

Benefits Administration Committee Agenda

REGULAR MEETING

TUESDAY, JUNE 25, 2024

TIME: 9:30 A.M.

MEETING LOCATION:

LACERS Boardroom
977 N. Broadway
Los Angeles, California 90012

Important Message to the Public

An opportunity for the public to address the Committee in person from the Boardroom and provide comment on items of interest that are within the subject matter jurisdiction of the Committee or on any agenda item will be provided at the beginning of the meeting and before consideration of items on the agenda.

Members of the public who do not wish to attend the meeting in person may listen to the live meeting via one-way audio on Council Phone by calling (213) 621-CITY (Metro), (818) 904-9450 (Valley), (310) 471-CITY (Westside) or (310) 547-CITY (San Pedro Area).

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Chair: Michael R. Wilkinson

Committee Members: Thuy Huynh
Sung Won Sohn

Manager-Secretary: Neil M. Guglielmo

Executive Assistant: Ani Ghokassian

Legal Counselor: City Attorney's Office
Public Pensions General
Counsel Division

Notice to Paid Representatives

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- I. PUBLIC COMMENTS AND GENERAL PUBLIC COMMENTS ON MATTERS WITHIN THE COMMITTEE'S JURISDICTION AND COMMENTS ON ANY SPECIFIC MATTERS ON THE AGENDA

- II. [APPROVAL OF MINUTES FOR THE MEETING OF MAY 28, 2024 AND POSSIBLE COMMITTEE ACTION](#)
- III. VERBAL UPDATE ON 2025 HEALTH PLAN CONTRACT RENEWALS
- IV. [HEALTH MANAGEMENT DATA REPORT](#)
- V. OTHER BUSINESS
- VI. NEXT MEETING: The next Benefits Administration Committee meeting is not scheduled at this time and will be announced upon scheduling. Please continue to view the LACERS website for updated information on public access to Board/Committee meetings.
- VII. ADJOURNMENT



Board of Administration Agenda

SPECIAL MEETING

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TIME: 9:30 A.M.

MEETING LOCATION:

LACERS Boardroom
977 N. Broadway
Los Angeles, California 90012

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| | |
|----------------------|--|
| President: | Annie Chao |
| Vice President: | Sung Won Sohn |
| Commissioners: | Thuy Huynh Elizabeth Lee Gaylord "Rusty" Roten Janna Sidley Michael R. Wilkinson |
| Manager-Secretary: | Neil M. Guglielmo |
| Executive Assistant: | Ani Ghoukassian |
| Legal Counsel: | City Attorney's Office Public Pensions General Counsel Division |

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- II. APPROVAL OF MINUTES FOR THE MEETING OF MAY 28, 2024 AND POSSIBLE COMMITTEE ACTION
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- IV. HEALTH MANAGEMENT DATA REPORT
- V. OTHER BUSINESS
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- VII. ADJOURNMENT

MINUTES OF THE REGULAR MEETING
BENEFITS ADMINISTRATION COMMITTEE
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM

May 28, 2024

9:20 a.m.

| | | |
|----------|----------------------|--|
| PRESENT: | Chair: | Michael R. Wilkinson |
| | Committee Members: | Thuy Huynh (arrived at 9:25 a.m.) Sung Won Sohn |
| | Executive Assistant: | Ani Ghoukassian |
| | Legal Counselor: | Miguel Bahamon |
| | Manager-Secretary: | Todd Bouey |

The Items in the Minutes are numbered to correspond with the Agenda.

I

PUBLIC COMMENTS AND GENERAL PUBLIC COMMENTS ON MATTERS WITHIN THE COMMITTEE'S JURISDICTION AND COMMENTS ON ANY SPECIFIC MATTERS ON THE AGENDA – Chair Wilkinson asked if any persons wished to speak on matters within the Committee's jurisdiction, and there were no public comment cards submitted.

Committee Member Sohn arrived to the meeting at 9:25 a.m.

II

APPROVAL OF MINUTES FOR THE MEETING OF MARCH 26, 2024 AND POSSIBLE COMMITTEE ACTION – Committee Member Huyhn moved approval, adopted by the following vote: Ayes, Committee Members Huyhn, Sohn, and Chair Wilkinson -3; Nays, None.

III

HEALTH PLAN FINANCIAL DASHBOARDS AND HEALTHCARE TRENDS – Bordan Darm, Lead Consultant with Keenan Associates, James Kawashima, Senior Benefits Analyst II, and Vi Duong, Senior Benefits Analyst I, presented and discussed this item with the Committee for 40 minutes. This report was received by the Committee and filed.

IV

OTHER BUSINESS – There was no other business.

V

NEXT MEETING: The next Benefits Administration Committee meeting is not scheduled at this time and will be announced upon scheduling. Please continue to view the LACERS website for updated information on public access to Board/Committee meetings.

VI

ADJOURNMENT – There being no further business before the Committee, Chair Wilkinson adjourned the Meeting at 10:01 a.m.

Michael R. Wilkinson
Chair

Todd Bouey
Manager-Secretary



REPORT TO BENEFITS ADMINISTRATION COMMITTEE

From: Neil M. Guglielmo, General Manager

MEETING: JUNE 25, 2024

ITEM: IV

SUBJECT: HEALTH MANAGEMENT DATA REPORT

ACTION: CLOSED: CONSENT: RECEIVE & FILE:

Recommendation

That the Board receive and file this report.

Executive Summary

On an annual basis, as part of the evaluation of LACERS plan experience related to the annual plan premium renewal, LACERS' Health and Welfare consultant, Keenan & Associates (Keenan) presents the Health Management Data Report which tracks utilization data to inform LACERS on trends that may impact contract renewals and focus areas for future Member outreach. These metrics can be used to: 1) identify the primary health issues and cost drivers among the LACERS Members; 2) track Members' use of the health management resources available to them; and 3) guide the development of health management strategies to optimize Members' health, such as promoting preventive care, connecting enrollees to their health insurance, and encouraging participation in LACERS Well Program. In this report, the top health issues among LACERS Members continue to be related to the risk for, and management of obesity, high blood pressure, diabetes, and depression.

Discussion

As part of LACERS' Strategic Plan, the Health Plan Data Initiative aims to improve value and minimize costs of Members' health and wellness benefits. The initiative analyzes various health plan data reports to better understand costs and trends, and to identify cost drivers that have the potential to be mitigated.

Keenan assembled the Health Management Data Report using metrics based on LACERS Members enrolled in the Kaiser Permanente and Anthem Blue Cross health plans in 2023. These metrics identify top health risks and cost drivers, and track resources available to Members through their LACERS medical plans. The Health Management Data is used in discussions with health carriers to develop strategies to optimize Members' health through the carriers' health management programs and the LACERS Well program initiatives.

Keenan will be present to share highlights from the Health Management Data Report.

Strategic Plan Impact Statement

The Health Management Data Report is in line with the Strategic Plan Health and Welfare Goal of improving the value and minimizing costs of our Health and Wellness Benefits that support LACERS' Member Experience pillar.

Prepared By: Vi Duong, Senior Benefits Analyst I, Health, Wellness, and Buyback Division

NMG/DWN/KF/vd

Attachment: 1. Keenan Report – LACERS Health Management Data Report



BAC Meeting: 6/24/24
Item: IV
Attachment

Los Angeles City Employees' Retirement System Health Management Data Report 2023

June 25, 2024

Presented by Robin Rager, PhD, VP-Health Management, Keenan

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Introduction

In this LACERS health management data report, health management metrics on LACERS Non-Medicare and Medicare members enrolled in the Kaiser Permanente (KP) and Anthem Blue Cross (ABC) health plans for the 12-month period of January 1-December 31, 2023 are presented and compared to past years, including statistics on:

- Health Risks (KP Members Only)**
- Lifestyle-Related Chronic Health Conditions**
- Chronic Condition Management**
- Preventive Care**
- Member Engagement**

Multi-year comparisons of the metrics for 2019 through 2023 are presented to provide a look at year-to-year trends, along with benchmark comparisons of the KP Non-Medicare and Medicare groups to municipality retiree benchmark groups.

These metrics can be used for:

- a) identifying the primary health issues and cost drivers among the LACERS members
- b) tracking members' use of the health management resources available to them
- c) guiding the development of health management strategies for optimizing the members' health

Executive Summary

The **top health issues** among LACERS members continue to be the risk for **obesity, hypertension, diabetes, coronary artery disease, musculoskeletal problems, and depression**. The **effective management** of individuals who have been **diagnosed with these chronic conditions** is also a key factor affecting the health and well-being of those members.

The **effects of the coronavirus pandemic** have resulted in **some fluctuations over the past 4 years in LACERS members' healthcare visits and preventive care**. From **2020 through 2022**, many LACERS members enrolled in Kaiser and Anthem Non-Medicare and Medicare plans **moved from onsite to virtual mechanisms** for their healthcare support, and as a result, some screenings and other preventive care actions were postponed.

The good news is that **in 2022, members' engagement in preventive care rebounded overall and returned to pre-pandemic levels**, although in a few instances there were **drop-offs in some of those rates during 2023**.

For **benchmarking**, looking at the **2022 vs 2023 LACERS health management metrics compared to those for the Kaiser municipality retiree benchmark groups**, the LACERS metrics showed **improvement in 2023 in 6 areas but declined in 4 areas** compared to the benchmarks (see p. 6).

- **For Non-Medicare members:**
 - **Improvement** in rates compared to the benchmarks for **inadequate exercise, acute depression treatment, chronic depression treatment, clinical visit, and seeking care**.
 - **Decline** in rates compared to the benchmarks for **pre-diabetes and getting connected**.

Executive Summary (continued)

- **For Medicare members:**
 - **Improvement** in the rate compared to the benchmarks for **flu immunization**.
 - **Decline** in rates compared to the benchmarks for **pre-diabetes and 2+ conditions**.

Key highlights of the report are presented in pages 7-15. The full-size versions of the complete set Kaiser and Anthem health management metrics charts can be found in the Appendix on pages 18-43.

Recommendations for 2024/25 health management initiatives for Kaiser and Anthem are provided on pages 16-17.

Comparison to Benchmarks for Kaiser Member Groups – 2022 vs 2023

| 2022 LACERS KP Member Groups vs KP Benchmark Groups | | |
|---|----------------------|------------------|
| | Non-Medicare Members | Medicare Members |
| Top 3 Health Risks | | |
| Obesity/Overweight | Yellow | Yellow |
| Inadequate Exercise | Yellow | Yellow |
| Pre-Diabetes | Yellow | Yellow |
| Top 3 Lifestyle-Related Chronic Conditions | | |
| Hypertension | Red | Yellow |
| Diabetes | Red | Yellow |
| Depression | Yellow | Yellow |
| Prevalence of Lifestyle-Related Chronic Conditions | | |
| 1 Condition | Red | Yellow |
| 2+ Conditions | Red | Yellow |
| Chronic Condition Management | | |
| Diabetes | Yellow | Yellow |
| Hypertension | Yellow | Yellow |
| High Cholesterol | Yellow | Yellow |
| Depression - Acute | Yellow | Yellow |
| Depression - Chronic | Yellow | Yellow |
| Preventive Care Compliance | | |
| Clinical Visit | Yellow | Yellow |
| Cervical Cancer Screening | Yellow | Red |
| Colorectal Cancer Screening | Green | Yellow |
| Breast Cancer Screening | Yellow | Yellow |
| Flu Immunization | Green | Yellow |
| Member Engagement | | |
| Getting Connected | Yellow | Red |
| Knowing Numbers | Green | Yellow |
| Staying Up to Date | Green | Yellow |
| Seeking Care | Yellow | Yellow |

| 2023 LACERS KP Member Groups vs KP Benchmark Groups | | |
|---|----------------------|------------------|
| | Non-Medicare Members | Medicare Members |
| Top 3 Health Risks | | |
| Obesity/Overweight | Yellow | Yellow |
| Inadequate Exercise | Green | Yellow |
| Pre-Diabetes | Red | Red |
| Top 3 Lifestyle-Related Chronic Conditions | | |
| Hypertension | Red | Yellow |
| Diabetes | Red | Yellow |
| Depression | Yellow | Yellow |
| Prevalence of Lifestyle-Related Chronic Conditions | | |
| 1 Condition | Red | Yellow |
| 2+ Conditions | Red | Red |
| Chronic Condition Management | | |
| Diabetes | Yellow | Yellow |
| Hypertension | Yellow | Yellow |
| High Cholesterol | Yellow | Yellow |
| Depression - Acute | Green | Yellow |
| Depression - Chronic | Green | Yellow |
| Preventive Care Compliance | | |
| Clinical Visit | Green | Yellow |
| Cervical Cancer Screening | Yellow | Red |
| Colorectal Cancer Screening | Yellow | Yellow |
| Breast Cancer Screening | Yellow | Yellow |
| Flu Immunization | Green | Green |
| Member Engagement | | |
| Getting Connected | Red | Red |
| Knowing Numbers | Green | Yellow |
| Staying Up to Date | Green | Yellow |
| Seeking Care | Green | Yellow |

| LACERS KP Member Rates vs Benchmarks | | |
|--------------------------------------|---------|-------|
| Better | Similar | Worse |

Key Highlights

Health Risks

KP Members:

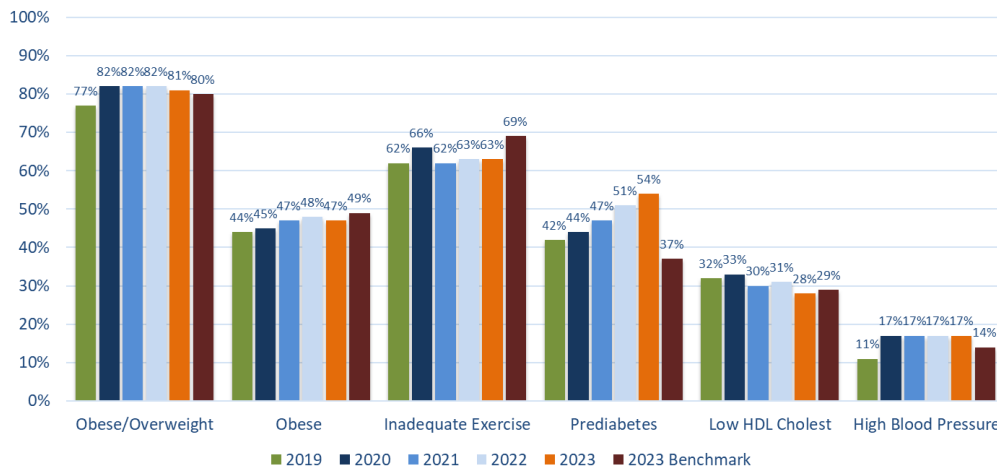
- In 2023, the top health risks among KP members have continued to be **overweight, obesity, inadequate exercise, prediabetes, low HDL (good) cholesterol, and high blood pressure**. Many members have two or more of these risk factors, most of which are associated with poor diet and low physical activity.
- Overall, the prevalence rates for these risk factors have remained **relatively steady over the past 3 years, except for prediabetes, which has been trending higher** for both the Non-Medicare and Medicare groups.
- The Medicare group has had **slightly lower rates for overweight and obesity** and **slightly higher rates for inadequate exercise** compared to Non-Medicare members over the past 5 years.
- For 2023, the prevalence rate for the **Non-Medicare group** was **significantly higher than the benchmark group for prediabetes**.

Health Risks

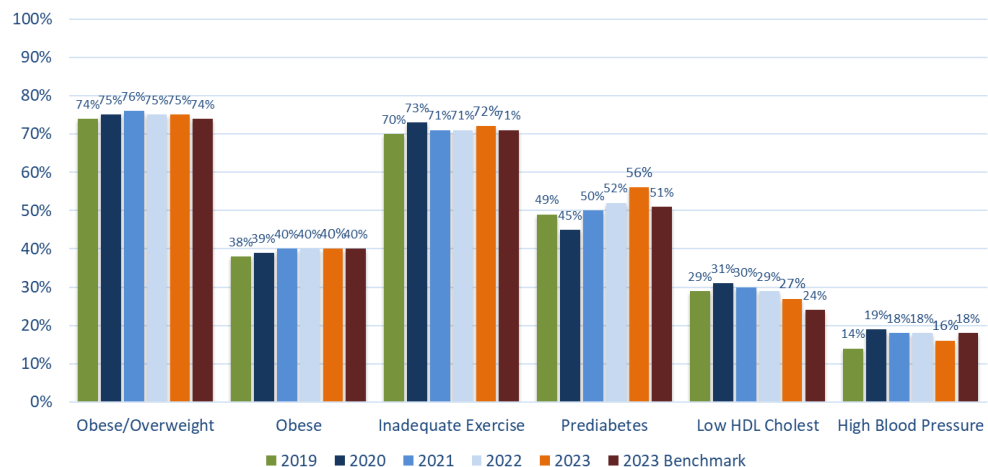
ABC Members:

- Adequate data for providing a representative health risks report for ABC members are not available.

