



AGENDA

**Children’s Health Consultant Advisory Committee Meeting
Board of Governors**

Tuesday, September 19, 2023, 8:30 a.m.

L.A. Care Health Plan

1055 W 7th Street, 10th FL, CR 1017, 1018 Los Angeles, CA 90017

DRAFT

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To join the meeting via videoconference please use the link below:

<https://lacare.webex.com/lacare/j.php?MTID=mf14963a9152000c9bf2f426c1791a510>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

2498 467 9719

Password: lacare

Hilda Perez
Community Resource Center
3200 E Imperial Hwy
Lynwood, CA 90262

Rebecca Dudovitz, MD
10833 LeConte Ave. 12-358 CHS
Los Angeles, CA 90095

Lyndee Knox, PhD
149 W. 12th St.
New York, NY 10011

Gwen Jordan
Frank D. Lanterman Regional Center
3303 Wilshire Blvd.
Los Angeles, CA 90010

Edward A. Block, MD, FAAP
9320 Telstar Ave. #226
El Monte, CA 91731

Toni Frederick, PhD
1640 Marengo Street –
Suite 300
Los Angeles, CA 90033

Members of the Children’s Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference. *The public is encouraged to submit its public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or sending a text or voicemail to: 213 628-6420.*

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 8:30 am on September 19, 2023, it will be provided to the members of the Children’s Health Consultants Advisory Committee at the beginning of the meeting. **The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.** Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

Tara Ficek, MPH
Chair

1. Approve today’s Agenda *Chair*
2. Public Comment *Chair*
3. Approve Meeting Minutes *Chair*
 - November 15, 2022 Meeting Minutes P.4
 - January 17, 2023 Meeting Summary P.14
 - March 21, 2023 Meeting Summary P.22
 - May 16, 2023 Meeting Summary P.29
 - August 15, 2023 Meeting Summary P.35
4. Chairperson Report *Chair:*
5. Chair and Vice Chair Election Committee
6. Chief Medical Officer Report Sameer Amin, MD,
Chief Medical Officer
7. Medi-Cal Redetermination P.46 Phinney Ahn
*Executive Director, Medi-Cal, Medi-Cal
Product Management*
8. Clinical Initiatives P.71 Laura Gunn
*Quality Improvement Project Manager II,
Quality Improvement*

ADJOURNMENT

The next meeting is scheduled on November 21, 2023 at 8:30 a.m.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE CHILDREN’S HEALTH CONSULTANTS ADVISORY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE CHILDREN’S HEALTH CONSULTANTS ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY OF THE MEETING MONTH AT 8:30 A.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA, or online at <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <https://www.lacare.org/about-us/public-meetings/public-advisory-committee-meetings> and can be requested by email

DRAFT

to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Minutes – November 15, 2022

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Toni Frederick, PhD
Edward Bloch, MD*	Gwendolyn Ross Jordan
Maria Chandler, MD, MBA	Lynda Knox, PhD
James Cruz, MD*	Nayat Mutafyan
Rebecca Dudovitz, MD, MS*	Hilda Perez
Rosina Franco, MD*	Maryjane Puffer, BSN, MPA
Susan Fleischman, MD*	Richard Seidman, MD, MPH

Ilan Shapiro, MD, FAAP*
Diane Tanaka, MD*

Management

Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services
Alex Li, MD, Deputy Chief Medical Officer
Phinney Ahn, Executive Director, Medi-Cal Product Management
Cynthia Carmona, Senior Director, Safety Net Initiatives, Safety Net Initiatives

**Absent **Present, but not quorum*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	<p><i>(Member Toni, Frederick, PhD, joined the meeting.)</i></p> <p>The committee reached a quorum at 9:02 a.m.</p> <p>The Agenda for today’s meeting was approved as submitted</p>	<p>Approved unanimously.</p> <p>9 AYES (Chandler, Ficek, Frederick, Jordan, Knox, Mutafyan, Perez, Puffer, Seidman)</p>

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF THE MEETING MINUTES	The August 16, 2022 meeting minutes were approved as submitted.	Approved unanimously. 9 AYES
CHAIRPERSON'S REPORT	<p>Chairperson Ficek stated that she hopes she will see Member Seidman again. She hopes that he will be available for guidance and advice, given his extensive experience and expertise. He hopes that he will continue to be in the space of health care and allow L.A. Care to continue to have access to him and allow people to continue to let them learn from him. She visited his bio in the L.A. Care website and she was reminded that he started his tenure in 2005, the same she started at First5LA. He has been through the number of changes in health care such as the Affordable Care Act and mental health. Major changes have happened through his tenure. She has come to appreciate many things about Member Seidman such as his forthrightness, he does not shy away from saying what he thinks. She value his candor as they explore timely shifts in health care and children's health. He projects a very calm and assertive presence. She knows that this has helped him his career. When she thinks about him she thinks about this committee and his focus on creating this group of people to help address children's health, and his openness to share that space and platform. She thanked him for leadership, candor, and thoughtful planning. She wished him the best in the future.</p> <p>Member Perez thanked Chairperson for attending the meeting this early. She had the pleasure to see Dr. Seidman at the Metro Community Resource Center for the flu vaccine clinic. She thanked him for his efforts in making sure that members receive all the medical services they need. She noted that advisory committees are a great way for helping L.A. Care becoming better by showing it what the community needs. She noted that L.A. Care has a new Chief Medical Officer. As time comes by there will be a new person that will take that place. She recognizes Member Seidman's hard work and wishes him the best.</p> <p>Dr. Li asked to say a few words about Member Seidman. He said he was fortunate to know him since he arrived in Los Angeles in 2006. People tend to gravitate Member Seidman because he really cares as a person as mention by others, he really cares about the community. He said that Member Seidman will leave an incredible legacy at L.A. Care. He will leave incredible shoes to fill.</p> <p>Member Puffer said she feels, specifically for this committee, that Member Seidman is really in tune with what is happening with children and the impact on policies.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Seidman thanked the committee. He noted that many of them have long him for a long time. He never thought about this part when he thought about retirement. He noted that some people try to slip away relatively quietly during their retirement. He started medical school 40 years ago and finished training 30 years ago. He split his time between North East Valley Corporation and L.A. Care. He noted that some of his colleagues and he go back and crossed paths about 25 years or more in their careers. He first participated as an L.A. Care staff on the committee and his second stint as a member. He said he is looking towards the future and at consulting opportunity. He hopes to cross paths with committee members again.</p>	
PUBLIC COMMENT	No public comment was submitted.	
CHIEF MEDICAL OFFICER REPORT	<p>Member Seidman presented the August 2022 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>COVID-19 trends continue to improve overall with 2.3 million cases and 9,300 deaths reported globally in the last week of October in the World Health Organization’s Weekly Situation Report, with more than 627 million cases and 6.5 million deaths cumulatively. While the Omicron BA.5 subvariant continues to be the predominant (75%) cause of infection, other subvariants account for an increasing proportion of cases (BA.2, BA.2.75, BQ1 and others). While we remain concerned about the potential for a fall/winter surge of COVID-19 cases in the United States, it is a potentially encouraging sign that the increasing numbers of cases seen in Europe in September and October are now coming down after a lower peak than might have occurred. Masking, vaccination and the new bivalent booster shots remain effective and underutilized preventive measures.</p> <p>The Department of Health Care Services (DHCS) released their Quality Improvement (QI) activities and submission requirements for 2022-2023. L.A. Care met the minimum performance level (MPL) set at the 50th percentile of the national Medicaid average on 12 of the 15 Managed Care Accountability Set measures. L.A. Care did not meet the MPL on the well care visits for children under 30 months of age and Immunization measures (CIS-10). Based on our performance, L.A. Care will be required to conduct two Performance Improvement Projects (PIPs), two Plan Do Study Act (PDSA) or one Strengths Weaknesses Opportunities and Threats (SWOT) analysis. Despite meeting the MPLs for the majority of the measures, DHCS policy enables the Department to issue monetary</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>sanctions for Plans not meeting the MPL for all measures. To date, L.A. Care has not been informed whether the Department intends to impose any sanctions upon L.A. Care.</p> <p>Chairperson Ficek said given the performance on the well visits and immunizations, it seems that L.A. Care now has to do two PIPS, PDSA, or SWOT analysis, what is the process for L.A. Care to decide what route it will take. Katrina Miller-Parrish, MD, FAAP, responded that it is decided for L.A. Care by DHCS. DHCS requires two PIPs automatically and depending on the tier L.A. Care falls in, it may have to do a PDSA or a SWOT analysis. Through the coordination of the QI team and the DHCS Liaison, L.A. Care will do a SOWT analysis. It is a great opportunity, because a SWOT analysis really gets to the entire set of reasons why all three measures are not doing as well as they can. She thanked Laura Gunn, <i>Quality Improvement Project Manager II, Quality Improvement</i>, for managing the response and the SWOT analysis really well. It was recently submitted to DHCS.</p>	
<p>CHILDA & ADOLESCENT HEALTH: GET BACK TO CARE INTERVENTIONS</p>	<p>Laura Gunn, <i>Quality Improvement Project Manager II, Quality Improvement</i>, gave a presentation about Child & Adolescent Health: Get Back to Care Interventions (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Ms. Gunn reported the following on L.A. Care’s social media campaign:</p> <ul style="list-style-type: none"> • The 2022 campaign tied with the adult <i>Get Back to Care LA</i> campaign. <ul style="list-style-type: none"> - Goal is to encourage parents to take their child in for well care visits. Also, to encourage vaccines and other screenings during those visits. • This year’s campaign launched in August: <ul style="list-style-type: none"> - Six posts. - In English and Spanish. - Included web links, images, and hashtags. - Included an HPV reel (short video). English “actor” was from the American Cancer Society and Spanish “actor” was from the L.A. Care Health Promoter Program. • For the 2022 posts, the Clinical Initiatives team added: <ul style="list-style-type: none"> - More posts. - Attention to specific screenings. • Main 2023 idea: Launch with the adult <i>Get Back to Care LA</i> Campaign in June. <p>Member Perez thanked Ms. Gunn for accepting feedback from ECAC members. She noted that social media is a great way to reach people in the community. People constantly</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>mention social media as a source of information for community events. She asked if there is a text messaging campaign that parents can manage and request services. She said that Kaiser has these types of services and it is very useful. During the pandemic it was really important to be tech savvy and this would be very helpful. Ms. Gunn responded that L.A. Care does have a text messaging campaign specific for well child care visits, it held a campaign in September and is still analyzing data from those campaigns. Results are looking good, not many rejections.</p> <p>Member Seidman asked Chairperson Ficek if she can present the CHCAC report at the December Board meeting. Chairperson Ficek responded that she will be at the next Board meeting to give the CHCAC report.</p> <p>Member Perez highlighted the importance of text messaging. Member Seidman asked that she bring this up as a Board member if she feels it is important to her. This will help L.A. Care utilize basic and effective methods of communication.</p> <p>Member Puffer stated that students are hesitant to attend school because of the vaccine. Students should know that they can request it without parental consent.</p>	
CALAIM UPDATE	<p>Member Seidman, Ms. Ahn, and Ms. Carmona gave an update on CalAIM <i>(a copy of the presentations can be obtained from Board Services)</i>.</p> <p>Ms. Ahn gave the following report: Medi-Cal Redetermination</p> <ul style="list-style-type: none"> • During the COVID-19 public health emergency (PHE), Medi-Cal beneficiaries experienced continuous coverage regardless of changes in circumstances • When the PHE ends, states will resume routine renewal operations that: <ul style="list-style-type: none"> - Minimizes beneficiary burden - Promotes continuity of coverage for eligible individuals (either through Medi-Cal or Covered CA) • PHE currently projected to end mid-January 2023 • Department of Health Care Services (DHCS) has projected 13-20% of current Medi-Cal beneficiaries will lose their Medi-Cal coverage once redeterminations resume <ul style="list-style-type: none"> - This is an estimated decrease of 2-3 million beneficiaries - L.A. Care is projecting a 13% annualized disenrollment rate or about 325,000 members 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Guidance from DHCS and the Centers for Medicare and Medicaid Services provides a great opportunity for collaboration between States, Counties, and managed care plans to ensure continuous coverage for eligible individuals <p>Medi-Cal renewal process:</p> <ul style="list-style-type: none"> • Some members will be renewed automatically if the county is able to verify their eligibility information electronically • If the county is not able to verify eligibility electronically, then a renewal packet will be sent to the member 60 days prior to the member’s Medi-Cal renewal date <ul style="list-style-type: none"> - The member is required to submit the requested information back to the county prior to the end of their renewal month - The member’s Medi-Cal coverage will be placed on hold for 90 days if the county does not receive the requested information - L.A. Care sends out an on hold postcard at day 30 during the on hold period and conducts an on hold robocall at day 60 - The member will be fully disenrolled from Medi-Cal if the county does not receive the requested information by the end of the 90-day on hold period - After 90 days, a new Medi-Cal application is required for re-enrollment • Upon receipt of information and confirmation of Medi-Cal eligibility, the county will mail a letter informing the member of their renewal approval <p>Guidance to MCP and GOL supports:</p> <ul style="list-style-type: none"> • Update member contact information • Increase member awareness to compete and submit renewal paperwork through outreach campaigns • Facilitate transition from Medi-Cal to other coverage (Exchange) <p>Community Health Workers (CHW)</p> <ul style="list-style-type: none"> • CHW services added as a Medi-Cal benefit starting July 1, 2022 and released plan guidance on September 2, 2022 • CHW services defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. <ul style="list-style-type: none"> - The four categories of CHW services are health education, health navigation, screening and assessment, and individual support or advocacy 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs within their communities • L.A. Care is in process of implementing CHW services for our Medi-Cal members <ul style="list-style-type: none"> - Building network through new and existing providers - Finalizing operational processes (referrals, reporting, etc) - Analyzing data to understand potential utilization and inform outreach - Developing member and provider communications on availability of CHW services and how to access • CHWs must have lived experience that aligns with and provides a connection between the CHW and the Member or population being served. • CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications further specified herein. <ul style="list-style-type: none"> - Health Education: Promoting a member’s health or addressing barriers to physical and mental health care, such as through providing information or instruction on health topics - Health Navigation: Providing information, training, referrals, or support to assist Members to access health care, understand the health care delivery system, or engage in their own care. - Screening and Assessment: Providing screening and assessment services that do not require a license, and assisting a Member with connecting to appropriate services to improve their health - Individual Support or Advocacy: Assisting a Member in preventing the onset or exacerbation of a health condition, or preventing injury or violence. <p>Doula Benefit Update</p> <ul style="list-style-type: none"> • Doula services will be added as a Medi-Cal preventive service starting January 1, 2023 • Doula services aligned with DHCS’ focus on health equity <ul style="list-style-type: none"> - Aim to improve the maternal experience, reduce disparities, reduce infant mortality, low birth weight babies, and improve the entire perinatal experience from conception to birth to postpartum care. • A doula is a trained individual (non-clinical) who provides physical, emotional, and informative support throughout pregnancy, childbirth, and postpartum experience. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Eligibility for doula services: <ul style="list-style-type: none"> - An individual who is pregnant, or was pregnant within the past year - Requires an written recommendation from a provider that authorizes up to 11 pre-birth, birth/delivery, and postpartum visits • Plans waiting for final guidance to inform implementation • Potential challenges with capacity of existing doula network and willingness to work with managed care plans • A doula is not a health care professional and is not permitted to diagnose medical conditions, give medical advice, or perform any type of clinical procedures or conduct any type of physical or behavioral assessment/exam. <ul style="list-style-type: none"> - Support can also be provided for miscarriage, stillbirth, and abortion. - Written recommendation must be from a physician or licensed practitioner of the healing arts. Additional visits beyond first 11 require an additional written recommendation for up to nine additional visits <p><i>(Johanna Kichavan, Population Health Management Program Manager, will give her report on Population Health Management at the January CHCAC meeting.)</i></p>	
ADJOURNMENT	The meeting was adjourned at 10:02 a.m.	

