

**Government Business Division
Policies and Procedures**

Section (Primary Department) Program Policy		SUBJECT (Document Title) DHCS and NCQA 50 th percentile LA Care (LA County) - CA	
Effective Date 03/19/2021	Date of Last Review 12/18/2023	Date of Last Revision 01/24/2023	Dept. Approval Date 12/18/2023
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

The Anthem Blue Cross Medicaid (Plan) Quality Management Department executes evidence-based programs to review measurement performance to meet and exceed the NCQA benchmarks. The Quality Management team is responsible for evaluating the data and ensuring members receive appropriate care. The benchmark target is the NCQA 50th percentile or above for Medi-Cal Managed Care Accountability Set. The minimum performance standard is established by the Department of Health Care Services (DHCS). Quality Management sets targets to meet and exceed NCQA accreditation measures as established by DHCS. The Quality Management Team, Facility Site Review, Health Educators and HEDIS teams develop initiatives that evaluate population health, behavioral health and social determinates of health. The quality work plan will identify targets and specific initiatives to meet and exceed targets which may include member/provider incentives, clinic days, call campaigns, accessible transportation, health education, and provider outreach. The HEDIS team will evaluate effective benchmarks ongoing to ensure benchmark targets are met.

DEFINITIONS:

- DHCS- California Department of Health Care Services
- FSR- Facility Site Review
- HEDIS- Healthcare Effectiveness Data and Information Set
- IPA- Independent Physician Association
- MPL- Minimum Performance Level
- NCQA- National Committee for Quality Assurance
- PCP- Primary Care Physician
- VIIP- Value Initiative for IPA Performance

PROCEDURE:

Annually the Plan reviews findings and evaluates the effectiveness of the Quality Management (QM) Workplan, makes appropriate changes, and presents them to the CA Quality

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Management Committee (QMC) and the Quality Improvement Committee (QIC). The QM Workplan includes initiatives that support improvement of all measures to meet and exceed the NCQA 50th percentile. Immediate action plans are developed during committee review when targets do not meet the minimum performance level (MPL).

Interventions

Interventions include specific initiatives that impact the population served in the community. Evidenced based programs are developed by the Plan’s Quality Management team and utilize targeted incentives, clinic days, and call campaigns to improve the measures that fall below the 50th percentile. The Plan’s interventions use a multi-departmental approach through Customer Care Representatives, and/or outreach staff to assist members and providers to coordinate care needs. The Health Education team performs education for our members and providers to encourage them to access care needs.

The Plan also participates in the LA Care Maternal and Child Health Workgroup, Health Promotion & Education Committee and the Plan Partner Collaborative for VIIP. This allows the Plan to improve next year’s outcomes.

Facility Site Review

DHCS delegates to the Plan’s FSR team the routine monitoring and issuance of corrective action plans to our PCPs on the pediatric and adult preventive care screenings, which also help improve rates on poor performing measures that fall below the 50th percentile.

The Plan’s assigned PCP site reviews range from annually to every three years. Any HEDIS criteria that fall below the 50th percentile, the FSR team can assist with educating providers (via flyers and other resources developed by other operational teams) during regularly scheduled FSR visits to PCP sites. Providers that fall below in specific measures and not showing improvement will receive an on-site education visit to develop an action plan for improvement.

HEDIS Team

Following the annual HEDIS Project an analysis of hybrid measure compliance is completed in an effort to identify potential barriers and areas for quality improvement. Recommendations are provided to the Quality Management team for potential interventions to improve outcomes. Intervention recommendations may be at the member or provider level. Considerations are also given to external data capture improvements, internal data capture improvements, and internal electronic medical records collection based on calculated impacts.

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REFERENCES:

- Current DHCS FSR & MRR DHCS Guidelines
- NCQA Accreditation Standards

RESPONSIBLE DEPARTMENTS:

Primary Department:

Program Policy

Secondary Department(s):

Quality Management

EXCEPTIONS:

The LA Care contract requires the Plan to have a separate audit outside of DHCS.

REVISION HISTORY:

Review Date	Changes
03/19/21	<ul style="list-style-type: none">• Created Policy and Procedure
02/04/22	<ul style="list-style-type: none">• Annual Review• Updated policy• Updated procedure• Added MPL to Definitions and made minor grammatical edits
01/24/23	<ul style="list-style-type: none">• Annual Review• Updated Policy, Procedure, and Exceptions sections
12/18/23	<ul style="list-style-type: none">• Annual Review – no changes