outreach calls to all patients within the care gap, adult and pediatric, for follow-up appointments and prescription adherence.
- **Pediatric Measures Outreach Calls** –
  - Unseen members/Ghost List– All provider partners were provided a list of their unseen members, also call “Ghost list”. These were members who were assigned to specific providers and HPSJ has not received a claim or encounter. The providers were tasked to do call campaigns to attempt to bring these members in for a visit and be provided screening and other preventive services.
  - GVHC has strengthened their pediatric recall through multidisciplinary outreach efforts. Pediatric measures outreach was assigned to different to different groups.
  - A push for Children's Health measures was also completed by SJGH in 2019. The program was developed to increase utilization of SJGH's Manteca office that provided pediatric services. A list of 200 non-compliant members assigned to SJGH was provided for outreach and drove visits to their Manteca office. This was an attempt to increase utilization of the facility and at the same time improve performance of their pediatric measures with emphasis to the AWC measure.
- **Pediatric charts audits** –HPSJ partnered with 12 providers on a project for children's health measures that involved remote auditing of random samples of pediatric charts to identify trends in documentation deviating from standards or measure specifications. The medical record audit was paired with claims analysis to identify the discrepancy between documented care and claims submitted. This provided an opportunity for claims review and coding resubmissions. Target measures for the audit were WCC, W15, W34, VCIS-10, IMA-2 and AWC. Specifically, for Lodi Children's, this provider has updated their billing for WCC-physical activity and better compliance has been seen.
- **Immunization Clinic Days**- GVHC has partnered with Modesto and Turlock Unified School Districts for immunization clinic days where free immunizations were given to school children as well as free sports physicals and school physical exams. School children were required to present their

yellow immunization cards, parents' consents and proof of insurance if there was any. Those without insurance were also given immunization needed for their age and grade levels.

- **Back to School Backpack Drive** – this was an opportunity for GVHC Foundation to provide educational resources to school children ages K-12 in the community for the school year. The backpacks were given on a first come, first served basis to GVHC patients who completed a well child check, sports physicals or dental visit.
- **Mobile Immunization Van** – GVHC had its mobile clinic van rounding from one site to another for preventive services including immunizations to children.
- **FluFit Campaign:** - GVHC's campaign against flu for kids and adults that has been implemented starting September 2019 – the start of fall season.
- **WCC EHR Workflow** - In its attempt to accurately capture rendered WCC components administratively, GVHC has created a WCC workflow in their EHR system. This has facilitated providers to cover BMI, nutrition and physical activity counseling in their encounters through smart set prompts and claims codes guide.
- **Be a Healthy Hero** – A Head Start health fair in partnership with Stanislaus County Office of Education focusing on preventive services for Head Start kids.
- **EMR Changes** – Lodi Children's Clinic has changed EMRs from NextGen to another vendor this year. This new EMR is allowing for vaccine transfers to the RIDE registry, which is increasing compliance and better vaccine tracking.

### ***Women's Health Measures***

- **Mobile Mammography Imaging Partnership** – HPSJ established a letter of agreement with Alinea Medical Imaging to provide mobile breast cancer screening services. This was in support to our provider partners who needed more access to screening services for their patients. This also allowed some specific providers to hold focused care gap clinics at targeted sites at periodic intervals throughout the year.
- **Women's Health Measures Postcard Co-branding** –HPSJ has partnered with the VIP providers in the co-branding of BCS postcards mass-mailed to members in October 2019. The postcards also served as a reminder for other measures related to women's health like Cervical Cancer Screening (CCS) and Chlamydia Screening (CHL).
- **Focused Care Gap Clinics**– Care gap clinics were held at different FQHC sites specifically for GVHC, HSA, and SJGH sites with the goal of closing multiple gaps in one or two targeted measures.
- **Prenatal and Postpartum Navigator Program** - HPSJ together with the provider partner's improved care navigation of prenatal and postpartum hospital discharges. GVHC now gets daily hospital discharge roster through HPSJ.
- **I Choose Me Campaign** – HPSJ introduced the campaign to all provider partners that focused on Women's health particularly in the areas of breast cancer and cervical cancer screening. The campaign scheduled health education classes and developed health education materials for provider offices who agreed to help set up opportunities/meeting dates to educate their patients, both women and men, about the importance of screening and early diagnosis.
- **Bi-National Health Fair** – A SJGH sponsored event that provided free breast cancer and cervical cancer screening services including free pregnancy tests.
- **StrongHer Event** - a free event in partnership with Stanislaus County Office which offered free screenings to women

### ***Acute and Chronic Disease Management Measures***

- **Diabetes Care Standing Orders** - HPSJ provider partners have devised strategies to improve their performance in the care of patients with Diabetes.
  - **GVHC** - devised and implemented an internal standing order sets/protocol that guides each site/provider to render all diabetes preventive services in one visit. The protocol includes the following:
    - **Hemoglobin A1c Testing** – point of care (POC) testing was done on the day of the visit.
    - **Medical attention to nephropathy** – DM patients is required to give urine samples for nephropathy testing. Specimens were picked-up by Quest Diagnostics daily. Lab orders were electronically sent.
    - **Blood pressure reading** – basic to all visits
    - **Retinal testing** – referrals were given for retinal testing if due/indicated. GVHC also started utilizing the HPSJ-sponsored mobile retinal camera by the second quarter of 2019, that allowed prompt and better monitoring of diabetic retinal testing among its eligible population.
    - **Diabetic foot care**
    - **Nurse visit for weight** and nutrition counseling.
  - **SJGH** – The county hospital clinics also flag their members who receive a diagnosis of diabetes in their EMR. Once identified, the members are referred to their **titration clinic** that has dedicated providers and DM coaches who follow up on members for testing and DM education and counselling. The provider continued to send POC data to HPSJ as supplemental data.
  - **HSA**
    - **Quest Diagnostics Partnership** – Stanislaus HSA has revisited their contract with Quest Diagnostics to allow lab specimen pick-up Quest from all sites. This enabled them to be able to ensure nephropathy testing from all diabetes visits through urine sample collection during point of care rather than sending patients for outside lab testing.
    - **Diabetes Clinic** – A project intended especially for the evaluation, management and follow-up of diabetes patients. The provider worked with HPSJ in procuring a retinal test camera. Provider also worked progressively on provider contract agreement / for supervision on their current provider with diabetes specialization. Although this project was still in the works, the provider is set to get this operational starting early 2020.
- **Retinopathy Clinics:** Retinopathy photos were taken for GVHC patients either in the mobile retinopathy van or at West Modesto clinic in the Stanislaus county. While inhouse retinopathy services were provided for the members in the other San Joaquin county clinics specifically for SJGH, HSA, and CMC. HPSJ also provided some offices with Eye Cameras to increase members' access to the retinopathy screening. Reading was done internally or were sent out to UC Berkeley for interpretation.
- **Quest Diagnostics Partnership** – GVHC revisited their contract with Quest Diagnostics to allow lab specimen pick-up from all sites. This enabled them to ensure nephropathy testing from all diabetes visits through urine sample collection during point of care rather than sending patients for outside lab testing.
- **Asthma Prescription Program** – GVHC Call Center conducted monthly outreach calls to all patients within the care gap, adult and pediatric, for follow-up appointments and prescription adherence.
- **FluFit Campaign:** - GVHC's campaign against flu for kids and adults that has been implemented starting September 2019 – the start of fall season.

- **Mobile Immunization Van** – GVHC had its mobile clinic van rounding from one site to another for preventive services including adult immunizations.
- **MPM Outreach Calls** – Some provider Call Center staff in partnership with HPSJ conducted joint outreach to patients identified as needing lab tests for ACE/ARBs and diuretics through a call campaign.
- **CBP and ABA EHR Workflow** - Workflows were revisited to capture flaws in accurately capturing the CBP and ABA measures administratively. Specifically, GVHC has worked on a coding workflow in their EHR system.

### ***Behavioral Health Measures***

- **Integrated Behavioral Health Programs** – GVHC and HSA were using this model to identify, elevate and accelerate promising behavioral care practices. In this program, behavioral health clinicians work with primary care providers as a team to treat the whole person, addressing physical and mental health needs.
- **Behavioral Health Provider Education** – GVHC and HSA partnered with HPSJ on educating their providers on recent measure specifications as well as process updates on Beacon and County Behavioral Health referrals and management.

### ***Other General Interventions***

- **Regular Provider Partnership Program meetings** - A partnership between HPSJ and the VIP providers were established and maintained with the goal of improving the delivery of preventive services to the community. The program holds monthly meetings to discuss on current HEDIS/MCAS standings, best practices and opportunities for project partnership with the community. Some of the key areas of the provider partnership meetings are as follows:
  - a. Discussions about action items identified during the previous meetings.
  - b. Presentation of trend reports based on the care gap finder that includes a monthly graphic presentation of their performance in each of the target measures.
  - c. Identification of barriers and concerns for each of the target measures that results into the development of new initiatives and action items.
  - d. A discussion of the provider's encounter data that includes a trend report of their monthly, quarterly, and yearly encounter information.
  - e. Provision of the health plan program updates that includes DHCS as well as NCQA updates relating to quality performance improvements.
  - f. Discussion by the provider partners about their ongoing projects and initiatives.
  - g. Identification of potential areas of collaboration.
- **Data Integrity Study/Workgroups** – A close working relationship with HPSJ Clinical Analytics Department and the VIP provider partners schedule regular meetings to discuss issues and concerns relating to claims submission and billing. These meetings allow for open communications for prompt identification of data issues ensuring that all claims submissions are adjudicated, and services are captured by the health plan for accurate and timely reporting. CMC currently adding codes into their EMR to capture and code BP's to ensure accuracy of codes being sent. Goal is to hopefully not need as much hybrid review if codes are captured correctly.



- **Patient Transportation Assistance** -The health plan has taken the lead in providing our members improved access to health care services through the provision of transportation assistance. Aside from the bus passes and dial a ride program, HPSJ also partnered with Lyft to bridge the need for more transportation service providers in the community. Specifically, for GVHC, they have partnered with Lyft and Uber to provide transportation assistance to members denied by the health plan. This helped improve their appointment compliance and prevented the provider from creating unnecessary slots for rescheduling canceled appointments.
- **Provider Recognition Project:** A competition between all GVHC sites was initiated. Winning sites with the highest scores in the measures receive funding for a celebratory lunch! This project was able to foster excitement around care gap closures. HSA also provided incentives for their providers who complied to the required preventive services and documentation standards.
- **Care Gap Clinics –**
  - **GVHC** clinic sites have started to hold focused care gap clinics by creating more slots for closing care gaps or designating a portion of the day just for the same purpose. GVHC also has started working with HPSJ for member incentive card distribution on the point of service to encourage patients’ compliance to scheduled care gap appointments.
  - **Stanislaus HSA** has initiated and implemented regular care gap clinic days at its Paradise Medical Office starting March 28,2019. Partnering with HPSJ, this provider has started from every Thursdays to every other Thursday clinics by July 2019. Stanislaus HSA was able to close a total of 635 extra care gaps by December 26, 2019, gauging by the distributed gift cards only. With such effort despite the challenges of county consolidation, Stanislaus HSA Care Gap Clinics has been a model for other providers. Stanislaus HSA worked closely with HPSJ up to this member incentive card distribution on the point of service to encourage patients’ compliance to scheduled care gap appointments.
  - **San Joaquin General Hospital Clinics** has initiated the Saturday care gap clinics in 2018. In 2019, the care gap clinic has evolved to an “All-day Care Gap Closure Clinic” where all clinic sites were involved in gap closure activities. Unfortunately, workflows developed specifically for this project were not followed.
- **Population Health Management & EHR Integration:** GVHC has implemented the integration of their population health management tool into their EHR system, so the information is easily available for clinic staff within one system.
- **In-Patient Navigator Program:** GVHC set up in-patient navigators at Sutter Memorial in Modesto for GVHC patients being discharged from the hospital.
- **Involvement in Health Fairs**
  - **StrongHer Event** - a free event in partnership with Stanislaus County Office which offered free screenings to women such as:
    - Mammograms
    - Pap Smears
    - Health Screenings- BMI screening, Hypertension Screening
    - Dental Checks
    - STI Testing
    - Drug Testing Kits
    - Well-Baby Checks and well-child checks
    - Medication Checks
  - **Bi-National Health Fair** – A free event sponsored by SJGH every October to provide free screenings and health education services to our members specially for those who do not have

health insurance. Through the partnership, HPSJ played a role in disseminating information to our members to avail of the free services such as:

- Mammograms, Pap Smears, Pregnancy Testing
- Health Screenings- BMI screening, Cholesterol/Hypertension Screening
- Bone Density Screening
- Well-Baby Checks and well-child checks
- Hearing/Vision Screening
- Dental Screenings
- Men's Reproductive Health/Vasectomy Counseling
- Immunizations
- Community resources
- **Be a Healthy Hero** – A Head Start health fair in partnership with Stanislaus County Office of Education focusing on preventive services for Head Start kids. Services rendered included the following:
  - Dental exam and fluoride application
  - Health, hearing and vision screenings
  - Hemoglobin and TB testing
  - Immunizations
  - Assistance with Head start Health Paperwork
  - Community Partners information
  - Child health and nutrition activities
- **Incentive Programs**
  - **Provider Incentives** – We continued to update our incentives program to motivate our providers to improve specific quality measures that are perceived to yield the best results. Specifically, for GVHC, a competition between all GVHC sites was promoted that focused on having the highest compliance rate for different measures each quarter. Winning sites receive funding for a celebratory lunch! This project was able to foster excitement around care gap closure activities.
  - **Member incentives** – Each year, the member incentives program is evaluated and improved to increase member compliance and improve no shows and cancellation rates while targeting specific measures to improve provider performance.

### **Barriers:**

The following is a collection of identified barriers across all the provider partners in the program:

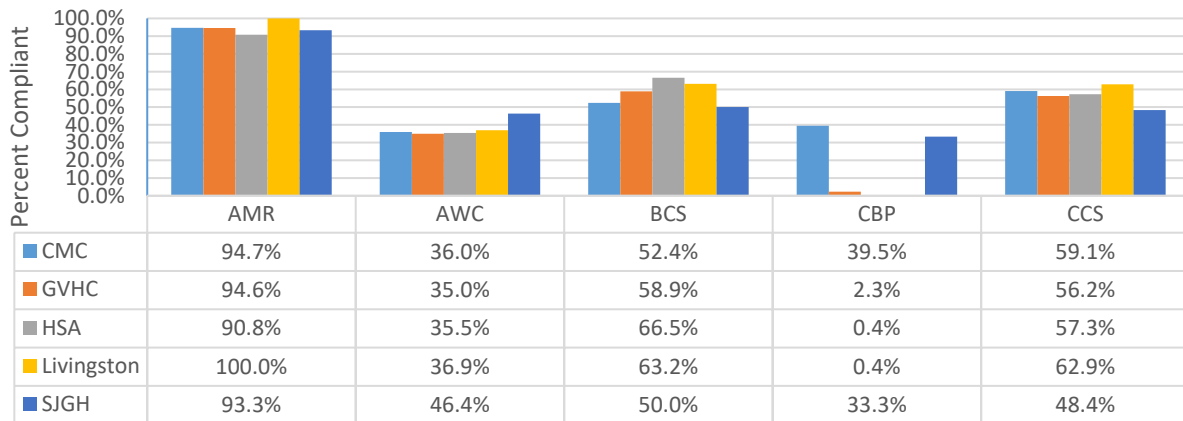
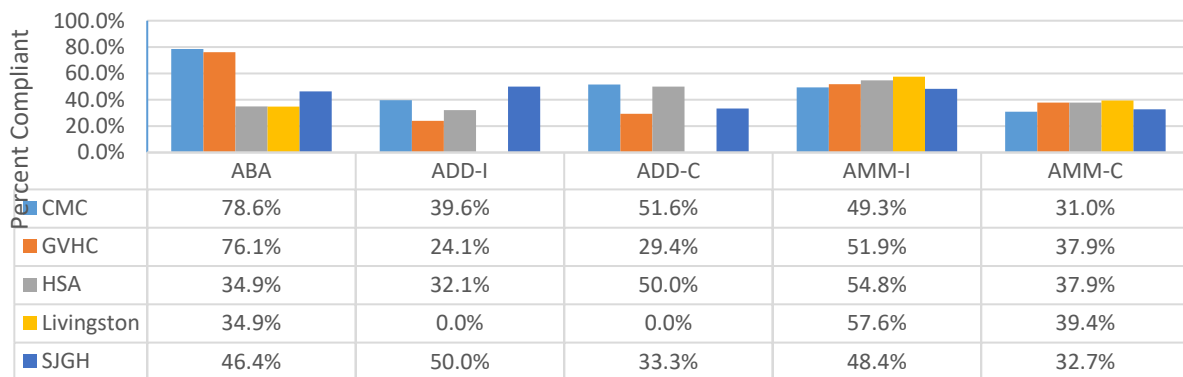
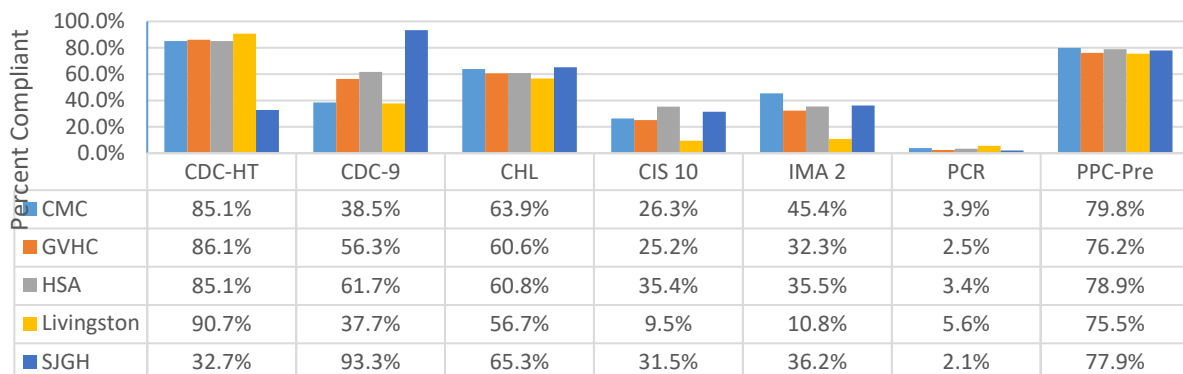
- Enormous panel size/membership. For FQHCs who basically have way bigger panel sizes compared to the solo practice providers, they have expressed some challenges in the areas of call center capacity to address members needs and in scheduling members for appointments and outreach.
- Staffing issues. Most of the provider partners have staffing issues ranging from lack of available personnel to handle program activities as well as increased staff turn overs. There is also the issue of frequent operational reorganizations that led to poor program continuity and support.
- Providers resistant to change. Office staff at partnership locations report providers do not want to change. A specific example is the patients who are assigned to the practice that are over 21, providers are refusing to dismiss the patients and ask them to seek care at a new PCP to manage their health, stating if the members want to stay, they can. These members are not seeing other

PCPs per claims but instead are either not seeking care or going to urgent care. This is a concern as they are not being seen by this provider group, and they are not getting their preventative services done.

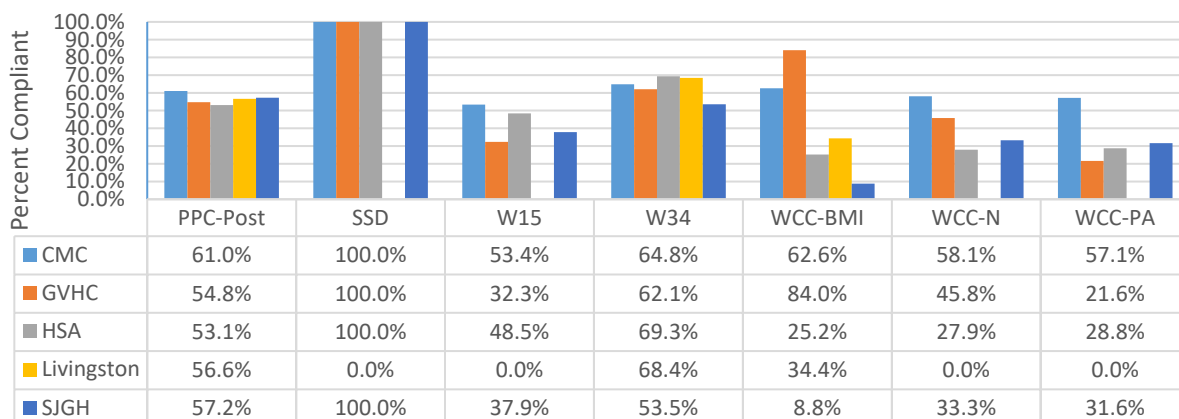
- Provider practices. Another barrier is in documentation. There are providers who are very thorough in documentation for wellness exams and wellness components. Most of them, however, were noted be deficient in documentation where components are often missing, especially for physical activity counseling. Some providers expressed to staff that it takes too long to chart/set up new modules for documentation. Some offices are still using paper charting and employs a small non-clinical staff which affects ability to accommodate requests for increased outreach and other QI activities.
- Data Integrity Issues – remain to be a barrier as new claims and encounters are still being rejected by their clearing houses and claims still not being captured resulting in poor performance as reflected in the gap reports.
- Changes in EHR – SJGH has moved to a different EHR system that caused a lot of data issues including issues surrounding claims submission. A work group has since been created and are still working on resolving this issue.
- Conflicting Priorities – sometimes HPSJ activities take the back seat and planned activities are pushed to the side. HPSJ targeted measures are sometimes difficult to accomplish especially if the measure is not aligned with providers ongoing activities.
- Technical Difficulties – There were technical difficulties in creating standing orders for BCS due to some EMR requiring an encounter before an order can be generated.

#### **Next Steps:**

- Continue highlighted activities in 2019 as appropriate.
- Expand care gap clinics to other provider partner offices.
- Promotion of the new and improved incentives program for members.
- EHR Workflow Updates – A push to the providers to continue to find ways to incorporate workflows that will automate coding on targeted measures to improve efficiency in coding.
- Explore opportunities for sharing best practices among provider partners.

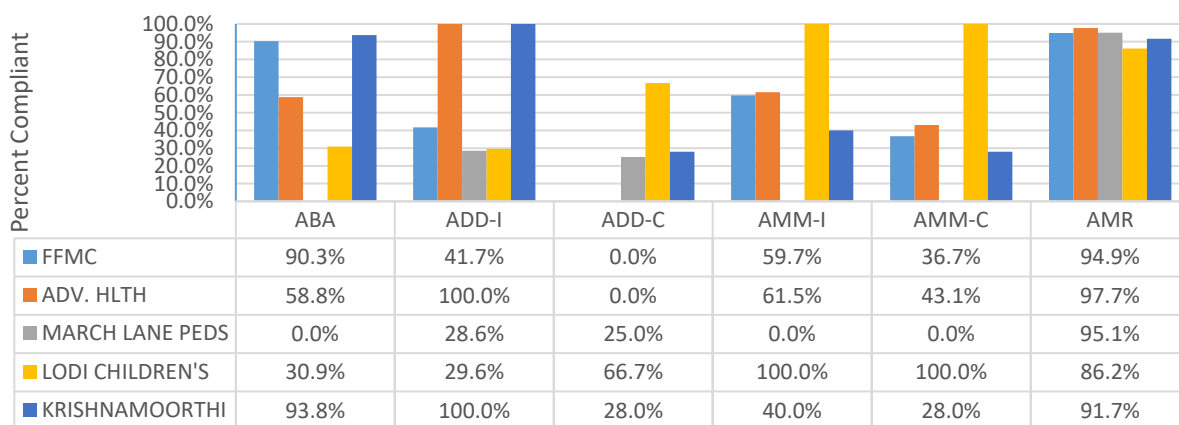
**2019 Year-End Data:****FQHCs Data Comparison:****2019 Provider Trend Data for AMR, AWC, BCS, CBP, AND CCS****2019 Provider Trend Data for ABA, ADD-I, ADD-c, AMM-I, and AMM-C****2019 Provider Trend Data for CDC-HT, CDC9, CHL, CIS, IMA2, PCR, PPC -PRE**

### 2019 Provider Trend Data for PPC-POST, SSD, W15, W34, WCC

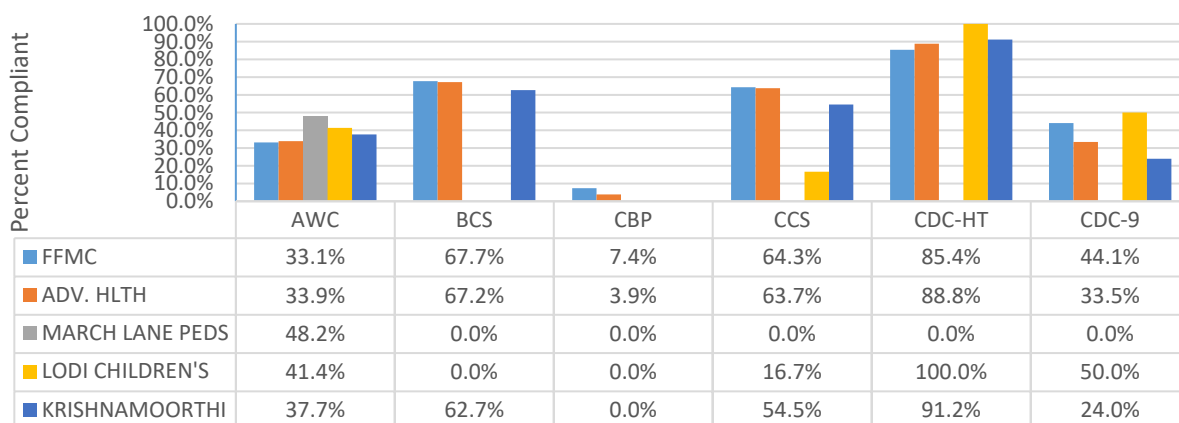


### Non- FQHC Data Comparison:

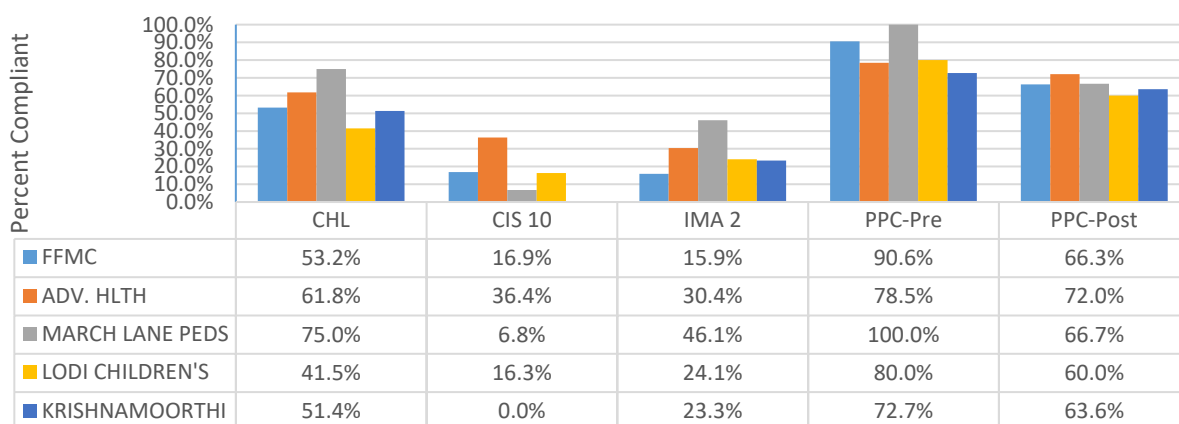
### 2019 Provider Trend Data for ABA, ADD, AMM, AMR



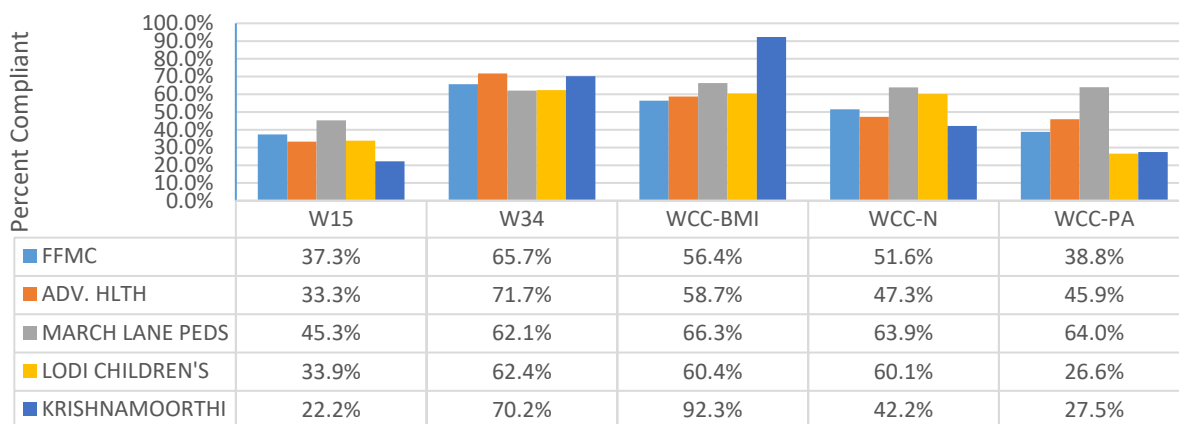
## 2019 Provider Trend Data for AWC, BCS, CBP, CCS, CDC



## 2019 Provider Trend Data for CHL, CIS, IMA, PPC



## 2019 Provider Trend Data for W15, W34, WCC



The following are individualized summaries from some of our VIP providers which includes interventions used, barriers identified, activities and next steps.

### **Livingston Community Health:**

#### Interventions:

- Improve Children's Health measures components charting compliance—Project for Pediatric chart audits and following evaluation for provider to review.
- Increase member compliance in getting labs done for measures CDC, MPM—Working with Quest for use of the lab campaign letter as an order and adding diagnosis codes.
- Improve BP monitoring and treatment, to subsequently to improve CBP rate—Working on program for home Blood Pressure monitoring for high risk patients.
- Improve member compliance in prenatal care--Working on OB to follow up with pregnant patients to ensure they are going to be seen in 1st trimester.

#### Barriers:

- Billing issues related to Well Child visits and HEDIS compliance
  - HPSJ follows Bright Futures, the other health plan goes by the 12-month rule.
- Issues with WCC documentation and being consistent with BMI, Nutrition, and Physical Activity—improved.
- Coding issues with capturing certain wellness items and BMI percentile improved.

#### Activities:

- Pediatric chart audit was done for Children's Health measures for W34, WCC.
- Care Gap Education related to measures, answered questions regarding use.
- Regularly provided updated Provider Tip sheet.
- Provider structuring lab campaign letter in NextGen and working with Quest to approve as an order.

#### Next Steps:

- Upcoming Pediatric chart audit for AWC, W15, WCC, CIS-10, and IMA-2.
- Will have discussion with provider regarding Care Gap clinic.

### **Adventist Health Lodi Memorial:**

#### Interventions:

- Breast Cancer Screening (BCS) program utilizing pre-signed standing orders/referral forms, working with imaging centers.
- Care Gap Clinic days being considered by provider.
- Work with HPSJ claims regarding their member visits to urgent care regarding URI symptoms.

- Work with HPSJ to obtain a chronic form that allows more space for billing codes

Barriers:

- Provider's billing software limits space for coding which affects billing for certain Children's Health measures.
- Going back and correcting claims to reflect HEDIS measures is difficult for them. However, going forward they will educate their staff/providers.
- Needs improvement with their prenatal outreach for other than high risk patients.

Activities:

- Breast Cancer Screening (BCS) program, provider will be part of the pilot. They will be utilizing pre-signed standing orders/referral forms, working with imaging centers.
- Care Gap Education related to measures.
- HPSJ gave Provider Tip sheet and education on MCAS measures.

Next Steps:

- Upcoming Pediatric chart audit for Children's Health measures for AWC, W15, W34, WCC, CIS- 10, and IMA-2.
- Possible Care Gap clinic as future activity.

