



Quality Management & Improvement
Annual Program Evaluation
Fiscal Year 2020 – 2021

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Contents

HPSJ's Vision, Mission, and Values	12
Core Values	12
Definition of Quality.....	13
Scope of QM Program.....	13
QM Program Structure.....	14
Committee Structure and Meetings	16
<i>Practitioner Participation on Committees</i>	18
Member Experience.....	19
Network Adequacy.....	19
Quality of Clinical Care	19
Customer Service	19
Coordination of Care.....	20
Quality of Clinical Care	20
<i>Overview</i>	20
<i>Components of Clinical Quality Initiatives</i>	20
<i>A.1 Population Health Management Program – Population Needs Assessment</i>	21
Population Needs Assessment Overview	21
Data Sources	24
Key Data Assessment Findings.....	27
Action Plan	51
Stakeholder Engagement.....	62
References	65
Population Health Management Annual Evaluation	66
Population Health Management Impact	66
Quantitative Results.....	66
Clinical Measures	67
Cost/Utilization Measures	70
Experience.....	72
Comparison of Results to Goal.....	75
Disease Management Programs (Emerging Risk)	75
Me and My Baby (Keeping Members Healthy).....	76

Interpretation	77
Opportunities for Improvement	78
Activities to Address Opportunities	78
Clinical Quality Improvement	79
B.1 HEDIS Annual Evaluation Measurement Year (MY) 2020	79
2020-2021 HEDIS Annual Evaluation	79
Summary	79
Core Measures	86
Seniors and Persons with Disabilities (SPD)	90
Antibiotic Overutilization Measures	92
Survey Measures	93
B.2 MCAS Work Groups	94
B.2.a Women's Health	94
B.2.b Children's Health	95
Combination Vaccinations for Childhood Immunization Status	97
B.2.c Acute and Chronic Conditions	99
B.2.d Behavioral Health	103
Supplemental Data	105
Hybrid Medical Record Review – COVID-19	107
Improvement Initiatives	109
Conclusion	110
2021 HEDIS Priorities	110
Provider Initiatives:	111
Member initiatives:	111
Data:	111
New Challenges:	111
B.2 HPSJ Provider Partnership Program	112
Providers chosen for the program	113
Participating Providers for 2020-2021	113
Partnership Team Structure	113
Partnership Activity Highlights for 2020	115
Children's Health Measures	115

Women’s Health Measures.....	116
Acute and Chronic Disease Management Measures	116
Behavioral Health Measures.....	117
Other General Interventions.....	117
Provider Partnership Summaries	122
Conclusion.....	155
C. Quality Improvement Projects (QIPs, PIPS, and PDSAs)	156
Quality Management Improvement Process Methodology	156
PLAN-DO-STUDY- ACT (PDSA)	156
SWOT ANALYSIS	158
PERFORMANCE IMPROVEMENT PROJECTS (PIPS)	159
Performance Goal Methodology	160
Data Collection	161
Data Resources	161
Analysis of Performance Data and Development of Interventions	162
Analytical Resources	162
Evaluation of Effectiveness of Interventions	162
References	164
Lead Screening Annual Report.....	165
Introduction	165
Methodology.....	165
Method 1.....	165
Quantitative Analysis	166
Method 2.....	166
Barriers Identified	167
Interventions.....	167
Summary	168
Initial Health Assessment (IHA).....	168
Introduction	168
Report	168
Actions	168
Analysis	169

Quantitative	169
Qualitative.....	169
Methodology.....	170
Results	170
Quantitative Analysis	170
Qualitative Analysis.....	170
Barrier Analysis	171
Interventions.....	171
Summary	171
D. Continuity and Coordination of Care.....	172
D.1 2020-2021 COC Across Healthcare Network.....	172
Introduction	172
Program Objectives.....	172
Data Sources	172
HEDIS Reporting Year 2020.....	172
Retinopathy Eye Exams	173
Timeliness of Postpartum Care	175
Provider Satisfaction	179
Opportunity for Improvement	183
Conclusion.....	186
D.2 RY2020-2021 Continuity and Coordination of Care across Healthcare Network and Behavioral Health.....	186
Introduction	186
Anti-Depression Medication Management	186
Methodology.....	186
Measurement Period	187
Quantitative Analysis	187
Qualitative Analysis (Barrier Analysis)	187
Follow-Up Care for Children Prescribed ADHD Medications	189
Methodology.....	189
Measurement Period	190
Quantitative Analysis	190
Qualitative Analysis (barrier analysis).....	190

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	192
Methodology.....	192
Measurement Period	192
Actions Taken	193
Behavioral Health Integration (Launched in Q1 2021)	193
Next Steps	195
E. Facility Site Review (FSR).....	196
Quarter 1 Update (July-September)	197
Quarter 2 Update (October-December)	198
Quarter 3 Update (January-March)	198
Quarter 4 Update (April-June)	199
Physical Accessibility Review Survey.....	199
Collaborative Activities	200
Quantitative Analysis	201
Qualitative Analysis.....	201
Barriers/Interventions.....	202
F. Provider Credentialing and Ongoing Monitoring.....	203
Ongoing Monitoring.....	204
Recredentialed Providers with Grievances in Member’s Favor—for each Committee.....	205
G. Grievances, Appeals and PQIs	206
Grievance Scoring	207
Clinical Vs. Non- Clinical	207
Medical Director Review	208
Category Thresholds	208
G.1.a GRIEVANCES	209
Quarter 1 (July 1 to September 30, 2020)	209
Quarter 2 (October 1 to December 31, 2020)	211
Quarter 3 (January 1 to March 31, 2021)	213
Quarter 4 (April 1 to June 30, 2021)	215
Comparison of Grievances for FY 2019-2020 and FY 2020-2021.....	217
San Joaquin and Stanislaus Counties	217
G.1.b Potential Quality Issue (PQI).....	219

Quarter 1 (July 1 –September 30, 2020).....	219
Quarter 2 (October 1 to December 31, 2020)	220
Quarter 3 (January 1 to March 31, 2021)	221
Quarter 4 (April 1 to June 30, 2021)	221
Comparison of PQIs - FY 2019-2020 and FY 2020-2021 for San Joaquin and Stanislaus Counties...	222
G.1.c CORRECTIVE ACTION PLANS	223
Quarter 1 (July 1 to September 30, 2020)	225
Quarter 2 (October 1 to December 31, 2020)	225
Quarter 3 (January 1 to March 31, 2021)	225
Quarter 4 (April 1 to June 30, 2021)	225
G.1.d APPEALS.....	225
Quarter 1 (July 1 to September 30, 2020)	225
Graph: San Joaquin County Appeals Q1	226
Graph: Stanislaus County Appeals Q1.....	227
Quarter 2 (October 1 to December 31, 2020)	228
Graph: San Joaquin County Appeals Q2	228
Graph: Stanislaus County Appeals Q2.....	229
Quarter 3 (January 1 to March 31, 2021)	230
Graph: San Joaquin County Appeals Q3	230
Graph: Stanislaus County Appeals Q3.....	231
Quarter 4 (April 1 to June 30, 2021)	232
Graph: San Joaquin County Appeals Q4	232
Graph: Stanislaus County Appeals Q4.....	233
Summary	234
G.1.e INDEPENDENT MEDICAL REVIEW (IMR)	236
Quarter 1 - July 1, 2020 to September 30, 2020.....	236
Quarter 2 – October 1, 2020 to December 31, 2020.....	236
Quarter 3 - January 1, 2021 to March 31, 2021.....	237
Quarter 4 - April 1, 2021 to June 30, 2021.....	237
Summary	237
G.1.f STATE FAIR HEARINGS (SFH)	238
Quarter 1- July 1, 2020 to September 30, 2020.....	238

Quarter 2 – October 1, 2020 to December 31, 2020	238
Quarter 3 – January 1, 2021 to March 31, 2021	239
Quarter 4 – April 1, 2021 to June 30, 2021	239
Summary	239
H. Member Satisfaction – CAHPS.....	240
Introduction	240
Survey Methodology	240
Medicaid Adult Survey	240
Medicaid Adult CAHPS Survey Response Rate.....	240
Medicaid Adult CAHPS Trend Analysis.....	241
Quantitative Analysis	242
Key Drivers	242
Adult Medicaid Benchmarks	243
Regional Performance.....	244
Adult Member Key Opportunities.....	245
Adult Qualitative Analysis	245
Medicaid Child Survey.....	246
Medicaid Child CAHPS Survey Response Rate	246
Medicaid Child CAHPS Trend Analysis	246
Quantitative Analysis	247
Child Medicaid Benchmarks.....	247
Regional Performance.....	248
Child Quantitative Analysis	248
Child Member Key Opportunities	249
Child Member Qualitative Analysis.....	249
Grievance Summary	249
Annual San Joaquin County Grievances.....	250
Annual Stanislaus County Grievances	250
Quantitative Analysis	251
Qualitative Analysis.....	251
Appeals Analysis.....	252
Quantitative Analysis	253

Qualitative Analysis.....	253
Overall Member Experience Qualitative Analysis.....	253
Analysis of Prior Year Activities.....	253
Plan for Opportunities for Improvement.....	254
Conclusion.....	254
Member Experience – Behavioral Health	255
Overview	255
Methodology.....	255
Respondent Demographics.....	256
Survey Results and Scoring	256
Grievance and Appeals	259
Quantitative Analysis	259
Qualitative Analysis.....	260
Potential access barriers include	260
Opportunities for Improvement	261
Educating Behavioral Health and Medical Practitioners to Exchange Information.....	262
I. Customer Service Access Report.....	264
I.1 Telephone Accessibility and I.2 Member Experience with Call Handling	264
Methodology.....	264
Contact Center Service KPI/Goals	264
Program Performance	264
Quantitative Analysis	265
Qualitative Analysis.....	265
Access to Member Services by telephone	266
Quality Assurance	266
QA Response Detail.....	266
Member Portal Requests	271
Analysis	271
Nurse Advice Line Annual Report	272
Introduction	272
Mission.....	272
Accreditation and Certification.....	272

Clinical Services	273
Nurse Triage	273
Physician telehealth consults (MDLive)	273
WebNurse	273
Administrative Services	274
Utilization /Performance	274
Methodology	274
Contact Center Service KPI/Goals	274
Reporting	274
COVID Related Calls	275
Utilization	275
Performance Measures	275
Outcomes	276
J. Provider Network Adequacy	277
J.1 Provider Availability Analysis	277
Introduction	277
Program Goals	277
Program Objectives	277
Methodology	277
Identifying High Volume Specialists	278
Provider Appointment Availability Standard	278
Language Accessibility Standard	279
Language Access for Primary Care Providers	279
DHCS Performance Standards	279
NCQA Performance Standards	280
High Impact Providers	280
2021 PROGRAM GOALS AND PERFORMANCE EVALUATION	281
Quantitative Analysis	282
Qualitative Analysis	282
Conclusion	283
J.2 Provider Appointment & Accessibility Survey (PAAS) Evaluation	283
PCP – Provider Appointment Availability Survey (PAAS) Results	283

SCP – Provider Appointment Availability Survey (PAAS) Results.....	283
Non-Physician Mental Health Care Providers – Provider Appointment Availability Survey (PAAS) Results.....	283
Psychiatrists – Provider Appointment Availability Survey (PAAS) Results.....	284
Ancillary – Provider Appointment Availability Survey (PAAS) Results.....	284
All Provider Types – Provider Appointment Availability Survey (PAAS) Results.....	284
2020 PAAS Implemented Interventions.....	284
J.3 2021 LANGUAGE ACCESSIBILITY ANALYSIS.....	285
Quantitative Analysis	286
Qualitative Analysis.....	286
Next Steps	286
J.4 2020-2021 AFTER HOURS ACCESSIBILITY ANALYSIS	286
After Hours Accessibility Analysis	286
K. Provider Satisfaction Survey	287
Composites	287
Telehealth	288
Benchmark	288
Methodology.....	288
Key Findings	288
Key Drivers of the Overall Rating of Health Plan of San Joaquin that promote and leverage strengths (Top 5)	289
Highlighted Survey Results 2020.....	290
Opportunities	290
Telehealth	290
Barriers.....	292

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:

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

<u>S</u> afe	Avoiding injuries to patients from the care that is intended to help them.
<u>T</u> imely	Reducing wait time and sometimes harmful delays for both those who receive and those who give care.
<u>E</u> ffective	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).
<u>E</u> fficient	Avoiding waste, including waste of equipment, supplies, ideas, and energy.
<u>E</u> quitable	Providing care that does not vary because of gender, ethnicity, geographic location, and socioeconomic status.
<u>P</u> atient-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 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 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.

- o 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 2020 and 2021.

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, HEDIS & NCQA Accreditation
- Director, Care and Utilization Management
- Director, Clinical Analytics
- Director, Customer Service
- Director, Provider Services
- Director, Special Projects
- Director, Pharmacy
- Manager, HEDIS & NCQA Accreditation
- Manager, Case Management
- Manager, Health Education
- Manager, Delegation Oversight
- Manager, Inpatient Services & Care Coordination

- Manager, Social Work
- Pharmacy Manager/Supervisor
- Supervisor, Quality Management
- Supervisor, Case Management
- Supervisor, Authorizations and Referrals
- Supervisor, Transition of Care (TOC)
- QI Coordinator
- Trainer, Clinical Programs
- Administrative Assistant, Quality Management
- Administrative Assistant, Medical Management
- Administrative Assistant, Administrative - CMO

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 36 HEDIS measures (including submeasures) in San Joaquin and Stanislaus counties prescribed by the California Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS). DHCS required HPSJ to meet or exceed the National Medicaid 50th percentile. HPSJ encountered some difficulties this past HEDIS season due to COVID-19, which led to not being able to retrieve all records.

In addition to DHCS quality mandates, HPSJ maintained the National Committee for Quality Assurance Health Plan Accreditation "Accredited" award in 2021 through consistent scoring in HEDIS and member experience survey results. Improvement initiatives from 2020 are carried over into 2021 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. All results from the survey are reflective of 2020 but are fielded and reported in 2021. Both adult and child surveys noted declines in both response rate and many composite ratings. Overall grievances were increased in both counties from fiscal year 2020 to 2021. Key trends in grievances are access to care and quality of care. In 2020, the focus on supporting the provider network through the COVID-19 pandemic and provider education for access to care were implemented. These initiatives proved ineffective in improving member satisfaction, however, they may have been integral to preventing further deterioration during the public health emergency. In 2020, 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 2020-2021 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's network provides 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, especially for urgent appointment availability for both primary care and for specialty care.

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 within the network. HEDIS looks at process and outcome measures for some disease states, as well as preventative care services. Grievances can be escalated to Peer Review Committee as Potential Quality Issues, and Appeals are reviewed by board certified specialty providers or submitted for Independent Medical Review and/or State Fair Hearing when warranted. Overall, the total number of Grievances, PQIs and Appeals trended up between 2020 and 2021.

Customer Service

HPSJ understands the importance of customer service in providing information and guidance to assist enrollees in navigating the health care system. In 2020,

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 continuing priority recruitment and working to reduce staff turnover, HPSJ continued to implement call quality monitoring through 2021 and providing staff coaching to improve overall call quality.

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. To calculate these rates for these measures, HPSJ collects data from 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 that are used to evaluate multiple aspects of patient care includes:

- 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

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Manager, Health Education & Population Health

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Manager, Cultural and Linguistics

Population Needs Assessment Overview

Introduction

The Fiscal Year 2020-2021 Health Plan of San Joaquin (HPSJ) Population Needs Assessment (PNA) was compiled using a variety of available data sources including; national and state public health data, health plan specific data, Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data, The California Department of Managed Healthcare (DMHC) Timely Access Compliance regulatory filing data, comprehensive cultural and linguistic detailing and community focused key informant interviews. This report addresses access to health care, disease prevalence, member experience, health disparities and health care gaps in San Joaquin and Stanislaus Counties. The past year was an unusual time. HPSJ responded quickly to respond to the pandemic by educating members and the community about preventive measures. The “3 W’s- wear a mask, wash your hands and watch your distance” campaign was used to promote COVID vaccinations and safe preventive care practices.

Key Findings

HPSJ San Joaquin valley Medi-Cal enrollees experience persistent health inequities among specific ethnic groups. There is also an overall increase in the prevalence of HPSJ enrollees with health risk factors and chronic disease conditions. COVID-19 magnified the challenges in members ability to complete health care visits when appointment access transitioned from in person to telehealth modalities. Access difficulties were confounded because enrollees who experience limited access to reliable and consistent internet access also live in rural parts of the counties. Conversely, there was increased participation and engagement in the Community Advisory Committee (CAC) and number of respondents willing to participate in the Key Informant Interviews included in this report. Population Needs Assessment findings illuminate the need for HPSJ to offer

support to members with emerging health risks and for HPSJ to provide support for health-related education in a culturally and linguistically appropriate manner. Continued interdepartmental collaboration across HPSJ is necessary to ensure the provision of timely and effective health care. Ongoing monitoring and evaluation of interrelated HEDIS and CAHPS measures is necessary to determine whether initiatives translate to improvements in member experience and quality measures during the transition to post-pandemic life.

Objectives

The objectives included in the PNA Action Plan were developed through data analysis, internal discussions, and community feedback. Four objectives were chosen, and the strategies intended to meet these goals are identified in the action plan. The population's identified objectives address five key issues. One of the issues is not carried forward due to successfully meeting the metric goals:

- Community engagement
- Population level emerging and chronic disease management support
- Reducing health disparities in cervical cancer screenings
- Addressing members culture and language needs
- Completing health forms (not carried forward into 2021)

Objective 1

HPSJ partially met the objective set in 2019 to Reduce the percentage of members reported having trouble completing health care related forms and documents by themselves from 40% to 30%. This objective was measured using CAHPS data from 2019 and 2021. CAHPS questions asks members how easy it is to fill out forms. Data from the Adult survey shows that 94.3% of members found forms easy to fill out, 5.7% did not. In 2021, the percentage increased to 98.3%, leaving 1.7% dissatisfied, which exceeds the survey vendor's book of business 90th percentile. This equates to a 70% decrease in the percentage of members who found it easy to fill out forms. The 2019 Child CAHPS survey results show that 95.6% of survey respondents found filling out forms easy. This represents between the 50th and 75th percentile. The Child CAHPS 2021 results were 95.4% which is between the 25th and 50th percentile thus not meeting the objective.

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. The goal to increase

membership by 10% was far exceeded. The CAC membership has grown by 50% as evidenced by participation counts below.

San Joaquin 2019

- HPSJ Members – 11
- Community Based Organizations – 14

Stanislaus 2019

- HPSJ Members – 4
- CBO – 43

Combined Virtual San Joaquin and Stanislaus 2021

- HPSJ Members – 32
 - SJC – 22
 - Stanislaus – 10
- Community Based Organizations – 89

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. This objective was not met due to the conditions surrounding shelter-in-place and COVID-19 messaging priorities. The objective is specifically focused for 2021 to implementing a virtual diabetes prevention program. Data from both San Joaquin and Stanislaus Counties indicate that obesity is a significant problem in both communities. Virtual diabetes prevention which will allow greater focus on a specific population of members at severe risk of diabetes and heart disease. The measure of success with this objective is to enroll one cohort into the virtual diabetes program by June 30, 2022.

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 indicates a decrease in rates from 2015 [57.18%] through 2017 [2016=49.39%; 2017=47.20%] for Stanislaus County. In addition, DHCS 2018 Health Disparities Report indicates that statewide, white enrollees are not receiving cervical cancer screening rates are below Asian, Black, and Hispanic members. This objective has not progressed due to the conditions surrounding COVID-19. This objective remains high priority and will be a high priority objective for 2021.

Conclusion

HPSJ has successfully improved engagement in the community advisory committee (CAC) despite shelter in place will continue identify ways to continue the momentum seen in 2020. HPSJ will continue to assess the needs of its members through data analysis from a variety of sources and actively engage its members and the community to inform the PNA. HPSJ will look for ways to 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 members, community partners, and providers to improve the measurable impact within communities served. HPSJ shares results of the PNA through provider virtual webinars, network provider partnership activities and through the HPSJ website. This year, HPSJ was focused on COVID-19. Moving forward, HPSJ will be redirecting resources to stated objectives in relation to what was learned from the pandemic.

Data Sources

Multiple data sources were used to inform the HPSJ Population Needs Assessment report including:

- External reports developed by local health departments and statewide health research groups
- Reporting year 2021 Adult and Child CAHPS survey data collected and calculated by Symphony Performance Health (SPH) on behalf of HPSJ
- Reporting Year 2020 DHCS HPSJ health disparities data
- 2021 HPSJ Community & Cultural Detailing Report
- HPSJ enrollment, claims, encounter, laboratory, pharmacy data integrated in HPSJ's QNXT platform.
- HPSJ 2020 California Department of Managed Healthcare Timely Access Compliance Filing
- Gap in Care data calculated using NCOA HEDIS certified software
- Fiscal Year 2021 HPSJ Access Related Grievances
- New Member Health Information Form/Member Evaluation Tool (HIF/MET)
- Key Informant Interviews (KII)

Overview of Data Sources

External /Local Sources

2019 Community Health Needs Assessment San Joaquin County

Cited as: (SJC CHNA, 2019)

The 2019 Community Health Needs Assessment (CHNA) offers a comprehensive community health profile that encompasses the conditions that impact health in San Joaquin County. 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 2019 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. The 2020 Community Health Needs Assessment was not published at the time of this report.

2020 Community Health Assessment Stanislaus County

Cited as: (Stanislaus CHNA, 2020)

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. 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.

2021 Community & Cultural Detailing Report

Cited as: (Community & Cultural Detailing, 2021)

HPSJ Community and Cultural Detailing Report was compiled by HPSJs engagement vendor. This report analyzed a combination of data sources which include:

- HPSJ specific member eligibility data
- Gap in care data using NCQA HEDIS certified software
- 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.

DHCS MCP Specific Health Disparities Data

Cited as: (DHCS Disparities, 2020)

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.

2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey

Cited as: (CAHPS, 2020)

HPSJ contracted with a National Committee for Quality Assurance (NCQA) accredited survey vendor to complete Adult and Child CAHPS surveys. These surveys assessed members satisfaction with the health plan. A total of 2700 Medi-Cal Adult CAHPS surveys were sent to members with a response rate of 14.4% (377 responses). 3300 Medi-Cal Child CAHPS surveys were mailed with a response rate of 16.86% (553 responses).

2020 Department of Managed Healthcare Timely Access Compliance Filing

HPSJ monitors performance areas affecting and reflecting practitioner network access and availability on an annual basis. This report provides an overview and analysis of HPSJ's provider appointment availability for fiscal year 2020-2021.

HPSJ ensures adequate language access to primary care practitioners by establishing and measuring quantifiable standards for both the number and geographic distribution of network practitioners.

Methodology

Calculating Member to Provider Time and Distance Standards:

- 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.

2020 Health Information Form/Member Evaluation Tool 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.

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 48 individuals were interviewed with 7 individuals from Stanislaus (14%) and 41 individuals from San Joaquin County (SJC) (85%). 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 utilization 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 systems, including partners, that serve our members.

Geography

As of January 2021, HPSJ has 321,139 total enrollees. Overall, 59.74% of enrollees live in San Joaquin County and 40.13% of enrollees live in Stanislaus County. 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 2020. The total membership number reported earlier reflects 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 (Member Utilization Dashboard)

City	#of Members	County
Stockton (95202, 95203, 95204, 95205, 95206, 95207, 95209, 95210, 95211, 95212, 95215, 95219)	120,262	San Joaquin
Modesto (95350, 95351, 95352, 95353, 95354, 95355, 95356, 95357, 95358)	69,393	Stanislaus
Turlock (95380, 95381, 95382)	19,975	Stanislaus
Lodi (95240, 95241, 95242)	18,333	San Joaquin
Tracy (95304, 95376, 95377, 95378, 95391)	17,664	San Joaquin
Manteca (95336, 95337)	15,074	San Joaquin
Ceres (95307)	12,414	Stanislaus
Patterson (95363)	6,235	Stanislaus
Riverbank (95367)	4,763	Stanislaus
Oakdale (95361)	4,566	Stanislaus

Table 1 lists cities containing 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 community and interpersonal health.

Race & Language

HPSJ serves a diverse population represented by many languages, and ethnicities. The most prevalent ethnicities within the membership are Hispanic 50.13%, followed by Caucasian 19.41%, members that left that question blank 10.40% and Black 6.96% (Community & Cultural Detailing 2021). The top four most prevalent languages are shown in the table below. Spoken language overview at the community level is illustrated in the table below.

Table 2: Most Prevalent Languages (Community & Cultural Detailing, 2021)

Language	Percentage	# of Members
Blank/Null/Other/Unknown	54.25%	190,849
Spanish Speaking	25.29%	88,981
English Speaking	15.73%	55,336
Cambodian	<1.0%	2,134
Punjabi	<1.0%	1,924
Other(non-English)	1.29%	4,547

Table 2 lists the most prevalent languages spoken by HPSJ members. This information better informs how HPSJ distributes information in various languages while practicing cultural competency.

Access to Care by Ethnicity

HPSJ completed an analysis of Member Ethnicity Claims Report calendar year 2020. The data in this report identifies the following: Medi-Cal members eligible during the calendar year 2020, all ethnicities, ages 18 – 64 years, 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). Compared to calendar year 2019, due to Covid-19, the below findings show an increase in no claims or encounter on file by race/ethnicity for prevalent populations.

Stanislaus: Percentage of members by Ethnicity with no encounters or claims for the entire 2020 calendar year

- Hispanic – 9,600/35,700 - 27%
- Caucasian – 5,600/21,300 – 26%
- African American – 700/2,600 – 27%
- Asian Pacific American – 800/3,400 – 24%

San Joaquin: Percentage of members by Ethnicity with no encounters or claims for the entire 2020 calendar year

- Hispanic – 12,000/44,800 – 27%
- Caucasian – 5,500/21,000 – 26%

- African American – 3,000/11,500 – 26%
- Asian Pacific American – 2,200/9,300 – 24%

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 linguistic 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 were obtained from the 2021 Community and Cultural Detailing Report through, “Cultural Ambassadors” coordinated by the community engagement vendor.

Black/African American Views on Healthcare:

- Black adults have low levels of trust in the healthcare system
- 1 in 5 Black adults say they were treated unfairly because of their race while accessing healthcare in the past year
- Black patients are more likely to engage with a Black doctor and discuss their health problems with them – evidence also shows that when doctor and patient share the same race it improves on outcomes such as medication adherence, patient perceptions of care, and decreased implicit physician bias

Hispanics Views on Healthcare:

- Hispanics tend to make healthcare decisions with the input of family members
- Hispanic women tend to have the most knowledge about healthcare and are consulted for advice about health-related concerns
- Hispanic culture exhibits a mentality of delaying medical care until necessary

- Machismo, or the idea that men are expected to behave in hyper-masculine ways, leads Hispanic men to believe enduring pain is expected, visiting the doctor is a token of weakness, and encourages risk-taking behaviors such as excessive drinking
- Hispanic men will likely seek medical treatment if their health condition negatively impacts their ability to work to support their families
- Fatalismo, or the idea that health outcomes are destined and cannot be changed, may lead Hispanic patients to adhere less to treatment plans

Vietnamese Views on Healthcare:

- Vietnamese Americans can hold a conservative stance on sexually related health topics, where many women may require permission from a male relative to seek gynecological care, and Vietnamese women have been found more likely to receive a Pap test if family suggests that they do
- A cultural tendency towards modesty is also given as a common reason for avoiding cervical screenings
- 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/Khmer Views on Healthcare:

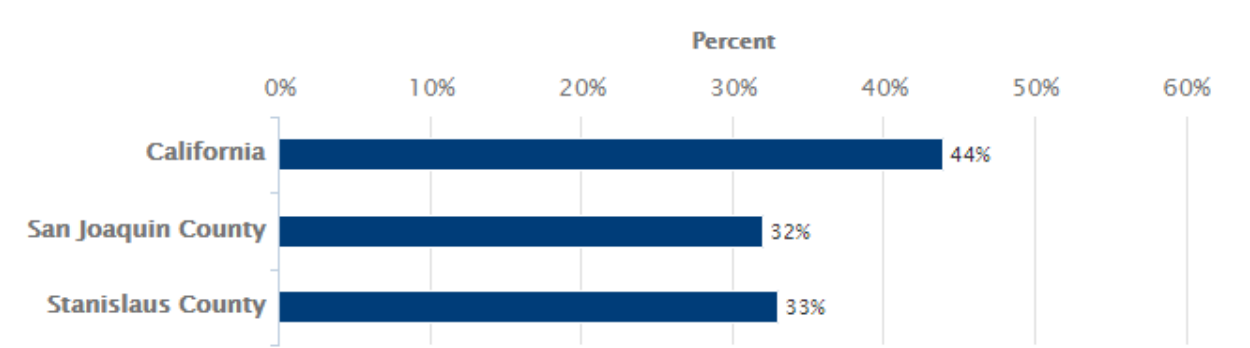
- Cambodians tend to have a lower English proficiency than other Asian American populations in the USA and older populations especially may have problems accessing healthcare systems which operate in English.
- Older traditions within the Cambodian/Khmer Community may lead to some individuals within 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).

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 4th 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 4th Grade (KidsData, 2019)



Age, Gender, Seniors, & Persons with Disabilities

Roughly 53.79% (172,759) of HPSJ members identify as female and 46.20% (148,379) identify as male. A small percentage (6.44%) is comprised of older people, people with disabilities and people that are blind representative of the Seniors and Persons with Disabilities (SPD) population. 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.

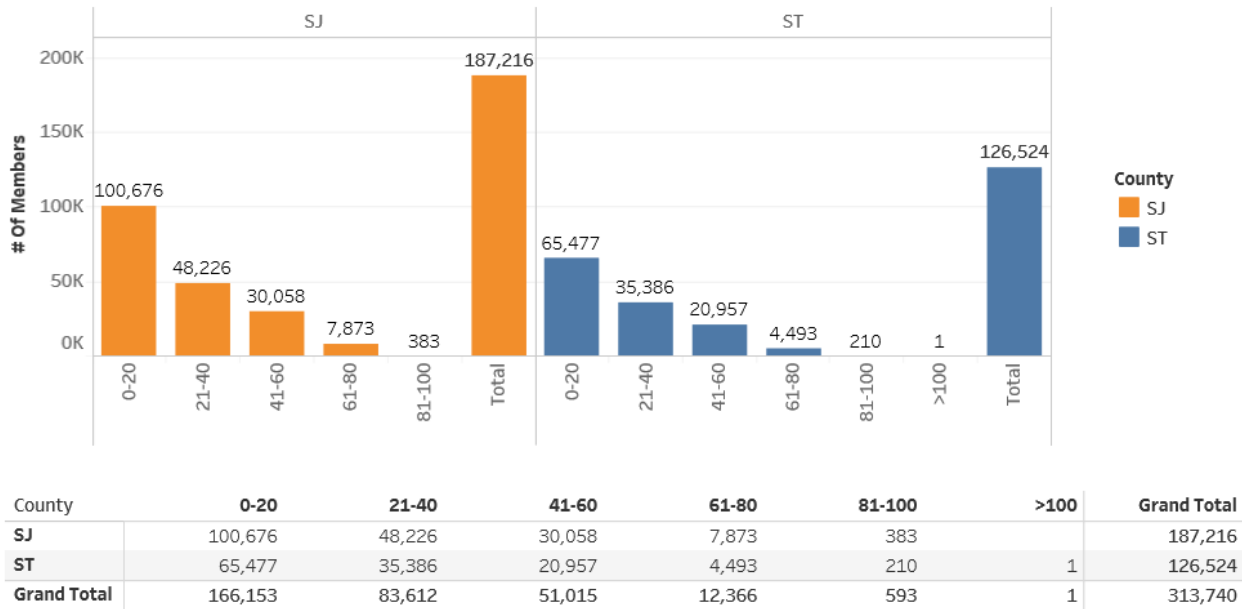
Table 3: Overall Membership by COA

Overall Membership by COA		
Category	n	% total
Affordable Care Act (ACA)	89,424	27.85%
Seniors and Persons with Disabilities (SPD)	20,692	6.44%
TANF-ADULT	58,072	12.08%
TANF-CHILD	152,951	47.63%

Table 4: COA by County

COA by County			
County	Category of Aid	n	% total
SJ	ACA	51,675	16.09%
SJ	SPD	13,825	4.30%
SJ	TANF-ADULT	33,427	10.41%
SJ	TANF-CHILD	92,762	28.89%
ST	ACA	37,749	11.75%
ST	SPD	6,867	2.14%
ST	TANF-ADULT	24,645	7.67%
ST	TANF-CHILD	60,189	18.74%

Figure 2: HPSJ members by age (HPSJ Membership Utilization Dashboard)



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

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

HPSJ sends the Health Information Form/Member Evaluation Tool (HIF/MET) to all new members upon enrollment. Members are asked the following questions to determine their current health needs and identify areas in which HPSJ may coordinate care. Members requiring additional support receive a call from the appropriate internal department at HPSJ.

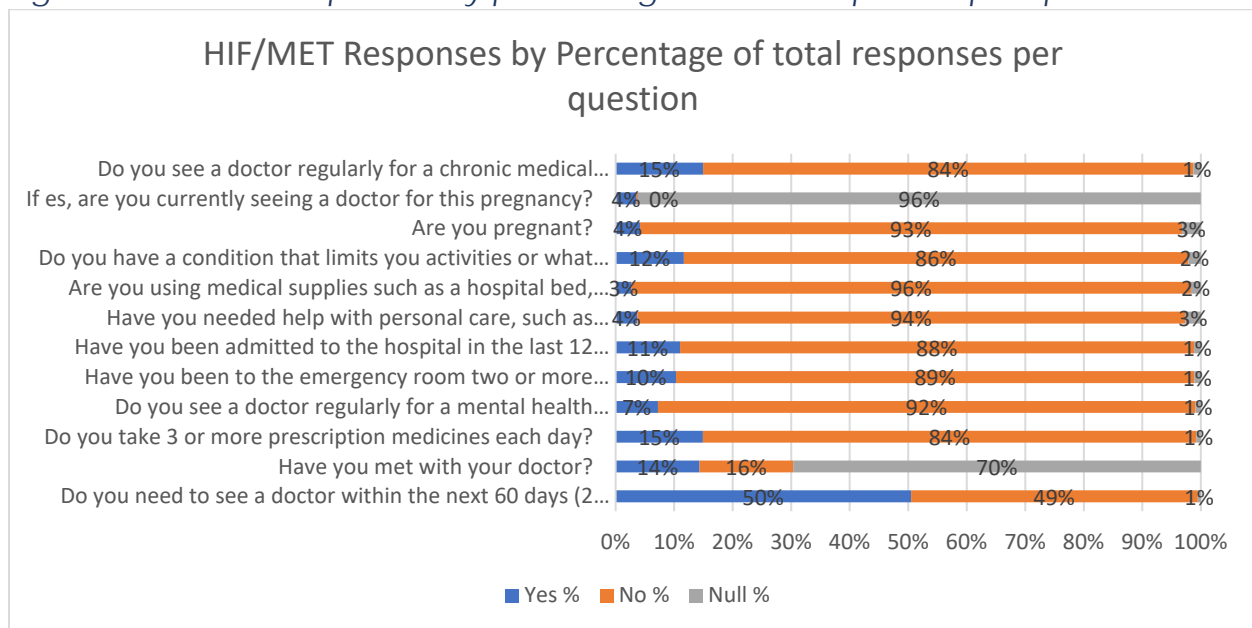
Table 5: HIF/MET Questions and number of responses

Number	Question	Yes	No	Null	% Yes	% No	% Null
1	Do you need to see a doctor within the next 60 days (2 Months)?	3789	3678	39	50.48%	49.00%	0.52%
1a	Have you met with your doctor?	1078	1202	5236	14.34%	15.99%	69.66%
2	Do you take 3 or more prescription medicines each day?	1117	6321	57	14.90%	84.34%	0.76%
3	Do you see a doctor regularly for a mental health condition such as depression?	542	6884	68	7.23%	91.86%	0.91%
4	Have you been to the emergency room two or more times in the last 12 months?	775	6640	84	10.33%	88.55%	1.12%
5	Have you been admitted to the hospital in the last 12 months?	824	6584	87	10.99%	87.85%	1.16%
6	Have you needed help with personal care, such as bathing, getting dressed?	277	7018	199	3.70%	93.65%	2.66%
7	Are you using medical supplies such as a hospital bed, wheelchair, or walker?	204	7159	128	2.72%	95.57%	1.71%
8	Do you have a condition that limits your activities or what you can do?	873	6460	160	11.65%	86.21%	2.14%
9	Are you pregnant?	313	6941	240	4.18%	92.62%	3.20%

9a	If yes, are you currently seeing a doctor for this pregnancy?	269	17	7206	3.59%	0.23%	96.18%
10	Do you see a doctor regularly for a chronic medical condition?	1121	6282	96	14.95%	83.77%	1.28%

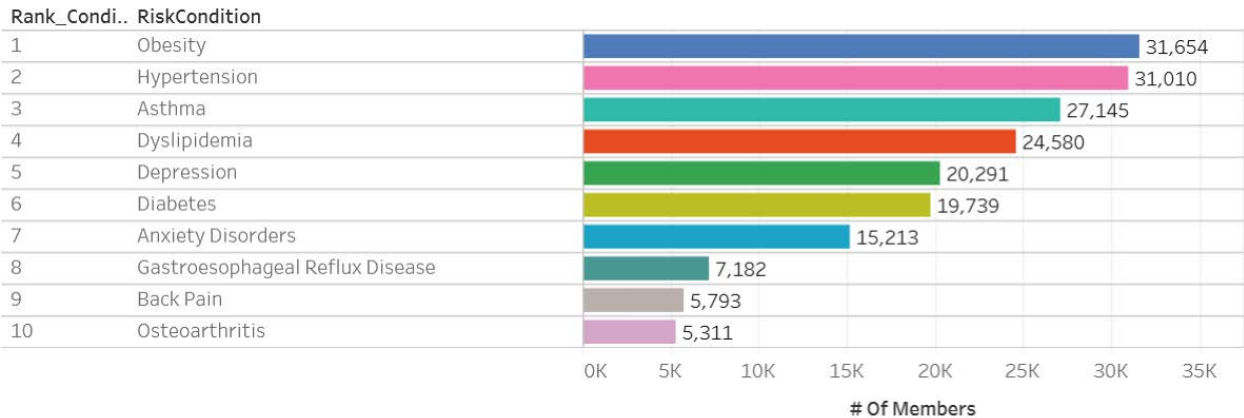
Based on this self-reported data 50% of members in 2020 needed to see a doctor within 60 days of completing the form. Only 14% had met with their doctor. Of respondents, 15% reported taking 3 or more prescription medications each day and 11% reported some form of hospital admission in the past year. 15% of respondents also reported seeing a doctor regularly for a chronic medical condition.

Figure 3: HIF/MET Responses by percentage of total responses per question



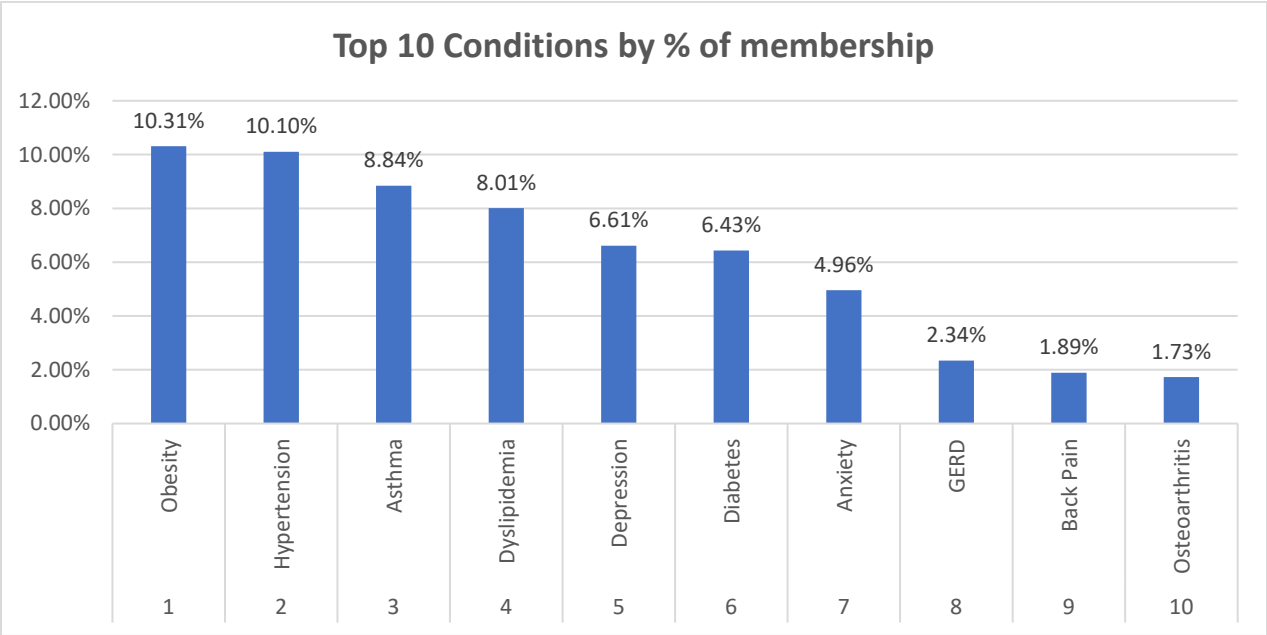
The top 10 conditions among HPSJ members are compiled using claims and encounter data received by the plan in 2020. The following chart includes the number of HPSJ who have been diagnosed with each risk condition listed. Of these conditions 6 fall under the category of chronic conditions (obesity, hypertension, asthma, dyslipidemia, diabetes, osteoarthritis), 2 are related to mental health (depression, anxiety), 1 is related to chronic gastrointestinal issues (gastroesophageal reflux disease), and 1 can be related to chronic or acute pain (back pain).

Figure 4: Top 10 Conditions among HPSJ Members, December 2020



HPSJ does not currently have direct member education or outreach to target obesity prevention. However, case and disease management programs address obesity and hypertension among high-risk populations with chronic conditions such as asthma, diabetes, congestive heart failure, chronic obstructive pulmonary disease, and chronic kidney disease.

Table 6: Percentage of HPSJ Members within Top 10 condition categories











Some of HPSJ’s top 10 conditions reflect issues that are prevalent Stanislaus and San Joaquin. Review of the Community Health Needs Assessments for both counties outlined concerns around obesity, asthma, diabetes, and mental health in both counties. Hypertension was a noted concern in both counties;

however, data was not available through the needs assessments to measure rates across the population. Back pain and osteoarthritis were not reported as areas of concern in either needs assessment.

Comparative County Data

HPSJ compiled health survey data results from the UCLA Center for Health Policy Research collected in 2018. These survey results are used to compare California results overall to San Joaquin and Stanislaus counties results. The following are relevant to HPSJ for the purpose of PNA reporting.

 Location  	State	Counties	
	California	San Joaquin	Stanislaus
Ever diagnosed with asthma (1-17) 	14.5% (8.6% - 20.3%) 8,693,700	21.2% (19.9% - 22.2%) 208,600	18.8% (17.9% - 19.4%) 133,500
Ever diagnosed with asthma (18+) 	15.9% (15.3% - 16.4%) 29,698,600	19.7% (19.0% - 20.1%) 540,400	17.3% (16.7% - 17.6%) 402,100
Ever diagnosed with diabetes (18+) 	10.6% (10.2% - 11.0%) 29,698,600	14.6% (14.1% - 15.0%) 540,400	12.8% (12.4% - 13.1%) 402,100
Ever diagnosed with heart disease (18+) 	6.8% (6.3% - 7.2%) 29,698,600	6.7% (6.4% - 6.8%) 540,400	7.8% (7.5% - 7.9%) 402,100
Obese (BMI ≥ 30) (18+) 	26.8% (25.6% - 28.1%) 29,698,600	32.6% (32.3% - 33.5%) 540,400	34.6% (33.9% - 35.1%) 402,100

Diabetes

Diabetes is a condition characterized by insufficient insulin function, either by shortage of insulin or insensitivity to insulin, resulting in inappropriate levels of glucose and fat in the blood that can lead to eventual organ damage. There are three types of diabetes: Type 1 (autoimmune disease), Type 2 (lifestyle related), and Gestational (during pregnancy).

Key findings from the 2019 San Joaquin CHNA indicate that

- Rates of diabetes and obesity in San Joaquin County are slightly higher than state levels.
- When compared to the rest of the state, San Joaquin County fares poorly on many of the factors that contribute to obesity and diabetes, including physical inactivity among adults, walking, or biking to school, food insecurity, quality of food environments, opportunities for physical activity and participation in Supplemental Nutrition Assistance Program (SNAP) as shown on the UCLA Center for Health Policy Research table above.

- When compared with Healthy People 2020 national adult and teen obesity statistics, adults and youth in this county have higher obesity rates.

Stanislaus County public health department indicates that obesity rates in Stanislaus County have increased from 27.5% to 39.8% between 2012 and 2017. This far exceeds the California state average of 27%

Access to Care

Access to care involves physician and health services availability, cost of care, location, and other factors that impact the ability to get appropriate health care in a timely manner. The trend in health care access is seen in local reported data for the service area of both San Joaquin and Stanislaus Counties.

DMHC Timely Access Compliance Filing

Within the 2020 study period, HPSJ ensured 99.5% of members meet time and distance standards by providing at least one primary care practitioner within 10 miles and 30 minutes of their home.

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

- 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) HPSJ meets established ratios in both counties.
- Language Access: the number of practitioners who speak the most prevalent languages represented within the community. HPSJ contracts with practitioners who speak 50 different languages in total. Providing language access affords HPSJ members an opportunity to choose a practitioner who speaks their preferred language practicing within HPSJs required time and distance standards by zip code in both counties. HPSJ is well positioned to meet the language needs of its members. When a member does not choose a practitioner who speaks their language, interpreter services are provided at the time of appointment.
 - All practitioners speak English, providing 100% of English-speaking members with access to English speaking practitioners.
 - Spanish is spoken by 315 practitioners, providing 99.2% of Spanish-speaking members with access to Spanish speaking practitioners.
 - Cambodian is spoken by 47 practitioners, providing 99.5% of Cambodian-speaking members access to Cambodian speaking practitioners.

- Punjabi is spoken by 74 practitioners, providing 99% of Punjabi-speaking members with access to Punjabi speaking practitioners.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

HPSJ contracted with an NCQA accredited survey vendor to complete the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. These surveys assessed member satisfaction with the health plan. The surveys were fielded in March and April and reported in June of 2021.

- In 2021, Response rates were down in the adult population and up in the child populations from 15.8% to 14.4% and 13.4% to 16.8% respectively. Low response rates can be attributed to the timing of survey during COVID-19 shelter in place.
- There were steep declines noted in customer service composites from 2020 to 2021.

Table 7: Adult CAHPS Composite Results 2021

Domain Performance	2019	2020	2021	20-21 Rate Change	2020 Compass All Plans
Rating of All Health Care	64.7%	68.3%	67.9%	-0.4%	76.9%
How Well Doctors Communicate Composite	85.3%	87.3%	84.9%	-2.4%	93.2%
Getting Care Quickly Composite	72.3%	74.9%	69.5%	-5.4%	82.7%
Getting Needed Care Composite	74.0%	78.8%	80%	+1.2%	83.5%
Rating of Health Plan	68.0%	77.6%	74.5%	-3.1%	80.3%
Rating of Personal Doctor	72.2%	74.1%	74.2%	+0.1%	84.2%
Rating of Specialist Seen Most Often	78.1%	77.4%	80.7%	+3.3%	84.7%
Customer Service Composite	85.6%	90.1%	81.4%	-8.7%	89.4%

Table 8: Child CAHPS Composite Results 2021

Domain Performance	2019	2020	2021	19-20 Rate Change	Compass All Plans
Rating of All Health Care	79.3%	86.6%	84.7%	-1.9%	87.5%

How Well Doctors Communicate Composite	89.4%	92.6%	93%	+0.4%	89.4%
Getting Care Quickly Composite	80.5%	83.0%	N/A	+2.5%	89.4%
Getting Needed Care Composite	78.4%	84.0%	85.5%	+1.5%	84.5%
Rating of Health Plan	86.1%	88.7%	89.1%	+0.4%	86.5%
Rating of Personal Doctor	85.4%	89.6%	88.7%	-0.9%	90.0%
Rating of Specialist Seen Most Often	87.8%	93.5%	N/A	+5.7%	74.1%
Customer Service Composite	89.1%	88.8%	81.2%	-7.7%	88.4%

Table 9: HPSJ Member Grievance Report – Access Grievances FY 2020

Member access grievances were aggregated by county and access type. Of the access grievances, over half of all grievances were related to telephone access and timely access to PCPs.

Count of Access Complaints	Column Labels		
Row Labels	San Joaquin	Stanislaus	Grand Total
Language Assistance Provider	2	1	3
Office Wait Time	15	12	27
Provider Not Taking New Patients		2	2
Telephone Access Plan	2	1	3
Telephone Access Provider	29	14	43
Ancillary Provider	1		1
Clinic	15	3	18
PCP	12	5	17
Plan		1	1
Specialist	1	5	6
Timely Access Other	17	8	25
Timely Access PCP	104	76	180
Clinic	38	48	86
Hospital	1		1
PCP	56	19	75
PCP Non-Physician Medical Practitioner	3	2	5
Plan	5	7	12
Specialist	1		1
Timely Access Specialist	34	31	65
Grand Total	203	145	348

Health Disparities

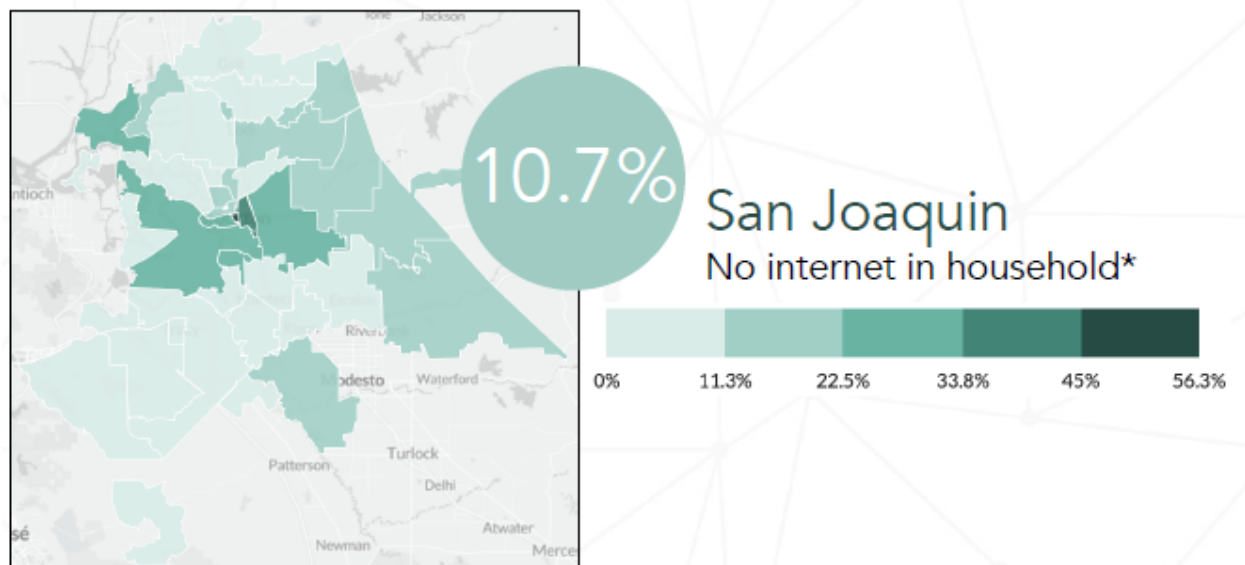
The Department of Health Care Services provided managed care health plans specific health disparities data that was used in this summary analysis. The pandemic impacted the number of reported performance measures this past year. As a result, different indicators were chosen to best accommodate to HPSJ's ongoing internal quality improvement projects and last year's PNA efforts.

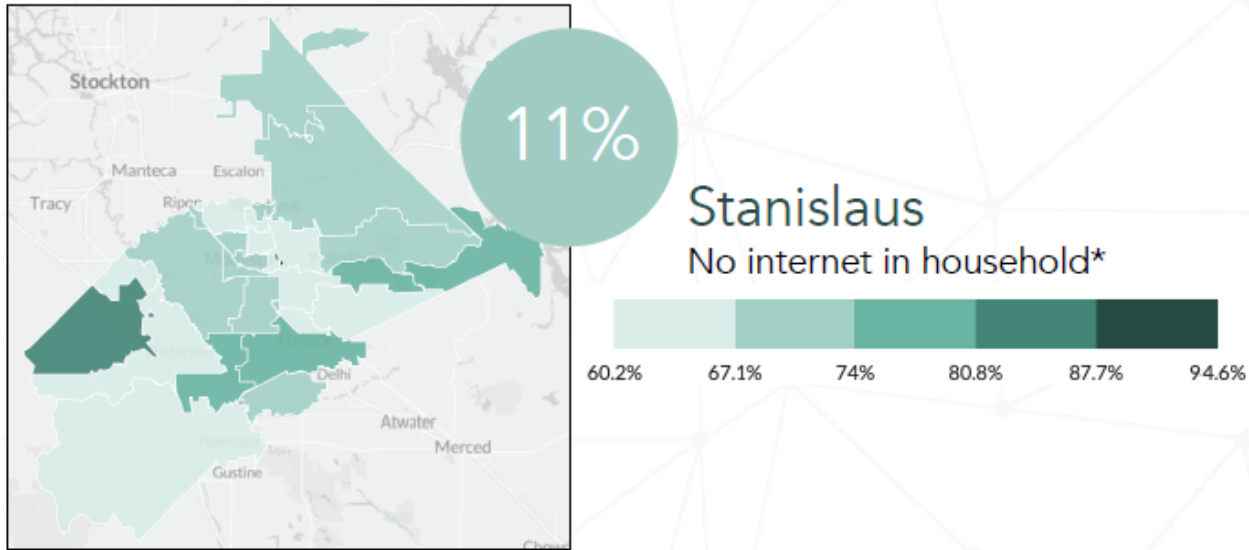
The Health Plan of San Joaquin (HPSJ) Community & Cultural Detailing Report of 2021 states:

- Stanislaus County has high prevalence of FQHC's to provide resources and care to vulnerable populations.
- The ratio of primary care providers to the general population lags state and national averages.
- 22.6% of Stanislaus County residents live in a health professional shortage area, which may pose an obstacle to access to care.

Internet Access is a "Superdeterminant of Health"

Lack of internet access affects healthcare in more ways than just telehealth; it limits a person's ability to connect with health services and find resources. Without it, people are unable to find resources and support for health behaviors and lifestyle changes. There is a high percentage of households without internet access.

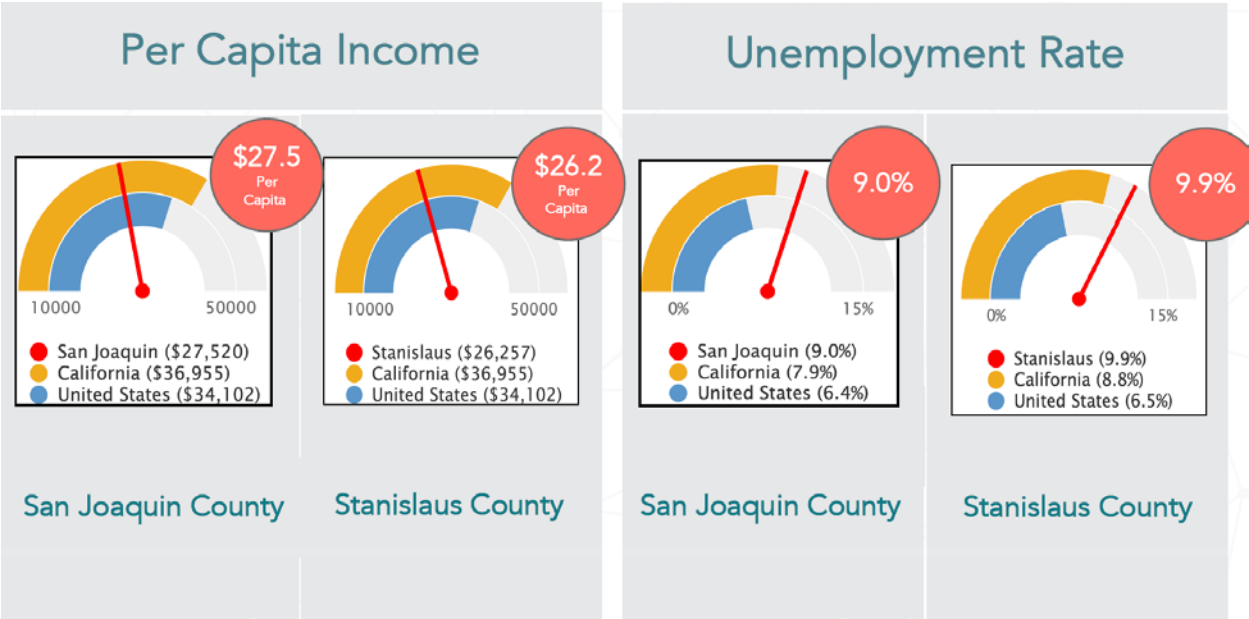




Contributing to lack of internet access and other social determinants of health is an individual’s income.

Both San Joaquin and Stanislaus County have lower per capita income than California and the U.S. which may impact their health and restrict access to care.

Figure 10: Per Capita Income and Unemployment Rates for San Joaquin and Stanislaus County, 2021.



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 membership. It is important to analyze these findings 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 five focus areas or potential barriers that require interventions at a community level:

1. Geography
 - Mixed urban and rural geography with concentrated pockets of membership limits access to services for some populations.
 - Certain rural areas have poor or limited access to broadband internet making telehealth visits not a viable option.
 - Clinics and Federally Qualified Health Centers are located throughout the service area not all offer health education services.
2. Race & Language
 - HPSJ membership data on language preference is voluntary and many don't select an option.
 - 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).
3. Educational Attainment
 - The community's educational attainment in both counties is low in comparison to the state. Many students in the 4th grade test below the 4th grade level and there is a high percentage of adults without a high school diploma.
 - This can result in an increase for potential confusion or misunderstandings on health care services and health education instructions.
4. Disease Prevalence
 - Both counties experience high chronic disease prevalence (e.g., Diabetes, high blood pressure, high cholesterol, and heart disease) which is not limited to HPSJ members.
5. Access to Care

- Both counties have lower per capita income than California and the U.S. which may impact their health and restrict access to care.
- Few high – quality health care providers (including urgent care and mental health) and no tertiary care centers in both counties for children and adults.

Internal	Helpful	Harmful
	Strengths	Weaknesses
	<ul style="list-style-type: none">• Member incentives continue to promote preventative measures.• Community Advisory Committee (CAC) and Health Education Committee (HEC) provides a venue for input for community partners and HPSJ members.• C&L and transportation services are available to members upon request.• Care coordination includes case management and health education services.• HPSJ diverse membership reflects the entire community in both counties.	<ul style="list-style-type: none">• Members reporting difficulty scheduling interpretation services.• Limited knowledge of how to request interpretation services.• Lack of knowledge of available HPSJ services.• Perception that doctors don't understand the community culture.• Technological limitations and confusion members experience related to telehealth.

External	Opportunities	Threats
	<ul style="list-style-type: none">• HPSJ continues to look for opportunities to strategically align community health goals with those that can be addressed with HPSJ goals.• Targeting interventions within key zip codes to engage community stakeholders and resources.• Utilizing using the learnings from the pandemic and telehealth to address health disparities and focus on appropriate preventative and behavioral health visits.	<ul style="list-style-type: none">• Mixed urban and rural geography adds to barriers for members in receiving care.• Diverse member population speaking multiple languages.• Low literacy levels among general population leads to confusion around health information.• Prevalence of chronic conditions is high in both counties in general population.

HPSJ Community Feedback

Key Informant Interviews (KIIs) were completed in April of 2021 with a focus on language assistance, health education, telehealth, and barriers to care. Tables 14 and 15 identify the gender and age composition of the group. Many are female and older. The survey questions were modeled after the San Joaquin County KII tool utilized in.

Table 15: Key Informant Interview participants by gender, March 2021

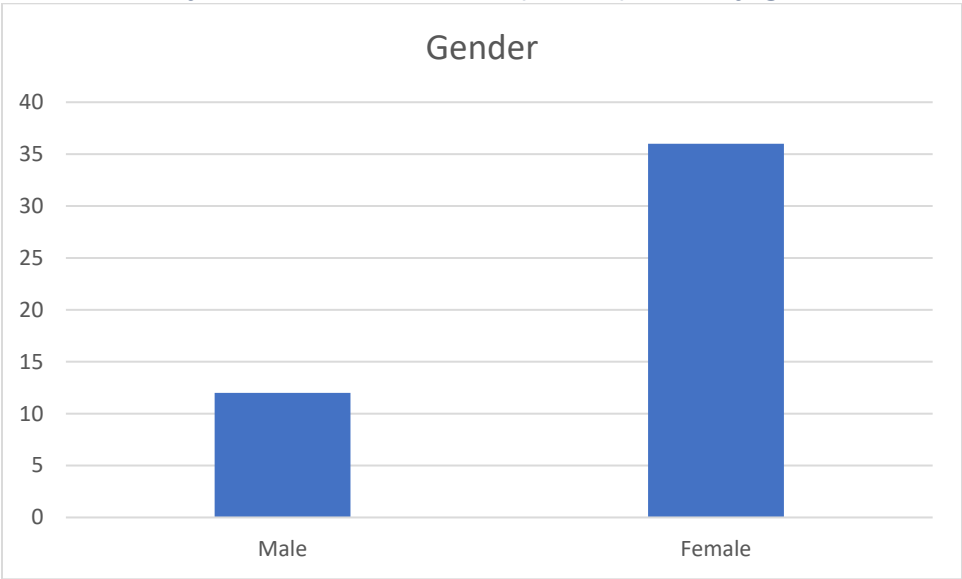
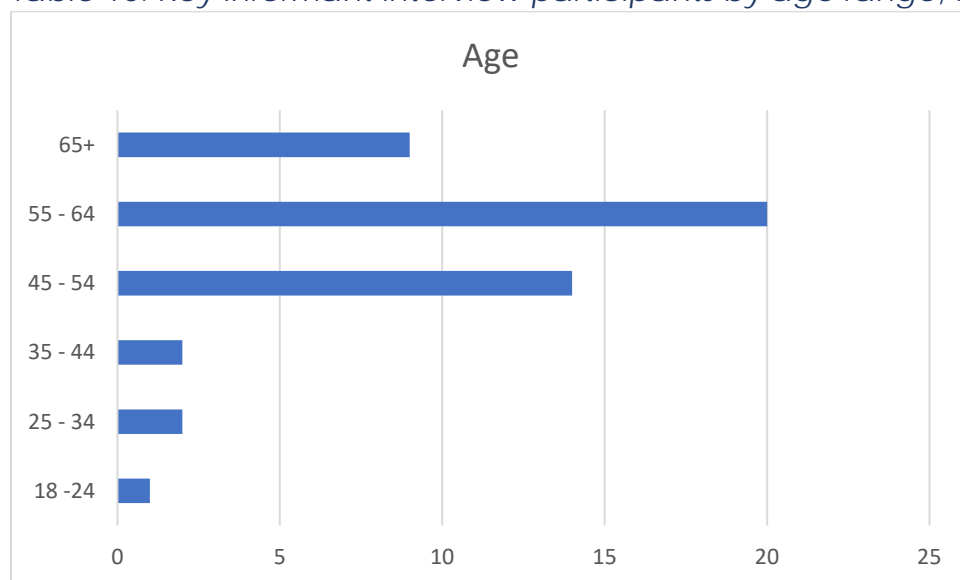


Table 16: Key Informant Interview participants by age range, March 2021

Quality of life in the community:

Participants were asked to answer a set of questions in the context of quality of life in their community. Many were concerned with violence, homelessness, lack of a police force, and not enough healthy and readily available foods. Over 40% of participants noted that the quality life in the community was good, but that improvements are needed. Members reported that they would support and contribute time to the community, if it positively impacted themselves, family, or friends. Suggestions included improving access to nutritious food by hosting farmers markets in parts of the county where there are no supermarkets or improving community safety and reducing crime, so people feel more comfortable exercising outside. Community partners noted that COVID-19 exacerbated challenges of transitioning from in person service to a virtual environment whereby further alienating those who do not have access to internet or technology.