Health Risks – KP Members
Non-Medicare



Health Risks – KP Members
Medicare



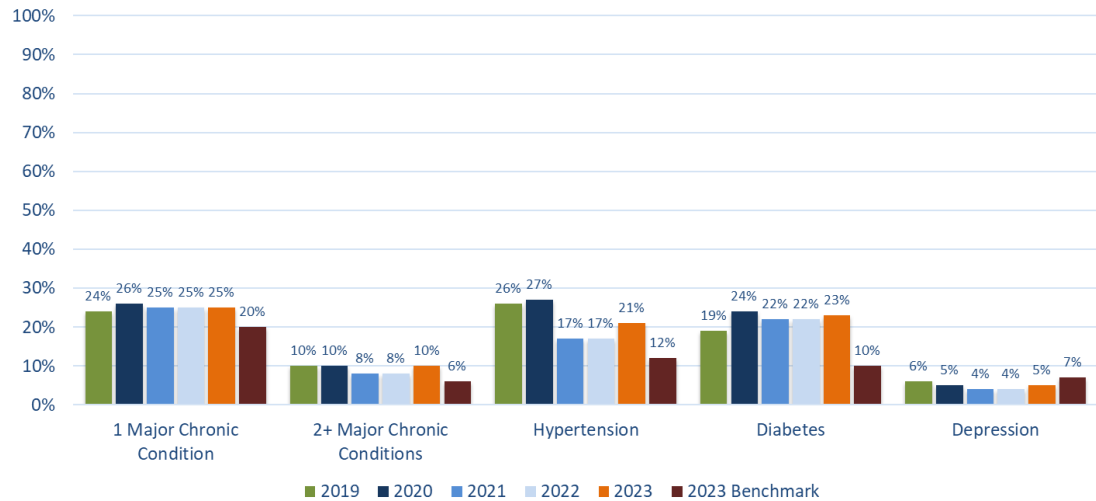
Key Highlights

Lifestyle-Related Chronic Health Conditions

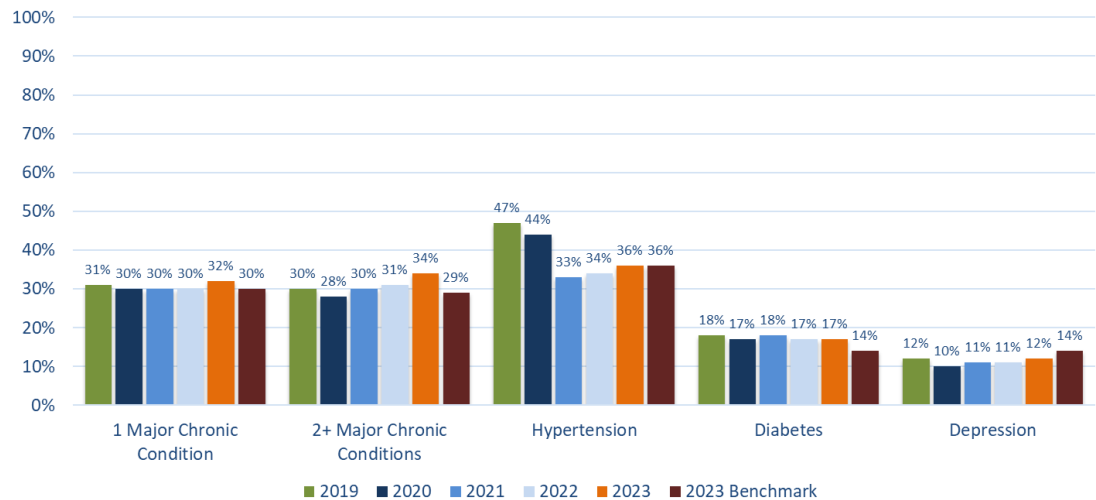
KP Members:

- In 2023, the top lifestyle-related chronic health conditions among KP members have continued to be **hypertension, diabetes, and depression**.
- While both the **Medicare and Non-Medicare groups** have **slight increases in hypertension and depression**, the **Medicare group** has experienced **significantly higher rates** for those two health conditions.
- The **Non-Medicare group** has seen a substantial **increase in diabetes** during the past 4 years, and has been trending higher than the Medicare group rates.
- The **Medicare group** has seen **3-4 times the rate of 2+ major chronic conditions** over the past 5 years compared to the Non-Medicare group.
- In 2023, most of the chronic condition rates for the Medicare and Non-Medicare groups were **higher than benchmark group rates, except for depression, which was lower**.

Lifestyle-Related Chronic Health Conditions – KP Members
Non-Medicare



Lifestyle-Related Chronic Health Conditions – KP Members
Medicare



Key Highlights

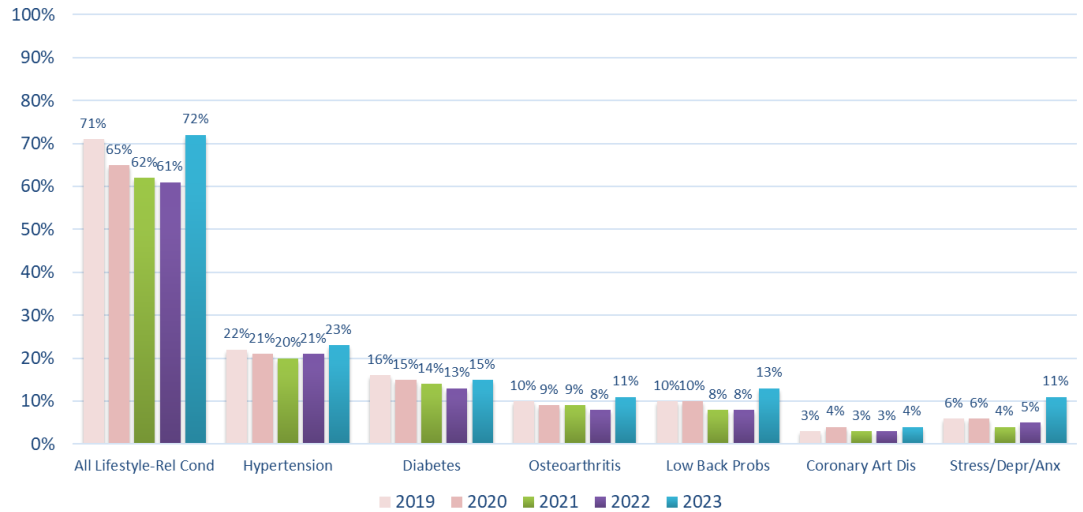
Lifestyle-Related Chronic Health Conditions

ABC Members:

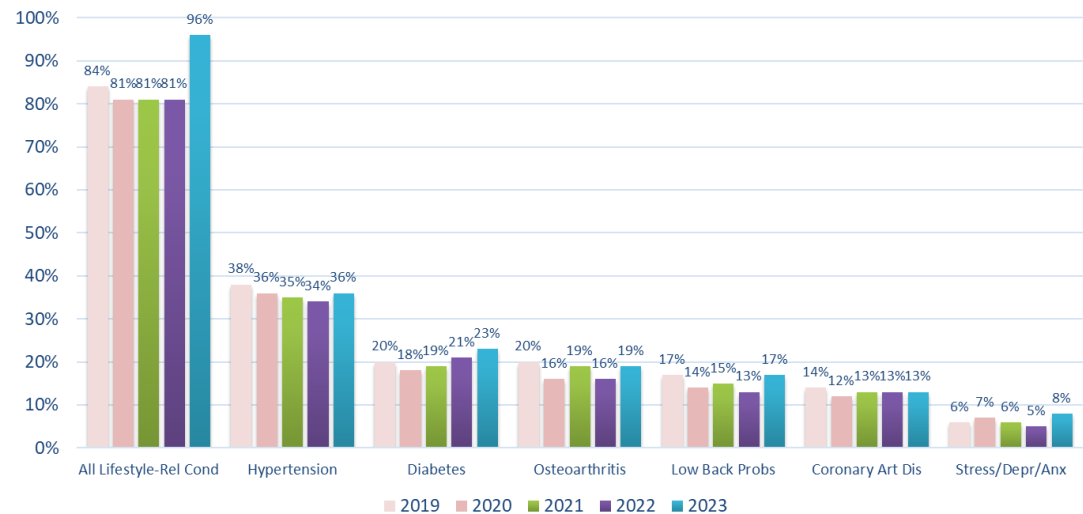
- In 2023, the top lifestyle-related chronic health conditions among ABC members were **hypertension, diabetes, and osteoarthritis**.
- The ABC Medicare members had **higher rates of these conditions** in 2023, especially for **hypertension**, compared to the Non-Medicare members.
- After a **slight downward trend in 2022** for many of the lifestyle-related conditions, **increases in prevalence rates were seen across nearly all of the conditions for both groups in 2023**.

Note: No valid ABC retiree benchmark comparison groups were available.

Lifestyle-Related Chronic Health Conditions – ABC Members Non-Medicare



Lifestyle-Related Chronic Health Conditions – ABC Members Medicare



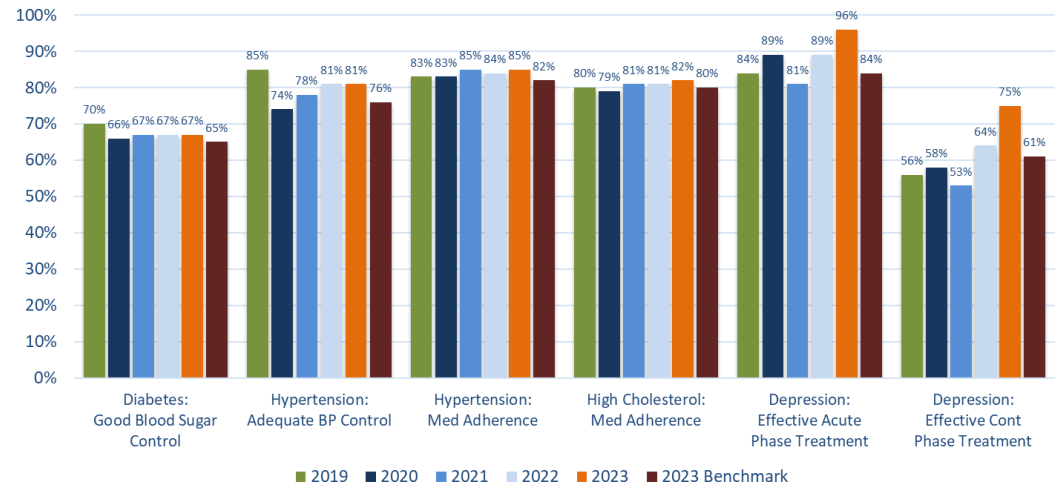
Key Highlights

Chronic Condition Management

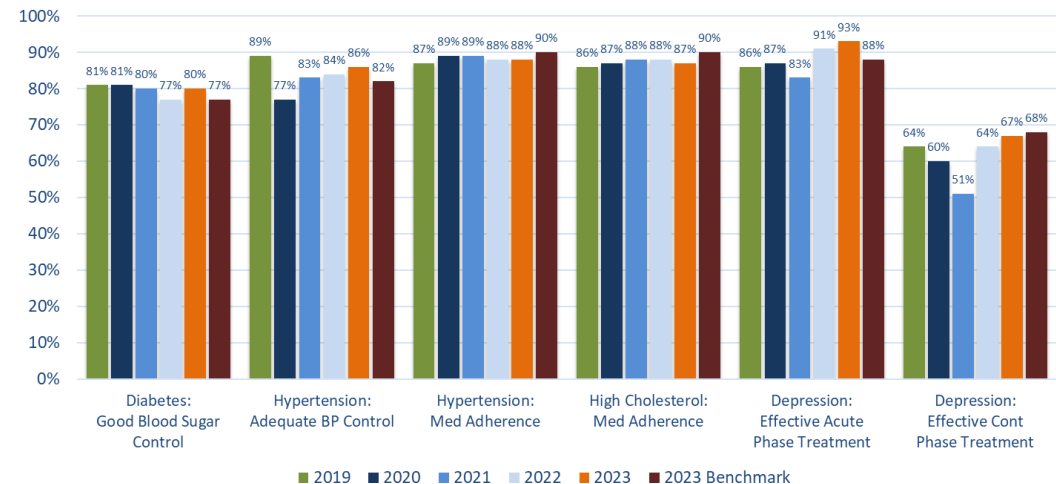
KP Members:

- In 2023, overall, a **high percentage** of KP members with top lifestyle-related chronic conditions were being **well-managed**, with similar condition control rates for both the Non-Medicare and Medicare groups.
- Overall, the KP **Medicare group** has had **slightly higher rates of effective management** for these conditions than Non-Medicare group.
- **Effective treatment of depression has trended upward** over the past 3 years.
- In 2023, most of the effective condition management rates for both the **Non-Medicare and Medicare groups** were **slightly better than those for the benchmark group**.

Chronic Condition Management – KP Members
Non-Medicare



Chronic Condition Management – KP Members
Medicare



Key Highlights

Chronic Condition Management

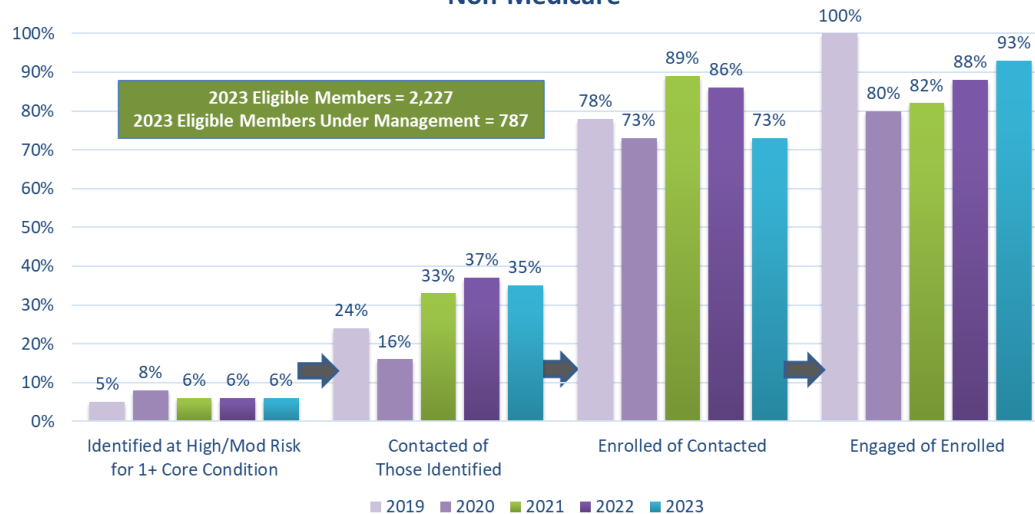
ABC Members:

- The percentages of the ABC Medicare members who have been **identified at high or moderate risk** for 1 or more of the core chronic conditions has **trended downward over the past 3 years**, while the rate for **Non-Medicare members has remained steady**.
- Of those identified at high or moderate risk, the percentages of ABC members who were **able to be contacted by phone** for condition management has **increased over the past 3 years**, particularly in 2023 for the Medicare group.
- The percentages of those who **enrolled after being contacted** decreased in 2023 but remained relatively high for both groups.
- Both the Non-Medicare and Medicare members who have enrolled in the condition management program have seen **high engagement rates of the past 5 years**, engagement for the **Medicare group has been trending downward**.

Note: No valid ABC retiree benchmark comparison groups were available.

