HEDIS® 101

L.A. Care
HEALTH PLAN®

For All of L.A.

Quality Improvement Initiatives

HEDIS Background

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What is HEDIS®?

Healthcare

Effectiveness

Data and

Information

Set

What is HEDIS®?

- HEDIS is a set of **standardized performance measures** designed to compare the effectiveness of clinical care among health care plans

  - HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis

- Measures typically consist of rates like: Percentage of members receiving X screening.

  - Example: % of L.A. Care members who received recommended vaccinations by age two

- HEDIS measures are reported retrospectively on services received in the past

 - Example: services that occurred in 2022 are reported on in 2023

Who created HEDIS?

- HEDIS was developed by the National Committee for Quality Assurance (NCQA) in 1993

- Process overview:
  1. Plans collect data from providers/medical groups throughout the year
  2. Plans supplement administrative data with medical record data for certain measures from January to May
  3. Plans submit audited data on HEDIS measures to NCQA
  4. NCQA compares performance across plans and assigns ratings to each plan.

Local Initiative Health Authority, dba L.A. Care Health Plan

Save and compare

California
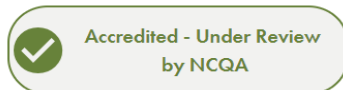
Health Plan Rating ⓘ
★★★☆ 3.5 of 5

INSURANCE TYPE ⓘ
Medicaid

PRODUCT TYPE
HMO

NEXT REVIEW DATE
06/06/2023

MEMBERS ENROLLED
2,084,710

EVALUATION PRODUCT
Renewal Survey

WEBSITE
http://www.lacare.org ☑

Other Accreditations, Certifications, and Distinctions
- ✅ Electronic Clinical Data
- ✅ Health Equity Accreditation
- ✅ Multicultural Care (MHC)

ACCREDITED
NCQA
HEALTH PLAN
ACCREDITED

✅ Accredited - Under Review by NCQA

Last update: 01/15/2023
Ratings are updated annually (September)

What does HEDIS measure?

- There are a total of **90 HEDIS measures**.
  - Grouped into 6 domains of care

- **Care domains**:
  - Effectiveness of care
  - Availability/access to care
  - Utilization and risk adjusted utilization
  - Experience of care (Consumer Assessment of Healthcare Providers and Systems - CAHPS)
  - Measures reported using Electronic Clinical Data Systems
  - Health plan descriptive information

Clinical domains of care

- **Effectiveness of Care -** Are we providing adequate, effective prevention, screening & care?
  - Prevention and screening (cancer screening, immunizations, Care for Older Adults)
  - Respiratory Conditions (appropriate testing for pharyngitis, asthma medication ratio)
  - Cardiovascular Conditions (controlling high blood pressure)
  - Diabetes
  - Musculoskeletal Conditions (anti-rheumatic drug therapy)
  - Behavioral Health (follow-up after hospitalization for mental illness)
  - Medication Management and Care Coordination (transitions of care)
  - Overuse/Appropriateness (appropriate treatment for upper respiratory infection)
  - Measures gathered through surveys (e.g. flu and pneumococcal vaccines, smoking cessation)

- **Access/Availability of Care -** Are we meeting members' needs? How accessible is care?
  - Access to preventive/ambulatory services
  - Prenatal and Timely Postpartum Care

- **Utilization and Risk Adjusted Utilization**
  - Emergency Department Utilization
  - Plan All-Cause Readmissions

What is a HEDIS measure?

- Measure specifications are published/updated annually by NCQA.

- Most measures do not change from year to year.

- Each HEDIS measure has an "Eligible Population" (members that are eligible for the measure).

- Criteria may include the member's age, gender, enrollment dates, certain conditions (hypertension, diabetes, hospital discharge, birth of a child, etc.)

What is a HEDIS measure? **Continued**

- A rate is calculated—percentage of members in the eligible population that receive the service.

- There are 2 primary methods for calculating HEDIS data:
  - **Administrative:**
    - Data captured from claims, encounters, pharmacy, and labs
    - Rates are calculated for the entire eligible population who qualify for a HEDIS measure
    - *Examples:* Child & Adolescent Well Care Visits, Breast Cancer Screening
  - **Hybrid:**
    - A combination of administrative data and medical record review
    - A statistically valid sample of members (~411) drawn from the eligible population
    - Select measures only
    - *Examples:* Controlling Blood Pressure, Cervical Cancer Screening, Childhood Immunization Status

Additional HEDIS data collection methods

- **Survey:** the CAHPS survey collects data on member experience

  - CAHPS is becoming increasingly important to our HEDIS rating

- **Electronic Clinical Data Systems (ECDS):** Data from databases containing clinical data, such as Electronic Health Records and quality management databases, and registry data

- NCQA increasingly expects plans to rely on administrative data, moving away from chart review, and utilize EMR connections, etc.