### **Family First Medical Clinic**

Interventions:

- The focus for this office has been to improve billing and coding for various measures, especially well child visits. We have addressed wellness exams, vaccines, and the related coding on a regular basis starting in 2018.
- This office has been pushing cervical cancer screening and has recently agreed to work with us for breast cancer screening standing orders. The office staff have been informed regarding MPM requirements and behavioral health measures ADD and AMM.
- The office staff are still very interested in improving and are willing to work with HPSJ. They were receptive to discussions regarding the DHCS changes to EAS measures to MCAS. Pediatric Chart Audit has been offered as well.

Barriers:

- Provider office has been very busy this year. QN would reach out to confirm visits with office and would be requested to reschedule or cancel due to staff being out and provider office being busy.
- Due to this, 3 formal meetings have taken place. The office staff, however, do contact regularly with questions related to claims/billing, and other issues.
- A goal has been set to meet more frequently, even if it is once every other month, based on availability of the staff.



- Another barrier is that even though they have in-office billing staff, they use a third-party biller to submit their claims. This biller often does not include the additional codes requested for HEDIS purposes. We have addressed this with the office more than once, but it is up to the provider to decide to intervene with their billing company or to leave as is. Staff has reported that adding codes that require zero payment for HEDIS purposes adds work for them as they must write off the charges themselves.

#### Activities

- Staff has requested assistance with reminder calls. As such, lists have been provided for MPM, CCS, Well Child Checks, and other HEDIS measures under campaign in Essette. It has been met with some success per the staff as patients have been coming in for appointments.
- The office staff have indicated interest in the Pediatric Chart audit. They want to improve their billing practices wherever they can.

#### Next Steps

- Pediatric Chart Audit (pending date)
- Further work on billing practices for pediatric measures; continued outreach for acute/chronic disease management and women's health measures
- Next meeting (will try to confirm for 8/12)

#### **Lodi Children's**

##### Interventions:

- As the provider is strictly pediatrics, the pediatric measures, especially vaccines and wellness, have been focused on since this provider has joined the partnership. The provider has changed EMRs from NextGen to another vendor this year. This new EMR is allowing for vaccine transfers to the RIDE registry, which is increasing compliance and better vaccine tracking.
- This provider has updated their billing for WCC-physical activity and better compliance has been seen.
- Billing and coding are still being emphasized due to the trends noted during HEDIS.
- The QN has addressed poor documentation in 2018 via formal letter with the office. Some of the providers leave key items off their wellness exam documentation. Some improvements have been seen in HEDIS 2018 and HEDIS 2019, however, there is much work left to be done.

##### Barriers:

Providers are very resistant to change. QN has tried to address certain items with staff and they always report that the providers do not want to change. Example of this is the patients who are assigned to the practice that are over 21; there are about 6 patients that are eligible for Cervical Cancer Screenings, which places them at least age 24. The providers are refusing to dismiss the patients and ask them to seek care at a new PCP to manage their health, stating if the members want to stay, they can. These members are not seeing other PCPs per claims but instead are either not seeking care or going to urgent

care. This is a concern as they are not being seen by this provider group, and they are not getting their preventative services done.

Another barrier is documentation. One provider is very thorough in documentation for wellness exams and wellness components. The other providers are very poor in documentation as noted for HEDIS 2017 (MY 2016)/HEDIS 2018 (MY 2017)/HEDIS 2019 (MY 2018). Key items for WCC are often missing, especially for physical activity counseling. One of the providers replied to staff regarding this that it takes too long to chart/set up new modules for documentation. The QN has urged staff to continue to remind providers the importance of fully documenting visits as the staff insist that the providers do address everything. This was addressed formally by the QN in August 2018 via letter.

#### Activities:

- QN and Provider Services has worked with provider regarding claims questions to assist with data clean up. Lists have been provided toward end of 2018 to remind provider to fix billing for WCC and wellness visits prior to end of year and HEDIS.
- Pediatric Chart Audit offered and took place on 7/19/2019 to evaluate a random sample of AWC/IMA 2, W15/CIS 10, W34, and WCC eligible members to pinpoint issues with documentation, billing, and scheduling. Results are pending.

#### Next Steps:

- Provider office requested every other month for meetings. Last meeting in June 2019. Meeting pending; may schedule late August or early September 2019 to discuss results of audit and next steps.
- May need to have analysis done of patients over 21 that are still assigned to practice but are not actively being seen. If there are several, a meeting with Provider Services may be in order.

### **March Lane Peds**

#### Interventions:

As the provider is strictly pediatrics, the pediatric measures, especially vaccines and wellness, have been focused on since this provider has joined the partnership. Billing and Coding are still being emphasized due to the trends noted during HEDIS.

#### Recommendations made:

- To add checklist for milestones to wellness visit paperwork to assist without fully altering visit notes
- Consider once per calendar year for wellness exams instead of waiting 365 days in between each wellness visit.
- Consider switching to electronic medical record to ease billing and documentation

#### Barriers:

- Provider office has been very busy this year. QN would reach out to confirm visits with office and would be requested to reschedule or cancel due to staff being out and provider office being busy.

- Provider requested to reschedule visits from November 2018 onward until they agreed to a visit June 2019 due to office activity. QN spoke briefly with office manager during HEDIS season about importance of meetings and again during the June visit.
- The office still uses paper charting and employs a small non-clinical staff which affects ability to accommodate requests for increased outreach and other QI activities per office manager. Small changes may need to be made at a time to assist with getting more engagement from the office and better results.

#### Activities:

- The provider office has updated some of their billing and coding and has adjusted their office practice to ensure they do not miss items for HEDIS when billing.
- QN and Provider Services has worked with provider regarding claims questions to assist with data clean up. Lists have been provided toward end of 2018 to remind provider to fix billing for WCC and wellness visits prior to end of year and HEDIS.
- Pediatric Chart Audit offered and took place on 7/25/2019 to evaluate a random sample of AWC/IMA 2, W15/CIS 10, W34, and WCC eligible members to pinpoint issues with documentation, billing, and scheduling. Results are pending.

#### Next Steps:

Pediatric Chart Audit results to be discussed at next visit. Meeting pending; may schedule late August or early September 2019 to discuss results of audit and next steps.

### **Community Medical Center:**

#### Interventions:

- Improve Children's Health measures components charting compliance – CMC has agreed to let HPSJ do chart audits.
- Increase member compliance for BCS – CMC working with HPSJ on a pilot for BCS screening.
- Working to improve HEDIS measure for CBP. CMC currently adding codes into their EMR to capture and code BP's to ensure accuracy of codes being sent. Goal is to hopefully not need as much hybrid review if codes are captured correctly.

#### Barriers:

- Having issues getting remote access to charts.
- BCS pilot still needs to be approved and streamlined to CMC's CMO's satisfaction.
- CBP codes still in beginning stages. With HEDIS review we should see if it has been effective.

#### Activities:

- Pediatric chart audit requested and hope to be performed before end of 2019.
- Care Gap Education related to measures, answered questions regarding use.

- Regularly provided updated Provider Tip sheet and monthly meetings.

## Conclusion

Going forward, Health Plan of San Joaquin will be working on the MCAS measures through collaboration on projects through specific workgroups. Workgroups are separated into different MCAS categories of Children's Health, Women's Health, Acute & Chronic Disease Management, and Behavioral Health. Children's Health workgroup will be working on improvement projects for AWC, W15, W34, CIS-10, and IMA-2 including such projects as pediatric chart audits and outreach call campaign. Women's Health workgroup will be working on improvement projects for PPC-Postpartum, PPC-Timeliness of Care, BCS, and CCS including utilizing outreach call campaign. And Acute & Chronic Disease Management workgroup will be working on improvement project for CDC-HT and AMR also including utilizing outreach call campaign. Furthermore, with ongoing PIP's, PSDA's, and SWOT's new interventions will be tested to find the most effective projects that will ensure the health and well-being of our members.

### C. Quality Improvement Projects (QIPs, PIPS, and PSDAs)

#### Responsible Staff:

Andrea Swan  
Director, Quality

## Quality Management Improvement Process Methodology

The QM Program includes a comprehensive array of clinical and service indicators that provide information about the systems, processes and outcomes of clinical care and service delivery. Explicit well-defined quality indicators represent what is most important to HPSJ in defining quality. The measures are developed using sound methodological principles. The performance data that are a result of measurement are reliable so that decisions can be made with confidence.

In developing quality indicators, emphasis is placed on areas representing high risk, high volume, specific populations, and specific conditions. Most indicators are rate-based outcome measures. Indicators are measurable and have a goal against which to measure performance. Indicators are developed with input from the Chief Medical Officer (CMO) and the QMUM Committee.

To understand and properly implement QM-related practices and projects, there are approaches being utilized. Such models help collect and analyze data for test change, provide guidance for effort and improvement in efficiency, member safety or quality outcomes. These models include:

- ✓ Plan-Do-Study-Act (PDSA)
- ✓ SWOT Analysis
- ✓ Performance Improvement Projects (PIPs)

## I - PLAN-DO-STUDY- ACT (PDSA)

The PDSA methodology is a rapid cycle/continuous QI process designed to perform small tests of change, which allows more flexibility to adjust throughout the improvement process. As part of this approach, HPSJ performs real-time tracking and evaluation of its interventions. PDSAs which are the most common continuous quality improvement model utilized by HPSJ, has four major elements or stages:

**PLAN** - The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and ideas for improving process and to determine anticipated outcomes. Key stakeholders and/or people served are identified, data compiled, and solutions proposed.

**Do** - This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.

**STUDY** - At this stage, data are again collected to compare the results of the new process with those of the previous one.

**ACT** - This stage involves making the changes a routine part of the targeted activity. It also means “Acting” to involve others (other staff, program components or consumers) - those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow-up.

-The process flow below illustrates the progression in which HPSJ applies the PDSA methodology.



HPSJ complies with the reporting requirements set forth by DHCS:

- Medical Director Identified: PDSA Cycle Worksheets must identify HPSJ’s Medical Director who approved the PDSA cycle prior to it being submitted to DHCS.
- Timeline: DHCS will notify HPSJ of submission due dates.
- Submission- HPSJ must submit PDSA Cycle Worksheets to DHCS’s quality mailbox at: [dhcsquality@dhcs.ca.gov](mailto:dhcsquality@dhcs.ca.gov).

## II – SWOT ANALYSIS

A SWOT analysis is a [strategic planning](#) technique used by HPSJ to help identify strengths, weaknesses, opportunities, and threats related to project planning for improvement. It is intended to specify the objectives of the project and identify the internal and external factors that are favorable and unfavorable to achieving those objectives. The SWOT analysis investigates four parameters which are:

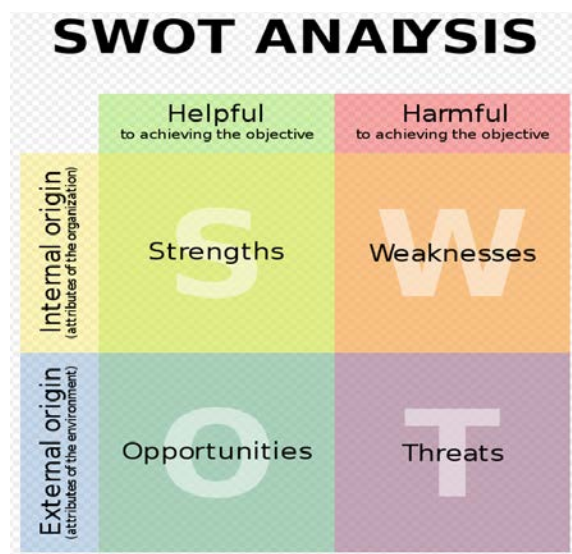
[STRENGTHS](#) - characteristics of the project that give it an advantage.

[WEAKNESSES](#) - characteristics of the project that place it at a disadvantage

[OPPORTUNITIES](#) - elements in the environment that the project could exploit to its advantage.

[THREATS](#) - elements in the environment that could cause trouble for the project

The process model below illustrates the framework in which HPSJ will consider all factors applicable in a SWOT methodology.



To date, HPSJ continues to implement some elements of its Breast Cancer (BCS) and Laboratory measures (CDC-HT and CDC-N) SWOT analyses.

## III – PERFORMANCE IMPROVEMENT PROJECTS (PIPS)

A Performance Improvement Project (PIP) is an approach being utilized by HPSJ to the continuous study and improvement of the processes of delivering healthcare services to meet the needs of its members. A PIP's main purpose is to impact healthcare delivery and outcomes of care. It involves a concentrated effort on an area of concern affecting our members. The goal of this methodology is to enhance and improve the outcomes of care, to insure member safety, to increase efficiency of member care and related processes, to reduce costs and to reduce risks and liability. For such projects to achieve real improvements in care, and to ensure confidence in reported improvements, HPSJ PIPs are designed,

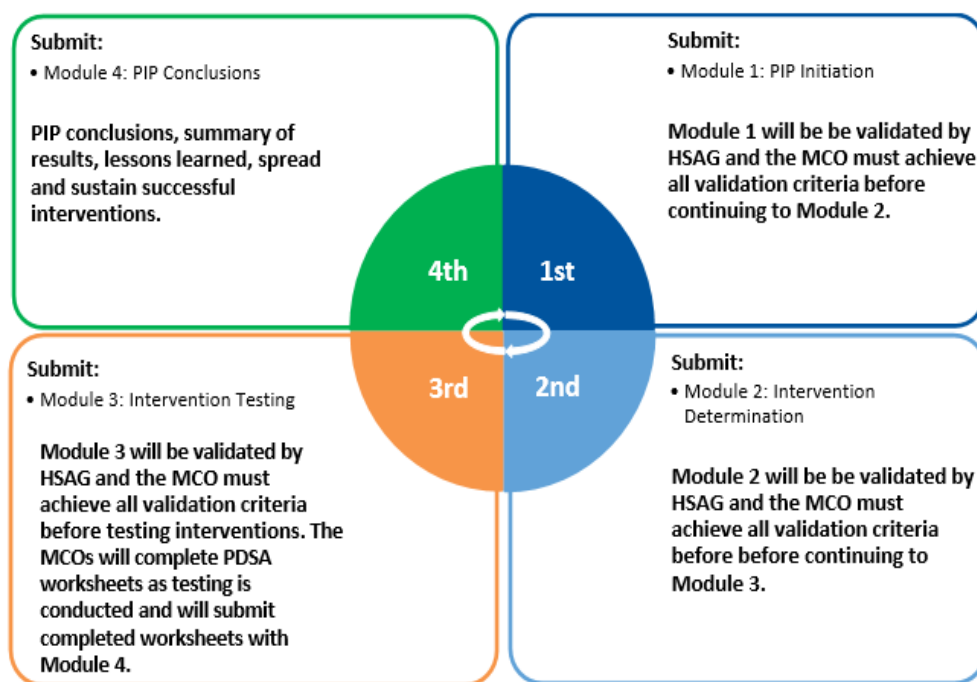
conducted, and reported in a methodologically sound manner that meets all state and federal requirements. HPSJ works with HSAG in the validation of its PIPs., according to CMS' EQR protocol. PIPs are also made in accordance with 42 CFR §438.330, that requires MCEs to have a quality program that:

- 1) includes ongoing PIPs designed to have a favorable effect on health outcomes and beneficiary satisfaction,
- 2) focuses on clinical and/or nonclinical areas that involve the following:
  - a. Measuring performance using objective quality indicators
  - b. Implementing system interventions to achieve quality improvement
  - c. Evaluating effectiveness of the interventions
  - d. Planning and initiating activities for increasing and sustaining improvement

A PIP's quality improvement framework is detailed in the following modules:

- Module 1 – PIP Initiation
- Module 2 – Intervention Determination
- Module 3 – Intervention Testing
- Module 4 – PIP Conclusions

The process flow below illustrates the progression in which HPSJ will submit and HSAG will validate the modules throughout the PIP process.



Continued follow-up on HPSJ's recently closed rapid-cycle PIPs is in place, which are focused on Cervical Cancer Screening with focus on Health Disparity and the Children's Health Measure PIP. HSAG will work with the State to determine the areas, timeline and module submission due dates for FY 2020-2021.

For FY 2020-2021, HPSJ will seek pre-approval from DHCS on topics for PDSAs. DHCS strongly recommends that the Plan's IP topic align with demonstrated areas of poor performance, such as low HEDIS® or CAHPS® scores, and/or EQRO recommendations

### **Performance Goal Methodology**

A sound, rigorous measurement methodology is developed and followed for each performance measure. Performance goals for each measure are discussed with and approved by the QMUM Committee. Performance goals may be based on historical performance, normative data or industry benchmarks. The initial performance goal for an indicator is often to "obtain baseline data." Performance goals specify the type of change considered an improvement.

#### Data Collection

Performance data for measures are collected, aggregated and presented to the QOC and QMUM Committees for review and recommendations at least five (5) times a year. Multiple data points are displayed together on graphs to show historical performance and facilitate data analysis and trending. Every qualitative and quantitative analysis includes evaluating the effectiveness of previous interventions. This part of the analysis influences the next step in planning. The entire process is conducted as close in time as possible to the events being measured. Interventions are planned and implemented based on the data analysis.

The Quality Improvement projects themselves consist of four (4) cycles:

- Development (pre-initiation)
- Baseline measurement (initiation)
- Intervention to improve performance and outcomes
- Follow-up/Re-measurement to ensure that the interventions continue to be effective

#### Data Resources

- HPSJ uses multiple data sources to monitor, analyze and evaluate the QA Program and QI activities. These sources include, but are not limited to the following:
  - Enrollment
  - Claims Data/Encounter Data
  - Supplemental
- Pharmacy
- Health Risk Assessments
- Utilization Management
- Case Management
- Disease Management
- Wellness programs
- Member complaints and appeals
- Provider complaints
- Member satisfaction surveys (CAHPS)
- Customer Service



- HEDIS
- Provider contracting, including GeoAccess
- Facility Site Review – audit reports and CAPs

### *Analysis of Performance Data and Development of Interventions*

When performance does not meet standard or when a quality issue is identified for improvement and designated as a priority by the QOC or the QMUM Committee, quantitative and qualitative analysis is conducted to identify the cause and recommendation(s) for interventions are formulated. Opportunities are prioritized. Interventions are implemented based on the results of analysis and determination as to which is likely to be most effective in improving performance. Interventions aimed at clinical care issues are developed considering professionally recognized standards of care.

### Analytical Resources

HPSJ dedicates staff and information systems to analyzing and reporting clinical and service quality data. Employed and contracted staff includes Bachelor's and Master's level prepared personnel with statistical analysis training and experience conducting quantitative and qualitative analysis of health care data.

Software resources include but are not limited to the claims systems, HEDIS software, CACTUS, Healthy Data Systems, Microsoft products, statistical analysis software, the care management system, and other systems to support the QA Program.

### *Evaluation of Effectiveness of Interventions*

Continuous quality improvement is realized when data are collected and analyzed; interventions are planned and implemented; measurement is repeated; and performance continually improved. The cycle is continuous and maintained on a schedule that is not limited by the end of the fiscal or calendar year. Effectiveness is evaluated with each re-measurement cycle. It includes quantitative and qualitative analysis, including an analysis of statistical significance and meaningful improvement and allows for comparison with the baseline or previous measurement.

Findings from these measurements are reported to the QOC and the QMUM Committee, the Physician Advisory Council as appropriate and to the governing board which is the County Health Commission.

In its partnership with DHCS, and plan providers several innovative quality projects were implements throughout the fiscal year. Projects such as these allow HPSJ to work with its providers to remove barriers and increase the delivery of quality healthcare. Health Plan of San Joaquin worked on the following measures recommended by HSAG: 1) PDSA's—(PPC) Prenatal and Postpartum Care-Timeliness of Prenatal Care, (W34) Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, (CDC-E) Comprehensive Diabetes Care-Eye Exam (Retinal). 2) PIP's—(CCS) Cervical Cancer Screening, (CIS-3)

Childhood Immunization Status Combo 3. 3) SWOT's—(BCS) Breast Cancer Screening, Laboratory Measures Combined MPM-ACE/ARB, DIU and CDC-HT/CDC-N. The following are the summaries for the Quality Improvement projects by Health Plan of San Joaquin.

## **CLINICAL PATIENT SAFETY**

### **D. Continuity and Coordination of Care**

#### **D.1 2019-2020 COC Across Healthcare Network**

##### **Responsible Staff:**

Karen Cuslidge  
Director, UM

##### **Introduction**

Health Plan of San Joaquin (HPSJ) monitors performance areas affecting continuity and coordination of care on an annual basis. HPSJ evaluates measures related to continuity and coordination of care through questions on the provider satisfaction survey. Coordination of care is a key determinant overall health outcome. Coordination of care improves patient safety, avoids duplicate assessments, procedures or testing, and results in better treatment outcomes. HPSJ strives to ensure members get the care they need when coordination of care is necessary and that practitioners get the information; they need to make sure care coordination is handled in the most effective way.

##### **Program Objectives:**

- Annually evaluate provider satisfaction with continuity and coordination of care information.
- Outcome of continuity of care activities.
- Assess and identify opportunities to improve continuity and coordination of medical care across the delivery system.
- Develop and implement solutions to improve continuity and coordination of care.

##### **Data Sources:**

HPSJ evaluates measures related to continuity and coordination of care through HEDIS measures, questions on the annual provider satisfaction survey, and ad hoc surveys when applicable. Information obtained from HEDIS and surveys allows HPSJ to measure how well the plan is doing on coordinating care for its patients. Based on the analysis, the HPSJ identifies opportunities for improvement.

##### **Survey Methodology:**

HPSJ contracted with a NCQA certified vendor to implement a comprehensive provider satisfaction survey. The survey includes key questions that evaluate provider satisfaction with continuity and coordination of care across different care settings. A brief overview of the survey methodology is described below.

- **Survey Methodology:** A two-wave mail and Internet with phone follow-up survey methodology to administer the Provider Satisfaction Survey from September- November of 2019. **Sample Size and Response Rate:** A sample size of 1,250 was collected and a total of 212 surveys were completed (87 mail, 24 Internet, and 101 phone), yielding a response rate of 9.3% for the mail/Internet data component and 20.6% for the phone
- **Key Questions:**
  - How satisfied are you with receiving timely information about your patients when they are admitted to a Hospital?
  - How satisfied are you with receiving timely information about your patients when they are discharged from a Hospital?
  - How satisfied are you with receiving timely information about your patients when they have used the emergency room?
  - How satisfied are you with receiving timely information about your patients when they are admitted to an inpatient hospice facility?
  - How satisfied are you with receiving timely information about your patients when they are discharged from an inpatient hospice facility?
  - How satisfied are you with receiving timely information about your patients when they are admitted to a SNF?
  - How satisfied are you with receiving timely information about your patients when they are discharged from a SNF?
- **Acceptable Response:**
  - The rates are calculated based on the number of providers responding as being “completely satisfied”.

### **Program Goals and Performance Evaluation**

HPSJ evaluated provider satisfaction with coordination of care using the following questions. The percentage shown represent the percentage of favorable positive responses:

Measure	2017	2018	2019	Goal	Goal Met (Y/N)
<b>Opportunity 1: Improving Communication between Hospital and PCP to</b> <ul style="list-style-type: none"> <li>Satisfaction with receiving timely information from the hospital at the time of admission.</li> <li>Satisfaction with receiving timely information from the hospital at the time of discharge</li> </ul>	41 %	33.6%	30.8%	50 %	N
	44 %	29.5%	30.5%	50%	N
<b>Opportunity 2: Improving Communication between Emergency Room Providers and PCP</b> <ul style="list-style-type: none"> <li>Satisfaction with receiving timely information from the ER when one of their patients has used the ER.</li> </ul>	30 %	28.3%	23.1%	50 %	N
<b>Opportunity 3: Improving Communication between Skilled Nursing Facilities and PCP</b> <ul style="list-style-type: none"> <li>Satisfaction with receiving timely information from the SNF at the time of admission.</li> <li>Satisfaction with receiving timely information from the SNF at the time of discharge.</li> </ul>	33 %	24.6%	24.3%	50 %	N
	32 %	24.6%	22.5%	50 %	N

The provider satisfaction with receiving timely information from the hospital at the time of admission is 30.8% for 2019, down from 33.6% in 2018. To improve the provider satisfaction with timely admission notification, in fall of 2019, HPSJ implemented faxing out *Inpatient PCP Notifications* when inpatient authorizations are created.

The provider satisfaction with receiving timely information from the hospital at the time of discharge is 30.5% for 2019, up from 29.5% for 2018. We previously implemented faxing a Transition Plan Letter to the PCP when members discharge from hospitals to ECFs. As of fall 2019, HPSJ is sending a notification for all discharges to improve satisfaction even more.

Provider satisfaction with receiving timely information when a PCP's patient has used the ER is 23.1% for 2019, down from 28.3% in 2018.

The provider satisfaction with receiving timely information from SNFs at the time of admission is 24.3% for 2019, down from 24.6% for 2018. As of fall 2019, HPSJ implemented sending the PCP a faxed

transition plan when the member discharges from the hospital to the SNF. The provider satisfaction with receiving timely information from the SNF at the time of discharge is 22.5% for 2019, down from 24.6% for 2018. HPSJ implemented sending a transition plan letter to the PCP notifying them of discharge plan.

## HEDIS 2019

HPSJ follows NCQA guidelines for reporting HEDIS measures. HPSJ uses HEDIS measures to assist with the evaluation of coordination of medical care when members move between practitioners. HPSJ monitors Comprehensive Diabetes Care: Retinopathy Eye Exams

### -San Joaquin County

Measure	Description	Measure Type Methodology	Numerator	2018	2019	2018 vs 2019	*HEDIS 2018 percentiles			
				Rate	Rate	Rate Difference	25th	50th	75th	90th
CDC	Comprehensive Diabetes Care	Hybrid	Eye Exams	57.42%	60.83%	3.41%	48	55	63	68

### -Stanislaus County

Measure	Description	Measure Type Methodology	Numerator	2018	2019	2018 vs 2019	*HEDIS 2018 percentiles			
				Rate	Rate	Rate Difference	25th	50th	75th	90th
CDC	Comprehensive Diabetes Care	Hybrid	Eye Exams	45.01%	50.85%	5.84%	48	55	63	68

HPSJ also uses HEDIS measures to assist with evaluation of coordination of care when members move across care settings. Movement between hospitals and practitioners is measured using Prenatal and Postpartum Care- Postpartum evaluation.

### -San Joaquin County

Measure	Description	Measure Type Methodology	Numerator	2018	2019	2018 vs 2019	*HEDIS 2018 percentiles			
				Rate	Rate	Rate Difference	25th	50th	75th	90th
PPC	Prenatal and Postpartum Care	Hybrid	Timeliness of Prenatal Care	80.78%	85.64%	4.86%	78	84	89	92
PPC	Prenatal and Postpartum Care		Postpartum Care	67.88%	68.61%	0.73%	60	64	69	74

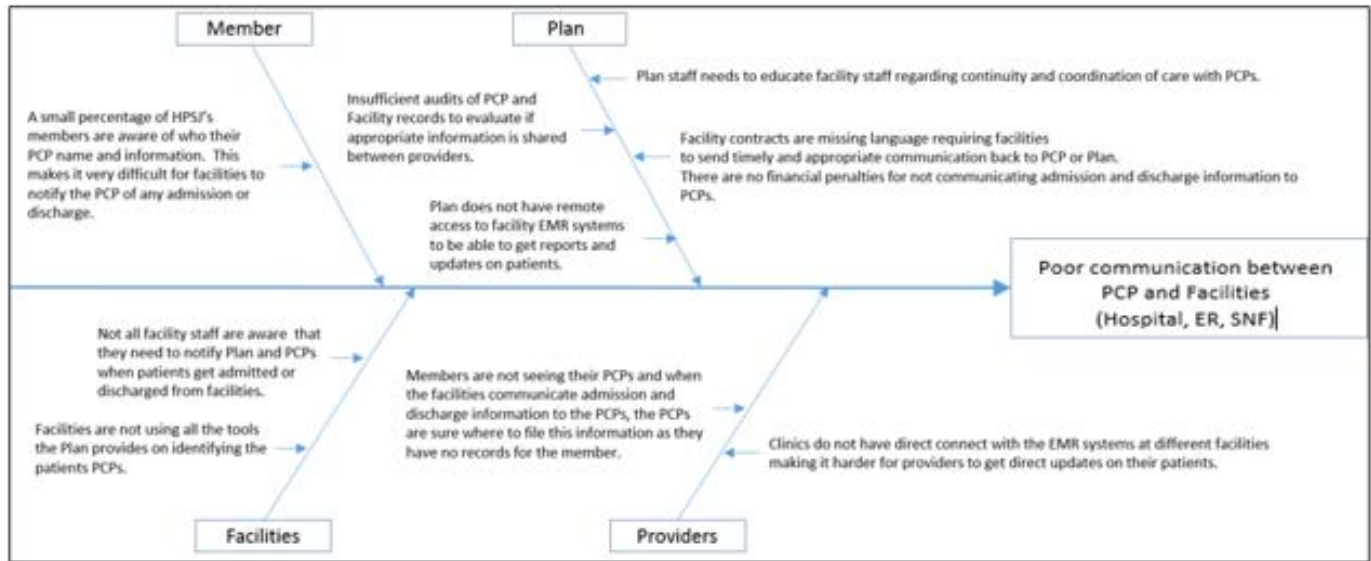
### -Stanislaus County

Measure	Description	Measure Type Methodology	Numerator	2018	2019	2018 vs 2019	*HEDIS 2018 percentiles			
				Rate	Rate	Rate Difference	25th	50th	75th	90th
PPC	Prenatal and Postpartum Care	Hybrid	Timeliness of Prenatal Care	76.40%	86.37%	9.97%	78	84	89	92
PPC	Prenatal and Postpartum Care		Postpartum Care	60.83%	67.64%	6.81%	60	64	69	74

## Qualitative Analysis:

- HPSJ met the HEDIS 50<sup>th</sup> percentile in both counties for diabetic eye exams and postpartum care. The Department of Healthcare Services minimum performance level for managed care plans in 2019 was the 25<sup>th</sup> percentile. Goal was met.
- HPSJ did not meet the HPSJ established goal of 50% for any of the measures that determine that providers get the information they need to coordinate care in the most effective way.
- Decrease satisfaction notes in all areas.

### Barrier Analysis:



### Key Barriers:

Although there are several barriers that affect communication between PCPs and facilities, HPSJ has identified the following as they key barriers that impact these measures:

#### Member Level Barriers:

- Membership has socioeconomic challenges that may prevent promotion of self –advocacy with PCP, Emergency Room, and Specialist's to ensure coordination and continuity of care.
- Members perceive that their doctors have the health history information from facilities

#### Facility Level Barriers:

- HPSJ has provided facilities with several tools to help them retrieve PCP information at the point of service; including ongoing provider education on how to retrieve information, ongoing discussions at Joint Operations Meetings on importance of capturing and updating the hospital face sheet upon admission.
- Significant turnover in facility staff can also lead to a break in existing processes.
- Staff can also be overloaded with work and may not always remember to check Plan systems to identify PCPs.

#### Plan Level Barriers:

- HPSJ realizes that it needs to play a larger role in transitioning and coordinating care. Plan needs to educate facility staff on the importance of communicating information to the Plan and provider in a timely manner.
- Plan also does not have access to the EMR systems at most facilities which prevents it from playing a role in improving coordination of care. If the Plan had access to the systems, it could extract information and send it to the PCP office in a timely manner. Some local Hospital policies have prevented HPSJ from increased Electronic Medical Record access.

#### Provider Level Barriers:

- SPD patients tend to have much higher ER and facility utilization and do not keep PCP visits. Since these patients have not seen their PCP, when the PCPs do get communications from the

facilities, they are not sure what to do with this information as they have no record for these members.

### **Opportunities for Improvement 1:**

Based on the survey results and analysis, HPSJ has identified several opportunities for improvement. These are described in more details in the sections below.

