

**Readiness Requirements Survey –
In Preparation to Serve as Local Initiative for El Dorado County Medi-Cal Beneficiaries**

With 25 years of Medi-Cal managed care experience, and success improving the health of Central Valley Medi-Cal enrollees with major socioeconomic and health challenges relative to enrollees in other parts of the state, Health Plan of San Joaquin (HPSJ) offers significant advantages for El Dorado County, as referenced in the readiness requirements listed below.

Service Utilization

The HPSJ Utilization Management (UM) Program promotes delivery of high quality, medically necessary, cost-effective medical and behavioral health services for its members. The behavioral health utilization functions are delegated to College Health IPA and a managed behavioral healthcare organization, Beacon Health Strategies, both NCQA-accredited organizations.

The UM program is operated by the HPSJ Medical Management Department, under the administrative and clinical direction of the Chief Medical Officer (CMO). The department's leadership includes three board-certified Medical Directors, and a UM Director, as well as two UM Managers and three Supervisors who all are registered nurses, and a licensed Social Work Manager. To effectively achieve program goals and objectives, registered nurses conduct utilization reviews, case managers coordinate transitions of care across healthcare settings and work collaboratively with social workers. Further, non-clinical staff, such as intake processors and health navigators, play supportive roles. There is a seamless coordination of activities between the UM, Quality Management (QM), Case Management and Social Work teams. Licensed pharmacists and technicians, led by a Director and a Manager of Pharmacy, are focused on the pharmacy aspects of the UM program.

The UM team works with HPSJ's Provider Network to ensure safe, timely, efficient- and cost-effective treatment, as well as equitable and patient-centered services to members. HPSJ utilizes MCG Care Guidelines and nationally recognized peer reviewed published literature and clinical best practices, to ensure that members receive appropriate quality and quantity healthcare services at the appropriate time and in a setting that is consistent with the medical needs of the individual. Rigorous process audits and interrater reliability testing assure consistent application of benefit interpretations, medical necessity criteria and guideline application, and compliance with all aspects of DHCS and DMHC regulatory and NCQA accreditation standards, including timeliness of decision making and written communication of decisions to members and providers. For the last three years, compliance with timeliness of decisions and communication of the decisions to the members and providers has consistently been over 95%.

Prior authorization and concurrent review data, claims data, and referral information and outcomes data including HEDIS (Healthcare Effectiveness Data and Information Set) measures of utilization are regularly monitored and analyzed for: over- and underutilization; access to care and services; adherence to guidelines; and continuity and coordination of care. At least annually, HPSJ's members and providers are surveyed to determine their satisfaction with the

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UM program and access to care and services. The UM team collaborates with the other areas of the Medical Management Department including Quality, Clinical Analytics, Case Management and Population Health, as well as other HPSJ departments such as Provider Services and Contracting, to conduct barrier analysis of the relevant data, and identify opportunities for improvement and implement interventions and best practices ensuring continuous improvement in the program. This rigorous monitoring, analysis and data-driven approach has resulted in zero findings for HPSJ's Utilization Management at the last two DHCS annual audits, in 2018 and 2019, and a perfect score for the UM and CM reviews at the NCQA accreditation and reaccreditation audits.

Network Adequacy

HPSJ serves over 91% of the Medi-Cal recipients in San Joaquin County and over 69% in Stanislaus County. HPSJ offers a broad network that consists of over 350 Primary Care Providers, over 710 Specialists, and 19 contracted Hospitals. The HPSJ team works closely with Safety Net Providers to develop programs and services to ensure quality health care for members who are mostly working families and children as well as seniors and persons with disabilities. HPSJ's FY 2020 provider satisfaction survey shows that 96.4% of the providers would recommend HPSJ to other physician practices. HPSJ's network physicians' overall satisfaction with the health plan is 82.3%.

HPSJ will develop a local network by identifying existing county-based providers that serve beneficiaries, outreaching to them with a special focus on continuity of care, DHCS and DMHC provider network standards, and adding new providers. They also will connect with FQHCs and Rural Health Centers. Analysis shows many of our local members already use regional hospitals and medical centers. To support the provider network to mitigate shortages, HPSJ will provide member transportation, telehealth, e-consults, and an enhanced 24/7 Nurse/Doctor Advice Line for when the practice is not available. There are partnership opportunities with vendors that can offer services via mobile units. For their Breast Health Campaign, HPSJ engaged a vendor to provide ongoing mobile mammogram services for preventative screenings and has added scheduling options for HPSJ members at their primary care provider's often remote location, and at times most convenient for both members and providers. HPSJ will also ensure all providers will be Medi-Cal enrolled and credentialed prior to go-live.

Quality and monitoring including utilization management protocols

HPSJ's structure and the QM framework provide a formal process to systematically monitor, objectively evaluate, and then track both the efficiency and the effectiveness of the health care services received by members. In this way, HPSJ ensures provision of high quality, timely, equitable, patient-centered, culturally/linguistically appropriate, and safe (medical and behavioral) health care – as well as service to their members in all healthcare settings. This means early identification of improvement opportunities and ongoing quality advances through implementation of data-driven interventions.

