



Physicians Advisory Group

Meeting Agenda

Thursday, March 3, 2022

12:00 p.m. - 1:30 p.m.

Location: In Santa Cruz County:

Central California Alliance for Health Monterey Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA

In Monterey County:

Central California Alliance for Health Board Room
950 East Blanco Road, Suite 101, Salinas, CA

In Merced County:

Central California Alliance for Health Los Banos Room
530 West 16th Street, Suite B, Merced, CA

Important notice regarding COVID-19: In the interest of public health and safety due to the state of emergency caused by the spread of COVID-19, members of the public are encouraged not to attend the meeting in person. In person attendees must wear a face covering throughout the duration of the meeting regardless of vaccination status.

The following alternative is available to members of the public to observe this meeting remotely via livestream. Individuals wishing to provide comment to the Advisory Group, must attend the meeting in person or email comments to the Clerk of the Advisory Group prior to the meeting.

1. Members of the public wishing to observe the meeting remotely via livestream may do so as follows:
 - a. Computer, tablet or smartphone via Microsoft Teams:
[Click here to join the meeting](#)
 - b. Or by telephone at:
United States: + 1 (323) 705-3950
Phone Conference ID: 422 501 870#
2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Advisory Group or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Wednesday, March 2, 2022 to the Clerk of the Advisory Group at tneves@ccah-alliance.org
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to five minutes.
 - b. In person, during the meeting, when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to five minutes.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

1. Call to Order by Chairperson Bishop. 12:00 p.m.

- A. Roll call.
- B. Supplements and deletions to the agenda.

2. Oral Communications. 12:10 p.m.

- A. Members of the public may address the Advisory Group on items not listed on today's agenda that are within the jurisdiction of the Advisory Group. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.
- B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

Consent Agenda Items: 12:15 p.m.

3. Approve PAG Meeting minutes of December 2, 2021.

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. Old Business

- | | |
|--|--|
| <ul style="list-style-type: none"> A. Pharmacy Carve-Out Update B. COVID-19 Vaccine Incentive Program Update | <ul style="list-style-type: none"> N. Sachdeva, Pharm D. H. Gillette-Walch, RN, MPH, D. Pineda, MPH |
|--|--|

5. New Business

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Strategic Plan 2022 – 2026 B. Care Based Incentives 2022 Resuming Care C. Care Based Incentives Plan 2023 | <ul style="list-style-type: none"> D. Bishop, MD D. Bishop, MD D. Diallo, MD |
|--|---|

6. Open Discussion: 1:20 p.m.

- A. Group may discuss any urgent items.

7. Adjourn: 1:30 p.m.

The next meeting of the Physicians Advisory Group, after this March 3, 2022 meeting:

- Thursday June 2, 2022, 12:00-1:30 p.m.
Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas and Merced.

The complete agenda packet is available for review on the Alliance website at www.ccah-alliance.org/boardmeeting.html. The Alliance complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Clerk of the Advisory Group at least 72 hours prior to the meeting at (831) 430-5556.

Meeting Minutes

Thursday, December 2, 2021
12:00 - 1:30 p.m.

Held via Teleconference Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021

Group Members Present:

Dr. Misty Navarro	Provider Representative
Dr. Scott Prysi	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Michael Yen	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. Larry deGhetaldi	Board Representative

Group Members Absent:

Dr. Anjani Thakur	Provider Representative
Dr. Barry Norris	Provider Representative
Dr. Casey Kirkhart	Provider Representative
Dr. Patrick Clyne	Provider Representative
Dr. Chuyen Trieu	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Jennifer Hastings	Provider Representative

Staff Present:

Dr. Dale Bishop	Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Dr. Gordon Arakawa	Medical Director
Ms. Navneet Sachdeva	Pharmacy Director
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Jordan Turetsky	Provider Services Director
Ms. Michelle Stott	QI & Population Health Director
Ms. Kristen Rohlf	Quality Improvement Program Advisor
Ms. Lila Chagolla	Regional Operations Director
Mr. Jim Lyons	Provider Relations Manager
Ms. Ronita Margain	Regional Operations Director
Ms. Mary Brusuelas	Utilization Management/CCM Director
Ms. Tracy Neves	Clerk of the Advisory Group

1. Call to Order by Chairperson Dr. Dale Bishop.

Group Chairperson Bishop called the meeting to order at 12:00 p.m.
Roll call was taken.

No supplements or deletions were made to the agenda.

2. Oral Communications.

Chairperson Bishop opened the floor for any members of the public to address the Group on items not listed on the agenda.

No members of the public addressed the Group.

Consent Agenda

- A. The group reviewed the September 2, 2021 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved as written.