Why is HEDIS important?

- Measures quality performance and identifies areas in need of improvement

- Cost containment

- Ranking among health plans and states
  - Used for Medicare Stars and Covered California ratings that consumers can see

- Required by CMS, DHCS, and for health plan accreditation
  - For Medi-Cal, HEDIS performance determines the percentage of new members that are assigned to L.A. Care

  - DHCS also requires that health plans achieve at least the 50th percentile for 20 measures. If not achieved, DHCS may impose financial penalties or require performance improvement plans.

CMS – Centers for Medicare & Medicaid Services

DHCS – California Department of Health Care Services

"Year" phrasing

- Measurement Year (MY)
    - data reflect delivery of service during the calendar year
        - e.g. from 01/01/21 to 12/31/21

- Reporting Year (RY)
    - data reported to NCQA in June of the year following year
    - "HEDIS" year

- **HEDIS 2023 (RY) = 2022 data (MY)**

- Going forward: NCQA is transitioning to using MY to describe timeline

HEDIS calendar

Jan- May
- Collection of medical records from Dr. Offices
- Medical records audited by L.A. Care

June
- Audit results are compiled
- Audit results are sent to NCQA

July- Oct
- NCQA releases report card
- NCQA releases new measures/changes
- Training at doctors' offices
- Onsite medical record audit

Key terms

- **Allowable gap**- number of days a person is not a plan member and can still be in the denominator

- **Anchor date-** specifies the required enrollment date for the eligible population

- **Continuous enrollment-** number of days a person is enrolled in the plan without a break in coverage

- **Denominator**- every member in the sample or EP

- **Eligible population (EP)-** everyone in the denominator

- **Exclusion criteria**- some reason (usually diagnoses code) that removes a person from the denominator. Example: hospice care

- **Inverse measures**- a measure in which a lower rate is better

- **MR**- Medical Record

- **Numerator**- every member that got the service

- **Tech specs**- a very detailed description of how a measure is calculated

NUMERATOR **2**/**5** DENOMINATOR

Depression, Screening, & the Significance of Follow-Up Care

Tiffany Wen, Program Manager

Quality Performance Management

Objective

- Ability to receive and load the PHQ-2 and PHQ-9 screening to stratify the depression screening measures. There are other tests listed but PHQ-2 & PHQ-9 are the most commonly used. NCQA created LOINC codes to capture numerator compliant.

- Measures:

    o Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

    o Depression Remission or Response for Adolescents and Adults (DRR-E)

    o Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

    o Postpartum Depression Screening and Follow-Up (PDS-E)

    o Prenatal Depression Screening and Follow-Up (PND-E)

    o Prenatal Immunization Status (PRS-E)

NCQA = National Committee for Quality Assurance

Reporting Requirements

- Reporting Requirements:

    - DHCS Managed Care Accountability Set Measure (MCAS)

        - DRR-E, DSF-E, PDS-E, PND-E & PRS-E

        - DSF-E will be held to the minimum performance level (MPL) for MY2023

    - NCQA Medi-Cal (DMS-E, DRR-E, DSF-E, PDS-E, PND-E & PRS-E)

    - Medicare (DMS-E, DRR-E & DSF-E)

DHCS = California Department of Health Care Services

NCQA Approved Instruments

Instruments for Adolescents (≤17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9)[®]	Total Score ≥10
Patient Health Questionnaire Modified for Teens (PHQ- 9M)[®]	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)[®,1]	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)[®,1,2]	Total Score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
PROMIS Depression	Total Score (T Score) ≥60

[1]Brief screening instrument. All other instruments are full-length.
[2]Proprietary; may be cost or licensing requirement associated with use.