HPSJ Services and Health Education:

Most KII participants noted that health education services were very beneficial tools for the purpose of prevention, behavioral modification, and self-empowering individuals to make health care decisions. However, health education services or classes in San Joaquin and Stanislaus county are limited to urban areas with higher population density like Stockton and Modesto/Turlock, respectively. Resources are less available in rural areas like Escalon, Lodi, Tracy, and Lathrop in San Joaquin County. Patterson, Newman, and Waterford have the

fewest services in Stanislaus County. Services are limited to English and Spanish speaking community members despite the prevalence of Assyrian, Cambodian, Indian, and refugee populations (e.g., Afghani, Burmese, Khmer).

Twelve participants noted that the most useful health education was shared during HPSJ Community Advisory Committee meetings, followed by the seasonal FOCUS member newsletter mailings. Many stated there might be increased participation in health education classes if offered in languages other than English and in more locations. For example, Khmer speaking members can only receive nutrition and diabetes management education at APSARA in Stockton, while Hmong speakers indicate a desire to participate in health education classes however, there are no health education classes available in their language. Many provided feedback about their preferences for the types of classes they are interested in. Table 17 lists the most requested classes. Participants expressed an interest in natural medicine, self-care, and seek preventative health topics as opposed to medication and medical treatment.

Table 17: Top 10 health education services or classes useful to Key Informant Interviewees, March 2021

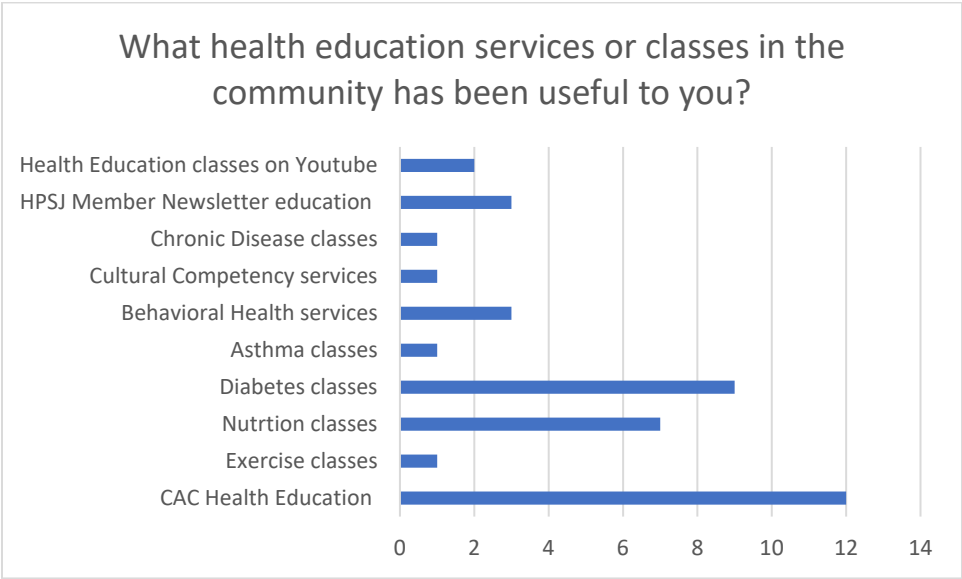
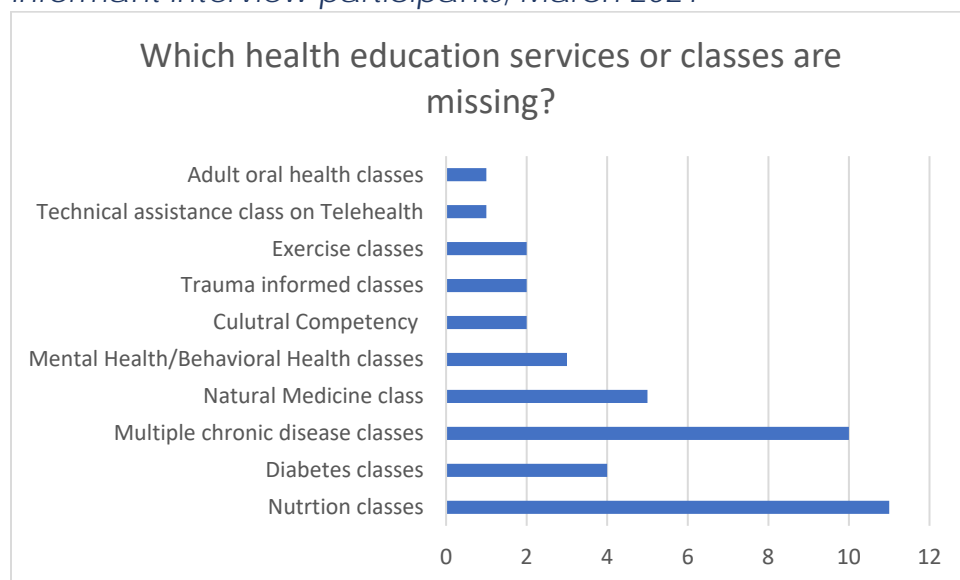


Table 18: Top 10 health education services or classes preferences noted by Key Informant Interview participants, March 2021



Cultural and Linguistic (C&L) and Translated services:

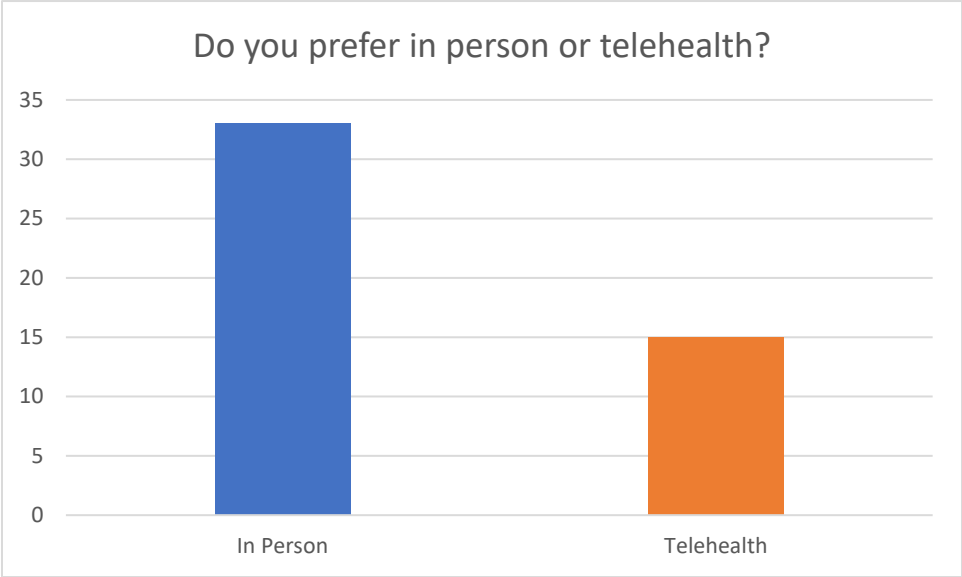
Most interview participants know how to obtain translated materials but noted that requesting interpretation services is very difficult for Khmer and Hmong speaking individuals. As a result, members use their family members to assist with provider visits instead of pursuing interpreter services. Many noticed that materials/services are often offered in English and Spanish, but not readily available in other languages. Others shared that C&L services are helpful when setup prior to their scheduled appointment. Additionally, a few HPSJ members reported the need for cultural competency training for provider's related to transgender care.

Telehealth services:

In response to COVID 19, providers limited in-person appointments and implemented telehealth. Many noted that virtual visits helped save time and money and are more convenient than in person. However, those who prefer in person visits report that they value the human connection and increased transparency of medical care provided face to face and believe they get more appropriate care. Non-English speakers and nonnative English speakers expressed challenges with technology. They indicate a need for additional support from family to connect with HPSJ interpreter services. All participants agreed that telehealth visits are convenient for minor checkups but not appropriate for complex visits. Visits that treat complex conditions are better served by in-person visits and strongly preferred. When asked to check their own vital signs during a telehealth appointment, they worry about accuracy. As a

result, they prefer having a professional perform that assessment. Respondents expressed the need to continue community feedback on telehealth experience to allow for more flexible visits for both providers and patients.

Table 19: Preference of telehealth vs. in person visit reported by Key Informant Interviewees, March 2021



Member Engagement:

All participants reported positive experiences with HPSJ particularly in the areas of case management and community partner engagement. Respondents Recommended that HPSJ continue to engage partners for increased CAC participation and provide more opportunities for training and learning. Participants from San Joaquin County recommended hosting meetings where partners are already engaging the community regularly. The respondents recommended that CAC alternate between in person, virtual, or hybrid. Participants noted that they would like to have more health education materials about preventative health, managing chronic conditions, and diabetes mailed to them.

Action Plan

Action Plan Table Update from 2020

Objective 1: Increase overall utilization of languages assistance services by 8% by June 30, 2021. Categories include providers, members, and internal staff. This includes a 2% increase in each racial/ethnic category as noted in the member ethnicity report. HPSJ objective for 2020 was to increase overall utilization language assistance services by 8% by June 30, 2021. Our report shows **HPSJ didn't meet the goals by June 30, 2021.**

	Member Ethnicity	2020 Percent Unseen	2021 Decrease % Unseen By
Stanislaus	Hispanic	23%	2%
	Caucasian	23%	2%
	African American	24%	2%
	AAPI	22%	2%
San Joaquin	Hispanic	21%	2%
	Caucasian	22%	2%
	African American	21%	2%
	AAPI	22%	2%

Member Analysis:

- Members continue to prefer using family and friends for interpretation services.
- Members report confusion around what C&L services are available and how to access them.

Utilization Data:

Data Source:

- CAHPS adult and child data
- Language assistance utilization data

Quarterly review of utilization by providers

Member Analysis:

- Member Percent Unseen increased from overall 22.5% to 26% due Covid-19. As a result, the goal for 2020 was not met.

Utilization Data:

The below information shows percentage of members by ethnicity with no encounter for 2020

- Hispanic – 9,600/35,700 - 27%
- Caucasian – 5,600/21,300 – 26%
- African American – 700/2,600 – 27%
- Asian Pacific American – 800/3,400 – 24%

San Joaquin: Percentage of members by Ethnicity with no encounters or claims for the entire 2020 calendar year

- Hispanic – 12,000/44,800 – 27%
- Caucasian – 5,500/21,000 – 26%
- African American – 3,000/11,500 – 26%
- Asian Pacific American – 2,200/9,300 – 24%

Data Source:

- Language assistance utilization data
- Quarterly review of utilization by providers

Strategies

- 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 to promote increase in utilization of primary care services among HPSJ members.
- 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.
- Expansion of C&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.
- Provide stakeholders (community advisory committee) resources and informing materials on language assistance and interpretive services for dissemination widely among our members.
- Perform annual member satisfaction survey to gather feedback on language assistance services.
- CAHPS survey on ease of understanding written materials and ease of filling out forms.

<ul style="list-style-type: none">• Monitor grievances related to language assistance and interpretive services.• Increase overall use of interpretive services.
<ul style="list-style-type: none">• <i>Increase the number of health education classes, shared decision-making tools, and resources that enhance Members' health literacy.</i>• Collaborate with providers in the collection, development, and dissemination of culturally relevant educational material to members, families, providers and other stakeholders.• 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.
<ul style="list-style-type: none">• <i>Publish all health education self-management materials and tools (with instructions) to the Member Portal with an option to be emailed.</i>• Look at distribution of different ethnic groups by zip code and develop community focused interventions.

Objective 2: By June 30, 2021 HPSJ's goal was to increase utilization of health education materials and resources by 5%. As evidence by visits to health education webpages, download of health education materials, and provision of health education materials through outreach teams.

Analysis:

- Health education webpages have seen 3,318 visits over the course of FY 2020-2021 which is an increase of 87%.
- Download of health education materials in FY 19-20 was zero and in FY 20-21 jumped to 159 downloads.
 - There was no tracking method established for downloads of health education materials from the website until FY 20-21 began.
- The distribution of physical health education materials in FY 19-20 was 9,670 and in FY 20-21 was 2,000.
 - Outreach teams were unable to distribute materials as easily because of COVID, but directed members, providers, and partners to the HPSJ site where certain materials were available. Others had to be emailed to partners as various webpages continue to experience updates.

Data Source:

- Health Education Webpage Visits

Health Education Pages	Views (FY 19-20)	Note	Views (FY 20-21)	Difference
Main				
https://www.hpsj.com/health-education-programs	16		344	
Subtotal Views	16		344	328 Views increased
Home pages				
https://www.hpsj.com/breast-health/	301		155	
https://www.hpsj.com/flu/	0	page wasn't active	706	
https://www.hpsj.com/mens-health/	328		134	
https://www.hpsj.com/children-with-adhd/	0	page wasn't active	203	
https://www.hpsj.com/managing-congestive-heart-failure/	0	page wasn't active	205	
https://www.hpsj.com/prenatal/	1,117		1,134	
https://www.hpsj.com/diabetes-education/	245		198	
https://www.hpsj.com/tobacco-cessation/	0	page wasn't active	83	
https://www.hpsj.com/copd/	32		35	
https://www.hpsj.com/healthysmiles/	312		1,417	
https://www.hpsj.com/womens-health/	1,248		1,305	
Subtotal Views	3,583		5,575	1,992 Views increased
Health ed extended pages				
https://www.hpsj.com/health-education-committee/	0	page wasn't active	692	
https://www.hpsj.com/cac/	0	page wasn't active	290	
https://www.hpsj.com/disease-management/	195		211	
Subtotal Views	195		1,193	998 Views increased
Total Views	3,794		7,112	3,318 Total views increased

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. Low risk member engagement will match current high-risk member engagement at 21% of total outreach.

Update: Objective was not met due to constraints around new print vendor. Will not move this objective forward into 2021.

Justification:

- County Level data and plan specific data show disproportionately high number of members with chronic diseases in our 2 counties when compared to CA as a whole.

Data Source:

- This is a new program targeting low risk members. Currently high-risk members are engaged at a rate of 21% of total outreach by case management team.
- 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 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.
2. Community partner involvement- work with CBO's, LHD, and FQHC's as well as other providers.
 - a. Continue to evaluate how information is disseminated to members, making sure to offer several methods of communication based on members preference.

3. Meet monthly with internal Risk Stratification Work group to assess ongoing changes made to Tableau regarding the member utilization dashboard.
 - a. Review aggregate data to assess for potential biases regarding race/ethnicity, language spoken, geographic area, etc.
 - b. Share aggregate level data as appropriate with community partners as appropriate to gather additional feedback
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.
 - a. Share health education materials and resources with community partners and members through HEC, CAC, and OERU team.

Objective 4: By December 31, 2022, to increase the rate of compliance for cervical cancer screenings among White/Caucasian women ages 24-64 years of age in Stanislaus County from 49.30% to 59.00%. To reduce or remove the statistical health disparity identified for this people group.

To work toward this goal, HPSJ is currently working to pilot a program with Golden Valley Health Centers, our largest FQHC provider in Stanislaus County, at their West Modesto Clinic to address this health disparity as it is mirrored statistically by their current population. The goal is to get approximately 327 Caucasian members identified as needing these services in for care by the end of the PIP window. Since GVHC had nearly half of the total eligible population for this measure in Stanislaus County assigned to them at the end of the baseline period (December 2018), successful interventions at the single clinic will be evaluated for sustainability and success before working with the provider to expand to other clinics in the County.

Data Source:

- Care Gap Finder Reports; Baseline 12/2018 (Initial PIP baselines); 12/2019 (Objective Baseline)

- DHCS EQRO indicates a decrease in rates from 2015 [57.18%] through 2017 [2016=49.39%; 2017=47.20%] for Stanislaus County
- DHCS 2016 Health Disparities Report [published May 2019]; CCS – 4 Health Disparities were identified for CCS indicator: Asian, Black/African Americans, Hispanic/Latino, and “Other” groups were better than the rate for Whites.

UPDATE:

GVHC still has nearly half of the total eligible population for this measure in Stanislaus county assigned to them as of the end of the baseline period of 2019. GVHC must cooperate to meaningfully impact the disparity in Stanislaus County. Successful interventions at this clinic will be evaluated for sustainability and success before expanding to other clinics in the county.

This project was stopped since the last PNA submission by DHCS due to EQRO concerns. The project will be resumed late 2020 once the new EQRO contract is in place.

Strategies

- Partner with the FOHC with the largest population for this measure to leverage the best impact; this FOHC must have the disparity mirrored in their population.
- Pilot clinic days with a designated provider or direct scheduling for this service.
- Negotiating Joint outreach efforts and Direct Scheduling potential; will continue to support GVHC with outreach and health promotion support.
- Potential to include a second FOHC to support efforts at the county level (Stanislaus Health Services Agency plans to continue Care Gap clinic days with potential to include PAP tests. Will continue to support this work with outreach and health promotion support.)

Action Plan Table 2021

Objective 1: Objective 1 is brought forward from reporting year 2020. The objective is to increase overall utilization of language assistance by 8% by June 30, 2023. Categories include members, providers, internal staff. Baseline for 2021 changed from 22.5% to 26% due to focus goal for 2022-2023.

Justification:

Key data Assessment Findings, member Ethnicity Report

- Percentage of unseen member who speak a primary language other than English remains high.

Member Ethnicity		2021 % Unseen	2022 Decrease % Unseen By
HPSJ	Language access	26%	8%

Member Analysis:

- Members continue to prefer using family and friends for interpretation services.
- Members report confusion around what C&L services are available and how to access them.

Utilization Data:

- To improve language assistance by 8% by June 30, 2023.

Data Source:

- Language assistance utilization data
- Quarterly review of utilization by providers

Strategies

- Continue to 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 to promote increase in utilization of primary care services among HPSJ members.
- Continue to 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.

- Expansion of C&L services making video interpretation available to providers. Decrease the barrier having to schedule interpretive services and give providers instantaneous access. Pilot one is complete, plan on moving to phase two after COVID.
- Incorporated simultaneous interpretation /Provide stakeholders (community advisory committee) resources and informing materials on language assistance and interpretive services for dissemination widely among our members.
- Provide training to highlight the language assistance program at joint operation meeting/CBO.
- CAHPS survey on ease of understanding written materials and ease of filling out forms.
- Monitor grievances related to language assistance and interpretive services.
- Increase overall use of interpretive services.

New Objective 2: By June 30, 2022, improve engagement from members and community partners by increasing the number of new members in the Community Advisory Committee by 10 individuals who represent areas not currently represented either ethnically, linguistically, or geographically. This objective is a modification from 2020.

Data Source:

- HPSJ Community Advisory Committee Roster

Strategies

- Engage with community stakeholders and CAC members to assess member and community needs at every CAC meeting.
- Develop partnerships through Health Education Committee and other HPSJ opportunities.
- Utilized the HPSJ FOCUS Newsletter and Provider Partnership program to promote CAC opportunity.

Objective 3: Implement a virtual diabetes prevention program with vendor and have at least one complete cohort of members by 6/30/22.

Last year's PNA submission included an objective related to expanding population level chronic disease management programs. We were not able to continue this expansion because of COVID impacting business operations and priorities. As a result, the diabetes prevention program has replaced last year's objective to meet members rising risk of complications because of increased heart disease in both counties.

Data Source:

- Plan level data of actively enrolled members in DPP by next PNA submission period.

Strategies

- Identify organizational needs in supporting members at risk of developing prediabetes or diabetes.
- Enlist interested vendors through a request for proposal process.
- Evaluate top performing vendors for effectiveness of supporting members with diabetes manage their health.
- Select vendor based on plan level criteria to positively impact member engagement with their health
- Contract with vendor and begin vendor and member engagement.

2021 Objective 4: Objective 4 is a brought forward project from 2020. By December 31, 2022, to increase the rate of compliance for cervical cancer screenings among White/Caucasian women ages 24-64 years of age at GVHC's West Modesto Clinic and residing in Stanislaus County from 49.52% to 55.73%.

Due to the timelines of this DHCS Health Disparity PIP, the final data will be reported on the 2023 PNA. Narrative updates will be provided in the interim.

To continue work towards this goal, HPSJ is currently working on launching a pilot program with Golden Valley Health Center (GVHC), the largest FQHC provider in Stanislaus County at their West Modesto Clinic. This health disparity is mirrored statistically in their current overall and clinic population.

GVHC still has nearly half of the total eligible population for this measure in Stanislaus county assigned to them as of the end of the baseline period of 2019. GVHC must cooperate to meaningfully impact the disparity in Stanislaus County. Successful interventions at this clinic will be evaluated for sustainability and success before expanding to other clinics in the county.

This project was previously stopped since the last PNA submission by DHCS due to EQRO concerns, but it has been restarted; The MCP has turned in the first module for this project to the EQRO and is currently in the planning phases for the subsequent modules.

Data Source:

- Care Gap Finder Reports; Baseline 12/2020
- DHCS EQRO indicates a decrease in rates from 2015 [57.18%] through 2017 [2016=49.39%; 2017=47.20%] for Stanislaus County
- DHCS 2016 Health Disparities Report [published May 2019]; CCS – 4 Health Disparities were identified for CCS indicator: Asian, Black/African Americans, Hispanic/Latino, and “Other” groups were better than the rate for Whites.
- The 2019 DHCS Disparities report was not included in the data set due to DHCS not including CCS in the analysis.
- Our overall data still shows this disparity in ST county

Strategies

- Partner with the FQHC with the largest population for this measure to leverage the best impact; this FQHC must have the disparity mirrored in their population.
- Pilot clinic days with a designated provider or direct scheduling for this service.
- Negotiating Joint outreach efforts and Direct Scheduling potential; will continue to support GVHC with outreach and health promotion support.
- Potential to include a second FQHC to support efforts at the county level (Stanislaus Health Services Agency plans to continue Care Gap clinic days with potential to include PAP tests. Will continue to support this work with outreach and health promotion support.)

Stakeholder Engagement

Prior to 2019, the HPSJ CAC convened one 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 have an opportunity to review data findings and provide feedback. Due to COVID-19 precautions HPSJ limited interaction with members at both offices to limit exposure to staff and community members. In-person meetings were cancelled due to Covid-19. In lieu of face to face interactions KII's were scheduled with community partners and members. Members who participated in the KII were incentivized.

KII topics were specific to Health Education, Cultural & Linguistic services, and community health priorities.

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.

The following pages show the questions utilized for the KII.

HPSJ Key Informant Interview Questions- PNA 2021

1. General questions:
 - a. Name
 - b. Age
 - c. Gender
 - d. How long they have been an HPSJ Member
 - i. Zip code
 - ii. If community partner which agency they represent
2. In general, how would you rate the health and quality of life in the community?
 - a. Excellent
 - b. Good
 - c. Ok/Fair
 - d. Poor
 - e. Bad
3. What are the strengths and positive factors that currently exist and improve the quality of life in the community? Please explain why.
 - a. *Clarifying question:* What are some things that help make our community healthier?
4. What are the weaknesses and contributing factors that decrease the quality of life in the community? Please explain why.
 - a. *Clarifying question:* What is missing in our community? What are some the challenges in trying to stay healthy?
5. What barriers, if any, exist that make it hard to live a healthy life in this community?
6. What needs to be done to address these issues?
 - a. What actions or changes would you support because they would contribute to a healthier community? *Clarifying question:* What would help to improve some of those issues you just mentioned?
7. Does your doctor allow for telehealth visits? If so, do you prefer using telehealth?
 - a. *Clarifying question:* What are some of the challenges with using telehealth?

8. How would you rate HPSJ for the following?
- a. Services (e.g., prevent health, acute care, finding a doctor, timely access)
 - i. Excellent
 - ii. Good
 - iii. Ok/Fair
 - iv. Poor
 - v. Bad
 - b. Communication
 - i. Excellent
 - ii. Good
 - iii. Ok/Fair
 - iv. Poor
 - v. Bad
 - c. Health Education
 - i. Excellent
 - ii. Good
 - iii. Ok/Fair
 - iv. Poor
 - v. Bad
 - d. Language Assistance
 - i. Excellent
 - ii. Good
 - iii. Ok/Fair
 - iv. Poor
 - v. Bad
9. If you need help in another language or if you need something translated into your language do you know where to get help?
10. What health education services or classes in the community have been useful to you?
- a. Which health education services or classes are missing?
11. What can we do as your Health Plan to help you reach your health goals?
- a. Open question.

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.

HPSJ's quality team and provider services team shares the findings with our primary care providers and the partnership program to 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. The PNA helps to inform Health Education, Cultural and Linguistic and Quality Improvement program activities. 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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Population Health Management Annual Evaluation

Responsible Staff:

Population Health and/or HEDIS/NCQA Team

Population Health Management Impact

Health Plan of San Joaquin (HPSJ) was established in 1995 by San Joaquin County. As a not-for-profit Medi-Cal managed Care Organization, HPSJ has been serving members and the community since 1996. In 2013, HPSJ expanded to Stanislaus county. As of January 2021, HPSJ has 315,935 total enrollees. Overall, 59.71% of enrollees live in San Joaquin County and 40.29% of enrollees live in Stanislaus County.

HPSJ has a robust Population Health Management Program that consists of a model of care and a plan of action designed to meet the needs of its members. HPSJ's Population Health Program is comprehensive and addresses the full spectrum of care coordination – including screenings, health assessments, data collection and monitoring, case management, care transitions, communications, governance and other issues.

Members are enrolled in the population health management programs using medical claims data, self-referral and provider referral, assessments, and internal referrals from HPSJ's programs and services. HPSJ population management programs are available to all eligible HPSJ members. This Population Health Program Evaluation is presented to HPSJ Quality Management and Utilization Management Committee Annually.

Quantitative Results

HPSJ in partnership with AxisPoint Health (APH) completed an analysis of population health strategies aimed at improving overall health outcomes particularly for members within these categories:

1. High Risk qualifying for Whole Person Care Pilot
2. High Risk qualifying for APH Complex Case Management
3. Rising Risk Case Management and outreach of members experiencing rising risk—Disease Management
4. Rising Risk Outreach efforts aimed at keeping members healthy—Me + My Baby: Prenatal Program
5. Unseen members—Preventive Health Outreach Efforts

Results for clinical, utilization, and experience measures were collected to assess overall program efficacy.

Clinical Measures

Assessing the effectiveness and impact on clinical utilization is instrumental to demonstrating value in addressing gaps in care. Clinical measures for this year include MY2020 HEDIS rates for diabetes, asthma, women's health, and well child visits.

Table 1: Risk Stratification 2019 baseline and 2020 outcome measurements

Stratification	Measure	2019 Baseline	2020 Outcome
Highest Risk	Enrollment in WPH	719	N/A please see interpretation section for details.
Highest Risk- Level 4	APH LCSW/BHS evaluation	No baseline	103 Members
Highest Risk- Level 4	APH Polypharmacy Medication Review	No baseline	121 Members
Rising Risk – Level 2 and 3	Asthma Medication Ratio >.5 HEDIS AMR	57.25%	60.86%
Emerging Risk – Level 2 and 3	Diabetes A1c testing HEDIS CDC A1c	81.75%	85.1%
Rising Risk – Level 2 and 3	Diabetes A1c control <9 HEDIS CDC >9	41.36%	36.74%
Keeping Members Healthy- Prenatal	Timely Prenatal Care HEDIS PPC-Pre	83.76 %	92.7 %
Keeping Members Healthy- Postpartum	Timely Postpartum Care HEDIS PPC-Post	65.69 %	77.37 % (HPL)
Keeping Members Healthy	Cervical Cancer Screening HEDIS CCS	52.55%	60.58%
Keeping Members Healthy	Breast Cancer Screening HEDIS BCS	55.82%	57.90%
Keeping Members Healthy	Well Visits 0-15 months HEDIS W15	No baseline	SJ=54.99% ST=43.31%
Keeping Members Healthy	Well Visits 3-6 years HEDIS W34	SJ=70.80% ST=67.4%	SJ=70.80% ST=69.59%

Keeping Members Healthy	Adolescent Well Visits HEDIS AWC	No baseline	SJ=42.82% ST=40.63%
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Members who are Range 4 based on APH risk stratification represent the highest risk and receive the most intensive level of outreach for care management and interactive complex case management (CCM) services. Management of those members is handled by APH. Members who are Range 3 based on APH risk stratification who have Asthma, Diabetes, Congestive Heart Failure and Chronic Obstructive Pulmonary Disease are eligible for disease management through HPSJ. All eligible members receive a call from a non-licensed program staff member who performs a telephonic outreach to identify knowledge deficits and provide educational materials to close knowledge gaps and encourage self-management.

Table 2: Members based on APH Risk Stratification with Rising Risk

Subset of the Population	Targeted Intervention for Which Members are Eligible	2019 Baseline	2019 % of membership Baseline	2020 Number of Members	2020 % of Membership
Highest Risk	Whole Person Care	719	0.22%	N/A	N/A
Highest Risk	AxisPoint Complex Care Management	57	3.2%	121/	8%
Rising Risk Levels 3-4	Disease Management	Asthma 281 CHF 13 COPD 22 Diabetes 14	Asthma 0.08% CHF 0.00% COPD 0.01% Diabetes 0.00%	Asthma 106 CHF 81 COPD 40 Diabetes 211	Asthma 0.03% CHF 0.00% COPD 0.01% Diabetes 0.00%
Rising Risk Levels 1-2	Disease Management	Asthma 16,275 CHF 577 COPD 617 Diabetes 3,137	Asthma 4.89% CHF 0.17% COPD 0.19% Diabetes 0.94%	Asthma 16,821 CHF 1,276 COPD 1,159 Diabetes 5,245	Asthma 5.10% CHF 0.39% COPD 0.19% Diabetes 1.59%
Unseen Members	Outreach and incentives	115.6 unseen members 1000/Member Months		138.6 unseen members per 10000/Member Month	

Engagement in relevant clinical programs was also utilized to assess this measure. Eligibility and engagement in APH Complex Case Management, HPSJ Disease Management (DM) (includes asthma, diabetes, COPD, and CHF), and Me + My Baby (MMB) program for prenatal members have been included in this section.

Table 3: HPSJ Disease Management Participation by Disease Category

Total Participation	Diabetes	COPD	Asthma	CHF
438	211	40	106	81

Me & My Baby (MMB) Program is a comprehensive pregnancy health education and case management program. This program is a key factor in the HPSJ population health management strategy. In 2020 the case management program actively engaged 122 members in Me & My Baby case management services. An additional 13,513 calls were made from the population health team as part of outreach efforts for low-risk members. Low risk outreach calls included an assessment for needs relevant to social determinants of health and prenatal incentives for timely care.

The Me & My Baby Program in collaboration with Population Health and the Outreach Retention Enrollment Utilization (OREU) team saw a 193% increase in prenatal outreach calls and 91% increase in engagement of Low and Moderate risk pregnant women in FY 2020 when compared to FY2019.

Post-Partum call outreach increased by 287% resulting in a 236% increase in Low and Moderate risk pregnant women responding to outreach calls and expressing interest in obtaining the incentive by keeping their post-partum visits

The number of High Risk pregnant HPSJ members who chose to participate in the Me & My Baby Case Management program increased in FY 2020 by 6% from FY 2019. In addition, the number of members completing the Case Management program in 2020 increased by 25% compared to FY2019.

Table 4: Prenatal Outreach Strategies and Engagement

Fiscal Year	M7 OERU Prenatal calls	M7 OERU Prenatal Engaged	OERU Post - Partum Calls	OERU Post - Partum Engaged	L/mod Risk Pop. Health Outreach	L/mod Risk Pop. Health Engaged	Identified for CM High Risk	Target CM Engaged	Completed CM Program
2019	269	101	1342	419	3,913	913	342	115	67
2020	789	193	5191	1409	3,914	932	437	122	84
Percent change	193%	91%	287%	236%	.03%	2.1%	27%	6%	25%

Cost/Utilization Measures

The goal of the DM program was to help reduce barriers by identifying the unmet needs of members and assisting them to find solutions which may involve coordination of care, assisting members in accessing community-based resources, providing education, or any of a broad range of interventions designed to improve the quality of life and functionality of members and to make efficient use of available healthcare and community-based resources.

The admissions and readmission rates were calculated based on all patients enrolled in the disease management program, using authorizations for inpatient admissions the year prior to enrollment and the year following program completion of members that participated in the DM interventions of the program.

Table 5: HPSJ Disease Management Participant Admissions Post Disease Management Program Completion

Timeframe	Measurement Period	Total Admits	Patients	Admits per Member	Total Population patients w/ Admits
Pre-enrollment admissions	1 year prior to enrollment	156	211	0.73%	53
Post-enrollment	Year of completion	273	211	1.29%	104

For FY 2020 there was an increase in hospital admissions amongst those members enrolled in the DM program. FY 2020 was impacted by COVID-19 and

members with chronic illness were disproportionately impacted and the FY 2019 flu season was also severe resulting in increased admissions among the chronically ill. This may have contributed to the increase in admissions and emergency department (ED) utilization.

Table 6: HPSJ Disease Management Participant Admissions by Condition

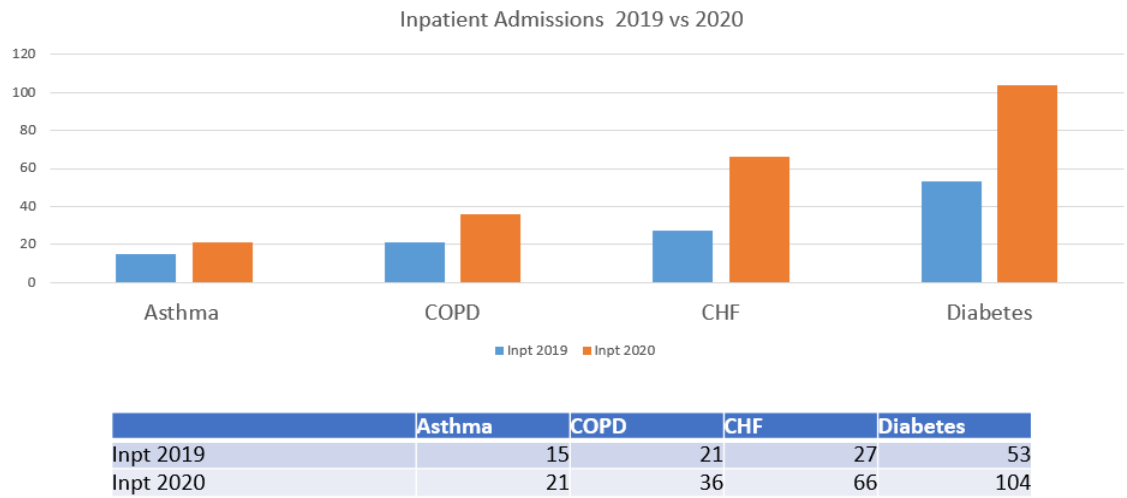


Table 7: HPSJ Disease Management Participant Emergency

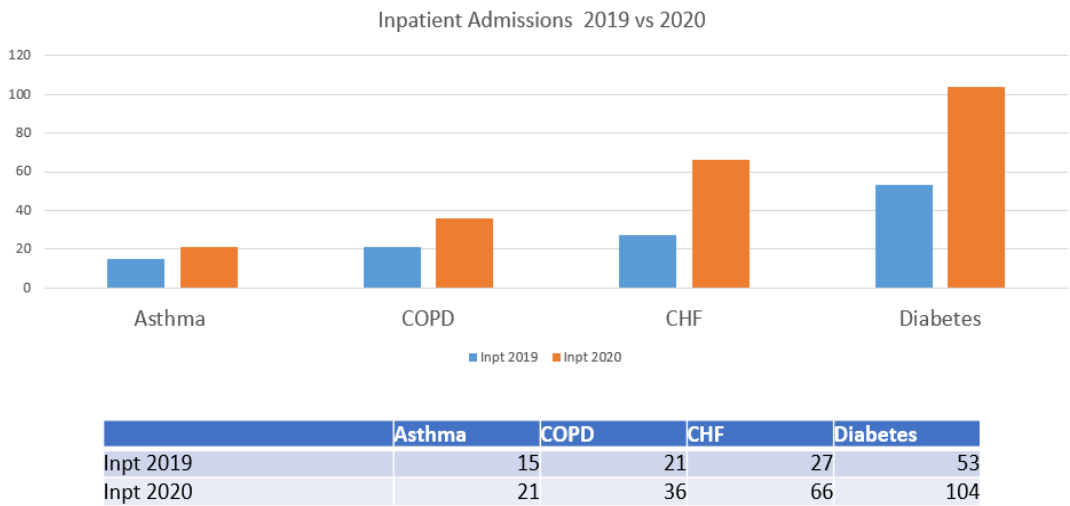


Table 8: ED and IP admissions for members with Rising Risk

Stratification	Measure	Goal	2020 Outcome
Rising Risk- Level 1-3	Decrease ED visits/1,000MM for condition specific diagnoses	52.6 per 1,000/year	35.9 per 1,000/year
Rising Risk- Level 1-3	Decrease condition specific IP admissions/1,000MM members	5.65 per 1,000/year	4.42 per 1,000/year

It is likely that this is a reflection of COVID-19, stay at home orders, and the community concerns around increased exposure in public places, mask wearing practices. Considering the scope of the program, and interventions HPSJ has decided to change this measure for the upcoming year to reflect the different interventions in these categories (e.g. low risk mailers vs high risk calls).

Experience

HPSJ staff conducts a comprehensive survey which evaluates multiple components of the Disease Management (DM) program at least annually. This phone survey was administered to members who graduated from the DM program during FY 2020 (see Table 9).

Table 9: HPSJ Disease Management Member Satisfaction Survey Responses

	Measure	N/D	Overall Rate	Goal Met?	No	Yes	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Blank	Comments
			94.1	NO	(0)	(1)	(1)	(1)	(0)	(-1)	(-1)	(0)	
Q1	In the last 6 months, have you received any materials regarding the DM program	51/54	94%	N	3	51							
Q1a	Were these written materials easy to understand for you?	49/54	91%	N			34	16			1	4	If the material sent out can be in the members language PUNJABI
Q1b	Did the materials help you understand your condition better	49/54	91%	N			34	16			1	4	
Q2	In the last 6 months, have you received phone calls from HPSJ staff regarding the Disease Management program?	54/54	100	Y		54							If the calls can be done every 2 months that would be better
Q2a	If yes, was the information provided to you during the call helpful to you?	54/54	100	Y			36	18					
Q2b	If yes, did the Nurse Disease Manager treat you with courtesy and respect?	54/54	100	Y			41	13					
Q3	In the last 6 months, did you feel that you were actively involved in the Disease Management program?	53/54	98%	Y			33	20	1				
Q4	Were you enrolled in the health coaching program?	50/54	92%	N	25	25						4	
Q5	Do you feel more knowledgeable about your condition as a result of being in the Disease Management program?	54/54	100	Y			35	19					
Q6	Do you feel that you are able to better manage your condition as a result of being in the Disease Management program?	53/54	98%	Y			36	17	1				
Q7	Do you feel that your overall health has improved because of Disease Management services?	46/54	85%	N			28	20	4	2			
Q8	On a scale of 1 to 10 with 10 being the maximum, how would you rate HPSJ's Disease Management program?	43/54	96%	Y			5=1 6=1 7=1 8=2 9=6 10=43						

Table 10: Member Perception of Overall Health Status post case management services through APH

Survey Questions	2015 Rate	2016 Rate	2017 Rate	2018 Rate	2019 Rate	2020 Rate	Goal	Goal Met (Y/N)
My overall health has improved because of case management services.	75.0%	62.0%	80.9%	95%	94%	85%	95%	N

HPSJ evaluated member satisfaction using quantifiable standards measuring the percentage of favorable responses. The overall satisfaction score for FY 2020 is 94%. There were 2 negative responses and 4 neutral "Not sure" responses. Industry standard for satisfaction is a score of 90%.

Based on the previous year responses HPSJ sought to maintain the score for one question (Q7 "Do you feel that your overall health has improved because of Disease Management Services?") The 2019 goal was set at 95%. For 2020 the score for Q7 was 85% The goal for this question was not met.

Table 11: MMB Member survey response

	MMB Survey Results FY 2019 vs. 2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
		Overall Rate 89.0	Overall Rate 92.2	Goal Met No	Goal Met Yes	No	No	yes	yes	Strongly agree (1)	Strongly agree (1)	Agree (1)	Agree (1)	Not Sure (1)	Not Sure (1)	Disagree (-1)	Disagree (-1)	Blank (0)	Blank (0)
Q1	In the last year, have you received any pregnancy related materials from HPSJ?	85.2	90.2			8	4	46	55										2
Q1a	Were these written materials easy to understand for you?	85.2	89							21	16	25	38	1	1	1		11	6
Q1b	Did the materials help you understand your pregnancy better?	77	89							20	14	24	40		1			11	6
Q2	Do you feel more knowledgeable about your pregnancy as a result of being in the Me & My Baby program?	96.3	95							17	18	35	40		1			3	2
Q3	Do you feel you were able to better manage your pregnancy as a result of being in the Me & My Baby Program?	94.4	95							16	15	35	43		1			3	2
Q4	How would you rate your overall satisfaction with the Me & My Baby Program?	96.3	95							40	44	12	14		1				2
2019 Recommendations for Improvement: <ul style="list-style-type: none"> Getting medical equipment <u>more timely</u>; (breast pump) If I had questions about insurance, there was really no assistance 2020 Recommendations for Improvement: <ul style="list-style-type: none"> Member would like to see more information mailed out about 1st, 2nd 3rd trimester. Member stated books were ok, but she would have liked a little more. The information was too general. Member stated takes too long to receive the Target gift cards. HPSJ should have an app where the program can be available on Instagram and Facebook. 2020 Comments: <p>I really thought it was an amazing program.</p>																			

The response rate for MMB Program participants in FY 2019 was 36%, meaning 54 of the 67 participants graduating from the CM program participated in the survey. For FY 2020 the response rate was 51%.

The overall satisfaction rating for FY 2019 was 89% and did not meet the program objective of a 90% satisfaction rating. Question 1b "Did the materials help you understand your pregnancy better" had a rating of 77% which was the lowest rating and was attributable to 11 of the 54 participants in the survey not responding to the question. The study did not capture the reason the question was left unanswered; therefore, it is difficult to draw conclusions from the scoring.

Overall satisfaction for FY 2020 exceeded the program objective of a 90% satisfaction rating with a score of 92.2% a 4% improvement over the FY 2019 survey results. Two questions held the lowest score; Question 1a "Were these written materials easy to understand for you?" and Question 1b "Did the materials help you understand your pregnancy better?" Both shared a score of 89% with was an improvement over the previous year with 6 of the 61 participants not responding to the question but did not meet the goal 90%.

Comparison of Results to Goal

Disease Management Programs (Emerging Risk)

Rising Risk Members who are Range 3-1 based on APH risk stratification who have Asthma, Diabetes, Congestive Heart Failure and Chronic Obstructive Pulmonary Disease.

Goal 1: Decrease ER visits/1000 for members with Asthma, Diabetes, Congestive Heart Failure and Chronic Obstructive Pulmonary Disease was met.

Goal 2: Decrease inpatient admissions/1000 with a primary diagnosis of Asthma, Diabetes, Heart Failure and Chronic Obstructive Pulmonary Disease was met.

Quantitative Analysis:

The goals were met for both ED visits and IP admissions. A comparison of admissions and ED visits pre and post enrollment in the CCM program for 2019 showed a 76% increase rather than decrease in admissions for high-risk members. This was not the case for low-risk members. Further analysis is needed to identify interventions which will contribute to a positive change in overall program performance. HPSJ will continue to monitor measures to identify and implement effective interventions

Qualitative Analysis:

COVID-19 is one of the contributing factors in these rates. There was messaging including language encouraging members to seek care only in the case of emergencies and COVID-19 related illnesses. As clinics and primary offices shifted to telehealth and additional precautions in offices, convincing members to go in for preventive care continues to be a challenge. Reduced preventive health visits may have played a key role in overall the ED and IP rates. COVID-19 impacted goal 1 and 2 for members with rising risk. These goals were dependent on decreased utilization of ED and decreased IP admissions for those with chronic illnesses.

For FY 2020 there was a decrease in hospital admissions amongst members enrolled in DM as well as members who were not enrolled in DM. Members with chronic illness were disproportionately impacted by COVID-19 and the 2019-2020 flu season. This resulted increased admissions among the chronically ill. This may have contributed to the increase in admissions and emergency department (ED) utilization.

Me and My Baby (Keeping Members Healthy)

Keeping Members Healthy

Goal 1: Increase rate at which women who receive timely prenatal care between the minimum performance and the 50th percentile based on the National Medicaid 50th percentile to above the 50th percentile by 12/31/2020 was met.

Goal 2: Increase rate at which women receive postpartum care between the minimum performance and the 50th percentile based on the National Medicaid 50th percentile to above the 50th percentile by 12/31/2020 was met.

Table 12: HEDIS 2020 Prenatal and Postpartum Rates

	2018 Rate	2019 Rate	2020 Rate	Goal	Goal Met
Prenatal	80.78 %	85.64 %	92.7 %	83.76 %	Y
Postpartum	67.88 %	68.61 %	77.37 % (HPL)	65.69 %	Y

Quantitative Analysis

- Since the start of the program rates for both Prenatal and Postpartum measures have been increasing steadily. There was almost a 5-percentage point increase in the prenatal screening rates in each of the years (2018-2020).
- Some of the increase in 2020 is attributable to the changes in measure specifications, however this does not account for all the increases in rates.

Qualitative Analysis:

- Some of the reasons for the increase in rates are as follows:
 - **Timely Identification of Members:** Identifying members that were pregnant in a timelier manner when the member was enrolled into the HPSJ. There was better data analytics so HPSJ was also able to identify more members for outreach.
 - **Increased Level of Outreach:** The table below shows the level of increase in member outreach. There was meaningful improvement in most of the indicators used to measure the level of outreach. A couple of the measures improved by more than 200 %. As a result of the increased outreach, it is very likely that members were contacted multiple times during the year, which is a key driver of behavior change and most likely responsible for the improvement in prenatal and postpartum screening rates. The member experience response rate for MMB Program participants in FY 2019 was 36%,

meaning 54 of the 67 participants graduating from the CM program participated in the survey. For FY 2020 the response rate was 51%.

- For well child add note about record review

Interpretation

HPSJ targeted 5,142 members to participate in the HPSJ DM Program during FY 2020 this is a 22% increase over FY 2019. Of those targeted, 438 members consented to enroll in a DM Program with 211 graduating from the program. This is an increase of 15% in graduates over FY 2019.

Potential Barriers:

- Case managers continue to improve communication techniques using an integrated (BH, SW, DM) multidisciplinary approach when engaging with members. Techniques include member centric care plans, a focus on member goals, engagement and integrated care. Member level barriers:
 - Member's social determinates of health
 - Chronic homelessness is one of the social determinants that may have been a reason why the ED and IP rates increased. Because the clinics had limited capacity or were operating on remote (telehealth) modal, these members would have been less likely to contact their providers over the telephone.
 - Poor compliance with medical appointments could be due to the remote model or also due to some providers having to quarantine as a result of COVID exposure. Also, these members may have co-existing BH and medical conditions making it less likely for them to comply with their care plan.
 - Poor compliance with medication regimen as the members may not have filled their medications timely.

The overall the MMB program was a successful program in both FY 2019 and 2020. The program demonstrated continual improvements measured by the increase in the gestational age of premature births, the decrease in average hospital admissions and an improvement in HEDIS scores. The positive survey response of 92% for FY 2020 exceeded the industry standard of 90%.

Barrier Analysis for Survey Measure:

Member level barriers:

1. Member's social determinates of health
2. Poor compliance with medical appointments
3. Lack of or poor access to transportation.

4. Poor compliance with medication regimen
5. Persistent substance abuse
6. Participation by members completing program

Result in significant overuse of ED, PCP, SCP visits for a small subset of the member population. Unstable transportation and substance abuse continue to be barriers resulting in missed appointments.

Opportunities for Improvement

Disease Management

- Promoting preventive health and regular PCP visits among members to ensure care is provided in the appropriate setting and members are empowered to manage their chronic condition. Promoting Telehealth for PCP's when appropriate.
- Video Case Management for improving engagement opportunities – Driving members to stay engaged by providing multiple methods of outreach.
- CHF Member Engagement Initiative linked to corporate objective linking members to services, health education resources, and web-based materials and videos aimed at providing more opportunities for engagement. Includes texting component.

Me + My Baby Next Steps:

- As the current interventions working well. HPSJ will continue to monitor performance for these measures annually and implement interventions already in place.
- Continue the telephonic outreach efforts already in place to engage members in their own care.
- Continue working with data analytics to get regularly scheduled reports.

Activities to Address Opportunities

Disease Management Actions Taken:

- Case managers continue to improve communication techniques using an integrated (BH, SW, DM) multidisciplinary approach when engaging with members. Techniques include member centric care plans, a focus on member goals, engagement and integrated care.
- Video case management – Upon enrollment in disease management services members are made aware of the video engagement opportunity. If the member opts-in to video case management services,

they are sent an invite with a link through secure email. The invite includes the link for video connection as well as date and time.

Clinical Quality Improvement

B.1 HEDIS Annual Evaluation Measurement Year (MY) 2020

Responsible Staff:

HEDIS & NCQA Team

2020-2021 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 33 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 Accreditation measure rates are reported at the plan level, measures reported to DHCS must be reported at the county level.

HPSJ implemented many initiatives during HEDIS 2021/MY 2020 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 2021/MY 2020 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
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		X	X		HEDIS
ADD	Follow up for children prescribed ADHD medication (both rates)	X	X	X		HEDIS
AMB	Ambulatory Care (OP and ED)	X		X		HEDIS
AMM	Antidepressant Medication Management (Both rates)	X	X	X		HEDIS
AMR	Asthma Medication Ratio	X	X	X		HEDIS
BCS	Breast Cancer Screening	X	X	X		HEDIS
CBP	Controlling High Blood Pressure	X	X		X	HEDIS
CCS	Cervical Cancer Screening	X	X		X	HEDIS
CDC	Comprehensive Diabetic Care (Eye exam, testing, control, poor control, and blood pressure)	X	X		X	HEDIS

CDF	Screening for Depression and Follow-up Plan	X		X		CMS Core
CHL	Chlamydia Screening in Women	X	X	X		HEDIS
CIS	Childhood Immunization Status (Combo 10)	X	X		X	HEDIS
CCP	Contraceptive Care Postpartum - Long-Acting Reversible Contraception, 3 days, 60 days	X		X		CMS Core
CCP	Contraceptive Care Postpartum- Most or Moderately Effective Contraception, 3 days, 60 days	X		X		CMS Core
CCW	Contraceptive Care Women - Long-Acting Reversible Contraception, 3 days, 60 days	X		X		CMS Core
CCW	Contraceptive Care Women - Most or Moderately Effective Contraception, 3 days, 60 days	X		X		CMS Core
CDF	Depression Screening and follow up - CH & AD, Perinatal Depression	X		X		CMS Core
COB	Concurrent Use of Opioids and Benzodiazepines	X		X		CMS Core
DEV	Developmental Screening (1-3 yrs)	X		X		CMS Core
FUH	Follow up after hospitalization for mental illness (7-day rate)	NR	NR			HEDIS
FVA	Flu vaccinations for adult age		X	X		CAHPS*
HVL	HIV Viral Load Suppression	NR	NR			CMS Core
IET	Initiation and engagement of alcohol and other drug dependence treatment (engagement rate only)	NR	NR			HEDIS
IMA	Immunizations for adolescents (combo 2)	X	X		X	HEDIS
LBP	Use of imaging studies for low back pain		X	X		HEDIS
MMA	Medication Management for people with asthma (75% rate only)		X	X		HEDIS
MSC	Medical Assistance with smoking and tobacco use cessation		X	X		CAHPS*
OHD	Use of Opioids at High Dosage in Persons without Cancer	X		X		CMS Core
PCR	Plan All-Cause Readmissions (PCR-AD)	X		X		CMS Core
PPC	Timeliness of Prenatal care and Postpartum care	X	X		X	HEDIS

SSD	Diabetes Screening for people with Schizophrenia or bipolar disorder who are using antipsychotic medications	X	X	X		HEDIS
W30	Well-Child Visits in the First 30 Months of Life	X		X		HEDIS
WCV	Well Child Visits in the 3-6 years of life	X		X		HEDIS
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (all 3 rates)	X	X		X	HEDIS

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

MY2020/RY2021 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 RY2019, DHCS held Managed Care plans to the Medi-Cal Managed Care 25th percentile as the minimum performance standard. In 2020, the MPL was changed from the 25th percentile to the 50th percentile based on 2020 NCQA Quality Compass National benchmarks. Despite significant gains, HPSJ was unable to reach the minimum performance for most measures. Of the reported measures, 10 are hybrid and full rate reporting was impacted by COVID-19.

Table 2: MY2020/RY2021 HEDIS Rates by County

	Measure	MY2020 2021 SJ	MY2020 2021 ST	Goal MPL/ 50%
Acute and Chronic Disease Management	AAB Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NR	NR	NR
	ABA Adult BMI Assessment	NR	NR	NR
	AMR Asthma Medication Ratio	60.86	60.86	64.78
	CBP Controlling High Blood Pressure	55.23	51.82	55.35
	CDC E Comprehensive Diabetic Care (Eye exam)	NR	NR	NR
	CDC HT Comprehensive Diabetic Care (HbA1c testing)	NR	NR	NR
	CDC H9 Comprehensive Diabetic Care (Poor control)	44.70	47.45	43.19
	CDC H8 Comprehensive Diabetic Care (Good control)	NR	NR	NR

	CDC BP Comprehensive Diabetic Care (Blood pressure)	NR	NR	NR
	LBP Use of Imaging for Low Back Pain	NR	NR	NR
	MMA – Medication Management for People with Asthma (75%)	NR	NR	NR

	Measure	MY2020 2021 SJ	MY2020 2021 ST	Goal MPL/ 50%
Behavioral Health Care	ADD Follow up care for children prescribed ADHD medications (initiation)	42.63	39.06	44.51
	ADD Follow up care for children prescribed ADHD medications (continuation)	53.54	58.93	55.96
	AMM – Antidepressant Medication Management (Acute phase)	50.17	54.31	56.66
	AMM – Antidepressant Medication Management (Continuation phase)	34.10	39.69	40.28
	CDF Screening for Depression and Follow-up Plan	NR	NR	NR
	IET Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NR	NR	NR
	SSA Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NR	NR	NR
	SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	78.34	78.28	76.64
Women's Health Care	BCS Breast Cancer Screening	51.71	57.08	53.93
	CCS Cervical Cancer Screening	58.84	58.39	59.12
	CHL Chlamydia Screening in Women	59.27	54.57	54.91
	PPC PRE** Timeliness of prenatal care	86.62	86.37	85.89
	PPC PST Postpartum care visit	75.43	75.43	76.40
Children and Adolescent Care	CIS-10 Childhood Immunization Status (Combo 10)	36.01	32.60	38.20
	IMA 2 Immunizations for Adolescents (Combo 2)	44.04	35.52	36.74
	W30 Well-Child Visits in the First 30 Months of Life – 15 months	45.82	39.90	NA
	W30 Well-Child Visits in the First 30 Months of Life – 30 months	46.65	63.40	NA
	WCC-BMI Weight Assessment and Counseling for Nutrition and Physical Activity	76.89	78.10	76.64
	WCC-N Weight Assessment and Counseling for Nutrition and Physical Activity	65.21	56.20	70.11
	WCC-PA Weight Assessment and Counseling for Nutrition and Physical Activity	62.77	47.20	66.18

	WCV – Well Child Visits	40.68	34.87	45.31
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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 RY2020 and RY2021. The past two 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 2020 NCQA Quality Compass 50th percentile. Measures noted with an “X” were held to the MPL in RY2020 and RY2021 as of December 31, 2020.

Table 3: San Joaquin County HEDIS Trends MY2018-2020/RY2019-2021

Measure	SJ MY2018/ RY2019	SJ MY2019/ RY2020	SJ MY2020/ RY2021	Goal MPL MY2020
Follow up care for Children prescribed ADD meds-Initiation	NR	NR	NR	44.51
Follow up care for Children prescribed ADD meds-Continuation	NR	NR	NR	55.96
Antidepressant Medication Management- Acute Phase	NR	50.97	50.17	56.66
Antidepressant Medication Management- Continuation Phase	NR	33.18	34.1	40.28
Asthma Medication Ratio	55.97	59.49	60.86	64.78
Breast Cancer Screening	54.15	55.89	51.71	53.93
Controlling High Blood Pressure <140/90 mmHg	64.98	65.21	55.23	55.35
Cervical Cancer Screening	54.01	63.99	58.64	59.12
Chlamydia Screening	NR	65.28	59.27	54.91
Childhood Immunization Status- Combo 10	NR	41.61	36.01	38.2
Diabetic A1c Testing	80.05	NR	NR	NR
Diabetic A1c <9 (lower is better)	40.39	32.85	44.7	43.19
Diabetic Eye Exams	60.83	60.83	NR	NR
Adolescent Vaccines- Combo 2	39.42	46.47	44.04	36.74
Lower Back Pain Imaging	73.73	NR	NR	NR
Timely Prenatal Care	85.64	87.1	86.62	85.89
Timely Postpartum Care	68.61	79.56	75.43	76.4
6 visits in the first 15 months of life	NR	54.9	45.82	NA
2+ visits in the first 15 – 30 months of life	NR	NR	46.65	NA
Weight assessment and counseling- BMI	NR	86.37	76.89	76.64
Weight assessment and counseling- Nutrition	72.99	NR	65.21	70.11
Weight assessment and counseling-Physical Activity	69.34	NR	62.77	66.18
Well Visits 3 – 21 years of age	NR	NR	40.68	NR

San Joaquin County showed declines in HEDIS measures over the prior year. Many measures were impacted by shelter in place from COVID-19. The exception is asthma medication ratio.

In Table 4, rates for Stanislaus 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 two years of Stanislaus 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 2020 NCQA Quality Compass 50th percentile. Measures noted with an "X" were held to the MPL in RY2020 and RY2021 as of December 31, 2020.

Table 4: Stanislaus County HEDIS Trends MY2018-2020/RY2019-2021

Measure	ST MY2018/ RY2019	ST MY2019/ RY2020	ST MY2020/ RY2021	Goal MPL MY2020
Follow up care for Children prescribed ADD meds-Initiation	NR	25	NR	44.51
Follow up care for Children prescribed ADD meds-Continuation	NR	37.78	NR	55.96
Antidepressant Medication Management- Acute	NR	51.35	54.31	56.66
Antidepressant Medication Management- Continuation Phase	NR	35.09	39.69	40.28
Asthma Medication Ratio	59.58	63.12	60.86	64.78
Breast Cancer Screening	58.63	61.26	57.08	53.93
Controlling High Blood Pressure	64.96	64.96	51.82	55.35
Cervical Cancer Screening	5.23	54.74	58.39	59.12
Chlamydia Screening	NR	59.97	54.57	54.91
Childhood Immunizations- Combo 10	NR	30.66	32.6	38.2
Diabetic A1c testing	86.62	88.32	NR	NR
Diabetic A1c Control <9	35.77	35.77	47.45	43.19
Diabetic Eye Exams	50.85	NR	NR	NR
Adolescents Vaccines-Combo 2	27.98	33.82	35.52	36.74
Lower Back Pain Imaging	72.71	NR	NR	NR
Timely Prenatal Care	86.37	90.75	86.37	85.89
Timely Postpartum Care	67.64	79.81	75.43	76.4
6 Well visits in the first 15 months of life	NR	43.31	39.9	NA
2+ Well visits in the first 15 – 30 months of life	NR		63.4	NA
Weight assessment and counseling- BMI	NR	86.37	78.1	76.64
Weight assessment and counseling- Nutrition	52.55	NR	56.2	70.11
Weight assessment and counseling- Physical Activity	37.96	NR	47.2	66.18
Well visits 3 – 21 years of age	NR	NR	34.87	NA

Stanislaus County showed declines in HEDIS measures over the prior year. 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. There are not benchmarks published as of the time of this report.

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

Concurrent Use of Opioids and Benzodiazepines (COB) (Adult Core Set)		
HEDIS® Reporting Year 2021/Measurement Year 2020		
Data Collection Methodology: Admin		
Data element	Ages 18-64	Ages 65+
Eligible population	3,064	57
Number of required exclusions	0	0
Numerator events by administrative data	407	1
Numerator events by supplemental data	0	0
Reported rate*	13.28%	1.75%

Table 6: Concurrent Use of Opioids and Benzodiazepines – Stanislaus County

Concurrent Use of Opioids and Benzodiazepines (COB) (Adult Core Set)		
HEDIS® Reporting Year 2021/Measurement Year 2020		
Data Collection Methodology: Admin		
Data element	Ages 18-64	Ages 65+
Eligible population	3,187	51
Number of required exclusions	0	0
Numerator events by administrative data	598	3
Numerator events by supplemental data	0	0
Reported rate*	18.76%	5.88%

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

Contraceptive Care - All Women (CCW) (Child Core Set and Adult Core Set)				
HEDIS® Reporting Year 2021/Measurement Year 2020				
Data Collection Methodology: Admin				
	Most or Moderately Effective Method of Contraception (MMEC)		Long Acting Reversible Method of Contraception (LARC)	
Data element	Ages 15-20	Ages 21-44	Ages 15-20	Ages 21-44
Eligible population	12,182	29,077	12,182	29,077
Number of required exclusions	0	0	0	0
Numerator events by administrative data	1,780	8,265	232	1,282
Numerator events by supplemental data	0	0	0	0
Reported rate	14.61%	28.42%	1.90%	4.41%

Table 8: Contraceptive Care – All Women – Stanislaus County

Contraceptive Care - All Women (CCW) (Child Core Set and Adult Core Set)				
HEDIS® Reporting Year 2021/Measurement Year 2020				
Data Collection Methodology: Admin				
	Most or Moderately Effective Method of Contraception (MMEC)		Long Acting Reversible Method of Contraception (LARC)	
Data element	Ages 15-20	Ages 21-44	Ages 15-20	Ages 21-44
Eligible population	7,382	19,763	7,382	19,763
Number of required exclusions	0	0	0	0
Numerator events by administrative data	1,217	5,150	150	799
Numerator events by supplemental data	0	0	0	0
Reported rate	16.49%	26.06%	2.03%	4.04%

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 2021/Measurement Year 2020								
Data Collection Methodology: Admin								
	Most or Moderately Effective Method of Contraception (MMEC) - 3 Days		MMEC - 60 Days		Long Acting Reversible Method of 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	335	2,631	335	2,631	335	2,631	335	2,631
Number of required exclusions	0	0	0	0	0	0	0	0
Numerator events by administrative data	10	234	130	963	2	23	36	178
Numerator events by supplemental data	0	0	0	0	0	0	0	0
Reported rate	2.99%	8.89%	38.81%	36.60%	0.60%	0.87%	10.75%	6.77%

Table 10: Contraceptive Care – Postpartum Women – Stanislaus County

Contraceptive Care - Postpartum Women (CCP) (Child Core Set and Adult Core Set)								
HEDIS® Reporting Year 2021/Measurement Year 2020								
Data Collection Methodology: Admin								
	Most or Moderately Effective Method of Contraception (MMEC) - 3 Days		MMEC - 60 Days		Long Acting Reversible Method of 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	201	1,530	201	1,530	201	1,530	201	1,530
Number of required exclusions	0	0	0	0	0	0	0	0
Numerator events by administrative data	0	108	84	591	0	7	17	136
Numerator events by supplemental data	0	0	0	0	0	0	0	0
Reported rate	0.00%	7.06%	41.79%	38.63%	0.00%	0.46%	8.46%	8.89%

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 San Joaquin County than in Stanislaus. San Joaquin County also has more eligible members in the older age stratification.

