



AGENDA

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

Tuesday, August 15, 2023, 8:30 a.m.

L.A. Care Health Plan

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

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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/weblink/register/ra85637b304687a81dd9c0bd5ecf34f6f>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

2492 369 7928

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

3000 E 2nd St.
Long Beach CA 90803

Gwen Jordan

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

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 August 15, 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, 2023 Meeting Minutes P.4
 - January 17, 2023 Meeting Summary P.13
 - March 21, 2023 Meeting Summary P.21
 - May 16, 2023 Meeting Summary P.28
4. Chairperson Report *Chair*
5. Chair and Vice Chair Election Committee
6. Membership **(CHC 100)** P.34 *Chair*
7. Chief Medical Officer Report P.35 Sameer Amin, MD,
Chief Medical Officer
8. Gun Violence Prevention P.53 Marina Acosta,
Manager, Health Equity
9. Budget Update Cherie Compatore
Senior Director, Government Affairs
10. Health Equity Update Alex Li, MD
Chief Health Equity Officer

ADJOURNMENT

The next meeting is scheduled on September 19, 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

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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. 9 AYES (Chandler, Ficek, Frederick, Jordan, Knox, Mutafyan, Perez, Puffer, Seidman)</p>

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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>	

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	<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>	
<p>PUBLIC COMMENT</p>	<p>No public comment was submitted.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<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>	

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	<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>	

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	<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 	

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	<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 	

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	<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!

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*

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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.	

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	<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
	<p>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.</p>	
<p>POPULATION HEALTH MANAGEMENT</p>	<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	

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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	

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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. 	

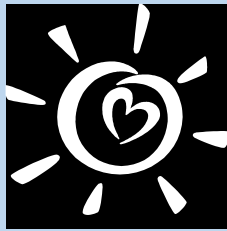
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS					ACTION TAKEN					
	<table border="1"> <thead> <tr> <th data-bbox="506 235 711 354">Measure</th> <th data-bbox="711 235 894 354">LOB</th> <th data-bbox="894 235 1194 354">MY 2022 Benchmark(50th)</th> <th data-bbox="1194 235 1438 354">Current Rate MY 2022</th> <th data-bbox="1438 235 1680 354">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):</p> <p>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: _____



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: August 15, 2023

Motion No. CHC 100.0923

Committee:

Chairperson: Tara Ficek, MPH

Issue: Approval of CHCAC member

Background:

Member Impact: None

Budget Impact: None

Motion: To appoint Felix Aguilar-Hernandez, MD, Medical Director, Quality, Health Services, as member of the Children's Health Consultant Advisory Committee (CHCAC), for the Medical Director for Quality Management of L.A. Care Health Plan seat.



L.A. Care
HEALTH PLAN[®]

Chief Medical Officer Report

August 2023

Care Management/Utilization Management / MLTSS Departments

Care Management

Enhanced Care Management (ECM)

Noah Ng, the new Director of 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.

- **Data Integrity**

- Issue: System and process issues affect the accuracy of member enrollment. Monitoring and reconciliation reporting has been difficult in our current systems.
- Actions Taken
 - Revised process went live in June to help track ECM enrollment data
 - Coordinators from CM team are correcting enrollments to be complete by August 4.
 - Creating code sets to assist with accuracy and completeness of enrollment data
 - Developing Referral and Enrollment KPI for internal use and for DHCS reporting

- **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.
- Actions Taken
 - 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

- **Clinical Oversight**

- Issue: As we mature our ECM system, we need to enhance our clinical oversight of the network with clear consequences for providers with poor clinical performance or noncompliance with requirements.
- Actions Taken:
 - Clinical staff have been relieved of non-clinical tasks to create capacity for oversight activities.
 - A new audit tool has been developed and is being tested; established audit case volume and frequency for clinical staff.
 - Developing reports to assess provider performance such as average time from referral to enrollment and rates of face-to-face interventions
- **Network**
 - Issue: Need to improve our continuous evaluation of the adequacy and fit of the ECM network.
 - Action Taken: Working with IT to develop a dashboard that overlays the provider network expertise and capacity with our ECM eligible membership.
- **Regulatory Notifications**
 - Issue: Improve speed of member notifications.
 - Actions Taken
 - Compliant Notice of Action letter in approvals process prior to loading in core system
 - Termination reasons have been created and confirmed to meet readability standards
- **Staffing**
 - Issue: Insufficient staffing of ECM for a growing program. Need to advance our training efforts.
 - Actions Taken
 - Job aids and reference guides have been developed to establish new or updated processes.
 - Staff have been trained accordingly and received coaching on correct processes.
 - A Director-level consultant from Toney Healthcare is directly supporting multiple assessment and remediation efforts.
 - Functions/tasks have been assigned to more appropriate personnel (e.g. nonclinical tasks to coordinators) or have been discontinued
 - We are assessing productivity and capacity with new functions to develop a new staffing model
- **Documentation**
 - Issue: Clinical staff were documenting in multiple systems.
 - Actions Taken
 - New SharePoint Intake Form went live in July which reduces need for manual entry by loading them directly in the core system
 - Staff have been instructed to put all documentation in core system and discontinue use of shared drives; compliance will be monitored.

Transitional Care Services (TCS)

CM team began implementing the TCS program in Q1 2023 using Care Managers (CM) and Community Health Workers (CHWs). In Q2, four CHWs who had been part of a similar Transition of Care pilot in the Social Services department moved to the CM department and were trained on the TCS model. The RRB approved forty-five additional CHW positions. To date, 14 have been hired.