NCQA Approved Instruments

Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	Total Score ≥8
Beck Depression Inventory (BDI-II)	Total Score ≥20
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	Total Score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)®[2]	Total Score ≥30
Geriatric Depression Scale Short Form (GDS)[1]	Total Score ≥5
Geriatric Depression Scale Long Form (GDS)	Total Score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
My Mood Monitor (M-3)®	Total Score ≥5
PROMIS Depression	Total Score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31

[1]Brief screening instrument. All other instruments are full-length.
[2]Proprietary; may be cost or licensing requirement associated with use.

DSF-E Specifications

Description:

- The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. DSF-E has 2 submeasures:
  - *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument.
  - *Follow-Up on Positive Screen.* The percentage of members who received follow-up care within 30 days of a positive depression screen finding, for example a score of 16 on a PHQ-9 or 4 on a PHQ-2.

Measurement Period

- January 1–December 31

Exclusions:

- Members with bipolar disorder in the year prior to the Measurement Period.

- Members with depression that starts during the year prior to the Measurement Period.

- Members in hospice or using hospice services any time during the Measurement Period.

DSF-E Specifications cont.

- Numerator 1—Depression Screening
  - Members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 31 of the measurement period.

- Numerator 2—Follow-Up on Positive Screen
  - Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).
  - Any of the following on or up to 30 days after the first positive screen:
    - An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
    - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
    - A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
    - A dispensed antidepressant medication.

DSF Specifications cont.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: *For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.*

Patient Health Questionnaire (PHQ-2)

TOOL 1. The Patient Health Questionnaire-2 (PHQ-2)

Instructions: Print out the short form below and ask patients to complete it while sitting in the waiting or exam room.

Use: The purpose of the PHQ-2 is not to establish a final diagnosis or to monitor depression severity, but rather to screen for depression as a "first-step" approach.

Scoring: A PHQ-2 score ranges from 0 to 6; patients with scores of 3 or more should be further evaluated with the PHQ-9, other diagnostic instrument(s), or a direct interview to determine whether they meet criteria for a depressive disorder.

Patient Name: _____   Date of Visit: _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than one-half of the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41:1284-1292. ©2007CQAIMH. All rights reserved. Used with permission.

Medical record documentation needs to include the patient's date of birth.

https://downloads.aap.org/BF/PDF/PHQ-2_Questionnaire.pdf

Patient Health Questionnaire (PHQ-9) Depression Screening Tool

- A validated depression screening tool that helps screen for the presence and severity of depression

- 9 items questionnaire, consisting of the 9 criteria of the Major Depressive Disorder (MDD) diagnosis in the Diagnostic & Statistical manual of Mental Disorders (DSM 5)

- The total sum of responses suggest varying levels of depression

- Scores range from 0-27

PHQ-9

TOOL 2. The Patient Health Questionnaire-9 (PHQ-9)

Patient Name: _____ Date of Visit: _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than one-half of the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed; or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

10. If you checked off any problems listed above, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people? ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Medical record documentation needs to include the patient's date of birth.

https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health

PHQ-9 Scoring

USE OF THE PHQ-9 FOR TREATMENT SELECTION AND MONITORING

Step 1: A depression diagnosis that warrants initiating or changing treatment requires that at least one of the first two questions was endorsed as positive ("more than one-half of the days" or "nearly every day") in the past 2 weeks. In addition, the tenth question about difficulty at work or home or getting along with others should be answered at least "somewhat difficult."

Step 2: Add the total points for each of the columns 2-4 separately. Add the totals for each of the three columns; this is the total score or the severity score.

Step 3: Review the severity score using the following table

PHQ-9 SCORE	PROVISIONAL DIAGNOSIS	TREATMENT RECOMMENDATION (Patient preference should be considered)
0-4	None – minimal	None
5-9	Minimal symptoms[a]	Support, educate to call if worse, return in 1 month
10-14	• Minor depression[b]	Support, watchful waiting
	• Dysthmia[a]	Antidepressant or psychotherapy
	• Major depression, mild	Antidepressant or psychotherapy
15-19	Major depression, moderately severe	Antidepressant or psychotherapy
>20	Major depression, severe	Antidepressant AND psychotherapy (especially if not improved on monotherapy)

[a] If symptoms are present for at least 2 years, then chronic depression is probable, which warrants antidepressants or psychotherapy
[b] If symptoms are present for at least 1 month or patient is experiencing severe functional impairment, consider active treatment

Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16:606-613. ©2007CQAIMH. All rights reserved. Used with permission.