Health Plan of San Joaquin continues to provide education to providers and facilities on importance of Continuity of Care and communications across the continuum of care. In addition to ongoing education, providers and facilities are sent a reminder communication about the importance of continuity of care and communications between facilities and providers when a member transitions to a new level of care.

HPSJ conducted a survey to determine the effectiveness of Provider alerts related to communication and coordination in April 2020. Providers were asked the following:

- Did you receive a fax from HPSJ subject Coordination of Care Between facilities and Primary Care Physicians?
- If yes, did you find the information informative?
- Are you likely to change practice as a result of this communication?

Responses from 12 providers (facilities), 2 we were unable to reach, 4 unable to confirm receipt of communication, 6 confirmed receipt but did not indicate whether practices will change.

Based on the responses to the survey, HPSJ has put the following intervention in place.

1. Create a workgroup to determine system abilities to create group faxes based on provider type
2. Create a facility fax and email list specific for Medical Management Provider alerts.

As a result of the above survey and ongoing communication with Providers on preferred method of communication HPSJ communicates provider alerts via email and fax.

### **Opportunity 2: Improving Communication between Hospital and PCP**

Interventions in 2019 include, but are not limited to, the following:

- As a part of the transition of care (TOC) program, Medical Management staff is working closely with hospital staff to educate them on the importance of notifying the Plan when patients are admitted and discharged from the hospital.
- Each of the 4 Federally Qualified Health Centers receive a daily census of admissions and discharges.
- The TOC program will assist members to make follow up appointments with the PCP prior to discharge from the acute care facility. Members are educated on the importance of keeping appointments with PCP/Specialists and bringing all discharge instructions and medication lists to their medical visit
- As part of the TOC program, nurses and/or Health Navigators contact PCP's for any identified care issues.
- As a part of the Inpatient program, HPSJ staff will fax all authorization for inpatient stay directly to the PCP at time of admission and discharge from the acute care facility
- HPSJ has provided hospital staff access to systems that allow them to check the members PCP at the point of care. Medical Management staff will provide additional training and reminders to hospital staff on using these tools.

- Integrate Health Navigators into hospital setting to assist with accurately capturing PCP information and assist with communication to the PCP.
- Work with hospital facilities to improve communication between PCPs and hospitals
  - Educate hospital staff on what information is important and needs to be shared with PCPs.
  - Ensure that hospital staff have accurate provider contract information.
  - Promote the use for Health Information Exchange for hospitals.

### **Opportunity 3: Improving Communication between Emergency Room Providers and PCP**

Interventions in 2019 include, but are not limited to, the following:

- The Medical Management and Provider Services staff will educate ER staff to the importance of notifying the Plan and PCP when the members visit the ER.
- PCP is notified daily of members that call Nurse Advice Line and are advised to go to nearest Emergency Room.
- Continue to work with Health Information Exchange for hospitals to have access to PCP information, increasing awareness to contact PCP after ER visit.
- HPSJ Medical management staff will continue to educate patients on the importance of visiting their PCP after an emergency room visit.
- Ongoing discussion at hospital JOM's for solutions.
- HPSJ Social Work available to visit members in Emergency Rooms
- Partnership with Whole Person Care project to identify eligible members for program enrollment.
- The Quality Management staff will:
  - Educate providers on the importance of adopting electronic information systems that allow for better tracking of ER visits. (E.g. getting access to the health information exchanges that allow PCPs to get real time information on their patients).
  - Provide reports to PCPs on frequent fliers so PCPs can proactively call these members for an office visit.

### **Opportunity 4: Improving Communication between Skilled Nursing Facilities and PCP**

Interventions in 2019 include, but are not limited to, the following:

- HPSJ will provide SNF staff with access to systems that allow them to check the members PCP at the point of care. Medical Management staff will also provide training and reminders to the staff on using these tools.
- Medical Management staff will call members to schedule appointments with their PCPs within 7 days of discharge from a SNF to improve coordination of care.
- The Medical Management staff will educate SNF staff to notify Plan and PCP when the members get admitted and discharged from SNF.
- At time of discharge from the hospital the CCRN will fax plan of care to the PCP office regarding SNF admission and goals of the stay.

## **Conclusion**

Annually, HPSJ will evaluate provider satisfaction with information received and the effectiveness of interventions to determine which interventions assist in improving coordination of medical care. Results



will be presented to the Quality Oversight Committee and Quality Management/Utilization Management Committee in early 2021.

## D.2 2019 COC of Medical and Behavioral Healthcare

### **Responsible Staff:**

Matthew Garrett  
Director, Pharmacy

HPSJ strives to improve continuity and coordination of medical and behavioral healthcare by closely monitoring process measures related to behavioral health for adults and children.

### **Section 1:**

## **Antidepressant Medication Management**

Source: HPSJ HEDIS benchmark report MY 2019

The NCQA HEDIS measure Antidepressant Medication management rates 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. The rate is divided by two criteria, effective acute phase and effective continuation phase. The acute phase requires compliance on the medication for at least 84 days (12 weeks) while the continuation phase requires compliance on the medication for at least 180 days (6 months).

	Description	County	HEDIS 2018 MY2017	HEDIS 2019 MY2018 (as of 3.19)	NCQA 25th	NCQA 50th
<b>AMM</b>	Antidepressant Medication Management (continuation phase)	SJ	33.81	31.17%	33%	36%
<b>AMM</b>	Antidepressant Medication Management (acute phase)	SJ	49.02	46.64%	48%	52%
<b>AMM</b>	Antidepressant Medication Management (continuation phase)	ST	34.07	32.44%	33%	36%

<b>AMM</b>	Antidepressant Medication Management (acute phase)	ST	50.59	47.99%	48%	52%
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#### Discussion:

HPSJ's Behavioral health network provider and both Medical Directors, along with the Directors of Quality management and Utilization management and other key staff reviewed these results and compared them against the NCQA benchmarks.

#### The key findings are as follows:

- San Joaquin County's final rates did not meet the HPSJ Corporate goal of the 25<sup>th</sup> percentile in measurement year 2018, reporting year 2019.
- Stanislaus County's final rates met the 25<sup>th</sup> percentile goal in both measures. Noting also a significant increase in the continuation phase but a decrease in the acute phase. HPSJ has not increased nor met the 25%, we continue to identify opportunities to improve HEDIS rates such as provider partnership with our Quality team.

#### The following are possible barriers:

- Members utilize some of the medications captured in this rate for medical conditions other than depression, such as pain management. This alternative use can affect the utilization and consistency found in the eligible population.
- Members may also stop taking the medications if their symptoms improve without realizing that they need to continue the treatment plan in order to prevent any relapses.
- PCPs frequently manage depression and may not be aware of guidelines for the appropriate initiation of medication and may not be prescribing the most appropriate antidepressant medication.
- Members may stop taking medications because of stigma, side effects and perception of no immediate impact. Side effects can be more significant during the continuation phase and have a negative impact on medication compliance.

#### Interventions:

- HPSJ to call pharmacies on a new initiative regarding having pharmacies calling patients who are on antidepressants and are at risk for a gap in therapy.
  - HPSJ to identify the patients who are at risk for a gap in therapy and send the list of patients to pharmacies for the pharmacies to call the patient or physician to make interventions
  - HPSJ to reimburse pharmacies \$10 for reminding patients to pick up their medication and \$20 for having physicians refill the patients' antidepressant medications (if applicable)

- HPSJ to track all patients recently started or currently on antidepressants and will run reports every two weeks for them to identify and intervene on patients who are at risk for or have a gap in therapy

Next steps:

The Plan discussed the following opportunities for improvement.

- Continue to educate primary care and behavioral health providers on evaluating their patients on regular intervals. Providers can identify potential side effects, change medications, and address members concerns during these visits, all of which can result in improve compliance.
- Educating members on the importance of seeing their providers and taking medications as prescribed.
- Complete further analysis to compare members within the eligible population to members referred to Behavioral healthcare case management and implement further education

## Section 2:

### ADHD - Follow-Up Care for Children Prescribed ADHD Medications

Call Outreach CY 2019

December 2019

By: Brandon Le, PharmD, MBA

## Overview

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of quality measures developed and maintained by the National Committee for Quality Assurance (NCQA). Through HEDIS measures, the NCQA holds health plans accountable for the timeliness and quality of healthcare services delivered.

The Follow-Up Care for Children Prescribed ADHD Medications HEDIS 2019 measure includes two parts that concentrates on members who have received appropriate follow-up with a provider while taking their medication. Members included are children 6-12 years of age with a newly prescribed ADHD medication, defined as no fills within the previous 120 days (4 months). Part 1 of the required follow-up evaluates whether members have been seen by a provider within the first 30 days of initial prescription fill date. NCQA establishes a percentile scoring system each year to measure the health plan's performance in facilitating these services. The target 2019 HEDIS scores for Medicaid plans are listed in Table 1 below.

**Table 1. NCQA 2019 MY 2018 Follow-Up Care for Children Prescribed Medications for ADHD Initiation**

<b>Follow-Up Care for Children Prescribe ADHD Medications</b>	<b>NCQA 25<sup>th</sup> percentile</b>	<b>NCQA 50<sup>th</sup> percentile</b>	<b>NCQA 75<sup>th</sup> percentile</b>
Initiation Phase	39%	45%	52%

To improve HPSJ's HEDIS outcomes for this measure, a collaboration was formed between the HEDIS and Pharmacy team to coordinate calls for members who could be included in the measure.

### Goal

The purpose of this report is to evaluate the effectiveness of the ADHD calls in increasing the number of eligible members who successfully followed-up with a provider within 30 days of initial prescription fill. HPSJ's Quality Patient Safety Program goal for CY18 was to achieve NCQA 25<sup>th</sup> percentile (39%) for this measure.

### Method/Current Intervention

The pharmacy team runs a weekly report of all ADHD prescription claims against data from the previous six months to identify members with a first fill of an ADHD medication. For example, claims data from 1/1/19 to 1/7/19 includes prescription claims from 7/1/18 to 1/7/19. This allows us to identify patients with a 4-month negative fill history. Patients must be eligible for 120 days pre- and 30 days post- first fill date, and enrollment must be continuous during this time.

This list is submitted to the pharmacy team on a weekly basis. The pharmacy team then conducts patient outreach calls to encourage members in completing their follow-up care. If a patient or the patient's physician is not reachable by phone, a postcard is mailed. Some data points in the report include the following: member name, initial fill date, medication name, whether the patient was reached by phone, referred to a social worker, or assisted in solving transportation issues.

Outcome measurements are assessed on a quarterly basis: 30-day follow-up visit rates are compared between identified members who were successfully reached via phone vs. identified members who were not reachable by phone (i.e., received a postcard). Meanwhile, the HPSJ Quality Coordinator sends notifications to the prescribers with a message of ADHD follow-up best practices and a list of eligible members.

### Data analysis – outreach call statistics

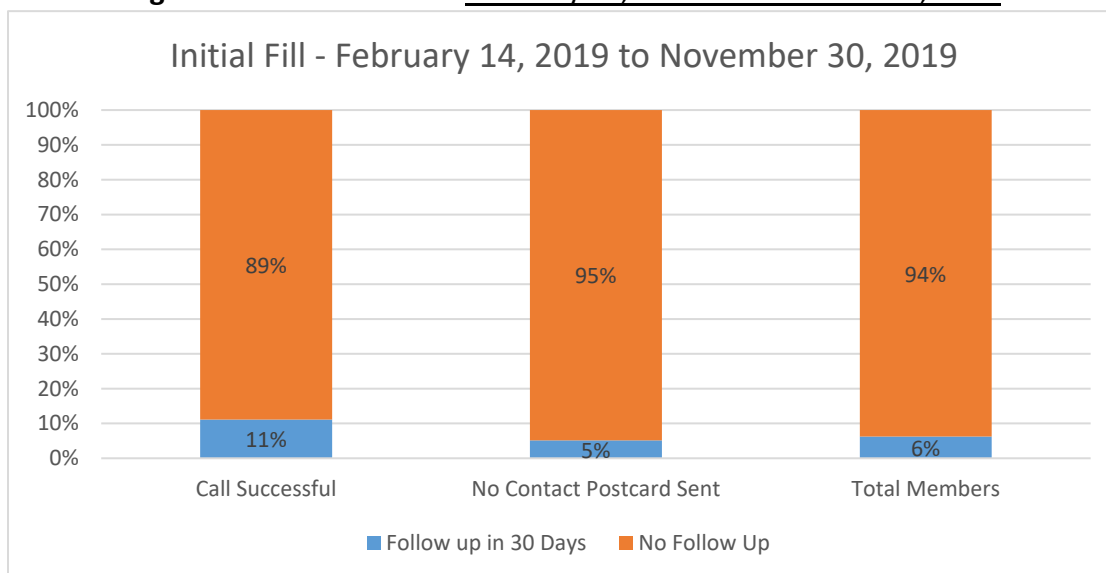
**Table 2. Outreach Call Statistics – February 14, 2019 to November 30, 2019**

		Follow up in 30 Days	No Follow Up	Total Members
February 2019 to November 2019	Call Successful	9	72	81
	No Contact Postcard Sent	18	333	351
	Total Members	27	405	432
February	Call Successful	0	3	3
	No Contact Postcard Sent	0	0	0
	Total Members	0	3	3
March	Call Successful	5	15	20

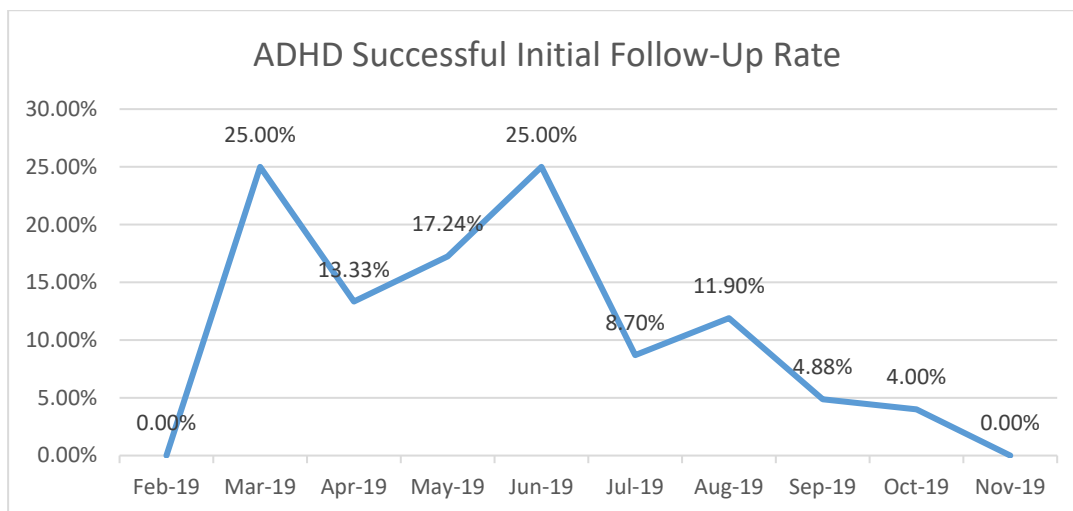
	No Contact Postcard Sent	0	0	0
	Total Members	5	15	20
April	Call Successful	1	12	13
	No Contact Postcard Sent	3	14	17
	Total Members	4	26	30
May	Call Successful	0	5	5
	No Contact Postcard Sent	5	19	24
	Total Members	5	24	29
June	Call Successful	0	3	3
	No Contact Postcard Sent	3	6	9
	Total Members	3	9	12
July	Call Successful	0	6	6
	No Contact Postcard Sent	2	15	17
	Total Members	2	21	23
August	Call Successful	2	9	11
	No Contact Postcard Sent	3	28	31
	Total Members	5	37	42
September	Call Successful	0	7	7
	No Contact Postcard Sent	2	32	34
	Total Members	2	39	41
October	Call Successful	1	6	7
	No Contact Postcard Sent	0	18	18
	Total Members	1	24	25
November	Call Successful	0	6	6
	No Contact Postcard Sent	0	33	33
	Total Members	0	39	39

Analysis of Table 2. Between February 2019 and November 2019, ~6.25% of patients who had outreach via phone or postcard (27/432) followed up within 30 days.

Data Analysis – February 14, 2019 to November 30, 2019

**Figure 1. Initial Fill Date – February 14, 2019 to November 30, 2019**

**Analysis of Figure 1.** Successful calls were associated with a 11% rate of follow-up in 30 days, while those who were sent postcards had a 5% follow-up visit rate.

**Figure 2. Initial Fill Date – February 14, 2019 to November 30, 2019**

**Analysis of Figure 2.** Between February 2019 to November 2019, the percent of patients who followed up with their providers hovered around 10%, with some months shooting up to 25%. However, there were a few months where the success rate was less than 5%.

#### Barrier Analysis

We identified some areas for improvement within the system that may help to increase the 30-day follow-up rates shown above:

- Data barrier –
  - A limitation previously identified was the benefit structure that carves out some behavioral health services. For example, psychiatrists may bill FFS/County for payment. HPSJ receives FFS claims data, but we are uncertain of the completeness and quality of the information.
  - Patients may lose eligibility within the 30 days post initial fill date, which is difficult to identify unless a manual check is performed.
- Member barrier –
  - Parents may habitually take children off medication during a period of the year (i.e., summer vacation) and restart upon the return to school. This means they are established with the physician and may not require a 30-day follow-up visit per provider practices. The volume of patients starting on ADHD medications in summer months is lower compared to peak school year start months.
- Provider barrier –
  - As noted in the member barrier, the provider may not require a visit for an established patient. The HEDIS criteria requires a visit if the member shows no fills for 4 months prior to the fill date. This conflicts with provider practice to perform annual follow-up for patients who are established in their care. This requires provider education about the HEDIS follow-up standards for these medications.
  - On average, claims are submitted within 3 months after service is performed, but physicians can submit claims up to a year later. This may help to explain small differences in rates between follow-up visit rates for members who were successfully reached vs. members who received a postcard. One way to address this is by encouraging physicians to submit claims as soon as possible.
  - Capitated prescribers may be less inclined to submit claims for member encounters. Therefore, the providers may have seen the patient within 30 days but may not have submitted the encounter. Capitated prescribers should be encouraged to submit all encounters.

## Conclusion

To achieve 25th percentile in this HEDIS measure, 39% of patients must follow up after first fill. In CY 19, ~6% of patients who had outreach via phone or postcard (27/432) followed up within 30 days. Therefore, our goal for this HEDIS measure was not met for CY 19.

HPSJ has not seen enough good outcomes from these ADHD calls. The interventions only had success 6% of the time with the phone calls and post cards between February 2019 and

November 2019. Because of the length of time HPSJ has done the ADHD phone calls and the subpar results from the interventions, HPSJ will stop with phone call interventions and spend the resources on targeted interventions for other HEDIS measures, such as for Antidepressant Medication Management and Asthma Medication Ratio.

However, the HEDIS team will perform the following touch points with the physician to get appointment dates and reminders for scheduling –

1. Mailing and reference material will continue to be mailed.
  - a. A fax that summarizes the letter and requests confirmation of scheduled appointment date will be sent.
  - b. A phone call to the prescribing provider will also be done to speak with the office manager, nurse, or scheduler to encourage setting the follow up appt.
2. The PSR will also receive education for provider visits to encourage follow up scheduling consistent with the standard of care and the HEDIS measurement. They will also educate prescribers to submit claims timely and completely to improve their HEDIS performance.

### Section 3:

#### Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

HPSJ annually monitors members who require management of treatment access and follow-up for members with coexisting medical and behavioral disorders. Currently, HPSJ monitors based on NCQA specifications. It appears that there is a significant shift in data between 2018 and 2019. HPSJ will investigate to ensure data integrity going forward. Barriers include serious mental health conditions are managed by County Access and data exchange may be compromised.

#### San Joaquin County

Measure	Description	Measure Type Methodology	Numerator	IDSS HEDIS 2018			IDSS HEDIS 2019		
				Den	Num	Rate	Den	Num	Rate
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		Numerator	635	481	75.75%	32	20	62.50%

#### Stanislaus County



Measure	Description	Measure Type Methodology	Numerator	IDSS HEDIS 2018			HEDIS 2019 IDSS		
				Den	Num	Rate	Den	Num	Rate
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Administrative	Numerator	530	381	71.89%	45	34	75.56%

**Opportunity:** Identify gaps in behavioral health data and ensure monitoring of coexisting medical and behavioral conditions is not compromised.

Conclusion: HPSJ will identify data gaps and report full HEDIS data in RY 2020.

#### Section 4:

### Behavioral Health Services Referral and Collaboration

In 2014, the State carved in Mild and Moderate Behavioral Health Services to the Managed care Health Plans. HPSJ delegated Behavioral Health services to a Managed Behavioral Health Care Organization (Mafter O), Beacon.

During the first year, the utilization of Beacon services was less than 1% of our members utilizing this service. In the 2016 utilization year for Beacon services it increased to 3.09%

The initial barrier analysis revealed the following issues related underutilization of Beacon services:

- Providers unaware of the benefits being available through the plan and Beacon
- Members unaware of the benefits available through Beacon
- People are very hesitant to seek care for behavioral health problems.
- Access issues for Psychiatrist visits

In 2018, HPSJ corporate objective was to increase referrals and utilization for MH services. HPSJ focused interventions to achieve this goal. HPSJ and Beacon Behavioral Health collaboratively took, and continue with, the following steps to increase utilization and referrals:

- 1) Provider and member education of the services available through Beacon, how to access the services through multiple communications through alerts and newsletters, calls and in-person visits and trainings to providers. HPSJ has published articles in Member Newsletters regarding the availability of Beacon Behavioral Health Services and that patients may self-refer
- 2) Proactive identification of members with co-morbid conditions of medical and behavioral health programs by HPSJ and referral of these members to Beacon. HPSJ developed reports that identify patients with secondary and tertiary Behavioral Health diagnoses which result in many referrals to Beacon through our Case and Disease Case Management nurses and Social Workers

- 3) Joint Operations Meetings (JOMs) held with Beacon monthly include Beacon reporting of response timeliness, grievances, and continuity of care reports with HPSJ requiring corrective actions if targets are not met.
- 4) Beacon expanded their network with the addition of psychiatrists to their network via telehealth programs in four locations
- 5) Beacon evaluated workflows regarding the member calls which resulted in the implementation of “local pods” to address member referrals in order to increase timeliness
- 6) Beacon provided HPSJ PCPs with the process to follow for grievances so that Beacon can learn exactly the issues involved in order to make any necessary corrections
- 7) Beacon has a direct line for local Beacon Team to address provider concerns quickly and introduced a Provider Consultation line, as well.
- 8) CM team has regular coordination of care meetings to address BH and MH issues of members with co-existing medical and behavioral health problems for both counties. Conduct monthly meetings with FQHC to ensure coordination of care
- 9) When conducting ER calls for high utilizers, members are educated regarding Beacon services, often facilitating a new referral to Beacon
- 10) Utilization of Beacon services for HPSJ staff training
- 11) Focused provider education to include 7 PCP practices and 4 MH providers
- 12) Monthly data showing members with SUD or MH diagnosis with referrals to WPC and 2 FQHC’s for member reach out
- 13) Initiating Care Coordination meetings with both counties to improve continuity of care
- 14) Implementation of telehealth for psychiatry

Chart below is a monthly count of internal referrals to Beacon for mental health services.

	Continuity of Care Report for CY 2018 Beacon Referrals												
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2018	130	109	107	93	89	66	59	69	88	79	73	132	1094
2017	37	44	55	44	57	76	77	46	47	110	99	110	802

	Continuity of Care Report for CY 2019 Beacon Referrals												
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2019	144	149	129	143	127	84	153	130	124	167	126	82	1558
2018	106	105	115	124	125	135	118	148	119	105	107	93	1400

Chart below shows the breakdown by category of referrals.

2018 Referrals by source	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Health Plan CM Team	66	59	49	39	27	49	48	48	51	57	52	59	604
Outpatient Community Provider	3	0	3	4	4	2	3	2	1	1	0	28	51
Beacon Clinician	12	11	5	12	12	5	1	1	2	7	6	35	109
PCP	33	31	42	26	31	1	1	4	3	2	0	0	174
State Agency/County	13	8	8	12	13	8	5	14	27	9	13	10	140
Member/Family member	3	0	0	0	2	1	1	0	4	3	2	0	17
	130	109	107	93	89	66	59	69	88	79	73	132	1094

2019 Referrals by source	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Member/Family Member	0	1	1	3	3	5	0	0	8	-	-	-	21
State Agency/County/SMHS	3	6	11	49	57	64	11	8	28	19	13	3	272
PCP	17	12	16	57	70	82	21	24	28	20	17	25	389
Health Plan Customer Service	33	43	0	87	87	88	5	1	7	-	2	5	358
Beacon Clinician	6	2	4	16	23	29	6	17	7	5	4	1	120
Outpatient Community Provider	4	2	3	12	17	21	5	2	3	7	7	-	83
Health Plan CM/SW	53	38	93					75	-	-	-	-	259
Health Plan CM	-	-	-	-	-	-	-	-	32	22	23	9	86
Health PLAN SW	-	-	-	-	-	-	-	-	39	86	60	37	222

Chart below shows utilization percent and number of members with BH encounters

BH Utilization						
	01/01/2018 To 01/31/2018	01/01/2018 To 02/28/2018	01/01/2018 To 03/31/2018	01/01/2018 To 04/30/2018	01/01/2018 To 05/31/2018	01/01/2018 To 06/30/2018
No of Eligible members with BH Diag	1550	3399	4964	6491	7945	9191
No of Members with BH CPT Codes	701	1516	2115	2665	3185	3585
Utilization	0.452258065	0.446013533	0.426067687	0.410568479	0.400881057	0.390055489
Utilization %	45.23	44.6	42.61	41.06	40.09	39.01
	01/01/2018 To 07/31/2018	01/01/2018 To 08/31/2018	01/01/2018 To 09/30/2018	01/01/2018 To 10/31/2018	01/01/2018 To 11/30/2018	01/01/2018 To 12/31/2018
No of Eligible members with BH Diag	10512	11871	13021	14128	15055	15959
No of Members with BH CPT Codes	4067	4583	5016	5488	5864	6211
Utilization	0.386891172	0.386066886	0.385223869	0.388448471	0.389505148	0.389184786
Utilization %	38.69	38.61	38.52	38.84	38.95	38.92

BH Utilization						
	01/01/2019 To 01/31/2019	02/01/2019 To 02/28/2019	03/01/2019 To 03/31/2019	04/01/2019 To 04/30/2019	05/01/2019 To 05/31/2019	06/01/2019 To 06/30/2019
No of Eligible members with BH Diag	1510	2492	3751	4870	6198	7066
No of Members with BH CPT Codes	549	931	1402	1812	2329	2641
Utilization	0.363576159	0.373595506	0.373766995	0.372073922	0.375766376	0.373761676
Utilization %	36.36	37.36	37.38	37.21	37.58	37.38
	07/01/2019 To 07/31/2019	08/01/2019 To 08/31/2019	09/01/2019 To 09/30/2019	10/01/2019 To 10/31/2019	11/01/2019 To 11/30/2019	12/01/2019 To 12/31/2019
No of Eligible members with BH Diag	8808	10606	12752	14816	16168	16832
No of Members with BH CPT Codes	3526	4400	5461	6232	6785	7157
Utilization	0.400317893	0.414859513	0.42824655	0.42062635	0.419656111	0.425201996
Utilization %	40.03	41.49	42.82	42.06	41.97	42.52

### Results of the Interventions & Next steps:

Beacon referral tracking started in January of 2017. January to December of 2017 resulted in an average of 67 referrals per month internally with a total of 802 referrals for the reporting period. In 2018 Beacon referrals increased to an average of 117 referrals per month internally with a total of 1400 referrals, a 21% increase.

This current reporting period there were a total of 1558 an increase in from the previous reporting period of 1400 with an increase in percentage of utilization of 11.29%

Utilization continues to rise monthly showing monthly increase in number of claims submitted with BH diagnosis.

HPSJ understands addressing the need for behavioral health is a critical to address the medical needs of our members. HPSJ SW team developed a SW assessment which included PHQ4 screening to aid in further identification of members who may benefit from BH services. The CM team also added a PHQ4, members who answered “yes” were referred to HPSJ SW for further screening and referral to Beacon as appropriate. HPSJ also provided Health Coaching to all CM, SW and HN’s to assist in member engagement. It was and continues to be the goal of the HPSJ MM team to engage with members to increase access to services.

Interventions listed above continue to reflect a yearly increase in utilization of Beacon services. HPSJ will continue to work closely with Beacon on listed interventions, to increase utilization as well as continue to look for member engagement opportunities.

### BH Telehealth Services

HPSJ contracted with Beacon to coordinate and offer BH Telehealth services to assist in availability of the services when requested by the medical providers.

An additional review of use of BH services should include the trended use of Telehealth.

Year	Number of Providers	Unique members seen	Total visits
2018	6	939	4473
2019	2	626	5174

The above service results show a significant decrease in the number of telehealth provider groups. Also, there is a 33% decrease in the number of members using the telehealth services, however there was a 15% increase in total telehealth visits. The last 3 years demonstrate a significant increase of members using telehealth services for med management. From 129 in 2016 to 635 in 2018.

Improvements in 2018: Beacon initiated the use of home-based telehealth for members vs having to have telehealth from a medical provider office.

### Provider Satisfaction with Behavioral Health Coordination of Care

Annually, HPSJ evaluates provider satisfaction with Coordination of Medical and Behavioral Health Care.

Question	Favorable	2019 Rate
How frequently are you able to refer your patients with mild to moderate behavioral healthcare needs without difficulty or delay?	29/97	29.9%
How frequently are you able to refer your patients with severe behavioral healthcare needs to County Behavioral Healthcare Services without difficulty or delay?	31/103	30.1%
How frequently do you receive timely and thorough information about your patients when they are discharged from an inpatient behavioral health facility provided through the County behavioral health network?	17/91	18.7%

Data will be trended annually to identify opportunities for improvement.

### **Whole Person Care**

The Whole Person Care program was initiated by collaboration with this SJ County program. The HPSJ has monthly calls with this group for community collaboration referrals for behavioral health, county or Beacon, and other needed community resources. This is the strategic direction for the state Medi Cal Healthy California for All program.

The baseline is currently being developed. Trends will be evaluated as the program progresses.

### **E. Facility Site Review**

#### **Responsible Staff:**

Ramanpreet Kaur  
Supervisor, QI

## **Annual Facility Site Review Report**

The purpose of conducting Facility Site Review (FSR) audits is to ensure that all primary care provider sites utilized by the Health Plan of San Joaquin (HPSJ) for delivery of services to members have sufficient capacity to:

- Provide appropriate, safe primary healthcare services;
- Carry out processes that support continuity and coordination of care;
- Maintain patient safety standards and practices; and operate in compliance with all applicable federal, state and local laws and regulations

Primary Care Providers are required to have an initial FSR just prior to signing a contract with Health Plan of San Joaquin. A Medical Record Review (MRR) is completed within 6-9 months of members being assigned to the provider. The provider will then be required to have an FSR/ MRR every three years thereafter.

The FSR tool has six sections:

1. Access and Safety
2. Personnel
3. Office Management
4. Clinical Services
5. Preventive Services
6. Infection Control

Within these sections are 9 Critical Elements which directly assess the safety, a deficiency of a critical element must be corrected within 10 business days:

1. Exits doors and aisles are unobstructed and egress (escape) accessible.
2. Airway management: oxygen delivery system, oral airways, nasal; cannula or mask, ambi bag are present.
3. Only qualified/trained personnel retrieve, prepare or administer medications.
4. Physician review and follow-up of referral/consultation reports and diagnostic test results.
5. Only lawfully authorized persons dispense drugs to patients.
6. Personal Protective Equipment is readily available for staff use
7. Needle stick safety precautions are practiced on site
8. Blood, other potentially infectious materials and regulated wastes are placed in appropriate leak proof, labeled containers for collection, handling. Processing, storage, transport or shipping.
9. Spore testing of autoclave/steam sterilizer is completed (at least monthly) with documented results.