According to the DHCS Population Health Policy Guide, in 2023 health plans are required to provide TCS for all high risk members with qualifying admissions to hospitals and skilled nursing facilities and in 2024 expand to all members with qualifying admissions or certain emergency room visits. Ramping up the program has been difficult due to the sheer volume of admissions spread across over 100 hospitals and 400 SNFs. One challenge comes in knowing which members have been admitted and discharged since local health information exchanges (HIEs) lack complete coverage of all facilities in scope. Secondly, whether this program is staffed by the health plan, hospitals, PPGs, ECM providers, external vendors or some combination, the health plans in LA and other high population counties have found it difficult to find and hire sufficiently skilled case managers, CHWs and care coordinators to meet the outlined requirements. Additionally, our efforts have met resistance and lack of engagement from hospitals who are now required to provide members with discharge instructions that include specific information, including the name and number of the assigned TCS staff. Finally, while L.A. Care sends a weekly list of admissions from one of the Health Information Exchanges to ECM providers, we need to increase the frequency and comprehensiveness of the files or ensure ECM providers register for the HIEs to get real-time, direct notifications.

While the above is not an exhaustive list of the challenges, they represent critical points that L.A. Care has been communicating to DHCS regularly since 2022. We have advocated through multiple methods: directly in established forums such as CEO/CFO meetings, in DHCS ad-hoc surveys, in letters and discussions facilitated by trade associations Local Health Plans of California and the California Association of Health Plans. DHCS has now indicated they are willing to modify and reissue the guidance. L.A. Care has provided our recommended changes. While we await formal updates, we have adjusted to reduce provider abrasion and modified recruitment efforts.

General CM

- CM continues to work on adopting and implementing new PHM requirements from DHCS. These efforts require significant IT work and are underway.
- Cal-MediConnect to DSNP transition – We are continuing to work on operational and regulatory reports required for completion of Health Risk Assessments (HRAs), in order to reduce manual workarounds.
- New HRA requirements have been incorporated and are in the internal review process prior to undergoing system configuration. Reporting configuration will have to be updated before the new HRA can be used.
- Cognizant QNXT/CCA upgrade slated for Q1 2024 will bring needed functionality. CM recently submitted preliminary requirements for the vendor's review.
- CCS
 - UM System SyntraNet will be updated to display dates of birth in the work queues or dashboards that would allow team members to identify members under 21 that will facilitate referrals to CCS and to CM/ECM. Requirements have been written and approved, exact implementation date TBD.

- Our current MOU with county CCS agency is from 1999. In July, DHCS released a new MOU template with a draft All Plan Letter. The team is reviewing and will work with other departments to implement on TBD schedule.

Utilization Management

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
 - 38/46 measures > 95%
 - 43/46 measures > 90%
 - Three measures between 85-89% are for member notification timeliness. Corrective actions in flight include:
 - 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.
 - Direct Network only (Medi-Cal subset)
 - 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.

UM Team Development

Since 1/1/23, 42 new FTEs have been hired

- Nearly all Leadership positions are filled
- Physicians
 - In May the RRB approved five additional positions to address volume of work as well as to address numerous clinical gaps identified during the DHCS audit. A new Medical Director started 7/31 and recruitment continues for the remaining positions.
 - Our Medical Director with pediatric and CCS 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
- 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 ER/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 5/6 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 7-day a week coverage as additional staff complete training.
- The PDR 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.

UM System SyntraNet

- In May, vendor UpHealth restarted work on open tickets. They have engaged a third party Excell to assist with project management including ticket tracking and transparency, coordinating work groups and developing training materials.
- UpHealth has allowed the LAC configuration team in IT to take over much of the process related to letters. As a result, many letters that have been pending for months will be available in the system by the end of Q3.

DHCS Audit Focus Areas

- Coordination between UM and Grievance & Appeals
 - The two teams along with the Quality Medical Director have been having at least monthly collaboration meetings since March of this year.
 - A new process was developed for Medical Directors to review grievances that appear to have quality of care concerns ASAP after receipt; Medical Director training to be scheduled.
 - The Medical Directors will be receiving training in the PCT system so that their appeals work will be submitted directly to the A&G team where other appeals documentation is housed.
 - A new Medical Director starts 7/31 and will increase physician capacity to support A&G functions.
 - A framework for metrics and reported was developed to track denials rates, appeal rates, uphold/overtake rates and break down by entity (e.g. LAC, PPG). The business case is under review with the IT reporting team.
 - The Appeals nurses will be training on MCG with the UM team and will participate in the annual Inter-rater Reliability exercise this Fall.
- Developing and implementing audit tools and protocols. Tools have been developed for all functional areas (inpatient, outpatient, nonclinical) On the clinical side, the emphasis is on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions
- Letters for Continuity of Care are being configured with expected deployment of Mid-August.
- With the hiring of UM data analyst, work will resume in the following areas
 - Unused authorizations
 - Auth tracking, trending
 - Enhanced reporting to Utilization Management Committee
 - Expansion of over/underutilization
- Under/overutilization
 - We have been actively working to monitor and address overutilization of hospice. This has been an ongoing effort among our clinical analytics department in collaboration with the SIU, PNM

and Legal. The bulk of the work has focused on claims date and we recently expanded to include prior authorizations. Medical Directors and prior auth nurses have received several trainings to identify suspicious hospice referrals and to redirect OON requests to contracted agencies. A cross-functional team meets weekly to review results of data analysis and determine next steps. The efforts of this group has already resulted in a number of recovery letters delivered to hospice agencies for repayment of fees inappropriately billed.

- In April, we asked to discuss our concerns with DHCS and had a meeting in mid-June. Given that our findings matched those found by a 2022 State Auditor report, we used those for context. We presented L.A. Care data from 2022 and explained that our preliminary analysis for 2023 suggests continued trends in the wrong direction.