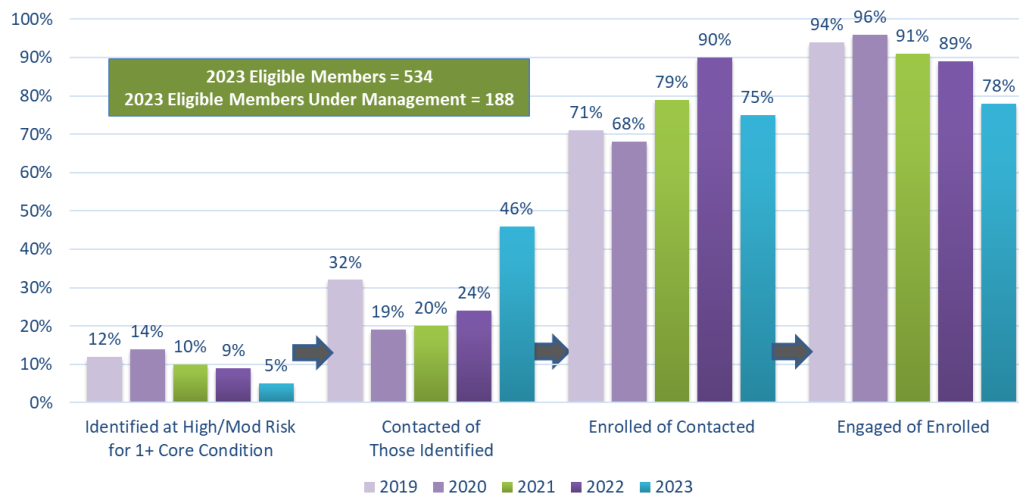
Chronic Condition Management – ABC Members

Non-Medicare



Chronic Condition Management – ABC Members

Medicare



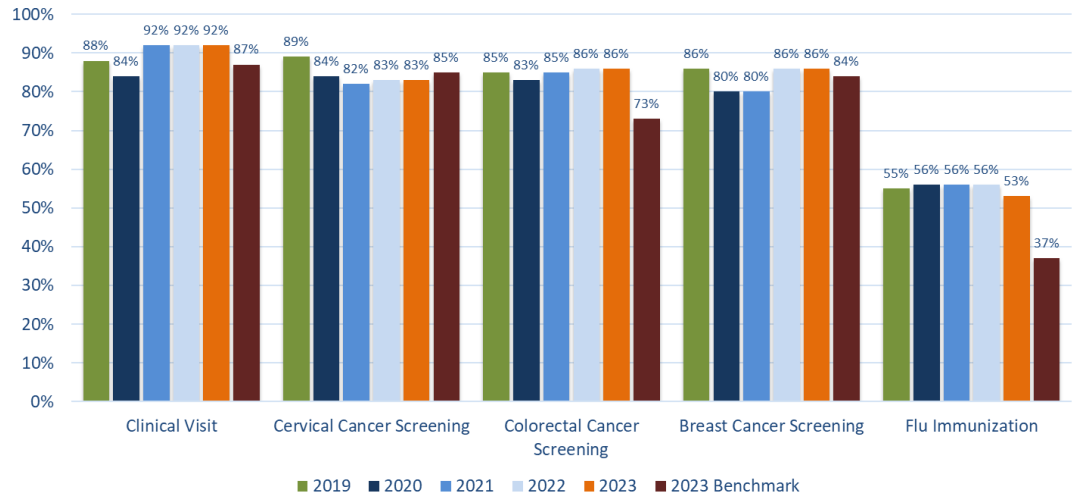
Key Highlights

Preventive Care

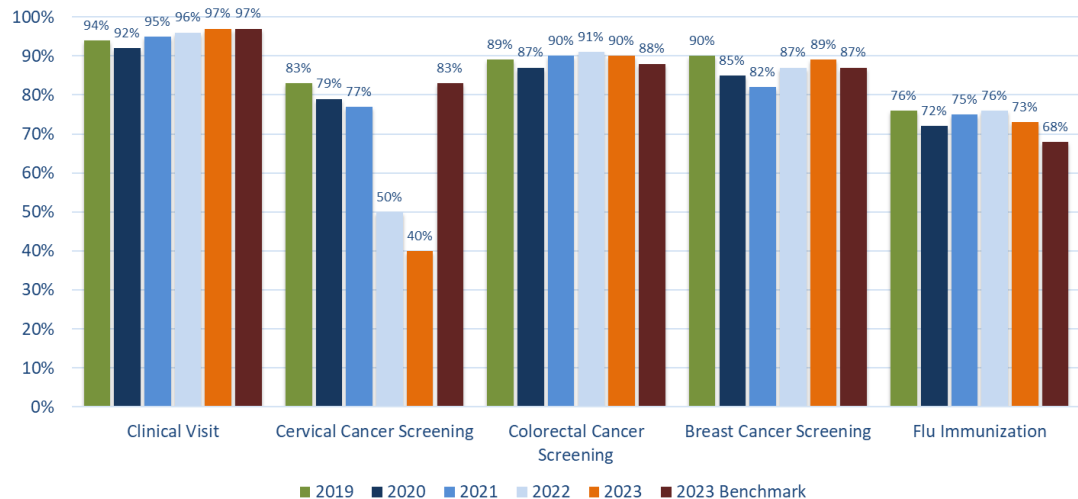
KP Members:

- In 2023, KP members continued to have **high rates of preventive care compliance overall** for both Non-Medicare and Medicare groups – **except for a decreasing rate for cervical cancer screening for the Non-Medicare group.**
- The 2023 preventive care rates for KP members were **similar to the benchmarks**, except that **flu immunization was significantly higher than benchmark for the Non-Medicare group** and **cervical cancer screening was much lower than benchmark for the Medicare group.**

Preventive Care Compliance of Eligible Members – KP Members
Non-Medicare



Preventive Care Compliance of Eligible Members – KP Members
Medicare



Key Highlights

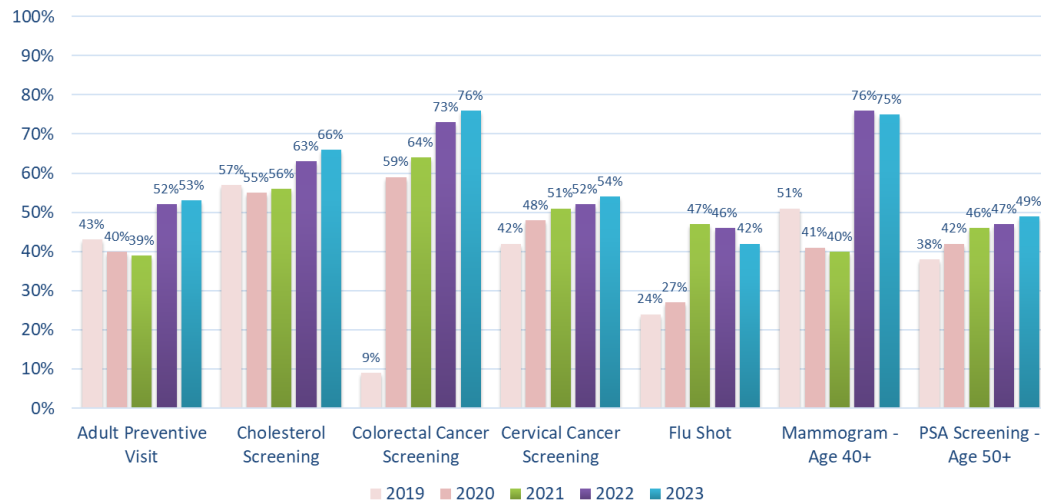
Preventive Care

ABC Members:

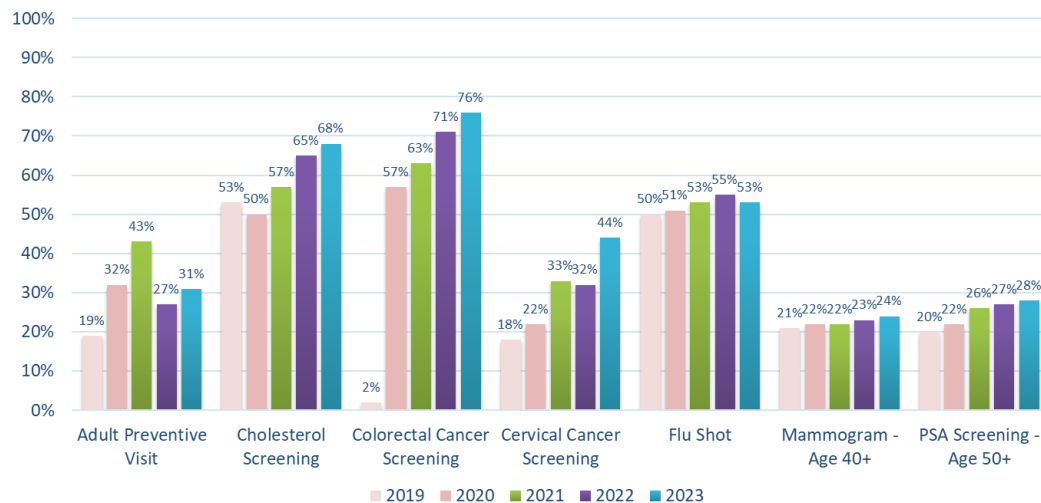
- Preventive care compliance rates have continued to rebound overall from the lower 2019-2020 rates over the past 2 years for both the ABC Non-Medicare and Medicare groups.
- Mammogram rates for the Non-Medicare group have spiked over the past 2 years, likely due to the recommendations that most women age 40+ receive annual mammograms, while flu shots for this group have been trending slightly downward.
- For the Medicare group, compliance rates for adult preventive visits were up slightly in 2023 after having dropped in 2022.

Note: No valid ABC retiree benchmark comparison groups were available.

Preventive Care Compliance of Eligible Members – ABC Members
Non-Medicare



Preventive Care Compliance of Eligible Members – ABC Members
Medicare



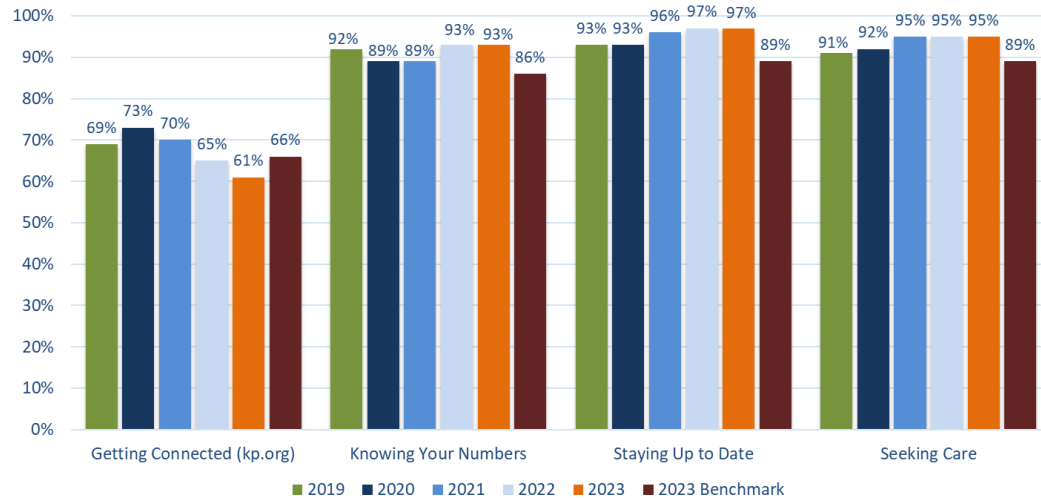
Key Highlights

Member Engagement

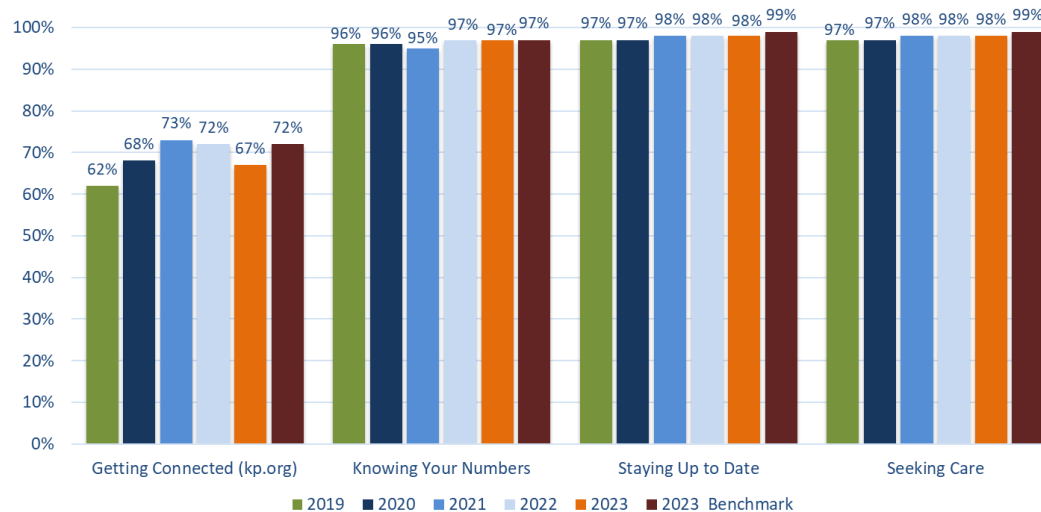
KP Members:

- In 2023, KP members in both the Non-Medicare and Medicare groups had **high rates** of engagement for **Knowing Your Numbers** (BMI, BP, or Exercise measured), **Staying Up to Date** (cholesterol or glucose measured; cancer screenings; or flu shot), and **Seeking Care** (outpatient visit, nurse line, email to doctor, or prescription filled).
- 2023 **Non-Medicare** member engagement rates were **higher than the benchmarks except for Getting Connected**, which was **lower than the benchmarks for both the Non-Medicare and Medicare groups**.

Member Engagement – KP Members
Non-Medicare



Member Engagement – KP Members
Medicare



Key Highlights

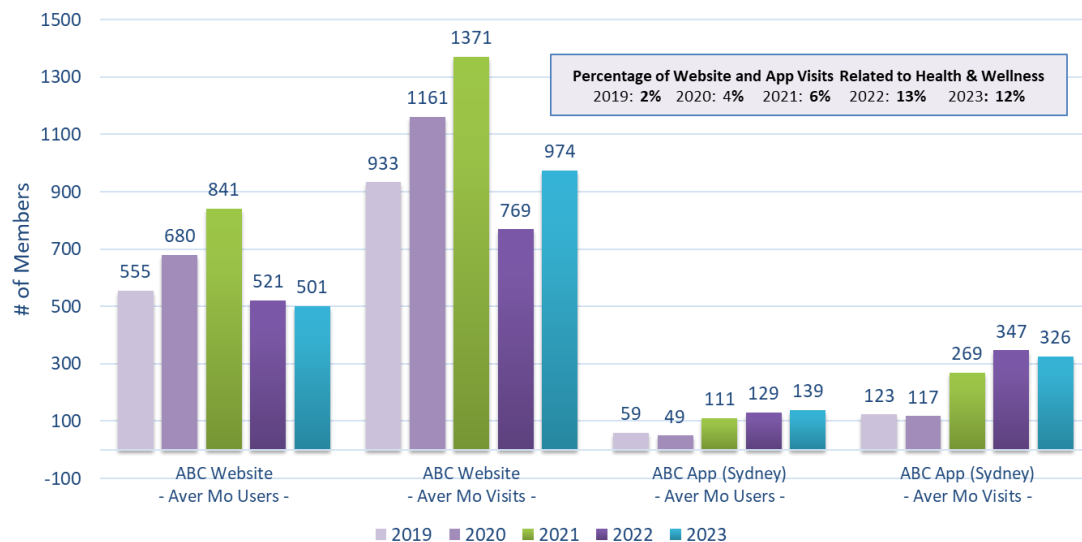
Member Engagement

ABC Members:

- ABC member **use of the ABC website grew from year to year during the pandemic years of 2019 to 2021** and then dropped off in 2022, while the **use of the ABC Sydney mobile app has continued to increase – although its utilization numbers are still low.**
- **Visits to the website and Sydney app by ABC members related to health and wellness have also increased and remained steady at 12-13%.**
- The **Lark Diabetes Prevention Program** – which replaced the Solera DPP that was sunsetted in 2020 – has had **insufficient enrollment** to meet HIPAA requirements for reporting.

Note: No valid ABC retiree benchmark comparison groups were available.

Member Engagement – ABC Members Medicare & Non-Medicare



Recommendations

Recommendations for Kaiser and Anthem Health Management Initiatives

As part of its comprehensive health management approach, LACERS has collaborated with its healthcare carriers – Kaiser Permanente and Anthem Blue Cross – over the past 11 years to promote the health and well-being of its members and support the LACERS *Well* wellness program. The following recommendations are provided for the carriers' 2024/25 health management initiatives, based on the Kaiser and Anthem data collected for this report:

Recommended 2024/25 Kaiser Permanente Health Management Focuses:

- 1) Focus on strategies for addressing the following health issues and co-morbidities, particularly for Non-Medicare and Medicare members:

Overweight/Obesity

Prehypertension/Hypertension

Prediabetes/Diabetes

Depression

- 2) Improve **blood sugar control for diabetics** and **effective continuous phase treatment for depression** for KP Non-Medicare and Medicare members.
- 3) Increase member participation in **flu immunizations for KP Non-Medicare members**, and **cervical cancer screening** for Medicare members.
- 4) Continue to increase member awareness and utilization of **KP's mobile app** and **virtual wellness and condition management program resources**.
- 5) Increase **collaboration** with the LACERS Well program, other LACERS carriers, and community non-profit health organizations.