The Medical Record Review tool consists of 6 sections:

1. Format
2. Documentation
3. Continuity/Coordination of care
4. Pediatric Preventive
5. Adult Preventive
6. OB/CPSP Preventive

There are no critical elements in the MRR, however the overall score must be  $\geq 90\%$  with the scores for the individual sections  $\geq 80\%$ . Sites that score less than this will require a corrective action plan.

The number of FSRs completed for Calendar Year 2019 are:

<b>FSR</b>	<b>San Joaquin County</b>	<b>FSR</b>	<b>Stanislaus County</b>
Initial	5	Initial	2
Periodic	10	Periodic	13
Annual	2	Annual	1
Re-audit	2	Re-audit	3
Total	19	Total	19

<b>MRR</b>	<b>San Joaquin County</b>	<b>MRR</b>	<b>Stanislaus County</b>
Initial	3	Initial	0
Periodic	11	Periodic	14
Annual	1	Annual	0
Focus	1	Focus	2
Re-audit	4	Re-audit	4
Total	20	Total	20

In San Joaquin County, there were a total of 19 FSRs completed most of which were periodic reviews. Except for one site, the scores for FSR ranged from 90% to 100%. The site that scored less than 80 % in individual sections and those who had deficiencies in the Clinical as well as the Infection Control sections of the audit were issued CAPs. The critical elements were resolved within 10 business days, with the additional Corrective Action Plan completed within 30 days. For Medical Record Review, there were a total of 20 audits completed with scores ranging from 90% to 100%, with one site falling below 80%. A focus review was completed on this one failed site and was placed on an annual schedule. All sites with scores falling below 90% were issued CAPs. All MRR CAPs were completed timely.

In Stanislaus County, there were a total of 19 FSR audits completed with scores ranging 91% to 100%. Again, with periodic being the highest number of audits completed. A total of 20 MRR audits were also completed with scores ranging from 90% to 100% and all CAPs were submitted timely as well.

### **Physical Accessibility Review Survey**

Physical Accessibility Review Surveys (PARS) are required for all Primary Care Provider Sites and for the High-Volume Specialists. This survey is informational only and the level of accessibility for each site is posted in the provider directory.

The tool is divided into six areas:

1. **P** - Parking
2. **EB** - Exterior Building
3. **IB** - Interior Building
4. **R** - Restroom
5. **E** - Exam Room
6. **T** - Exam table/scale

In each section there are critical elements, if any of the elements are absent then the overall designation goes from **Basic Access** to **Limited Access**. There are no Corrective Action Plans required for this survey. The table below represents the number of surveys done for each county.

<b>San Joaquin County</b>	<b>Stanislaus County</b>
Specialist 9	Specialist 5

Every year a report listing all the High-Volume Specialist Providers is run. This list is compared to previous reports to identify provider sites that have not had the PARS done. These sites are divided up among the Quality Nurses and PARS are completed on these sites, prior to the end of the year. The information on the sites reviewed is forwarded to the Department of Health Care Services in January of each year.

### **Focused Site Reviews**

1. The Quality Nurses may conduct a focus review when critical element or repetitive deficiencies identified during Facility Site Review (FSR) impact patient health and safety.
2. Site visits shall be conducted when identified concerns require an onsite evaluation, such as improper handling and storage of bio-hazardous waste or inadequate sterilization procedures
  - a. Section(s) of the site review survey tool, medical record review tool and guidelines will be used to measure and evaluate findings when identified areas of concern pertain to FSR issues.
3. The Quality nurse will conduct focus reviews when trends and/or concerns are identified through customer complaint logs, UM referrals, HEDIS performance measures, and QM investigation/studies, affect patient health and safety.

For CY 2019 we had a total of 12 grievances that involved complaints related to Quality of Practitioner office site. Out of the 12, 5 were related to site being dirty and unsanitary which were all closed in favor of the provider, while seven complaints were related to availability of medical records two of which were substantiated in favor of the member.

### **Collaborative Activities:**

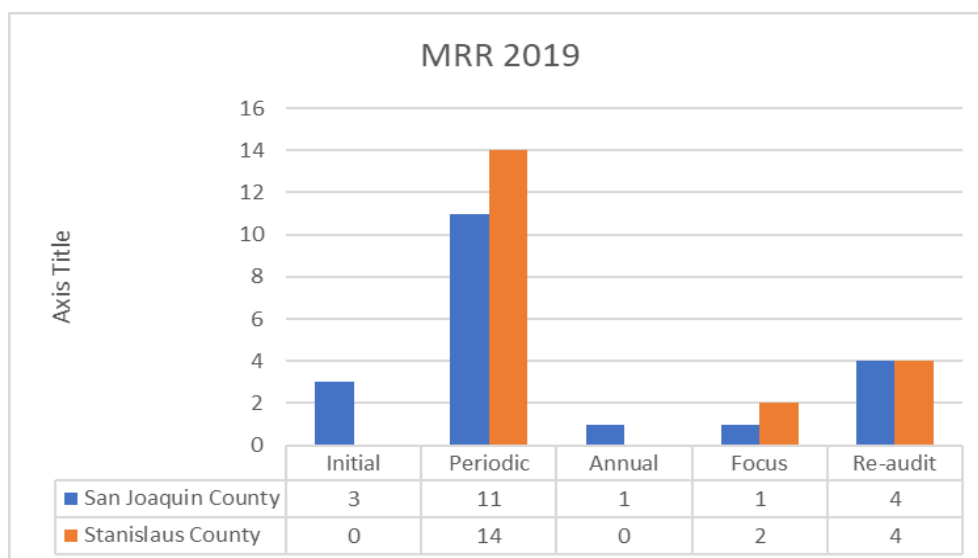
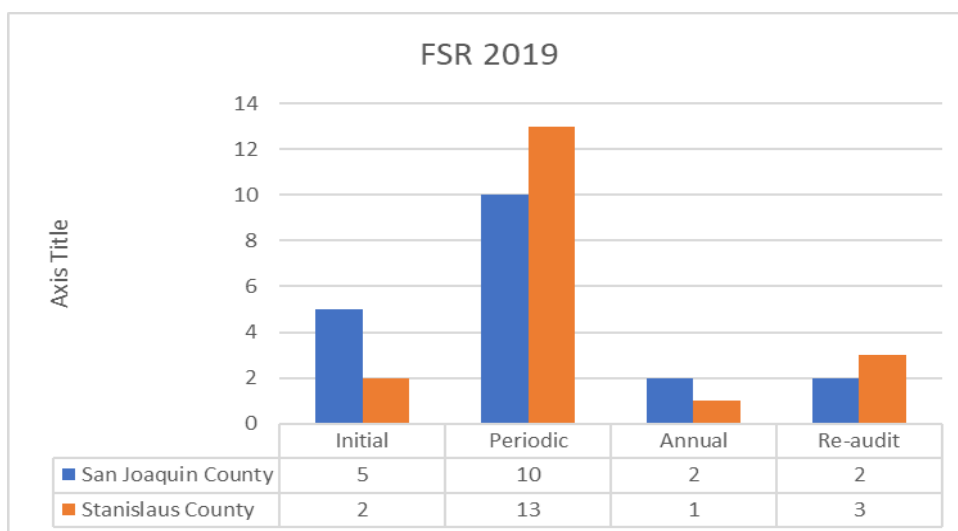
#### *Health Net*

- Have established MOU for San Joaquin & Stanislaus County to be able to share FSR/MRR data for providers that are contracted with both HPSJ and HN
- Facility Site Review data exchange
- Quarterly liaison meeting to discuss FSR information and challenges

#### *CHDP (Child Health and Disease Prevention)*

- CHDP reviewers are also required to conduct periodic FSR/MRR every three years. HPSJ will complete reviews simultaneously to decrease impact on provider sites
- Quarterly meetings with CHDP are conducted to share information, discuss provider issues, HEDIS, and health education events.
- This year the QI Nurses have attended the Quarterly Meetings





### Quantitative Analysis

As reported above there were a total of 7 initial FSRs 5 of which were performed in the San Joaquin County and the rest in the Stanislaus County. There 3 initial MRRs in the San Joaquin County and the rest were scheduled in the succeeding year 2020 mostly in the Stanislaus area predominantly in provider offices that were recently acquired by the FQHCs. There was a total of 38 FSR audits and 40 MRR audits completed between the two counties.

### Qualitative Analysis

Although San Joaquin already has more developed and active provider network, we saw more providers actively wanting to contract with HPSJ as evidenced by a higher number of initial FSRs completed. Also there had been several provider sites acquisitions by the FQHCs in both counties which resulted in more initial audits

**Barriers/Interventions**

Some of the barriers identified for 2019 are the following:

- A. Lack of available resources/information regarding the new guidelines needed in preparing providers for the implementation of the new set of FSR/MRR guidelines needed for provider education.
- B. There is a perceived lack of follow through on the part of the providers regarding the implementation of their Corrective Action Plans as providers are still showing deficiencies on similar items in the FSR/MRR tools.
- C. Complaints from providers regarding stricter implementation of the guidelines.

**F. Provider Credentialing and Monitoring**

Responsible Staff:

Ramanpreet Kaur

Supervisor, QI

**Ongoing Monitoring Report of Peer Review Committee for FY (19-20)****Introduction**

Health Plan of San Joaquin (HPSJ) conducts credentialing and recredentialing of practitioners to ensure that HPSJ's criteria and standards for participation are met. HPSJ verifies the credentials and information about practitioners to ensure that practitioners meet and continue to meet the required standards to provide care to members. These standards included the verification of the provider's license, education, job history, and a list or any Medi-Cal or Medicaid sanctions. The plan also verifies the provider's eligibility to enroll or enrollment in Medi-Cal Fee for Service. During the 2019/2020 FY a total of 680 providers were credentialed. Each provider undergoes a verification process as well as presentation before the Peer Review and Credentialing Committee. The Peer Review and Credentialing Committee is made up of community providers representing several provider specialties types. The committee makes recommendations to either approve or deny the providers application for Credentialing with the plan. The committee also makes recommendations on the term of the providers initial credentialing. The standard approval is for 3 years.

The HPSJ Grievance department is responsible for the monitoring of provider grievances and reporting the grievances to the credentialing department as part of its ongoing monitoring. Grievances are categorized into the following DHCS categories Quality of Care, Quality of Service, Access Quality of Practitioner Office Site, and Billing and Financial Issues. HPSJ has developed category thresholds for the three DHCS highest reported categories which are Quality of Care, Quality of Service, and Access to care. The provider's panel size, and total number of grievances are measured to determine the total number of

grievances per thousand for each category. A category threshold is considered met if a provider exceeds 5/1000 for Quality of Services, 3/1000 for Access to Care, and 3/1000 for Quality of Care. Any provider that meets a category threshold is presented to the Grievance Committee for review, and upon evaluation of the grievance a provider may be referred to the PR&C committee for additional actions. In addition to determining provider grievance thresholds the HPSJ Quality Management Department in 2016 implemented a point system to score provider grievances, and Potential Quality of Care Issues or PQIs. Quality of Care Issues are scored either C0-C4 with correlating points being assigned. Quality of Services Issues are scored with S0-S1 with correlating points being assigned. The following accumulation of QOC and QOS cases by any provider with severity levels points or any combination of cases totaling 16 points or more during a rolling 12 months will be subject to case presentation at the Peer Review and Credentialing Committee. The following breakdown reflects other ways in which providers will be presented for committee review:

- 24 cases with a leveling of C-0 and S-0
- 12 cases with a leveling of C-1
- 6 cases with a leveling of C-2
- 1 case with a leveling of C-3 or C-4 (automatic referral to the applicable Peer Review Committee)

### **Ongoing Monitoring**

Health Plan of San Joaquin's Credentialing Department is responsible for the ongoing monitoring of all credentialed providers within its network between Credentialing cycles. HPSJ monitors for sanctions, grievances/complaints and identified adverse events at intervals between recredentialing processes. In the 2019/2020 Fiscal Year HPSJ held Peer Review and Credentialing Committees on every other month basis.

In the Fiscal Year during the PR&C held on July 23, 2019 there were 57 providers recredentialed. Of these providers none met a category threshold for grievances or had their recredentialing application denied due to exceeding the grievance and PQI totals. During the PR&C held on September 12, 2019 there were a total of 185 providers recredentialed. Of these providers none met a category threshold for grievances or had their recredentialing application denied due to exceeding the grievance and PQI totals. During the PR&C held on November 14, 2019 there were no providers recredentialed. During the PR&C held on January 14, 2020 a total of 145 providers were recredentialed. Of these providers none met a category threshold for grievances or had their recredentialing applications denied due to exceeding the grievance and PQI point totals. During the PR&C held on March 12, 2020 a total of 74 providers were recredentialed. Of these providers none met a category threshold for grievances or had their recredentialing applications denied due to exceeding the grievance and PQI point totals. During the PR&C held on May 14, 2020 a total of 76 providers were recredentialed. Of these providers none met a category threshold for grievances or had their recredentialing applications denied due to exceeding the grievance and PQI point totals.

### ***Recredentialed Providers with Grievances in Member's Favor—for each Committee***

Provider ID	# of Grievances (Member's favor)	# of PQI (Member's favor)	Cred. (Y/N)	Date Recred.
PMP000000001584	4	0	Y	7/23/2019
PMP000000042374	1	0	Y	7/23/2019
PMP000000035271	1	0	Y	7/23/2019
PMP000000022310	2	0	Y	7/23/2019
PMP000000000094	0	1	Y	7/23/2019
PMP000000036021	1	0	Y	7/23/2019
PMP000000002498	1	0	Y	7/23/2019
PMP000000044027	1	0	Y	7/23/2019
PMP000000006142	1	0	Y	7/23/2019
PMP000000009898	17	1	Y	9/12/2019
PMP000000007927	5	0	Y	9/12/2019
PMP000000007836	1	0	Y	9/12/2019
PMP000000007766	2	0	Y	9/12/2019
PMP000000045496	3	0	Y	9/12/2019
PMP000000024488	2	0	Y	9/12/2019
PMP000000045489	1	0	Y	9/12/2019
PMP000000046749	1	0	Y	9/12/2019
PMP000000009769	1	0	Y	9/12/2019
PMP000000049129	1	0	Y	1/14/2020
PMP000000025536	1	0	Y	1/14/2020
PMP000000010222	1	0	Y	1/14/2020
PMP000000024505	1	0	Y	1/14/2020
PMP000000009322	2	0	Y	1/14/2020
PMP000000008800	1	0	Y	1/14/2020
PMP000000000294	1	0	Y	1/14/2020
PMP000000004311	3	0	Y	1/14/2020
PMP000000004403	2	0	Y	1/14/2020
PMP000000026419	1	0	Y	1/14/2020
PMP000000010234	1	0	Y	1/14/2020
PMP000000001845	1	0	Y	3/12/2020

PMP000000011982	1	0	Y	3/12/2020
PMP000000012020	1	0	Y	3/12/2020
PMP000000028297	1	0	Y	3/12/2020
PMP000000000587	1	0	Y	5/14/2020

## **MEMBER EXPERIENCE**

Health Plan of San Joaquin measures member experience with its network thorough several mechanism include member satisfaction, its grievance and appeals, and provider availability. The plan provides thorough analysis of each area in order to develop strategic goals, and interventions to address barriers.

### **G. Grievances, Appeals, and PQIs**

#### **Responsible Staff:**

Ramanpreet Kaur  
Supervisor, QI

#### **G.1 Grievances and Appeals Annual Report FY 2019-2020 (July 2019 – June 2020)**

Health Plan of San Joaquin (HPSJ) collects, analyzes, and trends all member grievances. A Grievance is defined as written or oral expression of dissatisfaction regarding the plan and/or provider including quality of care concerns. If the plan is unable to distinguish between a grievance and an inquiry it shall be considered a Grievance. HPSJ Grievances are received via telephone, fax, in person, or online. HPSJ is committed to monitoring, promoting, and maintaining the quality of care, and services that its members receive. HPSJ thoroughly investigates, all complaints regarding dissatisfaction with the services or delivery of care. In order to more comprehensively evaluate member grievances, several policies were updated, and changed. These included:

- Grievance Scoring, and severity methodology was developed and implemented.
- Definition of Clinical Grievances vs. Non-Clinical Grievances were developed.
- All Clinical grievances are reviewed and closed by an HPSJ Medical Director Case Reviewer.
- Category thresholds were developed for the DHCS highest reported categories statewide.

#### **Grievance Scoring**

Each grievance received by HPSJ that is determined to be Clinical in nature is investigated by a Quality Management Nurse, and then forwarded to a Medical Director for severity coding, and a corresponding point value. The following codes are new used for each case involving a quality of care concern.

1. C0=0 points
2. C1=1 point
3. C2=2 points

4. C3=3 points
5. C4=4 points

Grievances related to services and are designated as non- clinical are investigated and closed by a Quality Management Nurse or a Grievance Coordinator. These cases are closed with the following codes.

1. S0=0 Points
2. S1=1 point

The Grievance Department in conjunction with the credentialing department monitor the accumulation of points totals reviewed for each provider or clinic. The following accumulation of Quality of Care including Access and Quality of Service cases by any provider with severity levels or any combination of cases totaling 16 points or more during a rolling 12 months will be subject to case presentation at the Peer Review and Credentialing Committee.

- 24 cases with a leveling of C-0 and S-0
- 12 cases with a leveling of C-1 and S-1
- 6 cases with a leveling of C-2
- 1 case with a leveling of C-3 or C-4 (automatic referral to the applicable Peer Review Committee)

By applying these codes, and point values to each case the grievance department was able to discontinue the use of Substantiated vs. Non-Substantiated when closing a grievance case.

### **Clinical Vs. Non- Clinical**

All Grievance cases are reviewed by a Quality Management Nurse upon receipt to determine with the case is Clinical or Non-Clinical. Clinical cases are referred to a Quality Management Nurse for investigation before being forwarded to the Medical Director for case leveling. Non- Clinical cases are investigated and closed by either a Quality Management Nurse or a Grievance Coordinator. Appropriate cases to refer to clinical staff include delays in requested health care services, modification or denial of a requested health care services, member disagreement with a provider's treatment plan, patient disagreement with diagnosis, alleged failure or refusal by a practitioner to refer, adverse results or treatment, alleged inappropriate practitioner behavior, and other issues judged to be clinical in nature.

### **Medical Director Review**

In Fiscal Year 2015/2016 the grievance department developed and implemented a system in which all grievance cases regarding any clinical quality of care or access to care issue are investigated by a Quality Management Nurse and then forwarded to the Medical Director. The Medical Director reviews all information and supporting documentation in order to make a case determination.

### **Category Thresholds**

In the fiscal 2015/2016 year the grievance department developed, and implemented thresholds related to Access, Quality of Care, and Quality of Service. All grievance categories are tracked, but these three categories are the highest reported areas statewide according to the Department of Managed Healthcare Services. The thresholds are as follows:

- Access 3/1000
- Quality of Care-3/1000
- Quality of Services-5/1000

Grievance thresholds are determined by looking at the total panel size of the provider versus the number of grievances received. The Grievance Coordinators will track and with collaboration of the Medical Director and Grievance Committee identify trends, opportunities for improvement, and any next steps to be taken.

#### Changes in Membership totals by Medi-Cal –San Joaquin and Stanislaus

<b>Membership</b>	<b>FY18-19</b>	<b>FY19-20</b>
San Joaquin (SJ)	215232	208661
Stanislaus (ST)	128178	129086
<b>Total</b>	<b>343410</b>	<b>337747</b>

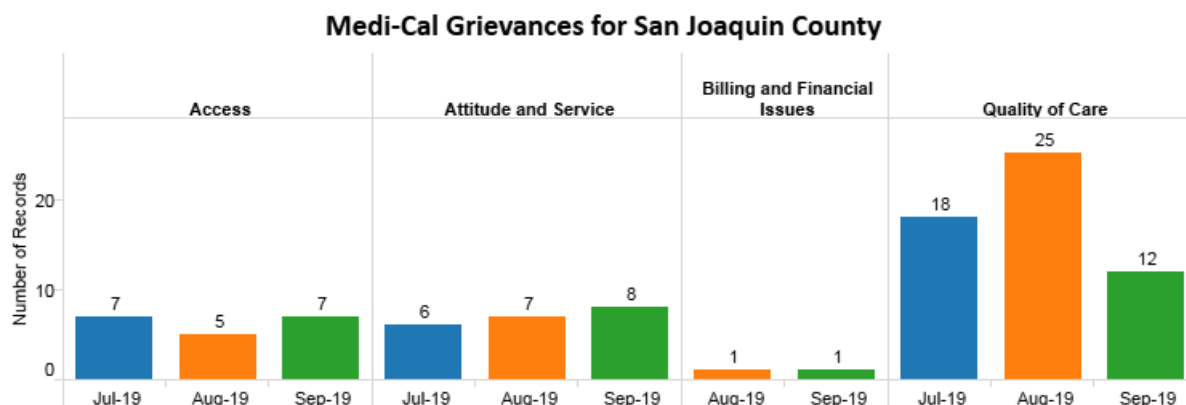
### **G.1.a Grievances**

#### **QUARTER 1 (July 1 to September 30, 2019)**

The Quality Management Department received a total of 174 grievances for the first quarter of the fiscal year, covering the period of July 1 to September 30, 2019. This breaks down to 97 cases from San Joaquin County and 77 cases from Stanislaus County. The grievances were categorized into five – access, attitude and service, billing and financial, quality of care and quality of practitioner office site. Please see below for the category summary for each county.

<b>FY 19-20 Q1</b>	<b>SJ</b>		<b>ST</b>	
	<b>#</b>	<b>Per 1000</b>	<b>#</b>	<b>Per 1000</b>
Access	19	0.09	12	0.09
Attitude & Service	21	0.10	16	0.12
Billing & Financial	2	0.01	0	0.00
Quality of Care	55	0.26	49	0.38
Quality of Practitioner Office Site	0	0.00	0	0.00
<b>Total</b>	<b>97</b>	<b>0.46</b>	<b>77</b>	<b>0.60</b>



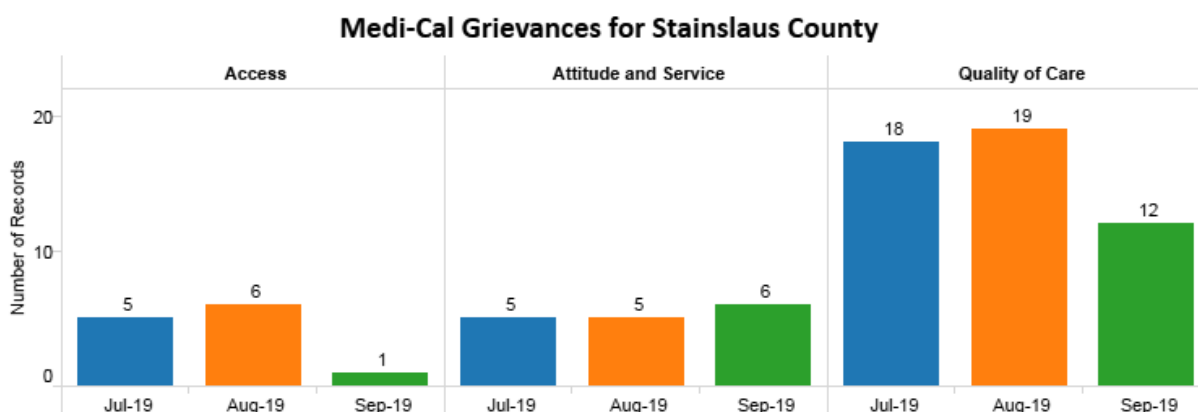


The combined number of grievances accounted for complaints against 69 providers from San Joaquin County. The leading categories are access, attitude and service, and quality of care. Based on review, identified trends were:

- The quality of care issues were related to delays in sending orders (authorizations, referrals to specialists and prescriptions to pharmacy), access to care within standard timeframes, pharmacy related issues, providers not responding to grievances, dissatisfaction with pain management treatment plan, DME issues, behavioral health services. The quality of service issues was related to dissatisfaction with providers/staff's attitude and behavior during calls and clinic encounters, long call wait times, billing issues, medical forms/records, transportation services and interpreter services.

*Department interventions for these grievances included the following:*

- Education letters for providers regarding quality of care issue findings involving timely follow-up, delays in referrals and grievance process.
- The plan's Provider Services got involved in provider education on the grievance process.



As for Stanislaus County, above graph shows the grievance categories received. These complaints accounted for issues addressed against 56 Stanislaus providers. The review of these cases led to the following trends:

- The quality of care issues were related to delays in sending orders (authorizations, referrals to specialists and prescriptions to pharmacy), access to care within standard timeframes, providers not responding to the grievance and retaliation by dismissing members after filing the grievance, restriction of medication by the plan, failure to send diagnostic results to provider, unsafe ER discharge and dissatisfaction with SNF treatment. The quality of service issues were related to dissatisfaction with providers/staff's attitude and behavior during calls and clinic encounters, transportation services, provider's office referral process, provider billing for services, medical forms, office not explaining procedure to members, incentive card from the plan, DME issues and dissatisfaction with the plan's social worker services.

*Department interventions for these grievances included the following:*

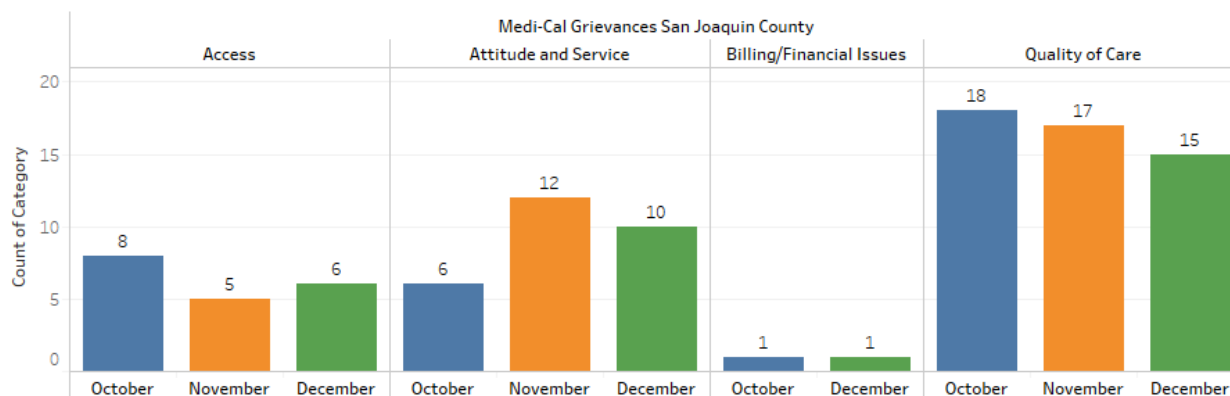
- Grievances against the Plan regarding quality of service issues were addressed by coaching and educating the staff involved.
- Education letters for providers regarding referral process.

#### **QUARTER 2 (October 1 to December 31, 2019)**

For the second quarter of the fiscal year, covering the period of October 1 to December 31, 2019, the Quality Management Department received 173 grievances – 99 from San Joaquin County and 74 from Stanislaus County. The breakdown of these cases into categories was summarized below:

FY 19-20 Q2	SJ		ST	
	#	Per 1000	#	Per 1000
Access	19	0.09	27	0.21
Attitude & Service	28	0.13	21	0.16
Billing & Financial	2	0.01	1	0.01
Quality of Care	50	0.24	25	0.20
Quality of Practitioner Office Site	0	0.00	0	0.00
<b>Total</b>	<b>99</b>	<b>0.48</b>	<b>74</b>	<b>0.58</b>

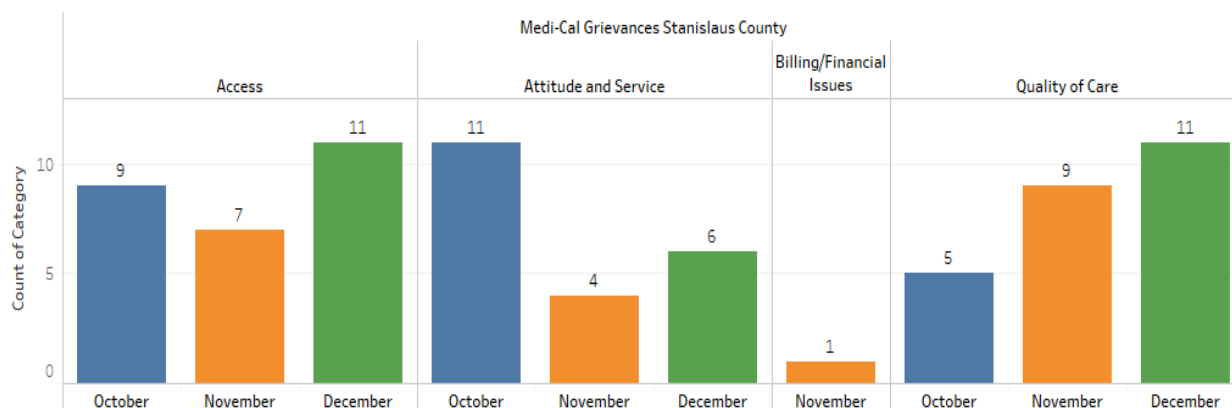
San Joaquin County received grievances against 67 of its providers. The graph below depicts the category breakdown of these cases.



*The review of above grievances led to the identification of these trends:*

The quality of care issues was related to delays in sending orders out (authorization, referral, providing DME supplies, and prescription to the pharmacy), transportation issues that resulted to missed or rescheduled appointments and member's disagreement with the provider's care plan. The access to care issues were related to telephone access to request transportation for scheduling appointments, long office wait times and office appointment scheduling outside the access standard timeframes. The quality of service issues was related to telephone access issues, transportation complaints with driver's attitude and behavior, provider and office staff's attitude and behavior, claims or billing reimbursements, medical records and office disability forms

Stanislaus County received grievances against 36 of its providers. The graph below depicts the category breakdown of these cases.



*The identified trends for this quarter in the above county are below:*

- The quality of care issues was related to delays in sending orders (prescriptions, referrals). The access issues were related to delay in care due to cancelling or rescheduling appointments, and transportation issues causing the members to miss their appointments. The quality of service issues was related to HPSJ's phone access issues, setting up transportation, drivers cancelling pre-arranged rides, driver attitude and vehicle issues.

Overall QM interventions rendered for this quarter were:

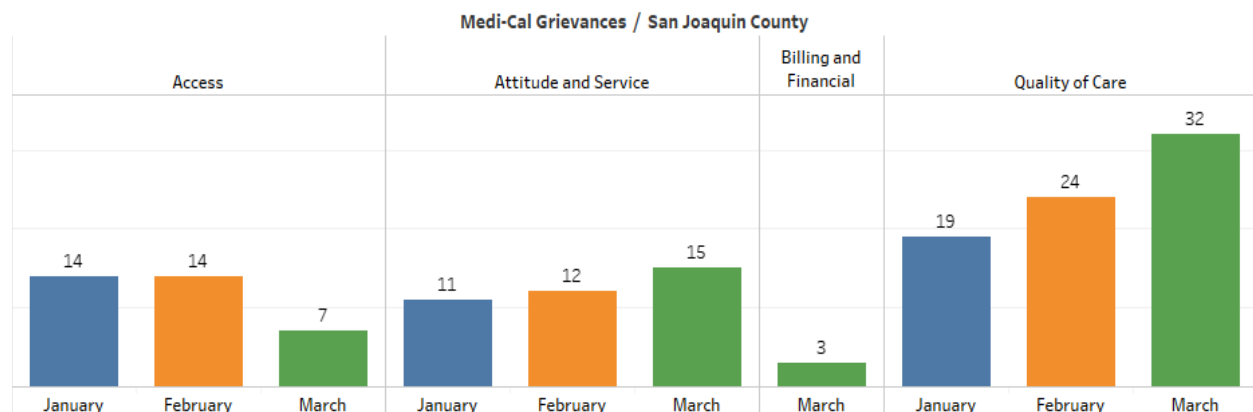
- Grievances against the Plan regarding quality of service issues were addressed by coaching and educating the staff involved.
- Education letters for providers were sent to address the delays in medication refills

### **Quarter 3 (January 1 to March 31, 2020)**

The Quality Management Department received a total of 266 grievances for the 3<sup>rd</sup> quarter of the fiscal year, covering the period of January 1, 2020 to March 31, 2020. The table below shows that out of the 266 cases, 151 were from San Joaquin County and the remaining 115 were from Stanislaus County. Please refer below for category breakdown of the said grievances for both counties.