State Auditor Finding*	L.A. Care Experience
Unusually large number of hospice agencies doing business in LA County	700+ unique hospice agency NPIs billing for services
Low census	Only 138 of the 700 NPIs had 10 or more
Excessive geographic clustering	Glendale (63), North Hollywood (59), Van Nuys (116)
Long lengths of service	85% of cases in 2022 over 6 months
High live discharge rates	Four times the rate of deaths (~3700 vs. 1000 who died)
Employees working for large number of hospice agencies	Physicians who have connections to large numbers of hospices
Stolen Identities of medical personnel	Suspicious cases identified for further investigation
Owners/administrators with multiple hospices	One with over 30, at least 4 of which L.A. Care has paid claims https://opencorporates.com/officers/us_ca?page=1&q=BIBI+MOHAMMED
Ineligible patients	Tracking and investigating hospices with high proportion of members who are young and/or with questionable terminal illnesses (heart disease, hypertension)
N/A	Improper billing
N/A	High number of patient handoffs between agencies at 6 month intervals

* <https://www.auditor.ca.gov/pdfs/reports/2021-123.pdf>

- L.A. Care requested DHCS consider the following as part of the review and update of APL 13-014 Hospice Services and Medi-Cal Managed Care:
 - Option to require prior authorization, particularly for non-contracted (out-of-network) hospices.
 - Align with Medicare clinical LCD requirements (Local Coverage Determinations)
 - Reimbursement model in alignment with Medicare such as clawbacks if death rate does not exceed 70% in 6 months
 - Expansion of pre-payment review options
 - Requirements to submit medical records in addition to Certification of Terminal Illness
 - Contracting options to expeditiously cull the excess providers in the network, and/or additional guidance for adding or maintaining entities at a certain threshold above network adequacy

- Also, we asked DHCS to consider whether any of the above options may be made available on a short-term, temporary basis to health plans in LA County (or others with similar trends) while longer-term solutions are evaluated. DHCS thanked us for the information and suggestions and said they would review within their organization and get back to us. We followed up in July and they said it was still under review.

Hospital agitation/abrasion

Three provider summits were held over the last few months with selected hospital and SNF systems as well as Plan Partners to brainstorm and collaborate on solutions to assist in the appropriate and timely transitions of members with complex needs. Accomplishments to date include:

- Contract related
 - Drafting new contract terms for admin days and observation
 - Updating of legacy contracts (2014)
 - Review of use and effectiveness of carve out payments
- Facility education on
 - Transportation options, escalations process
 - Enhanced Complex Discharge Planning support offered by UM
 - Availability of ECM, CCM, TCS, Community Support Services and Managed Long Term Services & Supports programs
- Developed a template for hospitals to use in seeking skilled nursing placements to meet the member's needs. The template will be used on a pilot basis with one hospital system and one SNF system collaborating with UM to evaluate whether it expedites discharges, before rolling out more broadly. The pilot starts in August and is slated to last two months.
- Regular meetings with hospitals
 - The inpatient team meets regularly with several hospitals to facilitate coordination and discharge of complex members; some are daily check-ins and others are weekly. Facilities include MLK, Cedars, Providence, and Dignity. The team is planning additional weekly discharge rounds with high volume hospitals to review difficult placement cases.
 - Leaders from UM also participated in numerous hospital Joint Operations Meetings (JOM). For example, in July JOMs included UCLA, City of Hope, Providence, Adventist and Alhambra. Provider Network Management is in the process of revamping the JOM schedule and content with the goal to have bi-monthly JOMs with highest volume hospitals to review and address operational challenges.

Managed Long Term Services & Supports (MLTSS)

Since January 2022, the MLTSS team has grown from administering six categories of benefits and services to what will be 15 by 2024. In order to maintain current operations and implement new ones from CalAim, 19 additional staff were approved in June and are currently in recruitment.

Community Based Adult Services (CBAS)

- As part of the post-COVID transition to in-center attendance, the state allowed for some out-of-center services to continue on a limited basis under Emergency Remote Service (ERS) provisions. The CBAS team has been reviewing all ERS requests as they come up for renewal to ensure members are returning to the center for in-person services (core to the CBAS model) or are discharged from the program. Site visits to some centers have shown lack of compliance and LAC has advised California Dept. of Aging (CDA). CDA noted in a recent meeting that ERS policy will be reviewed and reinforced via training that will include input from plans.

- In June the RRB approved two additional nurses to conduct UM activities. The additional staff will focus on reviewing requests to determine the appropriate visit frequency for the member's condition and identify overutilization.

CalAIM & Community Supports (CS)

Planning is in swing for future Community Supports (CS) that will be managed by MLTSS.

- Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In from FFS Medi-Cal (benefits are administered by Regional Centers). Jan 2024 effective.
 - An enterprise project manager was assigned in June to assist in coordinating and tracking this cross-functional implementation and a work plan is being developed
 - In August the team will start the IT workstream which is pending alignment with other health plans for alignment on process and Regional Center role.
 - Staff attend DHCS Workgroups. During the July call, representatives from Regional Centers and the ICF-DD operators expressed numerous concerns about the transition including network preparedness, enrollment, claims, credentialing and contracting.
 - Critical info has not been provided to plans yet which increases risk for implementation challenges: DHCS says they have an APL planned for August but that enrollment files with membership numbers won't be sent until November. Also pending from DHCS are model contract language and credentialing requirements. They have indicated they will push the network readiness initial submission due date to end of September.
- Nursing Facility Transitions/Diversions to Assisted Living Facilities (Transitioning members who meet program and medical criteria for transition out of LTC.) and Community Transition Services/Nursing Facility Transition to a Home. Both launch Jan 2024.
 - Preparations are on track with multiple weekly sessions with IT Solutions Delivery Team.
 - Submitted completed policies and SOWs to DHCS.
 - Workflows completed in May. Service Authorization Requests drafted and are pending engagement with UpHealth.
 - Concluded review of 25 provider LOIs for Community Transitions in July; five invited to proceed to complete the certification application.
- Staffing
 - A new clinical manager came on board in June to oversee Palliative Care, Community Supports, and CalAIM benefits within MLTSS.
 - In June, the RRB approved the following to support CalAim functions
 - Six additional nurses
 - Six coordinators
 - A non-clinical Supervisor
 - Program Manager and Senior Manager
 - Analyst