- B. Approve findings that the state of emergency continues to impact the ability of members to meet safely in person and/or State or local officials continue to impose or recommend measures to promote social distancing.

Action: Consent agenda items approved.

3. **Old Business**

- A. Pharmacy Carve-Out Update

Navneet Sachdeva noted the pharmacy team was able to resolve issues with pharmacies administering vaccines and retail pharmacies can receive administration cost for the adult population. Pharmacy team will continue to monitor and work with the Department of Health Care Services (DHCS). There are resources on the Alliance provider webpage for DHCS and Magellan, please sign-up on their portal. Pharmacy is sending letters to those in the In-Home Support Services (IHSS) line of business that are transitioning to MedImpact. This transition will streamline the process. Any questions regarding IHSS, please reach-out to the Pharmacy department. Members have been notified of the change.

4. **New Business**

- A. Care Based Incentives (CBI) 2022 & 2023

Dr. Bishop provided a summary of the information that was presented to the Board regarding 2021 CBI. As a result of the unavoidable effects of the pandemic on member access and provider practice, the majority of Alliance

providers will not achieve results consistently above the 50th percentile for most quality measures in 2021. Despite provider best efforts, pandemic related challenges have not been overcome through modified visit methods. As a result, the Board approved elimination of Quality of Care performance adjustment for the CBI program for 2021.

Care Based Incentives 2022

Dr. Bishop reviewed the CBI payment adjustments that began in 2020. The adjustment factor applied to four tiers of Quality of Care measures falling below the 50th percentile and applied an adjustment factor between .75 to 0 depending on the number of low performing metrics and the percentile performance. Dr. Bishop asked the Group for their input regarding the measures.

Provider noted they continue to have medical assistant (MA) shortages. Doctors on Duty has noticed patients are willing to come back in and they are hoping to see an increase in patients returning to the clinic. Another provider noted they are also seeing patients in the clinic but there is much catching-up that needs to be done.

Pediatric provider noted she has patients that have not been seen since 2019, and schedules are booked out 2-3 months. The County Office of Education is offering testing which has helped alleviate some of the testing requests. Doctors on Duty testing has moved their dedicated testing outside of clinics. Provider noted they have been busy and hired medical assistants (MAs) despite the staffing shortage; they proctor MAs for schools and then hire them. Another provider noted he is concerned with the turnover of staff and this is affecting the CBI scores. Also, provider waiting rooms have limited seating due to social distancing and this has an impact on metrics. It will be challenging to operate similar to pre-pandemic levels and achieve CBI metrics.

2022 Quality of Care Measures were shared with the Group:

- Asthma Medication Ratio
- Body Mass Index (BMI) Assessment: Children & Adolescent
- Cervical Cancer Screening
- Diabetic HbA1c Poor Control > 9%
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- Child and Adolescent Well-Care
- Well-Child Visit First 15 Months
- Depression Screening and Follow-Up Plan
- Breast Cancer Screening
- Controlling High Blood Pressure Screening

Measures from 2020 will be shared in CBI progress reports as well as comparison data. NCQA data has not been reviewed yet but the state did allow for previous year's data to be reported. The Alliance has rate comparisons from plan-to-plan. Goals for 2022 will be posted by the end of December. It was suggested that 2019 benchmarks be published as well. Dr. Bishop noted benchmarks will be discussed further at future PAG meetings.

Breast cancer screening in Monterey County is at capacity, and there is difficulty getting patients seen. Dr. Diallo asked about A1c and provider noted she has been having success with diabetic patients but there are issues with pharmacies particularly, Walgreens in Watsonville. **Action:** Navneet will follow-up with provider and Walgreens management.

Care Based Incentives 2023

Dr. Diallo noted the Alliance has a workgroup that meets with others across departments to discuss CBI. Brainstorming CBI 2023 information regarding what went well, what has not been working well and what providers want to see changed was discussed with the Group.

Providers agreed with items presented of what has been going well. Dr. Bishop noted in 2019, the Alliance received the highest achievement for a medium-sized plan statewide for CAHPS metrics. Things that did not go well were pandemic related in addition to data submission, electronic health records restraints, and provider access barriers. Provider noted the length of time it takes to get a new provider credentialed is challenging.

Group suggestions included: CBI provider training and quarterly refresher trainings, a recorded/webinar format for each CBI measure and instituting a staff training requirement. Provider noted having staff coordination is essential. It was suggested that having a dedicated coordinator or outreach support from the Alliance would be helpful.

Group was asked whether current level of funding sufficient. Provider noted it has helped their clinic with delivery of care. Some predictability for planning purposes would be helpful. Provider noted they have a large Medi-Cal population and have done well with CBI measures.