Respectfully submitted by:
 Victor Rodriguez, *Board Specialist II, Board Services*
 Malou Balones, *Board Specialist III, Board Services*
 Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
 Tara Ficek, MPH, *Chairperson* _____

Date Signed: _____

from Richard Seidman to everyone: 8:36 AM
 We lost audio
 from maria chandler, MD to everyone: 8:39 AM
 Hi Rich, I am here without camera access today.
 from Richard Seidman to everyone: 8:39 AM

So glad you could join the call today Maria.
from maria chandler, MD to everyone: 8:41 AM
Ever since the beginning!
from Lynda Knox to everyone: 8:41 AM
Going to miss you!
from Linda Merkens to everyone: 8:42 AM
credit to Jose Bedoya, who not only took these photos but also put the slideshow together for us.
from Lynda Knox to everyone: 8:42 AM
Thank you Jose!
from Phinney Ahn to everyone: 8:42 AM
Dr. Seidman, Thank you for being an amazing and tireless public health advocate for our members!
from Richard Seidman to everyone: 8:44 AM
Thanks so much for all of your kind comments.
from Maryjane Puffer to everyone: 8:45 AM
beautifully said! Thank you Dr. Seidman!
from Lynda Knox to everyone: 8:52 AM
Rich - really enjoyed working with you on this committee. Your thinking about health care heavily influenced my own. And I am still working with many of the colleagues you introduced me to years ago. It's really been a priviledge working with you over the years. My hope is your move into retirement will actually open up more time to work collaborate! Can't wait to see what you do next! Lyndee
from Lynda Knox to everyone: 9:01 AM
*work together.
from Richard Seidman to everyone: 9:06 AM
Thank you so much Lyndee. It's been great to collaborate with you over the years on so many different efforts.
from Richard Seidman to everyone: 9:40 AM
Board Services team, please forward the meeting invite to Cynthia Carmona right away. Thank you
from Maryjane Puffer to everyone: 9:53 AM
thank you Phinney and Cynthia! Can you confirm FFS is still available in LA County or no and also impact with HealthNet potentially losing patients to Molina care.
from Lynda Knox to everyone: 9:58 AM
How does the single point of contact/care manager relationship work? is this person provided through health plan or through the patient's PCP practice?
from Lynda Knox to everyone: 10:01 AM
My specific interest is the relationship b/t the CM and the patient. This is so very important, and hard to do without a specific person to connect with.
from Maryjane Puffer to everyone: 10:01 AM
good to see you Cynthia and Phinney! thank you
from maria chandler, MD to everyone: 10:01 AM
Rich, I finished training 30 years ago as well and joined TCC. I bet I met you then through Elisa!
from Cynthia Carmona to everyone: 10:01 AM
Sure thing, MJ!

from Phinney Ahn to everyone: 10:01 AM
thanks, Mary Jane!

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – January 17, 2023

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Toni Frederick, PhD*	Diane Tanaka, MD*
Edward Bloch, MD*	Gwendolyn Ross Jordan*	
Maria Chandler, MD, MBA	Lynda Knox, PhD	
James Cruz, MD*	Nayat Mutafyan*	
Rebecca Dudovitz, MD, MS	Hilda Perez	
Rosina Franco, MD*	Maryjane Puffer, BSN, MPA*	
Susan Fleischman, MD*	Ilan Shapiro, MD, FAAP*	

Management

Sameer Amin, MD, Chief Medical Officer
 Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services

**Absent **Present, but not quorum*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was not voted on, because the committee did not reach a quorum.	
APPROVAL OF THE MEETING MINUTES	The November 15, 2022 meeting minutes were not approved, because the committee did not reach a quorum.	
CHAIRPERSON’S REPORT	Chairperson Ficek stated that she would like to highlight developments relevant to this group and children health. Governor Newsom released his initial budget proposal for 2023-2024. It includes a \$297 billion total spending plan, \$223 billion general fund spending, and \$22.5 billion in total budgetary deficits. It is much lower spending.	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Previously there were surpluses. First5LA tracks this budget closely and have done an analysis. She is happy to share it with the committee. Some significant commitments to help advance the work of this committee. Governor Newsom introduced a health and human services innovation accelerator initiative, which will focus on health disparities and diabetes morbidity and mortality. It may not be directly focused on children, but it also addresses disparities in maternal and infants. There is also \$1.2 billion in the 2024-2025 general fund to fully implement services for provider rates reform potentially connect to the work with Help Me Grow: LA. She noted that the budget also includes 22.7 billion for primary care and obstetric care provider increases. DOULA care will get a 10% share of this amount.</p>	
PUBLIC COMMENT	No public comment was submitted.	
MOTION (CHCAC 100)	This motion will be added on the consent agenda for the Board of Governors meeting on February 2, 2023.	
CHAIR AND VICE CHAIR ELECTION	This agenda item was not discussed.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, presented the January 2023 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • Enterprise Goals have been set with two QI measures embedded – “Success in the National Committee Quality Accreditation (NCQA) Discretionary Review, the Population Health Management Index” and rate improvement in our “Not Seen Within One Year” metric for DSNP and L.A. Care Covered. • CMS Interoperability Implementation continues and policies and procedures are in development. • L.A. Care will be participating in the “Equity and Quality at Independent Practices in LA County” Practice Transformation Grant with the California Health Care Foundation and California Quality Collaborative. L.A. Care is in the midst of identifying practices. • Beacon has completed all the necessary mitigation and met all the requirements for QI standards as part of the Quality Improvement (QI) 2022 Annual Audit 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Provider Quality Review (PQR) for Potential Quality Issues (PQI)</u></p> <ul style="list-style-type: none"> • Aging of PQI Cases: As of November 30, 2022, we had 2371 cases open with 479 cases open in the untimely aging category of 214+ days and only 24 in the highest risk category. • PQR Spot Bonus Program: A new Spot Bonus program was implemented October 2022 and has been highly effective in reducing the number of untimely cases. For the month of October, the PQR team closed 730 cases followed by an additional 596 cases in November. • PQR and Appeals and Grievances Data Discrepancies: The PQR team identified 400+ possible PQI cases from grievance reporting. We are currently working with Grievances to identify which cases, if any, require a review and why these cases aren't being filtered in for review. <p><u>Population Health Management (PHM)</u></p> <ul style="list-style-type: none"> • The 2022 PHM Index was finalized and met 11 out of 14 goals, placing us in the mid-met range. • The goals for 2023 are being developed, including primary care visit, depression screening, and member and provider experience measures. • The PHM NCQA year one documentation for the 2023 audit is final and expected to meet requirements. The PHM team has started collecting info for year two NCQA documentation. • The PHM team will develop the 2023 PHM Program Description in Q1 2023 and will include the CalAIM requirements. The CalAIM Strategy document is due October 2023. • The PHM CalAIM readiness assessment was submitted to DHCS ahead of the October 21, 2022 deadline. To date L.A. Care has not received feedback from DHCS. • Department of Health Care Services (DHCS) announced a new phased approach to Transitional Care Services (TCS). DHCS will be revising the program guide and we will need to document our new approach within 30-days of receiving it. <ul style="list-style-type: none"> ○ The PHM team has developed an overall work plan to track the deliverables for January 1, 2023 and January 1, 2024. The business units impacted by TCS have been asked to submit a strategy and action plan for addressing the TCS requirements. ○ The PHM team sent out a provider communication to all network providers on the new CalAIM requirements. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Our areas of concentration will be high risk / complex members not enrolled in care management who have a transition of care event and delegation oversight of providers who are conducting basic PHM activities. <p><u>Facility Site Review (FSR)</u></p> <ul style="list-style-type: none"> ● L.A. Care FSR is working with the LA County Collaborative regarding the periodic backlog. <ul style="list-style-type: none"> ○ DHCS approved the LA Care FSR backlog methodology and granted a 2-year plan to address FSR/MRR (Medical Record Review) /PARS (Physical Accessibility Review Survey) backlog audits by 12/31/2023. ● FSR departments across all health plans have noticed an increase in the length of time to complete a FSR and Medical Record Review (MRR) due to the increase in review criteria <p><u>Population Health Informatics</u></p> <ul style="list-style-type: none"> ● The VIIP team is currently reviewing the Action Plans from IPAs and checking progress on performance goals and activities. Feedback will be shared with the IPAs mid-December ● Analysts will aim to finish modeling a physician level incentive program for the Medicare Plus, D-SNP population by the end of Quarter 1 in 2023. <p><u>Behavioral Health (BH)</u></p> <p>On December 15, 2022, L.A. Care submitted a needs assessment and four proposed project plans to DHCS under the auspices of the School Behavioral Health Incentive Program. If all projects are funded, L.A. Care will bring telehealth services to participating school districts, increase staffing and workspaces for student wellness programs, expand the number of psychotherapist interns who provide support in schools, and enhance district-level visualization of BH data and its connection to educational outcomes.</p> <p>From Member Rebecca Dudovitz, MD, via chat: “Would love to hear more details about the Behavioral Health projects at some point. Especially how the iprojects can facilitate connection to long-term therapy and mental healthcare for adolescents.”</p> <p>Dr. Amin responded that this is an amazing program that L.A. Care submitted needs assessments to DHCS recently. The program is being championed by the Behavioral</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Health and Social Services division. If all projects are funded, he thinks there will be substantial good. One of the projects that he is most excited about is the telehealth program for school districts. That and an increase in staffing will help with student wellness in those districts.	
POPULATION HEALTH MANAGEMENT	<p>Elaine Sadocchi-Smith, <i>Director, Population Health Management, Director, Facility Site Review</i>, gave a presentation about Population Health Management (a <i>copy of the presentation can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • DHCS’ CalAIM PHM Program is designed to ensure that all members have access to basic population health management services based on their needs and preferences across the continuum of care to meet the quadruple aim and achieve health equity. • The program will build upon existing NCQA PHM Standards. • Gather, share and assess data for risk stratification and segmentation for appropriate interventions. • Provide basic population health management programs to all members • Continue to provide care management services to members who have been identified as high risk and complex care • Provide transitional care services for members transferring from one setting to another • Utilize Community Health Workers (CHWs) for targeted interventions <p>Transitional Care Services (TCS)</p> <ul style="list-style-type: none"> • By January, 2023: <ul style="list-style-type: none"> - Admissions/Discharge/Transfer (A/D/T) known on <i>ALL</i> members - TCS provided by a single point of contact care manager for high-risk members <ul style="list-style-type: none"> o All Enhanced Care Management (ECM) members o Complex Case Management members o Members who received Long Term Support Services (LTSS) o Members identified as high risk through L.A. Care’s Risk Stratification Segmentation (RSS) • By January, 2024: <ul style="list-style-type: none"> - TCS will be provided to all members <p>Initial Health Assessment (IHA) requirements based on APL-08-003 retired December 31, 2022 and include:</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • All newly enrolled Medi-Cal members must have a complete IHA within 120 days of enrollment*. A complete IHA is made up of the following components: <ul style="list-style-type: none"> - Complete medical history - Physical examination - Administration of Individualized Health Education Behavioral Assessment (IHEBA)-often the Staying Healthy Assessment - Completion of preventive screenings and immunizations <p>Overview of IHA Changes per CalAIM starting on January 1, 2023 Managed Care Accountability Sets (MCAS) measures specific to infant and child/adolescent well-child visits and adult preventive visits can be leveraged. For children, primary care visits and childhood screenings, including but not limited to screenings for Adverse Child Experiences, developmental, depression, autism, vision, hearing, lead, and Substance Use Disorders can be included. Visit must include:</p> <ul style="list-style-type: none"> • History of the member’s physical and behavioral health • Identification of risks • Assessment of need for preventive screens or services • Health education • Diagnosis and plan for treatment of any disease 	
HELP ME GROW LA	<p>Cathy Mechsner, <i>Manager, Health Information Technology Program, Quality Improvement</i>, gave a presentation about Help Me Grow LA (<i>a copy of the presentation can be obtained from Board Services.</i>).</p> <p>HMG LA: First 5 LA & LA County Dept. of Public Health collaboration First 5 LA grant award to L.A. Care:</p> <ul style="list-style-type: none"> • Four-year agreement to provide: <ul style="list-style-type: none"> - Child Health Provider Outreach Program: (over three years) <ul style="list-style-type: none"> o Education campaign for families/caregivers and providers o Ten-practice pilot program <p>Patient/Provider Experience:</p> <ul style="list-style-type: none"> • Majority of LA county Safety Net patients up to five years old are L.A. Care members • Strong rapport with Safety Net pediatric practices who: <ul style="list-style-type: none"> - Committed to improving child development programs in L.A. County - Have conducted recommended screening tools for patient assessments 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Core Components</p> <ul style="list-style-type: none"> • Build a centralized access point to help families and providers access needed resources and services. • Engage with families and communities to support their child’s development. • Support child health providers to identify developmental concerns and connect families to resources. • Collect and analyze data to measure success and improve the coordination of programs and services in local communities. <p>Program Details</p> <p>Education:</p> <ul style="list-style-type: none"> • Increase understanding of developmental milestones and screenings to assess a child’s development progress <ul style="list-style-type: none"> - Providers and care teams - Families and caregivers <p>Provider pilot:</p> <ul style="list-style-type: none"> • Provide training for screenings and referrals and conduct workflow optimization. First 5 will collect improvement data and share lessons learned within the health care community <ul style="list-style-type: none"> - Three-year pilot for 10 practices, Year two underway <p>Provider Classes:</p> <ul style="list-style-type: none"> • 3 Children’s Health Conferences <ul style="list-style-type: none"> - Offered as Continuing Medical Education/Continuing Education events - Early childhood development topics - May 19, 2022; March 25, 2023; 2024-to be determined <p>Provider Communications:</p> <ul style="list-style-type: none"> • Health education news articles in Progress Notes and the Pulse newsletters (Importance of developmental milestones, Prop 56, etc.) • Messaging on the provider education pages on www.lacare.org • Community educational materials available to order on provider portal • Website: www.helpmegrowla.org, toll-free phone #: 833.903.3972 <p>Benefits of Using A Developmental Screening Tool</p> <ul style="list-style-type: none"> • Developmental screenings help parents to understand their child’s development. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Screenings are completed by a healthcare provider/trained professional working with parents/caregivers. • Developmental screenings should be completed at nine, 18, 24/30 months of age. <ul style="list-style-type: none"> - Children with delays will be referred to early intervention programs offered through: - Regional Centers (seven in L.A. County) for up to age three or their local school district for an Individualized Education Plan (IEP) for age three and older. • Autism screenings should also be completed at 18 and 24 months of age (i.e. MCHAT). 	
ADJOURNMENT	The meeting was adjourned at 9:45 a.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – March 21, 2023