Palliative Care

- Palliative Care SB 1004 (APLs 17-015 and 18-020) benefit is currently for full-benefit-only Medi-Cal members (excludes partial and full duals). Benefit expands to full duals in DSNP – under Medi-Cal on 1/1/24
- Resource request for dedicated Palliative Care RN approved in June and in recruitment. Goal to expand and grow the program
- Program awareness has been promoted via webinars
 - For PPGs, hospital, County DHS and ECM providers (May)

- With SNF and CBAS facilities (June).
- Team met with peers at Inland Empire Health Plan (IEHP) on palliative care strategies. IEHP enlists their providers to successfully garner enrollments. LAC will look to operationalize a similar approach.

Community Health

Social Services

- As of July 1st LAC is taking recuperative care referrals from the Emergency Department.
- LAC made several changes to the Recuperative Care Community Supports Program to lower the threshold and increase access to receive the services.
- Our CES Liaison staff that was hired to support the community homeless providers has begun to attend community meetings addressing homeless services.

Behavioral Health

- Targeted efforts are in progress to develop behavioral health interventions specifically designed to support individuals with substance use or mental health illnesses upon discharge from the Emergency Department. The primary objective is to ensure that members receive appropriate follow-up care to improve health outcomes.
- Between Q1 and Q2 of 2023, there was a 7.6% increase in the utilization of Behavioral Health Treatment (BHT) services among MCLA members under the age of 21, as compared to the same period in 2022. In response to this sustained growth, L.A. Care has taken a proactive approach by expanding its provider network through the invitation of additional providers.

Community Supports Operations & Reporting:

- CS staff worked alongside ECM team to resubmit revisions to DHCS for the Quarterly Implementation Monitoring Report (QIMR) for 2022 Q1-Q3. Plan partner data changed, and L.A. Care had more claims to support the reporting of Services Received.
- DHCS Member Information Sharing - CS staff are working with internal IT staff to build out the CS Authorization Status File (ASF) and prepare for processing the CS Return Transmission File (RTF) in accordance with DHCS requirements
- Developed draft of DHCS Supplement Data Request for Q1 2023 to provide information for provider payment rates

Community Supports - SyntraNet:

- CS staff outreached to UpHealth to specify assistance required with ASF development, and plan for SyntraNet ingestion of RTF data.
- CS staff are continuing to work with IT and UpHealth on several data discrepancies and issues on both Daily Scrum meetings and Technical CalAIM issue calls

HHSS:

- As of July 28, 2023, just over 11,000 members are enrolled in HHSS
- Contracted provider network increased from 25 to 29 this quarter
- Claims Needed Report: CS staff have prepared the June Claims Needed Report for HHSS Providers. This report will help HHSS providers be more timely in submission of HHSS claims

- Member Information File (MIF) - provider responses from the June 2023 HHSS MIFs are currently being manually entered into SyntraNet by Cognizant
- Provider Capacity Report: Updated Provider Capacity Reports requested for Q1 2023
- Housing Assessment (HA) /Individualizing Housing Support Plan (IHSP):
 - Continue to work with Cognizant for Housing Assessment (HA) /Individualizing Housing Support Plan (IHSP) upload
 - Community Health staff are working with DHS, IT, and UpHealth to build out a bulk upload process to receive outstanding HAs and IHSPs

HHIP:

- Report on Measurement Period 1 (MP1) metrics submitted 3/10
 - Full amount achievable - \$101,561,616
 - In January we estimated earnings \$78M → Revised to \$92M after MP1 report submission
 - 90% earned = \$91,405,454
- MP2 redistribution of earned dollars: Implement HHIP priority programs (ALD expansion, unit acquisition)
 - CEO HI Agreement completed and target July/August for implementation of ADL expansion and unit acquisition
- In MP2: Metric 2.1 for 10% increase from MP1 numerator
 - Develop relationships with Street Medicine providers to meet numerator increase
 - RFA was released: 9 applications received and 8 approved (pending revisions)
- Metric 3.2: Screening for high utilizers – currently developing strategy for screening

Street Medicine (SM):

- Healthcare In Action (HIA): Began providing care 4/1/2023
- Developing SM network:
 - L.A. Care members receiving SM, establishing SM workgroup, CCLALAC investment and collaboration, and operationalize and develop processes for SM (HIA)
- Street Medicine Provider Contracts:
 - Currently in development of Standard Contract. Draft of SOW has been developed and is in review & revision. Estimated completion in Aug.
- Work plan for Network Expansion:
 - Developing timeline and strategy for LA Care Street Medicine network and program. Work plan TBD upon SOW completion.
- Priority target list for SM providers and outreach process
 - Target list has been developed. Providers include FQHCs identified through CCALAC and HHIP RFA agencies outreached for SM contracting

QUALITY IMPROVEMENT

- NCQA Agreed to roll the Discretionary Survey into the Triannual Health Plan Accreditation Survey.
- Direct Network Physician Advisory Committee first meeting was in June, and was a great success!
- QI All Staff meeting was virtual on 7/13/2023
- Health Equity and Practice Transformation Grant from DHCS have been announced. Now we're preparing to handle applicants

- QI continues to support the FQHC Alternative Payment Model Program implementation including encounter data process challenges.