- B. Enhanced Case Management & Community Support Services (ECM & CS)
Jennifer Mockus presented background information regarding Cal-AIM, a multi-year set of proposals to improve the quality of life and health outcomes for people with Medi-Cal, from birth to end of life, guided by key principles. The

initiatives will not only impact the Alliance but over the next few years, will also impact our county partners.

- Key feature is the introduction of Enhanced Case Management in the Medi-Cal managed care delivery system.
- Proposes a menu of Community Support services (formerly In Lieu Of Services or ILOS) which can serve as cost-effective alternatives to covered Medi-Cal services.
- Medi-Cal Managed Care Plans (MCPs) will be responsible for administering both ECM and Community Support services.
- Financial support for the programs including payments for ECM and incentives for infrastructure development are being developed by DHCS.

ECM implementation will take place over the next 2 years with 3 populations of focus beginning in Monterey and Santa Cruz beginning in January, and Merced in July 2022. Populations of focus for next year (2022) will be individuals and families experiencing homelessness and adults with serious mental illness (SMI) and substance use disorder (SUI). In January 2023, populations of focus will be those members transitioning from incarceration as well as those at risk of institutionalization and eligible for long term care, and nursing facility residents transitioning into the community. In July, work will be conducted with the state for children and youth in juvenile hall, those with mental health needs and in the foster care system.

ECM Core Services include:

- Outreach
- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Supports
- Coordination of and Referral to Community and Support Services

Community Support Services

According to Federal Medicaid program rules, Community Supports services are medically appropriate and cost-effective alternatives to services that can be covered if:

- Services are focused on medical/social determinants of health as a substitute for, or to avoid, hospital/nursing facility admissions, discharge delays, and avoidable emergency department use.
- Each service will have defined eligible populations, code sets, potential providers, restrictions, and limitations.
- Services are optional for the managed care plan to provide.
- Plans will not receive reimbursement for CS.

The Alliance Board approved optional services to be available to members. The Alliance does not receive payment for these services. Based on experience, the Alliance has seen that services provided have had positive effects on members.

Jordan Turetsky reviewed the optional 14 community supports services available of which the Alliance chose 7 services:

- Housing Transition and Navigation
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Sobering Centers (Monterey)
- Medically Tailored Meals/Meals
- Recuperative Care
- Short Term Post Hospitalization Housing

The go-live timeline for ECM and CS was shared with the Group. The Alliance Board approved ECM and CS rates on October 27, and organizations received contracting materials on October 28. Staff are working with organizations to support training and questions in preparation for January. Pathways for member assignment, authorizations, and care plan tracking/submission are also being developed and refined. Information is being gathered for submission to DHCS for the ECM and CS incentive opportunities.

The primary focus is to ensure continuity of care for the WPC population. Provider noted they are very excited about these services being offered to members.

6. **Open Discussion**

Chairperson Bishop opened the floor for the Group to have an open discussion.

Provider noted she has a case management issue with patient on worker's compensation with severe health issues. Patient wants to pay cash for surgery but is having difficulty finding appropriate care. **Action:** Community Care Coordination will reach out to the provider to assist with member's care.

The meeting adjourned at 1:30 p.m.
Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items for discussion and/or action must be placed on the agenda prior to the meeting.



Alliance COVID-19 Vaccine Incentives

Primary Care and Pharmacy Incentives

Hilary Gillette-Walch, RN, MPH

Quality and Population Health Manager

Member Incentives

Deborah Pineda, MPH

Quality and Health Programs Manager

Physicians Advisory Group

March 3, 2022

DHCS METRICS FOR THE VACCINE INCENTIVE PROGRAM

Reporting Strata	Aug. 29, 2021 DHCS	Oct. 31, 2021 DHCS	January 2022 Alliance Data	Target:
California	51.1%	56.1%		
CCAH - Overall (5+)	51.9%	57.0%	52.0%	76.2%
Homebound Members	68.2%	69.8%	74.1%	81.8%
Members 50-64 Years with Chronic Conditions	75.6%	76.7%	80.0%	90.7%
5-11 Years Old	N/A	N/A	18.5%	
12 - 25 Years Old	44.6%	51.5%	60.0%	61.0%
26 - 49 Years Old	50.4%	55.1%	63.4%	80.0%
50 - 64 Years Old	63.0%	66.0%	74.7%	84.1%
65+ Years Old	69.6%	71.6%	78.5%	82.1%
American Indian/ Alaska Native (5+)	46.7%	51.8%	53.8%	57.0%
Black/African American (5+)	39.7%	43.8%	45.0%	57.0%



DHCS METRICS FOR THE **VACCINE INCENTIVE PROGRAM**

- Provider vaccine incentive program is live, we are working to increase visibility with Providers.
- All vaccine measures are improving slowly, with measures gaining 2-5% between August and October.
- Overall the plan's three counties and the individual counties are continuing to improve but the lack of data from CDPH this month may also be impacting the rate of improvement.



