

## QUALITY IMPROVEMENT COMMITTEE MEETING

June 22, 2023, 6:00 p.m. – 7:30 p.m.

Health Plan of San Mateo

801 Gateway Blvd.

South San Francisco CA 94080

| <b>Voting Committee Members</b> | <b>Specialty</b>                   | <b>Present (Yes or Excused)</b> |
|---------------------------------|------------------------------------|---------------------------------|
| Kenneth Tai, M.D.               | PCP (Internal Medicine)            | Excused                         |
| Jaime Chavarria, M.D.           | PCP (Family Medicine)              | Yes                             |
| Maria Osmena, M.D.              | PCP (Pediatric)                    | Excused                         |
| Jeanette Aviles, M.D.           | SMMC Physician (Internal Medicine) | Yes                             |
| <b>Non-voting HPSM Members</b>  | <b>Title</b>                       | <b>Present (Yes or Excused)</b> |
| Chris Esguerra, M.D.            | CMO (Psy)                          | Excused                         |
| Nicole Ford                     | QI Director                        | Yes                             |
| Richard Moore, M.D.             | Sr. Medical Director (IM)          | Yes                             |
| Miriam Sheinbein                | Medical Director (FM)              | By Remote                       |
| Marisa Cardarelli               | Dental Benefits Manager            | Excused                         |
| Talie Cloud                     | Population Health Specialist       | Yes                             |

**1. Call to Order**

The meeting was called to order by Nicole Ford and Dr. Jeanette Aviles.

**2. Public Comment/Communication**

No public comment or communication for discussion at this meeting.

**3. Approval of Agenda**

Motion to approve. Approved by the QIC members.

**4. Consent Agenda:**

4.1 QIC Minutes from March 15, 2023

4.2 UMC Minutes from April 24, 2023

4.3 CQC Minutes from May 22, 2023

4.4 Dental Advisory Group minutes from Jan 20, 2023, Feb 17, 2023, Mar 17, 2023, Apr 21, 2023, May 19, 2023, and Jun 16, 2023

Motion to approve. Approved by the QIC members.

**5. Unfinished Business**

5.1 Approval of the 2022 QI Program Evaluation, 2023 QI Program Description and 2023 QI Work Plan

Motion to approve. Approved by the QIC members.

**6. Dental Services Update**

No presentation for this QIC Meeting; however, the presentation will be available to the committee. If there are any questions, Ms. Cardarelli will be available at the next QIC Meeting.

Recommended Actions: Distribute Dental Services Update presentation to committee members prior to next meeting.

Follow-up: Dental Services Update presentation provided to committee members on 9/14/23.

## 7. HEDIS/MCAS Results Measurement Year 2022

### Health Effectiveness Data Information Set

- Performance metrics that assess the effectiveness and access/availability of care.
- Measured and reported annually: submitted mid-June for prior calendar year's membership and services.
- All submissions require passing NCQA audit prior to reporting.
- Compared across health plans nationally.
- Most measures based on claims, and pharmacy data (Administrative), some require the use of medical record review as well (Hybrid). Plans can also use supplemental data sources (laboratory, EMR, registry, and HIE data feeds) with auditor approval to measure evidence of care.

### Benchmarks

- CareAdvantage Cal MediConnect (CMC): CMS core Quality Withhold measures; Can meet benchmark or gap improvement target to pass measure (10% improvement); moving CMS STARS for D-SNP starting MY2023/Ry2024.
- Starting January 2023, transitioned to D-SNP that is under the STAR Program. Based on STAR ratings measurement, which includes cut points based on specific rates. Different STARS have different weights/measures, which are measured, and the Plan would receive the STAR rating based on performance.
- Medi-Cal: minimum performance level is the lower 50<sup>th</sup> percentile and high-performance level is the upper 90<sup>th</sup> percentile; based on prior year's HEDIS reporting from all NCQA's national Medicaid plans; DHCS requires plans to perform above MPL for a mandatory set of HEDIS measures.

Comment from Ms. Ford where STARS, CMS uses the current year to set the cut rates.