Health Education & Cultural Linguistic Services (HECLS)

- Post-Discharge Meal Benefit for D-SNP integrated into medically tailored meals workflow. New referral form in place that now includes Community Supports – Medically Tailored Meal and Post-Discharge Meal Benefit.
- Doula Benefit launched 1/1/2023 for Medi-Cal members and will launch 7/1/2023 for LACC members.
 - Provider Recommendation Form posted on L.A. Care website.
 - Doulabenefit@lacare.org email-box established for doula/provider communication.
 - Doula benefit webinar for prospective doulas hosted by L.A. Care took place on May 23, 2023.
- The Registered Dietitian team expanded the in-person consults for high need members to four Community Resource Center (CRCs) locations.
- Fight the Flu Campaign 2023-24 launch scheduled for September 2023 with texting campaign and automated calls among other interventions including flu clinics at CRC's.
- Member race/ethnicity data remediation and alternative format projects are in flight.
 - Tentative target completion date for Race/Ethnicity data is 4/18/24.
 - Member demographic data governance workgroup convened for enterprise-wide data use and key decision-making.
- New Diversity Equity and Inclusion training requirements for staff and providers. RFP for a training vendor will be issued in partnership with Health Equity.

Clinical Initiatives

- 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:
 - 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.
- 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)

- 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.
- Both W30 Text Messaging Campaign Scripts are currently under DHCS review.
- Child and Adolescent Well Care Visits for Children (WCV):
 - 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.

Lead Screening in Children (LSC)

- 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.
 - Cervical Cancer Screening (CCS): Cervical Cancer Screening Letters informing members about the importance of getting screened launched in May. Cervical Cancer Screening Robocalls for MCLA Line of Business (LOB) launched in May 2023 in English, Spanish, Mandarin and Cantonese.
 - Follow-up after ED Visit for Mental Illness (FUM): L.A. Care will be collaborating with Carelon on FUM efforts to further improve the FUM rate.
- Initiatives has made the decision to produce automated health reminder calls in languages other than English and Spanish if there are more than a 100 members that need a particular language. Currently there is no State or Federal policy requirement regarding automated calls. This is in an effort to improve care and equity.

Practice Transformation Program

First 5LA/HMG LA

- Cohort 1 practices (APHCV + Kids & Teens MCG) have generated a 14% increase in screenings conducted and are now screening 25% of our members aged 0-5 years old.
- Cohort 2 practices (T.H.E., Bartz-Altadonna, Palmdale Pediatrics, + White Memorial CMC) have launched screenings and reporting data.
- Completed 40 out of 60 early childhood development classes for the community/members with very positive feedback received.

Transform L.A.-Direct Network

- Current program enrollment: 23 practices, 138 providers, 14,000 DN members (34% of total DN members).
- Twelve practices (with pediatric members) out of 21 are now tracking CIS-10 as a required measure in addition to A1c>9% (Poor Control) and Controlling Blood Pressure.
- Provider Opportunity / Gaps in Care reports will be released at the practice level in July (revised from June), updated from practitioner level only.

Provider Engagement & Outreach workgroup

- Launched Direct Network Provider Advisory Collaborative meeting on 6/28 with 7 practices attending. QI teams provided overviews of each program area; excellent reviews/feedback from providers.

EQuIP LA – Direct Network

- Four DN practices enrolled: Centinela, Dr. Mallu Reddy, Gage Medical, and Pico Rivera Women’s. Program continuing to launch.

Equity Practice Transformation Payments Program

- DHCS released program information 6/30. Program team in place, launch plans underway.

Provider Quality Review (PQR)/Potential Quality Issues (PQI)

- **Aging PQI Cases:** As of June 2023, there were 3,213 cases open. All cases are within the timely aging category. 2946 cases in green (0-151 days), 244 cases in yellow (152-183 days), 23 in orange (184-213 days).
 - Ongoing risk mitigation activities are being performed regularly to ensure timely case closure. This includes;
 - Weekly reporting on aging of cases and case assignments
 - Shorter meeting times to allow more time to review cases
 - Monthly reporting to leadership as well as L.A. Care internal compliance committee
 - Working with RGP and Risk Management to mitigate untimely case findings
 - Additional grievance oversight to assist with proper identification of PQI’s
 - Paired specialist with triage nurses to identify unqualified PQI referrals.
- **PQR, Appeals, and Grievances Data Discrepancies:** PQR team received an additional 503 cases from Grievances in February 2023. A remediation plan to close the additional cases has been implemented in addition to monthly audits of A&G cases not sent to PQI, to ensure PQIs are being properly routed. As of June 31, 2023, 150 cases remain open from the new backlog; the goal is to complete cases by August 2023.
 - The risk management and operation support team is now engaged with A&G and PQR team to review the oversight/monitoring manual forwarding communication/reporting process for PQI cases.
- Joint meetings continue with Call the Car, DHS and selected PPGs to address ongoing optimization, issues and CAPs.
- HR updates: A summer intern started on 7/3/23 to assist in preparing cases for PQI review. 13 re-classification and 6 new positions approved by RRB 6/13/2023:
 - Currently interviewing RN II (7).
 - Positions now in HR’s offering phase: RN Supervisor (1), Specialist III(1)
 - Final offer to RN III (1) and RN II (9) completed.

Quality Improvement (QI)-Accreditation:

National Committee for Quality Assurance (NCQA): Health Plan Accreditation

- NCQA approved L.A. Care's request to hold the discretionary survey in tandem with the triannual Health Plan Accreditation (HPA) survey.
- NCQA survey submission was completed on 06/13/23.
- NCQA File review survey was on 7/31/23-8/1/23.