COVID-19 VACCINE MEMBER INCENTIVE

Member Mailing: Go-live date: **12/23/2021**



Mailed to Home

*Delivered by mail
through vendor*

Eligible Members <i>(Date of the service member is eligible)</i>	Gift Card Mailing <i>(Month of mailing)</i>	Member Roster Volume	Mailing Status
September 1 – November 30, 2021	December 2021	38,800	Completed
December 1–31, 2021	January 2022		Completed
January 1-31, 2022	February 2022	N/A	Have not started
February 1-28, 2022	March 2022	N/A	Have not started

Incentive:

- Members will be able to redeem their gift card in three different ways (by phone, online, and by mail)
- We're hearing positive feedback from members (i.e., sharing this information with others)
- Talking points on the COVID-19 "mail to home" incentive has been shared with internal staff

Vendor Call Center:

- Multilingual call center (vendor)
- Members can call with any questions, concerns or confirm the address
- Vendor has the list of eligible members



COVID-19 VACCINE MEMBER INCENTIVE



Point-of-Service

*Alliance-approved selected
Community-Based Organizations
and Providers sites*

Community Point-of-Service Updates:

- The Alliance Your Health Matters (YHM) team has engaged in **26** POS events (from 10/21/2021-12/16/2021)
- We've incentivized a total of **463** Alliance members (5 and older)
- Ordered more target gift cards (pending delivery)

Key highlights:

- Alliance members who were incentivized were pediatrics and adults getting their 1st or 2nd vaccine
- Some parents called friends and family members who are on Medi-Cal to encourage them to get the vaccine so that they can get the incentive
- The younger members were excited about the gift card incentive
- Majority of members are children getting their 1st vaccine, many adults are getting their booster vaccine

Total POS events	Total gift cards awarded
26	N=463
7-Santa Cruz 9-Monterey 10-Merced	111-Santa Cruz 240-Monterey 112-Merced



DISCUSSION

- Welcome feedback on how the incentive program has been communicated out to our Primary Care Providers/Members. What has been your experience?
- What target populations have you or your clinic identified and/or prioritized?
- What gaps or challenges have you experienced in the rollout of vaccination?



Questions





2022-2026 Strategic Plan

Dale Bishop, MD
Chief Medical Officer
Physicians Advisory Group
March 3, 2022



2022-2026 Strategic Plan

ABOUT THE ALLIANCE

- About the Alliance
 - Mission, Vision and Values
 - Member Demographics
 - Provider Network

ABOUT THE ALLIANCE



- **Regional non-profit Medi-Cal health plan**
 - **Serves nearly 390,000** members in Merced, Monterey and Santa Cruz counties.
 - Governed by a **21-member Board of Commissioners** with representation from each county.
 - Over **500 employees** in three regional offices (Scotts Valley, Salinas and Merced).



MISSION, VISION and VALUES

VISION

HEALTHY PEOPLE.
HEALTHY COMMUNITIES.

MISSION

Accessible, quality health care
guided by local innovation.

VALUES



Collaboration:

Working together toward solutions and results.



Equity:

Eliminating disparity through inclusion and justice.



Improvement:

Continuous pursuit of quality through learning and growth.



Integrity:

Telling the truth and doing what we say we will do.



ABOUT THE ALLIANCE

Member Demographics

THE ALLIANCE SERVES:

1 out of every 2
Merced County residents.



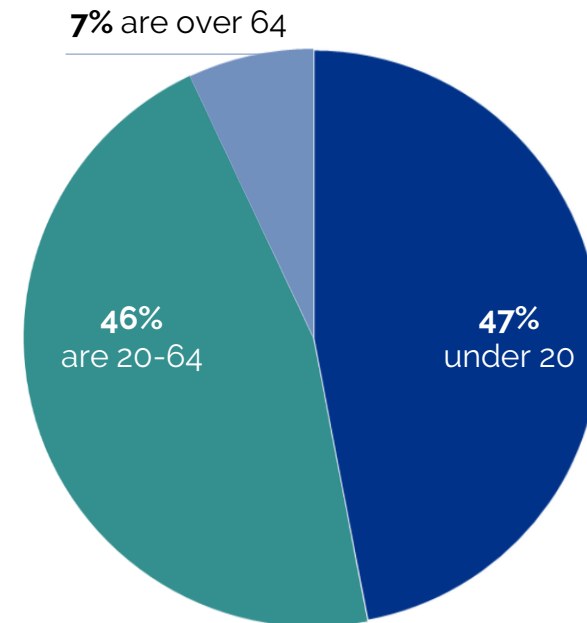
1 out of every 3
Monterey County residents.