In addition, a higher percentage of postpartum women than all 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 2021/Measurement Year 2020				
Data Collection Methodology: Admin				
Data element	Age 1	Age 2	Age 3	Total (Ages 1-3)
Eligible population	2,282	4,460	4,524	11,266
Numerator events by administrative data	540	1,328	1,023	2,891
Numerator events by supplemental data	0	0	0	0
Reported rate	23.66%	29.78%	22.61%	25.66%

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 2021/Measurement Year 2020				
Data Collection Methodology: Admin				
Data element	Age 1	Age 2	Age 3	Total (Ages 1-3)
Eligible population	1,414	2,836	2,894	7,144
Numerator events by administrative data	65	991	748	1,804
Numerator events by supplemental data	0	0	0	0
Reported rate	4.60%	34.94%	25.85%	25.25%

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

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 and Non-SPD members in Stanislaus County utilize emergency care at a higher rate than SPD members in San Joaquin County. Plan all-cause readmission shows that SPDs in San Joaquin County are readmitted at slightly higher rates than Non-SPD.

Table 13: San Joaquin County – Emergency Visits

Age	ED Visits (SPD)		ED Visits (Non-SPD)		Total ED Visits (Must match IDSS & PLD file)	
	Visits	Visits/1,000 MM	Visits	Visits/1,000 MM	Total Visits	Total Visits/1,000 MM
<1	20	NA	2,606	49.99	2,626	50.13
1-9	493	34.83	12,863	22.68	13,356	22.97
10-19	568	27.29	10,749	18.03	11,317	18.34
20-44	3,355	80.22	33,805	51.95	37,160	53.65
45-64	5,867	89.99	12,064	41.72	17,931	50.60
65-74	378	19.17	37	34.68	415	19.96
75-84	191	21.70	0	NA	191	21.67
85+	55	30.50	0	NA	55	30.45
Unknown	0		0		0	
Total	10,927	63.32	72,124	33.44	83,051	35.66

Table 14: Stanislaus County – Emergency Visits

Age	ED Visits (SPD)		ED Visits (Non-SPD)		Total ED Visits (Must match IDSS & PLD file)	
	Visits	Visits/1,000 MM	Visits	Visits/1,000 MM	Total Visits	Total Visits/1,000 MM
<1	21	NA	1,790	56.16	1,811	56.56
1-9	303	41.89	8,731	25.27	9,034	25.61
10-19	367	38.16	7,149	20.62	7,516	21.10
20-44	1,620	85.42	25,540	55.44	27,160	56.63
45-64	3,608	102.62	8,453	43.79	12,061	52.85
65-74	177	22.54	32	25.28	209	22.92
75-84	92	24.46	0		92	24.46
85+	38	33.07	0		38	33.07
Unknown	0		0		0	
Total	6,226	74.22	51,695	37.49	57,921	39.59

Table 15: San Joaquin County – Plan All Cause Readmissions

Age	SPD			Non-SPD			Total (Must match IDSS & PLD file)		
	Count of Index Stays (Denominator)	Count of Observed 30-Day Readmissions (Numerator)	Observed Readmission Rate (Num/Den)	Count of Index Stays (Denominator)	Count of Observed 30-Day Readmissions (Numerator)	Observed Readmission Rate (Num/Den)	Count of Index Stays (Denominator)	Count of Observed 30-Day Readmissions (Numerator)	Observed Readmission Rate (Num/Den)
18-44	269	24	8.92%	1,259	83	6.59%	1,528	107	7.00%
45-54	277	32	11.55%	712	66	9.27%	989	98	9.91%
55-64	672	94	13.99%	683	78	11.42%	1,355	172	12.69%
Total (18-64)	1,218	150	12.32%	2,654	227	8.55%	3,872	377	9.74%

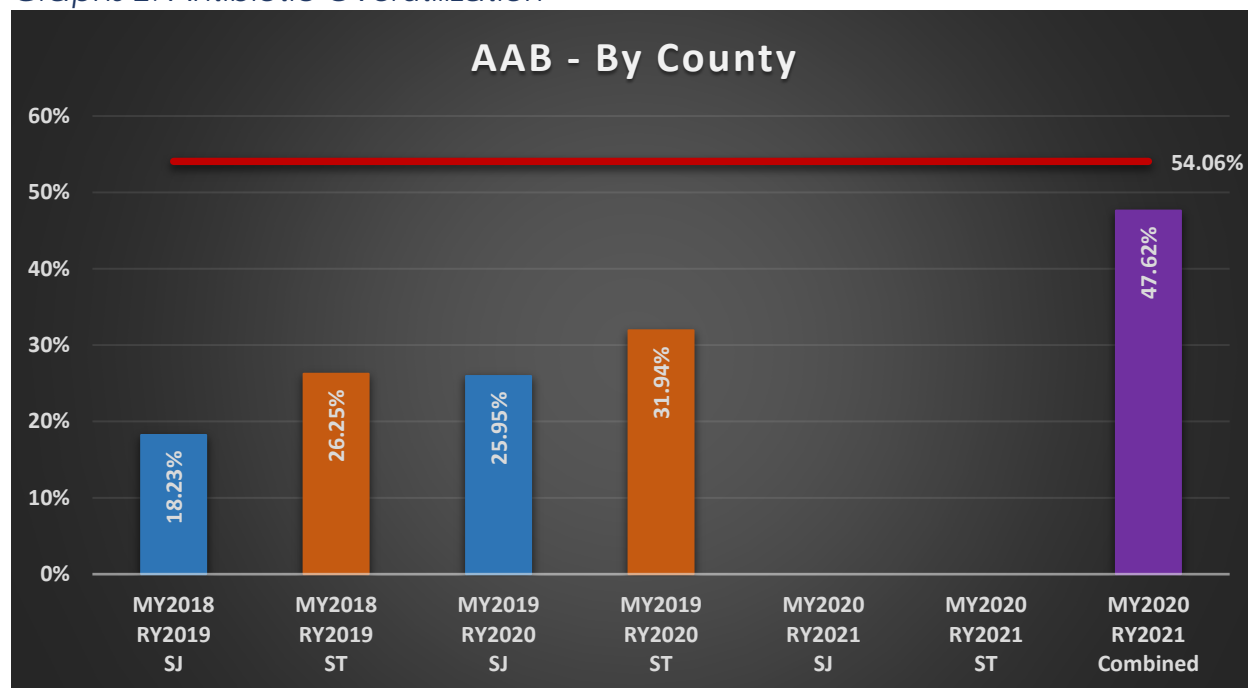
Table 16: Stanislaus County – Plan All Cause Readmissions

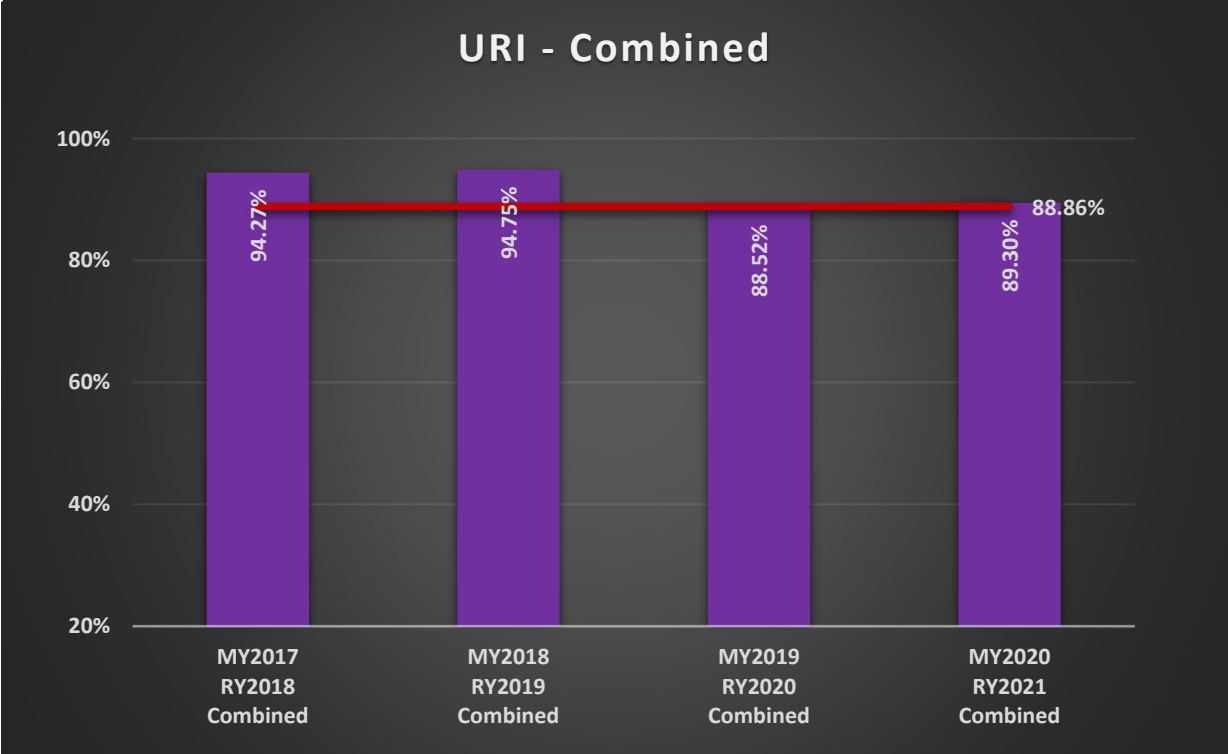
Age	SPD			Non-SPD			Total (Must match IDSS & PLD file)		
	Count of Index Stays (Denominator)	Count of Observed 30-Day Readmissions (Numerator)	Observed Readmission Rate (Num/Den)	Count of Index Stays (Denominator)	Count of Observed 30-Day Readmissions (Numerator)	Observed Readmission Rate (Num/Den)	Count of Index Stays (Denominator)	Count of Observed 30-Day Readmissions (Numerator)	Observed Readmission Rate (Num/Den)
18-44	126	13	NA	902	68	7.54%	1,028	81	7.88%
45-54	187	15	8.02%	517	49	9.48%	704	64	9.09%
55-64	379	38	10.03%	507	56	11.05%	886	94	10.61%
Total (18-64)	692	66	9.54%	1,926	173	8.98%	2,618	239	9.13%

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, the AAB graph shows antibiotics are dispensed more frequently than in prior years for acute bronchitis but it is still meeting goal but trending upward. Antibiotics are not frequently dispensed with acute respiratory infections as seen in the URI graph below.

Graphs 2: Antibiotic Overutilization





Survey Measures

HPSJ collects two HEDIS measures using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey methodology. These measures are tied to member experience. Table 17 shows HEDIS CAHPS rates. Flu vaccine performance decreased from the national 76th percentile in 2020 to the 26th percentile in 2021. The metric related to smoking cessation has decreased to below the 5th 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 17: 2021 HEDIS CAHPS Survey Measures

	VALID N	2021 SCORE*	QC PERCENTILE THRESHOLD	QC 90 th PERCENTILE	
Rating Questions					
Rating of Health Plan	368	63.6%	54 th	70.2%	0 – 6: 16%, 7 – 8: 21%, 9 – 10: 64%
Rating of Health Care	218	53.2%	18 th	64.5%	0 – 6: 24%, 7 – 8: 23%, 9 – 10: 53%
Rating of Personal Doctor	252	59.9%	5 th	75.7%	0 – 6: 19%, 7 – 8: 21%, 9 – 10: 60%
Rating of Specialist	130	61.5%	7 th	75.6%	0 – 6: 12%, 7 – 8: 26%, 9 – 10: 62%
Prevention					
Flu Vaccinations Adults Ages 18-64	345	39.7%	26 th	52.6%	No: 60%, Yes: 40%
Treatment					
Smoking Advice	152	58.6%	<5 th	84.2%	Never: 41%, Sometimes: 14%, Usually: 14%, Always: 31%

B.2 MCAS Work Groups

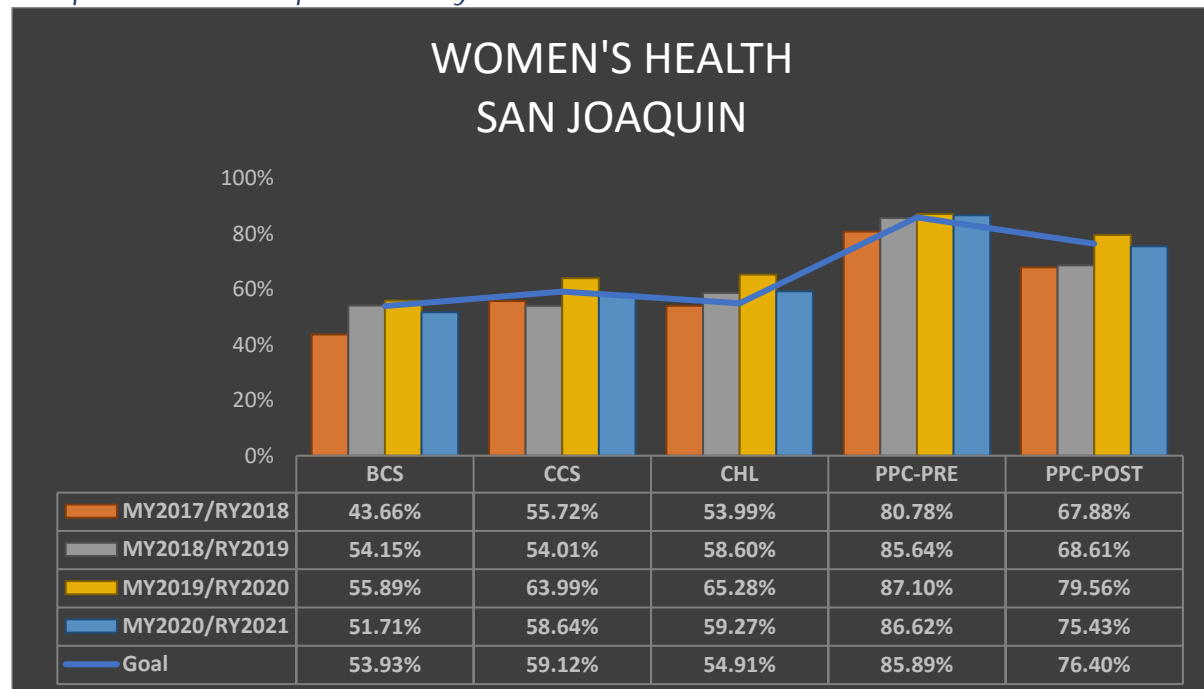
HPSJ convened internal, multidisciplinary work groups designed to focus on improve MCAS Domains of Care. The following work groups were created: Women's Health, Children's Health, Acute and Chronic Conditions and Behavioral Health. Three years of trended rates for combined and county specific rates, when available, are presented by domain below.

B.2.a Women's Health

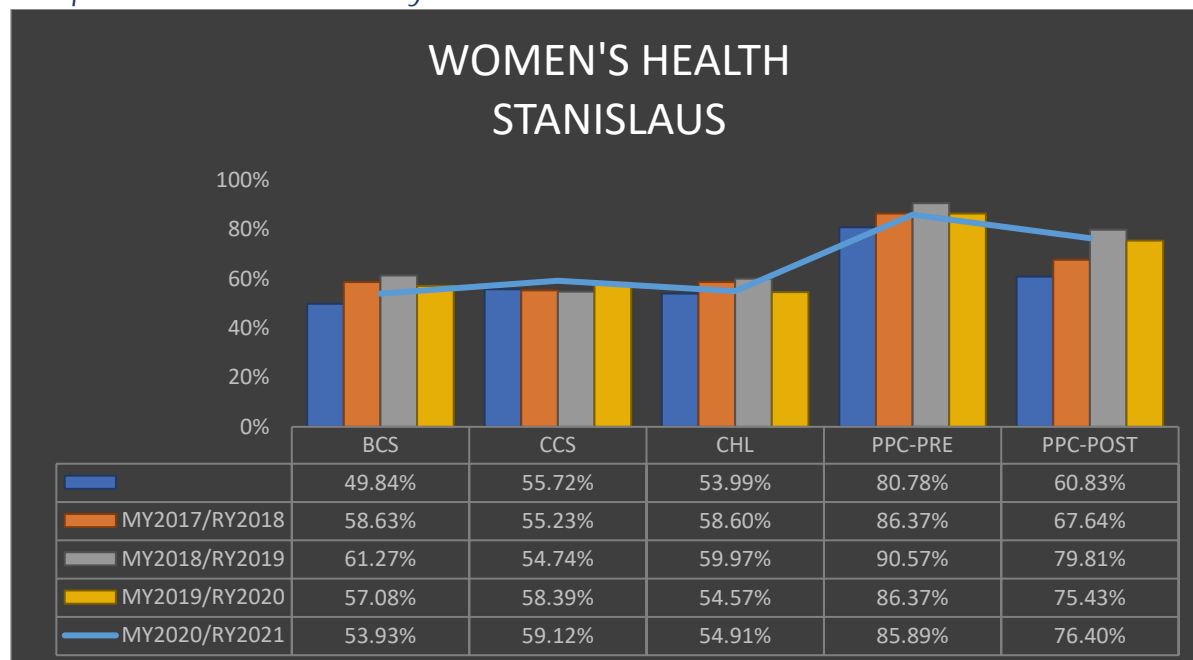
The following women's health measures are trended over the past three years by county in the graphs below;

- 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



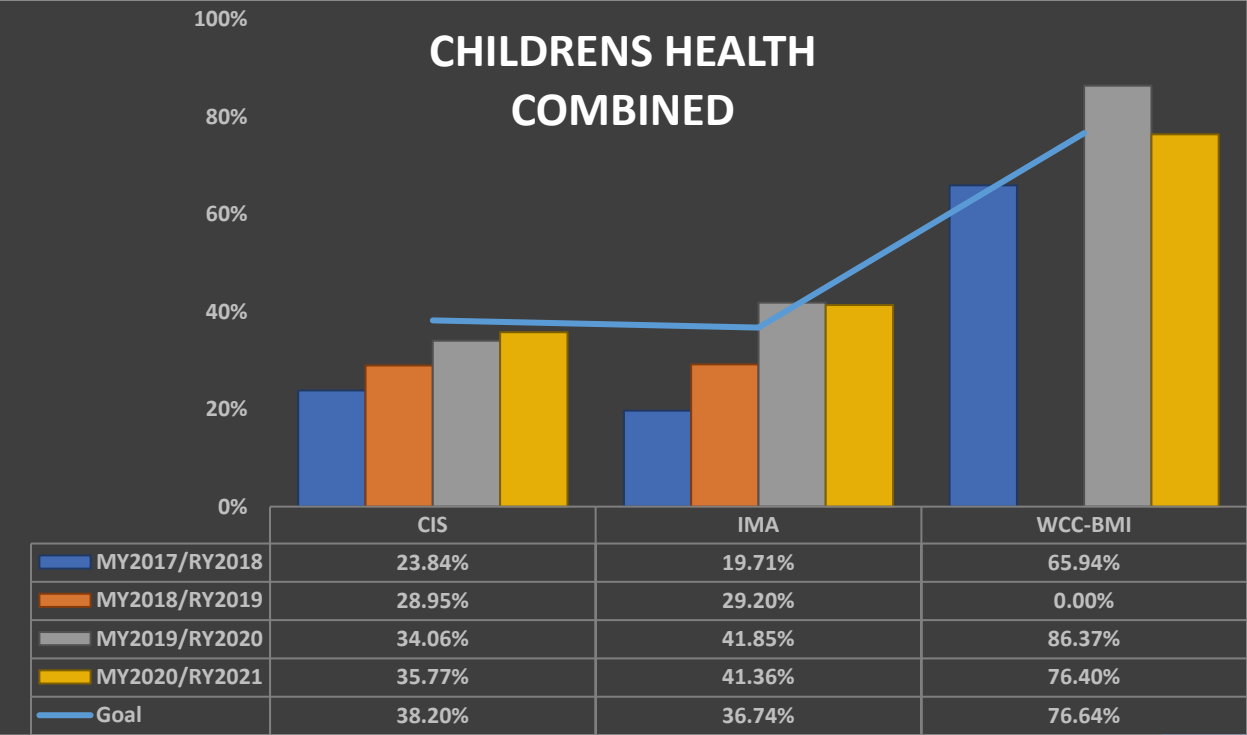
HPSJ experienced a decrease in women's health measures in MY 2020 in both counties. Barriers to breast cancer and cervical cancer screenings were the public health mandated stoppage of non-essential services. There was not clarity around whether screenings in asymptomatic people were essential. In addition, once women received coronavirus vaccines, the recommendation is to delay mammography for 8 weeks. Despite the office closures, HPSJ continued to reach out to members to encourage them to see their doctor through outbound call campaigns, mailers and social media.

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.
- 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

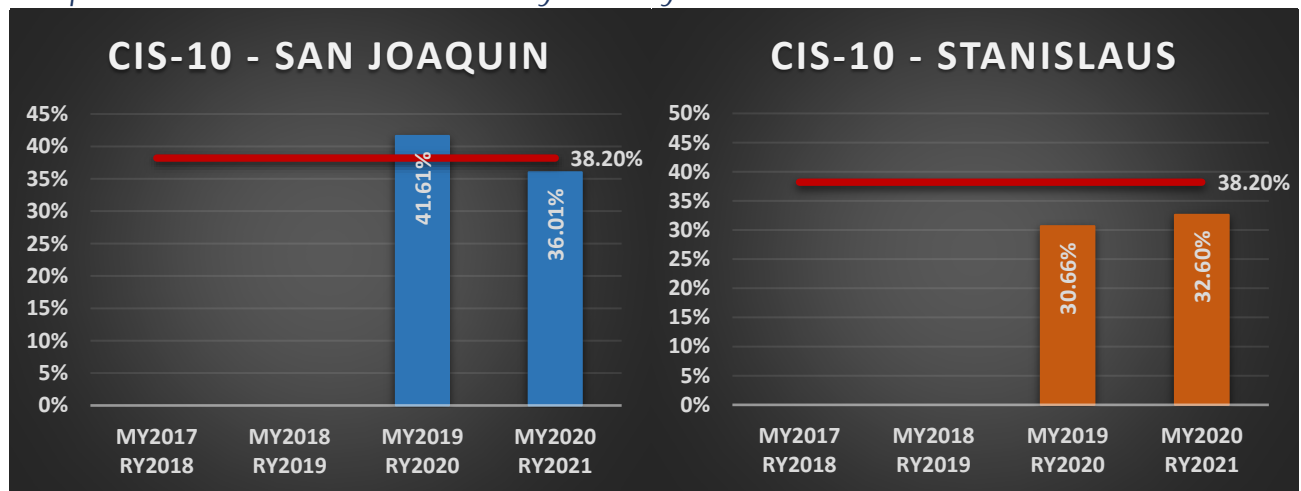


HPSJ met goal for combined reporting of IMA-2 and nearly missed meeting goal for CIS-10. In Graph 6, San Joaquin and Stanislaus rates for Childhood Vaccines-Combination 10, are presented. San Joaquin County achieved higher vaccination rates than Stanislaus and San Joaquin performance is above the 50th percentile goal. Stanislaus County also experienced gains over prior year but did not meet the 50th percentile. HPSJ promoted vaccines 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. Vaccine antigen combinations are displayed on the next page.

Combination Vaccinations for Childhood Immunization Status

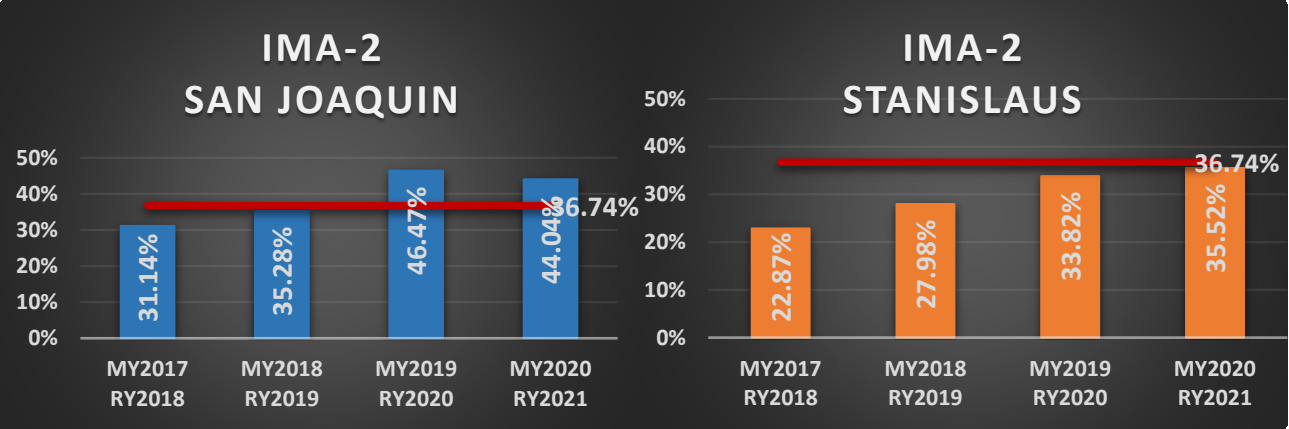
Combination	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓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

Graph 6: CIS 10 – Vaccine Rates by County



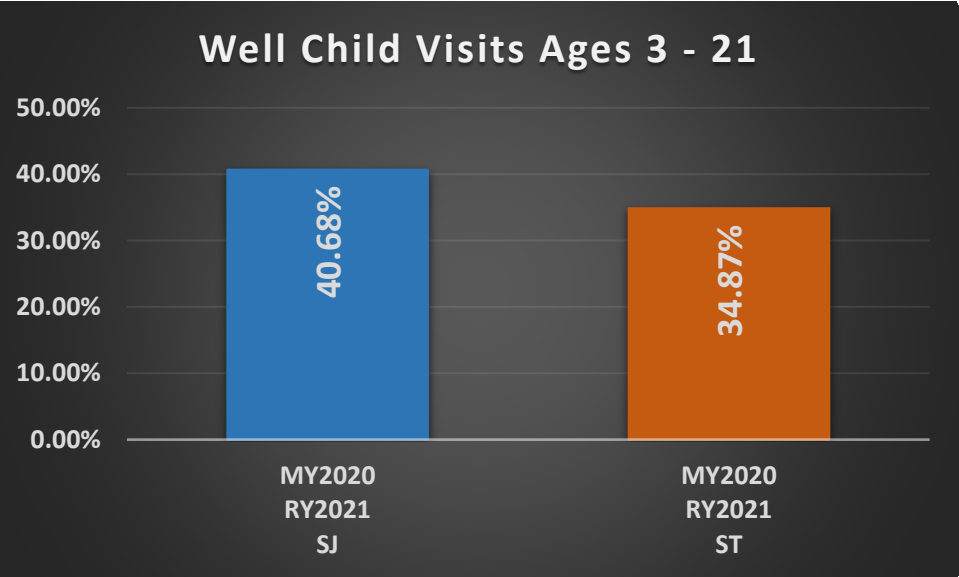
Upon review of available medical records, HPSJ found that vaccine combination-10 rates were incomplete most often for children born in late fall and early winter. These children are too young to receive the flu vaccine during the regular vaccination window having not reached 6 months of age. When the 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 (IMA-2) by County



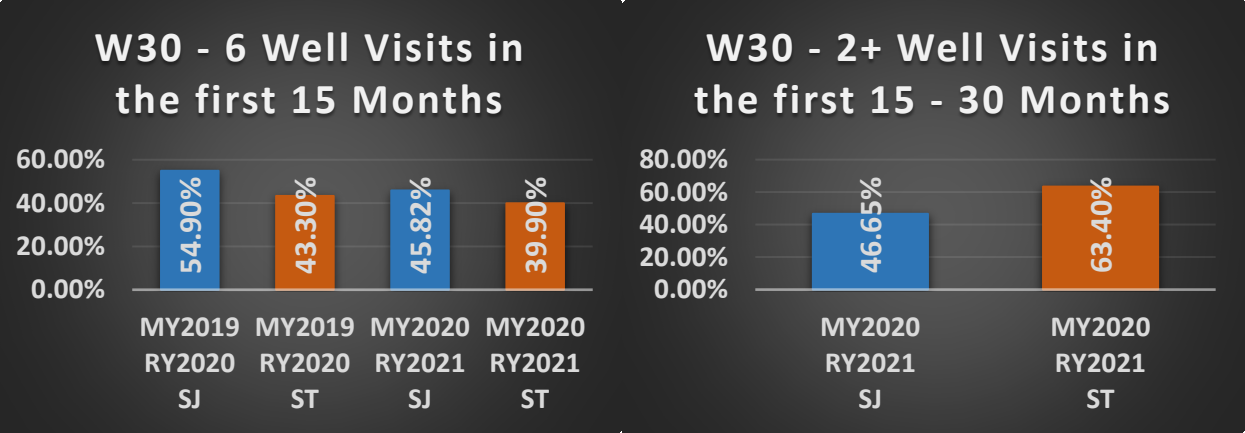
Graph 8 shows data for Childhood Well Visits (WCV) in San Joaquin and Stanislaus counties. Starting in MY2019, NCQA retired the well visit measure for children 3-6 and adolescent well care visits and replaced them with one measure that included all members ages 3-21. HPSJ initiatives to improve well 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.

Graph 8: Well Visits by County



HPSJ reports two years of results the measure Well Visits in the first 15 months of life- 6 visits and well visits for children 30 months. HPSJ identified opportunities to improve. Table 13 shows the percent for each count of visits by county.

Graph 9: Well Visits, 6 visits by age 15 months & 2+ Visits by age 30 months



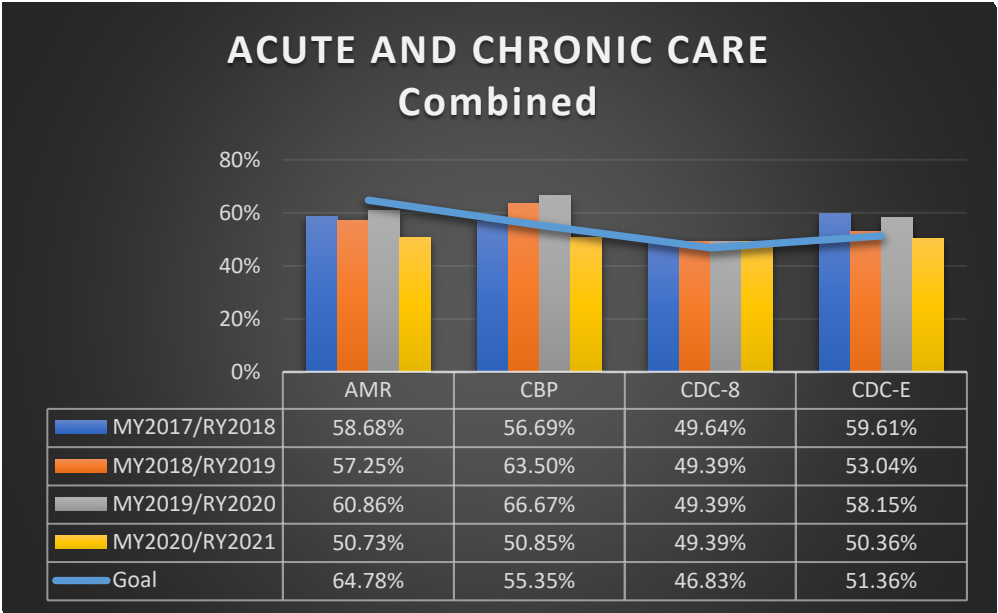
HPSJ initiatives include newsletters for members and providers, outbound calls and incentives. HPSJ will continue these initiatives as well as explore opportunities to improve administrative data capture.

B2.c Acute and Chronic Conditions

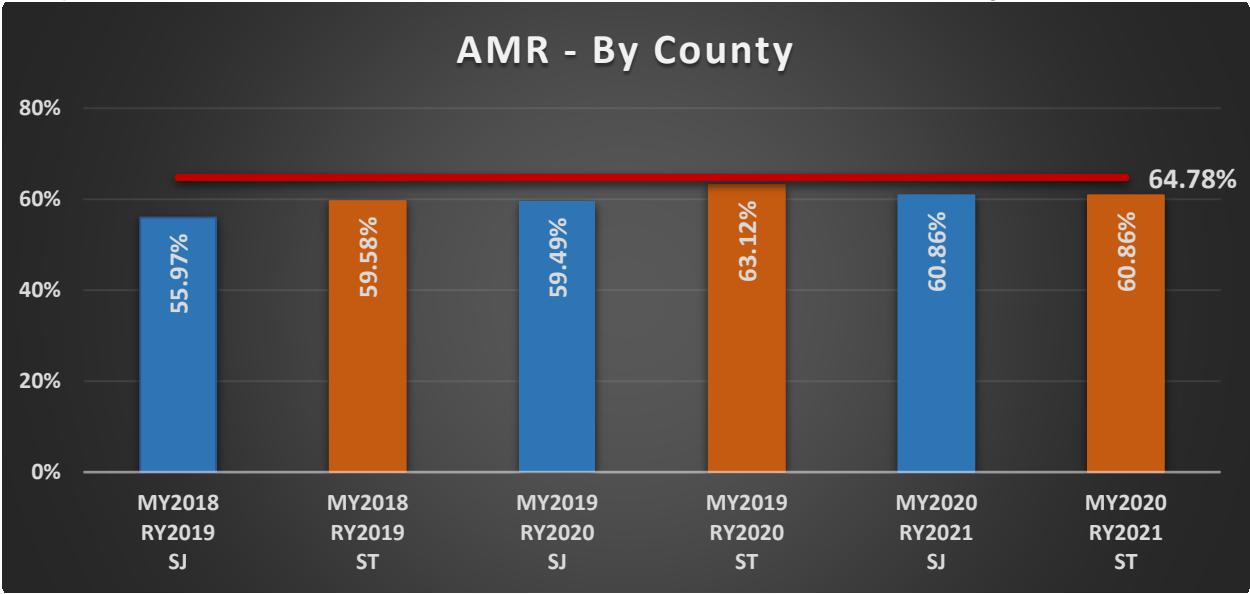
The metrics included in Graphs 10-14 and table 20 are acute and chronic conditions:

- 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 a Hemoglobin A1c test result less than 8% who had a retinal eye exam in the measurement year or a negative eye exam in the prior year.

Graph 10: Acute and Chronic Conditions combined rates

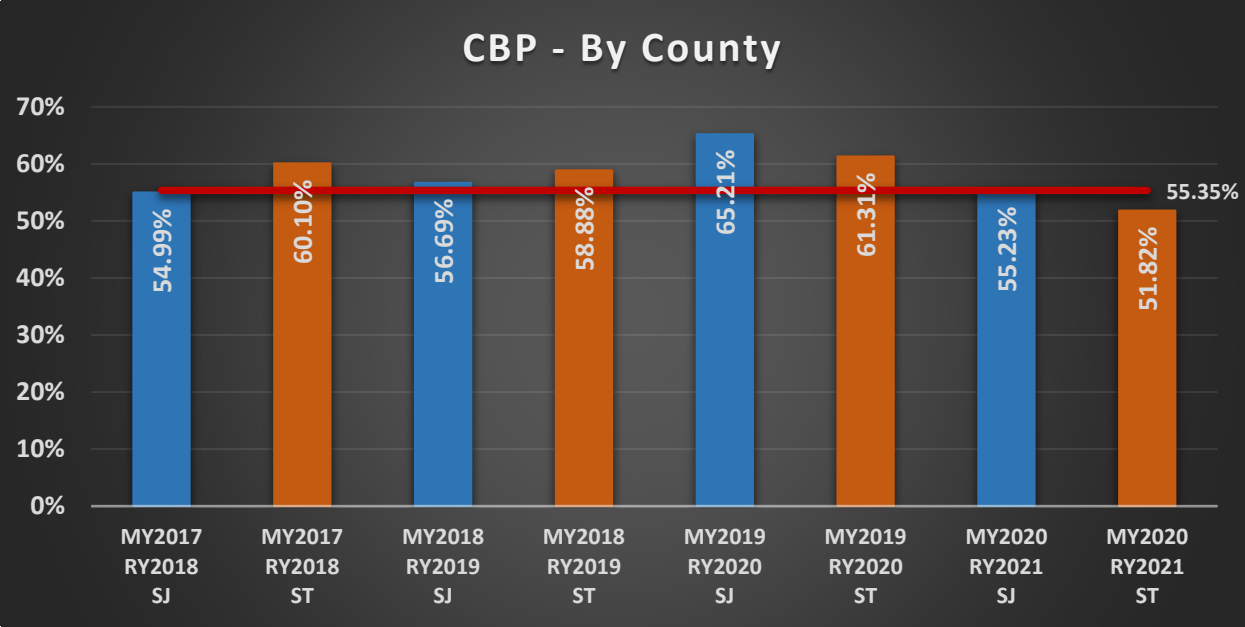


Graph 11: Asthma Medication Ratio (AMR) rates for each county



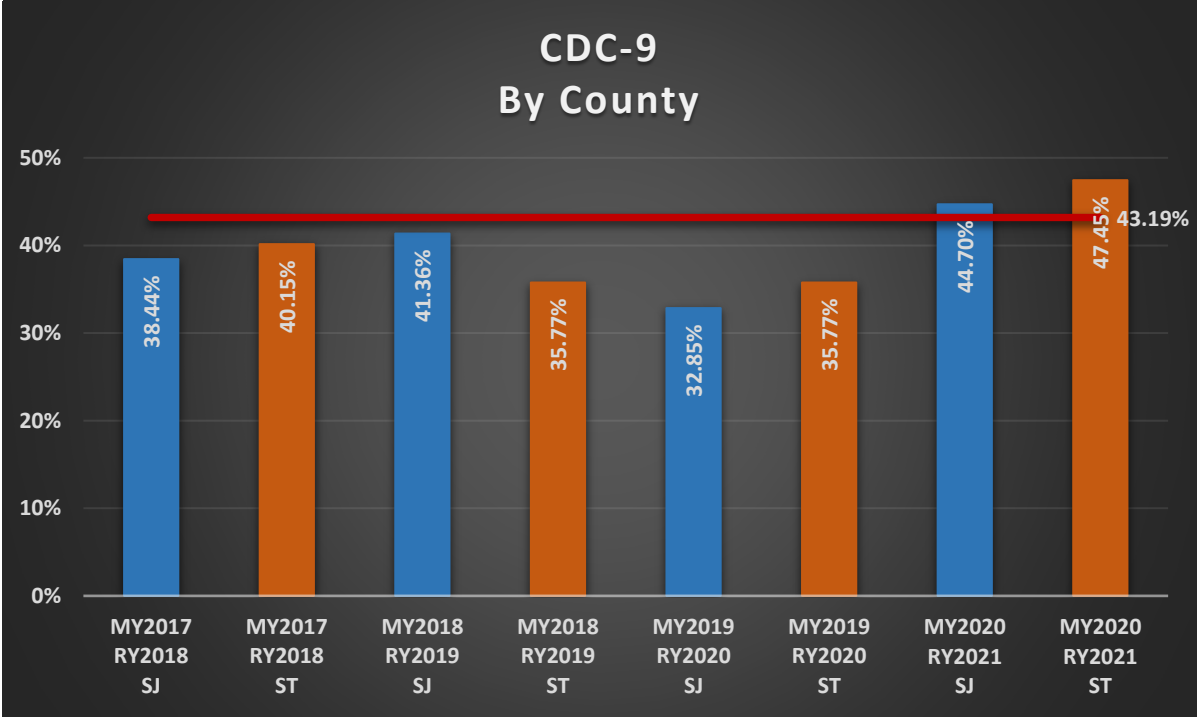
San Joaquin county experienced an increase in rates but did not meet the goal.

Graph 12: CBP rates for each county



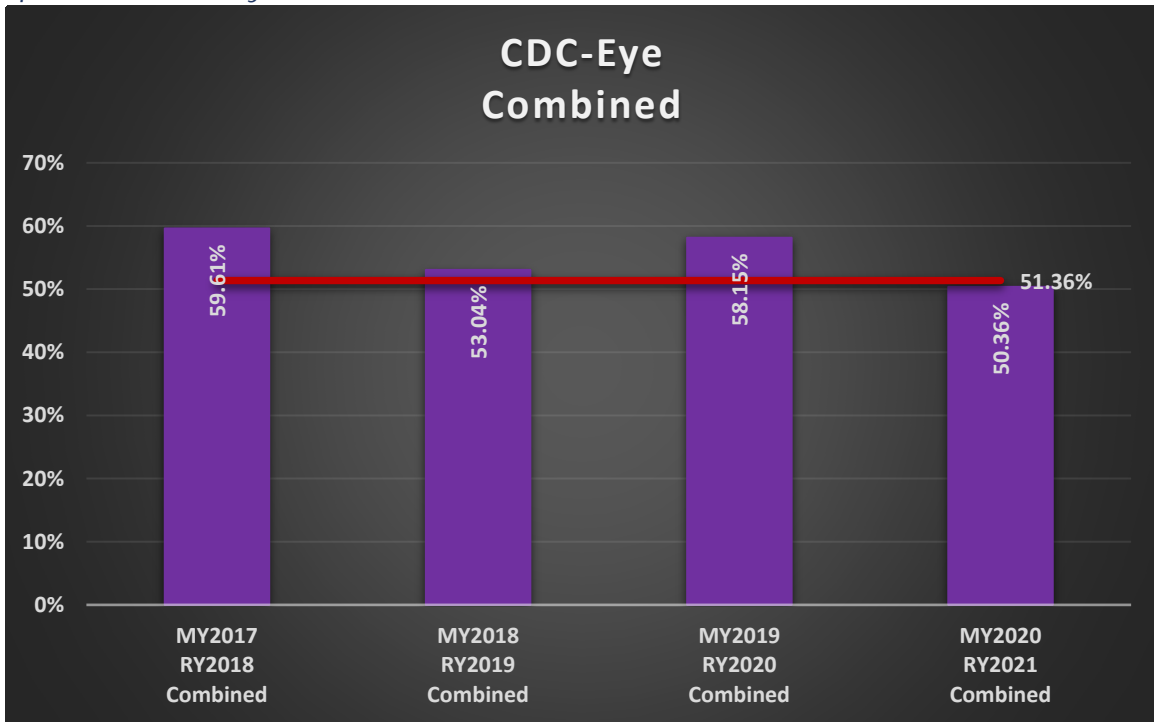
Neither counties met the MPL for CBP. In 2020, HPSJ initiatives focused on capturing more electronic data for blood pressure control. HPSJ encouraged CPT-2 coding to capture blood pressure results. HPSJ also mapped BP results to the data feeds from electronic medical records from the 4 largest health centers in the 3rd 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 13: CDC - 9 rates for each county



CDC-9 is an inverse measure. Lower rates mean that members have A1c test results that are lower than 9 more often. Neither county met goal. In MY2020, 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 14: CDC – Eye Exams



HPSJ eye exam rates were down significantly. Members were not completing eye exams because most were not seeking care. HPSJ offered provider incentives and member facing education and outbound calls for gap in care members.

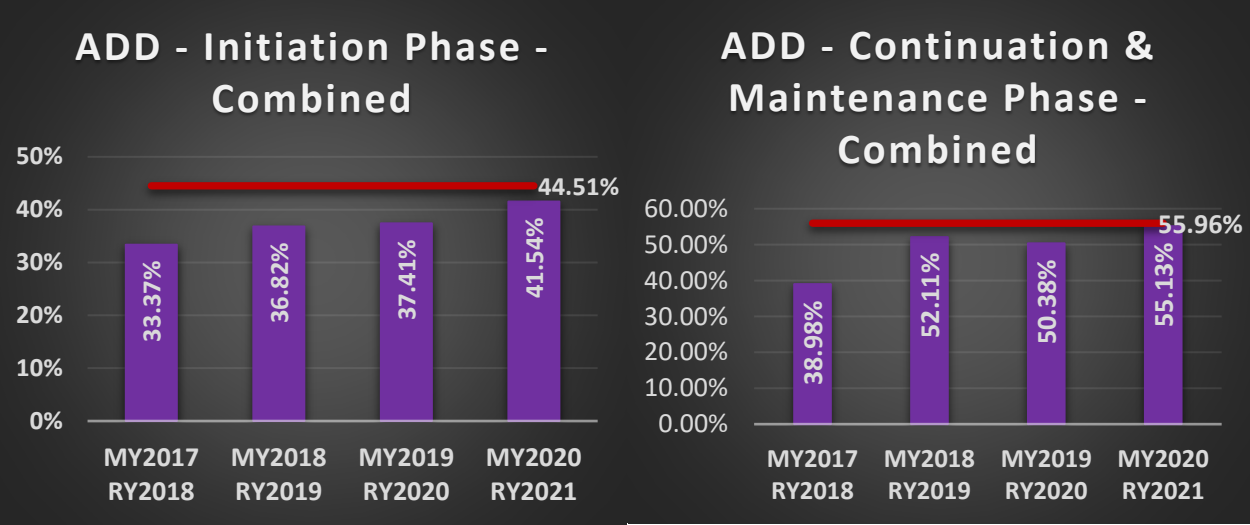
B.2.d Behavioral Health

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.
 - *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

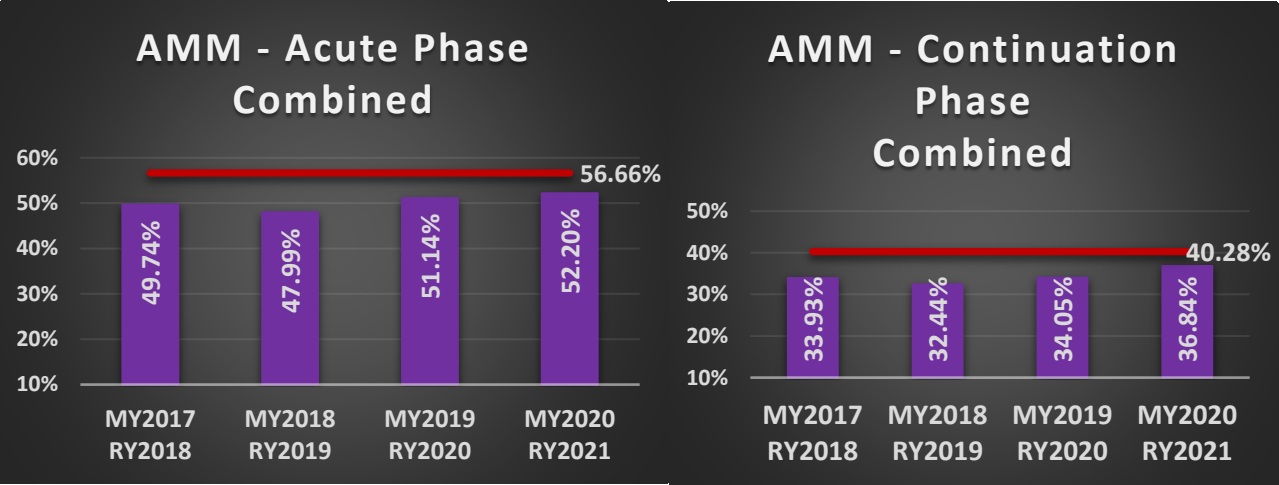
- o *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).
- Diabetic Screening for people using antipsychotics (SSD) The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Graph 15: ADHD Initiation and Continuation

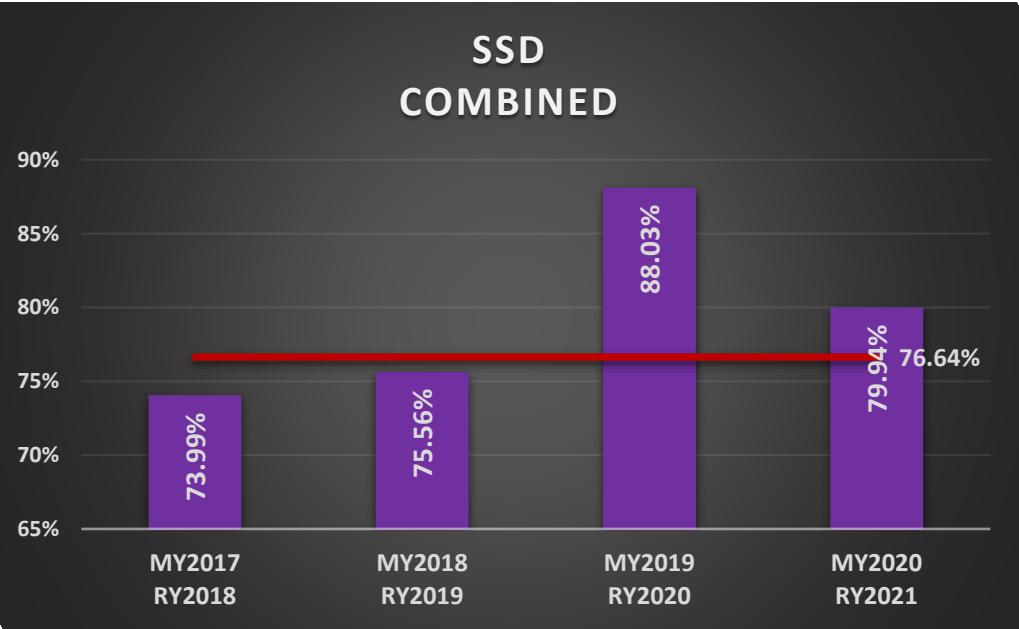


HPSJ noted significant gains in the rate of compliance for both the initiation and continuation phase of ADHD. Telehealth services can be used to meet compliance so HPSJ believes this contributed to increased compliance with follow up visits. AMM rates are increasing due to medication adherence programs implemented with dispensing pharmacies. SSD rates are highly variable due to the sensitive nature of members causing difficulty completing lab testing.

Graph 16: AMM Acute & Continuation



Graph 17: SSD



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 the combined impact of supplemental data by metric, denominator and numerator for administrative data and the impact supplemental data sets had on each metric.

Table 18: Supplemental Impact Report

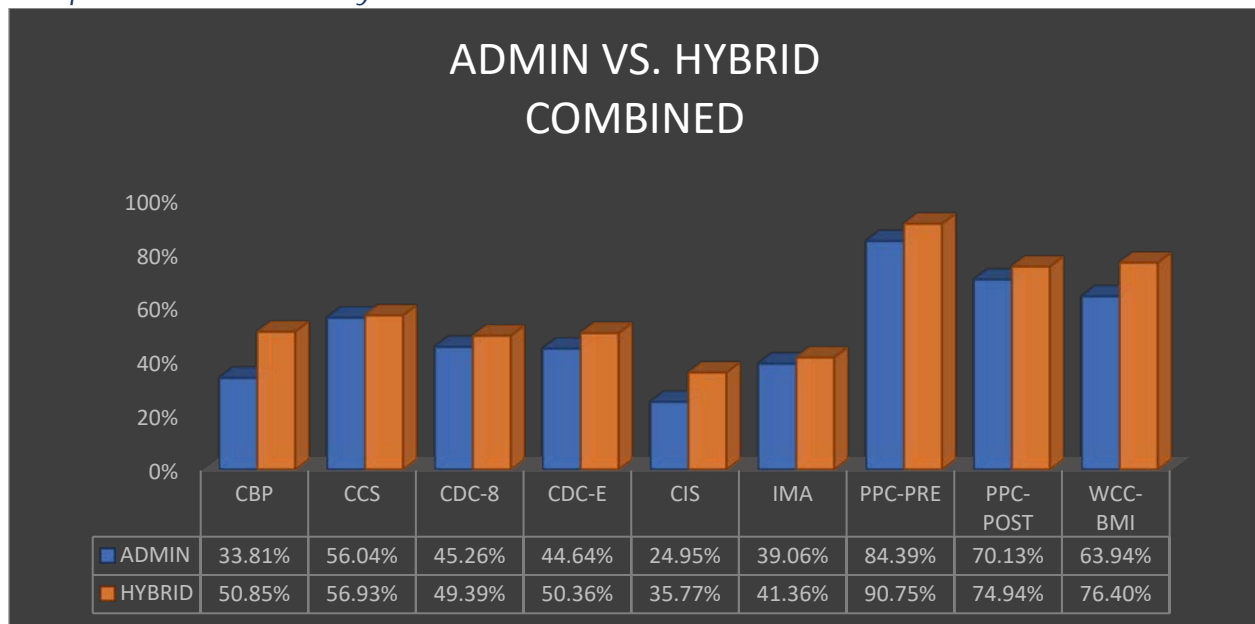
County	Metric	Description	Denom	Num	Rate	Supp. Hits	Impact %
HPSJ	ADD1	Initiation	833	346	41.54%	2	0.24%
HPSJ	ADD2	Continuation & Maintenance (C & M)	155	86	55.48%	28	18.06%
HPSJ	AMM2	Acute Phase Treatment	3502	1828	52.20%	1	0.03%
HPSJ	AMR	Numerator	4194	2421	57.73%	6	0.14%
HPSJ	APM3	Blood Glucose and Cholesterol	26	11	42.31%	11	42.31%
HPSJ	BCS	Numerator	14431	7760	53.77%	9	0.06%
HPSJ	CBP	Numerator	18467	6244	33.81%	3059	16.56%
HPSJ	CCS	Numerator	65974	36974	56.04%	5257	7.97%
HPSJ Total	CDC10	HbA1C Control < 8.0	14497	6561	45.26%	6089	42.00%
HPSJ Total	CDC4	Eye Exams	14497	6471	44.64%	100	0.69%
HPSJ Total	CHL	Numerator	10246	5880	57.39%	112	1.09%
HPSJ Total	CISCMB10	Combo 10	7288	1818	24.95%	1090	14.96%
HPSJ Total	CWP	Numerator	11397	4490	39.40%	14	0.12%
HPSJ Total	IMACMB2	Combo 2	8093	3161	39.06%	2322	28.69%
HPSJ Total	LSC	Numerator	7296	3559	48.78%	581	7.96%
HPSJ Total	PPC1	Timeliness of Prenatal Care	5297	4470	84.39%	616	11.63%
HPSJ Total	PPC2	Postpartum Care	5297	3715	70.13%	52	0.98%
HPSJ Total	SAA	Numerator	662	17	2.57%	4	0.60%
HPSJ Total	SSD	Numerator	1281	1024	79.94%	25	1.95%
HPSJ Total	W30A	Well-Child Visits in the First 15 Months	4599	2005	43.60%	439	9.55%

HPSJ Total	W30B	Well-Child Visits in for Age 15 Months - 30 Months	7102	4612	64.94%	47	0.66%
HPSJ Total	WCCA	BMI Percentile	77424	49507	63.94%	12457	16.09%
HPSJ Total	WCCB	Counseling for Nutrition	77424	35625	46.01%	1455	1.88%
HPSJ Total	WCCC	Counseling for Physical Activity	77424	27730	35.82%	457	0.59%
HPSJ Total	WCV	Numerator	140243	54027	38.52%	244	0.17%

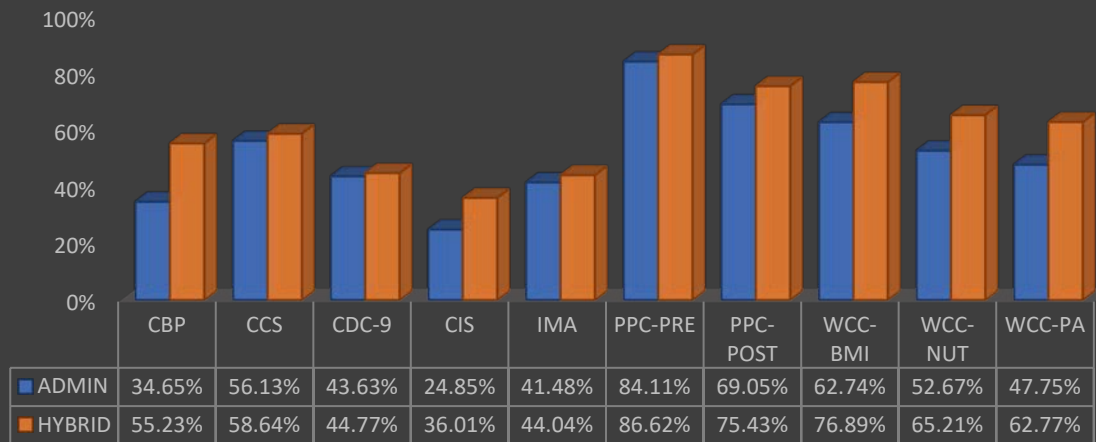
Hybrid Medical Record Review – COVID-19

In HEDIS reporting year 2020, HPSJ had over 12,000 primary medical record review chases. Over 75% 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. Due to factors both within and outside of HPSJ's control, the medical record season was delayed by almost 4 weeks. HPSJ staff performed medical record review through remote access to medical records and through a fax campaign. Many providers did not return records in time to capture compliance that could have positively impacted HPSJ rates. In addition, HPSJ was not able to pursue secondary locations as customarily would happen. The impact of chart review on final rates is shown below.

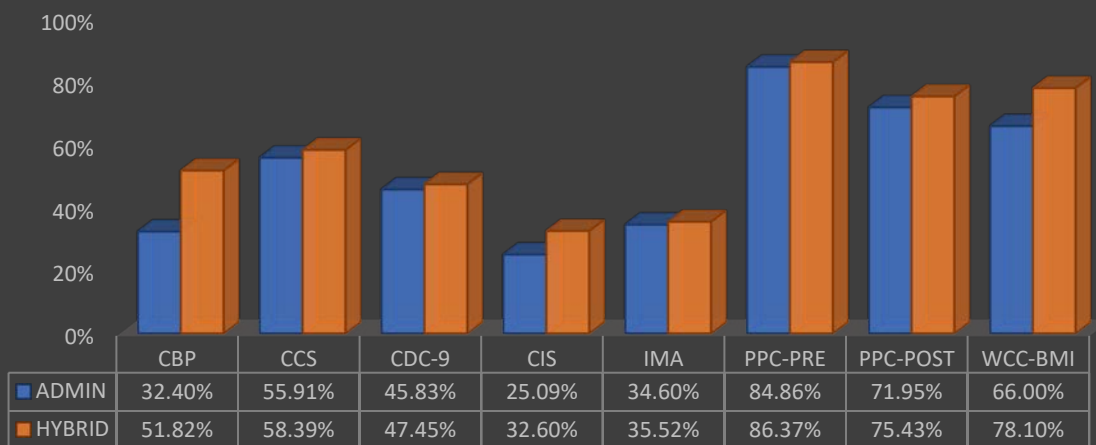
Graph 18: Admin Vs. Hybrid



ADMIN VS. HYBRID SAN JOAQUIN



ADMIN VS. HYBRID STANISLAUS



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 FOHCs and 7 additional provider groups. These meetings are called the Provider Partnership Program. The Partnership Program meets with internal and external stakeholders to exchange comparative quality data, share progress toward goals, assist 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 offers 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 19 below shows the number of member incentives fulfilled from 2018-2020.

Table 19: Member Incentive Fulfillment

Program	Calendar Year	Reward Issued
CCS (cervical cancer screening or pap smear)	2018	1086
	2019	1032
	2020	348
CDC A1c (comprehensive diabetic care - testing)	2018	477
	2019	502
	2020	203
CDC Eye exams (comprehensive diabetic care - eye exam)	2018	365
	2019	326
	2020	NA

PPC Post (OB care - postpartum visit)	2018	195
	2019	941
	2020	NA
PPC Pre (OB care - first prenatal visit)	2018	242
	2019	929
	2020	184
W34 (Annual wellness exam - children age varied in each year) CAP added in for any visit with the PCP	2018	3259
	2019	3999
	2020	NA
AMR (Asthma prescription fills)	2018	284
	2019	161
	2020	NA
WCV – Well Child Visits 3 – 21 years of age	2020	2437
W30 – Well Visits in the first 30 months	2020	117

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 were greatly impacted by the pandemic and delayed chart review. Improvements that focus on providers, members, data, and a robust member education program can be credited with preventing further rate decline. 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.

2021 HEDIS Priorities

HPSJ considers all improvement efforts to have a positive impact on rates and will continue initiative year over year when feasible and expand upon all initiatives

implemented to create a holistic approach to rate improvement. Ongoing priority is given to 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 continued impact of 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 HIE 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.

B.2 HPSJ Provider Partnership Program

Responsible Staff:

Jennifer Norris

QI Supervisor

Provider Partnership Program Summary for Calendar Year 2020

HPSJ's Provider Partnership Program (PPP) was started in 2016. Its purpose at inception was to increase quality engagement and to support our provider network. The program allows for improved communication between HPSJ and provider partners. In addition to sharing best practices, the program allows the multidisciplinary team to identify and correct issues with claims and encounter data, remove barriers that are preventing improvement, and to share important information about DHCS programs and other provider resources. Ultimately, the program helps to improve provider performance as evidenced by MCAS and HEDIS rates through these open communication channels. HPSJ has been able to collaborate with various network providers and groups that participate to carry out special QI projects and implement interventions that not only have improved provider office workflow, but also the quality of claims submissions and patient care during the lifetime of this program. Alternatively, providers in the program have been able to utilize the meetings to convey their concerns, any needs for resources and tools, and to ask questions at the health plan level.

This partnership continues in both SJ and ST counties to continue facilitation of communication, collaborative efforts, and to try and reduce and bridge gaps in care that still exist in each county.

As a continuation to the work started 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, and process improvement throughout 2020. The COVID-19 pandemic and public health emergency presented unique challenges to both our providers and to HPSJ. The program adapted to being virtual to accommodate the shelter in place orders and HPSJ continued to work with providers regarding data collection, documentation of

care, and to find ways to remove barriers to access that the pandemic created. Even with all of the new challenges and barriers that COVID-19 created in the healthcare landscape, HPSJ recognizes the hard work our provider network has done during this challenging year. Their continued commitment to high quality of care has reflected through the resiliency of their quality scores through 2020 and into 2021.