National Committee for Quality Assurance (NCQA): Health Equity Accreditation

- The Health Equity Accreditation contract has been revised due to NCQA's Health Equity Pricing Policy. Since HEA survey takes place in December of 2023, we will need to adhere to the price increase. The updated HEA NCQA contract has been approved by Dr. Aguilar and Dr. Amin.
- NCQA survey submission will be 12/5/2023.

STARS/HEDIS

- MY2023 performance is projected to round up to 3.5 but this is with risk. Year to Date, HEDIS overall domain performance is performing lower than last year and coupled with recent encounter processing issues, current Year End projected performance is too soon to estimate. Operations domain YTD overall has declined from 3.56 to 3.4 due primarily due to poor performance in the "Compliant about the Health Plan" domain; all other measures have significantly improved. Medication Adherence Pharmacy measures are slightly better than last year (up .82% to 1/26%) while the MTM measure is up by 11.29%.
- Root-cause analysis continues for Grievance and Appeals (timeliness and overturn rate) and complaints lodged directly with CMS through the Complaints Tracking Module (CTM) for MY2023 and MY2022. Outcome of efforts includes corrective actions and project management to ensure timely implementation of recommendations. An additional analysis has started that identifies if G&A and CTM have correlation impacting members disenrolling.
- For the High Touch HEDIS / Pharmacy Call Center Outreach RFP, AdhereHealth was selected as the vendor of choice. Contract is currently in Legal and Procurement review with goal of obtaining signoff and approval by end of July and deployment around end of August / early September.
- Significant focus is on generating the automated Provider Opportunity Reports that will provide YTD performance vs YTD last year performance and gap closure needed to achieve the next Star Rating. Reporting will include overall PPG performance and detailed member compliance information. Goal is to get DSNP issued in early August.

Population Health Management (PHM)

- The PHM NCQA year one and two documentation for the 2023 audit have been submitted.
- The PHM team will develop the 2023 PHM Program Description in Q2-Q3 2023 and will include the CalAIM requirements. The CalAIM Strategy document is due October 2023.
- The PHM team is collecting the deliverables for the 2024 Medical Contract Phase III Readiness.
- L.A. Care is on track to develop the CalAIM Key Performance Indicators (KPIs) report that will be shared with DHCS August 15, 2023. It will also be built into a Tableau Dashboard for tracking.

Initial Health Assessment (IHA) transitioning to Initial Health Appointment

- The QI-047 IHA Policy and all related materials have been updated per APL 22-030.
- The IHA training is in development. PHM approved the Scope of Work 6/30/2023 and expects a completed provider training by September 2023.
- The IHA workgroup has drafted documentation on the root causes and corrective action plan (CAP) for the two potential DHCS Audit findings on IHA and is awaiting the final DHCS report.
 - CAPs include: enhancing the monitoring tool, possibly widening the sample and adding accountability to PPGs.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal for use in ensuring all new enrollees have a complete initial health visit within 120 days. There is a provider communication being sent out monthly.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- The Policy for APL 22-025 created by the PHM team, approved by DHCS, will go to QOC for internal approval in November.
- Configuration is reviewing the DHCS fee information to operationalize payment of providers.
- Provider Communications department has drafted a communication to send to PPGs.

Facility Site Review (FSR)

- The total Public Health Emergency (PHE) related backlog spanning 3/15/2020-12/31/2021 is now down to **32**. To date three hundred and sixty nine (369) audits have been complete from the backlog.
- In Q2 2023, 31 FSR/MRR audits were conducted from the backlog.
- L.A. Care FSR is working with the LA County Collaborative regarding the backlog to be completed by 12/31/2023.
 - L.A. Care's FSR team developed a FSR tool for mobile units with a subgroup of the collaborative. We have also developed a workflow for FSR audits on mobile units and all MCPs are piloting the mobile unit tool in 2023. Feedback still pending.
 - FSR is working with internal business units and the LA County Collaborative on proposing a condensed version of the FSR/MRR for the APL 22-023 Street Medicine.

Population Health Informatics

Health Information Management (HIM) Analytics

- VIIP MY 2022 is underway. HEDIS and UM data is currently being ingested in, rolling up by provider type. We are presently ahead of schedule and planning to finish Medi-Cal VIIP prior to Thanksgiving.
- Modeling is currently being performed at the DSNP Physician-level to gauge the data viability of the program.
- The first phase of the STARS Dashboard is complete. This includes the live monitoring of HEDIS and Rx data by PPG. Phase 2, which includes Operations measures and trending is set to begin in the next week.
- HIM continues analytic support for Annual Cognitive Health Screening and IHAs for elderly and new members.
- Social Determinants of Health are being monitored and being developed further by HIM. Tracking is currently underway to monitor improved usage of SDOH z-codes. Additionally, screening codes have been incorporated into the analysis to verify that an SDOH screening occurred.

Health Information Exchange Ecosystem (HIEc)

- Currently discussing revisions to the Hospital Services Agreement (HSA), which will include a new mandate for hospital participation in Health Information Exchanges (HIEs). Contracted hospitals are being asked to confirm their compliance with CMS 9115 Hospital ADT notification requirements. They are also encouraged to participate in HIEs.
- The selection process for the Clinical Data Repository (CDR) vendor is underway and expected to be completed by July 14, 2023. Following that, contracting will take place with the aim of initiating real-time ADT ingestion through FHIR from LANES & CMT by the end of August 2023.
- Finance has approved a one-time \$2.8 million HIE Incentive proposal. The objective is to enhance HIE adoption among FQHCs and Small/Solo group providers, with incentives tied to achieving Data Exchange Framework (DXF) milestones. The incentive program will be active for a period of 3 years.
- The HIE Participation Measure for VIIP will become a payment measure starting this year. This measure is designed to promote HIE adoption among IPAs and to encourage their contracted providers to participate in HIEs.
- DHCS has released an APL (All-Plan Letter) related to the Data Exchange Framework (DXF), mandating MCPs to sign a DSA (Data Sharing Agreement) by January 31, 2023, and commence exchanging Health and Social Services information by January 31, 2024. L.A.Care has fulfilled the DSA requirement and will initiate the DXF implementation to exchange the required information with LANES.