Recommendations

Recommended 2024/25 Anthem Blue Cross Health Management Focuses:

- 1) Focus on strategies for addressing the following health issues and co-morbidities, particularly for the Medicare members:

Overweight/Obesity

Coronary Artery Disease

Prehypertension/Hypertension

Osteoarthritis/Low Back Problems

Prediabetes/Diabetes

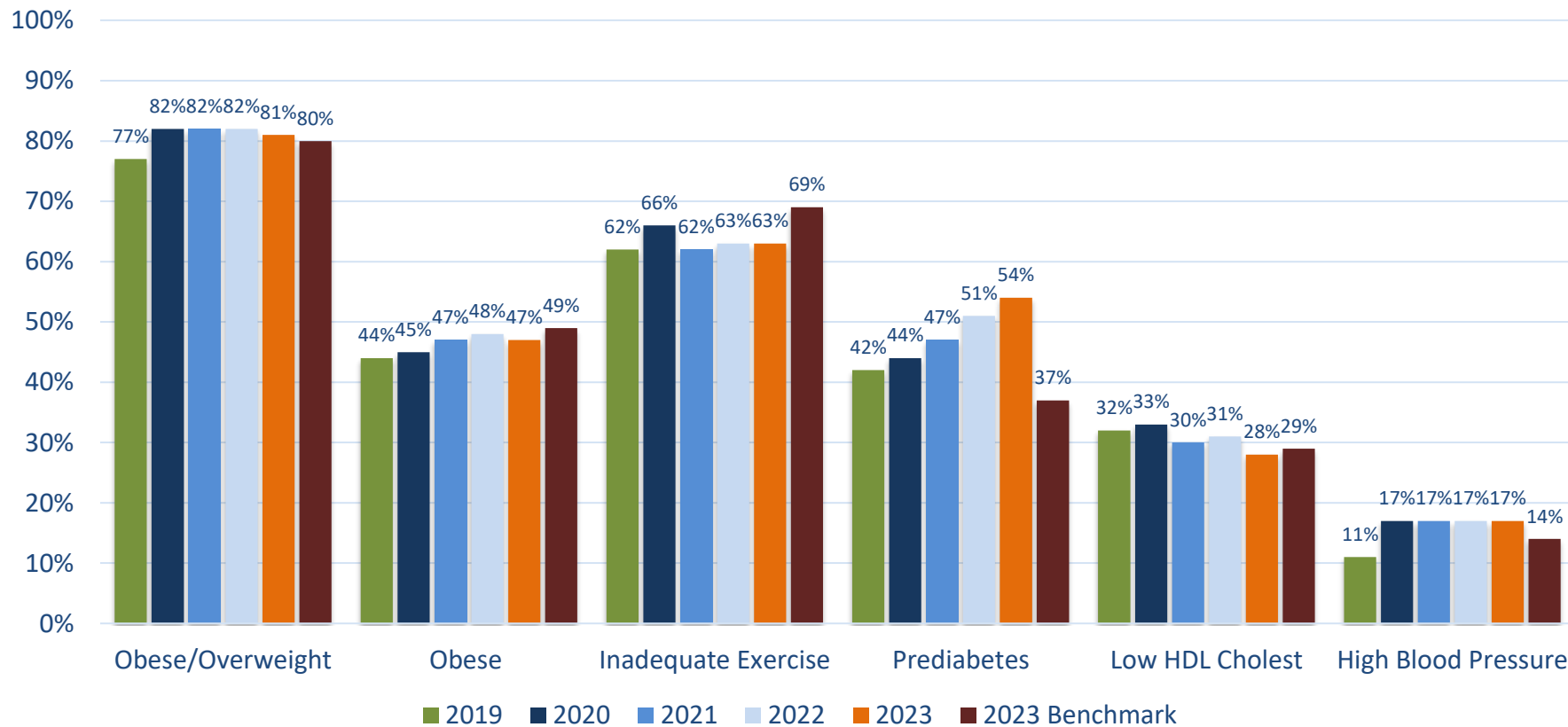
Depression/Anxiety

- 2) Improve the **ability to contact members** identified as having chronic health conditions.
- 3) Increase eligible member **compliance with recommended preventive care**, particularly for **adult preventive visits** and **flu shots**.
- 4) Increase member awareness of and participation in **ABC's telemedicine** and **virtual wellness and condition management program resources**, including the underutilized **Lark diabetes prevention program** and the **Sydney mobile app**.
- 5) Facilitate a comprehensive collection and reporting of **ABC member health risk data**, particularly for overweight and obesity.
- 6) Increase **collaboration** with the LACERS Well program, other LACERS carriers, and community non-profit health organizations.

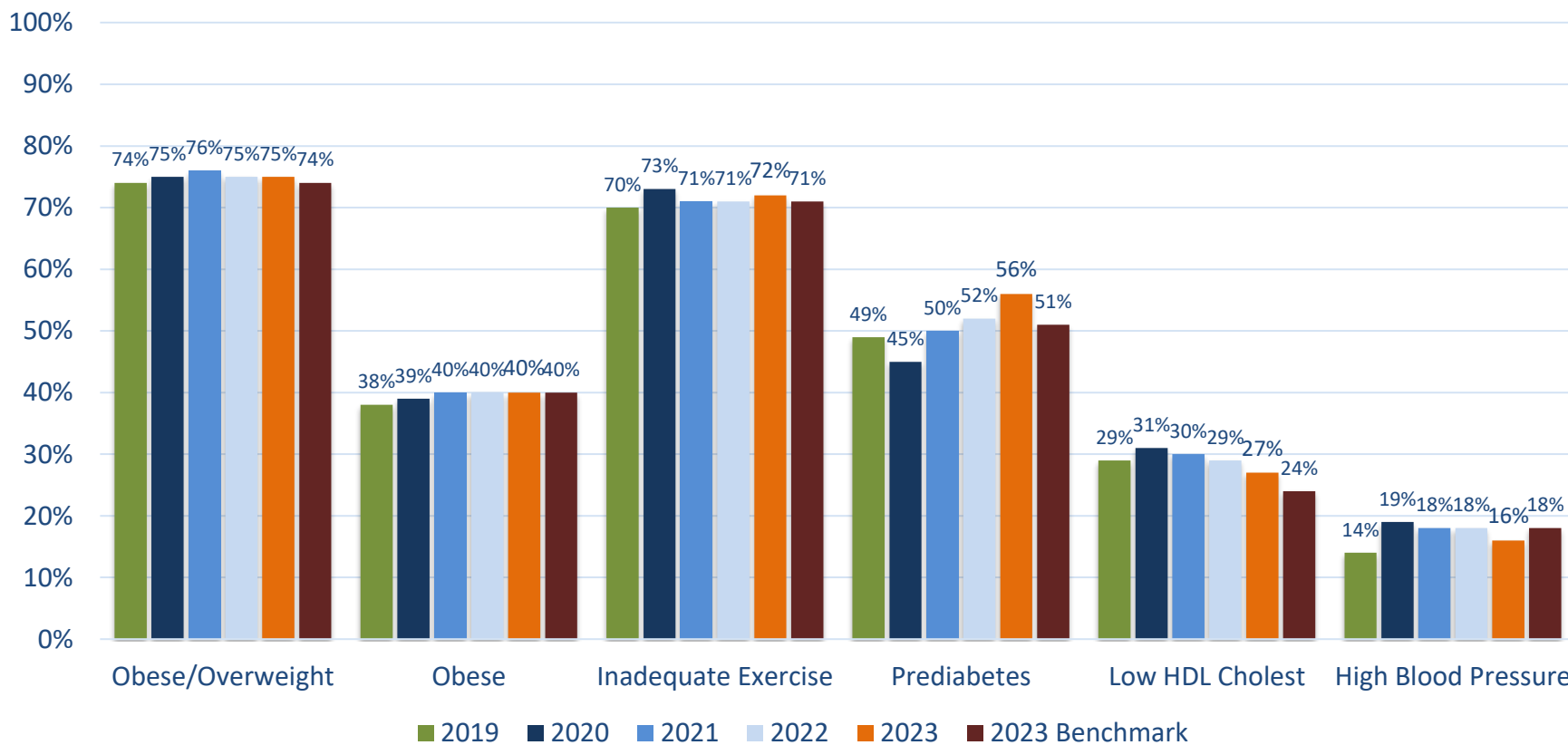
APPENDIX
2023 Kaiser and Anthem Health Management Metrics
(Full Size Versions of All Data Charts)