Coding Depression Screening

- *L.A. Care wants your data on screening and follow-up!*

- Data submitted through claims/encounters will not be captured as compliant. Health plans and IPAs need to submit a Lab File in L.A. Care's file layout with the test result value. A result is required to meet measure compliance.

- Providers that utilize the Cozeva may upload Depression screenings on the platform.

- Submission for the screening occurs through two channels: Lab data and Electronic Clinical Data System (ECDS) reporting from your EHRs, EMRs, HIEs, and Case Management systems. Files submitted as Lab data are subject to Primary Source Verification (PSV) and medical record documentation will be required to prove a percentage of the cases.

- Submit HEDIS Roadmap Section 5

Coding Depression Screening cont.

- Required data elements needed by L.A. Care:
  - Member ID
  - Member DOB
  - Service Date
  - PHQ Assessment Score
  - Logical Observation Identifiers Names and Codes (LOINC)

- Submit either one of the codes below, please use the appropriate codes according to the service that was rendered.

Description	LOINC Code
Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	44261-6
Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]	55758-7

To maximize data submission, your Case Management system needs to be configured to differentiate between the PHQ-2 and PHQ-9 assessment due to some scores overlapping.

Coding Depression Screening cont.

Example:

DateOfService_From	CPT Code1	HCPCS Code	LOINC	Result	PosNegResult
6/13/2022			44261-6	16	P
6/13/2022			44261-6	20	P
6/13/2022			44261-6	20	P
6/15/2022			44261-6	18	P
6/15/2022			44261-6	0	N
6/21/2022			44261-6	0	N
6/21/2022			44261-6	0	N

Next steps

1. Share this information with providers and co-workers

2. Screen patients for depression and provide follow-up care for those who screen positive

3. Code screenings and follow-up care

4. Reach out to L.A. Care to submit data

Additional HEDIS Resources:
https://www.lacare.org/providers/provider-resources/tools-toolkits/hedis-resources

Questions? Email: HEDISOps@lacare.org

Providers' Role in HEDIS

Brigitte Bailey, MPH, CHES
Senior Program Manager, Quality Improvement Initiatives

Why should HEDIS matter to providers?

1. Standardized way to monitor how you and your patients are managing their health

2. Ensures that your patients get the clinical services they are due for

3. <u>Incentives</u>
   - Better performance is tied to incentive payments
   - Earn up to $4 per member per month through L.A. Care's Physician P4P program, plus per service payments through the Proposition 56 Value-Based Payment Program

$$\$\$\$$$

Incentive programs

- **High performance on HEDIS yields incentive rewards!**

- <u>For IPAs</u>: Value Initiative for IPA Performance (VIIP) + Pay-for-Performance (P4P)
  - Medi-Cal, L.A. Care Covered, Cal MediConnect

- <u>For providers</u>:
  - **Physician Pay-for-Performance Program** for Medi-Cal
    - Private practices and community clinics can receive *significant revenue above capitation* for outstanding performance and year-over-year improvement on multiple HEDIS measures
  - **Proposition 56 Value Based Payment Program** for Medi-Cal
    - Per service payments for specific services (often tied to HEDIS measures)

How do I monitor performance for HEDIS?

- Utilize L.A. Care's Provider Opportunity Reports (PORs) to improve rates for key measures

  - Available monthly

  - Posted on the [Provider Portal](#) for solo/small group practices and IPAs; clinics should email incentiveops@lacare.org

  - Includes measure-level rates and member-level details ("gaps-in-care")

- Review your POR to see how you're performing on target measures

- Refer to the gap in care reports to see member-level details

  - Identify missing data and members with gaps to conduct outreach to schedule appointments

Provider Opportunity Report

| | File | Home | Insert | Page Layout | Formulas | Data | Review | View | Nuance PDF | Tell me what you want to do... |

A1 | V#####_CLINIC ABC

	A	B	C	D	E	F	G	H	I	J
1	V#####_CLINIC ABC									
3	Base Measure	Measure	Total Eligible	Met	Not Met	Rate	P4P Threshold (50th Percentile)	Threshold # Hits to Meet	P4P Benchmark (95th Percentile)	Bench Mark # Hits to Meet
5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	290	12	278	4.14%	33.13%	84	88.4%	244
12	Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure	521	6	515	1.15%	22.22%	110	74.41%	382
13	Comprehensive Diabetes Care (CDC)	Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%)	420	144	276	34.29%	44.44%	43	71.2%	155

Clinic Summary Report | License Level Report | AMM | AWC | BCS | CBP | CCS | CD... | ...