Incentives

- Final 2022 HEDIS and other Domain data are being retrieved for final processing to be used in the different P4P Programs.
- Meetings with Anthem and Blue Shield leadership and QI staff happened in July to discuss the newly revised Plan Partner Incentive Program. All parties agreed to the final proposed changes.
- The 2023 Action Plan Welcome Packets have been sent to IPAs. Initial Action Plans are due back to L.A. Care on July 21st.
- A new Hospital P4P Program is being designed and developed. Initial discussions occurred in the Inpatient Workgroup, with a set of measures agreed upon. A draft Program Description will be created in July. The goal is to launch the program with the next measurement year, 2024.
- Analysts completed first phase modeling of a physician-level incentive program for the Medicare Plus line of business. Results are being reviewed and will be discussed at the next Incentives and VIIP workgroups.

PHARMACY

Star Rating Metrics

- **Medication Adherence:** Our adherence STAR measures continue to trend higher than the same time last year. We are on track to meet our goal for CY2023.
 - Comprehensive Adherence Solutions Program (CASP): Targets DSNP members who are at risk of non-adherence in any of the 3 triple-weighted adherence measures. A business case for Salesforce was submitted to assist our efforts to increase member engagement and ensure compliance with the Telephone Consumer Protection Act (TCPA).

- Vendor Collaboration: In order to target STARS metrics, Pharmacy and the STARS team are moving forward with two new vendors: CVS and Adhere Health.
 - There is a tentative launch date of September 1st for the CVS Adherence Program. We are awaiting Legal to arrive at final agreement terms and move to contract execution to meet this timeline.
 - Adhere Health has a tentative launch date of 2024. Pharmacy will assist the STARS team in this launch.
- Participating Physician Group (PPG) Collaboration: Pharmacy is proactively pursuing collaboration opportunities with PPGs to improve medication adherence and statin measures. We will leverage PPG clinical pharmacists to facilitate timely initiation of refills and statin therapy. Successful initial meetings have been held with Optum and Altamed.
- Formulary Team Expanded Rejected Claim & Transition Fill Outreach: Formulary team reviews daily rejected claims and transition fill reports for adherence medications, and conducts outreach to providers and members. Outreach is conducted to ensure appropriateness of rejections, resolve rejections, encourage utilization of preferred alternatives, and submission of coverage determinations as needed. As of 8/1/23, 233 claims identified for outreach were successfully addressed.
- **Medication Therapy Management (MTM) Program**: CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor) and CustomHealth pilot program, achieved 60% completion rate for eligible members in 2023 Q2. This was a significant improvement from 2022 Q2 (43%). We added OutcomesMTM as an additional vendor, during the June resubmission window.
- **Care for Older Adults (COA)**: Pharmacy summer interns have been assisting with medication reviews for this measure. Medication reviews are reviewed by L.A. Care pharmacists and sent to the STARS team on a weekly basis. A newly hired clinical pharmacist will be taking over this process at the conclusion of their internship.
- **Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC)**: Pharmacy, in collaboration with Navitus Clinical Engagement Center, is in the final stages of developing a provider-facing intervention to ensure that eligible members are on appropriate statin therapy. New program will start in late August 2023.

California Right Meds Collaborative (CRMC)

- CRMC is an initiative with USC to establish a network of community pharmacies that provide comprehensive medication management (CMM) to members with chronic diseases, such as diabetes and cardiovascular disease. An average A1c reduction of 2% in patients with an average baseline A1c of 11.6% (2.7% reduction seen in ≥ 5 CMM visits) and an average reduction in systolic blood pressure (SBP) of 16.9 in patients with baseline blood pressure $>140/90$ mmHg and ≥ 3 visits is seen.
- Pharmacy will be sun setting the adherence cohort and transitioning to a bonus payment model for adherence. The CVD cohort will also be transitioning to a continuous enrollment model to help with expansion of the program.

Clinical Pharmacy Pilot Program (Ambulatory Care)

- A clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension. 334 medication therapy problems were identified across all patient visits. Current clinics include Wilmington Community Clinic (started 9/2022), APLA (started 12/2022), and Harbor Community Health Center (started 6/2023).
- Clinical pharmacist will be transitioning away from APLA to focus on other LA Care initiatives. CRMC pharmacists will provide medication management for APLA.

Community Resource Center (CRC) Flu Clinics

- Pharmacy is working closely with Health Education, CRC leadership, and North Star Alliances to plan for the upcoming flu season. Expanding from 4 events in 2022 to 10 events in 2023, hosted between September and October. USC Medical Plaza Pharmacy will offer health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. Pharmacy is collaborating with USC, CRC leadership, and QPM to discuss a method to ingest health screening results as supplemental data to fill any gaps in care. Contract amendments are currently under review by L.A. Care Legal team.
- Locations, dates, and times have been decided. All Pharmacy Team members have volunteered to attend ≥2 events.