1 out of every 4
Santa Cruz County residents.



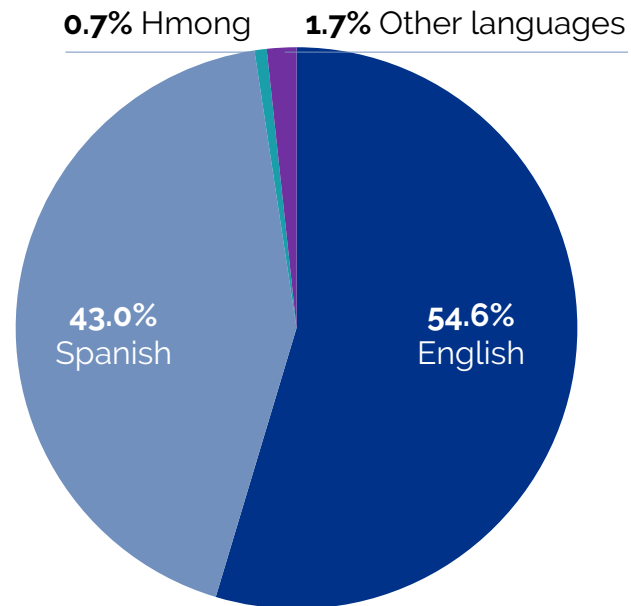
AGE GROUP (IN YEARS)



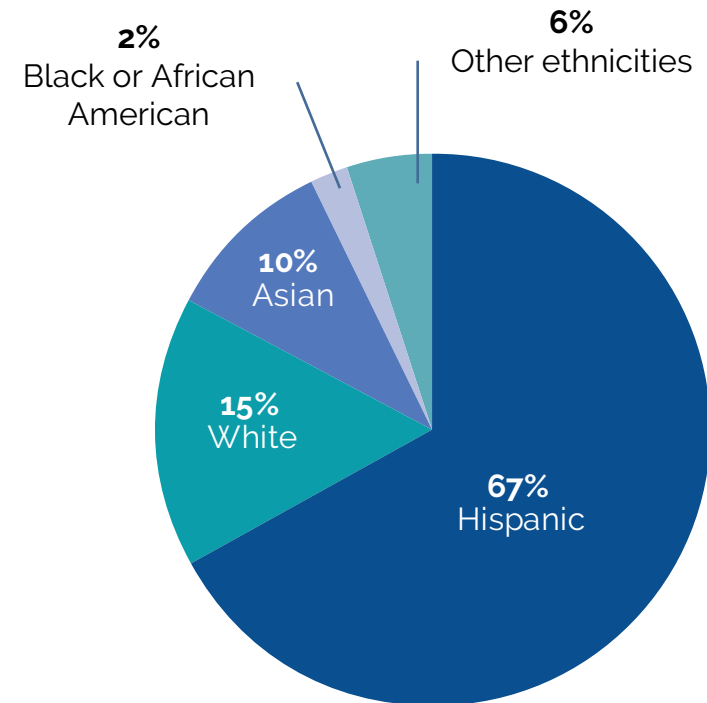
ABOUT THE ALLIANCE

Member Demographics

PREFERRED LANGUAGE



RACE/ETHNICITY



ABOUT THE ALLIANCE

Provider Network

- The Alliance's provider network includes more than **11,990 providers**.
- The Alliance partners with **86% of primary care physicians** and **85% of specialists** in its service area.





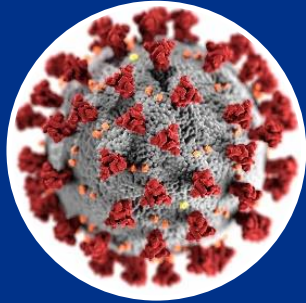
2022-2026 Strategic Plan

FIVE YEAR STRATEGIC PLAN

- Why a Strategic Plan?
- Strategic Planning Process
- Strategic Priorities and Goals
- 2022 Steps to Advance Goals

WHY A STRATEGIC PLAN?

Successfully navigate external challenges and opportunities.



Pandemic response and recovery.



Constrained delivery system capacity.



CaAIM transformation to maximize health.



WHY A STRATEGIC PLAN?