Providers chosen for the program

Both Stanislaus and San Joaquin Counties have two large FQHCs that each have large member panel sizes for HPSJ. Due to this, those four were approached for partnership initially. In the following 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

Participating Providers for 2020-2021

- Community Medical Center (CMC)*
- San Joaquin General Hospital/San Joaquin County Clinics (SJGH/SJCC)*
- Golden Valley Health Centers (GVHC)*
- Livingston Community Health Services (LCH)*
- Human Services Agency Stanislaus (HSA)*
- Adventist Health – Lodi
- Dr. Burgos
- Dr. Nisperos
- Lodi Children's Clinic
- Dr. Dubey
- Dr. Krishnamoorthi
- March Lane Pediatrics
- Del Puerto Health District

* denotes FQHC

Partnership Team Structure

The Partnership Program team for each provider consists of:

- A QI Nurse
- A Provider Services Representative
- A HEDIS/NCQA Coordinator (or management if required)

- Other Ad-hoc team members can include:
 - QI Leadership (Supervisor/Director)
 - QI Coordinator
 - Population Health Manager
 - Claims Supervisor
 - Case Management (CM) and/or UM Manager or Supervisor
 - Medical Director and/or CMO
 - Clinical Analytics
 - Pharmacy Director

The partnership team works to meet regularly with provider partners, typically monthly to quarterly (based on provider preference) in order to discuss the following:

- QI initiatives
- Gaps in Care
- Trending MCAS rates
- Members to MPL discussion
- Billing/Coding issues
- Provider Resources
- Provider Concerns

Each partnership team is led by an assigned Quality Improvement (QI) nurse, whose goal is to support providers through the improvement process. This includes educating providers on the purpose and goal of the program, coordinating meetings, providing guidance for initiative development, and to help identify areas of improvement for providers. The HEDIS/NCQA team provides the QI nurse extra support regarding HEDIS/MCAS measures, data collection and analysis, as well as providing additional provider education for the more technical aspects of HEDIS, and also provide education for NCQA standards. The assigned Provider Service Representative (PSR) provides support by ensuring contracting or billing support, and other important provider education is provided in a timely and appropriate manner based on HPSJ policy and procedure (P&P).

All efforts are supported by the Care Gap Finder Integrated Reports (CGF Reports) provided by HPSJ's HEDIS Vendor. These reports not only include rates that HPSJ can trend at the health plan level, but also at the provider level. There are member-level reports that are provided as well that allow HPSJ and providers to pull gaps in care rosters to aid in outreach efforts. These reports are provided monthly with rates based on claims, encounters, and supplemental

data sources. These reports are accessible by providers through HPSJ's secure DRE portal and they, and their staff, are trained periodically on how to review and download the reports for their own records and initiatives.

In addition to the meetings carried out by the partnership teams, HPSJ leadership regularly meets with the larger providers via Joint Operation Meetings to support business operations, QI initiatives, and remove barriers. HPSJ leadership also supports the partnership teams directly as needed to provide resources, address barriers, and to go over progress.

As with 2019, the most common issues and concerns addressed included billing and coding problems, issues with medical records and supplemental data submissions, updates to the MCAS measures for MY2020/RY2021, member outreach problems, and lack of utilization of CGF reports to maximize member visits. COVID-19 worsened the staffing problems reported previously by providers and has created more barriers to care, both for member and for providers (e.g. limited in-person appointments due to quarantine, member refusal to go to doctor's office/lab/pharmacy out of fear of COVID exposure, limited office hours or visits to make room for telehealth, etc.)

Partnership Activity Highlights for 2020

Children's Health Measures

- Drive Up Immunizations Clinic – GVHC conducted a pilot initiative to provide children's immunizations during the pandemic. They hosted drive-up immunization stations at several clinics and parents were able to drive up and get their children vaccinated from the safety of their own vehicles. Adults also were able to get some vaccinations, like the flu shot, at these clinics as well
- Hybrid Well Child initiative – GVHC piloted a hybrid well child visit at some of their locations that were providing drive up immunization clinics for a short time. Parents could get their children's well child physical exams done while they were there.
- EPSDT and Lead Screening – HPSJ cobranded with several providers for the EPSDT and Lead Screening postcards sent out to remind families of these critical services. Outreach calls and texts were made by HPSJ's engagement vendor to support these efforts as well.
- Direct Scheduling efforts – Dr. Dubey, a pediatrician, granted HPSJ's Population Health team permission to outreach their patients and to directly schedule them in their EMR. Dr. Dubey's office provided training

- School Immunization clinics – Livingston is piloting a TDaP clinic for some of the local schools in the Livingston area. There is some promise and potential to expand to other vaccines.
- Child Wellness call campaigns – Proactive call campaigns were done for W15/W30/IMA to focus on getting children in before the measure deadlines.
- MCAS Look and Learns – a webinar was held in March 2021 to address several topics. Among them was EPSDT, Lead Screening and Prevention, and Adverse Childhood Events (ACEs Aware program).
- Social Media Campaigns – HPSJ has been utilizing Facebook and Instagram to promote health and wellness for all age groups, including children's health by posting topics about children's health and also education.

Women's Health Measures

- Mobile mammography – HPSJ continued efforts with Alinea to 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.
- Member incentive mailers – Postcards were sent to members who were eligible for BCS/CCS with info that these measures are incentivized. They also served as reminders for members to seek these services, as well as other preventative health services.
- Focused Care Gap Clinics – HSA has continued the care gap clinics to address multiple care gaps for members who are seen at their clinic.
- Prenatal support program – Our CM program has partnered with SistaCoach to refer members, who are women of color, in San Joaquin County who need more help and support during the perinatal period. This program has been introduced to the FQHCs and to other providers in SJ county.

Acute and Chronic Disease Management Measures

- Diabetes Clinic partnership – HPSJ's CM team has partnered with HSA for their Diabetes clinic to provide additional reminders, support, and education to non-compliant members.
- Hypertension Clinic partnership – SJGH/SJCC has an ongoing hypertension clinic for which our CM team has provided support. This has included facilitating better communication with our capitated DME provider to ensure that patients can get a BP cuff timely.

- Supplemental Data submissions – Most of the FQHCs are providing data related to point of care testing for A1c and for BP via supplemental submissions for HEDIS/MCAS credit. This has positively impacted rates but has room for improvement.
- Lodi Memorial/Adventist Health – This hospital group and clinics has automated several of their MCAS billing items, including blood pressure and BMI percentiles. They also have worked on other measures to automate either codes for services rendered, or to provide exclusionary codes (like in the case of Cervical Cancer Screening), which has improved their rates tremendously for several measures.
- COVID vaccination efforts – While COVID is not a part of MCAS, several FQHCs are taking part in mass vaccination efforts for COVID-19 in both counties. A COVID town hall was provided in partnership with Public Health for the provider network, and guidance has been forwarded by HPSJ from DHCS regarding COVID vaccines, all in effort to support our provider network during the pandemic.

Behavioral Health Measures

- Integrated Behavioral Health Programs – GVHC, SJCC, HSA, and CMC have set milestones and goals to address several behavioral health measures and needs in their member populations. HPSJ is supporting these efforts and the programs are ongoing.

Other General Interventions

- Regular Provider Partnership Program meetings - Partnership between HPSJ and the VIP providers were established and has continued with the goal of improving the delivery of preventive services to the community. The program holds regular meetings to discuss on current HEDIS/MCAS standings, best practices and opportunities for project partnership with the community.
- Patient Transportation Assistance – HPSJ's partnership with Lyft has continued to keep providing members with greater transportation access in addition to the traditional bus pass and dial-a-ride services.
- Community Based Organization partnerships
- Continued health plan presence at various community events – OERU provides HPSJ presence at community events to promote health education and member benefits.
- Member Incentive Program – HPSJ's MyRewards program allows members to digitally request gift card rewards for incentivized measures. These requests are handled by HPSJ's engagement vendor. The incentivized

measures are evaluated annually to make adjustments to improve member compliance

- Provider Incentives – HPSJ continues to update the incentive program for providers to help motivate providers to improve specific quality measures.

Barriers

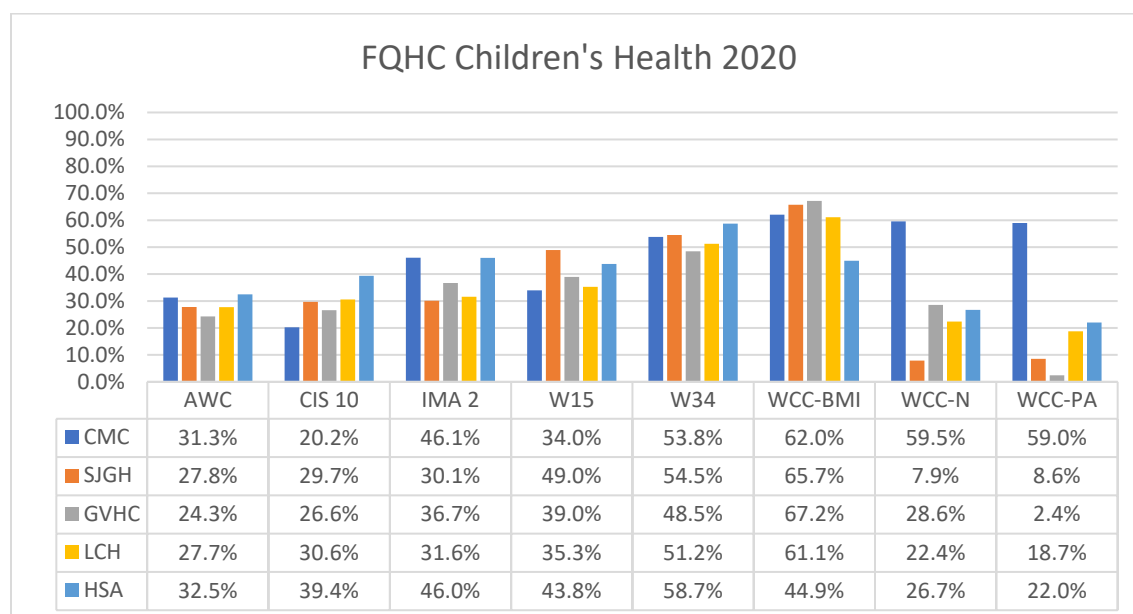
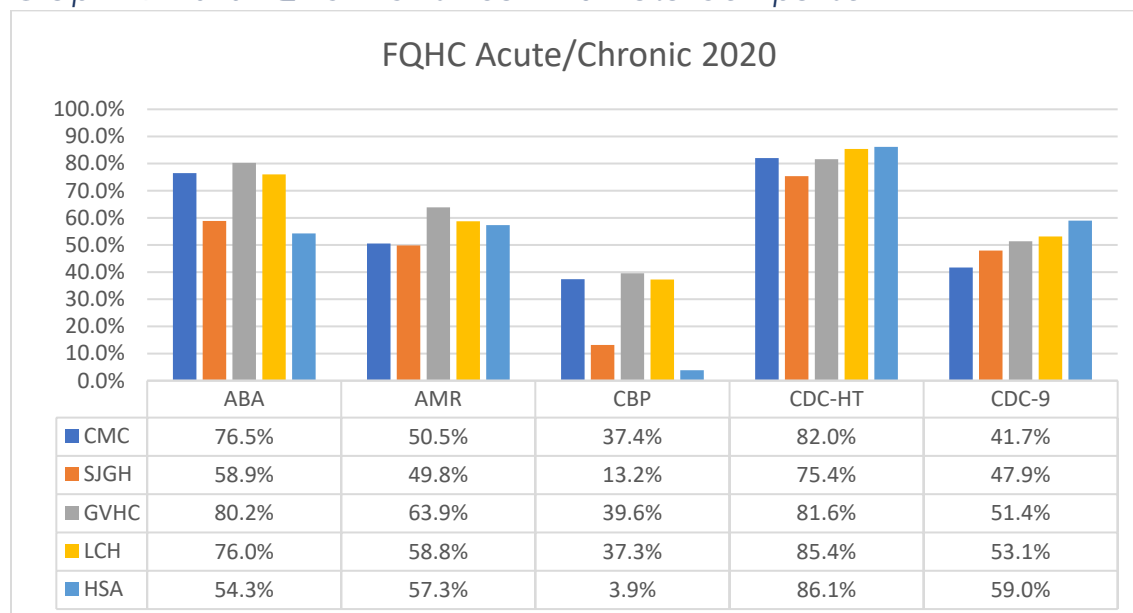
Barriers identified across the partnership include:

- Enormous panel size/membership – this is an ongoing challenge for FQHCs, whose panels far exceed solo and small group 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 prior to the pandemic, and these issues have increased due to COVID-19.
- Staffing issues – Majority of providers have quoted staffing issues as their largest barrier to carrying out initiatives and outreach. COVID-19 has exacerbated this issue and increased staff turnover, staff burn out, and caused more operational reorganizations.
- Resistance to change – there is an ongoing resistance to change within the provider network, especially regarding billing and coding information. Other ongoing issues is providers not wanting to dismiss patients who have “aged out” of their normal care age ranges, and those same patients are still not seeking care elsewhere or are reliant on urgent care/ER visits to manage their health. Also, some providers are resistant to QI initiatives for a myriad of reasons, including staff issues and time constraints.
- Data integrity issues – There is an ongoing issue with providers not submitting the correct codes to capture critical HEDIS/MCAS related data. For those who do submit these codes, some have clearing houses that may be removing codes that are not covered by MCL or will have a \$0 payout due to capitation, both practices negatively impact our data quality severely.
- Changes in EHR – GVHC moved to a different EHR system that caused a lot of data issues for the practice, including their ability to track the effectiveness of some of their QI initiatives. They have since resolved some of these issues and are working through others.
- Conflicting Priorities – COVID-19 has taken center stage in both counties for all of 2020. All other QI initiatives, especially HPSJ activities, have been forced to take a backseat as providers work to meet the demands of the CDC guidance for COVID, the increased health care demands, and to address the public health needs.

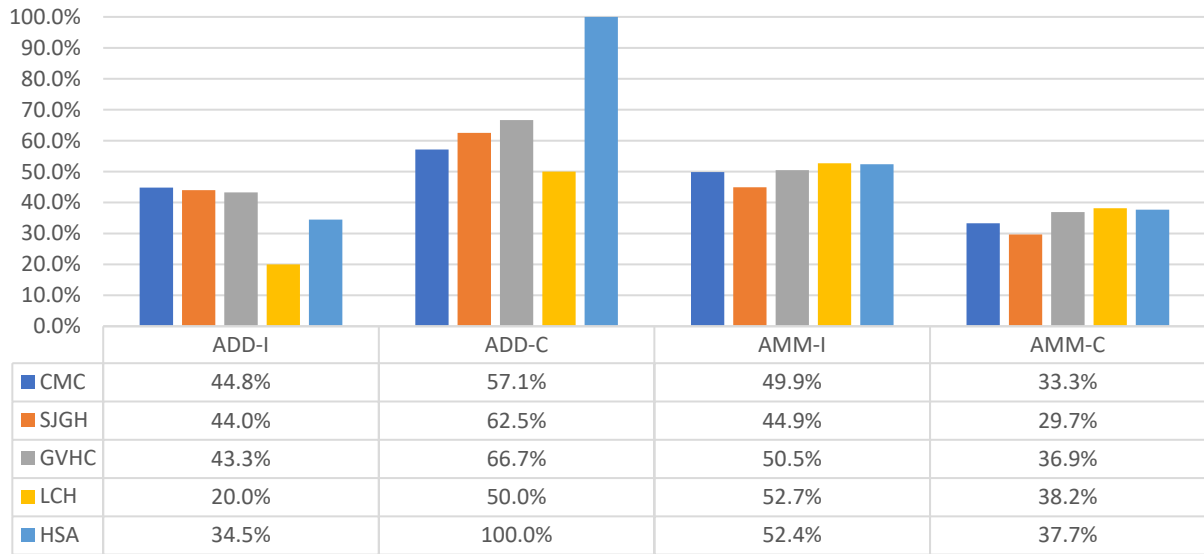
Next Steps

- To continue improvement activities in 2021 as appropriate
- To continue encouraging expansion of care gap clinics to other provider partnership offices
- Continue promotion of the member incentive program
- Continue to encourage providers to correct their billing and coding in order to correctly capture all of the work they do for HEDIS/MCAS
- Continue gathering and sharing best practices among providers partners

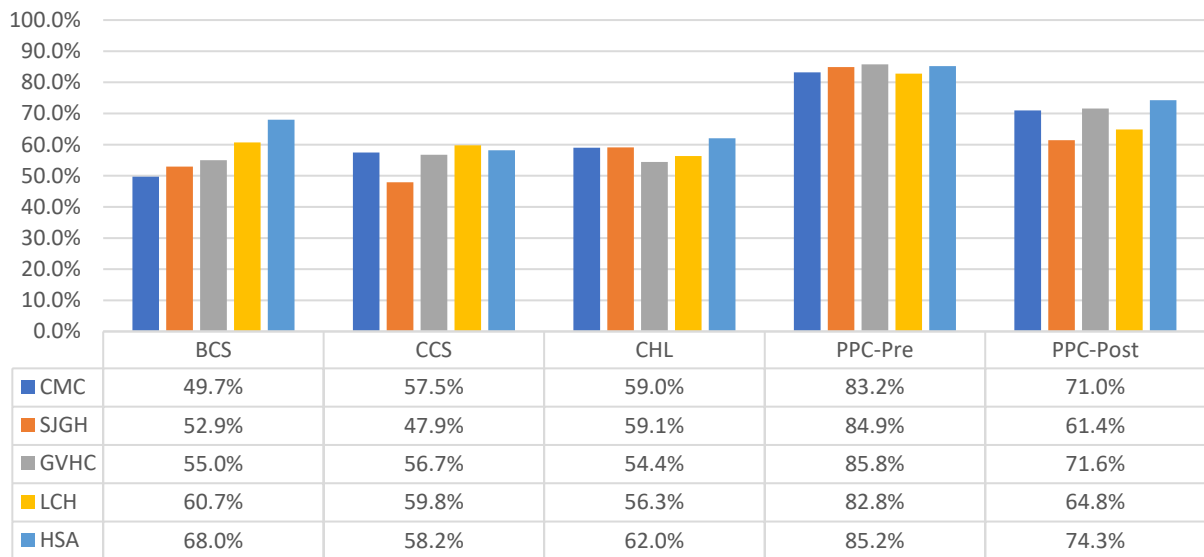
Graph 19: 2020 FQHC MCAS Year-End Data Comparison



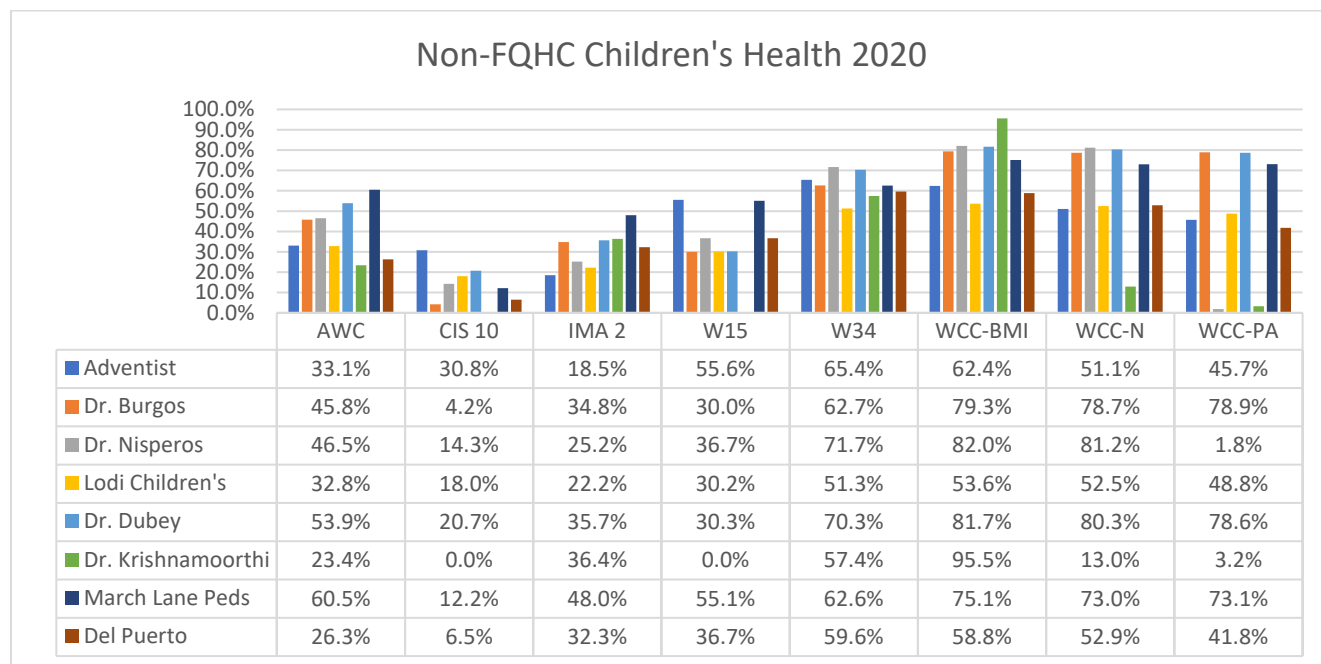
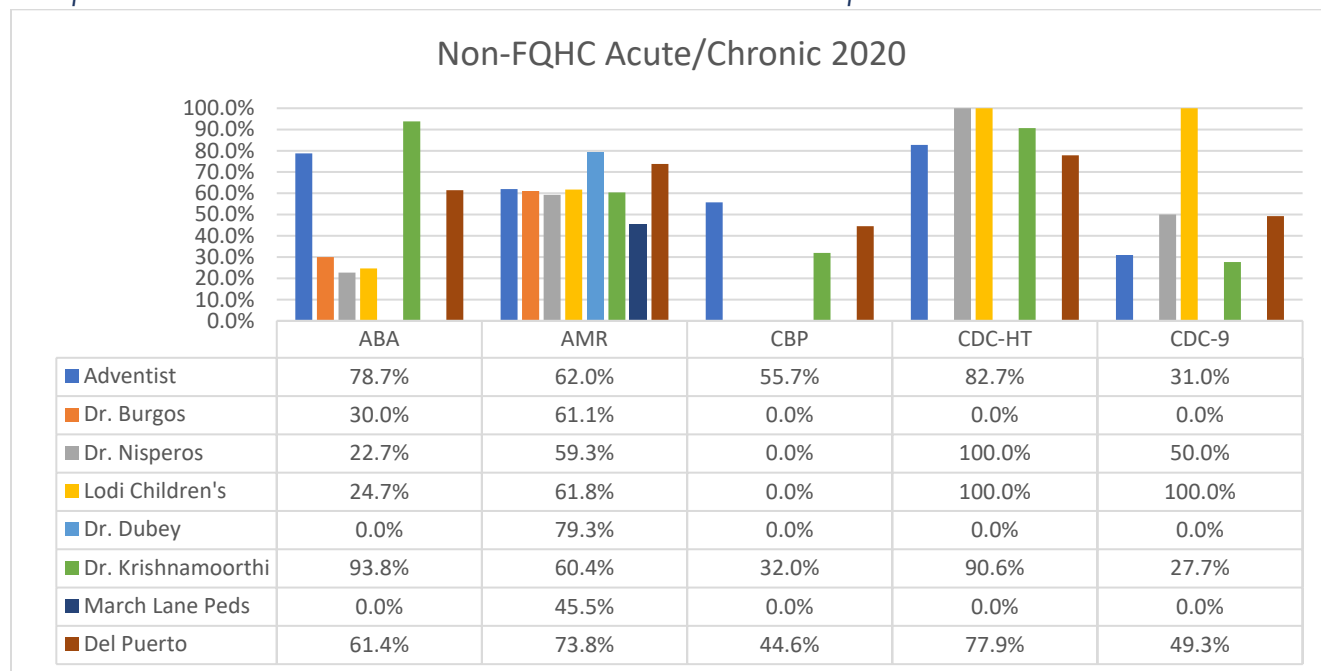
FQHC Behavioral Health 2020



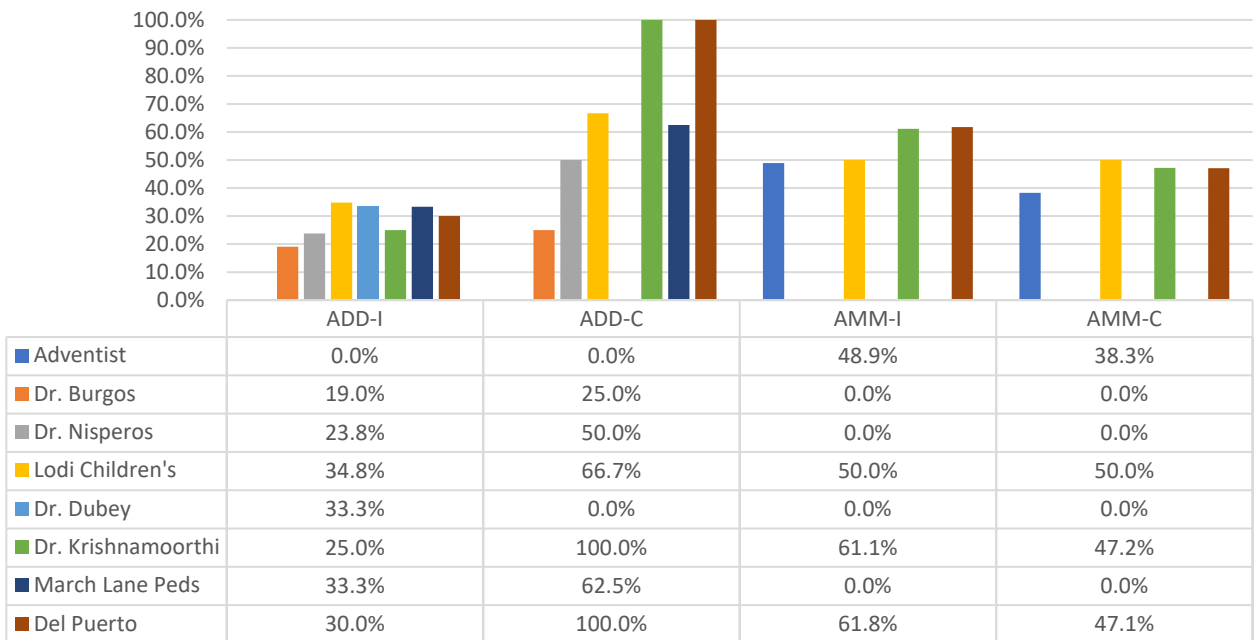
FQHC Women's Health 2020



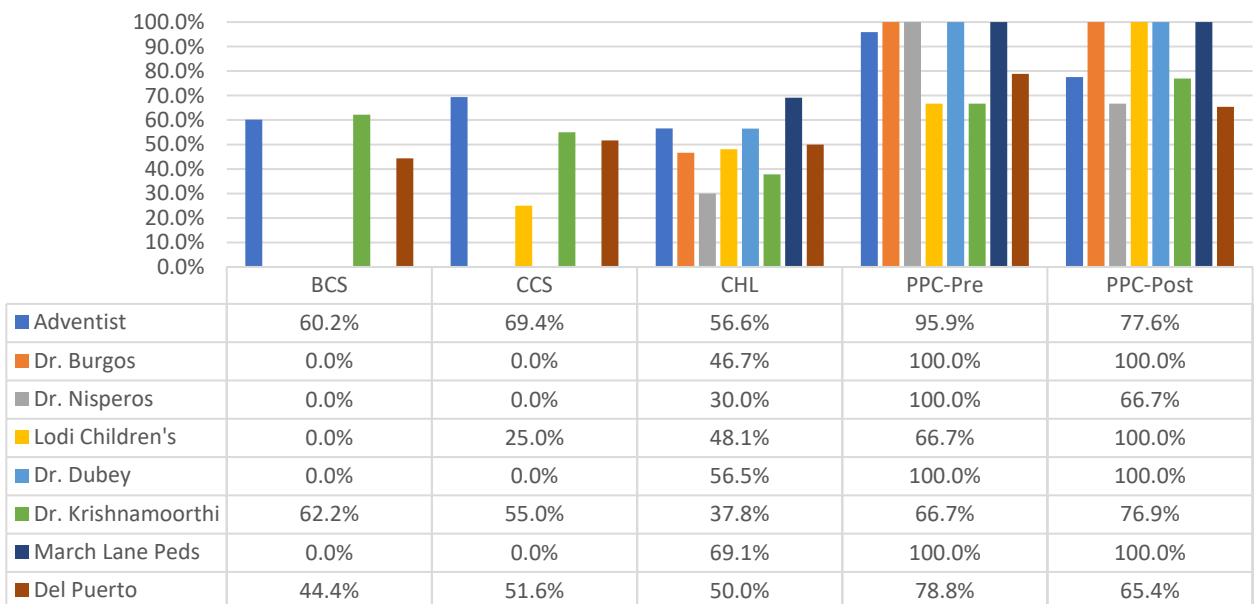
Graph 20: 2020 Non-FQHC MCAS Year-End Data Comparison



Non-FQHC Behavioral Health 2020



Non-FQHC Women's Health 2020



Provider Partnership Summaries

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

Provider Partnership Summary: Del Puerto

Interventions

- Trend Reporting – A monthly download of the provider's gap reports are collected and presented in a trend report. The trend reports became the springboard for discussion on identified issues and concerns.
- MCAS measures – The new MCAS measures were explicated via provider partnership power point presentation.
- Member Incentive Program – This program has been delineated through provider partnership power point presentation.
- Provider Incentives Program- Reinforcement per provider partnership power point presentation.
- EPSDT mailers have been sent in three phases to target different pediatric age groups to receive well care visits and immunizations.
- HPSJ has conducted quarterly Look and Learn presentations to assist providers and their billers to maximize provider compliance with health care measures. There have been focuses on Telehealth, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Lead Screening, ACEs Aware and Value Based Payment (VBP), Well Child Visits, Childhood and Adolescent Immunizations, Follow-Up Care for Children Prescribed by ADHD Medication, and Pediatric Behavioral Health.

Barriers

- Provider Partnership is currently focusing on getting providers back onboard with meetings and other initiatives that were affected initially by COVID precautions.
- The provider is not amenable to engaging in provider partnership meetings. The Quality Nurse puts together Provider Partnership Presentations and emails them to the point of contact.
- Covid-19 has been a barrier to well care visits. MCAS Measures.
- Main focus is currently the COVID mass vaccination efforts.

Next Steps

- Continue to encourage engagement in Provider Partnership Meetings.
- Continue to address performance improvement of MCAS Measures.
- Continue to promote the use of member incentives.
- Continue to promote the use of provider incentives.

Provider Partnership Summary: Family First Medical Care Interventions

- Trend Reporting – A monthly download of the provider's gap reports are collected and presented in a trend report. The trend reports became the springboard for discussion on identified issues and concerns.
- MCAS measures – The new MCAS measures were explicated via provider partnership power point presentation.
- Member Incentive Program – This program has been delineated through provider partnership power point presentation.
- Provider Incentives Program- Reinforcement per provider partnership power point presentation.
- EPSDT mailers have been sent in three phases to target different pediatric age groups to receive well care visits and immunizations.
- HPSJ has conducted quarterly Look and Learn presentations to assist providers and their billers to maximize provider compliance with health care measures. There have been focuses on Telehealth, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Lead Screening, ACEs Aware and Value Based Payment (VBP), Well Child Visits, Childhood and Adolescent Immunizations, Follow-Up Care for Children Prescribed by ADHD Medication, and Pediatric Behavioral Health.

Barriers

- Provider Partnership is currently focusing on getting providers back onboard with meetings and other initiatives that were affected initially by COVID precautions.
- The provider is not amenable to engaging in provider partnership meetings at this time. The Quality Nurse puts together Provider Partnership Presentations and emails them to the point of contact.
- Covid-19 has been a barrier to well care visits. MCAS Measures.
- Main focus is currently the COVID mass vaccination efforts.

Next Steps

- Continue to encourage engagement in Provider Partnership Meetings.
- Continue to address performance improvement of MCAS Measures.
- Continue to promote the use of member incentives.
- Continue to promote the use of provider incentives.

Provider Partnership Summary: Carmelita Nisperos

Interventions

- Dr. Nisperos' clinic is strictly pediatrics. The pediatric measures, vaccines and well care have been the focus of this provider partnership.
- This provider hired a new biller in order to address the issue of not submitting the proper CPT codes.
- Trend Reporting – A monthly download of the provider's gap reports are collected and presented in a trend report. The trend reports became the springboard for discussion on identified issues and concerns. Common issues identified included billing, and coding.
- Provider Training on MCAS measures – The new MCAS measures were reviewed with provider staff. Introduced new benchmarks. Provider concerns addressed.
- Member Incentive Program – the team has access to a workflow created by Population Health that provided a detailed process on how the members can receive their gift cards right after closing the gap/ receiving the service.
- Provider Partnership Meetings – video conferences are avenues for both HPSJ and the provider and clinic staff to discuss updates, issues, concerns, and next steps on a monthly basis.
- EPSDT Co-branding mailers have been sent in three phases to target different pediatric age groups to receive well care visits and immunizations.

Barriers

- The provider is not amenable to extending hours or to have Saturday clinics to address gaps in care. Provider reports that with her limited staff she could not afford to pay overtime. Provider also states the staff needs time to be with their families.
- There were barriers to conducting a call campaign to close gaps in care. HPSJ requested access to provider's EMR in order to direct schedule. Provider staff with limited IT knowledge was unable to provide access. HPSJ requested to participate in a warm hand off call campaign so that clinic staff could schedule. Provider staff stated that they did not have enough employees to implement a designated line to schedule warm hand offs.
- Voicemail phone access has been an issue due to delayed deleting of previous messages. This has been addressed in the last three provider partnership meetings.

- Covid-19 has been a barrier to well care visits.
- Clinic has minimal staffing and provider partnership meetings are frequently cancelled and rescheduled to meet the needs of walk-in patients.

Activities

- QN employed Health Plan of San Joaquin's Population Health Team to conduct a call campaign to educate members who were experiencing gaps in care. Members were instructed to call provider's office and schedule appt. Members who had gaps in care for HPV for IMA-2, WC and WC15 were called. Out of attempting to reach six hundred twelve members with gaps in care, 222 members were contacted and educated that they were overdue for a well care visit. Clinic staff noticed a surge in members calling to schedule appointments from 5/21/21 through 6/4/21 which was the duration of the call campaign and up to one week afterwards.

Goals

- Goals set for provider were to improve billing and CPT codes in order to increase WCC- Physical Activity. Compliance has steadily increased from 1.8% in December of 2020 to 64.0% in July of 2021 since the new biller was hired.
- A steady increase from May 2021 through July 2021 has been seen in IMA 2, W15, W30, WCV, WCC-BMI, WCC-N and WCC-PA.

Next Steps

- The last Provider Partnership Meeting was held on 7/27/21. The next was scheduled for 8/24/21 and cancelled due to an urgent patient issue. That meeting was rescheduled for 9/2/21. Trend reports and gaps in care will be discussed. New goals will be set.
- Continue to address performance improvement of Children's health measures.
- Promote the use of member incentives.

Provider Partnership Summary: Oak Valley Hospital District

Interventions

- Provider is looking into purchasing retinal scanners and point of care lead screening tests in order to increase compliance with Diabetic Eye Exams and Lead Screening Measures.

- Trend Reporting – A monthly download of the provider’s gap reports are collected and presented in a trend report. The trend reports became the springboard for discussion on identified issues and concerns.
- MCAS measures – The new MCAS measures were explicated via provider partnership power point presentation.
- Member Incentive Program – This program has been delineated through provider partnership power point presentation.
- Provider Incentives Program- Reinforcement per provider partnership power point presentation.
- EPSDT mailers have been sent in three phases to target different pediatric age groups to receive well care visits and immunizations.
- HPSJ has conducted quarterly Look and Learn presentations to assist providers and their billers to maximize provider compliance with health care measures. There have been focuses on Telehealth, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Lead Screening, ACEs Aware and Value Based Payment (VBP), Well Child Visits, Childhood and Adolescent Immunizations, Follow-Up Care for Children Prescribed by ADHD Medication, and Pediatric Behavioral Health.

Barriers

- Provider Partnership is currently focusing on getting providers back onboard with meetings and other initiatives that were affected initially by COVID precautions.
- The provider is not amenable to engaging in provider partnership meetings at this time. The Quality Nurse puts together Provider Partnership Presentations and emails them to the point of contact.
- Covid-19 has been a barrier to well care visits. MCAS Measures.
- Main focus is currently the COVID mass vaccination efforts.

Activities

- Provider requesting HPSJ funding assistance for Point of Care Lead Screening. HPSJ is requesting that provider engage in regular Provider Partnership Meetings in return for financial assistance with Point of Care Lead Screening Devices for two clinics with ongoing monitoring of HEDIS scores. Meeting has been requested by HPSJ on 8/26/21. Currently awaiting response.

Next Steps

- Continue to encourage engagement in Provider Partnership Meetings. Attempt to leverage assistance with POC Lead Screening as enticement for partnership.
- Continue to address performance improvement of MCAS Measures.
- Continue to promote the use of member incentives.
- Continue to promote the use of provider incentives.

Provider Partnership Summary: Stanislaus HSA

Interventions

Children's Health Measures

- **Pediatric Workforce revisit** -Increasing/Hiring more providers for Family and Pediatric Health - Stanislaus HSA strengthened their workforce by having more pediatricians and family practice providers on board to accommodate/render more pediatric care services. Access to medical care was significantly increased for the community.
- **Drive-up Immunization Clinic** –Stanislaus HSA was able to hold a few drive-up Immunization days at their McHenry location to help push the heavily-impacted vaccination rates in the state. This initiative, later on, got refocused to just COVID-19 vaccination. This was further complicated by staffing challenges. However, this project is something that they are greatly hoping to revisit and reinstate as the need for COVID vaccination increases, as well as with the incoming Flu season.
- **Performance Improvement Project on Well Child Visit (WCV PIP)** – a close partnership with HAS's Family and Pediatric Clinic geared towards pushing our 7 to 21 years-old population to getting their well-checks and other related preventive services. The project consists of joint member outreach with direct scheduling component with HPSJ's Population Health team, use of member incentives, patient recall and provider education.
- **Thursday Preventative Clinics** – Stanislaus HSA has resumed its regular Thursday Care Gap Clinic or Preventative Clinic days at its Paradise Medical Office on March of 2021. This provider has started from every other Thursdays to every Thursday clinics, focusing on multiple measures – W30, WCV, DM measures, HTN, CCS and BCS. From March 2021 to end of July 2021, Stanislaus HSA was able to close the following gaps:
 - 166 children's well visits/checks (W30/WCV)
 - 224 DM visits (CDC)
 - 46 pap smears (CCS)
 - Referrals for mammogram (BCS) are given (not tracked)

- o Total care gaps closed: 436 in 18 clinic days

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 date for member incentive card monitoring and follow-up and provision of gap lists.

- **EPSDT Postcards Cobranding** – Stanislaus HSA partnered with HPSJ on its EPSDT campaign through postcard co-branding. The campaign consisted of three major components – outreach calls by ConsejoSano, well-child script for outreach and the campaign postcards. The campaign was also divided into three phases targeting three major pediatric age groups. Please see below for the provider’s co-branded pieces.

Women’s Health Measures

- **Breast Cancer Screening Clinics** – Stanislaus HSA has worked with Alinea to have mobile mammogram events at their two clinics – McHenry medical Office and Paradise Medical Office. The project started at alternating offices in a monthly basis. Unfortunately, the clinics ran into issues with Alinea staff regarding patient no shows and service agreement matters. Both HSA clinics opted to just utilizing local radiology providers instead. Stanislaus HAS had a total of 9 mobile mammogram events with Alinea which allowed them to close the following BCS gaps:
 - o 8/21/20- Paradise Medical- 18
 - o 10/29/20- Paradise Medical- 18
 - o 8/31/20- McHenry Medical- 22
 - o 11/4/20- McHenry Medical- 21
 - o 12/16/20 - McHenry Medical Office -16
 - o 12/17/2020 - Paradise Medical Office -14
 - o 01/08/21 – Paradise Medical Office-8
 - o 04/16/21 HSA Paradise = 11
 - o May 2021 Has MMO – 13
 - o Total gaps closed – 141 gaps in 9 mobile mammogram events.
- **BCS/CCS Combo Clinic** – a pilot project initiated with McHenry Medical Office last May 2021. The project included a mobile mammogram event, with remote member incentive support for the day of the event. Only one event was held due to issues met with Alinea staff.

Acute and Chronic Disease Management Measures

- **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. This specialty clinic is now open to both San Joaquin and Stanislaus members. The clinic now also focuses on staff training and promotion of services. This specialty clinic started on every other Wednesday event to weekly clinic opportunity for the community. From January 1, 2021 to July 31, 2021, the DM clinic has closed **96 sets of DM care gaps (CDC-HT, CDC-N, CDC- Eye) in its 29 clinic days held.**
- **DM Clinic No Show Postcard** – This is a partnership between Stanislaus HSA's DM Clinic and HPSJ Case Management team. The project focused on Case Management follow-up to those members who have been habitually not showing-up and not being compliant to their DM plan of care. The CM effort would be a reinforcement to the provider's member recall efforts. The project is temporarily held for now due to staffing resources and competing priorities. However, this will be definitely revisited.
- **Diabetes Subcommittee** – a subcommittee formed within the provider internal system, with the goal of committing to revisit, improve and promote diabetes management.

Behavioral Health Measures

- **Integrated Behavioral Health Program** – Stanislaus HSA has been 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. Through this model, patients who were identified needing behavioral health intervention were paired with a social worker as well who helped ensure that the patient was seen by a psychiatrist within 3-4 weeks. Specialists made recommendations for treatment/management which the patients' PCPs helped implement and followed-through.
- **Behavioral Health Provider Education** – a partnership with HPSJ on educating internal providers on recent measure specifications as well as process updates on Beacon and County Behavioral Health referrals and management.

Other General Intervention

- **QM Team Expansion** – a plan devised to be able to cater to the growing need of the community. Stanislaus HSA, being both a public health system and a clinic system will be expanding its Quality Management Team to include Community Health Workers and Quality/Clinical Analytics.

Barriers

The year 2020 was marked by the challenges brought about by the COVID-19 pandemic. Stanislaus HSA was not an exemption to the impact of the PHE which have greatly affected its clinics' capacity, workflows, and encounters. These challenges include:

- Shelter in place orders imposed by the government which greatly reduced the number patients seeking appointment and showing-up for care.
- Increased apprehension and hesitancy among patients to still come for face- to- face visit, for fear of exposure and contracting the virus.
- Staffing issues brought about by staff taking leave from being affected by the illness, or to take care of family members affected by the virus.
- Limited Quality Team staff - Stanislaus HSA, being both a public health system and a clinic system, has been operating with a QM team of 3 staff members who also happened to have other functions assigned to them other than quality management. This causes delay in project managements, quality reviews and partnership responses.

Activities

- **Provider Partnership Program** - A partnership between HPSJ and Stanislaus HSA with the goal of improving the delivery of preventive services to the community. The program continues to hold monthly meetings to discuss on current HEDIS/MCAS standings, best practices, and opportunities for project partnership for the community.
- **Data Integrity Study** – A close working relationship with HPSJ Clinical Analytics Department, allowing open communications about data submission. This allows prompt identification of data issues ensuring that all submitted claims are being captured by the health plan.
- **EMR Feed** – A close working relationship with HPSJ's HEDIS and Clinical Analytic teams to be able to capture rendered preventive services and other related information through data extract from their EMR/EHR.
- **Provider Incentive Program** – A program initiated by HPSJ to help motivate and reward providers for pushing on the delivery of preventive services to

the community, especially those measures that have been low performing for the previous years.

- **Encounter and Claims Submission Update** – a big component of the regular Provider Partnership Meeting in which the provider gets updated about their growing panel HPSJ membership, encounter claims submission and percentage of HPSJ members seen. This is an effort to keep partner providers abreast with their access and claims submission performance, on a monthly, quarterly, and yearly basis.
- **Proactive Lists** - These are measure-specific gap lists generated and provided by HPSJ HEDIS Team geared towards guiding providers on their outreach and projection of efforts based on the remaining gaps for the year and gaps coming due by the early part of the next measurement year.
- **Member Outreach Partnership** – a close member outreach effort between HPSJ Population Health Team, as well as its vendor ConsejoSano, and with Stanislaus HSA. This provider was also one of the very few providers in the PPP who agreed to direct scheduling effort by the health plan's Population Health Team.

Next Steps

HPSJ will maintain partnership with Stanislaus HSA through the Provider Partnership Program. Regular monthly Quality/UM meetings will be held for HEDIS/MCAS standing and analysis, claims and encounter updates. HPSJ will continue to identify opportunities for joint efforts with this provider, keeping them abreast with HPSJ programs and campaigns, offer resources and assist with any challenges met along the way. Furthermore, Stanislaus HSA has been having challenges with coding WCC components, as well as CBP/CDC-BP. The provider may greatly benefit from coding guidance and input from the HEDIS team. Stanislaus HSA also needs to be pushed, guided, and monitored for ACES screening by its providers. Widening of their community engagement will be another great goal for this provider for the rest of 2021 and in the next year also.

Provider Partnership Summary: Golden Valley Health Centers Interventions

Amidst the challenges of the pandemic, Golden Valley Health Centers has focused mainly on COVID-19 pandemic interventions. However, there were also some interventions on a few priority measures, geared towards patient recall to claims submission. Please see below for the list of interventions GVHC has implemented for the past year to date. In line with emphasis on MCAS measures, the interventions are grouped as follows:

Children's Health Measures

- **Drive-Up Immunization Clinics** – This has been one of the biggest and strongest initiatives established by GVHC since 2020. Alarmed by the significant decline in children's health, especially the immunization status in the country, GVHC has initiated to innovatively deliver these preventive services to the children in the community. The project piloted in July of 2020, in a couple of its sites. To date, the project has grown to its 20 sites, offering drive-up immunization to patients of all ages once to twice in a week. From October 2020 to end of March 2021, GVHC has rendered immunizations to 2,945 HPSJ members, (2,390 of them are kids, 555 are adults), just through this project. The project is continuously growing and is aimed to be maintained so as to continue service the community in light of the COVID challenges.
- **Drive-Up Well Child Checks** – A project that GVHC has put on hold for a while to allow GVHC establish to Drive-up Immunization Clinics first and for a more effective workflow to be developed. However, GVHC was able to pull this through. Now the provider is also offering drive-up well-checks to complement the telehealth part of annual physicals both for kids and adults.
- **Hybrid WCC EHR Workflow** – To ensure that members opting to telehealth well checks are still getting their comprehensive care well-documented and also to suffice documentation standards, GVHC has created a hybrid WCC EHR workflow, allowing most parts of the well check encounter to be captured via telehealth, with onsite/drive-up physical assessment and immunization to supplement.
- **Asthma Prescription Program** – GVHC has been strongly implementing a comprehensive Asthma Program consisting of aggressive call outreach, to all patients within the care gap, adult and pediatric, for follow-up appointments and prescription adherence. This program has been a very strong collaboration among GVHC's Call Center team, Pharmacy, the clinics, and Health education Team.
- **GVHC QI Recognition Project:** Competition between all 20 plus GVHC PCP sites offering drive up preventive services to have the highest rate for both Immunizations and well checks, onsite or drive-up. Winning sites receive funding for a celebratory lunch! This project was able to foster excitement around care gap closures.
- **Mobile Immunization Van** – GVHC had its mobile clinic van rounding from one site to another for preventive services including immunizations to children and healthcare for the homeless.
- **FluFit Campaign:** - GVHC's campaign against flu for kids and adults that has been implemented starting September 2020 – the start of fall season.

- **Backpack Campaign** – a back to school campaign targeting school-age children geared towards school readiness through well check and immunization catch -up.
- **EPSDT Campaign Postcards Cobranding** - GVHC also partnered with HPSJ on its EPSDT campaign through postcard co-branding. The campaign consisted of three major components – outreach calls by ConsejoSano, well-child script for outreach and the campaign postcards. The campaign was also divided into three phases targeting three major pediatric age groups. Please see below for the provider’s co-branded pieces.

Women’s Health Measures

- **Women’s Wellness Wednesdays** – a social media campaign directed toward creating awareness on various issues related to women’s health- from preventive to treatments, affecting women’s lives on a day-to day basis. Testimonies from provider and patient champions are also shared through this platform.
- **Prenatal/Postpartum Outreach Campaign** – A campaign rolled to ensure complete prenatal care to mothers-to-be and postpartum health checks for those who just gave birth. Aggressive outreach efforts were instituted to help them stay on top of their pregnancy health despite COVID challenges.
- **CCS PIP (Performance Improvement Project)** – a joint effort between GVHC and HPSJ, aiming to reduce health disparity in women. This project has been on hold for a while due to the COVID-19 pandemic. It was just opened-up and looked into again. Planning meeting was revived.

Acute and Chronic Disease Management Measures

- **Diabetes Care Standing Orders** - 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:
 - o Hemoglobin A1c Testing – point of care (POC) testing was done on the day of the visit.
 - o Medical attention to nephropathy – DM patients are being required to give urine samples for nephropathy testing. Specimens were picked-up by Quest Diagnostics daily. Lab orders have been electronically sent.
 - o Blood pressure reading – basic to all visits
 - o Retinal testing – referrals were given for retinal testing if due/indicated. GVHC also started utilizing the HPSJ-sponsored mobile retinal camera in one of its biggest clinics, that allowed

prompt and better monitoring of diabetic retinal testing among its eligible population.

- Diabetic foot care
- Nurse visit for weight and nutrition counseling, medication management and BP checks.
- **Quest Diagnostics Partnership** – GVHC revisited their contract with Quest Diagnostics to allow lab specimen pick-up Quest 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 2020 – 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.
- **CBP and ABA EHR Workflow** - In its attempt to accurately capture the CBP and ABA measures administratively, GVHC has worked on a coding workflow in their EHR system. However, this especially with its transition to a new EHR system.
- **Health Education Texting programs for Asthma, HTN and Uncontrolled Diabetes** – a campaign geared towards reminding patients of their preventive services due for their conditions, driving them to see their PCP and adhere to their medications and follow-ups.
- **American Heart Association Partnership** – a budding partnership on hypertension and diabetes education project.

Behavioral Health Measures

- **Integrated Behavioral Health Program** – GVHC has been 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 patient holistically, addressing physical and mental health needs.
- **Behavioral Health Integration Project** – GVHC has partnered with HPSJ on this pilot project in line with DHCS requirements, with the aiming to increase MCP network integration for providers at all levels of integration (those just starting behavioral health integration in their practices as well as those that want to take their integration to the next level), focus on new target populations or health disparities and improve their level of integration or impact. GVHC is specifically working on maternal access to mental health and substance use disorder screening and treatment. Also

included is medication management for beneficiaries with co-occurring chronic medical and behavioral diagnoses.

COVID-related Efforts – these are innovative steps taken by GVHC to adapt to the limitations and challenges posed by the pandemic.

Telehealth visits

- o Separation of acute vs well clinics
- o Social media campaign
- o Mass CoVID-19 Vaccination
- o Monoclonal Antibody Treatment – working closely with CDPH for latest guidance on the treatment.

Barriers

The year 2020 was marked by the challenges brought about by the COVID-19 pandemic. GVHC was not an exemption to the impact of the PHE which have greatly affected the clinic capacity, workflow, and encounters. These challenges include:

- Shelter in place orders imposed by the government which greatly reduced the number patients seeking appointment and showing-up for care.
- Increased apprehension and hesitancy among patients to still come for face- to- face visit, for fear of exposure and contracting the virus.
- Staffing issues brought about by staff taking leave from being affected by the illness, or to take care of family members affected by the virus.

The above challenges were made even worse by the financial set back this provider had by the start of 2020. GVHC needed to lay off a lot of its staff, eliminate some departments and consolidate of functions. This resulted in burnout and limited interest in moonlighting clinics.

Furthermore, GVHC's transition to a new EHR system, EPIC, resulted to increased need for new workflows, validation of quality metrics and limited reporting ability.

Activities

- **Provider Partnership Program** - A partnership between HPSJ and GVHC with the goal of improving the delivery of preventive services to the community. The program continues to hold monthly meetings to discuss on current HEDIS/MCAS standings, best practices and opportunities for project partnership for the community.
- **Data Integrity Study** – A close working relationship with HPSJ Clinical Analytics Department, allowing open communications about data

submission. This allows prompt identification of data issues ensuring that all submitted claims are being captured by the health plan.

- **EMR Feed** – A close working relationship with HPSJ’s HEDIS and Clinical Analytic teams to be able to capture rendered preventive services and other related information through data extract from their EMR/EHR.
- **Provider Incentive Program** – A program initiated by HPSJ to help motivate and reward providers for pushing on the delivery of preventive services to the community, especially those measures that have been low performing for the previous years.
- **Encounter and Claims Submission Update** – a big component of the regular Provider Partnership Meeting in which the provider gets updated about their growing panel HPSJ membership, encounter claims submission and percentage of HPSJ members seen. This is an effort to keep partner providers abreast with their access and claims submission performance, on a monthly, quarterly, and yearly basis.
- **Proactive Lists** - These are measure-specific gap lists generated and provided by HPSJ HEDIS Team geared towards guiding providers on their outreach and projection of efforts based on the remaining gaps for the year and gaps coming due by the early part of the next measurement year.
- **Drive-up Immunization Project Grant Sponsorship** – a special opportunity for HPSJ to support GVHC’s innovative initiative to aid the massive decline in children’s immunizations due to the pandemic.
- **Joint Member Outreach Partnership** – a member outreach partnership between GVHC and HPSJ’s Population Health team and member engagement vendor – ConsejoSano. This allows both teams to jointly outreach members to care through different platforms. This also gives both teams a chance to align campaigns and coordinate messages, thereby helping to promote any ongoing projects by the provider.

Next Steps

HPSJ will maintain partnership with GVHC through the Provider Partnership Program. Regular monthly Quality/UM meetings will be held for HEDIS/MCAS standing and analysis, claims and encounter updates. HPSJ will continue to identify opportunities for joint efforts with this provider, keeping them abreast with HPSJ programs and campaigns, offer resources and assist with any challenges met along the way. Furthermore, GVHC has been having challenges with coding WCC components, as well as CBP/CDC-BP. The provider may greatly benefit from coding guidance and input from the HEDIS team. GVHC also needs to be pushed, guided, and monitored for ACES screening by

its providers. Widening of their community engagement will be another great goal for this provider for the rest of 2021 and in the next year also.

Provider Partnership Summary: Krishnamoorthi MD Inc

Interventions

Because the office staff is stretched thin with the rapid turnover, no formal meetings have been completed with the provider. To compensate, the office was provided with updates that included their trend reports and HPSJ updates including information about their encounter data.

Staff Access to DRE

Because of the rapid turnover, DRE access was always an issue. Several outreach efforts have been coordinated with their designated provider services representative to provide training on how to access information in DRE.

Billing and Coding

Since after the comprehensive chart review that happened in the late 2019, the provider still struggles to correct the issues surrounding their WCC-N and WCC-P. Another round of chart review was completed in the second half of 2020 that revealed that most of the BMI claims come in through the member's sick visits and so most of the time did not accompany any anticipatory guidance on Nutrition and Physical Activity resulting in the low compliance rates. This was brought up to the Office Manager's attention and was going to provide feedback to their biller and providers. In 2021, the problem was again addressed because the biller was putting in the wrong codes and the staff was encouraged to resubmit claims to correct the issue. A copy of the most recent updated tip sheet was provided multiple times with the hope that they will finally get it right.

CGF Training

With the transition of the plan to a new reporting platform, the office staff is yet to schedule training on how to access their gap reports.

PPP Meetings

Although not consistent, there is constant feedback provided to the staff regarding their progress in their gap reports through email communications. The Office Manager is not keen to frequent meetings and views these meetings as unnecessary. Provider partnership meetings are held on a need basis. Provider concerns are addressed via email exchanges and phone calls.

Gap Lists

Provider had agreed to working on their gap lists particularly for their WCV, BCS, and CCS list. Provider gap lists had been provided but had not been able to provide feedback on progress. A set of proactive lists for the CIS/IMA and W30 measures were also provided in January 2021.

Co-branding Campaigns

The beginning of 2021 was heavily focused on children's health measures. Although very few children were empaneled to them, the provider still opted to participate in the program.

Barriers

Rapid staff turn around due to getting sick with COVID-19

Provider staff was always in a rush to get off the phone due to staffing issue. Provided regular updates via email and phone calls.

Other Activities

Regular updates have been provided to the staff whenever possible. Some of the topics discussed were:

- Review of the updated MCAS measures
- Introduction and promotion of the ACEs Aware campaign
- Provided opportunities to participate in the lunch and learns and CAC meetings
- Continuous updates on provider alerts and announcements
- Provided QI tool kits that focused on topics such as Vaccination hesitancy, children's and adult immunizations, EPSDT, and women's health.
- Case management programs such as the HPSJ case management activities, DRAIL, PACE, CBAS, and other case management resources
- Member engagement and incentives including provision of "MyRewards" education pieces
- Promotion of social media for member education
- Promotion of the provider and member newsletters.

Next Steps

- Monthly updates through email communications
- Continue provider partnership meetings as could be scheduled throughout the year.

- Continue to provide proactive lists for children's health measures, BCs, CCS, and CDC.

Provider Partnership Summary: Dr. Anuradha Dubey Interventions

Dr. Anuradha Dubey has been noted for her strong and innovative approaches in pushing the delivery of preventive services to children under her care. Throughout MY 2020 and for the year 2021, her efforts have been focused on interventions that are strongly encouraging patients to be on top of their care even amidst the pandemic. Please see below for both specific and general interventions Dr. Dubey has implemented for 2020 to 2021.

- **Pediatric Workforce revisit** -Increasing/Hiring an extra provider to accommodate/render more pediatric care services. Dr. Dubey also hired an additional staff to focus on member outreach only and follow-up.
- **Clinic Workflow Modification** – Dr. Dubey has revisited the clinic workflow and modified her processes concerning member outreach, member recall and specialty follow-up. There is much focus placed on outreaching patients and getting them scheduled for care and following-up for no-shows and cancellations.
- **Interactive Texting Platform through Doctible** – a platform used to outreach members for appointments and services needed. The provider had this integrated into their EHR and through the program, the provider is able to send forms and communications to every member, and the member is able to respond, fill-up forms and send communications back to the provider, all through this HIPAA- compliant texting platform. And since the program is integrated to their EHR, everything gets documented on each patient's chart. It is a remarkable program that greatly fits the increasing concerns and hesitancy by the members to come onsite for their children's preventive well-checks and other related services for fear of exposure from the COVID-19 virus.
- **Coordination with QM for Care Gap Lists** – the provider works with the QM Department for a quarterly updated and combined gap lists for the office. The provider works on these lists for member outreach, follow-up, and other related services for the quarter.
- **Care Gap Clinic** – Dr. Dubey was one of the very first providers who agreed to hold care gap clinics for HPSJ members only, having had the most successful care gap clinic day with 95% show-up rate on its pilot day. This however was put in the back burner for 2021 as the provider opted to joint member outreach campaign with HPSJ. This will be revisited towards the end of the year if there would still be a need for a more focused intervention to meet targeted rates.

- **Social media campaign-** Dr. Dubey also greatly focuses on this effort during the height of the pandemic to send messages that the office is open, and it is completely safe to come in for services. The provider also uses this to send out health information and updates to create awareness among its patients and keep them abreast about the current changes and required preventive services.
- **EPSDT Campaign Postcards Cobranding** - Dr. Dubey also partnered with HPSJ on its EPSDT campaign through postcard co-branding. The campaign consisted of three major components – outreach calls by ConsejoSano, well-child script for outreach and the campaign postcards. The campaign was also divided into three phases targeting three major pediatric age groups. Please see below for the provider’s co-branded pieces.

Barriers

The year 2020 was marked by the challenges brought about by the COVID-19 pandemic. Dr. Dubey was not an exemption to the impact of the PHE which have greatly affected the clinic capacity, workflow and encounters. These challenges include:

- Shelter in place orders imposed by the government which greatly reduced the number patients seeking appointment and showing-up for care.
- Increased apprehension and hesitancy among patients to still come for face- to- face visit, for fear of exposure and contracting the virus.
- Staffing issues brought about by staff taking leave from being affected by the illness, or to take care of family members affected by the virus.

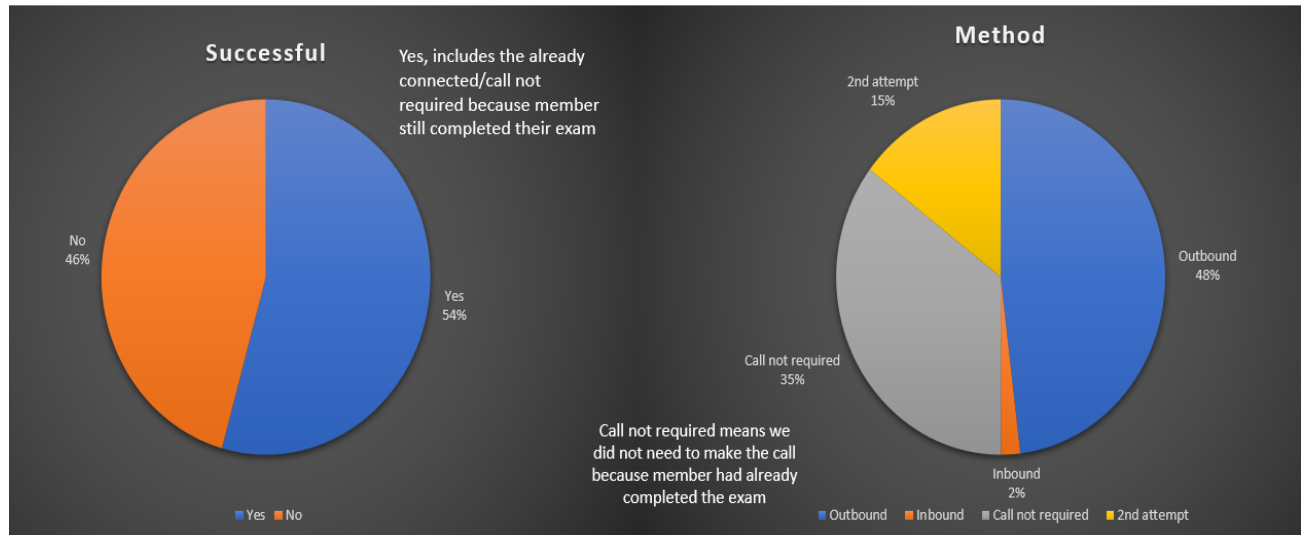
Activities

- **Provider Partnership Program** - A partnership between HPSJ and Dr. Anuradha Dubey with the goal of improving the delivery of preventive services to the community. The program continues to hold monthly meetings to discuss on current HEDIS/MCAS standings, best practices and opportunities for project partnership for the community.
- **Data Integrity Study** – A close working relationship with HPSJ Clinical Analytics Department, allowing open communications about data submission. This allows prompt identification of data issues ensuring that all submitted claims are being captured by the health plan.
- **EMR Feed** – A close working relationship with HPSJ’s HEDIS and Clinical Analytic teams to be able to capture rendered preventive services and other related information through data extract from their EMR/EHR.
- **Provider Incentive Program** – A program initiated by HPSJ to help motivate and reward providers for pushing on the delivery of preventive services to

the community, especially those measures that have been low performing for the previous years.

- **Encounter and Claims Submission Update** – a big component of the regular Provider Partnership Meeting in which the provider gets updated about their growing panel HPSJ membership, encounter claims submission and percentage of HPSJ members seen. This is an effort to keep partner providers abreast with their access and claims submission performance, on a monthly, quarterly, and yearly basis.
- **Proactive Lists** - These are measure-specific gap lists generated and provided by HPSJ HEDIS Team geared towards guiding providers on their outreach and projection of efforts based on the remaining gaps for the year and gaps coming due by the early part of the next measurement year.
- **Member Outreach Partnership** – a close member outreach effort between HPSJ Population Health Team, as well as its vendor ConsejoSano, and with Dr. Dubey. This provider was also one of the very few providers in the PPP who agreed to direct scheduling effort by the health plan, in line with this member outreach partnership. To date, this effort remains ongoing, with regular updates between Population Health team and the provider for barriers and challenges as well as progress. Please see below for the progress of this partnership.