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Toni Frederick, PhD*	Diane Tanaka, MD*
Edward Bloch, MD*	Gwendolyn Ross Jordan*	
Maria Chandler, MD, MBA	Lynda Knox, PhD	
James Cruz, MD*	Nayat Mutafyan*	
Rebecca Dudovitz, MD, MS	Hilda Perez	
Rosina Franco, MD*	Maryjane Puffer, BSN, MPA*	
Susan Fleischman, MD*	Ilan Shapiro, MD, FAAP*	

Management

Sameer Amin, MD, Chief Medical Officer
 Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services
 Michael Brodsky, Senior Medical Director, Community Health, Behavioral Health
 Alex Li, MD, Chief Health Equity Officer

**Absent **Present, but not quorum*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was not voted on, because the committee did not reach a quorum.	
APPROVAL OF THE MEETING MINUTES	The November 15, 2022 meeting minutes were not approved, because the committee did not reach a quorum.	
CHAIRPERSON’S REPORT	Chairperson Ficek stated that that she is thrilled and happy to see people present in the room. She noted that there are two primary agenda items, the Chief Medical Officer report and a Behavioral Health update. On statewide efforts through the California children and youth behavioral health initiative. She knows that much attention on programming and	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>funding has been launched over the last year for that effort. At First5LA they are focused on intentional commitment to equity. It began back in 2019. They refer to it as kind of moving through a equity journey. It became clear as a mission driven organization that in order for FIRST5LA to meet its North Star, which is to ensure every child in L.A. County will reach their full developmental potential, they must center equity across all of their work. They realized that they needed to embed equity internally in their operations, policies, and organizational culture. As well, as externally in its programmatic work partnerships and community engagement. Knowing they are having this conversation today, she took a look at the website where they highlight and define what they mean by health equity and said, “everyone has a fair and just opportunity to be as healthy as possible.” They also detail their health equity action plan, which is similar to FIRST5LA and it includes both internal and external efforts. She encouraged the committee to take a look for their own learning at their health equity action plan, and also very much looking forward to hearing more. She hopes to hear more from Dr. Li. She gave a shout out to L.A. Care's provider support services department. This Saturday L.A. Care, FIRST5LA, and the Department of Public Health are hosting a children's health conference. It is a hot ticket item and is sold out at full capacity. Considering this is the Children's Health Consultants Advisory Committee meeting it only seemed fair and appropriate to offer up that information and an opportunity to attend the conference to this group. If anyone is interested they can reach out to her and be registered. The conference will focus on developmental, behavioral pediatrics, early periodic screening, diagnosis and treatment.</p>	
PUBLIC COMMENT	No public comment was submitted.	
CHAIR AND VICE CHAIR ELECTION	This agenda item was not discussed.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, presented the March 2023 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Mr. Baackes introduced Dr. Li as L.A. Care’s new Chief Health Equity Officer</p> <p>He said that given that everyone just came out of the worst pandemic of the century, it is clear that disadvantaged populations bore the brunt of the pandemic. It seemed that this is the best way for L.A. Care to face health disparities in a more focused way. He is thankful for Dr. Parrish’s efforts in tracking L.A. Care’s progress and attempting to address this</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>administratively. Dr. Li will focus on building bridges in the community with other organizations so that L.A. Care has an opportunity to make a lasting impact addressing many of the disparities that based our members. Dr. Li is perfectly suited for this assignment.</p> <p>Dr. Li stated that he is absolutely delighted and thrilled to have this opportunity. This has been his North Star in terms of his past two decades of work, both in San Francisco as well as here locally on Los Angeles. This is his third week and sometimes has feelings of anxiety, but Mr. Baackes been really generous with him. Giving a launch in terms of thinking about this as a canvas. This is an incredibly target rich environment in terms of there are many disparities and inequities. He thinks that part of the challenge would be to work through and partner with great providers as well service providers in the community. He thanked Mr. Baackes and Dr. Amin for letting him pivot a little bit from his traditional operation.</p> <p>Dr. Amin introduced Felix Aguilar, MD, Medical Director, <i>Quality, Health Services</i>, to the committee. Dr. Aguilar stated that he has worked many years with L.A. Care’s populations and community. He comes from quality improvement with a lens in health equity and focus on how to improve services for members.</p> <p>Dr. Amin gave the following report: The DHCS imposed monetary sanctions (\$88,000) to L.A. Care for failure to meet the Minimum Performance Levels (MPL) for measurement Year (MY) 2021 Medi-Cal Managed Care Accountability Set (MCAS) performance measures focused on Childhood Immunization Status Combination 10 (CIS-10) and Well Child Visits in the First Thirty Days of Life (W30 6+ and W30 2+)). L.A. Care submitted a comprehensive quality strategy that includes new interventions designed to meet or exceed required 2023 milestones. L.A. Care has begun this process through the collaboration with our Plan Partners, Blue Shield Promise and Anthem Blue Cross through Strengths Weakness Opportunities and Threats analysis. L.A. Care is also developing a custom report for W30, member incentive for W30 and provider incentive for CIS-10 to name a few. Additionally, L.A. Care needs to include details on how we intend to devote adequate resources and staff to quality improvement. L.A. Care is hiring Quality Management Nurse Specialist to support the project manager. L.A. Care is working closely with our DHCS Nurse Consultant and Quality Management Team to work through expectations for this sanction.</p> <p>Regarding DHCS Fines for MCAS measures below MPL for MY 2021, L.A. Care submitted an appeal and awaits the response, while DHCS provided a response to the “Meet and Confer” with no change to the sanction fine of \$88K. L.A. Care has also asked to review a</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>PRA request from Local Health Plans of California (LHPC) and California Association of Health Plans (CAHP) regarding details of the program that have been request by us and multiple plans, but not provided.</p> <p>Quality Improvement (QI) Annual Audit has concluded for Beacon, Kaiser, and Blue Shield Promise Health Plans. Blue Shield is working on completing a Corrective Action Plan (CAP) for three measures that fell below the MPL in MY2021. Anthem Blue Cross audit will wrap up in Quarter 1 of 2023.</p>	
<p>STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM</p>	<p>Dr. Brodsky gave a report on the Student Behavioral Health Incentives Program (<i>A copy of the written report can be obtained from Board Services.</i>).</p> <p>The Children and Youth Behavioral Health Initiative (CYBHI) is a historic, five-year, \$4.7 billion initiative to reimagine and transform the way California supports children, youth and families.</p> <p>Established as part of the Budget Act of 2021, the Children and Youth Behavioral Health Initiative (CYBHI) is a multiyear, multi-department package of investments that seeks to reimagine the systems, regardless of payer, that support behavioral health for all California's children, youth, and their families. Efforts will focus on promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health (mental health and substance use) needs for children and youth ages 0-25. CYBHI is grounded in focusing on equity; centering efforts around children and youth voices, strengths, needs, priorities, and experiences; driving transformative systems change; and using ongoing learning as the basis for change and improvement in outcomes for children and youth.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<div data-bbox="541 264 1640 626"> <p>Behavioral Health Ecosystem Infrastructure Transform behavioral health infrastructure to ensure equitable access and ensure there is no wrong door for children, youth, and families.</p> <p>Workforce Training and Capacity Create a diverse workforce reflective of California by expanding workforce recruitment and training, and increasing capacity for prevention, treatment and recovery across points of access and care.</p> <p>Coverage Architecture Expand coverage and access to critical behavioral health services for ALL children and youth.</p> <p>Public Awareness Raise awareness and engage communities and families to increase behavioral health literacy using culturally- and linguistically-appropriate campaigns.</p> </div> <p>The Children and Youth Behavioral Health Initiative includes multiple work streams that are led by five departments and offices within the California Health and Human Services Agency – Department of Health Care Services (DHCS), Department of Health Care Access and Information, Department of Managed Health Care, California Department of Public Health, and the Office of the Surgeon General. Under the California Health and Human Services Agency's leadership, the five departments have been working closely together to align priorities, define outcomes for the initiative, identify opportunities for cross-departmental collaboration, as well initiative interdependencies; and, obtain stakeholder input.</p> <p>The DHCS is responsible for key work streams under this initiative, including but not limited to:</p> <ul style="list-style-type: none"> • Development a Behavioral Health Virtual Services & E-consult Platform; • Development of a Statewide School-linked Fee Schedule and Behavioral Health Provider Network; • Issuance of Grants to Scale Evidence-Based Practices Statewide; • Issuance of School-linked Partnership and Capacity Grants; and, • Implementation of Dyadic Services as a Medi-Cal Benefit. <p>The Children and Youth Behavioral Health Initiative follows a 5-year timeline, with the three distinct phases that were defined based on how types of activities and priorities are expected to evolve over time.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Phase 1: major focus areas include defining specific goals that are linked to the overall CYBHI aspiration, standing up performance infrastructure, convening stakeholders, and preparing for detailed planning and future-state ecosystem design. • Phase 2: develop detailed plans and design the future state • Phase 3: deliver and accelerate impact launching a full-scale effort to drive, accelerate, and sustain impact. <p>DHCS Student Behavioral Health Incentive Program (SBHIP) Duration and Sustainability Under the larger CYBHI is a three-year \$400M investment through Medi-Cal Managed Care Plans to increase access to behavioral health services through schools.</p> <p>The DHCS Student Behavioral Health Incentive Program (SBHIP) is a three-year program that begins January 1, 2022, and ends December 31, 2024. SBHIP is implemented at the county level and is voluntary for Medi-Cal MCPs, which will be implementing the program. L.A. Care Health Plan has volunteered to work with local LEAs, LA County Office of education, and DMH to implement SBHIP in Los Angeles County.</p> <p>SBHIP originated from State law (AB 133, Welfare & Institutions Code Section 5961.3) and is intended to address behavioral health access barriers for Medi-Cal students through Targeted Interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools. With nearly 40% of California children enrolled in Medi-Cal, a significant investment in the infrastructure that supports school-based behavioral health care for Medi-Cal students will indirectly build capacity and increase access.</p> <p>L.A. Care and stakeholders established the LAC SBHIP steering committee to ensure that schools' behavioral health infrastructure investments are equitable, effective, and sustainable.</p> <p>The LAC SBHIP Steering Committee is composed of Executive Leaders from Medi-Cal Managed Care Plans (MCPs) L.A. Care Health Plan and Health Net and representatives from the Los Angeles Office of Education (LACOE), the Department of Mental Health (DMH), the Gita Murthy Consulting team (GMC).</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 9:50 a.m.	