FY 19-20 Q3	SJ		ST	
	#	Per 1000	#	Per 1000
Access	35	0.17	14	0.11
Attitude & Service	38	0.19	30	0.23
Billing & Financial	3	0.01	3	0.02
Quality of Care	75	0.37	68	0.53
Quality of Practitioner Office Site	0	0.00	0	0.00
<b>Total</b>	<b>151</b>	<b>0.74</b>	<b>115</b>	<b>0.90</b>

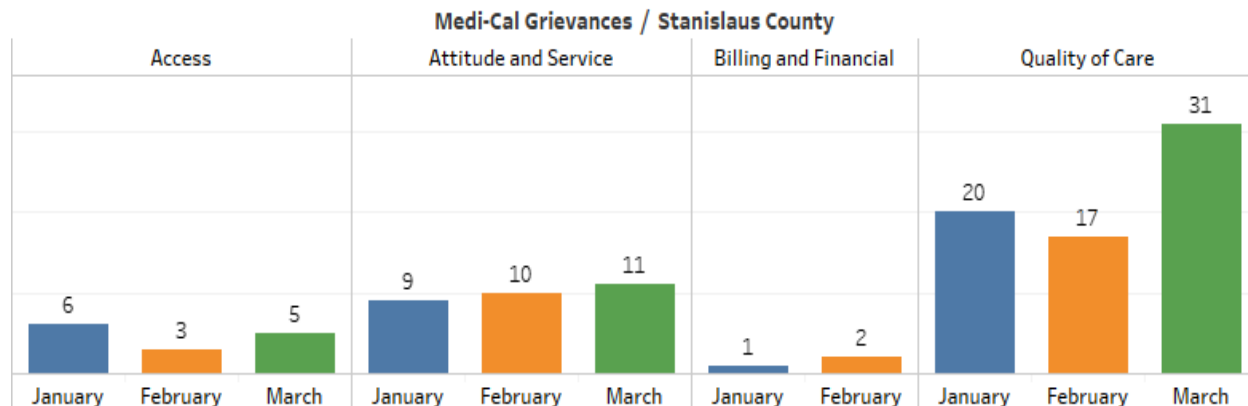
The San Joaquin County grievances were filed against 75 of its providers. Monthly category breakdown of cases is shown below.



*The review of above cases led to the identification of the following trends:*

The quality of care issues was related to (referrals, providing DME supplies, and prescription to the pharmacy, and member's disagreement in the provider's care plan). The access to care issues were related to appointments being re-scheduled without confirmation from the member, telephone access issues. The quality of service issues was related to telephone access issues to schedule transportation services, transportation complaints with driver's attitude & behavior, and billing issues.

Stanislaus County had grievances received against 62 of its providers. Monthly category breakdown of these grievances is shown below.



*Identified trends for grievances in this county were:*

The quality of care issues was related to the members disagreement with the provider's plan of care, delays in referrals to specialist care, medication refill issues, and access to care with scheduling visits timely. The quality of service issues were mainly related complaints with attitude and behaviors of provider's/office staff and drivers through the transportation provider, and issues with billing or reimbursements.

Overall, the Quality Management Department rendered the following interventions for this quarter.

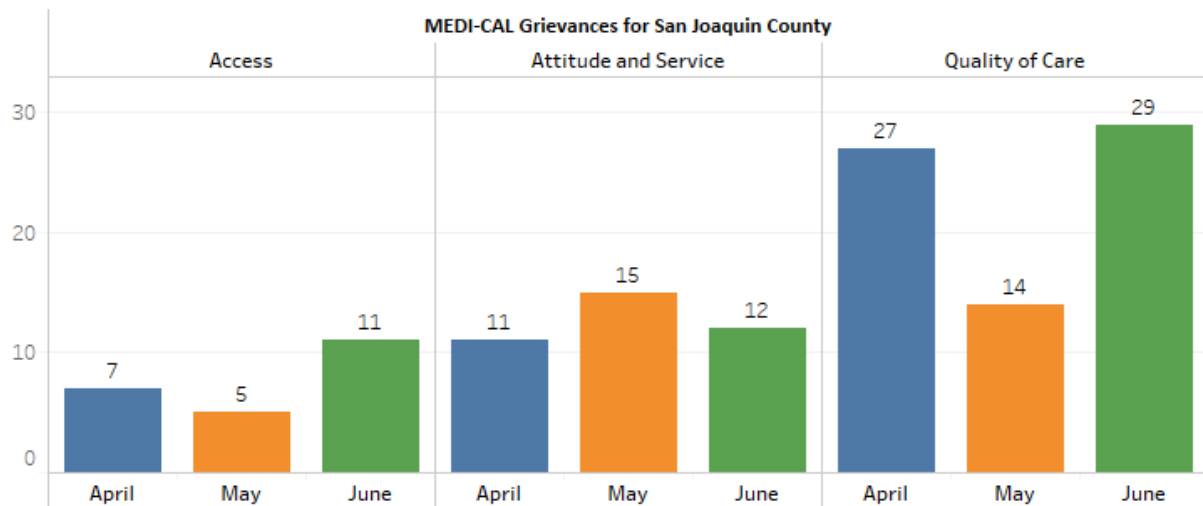
Provider education letters sent to address the quality of care issue findings involving delay in the referral process, reminders to providers of timely access standard timeframes and transportation issues that caused members to miss their scheduled visits.

#### **Quarter 4 – April 1 to June 30, 2020**

For this last quarter of the fiscal year, covering the period of April 1 to June 30, 2020, the Quality Management Department received 131 grievances from San Joaquin County and 90 grievances from Stanislaus County totaling 221 cases in all. Please refer below for the category breakdown of these grievances for each county.

FY 19-20 Q4	SJ		ST	
	#	Per 1000	#	Per 1000
Access	23	0.11	15	0.11
Attitude & Service	38	0.18	26	0.20
Billing & Financial	0	0.00	2	0.02
Quality of Care	70	0.33	47	0.36
Quality of Practitioner Office Site	0	0.00	0	0.00
<b>Total</b>	<b>131</b>	<b>0.62</b>	<b>90</b>	<b>0.68</b>

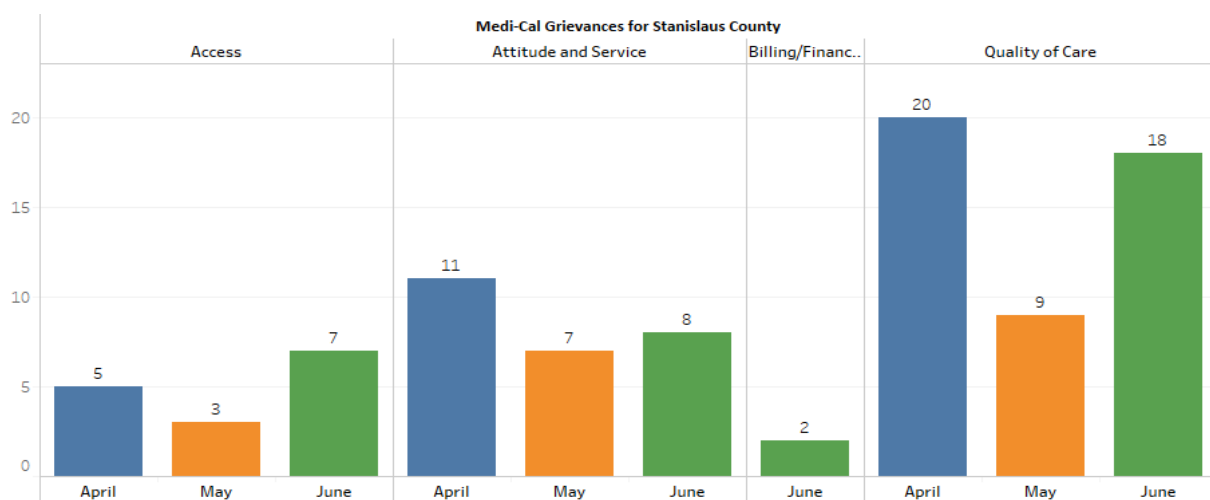
From San Joaquin County, the grievances received were against 59 of its providers. The graph below shows the category breakdown of received grievances on each month comprising this last quarter of the fiscal year.



Out of the grievances received, the identified trends were:

The quality of care issues were related to delays in sending orders out (authorization, referral, providing DME supplies, and prescription to the pharmacy), transportation issues that resulted in rescheduled or member being late to their appointments and member's disagreement in the provider's care plan. The access to care issues were related to telephone access on providers not returning calls to members, long office waits times and office appointment scheduling outside the access standard timeframes. The quality of service issues was related to telephone access issues, transportation complaints with driver's attitude and behavior, provider and office staff's attitude and behavior.

As for Stanislaus County, received grievances were against 46 of its providers. Monthly breakdown of these grievances is shown below.



*The trends identified for this quarter from Stanislaus County grievances were:*

The quality of care issues was related to issues with referrals, members disagreement with provider's plan of care, issues with pain medication disagreement, prescription refills issues. The access to care issues were related to PCP issues, phone access complaints and disagreement with scheduling appointments. The quality of service issues were mainly related complaints with attitude and behaviors of pharmacy staff and drivers through the transportation provider, other driver issues of no-shows, late pick-ups, and issues with reimbursements for reimbursement program

In summary, the interventions rendered by the Quality Management Department for this quarter included the following:

- 1) Provider education letters sent to address the quality of care issue findings involving with recommendations on improving the office processes involving sending timely referrals and reminders on access standard timeframes.
- 2) Plan's staff were educated on the processes relating to providing any information to the member.

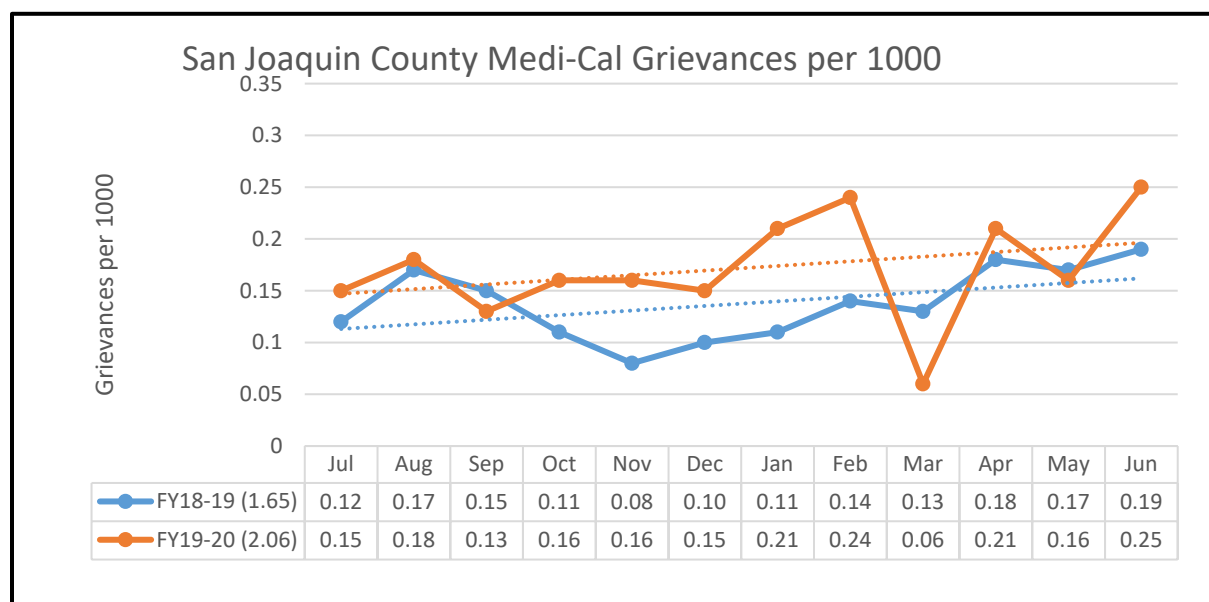
#### **Comparison of Grievances for FY 2018-2019 and FY 2019-2020**

**San Joaquin and Stanislaus Counties:** The summation of grievances from San Joaquin County for both past and current fiscal years was reviewed. The graph below shows that from a total number of 372 cases received on FY 2018-2019, an increase of 106 cases was noted for the FY 2019-2020. This accounts for an increase of 28.49% of total grievances for SJ county for the year.

<b>SJ Grievances</b>	<b>FY July 1, 2018- June 30, 2019</b>			<b>FY July 1, 2019- June 30, 2020</b>		
<b>Category</b>	<b>Total Grievances</b>	<b>Grievances per 1000</b>	<b>% of Total Grievances</b>	<b>Total Grievances</b>	<b>Grievances per 1000</b>	<b>% of Total Grievances</b>
Access	71	0.33	19%	96	0.46	20%
Attitude & Service	83	0.37	22%	125	0.60	26%
Billing & Financial	11	0.04	3%	7	0.03	2%
Quality of Care	207	0.91	56%	250	1.20	52%
Quality of Practitioner Office Site	0	0	0%	0	0	0%
<b>Total</b>	<b>372</b>	<b>1.65</b>	<b>100%</b>	<b>478</b>	<b>2.29</b>	<b>100%</b>

<b>SJ Grievances</b>	<b>FY July 1, 2017- June 30, 2018</b>	<b>FY July 1, 2018- June 30, 2019</b>
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Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	176	0.8	29%	71	0.33	19%
Attitude & Service	94	0.43	16%	83	0.37	22%
Billing & Financial	5	0.02	1%	11	0.04	3%
Quality of Care	326	1.49	54%	207	0.91	56%
Quality of Practitioner Office Site	1	0	0%	0	0	0%
<b>Total</b>	<b>602</b>	<b>2.72</b>	<b>100%</b>	<b>372</b>	<b>1.65</b>	<b>100%</b>
<b>Grievance Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



The graph above depicts the grievance trend for San Joaquin for the FYs 2018-2019 and 2019-2020.

As for the Stanislaus County, the table below shows a decrease on total number of grievances from each fiscal year. Grievances went up from 327 cases in FY 2018-2019 to 356 complaints in FY 2019-2020. This accounts for an increase of 9% of total grievances for SJ county for the year.

ST Grievances	FY July 1, 2018- June 30, 2019	FY July 1, 2019- June 30, 2020
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Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	51	0.37	16%	68	0.53	19%
Attitude & Service	59	0.47	18%	93	0.72	26%
Billing & Financial	3	0.03	1%	6	0.05	2%
Quality of Care	213	1.66	65%	189	1.46	53%
Quality of Practitioner Office Site	1	0.01	0%	0	0	0%
<b>Total</b>	<b>327</b>	<b>2.54</b>	<b>100%</b>	<b>356</b>	<b>2.75</b>	<b>100%</b>

ST Grievances	FY July 1, 2017- June 30, 2018			FY July 1, 2018- June 30, 2019		
Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	132	1.02	28%	51	0.37	16%
Attitude & Service	78	0.6	16%	59	0.47	18%
Billing & Financial	6	0.05	1%	3	0.03	1%
Other	2	0.01	0%	0	0.00	0%
Quality of Care	258	2	54%	213	1.66	65%
Quality of Practitioner Office Site	0	0	0%	1	0.01	0%
<b>Total</b>	<b>476</b>	<b>3.68</b>	<b>100%</b>	<b>327</b>	<b>2.54</b>	<b>100%</b>
<b>Grievance Appeals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The increase in grievances in both the counties can be attributed to the following:

- 1) Covid-19, which were total of 17 cases in Q4 FY19-20
- 2) Transportation cases were 114 throughout the FY19-20

#### **G.1.b Potential Quality Issues (PQIs)**

A potential quality is defined as a suspected deviation from expected member behavior, provider performance, clinical care, or outcome of care, which requires further investigation to determine whether an actual quality issue or opportunity for improvement exists. Not all PQIs represent quality of care problems. Potential Quality Issues may be identified by input from several avenues for HPSJ:

- Referral from Case Management and/or Inpatient team
- Any HPSJ staff member
- A grievance that the provider has not responded to within the time required.

The process required clinical investigation to determine if there has been a quality incident or not. The final ruling for the issue is made by the Medical Director.

PQIs must be resolved within 180 days of receipt, and the goal of the Quality Department is to maintain a 95% compliance rate. This goal was met throughout the FY.

#### **Quarter 1 July1 –September 30, 2019**

FY 19-20 Q1	SJ	ST
	#	#
July	0	1
August	4	2
September	2	2
<b>Total</b>	<b>6</b>	<b>5</b>

The Quality Management Department received a total of 11 PQIs for the first quarter of the year. There were 6 cases from San Joaquin County and 5 from Stanislaus County. Out of these cases, 6 were resolved in plan's favor and 5 were resolved in member's favor. There was no trend established for issues addressed during this quarter. However, the following issues were noted.

- Complications caused by inpatient care and surgery
- Unsafe discharge from hospital
- Questionable quality of care
- Provider not sending medical records for member to continue care after dismissal
- Medical documentation issue
- Delays in DME repair services
- Lack of response from the provider

*QM interventions rendered for this quarter based on the above cases include:*

- Case for medical documentation issue referred to Compliance for possible FWA case.
- Cases presented to Peer Review due to the outcome of the reviews regarding surgery complications and inpatient care.
- Close grievance monitoring for months following provider education by the Medical Director.

#### **Quarter 2- October 1 to December 31, 2019**

FY 19-20 Q2	SJ	ST
	#	#
October	2	0
November	1	2
December	2	1
<b>Total</b>	<b>5</b>	<b>3</b>

The Quality Management department received a total of 8 PQI cases during this quarter – 5 from San Joaquin County and 3 from Stanislaus County. Out of these, 5 were resolved in plan's favor while 3 were closed in member's favor. There was no pattern or trend established from the following issues addressed:

- Unsafe hospital discharge (without home health)
- Complication caused by inpatient care
- Questionable quality of care during inpatient stay
- Reported provider's inappropriate behavior
- Telephone access to provider office that caused a delay in medication refills
- Out-of-network hospital completed elective spine surgery that was previously denied within the plan's network

*Interventions rendered for rectification include:*

- Reported provider's inappropriate behavior was presented to Peer Review and referred to Compliance. Provider was recommended to have a chaperon present and to complete an educational boundary course for Peer review.
- Provider was educated and referred to Provider Services to review the contract and to rectify the access to care issues.
- Provider education sent to the out-of-network hospital to follow the process of sending a prior-authorization for the plan to review.

#### **Quarter 3 – January 1 to March 31, 2020**

FY 19-20 Q3	SJ	ST
	#	#
January	3	0
February	0	0
March	1	2
<b>Total</b>	<b>4</b>	<b>2</b>

For this quarter, the Quality Management Department received 4 PQIs from San Joaquin County and 2 from Stanislaus County, making 6 cases total.

Out of these, 4 were resolved in plan's favor while 2 were closed in member's favor. There was no trend established but addressed issues included the following:

- DME issues causing a delay in delivery of supplies
- Unsafe hospital discharge
- Inpatient fall
- Dialysis treatment issues
- Office supplies during Covid-19 pandemic

*Quality Management interventions rendered for rectification of substantiated issues include:*

- Cases regarding the DME supplies were assisted by the plan's Case Management team to ensure that there is no delay in the treatment plan.
- Provider education letter was sent regarding the inadequate discharge planning with suggestions made to improve on documentation to ensure member's safety post-discharge.

#### **Quarter 4 – April 1 to June 30, 2020**

FY 19-20 Q4	SJ	ST
	#	#
April	1	1
May	2	0
June	2	0
<b>Total</b>	<b>5</b>	<b>1</b>

There was a total of 6 PQI cases received by the Quality Management Department during this quarter, 5 from San Joaquin County and 1 from Stanislaus. Of these cases, 2 were closed in the plan's favor and 4 are still pending. Addressed issues from which there was no trend established were:

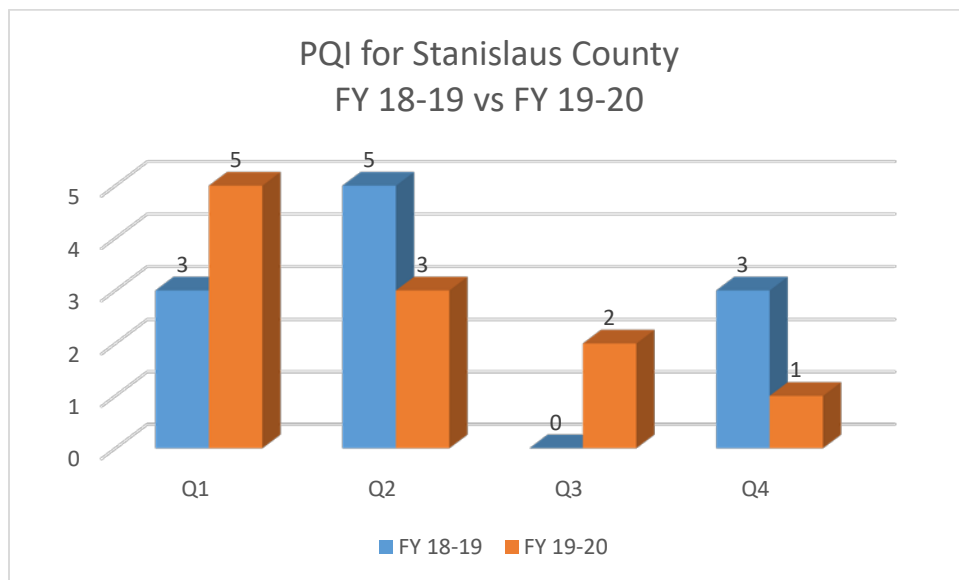
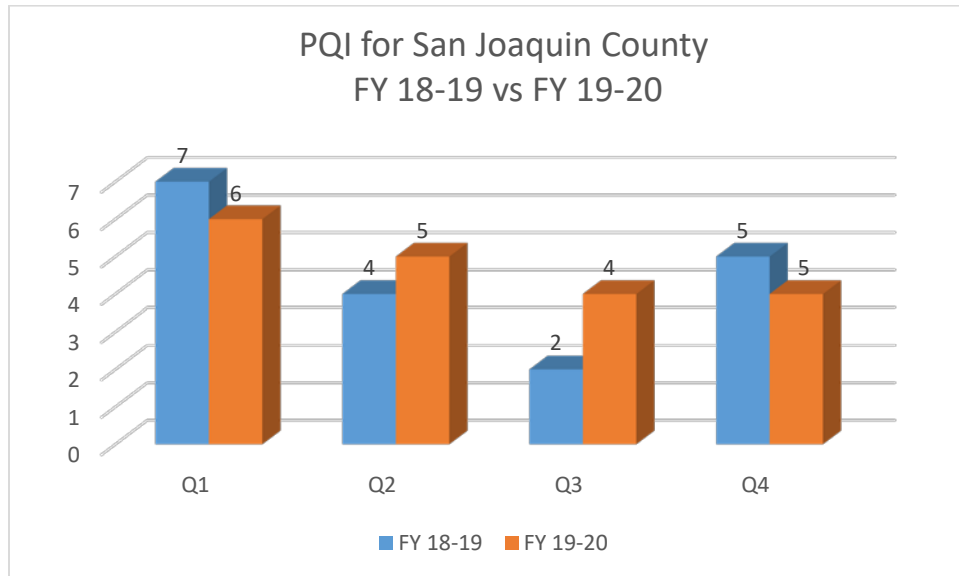
- Questionable inpatient care
- DME issues (specialized bra)
- Provider refusing to provide biologic treatment
- Unsafe discharge from the ER
- Transportation company accident claims issue

There are currently no interventions rendered by the QM department for the remainder of the cases still open.

#### **Comparison of PQIs - FY 18-19 and FY 19-20 for San Joaquin and Stanislaus Counties**

The graphs below depict the comparison of PQIs received for each county during FY 18-19 and FY 19-20. It was noted that there was no trend or pattern established from both sources. Extreme variability was noted, and a correlation cannot be made.

The decrease can be attributed to the rendered rectification by the Quality Management Department as well as providers' internal process changes as mentioned above.



**G.1.c Corrective Action Plan (CAP)**

- A Corrective Action Plan (CAP) is placed on any provider who meets the category threshold for grievances or despite multiple interventions, still exhibits the same pattern of grievances established by the QM Department over a period of close monitoring. All CAPs are written and issued by the HPSJ Peer Case Reviewer. CAPS allow the provider office the opportunity to work collaboratively with HPSJ in order to improve areas of concern.
- The CAP process includes:
  - Provision of a letter informing the provider of the grievance monitoring outcome for the month/quarter.
  - Requiring the provider to submit a written response/ plan to rectify the issue at hand within 30 days.
  - The CAP will be reviewed by the Medical Director. Once reviewed, a Quality Nurse will be assigned to oversee/assist the provider on the process.
  - Grievances against the provider will be closely monitored for the next quarter after implementation of the CAP.
  - Provider will be updated monthly of his/her grievance status.
  - If the provider doesn't fall below the threshold after implementation of the CAP, the case will then be escalated for further actions.
  - All CAPs will be kept in file by the Credentialing Department.

**Quarter 1- July 1 to September 30, 2019**

The Quality Management department did not issue any CAPs for this period.

**Quarter 2 – October 1 to December 31, 2019**

The Quality Management department did not issue any CAPs for this period. However, CAP for Pain specialist

**Quarter 3 – January1 to March 31, 2020**

The Quality management re-evaluated CAP issued to a transportation provider.

The transportation provider was placed on a CAP per the recommendations from FY18-19 Q2 Grievance Committee. The CAP request letter was sent to Transportation provider on 03/07/2019. Per the Transportation provider point of contact responded to the CAP on 04/08/2019 with corrective measures to be implemented.

Transportation was placed on ongoing monitoring process to keep track of their progress from 10/1/2019-12/31/2019 which was extended till March 2020. In March 2020 it was suggested by Grievance committee to continue monitoring, track and trend grievances.

The Transportation Provider CAP summary was presented at Grievance committee on June 26, 2020. It was recommended by the committee that a discussion with Provider include what actions Provider is taking due to the increase in grievances.

Meeting with Provider's direct contact were set up to discuss interventions or recommendations from Provider's team due to increase grievances since CY2019-CY2020 (Jan-May). It was recommended by Provider that more education is provided to the members regarding the 5-minute wait time policy. This was in relation to review of the no show rates that reflected almost 1/5 of the HPSJ rides were no-shows. Total ride requested from Jan-June 2020 = 15,092. Total no show rides from Jan-June 2020 = 2,559 = ~17%. Provider recommended referencing their onboarding guide to mitigate rider no-shows.

Provider provided a list of Guidelines for provider's Drivers to keep their account in good standing. The driver cannot excessively cancel rides, allow their average rating to fall below 4.6, falsify pickups, failing to end the ride, payment fraud. Per Provider, drivers are required to pass criminal record checks, driving records checks, and ongoing monitoring. Drivers education includes Community Guidelines, and safety education. Per Provider, added that additionally all drivers must participate in a Community Safety Education Program Provider developed in partnership with RAINN. Per Provider direct contact advised there are varying degrees of driver removal: unpairing of a driver from a specific passenger/phone number, blocking a driver from any healthcare partner for multiple, egregious offenses, suspended from the entire Provider platform. Per Provider they continuously educate their drivers through newsletters and an online and physical HUB. Per Provider direct contact advised that they are limited in the information specific to the ratings or off-boarding they can provide about the drivers due to privacy issues.

#### **Quarter 4 – April 1 to June 30, 2020**

The Quality Management department did not issue any CAPs for this period.

#### **G.1.d Appeals**

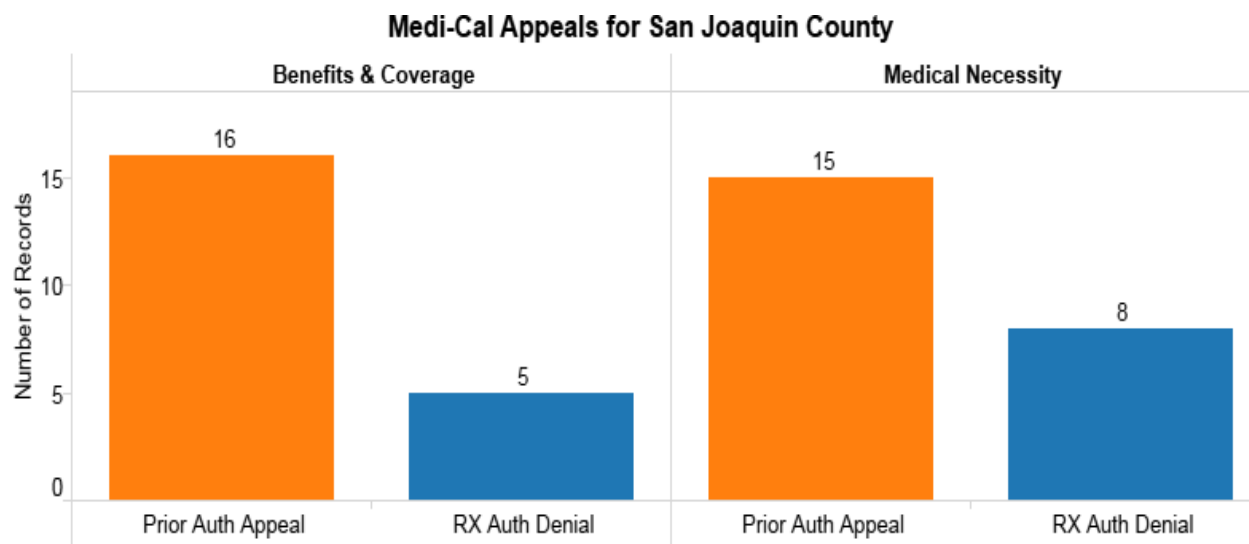
This report consists of members' or physicians' appeals on the member's behalf, for a denied or limited service decision.

#### **Quarter 1 – July 1 to September 30, 2019**

The Quality Management department received a total of 81 appeals for this period. There were 44 appeals from San Joaquin County and 37 from Stanislaus. The appeals from both counties were broken down to two categories namely:

- Pharmacy Authorization appeals
- Prior authorization appeals

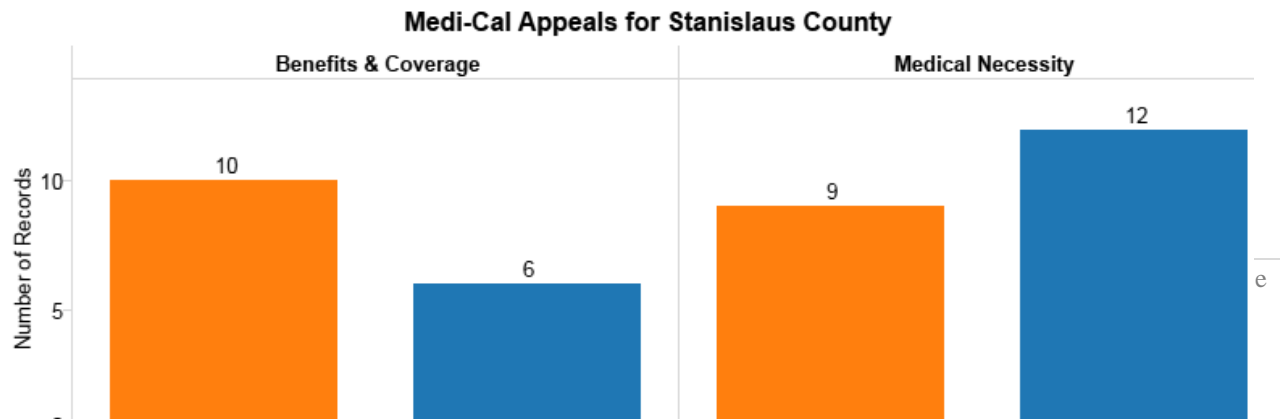
Please see below for category breakdown of appeals from each county:



For San Joaquin County, there were 44 appeals received of which 30% were for related to pharmacy authorization and 70% was for prior authorization appeals. Pharmacy authorization appeals comprised of 5 appeals for benefit and coverage and 8 cases for medical necessity. As for the prior authorization cases, 16 were related to benefits and coverage with the remaining 15 cases related to medical necessity (this includes COC). Identified trends for this quarter include:

- No specific trends were identified for this quarter for Pharmacy.
- Trends identified for UM appeals were Genetic Testing, Dental Anesthesia and out of network providers. Genetic Testing requests were attributed to a specific facility.