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The San Joaquin County Health Commission, governing body of HPSJ, has the ultimate authority and responsibility for the management of quality of care and service delivered by the plan. The Health Commission assigns the authority and responsibility to implement the quality program to HPSJ's CMO, who chairs the QM/UM committee charged with overseeing implementation of the program. The QM Department has well qualified and experienced leaders and staff including a Director of Quality, a Director of HEDIS and NCQA accreditation, Quality Managers and supervisors, and a Manager of Health Education who leads the health educator staff. This is a combined team that ranges from credentialing specialists and population health navigators to registered nurses to implement and maintain all program activities and to achieve program objectives. The QM team interacts with all areas of the HPSJ organization, including UM, Pharmacy, Member Services, Provider Network and Contracting, Provider Services, Compliance, Finance, Information Technology, Marketing and Outreach/Enrollment, and Clinical Analytics to integrate quality improvement activities at all levels of the organization.

The integration of activities and information of all the performance improvement activities across the HPSJ organization is achieved through the quality committee structure. The QM/UM Committee is the highest Quality Committee that directly reports to the San Joaquin Health Commission and is responsible for the implementation and ongoing monitoring of all Quality Management activities. The subcommittees reporting to QM/UM include: Peer Review and Credentialing; Grievance and Appeals; Health Education; Pharmacy and Therapeutics; Quality Oversight; and Delegation Oversight. Network physicians serve on the QM/UM Committee and Peer Review and Credentialing subcommittee. Health plan members serve on the Community Advisory Committee (CAC) that reports directly to the Health Commission. This committee structure ensures provider and member input into the HPSJ Quality program.

Rigorous, systematic adherence to the QM work plan (activities throughout the year include qualitative and quantitative analysis, SWOT analysis, and PDSA and implementation of interventions through provider, member, and community engagement strategies) has demonstrated consistent improvements in HPSJ's quality performance. For the 2018 HEDIS measurement year, 85% of the measures (34/40) were above the DHCS minimum performance level (MPL) and 5 of the remaining 6 measures were within a few points of the MPL. For the 2019 measurement year, DHCS raised the minimum performance level from the 25% level to the 50% level – all while the medical record collection was compromised by the COVID-19 pandemic. In spite of all this, 17 of the 36 DHCS mandated quality measures met the increased MPL and 15 measures were less than 5 points away from the MPL. All women's health HEDIS measures (including breast and cervical cancer screening, chlamydia screening, and prenatal and postpartum care) have shown progressive improvement over the past three years, in both counties. Children's health measures (reported for accreditation, childhood immunization, adolescent immunization, and the BMI measure) have shown steady improvements over the last 3 years and are above the 50% level. Chronic Health measures (such as measures for blood pressure, diabetes, and behavioral health) have all improved year over year.

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HPSJ's Adult and Pediatric CAHPS (Consumer Assessment of Healthcare Providers) measures have improved year over year across almost all composites. HPSJ's scores for all composites are higher than all the health plans in HPSJ's NCQA certified vendor's Medicaid book of business. Dedicated staff, good leadership and collaborative relationships with the providers, members, and the community have enabled HPSJ to build quality programs with good outcomes and have resulted in "no findings" for Quality Management in the last two DHCS Medical audits.

Accessibility Standards

HPSJ monitors performance for practitioner network availability on an annual basis. To ensure adequate primary care and specialty care practitioners, HPSJ has established quantifiable standards for both the number and geographic distribution of network practitioners based on DHCS, DMHC and NCQA standards. In the DMHC Timely Access Report Measurement Year 2019, HPSJ was the second-best performing Medi-Cal Health Plan among all Medi-Cal Managed Care Plans in California, for both commercial and non-commercial plans.

For the Network Adequacy data in FY 2021, HPSJ's network for High Volume Specialists, High Volume Behavioral Health Providers, and High Impact Providers all met or exceeded the set standards. Based on HPSJ's current membership data, a recent Geo Access report confirmed that the member to Primary Care Providers ratio is at 99.9% access rate and Specialists to member standards meet all the requirements. The HPSJ practitioner network also met the threshold of all languages at 100%. Provider Network Accessibility Analysis demonstrates that HPSJ has met all the access and availability standards.

Further, HPSJ has researched and identified where numbers of our county Medi-Cal patients already are served at hospitals and/or medical centers throughout the region.

Additional Efforts for its HPSJ Members

HPSJ also develops unique programs that serve members with initiatives to improve their health outcomes. A partial list includes the following. Due to a community need, HPSJ established the ***Oral Health for Children Outreach Initiative***. Because the local public water supply is not fluoridated and children's oral health was suffering, HPSJ also now finances reimbursements for fluoride teeth applications for young HPSJ patients and trains providers and their staff. The ***"I Choose Me!" Campaign for Breast Health*** is an HPSJ-member- and provider-partnership to listen to women's concerns and remove barriers to preventative care. By the end of the first year, breast cancer screenings increased by 5%. Through the ***Health Careers Scholarships Program***, HPSJ has awarded educational grants to nearly 200 local students to become our future nurses, physicians, and pharmacists. The program was able to expand to Stanislaus when HPSJ's operations opened to that county in 2013. ***STEP UP!, a COVID-19 Member Outreach and Education Program***, was part of ongoing HPSJ pandemic era initiatives. With STEP UP! HPSJ also supplied face masks to residents of high-risk local communities, many of them HPSJ members, through a network of 70 community partners assembled by HPSJ from its long-standing, region-wide connections.