Kaiser Permanente Members

Health Risks – KP Members Non-Medicare

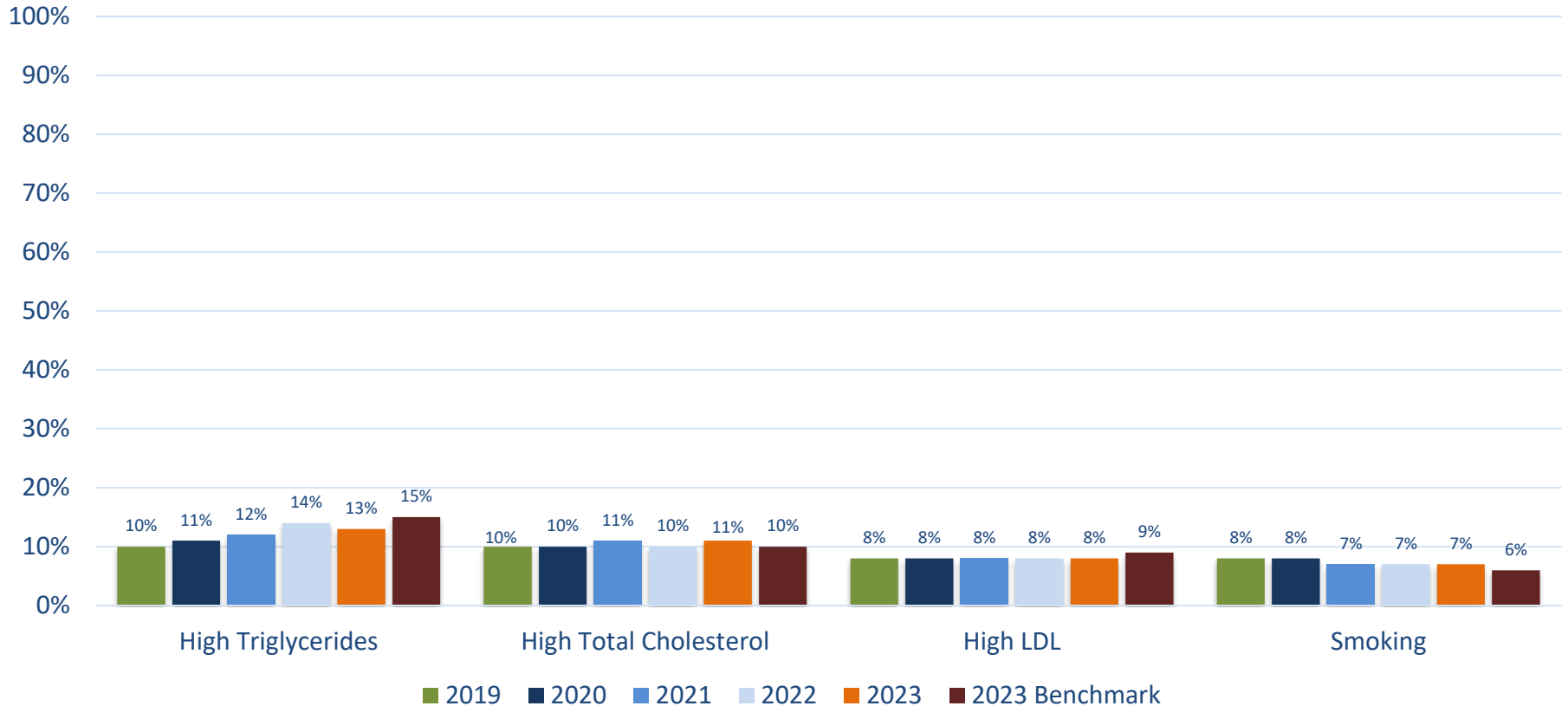


Health Risks – KP Members Medicare

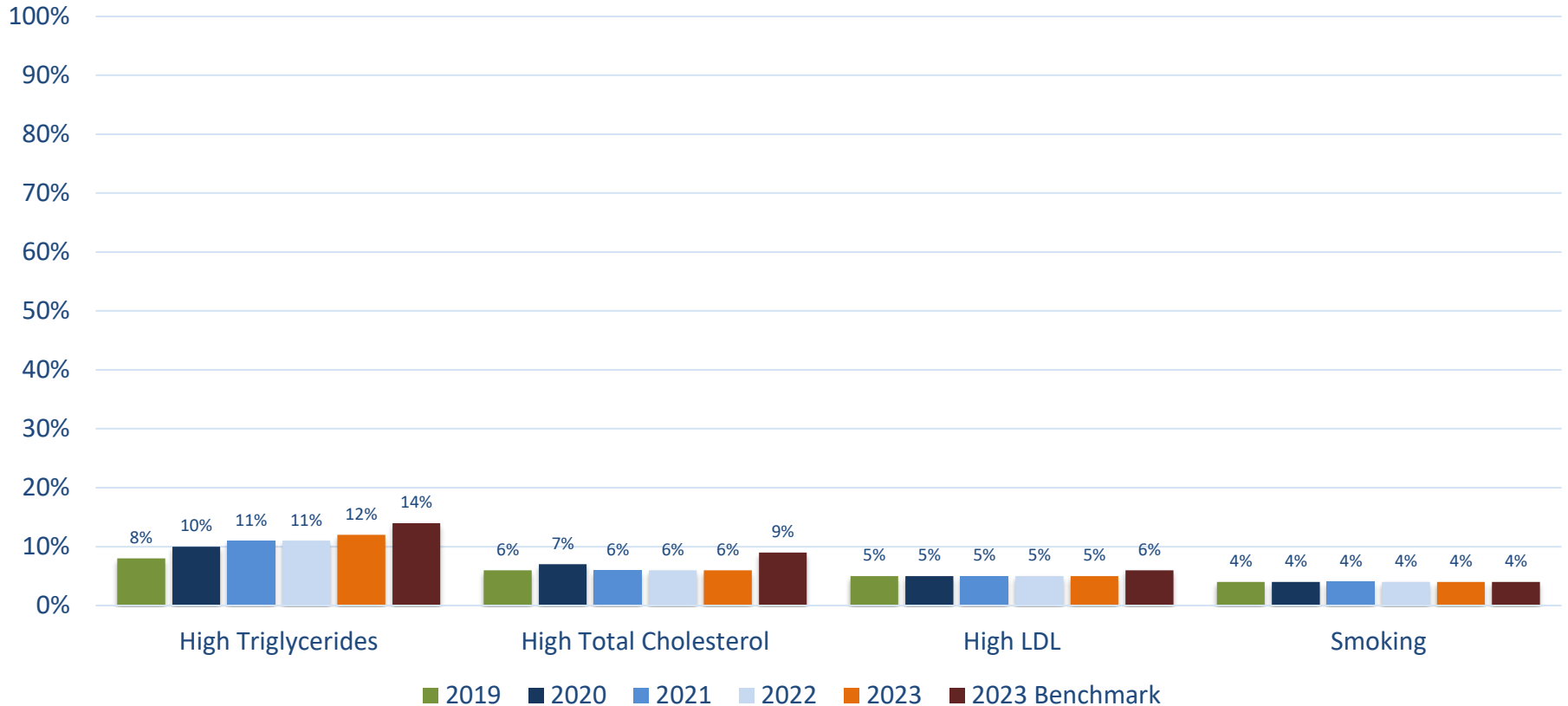


Kaiser Permanente Members

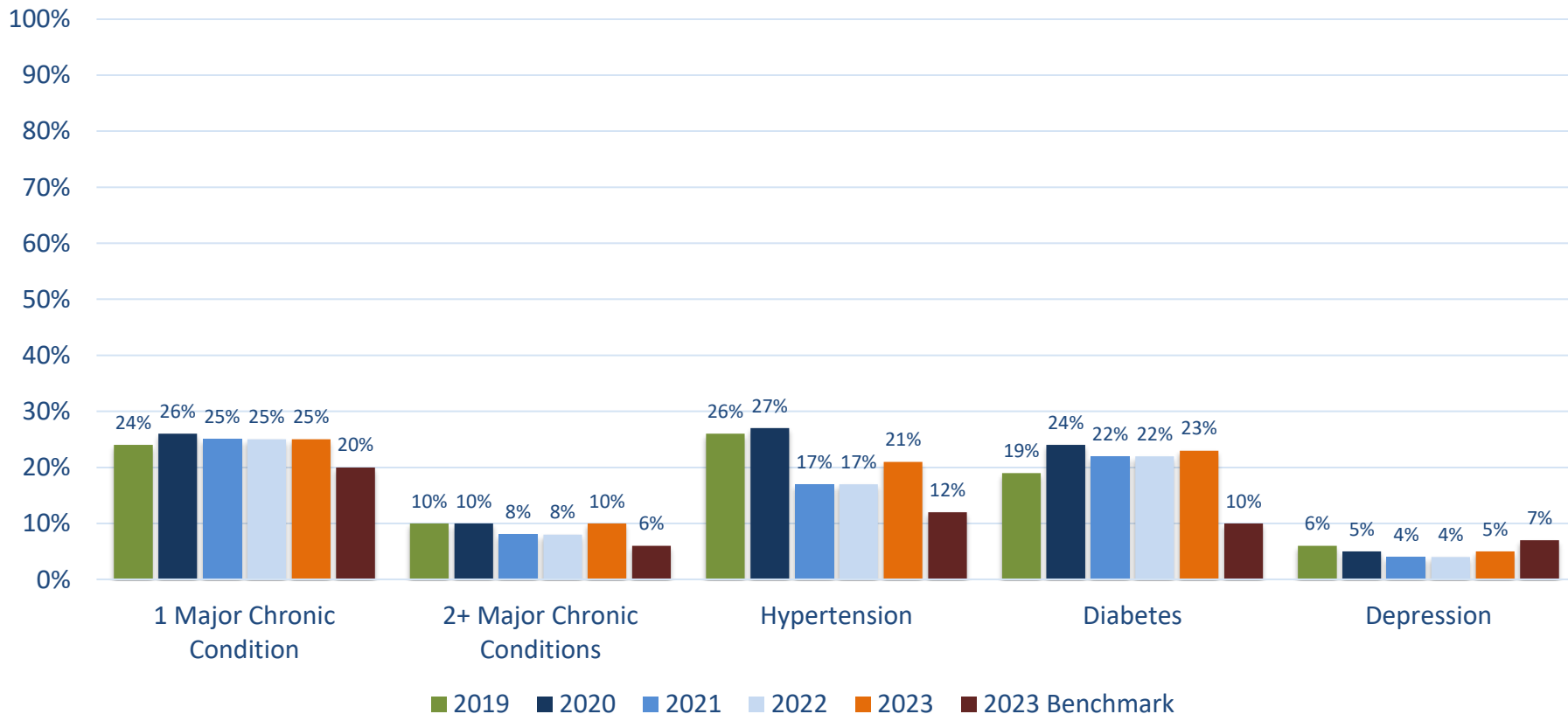
Health Risks – KP Members Non-Medicare



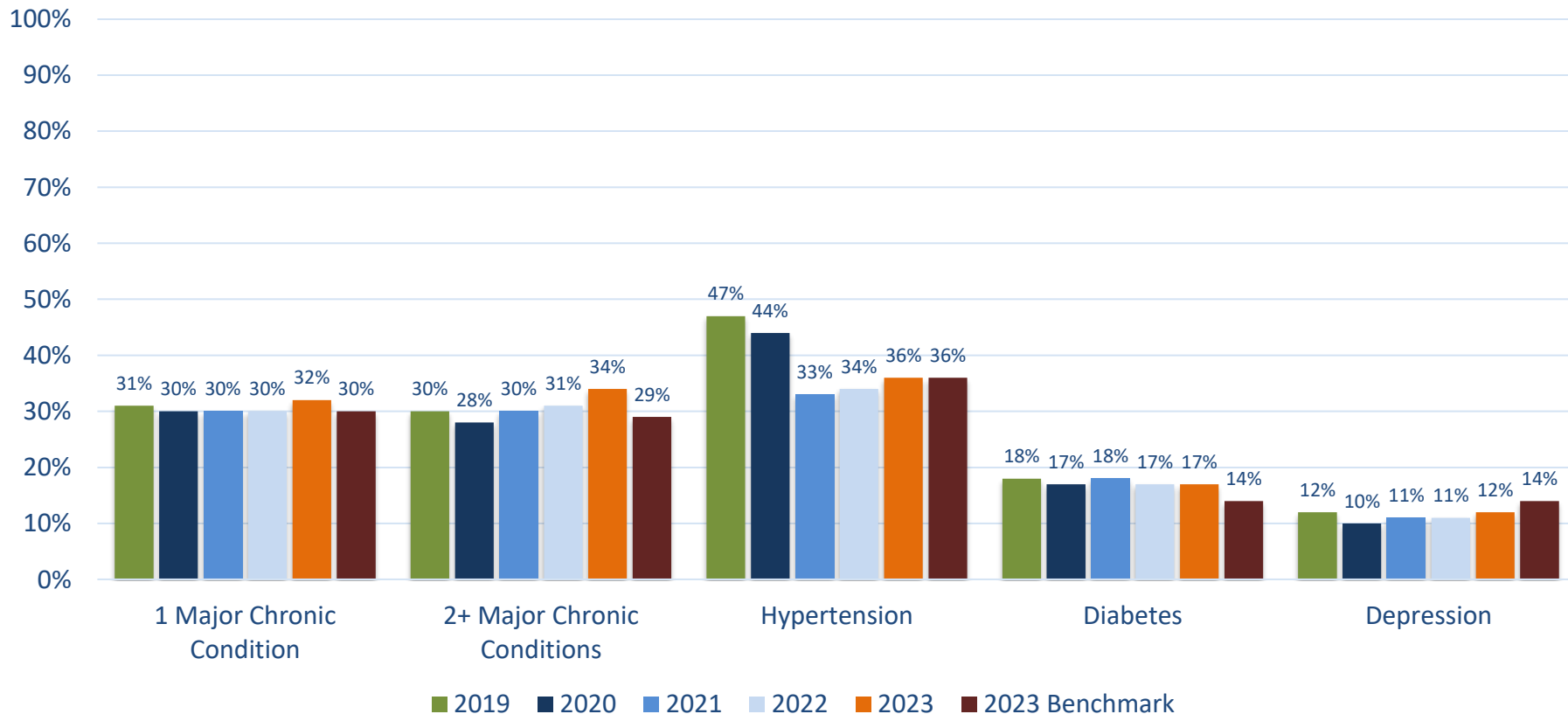
Health Risks – KP Members Medicare



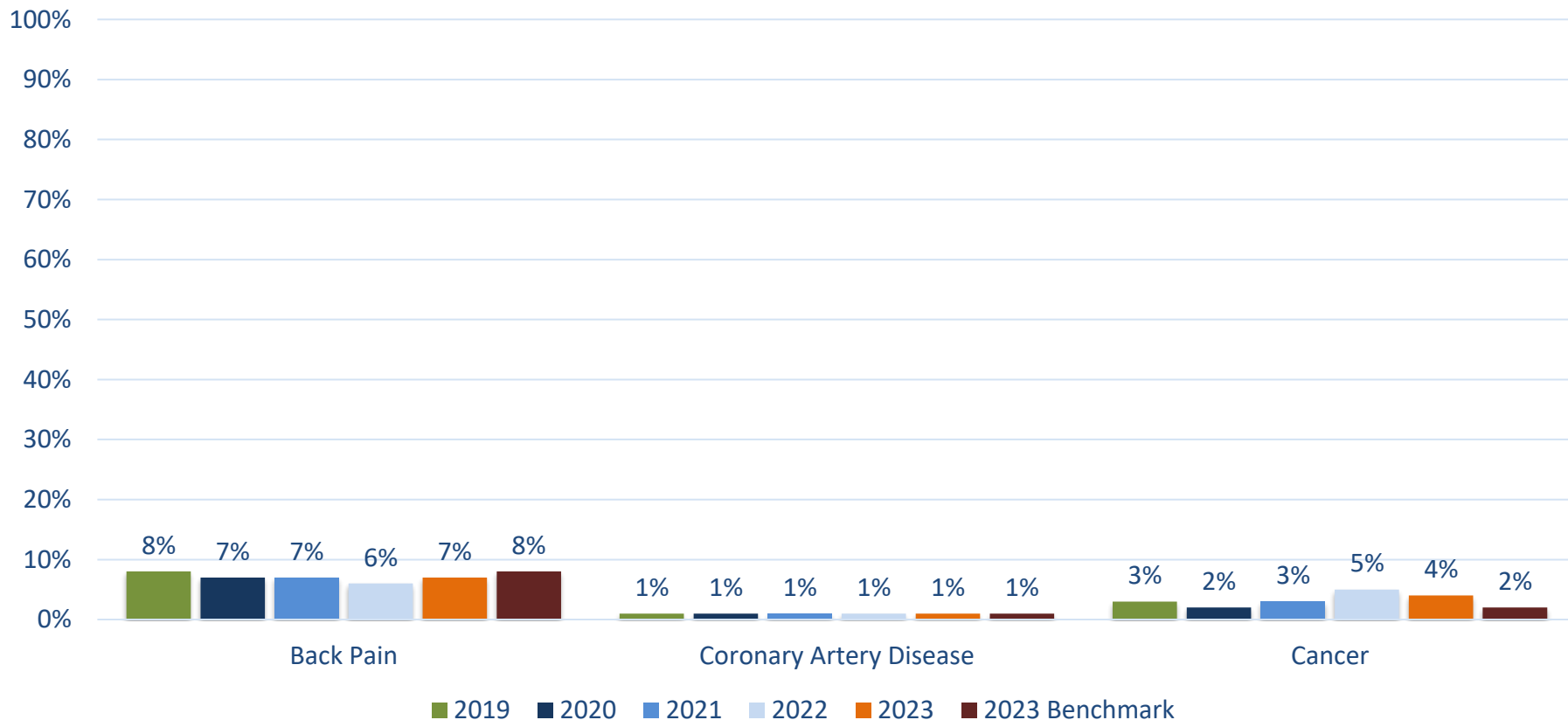
Lifestyle-Related Chronic Health Conditions – KP Members Non-Medicare



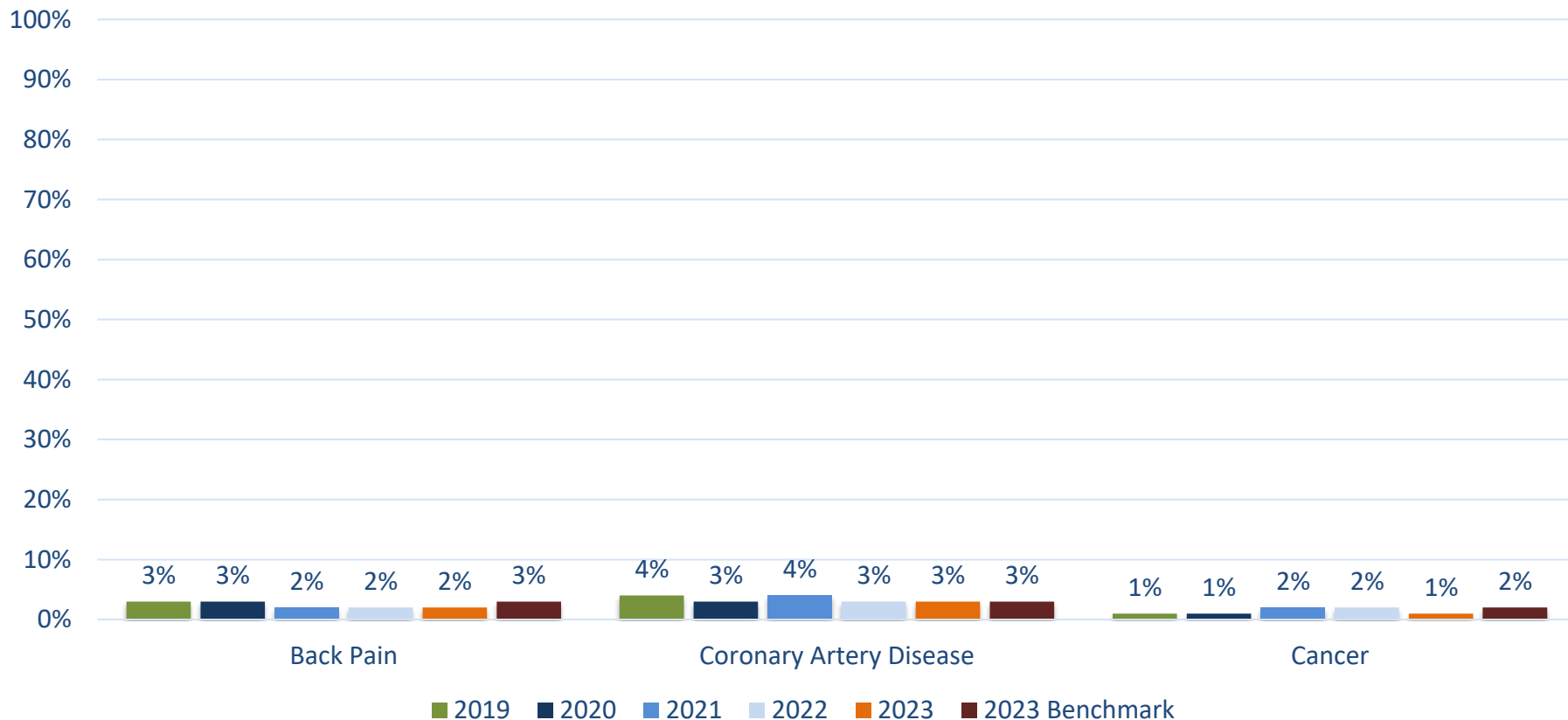
Lifestyle-Related Chronic Health Conditions – KP Members Medicare



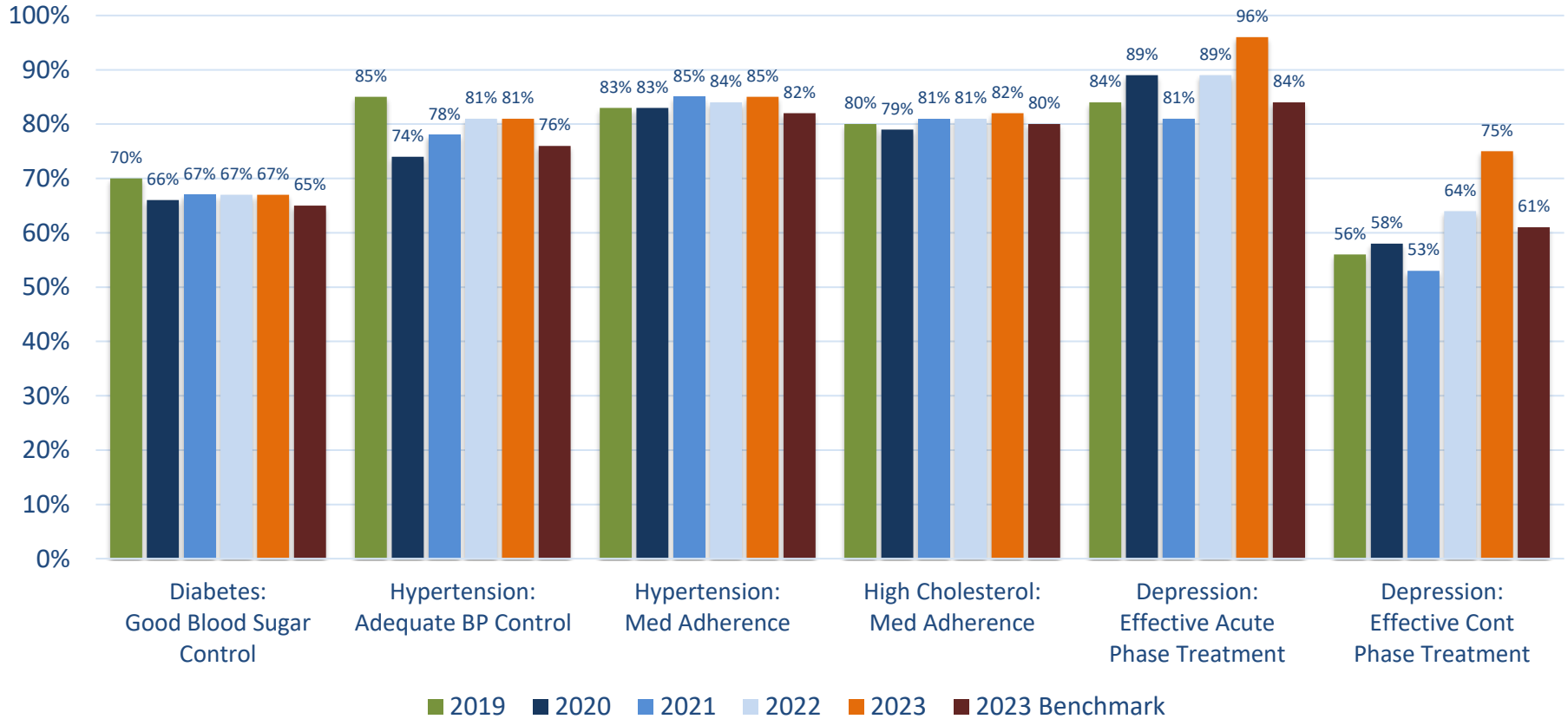
Lifestyle-Related Chronic Health Conditions – KP Members Non-Medicare