Prevailing denial reasons for pharmacy authorizations were not meeting P&T criteria and Non-Formulary. As for the prior authorization appeals, not meeting medical necessity criteria was the main denial reason. Out of the 44 appeals from this county, 18 prior authorization cases were overturned for additional information provided, 7 pharmacy appeals 6 were overturned for additional information provided and 1 appeal was overturned for meeting Continuity of Care criteria.





For Stanislaus County, there were 37 appeals received of which, 49% was pharmacy authorization denials and 51% was for prior authorization requests including COC. Pharmacy authorization appeals consisted of 6 cases related to benefits and Coverage and 12 for Medical Necessity. Prior Authorization appeals consisted of 10 cases related to benefits and coverage and 9 related to medical necessity and 1 COC. Appeal trends identified were:

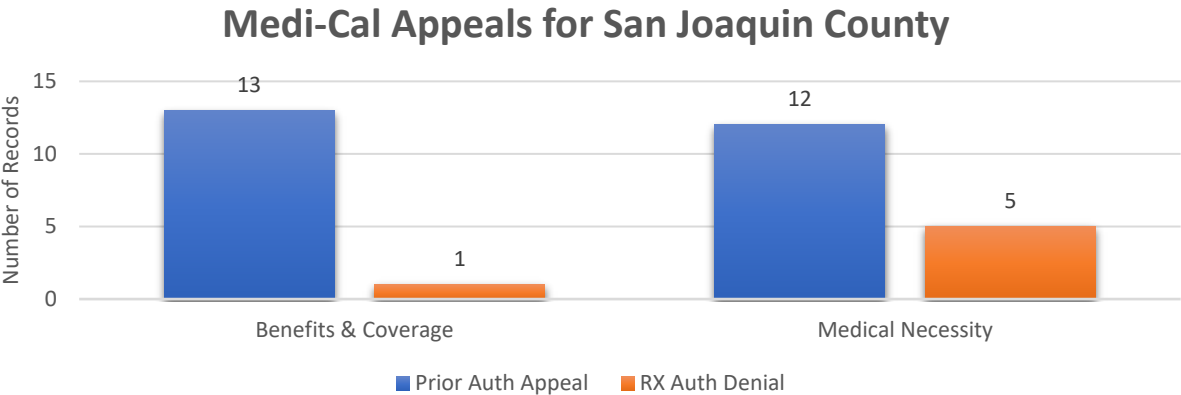
- Pharmacy Trends identified were for the medication Repatha which was attributed to a specific provider group, Dupixent and ADD/ADHD medication which could be attributed to children returning to school.
- Prior Authorization Appeals trends included: Genetic Testing

Prevailing denial reasons for pharmacy authorizations were due to not meeting P&T criteria and for the prior authorization appeals not meeting medical necessity criteria and non-contracted providers. Out of the 37 appeals, 19 (51% or 0.15 per 1000) were overturned. 11 prior authorization appeals were approved and overturned based on additional information provided with the appeal. 8 pharmacy appeals were overturned with the highest percentage for additional information provided.

**Quarter 2 – October 1 to December 31, 2019**

For this quarter, there were 66 appeals received by the QM Department. Out of these, 31 cases were from San Joaquin County and 35 came from Stanislaus. These appeals were broken down to the following categories:

- Pharmacy authorization denials
- Prior authorization denials



Category breakdown for appeals received from both counties is shown below:

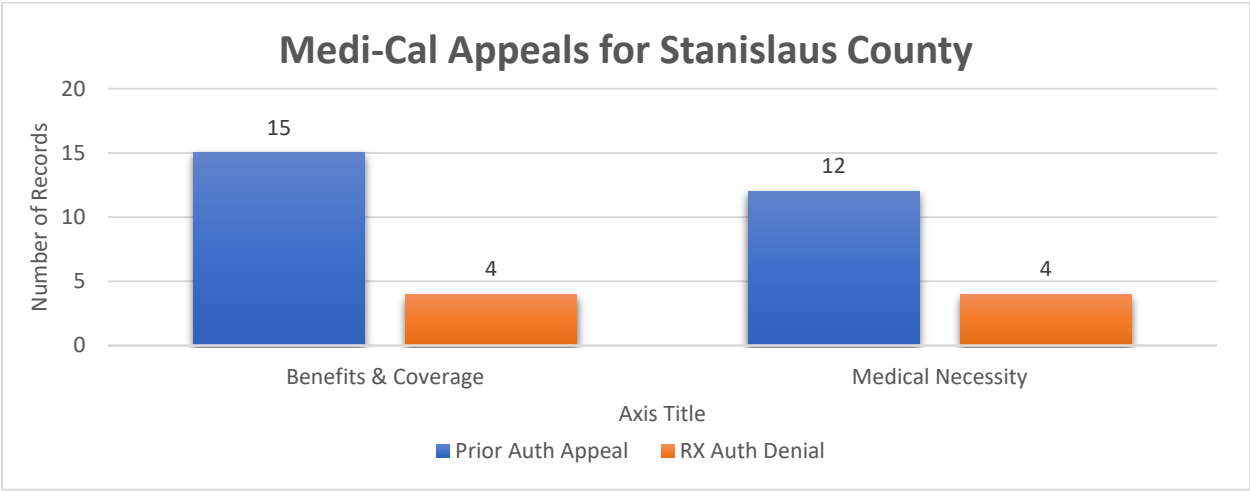
For San Joaquin County, there were 31 appeals received, comprised of 19% pharmacy authorization related cases and 81% cases related to prior authorization (this includes COC). Pharmacy authorization appeals were 19% further broken down to 1 benefits and coverage cases and 5 medical necessity cases. As for prior authorization appeals, 13 were related to benefits and coverage while 12 involved medical necessity. Trends identified included the following:

- Pharmacy Appeals: No trends identified
- Prior authorization trends were for tertiary facilities with no one specific facility identified, durable medical equipment, bariatric surgery and CBAS.

Appeals were denied mainly for not meeting medical necessity for prior authorization requests and not meeting P&T criteria for pharmacy authorization requests.

Out of 31 appeals, 15 (48% or .07 per 1000) were overturned. For pharmacy authorizations, 4 were overturned based on the additional information provided with the appeal. 12 prior authorizations were approved and overturned.

Main factor for overturned denials were additional information provided with the appeal that was not available on the original request. 7 of these approvals were for DME items met medical necessity for benefit override.



From Stanislaus County, there were 35 appeals received of which 23% were pharmacy authorization related and 77% was related to prior authorization requests. Pharmacy authorization appeals 8 were further broken down to 4 cases related to benefits and coverage while there were 4 cases related to medical necessity. Out of 27 prior authorization request appeals, 15 were related to benefits and coverage while 12 were related to medical necessity.

- The Pharmacy Team implemented formulary changes that has affected the rate of appeals filed. This was accomplished by:

- Streamlining the formulary.
- Analyzing drugs that had high approval ratings (>88%)
- Added to formulary to avoid the need for approval by providers; and Added drugs on the California Covered Drug List (CDL) to the HPSJ formulary that were not previously on the formulary. This was done to align our formulary more closely with the FFS. The efforts have pushed our approval rating from 67-68% to 73% thereby, decreasing the overall number of appeals.
- No Pharmacy Appeal trends were identified.
- Prior authorization appeal trends: durable medical equipment-varied, Tertiary facility and non-contracted facility/providers. No specific tertiary facility was identified and genetic testing.

There were mixed denial reasons for pharmacy authorization appeals with highest percentage being not meeting P&T criteria. For prior authorization appeals not meeting medical necessity criteria and non-contracted and non-preferred facility/provider.

Out of 35 appeals, only 19 (54% or 0.15 per 1000) were overturned. For pharmacy authorizations, 2 were overturned based on meeting criteria based on additional information.

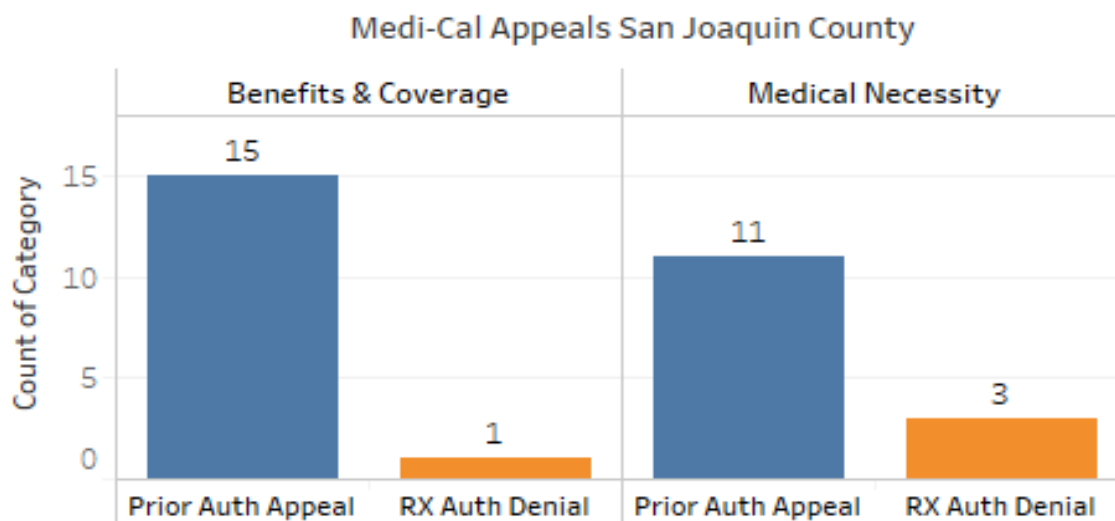
Nine (9) prior authorizations were approved and overturned based on additional information provided with the appeal that was not available on the original request.

### **Quarter 3 – January 1 to March 31, 2019**

There were 80 appeals received by the QM Department during this period. This number came from 62 and 60 cases received from San Joaquin and Stanislaus Counties respectively. These appeals were broken down to:

- Prior authorization denials
- Pharmacy authorization appeals

The category breakdown of appeals received from both counties is shown below:

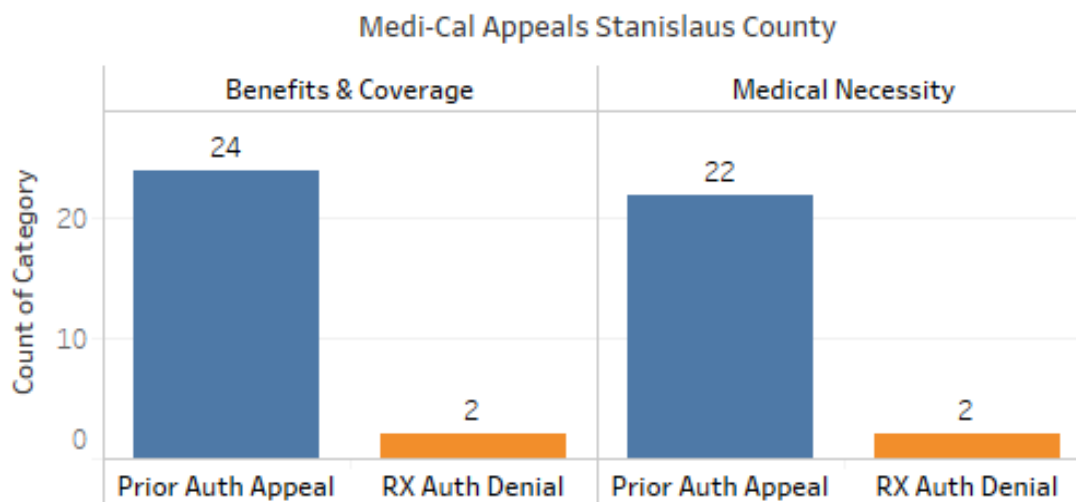


For San Joaquin County, there were 30 appeals received which consisted of 87% prior authorization appeals, 13% pharmacy related cases. Pharmacy authorization (4) appeals included 1 benefits and coverage cases and 3 cases related to medical necessity. For prior authorization appeals, there were 15 benefits and coverage cases as well as 11 cases related to medical necessity.

Trends identified were:

- For pharmacy appeals – knee injections
- For Prior Authorization appeals it was Non-Contracted facilities (Stanford and out of area providers), durable medical equipment varied., and Non-Preferred facilities (such as UCSF or UC Davis)

Denial reasons for these appeals were not meeting the criteria for pharmacy authorization (2). For prior authorization appeals (20) not meeting medical necessity and (14) non-contracted provider/facility. Out of 30 appeals, 13 (43%) or (.06 per 1000) were overturned which consisted of 2 pharmacy appeals and 11 prior authorizations. The reason for overturned was additional information provided during the appeal process and Continuity of Care.



For Stanislaus County, there were a total of 50 appeals received for the quarter, comprised of 92% prior authorization appeals, 8% pharmacy authorization cases. These were further broken down to 22 of medical necessity and 24 of benefits and coverage for prior authorization cases, 2 benefits and coverage related and 2 of medical necessity for pharmacy authorization appeals Appeal trends identified were:

- Prior authorization appeal trends: Non-Contracted facilities, Non-preferred facilities (UCSF was the highest tertiary facility identified) and various durable medical equipment
- Pharmacy appeal trends: knee injections

Denial reasons for pharmacy authorizations were not medically necessary. Prior authorization denials were due to benefits and coverage (24) and medical necessity criteria not met (22). There were 26 out

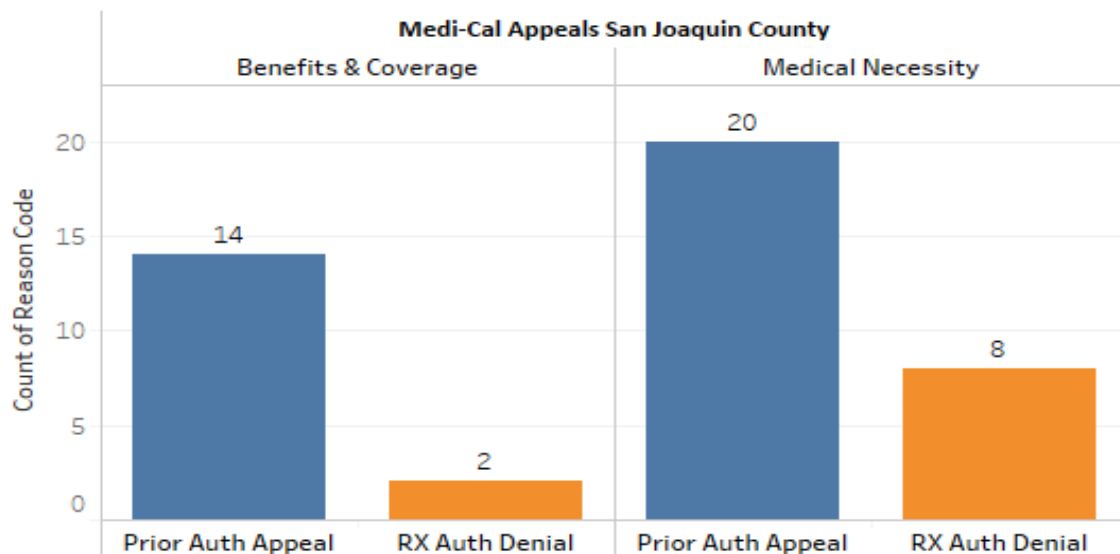
of total 50 appeals that were overturned (52% or 0.20 per 1000) 13 met medical necessity, 11 for additional information provided and 2 for Continuity of care based on additional information provided.

#### **Quarter 4 – April 1 to June 30, 2020**

For this quarter, there were 101 appeals received by the QM Department. Out of these, 48 cases were from San Joaquin County and 53 came from Stanislaus. These appeals were broken down to the following categories:

- Pharmacy authorization denials
- Prior authorization denials
- Continuity of care

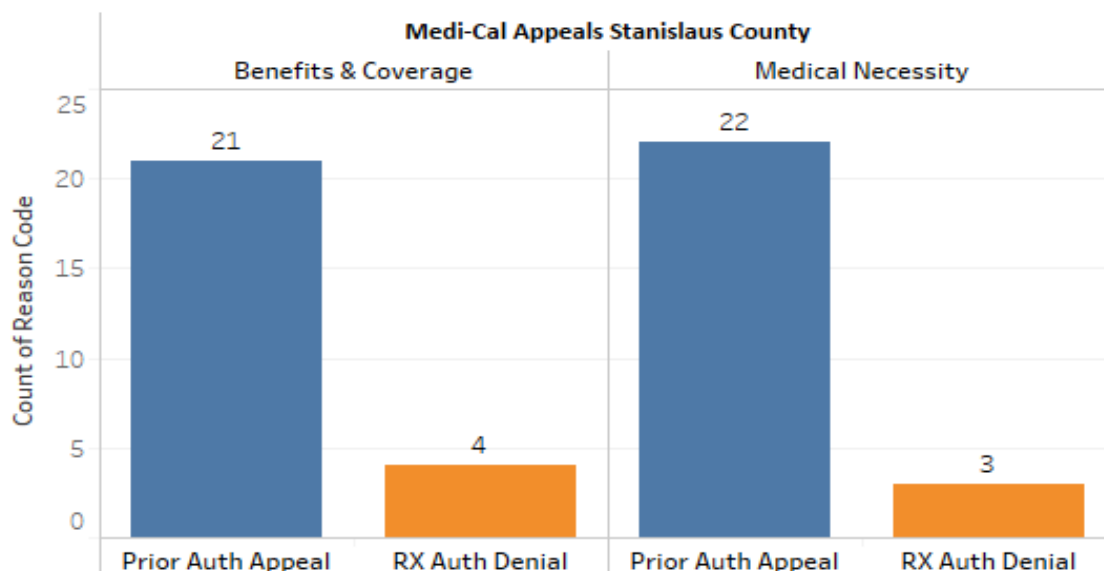
Category breakdown for appeals received from both counties is shown below:



For San Joaquin County, there were 44 appeals received which consisted of 77% prior authorization appeals, 23% pharmacy related cases and no appeals related to continuity of care (COC). Pharmacy authorization appeals included 2 benefits and coverage cases and 8 cases related to medical necessity. For prior authorization appeals, there were 14 benefits and coverage cases as well as 20 cases related to medical necessity. There were no COC cases. Trends established were:

- Pharmacy trend was Dupixent (5)
- Various therapy services (7) with highest being PT (6) All but 1 of these were for the month of June
- Various durable medical equipment (17).

Denial reasons for appeals were not meeting the criteria for pharmacy authorization and not being a medical necessity for prior authorization appeals. Out of the total 44 appeals from this county, 19 (42% or 0.09 per1000) were overturned. 15 prior authorizations were approved. 14 of these were overturned based on additional information provided with the appeal and 1 was for COC. For pharmacy appeals



there were 4 overturned 2 were based on the additional information provided and 2 were additional information provided by external review.

For Stanislaus County, there were 50 appeals received of no continuity of care. There were 7 Pharmacy appeals with 4 cases related to benefits and coverage and 3 cases related to medical necessity. Out of 43 prior authorization request appeals, 22 were related to benefits and coverage and 22 cases related to medical necessity. Appeal trends identified were:

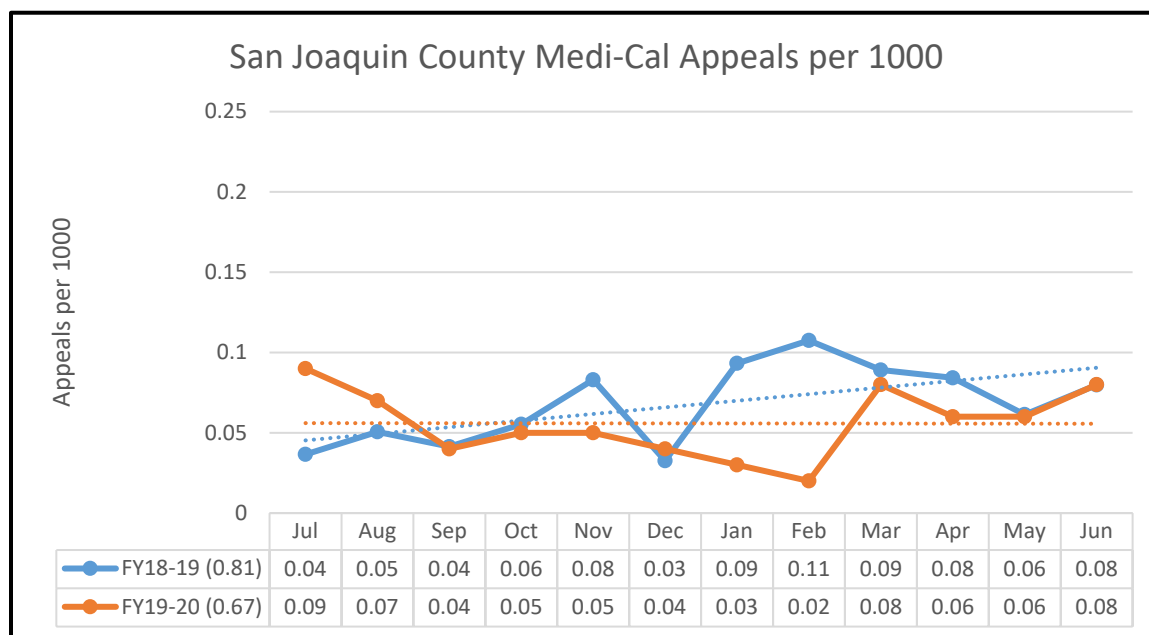
- No pharmacy trends were identified
- Tertiary and out of network were 14 Stanford (9) UCSF (4) and UC Davis (1)
- Various therapies were 12 with 7 being physical therapy- this can be attributed to the change in UM approval decrease from the 50<sup>th</sup> percentile of the MCG down to 25<sup>th</sup> percentile in June
- Various durable medical equipment was 12 with 3 being CGM's

Pharmacy authorization denials were due to not meeting P&T criteria and non-formulary. For prior authorization appeals the highest contributors was not meeting medical necessity criteria, over the benefit limits and non-contracted facility/provider. Out of 50 appeals, 24 (48% or 0.18 per 1000) were overturned. 22 prior authorization appeals were approved and overturned based on additional information provided with the appeal. 8 were various DME items which were approved as these services met medical necessity for benefit override. 7 were for OT/PT services which met medical necessity based on additional information received, 5 were non-contracted/non-preferred providers 3 were based on additional information received and 2 were for COC based on additional information received, 2 pharmacy appeals were overturned based on additional information.

Overall, there was an increase in UM Prior Authorizations appeals and a decrease to pharmacy appeal. Several factors contributed to this increase. These factors were:

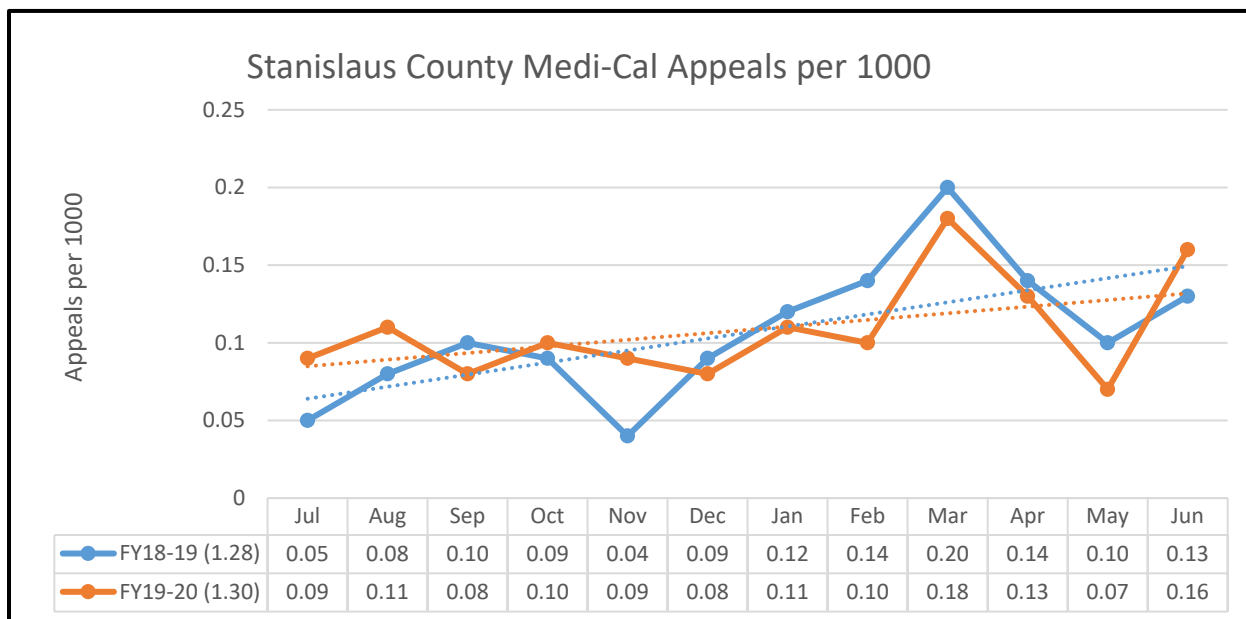
- Formulary updated and medications with high approval rating were added to the formulary (this decreased the amount of pharmacy appeals)
- Denial to non-contracted and out of network authorizations with targeted redirection to in network providers/facilities (Which caused an increase in UM Prior Authorization Appeals)
- Change in process for DME authorization process related to over the benefit limits (Which caused an increase in UM Prior Authorization Appeals)
- Change in process for Physical Therapy authorization process change in UM approval decrease from the 50<sup>th</sup> percentile of the MCG down to 25<sup>th</sup> percentile in June (Which caused an increase in UM Prior Authorization Appeals beginning in June 2020)

<b>SJ Appeals</b>	<b>FY July 1, 2018- June 30, 2019</b>			<b>FY July 1, 2019- June 30, 2020</b>		
<b>Category</b>	<b>Total Appeals</b>	<b>Appeals per 1000</b>	<b>% of Total Appeals</b>	<b>Total Appeals</b>	<b>Appeals per 1000</b>	<b>% of Total Appeals</b>
Benefits & Coverage	92	0.43	53%	67	0.32	45%
Medical Necessity	83	0.37	47%	82	0.39	55%
<b>Total</b>	<b>175</b>	<b>0.8</b>	<b>100%</b>	<b>149</b>	<b>0.71</b>	<b>100%</b>



<b>ST Appeals</b>	<b>FY July 1, 2018- June 30, 2019</b>			<b>FY July 1, 2019- June 30, 2020</b>		
<b>Category</b>	<b>Total Appeals</b>	<b>Appeals per 1000</b>	<b>% of Total Appeals</b>	<b>Total Appeals</b>	<b>Appeals per 1000</b>	<b>% of Total Appeals</b>

Benefits & Coverage	93	0.73	55%	86	0.6	50%
Medical Necessity	77	0.6	45%	86	0.6	50%
<b>Total</b>	<b>170</b>	<b>1.33</b>	<b>100%</b>	<b>172</b>	<b>1.33</b>	<b>100%</b>



### **G.1.e INDEPENDENT MEDICAL REVIEW (IMR)**

HPSJ process has noted the member's opportunity to pursue Independent Medical Reviews (IMRs) or State Fair Hearing (SFH) for an additional step after grievance resolution or as an initial step. The member may request either of these at any time. Please see below for quarterly breakdown of IMRs per county for each quarter of the fiscal year:

	San Joaquin County				Stanislaus County				
IMR	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Grand total
Closed	2	4	2	6	0	1	0	3	18
Overturned	1	0	1	0	1	0	0	0	3
Plan-In Compliance	4	0	2	2	3	1	0	3	15
Plan-Out of Compliance	0	1	0	0	1	0	0	0	2
Upheld	0	1	2	2	2	0	0	0	7
Pending Resolution	0	0	0	2	0	0	0	0	2
<b>Total</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>12</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>47</b>



#### **Quarter 1 – July 1 to September 31, 2019**

There was a total of 14 IMRS received by the QM Department for this quarter. Out of these cases, 7 were from San Joaquin County and 7 were from Stanislaus.

For SJ county case, 2 were closed, 1 upheld, and 4 cases the Plan that were compliant.

For ST county cases, 1 was closed, 3 the plan was compliant, 1 case plan was out of compliance and 2 upheld.

#### **Quarter 2 – October 1 to December 31, 2019**

There was a total of 8 IMR in this quarter. Out of these 6 were from SJ county and 2 from ST county.

For SJ county, 4 cases were closed, 1 was upheld and 1 was out of compliance.

For ST County 1 case was closed and 1 the Plan was compliant.

#### **Quarter 3 January 1 to March 31, 2020**

There was a total of 7 IMRS received by the QM Department for this quarter. All these cases were from SJ county. Out of these cases, 2 were closed, 1 was overturned, 2 the Plan was compliant and 2 were upheld.

#### **Quarter 4 April 1 to June 30, 2020**

There were 18 IMRs were received by the QM Department during this quarter – 12 cases from San Joaquin and 6 from Stanislaus.

For San Joaquin cases, 6 were closed, 2 the Plan was compliant, 2 upheld and 2 pending resolution. For Stanislaus 3 cases were closed and 3 the Plan was compliant.

Overall, IMR trends identified for the fiscal year are:

- IMR received for Delegated entities
- Urgent appointment with PCP
- Non-PAR services
- Access to specialists, like rheumatologist, GI specialist and pulmonologist
- Behavioral therapy
- Continuity of care
- Balance billing/out of pocket reimbursement
- Treatment plan issues

#### **G.1.f STATE FAIR HEARINGS (SFH)**

State Fair Hearings (SFHs) are important for quantity, as well as quality of each. Extensive communications and documentation preparation for these hearing can be reviewed, not only as the extensive amount of staff time that they require but also the implications of the decisions. The table below depicts the SFH quarterly breakdown for the fiscal year from both counties.

<b>FY 19-20</b>	<b>San Joaquin County</b>				<b>Stanislaus County</b>				
<b>SFH</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Grand total</b>
Closed	8	4	9	3	6	4	1	1	36
Upheld	1	1	0	0	1	0	0	0	3
<b>Total</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>39</b>

#### **Quarter 1- July 1-September 30, 2019**

There was a total of 16 SFHs held during this quarter, 9 from San Joaquin and 7 from Stanislaus County. For SJ county 8 cases were closed and 1 upheld. For ST county, 6 cases were closed and 1 upheld.

#### **Quarter 2 – October 1 to December 31, 2019**

There was a total of 9 SFHs held from both counties during this period. For SJ county 4 cases were closed and 1 was upheld. For ST county all 4 cases were closed.

#### **Quarter 3 – January 1 to March 31, 2020**

There was a total of 10 SFHs held all both counties. 9 from San Joaquin and 1 from Stanislaus County. All the cases in both the counties were closed.

#### **Quarter 4 – April 1 to June 30, 2020**

A total of 4 SFHs was held during this quarter – 3 cases from San Joaquin County and 1 case from Stanislaus County. All 4 cases in both the counties were closed.

Overall, identified trends for SFHs were:

- Non- PAR services
- Pharmacy request/medications
- Reimbursement for out of pocket expenses
- Power wheelchairs/back braces
- Continuity of care
- Billing Issues
- Denial of inpatient stay services

HPSJ has continued to address any SFH issues proactively to ensure all avenues have been explored for member resolution prior to the hearings. However, HPSJ continues to use the established criteria for each. The Hearing may be subject to the member's individual presentation or need.