1 High level **plan** to achieve priorities under conditions of uncertainty.

2 **Roadmap** for future initiatives.

3 Provides staff, Board, and community with **common focus and perspective.**

4 **Aligns** action to achieve results.



STRATEGIC PLANNING **PROCESS**



HEALTH EQUITY PRIORITY



Focus: to fully address health inequities, the health care system will need to shift practices and policies that have traditionally benefitted some groups of people and left others out.

- The Alliance will seek to understand root causes of health disparities, particularly those experienced by members who identify as Black, Indigenous and people of color (BIPOC) and;
- Create opportunities for member inclusion in the Plan's decision-making processes to improve organizational policies to yield health equity.



HEALTH EQUITY GOALS



Goal 1:

Eliminate health disparities and achieve optimal health outcomes for children and youth.

Goal 2:

Increase member access to culturally and linguistically appropriate health care.



PERSON-CENTERED DELIVERY SYSTEM TRANSFORMATION PRIORITY



Focus: create a system that yields member health through shared decision making and action, rather than a system that simply delivers health care services.

- Center on the people served rather than the services delivered.
- Honor the dignity and self-determination of members.
- Focus on health as the intended result.



PERSON-CENTERED DELIVERY SYSTEM TRANSFORMATION GOALS



Goal 1:

Improve behavioral health services and systems to be person-centered and equitable.

Goal 2:

Improve the system of care for members with complex medical and social needs.



2022 INITIAL STEPS TO ADVANCE GOALS

Eliminate health disparities and achieve optimal health outcomes for children and youth.

Understand opportunities to resolve root cause disparities in pediatric health.

Increase member access to culturally and linguistically appropriate health care.

Enhance member engagement to gain insights aimed at improving programs, policies and practices.

Improve behavioral health services and systems to be person-centered and equitable.

Understand gaps and opportunities to improve the behavioral health system.

Improve the system of care for members with complex medical and social needs.

Improve the model of care for members experiencing homelessness, SMI/SUD and/or who are high utilizers.





Thank you!



Care-Based Incentive 2022 Benchmark Comparison

Dale Bishop, MD
Chief Medical Officer
Physicians Advisory Group
March 3, 2022



CARE-BASED INCENTIVE 2022 BENCHMARK COMPARISON

AGENDA:

1. Quality Measure Benchmark Background
2. Comparison of 2021 to 2022 CBI Program Year Benchmarks

Quality Measure Benchmark Background

- NCQA annually releases their Quality Compass[®] in the fall with the most recent year of HEDIS data.
- Quality Compass[®] lets you examine quality improvement and benchmark plan performance across different lines of business.
- DHCS utilizes the NCQA benchmarks in setting health plan performance goals for HEDIS in addition to other quality improvement projects.
- CBI quality measures utilize the NCQA Quality Compass[®] for the Medicaid National- HMO percentiles.



CBI 2022 Benchmarks Changes – Quality of Care Measures

MEASURE	25 th %tile	50 th %tile	75 th %tile	90 th %tile
Asthma Medication Ratio	△ +2.3	△ +2.35	△ +2.54	△ +1.94
Body Mass Index: Children & Adolescent	△ -2.1	△ -3.86	△ -4.5	△ -3.59
Breast Cancer Screening	△ -4.78	△ -4.89	△ -5.36	△ -5.45
Cervical Cancer Screening	△ -3.43	△ -2.19	△ -3.74	△ -4.69
Child and Adolescent Well-Care Visits*	△ -17.99	△ -17.09	△ -13.56	△ -10.43

*Alliance defined benchmarks for first year of measure use

△ National Medicaid rates were better in 2020 measurement year

△ National Medicaid rates were worse in 2020 measurement year



CBI 2022 Benchmarks Changes – Quality of Care Measures

MEASURE	25 th %tile	50 th %tile	75 th %tile	90 th %tile
Diabetes HbA1c Poor Control >9.0%	Δ +5.94	Δ +5.72	Δ +5.52	Δ +6.08
Immunizations: Adolescents	Δ -0.12	Δ -0.12	Δ +0.49	Δ -0.24
Immunizations: Children (Combo 10)	Δ -3.43	Δ -2.19	Δ -3.74	Δ -4.69
Well-Child Visits in the First 15 Months	Δ -16.32	Δ -12.96	Δ -11.74	Δ -8.75

Δ National Medicaid rates were better in 2020 measurement year

Δ National Medicaid rates were worse in 2020 measurement year



CBI 2022 Benchmarks Changes – Exploratory Measures

MEASURE	25 th %tile	50 th %tile	75 th %tile	90 th %tile
Chlamydia Screening in Women	△ -3.05	△ -3.53	△ -4.51	△ -5.27
Controlling High Blood Pressure	△ -3.4	△ -6.45	△ -5.11	△ -5.96
Lead Screening in Children	△ -2.17	△ -1.58	△ -3.16	△ -2.68

△ National Medicaid rates were better in 2020 measurement year

△ National Medicaid rates were worse in 2020 measurement year



Questions?