Comment from Dr. Aviles where the cut rates are not curved: Plans are not limited to how many STARS such as one, two, or three STARS?

Comment from Ms. Ford where the cut points are based on overall performance by the Plan. The maximum STARS = 5.

### HEDIS MY2022/Ry2023

- 3 submissions to NCQA: 1) CareAdvantage Cal MediConnect, 2) Medi-Cal State, and 3) Medi-Cal NCQA Accreditation.
- Added 4 new supplemental data sources in addition to established EMR feeds from large volume PCPs: EMR feeds from PAMF/Sutter and Dignity Health; Encounters from BHRS; matrix in-home assessments data files.
- Collected and reviewed 4,000 medical records.
- Reused charts collected from Risk Adjustment Project.
- Vendor for data analytics and medical record abstraction, HPSM staffed oversight and project management.

Comment from Dr. Chavarria where the collected medical records are HPSM patients? Ms. Ford: Yes, these are EMR feeds for HPSM patients.

Comment from Dr. Aviles if the EMR feeds are based on eligibility from another provider on HPSM patients? Ms. Ford: HPSM would submit eligibility in terms of their assigned members. Providers are billing HPSM for the services.

#### MY2022/RY2023 Results Summary

- CareAdvantage CMC: passed 2 of 3 HEDIS quality withhold measures.
- Medi-Cal: 3 measures above HPL; Childhood Immunization Status; Immunizations for Adolescents; Prenatal and Postpartum Care; 1 measure below MPL (Well Child Visits in the 1<sup>st</sup> 30 months of life; 6 or more well-child visits in 1<sup>st</sup> 15 months of life).

#### MY2021/RY2022 MCAS – MPL

- Controlling high blood pressure
- Comprehensive diabetes care – HbA1c poor control
- Childhood immunization status
- Immunizations for adolescents
- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening in women
- Prenatal and postpartum care – postpartum care
- Prenatal and postpartum care – timeliness of prenatal care
- Child and adolescent well care visits
- Lead screening in children
- Well child visits in the 1<sup>st</sup> 30 months of life (6 or more well child visits in 1<sup>st</sup> 15 months of life and 2 or more well child visits in 15 to 30 months of life).

Comment from Dr. Aviles where there was an increase in cervical cancer screening rate. Comment from Ms. Ford where this was one of the measures under MPL last year, which HPSM is now above MPL. Note: several measures are reported but we are not held accountable by the MPL. Colorectal Cancer Screening was added to the Medicaid LOB (administrative measure and not a hybrid measure), which will be reported to the State. Colorectal Cancer Screening reporting for Medicare allows for the hybrid methodology, using medical records.

#### MY2022/RY2023 MCAS – no MPL

- Ambulatory care: emergency department visits per 1,000 member months
- Follow up care for children prescribed attention deficit/hyperactivity disorder medications – initiation phase.
- Follow up care for children prescribed attention deficit/hyperactivity disorder medications – continuation and maintenance phase.
- Plan All Cause Readmissions (observed rate (lower is better) and observed to expected ratio)
- Metabolic monitoring for children and adolescents on Antipsychotics – blood glucose and cholesterol testing.
- Asthma Medication Ratio
- Antidepressant Medication Management – effective acute phase treatment
- Antidepressant Medication Management – effective continuation phase treatment
- Diabetes Screening for people with Schizophrenia or bipolar disorder who are using Antipsychotic medications.
- Colorectal cancer screening

MY2021/RV2022 MCAS – no MPL

- Follow up after emergency department visit for alcohol and other drug abuse or dependence (7 day follow up and 30 day follow up).
- Follow up after emergency department visit for mental illness (7 day follow and 30 day follow up).
- Adults access to preventive ambulatory health services
- Pharmacotherapy for Opioid Use Disorder
- Prenatal Immunization status
- Postpartum depression screening and follow up (screening and follow up)
- Depression screening and follow up for adolescents and adults (screening and follow up)
- Depression remission or response for adolescents and adults
- Developmental screening (ages 1 – 3 yrs.)
- Contraceptive care: postpartum women ages 15 – 44 most or moderate effective contraception – 60 days.
- Contraceptive care: all women ages 15 – 44 most or moderately effective contraception
- Topical fluoride for children (1 – 20 yrs.)
- Dental or oral health services
- Dental services
- Oral health services

Comment from Dr. Chavarria if there is a follow up with a behaviorist within the 7 to 30 days of the ED visit/discharge?