Campaigns - Dr. Dubey	
HPV for IMA-2 Call Campaign	5
WC	313
WC15 GAP	729
Total	1047
Method	
Phone - Call not required	371
Phone - Inbound	21
Phone - Outbound	513
Phone - Outbound 2nd attempt	142
Total	1047
Outcome	
Already connected	371
Left message for member	294
Left message for office staff	1
mailbox full/ voicemail not set up	30
Member asked to call back another time	12
Member disconnected the call	2
Member refused to speak with staff	12
No phone number listed	72
Phone number disconnected	38
Spoke with family member	11
Spoke with member	21
Spoke with members parent	146
Unable to leave message/No Answer	23
Unable to verify HIPAA	1
Wrong number	13
Total	1047
Successful	
Yes	575
No	472
Total	1047



Next Steps

HPSJ will continue to keep Dr, Anuradha Dubey in the Provider Partnership Program, with regular monthly meetings for HEDIS/MCAS standing and analysis, claims and encounter updates. HPSJ will continue to identify opportunities for joint efforts with this provider, keeping her abreast with HPSJ programs and campaigns, offer resources and assist with any challenges met along the way. Furthermore, based on current HEDIS/MCAS performance, higher goals will be set by the beginning of the CY as far as measure rates are concerned. Community engagement will be another goal for this provider for the rest of 2021 and in the next year also.

Provider Partnership Summary: Dr. Geny Burgos Interventions

- As a pediatric office, certain measures have been encouraged for improvement, specifically vaccines and wellness. The office staff is interested in improving and are willing to work with HPSJ.
- Trend Reporting – A monthly download of the provider's gap reports are collected and presented in a trend report. The trend reports became the springboard for discussion on identified issues and concerns. Common issues identified included billing, coding and claims lag.
- Member Incentive Program – the team has developed a workflow that provided a detailed process on how the members can receive their gift cards right after closing the gap/ receiving the service.
- Billing and coding are still being emphasized due to the trends noted during HEDIS.

- Provider is not trained for ACE's -All the information regarding ACE's has been provided to the provider staff. They have been provided with the information regarding the codes that DHCS are looking for reimbursement. They have been provided the ACE Screening resources, tools that may help providers on incorporating ACE screening in their clinic workflow, resources for them in identifying opportunities for screening and list of ACE-related illnesses for reference.
- QN offered the provider staff the proactive lists for Combo CIS-10 and IMA-2-Provider staff can call the patients and schedule the visit for the members who have missed their vaccines

Barriers

- Staffing issues -Staff reported they are short staffed and very busy. They used to call the patients to remind them of their appointments and reschedule it if the appointment has been missed. Staff reported they have not been calling the patients recently since they are very busy. Staff reported that they are trying to hire new staff.
- The office still uses paper charting. The provider staff reported it is going fine.
- The office prefers less frequent meetings due to the busy nature of the office. They do not want to meet for monthly meetings as they are busy practice. They prefer to meet quarterly.
- The QN has urged staff to continue to remind providers the importance of fully documenting visits.
- Covid-19- It has been one of the barriers. Provider staff reported at present they are very busy.

Activities

- EPSDT co-branding
- Provider Partnership Meetings – every face-to-face meetings or phone conferences are avenues for both HPSJ and the Dr. Geny Burgos team to discuss updates, issues, concerns, and next steps.
- Provider Training on MCAS measures – The new MCAS measures were reviewed with provider staff. Introduced new benchmarks. Provider concerns addressed.

Next Steps

- Provider office Last meeting was in April. Meeting pending; QN urged for the meeting in September. Provider staff reported they are busy and short staff right now. Will follow up with the meeting date.
- Promote the use of member incentives.

Provider Partnership Summary: Lodi Children's Interventions

- Provider is a pediatrics, the pediatric measures, especially vaccines and wellness, have been focused on since this provider has joined the partnership.
- The provider is using Epic for documentation and reported that it is working well for them.
- Trend Reporting – A monthly download of the provider's gap reports are collected and presented in a trend report. The trend reports became the springboard for discussion on identified issues and concerns. Common issues identified included billing, coding and claims lag.
- Member Incentive Program – the team has developed a workflow that provided a detailed process on how the members can receive their gift cards right after closing the gap/ receiving the service.
- Billing and coding are still being emphasized due to the trends noted during HEDIS.
- All the information regarding ACE's has been provided to the provider staff. They have been provided with the information regarding the codes that DHCS are looking for reimbursement. They have been provided the ACE Screening resources, tools that may help providers on incorporating ACE screening in their clinic workflow, resources for them in identifying opportunities for screening and list of ACE-related illnesses for reference.
- Provider is trained for ACE's
- ACE screening report for the period of 01/01/21 to 07/31/2021 showed 910 claims for Lodi Children's.
- Provider staff reported they have grown up health information pamphlets that they provide to their patients in the office.

Barriers

- Staffing issues -Staff reported they are short staffed and very busy. They usually call the patients to remind them of their appointments and reschedule if they have missed the appointments. They do the follow up calls. Staff reported they have not been calling the patients recently since they are very busy. QN offered the provider staff the provider gap lists so that they can call the patients and schedule the visit for the members who have missed their vaccines. Provider staff reported they can pull it from DRE if needed.
- Provider staff reported they are seeing patients less than 2 years, 4 years and 11 years old for vaccines. Staff reported they are limited on physicals.

- The office prefers less frequent meetings due to the busy nature of the office. They do not want to meet for monthly meetings as they are busy practice. QN followed up and urged them for the meeting. Staff agreed to meet next month. QN will follow up.
- The QN has urged staff to continue to remind providers the importance of fully documenting visits.
- Covid-19- It has been one of the barriers.

Activities

- Provider Partnership Meetings – every face-to-face meetings or phone conferences are avenues for both HPSJ and the Lodi Children’s teams to discuss updates, issues, concerns, and next steps.
- Provider Training on MCAS measures – The new MCAS measures were reviewed with provider staff. Introduced new benchmarks. Provider concerns addressed.

Next Steps

- Provider office Last meeting in May 2021. Meeting pending; may schedule September 2021 to discuss the rates.
- Promote the use of member incentives.

Provider Partnership Summary: [March Lane Pediatrics](#)

Interventions

- Provider is a pediatrics, the pediatric measures, especially vaccines and wellness, have been focused on since this provider has joined the partnership.
- The provider is using paper documentation and reported that it is working well for them.
- Trend Reporting – A monthly download of the provider’s gap reports are collected and presented in a trend report. The trend reports became the springboard for discussion on identified issues and concerns. Common issues identified included billing, coding and claims lag.
- Member Incentive Program – the team has developed a workflow that provided a detailed process on how the members can receive their gift cards right after closing the gap/ receiving the service.
- Billing and coding are still being emphasized due to the trends noted during HEDIS.
- All the information regarding ACE’s has been provided to the provider staff. They have been provided with the information regarding the codes that DHCS are looking for reimbursement. They have been provided the

ACE Screening resources, tools that may help providers on incorporating ACE screening in their clinic workflow, resources for them in identifying opportunities for screening and list of ACE-related illnesses for reference.

- Proactive list for combo CIS-10 has been provided to the provider so that they can call the patients and schedule the visit for the members who have missed their vaccines. Provider staff reported they have lot of members showing up due to school requirements.
- Provider has met the goal for IMA 2 looking at the rates in June 2021.
- Provider staff reported they have booklets on ADHD, Allergies and upper respiratory infections, some information on various vaccines that they provide to their patients in the office.

Barriers

- Staffing issues -Staff reported they are short staffed and very busy. They reported provider's schedule is very tight. Staff reported they have not been calling the patients recently since they are very busy, and they have lot of walk inn members. Provider staff stated they have not looked at the proactive list since they have no time, and their NP is on leave.
- The office prefers less frequent meetings due to the busy nature of the office. They prefer to meet quarterly for meetings as they are busy practice.
- The QN has urged staff to continue to remind providers the importance of fully documenting visits.
- Covid-19- It has been one of the barriers.

Activities

- EPSDT -Co branding
- Provider Partnership Meetings – every face-to-face meetings or phone conferences are avenues for both HPSJ and the March Lane's team to discuss updates, issues, concerns, and next steps.
- Provider Training on MCAS measures – The new MCAS measures were reviewed with provider staff. Introduced new benchmarks. Provider concerns addressed.

Next Steps

- Provider office Last meeting in July 2021. Meeting pending; may schedule November 2021 to discuss the rates as provider staff preferred quarterly meetings. At present provider staff do not have date and time for the meeting. QN will follow up.
- Promote the use of member incentives.

Provider Partnership Summary: San Joaquin County Clinics Interventions

Children's Health Measures

San Joaquin County Clinics (SJCC) has predominantly shown poor performance in their children's health measures and as such the interventions were directed toward understanding the problems resulting in the poor performance. SJCC has a robust children's health services department, with the providers showing active participation in the SJCC QI team efforts to improve their quality metrics. Most of the QI work was directed towards chart reviews and workflow reviews that resulted in the following interventions:

- Partnership with schools for Children's Wellness Visits – SJCC quality team thought of partnering with school district to promote children's health measures. Due to the restrictions brought about by the pandemic, the program was put on hold.
- Provider trainings were performed by the SJCC QI team re: the use of standardized documentation template to capture the elements of the well child visit.
- Promotion of SJCC MyPortal for AWC and children's immunization. Staff training completed
- Chart reviews for WCC. Partnership with FM providers to improve documentation on anticipatory guidance for children ages 18-21.
- Drive-up immunization- total of 256 pediatric patients seen from September to October 2020.
- Notify providers of documentation deficiency issues and education providers, whenever appropriate.
- Drive-up Immunizations in the French Camp Campus only. Due to staffing issues, drive up was not done in their California street location in Stockton.
- SJCC assigned a Quality Review Nurse to regularly perform random chart audits for AWC
- Completed chart reviews for Children's Health measures
- Review of list of members, dates and ICD-10 diagnosis codes indicating the BMI percentiles were completed. For the members listed as non-compliant, the diagnosis codes simply aren't in our data warehouse or HEDIS data repository. We do have the claims but not the diagnosis codes, so somehow those codes aren't making it from SJCC to HPSJ.

Partnership with BI and HI in addressing this claims issue fortified to address this coding issue.

Measure	Denominator	Activity/ies	Month					
			January	February	March	April	May	June
CIS10		Charts reviewed	X	178	34			
		Completed but on Gap list	X	59	6			
		Able to outreach	X	only 13	2			
		outreach calls	X	6	17	26		
		appointments made/kept	x	3/0	5/0	6/5		
Measure	Denominator	Activity/ies	Month					
			January	February	March	April	May	June
IMA2		charts reviewed	X	118	18 remaining			
		outreach calls	X	37	22	0		
		declined	X	2	0			
		appointments made/kept	X	3/3	3/2			
		wrong#, oos, no vm, hung up		13	12			
		voicemail	X	19	7			
Measure	Denominator	Activity/ies	Month					
			January	February	March	April	May	June
AWC		Charts reviewed				191	285	
		Outreach Calls	x	x	x	141	101	
		155 letters sent in Dec						
		Appointments made/kept	37	32	x	51/21	31	
Measure	Denominator	Activity/ies	Month					
			January	February	March	April	May	June
W30		Charts reviewed	X	181				49
		Able to outreach		30				
		Outreach calls		12	12	53		
		appts made/kept/		5\2	4/0	18	9/0	
		voicemail/made appt		5\1	4/0			
		declined		2	0			

Acute and Chronic Health Measures

The two major measures being actively pursued by SJCC under the acute and chronic domain are the CDC and CBP measures.

- Marketing and Health Education - expanding outreach to include social media (Hypertension clinic). SJCC posters and outreach letters developed.
- Hypertension Campaign – Increased efforts in BP management. Pilot study on self-monitoring at home and developing a plan of care for patients. Included medication reconciliation to promote medication therapy adherence. Addressed bottle neck with distribution of monitors. Members taking longer time to receive monitors due to WDS workflow issue that delays member receipt and subsequently delays monitoring activities. Met with WDS and worked on an improved process. As of December 2020, 432 patients contacted, 144 monitors ordered and sent.

- Diabetes Titration Clinic - Patients whose A1c is >8 are scheduled to visit the diabetes clinic for eye checks, foot checks, dietary counselling and follow up via telehealth and in-person visits. Also included self-care teachings. Out of 562 in gap report in November, 289 were outreached. Only 25 made appointments. Diabetic clinic only open on Fridays.
- Clinic days have expanded this measurement year 2021 to include FMC. More recent reporting by SJCC in June 2021 showed HPSJ members responding very well to telephonic encounters over in-person titration clinic encounters as shown in the table below. Also showing almost 41% of members in the program with trending down A1c levels.

Titration Clinic

All Titration and DM clinic patients						
Payor	FMC	PMC	Grand Total	Age	Grand Total	A1c Lower
Other Medical	15	16	31	18-34	8	0-2%
HPSJ	37	52	89	35-64	102	2.1-4%
Medicare	4	14	18	65 and >	38	4.1-7%
Other	4	10	14	Grand Total	152	HPSJ Only
Grand Total	60	92	152			36

Visit Type	PMC	FMC	Grand Total	Depression Diagnosis	Count of MRN
Face to face	1	13	14	No	48
No show	2	3	5	Yes	21
Telephone Intervention	70		70	(blank)	22
Grand Total	73	16	89	Grand Total	89

Race/Ethnicity	Hispanic or Latino	Not Hispanic or Latino	Grand Total
African American		8	8
Asian		22	22
Asian		1	1
Black		5	5
other	26	11	37
white	2	14	16
Grand Total	28	59	89

Hypertension Clinic

Measure	Denominator	Activity/ies	Month					
			January	February	March	April	May	June
CBP		Outreach Calls				126	70	
		Appointments completed						
		BP Monitors Given				50	42	

Behavioral Health Measures

- Recent work launched regarding Behavioral Health Integration. SJCC achieved milestones for screening
- Ongoing work around identifying and monitoring new members who become eligible for the AMM and ADD measure as current gap reporting does not capture new members due to different reporting specifications and timeframes.
- SJCC working on a proactive list from HPSJ.

- Utilization of other Integrated gap report information such as Postpartum Depression screening

Women's Health Measures

- Review of workflows with the OB provider and staff were completed to address members needing BCS and CCS screenings.
- Review of cases of patients who completed the screening and whose names are not appearing in Centauri as compliant. Turns out most of the patients in their sample list have had the screening but are outside of date ranges for compliance and are due for screening.
- Health Fair – promotion of Women's Health Measures. Challenge with the availability of OB providers. Involved FMC providers.
- Co-locating PMC providers in the same hallway as the OB providers. Will lead to increased chances of internal referrals as providers continue to communicate better.

Measure	Denominator	Activity/ies	Month				
			January	February	March	April	May
WH (bcs/ccs)		Outreach Calls/HPSJ		56	24	93	66
HPSJ		Appointments completed		8	4	10	10
HPSJ		Appointments DNKA					5
		Appointments R/S					1
		Ph # incor./no voicemail					multiple
		Pt. Refusal					2
		New provider/insurance					6
Pending							4
Total call for month							102

General Interventions

- EMR supplemental data. SJCC's BI and IT departments work with HPSJ to provide EMR data sets for the different measures. There is ongoing regular EMR data feeds submitted to HPSJ.
- Standardized workflow across SJCC on rescheduling no-shows has been established. This is to address the high number of members not showing up on scheduled appointments.
- SJCC has relatively just moved to their new EHR platform. There is ongoing work around making codes available in Cerner so that providers can easily drop these codes after providing the services to our members increasing the possibility of capturing the services rendered.

- Use of Health E-registry- SJCC drops care gap reports into the health-e-registry for real time reporting of gaps being closed by the different providers. No update has been provided regarding the continued use of the system.
- Cipher Health – care gaps are fed to Cipher for member outreach. Robo-calls every Tuesdays, Wednesdays, and Thursdays for all cancer screening measures. Total of 2700 members outreached. Only 47% of outreached answered calls. IHA outreach calls. Total Cipher calls from May to December 5221. 52% reached.
- Electronic reporting of claims have become one of the identified problems for SJCC as the electronic submission gets truncated and some of the data claims input are not received by HPSJ. There is a prioritization in the EMR that is happening, and so depending on the # of diagnoses, some may not make it to HPSJ. SJCC completed work to address the issue.

Comparison between Measurement Years

Measure	2021 As of July	2020	2019	MPL
	Compliance Rate			
ADD-I	19%	44.00%	46.00%	44.00%
ADD-C	0%	62.50%	33.00%	55.00%
AMM-I	55%	44.92%	49.00%	54.00%
AMM-C	24%	29.68%	32.00%	39.00%
AMR	56%	49.84%	55.00%	63.00%
APM				36.00%
BCS	39%	52.93%	58.00%	59.00%
CBP	26%	13.18%	62.00%	62.00%
CCS	42%	47.93%	51.00%	62.00%
CDC-HT	64%	75.36%	86.00%	89.00%
CDC-9	56%	47.95%	38.00%	37.00%
CHL	48%	59.10%	66.00%	59.00%
CIS 10	33%	29.70%	31.00%	38.00%
IMA 2	26%	30.09%	36.00%	37.00%
LSC	67%	74.95%	71.00%	73.00%
PCR	0%			
PPC-Pre	80%	84.89%	83.00%	90.00%
PPC-Post	58%	61.41%	73.00%	77.00%
SSD	78%	89.91%	89.00%	83.00%
W30 - 15 mos	30%	48.96%	39.00%	
W30 - 30 mos	48%			
W34			65.00%	
WCV	22%			
WCC-BMI	31%	65.74%	11.00%	81.00%
WCC-N	6%	7.89%	37.00%	72.00%
WCC-PA	6%	8.55%	34.00%	67.00%

Goal Met	Close to meeting goal
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Goal Met	Close to meeting goal
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Barriers

- Due to the COVID-19 pandemic, patients are declining to come in for an appointment.

- Concerns regarding staffing issues due to COVID testing where most of staffing are deployed to perform screening services.
- Rapid turnover of QI staff at SJCC affecting continuity of projects and plans.
- Staff are getting sick of COVID-19 and clinics have reduced capacity.
- There is a high number of members who do not have the most current contact information, and this continues to be the barrier in patient outreach. SJCC continues to reach out to members but is investing more of their resources to the members whom they previously engaged to continue to provide preventive services to them in an attempt to keep their care gaps closed.
- A large number of members are also noted to have not been seen by SJCC (Ghost members). Currently being addressed with the help of provider service networks to reassign members who are currently seeing other PCPs in the network.

Activities

- Encounter Data Workgroup – SJCC has working sessions with HPSJ to discuss claims and encounters as significant variance was noted between submitted claims and reported encounter data. Claims reviews were completed and presented during regular SJGH and HPSJ claims meetings. Sample data sets provided by SJCC were reviewed by Bryan. Findings were related to claims lag and claim adjustment. Recommendation was to continue to monitor and conduct more testing for ongoing issues.
- Addressed issue regarding members in their list with no established medical records. Outreach efforts were recommended. A process was suggested by PSR Claudia and have continued to work with the QI team to address these members.
- Push to advertise incentives for incentivized measures.
- MyRewards education pieces were developed and in the process of distribution to SJCC
- Review of MCAS measures focusing on the importance of coding
- EMR supplemental data is regularly coordinated with SJCC to make sure it gets reported in the integrated reports and for HEDIS reports.
- HPSJ had initiated transition of member assignment from individual providers to clinic to reduce issues with billing and claims.
- Co-branding activities were promoted specially in promoting EPSDT services.

- Regular PPP meeting to discuss their gap list, trend reports, monthly SJCC and HPSJ updates, and encounter data. SJCC has so far completed 6 PPP meetings as of June 2021.
- Provision of proactive gap list for W15, W30, CIS 10, IMA2, AMM, BCS, and CCS measures to encourage the provider to continue member outreach and gap closure for these measures.

Next Steps

- Provider office is working on improving reporting of progress for each of the measures being addressed above.
- More work focused around “Ghost” list to improve outreach
- More drive-up immunization campaigns will be planned
- Address immunization hesitancy
- Continue to meet BHI milestones through improved screening and intervention
- Discussion around potential AHA partnership to provide additional interventions/education in addressing hypertension
- Continue to partner for Bi-national health fair to promote Women’s Health measures.

Conclusion

Health Plan of San Joaquin will continue to work on MCAS measures through collaboration on projects through provider partnership and MCAS Workgroup.

HPSJ’s QI team will continue to spearhead the Children’s Health Workgroup, which focuses on interventions for WCV, W30, WCC, CIS-10, and IMA-2 including such projects as pediatric chart audits and outreach call campaigns.

MCAS workgroup will provide a forum to discuss ongoing efforts in other departments related to Women’s Health, Acute and Chronic Disease Management, and Behavioral Health. Furthermore, with ongoing PIPs, PSDAs, and SWOTs, 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 PDSAs)

Responsible Staff:

Jennifer Norris

QI Supervisor

Quality Management Improvement Process Methodology

Cited as (HPSJ, 2020)

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)

PLAN-DO-STUDY- ACT (PDSA)

Cited as (HPSJ, 2020)

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.

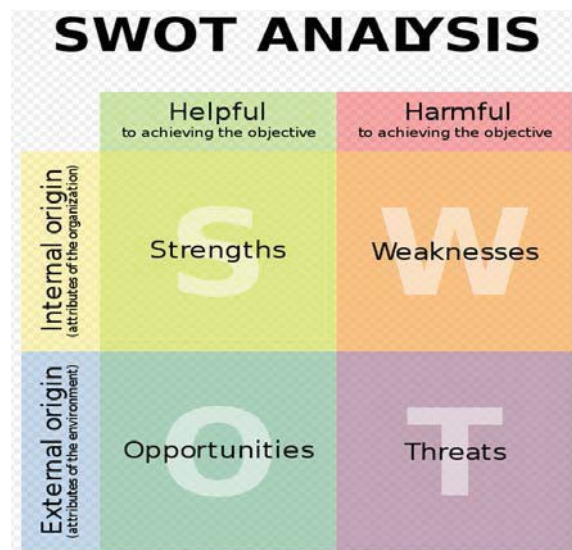
SWOT ANALYSIS

Cited as (HPSJ, 2020)

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.



HPSJ has continued several interventions from its Children's Health SWOT analysis.

PERFORMANCE IMPROVEMENT PROJECTS (PIPS)

Cited as (HPSJ, 2020)

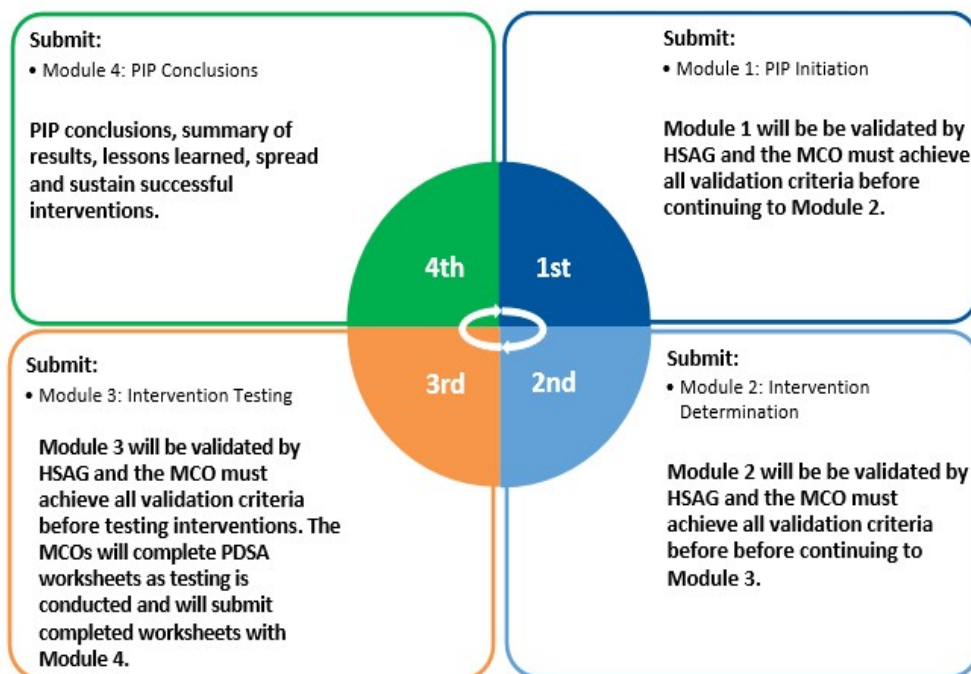
A Performance Improvement Project (PIP) is an approach being utilized by HPSJ to the continuous study and improvement of the processes of delivering healthcare services to meet the needs of its members. A PIP's main purpose is to impact healthcare delivery and outcomes of care. It involves a concentrated 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.



HPSJ resurrected the Cervical Cancer Screening PIP with focus on Health Disparity and is working with providers in ST county for this effort. Also, HPSJ currently has a Children's Health Measure PIP with a focus on adolescent well care visits. These projects are currently ongoing and will be active through December 31, 2022.

For FY 2021-2022, HPSJ currently has two PDSAs: Prenatal and CDC A1c Poor Control. These projects have a health disparity focus and are targeting SJ county. These projects are ongoing and will continue through early 2022. HPSJ will seek pre-approval from DHCS on the next batch of topics for PDSAs after the hybrid medical record review for MY2021/RV2022. 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

Cited as (HPSJ, 2020)

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

Cited as (HPSJ, 2020)

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

Cited as (HPSJ, 2020)

- 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 grievances and appeals
 - Provider complaints
 - Member satisfaction surveys (CAHPS)

- Customer Service
- HEDIS
- Provider contracting, including Geo-Access
- Facility Site Review – audit reports and CAPs

Analysis of Performance Data and Development of Interventions

Cited as (HPSJ, 2020)

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

Cited as (HPSJ, 2020)

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

Cited as (HPSJ, 2020)

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, and to the governing board – the County Health Commission.

In its partnership with DHCS, and plan providers several innovative quality projects were implemented 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. For FY20-21, Health Plan of San Joaquin worked on the following measures recommended by HSAG:

- PIPs
 - Cervical Cancer Screening (CCS) Health Disparity
 - Well Care Visits (WCV) - Adolescents
- SWOT
 - Children's Health Domain

The following are the summaries for the Quality Improvement projects by Health Plan of San Joaquin.

Performance Improvement Project (PIP 1) - Cervical Cancer Screening Health Disparity.

- Restarted Fall 2020
- Goal is to raise the number of compliant women in Stanislaus County assigned to a FQHC clinic from 45.22% to 55.73%. *Please note this is a pilot only and per DHCS requirements the study is currently applied to Stanislaus County, but has potential to expand to more clinics in Stanislaus.
- Intervention- Planned intervention will be a partnership with a Stanislaus FQHC for targeted outreach and scheduling towards women with the identified health disparity, and in need of Cervical Cancer Screening.

PIP 2-Well Care Visits (WCV).

- Restarted Fall 2020
- Goal is to raise number of compliant adolescents aged 12-21 in Stanislaus County from 26.38% to 31.38%.
- Intervention- To address and remove barriers to adolescents getting preventative care to increase the number of adolescents well child visits. Will be using Centauri to find gaps in care for an FQHC as well as a pediatrician with a solo practice in Stanislaus County and working with the providers to do targeted outreach and direct scheduling for these members at their clinics.

PDSA 1-Prenatal Health Disparity – QI/Pop Health Collaboration

- Started Fall 2021
- Goal-to increase compliance with prenatal visits among women in San Joaquin County from 84.2% to 86.2%
- Intervention – bulk mailing to women of childbearing years with targeted education about the importance of prenatal care. This will include voucher for prenatal vitamins to be redeemed at a pharmacy of their choice. Also, QI will work with Clinical analytics to identify women who have recent claims diagnoses of pregnancy and who had claims for prenatal medication fills. These members will have targeted telephonic outreach for education related to prenatal care and also discuss HPSJ benefits and member incentives to encourage them to seek timely care.
- Data will be collected on a regular basis via tracking sheet and via claims.

PDSA 2-Comprehensive Diabetes Care – Poor A1c Control Health Disparity

- Started Fall 2021
- Goal- To improve A1c control for Black and Native American males in San Joaquin County at an FQHC by 20% (or reduce from 67 to 53 non-compliant patients) *This is a pilot for the 1st cycle and we are looking at expanding to add the other FQHC for the 2nd cycle.
- Intervention- Targeted outreach via call campaign will be used to remind identified diabetic members to get their A1c test and to discuss benefits/member incentive available for A1c testing.
- Data will be collected on a regular basis via tracking sheet and via claims/CGF reports.

SWOT – Children’s Health Domain

- Continued Fall 2021
- Goal – To improve children’s health measures across the domain by tracking interventions and their effectiveness from FY21-22 Q2 – FY21-22 Q4
- Intervention – To be determined. Several interventions from the previous SWOT for Fall 2020 may carry over, including but not limited to, Care Gap Clinics, Ongoing Data improvement efforts, and Vaccine partnerships
- Data will be collected on a regular basis via various means, including claims/CGF reports.

References

HPSJ. (2020). *Quality Management & Improvement Annual Program Evaluation Fiscal Year 2019-2020*. Health Plan of San Joaquin. [PDF File].

Lead Screening Annual Report

Responsible Staff:

HEDIS/NCQA Team

Introduction

The Health Plan of San Joaquin recognizes the importance of childhood blood lead screening and anticipatory guidance for lead screening. To this end, HPSJ annually monitors compliance with lead screening, anticipatory guidance and caregiver refusal and quarterly monitors members who have not received lead screening up to age 6 years. HPSJ also notifies providers quarterly of assigned enrollees up to age 6 years who have not yet received lead screening. The gap members are sent to assigned primary care practitioners quarterly. This is a summary of results from MY 2020 annual review, In accordance with annual Healthcare Effectiveness Data and Information Set (HEDIS) and the Department of Health Care Services All Plan Letter 20-016: Blood Lead Screening of Young Children.

Methodology

HPSJ uses two data collection methodologies to report lead screening compliance.

Method 1

- Annual HEDIS quality monitoring using administrative data collected on the total population of HPSJ 2-years of age meeting HEDIS specifications for inclusion in Lead Screening.
- A randomized sample selection of 411 members included in the same HEDIS measure at the Plan level.
- Medical record review from visits January 1, 2020 through December 31, 2020.
- A sub-sample of members to review medical record entries from January 1, 2020- December 31, 2020.
- Review of compliance by HPSJ plan member participants from the sample documenting:
 - MD Orders for Lead screening and member participation
 - Anticipatory Guidance provided in medical record notes
 - Parent/Guardian Refusals/member Non-participation found in medical records notes

Quantitative Analysis

MY 2020 Lead Screening Totals for MY2020 shows there were 7,296 members reviewed and 3,559 were compliant for lead screening. The review total of 411 randomly selected records shows there are 177 administrative compliant, 10 medical record compliant and 25 supplemental data compliant for a total of 212, a compliance rate of 51.58%. From the same sample of the 411 records, there were 261 physician orders for Lead Screening, from the 261 physician orders, 199 members had completed lead screening and 71 had no evidence of completion by members, for a rate of 17.27% of non-documented refusals by members (physician orders present, no lead test evident). Randomized sample also revealed 13 of 411 members' anticipatory guidance noted in the medical record notes for rate of 3.2%. This initiative establishes a baseline rate from MY 2020 and will help inform HPSJ's efforts to exceed annual rates moving forward.

Rates

HEDIS eligible members in MY2020 Lead Screening Measure 2020 Total	Compliant for lead screening by claims and encounters MY2020 Total	Randomized Lead Screening Sample Total	Randomized LSC sample of Physician ordered lead screening and Member participation	Randomized LSC Sample compliant by claims, encounters, and medical records on sample	Randomized Sample Anticipatory Guidance noted in Medical Record notes	Randomized Sample Parent/Guardian Refusal/ member Non-participation when screening not present
7,296	3,559	411	261/199	212/411	13/411	261/71
100%	48.80%	100%	76.24%	51.3%	3.2%	17.21%

Method 2

Quarterly, HPSJ collects lead screening claims and encounter data on every enrolled member, ages 1 month through 6 years. The data are stratified by year to determine whether lead screening has been performed. From January 1, 2021-June 15, 2021. This data establishes a baseline.

Of the 44,614 members ages 1 month through 6 years:

- 1,993 are dually enrolled with other health coverage, leaving 42,617.
- 55.66% (23,724/42,617) children ages 0-6 have received at least one lead screening.
 - 13,503 have received at least one lead screening at 1 year
 - 6,895 have received at least one lead screening at 2 years
 - 2,234 have received at least one lead screening at 3 years

- 951 have received at least one lead screening at 4 years
 - 141 have received at least one lead screening at 5 years
- 2,732 are assigned to Kaiser. 1,207 have received lead screening
- 44.2% of Kaiser assigned children ages 0-6 years have received at least one lead screening
 - 839 have received at least one lead screening at 1 year
 - 236 have received at least one lead screening at 2 years
 - 97 have received at least one lead screening at 3 years
 - 34 have received at least one lead screening at 4 years
 - 1 has received at least one lead screening at 5 years

Barriers Identified

HPSJ has identified 3 key barriers for the 2020 measurement year:

1. A unique barrier in 2020 was the challenges created due to the Covid-19 pandemic.
2. physician documentation -
 - a. Anticipatory Guidance non-documentation
 - b. Parent/caregiver refusal non documentation
3. Failure by caregivers to follow through with blood lead screening when ordered

Interventions

Education - Provider Partnership Program and Provider Services, provider focused education given through virtual meetings and look and learns.

1. Provider incentives- HPSJ facilitates DHCS value-based payment program which includes provider payments for completing lead screening
2. Provider Alerts- Up to date and ongoing materials provided to Provider Services, the Provider Partnership Program, including incentives, HPSJ member plan changes through Health Plan of San Joaquin (HPSJ) Provider Network Provider Alerts
3. Monitoring – Annual audits of records and rates review of prior measurement year using HEDIS specifications. Quarterly monitoring of lead screening completed for child enrollees ages 0-6 years
4. Provider facility site review—Include in Facility Site Reviews and the Provider orientation training
5. Gap in care data provided for blood lead screening

Summary

Health Plan of San Joaquin is committed to ensuring quality care for members and informing providers about blood lead screening using annual Healthcare Effectiveness Data and Information Set (HEDIS) data and gap in care data. HPSJ also ensures compliance with the Department of Health Care Services All Plan Letter 20-016: Blood Lead Screening of Young Children requirements and standards of care. This study confirms that approximately half of HPSJ child members received lead screening. Through sample medical record review IHPSJ was able to identify 2 key barriers with physician documentation and one barrier with patient participation. Health Plan of San Joaquin has planned several interventions including physician education for documentation. Data will be monitored quarterly and reported annually for improvement and identification of any new barriers.

Initial Health Assessment (IHA)

Responsible Staff:

HEDIS/NCQA Team

Introduction

HPSJ recognizes how important the IHA is for our membership. HPSJ has monitored and/or intervened to improve IHA rates for more than seven years. This is a summary of the current interventions and the most recent results.

Report

Actions

Many actions have been implemented throughout the last 5 years to increase the percentage of members receiving IHAs. Member and providers have been targeted with education and incentives.

Providers:

- Providers education at the time of facility site review.
- New provider orientation includes administering an IHA and implementing the SHA tool during the same time interval.
- Provider education sessions via webinar, sponsored by HPSJ Provider Services and Quality departments feature IHA.
- Provider incentives for quarterly IHA completion since CY 2016. Incentives have proven to be an effective means of improving IHA completion rates.
- Electronic identification of new member listing by individual provider to encourage providers to see members in need of an IHA. This information is available on DRE for all providers. DRE was updated in

fall of 2016 to specifically record in “real time” what members need an IHA within the allotted timeframe (120 days) and which members had completed IHAs. This was in alignment of the IHA incentive program, to meet requests from the providers.

- HPSJ implemented the Provider Partnership program June 2016. The team assigned to the individual providers educate provider teams about the IHA, timing, coding and encounter submission. The team works with the provider offices, nurses, and administration/coders to increase awareness and instruct on the use of DRE listings.

Members:

- Assignment of PCP upon enrollment is completed by either noting the member’s choice or by assigning and notifying the member of the PCP assigned if the member fails to make a choice. The member is encouraged to schedule an initial visit with the PCP.
- Member incentives are available for wellness visits. Therefore, the incentive for member and provider are aligned to encourage IHA completion.

Analysis

Quantitative

The following table shows the trend in completed IHA’s over the last 5 years.

FY 2017	FY 2018	CY 2018	CY 2019	CY 2020
38%	42%	43%	52%	51%

The listing of codes used align with standards of other Medi Cal health plans. See Attachment listing for codes.

There have been substantial improvements since 2017 when incentive programs were implemented.

Qualitative

Improvements in the rate of completion from 2017 thru 2020 can be attributed to the incentive program, DRE notifications and Partnership Program education.

Distribution of the coding tip sheet document for the providers also facilitated appropriate encounter coding.

Each year the HPSJ completes an Initial Health Assessments (IHA) validation audit using claims data and codes. The validation audit is performed using medical records retrieved during the HEDIS review timeframe. At this time, medical records are used as confirmation of IHAs congruence with the claims

data. This additional step is to confirm, not only that HPSJ received the IHA, but also the details of the IHA were completed as well as any needed follow up.

Methodology

The rates for 2020 below were pulled from January 1– December 31, 2020. Claims for visits coded with the codes for IHA (see attachment) within the first 120 days of enrollment were pulled. A random sample of 411 enrollees were chosen for review. These charts are reviewed during HEDIS season by clinical reviewers against the following criteria:

1. Was an IHA with all required components in the definition completed? (Y/N)
2. Was Staying Health Assessment (SHA) tool used? (Y/N)
3. Was a condition or diagnosis identified for follow up? (Y/N)
4. Was follow up ordered for those that needed testing or referral? (Y/N)

Results

Of note, a condition or diagnosis may not be present at the time of the IHA, therefore a lower rate is not concerning.

Quantitative Analysis

Improvements in IHA/SHA have increased each year for the past 5 years. Rates increases are attributable to ongoing provider and member educational outreach efforts by the Quality Team, Provider Services Specialists, and implementation of provider incentives for completing IHAs.

The 2020 result for IHA completion has experienced a slight decrease. In light of the challenges brought about in 2020 by the Covid-19 pandemic, the overall rates IHA completion rates showed a modest decline from 52% in 2019 to 51% in 2020.

Qualitative Analysis

Year	MRR confirms IHA completed	SHA tool was used	Condition or diagnosis was noted	Referral to specialist or testing as needed
2017	86.1%	49.8%	60.1%	39.4%
2018	89.4%	55.6%	37.7%	24%
2019	93.9%	57.4%	40.4%	20.9%
2020	96.11%	54.01%	35.04%	*39.58%

New conditions/diagnoses or referral needs are directly related to the members' specific needs and are not an indication of improvement or decline.

*Change in rate calculation for 2020. The rate of referral to specialist or testing is calculated on the number of sample members who had an identified need for referral or testing. In 2019, the rate was calculated for all sample members.

Barrier Analysis

The unique challenges of the Covid-19 pandemic were a consideration in this 2020 IHA review.

Comments from the reviewers indicated SHA tool use seems to be a barrier for the providers. The tool must be scanned into the electronic medical record after completion, which takes additional time and effort. Most providers prefer to use the EMR directly.

Additional feedback most recently is specifically about the timing of the IHA. Several providers prefer a friendly introductory meeting with the member for the first visit to get more of a positive rapport with the member and to complete the detailed exam at a subsequent visit. This feedback is referencing the adults.

Interventions

1. Provider Network is working on increasing PCPs in the network and to have more PCPs with open panel. This should increase member access to IHA.
2. The continued provider incentive for IHA by HPSJ. Payment for incentives is semi-annual to encourage providers participation and awareness.
3. Ongoing education by Provider Partnership Program and Provider Services visits.
4. DRE electronic system for review of members dates of enrollment and days remaining to be compliant with the 120-day timeframe for the specific provider's office.
5. Inclusion in the new Provider orientation and Facility Site Reviews.
6. Continued member incentives for well visits.

Summary

HPSJ has continued many actions for improvement of the IHA over the past year. There has been no significant change in the percentage of confirmed reviews from medical record review compared to claims. This study is just the confirmation that claims received for IHA matched the medical record documentation of an IHA.

CLINICAL PATIENT SAFETY

D. Continuity and Coordination of Care

D.1 2020-2021 COC Across Healthcare Network

Responsible Staff:

Karen Cuslidge
Director, Care and Utilization Management

Kathleen Dalziel
Director, HEDIS and NCQA Accreditation

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 of 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 needed 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 using the Healthcare Effectiveness Data and Information Set (HEDIS) for Medicaid measures.
- 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

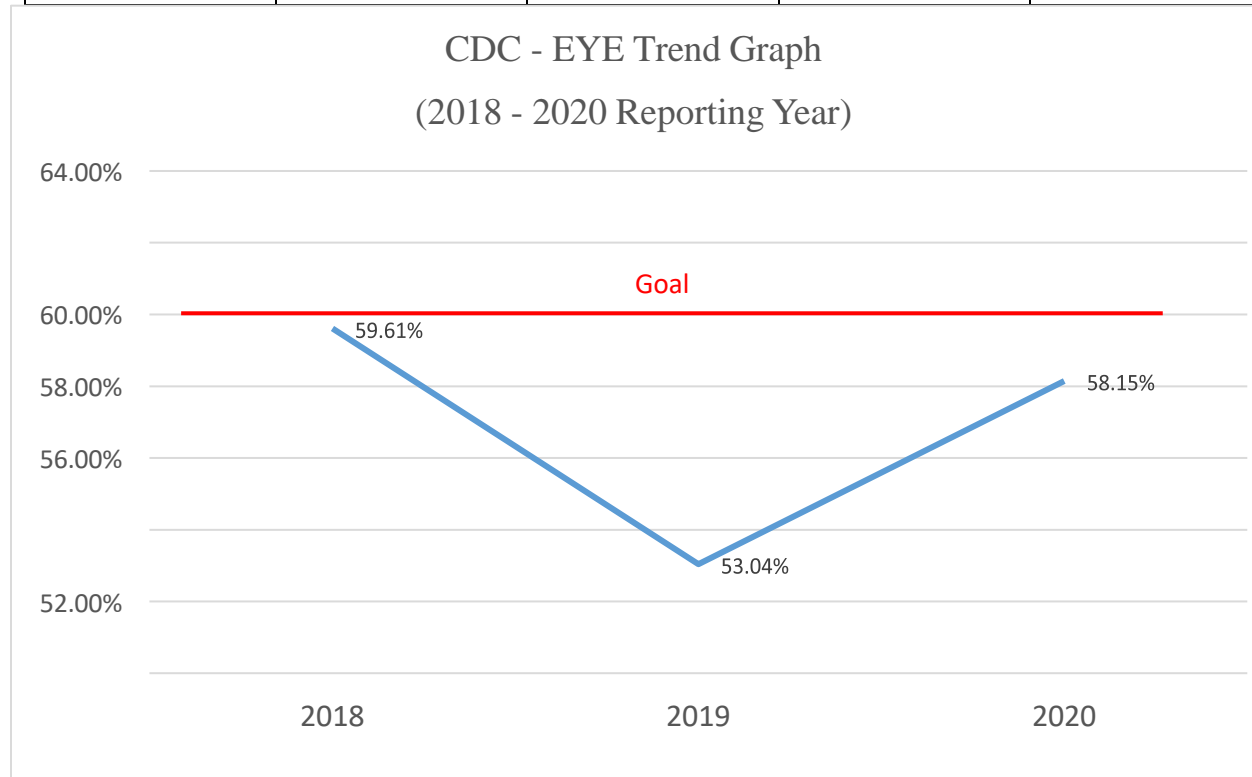
HPSJ collects data from HEDIS measures as well as provider satisfaction annually.

HEDIS Reporting Year 2020

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

CDC - EYE	2018 Combined	2019 Combined	2020 Combined	Goal
Reported rate	59.61%	53.04%	58.15%	60.00%



Quantitative Analysis

- HPSJ has not met the goal for diabetic eye exam measure.
- The performance in 2020 is 0.49 percentage points below the goal of 50th percentile of 58.64%.
- The rate declined significantly in 2019 but has since recovered to almost the same level in 2018. There was 7 percentage point drop in 2019 for this measure in comparison to 2018.

Barrier Analysis

- Medical record review showed that a number of primary care practitioners did not have any records from the ophthalmologist office indicating that the results of a completed retinal eye exam.
- A lot of the primary and specialty offices in HPSJ's service area may not have the resources to allocate staff to focus on improving coordination of

care. Many of these offices may be working with a skeleton staff and most of the time is spent making sure that the operations run smoothly.

- PCPs may not be giving sufficient details to the optometrist or ophthalmologists at the time of the initial referral. Hence, the inpatient staff at the specialist office don't know who to send the report to once they have seen the member
- HPSJ members can access in network specialists and not all specialists share information with the PCPs.
- Staff at the SCPs offices may not be aware that they need to send clinically relevant information back to the PCPs once the referral is completed.
 - SCPs or their office staff may not be interpreting HIPAA rules correctly and thereby not sharing information with other practitioners that are managing care for their patients.
 - They may think that they can't share any information unless they have signed release of information from the patients.

Opportunities for Improvement

- Educate providers on the importance of sharing information. Include education articles in the provider newsletter and through webinars. The materials will also focus on educating PCP staff on what information needs to be shared with the specialists at the time of the referral.
- Provide incentives to providers to improve coordination. These incentive payments can be made as part of the pay for performance program.

Actions Taken

- HPSJ launched a pay for performance (P4P) program in 2019 and in 2020. One of the goals of the P4P program was to financially reward primary care providers for improving the eye exam screening rate.
- HPSJ also hosted provider events that focused on educating providers on the importance of improving coordination (Look and Learn Sessions). There were two such events held in 2020.

Measuring Effectiveness

In 2020, HPSJ has made almost \$125,600 in incentive payments to providers for increasing the number of eye exams. This accounted for close to 2,500 eye exams in Q3 & Q4 of 2019, which helped HPSJ improve the screening rates from measurement year 2018 to measurement year 2019. HPSJ allocated a total payout of up to \$13,000,000 for all the different incentive programs during that time frame. For measurement year 2019 (reporting year 2020), HPSJ paid out close \$10 million dollars which was about 77% the entire budget. This is an

indicator that large number of providers are participating in the program and HPSJ has been successful in getting the utilization up over 75% since the onset of the program a few years ago. These incentive dollars are aimed at helping the providers with much needed resources that they can use to support coordination of care activities. HPSJ will continue to allocate similar resources to providers to improve coordination of care measure in subsequent years. The Plan will also increase awareness about this program in 2021 so that more providers can maximize the incentive payments.

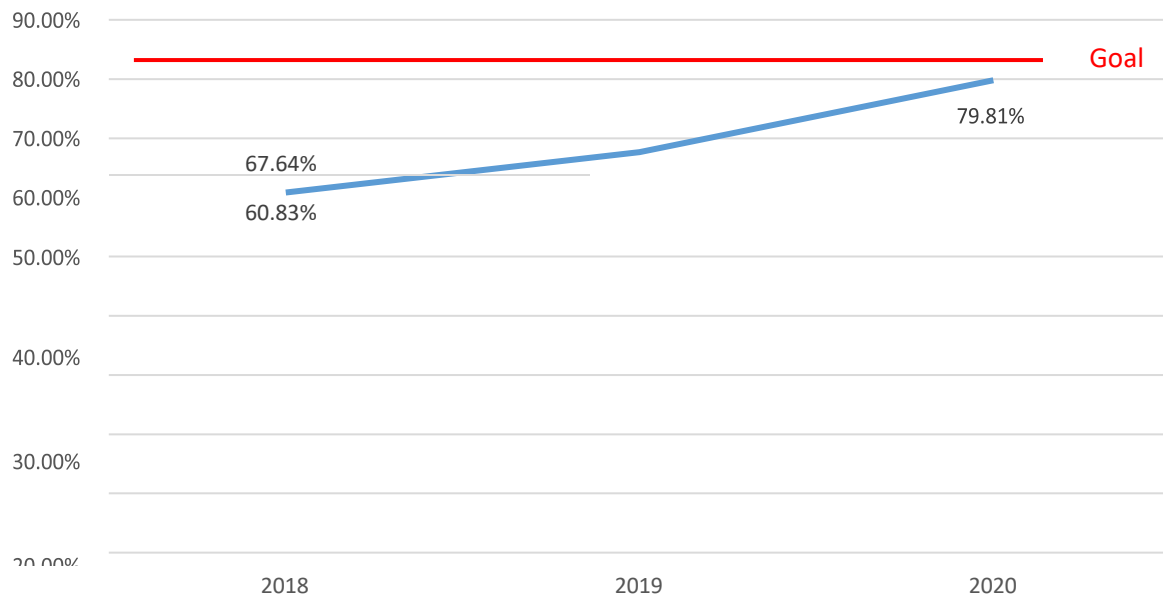
Timeliness of Postpartum Care

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 Timeliness to Postpartum Care (PPC).

Timeliness to Postpartum Care Stanislaus County

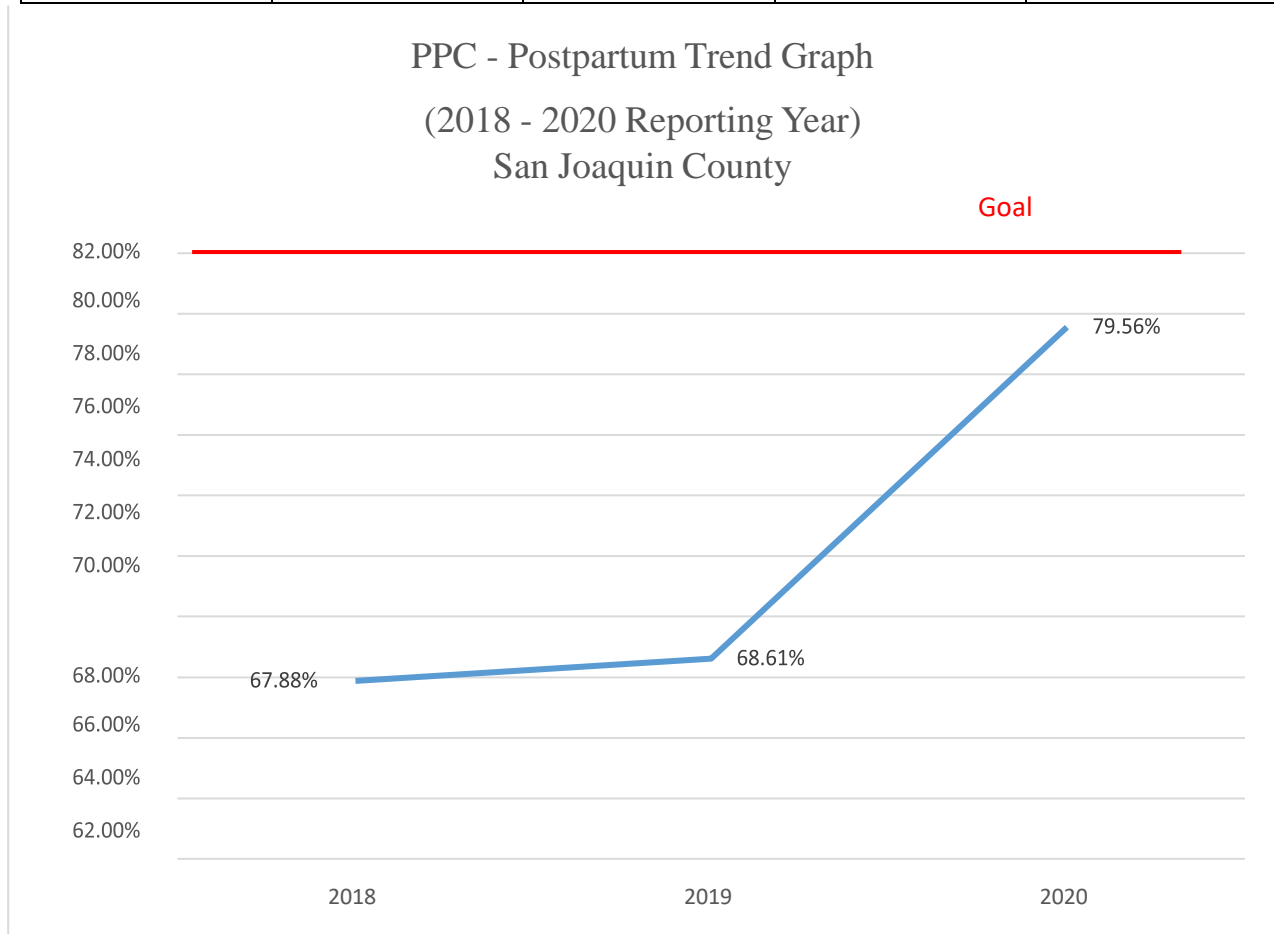
PPC PST - Postpartum (ST)	2018	2019	2020	Goal
Reported rate	60.83%	67.64%	79.81%	82%

PPC - Postpartum Trend Graph
(2018 - 2020 Reporting Year)
Stanislaus County



Timeliness to Postpartum Care San Joaquin County

PPC PST - Postpartum (SJ)	2018	2019	2020	Goal
Reported rate	67.88%	68.61%	79.56%	82%



Quantitative Analysis

- HPSJ has not met the goal for Postpartum care visit for either Stanislaus or San Joaquin counties.
- The rates have been significantly increased since year 2018 for both counties but this is mostly because of the change in technical specifications by NCQA. To account for this change in specifications, HPSJ also revised the goals to ensure that they meet the clinical needs of the program.
- Both Counties improving year over year but there is some opportunity left to get to a higher level of care. The clinical rationale for setting the goal

as 82% is based on the importance being placed on postpartum depression screening. California mandated Knox Keene health plans to perform postpartum depression screening in 2019 under AB2193. HPSJ is taking the lead on the initiative by increasing the target goal for PPC where the screening occurs.

- The performance of year 2020 is 1.5% below the goal/1.2 Percentage point for San Joaquin County.
- Stanislaus County performance showed vast improvement over the prior year.
- The year 2020 has essentially indicated the highest growth rates of Postpartum care visit.
- Due to the implementation of health campaign called “Me and My Baby” in 2018 and perinatal incentives for providers and members did largely affect the participation from women and contribute to these increase rates.

Barrier Analysis

Member Level Barriers

- A significant percent of the members enrolled with HPSJ are not aware whom their PCP is or don't have a PCP and are not able to give hospitalization information to the facility staff when admitted. Members are not restricted to seeing their assigned PCP and they can change their assigned PCP at any given time.
- Members maybe seeing another PCP that they are not assigned to and therefore the facilities may not be sending information to the correct PCP.
- Members may not be able to get an appointment with the PCP or OB/GYN within the timeframe after delivery.
- Member may have received Depo-Provera for birth control prior to discharge from hospital, and a follow up visit for birth control is not required for 3 months which may become confused with the PPV timeframes.

Providers Level Barriers

- Staff may not have a process for identifying the correct PCP, which may result in the discharge summaries going to the incorrect PCP.
- PCPs or outpatient providers may not be giving sufficient details to the inpatient staff at the hospitals where members are delivering. Hence, the inpatient staff don't know who to send the delivery and discharge notification to once the member is leaving the hospital.

- Providers are not aware of the importance of sharing information and how it can result in better health outcomes for the patients.
- OB/GYN's may also not be sharing information with the PCP once the patient has delivered as a number of records at the PCP offices did not have any record from the OB providers.

Plan Level Barriers

- HPSJ does not have access to the EMR systems at some inpatient facilities, which prevents it from playing a more proactive role in improving coordination of care between hospitals and PCPs. If HPSJ had access to more EMR systems and HIEs, it could ensure that the clinical notes were sent to the PCPs in a timely manner once the patient is discharged.
- HPSJ realizes that it needs to play a larger role in transitioning and coordinating care. Plan needs to educate hospital staff on the importance of communicating information to the Plan and provider in a timely manner.
- The importance of sharing discharge information with the PCP.

Opportunities for Improvement

- Educate providers on the importance of sharing information. Include education articles in the provider newsletter and on the website. The materials will focus on educating hospital staff on what information needs to be shared with the OB and PCP at the time of the discharge.
- Provide incentives to providers to improve coordination between hospitals and practitioners. These incentive payments can be made as part of the P4P program.

Actions Taken

- HPSJ launched a P4P program in 2020. One of the goals of the P4P program was to financially reward primary care providers for improving the postpartum visit rate.
- Phone contact with all new moms to determine transportation needs; make transportation arrangements, when indicated
- Develop workgroup focusing on women's health care needs, including perinatal care coordination

Measuring Effectiveness

In 2020, HPSJ has made almost \$174,000 in incentive payments to providers for increasing the care provided to pregnant members. HPSJ allocated a total payout of \$13M for all the different incentive programs. In 2019, HPSJ paid out close \$10 million dollars which was over 77% of the total budget. This is an

indicator that large number of providers are participating in the program and HPSJ has been successful in getting the utilization up over 75% since the onset of the program a few years ago. These incentive dollars are aimed at helping the providers with much needed resources that they can use to support coordination of care activities. HPSJ will continue to allocate similar resources to providers to improve the perinatal measures in subsequent years. The Plan will also increase awareness about this program in 2021 so that more providers can maximize the incentive payments.

Provider Satisfaction

HPSJ evaluates measures related to continuity and coordination of care through questions on the annual provider satisfaction survey, and ad hoc surveys when applicable. Information obtained from 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 October-December of 2020. Sample Size and Response Rate: A sample size of 1,250 was collected and a total of 149 surveys were completed (115 mail or Internet, and 34 phone), yielding a response rate of 10% for the mail/Internet first wave data component and 9% for the second wave phone survey.
- 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	2020	Goal	Goal Met (Y/N)
Opportunity 1: Improving Communication between Hospital and PCP to <ul style="list-style-type: none"> ● Satisfaction with receiving timely information from the hospital at the time of admission. ● Satisfaction with receiving timely information from the hospital at the time of discharge 	41 % 44 %	33.6% 29.5%	30.8% 30.5%	53% 55%	50 % 50%	Y Y
Opportunity 2: Improving Communication between Emergency Room Providers and PCP <ul style="list-style-type: none"> ● Satisfaction with receiving timely information from the ER when one of their patients has used the ER. 	30 %	28.3%	23.1%	50%	50 %	Y

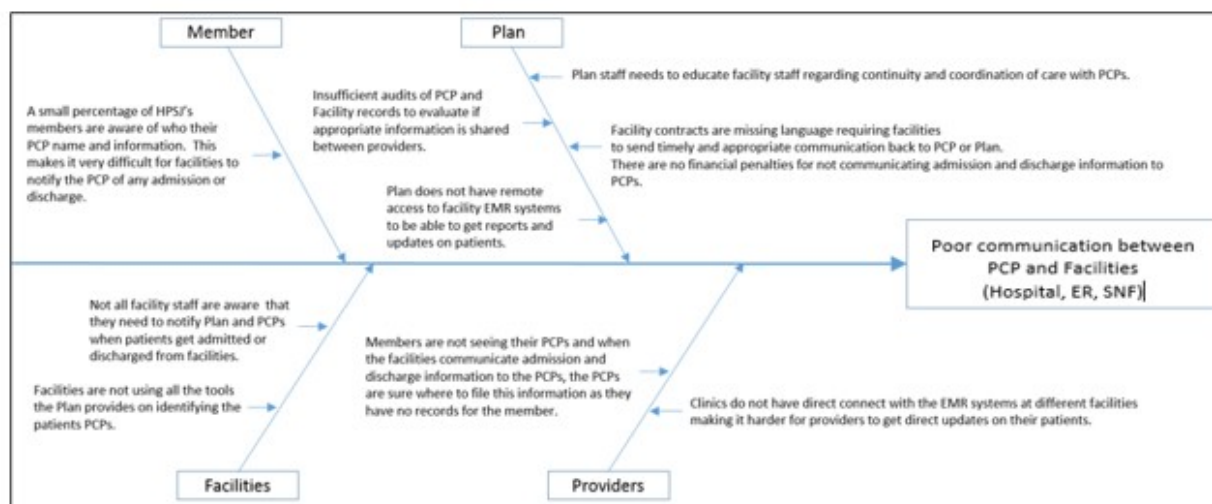
Measure	2017	2018	2019	2020	Goal	Goal Met (Y/N)
Opportunity 3: Improving Communication between Skilled Nursing Facilities and PCP	33 %	24.6%	24.3%	32%	50 %	N
<ul style="list-style-type: none"> Satisfaction with receiving timely information from the SNF at the time of admission. Satisfaction with receiving timely information from the SNF at the time of discharge. 	32 %	24.6%	22.5%	31%	50 %	N

The provider satisfaction with receiving timely information from the hospital at the time of admission is 53% for 2020, up from 30.8% in 2019. In an attempt to improve the provider satisfaction with timely admission notification, in fall of 2020, 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 55% for 2020, up from 30.5% for 2019. 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 50% for 2020, up from 23.1% in 2019.

The provider satisfaction with receiving timely information from SNFs at the time of admission is 32% for 2020, up from 24.3% for 2019. 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 31% for 2020, up from 22.5% for 2019. HPSJ implemented sending a transition plan letter to the PCP notifying them of discharge plan.



Key Barriers

Although there are a number of 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 affected by low literacy and socioeconomic challenges that may prevent 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 a number of 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 (SPD 79.78 visits/1,000MM compared to 46.82 visits/1,000MM for non-SPD) and often do not keep PCP visits. When SPD patients have not seen their PCP, when the PCPs do get communication from the facilities, they are not sure what to do with this information as they may not have recent records for these members.

Opportunity for Improvement

Based on the survey results and analysis, HPSJ has identified a number of 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 sent a series of provider alerts about the importance of communicating across settings in April 2020. HPSJ conducted a follow-up survey to determine the effectiveness of Provider alerts related to communication and coordination in July 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?
1. The surveys were sent during shelter in place for COVID-19. No responses were received for the follow-up surveys when they were sent in July of 2020
 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: Improving Communication between Hospital and PCP

Interventions in 2020 included, but were 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 four (4) Federally Qualified Health Centers received a daily census of admissions and discharges.
- The TOC program assisted members to make follow up appointments with the PCP prior to discharge from the acute care facility. Members were 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 contacted PCPs for any identified
- care issues.
- As a part of the Inpatient program, HPSJ staff faxed all authorizations for inpatient stays 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.
- Worked with hospital facilities to improve communication between PCPs and hospitals
 - Educated hospital staff on what information is important and needs to be shared with PCPs.
 - Ensured that hospital staff have accurate provider contract information.
 - Promoted the use for Health Information Exchange for hospitals.

Opportunity: Improving Communication between Emergency Room Providers and PCP

Interventions in 2020 included, but are not limited to, the following:

- 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.

Opportunity: Improving Communication between Skilled Nursing Facilities and PCP

Interventions in 2020 included, 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 for SNF admission and goals of the stay.

Effectiveness of interventions

The efforts HPSJ put in place using TOC staff and timely notification of a member's admission and discharge to the hospital as well as a member's visit to the ER, have contributed to increased provider satisfaction with coordination of care as demonstrated by the responses to the annual provider survey. Medical Management interventions put in place in 2019 have had an opportunity to mature and the impact is now evident.

Providers are now accustomed to HPSJ providing reliable sources of admission and discharge information and assisting with transitions of care. Satisfaction rates have increased for communication between hospitals and PCPs for admissions and ER visits by more than 20% over 2019 rates.

It is difficult to determine how effective provider alerts were in 2020 due to the conditions surrounding shelter in place. No surveys about the effectiveness of provider alerts were returned in the height of shelter in place. However, the list of recipients of provider alerts has grown to over 900 in 2020.

Conclusion

HPSJ will continue the TOC program as well as timely notification of member admissions and discharges from hospitals and skilled nursing facilities to PCPs. Annually, HPSJ will evaluate provider satisfaction, and will use the information received and the effectiveness of interventions to determine which interventions assist in improving coordination of medical care.