Ready

Steps to high performance

1. Provide appropriate and timely healthcare services
    i. Utilize telehealth when appropriate
    ii. Take advantage of every visit to complete as many needed services as possible

2. Code the services in the medical record or electronic health record

3. Submit the codes to your IPA

4. IPA submits to L.A. Care / Anthem Blue Cross / Blue Shield Promise

5. Review your POR to ensure the services were credited

Tips to improve HEDIS performance

- Communication and collaboration between IPAs and providers
  - IPAs – please share information from L.A. Care with your providers!

- Focus on data completeness
  - Coding matters!
  - Consistent, accurate, timely data submission
  - CAIR use for immunization measures

- Use the Provider Opportunity Reports (PORs) to close gaps
  - **Remember _members_, not just patients**

- Run Plan-Do-Study-Act (PDSA) cycles

Success = better care + better data

CAIR – California Immunization Registry

You may be hearing from us…

- A few L.A. Care activities to maximize rates that may touch your office:

  - **Provider outreach** – Quality Improvement staff conducts telephonic education with provider offices focusing on closing care gaps, P4P, CAHPS/HEDIS education, and data submission

  - **Notifications and reminders** – L.A. Care Quality Improvement may send periodic notifications and reminders of clinical guidelines, available data, and other important topics via mail, email, and/or fax to your office

  - **Medical record collection** – L.A. Care may request medical records from your office for hybrid HEDIS measures. Please respond to these requests, even if you have no record for that member!

  - **Risk Adjustment and off season chart retrieval** – L.A. Care may request medical records for Risk Adjustment, and also uses these for HEDIS purposes

Online resources

- Updated HEDIS Guides are now available on the L.A. Care website on the [HEDIS Resources page](#).

- The guides include measure descriptions, examples of codes to submit, guidelines for Telehealth/Telephonic visits, and changes to measures.

- Printable, orderable [patient educational materials](#)

- [Search for community resources](#)

- [CME events](#)

📄 Guide to HEDIS® Measures MY 2021

📄 HEDIS® MY 2022 Hybrid Measure Quick Guide with Codes

📄 HEDIS® MY 2022 Hybrid Measure Pocket Guide

📄 HEDIS® MY 2022 Administrative Measure Quick Guide with Codes

Resources for Quality Care Flyer

RESOURCE NAME	DESCRIPTION	LINK
Provider Financial Opportunities & Support	**Direct Network Pay-for-Performance Program** - Offers performance-based incentives to qualified physicians and Community Clinics that provide high-quality preventive and chronic care to L.A. Care members.	www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/p4p-program
	Prop 56 Funds - Tax revenue allocated to 6 health programs.	www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs
	Elevating the Safety Net - Initiative to address the physician shortage in Los Angeles County that includes:	www.lacare.org/providers/provider-central/elevating-safety-net
	✱ Provider Recruitment Program (up to $125,000 per provider)	
	✱ Provider Loan Repayment Program (up to $5,000 per month for 36 months)	
	✱ Medical School Scholarship Program	
	✱ Residency Support Program	
	✱ IHSS + Home Care Training Program	
Online Provider Portal	Create an account on the L.A. Care Online Provider Portal and look up eligibility and claim status, download reports and find important forms.	www.lacare.org/providers/provider-central/la-care-provider-central
Patient Education	**Health Education Materials** - Order free health education resources and refer patients to free Health Education services via the online referral form.	www.lacare.org/providers/provider-resources/tools-toolkits/health-education-tools
Performance Resources	**HEDIS Resources** - Learn more about providing the best quality care and how to properly submit data with these FREE HEDIS reference guides.	www.lacare.org/providers/provider-resources/tools-toolkits/hedis-resources
	Cozeva - Better monitor and take action on performance gaps with this free reporting and analytics platform.	Providers can sign up for free. Email lacare@cozeva.com for more information.
	Provider Opportunity Reports- These reports contain year-to-date compliance rates for HEDIS and member gaps in care. Download them and other reports from the provider portal	www.lacare.org/providers/provider-central/la-care-provider-central

Questions?

- Quality@lacare.org – Resources, interventions

- HedisOps@lacare.org – Data submission, coding

- VIIP@lacare.org - VIIP+P4P Program

- Incentive_Ops@lacare.org - Physician P4P & POR/Gaps in Care report