#### H. Member Satisfaction CAHPS Survey

##### **Responsible Staff:**

Kathleen Dalziel  
Director, HEDIS & Accreditation

### **HPSJ 2020 CAHPS Member Experience Summary**

#### **Survey Methodology:**

HPSJ contracted with an NCQA accredited survey vendor, Symphony Performance Health (SPH) to complete the Adult and Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. HPSJ analyzed the responses to the CAHPS 5.0H questions as well as grievances to assess member satisfaction with the health plan.

Due to the timing of the 2020 CAHPS survey fielding, HPSJ believes the conditions surrounding shelter in place and the upheaval caused by COVID-19, negative impacts to response rates are evident.

- Medicaid Adult CAHPS Survey:
- In both 2019 and 2020, a total of 2700 surveys were sent to enrollees in San Joaquin and Stanislaus counties. Ineligible survey responses are removed before response rates are calculated.

<b>2700 Surveys Sent</b>	<b>2019</b>	<b>2020</b>
Completed Surveys	504	422
Response Rate	20.1%	15.8%

- There were 7% fewer respondents in fair or poor health responding to the CAHPS survey in 2020.
- There were also 8% fewer white respondents and 7% more American Indian respondents.

#### **Medicaid Adult CAHPS Trend Analysis**

<b>Domain Performance</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>19-20 Rate Change</b>	<b>2020 Compass All Plans</b>

Rating of All Health Care	72.2%	64.7%	68.3%	+3.9%	76.9%
How Well Doctors Communicate Composite	87.8%	85.3%	87.3%	+2.0%	93.2%
Getting Care Quickly Composite	72.0%	72.3%	74.9%	+2.6%	82.7%
Getting Needed Care Composite	79.6%	74.0%	78.8%	+4.8%	83.5%
Rating of Health Plan	74.9%	68.0%	77.6%	+9.6%	80.3%
Rating of Personal Doctor	76.8%	72.2%	74.1%	+1.9%	84.2%
Rating of Specialist Seen Most Often	85.5%	78.1%	77.4%	-0.7%	84.7%
Customer Service Composite	89.6%	85.6%	90.1%	+4.5%	89.4%

## Quantitative

Ratings are taken from result responses 8, 9 and 10 on a scale of 1-10. In 2020, 7/8 domains scored higher than 2019. When compared to 2018, 3/8 measures in 2020 outperformed 2018 and 2 were within 2%.

## Benchmarks

When compared to the HPSJ Medicaid Adult Survey (MAS) underperformed the National Medicaid 50<sup>th</sup> percentile in all key composites except Flu Vaccines.

Health Plan of San Joaquin



## Percentile Rankings – Quality Compass (MAS)

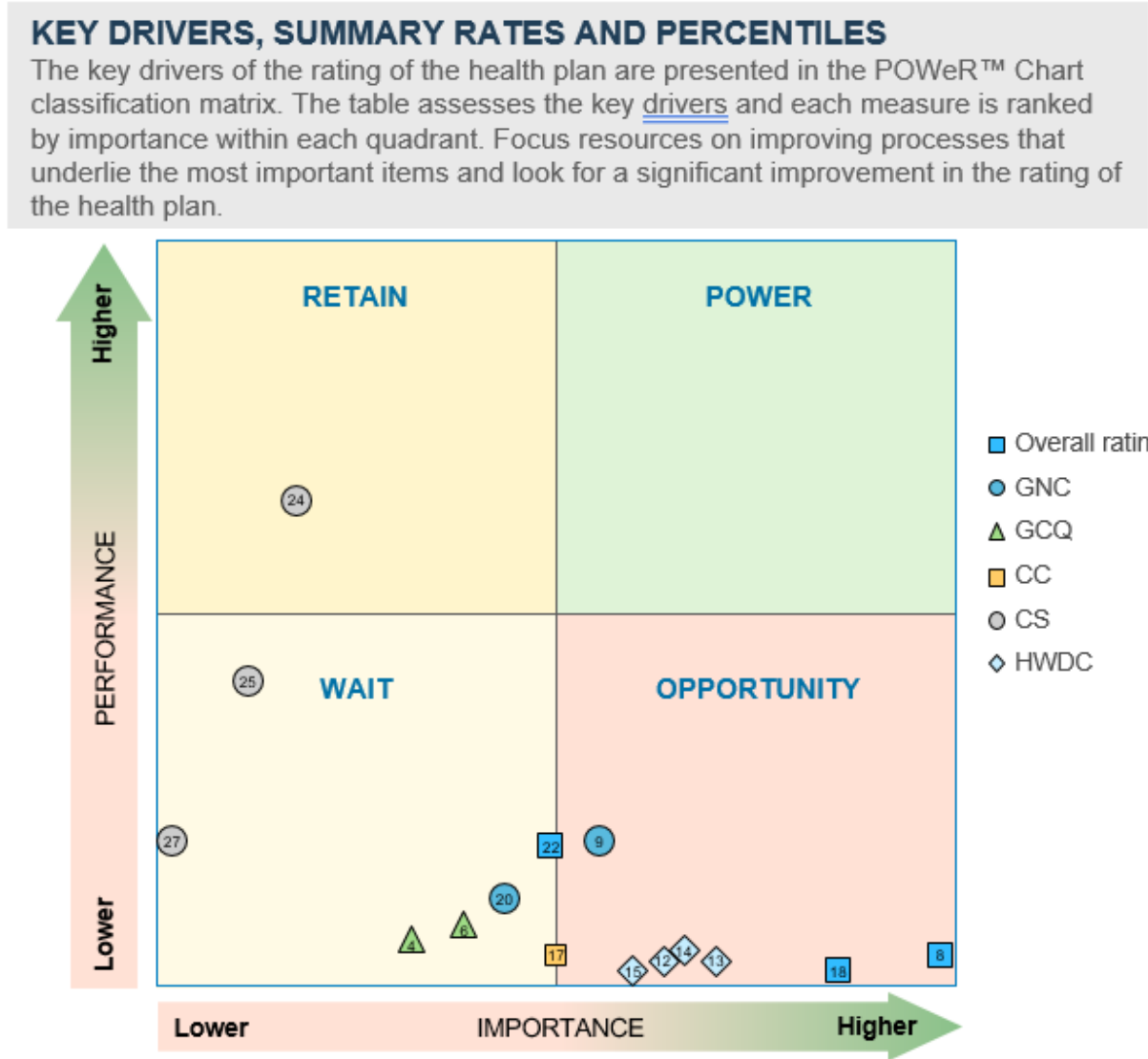
Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2019 Quality Compass (MAS)								
	Score	Percentile	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Rating Questions (% 9 or 10)</b>											
Q28. Rating of Health Plan	61.1%	47 <sup>th</sup>	49.51	51.93	56.67	58.05	61.38	63.29	64.34	67.66	69.37
Q8. Rating of Health Care	49.3%	13 <sup>th</sup>	45.42	48.54	51.64	52.79	54.96	56.93	58.37	60.82	64.19
Q18. Rating of Personal Doctor	56.9%	<5 <sup>th</sup>	58.15	60.78	64.66	65.96	67.75	69.86	70.55	74.42	75.45
Q22. Rating of Specialist	65.8%	39 <sup>th</sup>	58.68	60.32	63.30	64.49	67.73	69.18	70.45	71.76	73.50
<b>Rating Questions (% 8, 9 or 10)</b>											
Q28. Rating of Health Plan	77.6%	43 <sup>rd</sup>	68.24	70.87	74.31	76.34	78.45	80.00	80.92	83.00	84.13
Q8. Rating of Health Care	68.3%	6 <sup>th</sup>	67.84	70.19	72.83	73.54	75.43	77.10	78.11	81.29	82.12
Q18. Rating of Personal Doctor	74.1%	<5 <sup>th</sup>	76.29	77.53	79.78	80.62	82.34	83.78	84.62	86.54	88.08
Q22. Rating of Specialist	77.4%	13 <sup>th</sup>	75.66	77.00	79.40	80.87	82.62	84.41	85.22	86.67	87.59
<b>Getting Needed Care (% Always or Usually)</b>											
Q9. Getting care, tests, or treatment	83.1%	28 <sup>th</sup>	76.80	79.40	82.44	83.33	85.35	87.05	87.61	90.00	91.26
Q20. Getting specialist appointment	74.5%	10 <sup>th</sup>	71.70	73.33	77.94	79.41	80.88	82.41	83.26	85.95	86.78
<b>Getting Care Quickly (% Always or Usually)</b>											
Q4. Getting urgent care	77.2%	<5 <sup>th</sup>	77.87	80.00	83.10	83.76	85.33	87.04	87.69	89.83	90.74
Q6. Getting routine care	72.5%	13 <sup>th</sup>	67.90	70.49	76.67	78.67	80.10	82.05	83.33	85.78	86.73
<b>Coordination of Care (Q17) (% Always or Usually)</b>											
Q17. Coordination of Care	76.4%	6 <sup>th</sup>	75.33	78.02	81.46	82.24	84.15	85.61	86.36	88.89	90.08
<b>Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)</b>											
Q31. Flu Vaccinations for Adults Ages 18-64	48.0%	83 <sup>rd</sup>	28.10	33.25	36.94	39.41	42.16	44.27	45.41	51.64	54.34
<b>Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)</b>											
Q33. Advising Smokers and Tobacco Users to Quit	63.8%	<5 <sup>th</sup>	66.09	68.80	74.02	75.25	77.84	79.56	80.20	82.01	84.33
Q34. Discussing Cessation Medications	40.7%	8 <sup>th</sup>	38.07	42.47	49.05	50.86	53.45	56.25	58.21	62.74	63.92
Q35. Discussing Cessation Strategies	34.0%	<5 <sup>th</sup>	34.52	36.52	42.83	44.35	46.35	49.35	51.05	55.01	57.47

Shading indicates that the plan has achieved the percentile level in the column header.

## Adult Key Driver Analysis

According to SPH key driver analysis, HPSJ has the greatest opportunity to improve member experience and overall Rating of Health Care is to improve Rating of Personal Doctor and Coordination of Care. The grid below displays composites by impact quadrant. The lower right quadrant shows the composites and questions with most opportunity for improvement. The quadrants called power and retain show strengths and areas that are favorable to member experience. Customer Service sits in a stronger quadrant.



GNC=Getting Needed Care, GCQ=Getting Care Quickly, CC=Customer Service, HWDC=How Well Doctors Communicate.

## Key Opportunities

In the table below, CAHPS questions are categorized by quadrant referenced above to further assess the opportunities to improve member experience. The greatest impact is directly tied to the member primary care physician.

SURVEY MEASURE		SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
<b>POWER</b>				
None				
<b>OPPORTUNITY</b>				
Q8	Health care overall	49.3%	<5 <sup>th</sup>	1
Q18	Personal doctor overall	56.9%	<5 <sup>th</sup>	1
Q13	Dr. listened carefully	87.7%	<5 <sup>th</sup>	1
Q14	Dr. showed respect	90.5%	5 <sup>th</sup>	1
Q12	Dr. explained things	87.8%	<5 <sup>th</sup>	1
Q15	Dr. spent enough time	83.0%	<5 <sup>th</sup>	1
Q9	Got care/tests/treatment	83.1%	19 <sup>th</sup>	2
Q17	Dr. informed about care	76.4%	<5 <sup>th</sup>	1
<b>WAIT</b>				
Q22	Specialist overall	65.8%	19 <sup>th</sup>	2
Q20	Got specialist appt.	74.5%	12 <sup>th</sup>	2
Q6	Got routine care	72.5%	8 <sup>th</sup>	1
Q4	Got urgent care	77.2%	6 <sup>th</sup>	1
Q25	CS courtesy/respect	94.4%	41 <sup>st</sup>	3
Q27	Easy to fill out forms	94.3%	19 <sup>th</sup>	2
<b>RETAIN</b>				
Q24	CS provided info./help	85.7%	65 <sup>th</sup>	3

## Qualitative Analysis

HPSJ members are not pleased with the way their personal doctor treats them. Members want their personal doctor to listen to them, spend more time with them and to treat them with respect. In order to increase satisfaction with Health Care Overall, HPSJ must emphasize and must communicate the importance of the doctor/patient relationship.

## Medicaid Child Survey

- Medicaid Child CAHPS Survey:
- In both 2019 and 2020, 3300 surveys were sent to enrollees in San Joaquin and Stanislaus counties. Ineligible survey responses are removed before response rates are calculated.

2700 Surveys Sent	2019	2020
Completed Surveys	631	436
Response Rate	19.3%	13.4%

- There were 4% fewer respondents in fair or poor health responding to the CAHPS survey in 2020.
- There were ~6% fewer respondents in the 35-44 age range.

## Medicaid Child CAHPS Trend Analysis

Domain Performance	2018	2019	2020	19-20 Rate Change	Compass All Plans
Rating of All Health Care	83.8%	79.3%	86.6%	+7.3%	87.5%
How Well Doctors Communicate Composite	89.7%	89.4%	92.6%	+3.2%	89.4%
Getting Care Quickly Composite	84.0%	80.5%	83.0%	+2.5%	89.4%
Getting Needed Care Composite	77.2%	78.4%	84.0%	+5.6%	84.5%
Rating of Health Plan	87.1%	86.1%	88.7%	+2.6%	86.5%
Rating of Personal Doctor	84.5%	85.4%	89.6%	+4.2%	90.0%
Rating of Specialist Seen Most Often	89.9%	87.8%	93.5%	+5.7%	74.1%
Customer Service Composite	87.5%	89.1%	88.8%	-0.3%	88.4%

### Quantitative

In 2020, 7/8 domains scored higher than 2019 and 7/8 scored higher than 2018. No domains are down three years in a row.

### Benchmarks

HPSJ target benchmark is the annual 2019 Quality Compass All Plans benchmark. When compared to all plan types, HPSJ Child CAHPS scores outperform the 50<sup>th</sup> percentile benchmark for Rating of Health Plan and Rating of Specialist. HPSJ performs in the middle third for Rating of Health Care,

## Rating of Personal Doctor and Getting Care Tests and Treatment. HPSJ underperforms in Getting Care Quickly.

Health Plan of San Joaquin

### Percentile Rankings – Quality Compass (Child)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2019 Quality Compass (Child)								
	Score	Percentile	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Rating Questions (% 9 or 10)</b>											
Q31. Rating of Health Plan	76.9%	80 <sup>th</sup>	61.33	65.04	68.82	69.89	72.03	74.24	75.64	78.26	79.46
Q8. Rating of Health Care	69.0%	32 <sup>nd</sup>	61.58	64.53	67.44	69.07	71.06	72.93	74.03	76.26	77.25
Q21. Rating of Personal Doctor	74.1%	19 <sup>th</sup>	70.27	72.38	75.00	76.30	77.80	79.31	79.82	82.07	83.45
Q25. Rating of Specialist	85.7%	100 <sup>th</sup>	68.33	68.93	70.63	71.43	74.17	76.11	77.70	78.85	81.37
<b>Rating Questions (% 8, 9 or 10)</b>											
Q31. Rating of Health Plan	88.7%	71 <sup>st</sup>	79.03	81.40	84.48	85.29	87.15	88.29	89.38	90.95	92.22
Q8. Rating of Health Care	86.6%	31 <sup>st</sup>	80.17	82.97	85.76	86.86	88.24	89.47	90.12	91.29	92.46
Q21. Rating of Personal Doctor	89.6%	34 <sup>th</sup>	84.65	86.55	88.69	89.47	90.49	91.40	92.02	93.16	93.63
Q25. Rating of Specialist	93.5%	100 <sup>th</sup>	83.92	84.25	85.83	86.61	87.29	88.65	89.00	91.18	91.78
<b>Getting Needed Care (% Always or Usually)</b>											
Q9. Getting care, tests, or treatment	84.0%	43 <sup>rd</sup>	77.08	78.40	81.49	83.03	84.85	86.85	88.01	89.98	91.04
Q23. Getting specialist appointment	88.4%	36 <sup>th</sup>	82.57	83.94	87.46	88.07	90.11	91.80	92.43	94.20	94.96
Q23. Getting specialist appointment	79.5%	42 <sup>nd</sup>	70.34	73.00	76.00	77.05	80.00	83.00	84.16	86.27	87.38
<b>Getting Care Quickly (% Always or Usually)</b>											
Q4. Getting urgent care	83.0%	10 <sup>th</sup>	80.94	82.95	87.01	88.06	89.98	91.69	92.43	94.17	95.30
Q6. Getting routine care	84.5%	7 <sup>th</sup>	83.06	85.00	89.43	90.32	92.00	93.33	93.84	95.74	97.01
Q6. Getting routine care	81.6%	12 <sup>th</sup>	78.95	80.82	84.54	86.53	88.16	90.21	91.06	93.44	94.24
<b>Coordination of Care (Q20) (% Always or Usually)</b>											
	76.5%	6 <sup>th</sup>	75.63	78.57	81.11	82.26	84.06	85.71	87.18	89.33	89.83

Shading indicates that the plan has achieved the percentile level in the column header.

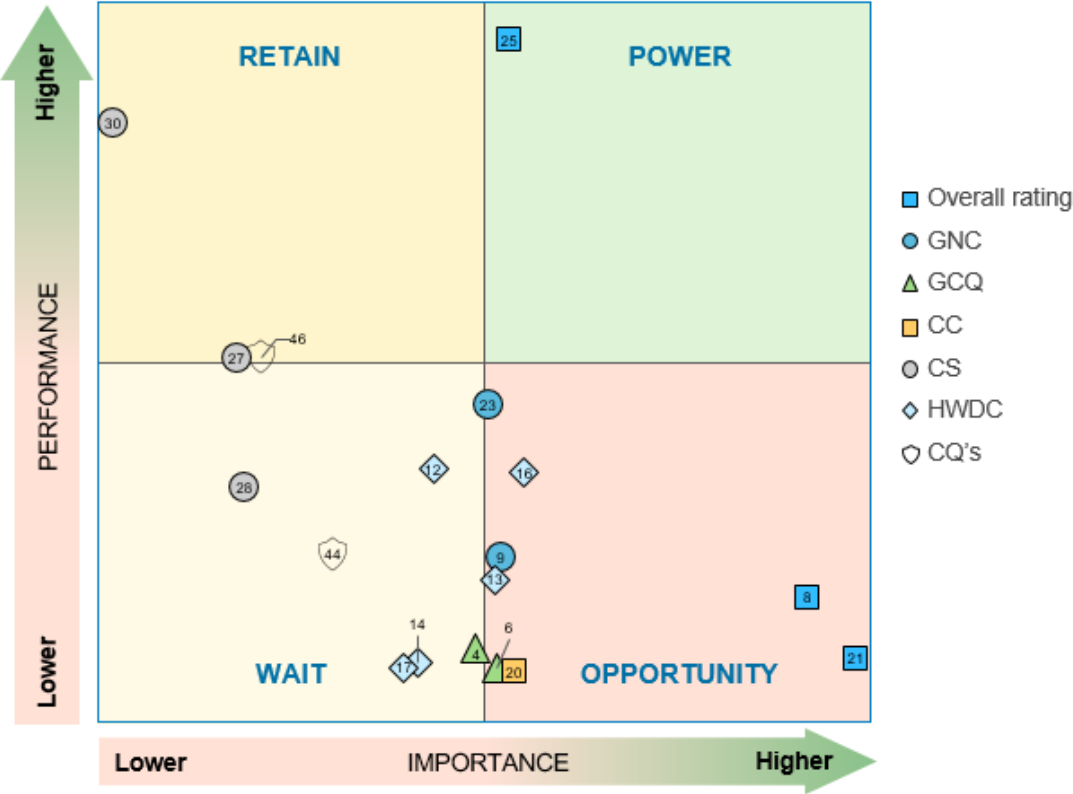
### Key Drivers

According to SPH key driver analysis, HPSJ has the greatest opportunity to improve overall member experience rating by improving the doctor/patient relationship and coordination of care.



KEY DRIVERS, SUMMARY RATES AND PERCENTILES

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix. The table assesses the key drivers and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the rating of the health plan.



GNC=Getting Needed Care, GCQ=Getting Care Quickly, CC=Customer Service, HWDC=How Well Doctors Communicate.

SURVEY MEASURE		SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
<b>POWER</b>				
<b>Q25</b>	Specialist overall	85.7%	95 <sup>th</sup>	5
<b>OPPORTUNITY</b>				
<b>Q21</b>	Personal doctor overall	74.1%	9 <sup>th</sup>	1
<b>Q8</b>	Health care overall	69.0%	17 <sup>th</sup>	2
<b>Q16</b>	Dr. explained things for child	94.1%	35 <sup>th</sup>	3
<b>Q20</b>	Dr. informed about care	76.5%	7 <sup>th</sup>	1
<b>Q9</b>	Got care/tests/treatment	88.4%	23 <sup>rd</sup>	2
<b>Q6</b>	Got routine care	81.6%	8 <sup>th</sup>	1
<b>Q13</b>	Dr. listened carefully	94.9%	20 <sup>th</sup>	2
<b>Q23</b>	Got specialist appt.	79.5%	44 <sup>th</sup>	3
<b>WAIT</b>				
<b>Q4</b>	Got urgent care	84.5%	10 <sup>th</sup>	1
<b>Q12</b>	Dr. explained things	94.9%	35 <sup>th</sup>	3
<b>Q14</b>	Dr. showed respect	94.9%	8 <sup>th</sup>	1
<b>Q17</b>	Dr. spent enough time	85.7%	8 <sup>th</sup>	1
<b>Q44</b>	Easy to discuss concerns	80.5%	—	—
<b>Q28</b>	CS courtesy/respect	93.3%	33 <sup>rd</sup>	3
<b>RETAIN</b>				
<b>Q46</b>	Got an interpreter	89.3%		
<b>Q27</b>	CS provided info./help	84.3%	51 <sup>st</sup>	3
<b>Q30</b>	Easy to fill out forms	97.6%	83 <sup>rd</sup>	4

## Grievance Summary

### San Joaquin County

SJ Grievances	FY July 1, 2018- June 30, 2019			FY July 1, 2019- June 30, 2020		
Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	71	0.33	19%	96	0.46	20%
Attitude & Service	83	0.37	22%	125	0.60	26%
Billing & Financial	11	0.04	3%	7	0.03	2%
Quality of Care	207	0.91	56%	250	1.20	52%
Quality of Practitioner Office Site	0	0	0%	0	0	0%
<b>Total</b>	<b>372</b>	<b>1.65</b>	<b>100%</b>	<b>478</b>	<b>2.29</b>	<b>100%</b>

## Stanislaus County

ST Grievances	FY July 1, 2018- June 30, 2019			FY July 1, 2019- June 30, 2020		
Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	51	0.37	16%	68	0.53	19%
Attitude & Service	59	0.47	18%	93	0.72	26%
Billing & Financial	3	0.03	1%	6	0.05	2%
Quality of Care	213	1.66	65%	189	1.46	53%
Quality of Practitioner Office Site	1	0.01	0%	0	0	0%
<b>Total</b>	<b>327</b>	<b>2.54</b>	<b>100%</b>	<b>356</b>	<b>2.75</b>	<b>100%</b>

When considering grievance data by quarter, the trends are as follows;

Quarter 1, 2019-20: most grievances were filed against 69 providers in San Joaquin and 56 providers in Stanislaus.

The following trends were identified: quality of care issues is related to coordination of care, access to care within standard timeframes, pharmacy related issues, providers not responding to grievances, dissatisfaction with pain management treatment plan, DME issues, behavioral health services. The quality of service issues was related to dissatisfaction with providers/staff's attitude and behavior during calls and clinic encounters, long call wait times, billing issues, medical forms/records, transportation services and interpreter services.

Quarter 2, 2019-20: most grievances were filed against 67 providers in San Joaquin, and 36 providers in Stanislaus.

The following trends were identified: delays in sending orders, prescriptions and referrals, transportation issues, provider and office staff attitude and behavior, medical records, and setting up transportation.

Quarter 3, 2019-20: most grievances were filed against 75 providers in San Joaquin and 62 providers in Stanislaus.

The following issues were identified: referrals, prescription orders to the pharmacy, DME supplies, transportation, attitude and behaviors of provider's/office staff.

Quarter 4, 2019-20: most grievances were against 59 providers in San Joaquin and 46 providers in Stanislaus county.

The following trends were identified: delays in sending out orders, member disagreeing with care plan, telephone access issues, attitude and service of transportation vendor and attitude and service of provider office staff.

## Qualitative Analysis

When considering both CAHPS and grievances

- CAHPS data showed that the doctor/patient relationship is strained and is negatively impacting member experience.

- Grievance data trends show that the top grievance data issues each quarter are related to attitude and service in the doctor's office and delays in referral, delays in refills and transportation issues.
- CAHPS and grievance data both show that members are dissatisfied with the doctor patient relationship and desire more efficient coordination of care.

### Analysis of Prior Year Activities

In 2019, HPSJ put great emphasis on improving customer service staffing and training and providing health plan information in the form of a member focused newsletter describing the avenues members can use to get care tests and treatment from HPSJ. These interventions had a profoundly positive impact on member experience ratings and are not identified as key focus areas in 2020.

### Plan for Opportunities for Improvement

HPSJ has identified the following activities that focus on improvement in the areas of greatest opportunity for both adult and child surveys, with attention to the adult population:

Intervention	Barrier Addressed	Timeframe	Responsible
After Visit Survey	Identify providers in need of support	January 2020	HEDIS Director
Provider Education through virtual look and learns	Inform providers about the member experience with doctors and care coordination	August 2020, November 2020 and February 2020	HEDIS Director
Member Focus Newsletter	Inform members how to receive care, tests and treatment.	January 2021	HEDIS Director
Post care coordination on the Provider Portal	Provide support to providers for linking members to necessary care	October 2020	HEDIS Director
Profiling providers so that HPSJ may assign based on member preference.	Address compatibility issues with patient/doctor	February	HEDIS Director

### Conclusion

HPSJ identified activities in 2019-2020 that had a positive impact in child and Adult CAHPS scores. Both adult and child CAHPS and grievance data show a need to reprioritize improvement opportunities that focus on the doctor/patient relationship and coordination of care. Improvements targeting the provider network and care coordination are key for the Plan in order to improve member experience and quality.

## I. Customer Service

### I.1 Telephone Accessibility

#### **Responsible Staff: Customer Service**

Eric Rightmeier  
Director, Customer Service

## Telephone Access

### **Overview**

Health Plan of San Joaquin monitors access to the Member Services' Department on a monthly basis. Service standards and goals have been established in order to effectively evaluate access to the Member Services Department by telephone. Key Performance Indicators (KPI's) used to measure the access to the Member Service's Department include: Abandonment Rate, Service Level, and Average Speed of Answer (ASA).

### **Methodology**

Health Plan of San Joaquin collects data directly from the centers Automated Call Distributor to obtain details to calculate Abandonment Rates, Service Levels, and Average Speed of Answer.

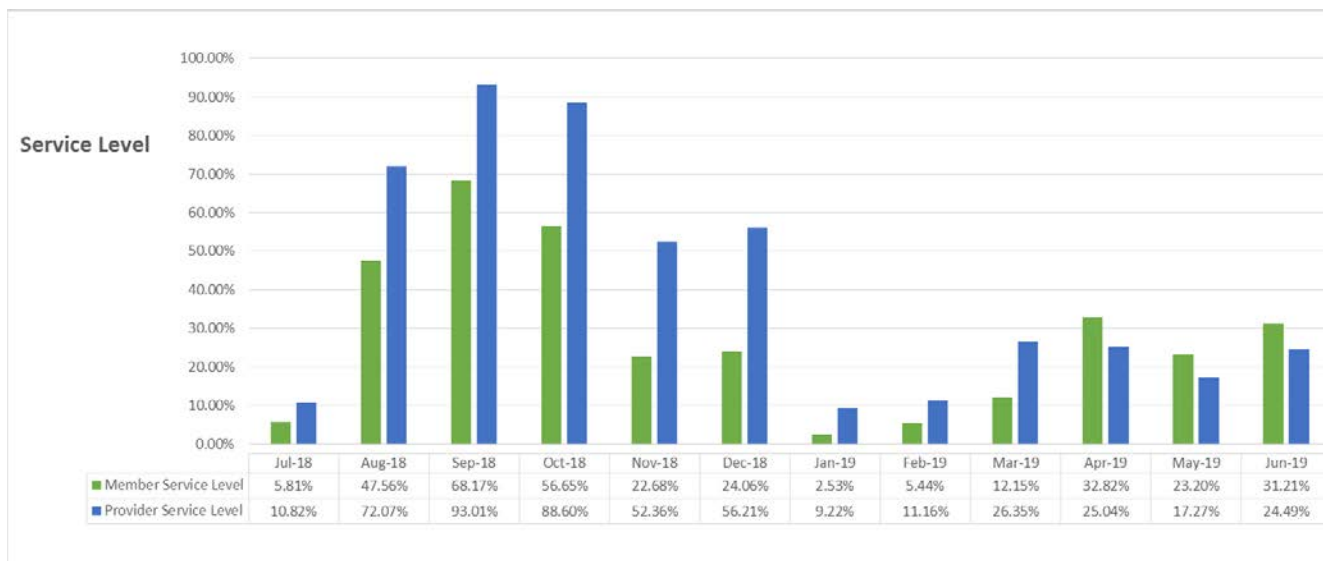
KPI Goals/Calculation:

- Abandonment Rate: Goal – 4.99% or less, Calculation
- Service Level: Goal – 80% within 30 Seconds, Calculation
- Average Speed of Answer: Goal – 30 Seconds or Less, Calculation

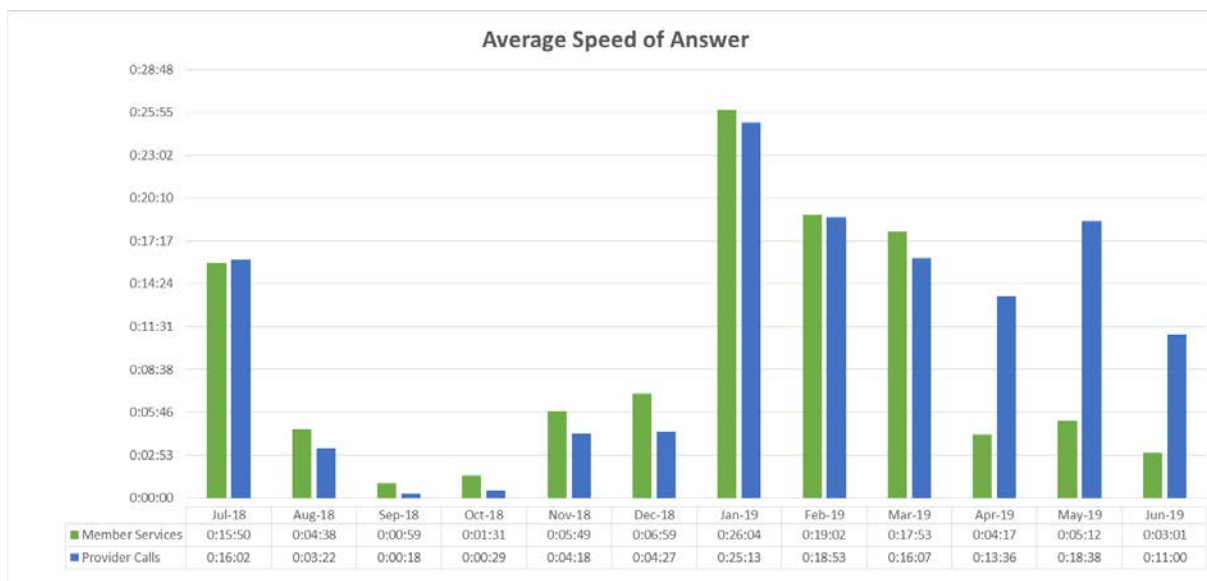
### **Program Performance**

During the 2019 Fiscal year Health Plan of San Joaquin achieved an average abandonment rate of 29.39%. The month of September 2019 was the only month Health Plan of San Joaquin met the abandonment rate goal of 4.99. Our failure to meet this goal has been caused by high attrition rates, absenteeism, and multiple employee leaves. We have continued to hire new staff, but many have not successfully completed training due to attendance and low retention of information. Our latest new hire class will be ready for our production environment in the two next weeks.