Week	CRC	Date	Time
Week 1 – 9/18-23	Lynwood	Fri, 9/22	10-2pm
	El Monte	Sat, 9/23	10-2pm
Week 2 – 9/25-9/30	Pomona	Fri, 9/29	12-4pm
	East L.A.	Sat, 9/30	10 - 2 p.m.
Week 3 – 10/2-10/7	Pacoima	Thurs, 10/5	12-4 p.m.
	Metro	Fri, 10/6	10 -2 p.m.
Week 4 – 10/9-10/14	Wilmington	Friday, 10/13	1:30-5pm
	Inglewood	Sat, 10/14	10am-2pm
Week 5 – 10/16-10/21	Long Beach	Mon, 10/16	12:30pm-4:30pm
	Palmdale	Fri, 10/20	10 -2 p.m.



L.A. Care
HEALTH PLAN®

For All of L.A.

Gun Violence Prevention



Marina M. Acosta, MPH (She/her/hers)

August 15, 2023



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

Ongoing Urgency

- We are all devastated and horrified by the mass shootings that continue to take place, including those recently in Northridge, Monterey Park and Half Moon Bay and throughout the U.S.
 - Over 160 mass shootings as of April 15, 2023
 - #1 cause of death for youth (15-19 yo)
- We refuse to accept that the situation is hopeless and are committed to making change.



Photo by Will Lester, Inland Valley Daily Bulletin/SCNG

Gun Violence Prevention Summit

- 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:
 - Dr. Deborah Prothrow-Stith, Dean of College of Medicine, Charles R. Drew University (speaker)
 - **Dr. Susan Stone, L.A. Care Physician, ER doctor, Senior Medical Director, Utilization and Care Management (speaker)**
 - **John Baackes, L.A. Care CEO (moderator)**
 - Dr. Barbara Ferrer, Los Angeles County Public Health Director (moderator)



Summit Recommendations

- 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.



L.A. Care's Efforts

- Since the summit, below is some of what L.A. Care is working on:
 - **Public Health Issue:** Highlighting as a urgent public health (PH) issue and must be addressed like other PH issues.
 - Dr. Stone (L.A. Care) with County presenting their Gun Violence (GV) Prevention platform.



- **Clinician Trainings:** Hosting series of clinicians training on GV prevention.
 - May 11 - *Prioritizing Patient Safety by Reducing Firearm Injury & Death: What Clinicians Can Do* by Amy Barnhorst, MD, Director of [The BulletPoints Project](#)

L.A. Care's Progress Cont.

- **Communication resources:** Created L.A. Care Gun Violence [website](#)



More L.A. Care Efforts

[L.A. Care Statement on Monterey Park Tragedy](#)

[L.A. Care CEO Urges Congress to Act Now on Gun Safety Legislation to Address the Public Health Crisis](#)

[L.A. Care CEO Urges California Legislature to Pass Several Gun Safety Bills to Help Address a Public Health Crisis](#)

[L.A. Care Board Unanimously Approves a Resolution on Gun Safety Legislation](#)

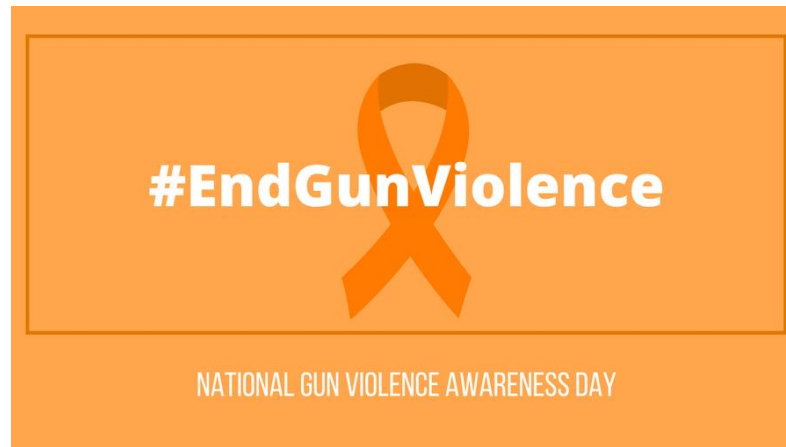
Gun Violence Prevention Resources

■ Los Angeles County

Visit the [Los Angeles Department of Public Health's Office of Violence Prevention \(OVP\) website](#) to learn more about their gun violence prevention efforts. The OVP works to strengthen coordination, capacity and partnerships to address the root causes of violence, and to advance policies and practices that are grounded in race equity, to prevent all forms of violence and to promote healing

Member Involvement

- June is Gun Violence Prevention Month.
- Encourage wearing Orange at upcoming member Community Advocacy Committees meetings in June.



- County will be hosting a number of events including, yoga and meditation practices (including those at CRCs), dancing and drumming healing sessions and reading list displays at county libraries.
 - Share list of events once finalized.
- L.A. Care social media campaign for awareness to highlight partners.
 - Everytown, can share your story.

Potential Opportunities Ideas

- **Additional provider assistance:** Pilot program providing firearm locks to providers to offer to patients that may need one after being screened in the office.
 - Pilot with clinic/hospitals that attend our prevention webinars
- **Partnership with Los Angeles County Medical Association (LACMA):** Evaluating idea to have co-brand billboards about gun violence with a call to action
- **Identifying opportunities with new Medi-Cal benefits:** Community Health Worker (CHW) benefit can help members receive violence prevention services.
 - Very new and administratively/DHCS-focused
 - Gap for organizations that do not have a licensed individual on hand. i.e Homies Unidos.

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Potential Opportunities Ideas Cont.

- **Upstream youth focus:** Last year ad hoc grants awarded to academic development programs focusing on the medical/public health/healthcare fields for youth in high school or middle school

Questions

- Are there strategic opportunities/partnerships L.A. Care easily could leverage that you can suggest?
- What else can we do as a public health plan?
 - Work closer with our Providers
 - Partner with schools
 - Work with non-health care City and County agencies
- Any other resources we should be mindful of?
- Advocate on a national level?
- Additional thoughts and comments?