Respectfully submitted by:
 Victor Rodriguez, *Board Specialist II, Board Services*
 Malou Balones, *Board Specialist III, Board Services*
 Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
 Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – May 16, 2023

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Gwendolyn Ross Jordan*	Diane Tanaka, MD*
Sameer Amin, MD	Lynda Knox, PhD*	
Edward Bloch, MD*	Nayat Mutafyan*	
Maria Chandler, MD, MBA	Hilda Perez	
James Cruz, MD*	Maryjane Puffer, BSN, MPH**	
Rebecca Dudovitz, MD, MS	Diana Ramos, MD	
Toni Frederick, PhD	Ilan Shapiro, MD, FAAP*	

Management

Sameer Amin, MD, Chief Medical Officer
 Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services
 Alex Li, MD, Chief Health Equity Officer

*Absent **Present, but not quorum

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was not voted on, because the committee did not reach a quorum.	
PUBLIC COMMENT	No public comment was submitted.	
CHAIRPERSON’S REPORT	Chairperson Ficek gave the following report: She said she has the Governor’s May Revise on her mind. She noted that Mother’s Day was celebrated this past Sunday and acknowledged all the great moms out there. She is thinking about Mom’s, because of the interconnection of mom’s health and their wellbeing and how that directly ties to positive health outcomes for children and often the entire family. She said they are often separated them and are measured differently. They have distinct programs and activities targeting mom and another set of programs and services targeting the child. She challenged them to think about that interdependent relationship. Think about their	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>work in this more comprehensive way supporting both. She noted that at First5LA they have been working to do that through its home visiting efforts, and also medical benefits like Dyadic care. It's not a new concept and she would like to continue for them to think about mom and child caregiver and child as a connected complete unit and think about how they can best serve both of them all of the family together.</p> <p>Chairperson Ficek also spoke about the Governor's May Revise. She said that many people were watching on the edge of their seat and trying to figure out what are the State is going to do with this budget framing around prudent fiscal planning resilience restraint. A lot of the focus were on comments like preserve and protect programs they hold dear. She knows California is working through a budget shortfall that is at around \$31.5 Billion budget challenge. They got a lot going on at the federal level with the debt ceiling in pass and the delayed tax. There is also a possible mild to moderate recession. She noted that there are two potentially good thing for Medi-Cal. For the populations they serve there was an \$11.1 Billion resulting from the proposed managed care organization tax. That is the tax that will provide new general revenue and also improve access, quality, and equity in the medical program over an eight to 10 year period. Starting in 2024 that will also increase the rates to at least 87.5% of Medicare, Medicare rates for primary care obstructive care, including Doulas and non-specialty, mental health services. The other highlight was the Governor maintained funding to expand full scope, medical eligibility to all income eligible Californians, regardless of citizenship status. This is a big deal and California continues to lead the nation in this space.</p>	
APPROVAL OF THE MEETING MINUTES	The November 15, 2022 minutes, January 17, 2023 summary, and March 21, 2023 summary were not approved, because the committee did not reach a quorum.	
CHAIR AND VICE CHAIR ELECTION	This agenda item was not discussed.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, presented the March 2023 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Dr. Amin reported that Katrina Miller Parrish, MD, will be leaving L.A. Care. Dr. Parrish thanked the committee and their amazing contributions. She noted that she agrees together they can all do more. She said she knows that everyone on the committee, Quality Improvement folks and Equity today and in the future, can build more and more for children, moms, and families.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Perez said that she is connected via iPhone at the community resource center in Lynwood. She said that they have been witnesses of you getting married and having a baby. She said on behalf of the membership that she is happy she will be able to .. She was worthy of being in these committee meetings. Innovations on your mind, many members benefitted from your ideas and wish you the best in your endeavors.</p> <p>Chairperson Ficek stated that she wishes</p> <p><u>THE FOLLOWING COMMENTS WERE SUBMITTED VIA CHATBOX:</u></p> <p>from Rebecca Dudovitz to everyone: 8:53 AM <i>Thank you Dr. Parrish for all of your support for children in Los Angeles!</i></p> <p>from Maryjane Puffer to everyone: 8:54 AM <i>Katrina! You have been an amazing partner and advocate for all of LA's children. We will miss you!! THANK YOU for all you do, did and will do!</i></p> <p>Dr. Amin referred to the written report included in the meeting packet.</p>	
<p>CHILD AND MATERNAL CLINICAL QUALITY MEASURE UPDATES</p>	<p>Kristin Schlater, <i>Health Education Program Manager</i>, and Laura Gunn, <i>Quality Improvement Project Manager</i>, gave a report on L.A. Care's Child and Maternal Clinical Quality Measures: Spring Updates (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Overview:</p> <ul style="list-style-type: none"> • Measurement Year (MY) 2023 metrics: <ul style="list-style-type: none"> - Children and Maternal Health Measures - Current trends • Interventions related to these metrics: <ul style="list-style-type: none"> - State mandated quality improvement projects - Member/Provider touchpoints- past, present, future - Lessons learned and looking towards the future <p>Maternal Health Current Measures MY 2023:</p> <ul style="list-style-type: none"> • Prenatal and Postpartum 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - Prenatal Care (PPC-1/PPC-Pre) - Postpartum Care (PPC-2/PPC-Pst) <p>Upcoming Measures MY 2024:</p> <ul style="list-style-type: none"> • Prenatal Immunization Status (PRS-E) • Prenatal Depression Screening and Follow Up (PRS-E) • Postpartum Depression Screening and Follow Up (PND-E) <p>Healthy Pregnancy Program</p> <ul style="list-style-type: none"> • L.A. Care identifies and conducts outreach to pregnant members offering perinatal educational materials and assistance with scheduling prenatal visits. Members are mailed trimester specific pregnancy materials and relevant resources. General pregnancy informational letter mailed to non-trimester specific members from all lines of business. <p>Healthy Mom Program</p> <ul style="list-style-type: none"> • L.A. Care conducts telephonic outreach to new mothers to educate them on the importance of postpartum visits and assistance with scheduling an appointment with their provider. Approximately 5,000 live calls annually. • L.A. Care offers interpreting and transportation services to encourage attendance of postpartum visits. L.A. Care Members may be eligible for a \$40 postpartum incentive depending on their coverage. <p>Perinatal Program</p> <p>Text Messaging Campaign</p> <ul style="list-style-type: none"> • Prenatal Campaign – Black/African-American (B/AA) Managed Care L.A. Care (MCLA) members and all L.A. Care Covered (LACC) members. Eligible members receive text messages emphasizing the importance of prenatal care visits and resource links. • Postpartum Campaign – All MCLA and LACC members. Eligible members receive text messages regarding the importance of postpartum care visits and resource links. <p>Doula Benefit</p> <ul style="list-style-type: none"> • Applicable to L.A. Care Medi-Cal MCLA January 1, 2023 and LACC July 1, 2023 members. • L.A. Care offers doula services to eligible Medi-Cal members who are pregnant or pregnant within one year (12 months). Doula services are available for prenatal, perinatal and postpartum members. Doulas also offer various types of support, including health navigation; lactation support; development of a birth plan; and linkages to community-based resources. Also, referring members to AAIMM program. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN					
	<table border="1"> <thead> <tr> <th data-bbox="514 241 703 347">Measure</th> <th data-bbox="716 241 892 347">LOB</th> <th data-bbox="905 241 1192 347">MY 2022 Benchmark(50th)</th> <th data-bbox="1205 241 1436 347">Current Rate MY 2022</th> <th data-bbox="1449 241 1675 347">MET (Y/N)</th> </tr> </thead> </table>	Measure	LOB	MY 2022 Benchmark(50 th)	Current Rate MY 2022	MET (Y/N)					
Measure	LOB	MY 2022 Benchmark(50 th)	Current Rate MY 2022	MET (Y/N)							
PPC-1	Medi-Cal	85.40%	90.37%	Y							
PPC-1	LACC	84.67%	89.18%	Y							
PPC-2	Medi-Cal	77.37%	80.00%	Y							
PPC-2	LACC	80% (QRS)	83.63%	Y							
<p>How are we reaching members this MY 2023?</p> <ul style="list-style-type: none"> • Social Media Campaigns (Black Maternal Health Week, Maternal Mental Health Week) • Live outreach calls (postpartum) • Member mailings • Text Messaging Campaigns (Prenatal and Postpartum) • \$40 Member Incentive (Postpartum) <p>Healthy Pregnancy member mailings:</p> <ul style="list-style-type: none"> • Trimester specific packets: Approximately 85 members monthly • Parenting Guide for Black Parents. (BIH, AAIMM, culturally specific resources). • Non-Trimester specific general letter: Approx. 865 members monthly. (2022 data). <p>Text Messaging Campaign</p> <ul style="list-style-type: none"> • Prenatal Care Campaign (PPC 1) MCLA, B/AA members. • Postpartum Care Campaign (PPC 2) MCLA members. (Adding LACC members to both campaigns). <p>Prenatal Plan-Do-Study-Act (PDSA): Through the enhanced identification of pregnant members, L.A. Care reaches additional pregnant members to educate them on the importance of prenatal care and connect them to educational materials and resources to initiate prenatal care.</p>											

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The PDSA intervention includes the expansion prenatal data reporting systems and the addition of the prenatal general letter sent to newly identified pregnant members without trimester information. Adding the non-trimester general letter increased outreach from 1,000 to nearly 10,000 pregnant members.</p> <p><i>A copy of the full written report can be obtained from Board Services.</i></p>	
GUN VIOLENCE PREVENTION	This agenda item will be discussed at the next committee meeting.	
ADJOURNMENT	The meeting was adjourned at 10:02 a.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, *MPH, Chairperson* _____

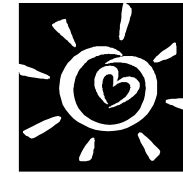
Date Signed: _____

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – August 15, 2023

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, Chair	Gwendolyn Ross Jordan
Sameer Amin, MD	Lynda Knox, PhD
Edward Bloch, MD*	Nayat Mutafyan*
Maria Chandler, MD, MBA*	Hilda Perez
James Cruz, MD*	Maryjane Puffer, BSN, MPH**
Rebecca Dudovitz, MD, MS	Diana Ramos, MD*
Rosina Franco, MD	Ilan Shapiro, MD, FAAP*
Toni Frederick, PhD	Diane Tanaka, MD*

Management

Sameer Amin, MD, Chief Medical Officer
 Alex Li, MD, Chief Health Equity Officer
 Felix Aguilar-Hernandez, Medical Director, Quality, Health Services
 Cherie Compartore, Senior Director, Government Affairs
 Elaine Sadocchi-Smith, Director, Population Health Management