Comment from Ms. Ford, yes for the Medi-Cal LOB. The services are billed directly to the State where the data would not be available to HPSM. BHRS is now providing all encounter data to HPSM, which allows HPSM to use the data for reporting purposes.

Comment from Dr. Sheinbein where some of the non-NCQA measures (part of the CMS core sets for Topical fluoride for children/dental or oral health services/dental services/oral health services) report directly to the State. Note: these are currently on the proposed list to move from no MPL for 2024 reporting.

Comments from Drs. Aviles and Sheinbein for contraceptive care – moderately effective contraception. What is the definition of the eligible age population that are required to be on contraceptive care?

Comment from Dr. Sheinbein where the measures and/or methodology are due to CMS where it is administrative, which does not specify the calculation of the MPL. In addition, follow up in the Topical Fluoride for children for DQA measure 1 to 21 years old.

Comment from Ms. Cloud where most or moderately effective if oral birth control or the implant is highly effective. Based on studies, this measure would assume that all people will want/need birth control.

Comment from Ms. Ford to provide the specific benchmark and the slide deck to the group.

Well Child Visits in 1<sup>st</sup> 30 months of life.

- The percentage of members who had the following number of well child visits with a PCP. Two rates are reported: W15: 6 or more well child visits in the 1<sup>st</sup> 15 months. Children who turned 15 months old during the measurement year; W30: 2 or more well child

visits. Age 15 months – 30 months. Children who turned 30 months old during the measurement year.

- Area of focus for 2023: MC benchmark P4P payment measure; continue to investigate potential data gaps and procure additional data capture; engaging family health services to assist with member barriers to visits; exploring a member incentive; DHCS Clinical PIP topic -reducing disparity for the Hispanic/Latino population.

#### W30 Race/Ethnicity Stratification

- American Indian & Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian & Other Pacific Islander
- White
- Some Other Race
- Unknown
- Two or More Races
- Total

Comment from Dr. Aviles in looking at the W30 Race/Ethnicity Stratification, shows the Hispanic population is worse in their early days whereas the Black population is showing the opposite? For this population, are they covered in other ways?

Comment from Ms. Cloud that within the County for the Black-Identifying population, only 100 births this past year, which is relatively consistent. Overall, the County experiences similar proportions of racial ethnicity of live births/ children. Fifty percent of HPSM membership is under 21 years of age.

Comment from Ms. Ford the Black-identifying population is showing better with a smaller population (9 in W15). Note: there are 900 – 1,000 live births and for this measurement year, around 1,200 across the Plan.

Comment from Dr. Chavarria would this be beneficial to have a record of where the population resides? HPSM could provide the data.

Comment from Dr. Moore that this is based on the National Census for 2023, white population = 48, Asian population = 29, and Black African American = 2.3 in San Mateo County.

#### Cervical Cancer Screening

- Percentage of women ages 21 – 64 with Medi-Cal who received a pap test in the last 3 years, or women ages 30 – 64 had cervical high risk human papillomavirus testing performed or cervical cytology co-testing within the last 5 years.
- Areas of focus for 2023: general health promotion to members; MC benchmark P4P payment measure; targeted member outreach to Black identifying members and/or members with developmental disabilities and managed GGRC.

Comments from Dr. Aviles if Redetermination will affect the membership of the adult population for those not receiving a screening with the Redetermination process issue? Comment from Ms. Ford there will be an overall decrease in adult membership for this measurement if current population loose Medi-Cal coverage. Note: in 2024, the undocumented who are eligible for Medi-Cal (ACE population) will increase the eligible

population for this measure. HPSM is also targeting the Black Identifying population and the developmentally disabled population is managed by Golden Gate Regional Center.