Care-Based Incentive Proposed Changes for 2023

Dianna Diallo, MD
Medical Director
Physicians Advisory Group
March 3, 2022





CARE-BASED INCENTIVE PROPOSED CHANGES FOR 2023

OBJECTIVES:

1. Review Proposed Measure Changes
2. Discuss Concerns or Potential Barriers

Proposed Changes: 2023 Care Coordination Measures

Care Coordination - Hospital and Outpatient Measures

- Ambulatory Care Sensitive Admissions
- Plan All-Cause Readmissions
- Preventable Emergency Visits

Care Coordination – Access Measures

- Application of Dental Fluoride Varnish
- Developmental Screening in the First 3 Years
- Initial Health Assessment
- Post-Discharge Care

Change Recommendation

- Retire Unhealthy Alcohol Use in Adolescents and Adults
- Add Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents



Proposed Changes: 2023 Quality of Care Measures

Measures

- Breast Cancer Screening
- Body Mass Index (BMI) Assessment: Children & Adolescent
- Cervical Cancer Screening
- Child and Adolescent Well-Care Visit
- Diabetic HbA1c Poor Control >9%
- Immunizations: Adolescents
- Immunizations: Children (Combo10)
- Screening for Depression and Follow-Up Plan
- Well-Child Visit First 15 Months

Change Recommendation

- Add Lead Screening in Children

Proposed Retirement

- Asthma Medication



Screening for Depression and Follow-Up Plan

Measure Description

- The percentage of members 18 to 64 years of age who are screened for depression on the date of the visit using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Considerations

- Current CMS measure uses Medi-Cal benefit codes.
- Two possible age stratifications: 12-17 or 18 and older.
- MCAS 2023 (MY 2022) changes CMS measure to NCQA measures using LOINC:
 - Postpartum Depression Screening and Follow Up
 - Prenatal Depression Screening and Follow Up
 - Depression Remission or Response for Adolescents and Adults
 - Depression Screening and Follow-Up for Adolescents and Adults



Unchanged Measures: Performance Threshold and FFS

Performance Threshold

- Performance Improvement
- Member Reassignment Threshold

Fee-for-Service Measures

- Patient Centered Medical Home (PCMH)
- Behavioral Health Integration



Proposed Additions: 2023 Exploratory Measures

Measures

- Chlamydia Screening in Women
- Controlling High Blood Pressure
- Health Disparity Measure
- Immunizations: Adults

Change Recommendation:

- Add Colorectal Cancer Screening
- Add Diabetic HbA1c Poor Control <9% to Health Plan Health Disparity
- Change Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents to Programmatic
- Change Lead Screening in Children to Programmatic
- Retire 90-Day Referral Completion
- Retire Latent Tuberculosis Infection (LTBI) Screening



Colorectal Cancer Screening

Measure Description

- The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.

Considerations

- Propose to add as an Exploratory Measure
- Under Fall 2021 Public Comment Review by NCQA
 - Adds 45-49 year olds
 - Allows performance rate stratification by 45-49 years, 50-75 years and a total rate
 - Adds Medicaid product line
 - ECDS-only reporting for HEDIS MY 2023



Health Plan Health Disparity Measure

Measure Description

- This is a health plan performance measure, using the Child and Adolescent Well-Care Visit measure to determine whether different ethnic groups had or did not have equal access to primary care.

Considerations

- Propose to add additional submeasure into the exploratory measure for the Diabetic HbA1c Poor Control (<9%).
- NCQA and DHCS are proposing to stratify HEDIS rates by race/ethnicity
 - NCQA's proposal requires 80% data completeness for race/ethnicity data