*Absent **Present, but not quorum

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was not voted on, because the committee did not reach a quorum.	
PUBLIC COMMENT	No public comment was submitted.	
CHAIRPERSON’S REPORT	Chairperson Ficek gave the following report: She acknowledged a significant shift in the Medi-Cal space over the summer. Staff has been readying L.A. Care around redeterminations. It has had an impact on coverage. She asked for an update on the impact it has had on children at a future meeting. She noted that July was the first month for redeterminations. Kaiser Family Foundation has an impressive report with a dashboard that can share with the committee.	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF THE MEETING MINUTES	The November 15, 2022 minutes, January 17, 2023 summary, March 21, 2023 summary, and the May 16, 2023 summary were not approved, because the committee did not reach a quorum.	
CHAIR AND VICE CHAIR ELECTION	This agenda item was not discussed.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, presented the August 2023 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Dr. Amin stated that staff can give an update on redeterminations at the next meeting. He noted that the meeting packet contains a 14-page Chief Medical Officer report, but will only cover some of the items.</p> <p>Enhanced Care Management (ECM) Noah Ng, Director, ECM, has been conducting a full assessment of staff roles, technology, and processes against the December 2022 revision of the DHCS ECM Policy Guide. While some aspects of the assessment continue, numerous operational, compliance and financial improvements have started.</p> <p>Data Integrity Issue: System and process issues affect the accuracy of member enrollment. Monitoring and reconciliation reporting has been difficult in our current systems.</p> <p>Actions Taken</p> <ul style="list-style-type: none"> • Revised process went live in June to help track ECM enrollment data • Coordinators from CM team are correcting enrollments to be complete by August • Creating code sets to assist with accuracy and completeness of enrollment data • Developing Referral and Enrollment KPI for internal use and for DHCS reporting <p>Payment Model Issues: 1) The current system requires a complicated data and reconciliation process that lacks the incentive for providers to have high engagement and face-to-face interactions with our highest risk members. 2) In July, DHCS updated the ECM policy guide update to require MCPs pay providers for outreach regardless of member enrollment. To address this we will need to pay providers FFS for all outreach claims.</p> <p>Actions Taken</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Collaborations with Finance team to conduct a full payment reconciliation on CY 2022 and Q1 2023 by end of Q3. • Working with Actuary to develop a fee-for-service (FFS) rate structure for ECM with the goal of moving from capitation to FFS by Q1 2024. • Actuary developed outreach rate. PNM is reviewing contracts and working with our configuration team to ensure we can start paying providers for all ECM outreach <p>Timeliness Corrective Action Plans (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action). UM has made extraordinary progress in this area! Compliance Scorecard measures – Q2 2023 most recent available Overall performance for all Lines of Business</p> <ul style="list-style-type: none"> • 38/46 measures > 95% • 43/46 measures > 90% • Three measures between 85-89% are for member notification timeliness. <p>Corrective actions in flight include:</p> <ul style="list-style-type: none"> • Reducing delays due to foreign language translations with a solution between SyntraNet and translation vendor to automate multiple steps in the process. UpHealth is reviewing requirements. • In April we established a dedicated letter team with subject matter expertise and focus on letter timeliness. • In August we will start additional pick-ups and mailing by our fulfillment vendor. The three times per day schedule should help reduce untimely notices. • Letter automation went into production 7/28. With approval letters automated, the letter team will be able to more quickly process the lower volume of adverse determination notices. <p>Direct Network only (Medi-Cal subset)</p> <ul style="list-style-type: none"> • 15/20 measures > 95% • 17/20 measures > 90% • 3 measures between 75%-80%, all member notifications • Corrective actions same as above (Direct Network is a subset) • LAC continues to submit Direct Network scores and narratives on process enhancements and staffing levels to DMHC via quarterly undertakings. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Utilization Management (UM) UM Team Development Since January 1, 2023, 42 new full time employees have been hired</p> <ul style="list-style-type: none"> • Nearly all Leadership positions are filled • Physicians <p>In May the RRB approved five additional positions to address volume of work as well as to address numerous clinical gaps identified during the Department Health Care Services audit. A new Medical Director started July 31 and recruitment continues for the remaining positions. Our Medical Director with pediatric and Child Care Services expertise returned from maternity leave in July and will provide subject matter expertise in development of pediatric-focused efforts. Recruitment is ongoing for the Senior Medical Director position</p> <ul style="list-style-type: none"> • The Quality team now has seven auditors (five clinical, two nonclinical), two clinical trainers, a policy nurse and is recruiting for two nonclinical trainers and a program manager. • The Emergency Room/Admit team phone queue went live in mid-May, but has three openings which are difficult to fill, especially evening and night shifts. This has also been a tough team to keep staffed as the calls can be challenging. Maintaining management coverage for nights and weekends has also been difficult and may require creative thinking to solve. • The Discharge planning team has been slow to staff but will have May 6 positions filled by August. Because this team will handle both inpatient and outpatient requests, the training is extensive. Our goal is for a soft-opening in the Fall with limited hours that will expand to seven-day a week coverage as additional staff complete training. • The Provider Dispute Requests team that handles the clinical portion of claim disputes is fully staffed. They will soon take over adjacent work to provide documents and analysis in support of claims disputed via litigation, previously worked by UM Quality team. • A UM-focused data analyst came on in June and is already helping to assess productivity, projecting staff capacity and will soon start on enhancing metrics and developing over/under utilization assessments. <p>Clinical Initiatives</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Initiatives is awaiting the new Quality Program requirements from Department of Health Care Services (DHCS) that will describe the type of reporting and actions that will be required to address the six measures that did not meet the minimum performance level (MPL) for Lead Screening in Children (LSC), Cervical Cancer Screening (CCS), Well Child Visits Frist 15 Months (W30A), Well Child Visits Frist 30 Months (W30B), Well Child Visit and Adolescent Well Care (WCV), and Follow-up After Emergency Department for Mental Illness (FUM). • The Clinical Initiatives team is finalizing the Statement of Work with at-home test kit vendor ixLayer. The three year contract total is \$5,400,000, targeting members not in compliance for the following measures and lines of business: <ul style="list-style-type: none"> - Hemoglobin A1c: L.A. Care Covered Californian (LACC), Dual Eligible Special Needs Plan (D-SNP) and Managed Care L.A. Care (MCLA) Black/African American i.e. disparity focus. - Kidney Health Evaluation: D-SNP and LACC - Comprehensive Diabetes Kit: Includes Kidney Health and A1c for LACC and D-SNP. - Colorectal Cancer Screening: LACC, D-SNP, MCLA Black/African American disparity focus. <p>Activities for low performing measures: Child Domain Measures Well-Child Visits in the First 30 Months of Life; 0-15 months (W30 6+), Well-Child Visits in the First 30 Months of Life; 15-30 (W30 2+), Childhood Immunizations Status: Combination 10 (CIS-10)</p> <ul style="list-style-type: none"> • Managed Care L.A. Care (MCLA) Chinese robocalls resumed on 5/26, thus concluding the W30 MCLA robocalls. • A social media campaign addressing well-child visits for infants and toddlers launched 5/1/2023. Analytics showed the paid postings did well compared to the organic postings. • W30 Member Incentive has been approved by DHCS. • Healthy Baby: Robocall Script has been approved by DHCS and is ready for Spanish recording. <p>Both W30 Text Messaging Campaign Scripts are currently under DHCS review.</p> <ul style="list-style-type: none"> • Child and Adolescent Well Care Visits for Children (WCV): 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Three postcards (3-11 years old, 12-17 years old, and 18-21 years old) are currently in Podio for approvals. • Reminder well care visit robocalls for 3-21 year old members started mid-June. • Reminder text messages for 18-21 year old members will fall under the umbrella of the Adult’s Access to Preventive/Ambulatory Care (AAP) text messaging campaign. This campaign script is currently going through DHCS approval. <p>Lead Screening in Children (LSC)</p> <ul style="list-style-type: none"> • LSC has surpassed Measurement Year (MY) 2021 rates, but still is under the Minimum Performance Level (MPL). The Blood Lead Screening Report continues to be uploaded to the L.A. Care Provider Portal every month. An attestation for Participating Physician Groups (PPG) titled “Acknowledgement and Adherence to L.A. Care Blood Lead Screening Guidelines” is in process. A social media campaign and Provider webinar on the topic of lead poisoning prevention are scheduled for fall 2023. The Clinical Initiatives Team is also in communication with community partners in order to possibly leverage their resources. <p>Member Perez asked for an update specifically related to robo calls. She asked if it is automated messaging. She would like to know how many people are being contacted and if they are following the procedure in the robocall message. Regarding the text messaging and application. She noted that her children have Kaiser through Medi-Cal and they do have an application. She uses an application that is provided through her community clinic where she received services. The applications sends her messages and reminders. She said she has been a Board member for quite some time and has been advocating for this and would like to know if it is possible. She noted that L.A. Care has many Community Resource Centers that have been helping L.A. Care members and their communities with their Medi-Cal redeterminations.</p> <p>Member Amin thanked Ms. Perez for her comments and input. He stated that they will have a status update regarding the results of the text campaigns. There are robo calls that go out and there's a different number of different modalities and a number of different languages. L.A. Care tries to make it as effective as possible, but he can certainly get the team to come out and speak a little bit more towards what are the results and L.A. Care is performing. He reiterated Member Perez’s request for an application and said that that is a great idea. He noted that L.A. Care is currently all hands on deck working on the provider portal. He said this is an important topic and will follow up on it in the future.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>GUN VIOLENCE PREVENTION</p>	<p>Marina Acosta, <i>Manager, Health Equity</i>, gave a presentation about Gun Violence Prevention (<i>a copy of the written report can be obtained from CO&E.</i>)</p> <p>Ms. Acosta highlighted the ongoing urgency to address gun violence and gun violence in schools.</p> <ul style="list-style-type: none"> - 430 mass shootings as of August 9, 2023 (Gun Violence Archive) - It is the number one cause of death for youth (15-19 year olds) <p>While mass shootings in California decreased early in the pandemic, these attacks that injure or kill at least four people have begun to inch up: in 2023, Californians have experienced a mass shooting every six days.</p> <p>https://www.ppic.org/blog/mass-shootings-rise-in-california-amid-national-surge/</p> <ul style="list-style-type: none"> • L.A. Care convened a Gun Violence Prevention Summit on 12/9/2022 with Los Angeles County Office of Violence Prevention (OVP), under DPH. • Speakers and moderators included: <ul style="list-style-type: none"> - Dr. Deborah Prothrow-Stith, <i>Dean of College of Medicine, Charles R. Drew University (speaker)</i> - Dr. Susan Stone, <i>L.A. Care Physician, ER doctor, Senior Medical Director, Utilization and Care Management (speaker)</i> - John Baackes, <i>L.A. Care CEO (moderator)</i> - Dr. Barbara Ferrer, <i>Los Angeles County Public Health Director (moderator)</i> • Continue to include and amplify the voice of survivors. • Training medical professionals on firearm screening. • More non-traditional forms of care in healthcare settings i.e. cooking classes, etc. • Ongoing improvements in community building and cohesion. • Help communities secure long-term funding to showcase best strategies and practices. • Increase the number of jobs and economic opportunities allowing individuals to re-enter and re-integrate with society successfully. <p>Areas for opportunity at different levels – individual, community and structural. Medical professionals could benefit from being trained in how to administer screening questions that specifically ask about firearms in the household. Creating more non-traditional forms of care in healthcare settings, such as cooking and meditation classes, which could</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>complement formal case management. Ongoing improvements in community building and cohesion.</p> <ul style="list-style-type: none"> • Since the summit, below is some of what L.A. Care is working on: <ul style="list-style-type: none"> - Public Health Issue: Highlighting as a urgent public health (PH) issue and must be addressed like other PH issues. <ul style="list-style-type: none"> ○ Dr. Stone (L.A. Care) with County presenting their Gun Violence (GV) Prevention platform. - Clinician Training: Hosting series of clinicians training on GV prevention. <ul style="list-style-type: none"> ○ May 11 - <i>Prioritizing Patient Safety by Reducing Firearm Injury & Death: What Clinicians Can Do</i> by Amy Barnhorst, MD, Director of The BulletPoints Project <p>The webinar will include a presentation by Amy Barnhorst, MD, Director of <i>The BulletPoints Project</i>, a resource for clinicians and medical educators who are committed to firearm injury prevention.</p> <p>Gun Safety Legislation: Advocate for robust gun safety legislation, locally and nationally including reinstatement of the federal ban on assault weapons and large capacity magazines.</p> <p>Social Connections and Healing Services: Support efforts to promote social connections, healing practices, and a culture of peace.</p> <p>Gun Violence Restraining Orders Awareness and Enforcement: Improve public awareness and access to gun violence restraining orders. Ensure that services, systems, and messaging are culturally relevant and make it easy for community residents to initiate gun violence restraining orders.</p> <p>School Safety and Services: Increase access to comprehensive, culturally relevant physical and mental health supports and services for all K-12 students. Enhance school safety by implementing pilot initiatives in at least three school districts.</p> <p>L.A. Care's efforts</p> <ul style="list-style-type: none"> • Clinician Training: Hosting series of clinicians training on GV prevention. <ul style="list-style-type: none"> - May 11 - <i>Prioritizing Patient Safety by Reducing Firearm Injury & Death: What Clinicians</i> DR. Barnhorst - 132 individuals attended and 62 CME credits provided - Evaluation Responses: <ul style="list-style-type: none"> ○ 87% percent of post-survey respondents (n=61) responded that the presentation was <i>well presented</i> and able to <i>communicate knowledge of the subject</i> to their practice. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Majority of free response question stated providers will be using the training to help identify those who are at risk of gun violence and offering temporary solutions to them to help prevent harm. ● Member Involvement: June was Gun Violence Prevention Month. <ul style="list-style-type: none"> - Encouraged wearing <u>Orange</u> at upcoming member Community Advocacy Committees meetings in June. - Worked with OVP on video for “I work to prevent gun violence because...” campaign. - Maria Sanchez, Chair of RCAC 5, participated in the video as member had lived-experience. Dr. Stone also featured in the video. ● Presented at L.A. Care’s Consumer Health Equity Council for member feedback on gun violence prevention activities. ● Ongoing trainings: Clinician training on 10/4 with USC pediatrician, Dr. Bo and Community Based Organizations. Also partnering with the Department of Public Health/Office of Violence Prevention to train providers in-person. ● Additional provider assistance: Pilot program providing firearm locks to providers to offer to patients that may need one after being screened in the office. Also, providing education and educational materials. <ul style="list-style-type: none"> - Pilot with clinic/hospitals that attend our prevention webinars - Connecting with Supervisor Hahn’s office ● Partnership with Los Angeles County Medical Association (LACMA): Co-branded billboards about gun violence with a call to action ● Identifying opportunities with new Medi-Cal benefits: New Community Health Worker (CHW) benefit can help members receive violence prevention services. <ul style="list-style-type: none"> - Working with organizations that attended the Summit i.e. Homies Unidos <p>Member Dudovitz said she is so pleased with the work and the focus of the presentation, especially its emphasis on an educational campaign with a call to action, particularly targeting children and addressing the significant issue of accidental gun injuries among the pediatric population. She applauds the focus on providing safe storage resources to families and encourages the continuation of this effort. She also suggests collaborating with an organization in parks and recreations that is dedicated to gun violence prevention.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Additionally, she praises the mention of schools as stakeholders, emphasizing their role in effectively communicating the campaign's message to families.</p> <p>Member Knox mentioned her involvement with a Center for Disease Control (CDC) initiative initiated 12 years ago, following the Columbine school shootings. Congress allocated approximately \$200 million to fund youth violence prevention centers nationwide, with one such center in Southern California, which she co-directed for about a decade. Their center primarily focused on engaging healthcare providers in screening, early detection, and safe storage of firearms, which aligns with the current discussion. Lyndee offered to provide resources related to this work, including materials translated into Spanish for dissemination in Latin America. She also highlighted the significance of safe firearm storage as a crucial area of concern. Furthermore, she expressed willingness to connect with Debra, who was involved in similar initiatives in the past, to share potentially useful information. She shared the Following link: https://www.lanetpbrn.net/files/ugd/1f1cfb_6b8c943a81bf4dbaa7e8ca1cc67156e6.pdf</p> <p>Dr. Franco asked if Ms. Acosta had connected with the superintendent's office regarding ideas for the senior position in student medical services related to connecting with schools. Ms. Acosta explained that although she had discussed it with Dr. Lee, they were still refining their presentation and hadn't made a specific request yet. She suggested connecting when they were better prepared for the conversation. Dr. Franco and Ms. Acosta briefly discussed the ongoing school opening and decided to take the discussion offline. Dr. Franco expressed willingness to explore this further, potentially through the office of the chief medical director, and Ms. Acosta offered to assist with the connection. The exchange centered on the need for better preparation and coordination before approaching the superintendent's office with their ideas.</p>	
BUDGET UPDATE	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, gave a Budget Update.</p> <p>Ms. Compartore provided an update on the Managed Care Organization tax (MCA tax), explaining that the previous MCA tax had expired in December 2022. However, due to a budget surplus, the tax was not renewed at that time. In the 2023-2026 budget, the state renewed the MCA tax, set to run from April 2023 through December 2026, generating over \$19.4 billion, which is three times more revenue than previous taxes. Notably, this tax will be used to increase provider reimbursements in various areas, including primary care, maternity care, and mental health services, a departure from its prior use solely for filling the state's general fund. Ms. Compartore also mentioned ongoing efforts to make the tax</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	permanent beyond 2026 through a ballot initiative. Additionally, she highlighted various impacts on healthcare programs, including presumptive eligibility, expansion of full scope medical for the undocumented, and the creation of an autism branch within the department.	
HEALTH EQUITY UPDATE	<p>Alex Li, MD, <i>Chief Health Equity Officer</i>, gave a Health Equity Update.</p> <p>Dr. Li provided an update on their five-month tenure in the role. He reported the completion of the Health Equity Disparities Mitigation Plan on June 4, with extensive sharing internally and with external stakeholders. The plan was presented to the full Board of Governors meeting in late July and received highly positive feedback. Dr. Li emphasized the plan's focus on providing direction, approach, and metrics for accountability. He mentioned that this health equity officer position is integrated into the contract with the managed care plans, highlighting the diverse range of skills and experiences among the 12 Chief Health Equity Officers across the state. Dr. Li discussed their involvement in statewide and local health equity initiatives, including co-chairing meetings, collaborating with a deputy director, and organizing a Children's Health Disparities Summit with five tracks scheduled for November 14. The summit aims to address various aspects of children's health disparities and develop practical policy solutions. Dr. Li expressed enthusiasm for the work accomplished during their first five months in the role.</p>	
ADJOURNMENT	The meeting was adjourned at 10:02 a.m. without a quorum.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, MPH, *Chairperson* _____
Date Signed: _____



L.A. Care
HEALTH PLAN®

For All of L.A.