D.2 RY2020-2021 Continuity and Coordination of Care across Healthcare Network and Behavioral Health

Responsible Staff:

Kathleen Dalziel
Director, HEDIS and NCQA Accreditation

Introduction

Health Plan of San Joaquin collects data about opportunities for collaboration between medical care and behavioral healthcare and reviews the data with the clinical team at least annually. This report summarizes the data analysis from reporting years 2018-2020 and intervention activities completed during the reporting period aligned with the Quality Management reporting cycle that runs from July 1, 2020 through June 30, 2021 to improve coordination of care between medical and behavioral healthcare. This report summarizes the discussions that took place with the clinical team at HPSJ. During these meetings, staff analyzed the results for the different measures discussed in this report, requested follow-up data to dig deeper, identified opportunities for improvement, and implemented selected interventions.

Anti-Depression Medication Management

Methodology

The NCQA HEDIS measure Antidepressant Medication management rates the percentage of members 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on antidepressant medication treatment.

The rate is reported by two different points in treatment: effective acute phase treatment and effective continuation phase treatment.

The acute phase requires compliance on the medication for at least 84 days (12 weeks). The continuation phase requires compliance on the medication for at least 180 days (6 months).

Measurement Period

For this report, reporting years rates are below and the measurement years interventions were from January 1, 2020 – December 31, 2020.

Results

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	

AMM – Continuation	2018 Combined	2019 Combined	2020 Combined	50th
Reported rate	33.93%	32.44%	34.05%	36.51%
Eligible population	2963	3118	1223	

Quantitative Analysis

The rate for the acute phase of the AMM measure improved slightly from 49.7% to 51.1% over two (2) years. There was a slight decline in rates in 2019 but they recovered in 2020.

The rate for the continuation measure remained relatively stable over the three-year period with minimal change. The change was less than 0.2 percentage points between 2018 and 2020 measurement year results.

Both measures continue to perform slightly below the 50th percentile goal set prior to starting this initiative.

As both measures for AMM are yet to meet the goal, the decision was to continue working on this initiative as one of the potential opportunities for improvement.

Qualitative Analysis (Barrier Analysis)

Provider related barriers

The type of provider the member is seeing could be a barrier. It is possible that some members are seeing Primary Care Practitioners (PCPs) who are trained as Internal Medicine and Family Practitioners (FPs) and those providers maybe less

likely to refer their patients to a Behavioral Health (BH) provider. Data from studies conducted by other community-based plans show that patients seen by Internal Medicine providers tend to have lower compliance rates than those seeing BH providers. Some potential reasons for this maybe as follows:

- PCPs may not have the same level of comfort with using some of the drugs as the BH practitioners.
- They may not know how often they need to follow up with the patients or have time to schedule the follow up visits due to their existing workload.
- PCPs may not be spending the necessary amount of time educating members about medication side effects and the importance of filling their medications timely which may impact adherence.
- Difficulty in getting appointments with BH providers maybe another challenge that members face. With the growth in membership access to all kinds of providers, especially BH providers, has become more strained over the years.

Member related barriers

HPSJ staff reviewed barriers from prior years and feel that they are still applicable to the current status.

Members utilize some of the medications captured in this rate for conditions that may treat co-occurring physical conditions as well as depression. 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.

Members may stop taking medications because of stigma, side effects and perception of no immediate impact. Side effects can be more significant during the initiation phase and have a negative impact on medication compliance.

Members may also be suffering from multiple conditions and be less likely to take care of their mental health issues in comparison to their physical health issues.

Opportunities for Improvement

- HPSJ chose to offer two virtual webinar sessions in November 2020 covering behavioral health topics including antidepressant medication side effects.

- Providers need to check in regularly with those members with chronic conditions and depression and refer them into case management. This outreach should occur prior to missed or late fills.
- Share educational materials to primary care practitioners around how to manage clients with multiple chronic conditions. This information will include making referrals to BH providers when members have BH conditions such as depression.
- HPSJ contracted Pharmacy outreach to members who are late on a medication fill or missed a fill through medication adherence initiatives in collaboration with the PBM.
- Provider outreach to include a list of at-risk members who have delayed or missed an antidepressant medication refill. In the cover letter, educate the providers on the importance of care coordination and how to improve management of patients with depression.
- AMM Provider educational materials offered through a virtual training and will be posted on the HPSJ website.
- HPSJ to educate the local pharmacies on a new initiative regarding interventions for members 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 members to appropriate pharmacies for these pharmacies to intervene with either the member or the prescribing physician
- HPSJ to reimburse pharmacies \$10 for reminding patients to pick up their medication.

Follow-Up Care for Children Prescribed ADHD Medications

Methodology

The Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications HEDIS 2020 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. The 2nd part of the measure is the continuation phase which looks at 210 days.

Measurement Period

For this report, all rates below refer to reporting years, and interventions for the measurement year from January 1, 2020 – December 31, 2020.

Results

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

ADHD - Continuation	2018 Combined	2019 Combined	2020 Combined	50th
Reported rate	38.98%	52.11%	50.38%	55.55%
Eligible population	128	177	131	

Quantitative Analysis

The rate for the initiation phase of the ADHD measure improved considerably from 33.37% to 37.41% over 2 years however it was still well the goal of 43.41%.

The rate for the continuation measure also saw considerable improvement of almost 12 percentage points over the last 2 years however it was still below the goal of 55.55 %.

Both measures continue to perform well below the goal set prior to starting this initiative.

As both measures for ADHD are yet to meet the goal, the decision was to continue working on this initiative as one of the potential opportunities for improvement.

Qualitative Analysis (barrier analysis)

Provider related barriers

The type of provider the member is seeing could be a barrier. It is possible that some members are seeing PCPs who are Pediatricians or FPs to manage their ADHD and these providers are less likely to provide the same level of care as the BH providers to manage the member's ADHD. Some potential reasons for this may be as follows:

- PCPs may not have the same level of comfort with using some of the drugs used for treatment of ADHD as the BH practitioners.
- They may not know how often they need to follow up with the patients or have time to schedule the follow up visits due to their existing workload.
- PCPs may not be spending the necessary amount of time educating members/families about medication adherence and importance of refilling their medications timely.
- 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 ADHD medication fills for 4 months prior to the index 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.
- Difficulty in getting appointments with BH providers maybe another challenge that members face. With the growth in membership, access to all kinds of providers, especially BH providers, has become more strained over the years.

Member related barriers

HPSJ staff reviewed barriers from prior years and feel that they are still applicable to the current situation.

- Parents are caregivers of 6-12 years olds are known to allow children to stop taking their medication during the summer months. Caregivers and parents think the child doesn't need the ADHD medications when the child is no longer going to school.
- Parents may stop giving the medications to the child if their symptoms improve without realizing that they need to continue the treatment plan in order to prevent any relapses.
- Parents may stop giving 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.
- Parents may be overwhelmed with the child's physical health concerns and not take care of the child's behavioral health issues consistently.

Opportunities for Improvement

Provider education regarding the recommendation to have children on ADHD medicine all year and not take breaks during the summer or other vacations. Include a reminder to providers to ask parents about their rationale for taking their kids off their medications, as an opportunity to educate parents.

Outreach to members' parents after the first fill to remind to continue medication and follow-up with provider visits. Parent education can be done through member newsletters and case management.

In the past HPSJ has made parent calls but over time, this did not prove effective in improving compliance. Therefore, HPSJ will focus on promoting telehealth services for management of ADHD.

HPSJ offered two virtual webinars in November 2020. These webinars focused on the importance of not taking medication holidays and posted a member focused toolkit for with the same information.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

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 National Committee for Quality Assurance (NCQA) specifications.

Methodology

HPSJ used the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) HEDIS 2020 measure to collect and analyze data for this measure.

Measurement Period

For this report shows reporting years 2018-2020, the intervention period was from July 1, 2020 – June 30, 2021

Results

SSD	2018 Combined	2019 Combined	2020 Combined	50th
Reported rate	73.9 %	70.1 %	88.03 %	81.04

Analysis

In 2020, HPSJ saw a significant improvement in this measure of greater than 18 percentage points from the prior year. In 2019, HPSJ was well below the 50th percentile goal of 81%. The plan had been reinforcing providers to conduct diabetic lab screening tests for members who were on antipsychotics. In 2020, the Plans performance meets goals, and this is no longer considered an opportunity for improvement. However, since this is the first year the plan met the goals, HPSJ will continue to remind providers of the importance of

performing lab screening for patients on antipsychotics and will continue to monitor this measure for another 2 years to ensure the improvement is not temporary.

Next Steps

Continue monitoring this measure in RY 2021 and 2022 measurement years and take additional actions if the measure declines below the goal of.

Actions Taken

Behavioral Health Integration (Launched in Q1 2021)

In support of improved behavioral health integration, the California Department of Health Care Services (DHCS) has launched a 2-year Incentive Program intended to improve identification and coordination of behavioral health conditions with coexisting medical conditions. Managed Care Plans and selected contracted Health Centers will partner to implement programs and processes that will improve identification and coordination of services for members with behavioral health conditions. Each selected Health Center will take a 2-year phased approach aimed at improving behavioral health integration using agreed upon metrics. HPSJ worked with three (3) of the network FQHCs to implement a total of nine (9) programs across the two (2) counties HPSJ serves. This will enable coordinated and integrated behavioral and medical services for HPSJ's membership.

San Joaquin County Clinics have identified in the past two years, 3,616 members with a diagnosis of depression, anxiety, or both. Of these members, there were 7,292 visits. A recent review of unique members identified that only 335 of 2588 unique members were screened for behavioral health conditions.

San Joaquin County Health Clinics will partner with HPSJ to improve behavioral health integration by strengthening or implementing processes and systems that will improve the following behavioral health metrics:

- Increase the number of members screened using standardized tools to identify members with behavioral health conditions
- Provide evidence of behavioral health care coordination
- Antidepressant Medication Management

Golden Valley Health Centers serves approximately 3,575 perinatal patients annually (965, or 27%, are HPSJ patients as of the time of this report). Of the HPSJ members:

- 62 have a diagnosis of alcohol use disorder or opioid use disorder, and

- Gather baseline data for patients at the primary obstetrical (OB) sites who were screened using evidence-based tools.
- While five (5) members screened abnormal, none received the brief intervention or referral for services.
- Behavioral health screening for pregnant women has generally focused on screening for depression. We plan to expand screening to include screening for anxiety to better capture a fuller scope of behavioral health needs related to the perinatal period. Golden Valley suspects that the incidence of women who use alcohol and/or drugs may be much higher than reported above, particularly with regard to evidence-based screening and intervention.

Golden Valley Health Center reports serving approximately 24,861 patients annually that have both chronic disease and a behavioral health diagnosis (6,397, or 26%, are HPSJ members). Research shows that having a chronic condition such as diabetes increases the likelihood of a patient developing a behavioral health condition, and vice versa. Additionally, management of either condition becomes more difficult.

Golden Valley will partner with HPSJ to improve behavioral health integration by implementing activities to improve adolescent, Perinatal and adult members through efforts aimed at improving rates of:

- Screening for depression and follow up
- Screening for Unhealthy Alcohol Use
- Increasing Initiation and engagement of Alcohol and Other Drug Abuse or Dependence
- Antidepressant Medication Management
- Pharmacotherapy for Opioid Use Disorder
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Decreasing Concurrent Use of Opioids and Benzodiazepines

Community Medical Centers projects 82,192 members will likely be impacted through the Behavioral Health Integration over the 3-year project time window (Year 1= 15,508, Year 2= 32,567, Year 3= 34,117). The behavioral health integration partnership with HPSJ will also focus on adverse social conditions. The performance measures targeted are:

- Screening for unhealthy alcohol use (pediatrics and adult)
- Screening for depression and follow-up plan (pediatrics ages 12-17)
- Screening for depression and follow-up plan (adults ages 18 and up)

- Initiation and engagement of alcohol and other drug abuse or dependence
- treatment (pediatric and adult)
- Antidepressant medication management (adults)
- Follow-up care for children prescribed ADHD medication (pediatrics)
- Adherence to antipsychotic medications for individuals with Schizophrenia (adults)
- Use of opioids at high dose in members without cancer (adults)
- Decrease the concurrent use of opioids and benzodiazepines (adults)
- Follow-Up care for children prescribed ADHD medication (children and adolescents)
- Use of first-line psychosocial care for children and adolescents on antipsychotics (children and adolescents)
- Decrease the use of multiple concurrent antipsychotics in children and adolescents (children and adolescents)
- Metabolic monitoring for children and adolescents on anti-psychotic medication
- Pharmacotherapy for opioid use disorder (adults, children and adolescents)
- Diabetes screening for members with schizophrenia or bipolar disorder who are using antipsychotic medications
- Diabetes care for people with serious mental illness: hemoglobin A1c (HbA1c) poor control (greater than 9.0%)
- Follow-up after emergency department visit for alcohol and other drug abuse or dependence
- Follow-up after emergency department visit for mental illness

Next Steps

Process metrics and outcome metrics have been developed and the interventions will be implemented through mutually agreed upon communications between HPSJ and the selected Health Centers.

The provider focused webinar showcasing behavioral health topics was presented in two sessions in November 2020, then posted on the web to allow providers who could not attend the opportunity to view the subject matter. Some of the topics included ADHD, Depression screening and antidepressant medication side effects, required screening for patients on antipsychotics as well as where to find laboratories that cater to sensitive patients. The results of measures, interventions and next steps will be discussed at the QMUM Committee meeting in March 2021.

E. Facility Site Review (FSR)

Responsible Staff:

Ramanpreet Kaur

QI Supervisor

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, Ambu 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:

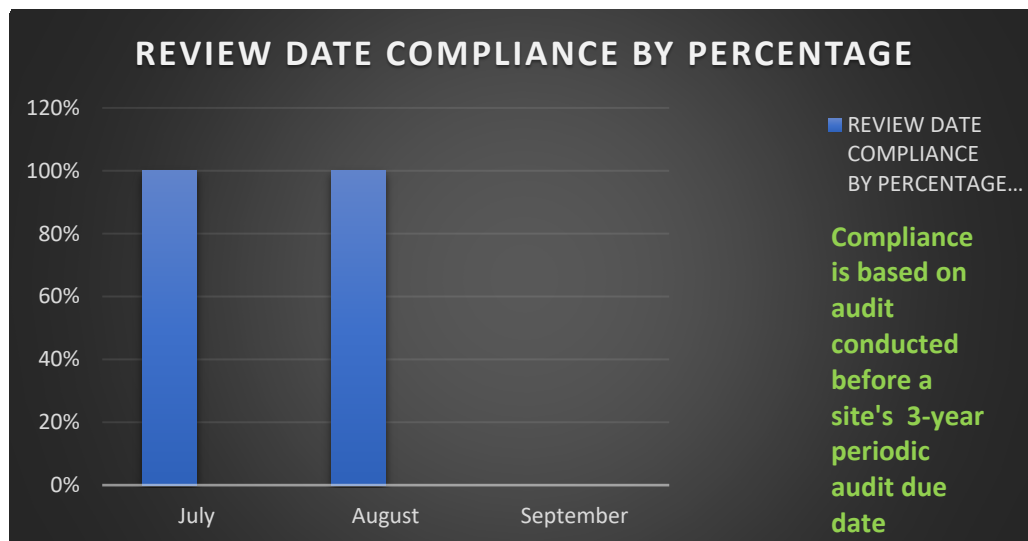
1. Format
2. Documentation
3. Continuity/Coordination of care
4. Pediatric Preventive
5. Adult Preventive
6. OB/CPSP Preventive

There are no critical elements in the MRR, however the overall score must be > 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 FY 20-21

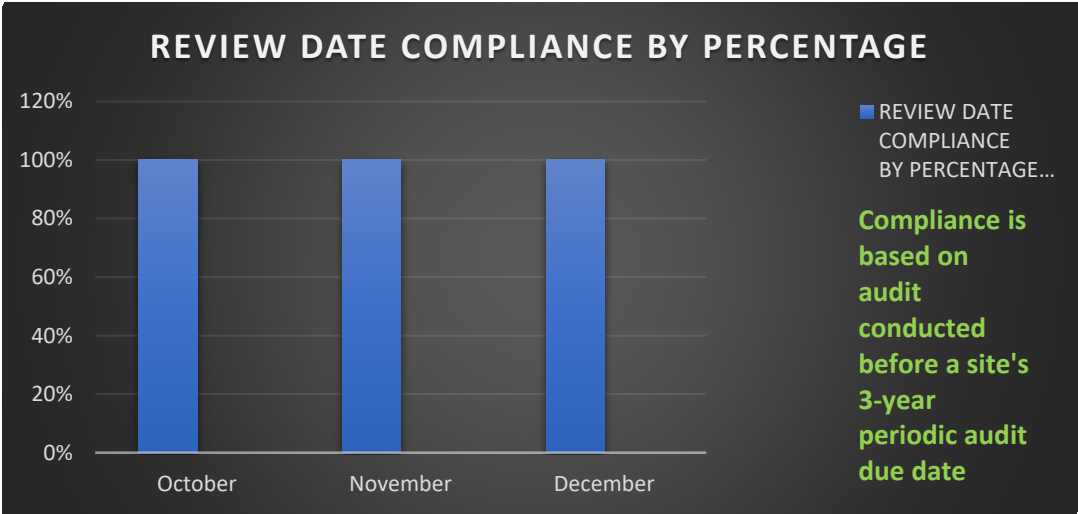
Quarter 1 Update (July-September)

In San Joaquin county 7 periodic FSR/MRR, 2 Initial FSR/PARS and 1 Focused FSR/MRR was completed. No FSR/MRR conducted in ST county.



Quarter 2 Update (October-December)

In San Joaquin county 5 Initial FSR and 5 Periodic FSR/MRR were completed. In Stanislaus county 2 Periodic FSR/MRR and 1 Annual FSR/MRR were completed.

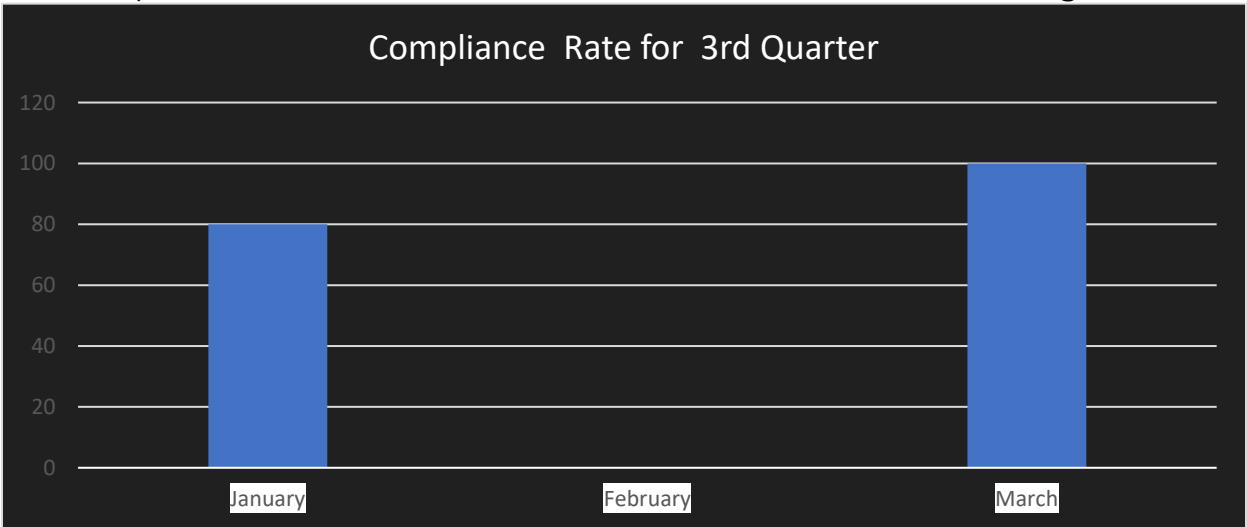


Quarter 3 Update (January-March)

In San Joaquin county 4 Initial FSRs, 2 periodic FSRs only, and 4 Periodic FSR/MRRs were completed.

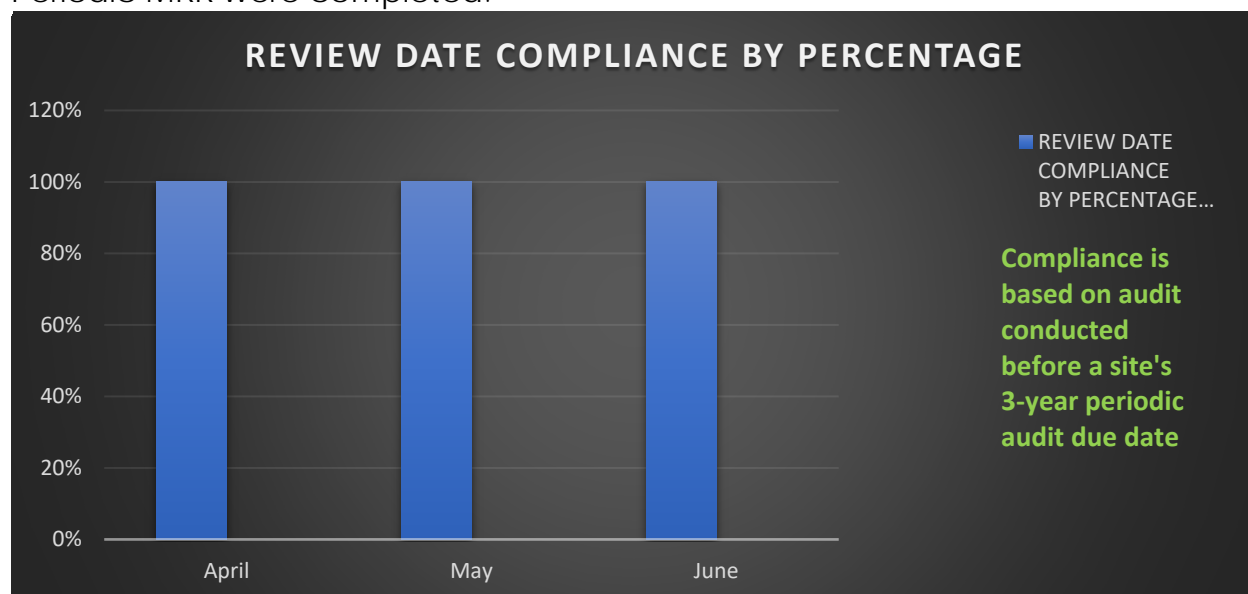
In Stanislaus county 1 Periodic FSR/MRR was completed.

Compliance rates by review date in January were 80% due to new PCP site out of compliance. Continued working with provider to make sure virtual FSR/MRR are completed before the due date and in accordance with DHCS guidelines.



Quarter 4 Update (April-June)

In San Joaquin county 2 Initial MRR, 5 periodic MRR, 6 Periodic FSR/PARS were completed. In Stanislaus county 1 initial FSR/PARS, 3 periodic FSR/PARS and 1 Periodic MRR were completed.



The graphs above represent the HPSJ FSR team's compliance rates in the different quarters of fiscal year 2020-2021. The graphs show that in almost all the quarters, HPSJ was successful in completing the audits prior to the specified due dates. In quarter 3 however, the compliance rate went down to 80% representing 1 provider site that fell out of compliance due to a glitch in HDS where the provider site did not show up in the periodic query report that HPSJ pulls on a regular basis to schedule the audits. This has since been addressed and CSRs had been educated to make sure the "next audit date" is entered in the system. Overall, HPSJ's compliance rate is at 95% which can be attributed to the scheduling practice of making sure the sites coming up due for the audits are scheduled three months ahead of their due dates.

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.

San Joaquin County		Stanislaus County	
PCP	19	PCP	13
Specialist	0	Specialist	0

For Calendar year 2020, the PARS review for all high-volume specialist providers were not completed due to the difficulty encountered in scheduling due to the restrictions of the pandemic. Normally, the information on the sites reviewed are forwarded to the Department of Health Care Services in January of the following year.

For FY 2020-2021 we had 21 grievances that involved complaints related to Quality of Practitioner office site, out of which 12 were in San Joaquin County and 9 in Stanislaus County. All these grievances were investigated through standard grievance process and to ensure that providers are meeting the safety standards.

Collaborative Activities

Health Net

- There is an existing MOU established 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 among shared sites
- For Fiscal year 2020-2021, a total of 4 collaborative meetings have been completed.

Healthy Data Systems (HDS)

- HPSJ utilizes the HDS software to automate scheduling and recording of all audit activities.

- A workflow has been adopted to address any existing or continuing issues with HDS and its administrators allowing for the immediate resolution of issues.
- HPSJ continues to collaborate with the administrators of HDS to improve documentation of all audits completed.

CA FSR Workgroups

- HPSJ has always actively participated in the different statewide workgroups developed to address issues surrounding the different aspects of the conduct of an FSR audit. These workgroups include:
 - a. HDS Technical Workgroup
 - b. Committee on Video Presentation
 - c. FSR Data Collaborative
 - d. FAQ Committee

Quantitative Analysis

For Fiscal year 2020-2021, a total of 48 combined facility site reviews were completed for both San Joaquin and Stanislaus Counties. While there were 29 medical record reviews completed for both Counties for the same time period. There were more audits completed in the San Joaquin County with a total of 40 FSRs and 24 MRRs, while Stanislaus County only had 8 FSRs and 5 MRRs. This difference in number can primarily be attributed to the larger number of providers in the San Joaquin County.

Qualitative Analysis

In San Joaquin the number of periodic site reviews is large due to the already developed, and active provider network in the county as compared to the Stanislaus County. Because the patient population is much larger in the San Joaquin County there had been more initial site reviews performed. Also, this increase in the initial reviews can be attributed to a considerable number of new office acquisitions and relocations.

In San Joaquin County, the scores for FSR range from 84% to 99% with the exception of two sites who scored less than 80% in the first and second quarters. Both sites had been placed on more frequent monitoring and provided more technical assistance. The sites that scored less than 80 % in individual sections were issued CAP. The critical elements were resolved within 10 business days, with the additional Corrective Action Plan completed within 30 days.

Medical Record Review scores in both Counties ranged from 86% to 98%. CAPs were issued to provider sites whose total scores fell below 90% or for those sites who received a score less than 80% in any sections of the MRR. The most frequent Corrective Action Plan for the MRR continues to be in the preventive section of the tool particularly in the use of the Staying Healthy Assessment; annual TB Risk assessment; and the offering and documentation of adult immunizations.

Barriers/Interventions

Some of the barriers encountered for the Fiscal Year 2020-2021 are the following:

- a. Type of medical records – due to the Public Health emergency (PHE) brought about by the pandemic, the health plan resorted to the use of virtual/remote access methodology. This has somehow limited the ability to conduct remote/virtual audits to providers who are using electronic health records. Providers who are currently using only paper charting has been placed in our list of postponed audits and will be addressed as soon as in person audits will be resumed.
- b. Staffing issues – several offices had been impacted by the pandemic to the point where staffing had been stretched to the bare minimum limiting the providers' ability to assign a dedicated navigator to assist the reviewer during the virtual medical record review. HPSJ encouraged the providers to schedule the audits during downtime. Other providers requested to postpone their MRR audits all together.
- c. Challenges with Wi-Fi Signal/ Technology. There were providers who were not familiar with the use of the web application being used resulting in delays and incomplete reviews. Some providers were also having issues with their Wi-Fi connectivity resulting in the inability to proceed with the audit. The health plan tried to address the issue by allotting some time for practice runs to allow the provider staff the chance to explore and use the technology and address any connectivity or unfamiliarity issues prior to the actual audit. Again, these providers opted to be placed on our postponed list which the health plan will address when the CSRs will go back to in person reviews.

F. Provider Credentialing and Ongoing Monitoring

Responsible Staff

QI Department

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 2020/2021 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 specialty 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 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 2020/2021 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 16, 2020 there were 79 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 10, 2020 there were a total of 31 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 12, 2020 there were 83 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 January 14, 2021 a total of 93 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. The following providers were presented during the January 2021 Peer Review as per the Medical Director's recommendations 1)-PMP000000000636, 2)-PMP000000001845, 3)-PMP000000000003 the providers were not up for recredentialing during this PR&C. During the PR&C held on March 11, 2021 a total of 62 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. The following provider/FQHC was presented during the March 2021 Peer Review as per the Medical Director's recommendations PMP000000000037. During the PR&C held on May 13, 2021 a total of 88 providers were recredentialed. Of these providers none met a category threshold for grievances or had their recredentiaing 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.
PMP0000000000946	1	0	Y	7/16/2020
PMP0000000030883	1	0	Y	7/16/2020
PMP0000000052623	1	0	Y	7/16/2020
PMP0000000008677	1	0	Y	7/16/2020
PMP0000000000372	6	0	Y	11/12/2020
PMP0000000000383	1	0	Y	11/12/2020
PMP0000000000139	1	0	Y	11/12/2020
PMP0000000000331	1	1	Y	11/12/2020
PMP0000000008461	0	1	Y	11/12/2020
PMP0000000000047	1	0	Y	11/12/2020
PMP0000000032670	1	0	Y	11/12/2020
PMP0000000050732	1	0	Y	11/12/2020
PMP0000000014744	1	0	Y	11/12/2020
PMP0000000014413	1	0	Y	11/12/2020
PMP0000000000626	14	0	Y	1/14/2021
PMP0000000001971	3	0	Y	1/14/2021
PMP0000000004911	5	0	Y	1/14/2021
PMP0000000017001	3	0	Y	1/14/2021
PMP0000000005662	1	1	Y	1/14/2021
PMP0000000000296	1	0	Y	1/14/2021
PMP0000000016908	1	0	Y	1/14/2021

PMP000000005984	1	0	Y	1/14/2021
PMP000000000952	1	0	Y	1/14/2021
PMP000000000833	1	0	Y	3/11/2021
PMP0000000017010	1	0	Y	3/11/2021
PMP000000000693	4	0	Y	5/13/2021
PMP0000000061086	3	0	Y	5/13/2021
PMP0000000059693	1	0	Y	5/13/2021
PMP0000000035379	1	0	Y	5/13/2021
PMP0000000005777	2	0	Y	5/13/2021
PMP0000000002199	2	0	Y	5/13/2021

Member Experience

G. Grievances, Appeals and PQIs

Responsible Staff

Ramanpreet Kaur

QI Supervisor

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 issued 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

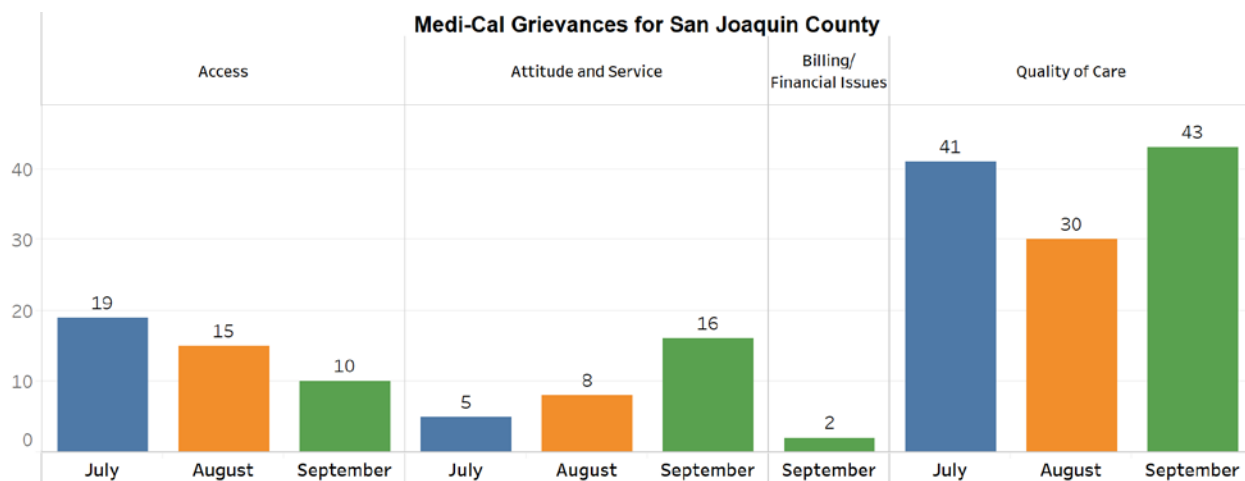
Membership	FY19-20	FY20-21
San Joaquin (SJ)	208,661	223,985
Stanislaus (ST)	129,086	140,201
Total	337,747	364,186

G.1.a GRIEVANCES

Quarter 1 (July 1 to September 30, 2020)

The Quality Management Department received a total of 318 grievances for the first quarter of the fiscal year, covering the period of July 1 to September 30, 2020. This breaks down to 189 cases from San Joaquin County and 129 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.

FY 20-21 Q1	SJ		ST	
	#	Per 1000	#	Per 1000
Access	44	0.20	36	0.25
Attitude & Service	29	0.13	13	0.09
Billing & Financial	2	0.01	3	0.02
Quality of Care	111	0.51	76	0.53
Quality of Practitioner Office Site	3	0.01	1	0.01
Total	189	0.87	129	0.89



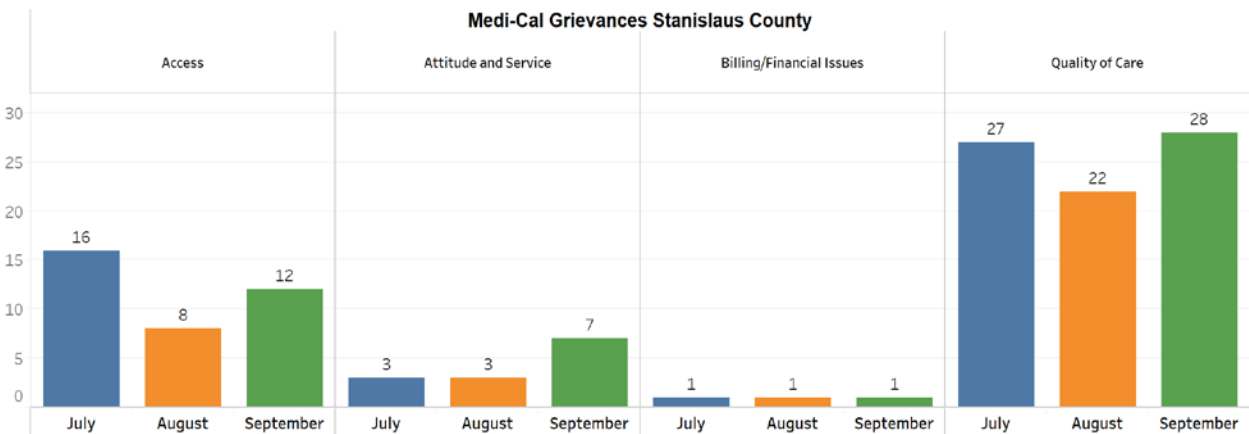
The combined number of grievances accounted for complaints against 94 providers from San Joaquin County. The leading categories are access, attitude and service, and quality of care. Based on review, identified trends were:

- The quality of care issues were related to member's disagreement with the provider's plan of care, delays in sending orders (authorizations, referrals to specialists and prescriptions to pharmacy, DME supplies).

- The access issues were related to providing appointments within standard timeframes, long telehealth wait times, rescheduling appointments, and telephone access issues.
- The quality of service issues were related to transportation related drivers' availability and rides being re-routed, and the dissatisfaction with providers/staff's attitude and service during encounters.

Department interventions for these grievances included the following:

- Case Management referrals for care coordination in some cases, QM nurse facilitating timely appointments.
- Education letters for providers regarding quality-of-care or Access issues found. Pertaining to grievance process, timely referrals, timely Rx orders and Timely Access Standards.



As for Stanislaus County, above graph shows the grievance categories received. These complaints accounted for issues addressed against 58 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), member's disagreement with provider's plan of care, providers not following the grievance process.
- The access to care issues were related to providing appointments within standard timeframes, office wait times, telephone related access issues.
- The quality of service issues were related to dissatisfaction with providers/staff's attitude and behavior, transportation services issues with drivers and re-routing rides, medical forms, DME related issues and dissatisfaction with the plan's staff.

Department interventions for these grievances included the following:

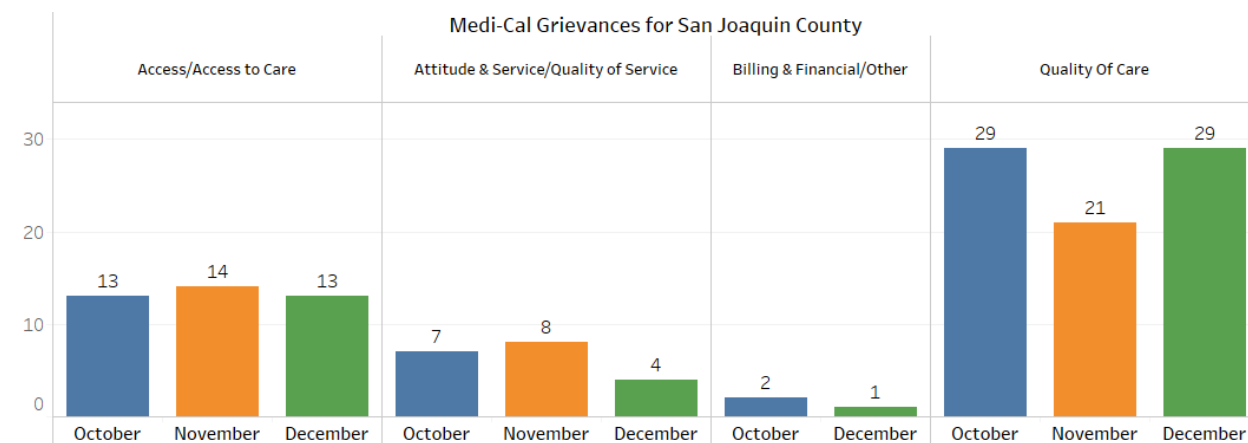
- Assistance from the quality team was provided with follow up for referrals and PA submissions.
- Escalation to the appropriate HPSJ department for further review or assistance. The grievances against The Plan's staff included coaching provided to individual staff member.
- Education letters for providers regarding QOC and access issues found.

Quarter 2 (October 1 to December 31, 2020)

For the second quarter of the fiscal year, covering the period of October 1 to December 31, 2020, the Quality Management Department received 256 grievances – 141 from San Joaquin County and 115 from Stanislaus County. The breakdown of these cases into categories was summarized below:

FY 20-21 Q2	SJ		ST	
	#	Per 1000	#	Per 1000
Access	40	0.18	29	0.21
Attitude & Service	19	0.09	8	0.06
Billing & Financial	3	0.01	6	0.04
Quality of Care	79	0.36	72	0.52
Quality of Practitioner Office Site	0	0.00	0	0.00
Total	141	0.64	115	0.83

San Joaquin County received grievances against 79 of its providers. The graph below depicts the category breakdown of these cases.

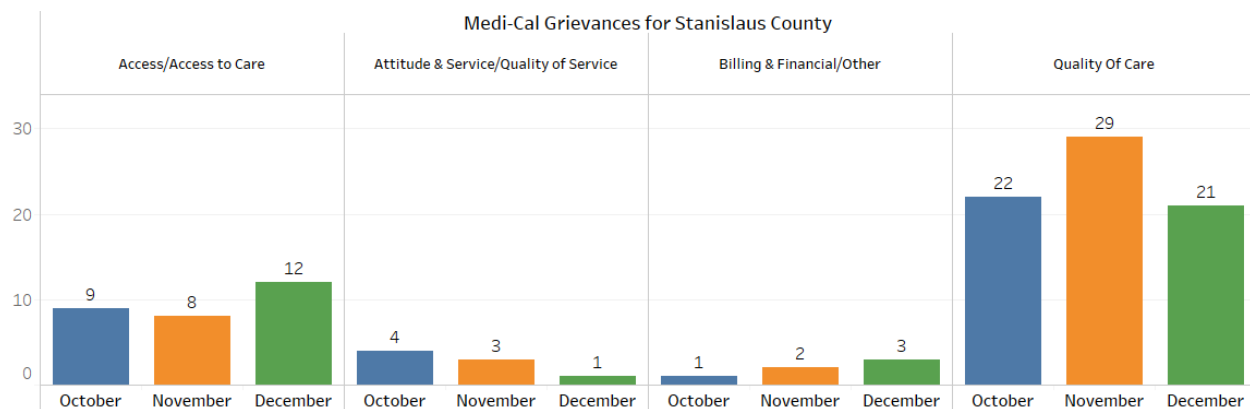


The review of above grievances led to the identification of these trends:

- The quality of care issues were related to delays in sending (authorizations, referrals, and prescriptions to the pharmacy), as well as members disagreement with the providers plan of care.
- The access to care issues were related to telephone access for appointment scheduling, long office wait times and office appointment scheduling outside the Timely Access Standard.
- The quality of service issues were related to transportation issues (scheduling, re-routing, drivers canceling), dissatisfactions against provider and office staff's related to attitude & service issues.

Stanislaus County received grievances against 79 of its providers. The graph below depicts the category breakdown of these cases.

As for Stanislaus County, the 115 grievances received were against 79 of its providers. The breakdown of these cases into categories is shown below:



The identified trends for this quarter in the above county are below:

- The quality of care issues were related to delays in sending orders (prescriptions, referrals).
- The access issues were related to delay in care due to telephone access related, rescheduling appointments, phone wait times issues and issues with the transportation that caused appointment access issues.
- The quality of service issues were related to complaints about dissatisfactions with assistance provided by employees or providers & staff, billing & financial related issues, and drivers through the transportation provider with delays in finding or re-routing a new driver.

Overall QM interventions rendered for this quarter were:

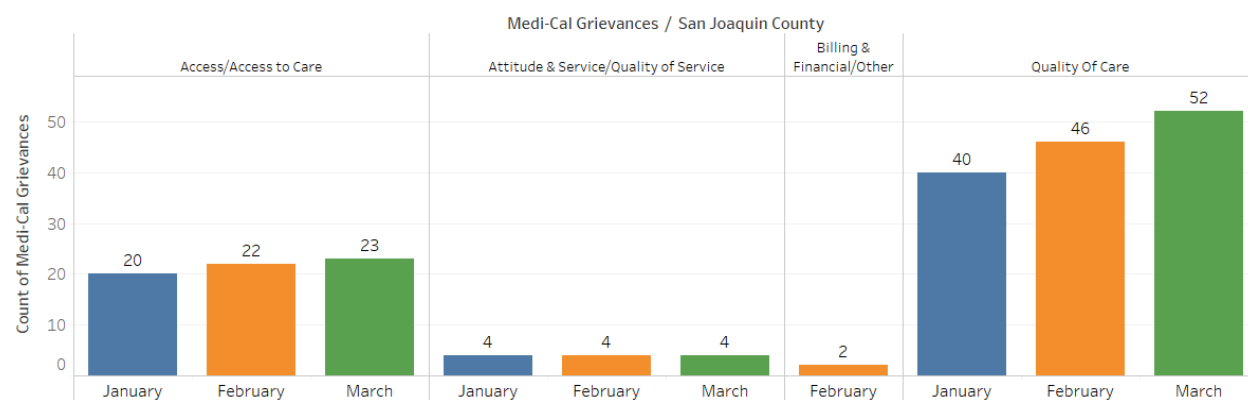
- Grievances against the Plan regarding staff members were addressed by coaching and educating the staff involved.
- Education letters for providers were sent to address the QOC and access related issues.

Quarter 3 (January 1 to March 31, 2021)

The Quality Management Department received a total of 368 grievances for the third quarter of the fiscal year, covering the period of January 1, 2021 to March 31, 2021. The table below shows that out of the 368 cases, 217 were from San Joaquin County and the remaining 151 were from Stanislaus County. Please refer below for category breakdown of the said grievances for both counties.

FY 20-21 Q3	SJ		ST	
	#	Per 1000	#	Per 1000
Access	65	0.29	37	0.26
Attitude & Service	12	0.05	9	0.06
Billing & Financial	2	0.01	2	0.01
Quality of Care	138	0.61	103	0.73
Quality of Practitioner Office Site	0	0.00	0	0.00
Total	217	0.96	151	1.07

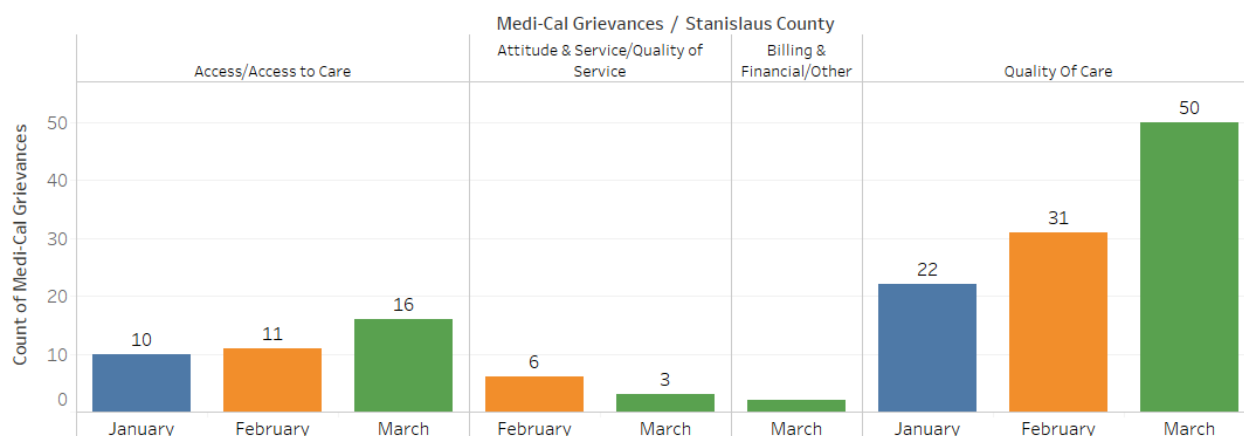
The San Joaquin County grievances were filed against 91 of its providers. Monthly category breakdown of cases is shown below.



The review of above cases led to the identification of the following trends:

- The quality of care issues were 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 set up outside the Timely Access standards, long office wait times, telephone access issues and, transportation issues with drivers cancelling the rides, drivers not showing up or showing up late and member's missing appointments.
- The quality of service issues were related to transportation services complaints with driver's attitude & behavior, dissatisfactions against providers & staff members and The Plan's employees as well.

Stanislaus County had grievances received against 85 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 were related to the members disagreement with the provider's plan of care, delays in referrals, and medication refill issues.
- The access to care issues were due to scheduling visits within the Timely Access Standards, long office wait times, and telephone access issues.
- The quality of service issues were mainly related complaints with attitude and behaviors of provider's/office staff and drivers through the transportation vendors.

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. Additionally, CM referrals were made to assist with coordination of care.

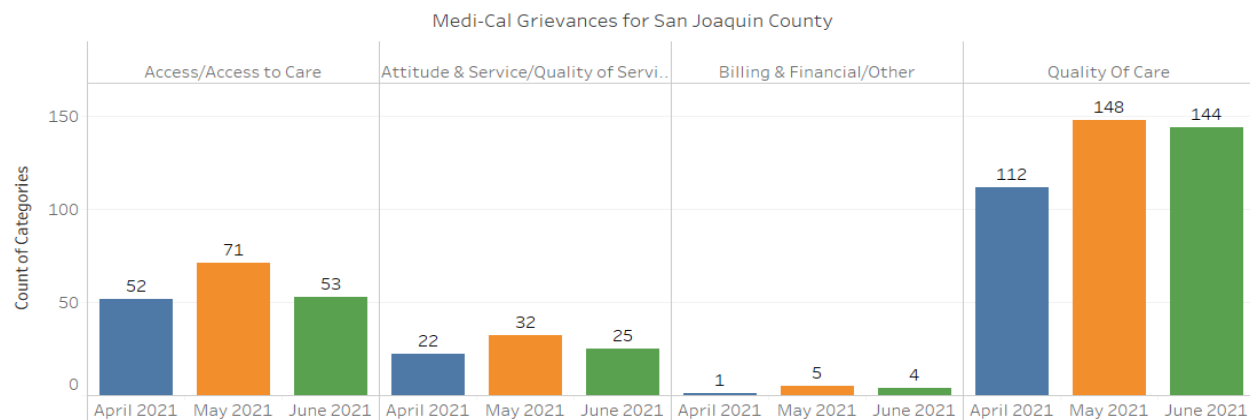
- The access issues found were addressed by securing an appointment with an alternate provider after a PCP change, sending education letters, and educating providers of the Timely Access Standards
- CAP against the transportation (NMT) provider in place.

Quarter 4 (April 1 to June 30, 2021)

For this last quarter of the fiscal year, covering the period of April 1 to June 30, 2021, the Quality Management Department received a total of 1139 grievances, from San Joaquin County 669 grievances and from Stanislaus County 470 grievances. Please refer below for the category breakdown of these grievances for each county.

FY 20-21 Q4	SJ		ST	
	#	Per 1000	#	Per 1000
Access	176	0.79	138	0.98
Attitude & Service	79	0.35	51	0.36
Billing & Financial	10	0.04	6	0.04
Quality of Care	404	1.76	275	1.90
Quality of Practitioner Office Site	*9	0.04	*8	0.06
Total	669	2.93	470	3.31

From San Joaquin County, the grievances received were against 222 of its providers. The graph below shows the category breakdown of received grievances on each month comprising this last quarter of the fiscal year.

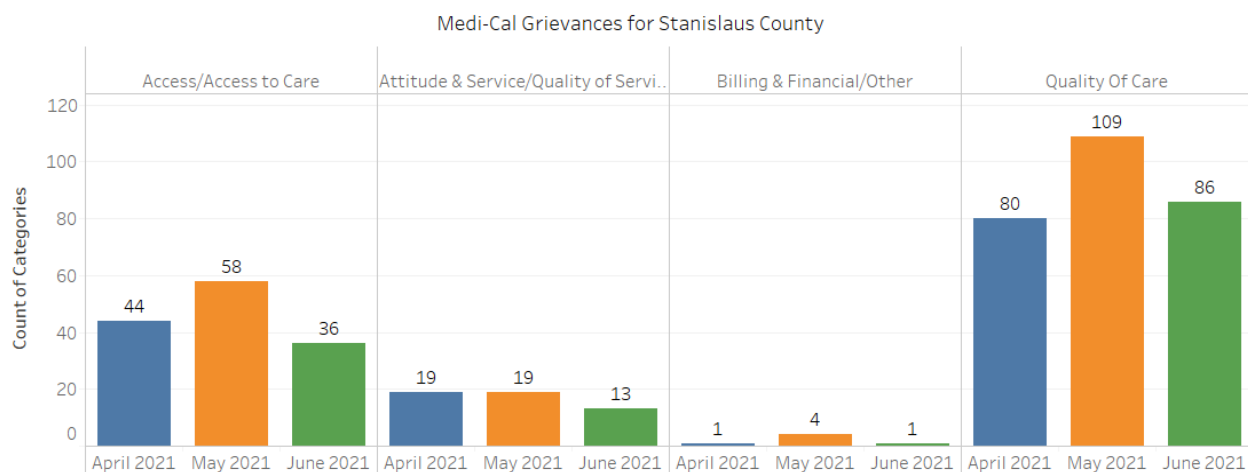


Out of the grievances received, the identified trends were:

- The quality of care issues were related to delays in sending orders out (authorizations, referrals, and prescriptions to the pharmacy), member's disagreement in the provider's care plan and 15 were escalated to PQI for further review.

- The access to care issues were related office appointment scheduling outside the Timely Access Standard timeframes, telephone access issues, long office wait times, and access issues created by NMT-transportation provider which caused members to miss appointments.
- The quality of service issues were related to transportation complaints against the drivers for attitude & behaviors, billing & financial issues, and providers office staff's attitude and behavior.

As for Stanislaus County, the received grievances were against 172 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 were related to issues with referrals, members disagreement with provider's plan of care, issues with pain medication disagreement, prescription refills issues and 13 were escalated to PQI for further review.
- The access to care issues were related to timely access appointments, telephone access, and adequacy in wait times for appointments. The complaints and disagreement with scheduling appointments.
- The quality of service issues were related complaints with attitude and behaviors from drivers through the transportation provider, drivers re-routing, showing up late for pickups, and billing & financial issues.

In summary, the interventions rendered by the Quality Management Department for this quarter included the following:

- 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.

- Plan's staff were educated on the processes relating to providing any information to the member.

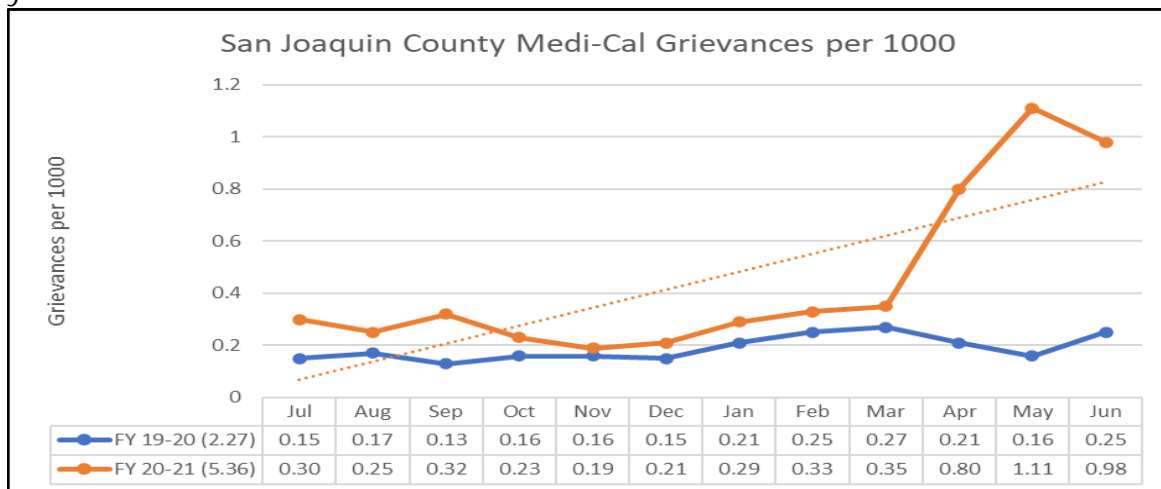
Comparison of Grievances for FY 2019-2020 and FY 2020-2021

San Joaquin and Stanislaus Counties

The summation of grievances from San Joaquin County for both past and current fiscal years was reviewed.

SJ Grievances		FY July 1, 2019- June 30, 2020		FY July 1, 2020- June 30, 2021		
Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	96	0.46	20%	325	1.45	27%
Attitude & Service	125	0.60	26%	139	0.62	11%
Billing & Financial	7	0.03	2%	17	0.08	1%
Quality of Care	250	1.20	52%	732	3.27	60%
Quality of Practitioner Office Site	0	0	0%	12	0.08	1%
Total	478	2.29	100%	1,225	5.42	100%
Grievance Appeals	0	0	0	0	0	0

The graph below shows that from a total number of 478 cases received in FY 2019-2020, an increase of 1,225 cases was noted for the FY 2020-2021. This accounts for an increase of 156.3 % of total grievances for SJ county for the year.



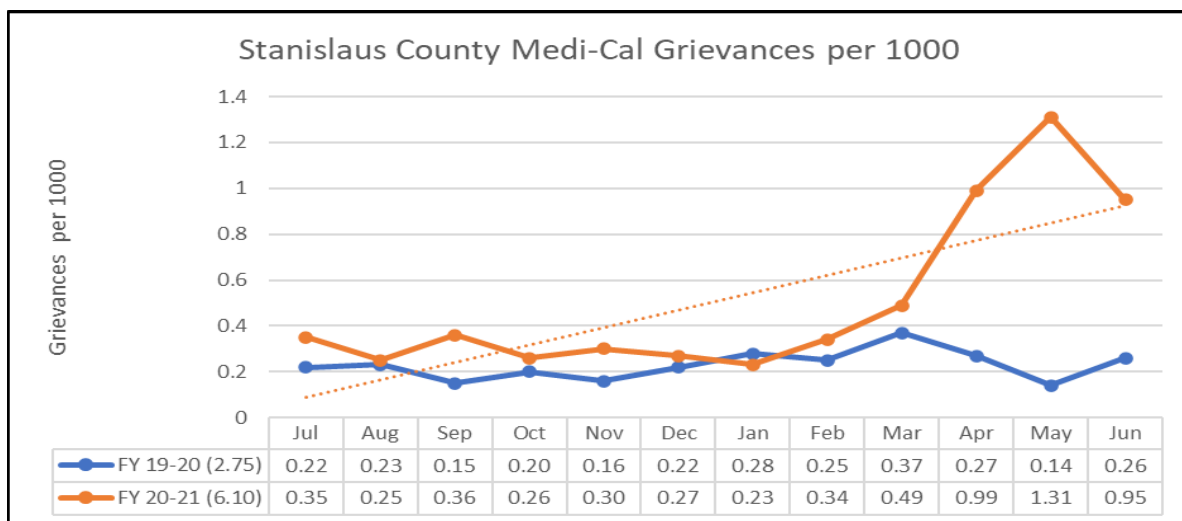
The graph on the previous page depicts the grievance trend for San Joaquin for the FY 2019-2020 and FY 2020-2021. The increase in grievances can be attributed to the following:

1) New grievance process change in April 2021

As for the Stanislaus County, the table below shows an increase in the total number of grievances from each fiscal year. Grievances increased from 356 cases in FY 2019-2020 to 865 grievances in FY 2020-2021.

This accounts for an increase of 143.0% of total grievances for SJ county for the year.

ST Grievances	FY July 1, 2019- June 30, 2020			FY July 1, 2020- June 30, 2021		
Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	68	0.53	19%	240	1.71	28%
Attitude & Service	93	0.72	26%	81	0.58	9%
Billing & Financial	6	0.05	2%	17	0.12	2%
Quality of Care	189	1.46	53%	527	3.75	61%
Quality of Practitioner Office Site	0	0	0%	15	0.11	2%
Total	356	2.75	100%	865	6.16	100%
Grievance Appeals	0	0	0	0	0	0



As depicted on the graph, Stanislaus County had an increase in grievances for FY 2020-2021 as compared to the previous fiscal year. The upwards trend can be attributed to the following:

- 1) New grievance process change in April 2021

G.1.b Potential Quality Issue (PQI)

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 (July 1 –September 30, 2020)

FY 20-21 Q1	SJ	ST
	#	#
July	2	3
August	3	1
September	3	1
Total	8	5

The Quality Management Department received a total of 13 PQIs for the first quarter of the year. There were 8 cases from San Joaquin County and 5 from Stanislaus County. Out of these cases, 4 were resolved in plan's favor and 9 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
- Lack of response from the provider

QM interventions rendered for this quarter based on the above cases include:

- Cases presented to Peer Review due to the outcome of the reviews regarding surgery complications and inpatient care.
- Education letters sent to the providers.
- Referrals to The Plan's Providers Services and Contracting departments.

Quarter 2 (October 1 to December 31, 2020)

FY 20-21 Q2	SJ	ST
	#	#
October	4	0
November	2	2
December	2	2
Total	8	4

The Quality Management department received a total of 12 PQI cases during this quarter: 8 from San Joaquin County and 4 from Stanislaus County. Out of these, 7 were resolved in plan's favor while 5 were closed in member's favor. There was no pattern or trend established from the following issues addressed:

- Complication caused by inpatient care
- Questionable quality of care during inpatient stay
- Lack of response from the provider
- Unsafe discharge from hospital
- Billing and financial issues

Interventions rendered for rectification include:

- Cases were recommended to be presented to Peer Review Committee.
- Providers were educated or had a plan in place to improve services.

Quarter 3 (January 1 to March 31, 2021)

FY 20-21 Q3	SJ	ST
	#	#
January	0	0
February	0	1
March	0	3
Total	0	4

For this quarter, the Quality Management Department received no PQIs from San Joaquin County and 4 from Stanislaus County. Out of these, 1 was resolved in plan's favor while 3 are still pending. There was no trend established for issues addressed during this quarter. However, the following issues were noted.

Unsafe hospital discharge

- Unsafe hospital discharge
- Complication caused by inpatient care
- Questionable quality of care during inpatient stay
- Billing and financial issue with provider

Quality Management interventions rendered for rectification of substantiated issues include:

- The PQI case closed in the plan's favor is being tracked and trended.

Quarter 4 (April 1 to June 30, 2021)

FY 20-21 Q4	SJ	ST
	#	#
April	4	5
May	11	5
June	13	8
Total	28	18

There was a total of 46 PQI cases received by the Quality Management Department during this quarter, 28 from San Joaquin County and 18 from Stanislaus for a total of 46 cases. All 6 cases were closed in the plan's favor and 40 cases are still pending review. There was a trend established for issues addressed during this quarter as some of these PQI's stemmed from grievances escalated for further review. The following issues were noted.

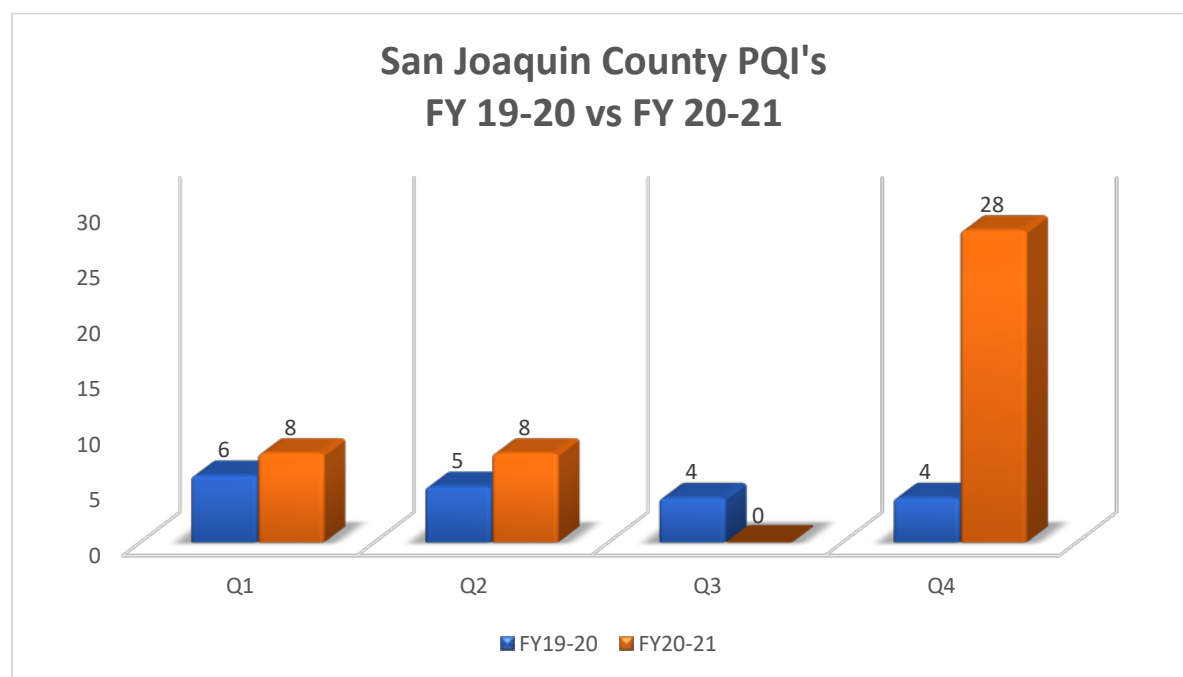
- Questionable quality of care during SNF stay

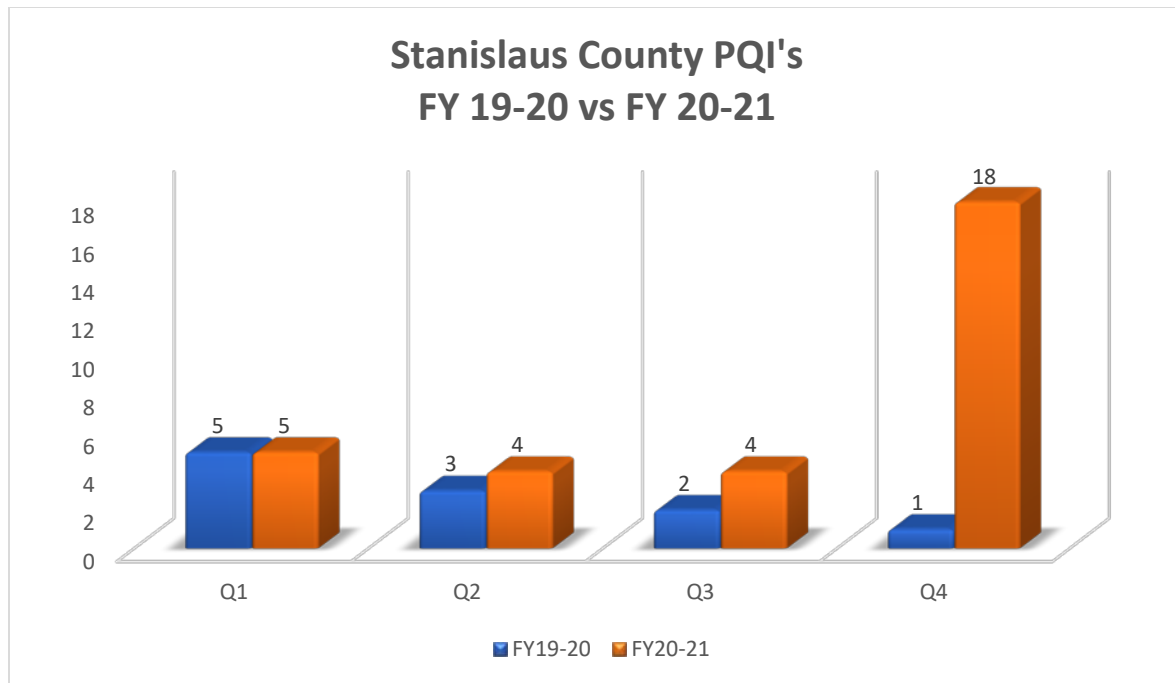
- Questionable quality of care
- Unsafe hospital discharge
- Complication caused by inpatient care or surgery

There are currently no interventions rendered by the QM department for the remainder of the 40 cases as these are still open pending review.