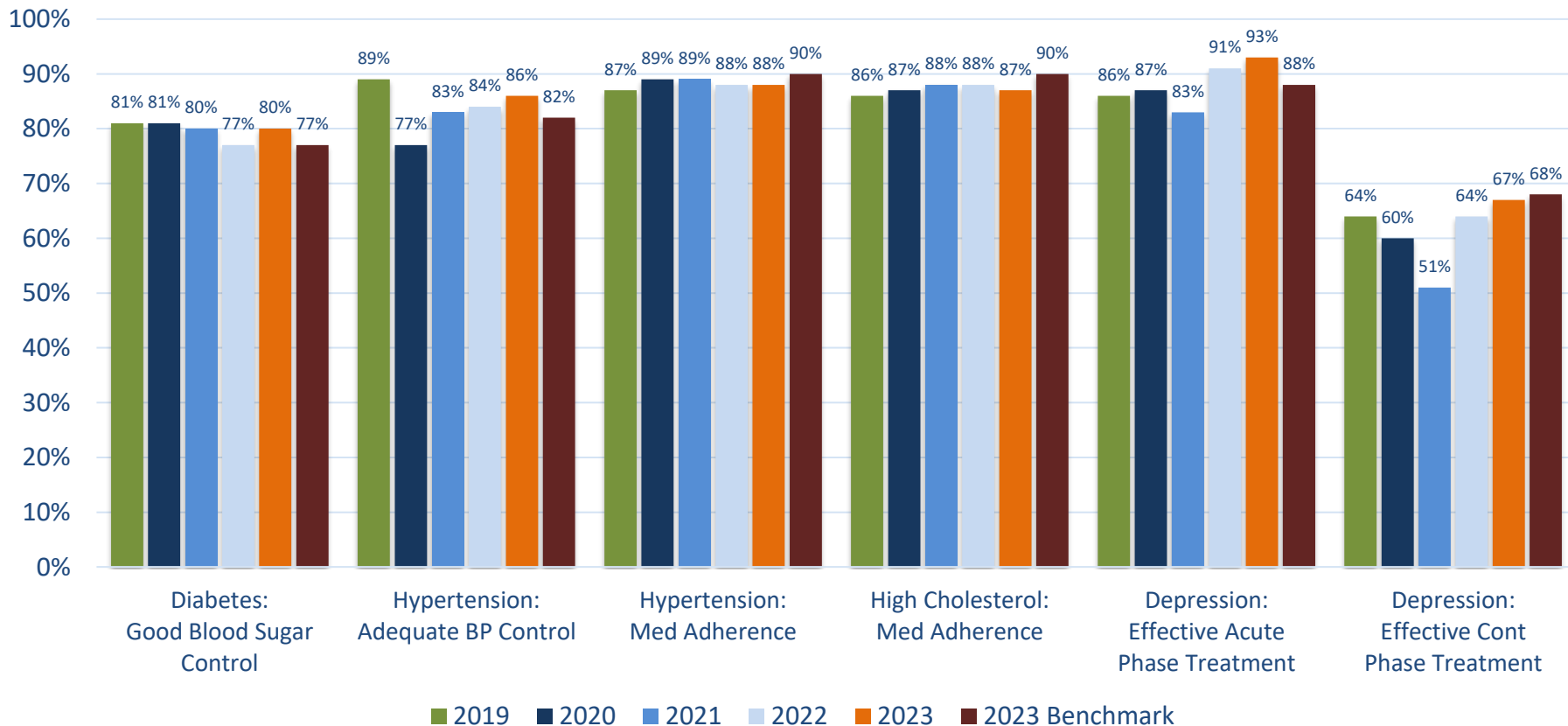
Lifestyle-Related Chronic Health Conditions – KP Members Medicare



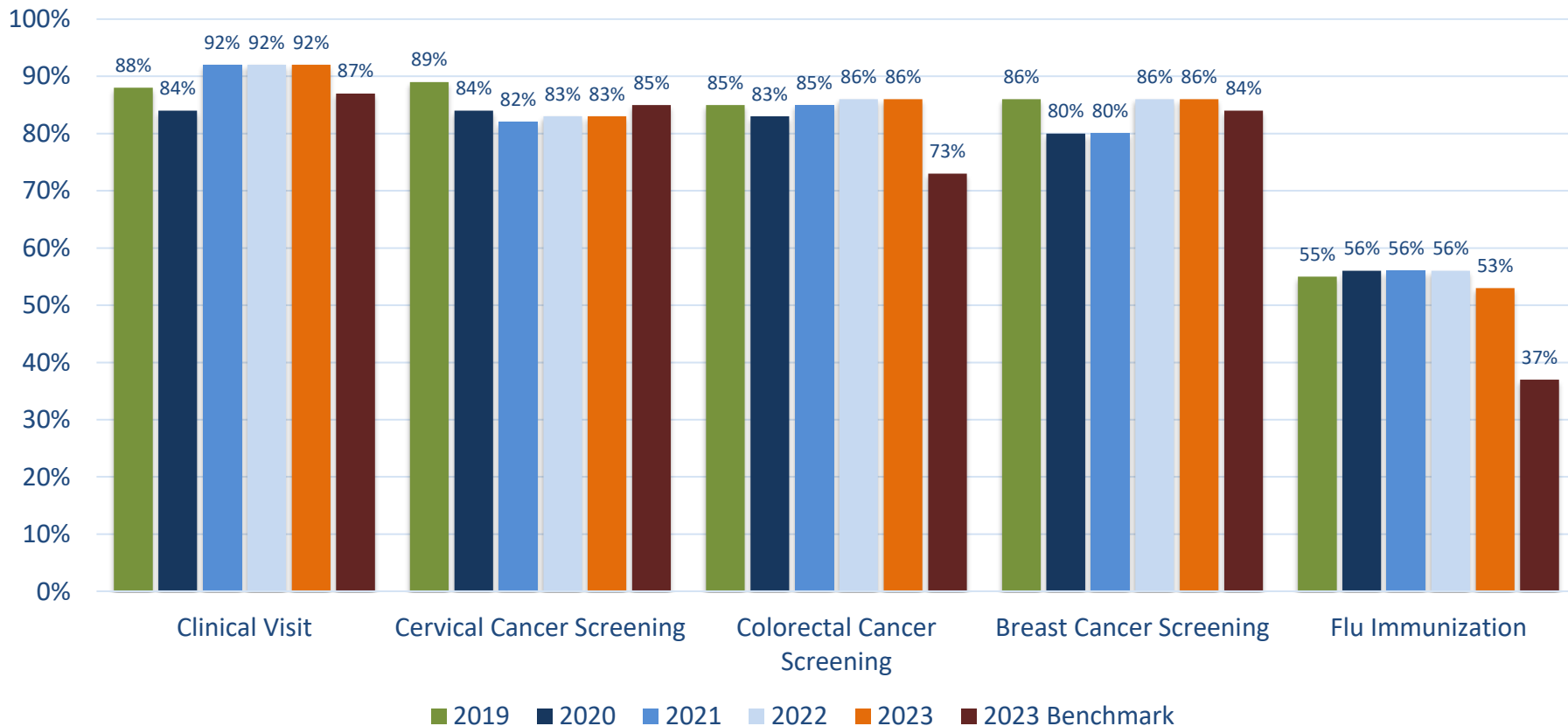
Chronic Condition Management – KP Members Non-Medicare