September 2018 was the highest Service Level produced for the year. Through the 2018 Fiscal Year Health Plan of San Joaquin generated an average Service Level of 35.57%. The established goal for the Service Level is answering 80% of the call volume within 30 seconds this was not achieved for 2019.

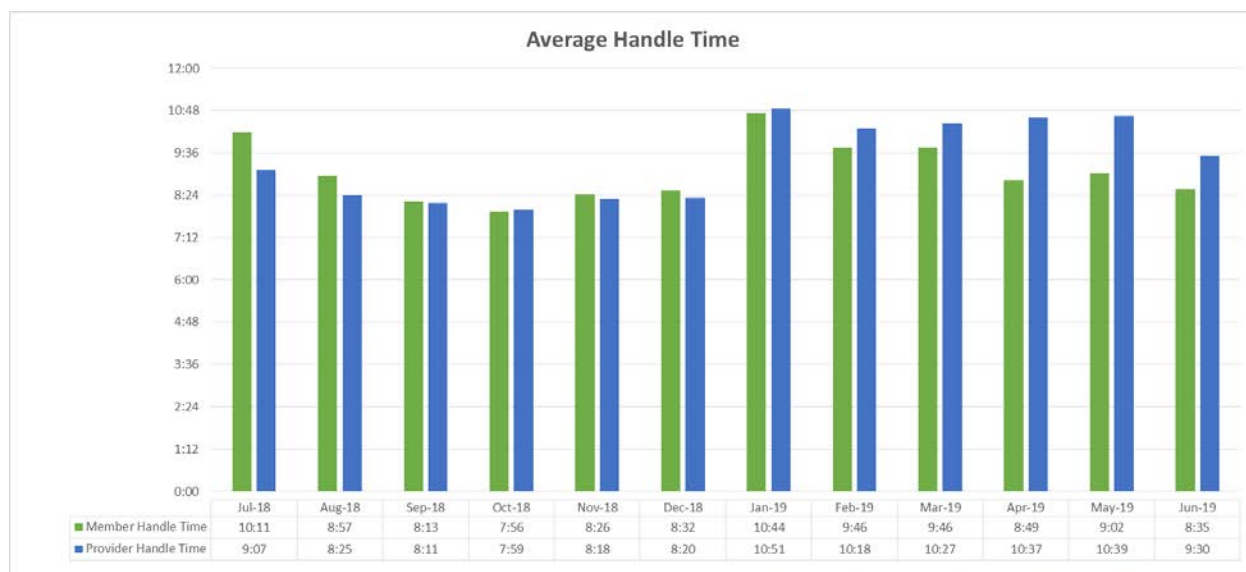


Average Speed of Answer is the third KPI Health Plan of San Joaquin reviews in order to ensure access to the Member Services Department. During the 2019 Fiscal Year Health Plan of San Joaquin missed the goal for each month of the year. This was a result of not maintaining the appropriate staffing levels, increased call volume during the first months of the calendar year, and increased handle times due to a new system used to document calls.



## I.2 Member Experience with Call Handling

In addition to reviewing the KPI's Health Plan of San Joaquin also review Average Handle Time. Average Handle Time includes the talk time, use of hold time and wrap up time. By evaluating trends with AHT Health Plan of San Joaquin can see impacts were AHT can reduce staffing availability. The longer Member Service Representatives take on a call the more likely the following caller will wait in queues to have issues resolved.



### *Impacts to Key Performance Indicators:*

2019 Fiscal Year exposed opportunities and strengths for Health Plan of San Joaquin.

- Maintaining staffing was a struggle for the Fiscal Year. This reduced agent availability causing longer wait times and higher Abandon Rates. This impacted Service Level and ASA goals.
- AHT increased at the beginning of the calendar year due to implementation of a new system to document calls and decreased as the year progressed.
- These factors also caused and increase to our abandonment rate throughout the year.

Staffing shortages caused by attrition, absenteeism, and leaves were factors throughout the Fiscal Year. New staff and a new system to document calls inflated our Average Handle Time causing members to wait longer before speaking to a Representative, which caused Higher Abandonment Rates. In order to break this cycle HPSJ has continued to hire, has re-evaluated our training and adjusted. We are confident that these changes will have a positive effect on our KPI's for the Fiscal Year.

## J. Provider Network Adequacy

## **J.1. Provider Networks – Provider Availability Analysis FY 2020**

### **Responsible Staff: Provider Network**

Heather West  
Director, Provider Relations

### **Introduction**

Health Plan of San Joaquin (HPSJ) monitors performance areas affecting and reflecting practitioner network availability on an annual basis. In order to ensure adequate primary care and specialty care practitioners and providers, HPSJ has established quantifiable standards for both the number and geographic distribution of network practitioners. HPSJ has also established quantifiable accessibility standards for these providers. Network availability data are collected and assessed against these standards. This report provides an overview and analysis of HPSJ's practitioner network availability for fiscal year 2019 -2020.

### **Program Goals**

- To ensure that HPSJ's provider network is adequate to meet the needs of members, State regulatory requirements and industry standards.

### **Program Objectives**

- Reevaluate the appropriateness of network availability standards quarterly.
- Identify high volume specialists.
- Measure availability of practitioner network in our geographic area.
- Evaluate HPSJ's performance against the standards.
- Identify any areas for improving practitioner availability.
- Develop interventions as appropriate for identified opportunities for improvement.

### **Methodology**

Calculating Member to Provider Ratio:

- PCP: Member Ratio = Total Membership / Total number of PCPs for the specific type (general medicine and family practice, internal medicine, and pediatrics). *(Note that the current DHCS Standard for PCP to Member Ratio is at 1:2,000)*
- SCP: Member Ratio = Total Membership / Total number of SCPs for the specific specialty type (e.g. total number of ophthalmologists). *(Note that there are currently no DHCS Standard for Specialist to Member Ratios)*
- Based on current membership data Geo Access software calculates the ratio of PCPs and SPCs to members.



Calculating Member to Provider Drive Distance:

- PCP and SCP Drive Distance: Provider Network Operations (PNO) Department runs the data on new Geo Access software called Quest.
- Using zip codes and membership data, Quest determines the percentage of members with desired access.

Identifying High Volume Specialists:

- The high-volume specialty types are identified based on number of claims submitted. Based on this definition, the high-volume specialists for this period are as follows:
  - Cardiologists
  - General Surgeons
  - Physical Medicine & Rehabilitation
  - Ophthalmologists
  - Allergy & Immunology

The high-volume specialty types should be based on DHCS identified Core Specialty providers listed below:

CORE SPECIALISTS	
Cardiology/Interventional Cardiology	Nephrology
Dermatology	Neurology
Endocrinology	Obstetrics/Gynecology
ENT/Otolaryngology	Ophthalmology
Gastroenterology	Orthopedic Surgery
General Surgery	Physical Medicine & Rehabilitation
Hematology	Psychiatry
HIV/AIDS Specialists/Infectious Diseases	Pulmonology

**Provider Appointment Availability Standard:**

- Survey providers based on sample size and methodology provided by DMHC pertaining Provider Appointment Availability Survey (PAAS)
- Surveyed Provider must be able to schedule “Urgent Care Appointments” within 48 hours.
- Surveyed Provider must be able to schedule Provide “Routine Care Appointments” within 10 business days

**Language Accessibility Standard:**

- Provider Network Operations (PNO) Department runs the data on Quest Analytics software.
- Using zip codes and membership data Quest Analytics software determines the percentage of members with threshold languages are within 10 miles of provider accessibility that also provides determined threshold languages.

**DHCS Performance Standards**

Performance standards are based on state requirements, external benchmarks, industry standards, and national and regional comparative data. Performance standards are shown below.

PROVIDER TYPE	TIME & DISTANCE
PCP	10 Miles AND 30 Minutes
Primary Care – OB/GYN	10 Miles AND 30 Minutes
SCP	30 Miles AND 60 Minutes
Specialty Care – OB/GYN	30 Miles AND 60 Minutes
Hospitals	15 Miles AND 30 Minutes
Mental Health (Non-Psychiatry) <i>Outpatient Services</i>	30 Miles AND 60 Minutes
Substance Use Disorder <i>Outpatient Services</i>	30 Miles AND 60 Minutes
Substance Use Disorder <i>Opioid Treatment Programs</i>	30 Miles AND 60 Minutes
Pharmacy	10 Miles AND 30 Minutes
Pediatric Dental	10 Miles AND 30 Minutes

**NCQA Performance Standards**

These performance standards are based on meeting the requirements of the National Committee for Quality Assurance (NCQA).

<b>HIGH VOLUME SPECIALISTS (SPCS)</b>		
<b>Provider Type</b>	<b>Capacity</b>	<b>Time &amp; Distance</b>
Allergists & Immunologist	1:10,000	30 Miles AND 60 Minutes
Cardiologists	1:10,000	30 Miles AND 60 Minutes
General Surgeons	1:10,000	30 Miles AND 60 Minutes
Ophthalmologists	1:10,000	30 Miles AND 60 Minutes
Physical Medicine and Rehabilitation	1:10,000	30 Miles AND 60 Minutes

<b>HIGH VOLUME BEHAVIORAL HEALTH PROVIDERS (BHPS)</b>		
<b>Provider Type</b>	<b>Capacity</b>	<b>Time &amp; Distance</b>
Mental Health Practitioners	1:10,000	30 Miles AND 60 Minutes
Marriage & Family Therapists	1:10,000	30 Miles AND 60 Minutes
Licensed Clinical Social Workers	1:10,000	30 Miles AND 60 Minutes
Psychologists	1:10,000	30 Miles AND 60 Minutes
Psychiatrists	1:10,000	30 Miles AND 60 Minutes

<b>HIGH IMPACT PROVIDERS</b>		
<b>Provider Type</b>	<b>Capacity</b>	<b>Time &amp; Distance</b>
Oncology	1:10,000	30 Miles AND 60 Minutes
HIV/AIDS Specialists/Infectious Diseases	1:10,000	30 Miles AND 60 Minutes
Orthopedic Surgery	1:10,000	30 Miles AND 60 Minutes
Neurosurgery	1:10,000	30 Miles AND 60 Minutes

**2019 Program Goals and Performance Evaluation:**

The provider availability results are presented in the table below.

<b>PCP ACCESSIBILITY ANALYSIS SPECIFICATIONS</b>	
Provider Group	PCP 490 unique Providers at 195 unique locations
Member Group	305,267 Members
Access Standard	1 Provider in 10 Miles AND 30 minutes

All Members	99.9% with Access 0.1% without Access
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High Volume Specialists (SPCs)				
Provider Type	Capacity	Met Capacity	Time & Distance	Met Time & Distance
Allergists & Immunologist	1:10,000	Y	30 Miles AND 60 Minutes	Y
Cardiologists	1:10,000	Y	30 Miles AND 60 Minutes	Y
General Surgeons	1:10,000	Y	30 Miles AND 60 Minutes	Y
Ophthalmologists	1:10,000	Y	30 Miles AND 60 Minutes	Y
Physical Medicine and Rehabilitation	1:10,000	Y	30 Miles AND 60 Minutes	Y

High Volume Behavioral Health Providers (BHPs)				
Provider Type	Capacity	Met Capacity	Time & Distance	Met Time & Distance
Mental Health Practitioners	1:10,000	Y	30 Miles AND 60 Minutes	Y
Marriage & Family Therapists	1:10,000	Y	30 Miles AND 60 Minutes	Y
Licensed Clinical Social Workers	1:10,000	Y	30 Miles AND 60 Minutes	Y
Psychologists	1:10,000	Y	30 Miles AND 60 Minutes	Y
Psychiatrists	1:10,000	Y	30 Miles AND 60 Minutes	Y

High Impact Providers				
Provider Type	Capacity	Met Capacity	Time & Distance	Met Time & Distance
Oncology	1:10,000	Y	30 Miles AND 60 Minutes	Y
HIV/AIDS Specialists/Infectious Diseases	1:10,000	Y	30 Miles AND 60 Minutes	Y
Orthopedic Surgery	1:10,000	Y	30 Miles AND 60 Minutes	Y
Neurosurgery	1:10,000	Y	30 Miles AND 60 Minutes	Y

**Quantitative Analysis**

- HPSJ meets the standard established for PCP to member ratios
- HPSJ meets the standard established for high volume SCP to member ratios
- HPSJ met all the drive distance standards for PCP and high-volume SCPs.

**Qualitative Analysis:**

- Currently, HPSJ continues to expand network contract for all available PCPs and Specialists within the plan's area.

**Conclusion:**

HPSJ has met all the pre-established standards. The Plan has also concluded that there are no issues related to access to specialty care. To improve quality, HPSJ is continuing to expand its network in order to provide better coverage to its members. Provider Networks Department will continue to use this analysis to identify areas of coverage gaps and attempt to contract physicians to fill the gap.

**J.2 2019 Provider Appointment & Accessibility Survey Evaluation****PCP – Provider Appointment Availability Survey (PAAS) Results:**

MEASURE	GOAL	RATE	GOAL MET
Urgent Care Appointments within 48 hours.	100%	89%	N
Routine Care Appointments within 10 business days	100%	89%	N

**SCP – Provider Appointment Availability Survey (PAAS) Results:**

MEASURE	GOAL	RATE	GOAL MET
Urgent Care Appointments within 48 hours.	100%	75%	N
Routine Care Appointments within 10 business days	100%	87%	N

**2019 PAAS Implemented Interventions:**

Provider Networks has implemented the following activities to ensure identified deficiencies are corrected moving forward.

**1. COMPREHENSIVE REVIEW OF REQUIREMENTS**

Provider Networks has acted to ensure that every personnel responsible for submitting the Timely Access Compliance Report has comprehensively reviewed and fully understood the following documents necessary for the accurate submission:

- APL19-008
- PAAS Methodology
- PAAS Checklist/Tool
- Timely Access Compliance Report Instructions

- Timely Access FAQs
- Timely Access Vendor Agreement Checklist

2. WORKGROUP PARTICIPATION

Provider Networks also participates in the following workgroups to further understand the Timely Access reporting requirements:

- CAHP Timely Access Preparation Group
- Managed Care Plan Calls
- Division of Provider Network (DPN) Meetings
- Timely Access Audit Methodology Work Group

3. DEPARTMENTAL TRAINING

Each department that has responsibility on the development and submission of the Timely Access Compliance Report has been trained to ensure adherence to processes in effectively delivering reporting requirements:

- Provider Services
- Provider Contracting
- Delegation Oversight & Regulatory Reporting
- Quality Management

4. IMPLEMENTATION PLAN

- To ensure proper execution of Timely Access Compliance Reporting deliverables, Provider Networks has developed an implementation plan for both the Survey and TAR Data. (Please see MY2019 Timely Access Implementation Plan attached)

5. PROVIDER ACCESS REVIEW COMMITTEE (PARC)

- Provider Networks has developed a committee that will oversee provider access and availability compliance for the organization.
- This committee will also oversee the review of providers (both PCP and SCP) that do not meet network adequacy standards and will lead the effort of applying “Alternative Access Waivers” from state regulatory agencies.

**J.3 2020 Language Accessibility Analysis**

THRESHOLD LANGUAGE	TOTAL MEMBERS	GOAL	% OF PROVIDER ACCESSIBILITY (Under 10 Miles)	MET GOAL (Y/N)
English	117,231	95 %	99.4%	Y
Spanish	76,376	95 %	99.1%	Y
Cambodian	2,085	95 %	99.4%	Y

Punjabi	1,950	95 %	99.2%	Y
Vietnamese	1,946	95 %	94.3%	Y
Hmong	1,124	95 %	98.5%	Y

**Quantitative Analysis:**

- Health Plan of San Joaquin has met the threshold of all languages at 100% (5 out of 5)

**Qualitative Analysis:**

- Not Applicable (Threshold met)

**Next Steps:**

- HPSJ continues to provide translation and interpretation services to its members at no cost
- Provider Networks Department continues network expansion activities to ensure network language adequacy.

**J.4 After-Hours Access Survey 2019****Introduction**

Health Plan of San Joaquin (HPSJ) monitors after-hours access on an ongoing basis. A key goal for Health Plan of San Joaquin (HPSJ) is to ensure that patients have access to their primary care practice (PCP) outside of regular business hours. Appropriate after-hours care can result in reduced ER utilization rates, which can subsequently result in reduced inpatient admissions.

**Program Goals**

To ensure that HPSJ meets or exceeds the after-hours access standards established to meet the needs of members, State regulatory requirements and industry standards.

**Program Objectives**

- Measure access to care after-hours annually
- Identify any areas for improving after-hours access to care
- Develop interventions as appropriate

The criteria for compliance in this area requires that the physician or designated on-call physician be available to respond to and/or coordinate care for a patient's medical needs beyond normal hours. To ensure after-hours health care access and availability, the physician may use a professional exchange service, automated answering /paging system with an option for connection to a live party or be directly accessible by phone. It is also required that any after-hours system or service that a physician uses provide emergency instructions if the patient is experiencing a life-threatening emergency.

## Methodology

In December 2019, a HPSJ representative conducted a telephonic site-specific survey by contacting primary care practitioner offices and assuming the role of a member attempting to reach an “on-call” practitioner. The offices included High Impact/ High Volume Providers that service HPSJ Medi-Cal membership. Telephonic audits to practitioner offices were conducted December 2, 2019 through December 20, 2019 between the hours of 6:00 pm and 7:00 am to ensure offices were not open at the time of the call. Practitioner “afterhours access” was documented indicating either “yes” or “no” responses to each component of the practitioner survey questionnaire. A four-question survey tool addressed the following topics:

- Is the practitioner’s answering system for after-hours urgent care/emergent physician coverage available 24 hours, 7 days a week?
- Does the answering system state the length of time for a return call from the provider?
- Are “after hours” emergency instructions provided via answering machine notification and/or direct communication via answering service?
- Does the answering service or voice message (VM) specify a time in which the member should expect a return call?

## Analysis

- The chart(s) below reflect High Impact/High Volume Provider outreached to in 2019 and the results of compliance with each survey question.

High Impact/High Volume Providers 2019					
Infectious Disease				5	
Neurological Surgery				8	
Oncology				6	
Orthopedic Surgery				7	
Allergy & Immunology				5	
Cardiovascular Disease				5	
General Surgery				5	
Ophthalmology				5	
Physical Medicine & Rehabilitation				5	
<b>Total:</b>				<b>52</b>	

After-Hours Survey Questions 2019		YES	NO	Compliant	Non-Compliant
#1	Is the practitioner’s answering system for after-hours urgent care/emergent physician coverage available 24 hours, 7 days a week?	51	1	98%	2%
#2	Does the answering service VM state the length of time when a return call can be expected from the provider?	26	26	50%	50%



<b>#3</b>	<b>Are after-hours emergency instructions provided via answering machine and/or direct communication via answering services?</b>	48	4	92%	8%
<b>#4</b>	<b>Does the answering service or voice message (VM) specify a time in which the member should expect a return call?</b>	11	41	27%	73%

### **Barriers and Next Steps**

Analysis of the results indicate the HPSJ providers are compliant with ensuring there is a working VM or answering service which instructs members on how to access emergency care or reach the provider after-hours. Compliance was low regarding informing members of a time in which they could expect a return call from a provider. HPSJs Provider Services department will reach out to providers who were identified as having low performance on this area and educate them on the After-Hours Access Standards. HPSJ will also utilize its Provider Alert system to share with all the providers within in its network the current standard for After-Hours member access.

## **PROVIDER EXPERIENCE**

### **K. Provider Satisfaction Survey**

#### **Responsible Staff: Provider Network**

Heather West

Director, Provider Relations

## **Provider Satisfaction Summary 2019**

### **Introduction**

Health Plan of San Joaquin works with a contracted vendor to conduct an annual Provider Satisfaction Survey to monitor provider satisfaction levels and to respond 1) Identify provider satisfaction strengths and weaknesses; 2) Develop a provider communication plan to inform providers of the survey results; and 3) Implement improvement strategies based on survey results.

### **Program Objectives**

The 2019 Provider Satisfaction Survey template was designed to support the following NCQA standards:

- NCQA Standard QI 4 (Member Experience) currently directs managed care organizations, at least annually, to assess the practitioner's experience with the UM process. Organizations are expected to collect and analyze data and provider feedback to drive quality improvements.
- NCQA Standard QI 5 (Continuity and Coordination of Medical Care) looks to managed care organizations to gather information, at least annually, to assess and identify opportunities to improve coordination of medical care across its delivery system. This includes conducting quantitative analysis of data and feedback.

### **Methodology**

The Provider Satisfaction Survey targets providers to measure their satisfaction with Health Plan of San Joaquin. For comparison purposes, results are presented by Summary Rates. The Summary Rate is the sum of the proportion of respondents who selected the most positive response options ('Well above average' or 'Somewhat above average;' 'Yes;' and 'Completely satisfied' or 'Somewhat satisfied') for the attribute. Composite scores are calculated by taking the average Summary Rates of the attributes in the specified section. The following composites are included in the Health Plan of San Joaquin survey:

- Overall Satisfaction
- All Other Plans (Comparative Rating)
- Finance Issues
- Utilization and Quality Management
- Network/Coordination of Care
- Pharmacy
- Health Plan Call Center Service Staff
- Provider Relations

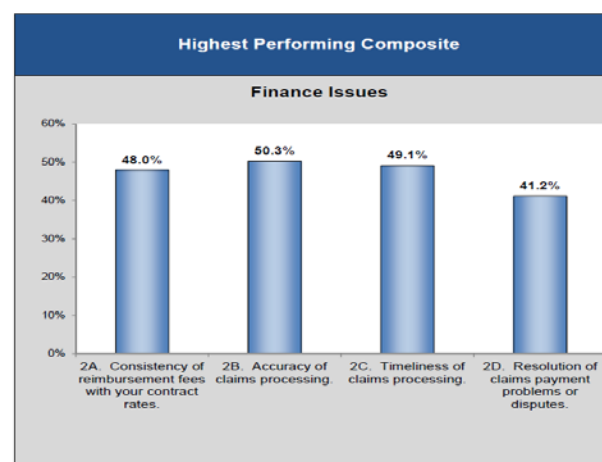
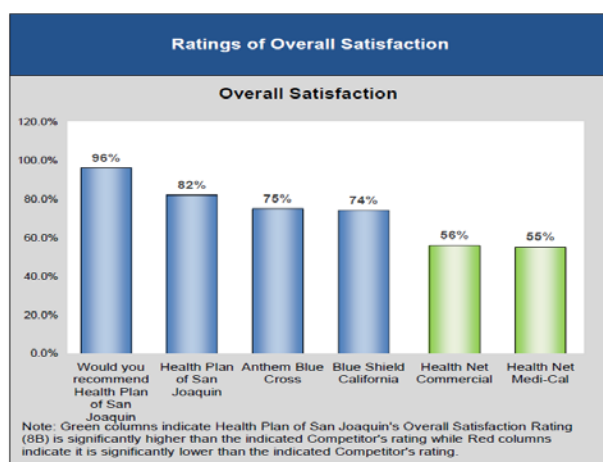
### **Analysis**

The following charts demonstrate key results from Health Plan of San Joaquin's Provider Satisfaction Survey:

## Provider Satisfaction Report Highlights

### Health Plan of San Joaquin

Summary Rate Scores	Highest and Lowest Performing Questions	2019		2019 Mean Scores**		2018 SPH B.o.B.***		
		n*	SRS*	San Joaquin	SPH B.o.B.	Medicaid	Commercial	
	<b>Highest Scoring Questions</b>							
	1B. How would you rate Health Plan of San Joaquin compared to other HealthNet plans you contract with?	195	61.0%	3.92	NA	NA	NA	
	1A. How would you rate Health Plan of San Joaquin compared to all other health plans you contract with?	207	58.0%	3.84	3.28	32.9%	37.3%	
	7C. Provider Relations representative's ability to answer questions and resolve problems.	94	55.3%	3.81	3.43	43.2%	51.1%	
	<b>Lowest Scoring Questions</b>							
	4C. The timeliness of feedback/reports from specialists in this health plan's provider network.	158	32.9%	3.35	3.23	26.5%	30.2%	
	17B. Please rate your satisfaction with over-the-phone interpretive services.	83	32.5%	3.42	NA	NA	NA	
	17C. Ease of reaching Health Plan of San Joaquin call center staff to schedule an interpreter	85	31.8%	3.34	NA	NA	NA	



## Delegation Oversight Program Evaluation

During 2020, the Delegation Oversight (DO) team continued to focus on implementing a Delegation Oversight Program (DOP) that meets regulatory requirements and NCQA Delegation Standards. Major accomplishments during 2020 include:

### 1) Program Documents (Charters, P&Ps, DLPs, etc.).

- Revised categorization of Delegates and updated Delegation Matrix.
- Developed Delegation Oversight RACI.
- Revised Delegation Oversight Committee (DOC) membership and Charter.
- Revised Oversight Audit Policies and Procedures.
- Developed DLPs for UM, Credentialing, and Claims audits.
- Updated Audit Tools.

### 2) Delegation Agreements.

- Developed Pre-Delegation Checklists.
- Developed new template for Credentialing Delegation Agreement and sent to Contracting for implementation.

- c. Developed new template for PHM and CM Delegation Agreement and sent to Business Owner for implementation.
- d. Updated Kaiser's and Beacon's Delegation Agreement and sent to Contracting for implementation.

### 3) Oversight Audits.

Status as of 12/03/2020:

Delegate	Status	Comments
AxisPoint	In Progress	Early in the audit process AxisPoint did not want to send P&Ps for review due to confidentiality. On 6/5 the vendor started responding to our request. This caused a delay in the completion of the audit.
Beacon	In Progress	HPSJ transitioned from a quarterly review of UM files to an annual review. In 2020, in collaboration with the Manager, Social Work, Compliance began reviewing BHT cases.
Carenet / MDLive	In progress	Delegate was under the impression that HPSJ participates in the ICE Credentialing Audit, this caused a delay in the completion of the audit.
ChildNet	In Progress	Due to COVID ChildNet was not able to provide files as scheduled, this caused a delay in the completion of the audit.
Children First	Completed	No open CAPs.
Kaiser	In Progress	In 2020, in collaboration with the Manager, Social Work and the Manager, Case Management, Compliance began reviewing BHT and CM cases.
Sutter	Completed	No open CAPs.
UCSF	Completed	No open CAPs.
VSP	Completed	Two (2) open CAPs to be followed up during the next oversight audit.

**NOTE:** Children First, Childnet, and MDLive were under the impression that HPSJ participates in the Industry Collaboration Efforts (ICE) Credentialing Shared-Audit and were hesitant to provide files for the HPSJ audit. Compliance informed Delegates that HPSJ does participate in the ICE Audit; however, it would consider participating in 2021. This issue was discussed with the DOC on 12/03/2020, since the ICE Audit does not evaluate compliance with Medi-Cal requirements, the Committee agreed to continue with HPSJ audits.

- 4) **Delegates' Reports:** Implemented Delegates' Report Tracker in SharePoint and developed a system to notify Business Owners when reports have been received from Delegates. This new system helps capture Business Owners' comments and observations about the reports received.

**5) Staff Training:** Developed and provided the following training to staff involved with the annual oversight audits:

- Delegation Oversight 101.
- Auditing Grievances and Appeals policy and file review.
- Auditing Credentialing policy and file review.
- Auditing Kaiser.

Priority Matrix		
Composite	Correlation****	Percentile
<b>Strength: No composites are considered Strengths.</b>		
<b>Top Priority: No composites are considered Top Priorities.</b>		
<b>Strength:</b> Composite is highly correlated with overall satisfaction and ranks at or above the 75th percentile when compared to the SPH Analytics Book of Business benchmark.		
<b>Top Priority:</b> Composite is highly correlated with overall satisfaction and ranks below the 75th percentile when compared to the SPH Analytics Book of Business benchmark.		

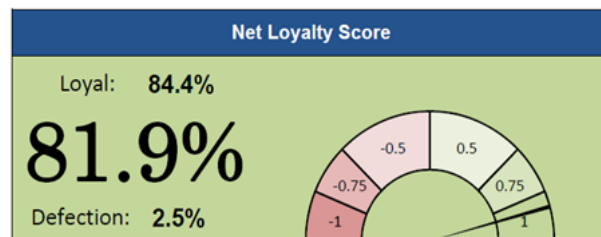
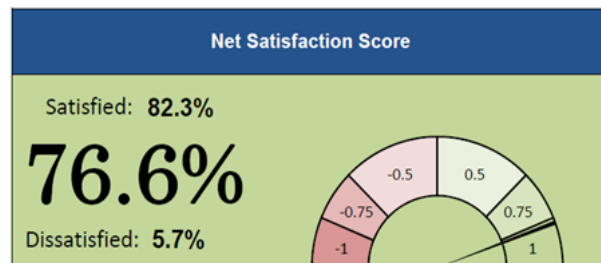
\* The Valid n represents the number of responses to the question. Summary Rate Scores (SRS) represent the top two response percentages ("Well above average" and "Somewhat above average," "Yes," and "Completely satisfied" and "Somewhat satisfied").

\*\* Mean scores are the average of all responses. SPH B.o.B. is represented by the Medicaid Book of Business.

\*\*\* SPH Analytics's 2018 Medicaid Book of Business benchmark consists of data from 77 projects representing 18710 respondents, while the Commercial Book of Business benchmark consists of data from 27 projects representing 6775 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

\*\*\*\* A correlation coefficient approaching a value of 1.000 represents an increasing association of the composite with overall satisfaction.

Note: Significance Testing - Cells highlighted **red** denote current year plan percentage is significantly lower when compared to benchmark data; cells highlighted **green** denote current year plan percentage is significantly higher when compared to benchmark data; no shading denotes that there was no significant difference between the percentages, there is no comparable data, or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.



## Barriers

COVID-19 posed delay issues with sharing 2019 survey results with providers. HPSJ received the final report from the contracted vendor at or about the same time the pandemic hit. HPSJ was forced to prioritize their communication plan to providers to focusing on mainly pandemic related instruction and notifications.

## Conclusion

Although the communication plan was postponed, the communication highlighting the Provider Satisfaction Survey results were shared with providers through the Summer/Fall Edition of PlanScan (provider focused newsletter) and on the HPSJ website in September 2020.

Survey questions in growth in areas of that have reached "maximum" satisfaction are subject to change focus to keep relevant with current key initiatives. It was decided to remove the financial section of the survey and replace it with questions pertaining to Telehealth to provide opportunities for feedback regarding telehealth expansion of the HPSJ provider network for the 2020 survey.

All Provider Satisfaction Survey goals were achieved for the 2019-2020 reporting year.

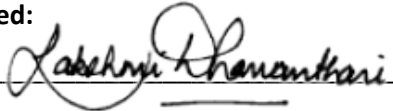
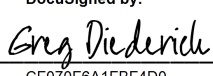
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### **Overall Effectiveness and Opportunities**

In conclusion, HPSJ's 2019/2020 QI Annual Evaluation and Effectiveness findings inform the 2019-2020 QI Work Plan. Key issues and improvement opportunities are monitored routinely to ensure that adequate input is received and implemented on a regular basis.

The goal of Health Plan of San Joaquin's Quality Management Program is to develop methods to continually improve the quality of medical care, and service provided to its membership. Towards this goal the Quality Improvement Department will continue to work within its continuous quality improvement model focused on member focused quality initiatives that can be most impactful. The plan will continue to analyze quality indications to ensure goals/benchmarks are being met.

#### **Reviewed and Approved:**

QM Chairperson		1/20/2021
Lakshmi Dhanvanthari, MD Chief Medical Officer		Date
Governing Board	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>DocuSigned by:</small>    <small>CF070F6A1FBF4D0...</small> </div>	1/28/2021
Greg Diederich, Chairman		Date