Comparison of PQIs - FY 2019-2020 and FY 2020-2021 for San Joaquin and Stanislaus Counties

The graphs below depict the comparison of PQIs received for each county during FY 19-20 and FY 20-21. It was noted that there was no particular trend or pattern established from both sources. Extreme variability was noted, and a correlation was not made.





The increase in PQI's can be attributed to the change in process the Quality team has made in the month of April 2021 for the grievance process. Additionally, it appears that more grievances were escalated for further review during the Q4 FY20-21 than previous quarters.

G.1.c CORRECTIVE ACTION PLANS

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.

Lyft was placed on a CAP per the recommendations from FY18-19Q2 Grievance Committee. The CAP request letter was sent to Lyft on 03/07/2019. Per Lyft-Healthcare Partnership point of contact responded to the CAP on 04/08/2019 with corrective measures to be implemented.

- Lyft 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.
- Lyft CAP summary was presented at Grievance committee on June 26, 2020. It was recommended by the committee that a discussion with Lyft include what actions Lyft is taking due to the increase in grievances.
- Meeting with Lyft's direct contact were set up to discuss interventions or recommendations from Lyft team due to increase grievances since CY2019-CY2020.
- It was recommended by Lyft 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%. Lyft recommended referencing their onboarding guide to mitigate rider no-shows.
- Lyft provided a list of Guidelines for Lyft Drivers to keep their Lyft 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 Lyft 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 Lyft platform.
- Lyft has initiated a Health Safety Program this requires drivers to wear face coverings, and violations to these rules will lead to suspension of the driver/riders from using Lyft.
- Lyft direct contact has advised they are monitoring supply and demand; they have noticed a trend that as vaccine access increases their

demand has also increased. However, their supply of drivers has not increase at the same rate. Therefore, Lyft has advised HPSJ they created a task force with over 100 employees across driver loyalty, local market ops, economics, data science, engineering and health & safety to find ways to get drivers on the road safely.

Per Lyft CAP update their supply initiative includes the following: 1) Increase Driver Supply/Lower the lapse rate through driver comms, bonuses, new driver onboarding, in-app driver comms 2) Analyze supply levers to reduce driver ETAs and ride completion rates 3) Specific initiatives for healthcare rides Health and Safety Initiatives.

Quarter 1 (July 1 to September 30, 2020)

The Quality Management department did not issue any CAPs for this period.

Quarter 2 (October 1 to December 31, 2020)

The Quality Management department did not issue any CAPs for this period.

Quarter 3 (January 1 to March 31, 2021)

The Quality Management department did not issue any CAPs for this period.

Quarter 4 (April 1 to June 30, 2021)

The Quality Management department did not issue any CAPs for this period.

G.1.d APPEALS

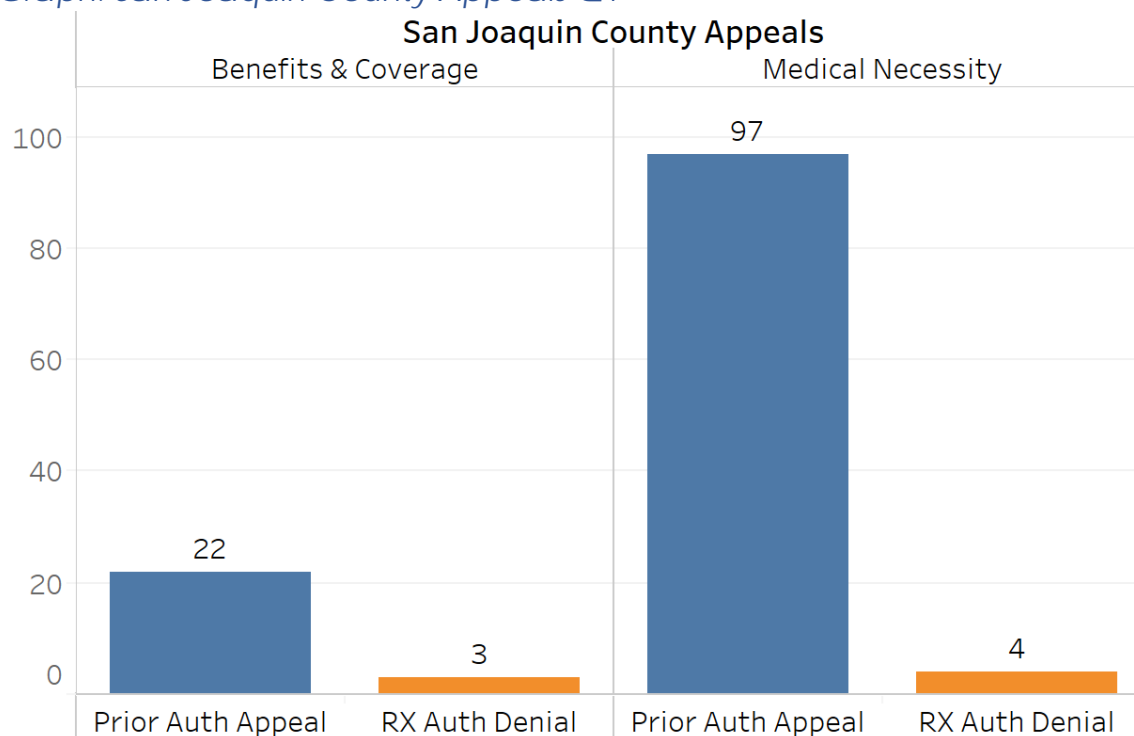
This report consists of members' or physicians' appeals on the member's behalf, for a denied or limited service decision.

Quarter 1 (July 1 to September 30, 2020)

The Quality Management department received a total of 208 appeals for this period. There were 126 appeals from San Joaquin County and 82 from Stanislaus County. The appeals from both counties were broken down to two categories namely:

- Pharmacy Authorization appeals
- Prior authorization appeals

Please see the following pages for category breakdown of appeals from each county:

Graph: San Joaquin County Appeals Q1

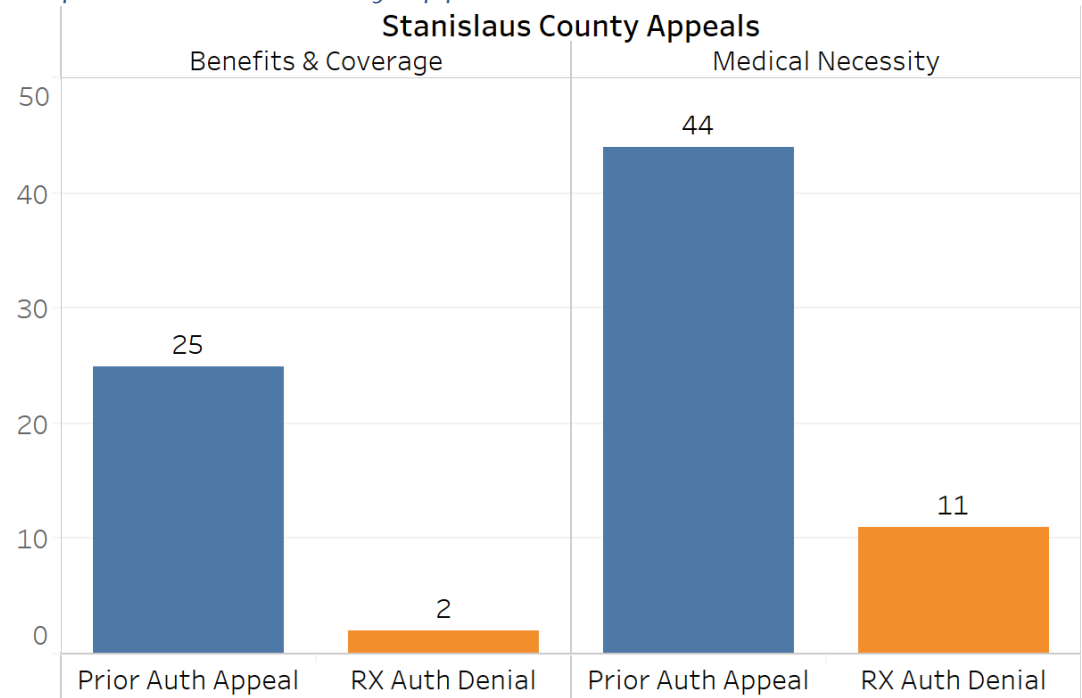
For San Joaquin County, there were 126 appeals received of which 5.56% were for related to pharmacy authorization and 94.44% was prior authorization appeals. Pharmacy authorization appeals comprised of 3 appeals for benefit and coverage and 4 cases for medical necessity. As for the prior authorization cases, 22 were related to benefits and coverage with the remaining 97 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 Physical Therapy (87) or 69% and (41) or 47% of these were attributed to one provider. Genetic Testing, Dental Anesthesia and out of network providers Stanford (6), Genetic Testing and CPAPs.

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 126 appeals from this county, 34 (27% or 0.16 per1000) were overturned. 31 prior authorization cases were overturned for additional information provided and 1 was

overturned for COC. Pharmacy appeals 2 were overturned for meeting Medical necessity.

Graph: Stanislaus County Appeals Q1



For Stanislaus County, there were 82 appeals received. 13 or 16% were pharmacy authorization denials and 69 or 84% were prior authorization requests. Pharmacy authorization appeals consisted of 2 cases related to benefits and Coverage and 11 for Medical Necessity. Prior Authorization appeals consisted of 25 cases related to benefits and coverage and 44 related to medical necessity. Appeal trends identified were:

- No Pharmacy Trends identified
- Prior Authorization Appeals trends included: Physical Therapy (31); Stanford Office Visits (9); UCSF Office Visits (3).

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 82 appeals, 27 (33% or 0.20 per 1000) were overturned. 19 prior authorization appeals were approved and overturned based on additional information provided with the appeal. 1 was a DME item which was approved as these services met medical necessity for benefit override. 2 were for COC based on additional information received,

5 pharmacy appeals were overturned based on additional information received with the appeal.

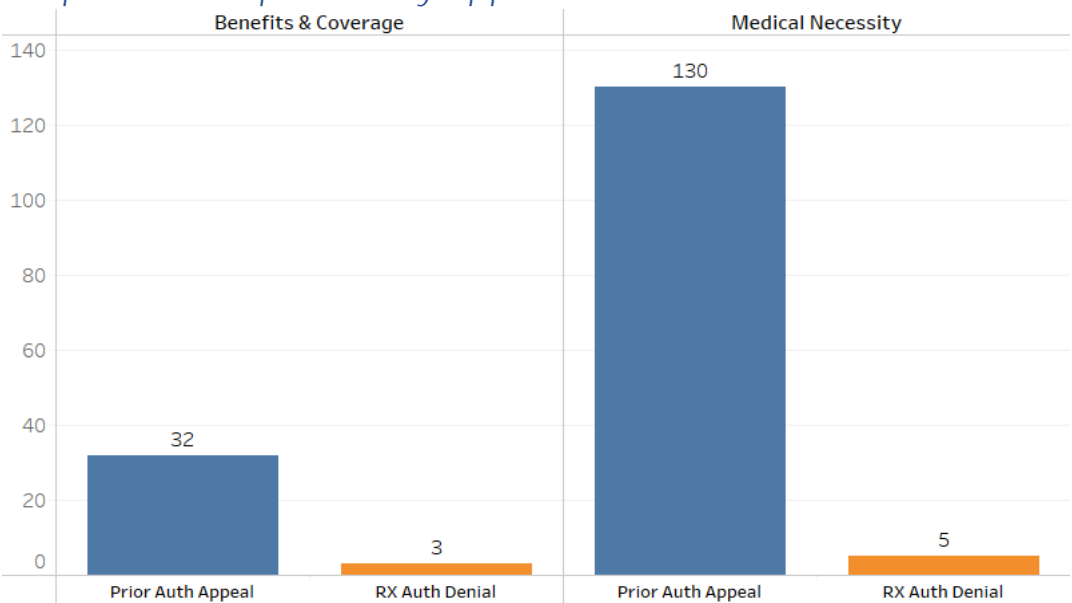
Quarter 2 (October 1 to December 31, 2020)

For this quarter, there were 226 appeals received by the QM Department. Out of these, 170 cases were from San Joaquin County and 56 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:

Graph: San Joaquin County Appeals Q2



For San Joaquin County, there were 170 appeals received, comprised of (8) or 4.7% pharmacy authorization related cases and (162) or 95.3% cases related to prior authorization (this includes COC). Pharmacy authorization appeals were further broken down to 3 benefits and coverage cases and 5 medical necessity cases. As for prior authorization appeals, 32 were related to benefits and coverage while 130 involved medical necessity. Trends identified included the following:

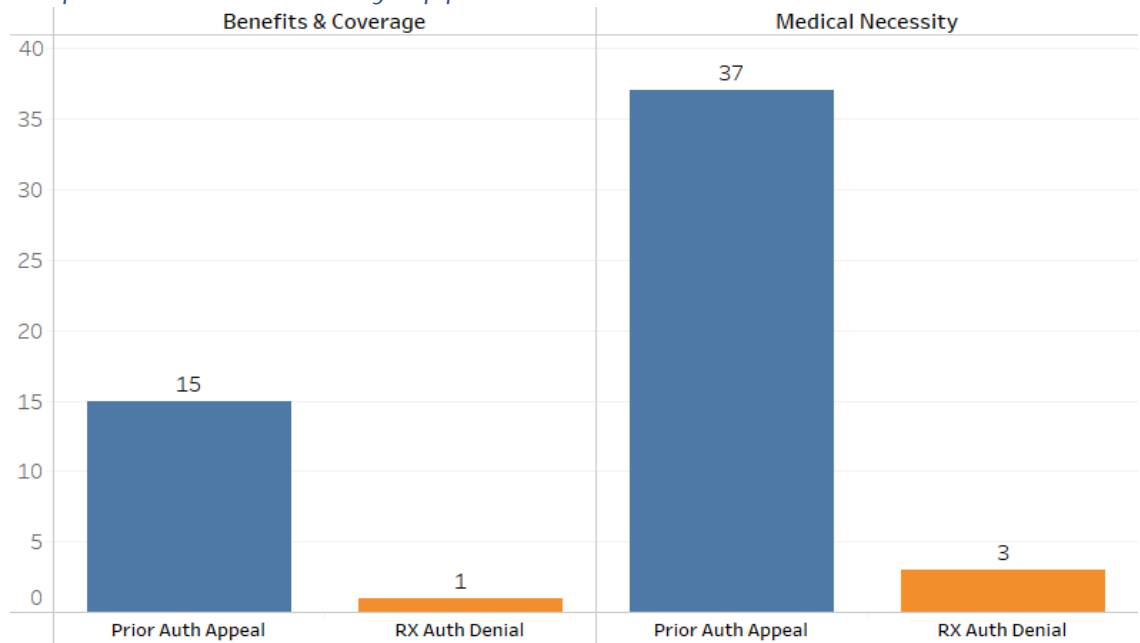
- Pharmacy Appeals: Cholesterol lowering medications and Humira

- Prior authorization trends were Physical Therapy largely attributed to one provider, for tertiary facilities with no one specific facility identified, durable medical equipment varied.

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 170 appeals, 33 (19% or 0.15 per 1000) were overturned. For pharmacy authorizations, 1 was overturned based on the additional information provided with the appeal. 32 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. 4 of these approvals were for DME items that met medical necessity for benefit override and 4 met for Continuity of Care.

Graph: Stanislaus County Appeals Q2



From Stanislaus County, there were 56 appeals received of which (4) or 7% were pharmacy authorization related and (52) or 93% were related to prior authorization requests. Pharmacy authorization appeals (4) were further broken down to 1 case related to benefits and coverage and (3) cases related to

medical necessity. Out of 52 prior authorization request appeals, 15 were related to benefits and 37 were related to medical necessity.

- No Pharmacy Appeal trends were identified.
- Prior authorization appeal trends: Physical Therapy and various durable medical equipment

There main denial reasons for prior authorization appeals not meeting medical necessity criteria.

Out of 56 appeals, only 15 (27% or 0.11 per 1000) were overturned. No pharmacy authorizations were overturned. 13 prior authorizations were overturned approved based on additional information provided with the appeal that was not available on the original request. 1 was based on NMR review and 1 was overturned for meeting continuity of Care.

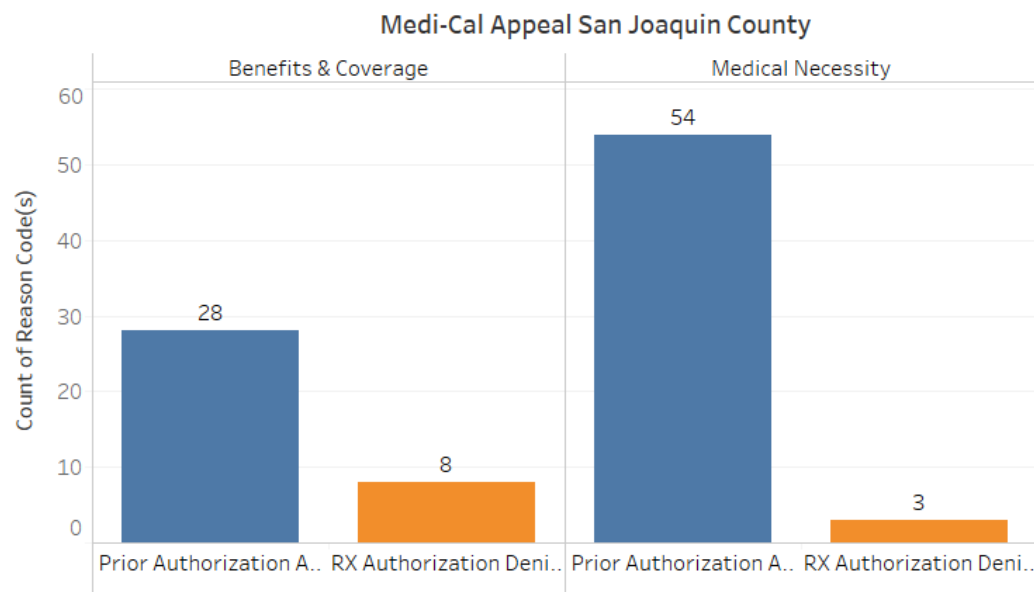
Quarter 3 (January 1 to March 31, 2021)

The Quality Management Department received 150 appeals during this period. There were 93 cases from San Joaquin County and 67 cases from Stanislaus County. These appeals were broken down to 2 categories namely

- Prior authorization denials
- Pharmacy authorization appeals

The category breakdown of appeals received from both counties is shown below:

Graph: San Joaquin County Appeals Q3



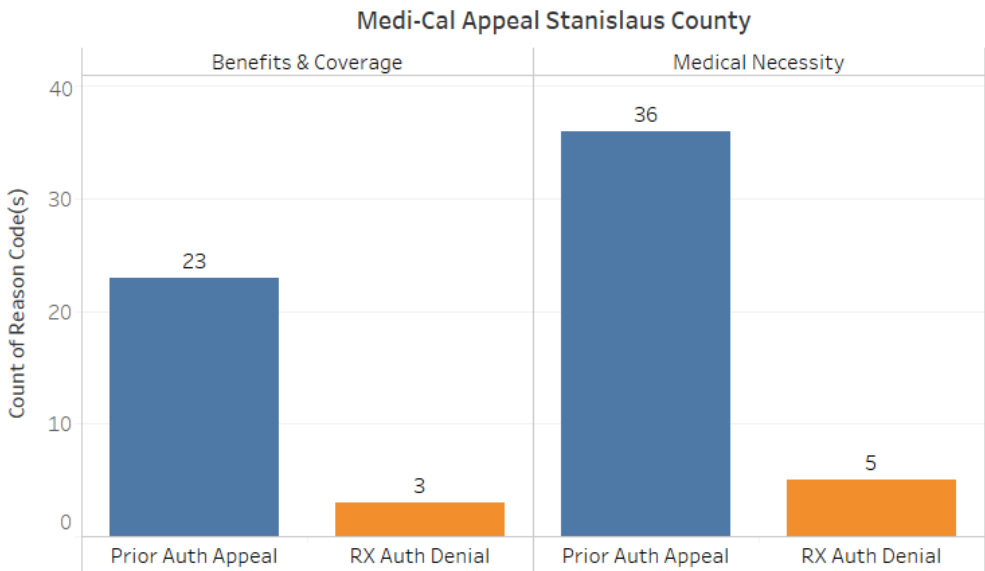
For San Joaquin County, there were 93 appeals received which consisted of (84) or 90.3% prior authorization appeals, (9) or 9.7% pharmacy related appeals. Pharmacy authorization (4) appeals included 7 benefits and coverage cases and 2 cases related to medical necessity. For prior authorization appeals, there were 29 benefits and coverage cases as well as 55 cases related to medical necessity.

Trends identified were:

- No trends were identified for Pharmacy related appeals
- For Prior Authorization appeals the trend continued to be Physical Therapy Non-Contracted facilities (Stanford and out of area providers).

Denial reasons for these appeals were not meeting the criteria. Out of the total 93 appeals from this county, 23 (25% or 0.10 per1000) were overturned. (17) prior authorizations were approved. (13) of these were overturned based on meeting medical necessity and (2) were for COC. For pharmacy appeals there were (6) overturned. # were based on additional information provided.

Graph: Stanislaus County Appeals Q3



For Stanislaus County, there were a total of 67 appeals received for the quarter, comprised of (60) or 90% prior authorization appeals, and (7) or 10% pharmacy authorization cases. These were further broken down to 37 of medical necessity and 23 of benefits and coverage for prior authorization cases, 3 benefits and coverage related and 4 medical necessity for pharmacy authorization appeals. Appeal trends identified were:

- Prior authorization appeal trends: Physical Therapy, Non-Contracted facilities (Stanford), Non preferred facilities (UCSF was the highest tertiary facility identified), Genetic Testing and Back braces.
- Pharmacy appeal trend was for pain medication

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). Out of 67 appeals, 17 (25% or 0.12 per 1000) were overturned. 9 prior authorization appeals were approved and overturned based on additional information provided with the appeal. 2 were overturned for COC.

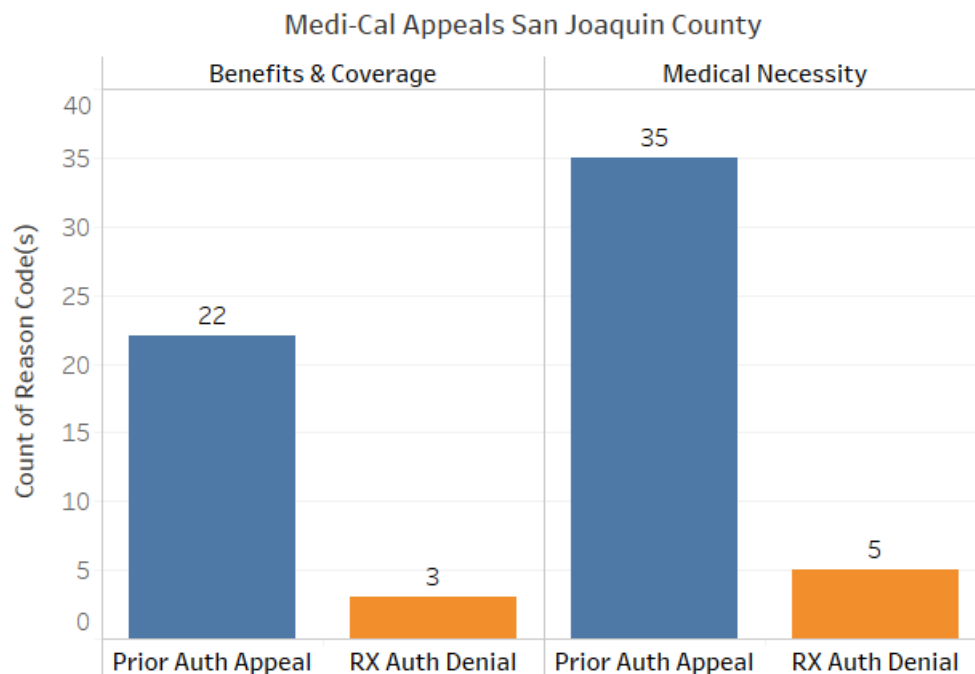
Quarter 4 (April 1 to June 30, 2021)

For this quarter, there were 125 appeals received by the QM Department. Out of these, 65 cases were from San Joaquin County and 60 were from Stanislaus County. 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:

Graph: San Joaquin County Appeals Q4



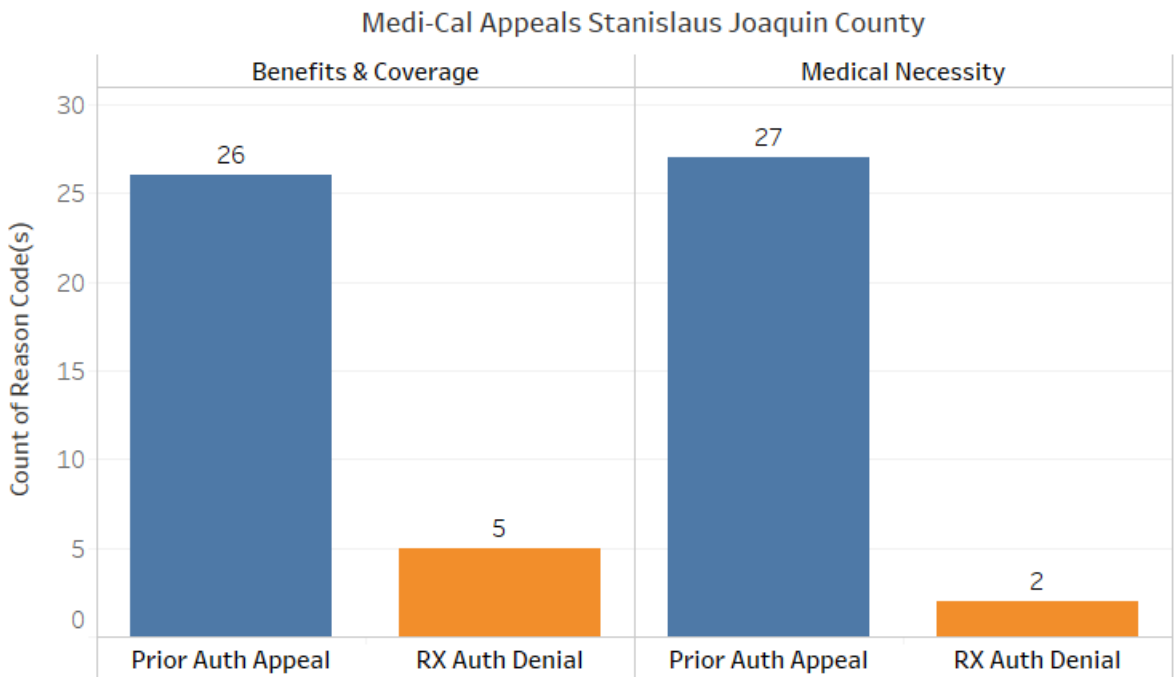
For San Joaquin County, there were 65 appeals received which consisted of (57) or 88% prior authorization appeals, (8) or 12% pharmacy related cases. We received no appeals related to continuity of care (COC). Pharmacy authorization appeals included 3 benefits and coverage cases and 5 cases related to medical necessity. For prior authorization appeals, there were 22 benefits and coverage cases as well as 35 cases related to medical necessity.

Trends established were:

- There were no Pharmacy trends identified
- UM Trends were Physical Therapy (16) non-preferred provider UC Davis (5), Out of Network provider Stanford (5) and Various durable medical equipment (5).

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 65 appeals from this county, 21 (32% or 0.09 per1000) were overturned. 19 prior authorizations were approved. 18 of these were overturned based on meeting medical necessity and 1 was for COC. For pharmacy appeals, there were 2 overturned and they were based on additional information provided.

Graph: Stanislaus County Appeals Q4



For Stanislaus County, there were 60 appeals received. (7) or 12% were related to Pharmacy appeals of which (5) cases were related Benefits and coverage

and (2) were related to Medical Necessity. (53) or 88% were prior authorization request appeals, (26) were related to benefits and coverage and (27) were related to Medical Necessity. Appeal trends identified were:

- No pharmacy trends were identified
- Physical Therapy remained the highest trend
- Out of network – Stanford (9)
- Various Durable Medical

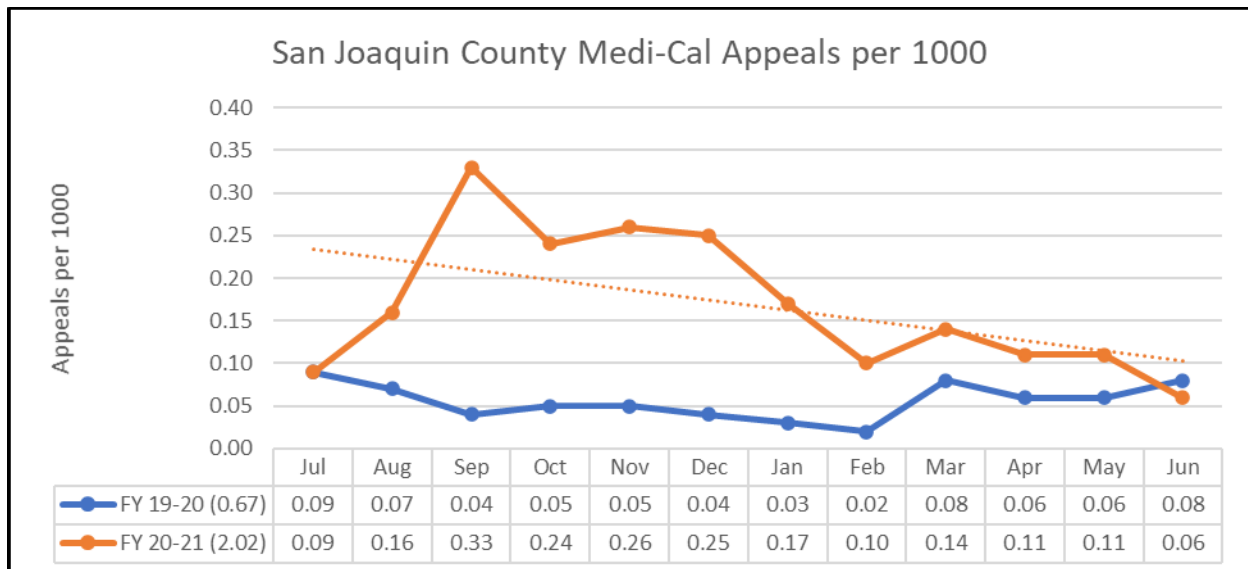
Pharmacy authorization denials were due to not meeting P&T criteria and non-formulary. For prior authorization appeals the highest contributors was not meeting medical necessity criteria, over the benefit limits and non-contracted facility/provider. Out of 60 appeals, 17 (28% or 0.12 per 1000) were overturned. (14) prior authorization appeals were approved. (10) of these were overturned based on meeting medical necessity and (4) were overturned for COC. (3) pharmacy appeals were overturned based on meeting medical necessity based additional information provided.

Summary

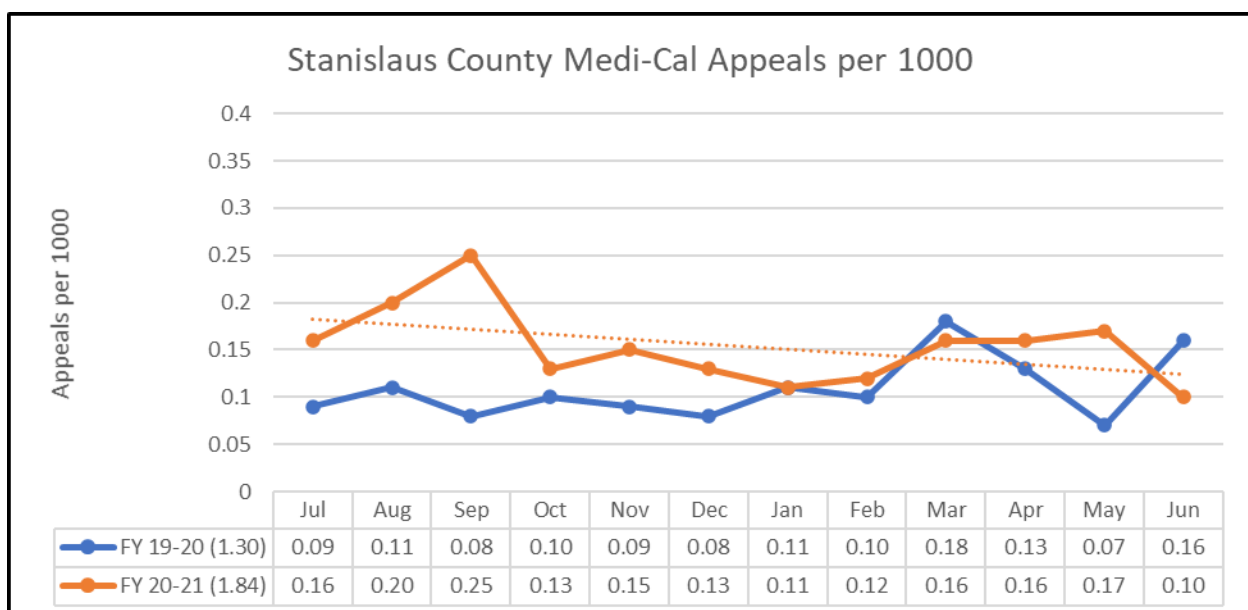
Overall, there was an increase in UM Prior Authorizations appeals in Q1, Q2 and Q3 which began to decrease at the end Quarter 4 and an overall decrease in pharmacy appeals. The UM Appeal increase can be attributed to:

- 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 Physical Therapy authorization process change in UM approval decrease from the 75th percentile of the MCG down to 25th percentile in June (Which caused an increase in UM Prior Authorization Appeals beginning in June 2020).

SJ Appeals		FY July 1, 2019 - June 30, 2020		FY July 1, 2020 - June 30, 2021		
Category	Total Appeals	Appeals per 1000	% of Total Appeals	Total Appeals	Appeals per 1000	% of Total Appeals
Benefits & Coverage	67	0.32	45%	121	0.54	27%
Medical Necessity	82	0.39	55%	333	1.49	73%
Total	149	0.71	100%	454	2.03	100%



ST Appeals	FY July 1, 2019- June 30, 2020			FY July 1, 2020- June 30, 2021		
Category	Total Appeals	Appeals per 1000	% of Total Appeals	Total Appeals	Appeals per 1000	% of Total Appeals
Benefits & Coverage	86	0.6	55%	100	0.71	38%
Medical Necessity	86	0.6	45%	165	1.18	62%
Total	172	1.33	100%	265	1.89	100%



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:

FY 20-21	San Joaquin County				Stanislaus County				Grand Total
IMR	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Overturned	1		2	1	1		1		6
Partially Overturned					1				1
Plan-In Compliance	4	2	1	4	3	3		2	19
Plan-Out of Compliance									0
Return to Plan		1	4	1	1	2	1		10
Reviewed/Closed	4	4	3	2		1		1	15
Upheld		1	2	2		1		2	8
Total	9	8	12	10	6	7	2	5	59

Quarter 1 - July 1, 2020 to September 30, 2020

- There was a total of 15 IMR's received by the QM Department for this quarter. Out of these cases, 9 were from San Joaquin County and 6 were from Stanislaus County.
- For San Joaquin County, 1 case was Overturned, 4 cases were In Compliance, and 4 cases were Reviewed & Closed.
- For Stanislaus County, 1 case was Overturned, 1 case was Partially Overturned, 3 cases were In Compliance, and 1 case was Returned to Plan.

Quarter 2 – October 1, 2020 to December 31, 2020

- There was a total of 15 IMR's received by the QM Department for this quarter. Out of these cases, 8 were from San Joaquin County and 7 were from Stanislaus County.
- For San Joaquin County, 2 cases were In Compliance, 1 case was Returned to Plan, 4 cases were Reviewed & Closed, and 1 case was Upheld.

- For Stanislaus County, 3 cases were In Compliance, 2 cases were Returned to Plan, 1 case was Reviewed & Closed, and 1 case was Upheld.

Quarter 3 - January 1, 2021 to March 31, 2021

- There was a total of 14 IMR's received by the QM Department for this quarter. Out of these cases, 12 were from San Joaquin County and 2 were from Stanislaus County.
- For San Joaquin County, 2 cases were Overturned, 1 case was In Compliance, 4 cases were Returned to Plan, 3 cases were Reviewed & Closed, and 2 cases were Upheld.
- For Stanislaus County, 1 case was Overturned, and 1 case was Returned to Plan.

Quarter 4 - April 1, 2021 to June 30, 2021

- There was a total of 15 IMR's received by the QM Department for this quarter. Out of these cases, 10 were from San Joaquin County and 5 were from Stanislaus County.
- For San Joaquin County, 1 case was Overturned, 4 cases were In Compliance, 1 case was Returned to Plan, 2 cases were Reviewed & Closed, and 2 cases were Upheld.
- For Stanislaus County, 2 cases were In Compliance, 1 case was Reviewed & Closed, and 2 cases were Upheld.

Summary

Overall, a total of 59 IMR's were received by the QM Department for FY 20-21. Out of these cases, 39 were from San Joaquin County and 20 were from Stanislaus County.

For San Joaquin County, 4 cases were Overturned, 11 cases were In Compliance, 6 were Returned to Plan, 13 cases were Reviewed & Closed, and 5 cases were Upheld.

For Stanislaus County, 2 cases were Overturned, 1 case was partially Overturned, 8 cases were In Compliance, 4 cases were Returned to Plan, 2 cases were Reviewed & Closed, and 3 cases were Upheld.

IMR trends identified for FY 20-21 are:

- IMR received for Delegated entities
- Physical Therapy
- Non-PAR services
- Timely Access Specialists, i.e., Neurologist, Rheumatologist,

- Various DME Items
- Surgery Approval
- Billing Issues
- 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.

FY 2021	San Joaquin County				Stanislaus County				Grand Total
SFH	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Dismissed/Non-Appearance		2		1	1			1	5
Overtured		2					1		3
Partially Overtured	1								1
Redirected	2								2
Reviewed & Denied	3	3				3			9
Upheld			1	2	2				5
Withdrawn	1		6	1	1		1		10
Total	7	7	7	4	4	3	2	1	35

Quarter 1- July 1, 2020 to September 30, 2020

- There was a total of 11 SFH's held during this quarter, 7 from San Joaquin County and 4 from Stanislaus County.
- For San Joaquin County, 1 case was Partially Overtured, 2 cases were Redirected, 3 cases were Reviewed & Denied, and 1 case was Withdrawn.
- For Stanislaus County, 1 case was Dismissed/Non-Appearance, 2 cases were Upheld, and 1 case was Withdrawn.

Quarter 2 – October 1, 2020 to December 31, 2020

- There was a total of 10 SFH's held during this quarter, 7 from San Joaquin County and 3 from Stanislaus County.
- For San Joaquin County, 2 cases were Dismissed/Non-Appearance, 2 cases were Overtured, and 3 cases were Reviewed & Denied.

- For Stanislaus County, 3 cases were Reviewed & Denied.

Quarter 3 – January 1, 2021 to March 31, 2021

- There was a total of 9 SFH's held during this quarter, 7 from San Joaquin County and 2 from Stanislaus County.
- For San Joaquin County, 1 case was Upheld, and 6 cases were Withdrawn.
- For Stanislaus County, 1 case was Overturned, and 1 case was Withdrawn.

Quarter 4 – April 1, 2021 to June 30, 2021

- There was a total of 5 SFH's held during this quarter, 4 from San Joaquin County and 1 from Stanislaus County.
- For San Joaquin County, 1 case was Dismissed/Non-Appearance, 2 cases were Upheld, and 1 case was Withdrawn.
- For Stanislaus County, 1 case was Dismissed/Non-Appearance.

Summary

Overall, a total of 35 SFH's held during FY 20-21. Out of these cases, 25 were from San Joaquin County and 10 were from Stanislaus County.

For San Joaquin County, 3 cases were Dismissed/Non-Appearance, 2 cases were Overturned, 1 case was Partially Overturned, 2 cases were Redirected, 6 cases were Reviewed & Denied, 3 cases were Upheld, and 8 cases were Withdrawn.

For Stanislaus County, 2 cases were Dismissed/Non-Appearance, 1 case was Overturned, 3 cases were Reviewed & Denied, 2 cases were Upheld, and 2 cases were Withdrawn.

SFH trends identified for FY 20-21 are:

- Non- PAR services
- Physical Therapy
- Pharmacy request/medications
- Various DME Items
- Billing Issues

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

Responsible Staff

Kathleen Dalziel

Director, HEDIS and NCQA Accreditation

Introduction

Health Plan of San Joaquin (HPSJ) is committed to ensuring enrollees experience with HPSJ health plan providers and systems are evaluated annually. Once evaluated, opportunities to improve coordination of care and access to care, tests and treatment are identified and acted on. The methods used to evaluate member experience are an annual survey of member experience for both adult and child populations as well as an annual evaluation of grievance and appeal trends by quarter. All results are reflective of measurement year 2020, fielded and reported in 2021.

Survey Methodology

HPSJ contracted with an NCQA accredited survey vendor, Symphony Performance Health (SPH) to complete both Adult and Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. HPSJ analyzed the responses to the CAHPS 5.1H composites and questions to assess member experience with health plan providers and systems as well as identify opportunities for improvement. The 5.1H survey instrument added telehealth to access questions.

Due to the timing of the 2021 CAHPS survey fielding, HPSJ believes the conditions surrounding COVID-19 shelter in place negative impacts to response rates are evident.

Medicaid Adult Survey

Medicaid Adult CAHPS Survey Response Rate

- In both 2020 and 2021, 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.

2700 Surveys Sent	2019	2020	2021
Completed Surveys	504	422	377
Overall Response Rate	20.10%	15.80%	14.10%

- Of the 377 respondents, the following demographics are noted.
- There were 235 female and 131 males responding and of those respondents 229 were 45 years or older in age.
- Most respondents were Latino (163) followed closely by White (159) and of note 17 respondents were American Indian or Alaska Native.
- Of the respondents, 212 have a high school education or less.
- Self-reported physical health status of respondents: 134/377 (35%) report excellent or very good health, and the remaining respondents were equally split between good (114/377) and fair to poor health (116/377). These results are very similar to 2020.
- Self-reported behavioral health status of respondents: 157/377 (41.6%) report excellent or very good emotional/behavioral health, the remaining respondents report good (109/377) and (97/377) fair to poor. Respondents who reported excellent or very good emotional health is down by 3.5% from 2020.

Medicaid Adult CAHPS Trend Analysis

Domain Performance	2019	2020	2021	20-21 Rate Change	2020 Compass All Plans	Percentile Rank
Rating of All Health Care	64.7%	68.3%	67.9%	-0.4%	76.4%	5th
How Well Doctors Communicate Composite	85.3%	87.3%	85.9%	-1.4%	93.2%	<5th

Domain Performance	2019	2020	2021	20-21 Rate Change	2020 Compass All Plans	Percentile Rank
Getting Care Quickly Composite	72.3%	74.9%	69.7%	-0.4%	76.4%	5th
Getting Needed Care Composite	74.0%	78.8%	81.8%	+2.3%	83.0%	25th
Rating of Health Plan	68.0%	77.6%	74.5%	-3.1%	78.5%	16th
Rating of Personal Doctor	72.2%	74.1%	74.2%	+0.1%	83.5%	<5th
Rating of Specialist Seen Most Often	78.1%	77.4%	80.8%	+3.4%	83.9%	20th
Customer Service Composite	85.6%	90.1%	84.9%	-5.2%	89.3%	6th

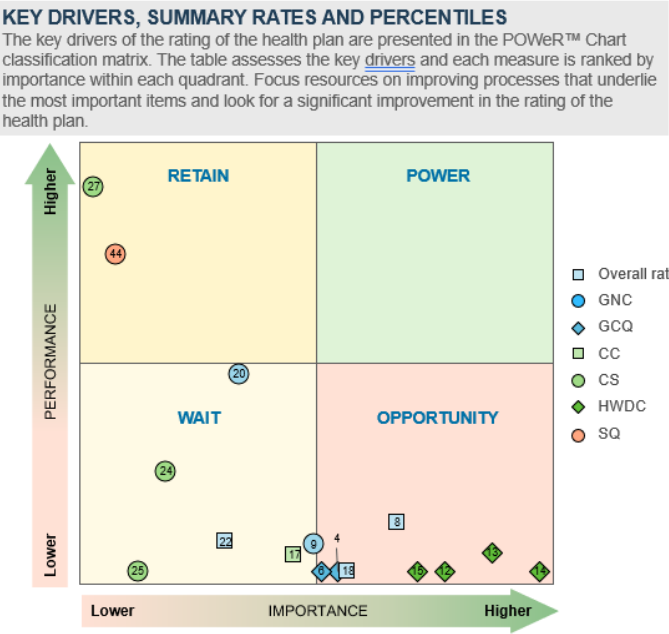
Quantitative Analysis

- Ratings are taken from result responses 8, 9 and 10 on a scale of 1-10. In 2021, 3/8 domains scored higher than 2020. When compared to 2019, 7/8 measures outperformed and getting care quickly is trending lower three years in a row.
- Of note half of the composites are at or below the 5th percentile.

Key Drivers

SURVEY MEASURE		SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
None				
OPPORTUNITY				
Q14	Dr. showed respect	88.1%	<5 th	1
Q13	Dr. listened carefully	88.0%	6 th	1
Q12	Dr. explained things	84.9%	<5 th	1
Q15	Dr. spent enough time	82.7%	<5 th	1
Q8	Health care overall	53.2%	13 th	2
Q18	Personal doctor overall	59.9%	<5 th	1
Q4	Got urgent care	69.5%	<5 th	1
Q6	Got routine care	69.5%	<5 th	1
WAIT				
Q9	Got care/tests/treatment	80.0%	8 th	1
Q17	Dr. informed about care	75.6%	5 th	1
Q20	Got specialist appt.	82.2%	47 th	3
Q22	Specialist overall	61.5%	8 th	1
Q24	CS provided info./help	81.4%	24 th	2
Q25	CS courtesy/respect	88.4%	<5 th	1
RETAIN				
Q44	Language barrier with Dr.	89.8%	---	---
Q27	Easy to fill out forms	98.3%	90 th	5

* Summary rates are top-two box scores.



Adult Medicaid Benchmarks

- When compared to the 2020 National Quality Compass Medicaid 50th percentile, 2020 HPSJ Medicaid Adult Survey (MAS) responses underperformed the in all key composites.

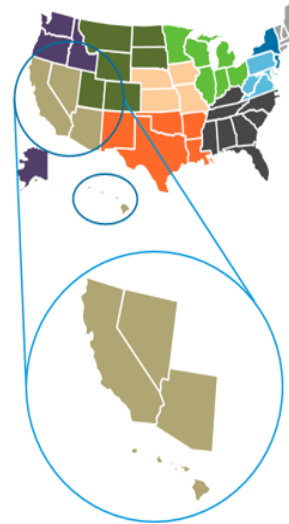
	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass								
			5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q28. Rating of Health Plan	63.6%	54 th	51.6	54.0	58.0	59.4	62.8	65.6	66.5	70.2	71.8
Q8. Rating of Health Care	53.2%	18 th	48.2	51.3	54.3	55.3	57.6	59.6	61.4	64.5	67.5
Q18. Rating of Personal Doctor	59.9%	5 th	58.2	62.8	66.2	67.7	69.7	71.7	72.4	75.7	77.4
Q22. Rating of Specialist	61.5%	7 th	60.2	62.8	65.4	67.4	70.4	72.5	73.7	75.6	78.5
Rating Questions (% 8, 9 or 10)											
Q28. Rating of Health Plan	74.5%	16 th	68.8	72.1	75.6	76.6	79.5	81.3	82.5	84.5	85.8
Q8. Rating of Health Care	67.9%	5 th	67.9	70.3	73.4	74.9	76.8	78.2	79.4	82.4	84.2
Q18. Rating of Personal Doctor	74.2%	<5 th	75.2	78.2	81.7	82.4	83.7	85.3	86.5	88.2	89.5
Q22. Rating of Specialist	80.8%	20 th	76.0	77.8	81.6	82.8	84.2	85.7	86.8	88.5	91.7
Getting Needed Care (% A or U)											
Q9. Getting care, tests, or treatment	80.0%	10 th	78.6	79.9	83.3	84.6	86.5	88.0	88.7	91.0	91.4
Q20. Getting specialist appointment	82.2%	64 th	69.6	73.5	77.0	77.8	80.5	82.9	84.3	87.7	88.6
Getting Care Quickly (% A or U)											
Q4. Getting urgent care	69.5%	<5 th	72.7	75.4	79.9	81.0	83.5	84.9	86.1	87.1	88.1
Q6. Getting routine care	69.5%	<5 th	75.6	77.6	82.5	83.2	85.5	87.5	88.3	90.4	92.6
Q17. Coordination of Care (% A or U)	75.6%	<5 th	69.9	72.3	76.1	78.5	80.8	82.7	83.8	85.7	86.8
Q31. Flu Vaccinations, 18-64 (% Yes)	39.7%	26 th	77.6	79.2	82.5	83.5	85.6	87.6	88.3	90.2	92.1
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U, or S) (Rolling average)											
Q33. Advising Smokers and Tobacco Users to Quit	58.6%	<5 th	65.3	69.8	74.3	75.2	77.7	80.4	80.9	84.2	85.0
Q34. Discussing Cessation Medications	38.2%	<5 th	43.0	45.0	49.3	51.2	54.2	57.6	59.4	64.3	67.0
Q35. Discussing Cessation Strategies	31.4%	<5 th	37.7	40.9	43.8	45.9	47.9	50.8	53.9	56.7	60.6

Regional Performance

When compared to SPH book of business in Health and Human Services Region 9, Rating of Personal Doctor, Getting Care Quickly and in particular, Getting Urgent Care are statistically lower than the regional average.

	SUMMARY RATE	2021 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q28. Rating of Health Plan	63.6%	61.3%
Q8. Rating of Health Care	53.2%	55.2%
Q18. Rating of Personal Doctor	59.9%	66.1%
Q22. Rating of Specialist	61.5%	67.5%
Rating Questions (% 8, 9 or 10)		
Q28. Rating of Health Plan	74.5%	77.4%
Q8. Rating of Health Care	67.9%	73.6%
Q18. Rating of Personal Doctor	74.2% ♦	81.1%
Q22. Rating of Specialist	80.8%	83.2%
Getting Needed Care (% Always or Usually)		
Q9. Getting care, tests, or treatment	80.0%	82.0%
Q20. Getting specialist appointment	82.2%	77.6%
Getting Care Quickly (% Always or Usually)		
Q4. Getting urgent care	69.5% ♦	76.3%
Q6. Getting routine care	69.5%	74.2%
Coordination of Care (Q17) (% Always or Usually)		
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	39.7%	38.9%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)		
Q33. Advising Smokers and Tobacco Users to Quit	58.6%	63.2%
Q34. Discussing Cessation Medications	38.2%	41.9%
Q35. Discussing Cessation Strategies	31.4%	38.3%

HHS Regions: The regions used align with the U.S. Department of Health and Human Services regions.



Region 9: San Francisco

- American Samoa (not shown)
- California
- Hawaii
- Arizona
- Guam (not shown)
- Nevada

Significance Testing

Current year score is significantly higher (♦) or lower (♦) than the 2021 SPH BoB Region score.

Adult Member Key Opportunities

In the table presented, SPH survey key opportunities to improve member experience are evaluated by question and by national Medicaid percentile ranking. Opportunities categorized as “Power” are noted as organizational strengths. Opportunities noted as “Opportunities” are questions that are identified as high priority opportunities. The opportunities that are noted as “Wait” are lesser priority opportunities. High priority opportunities for HPSJ are centered around the patient/doctor relationship and the perception of respect given to members as well as getting care quickly.

Top Three Measures

Your plan had the highest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Plan (% 9 or 10)	368	61.1%	63.6%	2.5%	62.2%	54 th	1.4%
Getting Needed Care (% Always or Usually)	175	78.8%	81.1%	2.3%	83.0%	25 th	-1.9%
Rating of Health Care (% 9 or 10)	218	49.3%	53.2%	3.9%	57.7%	18 th	-4.5%

Bottom Three Measures

Your plan had the lowest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Coordination of Care (% Always or Usually)	123	76.4%	75.6%	-0.8%	85.1% ▼	<5 th	-9.5%
Getting Care Quickly (% Always or Usually)	164	74.9%	69.5%	-5.4%	82.3% ▼	<5 th	-12.8%
How Well Doctors Communicate (% Always or Usually)	192	87.3%	85.9%	-1.4%	93.2% ▼	<5 th	-7.3%

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).
Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

Adult Qualitative Analysis

HPSJ members are not pleased with the way their personal doctor treats them. Members want their personal doctor to spend more time with them and to treat them with respect. In order to increase satisfaction with Health Care Overall, HPSJ must emphasize in provider facing materials and meetings the importance of the doctor/patient relationship and getting care quickly to HPSJ enrollees. These are opportunities for improvement for HPSJ.

Medicaid Child Survey

Medicaid Child CAHPS Survey Response Rate

- In both 2020 and 2021, 3300 surveys were sent to the caregivers of child enrollees in San Joaquin and Stanislaus counties. Ineligible survey responses are removed before response rates are calculated.

2700 Surveys Sent	2019	2020	2021
Completed Surveys	631	436	553
Overall Response Rate	19.30%	13.40%	16.90%

- The survey respondents represented an equal cross section of ages of children. The caregiver-reported physical health status excellent or very good, of the child(ren) enrollees, was 73.3% which is higher than the vendor book of business by 5.1%.
- The caregiver-reported mental/emotional health status indicating fair to poor, of the child(ren) enrollees, was worse, with 8.3% in fair or poor health compared to 5.6% in 2020.
- Of note, 71.6% of respondents were Hispanic or Latino, a parent (94.8%) and responding for their female child (88.9%).

Medicaid Child CAHPS Trend Analysis

Domain Performance	2019	2020	2021	20-21 Rate Change	Compass All Plans	Percentile Rank
Rating of All Health Care	79.3%	86.6%	84.4%	-1.8%	88.0%	15th
How Well Doctors Communicate Composite	89.4%	92.6%	92.5%	-0.1%	95.3%	10th
Getting Care Quickly Composite	80.5%	83.0%	77.3%	-5.7%	90.5%	<5th
Getting Needed Care Composite	78.4%	84.0%	82.2%	-1.8%	86.0%	16th
Rating of Health Plan	86.1%	88.7%	89.1%	+2.6%	86.5%	73rd
Rating of Personal Doctor	85.4%	89.6%	88.7%	-0.9%	90.0%	17th
Rating of Specialist Seen Most Often	87.8%	93.5%	86.4%	-7.1%	87.0%	28th
Customer Service Composite	89.1%	88.8%	86.9%	-1.9%	88.8%	23rd

Quantitative Analysis

In 2021, 7/8 domains scored lower than 2020 and 3/8 scored lower than 2019. Customer Service is the only composite down 3 years in a row.

Child Medicaid Benchmarks

HPSJ target benchmark is the annual 2020 Quality Compass All Plans benchmark. When compared to all plan types, HPSJ Child CAHPS scores perform in the 75th percentile benchmark for Rating of Health Plan. HPSJ performs below the 5th in Getting Care Quickly. Both getting urgent care and getting routine care fall below the 5th percentile.

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass								
			5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q31. Rating of Health Plan	76.4%	81 st	60.6	63.6	68.9	70.6	73.3	74.6	75.5	77.9	80.5
Q8. Rating of Health Care	71.5%	42 nd	63.0	66.1	69.3	70.3	72.4	74.0	75.5	77.7	79.8
Q21. Rating of Personal Doctor	75.6%	23 rd	72.0	73.1	75.9	77.2	79.0	80.7	81.4	83.3	84.3
Q25. Rating of Specialist	72.7%	28 th	66.9	68.0	71.3	73.6	74.2	74.4	75.0	76.8	77.4
Rating Questions (% 8, 9 or 10)											
Q31. Rating of Health Plan	89.1%	73 rd	79.2	81.3	84.4	85.7	87.4	88.6	89.3	91.7	92.4
Q8. Rating of Health Care	84.8%	15 th	82.3	83.9	86.0	86.8	88.5	89.7	90.6	92.2	93.1
Q21. Rating of Personal Doctor	88.7%	17 th	86.0	87.6	89.5	90.2	91.2	92.0	92.5	93.8	94.8
Q25. Rating of Specialist	86.4%	28 th	83.0	84.8	85.0	86.5	87.1	87.9	87.9	89.6	91.9
Getting Needed Care (% A or U)											
Q9. Getting care, tests, or treatment	85.5%	6 th	84.8	86.7	89.1	90.0	92.0	93.3	93.8	95.4	96.2
Q23. Getting specialist appointment	78.8%	36 th	70.9	72.1	75.4	78.3	79.7	82.1	83.7	87.7	88.1
Getting Care Quickly (% A or U)											
Q4. Getting urgent care	83.9%	<5 th	82.3	85.0	88.3	89.6	91.6	92.9	93.5	95.0	95.6
Q6. Getting routine care	70.8%	<5 th	79.4	81.8	86.1	88.3	90.1	91.7	92.4	94.3	94.9
Q20. Coordination of Care (% A or U)	78.0%	5 th	77.3	79.7	83.9	85.3	87.1	88.2	89.3	90.7	91.7

% A = % Always, % U = % Usually, % S = % Sometimes. Shading indicates that the plan has achieved the percentile level in the column header.

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass								
			5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Customer Service (% A or U)	86.9%	23 rd	81.7	85.1	87.0	87.3	89.0	90.3	91.1	92.9	93.8
Q27. Provided information or help	81.1%	26 th	73.0	77.0	81.0	82.0	84.4	85.9	87.3	89.5	90.4
Q28. Treated with courtesy and respect	92.6%	31 st	90.1	91.0	92.0	92.9	94.0	94.9	95.5	97.3	97.3
How Well Doctors Communicate (% A or U)	92.5%	10 th	91.6	92.5	94.3	94.7	95.5	96.4	96.6	97.6	98.0
Q12. Personal doctor explained things	93.0%	14 th	90.9	92.2	94.4	95.2	96.0	97.1	97.3	98.0	98.5
Q13. Personal doctor listened carefully	94.3%	10 th	93.1	94.2	95.3	95.8	96.6	97.3	97.5	98.5	98.7
Q14. Personal doctor showed respect	95.2%	8 th	94.7	95.3	96.3	96.6	97.3	97.9	98.1	99.0	99.3
Q17. Personal doctor spent enough time	87.3%	11 th	85.5	86.9	89.0	90.6	92.5	93.7	94.3	96.4	97.2
Ease of Filling Out Forms (Q30) (% A or U)	95.4%	22 nd	93.2	94.4	95.5	96.0	96.6	97.3	97.6	98.4	98.9

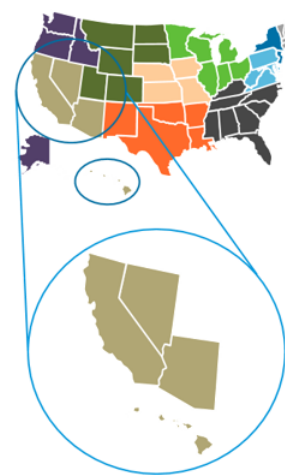
% A = % Always, % U = % Usually, % S = % Sometimes. Shading indicates that the plan has achieved the percentile level in the column header.

Regional Performance

When compared to SPH book of business in Health and Human Services Region 9, Getting Care Quickly and in particular, Getting Routine Care is statistically lower than the regional average.

	SUMMARY RATE	2021 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q31. Rating of Health Plan	76.4%	73.8%
Q8. Rating of Health Care	71.5%	73.3%
Q21. Rating of Personal Doctor	75.6%	77.3%
Q25. Rating of Specialist	72.7%	74.8%
Rating Questions (% 8, 9 or 10)		
Q31. Rating of Health Plan	89.1%	87.5%
Q8. Rating of Health Care	84.8%	88.1%
Q21. Rating of Personal Doctor	88.7%	89.8%
Q25. Rating of Specialist	86.4%	87.1%
Getting Needed Care (% Always or Usually)		
Q9. Getting care, tests, or treatment	85.5%	87.9%
Q23. Getting specialist appointment	78.8%	77.7%
Getting Care Quickly (% Always or Usually)		
Q4. Getting urgent care	83.9%	84.9%
Q6. Getting routine care	70.8% ✱	78.5%
Coordination of Care (Q20) (% Always or Usually)	78.0%	82.8%

HHS Regions: The regions used align with the U.S. Department of Health and Human Services regions.



Region 9: San Francisco

- American Samoa (not shown)
- California
- Hawaii
- Arizona
- Guam (not shown)
- Nevada

Child Quantitative Analysis

- According to SPH, the top three measures are Rating of Health Plan, Rating of Health Care and Rating of Specialist despite dropping 13% from 2020.