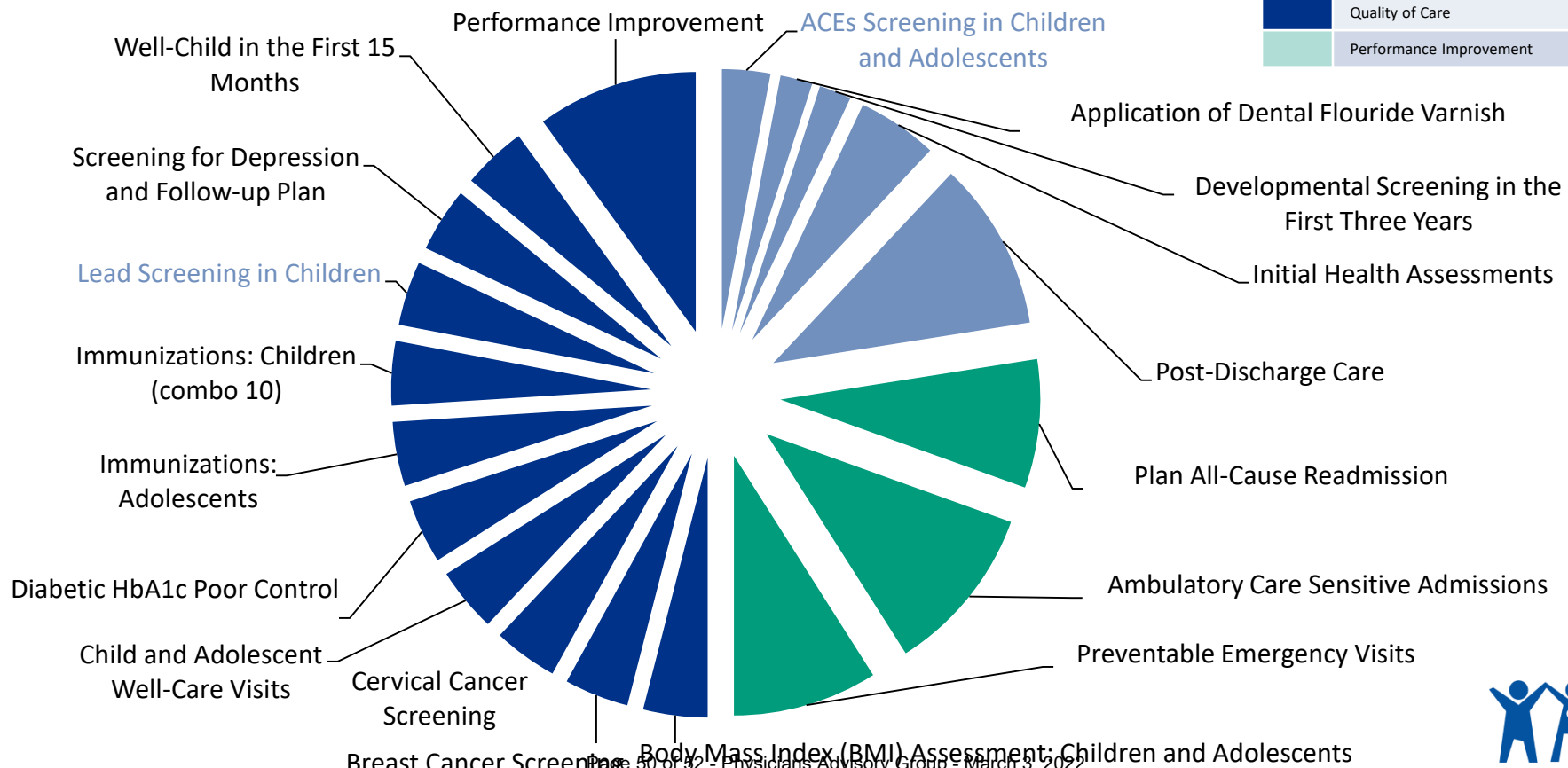
DHCS MCAS RY 2023 Stratification By Race/Ethnicity

- Child and Adolescent Well-Care Visits
- Childhood Immunization Status: Combination 10
- Follow-Up After ED Visit for Mental Illness – 30 days
- Follow-Up After ED Visit for Substance Abuse – 30 days
- Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9%)
- Controlling High Blood Pressure
- Immunizations for Adolescents: Combination 2
- Prenatal and Postpartum Care: Postpartum Care



Family Practice Points in 2023

LEGEND	
Color	Measure
Blue	Care Coordination - Access
Green	Care Coordination - Hospital & Outpatient
Dark Blue	Quality of Care
Light Green	Performance Improvement



Summary of Proposed Changes

1. Programmatic Measures:

- Retire: Asthma Medication Ratio.
- Change: Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents, Lead Screening in Children.

2. Exploratory Measures:

- Add: Colorectal Cancer Screening and Diabetic HbA1c Poor Control (<9%) as a new submeasure for Health Disparity Measure.
- Retire: 90-Day Referral Completion, Latent Tuberculosis Infection (LTBI) Screening.



Thursday, March 3	12:00 - 1:30 PM
Thursday, June 2	12:00 - 1:30 PM
Thursday, September 1	12:00 - 1:30 PM
Thursday, December 1	12:00 - 1:30 PM