Chronic Condition Management – KP Members Medicare

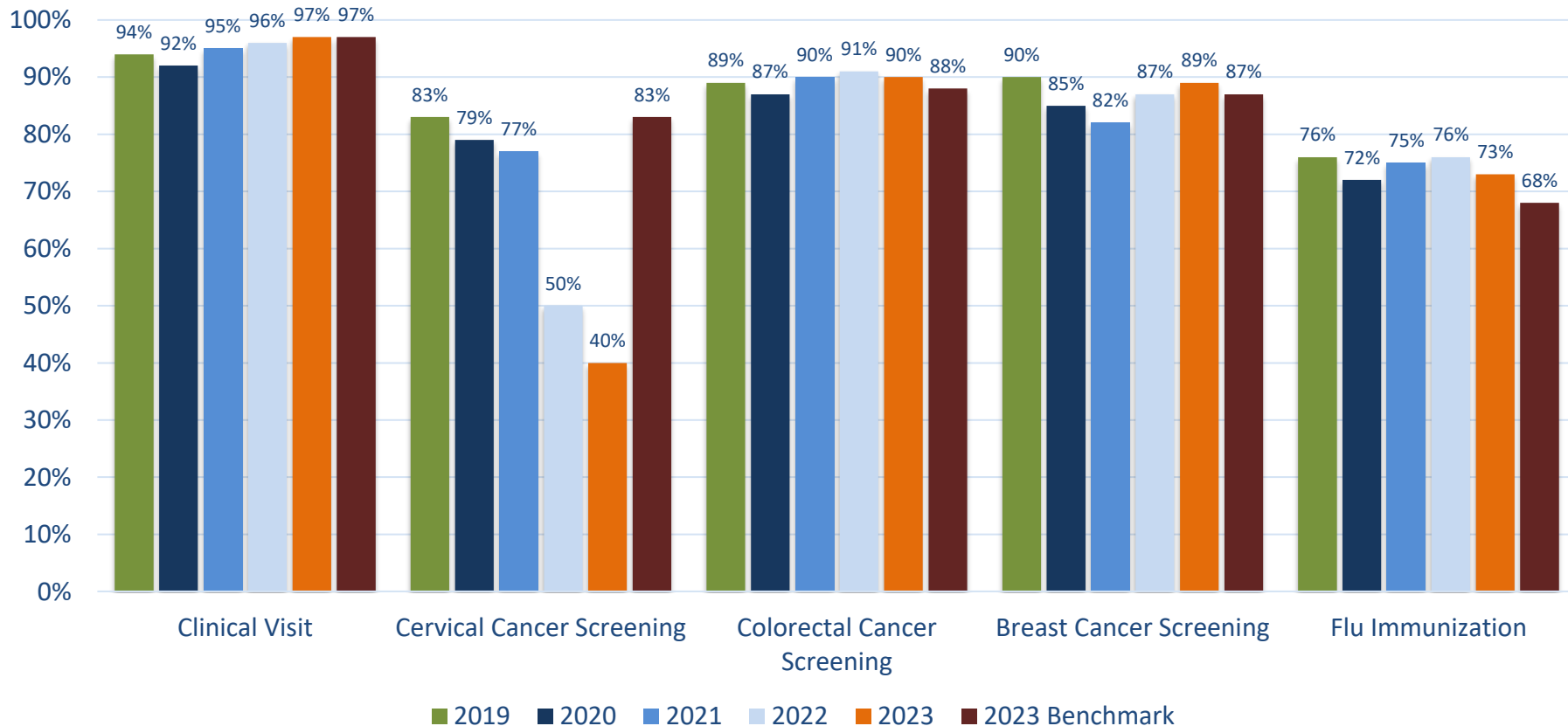


Preventive Care Compliance of Eligible Members – KP Members Non-Medicare



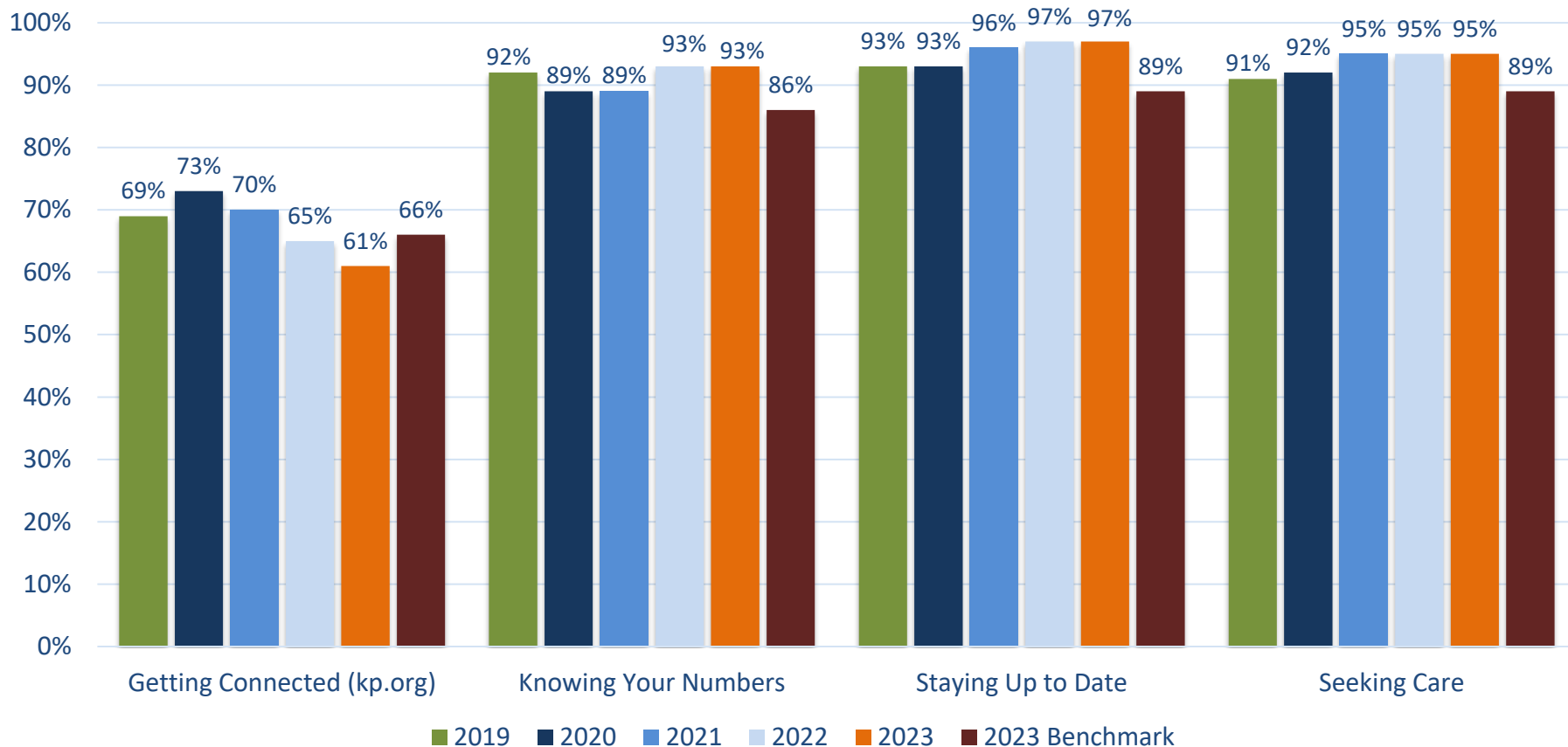
*See Appendix for screening criteria

Preventive Care Compliance of Eligible Members – KP Members Medicare

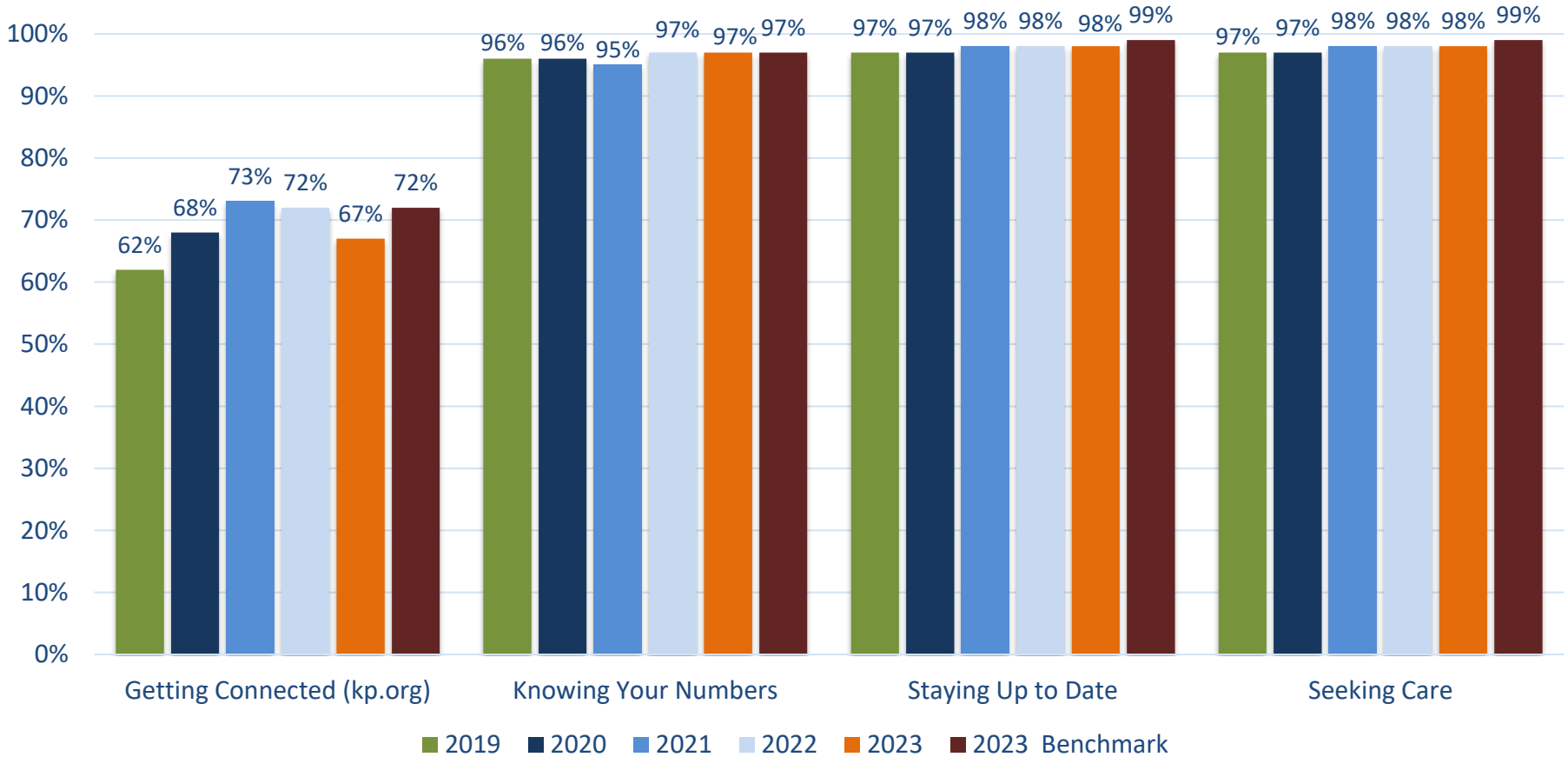


*See Appendix for screening criteria

Member Engagement – KP Members Non-Medicare



Member Engagement – KP Members Medicare



Metrics Definitions

| Reporting Category | Metric Description | Metric Definition |
|---|---|--|
| Summary Demographics | % who saw a clinician | Percentage of enrolled members (both continuously enrolled and those enrolled at the end of the measurement period) who had at least one clinical encounter with Kaiser Permanente during the 12-month measurement period. |
| % of members measured at clinical visit | Adults ages 18+ with a recorded result for smoking status | Percentage of members aged 18 or older that had their smoking status populated in the social history section of HealthConnect. This is not a 'time captured' element and reflects the current or most recent smoking status. |
| Weight Management (BMI Measurements) | Adult weight - Overweight BMI 25.0-29.9 | Percentage of members aged 21 to 74 who came to the doctor in the measurement period and who had a recorded BMI that is greater than or equal to 25.0 and less than or equal to 29.9. Excludes members who were using maternity services during the time period of measurement. |
| Weight Management (BMI Measurements) | Adult weight - Obese BMI 30.0 or higher | Percentage of members aged 21 to 74 who came to the doctor in the measurement period and who had a recorded BMI that is greater than or equal to 30.0. Excludes members who were using maternity services during the time period of measurement. |
| Weight Management (BMI Measurements) | Adult weight - Overweight or obese | Percentage of members aged 21 to 74 who came to the doctor, and were measured, who were overweight or obese (BMI greater than or equal to 25.0). Excludes members who were using maternity services during the time period of measurement. |
| Adult Exercise (Ages 18+) | Sedentary - Weekly minutes <30, not meeting recommendation | Percentage of members aged 18 or older who came to the doctor, were screened, and reported weekly exercise that is less than 31 minutes. Excludes members who used maternity services. |
| Blood Sugar Control: Glucose | Prediabetes test result - Fasting glucose 100-125 or hemoglobin A1c 5.7-6.4 | Percentage of adults aged 40 or older or BMI that is greater than or equal to 25 or non-white who (excludes those with a Diabetes Diagnosis) were measured over the last 3 years (HbA1c or fasting blood glucose test). This new definition will be reflected in reporting beginning with Q3 2020. |
| Cholesterol Management (Ages 18-75) | Total cholesterol - High \geq 240 | Percentage of members aged 18 to 75 who came to the doctor, were screened, and had a result of total cholesterol that is greater than or equal to 240. |
| Cholesterol Management (Ages 18-75) | LDL results - High \geq 160 | Percentage of members aged 18 to 75 who came to the doctor in the measurement period and who had a measured a LDL result that is greater than or equal to 160. |
| Cholesterol Management (Ages 18-75) | HDL results - Low <40 for males or >0 and <50 for females | Percentage of members aged 18 to 75 who came to the doctor in the measurement period and who had a measured HDL result that is greater than 0 and less than 40 for males or that is greater than 0 and that is less than 50 for females. |
| Cholesterol Management (Ages 18-75) | Triglyceride results: high >199 | Percentage of members aged 18 to 75 who came to the doctor in the measurement period and who had a measured a Triglyceride result that is greater than 199. |

Metrics Definitions

| | | |
|------------------------------------|--|---|
| Blood Pressure Control - Non-HEDIS | Blood pressure - Undesirable BP systolic/diastolic $\geq 140/90$ | Percentage of members aged 18 to 85 who came to the doctor, were screened, and had a result of BP systolic/diastolic $\geq 140/90$. Percentage of adults who saw the doctor and were measured, who have high blood pressure defined as an “average” systolic blood pressure reading of ≥ 140 OR an “average” diastolic blood pressure reading of ≥ 90 . Percentage of adult population that had a recorded result for blood pressure during the 12-month period being measured. |
| Smoking (Ages 18+) | Smoking rate - yes - I smoke | Percentage of members aged 18 or older who came to the doctor in the measurement period and who had a recorded Smoking Status result of Yes or Infrequent according to HealthConnect. (The data captured In HealthConnect/Clarity are members 18 or older who use tobacco; Cigars, Snuff, Chew, Cigarettes, Pipes). |
| Prevention Metrics | Flu immunization rate | Percentage of members within the population that had a recorded result for “flu” immunization (injection or nasal spray) in Kaiser Permanente HealthConnect® during the 12-month period being measured. Percentage of population that had a recorded result for “flu” immunization (injection or nasal spray) in KP HealthConnect during the 12-month period being measured. |
| Prevention Metrics | Breast cancer screening rate | Percentage of female members aged 52 to 74 who had a mammography during the measurement year or one year prior to the measurement year. Follows HEDIS standards. Percentage of females between ages of 52 and 69 who had a mammography during the measurement year or one year prior to the measurement year. |
| Prevention Metrics | Cervical cancer screening rate | Percentage of female members aged 21 to 64 who were screened for cervical cancer using either of the following HEDIS criteria: female members aged 21 to 64 who had cervical cytology performed every 3 years. female members aged 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. Percentage of female members 24 to 64 years of age who received one or more Pap tests during the measurement year or two years prior to the measurement year. |
| Prevention Metrics | Colorectal cancer screening rate | As of Q4 2022, change to age band from 51-75 to 46-75. New definition as follows: Percentage of male and female members aged 46 to 75 who had appropriate screening for colorectal cancer (CRC). Appropriate screening is a Cologuard Test (FIT-DNA Test) during the measurement year or the 2 years prior to the measurement year, a Fecal Occult Blood Test (FOBT) during the measurement year, a flexible Sigmoidoscopy during the measurement year or the four years prior to the measurement year, or a Colonoscopy during the measurement year or nine years prior to the measurement year. Percentage of adults aged 46 to 75 who had appropriate screening for colorectal cancer (CRC). Appropriate screening is a Cologuard Test (FIT-DNA Test) during the measurement year or the 2 years prior to the measurement year, a fecal occult blood test (FOBT) during the measurement year, a flexible sigmoidoscopy during the measurement year or the 4 years prior to the measurement year, or a colonoscopy during the measurement year or nine years prior to the measurement year. |

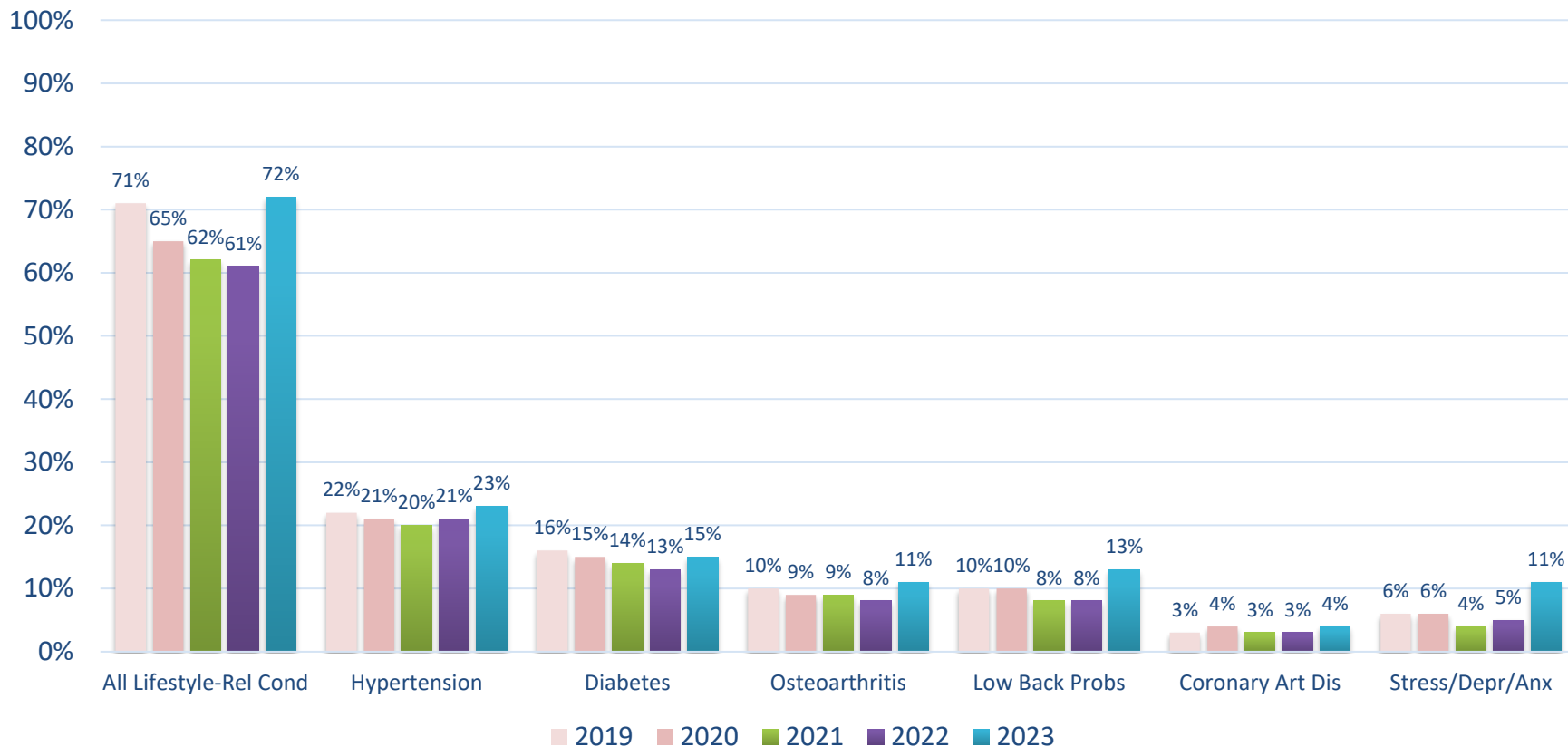
Metrics Definitions

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| Prevalence / Cost | Coronary artery disease (CAD) prevalence | Percentage of members for the customer that fall into the KP/CMI definition for the eligible population of the CAD cohort based on diagnosis and/or relevant medications (follows the old HEDIS 2014 rules, but was eliminated with HEDIS 2015). |
| Prevalence / Cost | Coronary artery disease (CAD) prevalence cost | Percentage of cost of members that fall into the CAD disease cohort. Note - It is NOT the cost of the disease, but the cost of the members with the disease, so if a member has co-morbid conditions, their cost would appear in both places. |
| Prevalence / Cost | Depression prevalence | Percentage of members for the customer that fall into the eligible population of the Depression cohort based on a Major Depression diagnosis and 18 and older age criteria. This is NOT the HEDIS defined AMM eligible population. |
| Prevalence / Cost | Diabetes prevalence | Percentage of members for the customer that fall into the HEDIS definition for the eligible population of the Diabetes cohort based on diagnosis and/or relevant medications. |
| Prevalence / Cost | Hypertension prevalence | Percentage of members for the customer that fall into the HEDIS definition for the eligible population of the Hypertension cohort based on diagnosis and/or relevant medications. |
| Prevalence / Cost | Obesity prevalence (based on BMI) | Percentage of members aged 2 to 74 who came to the doctor in the measurement period and who had a recorded BMI that is greater than or equal to 30.0. Excludes members who were using maternity services during the time period of measurement. |
| Diabetes | Blood sugar good control - HbA1c <8% | Percentage of Diabetic members for the customer that were in "Good Control" based on a Hemoglobin A1c result of <8% during the measurement period. Follows HEDIS standards. |
| Hypertension | Adequate blood pressure control <140/90 | Percentage of members in the Hypertension cohort that have a blood pressure that is adequately controlled. Adequately controlled is defined as "Both a representative systolic BP less than 140 mm Hg AND a representative diastolic BP less than 90 mm Hg (BP in the normal or high-normal range). Follows HEDIS Standards. |
| Depression | Effective acute phase treatment | Percentage of members who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week) Acute Treatment Phase. Follows HEDIS Standards. |
| Depression | Effective continuation phase treatment | Percentage of members who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days (6 months). Follows HEDIS Standard. |
| Percent of Members by Condition (Based on DxCG Data) | 2 or more major chronic conditions | Percentage of members for the customer that have 2 or more major chronic conditions based on the DxCG Hierarchical Condition Codes (HCC) where members are continuously enrolled. Major chronic conditions = Diabetes, Asthma, CAD, Heart Failure, Depression, CKD, and COPD. |

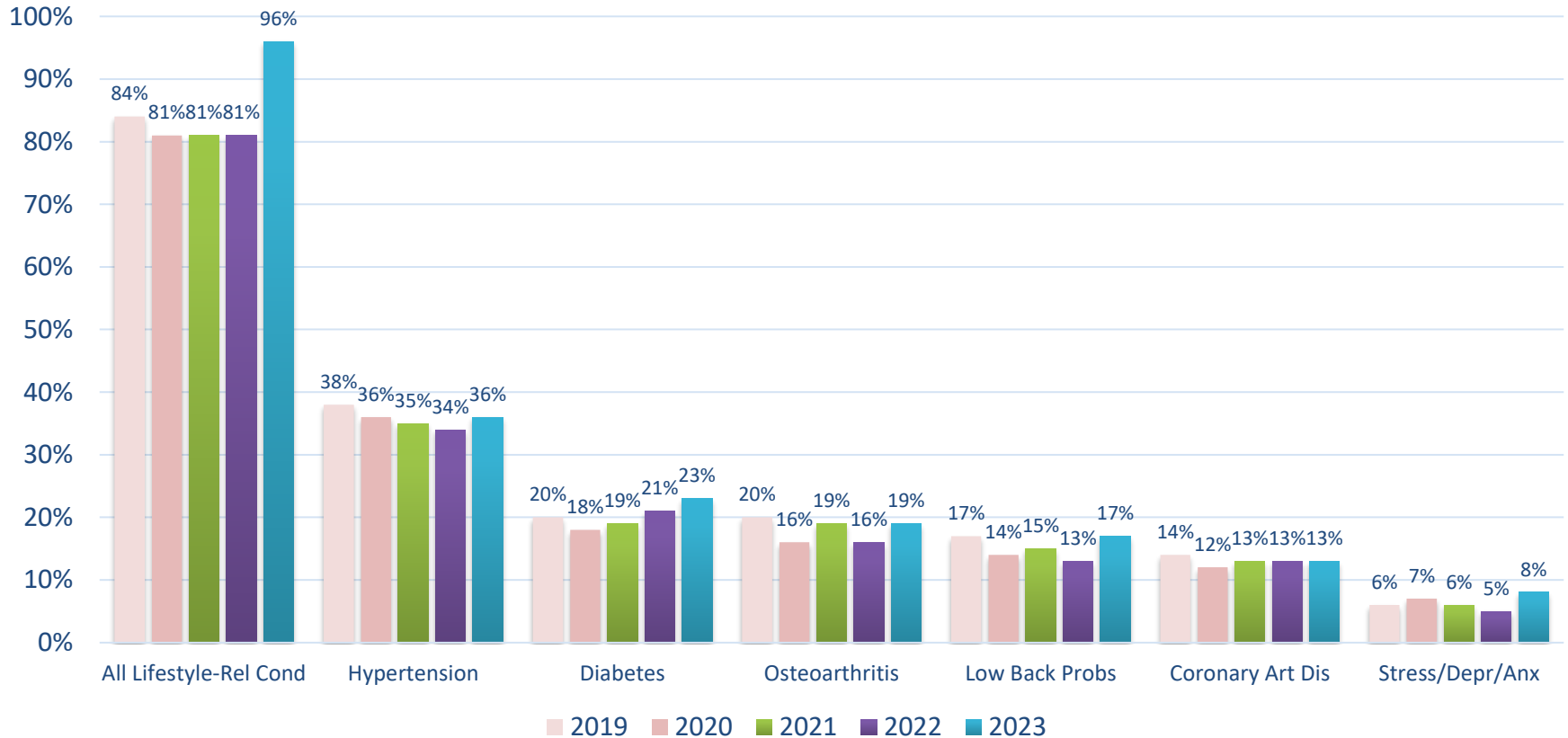
Metrics Definitions

| | | |
|--|---|---|
| Percent of Members by Condition (Based on DxCG Data) | 1 major chronic condition | Percentage of members for the customer that had only 1 major chronic condition based on the DxCG HCC where members are continuously enrolled. Major chronic conditions = Diabetes, Asthma, CAD, Heart Failure, Depression, CKD, and COPD. |
| Percent of Members by Condition (Based on DxCG Data) | Cancer | Percentage of members for the customer that had a Cancer diagnosis during the measurement period based on the DxCG HCC codes applicable to Cancer. Members are continuously enrolled. |
| Percent of Members by Condition (Based on DxCG Data) | Back pain | Percentage of members for the customer that had a Back Pain diagnosis during the measurement period based on the DxCG HCC codes applicable to Back Pain. Members are continuously enrolled. |
| Getting Connected | The % of overall company engagement | Percentage of members aged 18 or older who registered and signed on to kp.org. |
| Knowing Your Numbers | The % of overall company engagement | Percentage of members aged 18 or older who were measured for body mass index or blood pressure over the past two years, or screened for exercise as a vital sign. |
| Staying up to Date | The % of overall company engagement | Percentage of members aged 18 or older who got yearly flu shots or received scheduled cancer, cholesterol, or glucose screenings. |
| Seeking Care | The % of overall company engagement | Percentage of members aged 18 or older who made outpatient visits, consulted our nurse advice line, used secure messaging, or filled prescriptions. |
| Medication Adherence | Medication adherence - diabetes | Percentage of members with a proportion of days covered (PDC) greater than or equal to 80 percent on the overall diabetes medication variable. PDC is the proportion of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category. The PDC threshold of 80% is the level above which the medication has a reasonable likelihood of achieving most of the potential clinical benefit. |
| Medication Adherence | Medication adherence - high cholesterol | Percentage of members with a proportion of days covered (PDC) greater than or equal to 80 percent on the statin medication variable. PDC is the proportion of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category. The PDC threshold of 80% is the level above which the medication has a reasonable likelihood of achieving most of the potential clinical benefit. |
| Medication Adherence | Medication adherence - hypertension (High Blood Pressure) | Percentage of members with a proportion of days covered (PDC) greater than or equal to 80 percent on the RAS Antagonist medication variable. PDC is the proportion of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category. The PDC threshold of 80% is the level above which the medication has a reasonable likelihood of achieving most of the potential clinical benefit. |