#### Breast Cancer Screening

- The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer.
- Performance improvement project in 2022 with direct member outreach calls to Black women who had not had a screening in the last 2 years to decrease the disparity among Black/African American Medi-Cal members.

Comment from Dr. Aviles for Dr. Chavarria if Ravenswood is targeting mammograms annually or yearly? Yes, annually. Also, captures in the data for two years and targets two years for metric.

Comment from Ms. Cloud where Ravenswood used to have a Cervical Cancer Screening Program Assistant handling outreach call, but the person left the program.

Comment from Dr. Chavarria that there is a dedicated staff at Ravenswood.

Comment from Dr. Moore if the age has dropped to 40 years of age?

Comment from Dr. Sheinbein that USPSTF has not officially changed their guidelines, which are in the final draft.

#### Diabetes Care

- The percentage of CMC members 18 – 75 years of age with diabetes who had each of the following tests or results with the measurement year: HbA1C. 9% HbA1C, 8%; eye exam; BP, 140/90
- P4P incentives to PCPs for ensuring that diabetic members have their HbA1C monitored & achieve control.
- Leveraging other encounters with CMC members to collect & monitor HbA1C and BP through home-based assessments and HomeAdvantage programs.

Comment from Dr. Aviles what were the number of recorded patients in 2022 – smaller or larger than 2021 or 2023?

Comment from Ms. Ford where HPSM would collect sample measures because of hybrid measure. We would capture diabetes diagnosis for the population by looking at two separate dates of service with diabetes diagnosis over the last two years.

Comment from Dr. Moore there will be a Provider newsletter and mailings to members on ways to improve their diabetes through Medication Adherence (90-day supply).

Comment from Dr. Chavarria where there are opportunities for pharmacies/doctors to remind patients their refills are available for pick up.

#### Controlling High Blood pressure

- The percentage of members 18 – 85 years of age with hypertension whose blood pressure was controlled during the measurement year, using latest BP value in the measurement year.
- CMS Core Measure Benchmark = 71% starting RY2021 (56% prior years)
- Measure rotated: 2020 measured rate, 2019 rate reported for 2020 submission due to COVID19 response.
- With RY2021, BP measured with digital monitor by member can be used. Home digital BP monitors CMC formulary in 2021, and Medi-Cal Rx June 1, 2022.

Comment from Dr. Aviles where we only work with two pharmacies for blood pressure cuffs due to the complexity with billing issues in NDC codes for all LOB.

#### CBP Race/Ethnicity Stratification

- American Indian & Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian & Other Pacific Islander
- White
- Some Other Race
- Unknown
- Two or More Races
- Total

#### Follow up after hospitalization for mental illness.

- Percentage of CareAdvantage CMC mental health discharges with subsequent outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner.
- CMS Core Measure Benchmark for a follow up within 30 days = 56%
- Worked with BHRS to report qualifying follow up services to include in HEDIs reporting.

Comment from Dr. Aviles if telehealth services would count for encounter data?

Comment from Ms. Ford yes, but not with the billing piece due to CMS does not count.

#### Plan all Cause Readmissions

- Percentage of acute inpatient and observation stays with an unplanned acute inpatient and observation stay for any diagnosis within 30 days of the initial hospital discharge for members ages 18 – 64 for Medi-Cal or 18 + for CMC.
- Lower rates are better.
- Measure changes for RY2020: admissions from outlier members (4+ admissions) excluded.
- CMS Core Measure Benchmark = observed to expected ratio (O/E), 1.0 (risk adjusted).

#### CMS STAR Ratings Estimate

- Medication Review
- Pain Assessment
- HbA1c control < 8.0%
- Statin Therapy Total
- Medication Reconciliation (a significant decrease from prior year – hybrid measure). Recently changed vendor for our HomeAdvantage Program in February 2022. The new vendor is not reporting Medication Reconciliation with post-discharge care and/or is not sending us the data, which is possibly the reason for the decrease in our rates for this measure

Recommend Actions: Continue with planned interventions in areas of focus for 2023.

8. Adjournment: next meeting September 21, 2023