Tick, Tock, Time to Renew!

*Unwinding Continuous Coverage for
Medi-Cal Beneficiaries - Update*



Phinney Ahn, MPH
Medi-Cal Product Management



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Agenda

- Medi-Cal redetermination updates
- Current outreach tactics
- Discussion – additional outreach strategies

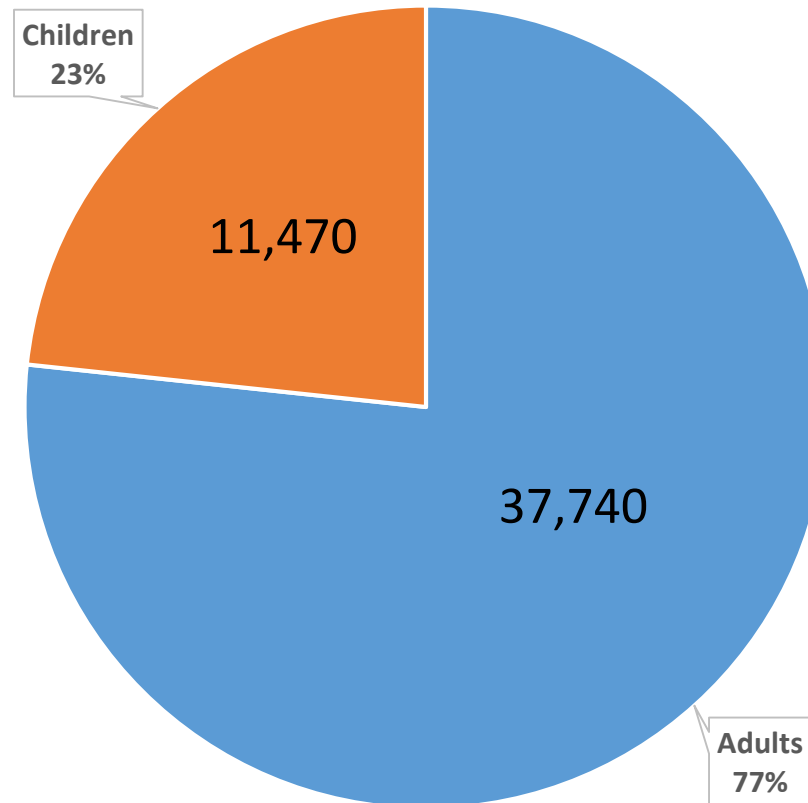
Redetermination Experience – Sept 2023

Medi-Cal redeterminations for members w August renewal month

- 9/1/23 - Action taken on third cohort of beneficiaries
 - Auto renewal using existing info in DPSS systems started in June
 - Pass = renewed!
 - Fail – Beneficiaries mailed renewal packet in late June
 - ~127K L.A. Care members were mailed a packet
 - L.A. Care conducted a call campaign for these members in July
 - Monthly data file of members who were mailed a packet shared with groups/IPAs
- If no response to packet/request for info, beneficiary lost coverage effective 9/1 and entered the 90-day cure period (procedural term/on hold)
 - L.A. Care called and mailed postcards to these “on hold” members
 - Monthly on-hold data file shared with groups/IPAs
- Estimated September 2023 disenrollment and on-hold counts
 - 58K total disenrollments
 - 49K procedural terminations / on-holds
 - 9K disenrollments / no longer eligible

On-hold Comparison- Children vs. Adults

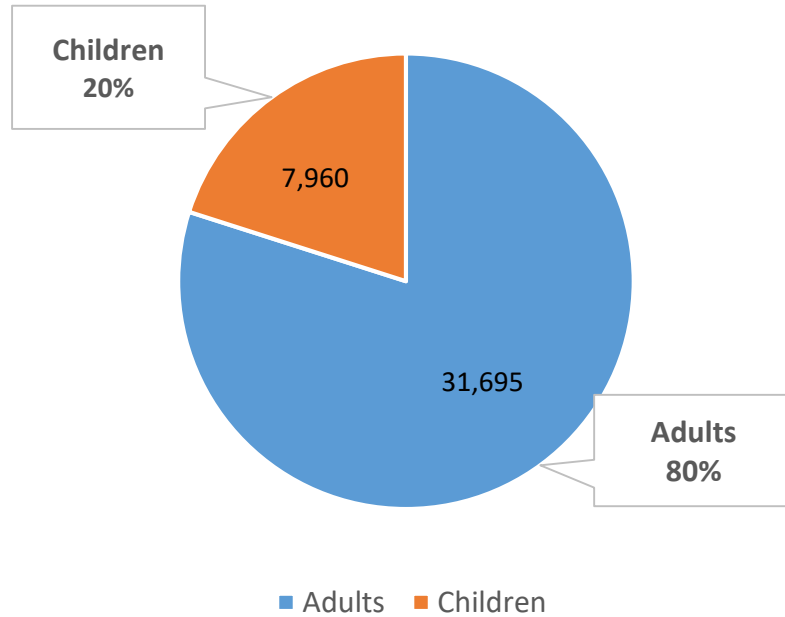
September 2023 On-Holds / Procedural Terminations



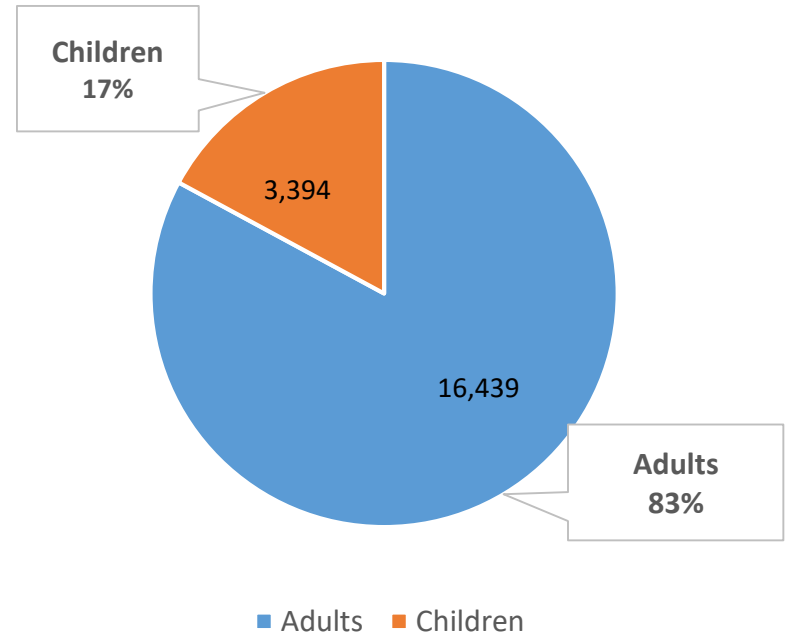
■ Adults ■ Children

On-hold Comparison- Children vs. Adults

July 2023 On-Holds /
Procedural Terminations

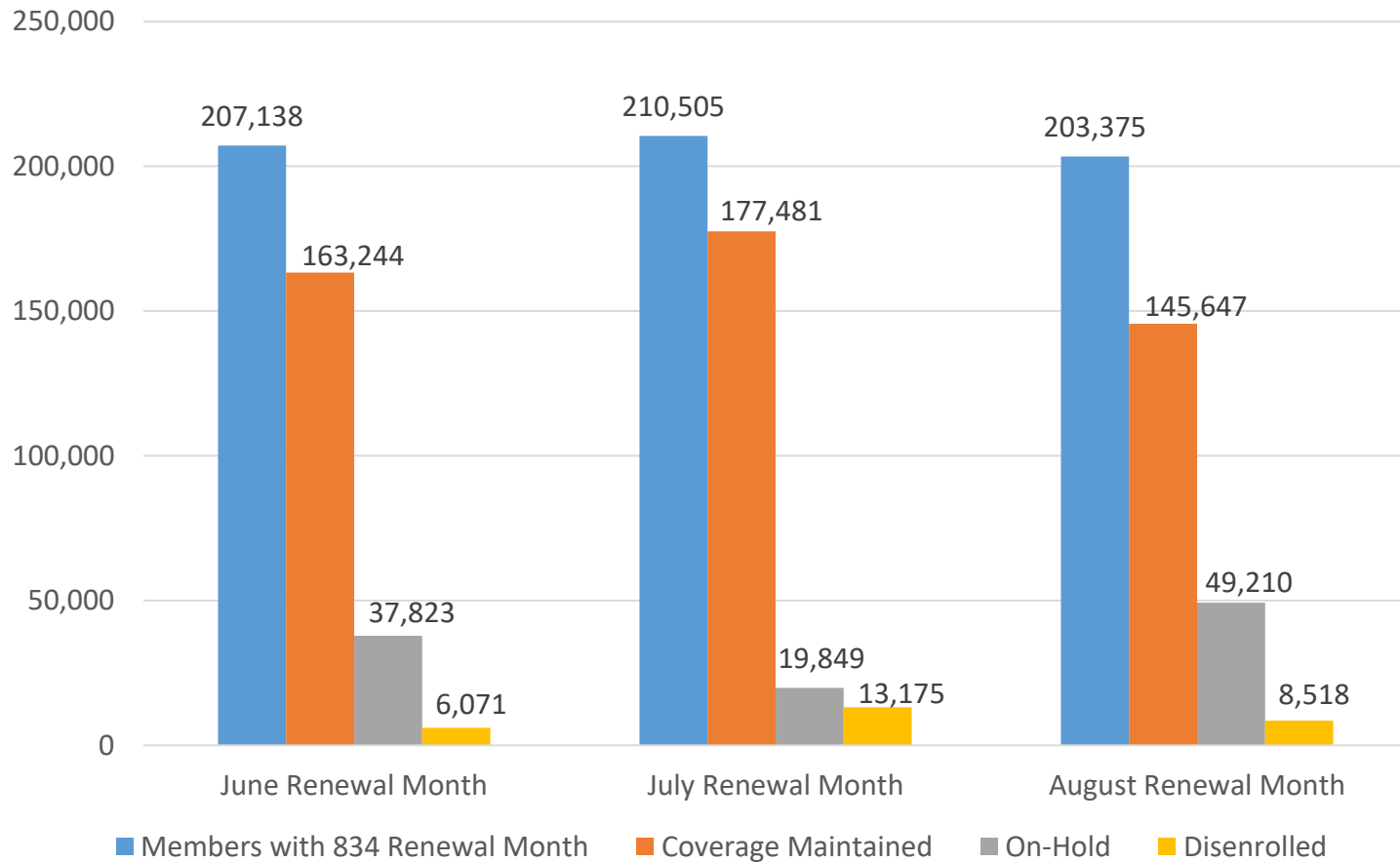


August 2023 On-Holds / Procedural
Terminations



Redetermination Outcomes to Date

Medi-Cal Renewal Outcomes (June – August 2023)



The Unwinding Continues

Medi-Cal redeterminations continue to be in flight

- Next cohort of beneficiaries impacted are those with a September 2023 renewal month
 - Renewal processing for beneficiaries with a September renewal month began in July
 - Paper packets for the individuals who failed auto renewal were mailed around July 19th
 - L.A. Care expects to receive the list of members who were mailed a packet from DHCS on 9/15
 - A call campaign is planned to target these individuals

Medi-Cal redetermination will continue annually for all beneficiaries.

Key Messages to Share with Beneficiaries

- **Update your contact information**
 - Make sure the county has your current contact information, if it has changed. This way, the county can contact you about your Medi-Cal. If your information has changed, you can update it online at benefitscal.com or by calling DPSS at 1-866-613-3777.
- **Create or check your online account**
 - You can sign up to receive alerts on your case. Create or log into your BenefitsCal account to get these alerts. You may submit renewals or requested information online.
- **Check your mail**
 - The county will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form.
- **Complete your renewal form (if you get one)**
 - If you receive a renewal form in the mail, submit your information by mail, phone, in person, or online so you do not lose your coverage.
- **Watch out for scammers**
 - There is no cost to renew your Medi-Cal!