Top Three Measures

Your plan had the highest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Plan (% 9 or 10)	542	76.9%	76.4%	-0.5%	71.9% ▲	81 st	4.5%
Rating of Health Care (% 9 or 10)	256	69.0%	71.5%	2.5%	71.9%	42 nd	-0.4%
Rating of Specialist (% 9 or 10)	88 [^]	85.7%	72.7% ↓	-13.0%	73.4%	28 th	-0.7%

Bottom Three Measures

Your plan had the lowest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
How Well Doctors Communicate (% Always or Usually)	229	92.6%	92.5%	-0.1%	95.3%	10 th	-2.8%
Coordination of Care (% Always or Usually)	82 [^]	76.5%	78.0%	1.5%	86.1%	5 th	-8.1%
Getting Care Quickly (% Always or Usually)	160	83.0%	77.3%	-5.7%	90.5% ▼	<5 th	-13.2%

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

Child Member Key Opportunities

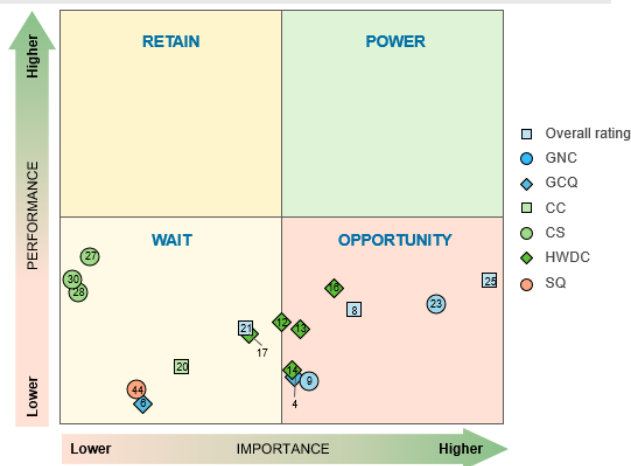
In the table below, SPH survey key opportunities to improve member experience are evaluated by question and by national Medicaid percentile ranking. Opportunities categorized as "Power" are noted as organizational strengths. Opportunities noted as "Opportunities" are questions that are identified as high priority opportunities. The opportunities that are noted as "Wait" are lesser priority opportunities. The opportunities noted as "Retain" are the opportunities that are important to maintain performance. High priority opportunities for HPSJ are centered around the patient/doctor relationship and the perception of respect given to members by providers and office staff and improved care coordination. There are no power measures.

SURVEY MEASURE	SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER			
None			
OPPORTUNITY			
Q25 Specialist overall	72.7%	33 rd	3
Q23 Got specialist appt.	78.8%	28 th	2
Q8 Health care overall	71.5%	27 th	2
Q16 Dr. explained things for child	93.9%	32 nd	2
Q9 Got care/tests/treatment	85.5%	9 th	1
Q13 Dr. listened carefully	94.3%	20 th	2
Q4 Got urgent care	83.9%	11 th	2
Q14 Dr. showed respect	95.2%	13 th	2
Q12 Dr. explained things	93.0%	23 rd	2
WAIT			
Q17 Dr. spent enough time	87.3%	21 st	2
Q21 Personal doctor overall	75.6%	21 st	2
Q20 Dr. informed about care	78.0%	12 th	2
Q6 Got routine care	70.8%	<5 th	1
Q44 Got easy to understand info.	75.9%	---	---
Q27 CS provided info./help	81.1%	39 th	3
Q28 CS courtesy/respect	92.6%	30 th	2
Q30 Easy to fill out forms	95.4%	34 th	3
RETAIN			
None			

* Summary rates are top-two box scores.

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.



Child Member Qualitative Analysis

The qualitative analysis of child member CAHPS shows that the caregivers of child members want improved coordination of care, tests and treatment and better communication between doctor and parent.

Grievance Summary

When evaluating overall member experience, HPSJ analyzed trends in grievances by quarter and by county and takes trends into consideration when identifying opportunities to improve. Annual fiscal year grievance trends from July 1, 2020 through June 30, 2021 are evaluated by year and by quarter. In addition to quarterly trends, the following categories are evaluated for trends:

access, attitude and service, billing and financial, quality of care and quality of practitioner office site.

The goal is to maintain complaints below 5/1000 members

Annual San Joaquin County Grievances

Annual San Joaquin County Grievances		FY July 1, 2019 - June 30, 2020		FY July 1, 2020 - June 30, 2021		
Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	96	0.46	20.08%	325	1.45	26.73%
Attitude & Service	125	0.60	26.15%	139	0.62	11.43%
Billing & Financial	7	0.03	1.46%	17	0.08	1.40%
Quality of Care	250	1.20	52.30%	735	3.27	60.44%
Quality of Practitioner Office Site	0	0.00	0.00%	19	0.08	1.56%
Total	478	2.29	100.00%	1216	5.42	100.00%

Annual Stanislaus County Grievances

Annual Stanislaus County Grievances		FY July 1, 2019 - June 30, 2020		FY July 1, 2020 - June 30, 2021		
Category	Total Grievances	Grievances per 1000	% of Total Grievances	Total Grievances	Grievances per 1000	% of Total Grievances
Access	68	0.53	19.10%	240	1.71	27.75%
Attitude & Service	93	0.72	26.12%	81	0.58	9.36%
Billing & Financial	6	0.05	1.69%	17	0.12	1.97%
Quality of Care	189	1.46	53.09%	527	3.75	60.92%
Quality of Practitioner Office Site	0	0.00	0.00%	15	0.11	1.73%
Total	356	2.75	100.00%	865	6.16	100.00%

Quantitative Analysis

In the 2020-2021 fiscal year there were a total of 2081 grievances received by HPSJ.

- Bulk of the complaints were related to quality of care and both counties did not exceed the 5 per 1000 members for the year.
- The next biggest area for complaints was access yet also remained below the threshold in both counties.
- Goals were met for all categories for 2020 and 2021.

Annual grievances are increasing in 2021 when compared to 2020. There was a change in processing grievances which led to more grievances getting captured through Customer Service.

When considering grievance data by quarter, the trends are as follows:

Access:

253 were access to PCP mostly Golden Valley Health Centers, 55/ access to specialist, 23/ office wait time, 48 telephone access to providers for appointments no trends, 34 for Kaiser assignment/ not taking new patients, 53 related to transportation mostly offered through Lyft

Attitude and Service:

111 noted that they do not like their provider or their staff, 16 noted their provider or office staff is rude, 69 had a complaint against HPSJ

Quality of Care:

426 were against clinics both mixed specialty and general, 37 for DME mostly Western Drug, 79 for medication (no trends), 32 against hospitals with no trends. Overall, there are not alarming trends in QOC grievances.

Qualitative Analysis

Even though there have been significant increases in grievances year over year due to process changes, the goals were met. Grievances are trended by quarter and immediately addressed.

Appeals Analysis

There are no appeals for the grievances resolved by HPSJ. As there are no appeals, there is no data to make any conclusions. The goal is to maintain appeals below 5/1000 members.

Annual San Joaquin County Appeals		FY July 1, 2019 - June 30, 2020			FY July 1, 2020 - June 30, 2021	
Category	Total Appeals	Appeals per 1000	% of Total Appeals	Total Appeals	Appeals per 1000	% of Total Appeals
Access	0	0.00	0.00%	0	0.00	0.00%
Attitude & Service	0	0.00	0.00%	0	0.00	0.00%
Billing & Financial	0	0.00	0.00%	0	0.00	0.00%
Quality of Care	321	0.96	100.00%	454	2.03	100.00%
Quality of Practitioner Office Site	0	0.00	0.00%	0	0.00	0.00%
Total	321	0.96	100.00%	454	2.03	100.00%

Annual Stanislaus County Appeals		FY July 1, 2019 - June 30, 2020			FY July 1, 2020 - June 30, 2021	
Category	Total Appeals	Appeals per 1000	% of Total Appeals	Total Appeals	Appeals per 1000	% of Total Appeals
Access	0	0.00	0.00%	0	0.00	0.00%
Attitude & Service	0	0.00	0.00%	0	0.00	0.00%
Billing & Financial	0	0.00	0.00%	0	0.00	0.00%
Quality of Care	321	0.96	100.00%	265	1.89	100.00%
Quality of Practitioner Office Site	0	0.00	0.00%	0	0.00	0.00%
Total	321	0.96	100.00%	265	1.89	100.00%

Quantitative Analysis

As all the goals were met, there were more appeals in San Joaquin County and fewer in Stanislaus.

The majority of appeals were for physical therapy. HPSJ identified an opportunity to improve the utilization for physical therapy which led to an increase in appeals. The increase in appeals was expected therefore there was no need for a robust qualitative analysis or identifying opportunities for improvement based on the appeals data.

Qualitative Analysis

Majority of the Appeals received were related to UM Medical necessities decision. Over half of those Appeals were determined to be correctly adjudicated. The other remaining Appeals were related to non-contracted provider or facility requests.

Overall Member Experience 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 quality of care and access and service.
 - 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 2020, 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 mixed impact on member experience and will be adopted going forward and adapted to the areas of focus and concern.

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 2022	HEDIS & Accreditation Director
Provider Education through virtual look and learns	Inform providers about the member experience with doctors and care coordination	August 2021, November 2021	HEDIS & Accreditation Director
Member Focus Newsletter	Inform members about how to receive care, tests, and treatment.	January 2022	HEDIS & Accreditation Director
Post care coordination instructions on the Provider Portal	Provide support to providers for linking members to necessary care	October 2020	HEDIS & Accreditation Director
Providing communication tips to providers to show attentiveness to members.	Address compatibility issues with patient/doctor	May 2022	HEDIS & Accreditation Director

Conclusion

HPSJ identified activities in 2020-21 that had a positive impact in child and Adult CAHPS scores. Both adult and child CAHPS and grievance data show a need to continue to prioritize 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.

Member Experience – Behavioral Health

Responsible Staff

Kathleen Dalziel

Director, HEDIS and NCQA Accreditation

Overview

The Health Plan of San Joaquin (HPSJ) strives to ensure that members receive high quality, medical necessary behavioral health care services within a welcoming and safe environment where they are treated with dignity and respect. HPSJ annually monitors members experience by using a survey. The survey is coupled with an analysis of member complaints and appeals to assess, monitor and ultimately, improve member experience. A summary of the survey methodology and the results and analysis as follow.

Methodology

In 2019, HPSJ chose to measure experience using a nationally recognized, standardized instrument. HPSJ implemented the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Experience of Care and Health Outcomes (ECHO) Survey version 3.0. ECHO is a survey instrument supplied by the Agency for Healthcare Research and Quality (ARHQ). HPSJ identified members currently enrolled and who received behavioral health related treatment or service within the last 12 months. A random selection of 1600 members were identified to receive the survey. This survey was field by using one wave by mail, with one additional reminder postcard 7 days later. HPSJ administered the survey using HPSJ staff to simplify processes and streamline reporting. In prior years, HPSJ did not use a nationally recognized survey instrument to evaluate behavioral health member experience.

These surveys were mailed on November 2, 2020. Postcard reminders were sent on November 9, 2020. Surveys were collected through December 19, 2020.

The ECHO 3.0 survey, along with a cover letter and survey instructions were mailed to all 1600 sample members. HPSJ received 149 survey responses, which results in a 9.3% response rate. Of the 152 returned surveys, 149 were considered eligible for scoring. The rest did not complete the survey or returned it blank. Therefore, differing denominators were calculated based on survey responses.

Results from 2020 are compared to 2019 in the table below.

Respondent Demographics

Member Demographic Questions	2019	2020	Difference	Goal	Goal Met?
What is your age now? (Response= Age 45 – 64)	58.6%	59%	-0.4%	N/A	
Are you male or female? Female?	61%	42%	-19%	N/A	
Did someone help you complete this survey?	15.2%	14%	-1.2%	N/A	
How did that person help you? Check all that apply. Of responses noted.	74.8%	78%	+3.2%	N/A	
Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?	8.97%	4.5%	-4.47%	N/A	

Most respondents were Hispanic or Latino 47/149 (31.5%). A racial and ethnic analysis was not performed at this time because only 4.5% of respondents felt their language, race, religion or ethnic background had an impact on the kind of counseling or treatment they needed. When more than one year's results are available, language, race, religion or another demographic trend analysis will be performed.

Survey Results and Scoring

Survey questions were categorized into the following composites for the purpose of evaluation: Quality of Care, Access to Care, Attitude and Service, Billing and Financial Issues, and Provider Office Site.

Quality of Care Questions	2019	2020	Goal	Goal Met?
In the last 12 months, did you take any prescription medicines as part of your treatment?	86.42%	63%		
In the last 12 months, were you told what side effects of those medicines to watch for?	66.22%	67%	80%	N
In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?	88.73%	71%	80%	N

In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?	36.71%	54%	N/A	
In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?	70.37%	69.1%	80%	N
In general, how would you rate your overall mental health now?	62.63%	63.8%	80%	N
In the last 12 months, how much were you helped by the counseling or treatment you got?	80.00%	75.3%	80%	N
Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	88.00%	89%	80%	Y
Compared to 12 months ago, how would you rate your ability to deal with social situations now?	89.00%	88.8%	80%	Y
Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?	83.84%	90%	80%	Y
Compared to 12 months ago, how would you rate your problems or symptoms now?	83.84%	68%	80%	N
In the last 12 months, did you use up all your benefits for counseling or treatment?	8.51%	9%	N/A	
At the time benefits were used up, did you think you still needed counseling or treatment?	45.83%	80%	N/A	
Were you told about other ways to get counseling, treatment, or medicine?	47.06%	80%	80%	Y
In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?	78.57%	74%	N/A	
In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?	12.77%	10.5%	N/A	

Access to Care Questions	2019	2020	Goal	Goal Met?
In the last 12 months, were you told about self-help or support groups, such as consumer run groups or 12 step programs?	38.46%	25.5%	N/A	
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	38.46%	52.1%	80%	N
In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?	56.95%	36.9%	N/A	

In the last 12 months, how often were you seen within 15 minutes of your appointment?	79.66%	54.6%	80%	N
In the last 12 months, did you call someone to get professional counseling on the phone for yourself?	24.76%	28%	N/A	
In the last 12 months, how often did you get the professional counseling you needed on the phone?	79.49%	94%	80%	Y
In the last 12 months, did you need counseling or treatment right away?	67.31%	38.4%	N/A	
In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?	80.39%	78.4%	80%	N
In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?	60.19%	74%	N/A	
In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?	50.00%	64%	80%	N
In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?	76.19%	84%	N/A	
In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?	71.00%	77%	N/A	

Attitude and Service Questions	2019	2020	Goal	Goal Met?
In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?	91.43%	89%	80%	Y
In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?	87.14%	76.7%	80%	N
In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?	88.41%	76.7%	80%	N
In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?	85.92%	68%	80%	N
In the last 12 months, did you need approval for any counseling or treatment?	31.25%	20.1%	N/A	

In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?	53.06%	11 noted a big problem	Lower is better	
In the last 12 months, did you call customer service to get information or help about counseling or treatment?	23.96%	6%	N/A	
In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called customer service?	60.00%	11%	80%	Y
Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?	95.71%	52%	80%	N

Grievance and Appeals

In the 2019-2020 fiscal year there were 11 behavioral health grievances. There were no behavioral health appeals.

- 6 were quality of care grievances.
- 1 was quality of service.
- 4 were related to access appointments.

Quantitative Analysis

Of the survey questions asked, HPSJ established a benchmark of 80% for 25 questions. Quality of Care questions were made up of 10 questions with a goal. Of those, 4 of 10 met the goal. Access to Care questions were made up of 5 questions with a goal. Only 1 of 5 questions goals were met. The Attitude and Service questions, 2/6 goals were met. Questions that relates to services provided in an office setting were categorized within the Practitioner Office Site and 0 of 4 goals were met.

- HPSJ did not do as well on the overall member satisfaction survey because it did not meet the 80% goal for many of the measures.
- 94% of the respondents accessed telehealth services to receive behavioral health treatment.
- Quality of Care: Many of the respondent indicated that they are experiencing a more positive outlook however, 64% indicated their symptoms did not go away.

- Access to Care: The lowest scoring single measure appeared in the Access to Care bucket; it was related to getting care as soon as they wanted over the phone.
- Service and Attitude; Members report that waiting for HPSJ customer service is not problematic. Only 11% reported a problem with customer service.

Qualitative Analysis

Overall, members appeared satisfied with the quality of behavioral health care services they receive. They have indicated a feeling of respect, which was included and understood during their treatment. They reported higher levels of confidence handling everyday life and report a more positive outlook. There was a big decline in the percentage of behavioral health medications requested by the survey respondents in 2020, likely due to COVID-19.

However, there are areas of concern in the survey results. Survey respondents indicated that they are waiting longer than 15 minutes for their telephone appointment.

- There are also many questions that indicate that members might be accessing emergent or crisis care for behavioral health conditions at a higher rate than expected.
- The most prevalent grievances were related to not getting the doctor they wanted.

Potential access barriers include

- Increased usage of emergent and crisis care has resulted in more members accessing care through direct referrals to County Access and telehealth. This has resulted in less focus on direct face to face care. Telehealth providers might not also know how to reach the member's PCP, so they do not have that much time to work with other practitioners who are managing the member's care.
- It is difficult to obtain records from a member's PCP as they may also be busy and while the request is pending, either side may become swamped and forget to attach it, as both PCP and the BH specialist may not understand the importance of coordinating care. It may be difficult to coordinate care if the member does not have a PCP they go to regularly, members may also not remember the most recent PCP they have visited,

if they visit many. Medical and BH practitioners may be over interpreting the HIPAA restrictions and not sharing information with each other. They may think that they cannot share any information unless they have signed release of information from the patients.

- HPSJ is meeting many measures that indicates the member's health status as well as improvement by the treatments they are receiving. One exception may be coordination of care. In order to address these measures, HPSJ must be sure that there is good coordination of care and patients are getting the treatment they need in a timely manner.

Opportunities for Improvement

HPSJ has prioritized the opportunities that will be implemented to improve performances for measures that were not meeting goals. These interventions were identified based on the barrier analysis discussed in the section above. The table below outlines the key interventions that HPSJ has either start implementing and/or will continue implementing in 2020.

Description of Intervention	Barrier Addressed
1. Educate practitioners about the Member Experience Results to address increased coordination of care between physical and behavioral health. HEDIS and Accreditation Manager will distribute provider alert about behavioral health by September 2021.	Lack of coordination of care and information about medications
2. Discuss findings with practitioners at Provider Lunch and Learn and obtain input as to actions needed. Discuss medication findings and alternative behavioral healthcare settings. Director of Provider Services will include information in Provider Lunch and Learn before July 31, 2021.	All barriers
3. Discuss findings with the Community Advisory Committee (CAC) and obtain input as to action needed. Manager of Health Education will share with CAC before July 31, 2021.	All barriers
4. Continue to assess the availability and accessibility standards to ensure providers/practitioners are meeting appointment standards. Director of Provider Services will ensure Appointment and Availability survey and follow-up for non-compliance by the end of 2021.	Access to treatment

Additionally, there are areas of opportunity that can facilitate to improved results within the future will include:

- HPSJ will encourage and welcome the participation of consumer/peer entities including the Consumer Advisory Committee, which supports the consumer-centric survey process.
- There is considerable research and professional consensus, that social determinants of health as well as traditional access to quality healthcare providers must be addressed concurrently in order to improve health status. HPSJ is striving to deliver a population health model of care which supports each member by offering tools and resources, which addresses social barriers to health, member engagement in the care plan, navigation across the continuum of the health system, and continuing member education.
- HPSJ is committed to listening to members, encouraging feedback and meeting needs. HPSJ strives to provide high quality of care to members, which has been confirmed with the high number of responses affirming improved outlook at productivity. Written comments will be explored to assess further strengths, as well as areas for improvement.

Educating Behavioral Health and Medical Practitioners to Exchange Information

HPSJ will work with practitioner network to understand what information is being shared currently and educate them on the kinds of information they should be sharing to coordinate better care for their patients. The patients that have BH conditions may also have a medical condition, which is why it is critical that BH and Medical providers share information in a timely manner. Educating patients will help, as it will allow them to take more ownership of their own health and be a driver for their doctor to share information with other doctors involved in managing the patients care.

Quality of life and the cost of caring for someone who has both a chronic illness and depression can be twice the cost of caring for a member with chronic illness. This reason alone suggests that integrating mental health care into primary care would be fruitful economically and will create a healthier population. There is also an increasing realization, which indicates that the relationship between the health-care provider and the patient is necessary for good health. This is the reason for focusing on the above measures for the

next year and then to continue monitoring member satisfaction on an annual basis to identify other opportunities for improvement.

I. Customer Service Access Report

Responsible Staff

Dale Standfill

Director, Customer Service

I.1 Telephone Accessibility and I.2 Member Experience with Call Handling

HPSJ monitors access to its customer service department on a quarterly basis. HPSJ has established the following standards and goals to evaluate access to Customer Service by telephone. The key findings for FY 2020 - 2021 are provided in the graphs below.

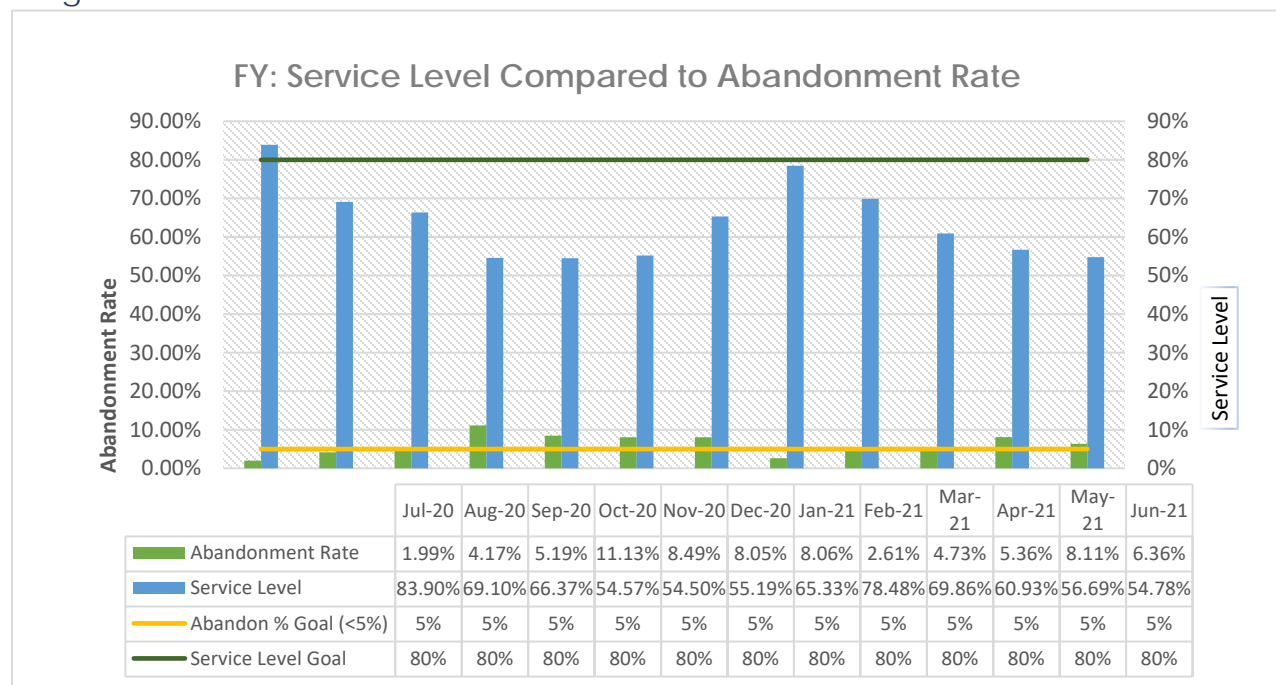
Methodology

HPSJ collected data on average speed to answer and abandonment rates from their call center system. The timeframe for this analysis is based on the calendar year, which is outlined for the respective business lines along with the graphs presented below.

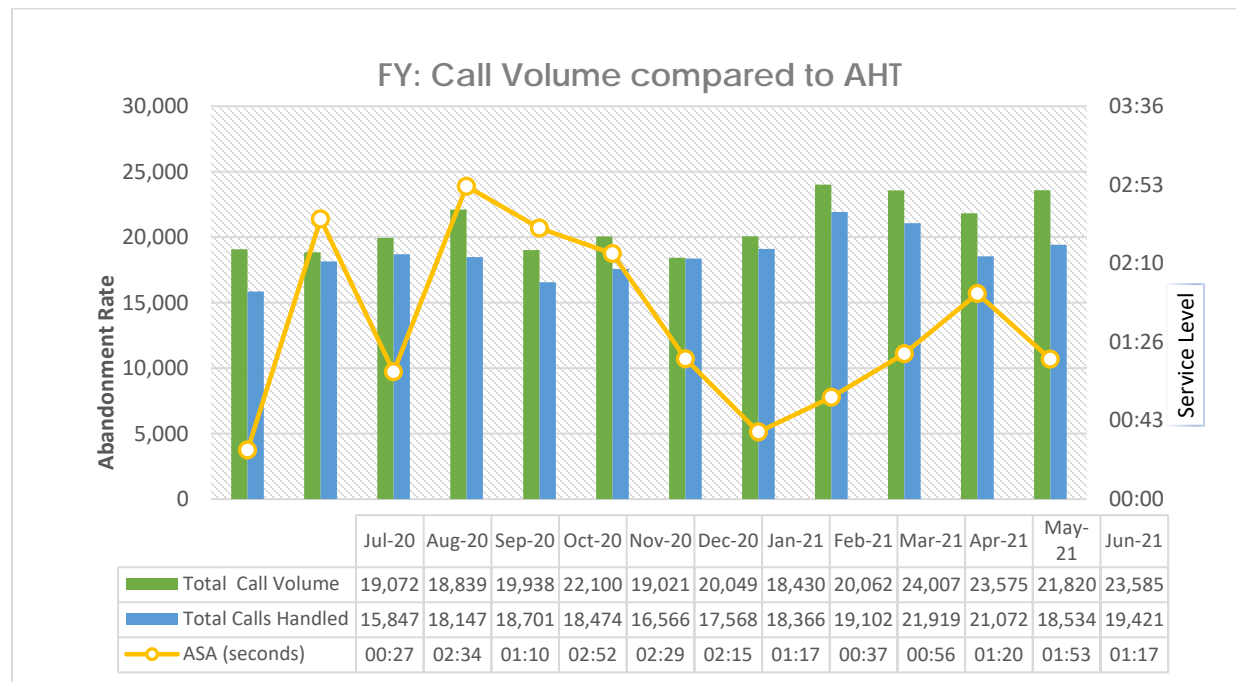
Contact Center Service KPI/Goals

- Service Level goal is 80% of call volume answered within 30 seconds
- Abandonment rate of 5% or less
- Average Speed to Answer is 30 seconds or less

Program Performance



During FY 2020 -2021 Health Plan of San Joaquin averaged an abandonment rate of 6.19%. Through FY 2020 - 2021 Fiscal Year Health Plan of San Joaquin generated an average service level of 64.14%.



Health Plan of San Joaquin has a standard average speed of answer of 30 seconds (ASA) to minimize wait time in reaching customer service. For the fiscal year we averaged one minute and thirty-six seconds.

Contact center performance was inconsistent due to contributing factors including issues maintaining appropriate staffing levels because of increased customer service representative (CSR) turnover and subsequent recruiting efforts. In addition, the department experienced an increase in employee leaves which impacted performance due to reduced staffing.

Quantitative Analysis

Analysis of performance results are completed on an hourly, daily, weekly, monthly, quarterly, and annual basis. The average speed to answer, service level and abandonment rate are reviewed to determine root cause for correction/action to ensure timely access to customer service department.

Qualitative Analysis

Average customer service calls per month are 20,875. Most months we are only a percentage or two from the average, and March as our highest volume.

When compared to the previous fiscal year the following trends were observed:

- Call volume has dropped 7.57%
- Handle time in the previous year was 8:06 compared to 8:42 in the current year.
- Abandonment rate of 6.97% in the previous year compared to 6.19% in the current year.

Average speed to answer of two minutes and twelve seconds in the previous year compared to one minute and thirty-six seconds in the current year.

Access to Member Services by telephone

Data regarding the service level, average speed to answer and abandonment rate are obtained through our Automated Call Distribution (ACD), ShoreTel. ShoreTel contains raw statistical data while compiling reporting real time and historically tracking and trending against the department service goals. In addition, member inquiries are tracked through call logs and reviewed on an hourly, daily, weekly, and monthly basis to ensure member inquiries are resolved expediently and in real time.

Quality Assurance

Customer service representative calls are sound and screen capture recorded and quality audits are conducted on a random basis 3-5 times per week dependent on tenure. The purpose of quality audits is to measure the accuracy of the information provided and determining financial responsibility.

Quality audits measure a variety of components, including HIPAA factors, accuracy of information provided and ensure all expression of dissatisfaction are gathered, and appeal options are provided.

A sample quality assurance form has been included for reference, *QA Response Detail_Sample*.

QA Response Detail

Audit Type	ROUTINE		
QA Agent	Irma Aceves	Recording Number	CL210806000111
Agent	Test User01	Call Queue	Medi-Cal
Supervisor	Irma Aceves	Call Time	Aug 6, 2021 @ 3:04:00 PM

Entered On	Aug 6, 2021	Call Type	Benefit
Score	94.38% (84/89)	Call Source	Member
Questionnaire	QA Assessment 2015 Original		

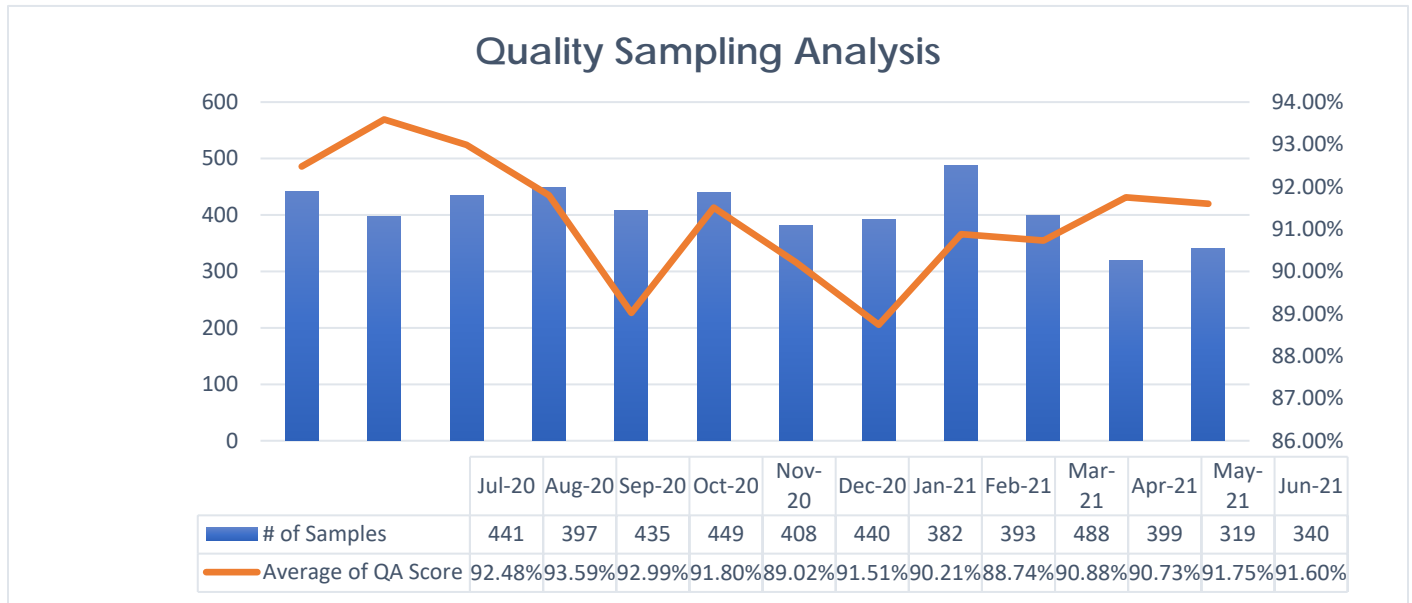
Opening		Yes	No	N/A	Critical
Greeting					
Contingent on what ACD and language line call arrives (2 points)		✓			
Expressed willingness to assist (1 point)		✓			
Identification of caller					
A) Request caller's name; B) Request caller's phone number (2 points)		✓			
HIPAA Validation Information					
Three (3) of the five (5) following criteria must be confirmed by all callers (15 points)		✓			
1. Caller validation box used					
2. Member Name					
3. Member ID Number					
4. Member date of birth					
5. Member's PCP name					
6. Member's address					
Comments					
Total	20				
Discovery		Yes	No	N/A	Critical
Problem or Inquiry Recognition					
Listen, acknowledge, clarify problem/inquiry (3 points)		✓			
Use of effective probing skills: e.g. Claim, DOS, billed amount, authorization (3 points)		✓			
Captures information first time offered (2 points)		✓			
Demonstrates active listening (2 points)		✓			
Comments					
Total	10				

Transactional Requirements I		Yes	No	N/A	Critical
Transaction Accuracy					
Accurate information provided (15 points)		✓			
Correct process followed (10 points)		✓			
Comments					
Total	25				
Transactional Requirements II		Yes	No	N/A	Critical
Problem Resolution					
All concerns/questions addressed (5 points)		✓			
If caller expressed dissatisfaction- was grievance documented and routed to the Quality Team for review? (5 points)		✓			
Effective use of resources: AEVS, DRE, ProCare, Emdeon, First Health, Etc. (1 point)				✓	
Properly notate the call (5 points)			✓		
Provider Linkage					
Recycling of PLog					
Correct usage of SBAR format (3 points)		✓			
Assign appropriate Issue Category and Sub Category (1 point)		✓			
Comments					
Total	14				
Closing		Yes	No	N/A	Critical
Closing the call					
Closing script (3 points)				✓	
Call reference log offered (2 points)				✓	
Comments					
Total	0				
Soft Skills		Yes	No	N/A	Critical
Telephone Etiquette / Soft Skills					
Addressed caller by name at least once during conversation (1 point)		✓			
Respond "You're welcome" when caller expresses thanks (1 point)		✓			

Use "Please" when asking for information & "Thank You" when given (1 point)		✓			
Soft Skills (Cont.)					
Ask caller permission to place on hold (1 point)				✓	
Appropriate Use of Hold Time - hold not to exceed 60 seconds (2 points)				✓	
Took ownership of the call (2 points)		✓			
Positive vocal tone/quality (2 points)		✓			
Professional Language - no slang (1 point)		✓			
Demonstrated empathy, if applicable (2 points)		✓			
Do not interrupt or talk over caller (2 points)				✓	
Maintains confidence throughout the call (2 points)		✓			
Post call survey (3 points)		✓			
Comments					
Total	15				
Overall Comments					
Overall Score	84				

Analysis

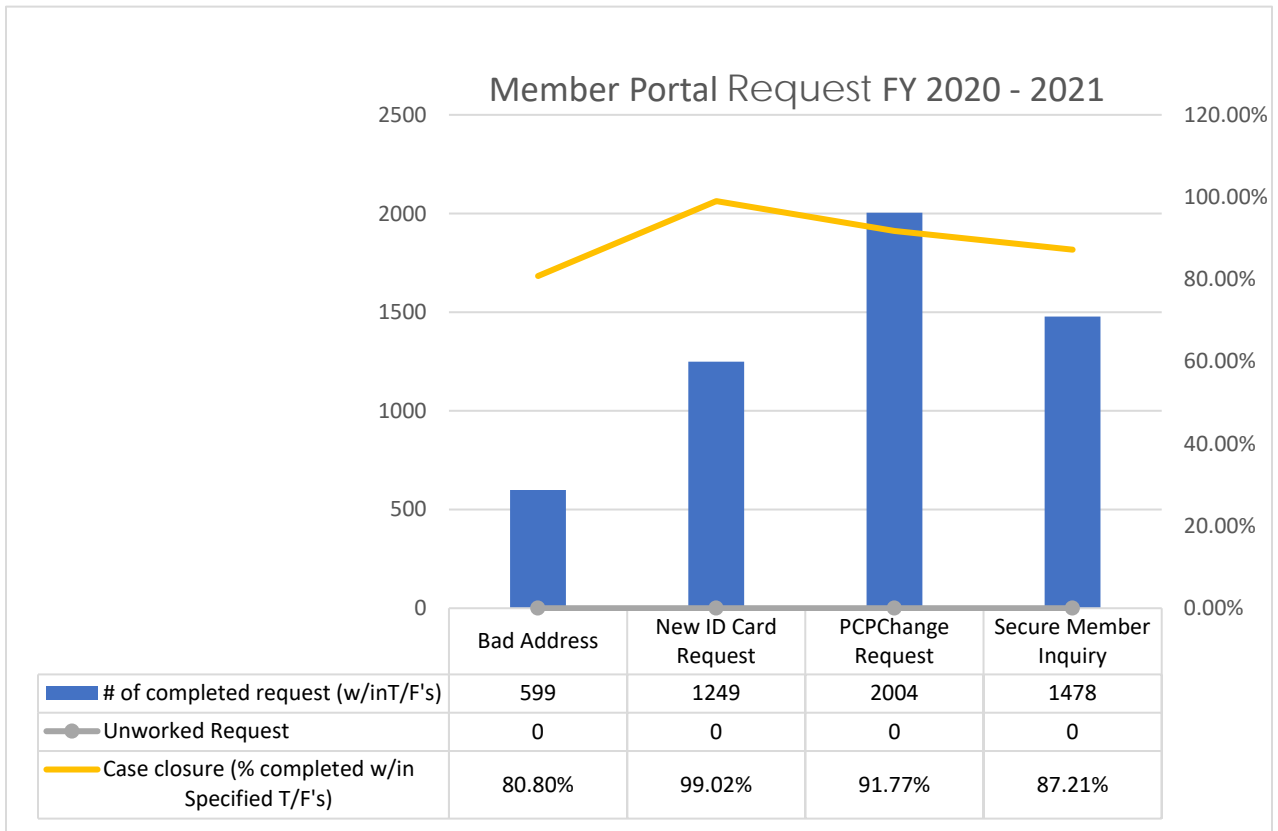
During the, 4,891 calls were audited for quality. Our goal is to achieve 90% or better for the FY. Quality focus remained during fiscal year and this is reflected by the achieved average score of 91.60% despite the contact center metrics falling below standard. Any errors identified via quality audits, are coached via coaching sessions within 1 – 2 business days and any corrective actions necessary are completed.



To sustain and/or exceed the 90% quality average for FY 2021 - 2022 the following actions will be completed:

- Calibration Sessions – Leadership team will meet once a month to ensure usage of the QA Response Detail Form is calibrated. Calls will be reviewed and scored to ensure each category is being measured to ensure accuracy of the inquiry.
- Customer service representatives will also be included in select sessions to ensure they too understand quality assurance measures.
- Ongoing review of Standard Operating Procedures (SOP's) to ensure the documented processes fall with in Health Plan of San Joaquin guidelines. Any changes to the SOPS will be documented through SharePoint and shared with impacted staff immediately.
- Quality trends or common errors identified will be shared via weekly communication to impacted staff to ensure processes are followed correctly and information provided is accurate.

Member Portal Requests



Analysis

Customer service maintained a completion average of 91.07% for FY 2020 – 2021 FY. 5,330 total requests were received and 4,854 were completed within one business day.

To sustain and improve the completion average rate customer service will strive will for a minimum of 95% average for FY 2021-2022. The Member Portal Request report will be pulled at the beginning of each month for data of the previous month and review if completion standard has been met.

Nurse Advice Line Annual Report

Responsible Staff

Celestine Hall

Manager, Care Management

Introduction

The purpose of this document is to provide an evaluation of "Health Reach" the HPSJ 24-hour call center which provides members with a full range of customized care management solutions 24 hours per day 365 days per year.

The Health Reach program delegates operations to a Nurse Advise Line (NAL) company which operates and defines its quality program modeled after accreditation standards and holds certifications with both the Utilization Review Accreditation Commission (URAC) and the National Committee for Quality Assurance (NCQA).

Healthcare professionals are available 24 hours a day, 7 days a week and support individuals with various health-related questions such as providing advice on a recent diagnosis, assisting with a request for health information or helping navigate the complex healthcare system. Health Reach includes the following services. All services are free and all HPSJ members are eligible for the services.

- Nurse Triage
- Secure Email (WebNurse)
- Physician telehealth consults
- Automated welcome messages
- Health Information assessment reminders

Mission

The mission of the HealthReach program is to provide access to medical support 24 hours 7 days a week, to provide efficient and safe delivery of clinical triage and health education to members/employees/patients which in turn inform decisions concerning the appropriate use of medical resources.

Accreditation and Certification

The delegate sought and achieved initial accreditation by URAC under the Health Call Center standards in 2007 for its NAL services. And continues this commitment achieving re-accreditation in URAC's Health Call Center standards

in 2010, 2013, 2016, and most recently in 2019 with accreditation through June 1, 2022.

In 2010, the delegate was certified under NCQA's Health Information Product Standards and achieved the Health Information Line certification on November 15, 2010. The delegate continues to maintain its certification status and has consistently met this achievement since October 15, 2012 and is certified through June 4, 2022.

The delegate has healthcare professionals available for all shifts and provides a talented labor pool of bilingual Spanish speaking professionals. For members requiring interpretation for other languages, the delegate uses professional multi-language support services to assist in interpreting more than 200 languages and dialects. The delegate also has the capability to handle calls for hearing-impaired and speech-disabled members using Relay Services and/or TTY equipment.

Clinical Services

Nurse Triage

Clinical/ Symptomatic triage and health information is provided by Registered Nurses. When providing services, Nurses may work either in the delegates facility and/or remotely. Nurse's average 15 years of clinical experience. The Registered Nurse using written protocols will triage member symptoms and may recommend home remedy with instruction, referral to urgent care, referral to emergency room or referral to a physician consultant based on the presentation of the call.

Physician telehealth consults (MDLive)

Registered Nurses following a written algorithm will offer MD services for members whose symptoms are not urgent and the assessment results in "see provider" they will triage calls and forward to Physician consultants.

WebNurse

An additional component to the delegates suite of services is a web-based product called WebNurse. With WebNurse, members may submit health information inquiries through chat or email via secure connection to obtain health education only. Symptomatic triage is never conducted through a web inquiry.

Administrative Services

Daily, the delegate posts Triage Summaries of each call received to HPSJ's sFTP site. These summaries are retrieved by HPSJ Case Management team members who conduct patient follow up calls the next day. HPSJ Case Management team subsequently sends notification of the triage call to the members primary care provider to complete the communication loop.

Each month the delegate assist HPSJ meet regulatory requirement to timely complete Health Risk assessments on newly enrolled members by initiating robotic calls to remind members of the importance of completing these forms and returning them to HPSJ. The delegate initiates these calls to newly enrolled Medicaid members needing to complete the Health Information Forms/Medical Evaluation Tools, and Health Risk Assessments for HPSJ Medicare/Medical (Dual) enrollees.

Utilization /Performance

Methodology

The HPSJ delegate collects data on average speed to answer and abandonment rates from their call center system. The timeframe for this analysis is based on the Fiscal year.

Contact Center Service KPI/Goals

- Service Level goal is 80% of call volume answered within 30 seconds
- Abandonment rate of 5% or less
- Average Speed to Answer is 30 seconds or less

Reporting

The delegate provides Monthly and Quarterly reports on call volume, services, and response metrics. In addition, the delegate assist HPSJ accomplish communication campaign efforts for HPSJ members by generating welcome calls to new members or important health notification campaigns such as COVID vaccinations, fire season safety and other alerts.

	FY2020	FY2021
Automated Health Notification	32,136	35,811
Delegated Service Utilization	16.92%	17.49%
Welcome Calls	32,136	35,811
Health Information Forms/ Medical Evaluation Tool	32,136	35,811

For FY2021 the delegate generated 3,675 more automated notifications than FY 2020, with 1,017 of them being in response to the advent of Covid 19 activities.

COVID Related Calls

COVID-19 related Triage Count	
Adult	774
Pediatric	243
Total	1,017
% of Total Triage Completed	8.4%
Eligible for Physician Consult (MDLive)	315
Accepted Transfer for Physician Consult	236

Utilization

	FY2020	FY2021
Member Count	312,840	334,959
Percent Utilization	6.65%	6.80%

As anticipated plan membership increased by approximately 22 thousand lives secondary to the impact of covid-19. Resulting in an increase in call volumes, member messaging campaigns and welcome calls. Member use of the Advice Nurse Line also so an 0.57% increase over FY 2020.

Performance Measures

The HealthReach program saw a 9% increase in total call volume in FY2021 and was able to drive the call abandonment rate down by 4.68%, the percent of calls abandoned by 8.47% and increase the percent of calls answered by 1% over FY2020; however, the program did not meet goal of an average speed of answer 30 seconds or less.

	FY2020	FY2021
Total Calls Offered	21,801	23,800
Total Calls Abandoned	1002	1,025
Abandonment rate	3.20	3.05%
Total Calls Answered	20,799	22,775
Avg. Speed of Answer	00:38	00:45
% Abandoned	4.60%	4.21%
% Answered	95%	96%
WebNurse Request Received	6	381
Avg. response time	00:03	02:40
Clinical (Triage/Health Info) Calls	11,124	11,699
Non-Clinical Calls	9,675	11,076

The usage of the online portal for health advice through WebNurse also experienced a significant increase in usage from 8 emails in FY2020 to 381 emails in FY2021 after a campaign effort to increase awareness of this feature during the 2021 FY.

Outcomes

The goal of HealthReach is to provide HPSJ members access to medical information and assistance 24 per day 7 days a week. The program serves to assist members in making informed decisions regarding their illness and evaluating options concerning appropriate access care. The secondary impact of the program is that physician offices and emergency rooms benefit from less critical visits and use availing space for more immediate services to be rendered to those of the greatest need. A measure of the program's effectiveness is the increased use of appropriate health care settings. In FY 2021 HealthReach increased ED Diversion by 10%, Urgent Care use increased by 7.25% and MD Office use decreased by 3.28% as related to calls placed to HealthReach.

	FY 2020	FY 2021
ED Diversion	66%	73%
Urgent Care Diversion	69%	64%
MD Diversion	61%	59%

J. Provider Network Adequacy

Responsible Staff

Heather West

Director, Provider Relations

J.1 Provider Availability Analysis

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 2020-2021.

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 SCP Physicians (Ratio 1:1,200)
- Based on current membership data Geo Access software calculates the ratio of PCPs and SPCs to members.

Calculating Member to Provider Drive Time or Distance:

- PCP and SCP Drive Time or Distance: Provider Network Operations (PNO) Department runs the data on 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
 - OB-GYN
- The high-volume specialty types should be based on DHCS identified Core Specialty providers listed below:

CORE SPECIALISTS	
Cardiology/Interventional Cardiology	Neurology
Dermatology	Obstetrics/Gynecology
Endocrinology	Ophthalmology
ENT/Otolaryngology	Orthopedic Surgery
Gastroenterology	Physical Medicine & Rehabilitation
General Surgery	Psychiatry
Hematology	Pulmonology
HIV/AIDS Specialists/Infectious Diseases	Oncology
Nephrology	

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.

Language Access for Primary Care Providers

Language	# of Members	# of Providers	Member to Provider Ratio
English	119,181	491	243:1
Spanish	84,218	437	193: 1
Cambodian	2,128	62	34:1
Hmong	1,124	44	26:1
Vietnamese	2,024	44	46:1
Punjabi	1,953	84	23:1
No language selected	116,870		

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	Capacity	TIME & DISTANCE
PCP	1:2,000	10 Miles OR 30 Minutes
Primary Care – OB/GYN	1:2,000	10 Miles OR 30 Minutes
SCP	1:1,200	30 Miles OR 60 Minutes
Specialty Care – OB/GYN	1:1,200	30 Miles OR 60 Minutes
Hospitals		15 Miles OR 30 Minutes
Mental Health (Non-Psychiatry) Outpatient Services		30 Miles OR 60 Minutes
Substance Use Disorder Outpatient Services		30 Miles OR 60 Minutes
Substance Use Disorder Opioid Treatment Programs		30 Miles OR 60 Minutes
Pharmacy		10 Miles OR 30 Minutes

Pediatric Dental		10 Miles OR 30 Minutes
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NCQA Performance Standards

These performance standards are based on meeting the requirements of the National Committee for Quality Assurance (NCQA).

HIGH VOLUME SPECIALISTS (SPCS)		
Provider Type	Capacity	Time & Distance
Allergists & Immunologist	1:10,000	30 Miles OR 60 Minutes
Cardiologists	1:10,000	30 Miles OR 60 Minutes
General Surgeons	1:10,000	30 Miles OR 60 Minutes
Ophthalmologists	1:10,000	30 Miles OR 60 Minutes
Physical Medicine and Rehabilitation	1:10,000	30 Miles OR 60 Minutes

HIGH VOLUME BEHAVIORAL HEALTH PROVIDERS (BHPS)		
Provider Type	Capacity	Time & Distance
Mental Health Practitioners	1:10,000	30 Miles OR 60 Minutes
Marriage & Family Therapists	1:10,000	30 Miles OR 60 Minutes
Licensed Clinical Social Workers	1:10,000	30 Miles OR 60 Minutes
Psychologists	1:10,000	30 Miles OR 60 Minutes
Psychiatrists	1:10,000	30 Miles OR 60 Minutes

High Impact Providers

- High impact specialty types are based on high morbidity and mortality for HPSJ members.

HIGH IMPACT PROVIDERS		
Provider Type	Capacity	Time & Distance
Oncology	1:10,000	30 Miles OR 60 Minutes
HIV/AIDS Specialists/Infectious Diseases	1:10,000	30 Miles OR 60 Minutes
Orthopedic Surgery	1:10,000	30 Miles OR 60 Minutes
Neurosurgery	1:10,000	30 Miles OR 60 Minutes

2021 PROGRAM GOALS AND PERFORMANCE EVALUATION

The provider availability results are presented in the table below based on Geo access data.

PCP ACCESSIBILITY ANALYSIS SPECIFICATIONS	
Provider Group	PCP 444 unique Providers at 144 unique locations 91 unique OBGYN Providers at 54 locations
Member Group	336,340 Members 180,939 Female Members (OBGYN)
Access Standard	1 Provider in 10 Miles OR 30 minutes
All Members	99.5% with Access to PCP 0.5% without Access to PCP 100% Female Members with Access to OBGYN 0% without Access to OBGYN

High Volume Specialists (SPCs)				
Provider Type	Capacity	Met Capacity	Time & Distance	Met Time & Distance
Allergists & Immunologist	1:10,000	Y	30 Miles OR 60 Minutes	Y
Cardiologists	1:10,000	Y	30 Miles OR 60 Minutes	Y
General Surgeons	1:10,000	Y	30 Miles OR 60 Minutes	Y
Obstetrics/Gynecology	1:10,000	Y	30 Miles OR 60 Minutes	Y
Ophthalmologists	1:10,000	Y	30 Miles OR 60 Minutes	Y
Physical Medicine and Rehabilitation	1:10,000	Y	30 Miles OR 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 OR 60 Minutes	Y
Marriage & Family Therapists	1:10,000	Y	30 Miles OR 60 Minutes	Y

Licensed Clinical Social Workers	1:10,000	Y	30 Miles OR 60 Minutes	Y
Psychologists	1:10,000	Y	30 Miles OR 60 Minutes	Y
Psychiatrists	1:10,000	Y	30 Miles OR 60 Minutes	Y

High Impact Providers				
Provider Type	Capacity	Met Capacity	Time & Distance	Met Time & Distance
Oncology	1:10,000	Y	30 Miles OR 60 Minutes	Y
HIV/AIDS Specialists/Infectious Diseases	1:10,000	Y	30 Miles OR 60 Minutes	Y
Orthopedic Surgery	1:10,000	Y	30 Miles OR 60 Minutes	Y
Neurosurgery	1:10,000	Y	30 Miles OR 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 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 Provider Appointment & Accessibility Survey (PAAS) Evaluation

PCP – Provider Appointment Availability Survey (PAAS) Results

MEASURE	GOAL	RATE	GOAL MET
Urgent Care Appointments within 48 hours.	100%	65%	N
Routine Care Appointments within 10 business days	100%	89%	N
Summary Rate	100%	78%	N

SCP – Provider Appointment Availability Survey (PAAS) Results

MEASURE	GOAL	RATE	GOAL MET
Urgent Care Appointments within 96 hours.	100%	64%	N
Routine Care Appointments within 15 business days	100%	88%	N
Summary Rate	100%	77%	N

Non-Physician Mental Health Care Providers – Provider Appointment Availability Survey (PAAS) Results

MEASURE	GOAL	RATE	GOAL MET
Urgent Care Appointments within 96 hours.	100%	67%	N
Routine Care Appointments within 10 business days	100%	85%	N
Summary Rate	100%	74%	N

Psychiatrists – Provider Appointment Availability Survey (PAAS) Results

MEASURE	GOAL	RATE	GOAL MET
Urgent Care Appointments within 96 hours.	100%	75%	N
Routine Care Appointments within 15 business days	100%	75%	N
Summary Rate	100%	85%	N

Ancillary – Provider Appointment Availability Survey (PAAS) Results

MEASURE	GOAL	RATE	GOAL MET
Routine Care Appointments within 15 business days	100%	100%	Y
Summary Rate	100%	100%	Y

All Provider Types – Provider Appointment Availability Survey (PAAS) Results

MEASURE	GOAL	RATE	GOAL MET
Urgent Care Appointments hours.	100%	67%	N
Routine Care Appointments	100%	88%	N

2020 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 person 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
- Timely Access Audit Methodology work group meetings/training - with consultants and vendors

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.

J.3 2021 LANGUAGE ACCESSIBILITY ANALYSIS

THRESHOLD LANGUAGE	TOTAL MEMBERS	GOAL	% OF PROVIDER ACCESSIBILITY (Under 10 Miles)	MET GOAL (Y/N)
English	119,181	95 %	99.5%	Y
Spanish	84,218	95 %	99.2%	Y
Cambodian	2,128	95 %	99.5%	Y
Punjabi	1,953	95 %	99.0%	Y
Vietnamese	2,024	95 %	93.4%	N
Hmong	1,124	95 %	98.8%	Y

Quantitative Analysis

- Health Plan of San Joaquin has met the threshold of 5 of the 6 languages tracked.

Qualitative Analysis

- Not Applicable

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 2020-2021 AFTER HOURS ACCESSIBILITY ANALYSIS

The After-Hours Accessibility Survey is designed to identify non-compliance with after-hours access to providers by HPSJ members. Initial survey outreach was conducted in December 2020 to 263 providers (PCP, Specialists & Behavior Health Specialists). Of the 263 providers surveyed, 24 were found to be non-compliant with appropriate emergency instructions associated with their after-hours messaging. The 2020-21 survey results indicated that 90.8% of providers were compliant with their afterhours accessibility messaging.

Letters to non-compliant providers were sent, notifying them of their messaging corrections. Follow-up survey calls were made, and educational sessions occurred between Provider Services and non-compliant providers. Sample after hours call scripts were made available to providers to demonstrate compliant, after-hours messaging.

After Hours Accessibility Analysis

# Providers Surveyed	# Non-Compliant Providers	Rate of Compliance
263	24	90.8%

Provider Experience

K. Provider Satisfaction Survey

Responsible Staff

Heather West

Director, Provider Relations

The Provider Satisfaction Survey targeted Primary Care Providers, Specialists and Behavioral Health providers to measure their satisfaction with Health Plan of San Joaquin for reporting period 2020. Information obtained in these surveys allows HPSJ to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities.

The 2020 Provider Satisfaction Survey was designed by the vendor to support the following NCQA Standards:

- **NCQA Standard QI 3** (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.
- **NCQA Standard QI 4** (Continuity and Coordination Between Medical Care and Behavioral Health Care). To enhance the value of the survey to organizations providing behavioral health care services, there was an optional supplemental survey module (3 questions) which was implemented to address Similar to QI 3, this standard looks to the organization to demonstrate evidence of collaboration between medical care delivery system and its behavioral healthcare network.

Composites

The following composites were included in the Health Plan of San Joaquin survey:

- ✓ Overall Satisfaction
- ✓ All Other Plans (Comparative Rating)
- ✓ Utilization and Quality Management
- ✓ Network/Coordination of Care
- ✓ Pharmacy

- ✓ Health Plan Call Center Service Staff
- ✓ Provider Relations

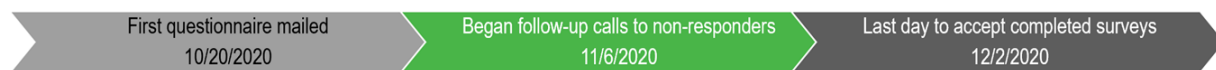
Telehealth

Additional baseline questions regarding telehealth utilization were included in the 2020 survey. These questions were designed around the increased need for providers to offer increased modalities to see patients, due to the COVID-19 pandemic.

Benchmark

All core measures are compared to the 2019 vendor Medicaid Book of Business (2019 SPH Medicaid), 106 health plans with a total of 30,348 respondents.

Methodology



2020 RESPONSE RATE

Methodology	Sample size	Ineligible records ¹	Valid surveys				Response rate	Adjusted response rate
			Mail	Phone	Internet	Total		
Mail/Internet	1250	45	79	-	36	115	9%	10%
Telephone	428	34	-	37	-	37	9%	9%

¹Note: Ineligible includes undeliverable addresses, as well as deceased, wrong number, etc.

Key Findings

Changes from last year that indicate trending upward included:

- Access to Case/Care Managers from HPSJ
- Quality of specialist in HPSJ's plan provider network
- Consistency of the formulary over time
- Extent to which formulary reflects current standards of care
- Variety of branded drugs on the formulary
- East of prescribing preferred medications within formulary guidelines
- Availability of comparable drugs to substitute those not included in the formulary

There were no notable questions that decreased significantly from 2019.

Measure Name	2020 Summary Rate Score	2019 SPH Medicaid BoB %tile
Willingness to Recommend (% Yes)	95%	93 rd
All Other Plans (Comparative Rating) (% Well or Somewhat above average)	58%	97 th
Overall satisfaction (% Completely or Somewhat Satisfied)	81%	94 th
Utilization and Quality Management (% Well or Somewhat above average)	54%	96 th
Network/Coordination of Care (% Well or Somewhat above average)	42%	94 th
Pharmacy (% Well or Somewhat above average)	40%	98 th
Health Plan Call Center Service Staff (% Well or Somewhat above average)	48%	93 rd
Provider Relations (% Well or Somewhat above average)	48%	91 st

Key Drivers of the Overall Rating of Health Plan of San Joaquin that promote and leverage strengths (Top 5)

1. Degree to which the plan covers and encourages preventive care and wellness
2. Procedures for obtaining pre-certification/referral/authorization information
3. Access to knowledgeable Utilization Management (UM staff
4. HPSJ's facilitation/support of appropriate clinical care for patients
5. Access to Case/Cared Mangers from HPSJ.

Highlighted Survey Results 2020

- Net Satisfaction Score: 77%
- Net Loyalty Score: 77%

Composite Summary Rate Scores	HPSJ 2020	Vendor Medicaid Book of Business
Overall Satisfaction	81%	68%
Willingness to Recommend	95%	84%
All Other Plans (Comparative Rating)	58%	35%
Utilization and Quality Management	54%	32%
Network/Coordination of Care	42%	34%
Pharmacy	40%	23%
Health Plan Call Center Service Staff	48%	37%
Provider Relations	48%	35%

Opportunities

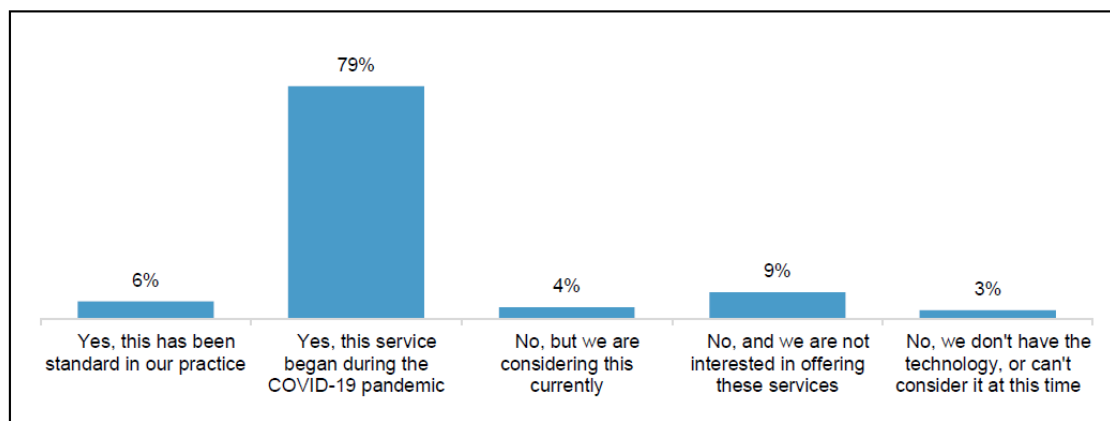
Focus resources on improving processes that underline these items:

- According to the data - None exist for this analysis.

Telehealth

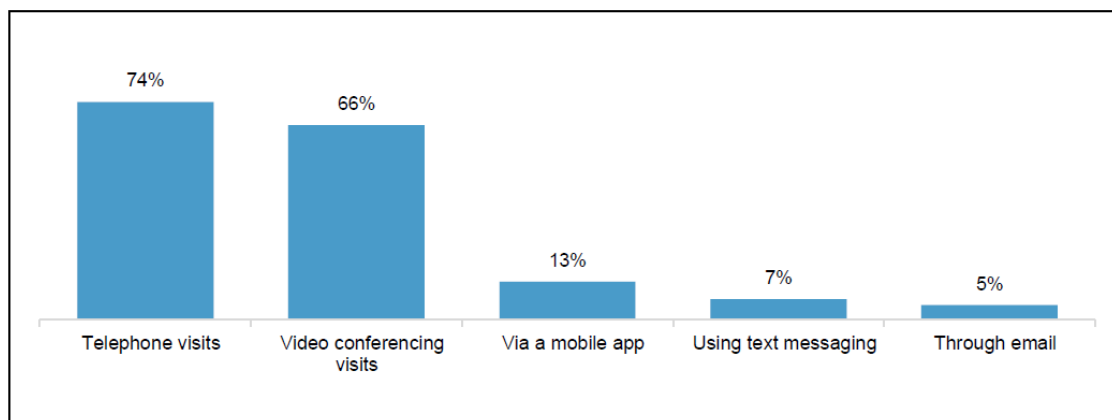
Baseline information was collected from providers regarding telehealth. 79% of respondents indicated that they began providing telehealth services due to the COVID-19 pandemic. 74% of the respondents indicated that they are offering screening and treatment via telephone visits and 68% through video conferencing. 9% of providers responded that they were not interested in offering telehealth services and 3% indicated that they did not have the technology or cannot consider it at the time of the survey.

Q9. Do you provide telehealth services?



Survey Item	Summary Rate 2020
Q9. Do you provide telehealth services?	(n=140)
Yes, this has been standard in our practice	6%
Yes, this service began during the COVID-19 pandemic	79%
No, but we are considering this currently	4%
No, and we are not interested in offering these services	9%
No, we don't have the technology, or can't consider it at this time	3%

Q10. How are you currently offering screening and treatment virtually?



Survey Item	Summary Rate 2020
Q10. How are you currently offering screening and treatment virtually?	(n=116)
Telephone visits	74%
Video conferencing visits	66%
Via a mobile app	13%
Using text messaging	7%
Through email	5%

Barriers

No barriers to account for during the reporting period.

Reviewed and Approved:

QM Chairperson	<div><div>DocuSigned by:</div><div>Lakshmi Dhanvanthari</div><div>E51FEC64D79F417</div></div>	1/27/2022
Lakshmi Dhanvanthari, MD, Chief Medical Officer		Date
Governing Board	<div><div>DocuSigned by:</div><div>Greg Diederich</div><div>CE070F6A1EBF4D0</div></div>	1/29/2022
Greg Diederich, Chairman		Date