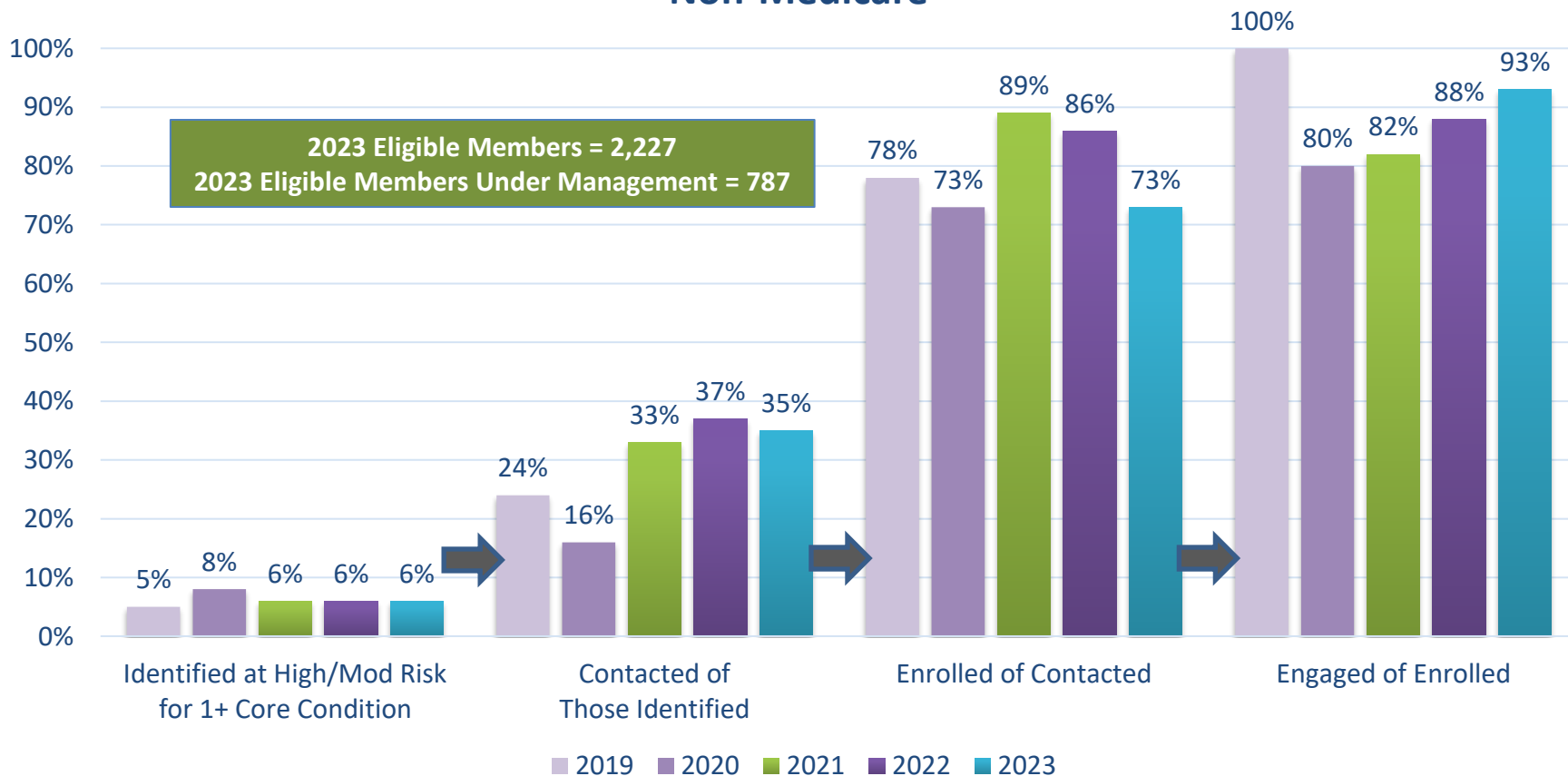
Lifestyle-Related Chronic Health Conditions – ABC Members Non-Medicare



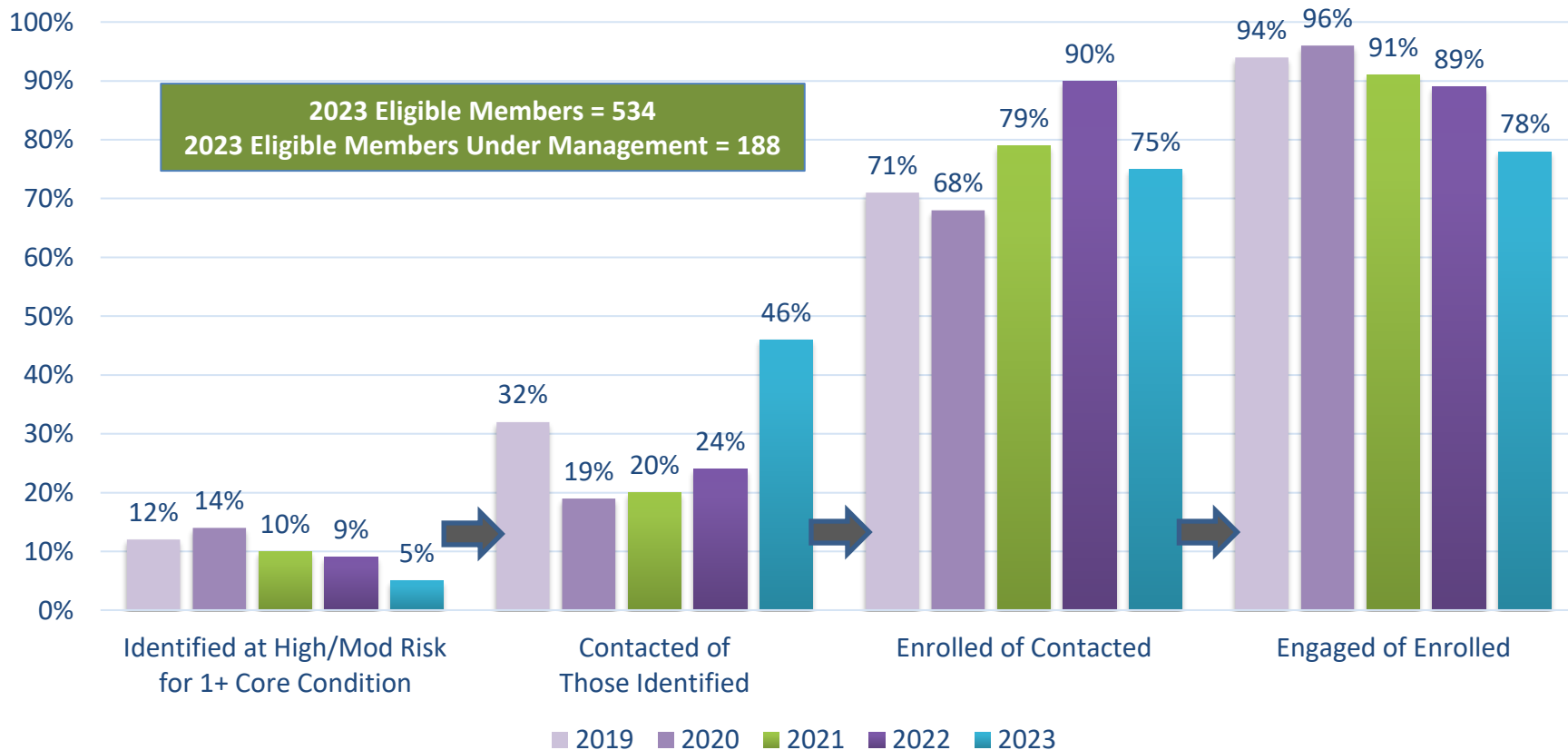
Lifestyle-Related Chronic Health Conditions – ABC Members Medicare



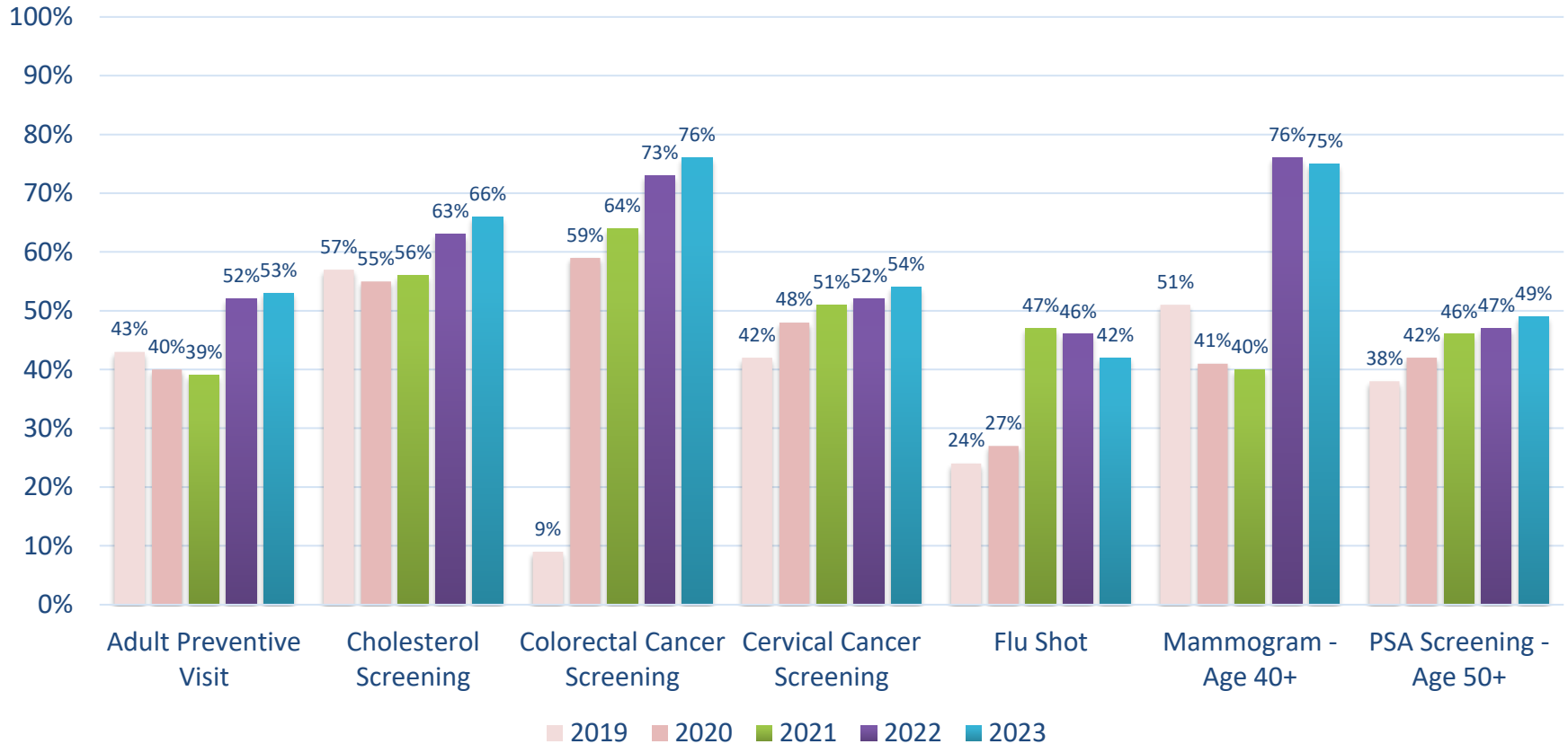
Chronic Condition Management – ABC Members Non-Medicare



Chronic Condition Management – ABC Members Medicare

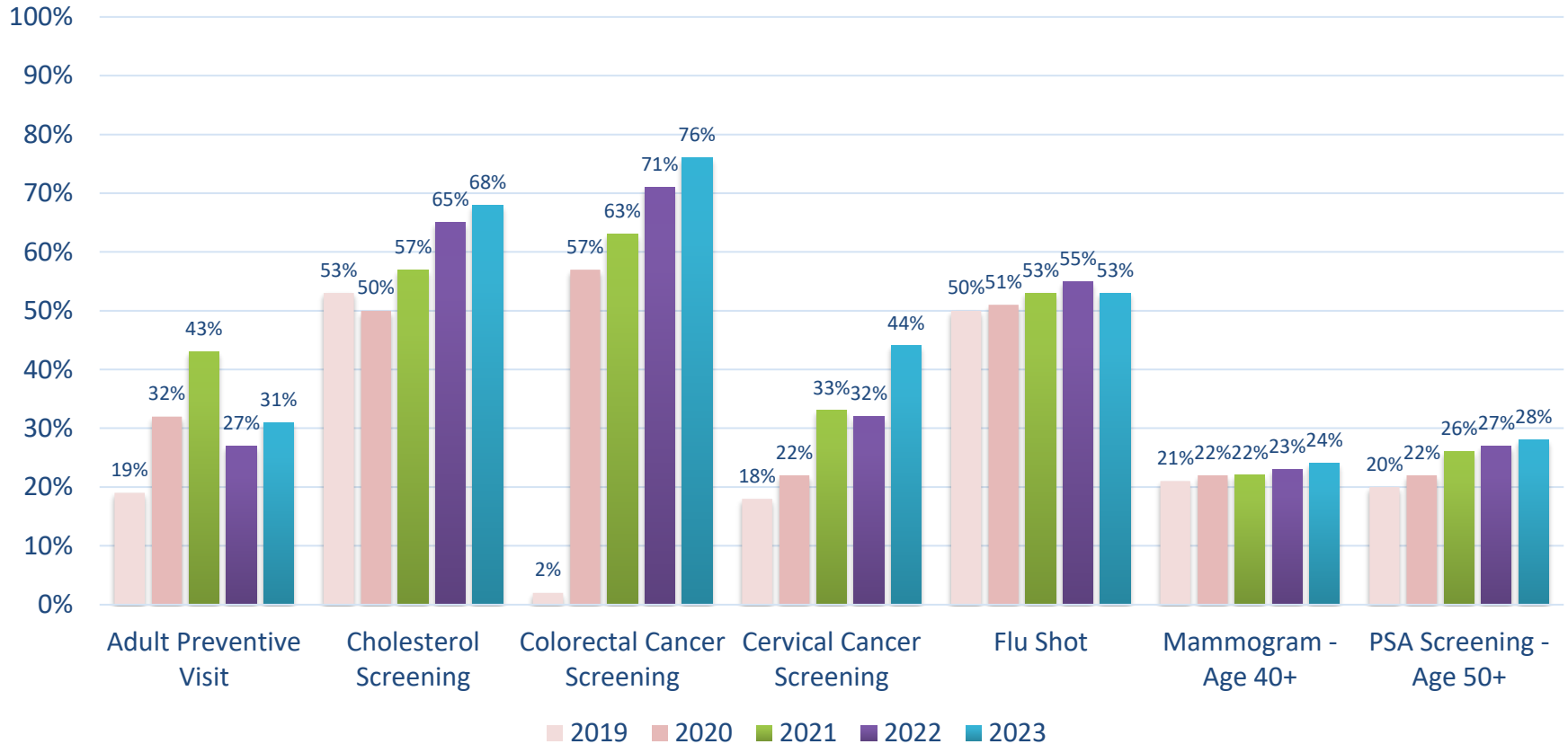


Preventive Care Compliance of Eligible Members – ABC Members Non-Medicare



*ABC Medicare group compliance rates reflect claims paid by ABC as secondary to Medicare payment.

Preventive Care Compliance of Eligible Members – ABC Members Medicare



*ABC Medicare group compliance rates reflect claims paid by ABC as secondary to Medicare payment.

Member Engagement – ABC Members Medicare & Non-Medicare