L.A. Care Redetermination Outreach Tactics

Outreach Strategies	Jan 2023	Feb 2023	March 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023
DPSS & Plan Partner Collaboration	X	X	X	X	X	X	X	X	X	X	X	X
Member Engagement	X	X	X	X	X	X	X	X	X	X	X	X
Provider Engagement			X	X	X	X	X	X	X	X	X	X
Traditional Marketing					X	X	X	X	X	X	X	X
Digital Marketing				X	X	X	X	X	X	X	X	X

Phase 1 Strategies and Activities

Provider Engagement



- General Provider Outreach
- Provider Newsletter Article

Member Engagement

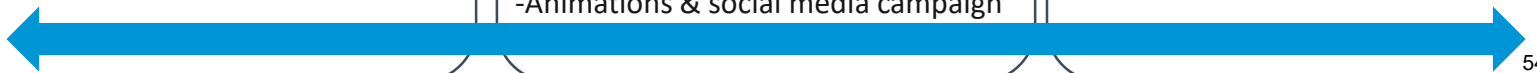


- In-person/virtual assistance with Medi-Cal renewals (CRCs & CBOs)
- FAQ for call center reps to answer Qs and direct members to resources
- Medi-Cal renewal page on L.A. Care website
- Annual mailing
- Animations & social media campaign

DPSS & Plan Partner Collaboration



- Secure sharing of member contact info changes daily (established process since August 2017)
- Developing process to include subcontracted plan data onto new standardized template for sharing with DPSS



L.A. Care Redetermination Outreach Tactics

Phase 2 Strategies and Activities in Process

Provider Engagement



- Sharing monthly renewal packet list and on-hold data with Participating Provider Groups
- Redetermination provider webpage on L.A. Care website- Provider webinar training
- Multiple provider toolkits:
 - Key messages and FAQs
 - CRC and CBO renewal assistance flyer
 - Educational animations
 - Provider poster

Member Engagement



- Text campaign
- Robocall campaigns
 - renewal packet and on-hold
- Social media campaigns
 - Animations
- Member newsletters
- Reminder postcards sent to disenrolled members (procedural terms)
- Bus shelters & media ads
- Digital marketing
- Health promoter training
- Flyer for RAC / community members

DPSS, Plan Partner, & State Collaboration



- NFSA in process to allow DPSS to ingest Medi-Cal contact and demographic changes from L.A. Care and L.A. Care Plan Partners on new standardized template
- Receipt of monthly data file from DHCS that includes a list of members who were mailed a renewal packet
- Pending one-time list of renewal month data from DHCS in upcoming months



Redetermination Provider Toolkit



Medi-Cal Redetermination Provider Toolkit

Table of Contents

Message from L.A. Care

Medi-Cal Redetermination FAQs

Redetermination Animation & Video Guidance

A Quick Guide to Sharing Videos

Sharing on your social media channels

- Download the digital files using the link that was shared.
- Select a video from the "9x16_Veritical" folder that you would like to share.
- Upload the video to your channel.

Sharing via email

We recommend using a YouTube link when sharing the videos. A YouTube link is quick to load and won't slow down an email server.

Either vertical or horizontal versions of the videos are fine for email, as an equal number of people check There are two possible methods:

Method 1: Simply copy and paste the original YouTube link that was shared with you into an email

- Navigate to the YouTube video page
- Click the "Share" icon at the bottom of the player
- Copy the URL that appears on the popup

Method 2:

- Navigate to the YouTube video page
- Click the "Share" icon at the bottom of the player
- Copy the URL that appears on the popup

Q: Why do Medi-Cal beneficiaries need to renew?

A: Though some Medi-Cal beneficiaries sent an application filled out and are renewing their Medi-Cal coverage.

Q: Are Medi-Cal renewals required?

A: Yes, it is important to renew your Medi-Cal coverage.

Q: How long do renewals take?

A: If the renewal of the renewal is completed, you will receive your Medi-Cal card within 10 business days.

Q: What happens if I don't renew?

A: DPSS will send you a notice if you don't renew. If you don't renew, you will lose your Medi-Cal coverage.

Q: Is there help available?

A: Yes, L.A. Care Members can call 1.877.287.621 for assistance.

Provider Toolkit

Medi-Cal Cor Department

- Redetermination
- Access to and g Language (GOL)
- The videos displayed i
- Option to recei
- The Departm
- This Toolkit graphics, a
- To sign-up Coverage i

L.A. Care greatly ap on redetermination PHE concludes. She L.A. Care Account i

Sincerely,
L.A. Care Health Pla

Internal Redetermination Resource Guide

L.A. Care Redetermination Resource Guide

For Internal Use Only • Last updated March 2023

Dear L.A. Care Colleagues,

Due to the continuous coverage requirement that was enacted during the public health emergency (PHE), the Department of Public Social Services (DPSS) has not been processing annual Medi-Cal redeterminations and Medi-Cal members have been able to keep their coverage regardless of any changes in circumstances (e.g., income eligibility). When the continuous coverage requirement ends on March 30th, the Continuous Coverage Unwinding period will begin April 1, 2023. This means that DPSS will resume the annual renewal redetermination process for Medi-Cal members by conducting a review of information to determine if the member is still eligible for Medi-Cal benefits.

Due to the continuous coverage requirement that has been in place, many Medi-Cal members have had limited contact with DPSS. As a result, DPSS may have outdated contact information for the member and many members may be unaware of the renewal process. The Department of Healthcare Services has projected that 2-3M current Medi-Cal beneficiaries could lose their Medi-Cal coverage once redeterminations resume. L.A. Care is projecting a 13% annualized disenrollment rate or about 330K members who may lose their coverage due to the resumption of Medi-Cal redeterminations.

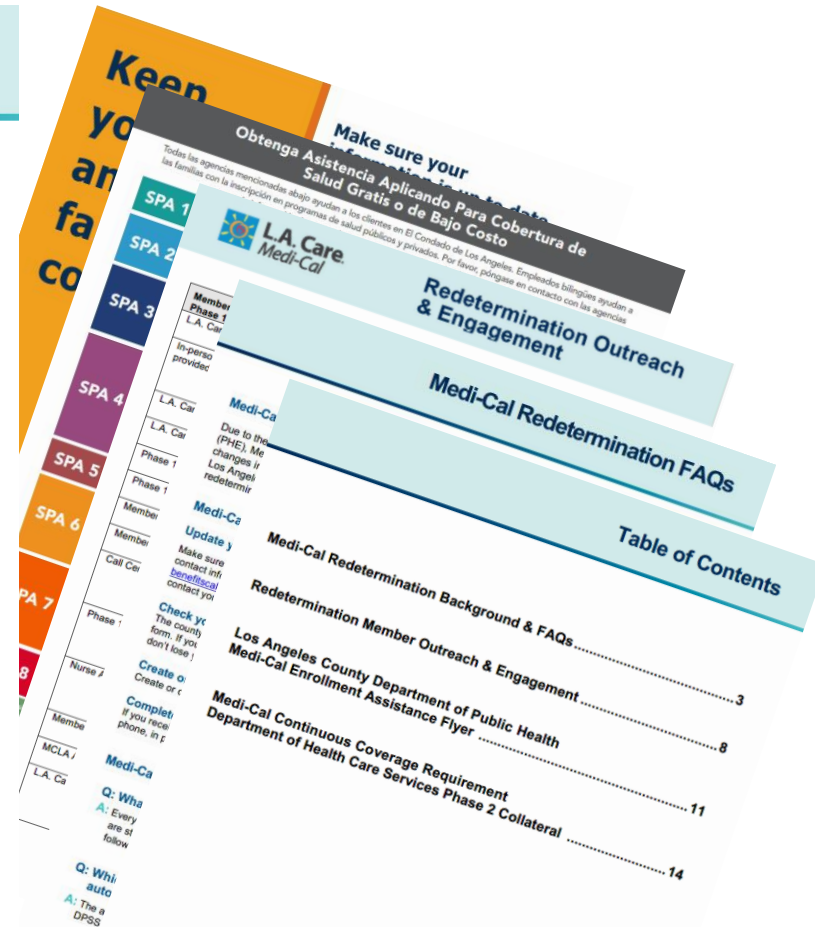
To provide additional support and help raise awareness, the Medi-Cal Product team has put together the following redetermination resources:

1. Redetermination Frequently Asked Questions (FAQs)- for internal use only, not for external distribution
2. Redetermination Member Outreach & Engagement Efforts- for internal use only, not for external distribution
3. The Los Angeles County Department of Public Health Medi-Cal Enrollment Assistance Flyer
 - This flyer provides a list of agencies across Los Angeles County with bilingual staff who are able to provide enrollment assistance [CHOICContractorListEngSp.pdf \(lacounty.gov\)](#)
 - Please refer members directly to this agency list and/or share the list directly with members
4. The Department of Health Care Services Phase 2 Outreach Collateral Flyers
 - Includes key messages to inform and encourage members to get ready to renew their Medi-Cal coverage

We greatly appreciate your partnership. Together, we can help raise awareness on redetermination requirements to support continuity of coverage for eligible Medi-Cal beneficiaries. Should you have questions related to the information shared, please contact us.

Sincerely,

The Medi-Cal Product Team



Toolkit for LACOE- Cobranded with Health Net*



August 2023

Medi-Cal Redetermination Toolkit for
Los Angeles County Office of Education

The image shows a stack of overlapping document pages from the toolkit. The pages are titled with various sections: 'FAQs', 'Social Media', 'Medi-Cal Enrollment & Renewal Assistance', 'Resort', 'Message from L.A. Care', 'Text Message Script', 'Social Media', 'Medi-Cal Redetermination Flyer', 'Frequently Asked Questions (FAQs)', and 'Medi-Cal Enrollment & Renewal Assistance'. A QR code is visible on one of the pages. The 'Table of Contents' page is also visible, listing the following sections and their corresponding page numbers:

Section	Page Number
Contents	3
Message from L.A. Care	5
Text Message Script	7
Social Media	18
Medi-Cal Redetermination Flyer	20
Frequently Asked Questions (FAQs)	25
Medi-Cal Enrollment & Renewal Assistance	25

*Toolkit is draft as of 9/11/23

Medi-Cal Redetermination Provider Poster

- 11x16 posters distributed to providers
- Also available in 11 threshold languages on our website

Keep Your Medi-Cal

Don't miss important information about your Medi-Cal health coverage.

Make sure that your county has your current information.



Name



Phone



Address



E-mail

Report any changes to your name, address, phone number, or e-mail address.

**Los Angeles County Department of
Public Social Services (DPSS)**

1.866.613.3777 (TTY 1.800.660.4026)

Monday–Friday from 7:30 a.m.– 6:30 p.m.

Excluding holidays



Or online at:
Benefitcal.com



Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross is an independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbols are registered marks of the Blue Cross Association. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County. Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County. Blue Shield Promise is an independent licensee of the Blue Shield Association. Anthem Blue Cross, L.A. Care and Blue Shield Promise are independent entities.

Medi-Cal Redetermination Flyer

- To be distributed to members and the larger community
- ECAC and RCACs
- Also available in 11 threshold languages on our website

**Keep yourself
and your
family covered**

**If you have Medi-Cal,
make sure you renew
it when it's time**



Medi-Cal covers vital health care services for you and your family, including doctor visits, prescriptions, vaccinations, mental health care, and more.

1 Update your contact information

Report any new changes to your name, address, phone number, and email address, so your county can contact you.

2 Check your mail

Counties will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you're sent a renewal form, submit your information by mail, phone, in person, or online at benefitscal.com, so you don't lose your coverage.

3 Create or check your BenefitsCal online account

You can sign up to receive alerts on your case. Create or log into your BenefitsCal account to get these alerts. You may submit renewals or requested information online at benefitscal.com.

4 Complete your renewal form (if you get one)

If you received a renewal form, submit your information by mail, phone, in person, or online at benefitscal.com to help avoid a gap in your coverage.



For more details and to update your contact information, visit benefitscal.com or

Los Angeles County Department of Public Social Services (DPSS)
1.866.613.3777 (TTY 1.800.660.4026)
Monday-Friday from 7:30 a.m. – 6:30 p.m. Excluding holidays



Medi-Cal Redetermination CRC Postcard

- To be distributed at Community Resource Center events (e.g., flu clinics, back to school, food pantries, etc)
- Available in all languages and physical copy available
- Dual language pieces available per request



KEEP YOUR MEDI-CAL



Don't miss important information about your Medi-Cal coverage.

Report any new changes to your name, address, phone number, and email address, so your county can contact you.

**Los Angeles County Department of
Public Social Services (DPSS)**



1.866.613.3777 (TTY **1.800.660.4026**)
Monday-Friday from 7:30 a.m. – 6:30 p.m.



Or online at: **Benefitcal.com**



If you received a renewal form, submit your information by mail, phone, in person, or online to help avoid a gap in your coverage.

Blue Shield of California Promise Health Plan is contracted with LA Care Health Plan to provide Medi-Cal managed care services in Los Angeles County. LA Care and Blue Shield Promise are independent entities. Blue Shield Promise is an independent licensee of the Blue Shield Association.

Medi-Cal Redetermination Assistance at CRCs

- Community Resource Centers offering telephonic and in person technical assistance with renewal paperwork
- Available to the community



Get Help Completing Your Medi-Cal Enrollment or Renewal Application

All Community Resource Centers (CRC) listed below will be offering assistance with Medi-Cal enrollment and renewals. If you need help completing your Medi-Cal application or renewal packet, call a CRC listed below to schedule an appointment with a application assister. L.A. Care CRCs are open to our members and the general public.

Service Planning Area	CRC Location	Address and Phone Number
SPA 1	Palmdale	2072 E. Palmdale Blvd, Palmdale, CA 93550 1.213.438.5580
SPA 2	Pacoima*	10807 San Fernando Road, Pacoima, CA 91331 1.213.438.5497
SPA 3	El Monte	3570 Santa Anita Avenue, El Monte, CA 91731 1.213.428.1495
	Pomona	696 W. Holt Avenue, Pomona, CA 91768 1.909.620.1661
SPA 4	Metro Los Angeles	1233 S Western Avenue, Los Angeles, CA 90006 1.213.428.1457
SPA 6	Lynwood	3200 East Imperial Hwy, Lynwood, CA 90262 1.310.661.3000
SPA 7	East Los Angeles	4801 Whittier Blvd, Los Angeles, CA 90022 1.213.438.5570
	Norwalk	11721 Rosecrans Avenue, Norwalk, CA 90650 1.562.651.6060
SPA 8	Inglewood*	2864 W. Imperial Hwy, Inglewood, CA 90303 1.310.330.3130
	Long Beach*	5599 Atlantic Blvd, Long Beach, CA 90805 1.562.265.3130
	Wilmington	911 North Avalon Blvd, Wilmington, CA 90744 1.213.428.1490


*Locations available August 2023

Redetermination- Social Media Graphics



UPDATE
your contact
information.

Report any new changes to your name, address, phone number, and email address, so your county can contact you. For more details and to update your contact information, visit benefitscal.com or Los Angeles County Department of Public Social Services (DPSS) **1.866.613.3777** (TTY **1.800.660.4026**) Monday–Friday from 7:30 a.m.– 6:30 p.m. Excluding holidays.



**CREATE
OR CHECK**
your BenefitsCal
online account.

You can sign up to receive alerts on your case. Create or log into your BenefitsCal account to get these alerts. You may submit renewals or requested information online at benefitscal.com.



CHECK
your mail.

Counties will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you've sent a renewal form, submit your information by mail, phone, in person, or online at benefitscal.com, so you don't lose your coverage.



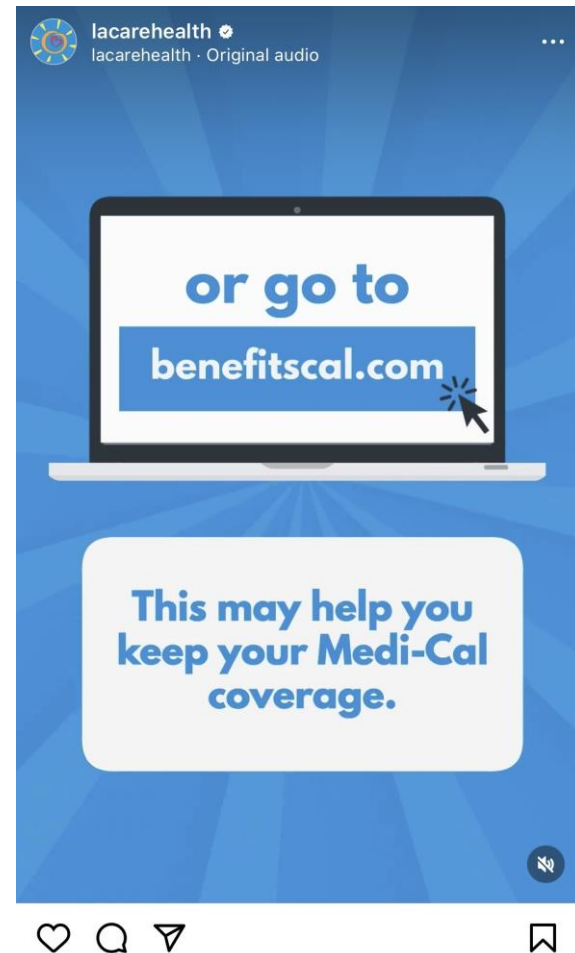
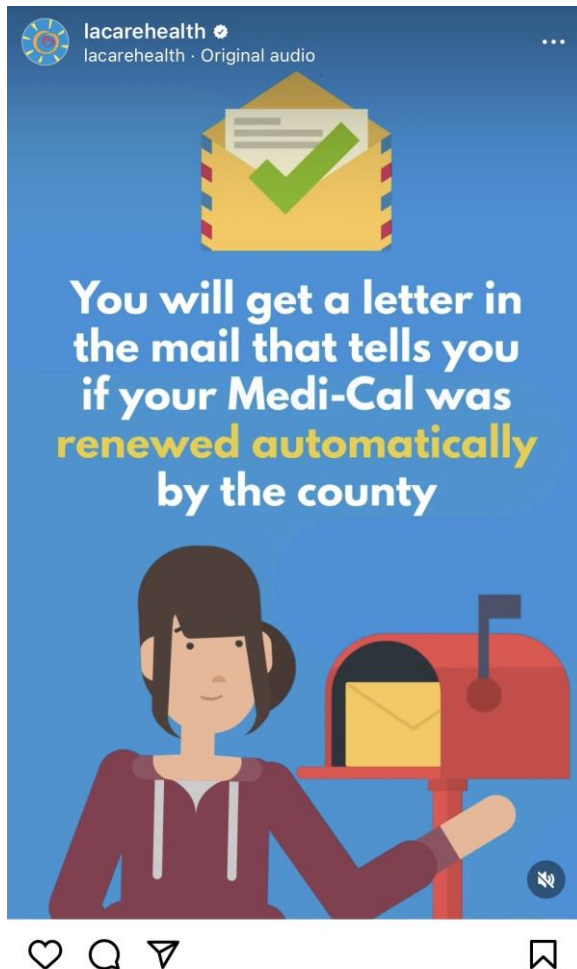
COMPLETE
your renewal form
(if you get one).

If you received a renewal form, submit your information by mail, phone, in person, or online at benefitscal.com to help avoid a gap in your coverage.



Redetermination- Animations

- Animation- “Preparing for Medi-Cal Renewals” <https://youtu.be/U-dGAcgQLNs>
- Examples of social media posts using DHCS global outreach language



Redetermination Info Page in the Medi-Cal Annual Mailing (Jan 2023)

Medi-Cal Renewal

During the COVID-19 public health emergency (PHE), you have been able to keep your coverage regardless of any changes in your circumstances. However, once the COVID-19 PHE ends, the Los Angeles County Department of Public Social Services (DPSS) will check to see if you still qualify for free or low-cost Medi-Cal.

Keep your Medi-Cal benefits by renewing on time. Here is some important renewal information:

What can I do to prepare for my Medi-Cal renewal?

- If you moved recently, or if any of your contact information, like your phone number or an email address, has changed, report your changes to DPSS to make sure you get important information about your Medi-Cal coverage.
- If you got a new job or your income has changed, be prepared to provide verifications.
- Check your mail – If you receive a renewal packet/form or a notice asking for more information, you may submit the information by mail, phone, in person, or online.
- Check your online BenefitsCal account for alerts – You may submit renewals or requested information online.

Do I need to complete a Medi-Cal renewal?

- DPSS will try and renew your Medi-Cal with information they already have available.
- DPSS will only ask you for more information if they need it to renew your Medi-Cal. It is important that Medi-Cal beneficiaries respond to county requests. This will make sure DPSS has the most current information it needs to renew your Medi-Cal coverage.

What happens after I return my form?

- DPSS will send you a letter to let you know if you still qualify for Medi-Cal coverage. If additional information is needed to renew your coverage, DPSS will send you a letter requesting any missing information.

Here is some important DPSS contact information to help you with your renewal:

1. BenefitsCal website: **benefitscal.com**

BenefitsCal is a website for LA County residents to apply for and to view benefits online for CalWORKs, CalFresh, General Relief, and Medi-Cal applications

2. DPSS Customer Service Center (CSC) Telephone Numbers

Toll Free	866-613-3777
Local numbers	626-569-1399 310-258-7400 818-701-8200
Hours of Operation	The CSC is available to assist you: <ul style="list-style-type: none">• Monday–Friday from 7:30 a.m. – 7:30 p.m.• Saturdays from 8:00 a.m. – 4:30 p.m.• Excluding holidays

If you have questions about your Medi-Cal renewal:

- Contact your Medi-Cal case worker at your local DPSS office at **1-866-613-3777 (TTY/TDD 1-800-660-4026)** Monday – Friday from 7:30 a.m. – 7:30 p.m. and Saturdays from 8:00 a.m. – 4:30 p.m. (excluding holidays)

I have SSI-Linked Medi-Cal, how do I update my information?

- If you have SSI-Linked Medi-Cal you have to update your information through Social Security. You can report your change by calling **1-800-772-1213 (TTY 1-800-325-0778)**, Monday through Friday, 8:00 a.m. – 7:00 p.m.

Redetermination - Website Highlights

Updated Renewal Webpage, Animation Videos, and FAQs

Medi-Cal Renewals/Redetermination

L.A. Care addresses many of the questions members have about renewing Medi-Cal coverage below. For any questions you may have that aren't covered, please call the L.A. County Department of Public Social Services (DPSS) number at 1-866-613-3777 (TTY) 1-800-660-4026. You can also go to benefitscal.com or visit [Keep Medi-Cal Coverage](#) for more information and to sign up for text or email updates on Medi-Cal renewals.

Due to the continuous coverage requirement that was enacted during the public health emergency (PHE), Medi-Cal beneficiaries have been able to keep their coverage regardless of any changes in circumstances. Once the continuous coverage requirement ends on March 30, 2023, the Los Angeles County Department of Public Social Services (DPSS) will resume Medi-Cal annual renewal redetermination operations on April 1, 2023.

UPDATE YOUR CONTACT INFO

Make sure the county has your current name, mailing address, phone number, email address, or other contact information if it has changed. If your information has changed, you can update it online at benefitscal.com, or by calling 1-866-613-3777 (TTY) 1-800-660-4026. This way, the county can contact you about your Medi-Cal.

CHECK YOUR MAIL

The county will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you're sent a renewal form, submit your information by mail, phone, in person, or online, so you don't lose your coverage.

CREATE OR CHECK YOUR ONLINE ACCOUNT

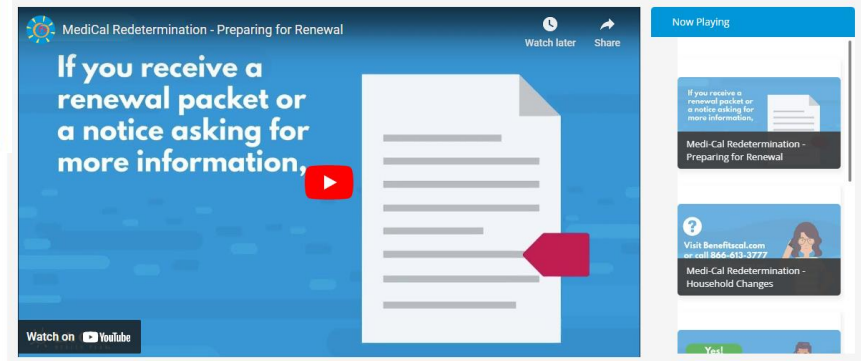
Create or check your BenefitsCal account to sign up to get text or email alerts about your case.

COMPLETE YOUR RENEWAL FORM (if you get one)

If you received a renewal form in the mail, you may submit your information by mail, phone, in person, or online to help avoid a gap in your Medi-Cal coverage.



Updated Medi-Cal Renewal Member Webpage with Key Messaging on Redeterminations



Featured Redetermination Animation Videos and FAQs

What is the Medi-Cal annual renewal redetermination process? +

Why do I have to renew my Medi-Cal? +

How do I know when my renewal month is? +

Redetermination - On Hold Postcard



Please Remember

Keep your health care benefits...
It's time to renew your Medi-Cal coverage!

To apply for your Medi-Cal renewal, please complete the forms from the L.A. County Department of Public Social Services (DPSS) and return them as soon as possible!



Call the DPSS Customer Service Center at **1.866.613.3777**, Monday through Friday from 7:30 a.m. – 7:30 p.m. and Saturdays from 8:00 a.m. – 4:30 p.m. (TTY users should call **1.800.660.4026**), and speak to your eligibility worker for assistance or go to **benefitscal.com** to complete your renewal forms.

L.A. Care works with three other health plans to provide health care services for members.



1.888.839.9909



1.800.605.2556



1.888.285.7801



1.800.464.4000

Disclaimers from Plan Partners

Blue Shield: Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County. L.A. Care and Blue Shield Promise are independent entities. Blue Shield Promise is an independent licensee of the Blue Shield Association.

Anthem: Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County. Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross is an independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Kaiser: In California, all plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., One Kaiser Plaza, Oakland, CA 94612.

L.A. Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Discussion

- What else could L.A. Care do to increase awareness among members about redeterminations and support successful participation in the renewal process?



**Thank
You**



L.A. Care
HEALTH PLAN®

For All of L.A.

Clinical Initiatives-Child Health: Automated Call Updates

09/19/2023
CHCAC Meeting



Laura C. Gunn, MPH, CHES
QI Project Manager II
Clinical Initiatives Team



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Robo Calls

Robo calls are reminder calls to the guardian/parent of the member who has not completed a well care visit(s) for the calendar year. Members range between 0-21 years of age for both Medi-Cal and LACC. Robo calls are automated, meaning no live person is making the call to the parent/guardian....but, a live person records the message.

MY 2021 Robo Calls

- Launched 10/25-11/18
- 162,027 members called
- 111,776 members reached (69%) via Live Connect/Voicemail
- Calls were made in English and Spanish
- **Did the calls work? YES!** 2% boost in visits-meaning we gained an extra 3,744 well care visits!

MY 2022 Robo Calls

- Launched 9/27-10/7
- 146,693 members called
- 112,818 members reached (77%) via Live Connect/Voicemail
- Calls were made in English and Spanish
- **Did the calls work?** Finding out this Fall 2023. Working with our analysts to answer this question.

MY 2023 Robo Calls

- ** Trying something new-two sets of robo calls!*
- **Set 1:**
 - Calls took place 3/30-31 and 5/26-7/6
 - 167,545 members called
 - 121,305 members reached (72%)
 - Languages: English, Spanish, Mandarin, and Cantonese
- **Set 2:** In process for Fall 2023. Calls for 0-30 month old members set for Sept.
 - **Did the calls work?** Will answer this in 2024.



L.A. Care
HEALTH PLAN®

For All of L.A.

Thanks!!

Stay tuned for.....

- Outcomes for MY 2022 robo calls and MY 2022 text messaging campaigns.
- Updates on the MY 2023 text messaging campaigns.



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997